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FORMULARIO

(Lista de los medicamentos cubiertos)

Michigan

**Molina Dual Options MI Health Link
Medicare-Medicaid Plan**

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Departamento de Servicios para Miembros:

(855) 735-5604, TTY / TDD al 711

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



MolinaHealthcare.com/Duals

Plan Molina Dual Options MI Health Link Medicare-Medicaid | 2019 *Lista de medicamentos cubiertos* (Formulario)

Introducción

Este documento se denomina *Lista de medicamentos cubiertos* (también conocido como la Lista de medicamentos). Le indica qué medicamentos recetados y qué medicamentos y artículos de venta libre están cubiertos por Molina Dual Options. En la Lista de medicamentos, también se indica si hay normas o restricciones especiales que se aplican a algún medicamento cubierto por Molina Dual Options. Los términos clave y sus definiciones figuran en el último capítulo del *Manual del miembro*.

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A. Descargos de responsabilidad

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

- ❖ Molina Dual Options MI Health Link Medicare-Medicaid Plan es un plan de salud con contratos con Medicare y Michigan Medicaid para proporcionar los beneficios de ambos programas a los afiliados.
- ❖ ATENCIÓN: Si usted habla español, los servicios de asistencia del idioma, sin costo, están disponibles para usted. Llame al (855) 735-5604, servicio TTY / TDD al 711, de lunes a viernes, de 8:00 a.m. a 8:00 p.m., EST. La llamada es gratuita.

❖ ملحوظة: إذا كنت تتحدث اللغة العربية، نوفر لك خدمات المساعدة اللغوية المجانية. اتصل على (855) 735-5604، لمستخدمي أجهزة الهواتف النسيبة / أجهزة ملحوظة: اتصالات المعاقين: 711، من الاثنين إلى الجمعة، من 8 صباحاً إلى 8 مساءً، بالتوقيت الشرقي. هذه المكالمات مجانية.

- ❖ Puede obtener este documento gratuitamente en otros formatos, tales como letra de molde, sistema Braille o audio. Llame al (855) 735-5604, TTY/TDD: 711, de lunes a viernes, de 8 a.m. a 8 p.m., hora del este. La llamada es gratuita.
- ❖ Si desea solicitar este documento en un idioma distinto al inglés o en un formato alternativo, tanto actualmente como para el futuro, comuníquese con el Departamento de Servicios para Miembros llamando al (855) 735-5604, TTY/TDD: 711, de lunes a viernes, de 8 a.m. a 8 p.m., hora del este.

B. Preguntas Más Frecuentes (FAQ)

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

B1. ¿Qué medicamentos recetados se encuentran en la *Lista de medicamentos cubiertos*? (Nos referimos a la *Lista de medicamentos cubiertos* como “Lista de medicamentos”, para abreviar).

Los medicamentos de la *Lista de medicamentos cubiertos* que comienza en la página 14 son los medicamentos cubiertos por Molina Dual Options. Los medicamentos están disponibles en las farmacias dentro de nuestra red. Una farmacia está en nuestra red si tenemos un acuerdo con ella para trabajar con nosotros y proporcionarle servicios a usted. Nos referimos a estas farmacias como “farmacias de la red”.

- Molina Dual Options cubrirá todos los medicamentos de la Lista necesarios desde el punto de vista médico, si:

Si tiene alguna pregunta, llame a Molina Dual Options al (855) 735-5604, TTY/TDD: 711, de lunes a viernes, de 8 a.m. a 8 p.m., hora del este. La llamada es gratuita. **Para obtener más información**, visite MolinaHealthcare.com/Duals.



- Su médico u otro recetador sostienen que usted los necesita para mejorar o para mantenerse sano.
- Usted surte su receta médica en una farmacia de la red de Molina Dual Options.
- Molina Dual Options puede tener pasos adicionales para acceder a ciertos medicamentos (consulte la pregunta B4 continuación).

También puede consultar la lista actualizada de medicamentos que cubrimos en nuestra página web MolinaHealthcare.com/Duals o llamando al Departamento de Servicios para Miembros sin cargo (855) 735-5604, TTY/TDD: 711, de lunes a viernes, de 8 a.m. a 8 p.m., hora del este.

B2. ¿La Lista de medicamentos cambia en algún momento?

Sí. Molina Dual Options puede agregar o quitar medicamentos de la Lista de medicamentos durante el año.

También podemos cambiar nuestras reglas sobre los medicamentos. Por ejemplo, podríamos:

- Decidir si exigir o no una autorización previa para algún medicamento. (Una autorización previa es el permiso otorgado por Molina Dual Options antes de que usted pueda obtener un medicamento).
- Añadir o cambiar la cantidad de un medicamento que usted puede obtener (llamado “límites de cantidades”).
- Añadir o cambiar restricciones de terapia escalonada con respecto a un medicamento. (Terapia escalonada significa que usted podría tener que probar un medicamento antes que cubramos otro medicamento.)

Para obtener más información acerca de estas normas sobre medicamentos, consulte la pregunta B4.

Si está tomando un medicamento de la Parte D de Medicare que estaba cubierto **a principio** de año, por lo general, no eliminamos ni modificamos la cobertura de dicho medicamento **durante el resto del año**; excepto en los siguientes casos:

- Aparece un nuevo medicamento más barato, que tiene la misma eficacia que un medicamento que figura en la Lista de medicamentos, **o**
- A os enteramos de que un medicamento no es seguro **o**
- Se retira un medicamento del mercado.

En las siguientes preguntas B3 y B6, obtendrá más información sobre lo que sucederá cuando la Lista de medicamentos cambie.



Si tiene alguna pregunta, llame a Molina Dual Options al (855) 735-5604, TTY/TDD: 711, de lunes a viernes, de 8 a.m. a 8 p.m., hora del este. La llamada es gratuita. **Para obtener más información**, visite MolinaHealthcare.com/Duals.

- Siempre puede consultar en línea la lista de medicamentos actualizada de Molina Dual Options en MolinaHealthcare.com/Duals.
- Puede llamar al (855) 735-5604, TTY/TDD: 711, de lunes a viernes, de 8 a.m. a 8 p.m., hora del este.

B3. ¿Qué sucede cuando se modifica la Lista de medicamentos?

Algunos cambios a la Lista de medicamentos se implementarán **inmediatamente**. Por ejemplo:

- **Se encuentra disponible un nuevo medicamento genérico.** A veces, aparece un medicamento nuevo y mejor que tiene la misma eficacia que un medicamento que se encuentra actualmente en la Lista de medicamentos. Cuando eso ocurre, puede que eliminemos el medicamento actual, pero el costo que pague por el medicamento nuevo será el mismo. Cuando agregamos el nuevo medicamento genérico, es posible que también decidamos que el medicamento actual siga en la lista pero cambiaremos las normas o límites de cobertura.
 - Quizás no le informaremos este cambio antes de hacerlo, pero le enviaremos información sobre los cambios realizados.
 - Usted o su proveedor pueden solicitar una excepción respecto de esos cambios. Le enviaremos un aviso con los pasos que puede seguir para solicitar una excepción. Lea la pregunta B10 para obtener más información sobre las excepciones.
- **Se retira un medicamento del mercado.** Si la Administración de Medicamentos y Alimentos (FDA, por sus siglas en inglés) establece que algún medicamento no es seguro, o bien, el fabricante del medicamento lo retira del mercado, lo quitaremos de la Lista de medicamentos. Si usted está tomando dicho medicamento, se lo informaremos mediante una carta con la información. Hable con su médico para encontrar una alternativa que sea segura para usted.

Podemos realizar otros cambios que afecten los medicamentos que usted toma. Le informaremos con anticipación estos otros cambios realizados en la Lista de medicamentos. Estos cambios tendrán lugar si sucede lo siguiente:

- La FDA proporciona nuevas directivas o hay nuevas pautas clínicas sobre un medicamento.
- Agregamos un medicamento genérico que no es nuevo en el mercado.
 - **Y** reemplazamos un medicamento de marca que figura actualmente en la Lista de medicamentos.
 - **O** cambian las normas o los límites de cobertura del medicamento de marca.

Si tiene alguna pregunta, llame a Molina Dual Options al (855) 735-5604, TTY/TDD: 711, de lunes a viernes, de 8 a.m. a 8 p.m., hora del este. La llamada es gratuita. **Para obtener más información**, visite MolinaHealthcare.com/Duals.



Cuando se implementen estos cambios, le avisaremos por lo menos 30 días antes de modificar la Lista de medicamentos o la próxima vez que pida una renovación. Esto le dará tiempo para hablar con su médico u otro recetador. Ellos podrán ayudarlo a decidir si hay algún otro medicamento similar en la Lista de medicamentos que pueda tomar en su lugar o si tiene que solicitar una excepción. Entonces usted podrá:

- Obtener un suministro para [60] días del medicamento antes de que se modifique la Lista de medicamentos.
- O solicitar una excepción respecto de estos cambios. Lea la pregunta B10 para obtener más información sobre las excepciones.

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

Sí, algunos medicamentos están sujetos a reglas de cobertura o límites respecto de la cantidad que puede obtener. En algunos casos, usted, su médico u otro recetador deberán hacer algunos trámites antes de poder obtener el medicamento. Por ejemplo:

- **Autorización previa (o aprobación previa):** Para algunos medicamentos, usted, su médico u otro recetador deben obtener una autorización de Molina Dual Options antes de surtir su receta. Si usted no recibe la aprobación, Molina Dual Options no podrá cubrir el medicamento.
- **Límites de cantidades:** En algunos casos, Molina Dual Options limita la cantidad de un medicamento que usted puede obtener.
- **Terapia escalonada:** Algunas veces, Molina Dual Options exige que usted realice una terapia escalonada. Esto significa que usted tendrá que probar los medicamentos en un cierto orden para su enfermedad. Usted podría tener que probar un medicamento antes de que cubramos otro medicamento. Si su recetador considera que el primer medicamento no funciona, entonces cubriremos el segundo.

Usted puede averiguar si su medicamento está sujeto a algún límite o requisito adicional en las tablas que figuran en las páginas 14 - 145. También puede obtener más información en nuestro sitio web MolinaHealthcare.com/Duals. Publicamos documentos en línea que brindan una explicación sobre nuestras autorizaciones previas y las restricciones de la terapia escalonada. Puede solicitarnos que le enviemos una copia.

Usted también puede pedir una "excepción" a esos límites. Esto le dará tiempo para hablar con su médico u otro recetador. Ellos podrán ayudarlo a decidir si hay algún otro medicamento similar en la Lista de medicamentos que pueda tomar en su lugar o si tiene que solicitar una excepción. Lea las preguntas B10-B12 para obtener más información sobre las excepciones.



Si tiene alguna pregunta, llame a Molina Dual Options al (855) 735-5604, TTY/TDD: 711, de lunes a viernes, de 8 a.m. a 8 p.m., hora del este. La llamada es gratuita. **Para obtener más información**, visite MolinaHealthcare.com/Duals.

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

La *Lista de medicamentos cubiertos* de la página 14 contiene una columna llamada "Medidas necesarias, restricciones o límites de uso".

B6. ¿Qué sucede si cambiamos nuestras normas sobre algunos medicamentos (por ejemplo: autorización previa (aprobación), límites de cantidad o restricciones a la terapia escalonada)?

En algunas ocasiones, le avisaremos con anticipación si agregamos o cambiamos los requisitos de autorización previa, los límites de cantidades o las restricciones de terapia escalonada respecto de un medicamento. Lea la pregunta B3 para obtener más información sobre este aviso anticipado y las situaciones en las cuales es posible que no le avisemos con anticipación cuando cambien nuestras reglas sobre los medicamentos de la Lista de medicamentos.

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

Hay dos maneras de encontrar un medicamento:

- Puede buscar por orden alfabético (si sabe cómo se escribe el nombre del medicamento).
- **O** puede buscar por afección médica.

Para buscar **por orden alfabético**, vaya a la sección Índice de los medicamentos cubiertos. Podrá encontrarla [en el índice].

Para buscar **por afección médica**, busque la sección llamada "Lista de medicamentos por afección médica" en la página 14. Los medicamentos en esta sección se encuentran agrupados en categorías según el tipo de afecciones médicas que suelen tratar. Por ejemplo, si tiene una afección cardíaca, debe buscar en la categoría bloqueadores beta. Ahí encontrará los medicamentos que traten afecciones del corazón.

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

Si no encuentra su medicamento en la lista de medicamentos, llame al Departamento de Servicios para Miembros al (855) 735-5604, TTY/TDD: 711, de lunes a viernes, de 8 a.m. a 8 p.m., hora del este y pregunte sobre este. Si se entera que Molina Dual Options no cubrirá el medicamento, usted puede una de las siguientes cosas:

- Solicite al Departamento de Servicios para Miembros una lista de medicamentos similares al que desea tomar. Luego, muestre la lista a su médico u otro recetador. Ellos podrán recetarle un medicamento similar al de la Lista de medicamentos que usted quiere tomar. **O bien**

Si tiene alguna pregunta, llame a Molina Dual Options al (855) 735-5604, TTY/TDD: 711, de lunes a viernes, de 8 a.m. a 8 p.m., hora del este. La llamada es gratuita. **Para obtener más información**, visite MolinaHealthcare.com/Duals.



- También puede solicitar que el plan de salud haga una excepción para cubrir su medicamento. Lea las preguntas B10-B12 para obtener más información sobre las excepciones.

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

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

Si su receta médica indica un suministro para menos días, permitiremos varios surtidos, hasta un suministro máximo de 60 días del medicamento.

Cubriremos un suministro para 6] días de su medicamento si:

- Está tomando algún medicamento que no figura en nuestra Lista de medicamentos.
- Las reglas del plan de salud no le permiten obtener la cantidad recetada por su recetador.
- El medicamento requiere autorización previa de Molina Dual Options, o
- O Toma algún medicamento que forma parte de una restricción de la terapia escalonada.

Si usted está en una residencia para ancianos u otro centro de atención a largo plazo y necesita algún medicamento que no está en la Lista de medicamentos, o si no puede obtener fácilmente el medicamento que necesita, podemos ayudarlo. Si usted ha estado en el plan durante más de [90] días y reside en un centro de atención a largo plazo y necesita un suministro inmediato:

- Cubriremos un suministro de emergencia de 60 días del medicamento que usted necesite (a menos que tenga una receta médica para menos días), sin importar que usted sea o no un miembro nuevo de Molina Dual Options.
- Esto es adicional al suministro provisional durante los primeros [90] de su inscripción en Molina Dual Options.

Política de transición



Si tiene alguna pregunta, llame a Molina Dual Options al (855) 735-5604, TTY/TDD: 711, de lunes a viernes, de 8 a.m. a 8 p.m., hora del este. La llamada es gratuita. **Para obtener más información**, visite MolinaHealthcare.com/Duals.

Los miembros nuevos en nuestro plan podrían estar tomando medicamentos no incluidos en nuestro formulario o medicamentos sujetos a determinadas restricciones, como una autorización previa o terapia escalonada. Los miembros actuales también pueden estar afectados por los cambios en nuestro formulario de un año al siguiente. Los miembros deberían hablar con su médico para determinar si deben cambiar el medicamento por uno distinto que cubramos o si deben solicitar una excepción de formulario para recibir cobertura para ese medicamento. Consulte el manual del miembro para conocer más sobre cómo solicitar una excepción. Comuníquese con nuestro Departamento de Servicios para Miembros si su medicamento no está en nuestro formulario, está sujeto a ciertas restricciones, como una autorización previa o terapia escalonada, o si ya no se incluirá en nuestro formulario el próximo año y necesita ayuda para cambiar el medicamento por otro que cubramos o solicitar una excepción de formulario.

Durante el período de tiempo que los miembros consultan con su médico para determinar el curso de acción correcto, podemos proporcionar un suministro provisional del medicamento que no está en el formulario si los miembros necesitan una renovación del medicamento durante los primeros 90 días de la nueva membresía en nuestro plan para medicamentos Parte D (categorías 1 y 2) y 90 días para sus medicamentos de Medicaid (categoría 3). Si usted es un miembro actual afectado por un cambio en el formulario de un año al siguiente, le daremos un suministro provisional del medicamento no incluido en el formulario si necesita un resurtido del medicamento durante los primeros 90 días del nuevo año del plan.

Cuando un miembro va a una farmacia que participa en la red y le proporcionamos un suministro provisional del medicamento que ya no está incluido en el formulario, o que está sujeto a restricciones de cobertura o límites (pero por otra parte, se considera un “medicamento de la Parte D”), cubriremos un suministro de 60 días (a menos que la receta sea por menos días). Después de cubrir el suministro provisional de 60 días, por lo general, no pagaremos nuevamente por estos medicamentos como parte de nuestra política de transición.

Le proporcionaremos un aviso por escrito después de cubrir su suministro provisional. En este aviso, se le explicarán los pasos que puede tomar para solicitar una excepción y cómo trabajar con su médico para decidir si debería cambiar por otro medicamento que sea apropiado y que cubramos.

Si un miembro nuevo es residente de un centro de atención médica a largo plazo (como una residencia para ancianos), cubriremos un suministro provisional de transición de 31 días (a menos que la receta sea por menos días). Conforme sea necesario, cubriremos más de un resurtido de estos medicamentos durante los primeros 90 días de inscripción de un miembro en nuestro plan. Si el residente ha estado inscrito en nuestro plan durante más de 90 días y necesita un medicamento que ya no está incluido en nuestro formulario o está sujeto a otras restricciones, como una terapia escalonada o límites en la dosis, cubriremos un suministro temporal de



emergencia de 31 días para ese medicamento (a menos que la receta sea por menos días) mientras el nuevo miembro solicita una excepción de formulario. También se contemplan excepciones en situaciones donde usted experimenta un cambio en el nivel de atención que recibe, que también requiere que usted sea trasladado de un centro de tratamiento a otro centro de cuidado. En dichas circunstancias, usted sería elegible para una excepción provisional de suministro por única vez, aun si han pasado los primeros 90 días como miembro del plan.

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

Sí. Usted puede pedirle a Molina Dual Options que haga una excepción para cubrir un medicamento que no esté en la Lista de medicamentos.

Usted también puede pedirnos un cambio en las reglas sobre su medicamento.

- Por ejemplo, Molina Dual Options podría limitar la cantidad que cubriremos de un medicamento. Cuando su medicamento esté sujeto a un límite, usted nos puede solicitar que cambiemos el límite y extendamos la cobertura.
- Otros ejemplos: Usted puede solicitarnos que obviemos las restricciones de terapia escalonada o los requisitos de autorización previa.

B11. ¿Cómo se puede solicitar una excepción?

Para solicitar una excepción, llame al *Departamento de Servicios para Miembros*. Un representante del Departamento de Servicios para Miembros trabajará con usted y su proveedor para ayudarle a solicitar una excepción. También puede leer el capítulo 9 del *Manual del miembro* para saber más acerca de las excepciones.

B12. ¿Cuánto tiempo lleva obtener una excepción?

Primero, debemos recibir una declaración de su recetador que respalde su solicitud de excepción. Después de recibir la declaración, le informaremos una decisión sobre su solicitud de excepción en el transcurso de 72 horas.

Si usted o su recetador piensan que su salud puede estar en peligro si tiene que esperar 72 horas para una decisión, puede solicitar una excepción acelerada. Se trata de una decisión más rápida. Si su recetador apoya su solicitud, le informaremos una decisión en el transcurso de las 24 horas posteriores a la recepción de la declaración de respaldo de su recetador.

B13. ¿Qué son los medicamentos genéricos?

Los medicamentos genéricos están elaborados con los mismos principios activos que los medicamentos de marca. Generalmente, cuestan menos que los medicamentos de marca y sus nombres son menos conocidos. Los medicamentos genéricos son aprobados por la Administración de Medicamentos y Alimentos (FDA).



Si tiene alguna pregunta, llame a Molina Dual Options al (855) 735-5604, TTY/TDD: 711, de lunes a viernes, de 8 a.m. a 8 p.m., hora del este. La llamada es gratuita. **Para obtener más información**, visite MolinaHealthcare.com/Duals.

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

B14. ¿Qué son los medicamentos de venta libre (OTC)?

OTC significa "medicamentos que se venden sin receta". Molina Dual Options cubre algunos medicamentos OTC cuando son incluidos en una receta médica por su proveedor.

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

B15. ¿Cubre Molina Dual Options productos de no farmacológicos de venta libre?

Molina Dual Options cubre algunos productos OTC que no son medicamentos cuando son incluidos en una receta médica por su proveedor.

Usted puede leer la Lista de medicamentos de Molina Dual Options para ver cuáles productos sin receta no farmacológicos están cubiertos.

B16. ¿Cuánto es su copago?

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

B17. ¿Qué son los niveles de medicamentos?

Las categorías son grupos de medicamentos.

- Los medicamentos del nivel 1 son medicamentos genéricos. Por los medicamentos del nivel 1, usted no paga nada.
- Los medicamentos del nivel 2 son medicamentos de marca. Por los medicamentos del nivel 2, usted no paga nada.
- Los medicamentos del nivel 3 son medicamentos recetados o de venta libre (OTC) no cubiertos por Medicare. Por los medicamentos del nivel 3, usted no paga nada.

C. Lista de Medicamentos Cubiertos

La siguiente lista de medicamentos cubiertos le proporciona información sobre los medicamentos cubiertos por Molina Dual Options. Si no puede encontrar con facilidad su medicamento en la lista, vaya al Índice de medicamentos cubiertos que comienza en la página 146. El índice contiene, por orden alfabético, todos los medicamentos cubiertos por Molina Dual Options.



Si tiene alguna pregunta, llame a Molina Dual Options al (855) 735-5604, TTY/TDD: 711, de lunes a viernes, de 8 a.m. a 8 p.m., hora del este. La llamada es gratuita. **Para obtener más información**, visite MolinaHealthcare.com/Duals.

La primera columna del cuadro contiene el nombre del medicamento. Los medicamentos de marca figuran en mayúsculas (p. ej., BYSTOLIC) y los medicamentos genéricos están en minúscula y cursiva (p. ej., *metoprolol*).

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

Nota: El asterisco* junto a un medicamento significa que este no es un "medicamento de la Parte D".

- Estos medicamentos tienen reglas diferentes para las apelaciones. Una apelación es una manera formal de solicitarnos la revisión de una decisión de cobertura y cambiarla si usted piensa que cometimos un error. Por ejemplo, podríamos decidir que un medicamento que usted quiere ya no está cubierto por Medicare o Michigan Medicaid.
- Si usted o su recetador no están de acuerdo con nuestra decisión, puede realizar una apelación. Para pedir instrucciones sobre cómo apelar, llame al Departamento de Servicios para Miembros al (855) 735-5604, TTY/TDD: 711, de lunes a viernes, de 8 a.m. a 8 p.m., hora del este. También puede leer el capítulo 9 del *Manual del miembro* puede saber cómo apelar una decisión.

D. Lista de medicamentos por afección médica

Los medicamentos en esta sección se encuentran agrupados en categorías según el tipo de afecciones médicas que suelen tratar. Por ejemplo, si tiene una afección cardíaca, debe buscar en la categoría bloqueadores beta. Ahí encontrará los medicamentos que traten afecciones del corazón.

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

PA: autorización previa

QL: límites de cantidades

ST: criterios de terapia escalonada

NM: no disponible a través del servicio de pedidos por correo

B/D: este medicamento puede ser cubierto en virtud de la Parte B o D de Medicare, según las circunstancias

LA: medicamento de acceso limitado



Si tiene alguna pregunta, llame a Molina Dual Options al (855) 735-5604, TTY/TDD: 711, de lunes a viernes, de 8 a.m. a 8 p.m., hora del este. La llamada es gratuita. **Para obtener más información**, visite MolinaHealthcare.com/Duals.

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

NDS significa suministro de días no extendidos



Si tiene alguna pregunta, llame a Molina Dual Options al (855) 735-5604, TTY/TDD: 711, de lunes a viernes, de 8 a.m. a 8 p.m., hora del este. La llamada es gratuita. **Para obtener más información**, visite MolinaHealthcare.com/Duals.

MOLINA_MI_CY19_2T_MMP eff 12/01/2019

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

GOUT - DRUGS TO TREAT GOUT

<i>allopurinol tab 100 mg</i>	\$0 (1)	
<i>allopurinol tab 300 mg</i>	\$0 (1)	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	\$0 (1)	
COLCRYS TAB 0.6MG	\$0 (2)	QL (120 tabs / 30 days)
<i>febuxostat tab 40 mg</i>	\$0 (1)	ST
<i>febuxostat tab 80 mg</i>	\$0 (1)	ST
MITIGARE CAP 0.6MG	\$0 (2)	QL (60 caps / 30 days)
<i>probenecid tab 500 mg</i>	\$0 (1)	
ULORIC TAB 40MG	\$0 (2)	ST
ULORIC TAB 80MG	\$0 (2)	ST

MISCELLANEOUS

<i>acephen sup 120mg</i>	\$0 (3)	NM; *
<i>acephen sup 325mg</i>	\$0 (3)	NM; *
<i>acephen sup 650mg</i>	\$0 (3)	NM; *
<i>acetamin tab 500mg</i>	\$0 (3)	NM; *
<i>acetaminophen liquid 160 mg/5ml</i>	\$0 (3)	NM; *
<i>acetaminophen soln 160 mg/5ml</i>	\$0 (3)	NM; *
<i>acetaminophen suppos 120 mg</i>	\$0 (3)	NM; *
<i>acetaminophen suppos 650 mg</i>	\$0 (3)	NM; *
<i>acetaminophen susp 160 mg/5ml</i>	\$0 (3)	NM; *
<i>acetaminophen tab 325 mg</i>	\$0 (3)	NM; *
<i>acetaminophen tab er 650 mg</i>	\$0 (3)	NM; *
<i>acetaminophn sus 160/5ml</i>	\$0 (3)	NM; *
<i>acetaminophn sus 325mg</i>	\$0 (3)	NM; *
<i>acetaminophn tab 500mg</i>	\$0 (3)	NM; *
<i>arthrts pain tab 650mg</i>	\$0 (3)	NM; *
<i>aspir-low tab 81mg ec</i>	\$0 (3)	NM; *
<i>aspirin 81 tab 81mg ec</i>	\$0 (3)	NM; *
<i>aspirin chew tab 81 mg</i>	\$0 (3)	NM; *
<i>aspirin chw 81mg</i>	\$0 (3)	NM; *
<i>aspirin low chw 81mg</i>	\$0 (3)	NM; *
<i>aspirin low tab 81mg ec</i>	\$0 (3)	NM; *
ASPIRIN SUP 300MG	\$0 (3)	NM; *
ASPIRIN SUP 600MG	\$0 (3)	NM; *
<i>aspirin tab 325 mg</i>	\$0 (3)	NM; *
<i>aspirin tab 325mg</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>aspirin tab 325mg ec</i>	\$0 (3)	NM; *
<i>aspirin tab delayed release 81 mg</i>	\$0 (3)	NM; *
<i>aspirin tab delayed release 325 mg</i>	\$0 (3)	NM; *
<i>child asa ls chw 81mg</i>	\$0 (3)	NM; *
<i>chld silapap liq 160/5ml</i>	\$0 (3)	NM; *
<i>ecpirin tab 325mg ec</i>	\$0 (3)	NM; *
<i>ed-apap liq 80mg/2.5</i>	\$0 (3)	NM; *
<i>enteric asa tab 325mg ec</i>	\$0 (3)	NM; *
FEVERALL INF SUP 80MG	\$0 (3)	NM; *
<i>feverall sup 120mg</i>	\$0 (3)	NM; *
<i>feverall sup 325mg</i>	\$0 (3)	NM; *
<i>feverall sup 650mg</i>	\$0 (3)	NM; *
<i>gnp aspirin chw 81mg</i>	\$0 (3)	NM; *
<i>gnp aspirin tab 325mg</i>	\$0 (3)	NM; *
<i>gnp aspirin tab 325mg ec</i>	\$0 (3)	NM; *
HISTAFLEX TAB 325-25MG	\$0 (3)	NM; *
<i>hm aspirin chw 81mg</i>	\$0 (3)	NM; *
<i>hm aspirin tab 325mg</i>	\$0 (3)	NM; *
<i>8 hour pain tab 650mg</i>	\$0 (3)	NM; *
<i>mapap apap liq 500/15ml</i>	\$0 (3)	NM; *
<i>mapap cap 500mg</i>	\$0 (3)	NM; *
<i>mapap child chw 80mg</i>	\$0 (3)	NM; *
<i>mapap childr sus 160/5ml</i>	\$0 (3)	NM; *
<i>mapap chw 80mg</i>	\$0 (3)	NM; *
<i>mapap liq 160/5ml</i>	\$0 (3)	NM; *
<i>mapap tab 325mg</i>	\$0 (3)	NM; *
<i>mapap tab 500mg</i>	\$0 (3)	NM; *
<i>mapap tab 500mg/rr</i>	\$0 (3)	NM; *
<i>non-asa jr tab 160mg</i>	\$0 (3)	NM; *
<i>non-aspirin sus 160/5ml</i>	\$0 (3)	NM; *
<i>non-aspirin tab 325mg</i>	\$0 (3)	NM; *
<i>non-aspirin tab 500mg</i>	\$0 (3)	NM; *
<i>non-aspirin tab 500mg/rr</i>	\$0 (3)	NM; *
<i>pain & fever chw 80mg</i>	\$0 (3)	NM; *
<i>pain & fever sol 160/5ml</i>	\$0 (3)	NM; *
<i>pain & fever sus 160/5ml</i>	\$0 (3)	NM; *
<i>pain & fever tab 325mg</i>	\$0 (3)	NM; *
<i>pain & fever tab 500mg</i>	\$0 (3)	NM; *
<i>pain relief tab 325mg</i>	\$0 (3)	NM; *
<i>pain relief tab 500mg</i>	\$0 (3)	NM; *
<i>pain relief tab 650mg</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>pain relieve tab 325mg</i>	\$0 (3)	NM; *
<i>pain relieve tab 500mg</i>	\$0 (3)	NM; *
<i>pain/fever sus 160/5ml</i>	\$0 (3)	NM; *
<i>pharbetol tab 325mg</i>	\$0 (3)	NM; *
<i>pharbetol tab 500mg</i>	\$0 (3)	NM; *
<i>qc aspirin tab 325mg</i>	\$0 (3)	NM; *
<i>sb aspirin tab 325mg</i>	\$0 (3)	NM; *
<i>sb child asa chw 81mg</i>	\$0 (3)	NM; *
<i>sm aspirin chw 81mg</i>	\$0 (3)	NM; *
<i>sm aspirin tab 81mg ec</i>	\$0 (3)	NM; *
<i>sm aspirin tab 325mg</i>	\$0 (3)	NM; *
<i>sm aspirin tab 325mg ec</i>	\$0 (3)	NM; *
<i>sm child asa chw 81mg</i>	\$0 (3)	NM; *
<i>sm pain rel cap 500mg</i>	\$0 (3)	NM; *
<i>tactinal tab 325mg</i>	\$0 (3)	NM; *
<i>tactinal tab 500mg</i>	\$0 (3)	NM; *
<i>tri-buff asa tab 325mg</i>	\$0 (3)	NM; *
NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION		
<i>all day pain tab 220mg</i>	\$0 (3)	NM; *
<i>all day relf tab 220mg</i>	\$0 (3)	NM; *
<i>celecoxib cap 50 mg</i>	\$0 (1)	QL (240 caps / 30 days)
<i>celecoxib cap 100 mg</i>	\$0 (1)	QL (120 caps / 30 days)
<i>celecoxib cap 200 mg</i>	\$0 (1)	QL (60 caps / 30 days)
<i>celecoxib cap 400 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>diclofenac potassium tab 50 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>diclofenac sodium tab delayed release 25 mg</i>	\$0 (1)	
<i>diclofenac sodium tab delayed release 50 mg</i>	\$0 (1)	
<i>diclofenac sodium tab delayed release 75 mg</i>	\$0 (1)	
<i>diclofenac sodium tab er 24hr 100 mg</i>	\$0 (1)	
<i>diflunisal tab 500 mg</i>	\$0 (1)	
<i>etodolac cap 200 mg</i>	\$0 (1)	
<i>etodolac cap 300 mg</i>	\$0 (1)	
<i>etodolac tab 400 mg</i>	\$0 (1)	
<i>etodolac tab 500 mg</i>	\$0 (1)	
<i>etodolac tab er 24hr 400 mg</i>	\$0 (1)	
<i>etodolac tab er 24hr 500 mg</i>	\$0 (1)	
<i>etodolac tab er 24hr 600 mg</i>	\$0 (1)	
<i>flanax pain tab 220mg</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>flurbiprofen tab 50 mg</i>	\$0 (1)	
<i>flurbiprofen tab 100 mg</i>	\$0 (1)	
<i>hm ibuprofen tab 200mg</i>	\$0 (3)	NM; *
<i>ibu-200 tab 200mg</i>	\$0 (3)	NM; *
<i>ibu-drops dro 50/1.25</i>	\$0 (3)	NM; *
<i>ibuprofen cap 200 mg</i>	\$0 (3)	NM; *
<i>ibuprofen cap 200mg</i>	\$0 (3)	NM; *
<i>ibuprofen dro 50/1.25</i>	\$0 (3)	NM; *
<i>ibuprofen ib chw 100mg</i>	\$0 (3)	NM; *
<i>ibuprofen jr chw 100mg</i>	\$0 (3)	NM; *
<i>ibuprofen sus 100/5ml</i>	\$0 (3)	NM; *
<i>ibuprofen susp 100 mg/5ml</i>	\$0 (1)	
<i>ibuprofen tab 200 mg</i>	\$0 (3)	NM; *
<i>ibuprofen tab 200mg</i>	\$0 (3)	NM; *
<i>ibuprofen tab 400 mg</i>	\$0 (1)	
<i>ibuprofen tab 600 mg</i>	\$0 (1)	
<i>ibuprofen tab 800 mg</i>	\$0 (1)	
<i>kls naproxen tab 220mg</i>	\$0 (3)	NM; *
<i>mediproxen tab 220mg</i>	\$0 (3)	NM; *
<i>meloxicam tab 7.5 mg</i>	\$0 (1)	
<i>meloxicam tab 15 mg</i>	\$0 (1)	
<i>nabumetone tab 500 mg</i>	\$0 (1)	
<i>nabumetone tab 750 mg</i>	\$0 (1)	
<i>naproxen dr tab 375mg</i>	\$0 (1)	
<i>naproxen dr tab 500mg</i>	\$0 (1)	
<i>naproxen sod cap 220mg</i>	\$0 (3)	NM; *
<i>naproxen sod tab 220mg</i>	\$0 (3)	NM; *
<i>naproxen sodium cap 220 mg</i>	\$0 (3)	NM; *
<i>naproxen sodium tab 220 mg</i>	\$0 (3)	NM; *
<i>naproxen sodium tab 275 mg</i>	\$0 (1)	
<i>naproxen sodium tab 550 mg</i>	\$0 (1)	
<i>naproxen tab 250 mg</i>	\$0 (1)	
<i>naproxen tab 375 mg</i>	\$0 (1)	
<i>naproxen tab 500 mg</i>	\$0 (1)	
<i>piroxicam cap 10 mg</i>	\$0 (1)	
<i>piroxicam cap 20 mg</i>	\$0 (1)	
<i>provil tab 200mg</i>	\$0 (3)	NM; *
<i>qc ibuprofen tab 200mg</i>	\$0 (3)	NM; *
<i>sb ibuprofen tab 200mg</i>	\$0 (3)	NM; *
<i>sm ibuprofen cap 200mg</i>	\$0 (3)	NM; *
<i>sm ibuprofen tab 200mg</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sulindac tab 150 mg</i>	\$0 (1)	
<i>sulindac tab 200 mg</i>	\$0 (1)	
OPIOID ANALGESICS - DRUGS TO TREAT PAIN		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	\$0 (1)	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	\$0 (1)	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	\$0 (1)	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
<i>buprenorphine td patch weekly 5 mcg/hr</i>	\$0 (1)	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	\$0 (1)	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 10 mcg/hr</i>	\$0 (1)	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 15 mcg/hr</i>	\$0 (1)	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 20 mcg/hr</i>	\$0 (1)	QL (4 patches / 28 days), PA
<i>butorphanol tartrate inj 1 mg/ml</i>	\$0 (2)	
<i>butorphanol tartrate inj 2 mg/ml</i>	\$0 (2)	
BUTRANS DIS 5MCG/HR	\$0 (2)	QL (4 patches / 28 days), PA
BUTRANS DIS 7.5/HR	\$0 (2)	QL (4 patches / 28 days), PA
BUTRANS DIS 10MCG/HR	\$0 (2)	QL (4 patches / 28 days), PA
BUTRANS DIS 15MCG/HR	\$0 (2)	QL (4 patches / 28 days), PA
BUTRANS DIS 20MCG/HR	\$0 (2)	QL (4 patches / 28 days), PA
<i>nalbuphine hcl inj 10 mg/ml</i>	\$0 (2)	
<i>nalbuphine hcl inj 20 mg/ml</i>	\$0 (2)	
<i>tramadol hcl tab 50 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
OPIOID ANALGESICS, CII - DRUGS TO TREAT PAIN		
<i>fentanyl citrate buccal tab 100 mcg (base equiv)</i>	\$0 (2)	NDS, QL (120 tabs / 30 days), PA
<i>fentanyl citrate buccal tab 200 mcg (base equiv)</i>	\$0 (2)	NDS, QL (120 tabs / 30 days), PA

