2019
Formulary
(List of Covered Drugs)
Ohio

Molina Dual Options MyCare Ohio Medicare-Medicaid Plan

Version 17

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Member Services (855) 665-4623, TTY/TDD: 711

Monday - Friday, 8 a.m. - 8 p.m., local time

MOLINA HEALTHCARE

MyCareOhio
Connecting Medicare + Medicaid

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Molina Dual Options MyCare Ohio (Medicare-Medicaid Plan) | 2019 *List of Covered Drugs* (Formulary)

Introduction

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

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A. Disclaimers

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

- Molina Dual Options MyCare Ohio Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees.
- ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call *855) 665-4623, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time*. The call is free.
- ATENCIÓN Si usted habla español, los servicios de asistencia del idioma, sin costo, están disponibles para usted. Llame al (855) 665-4623, servicio TTY / TDD al 711, de lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora local. La llamada es gratuita.
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- Please contact Member Services at *(855) 665-4623, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time* to request materials in a language other than English or in an alternate format.

B. Frequently Asked Questions (FAQ)

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

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

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

- Molina Dual Options MyCare Ohio will cover all medically necessary drugs on the Drug List if:
  - your doctor or other prescriber says you need them to get better or stay healthy, **and**
  - you fill the prescription at a Molina Dual Options MyCare Ohio network pharmacy.

- Molina Dual Options MyCare Ohio may have additional steps to access certain drugs (see question B4 below).

You can also see an up-to-date list of drugs that we cover on our website at MolinaHealthcare.com/Duals or call Member Services at (855) 665-4623, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time.

B2. Does the Drug List ever change?

Yes. Molina Dual Options MyCare Ohio may add or remove drugs on the Drug List during the year.

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

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

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

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

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

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

- You can always check Molina Dual Options MyCare Ohio's up to date Drug List online at MolinaHealthcare.com/Duals.
- You can also call Member Services to check the current Drug List at (855) 665-4623, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time.

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

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

- **A new generic drug becomes available**. Sometimes, a new and cheaper drug comes along that works as well as a drug on the Drug List now. When that happens, we may remove the current drug, but your cost for the new drug will

stay the same. When we add the new generic drug, we may also decide to keep the current drug on the list but change its coverage rules or limits.

  - We may not tell you before we make this change, but we will send you information about the specific change or changes we made.

  - You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please see question B10 for more information on exceptions.

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

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

- The FDA provides new guidance or there are new clinical guidelines about a drug.

- We add a generic drug that is not new to the market **and**

  - Replace a brand name drug currently on the Drug List **or**

  - Change the coverage rules or limits for the brand name drug.

When these changes happen, we will tell you at least 30 days before we make the change to the Drug List **or** when you ask for a refill. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception. Then you can:

- Get a 60-day supply of the drug before the change to the Drug List is made, or

- Ask for an exception from these changes. Please see question B10 for more information about exceptions.

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

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

- **Prior approval (or prior authorization):** For some drugs, you or your doctor or other prescriber must get approval from Molina Dual Options MyCare Ohio

before you fill your prescription. Molina Dual Options MyCare Ohio may not cover the drug if you do not get approval.

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

You can find out if your drug has any additional requirements or limits by looking in the tables on pages 12 - 203. You can also get more information by visiting our web site at MolinaHealthcare.com/Duals. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

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

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

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

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

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

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

There are two ways to find a drug:

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

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

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

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

If you don't see your drug on the Drug List, call Member Services at (855) 665-4623 and ask about it. If you learn that Molina Dual Options MyCare Ohio will not cover the drug, you can do one of these things:

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

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

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

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

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

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

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

- We will cover one 60-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Molina Dual Options MyCare Ohio member.

- This is in addition to the temporary supply during the first 90 days you are a member of Molina Dual Options MyCare Ohio.

Transition Policy

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

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

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

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

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

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

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

- For example, Molina Dual Options MyCare Ohio may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.

- Other examples: You can ask us to drop step therapy restrictions or prior approval requirements.

B11. How can you ask for an exception?

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

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

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

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

B13. What are generic drugs?

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

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

B14. What are OTC drugs?

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

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

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

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

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

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

B16. What is your copay?

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

B17. What are drug tiers?

Tiers are groups of drugs on our Drug List.

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

C. List of Covered Drugs by Medical Condition

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

The following list of covered drugs gives you information about the drugs covered by Molina Dual Options MyCare Ohio. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 204. The index alphabetically lists all drugs covered by Molina Dual Options MyCare Ohio.

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

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

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

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

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

- These drugs also have different rules for appeals. An appeal is a formal way of asking us to review a coverage decision and to change it if you think we made a mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Medicaid.
- If you or your doctor disagrees with our decision, you can appeal. To ask for instructions on how to appeal, call Member Services at (855) 665-4623, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. You can also read the Chapter 9 of the *Member Handbook* to learn how to appeal a decision.

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

PA stands for Prior Authorization

QL stands for Quantity Limits

ST stands for Step Therapy Criteria

NM stands for Not available through mail-order

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

LA stands for Limited Access Drug

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

NDS stands for Non-Extended Days Supply

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION		
GOUT - DRUGS TO TREAT GOUT		
allopurinol tab 100 mg	$0 (1)	
allopurinol tab 300 mg	$0 (1)	
colchicine w/ probenecid tab 0.5-500 mg	$0 (1)	
COLCRYS TAB 0.6MG	$0 (2)	QL (120 tabs / 30 days)
febuxostat tab 40 mg	$0 (1)	ST
febuxostat tab 80 mg	$0 (1)	ST
MITIGARE CAP 0.6MG	$0 (2)	QL (60 caps / 30 days)
probenecid tab 500 mg	$0 (1)	
ULORIC TAB 40MG	$0 (2)	ST
ULORIC TAB 80MG	$0 (2)	ST
MISCELLANEOUS		
acephen sup 120mg	$0 (3)	NM; *
acephen sup 325mg	$0 (3)	NM; *
acephen sup 650mg	$0 (3)	NM; *
acetamin liq 500/15ml	$0 (3)	NM; *
acetamin tab 500mg	$0 (3)	NM; *
acetaminophen chew tab 80 mg	$0 (3)	NM; *
acetaminophen liquid 160 mg/5ml	$0 (3)	NM; *
acetaminophen soln 160 mg/5ml	$0 (3)	NM; *
acetaminophen suppos 120 mg	$0 (3)	NM; *
acetaminophen suppos 650 mg	$0 (3)	NM; *
acetaminophen susp 160 mg/5ml	$0 (3)	NM; *
acetaminophen tab 325 mg	$0 (3)	NM; *
acetaminophen tab 500 mg	$0 (3)	NM; *
acetaminophen tab er 650 mg	$0 (3)	NM; *
acetaminophn sus 160/5ml	$0 (3)	NM; *
acetaminophn sus 325mg	$0 (3)	NM; *
acetaminophn tab 500mg	$0 (3)	NM; *
arthrts pain tab 650mg	$0 (3)	NM; *
aspir-low tab 81mg ec	$0 (3)	NM; *
aspirin 81 tab 81mg ec	$0 (3)	NM; *
aspirin chew tab 81 mg	$0 (3)	NM; *
aspirin chld chw 81mg	$0 (3)	NM; *
aspirin chw 81mg	$0 (3)	NM; *
aspirin low chw 81mg	$0 (3)	NM; *
aspirin low tab 81mg ec	$0 (3)	NM; *
ASPIRIN POW	$0 (3)	NM; *
ASPIRIN SUP 300MG	$0 (3)	NM; *
ASPIRIN SUP 600MG	$0 (3)	NM; *
aspirin tab 81mg ec	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
aspirin tab 325 mg	$0 (3)	NM; *
aspirin tab 325mg	$0 (3)	NM; *
aspirin tab 325mg ec	$0 (3)	NM; *
aspirin tab delayed release 81 mg	$0 (3)	NM; *
aspirin tab delayed release 325 mg	$0 (3)	NM; *
bayer asa tab 325mg	$0 (3)	NM; *
bayer asa tab 500mg	$0 (3)	NM; *
bayer low chw 81mg	$0 (3)	NM; *
bayer low tab 81mg ec	$0 (3)	NM; *
betatemp sus 160/5ml	$0 (3)	NM; *
child asa chw 81mg	$0 (3)	NM; *
child asa ls chw 81mg	$0 (3)	NM; *
childrens chw apap	$0 (3)	NM; *
chld pain rl tab 80mg	$0 (3)	NM; *
chld silapap liq 160/5ml	$0 (3)	NM; *
easy-melts tab 80mg	$0 (3)	NM; *
ecotrin low tab 81mg ec	$0 (3)	NM; *
ecpirin tab 325mg ec	$0 (3)	NM; *
ed-apap liq 80mg/2.5	$0 (3)	NM; *
enteric asa tab 325mg ec	$0 (3)	NM; *
eq aspirin tab 325mg ec	$0 (3)	NM; *
FEVERALL INF SUP 80MG	$0 (3)	NM; *
feverall sup 120mg	$0 (3)	NM; *
feverall sup 325mg	$0 (3)	NM; *
feverall sup 650mg	$0 (3)	NM; *
gnp aspirin chw 81mg	$0 (3)	NM; *
gnp aspirin tab 81mg ec	$0 (3)	NM; *
gnp aspirin tab 325mg	$0 (3)	NM; *
gnp aspirin tab 325mg ec	$0 (3)	NM; *
hm aspirin chw 81mg	$0 (3)	NM; *
hm aspirin tab 325mg	$0 (3)	NM; *
8 hour pain tab 650mg	$0 (3)	NM; *
kp aspirin tab 81mg ec	$0 (3)	NM; *
little remed liq 160/5ml	$0 (3)	NM; *
mapap apap liq 500/15ml	$0 (3)	NM; *
mapap cap 500mg	$0 (3)	NM; *
mapap child chw 80mg	$0 (3)	NM; *
mapap childr sus 160/5ml	$0 (3)	NM; *
mapap chw 80mg	$0 (3)	NM; *
mapap chw 160mg	$0 (3)	NM; *
mapap liq 160/5ml	$0 (3)	NM; *
mapap tab 325mg	$0 (3)	NM; *
mapap tab 500mg	$0 (3)	NM; *
mapap tab 500mg/rr	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
medi-tabs tab 500mg	$0 (3)	NM; *
non-asa jr tab 160mg	$0 (3)	NM; *
non-aspirin sus 160/5ml	$0 (3)	NM; *
non-aspirin tab 325mg	$0 (3)	NM; *
non-aspirin tab 500mg	$0 (3)	NM; *
non-aspirin tab 500mg/rr	$0 (3)	NM; *
non-aspirin tab 650mg	$0 (3)	NM; *
nortemp sus 160/5ml	$0 (3)	NM; *
NORTEMP SUS INFANTS	$0 (3)	NM; *
pain & fever chw 80mg	$0 (3)	NM; *
pain & fever sol 160/5ml	$0 (3)	NM; *
pain & fever sus 160/5ml	$0 (3)	NM; *
pain & fever tab 325mg	$0 (3)	NM; *
pain & fever tab 500mg	$0 (3)	NM; *
pain relief liq 160/5ml	$0 (3)	NM; *
pain relief sus 160/5ml	$0 (3)	NM; *
pain relief tab 325mg	$0 (3)	NM; *
pain relief tab 500mg	$0 (3)	NM; *
pain relief tab 500mg/rr	$0 (3)	NM; *
pain relief tab 650mg	$0 (3)	NM; *
pain relieve sus 160/5ml	$0 (3)	NM; *
pain relieve tab 325mg	$0 (3)	NM; *
pain relieve tab 500mg	$0 (3)	NM; *
pain relieve tab 500mg/rr	$0 (3)	NM; *
pain/fever sus 160/5ml	$0 (3)	NM; *
pediacare sus 160/5ml	$0 (3)	NM; *
pharbetol tab 325mg	$0 (3)	NM; *
pharbetol tab 500mg	$0 (3)	NM; *
px aspirin chw 81mg	$0 (3)	NM; *
px aspirin tab 325mg	$0 (3)	NM; *
qc apap 8 hr tab 650mg	$0 (3)	NM; *
qc aspirin tab 325mg	$0 (3)	NM; *
qc aspirin tab 325mg ec	$0 (3)	NM; *
sb aspirin tab 325mg	$0 (3)	NM; *
sb child asa chw 81mg	$0 (3)	NM; *
shake ache tab 500mg	$0 (3)	NM; *
sm aspirin chw 81mg	$0 (3)	NM; *
sm aspirin tab 81mg ec	$0 (3)	NM; *
sm aspirin tab 325mg	$0 (3)	NM; *
sm aspirin tab 325mg ec	$0 (3)	NM; *
sm child asa chw 81mg	$0 (3)	NM; *
sm pain rel cap 500mg	$0 (3)	NM; *
tactinal chw children	$0 (3)	NM; *
tactinal tab 325mg	$0 (3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ibuprofen susp 100 mg/5ml	$0 (1)	
ibuprofen tab 200 mg	$0 (3)	NM; *
ibuprofen tab 200mg	$0 (3)	NM; *
ibuprofen tab 400 mg	$0 (1)	
ibuprofen tab 600 mg	$0 (1)	
ibuprofen tab 800 mg	$0 (1)	
kls naproxen tab 220mg	$0 (3)	NM; *
ks ibuprofen cap 200mg	$0 (3)	NM; *
medi-profen sus 40mg/ml	$0 (3)	NM; *
mediproxen tab 220mg	$0 (3)	NM; *
meloxicam tab 7.5 mg	$0 (1)	
meloxicam tab 15 mg	$0 (1)	
motrin ib tab 200mg	$0 (3)	NM; *
nabumetone tab 500 mg	$0 (1)	
nabumetone tab 750 mg	$0 (1)	
naproxen dr tab 375mg	$0 (1)	
naproxen dr tab 500mg	$0 (1)	
naproxen sod cap 220mg	$0 (3)	NM; *
naproxen sod tab 220mg	$0 (3)	NM; *
naproxen sodium cap 220 mg	$0 (3)	NM; *
naproxen sodium tab 220 mg	$0 (3)	NM; *
naproxen sodium tab 275 mg	$0 (1)	
naproxen sodium tab 550 mg	$0 (1)	
naproxen tab 250 mg	$0 (1)	
naproxen tab 375 mg	$0 (1)	
naproxen tab 500 mg	$0 (1)	
piroxicam cap 10 mg	$0 (1)	
piroxicam cap 20 mg	$0 (1)	
provil tab 200mg	$0 (3)	NM; *
px ibuprofen tab 200mg	$0 (3)	NM; *
px profen ib dro 50/1.25	$0 (3)	NM; *
px profen ib sus 100/5ml	$0 (3)	NM; *
qc ibuprofen tab 200mg	$0 (3)	NM; *
sb ibuprofen tab 200mg	$0 (3)	NM; *
sm ibuprofen cap 200mg	$0 (3)	NM; *
sm ibuprofen tab 100mg jr	$0 (3)	NM; *
sm ibuprofen tab 200mg	$0 (3)	NM; *
sulindac tab 150 mg	$0 (1)	
sulindac tab 200 mg	$0 (1)	
OPIOID ANALGESICS - DRUGS TO TREAT PAIN		
acetaminophen w/ codeine soln 120-12 mg/5ml	$0 (1)	QL (2700 mL / 30 days)
acetaminophen w/ codeine tab 300-15 mg	$0 (1)	QL (400 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
acetaminophen w/ codeine tab 300-30 mg	$0 (1)	QL (360 tabs / 30 days)
acetaminophen w/ codeine tab 300-60 mg	$0 (1)	QL (180 tabs / 30 days)
buprenorphine td patch weekly 5 mcg/hr	$0 (1)	QL (4 patches / 28 days), PA
buprenorphine td patch weekly 7.5 mcg/hr	$0 (1)	QL (4 patches / 28 days), PA
buprenorphine td patch weekly 10 mcg/hr	$0 (1)	QL (4 patches / 28 days), PA
buprenorphine td patch weekly 15 mcg/hr	$0 (1)	QL (4 patches / 28 days), PA
buprenorphine td patch weekly 20 mcg/hr	$0 (1)	QL (4 patches / 28 days), PA
butorphanol tartrate inj 1 mg/ml	$0 (2)	
butorphanol tartrate inj 2 mg/ml	$0 (2)	
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
nalbuphine hcl inj 10 mg/ml	$0 (2)	
nalbuphine hcl inj 20 mg/ml	$0 (2)	
tramadol hcl tab 50 mg	$0 (1)	QL (240 tabs / 30 days)
tramadol-acetaminophen tab 37.5-325 mg	$0 (1)	QL (240 tabs / 30 days)
OPIOID ANALGESICS, CII - DRUGS TO TREAT PAIN		
fentanyl citrate buccal tab 100 mcg (base equiv)	$0 (2)	NDS, QL (120 tabs / 30 days), PA
fentanyl citrate buccal tab 200 mcg (base equiv)	$0 (2)	NDS, QL (120 tabs / 30 days), PA
fentanyl citrate buccal tab 400 mcg (base equiv)	$0 (2)	NDS, QL (120 tabs / 30 days), PA
fentanyl citrate buccal tab 600 mcg (base equiv)	$0 (2)	NDS, QL (120 tabs / 30 days), PA
fentanyl citrate buccal tab 800 mcg (base equiv)	$0 (2)	NDS, QL (120 tabs / 30 days), PA
fentanyl citrate lozenge on a handle 200 mcg	$0 (2)	NDS, QL (120 lozenges / 30 days), PA
fentanyl citrate lozenge on a handle 400 mcg	$0 (2)	NDS, QL (120 lozenges / 30 days), PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fentanyl citrate lozenge on a handle 600 mcg	$0 (2)	NDS, QL (120 lozenges / 30 days), PA
fentanyl citrate lozenge on a handle 800 mcg	$0 (2)	NDS, QL (120 lozenges / 30 days), PA
fentanyl citrate lozenge on a handle 1200 mcg	$0 (2)	NDS, QL (120 lozenges / 30 days), PA
fentanyl citrate lozenge on a handle 1600 mcg	$0 (2)	NDS, QL (120 lozenges / 30 days), PA
fentanyl td patch 72hr 12 mcg/hr	$0 (1)	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 25 mcg/hr	$0 (1)	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 50 mcg/hr	$0 (1)	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 75 mcg/hr	$0 (1)	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 100 mcg/hr	$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
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	$0 (1)	QL (2700 mL / 30 days)
hydrocodone-acetaminophen tab 5-325 mg	$0 (1)	QL (240 tabs / 30 days)
hydrocodone-acetaminophen tab 7.5-325 mg	$0 (1)	QL (180 tabs / 30 days)
hydrocodone-acetaminophen tab 10-325 mg	$0 (1)	QL (180 tabs / 30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	$0 (1)	QL (150 tabs / 30 days)
hydromorphone hcl liqd 1 mg/ml	$0 (1)	QL (600 mL / 30 days)
hydromorphone hcl preservative free (pf) inj 10 mg/ml	$0 (2)	B/D
hydromorphone hcl tab 2 mg	$0 (1)	QL (180 tabs / 30 days)
hydromorphone hcl tab 4 mg	$0 (1)	QL (180 tabs / 30 days)
hydromorphone hcl tab 8 mg	$0 (1)	QL (180 tabs / 30 days)
HYSINGLA ER TAB 20 MG	$0 (2)	QL (30 tabs / 30 days), PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HYSINGLA ER TAB 30 MG	$0 (2)	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 40 MG	$0 (2)	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 60 MG	$0 (2)	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 80 MG	$0 (2)	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 100 MG	$0 (2)	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 120 MG	$0 (2)	QL (30 tabs / 30 days), PA
methadone con 10mg/ml	$0 (1)	QL (90 mL / 30 days), PA
methadone hcl soln 5 mg/5ml	$0 (1)	QL (450 mL / 30 days), PA
methadone hcl soln 10 mg/5ml	$0 (1)	QL (450 mL / 30 days), PA
methadone hcl tab 5 mg	$0 (1)	QL (90 tabs / 30 days), PA
methadone hcl tab 10 mg	$0 (1)	QL (90 tabs / 30 days), PA
MORPHINE SUL INJ 2MG/ML	$0 (2)	B/D
MORPHINE SUL INJ 4MG/ML	$0 (2)	B/D
MORPHINE SUL INJ 5MG/ML	$0 (2)	B/D
MORPHINE SUL INJ 8MG/ML	$0 (2)	B/D
MORPHINE SUL INJ 10MG/ML	$0 (2)	B/D
morphine sulfate iv soln 1 mg/ml	$0 (2)	B/D
morphine sulfate iv soln pf 4 mg/ml	$0 (2)	B/D
morphine sulfate iv soln pf 8 mg/ml	$0 (2)	B/D
morphine sulfate iv soln pf 10 mg/ml	$0 (2)	B/D
morphine sulfate oral soln 10 mg/5ml	$0 (1)	QL (900 mL / 30 days)
morphine sulfate oral soln 20 mg/5ml	$0 (1)	QL (750 mL / 30 days)
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	$0 (1)	QL (180 mL / 30 days)
morphine sulfate tab 15 mg	$0 (1)	QL (180 tabs / 30 days)
morphine sulfate tab 30 mg	$0 (1)	QL (90 tabs / 30 days)
morphine sulfate tab er 15 mg	$0 (1)	QL (90 tabs / 30 days), PA
morphine sulfate tab er 30 mg	$0 (1)	QL (90 tabs / 30 days), PA
morphine sulfate tab er 60 mg	$0 (1)	QL (90 tabs / 30 days), PA
morphine sulfate tab er 100 mg	$0 (1)	QL (90 tabs / 30 days), PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
morphine sulfate tab er 200 mg	$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
oxycodone hcl cap 5 mg	$0 (1)	QL (180 caps / 30 days)
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	$0 (1)	QL (180 mL / 30 days)
oxycodone hcl soln 5 mg/5ml	$0 (1)	QL (900 mL / 30 days)
oxycodone hcl tab 5 mg	$0 (1)	QL (180 tabs / 30 days)
oxycodone hcl tab 10 mg	$0 (1)	QL (180 tabs / 30 days)
oxycodone hcl tab 15 mg	$0 (1)	QL (180 tabs / 30 days)
oxycodone hcl tab 20 mg	$0 (1)	QL (180 tabs / 30 days)
oxycodone hcl tab 30 mg	$0 (1)	QL (180 tabs / 30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg	$0 (1)	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 5-325 mg	$0 (1)	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg	$0 (1)	QL (240 tabs / 30 days)
oxycodone w/ acetaminophen tab 10-325 mg	$0 (1)	QL (180 tabs / 30 days)
OXYCONTIN TAB 10MG CR	$0 (2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 15MG CR	$0 (2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 20MG CR	$0 (2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 30MG CR	$0 (2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 40MG CR	$0 (2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 60MG CR	$0 (2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 80MG CR	$0 (2)	QL (60 tabs / 30 days), PA

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
AZACTAM INJ 2GM	$0 (2)	
aztreonam for inj 1 gm	$0 (1)	
aztreonam for inj 2 gm	$0 (1)	
CAYSTON INH 75MG	$0 (2)	NDS, LA, PA
clindamycin hcl cap 75 mg	$0 (1)	
clindamycin hcl cap 150 mg	$0 (1)	
clindamycin hcl cap 300 mg	$0 (1)	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	$0 (1)	
clindamycin phosphate in d5w iv soln 300 mg/50ml	$0 (1)	
clindamycin phosphate in d5w iv soln 600 mg/50ml	$0 (1)	
clindamycin phosphate in d5w iv soln 900 mg/50ml	$0 (1)	
clindamycin phosphate inj 9 gm/60ml	$0 (1)	
clindamycin phosphate inj 300 mg/2ml	$0 (1)	
clindamycin phosphate inj 600 mg/4ml	$0 (1)	
clindamycin phosphate inj 900 mg/6ml	$0 (1)	
clindamycin phosphate iv soln 300 mg/2ml	$0 (1)	
clindamycin phosphate iv soln 900 mg/6ml	$0 (1)	
CLINDMYC/NAC INJ 300/50ML	$0 (2)	
CLINDMYC/NAC INJ 600/50ML	$0 (2)	
CLINDMYC/NAC INJ 900/50ML	$0 (2)	
colistimethate sod for inj 150 mg (colistin base activity)	$0 (1)	
dapsone tab 25 mg	$0 (1)	
dapsone tab 100 mg	$0 (1)	
daptomycin for iv soln 350 mg	$0 (2)	NDS
daptomycin for iv soln 500 mg	$0 (2)	NDS
DAPTOMYCIN SOL 350MG	$0 (2)	NDS
EMVERM CHW 100MG	$0 (2)	NDS
ertapenem sodium for inj 1 gm (base equivalent)	$0 (1)	
imipenem-cilastatin intravenous for soln 250 mg	$0 (1)	
imipenem-cilastatin intravenous for soln 500 mg	$0 (1)	
ivermectin tab 3 mg	$0 (1)	
linezolid for susp 100 mg/5ml	$0 (2)	NDS
linezolid in sodium chloride iv soln 600 mg/300ml-0.9%	$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
linezolid iv soln 600 mg/300ml (2 mg/ml)	$0 (1)	
linezolid tab 600 mg	$0 (2)	NDS
meropenem iv for soln 1 gm	$0 (1)	
meropenem iv for soln 500 mg	$0 (1)	
methenamine hippurate tab 1 gm	$0 (1)	
metronidazole in nacl 0.79% iv soln 500 mg/100ml	$0 (1)	
metronidazole tab 250 mg	$0 (1)	
metronidazole tab 500 mg	$0 (1)	
NEBUPENT INH 300MG	$0 (2)	B/D
nitrofurantoin macrocrystalline cap 50 mg	$0 (2)	PA; PA applies if 70 years and older after a 90 day supply in a calendar year
nitrofurantoin macrocrystalline cap 100 mg	$0 (2)	PA; PA applies if 70 years and older after a 90 day supply in a calendar year
nitrofurantoin monohydrate macrocrystalline cap 100 mg	$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)	
pentamidine isethionate for soln 300 mg	$0 (1)	
PINWORM TAB MEDICINE	$0 (3)	NM; *
praziquantel tab 600 mg	$0 (1)	
reeses med sus pinworm	$0 (3)	NM; *
SIVEXTRO INJ 200MG	$0 (2)	NDS
SIVEXTRO TAB 200MG	$0 (2)	NDS
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	$0 (1)	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	$0 (1)	
sulfamethoxazole-trimethoprim tab 400-80 mg	$0 (1)	
sulfamethoxazole-trimethoprim tab 800-160 mg	$0 (1)	
SYNERCID INJ 500MG	$0 (2)	NDS
tigecycline for iv soln 50 mg	$0 (2)	NDS
trimethoprim tab 100 mg	$0 (1)	
vancomycin hcl cap 125 mg (base equivalent)	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
vancomycin hcl cap 250 mg (base equivalent)	$0 (2)	NDS
vancomycin hcl for iv soln 1 gm (base equivalent)	$0 (1)	
vancomycin hcl for iv soln 5 gm (base equivalent)	$0 (1)	
vancomycin hcl for iv soln 10 gm (base equivalent)	$0 (1)	
vancomycin hcl for iv soln 500 mg (base equivalent)	$0 (1)	
vancomycin hcl for iv soln 750 mg (base equivalent)	$0 (1)	
VANCOMYCIN INJ 1 GM	$0 (2)	
VANCOMYCIN INJ 500MG	$0 (2)	
VANCOMYCIN INJ 750MG	$0 (2)	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
ABELCET INJ 5MG/ML	$0 (2)	NDS, B/D
AMBISOME INJ 50MG	$0 (2)	NDS, B/D
amphotericin b for iv soln 50 mg	$0 (1)	B/D
caspofungin acetate for iv soln 50 mg	$0 (2)	NDS
caspofungin acetate for iv soln 70 mg	$0 (2)	NDS
fluconazole for susp 10 mg/ml	$0 (1)	
fluconazole for susp 40 mg/ml	$0 (1)	
fluconazole in nacl 0.9% inj 200 mg/100ml	$0 (1)	
fluconazole in nacl 0.9% inj 400 mg/200ml	$0 (1)	
fluconazole tab 50 mg	$0 (1)	
fluconazole tab 100 mg	$0 (1)	
fluconazole tab 150 mg	$0 (1)	
fluconazole tab 200 mg	$0 (1)	
flucytosine cap 250 mg	$0 (2)	NDS
flucytosine cap 500 mg	$0 (2)	NDS
griseofulvin microsize susp 125 mg/5ml	$0 (1)	
griseofulvin microsize tab 500 mg	$0 (1)	
griseofulvin ultramicrosize tab 125 mg	$0 (1)	
griseofulvin ultramicrosize tab 250 mg	$0 (1)	
itraconazole cap 100 mg	$0 (1)	PA
ketoconazole tab 200 mg	$0 (1)	PA
MYCAMINE INJ 50MG	$0 (2)	NDS
MYCAMINE INJ 100MG	$0 (2)	NDS
NOXAFIL SUS 40MG/ML	$0 (2)	NDS, QL (630 mL / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NOXAFIL TAB 100MG	$0 (2)	NDS, QL (93 tabs / 30 days)
nystatin tab 500000 unit	$0 (1)	
posaconazole tab delayed release 100 mg	$0 (2)	NDS, QL (93 tabs / 30 days)
terbinafine hcl tab 250 mg	$0 (1)	QL (90 tabs / year)
voriconazole for inj 200 mg	$0 (1)	
voriconazole for susp 40 mg/ml	$0 (2)	NDS
voriconazole tab 50 mg	$0 (2)	NDS
voriconazole tab 200 mg	$0 (2)	NDS
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
atovaquone-proguanil hcl tab 62.5-25 mg	$0 (1)	
atovaquone-proguanil hcl tab 250-100 mg	$0 (1)	
chloroquine phosphate tab 250 mg	$0 (1)	
chloroquine phosphate tab 500 mg	$0 (1)	
COARTEM TAB 20-120MG	$0 (2)	
mefloquine hcl tab 250 mg	$0 (1)	
primaquine phosphate tab 26.3 mg (15 mg base)	$0 (1)	
PRIMAQUINE TAB 26.3MG	$0 (2)	
quinine sulfate cap 324 mg	$0 (1)	PA
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate soln 20 mg/ml (base equiv)	$0 (1)	
abacavir sulfate tab 300 mg (base equiv)	$0 (1)	
APTIVUS CAP 250MG	$0 (2)	NDS
APTIVUS SOL	$0 (2)	NDS
atazanavir sulfate cap 150 mg (base equiv)	$0 (2)	NDS
atazanavir sulfate cap 200 mg (base equiv)	$0 (2)	NDS
atazanavir sulfate cap 300 mg (base equiv)	$0 (2)	NDS
CRIXIVAN CAP 200MG	$0 (2)	
CRIXIVAN CAP 400MG	$0 (2)	
didanosine delayed release capsule 200 mg	$0 (1)	
didanosine delayed release capsule 250 mg	$0 (1)	
didanosine delayed release capsule 400 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
EDURANT TAB 25MG	$0 (2)	NDS
efavirenz cap 50 mg	$0 (1)	
efavirenz cap 200 mg	$0 (2)	NDS
efavirenz tab 600 mg	$0 (2)	NDS
EMTRIVA CAP 200MG	$0 (2)	
EMTRIVA SOL 10MG/ML	$0 (2)	
fosamprenavir calcium tab 700 mg (base equiv)	$0 (2)	NDS
FUZEON INJ 90MG	$0 (2)	NDS, NM
INTELENCE TAB 25MG	$0 (2)	
INTELENCE TAB 100MG	$0 (2)	NDS
INTELENCE TAB 200MG	$0 (2)	NDS
INVIRASE TAB 500MG	$0 (2)	NDS
ISENTRESS CHW 25MG	$0 (2)	
ISENTRESS CHW 100MG	$0 (2)	NDS
ISENTRESS HD TAB 600MG	$0 (2)	NDS
ISENTRESS POW 100MG	$0 (2)	
ISENTRESS TAB 400MG	$0 (2)	NDS
lamivudine oral soln 10 mg/ml	$0 (1)	
lamivudine tab 150 mg	$0 (1)	
lamivudine tab 300 mg	$0 (1)	
LEXIVA SUS 50MG/ML	$0 (2)	
nevirapine susp 50 mg/5ml	$0 (1)	
nevirapine tab 200 mg	$0 (1)	
nevirapine tab er 24hr 100 mg	$0 (1)	
nevirapine tab er 24hr 400 mg	$0 (1)	
NORVIR POW 100MG	$0 (2)	
NORVIR SOL 80MG/ML	$0 (2)	
PIFELTRO TAB 100MG	$0 (2)	NDS
PREZISTA SUS 100MG/ML	$0 (2)	NDS, QL (400 mL / 30 days)
PREZISTA TAB 75MG	$0 (2)	QL (480 tabs / 30 days)
PREZISTA TAB 150MG	$0 (2)	NDS, QL (240 tabs / 30 days)
PREZISTA TAB 600MG	$0 (2)	NDS, QL (60 tabs / 30 days)
PREZISTA TAB 800MG	$0 (2)	NDS, QL (30 tabs / 30 days)
RESCRIPTOR TAB 200MG	$0 (2)	
REYATAZ POW 50MG	$0 (2)	NDS
ritonavir tab 100 mg	$0 (1)	
SELZENTRY SOL 20MG/ML	$0 (2)	NDS
SELZENTRY TAB 25MG	$0 (2)	
SELZENTRY TAB 75MG	$0 (2)	NDS

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SELZENTRY TAB 150MG	$0 (2)	NDS
SELZENTRY TAB 300MG	$0 (2)	NDS
stavudine cap 15 mg	$0 (1)	
stavudine cap 20 mg	$0 (1)	
stavudine cap 30 mg	$0 (1)	
stavudine cap 40 mg	$0 (1)	
tenofovir disoproxil fumarate tab 300 mg	$0 (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)	
VIREAD POW 40MG/GM	$0 (2)	NDS
VIREAD TAB 150MG	$0 (2)	NDS
VIREAD TAB 200MG	$0 (2)	NDS
VIREAD TAB 250MG	$0 (2)	NDS
zidovudine cap 100 mg	$0 (1)	
zidovudine syrup 10 mg/ml	$0 (1)	
zidovudine tab 300 mg	$0 (1)	
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
abacavir sulfate-lamivudine tab 600-300 mg	$0 (1)	
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	$0 (2)	NDS
ATRIPLA TAB	$0 (2)	NDS
BIKTARVY TAB	$0 (2)	NDS
CIMDUO TAB 300-300	$0 (2)	NDS
COMPLERA TAB	$0 (2)	NDS
DELSTRIGO TAB	$0 (2)	NDS
DESCOVY TAB 200/25	$0 (2)	NDS
DOVATO TAB 50-300MG	$0 (2)	NDS
EVOTAZ TAB 300-150	$0 (2)	NDS
GENVOYA TAB	$0 (2)	NDS
JULUCA TAB 50-25MG	$0 (2)	NDS
KALETRA TAB 100-25MG	$0 (2)	
KALETRA TAB 200-50MG	$0 (2)	NDS
lamivudine-zidovudine tab 150-300 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	$0 (1)	
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)
TRUVADA TAB 200-300	$0 (2)	NDS, QL (30 tabs / 30 days)
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
cycloserine cap 250 mg	$0 (2)	NDS
ethambutol hcl tab 100 mg	$0 (1)	
ethambutol hcl tab 400 mg	$0 (1)	
isoniazid syrup 50 mg/5ml	$0 (1)	
isoniazid tab 100 mg	$0 (1)	
isoniazid tab 300 mg	$0 (1)	
PASER GRA 4GM	$0 (2)	
PRIFTIN TAB 150MG	$0 (2)	
pyrazinamide tab 500 mg	$0 (1)	
rifabutin cap 150 mg	$0 (1)	
rifampin cap 150 mg	$0 (1)	
rifampin cap 300 mg	$0 (1)	
rifampin for inj 600 mg	$0 (1)	
RIFATER TAB	$0 (2)	
SIRTURO TAB 100MG	$0 (2)	NDS, LA, PA
TRECATOR TAB 250MG	$0 (2)	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
acyclovir cap 200 mg	$0 (1)	
acyclovir sodium iv soln 50 mg/ml	$0 (1)	B/D
acyclovir susp 200 mg/5ml	$0 (1)	
acyclovir tab 400 mg	$0 (1)	
acyclovir tab 800 mg	$0 (1)	
adefovir dipivoxil tab 10 mg	$0 (2)	NDS
BARACLUDE SOL	$0 (2)	NDS
entecavir tab 0.5 mg	$0 (2)	NDS

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
entecavir tab 1 mg	$0 (2)	NDS
EPCLUSA TAB 400-100	$0 (2)	NDS, NM, PA
EPIVIR HBV SOL 5MG/ML	$0 (2)	
famciclovir tab 125 mg	$0 (1)	
famciclovir tab 250 mg	$0 (1)	
famciclovir tab 500 mg	$0 (1)	
ganciclovir sodium for inj 500 mg	$0 (1)	B/D
HARVONI TAB 90-400MG	$0 (2)	NDS, NM, PA
lamivudine tab 100 mg (hbv)	$0 (1)	
MAVYRET TAB 100-40MG	$0 (2)	NDS, NM, PA
oseltamivir phosphate cap 30 mg (base equiv)	$0 (1)	QL (168 caps / year)
oseltamivir phosphate cap 45 mg (base equiv)	$0 (1)	QL (84 caps / year)
oseltamivir phosphate cap 75 mg (base equiv)	$0 (1)	QL (84 caps / year)
oseltamivir phosphate for susp 6 mg/ml (base equiv)	$0 (1)	QL (1080 mL / year)
PEGASYS INJ	$0 (2)	NDS, NM, PA
PEGASYS INJ 180MCG/M	$0 (2)	NDS, NM, PA
PEGASYS INJ PROCLICK	$0 (2)	NDS, NM, PA
RELENZA MIS DISKHALE	$0 (2)	QL (6 inhalers / year)
ribavirin cap 200 mg	$0 (1)	NM
ribavirin tab 200 mg	$0 (1)	NM
rimantadine hydrochloride tab 100 mg	$0 (1)	
valacyclovir hcl tab 1 gm	$0 (1)	
valacyclovir hcl tab 500 mg	$0 (1)	
valganciclovir hcl for soln 50 mg/ml (base equiv)	$0 (2)	NDS
valganciclovir hcl tab 450 mg (base equivalent)	$0 (2)	NDS
VEMLIDY TAB 25MG	$0 (2)	NDS
VOSEVI TAB	$0 (2)	NDS, NM, PA
ZEPATIER TAB 50-100MG	$0 (2)	NDS, NM, PA
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
cefaclor cap 250 mg	$0 (1)	
cefaclor cap 500 mg	$0 (1)	
CEFACLOR ER TAB 500MG	$0 (2)	
cefaclor for susp 125 mg/5ml	$0 (1)	
cefaclor for susp 250 mg/5ml	$0 (1)	
cefaclor for susp 375 mg/5ml	$0 (1)	
cefadroxil cap 500 mg	$0 (1)	
cefadroxil for susp 250 mg/5ml	$0 (1)	
cefadroxil for susp 500 mg/5ml	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cefadroxil tab 1 gm	$0 (1)	
CEFAZOLIN INJ 1GM/50ML	$0 (2)	
cefazolin sodium for inj 1 gm	$0 (1)	
cefazolin sodium for inj 10 gm	$0 (1)	
cefazolin sodium for inj 500 mg	$0 (1)	
cefazolin sodium for iv soln 1 gm	$0 (1)	
CEFAZOLIN SOL	$0 (2)	
cefdinir cap 300 mg	$0 (1)	
cefdinir for susp 125 mg/5ml	$0 (1)	
cefdinir for susp 250 mg/5ml	$0 (1)	
cefepime hcl for inj 1 gm	$0 (1)	
cefepime hcl for inj 2 gm	$0 (1)	
cefixime cap 400 mg	$0 (1)	
cefixime for susp 100 mg/5ml	$0 (1)	
cefixime for susp 200 mg/5ml	$0 (1)	
cefotaxime sodium for inj 1 gm	$0 (1)	
cefotaxime sodium for inj 500 mg	$0 (1)	
cefoxitin sodium for inj 10 gm	$0 (1)	
cefoxitin sodium for iv soln 1 gm	$0 (1)	
cefoxitin sodium for iv soln 2 gm	$0 (1)	
cefpodoxime proxetil for susp 50 mg/5ml	$0 (1)	
cefpodoxime proxetil for susp 100 mg/5ml	$0 (1)	
cefpodoxime proxetil tab 100 mg	$0 (1)	
cefpodoxime proxetil tab 200 mg	$0 (1)	
cefprozil for susp 125 mg/5ml	$0 (1)	
cefprozil for susp 250 mg/5ml	$0 (1)	
cefprozil tab 250 mg	$0 (1)	
cefprozil tab 500 mg	$0 (1)	
ceftazidime for inj 1 gm	$0 (1)	
ceftazidime for inj 2 gm	$0 (1)	
ceftazidime for inj 6 gm	$0 (1)	
CEFTAZIDIME/ SOL D5W 1GM	$0 (2)	
CEFTAZIDIME/ SOL D5W 2GM	$0 (2)	
ceftriaxone sodium for inj 1 gm	$0 (1)	
ceftriaxone sodium for inj 2 gm	$0 (1)	
ceftriaxone sodium for inj 10 gm	$0 (1)	
ceftriaxone sodium for inj 250 mg	$0 (1)	
ceftriaxone sodium for inj 500 mg	$0 (1)	
ceftriaxone sodium for iv soln 1 gm	$0 (1)	
ceftriaxone sodium for iv soln 2 gm	$0 (1)	
cefuroxime axetil tab 250 mg	$0 (1)	
cefuroxime axetil tab 500 mg	$0 (1)	

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

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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
nafcillin sodium for iv soln 10 gm	$0 (2)	NDS
oxacillin sodium for inj 1 gm (base equivalent)	$0 (1)	
oxacillin sodium for inj 2 gm (base equivalent)	$0 (1)	
oxacillin sodium for inj 10 gm (base equivalent)	$0 (2)	NDS
PEN G PROC INJ 600000	$0 (2)	
PEN GK/DEXTR INJ 40000/ML	$0 (2)	
PEN GK/DEXTR INJ 60000/ML	$0 (2)	
penicillin g potassium for inj 5000000 unit	$0 (1)	
penicillin g potassium for inj 20000000 unit	$0 (1)	
penicillin g sodium for inj 5000000 unit	$0 (1)	
penicillin v potassium for soln 125 mg/5ml	$0 (1)	
penicillin v potassium for soln 250 mg/5ml	$0 (1)	
penicillin v potassium tab 250 mg	$0 (1)	
penicillin v potassium tab 500 mg	$0 (1)	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	$0 (1)	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	$0 (1)	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	$0 (1)	
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	$0 (1)	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	$0 (1)	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
doxy 100 inj 100mg	$0 (1)	
doxycycline hyclate cap 50 mg	$0 (1)	
doxycycline hyclate cap 100 mg	$0 (1)	
doxycycline hyclate for inj 100 mg	$0 (1)	
doxycycline hyclate tab 20 mg	$0 (1)	
doxycycline hyclate tab 100 mg	$0 (1)	
doxycycline monohydrate cap 50 mg	$0 (1)	
doxycycline monohydrate cap 100 mg	$0 (1)	
doxycycline monohydrate tab 50 mg	$0 (1)	
doxycycline monohydrate tab 75 mg	$0 (1)	
doxycycline monohydrate tab 100 mg	$0 (1)	
doxycycline monohydrate tab 150 mg	$0 (1)	
minocycline hcl cap 50 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
minocycline hcl cap 75 mg	$0 (1)	
minocycline hcl cap 100 mg	$0 (1)	
tetracycline hcl cap 250 mg	$0 (1)	
tetracycline hcl cap 500 mg	$0 (1)	
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
BENDEKA INJ 100/4ML	$0 (2)	NDS, B/D, NM
cyclophosphamide cap 25 mg	$0 (1)	B/D
cyclophosphamide cap 50 mg	$0 (1)	B/D
cyclophosphamide for inj 1 gm	$0 (2)	NDS, B/D, NM
cyclophosphamide for inj 2 gm	$0 (2)	NDS, B/D, NM
cyclophosphamide for inj 500 mg	$0 (2)	NDS, B/D, NM
dacarbazine for inj 100 mg	$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
ifosfamide iv inj 1 gm/20ml (50 mg/ml)	$0 (1)	B/D
ifosfamide iv inj 3 gm/60ml (50 mg/ml)	$0 (1)	B/D
LEUKERAN TAB 2MG	$0 (2)	NDS
ANTHRACYCLINES		
adriamycin inj 20mg	$0 (1)	B/D, NM
doxorubicin hcl for inj 50 mg	$0 (1)	B/D, NM
doxorubicin hcl inj 2 mg/ml	$0 (1)	B/D, NM
doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml	$0 (2)	NDS, B/D
epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)	$0 (1)	B/D
epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)	$0 (1)	B/D
ANTIBIOTICS		
bleomycin sulfate for inj 15 unit	$0 (1)	B/D
bleomycin sulfate for inj 30 unit	$0 (1)	B/D
mitomycin for iv soln 5 mg	$0 (2)	NDS, B/D
mitomycin for iv soln 20 mg	$0 (2)	NDS, B/D
mitomycin for iv soln 40 mg	$0 (2)	NDS, B/D
ANTIMETABOLITES		
adrucil inj 2.5g/50m	$0 (1)	B/D
adrucil inj 5gm/100m	$0 (1)	B/D
adrucil inj 500/10ml	$0 (1)	B/D
ALIMTA INJ 100MG	$0 (2)	NDS, B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ALIMTA INJ 500MG	$0 (2)	NDS, B/D
azacitidine for inj 100 mg	$0 (2)	NDS, B/D, NM
cytarabine inj 20 mg/ml	$0 (1)	B/D
fluorouracil iv soln 1 gm/20ml (50 mg/ml)	$0 (1)	B/D
fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)	$0 (1)	B/D
fluorouracil iv soln 5 gm/100ml (50 mg/ml)	$0 (1)	B/D
fluorouracil iv soln 500 mg/10ml (50 mg/ml)	$0 (1)	B/D
gemcitabine hcl for inj 1 gm	$0 (1)	B/D
gemcitabine hcl for inj 2 gm	$0 (1)	B/D
gemcitabine hcl for inj 200 mg	$0 (1)	B/D
gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)	$0 (1)	B/D
gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)	$0 (1)	B/D
gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)	$0 (1)	B/D
mercaptopurine tab 50 mg	$0 (1)	
methotrexate sodium for inj 1 gm	$0 (1)	B/D
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	$0 (1)	B/D
methotrexate sodium inj 250 mg/10ml (25 mg/ml)	$0 (1)	B/D
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	$0 (1)	B/D
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	$0 (1)	B/D
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	$0 (1)	B/D
PURIXAN SUS 20MG/ML	$0 (2)	NDS, NM
TABLOID TAB 40MG	$0 (2)	
ANTIMITOTIC, TAXOIDS		
ABRAXANE INJ 100MG	$0 (2)	NDS, B/D
docetaxel for inj conc 20 mg/ml	$0 (2)	NDS, B/D, NM
docetaxel for inj conc 80 mg/4ml (20 mg/ml)	$0 (2)	NDS, B/D, NM
docetaxel for inj conc 160 mg/8ml (20 mg/ml)	$0 (2)	NDS, B/D, NM
DOCETAXEL INJ 20MG/2ML	$0 (2)	NDS, B/D, NM
DOCETAXEL INJ 80MG/4ML	$0 (2)	NDS, B/D, NM
DOCETAXEL INJ 80MG/8ML	$0 (2)	NDS, B/D, NM
DOCETAXEL INJ 160/8ML	$0 (2)	NDS, B/D, NM

