FORMULARY

(List of Covered Drugs)

2017

Molina Dual Options MI Health Link Medicare-Medicaid Plan

MOLINA® HEALTHCARE

Your Extended Family.

Version 16
DATE OF ISSUANCE: 11/2017
Member Services (855) 735-5604, TTY/TDD: 711
Monday - Friday, 8 a.m. - 8 p.m., EST

MI HEALTH LINK
Linking Medicare and Medicaid for you

MOLINA HEALTHCARE

Your Extended Family.

MI HEALTH LINK

Linking Medicare and Medicaid for you

Molina Healthcare of Michigan (Molina) complies with all Federal civil rights laws that relate to healthcare services. Molina offers healthcare services to all members without regard to race, color, national origin, age, disability, or sex. Molina does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. This includes gender identity, pregnancy and sex stereotyping.

To help you talk with us, Molina provides services free of charge:

- Aids and services to people with disabilities
  - Skilled sign language interpreters
  - Written material in other formats (large print, audio, accessible electronic formats, Braille)
- Language services to people who speak another language or have limited English skills
  - Skilled interpreters
  - Written material translated in your language
  - Material that is simply written in plain language

If you need these services, contact Molina Member Services at (855) 735-5604; TTY/TDD: 711, Monday - Friday, 8 a.m. to 8 p.m., EST.

If you think that Molina failed to provide these services or treated you differently based on your race, color, national origin, age, disability, or sex, you can file a complaint. You can file a complaint in person, by mail, fax, or email. If you need help writing your complaint, we will help you. Call our Civil Rights Coordinator at (866) 606-3889, or TTY, 711. Mail your complaint to:

Civil Rights Coordinator
200 Oceangate
Long Beach, CA 90802

You can also email your complaint to civil.rights@molinahealthcare.com. Or, fax your complaint to (562) 499-0610.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html. You can mail it to:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

You can also send it to a website through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf.

If you need help, call 1-800-368-1019; TTY 800-537-7697.

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English
ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-735-5604 (TTY: 711).

Spanish
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-735-5604 (TTY: 711).

Chinese
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-735-5604（TTY：711).

Tagalog
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-735-5604 (TTY: 711).

French
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-735-5604 (ATS : 711).

Vietnamese
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-735-5604 (TTY: 711).

German
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-735-5604 (TTY: 711).

Korean
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-735-5604 (TTY: 711) 번으로 전화해 주십시오.

Russian
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-735-5604 (телетайп: 711).

Arabic
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-735-5604 (رقم هاتف الصم والبكم: 711).

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-735-5604 (TTY: 711) पर कॉल करें।

Italian

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-735-5604 (TTY: 711).

Portugués

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-735-5604 (TTY: 711).

French Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-735-5604 (TTY: 711).

Polish

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-735-5604 (TTY: 711).

Japanese

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-735-5604（TTY: 711）まで、お電話にてご連絡ください。

Albanian

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-855-735-5604 (TTY: 711).

Bengali

লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-855-735-5604 (TTY: 711)।

Serbo-Croatian

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-855-735-5604 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

Syriac (Assyrian language)

ܙܘܗܪܐ: ܐܢ ܐܢܬܘܢ ܟܐ ܡܡܠܠܝܬܘܢ ܠܫܢܐ ܐܬܘܪܝܐ، ܟܐ ܝܬܘܢ ܕܡܦܠܚܬܘܢ ܒܚܠܡܬܐ ܕܗܝܪܬܐ ܕܠܫܢܐ ܡܓܢܢܐܝܬ. ܩܪܘܢ ܥܠ ܡܢܝܢܐ 1-855-735-5604 (TTY: 711)

Molina Dual Options MI Health Link Medicare-Medicaid Plan | 2017 List of Covered Drugs (Formulary)

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

- Molina Dual Options MI Health Link Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.
- The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
- Benefits may change on January 1 of each year. You can always check Molina Dual Options' up-to-date List of Covered Drugs online at www.MolinaHealthcare.com/Duals.
- Limitations, restrictions, and patient pay amounts may apply. This means that you may have to pay for some services and that you need to follow certain rules to have Molina Dual Options pay for your services. For more information, call Molina Dual Options Member Services or read the Molina Dual Options Member Handbook.
- You can also get this information for free in other formats, such as large print, braille, or audio. Call (855) 735-5604, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., EST. The call is free.
- Our plan also has written materials available in Spanish and Arabic translations. Please contact Member Services at (855) 735-5604, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., EST to request alternate format materials.

Frequently Asked Questions (FAQ)

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

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

The drugs on the List of Covered Drugs that starts on page 1 are the drugs covered by Molina Dual Options. These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as "network pharmacies."

→ Molina Dual Options will cover all medically necessary drugs on the Drug List if:

- your doctor or other prescriber says you need them to get better or stay healthy, ***and***
- you fill the prescription at a Molina Dual Options network pharmacy.

→ Molina Dual Options may have additional steps to access certain drugs (see question #5 below).

You can also see an up-to-date list of drugs that we cover on our website at www.MolinaHealthcare.com/Duals or call Member Services toll-free at (855) 735-5604, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., EST.

2. Does the Drug List ever change?

Yes. Molina Dual Options may add or remove drugs on the Drug List during the year. Generally, the Drug List will only change if:

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

We may also change our rules about drugs. For example, we could:

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

(For more information on these drug rules, see page x.)

We will tell you when a drug you are taking is removed from the Drug List. We will also tell you when we change our rules for covering a drug. Questions 3, 4, and 7 below have more information on what happens when the Drug List changes.

→ You can always check Molina Dual Options' up to date Drug List online at www.MolinaHealthcare.com/Duals.
You can also call Member Services to check the current Drug List at (855) 735-5604, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., EST.

3. What happens when a cheaper drug comes along that works as well as a drug on the Drug List now?

If you are taking a drug that is removed because a cheaper drug that works just as well comes along, we will tell you. We will tell you at least 60 days before we remove it from the Drug List ***or*** when you ask for a refill. Then you can get a 60-day supply of the drug before the change to the Drug List is made. You will receive this notification by mail at least 60 days before this change occurs.

4. What happens when we find out a drug is not safe?

If the Food and Drug Administration (FDA) says a drug you are taking is not safe, we will take it off the Drug List right away. We will also send you a letter telling you that. Please speak with your physician to find an alternative that is safe for you.

5. Are there any restrictions or limits on drug coverage? Or are there any required actions to take in order to get certain drugs?

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

- **Prior approval (or prior authorization):** For some drugs, you or your doctor or other prescriber must get approval from Molina Dual Options before you fill your prescription. If you don't get approval, Molina Dual Options may not cover the drug.
- **Quantity limits:** Sometimes Molina Dual Options limits the amount of a drug you can get.
- **Step therapy:** Sometimes Molina Dual Options requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might

have to try one drug before we will cover another drug. If your prescriber thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables on pages 1-136. You can also get more information by visiting our web site at www.MolinaHealthcare.com/Duals. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can also ask for an "exception" from these limits. Please see question 11 for more information on exceptions.

→ If you are in a nursing home or other long-term care facility and need a drug that is not on the Drug List, or if you cannot easily get the drug you need, we can help. We will cover a 31-day emergency supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Molina Dual Options member. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception. Please see question 11 for more information about exceptions.

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

The List of Covered Drugs on page 1 has a column labeled "Necessary actions, restrictions, or limits on use."

7. What happens if we change our rules on how we cover some drugs? For example, if we add prior authorization (approval), quantity limits, and/or step therapy restrictions on a drug.

We will tell you if we add prior approval, quantity limits, and/or step therapy restrictions on a drug. We will tell you at least 60 days before the restriction is added or when you next ask for a refill. Then, you can get a 60-day supply of the drug before the change to the Drug List is made. This gives you time to talk to your doctor or other prescriber about what to do next.

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

There are two ways to find a drug:

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

To search **alphabetically**, go to the Alphabetical Listing section. You can find it in the Index. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

To search **by medical condition**, find the section labeled "List of drugs by medical condition" on page 1. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Beta-blockers. That is where you will find drugs that treat heart conditions.

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

If you don't see your drug on the Drug List, call Member Services at (855) 735-5604, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., EST and ask about it. If you learn that Molina Dual Options will not cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. He or she can prescribe a drug on the Drug List that is like the one you want to take. ***Or***
- You can ask the health plan to make an exception to cover your drug. Please see question 11 for more information about exceptions.

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

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

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

- you are taking a drug that is not on our Drug List, ***or***

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

If you live in a nursing home or other long-term care facility, you may refill your prescription for as long as 98 days. You may refill the drug multiple times during your first 90 days in the plan. This gives your prescriber time to change your drugs to ones on the Drug List or ask for an exception.

Transition Policy

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

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

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

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

If a new member is a resident of a long-term-care facility (like a nursing home), we will cover a temporary 31-day transition supply (unless the prescription is written for fewer days). If necessary,

we will cover more than one refill of these drugs during the first 90 days a new member is enrolled in our Plan. If the resident has been enrolled in our Plan for more than 90 days and needs a drug that isn't on our formulary or is subject to other restrictions, such as step therapy or dosage limits, we will cover a temporary 31-day emergency supply of that drug (unless the prescription is for fewer days) while the new member pursues a formulary exception. Exceptions are available in situations where you experience a change in the level of care you are receiving that also requires you to transition from one facility or treatment center to another. In such circumstances, you would be eligible for a temporary, one-time fill exception even if you are outside of the first 90 days as a member of the plan.

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

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

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

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

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

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

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

13. How can you ask for an exception?

To ask for an exception, call Member Services. A Member Services representative will work with you and your provider to help you ask for an exception.

14. What are generic drugs?

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

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

15. What are OTC drugs?

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

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

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

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

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

17. What is your copay?

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

18. What are drug tiers?

Tiers are groups of drugs.

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

List of Covered Drugs

The list of covered drugs below gives you information about the drugs covered by Molina Dual Options. If you have trouble finding your drug in the list, turn to the Index that begins on page 137.

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

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

Note: The (*) next to a drug means the drug is not a "Part D drug." These drugs have different rules for appeals. An *appeal* is a formal way of asking us to review a coverage decision and to change it if you think we made a mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Michigan Medicaid. If you or your prescriber disagrees with our decision, you can appeal. To ask for instructions on how to appeal, call Member Services at (855) 735-5604, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., EST. You can also read Chapter 9 in the Member Handbook to learn how to appeal a decision.

The information in the Requirements/Limits column tells you if Molina Dual Options has any special requirements for coverage of your drug.

QL stands for Quantity Limits
PA stands for Prior Authorization
ST stands for Step Therapy Criteria
OTC stands for Over the Counter
B/D – This drug may be covered under Medicare Part B or D depending upon the circumstances
LA stands for Limited Access Drug
NM stands for Not available through mail-order

List of Drugs by Medical Condition

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

MI_CY17_2T_MMP eff 11/01/2017

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION		
GOUT - DRUGS TO TREAT GOUT		
allopurinol tab 100 mg	$0 (1)	
allopurinol tab 300 mg	$0 (1)	
colchicine w/ probenecid tab 0.5-500 mg	$0 (1)	
COLCRYS TAB 0.6MG	$0 (2)	QL (120 tabs / 30 days)
probenecid tab 500 mg	$0 (1)	
ULORIC TAB 40MG	$0 (2)	ST
ULORIC TAB 80MG	$0 (2)	ST
MISCELLANEOUS		
ACEPHEN SUP 120MG	$0 (3)	NM; *
acephen sup 325mg	$0 (3)	NM; *
acetamin tab 500mg	$0 (3)	NM; *
acetaminophen liquid 160 mg/5ml	$0 (3)	NM; *
acetaminophen suppos 120 mg	$0 (3)	NM; *
acetaminophen suppos 650 mg	$0 (3)	NM; *
acetaminophen tab 325 mg	$0 (3)	NM; *
acetaminophn sus 160/5ml	$0 (3)	NM; *
arthrts pain tab 650mg	$0 (3)	NM; *
aspir-81 tab 81mg ec	$0 (3)	NM; *
aspir-low tab 81mg ec	$0 (3)	NM; *
aspirin chew tab 81 mg	$0 (3)	NM; *
aspirin chw 81mg	$0 (3)	NM; *
aspirin low chw 81mg	$0 (3)	NM; *
aspirin low tab 81mg ec	$0 (3)	NM; *
aspirin tab 81mg ec	$0 (3)	NM; *
aspirin tab 325 mg	$0 (3)	NM; *
aspirin tab 325mg	$0 (3)	NM; *
aspirin tab 325mg ec	$0 (3)	NM; *
aspirin tab delayed release 81 mg	$0 (3)	NM; *
aspirin tab delayed release 325 mg	$0 (3)	NM; *
child asa chw 81mg	$0 (3)	NM; *
child asa ls chw 81mg	$0 (3)	NM; *
chld silapap liq 160/5ml	$0 (3)	NM; *
ecpirin tab 325mg ec	$0 (3)	NM; *
ed-apap liq 80mg/2.5	$0 (3)	NM; *
fever reduce sup 120mg	$0 (3)	NM; *
FEVERALL INF SUP 80MG	$0 (3)	NM; *
FEVERALL SUP 120MG	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FEVERALL SUP 325MG	$0 (3)	NM; *
gnp aspirin chw 81mg	$0 (3)	NM; *
gnp aspirin tab 325mg	$0 (3)	NM; *
gnp aspirin tab 325mg ec	$0 (3)	NM; *
hm aspirin chw 81mg	$0 (3)	NM; *
hm aspirin tab 325mg	$0 (3)	NM; *
8 hour pain tab 650mg	$0 (3)	NM; *
inf silapap dro 80/0.8ml	$0 (3)	NM; *
mapap apap liq 500/15ml	$0 (3)	NM; *
mapap child sus 160/5ml	$0 (3)	NM; *
mapap chw 80mg	$0 (3)	NM; *
mapap liq 160/5ml	$0 (3)	NM; *
mapap tab 325mg	$0 (3)	NM; *
mapap tab 500mg	$0 (3)	NM; *
mapap tab 500mg/rr	$0 (3)	NM; *
miniprin low tab 81mg ec	$0 (3)	NM; *
non-aspirin sus 160/5ml	$0 (3)	NM; *
non-aspirin tab 325mg	$0 (3)	NM; *
non-aspirin tab 500mg	$0 (3)	NM; *
non-aspirin tab 500mg/rr	$0 (3)	NM; *
pain & fever chw 80mg	$0 (3)	NM; *
pain & fever sol 160/5ml	$0 (3)	NM; *
pain & fever sus 160/5ml	$0 (3)	NM; *
pain & fever tab 325mg	$0 (3)	NM; *
pain & fever tab 500mg	$0 (3)	NM; *
pain relief dro 80/0.8ml	$0 (3)	NM; *
pain relief sus 160/5ml	$0 (3)	NM; *
pain relief tab 325mg	$0 (3)	NM; *
pain relief tab 500mg	$0 (3)	NM; *
pain relieve sus 160/5ml	$0 (3)	NM; *
pain relieve tab 325mg	$0 (3)	NM; *
pain relieve tab 500mg	$0 (3)	NM; *
pharbetol tab 325mg	$0 (3)	NM; *
pharbetol tab 500mg	$0 (3)	NM; *
q-pap child sus 160/5ml	$0 (3)	NM; *
q-pap infant dro 80/0.8ml	$0 (3)	NM; *
q-pap liq 160/5ml	$0 (3)	NM; *
q-pap tab 325mg	$0 (3)	NM; *
q-pap tab 500mg	$0 (3)	NM; *
qc aspirin tab 325mg	$0 (3)	NM; *
qc child asa chw 81mg	$0 (3)	NM; *
sb aspirin tab 325mg	$0 (3)	NM; *
sb child asa chw 81mg	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sm aspirin chw 81mg	$0 (3)	NM; *
sm aspirin tab 81mg ec	$0 (3)	NM; *
sm aspirin tab 325mg	$0 (3)	NM; *
sm aspirin tab 325mg ec	$0 (3)	NM; *
sm child asa chw 81mg	$0 (3)	NM; *
sm pain rel cap 500mg	$0 (3)	NM; *
tactinal tab 325mg	$0 (3)	NM; *
tactinal tab 500mg	$0 (3)	NM; *
NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION		
all day pain tab 220mg	$0 (3)	NM; *
all day relf tab 220mg	$0 (3)	NM; *
celecoxib cap 50 mg	$0 (1)	QL (240 caps / 30 days)
celecoxib cap 100 mg	$0 (1)	QL (120 caps / 30 days)
celecoxib cap 200 mg	$0 (1)	QL (60 caps / 30 days)
celecoxib cap 400 mg	$0 (1)	QL (30 caps / 30 days)
diclofenac potassium tab 50 mg	$0 (1)	QL (120 tabs / 30 days)
diclofenac sodium tab delayed release 25 mg	$0 (1)	
diclofenac sodium tab delayed release 50 mg	$0 (1)	
diclofenac sodium tab delayed release 75 mg	$0 (1)	
diclofenac sodium tab er 24hr 100 mg	$0 (1)	
diflunisal tab 500 mg	$0 (1)	
etodolac cap 200 mg	$0 (1)	
etodolac cap 300 mg	$0 (1)	
etodolac tab 400 mg	$0 (1)	
etodolac tab 500 mg	$0 (1)	
etodolac tab er 24hr 400 mg	$0 (1)	
etodolac tab er 24hr 500 mg	$0 (1)	
etodolac tab er 24hr 600 mg	$0 (1)	
flurbiprofen tab 50 mg	$0 (1)	
flurbiprofen tab 100 mg	$0 (1)	
hm ibuprofen tab 200mg	$0 (3)	NM; *
ibu-200 tab 200mg	$0 (3)	NM; *
ibuprofen cap 200 mg	$0 (3)	NM; *
ibuprofen cap 200mg	$0 (3)	NM; *
ibuprofen dro 50/1.25	$0 (3)	NM; *
ibuprofen jr chw 100mg	$0 (3)	NM; *
ibuprofen sus 100/5ml	$0 (3)	NM; *
ibuprofen susp 100 mg/5ml	$0 (1)	
ibuprofen susp 100 mg/5ml	$0 (3)	NM; *
ibuprofen tab 200 mg	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ibuprofen tab 200mg	$0 (3)	NM; *
ibuprofen tab 400 mg	$0 (1)	
ibuprofen tab 600 mg	$0 (1)	
ibuprofen tab 800 mg	$0 (1)	
ketoprofen cap 50 mg	$0 (1)	
ketoprofen cap 75 mg	$0 (1)	
MELOXICAM SUSP 7.5 MG/5ML	$0 (1)	
meloxicam tab 7.5 mg	$0 (1)	
meloxicam tab 15 mg	$0 (1)	
nabumetone tab 500 mg	$0 (1)	
nabumetone tab 750 mg	$0 (1)	
naproxen dr tab 375mg	$0 (1)	
naproxen dr tab 500mg	$0 (1)	
naproxen sod tab 220mg	$0 (3)	NM; *
naproxen sodium tab 220 mg	$0 (3)	NM; *
naproxen sodium tab 275 mg	$0 (1)	
naproxen sodium tab 550 mg	$0 (1)	
naproxen susp 125 mg/5ml	$0 (1)	
naproxen tab 250 mg	$0 (1)	
naproxen tab 375 mg	$0 (1)	
naproxen tab 500 mg	$0 (1)	
piroxicam cap 10 mg	$0 (1)	
piroxicam cap 20 mg	$0 (1)	
provil tab 200mg	$0 (3)	NM; *
qc ibuprofen tab 200mg	$0 (3)	NM; *
sb ibuprofen tab 200mg	$0 (3)	NM; *
sm ibuprofen cap 200mg	$0 (3)	NM; *
sm ibuprofen tab 200mg	$0 (3)	NM; *
sulindac tab 150 mg	$0 (1)	
sulindac tab 200 mg	$0 (1)	
OPIOID ANALGESICS - DRUGS TO TREAT PAIN		
acetaminophen w/ codeine soln 120-12 mg/5ml	$0 (1)	QL (5000 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 (400 tabs / 30 days)
acetaminophen w/ codeine tab 300-60 mg	$0 (1)	QL (400 tabs / 30 days)
butorphanol tartrate inj 1 mg/ml	$0 (1)	
butorphanol tartrate inj 2 mg/ml	$0 (1)	
BUTRANS DIS 5MCG/HR	$0 (2)	QL (16 patches / 28 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BUTRANS DIS 7.5/HR	$0 (2)	QL (8 patches / 28 days)
BUTRANS DIS 10MCG/HR	$0 (2)	QL (8 patches / 28 days)
BUTRANS DIS 15MCG/HR	$0 (2)	QL (4 patches / 28 days)
BUTRANS DIS 20MCG/HR	$0 (2)	QL (4 patches / 28 days)
nalbuphine hcl inj 10 mg/ml	$0 (1)	
nalbuphine hcl inj 20 mg/ml	$0 (1)	
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		
DURAMORPH INJ 0.5MG/ML	$0 (1)	B/D
DURAMORPH INJ 1MG/ML	$0 (1)	B/D
endocet tab 5-325mg	$0 (1)	QL (360 tabs / 30 days)
endocet tab 7.5-325	$0 (1)	QL (360 tabs / 30 days)
endocet tab 10-325mg	$0 (1)	QL (360 tabs / 30 days)
fentanyl citrate lozenge on a handle 200 mcg	$0 (2)	QL (120 lozenges / 30 days), PA
fentanyl citrate lozenge on a handle 400 mcg	$0 (2)	QL (120 lozenges / 30 days), PA
fentanyl citrate lozenge on a handle 600 mcg	$0 (2)	QL (120 lozenges / 30 days), PA
fentanyl citrate lozenge on a handle 800 mcg	$0 (2)	QL (120 lozenges / 30 days), PA
fentanyl citrate lozenge on a handle 1200 mcg	$0 (2)	QL (120 lozenges / 30 days), PA
fentanyl citrate lozenge on a handle 1600 mcg	$0 (2)	QL (120 lozenges / 30 days), PA
fentanyl td patch 72hr 12 mcg/hr	$0 (1)	QL (10 patches / 30 days)
fentanyl td patch 72hr 25 mcg/hr	$0 (1)	QL (10 patches / 30 days)
fentanyl td patch 72hr 50 mcg/hr	$0 (1)	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 75 mcg/hr	$0 (1)	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 100 mcg/hr	$0 (1)	QL (10 patches / 30 days), PA
FENTORA TAB 100MCG	$0 (2)	QL (120 tabs / 30 days), PA
FENTORA TAB 200MCG	$0 (2)	QL (120 tabs / 30 days), PA
FENTORA TAB 400MCG	$0 (2)	QL (120 tabs / 30 days), PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FENTORA TAB 600MCG	$0 (2)	QL (120 tabs / 30 days), PA
FENTORA TAB 800MCG	$0 (2)	QL (120 tabs / 30 days), PA
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	$0 (1)	QL (5400 mL / 30 days)
hydrocodone-acetaminophen tab 5-325 mg	$0 (1)	QL (360 tabs / 30 days)
hydrocodone-acetaminophen tab 7.5-325 mg	$0 (1)	QL (360 tabs / 30 days)
hydrocodone-acetaminophen tab 10-325 mg	$0 (1)	QL (360 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)	
hydromorphone hcl preservative free (pf) inj 10 mg/ml	$0 (1)	B/D
hydromorphone hcl tab 2 mg	$0 (1)	QL (270 tabs / 30 days)
hydromorphone hcl tab 4 mg	$0 (1)	QL (270 tabs / 30 days)
hydromorphone hcl tab 8 mg	$0 (1)	QL (270 tabs / 30 days)
HYSINGLA ER TAB 20 MG	$0 (2)	QL (60 tabs / 30 days)
HYSINGLA ER TAB 30 MG	$0 (2)	QL (60 tabs / 30 days)
HYSINGLA ER TAB 40 MG	$0 (2)	QL (60 tabs / 30 days)
HYSINGLA ER TAB 60 MG	$0 (2)	QL (60 tabs / 30 days)
HYSINGLA ER TAB 80 MG	$0 (2)	QL (30 tabs / 30 days)
HYSINGLA ER TAB 100 MG	$0 (2)	QL (30 tabs / 30 days)
HYSINGLA ER TAB 120 MG	$0 (2)	QL (30 tabs / 30 days)
methadone con 10mg/ml	$0 (1)	QL (120 mL / 30 days)
methadone hcl soln 5 mg/5ml	$0 (1)	QL (600 mL / 30 days)
methadone hcl soln 10 mg/5ml	$0 (1)	QL (600 mL / 30 days)
methadone hcl tab 5 mg	$0 (1)	QL (240 tabs / 30 days)
methadone hcl tab 10 mg	$0 (1)	QL (240 tabs / 30 days)
MORPHINE SUL INJ 2MG/ML	$0 (1)	B/D
MORPHINE SUL INJ 4MG/ML	$0 (1)	B/D
MORPHINE SUL INJ 8MG/ML	$0 (1)	B/D
MORPHINE SUL INJ 150/30ML	$0 (1)	B/D
morphine sulfate inj pf 0.5 mg/ml	$0 (1)	B/D
morphine sulfate inj pf 1 mg/ml	$0 (1)	B/D
MORPHINE SULFATE IV SOLN 1 MG/ML	$0 (1)	B/D
morphine sulfate iv soln pf 4 mg/ml	$0 (1)	B/D
morphine sulfate iv soln pf 8 mg/ml	$0 (1)	B/D
MORPHINE SULFATE IV SOLN PF 10 MG/ML	$0 (1)	B/D
MORPHINE SULFATE IV SOLN PF 15 MG/ML	$0 (1)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MORPHINE SULFATE ORAL SOLN 10 MG/5ML	$0 (1)	
MORPHINE SULFATE ORAL SOLN 20 MG/5ML	$0 (1)	
MORPHINE SULFATE ORAL SOLN 100 MG/5ML (20 MG/ML)	$0 (1)	
MORPHINE SULFATE TAB 15 MG	$0 (1)	QL (180 tabs / 30 days)
MORPHINE SULFATE TAB 30 MG	$0 (1)	QL (180 tabs / 30 days)
morphine sulfate tab er 15 mg	$0 (1)	QL (90 tabs / 30 days)
morphine sulfate tab er 30 mg	$0 (1)	QL (90 tabs / 30 days)
morphine sulfate tab er 60 mg	$0 (1)	QL (90 tabs / 30 days)
morphine sulfate tab er 100 mg	$0 (1)	QL (90 tabs / 30 days)
morphine sulfate tab er 200 mg	$0 (1)	QL (60 tabs / 30 days)
oxycodone hcl cap 5 mg	$0 (1)	QL (180 caps / 30 days)
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	$0 (1)	
OXYCODONE HCL SOLN 5 MG/5ML	$0 (1)	
oxycodone hcl tab 5 mg	$0 (1)	QL (180 tabs / 30 days)
oxycodone hcl tab 10 mg	$0 (1)	QL (180 tabs / 30 days)
oxycodone hcl tab 15 mg	$0 (1)	QL (180 tabs / 30 days)
oxycodone hcl tab 20 mg	$0 (1)	QL (180 tabs / 30 days)
oxycodone hcl tab 30 mg	$0 (1)	QL (180 tabs / 30 days)
oxycodone w/ acetaminophen soln 5-325 mg/5ml	$0 (1)	QL (1800 mL / 30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg	$0 (1)	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 5-325 mg	$0 (1)	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg	$0 (1)	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 10-325 mg	$0 (1)	QL (360 tabs / 30 days)
OXYCONTIN TAB 10MG CR	$0 (2)	QL (120 tabs / 30 days)
OXYCONTIN TAB 15MG CR	$0 (2)	QL (120 tabs / 30 days)
OXYCONTIN TAB 20MG CR	$0 (2)	QL (120 tabs / 30 days)
OXYCONTIN TAB 30MG CR	$0 (2)	QL (120 tabs / 30 days)
OXYCONTIN TAB 40MG CR	$0 (2)	QL (120 tabs / 30 days)
OXYCONTIN TAB 60MG CR	$0 (2)	QL (120 tabs / 30 days)
OXYCONTIN TAB 80MG CR	$0 (2)	QL (120 tabs / 30 days)
ANESTHETICS - DRUGS FOR NUMBING		
LOCAL ANESTHETICS		
lidocaine hcl local inj 0.5%	$0 (1)	B/D
lidocaine hcl local inj 1%	$0 (1)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lidocaine hcl local inj 2%	$0 (1)	B/D
lidocaine hcl local preservative free (pf) inj 0.5%	$0 (1)	B/D
lidocaine hcl local preservative free (pf) inj 1%	$0 (1)	B/D
lidocaine hcl local preservative free (pf) inj 1.5%	$0 (1)	B/D
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
ANTI-BACTERIALS - MISCELLANEOUS		
amikacin sulfate inj 1 gm/4ml (250 mg/ml)	$0 (1)	
amikacin sulfate inj 500 mg/2ml (250 mg/ml)	$0 (1)	
gentamicin in saline inj 0.8 mg/ml	$0 (1)	
gentamicin in saline inj 1 mg/ml	$0 (1)	
gentamicin in saline inj 1.2 mg/ml	$0 (1)	
gentamicin in saline inj 1.6 mg/ml	$0 (1)	
gentamicin in saline inj 2 mg/ml	$0 (1)	
gentamicin sulfate inj 10 mg/ml	$0 (1)	
gentamicin sulfate inj 40 mg/ml	$0 (1)	
gentamicin sulfate iv soln 10 mg/ml	$0 (1)	
neomycin sulfate tab 500 mg	$0 (1)	
paromomycin sulfate cap 250 mg	$0 (1)	
streptomycin sulfate for inj 1 gm	$0 (1)	
sulfadiazine tab 500mg	$0 (2)	
tobramycin nebu soln 300 mg/5ml	$0 (2)	NM, PA
tobramycin sulfate for inj 1.2 gm	$0 (2)	
tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)	$0 (1)	
tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)	$0 (1)	
tobramycin sulfate inj 10 mg/ml (base equivalent)	$0 (1)	
tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)	$0 (1)	
ANTI-INFECTIVES - MISCELLANEOUS		
ALBENZA TAB 200MG	$0 (2)	
ALINIA SUS 100/5ML	$0 (2)	
ALINIA TAB 500MG	$0 (2)	
atovaquone susp 750 mg/5ml	$0 (2)	
AZACTAM/DEX INJ 1GM	$0 (2)	
AZACTAM/DEX INJ 2GM	$0 (2)	
aztreonam for inj 1 gm	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
aztreonam for inj 2 gm	$0 (1)	
BILTRICIDE TAB 600MG	$0 (2)	
CAYSTON INH 75MG	$0 (2)	NM, LA, PA
clindamycin hcl cap 75 mg	$0 (1)	
clindamycin hcl cap 150 mg	$0 (1)	
clindamycin hcl cap 300 mg	$0 (1)	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	$0 (1)	
clindamycin phosphate in d5w iv soln 300 mg/50ml	$0 (1)	
clindamycin phosphate in d5w iv soln 600 mg/50ml	$0 (1)	
clindamycin phosphate in d5w iv soln 900 mg/50ml	$0 (1)	
clindamycin phosphate inj 9 gm/60ml	$0 (1)	
clindamycin phosphate inj 300 mg/2ml	$0 (1)	
clindamycin phosphate inj 600 mg/4ml	$0 (1)	
clindamycin phosphate inj 900 mg/6ml	$0 (1)	
clindamycin phosphate iv soln 300 mg/2ml	$0 (1)	
clindamycin phosphate iv soln 900 mg/6ml	$0 (1)	
CLINDMYC/NAC INJ 300/50ML	$0 (2)	
CLINDMYC/NAC INJ 600/50ML	$0 (2)	
CLINDMYC/NAC INJ 900/50ML	$0 (2)	
colistimethate sodium for inj 150 mg	$0 (1)	
CUBICIN SOL 500MG	$0 (2)	
dapsone tab 25 mg	$0 (1)	
dapsone tab 100 mg	$0 (1)	
daptomycin for iv soln 500 mg	$0 (2)	
emverm chw 100mg	$0 (2)	
imipenem-cilastatin intravenous for soln 250 mg	$0 (1)	
imipenem-cilastatin intravenous for soln 500 mg	$0 (1)	
INVANZ INJ 1GM	$0 (2)	
ivermectin tab 3 mg	$0 (1)	
LINEZOLID FOR SUSP 100 MG/5ML	$0 (2)	
LINEZOLID IN SODIUM CHLORIDE IV SOLN 600 MG/300ML-0.9%	$0 (2)	
linezolid iv soln 600 mg/300ml (2 mg/ml)	$0 (2)	
LINEZOLID TAB 600 MG	$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
meropenem iv for soln 1 gm	$0 (1)	
meropenem iv for soln 500 mg	$0 (1)	
methenamine hippurate tab 1 gm	$0 (1)	
metronidazole in nacl 0.79% iv soln 500 mg/100ml	$0 (1)	
metronidazole tab 250 mg	$0 (1)	
metronidazole tab 500 mg	$0 (1)	
NEBUPENT INH 300MG	$0 (2)	B/D
nitrofurantoin macrocrystalline cap 50 mg	$0 (2)	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
nitrofurantoin macrocrystalline cap 100 mg	$0 (2)	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
nitrofurantoin monohydrate macrocrystalline cap 100 mg	$0 (2)	PA; PA applies if 65 years and older after a 90 day supply in a calendar year
PENTAM 300 INJ 300MG	$0 (2)	
pin-x sus 50mg/ml	$0 (3)	NM; *
reeses med sus pinworm	$0 (3)	NM; *
SIVEXTRO INJ 200MG	$0 (2)	
SIVEXTRO TAB 200MG	$0 (2)	
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	$0 (1)	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	$0 (1)	
sulfamethoxazole-trimethoprim tab 400-80 mg	$0 (1)	
sulfamethoxazole-trimethoprim tab 800-160 mg	$0 (1)	
SYNERCID INJ 500MG	$0 (2)	
TIGECYCLINE INJ 50MG	$0 (2)	
trimethoprim tab 100 mg	$0 (1)	
TYGACIL INJ 50MG	$0 (2)	
vancomycin hcl cap 125 mg	$0 (2)	
vancomycin hcl cap 250 mg	$0 (2)	
vancomycin hcl for inj 10 gm	$0 (1)	
vancomycin hcl for inj 500 mg	$0 (1)	
vancomycin hcl for inj 750 mg	$0 (1)	
vancomycin hcl for inj 1000 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
vancomycin hcl for inj 5000 mg	$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)	B/D
AMBISOME INJ 50MG	$0 (2)	B/D
amphotericin b for inj 50 mg	$0 (1)	B/D
CANCIDAS INJ 50MG	$0 (2)	
CANCIDAS INJ 70MG	$0 (2)	
CASPOFUNGIN INJ 50MG	$0 (2)	
CASPOFUNGIN INJ 70MG	$0 (2)	
fluconazole for susp 10 mg/ml	$0 (1)	
fluconazole for susp 40 mg/ml	$0 (1)	
fluconazole in dextrose inj 200 mg/100ml	$0 (1)	
fluconazole in dextrose inj 400 mg/200ml	$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)	
fluconazole/ inj nacl 100	$0 (1)	
flucytosine cap 250 mg	$0 (2)	
flucytosine cap 500 mg	$0 (2)	
griseofulvin microsize susp 125 mg/5ml	$0 (1)	
griseofulvin microsize tab 500 mg	$0 (1)	
griseofulvin ultramicrosize tab 125 mg	$0 (1)	
griseofulvin ultramicrosize tab 250 mg	$0 (1)	
itraconazole cap 100 mg	$0 (1)	PA
ketoconazole tab 200 mg	$0 (1)	PA
MYCAMINE INJ 50MG	$0 (2)	
MYCAMINE INJ 100MG	$0 (2)	
NOXAFIL SUS 40MG/ML	$0 (2)	
NOXAFIL TAB 100MG	$0 (2)	
nystatin tab 500000 unit	$0 (1)	
terbinafine hcl tab 250 mg	$0 (1)	QL (90 tabs / 365 days)
voriconazole for inj 200 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
voriconazole for susp 40 mg/ml	$0 (2)	
voriconazole tab 50 mg	$0 (2)	
voriconazole tab 200 mg	$0 (2)	
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
atovaquone-proguanil hcl tab 62.5-25 mg	$0 (1)	
atovaquone-proguanil hcl tab 250-100 mg	$0 (1)	
chloroquine phosphate tab 250 mg	$0 (1)	
chloroquine phosphate tab 500 mg	$0 (1)	
COARTEM TAB 20-120MG	$0 (2)	
mefloquine hcl tab 250 mg	$0 (1)	
PRIMAQUINE TAB 26.3MG	$0 (2)	
quinine sulfate cap 324 mg	$0 (1)	PA
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate tab 300 mg (base equiv)	$0 (1)	
APTIVUS CAP 250MG	$0 (2)	
APTIVUS SOL	$0 (2)	
CRIXIVAN CAP 200MG	$0 (2)	
CRIXIVAN CAP 400MG	$0 (2)	
didanosine delayed release capsule 125 mg	$0 (1)	
didanosine delayed release capsule 200 mg	$0 (1)	
didanosine delayed release capsule 250 mg	$0 (1)	
didanosine delayed release capsule 400 mg	$0 (1)	
EDURANT TAB 25MG	$0 (2)	
EMTRIVA CAP 200MG	$0 (2)	
EMTRIVA SOL 10MG/ML	$0 (2)	
FUZEON INJ 90MG	$0 (2)	NM
INTELENCE TAB 25MG	$0 (2)	
INTELENCE TAB 100MG	$0 (2)	
INTELENCE TAB 200MG	$0 (2)	
INVIRASE CAP 200MG	$0 (2)	
INVIRASE TAB 500MG	$0 (2)	
ISENTRESS CHW 25MG	$0 (2)	
ISENTRESS CHW 100MG	$0 (2)	
ISENTRESS HD TAB 600MG	$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ISENTRESS POW 100MG	$0 (2)	
ISENTRESS TAB 400MG	$0 (2)	
lamivudine oral soln 10 mg/ml	$0 (1)	
lamivudine tab 150 mg	$0 (1)	
lamivudine tab 300 mg	$0 (1)	
LEXIVA SUS 50MG/ML	$0 (2)	
LEXIVA TAB 700MG	$0 (2)	
NEVIRAPINE SUSP 50 MG/5ML	$0 (1)	
nevirapine tab 200 mg	$0 (1)	
nevirapine tab er 24hr 100 mg	$0 (1)	
nevirapine tab er 24hr 400 mg	$0 (1)	
NORVIR CAP 100MG	$0 (2)	
NORVIR SOL 80MG/ML	$0 (2)	
NORVIR TAB 100MG	$0 (2)	
PREZISTA SUS 100MG/ML	$0 (2)	
PREZISTA TAB 75MG	$0 (2)	
PREZISTA TAB 150MG	$0 (2)	
PREZISTA TAB 600MG	$0 (2)	
PREZISTA TAB 800MG	$0 (2)	
RESCRIPTOR TAB 100 MG	$0 (2)	
RESCRIPTOR TAB 200MG	$0 (2)	
RETROVIR INJ 10MG/ML	$0 (2)	
REYATAZ CAP 150MG	$0 (2)	
REYATAZ CAP 200MG	$0 (2)	
REYATAZ CAP 300MG	$0 (2)	
REYATAZ POW 50MG	$0 (2)	
SELZENTRY SOL 20MG/ML	$0 (2)	
SELZENTRY TAB 25MG	$0 (2)	
SELZENTRY TAB 75MG	$0 (2)	
SELZENTRY TAB 150MG	$0 (2)	
SELZENTRY TAB 300MG	$0 (2)	
stavudine cap 15 mg	$0 (1)	
stavudine cap 20 mg	$0 (1)	
stavudine cap 30 mg	$0 (1)	
stavudine cap 40 mg	$0 (1)	
SUSTIVA CAP 50MG	$0 (2)	
SUSTIVA CAP 200MG	$0 (2)	
SUSTIVA TAB 600MG	$0 (2)	
TIVICAY TAB 10MG	$0 (2)	
TIVICAY TAB 25MG	$0 (2)	
TIVICAY TAB 50MG	$0 (2)	
TYBOST TAB 150MG	$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VIDEX SOL 2GM	$0 (2)	
VIDEX SOL 4GM	$0 (2)	
VIRACEPT TAB 250MG	$0 (2)	
VIRACEPT TAB 625MG	$0 (2)	
VIRAMUNE SUS 50MG/5ML	$0 (2)	
VIREAD POW 40MG/GM	$0 (2)	
VIREAD TAB 150MG	$0 (2)	
VIREAD TAB 200MG	$0 (2)	
VIREAD TAB 250MG	$0 (2)	
VIREAD TAB 300MG	$0 (2)	
ZERIT SOL 1MG/ML	$0 (2)	
ZIAGEN SOL 20MG/ML	$0 (2)	
zidovudine cap 100 mg	$0 (1)	
zidovudine syrup 10 mg/ml	$0 (1)	
zidovudine tab 300 mg	$0 (1)	
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
ABACAVIR SULFATE-LAMIVUDINE TAB 600-300 MG	$0 (2)	
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	$0 (2)	
ATRIPLA TAB	$0 (2)	
COMPLERA TAB	$0 (2)	
DESCOVY TAB 200/25	$0 (2)	
EVOTAZ TAB 300-150	$0 (2)	
GENVOYA TAB	$0 (2)	
KALETRA SOL	$0 (2)	
KALETRA TAB 100-25MG	$0 (2)	
KALETRA TAB 200-50MG	$0 (2)	
lamivudine-zidovudine tab 150-300 mg	$0 (1)	
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	$0 (2)	
ODEFSEY TAB	$0 (2)	
PREZCOBIX TAB 800-150	$0 (2)	
STRIBILD TAB	$0 (2)	
TRIUMEQ TAB	$0 (2)	
TRUVADA TAB 100-150	$0 (2)	QL (60 tabs / 30 days)
TRUVADA TAB 133-200	$0 (2)	QL (30 tabs / 30 days)
TRUVADA TAB 167-250	$0 (2)	QL (30 tabs / 30 days)
TRUVADA TAB 200-300	$0 (2)	QL (30 tabs / 30 days)
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
CAPASTAT SUL INJ 1GM	$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cycloserine cap 250 mg	$0 (2)	
ethambutol hcl tab 100 mg	$0 (1)	
ethambutol hcl tab 400 mg	$0 (1)	
isoniazid inj 100 mg/ml	$0 (1)	
isoniazid syrup 50 mg/5ml	$0 (1)	
isoniazid tab 100 mg	$0 (1)	
isoniazid tab 300 mg	$0 (1)	
paser gra 4gm	$0 (2)	
PRIFTIN TAB 150MG	$0 (2)	
pyrazinamide tab 500 mg	$0 (1)	
rifabutin cap 150 mg	$0 (1)	
rifampin cap 150 mg	$0 (1)	
rifampin cap 300 mg	$0 (1)	
rifampin for inj 600 mg	$0 (1)	
RIFATER TAB	$0 (2)	
SIRTURO TAB 100MG	$0 (2)	LA, PA
TRECATOR TAB 250MG	$0 (2)	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
acyclovir cap 200 mg	$0 (1)	
acyclovir sodium for inj 500 mg	$0 (1)	B/D
acyclovir sodium iv soln 50 mg/ml	$0 (1)	B/D
acyclovir susp 200 mg/5ml	$0 (1)	
acyclovir tab 400 mg	$0 (1)	
acyclovir tab 800 mg	$0 (1)	
adefovir dipivoxil tab 10 mg	$0 (2)	
BARACLUDE SOL .05MG/ML	$0 (2)	
DAKLINZA TAB 30MG	$0 (2)	NM, PA
DAKLINZA TAB 60MG	$0 (2)	NM, PA
DAKLINZA TAB 90MG	$0 (2)	NM, PA
entecavir tab 0.5 mg	$0 (2)	
entecavir tab 1 mg	$0 (2)	
EPCLUSA TAB 400-100	$0 (2)	NM, PA
EPIVIR HBV SOL 5MG/ML	$0 (2)	
famciclovir tab 125 mg	$0 (1)	
famciclovir tab 250 mg	$0 (1)	
famciclovir tab 500 mg	$0 (1)	
ganciclovir sodium for inj 500 mg	$0 (1)	B/D
HARVONI TAB 90-400MG	$0 (2)	NM, PA
lamivudine tab 100 mg (hbv)	$0 (1)	
MAVYRET TAB 100-40MG	$0 (2)	NM, PA
oseltamivir phosphate cap 30 mg (base equiv)	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
oseltamivir phosphate cap 45 mg (base equiv)	$0 (1)	
oseltamivir phosphate cap 75 mg (base equiv)	$0 (1)	
PEGASYS INJ	$0 (2)	NM, PA
PEGASYS INJ 180MCG/M	$0 (2)	NM, PA
PEGASYS INJ PROCLICK	$0 (2)	NM, PA
REBETOL SOL 40MG/ML	$0 (2)	NM
RELENZA MIS DISKHALE	$0 (2)	
ribasphere cap 200mg	$0 (1)	NM
ribasphere tab 200mg	$0 (1)	NM
ribasphere tab 400mg	$0 (2)	NM
ribasphere tab 600mg	$0 (2)	NM
ribavirin cap 200 mg	$0 (1)	NM
ribavirin tab 200 mg	$0 (1)	NM
rimantadine hydrochloride tab 100 mg	$0 (1)	
SOVALDI TAB 400MG	$0 (2)	NM, PA
TAMIFLU SUS 6MG/ML	$0 (2)	
TYZEKA TAB 600MG	$0 (2)	
valacyclovir hcl tab 1 gm	$0 (1)	
valacyclovir hcl tab 500 mg	$0 (1)	
VALCYTE SOL 50MG/ML	$0 (2)	
valganciclovir hcl for soln 50 mg/ml (base equiv)	$0 (2)	
valganciclovir hcl tab 450 mg (base equivalent)	$0 (2)	
VEMLIDY TAB 25MG	$0 (2)	
VOSEVI TAB	$0 (2)	NM, PA
ZEPATIER TAB 50-100MG	$0 (2)	NM, PA
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
cefaclor cap 250 mg	$0 (1)	
cefaclor cap 500 mg	$0 (1)	
cefaclor er tab 500mg	$0 (2)	
cefaclor for susp 125 mg/5ml	$0 (1)	
cefaclor for susp 250 mg/5ml	$0 (1)	
cefaclor for susp 375 mg/5ml	$0 (1)	
cefadroxil cap 500 mg	$0 (1)	
cefadroxil for susp 250 mg/5ml	$0 (1)	
cefadroxil for susp 500 mg/5ml	$0 (1)	
cefadroxil tab 1 gm	$0 (1)	
cefazolin inj 1gm/50ml	$0 (2)	
cefazolin sodium for inj 1 gm	$0 (1)	
cefazolin sodium for inj 10 gm	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cefazolin sodium for inj 20 gm	$0 (1)	
cefazolin sodium for inj 500 mg	$0 (1)	
cefazolin sodium for iv soln 1 gm	$0 (1)	
CEFAZOLIN SOL	$0 (2)	
cefdinir cap 300 mg	$0 (1)	
cefdinir for susp 125 mg/5ml	$0 (1)	
cefdinir for susp 250 mg/5ml	$0 (1)	
cefepime hcl for inj 1 gm	$0 (1)	
cefepime hcl for inj 2 gm	$0 (1)	
cefixime for susp 100 mg/5ml	$0 (1)	
cefixime for susp 200 mg/5ml	$0 (1)	
cefotaxime sodium for inj 1 gm	$0 (1)	
cefotaxime sodium for inj 2 gm	$0 (1)	
cefotaxime sodium for inj 500 mg	$0 (1)	
cefoxitin sodium for inj 10 gm	$0 (1)	
cefoxitin sodium for iv soln 1 gm	$0 (1)	
cefoxitin sodium for iv soln 2 gm	$0 (1)	
cefpodoxime proxetil for susp 50 mg/5ml	$0 (1)	
cefpodoxime proxetil for susp 100 mg/5ml	$0 (1)	
cefpodoxime proxetil tab 100 mg	$0 (1)	
cefpodoxime proxetil tab 200 mg	$0 (1)	
cefprozil for susp 125 mg/5ml	$0 (1)	
cefprozil for susp 250 mg/5ml	$0 (1)	
cefprozil tab 250 mg	$0 (1)	
cefprozil tab 500 mg	$0 (1)	
ceftazidime for inj 1 gm	$0 (1)	
ceftazidime for inj 2 gm	$0 (1)	
ceftazidime for inj 6 gm	$0 (1)	
CEFTAZIDIME/ SOL D5W 1GM	$0 (2)	
CEFTAZIDIME/ SOL D5W 2GM	$0 (2)	
ceftriaxone sodium for inj 1 gm	$0 (1)	
ceftriaxone sodium for inj 2 gm	$0 (1)	
ceftriaxone sodium for inj 10 gm	$0 (1)	
ceftriaxone sodium for inj 250 mg	$0 (1)	
ceftriaxone sodium for inj 500 mg	$0 (1)	
ceftriaxone sodium for iv soln 1 gm	$0 (1)	
ceftriaxone sodium for iv soln 2 gm	$0 (1)	
cefuroxime axetil tab 250 mg	$0 (1)	
cefuroxime axetil tab 500 mg	$0 (1)	
cefuroxime sodium for inj 1.5 gm	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cefuroxime sodium for inj 7.5 gm	$0 (1)	
cefuroxime sodium for inj 750 mg	$0 (1)	
cefuroxime sodium for iv soln 1.5 gm	$0 (1)	
cephalexin cap 250 mg	$0 (1)	
cephalexin cap 500 mg	$0 (1)	
cephalexin for susp 125 mg/5ml	$0 (1)	
cephalexin for susp 250 mg/5ml	$0 (1)	
SUPRAX CAP 400MG	$0 (2)	
suprax chw 100mg	$0 (2)	
suprax chw 200mg	$0 (2)	
SUPRAX SUS 500/5ML	$0 (2)	
tazicef inj 1gm	$0 (1)	
tazicef inj 2gm	$0 (1)	
tazicef inj 6gm	$0 (1)	
TEFLARO INJ 400MG	$0 (2)	
TEFLARO INJ 600MG	$0 (2)	
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS		
azithromycin for susp 100 mg/5ml	$0 (1)	
azithromycin for susp 200 mg/5ml	$0 (1)	
azithromycin iv for soln 500 mg	$0 (1)	
AZITHROMYCIN POWD PACK FOR SUSP 1 GM	$0 (1)	
azithromycin tab 250 mg	$0 (1)	
azithromycin tab 500 mg	$0 (1)	
azithromycin tab 600 mg	$0 (1)	
clarithromycin for susp 125 mg/5ml	$0 (1)	
clarithromycin for susp 250 mg/5ml	$0 (1)	
clarithromycin tab 250 mg	$0 (1)	
clarithromycin tab 500 mg	$0 (1)	
clarithromycin tab er 24hr 500 mg	$0 (1)	
DIFICID TAB 200MG	$0 (2)	
e.e.s. 400 tab 400mg	$0 (1)	
ery-tab tab 250mg ec	$0 (1)	
ery-tab tab 333mg ec	$0 (1)	
ery-tab tab 500mg ec	$0 (1)	
erythrocin inj 500mg	$0 (2)	
erythrocin tab 250mg	$0 (1)	
erythromycin ethylsuccinate tab 400 mg	$0 (1)	
erythromycin tab 250 mg	$0 (1)	
erythromycin tab 500 mg	$0 (1)	
erythromycin w/ delayed release particles cap 250 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
ciprofloxacin 200 mg/100ml in d5w	$0 (1)	
ciprofloxacin 400 mg/200ml in d5w	$0 (1)	
ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)	$0 (1)	
ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)	$0 (1)	
ciprofloxacin hcl tab 100 mg (base equiv)	$0 (1)	
ciprofloxacin hcl tab 250 mg (base equiv)	$0 (1)	
ciprofloxacin hcl tab 500 mg (base equiv)	$0 (1)	
ciprofloxacin hcl tab 750 mg (base equiv)	$0 (1)	
ciprofloxacin iv soln 200 mg/20ml (1%)	$0 (1)	
ciprofloxacin iv soln 400 mg/40ml (1%)	$0 (1)	
ciprofloxacin-ciprofloxacin hcl tab er 24hr 500 mg (base eq)	$0 (1)	
ciprofloxacin-ciprofloxacin hcl tab er 24hr 1000 mg(base eq)	$0 (1)	
levofloxacin in d5w iv soln 250 mg/50ml	$0 (1)	
levofloxacin in d5w iv soln 500 mg/100ml	$0 (1)	
levofloxacin in d5w iv soln 750 mg/150ml	$0 (1)	
levofloxacin iv soln 25 mg/ml	$0 (1)	
levofloxacin oral soln 25 mg/ml	$0 (1)	
levofloxacin tab 250 mg	$0 (1)	
levofloxacin tab 500 mg	$0 (1)	
levofloxacin tab 750 mg	$0 (1)	
moxifloxacin hcl tab 400 mg (base equiv)	$0 (1)	
PENICILLINS - DRUGS TO TREAT INFECTIONS		
amoxicillin & k clavulanate chew tab 200-28.5 mg	$0 (1)	
amoxicillin & k clavulanate chew tab 400-57 mg	$0 (1)	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	$0 (1)	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	$0 (1)	

