



2020

FORMULARIO

(Lista de los medicamentos cubiertos)

Ohio

**Molina Dual Options MyCare Ohio
Medicare-Medicaid Plan**

Versión 17

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Departamento de Servicios para Miembros:
(855) 665-4623, TTY al 711

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

MolinaHealthcare.com/Duals

Molina Dual Options MyCare Ohio | *Lista de medicamentos cubiertos para 2020 (Formulario)*

Introducción

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

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A. Renuncias de garantías

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

- ❖ El Plan de Medicare y Medicaid de Molina Dual Options MyCare Ohio es un plan de salud que tiene contrato tanto con Medicare como con Medicaid de Ohio, para proporcionarles beneficios de ambos programas a los inscritos.
- ❖ **ATENCIÓN:** Si habla español, tiene disponible los servicios de asistencia de idioma gratis. Llame al (855) 665-4623, TTY 711, de lunes a viernes, de 8 a. m. a 8 p. m., hora local. La llamada es gratuita.
- ❖ Usted puede obtener este documento gratis en otros formatos, como letra grande, braille o audio. Llame al (855) 665-4623, TTY 711, de lunes a viernes, de 8 a. m. a 8 p. m., hora local. La llamada es gratuita.
- ❖ Comuníquese con Servicios para Miembros al (855) 665-4623, TTY: 711, de lunes a viernes, de 8 a. m. a 8 p. m., hora local para solicitar materiales en un idioma que no sea inglés o en un formato alternativo.

B. Preguntas frecuentes (FAQ)

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

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

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

- Molina Dual Options MyCare Ohio cubrirá todos los medicamentos médicamente necesarios de la Lista, si:
 - su médico u otro proveedor médico dice que usted los necesita para mejorar o para seguir sano, y



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- Usted surte la receta en una farmacia de la red de Molina Dual Options MyCare Ohio.
- Molina Dual Options MyCare Ohio podría tener pasos adicionales para tener acceso a ciertos tipos de medicamentos (lea la pregunta B4 de abajo).

Usted puede también leer una lista actualizada de los medicamentos que cubrimos en nuestro sitio web en MolinaHealthcare.com/Duals o llame a Servicios al miembro al (855) 665-4623.

B2. ¿La Lista de medicamentos cambia alguna vez?

Sí, y Molina Dual Options MyCare Ohio debe seguir las reglas de Medicare y Medicaid al hacer cambios. Podemos agregar o eliminar medicamentos en la Lista de medicamentos durante el año.

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

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

Para obtener más información sobre estas reglas para medicamentos, lea la pregunta B4.

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

- un medicamento nuevo y más económico que es igual de eficiente que un medicamento que se encuentra actualmente en la Lista de Medicamentos llega al mercado, ○
- nos demos cuenta de que un medicamento no es seguro, ○
- un medicamento se retira del mercado.

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



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- Usted siempre puede leer la Lista de medicamentos actualizada de Molina Dual Options MyCare Ohio en internet, en MolinaHealthcare.com/Duals.
- También puede llamar a Member Services para revisar la Lista de medicamentos actual, al (855) 665-4623.

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

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

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

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

- La FDA provee una nueva directriz o hay nuevas pautas clínicas sobre un medicamento.
- Agregamos un medicamento genérico que es nuevo en el mercado **y**



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- Reemplazamos un medicamento de marca que está en la Lista de medicamentos actualmente ○
- Cambiamos las reglas de cobertura o los límites para el medicamento de marca.

Cuando ocurren estos cambios:

- Le informaremos por los menos 30 días antes de que hagamos el cambio a la Lista de medicamentos ○
- Le informaremos y le proporcionaremos un suministro para 60 días del medicamento luego de que usted solicite un nuevo surtido.

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

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

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

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

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



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Usted puede averiguar si su 14 - 219. Usted también puede obtener más información en nuestro sitio web en MolinaHealthcare.com/Duals. Tenemos en internet documentos explicando nuestras restricciones de aprobación previa y de tratamiento progresivo. También puede pedirnos que le enviemos una copia.

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

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

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

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

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

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

Hay dos maneras de encontrar un medicamento:

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

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

Para buscar **por enfermedad**, busque la sección titulada "Lista de medicamentos por enfermedad" de la página 14. Los medicamentos de esta sección están agrupados en categorías, de acuerdo con el tipo de enfermedades para las que se usan como tratamiento. Por ejemplo, si usted tiene una enfermedad del corazón, usted debe buscar en la categoría Beta-blockers. Ahí encontrará los medicamentos que tratan enfermedades del corazón.



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

Si usted no encuentra su medicamento en la Lista de medicamentos, llame a Servicios al miembro al (855) 665-4623 y pregunte por él. Si se entera que Molina Dual Options MyCare Ohio no cubrirá el medicamento, usted puede hacer uno de los siguientes:

- Pida a Servicios al miembro una lista de medicamentos similares al que quiera tomar. Luego, muestre la lista a su médico u otro proveedor médico. Éste podrá recetarle un medicamento similar al de la Lista de medicamentos que usted quiere tomar. ○
- Usted también puede pedir al plan que haga una excepción para cubrir su medicamento. Por favor lea las preguntas B10-B12 para más información sobre las excepciones.

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

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

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

Cubriremos un suministro de 60 días de su medicamento si:

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

Si usted está en una institución de enfermería especializada u otra institución de cuidados a largo plazo, y necesita un medicamento que no esté en la Lista de Medicamentos o si no puede



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fácilmente obtener el medicamento que necesita, podemos ayudarle. Si usted ha estado en el plan por más de 90 días, vive en una institución de cuidado a largo plazo, y necesita su suministro de inmediato:

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

Política de transición

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

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

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

Le proporcionaremos un aviso por escrito después de que cubramos su suministro



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

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

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

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

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

B11. ¿Cómo puede pedir una excepción?

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

B12. ¿Cuánto tiempo toma obtener una excepción?

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

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

B13. ¿Qué son los medicamentos genéricos?

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

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



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

OTC quiere decir “medicamentos que se venden sin receta”. Usted puede comprar medicamentos de venta libre cuando están escritos por un proveedor en las recetas.

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

B15. ¿El Molina Dual Options MyCare Ohio cubre productos que no sean medicamento sin receta (OTC, por sus siglas en inglés)?

Molina Dual Options MyCare Ohio cubre algunos productos que no sean medicamentos sin receta (OTC) cuando son recetados por su proveedor.

Ejemplos de productos que no sean medicamentos sin receta (OTC), incluyen *non-aspirin tab 325mg, cough syp 100/5ml*.

Usted puede leer la Lista de medicamentos de Molina Dual Options MyCare Ohio para ver qué OTC, que no son medicamentos, están cubiertos.

B16. ¿Cuánto es su copago?

Como miembro de Molina Dual Options MyCare Ohio usted no tiene copagos por medicamentos de receta y de venta libre (OTC), siempre y cuando usted siga las reglas del plan.

B17. ¿Qué son los niveles de medicamentos?

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

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

C. Lista de medicamentos cubiertos por enfermedad

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



Si tiene alguna pregunta, por favor llame a Molina Dual Options MyCare Ohio al (855) 665-4623, TTY 711, de lunes a viernes, de 8 a. m. a 8 p. m., hora local. Si necesita hablar con su administrador de cuidados, llame al (855) 665-4623, TTY 711, de lunes a viernes, de 8 a. m. a 8 p. m., hora local. Estas llamadas son gratuitas. **Para obtener más información**, visite MolinaHealthcare.com/Duals.

La siguiente lista de medicamentos cubiertos le da información sobre los medicamentos cubiertos por Molina Dual Options MyCare Ohio. Si usted tiene problemas para encontrar su medicamento en la lista, lea el Índice de medicamentos cubiertos que comienza en la página 220. El índice contiene alfabéticamente todos los medicamentos cubiertos por Molina Dual Options MyCare Ohio.

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

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

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

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

Ayuda Adicional es un programa de Medicare que ayuda a personas con ingresos y recursos limitados a reducir sus gastos asociados con los medicamentos de receta de Medicare Parte D, como las primas, deducibles, y copagos. A Ayuda Adicional también se le llama "subsidio por bajos ingresos", o "LIS", por sus siglas en inglés.

- Estos medicamentos también tienen reglas diferentes para las apelaciones. Una apelación es una manera formal de pedirnos que revisemos alguna decisión de cobertura y que la cambiemos, si le parece que hemos cometido un error. Por ejemplo, podríamos decidir que un medicamento que usted quiere ya no está cubierto por Medicare o Medicaid.
- Si usted o su médico no están de acuerdo con nuestra decisión, usted puede apelar. Para pedir instrucciones sobre cómo apelar, llame a Servicios al miembro, al (855) 665-4623. Usted también puede enterarse de cómo apelar una decisión leyendo el Capítulo 9 del *Manual del miembro*.

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



Si tiene alguna pregunta, por favor llame a Molina Dual Options MyCare Ohio al (855) 665-4623, TTY 711, de lunes a viernes, de 8 a. m. a 8 p. m., hora local. Si necesita hablar con su administrador de cuidados, llame al (855) 665-4623, TTY 711, de lunes a viernes, de 8 a. m. a 8 p. m., hora local. Estas llamadas son gratuitas. **Para obtener más información**, visite MolinaHealthcare.com/Duals.

PA significa Autorización previa

QL significa Límites de Cantidad

ST significa criterios de terapia escalonada

NM significa No disponible a través de pedidos por correo.

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

LA significa drogas de acceso limitado

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

NDS significa suministro de días no extendidos



Si tiene alguna pregunta, por favor llame a Molina Dual Options MyCare Ohio al (855) 665-4623, TTY 711, de lunes a viernes, de 8 a. m. a 8 p. m., hora local. Si necesita hablar con su administrador de cuidados, llame al (855) 665-4623, TTY 711, de lunes a viernes, de 8 a. m. a 8 p. m., hora local. Estas llamadas son gratuitas. **Para obtener más información**, visite MolinaHealthcare.com/Duals.

MOLINA_OH_CY20_2T_MMP eff 12/01/2020

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

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

MISCELLANEOUS

<i>acephen sup 120mg</i>	\$0(3)	NM; *
<i>acephen sup 325mg</i>	\$0(3)	NM; *
<i>acephen sup 650mg</i>	\$0(3)	NM; *
<i>acetamin liq 500/15ml</i>	\$0(3)	NM; *
<i>acetamin tab 500mg</i>	\$0(3)	NM; *
<i>acetaminophe chw 160mg</i>	\$0(3)	NM; *
<i>acetaminophe tab 500mg</i>	\$0(3)	NM; *
<i>acetaminophen chew tab 160 mg</i>	\$0(3)	NM; *
<i>acetaminophen elixir 160 mg/5ml</i>	\$0(3)	NM; *
<i>acetaminophen liquid 160 mg/5ml</i>	\$0(3)	NM; *
<i>acetaminophen soln 160 mg/5ml</i>	\$0(3)	NM; *
<i>acetaminophen suppos 120 mg</i>	\$0(3)	NM; *
<i>acetaminophen suppos 650 mg</i>	\$0(3)	NM; *
<i>acetaminophen susp 160 mg/5ml</i>	\$0(3)	NM; *
<i>acetaminophen tab 325 mg</i>	\$0(3)	NM; *
<i>acetaminophen tab 500 mg</i>	\$0(3)	NM; *
<i>acetaminophen tab er 650 mg</i>	\$0(3)	NM; *
<i>acetaminophn sus 160/5ml</i>	\$0(3)	NM; *
<i>acetaminophn sus 325mg</i>	\$0(3)	NM; *
<i>acetaminophn tab 500mg</i>	\$0(3)	NM; *
<i>arthrts pain tab 650mg</i>	\$0(3)	NM; *
<i>aspir-low tab 81mg ec</i>	\$0(3)	NM; *
<i>aspirin 81 tab 81mg ec</i>	\$0(3)	NM; *
<i>aspirin adlt tab 81mg ec</i>	\$0(3)	NM; *
<i>aspirin chew tab 81 mg</i>	\$0(3)	NM; *
<i>aspirin chld chw 81mg</i>	\$0(3)	NM; *
<i>aspirin chw 81mg</i>	\$0(3)	NM; *
<i>aspirin low chw 81mg</i>	\$0(3)	NM; *
<i>aspirin low tab 81mg ec</i>	\$0(3)	NM; *
ASPIRIN SUP 300MG	\$0(3)	NM; *
ASPIRIN SUP 600MG	\$0(3)	NM; *

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

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

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

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

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sm pain rel tab 500mg</i>	\$0(3)	NM; *
<i>sm pain rlvr tab 650mg</i>	\$0(3)	NM; *
<i>st joseph chw low 81mg</i>	\$0(3)	NM; *
<i>tactinal chw children</i>	\$0(3)	NM; *
<i>tactinal tab 325mg</i>	\$0(3)	NM; *
<i>tactinal tab 500mg</i>	\$0(3)	NM; *
<i>tension tab 500-65mg</i>	\$0(3)	NM; *
<i>tgt acetamin tab 500mg</i>	\$0(3)	NM; *
<i>tgt aspirin chw 81mg</i>	\$0(3)	NM; *
<i>tgt aspirin chw child</i>	\$0(3)	NM; *
<i>tgt aspirin tab 81mg</i>	\$0(3)	NM; *
<i>tgt aspirin tab 325mg</i>	\$0(3)	NM; *
<i>v-r aspirin tab 500mg ec</i>	\$0(3)	NM; *
NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION		
<i>advil jr st tab 100mg</i>	\$0(3)	NM; *
<i>advil jr str chw 100mg</i>	\$0(3)	NM; *
<i>all day pain tab 220mg</i>	\$0(3)	NM; *
<i>all day relf tab 220mg</i>	\$0(3)	NM; *
<i>celecoxib cap 50 mg</i>	\$0(1)	QL (240 caps / 30 days)
<i>celecoxib cap 100 mg</i>	\$0(1)	QL (120 caps / 30 days)
<i>celecoxib cap 200 mg</i>	\$0(1)	QL (60 caps / 30 days)
<i>celecoxib cap 400 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>diclofenac potassium tab 50 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>diclofenac sodium tab delayed release 25 mg</i>	\$0(1)	
<i>diclofenac sodium tab delayed release 50 mg</i>	\$0(1)	
<i>diclofenac sodium tab delayed release 75 mg</i>	\$0(1)	
<i>diclofenac sodium tab er 24hr 100 mg</i>	\$0(1)	
<i>diflunisal tab 500 mg</i>	\$0(1)	
<i>ec-naproxen tab 375mg</i>	\$0(1)	
<i>ec-naproxen tab 500mg</i>	\$0(1)	
<i>etodolac cap 200 mg</i>	\$0(1)	
<i>etodolac cap 300 mg</i>	\$0(1)	
<i>etodolac tab 400 mg</i>	\$0(1)	
<i>etodolac tab 500 mg</i>	\$0(1)	
<i>etodolac tab er 24hr 400 mg</i>	\$0(1)	
<i>etodolac tab er 24hr 500 mg</i>	\$0(1)	
<i>etodolac tab er 24hr 600 mg</i>	\$0(1)	
<i>flanax pain tab 220mg</i>	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>flurbiprofen tab 100 mg</i>	\$0(1)	
<i>hm ibuprofen tab 200mg</i>	\$0(3)	NM; *
<i>ibu-200 tab 200mg</i>	\$0(3)	NM; *
<i>ibuprofen cap 200 mg</i>	\$0(3)	NM; *
<i>ibuprofen cap 200mg</i>	\$0(3)	NM; *
<i>ibuprofen ch sus 100/5ml</i>	\$0(3)	NM; *
<i>ibuprofen dro 50/1.25</i>	\$0(3)	NM; *
<i>ibuprofen ib chw 100mg</i>	\$0(3)	NM; *
<i>ibuprofen jr chw 100mg</i>	\$0(3)	NM; *
<i>ibuprofen js chw 100mg</i>	\$0(3)	NM; *
<i>ibuprofen sus 100/5ml</i>	\$0(3)	NM; *
<i>ibuprofen susp 100 mg/5ml</i>	\$0(1)	
<i>ibuprofen tab 200 mg</i>	\$0(3)	NM; *
<i>ibuprofen tab 200mg</i>	\$0(3)	NM; *
<i>ibuprofen tab 400 mg</i>	\$0(1)	
<i>ibuprofen tab 600 mg</i>	\$0(1)	
<i>ibuprofen tab 800 mg</i>	\$0(1)	
<i>kls naproxen tab 220mg</i>	\$0(3)	NM; *
<i>ks ibuprofen cap 200mg</i>	\$0(3)	NM; *
<i>medi-profen sus 40mg/ml</i>	\$0(3)	NM; *
<i>mediproxen tab 220mg</i>	\$0(3)	NM; *
<i>meloxicam tab 7.5 mg</i>	\$0(1)	
<i>meloxicam tab 15 mg</i>	\$0(1)	
<i>nabumetone tab 500 mg</i>	\$0(1)	
<i>nabumetone tab 750 mg</i>	\$0(1)	
<i>naproxen dr tab 375mg</i>	\$0(1)	
<i>naproxen dr tab 500mg</i>	\$0(1)	
<i>naproxen sod cap 220mg</i>	\$0(3)	NM; *
<i>naproxen sod tab 220mg</i>	\$0(3)	NM; *
<i>naproxen sodium cap 220 mg</i>	\$0(3)	NM; *
<i>naproxen sodium tab 220 mg</i>	\$0(3)	NM; *
<i>naproxen sodium tab 275 mg</i>	\$0(1)	
<i>naproxen sodium tab 550 mg</i>	\$0(1)	
<i>naproxen tab 250 mg</i>	\$0(1)	
<i>naproxen tab 375 mg</i>	\$0(1)	
<i>naproxen tab 500 mg</i>	\$0(1)	
<i>piroxicam cap 10 mg</i>	\$0(1)	
<i>piroxicam cap 20 mg</i>	\$0(1)	
<i>provil tab 200mg</i>	\$0(3)	NM; *
<i>px ibuprofen tab 200mg</i>	\$0(3)	NM; *
<i>px profen ib dro 50/1.25</i>	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>px profen ib sus 100/5ml</i>	\$0(3)	NM; *
<i>qc ibuprofen tab 200mg</i>	\$0(3)	NM; *
<i>sb ibuprofen tab 200mg</i>	\$0(3)	NM; *
<i>sm ibuprofen cap 200mg</i>	\$0(3)	NM; *
<i>sm ibuprofen tab 100mg jr</i>	\$0(3)	NM; *
<i>sm ibuprofen tab 200mg</i>	\$0(3)	NM; *
<i>sulindac tab 150 mg</i>	\$0(1)	
<i>sulindac tab 200 mg</i>	\$0(1)	
OPIOID ANALGESICS - DRUGS TO TREAT PAIN		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	\$0(1)	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	\$0(1)	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	\$0(1)	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>buprenorphine td patch weekly 5 mcg/hr</i>	\$0(1)	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	\$0(1)	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 10 mcg/hr</i>	\$0(1)	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 15 mcg/hr</i>	\$0(1)	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 20 mcg/hr</i>	\$0(1)	QL (4 patches / 28 days), PA
<i>butorphanol tartrate inj 1 mg/ml</i>	\$0(2)	
<i>butorphanol tartrate inj 2 mg/ml</i>	\$0(2)	
<i>nalbuphine hcl inj 10 mg/ml</i>	\$0(2)	
<i>nalbuphine hcl inj 20 mg/ml</i>	\$0(2)	
<i>tramadol hcl tab 50 mg</i>	\$0(1)	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	\$0(1)	QL (240 tabs / 30 days)
OPIOID ANALGESICS, CII - DRUGS TO TREAT PAIN		
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	\$0(2)	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	\$0(2)	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	\$0(2)	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	\$0(2)	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	\$0(2)	NDS, QL (120 lozenges / 30 days), PA

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	\$0(2)	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl td patch 72hr 12 mcg/hr</i>	\$0(1)	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 25 mcg/hr</i>	\$0(1)	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 50 mcg/hr</i>	\$0(1)	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	\$0(1)	QL (10 patches / 30 days), PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	\$0(1)	QL (10 patches / 30 days), PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	\$0(1)	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	\$0(1)	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	\$0(1)	QL (150 tabs / 30 days)
<i>hydromorphone hcl liqd 1 mg/ml</i>	\$0(1)	QL (600 mL / 30 days)
<i>hydromorphone hcl preservative free (pf) inj 10 mg/ml</i>	\$0(2)	B/D
<i>hydromorphone hcl tab 2 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>hydromorphone hcl tab 4 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>hydromorphone hcl tab 8 mg</i>	\$0(1)	QL (180 tabs / 30 days)
HYSINGLA ER TAB 20 MG	\$0(2)	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 30 MG	\$0(2)	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 40 MG	\$0(2)	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 60 MG	\$0(2)	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 80 MG	\$0(2)	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 100 MG	\$0(2)	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 120 MG	\$0(2)	QL (30 tabs / 30 days), PA
<i>methadone con 10mg/ml</i>	\$0(1)	QL (90 mL / 30 days), PA

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>methadone hcl soln 5 mg/5ml</i>	\$0(1)	QL (450 mL / 30 days), PA
<i>methadone hcl soln 10 mg/5ml</i>	\$0(1)	QL (450 mL / 30 days), PA
<i>methadone hcl tab 5 mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>methadone hcl tab 10 mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
MORPHINE SUL INJ 2MG/ML	\$0(2)	B/D
MORPHINE SUL INJ 4MG/ML	\$0(2)	B/D
MORPHINE SUL INJ 5MG/ML	\$0(2)	B/D
MORPHINE SUL INJ 8MG/ML	\$0(2)	B/D
MORPHINE SUL INJ 10MG/ML	\$0(2)	B/D
<i>morphine sulfate iv soln 1 mg/ml</i>	\$0(2)	B/D
<i>morphine sulfate iv soln pf 4 mg/ml</i>	\$0(2)	B/D
<i>morphine sulfate iv soln pf 8 mg/ml</i>	\$0(2)	B/D
<i>morphine sulfate iv soln pf 10 mg/ml</i>	\$0(2)	B/D
<i>morphine sulfate oral soln 10 mg/5ml</i>	\$0(1)	QL (900 mL / 30 days)
<i>morphine sulfate oral soln 20 mg/5ml</i>	\$0(1)	QL (900 mL / 30 days)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	\$0(1)	QL (180 mL / 30 days)
<i>morphine sulfate tab 15 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>morphine sulfate tab 30 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>morphine sulfate tab er 15 mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 30 mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 60 mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 100 mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>morphine sulfate tab er 200 mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
NUCYNTA ER TAB 50MG	\$0(2)	QL (60 tabs / 30 days), PA
NUCYNTA ER TAB 100MG	\$0(2)	QL (60 tabs / 30 days), PA
NUCYNTA ER TAB 150MG	\$0(2)	QL (60 tabs / 30 days), PA
NUCYNTA ER TAB 200MG	\$0(2)	QL (60 tabs / 30 days), PA

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NUCYNTA ER TAB 250MG	\$0(2)	QL (60 tabs / 30 days), PA
<i>oxycodone hcl cap 5 mg</i>	\$0(1)	QL (180 caps / 30 days)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	\$0(1)	QL (180 mL / 30 days)
<i>oxycodone hcl soln 5 mg/5ml</i>	\$0(1)	QL (900 mL / 30 days)
<i>oxycodone hcl tab 5 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 10 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 15 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 20 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>oxycodone hcl tab 30 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	\$0(1)	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	\$0(1)	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	\$0(1)	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	\$0(1)	QL (180 tabs / 30 days)
OXYCONTIN TAB 10MG CR	\$0(2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 15MG CR	\$0(2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 20MG CR	\$0(2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 30MG CR	\$0(2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 40MG CR	\$0(2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 60MG CR	\$0(2)	QL (60 tabs / 30 days), PA
OXYCONTIN TAB 80MG CR	\$0(2)	QL (60 tabs / 30 days), PA

ANESTHETICS - DRUGS FOR NUMBING

LOCAL ANESTHETICS

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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<i>lidocaine hcl local preservative free (pf) inj 1.5%</i>	\$0(1)	B/D
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ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS

ANTI-BACTERIALS - MISCELLANEOUS

<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	\$0(1)	
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	\$0(1)	
<i>gentamicin in saline inj 0.8 mg/ml</i>	\$0(1)	
<i>gentamicin in saline inj 1 mg/ml</i>	\$0(1)	
<i>gentamicin in saline inj 1.2 mg/ml</i>	\$0(1)	
<i>gentamicin in saline inj 1.6 mg/ml</i>	\$0(1)	
<i>gentamicin in saline inj 2 mg/ml</i>	\$0(1)	
<i>gentamicin sulfate inj 10 mg/ml</i>	\$0(1)	
<i>gentamicin sulfate inj 40 mg/ml</i>	\$0(1)	
<i>neomycin sulfate tab 500 mg</i>	\$0(1)	
<i>paromomycin sulfate cap 250 mg</i>	\$0(1)	
<i>streptomycin sulfate for inj 1 gm</i>	\$0(2)	NDS
SULFADIAZINE TAB 500MG	\$0(2)	
<i>tobramycin nebu soln 300 mg/5ml</i>	\$0(2)	NDS, NM, PA
<i>tobramycin sulfate for inj 1.2 gm</i>	\$0(2)	NDS
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	\$0(1)	
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	\$0(1)	
<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	\$0(1)	
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	\$0(1)	

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole tab 200 mg</i>	\$0(2)	NDS
ALINIA SUS 100/5ML	\$0(2)	NDS
ALINIA TAB 500MG	\$0(2)	NDS
<i>atovaquone susp 750 mg/5ml</i>	\$0(2)	NDS
<i>aztreonam for inj 1 gm</i>	\$0(1)	
<i>aztreonam for inj 2 gm</i>	\$0(1)	
CAYSTON INH 75MG	\$0(2)	NDS, NM, LA, PA
<i>clindamycin hcl cap 75 mg</i>	\$0(1)	
<i>clindamycin hcl cap 150 mg</i>	\$0(1)	
<i>clindamycin hcl cap 300 mg</i>	\$0(1)	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	\$0(1)	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	\$0(1)	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	\$0(1)	
<i>clindamycin phosphate inj 9 gm/60ml</i>	\$0(1)	
<i>clindamycin phosphate inj 300 mg/2ml</i>	\$0(1)	
<i>clindamycin phosphate inj 600 mg/4ml</i>	\$0(1)	
<i>clindamycin phosphate inj 900 mg/6ml</i>	\$0(1)	
CLINDMYC/NAC INJ 300/50ML	\$0(2)	
CLINDMYC/NAC INJ 600/50ML	\$0(2)	
CLINDMYC/NAC INJ 900/50ML	\$0(2)	
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	\$0(1)	
<i>cvs pinworm sus 50mg/ml</i>	\$0(3)	NM; *
<i>dapsone tab 25 mg</i>	\$0(1)	
<i>dapsone tab 100 mg</i>	\$0(1)	
<i>daptomycin for iv soln 350 mg</i>	\$0(2)	NDS
<i>daptomycin for iv soln 500 mg</i>	\$0(2)	NDS
EMVERM CHW 100MG	\$0(2)	NDS, QL (12 tabs / 365 days)
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	\$0(1)	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	\$0(1)	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	\$0(1)	
<i>ivermectin tab 3 mg</i>	\$0(1)	
<i>linezolid for susp 100 mg/5ml</i>	\$0(2)	NDS
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	\$0(2)	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	\$0(1)	
<i>linezolid tab 600 mg</i>	\$0(1)	
<i>meropenem iv for soln 1 gm</i>	\$0(1)	
<i>meropenem iv for soln 500 mg</i>	\$0(1)	
<i>methenamine hippurate tab 1 gm</i>	\$0(1)	
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	\$0(1)	
<i>metronidazole tab 250 mg</i>	\$0(1)	
<i>metronidazole tab 500 mg</i>	\$0(1)	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	\$0(2)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	\$0(2)	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	\$0(2)	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	\$0(1)	B/D
<i>pentamidine isethionate for soln 300 mg</i>	\$0(1)	
<i>pinworm med sus 144mg/ml</i>	\$0(3)	NM; *
PINWORM TAB MEDICINE	\$0(3)	NM; *
<i>praziquantel tab 600 mg</i>	\$0(1)	
<i>reeses med sus pinworm</i>	\$0(3)	NM; *
SIVEXTRO INJ 200MG	\$0(2)	NDS
SIVEXTRO TAB 200MG	\$0(2)	NDS
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	\$0(1)	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	\$0(1)	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	\$0(1)	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	\$0(1)	
SYNERCID INJ 500MG	\$0(2)	NDS
<i>tigecycline for iv soln 50 mg</i>	\$0(2)	NDS
<i>trimethoprim tab 100 mg</i>	\$0(1)	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	\$0(1)	QL (120 caps / 30 days)
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	\$0(2)	NDS, QL (240 caps / 30 days)
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	\$0(1)	
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	\$0(1)	
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	\$0(1)	
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	\$0(1)	
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	\$0(1)	
VANCOMYCIN INJ 1 GM	\$0(2)	
VANCOMYCIN INJ 500MG	\$0(2)	
VANCOMYCIN INJ 750MG	\$0(2)	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
ABELCET INJ 5MG/ML	\$0(2)	NDS, B/D

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
AMBISOME INJ 50MG	\$0(2)	NDS, B/D
<i>amphotericin b for iv soln 50 mg</i>	\$0(1)	B/D
<i>casprofungin acetate for iv soln 50 mg</i>	\$0(2)	NDS
<i>casprofungin acetate for iv soln 70 mg</i>	\$0(2)	NDS
<i>fluconazole for susp 10 mg/ml</i>	\$0(1)	
<i>fluconazole for susp 40 mg/ml</i>	\$0(1)	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	\$0(1)	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	\$0(1)	
<i>fluconazole tab 50 mg</i>	\$0(1)	
<i>fluconazole tab 100 mg</i>	\$0(1)	
<i>fluconazole tab 150 mg</i>	\$0(1)	
<i>fluconazole tab 200 mg</i>	\$0(1)	
<i>flucytosine cap 250 mg</i>	\$0(2)	NDS
<i>flucytosine cap 500 mg</i>	\$0(2)	NDS
<i>griseofulvin microsize susp 125 mg/5ml</i>	\$0(1)	
<i>griseofulvin microsize tab 500 mg</i>	\$0(1)	
<i>griseofulvin ultramicrosize tab 125 mg</i>	\$0(1)	
<i>griseofulvin ultramicrosize tab 250 mg</i>	\$0(1)	
<i>itraconazole cap 100 mg</i>	\$0(1)	PA
<i>ketoconazole tab 200 mg</i>	\$0(1)	PA
<i>micafungin sodium for iv soln 50 mg</i>	\$0(2)	NDS
<i>micafungin sodium for iv soln 100 mg</i>	\$0(2)	NDS
MYCAMINE INJ 50MG	\$0(2)	NDS
MYCAMINE INJ 100MG	\$0(2)	NDS
NOXAFIL SUS 40MG/ML	\$0(2)	NDS, QL (630 mL / 30 days)
<i>nystatin tab 500000 unit</i>	\$0(1)	
<i>posaconazole tab delayed release 100 mg</i>	\$0(2)	NDS, QL (93 tabs / 30 days)
<i>terbinafine hcl tab 250 mg</i>	\$0(1)	QL (90 tabs / year)
<i>voriconazole for inj 200 mg</i>	\$0(2)	NDS, PA
<i>voriconazole for susp 40 mg/ml</i>	\$0(2)	NDS, PA
<i>voriconazole tab 50 mg</i>	\$0(1)	
<i>voriconazole tab 200 mg</i>	\$0(2)	NDS
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	\$0(1)	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	\$0(1)	
<i>chloroquine phosphate tab 250 mg</i>	\$0(1)	
<i>chloroquine phosphate tab 500 mg</i>	\$0(1)	
COARTEM TAB 20-120MG	\$0(2)	
<i>mefloquine hcl tab 250 mg</i>	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	\$0(1)	
PRIMAQUINE TAB 26.3MG	\$0(2)	
<i>quinine sulfate cap 324 mg</i>	\$0(1)	PA

ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION

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

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

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

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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TRUVADA TAB 100-150	\$0(2)	NDS, QL (30 tabs / 30 days)
TRUVADA TAB 133-200	\$0(2)	NDS, QL (30 tabs / 30 days)
TRUVADA TAB 167-250	\$0(2)	NDS, QL (30 tabs / 30 days)
TRUVADA TAB 200-300	\$0(2)	NDS, QL (30 tabs / 30 days)

ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS

<i>cycloserine cap 250 mg</i>	\$0(2)	NDS
<i>ethambutol hcl tab 100 mg</i>	\$0(1)	
<i>ethambutol hcl tab 400 mg</i>	\$0(1)	
<i>isoniazid syrup 50 mg/5ml</i>	\$0(1)	
<i>isoniazid tab 100 mg</i>	\$0(1)	
<i>isoniazid tab 300 mg</i>	\$0(1)	
PASER GRA 4GM	\$0(2)	
PRIFTIN TAB 150MG	\$0(2)	
<i>pyrazinamide tab 500 mg</i>	\$0(1)	
<i>rifabutin cap 150 mg</i>	\$0(1)	
<i>rifampin cap 150 mg</i>	\$0(1)	
<i>rifampin cap 300 mg</i>	\$0(1)	
<i>rifampin for inj 600 mg</i>	\$0(1)	
SIRTURO TAB 20MG	\$0(2)	NDS, LA, PA
SIRTURO TAB 100MG	\$0(2)	NDS, LA, PA
TRECTOR TAB 250MG	\$0(2)	

ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS

<i>acyclovir cap 200 mg</i>	\$0(1)	
<i>acyclovir sodium iv soln 50 mg/ml</i>	\$0(1)	B/D
<i>acyclovir susp 200 mg/5ml</i>	\$0(1)	
<i>acyclovir tab 400 mg</i>	\$0(1)	
<i>acyclovir tab 800 mg</i>	\$0(1)	
<i>adefovir dipivoxil tab 10 mg</i>	\$0(2)	NDS
BARACLUDE SOL	\$0(2)	NDS
<i>entecavir tab 0.5 mg</i>	\$0(1)	
<i>entecavir tab 1 mg</i>	\$0(1)	
EPCLUSA TAB 200-50MG	\$0(2)	NDS, PA
EPCLUSA TAB 400-100	\$0(2)	NDS, NM, PA
EPIVIR HBV SOL 5MG/ML	\$0(2)	
<i>famciclovir tab 125 mg</i>	\$0(1)	
<i>famciclovir tab 250 mg</i>	\$0(1)	
<i>famciclovir tab 500 mg</i>	\$0(1)	

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

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CEFAZOLIN INJ 1GM/50ML	\$0(2)	
<i>cefazolin sodium for inj 1 gm</i>	\$0(1)	
<i>cefazolin sodium for inj 10 gm</i>	\$0(1)	
<i>cefazolin sodium for inj 500 mg</i>	\$0(1)	
<i>cefazolin sodium for iv soln 1 gm</i>	\$0(1)	
CEFAZOLIN SOL	\$0(2)	
<i>cefdinir cap 300 mg</i>	\$0(1)	
<i>cefdinir for susp 125 mg/5ml</i>	\$0(1)	
<i>cefdinir for susp 250 mg/5ml</i>	\$0(1)	
<i>cefepime hcl for inj 1 gm</i>	\$0(1)	
<i>cefepime hcl for inj 2 gm</i>	\$0(1)	
<i>cefixime for susp 100 mg/5ml</i>	\$0(1)	
<i>cefixime for susp 200 mg/5ml</i>	\$0(1)	
<i>cefoxitin sodium for inj 10 gm</i>	\$0(1)	
<i>cefoxitin sodium for iv soln 1 gm</i>	\$0(1)	
<i>cefoxitin sodium for iv soln 2 gm</i>	\$0(1)	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	\$0(1)	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	\$0(1)	
<i>cefpodoxime proxetil tab 100 mg</i>	\$0(1)	
<i>cefpodoxime proxetil tab 200 mg</i>	\$0(1)	
<i>cefprozil for susp 125 mg/5ml</i>	\$0(1)	
<i>cefprozil for susp 250 mg/5ml</i>	\$0(1)	
<i>cefprozil tab 250 mg</i>	\$0(1)	
<i>cefprozil tab 500 mg</i>	\$0(1)	
<i>ceftazidime for inj 1 gm</i>	\$0(1)	
<i>ceftazidime for inj 2 gm</i>	\$0(1)	
<i>ceftazidime for inj 6 gm</i>	\$0(1)	
CEFTAZIDIME/ SOL D5W 1GM	\$0(2)	
CEFTAZIDIME/ SOL D5W 2GM	\$0(2)	
<i>ceftriaxone sodium for inj 1 gm</i>	\$0(1)	
<i>ceftriaxone sodium for inj 2 gm</i>	\$0(1)	
<i>ceftriaxone sodium for inj 10 gm</i>	\$0(1)	
<i>ceftriaxone sodium for inj 250 mg</i>	\$0(1)	
<i>ceftriaxone sodium for inj 500 mg</i>	\$0(1)	
<i>ceftriaxone sodium for iv soln 1 gm</i>	\$0(1)	
<i>ceftriaxone sodium for iv soln 2 gm</i>	\$0(1)	
<i>cefuroxime axetil tab 250 mg</i>	\$0(1)	
<i>cefuroxime axetil tab 500 mg</i>	\$0(1)	
<i>cefuroxime sodium for inj 7.5 gm</i>	\$0(1)	
<i>cefuroxime sodium for inj 750 mg</i>	\$0(1)	
<i>cefuroxime sodium for iv soln 1.5 gm</i>	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>cephalexin cap 250 mg</i>	\$0(1)	
<i>cephalexin cap 500 mg</i>	\$0(1)	
<i>cephalexin for susp 125 mg/5ml</i>	\$0(1)	
<i>cephalexin for susp 250 mg/5ml</i>	\$0(1)	
<i>tazicef inj 1gm</i>	\$0(1)	
<i>tazicef inj 2gm</i>	\$0(1)	
<i>tazicef inj 6gm</i>	\$0(1)	
TEFLARO INJ 400MG	\$0(2)	NDS
TEFLARO INJ 600MG	\$0(2)	NDS
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS		
<i>azithromycin for susp 100 mg/5ml</i>	\$0(1)	
<i>azithromycin for susp 200 mg/5ml</i>	\$0(1)	
<i>azithromycin iv for soln 500 mg</i>	\$0(1)	
<i>azithromycin powd pack for susp 1 gm</i>	\$0(1)	
<i>azithromycin tab 250 mg</i>	\$0(1)	
<i>azithromycin tab 500 mg</i>	\$0(1)	
<i>azithromycin tab 600 mg</i>	\$0(1)	
<i>clarithromycin for susp 125 mg/5ml</i>	\$0(1)	
<i>clarithromycin for susp 250 mg/5ml</i>	\$0(1)	
<i>clarithromycin tab 250 mg</i>	\$0(1)	
<i>clarithromycin tab 500 mg</i>	\$0(1)	
<i>clarithromycin tab er 24hr 500 mg</i>	\$0(1)	
DIFICID TAB 200MG	\$0(2)	NDS
<i>ery-tab tab 250mg ec</i>	\$0(1)	
<i>ery-tab tab 333mg ec</i>	\$0(1)	
<i>ery-tab tab 500mg ec</i>	\$0(1)	
ERYTHROCIN INJ 500MG	\$0(2)	
<i>erythrocin tab 250mg</i>	\$0(1)	
<i>erythromycin ethylsuccinate tab 400 mg</i>	\$0(1)	
<i>erythromycin tab 250 mg</i>	\$0(1)	
<i>erythromycin tab 500 mg</i>	\$0(1)	
<i>erythromycin tab delayed release 250 mg</i>	\$0(1)	
<i>erythromycin tab delayed release 333 mg</i>	\$0(1)	
<i>erythromycin tab delayed release 500 mg</i>	\$0(1)	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	\$0(1)	
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
CIPRO (10%) SUS 500MG/5	\$0(2)	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	\$0(1)	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	\$0(1)	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	\$0(1)	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	\$0(1)	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	\$0(1)	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	\$0(1)	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	\$0(1)	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	\$0(1)	
<i>levofloxacin iv soln 25 mg/ml</i>	\$0(1)	
<i>levofloxacin oral soln 25 mg/ml</i>	\$0(1)	
<i>levofloxacin tab 250 mg</i>	\$0(1)	
<i>levofloxacin tab 500 mg</i>	\$0(1)	
<i>levofloxacin tab 750 mg</i>	\$0(1)	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	\$0(1)	
PENICILLINS - DRUGS TO TREAT INFECTIONS		
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	\$0(1)	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	\$0(1)	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	\$0(1)	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	\$0(1)	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	\$0(1)	
<i>amoxicillin (trihydrate) cap 250 mg</i>	\$0(1)	
<i>amoxicillin (trihydrate) cap 500 mg</i>	\$0(1)	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	\$0(1)	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	\$0(1)	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	\$0(1)	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	\$0(1)	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	\$0(1)	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>amoxicillin (trihydrate) tab 500 mg</i>	\$0(1)	
<i>amoxicillin (trihydrate) tab 875 mg</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	\$0(1)	
<i>ampicillin cap 500 mg</i>	\$0(1)	
<i>ampicillin sodium for inj 1 gm</i>	\$0(1)	
<i>ampicillin sodium for inj 2 gm</i>	\$0(1)	
<i>ampicillin sodium for inj 125 mg</i>	\$0(1)	
<i>ampicillin sodium for inj 250 mg</i>	\$0(1)	
<i>ampicillin sodium for inj 500 mg</i>	\$0(1)	
<i>ampicillin sodium for iv soln 1 gm</i>	\$0(1)	
<i>ampicillin sodium for iv soln 2 gm</i>	\$0(1)	
<i>ampicillin sodium for iv soln 10 gm</i>	\$0(1)	
BICILLIN L-A INJ 600000	\$0(2)	
BICILLIN L-A INJ 1200000	\$0(2)	
BICILLIN L-A INJ 2400000	\$0(2)	
<i>dicloxacillin sodium cap 250 mg</i>	\$0(1)	
<i>dicloxacillin sodium cap 500 mg</i>	\$0(1)	
NAFCILLIN INJ 10GM	\$0(2)	
<i>nafcillin sodium for inj 1 gm</i>	\$0(1)	
<i>nafcillin sodium for inj 2 gm</i>	\$0(1)	
<i>nafcillin sodium for iv soln 1 gm</i>	\$0(1)	
<i>nafcillin sodium for iv soln 2 gm</i>	\$0(1)	
<i>nafcillin sodium for iv soln 10 gm</i>	\$0(2)	NDS
<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	\$0(1)	
<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	\$0(1)	
<i>oxacillin sodium for iv soln 10 gm (base equivalent)</i>	\$0(2)	NDS
PEN G PROC INJ 600000	\$0(2)	
PEN GK/DEXTR INJ 40000/ML	\$0(2)	
PEN GK/DEXTR INJ 60000/ML	\$0(2)	
<i>penicillin g potassium for inj 5000000 unit</i>	\$0(1)	
<i>penicillin g potassium for inj 20000000 unit</i>	\$0(1)	
<i>penicillin g sodium for inj 5000000 unit</i>	\$0(1)	
<i>penicillin v potassium for soln 125 mg/5ml</i>	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>penicillin v potassium for soln 250 mg/5ml</i>	\$0(1)	
<i>penicillin v potassium tab 250 mg</i>	\$0(1)	
<i>penicillin v potassium tab 500 mg</i>	\$0(1)	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	\$0(1)	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
<i>doxy 100 inj 100mg</i>	\$0(1)	
<i>doxycycline hyclate cap 50 mg</i>	\$0(1)	
<i>doxycycline hyclate cap 100 mg</i>	\$0(1)	
<i>doxycycline hyclate for inj 100 mg</i>	\$0(1)	
<i>doxycycline hyclate tab 20 mg</i>	\$0(1)	
<i>doxycycline hyclate tab 100 mg</i>	\$0(1)	
<i>doxycycline monohydrate cap 50 mg</i>	\$0(1)	
<i>doxycycline monohydrate cap 100 mg</i>	\$0(1)	
<i>doxycycline monohydrate tab 50 mg</i>	\$0(1)	
<i>doxycycline monohydrate tab 75 mg</i>	\$0(1)	
<i>doxycycline monohydrate tab 100 mg</i>	\$0(1)	
<i>minocycline hcl cap 50 mg</i>	\$0(1)	
<i>minocycline hcl cap 75 mg</i>	\$0(1)	
<i>minocycline hcl cap 100 mg</i>	\$0(1)	
<i>tetracycline hcl cap 250 mg</i>	\$0(1)	
<i>tetracycline hcl cap 500 mg</i>	\$0(1)	
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
<i>BENDEKA INJ 100/4ML</i>	\$0(2)	NDS, B/D, NM
<i>CYCLOPHOSPH INJ 1GM</i>	\$0(2)	NDS, B/D
<i>CYCLOPHOSPHA INJ 500MG</i>	\$0(2)	NDS, B/D
<i>cyclophosphamide cap 25 mg</i>	\$0(1)	B/D
<i>cyclophosphamide cap 50 mg</i>	\$0(1)	B/D
<i>cyclophosphamide for inj 1 gm</i>	\$0(2)	NDS, B/D, NM
<i>cyclophosphamide for inj 2 gm</i>	\$0(2)	NDS, B/D, NM
<i>cyclophosphamide for inj 500 mg</i>	\$0(2)	NDS, B/D, NM
<i>EMCYT CAP 140MG</i>	\$0(2)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GLEOSTINE CAP 10MG	\$0(2)	
GLEOSTINE CAP 40MG	\$0(2)	NDS
GLEOSTINE CAP 100MG	\$0(2)	NDS
LEUKERAN TAB 2MG	\$0(2)	NDS
ANTHRACYCLINES		
<i>adriamycin inj 20mg</i>	\$0(1)	B/D, NM
<i>doxorubicin hcl inj 2 mg/ml</i>	\$0(1)	B/D, NM
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	\$0(2)	NDS, B/D
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>	\$0(1)	B/D
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>	\$0(1)	B/D
ANTIMETABOLITES		
ALIMTA INJ 100MG	\$0(2)	NDS, B/D
ALIMTA INJ 500MG	\$0(2)	NDS, B/D
<i>azacitidine for inj 100 mg</i>	\$0(2)	NDS, B/D, NM
<i>cytarabine inj 20 mg/ml</i>	\$0(1)	B/D
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	\$0(1)	B/D
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	\$0(1)	B/D
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	\$0(1)	B/D
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	\$0(1)	B/D
<i>gemcitabine hcl for inj 1 gm</i>	\$0(1)	B/D
<i>gemcitabine hcl for inj 2 gm</i>	\$0(1)	B/D
<i>gemcitabine hcl for inj 200 mg</i>	\$0(1)	B/D
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	\$0(1)	B/D
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	\$0(1)	B/D
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	\$0(1)	B/D
<i>mercaptopurine tab 50 mg</i>	\$0(1)	
<i>methotrexate sodium for inj 1 gm</i>	\$0(1)	B/D
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	\$0(1)	B/D
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	\$0(1)	B/D
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	\$0(1)	B/D
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	\$0(1)	B/D

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<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	\$0(1)	B/D
ONUREG TAB 200MG	\$0(2)	NDS, LA, PA
ONUREG TAB 300MG	\$0(2)	NDS, LA, PA
PURIXAN SUS 20MG/ML	\$0(2)	NDS, NM
TABLOID TAB 40MG	\$0(2)	NDS
ANTIMITOTIC, TAXOIDS		
ABRAXANE INJ 100MG	\$0(2)	NDS, B/D
<i>docetaxel for inj conc 20 mg/ml</i>	\$0(2)	NDS, B/D, NM
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	\$0(2)	NDS, B/D, NM
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	\$0(2)	NDS, B/D, NM
DOCETAXEL INJ 20MG/2ML	\$0(2)	NDS, B/D, NM
DOCETAXEL INJ 80MG/4ML	\$0(2)	NDS, B/D, NM
DOCETAXEL INJ 80MG/8ML	\$0(2)	NDS, B/D, NM
DOCETAXEL INJ 160/8ML	\$0(2)	NDS, B/D, NM
DOCETAXEL INJ 160/16ML	\$0(2)	NDS, B/D, NM
DOCETAXEL INJ 200/10	\$0(2)	NDS, B/D
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	\$0(2)	NDS, B/D, NM
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	\$0(2)	NDS, B/D, NM
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	\$0(2)	NDS, B/D, NM
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	\$0(1)	B/D, NM
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	\$0(1)	B/D, NM
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	\$0(1)	B/D, NM
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	\$0(1)	B/D, NM
TAXOTERE INJ 80MG/4ML	\$0(2)	NDS, B/D, NM
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vincristine sulfate iv soln 1 mg/ml</i>	\$0(1)	B/D
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	\$0(1)	B/D, NM
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	\$0(1)	B/D, NM
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN INJ	\$0(2)	NDS, NM, LA, PA
AVASTIN INJ 400/16ML	\$0(2)	NDS, NM, LA, PA
BORTEZOMIB INJ 3.5MG	\$0(2)	NDS, NM, PA
DAURISMO TAB 25MG	\$0(2)	NDS, NM, LA, PA
DAURISMO TAB 100MG	\$0(2)	NDS, NM, LA, PA
ERIVEDGE CAP 150MG	\$0(2)	NDS, NM, LA, PA
FARYDAK CAP 10MG	\$0(2)	NDS, NM, LA, PA

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FARYDAK CAP 20MG	\$0(2)	NDS, NM, LA, PA
HERCEP HYLEC SOL 60-10000	\$0(2)	NDS, NM, PA
HERCEPTIN INJ 150MG	\$0(2)	NDS, NM, PA
HERCEPTIN INJ 440MG	\$0(2)	NDS, NM, PA
HERZUMA INJ 150MG	\$0(2)	NDS, PA
HERZUMA INJ 420MG	\$0(2)	NDS, PA
IBRANCE CAP 75MG	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
IBRANCE CAP 100MG	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
IBRANCE CAP 125MG	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
IBRANCE TAB 75MG	\$0(2)	NDS, QL (21 tabs / 28 days), NM, LA, PA
IBRANCE TAB 100MG	\$0(2)	NDS, QL (21 tabs / 28 days), NM, LA, PA
IBRANCE TAB 125MG	\$0(2)	NDS, QL (21 tabs / 28 days), NM, LA, PA
IDHIFA TAB 50MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
IDHIFA TAB 100MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
KADCYLA INJ 100MG	\$0(2)	NDS, B/D, NM
KADCYLA INJ 160MG	\$0(2)	NDS, B/D, NM
KANJINTI INJ 420MG	\$0(2)	NDS, PA
KANJINTI SOL 150MG	\$0(2)	NDS, PA
KEYTRUDA INJ 100MG/4M	\$0(2)	NDS, NM, PA
KISQALI 200 PAK FEMARA	\$0(2)	NDS, NM, PA
KISQALI 400 PAK FEMARA	\$0(2)	NDS, NM, PA
KISQALI 600 PAK FEMARA	\$0(2)	NDS, NM, PA
KISQALI TAB 200DOSE	\$0(2)	NDS, NM, PA
KISQALI TAB 400DOSE	\$0(2)	NDS, NM, PA
KISQALI TAB 600DOSE	\$0(2)	NDS, NM, PA
LYNPARZA TAB 100MG	\$0(2)	NDS, NM, LA, PA
LYNPARZA TAB 150MG	\$0(2)	NDS, NM, LA, PA
MVASI INJ 100MG	\$0(2)	NDS, LA, PA
MVASI INJ 400MG	\$0(2)	NDS, LA, PA
NINLARO CAP 2.3MG	\$0(2)	NDS, NM, PA
NINLARO CAP 3MG	\$0(2)	NDS, NM, PA
NINLARO CAP 4MG	\$0(2)	NDS, NM, PA
ODOMZO CAP 200MG	\$0(2)	NDS, NM, LA, PA
OGIVRI INJ 150MG	\$0(2)	NDS, PA

