

# 2019

## FORMULARIO

(Lista de los medicamentos cubiertos)

South Carolina

### Molina Dual Options Medicare-Medicaid Plan

Versión 17

**Actualizado: 12/01/2019**

Departamento de Servicios para Miembros:

(855) 735-5831, TTY / TDD al 711

Los 7 días de la semana, de 8:00 a. m. a 8:00 p. m., hora local.



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# Molina Dual Options Medicare-Medicaid Plan | *Lista de medicamentos cubiertos para 2019 (Formulario)*

## Introducción

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

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## A. Renuncias de garantías

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

- ❖ Molina Dual Options Medicare-Medicaid Plan es un plan de salud con contratos con Medicare y South Carolina Healthy Connections Medicaid para proporcionar los beneficios de ambos programas a las personas inscritas.
- ❖ **ATENCIÓN:** Si habla español, tiene disponible los servicios de asistencia de idioma gratis. Llame al (855) 735-5831, y los usuarios de TTY/TDD pueden llamar al 711, los 7 días de la semana, 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) 735-5831, y los usuarios de TTY/TDD pueden llamar al 711, los 7 días de la semana, de 8 a.m. a 8 p.m., hora local. La llamada es gratuita.
- ❖ Comuníquese con Servicios para Miembros al (855) 735-5831, y los usuarios de TTY/TDD pueden llamar al 711, los 7 días de la semana, de 8 a.m. a 8 p.m., hora local para solicitar materiales en un idioma que no sea inglés o en un formato alternativo.

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## B. Preguntas frecuentes (FAQ)

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

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### 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. Los medicamentos están disponibles en las farmacias dentro de nuestra red. Una farmacia está en nuestra red si tenemos un acuerdo con ellos, para trabajar con nosotros y proporcionarle servicios a usted. Nos referimos a estas farmacias como "farmacias de la red".

- Molina Dual Options cubrirá todos los medicamentos médicamente necesarios de la Lista de medicamentos, si:
  - su médico u otro proveedor médico dice que usted los necesita para mejorar o para seguir sano, y
  - usted surte la receta en una farmacia de la red de Molina Dual Options.



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- Molina Dual Options podría tener pasos adicionales para tener acceso a ciertos tipos de medicamentos (lea en el pregunta B4 de abajo).

Usted también puede leer una lista actualizada de los medicamentos que cubrimos en nuestro sitio web, anotado al pie de la página o llamando a Servicios al miembro al número anotado al pie de la página.

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## **B2. ¿La Lista de medicamentos cambia alguna vez?**

Sí. Molina Dual Options podría agregar o quitar medicamentos de 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 antes que usted puede obtener un medicamento.)
- Aumentar o reducir la cantidad de un medicamento que usted puede obtener (llamado límite de cantidad).
- Agregar o cambiar restricciones de tratamiento progresivo de un medicamento. (Terapia progresiva significa que usted podría tener que probar un medicamento antes que cubramos otro medicamento.)

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

Si usted está tomando algún medicamento que estuvo cubierto al **principio** del año, por lo general no le quitamos o cambiamos 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, llegue a estar disponible, ●
- nos damos cuenta de que un medicamento no es seguro, ●
- un medicamento es eliminado del mercado.

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

- Usted siempre puede leer la Lista de medicamentos actualizada de Molina Dual Options en nuestro sitio web, anotado al pie de la página.



**Si tiene alguna pregunta**, por favor llame a Molina Dual Options al (855) 735-5831, y los usuarios de TTY/TDD pueden llamar al 711, los 7 días de la semana, de 8 a.m. a 8 p.m., hora local. La llamada es gratuita. **Para obtener más información**, visite [MolinaHealthcare.com/Duals](http://MolinaHealthcare.com/Duals).

- También puede llamar a Servicios al miembro para revisar la Lista de medicamentos actual al número anotado al pie de la página.

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

Algunos cambios a la Lista de Medicamentos ocurren **inmediatamente**. Por ejemplo:

- **Un medicamento genérico nuevo llega a estar disponible.** A veces, un medicamento nuevo y más económico, que es igual de eficiente que un medicamento que se encuentra actualmente en la Lista de Medicamentos, llega a estar disponible. Cuando eso ocurre, podemos eliminar el medicamento actual, pero su costo para el medicamento nuevo será el mismo. Cuando agregamos el medicamento genérico nuevo, también podemos decidir mantener el medicamento actual en la lista, pero cambiar sus reglas o límites de cobertura.
  - Es posible que no le notifiquemos cuando se haga este cambio, pero le enviaremos información sobre el cambio específico o los cambios que hemos hecho.
  - Usted o su proveedor pueden solicitar una excepción de estos cambios. Le enviaremos una notificación con los pasos que puede tomar para solicitar una excepción. Por favor lea la pregunta B10 para más información sobre excepciones.
- **Un medicamento es eliminado 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 de la Lista de medicamentos. Si está tomando el medicamento, se lo haremos saber. Hable con su médico para encontrar una alternativa que sea segura para usted.