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
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
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate tab 250 mg	$0 (2)	NDS, NM, PA
anastrozole tab 1 mg	$0 (1)	
bicalutamide tab 50 mg	$0 (1)	
DEPO-PROVERA INJ 400/ML	$0 (2)	B/D
ERLEADA TAB 60MG	$0 (2)	NDS, NM, LA, PA
exemestane tab 25 mg	$0 (1)	
FASLODEX INJ 250/5ML	$0 (2)	NDS, B/D
flutamide cap 125 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fulvestrant inj 250 mg/5ml	$0 (2)	NDS, B/D
letrozole tab 2.5 mg	$0 (1)	
leuprolide acetate inj kit 5 mg/ml	$0 (1)	NM, PA
LUPRON DEPOT INJ 3.75MG	$0 (2)	NDS, NM, PA
LUPRON DEPOT INJ 11.25MG	$0 (2)	NDS, NM, PA
LYSODREN TAB 500MG	$0 (2)	
megestrol acetate susp 40 mg/ml	$0 (2)	
megestrol acetate susp 625 mg/5ml	$0 (2)	PA
megestrol acetate tab 20 mg	$0 (2)	
megestrol acetate tab 40 mg	$0 (2)	
nilutamide tab 150 mg	$0 (2)	NDS
NUBEQA TAB 300MG	$0 (2)	NDS, LA, PA
SOLTAMOX SOL 10MG/5ML	$0 (2)	NDS
tamoxifen citrate tab 10 mg (base equivalent)	$0 (1)	
tamoxifen citrate tab 20 mg (base equivalent)	$0 (1)	
toremifene citrate tab 60 mg (base equivalent)	$0 (2)	NDS
TRELSTAR MIX INJ 3.75MG	$0 (2)	NDS, NM, PA
TRELSTAR MIX INJ 11.25MG	$0 (2)	NDS, NM, PA
XTANDI CAP 40MG	$0 (2)	NDS, NM, LA, PA
ZYTIGA TAB 500MG	$0 (2)	NDS, NM, LA, PA
IMMUNOMODULATORS		
POMALYST CAP 1MG	$0 (2)	NDS, 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
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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
KINASE INHIBITORS		
AFINITOR DIS TAB 2MG	$0 (2)	NDS, QL (150 tabs / 30 days), NM, PA
AFINITOR DIS TAB 3MG	$0 (2)	NDS, QL (90 tabs / 30 days), NM, PA
AFINITOR DIS TAB 5MG	$0 (2)	NDS, QL (60 tabs / 30 days), NM, PA
AFINITOR TAB 2.5MG	$0 (2)	NDS, QL (30 tabs / 30 days), NM, PA
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
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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LENVIMA CAP 24 MG	$0 (2)	NDS, NM, LA, PA
LORBRENA TAB 25MG	$0 (2)	NDS, NM, LA, PA
LORBRENA TAB 100MG	$0 (2)	NDS, NM, LA, PA
MEKINIST TAB 0.5MG	$0 (2)	NDS, NM, LA, PA
MEKINIST TAB 2MG	$0 (2)	NDS, NM, LA, PA
MEKTOVI TAB 15MG	$0 (2)	NDS, LA, PA
NERLYNX TAB 40MG	$0 (2)	NDS, NM, LA, PA
NEXAVAR TAB 200MG	$0 (2)	NDS, NM, LA, PA
PIQRAY 200MG TAB DOSE	$0 (2)	NDS, NM, PA
PIQRAY 250MG TAB DOSE	$0 (2)	NDS, NM, PA
PIQRAY 300MG TAB DOSE	$0 (2)	NDS, NM, PA
ROZLYTREK CAP 100MG	$0 (2)	NDS, LA, PA
ROZLYTREK CAP 200MG	$0 (2)	NDS, LA, PA
RYDAPT CAP 25MG	$0 (2)	NDS, NM, PA
SPRYCEL TAB 20MG	$0 (2)	NDS, NM, PA
SPRYCEL TAB 50MG	$0 (2)	NDS, NM, PA
SPRYCEL TAB 70MG	$0 (2)	NDS, NM, PA
SPRYCEL TAB 80MG	$0 (2)	NDS, NM, PA
SPRYCEL TAB 100MG	$0 (2)	NDS, NM, PA
SPRYCEL TAB 140MG	$0 (2)	NDS, NM, PA
STIVARGA TAB 40MG	$0 (2)	NDS, NM, LA, PA
SUTENT CAP 12.5MG	$0 (2)	NDS, 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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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		
bexarotene cap 75 mg	$0 (2)	NDS, NM, PA
hydroxyurea cap 500 mg	$0 (1)	
LONSURF TAB 15-6.14	$0 (2)	NDS, NM, PA
LONSURF TAB 20-8.19	$0 (2)	NDS, NM, PA
MATULANE CAP 50MG	$0 (2)	NDS, LA
SYLATRON KIT 200MCG	$0 (2)	NDS, NM, PA
SYLATRON KIT 300MCG	$0 (2)	NDS, NM, PA
SYLATRON KIT 600MCG	$0 (2)	NDS, NM, PA
SYNRIBO INJ 3.5MG	$0 (2)	NDS, PA
tretinoin cap 10 mg	$0 (2)	NDS
XPOVIO PAK 60MG	$0 (2)	NDS, LA, PA
XPOVIO PAK 80MG	$0 (2)	NDS, LA, PA
XPOVIO PAK 100MG	$0 (2)	NDS, LA, PA
PLATINUM-BASED AGENTS		
carboplatin iv soln 50 mg/5ml	$0 (1)	B/D, NM
carboplatin iv soln 150 mg/15ml	$0 (1)	B/D, NM
carboplatin iv soln 450 mg/45ml	$0 (1)	B/D, NM
carboplatin iv soln 600 mg/60ml	$0 (1)	B/D, NM
cisplatin inj 50 mg/50ml (1 mg/ml)	$0 (1)	B/D
cisplatin inj 100 mg/100ml (1 mg/ml)	$0 (1)	B/D
cisplatin inj 200 mg/200ml (1 mg/ml)	$0 (1)	B/D
oxaliplatin for iv inj 50 mg	$0 (2)	NDS, B/D
oxaliplatin for iv inj 100 mg	$0 (2)	NDS, B/D
oxaliplatin iv soln 50 mg/10ml	$0 (1)	B/D
oxaliplatin iv soln 100 mg/20ml	$0 (1)	B/D
PROTECTIVE AGENTS		
dexrazoxane hcl for inj 500 mg (base equivalent)	$0 (2)	NDS, B/D, NM
leucovorin calcium for inj 50 mg	$0 (1)	B/D
leucovorin calcium for inj 100 mg	$0 (1)	B/D
leucovorin calcium for inj 200 mg	$0 (1)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
leucovorin calcium for inj 350 mg	$0 (1)	B/D
leucovorin calcium for inj 500 mg	$0 (1)	B/D
leucovorin calcium inj 500 mg/50ml (10 mg/ml)	$0 (1)	B/D
leucovorin calcium tab 5 mg	$0 (1)	
leucovorin calcium tab 10 mg	$0 (1)	
leucovorin calcium tab 15 mg	$0 (1)	
leucovorin calcium tab 25 mg	$0 (1)	
MESNEX TAB 400MG	$0 (2)	NDS
TOPOISOMERASE INHIBITORS		
etoposide inj 100 mg/5ml (20 mg/ml)	$0 (1)	B/D
etoposide inj 500 mg/25ml (20 mg/ml)	$0 (1)	B/D
irinotecan hcl inj 40 mg/2ml (20 mg/ml)	$0 (1)	B/D
irinotecan hcl inj 100 mg/5ml (20 mg/ml)	$0 (1)	B/D
irinotecan hcl inj 500 mg/25ml (20 mg/ml)	$0 (1)	B/D
toposar inj 1gm/50ml	$0 (1)	B/D
toposar inj 100/5ml	$0 (1)	B/D
topotecan hcl for inj 4 mg (base equiv)	$0 (2)	NDS, B/D
topotecan hcl inj 4 mg/4ml (base equiv) (for infusion)	$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		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	$0 (1)	
amlodipine besylate-benazepril hcl cap 5-10 mg	$0 (1)	
amlodipine besylate-benazepril hcl cap 5-20 mg	$0 (1)	
amlodipine besylate-benazepril hcl cap 5-40 mg	$0 (1)	
amlodipine besylate-benazepril hcl cap 10-20 mg	$0 (1)	
amlodipine besylate-benazepril hcl cap 10-40 mg	$0 (1)	
benazepril & hydrochlorothiazide tab 5-6.25 mg	$0 (1)	
benazepril & hydrochlorothiazide tab 10-12.5 mg	$0 (1)	

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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
terazosin hcl cap 2 mg (base equivalent)	$0 (1)	
terazosin hcl cap 5 mg (base equivalent)	$0 (1)	
terazosin hcl cap 10 mg (base equivalent)	$0 (1)	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	$0 (1)	
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	$0 (1)	
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	$0 (1)	
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	$0 (1)	
amlodipine besylate-valsartan tab 5-160 mg	$0 (1)	
amlodipine besylate-valsartan tab 5-320 mg	$0 (1)	
amlodipine besylate-valsartan tab 10-160 mg	$0 (1)	
amlodipine besylate-valsartan tab 10-320 mg	$0 (1)	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	$0 (1)	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	$0 (1)	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	$0 (1)	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	$0 (1)	
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	$0 (1)	
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	$0 (1)	
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	$0 (1)	
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	$0 (1)	
ENTRESTO TAB 24-26MG	$0 (2)	
ENTRESTO TAB 49-51MG	$0 (2)	
ENTRESTO TAB 97-103MG	$0 (2)	
irbesartan-hydrochlorothiazide tab 150-12.5 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
irbesartan-hydrochlorothiazide tab 300-12.5 mg	$0 (1)	
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	$0 (1)	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	$0 (1)	
losartan potassium & hydrochlorothiazide tab 100-25 mg	$0 (1)	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	$0 (1)	
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	$0 (1)	
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	$0 (1)	
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	$0 (1)	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	$0 (1)	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	$0 (1)	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	$0 (1)	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	$0 (1)	
telmisartan-amlodipine tab 40-5 mg	$0 (1)	
telmisartan-amlodipine tab 40-10 mg	$0 (1)	
telmisartan-amlodipine tab 80-5 mg	$0 (1)	
telmisartan-amlodipine tab 80-10 mg	$0 (1)	
telmisartan-hydrochlorothiazide tab 40-12.5 mg	$0 (1)	
telmisartan-hydrochlorothiazide tab 80-12.5 mg	$0 (1)	
telmisartan-hydrochlorothiazide tab 80-25 mg	$0 (1)	
valsartan-hydrochlorothiazide tab 80-12.5 mg	$0 (1)	
valsartan-hydrochlorothiazide tab 160-12.5 mg	$0 (1)	
valsartan-hydrochlorothiazide tab 160-25 mg	$0 (1)	
valsartan-hydrochlorothiazide tab 320-12.5 mg	$0 (1)	
valsartan-hydrochlorothiazide tab 320-25 mg	$0 (1)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
mexiletine hcl cap 250 mg	$0 (1)	
MULTAQ TAB 400MG	$0 (2)	
NORPACE CAP 100MG CR	$0 (2)	
NORPACE CAP 150MG CR	$0 (2)	
pacerone tab 100mg	$0 (1)	
pacerone tab 200mg	$0 (1)	
pacerone tab 400mg	$0 (1)	
propafenone hcl cap er 12hr 225 mg	$0 (1)	
propafenone hcl cap er 12hr 325 mg	$0 (1)	
propafenone hcl cap er 12hr 425 mg	$0 (1)	
propafenone hcl tab 150 mg	$0 (1)	
propafenone hcl tab 225 mg	$0 (1)	
propafenone hcl tab 300 mg	$0 (1)	
quinidine gluconate tab er 324 mg	$0 (1)	
quinidine sulfate tab 200 mg	$0 (1)	
quinidine sulfate tab 300 mg	$0 (1)	
sorine tab 80mg	$0 (1)	
sorine tab 120mg	$0 (1)	
sorine tab 160mg	$0 (1)	
sorine tab 240mg	$0 (1)	
sotalol hcl (afib/afl) tab 80 mg	$0 (1)	
sotalol hcl (afib/afl) tab 120 mg	$0 (1)	
sotalol hcl (afib/afl) tab 160 mg	$0 (1)	
sotalol hcl tab 80 mg	$0 (1)	
sotalol hcl tab 120 mg	$0 (1)	
sotalol hcl tab 160 mg	$0 (1)	
sotalol hcl tab 240 mg	$0 (1)	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
atorvastatin calcium tab 10 mg (base equivalent)	$0 (1)	
atorvastatin calcium tab 20 mg (base equivalent)	$0 (1)	
atorvastatin calcium tab 40 mg (base equivalent)	$0 (1)	
atorvastatin calcium tab 80 mg (base equivalent)	$0 (1)	
lovastatin tab 10 mg	$0 (1)	
lovastatin tab 20 mg	$0 (1)	
lovastatin tab 40 mg	$0 (1)	
pravastatin sodium tab 10 mg	$0 (1)	
pravastatin sodium tab 20 mg	$0 (1)	
pravastatin sodium tab 40 mg	$0 (1)	
pravastatin sodium tab 80 mg	$0 (1)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
niacin tab er 500 mg (antihyperlipidemic)	$0 (1)	QL (90 tabs / 30 days)
niacin tab er 750 mg (antihyperlipidemic)	$0 (1)	
niacin tab er 1000 mg (antihyperlipidemic)	$0 (1)	
niacor tab 500mg	$0 (1)	
PRALUENT INJ 75MG/ML	$0 (2)	NDS, PA
PRALUENT INJ 150MG/ML	$0 (2)	NDS, PA
prevalite pow 4gm	$0 (1)	
prevalite pow 4gm pk	$0 (1)	
VASCEPA CAP 0.5GM	$0 (2)	
VASCEPA CAP 1GM	$0 (2)	
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
atenolol & chlorthalidone tab 50-25 mg	$0 (1)	
atenolol & chlorthalidone tab 100-25 mg	$0 (1)	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	$0 (1)	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	$0 (1)	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	$0 (1)	
metoprolol & hydrochlorothiazide tab 50-25 mg	$0 (1)	
metoprolol & hydrochlorothiazide tab 100-25 mg	$0 (1)	
metoprolol & hydrochlorothiazide tab 100-50 mg	$0 (1)	
propranolol & hydrochlorothiazide tab 40-25 mg	$0 (1)	
propranolol & hydrochlorothiazide tab 80-25 mg	$0 (1)	
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
acebutolol hcl cap 200 mg	$0 (1)	
acebutolol hcl cap 400 mg	$0 (1)	
atenolol tab 25 mg	$0 (1)	
atenolol tab 50 mg	$0 (1)	
atenolol tab 100 mg	$0 (1)	
betaxolol hcl tab 10 mg	$0 (1)	
betaxolol hcl tab 20 mg	$0 (1)	
bisoprolol fumarate tab 5 mg	$0 (1)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
timolol maleate tab 20 mg	$0 (1)	
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
amlodipine besylate tab 2.5 mg (base equivalent)	$0 (1)	
amlodipine besylate tab 5 mg (base equivalent)	$0 (1)	
amlodipine besylate tab 10 mg (base equivalent)	$0 (1)	
diltiazem hcl cap er 12hr 60 mg	$0 (1)	
diltiazem hcl cap er 12hr 90 mg	$0 (1)	
diltiazem hcl cap er 12hr 120 mg	$0 (1)	
diltiazem hcl cap er 24hr 120 mg	$0 (1)	
diltiazem hcl cap er 24hr 180 mg	$0 (1)	
diltiazem hcl cap er 24hr 240 mg	$0 (1)	
diltiazem hcl coated beads cap er 24hr 120 mg	$0 (1)	
diltiazem hcl coated beads cap er 24hr 180 mg	$0 (1)	
diltiazem hcl coated beads cap er 24hr 240 mg	$0 (1)	
diltiazem hcl coated beads cap er 24hr 300 mg	$0 (1)	
diltiazem hcl coated beads cap er 24hr 360 mg	$0 (1)	
diltiazem hcl extended release beads cap er 24hr 120 mg	$0 (1)	
diltiazem hcl extended release beads cap er 24hr 180 mg	$0 (1)	
diltiazem hcl extended release beads cap er 24hr 240 mg	$0 (1)	
diltiazem hcl extended release beads cap er 24hr 300 mg	$0 (1)	
diltiazem hcl extended release beads cap er 24hr 360 mg	$0 (1)	
diltiazem hcl extended release beads cap er 24hr 420 mg	$0 (1)	
diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)	$0 (1)	
diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)	$0 (1)	
diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)	$0 (1)	
diltiazem hcl tab 30 mg	$0 (1)	
diltiazem hcl tab 60 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
diltiazem hcl tab 90 mg	$0 (1)	
diltiazem hcl tab 120 mg	$0 (1)	
felodipine tab er 24hr 2.5 mg	$0 (1)	
felodipine tab er 24hr 5 mg	$0 (1)	
felodipine tab er 24hr 10 mg	$0 (1)	
isradipine cap 2.5 mg	$0 (1)	
isradipine cap 5 mg	$0 (1)	
nicardipine hcl cap 20 mg	$0 (1)	
nicardipine hcl cap 30 mg	$0 (1)	
nifedipine tab er 24hr 30 mg	$0 (1)	
nifedipine tab er 24hr 60 mg	$0 (1)	
nifedipine tab er 24hr 90 mg	$0 (1)	
nifedipine tab er 24hr osmotic release 30 mg	$0 (1)	
nifedipine tab er 24hr osmotic release 60 mg	$0 (1)	
nifedipine tab er 24hr osmotic release 90 mg	$0 (1)	
nimodipine cap 30 mg	$0 (2)	NDS
NYMALIZE SOL 30/10ML	$0 (2)	NDS
taztia xt cap 120mg/24	$0 (1)	
taztia xt cap 180mg/24	$0 (1)	
taztia xt cap 240mg/24	$0 (1)	
taztia xt cap 300mg er	$0 (1)	
taztia xt cap 360mg/24	$0 (1)	
verapamil hcl cap er 24hr 100 mg	$0 (1)	
verapamil hcl cap er 24hr 120 mg	$0 (1)	
verapamil hcl cap er 24hr 180 mg	$0 (1)	
verapamil hcl cap er 24hr 200 mg	$0 (1)	
verapamil hcl cap er 24hr 240 mg	$0 (1)	
verapamil hcl cap er 24hr 300 mg	$0 (1)	
verapamil hcl cap er 24hr 360 mg	$0 (1)	
verapamil hcl iv soln 2.5 mg/ml	$0 (1)	
verapamil hcl tab 40 mg	$0 (1)	
verapamil hcl tab 80 mg	$0 (1)	
verapamil hcl tab 120 mg	$0 (1)	
verapamil hcl tab er 120 mg	$0 (1)	
verapamil hcl tab er 180 mg	$0 (1)	
verapamil hcl tab er 240 mg	$0 (1)	
DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS		
digitek tab 0.25mg	$0 (1)	PA; PA if 70 years and older
digitek tab 0.125mg	$0 (1)	QL (30 tabs / 30 days)
digoxin inj 0.25 mg/ml	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
digoxin oral soln 0.05 mg/ml	$0 (1)	PA; PA if 70 years and older
digoxin tab 125 mcg (0.125 mg)	$0 (1)	QL (30 tabs / 30 days)
digoxin tab 250 mcg (0.25 mg)	$0 (1)	PA; PA if 70 years and older
DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS		
aliskiren fumarate tab 150 mg (base equivalent)	$0 (1)	
aliskiren fumarate tab 300 mg (base equivalent)	$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)	
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
acetazolamide cap er 12hr 500 mg	$0 (1)	
acetazolamide tab 125 mg	$0 (1)	
acetazolamide tab 250 mg	$0 (1)	
amiloride & hydrochlorothiazide tab 5-50 mg	$0 (1)	
amiloride hcl tab 5 mg	$0 (1)	
bumetanide inj 0.25 mg/ml	$0 (1)	
bumetanide tab 0.5 mg	$0 (1)	
bumetanide tab 1 mg	$0 (1)	
bumetanide tab 2 mg	$0 (1)	
chlorothiazide tab 250 mg	$0 (1)	
chlorothiazide tab 500 mg	$0 (1)	
chlorthalidone tab 25 mg	$0 (1)	
chlorthalidone tab 50 mg	$0 (1)	
furosemide inj 10 mg/ml	$0 (1)	
furosemide oral soln 8 mg/ml	$0 (1)	
furosemide oral soln 10 mg/ml	$0 (1)	
furosemide tab 20 mg	$0 (1)	
furosemide tab 40 mg	$0 (1)	
furosemide tab 80 mg	$0 (1)	
hydrochlorothiazide cap 12.5 mg	$0 (1)	
hydrochlorothiazide tab 12.5 mg	$0 (1)	
hydrochlorothiazide tab 25 mg	$0 (1)	
hydrochlorothiazide tab 50 mg	$0 (1)	
indapamide tab 1.25 mg	$0 (1)	
indapamide tab 2.5 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
methazolamide tab 25 mg	$0 (1)	
methazolamide tab 50 mg	$0 (1)	
methyclothiazide tab 5 mg	$0 (1)	
metolazone tab 2.5 mg	$0 (1)	
metolazone tab 5 mg	$0 (1)	
metolazone tab 10 mg	$0 (1)	
spironolactone & hydrochlorothiazide tab 25-25 mg	$0 (1)	
torsemide tab 5 mg	$0 (1)	
torsemide tab 10 mg	$0 (1)	
torsemide tab 20 mg	$0 (1)	
torsemide tab 100 mg	$0 (1)	
triamterene & hydrochlorothiazide cap 37.5-25 mg	$0 (1)	
triamterene & hydrochlorothiazide tab 37.5-25 mg	$0 (1)	
triamterene & hydrochlorothiazide tab 75-50 mg	$0 (1)	
MISCELLANEOUS		
clonidine hcl tab 0.1 mg	$0 (1)	
clonidine hcl tab 0.2 mg	$0 (1)	
clonidine hcl tab 0.3 mg	$0 (1)	
clonidine td patch weekly 0.1 mg/24hr	$0 (1)	
clonidine td patch weekly 0.2 mg/24hr	$0 (1)	
clonidine td patch weekly 0.3 mg/24hr	$0 (1)	
CORLANOR SOL 5MG/5ML	$0 (2)	
CORLANOR TAB 5MG	$0 (2)	
CORLANOR TAB 7.5MG	$0 (2)	
DEMSER CAP 250MG	$0 (2)	NDS, PA
hydralazine hcl inj 20 mg/ml	$0 (1)	
hydralazine hcl tab 10 mg	$0 (1)	
hydralazine hcl tab 25 mg	$0 (1)	
hydralazine hcl tab 50 mg	$0 (1)	
hydralazine hcl tab 100 mg	$0 (1)	
midodrine hcl tab 2.5 mg	$0 (1)	
midodrine hcl tab 5 mg	$0 (1)	
midodrine hcl tab 10 mg	$0 (1)	
minoxidil tab 2.5 mg	$0 (1)	
minoxidil tab 10 mg	$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
ranolazine tab er 12hr 500 mg	$0 (1)	
ranolazine tab er 12hr 1000 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
isosorbide dinitrate tab 5 mg	$0 (1)	
isosorbide dinitrate tab 10 mg	$0 (1)	
isosorbide dinitrate tab 20 mg	$0 (1)	
isosorbide dinitrate tab 30 mg	$0 (1)	
isosorbide dinitrate tab er 40 mg	$0 (1)	
isosorbide mononitrate tab 10 mg	$0 (1)	
isosorbide mononitrate tab 20 mg	$0 (1)	
isosorbide mononitrate tab er 24hr 30 mg	$0 (1)	
isosorbide mononitrate tab er 24hr 60 mg	$0 (1)	
isosorbide mononitrate tab er 24hr 120 mg	$0 (1)	
minitran dis 0.1mg/hr	$0 (1)	
minitran dis 0.2mg/hr	$0 (1)	
minitran dis 0.4mg/hr	$0 (1)	
minitran dis 0.6mg/hr	$0 (1)	
NITRO-BID OIN 2%	$0 (2)	
NITRO-DUR DIS 0.3MG/HR	$0 (2)	
NITRO-DUR DIS 0.8MG/HR	$0 (2)	
nitroglycerin sl tab 0.3 mg	$0 (1)	
nitroglycerin sl tab 0.4 mg	$0 (1)	
nitroglycerin sl tab 0.6 mg	$0 (1)	
nitroglycerin td patch 24hr 0.1 mg/hr	$0 (1)	
nitroglycerin td patch 24hr 0.2 mg/hr	$0 (1)	
nitroglycerin td patch 24hr 0.4 mg/hr	$0 (1)	
nitroglycerin td patch 24hr 0.6 mg/hr	$0 (1)	
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	$0 (1)	
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION		
ADEMPAS TAB 0.5MG	$0 (2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 1.5MG	$0 (2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 1MG	$0 (2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 2.5MG	$0 (2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 2MG	$0 (2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
ambrisentan tab 5 mg	$0 (2)	NDS, QL (30 tabs / 30 days), NM, LA, PA

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lorazepam inj 2 mg/ml	$0 (1)	
lorazepam inj 4 mg/ml	$0 (1)	
lorazepam tab 0.5 mg	$0 (1)	QL (150 tabs / 30 days)
lorazepam tab 1 mg	$0 (1)	QL (150 tabs / 30 days)
lorazepam tab 2 mg	$0 (1)	QL (150 tabs / 30 days)
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES		
APTIOM TAB 200MG	$0 (2)	NDS, QL (180 tabs / 30 days)
APTIOM TAB 400MG	$0 (2)	NDS, QL (90 tabs / 30 days)
APTIOM TAB 600MG	$0 (2)	NDS, QL (60 tabs / 30 days)
APTIOM TAB 800MG	$0 (2)	NDS, QL (60 tabs / 30 days)
BANZEL SUS 40MG/ML	$0 (2)	NDS, PA
BANZEL TAB 200MG	$0 (2)	NDS, PA
BANZEL TAB 400MG	$0 (2)	NDS, PA
BRIVIACT INJ 50MG/5ML	$0 (2)	PA
BRIVIACT SOL 10MG/ML	$0 (2)	NDS, PA
BRIVIACT TAB 10MG	$0 (2)	NDS, PA
BRIVIACT TAB 25MG	$0 (2)	NDS, PA
BRIVIACT TAB 50MG	$0 (2)	NDS, PA
BRIVIACT TAB 75MG	$0 (2)	NDS, PA
BRIVIACT TAB 100MG	$0 (2)	NDS, PA
carbamazepine cap er 12hr 100 mg	$0 (1)	
carbamazepine cap er 12hr 200 mg	$0 (1)	
carbamazepine cap er 12hr 300 mg	$0 (1)	
carbamazepine chew tab 100 mg	$0 (1)	
carbamazepine susp 100 mg/5ml	$0 (1)	
carbamazepine tab 200 mg	$0 (1)	
carbamazepine tab er 12hr 100 mg	$0 (1)	
carbamazepine tab er 12hr 200 mg	$0 (1)	
carbamazepine tab er 12hr 400 mg	$0 (1)	
CELONTIN CAP 300MG	$0 (2)	
clobazam suspension 2.5 mg/ml	$0 (1)	PA
clobazam tab 10 mg	$0 (1)	PA
clobazam tab 20 mg	$0 (1)	PA
clonazepam orally disintegrating tab 0.5 mg	$0 (1)	QL (90 tabs / 30 days)
clonazepam orally disintegrating tab 0.25 mg	$0 (1)	QL (90 tabs / 30 days)
clonazepam orally disintegrating tab 0.125 mg	$0 (1)	QL (90 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
clonazepam orally disintegrating tab 1 mg	$0 (1)	QL (90 tabs / 30 days)
clonazepam orally disintegrating tab 2 mg	$0 (1)	QL (300 tabs / 30 days)
clonazepam tab 0.5 mg	$0 (1)	QL (90 tabs / 30 days)
clonazepam tab 1 mg	$0 (1)	QL (90 tabs / 30 days)
clonazepam tab 2 mg	$0 (1)	QL (300 tabs / 30 days)
clorazepate dipotassium tab 3.75 mg	$0 (1)	QL (180 tabs / 30 days), PA; PA if 65 years and older
clorazepate dipotassium tab 7.5 mg	$0 (1)	QL (180 tabs / 30 days), PA; PA if 65 years and older
clorazepate dipotassium tab 15 mg	$0 (1)	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIASTAT ACDL GEL 5-10MG	$0 (2)	
DIASTAT ACDL GEL 12.5-20	$0 (2)	
DIASTAT PED GEL 2.5M GEL	$0 (2)	
diazepam con 5mg/ml	$0 (1)	QL (240 mL / 30 days), PA; PA if 65 years and older
diazepam inj 5 mg/ml	$0 (1)	
diazepam oral soln 1 mg/ml	$0 (1)	QL (1200 mL / 30 days), PA; PA if 65 years and older
diazepam rectal gel delivery system 2.5 mg	$0 (1)	
diazepam rectal gel delivery system 10 mg	$0 (1)	
diazepam rectal gel delivery system 20 mg	$0 (1)	
diazepam tab 2 mg	$0 (1)	QL (120 tabs / 30 days), PA; PA if 65 years and older
diazepam tab 5 mg	$0 (1)	QL (120 tabs / 30 days), PA; PA if 65 years and older
diazepam tab 10 mg	$0 (1)	QL (120 tabs / 30 days), PA; PA if 65 years and older
DILANTIN CAP 30MG	$0 (2)	
DILANTIN CAP 100MG	$0 (2)	
DILANTIN CHW 50MG	$0 (2)	
DILANTIN-125 SUS 125/5ML	$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
divalproex sodium cap delayed release sprinkle 125 mg	$0 (1)	
divalproex sodium tab delayed release 125 mg	$0 (1)	
divalproex sodium tab delayed release 250 mg	$0 (1)	
divalproex sodium tab delayed release 500 mg	$0 (1)	
divalproex sodium tab er 24 hr 250 mg	$0 (1)	
divalproex sodium tab er 24 hr 500 mg	$0 (1)	
EPIDIOLEX SOL 100MG/ML	$0 (2)	NDS, QL (600 mL / 30 days), NM, LA, PA
epitol tab 200mg	$0 (1)	
ethosuximide cap 250 mg	$0 (1)	
ethosuximide soln 250 mg/5ml	$0 (1)	
felbamate susp 600 mg/5ml	$0 (2)	NDS
felbamate tab 400 mg	$0 (1)	
felbamate tab 600 mg	$0 (1)	
FYCOMPA SUS 0.5MG/ML	$0 (2)	NDS, QL (720 mL / 30 days), PA
FYCOMPA TAB 2MG	$0 (2)	QL (60 tabs / 30 days), PA
FYCOMPA TAB 4MG	$0 (2)	NDS, QL (60 tabs / 30 days), PA
FYCOMPA TAB 6MG	$0 (2)	NDS, QL (60 tabs / 30 days), PA
FYCOMPA TAB 8MG	$0 (2)	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 10MG	$0 (2)	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 12MG	$0 (2)	NDS, QL (30 tabs / 30 days), PA
gabapentin cap 100 mg	$0 (1)	QL (1080 caps / 30 days)
gabapentin cap 300 mg	$0 (1)	QL (360 caps / 30 days)
gabapentin cap 400 mg	$0 (1)	QL (270 caps / 30 days)
gabapentin oral soln 250 mg/5ml	$0 (1)	QL (2160 mL / 30 days)
gabapentin tab 600 mg	$0 (1)	QL (180 tabs / 30 days)
gabapentin tab 800 mg	$0 (1)	QL (120 tabs / 30 days)
lamotrigine tab 25 mg	$0 (1)	
lamotrigine tab 100 mg	$0 (1)	
lamotrigine tab 150 mg	$0 (1)	
lamotrigine tab 200 mg	$0 (1)	
lamotrigine tab chewable dispersible 5 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lamotrigine tab chewable dispersible 25 mg	$0 (1)	
lamotrigine tab er 24hr 25 mg	$0 (1)	
lamotrigine tab er 24hr 50 mg	$0 (1)	
lamotrigine tab er 24hr 100 mg	$0 (1)	
lamotrigine tab er 24hr 200 mg	$0 (1)	
lamotrigine tab er 24hr 250 mg	$0 (1)	
lamotrigine tab er 24hr 300 mg	$0 (1)	
levetiracetam in sodium chloride iv soln 500 mg/100ml	$0 (1)	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	$0 (1)	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	$0 (1)	
levetiracetam inj 500 mg/5ml (100 mg/ml)	$0 (1)	
levetiracetam oral soln 100 mg/ml	$0 (1)	
levetiracetam tab 250 mg	$0 (1)	
levetiracetam tab 500 mg	$0 (1)	
levetiracetam tab 750 mg	$0 (1)	
levetiracetam tab 1000 mg	$0 (1)	
levetiracetam tab er 24hr 500 mg	$0 (1)	
levetiracetam tab er 24hr 750 mg	$0 (1)	
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)	
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	$0 (1)	
oxcarbazepine tab 150 mg	$0 (1)	
oxcarbazepine tab 300 mg	$0 (1)	
oxcarbazepine tab 600 mg	$0 (1)	
PEGANONE TAB 250MG	$0 (2)	
PHENOBARB INJ 65MG/ML	$0 (2)	PA; PA if 70 years and older
phenobarbital elixir 20 mg/5ml	$0 (2)	PA; PA if 70 years and older
phenobarbital sodium inj 130 mg/ml	$0 (2)	PA; PA if 70 years and older

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
phenobarbital tab 15 mg	$0 (2)	PA; PA if 70 years and older
phenobarbital tab 16.2 mg	$0 (2)	PA; PA if 70 years and older
phenobarbital tab 30 mg	$0 (2)	PA; PA if 70 years and older
phenobarbital tab 32.4 mg	$0 (2)	PA; PA if 70 years and older
phenobarbital tab 60 mg	$0 (2)	PA; PA if 70 years and older
phenobarbital tab 64.8 mg	$0 (2)	PA; PA if 70 years and older
phenobarbital tab 97.2 mg	$0 (2)	PA; PA if 70 years and older
phenobarbital tab 100 mg	$0 (2)	PA; PA if 70 years and older
PHENYTEK CAP 200MG	$0 (2)	
PHENYTEK CAP 300MG	$0 (2)	
phenytoin chew tab 50 mg	$0 (1)	
phenytoin sodium extended cap 100 mg	$0 (1)	
phenytoin sodium extended cap 200 mg	$0 (1)	
phenytoin sodium extended cap 300 mg	$0 (1)	
phenytoin sodium inj 50 mg/ml	$0 (1)	
phenytoin susp 125 mg/5ml	$0 (1)	
pregabalin cap 25 mg	$0 (1)	QL (120 caps / 30 days)
pregabalin cap 50 mg	$0 (1)	QL (120 caps / 30 days)
pregabalin cap 75 mg	$0 (1)	QL (120 caps / 30 days)
pregabalin cap 100 mg	$0 (1)	QL (120 caps / 30 days)
pregabalin cap 150 mg	$0 (1)	QL (120 caps / 30 days)
pregabalin cap 200 mg	$0 (1)	QL (90 caps / 30 days)
pregabalin cap 225 mg	$0 (1)	QL (60 caps / 30 days)
pregabalin cap 300 mg	$0 (1)	QL (60 caps / 30 days)
pregabalin soln 20 mg/ml	$0 (1)	QL (946 mL / 30 days)
primidone tab 50 mg	$0 (1)	
primidone tab 250 mg	$0 (1)	
roweepra tab 500mg	$0 (1)	
roweepra tab 750mg	$0 (1)	
roweepra tab 1000mg	$0 (1)	
roweepra xr tab 500mg xr	$0 (1)	
roweepra xr tab 750mg xr	$0 (1)	
SPRITAM TAB 250MG	$0 (2)	
SPRITAM TAB 500MG	$0 (2)	
SPRITAM TAB 750MG	$0 (2)	
SPRITAM TAB 1000MG	$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SYMPAZAN MIS 5MG	$0 (2)	PA
SYMPAZAN MIS 10MG	$0 (2)	NDS, PA
SYMPAZAN MIS 20MG	$0 (2)	NDS, PA
tiagabine hcl tab 2 mg	$0 (1)	
tiagabine hcl tab 4 mg	$0 (1)	
tiagabine hcl tab 12 mg	$0 (1)	
tiagabine hcl tab 16 mg	$0 (1)	
topiramate sprinkle cap 15 mg	$0 (1)	
topiramate sprinkle cap 25 mg	$0 (1)	
topiramate tab 25 mg	$0 (1)	
topiramate tab 50 mg	$0 (1)	
topiramate tab 100 mg	$0 (1)	
topiramate tab 200 mg	$0 (1)	
valproate sodium inj 100 mg/ml	$0 (1)	
valproate sodium oral soln 250 mg/5ml (base equiv)	$0 (1)	
valproic acid cap 250 mg	$0 (1)	
vigabatrin powd pack 500 mg	$0 (2)	NDS, QL (180 packets / 30 days), NM, LA, PA
vigabatrin tab 500 mg	$0 (2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
vigadrone pow 500mg	$0 (2)	NDS, QL (180 packets / 30 days), NM, LA, PA
VIMPAT INJ 200MG/20	$0 (2)	NDS
VIMPAT SOL 10MG/ML	$0 (2)	NDS, QL (1200 mL / 30 days)
VIMPAT TAB 50MG	$0 (2)	QL (120 tabs / 30 days)
VIMPAT TAB 100MG	$0 (2)	NDS, QL (60 tabs / 30 days)
VIMPAT TAB 150MG	$0 (2)	NDS, QL (60 tabs / 30 days)
VIMPAT TAB 200MG	$0 (2)	NDS, QL (60 tabs / 30 days)
zonisamide cap 25 mg	$0 (1)	
zonisamide cap 50 mg	$0 (1)	
zonisamide cap 100 mg	$0 (1)	
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
donepezil hydrochloride orally disintegrating tab 5 mg	$0 (1)	QL (30 tabs / 30 days)
donepezil hydrochloride orally disintegrating tab 10 mg	$0 (1)	
donepezil hydrochloride tab 5 mg	$0 (1)	QL (30 tabs / 30 days)
donepezil hydrochloride tab 10 mg	$0 (1)	
galantamine hydrobromide cap er 24hr 8 mg	$0 (1)	QL (30 caps / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
galantamine hydrobromide cap er 24hr 16 mg	$0 (1)	QL (30 caps / 30 days)
galantamine hydrobromide cap er 24hr 24 mg	$0 (1)	QL (30 caps / 30 days)
galantamine hydrobromide oral soln 4 mg/ml	$0 (1)	
galantamine hydrobromide tab 4 mg	$0 (1)	QL (60 tabs / 30 days)
galantamine hydrobromide tab 8 mg	$0 (1)	QL (60 tabs / 30 days)
galantamine hydrobromide tab 12 mg	$0 (1)	QL (60 tabs / 30 days)
memantine hcl cap er 24hr 7 mg	$0 (1)	PA; PA if < 30 yrs
memantine hcl cap er 24hr 14 mg	$0 (1)	PA; PA if < 30 yrs
memantine hcl cap er 24hr 21 mg	$0 (1)	PA; PA if < 30 yrs
memantine hcl cap er 24hr 28 mg	$0 (1)	PA; PA if < 30 yrs
memantine hcl oral solution 2 mg/ml	$0 (1)	PA; PA if < 30 yrs
memantine hcl tab 5 mg	$0 (1)	PA; PA if < 30 yrs
memantine hcl tab 5 mg (28) & 10 mg (21) titration pak	$0 (2)	PA; PA if < 30 yrs
memantine hcl tab 10 mg	$0 (1)	PA; PA if < 30 yrs
NAMZARIC CAP	$0 (2)	
NAMZARIC CAP 7-10MG	$0 (2)	
NAMZARIC CAP 14-10MG	$0 (2)	
NAMZARIC CAP 21-10MG	$0 (2)	
NAMZARIC CAP 28-10MG	$0 (2)	
rivastigmine tartrate cap 1.5 mg (base equivalent)	$0 (1)	QL (90 caps / 30 days)
rivastigmine tartrate cap 3 mg (base equivalent)	$0 (1)	QL (90 caps / 30 days)
rivastigmine tartrate cap 4.5 mg (base equivalent)	$0 (1)	QL (60 caps / 30 days)
rivastigmine tartrate cap 6 mg (base equivalent)	$0 (1)	QL (60 caps / 30 days)
rivastigmine td patch 24hr 4.6 mg/24hr	$0 (1)	QL (30 patches / 30 days)
rivastigmine td patch 24hr 9.5 mg/24hr	$0 (1)	QL (30 patches / 30 days)
rivastigmine td patch 24hr 13.3 mg/24hr	$0 (1)	QL (30 patches / 30 days)
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
amitriptyline hcl tab 10 mg	$0 (2)	
amitriptyline hcl tab 25 mg	$0 (2)	
amitriptyline hcl tab 50 mg	$0 (2)	
amitriptyline hcl tab 75 mg	$0 (2)	
amitriptyline hcl tab 100 mg	$0 (2)	
amitriptyline hcl tab 150 mg	$0 (2)	
amoxapine tab 25 mg	$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
amoxapine tab 50 mg	$0 (2)	
amoxapine tab 100 mg	$0 (2)	
amoxapine tab 150 mg	$0 (2)	
bupropion hcl tab 75 mg	$0 (1)	
bupropion hcl tab 100 mg	$0 (1)	
bupropion hcl tab er 12hr 100 mg	$0 (1)	
bupropion hcl tab er 12hr 150 mg	$0 (1)	
bupropion hcl tab er 12hr 200 mg	$0 (1)	
bupropion hcl tab er 24hr 150 mg	$0 (1)	
bupropion hcl tab er 24hr 300 mg	$0 (1)	
citalopram hydrobromide oral soln 10 mg/5ml	$0 (1)	
citalopram hydrobromide tab 10 mg (base equiv)	$0 (1)	
citalopram hydrobromide tab 20 mg (base equiv)	$0 (1)	
citalopram hydrobromide tab 40 mg (base equiv)	$0 (1)	
clomipramine hcl cap 25 mg	$0 (2)	PA
clomipramine hcl cap 50 mg	$0 (2)	PA
clomipramine hcl cap 75 mg	$0 (2)	PA
desipramine hcl tab 10 mg	$0 (2)	
desipramine hcl tab 25 mg	$0 (2)	
desipramine hcl tab 50 mg	$0 (2)	
desipramine hcl tab 75 mg	$0 (2)	
desipramine hcl tab 100 mg	$0 (2)	
desipramine hcl tab 150 mg	$0 (2)	
desvenlafaxine succinate tab er 24hr 25 mg (base equiv)	$0 (1)	QL (30 tabs / 30 days), PA
desvenlafaxine succinate tab er 24hr 50 mg (base equiv)	$0 (1)	QL (30 tabs / 30 days), PA
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	$0 (1)	QL (30 tabs / 30 days), PA
doxepin hcl cap 10 mg	$0 (2)	
doxepin hcl cap 25 mg	$0 (2)	
doxepin hcl cap 50 mg	$0 (2)	
doxepin hcl cap 75 mg	$0 (2)	
doxepin hcl cap 100 mg	$0 (2)	
doxepin hcl cap 150 mg	$0 (2)	
doxepin hcl conc 10 mg/ml	$0 (2)	
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	$0 (1)	QL (180 caps / 30 days)
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	$0 (1)	QL (120 caps / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	$0 (1)	QL (60 caps / 30 days)
EMSAM DIS 6MG/24HR	$0 (2)	NDS, QL (30 patches / 30 days), PA
EMSAM DIS 9MG/24HR	$0 (2)	NDS, QL (30 patches / 30 days), PA
EMSAM DIS 12MG/24H	$0 (2)	NDS, QL (30 patches / 30 days), PA
escitalopram oxalate soln 5 mg/5ml (base equiv)	$0 (1)	
escitalopram oxalate tab 5 mg (base equiv)	$0 (1)	
escitalopram oxalate tab 10 mg (base equiv)	$0 (1)	
escitalopram oxalate tab 20 mg (base equiv)	$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
fluoxetine hcl cap 10 mg	$0 (1)	
fluoxetine hcl cap 20 mg	$0 (1)	
fluoxetine hcl cap 40 mg	$0 (1)	
fluoxetine hcl solution 20 mg/5ml	$0 (1)	
imipramine hcl tab 10 mg	$0 (2)	
imipramine hcl tab 25 mg	$0 (2)	
imipramine hcl tab 50 mg	$0 (2)	
maprotiline hcl tab 25 mg	$0 (1)	
maprotiline hcl tab 50 mg	$0 (1)	
maprotiline hcl tab 75 mg	$0 (1)	
MARPLAN TAB 10MG	$0 (2)	QL (180 tabs / 30 days)
mirtazapine orally disintegrating tab 15 mg	$0 (1)	
mirtazapine orally disintegrating tab 30 mg	$0 (1)	
mirtazapine orally disintegrating tab 45 mg	$0 (1)	
mirtazapine tab 7.5 mg	$0 (1)	
mirtazapine tab 15 mg	$0 (1)	
mirtazapine tab 30 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
mirtazapine tab 45 mg	$0 (1)	
nefazodone hcl tab 50 mg	$0 (1)	
nefazodone hcl tab 100 mg	$0 (1)	
nefazodone hcl tab 150 mg	$0 (1)	
nefazodone hcl tab 200 mg	$0 (1)	
nefazodone hcl tab 250 mg	$0 (1)	
nortriptyline hcl cap 10 mg	$0 (2)	
nortriptyline hcl cap 25 mg	$0 (2)	
nortriptyline hcl cap 50 mg	$0 (2)	
nortriptyline hcl cap 75 mg	$0 (2)	
nortriptyline hcl soln 10 mg/5ml	$0 (2)	
paroxetine hcl tab 10 mg	$0 (2)	
paroxetine hcl tab 20 mg	$0 (2)	
paroxetine hcl tab 30 mg	$0 (2)	
paroxetine hcl tab 40 mg	$0 (2)	
PAXIL SUS 10MG/5ML	$0 (2)	QL (900 mL / 30 days)
phenelzine sulfate tab 15 mg	$0 (1)	
protriptyline hcl tab 5 mg	$0 (2)	
protriptyline hcl tab 10 mg	$0 (2)	
sertraline hcl oral concentrate for solution 20 mg/ml	$0 (1)	
sertraline hcl tab 25 mg	$0 (1)	
sertraline hcl tab 50 mg	$0 (1)	
sertraline hcl tab 100 mg	$0 (1)	
tranylcypromine sulfate tab 10 mg	$0 (1)	
trazodone hcl tab 50 mg	$0 (1)	
trazodone hcl tab 100 mg	$0 (1)	
trazodone hcl tab 150 mg	$0 (1)	
trimipramine maleate cap 25 mg	$0 (2)	QL (240 caps / 30 days)
trimipramine maleate cap 50 mg	$0 (2)	QL (120 caps / 30 days)
trimipramine maleate cap 100 mg	$0 (2)	QL (60 caps / 30 days)
TRINTELLIX TAB 5MG	$0 (2)	QL (120 tabs / 30 days)
TRINTELLIX TAB 10MG	$0 (2)	QL (60 tabs / 30 days)
TRINTELLIX TAB 20MG	$0 (2)	QL (30 tabs / 30 days)
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	$0 (1)	
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	$0 (1)	
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	$0 (1)	
venlafaxine hcl tab 25 mg (base equivalent)	$0 (1)	
venlafaxine hcl tab 37.5 mg (base equivalent)	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
venlafaxine hcl tab 50 mg (base equivalent)	$0 (1)	
venlafaxine hcl tab 75 mg (base equivalent)	$0 (1)	
venlafaxine hcl tab 100 mg (base equivalent)	$0 (1)	
VIIBRYD KIT STARTER	$0 (2)	
VIIBRYD TAB 10MG	$0 (2)	QL (30 tabs / 30 days)
VIIBRYD TAB 20MG	$0 (2)	QL (30 tabs / 30 days)
VIIBRYD TAB 40MG	$0 (2)	QL (30 tabs / 30 days)
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
amantadine hcl cap 100 mg	$0 (1)	QL (120 caps / 30 days)
amantadine hcl syrup 50 mg/5ml	$0 (1)	
amantadine hcl tab 100 mg	$0 (1)	
APOKYN INJ 10MG/ML	$0 (2)	NDS, QL (20 cartridges / 30 days), NM, LA, PA
benztropine mesylate inj 1 mg/ml	$0 (1)	
benztropine mesylate tab 0.5 mg	$0 (2)	PA; PA if 70 years and older
benztropine mesylate tab 1 mg	$0 (2)	PA; PA if 70 years and older
benztropine mesylate tab 2 mg	$0 (2)	PA; PA if 70 years and older
bromocriptine mesylate cap 5 mg (base equivalent)	$0 (1)	
bromocriptine mesylate tab 2.5 mg (base equivalent)	$0 (1)	
carbidopa & levodopa orally disintegrating tab 10-100 mg	$0 (1)	
carbidopa & levodopa orally disintegrating tab 25-100 mg	$0 (1)	
carbidopa & levodopa orally disintegrating tab 25-250 mg	$0 (1)	
carbidopa & levodopa tab 10-100 mg	$0 (1)	
carbidopa & levodopa tab 25-100 mg	$0 (1)	
carbidopa & levodopa tab 25-250 mg	$0 (1)	
carbidopa & levodopa tab er 25-100 mg	$0 (1)	
carbidopa & levodopa tab er 50-200 mg	$0 (1)	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	$0 (1)	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	$0 (1)	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	$0 (1)	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	$0 (1)	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	$0 (1)	
entacapone tab 200 mg	$0 (1)	
NEUPRO DIS 1MG/24HR	$0 (2)	
NEUPRO DIS 2MG/24HR	$0 (2)	
NEUPRO DIS 3MG/24HR	$0 (2)	
NEUPRO DIS 4MG/24HR	$0 (2)	
NEUPRO DIS 6MG/24HR	$0 (2)	
NEUPRO DIS 8MG/24HR	$0 (2)	
pramipexole dihydrochloride tab 0.5 mg	$0 (1)	
pramipexole dihydrochloride tab 0.25 mg	$0 (1)	
pramipexole dihydrochloride tab 0.75 mg	$0 (1)	
pramipexole dihydrochloride tab 0.125 mg	$0 (1)	
pramipexole dihydrochloride tab 1 mg	$0 (1)	
pramipexole dihydrochloride tab 1.5 mg	$0 (1)	
rasagiline mesylate tab 0.5 mg (base equiv)	$0 (1)	
rasagiline mesylate tab 1 mg (base equiv)	$0 (1)	
ropinirole hydrochloride tab 0.5 mg	$0 (1)	
ropinirole hydrochloride tab 0.25 mg	$0 (1)	
ropinirole hydrochloride tab 1 mg	$0 (1)	
ropinirole hydrochloride tab 2 mg	$0 (1)	
ropinirole hydrochloride tab 3 mg	$0 (1)	
ropinirole hydrochloride tab 4 mg	$0 (1)	
ropinirole hydrochloride tab 5 mg	$0 (1)	
selegiline hcl cap 5 mg	$0 (1)	
selegiline hcl tab 5 mg	$0 (1)	
trihexyphenidyl hcl elixir 0.4 mg/ml	$0 (2)	PA; PA if 70 years and older
trihexyphenidyl hcl tab 2 mg	$0 (2)	PA; PA if 70 years and older
trihexyphenidyl hcl tab 5 mg	$0 (2)	PA; PA if 70 years and older
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY MAIN INJ 300MG	$0 (2)	NDS, QL (1 injection / 28 days)