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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	$0 (1)	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
doxy 100 inj 100mg	$0 (1)	
doxycycline hyclate cap 50 mg	$0 (1)	
doxycycline hyclate cap 100 mg	$0 (1)	
doxycycline hyclate for inj 100 mg	$0 (1)	
doxycycline hyclate tab 20 mg	$0 (1)	
doxycycline hyclate tab 100 mg	$0 (1)	
doxycycline monohydrate cap 50 mg	$0 (1)	
doxycycline monohydrate cap 100 mg	$0 (1)	
doxycycline monohydrate tab 50 mg	$0 (1)	
doxycycline monohydrate tab 75 mg	$0 (1)	
doxycycline monohydrate tab 100 mg	$0 (1)	
doxycycline monohydrate tab 150 mg	$0 (1)	
minocycline hcl cap 50 mg	$0 (1)	
minocycline hcl cap 75 mg	$0 (1)	
minocycline hcl cap 100 mg	$0 (1)	
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
BENDEKA INJ 100/4ML	$0 (2)	B/D, NM
BICNU INJ 100MG	$0 (2)	B/D
busulfan inj 6 mg/ml	$0 (2)	B/D
BUSULFEX INJ 6MG/ML	$0 (2)	B/D
CYCLOPHOSPH CAP 25MG	$0 (2)	B/D
CYCLOPHOSPH CAP 50MG	$0 (2)	B/D
cyclophosphamide for inj 1 gm	$0 (2)	B/D
cyclophosphamide for inj 2 gm	$0 (2)	B/D
cyclophosphamide for inj 500 mg	$0 (2)	B/D
dacarbazine for inj 100 mg	$0 (1)	B/D
dacarbazine for inj 200 mg	$0 (1)	B/D
EMCYT CAP 140MG	$0 (2)	
GLEOSTINE CAP 5MG	$0 (2)	
GLEOSTINE CAP 10MG	$0 (2)	
GLEOSTINE CAP 40MG	$0 (2)	
GLEOSTINE CAP 100MG	$0 (2)	
HEXALEN CAP 50MG	$0 (2)	
IFEX INJ 3GM	$0 (2)	B/D
ifosfamide for inj 1 gm	$0 (1)	B/D
IFOSFAMIDE INJ 3GM	$0 (2)	B/D
ifosfamide iv inj 1 gm/20ml (50 mg/ml)	$0 (1)	B/D
ifosfamide iv inj 3 gm/60ml (50 mg/ml)	$0 (1)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LEUKERAN TAB 2MG	$0 (2)	
melphalan hcl for inj 50 mg (base equiv)	$0 (2)	B/D
MUSTARGEN INJ 10MG	$0 (2)	B/D
TREANDA INJ 25MG	$0 (2)	B/D, NM
TREANDA INJ 100MG	$0 (2)	B/D, NM
ANTHRACYCLINES		
adriamycin inj 20mg	$0 (1)	B/D
daunorubicin hcl inj 5 mg/ml (base equiv)	$0 (1)	B/D
doxorubicin hcl for inj 10 mg	$0 (1)	B/D
doxorubicin hcl for inj 50 mg	$0 (1)	B/D
doxorubicin hcl inj 2 mg/ml	$0 (1)	B/D
doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml	$0 (2)	B/D
epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)	$0 (1)	B/D
epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)	$0 (1)	B/D
idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)	$0 (2)	B/D
idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)	$0 (2)	B/D
idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)	$0 (2)	B/D
ANTIBIOTICS		
bleomycin sulfate for inj 15 unit	$0 (1)	B/D
bleomycin sulfate for inj 30 unit	$0 (1)	B/D
mitomycin for iv soln 5 mg	$0 (2)	B/D
mitomycin for iv soln 20 mg	$0 (2)	B/D
mitomycin for iv soln 40 mg	$0 (2)	B/D
ANTIMETABOLITES		
adrucil inj 2.5g/50m	$0 (1)	B/D
adrucil inj 5gm/100m	$0 (1)	B/D
adrucil inj 500/10ml	$0 (1)	B/D
ALIMTA INJ 100MG	$0 (2)	B/D
ALIMTA INJ 500MG	$0 (2)	B/D
azacitidine for inj 100 mg	$0 (2)	B/D, NM
cladribine iv soln 10 mg/10ml (1 mg/ml)	$0 (2)	B/D
cytarabine inj 20 mg/ml	$0 (1)	B/D
fludarabine phosphate for inj 50 mg	$0 (1)	B/D
fludarabine phosphate inj 25 mg/ml	$0 (1)	B/D
fluorouracil inj 1 gm/20ml (50 mg/ml)	$0 (1)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fluorouracil inj 2.5 gm/50ml (50 mg/ml)	$0 (1)	B/D
fluorouracil inj 5 gm/100ml (50 mg/ml)	$0 (1)	B/D
fluorouracil inj 500 mg/10ml (50 mg/ml)	$0 (1)	B/D
gemcitabine hcl for inj 1 gm	$0 (2)	B/D
gemcitabine hcl for inj 2 gm	$0 (2)	B/D
gemcitabine hcl for inj 200 mg	$0 (2)	B/D
GEMCITABINE HCL INJ 1 GM/26.3ML (38 MG/ML) (BASE EQUIV)	$0 (2)	B/D
GEMCITABINE HCL INJ 2 GM/52.6ML (38 MG/ML) (BASE EQUIV)	$0 (2)	B/D
GEMCITABINE HCL INJ 200 MG/5.26ML (38 MG/ML) (BASE EQUIV)	$0 (2)	B/D
mercaptopurine tab 50 mg	$0 (1)	
methotrexate sodium for inj 1 gm	$0 (1)	B/D
METHOTREXATE SODIUM INJ 50 MG/2ML (25 MG/ML)	$0 (1)	B/D
methotrexate sodium inj 250 mg/10ml (25 mg/ml)	$0 (1)	B/D
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	$0 (1)	B/D
methotrexate sodium inj pf 100 mg/4ml (25 mg/ml)	$0 (1)	B/D
methotrexate sodium inj pf 200 mg/8ml (25 mg/ml)	$0 (1)	B/D
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	$0 (1)	B/D
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	$0 (1)	B/D
NIPENT INJ 10MG	$0 (2)	B/D
PURIXAN SUS 20MG/ML	$0 (2)	NM
TABLOID TAB 40MG	$0 (2)	
ANTIMITOTIC, TAXOIDS		
ABRAXANE INJ 100MG	$0 (2)	B/D
DOCEFREZ INJ 20MG	$0 (2)	B/D
DOCETAXEL FOR INJ CONC 20 MG/ML	$0 (2)	B/D
docetaxel for inj conc 80 mg/4ml (20 mg/ml)	$0 (2)	B/D
DOCETAXEL INJ 20MG/2ML	$0 (2)	B/D
DOCETAXEL INJ 80MG/4ML	$0 (2)	B/D
DOCETAXEL INJ 80MG/8ML	$0 (2)	B/D
DOCETAXEL INJ 160/8ML	$0 (2)	B/D
DOCETAXEL INJ 160/16ML	$0 (2)	B/D
docetaxel inj 200/10	$0 (2)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
paclitaxel iv conc 30 mg/5ml (6 mg/ml)	$0 (1)	B/D
paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)	$0 (1)	B/D
paclitaxel iv conc 150 mg/25ml (6 mg/ml)	$0 (1)	B/D
paclitaxel iv conc 300 mg/50ml (6 mg/ml)	$0 (1)	B/D
TAXOTERE INJ 80MG/4ML	$0 (2)	B/D
ANTIMITOTIC, VINCA ALKALOIDS		
vinblastine sulfate inj 1 mg/ml	$0 (2)	B/D
vincasar pfs inj 1mg/ml	$0 (1)	B/D
vincristine sulfate iv soln 1 mg/ml	$0 (1)	B/D
vinorelbine tartrate inj 10 mg/ml (base equiv)	$0 (1)	B/D
vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)	$0 (1)	B/D
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN INJ	$0 (2)	NM, LA, PA
AVASTIN INJ 400/16ML	$0 (2)	NM, LA, PA
BELEODAQ INJ 500MG	$0 (2)	NM, PA
ERIVEDGE CAP 150MG	$0 (2)	NM, LA, PA
FARYDAK CAP 10MG	$0 (2)	NM, LA, PA
FARYDAK CAP 15MG	$0 (2)	NM, LA, PA
FARYDAK CAP 20MG	$0 (2)	NM, LA, PA
HERCEPTIN INJ 150MG	$0 (2)	NM, PA
HERCEPTIN INJ 440MG	$0 (2)	NM, PA
IBRANCE CAP 75MG	$0 (2)	NM, LA, PA
IBRANCE CAP 100MG	$0 (2)	NM, LA, PA
IBRANCE CAP 125MG	$0 (2)	NM, LA, PA
IDHIFA TAB 50MG	$0 (2)	NM, LA, PA
IDHIFA TAB 100MG	$0 (2)	NM, LA, PA
ISTODAX OVR INJ 10MG	$0 (2)	B/D, NM
KADCYLA INJ 100MG	$0 (2)	B/D, NM
KADCYLA INJ 160MG	$0 (2)	B/D, NM
KEYTRUDA INJ 100MG/4M	$0 (2)	NM, PA
KEYTRUDA SOL 50MG	$0 (2)	NM, PA
KISQALI 200 PAK FEMARA	$0 (2)	NM, PA
KISQALI 400 PAK FEMARA	$0 (2)	NM, PA
KISQALI 600 PAK FEMARA	$0 (2)	NM, PA
KISQALI TAB 200DOSE	$0 (2)	NM, PA
KISQALI TAB 400DOSE	$0 (2)	NM, PA
KISQALI TAB 600DOSE	$0 (2)	NM, PA
LYNPARZA CAP 50MG	$0 (2)	NM, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NINLARO CAP 2.3MG	$0 (2)	NM, PA
NINLARO CAP 3MG	$0 (2)	NM, PA
NINLARO CAP 4MG	$0 (2)	NM, PA
PROLEUKIN INJ 22MU	$0 (2)	B/D, NM
RITUXAN INJ 100MG	$0 (2)	NM, LA, PA
RITUXAN INJ 500MG	$0 (2)	NM, LA, PA
RITUXAN INJ HYCELA	$0 (2)	NM, LA, PA
RUBRACA TAB 200MG	$0 (2)	NM, LA, PA
RUBRACA TAB 250MG	$0 (2)	NM, LA, PA
RUBRACA TAB 300MG	$0 (2)	NM, LA, PA
TECENTRIQ INJ 1200/20	$0 (2)	NM, LA, PA
VELCADE INJ 3.5MG	$0 (2)	NM, PA
VENCLEXTA TAB 10MG	$0 (2)	NM, LA, PA
VENCLEXTA TAB 50MG	$0 (2)	NM, LA, PA
VENCLEXTA TAB 100MG	$0 (2)	NM, LA, PA
VENCLEXTA TAB START PK	$0 (2)	NM, LA, PA
YERVOY INJ 50MG	$0 (2)	NM, PA
YERVOY INJ 200MG	$0 (2)	NM, PA
ZEJULA CAP 100MG	$0 (2)	NM, LA, PA
ZOLINZA CAP 100MG	$0 (2)	NM, PA
HORMONAL ANTINEOPLASTIC AGENTS		
anastrozole tab 1 mg	$0 (1)	
bicalutamide tab 50 mg	$0 (1)	
DEPO-PROVERA INJ 400/ML	$0 (2)	B/D
exemestane tab 25 mg	$0 (1)	
FARESTON TAB 60MG	$0 (2)	
FASLODEX INJ 250MG	$0 (2)	B/D
flutamide cap 125 mg	$0 (1)	
hydroxyprogesterone caproate im in oil 1.25 gm/5ml	$0 (2)	B/D
letrozole tab 2.5 mg	$0 (1)	
leuprolide acetate inj kit 5 mg/ml	$0 (1)	NM, PA
LUPRON DEPOT INJ 3.75MG	$0 (2)	NM, PA
LUPRON DEPOT INJ 11.25MG	$0 (2)	NM, PA
LYSODREN TAB 500MG	$0 (2)	
megestrol acetate susp 40 mg/ml	$0 (2)	PA; PA if 65 years and older
MEGESTROL ACETATE SUSP 625 MG/5ML	$0 (2)	PA
megestrol acetate tab 20 mg	$0 (2)	PA; PA if 65 years and older
megestrol acetate tab 40 mg	$0 (2)	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
nilutamide tab 150 mg	$0 (2)	
SOLTAMOX SOL 10MG/5ML	$0 (2)	
tamoxifen citrate tab 10 mg (base equivalent)	$0 (1)	
tamoxifen citrate tab 20 mg (base equivalent)	$0 (1)	
TRELSTAR MIX INJ 3.75MG	$0 (2)	NM, PA
TRELSTAR MIX INJ 11.25MG	$0 (2)	NM, PA
XTANDI CAP 40MG	$0 (2)	NM, LA, PA
ZYTIGA TAB 250MG	$0 (2)	NM, LA, PA
ZYTIGA TAB 500MG	$0 (2)	NM, LA, PA
KINASE INHIBITORS		
AFINITOR DIS TAB 2MG	$0 (2)	NM, PA
AFINITOR DIS TAB 3MG	$0 (2)	NM, PA
AFINITOR DIS TAB 5MG	$0 (2)	NM, PA
AFINITOR TAB 2.5MG	$0 (2)	NM, PA
AFINITOR TAB 5MG	$0 (2)	NM, PA
AFINITOR TAB 7.5MG	$0 (2)	NM, PA
AFINITOR TAB 10MG	$0 (2)	NM, PA
ALECENSA CAP 150MG	$0 (2)	NM, LA, PA
ALUNBRIG TAB 30MG	$0 (2)	NM, LA, PA
BOSULIF TAB 100MG	$0 (2)	NM, PA
BOSULIF TAB 500MG	$0 (2)	NM, PA
CABOMETYX TAB 20MG	$0 (2)	NM, LA, PA
CABOMETYX TAB 40MG	$0 (2)	NM, LA, PA
CABOMETYX TAB 60MG	$0 (2)	NM, LA, PA
CAPRELSA TAB 100MG	$0 (2)	NM, LA, PA
CAPRELSA TAB 300MG	$0 (2)	NM, LA, PA
COMETRIQ KIT 60MG	$0 (2)	NM, LA, PA
COMETRIQ KIT 100MG	$0 (2)	NM, LA, PA
COMETRIQ KIT 140MG	$0 (2)	NM, LA, PA
COTELLIC TAB 20MG	$0 (2)	NM, LA, PA
GILOTRIF TAB 20MG	$0 (2)	NM, LA, PA
GILOTRIF TAB 30MG	$0 (2)	NM, LA, PA
GILOTRIF TAB 40MG	$0 (2)	NM, LA, PA
ICLUSIG TAB 15MG	$0 (2)	NM, LA, PA
ICLUSIG TAB 45MG	$0 (2)	NM, LA, PA
imatinib mesylate tab 100 mg (base equivalent)	$0 (2)	QL (90 tabs / 30 days), NM, PA
imatinib mesylate tab 400 mg (base equivalent)	$0 (2)	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAP 140MG	$0 (2)	NM, LA, PA
INLYTA TAB 1MG	$0 (2)	NM, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
INLYTA TAB 5MG	$0 (2)	NM, LA, PA
IRESSA TAB 250MG	$0 (2)	NM, LA, PA
JAKAFI TAB 5MG	$0 (2)	NM, LA, PA
JAKAFI TAB 10MG	$0 (2)	NM, LA, PA
JAKAFI TAB 15MG	$0 (2)	NM, LA, PA
JAKAFI TAB 20MG	$0 (2)	NM, LA, PA
JAKAFI TAB 25MG	$0 (2)	NM, LA, PA
LENVIMA CAP 8 MG	$0 (2)	NM, LA, PA
LENVIMA CAP 10 MG	$0 (2)	NM, LA, PA
LENVIMA CAP 14 MG	$0 (2)	NM, LA, PA
LENVIMA CAP 18 MG	$0 (2)	NM, LA, PA
LENVIMA CAP 20 MG	$0 (2)	NM, LA, PA
LENVIMA CAP 24 MG	$0 (2)	NM, LA, PA
MEKINIST TAB 0.5MG	$0 (2)	NM, LA, PA
MEKINIST TAB 2MG	$0 (2)	NM, LA, PA
NERLYNX TAB 40MG	$0 (2)	NM, LA, PA
NEXAVAR TAB 200MG	$0 (2)	NM, LA, PA
RYDAPT CAP 25MG	$0 (2)	NM, PA
SPRYCEL TAB 20MG	$0 (2)	NM, PA
SPRYCEL TAB 50MG	$0 (2)	NM, PA
SPRYCEL TAB 70MG	$0 (2)	NM, PA
SPRYCEL TAB 80MG	$0 (2)	NM, PA
SPRYCEL TAB 100MG	$0 (2)	NM, PA
SPRYCEL TAB 140MG	$0 (2)	NM, PA
STIVARGA TAB 40MG	$0 (2)	NM, LA, PA
SUTENT CAP 12.5MG	$0 (2)	NM, PA
SUTENT CAP 25MG	$0 (2)	NM, PA
SUTENT CAP 37.5MG	$0 (2)	NM, PA
SUTENT CAP 50MG	$0 (2)	NM, PA
TAFINLAR CAP 50MG	$0 (2)	NM, LA, PA
TAFINLAR CAP 75MG	$0 (2)	NM, LA, PA
TAGRISSO TAB 40MG	$0 (2)	NM, LA, PA
TAGRISSO TAB 80MG	$0 (2)	NM, LA, PA
TARCEVA TAB 25MG	$0 (2)	NM, LA, PA
TARCEVA TAB 100MG	$0 (2)	NM, LA, PA
TARCEVA TAB 150MG	$0 (2)	NM, LA, PA
TASIGNA CAP 150MG	$0 (2)	NM, PA
TASIGNA CAP 200MG	$0 (2)	NM, PA
TYKERB TAB 250MG	$0 (2)	NM, LA, PA
VOTRIENT TAB 200MG	$0 (2)	NM, LA, PA
XALKORI CAP 200MG	$0 (2)	NM, LA, PA
XALKORI CAP 250MG	$0 (2)	NM, LA, PA
ZELBORAF TAB 240MG	$0 (2)	NM, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ZYDELIG TAB 100MG	$0 (2)	NM, LA, PA
ZYDELIG TAB 150MG	$0 (2)	NM, LA, PA
ZYKADIA CAP 150MG	$0 (2)	NM, LA, PA
MISCELLANEOUS		
bexarotene cap 75 mg	$0 (2)	NM, PA
DROXIA CAP 200MG	$0 (2)	
DROXIA CAP 300MG	$0 (2)	
DROXIA CAP 400MG	$0 (2)	
hydroxyurea cap 500 mg	$0 (1)	
LONSURF TAB 15-6.14	$0 (2)	NM, PA
LONSURF TAB 20-8.19	$0 (2)	NM, PA
MATULANE CAP 50MG	$0 (2)	LA
mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)	$0 (1)	B/D, NM
mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)	$0 (1)	B/D, NM
mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)	$0 (1)	B/D, NM
ODOMZO CAP 200MG	$0 (2)	NM, LA, PA
SYLATRON KIT 200MCG	$0 (2)	NM, PA
SYLATRON KIT 300MCG	$0 (2)	NM, PA
SYLATRON KIT 600MCG	$0 (2)	NM, PA
SYNRIBO INJ 3.5MG	$0 (2)	NM, PA
tretinoin cap 10 mg	$0 (2)	
TRISENOX SOL 10MG/10M	$0 (2)	B/D
PLATINUM-BASED AGENTS		
carboplatin iv soln 50 mg/5ml	$0 (1)	B/D
carboplatin iv soln 150 mg/15ml	$0 (1)	B/D
carboplatin iv soln 450 mg/45ml	$0 (1)	B/D
carboplatin iv soln 600 mg/60ml	$0 (1)	B/D
cisplatin inj 50 mg/50ml (1 mg/ml)	$0 (1)	B/D
cisplatin inj 100 mg/100ml (1 mg/ml)	$0 (1)	B/D
cisplatin inj 200 mg/200ml (1 mg/ml)	$0 (1)	B/D
oxaliplatin for iv inj 50 mg	$0 (1)	B/D
oxaliplatin for iv inj 100 mg	$0 (1)	B/D
oxaliplatin iv soln 50 mg/10ml	$0 (1)	B/D
oxaliplatin iv soln 100 mg/20ml	$0 (1)	B/D
PROTECTIVE AGENTS		
AMIFOSTINE FOR INJ 500 MG	$0 (2)	B/D
dexrazoxane for inj 250 mg	$0 (2)	B/D
dexrazoxane for inj 500 mg	$0 (2)	B/D
ELITEK INJ 1.5MG	$0 (2)	B/D
ELITEK INJ 7.5MG	$0 (2)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FUSILEV INJ 50MG	$0 (2)	B/D, NM
leucovorin calcium for inj 50 mg	$0 (1)	B/D
leucovorin calcium for inj 100 mg	$0 (1)	B/D
leucovorin calcium for inj 200 mg	$0 (1)	B/D
leucovorin calcium for inj 350 mg	$0 (1)	B/D
leucovorin calcium for inj 500 mg	$0 (1)	B/D
leucovorin calcium tab 5 mg	$0 (1)	
leucovorin calcium tab 10 mg	$0 (1)	
leucovorin calcium tab 15 mg	$0 (1)	
leucovorin calcium tab 25 mg	$0 (1)	
LEVOLEUCOVOR INJ 175MG	$0 (2)	B/D, NM
levoleucovor sol 250mg/25	$0 (2)	B/D, NM
levoleucovorin calcium for iv inj 50 mg (base equiv)	$0 (2)	B/D, NM
levoleucovorin calcium inj 175 mg/17.5ml (base equiv)	$0 (2)	B/D, NM
mesna inj 100 mg/ml	$0 (1)	B/D
MESNEX TAB 400MG	$0 (2)	
TOPOISOMERASE INHIBITORS		
etoposide inj 100 mg/5ml (20 mg/ml)	$0 (1)	B/D
etoposide inj 500 mg/25ml (20 mg/ml)	$0 (1)	B/D
irinotecan hcl inj 40 mg/2ml (20 mg/ml)	$0 (1)	B/D
irinotecan hcl inj 100 mg/5ml (20 mg/ml)	$0 (1)	B/D
irinotecan hcl inj 500 mg/25ml (20 mg/ml)	$0 (1)	B/D
toposar inj 1gm/50ml	$0 (1)	B/D
toposar inj 100/5ml	$0 (1)	B/D
topotecan hcl for inj 4 mg	$0 (2)	B/D
TOPOTECAN INJ 4MG/4ML	$0 (2)	B/D
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	$0 (1)	
amlodipine besylate-benazepril hcl cap 5-10 mg	$0 (1)	
amlodipine besylate-benazepril hcl cap 5-20 mg	$0 (1)	
amlodipine besylate-benazepril hcl cap 5-40 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
amlodipine besylate-benazepril hcl cap 10-20 mg	$0 (1)	
amlodipine besylate-benazepril hcl cap 10-40 mg	$0 (1)	
benazepril & hydrochlorothiazide tab 5-6.25 mg	$0 (1)	
benazepril & hydrochlorothiazide tab 10-12.5 mg	$0 (1)	
benazepril & hydrochlorothiazide tab 20-12.5 mg	$0 (1)	
benazepril & hydrochlorothiazide tab 20-25 mg	$0 (1)	
captopril & hydrochlorothiazide tab 25-15 mg	$0 (1)	
captopril & hydrochlorothiazide tab 25-25 mg	$0 (1)	
captopril & hydrochlorothiazide tab 50-15 mg	$0 (1)	
captopril & hydrochlorothiazide tab 50-25 mg	$0 (1)	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	$0 (1)	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	$0 (1)	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	$0 (1)	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	$0 (1)	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	$0 (1)	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	$0 (1)	
lisinopril & hydrochlorothiazide tab 20-25 mg	$0 (1)	
moexipril-hydrochlorothiazide tab 7.5-12.5 mg	$0 (1)	
moexipril-hydrochlorothiazide tab 15-12.5 mg	$0 (1)	
moexipril-hydrochlorothiazide tab 15-25 mg	$0 (1)	
quinapril-hydrochlorothiazide tab 10-12.5 mg	$0 (1)	
quinapril-hydrochlorothiazide tab 20-12.5 mg	$0 (1)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
eplerenone tab 25 mg	$0 (1)	
eplerenone tab 50 mg	$0 (1)	
spironolactone tab 25 mg	$0 (1)	
spironolactone tab 50 mg	$0 (1)	
spironolactone tab 100 mg	$0 (1)	
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
doxazosin mesylate tab 1 mg	$0 (1)	QL (30 tabs / 30 days)
doxazosin mesylate tab 2 mg	$0 (1)	QL (30 tabs / 30 days)
doxazosin mesylate tab 4 mg	$0 (1)	QL (30 tabs / 30 days)
doxazosin mesylate tab 8 mg	$0 (1)	
prazosin hcl cap 1 mg	$0 (1)	
prazosin hcl cap 2 mg	$0 (1)	
prazosin hcl cap 5 mg	$0 (1)	
terazosin hcl cap 1 mg	$0 (1)	
terazosin hcl cap 2 mg	$0 (1)	
terazosin hcl cap 5 mg	$0 (1)	
terazosin hcl cap 10 mg	$0 (1)	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	$0 (1)	
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	$0 (1)	
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	$0 (1)	
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	$0 (1)	
amlodipine besylate-valsartan tab 5-160 mg	$0 (1)	
amlodipine besylate-valsartan tab 5-320 mg	$0 (1)	
amlodipine besylate-valsartan tab 10-160 mg	$0 (1)	
amlodipine besylate-valsartan tab 10-320 mg	$0 (1)	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	$0 (1)	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	$0 (1)	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	$0 (1)	
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	$0 (1)	
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	$0 (1)	
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	$0 (1)	
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	$0 (1)	
ENTRESTO TAB 24-26MG	$0 (2)	
ENTRESTO TAB 49-51MG	$0 (2)	
ENTRESTO TAB 97-103MG	$0 (2)	
irbesartan-hydrochlorothiazide tab 150-12.5 mg	$0 (1)	
irbesartan-hydrochlorothiazide tab 300-12.5 mg	$0 (1)	
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	$0 (1)	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	$0 (1)	
losartan potassium & hydrochlorothiazide tab 100-25 mg	$0 (1)	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	$0 (1)	
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	$0 (1)	
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	$0 (1)	
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	$0 (1)	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	$0 (1)	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	$0 (1)	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	$0 (1)	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	$0 (1)	
telmisartan-hydrochlorothiazide tab 40-12.5 mg	$0 (1)	
telmisartan-hydrochlorothiazide tab 80-12.5 mg	$0 (1)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
amiodarone hcl tab 200 mg	$0 (1)	
amiodarone hcl tab 400 mg	$0 (1)	
disopyramide phosphate cap 100 mg	$0 (2)	PA; PA if 65 years and older
disopyramide phosphate cap 150 mg	$0 (2)	PA; PA if 65 years and older
DOFETILIDE CAP 125 MCG (0.125 MG)	$0 (1)	NM
DOFETILIDE CAP 250 MCG (0.25 MG)	$0 (1)	NM
DOFETILIDE CAP 500 MCG (0.5 MG)	$0 (1)	NM
flecainide acetate tab 50 mg	$0 (1)	
flecainide acetate tab 100 mg	$0 (1)	
flecainide acetate tab 150 mg	$0 (1)	
mexiletine hcl cap 150 mg	$0 (1)	
mexiletine hcl cap 200 mg	$0 (1)	
mexiletine hcl cap 250 mg	$0 (1)	
MULTAQ TAB 400MG	$0 (2)	
NORPACE CAP 100MG CR	$0 (2)	PA; PA if 65 years and older
NORPACE CAP 150MG CR	$0 (2)	PA; PA if 65 years and older
pacerone tab 100mg	$0 (1)	
pacerone tab 200mg	$0 (1)	
pacerone tab 400mg	$0 (1)	
propafenone hcl cap er 12hr 225 mg	$0 (1)	
propafenone hcl cap er 12hr 325 mg	$0 (1)	
propafenone hcl cap er 12hr 425 mg	$0 (1)	
propafenone hcl tab 150 mg	$0 (1)	
propafenone hcl tab 225 mg	$0 (1)	
propafenone hcl tab 300 mg	$0 (1)	
quinidine gluconate tab er 324 mg	$0 (1)	
quinidine sulfate tab 200 mg	$0 (1)	
quinidine sulfate tab 300 mg	$0 (1)	
sorine tab 80mg	$0 (1)	
sorine tab 120mg	$0 (1)	
sorine tab 160mg	$0 (1)	
sorine tab 240mg	$0 (1)	
sotalol hcl (afib/afl) tab 80 mg	$0 (1)	
sotalol hcl (afib/afl) tab 120 mg	$0 (1)	
sotalol hcl (afib/afl) tab 160 mg	$0 (1)	
sotalol hcl tab 80 mg	$0 (1)	
sotalol hcl tab 120 mg	$0 (1)	
sotalol hcl tab 160 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sotalol hcl tab 240 mg	$0 (1)	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
atorvastatin calcium tab 10 mg (base equivalent)	$0 (1)	
atorvastatin calcium tab 20 mg (base equivalent)	$0 (1)	
atorvastatin calcium tab 40 mg (base equivalent)	$0 (1)	
atorvastatin calcium tab 80 mg (base equivalent)	$0 (1)	
lovastatin tab 10 mg	$0 (1)	
lovastatin tab 20 mg	$0 (1)	
lovastatin tab 40 mg	$0 (1)	
pravastatin sodium tab 10 mg	$0 (1)	
pravastatin sodium tab 20 mg	$0 (1)	
pravastatin sodium tab 40 mg	$0 (1)	
pravastatin sodium tab 80 mg	$0 (1)	
rosuvastatin calcium tab 5 mg	$0 (1)	QL (30 tabs / 30 days)
rosuvastatin calcium tab 10 mg	$0 (1)	QL (30 tabs / 30 days)
rosuvastatin calcium tab 20 mg	$0 (1)	QL (30 tabs / 30 days)
rosuvastatin calcium tab 40 mg	$0 (1)	QL (30 tabs / 30 days)
simvastatin tab 5 mg	$0 (1)	
simvastatin tab 10 mg	$0 (1)	
simvastatin tab 20 mg	$0 (1)	
simvastatin tab 40 mg	$0 (1)	
simvastatin tab 80 mg	$0 (1)	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
cholestyramine light powder 4 gm/dose	$0 (1)	
cholestyramine light powder packets 4 gm	$0 (1)	
cholestyramine powder 4 gm/dose	$0 (1)	
cholestyramine powder packets 4 gm	$0 (1)	
colestipol hcl granule packets 5 gm	$0 (1)	
colestipol hcl granules 5 gm	$0 (1)	
colestipol hcl tab 1 gm	$0 (1)	
ezetimibe tab 10 mg	$0 (1)	
fenofibrate micronized cap 67 mg	$0 (1)	
fenofibrate micronized cap 134 mg	$0 (1)	
fenofibrate micronized cap 200 mg	$0 (1)	
fenofibrate tab 48 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fenofibrate tab 54 mg	$0 (1)	
fenofibrate tab 145 mg	$0 (1)	
fenofibrate tab 160 mg	$0 (1)	
gemfibrozil tab 600 mg	$0 (1)	
JUXTAPID CAP 5MG	$0 (2)	NM, LA, PA
JUXTAPID CAP 10MG	$0 (2)	NM, LA, PA
JUXTAPID CAP 20MG	$0 (2)	NM, LA, PA
JUXTAPID CAP 30MG	$0 (2)	NM, LA, PA
JUXTAPID CAP 40MG	$0 (2)	NM, LA, PA
JUXTAPID CAP 60MG	$0 (2)	NM, LA, PA
KYNAMRO INJ 200MG/ML	$0 (2)	NM, PA
niacin tab er 500 mg (antihyperlipidemic)	$0 (1)	QL (90 tabs / 30 days)
niacin tab er 750 mg (antihyperlipidemic)	$0 (1)	
niacin tab er 1000 mg (antihyperlipidemic)	$0 (1)	
niacor tab 500mg	$0 (1)	
omega-3-acid ethyl esters cap 1 gm	$0 (1)	
PRALUENT INJ 75MG/ML	$0 (2)	NM, PA
PRALUENT INJ 150MG/ML	$0 (2)	NM, PA
prevalite pow 4gm	$0 (1)	
prevalite pow 4gm pk	$0 (1)	
VASCEPA CAP 0.5GM	$0 (2)	
VASCEPA CAP 1GM	$0 (2)	
WELCHOL PAK 3.75GM	$0 (2)	
WELCHOL TAB 625MG	$0 (2)	
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
atenolol & chlorthalidone tab 50-25 mg	$0 (1)	
atenolol & chlorthalidone tab 100-25 mg	$0 (1)	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	$0 (1)	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	$0 (1)	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	$0 (1)	
metoprolol & hydrochlorothiazide tab 50-25 mg	$0 (1)	
metoprolol & hydrochlorothiazide tab 100-25 mg	$0 (1)	
metoprolol & hydrochlorothiazide tab 100-50 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
propranolol & hydrochlorothiazide tab 40-25 mg	$0 (1)	
propranolol & hydrochlorothiazide tab 80-25 mg	$0 (1)	
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
acebutolol hcl cap 200 mg	$0 (1)	
acebutolol hcl cap 400 mg	$0 (1)	
atenolol tab 25 mg	$0 (1)	
atenolol tab 50 mg	$0 (1)	
atenolol tab 100 mg	$0 (1)	
bisoprolol fumarate tab 5 mg	$0 (1)	
bisoprolol fumarate tab 10 mg	$0 (1)	
BYSTOLIC TAB 2.5MG	$0 (2)	
BYSTOLIC TAB 5MG	$0 (2)	
BYSTOLIC TAB 10MG	$0 (2)	
BYSTOLIC TAB 20MG	$0 (2)	
carvedilol tab 3.125 mg	$0 (1)	
carvedilol tab 6.25 mg	$0 (1)	
carvedilol tab 12.5 mg	$0 (1)	
carvedilol tab 25 mg	$0 (1)	
labetalol hcl tab 100 mg	$0 (1)	
labetalol hcl tab 200 mg	$0 (1)	
labetalol hcl tab 300 mg	$0 (1)	
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	$0 (1)	
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	$0 (1)	
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	$0 (1)	
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	$0 (1)	
metoprolol tartrate iv soln 5 mg/5ml	$0 (1)	
metoprolol tartrate iv soln cart inj 5 mg/5ml (1 mg/ml)	$0 (1)	
metoprolol tartrate tab 25 mg	$0 (1)	
metoprolol tartrate tab 50 mg	$0 (1)	
metoprolol tartrate tab 100 mg	$0 (1)	
nadolol tab 20 mg	$0 (1)	
nadolol tab 40 mg	$0 (1)	
nadolol tab 80 mg	$0 (1)	
pindolol tab 5 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
pindolol tab 10 mg	$0 (1)	
propranolol hcl cap er 24hr 60 mg	$0 (1)	
propranolol hcl cap er 24hr 80 mg	$0 (1)	
propranolol hcl cap er 24hr 120 mg	$0 (1)	
propranolol hcl cap er 24hr 160 mg	$0 (1)	
propranolol hcl inj 1 mg/ml	$0 (1)	
propranolol hcl oral soln 20 mg/5ml	$0 (1)	
propranolol hcl oral soln 40 mg/5ml	$0 (1)	
propranolol hcl tab 10 mg	$0 (1)	
propranolol hcl tab 20 mg	$0 (1)	
propranolol hcl tab 40 mg	$0 (1)	
propranolol hcl tab 60 mg	$0 (1)	
propranolol hcl tab 80 mg	$0 (1)	
timolol maleate tab 5 mg	$0 (1)	
timolol maleate tab 10 mg	$0 (1)	
timolol maleate tab 20 mg	$0 (1)	
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
afeditab tab 30mg cr	$0 (1)	
afeditab tab 60mg cr	$0 (1)	
amlodipine besylate tab 2.5 mg	$0 (1)	
amlodipine besylate tab 5 mg	$0 (1)	
amlodipine besylate tab 10 mg	$0 (1)	
diltiazem hcl cap er 12hr 60 mg	$0 (1)	
diltiazem hcl cap er 12hr 90 mg	$0 (1)	
diltiazem hcl cap er 12hr 120 mg	$0 (1)	
diltiazem hcl cap er 24hr 120 mg	$0 (1)	
diltiazem hcl cap er 24hr 180 mg	$0 (1)	
diltiazem hcl cap er 24hr 240 mg	$0 (1)	
diltiazem hcl coated beads cap er 24hr 120 mg	$0 (1)	
diltiazem hcl coated beads cap er 24hr 180 mg	$0 (1)	
diltiazem hcl coated beads cap er 24hr 240 mg	$0 (1)	
diltiazem hcl coated beads cap er 24hr 300 mg	$0 (1)	
diltiazem hcl coated beads cap er 24hr 360 mg	$0 (1)	
DILTIAZEM HCL COATED BEADS CAP ER 24HR 360 MG	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
diltiazem hcl extended release beads cap er 24hr 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)	
nifedipine tab er 24hr osmotic release 90 mg	$0 (1)	
nimodipine cap 30 mg	$0 (2)	
NYMALIZE SOL 60/20ML	$0 (2)	
taztia xt cap 120mg/24	$0 (1)	
taztia xt cap 180mg/24	$0 (1)	
taztia xt cap 240mg/24	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
taztia xt cap 300mg/24	$0 (1)	
taztia xt cap 360mg/24	$0 (1)	
verapamil hcl cap er 24hr 100 mg	$0 (1)	
verapamil hcl cap er 24hr 120 mg	$0 (1)	
verapamil hcl cap er 24hr 180 mg	$0 (1)	
verapamil hcl cap er 24hr 200 mg	$0 (1)	
verapamil hcl cap er 24hr 240 mg	$0 (1)	
verapamil hcl cap er 24hr 300 mg	$0 (1)	
VERAPAMIL HCL CAP ER 24HR 360 MG	$0 (1)	
verapamil hcl iv soln 2.5 mg/ml	$0 (1)	
verapamil hcl tab 40 mg	$0 (1)	
verapamil hcl tab 80 mg	$0 (1)	
verapamil hcl tab 120 mg	$0 (1)	
verapamil hcl tab er 120 mg	$0 (1)	
verapamil hcl tab er 180 mg	$0 (1)	
verapamil hcl tab er 240 mg	$0 (1)	
DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS		
digitek tab 0.25mg	$0 (1)	PA; PA if 65 years and older
digitek tab 0.125mg	$0 (1)	QL (30 tabs / 30 days)
digoxin inj 0.25 mg/ml	$0 (1)	
DIGOXIN ORAL SOLN 0.05 MG/ML	$0 (1)	PA; PA if 65 years and older
digoxin tab 125 mcg (0.125 mg)	$0 (1)	QL (30 tabs / 30 days)
digoxin tab 250 mcg (0.25 mg)	$0 (1)	PA; PA if 65 years and older
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
acetazolamide cap er 12hr 500 mg	$0 (1)	
acetazolamide tab 125 mg	$0 (1)	
acetazolamide tab 250 mg	$0 (1)	
amiloride & hydrochlorothiazide tab 5-50 mg	$0 (1)	
amiloride hcl tab 5 mg	$0 (1)	
bumetanide inj 0.25 mg/ml	$0 (1)	
bumetanide tab 0.5 mg	$0 (1)	
bumetanide tab 1 mg	$0 (1)	
bumetanide tab 2 mg	$0 (1)	
chlorothiazide tab 250 mg	$0 (1)	
chlorothiazide tab 500 mg	$0 (1)	
chlorthalidone tab 25 mg	$0 (1)	
chlorthalidone tab 50 mg	$0 (1)	
furosemide inj 10 mg/ml	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FUROSEMIDE INJ 10 MG/ML	$0 (1)	
furosemide oral soln 8 mg/ml	$0 (1)	
furosemide oral soln 10 mg/ml	$0 (1)	
furosemide tab 20 mg	$0 (1)	
furosemide tab 40 mg	$0 (1)	
furosemide tab 80 mg	$0 (1)	
hydrochlorothiazide cap 12.5 mg	$0 (1)	
hydrochlorothiazide tab 12.5 mg	$0 (1)	
hydrochlorothiazide tab 25 mg	$0 (1)	
hydrochlorothiazide tab 50 mg	$0 (1)	
indapamide tab 1.25 mg	$0 (1)	
indapamide tab 2.5 mg	$0 (1)	
methazolamide tab 25 mg	$0 (1)	
methazolamide tab 50 mg	$0 (1)	
methyclothiazide tab 5 mg	$0 (1)	
metolazone tab 2.5 mg	$0 (1)	
metolazone tab 5 mg	$0 (1)	
metolazone tab 10 mg	$0 (1)	
spironolactone & hydrochlorothiazide tab 25-25 mg	$0 (1)	
torsemide tab 5 mg	$0 (1)	
torsemide tab 10 mg	$0 (1)	
torsemide tab 20 mg	$0 (1)	
torsemide tab 100 mg	$0 (1)	
triamterene & hydrochlorothiazide cap 37.5-25 mg	$0 (1)	
triamterene & hydrochlorothiazide tab 37.5-25 mg	$0 (1)	
triamterene & hydrochlorothiazide tab 75-50 mg	$0 (1)	
MISCELLANEOUS		
clonidine hcl tab 0.1 mg	$0 (1)	
clonidine hcl tab 0.2 mg	$0 (1)	
clonidine hcl tab 0.3 mg	$0 (1)	
clonidine hcl td patch weekly 0.1 mg/24hr	$0 (1)	
clonidine hcl td patch weekly 0.2 mg/24hr	$0 (1)	
clonidine hcl td patch weekly 0.3 mg/24hr	$0 (1)	
DEMSER CAP 250MG	$0 (2)	
hydralazine hcl inj 20 mg/ml	$0 (1)	
hydralazine hcl tab 10 mg	$0 (1)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION		
ADCIRCA TAB 20MG	$0 (2)	NM, PA
ADEMPAS TAB 0.5MG	$0 (2)	QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 1.5MG	$0 (2)	QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 1MG	$0 (2)	QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 2.5MG	$0 (2)	QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 2MG	$0 (2)	QL (90 tabs / 30 days), NM, LA, PA
LETAIRIS TAB 5MG	$0 (2)	QL (30 tabs / 30 days), NM, LA, PA
LETAIRIS TAB 10MG	$0 (2)	QL (30 tabs / 30 days), NM, LA, PA
OPSUMIT TAB 10MG	$0 (2)	NM, LA, PA
REMODULIN INJ 1MG/ML	$0 (2)	NM, LA, PA
REMODULIN INJ 2.5MG/ML	$0 (2)	NM, LA, PA
REMODULIN INJ 5MG/ML	$0 (2)	NM, LA, PA
REMODULIN INJ 10MG/ML	$0 (2)	NM, LA, PA
REVATIO SUS 10MG/ML	$0 (2)	QL (224 mL / 30 days), NM, PA
sildenafil citrate tab 20 mg	$0 (1)	QL (90 tabs / 30 days), NM, PA
TRACLEER TAB 62.5MG	$0 (2)	QL (120 tabs / 30 days), NM, LA, PA
TRACLEER TAB 125MG	$0 (2)	QL (60 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 200/800	$0 (2)	NM, LA, PA
UPTRAVI TAB 200MCG	$0 (2)	QL (480 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 400MCG	$0 (2)	QL (240 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 600MCG	$0 (2)	QL (150 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 800MCG	$0 (2)	QL (120 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 1000MCG	$0 (2)	QL (90 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 1200MCG	$0 (2)	QL (60 tabs / 30 days), NM, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
UPTRAVI TAB 1400MCG	$0 (2)	QL (60 tabs / 30 days), NM, LA, PA
UPTRAVI TAB 1600MCG	$0 (2)	QL (60 tabs / 30 days), NM, LA, PA
VENTAVIS SOL 10MCG/ML	$0 (2)	NM, PA
VENTAVIS SOL 20MCG/ML	$0 (2)	NM, PA
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
ANTIANXIETY - DRUGS TO TREAT ANXIETY		
alprazolam tab 0.5 mg	$0 (1)	QL (240 tabs / 30 days)
alprazolam tab 0.25 mg	$0 (1)	QL (480 tabs / 30 days)
alprazolam tab 1 mg	$0 (1)	QL (120 tabs / 30 days)
alprazolam tab 2 mg	$0 (1)	QL (150 tabs / 30 days)
buspirone hcl tab 5 mg	$0 (1)	
buspirone hcl tab 7.5 mg	$0 (1)	
buspirone hcl tab 10 mg	$0 (1)	
buspirone hcl tab 15 mg	$0 (1)	
buspirone hcl tab 30 mg	$0 (1)	
fluvoxamine maleate tab 25 mg	$0 (1)	QL (45 tabs / 30 days)
fluvoxamine maleate tab 50 mg	$0 (1)	QL (45 tabs / 30 days)
fluvoxamine maleate tab 100 mg	$0 (1)	
lorazepam con 2mg/ml	$0 (1)	QL (150 mL / 30 days)
lorazepam inj 2 mg/ml	$0 (1)	
lorazepam inj 4 mg/ml	$0 (1)	
lorazepam tab 0.5 mg	$0 (1)	QL (150 tabs / 30 days)
lorazepam tab 1 mg	$0 (1)	QL (150 tabs / 30 days)
lorazepam tab 2 mg	$0 (1)	QL (150 tabs / 30 days)
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES		
APTIOM TAB 200MG	$0 (2)	QL (180 tabs / 30 days)
APTIOM TAB 400MG	$0 (2)	QL (90 tabs / 30 days)
APTIOM TAB 600MG	$0 (2)	QL (60 tabs / 30 days)
APTIOM TAB 800MG	$0 (2)	QL (60 tabs / 30 days)
BANZEL SUS 40MG/ML	$0 (2)	PA
BANZEL TAB 200MG	$0 (2)	PA
BANZEL TAB 400MG	$0 (2)	PA
BRIVIACT INJ 50MG/5ML	$0 (2)	PA
BRIVIACT SOL 10MG/ML	$0 (2)	PA
BRIVIACT TAB 10MG	$0 (2)	PA
BRIVIACT TAB 25MG	$0 (2)	PA
BRIVIACT TAB 50MG	$0 (2)	PA
BRIVIACT TAB 75MG	$0 (2)	PA
BRIVIACT TAB 100MG	$0 (2)	PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
carbamazepine cap er 12hr 100 mg	$0 (1)	
carbamazepine cap er 12hr 200 mg	$0 (1)	
carbamazepine cap er 12hr 300 mg	$0 (1)	
carbamazepine chew tab 100 mg	$0 (1)	
carbamazepine susp 100 mg/5ml	$0 (1)	
carbamazepine tab 200 mg	$0 (1)	
carbamazepine tab er 12hr 100 mg	$0 (1)	
carbamazepine tab er 12hr 200 mg	$0 (1)	
carbamazepine tab er 12hr 400 mg	$0 (1)	
CELONTIN CAP 300MG	$0 (2)	
clonazepam orally disintegrating tab 0.5 mg	$0 (1)	QL (240 tabs / 30 days)
clonazepam orally disintegrating tab 0.25 mg	$0 (1)	QL (480 tabs / 30 days)
clonazepam orally disintegrating tab 0.125 mg	$0 (1)	QL (960 tabs / 30 days)
clonazepam orally disintegrating tab 1 mg	$0 (1)	QL (120 tabs / 30 days)
clonazepam orally disintegrating tab 2 mg	$0 (1)	QL (300 tabs / 30 days)
clonazepam tab 0.5 mg	$0 (1)	QL (240 tabs / 30 days)
clonazepam tab 1 mg	$0 (1)	QL (120 tabs / 30 days)
clonazepam tab 2 mg	$0 (1)	QL (300 tabs / 30 days)
clorazepate dipotassium tab 3.75 mg	$0 (1)	QL (120 tabs / 30 days), PA; PA if 65 years and older
clorazepate dipotassium tab 7.5 mg	$0 (1)	QL (120 tabs / 30 days), PA; PA if 65 years and older
clorazepate dipotassium tab 15 mg	$0 (1)	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIASTAT ACDL GEL 5-10MG	$0 (2)	
DIASTAT ACDL GEL 12.5-20	$0 (2)	
DIASTAT PED GEL 2.5M GEL	$0 (2)	
diazepam con 5mg/ml	$0 (1)	QL (240 mL / 30 days), PA; PA if 65 years and older
diazepam inj 5 mg/ml	$0 (1)	
diazepam oral soln 1 mg/ml	$0 (1)	QL (1200 mL / 30 days), PA; PA if 65 years and older
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 2.5 MG	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 10 MG	$0 (1)	
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 20 MG	$0 (1)	
diazepam tab 2 mg	$0 (1)	QL (120 tabs / 30 days), PA; PA if 65 years and older
diazepam tab 5 mg	$0 (1)	QL (120 tabs / 30 days), PA; PA if 65 years and older
diazepam tab 10 mg	$0 (1)	QL (120 tabs / 30 days), PA; PA if 65 years and older
dilantin cap 30mg	$0 (2)	
dilantin cap 100mg	$0 (2)	
dilantin chw 50mg	$0 (2)	
DILANTIN-125 SUS 125/5ML	$0 (2)	
divalproex sodium cap delayed release sprinkle 125 mg	$0 (1)	
divalproex sodium tab delayed release 125 mg	$0 (1)	
divalproex sodium tab delayed release 250 mg	$0 (1)	
divalproex sodium tab delayed release 500 mg	$0 (1)	
divalproex sodium tab er 24 hr 250 mg	$0 (1)	
divalproex sodium tab er 24 hr 500 mg	$0 (1)	
epitol tab 200mg	$0 (1)	
ethosuximide cap 250 mg	$0 (1)	
ethosuximide soln 250 mg/5ml	$0 (1)	
felbamate susp 600 mg/5ml	$0 (2)	
felbamate tab 400 mg	$0 (1)	
felbamate tab 600 mg	$0 (1)	
FYCOMPA SUS 0.5MG/ML	$0 (2)	QL (720 mL / 30 days), PA
FYCOMPA TAB 2MG	$0 (2)	QL (180 tabs / 30 days), PA
FYCOMPA TAB 4MG	$0 (2)	QL (90 tabs / 30 days), PA
FYCOMPA TAB 6MG	$0 (2)	QL (60 tabs / 30 days), PA
FYCOMPA TAB 8MG	$0 (2)	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
FYCOMPA TAB 10MG	$0 (2)	QL (30 tabs / 30 days), PA
FYCOMPA TAB 12MG	$0 (2)	QL (30 tabs / 30 days), PA
gabapentin cap 100 mg	$0 (1)	QL (1080 caps / 30 days)
gabapentin cap 300 mg	$0 (1)	QL (360 caps / 30 days)
gabapentin cap 400 mg	$0 (1)	QL (270 caps / 30 days)
gabapentin oral soln 250 mg/5ml	$0 (1)	QL (2160 mL / 30 days)
gabapentin tab 600 mg	$0 (1)	QL (180 tabs / 30 days)
gabapentin tab 800 mg	$0 (1)	QL (120 tabs / 30 days)
GABITRIL TAB 12MG	$0 (2)	
GABITRIL TAB 16MG	$0 (2)	
lamotrigine tab 25 mg	$0 (1)	
lamotrigine tab 100 mg	$0 (1)	
lamotrigine tab 150 mg	$0 (1)	
lamotrigine tab 200 mg	$0 (1)	
lamotrigine tab chewable dispersible 5 mg	$0 (1)	
lamotrigine tab chewable dispersible 25 mg	$0 (1)	
lamotrigine tab er 24hr 25 mg	$0 (1)	
lamotrigine tab er 24hr 50 mg	$0 (1)	
lamotrigine tab er 24hr 100 mg	$0 (1)	
lamotrigine tab er 24hr 200 mg	$0 (1)	
lamotrigine tab er 24hr 250 mg	$0 (1)	
lamotrigine tab er 24hr 300 mg	$0 (1)	
LEVETIRACETA INJ 5MG/ML	$0 (2)	
LEVETIRACETA INJ 10MG/ML	$0 (2)	
LEVETIRACETA INJ 15MG/ML	$0 (2)	
LEVETIRACETAM IN SODIUM CHLORIDE IV SOLN 500 MG/100ML	$0 (1)	
LEVETIRACETAM IN SODIUM CHLORIDE IV SOLN 1000 MG/100ML	$0 (1)	
LEVETIRACETAM IN SODIUM CHLORIDE IV SOLN 1500 MG/100ML	$0 (1)	
levetiracetam inj 500 mg/5ml (100 mg/ml)	$0 (1)	
levetiracetam oral soln 100 mg/ml	$0 (1)	
levetiracetam tab 250 mg	$0 (1)	
levetiracetam tab 500 mg	$0 (1)	
levetiracetam tab 750 mg	$0 (1)	
levetiracetam tab 1000 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
levetiracetam tab er 24hr 500 mg	$0 (1)	
levetiracetam tab er 24hr 750 mg	$0 (1)	
LYRICA CAP 25MG	$0 (2)	QL (120 caps / 30 days)
LYRICA CAP 50MG	$0 (2)	QL (120 caps / 30 days)
LYRICA CAP 75MG	$0 (2)	QL (120 caps / 30 days)
LYRICA CAP 100MG	$0 (2)	QL (120 caps / 30 days)
LYRICA CAP 150MG	$0 (2)	QL (120 caps / 30 days)
LYRICA CAP 200MG	$0 (2)	QL (90 caps / 30 days)
LYRICA CAP 225MG	$0 (2)	QL (60 caps / 30 days)
LYRICA CAP 300MG	$0 (2)	QL (60 caps / 30 days)
LYRICA SOL 20MG/ML	$0 (2)	QL (946 mL / 30 days)
ONFI SUS 2.5MG/ML	$0 (2)	PA
ONFI TAB 10MG	$0 (2)	PA
ONFI TAB 20MG	$0 (2)	PA
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	$0 (1)	
oxcarbazepine tab 150 mg	$0 (1)	
oxcarbazepine tab 300 mg	$0 (1)	
oxcarbazepine tab 600 mg	$0 (1)	
PEGANONE TAB 250MG	$0 (2)	
PHENOBARB INJ 65MG/ML	$0 (2)	PA; PA if 65 years and older
phenobarbital elixir 20 mg/5ml	$0 (2)	PA; PA if 65 years and older
phenobarbital sodium inj 130 mg/ml	$0 (2)	PA; PA if 65 years and older
phenobarbital tab 15 mg	$0 (2)	PA; PA if 65 years and older
phenobarbital tab 16.2 mg	$0 (2)	PA; PA if 65 years and older
phenobarbital tab 30 mg	$0 (2)	PA; PA if 65 years and older
phenobarbital tab 32.4 mg	$0 (2)	PA; PA if 65 years and older
phenobarbital tab 60 mg	$0 (2)	PA; PA if 65 years and older
phenobarbital tab 64.8 mg	$0 (2)	PA; PA if 65 years and older
phenobarbital tab 97.2 mg	$0 (2)	PA; PA if 65 years and older
phenobarbital tab 100 mg	$0 (2)	PA; PA if 65 years and older
phenytek cap 200mg	$0 (2)	
phenytek cap 300mg	$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
phenytoin chew tab 50 mg	$0 (1)	
phenytoin sodium extended cap 100 mg	$0 (1)	
phenytoin sodium extended cap 200 mg	$0 (1)	
phenytoin sodium extended cap 300 mg	$0 (1)	
phenytoin sodium inj 50 mg/ml	$0 (1)	
phenytoin susp 125 mg/5ml	$0 (1)	
POTIGA TAB 50MG	$0 (2)	
POTIGA TAB 200MG	$0 (2)	QL (180 tabs / 30 days)
POTIGA TAB 300MG	$0 (2)	QL (90 tabs / 30 days)
POTIGA TAB 400MG	$0 (2)	QL (90 tabs / 30 days)
primidone tab 50 mg	$0 (1)	
primidone tab 250 mg	$0 (1)	
roweepra tab 500mg	$0 (1)	
roweepra tab 750mg	$0 (1)	
roweepra tab 1000mg	$0 (1)	
SABRIL POW 500MG	$0 (2)	QL (180 packets / 30 days), NM, LA, PA
SABRIL TAB 500MG	$0 (2)	QL (180 tabs / 30 days), NM, LA, PA
SPRITAM TAB 250MG	$0 (2)	
SPRITAM TAB 500MG	$0 (2)	
SPRITAM TAB 750MG	$0 (2)	
SPRITAM TAB 1000MG	$0 (2)	
TEGRETOL SUS 100/5ML	$0 (2)	
TEGRETOL TAB 200MG	$0 (2)	
TEGRETOL-XR TAB 100MG	$0 (2)	
TEGRETOL-XR TAB 200MG	$0 (2)	
TEGRETOL-XR TAB 400MG	$0 (2)	
tiagabine hcl tab 2 mg	$0 (1)	
tiagabine hcl tab 4 mg	$0 (1)	
topiramate sprinkle cap 15 mg	$0 (1)	
topiramate sprinkle cap 25 mg	$0 (1)	
topiramate tab 25 mg	$0 (1)	
topiramate tab 50 mg	$0 (1)	
topiramate tab 100 mg	$0 (1)	
topiramate tab 200 mg	$0 (1)	
valproate sodium inj 100 mg/ml	$0 (1)	
valproate sodium oral soln 250 mg/5ml (base equiv)	$0 (1)	
valproic acid cap 250 mg	$0 (1)	
vigabatrin powd pack 500 mg	$0 (2)	QL (180 packets / 30 days), NM, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VIMPAT INJ 200MG/20	$0 (2)	
VIMPAT SOL 10MG/ML	$0 (2)	QL (1200 mL / 30 days)
VIMPAT TAB 50MG	$0 (2)	QL (180 tabs / 30 days)
VIMPAT TAB 100MG	$0 (2)	QL (60 tabs / 30 days)
VIMPAT TAB 150MG	$0 (2)	QL (60 tabs / 30 days)
VIMPAT TAB 200MG	$0 (2)	QL (60 tabs / 30 days)
zonisamide cap 25 mg	$0 (1)	
zonisamide cap 50 mg	$0 (1)	
zonisamide cap 100 mg	$0 (1)	
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
donepezil hydrochloride orally disintegrating tab 5 mg	$0 (1)	QL (60 tabs / 30 days)
donepezil hydrochloride orally disintegrating tab 10 mg	$0 (1)	
donepezil hydrochloride tab 5 mg	$0 (1)	QL (60 tabs / 30 days)
donepezil hydrochloride tab 10 mg	$0 (1)	
donepezil hydrochloride tab 23 mg	$0 (1)	
galantamine hydrobromide cap er 24hr 8 mg	$0 (1)	QL (30 caps / 30 days)
galantamine hydrobromide cap er 24hr 16 mg	$0 (1)	QL (30 caps / 30 days)
galantamine hydrobromide cap er 24hr 24 mg	$0 (1)	
galantamine hydrobromide oral soln 4 mg/ml	$0 (1)	
galantamine hydrobromide tab 4 mg	$0 (1)	QL (180 tabs / 30 days)
galantamine hydrobromide tab 8 mg	$0 (1)	QL (90 tabs / 30 days)
galantamine hydrobromide tab 12 mg	$0 (1)	
memantine hcl oral solution 2 mg/ml	$0 (1)	PA; PA if < 30 yrs
memantine hcl tab 5 mg	$0 (1)	PA; PA if < 30 yrs
MEMANTINE HCL TAB 10 MG	$0 (1)	PA; PA if < 30 yrs
NAMENDA XR CAP 7MG	$0 (2)	PA; PA if < 30 yrs
NAMENDA XR CAP 14MG	$0 (2)	PA; PA if < 30 yrs
NAMENDA XR CAP 21MG	$0 (2)	PA; PA if < 30 yrs
NAMENDA XR CAP 28MG	$0 (2)	PA; PA if < 30 yrs
NAMENDA XR CAP TITRATIO	$0 (2)	PA; PA if < 30 yrs
NAMZARIC CAP	$0 (2)	
NAMZARIC CAP 7-10MG	$0 (2)	
NAMZARIC CAP 14-10MG	$0 (2)	
NAMZARIC CAP 21-10MG	$0 (2)	
NAMZARIC CAP 28-10MG	$0 (2)	
rivastigmine tartrate cap 1.5 mg	$0 (1)	
rivastigmine tartrate cap 3 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
rivastigmine tartrate cap 4.5 mg	$0 (1)	
rivastigmine tartrate cap 6 mg	$0 (1)	
rivastigmine td patch 24hr 4.6 mg/24hr	$0 (1)	QL (30 patches / 30 days)
rivastigmine td patch 24hr 9.5 mg/24hr	$0 (1)	QL (30 patches / 30 days)
rivastigmine td patch 24hr 13.3 mg/24hr	$0 (1)	QL (30 patches / 30 days)
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
amitriptyline hcl tab 10 mg	$0 (2)	PA; PA if 65 years and older
amitriptyline hcl tab 25 mg	$0 (2)	PA; PA if 65 years and older
amitriptyline hcl tab 50 mg	$0 (2)	PA; PA if 65 years and older
amitriptyline hcl tab 75 mg	$0 (2)	PA; PA if 65 years and older
amitriptyline hcl tab 100 mg	$0 (2)	PA; PA if 65 years and older
amitriptyline hcl tab 150 mg	$0 (2)	PA; PA if 65 years and older
amoxapine tab 25 mg	$0 (1)	
amoxapine tab 50 mg	$0 (1)	
amoxapine tab 100 mg	$0 (1)	
amoxapine tab 150 mg	$0 (1)	
bupropion hcl tab 75 mg	$0 (1)	
bupropion hcl tab 100 mg	$0 (1)	
bupropion hcl tab er 12hr 100 mg	$0 (1)	
bupropion hcl tab er 12hr 150 mg	$0 (1)	
bupropion hcl tab er 12hr 200 mg	$0 (1)	
bupropion hcl tab er 24hr 150 mg	$0 (1)	QL (90 tabs / 30 days)
bupropion hcl tab er 24hr 300 mg	$0 (1)	QL (30 tabs / 30 days)
citalopram hydrobromide oral soln 10 mg/5ml	$0 (1)	
citalopram hydrobromide tab 10 mg (base equiv)	$0 (1)	QL (45 tabs / 30 days)
citalopram hydrobromide tab 20 mg (base equiv)	$0 (1)	QL (45 tabs / 30 days)
citalopram hydrobromide tab 40 mg (base equiv)	$0 (1)	QL (30 tabs / 30 days)
clomipramine hcl cap 25 mg	$0 (2)	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
clomipramine hcl cap 50 mg	$0 (2)	PA; PA if 65 years and older
clomipramine hcl cap 75 mg	$0 (2)	PA; PA if 65 years and older
desipramine hcl tab 10 mg	$0 (1)	
desipramine hcl tab 25 mg	$0 (1)	
desipramine hcl tab 50 mg	$0 (1)	
desipramine hcl tab 75 mg	$0 (1)	
desipramine hcl tab 100 mg	$0 (1)	
desipramine hcl tab 150 mg	$0 (1)	
desvenlafaxine succinate tab er 24hr 25 mg (base equiv)	$0 (1)	QL (30 tabs / 30 days)
desvenlafaxine succinate tab er 24hr 50 mg (base equiv)	$0 (1)	QL (30 tabs / 30 days)
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	$0 (1)	QL (30 tabs / 30 days)
doxepin hcl cap 10 mg	$0 (2)	PA; PA if 65 years and older
doxepin hcl cap 25 mg	$0 (2)	PA; PA if 65 years and older
doxepin hcl cap 50 mg	$0 (2)	PA; PA if 65 years and older
doxepin hcl cap 75 mg	$0 (2)	PA; PA if 65 years and older
doxepin hcl cap 100 mg	$0 (2)	PA; PA if 65 years and older
doxepin hcl cap 150 mg	$0 (2)	PA; PA if 65 years and older
doxepin hcl conc 10 mg/ml	$0 (2)	PA; PA if 65 years and older
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	$0 (1)	QL (180 caps / 30 days)
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	$0 (1)	QL (120 caps / 30 days)
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	$0 (1)	QL (60 caps / 30 days)
EMSAM DIS 6MG/24HR	$0 (2)	QL (30 patches / 30 days), PA
EMSAM DIS 9MG/24HR	$0 (2)	QL (30 patches / 30 days), PA
EMSAM DIS 12MG/24H	$0 (2)	QL (30 patches / 30 days), PA
escitalopram oxalate soln 5 mg/5ml (base equiv)	$0 (1)	QL (600 mL / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
escitalopram oxalate tab 5 mg (base equiv)	$0 (1)	QL (45 tabs / 30 days)
escitalopram oxalate tab 10 mg (base equiv)	$0 (1)	QL (45 tabs / 30 days)
escitalopram oxalate tab 20 mg (base equiv)	$0 (1)	QL (60 tabs / 30 days)
FETZIMA CAP 20MG	$0 (2)	QL (180 caps / 30 days)
FETZIMA CAP 40MG	$0 (2)	QL (90 caps / 30 days)
FETZIMA CAP 80MG	$0 (2)	QL (30 caps / 30 days)
FETZIMA CAP 120MG	$0 (2)	QL (30 caps / 30 days)
FETZIMA CAP TITRATIO	$0 (2)	
fluoxetine hcl cap 10 mg	$0 (1)	QL (30 caps / 30 days)
fluoxetine hcl cap 20 mg	$0 (1)	QL (120 caps / 30 days)
fluoxetine hcl cap 40 mg	$0 (1)	
fluoxetine hcl solution 20 mg/5ml	$0 (1)	
fluoxetine hcl tab 10 mg	$0 (1)	QL (45 tabs / 30 days)
fluoxetine hcl tab 20 mg	$0 (1)	
imipramine hcl tab 10 mg	$0 (2)	PA; PA if 65 years and older
imipramine hcl tab 25 mg	$0 (2)	PA; PA if 65 years and older
imipramine hcl tab 50 mg	$0 (2)	PA; PA if 65 years and older
maprotiline hcl tab 25 mg	$0 (1)	
maprotiline hcl tab 50 mg	$0 (1)	
maprotiline hcl tab 75 mg	$0 (1)	
MARPLAN TAB 10MG	$0 (2)	QL (180 tabs / 30 days)
mirtazapine orally disintegrating tab 15 mg	$0 (1)	QL (30 tabs / 30 days)
mirtazapine orally disintegrating tab 30 mg	$0 (1)	
mirtazapine orally disintegrating tab 45 mg	$0 (1)	
mirtazapine tab 7.5 mg	$0 (1)	QL (45 tabs / 30 days)
mirtazapine tab 15 mg	$0 (1)	QL (45 tabs / 30 days)
mirtazapine tab 30 mg	$0 (1)	
mirtazapine tab 45 mg	$0 (1)	
nefazodone hcl tab 50 mg	$0 (1)	
nefazodone hcl tab 100 mg	$0 (1)	
nefazodone hcl tab 150 mg	$0 (1)	
nefazodone hcl tab 200 mg	$0 (1)	
nefazodone hcl tab 250 mg	$0 (1)	
nortriptyline hcl cap 10 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
nortriptyline hcl cap 25 mg	$0 (1)	
nortriptyline hcl cap 50 mg	$0 (1)	
nortriptyline hcl cap 75 mg	$0 (1)	
nortriptyline hcl soln 10 mg/5ml	$0 (1)	
paroxetine hcl tab 10 mg	$0 (1)	QL (45 tabs / 30 days)
paroxetine hcl tab 20 mg	$0 (1)	QL (45 tabs / 30 days)
paroxetine hcl tab 30 mg	$0 (1)	QL (60 tabs / 30 days)
paroxetine hcl tab 40 mg	$0 (1)	QL (45 tabs / 30 days)
PAXIL SUS 10MG/5ML	$0 (2)	QL (900 mL / 30 days)
phenelzine sulfate tab 15 mg	$0 (1)	
PRISTIQ TAB 25MG	$0 (2)	QL (30 tabs / 30 days)
PRISTIQ TAB 50MG	$0 (2)	QL (30 tabs / 30 days)
PRISTIQ TAB 100MG	$0 (2)	QL (30 tabs / 30 days)
protriptyline hcl tab 5 mg	$0 (1)	
protriptyline hcl tab 10 mg	$0 (1)	
sertraline hcl oral conc 20 mg/ml	$0 (1)	
sertraline hcl tab 25 mg	$0 (1)	QL (45 tabs / 30 days)
sertraline hcl tab 50 mg	$0 (1)	QL (45 tabs / 30 days)
sertraline hcl tab 100 mg	$0 (1)	
tranylcypromine sulfate tab 10 mg	$0 (1)	
trazodone hcl tab 50 mg	$0 (1)	
trazodone hcl tab 100 mg	$0 (1)	
trazodone hcl tab 150 mg	$0 (1)	
trimipramine maleate cap 25 mg	$0 (2)	QL (240 caps / 30 days), PA; PA if 65 years and older
trimipramine maleate cap 50 mg	$0 (2)	QL (120 caps / 30 days), PA; PA if 65 years and older
trimipramine maleate cap 100 mg	$0 (2)	QL (60 caps / 30 days), PA; PA if 65 years and older
TRINTELLIX TAB 5MG	$0 (2)	QL (120 tabs / 30 days)
TRINTELLIX TAB 10MG	$0 (2)	QL (60 tabs / 30 days)
TRINTELLIX TAB 20MG	$0 (2)	QL (30 tabs / 30 days)
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	$0 (1)	QL (30 caps / 30 days)
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	$0 (1)	QL (30 caps / 30 days)
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	$0 (1)	QL (60 caps / 30 days)
venlafaxine hcl tab 25 mg	$0 (1)	
venlafaxine hcl tab 37.5 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
venlafaxine hcl tab 50 mg	$0 (1)	
venlafaxine hcl tab 75 mg	$0 (1)	
venlafaxine hcl tab 100 mg	$0 (1)	
VIIBRYD KIT STARTER	$0 (2)	
VIIBRYD TAB 10MG	$0 (2)	QL (30 tabs / 30 days)
VIIBRYD TAB 20MG	$0 (2)	QL (30 tabs / 30 days)
VIIBRYD TAB 40MG	$0 (2)	QL (30 tabs / 30 days)
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
amantadine hcl cap 100 mg	$0 (1)	QL (120 caps / 30 days)
amantadine hcl syrup 50 mg/5ml	$0 (1)	
amantadine hcl tab 100 mg	$0 (1)	
APOKYN INJ 10MG/ML	$0 (2)	NM, LA, PA
BENZTROPINE MESYLATE INJ 1 MG/ML	$0 (1)	
benztropine mesylate tab 0.5 mg	$0 (2)	PA; PA if 65 years and older
benztropine mesylate tab 1 mg	$0 (2)	PA; PA if 65 years and older
benztropine mesylate tab 2 mg	$0 (2)	PA; PA if 65 years and older
bromocriptine mesylate cap 5 mg (base equivalent)	$0 (1)	
bromocriptine mesylate tab 2.5 mg (base equivalent)	$0 (1)	
carbidopa & levodopa orally disintegrating tab 10-100 mg	$0 (1)	
carbidopa & levodopa orally disintegrating tab 25-100 mg	$0 (1)	
carbidopa & levodopa orally disintegrating tab 25-250 mg	$0 (1)	
carbidopa & levodopa tab 10-100 mg	$0 (1)	
carbidopa & levodopa tab 25-100 mg	$0 (1)	
carbidopa & levodopa tab 25-250 mg	$0 (1)	
carbidopa & levodopa tab er 25-100 mg	$0 (1)	
carbidopa & levodopa tab er 50-200 mg	$0 (1)	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 12.5-50-200 MG	$0 (1)	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 18.75-75-200 MG	$0 (1)	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 25-100-200 MG	$0 (1)	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 31.25-125-200 MG	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 37.5-150-200 MG	$0 (1)	
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 50-200-200 MG	$0 (1)	
ENTACAPONE TAB 200 MG	$0 (1)	
NEUPRO DIS 1MG/24HR	$0 (2)	
NEUPRO DIS 2MG/24HR	$0 (2)	
NEUPRO DIS 3MG/24HR	$0 (2)	
NEUPRO DIS 4MG/24HR	$0 (2)	
NEUPRO DIS 6MG/24HR	$0 (2)	
NEUPRO DIS 8MG/24HR	$0 (2)	
pramipexole dihydrochloride tab 0.5 mg	$0 (1)	
pramipexole dihydrochloride tab 0.25 mg	$0 (1)	
pramipexole dihydrochloride tab 0.75 mg	$0 (1)	
pramipexole dihydrochloride tab 0.125 mg	$0 (1)	
pramipexole dihydrochloride tab 1 mg	$0 (1)	
pramipexole dihydrochloride tab 1.5 mg	$0 (1)	
rasagiline mesylate tab 0.5 mg (base equiv)	$0 (1)	
rasagiline mesylate tab 1 mg (base equiv)	$0 (1)	
ropinirole hydrochloride tab 0.5 mg	$0 (1)	
ropinirole hydrochloride tab 0.25 mg	$0 (1)	
ropinirole hydrochloride tab 1 mg	$0 (1)	
ropinirole hydrochloride tab 2 mg	$0 (1)	
ropinirole hydrochloride tab 3 mg	$0 (1)	
ropinirole hydrochloride tab 4 mg	$0 (1)	
ropinirole hydrochloride tab 5 mg	$0 (1)	
selegiline hcl cap 5 mg	$0 (1)	
selegiline hcl tab 5 mg	$0 (1)	
trihexyphenidyl hcl elixir 0.4 mg/ml	$0 (2)	PA; PA if 65 years and older
trihexyphenidyl hcl tab 2 mg	$0 (2)	PA; PA if 65 years and older
trihexyphenidyl hcl tab 5 mg	$0 (2)	PA; PA if 65 years and older
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY MAIN INJ 300MG	$0 (2)	QL (1 syringe / 28 days)
ABILIFY MAIN INJ 300MG	$0 (2)	QL (1 vial / 28 days)
ABILIFY MAIN INJ 400MG	$0 (2)	QL (1 syringe / 28 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ABILIFY MAIN INJ 400MG	$0 (2)	QL (1 vial / 28 days)
aripiprazole oral solution 1 mg/ml	$0 (2)	QL (900 mL / 30 days)
aripiprazole orally disintegrating tab 10 mg	$0 (2)	QL (60 tabs / 30 days)
aripiprazole orally disintegrating tab 15 mg	$0 (2)	QL (60 tabs / 30 days)
aripiprazole tab 2 mg	$0 (1)	QL (30 tabs / 30 days)
aripiprazole tab 5 mg	$0 (1)	QL (30 tabs / 30 days)
aripiprazole tab 10 mg	$0 (1)	QL (30 tabs / 30 days)
aripiprazole tab 15 mg	$0 (1)	QL (30 tabs / 30 days)
aripiprazole tab 20 mg	$0 (2)	QL (30 tabs / 30 days)
aripiprazole tab 30 mg	$0 (2)	QL (30 tabs / 30 days)
ARISTADA INJ 441MG/1.	$0 (2)	QL (1 syringe / 28 days)
ARISTADA INJ 662MG/2	$0 (2)	QL (1 syringe / 28 days)
ARISTADA INJ 882MG/3	$0 (2)	QL (1 syringe / 28 days)
ARISTADA INJ 1064MG	$0 (2)	QL (1 syringe / 56 days)
chlorpromaz inj 25mg/ml	$0 (2)	
chlorpromaz inj 50mg/2ml	$0 (2)	
chlorpromazine hcl tab 10 mg	$0 (1)	
chlorpromazine hcl tab 25 mg	$0 (1)	
chlorpromazine hcl tab 50 mg	$0 (1)	
chlorpromazine hcl tab 100 mg	$0 (1)	
chlorpromazine hcl tab 200 mg	$0 (1)	
CLOZAPINE ORALLY DISINTEGRATING TAB 12.5 MG	$0 (1)	PA
CLOZAPINE ORALLY DISINTEGRATING TAB 25 MG	$0 (1)	PA
CLOZAPINE ORALLY DISINTEGRATING TAB 100 MG	$0 (1)	QL (270 tabs / 30 days), PA
CLOZAPINE ORALLY DISINTEGRATING TAB 150 MG	$0 (1)	QL (180 tabs / 30 days), PA
CLOZAPINE ORALLY DISINTEGRATING TAB 200 MG	$0 (2)	QL (135 tabs / 30 days), PA
clozapine tab 25 mg	$0 (1)	
clozapine tab 50 mg	$0 (1)	
clozapine tab 100 mg	$0 (1)	QL (270 tabs / 30 days)
clozapine tab 200 mg	$0 (1)	QL (135 tabs / 30 days)
FANAPT PAK	$0 (2)	
FANAPT TAB 1MG	$0 (2)	QL (60 tabs / 30 days)
FANAPT TAB 2MG	$0 (2)	QL (60 tabs / 30 days)
FANAPT TAB 4MG	$0 (2)	QL (60 tabs / 30 days)
FANAPT TAB 6MG	$0 (2)	QL (60 tabs / 30 days)
FANAPT TAB 8MG	$0 (2)	QL (60 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FANAPT TAB 10MG	$0 (2)	QL (60 tabs / 30 days)
FANAPT TAB 12MG	$0 (2)	QL (60 tabs / 30 days)
fluphenazine decanoate inj 25 mg/ml	$0 (1)	
fluphenazine hcl elixir 2.5 mg/5ml	$0 (1)	
fluphenazine hcl inj 2.5 mg/ml	$0 (1)	
fluphenazine hcl oral conc 5 mg/ml	$0 (1)	
fluphenazine hcl tab 1 mg	$0 (1)	
fluphenazine hcl tab 2.5 mg	$0 (1)	
fluphenazine hcl tab 5 mg	$0 (1)	
fluphenazine hcl tab 10 mg	$0 (1)	
GEODON INJ 20MG	$0 (2)	QL (6 mL / 3 days)
haloperidol decanoate im soln 50 mg/ml	$0 (1)	
haloperidol decanoate im soln 100 mg/ml	$0 (1)	
haloperidol lactate inj 5 mg/ml	$0 (1)	
haloperidol lactate oral conc 2 mg/ml	$0 (1)	
haloperidol tab 0.5 mg	$0 (1)	
haloperidol tab 1 mg	$0 (1)	
haloperidol tab 2 mg	$0 (1)	
haloperidol tab 5 mg	$0 (1)	
haloperidol tab 10 mg	$0 (1)	
haloperidol tab 20 mg	$0 (1)	
INVEGA SUST INJ 39/0.25	$0 (2)	QL (1 injection / 28 days)
INVEGA SUST INJ 78/0.5ML	$0 (2)	QL (1 injection / 28 days)
INVEGA SUST INJ 117/0.75	$0 (2)	QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	$0 (2)	QL (1 injection / 28 days)
INVEGA SUST INJ 234/1.5	$0 (2)	QL (1 injection / 28 days)
INVEGA TRINZ INJ 273MG	$0 (2)	QL (1 syringe / 90 days)
INVEGA TRINZ INJ 410MG	$0 (2)	QL (1 syringe / 90 days)
INVEGA TRINZ INJ 546MG	$0 (2)	QL (1 syringe / 90 days)
INVEGA TRINZ INJ 819MG	$0 (2)	QL (1 syringe / 90 days)
LATUDA TAB 20MG	$0 (2)	QL (240 tabs / 30 days)
LATUDA TAB 40MG	$0 (2)	QL (30 tabs / 30 days)
LATUDA TAB 60MG	$0 (2)	QL (60 tabs / 30 days)
LATUDA TAB 80MG	$0 (2)	QL (60 tabs / 30 days)
LATUDA TAB 120MG	$0 (2)	QL (30 tabs / 30 days)
loxapine succinate cap 5 mg	$0 (1)	
loxapine succinate cap 10 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
loxapine succinate cap 25 mg	$0 (1)	
loxapine succinate cap 50 mg	$0 (1)	
molindone hcl tab 10 mg	$0 (1)	
molindone hcl tab 25 mg	$0 (1)	
NUPLAZID TAB 17MG	$0 (2)	QL (60 tabs / 30 days), NM, LA, PA
olanzapine for im inj 10 mg	$0 (1)	QL (3 vials / 1 day)
olanzapine orally disintegrating tab 5 mg	$0 (1)	QL (30 tabs / 30 days)
olanzapine orally disintegrating tab 10 mg	$0 (1)	QL (60 tabs / 30 days)
olanzapine orally disintegrating tab 15 mg	$0 (1)	QL (60 tabs / 30 days)
olanzapine orally disintegrating tab 20 mg	$0 (1)	QL (60 tabs / 30 days)
olanzapine tab 2.5 mg	$0 (1)	QL (240 tabs / 30 days)
olanzapine tab 5 mg	$0 (1)	QL (120 tabs / 30 days)
olanzapine tab 7.5 mg	$0 (1)	QL (30 tabs / 30 days)
olanzapine tab 10 mg	$0 (1)	QL (60 tabs / 30 days)
olanzapine tab 15 mg	$0 (1)	QL (60 tabs / 30 days)
olanzapine tab 20 mg	$0 (1)	QL (60 tabs / 30 days)
paliperidone tab er 24hr 1.5 mg	$0 (2)	QL (30 tabs / 30 days)
paliperidone tab er 24hr 3 mg	$0 (2)	QL (30 tabs / 30 days)
paliperidone tab er 24hr 6 mg	$0 (2)	QL (60 tabs / 30 days)
paliperidone tab er 24hr 9 mg	$0 (2)	QL (30 tabs / 30 days)
perphenazine tab 2 mg	$0 (1)	
perphenazine tab 4 mg	$0 (1)	
perphenazine tab 8 mg	$0 (1)	
perphenazine tab 16 mg	$0 (1)	
pimozide tab 1 mg	$0 (1)	
pimozide tab 2 mg	$0 (1)	
quetiapine fumarate tab 25 mg	$0 (1)	QL (90 tabs / 30 days)
quetiapine fumarate tab 50 mg	$0 (1)	QL (90 tabs / 30 days)
quetiapine fumarate tab 100 mg	$0 (1)	QL (90 tabs / 30 days)
quetiapine fumarate tab 200 mg	$0 (1)	QL (90 tabs / 30 days)
quetiapine fumarate tab 300 mg	$0 (1)	QL (90 tabs / 30 days)
quetiapine fumarate tab 400 mg	$0 (1)	QL (90 tabs / 30 days)
quetiapine fumarate tab er 24hr 50 mg	$0 (1)	QL (120 tabs / 30 days)
quetiapine fumarate tab er 24hr 150 mg	$0 (1)	QL (30 tabs / 30 days)
quetiapine fumarate tab er 24hr 200 mg	$0 (1)	QL (30 tabs / 30 days)
quetiapine fumarate tab er 24hr 300 mg	$0 (1)	QL (60 tabs / 30 days)
quetiapine fumarate tab er 24hr 400 mg	$0 (1)	QL (60 tabs / 30 days)
REXULTI TAB 0.5MG	$0 (2)	QL (180 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
REXULTI TAB 0.25MG	$0 (2)	QL (360 tabs / 30 days)
REXULTI TAB 1MG	$0 (2)	QL (90 tabs / 30 days)
REXULTI TAB 2MG	$0 (2)	QL (60 tabs / 30 days)
REXULTI TAB 3MG	$0 (2)	QL (30 tabs / 30 days)
REXULTI TAB 4MG	$0 (2)	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)	QL (2 injections / 28 days)
RISPERDAL INJ 50MG	$0 (2)	QL (2 injections / 28 days)
risperidone orally disintegrating tab 0.5 mg	$0 (1)	QL (90 tabs / 30 days)
risperidone orally disintegrating tab 0.25 mg	$0 (1)	QL (90 tabs / 30 days)
risperidone orally disintegrating tab 1 mg	$0 (1)	QL (60 tabs / 30 days)
risperidone orally disintegrating tab 2 mg	$0 (1)	QL (60 tabs / 30 days)
risperidone orally disintegrating tab 3 mg	$0 (1)	QL (60 tabs / 30 days)
risperidone orally disintegrating tab 4 mg	$0 (1)	QL (120 tabs / 30 days)
risperidone soln 1 mg/ml	$0 (1)	QL (240 mL / 30 days)
risperidone tab 0.5 mg	$0 (1)	QL (90 tabs / 30 days)
risperidone tab 0.25 mg	$0 (1)	QL (90 tabs / 30 days)
risperidone tab 1 mg	$0 (1)	QL (60 tabs / 30 days)
risperidone tab 2 mg	$0 (1)	QL (60 tabs / 30 days)
risperidone tab 3 mg	$0 (1)	QL (60 tabs / 30 days)
risperidone tab 4 mg	$0 (1)	QL (120 tabs / 30 days)
SAPHRIS SUB 2.5MG	$0 (2)	QL (240 tabs / 30 days)
SAPHRIS SUB 5MG	$0 (2)	QL (120 tabs / 30 days)
SAPHRIS SUB 10MG	$0 (2)	QL (60 tabs / 30 days)
thioridazine hcl tab 10 mg	$0 (2)	PA; PA if 65 years and older
thioridazine hcl tab 25 mg	$0 (2)	PA; PA if 65 years and older
thioridazine hcl tab 50 mg	$0 (2)	PA; PA if 65 years and older
thioridazine hcl tab 100 mg	$0 (2)	PA; PA if 65 years and older
thiothixene cap 1 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
thiothixene cap 2 mg	$0 (1)	
thiothixene cap 5 mg	$0 (1)	
thiothixene cap 10 mg	$0 (1)	
trifluoperazine hcl tab 1 mg (base equivalent)	$0 (1)	
trifluoperazine hcl tab 2 mg (base equivalent)	$0 (1)	
trifluoperazine hcl tab 5 mg (base equivalent)	$0 (1)	
trifluoperazine hcl tab 10 mg (base equivalent)	$0 (1)	
VERSACLOZ SUS 50MG/ML	$0 (2)	QL (600 mL / 30 days), PA
VRAYLAR CAP 1.5-3MG	$0 (2)	
VRAYLAR CAP 1.5MG	$0 (2)	QL (120 caps / 30 days)
VRAYLAR CAP 3MG	$0 (2)	QL (60 caps / 30 days)
VRAYLAR CAP 4.5MG	$0 (2)	QL (30 caps / 30 days)
VRAYLAR CAP 6MG	$0 (2)	QL (30 caps / 30 days)
ziprasidone hcl cap 20 mg	$0 (1)	QL (60 caps / 30 days)
ziprasidone hcl cap 40 mg	$0 (1)	QL (60 caps / 30 days)
ziprasidone hcl cap 60 mg	$0 (1)	QL (90 caps / 30 days)
ziprasidone hcl cap 80 mg	$0 (1)	QL (90 caps / 30 days)
ZYPREXA RELP INJ 210MG	$0 (2)	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 300MG	$0 (2)	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 405MG	$0 (2)	QL (1 vial / 28 days), PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD		
amphetamine-dextroamphetamine cap er 24hr 5 mg	$0 (1)	QL (90 caps / 30 days)
amphetamine-dextroamphetamine cap er 24hr 10 mg	$0 (1)	QL (90 caps / 30 days)
amphetamine-dextroamphetamine cap er 24hr 15 mg	$0 (1)	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap er 24hr 20 mg	$0 (1)	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap er 24hr 25 mg	$0 (1)	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap er 24hr 30 mg	$0 (1)	QL (30 caps / 30 days)
amphetamine-dextroamphetamine tab 5 mg	$0 (1)	QL (360 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
amphetamine-dextroamphetamine tab 7.5 mg	$0 (1)	QL (240 tabs / 30 days)
amphetamine-dextroamphetamine tab 10 mg	$0 (1)	QL (180 tabs / 30 days)
amphetamine-dextroamphetamine tab 12.5 mg	$0 (1)	QL (144 tabs / 30 days)
amphetamine-dextroamphetamine tab 15 mg	$0 (1)	QL (120 tabs / 30 days)
amphetamine-dextroamphetamine tab 20 mg	$0 (1)	QL (90 tabs / 30 days)
amphetamine-dextroamphetamine tab 30 mg	$0 (1)	QL (60 tabs / 30 days)
atomoxetine hcl cap 10 mg (base equiv)	$0 (1)	QL (120 caps / 30 days)
atomoxetine hcl cap 18 mg (base equiv)	$0 (1)	QL (120 caps / 30 days)
atomoxetine hcl cap 25 mg (base equiv)	$0 (1)	QL (120 caps / 30 days)
atomoxetine hcl cap 40 mg (base equiv)	$0 (1)	QL (60 caps / 30 days)
atomoxetine hcl cap 60 mg (base equiv)	$0 (1)	QL (30 caps / 30 days)
atomoxetine hcl cap 80 mg (base equiv)	$0 (1)	QL (30 caps / 30 days)
atomoxetine hcl cap 100 mg (base equiv)	$0 (1)	QL (30 caps / 30 days)
guanfacine hcl tab er 24hr 1 mg (base equiv)	$0 (2)	PA; PA if 65 years and older
guanfacine hcl tab er 24hr 2 mg (base equiv)	$0 (2)	PA; PA if 65 years and older
guanfacine hcl tab er 24hr 3 mg (base equiv)	$0 (2)	PA; PA if 65 years and older
guanfacine hcl tab er 24hr 4 mg (base equiv)	$0 (2)	PA; PA if 65 years and older
methylphenidate hcl soln 5 mg/5ml	$0 (1)	QL (1800 mL / 30 days)
methylphenidate hcl soln 10 mg/5ml	$0 (1)	QL (900 mL / 30 days)
methylphenidate hcl tab 5 mg	$0 (1)	QL (180 tabs / 30 days)
methylphenidate hcl tab 10 mg	$0 (1)	QL (180 tabs / 30 days)
methylphenidate hcl tab 20 mg	$0 (1)	QL (90 tabs / 30 days)
methylphenidate hcl tab er 10 mg	$0 (1)	QL (90 tabs / 30 days)
methylphenidate hcl tab er 20 mg	$0 (1)	QL (90 tabs / 30 days)
STRATTERA CAP 10MG	$0 (2)	QL (120 caps / 30 days)
STRATTERA CAP 18MG	$0 (2)	QL (120 caps / 30 days)
STRATTERA CAP 25MG	$0 (2)	QL (120 caps / 30 days)
STRATTERA CAP 40MG	$0 (2)	QL (60 caps / 30 days)
STRATTERA CAP 60MG	$0 (2)	QL (30 caps / 30 days)
STRATTERA CAP 80MG	$0 (2)	QL (30 caps / 30 days)
STRATTERA CAP 100MG	$0 (2)	QL (30 caps / 30 days)