**Podemos hacer otros cambios que pueden afectar las medicinas que usted toma.** Podemos notificarle por adelantado sobre esos otros cambios a la Lista de Medicamentos. Estos cambios pueden ocurrir si:

- La FDA publica nuevas directrices o hay nuevos lineamientos clínicos sobre un medicamento.
- Agregamos un medicamento genérico que no es nuevo en el Mercado y
  - Reemplazamos un medicamento de marca actualmente en la Lista de Medicamentos o
  - Cambiamos las reglas de cobertura o los límites del medicamento de marca.

Cuando ocurren estos cambios, le notificaremos por lo menos 30 días antes de que hagamos el cambio a la Lista de Medicamentos o cuando vaya a rellenar su medicamento. Esto le dará



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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. Después usted puede:

- Recibir un suministro de 60 días antes de que se haga el cambio a la Lista de Medicamentos, o
- Solicitar una excepción de estos cambios. Para más información sobre las excepciones, por favor lea la pregunta B10.

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

Usted puede verificar si su medicamento tiene algún requisito o límite adicional, leyendo las tablas de las páginas 14 - 155. Usted también puede obtener más información en nuestro sitio web en [MolinaHealthcare.com/Duals](http://MolinaHealthcare.com/Duals). Tenemos en Internet documentos que explican 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 prescriptor. 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. Para más información sobre las excepciones, por favor lea las preguntas B10-B12.

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



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

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

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

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**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 número anotado al pie de la página y pregunte por él. Si se entera que Molina Dual Options no cubrirá el medicamento, usted puede hacer algo de lo siguiente:

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



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

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

Podemos ayudarle. Cubriremos un suministro temporero de 60 días de su medicamento de Parte D y un suministro de su medicamento de Healthy Connections Medicaid durante los primeros 180 días que usted sea miembro de Molina Dual Options. Esto le dará tiempo para hablar con su médico u otro proveedor médico. Ellos determinarán 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 escrita por menos de los días indicados, le permitiremos múltiples suministros hasta un máximo de 60 días de su medicamento.

Cubriremos un suministro temporero de 60 días de su medicamento si:

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

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

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

#### **Política de transición**

Los miembros pueden verse afectados por cambios en nuestro formulario de un año a otro. Debe hablar con su médico para decidir si debe cambiar a un medicamento diferente



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que cubrimos o solicitar una excepción al formulario para obtener la cobertura del medicamento. Consulte el Capítulo 9 del Manual para miembros para obtener más información sobre cómo solicitar una excepción. Comuníquese con Servicios para Miembros si necesita ayuda para cambiar a un medicamento diferente que cubrimos o si necesita ayuda para solicitar una excepción al formulario.

- **Si usted es un miembro actual afectado por un cambio de formulario de un año al siguiente**, le proporcionaremos un suministro temporal de 60 días del medicamento que no está en el formulario si necesita un resurtido del medicamento durante los primeros 180 días del nuevo medicamento. año del plan para medicamentos de la Parte D y medicamentos de Medicaid de Healthy Connections.

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 60%. 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.

- **Si usted es un miembro actual y no está afectado por un cambio en el formulario**
  - Y si no vive en un centro de atención a largo plazo, le proporcionaremos un suministro de 31 días de medicamentos de la Parte D y Medicaid de Healthy Connections que no están en el formulario o tienen limitaciones durante los primeros 90 días del año calendario.
  - Y ingresa a un centro de atención a largo plazo (como un asilo de ancianos) en los primeros 180 días desde que se unió al plan, se cubrirá un suministro temporal adicional de hasta 31 días durante los primeros 90 días de su admisión en el largo plazo. A largo plazo, si su medicamento no está en el formulario o tiene otras limitaciones.

### Suministro temporal

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



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Si el residente ha estado inscrito en nuestro Plan por más de 180 días y necesita un medicamento que no está en nuestro formulario o está sujeto a otras restricciones, como terapia escalonada o límites de dosis, cubriremos un suministro de emergencia temporal de 31 días de ese medicamento (a menos que la receta sea por menos días) mientras se busca una excepción al formulario. Las excepciones están disponibles en situaciones en las que experimenta un cambio en el nivel de atención que recibe que también requiere que haga la transición de una instalación o centro de tratamiento a otro. En tales circunstancias, usted sería elegible para una excepción de llenado temporal por un suministro de 31 días, incluso si está fuera de los primeros 180 días como miembro del plan.