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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	\$0 (1)	QL (150 tabs / 30 days)
<i>hydromorphone hcl liqd 1 mg/ml</i>	\$0 (1)	QL (600 mL / 30 days)
<i>hydromorphone hcl preservative free (pf) inj 10 mg/ml</i>	\$0 (2)	B/D
<i>hydromorphone hcl tab 2 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
<i>hydromorphone hcl tab 4 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
<i>hydromorphone hcl tab 8 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
HYSINGLA ER TAB 20 MG	\$0 (2)	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 30 MG	\$0 (2)	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 40 MG	\$0 (2)	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 60 MG	\$0 (2)	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 80 MG	\$0 (2)	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 100 MG	\$0 (2)	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 120 MG	\$0 (2)	QL (30 tabs / 30 days), PA
<i>methadone con 10mg/ml</i>	\$0 (1)	QL (90 mL / 30 days), PA
<i>methadone hcl soln 5 mg/5ml</i>	\$0 (1)	QL (450 mL / 30 days), PA
<i>methadone hcl soln 10 mg/5ml</i>	\$0 (1)	QL (450 mL / 30 days), PA
<i>methadone hcl tab 5 mg</i>	\$0 (1)	QL (90 tabs / 30 days), PA
<i>methadone hcl tab 10 mg</i>	\$0 (1)	QL (90 tabs / 30 days), PA
MORPHINE SUL INJ 2MG/ML	\$0 (2)	B/D
MORPHINE SUL INJ 4MG/ML	\$0 (2)	B/D
MORPHINE SUL INJ 5MG/ML	\$0 (2)	B/D
MORPHINE SUL INJ 8MG/ML	\$0 (2)	B/D
MORPHINE SUL INJ 10MG/ML	\$0 (2)	B/D
<i>morphine sulfate iv soln 1 mg/ml</i>	\$0 (2)	B/D
<i>morphine sulfate iv soln pf 4 mg/ml</i>	\$0 (2)	B/D
<i>morphine sulfate iv soln pf 8 mg/ml</i>	\$0 (2)	B/D
<i>morphine sulfate iv soln pf 10 mg/ml</i>	\$0 (2)	B/D
<i>morphine sulfate oral soln 10 mg/5ml</i>	\$0 (1)	QL (900 mL / 30 days)

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>morphine sulfate oral soln 20 mg/5ml</i>	\$0 (1)	QL (750 mL / 30 days)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	\$0 (1)	QL (180 mL / 30 days)
<i>morphine sulfate tab 15 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
<i>morphine sulfate tab 30 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>morphine sulfate tab er 15 mg</i>	\$0 (1)	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 30 mg</i>	\$0 (1)	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 60 mg</i>	\$0 (1)	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 100 mg</i>	\$0 (1)	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 200 mg</i>	\$0 (1)	QL (60 tabs / 30 days), PA
NUCYNTA ER TAB 50MG	\$0 (2)	QL (60 tabs / 30 days), PA
NUCYNTA ER TAB 100MG	\$0 (2)	QL (60 tabs / 30 days), PA
NUCYNTA ER TAB 150MG	\$0 (2)	QL (90 tabs / 30 days), PA
NUCYNTA ER TAB 200MG	\$0 (2)	QL (60 tabs / 30 days), PA
NUCYNTA ER TAB 250MG	\$0 (2)	QL (60 tabs / 30 days), PA
<i>oxycodone hcl cap 5 mg</i>	\$0 (1)	QL (180 caps / 30 days)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	\$0 (1)	QL (180 mL / 30 days)
<i>oxycodone hcl soln 5 mg/5ml</i>	\$0 (1)	QL (900 mL / 30 days)
<i>oxycodone hcl tab 5 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 10 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 15 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 20 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 30 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	\$0 (1)	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	\$0 (1)	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	\$0 (1)	QL (180 tabs / 30 days)

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
OXYCONTIN TAB 10MG CR	\$0 (2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 15MG CR	\$0 (2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 20MG CR	\$0 (2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 30MG CR	\$0 (2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 40MG CR	\$0 (2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 60MG CR	\$0 (2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 80MG CR	\$0 (2)	QL (60 tabs / 30 days), PA

ANESTHETICS - DRUGS FOR NUMBING

LOCAL ANESTHETICS

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

ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS

ANTI-BACTERIALS - MISCELLANEOUS

<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	\$0 (1)	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	\$0 (1)	
<i>gentamicin in saline inj 0.8 mg/ml</i>	\$0 (1)	
<i>gentamicin in saline inj 1 mg/ml</i>	\$0 (1)	
<i>gentamicin in saline inj 1.2 mg/ml</i>	\$0 (1)	
<i>gentamicin in saline inj 1.6 mg/ml</i>	\$0 (1)	
<i>gentamicin in saline inj 2 mg/ml</i>	\$0 (1)	
<i>gentamicin sulfate inj 10 mg/ml</i>	\$0 (1)	
<i>gentamicin sulfate inj 40 mg/ml</i>	\$0 (1)	
<i>neomycin sulfate tab 500 mg</i>	\$0 (1)	
<i>paromomycin sulfate cap 250 mg</i>	\$0 (1)	
<i>streptomycin sulfate for inj 1 gm</i>	\$0 (2)	NDS
SULFADIAZINE TAB 500MG	\$0 (2)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	\$0 (1)	
<i>dapsone tab 25 mg</i>	\$0 (1)	
<i>dapsone tab 100 mg</i>	\$0 (1)	
<i>daptomycin for iv soln 350 mg</i>	\$0 (2)	NDS
<i>daptomycin for iv soln 500 mg</i>	\$0 (2)	NDS
DAPTOMYCIN SOL 350MG	\$0 (2)	NDS
EMVERM CHW 100MG	\$0 (2)	NDS
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	\$0 (1)	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	\$0 (1)	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	\$0 (1)	
<i>ivermectin tab 3 mg</i>	\$0 (1)	
<i>linezolid for susp 100 mg/5ml</i>	\$0 (2)	NDS
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	\$0 (2)	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	\$0 (1)	
<i>linezolid tab 600 mg</i>	\$0 (2)	NDS
<i>meropenem iv for soln 1 gm</i>	\$0 (1)	
<i>meropenem iv for soln 500 mg</i>	\$0 (1)	
<i>methenamine hippurate tab 1 gm</i>	\$0 (1)	
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	\$0 (1)	
<i>metronidazole tab 250 mg</i>	\$0 (1)	
<i>metronidazole tab 500 mg</i>	\$0 (1)	
NEBUPENT INH 300MG	\$0 (2)	B/D
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	\$0 (2)	PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	\$0 (2)	PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	\$0 (2)	PA; PA applies if 70 years and older after a 90 day supply in a calendar year
PENTAM 300 INJ 300MG	\$0 (2)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>pentamidine isethionate for soln 300 mg</i>	\$0 (1)	
<i>praziquantel tab 600 mg</i>	\$0 (1)	
SIVEXTRO INJ 200MG	\$0 (2)	NDS
SIVEXTRO TAB 200MG	\$0 (2)	NDS
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	\$0 (1)	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	\$0 (1)	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	\$0 (1)	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	\$0 (1)	
SYNERCID INJ 500MG	\$0 (2)	NDS
<i>tigecycline for iv soln 50 mg</i>	\$0 (2)	NDS
<i>trimethoprim tab 100 mg</i>	\$0 (1)	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	\$0 (1)	
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	\$0 (2)	NDS
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	\$0 (1)	
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	\$0 (1)	
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	\$0 (1)	
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	\$0 (1)	
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	\$0 (1)	
VANCOMYCIN INJ 1 GM	\$0 (2)	
VANCOMYCIN INJ 500MG	\$0 (2)	
VANCOMYCIN INJ 750MG	\$0 (2)	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
ABELCET INJ 5MG/ML	\$0 (2)	NDS, B/D
AMBISOME INJ 50MG	\$0 (2)	NDS, B/D
<i>amphotericin b for iv soln 50 mg</i>	\$0 (1)	B/D
<i>caspofungin acetate for iv soln 50 mg</i>	\$0 (2)	NDS
<i>caspofungin acetate for iv soln 70 mg</i>	\$0 (2)	NDS
<i>fluconazole for susp 10 mg/ml</i>	\$0 (1)	
<i>fluconazole for susp 40 mg/ml</i>	\$0 (1)	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	\$0 (1)	
<i>fluconazole tab 50 mg</i>	\$0 (1)	
<i>fluconazole tab 100 mg</i>	\$0 (1)	
<i>fluconazole tab 150 mg</i>	\$0 (1)	
<i>fluconazole tab 200 mg</i>	\$0 (1)	
<i>flucytosine cap 250 mg</i>	\$0 (2)	NDS
<i>flucytosine cap 500 mg</i>	\$0 (2)	NDS
<i>griseofulvin microsize susp 125 mg/5ml</i>	\$0 (1)	
<i>griseofulvin microsize tab 500 mg</i>	\$0 (1)	
<i>griseofulvin ultramicrosize tab 125 mg</i>	\$0 (1)	
<i>griseofulvin ultramicrosize tab 250 mg</i>	\$0 (1)	
<i>itraconazole cap 100 mg</i>	\$0 (1)	PA
<i>ketoconazole tab 200 mg</i>	\$0 (1)	PA
MYCAMINE INJ 50MG	\$0 (2)	NDS
MYCAMINE INJ 100MG	\$0 (2)	NDS
NOXAFIL SUS 40MG/ML	\$0 (2)	NDS, QL (630 mL / 30 days)
NOXAFIL TAB 100MG	\$0 (2)	NDS, QL (93 tabs / 30 days)
<i>nystatin tab 500000 unit</i>	\$0 (1)	
<i>posaconazole tab delayed release 100 mg</i>	\$0 (2)	NDS, QL (93 tabs / 30 days)
<i>terbinafine hcl tab 250 mg</i>	\$0 (1)	QL (90 tabs / year)
<i>voriconazole for inj 200 mg</i>	\$0 (1)	
<i>voriconazole for susp 40 mg/ml</i>	\$0 (2)	NDS
<i>voriconazole tab 50 mg</i>	\$0 (2)	NDS
<i>voriconazole tab 200 mg</i>	\$0 (2)	NDS
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	\$0 (1)	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	\$0 (1)	
<i>chloroquine phosphate tab 250 mg</i>	\$0 (1)	
<i>chloroquine phosphate tab 500 mg</i>	\$0 (1)	
COARTEM TAB 20-120MG	\$0 (2)	
<i>mefloquine hcl tab 250 mg</i>	\$0 (1)	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	\$0 (1)	
PRIMAQUINE TAB 26.3MG	\$0 (2)	
<i>quinine sulfate cap 324 mg</i>	\$0 (1)	PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	\$0 (1)	
<i>abacavir sulfate tab 300 mg (base equiv)</i>	\$0 (1)	
APTIVUS CAP 250MG	\$0 (2)	NDS
APTIVUS SOL	\$0 (2)	NDS
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	\$0 (2)	NDS
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	\$0 (2)	NDS
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	\$0 (2)	NDS
CRIXIVAN CAP 200MG	\$0 (2)	
CRIXIVAN CAP 400MG	\$0 (2)	
<i>didanosine delayed release capsule 200 mg</i>	\$0 (1)	
<i>didanosine delayed release capsule 250 mg</i>	\$0 (1)	
<i>didanosine delayed release capsule 400 mg</i>	\$0 (1)	
EDURANT TAB 25MG	\$0 (2)	NDS
<i>efavirenz cap 50 mg</i>	\$0 (1)	
<i>efavirenz cap 200 mg</i>	\$0 (2)	NDS
<i>efavirenz tab 600 mg</i>	\$0 (2)	NDS
EMTRIVA CAP 200MG	\$0 (2)	
EMTRIVA SOL 10MG/ML	\$0 (2)	
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	\$0 (2)	NDS
FUZEON INJ 90MG	\$0 (2)	NDS, NM
INTELENCE TAB 25MG	\$0 (2)	
INTELENCE TAB 100MG	\$0 (2)	NDS
INTELENCE TAB 200MG	\$0 (2)	NDS
INVIRASE TAB 500MG	\$0 (2)	NDS
ISENTRESS CHW 25MG	\$0 (2)	
ISENTRESS CHW 100MG	\$0 (2)	NDS
ISENTRESS HD TAB 600MG	\$0 (2)	NDS
ISENTRESS POW 100MG	\$0 (2)	
ISENTRESS TAB 400MG	\$0 (2)	NDS
<i>lamivudine oral soln 10 mg/ml</i>	\$0 (1)	
<i>lamivudine tab 150 mg</i>	\$0 (1)	

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<i>lamivudine tab 300 mg</i>	\$0 (1)	
LEXIVA SUS 50MG/ML	\$0 (2)	
<i>nevirapine susp 50 mg/5ml</i>	\$0 (1)	
<i>nevirapine tab 200 mg</i>	\$0 (1)	
<i>nevirapine tab er 24hr 100 mg</i>	\$0 (1)	
<i>nevirapine tab er 24hr 400 mg</i>	\$0 (1)	
NORVIR POW 100MG	\$0 (2)	
NORVIR SOL 80MG/ML	\$0 (2)	
PIFELTRO TAB 100MG	\$0 (2)	NDS
PREZISTA SUS 100MG/ML	\$0 (2)	NDS, QL (400 mL / 30 days)
PREZISTA TAB 75MG	\$0 (2)	QL (480 tabs / 30 days)
PREZISTA TAB 150MG	\$0 (2)	NDS, QL (240 tabs / 30 days)
PREZISTA TAB 600MG	\$0 (2)	NDS, QL (60 tabs / 30 days)
PREZISTA TAB 800MG	\$0 (2)	NDS, QL (30 tabs / 30 days)
RESCRIPTOR TAB 200MG	\$0 (2)	
REYATAZ POW 50MG	\$0 (2)	NDS
<i>ritonavir tab 100 mg</i>	\$0 (1)	
SELZENTRY SOL 20MG/ML	\$0 (2)	NDS
SELZENTRY TAB 25MG	\$0 (2)	
SELZENTRY TAB 75MG	\$0 (2)	NDS
SELZENTRY TAB 150MG	\$0 (2)	NDS
SELZENTRY TAB 300MG	\$0 (2)	NDS
<i>stavudine cap 15 mg</i>	\$0 (1)	
<i>stavudine cap 20 mg</i>	\$0 (1)	
<i>stavudine cap 30 mg</i>	\$0 (1)	
<i>stavudine cap 40 mg</i>	\$0 (1)	
<i>tenofovir disoproxil fumarate tab 300 mg</i>	\$0 (2)	NDS
TIVICAY TAB 10MG	\$0 (2)	
TIVICAY TAB 25MG	\$0 (2)	NDS
TIVICAY TAB 50MG	\$0 (2)	NDS
TROGARZO INJ 150MG/ML	\$0 (2)	NDS, LA
TYBOST TAB 150MG	\$0 (2)	
VIDEX EC CAP 125MG	\$0 (2)	
VIDEX SOL 2GM	\$0 (2)	
VIRACEPT TAB 250MG	\$0 (2)	NDS
VIRACEPT TAB 625MG	\$0 (2)	NDS
VIRAMUNE SUS 50MG/5ML	\$0 (2)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VIREAD POW 40MG/GM	\$0 (2)	NDS
VIREAD TAB 150MG	\$0 (2)	NDS
VIREAD TAB 200MG	\$0 (2)	NDS
VIREAD TAB 250MG	\$0 (2)	NDS
<i>zidovudine cap 100 mg</i>	\$0 (1)	
<i>zidovudine syrup 10 mg/ml</i>	\$0 (1)	
<i>zidovudine tab 300 mg</i>	\$0 (1)	
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	\$0 (1)	
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	\$0 (2)	NDS
ATRIPLA TAB	\$0 (2)	NDS
BIKTARVY TAB	\$0 (2)	NDS
CIMDUO TAB 300-300	\$0 (2)	NDS
COMPLERA TAB	\$0 (2)	NDS
DELSTRIGO TAB	\$0 (2)	NDS
DESCOVY TAB 200/25	\$0 (2)	NDS
DOVATO TAB 50-300MG	\$0 (2)	NDS
EVOTAZ TAB 300-150	\$0 (2)	NDS
GENVOYA TAB	\$0 (2)	NDS
JULUCA TAB 50-25MG	\$0 (2)	NDS
KALETRA TAB 100-25MG	\$0 (2)	
KALETRA TAB 200-50MG	\$0 (2)	NDS
<i>lamivudine-zidovudine tab 150-300 mg</i>	\$0 (1)	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	\$0 (1)	
ODEFSEY TAB	\$0 (2)	NDS
PREZCOBIX TAB 800-150	\$0 (2)	NDS
STRIBILD TAB	\$0 (2)	NDS
SYMFI LO TAB	\$0 (2)	NDS
SYMFI TAB	\$0 (2)	NDS
SYMTUZA TAB	\$0 (2)	NDS
TEMIXYS TAB 300-300	\$0 (2)	NDS
TRIUMEQ TAB	\$0 (2)	NDS
TRUVADA TAB 100-150	\$0 (2)	NDS, QL (60 tabs / 30 days)
TRUVADA TAB 133-200	\$0 (2)	NDS, QL (30 tabs / 30 days)
TRUVADA TAB 167-250	\$0 (2)	NDS, QL (30 tabs / 30 days)

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TRUVADA TAB 200-300	\$0 (2)	NDS, QL (30 tabs / 30 days)

ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS

<i>cycloserine cap 250 mg</i>	\$0 (2)	NDS
<i>ethambutol hcl tab 100 mg</i>	\$0 (1)	
<i>ethambutol hcl tab 400 mg</i>	\$0 (1)	
<i>isoniazid syrup 50 mg/5ml</i>	\$0 (1)	
<i>isoniazid tab 100 mg</i>	\$0 (1)	
<i>isoniazid tab 300 mg</i>	\$0 (1)	
PASER GRA 4GM	\$0 (2)	
PRIFTIN TAB 150MG	\$0 (2)	
<i>pyrazinamide tab 500 mg</i>	\$0 (1)	
<i>rifabutin cap 150 mg</i>	\$0 (1)	
<i>rifampin cap 150 mg</i>	\$0 (1)	
<i>rifampin cap 300 mg</i>	\$0 (1)	
<i>rifampin for inj 600 mg</i>	\$0 (1)	
RIFATER TAB	\$0 (2)	
SIRTURO TAB 100MG	\$0 (2)	NDS, LA, PA
TRECTOR TAB 250MG	\$0 (2)	

ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS

<i>acyclovir cap 200 mg</i>	\$0 (1)	
<i>acyclovir sodium iv soln 50 mg/ml</i>	\$0 (1)	B/D
<i>acyclovir susp 200 mg/5ml</i>	\$0 (1)	
<i>acyclovir tab 400 mg</i>	\$0 (1)	
<i>acyclovir tab 800 mg</i>	\$0 (1)	
<i>adefovir dipivoxil tab 10 mg</i>	\$0 (2)	NDS
BARACLUDE SOL	\$0 (2)	NDS
<i>entecavir tab 0.5 mg</i>	\$0 (2)	NDS
<i>entecavir tab 1 mg</i>	\$0 (2)	NDS
EPCLUSA TAB 400-100	\$0 (2)	NDS, NM, PA
EPIVIR HBV SOL 5MG/ML	\$0 (2)	
<i>famciclovir tab 125 mg</i>	\$0 (1)	
<i>famciclovir tab 250 mg</i>	\$0 (1)	
<i>famciclovir tab 500 mg</i>	\$0 (1)	
<i>ganciclovir sodium for inj 500 mg</i>	\$0 (1)	B/D
HARVONI TAB 90-400MG	\$0 (2)	NDS, NM, PA
<i>lamivudine tab 100 mg (hbv)</i>	\$0 (1)	
MAVYRET TAB 100-40MG	\$0 (2)	NDS, NM, PA
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	\$0 (1)	QL (168 caps / year)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	\$0 (1)	QL (84 caps / year)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	\$0 (1)	QL (84 caps / year)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	\$0 (1)	QL (1080 mL / year)
PEGASYS INJ	\$0 (2)	NDS, NM, PA
PEGASYS INJ 180MCG/M	\$0 (2)	NDS, NM, PA
PEGASYS INJ PROCLICK	\$0 (2)	NDS, NM, PA
RELENZA MIS DISKHALE	\$0 (2)	QL (6 inhalers / year)
<i>ribavirin cap 200 mg</i>	\$0 (1)	NM
<i>ribavirin tab 200 mg</i>	\$0 (1)	NM
<i>rimantadine hydrochloride tab 100 mg</i>	\$0 (1)	
<i>valacyclovir hcl tab 1 gm</i>	\$0 (1)	
<i>valacyclovir hcl tab 500 mg</i>	\$0 (1)	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	\$0 (2)	NDS
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	\$0 (2)	NDS
VEMLIDY TAB 25MG	\$0 (2)	NDS
VOSEVI TAB	\$0 (2)	NDS, NM, PA
ZEPATIER TAB 50-100MG	\$0 (2)	NDS, NM, PA
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
<i>cefaclor cap 250 mg</i>	\$0 (1)	
<i>cefaclor cap 500 mg</i>	\$0 (1)	
CEFACTOR ER TAB 500MG	\$0 (2)	
<i>cefaclor for susp 125 mg/5ml</i>	\$0 (1)	
<i>cefaclor for susp 250 mg/5ml</i>	\$0 (1)	
<i>cefaclor for susp 375 mg/5ml</i>	\$0 (1)	
<i>cefadroxil cap 500 mg</i>	\$0 (1)	
<i>cefadroxil for susp 250 mg/5ml</i>	\$0 (1)	
<i>cefadroxil for susp 500 mg/5ml</i>	\$0 (1)	
<i>cefadroxil tab 1 gm</i>	\$0 (1)	
CEFAZOLIN INJ 1GM/50ML	\$0 (2)	
<i>cefazolin sodium for inj 1 gm</i>	\$0 (1)	
<i>cefazolin sodium for inj 10 gm</i>	\$0 (1)	
<i>cefazolin sodium for inj 500 mg</i>	\$0 (1)	
<i>cefazolin sodium for iv soln 1 gm</i>	\$0 (1)	
CEFAZOLIN SOL	\$0 (2)	
<i>cefdinir cap 300 mg</i>	\$0 (1)	
<i>cefdinir for susp 125 mg/5ml</i>	\$0 (1)	
<i>cefdinir for susp 250 mg/5ml</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>cefepime hcl for inj 1 gm</i>	\$0 (1)	
<i>cefepime hcl for inj 2 gm</i>	\$0 (1)	
<i>cefixime cap 400 mg</i>	\$0 (1)	
<i>cefixime for susp 100 mg/5ml</i>	\$0 (1)	
<i>cefixime for susp 200 mg/5ml</i>	\$0 (1)	
<i>cefotaxime sodium for inj 1 gm</i>	\$0 (1)	
<i>cefotaxime sodium for inj 500 mg</i>	\$0 (1)	
<i>cefoxitin sodium for inj 10 gm</i>	\$0 (1)	
<i>cefoxitin sodium for iv soln 1 gm</i>	\$0 (1)	
<i>cefoxitin sodium for iv soln 2 gm</i>	\$0 (1)	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	\$0 (1)	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	\$0 (1)	
<i>cefpodoxime proxetil tab 100 mg</i>	\$0 (1)	
<i>cefpodoxime proxetil tab 200 mg</i>	\$0 (1)	
<i>cefprozil for susp 125 mg/5ml</i>	\$0 (1)	
<i>cefprozil for susp 250 mg/5ml</i>	\$0 (1)	
<i>cefprozil tab 250 mg</i>	\$0 (1)	
<i>cefprozil tab 500 mg</i>	\$0 (1)	
<i>ceftazidime for inj 1 gm</i>	\$0 (1)	
<i>ceftazidime for inj 2 gm</i>	\$0 (1)	
<i>ceftazidime for inj 6 gm</i>	\$0 (1)	
<i>CEFTAZIDIME/ SOL D5W 1GM</i>	\$0 (2)	
<i>CEFTAZIDIME/ SOL D5W 2GM</i>	\$0 (2)	
<i>ceftriaxone sodium for inj 1 gm</i>	\$0 (1)	
<i>ceftriaxone sodium for inj 2 gm</i>	\$0 (1)	
<i>ceftriaxone sodium for inj 10 gm</i>	\$0 (1)	
<i>ceftriaxone sodium for inj 250 mg</i>	\$0 (1)	
<i>ceftriaxone sodium for inj 500 mg</i>	\$0 (1)	
<i>ceftriaxone sodium for iv soln 1 gm</i>	\$0 (1)	
<i>ceftriaxone sodium for iv soln 2 gm</i>	\$0 (1)	
<i>cefuroxime axetil tab 250 mg</i>	\$0 (1)	
<i>cefuroxime axetil tab 500 mg</i>	\$0 (1)	
<i>cefuroxime sodium for inj 7.5 gm</i>	\$0 (1)	
<i>cefuroxime sodium for inj 750 mg</i>	\$0 (1)	
<i>cefuroxime sodium for iv soln 1.5 gm</i>	\$0 (1)	
<i>cephalexin cap 250 mg</i>	\$0 (1)	
<i>cephalexin cap 500 mg</i>	\$0 (1)	
<i>cephalexin for susp 125 mg/5ml</i>	\$0 (1)	
<i>cephalexin for susp 250 mg/5ml</i>	\$0 (1)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>ciprofloxacin 400 mg/200ml in d5w</i>	\$0 (1)	
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>	\$0 (1)	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	\$0 (1)	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	\$0 (1)	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	\$0 (1)	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	\$0 (1)	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	\$0 (1)	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	\$0 (1)	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	\$0 (1)	
<i>levofloxacin iv soln 25 mg/ml</i>	\$0 (1)	
<i>levofloxacin oral soln 25 mg/ml</i>	\$0 (1)	
<i>levofloxacin tab 250 mg</i>	\$0 (1)	
<i>levofloxacin tab 500 mg</i>	\$0 (1)	
<i>levofloxacin tab 750 mg</i>	\$0 (1)	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	\$0 (1)	
PENICILLINS - DRUGS TO TREAT INFECTIONS		
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	\$0 (1)	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	\$0 (1)	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	\$0 (1)	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	\$0 (1)	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	\$0 (1)	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	\$0 (1)	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	\$0 (1)	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	\$0 (1)	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	\$0 (1)	
<i>amoxicillin (trihydrate) cap 250 mg</i>	\$0 (1)	
<i>amoxicillin (trihydrate) cap 500 mg</i>	\$0 (1)	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	\$0 (1)	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	\$0 (1)	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	\$0 (1)	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	\$0 (1)	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	\$0 (1)	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	\$0 (1)	
<i>amoxicillin (trihydrate) tab 500 mg</i>	\$0 (1)	
<i>amoxicillin (trihydrate) tab 875 mg</i>	\$0 (1)	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	\$0 (1)	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	\$0 (1)	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	\$0 (1)	
<i>ampicillin cap 500 mg</i>	\$0 (1)	
<i>ampicillin sodium for inj 1 gm</i>	\$0 (1)	
<i>ampicillin sodium for inj 2 gm</i>	\$0 (1)	
<i>ampicillin sodium for inj 125 mg</i>	\$0 (1)	
<i>ampicillin sodium for inj 250 mg</i>	\$0 (1)	
<i>ampicillin sodium for inj 500 mg</i>	\$0 (1)	
<i>ampicillin sodium for iv soln 1 gm</i>	\$0 (1)	
<i>ampicillin sodium for iv soln 2 gm</i>	\$0 (1)	
<i>ampicillin sodium for iv soln 10 gm</i>	\$0 (1)	
<i>BICILLIN L-A INJ 600000</i>	\$0 (2)	
<i>BICILLIN L-A INJ 1200000</i>	\$0 (2)	
<i>BICILLIN L-A INJ 2400000</i>	\$0 (2)	
<i>dicloxacillin sodium cap 250 mg</i>	\$0 (1)	
<i>dicloxacillin sodium cap 500 mg</i>	\$0 (1)	
<i>NAFCILLIN INJ 10GM</i>	\$0 (2)	
<i>nafcillin sodium for inj 1 gm</i>	\$0 (1)	
<i>nafcillin sodium for inj 2 gm</i>	\$0 (1)	
<i>nafcillin sodium for iv soln 1 gm</i>	\$0 (1)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>doxycycline monohydrate tab 75 mg</i>	\$0 (1)	
<i>doxycycline monohydrate tab 100 mg</i>	\$0 (1)	
<i>doxycycline monohydrate tab 150 mg</i>	\$0 (1)	
<i>minocycline hcl cap 50 mg</i>	\$0 (1)	
<i>minocycline hcl cap 75 mg</i>	\$0 (1)	
<i>minocycline hcl cap 100 mg</i>	\$0 (1)	
<i>tetracycline hcl cap 250 mg</i>	\$0 (1)	
<i>tetracycline hcl cap 500 mg</i>	\$0 (1)	

ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER

ALKYLATING AGENTS

BENDEKA INJ 100/4ML	\$0 (2)	NDS, B/D, NM
<i>cyclophosphamide cap 25 mg</i>	\$0 (1)	B/D
<i>cyclophosphamide cap 50 mg</i>	\$0 (1)	B/D
<i>cyclophosphamide for inj 1 gm</i>	\$0 (2)	NDS, B/D, NM
<i>cyclophosphamide for inj 2 gm</i>	\$0 (2)	NDS, B/D, NM
<i>cyclophosphamide for inj 500 mg</i>	\$0 (2)	NDS, B/D, NM
<i>dacarbazine for inj 100 mg</i>	\$0 (1)	B/D
EMCYT CAP 140MG	\$0 (2)	
GLEOSTINE CAP 10MG	\$0 (2)	
GLEOSTINE CAP 40MG	\$0 (2)	
GLEOSTINE CAP 100MG	\$0 (2)	
IFEX INJ 3GM	\$0 (2)	B/D
IFOSFAMIDE INJ 3GM	\$0 (2)	B/D
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	\$0 (1)	B/D
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	\$0 (1)	B/D
LEUKERAN TAB 2MG	\$0 (2)	NDS

ANTHRACYCLINES

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

ANTIBIOTICS

<i>bleomycin sulfate for inj 15 unit</i>	\$0 (1)	B/D
<i>bleomycin sulfate for inj 30 unit</i>	\$0 (1)	B/D
<i>mitomycin for iv soln 5 mg</i>	\$0 (2)	NDS, B/D
<i>mitomycin for iv soln 20 mg</i>	\$0 (2)	NDS, B/D