HYPNOTICS - DRUGS TO TREAT INSOMNIA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
eszopiclone tab 1 mg	$0 (2)	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
eszopiclone tab 2 mg	$0 (2)	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
eszopiclone tab 3 mg	$0 (2)	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
HETLIOZ CAP 20MG	$0 (2)	NM, LA, PA
SILENOR TAB 3MG	$0 (2)	QL (60 tabs / 30 days)
SILENOR TAB 6MG	$0 (2)	QL (30 tabs / 30 days)
temazepam cap 7.5 mg	$0 (1)	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
temazepam cap 15 mg	$0 (1)	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
zolpidem tartrate tab 5 mg	$0 (2)	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
zolpidem tartrate tab 10 mg	$0 (2)	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES		
dihydroergotamine mesylate inj 1 mg/ml	$0 (1)	
eletriptan hydrobromide tab 20 mg (base equivalent)	$0 (1)	QL (12 tabs / 30 days)
eletriptan hydrobromide tab 40 mg (base equivalent)	$0 (1)	QL (12 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ergotamine w/ caffeine tab 1-100 mg	$0 (1)	
migergot sup 2/100	$0 (2)	
naratriptan hcl tab 1 mg (base equiv)	$0 (1)	QL (12 tabs / 30 days)
naratriptan hcl tab 2.5 mg (base equiv)	$0 (1)	QL (12 tabs / 30 days)
RELPAX TAB 20MG	$0 (2)	QL (12 tabs / 30 days)
RELPAX TAB 40MG	$0 (2)	QL (12 tabs / 30 days)
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	$0 (1)	QL (18 tabs / 30 days)
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	$0 (1)	QL (18 tabs / 30 days)
rizatriptan benzoate tab 5 mg (base equivalent)	$0 (1)	QL (18 tabs / 30 days)
rizatriptan benzoate tab 10 mg (base equivalent)	$0 (1)	QL (18 tabs / 30 days)
SUMATRIPTAN NASAL SPRAY 5 MG/ACT	$0 (1)	QL (24 inhalers / 30 days)
SUMATRIPTAN NASAL SPRAY 20 MG/ACT	$0 (1)	QL (12 inhalers / 30 days)
sumatriptan succinate inj 6 mg/0.5ml	$0 (1)	QL (12 injections / 30 days)
SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 4 MG/0.5ML	$0 (1)	QL (18 injections / 30 days)
sumatriptan succinate solution auto-injector 6 mg/0.5ml	$0 (1)	QL (12 injections / 30 days)
SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 4 MG/0.5ML	$0 (1)	QL (18 injections / 30 days)
sumatriptan succinate solution cartridge 6 mg/0.5ml	$0 (1)	QL (12 injections / 30 days)
sumatriptan succinate solution prefilled syringe 6 mg/0.5ml	$0 (1)	QL (12 injections / 30 days)
sumatriptan succinate tab 25 mg	$0 (1)	QL (12 tabs / 30 days)
sumatriptan succinate tab 50 mg	$0 (1)	QL (12 tabs / 30 days)
sumatriptan succinate tab 100 mg	$0 (1)	QL (12 tabs / 30 days)
zolmitriptan orally disintegrating tab 2.5 mg	$0 (1)	QL (12 tabs / 30 days)
zolmitriptan orally disintegrating tab 5 mg	$0 (1)	QL (12 tabs / 30 days)
zolmitriptan tab 2.5 mg	$0 (1)	QL (12 tabs / 30 days)
zolmitriptan tab 5 mg	$0 (1)	QL (12 tabs / 30 days)
MISCELLANEOUS		
AUSTEDO TAB 6MG	$0 (2)	QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO TAB 9MG	$0 (2)	QL (120 tabs / 30 days), NM, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
AUSTEDO TAB 12MG	$0 (2)	QL (120 tabs / 30 days), NM, LA, PA
lithium carbonate cap 150 mg	$0 (1)	
lithium carbonate cap 300 mg	$0 (1)	
lithium carbonate cap 600 mg	$0 (1)	
lithium carbonate tab 300 mg	$0 (1)	
lithium carbonate tab er 300 mg	$0 (1)	
lithium carbonate tab er 450 mg	$0 (1)	
LITHIUM SOL 8MEQ/5ML	$0 (2)	
NUEDEXTA CAP 20-10MG	$0 (2)	PA
pyridostigmine bromide tab 60 mg	$0 (1)	
riluzole tab 50 mg	$0 (1)	
TETRABENAZINE TAB 12.5 MG	$0 (2)	QL (240 tabs / 30 days), NM, PA
TETRABENAZINE TAB 25 MG	$0 (2)	QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
AMPYRA TAB 10MG	$0 (2)	NM, LA, PA
BETASERON INJ 0.3MG	$0 (2)	QL (14 syringes / 28 days), NM, PA
COPAXONE INJ 40MG/ML	$0 (2)	QL (12 syringes / 28 days), NM, PA
GILENYA CAP 0.5MG	$0 (2)	QL (28 caps / 28 days), NM, PA
glatopa inj 20mg/ml	$0 (2)	QL (30 syringes / 30 days), NM, PA
TYSABRI INJ 300/15ML	$0 (2)	NM, LA, 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 65 years and older
cyclobenzaprine hcl tab 5 mg	$0 (2)	PA; PA if 65 years and older
cyclobenzaprine hcl tab 10 mg	$0 (2)	PA; PA if 65 years and older
dantrolene sodium cap 25 mg	$0 (1)	
dantrolene sodium cap 50 mg	$0 (1)	
dantrolene sodium cap 100 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
methocarbamol tab 500 mg	$0 (2)	PA; PA if 65 years and older
methocarbamol tab 750 mg	$0 (2)	PA; PA if 65 years and older
tizanidine hcl tab 2 mg (base equivalent)	$0 (1)	
tizanidine hcl tab 4 mg (base equivalent)	$0 (1)	
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
armodafinil tab 50 mg	$0 (1)	QL (150 tabs / 30 days), PA
armodafinil tab 150 mg	$0 (1)	QL (60 tabs / 30 days), PA
ARMODAFINIL TAB 200 MG	$0 (1)	QL (30 tabs / 30 days), PA
armodafinil tab 250 mg	$0 (1)	QL (30 tabs / 30 days), PA
XYREM SOL 500MG/ML	$0 (2)	QL (540 mL / 30 days), LA, PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium tab delayed release 333 mg	$0 (1)	
buprenorphine hcl sl tab 2 mg (base equiv)	$0 (1)	PA
buprenorphine hcl sl tab 8 mg (base equiv)	$0 (1)	PA
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	$0 (1)	QL (120 tabs / 30 days), PA
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	$0 (1)	QL (120 tabs / 30 days), PA
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 gum 2mg mint	$0 (3)	NM; *
gnp nicotine gum 2mg orig	$0 (3)	NM; *
gnp nicotine gum 4mg mint	$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; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
hm nicotine gum 2mg mint	$0 (3)	NM; *
hm nicotine loz 2mg mint	$0 (3)	NM; *
hm nicotine loz 4mg mint	$0 (3)	NM; *
naloxone hcl inj 0.4 mg/ml	$0 (1)	
naloxone hcl inj 4 mg/10ml	$0 (1)	
naloxone hcl soln cartridge 0.4 mg/ml	$0 (1)	
naloxone hcl soln prefilled syringe 2 mg/2ml	$0 (1)	
naltrexone hcl tab 50 mg	$0 (1)	
nicorelief gum 2mg mint	$0 (3)	NM; *
nicorelief gum 2mg orig	$0 (3)	NM; *
nicorelief gum 4mg mint	$0 (3)	NM; *
nicorelief gum 4mg orig	$0 (3)	NM; *
nicotine polacrilex gum 2 mg	$0 (3)	NM; *
nicotine polacrilex gum 4 mg	$0 (3)	NM; *
nicotine polacrilex lozenge 2 mg	$0 (3)	NM; *
nicotine polacrilex lozenge 4 mg	$0 (3)	NM; *
NICOTINE SYS KIT TRANSDER	$0 (3)	NM; *
NICOTINE TD DIS 7MG/24HR	$0 (3)	NM; *
nicotine td patch 24hr 7 mg/24hr	$0 (3)	NM; *
NICOTINE TD PATCH 24HR 7 MG/24HR	$0 (3)	NM; *
nicotine td patch 24hr 14 mg/24hr	$0 (3)	NM; *
NICOTINE TD PATCH 24HR 14 MG/24HR	$0 (3)	NM; *
nicotine td patch 24hr 21 mg/24hr	$0 (3)	NM; *
NICOTINE TD PATCH 24HR 21 MG/24HR	$0 (3)	NM; *
NICOTROL INH	$0 (2)	
NICOTROL NS SPR 10MG/ML	$0 (2)	
sleep aid tab 25mg	$0 (3)	NM; *
SM NICOTINE DIS 14MG/24H	$0 (3)	NM; *
SM NICOTINE DIS 21MG	$0 (3)	NM; *
sm nicotine gum 2mg	$0 (3)	NM; *
sm nicotine gum 2mg mint	$0 (3)	NM; *
sm nicotine gum 4mg	$0 (3)	NM; *
sm nicotine gum 4mg mint	$0 (3)	NM; *
sm nicotine loz 2mg mint	$0 (3)	NM; *
sm nicotine loz 4mg mint	$0 (3)	NM; *
SUBOXONE MIS 2-0.5MG	$0 (2)	QL (120 SL films / 30 days), PA
SUBOXONE MIS 4-1MG	$0 (2)	QL (120 SL films / 30 days), PA
SUBOXONE MIS 8-2MG	$0 (2)	QL (120 SL films / 30 days), PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SUBOXONE MIS 12-3MG	$0 (2)	QL (60 SL films / 30 days), PA
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES		
ANDROGENS - DRUGS TO REGULATE MALE HORMONES		
ANADROL-50 TAB 50MG	$0 (2)	PA
ANDRODERM DIS 2MG/24HR	$0 (2)	QL (30 patches / 30 days), PA
ANDRODERM DIS 4MG/24HR	$0 (2)	QL (30 patches / 30 days), PA
AXIRON SOL 30MG/ACT	$0 (2)	QL (440 mL / 30 days), PA
oxandrolone tab 2.5 mg	$0 (1)	PA
oxandrolone tab 10 mg	$0 (1)	PA
testosterone cypionate im inj in oil 100 mg/ml	$0 (1)	PA
testosterone cypionate im inj in oil 200 mg/ml	$0 (1)	PA
testosterone enanthate im inj in oil 200 mg/ml	$0 (1)	PA
testosterone td soln 30 mg/act	$0 (1)	QL (440 mL / 30 days), PA
ANTIDIABETICS, INJECTABLE - DRUGS TO TREAT DIABETES		
ALCOHOL SWABS	$0 (2)	
BYDUREON INJ 2MG	$0 (2)	QL (4 vials / 28 days)
BYDUREON PEN INJ 2MG	$0 (2)	QL (4 pens / 28 days)
BYETTA INJ 5MCG	$0 (2)	QL (1 pen / 30 days)
BYETTA INJ 10MCG	$0 (2)	QL (1 pen / 30 days)
GAUZE PADS 2" X 2"	$0 (2)	
HUMULIN R INJ U-500	$0 (2)	KwikPen
HUMULIN R INJ U-500	$0 (2)	B/D; Vial (Concentrate)
INSULIN PEN NEEDLE	$0 (2)	
INSULIN SAFETY NEEDLES	$0 (2)	
INSULIN SYRINGE	$0 (2)	
LANTUS INJ 100/ML	$0 (2)	
LANTUS INJ SOLOSTAR	$0 (2)	
LEVEMIR INJ	$0 (2)	
LEVEMIR INJ FLEXTOUC	$0 (2)	
NOVOLIN INJ 70/30	$0 (2)	(brand RELION not covered)
NOVOLIN N INJ U-100	$0 (2)	(brand RELION not covered)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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)	
SYMLINPEN 60 INJ 1000MCG	$0 (2)	QL (8 pens / 30 days), PA
SYMLNPEN 120 INJ 1000MCG	$0 (2)	QL (4 pens / 30 days), PA
TOUJEO SOLO INJ 300IU/ML	$0 (2)	
TRESIBA FLEX INJ 100UNIT	$0 (2)	
TRESIBA FLEX INJ 200UNIT	$0 (2)	
TRULICITY INJ 0.75/0.5	$0 (2)	QL (4 pens / 28 days)
TRULICITY INJ 1.5/0.5	$0 (2)	QL (4 pens / 28 days)
VICTOZA INJ 18MG/3ML	$0 (2)	QL (3 pens / 30 days)
ANTIDIABETICS, ORAL - DRUGS TO TREAT DIABETES		
acarbose tab 25 mg	$0 (1)	
acarbose tab 50 mg	$0 (1)	
acarbose tab 100 mg	$0 (1)	
FARXIGA TAB 5MG	$0 (2)	QL (60 tabs / 30 days)
FARXIGA TAB 10MG	$0 (2)	QL (30 tabs / 30 days)
glimepiride tab 1 mg	$0 (1)	QL (240 tabs / 30 days)
glimepiride tab 2 mg	$0 (1)	QL (120 tabs / 30 days)
glimepiride tab 4 mg	$0 (1)	QL (60 tabs / 30 days)
glipizide tab 5 mg	$0 (1)	QL (240 tabs / 30 days)
glipizide tab 10 mg	$0 (1)	QL (120 tabs / 30 days)
glipizide tab er 24hr 2.5 mg	$0 (1)	QL (240 tabs / 30 days)
GLIPIZIDE TAB ER 24HR 2.5 MG	$0 (1)	QL (240 tabs / 30 days)
glipizide tab er 24hr 5 mg	$0 (1)	QL (120 tabs / 30 days)
glipizide tab er 24hr 10 mg	$0 (1)	QL (60 tabs / 30 days)
GLIPIZIDE XL TAB 5MG	$0 (1)	QL (120 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 65 years and older
glyburide micronized tab 3 mg	$0 (2)	QL (120 tabs / 30 days), PA; PA if 65 years and older