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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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)
loxapine succinate cap 5 mg	$0 (1)	
loxapine succinate cap 10 mg	$0 (1)	
loxapine succinate cap 25 mg	$0 (1)	
loxapine succinate cap 50 mg	$0 (1)	
molindone hcl tab 5 mg	$0 (1)	
molindone hcl tab 10 mg	$0 (1)	
molindone hcl tab 25 mg	$0 (1)	
NUPLAZID CAP 34MG	$0 (2)	NDS, QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TAB 10MG	$0 (2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
NUPLAZID TAB 17MG	$0 (2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
olanzapine for im inj 10 mg	$0 (1)	QL (3 vials / 1 day)
olanzapine orally disintegrating tab 5 mg	$0 (1)	QL (30 tabs / 30 days)
olanzapine orally disintegrating tab 10 mg	$0 (1)	QL (60 tabs / 30 days)
olanzapine orally disintegrating tab 15 mg	$0 (1)	QL (30 tabs / 30 days)
olanzapine orally disintegrating tab 20 mg	$0 (1)	QL (30 tabs / 30 days)
olanzapine tab 2.5 mg	$0 (1)	QL (240 tabs / 30 days)
olanzapine tab 5 mg	$0 (1)	QL (120 tabs / 30 days)
olanzapine tab 7.5 mg	$0 (1)	QL (30 tabs / 30 days)
olanzapine tab 10 mg	$0 (1)	QL (60 tabs / 30 days)
olanzapine tab 15 mg	$0 (1)	QL (30 tabs / 30 days)
olanzapine tab 20 mg	$0 (1)	QL (30 tabs / 30 days)
paliperidone tab er 24hr 1.5 mg	$0 (2)	NDS, QL (30 tabs / 30 days)
paliperidone tab er 24hr 3 mg	$0 (2)	NDS, QL (30 tabs / 30 days)
paliperidone tab er 24hr 6 mg	$0 (2)	NDS, QL (60 tabs / 30 days)
paliperidone tab er 24hr 9 mg	$0 (2)	NDS, QL (30 tabs / 30 days)
perphenazine tab 2 mg	$0 (1)	
perphenazine tab 4 mg	$0 (1)	
perphenazine tab 8 mg	$0 (1)	
perphenazine tab 16 mg	$0 (1)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
risperidone orally disintegrating tab 1 mg	$0 (1)	QL (60 tabs / 30 days)
risperidone orally disintegrating tab 2 mg	$0 (1)	QL (60 tabs / 30 days)
risperidone orally disintegrating tab 3 mg	$0 (1)	QL (60 tabs / 30 days)
risperidone orally disintegrating tab 4 mg	$0 (1)	QL (60 tabs / 30 days)
risperidone soln 1 mg/ml	$0 (1)	QL (240 mL / 30 days)
risperidone tab 0.5 mg	$0 (1)	
risperidone tab 0.25 mg	$0 (1)	
risperidone tab 1 mg	$0 (1)	
risperidone tab 2 mg	$0 (1)	
risperidone tab 3 mg	$0 (1)	
risperidone tab 4 mg	$0 (1)	
SAPHRIS SUB 2.5MG	$0 (2)	QL (240 tabs / 30 days)
SAPHRIS SUB 5MG	$0 (2)	QL (120 tabs / 30 days)
SAPHRIS SUB 10MG	$0 (2)	QL (60 tabs / 30 days)
thioridazine hcl tab 10 mg	$0 (1)	
thioridazine hcl tab 25 mg	$0 (1)	
thioridazine hcl tab 50 mg	$0 (1)	
thioridazine hcl tab 100 mg	$0 (1)	
thiothixene cap 1 mg	$0 (1)	
thiothixene cap 2 mg	$0 (1)	
thiothixene cap 5 mg	$0 (1)	
thiothixene cap 10 mg	$0 (1)	
trifluoperazine hcl tab 1 mg (base equivalent)	$0 (1)	
trifluoperazine hcl tab 2 mg (base equivalent)	$0 (1)	
trifluoperazine hcl tab 5 mg (base equivalent)	$0 (1)	
trifluoperazine hcl tab 10 mg (base equivalent)	$0 (1)	
VERSACLOZ SUS 50MG/ML	$0 (2)	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAP 1.5-3MG	$0 (2)	PA
VRAYLAR CAP 1.5MG	$0 (2)	NDS, QL (60 caps / 30 days), PA
VRAYLAR CAP 3MG	$0 (2)	NDS, QL (30 caps / 30 days), PA
VRAYLAR CAP 4.5MG	$0 (2)	NDS, QL (30 caps / 30 days), PA
VRAYLAR CAP 6MG	$0 (2)	NDS, QL (30 caps / 30 days), PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ziprasidone hcl cap 20 mg	$0 (1)	QL (60 caps / 30 days)
ziprasidone hcl cap 40 mg	$0 (1)	QL (60 caps / 30 days)
ziprasidone hcl cap 60 mg	$0 (1)	QL (60 caps / 30 days)
ziprasidone hcl cap 80 mg	$0 (1)	QL (60 caps / 30 days)
ZYPREXA RELP INJ 210MG	$0 (2)	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 300MG	$0 (2)	NDS, QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 405MG	$0 (2)	NDS, QL (1 vial / 28 days), PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD		
amphetamine-dextroamphetamine cap er 24hr 5 mg	$0 (1)	QL (90 caps / 30 days)
amphetamine-dextroamphetamine cap er 24hr 10 mg	$0 (1)	QL (90 caps / 30 days)
amphetamine-dextroamphetamine cap er 24hr 15 mg	$0 (1)	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap er 24hr 20 mg	$0 (1)	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap er 24hr 25 mg	$0 (1)	QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap er 24hr 30 mg	$0 (1)	QL (30 caps / 30 days)
amphetamine-dextroamphetamine tab 5 mg	$0 (1)	QL (360 tabs / 30 days)
amphetamine-dextroamphetamine tab 7.5 mg	$0 (1)	QL (240 tabs / 30 days)
amphetamine-dextroamphetamine tab 10 mg	$0 (1)	QL (180 tabs / 30 days)
amphetamine-dextroamphetamine tab 12.5 mg	$0 (1)	QL (90 tabs / 30 days)
amphetamine-dextroamphetamine tab 15 mg	$0 (1)	QL (120 tabs / 30 days)
amphetamine-dextroamphetamine tab 20 mg	$0 (1)	QL (90 tabs / 30 days)
amphetamine-dextroamphetamine tab 30 mg	$0 (1)	QL (60 tabs / 30 days)
atomoxetine hcl cap 10 mg (base equiv)	$0 (1)	QL (120 caps / 30 days)
atomoxetine hcl cap 18 mg (base equiv)	$0 (1)	QL (120 caps / 30 days)
atomoxetine hcl cap 25 mg (base equiv)	$0 (1)	QL (120 caps / 30 days)

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
temazepam cap 7.5 mg	$0 (1)	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
temazepam cap 15 mg	$0 (1)	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
zaleplon cap 5 mg	$0 (2)	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
zaleplon cap 10 mg	$0 (2)	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
zolpidem tartrate tab 5 mg	$0 (2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
zolpidem tartrate tab 10 mg	$0 (2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES		
AIMOVIG INJ 70MG/ML	$0 (2)	QL (1 pen / 30 days), PA
AIMOVIG INJ 140MG/ML	$0 (2)	QL (1 pen / 30 days), PA
dihydroergotamine mesylate inj 1 mg/ml	$0 (2)	NDS
dihydroergotamine mesylate nasal spray 4 mg/ml	$0 (2)	NDS, QL (8 mL / 30 days)
eletriptan hydrobromide tab 20 mg (base equivalent)	$0 (1)	QL (12 tabs / 30 days)
eletriptan hydrobromide tab 40 mg (base equivalent)	$0 (1)	QL (12 tabs / 30 days)
EMGALITY INJ 120MG/ML	$0 (2)	QL (2 pens / 30 days), PA
EMGALITY INJ 120MG/ML	$0 (2)	QL (2 syringes / 30 days), PA
ergotamine w/ caffeine tab 1-100 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
naratriptan hcl tab 1 mg (base equiv)	$0 (1)	QL (12 tabs / 30 days)
naratriptan hcl tab 2.5 mg (base equiv)	$0 (1)	QL (12 tabs / 30 days)
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	$0 (1)	QL (18 tabs / 30 days)
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	$0 (1)	QL (18 tabs / 30 days)
rizatriptan benzoate tab 5 mg (base equivalent)	$0 (1)	QL (18 tabs / 30 days)
rizatriptan benzoate tab 10 mg (base equivalent)	$0 (1)	QL (18 tabs / 30 days)
sumatriptan nasal spray 5 mg/act	$0 (1)	QL (24 inhalers / 30 days)
sumatriptan nasal spray 20 mg/act	$0 (1)	QL (12 inhalers / 30 days)
sumatriptan succinate inj 6 mg/0.5ml	$0 (1)	QL (12 injections / 30 days)
sumatriptan succinate solution auto-injector 4 mg/0.5ml	$0 (1)	QL (18 injections / 30 days)
sumatriptan succinate solution auto-injector 6 mg/0.5ml	$0 (1)	QL (12 injections / 30 days)
sumatriptan succinate solution cartridge 4 mg/0.5ml	$0 (1)	QL (18 injections / 30 days)
sumatriptan succinate solution cartridge 6 mg/0.5ml	$0 (1)	QL (12 injections / 30 days)
sumatriptan succinate solution prefilled syringe 6 mg/0.5ml	$0 (1)	QL (12 injections / 30 days)
sumatriptan succinate tab 25 mg	$0 (1)	QL (12 tabs / 30 days)
sumatriptan succinate tab 50 mg	$0 (1)	QL (12 tabs / 30 days)
sumatriptan succinate tab 100 mg	$0 (1)	QL (12 tabs / 30 days)
zolmitriptan orally disintegrating tab 2.5 mg	$0 (1)	QL (12 tabs / 30 days)
zolmitriptan orally disintegrating tab 5 mg	$0 (1)	QL (12 tabs / 30 days)
zolmitriptan tab 2.5 mg	$0 (1)	QL (12 tabs / 30 days)
zolmitriptan tab 5 mg	$0 (1)	QL (12 tabs / 30 days)
MISCELLANEOUS		
AUSTEDO TAB 6MG	$0 (2)	NDS, QL (60 tabs / 30 days), NM, 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
lithium carbonate cap 150 mg	$0 (1)	
lithium carbonate cap 300 mg	$0 (1)	
lithium carbonate cap 600 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lithium carbonate tab 300 mg	$0 (1)	
lithium carbonate tab er 300 mg	$0 (1)	
lithium carbonate tab er 450 mg	$0 (1)	
LITHIUM SOL 8MEQ/5ML	$0 (2)	
LYRICA CR TAB 82.5MG	$0 (2)	QL (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
NUEDEXTA CAP 20-10MG	$0 (2)	QL (60 caps / 30 days), PA
pyridostigmine bromide tab 60 mg	$0 (1)	
riluzole tab 50 mg	$0 (1)	
tetrabenazine tab 12.5 mg	$0 (2)	NDS, QL (240 tabs / 30 days), NM, PA
tetrabenazine tab 25 mg	$0 (2)	NDS, QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
BETASERON INJ 0.3MG	$0 (2)	NDS, QL (14 syringes / 28 days), NM, PA
dalfampridine tab er 12hr 10 mg	$0 (2)	NDS, NM, PA
GILENYA CAP 0.5MG	$0 (2)	NDS, QL (28 caps / 28 days), NM, PA
glatiramer acetate soln prefilled syringe 20 mg/ml	$0 (2)	NDS, QL (30 syringes / 30 days), NM, PA
glatiramer acetate soln prefilled syringe 40 mg/ml	$0 (2)	NDS, QL (12 syringes / 28 days), NM, PA
glatopa inj 20mg/ml	$0 (2)	NDS, QL (30 syringes / 30 days), NM, PA
glatopa inj 40mg/ml	$0 (2)	NDS, QL (12 syringes / 28 days), NM, PA
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS		
baclofen tab 10 mg	$0 (1)	
baclofen tab 20 mg	$0 (1)	
carisoprodol tab 350 mg	$0 (2)	QL (120 tabs / 30 days), PA; PA if 70 years and older
cyclobenzaprine hcl tab 5 mg	$0 (2)	PA; PA if 70 years and older
cyclobenzaprine hcl tab 10 mg	$0 (2)	PA; PA if 70 years and older
dantrolene sodium cap 25 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
dantrolene sodium cap 50 mg	$0 (1)	
dantrolene sodium cap 100 mg	$0 (1)	
methocarbamol tab 500 mg	$0 (2)	PA; PA if 70 years and older
methocarbamol tab 750 mg	$0 (2)	PA; PA if 70 years and older
tizanidine hcl tab 2 mg (base equivalent)	$0 (1)	
tizanidine hcl tab 4 mg (base equivalent)	$0 (1)	
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
armodafinil tab 50 mg	$0 (1)	QL (90 tabs / 30 days), PA
armodafinil tab 150 mg	$0 (1)	QL (30 tabs / 30 days), PA
armodafinil tab 200 mg	$0 (1)	QL (30 tabs / 30 days), PA
armodafinil tab 250 mg	$0 (1)	QL (30 tabs / 30 days), PA
XYREM SOL 500MG/ML	$0 (2)	NDS, QL (540 mL / 30 days), LA, PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium tab delayed release 333 mg	$0 (1)	
acetamin pm tab 25-500mg	$0 (3)	NM; *
buprenorphine hcl sl tab 2 mg (base equiv)	$0 (1)	QL (90 tabs / 30 days), PA
buprenorphine hcl sl tab 8 mg (base equiv)	$0 (1)	QL (90 tabs / 30 days), PA
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	$0 (1)	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	$0 (1)	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	$0 (1)	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	$0 (1)	QL (60 films / 30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	$0 (1)	QL (90 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	$0 (1)	QL (90 tabs / 30 days)
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	$0 (1)	
CHANTIX PAK 0.5& 1MG	$0 (2)	PA
CHANTIX PAK 1MG	$0 (2)	PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CHANTIX TAB 0.5MG	$0 (2)	PA
CHANTIX TAB 1MG	$0 (2)	PA
disulfiram tab 250 mg	$0 (1)	
disulfiram tab 500 mg	$0 (1)	
eazzze pain tab 25-500mg	$0 (3)	NM; *
eq nicotine loz 4mg cinn	$0 (3)	NM; *
gnp nicotine dis 7mg/24hr	$0 (3)	NM; *
gnp nicotine gum 2mg mint	$0 (3)	NM; *
gnp nicotine gum 2mg orig	$0 (3)	NM; *
gnp nicotine gum 4mg mint	$0 (3)	NM; *
gnp nicotine gum 4mg orig	$0 (3)	NM; *
gnp nicotine loz 2mg mint	$0 (3)	NM; *
gnp nicotine loz 4mg mint	$0 (3)	NM; *
gnp nicotine loz mini 2mg	$0 (3)	NM; *
headache pm tab 25-500mg	$0 (3)	NM; *
headache pm tab 500-38mg	$0 (3)	NM; *
hm nicotine dis 14mg/24h	$0 (3)	NM; *
hm nicotine dis 21mg/24h	$0 (3)	NM; *
hm nicotine gum 2mg mint	$0 (3)	NM; *
hm nicotine gum 4mg mint	$0 (3)	NM; *
hm nicotine loz 2mg mint	$0 (3)	NM; *
hm nicotine loz 4mg mint	$0 (3)	NM; *
naloxone hcl inj 0.4 mg/ml	$0 (1)	
naloxone hcl inj 4 mg/10ml	$0 (1)	
naloxone hcl soln cartridge 0.4 mg/ml	$0 (1)	
naloxone hcl soln prefilled syringe 2 mg/2ml	$0 (1)	
naltrexone hcl tab 50 mg	$0 (1)	
NARCAN SPR	$0 (2)	
nicorelief gum 2mg mint	$0 (3)	NM; *
nicorelief gum 2mg orig	$0 (3)	NM; *
nicorelief gum 4mg mint	$0 (3)	NM; *
nicorelief gum 4mg orig	$0 (3)	NM; *
nicotine gum 4mg	$0 (3)	NM; *
nicotine pol loz 4mg mint	$0 (3)	NM; *
nicotine polacrilex gum 2 mg	$0 (3)	NM; *
nicotine polacrilex gum 4 mg	$0 (3)	NM; *
nicotine polacrilex lozenge 2 mg	$0 (3)	NM; *
nicotine polacrilex lozenge 4 mg	$0 (3)	NM; *
NICOTINE SYS KIT TRANSDER	$0 (3)	NM; *
nicotine td dis 7mg/24hr	$0 (3)	NM; *
nicotine td dis 14mg/24h	$0 (3)	NM; *
nicotine td dis 21mg/24h	$0 (3)	NM; *
nicotine td patch 24hr 7 mg/24hr	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
nicotine td patch 24hr 14 mg/24hr	$0 (3)	NM; *
nicotine td patch 24hr 21 mg/24hr	$0 (3)	NM; *
NICOTROL INH	$0 (2)	
NICOTROL NS SPR 10MG/ML	$0 (2)	
night time tab 25mg	$0 (3)	NM; *
pain relf pm tab 25-500mg	$0 (3)	NM; *
pain relief tab 25-500mg	$0 (3)	NM; *
pain relieve tab 25-500mg	$0 (3)	NM; *
qc sleep aid cap 50mg	$0 (3)	NM; *
sleep aid cap 25mg	$0 (3)	NM; *
sleep aid tab 25mg	$0 (3)	NM; *
sleep time liq 50mg/30	$0 (3)	NM; *
sm nicotine dis 7mg/24hr	$0 (3)	NM; *
sm nicotine dis 14mg/24h	$0 (3)	NM; *
sm nicotine dis 21mg/24h	$0 (3)	NM; *
sm nicotine gum 2mg	$0 (3)	NM; *
sm nicotine gum 2mg mint	$0 (3)	NM; *
sm nicotine gum 4mg	$0 (3)	NM; *
sm nicotine gum 4mg mint	$0 (3)	NM; *
sm nicotine loz 2mg mint	$0 (3)	NM; *
sm nicotine loz 4mg mint	$0 (3)	NM; *
stop smoking loz 2mg mint	$0 (3)	NM; *
stop smoking loz 4mg mint	$0 (3)	NM; *
tgt nicotine dis 7mg/24hr	$0 (3)	NM; *
tgt nicotine dis 14mg/24h	$0 (3)	NM; *
tgt nicotine dis 21mg/24h	$0 (3)	NM; *
tgt nicotine gum 2mg mint	$0 (3)	NM; *
tgt nicotine gum 2mg orig	$0 (3)	NM; *
tgt nicotine gum 2mgfruit	$0 (3)	NM; *
tgt nicotine gum 4mg	$0 (3)	NM; *
tgt nicotine gum 4mg orig	$0 (3)	NM; *
tgt nicotine loz 2mg chry	$0 (3)	NM; *
tgt nicotine loz 2mg mint	$0 (3)	NM; *
tgt nicotine loz 4mg chry	$0 (3)	NM; *
tgt nicotine loz 4mg mint	$0 (3)	NM; *
thrive gum 2mg mint	$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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANDRODERM DIS 4MG/24HR	$0 (2)	QL (30 patches / 30 days), PA
oxandrolone tab 2.5 mg	$0 (1)	PA
oxandrolone tab 10 mg	$0 (1)	PA
testosterone cypionate im inj in oil 100 mg/ml	$0 (1)	PA
testosterone cypionate im inj in oil 200 mg/ml	$0 (1)	PA
testosterone enanthate im inj in oil 200 mg/ml	$0 (1)	PA
testosterone td gel 12.5 mg/act (1%)	$0 (1)	QL (300 grams / 30 days), PA
testosterone td gel 25 mg/2.5gm (1%)	$0 (1)	QL (300 grams / 30 days), PA
testosterone td gel 50 mg/5gm (1%)	$0 (1)	QL (300 grams / 30 days), PA
ANTIDIABETICS, INJECTABLE - DRUGS TO TREAT DIABETES		
ALCOHOL SWABS	$0 (2)	
BASAGLAR INJ 100UNIT	$0 (2)	
BD ULTRAFINE INSULIN SYRINGE	$0 (2)	
BD ULTRAFINE/NANO PEN NEEDLES	$0 (2)	
BYDUREON BC INJ 2/0.85ML	$0 (2)	QL (4 pens / 28 days)
BYDUREON 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)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
glyburide tab 1.25 mg	$0 (2)	QL (480 tabs / 30 days), PA; PA if 70 years and older
glyburide tab 2.5 mg	$0 (2)	QL (240 tabs / 30 days), PA; PA if 70 years and older
glyburide tab 5 mg	$0 (2)	QL (120 tabs / 30 days), PA; PA if 70 years and older
glyburide-metformin tab 1.25-250 mg	$0 (2)	QL (240 tabs / 30 days), PA; PA if 70 years and older
glyburide-metformin tab 2.5-500 mg	$0 (2)	QL (120 tabs / 30 days), PA; PA if 70 years and older
glyburide-metformin tab 5-500 mg	$0 (2)	QL (120 tabs / 30 days), PA; PA if 70 years and older
JANUMET TAB 50-500MG	$0 (2)	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	$0 (2)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	$0 (2)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	$0 (2)	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	$0 (2)	QL (30 tabs / 30 days)
JANUVIA TAB 25MG	$0 (2)	QL (30 tabs / 30 days)
JANUVIA TAB 50MG	$0 (2)	QL (30 tabs / 30 days)
JANUVIA TAB 100MG	$0 (2)	QL (30 tabs / 30 days)
JARDIANCE TAB 10MG	$0 (2)	QL (60 tabs / 30 days)
JARDIANCE TAB 25MG	$0 (2)	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	$0 (2)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	$0 (2)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	$0 (2)	QL (60 tabs / 30 days)
JENTADUETO TAB XR	$0 (2)	QL (30 tabs / 30 days)
JENTADUETO TAB XR	$0 (2)	QL (60 tabs / 30 days)
metformin hcl tab 500 mg	$0 (1)	QL (150 tabs / 30 days)
metformin hcl tab 850 mg	$0 (1)	QL (90 tabs / 30 days)
metformin hcl tab 1000 mg	$0 (1)	QL (75 tabs / 30 days)
metformin hcl tab er 24hr 500 mg	$0 (1)	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
metformin hcl tab er 24hr 750 mg	$0 (1)	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
nateglinide tab 60 mg	$0 (1)	QL (90 tabs / 30 days)
nateglinide tab 120 mg	$0 (1)	QL (90 tabs / 30 days)
pioglitazone hcl tab 15 mg (base equiv)	$0 (1)	QL (30 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
pioglitazone hcl tab 30 mg (base equiv)	$0 (1)	QL (30 tabs / 30 days)
pioglitazone hcl tab 45 mg (base equiv)	$0 (1)	QL (30 tabs / 30 days)
repaglinide tab 0.5 mg	$0 (1)	QL (120 tabs / 30 days)
repaglinide tab 1 mg	$0 (1)	QL (120 tabs / 30 days)
repaglinide tab 2 mg	$0 (1)	QL (240 tabs / 30 days)
SYNJARDY TAB	$0 (2)	QL (60 tabs / 30 days)
SYNJARDY TAB 5-500MG	$0 (2)	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	$0 (2)	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	$0 (2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB	$0 (2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	$0 (2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	$0 (2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	$0 (2)	QL (30 tabs / 30 days)
TRADJENTA TAB 5MG	$0 (2)	QL (30 tabs / 30 days)
XIGDUO XR TAB 2.5-1000	$0 (2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	$0 (2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	$0 (2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	$0 (2)	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	$0 (2)	QL (30 tabs / 30 days)
BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS		
alendronate sodium oral soln 70 mg/75ml	$0 (1)	
alendronate sodium tab 5 mg	$0 (1)	
alendronate sodium tab 10 mg	$0 (1)	
alendronate sodium tab 35 mg	$0 (1)	
alendronate sodium tab 40 mg	$0 (1)	
alendronate sodium tab 70 mg	$0 (1)	
ibandronate sodium tab 150 mg (base equivalent)	$0 (1)	B/D
pamidronate disodium for inj 30 mg	$0 (1)	B/D
pamidronate disodium for inj 90 mg	$0 (1)	B/D
pamidronate disodium iv soln 3 mg/ml	$0 (1)	B/D
pamidronate disodium iv soln 9 mg/ml	$0 (1)	B/D
PAMIDRONATE INJ 6MG/ML	$0 (2)	B/D
risedronate sodium tab 5 mg	$0 (1)	
risedronate sodium tab 35 mg	$0 (1)	
risedronate sodium tab 150 mg	$0 (1)	
risedronate sodium tab delayed release 35 mg	$0 (1)	
zoledronic acid inj conc for iv infusion 4 mg/5ml	$0 (1)	B/D, NM
zoledronic acid iv soln 5 mg/100ml	$0 (1)	B/D, NM

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CALCIUM RECEPTOR AGONISTS		
cinacalcet hcl tab 30 mg (base equiv)	$0 (2)	NDS, B/D, QL (120 tabs / 30 days), NM
cinacalcet hcl tab 60 mg (base equiv)	$0 (2)	NDS, B/D, QL (60 tabs / 30 days), NM
cinacalcet hcl tab 90 mg (base equiv)	$0 (2)	NDS, B/D, QL (120 tabs / 30 days), NM
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
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)	
sodium polystyrene sulfonate oral susp 15 gm/60ml	$0 (1)	
sodium polystyrene sulfonate powder	$0 (1)	
trientine hcl cap 250 mg	$0 (2)	NDS, PA
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
aftera tab 1.5mg	$0 (3)	NM; *
alyacen tab 1/35	$0 (1)	
amethia lo tab	$0 (1)	
amethia tab	$0 (1)	
apri tab	$0 (1)	
aranelle tab	$0 (1)	
ashlyna tab	$0 (1)	
aubra tab 0.1-0.02	$0 (1)	
aviane tab	$0 (1)	
balziva tab	$0 (1)	
bekyree tab	$0 (1)	
blisovi 24 tab fe 1/20	$0 (1)	
blisovi fe tab 1.5/30	$0 (1)	
briellyn tab	$0 (1)	
camila tab 0.35mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
camrese lo tab	$0 (1)	
cryselle-28 tab 28 tabs	$0 (1)	
cyclafem tab 1/35	$0 (1)	
cyclafem tab 7/7/7	$0 (1)	
dasetta tab 1/35	$0 (1)	
dasetta tab 7/7/7	$0 (1)	
deblitane tab 0.35mg	$0 (1)	
delyla tab 0.1-0.02	$0 (1)	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	$0 (1)	
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	$0 (1)	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	$0 (1)	
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	$0 (1)	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	$0 (1)	
drospirenone-ethinyl estradiol tab 3-0.02 mg	$0 (1)	
drospirenone-ethinyl estradiol tab 3-0.03 mg	$0 (1)	
econtra ez tab 1.5mg	$0 (3)	NM; *
ELLA TAB 30MG	$0 (2)	
emoquette tab	$0 (1)	
enpresse-28 tab	$0 (1)	
enskyce tab	$0 (1)	
errin tab 0.35mg	$0 (1)	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	$0 (1)	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	$0 (1)	
falmina tab	$0 (1)	
fayosim tab	$0 (1)	
femynor tab 0.25-35	$0 (1)	
hailey 24 tab fe	$0 (1)	
heather tab 0.35mg	$0 (1)	
incassia tab 0.35mg	$0 (1)	
introvale tab	$0 (1)	
isibloom tab	$0 (1)	
jasmiel tab 3-0.02mg	$0 (1)	
jolivette tab 0.35mg	$0 (1)	
juleber tab	$0 (1)	
junel 1.5/30 tab	$0 (1)	
junel 1/20 tab	$0 (1)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
myzilra tab	$0 (1)	
necon tab 0.5/35	$0 (1)	
necon tab 7/7/7	$0 (1)	
nikki tab 3-0.02mg	$0 (1)	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	$0 (1)	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	$0 (1)	
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	$0 (1)	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	$0 (1)	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	$0 (1)	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	$0 (1)	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	$0 (1)	
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	$0 (1)	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	$0 (1)	
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	$0 (1)	
norethindrone tab 0.35 mg	$0 (1)	
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	$0 (1)	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	$0 (1)	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	$0 (1)	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	$0 (1)	
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	$0 (1)	
norlyroc tab 0.35mg	$0 (1)	
nortrel tab 0.5/35	$0 (1)	
nortrel tab 1/35	$0 (1)	
nortrel tab 7/7/7	$0 (1)	
NUVARING MIS	$0 (2)	
opcicon tab 1.5mg	$0 (3)	NM; *
option 2 tab 1.5mg	$0 (3)	NM; *
orsythia tab	$0 (1)	
philith tab 0.4-35	$0 (1)	
pimtrea tab	$0 (1)	