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

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

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

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

### **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 solicitar una excepción. Para más información sobre excepciones, puede leer el Capítulo 9, del *Manual del miembro*.

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### **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.

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### **B13. ¿Qué son los medicamentos genéricos?**



**Si tiene alguna pregunta**, por favor llame a Molina Dual Options al (855) 735-5831, y los usuarios de TTY/TDD pueden llamar al 711, los 7 días de la semana, de 8 a.m. a 8 p.m., hora local. La llamada es gratuita. **Para obtener más información**, visite [MolinaHealthcare.com/Duals](http://MolinaHealthcare.com/Duals).

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

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

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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 sin receta. Molina Dual Options cubre algunos medicamentos de venta libre.

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

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

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

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

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

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#### **B16. ¿Cuánto es su copago?**

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

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#### **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.
- 



**Si tiene alguna pregunta**, por favor llame a Molina Dual Options al (855) 735-5831, y los usuarios de TTY/TDD pueden llamar al 711, los 7 días de la semana, de 8 a.m. a 8 p.m., hora local. La llamada es gratuita. **Para obtener más información**, visite [MolinaHealthcare.com/Duals](http://MolinaHealthcare.com/Duals).

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## C. Lista de medicamentos cubiertos

La siguiente lista de medicamentos cubiertos le da información sobre los medicamentos cubiertos por Molina Dual Options. Si usted tiene problemas para encontrar su medicamento en la lista, lea el Índice de medicamentos cubiertos que comienza en la página 156. El índice alfabético nombra todos los medicamentos cubiertos por Molina Dual Options.

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

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

**Nota:** El símbolo \* junto a un medicamento significa que el medicamento no es un "medicamento Parte D". La cantidad que usted paga 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 está recibiendo Ayuda adicional para pagar sus recetas, usted no recibirá ninguna Ayuda adicional para pagar estos medicamentos. Para más 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 Healthy Connections 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 número anotado al pie de la página. Usted también puede enterarse de cómo apelar una decisión leyendo el Capítulo 9, del Manual del miembro.

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## D. Lista de medicamentos por enfermedad

Los medicamentos de esta sección están agrupados en categorías de acuerdo con el tipo de enfermedad para la que se usan como tratamiento. Por ejemplo, si usted tiene una enfermedad



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del corazón, usted debe buscar en la categoría therapeutic category name example. Ahí encontrará los medicamentos que traten enfermedades del corazón.

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

PA significa Autorización previa

QL significa Límites de Cantidad

ST significa criterios de terapia escalonada

NM significa No disponible a través de pedidos por correo.

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

LA significa drogas de acceso limitado

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

NDS significa suministro de días no extendidos



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## MOLINA\_SC\_CY19\_2T\_MMP eff 12/01/2019

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

### **ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION**

#### **GOUT - DRUGS TO TREAT GOUT**

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

#### **MISCELLANEOUS**

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



<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>aspirin tab delayed release 325 mg</i>	\$0 (3)	NM; *
<i>child asa ls chw 81mg</i>	\$0 (3)	NM; *
<i>chld silapap liq 160/5ml</i>	\$0 (3)	NM; *
<i>easy-melts tab 80mg</i>	\$0 (3)	NM; *
<i>ecepirin tab 325mg ec</i>	\$0 (3)	NM; *
<i>ed-apap liq 80mg/2.5</i>	\$0 (3)	NM; *
<i>gnp aspirin chw 81mg</i>	\$0 (3)	NM; *
<i>gnp aspirin tab 325mg ec</i>	\$0 (3)	NM; *
<i>gnp headache tab relief</i>	\$0 (3)	NM; *
<i>gnp migraine tab relief</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>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 80mg</i>	\$0 (3)	NM; *
<i>mapap liq 160/5ml</i>	\$0 (3)	NM; *
<i>mapap tab 325mg</i>	\$0 (3)	NM; *
<i>mapap tab 500mg</i>	\$0 (3)	NM; *
<i>mapap tab 500mg/rr</i>	\$0 (3)	NM; *
<i>migraine tab formula</i>	\$0 (3)	NM; *
<i>non-asa jr tab 160mg</i>	\$0 (3)	NM; *
<i>non-aspirin sus 160/5ml</i>	\$0 (3)	NM; *
<i>non-aspirin tab 325mg</i>	\$0 (3)	NM; *
<i>non-aspirin tab 500mg</i>	\$0 (3)	NM; *
<i>non-aspirin tab 500mg/rr</i>	\$0 (3)	NM; *
<i>pain &amp; fever sol 160/5ml</i>	\$0 (3)	NM; *
<i>pain &amp; fever sus 160/5ml</i>	\$0 (3)	NM; *
<i>pain &amp; fever tab 325mg</i>	\$0 (3)	NM; *
<i>pain &amp; fever tab 500mg</i>	\$0 (3)	NM; *
<i>pain relief tab 500mg</i>	\$0 (3)	NM; *
<i>pain relief tab 650mg</i>	\$0 (3)	NM; *
<i>pain relieve tab 325mg</i>	\$0 (3)	NM; *
<i>pain relieve tab 500mg</i>	\$0 (3)	NM; *
<i>pain relievr tab plus</i>	\$0 (3)	NM; *
<i>pharbetol tab 325mg</i>	\$0 (3)	NM; *
<i>pharbetol tab 500mg</i>	\$0 (3)	NM; *
<i>qc aspirin tab 325mg</i>	\$0 (3)	NM; *
<i>qc aspirin tab 325mg ec</i>	\$0 (3)	NM; *
<i>qc headache tab relief</i>	\$0 (3)	NM; *