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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HERCEPTIN INJ 440MG	\$0 (2)	NDS, NM, PA
IBRANCE CAP 75MG	\$0 (2)	NDS, NM, LA, PA
IBRANCE CAP 100MG	\$0 (2)	NDS, NM, LA, PA
IBRANCE CAP 125MG	\$0 (2)	NDS, NM, LA, PA
IDHIFA TAB 50MG	\$0 (2)	NDS, NM, LA, PA
IDHIFA TAB 100MG	\$0 (2)	NDS, NM, LA, PA
KADCYLA INJ 100MG	\$0 (2)	NDS, B/D, NM
KADCYLA INJ 160MG	\$0 (2)	NDS, B/D, NM
KEYTRUDA INJ 100MG/4M	\$0 (2)	NDS, NM, PA
KEYTRUDA SOL 50MG	\$0 (2)	NDS, PA
KISQALI 200 PAK FEMARA	\$0 (2)	NDS, NM, PA
KISQALI 400 PAK FEMARA	\$0 (2)	NDS, NM, PA
KISQALI 600 PAK FEMARA	\$0 (2)	NDS, NM, PA
KISQALI TAB 200DOSE	\$0 (2)	NDS, NM, PA
KISQALI TAB 400DOSE	\$0 (2)	NDS, NM, PA
KISQALI TAB 600DOSE	\$0 (2)	NDS, NM, PA
LYNPARZA TAB 100MG	\$0 (2)	NDS, NM, LA, PA
LYNPARZA TAB 150MG	\$0 (2)	NDS, NM, LA, PA
MYLOTARG INJ 4.5MG	\$0 (2)	NDS, LA, PA
NINLARO CAP 2.3MG	\$0 (2)	NDS, NM, PA
NINLARO CAP 3MG	\$0 (2)	NDS, NM, PA
NINLARO CAP 4MG	\$0 (2)	NDS, NM, PA
ODOMZO CAP 200MG	\$0 (2)	NDS, NM, LA, PA
RITUXAN INJ 100MG	\$0 (2)	NDS, NM, LA, PA
RITUXAN INJ 500MG	\$0 (2)	NDS, NM, LA, PA
RITUXAN INJ HYCELA	\$0 (2)	NDS, NM, LA, PA
RUBRACA TAB 200MG	\$0 (2)	NDS, NM, LA, PA
RUBRACA TAB 250MG	\$0 (2)	NDS, NM, LA, PA
RUBRACA TAB 300MG	\$0 (2)	NDS, NM, LA, PA
TALZENNA CAP 0.25MG	\$0 (2)	NDS, NM, LA, PA
TALZENNA CAP 1MG	\$0 (2)	NDS, NM, LA, PA
TECENTRIQ INJ 840/14	\$0 (2)	NDS, NM, LA, PA
TECENTRIQ INJ 1200/20	\$0 (2)	NDS, NM, LA, PA
TIBSOVO TAB 250MG	\$0 (2)	NDS, LA, PA
VELCADE INJ 3.5MG	\$0 (2)	NDS, NM, PA
VENCLEXTA TAB 10MG	\$0 (2)	LA, PA
VENCLEXTA TAB 50MG	\$0 (2)	LA, PA
VENCLEXTA TAB 100MG	\$0 (2)	NDS, LA, PA
VENCLEXTA TAB START PK	\$0 (2)	NDS, LA, PA
VERZENIO TAB 50MG	\$0 (2)	NDS, NM, LA, PA
VERZENIO TAB 100MG	\$0 (2)	NDS, NM, LA, PA

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

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

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

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INLYTA TAB 5MG	\$0 (2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
INREBIC CAP 100MG	\$0 (2)	NDS, LA, PA
IRESSA TAB 250MG	\$0 (2)	NDS, NM, LA, PA
JAKAFI TAB 5MG	\$0 (2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 10MG	\$0 (2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 15MG	\$0 (2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 20MG	\$0 (2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 25MG	\$0 (2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
LENVIMA CAP 4MG	\$0 (2)	NDS, NM, LA, PA
LENVIMA CAP 8 MG	\$0 (2)	NDS, NM, LA, PA
LENVIMA CAP 10 MG	\$0 (2)	NDS, NM, LA, PA
LENVIMA CAP 12MG	\$0 (2)	NDS, NM, LA, PA
LENVIMA CAP 14 MG	\$0 (2)	NDS, NM, LA, PA
LENVIMA CAP 18 MG	\$0 (2)	NDS, NM, LA, PA
LENVIMA CAP 20 MG	\$0 (2)	NDS, NM, LA, PA
LENVIMA CAP 24 MG	\$0 (2)	NDS, NM, LA, PA
LORBRENA TAB 25MG	\$0 (2)	NDS, NM, LA, PA
LORBRENA TAB 100MG	\$0 (2)	NDS, NM, LA, PA
MEKINIST TAB 0.5MG	\$0 (2)	NDS, NM, LA, PA
MEKINIST TAB 2MG	\$0 (2)	NDS, NM, LA, PA
MEKTOVI TAB 15MG	\$0 (2)	NDS, LA, PA
NERLYNX TAB 40MG	\$0 (2)	NDS, NM, LA, PA
NEXAVAR TAB 200MG	\$0 (2)	NDS, NM, LA, PA
PIQRAY 200MG TAB DOSE	\$0 (2)	NDS, NM, PA
PIQRAY 250MG TAB DOSE	\$0 (2)	NDS, NM, PA
PIQRAY 300MG TAB DOSE	\$0 (2)	NDS, NM, PA
ROZLYTREK CAP 100MG	\$0 (2)	NDS, LA, PA
ROZLYTREK CAP 200MG	\$0 (2)	NDS, LA, PA
RYDAPT CAP 25MG	\$0 (2)	NDS, NM, PA
SPRYCEL TAB 20MG	\$0 (2)	NDS, NM, PA
SPRYCEL TAB 50MG	\$0 (2)	NDS, NM, PA
SPRYCEL TAB 70MG	\$0 (2)	NDS, NM, PA
SPRYCEL TAB 80MG	\$0 (2)	NDS, NM, PA
SPRYCEL TAB 100MG	\$0 (2)	NDS, NM, PA
SPRYCEL TAB 140MG	\$0 (2)	NDS, NM, PA
STIVARGA TAB 40MG	\$0 (2)	NDS, NM, LA, PA

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SUTENT CAP 12.5MG	\$0 (2)	NDS, NM, PA
SUTENT CAP 25MG	\$0 (2)	NDS, NM, PA
SUTENT CAP 37.5MG	\$0 (2)	NDS, NM, PA
SUTENT CAP 50MG	\$0 (2)	NDS, NM, PA
TAFINLAR CAP 50MG	\$0 (2)	NDS, NM, LA, PA
TAFINLAR CAP 75MG	\$0 (2)	NDS, NM, LA, PA
TAGRISSO TAB 40MG	\$0 (2)	NDS, NM, LA, PA
TAGRISSO TAB 80MG	\$0 (2)	NDS, NM, LA, PA
TARCEVA TAB 25MG	\$0 (2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
TARCEVA TAB 100MG	\$0 (2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
TARCEVA TAB 150MG	\$0 (2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
TASIGNA CAP 50MG	\$0 (2)	NDS, NM, PA
TASIGNA CAP 150MG	\$0 (2)	NDS, NM, PA
TASIGNA CAP 200MG	\$0 (2)	NDS, NM, PA
TURALIO CAP 200MG	\$0 (2)	NDS, LA, PA
TYKERB TAB 250MG	\$0 (2)	NDS, NM, LA, PA
VITRAKVI CAP 25MG	\$0 (2)	NDS, NM, LA, PA
VITRAKVI CAP 100MG	\$0 (2)	NDS, NM, LA, PA
VITRAKVI SOL 20MG/ML	\$0 (2)	NDS, NM, LA, PA
VIZIMPRO TAB 15MG	\$0 (2)	NDS, NM, LA, PA
VIZIMPRO TAB 30MG	\$0 (2)	NDS, NM, LA, PA
VIZIMPRO TAB 45MG	\$0 (2)	NDS, NM, LA, PA
VOTRIENT TAB 200MG	\$0 (2)	NDS, NM, LA, PA
XALKORI CAP 200MG	\$0 (2)	NDS, NM, LA, PA
XALKORI CAP 250MG	\$0 (2)	NDS, NM, LA, PA
XOSPATA TAB 40MG	\$0 (2)	NDS, LA, PA
ZELBORAF TAB 240MG	\$0 (2)	NDS, NM, LA, PA
ZYDELIG TAB 100MG	\$0 (2)	NDS, NM, LA, PA
ZYDELIG TAB 150MG	\$0 (2)	NDS, NM, LA, PA
ZYKADIA CAP 150MG	\$0 (2)	NDS, NM, LA, PA
ZYKADIA TAB 150MG	\$0 (2)	NDS, LA, PA
MISCELLANEOUS		
<i>bexarotene cap 75 mg</i>	\$0 (2)	NDS, NM, PA
<i>hydroxyurea cap 500 mg</i>	\$0 (1)	
LONSURF TAB 15-6.14	\$0 (2)	NDS, NM, PA
LONSURF TAB 20-8.19	\$0 (2)	NDS, NM, PA
MATULANE CAP 50MG	\$0 (2)	NDS, LA
SYLATRON KIT 200MCG	\$0 (2)	NDS, NM, PA

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SYLATRON KIT 300MCG	\$0 (2)	NDS, NM, PA
SYLATRON KIT 600MCG	\$0 (2)	NDS, NM, PA
SYNRIBO INJ 3.5MG	\$0 (2)	NDS, PA
<i>tretinoin cap 10 mg</i>	\$0 (2)	NDS
XPOVIO PAK 60MG	\$0 (2)	NDS, LA, PA
XPOVIO PAK 80MG	\$0 (2)	NDS, LA, PA
XPOVIO PAK 100MG	\$0 (2)	NDS, LA, PA
PLATINUM-BASED AGENTS		
<i>carboplatin iv soln 50 mg/5ml</i>	\$0 (1)	B/D, NM
<i>carboplatin iv soln 150 mg/15ml</i>	\$0 (1)	B/D, NM
<i>carboplatin iv soln 450 mg/45ml</i>	\$0 (1)	B/D, NM
<i>carboplatin iv soln 600 mg/60ml</i>	\$0 (1)	B/D, NM
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	\$0 (1)	B/D
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	\$0 (1)	B/D
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	\$0 (1)	B/D
<i>oxaliplatin for iv inj 50 mg</i>	\$0 (2)	NDS, B/D
<i>oxaliplatin for iv inj 100 mg</i>	\$0 (2)	NDS, B/D
<i>oxaliplatin iv soln 50 mg/10ml</i>	\$0 (1)	B/D
<i>oxaliplatin iv soln 100 mg/20ml</i>	\$0 (1)	B/D
PROTECTIVE AGENTS		
<i>dexrazoxane hcl for inj 500 mg (base equivalent)</i>	\$0 (2)	NDS, B/D, NM
<i>leucovorin calcium for inj 50 mg</i>	\$0 (1)	B/D
<i>leucovorin calcium for inj 100 mg</i>	\$0 (1)	B/D
<i>leucovorin calcium for inj 200 mg</i>	\$0 (1)	B/D
<i>leucovorin calcium for inj 350 mg</i>	\$0 (1)	B/D
<i>leucovorin calcium for inj 500 mg</i>	\$0 (1)	B/D
<i>leucovorin calcium inj 500 mg/50ml (10 mg/ml)</i>	\$0 (1)	B/D
<i>leucovorin calcium tab 5 mg</i>	\$0 (1)	
<i>leucovorin calcium tab 10 mg</i>	\$0 (1)	
<i>leucovorin calcium tab 15 mg</i>	\$0 (1)	
<i>leucovorin calcium tab 25 mg</i>	\$0 (1)	
MESNEX TAB 400MG	\$0 (2)	NDS
TOPOISOMERASE INHIBITORS		
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	\$0 (1)	B/D
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	\$0 (1)	B/D
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	\$0 (1)	B/D
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	\$0 (1)	B/D

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<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	\$0 (1)	B/D
<i>toposar inj 1gm/50ml</i>	\$0 (1)	B/D
<i>toposar inj 100/5ml</i>	\$0 (1)	B/D
<i>topotecan hcl for inj 4 mg (base equiv)</i>	\$0 (2)	NDS, B/D
<i>topotecan hcl inj 4 mg/4ml (base equiv) (for infusion)</i>	\$0 (2)	NDS, B/D
TOPOTECAN INJ 4MG/4ML	\$0 (2)	NDS, B/D

CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE

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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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<i>perindopril erbumine tab 2 mg</i>	\$0 (1)	
<i>perindopril erbumine tab 4 mg</i>	\$0 (1)	
<i>perindopril erbumine tab 8 mg</i>	\$0 (1)	
<i>quinapril hcl tab 5 mg</i>	\$0 (1)	
<i>quinapril hcl tab 10 mg</i>	\$0 (1)	
<i>quinapril hcl tab 20 mg</i>	\$0 (1)	
<i>quinapril hcl tab 40 mg</i>	\$0 (1)	
<i>ramipril cap 1.25 mg</i>	\$0 (1)	
<i>ramipril cap 2.5 mg</i>	\$0 (1)	
<i>ramipril cap 5 mg</i>	\$0 (1)	
<i>ramipril cap 10 mg</i>	\$0 (1)	
<i>trandolapril tab 1 mg</i>	\$0 (1)	
<i>trandolapril tab 2 mg</i>	\$0 (1)	
<i>trandolapril tab 4 mg</i>	\$0 (1)	

ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE

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

ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE

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

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

<i>amlodipine besylate-olmesartan</i>	\$0 (1)	
<i>medoxomil tab 5-20 mg</i>		

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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	\$0 (1)	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	\$0 (1)	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	\$0 (1)	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	\$0 (1)	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	\$0 (1)	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	\$0 (1)	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	\$0 (1)	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	\$0 (1)	
<i>telmisartan-amlodipine tab 40-5 mg</i>	\$0 (1)	
<i>telmisartan-amlodipine tab 40-10 mg</i>	\$0 (1)	
<i>telmisartan-amlodipine tab 80-5 mg</i>	\$0 (1)	
<i>telmisartan-amlodipine tab 80-10 mg</i>	\$0 (1)	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	\$0 (1)	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	\$0 (1)	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	\$0 (1)	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	\$0 (1)	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	\$0 (1)	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	\$0 (1)	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	\$0 (1)	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	\$0 (1)	
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>candesartan cilexetil tab 4 mg</i>	\$0 (1)	
<i>candesartan cilexetil tab 8 mg</i>	\$0 (1)	
<i>candesartan cilexetil tab 16 mg</i>	\$0 (1)	
<i>candesartan cilexetil tab 32 mg</i>	\$0 (1)	
<i>eprosartan mesylate tab 600 mg</i>	\$0 (1)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>pacerone tab 200mg</i>	\$0 (1)	
<i>pacerone tab 400mg</i>	\$0 (1)	
<i>propafenone hcl cap er 12hr 225 mg</i>	\$0 (1)	
<i>propafenone hcl cap er 12hr 325 mg</i>	\$0 (1)	
<i>propafenone hcl cap er 12hr 425 mg</i>	\$0 (1)	
<i>propafenone hcl tab 150 mg</i>	\$0 (1)	
<i>propafenone hcl tab 225 mg</i>	\$0 (1)	
<i>propafenone hcl tab 300 mg</i>	\$0 (1)	
<i>quinidine gluconate tab er 324 mg</i>	\$0 (1)	
<i>quinidine sulfate tab 200 mg</i>	\$0 (1)	
<i>quinidine sulfate tab 300 mg</i>	\$0 (1)	
<i>sorine tab 80mg</i>	\$0 (1)	
<i>sorine tab 120mg</i>	\$0 (1)	
<i>sorine tab 160mg</i>	\$0 (1)	
<i>sorine tab 240mg</i>	\$0 (1)	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	\$0 (1)	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	\$0 (1)	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	\$0 (1)	
<i>sotalol hcl tab 80 mg</i>	\$0 (1)	
<i>sotalol hcl tab 120 mg</i>	\$0 (1)	
<i>sotalol hcl tab 160 mg</i>	\$0 (1)	
<i>sotalol hcl tab 240 mg</i>	\$0 (1)	

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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>rosuvastatin calcium tab 20 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 40 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>simvastatin tab 5 mg</i>	\$0 (1)	
<i>simvastatin tab 10 mg</i>	\$0 (1)	
<i>simvastatin tab 20 mg</i>	\$0 (1)	
<i>simvastatin tab 40 mg</i>	\$0 (1)	
<i>simvastatin tab 80 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>cholestyramine light powder 4 gm/dose</i>	\$0 (1)	
<i>cholestyramine light powder packets 4 gm</i>	\$0 (1)	
<i>cholestyramine powder 4 gm/dose</i>	\$0 (1)	
<i>cholestyramine powder packets 4 gm</i>	\$0 (1)	
<i>colesevelam hcl packet for susp 3.75 gm</i>	\$0 (1)	
<i>colesevelam hcl tab 625 mg</i>	\$0 (1)	
<i>colestipol hcl granule packets 5 gm</i>	\$0 (1)	
<i>colestipol hcl granules 5 gm</i>	\$0 (1)	
<i>colestipol hcl tab 1 gm</i>	\$0 (1)	
<i>ezetimibe tab 10 mg</i>	\$0 (1)	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	\$0 (1)	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	\$0 (1)	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	\$0 (1)	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	\$0 (1)	
<i>fenofibrate micronized cap 67 mg</i>	\$0 (1)	
<i>fenofibrate micronized cap 134 mg</i>	\$0 (1)	
<i>fenofibrate micronized cap 200 mg</i>	\$0 (1)	
<i>fenofibrate tab 48 mg</i>	\$0 (1)	
<i>fenofibrate tab 54 mg</i>	\$0 (1)	
<i>fenofibrate tab 145 mg</i>	\$0 (1)	
<i>fenofibrate tab 160 mg</i>	\$0 (1)	
<i>gemfibrozil tab 600 mg</i>	\$0 (1)	
JUXTAPID CAP 5MG	\$0 (2)	NDS, LA, PA
JUXTAPID CAP 10MG	\$0 (2)	NDS, LA, PA
JUXTAPID CAP 20MG	\$0 (2)	NDS, LA, PA
JUXTAPID CAP 30MG	\$0 (2)	NDS, LA, PA
JUXTAPID CAP 40MG	\$0 (2)	NDS, LA, PA
JUXTAPID CAP 60MG	\$0 (2)	NDS, LA, PA
KYNAMRO INJ 200MG/ML	\$0 (2)	NDS, NM, PA
<i>niacin (antihyperlipidemic) tab 500 mg</i>	\$0 (1)	

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

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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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<i>propranolol hcl tab 60 mg</i>	\$0 (1)	
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<i>propranolol hcl tab 80 mg</i>	\$0 (1)	
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<i>timolol maleate tab 5 mg</i>	\$0 (1)	
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<i>timolol maleate tab 10 mg</i>	\$0 (1)	
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<i>timolol maleate tab 20 mg</i>	\$0 (1)	
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CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	\$0 (1)	
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<i>amlodipine besylate tab 5 mg (base equivalent)</i>	\$0 (1)	
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<i>amlodipine besylate tab 10 mg (base equivalent)</i>	\$0 (1)	
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<i>diltiazem hcl cap er 12hr 60 mg</i>	\$0 (1)	
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<i>diltiazem hcl cap er 12hr 90 mg</i>	\$0 (1)	
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<i>diltiazem hcl cap er 12hr 120 mg</i>	\$0 (1)	
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<i>diltiazem hcl cap er 24hr 120 mg</i>	\$0 (1)	
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<i>diltiazem hcl cap er 24hr 180 mg</i>	\$0 (1)	
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<i>diltiazem hcl cap er 24hr 240 mg</i>	\$0 (1)	
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<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	\$0 (1)	
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<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	\$0 (1)	
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<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	\$0 (1)	
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<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	\$0 (1)	
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<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	\$0 (1)	
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<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	\$0 (1)	
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<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	\$0 (1)	
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<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	\$0 (1)	
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<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	\$0 (1)	
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<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	\$0 (1)	
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<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	\$0 (1)	
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<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	\$0 (1)	
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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	\$0 (1)	
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	\$0 (1)	
<i>diltiazem hcl tab 30 mg</i>	\$0 (1)	
<i>diltiazem hcl tab 60 mg</i>	\$0 (1)	
<i>diltiazem hcl tab 90 mg</i>	\$0 (1)	
<i>diltiazem hcl tab 120 mg</i>	\$0 (1)	
<i>felodipine tab er 24hr 2.5 mg</i>	\$0 (1)	
<i>felodipine tab er 24hr 5 mg</i>	\$0 (1)	
<i>felodipine tab er 24hr 10 mg</i>	\$0 (1)	
<i>isradipine cap 2.5 mg</i>	\$0 (1)	
<i>isradipine cap 5 mg</i>	\$0 (1)	
<i>nicardipine hcl cap 20 mg</i>	\$0 (1)	
<i>nicardipine hcl cap 30 mg</i>	\$0 (1)	
<i>nifedipine tab er 24hr 30 mg</i>	\$0 (1)	
<i>nifedipine tab er 24hr 60 mg</i>	\$0 (1)	
<i>nifedipine tab er 24hr 90 mg</i>	\$0 (1)	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	\$0 (1)	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	\$0 (1)	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	\$0 (1)	
<i>nimodipine cap 30 mg</i>	\$0 (2)	NDS
NYMALIZE SOL 30/10ML	\$0 (2)	NDS
<i>taztia xt cap 120mg/24</i>	\$0 (1)	
<i>taztia xt cap 180mg/24</i>	\$0 (1)	
<i>taztia xt cap 240mg/24</i>	\$0 (1)	
<i>taztia xt cap 300mg er</i>	\$0 (1)	
<i>taztia xt cap 360mg/24</i>	\$0 (1)	
<i>verapamil hcl cap er 24hr 100 mg</i>	\$0 (1)	
<i>verapamil hcl cap er 24hr 120 mg</i>	\$0 (1)	
<i>verapamil hcl cap er 24hr 180 mg</i>	\$0 (1)	
<i>verapamil hcl cap er 24hr 200 mg</i>	\$0 (1)	
<i>verapamil hcl cap er 24hr 240 mg</i>	\$0 (1)	
<i>verapamil hcl cap er 24hr 300 mg</i>	\$0 (1)	
<i>verapamil hcl cap er 24hr 360 mg</i>	\$0 (1)	
<i>verapamil hcl iv soln 2.5 mg/ml</i>	\$0 (1)	
<i>verapamil hcl tab 40 mg</i>	\$0 (1)	
<i>verapamil hcl tab 80 mg</i>	\$0 (1)	
<i>verapamil hcl tab 120 mg</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>verapamil hcl tab er 120 mg</i>	\$0 (1)	
<i>verapamil hcl tab er 180 mg</i>	\$0 (1)	
<i>verapamil hcl tab er 240 mg</i>	\$0 (1)	
<i>DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS</i>		
<i>digitek tab 0.25mg</i>	\$0 (1)	PA; PA if 70 years and older
<i>digitek tab 0.125mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>digoxin inj 0.25 mg/ml</i>	\$0 (1)	
<i>digoxin oral soln 0.05 mg/ml</i>	\$0 (1)	PA; PA if 70 years and older
<i>digoxin tab 125 mcg (0.125 mg)</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>digoxin tab 250 mcg (0.25 mg)</i>	\$0 (1)	PA; PA if 70 years and older
<i>DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS</i>		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	\$0 (1)	
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	\$0 (1)	
TEKTURNA HCT TAB 150-12.5	\$0 (2)	
TEKTURNA HCT TAB 150-25MG	\$0 (2)	
TEKTURNA HCT TAB 300-12.5	\$0 (2)	
TEKTURNA HCT TAB 300-25MG	\$0 (2)	
TEKTURNA TAB 150MG	\$0 (2)	
TEKTURNA TAB 300MG	\$0 (2)	
<i>DIURETICS - DRUGS TO TREAT HEART CONDITIONS</i>		
<i>acetazolamide cap er 12hr 500 mg</i>	\$0 (1)	
<i>acetazolamide tab 125 mg</i>	\$0 (1)	
<i>acetazolamide tab 250 mg</i>	\$0 (1)	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	\$0 (1)	
<i>amiloride hcl tab 5 mg</i>	\$0 (1)	
<i>bumetanide inj 0.25 mg/ml</i>	\$0 (1)	
<i>bumetanide tab 0.5 mg</i>	\$0 (1)	
<i>bumetanide tab 1 mg</i>	\$0 (1)	
<i>bumetanide tab 2 mg</i>	\$0 (1)	
<i>chlorothiazide tab 250 mg</i>	\$0 (1)	
<i>chlorothiazide tab 500 mg</i>	\$0 (1)	
<i>chlorthalidone tab 25 mg</i>	\$0 (1)	
<i>chlorthalidone tab 50 mg</i>	\$0 (1)	
<i>furosemide inj 10 mg/ml</i>	\$0 (1)	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order
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 * - Non-Part D Drugs, or OTC items that are covered by Medicaid

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>furosemide oral soln 8 mg/ml</i>	\$0 (1)	
<i>furosemide oral soln 10 mg/ml</i>	\$0 (1)	
<i>furosemide tab 20 mg</i>	\$0 (1)	
<i>furosemide tab 40 mg</i>	\$0 (1)	
<i>furosemide tab 80 mg</i>	\$0 (1)	
<i>hydrochlorothiazide cap 12.5 mg</i>	\$0 (1)	
<i>hydrochlorothiazide tab 12.5 mg</i>	\$0 (1)	
<i>hydrochlorothiazide tab 25 mg</i>	\$0 (1)	
<i>hydrochlorothiazide tab 50 mg</i>	\$0 (1)	
<i>indapamide tab 1.25 mg</i>	\$0 (1)	
<i>indapamide tab 2.5 mg</i>	\$0 (1)	
<i>methazolamide tab 25 mg</i>	\$0 (1)	
<i>methazolamide tab 50 mg</i>	\$0 (1)	
<i>methyclothiazide tab 5 mg</i>	\$0 (1)	
<i>metolazone tab 2.5 mg</i>	\$0 (1)	
<i>metolazone tab 5 mg</i>	\$0 (1)	
<i>metolazone tab 10 mg</i>	\$0 (1)	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	\$0 (1)	
<i>torsemide tab 5 mg</i>	\$0 (1)	
<i>torsemide tab 10 mg</i>	\$0 (1)	
<i>torsemide tab 20 mg</i>	\$0 (1)	
<i>torsemide tab 100 mg</i>	\$0 (1)	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	\$0 (1)	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	\$0 (1)	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	\$0 (1)	
MISCELLANEOUS		
<i>clonidine hcl tab 0.1 mg</i>	\$0 (1)	
<i>clonidine hcl tab 0.2 mg</i>	\$0 (1)	
<i>clonidine hcl tab 0.3 mg</i>	\$0 (1)	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	\$0 (1)	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	\$0 (1)	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	\$0 (1)	
CORLANOR SOL 5MG/5ML	\$0 (2)	
CORLANOR TAB 5MG	\$0 (2)	
CORLANOR TAB 7.5MG	\$0 (2)	
DEMSER CAP 250MG	\$0 (2)	NDS, PA
<i>hydralazine hcl inj 20 mg/ml</i>	\$0 (1)	
<i>hydralazine hcl tab 10 mg</i>	\$0 (1)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	\$0 (1)	

PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT

PULMONARY HYPERTENSION

ADEMPAS TAB 0.5MG	\$0 (2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 1.5MG	\$0 (2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 1MG	\$0 (2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 2.5MG	\$0 (2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 2MG	\$0 (2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
<i>ambrisentan tab 5 mg</i>	\$0 (2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>ambrisentan tab 10 mg</i>	\$0 (2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>bosentan tab 62.5 mg</i>	\$0 (2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
<i>bosentan tab 125 mg</i>	\$0 (2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT TAB 10MG	\$0 (2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
REMODULIN INJ 1MG/ML	\$0 (2)	NDS, NM, LA, PA
REMODULIN INJ 2.5MG/ML	\$0 (2)	NDS, NM, LA, PA
REMODULIN INJ 5MG/ML	\$0 (2)	NDS, NM, LA, PA
REMODULIN INJ 10MG/ML	\$0 (2)	NDS, NM, LA, PA
<i>sildenafil citrate tab 20 mg</i>	\$0 (1)	QL (90 tabs / 30 days), NM, PA
TRACLEER TAB 62.5MG	\$0 (2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
TRACLEER TAB 125MG	\$0 (2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	\$0 (2)	NDS, NM, LA, PA
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	\$0 (2)	NDS, NM, LA, PA
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	\$0 (2)	NDS, NM, LA, PA
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	\$0 (2)	NDS, NM, LA, PA
VENTAVIS SOL 10MCG/ML	\$0 (2)	NDS, NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VENTAVIS SOL 20MCG/ML	\$0 (2)	NDS, NM, PA

CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

ANTI-ANXIETY - DRUGS TO TREAT ANXIETY

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

ANTICONVULSANTS - DRUGS TO TREAT SEIZURES

APTOM TAB 200MG	\$0 (2)	NDS, QL (180 tabs / 30 days)
APTOM TAB 400MG	\$0 (2)	NDS, QL (90 tabs / 30 days)
APTOM TAB 600MG	\$0 (2)	NDS, QL (60 tabs / 30 days)
APTOM TAB 800MG	\$0 (2)	NDS, QL (60 tabs / 30 days)
BANZEL SUS 40MG/ML	\$0 (2)	NDS, PA
BANZEL TAB 200MG	\$0 (2)	NDS, PA
BANZEL TAB 400MG	\$0 (2)	NDS, PA
BRIVIACT INJ 50MG/5ML	\$0 (2)	PA
BRIVIACT SOL 10MG/ML	\$0 (2)	NDS, PA
BRIVIACT TAB 10MG	\$0 (2)	NDS, PA
BRIVIACT TAB 25MG	\$0 (2)	NDS, PA
BRIVIACT TAB 50MG	\$0 (2)	NDS, PA
BRIVIACT TAB 75MG	\$0 (2)	NDS, PA
BRIVIACT TAB 100MG	\$0 (2)	NDS, PA

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>carbamazepine cap er 12hr 100 mg</i>	\$0 (1)	
<i>carbamazepine cap er 12hr 200 mg</i>	\$0 (1)	
<i>carbamazepine cap er 12hr 300 mg</i>	\$0 (1)	
<i>carbamazepine chew tab 100 mg</i>	\$0 (1)	
<i>carbamazepine susp 100 mg/5ml</i>	\$0 (1)	
<i>carbamazepine tab 200 mg</i>	\$0 (1)	
<i>carbamazepine tab er 12hr 100 mg</i>	\$0 (1)	
<i>carbamazepine tab er 12hr 200 mg</i>	\$0 (1)	
<i>carbamazepine tab er 12hr 400 mg</i>	\$0 (1)	
CELONTIN CAP 300MG	\$0 (2)	
<i>clobazam suspension 2.5 mg/ml</i>	\$0 (1)	PA
<i>clobazam tab 10 mg</i>	\$0 (1)	PA
<i>clobazam tab 20 mg</i>	\$0 (1)	PA
<i>clonazepam orally disintegrating tab 0.5 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.25 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.125 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 1 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 2 mg</i>	\$0 (1)	QL (300 tabs / 30 days)
<i>clonazepam tab 0.5 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>clonazepam tab 1 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>clonazepam tab 2 mg</i>	\$0 (1)	QL (300 tabs / 30 days)
<i>clorazepate dipotassium tab 3.75 mg</i>	\$0 (1)	QL (180 tabs / 30 days), PA; PA if 65 years and older
<i>clorazepate dipotassium tab 7.5 mg</i>	\$0 (1)	QL (180 tabs / 30 days), PA; PA if 65 years and older
<i>clorazepate dipotassium tab 15 mg</i>	\$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)	
<i>diazepam con 5mg/ml</i>	\$0 (1)	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam inj 5 mg/ml</i>	\$0 (1)	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order
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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>diazepam oral soln 1 mg/ml</i>	\$0 (1)	QL (1200 mL / 30 days), PA; PA if 65 years and older
<i>diazepam rectal gel delivery system 2.5 mg</i>	\$0 (1)	
<i>diazepam rectal gel delivery system 10 mg</i>	\$0 (1)	
<i>diazepam rectal gel delivery system 20 mg</i>	\$0 (1)	
<i>diazepam tab 2 mg</i>	\$0 (1)	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam tab 5 mg</i>	\$0 (1)	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam tab 10 mg</i>	\$0 (1)	QL (120 tabs / 30 days), PA; PA if 65 years and older
DILANTIN CAP 30MG	\$0 (2)	
DILANTIN CAP 100MG	\$0 (2)	
DILANTIN CHW 50MG	\$0 (2)	
DILANTIN-125 SUS 125/5ML	\$0 (2)	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	\$0 (1)	
<i>divalproex sodium tab delayed release 125 mg</i>	\$0 (1)	
<i>divalproex sodium tab delayed release 250 mg</i>	\$0 (1)	
<i>divalproex sodium tab delayed release 500 mg</i>	\$0 (1)	
<i>divalproex sodium tab er 24 hr 250 mg</i>	\$0 (1)	
<i>divalproex sodium tab er 24 hr 500 mg</i>	\$0 (1)	
EPIDIOLEX SOL 100MG/ML	\$0 (2)	NDS, QL (600 mL / 30 days), NM, LA, PA
<i>epitol tab 200mg</i>	\$0 (1)	
<i>ethosuximide cap 250 mg</i>	\$0 (1)	
<i>ethosuximide soln 250 mg/5ml</i>	\$0 (1)	
<i>felbamate susp 600 mg/5ml</i>	\$0 (2)	NDS
<i>felbamate tab 400 mg</i>	\$0 (1)	
<i>felbamate tab 600 mg</i>	\$0 (1)	
FYCOMPA SUS 0.5MG/ML	\$0 (2)	NDS, QL (720 mL / 30 days), PA

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

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

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>levetiracetam tab 500 mg</i>	\$0 (1)	
<i>levetiracetam tab 750 mg</i>	\$0 (1)	
<i>levetiracetam tab 1000 mg</i>	\$0 (1)	
<i>levetiracetam tab er 24hr 500 mg</i>	\$0 (1)	
<i>levetiracetam tab er 24hr 750 mg</i>	\$0 (1)	
LYRICA CAP 25MG	\$0 (2)	QL (120 caps / 30 days)
LYRICA CAP 50MG	\$0 (2)	QL (120 caps / 30 days)
LYRICA CAP 75MG	\$0 (2)	QL (120 caps / 30 days)
LYRICA CAP 100MG	\$0 (2)	QL (120 caps / 30 days)
LYRICA CAP 150MG	\$0 (2)	QL (120 caps / 30 days)
LYRICA CAP 200MG	\$0 (2)	QL (90 caps / 30 days)
LYRICA CAP 225MG	\$0 (2)	QL (60 caps / 30 days)
LYRICA CAP 300MG	\$0 (2)	QL (60 caps / 30 days)
LYRICA SOL 20MG/ML	\$0 (2)	QL (946 mL / 30 days)
NAYZILAM SPR 5MG	\$0 (2)	
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	\$0 (1)	
<i>oxcarbazepine tab 150 mg</i>	\$0 (1)	
<i>oxcarbazepine tab 300 mg</i>	\$0 (1)	
<i>oxcarbazepine tab 600 mg</i>	\$0 (1)	
PEGANONE TAB 250MG	\$0 (2)	
PHENOBARB INJ 65MG/ML	\$0 (2)	PA; PA if 70 years and older
<i>phenobarbital elixir 20 mg/5ml</i>	\$0 (2)	PA; PA if 70 years and older
<i>phenobarbital sodium inj 130 mg/ml</i>	\$0 (2)	PA; PA if 70 years and older
<i>phenobarbital tab 15 mg</i>	\$0 (2)	PA; PA if 70 years and older
<i>phenobarbital tab 16.2 mg</i>	\$0 (2)	PA; PA if 70 years and older
<i>phenobarbital tab 30 mg</i>	\$0 (2)	PA; PA if 70 years and older
<i>phenobarbital tab 32.4 mg</i>	\$0 (2)	PA; PA if 70 years and older
<i>phenobarbital tab 60 mg</i>	\$0 (2)	PA; PA if 70 years and older
<i>phenobarbital tab 64.8 mg</i>	\$0 (2)	PA; PA if 70 years and older
<i>phenobarbital tab 97.2 mg</i>	\$0 (2)	PA; PA if 70 years and older
<i>phenobarbital tab 100 mg</i>	\$0 (2)	PA; PA if 70 years and older