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

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
levocarnitine oral soln 1 gm/10ml (10%)	$0 (1)	B/D
levocarnitine tab 330 mg	$0 (1)	B/D
LUMIZYME INJ 50MG	$0 (2)	NDS, NM, LA, PA
miglustat cap 100 mg	$0 (2)	NDS, NM, PA
NAGLAZYME INJ 1MG/ML	$0 (2)	NDS, NM, LA, PA
NITYR TAB 2MG	$0 (2)	NDS, LA, PA
NITYR TAB 5MG	$0 (2)	NDS, LA, PA
NITYR TAB 10MG	$0 (2)	NDS, LA, PA
ORFADIN CAP 2MG	$0 (2)	NDS, LA, PA
ORFADIN CAP 5MG	$0 (2)	NDS, LA, PA
ORFADIN CAP 10MG	$0 (2)	NDS, LA, PA
ORFADIN CAP 20MG	$0 (2)	NDS, LA, PA
ORFADIN SUS 4MG/ML	$0 (2)	NDS, LA, PA
sodium phenylbutyrate oral powder 3 gm/teaspoonful	$0 (2)	NDS, NM, PA
sodium phenylbutyrate tab 500 mg	$0 (2)	NDS, NM, PA
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
DELESTROGEN INJ 10MG/ML	$0 (2)	
estradiol tab 0.5 mg	$0 (2)	
estradiol tab 1 mg	$0 (2)	
estradiol tab 2 mg	$0 (2)	
estradiol td patch weekly 0.1 mg/24hr	$0 (2)	
estradiol td patch weekly 0.05 mg/24hr	$0 (2)	
estradiol td patch weekly 0.06 mg/24hr	$0 (2)	
estradiol td patch weekly 0.025 mg/24hr	$0 (2)	
estradiol td patch weekly 0.075 mg/24hr	$0 (2)	
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	$0 (2)	
estradiol vaginal cream 0.1 mg/gm	$0 (1)	
estradiol vaginal tab 10 mcg	$0 (1)	
estradiol valerate im in oil 20 mg/ml	$0 (1)	
estradiol valerate im in oil 40 mg/ml	$0 (1)	
fyavolv tab 0.5-2.5	$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
jinteli tab 1mg-5mcg	$0 (2)	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	$0 (2)	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	$0 (2)	
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
cortisone acetate tab 25 mg	$0 (1)	
DEXAMETHASON CON 1MG/ML	$0 (2)	
dexamethasone elixir 0.5 mg/5ml	$0 (1)	
dexamethasone sod phosphate preservative free inj 10 mg/ml	$0 (1)	
dexamethasone sodium phosphate inj 4 mg/ml	$0 (1)	
dexamethasone sodium phosphate inj 10 mg/ml	$0 (1)	
dexamethasone sodium phosphate inj 20 mg/5ml	$0 (1)	
dexamethasone sodium phosphate inj 100 mg/10ml	$0 (1)	
dexamethasone sodium phosphate inj 120 mg/30ml	$0 (1)	
dexamethasone soln 0.5 mg/5ml	$0 (1)	
dexamethasone tab 0.5 mg	$0 (1)	
dexamethasone tab 0.75 mg	$0 (1)	
dexamethasone tab 1 mg	$0 (1)	
dexamethasone tab 1.5 mg	$0 (1)	
dexamethasone tab 2 mg	$0 (1)	
dexamethasone tab 4 mg	$0 (1)	
dexamethasone tab 6 mg	$0 (1)	
fludrocortisone acetate tab 0.1 mg	$0 (1)	
hydrocortisone tab 5 mg	$0 (1)	
hydrocortisone tab 10 mg	$0 (1)	
hydrocortisone tab 20 mg	$0 (1)	
methylprednisolone acetate inj susp 40 mg/ml	$0 (1)	B/D
methylprednisolone acetate inj susp 80 mg/ml	$0 (1)	B/D
methylprednisolone sod succ for inj 40 mg (base equiv)	$0 (1)	B/D
methylprednisolone sod succ for inj 125 mg (base equiv)	$0 (1)	B/D
methylprednisolone sod succ for inj 1000 mg (base equiv)	$0 (1)	B/D
methylprednisolone tab 4 mg	$0 (1)	B/D
methylprednisolone tab 8 mg	$0 (1)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
methylprednisolone tab 16 mg	$0 (1)	B/D
methylprednisolone tab 32 mg	$0 (1)	B/D
methylprednisolone tab therapy pack 4 mg (21)	$0 (1)	
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)	$0 (1)	B/D
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	$0 (1)	B/D
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	$0 (1)	B/D
prednisolone syrup 15 mg/5ml (usp solution equivalent)	$0 (1)	B/D
PREDNISONE CON 5MG/ML	$0 (2)	B/D
prednisone oral soln 5 mg/5ml	$0 (1)	B/D
prednisone tab 1 mg	$0 (1)	B/D
prednisone tab 2.5 mg	$0 (1)	B/D
prednisone tab 5 mg	$0 (1)	B/D
prednisone tab 10 mg	$0 (1)	B/D
prednisone tab 20 mg	$0 (1)	B/D
prednisone tab 50 mg	$0 (1)	B/D
prednisone tab therapy pack 5 mg (21)	$0 (1)	
prednisone tab therapy pack 5 mg (48)	$0 (1)	
prednisone tab therapy pack 10 mg (21)	$0 (1)	
prednisone tab therapy pack 10 mg (48)	$0 (1)	
SOLU-CORTEF INJ 100MG	$0 (2)	
SOLU-CORTEF INJ 250MG	$0 (2)	
SOLU-CORTEF INJ 500MG	$0 (2)	
SOLU-CORTEF INJ 1000MG	$0 (2)	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
BD GLUCOSE CHW 5GM	$0 (3)	NM; *
CVS GLUCOSE CHW FRUIT	$0 (3)	NM; *
CVS GLUCOSE CHW GRAPE	$0 (3)	NM; *
CVS GLUCOSE CHW ORANGE	$0 (3)	NM; *
CVS GLUCOSE CHW RASPBERY	$0 (3)	NM; *
CVS GLUCOSE CHW TROP BLS	$0 (3)	NM; *
CVS GLUCOSE CHW TROPICAL	$0 (3)	NM; *
cvs glucose gel 40%	$0 (3)	NM; *
DEX4 CHW FRUIT	$0 (3)	NM; *
DEX4 CHW GRAPE	$0 (3)	NM; *
DEX4 CHW ORANGE	$0 (3)	NM; *
DEX4 CHW RASPBERR	$0 (3)	NM; *
DEX4 CHW RASPBERY	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DEX4 CHW SOUR APL	$0 (3)	NM; *
DEX4 CHW TROP FRT	$0 (3)	NM; *
DEX4 CHW WATERMLN	$0 (3)	NM; *
DEX4 GLUCOSE CHW	$0 (3)	NM; *
DEX4 GLUCOSE CHW QK DISLV	$0 (3)	NM; *
DEX4 GLUCOSE GEL	$0 (3)	NM; *
DEX4 POUCH CHW PACK	$0 (3)	NM; *
GLUCAGEN INJ HYPOKIT	$0 (2)	
GLUCAGON KIT 1MG	$0 (2)	
gluco burst gel 40%	$0 (3)	NM; *
GLUCOSE BITS CHW 1GM	$0 (3)	NM; *
GLUCOSE CHW 4-0.006	$0 (3)	NM; *
GLUCOSE CHW 4-.006GM	$0 (3)	NM; *
GLUCOSE CHW 4GM	$0 (3)	NM; *
GLUCOSE CHW FRUIT	$0 (3)	NM; *
GLUCOSE CHW GRAPE	$0 (3)	NM; *
GLUCOSE CHW ORANGE	$0 (3)	NM; *
GLUCOSE CHW RASPBERY	$0 (3)	NM; *
GLUCOSE CHW RASPBRRY	$0 (3)	NM; *
GLUCOSE CHW TROP FRT	$0 (3)	NM; *
GLUCOSE CHW WATERMLN	$0 (3)	NM; *
glucose drnk liq 15/59ml	$0 (3)	NM; *
glucose gel 40%	$0 (3)	NM; *
GLUCOSE LIQ POMEGRAN	$0 (3)	NM; *
glucose oral liquid 15 gm/59ml	$0 (3)	NM; *
glucose shot liq 15/59ml	$0 (3)	NM; *
glucose shot liq 15gm	$0 (3)	NM; *
GNP GLUCOSE CHW GRAPE	$0 (3)	NM; *
GNP GLUCOSE CHW ORANGE	$0 (3)	NM; *
GNP GLUCOSE CHW RASPBERY	$0 (3)	NM; *
GNP GLUCOSE CHW WATERMLN	$0 (3)	NM; *
HM GLUCOSE CHW ORANGE	$0 (3)	NM; *
HM GLUCOSE CHW RASPBERY	$0 (3)	NM; *
INSTA-GLUCOS GEL 77.4%	$0 (3)	NM; *
KROG GLUCOSE CHW GRAPE	$0 (3)	NM; *
KROG GLUCOSE CHW ORANGE	$0 (3)	NM; *
KROG GLUCOSE CHW RASPBERY	$0 (3)	NM; *
KROG GLUCOSE CHW WATERMLN	$0 (3)	NM; *
PROGLYCEM SUS 50MG/ML	$0 (2)	
PX GLUCOSE CHW FRUIT	$0 (3)	NM; *
PX GLUCOSE CHW ORANGE	$0 (3)	NM; *
PX GLUCOSE CHW RASPBERY	$0 (3)	NM; *
PX GLUCOSE CHW SOUR APL	$0 (3)	NM; *
QUICK DISSOL CHW GLUCOSE	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
RA GLUCOSE CHW GRAPE	$0 (3)	NM; *
RA GLUCOSE CHW ORANGE	$0 (3)	NM; *
RA GLUCOSE CHW TROP FRT	$0 (3)	NM; *
ra glucose gel	$0 (3)	NM; *
RELION GLUCO CHW 4GM	$0 (3)	NM; *
SM GLUCOSE CHW ORANGE	$0 (3)	NM; *
SM GLUCOSE CHW RASPBERY	$0 (3)	NM; *
SM GLUCOSE CHW SOUR APP	$0 (3)	NM; *
SMART SENSE CHW 4GM	$0 (3)	NM; *
TGT GLUCOSE CHW GRAPE	$0 (3)	NM; *
TGT GLUCOSE CHW ORANGE	$0 (3)	NM; *
TGT GLUCOSE CHW RASPBERY	$0 (3)	NM; *
TRUEPLS GLUC GEL 15/32ML	$0 (3)	NM; *
UP&UP CHW GRAPE	$0 (3)	NM; *
UP&UP CHW ORANGE	$0 (3)	NM; *
UP&UP CHW RASPBERY	$0 (3)	NM; *
VP GLUCOSE CHW FRUIT	$0 (3)	NM; *
VP GLUCOSE CHW GRAPE	$0 (3)	NM; *
MISCELLANEOUS		
cabergoline tab 0.5 mg	$0 (1)	
calcitonin (salmon) nasal soln 200 unit/act	$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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NATPARA INJ 75MCG	$0 (2)	NDS, NM, PA
NATPARA INJ 100MCG	$0 (2)	NDS, NM, PA
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	$0 (1)	NM, PA
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	$0 (1)	NM, PA
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	$0 (1)	NM, PA
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	$0 (2)	NDS, NM, PA
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	$0 (2)	NDS, NM, PA
PROLIA SOL 60MG/ML	$0 (2)	QL (1 injection / 180 days), NM
raloxifene hcl tab 60 mg	$0 (1)	
SIGNIFOR INJ 0.3MG/ML	$0 (2)	NDS, LA, PA
SIGNIFOR INJ 0.6MG/ML	$0 (2)	NDS, LA, PA
SIGNIFOR INJ 0.9MG/ML	$0 (2)	NDS, LA, PA
SOMATULINE INJ 60/0.2ML	$0 (2)	NDS, NM, PA
SOMATULINE INJ 90/0.3ML	$0 (2)	NDS, NM, PA
SOMATULINE INJ 120/.5ML	$0 (2)	NDS, NM, PA
SOMAVERT INJ 10MG	$0 (2)	NDS, NM, LA, PA
SOMAVERT INJ 15MG	$0 (2)	NDS, NM, LA, PA
SOMAVERT INJ 20MG	$0 (2)	NDS, NM, LA, PA
SOMAVERT INJ 25MG	$0 (2)	NDS, NM, LA, PA
SOMAVERT INJ 30MG	$0 (2)	NDS, NM, LA, PA
TYMLOS INJ	$0 (2)	NDS, NM, PA
XGEVA INJ	$0 (2)	NDS, NM, PA
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
AURYXIA TAB 210MG	$0 (2)	NDS, QL (360 tabs / 30 days), PA
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	$0 (1)	QL (360 caps / 30 days)
calcium acetate (phosphate binder) tab 667 mg	$0 (1)	QL (360 tabs / 30 days)
sevelamer carbonate packet 0.8 gm	$0 (2)	NDS, QL (540 packets / 30 days)
sevelamer carbonate packet 2.4 gm	$0 (2)	NDS, QL (180 packets / 30 days)
sevelamer carbonate tab 800 mg	$0 (1)	QL (540 tabs / 30 days)
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
medroxyprogesterone acetate tab 2.5 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
medroxyprogesterone acetate tab 5 mg	$0 (1)	
medroxyprogesterone acetate tab 10 mg	$0 (1)	
norethindrone acetate tab 5 mg	$0 (1)	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
levo-t tab 25mcg	$0 (1)	
levo-t tab 50mcg	$0 (1)	
levo-t tab 75mcg	$0 (1)	
levo-t tab 88mcg	$0 (1)	
levo-t tab 100mcg	$0 (1)	
levo-t tab 112mcg	$0 (1)	
levo-t tab 125mcg	$0 (1)	
levo-t tab 137mcg	$0 (1)	
levo-t tab 150mcg	$0 (1)	
levo-t tab 175mcg	$0 (1)	
levo-t tab 200 mcg	$0 (1)	
levo-t tab 300 mcg	$0 (1)	
levothyroxine sodium tab 25 mcg	$0 (1)	
levothyroxine sodium tab 50 mcg	$0 (1)	
levothyroxine sodium tab 75 mcg	$0 (1)	
levothyroxine sodium tab 88 mcg	$0 (1)	
levothyroxine sodium tab 100 mcg	$0 (1)	
levothyroxine sodium tab 112 mcg	$0 (1)	
levothyroxine sodium tab 125 mcg	$0 (1)	
levothyroxine sodium tab 137 mcg	$0 (1)	
levothyroxine sodium tab 150 mcg	$0 (1)	
levothyroxine sodium tab 175 mcg	$0 (1)	
levothyroxine sodium tab 200 mcg	$0 (1)	
levothyroxine sodium tab 300 mcg	$0 (1)	
levoxyl tab 25mcg	$0 (1)	
levoxyl tab 50mcg	$0 (1)	
levoxyl tab 75mcg	$0 (1)	
levoxyl tab 88mcg	$0 (1)	
levoxyl tab 100mcg	$0 (1)	
levoxyl tab 112mcg	$0 (1)	
levoxyl tab 125mcg	$0 (1)	
levoxyl tab 137mcg	$0 (1)	
levoxyl tab 150mcg	$0 (1)	
levoxyl tab 175mcg	$0 (1)	
levoxyl tab 200mcg	$0 (1)	
liothyronine sodium tab 5 mcg	$0 (1)	
liothyronine sodium tab 25 mcg	$0 (1)	
liothyronine sodium tab 50 mcg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
methimazole tab 5 mg	$0 (1)	
methimazole tab 10 mg	$0 (1)	
propylthiouracil tab 50 mg	$0 (1)	
SYNTHROID TAB 25MCG	$0 (2)	
SYNTHROID TAB 50MCG	$0 (2)	
SYNTHROID TAB 75MCG	$0 (2)	
SYNTHROID TAB 88MCG	$0 (2)	
SYNTHROID TAB 100MCG	$0 (2)	
SYNTHROID TAB 112MCG	$0 (2)	
SYNTHROID TAB 125MCG	$0 (2)	
SYNTHROID TAB 137MCG	$0 (2)	
SYNTHROID TAB 150MCG	$0 (2)	
SYNTHROID TAB 175MCG	$0 (2)	
SYNTHROID TAB 200MCG	$0 (2)	
SYNTHROID TAB 300MCG	$0 (2)	
unithroid tab 25mcg	$0 (1)	
unithroid tab 50mcg	$0 (1)	
unithroid tab 75mcg	$0 (1)	
unithroid tab 88mcg	$0 (1)	
unithroid tab 100mcg	$0 (1)	
unithroid tab 112mcg	$0 (1)	
unithroid tab 125mcg	$0 (1)	
unithroid tab 137mcg	$0 (1)	
unithroid tab 150mcg	$0 (1)	
unithroid tab 175mcg	$0 (1)	
unithroid tab 200mcg	$0 (1)	
unithroid tab 300mcg	$0 (1)	
VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES		
desmopressin acetate inj 4 mcg/ml	$0 (1)	NM
desmopressin acetate nasal spray soln 0.01%	$0 (1)	NM
desmopressin acetate nasal spray soln 0.01% (refrigerated)	$0 (1)	
desmopressin acetate tab 0.1 mg	$0 (1)	NM
desmopressin acetate tab 0.2 mg	$0 (1)	NM
STIMATE SOL 1.5MG/ML	$0 (2)	NDS, NM
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTACIDS		
acid gone chw	$0 (3)	NM; *
acid gone sus	$0 (3)	NM; *
advanced sus antacid	$0 (3)	NM; *
ALKA-SELTZER CHW 750-80MG	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
almacone chw	$0 (3)	NM; *
almacone dbl sus strength	$0 (3)	NM; *
almacone sus	$0 (3)	NM; *
ALUM HYDROX SUS 320/5ML	$0 (3)	NM; *
ant/anti-gas chw 1000-60	$0 (3)	NM; *
antacid chw 500mg	$0 (3)	NM; *
antacid chw 550-110	$0 (3)	NM; *
antacid chw 750mg	$0 (3)	NM; *
antacid extr chw 675-135	$0 (3)	NM; *
antacid extr chw 750mg	$0 (3)	NM; *
antacid fast sus acting	$0 (3)	NM; *
antacid fast sus relief	$0 (3)	NM; *
antacid flav chw 750mg	$0 (3)	NM; *
antacid kids chw 750mg	$0 (3)	NM; *
antacid max chw 1000mg	$0 (3)	NM; *
antacid plus sus anti-gas	$0 (3)	NM; *
antacid plus sus gas rel	$0 (3)	NM; *
antacid sus	$0 (3)	NM; *
antacid sus advanced	$0 (3)	NM; *
antacid sus anti-gas	$0 (3)	NM; *
antacid sus max st	$0 (3)	NM; *
antacid sus mint crm	$0 (3)	NM; *
antacid sus reg	$0 (3)	NM; *
antacid sus reg st	$0 (3)	NM; *
ANTACID ULTR CHW 1000-200	$0 (3)	NM; *
antacid/gas chw multi-sy	$0 (3)	NM; *
antacid/sime sus ds	$0 (3)	NM; *
cal antacid chw 750mg	$0 (3)	NM; *
cal antacid chw 1000mg	$0 (3)	NM; *
cal-gest chw 500mg	$0 (3)	NM; *
calc antacid chw 500mg	$0 (3)	NM; *
calc antacid chw 750mg	$0 (3)	NM; *
calc antacid chw 1000mg	$0 (3)	NM; *
calcium anta chw 500mg	$0 (3)	NM; *
calcium anta chw 750mg	$0 (3)	NM; *
CALCIUM CARB TAB 648MG	$0 (3)	NM; *
calcium carbonate (antacid) chew tab 500 mg	$0 (3)	NM; *
calcium carbonate (antacid) chew tab 750 mg	$0 (3)	NM; *
calcium carbonate chew tab 1250 mg (500 mg elemental ca)	$0 (3)	NM; *
childrens chw pepto	$0 (3)	NM; *
cvs antacid sus supreme	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cvs antacid/ sus anti-gas	$0 (3)	NM; *
eq antacid chw 750mg	$0 (3)	NM; *
eq antacid chw 1000mg	$0 (3)	NM; *
eql antacid chw 1000mg	$0 (3)	NM; *
eql antacid chw fruit	$0 (3)	NM; *
eql antacid sus anti-gas	$0 (3)	NM; *
flavor chews chw 750mg	$0 (3)	NM; *
foam antacid chw 80-20mg	$0 (3)	NM; *
foam antacid sus	$0 (3)	NM; *
GAVISCON CHW	$0 (3)	NM; *
GAVISCON SUS	$0 (3)	NM; *
GAVISCON SUS CHERRY	$0 (3)	NM; *
geri-lanta sus	$0 (3)	NM; *
geri-mox sus	$0 (3)	NM; *
gnp antacid chw 160-105	$0 (3)	NM; *
gnp antacid chw 550-110	$0 (3)	NM; *
gnp antacid chw 1000mg	$0 (3)	NM; *
gnp antacid sus anti-gas	$0 (3)	NM; *
gnp antacid sus cherry	$0 (3)	NM; *
gnp masanti sus max st	$0 (3)	NM; *
gnp masanti sus reg st	$0 (3)	NM; *
heartbrn ant chw 160-105	$0 (3)	NM; *
heartbrn rlf chw 160-105	$0 (3)	NM; *
heartburn chw ex st	$0 (3)	NM; *
hm antacid sus	$0 (3)	NM; *
hm antacid sus anti-gas	$0 (3)	NM; *
hm magnesium tab 250mg	$0 (3)	NM; *
MAG OXIDE CAP 400MG	$0 (3)	NM; *
MAG-AL LIQ	$0 (3)	NM; *
mag-al plus liq	$0 (3)	NM; *
mag-al plus liq xs	$0 (3)	NM; *
MAGN OXIDE POW HEAVY	$0 (3)	NM; *
MAGNESIUM CAP 500MG	$0 (3)	NM; *
magnesium oxide tab 250 mg	$0 (3)	NM; *
magnesium oxide tab 400 mg	$0 (3)	NM; *
magnesium oxide tab 420 mg	$0 (3)	NM; *
magnesium tab 250mg	$0 (3)	NM; *
magnesium tab 400mg	$0 (3)	NM; *
MI-ACID CHW	$0 (3)	NM; *
mi-acid sus	$0 (3)	NM; *
mi-acid sus max st	$0 (3)	NM; *
milantex sus ex st	$0 (3)	NM; *
milantex sus original	$0 (3)	NM; *
mintox plus chw	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
mintox sus	$0 (3)	NM; *
mintox sus max st	$0 (3)	NM; *
px antacid chw 1000mg	$0 (3)	NM; *
px antacid sus max st	$0 (3)	NM; *
px antacid sus reg st	$0 (3)	NM; *
qc antacid chw 500mg	$0 (3)	NM; *
qc antacid sus	$0 (3)	NM; *
qc antacid sus anti-gas	$0 (3)	NM; *
ra antacid chw 500mg	$0 (3)	NM; *
rolaids chw 550-110	$0 (3)	NM; *
rulox sus	$0 (3)	NM; *
sb antacid sus anti-gas	$0 (3)	NM; *
sm antacid sus advanced	$0 (3)	NM; *
sm antacid sus anti-gas	$0 (3)	NM; *
sm antacid sus max st	$0 (3)	NM; *
sm antacid/ sus antigas	$0 (3)	NM; *
smooth antac chw 750mg	$0 (3)	NM; *
sodium bicarbonate tab 325 mg	$0 (3)	NM; *
sodium bicarbonate tab 650 mg	$0 (3)	NM; *
SODIUM POW BICARBON	$0 (3)	NM; *
tame flame chw 500mg	$0 (3)	NM; *
tgt antacid chw 1000mg	$0 (3)	NM; *
tgt antacid sus anti-gas	$0 (3)	NM; *
TUMS CHW DEL CHW 1177MG	$0 (3)	NM; *
tums smoothi chw 750mg	$0 (3)	NM; *
URO MAG CAP 140MG	$0 (3)	NM; *
URO-MAG CAP 140MG	$0 (3)	NM; *
ANTI-DIARRHEAL		
abatinex cap 680mg	$0 (3)	NM; *
acidoph/prob tab formula	$0 (3)	NM; *
acidophilus cap	$0 (3)	NM; *
acidophilus cap 10mg	$0 (3)	NM; *
acidophilus cap 100mg	$0 (3)	NM; *
acidophilus cap ex st	$0 (3)	NM; *
acidophilus tab probiotc	$0 (3)	NM; *
ACIDOPHILUS WAF	$0 (3)	NM; *
ACIDOPHILUS/ TAB CIT PECT	$0 (3)	NM; *
ACIDOPHILUS/ WAF BIFIDUS	$0 (3)	NM; *
anti-diarrhe cap 2mg	$0 (3)	NM; *
anti-diarrhe tab 2mg	$0 (3)	NM; *
anti-diarrhl sus 262/15ml	$0 (3)	NM; *
bismatrol chw 262mg	$0 (3)	NM; *
bismatrol sus 262/15ml	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
bismatrol sus 525/15ml	$0 (3)	NM; *
bismuth subsalicylate chew tab 262 mg	$0 (3)	NM; *
cvs bismuth chw 262mg	$0 (3)	NM; *
cvs bismuth sus max str	$0 (3)	NM; *
cvs bismuth tab 262mg	$0 (3)	NM; *
diamode tab 2mg	$0 (3)	NM; *
diarrhea rel sus 262/15ml	$0 (3)	NM; *
diarrhea sus 262/15ml	$0 (3)	NM; *
digestive cap health	$0 (3)	NM; *
digestive cap probioti	$0 (3)	NM; *
dofus cap	$0 (3)	NM; *
eql probioti cap acidophi	$0 (3)	NM; *
eql stomach chw 262mg	$0 (3)	NM; *
FLORAJEN CAP ACIDOPHI	$0 (3)	NM; *
floranex gra	$0 (3)	NM; *
floranex tab	$0 (3)	NM; *
geri-pectate sus 262/15ml	$0 (3)	NM; *
gnp k-pec sus 262/15ml	$0 (3)	NM; *
intestinex cap	$0 (3)	NM; *
KALA TAB	$0 (3)	NM; *
kao-tin sus 262/15ml	$0 (3)	NM; *
kaopectate sus 262/15ml	$0 (3)	NM; *
kaopectate sus ex st	$0 (3)	NM; *
kaopectate tab 262mg	$0 (3)	NM; *
lactinex chw	$0 (3)	NM; *
lacto-key- cap 100	$0 (3)	NM; *
lacto-key- cap 600	$0 (3)	NM; *
lactobacillu cap	$0 (3)	NM; *
lactobacillus acidophilus-pectin cap	$0 (3)	NM; *
lactobacillus cap	$0 (3)	NM; *
lactobacillus tab	$0 (3)	NM; *
loperamide cap 2mg	$0 (3)	NM; *
loperamide hcl liq 1 mg/5ml (0.2 mg/ml)	$0 (3)	NM; *
loperamide hcl liq 1 mg/7.5ml	$0 (3)	NM; *
loperamide liq 1mg/7.5	$0 (3)	NM; *
loperamide sus 1mg/7.5	$0 (3)	NM; *
medi-bismuth chw 262mg	$0 (3)	NM; *
MORE-DOPHILU POW ACIDOPHI	$0 (3)	NM; *
peptic relf chw 262mg	$0 (3)	NM; *
peptic relf sus 262/15ml	$0 (3)	NM; *
pink bismuth chw 262mg	$0 (3)	NM; *
pink bismuth sus 262/15ml	$0 (3)	NM; *
pink bismuth tab 262mg	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
probiata tab	$0 (3)	NM; *
PROBIOTIC CAP	$0 (3)	NM; *
probiotic cap acidophi	$0 (3)	NM; *
probiotic cap gold	$0 (3)	NM; *
px stomach chw 262mg	$0 (3)	NM; *
px stomach sus 262/15ml	$0 (3)	NM; *
px stomach sus 525/15ml	$0 (3)	NM; *
ra acidophil cap 300mg	$0 (3)	NM; *
ra pink bism chw 262mg	$0 (3)	NM; *
ra pink bism tab 262mg	$0 (3)	NM; *
REPHRESH CAP PRO-B	$0 (3)	NM; *
sb bismuth tab 262mg	$0 (3)	NM; *
sm anti-diar tab 2mg	$0 (3)	NM; *
sm stomach sus 262/15ml	$0 (3)	NM; *
sm stomach sus 527/30ml	$0 (3)	NM; *
soothe chw 262mg	$0 (3)	NM; *
soothe sus 262/15ml	$0 (3)	NM; *
soothe tab 262mg	$0 (3)	NM; *
stomach relf chw 262mg	$0 (3)	NM; *
stomach relf sus	$0 (3)	NM; *
stomach relf sus 262/15ml	$0 (3)	NM; *
stomach relf sus 524/30ml	$0 (3)	NM; *
stomach relf sus 525/15ml	$0 (3)	NM; *
stomach relf sus 525/30ml	$0 (3)	NM; *
stomach relf tab 262mg	$0 (3)	NM; *
stomach rlf tab 262mg	$0 (3)	NM; *
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
aprepitant capsule 40 mg	$0 (1)	B/D
aprepitant capsule 80 mg	$0 (1)	B/D
aprepitant capsule 125 mg	$0 (1)	B/D
aprepitant capsule therapy pack 80 & 125 mg	$0 (1)	B/D
compro sup 25mg	$0 (1)	
dramamine tab 25mg	$0 (3)	NM; *
driminate tab 50mg	$0 (3)	NM; *
dronabinol cap 2.5 mg	$0 (1)	B/D, QL (60 caps / 30 days)
dronabinol cap 5 mg	$0 (1)	B/D, QL (60 caps / 30 days)
dronabinol cap 10 mg	$0 (1)	B/D, QL (60 caps / 30 days)
EMEND SUS 125MG	$0 (2)	B/D
granisetron hcl inj 1 mg/ml	$0 (1)	
granisetron hcl inj 4 mg/4ml (1 mg/ml)	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
granisetron hcl tab 1 mg	$0 (1)	B/D
meclizine hcl chew tab 25 mg	$0 (3)	NM; *
meclizine hcl tab 12.5 mg	$0 (2)	
meclizine hcl tab 12.5 mg	$0 (3)	NM; *
meclizine hcl tab 25 mg	$0 (2)	
meclizine hcl tab 25 mg	$0 (3)	NM; *
metoclopramide hcl inj 5 mg/ml (base equivalent)	$0 (1)	
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	$0 (1)	
metoclopramide hcl tab 5 mg (base equivalent)	$0 (1)	
metoclopramide hcl tab 10 mg (base equivalent)	$0 (1)	
motion relf tab 25mg	$0 (3)	NM; *
motion sick tab 25mg	$0 (3)	NM; *
motion sick tab 50mg	$0 (3)	NM; *
motion-time chw 25mg	$0 (3)	NM; *
ondansetron hcl inj 4 mg/2ml (2 mg/ml)	$0 (1)	
ondansetron hcl inj 40 mg/20ml (2 mg/ml)	$0 (1)	
ondansetron hcl oral soln 4 mg/5ml	$0 (1)	B/D
ondansetron hcl tab 4 mg	$0 (1)	B/D
ondansetron hcl tab 8 mg	$0 (1)	B/D
ondansetron hcl tab 24 mg	$0 (1)	B/D
ondansetron orally disintegrating tab 4 mg	$0 (1)	B/D
ondansetron orally disintegrating tab 8 mg	$0 (1)	B/D
prochlorperazine edisylate inj 10 mg/2ml	$0 (1)	
prochlorperazine maleate tab 5 mg (base equivalent)	$0 (1)	
prochlorperazine maleate tab 10 mg (base equivalent)	$0 (1)	
prochlorperazine suppos 25 mg	$0 (1)	
promethazine hcl inj 25 mg/ml	$0 (2)	PA; PA if 70 years and older
promethazine hcl inj 50 mg/ml	$0 (2)	PA; PA if 70 years and older
promethazine hcl syrup 6.25 mg/5ml	$0 (2)	PA; PA if 70 years and older
promethazine hcl tab 12.5 mg	$0 (2)	PA; PA if 70 years and older