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
glyburide micronized tab 6 mg	$0 (2)	QL (60 tabs / 30 days), PA; PA if 65 years and older
glyburide tab 1.25 mg	$0 (2)	QL (480 tabs / 30 days), PA; PA if 65 years and older
glyburide tab 2.5 mg	$0 (2)	QL (240 tabs / 30 days), PA; PA if 65 years and older
glyburide tab 5 mg	$0 (2)	QL (120 tabs / 30 days), PA; PA if 65 years and older
INVOKAMET TAB 50-500MG	$0 (2)	QL (120 tabs / 30 days)
INVOKAMET TAB 50-1000	$0 (2)	QL (60 tabs / 30 days)
INVOKAMET TAB 150-500	$0 (2)	QL (60 tabs / 30 days)
INVOKAMET TAB 150-1000	$0 (2)	QL (60 tabs / 30 days)
INVOKAMET XR TAB 50-500MG	$0 (2)	QL (120 tabs / 30 days)
INVOKAMET XR TAB 50-1000	$0 (2)	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-500	$0 (2)	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-1000	$0 (2)	QL (60 tabs / 30 days)
INVOKANA TAB 100MG	$0 (2)	QL (90 tabs / 30 days)
INVOKANA TAB 300MG	$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)
JENTADUETO TAB 2.5-500	$0 (2)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	$0 (2)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	$0 (2)	QL (60 tabs / 30 days)
JENTADUETO TAB XR	$0 (2)	QL (30 tabs / 30 days)
JENTADUETO TAB XR	$0 (2)	QL (60 tabs / 30 days)
metformin hcl tab 500 mg	$0 (1)	QL (150 tabs / 30 days)
metformin hcl tab 850 mg	$0 (1)	QL (90 tabs / 30 days)
metformin hcl tab 1000 mg	$0 (1)	QL (75 tabs / 30 days)
metformin hcl tab er 24hr 500 mg	$0 (1)	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
metformin hcl tab er 24hr 750 mg	$0 (1)	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
nateglinide tab 60 mg	$0 (1)	QL (90 tabs / 30 days)
nateglinide tab 120 mg	$0 (1)	QL (90 tabs / 30 days)
pioglitazone hcl tab 15 mg (base equiv)	$0 (1)	QL (30 tabs / 30 days)
pioglitazone hcl tab 30 mg (base equiv)	$0 (1)	QL (30 tabs / 30 days)
pioglitazone hcl tab 45 mg (base equiv)	$0 (1)	QL (30 tabs / 30 days)
repaglinide tab 0.5 mg	$0 (1)	QL (120 tabs / 30 days)
repaglinide tab 1 mg	$0 (1)	QL (120 tabs / 30 days)
repaglinide tab 2 mg	$0 (1)	QL (240 tabs / 30 days)
TRADJENTA TAB 5MG	$0 (2)	QL (30 tabs / 30 days)
XIGDUO XR TAB 5-500MG	$0 (2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	$0 (2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	$0 (2)	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	$0 (2)	QL (30 tabs / 30 days)
BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS		
alendronate sodium tab 5 mg	$0 (1)	
alendronate sodium tab 10 mg	$0 (1)	
alendronate sodium tab 35 mg	$0 (1)	QL (4 tabs / 28 days)
alendronate sodium tab 40 mg	$0 (1)	
alendronate sodium tab 70 mg	$0 (1)	QL (4 tabs / 28 days)
pamidronate disodium for inj 30 mg	$0 (1)	B/D
pamidronate disodium for inj 90 mg	$0 (1)	B/D
pamidronate disodium iv soln 3 mg/ml	$0 (1)	B/D
pamidronate disodium iv soln 9 mg/ml	$0 (1)	B/D
pamidronate inj 6mg/ml	$0 (1)	B/D
zoledronic acid inj conc for iv infusion 4 mg/5ml	$0 (1)	B/D, NM
zoledronic acid iv soln 5 mg/100ml	$0 (1)	B/D, NM
zoledronic inj 4mg	$0 (1)	B/D, NM
CALCIUM RECEPTOR AGONISTS		
SENSIPAR TAB 30MG	$0 (2)	QL (120 tabs / 30 days), NM
SENSIPAR TAB 60MG	$0 (2)	QL (60 tabs / 30 days), NM
SENSIPAR TAB 90MG	$0 (2)	QL (120 tabs / 30 days), NM
CHELATING AGENTS		
CHEMET CAP 100MG	$0 (2)	
DEPEN TITRA TAB 250MG	$0 (2)	
EXJADE TAB 125MG	$0 (2)	NM, LA, PA
EXJADE TAB 250MG	$0 (2)	NM, LA, PA
EXJADE TAB 500MG	$0 (2)	NM, LA, PA
FERRIPROX SOL 100MG/ML	$0 (2)	NM, LA, PA
FERRIPROX TAB 500MG	$0 (2)	NM, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
kionex pow	$0 (1)	
kionex sus 15gm/60	$0 (1)	
sodium polystyrene sulfonate oral susp 15 gm/60ml	$0 (1)	
sodium polystyrene sulfonate powder	$0 (1)	
SYPRINE CAP 250MG	$0 (2)	
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
AFTERA TAB 1.5MG	$0 (3)	NM; *
alyacen tab 1/35	$0 (1)	
apri tab	$0 (1)	
aranelle tab	$0 (1)	
aubra tab 0.1-0.02	$0 (1)	
aviane tab	$0 (1)	
balziva tab	$0 (1)	
bekyree tab	$0 (1)	
blisovi fe tab 1.5/30	$0 (1)	
blisovi fe tab 1/20	$0 (1)	
briellyn tab	$0 (1)	
camila tab 0.35mg	$0 (1)	
CONDOMS MIS LUBRICAT	$0 (3)	NM; *
cryselle-28 tab 28 tabs	$0 (1)	
cyclafem tab 1/35	$0 (1)	
cyclafem tab 7/7/7	$0 (1)	
deblitane tab 0.35mg	$0 (1)	
delyla tab 0.1-0.02	$0 (1)	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	$0 (1)	
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	$0 (1)	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	$0 (1)	
drospirenone-ethinyl estradiol tab 3-0.02 mg	$0 (1)	
DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG	$0 (1)	
drospirenone-ethinyl estradiol tab 3-0.03 mg	$0 (1)	
DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MG	$0 (1)	
econtra ez tab 1.5mg	$0 (3)	NM; *
ELLA TAB 30MG	$0 (2)	
emoquette tab	$0 (1)	
enpresse-28 tab	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
errin tab 0.35mg	$0 (1)	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	$0 (1)	
fallback tab 1.5mg	$0 (3)	NM; *
falmina tab	$0 (1)	
FANTASY LUBR MIS COLORS	$0 (3)	NM; *
FANTASY LUBR MIS SPERMICI	$0 (3)	NM; *
FANTASY MIS LUBRICAT	$0 (3)	NM; *
femynor tab 0.25-35	$0 (1)	
gildagia tab 0.4-35	$0 (1)	
heather tab 0.35mg	$0 (1)	
introvale tab	$0 (1)	
isibloom tab 0.15-30	$0 (1)	
JOLIVETTE TAB 0.35MG	$0 (1)	
juleber tab	$0 (1)	
junel 1.5/30 tab	$0 (1)	
junel 1/20 tab	$0 (1)	
junel fe tab 1.5/30	$0 (1)	
junel fe tab 1/20	$0 (1)	
kariva tab 28 day	$0 (1)	
kelnor tab 1/35	$0 (1)	
kimidess tab	$0 (1)	
KIMONO MICRO MIS THIN	$0 (3)	NM; *
KIMONO MICRO MIS THIN +	$0 (3)	NM; *
KIMONO MIS LUBRICAT	$0 (3)	NM; *
KIMONO MIS SENSATIO	$0 (3)	NM; *
KIMONO SENSA MIS PLUS	$0 (3)	NM; *
larin fe tab 1.5/30	$0 (1)	
larin fe tab 1/20	$0 (1)	
larin tab 1.5/30	$0 (1)	
larin tab 1/20	$0 (1)	
lessina tab	$0 (1)	
levonest tab	$0 (1)	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	$0 (1)	
LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG	$0 (1)	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	$0 (1)	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	$0 (1)	
levonorgestrel tab 1.5 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
levonorgestrel tab 1.5 mg	$0 (3)	NM; *
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	$0 (1)	
levora-28 tab 0.15/30	$0 (1)	
loryna tab 3-0.02mg	$0 (1)	
lutera tab	$0 (1)	
lyza tab 0.35mg	$0 (1)	
marlissa tab 0.15/30	$0 (1)	
MAXX MIS LUBRICAT	$0 (3)	NM; *
medroxyprogesterone acetate im susp 150 mg/ml	$0 (1)	
MEDROXYPROGESTERONE ACETATE IM SUSP PREFILLED SYR 150 MG/ML	$0 (1)	
MONONESSA TAB	$0 (1)	
my way tab 1.5mg	$0 (3)	NM; *
myzilra tab	$0 (1)	
necon tab 0.5/35	$0 (1)	
NECON TAB 1/50-28	$0 (1)	
NECON TAB 7/7/7	$0 (1)	
necon tab 10/11-28	$0 (2)	
next choice tab 1.5mg	$0 (3)	NM; *
nikki tab 3-0.02mg	$0 (1)	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	$0 (1)	
norethindrone & ethinyl estradiol tab 1 mg-35 mcg	$0 (1)	
NORETHINDRONE AC-ETHINYL ESTRAD-FE TAB 1-20/1-30/1-35 MG-MCG	$0 (1)	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	$0 (1)	
NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG	$0 (1)	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	$0 (1)	
NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	$0 (1)	
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	$0 (1)	
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	$0 (1)	
norethindrone tab 0.35 mg	$0 (1)	
NORETHINDRONE TAB 0.35 MG	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/1-35/0.5-35 MG-MCG	$0 (1)	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	$0 (1)	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	$0 (1)	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	$0 (1)	
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	$0 (1)	
norlyroc tab 0.35mg	$0 (1)	
nortrel tab 0.5/35	$0 (1)	
nortrel tab 1/35	$0 (1)	
nortrel tab 7/7/7	$0 (1)	
NUVARING MIS	$0 (2)	
opcicon tab 1.5mg	$0 (3)	NM; *
orsythia tab	$0 (1)	
philith tab 0.4-35	$0 (1)	
pimtrea tab	$0 (1)	
pirmella tab 1/35	$0 (1)	
portia-28 tab	$0 (1)	
previfem tab	$0 (1)	
quasense tab	$0 (1)	
reclipsen tab	$0 (1)	
sharobel tab 0.35mg	$0 (1)	
sprintec 28 tab 28 day	$0 (1)	
TAKE ACTION TAB 1.5MG	$0 (3)	NM; *
tarina fe tab 1/20	$0 (1)	
tri-legest tab fe	$0 (1)	
tri-lo- tab sprintec	$0 (1)	
tri-previfem tab	$0 (1)	
tri-sprintec tab	$0 (1)	
TRINESSA LO TAB	$0 (1)	
TRINESSA TAB	$0 (1)	
trivora-28 tab	$0 (1)	
TRUSTEX LUBR MIS ASSORTED	$0 (3)	NM; *
TRUSTEX LUBR MIS BANANA	$0 (3)	NM; *
TRUSTEX LUBR MIS CHOC	$0 (3)	NM; *
TRUSTEX LUBR MIS COLA	$0 (3)	NM; *
TRUSTEX LUBR MIS COLORS	$0 (3)	NM; *
TRUSTEX LUBR MIS EX LARGE	$0 (3)	NM; *
TRUSTEX LUBR MIS EX STR	$0 (3)	NM; *
TRUSTEX LUBR MIS GRAPE	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TRUSTEX LUBR MIS RIB/STUD	$0 (3)	NM; *
TRUSTEX LUBR MIS SPERMICI	$0 (3)	NM; *
TRUSTEX LUBR MIS STRWBRY	$0 (3)	NM; *
TRUSTEX LUBR MIS VANILLA	$0 (3)	NM; *
TRUSTEX MIS BANANA	$0 (3)	NM; *
TRUSTEX MIS CHOCOLAT	$0 (3)	NM; *
TRUSTEX MIS FLAVORS	$0 (3)	NM; *
TRUSTEX MIS MINT	$0 (3)	NM; *
TRUSTEX MIS STRWBRY	$0 (3)	NM; *
TRUSTEX MIS VANILLA	$0 (3)	NM; *
TRUSTEX/RIA MIS LUBRICAT	$0 (3)	NM; *
TRUSTEX/RIA MIS NON-LUB	$0 (3)	NM; *
TRUSTEX/RIA MIS SPERMICI	$0 (3)	NM; *
TRUSTX NON-9 MIS RIB/STUD	$0 (3)	NM; *
velivet pak	$0 (1)	
vienva tab 0.1-20	$0 (1)	
viorele tab	$0 (1)	
vyfemla tab 0.4-35	$0 (1)	
zarah tab 3-0.03mg	$0 (1)	
zenchent tab	$0 (1)	
zovia 1/35e tab	$0 (1)	
zovia 1/50e tab	$0 (1)	
ENDOMETRIOSIS		
danazol cap 50 mg	$0 (1)	
danazol cap 100 mg	$0 (1)	
danazol cap 200 mg	$0 (1)	
SYNAREL SOL 2MG/ML	$0 (2)	
ENZYME REPLACEMENTS - DRUGS TO TREAT ENZYME DEFICIENCIES		
ADAGEN INJ 250/ML	$0 (2)	NM, LA, PA
ALDURAZYME INJ 2.9MG/5M	$0 (2)	NM, LA, PA
BUPHENYL TAB 500MG	$0 (2)	NM, LA, PA
CARBAGLU TAB 200MG	$0 (2)	NM, LA, PA
CERDELGA CAP 84MG	$0 (2)	NM, PA
CEREZYME INJ 400UNIT	$0 (2)	NM, LA, PA
CYSTADANE POW	$0 (2)	NM, LA
CYSTAGON CAP 50MG	$0 (2)	NM, LA, PA
CYSTAGON CAP 150MG	$0 (2)	NM, LA, PA
FABRAZYME INJ 5MG	$0 (2)	NM, LA, PA
FABRAZYME INJ 35MG	$0 (2)	NM, LA, PA
KUVAN POW 100MG	$0 (2)	NM, LA, PA
KUVAN POW 500MG	$0 (2)	NM, LA, PA
KUVAN TAB 100MG	$0 (2)	NM, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
levocarnitine inj 200 mg/ml	$0 (1)	B/D
levocarnitine oral soln 1 gm/10ml (10%)	$0 (1)	B/D
levocarnitine tab 330 mg	$0 (1)	B/D
LUMIZYME INJ 50MG	$0 (2)	NM, LA, PA
NAGLAZYME INJ 1MG/ML	$0 (2)	NM, LA, PA
ORFADIN CAP 2MG	$0 (2)	NM, LA, PA
ORFADIN CAP 5MG	$0 (2)	NM, LA, PA
ORFADIN CAP 10MG	$0 (2)	NM, LA, PA
ORFADIN CAP 20MG	$0 (2)	NM, LA, PA
ORFADIN SUS 4MG/ML	$0 (2)	NM, LA, PA
RAVICTI LIQ 1.1GM/ML	$0 (2)	NM, PA
sodium phenylbutyrate oral powder 3 gm/teaspoonful	$0 (2)	NM, PA
sodium phenylbutyrate tab 500 mg	$0 (2)	NM, PA
ZAVESCA CAP 100MG	$0 (2)	NM, LA, PA
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
DELESTROGEN INJ 10MG/ML	$0 (2)	
estrace vag cre 0.1mg/gm	$0 (2)	
estradiol tab 0.5 mg	$0 (2)	PA; PA if 65 years and older
estradiol tab 1 mg	$0 (2)	PA; PA if 65 years and older
estradiol tab 2 mg	$0 (2)	PA; PA if 65 years and older
estradiol td patch weekly 0.1 mg/24hr	$0 (2)	PA; PA if 65 years and older
estradiol td patch weekly 0.05 mg/24hr	$0 (2)	PA; PA if 65 years and older
estradiol td patch weekly 0.06 mg/24hr	$0 (2)	PA; PA if 65 years and older
estradiol td patch weekly 0.025 mg/24hr	$0 (2)	PA; PA if 65 years and older
estradiol td patch weekly 0.075 mg/24hr	$0 (2)	PA; PA if 65 years and older
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	$0 (2)	PA; PA if 65 years and older
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)	
jinteli tab 1mg-5mcg	$0 (2)	PA; PA if 65 years and older
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	$0 (2)	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
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
cortisone acetate tab 25 mg	$0 (1)	
dexamethason con 1mg/ml	$0 (1)	
dexamethasone elixir 0.5 mg/5ml	$0 (1)	
dexamethasone sod phosphate preservative free inj 10 mg/ml	$0 (1)	
dexamethasone sodium phosphate inj 4 mg/ml	$0 (1)	
dexamethasone sodium phosphate inj 10 mg/ml	$0 (1)	
dexamethasone sodium phosphate inj 20 mg/5ml	$0 (1)	
dexamethasone sodium phosphate inj 100 mg/10ml	$0 (1)	
dexamethasone sodium phosphate inj 120 mg/30ml	$0 (1)	
dexamethasone soln 0.5 mg/5ml	$0 (1)	
dexamethasone tab 0.5 mg	$0 (1)	
dexamethasone tab 0.75 mg	$0 (1)	
dexamethasone tab 1 mg	$0 (1)	
dexamethasone tab 1.5 mg	$0 (1)	
dexamethasone tab 2 mg	$0 (1)	
dexamethasone tab 4 mg	$0 (1)	
dexamethasone tab 6 mg	$0 (1)	
fludrocortisone acetate tab 0.1 mg	$0 (1)	
hydrocortisone tab 5 mg	$0 (1)	
hydrocortisone tab 10 mg	$0 (1)	
hydrocortisone tab 20 mg	$0 (1)	
methylprednisolone acetate inj susp 40 mg/ml	$0 (1)	B/D
methylprednisolone acetate inj susp 80 mg/ml	$0 (1)	B/D
methylprednisolone sod succ for inj 40 mg (base equiv)	$0 (1)	B/D
methylprednisolone sod succ for inj 125 mg (base equiv)	$0 (1)	B/D
methylprednisolone sod succ for inj 1000 mg (base equiv)	$0 (1)	B/D
methylprednisolone tab 4 mg	$0 (1)	B/D
methylprednisolone tab 8 mg	$0 (1)	B/D
methylprednisolone tab 16 mg	$0 (1)	B/D
methylprednisolone tab 32 mg	$0 (1)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
methylprednisolone tab therapy pack 4 mg (21)	$0 (1)	
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)	$0 (1)	B/D
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	$0 (1)	B/D
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	$0 (1)	B/D
prednisolone syrup 15 mg/5ml (usp solution equivalent)	$0 (1)	B/D
prednisone con 5mg/ml	$0 (2)	B/D
prednisone oral soln 5 mg/5ml	$0 (1)	B/D
prednisone tab 1 mg	$0 (1)	B/D
prednisone tab 2.5 mg	$0 (1)	B/D
prednisone tab 5 mg	$0 (1)	B/D
prednisone tab 10 mg	$0 (1)	B/D
prednisone tab 20 mg	$0 (1)	B/D
prednisone tab 50 mg	$0 (1)	B/D
prednisone tab therapy pack 5 mg (21)	$0 (1)	
prednisone tab therapy pack 5 mg (48)	$0 (1)	
prednisone tab therapy pack 10 mg (21)	$0 (1)	
prednisone tab therapy pack 10 mg (48)	$0 (1)	
SOLU-CORTEF INJ 250MG	$0 (2)	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
DEX4 GLUCOSE CHW	$0 (3)	NM; *
GLUCAGEN INJ HYPOKIT	$0 (2)	
GLUCAGON KIT 1MG	$0 (2)	
GLUCOSE CHW 4GM	$0 (3)	NM; *
glutose 15 gel 40%	$0 (3)	NM; *
HM GLUCOSE CHW ORANGE	$0 (3)	NM; *
HM GLUCOSE CHW RASPBERY	$0 (3)	NM; *
INSTA-GLUCOS GEL 77.4%	$0 (3)	NM; *
PROGLYCEM SUS 50MG/ML	$0 (2)	
HUMAN GROWTH HORMONES - DRUGS TO REGULATE PITUITARY HORMONES		
NORDITROPIN INJ 5/1.5ML	$0 (2)	NM, PA
NORDITROPIN INJ 10/1.5ML	$0 (2)	NM, PA
NORDITROPIN INJ 15/1.5ML	$0 (2)	NM, PA
NORDITROPIN INJ 30/3ML	$0 (2)	NM, PA
MISCELLANEOUS		