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OGIVRI INJ 420MG	\$0(2)	NDS, PA
ONTRUZANT INJ 150MG	\$0(2)	NDS, PA
ONTRUZANT INJ 420MG	\$0(2)	NDS, PA
PHESGO SOL	\$0(2)	NDS, LA, PA
RITUXAN INJ 100MG	\$0(2)	NDS, NM, LA, PA
RITUXAN INJ 500MG	\$0(2)	NDS, NM, LA, PA
RITUXAN INJ HYCELA	\$0(2)	NDS, NM, LA, PA
RUBRACA TAB 200MG	\$0(2)	NDS, NM, LA, PA
RUBRACA TAB 250MG	\$0(2)	NDS, NM, LA, PA
RUBRACA TAB 300MG	\$0(2)	NDS, NM, LA, PA
RUXIENCE INJ 100/10ML	\$0(2)	NDS, NM, PA
RUXIENCE INJ 500/50ML	\$0(2)	NDS, NM, PA
TALZENNA CAP 0.25MG	\$0(2)	NDS, NM, LA, PA
TALZENNA CAP 1MG	\$0(2)	NDS, NM, LA, PA
TECENTRIQ INJ 840/14	\$0(2)	NDS, NM, LA, PA
TECENTRIQ INJ 1200/20	\$0(2)	NDS, NM, LA, PA
TIBSOVO TAB 250MG	\$0(2)	NDS, LA, PA
TRAZIMERA INJ 420MG	\$0(2)	NDS, PA
TRUXIMA INJ 100/10ML	\$0(2)	NDS, PA
TRUXIMA INJ 500/50ML	\$0(2)	NDS, PA
VELCADE INJ 3.5MG	\$0(2)	NDS, NM, PA
VENCLEXTA TAB 10MG	\$0(2)	LA, PA
VENCLEXTA TAB 50MG	\$0(2)	NDS, LA, PA
VENCLEXTA TAB 100MG	\$0(2)	NDS, LA, PA
VENCLEXTA TAB START PK	\$0(2)	NDS, LA, PA
VERZENIO TAB 50MG	\$0(2)	NDS, NM, LA, PA
VERZENIO TAB 100MG	\$0(2)	NDS, NM, LA, PA
VERZENIO TAB 150MG	\$0(2)	NDS, NM, LA, PA
VERZENIO TAB 200MG	\$0(2)	NDS, NM, LA, PA
ZEJULA CAP 100MG	\$0(2)	NDS, LA, PA
ZIRABEV INJ 100/4ML	\$0(2)	NDS, PA
ZIRABEV INJ 400/16ML	\$0(2)	NDS, PA
ZOLINZA CAP 100MG	\$0(2)	NDS, NM, PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate tab 250 mg</i>	\$0(2)	NDS, NM, PA
<i>anastrozole tab 1 mg</i>	\$0(1)	
<i>bicalutamide tab 50 mg</i>	\$0(1)	
DEPO-PROVERA INJ 400/ML	\$0(2)	B/D
ERLEADA TAB 60MG	\$0(2)	NDS, NM, LA, PA
<i>exemestane tab 25 mg</i>	\$0(1)	
<i>flutamide cap 125 mg</i>	\$0(1)	

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<i>fulvestrant inj 250 mg/5ml</i>	\$0(2)	NDS, B/D
<i>letrozole tab 2.5 mg</i>	\$0(1)	
<i>leuprolide acetate inj kit 5 mg/ml</i>	\$0(1)	NM, PA
LUPRON DEPOT INJ 3.75MG	\$0(2)	NDS, NM, PA
LUPRON DEPOT INJ 11.25MG	\$0(2)	NDS, NM, PA
LYSODREN TAB 500MG	\$0(2)	
<i>megestrol acetate susp 40 mg/ml</i>	\$0(2)	
<i>megestrol acetate susp 625 mg/5ml</i>	\$0(2)	PA
<i>megestrol acetate tab 20 mg</i>	\$0(2)	
<i>megestrol acetate tab 40 mg</i>	\$0(2)	
<i>nilutamide tab 150 mg</i>	\$0(2)	NDS
NUBEQA TAB 300MG	\$0(2)	NDS, LA, PA
SOLTAMOX SOL 10MG/5ML	\$0(2)	NDS
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	\$0(1)	
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	\$0(1)	
<i>toremifene citrate tab 60 mg (base equivalent)</i>	\$0(2)	NDS
TRELSTAR MIX INJ 3.75MG	\$0(2)	NDS, NM, PA
TRELSTAR MIX INJ 11.25MG	\$0(2)	NDS, NM, PA
XTANDI CAP 40MG	\$0(2)	NDS, NM, LA, PA
ZYTIGA TAB 500MG	\$0(2)	NDS, NM, LA, PA
IMMUNOMODULATORS		
POMALYST CAP 1MG	\$0(2)	NDS, QL (21 caps / 21 days), NM, LA, PA
POMALYST CAP 2MG	\$0(2)	NDS, QL (21 caps / 21 days), NM, LA, PA
POMALYST CAP 3MG	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
POMALYST CAP 4MG	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
REVLIMID CAP 2.5MG	\$0(2)	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 5MG	\$0(2)	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 10MG	\$0(2)	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 15MG	\$0(2)	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 20MG	\$0(2)	NDS, QL (28 caps / 28 days), NM, LA, PA

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REVLIMID CAP 25MG	\$0(2)	NDS, QL (28 caps / 28 days), NM, LA, PA
THALOMID CAP 50MG	\$0(2)	NDS, QL (28 caps / 28 days), NM, PA
THALOMID CAP 100MG	\$0(2)	NDS, QL (28 caps / 28 days), NM, PA
THALOMID CAP 150MG	\$0(2)	NDS, QL (56 caps / 28 days), NM, PA
THALOMID CAP 200MG	\$0(2)	NDS, QL (56 caps / 28 days), NM, PA
<i>KINASE INHIBITORS</i>		
AFINITOR DIS TAB 2MG	\$0(2)	NDS, QL (150 tabs / 30 days), NM, PA
AFINITOR DIS TAB 3MG	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
AFINITOR DIS TAB 5MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
AFINITOR TAB 10MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
ALECENSA CAP 150MG	\$0(2)	NDS, NM, LA, PA
ALUNBRIG PAK	\$0(2)	NDS, NM, LA, PA
ALUNBRIG TAB 30MG	\$0(2)	NDS, NM, LA, PA
ALUNBRIG TAB 90MG	\$0(2)	NDS, NM, LA, PA
ALUNBRIG TAB 180MG	\$0(2)	NDS, NM, LA, PA
AYVAKIT TAB 100MG	\$0(2)	NDS, QL (30 tabs / 30 days), LA, PA
AYVAKIT TAB 200MG	\$0(2)	NDS, QL (30 tabs / 30 days), LA, PA
AYVAKIT TAB 300MG	\$0(2)	NDS, QL (30 tabs / 30 days), LA, PA
BALVERSA TAB 3MG	\$0(2)	NDS, LA, PA
BALVERSA TAB 4MG	\$0(2)	NDS, LA, PA
BALVERSA TAB 5MG	\$0(2)	NDS, LA, PA
BOSULIF TAB 100MG	\$0(2)	NDS, NM, PA
BOSULIF TAB 400MG	\$0(2)	NDS, NM, PA
BOSULIF TAB 500MG	\$0(2)	NDS, NM, PA
BRAFTOVI CAP 75MG	\$0(2)	NDS, LA, PA
BRUKINSA CAP 80MG	\$0(2)	NDS, LA, PA
CABOMETYX TAB 20MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
CABOMETYX TAB 40MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA

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CABOMETYX TAB 60MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAP 100MG	\$0(2)	NDS, LA, PA
CAPRELSA TAB 100MG	\$0(2)	NDS, LA, PA
CAPRELSA TAB 300MG	\$0(2)	NDS, LA, PA
COMETRIQ KIT 60MG	\$0(2)	NDS, LA, PA
COMETRIQ KIT 100MG	\$0(2)	NDS, LA, PA
COMETRIQ KIT 140MG	\$0(2)	NDS, LA, PA
COPIKTRA CAP 15MG	\$0(2)	NDS, LA, PA
COPIKTRA CAP 25MG	\$0(2)	NDS, LA, PA
COTELLIC TAB 20MG	\$0(2)	NDS, NM, LA, PA
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus tab 2.5 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus tab 5 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus tab 7.5 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
GAVRETO CAP 100MG	\$0(2)	NDS, LA, PA
GILOTRIF TAB 20MG	\$0(2)	NDS, LA, PA
GILOTRIF TAB 30MG	\$0(2)	NDS, LA, PA
GILOTRIF TAB 40MG	\$0(2)	NDS, LA, PA
ICLUSIG TAB 15MG	\$0(2)	NDS, LA, PA
ICLUSIG TAB 45MG	\$0(2)	NDS, LA, PA
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAP 70MG	\$0(2)	NDS, LA, PA
IMBRUVICA CAP 140MG	\$0(2)	NDS, LA, PA
IMBRUVICA TAB 140MG	\$0(2)	NDS, LA, PA
IMBRUVICA TAB 280MG	\$0(2)	NDS, LA, PA
IMBRUVICA TAB 420MG	\$0(2)	NDS, LA, PA
IMBRUVICA TAB 560MG	\$0(2)	NDS, LA, PA
INLYTA TAB 1MG	\$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA

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INLYTA TAB 5MG	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
INREBIC CAP 100MG	\$0(2)	NDS, LA, PA
IRESSA TAB 250MG	\$0(2)	NDS, NM, LA, PA
JAKAFI TAB 5MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 10MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 15MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 20MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 25MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	\$0(2)	NDS, NM, PA
LENVIMA CAP 4MG	\$0(2)	NDS, NM, LA, PA
LENVIMA CAP 8 MG	\$0(2)	NDS, NM, LA, PA
LENVIMA CAP 10 MG	\$0(2)	NDS, NM, LA, PA
LENVIMA CAP 12MG	\$0(2)	NDS, NM, LA, PA
LENVIMA CAP 14 MG	\$0(2)	NDS, NM, LA, PA
LENVIMA CAP 18 MG	\$0(2)	NDS, NM, LA, PA
LENVIMA CAP 20 MG	\$0(2)	NDS, NM, LA, PA
LENVIMA CAP 24 MG	\$0(2)	NDS, NM, LA, PA
LORBRENA TAB 25MG	\$0(2)	NDS, NM, LA, PA
LORBRENA TAB 100MG	\$0(2)	NDS, NM, LA, PA
MEKINIST TAB 0.5MG	\$0(2)	NDS, NM, LA, PA
MEKINIST TAB 2MG	\$0(2)	NDS, NM, LA, PA
MEKTOVI TAB 15MG	\$0(2)	NDS, LA, PA
NERLYNX TAB 40MG	\$0(2)	NDS, NM, LA, PA
NEXAVAR TAB 200MG	\$0(2)	NDS, NM, LA, PA
PEMAZYRE TAB 4.5MG	\$0(2)	NDS, LA, PA
PEMAZYRE TAB 9MG	\$0(2)	NDS, LA, PA
PEMAZYRE TAB 13.5MG	\$0(2)	NDS, LA, PA
PIQRAY 200MG TAB DOSE	\$0(2)	NDS, NM, PA
PIQRAY 250MG TAB DOSE	\$0(2)	NDS, NM, PA
PIQRAY 300MG TAB DOSE	\$0(2)	NDS, NM, PA
QINLOCK TAB 50MG	\$0(2)	NDS, LA, PA
RETEVMO CAP 40MG	\$0(2)	NDS, LA, PA
RETEVMO CAP 80MG	\$0(2)	NDS, LA, PA
ROZLYTREK CAP 100MG	\$0(2)	NDS, LA, PA
ROZLYTREK CAP 200MG	\$0(2)	NDS, LA, PA

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RYDAPT CAP 25MG	\$0(2)	NDS, NM, PA
SPRYCEL TAB 20MG	\$0(2)	NDS, NM, PA
SPRYCEL TAB 50MG	\$0(2)	NDS, NM, PA
SPRYCEL TAB 70MG	\$0(2)	NDS, NM, PA
SPRYCEL TAB 80MG	\$0(2)	NDS, NM, PA
SPRYCEL TAB 100MG	\$0(2)	NDS, NM, PA
SPRYCEL TAB 140MG	\$0(2)	NDS, NM, PA
STIVARGA TAB 40MG	\$0(2)	NDS, NM, LA, PA
SUTENT CAP 12.5MG	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
SUTENT CAP 25MG	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
SUTENT CAP 37.5MG	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
SUTENT CAP 50MG	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
TABRECTA TAB 150MG	\$0(2)	NDS, PA
TABRECTA TAB 200MG	\$0(2)	NDS, PA
TAFINLAR CAP 50MG	\$0(2)	NDS, NM, LA, PA
TAFINLAR CAP 75MG	\$0(2)	NDS, NM, LA, PA
TAGRISSO TAB 40MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
TAGRISSO TAB 80MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
TASIGNA CAP 50MG	\$0(2)	NDS, NM, PA
TASIGNA CAP 150MG	\$0(2)	NDS, NM, PA
TASIGNA CAP 200MG	\$0(2)	NDS, NM, PA
TUKYSA TAB 50MG	\$0(2)	NDS, LA, PA
TUKYSA TAB 150MG	\$0(2)	NDS, LA, PA
TURALIO CAP 200MG	\$0(2)	NDS, LA, PA
TYKERB TAB 250MG	\$0(2)	NDS, NM, LA, PA
VITRAKVI CAP 25MG	\$0(2)	NDS, NM, LA, PA
VITRAKVI CAP 100MG	\$0(2)	NDS, NM, LA, PA
VITRAKVI SOL 20MG/ML	\$0(2)	NDS, NM, LA, PA
VIZIMPRO TAB 15MG	\$0(2)	NDS, NM, LA, PA
VIZIMPRO TAB 30MG	\$0(2)	NDS, NM, LA, PA
VIZIMPRO TAB 45MG	\$0(2)	NDS, NM, LA, PA
VOTRIENT TAB 200MG	\$0(2)	NDS, NM, LA, PA
XALKORI CAP 200MG	\$0(2)	NDS, NM, LA, PA
XALKORI CAP 250MG	\$0(2)	NDS, NM, LA, PA
XOSPATA TAB 40MG	\$0(2)	NDS, LA, PA

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ZELBORAF TAB 240MG	\$0(2)	NDS, NM, LA, PA
ZYDELIG TAB 100MG	\$0(2)	NDS, NM, LA, PA
ZYDELIG TAB 150MG	\$0(2)	NDS, NM, LA, PA
ZYKADIA TAB 150MG	\$0(2)	NDS, NM, LA, PA
MISCELLANEOUS		
<i>bexarotene cap 75 mg</i>	\$0(2)	NDS, NM, PA
<i>hydroxyurea cap 500 mg</i>	\$0(1)	
INQOVI TAB 35-100MG	\$0(2)	NDS, LA, PA
LONSURF TAB 15-6.14	\$0(2)	NDS, NM, PA
LONSURF TAB 20-8.19	\$0(2)	NDS, NM, PA
MATULANE CAP 50MG	\$0(2)	NDS, LA
SYLATRON KIT 200MCG	\$0(2)	NDS, NM, PA
SYLATRON KIT 300MCG	\$0(2)	NDS, NM, PA
SYNRIBO INJ 3.5MG	\$0(2)	NDS, PA
TAZVERIK TAB 200MG	\$0(2)	NDS, LA, PA
<i>tretinoin cap 10 mg</i>	\$0(2)	NDS
XPOVIO PAK 40MG	\$0(2)	NDS, LA, PA
XPOVIO PAK 60MG	\$0(2)	NDS, LA, PA
XPOVIO PAK 80MG	\$0(2)	NDS, LA, PA
XPOVIO PAK 100MG	\$0(2)	NDS, LA, PA
PLATINUM-BASED AGENTS		
<i>carboplatin iv soln 50 mg/5ml</i>	\$0(1)	B/D, NM
<i>carboplatin iv soln 150 mg/15ml</i>	\$0(1)	B/D, NM
<i>carboplatin iv soln 450 mg/45ml</i>	\$0(1)	B/D, NM
<i>carboplatin iv soln 600 mg/60ml</i>	\$0(1)	B/D, NM
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	\$0(1)	B/D
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	\$0(1)	B/D
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	\$0(1)	B/D
<i>oxaliplatin for iv inj 50 mg</i>	\$0(2)	NDS, B/D
<i>oxaliplatin for iv inj 100 mg</i>	\$0(2)	NDS, B/D
<i>oxaliplatin iv soln 50 mg/10ml</i>	\$0(1)	B/D
<i>oxaliplatin iv soln 100 mg/20ml</i>	\$0(1)	B/D
PROTECTIVE AGENTS		
<i>leucovorin calcium for inj 50 mg</i>	\$0(1)	B/D
<i>leucovorin calcium for inj 100 mg</i>	\$0(1)	B/D
<i>leucovorin calcium for inj 200 mg</i>	\$0(1)	B/D
<i>leucovorin calcium for inj 350 mg</i>	\$0(1)	B/D
<i>leucovorin calcium for inj 500 mg</i>	\$0(1)	B/D
<i>leucovorin calcium inj 500 mg/50ml (10 mg/ml)</i>	\$0(1)	B/D

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>leucovorin calcium tab 5 mg</i>	\$0(1)	
<i>leucovorin calcium tab 10 mg</i>	\$0(1)	
<i>leucovorin calcium tab 15 mg</i>	\$0(1)	
<i>leucovorin calcium tab 25 mg</i>	\$0(1)	
MESNEX TAB 400MG	\$0(2)	NDS

TOPOISOMERASE INHIBITORS

<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	\$0(1)	B/D
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	\$0(1)	B/D
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	\$0(1)	B/D
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	\$0(1)	B/D
<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	\$0(1)	B/D
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	\$0(1)	B/D
<i>toposar inj 1gm/50ml</i>	\$0(1)	B/D
<i>toposar inj 100/5ml</i>	\$0(1)	B/D

CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE

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

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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	\$0(1)	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	\$0(1)	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	\$0(1)	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	\$0(1)	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	\$0(1)	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	\$0(1)	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	\$0(1)	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	\$0(1)	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	\$0(1)	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	\$0(1)	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	\$0(1)	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	\$0(1)	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	\$0(1)	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	\$0(1)	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	\$0(1)	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	\$0(1)	
ENTRESTO TAB 24-26MG	\$0(2)	
ENTRESTO TAB 49-51MG	\$0(2)	
ENTRESTO TAB 97-103MG	\$0(2)	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	\$0(1)	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	\$0(1)	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	\$0(1)	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	\$0(1)	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	\$0(1)	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	\$0(1)	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	\$0(1)	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	\$0(1)	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	\$0(1)	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	\$0(1)	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	\$0(1)	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	\$0(1)	
<i>telmisartan-amlodipine tab 40-5 mg</i>	\$0(1)	
<i>telmisartan-amlodipine tab 40-10 mg</i>	\$0(1)	
<i>telmisartan-amlodipine tab 80-5 mg</i>	\$0(1)	
<i>telmisartan-amlodipine tab 80-10 mg</i>	\$0(1)	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	\$0(1)	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	\$0(1)	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	\$0(1)	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	\$0(1)	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	\$0(1)	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	\$0(1)	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	\$0(1)	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	\$0(1)	
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>candesartan cilexetil tab 4 mg</i>	\$0(1)	
<i>candesartan cilexetil tab 8 mg</i>	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>candesartan cilexetil tab 16 mg</i>	\$0(1)	
<i>candesartan cilexetil tab 32 mg</i>	\$0(1)	
<i>irbesartan tab 75 mg</i>	\$0(1)	
<i>irbesartan tab 150 mg</i>	\$0(1)	
<i>irbesartan tab 300 mg</i>	\$0(1)	
<i>losartan potassium tab 25 mg</i>	\$0(1)	
<i>losartan potassium tab 50 mg</i>	\$0(1)	
<i>losartan potassium tab 100 mg</i>	\$0(1)	
<i>olmesartan medoxomil tab 5 mg</i>	\$0(1)	
<i>olmesartan medoxomil tab 20 mg</i>	\$0(1)	
<i>olmesartan medoxomil tab 40 mg</i>	\$0(1)	
<i>telmisartan tab 20 mg</i>	\$0(1)	
<i>telmisartan tab 40 mg</i>	\$0(1)	
<i>telmisartan tab 80 mg</i>	\$0(1)	
<i>valsartan tab 40 mg</i>	\$0(1)	
<i>valsartan tab 80 mg</i>	\$0(1)	
<i>valsartan tab 160 mg</i>	\$0(1)	
<i>valsartan tab 320 mg</i>	\$0(1)	
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	\$0(1)	
<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	\$0(1)	
<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i>	\$0(1)	
<i>amiodarone hcl tab 100 mg</i>	\$0(1)	
<i>amiodarone hcl tab 200 mg</i>	\$0(1)	
<i>amiodarone hcl tab 400 mg</i>	\$0(1)	
<i>disopyramide phosphate cap 100 mg</i>	\$0(2)	
<i>disopyramide phosphate cap 150 mg</i>	\$0(2)	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	\$0(1)	NM
<i>dofetilide cap 250 mcg (0.25 mg)</i>	\$0(1)	NM
<i>dofetilide cap 500 mcg (0.5 mg)</i>	\$0(1)	NM
<i>flecainide acetate tab 50 mg</i>	\$0(1)	
<i>flecainide acetate tab 100 mg</i>	\$0(1)	
<i>flecainide acetate tab 150 mg</i>	\$0(1)	
MULTAQ TAB 400MG	\$0(2)	
NORPACE CAP 100MG CR	\$0(2)	
NORPACE CAP 150MG CR	\$0(2)	
<i>pacerone tab 100mg</i>	\$0(1)	
<i>pacerone tab 200mg</i>	\$0(1)	
<i>pacerone tab 400mg</i>	\$0(1)	
<i>propafenone hcl cap er 12hr 225 mg</i>	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>propafenone hcl cap er 12hr 325 mg</i>	\$0(1)	
<i>propafenone hcl cap er 12hr 425 mg</i>	\$0(1)	
<i>propafenone hcl tab 150 mg</i>	\$0(1)	
<i>propafenone hcl tab 225 mg</i>	\$0(1)	
<i>propafenone hcl tab 300 mg</i>	\$0(1)	
<i>quinidine sulfate tab 200 mg</i>	\$0(1)	
<i>quinidine sulfate tab 300 mg</i>	\$0(1)	
<i>sorine tab 80mg</i>	\$0(1)	
<i>sorine tab 120mg</i>	\$0(1)	
<i>sorine tab 160mg</i>	\$0(1)	
<i>sorine tab 240mg</i>	\$0(1)	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	\$0(1)	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	\$0(1)	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	\$0(1)	
<i>sotalol hcl tab 80 mg</i>	\$0(1)	
<i>sotalol hcl tab 120 mg</i>	\$0(1)	
<i>sotalol hcl tab 160 mg</i>	\$0(1)	
<i>sotalol hcl tab 240 mg</i>	\$0(1)	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	\$0(1)	
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	\$0(1)	
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	\$0(1)	
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	\$0(1)	
<i>lovastatin tab 10 mg</i>	\$0(1)	
<i>lovastatin tab 20 mg</i>	\$0(1)	
<i>lovastatin tab 40 mg</i>	\$0(1)	
<i>pravastatin sodium tab 10 mg</i>	\$0(1)	
<i>pravastatin sodium tab 20 mg</i>	\$0(1)	
<i>pravastatin sodium tab 40 mg</i>	\$0(1)	
<i>pravastatin sodium tab 80 mg</i>	\$0(1)	
<i>rosuvastatin calcium tab 5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 40 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>simvastatin tab 5 mg</i>	\$0(1)	
<i>simvastatin tab 10 mg</i>	\$0(1)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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<i>simvastatin tab 20 mg</i>	\$0(1)	
<i>simvastatin tab 40 mg</i>	\$0(1)	
<i>simvastatin tab 80 mg</i>	\$0(1)	QL (30 tabs / 30 days)

ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH

CHOLESTEROL

<i>cholestyramine light powder 4 gm/dose</i>	\$0(1)	
<i>cholestyramine light powder packets 4 gm</i>	\$0(1)	
<i>cholestyramine powder 4 gm/dose</i>	\$0(1)	
<i>cholestyramine powder packets 4 gm</i>	\$0(1)	
<i>colesevelam hcl packet for susp 3.75 gm</i>	\$0(1)	
<i>colesevelam hcl tab 625 mg</i>	\$0(1)	
<i>colestipol hcl granule packets 5 gm</i>	\$0(1)	
<i>colestipol hcl granules 5 gm</i>	\$0(1)	
<i>colestipol hcl tab 1 gm</i>	\$0(1)	
<i>ezetimibe tab 10 mg</i>	\$0(1)	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	\$0(1)	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	\$0(1)	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	\$0(1)	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	\$0(1)	
<i>fenofibrate micronized cap 67 mg</i>	\$0(1)	
<i>fenofibrate micronized cap 134 mg</i>	\$0(1)	
<i>fenofibrate micronized cap 200 mg</i>	\$0(1)	
<i>fenofibrate tab 48 mg</i>	\$0(1)	
<i>fenofibrate tab 54 mg</i>	\$0(1)	
<i>fenofibrate tab 145 mg</i>	\$0(1)	
<i>fenofibrate tab 160 mg</i>	\$0(1)	
<i>gemfibrozil tab 600 mg</i>	\$0(1)	
JUXTAPID CAP 5MG	\$0(2)	NDS, LA, PA
JUXTAPID CAP 10MG	\$0(2)	NDS, LA, PA
JUXTAPID CAP 20MG	\$0(2)	NDS, LA, PA
JUXTAPID CAP 30MG	\$0(2)	NDS, LA, PA
<i>niacin (antihyperlipidemic) tab 500 mg</i>	\$0(1)	
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	\$0(1)	QL (60 tabs / 30 days)
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	\$0(1)	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	\$0(1)	
<i>niacor tab 500mg</i>	\$0(1)	
PRALUENT INJ 75MG/ML	\$0(2)	PA
PRALUENT INJ 150MG/ML	\$0(2)	PA
<i>prevalite pow 4gm</i>	\$0(1)	
<i>prevalite pow 4gm pk</i>	\$0(1)	
VASCEPA CAP 0.5GM	\$0(2)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VASCEPA CAP 1GM	\$0(2)	
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	\$0(1)	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	\$0(1)	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	\$0(1)	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	\$0(1)	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	\$0(1)	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	\$0(1)	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	\$0(1)	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	\$0(1)	
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	\$0(1)	
<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	\$0(1)	
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>acebutolol hcl cap 200 mg</i>	\$0(1)	
<i>acebutolol hcl cap 400 mg</i>	\$0(1)	
<i>atenolol tab 25 mg</i>	\$0(1)	
<i>atenolol tab 50 mg</i>	\$0(1)	
<i>atenolol tab 100 mg</i>	\$0(1)	
<i>betaxolol hcl tab 10 mg</i>	\$0(1)	
<i>betaxolol hcl tab 20 mg</i>	\$0(1)	
<i>bisoprolol fumarate tab 5 mg</i>	\$0(1)	
<i>bisoprolol fumarate tab 10 mg</i>	\$0(1)	
BYSTOLIC TAB 2.5MG	\$0(2)	QL (30 tabs / 30 days)
BYSTOLIC TAB 5MG	\$0(2)	QL (30 tabs / 30 days)
BYSTOLIC TAB 10MG	\$0(2)	QL (30 tabs / 30 days)
BYSTOLIC TAB 20MG	\$0(2)	QL (60 tabs / 30 days)
<i>carvedilol tab 3.125 mg</i>	\$0(1)	
<i>carvedilol tab 6.25 mg</i>	\$0(1)	
<i>carvedilol tab 12.5 mg</i>	\$0(1)	
<i>carvedilol tab 25 mg</i>	\$0(1)	
<i>labetalol hcl tab 100 mg</i>	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>labetalol hcl tab 200 mg</i>	\$0(1)	
<i>labetalol hcl tab 300 mg</i>	\$0(1)	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	\$0(1)	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	\$0(1)	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	\$0(1)	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	\$0(1)	
<i>metoprolol tartrate iv soln 5 mg/5ml</i>	\$0(1)	
<i>metoprolol tartrate iv soln cart inj 5 mg/5ml (1 mg/ml)</i>	\$0(1)	
<i>metoprolol tartrate tab 25 mg</i>	\$0(1)	
<i>metoprolol tartrate tab 50 mg</i>	\$0(1)	
<i>metoprolol tartrate tab 100 mg</i>	\$0(1)	
<i>nadolol tab 20 mg</i>	\$0(1)	
<i>nadolol tab 40 mg</i>	\$0(1)	
<i>nadolol tab 80 mg</i>	\$0(1)	
<i>pindolol tab 5 mg</i>	\$0(1)	
<i>pindolol tab 10 mg</i>	\$0(1)	
<i>propranolol hcl cap er 24hr 60 mg</i>	\$0(1)	
<i>propranolol hcl cap er 24hr 80 mg</i>	\$0(1)	
<i>propranolol hcl cap er 24hr 120 mg</i>	\$0(1)	
<i>propranolol hcl cap er 24hr 160 mg</i>	\$0(1)	
<i>propranolol hcl oral soln 20 mg/5ml</i>	\$0(1)	
<i>propranolol hcl oral soln 40 mg/5ml</i>	\$0(1)	
<i>propranolol hcl tab 10 mg</i>	\$0(1)	
<i>propranolol hcl tab 20 mg</i>	\$0(1)	
<i>propranolol hcl tab 40 mg</i>	\$0(1)	
<i>propranolol hcl tab 60 mg</i>	\$0(1)	
<i>propranolol hcl tab 80 mg</i>	\$0(1)	
<i>timolol maleate tab 5 mg</i>	\$0(1)	
<i>timolol maleate tab 10 mg</i>	\$0(1)	
<i>timolol maleate tab 20 mg</i>	\$0(1)	
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	\$0(1)	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	\$0(1)	
<i>diltiazem hcl cap er 12hr 60 mg</i>	\$0(1)	
<i>diltiazem hcl cap er 12hr 90 mg</i>	\$0(1)	
<i>diltiazem hcl cap er 12hr 120 mg</i>	\$0(1)	
<i>diltiazem hcl cap er 24hr 120 mg</i>	\$0(1)	
<i>diltiazem hcl cap er 24hr 180 mg</i>	\$0(1)	
<i>diltiazem hcl cap er 24hr 240 mg</i>	\$0(1)	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	\$0(1)	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	\$0(1)	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	\$0(1)	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	\$0(1)	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	\$0(1)	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	\$0(1)	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	\$0(1)	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	\$0(1)	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	\$0(1)	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	\$0(1)	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	\$0(1)	
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	\$0(1)	
<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	\$0(1)	
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	\$0(1)	
<i>diltiazem hcl tab 30 mg</i>	\$0(1)	
<i>diltiazem hcl tab 60 mg</i>	\$0(1)	
<i>diltiazem hcl tab 90 mg</i>	\$0(1)	
<i>diltiazem hcl tab 120 mg</i>	\$0(1)	
<i>felodipine tab er 24hr 2.5 mg</i>	\$0(1)	
<i>felodipine tab er 24hr 5 mg</i>	\$0(1)	
<i>felodipine tab er 24hr 10 mg</i>	\$0(1)	
<i>isradipine cap 2.5 mg</i>	\$0(1)	

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

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

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

DIURETICS - DRUGS TO TREAT HEART CONDITIONS

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

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<i>metolazone tab 10 mg</i>	\$0(1)	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	\$0(1)	
<i>toremide tab 5 mg</i>	\$0(1)	
<i>toremide tab 10 mg</i>	\$0(1)	
<i>toremide tab 20 mg</i>	\$0(1)	
<i>toremide tab 100 mg</i>	\$0(1)	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	\$0(1)	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	\$0(1)	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	\$0(1)	
MISCELLANEOUS		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	\$0(1)	
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	\$0(1)	
<i>clonidine hcl tab 0.1 mg</i>	\$0(1)	
<i>clonidine hcl tab 0.2 mg</i>	\$0(1)	
<i>clonidine hcl tab 0.3 mg</i>	\$0(1)	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	\$0(1)	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	\$0(1)	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	\$0(1)	
CORLANOR SOL 5MG/5ML	\$0(2)	
CORLANOR TAB 5MG	\$0(2)	
CORLANOR TAB 7.5MG	\$0(2)	
DEMSER CAP 250MG	\$0(2)	NDS, PA
<i>hydralazine hcl inj 20 mg/ml</i>	\$0(1)	
<i>hydralazine hcl tab 10 mg</i>	\$0(1)	
<i>hydralazine hcl tab 25 mg</i>	\$0(1)	
<i>hydralazine hcl tab 50 mg</i>	\$0(1)	
<i>hydralazine hcl tab 100 mg</i>	\$0(1)	
<i>metyrosine cap 250 mg</i>	\$0(2)	NDS, PA
<i>midodrine hcl tab 2.5 mg</i>	\$0(1)	
<i>midodrine hcl tab 5 mg</i>	\$0(1)	
<i>midodrine hcl tab 10 mg</i>	\$0(1)	
<i>minoxidil tab 2.5 mg</i>	\$0(1)	
<i>minoxidil tab 10 mg</i>	\$0(1)	
NORTHERA CAP 100MG	\$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA

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NORTHERA CAP 200MG	\$0(2)	NDS, QL (180 caps / 30 days), NM, LA, PA
NORTHERA CAP 300MG	\$0(2)	NDS, QL (180 caps / 30 days), NM, LA, PA
<i>ranolazine tab er 12hr 500 mg</i>	\$0(1)	
<i>ranolazine tab er 12hr 1000 mg</i>	\$0(1)	
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
<i>isosorbide dinitrate tab 5 mg</i>	\$0(1)	
<i>isosorbide dinitrate tab 10 mg</i>	\$0(1)	
<i>isosorbide dinitrate tab 20 mg</i>	\$0(1)	
<i>isosorbide dinitrate tab 30 mg</i>	\$0(1)	
<i>isosorbide mononitrate tab 10 mg</i>	\$0(1)	
<i>isosorbide mononitrate tab 20 mg</i>	\$0(1)	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	\$0(1)	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	\$0(1)	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	\$0(1)	
<i>minitran dis 0.1mg/hr</i>	\$0(1)	
<i>minitran dis 0.2mg/hr</i>	\$0(1)	
<i>minitran dis 0.4mg/hr</i>	\$0(1)	
<i>minitran dis 0.6mg/hr</i>	\$0(1)	
NITRO-BID OIN 2%	\$0(2)	
NITRO-DUR DIS 0.3MG/HR	\$0(2)	
NITRO-DUR DIS 0.8MG/HR	\$0(2)	
<i>nitroglycerin sl tab 0.3 mg</i>	\$0(1)	
<i>nitroglycerin sl tab 0.4 mg</i>	\$0(1)	
<i>nitroglycerin sl tab 0.6 mg</i>	\$0(1)	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	\$0(1)	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	\$0(1)	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	\$0(1)	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	\$0(1)	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	\$0(1)	
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION		
ADEMPAS TAB 0.5MG	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 1.5MG	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
ADEMPAS TAB 1MG	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA

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

CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

ANTI-ANXIETY - DRUGS TO TREAT ANXIETY

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

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

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

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>divalproex sodium tab delayed release 250 mg</i>	\$0(1)	
<i>divalproex sodium tab delayed release 500 mg</i>	\$0(1)	
<i>divalproex sodium tab er 24 hr 250 mg</i>	\$0(1)	
<i>divalproex sodium tab er 24 hr 500 mg</i>	\$0(1)	
EPIDIOLEX SOL 100MG/ML	\$0(2)	NDS, QL (600 mL / 30 days), NM, LA, PA
<i>epitol tab 200mg</i>	\$0(1)	
<i>ethosuximide cap 250 mg</i>	\$0(1)	
<i>ethosuximide soln 250 mg/5ml</i>	\$0(1)	
<i>felbamate susp 600 mg/5ml</i>	\$0(2)	NDS
<i>felbamate tab 400 mg</i>	\$0(1)	
<i>felbamate tab 600 mg</i>	\$0(1)	
FINTEPLA SOL 2.2MG/ML	\$0(2)	NDS, QL (360 mL / 30 days), LA, PA
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
<i>gabapentin cap 100 mg</i>	\$0(1)	QL (1080 caps / 30 days)
<i>gabapentin cap 300 mg</i>	\$0(1)	QL (360 caps / 30 days)
<i>gabapentin cap 400 mg</i>	\$0(1)	QL (270 caps / 30 days)
<i>gabapentin oral soln 250 mg/5ml</i>	\$0(1)	QL (2160 mL / 30 days)
<i>gabapentin tab 600 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>gabapentin tab 800 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>lamotrigine tab 25 mg</i>	\$0(1)	
<i>lamotrigine tab 100 mg</i>	\$0(1)	
<i>lamotrigine tab 150 mg</i>	\$0(1)	
<i>lamotrigine tab 200 mg</i>	\$0(1)	
<i>lamotrigine tab chewable dispersible 5 mg</i>	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>lamotrigine tab chewable dispersible 25 mg</i>	\$0(1)	
<i>lamotrigine tab er 24hr 25 mg</i>	\$0(1)	
<i>lamotrigine tab er 24hr 50 mg</i>	\$0(1)	
<i>lamotrigine tab er 24hr 100 mg</i>	\$0(1)	
<i>lamotrigine tab er 24hr 200 mg</i>	\$0(1)	
<i>lamotrigine tab er 24hr 250 mg</i>	\$0(1)	
<i>lamotrigine tab er 24hr 300 mg</i>	\$0(1)	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	\$0(1)	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	\$0(1)	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	\$0(1)	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	\$0(1)	
<i>levetiracetam oral soln 100 mg/ml</i>	\$0(1)	
<i>levetiracetam tab 250 mg</i>	\$0(1)	
<i>levetiracetam tab 500 mg</i>	\$0(1)	
<i>levetiracetam tab 750 mg</i>	\$0(1)	
<i>levetiracetam tab 1000 mg</i>	\$0(1)	
<i>levetiracetam tab er 24hr 500 mg</i>	\$0(1)	
<i>levetiracetam tab er 24hr 750 mg</i>	\$0(1)	
NAYZILAM SPR 5MG	\$0(2)	
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	\$0(1)	
<i>oxcarbazepine tab 150 mg</i>	\$0(1)	
<i>oxcarbazepine tab 300 mg</i>	\$0(1)	
<i>oxcarbazepine tab 600 mg</i>	\$0(1)	
PEGANONE TAB 250MG	\$0(2)	
<i>phenobarbital elixir 20 mg/5ml</i>	\$0(2)	PA; PA if 70 years and older
<i>phenobarbital sodium inj 65 mg/ml</i>	\$0(2)	PA; PA if 70 years and older
<i>phenobarbital sodium inj 130 mg/ml</i>	\$0(2)	PA; PA if 70 years and older
<i>phenobarbital tab 15 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>phenobarbital tab 16.2 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>phenobarbital tab 30 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>phenobarbital tab 32.4 mg</i>	\$0(2)	PA; PA if 70 years and older

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>phenobarbital tab 60 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>phenobarbital tab 64.8 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>phenobarbital tab 97.2 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>phenobarbital tab 100 mg</i>	\$0(2)	PA; PA if 70 years and older
PHENYTEK CAP 200MG	\$0(2)	
PHENYTEK CAP 300MG	\$0(2)	
<i>phenytoin chew tab 50 mg</i>	\$0(1)	
<i>phenytoin sodium extended cap 100 mg</i>	\$0(1)	
<i>phenytoin sodium extended cap 200 mg</i>	\$0(1)	
<i>phenytoin sodium extended cap 300 mg</i>	\$0(1)	
<i>phenytoin sodium inj 50 mg/ml</i>	\$0(1)	
<i>phenytoin susp 125 mg/5ml</i>	\$0(1)	
<i>pregabalin cap 25 mg</i>	\$0(1)	QL (120 caps / 30 days), PA
<i>pregabalin cap 50 mg</i>	\$0(1)	QL (120 caps / 30 days), PA
<i>pregabalin cap 75 mg</i>	\$0(1)	QL (120 caps / 30 days), PA
<i>pregabalin cap 100 mg</i>	\$0(1)	QL (120 caps / 30 days), PA
<i>pregabalin cap 150 mg</i>	\$0(1)	QL (120 caps / 30 days), PA
<i>pregabalin cap 200 mg</i>	\$0(1)	QL (90 caps / 30 days), PA
<i>pregabalin cap 225 mg</i>	\$0(1)	QL (60 caps / 30 days), PA
<i>pregabalin cap 300 mg</i>	\$0(1)	QL (60 caps / 30 days), PA
<i>pregabalin soln 20 mg/ml</i>	\$0(1)	QL (900 mL / 30 days), PA
<i>primidone tab 50 mg</i>	\$0(1)	
<i>primidone tab 250 mg</i>	\$0(1)	
<i>roweepra tab 500mg</i>	\$0(1)	
<i>roweepra tab 750mg</i>	\$0(1)	
<i>roweepra tab 1000mg</i>	\$0(1)	
<i>roweepra xr tab 500mg xr</i>	\$0(1)	
<i>roweepra xr tab 750mg xr</i>	\$0(1)	
SPRITAM TAB 250MG	\$0(2)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SPRITAM TAB 500MG	\$0(2)	
SPRITAM TAB 750MG	\$0(2)	
SPRITAM TAB 1000MG	\$0(2)	
SYMPAZAN MIS 5MG	\$0(2)	PA
SYMPAZAN MIS 10MG	\$0(2)	NDS, PA
SYMPAZAN MIS 20MG	\$0(2)	NDS, PA
<i>tiagabine hcl tab 2 mg</i>	\$0(1)	
<i>tiagabine hcl tab 4 mg</i>	\$0(1)	
<i>tiagabine hcl tab 12 mg</i>	\$0(1)	
<i>tiagabine hcl tab 16 mg</i>	\$0(1)	
<i>topiramate sprinkle cap 15 mg</i>	\$0(1)	
<i>topiramate sprinkle cap 25 mg</i>	\$0(1)	
<i>topiramate tab 25 mg</i>	\$0(1)	
<i>topiramate tab 50 mg</i>	\$0(1)	
<i>topiramate tab 100 mg</i>	\$0(1)	
<i>topiramate tab 200 mg</i>	\$0(1)	
<i>valproate sodium inj 100 mg/ml</i>	\$0(1)	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	\$0(1)	
<i>valproic acid cap 250 mg</i>	\$0(1)	
VALTOCO LIQ 15MG	\$0(2)	
VALTOCO LIQ 20MG	\$0(2)	
VALTOCO SPR 5MG	\$0(2)	
VALTOCO SPR 10MG	\$0(2)	
<i>vigabatrin powd pack 500 mg</i>	\$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin tab 500 mg</i>	\$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
<i>vigadrone pow 500mg</i>	\$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
VIMPAT INJ 200MG/20	\$0(2)	NDS
VIMPAT SOL 10MG/ML	\$0(2)	NDS, QL (1200 mL / 30 days)
VIMPAT TAB 50MG	\$0(2)	QL (120 tabs / 30 days)
VIMPAT TAB 100MG	\$0(2)	NDS, QL (60 tabs / 30 days)
VIMPAT TAB 150MG	\$0(2)	NDS, QL (60 tabs / 30 days)
VIMPAT TAB 200MG	\$0(2)	NDS, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	\$0(2)	QL (28 tabs / 28 days)

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XCOPRI PAK 50-100MG	\$0(2)	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 150-200	\$0(2)	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 150-200	\$0(2)	NDS, QL (56 tabs / 28 days)
XCOPRI TAB 50-200MG	\$0(2)	NDS, QL (56 tabs / 28 days)
XCOPRI TAB 50MG	\$0(2)	NDS, QL (90 tabs / 30 days)
XCOPRI TAB 100MG	\$0(2)	NDS, QL (60 tabs / 30 days)
XCOPRI TAB 150MG	\$0(2)	NDS, QL (60 tabs / 30 days)
XCOPRI TAB 200MG	\$0(2)	NDS, QL (60 tabs / 30 days)
<i>zonisamide cap 25 mg</i>	\$0(1)	
<i>zonisamide cap 50 mg</i>	\$0(1)	
<i>zonisamide cap 100 mg</i>	\$0(1)	
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	\$0(1)	
<i>donepezil hydrochloride tab 5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>donepezil hydrochloride tab 10 mg</i>	\$0(1)	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	\$0(1)	
<i>galantamine hydrobromide tab 4 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>galantamine hydrobromide tab 8 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>galantamine hydrobromide tab 12 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>memantine hcl cap er 24hr 7 mg</i>	\$0(1)	PA; PA if < 30 yrs
<i>memantine hcl cap er 24hr 14 mg</i>	\$0(1)	PA; PA if < 30 yrs
<i>memantine hcl cap er 24hr 21 mg</i>	\$0(1)	PA; PA if < 30 yrs
<i>memantine hcl cap er 24hr 28 mg</i>	\$0(1)	PA; PA if < 30 yrs
<i>memantine hcl oral solution 2 mg/ml</i>	\$0(1)	PA; PA if < 30 yrs

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>memantine hcl tab 5 mg</i>	\$0(1)	PA; PA if < 30 yrs
<i>memantine hcl tab 10 mg</i>	\$0(1)	PA; PA if < 30 yrs
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	\$0(2)	PA; PA if < 30 yrs
NAMZARIC CAP	\$0(2)	
NAMZARIC CAP 7-10MG	\$0(2)	
NAMZARIC CAP 14-10MG	\$0(2)	
NAMZARIC CAP 21-10MG	\$0(2)	
NAMZARIC CAP 28-10MG	\$0(2)	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	\$0(1)	QL (90 caps / 30 days)
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	\$0(1)	QL (90 caps / 30 days)
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	\$0(1)	QL (60 caps / 30 days)
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	\$0(1)	QL (60 caps / 30 days)
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	\$0(1)	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	\$0(1)	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	\$0(1)	QL (30 patches / 30 days)

ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION

<i>amitriptyline hcl tab 10 mg</i>	\$0(2)	
<i>amitriptyline hcl tab 25 mg</i>	\$0(2)	
<i>amitriptyline hcl tab 50 mg</i>	\$0(2)	
<i>amitriptyline hcl tab 75 mg</i>	\$0(2)	
<i>amitriptyline hcl tab 100 mg</i>	\$0(2)	
<i>amitriptyline hcl tab 150 mg</i>	\$0(2)	
<i>amoxapine tab 25 mg</i>	\$0(2)	
<i>amoxapine tab 50 mg</i>	\$0(2)	
<i>amoxapine tab 100 mg</i>	\$0(2)	
<i>amoxapine tab 150 mg</i>	\$0(2)	
<i>bupropion hcl tab 75 mg</i>	\$0(1)	
<i>bupropion hcl tab 100 mg</i>	\$0(1)	
<i>bupropion hcl tab er 12hr 100 mg</i>	\$0(1)	
<i>bupropion hcl tab er 12hr 150 mg</i>	\$0(1)	
<i>bupropion hcl tab er 12hr 200 mg</i>	\$0(1)	
<i>bupropion hcl tab er 24hr 150 mg</i>	\$0(1)	
<i>bupropion hcl tab er 24hr 300 mg</i>	\$0(1)	

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

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

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	\$0(1)	QL (60 caps / 30 days)
EMSAM DIS 6MG/24HR	\$0(2)	NDS, QL (30 patches / 30 days), PA
EMSAM DIS 9MG/24HR	\$0(2)	NDS, QL (30 patches / 30 days), PA
EMSAM DIS 12MG/24H	\$0(2)	NDS, QL (30 patches / 30 days), PA
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	\$0(1)	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	\$0(1)	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	\$0(1)	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	\$0(1)	
FETZIMA CAP 20MG	\$0(2)	QL (60 caps / 30 days), PA
FETZIMA CAP 40MG	\$0(2)	QL (60 caps / 30 days), PA
FETZIMA CAP 80MG	\$0(2)	QL (30 caps / 30 days), PA
FETZIMA CAP 120MG	\$0(2)	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	\$0(2)	PA
<i>fluoxetine hcl cap 10 mg</i>	\$0(1)	
<i>fluoxetine hcl cap 20 mg</i>	\$0(1)	
<i>fluoxetine hcl cap 40 mg</i>	\$0(1)	
<i>fluoxetine hcl solution 20 mg/5ml</i>	\$0(1)	
<i>imipramine hcl tab 10 mg</i>	\$0(2)	
<i>imipramine hcl tab 25 mg</i>	\$0(2)	
<i>imipramine hcl tab 50 mg</i>	\$0(2)	
<i>maprotiline hcl tab 25 mg</i>	\$0(1)	
<i>maprotiline hcl tab 50 mg</i>	\$0(1)	
<i>maprotiline hcl tab 75 mg</i>	\$0(1)	
MARPLAN TAB 10MG	\$0(2)	QL (180 tabs / 30 days)
<i>mirtazapine orally disintegrating tab 15 mg</i>	\$0(1)	
<i>mirtazapine orally disintegrating tab 30 mg</i>	\$0(1)	
<i>mirtazapine orally disintegrating tab 45 mg</i>	\$0(1)	
<i>mirtazapine tab 7.5 mg</i>	\$0(1)	
<i>mirtazapine tab 15 mg</i>	\$0(1)	
<i>mirtazapine tab 30 mg</i>	\$0(1)	
<i>mirtazapine tab 45 mg</i>	\$0(1)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	\$0(1)	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	\$0(1)	
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	\$0(1)	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	\$0(1)	
VIIBRYD KIT STARTER	\$0(2)	
VIIBRYD TAB 10MG	\$0(2)	QL (30 tabs / 30 days)
VIIBRYD TAB 20MG	\$0(2)	QL (30 tabs / 30 days)
VIIBRYD TAB 40MG	\$0(2)	QL (30 tabs / 30 days)
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
<i>amantadine hcl cap 100 mg</i>	\$0(1)	QL (120 caps / 30 days)
<i>amantadine hcl syrup 50 mg/5ml</i>	\$0(1)	
<i>amantadine hcl tab 100 mg</i>	\$0(1)	
APOKYN INJ 10MG/ML	\$0(2)	NDS, QL (20 cartridges / 30 days), NM, LA, PA
<i>benztropine mesylate inj 1 mg/ml</i>	\$0(1)	
<i>benztropine mesylate tab 0.5 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>benztropine mesylate tab 1 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>benztropine mesylate tab 2 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	\$0(1)	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	\$0(1)	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	\$0(1)	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	\$0(1)	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	\$0(1)	
<i>carbidopa & levodopa tab 10-100 mg</i>	\$0(1)	
<i>carbidopa & levodopa tab 25-100 mg</i>	\$0(1)	
<i>carbidopa & levodopa tab 25-250 mg</i>	\$0(1)	
<i>carbidopa & levodopa tab er 25-100 mg</i>	\$0(1)	
<i>carbidopa & levodopa tab er 50-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	\$0(1)	
<i>entacapone tab 200 mg</i>	\$0(1)	
NEUPRO DIS 1MG/24HR	\$0(2)	
NEUPRO DIS 2MG/24HR	\$0(2)	
NEUPRO DIS 3MG/24HR	\$0(2)	
NEUPRO DIS 4MG/24HR	\$0(2)	
NEUPRO DIS 6MG/24HR	\$0(2)	
NEUPRO DIS 8MG/24HR	\$0(2)	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	\$0(1)	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	\$0(1)	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	\$0(1)	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	\$0(1)	
<i>pramipexole dihydrochloride tab 1 mg</i>	\$0(1)	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	\$0(1)	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	\$0(1)	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	\$0(1)	
<i>ropinirole hydrochloride tab 0.5 mg</i>	\$0(1)	
<i>ropinirole hydrochloride tab 0.25 mg</i>	\$0(1)	
<i>ropinirole hydrochloride tab 1 mg</i>	\$0(1)	
<i>ropinirole hydrochloride tab 2 mg</i>	\$0(1)	
<i>ropinirole hydrochloride tab 3 mg</i>	\$0(1)	
<i>ropinirole hydrochloride tab 4 mg</i>	\$0(1)	
<i>ropinirole hydrochloride tab 5 mg</i>	\$0(1)	
<i>selegiline hcl cap 5 mg</i>	\$0(1)	
<i>selegiline hcl tab 5 mg</i>	\$0(1)	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	\$0(2)	PA; PA if 70 years and older
<i>trihexyphenidyl hcl tab 2 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>trihexyphenidyl hcl tab 5 mg</i>	\$0(2)	PA; PA if 70 years and older