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
promethazine hcl tab 25 mg	$0 (2)	PA; PA if 70 years and older
promethazine hcl tab 50 mg	$0 (2)	PA; PA if 70 years and older
scopolamine td patch 72hr 1 mg/3days	$0 (2)	QL (10 patches / 30 days), PA; PA if 70 years and older
TRANSDERM-SC DIS 1.5MG	$0 (2)	QL (10 patches / 30 days), PA; PA if 70 years and older
travel sick chw 25mg	$0 (3)	NM; *
travel sick tab 50mg	$0 (3)	NM; *
ANTISPASMODICS - DRUGS FOR STOMACH SPASMS		
dicyclomine hcl cap 10 mg	$0 (2)	
dicyclomine hcl oral soln 10 mg/5ml	$0 (2)	
dicyclomine hcl tab 20 mg	$0 (2)	
glycopyrrolate tab 1 mg	$0 (1)	
glycopyrrolate tab 2 mg	$0 (1)	
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
acid control tab 10mg	$0 (3)	NM; *
acid control tab 20mg	$0 (3)	NM; *
acid control tab 150mg	$0 (3)	NM; *
acid reducer tab 10mg	$0 (3)	NM; *
acid reducer tab 20mg	$0 (3)	NM; *
acid reducer tab 75mg	$0 (3)	NM; *
acid reducer tab 150mg	$0 (3)	NM; *
famotidine for susp 40 mg/5ml	$0 (1)	
famotidine in nacl 0.9% iv soln 20 mg/50ml	$0 (1)	
famotidine inj 20 mg/2ml	$0 (1)	
famotidine inj 40 mg/4ml	$0 (1)	
famotidine inj 200 mg/20ml	$0 (1)	
famotidine tab 10 mg	$0 (3)	NM; *
famotidine tab 10mg	$0 (3)	NM; *
famotidine tab 20 mg	$0 (1)	
famotidine tab 20mg	$0 (3)	NM; *
famotidine tab 40 mg	$0 (1)	
heartbrn rel tab 75mg	$0 (3)	NM; *
heartburn tab 20mg	$0 (3)	NM; *
heartburn tab 150mg	$0 (3)	NM; *
heartburn tab 200mg	$0 (3)	NM; *
heartburn tab relief	$0 (3)	NM; *
ranitidine hcl inj 50 mg/2ml (25 mg/ml)	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ranitidine hcl inj 150 mg/6ml (25 mg/ml)	$0 (1)	
ranitidine hcl syrup 15 mg/ml (75 mg/5ml)	$0 (1)	
ranitidine hcl tab 75 mg	$0 (3)	NM; *
ranitidine hcl tab 150 mg	$0 (1)	
ranitidine hcl tab 150 mg	$0 (3)	NM; *
ranitidine hcl tab 300 mg	$0 (1)	
sm acid redu tab 200mg	$0 (3)	NM; *
INFLAMMATORY BOWEL DISEASE		
APRISO CAP 0.375GM	$0 (2)	QL (120 caps / 30 days)
balsalazide disodium cap 750 mg	$0 (1)	
budesonide delayed release particles cap 3 mg	$0 (2)	NDS
DELZICOL CAP 400MG	$0 (2)	
hydrocortisone enema 100 mg/60ml	$0 (1)	
mesalamine cap dr 400 mg	$0 (1)	
mesalamine enema 4 gm	$0 (1)	
mesalamine rectal enema 4 gm & cleanser wipe kit	$0 (1)	
mesalamine suppos 1000 mg	$0 (1)	
mesalamine tab delayed release 800 mg	$0 (1)	
sulfasalazine tab 500 mg	$0 (1)	
sulfasalazine tab delayed release 500 mg	$0 (1)	
LAXATIVES		
bisac-evac sup 10mg	$0 (3)	NM; *
bisacodyl sup 10mg	$0 (3)	NM; *
bisacodyl suppos 10 mg	$0 (3)	NM; *
bisacodyl tab 5mg ec	$0 (3)	NM; *
biscolax sup 10mg	$0 (3)	NM; *
calcium polycarbophil tab 625 mg	$0 (3)	NM; *
castor laxat oil 100%	$0 (3)	NM; *
choc laxativ chw 15mg	$0 (3)	NM; *
clearlax pow	$0 (3)	NM; *
colace 2in1 tab 8.6-50mg	$0 (3)	NM; *
constulose sol 10gm/15	$0 (1)	
correctol tab 5mg ec	$0 (3)	NM; *
cvs epsom gra salt	$0 (3)	NM; *
cvs fibr lax tab 625mg	$0 (3)	NM; *
cvs laxative chw 15mg	$0 (3)	NM; *
cvs laxative tab 25mg	$0 (3)	NM; *
cvs mineral oil	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cvs natural pow fiber	$0 (3)	NM; *
cvs senna tab 8.6mg	$0 (3)	NM; *
daily fiber pow 48.57%	$0 (3)	NM; *
diocto liq 50mg/5ml	$0 (3)	NM; *
diocto syp 60/15ml	$0 (3)	NM; *
docqlace cap 100mg	$0 (3)	NM; *
docu liq 50mg/5ml	$0 (3)	NM; *
docu soft cap 100mg	$0 (3)	NM; *
docusate cal cap 240mg	$0 (3)	NM; *
docusate calcium cap 240 mg	$0 (3)	NM; *
docusate sod cap 100mg	$0 (3)	NM; *
docusate sod liq 50mg/5ml	$0 (3)	NM; *
docusate sodium cap 100 mg	$0 (3)	NM; *
docusate sodium cap 250 mg	$0 (3)	NM; *
docusate sodium liquid 150 mg/15ml	$0 (3)	NM; *
docusate sodium tab 100 mg	$0 (3)	NM; *
docusil cap 100mg	$0 (3)	NM; *
DOCUSOL KIDS ENE 100MG/5M	$0 (3)	NM; *
DOCUSOL MINI ENE	$0 (3)	NM; *
DOCUSOL PLUS ENE 20-283	$0 (3)	NM; *
dok cap 100mg	$0 (3)	NM; *
dok cap 250mg	$0 (3)	NM; *
dok plus tab 8.6-50mg	$0 (3)	NM; *
dok tab 100mg	$0 (3)	NM; *
ducodyl tab 5mg ec	$0 (3)	NM; *
enema ready- ene to-use	$0 (3)	NM; *
ENEMEEZ MINI ENE	$0 (3)	NM; *
ENEMEEZ PLUS ENE 20-283	$0 (3)	NM; *
enulose sol 10gm/15	$0 (1)	
epsom salt gra	$0 (3)	NM; *
EPSOM SALT GRA	$0 (3)	NM; *
EPSOM SALT POW	$0 (3)	NM; *
eq laxative tab 8.6mg	$0 (3)	NM; *
eq laxative tab 25mg	$0 (3)	NM; *
eq mineral oil	$0 (3)	NM; *
eql castor oil 100%	$0 (3)	NM; *
eql fiber la tab 625mg	$0 (3)	NM; *
eql fiber pow therapy	$0 (3)	NM; *
eql laxative chw 15mg	$0 (3)	NM; *
eql laxative tab 25mg	$0 (3)	NM; *
EQUALACTIN CHW 625MG	$0 (3)	NM; *
evac-u-gen tab 8.6mg	$0 (3)	NM; *
fiber laxatv tab 625mg	$0 (3)	NM; *
fiber laxtiv cap 0.52gm	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fiber therap pow 28.3%	$0 (3)	NM; *
fiber therap pow sf orang	$0 (3)	NM; *
fiber therap tab 500mg	$0 (3)	NM; *
fiber-caps tab 625mg	$0 (3)	NM; *
fiber-lax tab 625mg	$0 (3)	NM; *
FLEET BISACO ENE 10/30ML	$0 (3)	NM; *
gavilax pow	$0 (3)	NM; *
gavilyte-c sol	$0 (1)	
gavilyte-g sol	$0 (1)	
gavilyte-n sol flav pk	$0 (1)	
generlac sol 10gm/15	$0 (1)	
gentle laxat sup 10mg	$0 (3)	NM; *
gentle laxat tab 5mg ec	$0 (3)	NM; *
gentlelax pow	$0 (3)	NM; *
geri-kot tab 8.6mg	$0 (3)	NM; *
geri-mucil pow 68%	$0 (3)	NM; *
glycolax pow 3350 nf	$0 (3)	NM; *
gnp bisa-lax tab 5mg ec	$0 (3)	NM; *
gnp castor oil 100%	$0 (3)	NM; *
gnp clearlax pak 3350 nf	$0 (3)	NM; *
gnp clearlax pow	$0 (3)	NM; *
gnp enema ene	$0 (3)	NM; *
gnp epsom gra salt	$0 (3)	NM; *
gnp fiber cap 0.52gm	$0 (3)	NM; *
gnp laxative sup 10mg	$0 (3)	NM; *
gnp laxative tab 5mg ec	$0 (3)	NM; *
gnp laxative tab 25mg	$0 (3)	NM; *
gnp milk mag sus	$0 (3)	NM; *
gnp mineral oil heavy	$0 (3)	NM; *
gnp senna tab 8.6mg	$0 (3)	NM; *
GOLYTELY SOL	$0 (2)	
healthylax pow	$0 (3)	NM; *
hm clearlax pow	$0 (3)	NM; *
hm enema ene r-t-u	$0 (3)	NM; *
hm epsom gra salt	$0 (3)	NM; *
hm fiber cap 0.52gm	$0 (3)	NM; *
hm fiber pow 28.3%	$0 (3)	NM; *
hm fiber pow 30.9%	$0 (3)	NM; *
hm fiber pow 48.57%	$0 (3)	NM; *
hm fiber pow 58.6%	$0 (3)	NM; *
hm fiber tab 500mg	$0 (3)	NM; *
hm laxative tab 5mg	$0 (3)	NM; *
hm laxative tab 5mg ec	$0 (3)	NM; *
hm mineral oil	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
hm senna tab 8.6mg	$0 (3)	NM; *
HYDROCIL INS POW 95%	$0 (3)	NM; *
kao-tin cap 240mg	$0 (3)	NM; *
kls fiber tb tab 625mg	$0 (3)	NM; *
konsyl cap 520mg	$0 (3)	NM; *
konsyl daily pow 28.3%	$0 (3)	NM; *
KONSYL DAILY POW 28.3%	$0 (3)	NM; *
KONSYL DAILY POW 100%	$0 (3)	NM; *
konsyl fiber tab 625mg	$0 (3)	NM; *
konsyl pow 30.9%	$0 (3)	NM; *
KONSYL POW 60.3%	$0 (3)	NM; *
KONSYL POW 71.67%	$0 (3)	NM; *
KONSYL-D POW 52.3%	$0 (3)	NM; *
kp bisacodyl tab 5mg ec	$0 (3)	NM; *
kp senna tab 8.6mg	$0 (3)	NM; *
lactulose (encephalopathy) solution 10 gm/15ml	$0 (1)	
lactulose solution 10 gm/15ml	$0 (1)	
lax/stl soft tab 8.6-50mg	$0 (3)	NM; *
laxacin tab 8.6-50mg	$0 (3)	NM; *
laxative chw 15mg	$0 (3)	NM; *
laxative pls tab 8.6-50mg	$0 (3)	NM; *
laxative sup 10mg	$0 (3)	NM; *
laxative tab 5mg ec	$0 (3)	NM; *
laxative tab 15mg	$0 (3)	NM; *
laxative tab 25mg	$0 (3)	NM; *
laxative tab max-str	$0 (3)	NM; *
lubricat eye dro 0.4-0.3%	$0 (3)	NM; *
mag citrate sol	$0 (3)	NM; *
mag citrate sol cherry	$0 (3)	NM; *
mag citrate sol grape	$0 (3)	NM; *
mag citrate sol lemon	$0 (3)	NM; *
magic bullet sup 10mg	$0 (3)	NM; *
magnesium citrate soln	$0 (3)	NM; *
medi-natural tab 8.6-50mg	$0 (3)	NM; *
medi-natural tab 8.6mg	$0 (3)	NM; *
METAMUCIL PAK 51.7%	$0 (3)	NM; *
METAMUCIL POW 28%ORG	$0 (3)	NM; *
metamucil pow 28.3%org	$0 (3)	NM; *
metamucil pow 58.6%	$0 (3)	NM; *
metamucil pow 58.6% sf	$0 (3)	NM; *
metamucil pow 58.6%org	$0 (3)	NM; *
METAMUCIL POW 58.12%	$0 (3)	NM; *
METAMUCIL POW 63%	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
METAMUCIL WAF	$0 (3)	NM; *
milk of magn sus	$0 (3)	NM; *
milk of magn sus 400/5ml	$0 (3)	NM; *
milk of magn sus 1200/15	$0 (3)	NM; *
MILK OF MAGN SUS 2400MG	$0 (3)	NM; *
milk of magn sus cherry	$0 (3)	NM; *
milk of magn sus frsh mnt	$0 (3)	NM; *
milk of magn sus mint	$0 (3)	NM; *
mineral oil	$0 (3)	NM; *
MINERAL OIL	$0 (3)	NM; *
mineral oil ene	$0 (3)	NM; *
mineral oil enema	$0 (3)	NM; *
MINERAL OIL HEAVY	$0 (3)	NM; *
mineral oil oil	$0 (3)	NM; *
move along tab 100mg	$0 (3)	NM; *
MOVIPREP SOL	$0 (2)	
multihealth pow fiber	$0 (3)	NM; *
nat fiber pow 28.3%	$0 (3)	NM; *
nat fiber pow 48.57%	$0 (3)	NM; *
NAT FIBER POW 58.6%	$0 (3)	NM; *
nat fiber pow therapy	$0 (3)	NM; *
nat psyllium pow fiber	$0 (3)	NM; *
nat veg lax tab 8.6mg	$0 (3)	NM; *
natura-lax pow 3350 nf	$0 (3)	NM; *
natural lax tab 8.6mg	$0 (3)	NM; *
naturl fiber pow 28.3%	$0 (3)	NM; *
naturl fiber pow 58.6%	$0 (3)	NM; *
NULYTELY SOL FLAV PKS	$0 (2)	
PEDIA-LAX CHW 400MG	$0 (3)	NM; *
PEDIA-LAX LIQ 50MG	$0 (3)	NM; *
pediatric ene enema	$0 (3)	NM; *
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	$0 (1)	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	$0 (1)	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	$0 (1)	
perdiem over tab 15mg	$0 (3)	NM; *
polyethylene glycol 3350 oral packet	$0 (3)	NM; *
polyethylene glycol 3350 oral powder	$0 (3)	NM; *
powderlax pow	$0 (3)	NM; *
promolaxin tab 100mg	$0 (3)	NM; *
px fiber cap 0.52gm	$0 (3)	NM; *
px fiber tab 625mg	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
qc enema ene	$0 (3)	NM; *
qc epsom gra salt	$0 (3)	NM; *
qc laxative sup 10mg	$0 (3)	NM; *
qc mineral oil heavy	$0 (3)	NM; *
qc natural pow vegetabl	$0 (3)	NM; *
qc senna tab 8.6mg	$0 (3)	NM; *
ra epsom gra salt	$0 (3)	NM; *
RA EPSOM GRA SALT	$0 (3)	NM; *
RA EPSOM GRA SALT/LVN	$0 (3)	NM; *
ra laxative tab 25mg	$0 (3)	NM; *
ra mineral oil	$0 (3)	NM; *
reguloid pow 28.3%	$0 (3)	NM; *
reguloid pow 48.57%	$0 (3)	NM; *
reguloid pow 58.6%	$0 (3)	NM; *
saline ene laxative	$0 (3)	NM; *
sb bisacodyl tab 5mg ec	$0 (3)	NM; *
sb docusate tab 8.6-50mg	$0 (3)	NM; *
sb fib lax pow 33%	$0 (3)	NM; *
sb laxative sup 10mg	$0 (3)	NM; *
sb milk magn sus mint	$0 (3)	NM; *
sb senna-lax tab 8.6mg	$0 (3)	NM; *
senexon liq 8.8mg/5	$0 (3)	NM; *
senexon tab 8.6mg	$0 (3)	NM; *
senexon-s tab 8.6-50mg	$0 (3)	NM; *
senna lax tab 8.6mg	$0 (3)	NM; *
senna laxati tab 8.6mg	$0 (3)	NM; *
senna plus tab 8.6-50mg	$0 (3)	NM; *
senna tab 8.6mg	$0 (3)	NM; *
senna-extra tab 17.2mg	$0 (3)	NM; *
senna-grx syp 8.8mg/5	$0 (3)	NM; *
senna-lax tab 8.6mg	$0 (3)	NM; *
senna-s tab 8.6-50mg	$0 (3)	NM; *
senna-tabs tab 8.6mg	$0 (3)	NM; *
senna-time s tab 8.6-50mg	$0 (3)	NM; *
senna-time tab 8.6mg	$0 (3)	NM; *
senno tab 8.6mg	$0 (3)	NM; *
sennosides syrup 8.8 mg/5ml	$0 (3)	NM; *
sennosides tab 8.6 mg	$0 (3)	NM; *
sennosides-docusate sodium tab 8.6-50 mg	$0 (3)	NM; *
senokot extr tab 17.2mg	$0 (3)	NM; *
silace liq 10mg/ml	$0 (3)	NM; *
silace syp 60/15ml	$0 (3)	NM; *
sm castor oil 100%	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sm clearlax pow	$0 (3)	NM; *
sm enema ene	$0 (3)	NM; *
sm epsom gra salt	$0 (3)	NM; *
sm fiber lax tab 500mg	$0 (3)	NM; *
SM FIBER POW	$0 (3)	NM; *
sm fiber pow 28.3%	$0 (3)	NM; *
sm fiber pow 48.57%	$0 (3)	NM; *
sm fiber pow 51.7%	$0 (3)	NM; *
sm fiber pow 58.6%	$0 (3)	NM; *
sm fiber tab 625mg	$0 (3)	NM; *
sm gentle tab laxative	$0 (3)	NM; *
sm laxative sup 10mg	$0 (3)	NM; *
sm laxative tab 5mg ec	$0 (3)	NM; *
sm mineral oil	$0 (3)	NM; *
sm senna lax tab 8.6mg	$0 (3)	NM; *
sm senna lax tab max str	$0 (3)	NM; *
sm stool tab softener	$0 (3)	NM; *
smooth lax pow 3350 nf	$0 (3)	NM; *
sodium phosphates - enema	$0 (3)	NM; *
soluble fib pow therapy	$0 (3)	NM; *
soluble fib tab therapy	$0 (3)	NM; *
SORBITOL SOL 70%	$0 (3)	NM; *
stim laxat tab 5mg ec	$0 (3)	NM; *
stool softnr cap 100mg	$0 (3)	NM; *
stool softnr cap 240mg	$0 (3)	NM; *
stool softnr cap 250mg	$0 (3)	NM; *
stool softnr syp 60/15ml	$0 (3)	NM; *
stool softnr tab 8.6-50mg	$0 (3)	NM; *
stool softnr tab 100mg	$0 (3)	NM; *
SUPREP BOWEL SOL PREP KIT	$0 (2)	
surfak cap 240mg	$0 (3)	NM; *
tgt natural tab laxative	$0 (3)	NM; *
tgt psyllium cap 0.52gm	$0 (3)	NM; *
trilyte sol	$0 (1)	
wal-mucil pow 28.3%	$0 (3)	NM; *
wal-mucil pow 48.57%	$0 (3)	NM; *
wal-mucil pow 58.6%	$0 (3)	NM; *
womans laxat tab 5mg ec	$0 (3)	NM; *
womens laxat tab 5mg ec	$0 (3)	NM; *
MISCELLANEOUS		
alosetron hcl tab 0.5 mg (base equiv)	$0 (2)	NDS, PA
alosetron hcl tab 1 mg (base equiv)	$0 (2)	NDS, PA
AMITIZA CAP 8MCG	$0 (2)	QL (180 caps / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
AMITIZA CAP 24MCG	$0 (2)	QL (60 caps / 30 days)
anti-gas cap 180mg	$0 (3)	NM; *
BICARSIM TAB 80MG	$0 (3)	NM; *
BICARSIM TAB 125MG	$0 (3)	NM; *
cromolyn sodium oral conc 100 mg/5ml	$0 (2)	NDS
cvs gas relf chw 125mg	$0 (3)	NM; *
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	$0 (2)	
diphenoxylate w/ atropine tab 2.5-0.025 mg	$0 (2)	
eql gas rlf cap 180mg	$0 (3)	NM; *
gas relief cap 125mg	$0 (3)	NM; *
gas relief cap 180mg	$0 (3)	NM; *
gas relief chw 80mg	$0 (3)	NM; *
gas relief chw 125mg	$0 (3)	NM; *
gas relief dro 20/0.3ml	$0 (3)	NM; *
gas relief dro 40/0.6ml	$0 (3)	NM; *
gas relief dro infants	$0 (3)	NM; *
gas relief liq infants	$0 (3)	NM; *
gas-x cap 125mg	$0 (3)	NM; *
gas-x cap 180mg	$0 (3)	NM; *
GAS-X EX-STR MIS 62.5MG	$0 (3)	NM; *
GATTEX KIT 5MG	$0 (2)	NDS, NM, LA, PA
gnp gas relf chw 80mg	$0 (3)	NM; *
gnp gas relf chw 125mg	$0 (3)	NM; *
hm gas relf chw 80mg	$0 (3)	NM; *
LINZESS CAP 72MCG	$0 (2)	QL (30 caps / 30 days)
LINZESS CAP 145MCG	$0 (2)	QL (30 caps / 30 days)
LINZESS CAP 290MCG	$0 (2)	QL (30 caps / 30 days)
loperamide hcl cap 2 mg	$0 (1)	
mi-acid gas chw 80mg	$0 (3)	NM; *
misoprostol tab 100 mcg	$0 (1)	
misoprostol tab 200 mcg	$0 (1)	
MOVANTIK TAB 12.5MG	$0 (2)	QL (60 tabs / 30 days)
MOVANTIK TAB 25MG	$0 (2)	QL (30 tabs / 30 days)
PHAZYME CAP 250MG	$0 (3)	NM; *
qc gas relf chw 125mg	$0 (3)	NM; *
ra gas relf chw 125mg	$0 (3)	NM; *
RELISTOR INJ 8/0.4ML	$0 (2)	NDS, PA
RELISTOR INJ 12/0.6ML	$0 (2)	NDS, PA
simethicone cap 125 mg	$0 (3)	NM; *
simethicone cap 180 mg	$0 (3)	NM; *
simethicone chew tab 80 mg	$0 (3)	NM; *
simethicone chew tab 125 mg	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
simethicone dro 20/0.3ml	$0 (3)	NM; *
SIMETHICONE LIQ	$0 (3)	NM; *
simethicone susp 40 mg/0.6ml	$0 (3)	NM; *
sm gas relf chw 80mg	$0 (3)	NM; *
sm gas relie chw 80mg	$0 (3)	NM; *
sucralfate tab 1 gm	$0 (1)	
SYMPROIC TAB 0.2MG	$0 (2)	
ursodiol cap 300 mg	$0 (1)	
ursodiol tab 250 mg	$0 (1)	
ursodiol tab 500 mg	$0 (1)	
XIFAXAN TAB 550MG	$0 (2)	NDS, PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	$0 (2)	
CREON CAP 6000UNIT	$0 (2)	
CREON CAP 12000UNT	$0 (2)	
CREON CAP 24000UNT	$0 (2)	
CREON CAP 36000UNT	$0 (2)	
ZENPEP CAP 3000UNIT	$0 (2)	
ZENPEP CAP 5000UNIT	$0 (2)	
ZENPEP CAP 10000UNT	$0 (2)	
ZENPEP CAP 15000UNT	$0 (2)	
ZENPEP CAP 20000UNT	$0 (2)	
ZENPEP CAP 25000	$0 (2)	
ZENPEP CAP 40000	$0 (2)	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
acid reducer cap 20.6mgdr	$0 (3)	NM; *
DEXILANT CAP 30MG DR	$0 (2)	QL (30 caps / 30 days)
DEXILANT CAP 60MG DR	$0 (2)	QL (30 caps / 30 days)
esomepra mag cap 20mg dr	$0 (3)	NM; *
esomeprazole magnesium cap delayed release 20 mg (base eq)	$0 (1)	QL (30 caps / 30 days)
esomeprazole magnesium cap delayed release 20 mg (base eq)	$0 (3)	NM; *
esomeprazole magnesium cap delayed release 40 mg (base eq)	$0 (1)	QL (30 caps / 30 days)
esomeprazole sodium for intravenous soln 40 mg (base equiv)	$0 (1)	
heartburn tr cap 15mg	$0 (3)	NM; *
lansoprazole cap 15mg dr	$0 (3)	NM; *
lansoprazole cap delayed release 15 mg	$0 (1)	QL (30 caps / 30 days)
lansoprazole cap delayed release 15 mg	$0 (3)	NM; *
lansoprazole cap delayed release 30 mg	$0 (1)	QL (30 caps / 30 days)
omeprazole cap 20.6mgdr	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
omeprazole cap delayed release 10 mg	$0 (1)	
omeprazole cap delayed release 20 mg	$0 (1)	
omeprazole cap delayed release 40 mg	$0 (1)	
OMEPRAZOLE DELAYED RELEASE TAB 20 MG	$0 (3)	NM; *
omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)	$0 (3)	NM; *
OMEPRAZOLE TAB 20MG	$0 (3)	NM; *
pantoprazole sodium ec tab 20 mg (base equiv)	$0 (1)	
pantoprazole sodium ec tab 40 mg (base equiv)	$0 (1)	
pantoprazole sodium for iv soln 40 mg (base equiv)	$0 (1)	
rabeprazole sodium ec tab 20 mg	$0 (1)	QL (30 tabs / 30 days)
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE		
alfuzosin hcl tab er 24hr 10 mg	$0 (1)	QL (30 tabs / 30 days)
dutasteride cap 0.5 mg	$0 (1)	QL (30 caps / 30 days)
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	$0 (1)	QL (30 caps / 30 days)
finasteride tab 5 mg	$0 (1)	
tamsulosin hcl cap 0.4 mg	$0 (1)	
MISCELLANEOUS		
bethanechol chloride tab 5 mg	$0 (1)	
bethanechol chloride tab 10 mg	$0 (1)	
bethanechol chloride tab 25 mg	$0 (1)	
bethanechol chloride tab 50 mg	$0 (1)	
gnp urinary tab 97.5mg	$0 (3)	NM; *
potassium citrate tab er 5 meq (540 mg)	$0 (1)	
potassium citrate tab er 10 meq (1080 mg)	$0 (1)	
potassium citrate tab er 15 meq (1620 mg)	$0 (1)	
sb urinary tab pain max	$0 (3)	NM; *
sm urinary tab pain max	$0 (3)	NM; *
urinary pain tab 95mg	$0 (3)	NM; *
urinary pain tab 97.5mg	$0 (3)	NM; *
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
MYRBETRIQ TAB 25MG	$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
MYRBETRIQ TAB 50MG	$0 (2)	QL (30 tabs / 30 days)
oxybutynin chloride syrup 5 mg/5ml	$0 (1)	
oxybutynin chloride tab 5 mg	$0 (1)	
oxybutynin chloride tab er 24hr 5 mg	$0 (1)	QL (30 tabs / 30 days)
oxybutynin chloride tab er 24hr 10 mg	$0 (1)	QL (60 tabs / 30 days)
oxybutynin chloride tab er 24hr 15 mg	$0 (1)	QL (60 tabs / 30 days)
OXYTROL/WOMN DIS 3.9MG/24	$0 (3)	NM; *
solifenacin succinate tab 5 mg	$0 (1)	QL (30 tabs / 30 days)
solifenacin succinate tab 10 mg	$0 (1)	QL (30 tabs / 30 days)
tolterodine tartrate cap er 24hr 2 mg	$0 (1)	QL (30 caps / 30 days), ST
tolterodine tartrate cap er 24hr 4 mg	$0 (1)	QL (30 caps / 30 days), ST
tolterodine tartrate tab 1 mg	$0 (1)	ST
tolterodine tartrate tab 2 mg	$0 (1)	ST
TOVIAZ TAB 4MG	$0 (2)	QL (30 tabs / 30 days)
TOVIAZ TAB 8MG	$0 (2)	QL (30 tabs / 30 days)
trospium chloride tab 20 mg	$0 (1)	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal cream 2%	$0 (1)	
clotrimazole cre 1% vag	$0 (3)	NM; *
clotrimazole cre 2%	$0 (3)	NM; *
clotrimazole cre 3 day	$0 (3)	NM; *
clotrimazole vaginal cream 1%	$0 (3)	NM; *
3 day vaginl cre 2%	$0 (3)	NM; *
3 day vagnal cre 4%	$0 (3)	NM; *
metronidazole vaginal gel 0.75%	$0 (1)	
miconazole 3 cre 4%	$0 (3)	NM; *
miconazole 3 kit combinat	$0 (3)	NM; *
miconazole 3 kit combo pk	$0 (3)	NM; *
miconazole 7 cre 2%	$0 (3)	NM; *
miconazole 7 cre tube/kit	$0 (3)	NM; *
miconazole 7 sup 100mg	$0 (3)	NM; *
miconazole nitrate vaginal cream 2%	$0 (3)	NM; *
miconazole nitrate vaginal supp 1200 mg & 2% cream kit	$0 (3)	NM; *
miconazole nitrate vaginal suppos 100 mg	$0 (3)	NM; *
sm micon 7 sup 100mg	$0 (3)	NM; *
terconazole vaginal cream 0.4%	$0 (1)	
terconazole vaginal cream 0.8%	$0 (1)	
terconazole vaginal suppos 80 mg	$0 (1)	
vandazole gel 0.75%	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VAGINAL CONTRACEPTIVE		
TODAY SPONGE MIS	$0 (3)	NM; *
VCF VAGINAL AER CONTRACP	$0 (3)	NM; *
vcf vaginal gel contrace	$0 (3)	NM; *
VCF VAGINAL MIS CONTRACP	$0 (3)	NM; *
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)	
enoxaparin sodium inj 30 mg/0.3ml	$0 (1)	NM
enoxaparin sodium inj 40 mg/0.4ml	$0 (1)	NM
enoxaparin sodium inj 60 mg/0.6ml	$0 (1)	NM
enoxaparin sodium inj 80 mg/0.8ml	$0 (1)	NM
enoxaparin sodium inj 100 mg/ml	$0 (1)	NM
enoxaparin sodium inj 120 mg/0.8ml	$0 (1)	NM
enoxaparin sodium inj 150 mg/ml	$0 (1)	NM
enoxaparin sodium inj 300 mg/3ml	$0 (1)	NM
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	$0 (1)	NM
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	$0 (2)	NDS
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	$0 (2)	NDS
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	$0 (2)	NDS
HEP SOD/NACL INJ 25000UNT	$0 (2)	
heparin sodium (porcine) 100 unit/ml in d5w	$0 (2)	
heparin sodium (porcine) inj 1000 unit/ml	$0 (1)	B/D
heparin sodium (porcine) inj 5000 unit/ml	$0 (1)	B/D
heparin sodium (porcine) inj 10000 unit/ml	$0 (1)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
heparin sodium (porcine) inj 20000 unit/ml	$0 (1)	B/D
heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%	$0 (2)	
heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%	$0 (2)	
HEPARIN/NACL INJ 25000UNT	$0 (2)	
jantoven tab 1mg	$0 (1)	
jantoven tab 2.5mg	$0 (1)	
jantoven tab 2mg	$0 (1)	
jantoven tab 3mg	$0 (1)	
jantoven tab 4mg	$0 (1)	
jantoven tab 5mg	$0 (1)	
jantoven tab 6mg	$0 (1)	
jantoven tab 7.5mg	$0 (1)	
jantoven tab 10mg	$0 (1)	
PRADAXA CAP 75MG	$0 (2)	
PRADAXA CAP 110MG	$0 (2)	
PRADAXA CAP 150MG	$0 (2)	
warfarin sodium tab 1 mg	$0 (1)	
warfarin sodium tab 2 mg	$0 (1)	
warfarin sodium tab 2.5 mg	$0 (1)	
warfarin sodium tab 3 mg	$0 (1)	
warfarin sodium tab 4 mg	$0 (1)	
warfarin sodium tab 5 mg	$0 (1)	
warfarin sodium tab 6 mg	$0 (1)	
warfarin sodium tab 7.5 mg	$0 (1)	
warfarin sodium tab 10 mg	$0 (1)	
XARELTO STAR TAB 15/20MG	$0 (2)	
XARELTO TAB 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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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		
carbonyl tab fe 45mg	$0 (3)	NM; *
cvs iron tab 27mg	$0 (3)	NM; *
cvs iron tab 325mg	$0 (3)	NM; *
EZFE 200 CAP 200MG	$0 (3)	NM; *
FE SULFATE POW	$0 (3)	NM; *
FERAHEME INJ 510/17ML	$0 (3)	NM; *
ferate tab 27mg	$0 (3)	NM; *
fergon tab 27mg	$0 (3)	NM; *
ferosul elx 220/5ml	$0 (3)	NM; *
ferosul tab 325mg	$0 (3)	NM; *
ferrex 150 cap 150mg	$0 (3)	NM; *
ferric x-150 cap 150mg	$0 (3)	NM; *
ferrous gluc tab 324mg	$0 (3)	NM; *
FERROUS GLUC TAB 324MG	$0 (3)	NM; *
ferrous gluconate tab 240 mg (27 mg elemental fe)	$0 (3)	NM; *
ferrous gluconate tab 324 mg (37.5 mg elemental iron)	$0 (3)	NM; *
FERROUS SUL LIQ 220/5ML	$0 (3)	NM; *
FERROUS SULF SYP 300/5ML	$0 (3)	NM; *
FERROUS SULF TAB 140MG	$0 (3)	NM; *
FERROUS SULF TAB 324MG EC	$0 (3)	NM; *
ferrous sulf tab 325mg	$0 (3)	NM; *
ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)	$0 (3)	NM; *
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)	$0 (3)	NM; *
ferrous sulfate tab 28 mg (elemental fe)	$0 (3)	NM; *
ferrous sulfate tab 325 mg (65 mg elemental fe)	$0 (3)	NM; *
ferrous sulfate tab ec 325 mg (65 mg fe equivalent)	$0 (3)	NM; *
ferrous sulfate tab er 142 mg (45 mg fe equivalent)	$0 (3)	NM; *
ferrousul tab 325mg	$0 (3)	NM; *
gnp iron tab 45mg	$0 (3)	NM; *
gnp iron tab 65mg	$0 (3)	NM; *
gnp iron tab 325mg	$0 (3)	NM; *
high potency tab fe 27mg	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
hm iron tab 45mg	$0 (3)	NM; *
hm iron tab 65mg	$0 (3)	NM; *
iferex 150 cap	$0 (3)	NM; *
INFED INJ 50MG/ML	$0 (3)	NM; *
INJECTAFER INJ 750/15ML	$0 (3)	NM; *
IRON CHW PEDIATRI	$0 (3)	NM; *
iron slow tab 45mg	$0 (3)	NM; *
iron supplem tab therapy	$0 (3)	NM; *
iron supplmt dro 15mg/ml	$0 (3)	NM; *
IRON TAB 18MG	$0 (3)	NM; *
iron tab 27mg	$0 (3)	NM; *
IRON TAB 28MG	$0 (3)	NM; *
IRON UP LIQ	$0 (3)	NM; *
myferon 150 cap 150mg	$0 (3)	NM; *
NOVAFERRUM CAP 50MG	$0 (3)	NM; *
NOVAFERRUM DRO 15MG/ML	$0 (3)	NM; *
nu-iron 150 cap 150mg	$0 (3)	NM; *
poly-iron cap 150mg	$0 (3)	NM; *
PROFE CAP 180MG	$0 (3)	NM; *
px iron tab 27mg	$0 (3)	NM; *
px iron tab 200mg	$0 (3)	NM; *
ra iron tab 27mg	$0 (3)	NM; *
ra iron tab 325mg	$0 (3)	NM; *
slow fe tab 45mg	$0 (3)	NM; *
slow iron tab 50mg	$0 (3)	NM; *
slow iron tab 160mg cr	$0 (3)	NM; *
SLOW REL FE TAB 143MG CR	$0 (3)	NM; *
slow rel fe tab 160mg cr	$0 (3)	NM; *
slow release tab 45mg	$0 (3)	NM; *
slow release tab 47.5mg	$0 (3)	NM; *
slow release tab 143mg	$0 (3)	NM; *
slow release tab iron 45	$0 (3)	NM; *
slow-release tab fe 45mg	$0 (3)	NM; *
sm iron slow tab 160mg cr	$0 (3)	NM; *
sm iron tab 45mg	$0 (3)	NM; *
sm iron tab 325mg	$0 (3)	NM; *
sod ferric gluc cmplx in sucrose iv soln 12.5 mg/ml (fe eq)	$0 (3)	NM; *
VENOFER INJ 20MG/ML	$0 (3)	NM; *
wee care sus 15/1.25	$0 (3)	NM; *
MISCELLANEOUS		
anagrelide hcl cap 0.5 mg	$0 (1)	
anagrelide hcl cap 1 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BERINERT INJ 500UNIT	$0 (2)	NDS, QL (24 boxes / 30 days), NM, LA, PA
cilostazol tab 50 mg	$0 (1)	
cilostazol tab 100 mg	$0 (1)	
DROXIA CAP 200MG	$0 (2)	
DROXIA CAP 300MG	$0 (2)	
DROXIA CAP 400MG	$0 (2)	
ENDARI POW 5GM	$0 (2)	NDS, LA, PA
FIRAZYR INJ 30MG/3ML	$0 (2)	NDS, QL (9 syringes / 30 days), NM, PA
HAEGARDA INJ 2000UNIT	$0 (2)	NDS, QL (30 vials / 30 days), NM, LA, PA
HAEGARDA INJ 3000UNIT	$0 (2)	NDS, QL (20 vials / 30 days), NM, LA, PA
icatibant acetate inj 30 mg/3ml (base equivalent)	$0 (2)	NDS, QL (9 syringes / 30 days), NM, PA
pentoxifylline tab er 400 mg	$0 (1)	
PROMACTA POW 12.5MG	$0 (2)	NDS, QL (360 packets / 30 days), NM, LA, PA
PROMACTA TAB 12.5MG	$0 (2)	NDS, QL (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
tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)	$0 (1)	
tranexamic acid tab 650 mg	$0 (1)	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	$0 (1)	
BRILINTA TAB 60MG	$0 (2)	
BRILINTA TAB 90MG	$0 (2)	
clopidogrel bisulfate tab 75 mg (base equiv)	$0 (1)	
prasugrel hcl tab 5 mg (base equiv)	$0 (1)	
prasugrel hcl tab 10 mg (base equiv)	$0 (1)	
ZONTIVITY TAB 2.08MG	$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
HUMIRA KIT 20MG/0.4	$0 (2)	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 40MG/0.8	$0 (2)	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	$0 (2)	NDS, NM, PA
HUMIRA PEN INJ 40/0.4ML	$0 (2)	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN INJ 40MG/0.8	$0 (2)	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN INJ CD/UC/HS	$0 (2)	NDS, NM, PA
HUMIRA PEN INJ PS/UV	$0 (2)	NDS, NM, PA
HUMIRA PEN KIT CD/UC/HS	$0 (2)	NDS, NM, PA
HUMIRA PEN KIT PS/UV	$0 (2)	NDS, NM, PA
hydroxychloroquine sulfate tab 200 mg	$0 (1)	
leflunomide tab 10 mg	$0 (1)	
leflunomide tab 20 mg	$0 (1)	
methotrexate sodium tab 2.5 mg (base equiv)	$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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PRIVIGEN INJ 40GRAMS	$0 (2)	NDS, NM, PA
IMMUNOMODULATORS		
ACTIMMUNE INJ 2MU/0.5	$0 (2)	NDS, NM, LA, PA
ARCALYST INJ 220MG	$0 (2)	NDS, NM, PA
INTRON A INJ 10MU	$0 (2)	NDS, B/D, NM
INTRON A INJ 18MU	$0 (2)	NDS, B/D, NM
INTRON A INJ 25MU	$0 (2)	NDS, B/D, NM
INTRON A INJ 50MU	$0 (2)	NDS, B/D, NM
IMMUNOSUPPRESSANTS		
azathioprine tab 50 mg	$0 (1)	B/D
BENLYSTA INJ 120MG	$0 (2)	NDS, NM, PA
BENLYSTA INJ 200MG/ML	$0 (2)	NDS, NM, PA
BENLYSTA INJ 400MG	$0 (2)	NDS, NM, PA
cyclosporine cap 25 mg	$0 (1)	B/D
cyclosporine cap 100 mg	$0 (1)	B/D
cyclosporine iv soln 50 mg/ml	$0 (1)	B/D
cyclosporine modified cap 25 mg	$0 (1)	B/D
cyclosporine modified cap 50 mg	$0 (1)	B/D
cyclosporine modified cap 100 mg	$0 (1)	B/D
cyclosporine modified oral soln 100 mg/ml	$0 (1)	B/D
gengraf cap 25mg	$0 (1)	B/D
gengraf cap 100mg	$0 (1)	B/D
gengraf sol 100mg/ml	$0 (1)	B/D
mycophenolate mofetil cap 250 mg	$0 (1)	B/D
mycophenolate mofetil for oral susp 200 mg/ml	$0 (2)	NDS, B/D
mycophenolate mofetil tab 500 mg	$0 (1)	B/D
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	$0 (1)	B/D
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	$0 (1)	B/D
NULOJIX INJ 250MG	$0 (2)	NDS, B/D
PROGRAF GRA 0.2MG	$0 (2)	B/D
PROGRAF GRA 1MG	$0 (2)	B/D
RAPAMUNE SOL 1MG/ML	$0 (2)	NDS, B/D
SANDIMMUNE SOL 100MG/ML	$0 (2)	B/D
sirolimus oral soln 1 mg/ml	$0 (2)	NDS, B/D
sirolimus tab 0.5 mg	$0 (1)	B/D
sirolimus tab 1 mg	$0 (1)	B/D
sirolimus tab 2 mg	$0 (2)	NDS, B/D
tacrolimus cap 0.5 mg	$0 (1)	B/D
tacrolimus cap 1 mg	$0 (1)	B/D
tacrolimus cap 5 mg	$0 (1)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ZORTRESS TAB 0.5MG	$0 (2)	NDS, B/D
ZORTRESS TAB 0.25MG	$0 (2)	NDS, B/D
ZORTRESS TAB 0.75MG	$0 (2)	NDS, B/D
ZORTRESS TAB 1MG	$0 (2)	NDS, B/D
VACCINES		
ACTHIB INJ	$0 (2)	
ADACEL INJ	$0 (2)	
BCG VACCINE INJ	$0 (2)	
BEXSERO INJ	$0 (2)	
BOOSTRIX INJ	$0 (2)	
DAPTACEL INJ	$0 (2)	
DIP/TET PED INJ 25-5LFU	$0 (2)	B/D
ENGERIX-B INJ 10/0.5ML	$0 (2)	B/D
ENGERIX-B INJ 20MCG/ML	$0 (2)	B/D
GARDASIL 9 INJ	$0 (2)	
HAVRIX INJ 720UNIT	$0 (2)	
HAVRIX INJ 1440UNIT	$0 (2)	
HIBERIX SOL 10MCG	$0 (2)	
IMOVAX RABIE INJ 2.5/ML	$0 (2)	B/D
INFANRIX INJ	$0 (2)	
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)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VAQTA INJ 25/0.5ML	$0 (2)	
VAQTA INJ 50UNT/ML	$0 (2)	
VARIVAX INJ	$0 (2)	
YF-VAX INJ	$0 (2)	
ZOSTAVAX INJ	$0 (2)	QL (1 vial per lifetime)
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS		
ELECTROLYTES		
CERALYTE 50 POW	$0 (3)	NM; *
CERALYTE 70 POW	$0 (3)	NM; *
CERALYTE 90 POW	$0 (3)	NM; *
CERASPORT POW	$0 (3)	NM; *
CERASPORT POW EX1	$0 (3)	NM; *
CERASPORT SOL	$0 (3)	NM; *
CERASPORT SOL EX1	$0 (3)	NM; *
cvs electrol sol	$0 (3)	NM; *
DRIPDROP POW BERRY	$0 (3)	NM; *
DRIPDROP POW ORS	$0 (3)	NM; *
ENFAMIL SOL ENFALYTE	$0 (3)	NM; *
gnp pediatri sol electrol	$0 (3)	NM; *
klor-con 8 tab 8meq er	$0 (1)	
klor-con 10 tab 10meq er	$0 (1)	
MAGNESIUM SU INJ 2GM/50ML	$0 (2)	
MAGNESIUM SU INJ 4G/100ML	$0 (2)	
MAGNESIUM SU INJ 20/500ML	$0 (2)	
MAGNESIUM SU INJ 40G/1000	$0 (2)	
MAGNESIUM SU INJ 80MG/ML	$0 (2)	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	$0 (2)	
magnesium sulfate inj 50%	$0 (2)	
magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)	$0 (2)	
magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)	$0 (2)	
magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)	$0 (2)	
magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)	$0 (2)	
magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)	$0 (2)	
MEDI-LYTE TAB	$0 (3)	NM; *
MG SO4/D5W INJ 10MG/ML	$0 (2)	
NORMALYTE POW	$0 (3)	NM; *
NORMALYTE POW GRAPE	$0 (3)	NM; *
NORMALYTE POW ORANGE	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NORMALYTE POW PURE	$0 (3)	NM; *
oral electro sol cherry	$0 (3)	NM; *
oral electro sol h-e-b	$0 (3)	NM; *
oral electrolyte solution	$0 (3)	NM; *
oralyte sol	$0 (3)	NM; *
oralyte sol freeze	$0 (3)	NM; *
pc ped elect sol fruit	$0 (3)	NM; *
pc ped elect sol grape	$0 (3)	NM; *
pc pediatric sol electrol	$0 (3)	NM; *
ped elctrlyt sol	$0 (3)	NM; *
ped elctrlyt sol /zinc	$0 (3)	NM; *
ped elctrlyt sol freeze	$0 (3)	NM; *
ped elctrlyt sol freezer	$0 (3)	NM; *
ped elctrlyt sol freezpop	$0 (3)	NM; *
ped elctrlyt sol fruit	$0 (3)	NM; *
ped elctrlyt sol grape	$0 (3)	NM; *
ped elctrlyt sol unflavrd	$0 (3)	NM; *
pedia vance sol apple	$0 (3)	NM; *
PEDIALYTE PAK	$0 (3)	NM; *
PEDIALYTE POW APPLE	$0 (3)	NM; *
PEDIALYTE POW CHERRY	$0 (3)	NM; *
PEDIALYTE POW FRUIT PN	$0 (3)	NM; *
PEDIALYTE POW GRAPE	$0 (3)	NM; *
PEDIALYTE POW STRBRRY	$0 (3)	NM; *
PEDIALYTE POW VARIETY	$0 (3)	NM; *
PEDIATRIC POW ELECTROL	$0 (3)	NM; *
potassium chloride cap er 8 meq	$0 (1)	
potassium chloride cap er 10 meq	$0 (1)	
potassium chloride microencapsulated crys er tab 10 meq	$0 (1)	
potassium chloride microencapsulated crys er tab 15 meq	$0 (2)	
potassium chloride microencapsulated crys er tab 20 meq	$0 (1)	
potassium chloride oral soln 10% (20 meq/15ml)	$0 (1)	
potassium chloride oral soln 20% (40 meq/15ml)	$0 (1)	
potassium chloride powder packet 20 meq	$0 (1)	
potassium chloride tab er 8 meq (600 mg)	$0 (1)	
potassium chloride tab er 10 meq	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
potassium chloride tab er 20 meq (1500 mg)	$0 (1)	
ra pediatric sol electrol	$0 (3)	NM; *
rehydralyte sol	$0 (3)	NM; *
REPLACE TAB SR	$0 (3)	NM; *
sodium chloride inj 2.5 meq/ml (14.6%)	$0 (1)	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	$0 (1)	
THERMOTABS TAB	$0 (3)	NM; *
tpn electrol inj	$0 (2)	B/D
IV NUTRITION		
amino acid infusion 6%	$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
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
FREAMINE HBC INJ 6.9%	$0 (2)	B/D
FREAMINE III INJ 10%	$0 (2)	B/D
hepatamine sol 8%	$0 (2)	B/D
INTRALIPID INJ 20%	$0 (2)	B/D
INTRALIPID INJ 30%	$0 (2)	B/D
NEPHRAMINE INJ 5.4%	$0 (2)	B/D
NUTRILIPID EMU 20%	$0 (2)	B/D
PREMASOL SOL 10%	$0 (2)	B/D
PROCALAMINE INJ 3%	$0 (2)	B/D
PROSOL INJ 20%	$0 (2)	B/D
TRAVASOL INJ 10%	$0 (2)	B/D