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cabergoline tab 0.5 mg	$0 (1)	
calcitonin (salmon) nasal soln 200 unit/act	$0 (1)	B/D
FORTICAL SPR 200/ACT	$0 (2)	B/D
INCRELEX INJ 40MG/4ML	$0 (2)	NM, LA, PA
KORLYM TAB 300MG	$0 (2)	NM, LA, PA
LUPR DEP-PED INJ 3M 30MG	$0 (2)	NM, PA
LUPR DEP-PED INJ 7.5MG	$0 (2)	NM, PA
LUPR DEP-PED INJ 11.25MG	$0 (2)	NM, PA
LUPR DEP-PED INJ 15MG	$0 (2)	NM, PA
methergine tab 0.2mg	$0 (1)	
methylergonovine maleate tab 0.2 mg	$0 (1)	
MIACALCIN INJ 200/ML	$0 (2)	B/D
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	$0 (1)	NM, PA
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	$0 (1)	NM, PA
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	$0 (1)	NM, PA
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	$0 (2)	NM, PA
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	$0 (2)	NM, PA
PROLIA SOL 60MG/ML	$0 (2)	QL (1 syringe / 180 days), NM
raloxifene hcl tab 60 mg	$0 (1)	
SANDOSTATIN KIT LAR 10MG	$0 (2)	NM, PA
SANDOSTATIN KIT LAR 20MG	$0 (2)	NM, PA
SANDOSTATIN KIT LAR 30MG	$0 (2)	NM, PA
SIGNIFOR INJ 0.3MG/ML	$0 (2)	NM, LA, PA
SIGNIFOR INJ 0.6MG/ML	$0 (2)	NM, LA, PA
SIGNIFOR INJ 0.9MG/ML	$0 (2)	NM, LA, PA
SOMATULINE INJ 60/0.2ML	$0 (2)	NM, PA
SOMATULINE INJ 90/0.3ML	$0 (2)	NM, PA
SOMATULINE INJ 120/.5ML	$0 (2)	NM, PA
SOMAVERT INJ 10MG	$0 (2)	NM, LA, PA
SOMAVERT INJ 15MG	$0 (2)	NM, LA, PA
SOMAVERT INJ 20MG	$0 (2)	NM, LA, PA
SOMAVERT INJ 25MG	$0 (2)	NM, LA, PA
SOMAVERT INJ 30MG	$0 (2)	NM, LA, PA
XGEVA INJ	$0 (2)	NM, PA