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

ABILIFY MAIN INJ 300MG	\$0(2)	NDS, QL (1 injection / 28 days)
ABILIFY MAIN INJ 400MG	\$0(2)	NDS, QL (1 injection / 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	\$0(2)	NDS, QL (900 mL / 30 days)
<i>aripiprazole orally disintegrating tab 10 mg</i>	\$0(2)	NDS, QL (60 tabs / 30 days)
<i>aripiprazole orally disintegrating tab 15 mg</i>	\$0(2)	NDS, QL (60 tabs / 30 days)
<i>aripiprazole tab 2 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>aripiprazole tab 5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>aripiprazole tab 10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>aripiprazole tab 15 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>aripiprazole tab 20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>aripiprazole tab 30 mg</i>	\$0(1)	QL (30 tabs / 30 days)
ARISTADA INJ 441MG/1.	\$0(2)	NDS, QL (1 injection / 28 days)
ARISTADA INJ 662MG/2	\$0(2)	NDS, QL (1 injection / 28 days)
ARISTADA INJ 882MG/3	\$0(2)	NDS, QL (1 injection / 28 days)
ARISTADA INJ 1064MG	\$0(2)	NDS, QL (1 injection / 56 days)
ARISTADA INJ INITIO	\$0(2)	NDS
CAPLYTA CAP 42MG	\$0(2)	QL (30 caps / 30 days)
<i>chlorpromazine hcl inj 25 mg/ml</i>	\$0(1)	
<i>chlorpromazine hcl inj 50 mg/2ml</i>	\$0(1)	
<i>chlorpromazine hcl tab 10 mg</i>	\$0(1)	
<i>chlorpromazine hcl tab 25 mg</i>	\$0(1)	
<i>chlorpromazine hcl tab 50 mg</i>	\$0(1)	
<i>chlorpromazine hcl tab 100 mg</i>	\$0(1)	
<i>chlorpromazine hcl tab 200 mg</i>	\$0(1)	
<i>clozapine orally disintegrating tab 12.5 mg</i>	\$0(1)	PA
<i>clozapine orally disintegrating tab 25 mg</i>	\$0(1)	PA
<i>clozapine orally disintegrating tab 100 mg</i>	\$0(1)	QL (270 tabs / 30 days), PA
<i>clozapine orally disintegrating tab 150 mg</i>	\$0(1)	QL (180 tabs / 30 days), PA
<i>clozapine orally disintegrating tab 200 mg</i>	\$0(1)	QL (135 tabs / 30 days), PA

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

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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)
LATUDA TAB 20MG	\$0(2)	QL (30 tabs / 30 days)
LATUDA TAB 40MG	\$0(2)	QL (30 tabs / 30 days)
LATUDA TAB 60MG	\$0(2)	QL (30 tabs / 30 days)
LATUDA TAB 80MG	\$0(2)	QL (60 tabs / 30 days)
LATUDA TAB 120MG	\$0(2)	QL (30 tabs / 30 days)
<i>loxapine succinate cap 5 mg</i>	\$0(1)	
<i>loxapine succinate cap 10 mg</i>	\$0(1)	
<i>loxapine succinate cap 25 mg</i>	\$0(1)	
<i>loxapine succinate cap 50 mg</i>	\$0(1)	
<i>molindone hcl tab 5 mg</i>	\$0(1)	
<i>molindone hcl tab 10 mg</i>	\$0(1)	
<i>molindone hcl tab 25 mg</i>	\$0(1)	
NUPLAZID CAP 34MG	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TAB 10MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>olanzapine for im inj 10 mg</i>	\$0(1)	QL (3 vials / 1 day)
<i>olanzapine orally disintegrating tab 5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olanzapine orally disintegrating tab 10 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>olanzapine orally disintegrating tab 15 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olanzapine orally disintegrating tab 20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olanzapine tab 2.5 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>olanzapine tab 5 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>olanzapine tab 7.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olanzapine tab 10 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>olanzapine tab 15 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olanzapine tab 20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 1.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)

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

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
RISPERDAL INJ 12.5MG	\$0(2)	QL (2 injections / 28 days)
RISPERDAL INJ 25MG	\$0(2)	QL (2 injections / 28 days)
RISPERDAL INJ 37.5MG	\$0(2)	NDS, QL (2 injections / 28 days)
RISPERDAL INJ 50MG	\$0(2)	NDS, QL (2 injections / 28 days)
<i>risperidone orally disintegrating tab 0.5 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>risperidone orally disintegrating tab 0.25 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>risperidone orally disintegrating tab 1 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 2 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 3 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 4 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>risperidone soln 1 mg/ml</i>	\$0(1)	QL (240 mL / 30 days)
<i>risperidone tab 0.5 mg</i>	\$0(1)	
<i>risperidone tab 0.25 mg</i>	\$0(1)	
<i>risperidone tab 1 mg</i>	\$0(1)	
<i>risperidone tab 2 mg</i>	\$0(1)	
<i>risperidone tab 3 mg</i>	\$0(1)	
<i>risperidone tab 4 mg</i>	\$0(1)	
SAPHRIS SUB 2.5MG	\$0(2)	QL (60 tabs / 30 days)
SAPHRIS SUB 5MG	\$0(2)	QL (60 tabs / 30 days)
SAPHRIS SUB 10MG	\$0(2)	QL (60 tabs / 30 days)
SECUADO DIS 3.8MG	\$0(2)	QL (30 patches / 30 days)
SECUADO DIS 5.7MG	\$0(2)	QL (30 patches / 30 days)
SECUADO DIS 7.6MG	\$0(2)	QL (30 patches / 30 days)
<i>thioridazine hcl tab 10 mg</i>	\$0(1)	
<i>thioridazine hcl tab 25 mg</i>	\$0(1)	
<i>thioridazine hcl tab 50 mg</i>	\$0(1)	
<i>thioridazine hcl tab 100 mg</i>	\$0(1)	
<i>thiothixene cap 1 mg</i>	\$0(1)	
<i>thiothixene cap 2 mg</i>	\$0(1)	
<i>thiothixene cap 5 mg</i>	\$0(1)	
<i>thiothixene cap 10 mg</i>	\$0(1)	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	\$0(1)	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	\$0(1)	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	\$0(1)	
VERSACLOZ SUS 50MG/ML	\$0(2)	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAP 1.5-3MG	\$0(2)	PA
VRAYLAR CAP 1.5MG	\$0(2)	NDS, QL (60 caps / 30 days), PA
VRAYLAR CAP 3MG	\$0(2)	NDS, QL (30 caps / 30 days), PA
VRAYLAR CAP 4.5MG	\$0(2)	NDS, QL (30 caps / 30 days), PA
VRAYLAR CAP 6MG	\$0(2)	NDS, QL (30 caps / 30 days), PA
<i>ziprasidone hcl cap 20 mg</i>	\$0(1)	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 40 mg</i>	\$0(1)	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 60 mg</i>	\$0(1)	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 80 mg</i>	\$0(1)	QL (60 caps / 30 days)
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	\$0(1)	QL (6 injections / 3 days)
ZYPREXA RELP INJ 210MG	\$0(2)	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 300MG	\$0(2)	NDS, QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 405MG	\$0(2)	NDS, QL (1 vial / 28 days), PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	\$0(1)	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	\$0(1)	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	\$0(1)	QL (30 caps / 30 days)

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>amphetamine-dextroamphetamine tab 5 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	\$0(1)	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	\$0(1)	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	\$0(1)	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	\$0(1)	QL (60 caps / 30 days)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	\$0(1)	QL (30 caps / 30 days)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	\$0(1)	QL (30 caps / 30 days)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	\$0(1)	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>dexmethylphenidate hcl tab 5 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>dexmethylphenidate hcl tab 10 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	\$0(2)	PA; PA if 70 years and older
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	\$0(2)	PA; PA if 70 years and older
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	\$0(2)	PA; PA if 70 years and older
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	\$0(2)	PA; PA if 70 years and older
<i>methylphenidate hcl soln 5 mg/5ml</i>	\$0(1)	QL (1800 mL / 30 days)
<i>methylphenidate hcl soln 10 mg/5ml</i>	\$0(1)	QL (900 mL / 30 days)
<i>methylphenidate hcl tab 5 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>methylphenidate hcl tab 10 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>methylphenidate hcl tab 20 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>methylphenidate hcl tab er 10 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>methylphenidate hcl tab er 20 mg</i>	\$0(1)	QL (90 tabs / 30 days)
HYPNOTICS - DRUGS TO TREAT INSOMNIA		
BELSOMRA TAB 5MG	\$0(2)	QL (30 tabs / 30 days)
BELSOMRA TAB 10MG	\$0(2)	QL (30 tabs / 30 days)
BELSOMRA TAB 15MG	\$0(2)	QL (30 tabs / 30 days)

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BELSOMRA TAB 20MG	\$0(2)	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	\$0(1)	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	\$0(1)	QL (30 tabs / 30 days)
<i>eszopiclone tab 1 mg</i>	\$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>eszopiclone tab 2 mg</i>	\$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>eszopiclone tab 3 mg</i>	\$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
HETLIOZ CAP 20MG	\$0(2)	NDS, LA, PA
<i>temazepam cap 7.5 mg</i>	\$0(1)	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam cap 15 mg</i>	\$0(1)	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zaleplon cap 5 mg</i>	\$0(2)	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zaleplon cap 10 mg</i>	\$0(2)	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate tab 5 mg</i>	\$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

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

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	\$0(1)	QL (12 injections / 30 days)
<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>	\$0(1)	QL (12 injections / 30 days)
<i>sumatriptan succinate tab 25 mg</i>	\$0(1)	QL (12 tabs / 30 days)
<i>sumatriptan succinate tab 50 mg</i>	\$0(1)	QL (12 tabs / 30 days)
<i>sumatriptan succinate tab 100 mg</i>	\$0(1)	QL (12 tabs / 30 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	\$0(1)	QL (12 tabs / 30 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	\$0(1)	QL (12 tabs / 30 days)
<i>zolmitriptan tab 2.5 mg</i>	\$0(1)	QL (12 tabs / 30 days)
<i>zolmitriptan tab 5 mg</i>	\$0(1)	QL (12 tabs / 30 days)
MISCELLANEOUS		
AUSTEDO TAB 6MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO TAB 9MG	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO TAB 12MG	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
INGREZZA CAP 40-80MG	\$0(2)	NDS, QL (28 caps / 28 days), PA
INGREZZA CAP 40MG	\$0(2)	NDS, QL (30 caps / 30 days), PA
INGREZZA CAP 80MG	\$0(2)	NDS, QL (30 caps / 30 days), PA
<i>lithium carbonate cap 150 mg</i>	\$0(1)	
<i>lithium carbonate cap 300 mg</i>	\$0(1)	
<i>lithium carbonate cap 600 mg</i>	\$0(1)	
<i>lithium carbonate tab 300 mg</i>	\$0(1)	
<i>lithium carbonate tab er 300 mg</i>	\$0(1)	
<i>lithium carbonate tab er 450 mg</i>	\$0(1)	
LITHIUM SOL 8MEQ/5ML	\$0(2)	
LYRICA CR TAB 82.5MG	\$0(2)	QL (60 tabs / 30 days), PA
LYRICA CR TAB 165MG	\$0(2)	QL (60 tabs / 30 days), PA
LYRICA CR TAB 330MG	\$0(2)	QL (60 tabs / 30 days), PA
NUEDEXTA CAP 20-10MG	\$0(2)	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide tab 60 mg</i>	\$0(1)	
<i>riluzole tab 50 mg</i>	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>tetrabenazine tab 12.5 mg</i>	\$0(2)	NDS, QL (240 tabs / 30 days), NM, PA
<i>tetrabenazine tab 25 mg</i>	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA

MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS

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

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

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

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS

<i>armodafinil tab 50 mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>armodafinil tab 150 mg</i>	\$0(1)	QL (30 tabs / 30 days), PA
<i>armodafinil tab 200 mg</i>	\$0(1)	QL (30 tabs / 30 days), PA
<i>armodafinil tab 250 mg</i>	\$0(1)	QL (30 tabs / 30 days), PA
XYREM SOL 500MG/ML	\$0(2)	NDS, QL (540 mL / 30 days), LA, PA

PSYCHOTHERAPEUTIC-MISC

<i>acamprosate calcium tab delayed release 333 mg</i>	\$0(1)	
<i>acetamin pm tab 25-500mg</i>	\$0(3)	NM; *
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	\$0(1)	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	\$0(1)	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	\$0(1)	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	\$0(1)	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	\$0(1)	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	\$0(1)	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	\$0(1)	
CHANTIX PAK 0.5& 1MG	\$0(2)	PA
CHANTIX PAK 1MG	\$0(2)	PA
CHANTIX TAB 0.5MG	\$0(2)	PA
CHANTIX TAB 1MG	\$0(2)	PA
<i>cvs nicotine loz 4mg cinn</i>	\$0(3)	NM; *
<i>diphenhydramine-acetaminophen tab 25-500 mg (sleep)</i>	\$0(3)	NM; *
<i>disulfiram tab 250 mg</i>	\$0(1)	
<i>disulfiram tab 500 mg</i>	\$0(1)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>nicotine td patch 24hr 7 mg/24hr</i>	\$0(3)	NM; *
<i>nicotine td patch 24hr 14 mg/24hr</i>	\$0(3)	NM; *
<i>nicotine td patch 24hr 21 mg/24hr</i>	\$0(3)	NM; *
NICOTROL INH	\$0(2)	
NICOTROL NS SPR 10MG/ML	\$0(2)	
<i>night time tab 25-500mg</i>	\$0(3)	NM; *
<i>pain relief tab 25-500mg</i>	\$0(3)	NM; *
<i>pain relieve tab 25-500</i>	\$0(3)	NM; *
<i>pain relieve tab 25-500mg</i>	\$0(3)	NM; *
<i>pain relievr tab 25-500mg</i>	\$0(3)	NM; *
<i>sb non-asa tab 25-500mg</i>	\$0(3)	NM; *
<i>sm nicotine dis 7mg/24hr</i>	\$0(3)	NM; *
<i>sm nicotine dis 14mg/24h</i>	\$0(3)	NM; *
<i>sm nicotine dis 21mg/24h</i>	\$0(3)	NM; *
<i>sm nicotine gum 2mg</i>	\$0(3)	NM; *
<i>sm nicotine gum 2mg mint</i>	\$0(3)	NM; *
<i>sm nicotine gum 4mg</i>	\$0(3)	NM; *
<i>sm nicotine gum 4mg mint</i>	\$0(3)	NM; *
<i>sm nicotine loz 2mg mint</i>	\$0(3)	NM; *
<i>sm nicotine loz 4mg mint</i>	\$0(3)	NM; *
<i>stop smoking loz 2mg mint</i>	\$0(3)	NM; *
<i>stop smoking loz 4mg mint</i>	\$0(3)	NM; *
<i>tgt nicotine dis 7mg/24hr</i>	\$0(3)	NM; *
<i>tgt nicotine dis 14mg/24h</i>	\$0(3)	NM; *
<i>tgt nicotine dis 21mg/24h</i>	\$0(3)	NM; *
<i>tgt nicotine gum 2mg mint</i>	\$0(3)	NM; *
<i>tgt nicotine gum 2mg orig</i>	\$0(3)	NM; *
<i>tgt nicotine gum 2mgfruit</i>	\$0(3)	NM; *
<i>tgt nicotine gum 4mg</i>	\$0(3)	NM; *
<i>tgt nicotine gum 4mg orig</i>	\$0(3)	NM; *
<i>tgt nicotine loz 2mg chry</i>	\$0(3)	NM; *
<i>tgt nicotine loz 2mg mint</i>	\$0(3)	NM; *
<i>tgt nicotine loz 4mg chry</i>	\$0(3)	NM; *
<i>tgt nicotine loz 4mg mint</i>	\$0(3)	NM; *
<i>thrive gum 2mg mint</i>	\$0(3)	NM; *
VIVITROL INJ 380MG	\$0(2)	NDS, NM

ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES

ANDROGENS - DRUGS TO REGULATE MALE HORMONES

ANADROL-50 TAB 50MG	\$0(2)	NDS, PA
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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANDRODERM DIS 2MG/24HR	\$0(2)	QL (30 patches / 30 days), PA
ANDRODERM DIS 4MG/24HR	\$0(2)	QL (30 patches / 30 days), PA
<i>oxandrolone tab 2.5 mg</i>	\$0(1)	PA
<i>oxandrolone tab 10 mg</i>	\$0(1)	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	\$0(1)	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	\$0(1)	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	\$0(1)	PA
<i>testosterone td gel 12.5 mg/act (1%)</i>	\$0(1)	QL (300 grams / 30 days), PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	\$0(1)	QL (300 grams / 30 days), PA
<i>testosterone td gel 50 mg/5gm (1%)</i>	\$0(1)	QL (300 grams / 30 days), PA

ANTIDIABETICS, INJECTABLE - DRUGS TO TREAT DIABETES

BASAGLAR INJ 100UNIT	\$0(2)	
BD ALCOHOL SWABS	\$0(2)	
BD ULTRAFINE INSULIN SYRINGE	\$0(2)	
BD ULTRAFINE/NANO PEN NEEDLES	\$0(2)	
BYDUREON BC INJ 2/0.85ML	\$0(2)	QL (4 pens / 28 days)
BYDUREON PEN INJ 2MG	\$0(2)	QL (4 pens / 28 days)
BYETTA INJ 5MCG	\$0(2)	QL (1 pen / 30 days)
BYETTA INJ 10MCG	\$0(2)	QL (1 pen / 30 days)
FIASP FLEX INJ TOUCH	\$0(2)	
FIASP INJ 100/ML	\$0(2)	
FIASP PENFIL INJ U-100	\$0(2)	
GAUZE PADS 2" X 2"	\$0(2)	
HUMULIN R INJ U-500	\$0(2)	NDS
HUMULIN R INJ U-500	\$0(2)	NDS, B/D
INSULIN PEN NEEDLE	\$0(2)	
INSULIN SAFETY NEEDLES	\$0(2)	
INSULIN SYRINGE	\$0(2)	
LEVEMIR INJ	\$0(2)	
LEVEMIR INJ FLEXTouc	\$0(2)	
NOVOLIN INJ 70/30	\$0(2)	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	\$0(2)	(brand RELION not covered)

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NOVOLIN N INJ 100 UNIT	\$0(2)	(brand RELION not covered)
NOVOLIN N INJ U-100	\$0(2)	(brand RELION not covered)
NOVOLIN R INJ 100 UNIT	\$0(2)	(brand RELION not covered)
NOVOLIN R INJ U-100	\$0(2)	(brand RELION not covered)
NOVOLOG INJ 100/ML	\$0(2)	
NOVOLOG INJ FLEXPEN	\$0(2)	
NOVOLOG INJ PENFILL	\$0(2)	
NOVOLOG MIX INJ 70/30	\$0(2)	
NOVOLOG MIX INJ FLEXPEN	\$0(2)	
OZEMPIC INJ 2/1.5ML	\$0(2)	QL (1 pen / 28 days)
OZEMPIC INJ 2/1.5ML	\$0(2)	QL (2 pens / 28 days)
SOLIQUA INJ 100/33	\$0(2)	QL (10 pens / 30 days)
TRESIBA FLEX INJ 100UNIT	\$0(2)	
TRESIBA FLEX INJ 200UNIT	\$0(2)	
TRESIBA INJ 100UNIT	\$0(2)	
TRULICITY INJ 0.75/0.5	\$0(2)	QL (4 pens / 28 days)
TRULICITY INJ 1.5/0.5	\$0(2)	QL (4 pens / 28 days)
TRULICITY INJ 3/0.5	\$0(2)	QL (4 pens / 28 days)
TRULICITY INJ 4.5/0.5	\$0(2)	QL (4 pens / 28 days)
VICTOZA INJ 18MG/3ML	\$0(2)	QL (3 pens / 30 days)
XULTOPHY INJ 100/3.6	\$0(2)	QL (5 pens / 30 days)
ANTIDIABETICS, ORAL - DRUGS TO TREAT DIABETES		
<i>acarbose tab 25 mg</i>	\$0(1)	
<i>acarbose tab 50 mg</i>	\$0(1)	
<i>acarbose tab 100 mg</i>	\$0(1)	
FARXIGA TAB 5MG	\$0(2)	QL (30 tabs / 30 days)
FARXIGA TAB 10MG	\$0(2)	QL (30 tabs / 30 days)
<i>glimepiride tab 1 mg</i>	\$0(2)	QL (90 tabs / 30 days)
<i>glimepiride tab 2 mg</i>	\$0(2)	QL (90 tabs / 30 days)
<i>glimepiride tab 4 mg</i>	\$0(2)	QL (60 tabs / 30 days)
<i>glipizide tab 5 mg</i>	\$0(1)	QL (240 tabs / 30 days)
<i>glipizide tab 10 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>glipizide tab er 24hr 2.5 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>glipizide tab er 24hr 5 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>glipizide tab er 24hr 10 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>glipizide xl tab 2.5mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>glipizide xl tab 5mg</i>	\$0(1)	QL (90 tabs / 30 days)

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>glipizide xl tab 10mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	\$0(1)	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>glyburide micronized tab 1.5 mg</i>	\$0(2)	QL (240 tabs / 30 days), PA; PA if 70 years and older
<i>glyburide micronized tab 3 mg</i>	\$0(2)	QL (120 tabs / 30 days), PA; PA if 70 years and older
<i>glyburide micronized tab 6 mg</i>	\$0(2)	QL (60 tabs / 30 days), PA; PA if 70 years and older
<i>glyburide tab 1.25 mg</i>	\$0(2)	QL (480 tabs / 30 days), PA; PA if 70 years and older
<i>glyburide tab 2.5 mg</i>	\$0(2)	QL (240 tabs / 30 days), PA; PA if 70 years and older
<i>glyburide tab 5 mg</i>	\$0(2)	QL (120 tabs / 30 days), PA; PA if 70 years and older
<i>glyburide-metformin tab 1.25-250 mg</i>	\$0(2)	QL (240 tabs / 30 days), PA; PA if 70 years and older
<i>glyburide-metformin tab 2.5-500 mg</i>	\$0(2)	QL (120 tabs / 30 days), PA; PA if 70 years and older
<i>glyburide-metformin tab 5-500 mg</i>	\$0(2)	QL (120 tabs / 30 days), PA; PA if 70 years and older
GLYXAMBI TAB 10-5 MG	\$0(2)	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	\$0(2)	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	\$0(2)	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	\$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	\$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	\$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	\$0(2)	QL (30 tabs / 30 days)
JANUVIA TAB 25MG	\$0(2)	QL (30 tabs / 30 days)
JANUVIA TAB 50MG	\$0(2)	QL (30 tabs / 30 days)
JANUVIA TAB 100MG	\$0(2)	QL (30 tabs / 30 days)
JARDIANCE TAB 10MG	\$0(2)	QL (60 tabs / 30 days)

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JARDIANCE TAB 25MG	\$0(2)	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB XR	\$0(2)	QL (30 tabs / 30 days)
JENTADUETO TAB XR	\$0(2)	QL (60 tabs / 30 days)
<i>metformin hcl tab 500 mg</i>	\$0(1)	QL (150 tabs / 30 days)
<i>metformin hcl tab 850 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>metformin hcl tab 1000 mg</i>	\$0(1)	QL (75 tabs / 30 days)
<i>metformin hcl tab er 24hr 500 mg</i>	\$0(1)	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl tab er 24hr 750 mg</i>	\$0(1)	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>nateglinide tab 60 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>nateglinide tab 120 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	\$0(1)	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	\$0(1)	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	\$0(1)	QL (30 tabs / 30 days)
<i>repaglinide tab 0.5 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>repaglinide tab 1 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>repaglinide tab 2 mg</i>	\$0(1)	QL (240 tabs / 30 days)
RYBELSUS TAB 3MG	\$0(2)	QL (30 tabs / 30 days)
RYBELSUS TAB 7MG	\$0(2)	QL (30 tabs / 30 days)
RYBELSUS TAB 14MG	\$0(2)	QL (30 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)
TRIJARDY XR TAB	\$0(2)	QL (30 tabs / 30 days)
TRIJARDY XR TAB	\$0(2)	QL (60 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)

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XIGDUO XR TAB 10-1000	\$0(2)	QL (30 tabs / 30 days)
BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS		
<i>alendronate sodium oral soln 70 mg/75ml</i>	\$0(1)	
<i>alendronate sodium tab 5 mg</i>	\$0(1)	
<i>alendronate sodium tab 10 mg</i>	\$0(1)	
<i>alendronate sodium tab 35 mg</i>	\$0(1)	
<i>alendronate sodium tab 40 mg</i>	\$0(1)	
<i>alendronate sodium tab 70 mg</i>	\$0(1)	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	\$0(1)	B/D
<i>pamidronate disodium for inj 30 mg</i>	\$0(1)	B/D
<i>pamidronate disodium for inj 90 mg</i>	\$0(1)	B/D
<i>pamidronate disodium iv soln 3 mg/ml</i>	\$0(1)	B/D
<i>pamidronate disodium iv soln 9 mg/ml</i>	\$0(1)	B/D
PAMIDRONATE INJ 6MG/ML	\$0(2)	B/D
<i>risedronate sodium tab 5 mg</i>	\$0(1)	
<i>risedronate sodium tab 35 mg</i>	\$0(1)	
<i>risedronate sodium tab 150 mg</i>	\$0(1)	
<i>risedronate sodium tab delayed release 35 mg</i>	\$0(1)	
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	\$0(1)	B/D, NM
<i>zoledronic acid iv soln 4 mg/100ml</i>	\$0(1)	B/D, NM
<i>zoledronic acid iv soln 5 mg/100ml</i>	\$0(1)	B/D, NM
CHELATING AGENTS		
CHEMET CAP 100MG	\$0(2)	
<i>clovique cap 250mg</i>	\$0(2)	NDS, PA
<i>deferasirox granules packet 90 mg</i>	\$0(2)	NDS, NM, PA
<i>deferasirox granules packet 180 mg</i>	\$0(2)	NDS, NM, PA
<i>deferasirox granules packet 360 mg</i>	\$0(2)	NDS, NM, PA
<i>deferasirox tab 90 mg</i>	\$0(2)	NDS, NM, PA
<i>deferasirox tab 180 mg</i>	\$0(2)	NDS, NM, PA
<i>deferasirox tab 360 mg</i>	\$0(2)	NDS, NM, PA
JADENU SPRKL GRA 90MG	\$0(2)	NDS, NM, LA, PA
JADENU SPRKL GRA 180MG	\$0(2)	NDS, NM, LA, PA
JADENU SPRKL GRA 360MG	\$0(2)	NDS, NM, LA, PA
JADENU TAB 180MG	\$0(2)	NDS, NM, LA, PA
LOKELMA PAK 5GM	\$0(2)	
LOKELMA PAK 10GM	\$0(2)	
<i>penicillamine tab 250 mg</i>	\$0(2)	NDS

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<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	\$0(1)	
<i>sodium polystyrene sulfonate powder</i>	\$0(1)	
<i>trientine hcl cap 250 mg</i>	\$0(2)	NDS, PA
VELTASSA POW 8.4GM	\$0(2)	PA
VELTASSA POW 16.8GM	\$0(2)	PA
VELTASSA POW 25.2GM	\$0(2)	PA
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
<i>aftera tab 1.5mg</i>	\$0(3)	NM; *
<i>alyacen tab 1/35</i>	\$0(1)	
<i>amethia lo tab</i>	\$0(1)	
<i>amethia tab</i>	\$0(1)	
<i>apri tab</i>	\$0(1)	
<i>aranelle tab</i>	\$0(1)	
<i>ashlyna tab</i>	\$0(1)	
<i>aubra tab 0.1-0.02</i>	\$0(1)	
<i>aviane tab</i>	\$0(1)	
<i>balziva tab</i>	\$0(1)	
<i>bekyree tab</i>	\$0(1)	
<i>blisovi 24 tab fe 1/20</i>	\$0(1)	
<i>blisovi fe tab 1.5/30</i>	\$0(1)	
<i>briellyn tab</i>	\$0(1)	
<i>camila tab 0.35mg</i>	\$0(1)	
<i>camrese lo tab</i>	\$0(1)	
CONDOMS MIS LUBRICAT	\$0(3)	NM; *
<i>cryselle-28 tab 28 tabs</i>	\$0(1)	
<i>cyclafem tab 1/35</i>	\$0(1)	
<i>cyclafem tab 7/7/7</i>	\$0(1)	
<i>dasetta tab 1/35</i>	\$0(1)	
<i>dasetta tab 7/7/7</i>	\$0(1)	
<i>deblitane tab 0.35mg</i>	\$0(1)	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	\$0(1)	
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	\$0(1)	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	\$0(1)	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	\$0(1)	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	\$0(1)	

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<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	\$0(1)	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	\$0(1)	
DUREX MIS REALFEEL	\$0(3)	NM; *
<i>econtra ez tab 1.5mg</i>	\$0(3)	NM; *
<i>econtra os tab 1.5mg</i>	\$0(3)	NM; *
ELLA TAB 30MG	\$0(2)	
<i>eluryng mis</i>	\$0(1)	
<i>emoquette tab</i>	\$0(1)	
<i>enpresse-28 tab</i>	\$0(1)	
<i>enskyce tab</i>	\$0(1)	
<i>errin tab 0.35mg</i>	\$0(1)	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	\$0(1)	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	\$0(1)	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	\$0(1)	
<i>falmina tab</i>	\$0(1)	
<i>fayosim tab</i>	\$0(1)	
FC2 FEMALE MIS CONDOM	\$0(3)	NM; *
<i>femynor tab 0.25-35</i>	\$0(1)	
<i>hailey 24 tab fe</i>	\$0(1)	
<i>heather tab 0.35mg</i>	\$0(1)	
<i>incassia tab 0.35mg</i>	\$0(1)	
<i>introvale tab</i>	\$0(1)	
<i>isibloom tab</i>	\$0(1)	
<i>jasmiel tab 3-0.02mg</i>	\$0(1)	
<i>jolivette tab 0.35mg</i>	\$0(1)	
<i>juleber tab</i>	\$0(1)	
<i>junel 1.5/30 tab</i>	\$0(1)	
<i>junel 1/20 tab</i>	\$0(1)	
<i>junel fe 24 tab 1/20</i>	\$0(1)	
<i>junel fe tab 1.5/30</i>	\$0(1)	
<i>junel fe tab 1/20</i>	\$0(1)	
<i>kaitlib fe chw</i>	\$0(1)	
<i>kariva tab 28 day</i>	\$0(1)	
<i>kelnor 1/50 tab</i>	\$0(1)	
<i>kelnor tab 1/35</i>	\$0(1)	
<i>kurvelo tab 0.15/30</i>	\$0(1)	

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

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

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

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

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<i>estradiol valerate im in oil 20 mg/ml</i>	\$0(1)	
<i>estradiol valerate im in oil 40 mg/ml</i>	\$0(1)	
<i>fyavolv tab 0.5-2.5</i>	\$0(2)	
<i>jinteli tab 1mg-5mcg</i>	\$0(2)	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	\$0(2)	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	\$0(2)	
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
<i>cortisone acetate tab 25 mg</i>	\$0(1)	
<i>DEXAMETHASON CON 1MG/ML</i>	\$0(2)	
<i>dexamethasone elixir 0.5 mg/5ml</i>	\$0(1)	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	\$0(1)	
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	\$0(1)	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	\$0(1)	
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	\$0(1)	
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	\$0(1)	
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	\$0(1)	
<i>dexamethasone soln 0.5 mg/5ml</i>	\$0(1)	
<i>dexamethasone tab 0.5 mg</i>	\$0(1)	
<i>dexamethasone tab 0.75 mg</i>	\$0(1)	
<i>dexamethasone tab 1 mg</i>	\$0(1)	
<i>dexamethasone tab 1.5 mg</i>	\$0(1)	
<i>dexamethasone tab 2 mg</i>	\$0(1)	
<i>dexamethasone tab 4 mg</i>	\$0(1)	
<i>dexamethasone tab 6 mg</i>	\$0(1)	
<i>fludrocortisone acetate tab 0.1 mg</i>	\$0(1)	
<i>hydrocortisone tab 5 mg</i>	\$0(1)	
<i>hydrocortisone tab 10 mg</i>	\$0(1)	
<i>hydrocortisone tab 20 mg</i>	\$0(1)	
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	\$0(1)	B/D
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	\$0(1)	B/D
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	\$0(1)	B/D

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<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	\$0(1)	B/D
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	\$0(1)	B/D
<i>methylprednisolone tab 4 mg</i>	\$0(1)	B/D
<i>methylprednisolone tab 8 mg</i>	\$0(1)	B/D
<i>methylprednisolone tab 16 mg</i>	\$0(1)	B/D
<i>methylprednisolone tab 32 mg</i>	\$0(1)	B/D
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	\$0(1)	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	\$0(1)	B/D
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	\$0(1)	B/D
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	\$0(1)	B/D
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	\$0(1)	B/D
PREDNISON CON 5MG/ML	\$0(2)	B/D
<i>prednisone oral soln 5 mg/5ml</i>	\$0(1)	B/D
<i>prednisone tab 1 mg</i>	\$0(1)	B/D
<i>prednisone tab 2.5 mg</i>	\$0(1)	B/D
<i>prednisone tab 5 mg</i>	\$0(1)	B/D
<i>prednisone tab 10 mg</i>	\$0(1)	B/D
<i>prednisone tab 20 mg</i>	\$0(1)	B/D
<i>prednisone tab 50 mg</i>	\$0(1)	B/D
<i>prednisone tab therapy pack 5 mg (21)</i>	\$0(1)	
<i>prednisone tab therapy pack 5 mg (48)</i>	\$0(1)	
<i>prednisone tab therapy pack 10 mg (21)</i>	\$0(1)	
<i>prednisone tab therapy pack 10 mg (48)</i>	\$0(1)	
SOLU-CORTEF INJ 100MG	\$0(2)	
SOLU-CORTEF INJ 250MG	\$0(2)	
SOLU-CORTEF INJ 500MG	\$0(2)	
SOLU-CORTEF INJ 1000MG	\$0(2)	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
BD GLUCOSE CHW 5GM	\$0(3)	NM; *
CVS GLUCOSE CHW FRUIT	\$0(3)	NM; *
CVS GLUCOSE CHW ORANGE	\$0(3)	NM; *
CVS GLUCOSE CHW RASPBERRY	\$0(3)	NM; *
CVS GLUCOSE CHW TROP BLS	\$0(3)	NM; *
CVS GLUCOSE CHW TROPICAL	\$0(3)	NM; *

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<i>cvs glucose gel 40%</i>	\$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; *
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; *
<i>diazoxide susp 50 mg/ml</i>	\$0(1)	
GLUCAGEN INJ HYPOKIT	\$0(2)	
GLUCAGON KIT 1MG	\$0(2)	
<i>gluco burst gel 40%</i>	\$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; *
<i>glucose drnk liq 15/59ml</i>	\$0(3)	NM; *
<i>glucose gel 40%</i>	\$0(3)	NM; *
GLUCOSE LIQ POMEGRAN	\$0(3)	NM; *
<i>glucose oral liquid 15 gm/59ml</i>	\$0(3)	NM; *
<i>glucose shot liq 15/59ml</i>	\$0(3)	NM; *
<i>glucose shot liq 15gm</i>	\$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; *
GVOKE HYPO 2 INJ 1MG/.2ML	\$0(2)	
GVOKE HYPO 2 INJ .5/.1ML	\$0(2)	
GVOKE PFS INJ	\$0(2)	

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HM GLUCOSE CHW ORANGE	\$0(3)	NM; *
HM GLUCOSE CHW RASPBERRY	\$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 RASPBERRY	\$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 RASPBERRY	\$0(3)	NM; *
PX GLUCOSE CHW SOUR APL	\$0(3)	NM; *
QUICK DISSOL CHW GLUCOSE	\$0(3)	NM; *
RA GLUCOSE CHW GRAPE	\$0(3)	NM; *
RA GLUCOSE CHW ORANGE	\$0(3)	NM; *
RA GLUCOSE CHW TROP FRT	\$0(3)	NM; *
<i>ra glucose gel</i>	\$0(3)	NM; *
RELION GLUCO CHW 4GM	\$0(3)	NM; *
SM GLUCOSE CHW ORANGE	\$0(3)	NM; *
SM GLUCOSE CHW RASPBERRY	\$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 RASPBERRY	\$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 RASPBERRY	\$0(3)	NM; *
VP GLUCOSE CHW FRUIT	\$0(3)	NM; *
VP GLUCOSE CHW GRAPE	\$0(3)	NM; *
MISCELLANEOUS		
<i>cabergoline tab 0.5 mg</i>	\$0(1)	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	\$0(1)	B/D
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	\$0(2)	NDS, B/D, QL (120 tabs / 30 days), NM
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	\$0(2)	NDS, B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	\$0(2)	NDS, B/D, QL (120 tabs / 30 days), NM
FORTEO SOL 600/2.4	\$0(2)	NDS, NM, PA

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
GENOTROPIN INJ 0.2MG	\$0(2)	NM, PA
GENOTROPIN INJ 0.4MG	\$0(2)	NDS, NM, PA
GENOTROPIN INJ 0.6MG	\$0(2)	NDS, NM, PA
GENOTROPIN INJ 0.8MG	\$0(2)	NDS, NM, PA
GENOTROPIN INJ 1.2MG	\$0(2)	NDS, NM, PA
GENOTROPIN INJ 1.4MG	\$0(2)	NDS, NM, PA
GENOTROPIN INJ 1.6MG	\$0(2)	NDS, NM, PA
GENOTROPIN INJ 1.8MG	\$0(2)	NDS, NM, PA
GENOTROPIN INJ 1MG	\$0(2)	NDS, NM, PA
GENOTROPIN INJ 2MG	\$0(2)	NDS, NM, PA
GENOTROPIN INJ 5MG	\$0(2)	NDS, NM, PA
GENOTROPIN INJ 12MG	\$0(2)	NDS, NM, PA
INCRELEX INJ 40MG/4ML	\$0(2)	NDS, NM, LA, PA
KORLYM TAB 300MG	\$0(2)	NDS, LA, PA
LUPR DEP-PED INJ 3M 30MG	\$0(2)	NDS, NM, PA
LUPR DEP-PED INJ 7.5MG	\$0(2)	NDS, NM, PA
LUPR DEP-PED INJ 11.25MG	\$0(2)	NDS, NM, PA
LUPR DEP-PED INJ 15MG	\$0(2)	NDS, NM, PA
NATPARA INJ 25MCG	\$0(2)	NDS, NM, PA
NATPARA INJ 50MCG	\$0(2)	NDS, NM, PA
NATPARA INJ 75MCG	\$0(2)	NDS, NM, PA
NATPARA INJ 100MCG	\$0(2)	NDS, NM, PA
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	\$0(1)	NM, PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	\$0(1)	NM, PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	\$0(1)	NM, PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	\$0(2)	NDS, NM, PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	\$0(2)	NDS, NM, PA
OSPHENA TAB 60MG	\$0(2)	PA
PROLIA SOL 60MG/ML	\$0(2)	QL (1 injection / 180 days), NM
<i>raloxifene hcl tab 60 mg</i>	\$0(1)	
SIGNIFOR INJ 0.3MG/ML	\$0(2)	NDS, LA, PA
SIGNIFOR INJ 0.6MG/ML	\$0(2)	NDS, LA, PA
SIGNIFOR INJ 0.9MG/ML	\$0(2)	NDS, LA, PA
SOMATULINE INJ 60/0.2ML	\$0(2)	NDS, NM, PA
SOMATULINE INJ 90/0.3ML	\$0(2)	NDS, NM, PA

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

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

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

THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS

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

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

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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)	
<i>unithroid tab 25mcg</i>	\$0(1)	
<i>unithroid tab 50mcg</i>	\$0(1)	
<i>unithroid tab 75mcg</i>	\$0(1)	
<i>unithroid tab 88mcg</i>	\$0(1)	
<i>unithroid tab 100mcg</i>	\$0(1)	
<i>unithroid tab 112mcg</i>	\$0(1)	
<i>unithroid tab 125mcg</i>	\$0(1)	
<i>unithroid tab 137mcg</i>	\$0(1)	
<i>unithroid tab 150mcg</i>	\$0(1)	
<i>unithroid tab 175mcg</i>	\$0(1)	
<i>unithroid tab 200mcg</i>	\$0(1)	
<i>unithroid tab 300mcg</i>	\$0(1)	
VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES		
<i>desmopressin acetate inj 4 mcg/ml</i>	\$0(1)	NM
<i>desmopressin acetate nasal spray soln 0.01%</i>	\$0(1)	NM
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	\$0(1)	
<i>desmopressin acetate tab 0.1 mg</i>	\$0(1)	NM
<i>desmopressin acetate tab 0.2 mg</i>	\$0(1)	NM
STIMATE SOL 1.5MG/ML	\$0(2)	NDS, NM
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTACIDS		
<i>acid gone chw</i>	\$0(3)	NM; *
<i>acid gone sus</i>	\$0(3)	NM; *
<i>advanced sus antacid</i>	\$0(3)	NM; *
<i>almacone dbl sus strength</i>	\$0(3)	NM; *
<i>almacone sus</i>	\$0(3)	NM; *
ALUM HYDROX SUS 320/5ML	\$0(3)	NM; *
<i>aluminum hydroxide gel susp 600 mg/5ml</i>	\$0(3)	NM; *

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<i>ant/anti-gas chw 1000-60</i>	\$0(3)	NM; *
<i>antacid chw 500mg</i>	\$0(3)	NM; *
<i>antacid chw 550-110</i>	\$0(3)	NM; *
<i>antacid chw 750mg</i>	\$0(3)	NM; *
<i>antacid extr chw 675-135</i>	\$0(3)	NM; *
<i>antacid extr chw 750mg</i>	\$0(3)	NM; *
<i>antacid fast sus acting</i>	\$0(3)	NM; *
<i>antacid fast sus relief</i>	\$0(3)	NM; *
<i>antacid flav chw 750mg</i>	\$0(3)	NM; *
<i>antacid kids chw 750mg</i>	\$0(3)	NM; *
<i>antacid max chw 1000mg</i>	\$0(3)	NM; *
<i>antacid plus sus anti-gas</i>	\$0(3)	NM; *
<i>antacid plus sus gas rel</i>	\$0(3)	NM; *
<i>antacid sus</i>	\$0(3)	NM; *
<i>antacid sus advanced</i>	\$0(3)	NM; *
<i>antacid sus anti-gas</i>	\$0(3)	NM; *
<i>antacid sus max st</i>	\$0(3)	NM; *
<i>antacid sus mint crm</i>	\$0(3)	NM; *
<i>antacid sus reg</i>	\$0(3)	NM; *
<i>antacid sus reg st</i>	\$0(3)	NM; *
ANTACID ULTR CHW 1000-200	\$0(3)	NM; *
<i>antacid/sime sus ds</i>	\$0(3)	NM; *
<i>cal antacid chw 750mg</i>	\$0(3)	NM; *
<i>cal antacid chw 1000mg</i>	\$0(3)	NM; *
<i>cal-gest chw 500mg</i>	\$0(3)	NM; *
<i>calc antacid chw 500mg</i>	\$0(3)	NM; *
<i>calc antacid chw 750mg</i>	\$0(3)	NM; *
<i>calc antacid chw 1000mg</i>	\$0(3)	NM; *
<i>calcium anta chw 500mg</i>	\$0(3)	NM; *
<i>calcium anta chw 750mg</i>	\$0(3)	NM; *
<i>calcium carb chw 500mg</i>	\$0(3)	NM; *
CALCIUM CARB TAB 648MG	\$0(3)	NM; *
CALCIUM CARB TAB 650MG	\$0(3)	NM; *
<i>calcium carbonate (antacid) chew tab 500 mg</i>	\$0(3)	NM; *
<i>calcium carbonate (antacid) chew tab 750 mg</i>	\$0(3)	NM; *
<i>cvs antacid sus supreme</i>	\$0(3)	NM; *
<i>cvs antacid/ sus anti-gas</i>	\$0(3)	NM; *
<i>eq antacid chw 750mg</i>	\$0(3)	NM; *
<i>eq antacid chw 1000mg</i>	\$0(3)	NM; *

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<i>eql antacid chw 1000mg</i>	\$0(3)	NM; *
<i>eql antacid sus anti-gas</i>	\$0(3)	NM; *
<i>flavor chews chw 750mg</i>	\$0(3)	NM; *
<i>foam antacid chw 80-20mg</i>	\$0(3)	NM; *
<i>foam antacid sus</i>	\$0(3)	NM; *
GAVISCON CHW	\$0(3)	NM; *
GAVISCON SUS	\$0(3)	NM; *
GAVISCON SUS CHERRY	\$0(3)	NM; *
<i>geri-lanta sus</i>	\$0(3)	NM; *
<i>geri-mox sus</i>	\$0(3)	NM; *
<i>gnp antacid chw 160-105</i>	\$0(3)	NM; *
<i>gnp antacid chw 550-110</i>	\$0(3)	NM; *
<i>gnp antacid chw 1000mg</i>	\$0(3)	NM; *
<i>gnp antacid sus anti-gas</i>	\$0(3)	NM; *
<i>gnp antacid sus cherry</i>	\$0(3)	NM; *
<i>gnp antacid sus coolmint</i>	\$0(3)	NM; *
<i>gnp antacid sus original</i>	\$0(3)	NM; *
<i>gnp antacid sus reg st</i>	\$0(3)	NM; *
<i>gnp masanti sus max st</i>	\$0(3)	NM; *
<i>gnp masanti sus reg st</i>	\$0(3)	NM; *
<i>heartbrn ant chw 160-105</i>	\$0(3)	NM; *
<i>heartbrn rlf chw 160-105</i>	\$0(3)	NM; *
<i>heartburn chw ex st</i>	\$0(3)	NM; *
<i>hm antacid sus</i>	\$0(3)	NM; *
<i>hm antacid sus anti-gas</i>	\$0(3)	NM; *
<i>hm magnesium tab 250mg</i>	\$0(3)	NM; *
MAG OXIDE CAP 400MG	\$0(3)	NM; *
MAG-AL LIQ	\$0(3)	NM; *
<i>mag-al plus liq</i>	\$0(3)	NM; *
<i>mag-al plus liq xs</i>	\$0(3)	NM; *
MAGN OXIDE POW HEAVY	\$0(3)	NM; *
MAGNESIUM CAP 500MG	\$0(3)	NM; *
<i>magnesium oxide tab 250 mg</i>	\$0(3)	NM; *
<i>magnesium oxide tab 400 mg</i>	\$0(3)	NM; *
<i>magnesium tab 250mg</i>	\$0(3)	NM; *
MI-ACID CHW	\$0(3)	NM; *
<i>mi-acid sus</i>	\$0(3)	NM; *
<i>mi-acid sus max st</i>	\$0(3)	NM; *
<i>milantex sus ex st</i>	\$0(3)	NM; *
<i>milantex sus original</i>	\$0(3)	NM; *
<i>mintox plus chw</i>	\$0(3)	NM; *

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<i>mintox sus</i>	\$0(3)	NM; *
<i>mintox sus max st</i>	\$0(3)	NM; *
<i>px antacid chw 1000mg</i>	\$0(3)	NM; *
<i>px antacid sus max st</i>	\$0(3)	NM; *
<i>px antacid sus reg st</i>	\$0(3)	NM; *
<i>qc antacid chw 500mg</i>	\$0(3)	NM; *
<i>qc antacid sus</i>	\$0(3)	NM; *
<i>qc antacid sus anti-gas</i>	\$0(3)	NM; *
<i>ra antacid chw 500mg</i>	\$0(3)	NM; *
<i>rolaids chw 550-110</i>	\$0(3)	NM; *
<i>rulox sus</i>	\$0(3)	NM; *
<i>sb antacid sus anti-gas</i>	\$0(3)	NM; *
<i>sm antacid sus advanced</i>	\$0(3)	NM; *
<i>sm antacid sus anti-gas</i>	\$0(3)	NM; *
<i>sm antacid sus max st</i>	\$0(3)	NM; *
<i>sm antacid/ sus antigas</i>	\$0(3)	NM; *
<i>smooth antac chw 750mg</i>	\$0(3)	NM; *
<i>sodium bicarbonate tab 325 mg</i>	\$0(3)	NM; *
<i>sodium bicarbonate tab 650 mg</i>	\$0(3)	NM; *
SODIUM POW BICARBON	\$0(3)	NM; *
<i>tame flame chw 500mg</i>	\$0(3)	NM; *
<i>tgt antacid chw 1000mg</i>	\$0(3)	NM; *
<i>tgt antacid sus anti-gas</i>	\$0(3)	NM; *
TUMS CHW DEL CHW 1177MG	\$0(3)	NM; *
<i>tums smoothi chw 750mg</i>	\$0(3)	NM; *
URO MAG CAP 140MG	\$0(3)	NM; *
URO-MAG CAP 140MG	\$0(3)	NM; *
ANTI-DIARRHEAL		
<i>abatinex cap 680mg</i>	\$0(3)	NM; *
<i>acidoph/prob tab formula</i>	\$0(3)	NM; *
<i>acidophilus cap</i>	\$0(3)	NM; *
<i>acidophilus cap 10mg</i>	\$0(3)	NM; *
<i>acidophilus cap 100mg</i>	\$0(3)	NM; *
<i>acidophilus cap ex st</i>	\$0(3)	NM; *
<i>acidophilus tab probiotc</i>	\$0(3)	NM; *
ACIDOPHILUS WAF	\$0(3)	NM; *
ACIDOPHILUS/ TAB CIT PECT	\$0(3)	NM; *
ACIDOPHILUS/ WAF BIFIDUS	\$0(3)	NM; *
<i>align jr chw for kids</i>	\$0(3)	NM; *
<i>anti-diarrhe cap 2mg</i>	\$0(3)	NM; *
<i>anti-diarrhe tab 2mg</i>	\$0(3)	NM; *