TROPHAMINE INJ 10%	$0 (2)	B/D
IV REPLACEMENT SOLUTIONS		
D5W/LYTES INJ #48	$0 (2)	
D5W/NACL INJ 0.3%	$0 (2)	
D10W/NACL INJ 0.2%	$0 (2)	
dextrose 2.5% w/ sodium chloride 0.45%	$0 (1)	
dextrose 5% in lactated ringers	$0 (1)	
dextrose 5% w/ sodium chloride 0.2%	$0 (1)	
dextrose 5% w/ sodium chloride 0.9%	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
dextrose 5% w/ sodium chloride 0.33%	$0 (1)	
dextrose 5% w/ sodium chloride 0.45%	$0 (1)	
dextrose 5% w/ sodium chloride 0.225%	$0 (1)	
dextrose 10% w/ sodium chloride 0.45%	$0 (1)	
dextrose inj 5%	$0 (1)	
dextrose inj 10%	$0 (1)	
dextrose inj 50%	$0 (1)	
dextrose inj 70%	$0 (1)	
IONOSOL-MB INJ D5W	$0 (2)	
ISOLYTE-P INJ /D5W	$0 (2)	
ISOLYTE-S INJ	$0 (2)	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	$0 (1)	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	$0 (1)	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	$0 (1)	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.33% inj	$0 (1)	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	$0 (1)	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	$0 (1)	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	$0 (1)	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	$0 (1)	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	$0 (1)	
kcl 40 meq/l (0.3%) in nacl 0.9% inj	$0 (1)	
KCL/D5W/NACL INJ 0.3/0.9%	$0 (2)	
KCL/D5W/NACL INJ 0.15/0.2	$0 (2)	
lactated ringer's solution	$0 (1)	
NORMOSOL -M INJ /D5W	$0 (2)	
NORMOSOL -R INJ /D5W	$0 (2)	
NORMOSOL-R INJ PH 7.4	$0 (2)	
PLASMA-LYTE INJ -148	$0 (2)	
PLASMA-LYTE INJ -A	$0 (2)	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	$0 (1)	
potassium chloride 40 meq/l (0.3%) in dextrose 5% inj	$0 (1)	
potassium chloride inj 2 meq/ml	$0 (1)	
POTASSIUM CHLORIDE INJ 10 MEQ/50ML	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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)	
sodium chloride iv soln 0.9%	$0 (1)	
sodium chloride iv soln 0.45%	$0 (1)	
sodium chloride iv soln 3%	$0 (1)	
sodium chloride iv soln 5%	$0 (1)	
MINERALS		
CA CITRATE TAB 250MG	$0 (3)	NM; *
ca citrate tab + d	$0 (3)	NM; *
ca citrate tab plus d	$0 (3)	NM; *
CA HI-CAL/D TAB 500MG	$0 (3)	NM; *
CA LACTATE TAB 100MG	$0 (3)	NM; *
cal cit+d3 tab maximum	$0 (3)	NM; *
CAL-CITRATE TAB PLUS D	$0 (3)	NM; *
CAL-LAC CAP 500MG	$0 (3)	NM; *
CAL-MINT CHW 260MG	$0 (3)	NM; *
CAL-QUICK LIQ 500-400	$0 (3)	NM; *
calc 600+d3 cap 600-500	$0 (3)	NM; *
calc 600+d3 tab minerals	$0 (3)	NM; *
calc 600+d tab 600-800	$0 (3)	NM; *
calc 600+d+ tab minerals	$0 (3)	NM; *
calc 600/d3 tab 600-800	$0 (3)	NM; *
calc cit+d3 tab 200-250	$0 (3)	NM; *
calc cit+d3 tab 250-200	$0 (3)	NM; *
calc citr+d3 tab 200-250	$0 (3)	NM; *
calc citr+d tab 315-250	$0 (3)	NM; *
calc citr/d3 tab 200-250	$0 (3)	NM; *
calc citra+d tab 315-250	$0 (3)	NM; *
calc citrate tab +d	$0 (3)	NM; *
CALC/VIT D3 CHW DISNEY	$0 (3)	NM; *
CALCI-CHEW CHW 1250MG	$0 (3)	NM; *
calcitrate tab	$0 (3)	NM; *
calcitrate tab 950mg	$0 (3)	NM; *
calcium 500 tab +d	$0 (3)	NM; *
calcium 500 tab /vit d	$0 (3)	NM; *
calcium 600 chw +d/miner	$0 (3)	NM; *
calcium 600 chw +d/mnrls	$0 (3)	NM; *
calcium 600 chw w/vit d	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
calcium 600 tab	$0 (3)	NM; *
calcium 600 tab + d	$0 (3)	NM; *
calcium 600 tab +d	$0 (3)	NM; *
calcium 600 tab +d3	$0 (3)	NM; *
calcium 600 tab +d/mnrls	$0 (3)	NM; *
calcium 600 tab -d	$0 (3)	NM; *
calcium 600 tab vit d/mi	$0 (3)	NM; *
calcium 600/ tab vit d	$0 (3)	NM; *
CALCIUM 1000 TAB + D	$0 (3)	NM; *
calcium 1200 chw	$0 (3)	NM; *
calcium + d tab	$0 (3)	NM; *
calcium + d tab 600-200	$0 (3)	NM; *
calcium +d3 tab maximum	$0 (3)	NM; *
calcium +d tab maximum	$0 (3)	NM; *
CALCIUM CARB CHW 260MG	$0 (3)	NM; *
CALCIUM CARB POW	$0 (3)	NM; *
CALCIUM CARB POW 800/2GM	$0 (3)	NM; *
CALCIUM CARB POW EX-LIGHT	$0 (3)	NM; *
CALCIUM CARB POW HEAVY	$0 (3)	NM; *
calcium carb tab 1250mg	$0 (3)	NM; *
calcium carb-vit d w/ minerals chew tab 600 mg-400 unit	$0 (3)	NM; *
calcium carbonate (antacid) susp 1250 mg/5ml	$0 (3)	NM; *
calcium carbonate tab 600 mg	$0 (3)	NM; *
calcium carbonate tab 1250 mg (500 mg elemental ca)	$0 (3)	NM; *
calcium carbonate tab 1500 mg (600 mg elemental ca)	$0 (3)	NM; *
calcium carbonate-cholecalciferol chew tab 500 mg-100 unit	$0 (3)	NM; *
calcium carbonate-cholecalciferol tab 250 mg-125 unit	$0 (3)	NM; *
calcium carbonate-cholecalciferol tab 500 mg-200 unit	$0 (3)	NM; *
calcium carbonate-cholecalciferol tab 500 mg-400 unit	$0 (3)	NM; *
calcium carbonate-cholecalciferol tab 600 mg-200 unit	$0 (3)	NM; *
calcium carbonate-cholecalciferol tab 600 mg-400 unit	$0 (3)	NM; *
calcium carbonate-vitamin d cap 600 mg-200 unit	$0 (3)	NM; *
calcium carbonate-vitamin d tab 250 mg-125 unit	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
calcium carbonate-vitamin d tab 500 mg-125 unit	$0 (3)	NM; *
calcium carbonate-vitamin d tab 500 mg-200 unit	$0 (3)	NM; *
calcium carbonate-vitamin d tab 500 mg-400 unit	$0 (3)	NM; *
calcium carbonate-vitamin d tab 600 mg-125 unit	$0 (3)	NM; *
calcium carbonate-vitamin d tab 600 mg-200 unit	$0 (3)	NM; *
calcium carbonate-vitamin d tab 600 mg-400 unit	$0 (3)	NM; *
calcium chw gummies	$0 (3)	NM; *
CALCIUM CIT TAB 1040MG	$0 (3)	NM; *
CALCIUM CIT/ TAB VIT D	$0 (3)	NM; *
calcium citr tab +d	$0 (3)	NM; *
calcium citr tab plus d-3	$0 (3)	NM; *
calcium citr tab w/vit d3	$0 (3)	NM; *
calcium citrate tab 950 mg (200 mg elemental ca)	$0 (3)	NM; *
calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)	$0 (3)	NM; *
calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca)	$0 (3)	NM; *
calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)	$0 (3)	NM; *
CALCIUM GRA CITRATE	$0 (3)	NM; *
CALCIUM LACT TAB 648MG	$0 (3)	NM; *
CALCIUM LACT TAB 750MG	$0 (3)	NM; *
calcium plus cap d3	$0 (3)	NM; *
CALCIUM PLUS CAP VIT D	$0 (3)	NM; *
calcium plus tab 600 +d	$0 (3)	NM; *
calcium tab 500+d	$0 (3)	NM; *
calcium tab 500/d	$0 (3)	NM; *
calcium tab 600mg	$0 (3)	NM; *
CALCIUM TAB 600MG	$0 (3)	NM; *
calcium tab vit d	$0 (3)	NM; *
calcium+d3 tab 315-250	$0 (3)	NM; *
calcium+d3 tab 600-400	$0 (3)	NM; *
calcium+d3 tab 600-800	$0 (3)	NM; *
calcium+d tab 600-400	$0 (3)	NM; *
calcium+d tab 600-800	$0 (3)	NM; *
calcium/d3 cap 600-500	$0 (3)	NM; *
CALCIUM/D3 CAP 600-2500	$0 (3)	NM; *
calcium/d3 tab	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
calcium/d3 tab 200-250	$0 (3)	NM; *
calcium/d3 tab 500-400	$0 (3)	NM; *
calcium/d3 tab 500-600	$0 (3)	NM; *
calcium/d3 tab 600-800	$0 (3)	NM; *
calcium/d chw 500-400	$0 (3)	NM; *
calcium/d tab 500-200	$0 (3)	NM; *
calcium/d tab 500-400	$0 (3)	NM; *
calcium/d tab 500mg	$0 (3)	NM; *
calcium/d tab 600-200	$0 (3)	NM; *
calcium/d tab 600-400	$0 (3)	NM; *
calcium/d tab 600-800	$0 (3)	NM; *
calcium/vita tab d3	$0 (3)	NM; *
CALCIUM/VITD CAP 600-400	$0 (3)	NM; *
CALTRATE 600 CHW 600-800	$0 (3)	NM; *
caltrate 600 tab	$0 (3)	NM; *
CALTRATE + D TAB 300-800	$0 (3)	NM; *
caltrate+d3 chw 600-800	$0 (3)	NM; *
CHEWABLE CHW CALCIUM	$0 (3)	NM; *
cit calc/d tab 315-250	$0 (3)	NM; *
CITRACAL CAL CHW GUMMIES	$0 (3)	NM; *
CITRACAL+D3 CHW 250-500	$0 (3)	NM; *
creamies chw 600-400	$0 (3)	NM; *
cvs calcium tab 600mg	$0 (3)	NM; *
eq calcium tab citr+d	$0 (3)	NM; *
EQL CALCIUM CAP VIT D	$0 (3)	NM; *
eql calcium tab citr/d3	$0 (3)	NM; *
eql calcium tab w/vit d	$0 (3)	NM; *
GALZIN CAP 25MG	$0 (3)	NM; *
GALZIN CAP 50MG	$0 (3)	NM; *
gnp ca/vit d chw minerals	$0 (3)	NM; *
gnp calcium tab 500/d	$0 (3)	NM; *
gnp calcium tab 600/d	$0 (3)	NM; *
gnp calcium tab cit +d3	$0 (3)	NM; *
hm ca/vit d3 tab 600-400	$0 (3)	NM; *
hm ca/vit d3 tab 600-800	$0 (3)	NM; *
hm calcium tab citr+d	$0 (3)	NM; *
hm calcium tab d/minera	$0 (3)	NM; *
kp calcium cap 600+d	$0 (3)	NM; *
kp calcium tab 600+d	$0 (3)	NM; *
kp calcium tab +d	$0 (3)	NM; *
kp mag-oxide tab 200mg	$0 (3)	NM; *
liq ca/vit d cap 600mg	$0 (3)	NM; *
LIQUID CALCI CAP WITH D3	$0 (3)	NM; *
MAG64 TAB 64MG	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
mag-g tab 500mg	$0 (3)	NM; *
MAG-SR PLUS TAB CALCIUM	$0 (3)	NM; *
MAG-TAB SR TAB 84MG	$0 (3)	NM; *
MAGDELAY TAB 70MG	$0 (3)	NM; *
MAGN CHLORID POW	$0 (3)	NM; *
MAGNESIUM CAP 400MG	$0 (3)	NM; *
MAGNESIUM CL TAB CALCIUM	$0 (3)	NM; *
MAGNESIUM GL TAB 500MG	$0 (3)	NM; *
magnesium gluconate tab 27.5 mg (elemental mg)	$0 (3)	NM; *
magnesium gluconate tab 500 mg (27 mg elemental mg)	$0 (3)	NM; *
magnesium oxide cap 500 mg (elemental mg)	$0 (3)	NM; *
magnesium oxide tab 250 mg (mg supplement)	$0 (3)	NM; *
magnesium oxide tab 400 mg	$0 (3)	NM; *
magnesium oxide tab 400 mg (240 mg elemental mg)	$0 (3)	NM; *
magnesium oxide tab 400 mg (241.3 mg elemental mg)	$0 (3)	NM; *
magnesium oxide tab 500 mg (mg supplement)	$0 (3)	NM; *
MAGNESIUM TAB 30MG	$0 (3)	NM; *
magnesium tab 250 mg	$0 (3)	NM; *
magnesium tab 250mg	$0 (3)	NM; *
magnesium tab 500mg	$0 (3)	NM; *
magnesium-ox tab 400mg	$0 (3)	NM; *
magonate tab 500mg	$0 (3)	NM; *
MG GLUCONATE TAB 250MG	$0 (3)	NM; *
mgo tab 400mg	$0 (3)	NM; *
NU-MAG TAB 71.5-119	$0 (3)	NM; *
orazinc cap 220mg	$0 (3)	NM; *
ORAZINC TAB 110MG	$0 (3)	NM; *
os calcium tab /vit d	$0 (3)	NM; *
os-cal + d3 tab 500-200	$0 (3)	NM; *
os-cal chw	$0 (3)	NM; *
os-cal chw 500-600	$0 (3)	NM; *
os-cal extra tab d3	$0 (3)	NM; *
OSTEO-PORETI TAB	$0 (3)	NM; *
oys shell ca tab 500 + d	$0 (3)	NM; *
oys shell ca tab /d3	$0 (3)	NM; *
oys shell+d chw 500-400	$0 (3)	NM; *
oys shell+d tab 250-125	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
oysco 500 tab 500mg	$0 (3)	NM; *
oysco 500+d chw	$0 (3)	NM; *
oysco 500+d tab	$0 (3)	NM; *
oyst cal/d tab 250mg	$0 (3)	NM; *
oyst cal/d tab 500mg	$0 (3)	NM; *
oyst shell/d tab 250mg	$0 (3)	NM; *
oyst shell/d tab 500-125	$0 (3)	NM; *
oyst shell/d tab 500-200	$0 (3)	NM; *
oyst shell/d tab 500-400	$0 (3)	NM; *
oyst shell/d tab 500mg	$0 (3)	NM; *
oyst-cal d tab 250mg	$0 (3)	NM; *
oyst-cal-d tab 500mg	$0 (3)	NM; *
oyster shell calcium tab 500 mg	$0 (3)	NM; *
oyster shell tab 500mg	$0 (3)	NM; *
oystercal tab 500mg	$0 (3)	NM; *
oystercal-d tab 500mg	$0 (3)	NM; *
pa oyster sh tab 500mg	$0 (3)	NM; *
PHOS-NAK POW CONCENTR	$0 (3)	NM; *
px calcium&d tab 600-400	$0 (3)	NM; *
qc calcium tab 600mg	$0 (3)	NM; *
ra ca/vit d3 chw minerals	$0 (3)	NM; *
ra ca/vit d3 tab 600-400	$0 (3)	NM; *
ra calcium tab 600mg	$0 (3)	NM; *
ra calcium tab vit d	$0 (3)	NM; *
ra calcium+d tab 600mg	$0 (3)	NM; *
ra hi cal tab 500-200	$0 (3)	NM; *
ra hi-cal tab 500mg	$0 (3)	NM; *
ra hi-cal/d tab 500mg	$0 (3)	NM; *
ra magnesium cap 500mg	$0 (3)	NM; *
RISACAL-D TAB	$0 (3)	NM; *
slow mag/cal tab 70-117mg	$0 (3)	NM; *
SLOW-MAG TAB	$0 (3)	NM; *
SLOW-MAG TAB 71.5-119	$0 (3)	NM; *
sm ca/vit d3 tab 600-400	$0 (3)	NM; *
sm calcium tab /vit d3	$0 (3)	NM; *
sm calcium/d tab 500-200	$0 (3)	NM; *
sm calcium/d tab 600-400	$0 (3)	NM; *
SM CORAL CAL TAB 1000MG	$0 (3)	NM; *
sm magnesium tab 250mg	$0 (3)	NM; *
super ca 600 tab + d3	$0 (3)	NM; *
super ca 600 tab + d3 400	$0 (3)	NM; *
super ca 600 tab + d 400	$0 (3)	NM; *
super calciu tab 600mg	$0 (3)	NM; *
UPCAL D POW	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VITAMIN D TAB 400UNIT	$0 (3)	NM; *
ZINC 15 TAB 66MG	$0 (3)	NM; *
zinc sulfate cap 50mg	$0 (3)	NM; *
zinc sulfate cap 220 mg (50 mg elemental zn)	$0 (3)	NM; *
ZINC SULFATE POW	$0 (3)	NM; *
ZINC SULFATE POW GRANULAR	$0 (3)	NM; *
ZINC SULFATE POW MONOHYD	$0 (3)	NM; *
zinc sulfate tab 220 mg (50 mg zinc equivalent)	$0 (3)	NM; *
zinc-220 cap	$0 (3)	NM; *
MISCELLANEOUS		
ALPHA LIPOIC CAP 50MG	$0 (3)	NM; *
ALPHA LIPOIC CAP 300MG	$0 (3)	NM; *
alpha-lipoic acid (thioctic acid) cap 100 mg	$0 (3)	NM; *
alpha-lipoic acid (thioctic acid) cap 200 mg	$0 (3)	NM; *
alpha-lipoic acid (thioctic acid) cap 600 mg	$0 (3)	NM; *
ALPHA-LIPOIC CAP 50MG	$0 (3)	NM; *
ARGININE2000 PAK 2000MG	$0 (3)	NM; *
arginine cap 500 mg	$0 (3)	NM; *
ARGININE PAK 500MG	$0 (3)	NM; *
ARGININE TAB 500MG	$0 (3)	NM; *
arginine tab 1000 mg	$0 (3)	NM; *
CHEW Q CHW 30MG	$0 (3)	NM; *
CHEW Q CHW 100MG	$0 (3)	NM; *
CHEW Q CHW 600MG	$0 (3)	NM; *
co q10 ms cap 200mg	$0 (3)	NM; *
CO-ENZYME WAF Q10/E	$0 (3)	NM; *
coenzyme q10 cap 10 mg	$0 (3)	NM; *
coenzyme q10 cap 30 mg	$0 (3)	NM; *
coenzyme q10 cap 30mg	$0 (3)	NM; *
coenzyme q10 cap 50 mg	$0 (3)	NM; *
coenzyme q10 cap 50mg	$0 (3)	NM; *
coenzyme q10 cap 60 mg	$0 (3)	NM; *
coenzyme q10 cap 75 mg	$0 (3)	NM; *
coenzyme q10 cap 100 mg	$0 (3)	NM; *
coenzyme q10 cap 100mg	$0 (3)	NM; *
coenzyme q10 cap 150 mg	$0 (3)	NM; *
coenzyme q10 cap 200 mg	$0 (3)	NM; *
coenzyme q10 cap 200mg	$0 (3)	NM; *
coenzyme q10 cap 300 mg	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
coenzyme q10 cap 400 mg	$0 (3)	NM; *
coenzyme q10 cap 400mg	$0 (3)	NM; *
COENZYME Q10 CHW 60MG	$0 (3)	NM; *
COENZYME Q10 LIQ 30MG/5ML	$0 (3)	NM; *
COENZYME Q10 TAB 25MG	$0 (3)	NM; *
COENZYME Q10 TAB 50MG	$0 (3)	NM; *
coenzyme q10 tab 60 mg	$0 (3)	NM; *
COENZYME Q10 TAB 100MG	$0 (3)	NM; *
COENZYME Q10 TAB 200MG	$0 (3)	NM; *
coq10 cap 400mg	$0 (3)	NM; *
COQ10/VIT E CAP 100-10	$0 (3)	NM; *
COQ10/VIT E CAP 200-200	$0 (3)	NM; *
COQ-10 CAP 100MG TR	$0 (3)	NM; *
COROMEGA EMU OMEGA 3	$0 (3)	NM; *
cvs fish oil cap 1000mg	$0 (3)	NM; *
cvs fish oil cap 1200mg	$0 (3)	NM; *
CYTO-Q LIQ 80MG/10	$0 (3)	NM; *
CYTO-Q MAX LIQ 100MG/ML	$0 (3)	NM; *
CYTO-Q T/F LIQ 80MG/10	$0 (3)	NM; *
eql coq10 cap 100mg	$0 (3)	NM; *
eql coq10 cap 200mg	$0 (3)	NM; *
eql fish oil cap 1000mg	$0 (3)	NM; *
eql fish oil cap 1200mg	$0 (3)	NM; *
finest fish liq oil	$0 (3)	NM; *
FISH OIL CAP 150MG	$0 (3)	NM; *
FISH OIL CAP 180MG	$0 (3)	NM; *
FISH OIL CAP 183.33MG	$0 (3)	NM; *
fish oil cap 300mg	$0 (3)	NM; *
fish oil cap 435mg	$0 (3)	NM; *
FISH OIL CAP 900MG	$0 (3)	NM; *
fish oil cap 1000mg	$0 (3)	NM; *
FISH OIL CAP 1000MG	$0 (3)	NM; *
fish oil cap 1200mg	$0 (3)	NM; *
FISH OIL CAP 1360MG	$0 (3)	NM; *
FISH OIL CAP 1400MG	$0 (3)	NM; *
FISH OIL CHW 875MG	$0 (3)	NM; *
fish oil chw gummies	$0 (3)	NM; *
fish oil con cap 300mg	$0 (3)	NM; *
fish oil con cap 1000mg	$0 (3)	NM; *
glutamine powder	$0 (3)	NM; *
glutimmune pow 100%	$0 (3)	NM; *
gnp co q10 cap 60mg	$0 (3)	NM; *
gnp co q10 cap 100mg	$0 (3)	NM; *
gnp co q10 cap 200mg	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
gnp fish oil cap	$0 (3)	NM; *
GNP FISH OIL CAP 840MG	$0 (3)	NM; *
gnp fish oil cap 1000mg	$0 (3)	NM; *
gnp fish oil cap 1200mg	$0 (3)	NM; *
h2q cap 100mg	$0 (3)	NM; *
healthy kids chw gummies	$0 (3)	NM; *
hm coq10 cap 50mg	$0 (3)	NM; *
hm coq10 cap 100mg	$0 (3)	NM; *
HM FISH OIL CAP 554MG	$0 (3)	NM; *
hm fish oil cap 1000mg	$0 (3)	NM; *
hm fish oil cap 1200mg	$0 (3)	NM; *
kp fish oil cap 1200mg	$0 (3)	NM; *
kp omega-3 cap 1200mg	$0 (3)	NM; *
l-arginine cap 500mg	$0 (3)	NM; *
L-ARGININE POW	$0 (3)	NM; *
l-arginine tab 1000mg	$0 (3)	NM; *
l-arginine- cap 500	$0 (3)	NM; *
L-CITRULLINE CAP 600MG	$0 (3)	NM; *
L-GLUTAMINE POW	$0 (3)	NM; *
L-GLUTATHION CRY	$0 (3)	NM; *
L-ISOLEUCINE POW	$0 (3)	NM; *
LIPOIC ACID CAP 150MG	$0 (3)	NM; *
LIQ-10 SYP	$0 (3)	NM; *
LIQ-10 SYP 50-15/5	$0 (3)	NM; *
maximum epa cap 1000mg	$0 (3)	NM; *
NEOQ10 CAP 125MG	$0 (3)	NM; *
omega 3 500 cap 500mg	$0 (3)	NM; *
omega 3 cap 1000mg	$0 (3)	NM; *
OMEGA BABY EMU PRENATAL	$0 (3)	NM; *
omega essent liq basic	$0 (3)	NM; *
omega iii cap epa+dha	$0 (3)	NM; *
OMEGA-3 2100 CAP 1050MG	$0 (3)	NM; *
OMEGA-3 CAP 350MG	$0 (3)	NM; *
omega-3 cap 1200mg	$0 (3)	NM; *
OMEGA-3 CAP 1400MG	$0 (3)	NM; *
OMEGA-3 CAP FISH OIL	$0 (3)	NM; *
omega-3 fatty acids cap 300 mg	$0 (3)	NM; *
omega-3 fatty acids cap 435 mg	$0 (3)	NM; *
omega-3 fatty acids cap 500 mg	$0 (3)	NM; *
omega-3 fatty acids cap 1000 mg	$0 (3)	NM; *
omega-3 fatty acids cap 1200 mg	$0 (3)	NM; *
omega-3 fatty acids cap delayed release 1000 mg	$0 (3)	NM; *
omega-3 fish cap 1000 mg	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
omega-3 fish cap 1200mg	$0 (3)	NM; *
omega-3 fish chw 113.5mg	$0 (3)	NM; *
OMEGA-3 IQ CHW 240MG	$0 (3)	NM; *
omera cap 1000mg	$0 (3)	NM; *
ovega-3 cap 500mg	$0 (3)	NM; *
pa fish oil cap 1000mg	$0 (3)	NM; *
PRO NUTRIENT CAP OMEGA3	$0 (3)	NM; *
px fish oil cap 1000mg	$0 (3)	NM; *
Q-GEL CAP 15MG	$0 (3)	NM; *
q-gel forte cap 30mg	$0 (3)	NM; *
q-gel mega cap 100mg	$0 (3)	NM; *
q-gel ultra cap 60mg	$0 (3)	NM; *
q-sorb cap 30mg	$0 (3)	NM; *
q-sorb cap 50mg	$0 (3)	NM; *
q-sorb cap 75mg	$0 (3)	NM; *
q-sorb cap 150mg	$0 (3)	NM; *
q-sorb co q cap 200mg	$0 (3)	NM; *
q-sorb co-q cap 100mg	$0 (3)	NM; *
ra fish oil cap 600mg	$0 (3)	NM; *
ra fish oil cap 1000mg	$0 (3)	NM; *
RA FISH OIL CAP 1400MG	$0 (3)	NM; *
salmon oil cap 1000mg	$0 (3)	NM; *
SALMON OIL- CAP 1000	$0 (3)	NM; *
sam-e.p.a. cap 500mg	$0 (3)	NM; *
sea-omega 30 cap 1200mg	$0 (3)	NM; *
sea-omega 50 cap 1000mg	$0 (3)	NM; *
sm coq-10 cap 50mg	$0 (3)	NM; *
SM FISH OIL CAP 554MG	$0 (3)	NM; *
sm fish oil cap 1000mg	$0 (3)	NM; *
sm fish oil cap 1200mg	$0 (3)	NM; *
super dha cap gems	$0 (3)	NM; *
super omega cap -3	$0 (3)	NM; *
SUPER TWIN CAP EPA/DHA	$0 (3)	NM; *
theromega cap 1000mg	$0 (3)	NM; *
ULTRA OMEGA3 CAP 1400MG	$0 (3)	NM; *
VITAMINS		
a thru z chw select	$0 (3)	NM; *
a thru z sel tab 50+ adva	$0 (3)	NM; *
a thru z sel tab 50+ mens	$0 (3)	NM; *
a thru z sel tab advanced	$0 (3)	NM; *
a thru z tab advanced	$0 (3)	NM; *
a thru z tab high pot	$0 (3)	NM; *
a thru z tab select	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
a thru z tab ultimate	$0 (3)	NM; *
a thru z ult tab mens	$0 (3)	NM; *
abc plus tab	$0 (3)	NM; *
abc plus tab senior	$0 (3)	NM; *
ABDEK CAP	$0 (3)	NM; *
abdek chw	$0 (3)	NM; *
abdek pediat dro	$0 (3)	NM; *
acerola c chw 500mg	$0 (3)	NM; *
ACEROLA C WAF 500MG	$0 (3)	NM; *
actical cap	$0 (3)	NM; *
adlt multivi chw gummies	$0 (3)	NM; *
ADLT ONE DLY CHW GUMMIES	$0 (3)	NM; *
ADULT 50+ CAP OCUVITE	$0 (3)	NM; *
50+ adult cap eye hlth	$0 (3)	NM; *
advanced chw multi ea	$0 (3)	NM; *
advanced tab formula	$0 (3)	NM; *
airborne chw	$0 (3)	NM; *
airborne chw gummies	$0 (3)	NM; *
AIRBORNE LOZ	$0 (3)	NM; *
airborne tab	$0 (3)	NM; *
AIRSHIELD CHW IMMUNITY	$0 (3)	NM; *
ALIVE ENERGY TAB WOMENS	$0 (3)	NM; *
ALIVE WOMENS CHW GUMMY	$0 (3)	NM; *
allbee plus tab vit c	$0 (3)	NM; *
alph-e cap 400unit	$0 (3)	NM; *
alph-e-mixed cap 200unit	$0 (3)	NM; *
alph-e-mixed cap 1000unit	$0 (3)	NM; *
animal chews chw	$0 (3)	NM; *
animal shape chw	$0 (3)	NM; *
animal shape chw /iron	$0 (3)	NM; *
animal shape chw complete	$0 (3)	NM; *
ANIMAL SHAPE CHW IRON	$0 (3)	NM; *
anti-oxidant tab	$0 (3)	NM; *
antioxidant cap	$0 (3)	NM; *
ANTIOXIDANT CAP	$0 (3)	NM; *
antioxidant tab	$0 (3)	NM; *
antioxidant tab vitamins	$0 (3)	NM; *
APATATE FORT LIQ	$0 (3)	NM; *
APETIGEN TAB PLUS	$0 (3)	NM; *
AQUA-E LIQ 75/ML	$0 (3)	NM; *
AQUADEKS CHW	$0 (3)	NM; *
aquadeks dro	$0 (3)	NM; *
aqueous e dro 15/0.3ml	$0 (3)	NM; *
asco-tabs tab 1000mg	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ASCORBIC ACD POW	$0 (3)	NM; *
ascorbic acid cap er 500 mg	$0 (3)	NM; *
ascorbic acid chew tab 250 mg	$0 (3)	NM; *
ascorbic acid chew tab 500 mg	$0 (3)	NM; *
ascorbic acid liquid 500 mg/5ml	$0 (3)	NM; *
ascorbic acid tab 250 mg	$0 (3)	NM; *
ascorbic acid tab 500 mg	$0 (3)	NM; *
ascorbic acid tab 1000 mg	$0 (3)	NM; *
ascorbic acid tab er 500 mg	$0 (3)	NM; *
ascorbic acid tab er 1000 mg	$0 (3)	NM; *
ascorbic acid tab er 1500 mg	$0 (3)	NM; *
b6 natural tab 100mg	$0 (3)	NM; *
b complex tab plus c	$0 (3)	NM; *
b complex tab vit c	$0 (3)	NM; *
B-12 CAP 1000MCG	$0 (3)	NM; *
B-12 DOTS TAB 500MCG	$0 (3)	NM; *
B-12 DS TAB 5000MCG	$0 (3)	NM; *
B-12 LIQ 5000/ML	$0 (3)	NM; *
B-12 LOZ 1000MCG	$0 (3)	NM; *
b-12 micrloz sub 500mcg	$0 (3)	NM; *
b-12 tab 500mcg	$0 (3)	NM; *
b-12 tab 2000mcg	$0 (3)	NM; *
B-12 TAB 2500MCG	$0 (3)	NM; *
b-12 tr tab 1000 mcg	$0 (3)	NM; *
b-complex tab /vit c	$0 (3)	NM; *
b-complex tab balanced	$0 (3)	NM; *
b-complex w/ c & calcium tab	$0 (3)	NM; *
b-complex w/ c & folic acid tab	$0 (3)	NM; *
b-complex w/ c cap	$0 (3)	NM; *
b-complex w/ c tab	$0 (3)	NM; *
b-complex/fa tab /vit c	$0 (3)	NM; *
B-NATAL LOZ 25MG	$0 (3)	NM; *
BABY DDROPS LIQ 400UNIT	$0 (3)	NM; *
BABY VIT D DRO 400/.028	$0 (3)	NM; *
balanced b tab complex	$0 (3)	NM; *
bdy/hair/skn cap nails	$0 (3)	NM; *
bec/zinc tab	$0 (3)	NM; *
bee zee tab	$0 (3)	NM; *
berocca tab	$0 (3)	NM; *
better b tab complex	$0 (3)	NM; *
BIO-35 GLUTE CAP FREE	$0 (3)	NM; *
BIO-D-MULSIO LIQ 400/0.4	$0 (3)	NM; *
BIO-D-MULSIO LIQ FORTE	$0 (3)	NM; *
BIOCAL CAP	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BIOSUPP LIQ	$0 (3)	NM; *
BIOTECT PLUS CAP	$0 (3)	NM; *
BIOTECT PLUS LIQ	$0 (3)	NM; *
biotin 5000 cap	$0 (3)	NM; *
BIOTIN CAP 1MG	$0 (3)	NM; *
biotin cap 2.5 mg	$0 (3)	NM; *
biotin cap 5 mg	$0 (3)	NM; *
biotin cap 10 mg	$0 (3)	NM; *
biotin cap 5000mcg	$0 (3)	NM; *
biotin plus/ tab cal/vitd	$0 (3)	NM; *
BIOTIN POW	$0 (3)	NM; *
biotin tab 5 mg	$0 (3)	NM; *
biotin tab 300 mcg	$0 (3)	NM; *
biotin tab 1000 mcg	$0 (3)	NM; *
BIOVOL SYP	$0 (3)	NM; *
c 250 tab	$0 (3)	NM; *
c 1000 tab 1000mg	$0 (3)	NM; *
c-250 tab 250mg	$0 (3)	NM; *
c-500 chw	$0 (3)	NM; *
c-500 chw 500mg	$0 (3)	NM; *
c-500 tab 500mg	$0 (3)	NM; *
c-1000 tab 1000mg	$0 (3)	NM; *
c-1000/rh tab 1000mg	$0 (3)	NM; *
C-BUFF POW	$0 (3)	NM; *
c-chewable chw 500mg	$0 (3)	NM; *
c/rose hips chw 500mg	$0 (3)	NM; *
c/rose hips tab 500mg	$0 (3)	NM; *
c/rose hips tab 500mg tr	$0 (3)	NM; *
c/rose hips tab 1000mg	$0 (3)	NM; *
c/rosehip tr tab 1000mg	$0 (3)	NM; *
CAL-CITRATE CAP 150MG	$0 (3)	NM; *
calcidol dro 8000/ml	$0 (3)	NM; *
calciferol dro 8000/ml	$0 (3)	NM; *
calcitriol cap 0.5 mcg	$0 (1)	B/D
calcitriol cap 0.25 mcg	$0 (1)	B/D
calcitriol inj 1 mcg/ml	$0 (1)	B/D
calcitriol oral soln 1 mcg/ml	$0 (1)	B/D
carravite tab	$0 (3)	NM; *
CENT MATURE TAB ADLT 50+	$0 (3)	NM; *
centamin liq	$0 (3)	NM; *
centavite az tab minerals	$0 (3)	NM; *
centavite liq	$0 (3)	NM; *
CENTRAL-VITE TAB UNDER 50	$0 (3)	NM; *
central-vite tab wmns mat	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
centravites tab	$0 (3)	NM; *
centravites tab 50 plus	$0 (3)	NM; *
CENTRAVITES TAB 50 PLUS	$0 (3)	NM; *
CENTRAVITES TAB ADULTS	$0 (3)	NM; *
CENTRUM CHW	$0 (3)	NM; *
CENTRUM CHW FLAV BST	$0 (3)	NM; *
CENTRUM CHW MULTI	$0 (3)	NM; *
CENTRUM CHW SILVER	$0 (3)	NM; *
centrum kids chw	$0 (3)	NM; *
centrum kids chw complete	$0 (3)	NM; *
CENTRUM KIDS CHW FLAV BST	$0 (3)	NM; *
CENTRUM SILV TAB 50+MEN	$0 (3)	NM; *
CENTRUM SPEC PAK PRENATAL	$0 (3)	NM; *
CENTRUM SPEC TAB HEART	$0 (3)	NM; *
CENTRUM SPEC TAB VISION	$0 (3)	NM; *
CENTRUM TAB CARDIO	$0 (3)	NM; *
CENTRUM TAB SILVER	$0 (3)	NM; *
CENTRUM TAB ULTRA	$0 (3)	NM; *
century tab	$0 (3)	NM; *
century tab mature	$0 (3)	NM; *
cerovite jr chw	$0 (3)	NM; *
cerovite tab advanced	$0 (3)	NM; *
cerovite tab senior	$0 (3)	NM; *
certa plus tab	$0 (3)	NM; *
certa-vite liq	$0 (3)	NM; *
certagen tab	$0 (3)	NM; *
CERTAVITE TAB SENIOR	$0 (3)	NM; *
certavite/ tab antioxid	$0 (3)	NM; *
CHEW-12 CHW	$0 (3)	NM; *
chewabl vite chw childrns	$0 (3)	NM; *
chewable c chw 500mg	$0 (3)	NM; *
chewable chw children	$0 (3)	NM; *
child chew chw iron	$0 (3)	NM; *
child chew chw vitamins	$0 (3)	NM; *
child chew/ chw extra c	$0 (3)	NM; *
child multi chw vit/iron	$0 (3)	NM; *
child multiv chw iron	$0 (3)	NM; *
child vitami chw	$0 (3)	NM; *
children vit chw	$0 (3)	NM; *
childrens chw /iron	$0 (3)	NM; *
CHILDRENS CHW COMPLETE	$0 (3)	NM; *
childrens chw gummies	$0 (3)	NM; *
childrens chw vitamins	$0 (3)	NM; *
chld mltivit chw /mineral	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
chld vitamin chw iron	$0 (3)	NM; *
CHLORELLA CAP	$0 (3)	NM; *
cholecalciferol cap 1.25 mg (50000 unit)	$0 (3)	NM; *
cholecalciferol cap 10 mcg (400 unit)	$0 (3)	NM; *
cholecalciferol cap 25 mcg (1000 unit)	$0 (3)	NM; *
cholecalciferol cap 50 mcg (2000 unit)	$0 (3)	NM; *
cholecalciferol cap 125 mcg (5000 unit)	$0 (3)	NM; *
cholecalciferol cap 250 mcg (10000 unit)	$0 (3)	NM; *
cholecalciferol chew tab 10 mcg (400 unit)	$0 (3)	NM; *
cholecalciferol chew tab 25 mcg (1000 unit)	$0 (3)	NM; *
cholecalciferol chew tab 50 mcg (2000 unit)	$0 (3)	NM; *
cholecalciferol drops 125 mcg/ml (5000 unit/ml)	$0 (3)	NM; *
cholecalciferol oral liquid 10 mcg/ml (400 unit/ml)	$0 (3)	NM; *
cholecalciferol tab 10 mcg (400 unit)	$0 (3)	NM; *
cholecalciferol tab 25 mcg (1000 unit)	$0 (3)	NM; *
cholecalciferol tab 50 mcg (2000 unit)	$0 (3)	NM; *
cholecalciferol tab 125 mcg (5000 unit)	$0 (3)	NM; *
CL PRENATAL TAB 28-0.8MG	$0 (3)	NM; *
comp multivi liq mineral	$0 (3)	NM; *
companion tab	$0 (3)	NM; *
compete tab	$0 (3)	NM; *
compl multiv chw childrns	$0 (3)	NM; *
comple multi tab adlt 50+	$0 (3)	NM; *
COMPLETE 50+ TAB MENS	$0 (3)	NM; *
COMPLETE 50+ TAB WOMENS	$0 (3)	NM; *
complete tab	$0 (3)	NM; *
complete tab senior	$0 (3)	NM; *
CONCEPTIONXR MIS MOTILITY	$0 (3)	NM; *
cvd d3 chw 1000unit	$0 (3)	NM; *
cvs b6 tab 100mg	$0 (3)	NM; *
cvs b12 chw 2500mcg	$0 (3)	NM; *
cvs b-1 tab 100mg	$0 (3)	NM; *
cvs b-12 liq 1000/15	$0 (3)	NM; *
cvs b-12 tab 1500mcg	$0 (3)	NM; *
cvs biotin cap 5000mcg	$0 (3)	NM; *
cvs biotin cap 10000mcg	$0 (3)	NM; *
cvs biotin tab 1000mcg	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cvs children chw complete	$0 (3)	NM; *
cvs d3 cap 400unit	$0 (3)	NM; *
cvs d3 cap 1000unit	$0 (3)	NM; *
cvs d3 cap 2000unit	$0 (3)	NM; *
cvs d3 cap 5000unit	$0 (3)	NM; *
cvs d3 chw 1000 unt	$0 (3)	NM; *
cvs daily chw gummies	$0 (3)	NM; *
cvs daily tab fe/ca/zn	$0 (3)	NM; *
cvs daily tab multiple	$0 (3)	NM; *
cvs e cap 200unit	$0 (3)	NM; *
cvs e oil oil 30000unt	$0 (3)	NM; *
cvs stress tab form/zn	$0 (3)	NM; *
cvs super b tab complx/c	$0 (3)	NM; *
cvs vision tab formula	$0 (3)	NM; *
cvs vit b-12 tab 1000 tr	$0 (3)	NM; *
cvs vit c tab 1000mg	$0 (3)	NM; *
cvs vit e cap 400unit	$0 (3)	NM; *
cyanocobalamin inj 1000 mcg/ml	$0 (3)	NM; *
cyanocobalamin liquid 1000 mcg/15ml	$0 (3)	NM; *
cyanocobalamin lozenge 500 mcg	$0 (3)	NM; *
cyanocobalamin orally disintegrating tab 5000 mcg	$0 (3)	NM; *
cyanocobalamin sl tab 500 mcg	$0 (3)	NM; *
cyanocobalamin sl tab 1000 mcg	$0 (3)	NM; *
cyanocobalamin sl tab 2500 mcg	$0 (3)	NM; *
cyanocobalamin sl tab 3000 mcg	$0 (3)	NM; *
cyanocobalamin sl tab 5000 mcg	$0 (3)	NM; *
cyanocobalamin tab 50 mcg	$0 (3)	NM; *
cyanocobalamin tab 100 mcg	$0 (3)	NM; *
cyanocobalamin tab 250 mcg	$0 (3)	NM; *
cyanocobalamin tab 500 mcg	$0 (3)	NM; *
cyanocobalamin tab 1000 mcg	$0 (3)	NM; *
cyanocobalamin tab er 1000 mcg	$0 (3)	NM; *
cyanocobalamin tab er 2000 mcg	$0 (3)	NM; *
d3 adult chw 1000unit	$0 (3)	NM; *
d3 cap 1000unit	$0 (3)	NM; *
d3 cap 2000unit	$0 (3)	NM; *
D3 DOTS TAB 2000UNIT	$0 (3)	NM; *
d3 kids chw 400unit	$0 (3)	NM; *
d3 max st dro 5000unit	$0 (3)	NM; *
d3 maximum cap 5000unit	$0 (3)	NM; *
d3 super str cap 2000unit	$0 (3)	NM; *
d3 tab 400unit	$0 (3)	NM; *
d3-50 cap 50000unt	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
d3-1000 cap 1000unit	$0 (3)	NM; *
d 400 tab 400unit	$0 (3)	NM; *
d 1000 cap 1000unit	$0 (3)	NM; *
d 2000 tab 2000unit	$0 (3)	NM; *
d-3 gummy chw 400unit	$0 (3)	NM; *
daily combo tab	$0 (3)	NM; *
DAILY D3 DRO 1000UNIT	$0 (3)	NM; *
daily multi tab	$0 (3)	NM; *
daily multi tab men	$0 (3)	NM; *
daily multi tab vit/iron	$0 (3)	NM; *
daily multi tab vit/mens	$0 (3)	NM; *
daily multi tab vit/min	$0 (3)	NM; *
daily multi tab vitamin	$0 (3)	NM; *
daily multi tab vitamins	$0 (3)	NM; *
daily multi tab women	$0 (3)	NM; *
daily multi tab womn 50+	$0 (3)	NM; *
daily tab vitamin	$0 (3)	NM; *
daily value tab multivit	$0 (3)	NM; *
daily vit tab	$0 (3)	NM; *
daily vit tab +iron	$0 (3)	NM; *
daily vit tab +mineral	$0 (3)	NM; *
daily vit tab iron	$0 (3)	NM; *
daily vite tab	$0 (3)	NM; *
daily vite tab iron	$0 (3)	NM; *
daily-vite tab	$0 (3)	NM; *
daily-vite/ tab iron	$0 (3)	NM; *
DDROPS LIQ	$0 (3)	NM; *
DECARA CAP 25000UNT	$0 (3)	NM; *
decara cap 50000unt	$0 (3)	NM; *
DECUBI-VITE CAP	$0 (3)	NM; *
DEKAS CAP ESSENTIA	$0 (3)	NM; *
DEKAS LIQ ESSENTIA	$0 (3)	NM; *
DEKAS PLUS CAP	$0 (3)	NM; *
DEKAS PLUS CHW	$0 (3)	NM; *
DEKAS PLUS LIQ	$0 (3)	NM; *
delta d3 tab 400unit	$0 (3)	NM; *
DIABET HLTH PAK SUPPORT	$0 (3)	NM; *
DIABETES PAK HEALTH	$0 (3)	NM; *
diabetic sup tab formula	$0 (3)	NM; *
diabets hlth tab formula	$0 (3)	NM; *
dialyvite d cap 5000unit	$0 (3)	NM; *
dialyvite tab 800	$0 (3)	NM; *
dialyvite tab 800/d	$0 (3)	NM; *
dino-life chw	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
dino-life chw extra c	$0 (3)	NM; *
DINO-LIFE CHW IRON-ZIN	$0 (3)	NM; *
disney cars chw gummies	$0 (3)	NM; *
dry eye cap formula	$0 (3)	NM; *
e200 cap 200unit	$0 (3)	NM; *
e400 mixed cap 400unit	$0 (3)	NM; *
e 1000 cap 1000unit	$0 (3)	NM; *
e-200 cap 200unit	$0 (3)	NM; *
e-400 cap 400unit	$0 (3)	NM; *
e-400 clear cap	$0 (3)	NM; *
e-400-mixed cap	$0 (3)	NM; *
e-max-1000 cap	$0 (3)	NM; *
e-oil oil 30000unt	$0 (3)	NM; *
e-pherol tab 400unit	$0 (3)	NM; *
ELDERTONIC LIQ	$0 (3)	NM; *
EMERGEN-C PAK BLUE	$0 (3)	NM; *
EMERGEN-C PAK HEART	$0 (3)	NM; *
EMERGEN-C PAK IMMUNE	$0 (3)	NM; *
EMERGEN-C PAK KIDZ	$0 (3)	NM; *
EMERGEN-C PAK MSM LITE	$0 (3)	NM; *
EMERGEN-C PAK PINK	$0 (3)	NM; *
EMERGEN-C PAK VIT D/CA	$0 (3)	NM; *
EMERGEN-C PAK VITA C	$0 (3)	NM; *
endur-acin tab 250mg	$0 (3)	NM; *
endur-acin tab 250mg sr	$0 (3)	NM; *
endur-acin tab 500mg	$0 (3)	NM; *
endur-acin tab 500mg sr	$0 (3)	NM; *
endur-acin tab 750mg	$0 (3)	NM; *
endur-c/rose tab 500mg	$0 (3)	NM; *
endur-c/rose tab 1000mg	$0 (3)	NM; *
ENDUR-VM TAB	$0 (3)	NM; *
ENDUR-VM TAB IRON	$0 (3)	NM; *
ENFAMIL MIS EXPECTA	$0 (3)	NM; *
enviro-stres tab	$0 (3)	NM; *
EQ COMPLETE TAB ADULT	$0 (3)	NM; *
eq multivita chw gummies	$0 (3)	NM; *
EQ ONE DAILY TAB MENS	$0 (3)	NM; *
eq one daily tab womens	$0 (3)	NM; *
EQ ONE DAILY TAB WOMENS	$0 (3)	NM; *
eql b-6 tab 100mg	$0 (3)	NM; *
eql century tab	$0 (3)	NM; *
eql century tab mature	$0 (3)	NM; *
EQL CENTURY TAB MENS	$0 (3)	NM; *
eql vision tab formula	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
eql vit c tab 1000mg	$0 (3)	NM; *
eql vit c/rh tab 1000mg	$0 (3)	NM; *
eql vit e cap 400unit	$0 (3)	NM; *
eql vit e cap 1000unit	$0 (3)	NM; *
eql vitamin cap d3	$0 (3)	NM; *
ergocalciferol cap 1.25 mg (50000 unit)	$0 (3)	NM; *
ergocalciferol soln 200 mcg/ml (8000 unit/ml)	$0 (3)	NM; *
essentia tab	$0 (3)	NM; *
essential tab balance	$0 (3)	NM; *
essentl one tab daily	$0 (3)	NM; *
ester-e cap 400unit	$0 (3)	NM; *
eyeprotect tab	$0 (3)	NM; *
fa-8 cap 800mcg	$0 (3)	NM; *
fa-8 tab 0.8mg	$0 (3)	NM; *
flintstones chw bone bld	$0 (3)	NM; *
flintstones chw complete	$0 (3)	NM; *
flintstones chw extra c	$0 (3)	NM; *
flintstones chw my first	$0 (3)	NM; *
flintstones chw omega-3	$0 (3)	NM; *
flintstones chw pls calc	$0 (3)	NM; *
flnston plus chw iron	$0 (3)	NM; *
folic acid cap 0.8 mg	$0 (3)	NM; *
FOLIC ACID CAP 5MG	$0 (3)	NM; *
FOLIC ACID CAP 20MG	$0 (3)	NM; *
folic acid inj 5 mg/ml	$0 (3)	NM; *
FOLIC ACID POW	$0 (3)	NM; *
folic acid tab 1 mg	$0 (3)	NM; *
folic acid tab 400 mcg	$0 (3)	NM; *
folic acid tab 400mcg	$0 (3)	NM; *
folic acid tab 800 mcg	$0 (3)	NM; *
folic acid tab 800mcg	$0 (3)	NM; *
folic acid tab 1000mcg	$0 (3)	NM; *
formula e cap 400unit	$0 (3)	NM; *
FREEDAVITE TAB	$0 (3)	NM; *
fruit c chw 500mg	$0 (3)	NM; *
fruit c-100 chw	$0 (3)	NM; *
fruity c chw 250mg	$0 (3)	NM; *
fruity chews chw	$0 (3)	NM; *
fruity chews chw /iron	$0 (3)	NM; *
fruity chw multivit	$0 (3)	NM; *
FULL SPECT TAB B/ VIT C	$0 (3)	NM; *
geriaton liq	$0 (3)	NM; *
gerivite tab complete	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
glucoten cap	$0 (3)	NM; *
GLYCO-TECH TAB	$0 (3)	NM; *
gnp animal chw plus c	$0 (3)	NM; *
gnp animal chw shapes	$0 (3)	NM; *
gnp b-12 sub 2500mcg	$0 (3)	NM; *
gnp biotin cap 5000mcg	$0 (3)	NM; *
gnp century tab	$0 (3)	NM; *
gnp century tab active	$0 (3)	NM; *
gnp century tab cardio	$0 (3)	NM; *
gnp century tab mature	$0 (3)	NM; *
gnp century tab senior	$0 (3)	NM; *
gnp century tab ultimate	$0 (3)	NM; *
gnp healthy tab eyes	$0 (3)	NM; *
gnp little chw ones	$0 (3)	NM; *
gnp niacin tab 250mg	$0 (3)	NM; *
gnp niacin tab 250mg tr	$0 (3)	NM; *
gnp one dail tab maximum	$0 (3)	NM; *