PARATHYROID HORMONES - DRUGS TO REGULATE PARATHYROID LEVELS

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FORTEO SOL 600/2.4	$0 (2)	QL (1 pen / 28 days), NM, PA
NATPARA INJ 25MCG	$0 (2)	NM, PA
NATPARA INJ 50MCG	$0 (2)	NM, PA
NATPARA INJ 75MCG	$0 (2)	NM, PA
NATPARA INJ 100MCG	$0 (2)	NM, PA
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
AURYXIA TAB 210MG	$0 (2)	
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	$0 (1)	
calcium acetate (phosphate binder) tab 667 mg	$0 (1)	
RENVELA PAK 0.8GM	$0 (2)	
RENVELA PAK 2.4GM	$0 (2)	
RENVELA TAB 800MG	$0 (2)	
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
medroxyprogesterone acetate tab 2.5 mg	$0 (1)	
medroxyprogesterone acetate tab 5 mg	$0 (1)	
medroxyprogesterone acetate tab 10 mg	$0 (1)	
norethindrone acetate tab 5 mg	$0 (1)	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
levothyroxine sodium tab 25 mcg	$0 (1)	
levothyroxine sodium tab 50 mcg	$0 (1)	
LEVOTHYROXINE SODIUM TAB 75 MCG	$0 (1)	
levothyroxine sodium tab 88 mcg	$0 (1)	
levothyroxine sodium tab 100 mcg	$0 (1)	
levothyroxine sodium tab 112 mcg	$0 (1)	
levothyroxine sodium tab 125 mcg	$0 (1)	
levothyroxine sodium tab 137 mcg	$0 (1)	
levothyroxine sodium tab 150 mcg	$0 (1)	
levothyroxine sodium tab 175 mcg	$0 (1)	
levothyroxine sodium tab 200 mcg	$0 (1)	
LEVOTHYROXINE SODIUM TAB 300 MCG	$0 (1)	
LEVOXYL TAB 25MCG	$0 (1)	
LEVOXYL TAB 50MCG	$0 (1)	
LEVOXYL TAB 75MCG	$0 (1)	
LEVOXYL TAB 88MCG	$0 (1)	
LEVOXYL TAB 100MCG	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LEVOXYL TAB 112MCG	$0 (1)	
LEVOXYL TAB 125MCG	$0 (1)	
LEVOXYL TAB 137MCG	$0 (1)	
LEVOXYL TAB 150MCG	$0 (1)	
LEVOXYL TAB 175MCG	$0 (1)	
LEVOXYL TAB 200MCG	$0 (1)	
liothyronine sodium tab 5 mcg	$0 (1)	
liothyronine sodium tab 25 mcg	$0 (1)	
liothyronine sodium tab 50 mcg	$0 (1)	
methimazole tab 5 mg	$0 (1)	
methimazole tab 10 mg	$0 (1)	
propylthiouracil tab 50 mg	$0 (1)	
SYNTHROID TAB 25MCG	$0 (2)	
SYNTHROID TAB 50MCG	$0 (2)	
SYNTHROID TAB 75MCG	$0 (2)	
SYNTHROID TAB 88MCG	$0 (2)	
SYNTHROID TAB 100MCG	$0 (2)	
SYNTHROID TAB 112MCG	$0 (2)	
SYNTHROID TAB 125MCG	$0 (2)	
SYNTHROID TAB 137MCG	$0 (2)	
SYNTHROID TAB 150MCG	$0 (2)	
SYNTHROID TAB 175MCG	$0 (2)	
SYNTHROID TAB 200MCG	$0 (2)	
SYNTHROID TAB 300MCG	$0 (2)	
UNITHROID TAB 25MCG	$0 (1)	
UNITHROID TAB 50MCG	$0 (1)	
UNITHROID TAB 75MCG	$0 (1)	
UNITHROID TAB 88MCG	$0 (1)	
UNITHROID TAB 100MCG	$0 (1)	
UNITHROID TAB 112MCG	$0 (1)	
UNITHROID TAB 125MCG	$0 (1)	
UNITHROID TAB 150MCG	$0 (1)	
UNITHROID TAB 175MCG	$0 (1)	
UNITHROID TAB 200MCG	$0 (1)	
UNITHROID TAB 300MCG	$0 (1)	
VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES		
desmopressin acetate inj 4 mcg/ml	$0 (1)	
DESMOPRESSIN ACETATE NASAL SOLN 0.01% (REFRIGERATED)	$0 (1)	
desmopressin acetate nasal spray soln 0.01%	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
desmopressin acetate nasal spray soln 0.01% (refrigerated)	$0 (1)	
desmopressin acetate tab 0.1 mg	$0 (1)	
desmopressin acetate tab 0.2 mg	$0 (1)	
STIMATE SOL 1.5MG/ML	$0 (2)	NM
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTACIDS		
acid gone sus	$0 (3)	NM; *
almacone chw	$0 (3)	NM; *
almacone dbl sus strength	$0 (3)	NM; *
almacone sus	$0 (3)	NM; *
ALUM HYDROX SUS 320/5ML	$0 (3)	NM; *
antacid chw 500mg	$0 (3)	NM; *
antacid chw 750mg	$0 (3)	NM; *
antacid fast sus relief	$0 (3)	NM; *
antacid plus sus anti-gas	$0 (3)	NM; *
antacid plus sus gas rel	$0 (3)	NM; *
antacid sus	$0 (3)	NM; *
antacid sus anti-gas	$0 (3)	NM; *
antacid sus max st	$0 (3)	NM; *
antacid/anti sus -gas ds	$0 (3)	NM; *
cal antacid chw 1000mg	$0 (3)	NM; *
cal-gest chw 500mg	$0 (3)	NM; *
calc antacid chw 500mg	$0 (3)	NM; *
calc antacid chw 750mg	$0 (3)	NM; *
calc antacid chw 1000mg	$0 (3)	NM; *
calcium carbonate (antacid) chew tab 500 mg	$0 (3)	NM; *
GAVISCON CHW	$0 (3)	NM; *
GAVISCON SUS	$0 (3)	NM; *
GAVISCON SUS CHERRY	$0 (3)	NM; *
gnp antacid chw 1000mg	$0 (3)	NM; *
gnp antacid sus anti-gas	$0 (3)	NM; *
gnp antacid sus cherry	$0 (3)	NM; *
gnp masanti sus max st	$0 (3)	NM; *
gnp masanti sus reg st	$0 (3)	NM; *
hm antacid sus anti-gas	$0 (3)	NM; *
mag-al plus liq	$0 (3)	NM; *
mag-al plus liq xs	$0 (3)	NM; *
magnesium oxide tab 400 mg	$0 (3)	NM; *
mi-acid chw	$0 (3)	NM; *
mi-acid sus	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
mi-acid sus max st	$0 (3)	NM; *
mintox plus chw	$0 (3)	NM; *
mintox sus	$0 (3)	NM; *
mintox sus max st	$0 (3)	NM; *
px antacid chw 1000mg	$0 (3)	NM; *
qc antacid sus	$0 (3)	NM; *
qc antacid sus anti-gas	$0 (3)	NM; *
rulox sus	$0 (3)	NM; *
sb antacid sus anti-gas	$0 (3)	NM; *
sb antacid/ sus antigas	$0 (3)	NM; *
sm antacid sus advanced	$0 (3)	NM; *
sodium bicarbonate tab 325 mg	$0 (3)	NM; *
sodium bicarbonate tab 650 mg	$0 (3)	NM; *
tgt antacid chw 1000mg	$0 (3)	NM; *
th antacid chw 1000mg	$0 (3)	NM; *
tums fresher chw 500mg	$0 (3)	NM; *
tums smoothi chw 750mg	$0 (3)	NM; *
ANTI-DIARRHEAL		
anti-diarrhe tab 2mg	$0 (3)	NM; *
bismatrol chw 262mg	$0 (3)	NM; *
bismatrol sus 262/15ml	$0 (3)	NM; *
bismatrol sus 525/15ml	$0 (3)	NM; *
bismuth ms sus 525/15ml	$0 (3)	NM; *
kao-tin sus 262/15ml	$0 (3)	NM; *
loperamide hcl liq 1 mg/5ml (0.2 mg/ml)	$0 (3)	NM; *
loperamide hcl liq 1 mg/7.5ml	$0 (3)	NM; *
loperamide sus 1mg/7.5	$0 (3)	NM; *
peptic relf chw 262mg	$0 (3)	NM; *
peptic relf sus 262/15ml	$0 (3)	NM; *
pink bismuth chw 262mg	$0 (3)	NM; *
sb bismuth sus 262/15ml	$0 (3)	NM; *
sm anti-diar tab 2mg	$0 (3)	NM; *
stomach relf chw 262mg	$0 (3)	NM; *
stomach relf sus 262/15ml	$0 (3)	NM; *
stomach relf sus 525/15ml	$0 (3)	NM; *
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
anti-nausea liq	$0 (3)	NM; *
anti-nausea sol	$0 (3)	NM; *
aprepitant capsule 40 mg	$0 (1)	B/D
aprepitant capsule 80 mg	$0 (1)	B/D
aprepitant capsule 125 mg	$0 (1)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
aprepitant capsule therapy pack 80 & 125 mg	$0 (1)	B/D
compro sup 25mg	$0 (1)	
dimenhydrinate tab 50 mg	$0 (3)	NM; *
driminate tab 50mg	$0 (3)	NM; *
dronabinol cap 2.5 mg	$0 (1)	B/D, QL (60 caps / 30 days)
dronabinol cap 5 mg	$0 (1)	B/D, QL (60 caps / 30 days)
dronabinol cap 10 mg	$0 (1)	B/D, QL (60 caps / 30 days)
EMEND CAP 40MG	$0 (2)	B/D
EMEND CAP 80MG	$0 (2)	B/D
EMEND CAP 125MG	$0 (2)	B/D
EMEND SUS 125MG	$0 (2)	B/D
EMEND TRIPAC PAK 80 & 125	$0 (2)	B/D
formula em sol	$0 (3)	NM; *
granisetron hcl inj 0.1 mg/ml	$0 (1)	
granisetron hcl inj 1 mg/ml	$0 (1)	
granisetron hcl inj 4 mg/4ml (1 mg/ml)	$0 (1)	
granisetron hcl tab 1 mg	$0 (1)	B/D
meclizine hcl chew tab 25 mg	$0 (3)	NM; *
meclizine hcl tab 12.5 mg	$0 (1)	
meclizine hcl tab 12.5 mg	$0 (3)	NM; *
meclizine hcl tab 25 mg	$0 (1)	
metoclopramide hcl inj 5 mg/ml	$0 (1)	
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)	$0 (1)	
metoclopramide hcl tab 5 mg	$0 (1)	
metoclopramide hcl tab 10 mg	$0 (1)	
motion relf tab 25mg	$0 (3)	NM; *
motion sick tab 25mg	$0 (3)	NM; *
motion sick tab 50mg	$0 (3)	NM; *
motion-time chw 25mg	$0 (3)	NM; *
ondansetron hcl inj 4 mg/2ml (2 mg/ml)	$0 (1)	
ondansetron hcl inj 40 mg/20ml (2 mg/ml)	$0 (1)	
ondansetron hcl oral soln 4 mg/5ml	$0 (1)	B/D
ondansetron hcl tab 4 mg	$0 (1)	B/D
ondansetron hcl tab 8 mg	$0 (1)	B/D
ondansetron hcl tab 24 mg	$0 (1)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ondansetron orally disintegrating tab 4 mg	$0 (1)	B/D
ondansetron orally disintegrating tab 8 mg	$0 (1)	B/D
phenadoz sup 12.5mg	$0 (2)	PA; PA if 65 years and older
phenergan sup 12.5mg	$0 (2)	PA; PA if 65 years and older
phenergan sup 25mg	$0 (2)	PA; PA if 65 years and older
phenergan sup 50mg	$0 (2)	PA; PA if 65 years and older
prochlorperazine edisylate inj 5 mg/ml	$0 (1)	
prochlorperazine maleate tab 5 mg (base equivalent)	$0 (1)	
prochlorperazine maleate tab 10 mg (base equivalent)	$0 (1)	
prochlorperazine suppos 25 mg	$0 (1)	
promethazine hcl inj 25 mg/ml	$0 (2)	PA; PA if 65 years and older
promethazine hcl inj 50 mg/ml	$0 (2)	PA; PA if 65 years and older
promethazine hcl suppos 12.5 mg	$0 (2)	PA; PA if 65 years and older
promethazine hcl suppos 25 mg	$0 (2)	PA; PA if 65 years and older
promethazine hcl suppos 50 mg	$0 (2)	PA; PA if 65 years and older
promethazine hcl syrup 6.25 mg/5ml	$0 (2)	PA; PA if 65 years and older
promethazine hcl tab 12.5 mg	$0 (2)	PA; PA if 65 years and older
promethazine hcl tab 25 mg	$0 (2)	PA; PA if 65 years and older
promethazine hcl tab 50 mg	$0 (2)	PA; PA if 65 years and older
promethegan sup 25mg	$0 (2)	PA; PA if 65 years and older
promethegan sup 50mg	$0 (2)	PA; PA if 65 years and older
scopolamine td patch 72hr 1 mg/3days	$0 (2)	QL (10 patches / 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
TRANSDERM-SC DIS 1.5MG	$0 (2)	QL (10 patches / 30 days), PA; PA if 65 years and older
travel sick chw 25mg	$0 (3)	NM; *
travel sick tab 50mg	$0 (3)	NM; *
ANTISPASMODICS - DRUGS FOR STOMACH SPASMS		
dicyclomine hcl cap 10 mg	$0 (1)	
dicyclomine hcl oral soln 10 mg/5ml	$0 (1)	
dicyclomine hcl tab 20 mg	$0 (1)	
glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)	$0 (1)	
glycopyrrolate tab 1 mg	$0 (1)	
glycopyrrolate tab 2 mg	$0 (1)	
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
acid control tab 10mg	$0 (3)	NM; *
acid control tab 20mg	$0 (3)	NM; *
acid control tab 150mg	$0 (3)	NM; *
acid reducer tab 10mg	$0 (3)	NM; *
acid reducer tab 20mg	$0 (3)	NM; *
acid reducer tab 75mg	$0 (3)	NM; *
famotidine for susp 40 mg/5ml	$0 (1)	
famotidine in nacl 0.9% iv soln 20 mg/50ml	$0 (1)	
famotidine inj 20 mg/2ml	$0 (1)	
famotidine inj 40 mg/4ml	$0 (1)	
famotidine inj 200 mg/20ml	$0 (1)	
famotidine tab 10 mg	$0 (3)	NM; *
famotidine tab 10mg	$0 (3)	NM; *
famotidine tab 20 mg	$0 (1)	
famotidine tab 40 mg	$0 (1)	
heartburn tab 20mg	$0 (3)	NM; *
heartburn tab 150mg	$0 (3)	NM; *
heartburn tab relief	$0 (3)	NM; *
ranitidine hcl inj 50 mg/2ml (25 mg/ml)	$0 (1)	
ranitidine hcl inj 150 mg/6ml (25 mg/ml)	$0 (1)	
ranitidine hcl syrup 15 mg/ml (75 mg/5ml)	$0 (1)	
ranitidine hcl tab 75 mg	$0 (3)	NM; *
ranitidine hcl tab 150 mg	$0 (1)	
ranitidine hcl tab 150 mg	$0 (3)	NM; *
ranitidine hcl tab 300 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sm acid redu tab 200mg	$0 (3)	NM; *
INFLAMMATORY BOWEL DISEASE		
APRISO CAP 0.375GM	$0 (2)	
balsalazide disodium cap 750 mg	$0 (1)	
budesonide delayed release particles cap 3 mg	$0 (2)	
CANASA SUP 1000MG	$0 (2)	
DELZICOL CAP 400MG	$0 (2)	
DIPENTUM CAP 250MG	$0 (2)	
hydrocortisone enema 100 mg/60ml	$0 (1)	
HYDROCORTISONE ENEMA 100 MG/60ML	$0 (1)	
mesalamine enema 4 gm	$0 (1)	
mesalamine rectal enema 4 gm & cleanser wipe kit	$0 (1)	
MESALAMINE TAB DELAYED RELEASE 800 MG	$0 (1)	
sulfasalazine tab 500 mg	$0 (1)	
sulfasalazine tab delayed release 500 mg	$0 (1)	
LAXATIVES		
bisac-evac sup 10mg	$0 (3)	NM; *
bisacodyl suppos 10 mg	$0 (3)	NM; *
bisacodyl tab 5mg ec	$0 (3)	NM; *
bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit	$0 (1)	
biscolax sup 10mg	$0 (3)	NM; *
calcium polycarbophil tab 625 mg	$0 (3)	NM; *
clearlax pow	$0 (3)	NM; *
constulose sol 10gm/15	$0 (1)	
diocto liq 50mg/5ml	$0 (3)	NM; *
diocto syp 60/15ml	$0 (3)	NM; *
doc-q-lax tab 8.6-50mg	$0 (3)	NM; *
docqlace cap 100mg	$0 (3)	NM; *
docu liq 50mg/5ml	$0 (3)	NM; *
docusate cal cap 240mg	$0 (3)	NM; *
docusate sod cap 100mg	$0 (3)	NM; *
docusate sodium cap 100 mg	$0 (3)	NM; *
docusate sodium liquid 150 mg/15ml	$0 (3)	NM; *
docusate sodium tab 100 mg	$0 (3)	NM; *
docusil cap 100mg	$0 (3)	NM; *
dok cap 100mg	$0 (3)	NM; *
dok cap 250mg	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
dok plus tab 8.6-50mg	$0 (3)	NM; *
dok tab 100mg	$0 (3)	NM; *
ducodyl tab 5mg ec	$0 (3)	NM; *
enulose sol 10gm/15	$0 (1)	
fiber laxatv tab 625mg	$0 (3)	NM; *
fiber therap tab 500mg	$0 (3)	NM; *
fiber-caps tab 625mg	$0 (3)	NM; *
fiber-lax tab 625mg	$0 (3)	NM; *
fleet laxati tab 5mg ec	$0 (3)	NM; *
gavilax pow	$0 (3)	NM; *
gavilyte-c sol	$0 (1)	
gavilyte-g sol	$0 (1)	
gavilyte-n sol flav pk	$0 (1)	
generlac sol 10gm/15	$0 (1)	
geri-mucil pow 68%	$0 (3)	NM; *
glycerin suppos 1 gm	$0 (3)	NM; *
glycolax pow 3350 nf	$0 (3)	NM; *
gnp best pow fiber	$0 (3)	NM; *
gnp bisa-lax tab 5mg ec	$0 (3)	NM; *
gnp clearlax pow	$0 (3)	NM; *
gnp enema ene	$0 (3)	NM; *
gnp fiber cap 0.52gm	$0 (3)	NM; *
gnp glycerin sup 1.2gm	$0 (3)	NM; *
gnp laxative tab 5mg ec	$0 (3)	NM; *
gnp milk mag sus	$0 (3)	NM; *
GOLYTELY SOL	$0 (2)	
healthylax pow	$0 (3)	NM; *
hm clearlax pow	$0 (3)	NM; *
hm enema ene	$0 (3)	NM; *
hm fiber cap 0.52gm	$0 (3)	NM; *
hm fiber pow 48.57%	$0 (3)	NM; *
hm fiber pow 58.6%	$0 (3)	NM; *
hm fiber tab 500mg	$0 (3)	NM; *
hm laxative tab 5mg ec	$0 (3)	NM; *
kao-tin cap 240mg	$0 (3)	NM; *
kls fiber tb tab 625mg	$0 (3)	NM; *
konsyl cap 520mg	$0 (3)	NM; *
konsyl fiber tab 625mg	$0 (3)	NM; *
konsyl pow 28.3%	$0 (3)	NM; *
konsyl pow 30.9%	$0 (3)	NM; *
KONSYL POW 60.3%	$0 (3)	NM; *
KONSYL POW 71.67%	$0 (3)	NM; *
KONSYL-D POW 52.3%	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lactulose (encephalopathy) solution 10 gm/15ml	$0 (1)	
lactulose solution 10 gm/15ml	$0 (1)	
lax diet sup tab 500mg	$0 (3)	NM; *
lax/stl soft tab 8.6-50mg	$0 (3)	NM; *
laxative sup 10mg	$0 (3)	NM; *
metamucil pow 28.3%org	$0 (3)	NM; *
metamucil pow 58.6% sf	$0 (3)	NM; *
metamucil pow 58.6%org	$0 (3)	NM; *
milk of magn sus	$0 (3)	NM; *
milk of magn sus 400/5ml	$0 (3)	NM; *
milk of magn sus 1200/15	$0 (3)	NM; *
milk of magn sus cherry	$0 (3)	NM; *
milk of magn sus frsh mnt	$0 (3)	NM; *
milk of magn sus mint	$0 (3)	NM; *
MOVIPREP SOL	$0 (2)	
nat fiber pow 48.57%	$0 (3)	NM; *
nat fiber pow therapy	$0 (3)	NM; *
nat psyllium pow fiber	$0 (3)	NM; *
nat veg lax tab 8.6mg	$0 (3)	NM; *
natrul colon pow care	$0 (3)	NM; *
naturl fiber pow 28.3%	$0 (3)	NM; *
naturl fiber pow therapy	$0 (3)	NM; *
NULYTELY SOL FLAV PKS	$0 (2)	
NUTRISOURCE POW FIBER	$0 (3)	NM; *
PEDIA-LAX SUP 2.8GM	$0 (3)	NM; *
PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 236 GM	$0 (1)	
PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 240 GM	$0 (1)	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	$0 (1)	
perdiem over tab 15mg	$0 (3)	NM; *
peri-colace tab 8.6-50mg	$0 (3)	NM; *
polyeth glyc pow 3350 nf	$0 (3)	NM; *
polyethylene glycol 3350 oral packet	$0 (1)	
polyethylene glycol 3350 oral packet	$0 (3)	NM; *
polyethylene glycol 3350 oral powder	$0 (1)	
polyethylene glycol 3350 oral powder	$0 (3)	NM; *
px fiber cap 0.52gm	$0 (3)	NM; *
px fiber tab 625mg	$0 (3)	NM; *
qc natural pow vegetabl	$0 (3)	NM; *
ra fib lax pow 48.57%	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
reguloid cap 0.52gm	$0 (3)	NM; *
reguloid pow 28.3%	$0 (3)	NM; *
reguloid pow 48.57%	$0 (3)	NM; *
reguloid pow 58.6%	$0 (3)	NM; *
sani-supp sup adult	$0 (3)	NM; *
sani-supp sup pediatri	$0 (3)	NM; *
sb bisacodyl tab 5mg ec	$0 (3)	NM; *
sb laxative sup 10mg	$0 (3)	NM; *
sb milk magn sus	$0 (3)	NM; *
sb milk magn sus mint	$0 (3)	NM; *
sb senna-lax tab 8.6mg	$0 (3)	NM; *
senexon liq 8.8mg/5	$0 (3)	NM; *
senexon tab 8.6mg	$0 (3)	NM; *
senexon-s tab 8.6-50mg	$0 (3)	NM; *
senna lax tab 8.6mg	$0 (3)	NM; *
senna plus tab 8.6-50mg	$0 (3)	NM; *
SENNA SYP	$0 (3)	NM; *
senna tab 8.6mg	$0 (3)	NM; *
senna-lax tab 8.6mg	$0 (3)	NM; *
senna-s tab 8.6-50mg	$0 (3)	NM; *
senna-tabs tab 8.6mg	$0 (3)	NM; *
senna-time s tab 8.6-50mg	$0 (3)	NM; *
senna-time tab 8.6mg	$0 (3)	NM; *
sennalax-s tab 8.6-50mg	$0 (3)	NM; *
senno tab 8.6mg	$0 (3)	NM; *
sennosides syrup 8.8 mg/5ml	$0 (3)	NM; *
sennosides tab 8.6 mg	$0 (3)	NM; *
sennosides-docusate sodium tab 8.6-50 mg	$0 (3)	NM; *
silace liq 10mg/ml	$0 (3)	NM; *
silace syp 60/15ml	$0 (3)	NM; *
sm clearlax pow	$0 (3)	NM; *
sm fiber pow 28.3%	$0 (3)	NM; *
sm fiber pow 48.57%	$0 (3)	NM; *
sm fiber pow 58.6%	$0 (3)	NM; *
sm laxative tab 5mg ec	$0 (3)	NM; *
sodium phosphates - enema	$0 (3)	NM; *
sof-lax cap 100mg	$0 (3)	NM; *
soluble fib pow therapy	$0 (3)	NM; *
stim laxat tab 5mg ec	$0 (3)	NM; *
stool softnr cap 50mg	$0 (3)	NM; *
stool softnr cap 100mg	$0 (3)	NM; *
stool softnr cap 240mg	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
stool softnr cap 250mg	$0 (3)	NM; *
stool softnr tab 8.6-50mg	$0 (3)	NM; *
SUPREP BOWEL SOL PREP KIT	$0 (2)	
total fiber pow	$0 (3)	NM; *
trilyte sol	$0 (1)	
MISCELLANEOUS		
alosetron hcl tab 0.5 mg (base equiv)	$0 (2)	PA
alosetron hcl tab 1 mg (base equiv)	$0 (2)	PA
AMITIZA CAP 8MCG	$0 (2)	QL (60 caps / 30 days)
AMITIZA CAP 24MCG	$0 (2)	QL (60 caps / 30 days)
cromolyn sodium oral conc 100 mg/5ml	$0 (2)	
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	$0 (1)	
diphenoxylate w/ atropine tab 2.5-0.025 mg	$0 (1)	
GATTEX KIT 5MG	$0 (2)	NM, LA, PA
LINZESS CAP 72MCG	$0 (2)	QL (30 caps / 30 days)
LINZESS CAP 145MCG	$0 (2)	QL (60 caps / 30 days)
LINZESS CAP 290MCG	$0 (2)	QL (30 caps / 30 days)
loperamide hcl cap 2 mg	$0 (1)	
misoprostol tab 100 mcg	$0 (1)	
misoprostol tab 200 mcg	$0 (1)	
MOVANTIK TAB 12.5MG	$0 (2)	QL (60 tabs / 30 days)
MOVANTIK TAB 25MG	$0 (2)	QL (30 tabs / 30 days)
RELISTOR INJ 8/0.4ML	$0 (2)	PA
RELISTOR INJ 12/0.6ML	$0 (2)	PA
SUCRAID SOL 8500/ML	$0 (2)	LA
sucralfate tab 1 gm	$0 (1)	
ursodiol cap 300 mg	$0 (1)	
ursodiol tab 250 mg	$0 (1)	
ursodiol tab 500 mg	$0 (1)	
XIFAXAN TAB 550MG	$0 (2)	PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	$0 (2)	
CREON CAP 6000UNIT	$0 (2)	
CREON CAP 12000UNT	$0 (2)	
CREON CAP 24000UNT	$0 (2)	
CREON CAP 36000UNT	$0 (2)	
ZENPEP CAP 3000UNIT	$0 (2)	
ZENPEP CAP 5000UNIT	$0 (2)	
ZENPEP CAP 10000UNT	$0 (2)	
ZENPEP CAP 15000UNT	$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ZENPEP CAP 20000UNT	$0 (2)	
ZENPEP CAP 25000UNT	$0 (2)	
ZENPEP CAP 40000UNT	$0 (2)	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
complete chw dual act	$0 (3)	NM; *
DEXILANT CAP 30MG DR	$0 (2)	QL (30 caps / 30 days)
DEXILANT CAP 60MG DR	$0 (2)	QL (30 caps / 30 days)
dual action chw complete	$0 (3)	NM; *
esomeprazole magnesium cap delayed release 20 mg (base eq)	$0 (1)	QL (30 caps / 30 days)
esomeprazole magnesium cap delayed release 40 mg (base eq)	$0 (1)	QL (30 caps / 30 days)
esomeprazole sodium for intravenous soln 20 mg (base equiv)	$0 (1)	
esomeprazole sodium for intravenous soln 40 mg (base equiv)	$0 (1)	
lansoprazole cap delayed release 15 mg	$0 (1)	QL (30 caps / 30 days)
lansoprazole cap delayed release 30 mg	$0 (1)	QL (30 caps / 30 days)
NEXIUM GRA 2.5MG DR	$0 (2)	
NEXIUM GRA 5MG DR	$0 (2)	
NEXIUM GRA 10MG DR	$0 (2)	QL (30 packets / 30 days)
NEXIUM GRA 20MG DR	$0 (2)	QL (30 packets / 30 days)
NEXIUM GRA 40MG DR	$0 (2)	QL (30 packets / 30 days)
omeprazole cap 20.6mgdr	$0 (3)	NM; *
omeprazole cap delayed release 10 mg	$0 (1)	QL (30 caps / 30 days)
omeprazole cap delayed release 20 mg	$0 (1)	QL (60 caps / 30 days)
omeprazole cap delayed release 40 mg	$0 (1)	QL (30 caps / 30 days)
omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)	$0 (3)	NM; *
pantoprazole sodium ec tab 20 mg (base equiv)	$0 (1)	QL (30 tabs / 30 days)
pantoprazole sodium ec tab 40 mg (base equiv)	$0 (1)	QL (30 tabs / 30 days)
PRILOSEC OTC TAB 20MG	$0 (3)	NM; *
rabeprazole sodium ec tab 20 mg	$0 (1)	QL (30 tabs / 30 days)
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE		