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<i>anti-diarrhl sus 262/15ml</i>	\$0(3)	NM; *
<i>bismatrol chw 262mg</i>	\$0(3)	NM; *
<i>bismatrol sus 262/15ml</i>	\$0(3)	NM; *
<i>bismatrol sus 525/15ml</i>	\$0(3)	NM; *
<i>bismuth subsalicylate chew tab 262 mg</i>	\$0(3)	NM; *
CULTURE BABY DRO GRW THVE	\$0(3)	NM; *
<i>cvs bismuth chw 262mg</i>	\$0(3)	NM; *
<i>cvs bismuth sus max str</i>	\$0(3)	NM; *
<i>cvs bismuth tab 262mg</i>	\$0(3)	NM; *
<i>diamode tab 2mg</i>	\$0(3)	NM; *
<i>diarrhea rel sus 262/15ml</i>	\$0(3)	NM; *
<i>diarrhea sus 262/15ml</i>	\$0(3)	NM; *
<i>digestive cap health</i>	\$0(3)	NM; *
<i>digestive cap probioti</i>	\$0(3)	NM; *
<i>dofus cap</i>	\$0(3)	NM; *
<i>eqi probioti cap acidophi</i>	\$0(3)	NM; *
<i>eqi stomach chw 262mg</i>	\$0(3)	NM; *
FLORAJEN CAP ACIDOPHI	\$0(3)	NM; *
<i>floranex gra</i>	\$0(3)	NM; *
<i>floranex tab</i>	\$0(3)	NM; *
<i>geri-pectate sus 262/15ml</i>	\$0(3)	NM; *
<i>gnp k-pec sus 262/15ml</i>	\$0(3)	NM; *
<i>hm stomach sus 262/15ml</i>	\$0(3)	NM; *
<i>intestinex cap</i>	\$0(3)	NM; *
KALA TAB	\$0(3)	NM; *
<i>kao-tin sus 262/15ml</i>	\$0(3)	NM; *
<i>kaopectate sus 262/15ml</i>	\$0(3)	NM; *
<i>kaopectate sus ex st</i>	\$0(3)	NM; *
<i>kaopectate tab 262mg</i>	\$0(3)	NM; *
<i>lactinex chw</i>	\$0(3)	NM; *
<i>lacto-key- cap 100</i>	\$0(3)	NM; *
<i>lacto-key- cap 600</i>	\$0(3)	NM; *
<i>lactobacillu cap</i>	\$0(3)	NM; *
<i>lactobacillus - packet</i>	\$0(3)	NM; *
<i>lactobacillus acidophilus-pectin cap</i>	\$0(3)	NM; *
<i>lactobacillus cap</i>	\$0(3)	NM; *
<i>lactobacillus tab</i>	\$0(3)	NM; *
<i>loperamide cap 2mg</i>	\$0(3)	NM; *
<i>loperamide hcl liq 1 mg/7.5ml</i>	\$0(3)	NM; *
<i>loperamide liq 1mg/7.5</i>	\$0(3)	NM; *
<i>loperamide sus 1mg/7.5</i>	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>medi-bismuth chw 262mg</i>	\$0(3)	NM; *
MORE-DOPHILU POW ACIDOPHI	\$0(3)	NM; *
<i>peptic relf chw 262mg</i>	\$0(3)	NM; *
<i>pink bismuth chw 262mg</i>	\$0(3)	NM; *
<i>pink bismuth sus 262/15ml</i>	\$0(3)	NM; *
<i>pink bismuth tab 262mg</i>	\$0(3)	NM; *
<i>probiata tab</i>	\$0(3)	NM; *
PROBIOTIC CAP	\$0(3)	NM; *
<i>probiotic cap acidophi</i>	\$0(3)	NM; *
<i>probiotic cap gold</i>	\$0(3)	NM; *
<i>px stomach chw 262mg</i>	\$0(3)	NM; *
<i>px stomach sus 262/15ml</i>	\$0(3)	NM; *
<i>px stomach sus 525/15ml</i>	\$0(3)	NM; *
<i>ra acidophil cap 300mg</i>	\$0(3)	NM; *
<i>ra pink bism chw 262mg</i>	\$0(3)	NM; *
<i>ra pink bism tab 262mg</i>	\$0(3)	NM; *
REPHRESH CAP PRO-B	\$0(3)	NM; *
<i>sb bismuth tab 262mg</i>	\$0(3)	NM; *
<i>sm anti-diar tab 2mg</i>	\$0(3)	NM; *
<i>sm stomach sus 262/15ml</i>	\$0(3)	NM; *
<i>sm stomach sus 525/30ml</i>	\$0(3)	NM; *
<i>soothe chw 262mg</i>	\$0(3)	NM; *
<i>soothe sus 262/15ml</i>	\$0(3)	NM; *
<i>soothe tab 262mg</i>	\$0(3)	NM; *
<i>stomach relf chw 262mg</i>	\$0(3)	NM; *
<i>stomach relf sus</i>	\$0(3)	NM; *
<i>stomach relf sus 262/15ml</i>	\$0(3)	NM; *
<i>stomach relf sus 524/30ml</i>	\$0(3)	NM; *
<i>stomach relf sus 525/15ml</i>	\$0(3)	NM; *
<i>stomach relf sus 525/30ml</i>	\$0(3)	NM; *
<i>stomach relf tab 262mg</i>	\$0(3)	NM; *
<i>stomach rlf tab 262mg</i>	\$0(3)	NM; *
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
<i>aprepitant capsule 40 mg</i>	\$0(1)	B/D
<i>aprepitant capsule 80 mg</i>	\$0(1)	B/D
<i>aprepitant capsule 125 mg</i>	\$0(1)	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	\$0(1)	B/D
<i>compro sup 25mg</i>	\$0(1)	
<i>dramamine tab 25mg</i>	\$0(3)	NM; *
<i>driminate tab 50mg</i>	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>dronabinol cap 2.5 mg</i>	\$0(1)	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 5 mg</i>	\$0(1)	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 10 mg</i>	\$0(1)	B/D, QL (60 caps / 30 days)
EMEND SUS 125MG	\$0(2)	B/D
<i>granisetron hcl inj 1 mg/ml</i>	\$0(1)	
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	\$0(1)	
<i>granisetron hcl tab 1 mg</i>	\$0(1)	B/D
<i>meclizine hcl chew tab 25 mg</i>	\$0(3)	NM; *
<i>meclizine hcl tab 12.5 mg</i>	\$0(2)	
<i>meclizine hcl tab 12.5 mg</i>	\$0(3)	NM; *
<i>meclizine hcl tab 25 mg</i>	\$0(2)	
<i>meclizine hcl tab 25 mg</i>	\$0(3)	NM; *
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	\$0(1)	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	\$0(1)	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	\$0(1)	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	\$0(1)	
<i>motion relf tab 25mg</i>	\$0(3)	NM; *
<i>motion sick tab 25mg</i>	\$0(3)	NM; *
<i>motion sick tab 50mg</i>	\$0(3)	NM; *
<i>motion-time chw 25mg</i>	\$0(3)	NM; *
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	\$0(1)	
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	\$0(1)	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	\$0(1)	B/D
<i>ondansetron hcl tab 4 mg</i>	\$0(1)	B/D
<i>ondansetron hcl tab 8 mg</i>	\$0(1)	B/D
<i>ondansetron hcl tab 24 mg</i>	\$0(1)	B/D
<i>ondansetron orally disintegrating tab 4 mg</i>	\$0(1)	B/D
<i>ondansetron orally disintegrating tab 8 mg</i>	\$0(1)	B/D
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	\$0(1)	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	\$0(1)	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	\$0(1)	
<i>prochlorperazine suppos 25 mg</i>	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>promethazine hcl inj 25 mg/ml</i>	\$0(2)	PA; PA if 70 years and older
<i>promethazine hcl inj 50 mg/ml</i>	\$0(2)	PA; PA if 70 years and older
<i>promethazine hcl syrup 6.25 mg/5ml</i>	\$0(2)	PA; PA if 70 years and older
<i>promethazine hcl tab 12.5 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>promethazine hcl tab 25 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>promethazine hcl tab 50 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>scopolamine td patch 72hr 1 mg/3days</i>	\$0(2)	QL (10 patches / 30 days), PA; PA if 70 years and older
<i>travel sick chw 25mg</i>	\$0(3)	NM; *
<i>travel sick tab 50mg</i>	\$0(3)	NM; *
<i>travel-ease tab 25mg</i>	\$0(3)	NM; *
ANTISPASMODICS - DRUGS FOR STOMACH SPASMS		
<i>dicyclomine hcl cap 10 mg</i>	\$0(2)	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	\$0(2)	
<i>dicyclomine hcl tab 20 mg</i>	\$0(2)	
<i>glycopyrrolate tab 1 mg</i>	\$0(1)	
<i>glycopyrrolate tab 2 mg</i>	\$0(1)	
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
<i>acid control tab 10mg</i>	\$0(3)	NM; *
<i>acid control tab 20mg</i>	\$0(3)	NM; *
<i>acid control tab 150mg</i>	\$0(3)	NM; *
<i>acid reducer tab 10mg</i>	\$0(3)	NM; *
<i>acid reducer tab 20mg</i>	\$0(3)	NM; *
<i>acid reducer tab 75mg</i>	\$0(3)	NM; *
<i>acid reducer tab 150mg</i>	\$0(3)	NM; *
<i>famotidine for susp 40 mg/5ml</i>	\$0(1)	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	\$0(1)	
<i>famotidine inj 20 mg/2ml</i>	\$0(1)	
<i>famotidine inj 40 mg/4ml</i>	\$0(1)	
<i>famotidine inj 200 mg/20ml</i>	\$0(1)	
<i>famotidine tab 10 mg</i>	\$0(3)	NM; *
<i>famotidine tab 10mg</i>	\$0(3)	NM; *
<i>famotidine tab 20 mg</i>	\$0(1)	

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<i>famotidine tab 20mg</i>	\$0(3)	NM; *
<i>famotidine tab 40 mg</i>	\$0(1)	
<i>heartburn tab 20mg</i>	\$0(3)	NM; *
<i>heartburn tab 150mg</i>	\$0(3)	NM; *
<i>heartburn tab 200mg</i>	\$0(3)	NM; *
<i>heartburn tab relief</i>	\$0(3)	NM; *
<i>nizatidine cap 150 mg</i>	\$0(1)	
<i>nizatidine cap 300 mg</i>	\$0(1)	
<i>ranitidine hcl tab 75 mg</i>	\$0(3)	NM; *
<i>ranitidine hcl tab 150 mg</i>	\$0(3)	NM; *
<i>ranitidine tab 150mg</i>	\$0(3)	NM; *
<i>sm acid redu tab 200mg</i>	\$0(3)	NM; *
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium cap 750 mg</i>	\$0(1)	
<i>budesonide delayed release particles cap 3 mg</i>	\$0(1)	
<i>hydrocortisone enema 100 mg/60ml</i>	\$0(1)	
<i>mesalamine cap dr 400 mg</i>	\$0(1)	
<i>mesalamine enema 4 gm</i>	\$0(1)	
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	\$0(1)	
<i>mesalamine suppos 1000 mg</i>	\$0(2)	NDS
<i>mesalamine tab delayed release 1.2 gm</i>	\$0(1)	
<i>sulfasalazine tab 500 mg</i>	\$0(1)	
<i>sulfasalazine tab delayed release 500 mg</i>	\$0(1)	
LAXATIVES		
<i>bisac-evac sup 10mg</i>	\$0(3)	NM; *
<i>bisacodyl sup 10mg</i>	\$0(3)	NM; *
<i>bisacodyl suppos 10 mg</i>	\$0(3)	NM; *
<i>bisacodyl tab 5mg ec</i>	\$0(3)	NM; *
<i>biscolax sup 10mg</i>	\$0(3)	NM; *
<i>calcium polycarbophil tab 625 mg</i>	\$0(3)	NM; *
<i>castor laxat oil 100%</i>	\$0(3)	NM; *
<i>choc laxativ chw 15mg</i>	\$0(3)	NM; *
<i>clearlax pow</i>	\$0(3)	NM; *
<i>colace 2in1 tab 8.6-50mg</i>	\$0(3)	NM; *
<i>COLACE CLEAR CAP 50MG</i>	\$0(3)	NM; *
<i>constulose sol 10gm/15</i>	\$0(1)	
<i>cvs castor oil 100%</i>	\$0(3)	NM; *
<i>cvs epsom gra salt</i>	\$0(3)	NM; *
<i>cvs fibr lax tab 625mg</i>	\$0(3)	NM; *

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<i>cvs laxative chw 15mg</i>	\$0(3)	NM; *
<i>cvs laxative tab 25mg</i>	\$0(3)	NM; *
<i>cvs mineral oil</i>	\$0(3)	NM; *
<i>cvs natural pow fiber</i>	\$0(3)	NM; *
<i>cvs senna tab 8.6mg</i>	\$0(3)	NM; *
<i>daily fiber pow 48.57%</i>	\$0(3)	NM; *
<i>diocto liq 50mg/5ml</i>	\$0(3)	NM; *
<i>diocto syp 60/15ml</i>	\$0(3)	NM; *
<i>docu liq 50mg/5ml</i>	\$0(3)	NM; *
<i>docu soft cap 100mg</i>	\$0(3)	NM; *
<i>docusate cal cap 240mg</i>	\$0(3)	NM; *
<i>docusate calcium cap 240 mg</i>	\$0(3)	NM; *
<i>docusate sod cap 100mg</i>	\$0(3)	NM; *
<i>docusate sod liq 50mg/5ml</i>	\$0(3)	NM; *
<i>docusate sodium cap 100 mg</i>	\$0(3)	NM; *
<i>docusate sodium cap 250 mg</i>	\$0(3)	NM; *
<i>docusate sodium liquid 150 mg/15ml</i>	\$0(3)	NM; *
<i>docusate sodium tab 100 mg</i>	\$0(3)	NM; *
<i>docusil cap 100mg</i>	\$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; *
<i>docuzen tab 8.6-50mg</i>	\$0(3)	NM; *
<i>dok cap 100mg</i>	\$0(3)	NM; *
<i>dok cap 250mg</i>	\$0(3)	NM; *
<i>dok plus tab 8.6-50mg</i>	\$0(3)	NM; *
<i>dok tab 100mg</i>	\$0(3)	NM; *
<i>ducodyl tab 5mg ec</i>	\$0(3)	NM; *
<i>enema ready- ene to-use</i>	\$0(3)	NM; *
ENEMEEZ MINI ENE	\$0(3)	NM; *
ENEMEEZ PLUS ENE 20-283	\$0(3)	NM; *
<i>enulose sol 10gm/15</i>	\$0(1)	
<i>epsom salt gra</i>	\$0(3)	NM; *
EPSOM SALT GRA	\$0(3)	NM; *
EPSOM SALT POW	\$0(3)	NM; *
<i>eq laxative tab 8.6mg</i>	\$0(3)	NM; *
<i>eq mineral oil</i>	\$0(3)	NM; *
<i>eql castor oil 100%</i>	\$0(3)	NM; *
<i>eql fiber pow therapy</i>	\$0(3)	NM; *
<i>eql laxative chw 15mg</i>	\$0(3)	NM; *
<i>eql laxative tab 25mg</i>	\$0(3)	NM; *

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EQUALACTIN CHW 625MG	\$0(3)	NM; *
<i>evac-u-gen tab 8.6mg</i>	\$0(3)	NM; *
<i>fiber laxatv tab 625mg</i>	\$0(3)	NM; *
<i>fiber laxtiv cap 0.52gm</i>	\$0(3)	NM; *
<i>fiber therap pow 28.3%</i>	\$0(3)	NM; *
<i>fiber therap pow sf orang</i>	\$0(3)	NM; *
<i>fiber therap tab 500mg</i>	\$0(3)	NM; *
<i>fiber-caps tab 625mg</i>	\$0(3)	NM; *
<i>fiber-lax tab 625mg</i>	\$0(3)	NM; *
FLEET BISACO ENE 10/30ML	\$0(3)	NM; *
<i>gavilax pow</i>	\$0(3)	NM; *
<i>gavilyte-c sol</i>	\$0(1)	
<i>gavilyte-g sol</i>	\$0(1)	
<i>gavilyte-n sol flav pk</i>	\$0(1)	
<i>generlac sol 10gm/15</i>	\$0(1)	
<i>gentle laxat sup 10mg</i>	\$0(3)	NM; *
<i>gentle laxat tab 5mg ec</i>	\$0(3)	NM; *
<i>gentlelax pow</i>	\$0(3)	NM; *
<i>geri-kot tab 8.6mg</i>	\$0(3)	NM; *
<i>geri-mucil pow 68%</i>	\$0(3)	NM; *
<i>glycolax pow 3350 nf</i>	\$0(3)	NM; *
<i>gnp bisa-lax tab 5mg ec</i>	\$0(3)	NM; *
<i>gnp castor oil 100%</i>	\$0(3)	NM; *
<i>gnp clearlax pak 3350 nf</i>	\$0(3)	NM; *
<i>gnp clearlax pow</i>	\$0(3)	NM; *
<i>gnp enema ene</i>	\$0(3)	NM; *
<i>gnp epsom gra salt</i>	\$0(3)	NM; *
<i>gnp fiber cap 0.52gm</i>	\$0(3)	NM; *
<i>gnp laxative sup 10mg</i>	\$0(3)	NM; *
<i>gnp laxative tab 5mg ec</i>	\$0(3)	NM; *
<i>gnp laxative tab 25mg</i>	\$0(3)	NM; *
<i>gnp milk mag sus</i>	\$0(3)	NM; *
<i>gnp milk mag sus cherry</i>	\$0(3)	NM; *
<i>gnp milk mag sus mint</i>	\$0(3)	NM; *
<i>gnp milk mag sus original</i>	\$0(3)	NM; *
<i>gnp mineral oil heavy</i>	\$0(3)	NM; *
<i>gnp senna tab 8.6mg</i>	\$0(3)	NM; *
GOLYTELY SOL	\$0(2)	
<i>goodsense oil mineral</i>	\$0(3)	NM; *
<i>healthylax pow</i>	\$0(3)	NM; *
<i>hm clearlax pow</i>	\$0(3)	NM; *

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<i>hm enema ene r-t-u</i>	\$0(3)	NM; *
<i>hm epsom gra salt</i>	\$0(3)	NM; *
<i>hm fiber pow 28.3%</i>	\$0(3)	NM; *
<i>hm fiber pow 30.9%</i>	\$0(3)	NM; *
<i>hm fiber pow 48.57%</i>	\$0(3)	NM; *
<i>hm fiber pow 58.6%</i>	\$0(3)	NM; *
<i>hm fiber tab 500mg</i>	\$0(3)	NM; *
<i>hm laxative tab 5mg</i>	\$0(3)	NM; *
<i>hm mineral oil</i>	\$0(3)	NM; *
<i>hm senna tab 8.6mg</i>	\$0(3)	NM; *
<i>hm senna-s tab 8.6-50mg</i>	\$0(3)	NM; *
<i>hm stool sof tab 8.6-50mg</i>	\$0(3)	NM; *
HYDROCIL INS POW 95%	\$0(3)	NM; *
<i>kao-tin cap 240mg</i>	\$0(3)	NM; *
<i>kls fiber tb tab 625mg</i>	\$0(3)	NM; *
<i>konsyl daily pow 28.3%</i>	\$0(3)	NM; *
KONSYL DAILY POW 28.3%	\$0(3)	NM; *
KONSYL DAILY POW 100%	\$0(3)	NM; *
KONSYL POW 60.3%	\$0(3)	NM; *
KONSYL POW 71.67%	\$0(3)	NM; *
KONSYL-D POW 52.3%	\$0(3)	NM; *
<i>kp bisacodyl tab 5mg ec</i>	\$0(3)	NM; *
<i>kp senna tab 8.6mg</i>	\$0(3)	NM; *
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	\$0(1)	
<i>lactulose solution 10 gm/15ml</i>	\$0(1)	
<i>lax/stl soft tab 8.6-50mg</i>	\$0(3)	NM; *
<i>laxa basic cap 100mg</i>	\$0(3)	NM; *
<i>laxacin tab 8.6-50mg</i>	\$0(3)	NM; *
<i>laxative pls tab 8.6-50mg</i>	\$0(3)	NM; *
<i>laxative sup 10mg</i>	\$0(3)	NM; *
<i>laxative tab 5mg ec</i>	\$0(3)	NM; *
<i>laxative tab 15mg</i>	\$0(3)	NM; *
<i>laxative tab 25mg</i>	\$0(3)	NM; *
<i>laxative tab max-str</i>	\$0(3)	NM; *
<i>mag citrate sol</i>	\$0(3)	NM; *
<i>mag citrate sol cherry</i>	\$0(3)	NM; *
<i>mag citrate sol lemon</i>	\$0(3)	NM; *
<i>magic bullet sup 10mg</i>	\$0(3)	NM; *
<i>magnesium citrate soln</i>	\$0(3)	NM; *
<i>medi-natural tab 8.6-50mg</i>	\$0(3)	NM; *

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<i>medi-natural tab 8.6mg</i>	\$0(3)	NM; *
METAMUCIL CAP 0.36GM	\$0(3)	NM; *
METAMUCIL PAK 51.7%	\$0(3)	NM; *
METAMUCIL POW 28%ORG	\$0(3)	NM; *
<i>metamucil pow 28.3%org</i>	\$0(3)	NM; *
METAMUCIL POW 43%	\$0(3)	NM; *
<i>metamucil pow 58.6%</i>	\$0(3)	NM; *
<i>metamucil pow 58.6% sf</i>	\$0(3)	NM; *
<i>metamucil pow 58.6%org</i>	\$0(3)	NM; *
METAMUCIL POW 58.12%	\$0(3)	NM; *
METAMUCIL POW 63%	\$0(3)	NM; *
METAMUCIL WAF	\$0(3)	NM; *
<i>milk of magn sus</i>	\$0(3)	NM; *
<i>milk of magn sus 400/5ml</i>	\$0(3)	NM; *
<i>milk of magn sus 1200/15</i>	\$0(3)	NM; *
<i>milk of magn sus 2400/30</i>	\$0(3)	NM; *
MILK OF MAGN SUS 2400MG	\$0(3)	NM; *
<i>milk of magn sus cherry</i>	\$0(3)	NM; *
<i>milk of magn sus frsh mnt</i>	\$0(3)	NM; *
<i>milk of magn sus mint</i>	\$0(3)	NM; *
<i>mineral oil</i>	\$0(3)	NM; *
MINERAL OIL	\$0(3)	NM; *
<i>mineral oil ene</i>	\$0(3)	NM; *
<i>mineral oil enema</i>	\$0(3)	NM; *
MINERAL OIL HEAVY	\$0(3)	NM; *
<i>mineral oil oil</i>	\$0(3)	NM; *
<i>move along tab 100mg</i>	\$0(3)	NM; *
<i>multihealth pow fiber</i>	\$0(3)	NM; *
<i>nat fiber pow 28.3%</i>	\$0(3)	NM; *
<i>nat fiber pow 48.57%</i>	\$0(3)	NM; *
NAT FIBER POW 58.6%	\$0(3)	NM; *
<i>nat fiber pow therapy</i>	\$0(3)	NM; *
<i>nat psyllium pow fiber</i>	\$0(3)	NM; *
<i>nat veg lax tab 8.6mg</i>	\$0(3)	NM; *
<i>natura-lax pow 3350 nf</i>	\$0(3)	NM; *
<i>natural lax tab 8.6mg</i>	\$0(3)	NM; *
<i>naturl fiber pow 28.3%</i>	\$0(3)	NM; *
<i>naturl fiber pow 58.6%</i>	\$0(3)	NM; *
NULYTELY SOL FLAV PKS	\$0(2)	
PEDIA-LAX CHW 400MG	\$0(3)	NM; *
PEDIA-LAX LIQ 50MG	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>pediatric ene enema</i>	\$0(3)	NM; *
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	\$0(1)	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	\$0(1)	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	\$0(1)	
PLENVU SOL	\$0(2)	
<i>polyethylene glycol 3350 oral packet 17 gm</i>	\$0(3)	NM; *
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	\$0(3)	NM; *
<i>powderlax pow</i>	\$0(3)	NM; *
<i>px fiber cap 0.52gm</i>	\$0(3)	NM; *
<i>px fiber tab 625mg</i>	\$0(3)	NM; *
<i>qc enema ene</i>	\$0(3)	NM; *
<i>qc epsom gra salt</i>	\$0(3)	NM; *
<i>qc laxative sup 10mg</i>	\$0(3)	NM; *
<i>qc mineral oil heavy</i>	\$0(3)	NM; *
<i>qc natural pow vegetabl</i>	\$0(3)	NM; *
<i>qc senna tab 8.6mg</i>	\$0(3)	NM; *
<i>ra epsom gra salt</i>	\$0(3)	NM; *
RA EPSOM GRA SALT	\$0(3)	NM; *
RA EPSOM GRA SALT/LVN	\$0(3)	NM; *
<i>ra laxative tab 25mg</i>	\$0(3)	NM; *
<i>ra mineral oil</i>	\$0(3)	NM; *
<i>reguloid cap 400mg</i>	\$0(3)	NM; *
<i>reguloid pow 28.3%</i>	\$0(3)	NM; *
<i>reguloid pow 48.57%</i>	\$0(3)	NM; *
<i>reguloid pow 58.6%</i>	\$0(3)	NM; *
<i>saline ene laxative</i>	\$0(3)	NM; *
<i>sb bisacodyl tab 5mg ec</i>	\$0(3)	NM; *
<i>sb docusate tab 8.6-50mg</i>	\$0(3)	NM; *
<i>sb fib lax pow 33%</i>	\$0(3)	NM; *
<i>sb laxative sup 10mg</i>	\$0(3)	NM; *
<i>sb milk magn sus mint</i>	\$0(3)	NM; *
<i>sb senna-lax tab 8.6mg</i>	\$0(3)	NM; *
<i>senexon liq 8.8mg/5</i>	\$0(3)	NM; *
<i>senexon-s tab 8.6-50mg</i>	\$0(3)	NM; *
<i>senna lax tab 8.6mg</i>	\$0(3)	NM; *
<i>senna laxati tab 8.6mg</i>	\$0(3)	NM; *
<i>senna plus tab 8.6-50mg</i>	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>senna tab 8.6mg</i>	\$0(3)	NM; *
<i>senna-extra tab 17.2mg</i>	\$0(3)	NM; *
<i>senna-grx syp 8.8mg/5</i>	\$0(3)	NM; *
<i>senna-lax tab 8.6mg</i>	\$0(3)	NM; *
<i>senna-s tab 8.6-50mg</i>	\$0(3)	NM; *
<i>senna-tabs tab 8.6mg</i>	\$0(3)	NM; *
<i>senna-time s tab 8.6-50mg</i>	\$0(3)	NM; *
<i>senna-time tab 8.6mg</i>	\$0(3)	NM; *
<i>senno tab 8.6mg</i>	\$0(3)	NM; *
<i>sennosides syrup 8.8 mg/5ml</i>	\$0(3)	NM; *
<i>sennosides tab 8.6 mg</i>	\$0(3)	NM; *
<i>sennosides-docusate sodium tab 8.6-50 mg</i>	\$0(3)	NM; *
<i>senokot extr tab 17.2mg</i>	\$0(3)	NM; *
<i>silace liq 10mg/ml</i>	\$0(3)	NM; *
<i>silace syp 60/15ml</i>	\$0(3)	NM; *
<i>sm castor oil 100%</i>	\$0(3)	NM; *
<i>sm clearlax pow</i>	\$0(3)	NM; *
<i>sm enema ene</i>	\$0(3)	NM; *
<i>sm epsom gra salt</i>	\$0(3)	NM; *
<i>sm fiber lax tab 500mg</i>	\$0(3)	NM; *
SM FIBER POW	\$0(3)	NM; *
<i>sm fiber pow 28.3%</i>	\$0(3)	NM; *
<i>sm fiber pow 48.57%</i>	\$0(3)	NM; *
<i>sm fiber pow 51.7%</i>	\$0(3)	NM; *
<i>sm fiber pow 58.6%</i>	\$0(3)	NM; *
<i>sm fiber tab 625mg</i>	\$0(3)	NM; *
<i>sm gentle tab laxative</i>	\$0(3)	NM; *
<i>sm laxative sup 10mg</i>	\$0(3)	NM; *
<i>sm laxative tab 25mg</i>	\$0(3)	NM; *
<i>sm magnesium sol cherry</i>	\$0(3)	NM; *
<i>sm mineral oil</i>	\$0(3)	NM; *
<i>sm senna lax tab 8.6mg</i>	\$0(3)	NM; *
<i>sm senna-s tab 8.6-50mg</i>	\$0(3)	NM; *
<i>sm stool tab softener</i>	\$0(3)	NM; *
<i>sodium phosphates - enema</i>	\$0(3)	NM; *
<i>soluble fib pow therapy</i>	\$0(3)	NM; *
<i>soluble fib tab therapy</i>	\$0(3)	NM; *
SORBITOL SOL 70%	\$0(3)	NM; *
<i>stim laxat tab 5mg ec</i>	\$0(3)	NM; *
<i>stool softnr cap 100mg</i>	\$0(3)	NM; *
<i>stool softnr cap 240mg</i>	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>stool softnr cap 250mg</i>	\$0(3)	NM; *
<i>stool softnr syp 60/15ml</i>	\$0(3)	NM; *
<i>stool softnr tab 8.6-50mg</i>	\$0(3)	NM; *
<i>stool softnr tab 100mg</i>	\$0(3)	NM; *
SUPREP BOWEL SOL PREP KIT	\$0(2)	
<i>tgt natural tab laxative</i>	\$0(3)	NM; *
<i>tgt psyllium cap 0.52gm</i>	\$0(3)	NM; *
<i>trilyte sol</i>	\$0(1)	
<i>wal-mucil pow 28.3%</i>	\$0(3)	NM; *
<i>wal-mucil pow 48.57%</i>	\$0(3)	NM; *
<i>wal-mucil pow 58.6%</i>	\$0(3)	NM; *
<i>womans laxat tab 5mg ec</i>	\$0(3)	NM; *
<i>womens laxat tab 5mg ec</i>	\$0(3)	NM; *
MISCELLANEOUS		
<i>aloseptron hcl tab 0.5 mg (base equiv)</i>	\$0(2)	NDS, PA
<i>aloseptron hcl tab 1 mg (base equiv)</i>	\$0(2)	NDS, PA
AMITIZA CAP 8MCG	\$0(2)	QL (180 caps / 30 days)
AMITIZA CAP 24MCG	\$0(2)	QL (60 caps / 30 days)
<i>anti-gas cap 166mg</i>	\$0(3)	NM; *
<i>anti-gas cap 180mg</i>	\$0(3)	NM; *
BICARSIM TAB 125MG	\$0(3)	NM; *
<i>cromolyn sodium oral conc 100 mg/5ml</i>	\$0(2)	NDS
<i>cvs gas relf chw 125mg</i>	\$0(3)	NM; *
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	\$0(2)	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	\$0(2)	
<i>eql gas rlf cap 180mg</i>	\$0(3)	NM; *
<i>gas relief cap 125mg</i>	\$0(3)	NM; *
<i>gas relief cap 180mg</i>	\$0(3)	NM; *
<i>gas relief chw 80mg</i>	\$0(3)	NM; *
<i>gas relief chw 125mg</i>	\$0(3)	NM; *
<i>gas relief dro 20/0.3ml</i>	\$0(3)	NM; *
<i>gas relief dro 40/0.6ml</i>	\$0(3)	NM; *
<i>gas relief dro infants</i>	\$0(3)	NM; *
<i>gas relief liq infants</i>	\$0(3)	NM; *
<i>gas-x cap 125mg</i>	\$0(3)	NM; *
<i>gas-x cap 180mg</i>	\$0(3)	NM; *
GAS-X EX-STR MIS 62.5MG	\$0(3)	NM; *
GATTEX KIT 5MG	\$0(2)	NDS, NM, LA, PA
<i>gnp gas relf chw 80mg</i>	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>gnp gas relf chw 125mg</i>	\$0(3)	NM; *
<i>hm gas relf chw 80mg</i>	\$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)
<i>little remed sus 20/.03ml</i>	\$0(3)	NM; *
<i>loperamide hcl cap 2 mg</i>	\$0(1)	
<i>mi-acid gas chw 80mg</i>	\$0(3)	NM; *
<i>misoprostol tab 100 mcg</i>	\$0(1)	
<i>misoprostol tab 200 mcg</i>	\$0(1)	
MOVANTIK TAB 12.5MG	\$0(2)	QL (60 tabs / 30 days)
MOVANTIK TAB 25MG	\$0(2)	QL (30 tabs / 30 days)
PHAZYME CAP 250MG	\$0(3)	NM; *
<i>ra gas relf chw 125mg</i>	\$0(3)	NM; *
RELISTOR INJ 8/0.4ML	\$0(2)	NDS, PA
RELISTOR INJ 12/0.6ML	\$0(2)	NDS, PA
<i>simethicone cap 125 mg</i>	\$0(3)	NM; *
<i>simethicone cap 180 mg</i>	\$0(3)	NM; *
<i>simethicone chew tab 80 mg</i>	\$0(3)	NM; *
<i>simethicone chew tab 125 mg</i>	\$0(3)	NM; *
<i>simethicone dro 20/0.3ml</i>	\$0(3)	NM; *
<i>simethicone susp 40 mg/0.6ml</i>	\$0(3)	NM; *
<i>sm gas rel chw 125mg</i>	\$0(3)	NM; *
<i>sm gas relf chw 80mg</i>	\$0(3)	NM; *
<i>sm gas relie chw 80mg</i>	\$0(3)	NM; *
<i>sucalfate tab 1 gm</i>	\$0(1)	
<i>ursodiol cap 300 mg</i>	\$0(1)	
<i>ursodiol tab 250 mg</i>	\$0(1)	
<i>ursodiol tab 500 mg</i>	\$0(1)	
XIFAXAN TAB 550MG	\$0(2)	NDS, PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	\$0(2)	
CREON CAP 6000UNIT	\$0(2)	
CREON CAP 12000UNT	\$0(2)	
CREON CAP 24000UNT	\$0(2)	
CREON CAP 36000UNT	\$0(2)	
ZENPEP CAP 3000UNIT	\$0(2)	
ZENPEP CAP 5000UNIT	\$0(2)	
ZENPEP CAP 10000UNT	\$0(2)	
ZENPEP CAP 15000UNT	\$0(2)	
ZENPEP CAP 20000UNT	\$0(2)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ZENPEP CAP 25000	\$0(2)	
ZENPEP CAP 40000	\$0(2)	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
<i>acid reducer cap 20.6mgdr</i>	\$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)
<i>esomepra mag cap 20mg dr</i>	\$0(3)	NM; *
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	\$0(1)	QL (30 caps / 30 days), ST
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	\$0(3)	NM; *
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	\$0(1)	QL (30 caps / 30 days), ST
<i>heartburn tr cap 15mg</i>	\$0(3)	NM; *
<i>heartburn tr cap 24h 20mg</i>	\$0(3)	NM; *
<i>lansoprazole cap 15mg dr</i>	\$0(3)	NM; *
<i>lansoprazole cap delayed release 15 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>lansoprazole cap delayed release 15 mg</i>	\$0(3)	NM; *
<i>lansoprazole cap delayed release 30 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>omeprazole cap 20.6mgdr</i>	\$0(3)	NM; *
<i>omeprazole cap delayed release 10 mg</i>	\$0(1)	
<i>omeprazole cap delayed release 20 mg</i>	\$0(1)	
<i>omeprazole cap delayed release 40 mg</i>	\$0(1)	
OMEPRAZOLE DELAYED RELEASE TAB 20 MG	\$0(3)	NM; *
<i>omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)</i>	\$0(3)	NM; *
OMEPRAZOLE TAB 20MG	\$0(3)	NM; *
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	\$0(1)	
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	\$0(1)	
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	\$0(1)	
<i>rabeprazole sodium ec tab 20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	\$0(1)	QL (30 tabs / 30 days)

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>dutasteride cap 0.5 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>finasteride tab 5 mg</i>	\$0(1)	
<i>tamsulosin hcl cap 0.4 mg</i>	\$0(1)	
MISCELLANEOUS		
<i>bethanechol chloride tab 5 mg</i>	\$0(1)	
<i>bethanechol chloride tab 10 mg</i>	\$0(1)	
<i>bethanechol chloride tab 25 mg</i>	\$0(1)	
<i>bethanechol chloride tab 50 mg</i>	\$0(1)	
<i>gnp urinary tab 95mg</i>	\$0(3)	NM; *
<i>potassium citrate tab er 5 meq (540 mg)</i>	\$0(1)	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	\$0(1)	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	\$0(1)	
<i>sb urinary tab pain max</i>	\$0(3)	NM; *
<i>sm urinary tab pain max</i>	\$0(3)	NM; *
<i>urinary pain tab 95mg</i>	\$0(3)	NM; *
<i>urinary pain tab 97.5mg</i>	\$0(3)	NM; *
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
MYRBETRIQ TAB 25MG	\$0(2)	QL (30 tabs / 30 days)
MYRBETRIQ TAB 50MG	\$0(2)	QL (30 tabs / 30 days)
<i>oxybutynin chloride syrup 5 mg/5ml</i>	\$0(1)	
<i>oxybutynin chloride tab 5 mg</i>	\$0(1)	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 10 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 15 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>tolterodine tartrate cap er 24hr 2 mg</i>	\$0(1)	QL (30 caps / 30 days), ST
<i>tolterodine tartrate cap er 24hr 4 mg</i>	\$0(1)	QL (30 caps / 30 days), ST
<i>tolterodine tartrate tab 1 mg</i>	\$0(1)	ST
<i>tolterodine tartrate tab 2 mg</i>	\$0(1)	ST
TOVIAZ TAB 4MG	\$0(2)	QL (30 tabs / 30 days)
TOVIAZ TAB 8MG	\$0(2)	QL (30 tabs / 30 days)
<i>trospium chloride tab 20 mg</i>	\$0(1)	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal cream 2%</i>	\$0(1)	
<i>clotrimazole cre 1% vag</i>	\$0(3)	NM; *
<i>clotrimazole cre 2%</i>	\$0(3)	NM; *
<i>clotrimazole cre 3 day</i>	\$0(3)	NM; *

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<i>clotrimazole vaginal cream 1%</i>	\$0(3)	NM; *
<i>3 day vaginl cre 2%</i>	\$0(3)	NM; *
<i>3 day vagnal cre 4%</i>	\$0(3)	NM; *
<i>metronidazole vaginal gel 0.75%</i>	\$0(1)	
<i>miconazole 1 kit 1200-2%</i>	\$0(3)	NM; *
<i>miconazole 3 cre 4%</i>	\$0(3)	NM; *
<i>miconazole 3 kit combinat</i>	\$0(3)	NM; *
<i>miconazole 3 kit combo pk</i>	\$0(3)	NM; *
<i>miconazole 7 cre 2%</i>	\$0(3)	NM; *
<i>miconazole 7 cre tube/kit</i>	\$0(3)	NM; *
<i>miconazole 7 sup 100mg</i>	\$0(3)	NM; *
<i>miconazole nitrate vaginal cream 2%</i>	\$0(3)	NM; *
<i>miconazole nitrate vaginal supp 1200 mg & 2% cream kit</i>	\$0(3)	NM; *
<i>miconazole nitrate vaginal suppos 100 mg</i>	\$0(3)	NM; *
<i>sm micon 7 sup 100mg</i>	\$0(3)	NM; *
<i>terconazole vaginal cream 0.4%</i>	\$0(1)	
<i>terconazole vaginal cream 0.8%</i>	\$0(1)	
<i>terconazole vaginal suppos 80 mg</i>	\$0(1)	
<i>vandazole gel 0.75%</i>	\$0(1)	

HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS

ANTICOAGULANTS - BLOOD THINNERS

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

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

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PROCRIT INJ 4000/ML	\$0(2)	NM, PA
PROCRIT INJ 10000/ML	\$0(2)	NM, PA
PROCRIT INJ 20000/ML	\$0(2)	NDS, NM, PA
PROCRIT INJ 40000/ML	\$0(2)	NDS, NM, PA
ZARXIO INJ 300/0.5	\$0(2)	NDS, NM, PA
ZARXIO INJ 480/0.8	\$0(2)	NDS, NM, PA
IRON		
<i>carbonyl tab fe 45mg</i>	\$0(3)	NM; *
CORVITE 150 TAB	\$0(3)	NM; *
CORVITE FE TAB	\$0(3)	NM; *
<i>cvs iron tab 325mg</i>	\$0(3)	NM; *
EZFE 200 CAP 200MG	\$0(3)	NM; *
FE SULFATE POW	\$0(3)	NM; *
FERAHEME INJ 510/17ML	\$0(3)	NM; *
<i>ferate tab 27mg</i>	\$0(3)	NM; *
<i>fergon tab 27mg</i>	\$0(3)	NM; *
FERIVA TAB 21/7	\$0(3)	NM; *
FERIVAFA CAP 110-1MG	\$0(3)	NM; *
<i>ferosul elx 220/5ml</i>	\$0(3)	NM; *
<i>ferosul tab 325mg</i>	\$0(3)	NM; *
<i>ferrex 150 cap 150mg</i>	\$0(3)	NM; *
<i>ferric x-150 cap 150mg</i>	\$0(3)	NM; *
<i>ferrous gluc tab 324mg</i>	\$0(3)	NM; *
FERROUS GLUC TAB 324MG	\$0(3)	NM; *
<i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i>	\$0(3)	NM; *
<i>ferrous gluconate tab 324 mg (37.5 mg elemental iron)</i>	\$0(3)	NM; *
FERROUS SUL LIQ 220/5ML	\$0(3)	NM; *
<i>ferrous sulf tab 65mg</i>	\$0(3)	NM; *
FERROUS SULF TAB 324MG EC	\$0(3)	NM; *
<i>ferrous sulf tab 325mg</i>	\$0(3)	NM; *
<i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i>	\$0(3)	NM; *
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	\$0(3)	NM; *
FERROUS SULFATE SYRUP 300 MG/5ML (60 MG/5ML ELEMENTAL FE)	\$0(3)	NM; *
<i>ferrous sulfate tab 28 mg (elemental fe)</i>	\$0(3)	NM; *
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	\$0(3)	NM; *

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<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	\$0(3)	NM; *
<i>ferrousul tab 325mg</i>	\$0(3)	NM; *
FUSION PLUS CAP	\$0(3)	NM; *
<i>gnp iron tab 45mg</i>	\$0(3)	NM; *
<i>gnp iron tab 65mg</i>	\$0(3)	NM; *
<i>gnp iron tab 325mg</i>	\$0(3)	NM; *
HEMOCYTE PLS CAP	\$0(3)	NM; *
<i>hemocyte-f tab</i>	\$0(3)	NM; *
<i>high potency tab fe 27mg</i>	\$0(3)	NM; *
<i>hm iron tab 45mg</i>	\$0(3)	NM; *
<i>hm iron tab 65mg</i>	\$0(3)	NM; *
<i>iferex 150 cap</i>	\$0(3)	NM; *
INJECTAFER INJ 750/15ML	\$0(3)	NM; *
INTEGRA F CAP	\$0(3)	NM; *
INTEGRA PLUS CAP	\$0(3)	NM; *
IRON CHW PEDIATRI	\$0(3)	NM; *
<i>iron slow tab 45mg</i>	\$0(3)	NM; *
<i>iron supplem tab therapy</i>	\$0(3)	NM; *
<i>iron supplmt dro 15mg/ml</i>	\$0(3)	NM; *
IRON TAB 18MG	\$0(3)	NM; *
<i>iron tab 27mg</i>	\$0(3)	NM; *
IRON TAB 28MG	\$0(3)	NM; *
IRON UP LIQ	\$0(3)	NM; *
IROSPAN 24/6 MIS	\$0(3)	NM; *
<i>myferon 150 cap 150mg</i>	\$0(3)	NM; *
<i>myferon 150 cap forte</i>	\$0(3)	NM; *
NEPHRON FA TAB	\$0(3)	NM; *
NOVAFERRUM CAP 50MG	\$0(3)	NM; *
NOVAFERRUM DRO 15MG/ML	\$0(3)	NM; *
<i>nu-iron 150 cap 150mg</i>	\$0(3)	NM; *
<i>pedia iron dro 15mg/ml</i>	\$0(3)	NM; *
PERFECT IRON TAB 25MG	\$0(3)	NM; *
<i>poly-iron cap 150 fort</i>	\$0(3)	NM; *
<i>poly-iron cap 150mg</i>	\$0(3)	NM; *
PROFE CAP 180MG	\$0(3)	NM; *
PROFERRIN- TAB FORTE	\$0(3)	NM; *
PROTECTIRON TAB	\$0(3)	NM; *
<i>px iron tab 27mg</i>	\$0(3)	NM; *
<i>px iron tab 200mg</i>	\$0(3)	NM; *
<i>ra iron tab 27mg</i>	\$0(3)	NM; *

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<i>ra iron tab 325mg</i>	\$0(3)	NM; *
<i>slow fe tab 45mg</i>	\$0(3)	NM; *
<i>slow iron tab 50mg</i>	\$0(3)	NM; *
<i>slow iron tab 160mg cr</i>	\$0(3)	NM; *
SLOW REL FE TAB 143MG CR	\$0(3)	NM; *
<i>slow rel fe tab 160mg cr</i>	\$0(3)	NM; *
<i>slow release tab 45mg</i>	\$0(3)	NM; *
<i>slow release tab 47.5mg</i>	\$0(3)	NM; *
<i>slow release tab 143mg</i>	\$0(3)	NM; *
<i>slow release tab iron 45</i>	\$0(3)	NM; *
<i>slow-release tab fe 45mg</i>	\$0(3)	NM; *
<i>sm iron slow tab 45mg</i>	\$0(3)	NM; *
<i>sm iron slow tab 160mg cr</i>	\$0(3)	NM; *
<i>sm iron tab 45mg</i>	\$0(3)	NM; *
<i>sm iron tab 325mg</i>	\$0(3)	NM; *
<i>sod ferric gluc cmplx in sucrose iv soln 12.5 mg/ml (fe eq)</i>	\$0(3)	NM; *
TARON FORTE CAP	\$0(3)	NM; *
VENOFER INJ 20MG/ML	\$0(3)	NM; *
<i>wee care sus 15/1.25</i>	\$0(3)	NM; *
MISCELLANEOUS		
<i>anagrelide hcl cap 0.5 mg</i>	\$0(1)	
<i>anagrelide hcl cap 1 mg</i>	\$0(1)	
BERINERT INJ 500UNIT	\$0(2)	NDS, QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol tab 50 mg</i>	\$0(1)	
<i>cilostazol tab 100 mg</i>	\$0(1)	
DROXIA CAP 200MG	\$0(2)	
DROXIA CAP 300MG	\$0(2)	
DROXIA CAP 400MG	\$0(2)	
ENDARI POW 5GM	\$0(2)	NDS, LA, PA
HAEGARDA INJ 2000UNIT	\$0(2)	NDS, QL (30 vials / 30 days), NM, LA, PA
HAEGARDA INJ 3000UNIT	\$0(2)	NDS, QL (20 vials / 30 days), NM, LA, PA
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	\$0(2)	NDS, QL (9 syringes / 30 days), NM, PA
<i>pentoxifylline tab er 400 mg</i>	\$0(1)	
PROMACTA PAK 25MG	\$0(2)	NDS, QL (180 packets / 30 days), LA, PA

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PROMACTA POW 12.5MG	\$0(2)	NDS, QL (360 packets / 30 days), NM, LA, PA
PROMACTA TAB 12.5MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TAB 25MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TAB 50MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
PROMACTA TAB 75MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	\$0(1)	
<i>tranexamic acid tab 650 mg</i>	\$0(1)	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	\$0(1)	
BRILINTA TAB 60MG	\$0(2)	
BRILINTA TAB 90MG	\$0(2)	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	\$0(1)	
<i>prasugrel hcl tab 5 mg (base equiv)</i>	\$0(1)	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	\$0(1)	
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS		
ENBREL INJ 25/0.5ML	\$0(2)	NDS, QL (16 syringes / 28 days), NM, PA
ENBREL INJ 25MG	\$0(2)	NDS, QL (16 vials / 28 days), PA
ENBREL INJ 25MG	\$0(2)	NDS, QL (16 vials / 28 days), NM, PA
ENBREL INJ 50MG/ML	\$0(2)	NDS, QL (8 syringes / 28 days), NM, PA
ENBREL MINI INJ 50MG/ML	\$0(2)	NDS, QL (8 injections / 28 days), NM, PA
ENBREL SRCLK INJ 50MG/ML	\$0(2)	NDS, QL (8 injections / 28 days), NM, PA
HUMIRA INJ 10/0.1ML	\$0(2)	NDS, QL (2 injections / 28 days), NM, PA
HUMIRA INJ 10MG/0.2	\$0(2)	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA INJ 20/0.2ML	\$0(2)	NDS, QL (2 injections / 28 days), NM, PA

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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
<i>hydroxychloroquine sulfate tab 200 mg</i>	\$0(1)	
<i>leflunomide tab 10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>leflunomide tab 20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	\$0(1)	
REMICADE INJ 100MG	\$0(2)	NDS, NM, PA
RENFLEXIS INJ 100MG	\$0(2)	NDS, NM, LA, PA
RINVOQ TAB 15MG ER	\$0(2)	NDS, QL (30 tabs / 30 days), PA
SKYRIZI INJ 150DOSE	\$0(2)	NDS, QL (7 kits / year), NM, PA
STELARA INJ 45MG/0.5	\$0(2)	NDS, QL (1 vial / 28 days), NM, LA, PA
STELARA INJ 45MG/0.5	\$0(2)	NDS, QL (1 syringe / 28 days), NM, PA
STELARA INJ 90MG/ML	\$0(2)	NDS, QL (1 syringe / 28 days), NM, PA
XATMEP SOL 2.5MG/ML	\$0(2)	B/D
XELJANZ TAB 5MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ TAB 10MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TAB 11MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
XELJANZ XR TAB 22MG	\$0(2)	NDS, QL (30 tabs / 30 days), PA