gnp opti-vit tab	$0 (3)	NM; *
GNP PRENATAL TAB 28-0.8MG	$0 (3)	NM; *
gnp vit b-6 tab 100mg	$0 (3)	NM; *
gnp vit b-12 tab 500mcg	$0 (3)	NM; *
gnp vit b-12 tab 1000 cr	$0 (3)	NM; *
gnp vit b-12 tab 1000 pr	$0 (3)	NM; *
gnp vit c chw 500mg	$0 (3)	NM; *
gnp vit c loz 60mg	$0 (3)	NM; *
gnp vit c tab 250mg	$0 (3)	NM; *
gnp vit c tab 500mg pr	$0 (3)	NM; *
gnp vit c tab 1000mg	$0 (3)	NM; *
gnp vit c/rh tab 1000mg	$0 (3)	NM; *
gnp vit d3 tab 1000unit	$0 (3)	NM; *
gnp vit d tab 1000unit	$0 (3)	NM; *
gnp vit d tab 5000unit	$0 (3)	NM; *
gnp vit e cap 200unit	$0 (3)	NM; *
gnp vit e cap 400unit	$0 (3)	NM; *
gnp vit e cap 1000unit	$0 (3)	NM; *
gnp zoochews chw gummies	$0 (3)	NM; *
GOODSENSE TAB 28-0.8MG	$0 (3)	NM; *
gummi bear chw multivit	$0 (3)	NM; *
gummy dinos chw	$0 (3)	NM; *
gummy multiv chw kids	$0 (3)	NM; *
gummy vit/ chw minerals	$0 (3)	NM; *
hair formula tab ex stren	$0 (3)	NM; *
HAIR/SKIN/ CAP NAILS	$0 (3)	NM; *
hair/skin/ tab nails	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
halls defens loz vit c	$0 (3)	NM; *
healthy eyes cap supervis	$0 (3)	NM; *
healthy eyes tab	$0 (3)	NM; *
HEALTHY KIDS CHW GUMMIES	$0 (3)	NM; *
hm animal chw shapes	$0 (3)	NM; *
hm b complex tab with c	$0 (3)	NM; *
hm complete tab	$0 (3)	NM; *
HM COMPLETE TAB	$0 (3)	NM; *
hm complete tab 50+	$0 (3)	NM; *
hm complete tab women	$0 (3)	NM; *
HM HAIR/SKIN TAB /NAILS	$0 (3)	NM; *
hm niacin tab 250mg	$0 (3)	NM; *
hm niacin tr tab 250mg	$0 (3)	NM; *
hm one daily tab /iron	$0 (3)	NM; *
HM ONE DAILY TAB MENS	$0 (3)	NM; *
HM PRENATAL TAB	$0 (3)	NM; *
hm vit b6 tab 100mg	$0 (3)	NM; *
hm vit b12 tab 500mcg	$0 (3)	NM; *
hm vit d3 cap 2000unit	$0 (3)	NM; *
hm vitamin c chw 500mg	$0 (3)	NM; *
hm vitamin c tab 500mg	$0 (3)	NM; *
hm vitamin c tab 1000mg	$0 (3)	NM; *
hm vitamin d tab 1000unit	$0 (3)	NM; *
hm vitamin e cap 200unit	$0 (3)	NM; *
hm vitamin e cap 400unit	$0 (3)	NM; *
hm vitamin e cap 1000unit	$0 (3)	NM; *
HONEY BEARS CHW	$0 (3)	NM; *
HONEY BEARS CHW IRON-ZIN	$0 (3)	NM; *
HYALEX TAB	$0 (3)	NM; *
hydroxocobalamin acetate inj 1000 mcg/ml (base equivalent)	$0 (3)	NM; *
i-vite prote tab	$0 (3)	NM; *
i-vite tab	$0 (3)	NM; *
ICAPS AREDS TAB FORMULA	$0 (3)	NM; *
icaps cap	$0 (3)	NM; *
icaps lutein cap /omega-3	$0 (3)	NM; *
ICAPS LUTEIN TAB ZEAXANTH	$0 (3)	NM; *
icaps mv tab	$0 (3)	NM; *
ICAPS PLUS TAB	$0 (3)	NM; *
IMMUNE SUPP POW VIT C	$0 (3)	NM; *
INFUVITE INJ	$0 (3)	NM; *
INFUVITE INJ ADULT	$0 (3)	NM; *
INFUVITE INJ PEDIATRI	$0 (3)	NM; *
just d liq 400unit	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
k 100 tab 100mcg	$0 (3)	NM; *
K-PAX CAP DOUBLE	$0 (3)	NM; *
K-PAX CAP SINGLE	$0 (3)	NM; *
K-PAX TAB PROF ST	$0 (3)	NM; *
kp adult 50+ tab daily	$0 (3)	NM; *
kp adults tab daily	$0 (3)	NM; *
kp b complex tab /c	$0 (3)	NM; *
kp mens 50+ tab daily	$0 (3)	NM; *
kp mens tab daily	$0 (3)	NM; *
kp niacin tab 500mg	$0 (3)	NM; *
KP PRENATAL TAB MULTIVIT	$0 (3)	NM; *
kp vision tab for/ltn	$0 (3)	NM; *
kp vision tab formula	$0 (3)	NM; *
kp vitamin e cap 100unit	$0 (3)	NM; *
kp women 50+ tab daily	$0 (3)	NM; *
kp womens tab daily	$0 (3)	NM; *
KPN PRENATAL TAB	$0 (3)	NM; *
land bfr tim chw vit/iron	$0 (3)	NM; *
LIFE PACK MIS MENS	$0 (3)	NM; *
LIFE PACK MIS WOMENS	$0 (3)	NM; *
liqui-e liq 400/15ml	$0 (3)	NM; *
little anima chw plus fe	$0 (3)	NM; *
lysiplex liq plus	$0 (3)	NM; *
M-NATAL PLUS TAB	$0 (2)	
M.V.I PEDIAT INJ	$0 (3)	NM; *
M.V.I. ADULT INJ	$0 (3)	NM; *
macular hlth cap formula	$0 (3)	NM; *
MACULAR VIT TAB BENEFIT	$0 (3)	NM; *
macuvite tab	$0 (3)	NM; *
macuvite tab eye care	$0 (3)	NM; *
macuvite tab lutein	$0 (3)	NM; *
max daily tab green	$0 (3)	NM; *
MAXIMIN PAK	$0 (3)	NM; *
maximum d3 cap 325mcg	$0 (3)	NM; *
maximum tab blue lab	$0 (3)	NM; *
maximum tab green lb	$0 (3)	NM; *
maximum tab red labl	$0 (3)	NM; *
mediplex tab plus	$0 (3)	NM; *
mega multi tab men	$0 (3)	NM; *
mega multi tab women	$0 (3)	NM; *
MEGA MULTIVI TAB MEN	$0 (3)	NM; *
MEGA MULTIVI TAB WOMEN	$0 (3)	NM; *
mega vm-80 tab	$0 (3)	NM; *
mega-maratho tab 100 tr	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MEGAVITE TAB FRT/VEG	$0 (3)	NM; *
MEGAVITE TAB GOLD 55+	$0 (3)	NM; *
mens 50+ adv tab one daly	$0 (3)	NM; *
MENS 50+ CAP ADVANCED	$0 (3)	NM; *
mens daily cap lycopene	$0 (3)	NM; *
mens daily chw gummies	$0 (3)	NM; *
mens daily tab formula	$0 (3)	NM; *
MENS PAK	$0 (3)	NM; *
MEPHYTON TAB 5MG	$0 (3)	NM; *
meribin cap 5mg	$0 (3)	NM; *
MH MACULAR MIS HEALTH	$0 (3)	NM; *
MIL-A-MULSIO EMU	$0 (3)	NM; *
milltrium sr tab	$0 (3)	NM; *
MTERYTI TAB	$0 (3)	NM; *
MTERYTI TAB FOLIC 5	$0 (3)	NM; *
mult vitamin tab daily	$0 (3)	NM; *
mult vitamin tab essent	$0 (3)	NM; *
mult vitamin tab mens	$0 (3)	NM; *
mult vitamin tab no iron	$0 (3)	NM; *
mult vitamin tab womens	$0 (3)	NM; *
multi 50+ cap for her	$0 (3)	NM; *
multi 50+ tab for her	$0 (3)	NM; *
multi 50+ tab for him	$0 (3)	NM; *
multi adult chw gummies	$0 (3)	NM; *
multi cap for her	$0 (3)	NM; *
multi complt tab /iron	$0 (3)	NM; *
MULTI FOR POW HIM	$0 (3)	NM; *
multi gummie chw mens	$0 (3)	NM; *
multi gummie chw womens	$0 (3)	NM; *
MULTI PRENAT TAB	$0 (3)	NM; *
multi tab for her	$0 (3)	NM; *
multi tab for him	$0 (3)	NM; *
multi vitami tab	$0 (3)	NM; *
multi vitami tab d-3	$0 (3)	NM; *
MULTI VITAMN TAB MINERALS	$0 (3)	NM; *
multi+omega3 chw adult	$0 (3)	NM; *
multi-day tab	$0 (3)	NM; *
multi-day tab /iron	$0 (3)	NM; *
multi-day tab minerals	$0 (3)	NM; *
multi-day tab vitamins	$0 (3)	NM; *
multi-delyn liq	$0 (3)	NM; *
MULTI-DELYN LIQ /IRON	$0 (3)	NM; *
multi-vit/ tab minerals	$0 (3)	NM; *
multi-vit/fe tab	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
multi-vitami chw gummies	$0 (3)	NM; *
MULTI-VITAMI TAB MONOCAPS	$0 (3)	NM; *
multi-vitamn tab	$0 (3)	NM; *
multi-vite tab	$0 (3)	NM; *
multi-vite tab 50&over	$0 (3)	NM; *
multilex tab	$0 (3)	NM; *
multilex-t&m tab	$0 (3)	NM; *
multimineral tab plus	$0 (3)	NM; *
multiple vitamin tab	$0 (3)	NM; *
multiple vitamins w/ iron tab	$0 (3)	NM; *
multiple vitamins w/ minerals tab	$0 (3)	NM; *
multivitamin cap	$0 (3)	NM; *
multivitamin cap daily	$0 (3)	NM; *
multivitamin chw child	$0 (3)	NM; *
MULTIVITAMIN CHW CHILD	$0 (3)	NM; *
multivitamin chw children	$0 (3)	NM; *
MULTIVITAMIN CHW IRON	$0 (3)	NM; *
multivitamin chw vita d3	$0 (3)	NM; *
multivitamin liq	$0 (3)	NM; *
MULTIVITAMIN LIQ	$0 (3)	NM; *
multivitamin liq mineral	$0 (3)	NM; *
multivitamin tab daily	$0 (3)	NM; *
multivitamin tab womens	$0 (3)	NM; *
MVW COMPLETE CAP D3000	$0 (3)	NM; *
MVW COMPLETE CAP D5000	$0 (3)	NM; *
MVW COMPLETE CAP FORMULAT	$0 (3)	NM; *
mvw complete chw bubblgum	$0 (3)	NM; *
mvw complete chw d3000	$0 (3)	NM; *
MVW COMPLETE CHW GRAPE	$0 (3)	NM; *
mvw complete chw orange	$0 (3)	NM; *
MVW COMPLETE DRO PEDIATRI	$0 (3)	NM; *
my-vitalife cap	$0 (3)	NM; *
myamulti tab	$0 (3)	NM; *
nail-ex tab 2.5mg	$0 (3)	NM; *
NANOVM POW 1-3 YRS	$0 (3)	NM; *
NANOVM POW 4-8YEARS	$0 (3)	NM; *
NANOVM POW 9-18 YRS	$0 (3)	NM; *
NANOVM T/F LIQ	$0 (3)	NM; *
NANOVM T/F POW	$0 (3)	NM; *
NASCOBAL SPR 500MCG	$0 (3)	NM; *
nat vit e cap 400unit	$0 (3)	NM; *
nat vit e cap 1000unit	$0 (3)	NM; *
NEPHRONEX LIQ 0.9/5ML	$0 (3)	NM; *
neuro-k-50 tab	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
niacin cap er 250 mg	$0 (3)	NM; *
niacin cap er 500 mg	$0 (3)	NM; *
NIACIN POW	$0 (3)	NM; *
niacin tab 50 mg	$0 (3)	NM; *
niacin tab 100 mg	$0 (3)	NM; *
niacin tab 100mg	$0 (3)	NM; *
niacin tab 250 mg	$0 (3)	NM; *
niacin tab 500 mg	$0 (3)	NM; *
niacin tab er 250 mg	$0 (3)	NM; *
niacin tab er 500 mg	$0 (3)	NM; *
niacin tab er 750 mg	$0 (3)	NM; *
NIACIN TR TAB 1000MG	$0 (3)	NM; *
niacin-50 tab	$0 (3)	NM; *
nutr-e-sol liq 400/15ml	$0 (3)	NM; *
ocutabs tab	$0 (3)	NM; *
ocutabs tab lutein	$0 (3)	NM; *
OCUVITE CAP ADULT	$0 (3)	NM; *
ocuvite eye chw heatlh	$0 (3)	NM; *
ocuvite eye tab + multi	$0 (3)	NM; *
OCUVITE LUTE CAP	$0 (3)	NM; *
ocuvite tab lutein	$0 (3)	NM; *
ocuvite xtra tab	$0 (3)	NM; *
OMNICAP TAB	$0 (3)	NM; *
once daily tab	$0 (3)	NM; *
once daily tab iron	$0 (3)	NM; *
ONCOVITE TAB	$0 (3)	NM; *
one daily chw gummy	$0 (3)	NM; *
one daily mv tab /iron	$0 (3)	NM; *
one daily tab	$0 (3)	NM; *
one daily tab 50+	$0 (3)	NM; *
one daily tab 50+ adv	$0 (3)	NM; *
one daily tab /mineral	$0 (3)	NM; *
one daily tab complete	$0 (3)	NM; *
one daily tab fe/ca	$0 (3)	NM; *
one daily tab maximum	$0 (3)	NM; *
one daily tab men	$0 (3)	NM; *
one daily tab men 50+	$0 (3)	NM; *
one daily tab mens	$0 (3)	NM; *
one daily tab mens 50+	$0 (3)	NM; *
ONE DAILY TAB MENS 50+	$0 (3)	NM; *
one daily tab multivit	$0 (3)	NM; *
one daily tab pls iron	$0 (3)	NM; *
one daily tab plus iro	$0 (3)	NM; *
one daily tab wom 50+	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ONE DAILY TAB WOMANS	$0 (3)	NM; *
one daily tab women	$0 (3)	NM; *
one daily tab women 50	$0 (3)	NM; *
one daily tab womens	$0 (3)	NM; *
one daily wm tab pro-actv	$0 (3)	NM; *
one daily/ tab minerals	$0 (3)	NM; *
one dly hlth tab wght adv	$0 (3)	NM; *
ONE-A-DAY CHW IMMUNITY	$0 (3)	NM; *
ONE-A-DAY CHW VITACRAV	$0 (3)	NM; *
ONE-A-DAY TAB 50+ ADV	$0 (3)	NM; *
ONE-A-DAY TAB ENERGY	$0 (3)	NM; *
ONE-A-DAY TAB MENOPAUS	$0 (3)	NM; *
ONE-A-DAY TAB MENS	$0 (3)	NM; *
one-a-day tab teen/her	$0 (3)	NM; *
ONE-A-DAY TAB TEEN/HIM	$0 (3)	NM; *
one-daily tab /iron	$0 (3)	NM; *
one-daily tab mult vit	$0 (3)	NM; *
optic-vites tab	$0 (3)	NM; *
OPTIMAL D3 M CAP	$0 (3)	NM; *
optimal-d cap 50000unt	$0 (3)	NM; *
optimum pms tab	$0 (3)	NM; *
OPTISOURCE CHW BARIATRC	$0 (3)	NM; *
OPURITY CHW BYPASS	$0 (3)	NM; *
orthovite tab	$0 (3)	NM; *
pa biotin cap 5000mcg	$0 (3)	NM; *
PA MENS 50 PAK VITAPAK	$0 (3)	NM; *
PA MENS PAK VITAPAK	$0 (3)	NM; *
pa vitamin cap 2000unit	$0 (3)	NM; *
pa vitamin e cap 400unit	$0 (3)	NM; *
PA WOMENS 50 PAK VITAPAK	$0 (3)	NM; *
PA WOMENS PAK VITAPAK	$0 (3)	NM; *
paricalcitol cap 1 mcg	$0 (1)	B/D
paricalcitol cap 2 mcg	$0 (1)	B/D
paricalcitol cap 4 mcg	$0 (1)	B/D
PARVLEX TAB	$0 (3)	NM; *
pediatric multiple vitamins w/ iron chew tab 15 mg	$0 (3)	NM; *
pediavit liq	$0 (3)	NM; *
PHLEXY-VITS POW	$0 (3)	NM; *
PHYTOMULTI TAB	$0 (3)	NM; *
phytonadione inj 1 mg/0.5ml (2 mg/ml)	$0 (3)	NM; *
phytonadione inj 10 mg/ml	$0 (3)	NM; *
phytonadione tab 100 mcg	$0 (3)	NM; *
PNV FOLIC AC TAB + IRON	$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
poly vitamin chw	$0 (3)	NM; *
POLY-VI-SOL DRO /IRON	$0 (3)	NM; *
polyvitamin chw /iron	$0 (3)	NM; *
polyvitamin dro	$0 (3)	NM; *
PORENAL+D CAP OMEGA 3	$0 (3)	NM; *
PRENAT MULTI CAP +DHA	$0 (3)	NM; *
PRENATAL MV MIS + DHA	$0 (3)	NM; *
PRENATAL ONE TAB DAILY	$0 (3)	NM; *
PRENATAL PLUS	$0 (2)	
PRENATAL TAB	$0 (3)	NM; *
PRENATAL TAB 27-0.8MG	$0 (3)	NM; *
PRENATAL TAB 27-1MG	$0 (2)	
PRENATAL TAB 28-0.8MG	$0 (3)	NM; *
PRENATAL TAB IRON	$0 (3)	NM; *
PRENATAL TAB LOW IRON	$0 (3)	NM; *
PRENATAL TAB PLUS	$0 (2)	
PRENATAL VIT TAB 28-0.8MG	$0 (3)	NM; *
PRENATAL VIT TAB LOW IRON	$0 (2)	
PRENATAL VIT TAB MINERALS	$0 (3)	NM; *
PRENATL MULT CAP + DHA	$0 (3)	NM; *
PRENTAT MULT CAP PLUS DHA	$0 (3)	NM; *
PRESERVISION CAP AREDS	$0 (3)	NM; *
PRESERVISION CAP AREDS 2	$0 (3)	NM; *
PRESERVISION CAP LUTEIN	$0 (3)	NM; *
PRESERVISION TAB AREDS	$0 (3)	NM; *
prevent cap	$0 (3)	NM; *
princess chw gummies	$0 (3)	NM; *
PRO-CAL TAB	$0 (3)	NM; *
PROCERV HP TAB	$0 (3)	NM; *
PRORENAL +D TAB	$0 (3)	NM; *
PRORENAL+D CAP OMEGA-3	$0 (3)	NM; *
PRORENAL+D TAB	$0 (3)	NM; *
prosight cap w/lutein	$0 (3)	NM; *
prosight tab	$0 (3)	NM; *
PROTECT CAP CARDIO	$0 (3)	NM; *
PROTECT CAP PLUS SO	$0 (3)	NM; *
PROTECT PLUS LIQ NF	$0 (3)	NM; *
pure c cap 500mg cr	$0 (3)	NM; *
pureway-c tab 500mg	$0 (3)	NM; *
px advanced tab multivit	$0 (3)	NM; *
px complete tab senior	$0 (3)	NM; *
px mens mult tab vitamins	$0 (3)	NM; *
pyridoxine hcl inj 100 mg/ml	$0 (3)	NM; *
pyridoxine hcl tab 25 mg	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
pyridoxine hcl tab 50 mg	$0 (3)	NM; *
pyridoxine hcl tab 100 mg	$0 (3)	NM; *
pyridoxine hcl tab 250 mg	$0 (3)	NM; *
qc childrens chw complete	$0 (3)	NM; *
qc childrens chw extra c	$0 (3)	NM; *
qc childrens chw iron	$0 (3)	NM; *
QC PRENATAL TAB 28-0.8MG	$0 (3)	NM; *
qc therin-m tab	$0 (3)	NM; *
QUIN B TAB STRONG	$0 (3)	NM; *
QUINTABS TAB	$0 (3)	NM; *
quintabs-m tab	$0 (3)	NM; *
QUINTABS-M TAB	$0 (3)	NM; *
ra b-complex tab vit c tr	$0 (3)	NM; *
ra biotin cap 2500mcg	$0 (3)	NM; *
ra c/acerola chw 500mg	$0 (3)	NM; *
ra central tab -vite	$0 (3)	NM; *
ra central tab energy	$0 (3)	NM; *
ra central tab vite sel	$0 (3)	NM; *
ra central tab vite sen	$0 (3)	NM; *
RA ESSENCE-C POW LMN-LIME	$0 (3)	NM; *
RA ESSENCE-C POW ORANGE	$0 (3)	NM; *
RA ESSENCE-C POW RASPBRY	$0 (3)	NM; *
RA ESSENCE-C POW TNGERINE	$0 (3)	NM; *
ra hair/skin tab /nails	$0 (3)	NM; *
ra mature wm tab diet sup	$0 (3)	NM; *
ra nat vit e cap 400unit	$0 (3)	NM; *
ra niacin tab 100mg	$0 (3)	NM; *
ra niacin tab 500mg	$0 (3)	NM; *
ra one daily pak mens 50+	$0 (3)	NM; *
ra one daily tab +iron	$0 (3)	NM; *
ra one daily tab energy	$0 (3)	NM; *
ra one daily tab essentia	$0 (3)	NM; *
ra one daily tab maximum	$0 (3)	NM; *
ra one daily tab mens 50+	$0 (3)	NM; *
ra one daily tab mens/d3	$0 (3)	NM; *
ra one daily tab multivit	$0 (3)	NM; *
ra one daily tab womens	$0 (3)	NM; *
ra therapeut tab m/beta	$0 (3)	NM; *
ra vision tab vite/zn	$0 (3)	NM; *
ra vit b-6 tab 50mg	$0 (3)	NM; *
ra vit b-6 tab 100mg	$0 (3)	NM; *
ra vit b-12 tab 100mcg	$0 (3)	NM; *
ra vit b-12 tab 1000 tr	$0 (3)	NM; *
ra vit c loz 60mg	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ra vit c/rh tab 1000mg	$0 (3)	NM; *
ra vitamin c chw 500mg	$0 (3)	NM; *
ra vitamin c tab 250mg	$0 (3)	NM; *
ra vitamin c tab 500mg tr	$0 (3)	NM; *
ra vitamin cap 2000unit	$0 (3)	NM; *
ra vitamin e cap 200unit	$0 (3)	NM; *
ra vitamin e cap 400unit	$0 (3)	NM; *
ra vitamin e cap 1000unit	$0 (3)	NM; *
rabano liq yodado	$0 (3)	NM; *
RAYALDEE CAP 30MCG	$0 (2)	NDS
rena-vite tab	$0 (3)	NM; *
renal tab multivit	$0 (3)	NM; *
renal vitamn tab	$0 (3)	NM; *
renal-vite tab	$0 (3)	NM; *
renal/zinc tab multivit	$0 (3)	NM; *
REPLACE CAP	$0 (3)	NM; *
REPLESTA NX WAF 14000UNT	$0 (3)	NM; *
REPLESTA WAF 14000UNT	$0 (3)	NM; *
REPLESTA WAF 50000UNT	$0 (3)	NM; *
RIGHT STEP TAB PRENATAL	$0 (3)	NM; *
savision tab	$0 (3)	NM; *
sclerex tab	$0 (3)	NM; *
SCOOBY-DOO CHW	$0 (3)	NM; *
senior tabs tab	$0 (3)	NM; *
sentry adult tab under 50	$0 (3)	NM; *
sentry tab	$0 (3)	NM; *
SENTRY TAB	$0 (3)	NM; *
sentry tab senior	$0 (3)	NM; *
slo-niacin tab 250mg cr	$0 (3)	NM; *
sm animal chw shapes	$0 (3)	NM; *
sm animal sh chw complete	$0 (3)	NM; *
SM B-COMPLEX TAB /VIT C	$0 (3)	NM; *
sm complete tab	$0 (3)	NM; *
sm complete tab 50+	$0 (3)	NM; *
sm complete tab 50+ mens	$0 (3)	NM; *
sm complete tab 50+ wmn	$0 (3)	NM; *
sm complete tab adv form	$0 (3)	NM; *
sm complete tab senior	$0 (3)	NM; *
sm folic acd tab 400mcg	$0 (3)	NM; *
sm hair/skin tab /nails	$0 (3)	NM; *
sm multiple tab vit/iron	$0 (3)	NM; *
sm multiple tab vitamins	$0 (3)	NM; *
sm niacin tab 250mg cr	$0 (3)	NM; *
SM ONE DAILY TAB MENS	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SM ONE DAILY TAB WOMENS	$0 (3)	NM; *
sm opti-vita tab	$0 (3)	NM; *
SM PRENATAL TAB VITAMINS	$0 (3)	NM; *
sm vit b6 tab 100mg	$0 (3)	NM; *
sm vit b12 tab 500mcg	$0 (3)	NM; *
sm vit b12 tab 1000mcg	$0 (3)	NM; *
sm vit b-6 tab 100mg	$0 (3)	NM; *
sm vit b-12 tab 100mcg	$0 (3)	NM; *
sm vit b-12 tab 500mcg	$0 (3)	NM; *
sm vit c/rh tab 1000mg	$0 (3)	NM; *
sm vitamin c chw 500mg	$0 (3)	NM; *
sm vitamin c tab 250mg	$0 (3)	NM; *
sm vitamin c tab 500mg	$0 (3)	NM; *
sm vitamin c tab 500mg tr	$0 (3)	NM; *
sm vitamin c tab 1000mg	$0 (3)	NM; *
sm vitamin d tab 400unit	$0 (3)	NM; *
sm vitamin e cap 200unit	$0 (3)	NM; *
sm vitamin e cap 400unit	$0 (3)	NM; *
sm vitamin e cap 1000unit	$0 (3)	NM; *
SOLO TAB	$0 (3)	NM; *
spectr women tab hlth sen	$0 (3)	NM; *
spectra ultr tab hlth men	$0 (3)	NM; *
SPECTRAVITE CHW ADLT 50+	$0 (3)	NM; *
SPECTRAVITE CHW ADULT	$0 (3)	NM; *
SPECTRAVITE TAB ADLT 50+	$0 (3)	NM; *
spectravite tab advanced	$0 (3)	NM; *
SPECTRAVITE TAB MEN 50+	$0 (3)	NM; *
spectravite tab senior	$0 (3)	NM; *
SPECTRAVITE TAB SENIOR	$0 (3)	NM; *
SPECTRAVITE TAB ULT MEN	$0 (3)	NM; *
SPECTRAVITE TAB ULT WMN	$0 (3)	NM; *
stress b com tab vit c/zn	$0 (3)	NM; *
stress b/ tab zinc	$0 (3)	NM; *
stress form tab	$0 (3)	NM; *
stress form tab /iron	$0 (3)	NM; *
stress form tab /zinc	$0 (3)	NM; *
stress form/ tab zinc	$0 (3)	NM; *
stress formu tab	$0 (3)	NM; *
stress formu tab /zinc	$0 (3)	NM; *
stress formu tab advanced	$0 (3)	NM; *
stress formu tab energy	$0 (3)	NM; *
stress formu tab w/iron	$0 (3)	NM; *
stresstabs tab advanced	$0 (3)	NM; *
stresstabs tab energy	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sunvite tab advanced	$0 (3)	NM; *
SUPER ANTIOX CAP	$0 (3)	NM; *
super antiox tab a/c/e/se	$0 (3)	NM; *
super b comp tab vit c	$0 (3)	NM; *
super b w/c cap	$0 (3)	NM; *
super b-comp tab vit c/fa	$0 (3)	NM; *
super biotin cap 5000mcg	$0 (3)	NM; *
SUPER DAILY DRO D3	$0 (3)	NM; *
super liq nu-thera	$0 (3)	NM; *
super multip cap	$0 (3)	NM; *
super multip tab	$0 (3)	NM; *
SUPER POW NU-THERA	$0 (3)	NM; *
super tab nu-thera	$0 (3)	NM; *
super thera tab vite m	$0 (3)	NM; *
super vikaps tab	$0 (3)	NM; *
SUPERIORSOUR CHW K1	$0 (3)	NM; *
superplex-t tab	$0 (3)	NM; *
supr aytinal tab	$0 (3)	NM; *
supr aytinal tab 50 plus	$0 (3)	NM; *
supr vitamin tab	$0 (3)	NM; *
tab-a-vite tab	$0 (3)	NM; *
tab-a-vite tab /iron	$0 (3)	NM; *
tab-a-vite tab beta car	$0 (3)	NM; *
tab-a-vite tab maximum	$0 (3)	NM; *
thera form/ tab hematin	$0 (3)	NM; *
THERA M PLUS TAB	$0 (3)	NM; *
thera tab	$0 (3)	NM; *
THERA TAB	$0 (3)	NM; *
thera vital tab m	$0 (3)	NM; *
thera-d sprt tab 2000unit	$0 (3)	NM; *
thera-d tab 2000unit	$0 (3)	NM; *
THERA-D TAB 4000UNIT	$0 (3)	NM; *
thera-m tab	$0 (3)	NM; *
THERA-M TAB	$0 (3)	NM; *
THERA-TABS M TAB	$0 (3)	NM; *
thera-tabs tab	$0 (3)	NM; *
therabasic-m tab	$0 (3)	NM; *
THERAGRAN-M TAB	$0 (3)	NM; *
THERAGRAN-M TAB 50 PLUS	$0 (3)	NM; *
THERAGRAN-M TAB ADVANCED	$0 (3)	NM; *
THERAGRAN-M TAB PREMIER	$0 (3)	NM; *
THERANATAL MIS LACTATIO	$0 (3)	NM; *
therapeutic tab	$0 (3)	NM; *
therapeutic tab -m	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
therapeutic tab multi	$0 (3)	NM; *
therapeutic- tab m	$0 (3)	NM; *
therapeutic- tab m/lutein	$0 (3)	NM; *
theratrum co tab 50 plus	$0 (3)	NM; *
theratrum tab complete	$0 (3)	NM; *
theravim -m tab	$0 (3)	NM; *
therems tab	$0 (3)	NM; *
THEREMS-H TAB	$0 (3)	NM; *
THEREMS-M TAB	$0 (3)	NM; *
thiamine hcl inj 100 mg/ml	$0 (3)	NM; *
THIAMINE HCL POW	$0 (3)	NM; *
thiamine hcl tab 50 mg	$0 (3)	NM; *
thiamine hcl tab 100 mg	$0 (3)	NM; *
thiamine hcl tab 250 mg	$0 (3)	NM; *
total b/c tab	$0 (3)	NM; *
total formul tab	$0 (3)	NM; *
total formul tab 2	$0 (3)	NM; *
total formul tab 3	$0 (3)	NM; *
totalday mul tab tr	$0 (3)	NM; *
TRI-VI-SOL SOL	$0 (3)	NM; *
TRICARE TAB PRENATAL	$0 (2)	
tropical liq nutritio	$0 (3)	NM; *
trueplus tab diabetic	$0 (3)	NM; *
ultra choice chw kids	$0 (3)	NM; *
ultra freeda tab	$0 (3)	NM; *
ultra freeda tab /iron	$0 (3)	NM; *
ULTRA MEGA G TAB 75MG CR	$0 (3)	NM; *
ULTRA MEGA G TAB 100MG	$0 (3)	NM; *
ULTRA MEGA TAB 75MG CR	$0 (3)	NM; *
ULTRA MEGA TAB TWO	$0 (3)	NM; *
ULTRA MENS MIS PACK	$0 (3)	NM; *
ultrachoice tab advanced	$0 (3)	NM; *
UNICOMPLEX-M TAB	$0 (3)	NM; *
UPSPRING BAB LIQ VIT D	$0 (3)	NM; *
UPSPRINGBABY DRO MV/IRON	$0 (3)	NM; *
vision form/ tab lutein	$0 (3)	NM; *
vision tab vitamins	$0 (3)	NM; *
vit b complx tab /vit c	$0 (3)	NM; *
VIT D3 DROPS LIQ 400UNIT	$0 (3)	NM; *
vit d child chw 1000unit	$0 (3)	NM; *
vit e complx cap 400unit	$0 (3)	NM; *
vit e complx cap 1000unit	$0 (3)	NM; *
vit e d-alph cap 200unit	$0 (3)	NM; *
vit e d-alph cap 400unit	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
vita hair tab	$0 (3)	NM; *
vita-bee/c tab	$0 (3)	NM; *
VITA-C CRY	$0 (3)	NM; *
vitabasic tab complete	$0 (3)	NM; *
vitabasic tab senior	$0 (3)	NM; *
vitachew chw	$0 (3)	NM; *
VITACRAVES CHW IMMUNITY	$0 (3)	NM; *
VITACRAVES CHW MENS	$0 (3)	NM; *
VITACRAVES CHW SOUR GUM	$0 (3)	NM; *
VITACRAVES CHW WOMENS	$0 (3)	NM; *
vitajoy daly chw d 1000iu	$0 (3)	NM; *
vitalee tab	$0 (3)	NM; *
VITALETS CHW CHILD	$0 (3)	NM; *
VITAMAX CHW	$0 (3)	NM; *
VITAMENT PAK	$0 (3)	NM; *
VITAMIN B12 DRO 3000/ML	$0 (3)	NM; *
vitamin b12 tab 1000 tr	$0 (3)	NM; *
vitamin b12 tab 1000mcg	$0 (3)	NM; *
vitamin b12 tab 2000mcg	$0 (3)	NM; *
vitamin b12 tab 5000mcg	$0 (3)	NM; *
VITAMIN B 12 LOZ 250MCG	$0 (3)	NM; *
vitamin b-1 tab 100mg	$0 (3)	NM; *
vitamin b-6 tab 100mg	$0 (3)	NM; *
VITAMIN B-12 DRO 3000MCG	$0 (3)	NM; *
VITAMIN B-12 LIQ 1000MCG	$0 (3)	NM; *
VITAMIN B-12 LOZ 50MCG	$0 (3)	NM; *
vitamin b-12 tab 500mcg	$0 (3)	NM; *
vitamin b-12 tab 1000 tr	$0 (3)	NM; *
vitamin b-12 tab 1000mcg	$0 (3)	NM; *
vitamin b-12 tab 2000mcg	$0 (3)	NM; *
vitamin c chw 500mg	$0 (3)	NM; *
vitamin c loz 60mg	$0 (3)	NM; *
VITAMIN C POW	$0 (3)	NM; *
VITAMIN C TAB 100MG	$0 (3)	NM; *
vitamin c tab 250mg	$0 (3)	NM; *
vitamin c tab 500mg	$0 (3)	NM; *
vitamin c tab 500mg tr	$0 (3)	NM; *
VITAMIN D2 TAB 400UNIT	$0 (3)	NM; *
VITAMIN D2 TAB 2000UNIT	$0 (3)	NM; *
vitamin d3 cap 400unit	$0 (3)	NM; *
vitamin d3 cap 1000unit	$0 (3)	NM; *
vitamin d3 cap 2000 unt	$0 (3)	NM; *
vitamin d3 cap 2000unit	$0 (3)	NM; *
VITAMIN D3 CAP 4000UNIT	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
vitamin d3 cap 5000unit	$0 (3)	NM; *
vitamin d3 cap 10000unt	$0 (3)	NM; *
vitamin d3 cap 50000unt	$0 (3)	NM; *
vitamin d3 cap us 5000u	$0 (3)	NM; *
vitamin d3 chw 400unit	$0 (3)	NM; *
vitamin d3 chw 1000unit	$0 (3)	NM; *
vitamin d3 dro 400unit	$0 (3)	NM; *
VITAMIN D3 LIQ 1000UNIT	$0 (3)	NM; *
VITAMIN D3 LIQ 1200UNIT	$0 (3)	NM; *
VITAMIN D3 SPR 1000UNIT	$0 (3)	NM; *
vitamin d3 tab 400unit	$0 (3)	NM; *
vitamin d3 tab 1000unit	$0 (3)	NM; *
vitamin d3 tab 2000unit	$0 (3)	NM; *
VITAMIN D3 TAB 3000UNIT	$0 (3)	NM; *
vitamin d3 tab 5000unit	$0 (3)	NM; *
VITAMIN D3 TAB 5000UNIT	$0 (3)	NM; *
VITAMIN D3 TAB 10000UNT	$0 (3)	NM; *
vitamin d3 tab 50000unt	$0 (3)	NM; *
VITAMIN D3 TAB COMPLETE	$0 (3)	NM; *
vitamin d cap 1000unit	$0 (3)	NM; *
vitamin d cap 2000unit	$0 (3)	NM; *
vitamin d chw 400unit	$0 (3)	NM; *
vitamin d chw 1000unit	$0 (3)	NM; *
vitamin d tab 400unit	$0 (3)	NM; *
vitamin d tab 1000unit	$0 (3)	NM; *
vitamin d tab 2000unit	$0 (3)	NM; *
vitamin d-3 cap 2000unit	$0 (3)	NM; *
vitamin d-3 tab 1000unit	$0 (3)	NM; *
vitamin d-3 tab 5000unit	$0 (3)	NM; *
vitamin e cap 100 unit	$0 (3)	NM; *
vitamin e cap 200 unit	$0 (3)	NM; *
vitamin e cap 200unit	$0 (3)	NM; *
vitamin e cap 400 unit	$0 (3)	NM; *
vitamin e cap 400unit	$0 (3)	NM; *
vitamin e cap 1000 unit	$0 (3)	NM; *
vitamin e cap 1000unit	$0 (3)	NM; *
VITAMIN E CHW 400UNIT	$0 (3)	NM; *
vitamin e oral oil 100 unit/0.25ml	$0 (3)	NM; *
vitamin e soln 15 unit/0.3ml (50 unit/ml)	$0 (3)	NM; *
VITAMIN E TAB 100UNIT	$0 (3)	NM; *
VITAMIN E TAB 200UNIT	$0 (3)	NM; *
vitamin e tab 400 unit	$0 (3)	NM; *
VITASANA TAB	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
vitatrum chw	$0 (3)	NM; *
VITATRUM TAB	$0 (3)	NM; *
vitatrum tab complete	$0 (3)	NM; *
vite/iron chw children	$0 (3)	NM; *
vitrum tab senior	$0 (3)	NM; *
VITRUM TAB SENIOR	$0 (3)	NM; *
vt b complex cap	$0 (3)	NM; *
whole source tab dietary	$0 (3)	NM; *
whole source tab for men	$0 (3)	NM; *
whole source tab mature	$0 (3)	NM; *
womens 50+ cap advanced	$0 (3)	NM; *
womens 50+ tab advanced	$0 (3)	NM; *
WOMENS BIO- TAB MULTIPLE	$0 (3)	NM; *
womens cap multi	$0 (3)	NM; *
womens daily chw gummies	$0 (3)	NM; *
womens daily tab fa/ca/fe	$0 (3)	NM; *
womens daily tab formula	$0 (3)	NM; *
womens one tab daily	$0 (3)	NM; *
WOMENS PAK	$0 (3)	NM; *
womns active tab daily	$0 (3)	NM; *
YELETS TEEN TAB FORMULA	$0 (3)	NM; *
yl folic aci tab 400mcg	$0 (3)	NM; *
yl vit b-6 tab 100mg	$0 (3)	NM; *
yl vit c/rh tab 1000mg	$0 (3)	NM; *
yl vitamin c tab 1000mg	$0 (3)	NM; *
yl vitamin e cap 400unit	$0 (3)	NM; *
YOUR LIFE CHW GUMMIES	$0 (3)	NM; *
ZINC LOZ	$0 (3)	NM; *
zoo friends chw	$0 (3)	NM; *
ZOO FRIENDS CHW COMPLETE	$0 (3)	NM; *
zoo friends chw extra c	$0 (3)	NM; *
zoo friends chw gummies	$0 (3)	NM; *
zoo friends chw pls iron	$0 (3)	NM; *
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS		
ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	$0 (1)	
BLEPHAMIDE OIN S.O.P.	$0 (2)	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	$0 (1)	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	$0 (1)	
neomycin-polymyxin-hc ophth susp	$0 (1)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fluorometholone ophth susp 0.1%	$0 (1)	
flurbiprofen sodium ophth soln 0.03%	$0 (1)	
ILEVRO DRO 0.3% OP	$0 (2)	
ketorolac tromethamine ophth soln 0.4%	$0 (1)	
ketorolac tromethamine ophth soln 0.5%	$0 (1)	
LOTEMAX GEL 0.5%	$0 (2)	
LOTEMAX OIN 0.5%	$0 (2)	
LOTEMAX SUS 0.5%	$0 (2)	
loteprednol etabonate ophth susp 0.5%	$0 (1)	
PRED SOD PHO SOL 1% OP	$0 (2)	
prednisolone acetate ophth susp 1%	$0 (1)	
PROLENSA SOL 0.07%	$0 (2)	
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
alaway child dro 0.025%op	$0 (3)	NM; *
alaway dro 0.025%op	$0 (3)	NM; *
azelastine hcl ophth soln 0.05%	$0 (1)	
BEPREVE DRO 1.5%	$0 (2)	
cromolyn sodium ophth soln 4%	$0 (1)	
eye itch rel dro 0.025%op	$0 (3)	NM; *
eye itch sol relief	$0 (3)	NM; *
ketotif fum dro 0.025%op	$0 (3)	NM; *
ketotifen fumarate ophth soln 0.025% (base equiv)	$0 (3)	NM; *
LASTACAFT SOL 0.25%	$0 (2)	
olopatadine hcl ophth soln 0.2% (base equivalent)	$0 (1)	
PAZEO DRO 0.7%	$0 (2)	
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA		
ALPHAGAN P SOL 0.1%	$0 (2)	
AZOPT SUS 1% OP	$0 (2)	
betaxolol hcl ophth soln 0.5%	$0 (1)	
BETOPTIC-S SUS 0.25% OP	$0 (2)	
brimonidine tartrate ophth soln 0.2%	$0 (1)	
brimonidine tartrate ophth soln 0.15%	$0 (1)	
carteolol hcl ophth soln 1%	$0 (1)	
COMBIGAN SOL 0.2/0.5%	$0 (2)	
dorzolamide hcl ophth soln 2%	$0 (1)	
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	$0 (1)	
latanoprost ophth soln 0.005%	$0 (1)	
levobunolol hcl ophth soln 0.5%	$0 (1)	
LUMIGAN SOL 0.01%	$0 (2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PHOSPHOLINE SOL 0.125%OP	$0 (2)	
pilocarpine hcl ophth soln 1%	$0 (1)	
pilocarpine hcl ophth soln 2%	$0 (1)	
pilocarpine hcl ophth soln 4%	$0 (1)	
RHOPRESSA SOL 0.02%	$0 (2)	
SIMBRINZA SUS 1-0.2%	$0 (2)	
timolol maleate ophth gel forming soln 0.5%	$0 (1)	
timolol maleate ophth gel forming soln 0.25%	$0 (1)	
timolol maleate ophth soln 0.5%	$0 (1)	
timolol maleate ophth soln 0.5% (once-daily)	$0 (1)	
timolol maleate ophth soln 0.25%	$0 (1)	
TRAVATAN Z DRO 0.004%	$0 (2)	
MISCELLANEOUS		
akwa tears oin op	$0 (3)	NM; *
altachlore oin 5% op	$0 (3)	NM; *
altachlore sol 5% op	$0 (3)	NM; *
artifi tears oin op	$0 (3)	NM; *
artifi tears sol 1.4% op	$0 (3)	NM; *
artificial sol tears	$0 (3)	NM; *
ATROPINE SUL SOL 1% OP	$0 (2)	
CYSTARAN SOL 0.44%	$0 (2)	NDS, LA, PA
eye drops dro 0.5-0.9%	$0 (3)	NM; *
for sty reli oin	$0 (3)	NM; *
FRESHKOTE SOL 2.7-2%	$0 (3)	NM; *
GENTEAL GEL	$0 (3)	NM; *
GENTEAL GEL 0.3%	$0 (3)	NM; *
genteal tear oin nt-time	$0 (3)	NM; *
genteal tear sol moderate	$0 (3)	NM; *
ISOPTO TEARS SOL 0.5% OP	$0 (3)	NM; *
liquitears sol	$0 (3)	NM; *
lubric tears sol 0.4-0.3%	$0 (3)	NM; *
lubricant dro 0.4-0.3%	$0 (3)	NM; *
lubricant dro eye	$0 (3)	NM; *
lubricant oin eye	$0 (3)	NM; *
lubricating dro 0.5%	$0 (3)	NM; *
lubricating sol 0.4-0.3%	$0 (3)	NM; *
lubricnt eye dro 0.4-0.3%	$0 (3)	NM; *
lubricnt eye dro 0.5% op	$0 (3)	NM; *
lubrifresh oin p.m.	$0 (3)	NM; *
MURO 128 SOL 2% OP	$0 (3)	NM; *
ophthalmic sol 5% op	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
polyvinyl alcohol ophth soln 1.4%	$0 (3)	NM; *
proparacaine hcl ophth soln 0.5%	$0 (1)	
puralube oin	$0 (3)	NM; *
pure & gentl dro 0.3%	$0 (3)	NM; *
refresh cell gel 1% op	$0 (3)	NM; *
REFRESH DRO OP	$0 (3)	NM; *
REFRESH GEL OPTIVE	$0 (3)	NM; *
refresh lacr oin op	$0 (3)	NM; *
REFRESH LIQU DRO 1% OP	$0 (3)	NM; *
REFRESH OPT SOL MEGA-3	$0 (3)	NM; *
REFRESH OPTI DRO 0.5-0.9%	$0 (3)	NM; *
refresh p.m. oin op	$0 (3)	NM; *
REFRESH SOL OPTIVE	$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)
restore tear dro 0.5% op	$0 (3)	NM; *
RETAINE HPMC SOL 0.3%	$0 (3)	NM; *
retaine pm oin	$0 (3)	NM; *
sm lubricant dro 0.4-0.3%	$0 (3)	NM; *
sochlor sol 5% op	$0 (3)	NM; *
sod chloride oin 5% op	$0 (3)	NM; *
sod chloride sol 5% op	$0 (3)	NM; *
sodium chloride hypertonic ophth oint 5%	$0 (3)	NM; *
sodium chloride hypertonic ophth soln 5%	$0 (3)	NM; *
soothe xp dro 1%-4.5%	$0 (3)	NM; *
STERILE LUBR DRO 0.7%	$0 (3)	NM; *
SYSTANE GEL 0.3%	$0 (3)	NM; *
SYSTANE GEL DRO 0.4-0.3%	$0 (3)	NM; *
systane oin	$0 (3)	NM; *
tears again dro 1.4%	$0 (3)	NM; *
tgt lubricnt oin eye nite	$0 (3)	NM; *
ultra fresh oin pm	$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)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	$0 (1)	B/D
TRELEGY AER ELLIPTA	$0 (2)	QL (60 blisters / 30 days)
ANTICHOLINERGICS - DRUGS TO TREAT COPD		
ATROVENT HFA AER 17MCG	$0 (2)	QL (2 inhalers / 30 days)
INCRUSE ELPT INH 62.5MCG	$0 (2)	QL (30 blisters / 30 days)
ipratropium bromide inhal soln 0.02%	$0 (1)	B/D
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	$0 (1)	
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	$0 (1)	
ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES		
a-s pls alrg tab 25mg	$0 (3)	NM; *
ALA-HIST IR TAB 2MG	$0 (3)	NM; *
alavert tab 10mg	$0 (3)	NM; *
aler-cap cap 25mg	$0 (3)	NM; *
all day allg chw 10mg	$0 (3)	NM; *
all day allg sol 1mg/ml	$0 (3)	NM; *
all day allg sol 5mg/5ml	$0 (3)	NM; *
all day allg tab 10mg	$0 (3)	NM; *
all-day allg sol 5mg/5ml	$0 (3)	NM; *
aller-chlor tab 4mg	$0 (3)	NM; *
aller-ease tab 60mg	$0 (3)	NM; *
aller-ease tab 180mg	$0 (3)	NM; *
aller-tec sol 1mg/ml	$0 (3)	NM; *
aller-tec tab 10mg	$0 (3)	NM; *
allerclear tab 10mg	$0 (3)	NM; *
allergy cap 25mg	$0 (3)	NM; *
allergy chld liq 12.5/5ml	$0 (3)	NM; *
allergy chld sol 1mg/ml	$0 (3)	NM; *
allergy chld syp 5mg/5ml	$0 (3)	NM; *
allergy comp sol 1mg/ml	$0 (3)	NM; *
allergy liq 12.5/5ml	$0 (3)	NM; *
allergy med liq 12.5/5ml	$0 (3)	NM; *
allergy med tab 25mg	$0 (3)	NM; *
allergy relf cap 25mg	$0 (3)	NM; *
allergy relf liq 12.5/5ml	$0 (3)	NM; *
allergy relf sol 5mg/5ml	$0 (3)	NM; *
allergy relf syp 5mg/5ml	$0 (3)	NM; *
allergy relf tab 1.34mg	$0 (3)	NM; *
allergy relf tab 4mg	$0 (3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
diphen tab 25mg	$0 (3)	NM; *
diphenhist cap 25mg	$0 (3)	NM; *
diphenhist liq 12.5/5ml	$0 (3)	NM; *
diphenhist tab 25mg	$0 (3)	NM; *
diphenhydramine hcl cap 25 mg	$0 (3)	NM; *
diphenhydramine hcl cap 50 mg	$0 (3)	NM; *
diphenhydramine hcl inj 50 mg/ml	$0 (1)	
diphenhydramine hcl tab 25 mg	$0 (3)	NM; *
ED CHLORPED LIQ 2MG/ML	$0 (3)	NM; *
ed chlorped syp jr	$0 (3)	NM; *
eql all day tab allergy	$0 (3)	NM; *
fexofenadine hcl tab 60 mg	$0 (3)	NM; *
fexofenadine hcl tab 180 mg	$0 (3)	NM; *
fexofenadine sus 30mg/5ml	$0 (3)	NM; *
fexofenadine tab 60mg	$0 (3)	NM; *
fexofenadine tab 180mg	$0 (3)	NM; *
geri-dryl tab 25mg	$0 (3)	NM; *
gnp all day tab allergy	$0 (3)	NM; *
gnp allergy cap 25mg	$0 (3)	NM; *
gnp allergy tab 4mg	$0 (3)	NM; *
gnp allergy tab 25mg	$0 (3)	NM; *
gnp allergy tab 180mg	$0 (3)	NM; *
gnp dayhist tab 1.34mg	$0 (3)	NM; *
HISTEX CHW 1.25MG	$0 (3)	NM; *
HISTEX PD DRO 0.938MG	$0 (3)	NM; *
HISTEX PDX DRO 1.25MG	$0 (3)	NM; *
HISTEX SYP 2.5MG/5	$0 (3)	NM; *
hm allergy cap 25mg	$0 (3)	NM; *
hm allergy tab 4mg	$0 (3)	NM; *
hm allergy tab 25mg	$0 (3)	NM; *
hydroxyzine hcl im soln 25 mg/ml	$0 (2)	PA; PA if 70 years and older
hydroxyzine hcl im soln 50 mg/ml	$0 (2)	PA; PA if 70 years and older
hydroxyzine hcl syrup 10 mg/5ml	$0 (2)	PA; PA if 70 years and older
hydroxyzine hcl tab 10 mg	$0 (2)	PA; PA if 70 years and older
hydroxyzine hcl tab 25 mg	$0 (2)	PA; PA if 70 years and older
hydroxyzine hcl tab 50 mg	$0 (2)	PA; PA if 70 years and older
hydroxyzine pamoate cap 25 mg	$0 (2)	PA; PA if 70 years and older