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
alfuzosin hcl tab er 24hr 10 mg	$0 (1)	QL (30 tabs / 30 days)
dutasteride cap 0.5 mg	$0 (1)	QL (30 caps / 30 days)
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	$0 (1)	QL (30 caps / 30 days)
finasteride tab 5 mg	$0 (1)	
tamsulosin hcl cap 0.4 mg	$0 (1)	
MISCELLANEOUS		
bethanechol chloride tab 5 mg	$0 (1)	
bethanechol chloride tab 10 mg	$0 (1)	
bethanechol chloride tab 25 mg	$0 (1)	
bethanechol chloride tab 50 mg	$0 (1)	
ELMIRON CAP 100MG	$0 (2)	
POTASSIUM CITRATE TAB ER 5 MEQ (540 MG)	$0 (1)	
POTASSIUM CITRATE TAB ER 10 MEQ (1080 MG)	$0 (1)	
potassium citrate tab er 15 meq (1620 mg)	$0 (1)	
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
MYRBETRIQ TAB 25MG	$0 (2)	QL (60 tabs / 30 days)
MYRBETRIQ TAB 50MG	$0 (2)	QL (30 tabs / 30 days)
oxybutynin chloride syrup 5 mg/5ml	$0 (1)	
oxybutynin chloride tab 5 mg	$0 (1)	
oxybutynin chloride tab er 24hr 5 mg	$0 (1)	QL (30 tabs / 30 days)
oxybutynin chloride tab er 24hr 10 mg	$0 (1)	QL (60 tabs / 30 days)
oxybutynin chloride tab er 24hr 15 mg	$0 (1)	QL (60 tabs / 30 days)
tolterodine tartrate cap er 24hr 2 mg	$0 (1)	QL (30 caps / 30 days)
tolterodine tartrate cap er 24hr 4 mg	$0 (1)	QL (30 caps / 30 days)
tolterodine tartrate tab 1 mg	$0 (1)	
tolterodine tartrate tab 2 mg	$0 (1)	
TOVIAZ TAB 4MG	$0 (2)	QL (30 tabs / 30 days)
TOVIAZ TAB 8MG	$0 (2)	QL (30 tabs / 30 days)
trospium chloride tab 20 mg	$0 (1)	QL (60 tabs / 30 days)
VESICARE TAB 5MG	$0 (2)	QL (30 tabs / 30 days)
VESICARE TAB 10MG	$0 (2)	QL (30 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal cream 2%	$0 (1)	
CLOTRIMAZOLE CRE 3 DAY	$0 (3)	NM; *
clotrimazole vaginal cream 1%	$0 (3)	NM; *
3 DAY VAGINL CRE 2%	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
3 day vagnal cre 4%	$0 (3)	NM; *
metronidazole vaginal gel 0.75%	$0 (1)	
miconazole 3 kit combinat	$0 (3)	NM; *
miconazole 3 kit combo pk	$0 (3)	NM; *
miconazole 7 cre 2%	$0 (3)	NM; *
miconazole 7 cre tube/kit	$0 (3)	NM; *
miconazole 7 sup 100mg	$0 (3)	NM; *
miconazole nitrate vaginal cream 2%	$0 (3)	NM; *
miconazole nitrate vaginal suppos 100 mg	$0 (3)	NM; *
terconazole vaginal cream 0.4%	$0 (1)	
terconazole vaginal cream 0.8%	$0 (1)	
terconazole vaginal suppos 80 mg	$0 (1)	
tioconazole oin 6.5% vag	$0 (3)	NM; *
vagistat-3 kit combo pk	$0 (3)	NM; *
VANDAZOLE GEL 0.75%	$0 (1)	
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
COUMADIN TAB 1MG	$0 (2)	
COUMADIN TAB 2.5MG	$0 (2)	
COUMADIN TAB 2MG	$0 (2)	
COUMADIN TAB 3MG	$0 (2)	
COUMADIN TAB 4MG	$0 (2)	
COUMADIN TAB 5MG	$0 (2)	
COUMADIN TAB 6MG	$0 (2)	
COUMADIN TAB 7.5MG	$0 (2)	
COUMADIN TAB 10MG	$0 (2)	
ELIQUIS TAB 2.5MG	$0 (2)	PA
ELIQUIS TAB 5MG	$0 (2)	PA
enoxaparin sodium inj 30 mg/0.3ml	$0 (1)	
enoxaparin sodium inj 40 mg/0.4ml	$0 (1)	
enoxaparin sodium inj 60 mg/0.6ml	$0 (1)	
enoxaparin sodium inj 80 mg/0.8ml	$0 (1)	
enoxaparin sodium inj 100 mg/ml	$0 (1)	
enoxaparin sodium inj 120 mg/0.8ml	$0 (1)	
enoxaparin sodium inj 150 mg/ml	$0 (1)	
ENOXAPARIN SODIUM INJ 300 MG/3ML	$0 (1)	
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	$0 (1)	
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	$0 (2)	
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	$0 (2)	
HEP SOD/NACL INJ 25000UNT	$0 (2)	
HEPARIN SODIUM (PORCINE) 40 UNIT/ML IN D5W	$0 (2)	
HEPARIN SODIUM (PORCINE) 50 UNIT/ML IN D5W	$0 (2)	
heparin sodium (porcine) 100 unit/ml in d5w	$0 (2)	
heparin sodium (porcine) inj 1000 unit/ml	$0 (1)	B/D
heparin sodium (porcine) inj 5000 unit/ml	$0 (1)	B/D
heparin sodium (porcine) inj 10000 unit/ml	$0 (1)	B/D
heparin sodium (porcine) inj 20000 unit/ml	$0 (1)	B/D
jantoven tab 1mg	$0 (1)	
jantoven tab 2.5mg	$0 (1)	
jantoven tab 2mg	$0 (1)	
jantoven tab 3mg	$0 (1)	
jantoven tab 4mg	$0 (1)	
jantoven tab 5mg	$0 (1)	
jantoven tab 6mg	$0 (1)	
jantoven tab 7.5mg	$0 (1)	
jantoven tab 10mg	$0 (1)	
PRADAXA CAP 75MG	$0 (2)	
PRADAXA CAP 110MG	$0 (2)	
PRADAXA CAP 150MG	$0 (2)	
warfarin sodium tab 1 mg	$0 (1)	
warfarin sodium tab 2 mg	$0 (1)	
warfarin sodium tab 2.5 mg	$0 (1)	
warfarin sodium tab 3 mg	$0 (1)	
warfarin sodium tab 4 mg	$0 (1)	
warfarin sodium tab 5 mg	$0 (1)	
warfarin sodium tab 6 mg	$0 (1)	
warfarin sodium tab 7.5 mg	$0 (1)	
warfarin sodium tab 10 mg	$0 (1)	
XARELTO STAR TAB 15/20MG	$0 (2)	
XARELTO TAB 10MG	$0 (2)	
XARELTO TAB 15MG	$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XARELTO TAB 20MG	$0 (2)	
HEMATOPOIETIC GROWTH FACTORS		
GRANIX INJ 300/0.5	$0 (2)	NM, PA
GRANIX INJ 480/0.8	$0 (2)	NM, PA
LEUKINE INJ 250MCG	$0 (2)	NM, PA
MOZOBIL INJ	$0 (2)	NM, PA
NEUPOGEN INJ 300/0.5	$0 (2)	NM, PA
NEUPOGEN INJ 300MCG	$0 (2)	NM, PA
NEUPOGEN INJ 480/0.8	$0 (2)	NM, PA
NEUPOGEN INJ 480MCG	$0 (2)	NM, PA
PROCRIT INJ 2000/ML	$0 (2)	NM, PA
PROCRIT INJ 3000/ML	$0 (2)	NM, PA
PROCRIT INJ 4000/ML	$0 (2)	NM, PA
PROCRIT INJ 10000/ML	$0 (2)	NM, PA
PROCRIT INJ 20000/ML	$0 (2)	NM, PA
PROCRIT INJ 40000/ML	$0 (2)	NM, PA
IRON		
cvs iron tab 325mg	$0 (3)	NM; *
DUOFER TAB 28MG	$0 (3)	NM; *
ezfe 200 cap 200mg	$0 (3)	NM; *
fe c tab	$0 (3)	NM; *
fer-iron dro 15mg/ml	$0 (3)	NM; *
FERAHEME INJ 510/17ML	$0 (3)	NM; *
ferate tab 27mg	$0 (3)	NM; *
ferosul elx 220/5ml	$0 (3)	NM; *
FERRETTS IPS SOL	$0 (3)	NM; *
FERRETTS TAB 325MG	$0 (3)	NM; *
ferrex 150 cap 150mg	$0 (3)	NM; *
FERRIMIN 150 TAB	$0 (3)	NM; *
ferrous fumarate tab 324 mg (106 mg elemental fe)	$0 (3)	NM; *
FERROUS GLUC TAB 324MG	$0 (3)	NM; *
ferrous gluconate tab 240 mg (27 mg elemental fe)	$0 (3)	NM; *
ferrous gluconate tab 324 mg (37.5 mg elemental iron)	$0 (3)	NM; *
FERROUS SUL LIQ 220/5ML	$0 (3)	NM; *
FERROUS SULF SYP 300/5ML	$0 (3)	NM; *
FERROUS SULF TAB 140MG	$0 (3)	NM; *
FERROUS SULF TAB 324MG EC	$0 (3)	NM; *
ferrous sulf tab 325mg	$0 (3)	NM; *
ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)	$0 (3)	NM; *
ferrous sulfate tab 325 mg (65 mg elemental fe)	$0 (3)	NM; *
ferrous sulfate tab ec 325 mg (65 mg fe equivalent)	$0 (3)	NM; *
ferrousul tab 325mg	$0 (3)	NM; *
FOLGARD TAB	$0 (3)	NM; *
FOLITAB 500 TAB	$0 (3)	NM; *
foltabs 800 tab	$0 (3)	NM; *
gnp iron tab 45mg	$0 (3)	NM; *
gnp iron tab 65mg	$0 (3)	NM; *
hm iron tab 65mg	$0 (3)	NM; *
I.L.X. B-12 ELX	$0 (3)	NM; *
iferex 150 cap	$0 (3)	NM; *
INFED INJ 50MG/ML	$0 (3)	NM; *
INTEGRA CAP	$0 (3)	NM; *
iron 100 tab plus	$0 (3)	NM; *
iron 100/c tab 100-250	$0 (3)	NM; *
iron supplem tab 325mg	$0 (3)	NM; *
iron supplem tab therapy	$0 (3)	NM; *
iron tab 325mg	$0 (3)	NM; *
NOVAFERRUM CAP 50MG	$0 (3)	NM; *
NOVAFERRUM DRO 15MG/ML	$0 (3)	NM; *
NOVAFERRUM LIQ 125	$0 (3)	NM; *
PROFE CAP 180MG	$0 (3)	NM; *
ra iron tab 325mg	$0 (3)	NM; *
SLOW REL FE TAB 143MG CR	$0 (3)	NM; *
sm iron tab 325mg	$0 (3)	NM; *
sod ferric gluc cmplx in sucrose iv soln 12.5 mg/ml (fe eq)	$0 (3)	NM; *
TANDEM CAP	$0 (3)	NM; *
th iron tab 65mg	$0 (3)	NM; *
VENOFER INJ 20MG/ML	$0 (3)	NM; *
wee care sus 15/1.25	$0 (3)	NM; *
MISCELLANEOUS		
anagrelide hcl cap 0.5 mg	$0 (1)	
anagrelide hcl cap 1 mg	$0 (1)	
cilostazol tab 50 mg	$0 (1)	
cilostazol tab 100 mg	$0 (1)	
CINRYZE SOL 500 UNIT	$0 (2)	NM, LA, PA
FIRAZYR INJ 30MG/3ML	$0 (2)	NM, PA
HAEGARDA INJ 2000UNIT	$0 (2)	NM, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HAEGARDA INJ 3000UNIT	$0 (2)	NM, LA, PA
pentoxifylline tab er 400 mg	$0 (1)	
PROMACTA TAB 12.5MG	$0 (2)	QL (360 tabs / 30 days), NM, LA, PA
PROMACTA TAB 25MG	$0 (2)	QL (180 tabs / 30 days), NM, LA, PA
PROMACTA TAB 50MG	$0 (2)	QL (90 tabs / 30 days), NM, LA, PA
PROMACTA TAB 75MG	$0 (2)	QL (60 tabs / 30 days), NM, LA, PA
tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)	$0 (1)	
tranexamic acid tab 650 mg	$0 (1)	
PLATELET AGGREGATION INHIBITORS		
ASPIRIN-DIPYRIDAMOLE CAP ER 12HR 25-200 MG	$0 (1)	
BRILINTA TAB 60MG	$0 (2)	
BRILINTA TAB 90MG	$0 (2)	
clopidogrel bisulfate tab 75 mg (base equiv)	$0 (1)	
EFFIENT TAB 5MG	$0 (2)	
EFFIENT TAB 10MG	$0 (2)	
prasugrel hcl tab 5 mg (base equiv)	$0 (1)	
prasugrel hcl tab 10 mg (base equiv)	$0 (1)	
ZONTIVITY TAB 2.08MG	$0 (2)	
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS		
HUMIRA INJ 10MG/0.2	$0 (2)	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 20MG/0.4	$0 (2)	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 40MG/0.8	$0 (2)	QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	$0 (2)	NM, PA
HUMIRA PEN INJ 40MG/0.8	$0 (2)	QL (6 pens / 28 days), NM, PA
HUMIRA PEN INJ CROHNS	$0 (2)	NM, PA
HUMIRA PEN INJ PSORIASI	$0 (2)	NM, PA
hydroxychloroquine sulfate tab 200 mg	$0 (1)	
leflunomide tab 10 mg	$0 (1)	
leflunomide tab 20 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
methotrexate sodium tab 2.5 mg (base equiv)	$0 (1)	
REMICADE INJ 100MG	$0 (2)	NM, PA
XATMEP SOL 2.5MG/ML	$0 (2)	B/D
XELJANZ TAB 5MG	$0 (2)	QL (60 tabs / 30 days), NM, PA
XELJANZ XR TAB 11MG	$0 (2)	QL (30 tabs / 30 days), NM, PA
IMMUNOGLOBULINS		
BIVIGAM INJ 10%	$0 (2)	NM, PA
CARIMUNE NF INJ 6GM	$0 (2)	NM, PA
CARIMUNE NF INJ 12GM	$0 (2)	NM, PA
FLEBOGAMMA INJ 5GM/50ML	$0 (2)	NM, PA
FLEBOGAMMA INJ 10/100ML	$0 (2)	NM, PA
FLEBOGAMMA INJ 10/200ML	$0 (2)	NM, PA
FLEBOGAMMA INJ 20/200ML	$0 (2)	NM, PA
FLEBOGAMMA INJ 20/400ML	$0 (2)	NM, PA
FLEBOGAMMA INJ DIF 5%	$0 (2)	NM, PA
GAMASTAN S/D INJ	$0 (2)	B/D, NM
GAMMAGARD INJ 1GM/10ML	$0 (2)	NM, PA
GAMMAGARD INJ 2.5GM/25	$0 (2)	NM, PA
GAMMAGARD INJ 5GM/50ML	$0 (2)	NM, PA
GAMMAGARD INJ 10GM/100	$0 (2)	NM, PA
GAMMAGARD INJ 20GM/200	$0 (2)	NM, PA
GAMMAGARD INJ 30GM/300	$0 (2)	NM, PA
GAMMAGARD SD INJ 5GM HU	$0 (2)	NM, PA
GAMMAGARD SD INJ 10GM HU	$0 (2)	NM, PA
GAMMAKED INJ 1GM/10ML	$0 (2)	NM, PA
GAMMAKED INJ 2.5GM/25	$0 (2)	NM, PA
GAMMAKED INJ 5GM/50ML	$0 (2)	NM, PA
GAMMAKED INJ 10GM/100	$0 (2)	NM, PA
GAMMAKED INJ 20GM/200	$0 (2)	NM, PA
GAMMAPLEX INJ 5%	$0 (2)	NM, PA
GAMMAPLEX INJ 10%	$0 (2)	NM, PA
GAMUNEX-C INJ 1GM/10ML	$0 (2)	NM, PA
GAMUNEX-C INJ 2.5GM/25	$0 (2)	NM, PA
GAMUNEX-C INJ 5GM/50ML	$0 (2)	NM, PA
GAMUNEX-C INJ 10GM/100	$0 (2)	NM, PA
GAMUNEX-C INJ 20GM/200	$0 (2)	NM, PA
GAMUNEX-C INJ 40/400ML	$0 (2)	NM, PA
OCTAGAM INJ 1GM	$0 (2)	NM, PA
OCTAGAM INJ 2.5GM	$0 (2)	NM, PA
OCTAGAM INJ 2GM/20ML	$0 (2)	NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
OCTAGAM INJ 5GM	$0 (2)	NM, PA
OCTAGAM INJ 10GM	$0 (2)	NM, PA
OCTAGAM INJ 25GM	$0 (2)	NM, PA
PRIVIGEN INJ 5 GRAMS	$0 (2)	NM, PA
PRIVIGEN INJ 10GRAMS	$0 (2)	NM, PA
PRIVIGEN INJ 20GRAMS	$0 (2)	NM, PA
PRIVIGEN INJ 40GRAMS	$0 (2)	NM, PA
IMMUNOMODULATORS		
ACTIMMUNE INJ 2MU/0.5	$0 (2)	NM, LA, PA
ARCALYST INJ 220MG	$0 (2)	NM, PA
INTRON A INJ 10MU	$0 (2)	B/D, NM
INTRON A INJ 18MU	$0 (2)	B/D, NM
INTRON A INJ 25MU	$0 (2)	B/D, NM
INTRON A INJ 50MU	$0 (2)	B/D, NM
POMALYST CAP 1MG	$0 (2)	NM, LA, PA
POMALYST CAP 2MG	$0 (2)	NM, LA, PA
POMALYST CAP 3MG	$0 (2)	NM, LA, PA
POMALYST CAP 4MG	$0 (2)	NM, LA, PA
REVLIMID CAP 2.5MG	$0 (2)	NM, LA, PA
REVLIMID CAP 5MG	$0 (2)	NM, LA, PA
REVLIMID CAP 10MG	$0 (2)	NM, LA, PA
REVLIMID CAP 15MG	$0 (2)	NM, LA, PA
REVLIMID CAP 20MG	$0 (2)	NM, LA, PA
REVLIMID CAP 25MG	$0 (2)	NM, LA, PA
THALOMID CAP 50MG	$0 (2)	NM, PA
THALOMID CAP 100MG	$0 (2)	NM, PA
THALOMID CAP 150MG	$0 (2)	NM, PA
THALOMID CAP 200MG	$0 (2)	NM, PA
IMMUNOSUPPRESSANTS		
azathioprine inj 100mg	$0 (1)	B/D
azathioprine tab 50 mg	$0 (1)	B/D
BENLYSTA INJ 120MG	$0 (2)	NM, PA
BENLYSTA INJ 400MG	$0 (2)	NM, PA
cyclosporine cap 25 mg	$0 (1)	B/D
cyclosporine cap 100 mg	$0 (1)	B/D
cyclosporine iv soln 50 mg/ml	$0 (1)	B/D
cyclosporine modified cap 25 mg	$0 (1)	B/D
cyclosporine modified cap 50 mg	$0 (1)	B/D
cyclosporine modified cap 100 mg	$0 (1)	B/D
cyclosporine modified oral soln 100 mg/ml	$0 (1)	B/D
gengraf cap 25mg	$0 (1)	B/D
gengraf cap 50mg	$0 (1)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
gengraf cap 100mg	$0 (1)	B/D
gengraf sol 100mg/ml	$0 (1)	B/D
mycophenolate mofetil cap 250 mg	$0 (1)	B/D
mycophenolate mofetil for oral susp 200 mg/ml	$0 (2)	B/D
mycophenolate mofetil tab 500 mg	$0 (1)	B/D
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	$0 (1)	B/D
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	$0 (1)	B/D
NEORAL CAP 25MG	$0 (2)	B/D
NEORAL CAP 100MG	$0 (2)	B/D
NEORAL SOL 100MG/ML	$0 (2)	B/D
NULOJIX INJ 250MG	$0 (2)	B/D
PROGRAF CAP 0.5MG	$0 (2)	B/D
PROGRAF CAP 1MG	$0 (2)	B/D
PROGRAF CAP 5MG	$0 (2)	B/D
RAPAMUNE SOL 1MG/ML	$0 (2)	B/D
SANDIMMUNE SOL 100MG/ML	$0 (2)	B/D
sirolimus tab 0.5 mg	$0 (1)	B/D
sirolimus tab 1 mg	$0 (1)	B/D
sirolimus tab 2 mg	$0 (2)	B/D
tacrolimus cap 0.5 mg	$0 (1)	B/D
tacrolimus cap 1 mg	$0 (1)	B/D
tacrolimus cap 5 mg	$0 (1)	B/D
ZORTRESS TAB 0.5MG	$0 (2)	B/D
ZORTRESS TAB 0.25MG	$0 (2)	B/D
ZORTRESS TAB 0.75MG	$0 (2)	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)	
GARDASIL INJ	$0 (2)	
HAVRIX INJ 720UNIT	$0 (2)	
HAVRIX INJ 1440UNIT	$0 (2)	
HIBERIX SOL 10MCG	$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
IMOVAX RABIE INJ 2.5/ML	$0 (2)	
INFANRIX INJ	$0 (2)	
IPOL INJ INACTIVE	$0 (2)	
IXIARO INJ	$0 (2)	
KINRIX INJ	$0 (2)	
M-M-R II INJ	$0 (2)	
MENACTRA INJ	$0 (2)	
MENOMUNE INJ A/C/Y/W	$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)	
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)	
SYNAGIS INJ 50MG	$0 (2)	NM
SYNAGIS INJ 100MG/ML	$0 (2)	NM
TENIVAC INJ 5-2LF	$0 (2)	B/D
TET/DIP TOX INJ 2-2 LF	$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		
ENFAMIL SOL ENFALYTE	$0 (3)	NM; *
gnp pediatri sol electrol	$0 (3)	NM; *
KLOR-CON 8 TAB 8MEQ ER	$0 (1)	
KLOR-CON 10 TAB 10MEQ ER	$0 (1)	
klor-con m15 tab 15meq er	$0 (1)	
MAGNESIUM SU INJ 2GM/50ML	$0 (2)	
MAGNESIUM SU INJ 4G/100ML	$0 (2)	
MAGNESIUM SU INJ 20/500ML	$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MAGNESIUM SU INJ 40G/1000	$0 (2)	
MAGNESIUM SU INJ 80MG/ML	$0 (2)	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	$0 (1)	
magnesium sulfate inj 50%	$0 (1)	
MAGNESIUM SULFATE INJ 50%	$0 (1)	
magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)	$0 (1)	
MG SO4/D5W INJ 10MG/ML	$0 (2)	
MG SO4/D5W INJ 20MG/ML	$0 (2)	
oral electro sol h-e-b	$0 (3)	NM; *
oral electrolyte solution	$0 (3)	NM; *
oralyte sol	$0 (3)	NM; *
ped elctrlyt sol fruit	$0 (3)	NM; *
ped elctrlyt sol grape	$0 (3)	NM; *
ped elctrlyt sol unflavrd	$0 (3)	NM; *
potassium chloride cap er 8 meq	$0 (1)	
potassium chloride cap er 10 meq	$0 (1)	
potassium chloride microencapsulated crys er tab 10 meq	$0 (1)	
potassium chloride microencapsulated crys er tab 20 meq	$0 (1)	
POTASSIUM CHLORIDE ORAL SOLN 10% (20 MEQ/15ML)	$0 (1)	
POTASSIUM CHLORIDE ORAL SOLN 20% (40 MEQ/15ML)	$0 (1)	
POTASSIUM CHLORIDE POWDER PACKET 20 MEQ	$0 (1)	
potassium chloride tab er 8 meq (600 mg)	$0 (1)	
potassium chloride tab er 10 meq	$0 (1)	
potassium chloride tab er 20 meq (1500 mg)	$0 (1)	
SODIUM CHLORIDE INJ 2.5 MEQ/ML (14.6%)	$0 (1)	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	$0 (1)	
TPN ELECTROL INJ	$0 (2)	B/D
IV NUTRITION		
amino acid infusion 6%	$0 (1)	B/D
AMINOSYN 7% INJ /LYTES	$0 (2)	B/D
AMINOSYN II INJ 8.5%	$0 (2)	B/D
AMINOSYN II INJ 8.5/LYTE	$0 (2)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
AMINOSYN II INJ 10%	$0 (2)	B/D
AMINOSYN INJ 8.5%	$0 (2)	B/D
AMINOSYN INJ 8.5/LYTE	$0 (2)	B/D
AMINOSYN INJ 10%	$0 (2)	B/D
AMINOSYN M INJ 3.5%	$0 (2)	B/D
AMINOSYN-HBC INJ 7%	$0 (2)	B/D
AMINOSYN-PF INJ 7%	$0 (2)	B/D
AMINOSYN-PF INJ 10%	$0 (2)	B/D
AMINOSYN-RF INJ 5.2%	$0 (2)	B/D
CLINIMIX INJ 2.75/D5W	$0 (2)	B/D
CLINIMIX INJ 4.25/D5W	$0 (2)	B/D
CLINIMIX INJ 4.25/D10	$0 (2)	B/D
CLINIMIX INJ 4.25/D20	$0 (2)	B/D
CLINIMIX INJ 4.25/D25	$0 (2)	B/D
CLINIMIX INJ 5%/D15W	$0 (2)	B/D
CLINIMIX INJ 5%/D20W	$0 (2)	B/D
CLINIMIX INJ 5%/D25W	$0 (2)	B/D
fat emulsion iv soln 20%	$0 (2)	B/D
FREAMINE HBC INJ 6.9%	$0 (2)	B/D
FREAMINE III INJ 10%	$0 (2)	B/D
HEPATAMINE SOL 8%	$0 (2)	B/D
INTRALIPID INJ 20%	$0 (2)	B/D
INTRALIPID INJ 30%	$0 (2)	B/D
NEPHRAMINE INJ 5.4%	$0 (2)	B/D
premasol sol 10%	$0 (2)	B/D
PROCALAMINE INJ 3%	$0 (2)	B/D
PROSOL INJ 20%	$0 (2)	B/D
TRAVASOL INJ 10%	$0 (2)	B/D
TROPHAMINE INJ 10%	$0 (2)	B/D
ZINC CHLORIDE INJ 1 MG/ML	$0 (3)	NM; *
IV REPLACEMENT SOLUTIONS		
D5W/LYTES INJ #48	$0 (2)	
D5W/NACL INJ 0.3%	$0 (1)	
D10W/NACL INJ 0.2%	$0 (2)	
DEXTROSE 2.5% W/ SODIUM CHLORIDE 0.45%	$0 (1)	
DEXTROSE 5% IN LACTATED RINGERS	$0 (1)	
DEXTROSE 5% W/ SODIUM CHLORIDE 0.2%	$0 (1)	
DEXTROSE 5% W/ SODIUM CHLORIDE 0.9%	$0 (1)	
DEXTROSE 5% W/ SODIUM CHLORIDE 0.33%	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DEXTROSE 5% W/ SODIUM CHLORIDE 0.45%	$0 (1)	
DEXTROSE 5% W/ SODIUM CHLORIDE 0.225%	$0 (1)	
DEXTROSE 10% W/ SODIUM CHLORIDE 0.45%	$0 (1)	
DEXTROSE INJ 5%	$0 (1)	
DEXTROSE INJ 10%	$0 (1)	
DEXTROSE INJ 50%	$0 (1)	
DEXTROSE INJ 70%	$0 (1)	
IONOSOL-B/ INJ D5W	$0 (2)	
IONOSOL-MB INJ /D5W	$0 (2)	
ISOLYTE-P INJ /D5W	$0 (2)	
ISOLYTE-S INJ	$0 (2)	
KCL 10 MEQ/L (0.075%) IN DEXTROSE 5% & NACL 0.45% INJ	$0 (1)	
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.2% INJ	$0 (1)	
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.9% INJ	$0 (1)	
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.33% INJ	$0 (1)	
KCL 20 MEQ/L (0.15%) IN DEXTROSE 5% & NACL 0.45% INJ	$0 (1)	
KCL 20 MEQ/L (0.15%) IN NACL 0.9% INJ	$0 (1)	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	$0 (1)	
KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ	$0 (1)	
KCL 30 MEQ/L (0.224%) IN DEXTROSE 5% & NACL 0.45% INJ	$0 (1)	
KCL 40 MEQ/L (0.3%) IN DEXTROSE 5% & NACL 0.45% INJ	$0 (1)	
KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ	$0 (1)	
KCL/D5W/NACL INJ 0.3/0.9%	$0 (1)	
KCL/D5W/NACL INJ 0.15/0.2	$0 (2)	
LACTATED RINGER'S SOLUTION	$0 (1)	
NORMOSOL -M INJ /D5W	$0 (2)	
NORMOSOL -R INJ /D5W	$0 (2)	
NORMOSOL-R INJ PH 7.4	$0 (2)	
PLASMA-LYTE INJ -148	$0 (2)	
PLASMA-LYTE INJ -A	$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
POTASSIUM CHLORIDE 20 MEQ/L (0.15%) IN DEXTROSE 5% INJ	$0 (1)	
POTASSIUM CHLORIDE 40 MEQ/L (0.3%) IN DEXTROSE 5% INJ	$0 (1)	
potassium chloride inj 2 meq/ml	$0 (1)	
POTASSIUM CHLORIDE INJ 10 MEQ/50ML	$0 (1)	
POTASSIUM CHLORIDE INJ 10 MEQ/100ML	$0 (1)	
POTASSIUM CHLORIDE INJ 20 MEQ/50ML	$0 (1)	
POTASSIUM CHLORIDE INJ 20 MEQ/100ML	$0 (1)	
POTASSIUM CHLORIDE INJ 40 MEQ/100ML	$0 (1)	
RINGER'S SOLUTION	$0 (1)	
SODIUM CHLORIDE INJ 0.45%	$0 (1)	
SODIUM CHLORIDE INJ 3%	$0 (1)	
SODIUM CHLORIDE INJ 5%	$0 (1)	
SODIUM CHLORIDE IV SOLN 0.9%	$0 (1)	
MINERALS		
ca cit/vit d tab 315/200	$0 (3)	NM; *
ca citrate tab + d	$0 (3)	NM; *
CAL-MAG-ZINC TAB -D	$0 (3)	NM; *
calc 600+d tab 600-800	$0 (3)	NM; *
calc cit+d3 tab 250-200	$0 (3)	NM; *
calc citr/d tab 315-250	$0 (3)	NM; *
CALCI-CHEW CHW 1250MG	$0 (3)	NM; *
CALCIONATE SYP 1.8GM/5	$0 (3)	NM; *
calcitrate tab	$0 (3)	NM; *
calcitrate tab 950mg	$0 (3)	NM; *
calcium 600 chw +d/miner	$0 (3)	NM; *
calcium 600 tab	$0 (3)	NM; *
calcium 600 tab +d	$0 (3)	NM; *
calcium 600 tab +d/mnrls	$0 (3)	NM; *
calcium 600 tab -d	$0 (3)	NM; *
calcium 600/ tab vit d	$0 (3)	NM; *
calcium + d tab	$0 (3)	NM; *
calcium +d3 tab maximum	$0 (3)	NM; *
calcium carb tab 1250mg	$0 (3)	NM; *
calcium carb-vit d w/ minerals chew tab 600 mg-400 unit	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
calcium carbonate (antacid) susp 1250 mg/5ml	$0 (3)	NM; *
calcium carbonate tab 600 mg	$0 (3)	NM; *
calcium carbonate tab 1250 mg (500 mg elemental ca)	$0 (3)	NM; *
calcium carbonate tab 1500 mg (600 mg elemental ca)	$0 (3)	NM; *
calcium carbonate-cholecalciferol chew tab 500 mg-100 unit	$0 (3)	NM; *
calcium carbonate-cholecalciferol tab 250 mg-125 unit	$0 (3)	NM; *
calcium carbonate-cholecalciferol tab 500 mg-200 unit	$0 (3)	NM; *
calcium carbonate-cholecalciferol tab 500 mg-400 unit	$0 (3)	NM; *
calcium carbonate-cholecalciferol tab 600 mg-200 unit	$0 (3)	NM; *
calcium carbonate-cholecalciferol tab 600 mg-400 unit	$0 (3)	NM; *
calcium carbonate-ergocalciferol tab 500mg-200 unit	$0 (3)	NM; *
calcium carbonate-vitamin d tab 500 mg-200 unit	$0 (3)	NM; *
calcium carbonate-vitamin d tab 500 mg-400 unit	$0 (3)	NM; *
calcium carbonate-vitamin d tab 600 mg-200 unit	$0 (3)	NM; *
calcium carbonate-vitamin d tab 600 mg-400 unit	$0 (3)	NM; *
calcium cit/ tab vit d	$0 (3)	NM; *
calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)	$0 (3)	NM; *
calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca)	$0 (3)	NM; *
calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)	$0 (3)	NM; *
calcium tab 500/d	$0 (3)	NM; *
calcium tab 600mg	$0 (3)	NM; *
calcium tab vit d	$0 (3)	NM; *
calcium+d3 tab 315-250	$0 (3)	NM; *
calcium+d3 tab 600-800	$0 (3)	NM; *
calcium+d tab 600-400	$0 (3)	NM; *
calcium+d tab 600-800	$0 (3)	NM; *
calcium/d3 tab	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
calcium/d3 tab 600-800	$0 (3)	NM; *
calcium/d tab 500-200	$0 (3)	NM; *
calcium/d tab 500mg	$0 (3)	NM; *
calcium/d tab 600-200	$0 (3)	NM; *
caltrate 600 tab	$0 (3)	NM; *
cit calc/d tab 315-250	$0 (3)	NM; *
cvs calcium tab 600mg	$0 (3)	NM; *
gnp calcium tab cit +d3	$0 (3)	NM; *
hm ca/vit d3 tab 600-400	$0 (3)	NM; *
hm ca/vit d3 tab 600-800	$0 (3)	NM; *
magnesium oxide tab 400 mg (240 mg elemental mg)	$0 (3)	NM; *
magnesium oxide tab 400 mg (241.3 mg elemental mg)	$0 (3)	NM; *
magnesium oxide tab 500 mg (mg supplement)	$0 (3)	NM; *
os-cal + d3 tab 500-200	$0 (3)	NM; *
oys shell ca tab /d3	$0 (3)	NM; *
oys shell ca tab /vit d	$0 (3)	NM; *
oys shell+d tab 250-125	$0 (3)	NM; *
oysco 500 tab 500mg	$0 (3)	NM; *
oysco 500+d chw	$0 (3)	NM; *
oysco 500+d tab	$0 (3)	NM; *
oysco d tab 250-125	$0 (3)	NM; *
oyst shell/d tab 500-200	$0 (3)	NM; *
oyst shell/d tab 500mg	$0 (3)	NM; *
oyst-cal-d tab 500mg	$0 (3)	NM; *
oyster shell calcium tab 500 mg	$0 (3)	NM; *
oyster shell tab 500mg	$0 (3)	NM; *
PHOS-NAK POW CONCENTR	$0 (3)	NM; *
ra hi cal tab 500-200	$0 (3)	NM; *
ra hi-cal/d tab 500mg	$0 (3)	NM; *
ra oys shl/d tab 500mg	$0 (3)	NM; *
RISACAL-D TAB	$0 (3)	NM; *
sm calcium/d tab 500-200	$0 (3)	NM; *
super calciu tab 600mg	$0 (3)	NM; *
th calcium/d tab 600-400	$0 (3)	NM; *
VITAMIN D TAB 400	$0 (3)	NM; *
MISCELLANEOUS		
GLYCERIN LIQ	$0 (3)	NM; *
VITAMINS		
a thru z sel tab advanced	$0 (3)	NM; *
ADULT 50+ CAP OCUVITE	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
animal chews chw	$0 (3)	NM; *
animal shape chw	$0 (3)	NM; *
animal shape chw + iron	$0 (3)	NM; *
antioxidant tab vitamins	$0 (3)	NM; *
APATATE FORT LIQ	$0 (3)	NM; *
APATATE LIQ	$0 (3)	NM; *
AQUADEKS CAP	$0 (3)	NM; *
AQUADEKS CHW	$0 (3)	NM; *
aquadeks dro	$0 (3)	NM; *
AQUASOL A INJ 50000/ML	$0 (3)	NM; *
aqueous e dro 15/0.3ml	$0 (3)	NM; *
ascorbic acid cap er 500 mg	$0 (3)	NM; *
ascorbic acid chew tab 250 mg	$0 (3)	NM; *
ascorbic acid chew tab 500 mg	$0 (3)	NM; *
ascorbic acid tab 250 mg	$0 (3)	NM; *
ascorbic acid tab 500 mg	$0 (3)	NM; *
ascorbic acid tab 1000 mg	$0 (3)	NM; *
b-complex vitamin tab	$0 (3)	NM; *
b-complex w/ c & calcium tab	$0 (3)	NM; *
b-complex w/ c tab	$0 (3)	NM; *
balanc b-50 tab	$0 (3)	NM; *
balanc b-100 tab 100mg	$0 (3)	NM; *
bee zee tab	$0 (3)	NM; *
biotin cap 5 mg	$0 (3)	NM; *
biotin tab 300 mcg	$0 (3)	NM; *
brewers yeast tab	$0 (3)	NM; *
c 250 tab	$0 (3)	NM; *
c-1000/rh tab 1000mg	$0 (3)	NM; *
calciferol dro 8000/ml	$0 (3)	NM; *
calcitriol cap 0.5 mcg	$0 (1)	B/D
calcitriol cap 0.25 mcg	$0 (1)	B/D
calcitriol inj 1 mcg/ml	$0 (1)	B/D
calcitriol oral soln 1 mcg/ml	$0 (1)	B/D
centamin liq	$0 (3)	NM; *
CENTRAL-VITE TAB UNDER 50	$0 (3)	NM; *
CENTRUM CHW	$0 (3)	NM; *
CENTRUM CHW SILVER	$0 (3)	NM; *
centrum kids chw complete	$0 (3)	NM; *
CENTRUM SPEC TAB ENERGY	$0 (3)	NM; *
CENTRUM SPEC TAB HEART	$0 (3)	NM; *
CENTRUM SPEC TAB VISION	$0 (3)	NM; *
CENTRUM TAB SILVER	$0 (3)	NM; *
CENTRUM TAB ULTRA	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
century tab	$0 (3)	NM; *
century tab mature	$0 (3)	NM; *
cerovite jr chw	$0 (3)	NM; *
cerovite liq advanced	$0 (3)	NM; *
cerovite tab advanced	$0 (3)	NM; *
certa plus tab	$0 (3)	NM; *
certavite liq antioxid	$0 (3)	NM; *
CERTAVITE TAB SENIOR	$0 (3)	NM; *
certavite/ tab antioxid	$0 (3)	NM; *
chewabl vite chw childrns	$0 (3)	NM; *
child chew chw iron	$0 (3)	NM; *
child chew chw vitamins	$0 (3)	NM; *
child chew/ chw extra c	$0 (3)	NM; *
child multi chw vit/iron	$0 (3)	NM; *
children vit chw	$0 (3)	NM; *
children vit chw extra c	$0 (3)	NM; *
childrens chw /iron	$0 (3)	NM; *
CHILDRENS CHW COMPLETE	$0 (3)	NM; *
childrens chw vitamins	$0 (3)	NM; *
chld mltivit chw /iron	$0 (3)	NM; *
cholecalciferol cap 400 unit	$0 (3)	NM; *
cholecalciferol cap 1000 unit	$0 (3)	NM; *
cholecalciferol cap 2000 unit	$0 (3)	NM; *
cholecalciferol cap 5000 unit	$0 (3)	NM; *
cholecalciferol cap 10000 unit	$0 (3)	NM; *
cholecalciferol oral liquid 400 unit/ml	$0 (3)	NM; *
cholecalciferol tab 400 unit	$0 (3)	NM; *
cholecalciferol tab 1000 unit	$0 (3)	NM; *
cholecalciferol tab 2000 unit	$0 (3)	NM; *
COD LIVER OIL	$0 (3)	NM; *
cod liver oil cap	$0 (3)	NM; *
COD LIVER OIL OIL	$0 (3)	NM; *
compete tab	$0 (3)	NM; *
complete tab	$0 (3)	NM; *
complete tab senior	$0 (3)	NM; *
cvs daily tab multiple	$0 (3)	NM; *
cvs stress tab form/zn	$0 (3)	NM; *
cyanocobalamin inj 1000 mcg/ml	$0 (3)	NM; *
cyanocobalamin tab 100 mcg	$0 (3)	NM; *
cyanocobalamin tab 250 mcg	$0 (3)	NM; *
cyanocobalamin tab 500 mcg	$0 (3)	NM; *
cyanocobalamin tab 1000 mcg	$0 (3)	NM; *
cyanocobalamin tab er 1000 mcg	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cyanocobalamin tab er 2000 mcg	$0 (3)	NM; *
d3 cap 1000unit	$0 (3)	NM; *
d3 super str cap 2000unit	$0 (3)	NM; *
d 400 tab 400unit	$0 (3)	NM; *
d-vita liq 400unit	$0 (3)	NM; *
daily multi tab men	$0 (3)	NM; *
daily multi tab minerals	$0 (3)	NM; *
daily multi tab pls iron	$0 (3)	NM; *
daily multi tab vit/iron	$0 (3)	NM; *
daily multi tab vit/min	$0 (3)	NM; *
daily multi tab vitamin	$0 (3)	NM; *
daily multi tab vitamins	$0 (3)	NM; *
daily multi tab women	$0 (3)	NM; *
daily tab vitamin	$0 (3)	NM; *
daily value tab multivit	$0 (3)	NM; *
daily vit tab	$0 (3)	NM; *
daily vit tab +iron	$0 (3)	NM; *
daily vit tab +mineral	$0 (3)	NM; *
daily vit tab iron	$0 (3)	NM; *
daily vite tab	$0 (3)	NM; *
daily-vite tab	$0 (3)	NM; *
daily-vite/ tab iron	$0 (3)	NM; *
DECARA CAP 25000UNT	$0 (3)	NM; *
decara cap 50000unt	$0 (3)	NM; *
DIALYVITE 80 TAB ZINC 15	$0 (3)	NM; *
dialyvite d cap 5000unit	$0 (3)	NM; *
dialyvite tab 800	$0 (3)	NM; *
dialyvite tab 800/d	$0 (3)	NM; *
DIALYVITE TAB 800/ZINC	$0 (3)	NM; *
dino-life chw	$0 (3)	NM; *
dino-life chw extra c	$0 (3)	NM; *
ecee plus tab	$0 (3)	NM; *
ELDERTONIC ELX	$0 (3)	NM; *
eql child c chw	$0 (3)	NM; *
eql one dail tab essentia	$0 (3)	NM; *
ergocalciferol cap 50000 unit	$0 (3)	NM; *
ergocalciferol soln 8000 unit/ml	$0 (3)	NM; *
essentl one tab daily	$0 (3)	NM; *
flintstones chw extra c	$0 (3)	NM; *
flintstones chw my first	$0 (3)	NM; *
folic acid inj 5 mg/ml	$0 (3)	NM; *
folic acid tab 1 mg	$0 (3)	NM; *
FOLIC ACID TAB 1 MG	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
folic acid tab 400 mcg	$0 (3)	NM; *
folic acid tab 400mcg	$0 (3)	NM; *
folic acid tab 800 mcg	$0 (3)	NM; *
fruity chews chw	$0 (3)	NM; *
geravim liq	$0 (3)	NM; *
geriaton liq	$0 (3)	NM; *
gnp animal chw shapes	$0 (3)	NM; *
gnp century tab	$0 (3)	NM; *
gnp century tab senior	$0 (3)	NM; *
gnp century tab ultimate	$0 (3)	NM; *
gnp healthy tab eyes	$0 (3)	NM; *
gnp little chw ones	$0 (3)	NM; *
gnp vit c loz 60mg	$0 (3)	NM; *
gnp zoochews chw gummies	$0 (3)	NM; *
gummi bear chw multivit	$0 (3)	NM; *
hair/skin/ tab nails	$0 (3)	NM; *
healthy eyes tab	$0 (3)	NM; *
HM COMPLETE TAB	$0 (3)	NM; *
hm complete tab 50+	$0 (3)	NM; *
HM HAIR/SKIN TAB /NAILS	$0 (3)	NM; *
HONEY BEARS CHW	$0 (3)	NM; *
hydroxocobalamin inj 1000 mcg/ml	$0 (3)	NM; *
i-vite tab	$0 (3)	NM; *
ICAPS AREDS TAB FORMULA	$0 (3)	NM; *
icaps cap	$0 (3)	NM; *
icaps lutein cap /omega-3	$0 (3)	NM; *
icaps mv tab	$0 (3)	NM; *
ICAPS PLUS TAB	$0 (3)	NM; *
INFUVITE INJ	$0 (3)	NM; *
INFUVITE INJ ADULT	$0 (3)	NM; *
INFUVITE INJ PEDIATRI	$0 (3)	NM; *
kids vitamin chw	$0 (3)	NM; *
kids vitamin chw extra c	$0 (3)	NM; *
kids vitamin chw pls iron	$0 (3)	NM; *
lipoflavovit tab	$0 (3)	NM; *
M.V.I PEDIAT INJ	$0 (3)	NM; *
M.V.I-12 W/O INJ VIT K	$0 (3)	NM; *
M.V.I. ADULT INJ	$0 (3)	NM; *
mega multi tab men	$0 (3)	NM; *
mega multi tab w/che mi	$0 (3)	NM; *
mega multi tab women	$0 (3)	NM; *
MEGA MULTIVI TAB MEN	$0 (3)	NM; *
MEGA MULTIVI TAB WOMEN	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MEPHYTON TAB 5MG	$0 (3)	NM; *
mult vitamin tab daily	$0 (3)	NM; *
mult vitamin tab essent	$0 (3)	NM; *
mult vitamin tab mens	$0 (3)	NM; *
mult vitamin tab no iron	$0 (3)	NM; *
mult vitamin tab womens	$0 (3)	NM; *
MULTI VITAMN TAB MINERALS	$0 (3)	NM; *
multi-day tab vitamins	$0 (3)	NM; *
multi-delyn liq	$0 (3)	NM; *
MULTI-DELYN LIQ /IRON	$0 (3)	NM; *
multi-vit/ tab minerals	$0 (3)	NM; *
multi-vitamn tab	$0 (3)	NM; *
multi-vite tab	$0 (3)	NM; *
multilex tab	$0 (3)	NM; *
multilex-t&m tab	$0 (3)	NM; *
multiple vitamin tab	$0 (3)	NM; *
multiple vitamins w/ iron tab	$0 (3)	NM; *
multiple vitamins w/ minerals tab	$0 (3)	NM; *
multivital tab platinum	$0 (3)	NM; *
multivitamin tab daily	$0 (3)	NM; *
MYKIDZ IRON SUS 10MG/2ML	$0 (3)	NM; *
NASCOBAL SPR 500MCG	$0 (3)	NM; *
niacin cap 500mg	$0 (3)	NM; *
niacin cap er 250 mg	$0 (3)	NM; *
niacin cap er 500 mg	$0 (3)	NM; *
niacin tab 50 mg	$0 (3)	NM; *
niacin tab 500 mg	$0 (3)	NM; *
niacin tab er 500 mg	$0 (3)	NM; *
niacinamide tab 500 mg	$0 (3)	NM; *
ocutabs tab	$0 (3)	NM; *
ocuvite tab lutein	$0 (3)	NM; *
once daily tab	$0 (3)	NM; *
once daily tab iron	$0 (3)	NM; *
ONCOVITE TAB	$0 (3)	NM; *
one daily tab	$0 (3)	NM; *
one daily tab /mineral	$0 (3)	NM; *
one daily tab complete	$0 (3)	NM; *
one daily tab essent	$0 (3)	NM; *
one daily tab maximum	$0 (3)	NM; *
one daily tab mens	$0 (3)	NM; *
one daily tab mens 50+	$0 (3)	NM; *
one daily tab pls iron	$0 (3)	NM; *
one daily tab plus iro	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ONE DAILY TAB WOMANS	$0 (3)	NM; *
one daily tab womens	$0 (3)	NM; *
one daily/ tab minerals	$0 (3)	NM; *
one-a-day tab teen/her	$0 (3)	NM; *
ONE-A-DAY TAB TEEN/HIM	$0 (3)	NM; *
one-daily tab mult vit	$0 (3)	NM; *
paricalcitol cap 1 mcg	$0 (1)	B/D
paricalcitol cap 2 mcg	$0 (1)	B/D
paricalcitol cap 4 mcg	$0 (1)	B/D
phytonadione inj 1 mg/0.5ml (2 mg/ml)	$0 (3)	NM; *
phytonadione inj 10 mg/ml	$0 (3)	NM; *
poly vitamin chw	$0 (3)	NM; *
poly-vita dro	$0 (3)	NM; *
poly-vita dro /iron	$0 (3)	NM; *
polyvitamin chw /iron	$0 (3)	NM; *
porenal+d cap omega 3	$0 (3)	NM; *
prenatal vitamin/folic acid > 0.8 mg (generic)	$0 (1)	
PRESERVISION CAP AREDS	$0 (3)	NM; *
PRESERVISION CAP LUTEIN	$0 (3)	NM; *
PRESERVISION TAB AREDS	$0 (3)	NM; *
prorenal +d tab	$0 (3)	NM; *
prorenal+d tab	$0 (3)	NM; *
prosight tab	$0 (3)	NM; *
pyridoxine hcl inj 100 mg/ml	$0 (3)	NM; *
pyridoxine hcl tab 25 mg	$0 (3)	NM; *
pyridoxine hcl tab 50 mg	$0 (3)	NM; *
pyridoxine hcl tab 100 mg	$0 (3)	NM; *
qc childrens chw extra c	$0 (3)	NM; *
qc therin-m tab	$0 (3)	NM; *
ra central tab -vite	$0 (3)	NM; *
ra one daily tab +iron	$0 (3)	NM; *
ra one daily tab energy	$0 (3)	NM; *
ra one daily tab multivit	$0 (3)	NM; *
renal vitamn tab	$0 (3)	NM; *
risanoid tab plus	$0 (3)	NM; *
sentry tab	$0 (3)	NM; *
sentry tab senior	$0 (3)	NM; *
sm complete tab	$0 (3)	NM; *
sm complete tab adv form	$0 (3)	NM; *
sm complete tab senior	$0 (3)	NM; *
sm folic acd tab 400mcg	$0 (3)	NM; *
sm hair/skin tab /nails	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sm multiple tab vit/iron	$0 (3)	NM; *
sm multiple tab vitamins	$0 (3)	NM; *
SM ONE DAILY TAB WOMENS	$0 (3)	NM; *
sm opti-vita tab	$0 (3)	NM; *
sm vitamin e cap 400unit	$0 (3)	NM; *
spectravite tab advanced	$0 (3)	NM; *
stress 500 tab bcomp/zn	$0 (3)	NM; *
stress b/ tab zinc	$0 (3)	NM; *
stress form tab /zinc	$0 (3)	NM; *
stress form/ tab zinc	$0 (3)	NM; *
stress formu tab	$0 (3)	NM; *
stress formu tab w/iron	$0 (3)	NM; *
superplex-t tab	$0 (3)	NM; *
tab-a-vite tab	$0 (3)	NM; *
tab-a-vite tab /iron	$0 (3)	NM; *
tab-a-vite tab beta car	$0 (3)	NM; *
tab-a-vite tab maximum	$0 (3)	NM; *
th vision tab vitamins	$0 (3)	NM; *
THERA BETA- TAB CAROTENE	$0 (3)	NM; *
THERA M PLUS TAB	$0 (3)	NM; *
thera tab	$0 (3)	NM; *
THERA TAB	$0 (3)	NM; *
thera-m tab	$0 (3)	NM; *
THERA-M TAB	$0 (3)	NM; *
theradex-m tab	$0 (3)	NM; *
THERAPEUTIC SOL	$0 (3)	NM; *
therapeutic tab	$0 (3)	NM; *
therapeutic- tab m	$0 (3)	NM; *
therems tab	$0 (3)	NM; *
THEREMS-M TAB	$0 (3)	NM; *
thiamine hcl inj 100 mg/ml	$0 (3)	NM; *
thiamine hcl tab 50 mg	$0 (3)	NM; *
thiamine hcl tab 100 mg	$0 (3)	NM; *
thiamine mononitrate tab 100 mg	$0 (3)	NM; *
total b/c tab	$0 (3)	NM; *
TRI-VI-SOL SOL	$0 (3)	NM; *
tri-vita sol	$0 (3)	NM; *
UNICOMPLEX-M TAB	$0 (3)	NM; *
vit for hair tab	$0 (3)	NM; *
VITALETS CHW	$0 (3)	NM; *
VITALETS CHW CHILD	$0 (3)	NM; *
vitamin a cap 10000 unit	$0 (3)	NM; *
vitamin c tab 500mg	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
vitamin d3 cap 10000unt	$0 (3)	NM; *
vitamin d3 dro 400unit	$0 (3)	NM; *
vitamin d3 tab 1000unit	$0 (3)	NM; *
vitamin d3 tab 50000unt	$0 (3)	NM; *
vitamin d tab 1000unit	$0 (3)	NM; *
vitamin d-3 tab 5000unit	$0 (3)	NM; *
vitamin e cap 100 unit	$0 (3)	NM; *
vitamin e cap 200 unit	$0 (3)	NM; *
vitamin e cap 400 unit	$0 (3)	NM; *
vitamin e cap 1000 unit	$0 (3)	NM; *
vite/iron chw children	$0 (3)	NM; *
womens one tab daily	$0 (3)	NM; *
ZINC LOZ	$0 (3)	NM; *
zoo friends chw	$0 (3)	NM; *
ZOO FRIENDS CHW COMPLETE	$0 (3)	NM; *
zoo friends chw extra c	$0 (3)	NM; *
zoo friends chw gummies	$0 (3)	NM; *
zoo friends chw pls iron	$0 (3)	NM; *
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS		
ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	$0 (1)	
blephamide oin s.o.p.	$0 (2)	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	$0 (1)	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	$0 (1)	
neomycin-polymyxin-hc ophth susp	$0 (1)	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	$0 (1)	
TOBRADEX OIN 0.3-0.1%	$0 (2)	
TOBRADEX ST SUS 0.3-0.05	$0 (2)	
tobramycin-dexamethasone ophth susp 0.3-0.1%	$0 (1)	
ZYLET SUS 0.5-0.3%	$0 (2)	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
bacitracin ophth oint 500 unit/gm	$0 (1)	
bacitracin-polymyxin b ophth oint	$0 (1)	
BESIVANCE SUS 0.6%	$0 (2)	
CILOXAN OIN 0.3% OP	$0 (2)	
ciprofloxacin hcl ophth soln 0.3%	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
erythromycin ophth oint 5 mg/gm	$0 (1)	
gatifloxacin ophth soln 0.5%	$0 (1)	
gentak oin 0.3% op	$0 (1)	
gentamicin sulfate ophth oint 0.3%	$0 (1)	
gentamicin sulfate ophth soln 0.3%	$0 (1)	
MOXEZA SOL 0.5%	$0 (2)	
moxifloxacin hcl ophth soln 0.5% (base equiv)	$0 (1)	
NATACYN SUS 5% OP	$0 (2)	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	$0 (1)	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	$0 (1)	
ofloxacin ophth soln 0.3%	$0 (1)	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	$0 (1)	
sulfacetamide sodium ophth oint 10%	$0 (1)	
sulfacetamide sodium ophth soln 10%	$0 (1)	
tobramycin ophth soln 0.3%	$0 (1)	
TOBREX OIN 0.3% OP	$0 (2)	
trifluridine ophth soln 1%	$0 (1)	
VIGAMOX DRO 0.5%	$0 (2)	
ZIRGAN GEL 0.15%	$0 (2)	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
ALREX SUS 0.2%	$0 (2)	
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	$0 (1)	
bromfenac sodium ophth soln 0.09% (base equivalent)	$0 (1)	
BROMSITE DRO 0.075%	$0 (2)	
dexamethasone sodium phosphate ophth soln 0.1%	$0 (1)	
diclofenac sodium ophth soln 0.1%	$0 (1)	
DUREZOL EMU 0.05%	$0 (2)	
FLUOROMETHOLONE OPHTH SUSP 0.1%	$0 (1)	
flurbiprofen sodium ophth soln 0.03%	$0 (1)	
ILEVRO DRO 0.3% OP	$0 (2)	
ketorolac tromethamine ophth soln 0.4%	$0 (1)	
ketorolac tromethamine ophth soln 0.5%	$0 (1)	
LOTEMAX GEL 0.5%	$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LOTEMAX OIN 0.5%	$0 (2)	
LOTEMAX SUS 0.5%	$0 (2)	
MAXIDEX SUS 0.1% OP	$0 (2)	
pred sod pho sol 1% op	$0 (2)	
PREDNISOLONE ACETATE OPHTH SUSP 1%	$0 (1)	
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
azelastine hcl ophth soln 0.05%	$0 (1)	
BEPREVE DRO 1.5%	$0 (2)	
cromolyn sodium ophth soln 4%	$0 (1)	
ketotifen fumarate ophth soln 0.025% (base equiv)	$0 (3)	NM; *
LASTACAFT SOL 0.25%	$0 (2)	
olopatadine hcl ophth soln 0.2% (base equivalent)	$0 (1)	
PATADAY SOL 0.2%	$0 (2)	
PAZEO DRO 0.7%	$0 (2)	
zaditor dro 0.025%op	$0 (3)	NM; *
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA		
ALPHAGAN P SOL 0.1%	$0 (2)	
AZOPT SUS 1% OP	$0 (2)	
betaxolol hcl ophth soln 0.5%	$0 (1)	
BETOPTIC-S SUS 0.25% OP	$0 (2)	
brimonidine tartrate ophth soln 0.2%	$0 (1)	
BRIMONIDINE TARTRATE OPHTH SOLN 0.15%	$0 (1)	
carteolol hcl ophth soln 1%	$0 (1)	
COMBIGAN SOL 0.2/0.5%	$0 (2)	
dorzolamide hcl ophth soln 2%	$0 (1)	
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	$0 (1)	
ISTALOL SOL 0.5% OP	$0 (2)	
latanoprost ophth soln 0.005%	$0 (1)	
levobunolol hcl ophth soln 0.5%	$0 (1)	
LUMIGAN SOL 0.01%	$0 (2)	
metipranolol ophth soln 0.3%	$0 (1)	
PHOSPHOLINE SOL 0.125%OP	$0 (2)	
PILOCARPINE HCL OPHTH SOLN 1%	$0 (1)	
PILOCARPINE HCL OPHTH SOLN 2%	$0 (1)	
PILOCARPINE HCL OPHTH SOLN 4%	$0 (1)	
SIMBRINZA SUS 1-0.2%	$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TIMOLOL MALEATE OPHTH GEL FORMING SOLN 0.5%	$0 (1)	
TIMOLOL MALEATE OPHTH GEL FORMING SOLN 0.25%	$0 (1)	
timolol maleate ophth soln 0.5%	$0 (1)	
timolol maleate ophth soln 0.25%	$0 (1)	
TRAVATAN Z DRO 0.004%	$0 (2)	
MISCELLANEOUS		
akwa tears oin op	$0 (3)	NM; *
artifi tears oin op	$0 (3)	NM; *
artifi tears sol 1.4% op	$0 (3)	NM; *
artificial sol tears	$0 (3)	NM; *
CYSTARAN SOL 0.44%	$0 (2)	NM, LA, PA
liquitears sol	$0 (3)	NM; *
lubrifresh oin p.m.	$0 (3)	NM; *
MURO 128 SOL 2% OP	$0 (3)	NM; *
naphazoline hcl ophth soln 0.1%	$0 (1)	
natural bal sol 0.4%	$0 (3)	NM; *
natural bal sol tears	$0 (3)	NM; *
natures sol tears	$0 (3)	NM; *
natures tear sol 0.4%	$0 (3)	NM; *
PROLENSA SOL 0.07%	$0 (2)	
proparacaine hcl ophth soln 0.5%	$0 (1)	
refresh lacr oin op	$0 (3)	NM; *
RESTASIS EMU 0.05%	$0 (2)	QL (64 vials / 30 days)
RESTASIS MUL EMU 0.05%	$0 (2)	QL (1 bottle / 30 days)
sodium chloride hypertonic ophth oint 5%	$0 (3)	NM; *
sodium chloride hypertonic ophth soln 5%	$0 (3)	NM; *
tears natura sol ii op	$0 (3)	NM; *
tears pure sol	$0 (3)	NM; *
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD		
ANORO ELLIPT AER 62.5-25	$0 (2)	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	$0 (2)	QL (1 inhaler / 30 days)
COMBIVENT AER 20-100	$0 (2)	QL (2 inhalers / 30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	$0 (1)	B/D
ANTICHOLINERGICS - DRUGS TO TREAT COPD		
ATROVENT HFA AER 17MCG	$0 (2)	QL (2 inhalers / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
INCRUSE ELPT INH 62.5MCG	$0 (2)	QL (1 inhaler / 30 days)
ipratropium bromide inhal soln 0.02%	$0 (1)	B/D
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	$0 (1)	
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	$0 (1)	
ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES		
all day allg sol 1mg/ml	$0 (3)	NM; *
all day allg sol 5mg/5ml	$0 (3)	NM; *
all day allg syp 1mg/ml	$0 (3)	NM; *
all day allg tab 10mg	$0 (3)	NM; *
allergy cap 25mg	$0 (3)	NM; *
allergy chld liq 12.5/5ml	$0 (3)	NM; *
allergy comp sol 1mg/ml	$0 (3)	NM; *
allergy liq 12.5/5ml	$0 (3)	NM; *
allergy relf cap 25mg	$0 (3)	NM; *
allergy relf liq 12.5/5ml	$0 (3)	NM; *
allergy relf sol 5mg/5ml	$0 (3)	NM; *
allergy relf syp 5mg/5ml	$0 (3)	NM; *
allergy relf tab 1.34mg	$0 (3)	NM; *
allergy relf tab 10mg	$0 (3)	NM; *
allergy tab 10mg	$0 (3)	NM; *
allerhist-1 tab 1.34mg	$0 (3)	NM; *
azelastine hcl nasal spray 0.1% (137 mcg/spray)	$0 (1)	
azelastine hcl nasal spray 0.15% (205.5 mcg/spray)	$0 (1)	
banophen cap 25mg	$0 (3)	NM; *
banophen cap 50mg	$0 (3)	NM; *
banophen liq 12.5/5ml	$0 (3)	NM; *
cetirizine hcl chew tab 5 mg	$0 (3)	NM; *
cetirizine hcl chew tab 10 mg	$0 (3)	NM; *
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	$0 (1)	
cetirizine hcl tab 5 mg	$0 (3)	NM; *
cetirizine hcl tab 10 mg	$0 (3)	NM; *
cetirizine sol 5mg/5ml	$0 (3)	NM; *
cetirizine syp 1mg/ml	$0 (3)	NM; *
chld allergy liq 12.5/5ml	$0 (3)	NM; *
chlorpheniramine maleate tab er 12 mg	$0 (3)	NM; *
comp allergy cap 25mg	$0 (3)	NM; *
cyproheptadine hcl syrup 2 mg/5ml	$0 (2)	PA; PA if 65 years and older