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IMMUNOGLOBULINS

BIVIGAM INJ 10%	\$0(2)	NDS, NM, PA
FLEBOGAMMA INJ 5GM/50ML	\$0(2)	NDS, NM, PA
FLEBOGAMMA INJ 10/100ML	\$0(2)	NDS, NM, PA
FLEBOGAMMA INJ 10/200ML	\$0(2)	NDS, NM, PA
FLEBOGAMMA INJ 20/200ML	\$0(2)	NDS, NM, PA
FLEBOGAMMA INJ 20/400ML	\$0(2)	NDS, NM, PA
FLEBOGAMMA INJ DIF 5%	\$0(2)	NDS, NM, PA
GAMASTAN INJ	\$0(2)	B/D, NM
GAMMAGARD INJ 1GM/10ML	\$0(2)	NDS, NM, PA
GAMMAGARD INJ 2.5GM/25	\$0(2)	NDS, NM, PA
GAMMAGARD INJ 5GM/50ML	\$0(2)	NDS, NM, PA
GAMMAGARD INJ 10GM/100	\$0(2)	NDS, NM, PA
GAMMAGARD INJ 20GM/200	\$0(2)	NDS, NM, PA
GAMMAGARD INJ 30GM/300	\$0(2)	NDS, NM, PA
GAMMAGARD SD INJ 5GM HU	\$0(2)	NDS, NM, PA
GAMMAGARD SD INJ 10GM HU	\$0(2)	NDS, NM, PA
GAMMAKED INJ 1GM/10ML	\$0(2)	NDS, NM, PA
GAMMAKED INJ 5GM/50ML	\$0(2)	NDS, NM, PA
GAMMAKED INJ 10GM/100	\$0(2)	NDS, NM, PA
GAMMAKED INJ 20GM/200	\$0(2)	NDS, NM, PA
GAMMAPLEX INJ 5%	\$0(2)	NDS, NM, PA
GAMMAPLEX INJ 10%	\$0(2)	NDS, NM, PA
GAMUNEX-C INJ 1GM/10ML	\$0(2)	NDS, NM, PA
GAMUNEX-C INJ 2.5GM/25	\$0(2)	NDS, NM, PA
GAMUNEX-C INJ 5GM/50ML	\$0(2)	NDS, NM, PA
GAMUNEX-C INJ 10GM/100	\$0(2)	NDS, NM, PA
GAMUNEX-C INJ 20GM/200	\$0(2)	NDS, NM, PA
GAMUNEX-C INJ 40/400ML	\$0(2)	NDS, NM, PA
OCTAGAM INJ 1GM	\$0(2)	NDS, NM, PA
OCTAGAM INJ 2.5GM	\$0(2)	NDS, NM, PA
OCTAGAM INJ 2GM/20ML	\$0(2)	NDS, NM, PA
OCTAGAM INJ 5GM	\$0(2)	NDS, NM, PA
OCTAGAM INJ 5GM/50ML	\$0(2)	NDS, NM, PA
OCTAGAM INJ 10/100ML	\$0(2)	NDS, NM, PA
OCTAGAM INJ 10GM	\$0(2)	NDS, NM, PA
OCTAGAM INJ 20/200ML	\$0(2)	NDS, NM, PA
OCTAGAM INJ 25GM	\$0(2)	NDS, NM, PA
OCTAGAM INJ 30/300ML	\$0(2)	NDS, NM, PA
PANZYGA SOL 1GM/10ML	\$0(2)	NDS, NM, PA
PANZYGA SOL 2.5/25ML	\$0(2)	NDS, NM, PA

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PANZYGA SOL 5GM/50ML	\$0(2)	NDS, NM, PA
PANZYGA SOL 10/100ML	\$0(2)	NDS, NM, PA
PANZYGA SOL 20/200ML	\$0(2)	NDS, NM, PA
PANZYGA SOL 30/300ML	\$0(2)	NDS, NM, PA
PRIVIGEN INJ 5 GRAMS	\$0(2)	NDS, NM, PA
PRIVIGEN INJ 10GRAMS	\$0(2)	NDS, NM, PA
PRIVIGEN INJ 20GRAMS	\$0(2)	NDS, NM, PA
PRIVIGEN INJ 40GRAMS	\$0(2)	NDS, NM, PA
IMMUNOMODULATORS		
ACTIMMUNE INJ 2MU/0.5	\$0(2)	NDS, NM, LA, PA
ARCALYST INJ 220MG	\$0(2)	NDS, NM, PA
INTRON A INJ 10MU	\$0(2)	NDS, B/D, NM
INTRON A INJ 18MU	\$0(2)	NDS, B/D, NM
INTRON A INJ 25MU	\$0(2)	NDS, B/D, NM
INTRON A INJ 50MU	\$0(2)	NDS, B/D, NM
IMMUNOSUPPRESSANTS		
<i>azathioprine tab 50 mg</i>	\$0(1)	B/D
BENLYSTA INJ 120MG	\$0(2)	NDS, NM, PA
BENLYSTA INJ 200MG/ML	\$0(2)	NDS, NM, PA
BENLYSTA INJ 400MG	\$0(2)	NDS, NM, PA
<i>cyclosporine cap 25 mg</i>	\$0(1)	B/D
<i>cyclosporine cap 100 mg</i>	\$0(1)	B/D
<i>cyclosporine iv soln 50 mg/ml</i>	\$0(1)	B/D
<i>cyclosporine modified cap 25 mg</i>	\$0(1)	B/D
<i>cyclosporine modified cap 50 mg</i>	\$0(1)	B/D
<i>cyclosporine modified cap 100 mg</i>	\$0(1)	B/D
<i>cyclosporine modified oral soln 100 mg/ml</i>	\$0(1)	B/D
<i>everolimus tab 0.5 mg</i>	\$0(2)	NDS, B/D
<i>everolimus tab 0.25 mg</i>	\$0(1)	B/D
<i>everolimus tab 0.75 mg</i>	\$0(2)	NDS, B/D
<i>gengraf cap 25mg</i>	\$0(1)	B/D
<i>gengraf cap 100mg</i>	\$0(1)	B/D
<i>gengraf sol 100mg/ml</i>	\$0(1)	B/D
<i>mycophenolate mofetil cap 250 mg</i>	\$0(1)	B/D
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	\$0(2)	NDS, B/D
<i>mycophenolate mofetil tab 500 mg</i>	\$0(1)	B/D
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	\$0(1)	B/D
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	\$0(1)	B/D

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NULOJIX INJ 250MG	\$0(2)	NDS, B/D
PROGRAF GRA 0.2MG	\$0(2)	B/D
PROGRAF GRA 1MG	\$0(2)	B/D
SANDIMMUNE SOL 100MG/ML	\$0(2)	B/D
<i>sirolimus oral soln 1 mg/ml</i>	\$0(2)	NDS, B/D
<i>sirolimus tab 0.5 mg</i>	\$0(1)	B/D
<i>sirolimus tab 1 mg</i>	\$0(1)	B/D
<i>sirolimus tab 2 mg</i>	\$0(2)	NDS, B/D
<i>tacrolimus cap 0.5 mg</i>	\$0(1)	B/D
<i>tacrolimus cap 1 mg</i>	\$0(1)	B/D
<i>tacrolimus cap 5 mg</i>	\$0(1)	B/D
ZORTRESS TAB 0.5MG	\$0(2)	NDS, B/D
ZORTRESS TAB 0.25MG	\$0(2)	NDS, B/D
ZORTRESS TAB 0.75MG	\$0(2)	NDS, B/D
ZORTRESS TAB 1MG	\$0(2)	NDS, B/D
VACCINES		
ACTHIB INJ	\$0(2)	
ADACEL INJ	\$0(2)	
BCG VACCINE INJ	\$0(2)	
BEXSERO INJ	\$0(2)	
BOOSTRIX INJ	\$0(2)	
DAPTACEL INJ	\$0(2)	
DIP/TET PED INJ 25-5LFU	\$0(2)	B/D
ENGERIX-B INJ 10/0.5ML	\$0(2)	B/D
ENGERIX-B INJ 20MCG/ML	\$0(2)	B/D
GARDASIL 9 INJ	\$0(2)	
HAVRIX INJ 720UNIT	\$0(2)	
HAVRIX INJ 1440UNIT	\$0(2)	
HIBERIX SOL 10MCG	\$0(2)	
IMOVAX RABIE INJ 2.5/ML	\$0(2)	B/D
INFANRIX INJ	\$0(2)	
IPOL INJ INACTIVE	\$0(2)	
IXIARO INJ	\$0(2)	
KINRIX INJ	\$0(2)	
M-M-R II INJ	\$0(2)	
MENACTRA INJ	\$0(2)	
MENQUADFI INJ	\$0(2)	
MENVEO INJ	\$0(2)	
PEDIARIX INJ 0.5ML	\$0(2)	
PEDVAX HIB INJ	\$0(2)	
PENTACEL INJ	\$0(2)	

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PROQUAD INJ	\$0(2)	
QUADRACEL INJ	\$0(2)	
RABAVERT INJ	\$0(2)	B/D
RECOMBIVA HB INJ 5MCG/0.5	\$0(2)	B/D
RECOMBIVA HB INJ 10MCG/ML	\$0(2)	B/D
RECOMBIVA-HB INJ 40MCG/ML	\$0(2)	B/D
ROTARIX SUS	\$0(2)	
ROTATEQ SOL	\$0(2)	
SHINGRIX INJ 50/0.5ML	\$0(2)	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	\$0(2)	B/D
TENIVAC INJ 5-2LF	\$0(2)	B/D
TRUMENBA INJ	\$0(2)	
TWINRIX INJ	\$0(2)	
TYPHIM VI INJ	\$0(2)	
VAQTA INJ 25/0.5ML	\$0(2)	
VAQTA INJ 50UNT/ML	\$0(2)	
VARIVAX INJ	\$0(2)	
YF-VAX INJ	\$0(2)	
ZOSTAVAX INJ	\$0(2)	QL (1 vial per lifetime)

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; *
<i>cvs electrol sol</i>	\$0(3)	NM; *
DRIPDROP POW BERRY	\$0(3)	NM; *
DRIPDROP POW ORS	\$0(3)	NM; *
ENFAMIL SOL ENFALYTE	\$0(3)	NM; *
<i>gnp pediatri sol electrol</i>	\$0(3)	NM; *
<i>klor-con 8 tab 8meq er</i>	\$0(1)	
<i>klor-con 10 tab 10meq er</i>	\$0(1)	
MAGNESIUM SU INJ 2GM/50ML	\$0(2)	
MAGNESIUM SU INJ 4G/100ML	\$0(2)	
MAGNESIUM SU INJ 20/500ML	\$0(2)	
MAGNESIUM SU INJ 40G/1000	\$0(2)	
MAGNESIUM SU INJ 80MG/ML	\$0(2)	

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<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	\$0(2)	
<i>magnesium sulfate inj 50%</i>	\$0(2)	
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	\$0(2)	
<i>magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)</i>	\$0(2)	
<i>magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)</i>	\$0(2)	
<i>magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)</i>	\$0(2)	
<i>magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)</i>	\$0(2)	
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; *
NORMALYTE POW PURE	\$0(3)	NM; *
<i>oral electro sol cherry</i>	\$0(3)	NM; *
<i>oral electro sol h-e-b</i>	\$0(3)	NM; *
<i>oral electrolyte solution</i>	\$0(3)	NM; *
<i>oralyte sol</i>	\$0(3)	NM; *
<i>oralyte sol freeze</i>	\$0(3)	NM; *
<i>ped elctrylt sol</i>	\$0(3)	NM; *
<i>ped elctrylt sol /zinc</i>	\$0(3)	NM; *
<i>ped elctrylt sol apple</i>	\$0(3)	NM; *
<i>ped elctrylt sol freeze</i>	\$0(3)	NM; *
<i>ped elctrylt sol freezer</i>	\$0(3)	NM; *
<i>ped elctrylt sol freezpop</i>	\$0(3)	NM; *
<i>ped elctrylt sol fruit</i>	\$0(3)	NM; *
<i>ped elctrylt sol grape</i>	\$0(3)	NM; *
<i>ped elctrylt sol pineappl</i>	\$0(3)	NM; *
<i>ped elctrylt sol unflavrd</i>	\$0(3)	NM; *
<i>pedia vance sol apple</i>	\$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; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PEDIALYTE POW VARIETY	\$0(3)	NM; *
PEDIATRIC POW ELECTROL	\$0(3)	NM; *
<i>potassium chloride cap er 8 meq</i>	\$0(1)	
<i>potassium chloride cap er 10 meq</i>	\$0(1)	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	\$0(1)	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	\$0(1)	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	\$0(1)	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	\$0(1)	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	\$0(1)	
<i>potassium chloride powder packet 20 meq</i>	\$0(1)	
<i>potassium chloride tab er 8 meq (600 mg)</i>	\$0(1)	
<i>potassium chloride tab er 10 meq</i>	\$0(1)	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	\$0(1)	
<i>ra pediatric sol electrol</i>	\$0(3)	NM; *
<i>rehydralyte sol</i>	\$0(3)	NM; *
REPLACE TAB SR	\$0(3)	NM; *
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	\$0(1)	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	\$0(1)	
THERMOTABS TAB	\$0(3)	NM; *
TPN ELECTROL INJ	\$0(2)	B/D
IV NUTRITION		
AMINOSYN II INJ 10%	\$0(2)	B/D
AMINOSYN-PF INJ 7%	\$0(2)	B/D
CLINIMIX INJ 4.25/D5W	\$0(2)	B/D
CLINIMIX INJ 4.25/D10	\$0(2)	B/D
CLINIMIX INJ 5%/D15W	\$0(2)	B/D
CLINIMIX INJ 5%/D20W	\$0(2)	B/D
<i>clinisol sf inj 15%</i>	\$0(1)	B/D
CLINOLIPID EMU 20%	\$0(2)	B/D
FREAMINE HBC INJ 6.9%	\$0(2)	B/D
FREAMINE III INJ 10%	\$0(2)	B/D
<i>hepatamine sol 8%</i>	\$0(2)	B/D
INTRALIPID INJ 20%	\$0(2)	B/D
INTRALIPID INJ 30%	\$0(2)	B/D

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NEPHRAMINE INJ 5.4%	\$0(2)	B/D
NUTRILIPID EMU 20%	\$0(2)	B/D
<i>plenamine inj 15%</i>	\$0(1)	B/D
PREMASOL SOL 10%	\$0(2)	B/D
PROCALAMINE INJ 3%	\$0(2)	B/D
PROSOL INJ 20%	\$0(2)	B/D
TRAVASOL INJ 10%	\$0(2)	B/D
TROPHAMINE INJ 10%	\$0(2)	B/D
IV REPLACEMENT SOLUTIONS		
D5W/LYTES INJ #48	\$0(2)	
D5W/NACL INJ 0.3%	\$0(2)	
D10W/NACL INJ 0.2%	\$0(2)	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	\$0(1)	
<i>dextrose 5% in lactated ringers</i>	\$0(1)	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	\$0(1)	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	\$0(1)	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	\$0(1)	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	\$0(1)	
<i>dextrose inj 5%</i>	\$0(1)	
<i>dextrose inj 10%</i>	\$0(1)	
<i>dextrose inj 50%</i>	\$0(1)	
<i>dextrose inj 70%</i>	\$0(1)	
ISOLYTE-P INJ /D5W	\$0(2)	
ISOLYTE-S INJ	\$0(2)	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	\$0(1)	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	\$0(1)	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	\$0(1)	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	\$0(1)	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	\$0(1)	
KCL/D5W/NACL INJ 0.3/0.9%	\$0(2)	
KCL/D5W/NACL INJ 0.15/0.2	\$0(2)	

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<i>lactated ringer's solution</i>	\$0(1)	
NORMOSOL -M INJ /D5W	\$0(2)	
PLASMA-LYTE INJ -148	\$0(2)	
PLASMA-LYTE INJ -A	\$0(2)	
POT CHLORIDE INJ 10MEQ	\$0(1)	
POT CHLORIDE INJ 20MEQ	\$0(1)	
POT CHLORIDE INJ 40MEQ	\$0(1)	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	\$0(1)	
<i>potassium chloride inj 2 meq/ml</i>	\$0(1)	
<i>sodium chloride iv soln 0.9%</i>	\$0(1)	
<i>sodium chloride iv soln 0.45%</i>	\$0(1)	
<i>sodium chloride iv soln 3%</i>	\$0(1)	
<i>sodium chloride iv soln 5%</i>	\$0(1)	
MINERALS		
CA CITRATE TAB 250MG	\$0(3)	NM; *
<i>ca citrate tab + d</i>	\$0(3)	NM; *
<i>ca citrate tab plus d</i>	\$0(3)	NM; *
CA HI-CAL/D TAB 500MG	\$0(3)	NM; *
CA LACTATE TAB 100MG	\$0(3)	NM; *
<i>cal cit+d3 tab maximum</i>	\$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; *
<i>calc 600+d3 cap 600-500</i>	\$0(3)	NM; *
<i>calc 600+d3 tab minerals</i>	\$0(3)	NM; *
<i>calc 600+d tab 600-800</i>	\$0(3)	NM; *
<i>calc 600+d+ tab minerals</i>	\$0(3)	NM; *
<i>calc 600+d/ chw 600-800</i>	\$0(3)	NM; *
<i>calc 600/d3 tab 600-800</i>	\$0(3)	NM; *
<i>calc cit+d3 tab 200-250</i>	\$0(3)	NM; *
<i>calc cit+d3 tab 250-200</i>	\$0(3)	NM; *
<i>calc citr+d3 tab 200-250</i>	\$0(3)	NM; *
<i>calc citr+d tab 315-250</i>	\$0(3)	NM; *
<i>calc citr/d3 tab 200-250</i>	\$0(3)	NM; *
<i>calc citra+d tab 315-250</i>	\$0(3)	NM; *
CALC CITRATE LIQ VIT D3	\$0(3)	NM; *
<i>calc citrate tab +d</i>	\$0(3)	NM; *
CALC/VIT D3 CHW DISNEY	\$0(3)	NM; *
CALCI-CHEW CHW 1250MG	\$0(3)	NM; *

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CALCI-MIX CAP 1250MG	\$0(3)	NM; *
<i>calcitrate tab</i>	\$0(3)	NM; *
<i>calcitrate tab 950mg</i>	\$0(3)	NM; *
<i>calcium 500 tab +d</i>	\$0(3)	NM; *
<i>calcium 500 tab /vit d</i>	\$0(3)	NM; *
<i>calcium 600 chw +d/miner</i>	\$0(3)	NM; *
<i>calcium 600 chw +d/mnrsls</i>	\$0(3)	NM; *
<i>calcium 600 chw w/vit d</i>	\$0(3)	NM; *
<i>calcium 600 tab</i>	\$0(3)	NM; *
<i>calcium 600 tab + d</i>	\$0(3)	NM; *
<i>calcium 600 tab +d</i>	\$0(3)	NM; *
<i>calcium 600 tab +d3</i>	\$0(3)	NM; *
<i>calcium 600 tab +d/mnrsls</i>	\$0(3)	NM; *
<i>calcium 600 tab -d</i>	\$0(3)	NM; *
<i>calcium 600 tab vit d/mi</i>	\$0(3)	NM; *
<i>calcium 600/ tab vit d</i>	\$0(3)	NM; *
CALCIUM 1000 TAB + D	\$0(3)	NM; *
<i>calcium 1200 chw</i>	\$0(3)	NM; *
<i>calcium + d tab</i>	\$0(3)	NM; *
<i>calcium + d tab 600-200</i>	\$0(3)	NM; *
<i>calcium +d3 tab maximum</i>	\$0(3)	NM; *
<i>calcium +d tab maximum</i>	\$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; *
<i>calcium carb tab 1250mg</i>	\$0(3)	NM; *
<i>calcium carb-vit d w/ minerals chew tab 600 mg-400 unit</i>	\$0(3)	NM; *
<i>calcium carbonate (antacid) susp 1250 mg/5ml</i>	\$0(3)	NM; *
<i>calcium carbonate tab 600 mg</i>	\$0(3)	NM; *
<i>calcium carbonate tab 1250 mg (500 mg elemental ca)</i>	\$0(3)	NM; *
<i>calcium carbonate-cholecalciferol chew tab 500 mg-100 unit</i>	\$0(3)	NM; *
<i>calcium carbonate-cholecalciferol tab 250 mg-125 unit</i>	\$0(3)	NM; *
<i>calcium carbonate-cholecalciferol tab 500 mg-200 unit</i>	\$0(3)	NM; *

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<i>calcium carbonate-cholecalciferol tab 500 mg-400 unit</i>	\$0(3)	NM; *
<i>calcium carbonate-cholecalciferol tab 600 mg-200 unit</i>	\$0(3)	NM; *
<i>calcium carbonate-cholecalciferol tab 600 mg-400 unit</i>	\$0(3)	NM; *
<i>calcium carbonate-vitamin d cap 600 mg-200 unit</i>	\$0(3)	NM; *
<i>calcium carbonate-vitamin d tab 250 mg-125 unit</i>	\$0(3)	NM; *
<i>calcium carbonate-vitamin d tab 500 mg-125 unit</i>	\$0(3)	NM; *
<i>calcium carbonate-vitamin d tab 500 mg-200 unit</i>	\$0(3)	NM; *
<i>calcium carbonate-vitamin d tab 500 mg-400 unit</i>	\$0(3)	NM; *
<i>calcium carbonate-vitamin d tab 600 mg-125 unit</i>	\$0(3)	NM; *
<i>calcium carbonate-vitamin d tab 600 mg-200 unit</i>	\$0(3)	NM; *
<i>calcium carbonate-vitamin d tab 600 mg-400 unit</i>	\$0(3)	NM; *
<i>calcium chw gummies</i>	\$0(3)	NM; *
CALCIUM CIT TAB 1040MG	\$0(3)	NM; *
CALCIUM CIT/ TAB VIT D	\$0(3)	NM; *
<i>calcium citr tab +d</i>	\$0(3)	NM; *
<i>calcium citr tab plus d-3</i>	\$0(3)	NM; *
<i>calcium citr tab w/vit d3</i>	\$0(3)	NM; *
<i>calcium citrate tab 950 mg (200 mg elemental ca)</i>	\$0(3)	NM; *
<i>calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)</i>	\$0(3)	NM; *
<i>calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca)</i>	\$0(3)	NM; *
<i>calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)</i>	\$0(3)	NM; *
<i>calcium citrate-vitamin d tab 1500 mg-200 unit</i>	\$0(3)	NM; *
CALCIUM GRA CITRATE	\$0(3)	NM; *
CALCIUM LACT TAB 648MG	\$0(3)	NM; *
CALCIUM LACT TAB 750MG	\$0(3)	NM; *
<i>calcium plus cap d3</i>	\$0(3)	NM; *
CALCIUM PLUS CAP VIT D	\$0(3)	NM; *

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<i>calcium plus tab 600 +d</i>	\$0(3)	NM; *
<i>calcium tab 500+d</i>	\$0(3)	NM; *
<i>calcium tab 500/d</i>	\$0(3)	NM; *
<i>calcium tab 600mg</i>	\$0(3)	NM; *
CALCIUM TAB 600MG	\$0(3)	NM; *
<i>calcium tab vit d</i>	\$0(3)	NM; *
<i>calcium+d3 tab 315-250</i>	\$0(3)	NM; *
<i>calcium+d3 tab 600-400</i>	\$0(3)	NM; *
<i>calcium+d3 tab 600-800</i>	\$0(3)	NM; *
<i>calcium+d tab 600-400</i>	\$0(3)	NM; *
<i>calcium+d tab 600-800</i>	\$0(3)	NM; *
<i>calcium/d3 cap 600-500</i>	\$0(3)	NM; *
CALCIUM/D3 CAP 600-2500	\$0(3)	NM; *
<i>calcium/d3 tab</i>	\$0(3)	NM; *
<i>calcium/d3 tab 200-250</i>	\$0(3)	NM; *
<i>calcium/d3 tab 500-400</i>	\$0(3)	NM; *
<i>calcium/d3 tab 500-600</i>	\$0(3)	NM; *
<i>calcium/d3 tab 600-800</i>	\$0(3)	NM; *
<i>calcium/d chw 500-400</i>	\$0(3)	NM; *
<i>calcium/d tab 500-200</i>	\$0(3)	NM; *
<i>calcium/d tab 500-400</i>	\$0(3)	NM; *
<i>calcium/d tab 500/200</i>	\$0(3)	NM; *
<i>calcium/d tab 500mg</i>	\$0(3)	NM; *
<i>calcium/d tab 600-400</i>	\$0(3)	NM; *
<i>calcium/d tab 600-800</i>	\$0(3)	NM; *
<i>calcium/vita tab d3</i>	\$0(3)	NM; *
CALCIUM/VITD CAP 600-400	\$0(3)	NM; *
<i>calcium/vitd cap 600-500</i>	\$0(3)	NM; *
CALTRATE 600 CHW 600-800	\$0(3)	NM; *
<i>caltrate 600 tab</i>	\$0(3)	NM; *
CALTRATE + D TAB 300-800	\$0(3)	NM; *
<i>caltrate+d3 chw 600-800</i>	\$0(3)	NM; *
CHEWABLE CHW CALCIUM	\$0(3)	NM; *
<i>cit calc/d tab 315-250</i>	\$0(3)	NM; *
CITRACAL CAL CHW GUMMIES	\$0(3)	NM; *
CITRACAL+D3 CHW 250-500	\$0(3)	NM; *
<i>creamies chw 600-400</i>	\$0(3)	NM; *
<i>cvs calcium tab 600mg</i>	\$0(3)	NM; *
CVS MAGNESIU CHW 200MG	\$0(3)	NM; *
<i>eq calcium tab citr+d</i>	\$0(3)	NM; *
EQL CALCIUM CAP 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
<i>eql calcium tab citr/d3</i>	\$0(3)	NM; *
<i>eql calcium tab w/vit d</i>	\$0(3)	NM; *
GALZIN CAP 25MG	\$0(3)	NM; *
GALZIN CAP 50MG	\$0(3)	NM; *
<i>gnp ca/vit d chw minerals</i>	\$0(3)	NM; *
<i>gnp calcium tab 500/d</i>	\$0(3)	NM; *
<i>gnp calcium tab 600/d</i>	\$0(3)	NM; *
<i>gnp calcium tab cit +d3</i>	\$0(3)	NM; *
<i>hm ca/vit d3 tab 600-400</i>	\$0(3)	NM; *
<i>hm ca/vit d3 tab 600-800</i>	\$0(3)	NM; *
<i>hm calcium tab citr+d</i>	\$0(3)	NM; *
<i>hm calcium tab d/minera</i>	\$0(3)	NM; *
<i>kp calcium cap 600+d</i>	\$0(3)	NM; *
<i>kp calcium tab 600+d</i>	\$0(3)	NM; *
<i>kp calcium tab +d</i>	\$0(3)	NM; *
<i>kp mag-oxide tab 200mg</i>	\$0(3)	NM; *
<i>liq ca/vit d cap 600mg</i>	\$0(3)	NM; *
LIQUID CALCI CAP WITH D3	\$0(3)	NM; *
MAG64 TAB 64MG	\$0(3)	NM; *
<i>mag-g tab 500mg</i>	\$0(3)	NM; *
<i>mag-oxide tab 200mg</i>	\$0(3)	NM; *
MAG-SR PLUS TAB CALCIUM	\$0(3)	NM; *
MAGDELAY TAB 70MG	\$0(3)	NM; *
MAGN CHLORID POW	\$0(3)	NM; *
MAGNESIUM CAP 400MG	\$0(3)	NM; *
MAGNESIUM CHLORIDE TAB DR 64 MG (ELEMENTAL MG)	\$0(3)	NM; *
MAGNESIUM GL TAB 500MG	\$0(3)	NM; *
MAGNESIUM GL TAB 550MG	\$0(3)	NM; *
<i>magnesium gluconate tab 27.5 mg (elemental mg)</i>	\$0(3)	NM; *
<i>magnesium gluconate tab 500 mg (27 mg elemental mg)</i>	\$0(3)	NM; *
<i>magnesium lactate tab er 84 mg (elemental mg) (7 meq)</i>	\$0(3)	NM; *
MAGNESIUM OX PAK 240MG	\$0(3)	NM; *
<i>magnesium oxide cap 500 mg (elemental mg)</i>	\$0(3)	NM; *
<i>magnesium oxide tab 250 mg (mg supplement)</i>	\$0(3)	NM; *
<i>magnesium oxide tab 400 mg (240 mg elemental mg)</i>	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>magnesium oxide tab 400 mg (241.3 mg elemental mg)</i>	\$0(3)	NM; *
<i>magnesium oxide tab 500 mg (mg supplement)</i>	\$0(3)	NM; *
<i>magnesium tab 500mg</i>	\$0(3)	NM; *
<i>magnesium-ox tab 400mg</i>	\$0(3)	NM; *
<i>magonate tab 500mg</i>	\$0(3)	NM; *
MG GLUCONATE TAB 250MG	\$0(3)	NM; *
<i>mgo tab 400mg</i>	\$0(3)	NM; *
NU-MAG TAB 71.5-119	\$0(3)	NM; *
<i>orazinc cap 220mg</i>	\$0(3)	NM; *
ORAZINC TAB 110MG	\$0(3)	NM; *
<i>os calcium tab /vit d</i>	\$0(3)	NM; *
<i>os-cal + d3 tab 500-200</i>	\$0(3)	NM; *
<i>os-cal chw</i>	\$0(3)	NM; *
<i>os-cal chw 500-600</i>	\$0(3)	NM; *
<i>os-cal extra tab d3</i>	\$0(3)	NM; *
OSTEO-PORETI TAB	\$0(3)	NM; *
<i>oys shell ca tab 500 + d</i>	\$0(3)	NM; *
<i>oys shell ca tab /d3</i>	\$0(3)	NM; *
<i>oys shell+d chw 500-400</i>	\$0(3)	NM; *
<i>oys shell+d tab 250-125</i>	\$0(3)	NM; *
OYS SHL CALC PAK VIT D	\$0(3)	NM; *
<i>oysco 500 tab 500mg</i>	\$0(3)	NM; *
<i>oysco 500+d chw</i>	\$0(3)	NM; *
<i>oysco 500+d tab</i>	\$0(3)	NM; *
<i>oyst cal/d tab 250mg</i>	\$0(3)	NM; *
<i>oyst cal/d tab 500mg</i>	\$0(3)	NM; *
<i>oyst shell/d tab 250mg</i>	\$0(3)	NM; *
<i>oyst shell/d tab 500-125</i>	\$0(3)	NM; *
<i>oyst shell/d tab 500-200</i>	\$0(3)	NM; *
<i>oyst shell/d tab 500-400</i>	\$0(3)	NM; *
<i>oyst shell/d tab 500mg</i>	\$0(3)	NM; *
<i>oyst-cal-d tab 500mg</i>	\$0(3)	NM; *
<i>oyster shell calcium tab 500 mg</i>	\$0(3)	NM; *
<i>oyster shell tab 500mg</i>	\$0(3)	NM; *
<i>oystercal tab 500mg</i>	\$0(3)	NM; *
<i>oystercal-d tab 500mg</i>	\$0(3)	NM; *
<i>pa oyster sh tab 500mg</i>	\$0(3)	NM; *
<i>phospha 250 tab neutral</i>	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>potassium & sodium phosphates powder pack 280-160-250 mg</i>	\$0(3)	NM; *
<i>px calcium&d tab 600-400</i>	\$0(3)	NM; *
<i>qc calcium tab 600mg</i>	\$0(3)	NM; *
<i>ra ca/vit d3 chw minerals</i>	\$0(3)	NM; *
<i>ra ca/vit d3 tab 600-400</i>	\$0(3)	NM; *
<i>ra calcium tab 600mg</i>	\$0(3)	NM; *
<i>ra calcium tab vit d</i>	\$0(3)	NM; *
<i>ra calcium+d tab 600mg</i>	\$0(3)	NM; *
<i>ra hi cal tab 500-200</i>	\$0(3)	NM; *
<i>ra hi-cal tab 500mg</i>	\$0(3)	NM; *
<i>ra hi-cal/d tab 500mg</i>	\$0(3)	NM; *
<i>ra magnesium cap 500mg</i>	\$0(3)	NM; *
RISACAL-D TAB	\$0(3)	NM; *
<i>slow mag/cal tab 70-117mg</i>	\$0(3)	NM; *
SLOW-MAG TAB	\$0(3)	NM; *
SLOW-MAG TAB 71.5-119	\$0(3)	NM; *
<i>sm ca/vit d3 tab 600-400</i>	\$0(3)	NM; *
<i>sm calcium tab /vit d3</i>	\$0(3)	NM; *
<i>sm calcium/d tab 500-200</i>	\$0(3)	NM; *
<i>sm calcium/d tab 600-400</i>	\$0(3)	NM; *
<i>sm magnesium tab 250mg</i>	\$0(3)	NM; *
<i>super ca 600 tab + d3</i>	\$0(3)	NM; *
<i>super ca 600 tab + d3 400</i>	\$0(3)	NM; *
<i>super ca 600 tab + d 400</i>	\$0(3)	NM; *
<i>super calciu tab 600mg</i>	\$0(3)	NM; *
UPCAL D POW	\$0(3)	NM; *
ZINC 15 TAB 66MG	\$0(3)	NM; *
ZINC SULFATE CAP 50MG	\$0(3)	NM; *
<i>zinc sulfate cap 220 mg (50 mg elemental zn)</i>	\$0(3)	NM; *
ZINC SULFATE POW	\$0(3)	NM; *
ZINC SULFATE POW GRANULAR	\$0(3)	NM; *
ZINC SULFATE POW MONOHYD	\$0(3)	NM; *
<i>zinc sulfate tab 220 mg (50 mg zinc equivalent)</i>	\$0(3)	NM; *
<i>zinc-220 cap</i>	\$0(3)	NM; *
MISCELLANEOUS		
ALPHA LIPOIC CAP 50MG	\$0(3)	NM; *
ALPHA LIPOIC CAP 300MG	\$0(3)	NM; *
<i>alpha-lipoic acid (thioctic acid) cap 100 mg</i>	\$0(3)	NM; *

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<i>alpha-lipoic acid (thioctic acid) cap 200 mg</i>	\$0(3)	NM; *
<i>alpha-lipoic acid (thioctic acid) cap 600 mg</i>	\$0(3)	NM; *
ALPHA-LIPOIC CAP 50MG	\$0(3)	NM; *
ARGININE2000 PAK 2000MG	\$0(3)	NM; *
<i>arginine cap 500 mg</i>	\$0(3)	NM; *
ARGININE PAK 500MG	\$0(3)	NM; *
ARGININE TAB 500MG	\$0(3)	NM; *
<i>arginine tab 1000 mg</i>	\$0(3)	NM; *
CHEW Q CHW 30MG	\$0(3)	NM; *
CHEW Q CHW 100MG	\$0(3)	NM; *
CHEW Q CHW 600MG	\$0(3)	NM; *
<i>co q10 ms cap 200mg</i>	\$0(3)	NM; *
<i>co q-10 cap 100mg</i>	\$0(3)	NM; *
CO-ENZYME WAF Q10/E	\$0(3)	NM; *
<i>coenzyme q10 cap 10 mg</i>	\$0(3)	NM; *
<i>coenzyme q10 cap 30 mg</i>	\$0(3)	NM; *
<i>coenzyme q10 cap 30mg</i>	\$0(3)	NM; *
<i>coenzyme q10 cap 50 mg</i>	\$0(3)	NM; *
<i>coenzyme q10 cap 60 mg</i>	\$0(3)	NM; *
<i>coenzyme q10 cap 75 mg</i>	\$0(3)	NM; *
<i>coenzyme q10 cap 100 mg</i>	\$0(3)	NM; *
<i>coenzyme q10 cap 100mg</i>	\$0(3)	NM; *
<i>coenzyme q10 cap 150 mg</i>	\$0(3)	NM; *
<i>coenzyme q10 cap 200 mg</i>	\$0(3)	NM; *
<i>coenzyme q10 cap 200mg</i>	\$0(3)	NM; *
<i>coenzyme q10 cap 300 mg</i>	\$0(3)	NM; *
<i>coenzyme q10 cap 400 mg</i>	\$0(3)	NM; *
<i>coenzyme q10 cap 400mg</i>	\$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; *
<i>coenzyme q10 tab 60 mg</i>	\$0(3)	NM; *
COENZYME Q10 TAB 100MG	\$0(3)	NM; *
COENZYME Q10 TAB 200MG	\$0(3)	NM; *
<i>coq10 cap 400mg</i>	\$0(3)	NM; *
COQ-10 CAP 100MG TR	\$0(3)	NM; *
COROMEGA EMU OMEGA 3	\$0(3)	NM; *
<i>cvs coq-10 cap 200mg</i>	\$0(3)	NM; *
<i>cvs coq-10 cap 400mg</i>	\$0(3)	NM; *
<i>cvs fish oil cap 1000mg</i>	\$0(3)	NM; *

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<i>cvs fish oil cap 1200mg</i>	\$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; *
ENDUR-THINE TAB 500-200	\$0(3)	NM; *
<i>eql coq10 cap 100mg</i>	\$0(3)	NM; *
<i>eql coq10 cap 200mg</i>	\$0(3)	NM; *
<i>eql fish oil cap 1000mg</i>	\$0(3)	NM; *
<i>eql fish oil cap 1200mg</i>	\$0(3)	NM; *
<i>finest fish liq oil</i>	\$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; *
<i>fish oil cap 300mg</i>	\$0(3)	NM; *
<i>fish oil cap 435mg</i>	\$0(3)	NM; *
FISH OIL CAP 900MG	\$0(3)	NM; *
<i>fish oil cap 1000mg</i>	\$0(3)	NM; *
FISH OIL CAP 1000MG	\$0(3)	NM; *
<i>fish oil cap 1200mg</i>	\$0(3)	NM; *
FISH OIL CAP 1360MG	\$0(3)	NM; *
FISH OIL CAP 1400MG	\$0(3)	NM; *
FISH OIL CHW 875MG	\$0(3)	NM; *
<i>fish oil chw gummies</i>	\$0(3)	NM; *
<i>fish oil con cap 300mg</i>	\$0(3)	NM; *
<i>fish oil con cap 1000mg</i>	\$0(3)	NM; *
<i>glutamine powder</i>	\$0(3)	NM; *
<i>glutimmune pow 100%</i>	\$0(3)	NM; *
<i>gnp co q10 cap 60mg</i>	\$0(3)	NM; *
<i>gnp co q10 cap 100mg</i>	\$0(3)	NM; *
<i>gnp co q10 cap 200mg</i>	\$0(3)	NM; *
<i>gnp fish oil cap</i>	\$0(3)	NM; *
GNP FISH OIL CAP 840MG	\$0(3)	NM; *
<i>gnp fish oil cap 1000mg</i>	\$0(3)	NM; *
<i>gnp fish oil cap 1200mg</i>	\$0(3)	NM; *
<i>h2q cap 100mg</i>	\$0(3)	NM; *
<i>healthy kids chw gummies</i>	\$0(3)	NM; *
<i>hm coq10 cap 50mg</i>	\$0(3)	NM; *
<i>hm coq10 cap 100mg</i>	\$0(3)	NM; *
HM FISH OIL CAP 554MG	\$0(3)	NM; *
<i>hm fish oil cap 1000mg</i>	\$0(3)	NM; *
<i>hm fish oil cap 1200mg</i>	\$0(3)	NM; *

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<i>kp fish oil cap 1200mg</i>	\$0(3)	NM; *
<i>kp omega-3 cap 1200mg</i>	\$0(3)	NM; *
<i>l-arginine cap 500mg</i>	\$0(3)	NM; *
L-ARGININE POW	\$0(3)	NM; *
<i>l-arginine tab 1000mg</i>	\$0(3)	NM; *
<i>l-arginine- cap 500</i>	\$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; *
<i>maximum epa cap 1000mg</i>	\$0(3)	NM; *
<i>melatonin chew tab 2.5 mg</i>	\$0(3)	NM; *
NEOQ10 CAP 125MG	\$0(3)	NM; *
<i>omega 3 500 cap 500mg</i>	\$0(3)	NM; *
<i>omega 3 cap 1000mg</i>	\$0(3)	NM; *
OMEGA BABY EMU PRENATAL	\$0(3)	NM; *
<i>omega essent liq basic</i>	\$0(3)	NM; *
<i>omega iii cap epa+dha</i>	\$0(3)	NM; *
OMEGA-3 2100 CAP 1050MG	\$0(3)	NM; *
OMEGA-3 CAP 350MG	\$0(3)	NM; *
<i>omega-3 cap 1200mg</i>	\$0(3)	NM; *
OMEGA-3 CAP 1400MG	\$0(3)	NM; *
OMEGA-3 CAP FISH OIL	\$0(3)	NM; *
<i>omega-3 fatty acids cap 300 mg</i>	\$0(3)	NM; *
<i>omega-3 fatty acids cap 435 mg</i>	\$0(3)	NM; *
<i>omega-3 fatty acids cap 500 mg</i>	\$0(3)	NM; *
<i>omega-3 fatty acids cap 1000 mg</i>	\$0(3)	NM; *
<i>omega-3 fatty acids cap 1200 mg</i>	\$0(3)	NM; *
<i>omega-3 fatty acids cap delayed release 1000 mg</i>	\$0(3)	NM; *
<i>omega-3 fish cap 1000 mg</i>	\$0(3)	NM; *
<i>omega-3 fish cap 1200mg</i>	\$0(3)	NM; *
<i>omega-3 fish chw 113.5mg</i>	\$0(3)	NM; *
OMEGA-3 IQ CHW 240MG	\$0(3)	NM; *
<i>omera cap 1000mg</i>	\$0(3)	NM; *
<i>ovega-3 cap 500mg</i>	\$0(3)	NM; *
<i>pa fish oil cap 1000mg</i>	\$0(3)	NM; *
PRO NUTRIENT CAP OMEGA3	\$0(3)	NM; *

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<i>px fish oil cap 1000mg</i>	\$0(3)	NM; *
Q-GEL CAP 15MG	\$0(3)	NM; *
<i>q-gel forte cap 30mg</i>	\$0(3)	NM; *
<i>q-gel mega cap 100mg</i>	\$0(3)	NM; *
<i>q-gel ultra cap 60mg</i>	\$0(3)	NM; *
<i>q-sorb cap 30mg</i>	\$0(3)	NM; *
<i>q-sorb cap 50mg</i>	\$0(3)	NM; *
<i>q-sorb cap 75mg</i>	\$0(3)	NM; *
<i>q-sorb cap 150mg</i>	\$0(3)	NM; *
<i>q-sorb co q cap 200mg</i>	\$0(3)	NM; *
<i>q-sorb co-q cap 100mg</i>	\$0(3)	NM; *
<i>ra coenzyme cap 100mg</i>	\$0(3)	NM; *
<i>ra fish oil cap 600mg</i>	\$0(3)	NM; *
<i>ra fish oil cap 1000mg</i>	\$0(3)	NM; *
RA FISH OIL CAP 1400MG	\$0(3)	NM; *
<i>salmon oil cap 1000mg</i>	\$0(3)	NM; *
SALMON OIL- CAP 1000	\$0(3)	NM; *
<i>sam-e.p.a. cap 500mg</i>	\$0(3)	NM; *
<i>sea-omega 30 cap 1200mg</i>	\$0(3)	NM; *
<i>sea-omega 50 cap 1000mg</i>	\$0(3)	NM; *
<i>sm coq-10 cap 50mg</i>	\$0(3)	NM; *
SM FISH OIL CAP 554MG	\$0(3)	NM; *
<i>sm fish oil cap 1000mg</i>	\$0(3)	NM; *
<i>sm fish oil cap 1200mg</i>	\$0(3)	NM; *
<i>super dha cap gems</i>	\$0(3)	NM; *
<i>super omega cap -3</i>	\$0(3)	NM; *
SUPER TWIN CAP EPA/DHA	\$0(3)	NM; *
<i>theromega cap 1000mg</i>	\$0(3)	NM; *
ULTRA OMEGA3 CAP 1400MG	\$0(3)	NM; *
<i>vitajoy gumm chw 2.5mg</i>	\$0(3)	NM; *
VITAMINS		
<i>a thru z chw select</i>	\$0(3)	NM; *
<i>a thru z sel tab 50+ adva</i>	\$0(3)	NM; *
<i>a thru z sel tab 50+ mens</i>	\$0(3)	NM; *
<i>a thru z sel tab advanced</i>	\$0(3)	NM; *
<i>a thru z tab advanced</i>	\$0(3)	NM; *
<i>a thru z tab high pot</i>	\$0(3)	NM; *
<i>a thru z tab select</i>	\$0(3)	NM; *
<i>a thru z tab ultimate</i>	\$0(3)	NM; *
<i>a thru z ult tab mens</i>	\$0(3)	NM; *
A-25 CAP 25000UNT	\$0(3)	NM; *

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<i>abaneu-sl sub</i>	\$0(3)	NM; *
<i>abc plus tab</i>	\$0(3)	NM; *
<i>abc plus tab senior</i>	\$0(3)	NM; *
ABDEK CAP	\$0(3)	NM; *
<i>abdek chw</i>	\$0(3)	NM; *
<i>abdek pediat dro</i>	\$0(3)	NM; *
<i>acerola c chw 500mg</i>	\$0(3)	NM; *
ACEROLA C WAF 500MG	\$0(3)	NM; *
<i>actical cap</i>	\$0(3)	NM; *
<i>adlt multivi chw gummies</i>	\$0(3)	NM; *
ADLT ONE DLY CHW GUMMIES	\$0(3)	NM; *
ADULT 50+ CAP OCUVITE	\$0(3)	NM; *
<i>50+ adult cap eye hlth</i>	\$0(3)	NM; *
<i>advanced chw multi ea</i>	\$0(3)	NM; *
<i>advanced tab formula</i>	\$0(3)	NM; *
<i>airborne chw</i>	\$0(3)	NM; *
<i>airborne chw gummies</i>	\$0(3)	NM; *
AIRBORNE LOZ	\$0(3)	NM; *
<i>airborne tab</i>	\$0(3)	NM; *
AIRSHIELD CHW IMMUNITY	\$0(3)	NM; *
<i>airshield tab</i>	\$0(3)	NM; *
<i>airshield tab berry</i>	\$0(3)	NM; *
ALIVE 50+ TAB WOMENS	\$0(3)	NM; *
ALIVE ENERGY TAB WOMENS	\$0(3)	NM; *
ALIVE PRENAT CHW DHA	\$0(3)	NM; *
ALIVE WOMENS CHW GUMMY	\$0(3)	NM; *
<i>allbee plus tab vit c</i>	\$0(3)	NM; *
<i>alph-e cap 400unit</i>	\$0(3)	NM; *
<i>alph-e-mixed cap 200unit</i>	\$0(3)	NM; *
<i>alph-e-mixed cap 1000unit</i>	\$0(3)	NM; *
<i>animal chews chw</i>	\$0(3)	NM; *
<i>animal shape chw</i>	\$0(3)	NM; *
<i>animal shape chw /iron</i>	\$0(3)	NM; *
<i>animal shape chw complete</i>	\$0(3)	NM; *
ANIMAL SHAPE CHW IRON	\$0(3)	NM; *
<i>anti-oxidant tab</i>	\$0(3)	NM; *
<i>antioxidant cap</i>	\$0(3)	NM; *
<i>antioxidant tab</i>	\$0(3)	NM; *
<i>antioxidant tab vitamins</i>	\$0(3)	NM; *
APETIGEN TAB PLUS	\$0(3)	NM; *
AQUA-E LIQ 75/ML	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
AQUADEKS CHW	\$0(3)	NM; *
<i>aquadeks dro</i>	\$0(3)	NM; *
<i>aqueous e dro 15/0.3ml</i>	\$0(3)	NM; *
<i>asco-tabs tab 1000mg</i>	\$0(3)	NM; *
ASCOR SOL 25000MG	\$0(3)	NM; *
ASCORBIC ACD POW	\$0(3)	NM; *
<i>ascorbic acid cap er 500 mg</i>	\$0(3)	NM; *
<i>ascorbic acid chew tab 250 mg</i>	\$0(3)	NM; *
<i>ascorbic acid chew tab 500 mg</i>	\$0(3)	NM; *
<i>ascorbic acid liquid 500 mg/5ml</i>	\$0(3)	NM; *
<i>ascorbic acid tab 250 mg</i>	\$0(3)	NM; *
<i>ascorbic acid tab 500 mg</i>	\$0(3)	NM; *
<i>ascorbic acid tab 1000 mg</i>	\$0(3)	NM; *
<i>ascorbic acid tab er 500 mg</i>	\$0(3)	NM; *
<i>ascorbic acid tab er 1000 mg</i>	\$0(3)	NM; *
<i>ascorbic acid tab er 1500 mg</i>	\$0(3)	NM; *
<i>b6 natural tab 100mg</i>	\$0(3)	NM; *
<i>b complex tab plus c</i>	\$0(3)	NM; *
<i>b complex tab vit c</i>	\$0(3)	NM; *
B-12 CAP 1000MCG	\$0(3)	NM; *
B-12 CAP 3000MCG	\$0(3)	NM; *
B-12 CAP 5000MCG	\$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 METHYCO TAB 1000MCG	\$0(3)	NM; *
<i>b-12 micrloz sub 500mcg</i>	\$0(3)	NM; *
<i>b-12 tab 500mcg</i>	\$0(3)	NM; *
<i>b-12 tab 2000mcg</i>	\$0(3)	NM; *
B-12 TAB 2000MCG	\$0(3)	NM; *
B-12 TAB 2500MCG	\$0(3)	NM; *
<i>b-12 tr tab 1000 mcg</i>	\$0(3)	NM; *
<i>b-complex tab /vit c</i>	\$0(3)	NM; *
<i>b-complex tab balanced</i>	\$0(3)	NM; *
<i>b-complex w/ c & calcium tab</i>	\$0(3)	NM; *
<i>b-complex w/ c & folic acid tab</i>	\$0(3)	NM; *
<i>b-complex w/ c cap</i>	\$0(3)	NM; *
<i>b-complex w/ c tab</i>	\$0(3)	NM; *
B-COMPLEX/FA TAB /VIT C	\$0(3)	NM; *
B-NATAL LOZ 25MG	\$0(3)	NM; *

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<i>baby super dro daily d3</i>	\$0(3)	NM; *
<i>baby vit d dro 400/.028</i>	\$0(3)	NM; *
<i>balanced b tab complex</i>	\$0(3)	NM; *
<i>bdy/hair/skn cap nails</i>	\$0(3)	NM; *
<i>bec/zinc tab</i>	\$0(3)	NM; *
<i>berocca tab</i>	\$0(3)	NM; *
<i>better b tab complex</i>	\$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; *
BIOSUPP LIQ	\$0(3)	NM; *
BIOTECT PLUS CAP	\$0(3)	NM; *
BIOTECT PLUS LIQ	\$0(3)	NM; *
<i>biotin 5000 cap</i>	\$0(3)	NM; *
BIOTIN CAP 1MG	\$0(3)	NM; *
<i>biotin cap 2.5 mg</i>	\$0(3)	NM; *
<i>biotin cap 5 mg</i>	\$0(3)	NM; *
<i>biotin cap 10 mg</i>	\$0(3)	NM; *
<i>biotin cap 5000mcg</i>	\$0(3)	NM; *
<i>biotin plus/ tab cal/vitd</i>	\$0(3)	NM; *
BIOTIN POW	\$0(3)	NM; *
<i>biotin tab 5 mg</i>	\$0(3)	NM; *
<i>biotin tab 300 mcg</i>	\$0(3)	NM; *
<i>biotin tab 1000 mcg</i>	\$0(3)	NM; *
BIOVOL SYP	\$0(3)	NM; *
<i>bprotected liq multi-vi</i>	\$0(3)	NM; *
<i>bprotected sol tri-vite</i>	\$0(3)	NM; *
BRAINSTRONG MIS PRENATAL	\$0(3)	NM; *
<i>c 250 tab</i>	\$0(3)	NM; *
<i>c 1000 tab 1000mg</i>	\$0(3)	NM; *
<i>c-250 tab 250mg</i>	\$0(3)	NM; *
<i>c-500 chw</i>	\$0(3)	NM; *
<i>c-500 chw 500mg</i>	\$0(3)	NM; *
<i>c-500 tab 500mg</i>	\$0(3)	NM; *
<i>c-1000 tab 1000mg</i>	\$0(3)	NM; *
<i>c-1000/rh tab 1000mg</i>	\$0(3)	NM; *
C-BUFF POW	\$0(3)	NM; *
<i>c-chewable chw 500mg</i>	\$0(3)	NM; *
<i>c/rose hips chw 500mg</i>	\$0(3)	NM; *
<i>c/rose hips tab 500mg</i>	\$0(3)	NM; *