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
hydroxyzine pamoate cap 50 mg	$0 (2)	PA; PA if 70 years and older
kp loratadin tab 10mg	$0 (3)	NM; *
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	$0 (1)	
levocetirizine dihydrochloride tab 5 mg	$0 (1)	
loradamed tab 10mg	$0 (3)	NM; *
loratadine cap 10 mg	$0 (3)	NM; *
loratadine sol 5mg/5ml	$0 (3)	NM; *
loratadine syp 5mg/5ml	$0 (3)	NM; *
loratadine tab 10 mg	$0 (3)	NM; *
loratadine tab 10mg	$0 (3)	NM; *
m-hist pd liq 0.625/ml	$0 (3)	NM; *
medi-phedryl cap 25mg	$0 (3)	NM; *
mucinex allr tab 180mg	$0 (3)	NM; *
PEDIAVENT CHW 1MG	$0 (3)	NM; *
PEDIAVENT SYP 2MG/5ML	$0 (3)	NM; *
pharbechlor tab 4mg	$0 (3)	NM; *
pharbedryl cap 25mg	$0 (3)	NM; *
pharbedryl cap 50mg	$0 (3)	NM; *
px allergy cap 25mg	$0 (3)	NM; *
px allergy tab 25mg	$0 (3)	NM; *
qc allergy tab 10mg	$0 (3)	NM; *
sb allergy tab 10mg	$0 (3)	NM; *
sb allergy tab 25mg med	$0 (3)	NM; *
siladryl alr liq 12.5/5ml	$0 (3)	NM; *
sm all day tab 10mg	$0 (3)	NM; *
sm all day tab allergy	$0 (3)	NM; *
sm allergy cap relief	$0 (3)	NM; *
sm allergy tab 4mg	$0 (3)	NM; *
sm allergy tab 25mg rlf	$0 (3)	NM; *
sm loratadin tab 10mg	$0 (3)	NM; *
total allerg tab 25mg	$0 (3)	NM; *
triprolidine hcl liquid 0.625 mg/ml	$0 (3)	NM; *
VANACLEAR PD LIQ 0.313MG	$0 (3)	NM; *
VANAMINE PD LIQ 6.25/ML	$0 (3)	NM; *
wal-dryl liq 12.5/5ml	$0 (3)	NM; *
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	$0 (1)	QL (2 inhalers / 30 days); (generic of Proair HFA)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	$0 (1)	QL (2 inhalers / 30 days); (generic of Ventolin HFA)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
albuterol sulfate soln nebu 0.5% (5 mg/ml)	$0 (1)	B/D
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	$0 (1)	B/D
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	$0 (1)	B/D
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	$0 (1)	B/D
albuterol sulfate syrup 2 mg/5ml	$0 (1)	
albuterol sulfate tab 2 mg	$0 (1)	
albuterol sulfate tab 4 mg	$0 (1)	
albuterol sulfate tab er 12hr 4 mg	$0 (1)	
albuterol sulfate tab er 12hr 8 mg	$0 (1)	
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	$0 (1)	B/D
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	$0 (1)	B/D
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	$0 (1)	B/D
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	$0 (1)	B/D
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	$0 (1)	QL (2 inhalers / 30 days)
SEREVENT DIS AER 50MCG	$0 (2)	QL (60 inhalations / 30 days)
terbutaline sulfate tab 2.5 mg	$0 (1)	
terbutaline sulfate tab 5 mg	$0 (1)	
VENTOLIN HFA AER	$0 (2)	QL (2 inhalers / 30 days)
COUGH AND COLD		
aceta-gesic tab 12.5-325	$0 (3)	NM; *
ALA-HIST PE TAB 2-10MG	$0 (3)	NM; *
ALAHIST CF TAB 10-2-20	$0 (3)	NM; *
ALAHIST DM LIQ 7.5-2-15	$0 (3)	NM; *
alavert alrg tab /sinus	$0 (3)	NM; *
all day alrg tab 5-120mg	$0 (3)	NM; *
all-nite liq cold/flu	$0 (3)	NM; *
aller-tec d tab 5-120mg	$0 (3)	NM; *
aller/conges tab 10-240mg	$0 (3)	NM; *
allerclear d tab 10-240mg	$0 (3)	NM; *
allerclear tab d-24hr	$0 (3)	NM; *
allerfed tab 4-10mg	$0 (3)	NM; *
allergy d tab 5-120mg	$0 (3)	NM; *
allergy plus tab sev/sinu	$0 (3)	NM; *
allergy plus tab sinus	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
allergy rel/ tab deconges	$0 (3)	NM; *
allergy relf tab 5-120mg	$0 (3)	NM; *
allergy relf tab /congest	$0 (3)	NM; *
allergy relf tab /nsl dec	$0 (3)	NM; *
allergy relf tab d	$0 (3)	NM; *
allergy relf tab d-24	$0 (3)	NM; *
allergy relf tab deconges	$0 (3)	NM; *
allergy tab multi-sy	$0 (3)	NM; *
allergy+ con tab 5-120mg	$0 (3)	NM; *
allergy-d tab 5-120mg	$0 (3)	NM; *
allergy/cong tab 5-120mg	$0 (3)	NM; *
allgy comp-d tab 5-120mg	$0 (3)	NM; *
allrgy rel d tab 10-240mg	$0 (3)	NM; *
ambi 10peh/ tab 400gfn	$0 (3)	NM; *
ambi 40pse/ tab 400gfn	$0 (3)	NM; *
ap-hist dm liq 7.5-4-15	$0 (3)	NM; *
aprodine tab 2.5-60mg	$0 (3)	NM; *
AQUANAZ TAB	$0 (3)	NM; *
BENZEDREX INH	$0 (3)	NM; *
benzonatate cap 100 mg	$0 (3)	NM; *
benzonatate cap 150 mg	$0 (3)	NM; *
benzonatate cap 200 mg	$0 (3)	NM; *
BROHIST D TAB 4-10MG	$0 (3)	NM; *
bromfed dm syp	$0 (3)	NM; *
BROTAPP DM LIQ 15-1-5/5	$0 (3)	NM; *
CAPCOF SYP 5-2-10MG	$0 (3)	NM; *
CAPMIST DM TAB	$0 (3)	NM; *
CAPRON DM LIQ	$0 (3)	NM; *
CAPRON DMT TAB 30-30MG	$0 (3)	NM; *
cetirizine-pseudoephedrine tab er 12hr 5-120 mg	$0 (3)	NM; *
cgh/cold day liq delsym	$0 (3)	NM; *
cheratussin syp ac	$0 (3)	NM; *
chest conges tab 20-400mg	$0 (3)	NM; *
chest conges tab 400mg	$0 (3)	NM; *
chest conges tab relf dm	$0 (3)	NM; *
chest congst tab rlf pe	$0 (3)	NM; *
child silfed liq 15mg/5ml	$0 (3)	NM; *
CHILDRENS SUS PLUS CLD	$0 (3)	NM; *
CHLO HIST SOL	$0 (3)	NM; *
CHLO TUSS LIQ	$0 (3)	NM; *
CNTC CLD/FLU TAB DAY/NGHT	$0 (3)	NM; *
CNTC CLD/FLU TAB MAX ST	$0 (3)	NM; *
CODAR AR LIQ 2-8/5ML	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CODITUSSIN LIQ AC	$0 (3)	NM; *
CODITUSSIN LIQ DAC	$0 (3)	NM; *
cold & flu liq day time	$0 (3)	NM; *
cold & flu liq nighttim	$0 (3)	NM; *
cold & flu tab daytime	$0 (3)	NM; *
cold & flu tab severe	$0 (3)	NM; *
cold & sinus tab relief	$0 (3)	NM; *
cold head pak day/nght	$0 (3)	NM; *
cold head tab cong dt	$0 (3)	NM; *
cold head tab congesti	$0 (3)	NM; *
cold mult-sy tab sevr day	$0 (3)	NM; *
cold relief tab multi-s	$0 (3)	NM; *
cold relief tab multi-sy	$0 (3)	NM; *
cold/allergy elx children	$0 (3)	NM; *
cold/allergy tab 4-10mg	$0 (3)	NM; *
cold/cgh/flu pow daytime	$0 (3)	NM; *
cold/cough elx child	$0 (3)	NM; *
cold/cough elx dm child	$0 (3)	NM; *
cold/flu day liq 10-5-325	$0 (3)	NM; *
cold/flu liq daytime	$0 (3)	NM; *
CONEX SOL CLD/ALRG	$0 (3)	NM; *
CONEX TAB 2-60MG	$0 (3)	NM; *
contac tab 5-500mg	$0 (3)	NM; *
cough & cold tab	$0 (3)	NM; *
cough & cold tab 4-30mg	$0 (3)	NM; *
cough cont liq dm max	$0 (3)	NM; *
cough dm sus 30mg/5ml	$0 (3)	NM; *
cough syp	$0 (3)	NM; *
cough syp 100/5ml	$0 (3)	NM; *
coughtab tab 200mg	$0 (3)	NM; *
cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)	$0 (3)	NM; *
cvs cough dm sus 30mg/5ml	$0 (3)	NM; *
cvs flu/cold liq nightime	$0 (3)	NM; *
day cold/flu cap 10-5-325	$0 (3)	NM; *
day time cap 10-5-325	$0 (3)	NM; *
day-time pe cap	$0 (3)	NM; *
DECONEX DMX TAB	$0 (3)	NM; *
DECONEX IR TAB 10-385MG	$0 (3)	NM; *
decongestant sol 1%	$0 (3)	NM; *
decongestant tab 120mg er	$0 (3)	NM; *
delsym cough liq congs dm	$0 (3)	NM; *
delsym night liq cgh+cld	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
dextromethorphan polistirex extended release susp 30 mg/5ml	$0 (3)	NM; *
dextromethorphan-guaifenesin syrup 10-100 mg/5ml	$0 (3)	NM; *
diabetic tus liq 100/5ml	$0 (3)	NM; *
diabetic tus liq dm	$0 (3)	NM; *
diabetic tus liq max st	$0 (3)	NM; *
dimaphen dm elx 2.5-1-5	$0 (3)	NM; *
dimaphen elx children	$0 (3)	NM; *
dristan cold tab	$0 (3)	NM; *
DURAFLU TAB	$0 (3)	NM; *
DURAVENT DM TAB	$0 (3)	NM; *
ed a-hist dm liq	$0 (3)	NM; *
ED A-HIST DM TAB 10-4-10	$0 (3)	NM; *
ed a-hist tab 2.5-60mg	$0 (3)	NM; *
ed a-hist tab 4-10mg	$0 (3)	NM; *
ED BRON GP LIQ	$0 (3)	NM; *
ED CHLORPED DRO D	$0 (3)	NM; *
endacof-dm liq 2.5-1-5	$0 (3)	NM; *
eq allergy tab relief	$0 (3)	NM; *
eq cough dm sus 30mg/5ml	$0 (3)	NM; *
eql allergy tab 10-240mg	$0 (3)	NM; *
extra action syp 100-10/5	$0 (3)	NM; *
fexofenadine-pseudoephedrine tab er 12hr 60-120 mg	$0 (3)	NM; *
FLOWTUSS SOL 2.5-200	$0 (3)	NM; *
flu/cold pow daytime	$0 (3)	NM; *
flu/cold/cgh pow daytime	$0 (3)	NM; *
genaphed tab 30mg	$0 (3)	NM; *
GLEN PE LIQ	$0 (3)	NM; *
GLENAX PEB LIQ	$0 (3)	NM; *
gnp allergy tab multi-sy	$0 (3)	NM; *
gnp cgh relf liq 15mg/5ml	$0 (3)	NM; *
gnp cld/alle elx children	$0 (3)	NM; *
gnp cold rlf tab daytime	$0 (3)	NM; *
gnp cold/cgh elx child	$0 (3)	NM; *
gnp cough dm sus 30mg/5ml	$0 (3)	NM; *
gnp day time cap cold/flu	$0 (3)	NM; *
gnp day time liq cold/flu	$0 (3)	NM; *
gnp flu relf liq nightime	$0 (3)	NM; *
gnp nasal spr 0.05%	$0 (3)	NM; *
gnp nasal spr 1%	$0 (3)	NM; *
gnp nose dro 1%	$0 (3)	NM; *
gnp sinus tab cng/pain	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
gnp suphedrn liq 15mg/5ml	$0 (3)	NM; *
gnp tussin liq dm	$0 (3)	NM; *
gnp tussin liq dm cough	$0 (3)	NM; *
gnp tussin liq dm max	$0 (3)	NM; *
gnp tussin syp cf	$0 (3)	NM; *
guaiatuss ac syp 100-10/5	$0 (3)	NM; *
guaifenesin liquid 100 mg/5ml	$0 (3)	NM; *
guaifenesin syp 100-10/5	$0 (3)	NM; *
guaifenesin tab 200 mg	$0 (3)	NM; *
guaifenesin tab er 12hr 1200 mg	$0 (3)	NM; *
guaifenesin-codeine soln 100-10 mg/5ml	$0 (3)	NM; *
herbiomed liq cld/sin	$0 (3)	NM; *
HISTEX-AC SYP	$0 (3)	NM; *
HISTEX-DM SYP	$0 (3)	NM; *
HISTEX-PE SYP 2.5-10/5	$0 (3)	NM; *
hm cold/cgh elx children	$0 (3)	NM; *
hm cough dm sus 30mg/5ml	$0 (3)	NM; *
hm day time cap	$0 (3)	NM; *
hm daytime liq cold/flu	$0 (3)	NM; *
hm mucus er tab 600mg	$0 (3)	NM; *
hm mucus er tab 1200mg	$0 (3)	NM; *
hm nasal spr 0.05%	$0 (3)	NM; *
hm nose dro 1%	$0 (3)	NM; *
hm severe tab cold/flu	$0 (3)	NM; *
hm tussin liq adlt dm	$0 (3)	NM; *
12 hr nasal spr 0.05%	$0 (3)	NM; *
HYCOFENIX SOL	$0 (3)	NM; *
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	$0 (3)	NM; *
hydrocodone w/ homatropine syrup 5-1.5 mg/5ml	$0 (3)	NM; *
hydrocodone w/ homatropine tab 5-1.5 mg	$0 (3)	NM; *
hydromet syp 5-1.5/5	$0 (3)	NM; *
kidkare liq cgh/cold	$0 (3)	NM; *
LODRANE D CAP 4-60MG	$0 (3)	NM; *
LOHIST-D LIQ	$0 (3)	NM; *
LOHIST-DM SYP 5-2-10MG	$0 (3)	NM; *
lorata-dine tab d 24hr	$0 (3)	NM; *
loratadine d tab 5-120mg	$0 (3)	NM; *
loratadine-d tab 5-120mg	$0 (3)	NM; *
loratadine-d tab 10-240mg	$0 (3)	NM; *
LORTUSS DM LIQ	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LORTUSS EX LIQ	$0 (3)	NM; *
LORTUSS LQ LIQ	$0 (3)	NM; *
m-clear wc liq 100-6.3	$0 (3)	NM; *
M-END DMX LIQ	$0 (3)	NM; *
M-END PE LIQ	$0 (3)	NM; *
m-hist dm liq 7.5-4-15	$0 (3)	NM; *
mapap cold tab 10-5-325	$0 (3)	NM; *
mapap sinus tab max st	$0 (3)	NM; *
MAR-COF BP LIQ 30-2-7.5	$0 (3)	NM; *
medi-tussin syp dm	$0 (3)	NM; *
medicidin-d tab	$0 (3)	NM; *
medifin 400 tab 400mg	$0 (3)	NM; *
MUCINEX CAP DAY/NGHT	$0 (3)	NM; *
MUCINEX CAP FAST-MAX	$0 (3)	NM; *
MUCINEX CAP SINUS	$0 (3)	NM; *
MUCINEX CGH GRA 5-100MG	$0 (3)	NM; *
mucinex cgh liq 5-100mg	$0 (3)	NM; *
mucinex chld liq 100/5ml	$0 (3)	NM; *
MUCINEX CHLD MIS DAY/NITE	$0 (3)	NM; *
mucinex cold cap flu nght	$0 (3)	NM; *
mucinex cold cap sinus	$0 (3)	NM; *
MUCINEX COLD LIQ 2.5-100	$0 (3)	NM; *
mucinex cold tab flu&sore	$0 (3)	NM; *
mucinex cold tab sinus	$0 (3)	NM; *
mucinex cong cap headache	$0 (3)	NM; *
MUCINEX D TAB 120-1200	$0 (3)	NM; *
mucinex dm liq 20-400	$0 (3)	NM; *
MUCINEX DM TAB 30-600ER	$0 (3)	NM; *
MUCINEX DM TAB 60-1200	$0 (3)	NM; *
mucinex fast liq cold flu	$0 (3)	NM; *
mucinex fast mis day/nght	$0 (3)	NM; *
MUCINEX FAST MIS DAY/NGHT	$0 (3)	NM; *
MUCINEX FAST MIS MX DAY/N	$0 (3)	NM; *
MUCINEX FAST TAB 5-10-200	$0 (3)	NM; *
mucinex fast tab 25-5-325	$0 (3)	NM; *
mucinex fast tab sev cold	$0 (3)	NM; *
mucinex ff spr 0.05%	$0 (3)	NM; *
mucinex liq	$0 (3)	NM; *
mucinex liq sinus	$0 (3)	NM; *
mucinex ms liq cold ngh	$0 (3)	NM; *
MUCINEX TAB 600MG ER	$0 (3)	NM; *
mucinex tab sinus	$0 (3)	NM; *
MUCINEX/KIDS GRA 100MG	$0 (3)	NM; *
mucosa dm tab 20-400mg	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
mucosa tab 400mg	$0 (3)	NM; *
mucus relf d tab 60-600mg	$0 (3)	NM; *
mucus relief liq 5-100mg	$0 (3)	NM; *
mucus relief liq 100/5ml	$0 (3)	NM; *
mucus relief liq 400/20ml	$0 (3)	NM; *
mucus relief liq children	$0 (3)	NM; *
mucus relief tab 20-400mg	$0 (3)	NM; *
mucus relief tab 200mg	$0 (3)	NM; *
mucus relief tab 400mg	$0 (3)	NM; *
mucus relief tab cld/sinu	$0 (3)	NM; *
mucus relief tab cold/flu	$0 (3)	NM; *
mucus relief tab dm	$0 (3)	NM; *
mucus relief tab pe	$0 (3)	NM; *
mucus rlf pe tab 10-400mg	$0 (3)	NM; *
mucus+chst liq 100/5ml	$0 (3)	NM; *
mucusrelief tab sinus	$0 (3)	NM; *
multi-sympt liq cld nght	$0 (3)	NM; *
nasal 12 hr spr 0.05%	$0 (3)	NM; *
NASAL DECON SYP 30MG/5ML	$0 (3)	NM; *
NASAL DECONG LIQ 30MG/5ML	$0 (3)	NM; *
nasal decong spr 0.05%	$0 (3)	NM; *
nasal decong tab 10mg	$0 (3)	NM; *
nasal decong tab 30mg	$0 (3)	NM; *
nasal decong tab 120mg er	$0 (3)	NM; *
nasal four sol 1%	$0 (3)	NM; *
nasal relief spr 0.05%	$0 (3)	NM; *
nasal spr 0.05%	$0 (3)	NM; *
NASOPEN PE LIQ	$0 (3)	NM; *
night time cap cold&flu	$0 (3)	NM; *
night time cap cold/flu	$0 (3)	NM; *
night time liq cld/flu	$0 (3)	NM; *
night time liq cold/flu	$0 (3)	NM; *
night time liq cough	$0 (3)	NM; *
night time tab sinus	$0 (3)	NM; *
nighttime cap cold/flu	$0 (3)	NM; *
nighttime liq cold/flu	$0 (3)	NM; *
nighttime liq cough	$0 (3)	NM; *
NINJACOF LIQ	$0 (3)	NM; *
NINJACOF-A LIQ	$0 (3)	NM; *
NINJACOF-XG LIQ 200-8/5	$0 (3)	NM; *
nite time liq cold/flu	$0 (3)	NM; *
nite-time liq cold/flu	$0 (3)	NM; *
NIVANEX DMX TAB	$0 (3)	NM; *
no drip nasl spr 0.05%	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
nohist-dm liq	$0 (3)	NM; *
nohist-lq liq 4-10/5ml	$0 (3)	NM; *
non-pseudo tab sinus	$0 (3)	NM; *
NOREL AD TAB 4-10-325	$0 (3)	NM; *
pain relief sus pls cold	$0 (3)	NM; *
pain rlf sin tab pe day	$0 (3)	NM; *
pedia relief liq cgh/cold	$0 (3)	NM; *
pediatric liq cgh/cold	$0 (3)	NM; *
10peh/400gfn tab /20dm	$0 (3)	NM; *
percogesic tab xs	$0 (3)	NM; *
POLY HIST TAB 7.5-10MG	$0 (3)	NM; *
POLY-HIST DM LIQ 5-25-10	$0 (3)	NM; *
POLY-HIST PD LIQ	$0 (3)	NM; *
POLY-TUSSIN LIQ 10-4-10	$0 (3)	NM; *
POLY-VENT DM TAB	$0 (3)	NM; *
POLY-VENT IR TAB 60-380MG	$0 (3)	NM; *
PRO-RED AC SYP 5-1-9/5	$0 (3)	NM; *
prometh vc/ syp codeine	$0 (3)	NM; *
promethazine w/ codeine syrup 6.25-10 mg/5ml	$0 (3)	NM; *
promethazine-dm syrup 6.25-15 mg/5ml	$0 (3)	NM; *
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	$0 (3)	NM; *
pseudoeph-chlorphen w/ hydrocodone soln 60-4-5 mg/5ml	$0 (3)	NM; *
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	$0 (3)	NM; *
pseudoephedr tab 30mg	$0 (3)	NM; *
pseudoephedr tab 60mg	$0 (3)	NM; *
pseudoephedr tab 120mg er	$0 (3)	NM; *
pseudoephedrine hcl tab 30 mg	$0 (3)	NM; *
pseudoephedrine hcl tab 60 mg	$0 (3)	NM; *
pseudoephedrine hcl tab er 12hr 120 mg	$0 (3)	NM; *
pseudoephedrine-guaifenesin tab er 12hr 60-600 mg	$0 (3)	NM; *
pulmosal neb 7%	$0 (3)	NM; *
px allergy tab sinus pe	$0 (3)	NM; *
pyrilamin/pe tab 25-10mg	$0 (3)	NM; *
qc allergy tab relief	$0 (3)	NM; *
qc allergy/ tab sinus	$0 (3)	NM; *
qc cough liq sore thr	$0 (3)	NM; *
qc ibuprofen tab cold/sin	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
qc medifin tab dm	$0 (3)	NM; *
qc sinus pai tab relief	$0 (3)	NM; *
qc suphedrin tab 120mg sr	$0 (3)	NM; *
ra cough dm sus 30mg/5ml	$0 (3)	NM; *
relcof c sol 100-6.3	$0 (3)	NM; *
RESCON TAB 2-60MG	$0 (3)	NM; *
RESCON-DM SYP	$0 (3)	NM; *
RESCON-GG LIQ	$0 (3)	NM; *
RESPAIRE-30 CAP	$0 (3)	NM; *
robafen ac sol 100-10/5	$0 (3)	NM; *
robafen cf liq 5-10-100	$0 (3)	NM; *
robafen cgh cap 15mg	$0 (3)	NM; *
robafen dm liq 10-100/5	$0 (3)	NM; *
robafen dm syp 100-10/5	$0 (3)	NM; *
robafen syp 100/5ml	$0 (3)	NM; *
RONDEC-D LIQ	$0 (3)	NM; *
RU-HIST D TAB 4-10MG	$0 (3)	NM; *
RYDEX LIQ	$0 (3)	NM; *
RYMED TAB 2-10MG	$0 (3)	NM; *
rynex dm liq	$0 (3)	NM; *
rynex pe elx	$0 (3)	NM; *
rynex pse liq	$0 (3)	NM; *
sb allergy/ tab cold pe	$0 (3)	NM; *
sb cgh contr liq dm	$0 (3)	NM; *
sb cgh contr syp 100/5ml	$0 (3)	NM; *
sb cold head tab congest	$0 (3)	NM; *
sb cold mult tab symp sev	$0 (3)	NM; *
sb cold/cgh tab hbp	$0 (3)	NM; *
sb coughtab tab 200mg	$0 (3)	NM; *
sb severe tab cold pe	$0 (3)	NM; *
sb sinus cng pak /pain	$0 (3)	NM; *
sb sinus cng tab /pain	$0 (3)	NM; *
sb sinus cng tab /pain dt	$0 (3)	NM; *
severe alrgy tab	$0 (3)	NM; *
silphen dm syp 10mg/5ml	$0 (3)	NM; *
siltuss das liq 100/5ml	$0 (3)	NM; *
siltussin dm liq das	$0 (3)	NM; *
siltussin sa syp 100/5ml	$0 (3)	NM; *
siltussin-dm liq diabetic	$0 (3)	NM; *
siltussin-dm liq max st	$0 (3)	NM; *
siltussin-dm syp alc free	$0 (3)	NM; *
sinus conges mis day/nght	$0 (3)	NM; *
sinus congst tab /pain dt	$0 (3)	NM; *
sinus congst tab night	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sinus nasal spr 0.05%	$0 (3)	NM; *
sinus relief pak cng/pain	$0 (3)	NM; *
sinus relief spr 0.05%	$0 (3)	NM; *
sinus relief tab 5-325mg	$0 (3)	NM; *
sinus-max mis day/nght	$0 (3)	NM; *
sinus/alergy tab max st	$0 (3)	NM; *
sinus/cold-d tab 120-220	$0 (3)	NM; *
sm allergy tab multi-sy	$0 (3)	NM; *
sm cld/alrgy elx children	$0 (3)	NM; *
sm cold tab alrgy pe	$0 (3)	NM; *
sm cold&flu tab severe	$0 (3)	NM; *
sm cold/cgh elx dm child	$0 (3)	NM; *
sm day time cap pe	$0 (3)	NM; *
sm day time liq cold/flu	$0 (3)	NM; *
sm nasal 12h spr 0.05%	$0 (3)	NM; *
sm nasal dec tab 30mg	$0 (3)	NM; *
sm nasal spr 0.05%	$0 (3)	NM; *
sm nite time cap cold/flu	$0 (3)	NM; *
sm nite time liq cld/flu	$0 (3)	NM; *
sm nose dro 1%	$0 (3)	NM; *
sm tussin cf liq	$0 (3)	NM; *
sm tussin dm syp 100-10/5	$0 (3)	NM; *
sm tussin syp dm	$0 (3)	NM; *
sodium chloride aero soln 0.9%	$0 (3)	NM; *
sodium chloride soln nebu 3%	$0 (3)	NM; *
sodium chloride soln nebu 7%	$0 (3)	NM; *
STAHIST AD LIQ	$0 (3)	NM; *
STAHIST AD TAB 25-60MG	$0 (3)	NM; *
sudafed 12hr tab 120mg cr	$0 (3)	NM; *
sudogest pe tab 10mg	$0 (3)	NM; *
sudogest tab 4-60mg	$0 (3)	NM; *
sudogest tab 30mg	$0 (3)	NM; *
sudogest tab 60mg	$0 (3)	NM; *
sudogest tab 120mg er	$0 (3)	NM; *
suphedrine tab 30mg	$0 (3)	NM; *
tab tussin tab 20-400mg	$0 (3)	NM; *
tab tussin tab 400mg	$0 (3)	NM; *
tab tussin tab dm	$0 (3)	NM; *
tgt allergy/ tab congest	$0 (3)	NM; *
tgt sinus tab 120mg	$0 (3)	NM; *
theraflu exp tab cold/cgh	$0 (3)	NM; *
THERAFLU FLU PAK SORE THR	$0 (3)	NM; *
theraflu liq exprsmx	$0 (3)	NM; *
THERAFLU SEV POW COLD/CGH	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
triacting nt liq cold/cgh	$0 (3)	NM; *
TRIAMINIC SOL COLD/CGH	$0 (3)	NM; *
triaminic sus fev&cld	$0 (3)	NM; *
TRIAMINIC SYP CLD/ALRG	$0 (3)	NM; *
TRIAMINIC SYP COLD/CGH	$0 (3)	NM; *
trymine cg liq 225-7.5	$0 (3)	NM; *
TUSNEL C SYP	$0 (3)	NM; *
tusnel diabt liq 10-100/5	$0 (3)	NM; *
TUSNEL LIQ	$0 (3)	NM; *
TUSNEL PED DRO 7.5-50	$0 (3)	NM; *
TUSNEL PEDI LIQ 15-5-50	$0 (3)	NM; *
TUSNEL TAB	$0 (3)	NM; *
TUSNEL-DM DRO PEDIATRC	$0 (3)	NM; *
TUSSICAPS CAP 5-4MG	$0 (3)	NM; *
TUSSICAPS CAP 10-8MG	$0 (3)	NM; *
tussigon tab 5-1.5mg	$0 (3)	NM; *
tussin adult liq 100/5ml	$0 (3)	NM; *
tussin adult liq cgh/cong	$0 (3)	NM; *
tussin adult liq cold	$0 (3)	NM; *
tussin cf liq	$0 (3)	NM; *
tussin cf liq 5-10-100	$0 (3)	NM; *
tussin cf liq cgh/cold	$0 (3)	NM; *
tussin cf liq max/m-s	$0 (3)	NM; *
tussin chest syp 100/5ml	$0 (3)	NM; *
tussin cough syp 15mg/5ml	$0 (3)	NM; *
tussin dm liq	$0 (3)	NM; *
tussin dm liq 10-200/5	$0 (3)	NM; *
tussin dm liq 100-10/5	$0 (3)	NM; *
tussin dm liq max	$0 (3)	NM; *
tussin dm mx liq 10-200/5	$0 (3)	NM; *
tussin dm syp 100-10/5	$0 (3)	NM; *
tussin mucus liq 100/5ml	$0 (3)	NM; *
VANACOF AC LIQ 12.5-25	$0 (3)	NM; *
VANACOF DM LIQ	$0 (3)	NM; *
VANACOF LIQ	$0 (3)	NM; *
VANACOF-8 LIQ 25-50/15	$0 (3)	NM; *
VANATAB AC TAB 12.5-25	$0 (3)	NM; *
VANATAB DM TAB 5-9-198	$0 (3)	NM; *
virtussin ac sol 100-10/5	$0 (3)	NM; *
virtussin sol dac	$0 (3)	NM; *
WAL-FLU COLD POW SORE THR	$0 (3)	NM; *
wal-flu liq nightime	$0 (3)	NM; *
WAL-FLU SVR PAK COLD NT	$0 (3)	NM; *
4-way fast spr 1%	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
Z-TUSS AC LIQ 2-9/5ML	$0 (3)	NM; *
LEUKOTRIENE MODULATORS		
montelukast sodium chew tab 4 mg (base equiv)	$0 (1)	
montelukast sodium chew tab 5 mg (base equiv)	$0 (1)	
montelukast sodium oral granules packet 4 mg (base equiv)	$0 (1)	
montelukast sodium tab 10 mg (base equiv)	$0 (1)	
zafirlukast tab 10 mg	$0 (1)	
zafirlukast tab 20 mg	$0 (1)	
MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES		
cromolyn sodium soln nebu 20 mg/2ml	$0 (1)	B/D
MISCELLANEOUS		
acetylcysteine inhal soln 10%	$0 (1)	B/D
acetylcysteine inhal soln 20%	$0 (1)	B/D
afrin saline spr 0.65%	$0 (3)	NM; *
altamist spr 0.65%	$0 (3)	NM; *
ARALAST NP INJ 500MG	$0 (2)	NDS, NM, LA, PA
ARALAST NP INJ 1000MG	$0 (2)	NDS, NM, LA, PA
AYR ALLERGY SPR & SINUS	$0 (3)	NM; *
AYR NASAL DRO 0.65%	$0 (3)	NM; *
ayr saline gel nasal	$0 (3)	NM; *
ayr spr 0.65%	$0 (3)	NM; *
baby ayr spr 0.65%	$0 (3)	NM; *
CVS NASAL SPR MIST	$0 (3)	NM; *
DALIRESP TAB 250MCG	$0 (2)	
DALIRESP TAB 500MCG	$0 (2)	
deep sea spr 0.65%	$0 (3)	NM; *
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	$0 (1)	(generic of Adrenaclick)
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	$0 (1)	(generic of EpiPen)
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	$0 (1)	(generic of EpiPen)
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	$0 (1)	(generic of Adrenaclick)
ESBRIET CAP 267MG	$0 (2)	NDS, NM, PA
ESBRIET TAB 267MG	$0 (2)	NDS, NM, PA
ESBRIET TAB 801MG	$0 (2)	NDS, NM, PA
hm saline spr 0.65%	$0 (3)	NM; *
KALYDECO PAK 25MG	$0 (2)	NDS, PA
KALYDECO PAK 50MG	$0 (2)	NDS, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
KALYDECO PAK 75MG	$0 (2)	NDS, PA
KALYDECO TAB 150MG	$0 (2)	NDS, PA
little noses dro stuf nos	$0 (3)	NM; *
little noses spr 0.65%	$0 (3)	NM; *
NASADROPS DRO 0.9%	$0 (3)	NM; *
nasal moist spr 0.65%	$0 (3)	NM; *
nasal saline spr 0.65%	$0 (3)	NM; *
nasogel gel	$0 (3)	NM; *
ocean kids spr 0.65%	$0 (3)	NM; *
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
RA STERILE SOL NASAL	$0 (3)	NM; *
RHINARIS SPR 0.2%	$0 (3)	NM; *
saline mist spr 0.65%	$0 (3)	NM; *
saline nasal gel	$0 (3)	NM; *
saline nasal spr 0.65%	$0 (3)	NM; *
saline nasal spray 0.65%	$0 (3)	NM; *
saline nose spr 0.65%	$0 (3)	NM; *
sb saline spr 0.65%	$0 (3)	NM; *
SIMPLY SALIN AER 0.9%	$0 (3)	NM; *
SINUS WASH CRY SALT	$0 (3)	NM; *
SYMDEKO TAB 50-75MG	$0 (2)	NDS, LA, PA
SYMDEKO TAB 100-150	$0 (2)	NDS, LA, PA
SYMJEPI INJ 0.3MG	$0 (2)	
SYMJEPI INJ 0.15MG	$0 (2)	
tgt nasal spr 0.65%	$0 (3)	NM; *
THEO-24 CAP 100MG CR	$0 (2)	
THEO-24 CAP 200MG CR	$0 (2)	
THEO-24 CAP 300MG CR	$0 (2)	
THEO-24 CAP 400MG ER	$0 (2)	
theophylline soln 80 mg/15ml	$0 (1)	
theophylline tab er 12hr 300 mg	$0 (1)	
theophylline tab er 12hr 450 mg	$0 (1)	
theophylline tab er 24hr 400 mg	$0 (1)	
theophylline tab er 24hr 600 mg	$0 (1)	
XOLAIR INJ 75/0.5	$0 (2)	NDS, NM, LA, PA
XOLAIR INJ 150MG/ML	$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
XOLAIR SOL 150MG	$0 (2)	NDS, NM, LA, PA
ZEMAIRA INJ 1000MG	$0 (2)	NDS, NM, LA, PA
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
allergy relf spr 50mcg	$0 (3)	NM; *
budesonide nasal susp 32 mcg/act	$0 (3)	NM; *
budesonide sus 32mcg	$0 (3)	NM; *
flunisolide nasal soln 25 mcg/act (0.025%)	$0 (1)	QL (3 bottles / 30 days)
fluticasone propionate nasal susp 50 mcg/act	$0 (1)	QL (1 bottle / 30 days)
fluticasone propionate nasal susp 50 mcg/act	$0 (3)	NM; *
fluticasone spr 50mcg	$0 (3)	NM; *
nasal allrgy spr 55mcg/ac	$0 (3)	NM; *
ra nasal spr allergy	$0 (3)	NM; *
triamcinolone acetonide nasal aerosol suspension 55 mcg/act	$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)
budesonide inhalation susp 0.5 mg/2ml	$0 (1)	B/D
budesonide inhalation susp 0.25 mg/2ml	$0 (1)	B/D
FLOVENT DISK AER 50MCG	$0 (2)	QL (120 inhalations / 30 days)
FLOVENT DISK AER 100MCG	$0 (2)	QL (120 inhalations / 30 days)
FLOVENT DISK AER 250MCG	$0 (2)	QL (240 inhalations / 30 days)
FLOVENT HFA AER 44MCG	$0 (2)	QL (2 inhalers / 30 days)
FLOVENT HFA AER 110MCG	$0 (2)	QL (2 inhalers / 30 days)
FLOVENT HFA AER 220MCG	$0 (2)	QL (2 inhalers / 30 days)
PULMICORT INH 90MCG	$0 (2)	QL (2 inhalers / 30 days)
PULMICORT INH 180MCG	$0 (2)	QL (2 inhalers / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
ADVAIR DISKU AER 100/50	$0 (2)	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 250/50	$0 (2)	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 500/50	$0 (2)	QL (60 inhalations / 30 days)
ADVAIR HFA AER 45/21	$0 (2)	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	$0 (2)	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	$0 (2)	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 100-25	$0 (2)	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	$0 (2)	QL (60 blisters / 30 days)
SYMBICORT AER 80-4.5	$0 (2)	QL (1 inhaler / 30 days)
SYMBICORT AER 160-4.5	$0 (2)	QL (1 inhaler / 30 days)
TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS		
DERMATOLOGY, ACNE		
acne medicat gel 5%	$0 (3)	NM; *
acne medicat gel 10%	$0 (3)	NM; *
ACNE MEDICAT LOT 5%	$0 (3)	NM; *
ACNE MEDICAT LOT 10%	$0 (3)	NM; *
acne treatme bar 10%	$0 (3)	NM; *
acne-clear gel 10%	$0 (3)	NM; *
ACNEFREE KIT SEVERE	$0 (3)	NM; *
amnesteem cap 10mg	$0 (1)	PA
amnesteem cap 20mg	$0 (1)	PA
amnesteem cap 40mg	$0 (1)	PA
avita cre 0.025%	$0 (1)	PA
avita gel 0.025%	$0 (1)	PA
benzepro aer 5.3%	$0 (3)	NM; *
benzepro sc aer 9.8%	$0 (3)	NM; *
BENZOYL PER GEL 2.5%	$0 (3)	NM; *
benzoyl per gel 5%	$0 (3)	NM; *
benzoyl per gel 10%	$0 (3)	NM; *
benzoyl per liq 5% wash	$0 (3)	NM; *
benzoyl per liq 6%	$0 (3)	NM; *
benzoyl per liq 10% wash	$0 (3)	NM; *
benzoyl peroxide foam 5.3%	$0 (3)	NM; *
benzoyl peroxide foam 9.8%	$0 (3)	NM; *
benzoyl peroxide gel 5%	$0 (3)	NM; *
benzoyl peroxide gel 10%	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
benzoyl peroxide-erythromycin gel 5-3%	$0 (1)	
bp gel gel 5%	$0 (3)	NM; *
bp gel gel 10%	$0 (3)	NM; *
bp wash liq 2.5%	$0 (3)	NM; *
bp wash liq 5%	$0 (3)	NM; *
bp wash liq 10%	$0 (3)	NM; *
claravis cap 10mg	$0 (1)	PA
claravis cap 20mg	$0 (1)	PA
claravis cap 30mg	$0 (1)	PA
claravis cap 40mg	$0 (1)	PA
clindacin-p pad 1%	$0 (1)	
clindamycin phosphate gel 1%	$0 (1)	
clindamycin phosphate lotion 1%	$0 (1)	
clindamycin phosphate soln 1%	$0 (1)	
clindamycin phosphate swab 1%	$0 (1)	
erythromycin gel 2%	$0 (1)	
erythromycin pads 2%	$0 (1)	
erythromycin soln 2%	$0 (1)	
isotretinoin cap 10 mg	$0 (1)	PA
isotretinoin cap 20 mg	$0 (1)	PA
isotretinoin cap 30 mg	$0 (1)	PA
isotretinoin cap 40 mg	$0 (1)	PA
myorisan cap 10mg	$0 (1)	PA
myorisan cap 20mg	$0 (1)	PA
myorisan cap 30mg	$0 (1)	PA
myorisan cap 40mg	$0 (1)	PA
panoxyl wash liq 10%	$0 (3)	NM; *
PANOXYL-4 LIQ CREM WSH	$0 (3)	NM; *
persa-gel gel 10%	$0 (3)	NM; *
sulfacetamide sodium lotion 10% (acne)	$0 (1)	
tretinoin cream 0.1%	$0 (1)	PA
tretinoin cream 0.05%	$0 (1)	PA
tretinoin cream 0.025%	$0 (1)	PA
tretinoin gel 0.01%	$0 (1)	PA
tretinoin gel 0.025%	$0 (1)	PA
zenatane cap 10mg	$0 (1)	PA
zenatane cap 20mg	$0 (1)	PA
zenatane cap 30mg	$0 (1)	PA
zenatane cap 40mg	$0 (1)	PA
DERMATOLOGY, ANTIBIOTICS		
bacitr zinc oin 500/gm	$0 (3)	NM; *
bacitracin oin 500/gm	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
bacitracin oint 500 unit/gm	$0 (3)	NM; *
bacitracin zinc oint 500 unit/gm	$0 (3)	NM; *
blis-to-sol liq 1%	$0 (3)	NM; *
curad triple oin antibiot	$0 (3)	NM; *
double antib oin	$0 (3)	NM; *
first aid cre antibiot	$0 (3)	NM; *
gentamicin sulfate cream 0.1%	$0 (1)	
gentamicin sulfate oint 0.1%	$0 (1)	
gnp triple oin antibiot	$0 (3)	NM; *
hm triple oin antibiot	$0 (3)	NM; *
mupirocin oint 2%	$0 (1)	
neomycin-bacitracin-polymyxin oint	$0 (3)	NM; *
poly bacitra oin	$0 (3)	NM; *
px triple oin	$0 (3)	NM; *
sb triple oin antibiot	$0 (3)	NM; *
silver sulfadiazine cream 1%	$0 (1)	
sm antibioti cre plus	$0 (3)	NM; *
sm antibioti oin 500/gm	$0 (3)	NM; *
sm triple oin antibiot	$0 (3)	NM; *
ssd cre 1%	$0 (1)	
SULFAMYLON CRE 85MG/GM	$0 (2)	
tri-biozene oin	$0 (3)	NM; *
triple antib oin	$0 (3)	NM; *
triple antib oin max st	$0 (3)	NM; *
triple antib oin plus	$0 (3)	NM; *
DERMATOLOGY, ANTIFUNGALS		
ALEVAZOL OIN 1%	$0 (3)	NM; *
anti-fungal cre 1%	$0 (3)	NM; *
anti-fungal pow 1%	$0 (3)	NM; *
anti-itch cre 2-0.1%	$0 (3)	NM; *
anti-itch spr 2%	$0 (3)	NM; *
antifung pow aer 1%	$0 (3)	NM; *
antifungal aer 1%	$0 (3)	NM; *
antifungal cre 1%	$0 (3)	NM; *
antifungal cre 2%	$0 (3)	NM; *
antifungal pow 2%	$0 (3)	NM; *
ath foot spr aer 1%	$0 (3)	NM; *
athlete foot cre 1%	$0 (3)	NM; *
athlete foot cre af	$0 (3)	NM; *
AZOLEN TINC SOL 2%	$0 (3)	NM; *
banophen cre 2-0.1%	$0 (3)	NM; *
baza antifun cre 2%	$0 (3)	NM; *
benzoin compound tincture	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BENZOIN TIN	$0 (3)	NM; *
BENZOIN TIN PLAIN	$0 (3)	NM; *
castellani paint	$0 (3)	NM; *
ciclopirox gel 0.77%	$0 (1)	
ciclopirox olamine cream 0.77% (base equiv)	$0 (1)	
ciclopirox olamine susp 0.77% (base equiv)	$0 (1)	
ciclopirox shampoo 1%	$0 (1)	
clotrimazole cre 1%	$0 (3)	NM; *
clotrimazole cre grx 1%	$0 (3)	NM; *
clotrimazole cream 1%	$0 (1)	
clotrimazole cream 1%	$0 (3)	NM; *
clotrimazole soln 1%	$0 (1)	
clotrimazole soln 1%	$0 (3)	NM; *
clotrimazole w/ betamethasone cream 1-0.05%	$0 (1)	
critic-aid oin 2%	$0 (3)	NM; *
dermafungal oin 2%	$0 (3)	NM; *
desenex shak pow 2%	$0 (3)	NM; *
diphenhydramine-zinc acetate cream 2-0.1%	$0 (3)	NM; *
FUNGOID TINC KIT	$0 (3)	NM; *
FUNGOID TINC SOL 2%	$0 (3)	NM; *
fungoid-d cre 1%	$0 (3)	NM; *
itch relief cre ex st	$0 (3)	NM; *
itch relief spr 2-0.1%	$0 (3)	NM; *
jock itch aer 1%	$0 (3)	NM; *
jock itch cre 1%	$0 (3)	NM; *
ketoconazole cream 2%	$0 (1)	
LAMISIL ADV GEL 1%	$0 (3)	NM; *
lamisil af aer 1%	$0 (3)	NM; *
LAMISIL AT SPR 1%	$0 (3)	NM; *
miconazole aer 2%	$0 (3)	NM; *
miconazole cre 2%	$0 (3)	NM; *
miconazole nitrate cream 2%	$0 (3)	NM; *
miconazorb pow af 2%	$0 (3)	NM; *
micro guard pow 2%	$0 (3)	NM; *
nyamyc pow 100000	$0 (1)	
nystatin cream 100000 unit/gm	$0 (1)	
nystatin oint 100000 unit/gm	$0 (1)	
nystatin topical powder 100000 unit/gm	$0 (1)	
nystop pow 100000	$0 (1)	
podactin pow 1%	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
remedy cre antifung	$0 (3)	NM; *
remedy oin af 2%	$0 (3)	NM; *
remedy pow antifung	$0 (3)	NM; *
sm anti-itch cre 2-0.1%	$0 (3)	NM; *
sm antifungl cre 1%	$0 (3)	NM; *
sm antifungl cre 2%	$0 (3)	NM; *
SM BENZOIN TIN	$0 (3)	NM; *
soothe&cool cre inzo 2%	$0 (3)	NM; *
terbinafine cre 1%	$0 (3)	NM; *
terbinafine hcl cream 1%	$0 (3)	NM; *
tgt antifung cre 1%	$0 (3)	NM; *
tolnaftate cre 1%	$0 (3)	NM; *
tolnaftate cream 1%	$0 (3)	NM; *
tolnaftate powder 1%	$0 (3)	NM; *
triple paste oin af 2%	$0 (3)	NM; *
zeasorb-af pow 2%	$0 (3)	NM; *
DERMATOLOGY, ANTIPSORIATICS		
acitretin cap 10 mg	$0 (2)	NDS, PA
acitretin cap 17.5 mg	$0 (2)	NDS, PA
acitretin cap 25 mg	$0 (2)	NDS, PA
calcipotriene cream 0.005%	$0 (1)	QL (120 gm / 30 days), PA
calcipotriene oint 0.005%	$0 (1)	QL (120 gm / 30 days), PA
calcipotriene soln 0.005% (50 mcg/ml)	$0 (1)	QL (120 mL / 30 days), PA
tazarotene cream 0.1%	$0 (1)	PA
TAZORAC CRE 0.05%	$0 (2)	PA
DERMATOLOGY, ANTISEBORRHEICS		
ketoconazole shampoo 2%	$0 (1)	
selenium sulfide lotion 2.5%	$0 (1)	
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort cre 1%	$0 (1)	
ala-cort cre 2.5%	$0 (1)	
alclometasone dipropionate cream 0.05%	$0 (1)	
alclometasone dipropionate oint 0.05%	$0 (1)	
anti-itch cre 1%	$0 (3)	NM; *
anti-itch oin 1%	$0 (3)	NM; *
anti-itch/ cre aloe	$0 (3)	NM; *
aquanil hc lot 1%	$0 (3)	NM; *
betamethasone dipropionate augmented cream 0.05%	$0 (1)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
hydrocortisone butyrate cream 0.1%	$0 (1)	
hydrocortisone butyrate oint 0.1%	$0 (1)	
hydrocortisone cream 0.5%	$0 (3)	NM; *
hydrocortisone cream 1%	$0 (1)	
hydrocortisone cream 1%	$0 (3)	NM; *
hydrocortisone cream 2.5%	$0 (1)	
hydrocortisone lotion 1%	$0 (3)	NM; *
hydrocortisone lotion 2.5%	$0 (1)	
hydrocortisone oint 0.5%	$0 (3)	NM; *
hydrocortisone oint 1%	$0 (3)	NM; *
hydrocortisone oint 2.5%	$0 (1)	
hydrocortisone valerate cream 0.2%	$0 (1)	
hydrocortisone valerate oint 0.2%	$0 (1)	
hydrocortisone-aloe vera cream 0.5%	$0 (3)	NM; *
hydrocortisone-aloe vera cream 1%	$0 (3)	NM; *
hydrocream cre 1%	$0 (3)	NM; *
hydroskin cre 1%	$0 (3)	NM; *
hydroskin lot 1%	$0 (3)	NM; *
mometasone furoate cream 0.1%	$0 (1)	
mometasone furoate oint 0.1%	$0 (1)	
mometasone furoate solution 0.1% (lotion)	$0 (1)	
noble formul cre hc 1%	$0 (3)	NM; *
noble formul spr 1%	$0 (3)	NM; *
prep h cre 1%	$0 (3)	NM; *
sb hydrocort cre 1%	$0 (3)	NM; *
sb hydrocort oin 1%	$0 (3)	NM; *
scalpicin sol 1%	$0 (3)	NM; *
sm hydrocort cre 1%	$0 (3)	NM; *
sm hydrocort cre 1% plus	$0 (3)	NM; *
sm hydrocort oin 1%	$0 (3)	NM; *
TEXACORT SOL 2.5%	$0 (2)	
triamcinolone acetonide cream 0.1%	$0 (1)	
triamcinolone acetonide cream 0.5%	$0 (1)	
triamcinolone acetonide cream 0.025%	$0 (1)	
triamcinolone acetonide lotion 0.1%	$0 (1)	
triamcinolone acetonide lotion 0.025%	$0 (1)	
triamcinolone acetonide oint 0.1%	$0 (1)	
triamcinolone acetonide oint 0.5%	$0 (1)	
triamcinolone acetonide oint 0.025%	$0 (1)	
DERMATOLOGY, LOCAL ANESTHETICS		
glydo gel 2%	$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
lidocaine hcl soln 4%	$0 (1)	QL (50 mL / 30 days), PA
lidocaine hcl urethral/mucosal gel 2%	$0 (1)	QL (30 mL / 30 days), PA
lidocaine oint 5%	$0 (1)	QL (50 grams / 30 days), PA
lidocaine patch 5%	$0 (1)	QL (3 patches / 1 day), PA
lidocaine-prilocaine cream 2.5-2.5%	$0 (1)	QL (30 grams / 30 days), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
ABSORBASE OIN	$0 (3)	NM; *
ACETAMIN POW	$0 (3)	NM; *
ALBOLENE CRE SCENTED	$0 (3)	NM; *
ALBOLENE CRE UNSCENT	$0 (3)	NM; *
ALOE VESTA OIN PROTECT	$0 (3)	NM; *
americerin cre	$0 (3)	NM; *
ameriphor oin	$0 (3)	NM; *
AMLACTIN CRE ULTRA	$0 (3)	NM; *
amlactin lot 12%	$0 (3)	NM; *
anti-dandruf sha 1%	$0 (3)	NM; *
ap povid-iod sol 10%	$0 (3)	NM; *
AQUA GLYCOL CRE FACE	$0 (3)	NM; *
AQUADERM CRE	$0 (3)	NM; *
AQUAPHILIC OIN	$0 (3)	NM; *
AQUAPHOR OIN	$0 (3)	NM; *
AQUAPHOR OIN ADVANCED	$0 (3)	NM; *
ARTH PAIN CRE 0.075%	$0 (3)	NM; *
BASLE CRE	$0 (3)	NM; *
BAZA CLEANSE LOT 2%	$0 (3)	NM; *
baza protect cre	$0 (3)	NM; *
BETA CARE CRE	$0 (3)	NM; *
BETA XMA CRE	$0 (3)	NM; *
BETADINE MIS SWABSTCK	$0 (3)	NM; *
BETADINE SPR 5%	$0 (3)	NM; *
BULL FROG SPR MOSQUITO	$0 (3)	NM; *
capsaicin cre 0.1%	$0 (3)	NM; *
capsaicin cream 0.025%	$0 (3)	NM; *
CAPSAICIN LIQ 0.15%	$0 (3)	NM; *
CAPSAICIN POW	$0 (3)	NM; *
CARRINGTON CRE /ZINC	$0 (3)	NM; *
CARRINGTON CRE MOISTURE	$0 (3)	NM; *
CERAVE CRE	$0 (3)	NM; *
CERAVE LOT	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CERAVE PM LOT	$0 (3)	NM; *
CETAPHIL CRE	$0 (3)	NM; *
CETAPHIL CRE HAND	$0 (3)	NM; *
CETAPHIL LOT MOISTURE	$0 (3)	NM; *
CETAPHIL LOT RESTORAD	$0 (3)	NM; *
COCONUT OIL CRE BEAUTY	$0 (3)	NM; *
COLE INS REP SPR DRY 25%	$0 (3)	NM; *
COLE INS REP SPR SPRT 40%	$0 (3)	NM; *
COLEMAN 100 LIQ 98.11%	$0 (3)	NM; *
COLEMAN 100 SPR 98.11%	$0 (3)	NM; *
COLEMN BOTAN LIQ INSECT	$0 (3)	NM; *
COLEMN INSEC LIQ SKINSMAR	$0 (3)	NM; *
COLEMN INSEC SPR SKINSMAR	$0 (3)	NM; *
CRITIC-AID OIN CLEAR	$0 (3)	NM; *
CRITIC-AID PST BARRIER	$0 (3)	NM; *
CUTTER AER 10%	$0 (3)	NM; *
CUTTER AER NATURAL	$0 (3)	NM; *
CUTTER BACKW AER 25%	$0 (3)	NM; *
CUTTER BACKW LIQ 25%	$0 (3)	NM; *
CUTTER DRY AER 10%	$0 (3)	NM; *
CUTTER FAMLY AER 7%	$0 (3)	NM; *
CUTTER FAMLY LIQ 7%	$0 (3)	NM; *
CUTTER LEMON LIQ EUCALYPT	$0 (3)	NM; *
CUTTER LIQ NATURAL	$0 (3)	NM; *
CUTTER SKINS AER 7%	$0 (3)	NM; *
CUTTER SKINS LIQ 7%	$0 (3)	NM; *
CUTTER SPORT AER 15%	$0 (3)	NM; *
CUTTER WIPES MIS 7.15%	$0 (3)	NM; *
cvs advanced oin healing	$0 (3)	NM; *
CVS INSECT AER REPELLNT	$0 (3)	NM; *
cvs moisture cre	$0 (3)	NM; *
DAILY CONDIT OIN	$0 (3)	NM; *
DERMABASE CRE	$0 (3)	NM; *
dermacerin cre	$0 (3)	NM; *
dermafix oin	$0 (3)	NM; *
dermamed oin	$0 (3)	NM; *
dermaphor oin	$0 (3)	NM; *
DHS ZINC SHA 2%	$0 (3)	NM; *
DIABETIDERM CRE	$0 (3)	NM; *
DIABETIDERM CRE FOOT	$0 (3)	NM; *
diclofenac sodium gel 1%	$0 (1)	PA
DML FORTE CRE	$0 (3)	NM; *
DROXY CRE	$0 (3)	NM; *
dry skin oin	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
e-ointment oin	$0 (3)	NM; *
EAGLE WATCH LIQ MOS ELIM	$0 (3)	NM; *
EMOLLIA-CREM CRE	$0 (3)	NM; *
EUCERIN CRE INT REPA	$0 (3)	NM; *
EUCERIN PLUS CRE	$0 (3)	NM; *
flanders oin buttocks	$0 (3)	NM; *
fluorouracil cream 5%	$0 (1)	
fluorouracil soln 2%	$0 (1)	
fluorouracil soln 5%	$0 (1)	
GENTLE CRE	$0 (3)	NM; *
geri-hydrola cre 12%	$0 (3)	NM; *
GOLD BOND CRE HEALING	$0 (3)	NM; *
GOLD BOND OIN HEALING	$0 (3)	NM; *
hm povid-iod sol 10%	$0 (3)	NM; *
HYDRASYN25 CRE	$0 (3)	NM; *
HYDRO-LAN CRE	$0 (3)	NM; *
HYDROCERIN CRE	$0 (3)	NM; *
hydrocerin cre plus	$0 (3)	NM; *
hydrocerin lot	$0 (3)	NM; *
hydrocortisone rectal cream 2.5%	$0 (1)	
hydrolatum oin	$0 (3)	NM; *
hydrophor oin	$0 (3)	NM; *
imiquimod cream 5%	$0 (1)	
KERADAN CRE	$0 (3)	NM; *
kerodex-51 cre dry/oily	$0 (3)	NM; *
kerodex-71 cre wet	$0 (3)	NM; *
lac-hydrin lot five	$0 (3)	NM; *
lactic acid (ammonium lactate) cream 12%	$0 (1)	
lactic acid (ammonium lactate) cream 12%	$0 (3)	NM; *
lactic acid (ammonium lactate) lotion 12%	$0 (1)	
lactic acid (ammonium lactate) lotion 12%	$0 (3)	NM; *
LACTINOL HX CRE	$0 (3)	NM; *
LANAPHILIC OIN	$0 (3)	NM; *
LANOLOR CRE	$0 (3)	NM; *
LANTISEPTIC CRE THERAPEU	$0 (3)	NM; *
LEADER FINGE CRE	$0 (3)	NM; *
MAXI DEET SPR 98.11%	$0 (3)	NM; *
metronidazole cream 0.75%	$0 (1)	
metronidazole gel 0.75%	$0 (1)	
metronidazole lotion 0.75%	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
minerin cre	$0 (3)	NM; *
minerin lot	$0 (3)	NM; *
moisturel lot theraput	$0 (3)	NM; *
moisturizing cre	$0 (3)	NM; *
MOISTURIZING CRE	$0 (3)	NM; *
moisturizing cre renewal	$0 (3)	NM; *
moisturizing cre therapy	$0 (3)	NM; *
moisturizing cre xtr-dry	$0 (3)	NM; *
4-N-1 CRE	$0 (3)	NM; *
NATRAPEL 12H SPR 20%	$0 (3)	NM; *
NATRAPEL LIQ 20%	$0 (3)	NM; *
NEUTROGENA CRE HAND	$0 (3)	NM; *
NIVEA CRE	$0 (3)	NM; *
NIVEA SOFT CRE	$0 (3)	NM; *
noble formul spr 0.25%	$0 (3)	NM; *
NUTRADERM CRE	$0 (3)	NM; *
OFF ACTIVE AER 15%	$0 (3)	NM; *
OFF DEEP WDS AER 25%	$0 (3)	NM; *
OFF DEEP WDS AER 30%	$0 (3)	NM; *
OFF DEEP WDS MIS 25%	$0 (3)	NM; *
OFF DEEP WDS SPR 25%	$0 (3)	NM; *
OFF DEEP WDS SPR 98.25%	$0 (3)	NM; *
OFF FAMILYCR SPR 5%	$0 (3)	NM; *
OFF FAMILYCR SPR 7%	$0 (3)	NM; *
OFF SMTH/DRY AER 15%	$0 (3)	NM; *
OINTMENT OIN BASE	$0 (3)	NM; *
PANRETIN GEL 0.1%	$0 (2)	NDS
PEN-KERA CRE	$0 (3)	NM; *
PENTRAVAN CRE	$0 (3)	NM; *
PENTRAVAN CRE PLUS	$0 (3)	NM; *
periguard oin	$0 (3)	NM; *
PETROLATUM OIN	$0 (3)	NM; *
PICATO GEL 0.05%	$0 (2)	QL (2 tubes / 30 days)
PICATO GEL 0.015%	$0 (2)	QL (3 tubes / 30 days)
podofilox soln 0.5%	$0 (1)	
povidone-iod sol 7.5%	$0 (3)	NM; *
povidone-iod sol 10%	$0 (3)	NM; *
povidone-iodine oint 10%	$0 (3)	NM; *
povidone-iodine soln 10%	$0 (3)	NM; *
povidone/iod sol 10%	$0 (3)	NM; *
PRETTY FEET CRE & HANDS	$0 (3)	NM; *
procto-med cre hc 2.5%	$0 (1)	
procto-pak cre 1%	$0 (1)	
proctozone cre -hc 2.5%	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PROSHIELD CRE PLUS 1%	$0 (3)	NM; *
RA GENTLE CRE SKIN	$0 (3)	NM; *
ra hydrating oin healing	$0 (3)	NM; *
REMEDY CLEAN LOT 1.5%	$0 (3)	NM; *
REMEDY CLEAR OIN AID	$0 (3)	NM; *
REMEDY MOIST CRE 5%	$0 (3)	NM; *
REMEDY NUTRA CRE 1%	$0 (3)	NM; *
REMEDY SKIN CRE REPAIR	$0 (3)	NM; *
REPEL 100 LIQ 98.11%	$0 (3)	NM; *
REPEL FAMILY AER 10%	$0 (3)	NM; *
REPEL FAMILY AER 15%	$0 (3)	NM; *
REPEL HUNTER AER 25%	$0 (3)	NM; *
REPEL LEMON SPR INSECT	$0 (3)	NM; *
REPEL SPORTS AER 25%	$0 (3)	NM; *
REPEL SPORTS AER 40%	$0 (3)	NM; *
REPEL SPORTS LIQ 40%	$0 (3)	NM; *
REPEL SPORTS LOT 40%	$0 (3)	NM; *
REPEL TICK AER 15%	$0 (3)	NM; *
REPEL WIPES MIS 30%	$0 (3)	NM; *
RISABAL-PH CRE	$0 (3)	NM; *
rosadan cre 0.75%	$0 (1)	
sal-plant gel 17%	$0 (3)	NM; *
salactic fil sol 17%	$0 (3)	NM; *
saratoga oin	$0 (3)	NM; *
SAWYER REPEL AER 30%	$0 (3)	NM; *
SAWYER REPEL LOT 20%	$0 (3)	NM; *
SAWYER REPEL SPR 20%	$0 (3)	NM; *
scalp relief liq 3%	$0 (3)	NM; *
sebex sha	$0 (3)	NM; *
SENSI-CARE CRE MOISTURI	$0 (3)	NM; *
sm povid-iod sol 10%	$0 (3)	NM; *
SOOTHE&COOL CRE SKIN	$0 (3)	NM; *
SOOTHE&COOL OIN MEDSEPTI	$0 (3)	NM; *
SOOTHE&COOL OIN MOISTURE	$0 (3)	NM; *
SORBIDON CRE HYDRATE	$0 (3)	NM; *
SORBOLENE CRE	$0 (3)	NM; *
STUDIO 35 CRE MOIST	$0 (3)	NM; *
tacrolimus oint 0.1%	$0 (1)	
tacrolimus oint 0.03%	$0 (1)	
TARGRETIN GEL 1%	$0 (2)	NDS, NM, PA
TENDER CARE CRE LANOLIN	$0 (3)	NM; *
thera-derm lot	$0 (3)	NM; *
THERAPEUTIC CRE MOISTUR	$0 (3)	NM; *
THERASEAL LOT 1%	$0 (3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ULTRATHON AER INSECT	$0 (3)	NM; *
ULTRATHON LOT REPELLNT	$0 (3)	NM; *
VALCHLOR GEL 0.016%	$0 (2)	NDS, LA, PA
VANICREAM CRE	$0 (3)	NM; *
VELVACHOL CRE	$0 (3)	NM; *
wart remover liq 17%	$0 (3)	NM; *
ZIKS ARTHRIT CRE RELIEF	$0 (3)	NM; *
zostrix hp cre 0.1%	$0 (3)	NM; *
ZOSTRIX NAT CRE 0.033%	$0 (3)	NM; *
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
bedding spra aer 0.5%	$0 (3)	NM; *
complete kit lice	$0 (3)	NM; *
cvs lice kit solution	$0 (3)	NM; *
gnp lice kit	$0 (3)	NM; *
lice bedding aer 0.5%	$0 (3)	NM; *
lice killing sha	$0 (3)	NM; *
lice killing sha 0.33-4%	$0 (3)	NM; *
lice soln kit	$0 (3)	NM; *
lice treatmt lot 1%	$0 (3)	NM; *
lice treatmt sha 0.33-4%	$0 (3)	NM; *
lice trtmnt liq	$0 (3)	NM; *
lice trtmnt liq 1%	$0 (3)	NM; *
licide sha 0.33-4%	$0 (3)	NM; *
malathion lotion 0.5%	$0 (1)	
permethrin cream 5%	$0 (1)	
RID ESS LICE KIT 0.33-4%	$0 (3)	NM; *
rid lice kil sha 0.33-4%	$0 (3)	NM; *
sm bedding aer lice	$0 (3)	NM; *
sm lice soln kit	$0 (3)	NM; *
stop lice kit complete	$0 (3)	NM; *
stop lice ms sha 0.33-4%	$0 (3)	NM; *
tgt lice kit complete	$0 (3)	NM; *
DERMATOLOGY, WOUND CARE AGENTS		
acetic acid irrigation soln 0.25%	$0 (1)	
REGRANEX GEL 0.01%	$0 (2)	NDS, PA
SANTYL OIN 250/GM	$0 (2)	
sodium chloride irrigation soln 0.9%	$0 (1)	
water for irrigation, sterile irrigation soln	$0 (1)	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl cap 30 mg	$0 (1)	
chlorhexidine gluconate soln 0.12%	$0 (1)	
clotrimazole troche 10 mg	$0 (1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
lidocaine hcl viscous soln 2%	$0 (1)	
nystatin susp 100000 unit/ml	$0 (1)	
periogard sol 0.12%	$0 (1)	
pilocarpine hcl tab 5 mg	$0 (1)	
pilocarpine hcl tab 7.5 mg	$0 (1)	
triamcinolone acetonide dental paste 0.1%	$0 (1)	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
acetic acid otic soln 2%	$0 (1)	
CIPRODEX SUS 0.3-0.1%	$0 (2)	
ear drops dro 6.5%	$0 (3)	NM; *
ear drops sol 6.5% ot	$0 (3)	NM; *
ear wax remv dro 6.5% ot	$0 (3)	NM; *
ear wax remv sol 6.5% ot	$0 (3)	NM; *
earwax remv sol 6.5% ot	$0 (3)	NM; *
earwax sol removal	$0 (3)	NM; *
earwax trmnt dro 6.5% ot	$0 (3)	NM; *
flac oil 0.01%	$0 (1)	
fluocinolone acetonide (otic) oil 0.01%	$0 (1)	
gnp ear dro 6.5% ot	$0 (3)	NM; *
gnp ear drop sol 6.5% ot	$0 (3)	NM; *
gnp ear sys sol 6.5% ot	$0 (3)	NM; *
murine ear dro 6.5% ot	$0 (3)	NM; *
murine ear sol 6.5% ot	$0 (3)	NM; *
neomycin-polymyxin-hc otic soln 1%	$0 (1)	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	$0 (1)	
ofloxacin otic soln 0.3%	$0 (1)	
sm ear dro 6.5% ot	$0 (3)	NM; *

_PART B

DIABETIC METERS AND TEST STRIPS		
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TRUE METRIX KIT METER	$0	
TRUE METRIX STRIPS	$0	

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