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cyproheptadine hcl tab 4 mg	$0 (2)	PA; PA if 65 years and older
dayhist alrg tab 12 hour	$0 (3)	NM; *
diphenhist cap 25mg	$0 (3)	NM; *
diphenhist liq 12.5/5ml	$0 (3)	NM; *
diphenhydramine hcl cap 25 mg	$0 (3)	NM; *
diphenhydramine hcl cap 50 mg	$0 (3)	NM; *
diphenhydramine hcl inj 50 mg/ml	$0 (1)	
gnp all day tab allergy	$0 (3)	NM; *
gnp allergy cap 25mg	$0 (3)	NM; *
gnp dayhist tab 1.34mg	$0 (3)	NM; *
hydroxyzine hcl im soln 25 mg/ml	$0 (2)	PA; PA if 65 years and older
hydroxyzine hcl im soln 50 mg/ml	$0 (2)	PA; PA if 65 years and older
hydroxyzine hcl syrup 10 mg/5ml	$0 (2)	PA; PA if 65 years and older
hydroxyzine hcl tab 10 mg	$0 (2)	PA; PA if 65 years and older
hydroxyzine hcl tab 25 mg	$0 (2)	PA; PA if 65 years and older
hydroxyzine hcl tab 50 mg	$0 (2)	PA; PA if 65 years and older
hydroxyzine pamoate cap 25 mg	$0 (2)	PA; PA if 65 years and older
hydroxyzine pamoate cap 50 mg	$0 (2)	PA; PA if 65 years and older
hydroxyzine pamoate cap 100 mg	$0 (2)	PA; PA if 65 years and older
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	$0 (1)	
levocetirizine dihydrochloride tab 5 mg	$0 (1)	
loratadine sol 5mg/5ml	$0 (3)	NM; *
loratadine syp 5mg/5ml	$0 (3)	NM; *
loratadine tab 10 mg	$0 (3)	NM; *
loratadine tab 10mg	$0 (3)	NM; *
pharbedryl cap 25mg	$0 (3)	NM; *
pharbedryl cap 50mg	$0 (3)	NM; *
q-dryl cap 25mg	$0 (3)	NM; *
q-dryl liq 12.5/5ml	$0 (3)	NM; *
qc allergy tab 10mg	$0 (3)	NM; *
qlearquil 24 tab 10mg	$0 (3)	NM; *
sb allergy tab 10mg	$0 (3)	NM; *
siladryl alr liq 12.5/5ml	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sm all day tab allergy	$0 (3)	NM; *
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
albuterol sulfate soln nebu 0.5% (5 mg/ml)	$0 (1)	B/D
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	$0 (1)	B/D
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	$0 (1)	B/D
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	$0 (1)	B/D
albuterol sulfate syrup 2 mg/5ml	$0 (1)	
albuterol sulfate tab 2 mg	$0 (1)	
albuterol sulfate tab 4 mg	$0 (1)	
albuterol sulfate tab er 12hr 4 mg	$0 (1)	
albuterol sulfate tab er 12hr 8 mg	$0 (1)	
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	$0 (1)	B/D
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	$0 (1)	B/D
LEVALBUTEROL TARTRATE INHAL AEROSOL 45 MCG/ACT (BASE EQUIV)	$0 (1)	QL (2 inhalers / 30 days)
SEREVENT DIS AER 50MCG	$0 (2)	QL (60 inhalations / 30 days)
terbutaline sulfate inj 1 mg/ml	$0 (2)	
terbutaline sulfate tab 2.5 mg	$0 (1)	
terbutaline sulfate tab 5 mg	$0 (1)	
VENTOLIN HFA AER	$0 (2)	QL (2 inhalers / 30 days)
COUGH AND COLD		
cough syp 100/5ml	$0 (3)	NM; *
cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)	$0 (3)	NM; *
dextromethorphan-guaifenesin liquid 10-100 mg/5ml	$0 (3)	NM; *
dextromethorphan-guaifenesin syrup 10-100 mg/5ml	$0 (3)	NM; *
extra action syp 100-10/5	$0 (3)	NM; *
gnp tussin liq dm	$0 (3)	NM; *
gnp tussin liq dm cough	$0 (3)	NM; *
gnp tussin liq dm max	$0 (3)	NM; *
gnp tussin syp 100/5ml	$0 (3)	NM; *
guaifenesin liquid 100 mg/5ml	$0 (3)	NM; *
hm tussin liq adlt dm	$0 (3)	NM; *
iophen dm-nr liq 100-10/5	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
iophen-nr liq 100/5ml	$0 (3)	NM; *
mucinex chld liq 100/5ml	$0 (3)	NM; *
mucus relief liq 100/5ml	$0 (3)	NM; *
mucus-dm tab 30-600mg	$0 (3)	NM; *
nasal decong tab 30mg	$0 (3)	NM; *
pseudoephedrine hcl tab 30 mg	$0 (3)	NM; *
q-tussin dm syp 100-10/5	$0 (3)	NM; *
q-tussin sol 100/5ml	$0 (3)	NM; *
robafen dm syp 100-10/5	$0 (3)	NM; *
robafen syp 100/5ml	$0 (3)	NM; *
robitussin liq cgh/cong	$0 (3)	NM; *
sb cgh contr liq dm	$0 (3)	NM; *
sb cgh contr syp 100/5ml	$0 (3)	NM; *
siltuss das liq 100/5ml	$0 (3)	NM; *
siltussin dm liq das	$0 (3)	NM; *
siltussin sa syp 100/5ml	$0 (3)	NM; *
siltussin-dm liq diabetic	$0 (3)	NM; *
siltussin-dm liq max st	$0 (3)	NM; *
siltussin-dm syp alc free	$0 (3)	NM; *
sm nasal dec tab 30mg	$0 (3)	NM; *
sm tussin dm syp 100-10/5	$0 (3)	NM; *
sm tussin syp 100/5ml	$0 (3)	NM; *
sm tussin syp dm	$0 (3)	NM; *
sodium chloride soln nebu 0.9%	$0 (3)	NM; *
sudogest tab 30mg	$0 (3)	NM; *
suphedrine tab 30mg	$0 (3)	NM; *
tusnel diabt liq 10-100/5	$0 (3)	NM; *
tussin adult liq 100/5ml	$0 (3)	NM; *
tussin adult liq cgh/cong	$0 (3)	NM; *
tussin chest syp 100/5ml	$0 (3)	NM; *
tussin dm liq	$0 (3)	NM; *
tussin dm liq 10-200/5	$0 (3)	NM; *
tussin dm liq 100-10/5	$0 (3)	NM; *
tussin dm liq max	$0 (3)	NM; *
tussin dm syp 100-10/5	$0 (3)	NM; *
LEUKOTRIENE MODULATORS		
montelukast sodium chew tab 4 mg (base equiv)	$0 (1)	
montelukast sodium chew tab 5 mg (base equiv)	$0 (1)	
montelukast sodium oral granules packet 4 mg (base equiv)	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
montelukast sodium tab 10 mg (base equiv)	$0 (1)	
zafirlukast tab 10 mg	$0 (1)	
zafirlukast tab 20 mg	$0 (1)	
MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES		
cromolyn sodium soln nebu 20 mg/2ml	$0 (1)	B/D
MISCELLANEOUS		
acetylcysteine inhal soln 10%	$0 (1)	B/D
acetylcysteine inhal soln 20%	$0 (1)	B/D
altamist spr 0.65%	$0 (3)	NM; *
ARALAST NP INJ 500MG	$0 (2)	NM, LA, PA
ARALAST NP INJ 1000MG	$0 (2)	NM, LA, PA
ayr spr 0.65%	$0 (3)	NM; *
DALIRESP TAB 500MCG	$0 (2)	
deep sea spr 0.65%	$0 (3)	NM; *
EPIPEN 2-PAK INJ 0.3MG	$0 (2)	
EPIPEN-JR INJ 2-PAK	$0 (2)	
ESBRIET CAP 267MG	$0 (2)	NM, PA
ESBRIET TAB 267MG	$0 (2)	NM, PA
ESBRIET TAB 801MG	$0 (2)	NM, PA
hm saline spr 0.65%	$0 (3)	NM; *
KALYDECO PAK 50MG	$0 (2)	NM, PA
KALYDECO PAK 75MG	$0 (2)	NM, PA
KALYDECO TAB 150MG	$0 (2)	NM, PA
little noses spr 0.65%	$0 (3)	NM; *
nasal moist spr 0.65%	$0 (3)	NM; *
OFEV CAP 100MG	$0 (2)	NM, PA
OFEV CAP 150MG	$0 (2)	NM, PA
ORKAMBI TAB 100-125	$0 (2)	NM, PA
ORKAMBI TAB 200-125	$0 (2)	NM, PA
PROLASTIN-C INJ 1000MG	$0 (2)	NM, LA, PA
PULMOZYME SOL 1MG/ML	$0 (2)	NM, PA
saline mist spr 0.65%	$0 (3)	NM; *
saline nasal spr 0.65%	$0 (3)	NM; *
saline nasal spray 0.65%	$0 (3)	NM; *
sb saline spr 0.65%	$0 (3)	NM; *
sea soft spr 0.65%	$0 (3)	NM; *
tgt nasal spr 0.65%	$0 (3)	NM; *
XOLAIR SOL 150MG	$0 (2)	NM, LA, PA
ZEMAIRA INJ 1000MG	$0 (2)	NM, LA, PA
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
flunisolide nasal soln 25 mcg/act (0.025%)	$0 (1)	QL (2 bottles / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fluticasone propionate nasal susp 50 mcg/act	$0 (1)	QL (1 bottle / 30 days)
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
ARNUITY ELPT INH 100MCG	$0 (2)	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 200MCG	$0 (2)	QL (30 inhalations / 30 days)
budesonide inhalation susp 0.5 mg/2ml	$0 (1)	B/D
budesonide inhalation susp 0.25 mg/2ml	$0 (1)	B/D
FLOVENT DISK AER 50MCG	$0 (2)	QL (120 inhalations / 30 days)
FLOVENT DISK AER 100MCG	$0 (2)	QL (120 inhalations / 30 days)
FLOVENT DISK AER 250MCG	$0 (2)	QL (240 inhalations / 30 days)
FLOVENT HFA AER 44MCG	$0 (2)	QL (2 inhalers / 30 days)
FLOVENT HFA AER 110MCG	$0 (2)	QL (2 inhalers / 30 days)
FLOVENT HFA AER 220MCG	$0 (2)	QL (2 inhalers / 30 days)
PULMICORT INH 90MCG	$0 (2)	QL (2 inhalers / 30 days)
PULMICORT INH 180MCG	$0 (2)	QL (2 inhalers / 30 days)
STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
ADVAIR DISKU AER 100/50	$0 (2)	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 250/50	$0 (2)	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 500/50	$0 (2)	QL (60 inhalations / 30 days)
ADVAIR HFA AER 45/21	$0 (2)	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	$0 (2)	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	$0 (2)	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 100-25	$0 (2)	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	$0 (2)	QL (60 blisters / 30 days)
SYMBICORT AER 80-4.5	$0 (2)	QL (1 inhaler / 30 days)
SYMBICORT AER 160-4.5	$0 (2)	QL (1 inhaler / 30 days)
XANTHINES - DRUGS TO TREAT COPD		
aminophylline inj 25 mg/ml	$0 (1)	
elixophyllin elx 80/15ml	$0 (2)	
theo-24 cap 100mg cr	$0 (2)	
theo-24 cap 200mg cr	$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
theo-24 cap 300mg cr	$0 (2)	
theo-24 cap 400mg er	$0 (2)	
theophylline soln 80 mg/15ml	$0 (1)	
theophylline tab er 12hr 100 mg	$0 (1)	
theophylline tab er 12hr 200 mg	$0 (1)	
theophylline tab er 12hr 300 mg	$0 (1)	
theophylline tab er 12hr 450 mg	$0 (1)	
theophylline tab er 24hr 400 mg	$0 (1)	
theophylline tab er 24hr 600 mg	$0 (1)	
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; *
adapalene cream 0.1%	$0 (1)	
adapalene gel 0.1%	$0 (1)	
amnesteem cap 10mg	$0 (1)	PA
amnesteem cap 20mg	$0 (1)	PA
amnesteem cap 40mg	$0 (1)	PA
AVITA CRE 0.025%	$0 (1)	PA
AVITA GEL 0.025%	$0 (1)	PA
benzoyl peroxide gel 5%	$0 (3)	NM; *
benzoyl peroxide gel 10%	$0 (3)	NM; *
benzoyl peroxide-erythromycin gel 5-3%	$0 (1)	
claravis cap 10mg	$0 (1)	PA
claravis cap 20mg	$0 (1)	PA
claravis cap 30mg	$0 (1)	PA
claravis cap 40mg	$0 (1)	PA
clindamycin phosphate gel 1%	$0 (1)	
clindamycin phosphate lotion 1%	$0 (1)	
clindamycin phosphate soln 1%	$0 (1)	
clindamycin phosphate swab 1%	$0 (1)	
erythromycin gel 2%	$0 (1)	
erythromycin pads 2%	$0 (1)	
erythromycin soln 2%	$0 (1)	
myorisan cap 10mg	$0 (1)	PA
myorisan cap 20mg	$0 (1)	PA
myorisan cap 30mg	$0 (1)	PA
myorisan cap 40mg	$0 (1)	PA
sulfacetamide sodium lotion 10% (acne)	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
tretinoin cream 0.1%	$0 (1)	PA
tretinoin cream 0.05%	$0 (1)	PA
tretinoin cream 0.025%	$0 (1)	PA
TRETINOIN GEL 0.01%	$0 (1)	PA
tretinoin gel 0.025%	$0 (1)	PA
zenatane cap 10mg	$0 (1)	PA
zenatane cap 20mg	$0 (1)	PA
zenatane cap 30mg	$0 (1)	PA
zenatane cap 40mg	$0 (1)	PA
DERMATOLOGY, ANTIBIOTICS		
bacitr zinc oin 500/gm	$0 (3)	NM; *
bacitracin oin 500/gm	$0 (3)	NM; *
bacitracin oint 500 unit/gm	$0 (3)	NM; *
bacitracin zinc oint 500 unit/gm	$0 (3)	NM; *
double antib oin	$0 (3)	NM; *
gentamicin sulfate cream 0.1%	$0 (1)	
gentamicin sulfate oint 0.1%	$0 (1)	
gnp triple oin antibiot	$0 (3)	NM; *
hm triple oin antibiot	$0 (3)	NM; *
mupirocin oint 2%	$0 (1)	
neomycin-bacitracin-polymyxin oint	$0 (3)	NM; *
sb triple oin antibiot	$0 (3)	NM; *
SILVER SULFADIAZINE CREAM 1%	$0 (1)	
sm antibioti oin 500/gm	$0 (3)	NM; *
sm triple oin antibiot	$0 (3)	NM; *
SSD CRE 1%	$0 (1)	
SULFAMYLON CRE 85MG/GM	$0 (2)	
SULFAMYLON PAK 5%	$0 (2)	
triple antib oin	$0 (3)	NM; *
triple antib oin max st	$0 (3)	NM; *
triple antib oin plus	$0 (3)	NM; *
DERMATOLOGY, ANTIFUNGALS		
antifungal cre 2%	$0 (3)	NM; *
athlete foot cre 1%	$0 (3)	NM; *
baza antifun cre 2%	$0 (3)	NM; *
ciclopirox gel 0.77%	$0 (1)	
ciclopirox olamine cream 0.77% (base equiv)	$0 (1)	
ciclopirox olamine susp 0.77% (base equiv)	$0 (1)	
ciclopirox shampoo 1%	$0 (1)	
clotrimazole cre 1%	$0 (3)	NM; *
clotrimazole cream 1%	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
clotrimazole cream 1%	$0 (3)	NM; *
clotrimazole soln 1%	$0 (1)	
dermafungal oin 2%	$0 (3)	NM; *
desenex shak pow 2%	$0 (3)	NM; *
FUNGOID TINC SOL 2%	$0 (3)	NM; *
ketoconazole cream 2%	$0 (1)	
lamisil at cre 1%	$0 (3)	NM; *
miconazole nitrate cream 2%	$0 (3)	NM; *
micro guard pow 2%	$0 (3)	NM; *
nyamyc pow 100000	$0 (1)	
nyata pow 100000	$0 (1)	
nystatin cream 100000 unit/gm	$0 (1)	
nystatin oint 100000 unit/gm	$0 (1)	
nystatin topical powder 100000 unit/gm	$0 (1)	
nystop pow 100000	$0 (1)	
remedy cre antifung	$0 (3)	NM; *
sm antifungl cre 2%	$0 (3)	NM; *
terbinafine cre 1%	$0 (3)	NM; *
terbinafine hcl cream 1%	$0 (3)	NM; *
zeasorb-af pow 2%	$0 (3)	NM; *
DERMATOLOGY, ANTIPRURITIC		
DOXEPIN HCL CREAM 5%	$0 (1)	
hydrocortisone rectal cream 2.5%	$0 (1)	
procto-med cre hc 2.5%	$0 (1)	
procto-pak cre 1%	$0 (1)	
proctozone cre -hc 2.5%	$0 (1)	
DERMATOLOGY, ANTIPSORIATICS		
acitretin cap 10 mg	$0 (2)	PA
acitretin cap 17.5 mg	$0 (2)	PA
acitretin cap 25 mg	$0 (2)	PA
calcipotriene cream 0.005%	$0 (1)	
calcipotriene soln 0.005% (50 mcg/ml)	$0 (1)	
8-MOP CAP 10MG	$0 (2)	
tazarotene cream 0.1%	$0 (1)	PA
TAZORAC CRE 0.1%	$0 (2)	PA
TAZORAC CRE 0.05%	$0 (2)	PA
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole shampoo 2%	$0 (1)	
selenium sulfide lotion 2.5%	$0 (1)	
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort cre 1%	$0 (1)	
ala-cort cre 2.5%	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
alclometasone dipropionate cream 0.05%	$0 (1)	
alclometasone dipropionate oint 0.05%	$0 (1)	
anti-itch cre 1%	$0 (3)	NM; *
betamethasone dipropionate augmented cream 0.05%	$0 (1)	
betamethasone dipropionate augmented gel 0.05%	$0 (1)	
betamethasone dipropionate augmented lotion 0.05%	$0 (1)	
BETAMETHASONE DIPROPIONATE AUGMENTED OINT 0.05%	$0 (1)	
betamethasone dipropionate cream 0.05%	$0 (1)	
betamethasone dipropionate lotion 0.05%	$0 (1)	
betamethasone dipropionate oint 0.05%	$0 (1)	
betamethasone valerate cream 0.1% (base equivalent)	$0 (1)	
betamethasone valerate lotion 0.1% (base equivalent)	$0 (1)	
betamethasone valerate oint 0.1% (base equivalent)	$0 (1)	
desoximetasone cream 0.05%	$0 (1)	
desoximetasone cream 0.25%	$0 (1)	
desoximetasone gel 0.05%	$0 (1)	
DESOXIMETASONE OINT 0.05%	$0 (1)	
desoximetasone oint 0.25%	$0 (1)	
fluocin acet oil body	$0 (1)	
fluocinolone acetonide cream 0.01%	$0 (1)	
fluocinolone acetonide cream 0.025%	$0 (1)	
fluocinolone acetonide oil 0.01% (scalp oil)	$0 (1)	
fluocinolone acetonide oint 0.025%	$0 (1)	
fluocinolone acetonide soln 0.01%	$0 (1)	
fluocinonide cream 0.05%	$0 (1)	
fluocinonide emulsified base cream 0.05%	$0 (1)	
fluocinonide gel 0.05%	$0 (1)	
fluocinonide soln 0.05%	$0 (1)	
fluticasone propionate cream 0.05%	$0 (1)	
fluticasone propionate oint 0.005%	$0 (1)	
gnp hydrocor cre 1% plus	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
halobetasol propionate cream 0.05%	$0 (1)	
halobetasol propionate oint 0.05%	$0 (1)	
hm hydrocort cre 1% plus	$0 (3)	NM; *
hydro-lotion lot 1%	$0 (3)	NM; *
hydrocort cre 0.5%	$0 (3)	NM; *
hydrocort cre 1%	$0 (3)	NM; *
hydrocort oin 1%	$0 (3)	NM; *
hydrocort/ cre aloe 1%	$0 (3)	NM; *
hydrocortisone butyrate cream 0.1%	$0 (1)	
hydrocortisone butyrate oint 0.1%	$0 (1)	
hydrocortisone butyrate soln 0.1%	$0 (1)	
hydrocortisone cream 0.5%	$0 (3)	NM; *
hydrocortisone cream 1%	$0 (1)	
hydrocortisone cream 1%	$0 (3)	NM; *
hydrocortisone cream 2.5%	$0 (1)	
hydrocortisone lotion 2.5%	$0 (1)	
hydrocortisone oint 1%	$0 (1)	
hydrocortisone oint 1%	$0 (3)	NM; *
hydrocortisone oint 2.5%	$0 (1)	
hydrocortisone valerate cream 0.2%	$0 (1)	
hydrocortisone valerate oint 0.2%	$0 (1)	
hydrocortisone-aloe vera cream 0.5%	$0 (3)	NM; *
hydrocortisone-aloe vera cream 1%	$0 (3)	NM; *
hydroskin cre 1%	$0 (3)	NM; *
hydroskin lot 1%	$0 (3)	NM; *
mometasone furoate cream 0.1%	$0 (1)	
mometasone furoate oint 0.1%	$0 (1)	
mometasone furoate solution 0.1% (lotion)	$0 (1)	
prep h hc cre 1%	$0 (3)	NM; *
qc hydrocort cre 1%	$0 (3)	NM; *
sb hydrocort cre 1%	$0 (3)	NM; *
sb hydrocort oin 1%	$0 (3)	NM; *
texacort sol 2.5%	$0 (2)	
triamcinolone acetonide cream 0.1%	$0 (1)	
triamcinolone acetonide cream 0.5%	$0 (1)	
triamcinolone acetonide cream 0.025%	$0 (1)	
triamcinolone acetonide lotion 0.1%	$0 (1)	
triamcinolone acetonide lotion 0.025%	$0 (1)	
triamcinolone acetonide oint 0.1%	$0 (1)	
triamcinolone acetonide oint 0.5%	$0 (1)	
triamcinolone acetonide oint 0.025%	$0 (1)	
triderm cre 0.1%	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DERMATOLOGY, LOCAL ANESTHETICS		
dibucaine oint 1%	$0 (3)	NM; *
lidocaine cream 4%	$0 (3)	NM; *
lidocaine hcl gel 2%	$0 (1)	PA
lidocaine hcl soln 4%	$0 (1)	PA
lidocaine oint 5%	$0 (1)	PA
lidocaine patch 5%	$0 (1)	QL (3 patches / 1 day), PA
lidocaine-prilocaine cream 2.5-2.5%	$0 (1)	PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
ALOE VESTA LOT SKN COND	$0 (3)	NM; *
anu-med sup	$0 (3)	NM; *
baza protect cre	$0 (3)	NM; *
BETASEPT LIQ 4%	$0 (3)	NM; *
CALAMINE LOT	$0 (3)	NM; *
capsaicin cream 0.025%	$0 (3)	NM; *
cerave baby lot 1%	$0 (3)	NM; *
dibucaine rectal ointment 1%	$0 (3)	NM; *
diclofenac sodium gel 1%	$0 (1)	PA
duofilm sol 17%	$0 (3)	NM; *
fluorouracil cream 5%	$0 (1)	
fluorouracil soln 2%	$0 (1)	
fluorouracil soln 5%	$0 (1)	
glycerin liq	$0 (3)	NM; *
glycerin topical liquid	$0 (3)	NM; *
hemorrhoidal sup	$0 (3)	NM; *
hm povid-iod sol 10%	$0 (3)	NM; *
imiquimod cream 5%	$0 (1)	
lactic acid (ammonium lactate) cream 12%	$0 (1)	
lactic acid (ammonium lactate) lotion 12%	$0 (1)	
lidocaine anorectal cream 5%	$0 (3)	NM; *
metronidazole cream 0.75%	$0 (1)	
metronidazole gel 0.75%	$0 (1)	
metronidazole lotion 0.75%	$0 (1)	
4-N-1 CRE	$0 (3)	NM; *
nasal antise mis 10%	$0 (3)	NM; *
operand scrb sol 7.5%	$0 (3)	NM; *
PANRETIN GEL 0.1%	$0 (2)	
pedi-boro pow soak pak	$0 (3)	NM; *
periguard oin	$0 (3)	NM; *
PICATO GEL 0.05%	$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PICATO GEL 0.015%	$0 (2)	
podofilox soln 0.5%	$0 (1)	
povidone-iod sol 10%	$0 (3)	NM; *
povidone-iodine oint 10%	$0 (3)	NM; *
povidone-iodine soln 10%	$0 (3)	NM; *
povidone/iod sol 10%	$0 (3)	NM; *
rosadan cre 0.75%	$0 (1)	
SM CALAMINE LOT	$0 (3)	NM; *
surgilube gel	$0 (3)	NM; *
tacrolimus oint 0.1%	$0 (1)	
tacrolimus oint 0.03%	$0 (1)	
TARGRETIN GEL 1%	$0 (2)	NM, PA
tgt wart liq remover	$0 (3)	NM; *
TRIXAICIN CRE 0.025%	$0 (3)	NM; *
trixaicin hp cre 0.075%	$0 (3)	NM; *
VALCHLOR GEL 0.016%	$0 (2)	NM, LA, PA
vitamins a & d oint	$0 (3)	NM; *
wart remover liq 17%	$0 (3)	NM; *
zinc oxide oin 20%	$0 (3)	NM; *
zinc oxide oint 20%	$0 (3)	NM; *
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
bedding spra aer 0.5%	$0 (3)	NM; *
EURAX CRE 10%	$0 (2)	
EURAX LOT 10%	$0 (2)	
gnp lice kit	$0 (3)	NM; *
lice killing sha 0.33-4%	$0 (3)	NM; *
lice treatme lot 1%	$0 (3)	NM; *
lice treatmt sha 0.33-4%	$0 (3)	NM; *
lice trtmnt liq 1%	$0 (3)	NM; *
malathion lotion 0.5%	$0 (1)	
permethrin cream 5%	$0 (1)	
DERMATOLOGY, WOUND CARE AGENTS		
ACETIC ACID IRRIGATION SOLN 0.25%	$0 (1)	
REGRANEX GEL 0.01%	$0 (2)	PA
SANTYL OIN 250/GM	$0 (2)	
SODIUM CHLORIDE IRRIGATION SOLN 0.9%	$0 (1)	
WATER FOR IRRIGATION, STERILE IRRIGATION SOLN	$0 (1)	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl cap 30 mg	$0 (1)	
chlorhexidine gluconate soln 0.12%	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
clotrimazole troche 10 mg	$0 (1)	
lidocaine hcl viscous soln 2%	$0 (1)	
nystatin susp 100000 unit/ml	$0 (1)	
periogard sol 0.12%	$0 (1)	
PILOCARPINE HCL TAB 5 MG	$0 (1)	
pilocarpine hcl tab 7.5 mg	$0 (1)	
triamcinolone acetonide dental paste 0.1%	$0 (1)	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
acetic acid 2% in aluminum acetate otic soln	$0 (1)	
ACETIC ACID OTIC SOLN 2%	$0 (1)	
CIPRODEX SUS 0.3-0.1%	$0 (2)	
ear wax remv dro 6.5% ot	$0 (3)	NM; *
earwax remv sol 6.5% ot	$0 (3)	NM; *
earwax trmnt dro 6.5% ot	$0 (3)	NM; *
fluocinolone acetonide (otic) oil 0.01%	$0 (1)	
gnp ear dro 6.5% ot	$0 (3)	NM; *
gnp ear drop sol 6.5% ot	$0 (3)	NM; *
gnp ear sys sol 6.5% ot	$0 (3)	NM; *
neomycin-polymyxin-hc otic soln 1%	$0 (1)	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	$0 (1)	
ofloxacin otic soln 0.3%	$0 (1)	
_PART B		
DIABETIC METERS AND TEST STRIPS		
TRUE METRIX KIT AIR	$0	
TRUE METRIX KIT METER	$0	
TRUE METRIX TES GLUCOSE	$0	

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Your Extended Family.

Version 16

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Member Services (855) 735-5604, TTY/TDD: 711

Monday - Friday, 8 a.m. to 8 p.m., EST