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<i>c/rose hips tab 500mg tr</i>	\$0(3)	NM; *
<i>c/rose hips tab 1000mg</i>	\$0(3)	NM; *
<i>c/rosehip tr tab 1000mg</i>	\$0(3)	NM; *
CAL-CITRATE CAP 150MG	\$0(3)	NM; *
<i>calcidol dro 8000/ml</i>	\$0(3)	NM; *
<i>calciferol dro 8000/ml</i>	\$0(3)	NM; *
<i>calcitriol cap 0.5 mcg</i>	\$0(1)	B/D
<i>calcitriol cap 0.25 mcg</i>	\$0(1)	B/D
<i>calcitriol inj 1 mcg/ml</i>	\$0(1)	B/D
<i>calcitriol oral soln 1 mcg/ml</i>	\$0(1)	B/D
<i>carravite tab</i>	\$0(3)	NM; *
CENT MATURE TAB ADLT 50+	\$0(3)	NM; *
<i>centamin liq</i>	\$0(3)	NM; *
<i>centavite az tab minerals</i>	\$0(3)	NM; *
<i>centavite liq</i>	\$0(3)	NM; *
CENTRAL-VITE TAB	\$0(3)	NM; *
CENTRAL-VITE TAB UNDER 50	\$0(3)	NM; *
<i>central-vite tab wmns mat</i>	\$0(3)	NM; *
<i>centravites tab</i>	\$0(3)	NM; *
<i>centravites tab 50 plus</i>	\$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; *
<i>centrum kids chw</i>	\$0(3)	NM; *
<i>centrum kids chw complete</i>	\$0(3)	NM; *
CENTRUM KIDS CHW FLAV BST	\$0(3)	NM; *
CENTRUM SILV TAB 50+MEN	\$0(3)	NM; *
CENTRUM SILV TAB 50+WOMEN	\$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; *
<i>century tab</i>	\$0(3)	NM; *
<i>century tab mature</i>	\$0(3)	NM; *
<i>cerovite jr chw</i>	\$0(3)	NM; *
<i>cerovite tab advanced</i>	\$0(3)	NM; *

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<i>cerovite tab senior</i>	\$0(3)	NM; *
<i>certa plus tab</i>	\$0(3)	NM; *
<i>certa-vite liq</i>	\$0(3)	NM; *
<i>certagen tab</i>	\$0(3)	NM; *
CERTAVITE TAB SENIOR	\$0(3)	NM; *
<i>certavite/ tab antioxidant</i>	\$0(3)	NM; *
CHEW-12 CHW	\$0(3)	NM; *
<i>chewabl vite chw childrns</i>	\$0(3)	NM; *
<i>chewable c chw 500mg</i>	\$0(3)	NM; *
<i>chewable chw children</i>	\$0(3)	NM; *
<i>child chew chw iron</i>	\$0(3)	NM; *
<i>child chew chw vitamins</i>	\$0(3)	NM; *
<i>child chew/ chw extra c</i>	\$0(3)	NM; *
<i>child multiv chw iron</i>	\$0(3)	NM; *
<i>child vitam chw</i>	\$0(3)	NM; *
<i>children vit chw</i>	\$0(3)	NM; *
<i>childrens chw /iron</i>	\$0(3)	NM; *
CHILDRENS CHW COMPLETE	\$0(3)	NM; *
<i>childrens chw gummies</i>	\$0(3)	NM; *
<i>childrens chw multivit</i>	\$0(3)	NM; *
<i>childrens chw vitamins</i>	\$0(3)	NM; *
<i>chld mltivit chw /mineral</i>	\$0(3)	NM; *
<i>chld vitamin chw iron</i>	\$0(3)	NM; *
CHLORELLA CAP	\$0(3)	NM; *
<i>chlorocaps cap</i>	\$0(3)	NM; *
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	\$0(3)	NM; *
<i>cholecalciferol cap 10 mcg (400 unit)</i>	\$0(3)	NM; *
<i>cholecalciferol cap 25 mcg (1000 unit)</i>	\$0(3)	NM; *
<i>cholecalciferol cap 50 mcg (2000 unit)</i>	\$0(3)	NM; *
<i>cholecalciferol cap 125 mcg (5000 unit)</i>	\$0(3)	NM; *
<i>cholecalciferol cap 250 mcg (10000 unit)</i>	\$0(3)	NM; *
<i>cholecalciferol chew tab 10 mcg (400 unit)</i>	\$0(3)	NM; *
<i>cholecalciferol chew tab 25 mcg (1000 unit)</i>	\$0(3)	NM; *
<i>cholecalciferol chew tab 50 mcg (2000 unit)</i>	\$0(3)	NM; *
<i>cholecalciferol drops 125 mcg/ml (5000 unit/ml)</i>	\$0(3)	NM; *
<i>cholecalciferol oral liquid 10 mcg/ml (400 unit/ml)</i>	\$0(3)	NM; *
<i>cholecalciferol tab 10 mcg (400 unit)</i>	\$0(3)	NM; *
<i>cholecalciferol tab 25 mcg (1000 unit)</i>	\$0(3)	NM; *
<i>cholecalciferol tab 50 mcg (2000 unit)</i>	\$0(3)	NM; *

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<i>cholecalciferol tab 125 mcg (5000 unit)</i>	\$0(3)	NM; *
CL PRENATAL TAB 28-0.8MG	\$0(3)	NM; *
<i>comp multivi liq mineral</i>	\$0(3)	NM; *
<i>companion tab</i>	\$0(3)	NM; *
<i>compete tab</i>	\$0(3)	NM; *
<i>compl multiv chw childrns</i>	\$0(3)	NM; *
<i>comple multi tab adlt 50+</i>	\$0(3)	NM; *
COMPLETE 50+ TAB MENS	\$0(3)	NM; *
COMPLETE 50+ TAB WOMENS	\$0(3)	NM; *
<i>complete tab</i>	\$0(3)	NM; *
<i>complete tab senior</i>	\$0(3)	NM; *
CONCEPTIONXR MIS MOTILITY	\$0(3)	NM; *
<i>corvite free tab</i>	\$0(3)	NM; *
CORVITE TAB	\$0(3)	NM; *
<i>cvd d3 chw 1000unit</i>	\$0(3)	NM; *
<i>cvs b1 tab 100mg</i>	\$0(3)	NM; *
<i>cvs b6 tab 100mg</i>	\$0(3)	NM; *
<i>cvs b12 chw 2500mcg</i>	\$0(3)	NM; *
<i>cvs b-1 tab 100mg</i>	\$0(3)	NM; *
<i>cvs b-12 liq 1000/15</i>	\$0(3)	NM; *
<i>cvs biotin cap 5000mcg</i>	\$0(3)	NM; *
<i>cvs biotin cap 10000mcg</i>	\$0(3)	NM; *
<i>cvs biotin tab 1000mcg</i>	\$0(3)	NM; *
<i>cvs children chw complete</i>	\$0(3)	NM; *
<i>cvs d3 cap 400unit</i>	\$0(3)	NM; *
<i>cvs d3 cap 1000unit</i>	\$0(3)	NM; *
<i>cvs d3 cap 2000unit</i>	\$0(3)	NM; *
<i>cvs d3 cap 5000unit</i>	\$0(3)	NM; *
<i>cvs d3 chw 1000 unt</i>	\$0(3)	NM; *
<i>cvs daily chw gummies</i>	\$0(3)	NM; *
<i>cvs e cap 200unit</i>	\$0(3)	NM; *
CVS PRENATAL TAB 27-0.8MG	\$0(3)	NM; *
<i>cvs stress tab form/zn</i>	\$0(3)	NM; *
<i>cvs super b tab complx/c</i>	\$0(3)	NM; *
<i>cvs vit b12 tab 1000 tr</i>	\$0(3)	NM; *
<i>cvs vit b-12 tab 1000 tr</i>	\$0(3)	NM; *
<i>cvs vit c tab 1000mg</i>	\$0(3)	NM; *
<i>cvs vit e cap 400unit</i>	\$0(3)	NM; *
<i>cyanocobalamin inj 1000 mcg/ml</i>	\$0(3)	NM; *
<i>cyanocobalamin liquid 1000 mcg/15ml</i>	\$0(3)	NM; *
<i>cyanocobalamin lozenge 500 mcg</i>	\$0(3)	NM; *

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<i>cyanocobalamin orally disintegrating tab 5000 mcg</i>	\$0(3)	NM; *
<i>cyanocobalamin sl tab 500 mcg</i>	\$0(3)	NM; *
<i>cyanocobalamin sl tab 1000 mcg</i>	\$0(3)	NM; *
<i>cyanocobalamin sl tab 2500 mcg</i>	\$0(3)	NM; *
<i>cyanocobalamin sl tab 3000 mcg</i>	\$0(3)	NM; *
<i>cyanocobalamin sl tab 5000 mcg</i>	\$0(3)	NM; *
<i>cyanocobalamin tab 50 mcg</i>	\$0(3)	NM; *
<i>cyanocobalamin tab 100 mcg</i>	\$0(3)	NM; *
<i>cyanocobalamin tab 250 mcg</i>	\$0(3)	NM; *
<i>cyanocobalamin tab 500 mcg</i>	\$0(3)	NM; *
<i>cyanocobalamin tab 1000 mcg</i>	\$0(3)	NM; *
<i>cyanocobalamin tab er 1000 mcg</i>	\$0(3)	NM; *
<i>cyanocobalamin tab er 2000 mcg</i>	\$0(3)	NM; *
<i>d3 adult chw 1000unit</i>	\$0(3)	NM; *
<i>d3 cap 1000unit</i>	\$0(3)	NM; *
<i>d3 cap 2000unit</i>	\$0(3)	NM; *
D3 DOTS TAB 2000UNIT	\$0(3)	NM; *
<i>d3 kids chw 400unit</i>	\$0(3)	NM; *
<i>d3 max st dro 5000unit</i>	\$0(3)	NM; *
<i>d3 maximum cap 5000unit</i>	\$0(3)	NM; *
<i>d3 super str cap 2000unit</i>	\$0(3)	NM; *
<i>d3 tab 400unit</i>	\$0(3)	NM; *
<i>d3 tab 1000unit</i>	\$0(3)	NM; *
<i>d3 vitamin liq 400unit</i>	\$0(3)	NM; *
<i>d3-50 cap 50000unit</i>	\$0(3)	NM; *
<i>d3-1000 cap 1000unit</i>	\$0(3)	NM; *
<i>d 400 tab 400unit</i>	\$0(3)	NM; *
<i>d 1000 cap 1000unit</i>	\$0(3)	NM; *
<i>d 2000 tab 2000unit</i>	\$0(3)	NM; *
<i>d-3 gummy chw 400unit</i>	\$0(3)	NM; *
<i>daily combo tab</i>	\$0(3)	NM; *
DAILY D3 DRO 1000UNIT	\$0(3)	NM; *
<i>daily multi tab</i>	\$0(3)	NM; *
<i>daily multi tab men</i>	\$0(3)	NM; *
<i>daily multi tab vit/iron</i>	\$0(3)	NM; *
<i>daily multi tab vit/mens</i>	\$0(3)	NM; *
<i>daily multi tab vit/min</i>	\$0(3)	NM; *
<i>daily multi tab vitamin</i>	\$0(3)	NM; *
<i>daily multi tab vitamins</i>	\$0(3)	NM; *
<i>daily multi tab women</i>	\$0(3)	NM; *

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<i>daily multi tab womn 50+</i>	\$0(3)	NM; *
<i>daily tab vitamin</i>	\$0(3)	NM; *
<i>daily value tab multivit</i>	\$0(3)	NM; *
<i>daily vit tab</i>	\$0(3)	NM; *
<i>daily vit tab +iron</i>	\$0(3)	NM; *
<i>daily vit tab +mineral</i>	\$0(3)	NM; *
<i>daily vit tab iron</i>	\$0(3)	NM; *
<i>daily vite tab</i>	\$0(3)	NM; *
<i>daily vite tab iron</i>	\$0(3)	NM; *
<i>daily-vite tab</i>	\$0(3)	NM; *
<i>daily-vite/ tab iron</i>	\$0(3)	NM; *
DDROPS LIQ	\$0(3)	NM; *
<i>decara cap 10000unt</i>	\$0(3)	NM; *
DECARA CAP 25000UNT	\$0(3)	NM; *
<i>decara cap 50000unt</i>	\$0(3)	NM; *
DECUBI-VITE CAP	\$0(3)	NM; *
DEKAS CAP ESSENTIA	\$0(3)	NM; *
DEKAS CHW BARIATRI	\$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; *
<i>delta d3 tab 400unit</i>	\$0(3)	NM; *
DIABET HLTH PAK SUPPORT	\$0(3)	NM; *
DIABETES PAK HEALTH	\$0(3)	NM; *
<i>diabetic sup tab formula</i>	\$0(3)	NM; *
<i>diabets hlth tab formula</i>	\$0(3)	NM; *
<i>dialyvite d cap 5000unit</i>	\$0(3)	NM; *
<i>dialyvite tab 800</i>	\$0(3)	NM; *
<i>dialyvite tab 800/d</i>	\$0(3)	NM; *
DIALYVITE TAB 800/IRON	\$0(3)	NM; *
DIALYVITE WAF 800	\$0(3)	NM; *
<i>dino-life chw</i>	\$0(3)	NM; *
<i>dino-life chw extra c</i>	\$0(3)	NM; *
DINO-LIFE CHW IRON-ZIN	\$0(3)	NM; *
<i>disney cars chw gummies</i>	\$0(3)	NM; *
DOSOQUIN TAB	\$0(3)	NM; *
<i>dry eye cap formula</i>	\$0(3)	NM; *
<i>e200 cap 200unit</i>	\$0(3)	NM; *
<i>e400 mixed cap 400unit</i>	\$0(3)	NM; *
<i>e 1000 cap 1000unit</i>	\$0(3)	NM; *

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<i>e-200 cap 200unit</i>	\$0(3)	NM; *
<i>e-400 cap 400unit</i>	\$0(3)	NM; *
<i>e-400 clear cap</i>	\$0(3)	NM; *
<i>e-400-mixed cap</i>	\$0(3)	NM; *
<i>e-max-1000 cap</i>	\$0(3)	NM; *
<i>e-oil oil 30000unt</i>	\$0(3)	NM; *
<i>e-pherol tab 400unit</i>	\$0(3)	NM; *
<i>eldertonic liq</i>	\$0(3)	NM; *
ELFOLATE PLU TAB 3-35-2MG	\$0(3)	NM; *
EMERGEN-C CHW VITA C	\$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 SUPER FR	\$0(3)	NM; *
EMERGEN-C PAK VIT D/CA	\$0(3)	NM; *
EMERGEN-C PAK VITA C	\$0(3)	NM; *
<i>endur-acin tab 250mg</i>	\$0(3)	NM; *
<i>endur-acin tab 250mg sr</i>	\$0(3)	NM; *
<i>endur-acin tab 500mg</i>	\$0(3)	NM; *
<i>endur-acin tab 500mg sr</i>	\$0(3)	NM; *
<i>endur-acin tab 750mg</i>	\$0(3)	NM; *
<i>endur-c/rose tab 500mg</i>	\$0(3)	NM; *
<i>endur-c/rose tab 1000mg</i>	\$0(3)	NM; *
ENDUR-VM TAB	\$0(3)	NM; *
ENDUR-VM TAB IRON	\$0(3)	NM; *
ENFAMIL MIS EXPECTA	\$0(3)	NM; *
ENLYTE CAP	\$0(3)	NM; *
<i>enviro-stres tab</i>	\$0(3)	NM; *
EQ COMPLETE TAB ADULT	\$0(3)	NM; *
<i>eq multivita chw gummies</i>	\$0(3)	NM; *
EQ ONE DAILY TAB MENS	\$0(3)	NM; *
<i>eq one daily tab womens</i>	\$0(3)	NM; *
EQ ONE DAILY TAB WOMENS	\$0(3)	NM; *
<i>eql b-6 tab 100mg</i>	\$0(3)	NM; *
<i>eql century tab</i>	\$0(3)	NM; *
<i>eql century tab mature</i>	\$0(3)	NM; *
EQL CENTURY TAB MENS	\$0(3)	NM; *
<i>eql vision tab formula</i>	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>eql vit c tab 1000mg</i>	\$0(3)	NM; *
<i>eql vit c/rh tab 1000mg</i>	\$0(3)	NM; *
<i>eql vit e cap 400unit</i>	\$0(3)	NM; *
<i>eql vit e cap 1000unit</i>	\$0(3)	NM; *
<i>eql vitamin cap d3</i>	\$0(3)	NM; *
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	\$0(3)	NM; *
<i>ergocalciferol soln 200 mcg/ml (8000 unit/ml)</i>	\$0(3)	NM; *
ESCAVITE CHW	\$0(3)	NM; *
<i>essentia tab</i>	\$0(3)	NM; *
<i>essential tab balance</i>	\$0(3)	NM; *
<i>essentl one tab daily</i>	\$0(3)	NM; *
<i>ester-e cap 400unit</i>	\$0(3)	NM; *
<i>eye health & tab lutein</i>	\$0(3)	NM; *
<i>eyeprotect tab</i>	\$0(3)	NM; *
<i>fa-8 cap 800mcg</i>	\$0(3)	NM; *
<i>fa-8 tab 0.8mg</i>	\$0(3)	NM; *
<i>flintstones chw bone bld</i>	\$0(3)	NM; *
<i>flintstones chw complete</i>	\$0(3)	NM; *
<i>flintstones chw extra c</i>	\$0(3)	NM; *
<i>flintstones chw my first</i>	\$0(3)	NM; *
<i>flintstones chw omega-3</i>	\$0(3)	NM; *
<i>flintstones chw pls calc</i>	\$0(3)	NM; *
<i>flintstones chw w/iron</i>	\$0(3)	NM; *
FLORIVA DRO PLUS	\$0(3)	NM; *
<i>folate tab 400mcg</i>	\$0(3)	NM; *
<i>folbee plus tab</i>	\$0(3)	NM; *
<i>folbee plus tab cz</i>	\$0(3)	NM; *
<i>folbee tab</i>	\$0(3)	NM; *
<i>folbic tab</i>	\$0(3)	NM; *
<i>folic acid cap 0.8 mg</i>	\$0(3)	NM; *
FOLIC ACID CAP 5MG	\$0(3)	NM; *
FOLIC ACID CAP 20MG	\$0(3)	NM; *
<i>folic acid inj 5 mg/ml</i>	\$0(3)	NM; *
FOLIC ACID POW	\$0(3)	NM; *
<i>folic acid tab 1 mg</i>	\$0(3)	NM; *
<i>folic acid tab 400 mcg</i>	\$0(3)	NM; *
<i>folic acid tab 400mcg</i>	\$0(3)	NM; *
<i>folic acid tab 800 mcg</i>	\$0(3)	NM; *
<i>folic acid tab 800mcg</i>	\$0(3)	NM; *
<i>folic acid tab 1000mcg</i>	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>folplex 2.2 tab</i>	\$0(3)	NM; *
FOLTANX TAB	\$0(3)	NM; *
<i>formula e cap 400unit</i>	\$0(3)	NM; *
FREEDAVITE TAB	\$0(3)	NM; *
<i>fruit c chw 500mg</i>	\$0(3)	NM; *
<i>fruit c-100 chw</i>	\$0(3)	NM; *
<i>fruity c chw 250mg</i>	\$0(3)	NM; *
<i>fruity chews chw</i>	\$0(3)	NM; *
<i>fruity chews chw /iron</i>	\$0(3)	NM; *
<i>fruity chw multivit</i>	\$0(3)	NM; *
FULL SPECT TAB B/ VIT C	\$0(3)	NM; *
<i>geriaton liq</i>	\$0(3)	NM; *
<i>gerivite tab complete</i>	\$0(3)	NM; *
<i>glucoten cap</i>	\$0(3)	NM; *
GLYCO-TECH TAB	\$0(3)	NM; *
<i>gnp animal chw plus c</i>	\$0(3)	NM; *
<i>gnp animal chw shapes</i>	\$0(3)	NM; *
<i>gnp b-12 sub 2500mcg</i>	\$0(3)	NM; *
<i>gnp biotin cap 5000mcg</i>	\$0(3)	NM; *
<i>gnp century tab</i>	\$0(3)	NM; *
<i>gnp century tab cardio</i>	\$0(3)	NM; *
<i>gnp century tab mature</i>	\$0(3)	NM; *
<i>gnp century tab senior</i>	\$0(3)	NM; *
<i>gnp century tab ultimate</i>	\$0(3)	NM; *
<i>gnp healthy tab eyes</i>	\$0(3)	NM; *
<i>gnp little chw ones</i>	\$0(3)	NM; *
<i>gnp niacin tab 250mg</i>	\$0(3)	NM; *
<i>gnp niacin tab 250mg tr</i>	\$0(3)	NM; *
<i>gnp one dail tab maximum</i>	\$0(3)	NM; *
<i>gnp opti-vit tab</i>	\$0(3)	NM; *
GNP PRENATAL TAB 28-0.8MG	\$0(3)	NM; *
<i>gnp vit b-6 tab 100mg</i>	\$0(3)	NM; *
<i>gnp vit b-12 tab 500mcg</i>	\$0(3)	NM; *
<i>gnp vit b-12 tab 1000 cr</i>	\$0(3)	NM; *
<i>gnp vit b-12 tab 1000 pr</i>	\$0(3)	NM; *
<i>gnp vit c chw 500mg</i>	\$0(3)	NM; *
<i>gnp vit c loz 60mg</i>	\$0(3)	NM; *
<i>gnp vit c tab 250mg</i>	\$0(3)	NM; *
<i>gnp vit c tab 500mg pr</i>	\$0(3)	NM; *
<i>gnp vit c tab 1000mg</i>	\$0(3)	NM; *
<i>gnp vit c/rh tab 1000mg</i>	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>gnp vit d3 tab 1000unit</i>	\$0(3)	NM; *
<i>gnp vit d tab 1000unit</i>	\$0(3)	NM; *
<i>gnp vit d tab 5000unit</i>	\$0(3)	NM; *
<i>gnp vit e cap 200unit</i>	\$0(3)	NM; *
<i>gnp vit e cap 400unit</i>	\$0(3)	NM; *
<i>gnp vit e cap 1000unit</i>	\$0(3)	NM; *
<i>gnp zoochews chw gummies</i>	\$0(3)	NM; *
GOODSENSE TAB 28-0.8MG	\$0(3)	NM; *
<i>gummi bear chw multivit</i>	\$0(3)	NM; *
<i>gummy dinos chw</i>	\$0(3)	NM; *
<i>gummy dinos chw chldrn</i>	\$0(3)	NM; *
<i>gummy multiv chw kids</i>	\$0(3)	NM; *
<i>gummy vit/ chw minerals</i>	\$0(3)	NM; *
<i>hair formula tab ex stren</i>	\$0(3)	NM; *
HAIR SKIN & TAB NAILS AD	\$0(3)	NM; *
<i>hair/skin cap nails</i>	\$0(3)	NM; *
HAIR/SKIN/ CAP NAILS	\$0(3)	NM; *
<i>hair/skin/ tab nails</i>	\$0(3)	NM; *
<i>halls defens loz vit c</i>	\$0(3)	NM; *
<i>healthy eyes cap supervis</i>	\$0(3)	NM; *
<i>healthy eyes tab</i>	\$0(3)	NM; *
<i>healthy eyes tab lutein</i>	\$0(3)	NM; *
<i>healthy hair tab skn/nail</i>	\$0(3)	NM; *
HEALTHY KIDS CHW GUMMIES	\$0(3)	NM; *
<i>hm animal chw shapes</i>	\$0(3)	NM; *
<i>hm b complex tab with c</i>	\$0(3)	NM; *
<i>hm biotin cap 5000mcg</i>	\$0(3)	NM; *
<i>hm complete tab</i>	\$0(3)	NM; *
HM COMPLETE TAB	\$0(3)	NM; *
<i>hm complete tab 50+</i>	\$0(3)	NM; *
HM COMPLETE TAB MEN	\$0(3)	NM; *
<i>hm complete tab women</i>	\$0(3)	NM; *
HM HAIR/SKIN TAB /NAILS	\$0(3)	NM; *
<i>hm niacin tab 250mg</i>	\$0(3)	NM; *
<i>hm niacin tr tab 250mg</i>	\$0(3)	NM; *
<i>hm one daily tab /iron</i>	\$0(3)	NM; *
HM ONE DAILY TAB MENS	\$0(3)	NM; *
HM PRENATAL TAB	\$0(3)	NM; *
<i>hm vit b6 tab 100mg</i>	\$0(3)	NM; *
<i>hm vit b12 tab 500mcg</i>	\$0(3)	NM; *
<i>hm vit d3 cap 2000unit</i>	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>hm vitamin c chw 500mg</i>	\$0(3)	NM; *
<i>hm vitamin c tab 500mg</i>	\$0(3)	NM; *
<i>hm vitamin c tab 1000mg</i>	\$0(3)	NM; *
<i>hm vitamin d tab 1000unit</i>	\$0(3)	NM; *
<i>hm vitamin e cap 200unit</i>	\$0(3)	NM; *
<i>hm vitamin e cap 400unit</i>	\$0(3)	NM; *
<i>hm vitamin e cap 1000unit</i>	\$0(3)	NM; *
HONEY BEARS CHW	\$0(3)	NM; *
HONEY BEARS CHW IRON-ZIN	\$0(3)	NM; *
HYALEX TAB	\$0(3)	NM; *
<i>hydroxocobalamin acetate inj 1000 mcg/ml (base equivalent)</i>	\$0(3)	NM; *
<i>i-vite prote tab</i>	\$0(3)	NM; *
<i>i-vite tab</i>	\$0(3)	NM; *
ICAPS AREDS TAB FORMULA	\$0(3)	NM; *
<i>icaps cap</i>	\$0(3)	NM; *
<i>icaps lutein cap /omega-3</i>	\$0(3)	NM; *
<i>icaps mv tab</i>	\$0(3)	NM; *
ICAPS PLUS TAB	\$0(3)	NM; *
IMMUNE CHW SUPPORT	\$0(3)	NM; *
INFUVITE INJ	\$0(3)	NM; *
INFUVITE INJ ADULT	\$0(3)	NM; *
INFUVITE INJ PEDIATRI	\$0(3)	NM; *
<i>just d liq 400unit</i>	\$0(3)	NM; *
<i>k 100 tab 100mcg</i>	\$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; *
<i>kids vit d3 chw 1000unit</i>	\$0(3)	NM; *
<i>kp adult 50+ tab daily</i>	\$0(3)	NM; *
<i>kp adults tab daily</i>	\$0(3)	NM; *
<i>kp b complex tab /c</i>	\$0(3)	NM; *
<i>kp mens 50+ tab daily</i>	\$0(3)	NM; *
KP MENS MIS DAILY PK	\$0(3)	NM; *
<i>kp mens tab daily</i>	\$0(3)	NM; *
<i>kp niacin tab 500mg</i>	\$0(3)	NM; *
KP PRENATAL TAB MULTIVIT	\$0(3)	NM; *
<i>kp vision tab for/ltn</i>	\$0(3)	NM; *
<i>kp vision tab formula</i>	\$0(3)	NM; *
<i>kp vitamin e cap 100unit</i>	\$0(3)	NM; *
<i>kp women 50+ tab daily</i>	\$0(3)	NM; *

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KP WOMENS PAK DAILY	\$0(3)	NM; *
<i>kp womens tab daily</i>	\$0(3)	NM; *
KPN PRENATAL TAB	\$0(3)	NM; *
L-METHYL- TAB B6-B12	\$0(3)	NM; *
L-METHYL-MC TAB	\$0(3)	NM; *
<i>land bfr tim chw vit/iron</i>	\$0(3)	NM; *
LIFE PACK MIS MENS	\$0(3)	NM; *
LIFE PACK MIS WOMENS	\$0(3)	NM; *
<i>liqui-e liq 400/15ml</i>	\$0(3)	NM; *
<i>little anima chw plus fe</i>	\$0(3)	NM; *
<i>lysiplex liq plus</i>	\$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; *
<i>macular hlth cap formula</i>	\$0(3)	NM; *
MACULAR VIT TAB BENEFIT	\$0(3)	NM; *
<i>macuvite tab</i>	\$0(3)	NM; *
<i>macuvite tab eye care</i>	\$0(3)	NM; *
<i>macuvite tab lutein</i>	\$0(3)	NM; *
<i>max daily tab green</i>	\$0(3)	NM; *
MAXIMIN PAK	\$0(3)	NM; *
<i>maximum d3 cap 325mcg</i>	\$0(3)	NM; *
<i>maximum tab blue lab</i>	\$0(3)	NM; *
<i>maximum tab green lb</i>	\$0(3)	NM; *
<i>maximum tab red labl</i>	\$0(3)	NM; *
<i>mediplex tab plus</i>	\$0(3)	NM; *
<i>mega multi tab men</i>	\$0(3)	NM; *
MEGA MULTI TAB MEN	\$0(3)	NM; *
<i>mega multi tab women</i>	\$0(3)	NM; *
MEGA MULTIVI TAB MEN	\$0(3)	NM; *
MEGA MULTIVI TAB WOMEN	\$0(3)	NM; *
<i>mega vm-80 tab</i>	\$0(3)	NM; *
<i>mega-maratho tab 100 tr</i>	\$0(3)	NM; *
MEGAVITE TAB FRT/VEG	\$0(3)	NM; *
MEGAVITE TAB GOLD 55+	\$0(3)	NM; *
<i>mens 50+ adv tab one daly</i>	\$0(3)	NM; *
MENS 50+ CAP ADVANCED	\$0(3)	NM; *
<i>mens daily cap lycopene</i>	\$0(3)	NM; *
<i>mens daily chw gummies</i>	\$0(3)	NM; *
<i>mens daily tab formula</i>	\$0(3)	NM; *
MENS MULTI TAB VIT/MIN	\$0(3)	NM; *

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MENS PAK	\$0(3)	NM; *
<i>meribin cap 5mg</i>	\$0(3)	NM; *
METAFOLBIC TAB	\$0(3)	NM; *
MH MACULAR MIS HEALTH	\$0(3)	NM; *
MIL-A-MULSIO EMU	\$0(3)	NM; *
<i>milltrium sr tab</i>	\$0(3)	NM; *
MTERYTI TAB	\$0(3)	NM; *
MTERYTI TAB FOLIC 5	\$0(3)	NM; *
MULT VITAM DRO	\$0(3)	NM; *
<i>mult vitamin tab daily</i>	\$0(3)	NM; *
<i>mult vitamin tab essent</i>	\$0(3)	NM; *
<i>mult vitamin tab mens</i>	\$0(3)	NM; *
<i>mult vitamin tab no iron</i>	\$0(3)	NM; *
<i>mult vitamin tab womens</i>	\$0(3)	NM; *
<i>multi 50+ cap for her</i>	\$0(3)	NM; *
<i>multi 50+ tab for her</i>	\$0(3)	NM; *
<i>multi 50+ tab for him</i>	\$0(3)	NM; *
MULTI ADULT CHW EXTRA C	\$0(3)	NM; *
<i>multi adult chw gummies</i>	\$0(3)	NM; *
<i>multi cap for her</i>	\$0(3)	NM; *
<i>multi complt tab /iron</i>	\$0(3)	NM; *
MULTI FOR POW HIM	\$0(3)	NM; *
<i>multi gummie chw mens</i>	\$0(3)	NM; *
<i>multi gummie chw womens</i>	\$0(3)	NM; *
MULTI PRENAT TAB	\$0(3)	NM; *
<i>multi tab for her</i>	\$0(3)	NM; *
<i>multi tab for him</i>	\$0(3)	NM; *
MULTI VITAMI TAB	\$0(3)	NM; *
MULTI VITAMI TAB D-3	\$0(3)	NM; *
MULTI VITAMN TAB MINERALS	\$0(3)	NM; *
<i>multi+omega3 chw adult</i>	\$0(3)	NM; *
<i>multi-day tab</i>	\$0(3)	NM; *
<i>multi-day tab /iron</i>	\$0(3)	NM; *
<i>multi-day tab minerals</i>	\$0(3)	NM; *
<i>multi-day tab vitamins</i>	\$0(3)	NM; *
<i>multi-delyn liq</i>	\$0(3)	NM; *
MULTI-DELYN LIQ /IRON	\$0(3)	NM; *
<i>multi-vit/ tab minerals</i>	\$0(3)	NM; *
<i>multi-vit/fe dro /fl 0.25</i>	\$0(3)	NM; *
<i>multi-vit/fe tab</i>	\$0(3)	NM; *
<i>multi-vitami chw gummies</i>	\$0(3)	NM; *

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MULTI-VITAMI TAB MONOCAPS	\$0(3)	NM; *
<i>multi-vitam tab</i>	\$0(3)	NM; *
<i>multi-vite tab</i>	\$0(3)	NM; *
<i>multi-vite tab 50&over</i>	\$0(3)	NM; *
<i>multilex tab</i>	\$0(3)	NM; *
<i>multilex-t&m tab</i>	\$0(3)	NM; *
<i>multimineral tab plus</i>	\$0(3)	NM; *
<i>multiple vitamin tab</i>	\$0(3)	NM; *
<i>multiple vitamins w/ iron tab</i>	\$0(3)	NM; *
<i>multiple vitamins w/ minerals tab</i>	\$0(3)	NM; *
<i>multiv women tab 50+</i>	\$0(3)	NM; *
<i>multivit/fl chw 0.5mg</i>	\$0(3)	NM; *
<i>multivit/fl chw 0.25mg</i>	\$0(3)	NM; *
<i>multivit/fl chw 1mg</i>	\$0(3)	NM; *
<i>multivit/fl dro 0.25mg</i>	\$0(3)	NM; *
<i>multivitamin cap</i>	\$0(3)	NM; *
<i>multivitamin cap daily</i>	\$0(3)	NM; *
MULTIVITAMIN CHW ADULT	\$0(3)	NM; *
<i>multivitamin chw child</i>	\$0(3)	NM; *
MULTIVITAMIN CHW CHILD	\$0(3)	NM; *
<i>multivitamin chw children</i>	\$0(3)	NM; *
MULTIVITAMIN CHW IRON	\$0(3)	NM; *
<i>multivitamin chw vita d3</i>	\$0(3)	NM; *
MULTIVITAMIN DRO /IRON	\$0(3)	NM; *
<i>multivitamin liq</i>	\$0(3)	NM; *
MULTIVITAMIN LIQ	\$0(3)	NM; *
<i>multivitamin liq mineral</i>	\$0(3)	NM; *
<i>multivitamin tab adlt 50+</i>	\$0(3)	NM; *
<i>multivitamin tab adt 50+</i>	\$0(3)	NM; *
MULTIVITAMIN TAB ADULT	\$0(3)	NM; *
<i>multivitamin tab adults</i>	\$0(3)	NM; *
MULTIVITAMIN TAB ADULTS	\$0(3)	NM; *
<i>multivitamin tab daily</i>	\$0(3)	NM; *
<i>multivitamin tab men 50+</i>	\$0(3)	NM; *
<i>multivitamin tab mens</i>	\$0(3)	NM; *
<i>multivitamin tab women</i>	\$0(3)	NM; *
<i>multivitamin tab womens</i>	\$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 CAP MINIS	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>mvw complete chw bubblgum</i>	\$0(3)	NM; *
<i>mvw complete chw d3000</i>	\$0(3)	NM; *
MVW COMPLETE CHW GRAPE	\$0(3)	NM; *
<i>mvw complete chw orange</i>	\$0(3)	NM; *
MVW COMPLETE DRO PEDIATRI	\$0(3)	NM; *
<i>my-vitalife cap</i>	\$0(3)	NM; *
<i>myamulti tab</i>	\$0(3)	NM; *
<i>mynephrocaps cap</i>	\$0(3)	NM; *
<i>mynephron cap</i>	\$0(3)	NM; *
<i>nail-ex tab 2.5mg</i>	\$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 POW	\$0(3)	NM; *
NASCOBAL SPR 500MCG	\$0(3)	NM; *
<i>nat vit e cap 400unit</i>	\$0(3)	NM; *
<i>nat vit e cap 1000unit</i>	\$0(3)	NM; *
NEPHPLEX RX TAB	\$0(3)	NM; *
NEPHRONEX LIQ 0.9/5ML	\$0(3)	NM; *
<i>neuro-k-50 tab</i>	\$0(3)	NM; *
<i>niacin cap er 250 mg</i>	\$0(3)	NM; *
<i>niacin cap er 500 mg</i>	\$0(3)	NM; *
NIACIN POW	\$0(3)	NM; *
<i>niacin tab 50 mg</i>	\$0(3)	NM; *
<i>niacin tab 100 mg</i>	\$0(3)	NM; *
<i>niacin tab 100mg</i>	\$0(3)	NM; *
<i>niacin tab 250 mg</i>	\$0(3)	NM; *
<i>niacin tab 500 mg</i>	\$0(3)	NM; *
<i>niacin tab er 250 mg</i>	\$0(3)	NM; *
<i>niacin tab er 500 mg</i>	\$0(3)	NM; *
<i>niacin tab er 750 mg</i>	\$0(3)	NM; *
NIACIN TR TAB 1000MG	\$0(3)	NM; *
<i>niacin-50 tab</i>	\$0(3)	NM; *
NUFOLA CAP	\$0(3)	NM; *
<i>nutr-e-sol liq 400/15ml</i>	\$0(3)	NM; *
NUTRICAP TAB	\$0(3)	NM; *
NUTRIVIT LIQ 800-15-1	\$0(3)	NM; *
<i>ocutabs tab</i>	\$0(3)	NM; *
<i>ocutabs tab lutein</i>	\$0(3)	NM; *
OCUVITE CAP ADULT	\$0(3)	NM; *
<i>ocuvite eye chw heatlh</i>	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>ocuvite eye tab + multi</i>	\$0(3)	NM; *
OCUVITE LUTE CAP	\$0(3)	NM; *
<i>ocuvite tab lutein</i>	\$0(3)	NM; *
<i>ocuvite xtra tab</i>	\$0(3)	NM; *
OMNICAP TAB	\$0(3)	NM; *
<i>once daily tab</i>	\$0(3)	NM; *
<i>once daily tab iron</i>	\$0(3)	NM; *
ONCOVITE TAB	\$0(3)	NM; *
<i>one daily chw gummy</i>	\$0(3)	NM; *
<i>one daily mv tab /iron</i>	\$0(3)	NM; *
<i>one daily tab</i>	\$0(3)	NM; *
<i>one daily tab 50+</i>	\$0(3)	NM; *
<i>one daily tab 50+ adv</i>	\$0(3)	NM; *
<i>one daily tab /mineral</i>	\$0(3)	NM; *
<i>one daily tab complete</i>	\$0(3)	NM; *
<i>one daily tab essentl</i>	\$0(3)	NM; *
<i>one daily tab fe/ca</i>	\$0(3)	NM; *
<i>one daily tab maximum</i>	\$0(3)	NM; *
<i>one daily tab men</i>	\$0(3)	NM; *
<i>one daily tab men 50+</i>	\$0(3)	NM; *
<i>one daily tab mens</i>	\$0(3)	NM; *
<i>one daily tab mens 50+</i>	\$0(3)	NM; *
ONE DAILY TAB MENS 50+	\$0(3)	NM; *
<i>one daily tab multivit</i>	\$0(3)	NM; *
<i>one daily tab pls iron</i>	\$0(3)	NM; *
<i>one daily tab plus iro</i>	\$0(3)	NM; *
<i>one daily tab wom 50+</i>	\$0(3)	NM; *
ONE DAILY TAB WOMANS	\$0(3)	NM; *
<i>one daily tab women</i>	\$0(3)	NM; *
<i>one daily tab women 50</i>	\$0(3)	NM; *
<i>one daily tab womens</i>	\$0(3)	NM; *
<i>one daily wm tab pro-actv</i>	\$0(3)	NM; *
<i>one daily/ tab minerals</i>	\$0(3)	NM; *
<i>one dly hlth tab wght adv</i>	\$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 65+	\$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; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>one-a-day tab teen/her</i>	\$0(3)	NM; *
ONE-A-DAY TAB TEEN/HIM	\$0(3)	NM; *
ONE-DAILY PAK MULT-VIT	\$0(3)	NM; *
ONE-DAILY PAK VIT/MIN	\$0(3)	NM; *
<i>one-daily tab /iron</i>	\$0(3)	NM; *
<i>one-daily tab mult vit</i>	\$0(3)	NM; *
<i>one-daily tab mult-vit</i>	\$0(3)	NM; *
<i>optic-vites tab</i>	\$0(3)	NM; *
OPTIMAL D3 M CAP	\$0(3)	NM; *
<i>optimal-d cap 50000unt</i>	\$0(3)	NM; *
<i>optimum pms tab</i>	\$0(3)	NM; *
OPTISOURCE CHW BARIATRC	\$0(3)	NM; *
OPURITY CHW BYPASS	\$0(3)	NM; *
<i>orthovite tab</i>	\$0(3)	NM; *
<i>pa biotin cap 5000mcg</i>	\$0(3)	NM; *
PA MENS 50 PAK VITAPAK	\$0(3)	NM; *
PA MENS PAK VITAPAK	\$0(3)	NM; *
<i>pa vitamin cap 2000unit</i>	\$0(3)	NM; *
<i>pa vitamin e cap 400unit</i>	\$0(3)	NM; *
PA WOMENS 50 PAK VITAPAK	\$0(3)	NM; *
PA WOMENS PAK VITAPAK	\$0(3)	NM; *
<i>paricalcitol cap 1 mcg</i>	\$0(1)	B/D
<i>paricalcitol cap 2 mcg</i>	\$0(1)	B/D
<i>paricalcitol cap 4 mcg</i>	\$0(1)	B/D
PARVLEX TAB	\$0(3)	NM; *
<i>pedia d-vite dro 400unit</i>	\$0(3)	NM; *
<i>pediatric multiple vitamins w/ iron chew tab 15 mg</i>	\$0(3)	NM; *
<i>pediavit liq</i>	\$0(3)	NM; *
PHLEXY-VITS POW	\$0(3)	NM; *
PHYTOMULTI TAB	\$0(3)	NM; *
<i>phytonadione inj 1 mg/0.5ml (2 mg/ml)</i>	\$0(3)	NM; *
<i>phytonadione inj 10 mg/ml</i>	\$0(3)	NM; *
<i>phytonadione tab 5 mg</i>	\$0(3)	NM; *
<i>phytonadione tab 100 mcg</i>	\$0(3)	NM; *
PNV FOLIC AC TAB + IRON	\$0(2)	
<i>poly vitamin chw</i>	\$0(3)	NM; *
<i>poly-vite dro</i>	\$0(3)	NM; *
<i>poly-vite sol /iron</i>	\$0(3)	NM; *
<i>polyvitamin chw /iron</i>	\$0(3)	NM; *
<i>polyvitamin dro</i>	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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; *
PRENAT 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; *
<i>prevent cap</i>	\$0(3)	NM; *
<i>princess chw gummies</i>	\$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; *
<i>prosight cap w/lutein</i>	\$0(3)	NM; *
<i>prosight tab</i>	\$0(3)	NM; *
PROTECT CAP CARDIO	\$0(3)	NM; *
PROTECT CAP PLUS SO	\$0(3)	NM; *
PROTECT PLUS LIQ NF	\$0(3)	NM; *
PROTEGRA CAP	\$0(3)	NM; *
<i>pure c cap 500mg cr</i>	\$0(3)	NM; *
<i>pureway-c tab 500mg</i>	\$0(3)	NM; *
<i>px advanced tab multivit</i>	\$0(3)	NM; *
<i>px complete tab senior</i>	\$0(3)	NM; *
<i>px mens mult tab vitamins</i>	\$0(3)	NM; *
<i>pyridoxine hcl inj 100 mg/ml</i>	\$0(3)	NM; *
<i>pyridoxine hcl tab 25 mg</i>	\$0(3)	NM; *

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

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<i>ra vit b-6 tab 100mg</i>	\$0(3)	NM; *
<i>ra vit b-12 tab 100mcg</i>	\$0(3)	NM; *
<i>ra vit b-12 tab 1000 tr</i>	\$0(3)	NM; *
<i>ra vit c/rh tab 1000mg</i>	\$0(3)	NM; *
<i>ra vitamin c chw 500mg</i>	\$0(3)	NM; *
<i>ra vitamin c tab 250mg</i>	\$0(3)	NM; *
<i>ra vitamin c tab 500mg tr</i>	\$0(3)	NM; *
<i>ra vitamin cap 2000unit</i>	\$0(3)	NM; *
<i>ra vitamin e cap 200unit</i>	\$0(3)	NM; *
<i>ra vitamin e cap 400unit</i>	\$0(3)	NM; *
<i>ra vitamin e cap 1000unit</i>	\$0(3)	NM; *
<i>rabano liq yodado</i>	\$0(3)	NM; *
RAYALDEE CAP 30MCG	\$0(2)	NDS
<i>rena-vite rx tab</i>	\$0(3)	NM; *
<i>rena-vite tab</i>	\$0(3)	NM; *
<i>renal cap</i>	\$0(3)	NM; *
<i>renal tab multivit</i>	\$0(3)	NM; *
<i>renal vitamn tab</i>	\$0(3)	NM; *
<i>renal-vite tab</i>	\$0(3)	NM; *
<i>renal/zinc tab multivit</i>	\$0(3)	NM; *
<i>renaplex tab</i>	\$0(3)	NM; *
RENAPLEX-D TAB	\$0(3)	NM; *
<i>reno cap</i>	\$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; *
<i>savision tab</i>	\$0(3)	NM; *
<i>sclerex tab</i>	\$0(3)	NM; *
SCOOBY-DOO CHW	\$0(3)	NM; *
<i>senior tabs tab</i>	\$0(3)	NM; *
<i>sentry adult tab under 50</i>	\$0(3)	NM; *
<i>sentry tab</i>	\$0(3)	NM; *
SENTRY TAB	\$0(3)	NM; *
<i>sentry tab senior</i>	\$0(3)	NM; *
SENTRY TAB SENIOR	\$0(3)	NM; *
<i>slo-niacin tab 250mg cr</i>	\$0(3)	NM; *
<i>slo-niacin tab 250mg er</i>	\$0(3)	NM; *
<i>sm animal chw shapes</i>	\$0(3)	NM; *
<i>sm animal sh chw complete</i>	\$0(3)	NM; *

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<i>sm b super tab vita com</i>	\$0(3)	NM; *
SM B-COMPLEX TAB /VIT C	\$0(3)	NM; *
<i>sm complete tab</i>	\$0(3)	NM; *
<i>sm complete tab 50+</i>	\$0(3)	NM; *
<i>sm complete tab 50+ mens</i>	\$0(3)	NM; *
<i>sm complete tab 50+ wmn</i>	\$0(3)	NM; *
<i>sm complete tab adv form</i>	\$0(3)	NM; *
<i>sm complete tab senior</i>	\$0(3)	NM; *
<i>sm folic acid tab 400mcg</i>	\$0(3)	NM; *
<i>sm hair/skin tab /nails</i>	\$0(3)	NM; *
<i>sm multiple tab vit/iron</i>	\$0(3)	NM; *
<i>sm multiple tab vitamins</i>	\$0(3)	NM; *
<i>sm niacin tab 250mg cr</i>	\$0(3)	NM; *
SM ONE DAILY TAB MENS	\$0(3)	NM; *
SM ONE DAILY TAB WOMENS	\$0(3)	NM; *
<i>sm opti-vita tab</i>	\$0(3)	NM; *
SM PRENATAL TAB VITAMINS	\$0(3)	NM; *
<i>sm vit b6 tab 100mg</i>	\$0(3)	NM; *
<i>sm vit b12 tab 500mcg</i>	\$0(3)	NM; *
<i>sm vit b12 tab 1000mcg</i>	\$0(3)	NM; *
<i>sm vit b-6 tab 100mg</i>	\$0(3)	NM; *
<i>sm vit b-12 tab 100mcg</i>	\$0(3)	NM; *
<i>sm vit b-12 tab 500mcg</i>	\$0(3)	NM; *
<i>sm vit c/rh tab 1000mg</i>	\$0(3)	NM; *
<i>sm vitamin c chw 500mg</i>	\$0(3)	NM; *
<i>sm vitamin c tab 250mg</i>	\$0(3)	NM; *
<i>sm vitamin c tab 500mg</i>	\$0(3)	NM; *
<i>sm vitamin c tab 500mg tr</i>	\$0(3)	NM; *
<i>sm vitamin c tab 1000mg</i>	\$0(3)	NM; *
<i>sm vitamin d tab 400unit</i>	\$0(3)	NM; *
<i>sm vitamin e cap 200unit</i>	\$0(3)	NM; *
<i>sm vitamin e cap 400unit</i>	\$0(3)	NM; *
<i>sm vitamin e cap 1000unit</i>	\$0(3)	NM; *
SOLO TAB	\$0(3)	NM; *
<i>spectr women tab hlth sen</i>	\$0(3)	NM; *
<i>spectra ultr tab hlth men</i>	\$0(3)	NM; *
SPECTRAVITE CHW ADLT 50+	\$0(3)	NM; *
SPECTRAVITE TAB	\$0(3)	NM; *
SPECTRAVITE TAB ADLT 50+	\$0(3)	NM; *
<i>spectravite tab advanced</i>	\$0(3)	NM; *
SPECTRAVITE TAB MEN 50+	\$0(3)	NM; *