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>valproate sodium inj 100 mg/ml</i>	\$0 (1)	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	\$0 (1)	
<i>valproic acid cap 250 mg</i>	\$0 (1)	
<i>vigabatrin powd pack 500 mg</i>	\$0 (2)	NDS, QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin tab 500 mg</i>	\$0 (2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
<i>vigadrone pow 500mg</i>	\$0 (2)	NDS, QL (180 packets / 30 days), NM, LA, PA
VIMPAT INJ 200MG/20	\$0 (2)	NDS
VIMPAT SOL 10MG/ML	\$0 (2)	NDS, QL (1200 mL / 30 days)
VIMPAT TAB 50MG	\$0 (2)	QL (120 tabs / 30 days)
VIMPAT TAB 100MG	\$0 (2)	NDS, QL (60 tabs / 30 days)
VIMPAT TAB 150MG	\$0 (2)	NDS, QL (60 tabs / 30 days)
VIMPAT TAB 200MG	\$0 (2)	NDS, QL (60 tabs / 30 days)
<i>zonisamide cap 25 mg</i>	\$0 (1)	
<i>zonisamide cap 50 mg</i>	\$0 (1)	
<i>zonisamide cap 100 mg</i>	\$0 (1)	
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	\$0 (1)	
<i>donepezil hydrochloride tab 5 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>donepezil hydrochloride tab 10 mg</i>	\$0 (1)	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	\$0 (1)	
<i>galantamine hydrobromide tab 4 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>galantamine hydrobromide tab 8 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>galantamine hydrobromide tab 12 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>memantine hcl cap er 24hr 7 mg</i>	\$0 (1)	PA; PA if < 30 yrs
<i>memantine hcl cap er 24hr 14 mg</i>	\$0 (1)	PA; PA if < 30 yrs

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>memantine hcl cap er 24hr 21 mg</i>	\$0 (1)	PA; PA if < 30 yrs
<i>memantine hcl cap er 24hr 28 mg</i>	\$0 (1)	PA; PA if < 30 yrs
<i>memantine hcl oral solution 2 mg/ml</i>	\$0 (1)	PA; PA if < 30 yrs
<i>memantine hcl tab 5 mg</i>	\$0 (1)	PA; PA if < 30 yrs
<i>memantine hcl tab 5 mg (28) & 10 mg (21) titration pak</i>	\$0 (2)	PA; PA if < 30 yrs
<i>memantine hcl tab 10 mg</i>	\$0 (1)	PA; PA if < 30 yrs
NAMZARIC CAP	\$0 (2)	
NAMZARIC CAP 7-10MG	\$0 (2)	
NAMZARIC CAP 14-10MG	\$0 (2)	
NAMZARIC CAP 21-10MG	\$0 (2)	
NAMZARIC CAP 28-10MG	\$0 (2)	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	\$0 (1)	QL (90 caps / 30 days)
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	\$0 (1)	QL (90 caps / 30 days)
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	\$0 (1)	QL (60 caps / 30 days)
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	\$0 (1)	QL (60 caps / 30 days)
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	\$0 (1)	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	\$0 (1)	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	\$0 (1)	QL (30 patches / 30 days)
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
<i>amitriptyline hcl tab 10 mg</i>	\$0 (2)	
<i>amitriptyline hcl tab 25 mg</i>	\$0 (2)	
<i>amitriptyline hcl tab 50 mg</i>	\$0 (2)	
<i>amitriptyline hcl tab 75 mg</i>	\$0 (2)	
<i>amitriptyline hcl tab 100 mg</i>	\$0 (2)	
<i>amitriptyline hcl tab 150 mg</i>	\$0 (2)	
<i>amoxapine tab 25 mg</i>	\$0 (2)	
<i>amoxapine tab 50 mg</i>	\$0 (2)	
<i>amoxapine tab 100 mg</i>	\$0 (2)	
<i>amoxapine tab 150 mg</i>	\$0 (2)	
<i>bupropion hcl tab 75 mg</i>	\$0 (1)	
<i>bupropion hcl tab 100 mg</i>	\$0 (1)	
<i>bupropion hcl tab er 12hr 100 mg</i>	\$0 (1)	
<i>bupropion hcl tab er 12hr 150 mg</i>	\$0 (1)	
<i>bupropion hcl tab er 12hr 200 mg</i>	\$0 (1)	

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<i>bupropion hcl tab er 24hr 150 mg</i>	\$0 (1)	
<i>bupropion hcl tab er 24hr 300 mg</i>	\$0 (1)	
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	\$0 (1)	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	\$0 (1)	
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	\$0 (1)	
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	\$0 (1)	
<i>clomipramine hcl cap 25 mg</i>	\$0 (2)	PA
<i>clomipramine hcl cap 50 mg</i>	\$0 (2)	PA
<i>clomipramine hcl cap 75 mg</i>	\$0 (2)	PA
<i>desipramine hcl tab 10 mg</i>	\$0 (2)	
<i>desipramine hcl tab 25 mg</i>	\$0 (2)	
<i>desipramine hcl tab 50 mg</i>	\$0 (2)	
<i>desipramine hcl tab 75 mg</i>	\$0 (2)	
<i>desipramine hcl tab 100 mg</i>	\$0 (2)	
<i>desipramine hcl tab 150 mg</i>	\$0 (2)	
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	\$0 (1)	QL (30 tabs / 30 days), PA
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	\$0 (1)	QL (30 tabs / 30 days), PA
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	\$0 (1)	QL (30 tabs / 30 days), PA
<i>doxepin hcl cap 10 mg</i>	\$0 (2)	
<i>doxepin hcl cap 25 mg</i>	\$0 (2)	
<i>doxepin hcl cap 50 mg</i>	\$0 (2)	
<i>doxepin hcl cap 75 mg</i>	\$0 (2)	
<i>doxepin hcl cap 100 mg</i>	\$0 (2)	
<i>doxepin hcl cap 150 mg</i>	\$0 (2)	
<i>doxepin hcl conc 10 mg/ml</i>	\$0 (2)	
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	\$0 (1)	QL (180 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	\$0 (1)	QL (120 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	\$0 (1)	QL (60 caps / 30 days)
EMSAM DIS 6MG/24HR	\$0 (2)	NDS, QL (30 patches / 30 days), PA
EMSAM DIS 9MG/24HR	\$0 (2)	NDS, QL (30 patches / 30 days), PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
EMSAM DIS 12MG/24H	\$0 (2)	NDS, QL (30 patches / 30 days), PA
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	\$0 (1)	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	\$0 (1)	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	\$0 (1)	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	\$0 (1)	
FETZIMA CAP 20MG	\$0 (2)	QL (180 caps / 30 days), PA
FETZIMA CAP 40MG	\$0 (2)	QL (90 caps / 30 days), PA
FETZIMA CAP 80MG	\$0 (2)	QL (30 caps / 30 days), PA
FETZIMA CAP 120MG	\$0 (2)	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	\$0 (2)	PA
<i>fluoxetine hcl cap 10 mg</i>	\$0 (1)	
<i>fluoxetine hcl cap 20 mg</i>	\$0 (1)	
<i>fluoxetine hcl cap 40 mg</i>	\$0 (1)	
<i>fluoxetine hcl solution 20 mg/5ml</i>	\$0 (1)	
<i>imipramine hcl tab 10 mg</i>	\$0 (2)	
<i>imipramine hcl tab 25 mg</i>	\$0 (2)	
<i>imipramine hcl tab 50 mg</i>	\$0 (2)	
<i>maprotiline hcl tab 25 mg</i>	\$0 (1)	
<i>maprotiline hcl tab 50 mg</i>	\$0 (1)	
<i>maprotiline hcl tab 75 mg</i>	\$0 (1)	
MARPLAN TAB 10MG	\$0 (2)	QL (180 tabs / 30 days)
<i>mirtazapine orally disintegrating tab 15 mg</i>	\$0 (1)	
<i>mirtazapine orally disintegrating tab 30 mg</i>	\$0 (1)	
<i>mirtazapine orally disintegrating tab 45 mg</i>	\$0 (1)	
<i>mirtazapine tab 7.5 mg</i>	\$0 (1)	
<i>mirtazapine tab 15 mg</i>	\$0 (1)	
<i>mirtazapine tab 30 mg</i>	\$0 (1)	
<i>mirtazapine tab 45 mg</i>	\$0 (1)	
<i>nefazodone hcl tab 50 mg</i>	\$0 (1)	
<i>nefazodone hcl tab 100 mg</i>	\$0 (1)	
<i>nefazodone hcl tab 150 mg</i>	\$0 (1)	

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<i>nefazodone hcl tab 200 mg</i>	\$0 (1)	
<i>nefazodone hcl tab 250 mg</i>	\$0 (1)	
<i>nortriptyline hcl cap 10 mg</i>	\$0 (2)	
<i>nortriptyline hcl cap 25 mg</i>	\$0 (2)	
<i>nortriptyline hcl cap 50 mg</i>	\$0 (2)	
<i>nortriptyline hcl cap 75 mg</i>	\$0 (2)	
<i>nortriptyline hcl soln 10 mg/5ml</i>	\$0 (2)	
<i>paroxetine hcl tab 10 mg</i>	\$0 (2)	
<i>paroxetine hcl tab 20 mg</i>	\$0 (2)	
<i>paroxetine hcl tab 30 mg</i>	\$0 (2)	
<i>paroxetine hcl tab 40 mg</i>	\$0 (2)	
PAXIL SUS 10MG/5ML	\$0 (2)	QL (900 mL / 30 days)
<i>phenelzine sulfate tab 15 mg</i>	\$0 (1)	
<i>protriptyline hcl tab 5 mg</i>	\$0 (2)	
<i>protriptyline hcl tab 10 mg</i>	\$0 (2)	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	\$0 (1)	
<i>sertraline hcl tab 25 mg</i>	\$0 (1)	
<i>sertraline hcl tab 50 mg</i>	\$0 (1)	
<i>sertraline hcl tab 100 mg</i>	\$0 (1)	
<i>tranylcypromine sulfate tab 10 mg</i>	\$0 (1)	
<i>trazodone hcl tab 50 mg</i>	\$0 (1)	
<i>trazodone hcl tab 100 mg</i>	\$0 (1)	
<i>trazodone hcl tab 150 mg</i>	\$0 (1)	
<i>trimipramine maleate cap 25 mg</i>	\$0 (2)	QL (240 caps / 30 days)
<i>trimipramine maleate cap 50 mg</i>	\$0 (2)	QL (120 caps / 30 days)
<i>trimipramine maleate cap 100 mg</i>	\$0 (2)	QL (60 caps / 30 days)
TRINTELLIX TAB 5MG	\$0 (2)	QL (120 tabs / 30 days)
TRINTELLIX TAB 10MG	\$0 (2)	QL (60 tabs / 30 days)
TRINTELLIX TAB 20MG	\$0 (2)	QL (30 tabs / 30 days)
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	\$0 (1)	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	\$0 (1)	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	\$0 (1)	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	\$0 (1)	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	\$0 (1)	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	\$0 (1)	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	\$0 (1)	
VIIBRYD KIT STARTER	\$0 (2)	
VIIBRYD TAB 10MG	\$0 (2)	QL (30 tabs / 30 days)
VIIBRYD TAB 20MG	\$0 (2)	QL (30 tabs / 30 days)
VIIBRYD TAB 40MG	\$0 (2)	QL (30 tabs / 30 days)

ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE

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

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order
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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	\$0 (1)	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	\$0 (1)	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	\$0 (1)	
<i>entacapone tab 200 mg</i>	\$0 (1)	
NEUPRO DIS 1MG/24HR	\$0 (2)	
NEUPRO DIS 2MG/24HR	\$0 (2)	
NEUPRO DIS 3MG/24HR	\$0 (2)	
NEUPRO DIS 4MG/24HR	\$0 (2)	
NEUPRO DIS 6MG/24HR	\$0 (2)	
NEUPRO DIS 8MG/24HR	\$0 (2)	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	\$0 (1)	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	\$0 (1)	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	\$0 (1)	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	\$0 (1)	
<i>pramipexole dihydrochloride tab 1 mg</i>	\$0 (1)	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	\$0 (1)	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	\$0 (1)	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	\$0 (1)	
<i>ropinirole hydrochloride tab 0.5 mg</i>	\$0 (1)	
<i>ropinirole hydrochloride tab 0.25 mg</i>	\$0 (1)	
<i>ropinirole hydrochloride tab 1 mg</i>	\$0 (1)	
<i>ropinirole hydrochloride tab 2 mg</i>	\$0 (1)	
<i>ropinirole hydrochloride tab 3 mg</i>	\$0 (1)	
<i>ropinirole hydrochloride tab 4 mg</i>	\$0 (1)	
<i>ropinirole hydrochloride tab 5 mg</i>	\$0 (1)	
<i>selegiline hcl cap 5 mg</i>	\$0 (1)	
<i>selegiline hcl tab 5 mg</i>	\$0 (1)	
<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i>	\$0 (2)	PA; PA if 70 years and older
<i>trihexyphenidyl hcl tab 2 mg</i>	\$0 (2)	PA; PA if 70 years and older
<i>trihexyphenidyl hcl tab 5 mg</i>	\$0 (2)	PA; PA if 70 years and older

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

ABILIFY MAIN INJ 300MG	\$0 (2)	NDS, QL (1 injection / 28 days)
ABILIFY MAIN INJ 400MG	\$0 (2)	NDS, QL (1 injection / 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	\$0 (2)	NDS, QL (900 mL / 30 days)
<i>aripiprazole orally disintegrating tab 10 mg</i>	\$0 (2)	NDS, QL (60 tabs / 30 days)
<i>aripiprazole orally disintegrating tab 15 mg</i>	\$0 (2)	NDS, QL (60 tabs / 30 days)
<i>aripiprazole tab 2 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>aripiprazole tab 5 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>aripiprazole tab 10 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>aripiprazole tab 15 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>aripiprazole tab 20 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>aripiprazole tab 30 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
ARISTADA INJ 441MG/1.	\$0 (2)	NDS, QL (1 injection / 28 days)
ARISTADA INJ 662MG/2	\$0 (2)	NDS, QL (1 injection / 28 days)
ARISTADA INJ 882MG/3	\$0 (2)	NDS, QL (1 injection / 28 days)
ARISTADA INJ 1064MG	\$0 (2)	NDS, QL (1 injection / 56 days)
ARISTADA INJ INITIO	\$0 (2)	NDS
CHLORPROMAZ INJ 25MG/ML	\$0 (2)	
CHLORPROMAZ INJ 50MG/2ML	\$0 (2)	
<i>chlorpromazine hcl tab 10 mg</i>	\$0 (1)	
<i>chlorpromazine hcl tab 25 mg</i>	\$0 (1)	
<i>chlorpromazine hcl tab 50 mg</i>	\$0 (1)	
<i>chlorpromazine hcl tab 100 mg</i>	\$0 (1)	
<i>chlorpromazine hcl tab 200 mg</i>	\$0 (1)	
<i>clozapine orally disintegrating tab 12.5 mg</i>	\$0 (1)	PA
<i>clozapine orally disintegrating tab 25 mg</i>	\$0 (1)	PA
<i>clozapine orally disintegrating tab 100 mg</i>	\$0 (1)	QL (270 tabs / 30 days), PA
<i>clozapine orally disintegrating tab 150 mg</i>	\$0 (1)	QL (180 tabs / 30 days), PA
<i>clozapine orally disintegrating tab 200 mg</i>	\$0 (2)	NDS, QL (135 tabs / 30 days), PA

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>clozapine tab 25 mg</i>	\$0 (1)	
<i>clozapine tab 50 mg</i>	\$0 (1)	
<i>clozapine tab 100 mg</i>	\$0 (1)	QL (270 tabs / 30 days)
<i>clozapine tab 200 mg</i>	\$0 (1)	QL (135 tabs / 30 days)
FANAPT PAK	\$0 (2)	
FANAPT TAB 1MG	\$0 (2)	QL (60 tabs / 30 days)
FANAPT TAB 2MG	\$0 (2)	QL (60 tabs / 30 days)
FANAPT TAB 4MG	\$0 (2)	QL (60 tabs / 30 days)
FANAPT TAB 6MG	\$0 (2)	QL (60 tabs / 30 days)
FANAPT TAB 8MG	\$0 (2)	QL (60 tabs / 30 days)
FANAPT TAB 10MG	\$0 (2)	QL (60 tabs / 30 days)
FANAPT TAB 12MG	\$0 (2)	QL (60 tabs / 30 days)
<i>fluphenazine decanoate inj 25 mg/ml</i>	\$0 (1)	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	\$0 (1)	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	\$0 (1)	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	\$0 (1)	
<i>fluphenazine hcl tab 1 mg</i>	\$0 (1)	
<i>fluphenazine hcl tab 2.5 mg</i>	\$0 (1)	
<i>fluphenazine hcl tab 5 mg</i>	\$0 (1)	
<i>fluphenazine hcl tab 10 mg</i>	\$0 (1)	
GEODON INJ 20MG	\$0 (2)	QL (6 mL / 3 days)
<i>haloperidol decanoate im soln 50 mg/ml</i>	\$0 (1)	
<i>haloperidol decanoate im soln 100 mg/ml</i>	\$0 (1)	
<i>haloperidol lactate inj 5 mg/ml</i>	\$0 (1)	
<i>haloperidol lactate oral conc 2 mg/ml</i>	\$0 (1)	
<i>haloperidol tab 0.5 mg</i>	\$0 (1)	
<i>haloperidol tab 1 mg</i>	\$0 (1)	
<i>haloperidol tab 2 mg</i>	\$0 (1)	
<i>haloperidol tab 5 mg</i>	\$0 (1)	
<i>haloperidol tab 10 mg</i>	\$0 (1)	
<i>haloperidol tab 20 mg</i>	\$0 (1)	
INVEGA SUST INJ 39/0.25	\$0 (2)	QL (1 injection / 28 days)
INVEGA SUST INJ 78/0.5ML	\$0 (2)	NDS, QL (1 injection / 28 days)
INVEGA SUST INJ 117/0.75	\$0 (2)	NDS, QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	\$0 (2)	NDS, QL (1 injection / 28 days)
INVEGA SUST INJ 234/1.5	\$0 (2)	NDS, QL (1 injection / 28 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
INVEGA TRINZ INJ 273MG	\$0 (2)	NDS, QL (1 injection / 90 days)
INVEGA TRINZ INJ 410MG	\$0 (2)	NDS, QL (1 injection / 90 days)
INVEGA TRINZ INJ 546MG	\$0 (2)	NDS, QL (1 injection / 90 days)
INVEGA TRINZ INJ 819MG	\$0 (2)	NDS, QL (1 injection / 90 days)
LATUDA TAB 20MG	\$0 (2)	QL (60 tabs / 30 days)
LATUDA TAB 40MG	\$0 (2)	QL (30 tabs / 30 days)
LATUDA TAB 60MG	\$0 (2)	QL (60 tabs / 30 days)
LATUDA TAB 80MG	\$0 (2)	QL (60 tabs / 30 days)
LATUDA TAB 120MG	\$0 (2)	QL (30 tabs / 30 days)
<i>loxapine succinate cap 5 mg</i>	\$0 (1)	
<i>loxapine succinate cap 10 mg</i>	\$0 (1)	
<i>loxapine succinate cap 25 mg</i>	\$0 (1)	
<i>loxapine succinate cap 50 mg</i>	\$0 (1)	
<i>molindone hcl tab 5 mg</i>	\$0 (1)	
<i>molindone hcl tab 10 mg</i>	\$0 (1)	
<i>molindone hcl tab 25 mg</i>	\$0 (1)	
NUPLAZID CAP 34MG	\$0 (2)	NDS, QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TAB 10MG	\$0 (2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
NUPLAZID TAB 17MG	\$0 (2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
<i>olanzapine for im inj 10 mg</i>	\$0 (1)	QL (3 vials / 1 day)
<i>olanzapine orally disintegrating tab 5 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>olanzapine orally disintegrating tab 10 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>olanzapine orally disintegrating tab 15 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>olanzapine orally disintegrating tab 20 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>olanzapine tab 2.5 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
<i>olanzapine tab 5 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>olanzapine tab 7.5 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>olanzapine tab 10 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>olanzapine tab 15 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>olanzapine tab 20 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 1.5 mg</i>	\$0 (2)	NDS, QL (30 tabs / 30 days)

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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	\$0 (1)	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	\$0 (1)	
VERSACLOZ SUS 50MG/ML	\$0 (2)	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAP 1.5-3MG	\$0 (2)	PA
VRAYLAR CAP 1.5MG	\$0 (2)	NDS, QL (60 caps / 30 days), PA
VRAYLAR CAP 3MG	\$0 (2)	NDS, QL (30 caps / 30 days), PA
VRAYLAR CAP 4.5MG	\$0 (2)	NDS, QL (30 caps / 30 days), PA
VRAYLAR CAP 6MG	\$0 (2)	NDS, QL (30 caps / 30 days), PA
<i>ziprasidone hcl cap 20 mg</i>	\$0 (1)	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 40 mg</i>	\$0 (1)	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 60 mg</i>	\$0 (1)	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 80 mg</i>	\$0 (1)	QL (60 caps / 30 days)
ZYPREXA RELP INJ 210MG	\$0 (2)	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 300MG	\$0 (2)	NDS, QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 405MG	\$0 (2)	NDS, QL (1 vial / 28 days), PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	\$0 (1)	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	\$0 (1)	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	\$0 (1)	QL (360 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	\$0 (1)	QL (240 tabs / 30 days)

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<i>amphetamine-dextroamphetamine tab 10 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	\$0 (1)	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	\$0 (1)	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	\$0 (1)	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	\$0 (1)	QL (60 caps / 30 days)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	\$0 (1)	QL (30 caps / 30 days)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	\$0 (1)	QL (30 caps / 30 days)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	\$0 (1)	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>dexmethylphenidate hcl tab 5 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>dexmethylphenidate hcl tab 10 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	\$0 (2)	PA; PA if 70 years and older
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	\$0 (2)	PA; PA if 70 years and older
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	\$0 (2)	PA; PA if 70 years and older
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	\$0 (2)	PA; PA if 70 years and older
<i>methylphenidate hcl soln 5 mg/5ml</i>	\$0 (1)	QL (1800 mL / 30 days)
<i>methylphenidate hcl soln 10 mg/5ml</i>	\$0 (1)	QL (900 mL / 30 days)
<i>methylphenidate hcl tab 5 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
<i>methylphenidate hcl tab 10 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
<i>methylphenidate hcl tab 20 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>methylphenidate hcl tab er 10 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>methylphenidate hcl tab er 20 mg</i>	\$0 (1)	QL (90 tabs / 30 days)

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

<i>eszopiclone tab 1 mg</i>	\$0 (2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>eszopiclone tab 2 mg</i>	\$0 (2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>eszopiclone tab 3 mg</i>	\$0 (2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
HETLIOZ CAP 20MG	\$0 (2)	NDS, LA, PA
SILENOR TAB 3MG	\$0 (2)	QL (60 tabs / 30 days)
SILENOR TAB 6MG	\$0 (2)	QL (30 tabs / 30 days)
<i>temazepam cap 7.5 mg</i>	\$0 (1)	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam cap 15 mg</i>	\$0 (1)	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zaleplon cap 5 mg</i>	\$0 (2)	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zaleplon cap 10 mg</i>	\$0 (2)	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate tab 5 mg</i>	\$0 (2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>zolpidem tartrate tab 10 mg</i>	\$0 (2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES

AIMOVIG INJ 70MG/ML	\$0 (2)	QL (1 pen / 30 days), PA
AIMOVIG INJ 140MG/ML	\$0 (2)	QL (1 pen / 30 days), PA
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	\$0 (2)	NDS
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	\$0 (2)	NDS, QL (8 mL / 30 days)
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	\$0 (1)	QL (12 tabs / 30 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	\$0 (1)	QL (12 tabs / 30 days)
EMGALITY INJ 120MG/ML	\$0 (2)	QL (2 pens / 30 days), PA
EMGALITY INJ 120MG/ML	\$0 (2)	QL (2 syringes / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	\$0 (1)	
<i>naratriptan hcl tab 1 mg (base equiv)</i>	\$0 (1)	QL (12 tabs / 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	\$0 (1)	QL (12 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	\$0 (1)	QL (18 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	\$0 (1)	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	\$0 (1)	QL (18 tabs / 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	\$0 (1)	QL (18 tabs / 30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	\$0 (1)	QL (24 inhalers / 30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	\$0 (1)	QL (12 inhalers / 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	\$0 (1)	QL (12 injections / 30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	\$0 (1)	QL (18 injections / 30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	\$0 (1)	QL (12 injections / 30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	\$0 (1)	QL (18 injections / 30 days)

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	\$0 (1)	QL (12 injections / 30 days)
<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>	\$0 (1)	QL (12 injections / 30 days)
<i>sumatriptan succinate tab 25 mg</i>	\$0 (1)	QL (12 tabs / 30 days)
<i>sumatriptan succinate tab 50 mg</i>	\$0 (1)	QL (12 tabs / 30 days)
<i>sumatriptan succinate tab 100 mg</i>	\$0 (1)	QL (12 tabs / 30 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	\$0 (1)	QL (12 tabs / 30 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	\$0 (1)	QL (12 tabs / 30 days)
<i>zolmitriptan tab 2.5 mg</i>	\$0 (1)	QL (12 tabs / 30 days)
<i>zolmitriptan tab 5 mg</i>	\$0 (1)	QL (12 tabs / 30 days)
MISCELLANEOUS		
AUSTEDO TAB 6MG	\$0 (2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO TAB 9MG	\$0 (2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
AUSTEDO TAB 12MG	\$0 (2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
<i>lithium carbonate cap 150 mg</i>	\$0 (1)	
<i>lithium carbonate cap 300 mg</i>	\$0 (1)	
<i>lithium carbonate cap 600 mg</i>	\$0 (1)	
<i>lithium carbonate tab 300 mg</i>	\$0 (1)	
<i>lithium carbonate tab er 300 mg</i>	\$0 (1)	
<i>lithium carbonate tab er 450 mg</i>	\$0 (1)	
LITHIUM SOL 8MEQ/5ML	\$0 (2)	
LYRICA CR TAB 82.5MG	\$0 (2)	QL (90 tabs / 30 days), PA
LYRICA CR TAB 165MG	\$0 (2)	QL (90 tabs / 30 days), PA
LYRICA CR TAB 330MG	\$0 (2)	QL (60 tabs / 30 days), PA
NUDEXTA CAP 20-10MG	\$0 (2)	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide tab 60 mg</i>	\$0 (1)	
<i>riluzole tab 50 mg</i>	\$0 (1)	
<i>tetrabenazine tab 12.5 mg</i>	\$0 (2)	NDS, QL (240 tabs / 30 days), NM, PA
<i>tetrabenazine tab 25 mg</i>	\$0 (2)	NDS, QL (120 tabs / 30 days), NM, PA

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

BETASERON INJ 0.3MG	\$0 (2)	NDS, QL (14 syringes / 28 days), NM, PA
<i>dalfampridine tab er 12hr 10 mg</i>	\$0 (2)	NDS, NM, PA
GILENYA CAP 0.5MG	\$0 (2)	NDS, QL (28 caps / 28 days), NM, PA
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	\$0 (2)	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	\$0 (2)	NDS, QL (12 syringes / 28 days), NM, PA
<i>glatopa inj 20mg/ml</i>	\$0 (2)	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatopa inj 40mg/ml</i>	\$0 (2)	NDS, QL (12 syringes / 28 days), NM, PA

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

<i>baclofen tab 10 mg</i>	\$0 (1)	
<i>baclofen tab 20 mg</i>	\$0 (1)	
<i>carisoprodol tab 350 mg</i>	\$0 (2)	QL (120 tabs / 30 days), PA; PA if 70 years and older
<i>cyclobenzaprine hcl tab 5 mg</i>	\$0 (2)	PA; PA if 70 years and older
<i>cyclobenzaprine hcl tab 10 mg</i>	\$0 (2)	PA; PA if 70 years and older
<i>dantrolene sodium cap 25 mg</i>	\$0 (1)	
<i>dantrolene sodium cap 50 mg</i>	\$0 (1)	
<i>dantrolene sodium cap 100 mg</i>	\$0 (1)	
<i>methocarbamol tab 500 mg</i>	\$0 (2)	PA; PA if 70 years and older
<i>methocarbamol tab 750 mg</i>	\$0 (2)	PA; PA if 70 years and older
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	\$0 (1)	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	\$0 (1)	

NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS

<i>armodafinil tab 50 mg</i>	\$0 (1)	QL (90 tabs / 30 days), PA
<i>armodafinil tab 150 mg</i>	\$0 (1)	QL (30 tabs / 30 days), PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>armodafinil tab 200 mg</i>	\$0 (1)	QL (30 tabs / 30 days), PA
<i>armodafinil tab 250 mg</i>	\$0 (1)	QL (30 tabs / 30 days), PA
XYREM SOL 500MG/ML	\$0 (2)	NDS, QL (540 mL / 30 days), LA, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium tab delayed release 333 mg</i>	\$0 (1)	
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	\$0 (1)	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	\$0 (1)	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	\$0 (1)	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	\$0 (1)	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	\$0 (1)	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	\$0 (1)	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	\$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
<i>disulfiram tab 250 mg</i>	\$0 (1)	
<i>disulfiram tab 500 mg</i>	\$0 (1)	
<i>gnp nicotine gum 2mg mint</i>	\$0 (3)	NM; *
<i>gnp nicotine gum 2mg orig</i>	\$0 (3)	NM; *
<i>gnp nicotine gum 4mg mint</i>	\$0 (3)	NM; *
<i>gnp nicotine gum 4mg orig</i>	\$0 (3)	NM; *
<i>gnp nicotine loz 2mg mint</i>	\$0 (3)	NM; *
<i>gnp nicotine loz 4mg mint</i>	\$0 (3)	NM; *
<i>gnp nicotine loz mini 2mg</i>	\$0 (3)	NM; *
<i>hm nicotine dis 14mg/24h</i>	\$0 (3)	NM; *
<i>hm nicotine dis 21mg/24h</i>	\$0 (3)	NM; *
<i>hm nicotine gum 2mg mint</i>	\$0 (3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>hm nicotine gum 4mg mint</i>	\$0 (3)	NM; *
<i>hm nicotine loz 2mg mint</i>	\$0 (3)	NM; *
<i>hm nicotine loz 4mg mint</i>	\$0 (3)	NM; *
<i>naloxone hcl inj 0.4 mg/ml</i>	\$0 (1)	
<i>naloxone hcl inj 4 mg/10ml</i>	\$0 (1)	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	\$0 (1)	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	\$0 (1)	
<i>naltrexone hcl tab 50 mg</i>	\$0 (1)	
NARCAN SPR	\$0 (2)	
NICODERM CQ DIS 7MG/24HR	\$0 (3)	NM; *
NICODERM CQ DIS 14MG/24H	\$0 (3)	NM; *
NICODERM CQ DIS 21MG/24H	\$0 (3)	NM; *
<i>nicorelief gum 2mg mint</i>	\$0 (3)	NM; *
<i>nicorelief gum 2mg orig</i>	\$0 (3)	NM; *
<i>nicorelief gum 4mg mint</i>	\$0 (3)	NM; *
<i>nicorelief gum 4mg orig</i>	\$0 (3)	NM; *
NICORETTE GUM 2MG CINN	\$0 (3)	NM; *
NICORETTE GUM 2MG MINT	\$0 (3)	NM; *
NICORETTE GUM 2MG ORIG	\$0 (3)	NM; *
NICORETTE GUM 2MGFRUIT	\$0 (3)	NM; *
NICORETTE GUM 4MG CINN	\$0 (3)	NM; *
NICORETTE GUM 4MG MINT	\$0 (3)	NM; *
NICORETTE GUM 4MG ORIG	\$0 (3)	NM; *
NICORETTE GUM 4MGFRUIT	\$0 (3)	NM; *
NICORETTE LOZ 2MG CHRY	\$0 (3)	NM; *
NICORETTE LOZ 2MG MINT	\$0 (3)	NM; *
NICORETTE LOZ 2MG ORIG	\$0 (3)	NM; *
NICORETTE LOZ 4MG CHRY	\$0 (3)	NM; *
NICORETTE LOZ 4MG MINT	\$0 (3)	NM; *
NICORETTE LOZ 4MG ORIG	\$0 (3)	NM; *
NICORETTE ST GUM 2MG ORIG	\$0 (3)	NM; *
NICORETTE ST GUM 4MG ORIG	\$0 (3)	NM; *
<i>nicotine gum 4mg</i>	\$0 (3)	NM; *
<i>nicotine pol loz 4mg mint</i>	\$0 (3)	NM; *
<i>nicotine polacrilex gum 2 mg</i>	\$0 (3)	NM; *
<i>nicotine polacrilex gum 4 mg</i>	\$0 (3)	NM; *
<i>nicotine polacrilex lozenge 2 mg</i>	\$0 (3)	NM; *
<i>nicotine polacrilex lozenge 4 mg</i>	\$0 (3)	NM; *
NICOTINE SYS KIT TRANSDER	\$0 (3)	NM; *
<i>nicotine td dis 7mg/24hr</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>nicotine td dis 14mg/24h</i>	\$0 (3)	NM; *
<i>nicotine td dis 21mg/24h</i>	\$0 (3)	NM; *
<i>nicotine td patch 24hr 7 mg/24hr</i>	\$0 (3)	NM; *
<i>nicotine td patch 24hr 14 mg/24hr</i>	\$0 (3)	NM; *
<i>nicotine td patch 24hr 21 mg/24hr</i>	\$0 (3)	NM; *
NICOTROL INH	\$0 (2)	
NICOTROL NS SPR 10MG/ML	\$0 (2)	
<i>sm nicotine dis 7mg/24hr</i>	\$0 (3)	NM; *
<i>sm nicotine dis 14mg/24h</i>	\$0 (3)	NM; *
<i>sm nicotine dis 21mg/24h</i>	\$0 (3)	NM; *
<i>sm nicotine gum 2mg</i>	\$0 (3)	NM; *
<i>sm nicotine gum 2mg mint</i>	\$0 (3)	NM; *
<i>sm nicotine gum 4mg</i>	\$0 (3)	NM; *
<i>sm nicotine gum 4mg mint</i>	\$0 (3)	NM; *
<i>sm nicotine loz 2mg mint</i>	\$0 (3)	NM; *
<i>sm nicotine loz 4mg mint</i>	\$0 (3)	NM; *
VIVITROL INJ 380MG	\$0 (2)	NDS, NM

ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES

ANDROGENS - DRUGS TO REGULATE MALE HORMONES

ANADROL-50 TAB 50MG	\$0 (2)	NDS, PA
ANDRODERM DIS 2MG/24HR	\$0 (2)	QL (30 patches / 30 days), PA
ANDRODERM DIS 4MG/24HR	\$0 (2)	QL (30 patches / 30 days), PA
<i>oxandrolone tab 2.5 mg</i>	\$0 (1)	PA
<i>oxandrolone tab 10 mg</i>	\$0 (1)	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	\$0 (1)	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	\$0 (1)	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	\$0 (1)	PA
<i>testosterone td gel 12.5 mg/act (1%)</i>	\$0 (1)	QL (300 grams / 30 days), PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	\$0 (1)	QL (300 grams / 30 days), PA
<i>testosterone td gel 50 mg/5gm (1%)</i>	\$0 (1)	QL (300 grams / 30 days), PA

ANTIDIABETICS, INJECTABLE - DRUGS TO TREAT DIABETES

ALCOHOL SWABS	\$0 (2)	
BASAGLAR INJ 100UNIT	\$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BD ULTRAFINE INSULIN SYRINGE	\$0 (2)	
BD ULTRAFINE/NANO PEN NEEDLES	\$0 (2)	
BYDUREON BC INJ 2/0.85ML	\$0 (2)	QL (4 pens / 28 days)
BYDUREON INJ 2MG	\$0 (2)	QL (4 vials / 28 days)
BYDUREON PEN INJ 2MG	\$0 (2)	QL (4 pens / 28 days)
BYETTA INJ 5MCG	\$0 (2)	QL (1 pen / 30 days)
BYETTA INJ 10MCG	\$0 (2)	QL (1 pen / 30 days)
FIASP FLEX INJ TOUCH	\$0 (2)	
FIASP INJ 100/ML	\$0 (2)	
GAUZE PADS 2" X 2"	\$0 (2)	
HUMULIN R INJ U-500	\$0 (2)	NDS
HUMULIN R INJ U-500	\$0 (2)	NDS, B/D
INSULIN PEN NEEDLE	\$0 (2)	
INSULIN SAFETY NEEDLES	\$0 (2)	
INSULIN SYRINGE	\$0 (2)	
LEVEMIR INJ	\$0 (2)	
LEVEMIR INJ FLEXTouc	\$0 (2)	
NOVOLIN INJ 70/30	\$0 (2)	(brand RELION not covered)
NOVOLIN INJ FLEXPEN	\$0 (2)	(brand RELION not covered)
NOVOLIN N INJ U-100	\$0 (2)	(brand RELION not covered)
NOVOLIN R INJ U-100	\$0 (2)	(brand RELION not covered)
NOVOLOG INJ 100/ML	\$0 (2)	
NOVOLOG INJ FLEXPEN	\$0 (2)	
NOVOLOG INJ PENFILL	\$0 (2)	
NOVOLOG MIX INJ 70/30	\$0 (2)	
NOVOLOG MIX INJ FLEXPEN	\$0 (2)	
OZEMPIC INJ 2/1.5ML	\$0 (2)	QL (1 pen / 28 days)
OZEMPIC INJ 2/1.5ML	\$0 (2)	QL (2 pens / 28 days)
SOLIQUA INJ 100/33	\$0 (2)	QL (10 pens / 30 days)
TRESIBA FLEX INJ 100UNIT	\$0 (2)	
TRESIBA FLEX INJ 200UNIT	\$0 (2)	
TRESIBA INJ 100UNIT	\$0 (2)	
TRULICITY INJ 0.75/0.5	\$0 (2)	QL (4 pens / 28 days)
TRULICITY INJ 1.5/0.5	\$0 (2)	QL (4 pens / 28 days)
VICTOZA INJ 18MG/3ML	\$0 (2)	QL (3 pens / 30 days)
XULTOPHY INJ 100/3.6	\$0 (2)	QL (5 pens / 30 days)
ANTIDIABETICS, ORAL - DRUGS TO TREAT DIABETES		
acarbose tab 25 mg	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>acarbose tab 50 mg</i>	\$0 (1)	
<i>acarbose tab 100 mg</i>	\$0 (1)	
FARXIGA TAB 5MG	\$0 (2)	QL (60 tabs / 30 days)
FARXIGA TAB 10MG	\$0 (2)	QL (30 tabs / 30 days)
<i>glimepiride tab 1 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
<i>glimepiride tab 2 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>glimepiride tab 4 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>glipizide tab 5 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
<i>glipizide tab 10 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>glipizide tab er 24hr 2.5 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
<i>glipizide tab er 24hr 5 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>glipizide tab er 24hr 10 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>glipizide xl tab 2.5mg</i>	\$0 (1)	QL (240 tabs / 30 days)
<i>glipizide xl tab 5mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>glipizide xl tab 10mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>glyburide micronized tab 1.5 mg</i>	\$0 (2)	QL (240 tabs / 30 days), PA; PA if 70 years and older
<i>glyburide micronized tab 3 mg</i>	\$0 (2)	QL (120 tabs / 30 days), PA; PA if 70 years and older
<i>glyburide micronized tab 6 mg</i>	\$0 (2)	QL (60 tabs / 30 days), PA; PA if 70 years and older
<i>glyburide tab 1.25 mg</i>	\$0 (2)	QL (480 tabs / 30 days), PA; PA if 70 years and older
<i>glyburide tab 2.5 mg</i>	\$0 (2)	QL (240 tabs / 30 days), PA; PA if 70 years and older
<i>glyburide tab 5 mg</i>	\$0 (2)	QL (120 tabs / 30 days), PA; PA if 70 years and older
<i>glyburide-metformin tab 1.25-250 mg</i>	\$0 (2)	QL (240 tabs / 30 days), PA; PA if 70 years and older
<i>glyburide-metformin tab 2.5-500 mg</i>	\$0 (2)	QL (120 tabs / 30 days), PA; PA if 70 years and older

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>glyburide-metformin tab 5-500 mg</i>	\$0 (2)	QL (120 tabs / 30 days), PA; PA if 70 years and older
JANUMET TAB 50-500MG	\$0 (2)	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	\$0 (2)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	\$0 (2)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	\$0 (2)	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	\$0 (2)	QL (30 tabs / 30 days)
JANUVIA TAB 25MG	\$0 (2)	QL (30 tabs / 30 days)
JANUVIA TAB 50MG	\$0 (2)	QL (30 tabs / 30 days)
JANUVIA TAB 100MG	\$0 (2)	QL (30 tabs / 30 days)
JARDIANCE TAB 10MG	\$0 (2)	QL (60 tabs / 30 days)
JARDIANCE TAB 25MG	\$0 (2)	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	\$0 (2)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	\$0 (2)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	\$0 (2)	QL (60 tabs / 30 days)
JENTADUETO TAB XR	\$0 (2)	QL (30 tabs / 30 days)
JENTADUETO TAB XR	\$0 (2)	QL (60 tabs / 30 days)
<i>metformin hcl tab 500 mg</i>	\$0 (1)	QL (150 tabs / 30 days)
<i>metformin hcl tab 850 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>metformin hcl tab 1000 mg</i>	\$0 (1)	QL (75 tabs / 30 days)
<i>metformin hcl tab er 24hr 500 mg</i>	\$0 (1)	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl tab er 24hr 750 mg</i>	\$0 (1)	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>nateglinide tab 60 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>nateglinide tab 120 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>repaglinide tab 0.5 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>repaglinide tab 1 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>repaglinide tab 2 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
SYNJARDY TAB	\$0 (2)	QL (60 tabs / 30 days)
SYNJARDY TAB 5-500MG	\$0 (2)	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	\$0 (2)	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	\$0 (2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB	\$0 (2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	\$0 (2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	\$0 (2)	QL (60 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SYNJARDY XR TAB 25-1000	\$0 (2)	QL (30 tabs / 30 days)
TRADJENTA TAB 5MG	\$0 (2)	QL (30 tabs / 30 days)
XIGDUO XR TAB 2.5-1000	\$0 (2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	\$0 (2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	\$0 (2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	\$0 (2)	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	\$0 (2)	QL (30 tabs / 30 days)
<i>BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS</i>		
<i>alendronate sodium oral soln 70 mg/75ml</i>	\$0 (1)	
<i>alendronate sodium tab 5 mg</i>	\$0 (1)	
<i>alendronate sodium tab 10 mg</i>	\$0 (1)	
<i>alendronate sodium tab 35 mg</i>	\$0 (1)	
<i>alendronate sodium tab 40 mg</i>	\$0 (1)	
<i>alendronate sodium tab 70 mg</i>	\$0 (1)	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	\$0 (1)	B/D
<i>pamidronate disodium for inj 30 mg</i>	\$0 (1)	B/D
<i>pamidronate disodium for inj 90 mg</i>	\$0 (1)	B/D
<i>pamidronate disodium iv soln 3 mg/ml</i>	\$0 (1)	B/D
<i>pamidronate disodium iv soln 9 mg/ml</i>	\$0 (1)	B/D
PAMIDRONATE INJ 6MG/ML	\$0 (2)	B/D
<i>risedronate sodium tab 5 mg</i>	\$0 (1)	
<i>risedronate sodium tab 35 mg</i>	\$0 (1)	
<i>risedronate sodium tab 150 mg</i>	\$0 (1)	
<i>risedronate sodium tab delayed release 35 mg</i>	\$0 (1)	
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	\$0 (1)	B/D, NM
<i>zoledronic acid iv soln 5 mg/100ml</i>	\$0 (1)	B/D, NM
<i>CALCIUM RECEPTOR AGONISTS</i>		
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	\$0 (2)	NDS, B/D, QL (120 tabs / 30 days), NM
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	\$0 (2)	NDS, B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	\$0 (2)	NDS, B/D, QL (120 tabs / 30 days), NM
SENSIPAR TAB 30MG	\$0 (2)	NDS, B/D, QL (120 tabs / 30 days), NM
SENSIPAR TAB 60MG	\$0 (2)	NDS, B/D, QL (60 tabs / 30 days), NM

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SENSIPAR TAB 90MG	\$0 (2)	NDS, B/D, QL (120 tabs / 30 days), NM

CHELATING AGENTS

CHEMET CAP 100MG	\$0 (2)	
DEPEN TITRA TAB 250MG	\$0 (2)	NDS
JADENU SPRKL GRA 90MG	\$0 (2)	NDS, NM, LA, PA
JADENU SPRKL GRA 180MG	\$0 (2)	NDS, NM, LA, PA
JADENU SPRKL GRA 360MG	\$0 (2)	NDS, NM, LA, PA
JADENU TAB 90MG	\$0 (2)	NDS, NM, LA, PA
JADENU TAB 180MG	\$0 (2)	NDS, NM, LA, PA
JADENU TAB 360MG	\$0 (2)	NDS, NM, LA, PA
LOKELMA PAK 5GM	\$0 (2)	
LOKELMA PAK 10GM	\$0 (2)	
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	\$0 (1)	
<i>sodium polystyrene sulfonate powder</i>	\$0 (1)	
<i>trientine hcl cap 250 mg</i>	\$0 (2)	NDS, PA

CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL

<i>aftera tab 1.5mg</i>	\$0 (3)	NM; *
<i>alyacen tab 1/35</i>	\$0 (1)	
<i>amethia lo tab</i>	\$0 (1)	
<i>amethia tab</i>	\$0 (1)	
<i>apri tab</i>	\$0 (1)	
<i>aranelle tab</i>	\$0 (1)	
<i>ashlyna tab</i>	\$0 (1)	
<i>aubra tab 0.1-0.02</i>	\$0 (1)	
<i>aviane tab</i>	\$0 (1)	
<i>balziva tab</i>	\$0 (1)	
<i>bekyree tab</i>	\$0 (1)	
<i>blisovi 24 tab fe 1/20</i>	\$0 (1)	
<i>blisovi fe tab 1.5/30</i>	\$0 (1)	
<i>briellyn tab</i>	\$0 (1)	
<i>camila tab 0.35mg</i>	\$0 (1)	
<i>camrese lo tab</i>	\$0 (1)	
<i>cryselle-28 tab 28 tabs</i>	\$0 (1)	
<i>cyclafem tab 1/35</i>	\$0 (1)	
<i>cyclafem tab 7/7/7</i>	\$0 (1)	
<i>dasetta tab 1/35</i>	\$0 (1)	
<i>dasetta tab 7/7/7</i>	\$0 (1)	
<i>deblitane tab 0.35mg</i>	\$0 (1)	
<i>delyla tab 0.1-0.02</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	\$0 (1)	
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	\$0 (1)	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	\$0 (1)	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	\$0 (1)	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	\$0 (1)	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	\$0 (1)	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	\$0 (1)	
<i>econtra ez tab 1.5mg</i>	\$0 (3)	NM; *
<i>ELLA TAB 30MG</i>	\$0 (2)	
<i>emoquette tab</i>	\$0 (1)	
<i>enpresse-28 tab</i>	\$0 (1)	
<i>enskyce tab</i>	\$0 (1)	
<i>errin tab 0.35mg</i>	\$0 (1)	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	\$0 (1)	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	\$0 (1)	
<i>falmina tab</i>	\$0 (1)	
<i>fayosim tab</i>	\$0 (1)	
<i>femynor tab 0.25-35</i>	\$0 (1)	
<i>hailey 24 tab fe</i>	\$0 (1)	
<i>heather tab 0.35mg</i>	\$0 (1)	
<i>incassia tab 0.35mg</i>	\$0 (1)	
<i>introvale tab</i>	\$0 (1)	
<i>isibloom tab</i>	\$0 (1)	
<i>jasmiel tab 3-0.02mg</i>	\$0 (1)	
<i>jolivette tab 0.35mg</i>	\$0 (1)	
<i>juleber tab</i>	\$0 (1)	
<i>junel 1.5/30 tab</i>	\$0 (1)	
<i>junel 1/20 tab</i>	\$0 (1)	
<i>junel fe 24 tab 1/20</i>	\$0 (1)	
<i>junel fe tab 1.5/30</i>	\$0 (1)	
<i>junel fe tab 1/20</i>	\$0 (1)	
<i>kaitlib fe chw</i>	\$0 (1)	
<i>kariva tab 28 day</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>kelnor 1/50 tab</i>	\$0 (1)	
<i>kelnor tab 1/35</i>	\$0 (1)	
<i>kurvelo tab 0.15/30</i>	\$0 (1)	
<i>larin fe tab 1.5/30</i>	\$0 (1)	
<i>larin fe tab 1/20</i>	\$0 (1)	
<i>larin tab 1.5/30</i>	\$0 (1)	
<i>larin tab 1/20</i>	\$0 (1)	
<i>layolis fe chw</i>	\$0 (1)	
<i>lessina tab</i>	\$0 (1)	
<i>levonest tab</i>	\$0 (1)	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	\$0 (1)	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	\$0 (1)	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	\$0 (1)	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	\$0 (1)	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	\$0 (1)	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	\$0 (1)	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	\$0 (1)	
<i>levora-28 tab 0.15/30</i>	\$0 (1)	
<i>lomedica 24 tab fe</i>	\$0 (1)	
<i>loryna tab 3-0.02mg</i>	\$0 (1)	
<i>lutra tab</i>	\$0 (1)	
<i>lyza tab 0.35mg</i>	\$0 (1)	
<i>marlissa tab 0.15/30</i>	\$0 (1)	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	\$0 (1)	
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	\$0 (1)	
<i>melodetta chw 24 fe</i>	\$0 (1)	
<i>mibelas 24 chw fe</i>	\$0 (1)	
<i>mili tab 0.25/35</i>	\$0 (1)	
<i>myzilra tab</i>	\$0 (1)	
<i>necon tab 0.5/35</i>	\$0 (1)	
<i>necon tab 7/7/7</i>	\$0 (1)	
<i>nikki tab 3-0.02mg</i>	\$0 (1)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>portia-28 tab</i>	\$0 (1)	
<i>previfem tab</i>	\$0 (1)	
<i>quasense tab</i>	\$0 (1)	
<i>reclipsen tab</i>	\$0 (1)	
<i>rivelsa tab</i>	\$0 (1)	
<i>sharobel tab 0.35mg</i>	\$0 (1)	
<i>sprintec 28 tab 28 day</i>	\$0 (1)	
<i>take action tab 1.5mg</i>	\$0 (3)	NM; *
<i>tarina 24 fe tab</i>	\$0 (1)	
<i>tarina fe tab 1/20</i>	\$0 (1)	
<i>tri-estaryl tab</i>	\$0 (1)	
<i>tri-legest tab fe</i>	\$0 (1)	
<i>tri-lo- tab sprintec</i>	\$0 (1)	
<i>tri-mili tab</i>	\$0 (1)	
<i>tri-previfem tab</i>	\$0 (1)	
<i>tri-sprintec tab</i>	\$0 (1)	
<i>tri-vylibra tab</i>	\$0 (1)	
<i>tri-vylibra tab lo</i>	\$0 (1)	
<i>trinessa lo tab</i>	\$0 (1)	
<i>trinessa tab</i>	\$0 (1)	
<i>trivora-28 tab</i>	\$0 (1)	
<i>tulana tab 0.35mg</i>	\$0 (1)	
<i>tydemy tab</i>	\$0 (1)	
<i>velivet pak</i>	\$0 (1)	
<i>vienva tab 0.1-20</i>	\$0 (1)	
<i>viorele tab</i>	\$0 (1)	
<i>vyfemla tab 0.4-35</i>	\$0 (1)	
<i>vylibra tab 0.25-35</i>	\$0 (1)	
<i>wymzya fe chw 0.4mg-35</i>	\$0 (1)	
<i>zarah tab 3-0.03mg</i>	\$0 (1)	
<i>zovia 1/35e tab</i>	\$0 (1)	
ENDOMETRIOSIS		
<i>danazol cap 50 mg</i>	\$0 (1)	
<i>danazol cap 100 mg</i>	\$0 (1)	
<i>danazol cap 200 mg</i>	\$0 (1)	
SYNAREL SOL 2MG/ML	\$0 (2)	NDS, NM
ENZYME REPLACEMENTS - DRUGS TO TREAT ENZYME DEFICIENCIES		
ALDURAZYME INJ 2.9MG/5M	\$0 (2)	NDS, NM, LA, PA
CARBAGLU TAB 200MG	\$0 (2)	NDS, LA, PA
CERDELGA CAP 84MG	\$0 (2)	NDS, NM, PA
CEREZYME INJ 400UNIT	\$0 (2)	NDS, NM, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CYSTADANE POW	\$0 (2)	NDS, LA
CYSTAGON CAP 50MG	\$0 (2)	NM, LA, PA
CYSTAGON CAP 150MG	\$0 (2)	NM, LA, PA
FABRAZYME INJ 5MG	\$0 (2)	NDS, NM, LA, PA
FABRAZYME INJ 35MG	\$0 (2)	NDS, NM, LA, PA
KUVAN POW 100MG	\$0 (2)	NDS, NM, LA, PA
KUVAN POW 500MG	\$0 (2)	NDS, NM, LA, PA
KUVAN TAB 100MG	\$0 (2)	NDS, NM, LA, PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	\$0 (1)	B/D
<i>levocarnitine tab 330 mg</i>	\$0 (1)	B/D
LUMIZYME INJ 50MG	\$0 (2)	NDS, NM, LA, PA
<i>miglustat cap 100 mg</i>	\$0 (2)	NDS, NM, PA
NAGLAZYME INJ 1MG/ML	\$0 (2)	NDS, NM, LA, PA
NITYR TAB 2MG	\$0 (2)	NDS, LA, PA
NITYR TAB 5MG	\$0 (2)	NDS, LA, PA
NITYR TAB 10MG	\$0 (2)	NDS, LA, PA
ORFADIN CAP 2MG	\$0 (2)	NDS, LA, PA
ORFADIN CAP 5MG	\$0 (2)	NDS, LA, PA
ORFADIN CAP 10MG	\$0 (2)	NDS, LA, PA
ORFADIN CAP 20MG	\$0 (2)	NDS, LA, PA
ORFADIN SUS 4MG/ML	\$0 (2)	NDS, LA, PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	\$0 (2)	NDS, NM, PA
<i>sodium phenylbutyrate tab 500 mg</i>	\$0 (2)	NDS, NM, PA
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
DELESTROGEN INJ 10MG/ML	\$0 (2)	
<i>estradiol tab 0.5 mg</i>	\$0 (2)	
<i>estradiol tab 1 mg</i>	\$0 (2)	
<i>estradiol tab 2 mg</i>	\$0 (2)	
<i>estradiol td patch weekly 0.1 mg/24hr</i>	\$0 (2)	
<i>estradiol td patch weekly 0.05 mg/24hr</i>	\$0 (2)	
<i>estradiol td patch weekly 0.06 mg/24hr</i>	\$0 (2)	
<i>estradiol td patch weekly 0.025 mg/24hr</i>	\$0 (2)	
<i>estradiol td patch weekly 0.075 mg/24hr</i>	\$0 (2)	
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	\$0 (2)	
<i>estradiol vaginal cream 0.1 mg/gm</i>	\$0 (1)	
<i>estradiol vaginal tab 10 mcg</i>	\$0 (1)	
<i>estradiol valerate im in oil 20 mg/ml</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>estradiol valerate im in oil 40 mg/ml</i>	\$0 (1)	
<i>fyavolv tab 0.5-2.5</i>	\$0 (2)	
<i>jinteli tab 1mg-5mcg</i>	\$0 (2)	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	\$0 (2)	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	\$0 (2)	
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
<i>cortisone acetate tab 25 mg</i>	\$0 (1)	
<i>DEXAMETHASON CON 1MG/ML</i>	\$0 (2)	
<i>dexamethasone elixir 0.5 mg/5ml</i>	\$0 (1)	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	\$0 (1)	
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	\$0 (1)	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	\$0 (1)	
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	\$0 (1)	
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	\$0 (1)	
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	\$0 (1)	
<i>dexamethasone soln 0.5 mg/5ml</i>	\$0 (1)	
<i>dexamethasone tab 0.5 mg</i>	\$0 (1)	
<i>dexamethasone tab 0.75 mg</i>	\$0 (1)	
<i>dexamethasone tab 1 mg</i>	\$0 (1)	
<i>dexamethasone tab 1.5 mg</i>	\$0 (1)	
<i>dexamethasone tab 2 mg</i>	\$0 (1)	
<i>dexamethasone tab 4 mg</i>	\$0 (1)	
<i>dexamethasone tab 6 mg</i>	\$0 (1)	
<i>fludrocortisone acetate tab 0.1 mg</i>	\$0 (1)	
<i>hydrocortisone tab 5 mg</i>	\$0 (1)	
<i>hydrocortisone tab 10 mg</i>	\$0 (1)	
<i>hydrocortisone tab 20 mg</i>	\$0 (1)	
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	\$0 (1)	B/D
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	\$0 (1)	B/D
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	\$0 (1)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	\$0 (1)	B/D
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	\$0 (1)	B/D
<i>methylprednisolone tab 4 mg</i>	\$0 (1)	B/D
<i>methylprednisolone tab 8 mg</i>	\$0 (1)	B/D
<i>methylprednisolone tab 16 mg</i>	\$0 (1)	B/D
<i>methylprednisolone tab 32 mg</i>	\$0 (1)	B/D
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	\$0 (1)	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	\$0 (1)	B/D
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	\$0 (1)	B/D
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	\$0 (1)	B/D
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	\$0 (1)	B/D
PREDNISON CON 5MG/ML	\$0 (2)	B/D
<i>prednisone oral soln 5 mg/5ml</i>	\$0 (1)	B/D
<i>prednisone tab 1 mg</i>	\$0 (1)	B/D
<i>prednisone tab 2.5 mg</i>	\$0 (1)	B/D
<i>prednisone tab 5 mg</i>	\$0 (1)	B/D
<i>prednisone tab 10 mg</i>	\$0 (1)	B/D
<i>prednisone tab 20 mg</i>	\$0 (1)	B/D
<i>prednisone tab 50 mg</i>	\$0 (1)	B/D
<i>prednisone tab therapy pack 5 mg (21)</i>	\$0 (1)	
<i>prednisone tab therapy pack 5 mg (48)</i>	\$0 (1)	
<i>prednisone tab therapy pack 10 mg (21)</i>	\$0 (1)	
<i>prednisone tab therapy pack 10 mg (48)</i>	\$0 (1)	
SOLU-CORTEF INJ 100MG	\$0 (2)	
SOLU-CORTEF INJ 250MG	\$0 (2)	
SOLU-CORTEF INJ 500MG	\$0 (2)	
SOLU-CORTEF INJ 1000MG	\$0 (2)	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
GLUCAGEN INJ HYPOKIT	\$0 (2)	
GLUCAGON KIT 1MG	\$0 (2)	
PROGLYCEM SUS 50MG/ML	\$0 (2)	
MISCELLANEOUS		
<i>cabergoline tab 0.5 mg</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	\$0 (1)	B/D
FORTEO SOL 600/2.4	\$0 (2)	NDS, NM, PA
GENOTROPIN INJ 0.2MG	\$0 (2)	NM, PA
GENOTROPIN INJ 0.4MG	\$0 (2)	NDS, NM, PA
GENOTROPIN INJ 0.6MG	\$0 (2)	NDS, NM, PA
GENOTROPIN INJ 0.8MG	\$0 (2)	NDS, NM, PA
GENOTROPIN INJ 1.2MG	\$0 (2)	NDS, NM, PA
GENOTROPIN INJ 1.4MG	\$0 (2)	NDS, NM, PA
GENOTROPIN INJ 1.6MG	\$0 (2)	NDS, NM, PA
GENOTROPIN INJ 1.8MG	\$0 (2)	NDS, NM, PA
GENOTROPIN INJ 1MG	\$0 (2)	NDS, NM, PA
GENOTROPIN INJ 2MG	\$0 (2)	NDS, NM, PA
GENOTROPIN INJ 5MG	\$0 (2)	NDS, NM, PA
GENOTROPIN INJ 12MG	\$0 (2)	NDS, NM, PA
INCRELEX INJ 40MG/4ML	\$0 (2)	NDS, NM, LA, PA
KORLYM TAB 300MG	\$0 (2)	NDS, LA, PA
LUPR DEP-PED INJ 3M 30MG	\$0 (2)	NDS, NM, PA
LUPR DEP-PED INJ 7.5MG	\$0 (2)	NDS, NM, PA
LUPR DEP-PED INJ 11.25MG	\$0 (2)	NDS, NM, PA
LUPR DEP-PED INJ 15MG	\$0 (2)	NDS, NM, PA
NATPARA INJ 25MCG	\$0 (2)	NDS, NM, PA
NATPARA INJ 50MCG	\$0 (2)	NDS, NM, PA
NATPARA INJ 75MCG	\$0 (2)	NDS, NM, PA
NATPARA INJ 100MCG	\$0 (2)	NDS, NM, PA
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	\$0 (1)	NM, PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	\$0 (1)	NM, PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	\$0 (1)	NM, PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	\$0 (2)	NDS, NM, PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	\$0 (2)	NDS, NM, PA
PROLIA SOL 60MG/ML	\$0 (2)	QL (1 injection / 180 days), NM
<i>raloxifene hcl tab 60 mg</i>	\$0 (1)	
SIGNIFOR INJ 0.3MG/ML	\$0 (2)	NDS, LA, PA
SIGNIFOR INJ 0.6MG/ML	\$0 (2)	NDS, LA, PA
SIGNIFOR INJ 0.9MG/ML	\$0 (2)	NDS, LA, PA
SOMATULINE INJ 60/0.2ML	\$0 (2)	NDS, NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SOMATULINE INJ 90/0.3ML	\$0 (2)	NDS, NM, PA
SOMATULINE INJ 120/.5ML	\$0 (2)	NDS, NM, PA
SOMAVERT INJ 10MG	\$0 (2)	NDS, NM, LA, PA
SOMAVERT INJ 15MG	\$0 (2)	NDS, NM, LA, PA
SOMAVERT INJ 20MG	\$0 (2)	NDS, NM, LA, PA
SOMAVERT INJ 25MG	\$0 (2)	NDS, NM, LA, PA
SOMAVERT INJ 30MG	\$0 (2)	NDS, NM, LA, PA
TYMLOS INJ	\$0 (2)	NDS, NM, PA
XENICAL CAP 120MG	\$0 (3)	NM; *
XGEVA INJ	\$0 (2)	NDS, NM, PA

PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS

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

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

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

THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS

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

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

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

VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES

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

GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

ANTACIDS

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>antacid sus reg st</i>	\$0 (3)	NM; *
<i>cal antacid chw 750mg</i>	\$0 (3)	NM; *
<i>cal antacid chw 1000mg</i>	\$0 (3)	NM; *
<i>cal-gest chw 500mg</i>	\$0 (3)	NM; *
<i>calc antacid chw 500mg</i>	\$0 (3)	NM; *
<i>calc antacid chw 750mg</i>	\$0 (3)	NM; *
<i>calc antacid chw 1000mg</i>	\$0 (3)	NM; *
<i>calcium anta chw 500mg</i>	\$0 (3)	NM; *
<i>calcium anta chw 750mg</i>	\$0 (3)	NM; *
CALCIUM CARB TAB 648MG	\$0 (3)	NM; *
<i>dual action chw complete</i>	\$0 (3)	NM; *
GAVISCON SUS	\$0 (3)	NM; *
GAVISCON SUS CHERRY	\$0 (3)	NM; *
<i>gnp antacid sus anti-gas</i>	\$0 (3)	NM; *
<i>gnp antacid sus cherry</i>	\$0 (3)	NM; *
<i>gnp masanti sus max st</i>	\$0 (3)	NM; *
<i>gnp masanti sus reg st</i>	\$0 (3)	NM; *
<i>hm antacid sus</i>	\$0 (3)	NM; *
<i>hm antacid sus anti-gas</i>	\$0 (3)	NM; *
MAG-AL LIQ	\$0 (3)	NM; *
<i>mag-al plus liq</i>	\$0 (3)	NM; *
<i>mag-al plus liq xs</i>	\$0 (3)	NM; *
<i>magnesium oxide tab 400 mg</i>	\$0 (3)	NM; *
<i>magnesium oxide tab 420 mg</i>	\$0 (3)	NM; *
<i>mi-acid sus</i>	\$0 (3)	NM; *
<i>mi-acid sus max st</i>	\$0 (3)	NM; *
<i>mintox plus chw</i>	\$0 (3)	NM; *
<i>mintox sus</i>	\$0 (3)	NM; *
<i>mintox sus max st</i>	\$0 (3)	NM; *
<i>qc antacid sus</i>	\$0 (3)	NM; *
<i>qc antacid sus anti-gas</i>	\$0 (3)	NM; *
<i>rulox sus</i>	\$0 (3)	NM; *
<i>sm antacid sus advanced</i>	\$0 (3)	NM; *
<i>sm antacid sus max st</i>	\$0 (3)	NM; *
<i>sm antacid/ sus antigas</i>	\$0 (3)	NM; *
<i>sodium bicarbonate tab 325 mg</i>	\$0 (3)	NM; *
<i>sodium bicarbonate tab 650 mg</i>	\$0 (3)	NM; *
TUMS CHW 500MG	\$0 (3)	NM; *
TUMS CHW DEL CHW 1177MG	\$0 (3)	NM; *
TUMS E-X CHW 750MG	\$0 (3)	NM; *
TUMS EXTRA CHW 750MG	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TUMS KIDS CHW 750MG	\$0 (3)	NM; *
<i>tums smoothi chw 750mg</i>	\$0 (3)	NM; *
TUMS SMOOTHI CHW 750MG	\$0 (3)	NM; *
TUMS ULTRA CHW 1000MG	\$0 (3)	NM; *
ANTI-DIARRHEAL		
<i>anti-diarrhe cap 2mg</i>	\$0 (3)	NM; *
<i>anti-diarrhe tab 2mg</i>	\$0 (3)	NM; *
<i>bismatrol chw 262mg</i>	\$0 (3)	NM; *
<i>bismatrol sus 262/15ml</i>	\$0 (3)	NM; *
<i>bismatrol sus 525/15ml</i>	\$0 (3)	NM; *
<i>kao-tin sus 262/15ml</i>	\$0 (3)	NM; *
<i>loperamide cap 2mg</i>	\$0 (3)	NM; *
<i>loperamide hcl liq 1 mg/5ml (0.2 mg/ml)</i>	\$0 (3)	NM; *
<i>loperamide hcl liq 1 mg/7.5ml</i>	\$0 (3)	NM; *
<i>loperamide liq 1mg/7.5</i>	\$0 (3)	NM; *
<i>loperamide sus 1mg/7.5</i>	\$0 (3)	NM; *
<i>peptic relf chw 262mg</i>	\$0 (3)	NM; *
<i>peptic relf sus 262/15ml</i>	\$0 (3)	NM; *
<i>pink bismuth chw 262mg</i>	\$0 (3)	NM; *
<i>pink bismuth tab 262mg</i>	\$0 (3)	NM; *
<i>sm anti-diar tab 2mg</i>	\$0 (3)	NM; *
<i>sm stomach sus 262/15ml</i>	\$0 (3)	NM; *
<i>stomach relf chw 262mg</i>	\$0 (3)	NM; *
<i>stomach relf sus</i>	\$0 (3)	NM; *
<i>stomach relf sus 262/15ml</i>	\$0 (3)	NM; *
<i>stomach relf sus 525/15ml</i>	\$0 (3)	NM; *
<i>stomach relf tab 262mg</i>	\$0 (3)	NM; *
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
<i>aprepitant capsule 40 mg</i>	\$0 (1)	B/D
<i>aprepitant capsule 80 mg</i>	\$0 (1)	B/D
<i>aprepitant capsule 125 mg</i>	\$0 (1)	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	\$0 (1)	B/D
<i>compro sup 25mg</i>	\$0 (1)	
<i>dronabinol cap 2.5 mg</i>	\$0 (1)	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 5 mg</i>	\$0 (1)	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 10 mg</i>	\$0 (1)	B/D, QL (60 caps / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
EMEND SUS 125MG	\$0 (2)	B/D
<i>granisetron hcl inj 1 mg/ml</i>	\$0 (1)	
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	\$0 (1)	
<i>granisetron hcl tab 1 mg</i>	\$0 (1)	B/D
<i>meclizine hcl tab 12.5 mg</i>	\$0 (2)	
<i>meclizine hcl tab 25 mg</i>	\$0 (2)	
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	\$0 (1)	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	\$0 (1)	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	\$0 (1)	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	\$0 (1)	
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	\$0 (1)	
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	\$0 (1)	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	\$0 (1)	B/D
<i>ondansetron hcl tab 4 mg</i>	\$0 (1)	B/D
<i>ondansetron hcl tab 8 mg</i>	\$0 (1)	B/D
<i>ondansetron hcl tab 24 mg</i>	\$0 (1)	B/D
<i>ondansetron orally disintegrating tab 4 mg</i>	\$0 (1)	B/D
<i>ondansetron orally disintegrating tab 8 mg</i>	\$0 (1)	B/D
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	\$0 (1)	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	\$0 (1)	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	\$0 (1)	
<i>prochlorperazine suppos 25 mg</i>	\$0 (1)	
<i>promethazine hcl inj 25 mg/ml</i>	\$0 (2)	PA; PA if 70 years and older
<i>promethazine hcl inj 50 mg/ml</i>	\$0 (2)	PA; PA if 70 years and older
<i>promethazine hcl syrup 6.25 mg/5ml</i>	\$0 (2)	PA; PA if 70 years and older
<i>promethazine hcl tab 12.5 mg</i>	\$0 (2)	PA; PA if 70 years and older
<i>promethazine hcl tab 25 mg</i>	\$0 (2)	PA; PA if 70 years and older

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>promethazine hcl tab 50 mg</i>	\$0 (2)	PA; PA if 70 years and older
<i>scopolamine td patch 72hr 1 mg/3days</i>	\$0 (2)	QL (10 patches / 30 days), PA; PA if 70 years and older
TRANSDERM-SC DIS 1.5MG	\$0 (2)	QL (10 patches / 30 days), PA; PA if 70 years and older

ANTISPASMODICS - DRUGS FOR STOMACH SPASMS

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

H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID

<i>acid control tab 10mg</i>	\$0 (3)	NM; *
<i>acid control tab 20mg</i>	\$0 (3)	NM; *
<i>acid control tab 150mg</i>	\$0 (3)	NM; *
<i>acid reducer tab 10mg</i>	\$0 (3)	NM; *
<i>acid reducer tab 20mg</i>	\$0 (3)	NM; *
<i>acid reducer tab 75mg</i>	\$0 (3)	NM; *
<i>acid reducer tab 150mg</i>	\$0 (3)	NM; *
<i>famotidine for susp 40 mg/5ml</i>	\$0 (1)	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	\$0 (1)	
<i>famotidine inj 20 mg/2ml</i>	\$0 (1)	
<i>famotidine inj 40 mg/4ml</i>	\$0 (1)	
<i>famotidine inj 200 mg/20ml</i>	\$0 (1)	
<i>famotidine tab 10 mg</i>	\$0 (3)	NM; *
<i>famotidine tab 10mg</i>	\$0 (3)	NM; *
<i>famotidine tab 20 mg</i>	\$0 (1)	
<i>famotidine tab 20mg</i>	\$0 (3)	NM; *
<i>famotidine tab 40 mg</i>	\$0 (1)	
<i>heartburn tab 20mg</i>	\$0 (3)	NM; *
<i>heartburn tab 150mg</i>	\$0 (3)	NM; *
<i>heartburn tab 200mg</i>	\$0 (3)	NM; *
<i>heartburn tab relief</i>	\$0 (3)	NM; *
<i>ranitidine hcl inj 50 mg/2ml (25 mg/ml)</i>	\$0 (1)	
<i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	\$0 (1)	
<i>ranitidine hcl tab 75 mg</i>	\$0 (3)	NM; *
<i>ranitidine hcl tab 150 mg</i>	\$0 (1)	
<i>ranitidine hcl tab 150 mg</i>	\$0 (3)	NM; *
<i>ranitidine hcl tab 300 mg</i>	\$0 (1)	
<i>sm acid redu tab 200mg</i>	\$0 (3)	NM; *
ZANTAC TAB 75MG	\$0 (3)	NM; *
ZANTAC TAB 150MG	\$0 (3)	NM; *
INFLAMMATORY BOWEL DISEASE		
APRISO CAP 0.375GM	\$0 (2)	QL (120 caps / 30 days)
<i>balsalazide disodium cap 750 mg</i>	\$0 (1)	
<i>budesonide delayed release particles cap 3 mg</i>	\$0 (2)	NDS
DELZICOL CAP 400MG	\$0 (2)	
<i>hydrocortisone enema 100 mg/60ml</i>	\$0 (1)	
<i>mesalamine cap dr 400 mg</i>	\$0 (1)	
<i>mesalamine enema 4 gm</i>	\$0 (1)	
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	\$0 (1)	
<i>mesalamine suppos 1000 mg</i>	\$0 (1)	
<i>mesalamine tab delayed release 800 mg</i>	\$0 (1)	
<i>sulfasalazine tab 500 mg</i>	\$0 (1)	
<i>sulfasalazine tab delayed release 500 mg</i>	\$0 (1)	
LAXATIVES		
<i>bisac-evac sup 10mg</i>	\$0 (3)	NM; *
<i>bisacodyl suppos 10 mg</i>	\$0 (3)	NM; *
<i>bisacodyl tab 5mg ec</i>	\$0 (3)	NM; *
<i>biscolax sup 10mg</i>	\$0 (3)	NM; *
COLACE CAP 100MG	\$0 (3)	NM; *
<i>constulose sol 10gm/15</i>	\$0 (1)	
<i>docqlace cap 100mg</i>	\$0 (3)	NM; *
<i>docu liq 50mg/5ml</i>	\$0 (3)	NM; *
<i>docusate sodium cap 100 mg</i>	\$0 (3)	NM; *
<i>docusate sodium liquid 150 mg/15ml</i>	\$0 (3)	NM; *
<i>docusil cap 100mg</i>	\$0 (3)	NM; *
<i>dok cap 100mg</i>	\$0 (3)	NM; *
<i>dok cap 250mg</i>	\$0 (3)	NM; *
<i>ducodyl tab 5mg ec</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>enulose sol 10gm/15</i>	\$0 (1)	
FLEET ENE	\$0 (3)	NM; *
FLEET ENE PED	\$0 (3)	NM; *
<i>gavilyte-c sol</i>	\$0 (1)	
<i>gavilyte-g sol</i>	\$0 (1)	
<i>gavilyte-n sol flav pk</i>	\$0 (1)	
<i>generlac sol 10gm/15</i>	\$0 (1)	
<i>gnp enema ene</i>	\$0 (3)	NM; *
<i>gnp laxative tab 5mg ec</i>	\$0 (3)	NM; *
GOLYTELY SOL	\$0 (2)	
<i>hm enema ene r-t-u</i>	\$0 (3)	NM; *
<i>hm laxative tab 5mg</i>	\$0 (3)	NM; *
<i>hm laxative tab 5mg ec</i>	\$0 (3)	NM; *
<i>kao-tin cap 240mg</i>	\$0 (3)	NM; *
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	\$0 (1)	
<i>lactulose solution 10 gm/15ml</i>	\$0 (1)	
<i>laxative sup 10mg</i>	\$0 (3)	NM; *
MOVIPREP SOL	\$0 (2)	
<i>nat fiber pow therapy</i>	\$0 (3)	NM; *
<i>naturl fiber pow 28.3%</i>	\$0 (3)	NM; *
NULYTELY SOL FLAV PKS	\$0 (2)	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	\$0 (1)	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	\$0 (1)	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	\$0 (1)	
<i>qc enema ene</i>	\$0 (3)	NM; *
<i>qc laxative sup 10mg</i>	\$0 (3)	NM; *
<i>reguloid pow 28.3%</i>	\$0 (3)	NM; *
<i>reguloid pow 48.57%</i>	\$0 (3)	NM; *
<i>reguloid pow 58.6%</i>	\$0 (3)	NM; *
<i>sb bisacodyl tab 5mg ec</i>	\$0 (3)	NM; *
<i>silace liq 10mg/ml</i>	\$0 (3)	NM; *
<i>silace syp 60/15ml</i>	\$0 (3)	NM; *
<i>sm fiber pow 28.3%</i>	\$0 (3)	NM; *
<i>sm fiber pow 48.57%</i>	\$0 (3)	NM; *
<i>sm fiber pow 58.6%</i>	\$0 (3)	NM; *
<i>sm gentle tab laxative</i>	\$0 (3)	NM; *
<i>sodium phosphates - enema</i>	\$0 (3)	NM; *
<i>stim laxat tab 5mg ec</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>stool softnr cap 100mg</i>	\$0 (3)	NM; *
<i>stool softnr cap 240mg</i>	\$0 (3)	NM; *
<i>stool softnr cap 250mg</i>	\$0 (3)	NM; *
SUPREP BOWEL SOL PREP KIT	\$0 (2)	
<i>trilyte sol</i>	\$0 (1)	
MISCELLANEOUS		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	\$0 (2)	NDS, PA
<i>alosetron hcl tab 1 mg (base equiv)</i>	\$0 (2)	NDS, PA
AMITIZA CAP 8MCG	\$0 (2)	QL (180 caps / 30 days)
AMITIZA CAP 24MCG	\$0 (2)	QL (60 caps / 30 days)
<i>cromolyn sodium oral conc 100 mg/5ml</i>	\$0 (2)	NDS
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	\$0 (2)	
<i>diphenoxylate w/ atropine tab 2.5- 0.025 mg</i>	\$0 (2)	
GATTEX KIT 5MG	\$0 (2)	NDS, NM, LA, PA
LINZESS CAP 72MCG	\$0 (2)	QL (30 caps / 30 days)
LINZESS CAP 145MCG	\$0 (2)	QL (30 caps / 30 days)
LINZESS CAP 290MCG	\$0 (2)	QL (30 caps / 30 days)
<i>loperamide hcl cap 2 mg</i>	\$0 (1)	
<i>misoprostol tab 100 mcg</i>	\$0 (1)	
<i>misoprostol tab 200 mcg</i>	\$0 (1)	
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)	NDS, PA
RELISTOR INJ 12/0.6ML	\$0 (2)	NDS, PA
<i>sucralfate tab 1 gm</i>	\$0 (1)	
SYMPROIC TAB 0.2MG	\$0 (2)	
<i>ursodiol cap 300 mg</i>	\$0 (1)	
<i>ursodiol tab 250 mg</i>	\$0 (1)	
<i>ursodiol tab 500 mg</i>	\$0 (1)	
XIFAXAN TAB 550MG	\$0 (2)	NDS, PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	\$0 (2)	
CREON CAP 6000UNIT	\$0 (2)	
CREON CAP 12000UNT	\$0 (2)	
CREON CAP 24000UNT	\$0 (2)	
CREON CAP 36000UNT	\$0 (2)	
ZENPEP CAP 3000UNIT	\$0 (2)	
ZENPEP CAP 5000UNIT	\$0 (2)	
ZENPEP CAP 10000UNT	\$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ZENPEP CAP 15000UNT	\$0 (2)	
ZENPEP CAP 20000UNT	\$0 (2)	
ZENPEP CAP 25000	\$0 (2)	
ZENPEP CAP 40000	\$0 (2)	

PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID

DEXILANT CAP 30MG DR	\$0 (2)	QL (30 caps / 30 days)
DEXILANT CAP 60MG DR	\$0 (2)	QL (30 caps / 30 days)
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	\$0 (1)	QL (30 caps / 30 days)
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	\$0 (1)	QL (30 caps / 30 days)
<i>esomeprazole sodium for intravenous soln 40 mg (base equiv)</i>	\$0 (1)	
<i>heartburn tr cap 15mg</i>	\$0 (3)	NM; *
<i>lansoprazole cap 15mg dr</i>	\$0 (3)	NM; *
<i>lansoprazole cap delayed release 15 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>lansoprazole cap delayed release 15 mg</i>	\$0 (3)	NM; *
<i>lansoprazole cap delayed release 30 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>omeprazole cap delayed release 10 mg</i>	\$0 (1)	
<i>omeprazole cap delayed release 20 mg</i>	\$0 (1)	
<i>omeprazole cap delayed release 40 mg</i>	\$0 (1)	
OMEPRAZOLE DELAYED RELEASE TAB 20 MG	\$0 (3)	NM; *
OMEPRAZOLE TAB 20MG	\$0 (3)	NM; *
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	\$0 (1)	
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	\$0 (1)	
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	\$0 (1)	
PREVACID 24H CAP 15MG DR	\$0 (3)	NM; *
<i>rabeprazole sodium ec tab 20 mg</i>	\$0 (1)	QL (30 tabs / 30 days)

GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS

BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>finasteride tab 5 mg</i>	\$0 (1)	
<i>tamsulosin hcl cap 0.4 mg</i>	\$0 (1)	
MISCELLANEOUS		
<i>bethanechol chloride tab 5 mg</i>	\$0 (1)	
<i>bethanechol chloride tab 10 mg</i>	\$0 (1)	
<i>bethanechol chloride tab 25 mg</i>	\$0 (1)	
<i>bethanechol chloride tab 50 mg</i>	\$0 (1)	
<i>potassium citrate tab er 5 meq (540 mg)</i>	\$0 (1)	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	\$0 (1)	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	\$0 (1)	
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)
<i>oxybutynin chloride syrup 5 mg/5ml</i>	\$0 (1)	
<i>oxybutynin chloride tab 5 mg</i>	\$0 (1)	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 10 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 15 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>solifenacin succinate tab 5 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>solifenacin succinate tab 10 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>tolterodine tartrate cap er 24hr 2 mg</i>	\$0 (1)	QL (30 caps / 30 days), ST
<i>tolterodine tartrate cap er 24hr 4 mg</i>	\$0 (1)	QL (30 caps / 30 days), ST
<i>tolterodine tartrate tab 1 mg</i>	\$0 (1)	ST
<i>tolterodine tartrate tab 2 mg</i>	\$0 (1)	ST
TOVIAZ TAB 4MG	\$0 (2)	QL (30 tabs / 30 days)
TOVIAZ TAB 8MG	\$0 (2)	QL (30 tabs / 30 days)
<i>tropium chloride tab 20 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal cream 2%</i>	\$0 (1)	
<i>clotrimazole cre 1% vag</i>	\$0 (3)	NM; *
<i>clotrimazole cre 3 day</i>	\$0 (3)	NM; *
<i>clotrimazole vaginal cream 1%</i>	\$0 (3)	NM; *
<i>3 day vaginl cre 2%</i>	\$0 (3)	NM; *
<i>3 day vaginal cre 4%</i>	\$0 (3)	NM; *

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

HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS

ANTICOAGULANTS - BLOOD THINNERS

COUMADIN TAB 1MG	\$0 (2)	
COUMADIN TAB 2.5MG	\$0 (2)	
COUMADIN TAB 2MG	\$0 (2)	
COUMADIN TAB 3MG	\$0 (2)	
COUMADIN TAB 4MG	\$0 (2)	
COUMADIN TAB 5MG	\$0 (2)	
COUMADIN TAB 6MG	\$0 (2)	
COUMADIN TAB 7.5MG	\$0 (2)	
COUMADIN TAB 10MG	\$0 (2)	
ELIQUIS ST P TAB 5MG	\$0 (2)	
ELIQUIS TAB 2.5MG	\$0 (2)	
ELIQUIS TAB 5MG	\$0 (2)	
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	\$0 (1)	NM
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	\$0 (1)	NM
<i>enoxaparin sodium inj 60 mg/0.6ml</i>	\$0 (1)	NM
<i>enoxaparin sodium inj 80 mg/0.8ml</i>	\$0 (1)	NM
<i>enoxaparin sodium inj 100 mg/ml</i>	\$0 (1)	NM
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	\$0 (1)	NM
<i>enoxaparin sodium inj 150 mg/ml</i>	\$0 (1)	NM
<i>enoxaparin sodium inj 300 mg/3ml</i>	\$0 (1)	NM
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	\$0 (1)	NM

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>warfarin sodium tab 10 mg</i>	\$0 (1)	
XARELTO STAR TAB 15/20MG	\$0 (2)	
XARELTO TAB 2.5MG	\$0 (2)	
XARELTO TAB 10MG	\$0 (2)	
XARELTO TAB 15MG	\$0 (2)	
XARELTO TAB 20MG	\$0 (2)	
HEMATOPOIETIC GROWTH FACTORS		
GRANIX INJ 300/0.5	\$0 (2)	NDS, NM, PA
GRANIX INJ 300/1ML	\$0 (2)	NDS, NM, PA
GRANIX INJ 480/0.8	\$0 (2)	NDS, NM, PA
GRANIX INJ 480/1.6	\$0 (2)	NDS, NM, PA
NEUPOGEN INJ 300/0.5	\$0 (2)	NDS, NM, PA
NEUPOGEN INJ 300MCG	\$0 (2)	NDS, NM, PA
NEUPOGEN INJ 480/0.8	\$0 (2)	NDS, NM, PA
NEUPOGEN INJ 480MCG	\$0 (2)	NDS, NM, PA
PROCRIT INJ 2000/ML	\$0 (2)	NM, PA
PROCRIT INJ 3000/ML	\$0 (2)	NM, PA
PROCRIT INJ 4000/ML	\$0 (2)	NM, PA
PROCRIT INJ 10000/ML	\$0 (2)	NM, PA
PROCRIT INJ 20000/ML	\$0 (2)	NDS, NM, PA
PROCRIT INJ 40000/ML	\$0 (2)	NDS, NM, PA
IRON		
FERROUS GLUC TAB 324MG	\$0 (3)	NM; *
FERROUS SULF TAB 324MG EC	\$0 (3)	NM; *
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	\$0 (3)	NM; *
<i>wee care sus 15/1.25</i>	\$0 (3)	NM; *
MISCELLANEOUS		
<i>anagrelide hcl cap 0.5 mg</i>	\$0 (1)	
<i>anagrelide hcl cap 1 mg</i>	\$0 (1)	
BERINERT INJ 500UNIT	\$0 (2)	NDS, QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol tab 50 mg</i>	\$0 (1)	
<i>cilostazol tab 100 mg</i>	\$0 (1)	
DROXIA CAP 200MG	\$0 (2)	
DROXIA CAP 300MG	\$0 (2)	
DROXIA CAP 400MG	\$0 (2)	
ENDARI POW 5GM	\$0 (2)	NDS, LA, PA
FIRAZYR INJ 30MG/3ML	\$0 (2)	NDS, QL (9 syringes / 30 days), NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HAEGARDA INJ 2000UNIT	\$0 (2)	NDS, QL (30 vials / 30 days), NM, LA, PA
HAEGARDA INJ 3000UNIT	\$0 (2)	NDS, QL (20 vials / 30 days), NM, LA, PA
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	\$0 (2)	NDS, QL (9 syringes / 30 days), NM, PA
<i>pentoxifylline tab er 400 mg</i>	\$0 (1)	
PROMACTA POW 12.5MG	\$0 (2)	NDS, QL (360 packets / 30 days), NM, LA, PA
PROMACTA TAB 12.5MG	\$0 (2)	NDS, QL (360 tabs / 30 days), NM, LA, PA
PROMACTA TAB 25MG	\$0 (2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
PROMACTA TAB 50MG	\$0 (2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
PROMACTA TAB 75MG	\$0 (2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	\$0 (1)	
<i>tranexamic acid tab 650 mg</i>	\$0 (1)	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	\$0 (1)	
BRILINTA TAB 60MG	\$0 (2)	
BRILINTA TAB 90MG	\$0 (2)	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	\$0 (1)	
<i>prasugrel hcl tab 5 mg (base equiv)</i>	\$0 (1)	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	\$0 (1)	
ZONTIVITY TAB 2.08MG	\$0 (2)	
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS		
HUMIRA INJ 10/0.1ML	\$0 (2)	NDS, QL (2 injections / 28 days), NM, PA
HUMIRA INJ 10MG/0.2	\$0 (2)	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA INJ 20/0.2ML	\$0 (2)	NDS, QL (2 injections / 28 days), NM, PA
HUMIRA INJ 40/0.4ML	\$0 (2)	NDS, QL (6 injections / 28 days), NM, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HUMIRA KIT 20MG/0.4	\$0 (2)	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 40MG/0.8	\$0 (2)	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	\$0 (2)	NDS, NM, PA
HUMIRA PEN INJ 40/0.4ML	\$0 (2)	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN INJ 40MG/0.8	\$0 (2)	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN INJ CD/UC/HS	\$0 (2)	NDS, NM, PA
HUMIRA PEN INJ PS/UV	\$0 (2)	NDS, NM, PA
HUMIRA PEN KIT CD/UC/HS	\$0 (2)	NDS, NM, PA
HUMIRA PEN KIT PS/UV	\$0 (2)	NDS, NM, PA
<i>hydroxychloroquine sulfate tab 200 mg</i>	\$0 (1)	
<i>leflunomide tab 10 mg</i>	\$0 (1)	
<i>leflunomide tab 20 mg</i>	\$0 (1)	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	\$0 (1)	
REMICADE INJ 100MG	\$0 (2)	NDS, NM, PA
XATMEP SOL 2.5MG/ML	\$0 (2)	B/D
XELJANZ TAB 5MG	\$0 (2)	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ TAB 10MG	\$0 (2)	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TAB 11MG	\$0 (2)	NDS, QL (30 tabs / 30 days), NM, PA
IMMUNOGLOBULINS		
BIVIGAM INJ 10%	\$0 (2)	NDS, NM, PA
CARIMUNE NF INJ 12GM	\$0 (2)	NDS, NM, PA
FLEBOGAMMA INJ 5GM/50ML	\$0 (2)	NDS, NM, PA
FLEBOGAMMA INJ 10/100ML	\$0 (2)	NDS, NM, PA
FLEBOGAMMA INJ 10/200ML	\$0 (2)	NDS, NM, PA
FLEBOGAMMA INJ 20/200ML	\$0 (2)	NDS, NM, PA
FLEBOGAMMA INJ 20/400ML	\$0 (2)	NDS, NM, PA
FLEBOGAMMA INJ DIF 5%	\$0 (2)	NDS, NM, PA
GAMASTAN S/D INJ	\$0 (2)	B/D, NM
GAMMAGARD INJ 1GM/10ML	\$0 (2)	NDS, NM, PA
GAMMAGARD INJ 2.5GM/25	\$0 (2)	NDS, NM, PA
GAMMAGARD INJ 5GM/50ML	\$0 (2)	NDS, NM, PA
GAMMAGARD INJ 10GM/100	\$0 (2)	NDS, NM, PA
GAMMAGARD INJ 20GM/200	\$0 (2)	NDS, NM, PA
GAMMAGARD INJ 30GM/300	\$0 (2)	NDS, NM, PA

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

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

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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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
ENGRIX-B INJ 10/0.5ML	\$0 (2)	B/D
ENGRIX-B INJ 20MCG/ML	\$0 (2)	B/D
GARDASIL 9 INJ	\$0 (2)	
HAVRIX INJ 720UNIT	\$0 (2)	
HAVRIX INJ 1440UNIT	\$0 (2)	
HIBERIX SOL 10MCG	\$0 (2)	
IMOVAX RABIE INJ 2.5/ML	\$0 (2)	B/D
INFANRIX INJ	\$0 (2)	
IPOL INJ INACTIVE	\$0 (2)	
IXIARO INJ	\$0 (2)	
KINRIX INJ	\$0 (2)	
M-M-R II INJ	\$0 (2)	
MENACTRA INJ	\$0 (2)	
MENVEO INJ	\$0 (2)	
PEDIARIX INJ 0.5ML	\$0 (2)	
PEDVAX HIB INJ	\$0 (2)	
PENTACEL INJ	\$0 (2)	
PROQUAD INJ	\$0 (2)	
QUADRACEL INJ	\$0 (2)	
RABAVERT INJ	\$0 (2)	B/D
RECOMBIVA HB INJ 5MCG/0.5	\$0 (2)	B/D
RECOMBIVA HB INJ 10MCG/ML	\$0 (2)	B/D
RECOMBIVA-HB INJ 40MCG/ML	\$0 (2)	B/D
ROTARIX SUS	\$0 (2)	
ROTATEQ SOL	\$0 (2)	
SHINGRIX INJ 50MCG	\$0 (2)	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	\$0 (2)	B/D
TENIVAC INJ 5-2LF	\$0 (2)	B/D
TRUMENBA INJ	\$0 (2)	
TWINRIX INJ	\$0 (2)	
TYPHIM VI INJ	\$0 (2)	
VAQTA INJ 25/0.5ML	\$0 (2)	
VAQTA INJ 50UNT/ML	\$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VARIVAX INJ	\$0 (2)	
YF-VAX INJ	\$0 (2)	
ZOSTAVAX INJ	\$0 (2)	QL (1 vial per lifetime)

NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS

ELECTROLYTES

<i>klor-con 8 tab 8meq er</i>	\$0 (1)	
<i>klor-con 10 tab 10meq er</i>	\$0 (1)	
MAGNESIUM SU INJ 2GM/50ML	\$0 (2)	
MAGNESIUM SU INJ 4G/100ML	\$0 (2)	
MAGNESIUM SU INJ 20/500ML	\$0 (2)	
MAGNESIUM SU INJ 40G/1000	\$0 (2)	
MAGNESIUM SU INJ 80MG/ML	\$0 (2)	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	\$0 (2)	
<i>magnesium sulfate inj 50%</i>	\$0 (2)	
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	\$0 (2)	
<i>magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)</i>	\$0 (2)	
<i>magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)</i>	\$0 (2)	
<i>magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)</i>	\$0 (2)	
<i>magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)</i>	\$0 (2)	
MG SO4/D5W INJ 10MG/ML	\$0 (2)	
<i>potassium chloride cap er 8 meq</i>	\$0 (1)	
<i>potassium chloride cap er 10 meq</i>	\$0 (1)	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	\$0 (1)	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	\$0 (2)	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	\$0 (1)	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	\$0 (1)	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	\$0 (1)	
<i>potassium chloride powder packet 20 meq</i>	\$0 (1)	
<i>potassium chloride tab er 8 meq (600 mg)</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>potassium chloride tab er 10 meq</i>	\$0 (1)	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	\$0 (1)	
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	\$0 (1)	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	\$0 (1)	
<i>tpn electrol inj</i>	\$0 (2)	B/D
IV NUTRITION		
<i>amino acid infusion 6%</i>	\$0 (1)	B/D
AMINOSYN II INJ 10%	\$0 (2)	B/D
AMINOSYN-PF INJ 7%	\$0 (2)	B/D
AMINOSYN-PF INJ 10%	\$0 (2)	B/D
<i>chromic chloride inj 40 mcg/10ml (4 mcg/ml) (elemental cr)</i>	\$0 (3)	NM; *
CLINIMIX INJ 4.25/D5W	\$0 (2)	B/D
CLINIMIX INJ 4.25/D10	\$0 (2)	B/D
CLINIMIX INJ 4.25/D25	\$0 (2)	B/D
CLINIMIX INJ 5%/D15W	\$0 (2)	B/D
CLINIMIX INJ 5%/D20W	\$0 (2)	B/D
CLINIMIX INJ 5%/D25W	\$0 (2)	B/D
CLINOLIPID EMU 20%	\$0 (2)	B/D
<i>cupric chloride inj 0.4 mg/ml</i>	\$0 (3)	NM; *
FREAMINE HBC INJ 6.9%	\$0 (2)	B/D
FREAMINE III INJ 10%	\$0 (2)	B/D
<i>hepatamine sol 8%</i>	\$0 (2)	B/D
INTRALIPID INJ 20%	\$0 (2)	B/D
INTRALIPID INJ 30%	\$0 (2)	B/D
NEPHRAMINE INJ 5.4%	\$0 (2)	B/D
NUTRILIPID EMU 20%	\$0 (2)	B/D
PREMASOL SOL 10%	\$0 (2)	B/D
PROCALAMINE INJ 3%	\$0 (2)	B/D
PROSOL INJ 20%	\$0 (2)	B/D
TRAVASOL INJ 10%	\$0 (2)	B/D
TROPHAMINE INJ 10%	\$0 (2)	B/D
IV REPLACEMENT SOLUTIONS		
D5W/LYTES INJ #48	\$0 (2)	
D5W/NACL INJ 0.3%	\$0 (2)	
D10W/NACL INJ 0.2%	\$0 (2)	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>dextrose 5% in lactated ringers</i>	\$0 (1)	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	\$0 (1)	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	\$0 (1)	
<i>dextrose 5% w/ sodium chloride 0.33%</i>	\$0 (1)	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	\$0 (1)	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	\$0 (1)	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	\$0 (1)	
<i>dextrose inj 5%</i>	\$0 (1)	
<i>dextrose inj 10%</i>	\$0 (1)	
<i>dextrose inj 50%</i>	\$0 (1)	
<i>dextrose inj 70%</i>	\$0 (1)	
IONOSOL-MB INJ D5W	\$0 (2)	
ISOLYTE-P INJ /D5W	\$0 (2)	
ISOLYTE-S INJ	\$0 (2)	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	\$0 (1)	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	\$0 (1)	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	\$0 (1)	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.33% inj</i>	\$0 (1)	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	\$0 (1)	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	\$0 (1)	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	\$0 (1)	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	\$0 (1)	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	\$0 (1)	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	\$0 (1)	
KCL/D5W/NACL INJ 0.3/0.9%	\$0 (2)	
KCL/D5W/NACL INJ 0.15/0.2	\$0 (2)	
<i>lactated ringer's solution</i>	\$0 (1)	
NORMOSOL -M INJ /D5W	\$0 (2)	
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
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	\$0 (1)	
<i>potassium chloride 40 meq/l (0.3%) in dextrose 5% inj</i>	\$0 (1)	
<i>potassium chloride inj 2 meq/ml</i>	\$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)	
<i>sodium chloride iv soln 0.9%</i>	\$0 (1)	
<i>sodium chloride iv soln 0.45%</i>	\$0 (1)	
<i>sodium chloride iv soln 3%</i>	\$0 (1)	
<i>sodium chloride iv soln 5%</i>	\$0 (1)	
MINERALS		
<i>calcium carbonate (antacid) susp 1250 mg/5ml</i>	\$0 (3)	NM; *
<i>calcium carbonate tab 1250 mg (500 mg elemental ca)</i>	\$0 (3)	NM; *
<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i>	\$0 (3)	NM; *
<i>calcium carbonate-cholecalciferol tab 600 mg-200 unit</i>	\$0 (3)	NM; *
<i>calcium carbonate-vitamin d tab 500 mg-200 unit</i>	\$0 (3)	NM; *
<i>magnesium oxide tab 400 mg</i>	\$0 (3)	NM; *
<i>manganese chloride inj 0.1 mg/ml</i>	\$0 (3)	NM; *
NU-MAG TAB 71.5-119	\$0 (3)	NM; *
<i>oysco 500+d tab</i>	\$0 (3)	NM; *
VITAMINS		
AQUASOL A INJ 50000/ML	\$0 (3)	NM; *
<i>calcitriol cap 0.5 mcg</i>	\$0 (1)	B/D
<i>calcitriol cap 0.25 mcg</i>	\$0 (1)	B/D
<i>calcitriol inj 1 mcg/ml</i>	\$0 (1)	B/D
<i>calcitriol oral soln 1 mcg/ml</i>	\$0 (1)	B/D
<i>cholecalciferol cap 250 mcg (10000 unit)</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>cyanocobalamin inj 1000 mcg/ml</i>	\$0 (3)	NM; *
DECARA CAP 25000UNT	\$0 (3)	NM; *
<i>decara cap 50000unt</i>	\$0 (3)	NM; *
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	\$0 (3)	NM; *
<i>ergocalciferol soln 200 mcg/ml (8000 unit/ml)</i>	\$0 (3)	NM; *
<i>hydroxocobalamin acetate inj 1000 mcg/ml (base equivalent)</i>	\$0 (3)	NM; *
INFUVITE INJ	\$0 (3)	NM; *
INFUVITE INJ ADULT	\$0 (3)	NM; *
INFUVITE INJ PEDIATRI	\$0 (3)	NM; *
M-NATAL PLUS TAB	\$0 (2)	
M.V.I PEDIAT INJ	\$0 (3)	NM; *
MEPHYTON TAB 5MG	\$0 (3)	NM; *
NASCOBAL SPR 500MCG	\$0 (3)	NM; *
<i>niacin cap er 500 mg</i>	\$0 (3)	NM; *
<i>paricalcitol cap 1 mcg</i>	\$0 (1)	B/D
<i>paricalcitol cap 2 mcg</i>	\$0 (1)	B/D
<i>paricalcitol cap 4 mcg</i>	\$0 (1)	B/D
<i>phytonadione inj 1 mg/0.5ml (2 mg/ml)</i>	\$0 (3)	NM; *
<i>phytonadione inj 10 mg/ml</i>	\$0 (3)	NM; *
PNV FOLIC AC TAB + IRON	\$0 (2)	
PRENATAL PLUS	\$0 (2)	
PRENATAL TAB 27-1MG	\$0 (2)	
PRENATAL TAB PLUS	\$0 (2)	
PRENATAL VIT TAB LOW IRON	\$0 (2)	
<i>pyridoxine hcl inj 100 mg/ml</i>	\$0 (3)	NM; *
RAYALDEE CAP 30MCG	\$0 (2)	NDS
<i>thiamine hcl inj 100 mg/ml</i>	\$0 (3)	NM; *
TRICARE TAB PRENATAL	\$0 (2)	

OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS

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

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	\$0 (1)	
BLEPHAMIDE OIN S.O.P.	\$0 (2)	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	\$0 (1)	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	\$0 (1)	
<i>neomycin-polymyxin-hc ophth susp</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	\$0 (1)	
TOBRADEX OIN 0.3-0.1%	\$0 (2)	
TOBRADEX ST SUS 0.3-0.05	\$0 (2)	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	\$0 (1)	
ZYLET SUS 0.5-0.3%	\$0 (2)	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
AZASITE SOL 1%	\$0 (2)	
<i>bacitracin ophth oint 500 unit/gm</i>	\$0 (1)	
<i>bacitracin-polymyxin b ophth oint</i>	\$0 (1)	
BESIVANCE SUS 0.6%	\$0 (2)	
CILOXAN OIN 0.3% OP	\$0 (2)	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	\$0 (1)	
<i>erythromycin ophth oint 5 mg/gm</i>	\$0 (1)	
<i>gatifloxacin ophth soln 0.5%</i>	\$0 (1)	
<i>gentak oin 0.3% op</i>	\$0 (1)	
<i>gentamicin sulfate ophth soln 0.3%</i>	\$0 (1)	
MOXEZA SOL 0.5%	\$0 (2)	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	\$0 (1)	
NATACYN SUS 5% OP	\$0 (2)	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	\$0 (1)	
<i>neomycin-polymyx-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	\$0 (1)	
<i>ofloxacin ophth soln 0.3%</i>	\$0 (1)	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	\$0 (1)	
<i>sulfacetamide sodium ophth oint 10%</i>	\$0 (1)	
<i>sulfacetamide sodium ophth soln 10%</i>	\$0 (1)	
<i>tobramycin ophth soln 0.3%</i>	\$0 (1)	
<i>trifluridine ophth soln 1%</i>	\$0 (1)	
ZIRGAN GEL 0.15%	\$0 (2)	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
ALREX SUS 0.2%	\$0 (2)	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	\$0 (1)	
BROMSITE DRO 0.075%	\$0 (2)	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>diclofenac sodium ophth soln 0.1%</i>	\$0 (1)	
DUREZOL EMU 0.05%	\$0 (2)	
<i>fluorometholone ophth susp 0.1%</i>	\$0 (1)	
<i>flurbiprofen sodium ophth soln 0.03%</i>	\$0 (1)	
ILEVRO DRO 0.3% OP	\$0 (2)	
<i>ketorolac tromethamine ophth soln 0.4%</i>	\$0 (1)	
<i>ketorolac tromethamine ophth soln 0.5%</i>	\$0 (1)	
LOTEMAX GEL 0.5%	\$0 (2)	
LOTEMAX OIN 0.5%	\$0 (2)	
LOTEMAX SUS 0.5%	\$0 (2)	
<i>loteprednol etabonate ophth susp 0.5%</i>	\$0 (1)	
PRED SOD PHO SOL 1% OP	\$0 (2)	
<i>prednisolone acetate ophth susp 1%</i>	\$0 (1)	
PROLENSA SOL 0.07%	\$0 (2)	
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
<i>alaway child dro 0.025%op</i>	\$0 (3)	NM; *
<i>alaway dro 0.025%op</i>	\$0 (3)	NM; *
<i>azelastine hcl ophth soln 0.05%</i>	\$0 (1)	
BEPREVE DRO 1.5%	\$0 (2)	
<i>cromolyn sodium ophth soln 4%</i>	\$0 (1)	
<i>eye itch rel dro 0.025%op</i>	\$0 (3)	NM; *
<i>eye itch sol relief</i>	\$0 (3)	NM; *
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i>	\$0 (3)	NM; *
LASTACFT SOL 0.25%	\$0 (2)	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	\$0 (1)	
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)	
<i>betaxolol hcl ophth soln 0.5%</i>	\$0 (1)	
BETOPTIC-S SUS 0.25% OP	\$0 (2)	
<i>brimonidine tartrate ophth soln 0.2%</i>	\$0 (1)	
<i>brimonidine tartrate ophth soln 0.15%</i>	\$0 (1)	
<i>carteolol hcl ophth soln 1%</i>	\$0 (1)	
COMBIGAN SOL 0.2/0.5%	\$0 (2)	
<i>dorzolamide hcl ophth soln 2%</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	\$0 (1)	
<i>latanoprost ophth soln 0.005%</i>	\$0 (1)	
<i>levobunolol hcl ophth soln 0.5%</i>	\$0 (1)	
LUMIGAN SOL 0.01%	\$0 (2)	
PHOSPHOLINE SOL 0.125%OP	\$0 (2)	
<i>pilocarpine hcl ophth soln 1%</i>	\$0 (1)	
<i>pilocarpine hcl ophth soln 2%</i>	\$0 (1)	
<i>pilocarpine hcl ophth soln 4%</i>	\$0 (1)	
RHOPRESSA SOL 0.02%	\$0 (2)	
SIMBRINZA SUS 1-0.2%	\$0 (2)	
<i>timolol maleate ophth gel forming soln 0.5%</i>	\$0 (1)	
<i>timolol maleate ophth gel forming soln 0.25%</i>	\$0 (1)	
<i>timolol maleate ophth soln 0.5%</i>	\$0 (1)	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	\$0 (1)	
<i>timolol maleate ophth soln 0.25%</i>	\$0 (1)	
TRAVATAN Z DRO 0.004%	\$0 (2)	
MISCELLANEOUS		
<i>akwa tears oin op</i>	\$0 (3)	NM; *
<i>artifi tears oin op</i>	\$0 (3)	NM; *
<i>artifi tears sol 1.4% op</i>	\$0 (3)	NM; *
<i>artificial sol tears</i>	\$0 (3)	NM; *
ATROPINE SUL SOL 1% OP	\$0 (2)	
CYSTARAN SOL 0.44%	\$0 (2)	NDS, LA, PA
GENTEAL GEL 0.3%	\$0 (3)	NM; *
<i>genteal tear sol mild</i>	\$0 (3)	NM; *
GONAK OP SOL 2.5%	\$0 (3)	NM; *
ISOPTO TEARS SOL 0.5% OP	\$0 (3)	NM; *
<i>liquitears sol</i>	\$0 (3)	NM; *
<i>lubricant oin eye</i>	\$0 (3)	NM; *
<i>lubricating dro 0.5%</i>	\$0 (3)	NM; *
<i>lubricnt eye dro 0.5% op</i>	\$0 (3)	NM; *
<i>lubrifresh oin p.m.</i>	\$0 (3)	NM; *
<i>natural bal sol tears</i>	\$0 (3)	NM; *
<i>natures sol tears</i>	\$0 (3)	NM; *
<i>proparacaine hcl ophth soln 0.5%</i>	\$0 (1)	
<i>puralube oin</i>	\$0 (3)	NM; *
<i>refresh cell gel 1% op</i>	\$0 (3)	NM; *
<i>refresh lacr oin op</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
REFRESH LIQU DRO 1% OP	\$0 (3)	NM; *
REFRESH PLUS DRO 0.5% OP	\$0 (3)	NM; *
REFRESH TEAR DRO 0.5% OP	\$0 (3)	NM; *
RESTASIS EMU 0.05%	\$0 (2)	QL (60 single use vials / 30 days)
RESTASIS MUL EMU 0.05%	\$0 (2)	QL (1 bottle / 30 days)
SYSTANE GEL 0.3%	\$0 (3)	NM; *
<i>systane oin</i>	\$0 (3)	NM; *

RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD

ANORO ELLIPT AER 62.5-25	\$0 (2)	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	\$0 (2)	QL (1 inhaler / 30 days)
COMBIVENT AER 20-100	\$0 (2)	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	\$0 (1)	B/D
TRELEGY AER ELLIPTA	\$0 (2)	QL (60 blisters / 30 days)

ANTICHOLINERGICS - DRUGS TO TREAT COPD

ATROVENT HFA AER 17MCG	\$0 (2)	QL (2 inhalers / 30 days)
INCRUSE ELPT INH 62.5MCG	\$0 (2)	QL (30 blisters / 30 days)
<i>ipratropium bromide inhal soln 0.02%</i>	\$0 (1)	B/D
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	\$0 (1)	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	\$0 (1)	

ANTI-HISTAMINES - DRUGS TO TREAT ALLERGIES

AHIST TAB 25MG	\$0 (3)	NM; *
ALA-HIST IR TAB 2MG	\$0 (3)	NM; *
<i>all day allg sol 1mg/ml</i>	\$0 (3)	NM; *
<i>all day allg sol 5mg/5ml</i>	\$0 (3)	NM; *
<i>all day allg tab 10mg</i>	\$0 (3)	NM; *
<i>aller-chlor tab 4mg</i>	\$0 (3)	NM; *
<i>aller-ease tab 60mg</i>	\$0 (3)	NM; *
<i>allergy cap 25mg</i>	\$0 (3)	NM; *
<i>allergy chld liq 12.5/5ml</i>	\$0 (3)	NM; *
<i>allergy chld syp 5mg/5ml</i>	\$0 (3)	NM; *
<i>allergy med tab 25mg</i>	\$0 (3)	NM; *

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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>m-hist pd liq 0.625/ml</i>	\$0 (3)	NM; *
PEDIAVENT CHW 1MG	\$0 (3)	NM; *
PEDIAVENT SYP 2MG/5ML	\$0 (3)	NM; *
<i>pharbedryl cap 25mg</i>	\$0 (3)	NM; *
<i>pharbedryl cap 50mg</i>	\$0 (3)	NM; *
<i>qc allergy tab 10mg</i>	\$0 (3)	NM; *
<i>sb allergy tab 10mg</i>	\$0 (3)	NM; *
<i>sb allergy tab 25mg med</i>	\$0 (3)	NM; *
<i>siladryl alr liq 12.5/5ml</i>	\$0 (3)	NM; *
<i>sm all day tab 10mg</i>	\$0 (3)	NM; *
<i>sm all day tab allergy</i>	\$0 (3)	NM; *
<i>sm allergy cap relief</i>	\$0 (3)	NM; *
<i>sm allergy tab 4mg</i>	\$0 (3)	NM; *
<i>sm allergy tab 25mg rlf</i>	\$0 (3)	NM; *
<i>sm loratadin tab 10mg</i>	\$0 (3)	NM; *
<i>triprolidine hcl liquid 0.625 mg/ml</i>	\$0 (3)	NM; *
VANACLEAR PD LIQ 0.313MG	\$0 (3)	NM; *
VANAHIST PD LIQ 0.625MG	\$0 (3)	NM; *
VANAMINE PD LIQ 6.25/ML	\$0 (3)	NM; *

BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD

<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	\$0 (1)	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	\$0 (1)	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	\$0 (1)	B/D
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	\$0 (1)	B/D
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	\$0 (1)	B/D
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	\$0 (1)	B/D
<i>albuterol sulfate syrup 2 mg/5ml</i>	\$0 (1)	
<i>albuterol sulfate tab 2 mg</i>	\$0 (1)	
<i>albuterol sulfate tab 4 mg</i>	\$0 (1)	
<i>albuterol sulfate tab er 12hr 4 mg</i>	\$0 (1)	
<i>albuterol sulfate tab er 12hr 8 mg</i>	\$0 (1)	
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	\$0 (1)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	\$0 (1)	B/D
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	\$0 (1)	B/D
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	\$0 (1)	B/D
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	\$0 (1)	QL (2 inhalers / 30 days)
SEREVENT DIS AER 50MCG	\$0 (2)	QL (60 inhalations / 30 days)
<i>terbutaline sulfate tab 2.5 mg</i>	\$0 (1)	
<i>terbutaline sulfate tab 5 mg</i>	\$0 (1)	
VENTOLIN HFA AER	\$0 (2)	QL (2 inhalers / 30 days)
COUGH AND COLD		
<i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i>	\$0 (3)	NM; *
LEUKOTRIENE MODULATORS		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	\$0 (1)	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	\$0 (1)	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	\$0 (1)	
<i>montelukast sodium tab 10 mg (base equiv)</i>	\$0 (1)	
<i>zafirlukast tab 10 mg</i>	\$0 (1)	
<i>zafirlukast tab 20 mg</i>	\$0 (1)	
MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	\$0 (1)	B/D
MISCELLANEOUS		
<i>acetylcysteine inhal soln 10%</i>	\$0 (1)	B/D
<i>acetylcysteine inhal soln 20%</i>	\$0 (1)	B/D
ARALAST NP INJ 500MG	\$0 (2)	NDS, NM, LA, PA
ARALAST NP INJ 1000MG	\$0 (2)	NDS, NM, LA, PA
DALIRESP TAB 250MCG	\$0 (2)	
DALIRESP TAB 500MCG	\$0 (2)	
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	\$0 (1)	(generic of Adrenaclick)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	\$0 (1)	(generic of EpiPen)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	\$0 (1)	(generic of EpiPen)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	\$0 (1)	(generic of Adrenaclick)
ESBRIET CAP 267MG	\$0 (2)	NDS, NM, PA
ESBRIET TAB 267MG	\$0 (2)	NDS, NM, PA
ESBRIET TAB 801MG	\$0 (2)	NDS, NM, PA
KALYDECO PAK 25MG	\$0 (2)	NDS, PA
KALYDECO PAK 50MG	\$0 (2)	NDS, PA
KALYDECO PAK 75MG	\$0 (2)	NDS, PA
KALYDECO TAB 150MG	\$0 (2)	NDS, PA
OFEV CAP 100MG	\$0 (2)	NDS, NM, PA
OFEV CAP 150MG	\$0 (2)	NDS, NM, PA
ORKAMBI GRA 100-125	\$0 (2)	NDS, PA
ORKAMBI GRA 150-188	\$0 (2)	NDS, PA
ORKAMBI TAB 100-125	\$0 (2)	NDS, PA
ORKAMBI TAB 200-125	\$0 (2)	NDS, PA
PROLASTIN-C INJ 1000MG	\$0 (2)	NDS, LA, PA
PROLASTIN-C INJ 1000MG	\$0 (2)	NDS, NM, LA, PA
PULMOZYME SOL 1MG/ML	\$0 (2)	NDS, NM, PA
SYMDEKO TAB 50-75MG	\$0 (2)	NDS, LA, PA
SYMDEKO TAB 100-150	\$0 (2)	NDS, LA, PA
SYMJEPI INJ 0.3MG	\$0 (2)	
SYMJEPI INJ 0.15MG	\$0 (2)	
THEO-24 CAP 100MG CR	\$0 (2)	
THEO-24 CAP 200MG CR	\$0 (2)	
THEO-24 CAP 300MG CR	\$0 (2)	
THEO-24 CAP 400MG ER	\$0 (2)	
<i>theophylline soln 80 mg/15ml</i>	\$0 (1)	
<i>theophylline tab er 12hr 300 mg</i>	\$0 (1)	
<i>theophylline tab er 12hr 450 mg</i>	\$0 (1)	
<i>theophylline tab er 24hr 400 mg</i>	\$0 (1)	
<i>theophylline tab er 24hr 600 mg</i>	\$0 (1)	
XOLAIR INJ 75/0.5	\$0 (2)	NDS, NM, LA, PA
XOLAIR INJ 150MG/ML	\$0 (2)	NDS, NM, LA, PA
XOLAIR SOL 150MG	\$0 (2)	NDS, NM, LA, PA
ZEMAIRA INJ 1000MG	\$0 (2)	NDS, NM, LA, PA
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
<i>allergy relf spr 50mcg</i>	\$0 (3)	NM; *
<i>budesonide nasal susp 32 mcg/act</i>	\$0 (3)	NM; *
FLONASE ALGY SPR 50MCG	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FLONASE SENS SUS 27.5MCG	\$0 (3)	NM; *
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	\$0 (1)	QL (3 bottles / 30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	\$0 (1)	QL (1 bottle / 30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	\$0 (3)	NM; *
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
ARNUITY ELPT INH 50MCG	\$0 (2)	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 100MCG	\$0 (2)	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 200MCG	\$0 (2)	QL (30 inhalations / 30 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	\$0 (1)	B/D
<i>budesonide inhalation susp 0.25 mg/2ml</i>	\$0 (1)	B/D
FLOVENT DISK AER 50MCG	\$0 (2)	QL (120 inhalations / 30 days)
FLOVENT DISK AER 100MCG	\$0 (2)	QL (120 inhalations / 30 days)
FLOVENT DISK AER 250MCG	\$0 (2)	QL (240 inhalations / 30 days)
FLOVENT HFA AER 44MCG	\$0 (2)	QL (2 inhalers / 30 days)
FLOVENT HFA AER 110MCG	\$0 (2)	QL (2 inhalers / 30 days)
FLOVENT HFA AER 220MCG	\$0 (2)	QL (2 inhalers / 30 days)
PULMICORT INH 90MCG	\$0 (2)	QL (2 inhalers / 30 days)
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)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ADVAIR HFA AER 230/21	\$0 (2)	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 100-25	\$0 (2)	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	\$0 (2)	QL (60 blisters / 30 days)
SYMBICORT AER 80-4.5	\$0 (2)	QL (1 inhaler / 30 days)
SYMBICORT AER 160-4.5	\$0 (2)	QL (1 inhaler / 30 days)

TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS

DERMATOLOGY, ACNE

<i>acne medicat gel 10%</i>	\$0 (3)	NM; *
ACNE MEDICAT LOT 10%	\$0 (3)	NM; *
<i>amnestem cap 10mg</i>	\$0 (1)	PA
<i>amnestem cap 20mg</i>	\$0 (1)	PA
<i>amnestem cap 40mg</i>	\$0 (1)	PA
<i>avita cre 0.025%</i>	\$0 (1)	PA
<i>avita gel 0.025%</i>	\$0 (1)	PA
BENZOYL PER GEL 2.5%	\$0 (3)	NM; *
<i>benzoyl per liq 5% wash</i>	\$0 (3)	NM; *
<i>benzoyl peroxide gel 5%</i>	\$0 (3)	NM; *
<i>benzoyl peroxide gel 10%</i>	\$0 (3)	NM; *
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	\$0 (1)	
<i>claravis cap 10mg</i>	\$0 (1)	PA
<i>claravis cap 20mg</i>	\$0 (1)	PA
<i>claravis cap 30mg</i>	\$0 (1)	PA
<i>claravis cap 40mg</i>	\$0 (1)	PA
<i>clindacin-p pad 1%</i>	\$0 (1)	
<i>clindamycin phosphate gel 1%</i>	\$0 (1)	
<i>clindamycin phosphate lotion 1%</i>	\$0 (1)	
<i>clindamycin phosphate soln 1%</i>	\$0 (1)	
<i>clindamycin phosphate swab 1%</i>	\$0 (1)	
DIFFERIN GEL 0.1%	\$0 (3)	NM; *
<i>erythromycin gel 2%</i>	\$0 (1)	
<i>erythromycin pads 2%</i>	\$0 (1)	
<i>erythromycin soln 2%</i>	\$0 (1)	
<i>isotretinoin cap 10 mg</i>	\$0 (1)	PA
<i>isotretinoin cap 20 mg</i>	\$0 (1)	PA
<i>isotretinoin cap 30 mg</i>	\$0 (1)	PA
<i>isotretinoin cap 40 mg</i>	\$0 (1)	PA
<i>myorisan cap 10mg</i>	\$0 (1)	PA
<i>myorisan cap 20mg</i>	\$0 (1)	PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>myorisan cap 30mg</i>	\$0 (1)	PA
<i>myorisan cap 40mg</i>	\$0 (1)	PA
<i>sulfacetamide sodium lotion 10% (acne)</i>	\$0 (1)	
<i>tretinoin cream 0.1%</i>	\$0 (1)	PA
<i>tretinoin cream 0.05%</i>	\$0 (1)	PA
<i>tretinoin cream 0.025%</i>	\$0 (1)	PA
<i>tretinoin gel 0.01%</i>	\$0 (1)	PA
<i>tretinoin gel 0.025%</i>	\$0 (1)	PA
<i>zenatane cap 10mg</i>	\$0 (1)	PA
<i>zenatane cap 20mg</i>	\$0 (1)	PA
<i>zenatane cap 30mg</i>	\$0 (1)	PA
<i>zenatane cap 40mg</i>	\$0 (1)	PA
<i>DERMATOLOGY, ANTIBIOTICS</i>		
<i>gentamicin sulfate cream 0.1%</i>	\$0 (1)	
<i>gentamicin sulfate oint 0.1%</i>	\$0 (1)	
<i>hm triple oin antibiot</i>	\$0 (3)	NM; *
<i>mupirocin oint 2%</i>	\$0 (1)	
<i>neomycin-bacitracin-polymyxin oint</i>	\$0 (3)	NM; *
<i>sb triple oin antibiot</i>	\$0 (3)	NM; *
<i>silver sulfadiazine cream 1%</i>	\$0 (1)	
<i>sm triple oin antibiot</i>	\$0 (3)	NM; *
<i>ssd cre 1%</i>	\$0 (1)	
<i>SULFAMYLON CRE 85MG/GM</i>	\$0 (2)	
<i>triple antib oin</i>	\$0 (3)	NM; *
<i>DERMATOLOGY, ANTIFUNGALS</i>		
<i>anti-fungal pow 1%</i>	\$0 (3)	NM; *
<i>antifungal cre 1%</i>	\$0 (3)	NM; *
<i>antifungal cre 2%</i>	\$0 (3)	NM; *
<i>athlete foot cre 1%</i>	\$0 (3)	NM; *
<i>baza antifun cre 2%</i>	\$0 (3)	NM; *
<i>ciclopirox gel 0.77%</i>	\$0 (1)	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	\$0 (1)	
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	\$0 (1)	
<i>ciclopirox shampoo 1%</i>	\$0 (1)	
<i>clotrimazole cre 1%</i>	\$0 (3)	NM; *
<i>clotrimazole cream 1%</i>	\$0 (1)	
<i>clotrimazole cream 1%</i>	\$0 (3)	NM; *
<i>clotrimazole soln 1%</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	\$0 (1)	
<i>FUNGOID TINC SOL 2%</i>	\$0 (3)	NM; *
<i>fungoid-d cre 1%</i>	\$0 (3)	NM; *
<i>ketoconazole cream 2%</i>	\$0 (1)	
<i>miconazole nitrate cream 2%</i>	\$0 (3)	NM; *
<i>nyamyc pow 100000</i>	\$0 (1)	
<i>nystatin cream 100000 unit/gm</i>	\$0 (1)	
<i>nystatin oint 100000 unit/gm</i>	\$0 (1)	
<i>nystatin topical powder 100000 unit/gm</i>	\$0 (1)	
<i>nystop pow 100000</i>	\$0 (1)	
<i>sm antifungl cre 1%</i>	\$0 (3)	NM; *
<i>sm antifungl cre 2%</i>	\$0 (3)	NM; *
<i>soothe&cool cre inzo 2%</i>	\$0 (3)	NM; *
<i>tolnaftate cre 1%</i>	\$0 (3)	NM; *
<i>tolnaftate cream 1%</i>	\$0 (3)	NM; *
<i>tolnaftate powder 1%</i>	\$0 (3)	NM; *
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin cap 10 mg</i>	\$0 (2)	NDS, PA
<i>acitretin cap 17.5 mg</i>	\$0 (2)	NDS, PA
<i>acitretin cap 25 mg</i>	\$0 (2)	NDS, PA
<i>calcipotriene cream 0.005%</i>	\$0 (1)	QL (120 gm / 30 days), PA
<i>calcipotriene oint 0.005%</i>	\$0 (1)	QL (120 gm / 30 days), PA
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	\$0 (1)	QL (120 mL / 30 days), PA
<i>tazarotene cream 0.1%</i>	\$0 (1)	PA
<i>TAZORAC CRE 0.05%</i>	\$0 (2)	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo 2%</i>	\$0 (1)	
<i>selenium sulfide lotion 2.5%</i>	\$0 (1)	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort cre 1%</i>	\$0 (1)	
<i>ala-cort cre 2.5%</i>	\$0 (1)	
<i>alclometasone dipropionate cream 0.05%</i>	\$0 (1)	
<i>alclometasone dipropionate oint 0.05%</i>	\$0 (1)	
<i>anti-itch cre 1%</i>	\$0 (3)	NM; *
<i>betamethasone dipropionate augmented cream 0.05%</i>	\$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>betamethasone dipropionate augmented gel 0.05%</i>	\$0 (1)	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	\$0 (1)	
<i>betamethasone dipropionate augmented oint 0.05%</i>	\$0 (1)	
<i>betamethasone dipropionate cream 0.05%</i>	\$0 (1)	
<i>betamethasone dipropionate lotion 0.05%</i>	\$0 (1)	
<i>betamethasone dipropionate oint 0.05%</i>	\$0 (1)	
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	\$0 (1)	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	\$0 (1)	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	\$0 (1)	
ENSTILAR AER	\$0 (2)	PA
<i>fluocinolone acetonide cream 0.01%</i>	\$0 (1)	
<i>fluocinolone acetonide cream 0.025%</i>	\$0 (1)	
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	\$0 (1)	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	\$0 (1)	
<i>fluocinolone acetonide oint 0.025%</i>	\$0 (1)	
<i>fluocinolone acetonide soln 0.01%</i>	\$0 (1)	
<i>fluocinonide cream 0.05%</i>	\$0 (1)	
<i>fluocinonide emulsified base cream 0.05%</i>	\$0 (1)	
<i>fluocinonide gel 0.05%</i>	\$0 (1)	
<i>fluocinonide soln 0.05%</i>	\$0 (1)	
<i>fluticasone propionate cream 0.05%</i>	\$0 (1)	
<i>fluticasone propionate oint 0.005%</i>	\$0 (1)	
<i>gnp hydrocort cre 1% plus</i>	\$0 (3)	NM; *
<i>halobetasol propionate cream 0.05%</i>	\$0 (1)	
<i>halobetasol propionate oint 0.05%</i>	\$0 (1)	
<i>hm hydrocort cre 1% plus</i>	\$0 (3)	NM; *
<i>hydrocort cre 0.5%</i>	\$0 (3)	NM; *
<i>hydrocort cre 1%</i>	\$0 (3)	NM; *
<i>hydrocort cre plus 1%</i>	\$0 (3)	NM; *
<i>hydrocort oin 1%</i>	\$0 (3)	NM; *
<i>hydrocort/ cre aloe 1%</i>	\$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>hydrocortisone butyrate cream 0.1%</i>	\$0 (1)	
<i>hydrocortisone butyrate oint 0.1%</i>	\$0 (1)	
<i>hydrocortisone cream 0.5%</i>	\$0 (3)	NM; *
<i>hydrocortisone cream 1%</i>	\$0 (1)	
<i>hydrocortisone cream 1%</i>	\$0 (3)	NM; *
<i>hydrocortisone cream 2.5%</i>	\$0 (1)	
<i>hydrocortisone lotion 2.5%</i>	\$0 (1)	
<i>hydrocortisone oint 0.5%</i>	\$0 (3)	NM; *
<i>hydrocortisone oint 1%</i>	\$0 (3)	NM; *
<i>hydrocortisone oint 2.5%</i>	\$0 (1)	
<i>hydrocortisone valerate cream 0.2%</i>	\$0 (1)	
<i>hydrocortisone valerate oint 0.2%</i>	\$0 (1)	
<i>hydrocortisone-aloe vera cream 0.5%</i>	\$0 (3)	NM; *
<i>hydrocortisone-aloe vera cream 1%</i>	\$0 (3)	NM; *
<i>hydroskin cre 1%</i>	\$0 (3)	NM; *
<i>hydroskin lot 1%</i>	\$0 (3)	NM; *
<i>mometasone furoate cream 0.1%</i>	\$0 (1)	
<i>mometasone furoate oint 0.1%</i>	\$0 (1)	
<i>mometasone furoate solution 0.1%</i> <i>(lotion)</i>	\$0 (1)	
<i>sb hydrocort cre 1%</i>	\$0 (3)	NM; *
<i>sb hydrocort oin 1%</i>	\$0 (3)	NM; *
<i>scalpicin sol 1%</i>	\$0 (3)	NM; *
<i>sm hydrocort cre 1%</i>	\$0 (3)	NM; *
<i>sm hydrocort cre 1% plus</i>	\$0 (3)	NM; *
<i>sm hydrocort oin 1%</i>	\$0 (3)	NM; *
TEXACORT SOL 2.5%	\$0 (2)	
<i>triamcinolone acetonide cream 0.1%</i>	\$0 (1)	
<i>triamcinolone acetonide cream 0.5%</i>	\$0 (1)	
<i>triamcinolone acetonide cream 0.025%</i>	\$0 (1)	
<i>triamcinolone acetonide lotion 0.1%</i>	\$0 (1)	
<i>triamcinolone acetonide lotion 0.025%</i>	\$0 (1)	
<i>triamcinolone acetonide oint 0.1%</i>	\$0 (1)	
<i>triamcinolone acetonide oint 0.5%</i>	\$0 (1)	
<i>triamcinolone acetonide oint 0.025%</i>	\$0 (1)	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo gel 2%</i>	\$0 (1)	QL (30 mL / 30 days), PA
<i>lidocaine hcl soln 4%</i>	\$0 (1)	QL (50 mL / 30 days), PA
<i>lidocaine hcl urethral/mucosal gel 2%</i>	\$0 (1)	QL (30 mL / 30 days), PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>lidocaine oint 5%</i>	\$0 (1)	QL (50 grams / 30 days), PA
<i>lidocaine patch 5%</i>	\$0 (1)	QL (3 patches / 1 day), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	\$0 (1)	QL (30 grams / 30 days), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>AVAGE CRE 0.1%</i>	\$0 (3)	NM; *
<i>BETADINE SOL 10%</i>	\$0 (3)	NM; *
<i>diclofenac sodium gel 1%</i>	\$0 (1)	PA
<i>fluorouracil cream 5%</i>	\$0 (1)	
<i>fluorouracil soln 2%</i>	\$0 (1)	
<i>fluorouracil soln 5%</i>	\$0 (1)	
<i>hm povid-iod sol 10%</i>	\$0 (3)	NM; *
<i>hydrocortisone rectal cream 2.5%</i>	\$0 (1)	
<i>imiquimod cream 5%</i>	\$0 (1)	
<i>lactic acid (ammonium lactate) cream 12%</i>	\$0 (1)	
<i>lactic acid (ammonium lactate) cream 12%</i>	\$0 (3)	NM; *
<i>lactic acid (ammonium lactate) lotion 12%</i>	\$0 (1)	
<i>lactic acid (ammonium lactate) lotion 12%</i>	\$0 (3)	NM; *
<i>metronidazole cream 0.75%</i>	\$0 (1)	
<i>metronidazole gel 0.75%</i>	\$0 (1)	
<i>metronidazole lotion 0.75%</i>	\$0 (1)	
<i>PANRETIN GEL 0.1%</i>	\$0 (2)	NDS
<i>PICATO GEL 0.05%</i>	\$0 (2)	QL (2 tubes / 30 days)
<i>PICATO GEL 0.015%</i>	\$0 (2)	QL (3 tubes / 30 days)
<i>podofilox soln 0.5%</i>	\$0 (1)	
<i>povidone-iod sol 10%</i>	\$0 (3)	NM; *
<i>povidone-iodine oint 10%</i>	\$0 (3)	NM; *
<i>povidone-iodine soln 10%</i>	\$0 (3)	NM; *
<i>povidone/iod sol 10%</i>	\$0 (3)	NM; *
<i>procto-med cre hc 2.5%</i>	\$0 (1)	
<i>procto-pak cre 1%</i>	\$0 (1)	
<i>proctozone cre -hc 2.5%</i>	\$0 (1)	
<i>RENOVA CRE 0.02%</i>	\$0 (3)	NM; *
<i>RENOVA PUMP CRE 0.02%</i>	\$0 (3)	NM; *
<i>rosadan cre 0.75%</i>	\$0 (1)	
<i>sm povid-iod sol 10%</i>	\$0 (3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>tacrolimus oint 0.1%</i>	\$0 (1)	
<i>tacrolimus oint 0.03%</i>	\$0 (1)	
TARGRETIN GEL 1%	\$0 (2)	NDS, NM, PA
VALCHLOR GEL 0.016%	\$0 (2)	NDS, LA, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>lice killing sha 0.33-4%</i>	\$0 (3)	NM; *
<i>lice treatmt lot 1%</i>	\$0 (3)	NM; *
<i>lice treatmt sha 0.33-4%</i>	\$0 (3)	NM; *
<i>lice trtmnt liq 1%</i>	\$0 (3)	NM; *
<i>malathion lotion 0.5%</i>	\$0 (1)	
<i>permethrin cream 5%</i>	\$0 (1)	
DERMATOLOGY, WOUND CARE AGENTS		
<i>acetic acid irrigation soln 0.25%</i>	\$0 (1)	
REGRANEX GEL 0.01%	\$0 (2)	NDS, PA
SANTYL OIN 250/GM	\$0 (2)	
<i>sodium chloride irrigation soln 0.9%</i>	\$0 (1)	
<i>water for irrigation, sterile irrigation soln</i>	\$0 (1)	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl cap 30 mg</i>	\$0 (1)	
<i>chlorhexidine gluconate soln 0.12%</i>	\$0 (1)	
<i>clotrimazole troche 10 mg</i>	\$0 (1)	
<i>lidocaine hcl viscous soln 2%</i>	\$0 (1)	
<i>nystatin susp 100000 unit/ml</i>	\$0 (1)	
<i>periogard sol 0.12%</i>	\$0 (1)	
<i>pilocarpine hcl tab 5 mg</i>	\$0 (1)	
<i>pilocarpine hcl tab 7.5 mg</i>	\$0 (1)	
<i>triamcinolone acetonide dental paste 0.1%</i>	\$0 (1)	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
<i>acetic acid otic soln 2%</i>	\$0 (1)	
CIPRODEX SUS 0.3-0.1%	\$0 (2)	
<i>flac oil 0.01%</i>	\$0 (1)	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	\$0 (1)	
<i>neomycin-polymyxin-hc otic soln 1%</i>	\$0 (1)	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	\$0 (1)	
<i>ofloxacin otic soln 0.3%</i>	\$0 (1)	
_PART B		
DIABETIC METERS AND TEST STRIPS		
TRUE METRIX KIT AIR	\$0	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TRUE METRIX KIT METER	\$0	
TRUE METRIX STRIPS	\$0	