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<i>spectravite tab senior</i>	\$0(3)	NM; *
SPECTRAVITE TAB SENIOR	\$0(3)	NM; *
SPECTRAVITE TAB ULT MEN	\$0(3)	NM; *
SPECTRAVITE TAB ULT WMN	\$0(3)	NM; *
<i>stress b com tab vit c/zn</i>	\$0(3)	NM; *
<i>stress b/ tab zinc</i>	\$0(3)	NM; *
<i>stress form tab</i>	\$0(3)	NM; *
<i>stress form tab /iron</i>	\$0(3)	NM; *
<i>stress form tab /zinc</i>	\$0(3)	NM; *
<i>stress form/ tab zinc</i>	\$0(3)	NM; *
<i>stress formu tab</i>	\$0(3)	NM; *
<i>stress formu tab /zinc</i>	\$0(3)	NM; *
<i>stress formu tab advanced</i>	\$0(3)	NM; *
<i>stress formu tab energy</i>	\$0(3)	NM; *
<i>stress formu tab w/iron</i>	\$0(3)	NM; *
<i>stresstabs tab advanced</i>	\$0(3)	NM; *
<i>stresstabs tab energy</i>	\$0(3)	NM; *
<i>sunvite tab advanced</i>	\$0(3)	NM; *
SUPER ANTIOX CAP	\$0(3)	NM; *
<i>super antiox tab a/c/e/se</i>	\$0(3)	NM; *
<i>super b comp tab vit c</i>	\$0(3)	NM; *
<i>super b w/c cap</i>	\$0(3)	NM; *
<i>super b-comp tab /fa/vitc</i>	\$0(3)	NM; *
<i>super b-comp tab vit c/fa</i>	\$0(3)	NM; *
<i>super biotin cap 5000mcg</i>	\$0(3)	NM; *
SUPER DAILY DRO D3	\$0(3)	NM; *
<i>super liq nu-thera</i>	\$0(3)	NM; *
<i>super multip cap</i>	\$0(3)	NM; *
<i>super multip tab</i>	\$0(3)	NM; *
SUPER POW NU-THERA	\$0(3)	NM; *
<i>super tab nu-thera</i>	\$0(3)	NM; *
<i>super thera tab vite m</i>	\$0(3)	NM; *
<i>super vikaps tab</i>	\$0(3)	NM; *
SUPERIORSOUR CHW K1	\$0(3)	NM; *
<i>superplex-t tab</i>	\$0(3)	NM; *
<i>supr aytinal tab</i>	\$0(3)	NM; *
<i>supr aytinal tab 50 plus</i>	\$0(3)	NM; *
<i>supr vitamin tab</i>	\$0(3)	NM; *
<i>tab-a-vite tab</i>	\$0(3)	NM; *
<i>tab-a-vite tab /iron</i>	\$0(3)	NM; *
<i>tab-a-vite tab beta car</i>	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>thera form/ tab hematin</i>	\$0(3)	NM; *
THERA M PLUS TAB	\$0(3)	NM; *
<i>thera tab</i>	\$0(3)	NM; *
THERA TAB	\$0(3)	NM; *
<i>thera vital tab m</i>	\$0(3)	NM; *
<i>thera-d tab 2000unit</i>	\$0(3)	NM; *
THERA-D TAB 4000UNIT	\$0(3)	NM; *
<i>thera-m tab</i>	\$0(3)	NM; *
THERA-M TAB	\$0(3)	NM; *
THERA-TABS M TAB	\$0(3)	NM; *
<i>thera-tabs tab</i>	\$0(3)	NM; *
<i>therabasic-m tab</i>	\$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 PLUS	\$0(3)	NM; *
<i>therapeutic tab</i>	\$0(3)	NM; *
<i>therapeutic tab -m</i>	\$0(3)	NM; *
<i>therapeutic tab multi</i>	\$0(3)	NM; *
<i>therapeutic- tab m</i>	\$0(3)	NM; *
<i>therapeutic- tab m/lutein</i>	\$0(3)	NM; *
<i>theratrum co tab 50 plus</i>	\$0(3)	NM; *
<i>theratrum tab complete</i>	\$0(3)	NM; *
<i>theravim -m tab</i>	\$0(3)	NM; *
<i>therems tab</i>	\$0(3)	NM; *
THEREMS-H TAB	\$0(3)	NM; *
THEREMS-M TAB	\$0(3)	NM; *
<i>thiamine hcl inj 100 mg/ml</i>	\$0(3)	NM; *
THIAMINE HCL POW	\$0(3)	NM; *
<i>thiamine hcl tab 50 mg</i>	\$0(3)	NM; *
<i>thiamine hcl tab 100 mg</i>	\$0(3)	NM; *
<i>thiamine hcl tab 250 mg</i>	\$0(3)	NM; *
THRIVITE 19 TAB	\$0(3)	NM; *
<i>total b/c tab</i>	\$0(3)	NM; *
<i>total formul tab</i>	\$0(3)	NM; *
<i>total formul tab 2</i>	\$0(3)	NM; *
<i>total formul tab 3</i>	\$0(3)	NM; *
<i>totalday mul tab tr</i>	\$0(3)	NM; *
TRI-VITAMIN DRO	\$0(3)	NM; *
TRICARE TAB PRENATAL	\$0(2)	

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<i>tropical liq nutritio</i>	\$0(3)	NM; *
<i>trueplus tab diabetic</i>	\$0(3)	NM; *
<i>ultra choice chw kids</i>	\$0(3)	NM; *
<i>ultra freeda tab</i>	\$0(3)	NM; *
<i>ultra freeda tab /iron</i>	\$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; *
<i>ultrachoice tab advanced</i>	\$0(3)	NM; *
UNICOMPLEX-M TAB	\$0(3)	NM; *
UPSPRING BAB LIQ VIT D	\$0(3)	NM; *
UPSPRINGBABY DRO MV/IRON	\$0(3)	NM; *
<i>v-c forte cap</i>	\$0(3)	NM; *
<i>vic-forte cap</i>	\$0(3)	NM; *
<i>virt-caps cap</i>	\$0(3)	NM; *
<i>vision form cap 2</i>	\$0(3)	NM; *
<i>vision form cap eye hlth</i>	\$0(3)	NM; *
<i>vision form/ tab lutein</i>	\$0(3)	NM; *
<i>vision tab vitamins</i>	\$0(3)	NM; *
<i>vit b complx tab /vit c</i>	\$0(3)	NM; *
<i>vit d3 drops liq 400unit</i>	\$0(3)	NM; *
<i>vit d child chw 1000unit</i>	\$0(3)	NM; *
<i>vit e complx cap 400unit</i>	\$0(3)	NM; *
<i>vit e complx cap 1000unit</i>	\$0(3)	NM; *
<i>vit e d-alph cap 200unit</i>	\$0(3)	NM; *
<i>vit e d-alph cap 400unit</i>	\$0(3)	NM; *
<i>vita hair tab</i>	\$0(3)	NM; *
<i>vita-bee/c tab</i>	\$0(3)	NM; *
VITA-C CRY	\$0(3)	NM; *
VITA-RESPA TAB	\$0(3)	NM; *
<i>vitabasic tab complete</i>	\$0(3)	NM; *
<i>vitabasic tab senior</i>	\$0(3)	NM; *
VITABEX PLUS CAP	\$0(3)	NM; *
<i>vitachew chw</i>	\$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; *
<i>vitajoy daly chw d 1000iu</i>	\$0(3)	NM; *

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VITAL-D RX TAB	\$0(3)	NM; *
<i>vitalee tab</i>	\$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; *
<i>vitamin b12 tab 1000 tr</i>	\$0(3)	NM; *
<i>vitamin b12 tab 1000mcg</i>	\$0(3)	NM; *
<i>vitamin b12 tab 2000mcg</i>	\$0(3)	NM; *
<i>vitamin b12 tab 5000mcg</i>	\$0(3)	NM; *
VITAMIN B 12 LOZ 250MCG	\$0(3)	NM; *
<i>vitamin b-1 tab 100mg</i>	\$0(3)	NM; *
VITAMIN B-1 TAB 500MG	\$0(3)	NM; *
<i>vitamin b-6 tab 100mg</i>	\$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; *
<i>vitamin b-12 tab 500mcg</i>	\$0(3)	NM; *
<i>vitamin b-12 tab 1000 tr</i>	\$0(3)	NM; *
<i>vitamin b-12 tab 1000mcg</i>	\$0(3)	NM; *
<i>vitamin b-12 tab 2000mcg</i>	\$0(3)	NM; *
<i>vitamin c loz 60mg</i>	\$0(3)	NM; *
VITAMIN C PAK 500MG	\$0(3)	NM; *
VITAMIN C POW	\$0(3)	NM; *
VITAMIN C TAB 100MG	\$0(3)	NM; *
<i>vitamin c tab 250mg</i>	\$0(3)	NM; *
<i>vitamin c tab 500mg</i>	\$0(3)	NM; *
<i>vitamin c tab 500mg tr</i>	\$0(3)	NM; *
<i>vitamin c tab 1000mg</i>	\$0(3)	NM; *
VITAMIN D2 TAB 400UNIT	\$0(3)	NM; *
VITAMIN D2 TAB 2000UNIT	\$0(3)	NM; *
<i>vitamin d3 cap 400unit</i>	\$0(3)	NM; *
<i>vitamin d3 cap 1000unit</i>	\$0(3)	NM; *
<i>vitamin d3 cap 2000 unt</i>	\$0(3)	NM; *
<i>vitamin d3 cap 2000unit</i>	\$0(3)	NM; *
VITAMIN D3 CAP 4000UNIT	\$0(3)	NM; *
<i>vitamin d3 cap 5000unit</i>	\$0(3)	NM; *
<i>vitamin d3 cap 10000unt</i>	\$0(3)	NM; *
<i>vitamin d3 cap 50000unt</i>	\$0(3)	NM; *
<i>vitamin d3 cap us 5000u</i>	\$0(3)	NM; *
<i>vitamin d3 chw 400unit</i>	\$0(3)	NM; *

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<i>vitamin d3 chw 1000unit</i>	\$0(3)	NM; *
<i>vitamin d3 dro 10mcg/ml</i>	\$0(3)	NM; *
VITAMIN D3 LIQ 1000UNIT	\$0(3)	NM; *
VITAMIN D3 LIQ 1200UNIT	\$0(3)	NM; *
VITAMIN D3 SPR 1000UNIT	\$0(3)	NM; *
<i>vitamin d3 tab 400unit</i>	\$0(3)	NM; *
<i>vitamin d3 tab 1000unit</i>	\$0(3)	NM; *
<i>vitamin d3 tab 2000unit</i>	\$0(3)	NM; *
VITAMIN D3 TAB 3000UNIT	\$0(3)	NM; *
<i>vitamin d3 tab 5000unit</i>	\$0(3)	NM; *
VITAMIN D3 TAB 5000UNIT	\$0(3)	NM; *
VITAMIN D3 TAB 10000UNT	\$0(3)	NM; *
<i>vitamin d3 tab 50000unt</i>	\$0(3)	NM; *
VITAMIN D3 TAB COMPLETE	\$0(3)	NM; *
<i>vitamin d cap 1000unit</i>	\$0(3)	NM; *
<i>vitamin d cap 2000unit</i>	\$0(3)	NM; *
<i>vitamin d chw 400unit</i>	\$0(3)	NM; *
<i>vitamin d chw 1000unit</i>	\$0(3)	NM; *
<i>vitamin d dro 400unit</i>	\$0(3)	NM; *
<i>vitamin d tab 400unit</i>	\$0(3)	NM; *
<i>vitamin d tab 1000unit</i>	\$0(3)	NM; *
<i>vitamin d tab 2000unit</i>	\$0(3)	NM; *
<i>vitamin d-3 cap 2000unit</i>	\$0(3)	NM; *
<i>vitamin d-3 tab 1000unit</i>	\$0(3)	NM; *
<i>vitamin d-3 tab 5000unit</i>	\$0(3)	NM; *
<i>vitamin e cap 100 unit</i>	\$0(3)	NM; *
<i>vitamin e cap 200 unit</i>	\$0(3)	NM; *
<i>vitamin e cap 200unit</i>	\$0(3)	NM; *
<i>vitamin e cap 400 unit</i>	\$0(3)	NM; *
<i>vitamin e cap 400unit</i>	\$0(3)	NM; *
<i>vitamin e cap 600 unit</i>	\$0(3)	NM; *
<i>vitamin e cap 1000 unit</i>	\$0(3)	NM; *
<i>vitamin e cap 1000unit</i>	\$0(3)	NM; *
VITAMIN E CHW 400UNIT	\$0(3)	NM; *
<i>vitamin e oral oil 100 unit/0.25ml</i>	\$0(3)	NM; *
<i>vitamin e soln 15 unit/0.3ml (50 unit/ml)</i>	\$0(3)	NM; *
VITAMIN E TAB 100UNIT	\$0(3)	NM; *
VITAMIN E TAB 200UNIT	\$0(3)	NM; *
<i>vitamin e tab 400 unit</i>	\$0(3)	NM; *
VITAMIN LIQ MINERAL	\$0(3)	NM; *
VITASANA TAB	\$0(3)	NM; *

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<i>vitatrum chw</i>	\$0(3)	NM; *
VITATRUM TAB	\$0(3)	NM; *
<i>vitatrum tab complete</i>	\$0(3)	NM; *
<i>vite/iron chw children</i>	\$0(3)	NM; *
<i>vitrum tab senior</i>	\$0(3)	NM; *
VITRUM TAB SENIOR	\$0(3)	NM; *
<i>vol-care rx tab</i>	\$0(3)	NM; *
VOL-NATE TAB	\$0(3)	NM; *
VOL-TAB RX TAB	\$0(3)	NM; *
<i>vp-vite rx tab</i>	\$0(3)	NM; *
<i>vt b complex cap</i>	\$0(3)	NM; *
<i>whole source tab dietary</i>	\$0(3)	NM; *
<i>whole source tab for men</i>	\$0(3)	NM; *
<i>whole source tab mature</i>	\$0(3)	NM; *
<i>womens 50+ cap advanced</i>	\$0(3)	NM; *
<i>womens 50+ tab advanced</i>	\$0(3)	NM; *
WOMENS BIO- TAB MULTIPLE	\$0(3)	NM; *
<i>womens cap multi</i>	\$0(3)	NM; *
<i>womens daily chw gummies</i>	\$0(3)	NM; *
<i>womens daily tab fa/ca/fe</i>	\$0(3)	NM; *
<i>womens daily tab formula</i>	\$0(3)	NM; *
<i>womens one tab daily</i>	\$0(3)	NM; *
WOMENS PAK	\$0(3)	NM; *
<i>womns active tab daily</i>	\$0(3)	NM; *
YELETS TEEN TAB FORMULA	\$0(3)	NM; *
<i>yl folic aci tab 400mcg</i>	\$0(3)	NM; *
<i>yl vit b-6 tab 100mg</i>	\$0(3)	NM; *
<i>yl vit c/rh tab 1000mg</i>	\$0(3)	NM; *
<i>yl vitamin c tab 1000mg</i>	\$0(3)	NM; *
<i>yl vitamin e cap 400unit</i>	\$0(3)	NM; *
YOUR LIFE CHW GUMMIES	\$0(3)	NM; *
ZINC LOZ	\$0(3)	NM; *
<i>zoo friends chw</i>	\$0(3)	NM; *
ZOO FRIENDS CHW COMPLETE	\$0(3)	NM; *
<i>zoo friends chw extra c</i>	\$0(3)	NM; *
<i>zoo friends chw gummies</i>	\$0(3)	NM; *
<i>zoo friends chw pls iron</i>	\$0(3)	NM; *

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

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

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

ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS

AZASITE SOL 1%	\$0(2)	
<i>bacitracin ophth oint 500 unit/gm</i>	\$0(1)	
<i>bacitracin-polymyxin b ophth oint</i>	\$0(1)	
BESIVANCE SUS 0.6%	\$0(2)	
CILOXAN OIN 0.3% OP	\$0(2)	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	\$0(1)	
<i>erythromycin ophth oint 5 mg/gm</i>	\$0(1)	
<i>gatifloxacin ophth soln 0.5%</i>	\$0(1)	
<i>gentak oin 0.3% op</i>	\$0(1)	
<i>gentamicin sulfate ophth soln 0.3%</i>	\$0(1)	
MOXEZA SOL 0.5%	\$0(2)	
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	\$0(1)	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	\$0(1)	
NATACYN SUS 5% OP	\$0(2)	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	\$0(1)	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	\$0(1)	
<i>ofloxacin ophth soln 0.3%</i>	\$0(1)	

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<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	\$0(1)	
<i>sulfacetamide sodium ophth oint 10%</i>	\$0(1)	
<i>sulfacetamide sodium ophth soln 10%</i>	\$0(1)	
<i>tobramycin ophth soln 0.3%</i>	\$0(1)	
<i>trifluridine ophth soln 1%</i>	\$0(1)	
ZIRGAN GEL 0.15%	\$0(2)	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
ALREX SUS 0.2%	\$0(2)	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	\$0(1)	
BROMSITE DRO 0.075%	\$0(2)	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	\$0(1)	
<i>diclofenac sodium ophth soln 0.1%</i>	\$0(1)	
DUREZOL EMU 0.05%	\$0(2)	
FLAREX SUS 0.1% OP	\$0(2)	
<i>fluorometholone ophth susp 0.1%</i>	\$0(1)	
<i>flurbiprofen sodium ophth soln 0.03%</i>	\$0(1)	
ILEVRO DRO 0.3% OP	\$0(2)	
<i>ketorolac tromethamine ophth soln 0.4%</i>	\$0(1)	
<i>ketorolac tromethamine ophth soln 0.5%</i>	\$0(1)	
LOTEMAX GEL 0.5%	\$0(2)	
LOTEMAX OIN 0.5%	\$0(2)	
<i>loteprednol etabonate ophth susp 0.5%</i>	\$0(1)	
PRED SOD PHO SOL 1% OP	\$0(2)	
<i>prednisolone acetate ophth susp 1%</i>	\$0(1)	
PROLENSA SOL 0.07%	\$0(2)	
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
<i>alaway child dro 0.025%op</i>	\$0(3)	NM; *
<i>alaway dro 0.025%op</i>	\$0(3)	NM; *
<i>azelastine hcl ophth soln 0.05%</i>	\$0(1)	
BEPREVE DRO 1.5%	\$0(2)	
<i>cromolyn sodium ophth soln 4%</i>	\$0(1)	
<i>eye itch rel dro 0.025%op</i>	\$0(3)	NM; *
<i>eye itch sol relief</i>	\$0(3)	NM; *
<i>ketotif fum dro 0.025%op</i>	\$0(3)	NM; *
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i>	\$0(3)	NM; *
LASTACFT SOL 0.25%	\$0(2)	

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<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	\$0(1)	
PAZEO DRO 0.7%	\$0(2)	
ZERVIATE DRO 0.24%	\$0(2)	
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA		
ALPHAGAN P SOL 0.1%	\$0(2)	
AZOPT SUS 1% OP	\$0(2)	
<i>betaxolol hcl ophth soln 0.5%</i>	\$0(1)	
BETOPTIC-S SUS 0.25% OP	\$0(2)	
<i>brimonidine tartrate ophth soln 0.2%</i>	\$0(1)	
<i>brimonidine tartrate ophth soln 0.15%</i>	\$0(1)	
<i>carteolol hcl ophth soln 1%</i>	\$0(1)	
COMBIGAN SOL 0.2/0.5%	\$0(2)	
<i>dorzolamide hcl ophth soln 2%</i>	\$0(1)	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	\$0(1)	
<i>latanoprost ophth soln 0.005%</i>	\$0(1)	
<i>levobunolol hcl ophth soln 0.5%</i>	\$0(1)	
LUMIGAN SOL 0.01%	\$0(2)	
PHOSPHOLINE SOL 0.125%OP	\$0(2)	
<i>pilocarpine hcl ophth soln 1%</i>	\$0(1)	
<i>pilocarpine hcl ophth soln 2%</i>	\$0(1)	
<i>pilocarpine hcl ophth soln 4%</i>	\$0(1)	
RHOPRESSA SOL 0.02%	\$0(2)	
SIMBRINZA SUS 1-0.2%	\$0(2)	
<i>timolol maleate ophth gel forming soln 0.5%</i>	\$0(1)	
<i>timolol maleate ophth gel forming soln 0.25%</i>	\$0(1)	
<i>timolol maleate ophth soln 0.5%</i>	\$0(1)	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	\$0(1)	
<i>timolol maleate ophth soln 0.25%</i>	\$0(1)	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	\$0(1)	
MISCELLANEOUS		
<i>akwa tears oin op</i>	\$0(3)	NM; *
<i>altachlore oin 5% op</i>	\$0(3)	NM; *
<i>altachlore sol 5% op</i>	\$0(3)	NM; *
<i>artifi tears sol 1.4% op</i>	\$0(3)	NM; *
<i>artificial sol tears</i>	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ATROPINE SUL SOL 1% OP	\$0(2)	
CYSTARAN SOL 0.44%	\$0(2)	NDS, LA, PA
<i>eye drops dro 0.5-0.9%</i>	\$0(3)	NM; *
<i>for sty reli oin</i>	\$0(3)	NM; *
FRESHKOTE PF SOL 2.7-2%	\$0(3)	NM; *
FRESHKOTE SOL 2.7-2%	\$0(3)	NM; *
GENTEAL GEL 0.3%	\$0(3)	NM; *
<i>genteal tear oin nt-time</i>	\$0(3)	NM; *
<i>genteal tear sol moderate</i>	\$0(3)	NM; *
<i>gnp eye drop dro 0.4-0.3%</i>	\$0(3)	NM; *
<i>gnp eye drop sol 0.5% op</i>	\$0(3)	NM; *
<i>hm dry eye sol relief</i>	\$0(3)	NM; *
ISOPTO TEARS SOL 0.5% OP	\$0(3)	NM; *
<i>liquitears sol</i>	\$0(3)	NM; *
<i>lubric tears sol 0.4-0.3%</i>	\$0(3)	NM; *
<i>lubricant dro 0.4-0.3%</i>	\$0(3)	NM; *
<i>lubricant oin eye</i>	\$0(3)	NM; *
<i>lubricat eye dro 0.4-0.3%</i>	\$0(3)	NM; *
<i>lubricating dro 0.5%</i>	\$0(3)	NM; *
<i>lubricating sol 0.4-0.3%</i>	\$0(3)	NM; *
<i>lubricnt eye dro 0.4-0.3%</i>	\$0(3)	NM; *
<i>lubricnt eye dro 0.5% op</i>	\$0(3)	NM; *
MURO 128 SOL 2% OP	\$0(3)	NM; *
<i>ophthalmic sol 5% op</i>	\$0(3)	NM; *
<i>polyvinyl alcohol ophth soln 1.4%</i>	\$0(3)	NM; *
<i>proparacaine hcl ophth soln 0.5%</i>	\$0(1)	
<i>puralube oin</i>	\$0(3)	NM; *
<i>pure & gentl dro 0.3%</i>	\$0(3)	NM; *
<i>refresh cell gel 1% op</i>	\$0(3)	NM; *
REFRESH DRO OP	\$0(3)	NM; *
REFRESH GEL OPTIVE	\$0(3)	NM; *
<i>refresh lacr oin op</i>	\$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; *
<i>refresh p.m. oin op</i>	\$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)
<i>restore plus dro 0.5% op</i>	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>restore tear dro 0.5% op</i>	\$0(3)	NM; *
RETAINÉ HPMC SOL 0.3%	\$0(3)	NM; *
<i>retaine pm oin</i>	\$0(3)	NM; *
<i>sm artificia sol tears</i>	\$0(3)	NM; *
<i>sm dry eye sol relief</i>	\$0(3)	NM; *
<i>sm lubricant dro 0.4-0.3%</i>	\$0(3)	NM; *
<i>sochlor sol 5% op</i>	\$0(3)	NM; *
<i>sod chloride oin 5% op</i>	\$0(3)	NM; *
<i>sod chloride sol 5% op</i>	\$0(3)	NM; *
<i>sodium chloride hypertonic ophth oint 5%</i>	\$0(3)	NM; *
<i>sodium chloride hypertonic ophth soln 5%</i>	\$0(3)	NM; *
<i>soothe xp dro 1%-4.5%</i>	\$0(3)	NM; *
STERILE LUBR DRO 0.7%	\$0(3)	NM; *
<i>stye oin</i>	\$0(3)	NM; *
SYSTANE GEL 0.3%	\$0(3)	NM; *
SYSTANE GEL DRO 0.4-0.3%	\$0(3)	NM; *
<i>systane oin</i>	\$0(3)	NM; *
<i>tears again dro 1.4%</i>	\$0(3)	NM; *
<i>tgt lubricnt oin eye nite</i>	\$0(3)	NM; *
<i>th eye adv dro relief</i>	\$0(3)	NM; *
THERATEARS SOL 0.25% PF	\$0(3)	NM; *
<i>ultra fresh dro 0.5% op</i>	\$0(3)	NM; *
<i>ultra fresh oin pm</i>	\$0(3)	NM; *

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

ANORO ELLIPT AER 62.5-25	\$0(2)	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	\$0(2)	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	\$0(2)	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	\$0(2)	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	\$0(2)	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	\$0(1)	B/D
TRELEGY AER ELLIPTA	\$0(2)	QL (60 blisters / 30 days)

ANTICHOLINERGICS - DRUGS TO TREAT COPD

ATROVENT HFA AER 17MCG	\$0(2)	QL (2 inhalers / 30 days)
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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
INCRUSE ELPT INH 62.5MCG	\$0(2)	QL (30 blisters / 30 days)
<i>ipratropium bromide inhal soln 0.02%</i>	\$0(1)	B/D
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	\$0(1)	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	\$0(1)	
ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES		
ALA-HIST IR TAB 2MG	\$0(3)	NM; *
<i>aler-cap cap 25mg</i>	\$0(3)	NM; *
<i>all day allg sol 1mg/ml</i>	\$0(3)	NM; *
<i>all day allg sol 5mg/5ml</i>	\$0(3)	NM; *
<i>all day allg tab 10mg</i>	\$0(3)	NM; *
<i>all-day allg sol 5mg/5ml</i>	\$0(3)	NM; *
<i>aller-chlor tab 4mg</i>	\$0(3)	NM; *
<i>aller-ease tab 60mg</i>	\$0(3)	NM; *
<i>aller-ease tab 180mg</i>	\$0(3)	NM; *
<i>aller-tec tab 10mg</i>	\$0(3)	NM; *
<i>allerclear tab 10mg</i>	\$0(3)	NM; *
<i>allergy cap 25mg</i>	\$0(3)	NM; *
<i>allergy chld liq 12.5/5ml</i>	\$0(3)	NM; *
<i>allergy chld sol 1mg/ml</i>	\$0(3)	NM; *
<i>allergy chld syp 5mg/5ml</i>	\$0(3)	NM; *
<i>allergy liq 12.5/5ml</i>	\$0(3)	NM; *
<i>allergy med liq 12.5/5ml</i>	\$0(3)	NM; *
<i>allergy med tab 25mg</i>	\$0(3)	NM; *
<i>allergy relf cap 25mg</i>	\$0(3)	NM; *
<i>allergy relf liq 12.5/5ml</i>	\$0(3)	NM; *
<i>allergy relf sol 5mg/5ml</i>	\$0(3)	NM; *
<i>allergy relf syp 5mg/5ml</i>	\$0(3)	NM; *
<i>allergy relf tab 1.34mg</i>	\$0(3)	NM; *
<i>allergy relf tab 4mg</i>	\$0(3)	NM; *
<i>allergy relf tab 5mg</i>	\$0(3)	NM; *
<i>allergy relf tab 10mg</i>	\$0(3)	NM; *
<i>allergy relf tab 25mg</i>	\$0(3)	NM; *
<i>allergy relf tab 180mg</i>	\$0(3)	NM; *
<i>allergy reli tab 10mg</i>	\$0(3)	NM; *
<i>allergy tab 4mg</i>	\$0(3)	NM; *
<i>allergy tab 10mg</i>	\$0(3)	NM; *
<i>allergy tab 12mg cr</i>	\$0(3)	NM; *
<i>allergy tab 25mg</i>	\$0(3)	NM; *

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<i>allergy tab 180mg</i>	\$0(3)	NM; *
<i>allergy-time tab 4mg</i>	\$0(3)	NM; *
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	\$0(1)	
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	\$0(1)	
<i>banophen cap 25mg</i>	\$0(3)	NM; *
<i>banophen cap 50mg</i>	\$0(3)	NM; *
<i>banophen liq 12.5/5ml</i>	\$0(3)	NM; *
<i>banophen tab 25mg</i>	\$0(3)	NM; *
<i>cetirizine chw 5mg</i>	\$0(3)	NM; *
<i>cetirizine chw 10mg</i>	\$0(3)	NM; *
<i>cetirizine hcl chew tab 5 mg</i>	\$0(3)	NM; *
<i>cetirizine hcl chew tab 10 mg</i>	\$0(3)	NM; *
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	\$0(1)	
<i>cetirizine hcl tab 5 mg</i>	\$0(3)	NM; *
<i>cetirizine hcl tab 10 mg</i>	\$0(3)	NM; *
<i>cetirizine sol 1mg/ml</i>	\$0(3)	NM; *
<i>cetirizine sol 5mg/5ml</i>	\$0(3)	NM; *
<i>cetirizine tab 10mg</i>	\$0(3)	NM; *
<i>child allrgy sol 5mg/5ml</i>	\$0(3)	NM; *
<i>chld allergy liq 12.5/5ml</i>	\$0(3)	NM; *
<i>chlor-phenir tab 4mg</i>	\$0(3)	NM; *
<i>chlorhist tab 4mg</i>	\$0(3)	NM; *
<i>chlorphen sr tab 12mg</i>	\$0(3)	NM; *
<i>chlorphenir tab 4mg</i>	\$0(3)	NM; *
<i>chlorpheniramine maleate tab 4 mg</i>	\$0(3)	NM; *
<i>chlorpheniramine maleate tab er 12 mg</i>	\$0(3)	NM; *
<i>comp allergy cap 25mg</i>	\$0(3)	NM; *
<i>comp allergy tab 25mg</i>	\$0(3)	NM; *
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	\$0(2)	PA; PA if 70 years and older
<i>cyproheptadine hcl tab 4 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>dayhist alrg tab 12 hour</i>	\$0(3)	NM; *
<i>diphen tab 25mg</i>	\$0(3)	NM; *
<i>diphenhist cap 25mg</i>	\$0(3)	NM; *
<i>diphenhist liq 12.5/5ml</i>	\$0(3)	NM; *
<i>diphenhist tab 25mg</i>	\$0(3)	NM; *
<i>diphenhydramine hcl cap 25 mg</i>	\$0(3)	NM; *
<i>diphenhydramine hcl cap 50 mg</i>	\$0(3)	NM; *

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<i>diphenhydramine hcl inj 50 mg/ml</i>	\$0(1)	
<i>diphenhydramine hcl liquid 6.25 mg/ml</i>	\$0(3)	NM; *
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i>	\$0(3)	NM; *
<i>diphenhydramine hcl tab 25 mg</i>	\$0(3)	NM; *
<i>ed chlorped syp jr</i>	\$0(3)	NM; *
<i>eqi all day tab allergy</i>	\$0(3)	NM; *
<i>fexofenadine hcl tab 60 mg</i>	\$0(3)	NM; *
<i>fexofenadine hcl tab 180 mg</i>	\$0(3)	NM; *
<i>fexofenadine tab 60mg</i>	\$0(3)	NM; *
<i>fexofenadine tab 180mg</i>	\$0(3)	NM; *
<i>geri-dryl liq 12.5/5ml</i>	\$0(3)	NM; *
<i>geri-dryl tab 25mg</i>	\$0(3)	NM; *
<i>gnp all day tab allergy</i>	\$0(3)	NM; *
<i>gnp allergy cap 25mg</i>	\$0(3)	NM; *
<i>gnp allergy chw 12.5mg</i>	\$0(3)	NM; *
<i>gnp allergy tab 4mg</i>	\$0(3)	NM; *
<i>gnp allergy tab 25mg</i>	\$0(3)	NM; *
<i>gnp allergy tab 180mg</i>	\$0(3)	NM; *
<i>gnp dayhist tab 1.34mg</i>	\$0(3)	NM; *
<i>gs allergy tab 4mg</i>	\$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; *
<i>hm allergy cap 25mg</i>	\$0(3)	NM; *
<i>hm allergy tab 4mg</i>	\$0(3)	NM; *
<i>hm allergy tab 25mg</i>	\$0(3)	NM; *
<i>24hr allergy tab 180mg</i>	\$0(3)	NM; *
<i>hydroxyzine hcl im soln 25 mg/ml</i>	\$0(2)	PA; PA if 70 years and older
<i>hydroxyzine hcl im soln 50 mg/ml</i>	\$0(2)	PA; PA if 70 years and older
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	\$0(2)	PA; PA if 70 years and older
<i>hydroxyzine hcl tab 10 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>hydroxyzine hcl tab 25 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>hydroxyzine hcl tab 50 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>hydroxyzine pamoate cap 25 mg</i>	\$0(2)	PA; PA if 70 years and older

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<i>hydroxyzine pamoate cap 50 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>kp loratadin tab 10mg</i>	\$0(3)	NM; *
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	\$0(1)	
<i>levocetirizine dihydrochloride tab 5 mg</i>	\$0(1)	
<i>levocetirizine dihydrochloride tab 5 mg</i>	\$0(3)	NM; *
<i>loradamed tab 10mg</i>	\$0(3)	NM; *
<i>loratadine cap 10 mg</i>	\$0(3)	NM; *
<i>loratadine chew tab 5 mg</i>	\$0(3)	NM; *
<i>loratadine chw 5mg</i>	\$0(3)	NM; *
<i>loratadine sol 5mg/5ml</i>	\$0(3)	NM; *
<i>loratadine sol 10/10ml</i>	\$0(3)	NM; *
<i>loratadine syp 5mg/5ml</i>	\$0(3)	NM; *
<i>loratadine tab 10 mg</i>	\$0(3)	NM; *
<i>loratadine tab 10mg</i>	\$0(3)	NM; *
<i>m-hist pd liq 0.625/ml</i>	\$0(3)	NM; *
<i>medi-phedryl cap 25mg</i>	\$0(3)	NM; *
<i>mucinex allr tab 180mg</i>	\$0(3)	NM; *
PEDIAVENT CHW 1MG	\$0(3)	NM; *
PEDIAVENT SYP 2MG/5ML	\$0(3)	NM; *
<i>pharbecchlor tab 4mg</i>	\$0(3)	NM; *
<i>pharbedryl cap 25mg</i>	\$0(3)	NM; *
<i>pharbedryl cap 50mg</i>	\$0(3)	NM; *
<i>px allergy cap 25mg</i>	\$0(3)	NM; *
<i>px allergy tab 25mg</i>	\$0(3)	NM; *
<i>qc allergy tab 10mg</i>	\$0(3)	NM; *
<i>sb allergy tab 10mg</i>	\$0(3)	NM; *
<i>sb allergy tab 25mg med</i>	\$0(3)	NM; *
<i>siladryl alr liq 12.5/5ml</i>	\$0(3)	NM; *
<i>sm all day tab 10mg</i>	\$0(3)	NM; *
<i>sm all day tab allergy</i>	\$0(3)	NM; *
<i>sm allergy cap relief</i>	\$0(3)	NM; *
<i>sm allergy tab 4mg</i>	\$0(3)	NM; *
<i>sm allergy tab 25mg</i>	\$0(3)	NM; *
<i>sm allergy tab 25mg rlf</i>	\$0(3)	NM; *
<i>sm loratadin tab 10mg</i>	\$0(3)	NM; *
<i>total allerg tab 25mg</i>	\$0(3)	NM; *
<i>triprolidine hcl liquid 0.313 mg/ml</i>	\$0(3)	NM; *
<i>triprolidine hcl liquid 0.625 mg/ml</i>	\$0(3)	NM; *
<i>wal-dryl liq 12.5/5ml</i>	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD

<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	\$0(1)	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	\$0(1)	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	\$0(1)	B/D
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	\$0(1)	B/D
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	\$0(1)	B/D
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	\$0(1)	B/D
<i>albuterol sulfate syrup 2 mg/5ml</i>	\$0(1)	
<i>albuterol sulfate tab 2 mg</i>	\$0(1)	
<i>albuterol sulfate tab 4 mg</i>	\$0(1)	
<i>albuterol sulfate tab er 12hr 4 mg</i>	\$0(1)	
<i>albuterol sulfate tab er 12hr 8 mg</i>	\$0(1)	
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	\$0(1)	B/D
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	\$0(1)	B/D
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	\$0(1)	B/D
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	\$0(1)	B/D
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	\$0(1)	QL (2 inhalers / 30 days)
SEREVENT DIS AER 50MCG	\$0(2)	QL (60 inhalations / 30 days)
<i>terbutaline sulfate tab 2.5 mg</i>	\$0(1)	
<i>terbutaline sulfate tab 5 mg</i>	\$0(1)	
VENTOLIN HFA AER	\$0(2)	QL (2 inhalers / 30 days)

COUGH AND COLD

<i>aceta-gesic tab 12.5-325</i>	\$0(3)	NM; *
<i>acetaminophe tab 5-325mg</i>	\$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; *
<i>all day alrg tab 5-120mg</i>	\$0(3)	NM; *

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<i>all-nite liq cold/flu</i>	\$0(3)	NM; *
<i>aller-tec d tab 5-120mg</i>	\$0(3)	NM; *
<i>aller/conges tab 10-240mg</i>	\$0(3)	NM; *
<i>allerclear d tab 10-240mg</i>	\$0(3)	NM; *
<i>allerfed tab 4-10mg</i>	\$0(3)	NM; *
<i>allergy d tab 5-120mg</i>	\$0(3)	NM; *
<i>allergy plus tab sev/sinu</i>	\$0(3)	NM; *
<i>allergy plus tab sinus</i>	\$0(3)	NM; *
<i>allergy rel/ tab deconges</i>	\$0(3)	NM; *
<i>allergy relf tab 5-120mg</i>	\$0(3)	NM; *
<i>allergy relf tab /nsl dec</i>	\$0(3)	NM; *
<i>allergy relf tab d</i>	\$0(3)	NM; *
<i>allergy relf tab d-24</i>	\$0(3)	NM; *
<i>allergy relf tab deconges</i>	\$0(3)	NM; *
<i>allergy tab multi-sy</i>	\$0(3)	NM; *
<i>allergy+ con tab 5-120mg</i>	\$0(3)	NM; *
<i>allergy-d tab 5-120mg</i>	\$0(3)	NM; *
<i>allgy comp-d tab 5-120mg</i>	\$0(3)	NM; *
<i>allrgy rel d tab 10-240mg</i>	\$0(3)	NM; *
<i>allrgy rlf-d tab 10-240mg</i>	\$0(3)	NM; *
<i>ambi 10peh/ tab 400gfn</i>	\$0(3)	NM; *
<i>ambi 40pse/ tab 400gfn</i>	\$0(3)	NM; *
<i>aprodine tab 2.5-60mg</i>	\$0(3)	NM; *
AQUANAZ TAB	\$0(3)	NM; *
ATUSS DA LIQ	\$0(3)	NM; *
BENZEDREX INH	\$0(3)	NM; *
<i>benzonatate cap 100 mg</i>	\$0(3)	NM; *
<i>benzonatate cap 150 mg</i>	\$0(3)	NM; *
<i>benzonatate cap 200 mg</i>	\$0(3)	NM; *
BROHIST D TAB 4-10MG	\$0(3)	NM; *
<i>bromfed dm syp</i>	\$0(3)	NM; *
BRONKAID TAB 25-400MG	\$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; *
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	\$0(3)	NM; *
<i>cgh/cold day liq delsym</i>	\$0(3)	NM; *
<i>cheratussin syp ac</i>	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>chest conges tab 20-400mg</i>	\$0(3)	NM; *
<i>chest conges tab 400mg</i>	\$0(3)	NM; *
<i>chest conges tab relf dm</i>	\$0(3)	NM; *
<i>chest congst tab rlf pe</i>	\$0(3)	NM; *
<i>child silfed liq 15mg/5ml</i>	\$0(3)	NM; *
CHLO HIST SOL	\$0(3)	NM; *
CHLO TUSS LIQ	\$0(3)	NM; *
<i>cold & flu liq day time</i>	\$0(3)	NM; *
<i>cold & flu liq daytime</i>	\$0(3)	NM; *
<i>cold & flu tab daytime</i>	\$0(3)	NM; *
<i>cold & flu tab severe</i>	\$0(3)	NM; *
<i>cold & sinus tab relief</i>	\$0(3)	NM; *
<i>cold head pak day/nght</i>	\$0(3)	NM; *
<i>cold head tab cong dt</i>	\$0(3)	NM; *
<i>cold head tab congesti</i>	\$0(3)	NM; *
<i>cold relief liq children</i>	\$0(3)	NM; *
<i>cold relief tab multi-s</i>	\$0(3)	NM; *
<i>cold relief tab multi-sy</i>	\$0(3)	NM; *
<i>cold/allergy elx children</i>	\$0(3)	NM; *
<i>cold/allergy tab 4-10mg</i>	\$0(3)	NM; *
<i>cold/cgh/flu pow daytime</i>	\$0(3)	NM; *
<i>cold/cough liq child</i>	\$0(3)	NM; *
<i>cold/flu liq daytime</i>	\$0(3)	NM; *
CONEX SOL CLD/ALRG	\$0(3)	NM; *
CONEX TAB 2-60MG	\$0(3)	NM; *
<i>cough & cold tab</i>	\$0(3)	NM; *
<i>cough & cold tab 4-30mg</i>	\$0(3)	NM; *
<i>cough cont liq dm max</i>	\$0(3)	NM; *
<i>cough dm sus 30mg/5ml</i>	\$0(3)	NM; *
<i>cough syp</i>	\$0(3)	NM; *
<i>cough syp 100/5ml</i>	\$0(3)	NM; *
<i>cough/chest syp dm</i>	\$0(3)	NM; *
<i>coughtab tab 200mg</i>	\$0(3)	NM; *
<i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i>	\$0(3)	NM; *
<i>cvs cough dm sus 30mg/5ml</i>	\$0(3)	NM; *
<i>day cold/flu liq 10-5-325</i>	\$0(3)	NM; *
<i>day time cap 10-5-325</i>	\$0(3)	NM; *
DAYCLEAR TAB 25-50MG	\$0(3)	NM; *
<i>daytime cold cap flu</i>	\$0(3)	NM; *
DECONEX DMX TAB	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DECONEX IR TAB 10-385MG	\$0(3)	NM; *
<i>decongestant tab 120mg er</i>	\$0(3)	NM; *
<i>delsym cough liq congs dm</i>	\$0(3)	NM; *
<i>delsym night liq cgh+cld</i>	\$0(3)	NM; *
<i>dextromethorphan polistirex extended release susp 30 mg/5ml</i>	\$0(3)	NM; *
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>	\$0(3)	NM; *
<i>diabetic tus liq 100/5ml</i>	\$0(3)	NM; *
<i>diabetic tus liq dm</i>	\$0(3)	NM; *
<i>diabetic tus liq max st</i>	\$0(3)	NM; *
<i>dimaphen dm liq 2.5-1-5</i>	\$0(3)	NM; *
<i>dimaphen elx children</i>	\$0(3)	NM; *
<i>dt cold/flu cap 10-5-325</i>	\$0(3)	NM; *
DURAFLU TAB	\$0(3)	NM; *
DURAVENT DM TAB	\$0(3)	NM; *
<i>ed a-hist dm liq</i>	\$0(3)	NM; *
ED A-HIST DM TAB 10-4-10	\$0(3)	NM; *
<i>ed a-hist tab 2.5-60mg</i>	\$0(3)	NM; *
<i>ed a-hist tab 4-10mg</i>	\$0(3)	NM; *
ED BRON GP LIQ	\$0(3)	NM; *
ED CHLORPED DRO D	\$0(3)	NM; *
<i>endacof-dm liq 2.5-1-5</i>	\$0(3)	NM; *
<i>eq cough dm sus 30mg/5ml</i>	\$0(3)	NM; *
<i>eql allergy tab 10-240mg</i>	\$0(3)	NM; *
<i>fexofenadine-pseudoephedrine tab er 12hr 60-120 mg</i>	\$0(3)	NM; *
<i>flu hbp tab max st</i>	\$0(3)	NM; *
<i>flu/cold pow daytime</i>	\$0(3)	NM; *
<i>flu/cold/cgh pow daytime</i>	\$0(3)	NM; *
<i>flu/severe pow cold/cgh</i>	\$0(3)	NM; *
<i>gnp cgh relf liq 15mg/5ml</i>	\$0(3)	NM; *
<i>gnp cld/alle elx children</i>	\$0(3)	NM; *
<i>gnp cold rlf tab daytime</i>	\$0(3)	NM; *
<i>gnp cold/cgh liq child</i>	\$0(3)	NM; *
<i>gnp cough dm sus 30mg/5ml</i>	\$0(3)	NM; *
<i>gnp day time cap cold/flu</i>	\$0(3)	NM; *
<i>gnp day time liq cold/flu</i>	\$0(3)	NM; *
<i>gnp deconge tab 30mg</i>	\$0(3)	NM; *
<i>gnp nasal spr 0.05%</i>	\$0(3)	NM; *
<i>gnp nasal spr 1%</i>	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>gnp nose dro 1%</i>	\$0(3)	NM; *
<i>gnp sins rlf tab prs/pain</i>	\$0(3)	NM; *
<i>gnp sins rlf tab svr cng</i>	\$0(3)	NM; *
<i>gnp sinus tab cng/pain</i>	\$0(3)	NM; *
<i>gnp suphedrn liq 15mg/5ml</i>	\$0(3)	NM; *
<i>gnp tussin liq dm</i>	\$0(3)	NM; *
<i>gnp tussin liq dm cough</i>	\$0(3)	NM; *
<i>gnp tussin liq dm max</i>	\$0(3)	NM; *
<i>gnp tussin syp cf</i>	\$0(3)	NM; *
<i>guaiatuss ac syp 100-10/5</i>	\$0(3)	NM; *
<i>guaifenesin liquid 100 mg/5ml</i>	\$0(3)	NM; *
<i>guaifenesin syp 100-10/5</i>	\$0(3)	NM; *
<i>guaifenesin tab 200 mg</i>	\$0(3)	NM; *
<i>guaifenesin tab 400 mg</i>	\$0(3)	NM; *
<i>guaifenesin tab er 12hr 1200 mg</i>	\$0(3)	NM; *
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	\$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; *
<i>hm cold/cgh liq children</i>	\$0(3)	NM; *
<i>hm cough dm sus 30mg/5ml</i>	\$0(3)	NM; *
<i>hm day time cap</i>	\$0(3)	NM; *
<i>hm mucus er tab 1200mg</i>	\$0(3)	NM; *
<i>hm nasal spr 0.05%</i>	\$0(3)	NM; *
<i>hm nose dro 1%</i>	\$0(3)	NM; *
<i>hm severe tab cold/flu</i>	\$0(3)	NM; *
<i>hm tussin liq adlt dm</i>	\$0(3)	NM; *
<i>hm tussin liq dm max</i>	\$0(3)	NM; *
<i>12hour nasal spr 0.05%</i>	\$0(3)	NM; *
<i>12 hr nasal spr 0.05%</i>	\$0(3)	NM; *
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	\$0(3)	NM; *
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	\$0(3)	NM; *
<i>hydrocodone w/ homatropine tab 5-1.5 mg</i>	\$0(3)	NM; *
<i>hydromet syp 5-1.5/5</i>	\$0(3)	NM; *
<i>kidkare liq cgh/cold</i>	\$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; *
<i>lorata-dine tab d 24hr</i>	\$0(3)	NM; *

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<i>loratadine d tab 5-120mg</i>	\$0(3)	NM; *
<i>loratadine-d tab 5-120mg</i>	\$0(3)	NM; *
<i>loratadine-d tab 10-240mg</i>	\$0(3)	NM; *
LORTUSS DM LIQ	\$0(3)	NM; *
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; *
<i>mapap cold tab 10-5-325</i>	\$0(3)	NM; *
<i>mapap sinus tab max st</i>	\$0(3)	NM; *
MAR-COF BP LIQ 30-2-7.5	\$0(3)	NM; *
MAXI-TUSS DM LIQ	\$0(3)	NM; *
MAXI-TUSS LIQ CD	\$0(3)	NM; *
MAXICHLOR TAB PEH DM	\$0(3)	NM; *
MAXIFED TAB 60-360MG	\$0(3)	NM; *
<i>medi-tussin syp dm</i>	\$0(3)	NM; *
<i>medifin 400 tab 400mg</i>	\$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; *
<i>mucinex cgh liq 5-100mg</i>	\$0(3)	NM; *
<i>mucinex chld liq 100/5ml</i>	\$0(3)	NM; *
MUCINEX CHLD MIS DAY/NITE	\$0(3)	NM; *
<i>mucinex cold cap flu night</i>	\$0(3)	NM; *
<i>mucinex cold cap sinus</i>	\$0(3)	NM; *
MUCINEX COLD LIQ 2.5-100	\$0(3)	NM; *
<i>mucinex cold tab flu&sore</i>	\$0(3)	NM; *
<i>mucinex cold tab sinus</i>	\$0(3)	NM; *
<i>mucinex cong cap headache</i>	\$0(3)	NM; *
MUCINEX D TAB 120-1200	\$0(3)	NM; *
MUCINEX D/N PAK FAST/MAX	\$0(3)	NM; *
<i>mucinex dm liq 20-400</i>	\$0(3)	NM; *
<i>mucinex fast liq cold flu</i>	\$0(3)	NM; *
<i>mucinex fast mis day/night</i>	\$0(3)	NM; *
MUCINEX FAST MIS DAY/NGHT	\$0(3)	NM; *
MUCINEX FAST MIS MX DAY/N	\$0(3)	NM; *
<i>mucinex fast pak day/night</i>	\$0(3)	NM; *
MUCINEX FAST TAB 5-10-200	\$0(3)	NM; *
<i>mucinex fast tab 25-5-325</i>	\$0(3)	NM; *

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<i>mucinex fast tab sev cold</i>	\$0(3)	NM; *
<i>mucinex ff spr 0.05%</i>	\$0(3)	NM; *
<i>mucinex liq</i>	\$0(3)	NM; *
<i>mucinex liq sinus</i>	\$0(3)	NM; *
<i>mucinex ms liq cold ngh</i>	\$0(3)	NM; *
<i>mucinex tab sinus</i>	\$0(3)	NM; *
MUCINEX/KIDS GRA 100MG	\$0(3)	NM; *
<i>mucosa dm tab 20-400mg</i>	\$0(3)	NM; *
<i>mucosa tab 400mg</i>	\$0(3)	NM; *
<i>mucus d tab 60-600mg</i>	\$0(3)	NM; *
<i>mucus relf d tab 60-600mg</i>	\$0(3)	NM; *
<i>mucus relief liq 5-100mg</i>	\$0(3)	NM; *
<i>mucus relief liq 100/5ml</i>	\$0(3)	NM; *
<i>mucus relief liq 400/20ml</i>	\$0(3)	NM; *
<i>mucus relief liq child</i>	\$0(3)	NM; *
<i>mucus relief liq children</i>	\$0(3)	NM; *
<i>mucus relief tab 10-400mg</i>	\$0(3)	NM; *
<i>mucus relief tab 20-400mg</i>	\$0(3)	NM; *
<i>mucus relief tab 30-600er</i>	\$0(3)	NM; *
<i>mucus relief tab 60-1200</i>	\$0(3)	NM; *
<i>mucus relief tab 200mg</i>	\$0(3)	NM; *
<i>mucus relief tab 400mg</i>	\$0(3)	NM; *
<i>mucus relief tab 600mg er</i>	\$0(3)	NM; *
<i>mucus relief tab cld/sinu</i>	\$0(3)	NM; *
<i>mucus relief tab cold/flu</i>	\$0(3)	NM; *
<i>mucus relief tab dm</i>	\$0(3)	NM; *
<i>mucus relief tab pe</i>	\$0(3)	NM; *
<i>mucus relief tab sev cold</i>	\$0(3)	NM; *
<i>mucus relief tab sinus</i>	\$0(3)	NM; *
<i>mucus rlf pe tab 10-400mg</i>	\$0(3)	NM; *
<i>mucus+chst liq 100/5ml</i>	\$0(3)	NM; *
<i>mucus-dm max tab 60-1200</i>	\$0(3)	NM; *
<i>mucusrelief tab sinus</i>	\$0(3)	NM; *
<i>nasal 12 hr spr 0.05%</i>	\$0(3)	NM; *
NASAL DECON SYP 30MG/5ML	\$0(3)	NM; *
NASAL DECONG LIQ 30MG/5ML	\$0(3)	NM; *
<i>nasal decong spr 0.05%</i>	\$0(3)	NM; *
<i>nasal decong tab 10mg</i>	\$0(3)	NM; *
<i>nasal decong tab 30mg</i>	\$0(3)	NM; *
<i>nasal decong tab 120mg er</i>	\$0(3)	NM; *
<i>nasal four sol 1%</i>	\$0(3)	NM; *