E. Índice de medicamentos cubiertos

3 day vaginl cre 2%.....	114	acetaminophen w/ codeine tab 300-60 mg.....	18
3 day vaginal cre 4%.....	114	acetaminophn sus 160/5ml	14
8 hour pain tab 650mg.....	15	acetaminophn sus 325mg	14
abacavir sulfate soln 20 mg/ml (base equiv)	27	acetaminophn tab 500mg.....	14
abacavir sulfate tab 300 mg (base equiv)	27	acetazolamide cap er 12hr 500 mg	59
abacavir sulfate-lamivudine tab 600-300 mg.....	29	acetazolamide tab 125 mg	59
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg..	29	acetazolamide tab 250 mg	59
ABELCET INJ 5MG/ML	25	acetic acid irrigation soln 0.25%	144
ABILIFY MAIN INJ 300MG	76	acetic acid otic soln 2%.....	144
ABILIFY MAIN INJ 400MG	76	acetylcysteine inhal soln 10% ...	135
abiraterone acetate tab 250 mg ..	41	acetylcysteine inhal soln 20% ...	135
ABRAXANE INJ 100MG	38	acid control tab 10mg	109
acamprosate calcium tab delayed release 333 mg	87	acid control tab 150mg	109
acarbose tab 100 mg	91	acid control tab 20mg	109
acarbose tab 25 mg	90	acid gone sus	105
acarbose tab 50 mg	91	acid reducer chw complete	105
acebutolol hcl cap 200 mg	55	acid reducer tab 10mg	109
acebutolol hcl cap 400 mg	55	acid reducer tab 150mg	109
acephen sup 120mg.....	14	acid reducer tab 20mg	109
acephen sup 325mg.....	14	acid reducer tab 75mg	109
acephen sup 650mg.....	14	acitretin cap 10 mg	140
acetamin tab 500mg	14	acitretin cap 17.5 mg.....	140
acetaminophen liquid 160 mg/5ml	14	acitretin cap 25 mg	140
acetaminophen soln 160 mg/5ml.....	14	acne medicat gel 10%	138
acetaminophen suppos 120 mg ...	14	ACNE MEDICAT LOT 10%	138
acetaminophen suppos 650 mg ...	14	ACTHIB INJ	122
acetaminophen susp 160 mg/5ml ..	14	ACTIMMUNE INJ 2MU/0.5.....	120
acetaminophen tab 325 mg	14	acyclovir cap 200 mg	30
acetaminophen tab er 650 mg.....	14	acyclovir sodium iv soln 50 mg/ml	30
acetaminophen w/ codeine soln 120-12 mg/5ml.....	18	acyclovir susp 200 mg/5ml.....	30
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acetaminophen w/ codeine tab 300-30 mg	18	acyclovir tab 800 mg	30
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BOSULIF TAB 100MG	43	<i>film 2-0.5 mg (base equiv)</i>	87
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<i>briellyn tab</i>	94	<i>tab 2-0.5 mg (base equiv)</i>	87
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<i>0.2%</i>	129	<i>mcg/hr</i>	18
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<i>sm antacid/ sus antigas</i>	106	<i>3 gm/teaspoonful</i>	99
<i>sm anti-diar tab 2mg</i>	107	<i>sodium phenylbutyrate tab 500 mg</i>	
<i>sm antifun gl cre 1%</i>	140		99
<i>sm antifun gl cre 2%</i>	140	<i>sodium phosphates - enema</i>	111
<i>sm aspirin chw 81mg</i>	16	<i>sodium polystyrene sulfonate oral</i>	
<i>sm aspirin tab 325mg</i>	16	<i>susp 15 gm/60ml</i>	94
<i>sm aspirin tab 325mg ec</i>	16	<i>sodium polystyrene sulfonate</i>	
<i>sm aspirin tab 81mg ec</i>	16	<i>powder</i>	94
<i>sm child asa chw 81mg</i>	16	<i>solifenacin succinate tab 10 mg</i> ..	114
<i>sm fiber pow 28.3%</i>	111	<i>solifenacin succinate tab 5 mg</i> ..	114
<i>sm fiber pow 48.57%</i>	111	SOLQUA INJ 100/33	90

SOLTAMOX SOL 10MG/5ML.....	41
SOLU-CORTEF INJ 1000MG.....	101
SOLU-CORTEF INJ 100MG.....	101
SOLU-CORTEF INJ 250MG.....	101
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SOMATULINE INJ 120/.5ML.....	103
SOMATULINE INJ 60/0.2ML.....	102
SOMATULINE INJ 90/0.3ML.....	103
SOMAVERT INJ 10MG.....	103
SOMAVERT INJ 15MG.....	103
SOMAVERT INJ 20MG.....	103
SOMAVERT INJ 25MG.....	103
SOMAVERT INJ 30MG.....	103
soothe&cool cre inzo 2%	140
sorine tab 120mg	53
sorine tab 160mg	53
sorine tab 240mg	53
sorine tab 80mg	53
sotalol hcl (afib/afl) tab 120 mg ..	53
sotalol hcl (afib/afl) tab 160 mg ..	53
sotalol hcl (afib/afl) tab 80 mg	53
sotalol hcl tab 120 mg.....	53
sotalol hcl tab 160 mg.....	53
sotalol hcl tab 240 mg.....	53
sotalol hcl tab 80 mg	53
spironolactone & hydrochlorothiazide tab 25-25 mg	60
spironolactone tab 100 mg	49
spironolactone tab 25 mg	49
spironolactone tab 50 mg	49
sprintec 28 tab 28 day	98
SPRITAM TAB 1000MG	68
SPRITAM TAB 250MG	68
SPRITAM TAB 500MG	68
SPRITAM TAB 750MG	68
SPRYCEL TAB 100MG	44
SPRYCEL TAB 140MG	44
SPRYCEL TAB 20MG	44
SPRYCEL TAB 50MG	44
SPRYCEL TAB 70MG	44
SPRYCEL TAB 80MG	44
ssd cre 1%	139
stavudine cap 15 mg.....	28
stavudine cap 20 mg.....	28
stavudine cap 30 mg.....	28

stavudine cap 40 mg	28
stim laxat tab 5mg ec	111
STIMATE SOL 1.5MG/ML	105
STIVARGA TAB 40MG	44
stomach relf chw 262mg	107
stomach relf sus.....	107
stomach relf sus 262/15ml	107
stomach relf sus 525/15ml	107
stomach relf tab 262mg	107
stool softnr cap 100mg	112
stool softnr cap 240mg	112
stool softnr cap 250mg	112
streptomycin sulfate for inj 1 gm.22	
STRIBILD TAB.....	29
sucalfate tab 1 gm	112
sulfacetamide sodium lotion 10% (acne)	139
sulfacetamide sodium ophth oint 10%	128
sulfacetamide sodium ophth soln 10%	128
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	128
SULFADIAZINE TAB 500MG	22
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml.....	25
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	25
sulfamethoxazole-trimethoprim tab 400-80 mg	25
sulfamethoxazole-trimethoprim tab 800-160 mg	25
SULFAMYLON CRE 85MG/GM	139
sulfasalazine tab 500 mg.....	110
sulfasalazine tab delayed release 500 mg.....	110
sulindac tab 150 mg	18
sulindac tab 200 mg	18
sumatriptan nasal spray 20 mg/act	84
sumatriptan nasal spray 5 mg/act84	
sumatriptan succinate inj 6 mg/0.5ml.....	84
sumatriptan succinate solution auto-injector 4 mg/0.5ml	84
sumatriptan succinate solution	

<i>auto-injector 6 mg/0.5ml</i>	84
<i>sumatriptan succinate solution</i>	
<i>cartridge 4 mg/0.5ml</i>	84
<i>sumatriptan succinate solution</i>	
<i>cartridge 6 mg/0.5ml</i>	85
<i>sumatriptan succinate solution</i>	
<i>prefilled syringe 6 mg/0.5ml</i>	85
<i>sumatriptan succinate tab 100 mg</i>	
.....	85
<i>sumatriptan succinate tab 25 mg</i>	85
<i>sumatriptan succinate tab 50 mg</i>	85
SUPRAX CHW 100MG	33
SUPRAX CHW 200MG	33
SUPRAX SUS 500/5ML.....	33
SUPREP BOWEL SOL PREP KIT ..	112
SUTENT CAP 12.5MG	45
SUTENT CAP 25MG	45
SUTENT CAP 37.5MG	45
SUTENT CAP 50MG	45
SYLATRON KIT 200MCG	45
SYLATRON KIT 300MCG	46
SYLATRON KIT 600MCG	46
SYMBICORT AER 160-4.5	138
SYMBICORT AER 80-4.5	138
SYMDEKO TAB 100-150.....	136
SYMDEKO TAB 50-75MG.....	136
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SYMJEPI INJ 0.15MG.....	136
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SYMPAZAN MIS 10MG	68
SYMPAZAN MIS 20MG	68
SYMPAZAN MIS 5MG.....	68
SYMPROIC TAB 0.2MG	112
SYMTUZA TAB	29
SYNAREL SOL 2MG/ML	98
SYNERCID INJ 500MG	25
SYNJARDY TAB.....	92
SYNJARDY TAB 12.5-500	92
SYNJARDY TAB 5-1000MG	92
SYNJARDY TAB 5-500MG	92
SYNJARDY XR TAB	92
SYNJARDY XR TAB 10-1000	92
SYNJARDY XR TAB 25-1000	93
SYNJARDY XR TAB 5-1000MG	92
SYNRIBO INJ 3.5MG	46

SYNTHROID TAB 100MCG	104
SYNTHROID TAB 112MCG	104
SYNTHROID TAB 125MCG	104
SYNTHROID TAB 137MCG	104
SYNTHROID TAB 150MCG	104
SYNTHROID TAB 175MCG	104
SYNTHROID TAB 200MCG	105
SYNTHROID TAB 25MCG	104
SYNTHROID TAB 300MCG	105
SYNTHROID TAB 50MCG	104
SYNTHROID TAB 75MCG	104
SYNTHROID TAB 88MCG	104
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<i>systane oin</i>	131
TABLOID TAB 40MG	38
<i>tacrolimus cap 0.5 mg</i>	121
<i>tacrolimus cap 1 mg</i>	121
<i>tacrolimus cap 5 mg</i>	121
<i>tacrolimus oint 0.03%</i>	144
<i>tacrolimus oint 0.1%</i>	144
<i>tactinal tab 325mg</i>	16
<i>tactinal tab 500mg</i>	16
TAFINLAR CAP 50MG	45
TAFINLAR CAP 75MG	45
TAGRISSO TAB 40MG	45
TAGRISSO TAB 80MG	45
<i>take action tab 1.5mg</i>	98
TALZENNA CAP 0.25MG	40
TALZENNA CAP 1MG.....	40
<i>tamoxifen citrate tab 10 mg (base</i>	
<i>equivalent)</i>	41
<i>tamoxifen citrate tab 20 mg (base</i>	
<i>equivalent)</i>	41
<i>tamsulosin hcl cap 0.4 mg</i>	114
TARCEVA TAB 100MG	45
TARCEVA TAB 150MG	45
TARCEVA TAB 25MG	45
TARGRETIN GEL 1%	144
<i>tarina 24 fe tab</i>	98
<i>tarina fe tab 1/20</i>	98
TASIGNA CAP 150MG	45
TASIGNA CAP 200MG	45
TASIGNA CAP 50MG	45
TAXOTERE INJ 80MG/4ML	39
<i>tazarotene cream 0.1%</i>	140
<i>tazicef inj 1gm</i>	33

<i>tazicef inj 2gm</i>	33
<i>tazicef inj 6gm</i>	33
TAZORAC CRE 0.05%	140
<i>taztia xt cap 120mg/24</i>	58
<i>taztia xt cap 180mg/24</i>	58
<i>taztia xt cap 240mg/24</i>	58
<i>taztia xt cap 300mg er</i>	58
<i>taztia xt cap 360mg/24</i>	58
TDVAX INJ 2-2 LF	122
TECENTRIQ INJ 1200/20	40
TECENTRIQ INJ 840/14	40
TEFLARO INJ 400MG	33
TEFLARO INJ 600MG	33
TEKTURN HCT TAB 150-12.5.....	59
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TEKTURN HCT TAB 300-12.5.....	59
TEKTURN HCT TAB 300-25MG...59	
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<i>telmisartan tab 20 mg</i>52	
<i>telmisartan tab 40 mg</i>52	
<i>telmisartan tab 80 mg</i>52	
<i>telmisartan-amlodipine tab 40-10</i> <i>mg</i>	51
<i>telmisartan-amlodipine tab 40-5 mg</i>	51
<i>telmisartan-amlodipine tab 80-10</i> <i>mg</i>	51
<i>telmisartan-amlodipine tab 80-5 mg</i>	51
<i>telmisartan-hydrochlorothiazide tab</i> <i>40-12.5 mg</i>	51
<i>telmisartan-hydrochlorothiazide tab</i> <i>80-12.5 mg</i>	51
<i>telmisartan-hydrochlorothiazide tab</i> <i>80-25 mg</i>	51
<i>temazepam cap 15 mg</i>83	
<i>temazepam cap 7.5 mg</i>83	
TEMIXYS TAB 300-300	29
TENIVAC INJ 5-2LF	122
<i>tenofovir disoproxil fumarate tab</i> <i>300 mg</i>	28
<i>terazosin hcl cap 1 mg (base</i> <i>equivalent)</i>	49
<i>terazosin hcl cap 10 mg (base</i> <i>equivalent)</i>	49

<i>terazosin hcl cap 2 mg (base</i> <i>equivalent)</i>	49
<i>terazosin hcl cap 5 mg (base</i> <i>equivalent)</i>	49
<i>terbinafine hcl tab 250 mg</i>	26
<i>terbutaline sulfate tab 2.5 mg...</i>	135
<i>terbutaline sulfate tab 5 mg</i>	135
<i>terconazole vaginal cream 0.4%</i>	115
<i>terconazole vaginal cream 0.8%</i>	115
<i>terconazole vaginal suppos 80 mg</i>	115
<i>testosterone cypionate im inj in oil</i> <i>100 mg/ml</i>	89
<i>testosterone cypionate im inj in oil</i> <i>200 mg/ml</i>	89
<i>testosterone enanthate im inj in oil</i> <i>200 mg/ml</i>	89
<i>testosterone td gel 12.5 mg/act</i> <i>(1%)</i>	89
<i>testosterone td gel 25 mg/2.5gm</i> <i>(1%)</i>	89
<i>testosterone td gel 50 mg/5gm</i> <i>(1%)</i>	89
<i>tetrabenazine tab 12.5 mg</i>	85
<i>tetrabenazine tab 25 mg</i>	85
<i>tetracycline hcl cap 250 mg</i>	37
<i>tetracycline hcl cap 500 mg</i>	37
TEXACORT SOL 2.5%	142
THALOMID CAP 100MG	42
THALOMID CAP 150MG	42
THALOMID CAP 200MG	42
THALOMID CAP 50MG	42
THEO-24 CAP 100MG CR.....	136
THEO-24 CAP 200MG CR.....	136
THEO-24 CAP 300MG CR.....	136
THEO-24 CAP 400MG ER.....	136
<i>theophylline soln 80 mg/15ml...</i>	136
<i>theophylline tab er 12hr 300 mg</i>	136
<i>theophylline tab er 12hr 450 mg</i>	136
<i>theophylline tab er 24hr 400 mg</i>	136
<i>theophylline tab er 24hr 600 mg</i>	136
<i>thiamine hcl inj 100 mg/ml</i>	127
<i>thioridazine hcl tab 10 mg</i>	80
<i>thioridazine hcl tab 100 mg</i>	80
<i>thioridazine hcl tab 25 mg</i>	80
<i>thioridazine hcl tab 50 mg</i>	80

<i>thiothixene cap 1 mg</i>	80	<i>susp 0.3-0.1%</i>	128
<i>thiothixene cap 10 mg</i>	80	<i>tolnaftate cre 1%</i>	140
<i>thiothixene cap 2 mg</i>	80	<i>tolnaftate cream 1%</i>	140
<i>thiothixene cap 5 mg</i>	80	<i>tolnaftate powder 1%</i>	140
<i>tiagabine hcl tab 12 mg</i>	68	<i>tolterodine tartrate cap er 24hr 2</i>	
<i>tiagabine hcl tab 16 mg</i>	68	<i>mg</i>	114
<i>tiagabine hcl tab 2 mg</i>	68	<i>tolterodine tartrate cap er 24hr 4</i>	
<i>tiagabine hcl tab 4 mg</i>	68	<i>mg</i>	114
<i>TIBSOVO TAB 250MG</i>	40	<i>tolterodine tartrate tab 1 mg</i>	114
<i>tigecycline for iv soln 50 mg</i>	25	<i>tolterodine tartrate tab 2 mg</i>	114
<i>timolol maleate ophth gel forming</i>		<i>topiramate sprinkle cap 15 mg</i>	68
<i>soln 0.25%</i>	130	<i>topiramate sprinkle cap 25 mg</i>	68
<i>timolol maleate ophth gel forming</i>		<i>topiramate tab 100 mg</i>	68
<i>soln 0.5%</i>	130	<i>topiramate tab 200 mg</i>	68
<i>timolol maleate ophth soln 0.25%</i>		<i>topiramate tab 25 mg</i>	68
.....	130	<i>topiramate tab 50 mg</i>	68
<i>timolol maleate ophth soln 0.5%</i>		<i>toposar inj 100/5ml</i>	47
.....	130	<i>toposar inj 1gm/50ml</i>	47
<i>timolol maleate ophth soln 0.5%</i>		<i>topotecan hcl for inj 4 mg (base</i>	
<i>(once-daily)</i>	130	<i>equiv)</i>	47
<i>timolol maleate tab 10 mg</i>	57	<i>topotecan hcl inj 4 mg/4ml (base</i>	
<i>timolol maleate tab 20 mg</i>	57	<i>equiv) (for infusion)</i>	47
<i>timolol maleate tab 5 mg</i>	57	<i>TOPOTECAN INJ 4MG/4ML</i>	47
<i>tioconazole oin 6.5% vag</i>	115	<i>toremifene citrate tab 60 mg (base</i>	
<i>TIVICAY TAB 10MG</i>	28	<i>equivalent)</i>	41
<i>TIVICAY TAB 25MG</i>	28	<i>torsemide tab 10 mg</i>	60
<i>TIVICAY TAB 50MG</i>	28	<i>torsemide tab 100 mg</i>	60
<i>tizanidine hcl tab 2 mg (base</i>		<i>torsemide tab 20 mg</i>	60
<i>equivalent)</i>	86	<i>torsemide tab 5 mg</i>	60
<i>tizanidine hcl tab 4 mg (base</i>		<i>TOVIAZ TAB 4MG</i>	114
<i>equivalent)</i>	86	<i>TOVIAZ TAB 8MG</i>	114
<i>TOBRADEX OIN 0.3-0.1%</i>	128	<i>tpn electrol inj</i>	124
<i>TOBRADEX ST SUS 0.3-0.05</i>	128	<i>TRACLEER TAB 125MG</i>	62
<i>tobramycin nebu soln 300 mg/5ml</i>		<i>TRACLEER TAB 62.5MG</i>	62
.....	23	<i>TRADJENTA TAB 5MG</i>	93
<i>tobramycin ophth soln 0.3%</i>	128	<i>tramadol hcl tab 50 mg</i>	18
<i>tobramycin sulfate for inj 1.2 gm</i>	23	<i>tramadol-acetaminophen tab 37.5-</i>	
<i>tobramycin sulfate inj 1.2 gm/30ml</i>		<i>325 mg</i>	18
<i>(40 mg/ml) (base equiv)</i>	23	<i>trandolapril tab 1 mg</i>	49
<i>tobramycin sulfate inj 10 mg/ml</i>		<i>trandolapril tab 2 mg</i>	49
<i>(base equivalent)</i>	23	<i>trandolapril tab 4 mg</i>	49
<i>tobramycin sulfate inj 2 gm/50ml</i>		<i>tranexamic acid iv soln 1000</i>	
<i>(40 mg/ml) (base equiv)</i>	23	<i>mg/10ml (100 mg/ml)</i>	118
<i>tobramycin sulfate inj 80 mg/2ml</i>		<i>tranexamic acid tab 650 mg</i>	118
<i>(40 mg/ml) (base equiv)</i>	23	<i>TRANSDERM-SC DIS 1.5MG</i>	109
<i>tobramycin-dexamethasone ophth</i>		<i>tranylcypromine sulfate tab 10 mg</i>	

.....	73
TRAVASOL INJ 10%	124
TRAVATAN Z DRO 0.004%.....	130
trazodone hcl tab 100 mg	73
trazodone hcl tab 150 mg	73
trazodone hcl tab 50 mg	73
TRECATOR TAB 250MG.....	30
TRELEGY AER ELLIPTA	131
TRELSTAR MIX INJ 11.25MG	41
TRELSTAR MIX INJ 3.75MG.....	41
treprostinil inj soln 100 mg/20ml (5 mg/ml)	62
treprostinil inj soln 20 mg/20ml (1 mg/ml)	62
treprostinil inj soln 200 mg/20ml (10 mg/ml).....	62
treprostinil inj soln 50 mg/20ml (2.5 mg/ml).....	62
TRESIBA FLEX INJ 100UNIT	90
TRESIBA FLEX INJ 200UNIT	90
TRESIBA INJ 100UNIT.....	90
tretinoin cap 10 mg	46
tretinoin cream 0.025%	139
tretinoin cream 0.05%	139
tretinoin cream 0.1%	139
tretinoin gel 0.01%.....	139
tretinoin gel 0.025%	139
triamcinolone acetonide cream 0.025%.....	142
triamcinolone acetonide cream 0.1%	142
triamcinolone acetonide cream 0.5%	142
triamcinolone acetonide dental paste 0.1%.....	144
triamcinolone acetonide lotion 0.025%.....	142
triamcinolone acetonide lotion 0.1%	142
triamcinolone acetonide oint 0.025%.....	142
triamcinolone acetonide oint 0.1%	142
triamcinolone acetonide oint 0.5%	142
triamterene & hydrochlorothiazide	

cap 37.5-25 mg	60
triamterene & hydrochlorothiazide tab 37.5-25 mg.....	60
triamterene & hydrochlorothiazide tab 75-50 mg	60
tri-buff asa tab 325mg	16
TRICARE TAB PRENATAL	127
trientine hcl cap 250 mg	94
tri-estaryl tab.....	98
trifluoperazine hcl tab 1 mg (base equivalent).....	80
trifluoperazine hcl tab 10 mg (base equivalent).....	81
trifluoperazine hcl tab 2 mg (base equivalent).....	80
trifluoperazine hcl tab 5 mg (base equivalent).....	81
trifluridine ophth soln 1%.....	128
trihexyphenidyl hcl elixir 0.4 mg/ml	75
trihexyphenidyl hcl tab 2 mg	75
trihexyphenidyl hcl tab 5 mg	75
tri-legest tab fe.....	98
tri-lo- tab sprintec	98
trilyte sol	112
trimethoprim tab 100 mg	25
tri-mili tab.....	98
trimipramine maleate cap 100 mg	73
trimipramine maleate cap 25 mg.	73
trimipramine maleate cap 50 mg.	73
trinessa lo tab.....	98
trinessa tab	98
TRINTELLIX TAB 10MG	73
TRINTELLIX TAB 20MG	73
TRINTELLIX TAB 5MG	73
triple antib oin	139
tri-previfem tab	98
triprolidine hcl liquid 0.625 mg/ml	134
tri-sprintec tab.....	98
TRIUMEQ TAB.....	29
trivora-28 tab	98
tri-vylibra tab	98
tri-vylibra tab lo	98
TROGARZO INJ 150MG/ML	28

TROPHAMINE INJ 10%	124
<i>trospium chloride tab 20 mg</i>	114
TRUE METRIX KIT AIR	144
TRUE METRIX KIT METER	145
TRUE METRIX STRIPS	145
TRULICITY INJ 0.75/0.5	90
TRULICITY INJ 1.5/0.5	90
TRUMENBA INJ.....	122
TRUVADA TAB 100-150	29
TRUVADA TAB 133-200	29
TRUVADA TAB 167-250	29
TRUVADA TAB 200-300	30
<i>tulana tab 0.35mg</i>	98
TUMS CHW 500MG	106
TUMS CHW DEL CHW 1177MG ..	106
TUMS E-X CHW 750MG	106
TUMS EXTRA CHW 750MG	106
TUMS KIDS CHW 750MG	107
<i>tums smoothi chw 750mg</i>	107
TUMS SMOOTHI CHW 750MG....	107
TUMS ULTRA CHW 1000MG	107
TURALIO CAP 200MG	45
TWINRIX INJ.....	122
TYBOST TAB 150MG	28
<i>tydemy tab</i>	98
TYKERB TAB 250MG.....	45
TYMLOS INJ	103
TYPHIM VI INJ.....	122
ULORIC TAB 40MG.....	14
ULORIC TAB 80MG.....	14
<i>unithroid tab 100mcg</i>	105
<i>unithroid tab 112mcg</i>	105
<i>unithroid tab 125mcg</i>	105
<i>unithroid tab 137mcg</i>	105
<i>unithroid tab 150mcg</i>	105
<i>unithroid tab 175mcg</i>	105
<i>unithroid tab 200mcg</i>	105
<i>unithroid tab 25mcg</i>	105
<i>unithroid tab 300mcg</i>	105
<i>unithroid tab 50mcg</i>	105
<i>unithroid tab 75mcg</i>	105
<i>unithroid tab 88mcg</i>	105
<i>ursodiol cap 300 mg</i>	112
<i>ursodiol tab 250 mg</i>	112
<i>ursodiol tab 500 mg</i>	112
<i>valacyclovir hcl tab 1 gm</i>	31

<i>valacyclovir hcl tab 500 mg</i>	31
VALCHLOR GEL 0.016%	144
<i>valganciclovir hcl for soln 50 mg/ml</i> <i>(base equiv)</i>	31
<i>valganciclovir hcl tab 450 mg (base</i> <i>equivalent)</i>	31
<i>valproate sodium inj 100 mg/ml</i> .	69
<i>valproate sodium oral soln 250</i> <i>mg/5ml (base equiv)</i>	69
<i>valproic acid cap 250 mg</i>	69
<i>valsartan tab 160 mg</i>	52
<i>valsartan tab 320 mg</i>	52
<i>valsartan tab 40 mg</i>	52
<i>valsartan tab 80 mg</i>	52
<i>valsartan-hydrochlorothiazide tab</i> <i>160-12.5 mg</i>	51
<i>valsartan-hydrochlorothiazide tab</i> <i>160-25 mg</i>	51
<i>valsartan-hydrochlorothiazide tab</i> <i>320-12.5 mg</i>	51
<i>valsartan-hydrochlorothiazide tab</i> <i>320-25 mg</i>	51
<i>valsartan-hydrochlorothiazide tab</i> <i>80-12.5 mg</i>	51
VANACLEAR PD LIQ 0.313MG ...	134
VANAHIST PD LIQ 0.625MG.....	134
VANAMINE PD LIQ 6.25/ML	134
<i>vancomycin hcl cap 125 mg (base</i> <i>equivalent)</i>	25
<i>vancomycin hcl cap 250 mg (base</i> <i>equivalent)</i>	25
<i>vancomycin hcl for iv soln 1 gm</i> <i>(base equivalent)</i>	25
<i>vancomycin hcl for iv soln 10 gm</i> <i>(base equivalent)</i>	25
<i>vancomycin hcl for iv soln 5 gm</i> <i>(base equivalent)</i>	25
<i>vancomycin hcl for iv soln 500 mg</i> <i>(base equivalent)</i>	25
<i>vancomycin hcl for iv soln 750 mg</i> <i>(base equivalent)</i>	25
VANCOMYCIN INJ 1 GM.....	25
VANCOMYCIN INJ 500MG	25
VANCOMYCIN INJ 750MG	25
<i>vandazole gel 0.75%</i>	115
VAQTA INJ 25/0.5ML	122

VAQTA INJ 50UNT/ML	122
VARIVAX INJ.....	123
VASCEPA CAP 0.5GM	55
VASCEPA CAP 1GM	55
VELCADE INJ 3.5MG	40
<i>velivet pak</i>	98
VEMLIDY TAB 25MG.....	31
VENCLEXTA TAB 100MG	40
VENCLEXTA TAB 10MG	40
VENCLEXTA TAB 50MG	40
VENCLEXTA TAB START PK	40
<i>venlafaxine hcl cap er 24hr 150 mg</i> <i>(base equivalent)</i>	73
<i>venlafaxine hcl cap er 24hr 37.5 mg</i> <i>(base equivalent)</i>	73
<i>venlafaxine hcl cap er 24hr 75 mg</i> <i>(base equivalent)</i>	73
<i>venlafaxine hcl tab 100 mg (base</i> <i>equivalent)</i>	74
<i>venlafaxine hcl tab 25 mg (base</i> <i>equivalent)</i>	73
<i>venlafaxine hcl tab 37.5 mg (base</i> <i>equivalent)</i>	73
<i>venlafaxine hcl tab 50 mg (base</i> <i>equivalent)</i>	73
<i>venlafaxine hcl tab 75 mg (base</i> <i>equivalent)</i>	74
VENTAVIS SOL 10MCG/ML.....	62
VENTAVIS SOL 20MCG/ML.....	63
VENTOLIN HFA AER	135
<i>verapamil hcl cap er 24hr 100 mg</i>	58
<i>verapamil hcl cap er 24hr 120 mg</i>	58
<i>verapamil hcl cap er 24hr 180 mg</i>	58
<i>verapamil hcl cap er 24hr 200 mg</i>	58
<i>verapamil hcl cap er 24hr 240 mg</i>	58
<i>verapamil hcl cap er 24hr 300 mg</i>	58
<i>verapamil hcl cap er 24hr 360 mg</i>	58
<i>verapamil hcl iv soln 2.5 mg/ml</i> ..	58
<i>verapamil hcl tab 120 mg</i>	58

<i>verapamil hcl tab 40 mg</i>	58
<i>verapamil hcl tab 80 mg</i>	58
<i>verapamil hcl tab er 120 mg</i>	59
<i>verapamil hcl tab er 180 mg</i>	59
<i>verapamil hcl tab er 240 mg</i>	59
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VERZENIO TAB 100MG.....	40
VERZENIO TAB 150MG.....	41
VERZENIO TAB 200MG.....	41
VERZENIO TAB 50MG	40
VICTOZA INJ 18MG/3ML	90
VIDEX EC CAP 125MG.....	28
VIDEX SOL 2GM.....	28
<i>vienva tab 0.1-20</i>	98
<i>vigabatrin powd pack 500 mg</i>	69
<i>vigabatrin tab 500 mg</i>	69
<i>vigadrone pow 500mg</i>	69
VIIBRYD KIT STARTER	74
VIIBRYD TAB 10MG	74
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VIMPAT SOL 10MG/ML	69
VIMPAT TAB 100MG.....	69
VIMPAT TAB 150MG.....	69
VIMPAT TAB 200MG.....	69
VIMPAT TAB 50MG	69
<i>vinblastine sulfate inj 1 mg/ml</i>	39
<i>vincristine sulfate iv soln 1 mg/ml</i>	39
<i>vinorelbine tartrate inj 10 mg/ml</i> <i>(base equiv)</i>	39
<i>vinorelbine tartrate inj 50 mg/5ml</i> <i>(10 mg/ml) (base equiv)</i>	39
<i>viorele tab</i>	98
VIRACEPT TAB 250MG	28
VIRACEPT TAB 625MG	28
VIRAMUNE SUS 50MG/5ML.....	28
VIREAD POW 40MG/GM	29
VIREAD TAB 150MG	29
VIREAD TAB 200MG	29
VIREAD TAB 250MG	29
VITRAKVI CAP 100MG.....	45
VITRAKVI CAP 25MG	45
VITRAKVI SOL 20MG/ML	45
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VIZIMPRO TAB 30MG	45	XIGDUO XR TAB 5-500MG	93
VIZIMPRO TAB 45MG	45	XOLAIR INJ 150MG/ML	136
<i>voriconazole for inj 200 mg</i>	26	XOLAIR INJ 75/0.5	136
<i>voriconazole for susp 40 mg/ml</i>	26	XOLAIR SOL 150MG	136
<i>voriconazole tab 200 mg</i>	26	XOSPATA TAB 40MG	45
<i>voriconazole tab 50 mg</i>	26	XPOVIO PAK 100MG	46
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VRAYLAR CAP 1.5-3MG	81	XTANDI CAP 40MG	41
VRAYLAR CAP 1.5MG	81	XULTOPHY INJ 100/3.6	90
VRAYLAR CAP 3MG	81	XYREM SOL 500MG/ML	87
VRAYLAR CAP 4.5MG	81	YF-VAX INJ	123
VRAYLAR CAP 6MG	81	ZADITOR DRO 0.025%OP	129
<i>vyfemla tab 0.4-35</i>	98	<i>zafirlukast tab 10 mg</i>	135
<i>vylibra tab 0.25-35</i>	98	<i>zafirlukast tab 20 mg</i>	135
<i>warfarin sodium tab 1 mg</i>	116	<i>zaleplon cap 10 mg</i>	83
<i>warfarin sodium tab 10 mg</i>	117	<i>zaleplon cap 5 mg</i>	83
<i>warfarin sodium tab 2 mg</i>	116	ZANTAC TAB 150MG	110
<i>warfarin sodium tab 2.5 mg</i>	116	ZANTAC TAB 75MG	110
<i>warfarin sodium tab 3 mg</i>	116	<i>zarah tab 3-0.03mg</i>	98
<i>warfarin sodium tab 4 mg</i>	116	ZEJULA CAP 100MG	41
<i>warfarin sodium tab 5 mg</i>	116	ZELBORAF TAB 240MG	45
<i>warfarin sodium tab 6 mg</i>	116	ZEMAIRA INJ 1000MG	136
<i>warfarin sodium tab 7.5 mg</i>	116	<i>zenatane cap 10mg</i>	139
<i>water for irrigation, sterile irrigation</i>		<i>zenatane cap 20mg</i>	139
<i>soln</i>	144	<i>zenatane cap 30mg</i>	139
<i>wee care sus 15/1.25</i>	117	<i>zenatane cap 40mg</i>	139
<i>wymzya fe chw 0.4mg-35</i>	98	ZENPEP CAP 10000UNT	112
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XALKORI CAP 250MG	45	ZENPEP CAP 20000UNT	113
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XARELTO TAB 2.5MG	117	ZENPEP CAP 5000UNIT	112
XARELTO TAB 20MG	117	ZEPATIER TAB 50-100MG	31
XATMEP SOL 2.5MG/ML	119	<i>zidovudine cap 100 mg</i>	29
XELJANZ TAB 10MG	119	<i>zidovudine syrup 10 mg/ml</i>	29
XELJANZ TAB 5MG	119	<i>zidovudine tab 300 mg</i>	29
XELJANZ XR TAB 11MG	119	<i>ziprasidone hcl cap 20 mg</i>	81
XENICAL CAP 120MG	103	<i>ziprasidone hcl cap 40 mg</i>	81
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XIGDUO XR TAB 10-1000	93	ZIRGAN GEL 0.15%	128
XIGDUO XR TAB 10-500MG	93	<i>zoledronic acid inj conc for iv</i>	
XIGDUO XR TAB 2.5-1000	93	<i>infusion 4 mg/5ml</i>	93

<i>zoledronic acid iv soln 5 mg/100ml</i>	ZORTRESS TAB 0.25MG	121
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<i>2.5 mg</i>	<i>zovia 1/35e tab</i>	98
85	ZYDELIG TAB 100MG	45
<i>zolmitriptan orally disintegrating tab</i>	ZYDELIG TAB 150MG	45
<i>5 mg</i>	ZYKADIA CAP 150MG.....	45
85	ZYKADIA TAB 150MG.....	45
<i>zolmitriptan tab 2.5 mg</i>	ZYLET SUS 0.5-0.3%.....	128
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<i>zolmitriptan tab 5 mg</i>	ZYPREXA RELP INJ 300MG.....	81
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<i>zolpidem tartrate tab 10 mg</i>	ZYTIGA TAB 500MG.....	41
84		
<i>zolpidem tartrate tab 5 mg</i>		
83		
<i>zonisamide cap 100 mg</i>		
69		
<i>zonisamide cap 25 mg</i>		
69		
<i>zonisamide cap 50 mg</i>		
69		
ZONTIVITY TAB 2.08MG		
118		



Your Extended Family.



Versión 17

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Departamento de Servicios para Miembros: (855) 735-5604, TTY / TDD al 711

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