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<i>nasal relief spr 0.05%</i>	\$0(3)	NM; *
<i>nasal spr 0.05%</i>	\$0(3)	NM; *
NASOPEN PE LIQ	\$0(3)	NM; *
<i>night time cap</i>	\$0(3)	NM; *
<i>night time cap cold&flu</i>	\$0(3)	NM; *
<i>night time cap cold/flu</i>	\$0(3)	NM; *
<i>night time liq cld/flu</i>	\$0(3)	NM; *
<i>night time liq cold/flu</i>	\$0(3)	NM; *
<i>night time liq cough</i>	\$0(3)	NM; *
<i>night time tab sinus</i>	\$0(3)	NM; *
<i>nighttime cap cold/flu</i>	\$0(3)	NM; *
<i>nighttime liq cold/flu</i>	\$0(3)	NM; *
<i>nighttime liq cough</i>	\$0(3)	NM; *
NINJACOF LIQ	\$0(3)	NM; *
NINJACOF-A LIQ	\$0(3)	NM; *
NINJACOF-D LIQ	\$0(3)	NM; *
NINJACOF-XG LIQ 200-8/5	\$0(3)	NM; *
<i>nite time liq cold/flu</i>	\$0(3)	NM; *
NIVANEX DMX TAB	\$0(3)	NM; *
<i>no drip nasl spr 0.05%</i>	\$0(3)	NM; *
<i>nohist-dm liq</i>	\$0(3)	NM; *
<i>nohist-lq liq 4-10/5ml</i>	\$0(3)	NM; *
NOREL AD TAB 4-10-325	\$0(3)	NM; *
<i>pain relief sus pls cold</i>	\$0(3)	NM; *
<i>pedia relief dro 7.5/0.8</i>	\$0(3)	NM; *
<i>pedia relief liq cgh/cold</i>	\$0(3)	NM; *
<i>pediatric liq cgh/cold</i>	\$0(3)	NM; *
<i>10peh/400gfn tab /20dm</i>	\$0(3)	NM; *
<i>phenylephrine w/ dm-gg liqd 10-18-200 mg/15ml</i>	\$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; *
POLYTUSSIN SYP 5-10-1MG	\$0(3)	NM; *
PRIMATENE AER 0.125MG	\$0(3)	NM; *
PRO-RED AC SYP 5-1-9/5	\$0(3)	NM; *
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	\$0(3)	NM; *
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	\$0(3)	NM; *
<i>pseudoeph-chlorphen w/ hydrocodone soln 60-4-5 mg/5ml</i>	\$0(3)	NM; *
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	\$0(3)	NM; *
<i>pseudoephedr tab 30mg</i>	\$0(3)	NM; *
<i>pseudoephedr tab 60mg</i>	\$0(3)	NM; *
<i>pseudoephedr tab 120mg er</i>	\$0(3)	NM; *
<i>pseudoephedrine hcl tab 30 mg</i>	\$0(3)	NM; *
<i>pseudoephedrine hcl tab 60 mg</i>	\$0(3)	NM; *
<i>pseudoephedrine hcl tab er 12hr 120 mg</i>	\$0(3)	NM; *
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</i>	\$0(3)	NM; *
<i>pulmosal neb 7%</i>	\$0(3)	NM; *
PYRILAMIN/PE TAB 25-10MG	\$0(3)	NM; *
<i>qc allergy tab relief</i>	\$0(3)	NM; *
<i>qc allergy/ tab sinus</i>	\$0(3)	NM; *
<i>qc cough liq sore thr</i>	\$0(3)	NM; *
<i>qc ibuprofen tab cold/sin</i>	\$0(3)	NM; *
<i>qc medifin tab dm</i>	\$0(3)	NM; *
<i>qc sinus pai tab relief</i>	\$0(3)	NM; *
<i>qc suphedrin tab 120mg sr</i>	\$0(3)	NM; *
<i>ra cough dm sus 30mg/5ml</i>	\$0(3)	NM; *
RESCON TAB 2-60MG	\$0(3)	NM; *
RESCON-DM SYP	\$0(3)	NM; *
RESPAIRE-30 CAP	\$0(3)	NM; *
<i>robafen ac sol 100-10/5</i>	\$0(3)	NM; *
<i>robafen cf liq 5-10-100</i>	\$0(3)	NM; *
<i>robafen cgh cap 15mg</i>	\$0(3)	NM; *
<i>robafen dm liq 10-100/5</i>	\$0(3)	NM; *
<i>robafen dm liq cough</i>	\$0(3)	NM; *
<i>robafen dm syp 100-10/5</i>	\$0(3)	NM; *
<i>robafen liq 200/10ml</i>	\$0(3)	NM; *
<i>robafen syp 100/5ml</i>	\$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; *
<i>rynex dm liq</i>	\$0(3)	NM; *

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<i>rynex pe elx</i>	\$0(3)	NM; *
<i>rynex pse liq</i>	\$0(3)	NM; *
<i>sb allergy/ tab cold pe</i>	\$0(3)	NM; *
<i>sb cgh contr liq dm</i>	\$0(3)	NM; *
<i>sb cgh contr syp 100/5ml</i>	\$0(3)	NM; *
<i>sb cold mult tab symp sev</i>	\$0(3)	NM; *
<i>sb cold/cgh tab hbp</i>	\$0(3)	NM; *
<i>sb cough tab 200mg</i>	\$0(3)	NM; *
<i>sb severe tab cold pe</i>	\$0(3)	NM; *
<i>sb sinus cng pak /pain</i>	\$0(3)	NM; *
<i>sb sinus cng tab /pain</i>	\$0(3)	NM; *
<i>sb sinus cng tab /pain dt</i>	\$0(3)	NM; *
<i>silphen dm syp 10mg/5ml</i>	\$0(3)	NM; *
<i>siltuss das liq 100/5ml</i>	\$0(3)	NM; *
<i>siltussin dm liq das</i>	\$0(3)	NM; *
<i>siltussin sa syp 100/5ml</i>	\$0(3)	NM; *
<i>siltussin-dm liq diabetic</i>	\$0(3)	NM; *
<i>siltussin-dm liq max st</i>	\$0(3)	NM; *
<i>siltussin-dm syp alc free</i>	\$0(3)	NM; *
<i>sinus conges tab pain sev</i>	\$0(3)	NM; *
<i>sinus congst tab /pain dt</i>	\$0(3)	NM; *
<i>sinus headch tab pe 5-325</i>	\$0(3)	NM; *
<i>sinus nasal spr 0.05%</i>	\$0(3)	NM; *
<i>sinus relief pak cng/pain</i>	\$0(3)	NM; *
<i>sinus relief sol 1%</i>	\$0(3)	NM; *
<i>sinus relief tab 5-325mg</i>	\$0(3)	NM; *
<i>sinus-max mis day/nght</i>	\$0(3)	NM; *
<i>sinus/alergy tab max st</i>	\$0(3)	NM; *
<i>sinus/cold-d tab 120-220</i>	\$0(3)	NM; *
<i>sm cld/alrgy elx children</i>	\$0(3)	NM; *
<i>sm cold tab alrgy pe</i>	\$0(3)	NM; *
<i>sm cold&flu tab severe</i>	\$0(3)	NM; *
<i>sm cold/cgh liq dm child</i>	\$0(3)	NM; *
<i>sm day time cap pe</i>	\$0(3)	NM; *
<i>sm day time liq cold/flu</i>	\$0(3)	NM; *
<i>sm nasal 12h spr 0.05%</i>	\$0(3)	NM; *
<i>sm nasal dec tab 30mg</i>	\$0(3)	NM; *
<i>sm nasal spr 0.05%</i>	\$0(3)	NM; *
<i>sm nite time liq cld/flu</i>	\$0(3)	NM; *
<i>sm nose dro 1%</i>	\$0(3)	NM; *
<i>sm tussin cf liq</i>	\$0(3)	NM; *

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<i>sm tussin dm syp 100-10/5</i>	\$0(3)	NM; *
<i>sm tussin syp dm</i>	\$0(3)	NM; *
<i>sodium chloride aero soln 0.9%</i>	\$0(3)	NM; *
<i>sodium chloride soln nebu 3%</i>	\$0(3)	NM; *
<i>sodium chloride soln nebu 7%</i>	\$0(3)	NM; *
STAHIST AD LIQ	\$0(3)	NM; *
STAHIST AD TAB 25-60MG	\$0(3)	NM; *
STAHIST LIQ	\$0(3)	NM; *
<i>sudafed 12hr tab 120mg cr</i>	\$0(3)	NM; *
<i>sudogest pe tab 10mg</i>	\$0(3)	NM; *
<i>sudogest tab 4-60mg</i>	\$0(3)	NM; *
<i>sudogest tab 30mg</i>	\$0(3)	NM; *
<i>sudogest tab 60mg</i>	\$0(3)	NM; *
<i>sudogest tab 120mg er</i>	\$0(3)	NM; *
<i>tab tussin tab 20-400mg</i>	\$0(3)	NM; *
<i>tab tussin tab 400mg</i>	\$0(3)	NM; *
<i>tab tussin tab dm</i>	\$0(3)	NM; *
<i>tgt allergy/ tab congest</i>	\$0(3)	NM; *
<i>tgt sinus tab 120mg</i>	\$0(3)	NM; *
<i>theraflu exp tab cold/cgh</i>	\$0(3)	NM; *
THERAFLU FLU PAK SORE THR	\$0(3)	NM; *
<i>theraflu liq exprsmx</i>	\$0(3)	NM; *
<i>triacting nt liq cold/cgh</i>	\$0(3)	NM; *
TRIAMINIC SOL COLD/CGH	\$0(3)	NM; *
<i>triaminic sus fev&cld</i>	\$0(3)	NM; *
TRIAMINIC SYP CLD/ALRG	\$0(3)	NM; *
TRIAMINIC SYP COLD/CGH	\$0(3)	NM; *
<i>trymine cg liq 225-7.5</i>	\$0(3)	NM; *
TUSNEL C SYP	\$0(3)	NM; *
<i>tusnel diabt liq 10-100/5</i>	\$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 10-8MG	\$0(3)	NM; *
<i>tussin adult liq 100/5ml</i>	\$0(3)	NM; *
<i>tussin adult liq cgh/cong</i>	\$0(3)	NM; *
<i>tussin adult liq cold</i>	\$0(3)	NM; *
<i>tussin cf liq</i>	\$0(3)	NM; *
<i>tussin cf liq 5-10-100</i>	\$0(3)	NM; *

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<i>tussin cf liq cgh/cold</i>	\$0(3)	NM; *
<i>tussin cf liq cgh/flu</i>	\$0(3)	NM; *
<i>tussin cf liq max/m-s</i>	\$0(3)	NM; *
<i>tussin chest syp 100/5ml</i>	\$0(3)	NM; *
<i>tussin cough syp 15mg/5ml</i>	\$0(3)	NM; *
<i>tussin dm liq</i>	\$0(3)	NM; *
<i>tussin dm liq 10-100/5</i>	\$0(3)	NM; *
<i>tussin dm liq 10-100mg</i>	\$0(3)	NM; *
<i>tussin dm liq 100-10/5</i>	\$0(3)	NM; *
<i>tussin dm liq max</i>	\$0(3)	NM; *
<i>tussin dm mx liq 10-200/5</i>	\$0(3)	NM; *
<i>tussin dm syp 100-10/5</i>	\$0(3)	NM; *
<i>tussin mucus liq 100/5ml</i>	\$0(3)	NM; *
VANACOF AC LIQ 12.5-25	\$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; *
<i>virtussin ac sol 100-10/5</i>	\$0(3)	NM; *
<i>4-way fast spr 1%</i>	\$0(3)	NM; *
Z-TUSS AC LIQ 2-9/5ML	\$0(3)	NM; *
LEUKOTRIENE MODULATORS		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	\$0(1)	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	\$0(1)	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	\$0(1)	
<i>montelukast sodium tab 10 mg (base equiv)</i>	\$0(1)	
<i>zafirlukast tab 10 mg</i>	\$0(1)	
<i>zafirlukast tab 20 mg</i>	\$0(1)	
MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	\$0(1)	B/D
MISCELLANEOUS		
<i>acetylcysteine inhal soln 10%</i>	\$0(1)	B/D
<i>acetylcysteine inhal soln 20%</i>	\$0(1)	B/D
<i>afrin saline spr 0.65%</i>	\$0(3)	NM; *
<i>altamist spr 0.65%</i>	\$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; *

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AYR NASAL DRO 0.65%	\$0(3)	NM; *
<i>ayr saline gel nasal</i>	\$0(3)	NM; *
<i>ayr spr 0.65%</i>	\$0(3)	NM; *
<i>baby ayr spr 0.65%</i>	\$0(3)	NM; *
CVS NASAL SPR MIST	\$0(3)	NM; *
DALIRESP TAB 250MCG	\$0(2)	
DALIRESP TAB 500MCG	\$0(2)	
<i>deep sea spr 0.65%</i>	\$0(3)	NM; *
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	\$0(1)	(generic of Adrenaclick)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	\$0(1)	(generic of EpiPen)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	\$0(1)	(generic of EpiPen)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	\$0(1)	(generic of Adrenaclick)
ESBRIET CAP 267MG	\$0(2)	NDS, NM, PA
ESBRIET TAB 267MG	\$0(2)	NDS, NM, PA
ESBRIET TAB 801MG	\$0(2)	NDS, NM, PA
FASENRA INJ 30MG/ML	\$0(2)	NDS, NM, LA, PA
FASENRA PEN INJ 30MG/ML	\$0(2)	NDS, LA, PA
<i>hm saline spr 0.65%</i>	\$0(3)	NM; *
KALYDECO PAK 25MG	\$0(2)	NDS, PA
KALYDECO PAK 50MG	\$0(2)	NDS, PA
KALYDECO PAK 75MG	\$0(2)	NDS, PA
KALYDECO TAB 150MG	\$0(2)	NDS, PA
<i>little noses dro stof nos</i>	\$0(3)	NM; *
<i>little noses spr 0.65%</i>	\$0(3)	NM; *
LITTLE REMED AER MIST	\$0(3)	NM; *
NASADROPS DRO 0.9%	\$0(3)	NM; *
<i>nasal moist spr 0.65%</i>	\$0(3)	NM; *
<i>nasal saline spr 0.65%</i>	\$0(3)	NM; *
<i>nasogel gel</i>	\$0(3)	NM; *
NUCALA INJ 100MG	\$0(2)	NDS, NM, LA, PA
NUCALA INJ 100MG/ML	\$0(2)	NDS, NM, LA, PA
<i>ocean kids spr 0.65%</i>	\$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

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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; *
<i>saline mist spr 0.65%</i>	\$0(3)	NM; *
<i>saline nasal gel</i>	\$0(3)	NM; *
<i>saline nasal spr 0.65%</i>	\$0(3)	NM; *
<i>saline nasal spray 0.65%</i>	\$0(3)	NM; *
<i>saline nose spr 0.65%</i>	\$0(3)	NM; *
<i>sb saline spr 0.65%</i>	\$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)	
<i>tgt nasal spr 0.65%</i>	\$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)	
<i>theophylline soln 80 mg/15ml</i>	\$0(1)	
<i>theophylline tab er 12hr 300 mg</i>	\$0(1)	
<i>theophylline tab er 12hr 450 mg</i>	\$0(1)	
<i>theophylline tab er 24hr 400 mg</i>	\$0(1)	
<i>theophylline tab er 24hr 600 mg</i>	\$0(1)	
TRIKAFTA TAB	\$0(2)	NDS, LA, PA
XOLAIR INJ 75/0.5	\$0(2)	NDS, NM, LA, PA
XOLAIR INJ 150MG/ML	\$0(2)	NDS, NM, LA, PA
XOLAIR SOL 150MG	\$0(2)	NDS, NM, LA, PA
ZEMAIRA INJ 1000MG	\$0(2)	NDS, NM, LA, PA
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
<i>allergy relf spr 50mcg</i>	\$0(3)	NM; *
<i>budesonide nasal susp 32 mcg/act</i>	\$0(3)	NM; *
<i>budesonide sus 32mcg</i>	\$0(3)	NM; *
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	\$0(1)	QL (3 bottles / 30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	\$0(1)	QL (1 bottle / 30 days)

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<i>fluticasone propionate nasal susp 50 mcg/act</i>	\$0(3)	NM; *
<i>fluticasone spr 50mcg</i>	\$0(3)	NM; *
<i>24 hr nasal spr allergy</i>	\$0(3)	NM; *
<i>nasal allrgy spr 55mcg/ac</i>	\$0(3)	NM; *
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	\$0(3)	NM; *

STEROID INHALANTS - DRUGS TO TREAT ASTHMA

ARNUITY ELPT INH 50MCG	\$0(2)	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 100MCG	\$0(2)	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 200MCG	\$0(2)	QL (30 inhalations / 30 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	\$0(1)	B/D
<i>budesonide inhalation susp 0.25 mg/2ml</i>	\$0(1)	B/D
FLOVENT DISK AER 50MCG	\$0(2)	QL (120 inhalations / 30 days)
FLOVENT DISK AER 100MCG	\$0(2)	QL (120 inhalations / 30 days)
FLOVENT DISK AER 250MCG	\$0(2)	QL (240 inhalations / 30 days)
FLOVENT HFA AER 44MCG	\$0(2)	QL (2 inhalers / 30 days)
FLOVENT HFA AER 110MCG	\$0(2)	QL (2 inhalers / 30 days)
FLOVENT HFA AER 220MCG	\$0(2)	QL (2 inhalers / 30 days)
PULMICORT INH 90MCG	\$0(2)	QL (2 inhalers / 30 days)
PULMICORT INH 180MCG	\$0(2)	QL (2 inhalers / 30 days)

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

ADVAIR DISKU AER 100/50	\$0(2)	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 250/50	\$0(2)	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 500/50	\$0(2)	QL (60 inhalations / 30 days)
ADVAIR HFA AER 45/21	\$0(2)	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	\$0(2)	QL (1 inhaler / 30 days)

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

TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS

DERMATOLOGY, ACNE

<i>acne medicat gel 5%</i>	\$0(3)	NM; *
<i>acne medicat gel 10%</i>	\$0(3)	NM; *
ACNE MEDICAT LOT 5%	\$0(3)	NM; *
ACNE MEDICAT LOT 10%	\$0(3)	NM; *
<i>acne treatme bar 10%</i>	\$0(3)	NM; *
<i>acne-clear gel 10%</i>	\$0(3)	NM; *
ACNEFREE KIT SEVERE	\$0(3)	NM; *
<i>amnesteem cap 10mg</i>	\$0(1)	PA
<i>amnesteem cap 20mg</i>	\$0(1)	PA
<i>amnesteem cap 40mg</i>	\$0(1)	PA
<i>avita cre 0.025%</i>	\$0(1)	QL (45 grams / 30 days), PA
<i>avita gel 0.025%</i>	\$0(1)	QL (45 grams / 30 days), PA
<i>benzepro aer 5.3%</i>	\$0(3)	NM; *
<i>benzepro sc aer 9.8%</i>	\$0(3)	NM; *
<i>benzoyl per gel 10%</i>	\$0(3)	NM; *
<i>benzoyl per liq 5% wash</i>	\$0(3)	NM; *
BENZOYL PER LIQ 6%	\$0(3)	NM; *
<i>benzoyl per liq 10% wash</i>	\$0(3)	NM; *
<i>benzoyl peroxide foam 5.3%</i>	\$0(3)	NM; *
<i>benzoyl peroxide foam 9.8%</i>	\$0(3)	NM; *
BENZOYL PEROXIDE GEL 2.5%	\$0(3)	NM; *
<i>benzoyl peroxide gel 5%</i>	\$0(3)	NM; *
<i>benzoyl peroxide gel 10%</i>	\$0(3)	NM; *
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	\$0(1)	
<i>benzyl perox liq clnsr 6%</i>	\$0(3)	NM; *
BENZYL PEROX LOT CLNSR9%	\$0(3)	NM; *
<i>bp gel gel 5%</i>	\$0(3)	NM; *
<i>bp gel gel 10%</i>	\$0(3)	NM; *
<i>bp wash liq 2.5%</i>	\$0(3)	NM; *
<i>bp wash liq 5%</i>	\$0(3)	NM; *

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<i>bp wash liq 10%</i>	\$0(3)	NM; *
<i>bpo cloths mis 6%</i>	\$0(3)	NM; *
BPO GEL 4%	\$0(3)	NM; *
BPO GEL 8%	\$0(3)	NM; *
<i>claravis cap 10mg</i>	\$0(1)	PA
<i>claravis cap 20mg</i>	\$0(1)	PA
<i>claravis cap 30mg</i>	\$0(1)	PA
<i>claravis cap 40mg</i>	\$0(1)	PA
<i>clindamycin phosphate gel 1%</i>	\$0(1)	QL (75 grams / 30 days)
<i>clindamycin phosphate lotion 1%</i>	\$0(1)	
<i>clindamycin phosphate soln 1%</i>	\$0(1)	QL (60 mL / 30 days)
<i>erythromycin gel 2%</i>	\$0(1)	
<i>erythromycin pads 2%</i>	\$0(1)	
<i>erythromycin soln 2%</i>	\$0(1)	
<i>isotretinoin cap 10 mg</i>	\$0(1)	PA
<i>isotretinoin cap 20 mg</i>	\$0(1)	PA
<i>isotretinoin cap 30 mg</i>	\$0(1)	PA
<i>isotretinoin cap 40 mg</i>	\$0(1)	PA
<i>myorisan cap 10mg</i>	\$0(1)	PA
<i>myorisan cap 20mg</i>	\$0(1)	PA
<i>myorisan cap 30mg</i>	\$0(1)	PA
<i>myorisan cap 40mg</i>	\$0(1)	PA
<i>panoxyl wash liq 10%</i>	\$0(3)	NM; *
<i>sulfacetamide sodium lotion 10% (acne)</i>	\$0(1)	
<i>tretinoin cream 0.1%</i>	\$0(1)	QL (45 grams / 30 days), PA
<i>tretinoin cream 0.05%</i>	\$0(1)	QL (45 grams / 30 days), PA
<i>tretinoin cream 0.025%</i>	\$0(1)	QL (45 grams / 30 days), PA
<i>tretinoin gel 0.01%</i>	\$0(1)	QL (45 grams / 30 days), PA
<i>tretinoin gel 0.025%</i>	\$0(1)	QL (45 grams / 30 days), PA
<i>zenatane cap 10mg</i>	\$0(1)	PA
<i>zenatane cap 20mg</i>	\$0(1)	PA
<i>zenatane cap 30mg</i>	\$0(1)	PA
<i>zenatane cap 40mg</i>	\$0(1)	PA
DERMATOLOGY, ANTIBIOTICS		
<i>bacitr zinc oin 500/gm</i>	\$0(3)	NM; *
<i>bacitracin oin 500/gm</i>	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>bacitracin oint 500 unit/gm</i>	\$0(3)	NM; *
<i>bacitracin zinc oint 500 unit/gm</i>	\$0(3)	NM; *
<i>blis-to-sol liq 1%</i>	\$0(3)	NM; *
<i>curad triple oin antibiot</i>	\$0(3)	NM; *
<i>double antib oin</i>	\$0(3)	NM; *
<i>first aid cre antibiot</i>	\$0(3)	NM; *
<i>gentamicin sulfate cream 0.1%</i>	\$0(1)	
<i>gentamicin sulfate oint 0.1%</i>	\$0(1)	
<i>gnp triple oin antibiot</i>	\$0(3)	NM; *
<i>hm triple oin antibiot</i>	\$0(3)	NM; *
<i>mupirocin oint 2%</i>	\$0(1)	QL (220 grams / 30 days)
<i>px triple oin</i>	\$0(3)	NM; *
<i>sb triple oin antibiot</i>	\$0(3)	NM; *
<i>silver sulfadiazine cream 1%</i>	\$0(1)	
<i>sm antibioti cre plus</i>	\$0(3)	NM; *
<i>sm antibioti oin 500/gm</i>	\$0(3)	NM; *
<i>sm triple oin antibiot</i>	\$0(3)	NM; *
<i>ssd cre 1%</i>	\$0(1)	
SULFAMYLON CRE 85MG/GM	\$0(2)	
<i>tri-biozene oin</i>	\$0(3)	NM; *
<i>triple antib oin</i>	\$0(3)	NM; *
<i>triple antib oin frst aid</i>	\$0(3)	NM; *
<i>triple antib oin max st</i>	\$0(3)	NM; *
<i>triple antib oin plus</i>	\$0(3)	NM; *
DERMATOLOGY, ANTIFUNGALS		
ALEVAZOL OIN 1%	\$0(3)	NM; *
<i>anti-fungal cre 1%</i>	\$0(3)	NM; *
<i>anti-fungal pow 1%</i>	\$0(3)	NM; *
<i>anti-itch cre 2-0.1%</i>	\$0(3)	NM; *
<i>anti-itch spr 2%</i>	\$0(3)	NM; *
<i>antifung pow aer 1%</i>	\$0(3)	NM; *
<i>antifungal aer 1%</i>	\$0(3)	NM; *
<i>antifungal cre 1%</i>	\$0(3)	NM; *
<i>antifungal cre 2%</i>	\$0(3)	NM; *
<i>antifungal pow 2%</i>	\$0(3)	NM; *
<i>ath foot spr aer 1%</i>	\$0(3)	NM; *
<i>athlete foot aer 2%</i>	\$0(3)	NM; *
<i>athlete foot cre 1%</i>	\$0(3)	NM; *
<i>athlete foot cre af</i>	\$0(3)	NM; *
AZOLEN TINC SOL 2%	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>banophen cre 2-0.1%</i>	\$0(3)	NM; *
<i>baza antifun cre 2%</i>	\$0(3)	NM; *
<i>benzoin compound tincture</i>	\$0(3)	NM; *
BENZOIN TIN	\$0(3)	NM; *
BENZOIN TIN PLAIN	\$0(3)	NM; *
<i>castellani paint</i>	\$0(3)	NM; *
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	\$0(1)	QL (90 grams / 30 days)
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	\$0(1)	QL (60 mL / 30 days)
<i>clotrimazole cre 1%</i>	\$0(3)	NM; *
<i>clotrimazole cre grx 1%</i>	\$0(3)	NM; *
<i>clotrimazole cream 1%</i>	\$0(1)	
<i>clotrimazole cream 1%</i>	\$0(3)	NM; *
<i>clotrimazole soln 1%</i>	\$0(1)	QL (30 mL / 30 days)
<i>clotrimazole soln 1%</i>	\$0(3)	NM; *
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	\$0(1)	
<i>critic-aid oin 2%</i>	\$0(3)	NM; *
<i>dermafungal oin 2%</i>	\$0(3)	NM; *
<i>desenex shak pow 2%</i>	\$0(3)	NM; *
<i>diphenhydramine-zinc acetate cream 2-0.1%</i>	\$0(3)	NM; *
FUNGOID TINC KIT	\$0(3)	NM; *
FUNGOID TINC SOL 2%	\$0(3)	NM; *
<i>fungoid-d cre 1%</i>	\$0(3)	NM; *
<i>itch relief cre ex st</i>	\$0(3)	NM; *
<i>itch relief spr 2-0.1%</i>	\$0(3)	NM; *
<i>jock itch aer 1%</i>	\$0(3)	NM; *
<i>jock itch cre 1%</i>	\$0(3)	NM; *
<i>ketoconazole cream 2%</i>	\$0(1)	QL (60 grams / 30 days)
<i>miconazole aer 2%</i>	\$0(3)	NM; *
<i>miconazole cre 2%</i>	\$0(3)	NM; *
<i>miconazole nitrate cream 2%</i>	\$0(3)	NM; *
<i>miconazorb pow af 2%</i>	\$0(3)	NM; *
<i>micro guard pow 2%</i>	\$0(3)	NM; *
<i>nyamyc pow 100000</i>	\$0(1)	QL (60 grams / 30 days)
<i>nystatin cream 100000 unit/gm</i>	\$0(1)	
<i>nystatin oint 100000 unit/gm</i>	\$0(1)	
<i>nystatin topical powder 100000 unit/gm</i>	\$0(1)	QL (60 grams / 30 days)
<i>nystop pow 100000</i>	\$0(1)	QL (60 grams / 30 days)
<i>podactin pow 1%</i>	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>remedy cre antifung</i>	\$0(3)	NM; *
<i>remedy oin af 2%</i>	\$0(3)	NM; *
<i>sm allergy cre 2%</i>	\$0(3)	NM; *
<i>sm anti-itch cre 2-0.1%</i>	\$0(3)	NM; *
<i>sm antifungl cre 1%</i>	\$0(3)	NM; *
<i>sm antifungl cre 2%</i>	\$0(3)	NM; *
SM BENZOIN TIN	\$0(3)	NM; *
<i>soothe&cool cre inzo 2%</i>	\$0(3)	NM; *
<i>terbinafine cre 1%</i>	\$0(3)	NM; *
<i>terbinafine hcl cream 1%</i>	\$0(3)	NM; *
<i>tgt antifung cre 1%</i>	\$0(3)	NM; *
<i>tolnaftate cre 1%</i>	\$0(3)	NM; *
<i>tolnaftate cream 1%</i>	\$0(3)	NM; *
<i>tolnaftate powder 1%</i>	\$0(3)	NM; *
<i>triple paste oin af 2%</i>	\$0(3)	NM; *
<i>zeasorb-af pow 2%</i>	\$0(3)	NM; *
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin cap 10 mg</i>	\$0(1)	PA
<i>acitretin cap 17.5 mg</i>	\$0(1)	PA
<i>acitretin cap 25 mg</i>	\$0(1)	PA
<i>calcipotriene cream 0.005%</i>	\$0(1)	QL (120 grams / 30 days), PA
<i>calcipotriene oint 0.005%</i>	\$0(1)	QL (120 grams / 30 days), PA
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	\$0(1)	QL (120 mL / 30 days), PA
<i>tazarotene cream 0.1%</i>	\$0(1)	QL (60 grams / 30 days), PA
TAZORAC CRE 0.05%	\$0(2)	QL (60 grams / 30 days), PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo 2%</i>	\$0(1)	
<i>selenium sulfide lotion 2.5%</i>	\$0(1)	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort cre 1%</i>	\$0(1)	
<i>ala-cort cre 2.5%</i>	\$0(1)	
<i>alclometasone dipropionate cream 0.05%</i>	\$0(1)	
<i>alclometasone dipropionate oint 0.05%</i>	\$0(1)	
<i>anti-itch cre 1%</i>	\$0(3)	NM; *
<i>anti-itch oin 1%</i>	\$0(3)	NM; *
<i>aquanil hc lot 1%</i>	\$0(3)	NM; *

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

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>hydrocort cre 1%</i>	\$0(3)	NM; *
<i>hydrocort cre plus 1%</i>	\$0(3)	NM; *
<i>hydrocort oin 1%</i>	\$0(3)	NM; *
<i>hydrocort/ cre aloe 1%</i>	\$0(3)	NM; *
<i>hydrocortisone butyrate cream 0.1%</i>	\$0(1)	QL (45 grams / 30 days)
<i>hydrocortisone butyrate oint 0.1%</i>	\$0(1)	QL (45 grams / 30 days)
<i>hydrocortisone cream 0.5%</i>	\$0(3)	NM; *
<i>hydrocortisone cream 1%</i>	\$0(1)	
<i>hydrocortisone cream 1%</i>	\$0(3)	NM; *
<i>hydrocortisone cream 2.5%</i>	\$0(1)	
<i>hydrocortisone lotion 1%</i>	\$0(3)	NM; *
<i>hydrocortisone lotion 2.5%</i>	\$0(1)	
<i>hydrocortisone oint 0.5%</i>	\$0(3)	NM; *
<i>hydrocortisone oint 1%</i>	\$0(3)	NM; *
<i>hydrocortisone oint 2.5%</i>	\$0(1)	
<i>hydrocortisone-aloe vera cream 0.5%</i>	\$0(3)	NM; *
<i>hydrocortisone-aloe vera cream 1%</i>	\$0(3)	NM; *
<i>hydrocream cre 1%</i>	\$0(3)	NM; *
<i>mometasone furoate cream 0.1%</i>	\$0(1)	
<i>mometasone furoate oint 0.1%</i>	\$0(1)	
<i>mometasone furoate solution 0.1% (lotion)</i>	\$0(1)	
<i>noble formul cre hc 1%</i>	\$0(3)	NM; *
<i>noble formul spr 1%</i>	\$0(3)	NM; *
<i>prep h cre 1%</i>	\$0(3)	NM; *
<i>sb hydrocort cre 1%</i>	\$0(3)	NM; *
<i>sb hydrocort oin 1%</i>	\$0(3)	NM; *
<i>scalpicin sol 1%</i>	\$0(3)	NM; *
<i>sm hydrocort cre 1%</i>	\$0(3)	NM; *
<i>sm hydrocort cre 1% plus</i>	\$0(3)	NM; *
<i>sm hydrocort oin 1%</i>	\$0(3)	NM; *
TEXACORT SOL 2.5%	\$0(2)	
<i>triamcinolone acetonide cream 0.1%</i>	\$0(1)	QL (454 grams / 30 days)
<i>triamcinolone acetonide cream 0.5%</i>	\$0(1)	
<i>triamcinolone acetonide cream 0.025%</i>	\$0(1)	
<i>triamcinolone acetonide lotion 0.1%</i>	\$0(1)	
<i>triamcinolone acetonide lotion 0.025%</i>	\$0(1)	
<i>triamcinolone acetonide oint 0.1%</i>	\$0(1)	
<i>triamcinolone acetonide oint 0.5%</i>	\$0(1)	
<i>triamcinolone acetonide oint 0.025%</i>	\$0(1)	

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

<i>glydo gel 2%</i>	\$0(1)	QL (30 mL / 30 days), PA
<i>lidocaine hcl soln 4%</i>	\$0(1)	QL (50 mL / 30 days), PA
<i>lidocaine hcl urethral/mucosal gel 2%</i>	\$0(1)	QL (30 mL / 30 days), PA
<i>lidocaine oint 5%</i>	\$0(1)	QL (50 grams / 30 days), PA
<i>lidocaine patch 5%</i>	\$0(1)	QL (3 patches / 1 day), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	\$0(1)	QL (30 grams / 30 days), PA

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

ABSORBASE OIN	\$0(3)	NM; *
ALBOLENE CRE SCENTED	\$0(3)	NM; *
ALBOLENE CRE UNSCENT	\$0(3)	NM; *
<i>aloe vera/ gel lidocain</i>	\$0(3)	QL (227 gm / 30 days), NM; *
ALOE VESTA OIN PROTECT	\$0(3)	NM; *
<i>americerin cre</i>	\$0(3)	NM; *
AMERIDERM OIN PERISHIE	\$0(3)	NM; *
<i>ameriphor oin</i>	\$0(3)	NM; *
<i>amlactin lot 12%</i>	\$0(3)	NM; *
<i>anti-dandruf sha 1%</i>	\$0(3)	NM; *
<i>ap povid-iod sol 10%</i>	\$0(3)	NM; *
AQUA GLYCOL CRE FACE	\$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; *
<i>baza protect cre</i>	\$0(3)	NM; *
BETA CARE CRE	\$0(3)	NM; *
BETA XMA CRE	\$0(3)	NM; *
BETADINE SPR 5%	\$0(3)	NM; *
BULL FROG SPR MOSQUITO	\$0(3)	NM; *
CALAZIME SKN PST PROTECT	\$0(3)	NM; *
<i>callus remov pad 40%</i>	\$0(3)	NM; *
<i>capsaicin cre 0.1%</i>	\$0(3)	NM; *
<i>capsaicin cream 0.025%</i>	\$0(3)	NM; *

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CAPSAICIN LIQ 0.15%	\$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; *
CERAVE PM LOT	\$0(3)	NM; *
CETAPHIL CRE HAND	\$0(3)	NM; *
CETAPHIL DAY LOT ADVANCE	\$0(3)	NM; *
CETAPHIL LOT MOISTURE	\$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; *
<i>corn & callu liq</i>	\$0(3)	NM; *
<i>corn remover pad 40%</i>	\$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; *
<i>cvs advanced oin healing</i>	\$0(3)	NM; *
CVS INSECT AER REPELLNT	\$0(3)	NM; *
<i>cvs moisture cre</i>	\$0(3)	NM; *
DAILY CONDIT OIN	\$0(3)	NM; *
DERMABASE CRE	\$0(3)	NM; *
<i>dermacerin cre</i>	\$0(3)	NM; *
<i>dermafix oin</i>	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>dermamed oin</i>	\$0(3)	NM; *
<i>dermaphor oin</i>	\$0(3)	NM; *
<i>dermavantage lot</i>	\$0(3)	NM; *
DHS ZINC SHA 2%	\$0(3)	NM; *
DIABETIDERM CRE	\$0(3)	NM; *
DIABETIDERM CRE FOOT	\$0(3)	NM; *
<i>diclofenac sodium gel 1%</i>	\$0(1)	QL (1000 grams / 30 days), PA
DML FORTE CRE	\$0(3)	NM; *
DROXY CRE	\$0(3)	NM; *
<i>dry skin oin</i>	\$0(3)	NM; *
<i>e-ointment oin</i>	\$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; *
<i>flanders oin buttocks</i>	\$0(3)	NM; *
<i>fluorouracil cream 5%</i>	\$0(1)	QL (40 grams / 30 days)
<i>fluorouracil soln 2%</i>	\$0(1)	QL (10 mL / 30 days)
<i>fluorouracil soln 5%</i>	\$0(1)	QL (10 mL / 30 days)
GENTLE CRE	\$0(3)	NM; *
<i>geri-hydro-la cre 12%</i>	\$0(3)	NM; *
<i>gnp lidocain pad 4%</i>	\$0(3)	QL (30 patches / 30 days), NM; *
GOLD BOND CRE HEALING	\$0(3)	NM; *
GOLD BOND OIN HEALING	\$0(3)	NM; *
<i>hemorrhoidal oin</i>	\$0(3)	NM; *
<i>hm povid-iod sol 10%</i>	\$0(3)	NM; *
HYDRASYN25 CRE	\$0(3)	NM; *
HYDRO-LAN CRE	\$0(3)	NM; *
HYDROCERIN CRE	\$0(3)	NM; *
<i>hydrocerin cre plus</i>	\$0(3)	NM; *
<i>hydrocerin lot</i>	\$0(3)	NM; *
<i>hydrocortisone perianal cream 2.5%</i>	\$0(1)	
<i>hydrolatum oin</i>	\$0(3)	NM; *
<i>hydrophor oin</i>	\$0(3)	NM; *
<i>imiquimod cream 5%</i>	\$0(1)	QL (24 packets / 30 days)
KERADAN CRE	\$0(3)	NM; *
<i>kerodex-51 cre dry/oily</i>	\$0(3)	NM; *
<i>kerodex-71 cre wet</i>	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>lac-hydrin lot five</i>	\$0(3)	NM; *
<i>lactic acid (ammonium lactate) cream 12%</i>	\$0(1)	
<i>lactic acid (ammonium lactate) cream 12%</i>	\$0(3)	NM; *
<i>lactic acid (ammonium lactate) lotion 12%</i>	\$0(1)	
<i>lactic acid (ammonium lactate) lotion 12%</i>	\$0(3)	NM; *
LACTINOL HX CRE	\$0(3)	NM; *
LANAPHILIC OIN	\$0(3)	NM; *
LANOLOR CRE	\$0(3)	NM; *
LEADER FINGE CRE	\$0(3)	NM; *
LEMON-GLYCER MIS	\$0(3)	NM; *
<i>lidocaine cream 4%</i>	\$0(3)	QL (133 gm / 30 days), NM; *
<i>major-prep oin hemorrhho</i>	\$0(3)	NM; *
MAXI DEET SPR 98.11%	\$0(3)	NM; *
<i>medi pad</i>	\$0(3)	NM; *
<i>metronidazole cream 0.75%</i>	\$0(1)	
<i>metronidazole gel 0.75%</i>	\$0(1)	
<i>metronidazole lotion 0.75%</i>	\$0(1)	
<i>minerin cre</i>	\$0(3)	NM; *
<i>minerin lot</i>	\$0(3)	NM; *
<i>moisturel lot therapeut</i>	\$0(3)	NM; *
<i>moisturizing cre</i>	\$0(3)	NM; *
MOISTURIZING CRE	\$0(3)	NM; *
<i>moisturizing cre renewal</i>	\$0(3)	NM; *
<i>moisturizing cre therapy</i>	\$0(3)	NM; *
<i>moisturizing cre xtr-dry</i>	\$0(3)	NM; *
<i>nasal antise mis swab 10%</i>	\$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; *
<i>noble formul spr 0.25%</i>	\$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; *

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OFF FAMILYCR SPR 7%	\$0(3)	NM; *
OFF SMTH/DRY AER 15%	\$0(3)	NM; *
OINTMENT OIN BASE	\$0(3)	NM; *
<i>pain relief cre 4%</i>	\$0(3)	QL (133 gm / 30 days), NM; *
PANRETIN GEL 0.1%	\$0(2)	NDS, QL (60 grams / 30 days)
PEN-KERA CRE	\$0(3)	NM; *
PENTRAVAN CRE	\$0(3)	NM; *
PENTRAVAN CRE PLUS	\$0(3)	NM; *
<i>periguard oin</i>	\$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)
<i>podofilox soln 0.5%</i>	\$0(1)	
<i>povidone-iod sol 7.5%</i>	\$0(3)	NM; *
<i>povidone-iod sol 10%</i>	\$0(3)	NM; *
<i>povidone-iodine oint 10%</i>	\$0(3)	NM; *
<i>povidone-iodine soln 10%</i>	\$0(3)	NM; *
<i>povidone-iodine swabs 10%</i>	\$0(3)	NM; *
<i>povidone/iod sol 10%</i>	\$0(3)	NM; *
PRETTY FEET CRE & HANDS	\$0(3)	NM; *
<i>procto-med cre hc 2.5%</i>	\$0(1)	
<i>procto-pak cre 1%</i>	\$0(1)	
<i>proctozone cre -hc 2.5%</i>	\$0(1)	
PROSHIELD CRE PLUS 1%	\$0(3)	NM; *
RA GENTLE CRE SKIN	\$0(3)	NM; *
<i>ra hydrating oin healing</i>	\$0(3)	NM; *
RA HYDRATING OIN HEALING	\$0(3)	NM; *
RECTIV OIN 0.4%	\$0(2)	QL (30 grams / 30 days)
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; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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; *
<i>rosadan cre 0.75%</i>	\$0(1)	
<i>sal-plant gel 17%</i>	\$0(3)	NM; *
<i>salactic fil sol 17%</i>	\$0(3)	NM; *
<i>saratoga oin</i>	\$0(3)	NM; *
SAWYER REPEL AER 30%	\$0(3)	NM; *
SAWYER REPEL LOT 20%	\$0(3)	NM; *
SAWYER REPEL SPR 20%	\$0(3)	NM; *
<i>scalp relief liq 3%</i>	\$0(3)	NM; *
<i>sebex sha</i>	\$0(3)	NM; *
SENSI-CARE CRE MOISTURI	\$0(3)	NM; *
<i>sm povid-iod sol 10%</i>	\$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; *
<i>sore throat loz 15-3.6mg</i>	\$0(3)	NM; *
STUDIO 35 CRE MOIST	\$0(3)	NM; *
<i>tacrolimus oint 0.1%</i>	\$0(1)	QL (100 grams / 30 days)
<i>tacrolimus oint 0.03%</i>	\$0(1)	QL (100 grams / 30 days)
TARGRETIN GEL 1%	\$0(2)	NDS, QL (60 grams / 30 days), NM, PA
TENDER CARE CRE LANOLIN	\$0(3)	NM; *
<i>thera-derm lot</i>	\$0(3)	NM; *
THERAPEUTIC CRE MOISTUR	\$0(3)	NM; *
ULTRATHON AER INSECT	\$0(3)	NM; *
ULTRATHON LOT REPELLNT	\$0(3)	NM; *
VALCHLOR GEL 0.016%	\$0(2)	NDS, QL (60 grams / 30 days), LA, PA
VANICREAM CRE	\$0(3)	NM; *
VELVACHOL CRE	\$0(3)	NM; *
<i>wart remover liq 17%</i>	\$0(3)	NM; *
<i>wart remover mis 40%</i>	\$0(3)	NM; *
ZIKS ARTHRIT CRE RELIEF	\$0(3)	NM; *

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<i>zostrix hp cre 0.1%</i>	\$0(3)	NM; *
ZOSTRIX NAT CRE 0.033%	\$0(3)	NM; *
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>bedding spra aer 0.5%</i>	\$0(3)	NM; *
<i>complete kit lice</i>	\$0(3)	NM; *
<i>cvs lice kit solution</i>	\$0(3)	NM; *
<i>gnp lice kit</i>	\$0(3)	NM; *
<i>lice bedding aer 0.5%</i>	\$0(3)	NM; *
<i>lice killing sha</i>	\$0(3)	NM; *
<i>lice killing sha 0.33-4%</i>	\$0(3)	NM; *
<i>lice treatmt lot 1%</i>	\$0(3)	NM; *
<i>lice treatmt sha 0.33-4%</i>	\$0(3)	NM; *
<i>lice trtmnt liq</i>	\$0(3)	NM; *
<i>lice trtmnt liq 1%</i>	\$0(3)	NM; *
<i>licide sha 0.33-4%</i>	\$0(3)	NM; *
<i>malathion lotion 0.5%</i>	\$0(1)	
<i>permethrin cream 5%</i>	\$0(1)	
<i>ra lice solu kit</i>	\$0(3)	NM; *
RID ESS LICE KIT 0.33-4%	\$0(3)	NM; *
<i>rid lice kil sha 0.33-4%</i>	\$0(3)	NM; *
<i>sm bedding aer lice</i>	\$0(3)	NM; *
<i>sm lice soln kit</i>	\$0(3)	NM; *
<i>stop lice kit complete</i>	\$0(3)	NM; *
<i>stop lice ms sha 0.33-4%</i>	\$0(3)	NM; *
VANALICE GEL 0.3-3.5%	\$0(3)	NM; *
DERMATOLOGY, WOUND CARE AGENTS		
<i>acetic acid irrigation soln 0.25%</i>	\$0(1)	
REGANEX GEL 0.01%	\$0(2)	NDS, QL (30 grams / 30 days), PA
SANTYL OIN 250/GM	\$0(2)	
<i>sodium chloride irrigation soln 0.9%</i>	\$0(1)	
<i>water for irrigation, sterile irrigation soln</i>	\$0(1)	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl cap 30 mg</i>	\$0(1)	
<i>chlorhexidine gluconate soln 0.12%</i>	\$0(1)	
<i>clotrimazole troche 10 mg</i>	\$0(1)	
<i>lidocaine hcl viscous soln 2%</i>	\$0(1)	
<i>nystatin susp 100000 unit/ml</i>	\$0(1)	
<i>periogard sol 0.12%</i>	\$0(1)	
PHOS FLUR SOL 0.044%	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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PHOS-FLUR SOL 0.044%	\$0(3)	NM; *
<i>pilocarpine hcl tab 5 mg</i>	\$0(1)	
<i>pilocarpine hcl tab 7.5 mg</i>	\$0(1)	
<i>triamcinolone acetonide dental paste 0.1%</i>	\$0(1)	

OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR

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

_PART B

DIABETIC METERS AND TEST STRIPS

TRUE METRIX KIT AIR	\$0	
TRUE METRIX KIT METER	\$0	
TRUE METRIX STRIPS	\$0	

D. Índice de medicamentos cubiertos

<i>10peh/400gfn tab /20dm</i>	197	<i>release 333 mg</i>	87
<i>12 hr nasal spr 0.05%</i>	194	<i>acarbose tab 100 mg</i>	91
<i>12hour nasal spr 0.05%</i>	194	<i>acarbose tab 25 mg</i>	91
<i>24 hr nasal spr allergy</i>	204	<i>acarbose tab 50 mg</i>	91
<i>24hr allergy tab 180mg</i>	188	<i>acebutolol hcl cap 200 mg</i>	55
<i>3 day vaginl cre 2%</i>	127	<i>acebutolol hcl cap 400 mg</i>	55
<i>3 day vagnal cre 4%</i>	127	<i>acephen sup 120mg</i>	14
<i>4-way fast spr 1%</i>	201	<i>acephen sup 325mg</i>	14
<i>50+ adult cap eye hlth</i>	152	<i>acephen sup 650mg</i>	14
<i>8 hour pain tab 650mg</i>	15	<i>acerola c chw 500mg</i>	152
<i>a thru z chw select</i>	151	ACEROLA C WAF 500MG	152
<i>a thru z sel tab 50+ adva</i>	151	<i>aceta-gesic tab 12.5-325</i>	190
<i>a thru z sel tab 50+ mens</i>	151	<i>acetamin liq 500/15ml</i>	14
<i>a thru z sel tab advanced</i>	151	<i>acetamin pm tab 25-500mg</i>	87
<i>a thru z tab advanced</i>	151	<i>acetamin tab 500mg</i>	14
<i>a thru z tab high pot</i>	151	<i>acetaminophe chw 160mg</i>	14
<i>a thru z tab select</i>	151	<i>acetaminophe tab 500mg</i>	14
<i>a thru z tab ultimate</i>	151	<i>acetaminophe tab 5-325mg</i>	190
<i>a thru z ult tab mens</i>	151	<i>acetaminophen chew tab 160 mg</i> 14	
A-25 CAP 25000UNT	151	<i>acetaminophen elixir 160 mg/5ml</i> 14	
<i>abacavir sulfate soln 20 mg/ml</i> (base equiv)	27	<i>acetaminophen liquid 160 mg/5ml</i>	14
<i>abacavir sulfate tab 300 mg (base</i> <i>equiv)</i>	27	<i>acetaminophen soln 160 mg/5ml</i> 14	
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<i>abaneu-sl sub</i>	152	<i>acetaminophen susp 160 mg/5ml</i> 14	
<i>abatinez cap 680mg</i>	111	<i>acetaminophen tab 325 mg</i>	14
<i>abc plus tab</i>	152	<i>acetaminophen tab 500 mg</i>	14
<i>abc plus tab senior</i>	152	<i>acetaminophen tab er 650 mg</i>	14
ABDEK CAP	152	<i>acetaminophen w/ codeine soln</i> <i>120-12 mg/5ml</i>	19
<i>abdek chw</i>	152	<i>acetaminophen w/ codeine tab 300-</i> <i>15 mg</i>	19
<i>abdek pediat dro</i>	152	<i>acetaminophen w/ codeine tab 300-</i> <i>30 mg</i>	19
ABELCET INJ 5MG/ML	25	<i>acetaminophen w/ codeine tab 300-</i> <i>60 mg</i>	19
ABILIFY MAIN INJ 300MG	76	<i>acetaminophn sus 160/5ml</i>	14
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acne medicat gel 5%205
ACNE MEDICAT LOT 10%205
ACNE MEDICAT LOT 5%205
acne treatme bar 10%205
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<i>famotidine inj 20 mg/2ml</i>	115	<i>fantanyl citrate lozenge on a handle</i> <i>200 mcg</i>	19
<i>famotidine inj 200 mg/20ml</i>	115	<i>fantanyl citrate lozenge on a handle</i> <i>400 mcg</i>	19
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<i>gnp vit b-12 tab 1000 cr</i>	162	<i>(base equiv)</i>	82
<i>gnp vit b-12 tab 1000 pr</i>	162	<i>guanfacine hcl tab er 24hr 3 mg</i>	
<i>gnp vit b-12 tab 500mcg</i>	162	<i>(base equiv)</i>	82
<i>gnp vit b-6 tab 100mg</i>	162	<i>guanfacine hcl tab er 24hr 4 mg</i>	
<i>gnp vit c chw 500mg</i>	162	<i>(base equiv)</i>	82
<i>gnp vit c loz 60mg</i>	162	<i>gummi bear chw multivit</i>	163
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<i>haloperidol decanoate im soln 100</i>		<i>unit/ml</i>	128
<i>mg/ml</i>	77	<i>heparin sodium (porcine) inj 10000</i>	
<i>haloperidol decanoate im soln 50</i>		<i>unit/ml</i>	128
<i>mg/ml</i>	77	<i>heparin sodium (porcine) inj 20000</i>	
<i>haloperidol lactate inj 5 mg/ml</i>	77	<i>unit/ml</i>	128
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