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

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

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

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

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<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>hydromorphone hcl liqd 1 mg/ml</i>	\$0 (1)	QL (600 mL / 30 days)
<i>hydromorphone hcl preservative free (pf) inj 10 mg/ml</i>	\$0 (2)	B/D
<i>hydromorphone hcl tab 2 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
<i>hydromorphone hcl tab 4 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
<i>hydromorphone hcl tab 8 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
HYSINGLA ER TAB 20 MG	\$0 (2)	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 30 MG	\$0 (2)	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 40 MG	\$0 (2)	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 60 MG	\$0 (2)	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 80 MG	\$0 (2)	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 100 MG	\$0 (2)	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 120 MG	\$0 (2)	QL (30 tabs / 30 days), PA
<i>methadone con 10mg/ml</i>	\$0 (1)	QL (90 mL / 30 days), PA
<i>methadone hcl soln 5 mg/5ml</i>	\$0 (1)	QL (450 mL / 30 days), PA
<i>methadone hcl soln 10 mg/5ml</i>	\$0 (1)	QL (450 mL / 30 days), PA
<i>methadone hcl tab 5 mg</i>	\$0 (1)	QL (90 tabs / 30 days), PA
<i>methadone hcl tab 10 mg</i>	\$0 (1)	QL (90 tabs / 30 days), PA
MORPHINE SUL INJ 2MG/ML	\$0 (2)	B/D
MORPHINE SUL INJ 4MG/ML	\$0 (2)	B/D
MORPHINE SUL INJ 5MG/ML	\$0 (2)	B/D
MORPHINE SUL INJ 8MG/ML	\$0 (2)	B/D
MORPHINE SUL INJ 10MG/ML	\$0 (2)	B/D
<i>morphine sulfate iv soln 1 mg/ml</i>	\$0 (2)	B/D
<i>morphine sulfate iv soln pf 4 mg/ml</i>	\$0 (2)	B/D
<i>morphine sulfate iv soln pf 8 mg/ml</i>	\$0 (2)	B/D
<i>morphine sulfate iv soln pf 10 mg/ml</i>	\$0 (2)	B/D
<i>morphine sulfate oral soln 10 mg/5ml</i>	\$0 (1)	QL (900 mL / 30 days)
<i>morphine sulfate oral soln 20 mg/5ml</i>	\$0 (1)	QL (750 mL / 30 days)

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

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

### **ANESTHETICS - DRUGS FOR NUMBING**

#### **LOCAL ANESTHETICS**

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

### **ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS**

#### **ANTI-BACTERIALS - MISCELLANEOUS**

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

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

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

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

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<i>fluconazole tab 50 mg</i>	\$0 (1)	
<i>fluconazole tab 100 mg</i>	\$0 (1)	
<i>fluconazole tab 150 mg</i>	\$0 (1)	
<i>fluconazole tab 200 mg</i>	\$0 (1)	
<i>flucytosine cap 250 mg</i>	\$0 (2)	NDS
<i>flucytosine cap 500 mg</i>	\$0 (2)	NDS
<i>griseofulvin microsize susp 125 mg/5ml</i>	\$0 (1)	
<i>griseofulvin microsize tab 500 mg</i>	\$0 (1)	
<i>griseofulvin ultramicrosize tab 125 mg</i>	\$0 (1)	
<i>griseofulvin ultramicrosize tab 250 mg</i>	\$0 (1)	
<i>itraconazole cap 100 mg</i>	\$0 (1)	PA
<i>ketoconazole tab 200 mg</i>	\$0 (1)	PA
MYCAMINE INJ 50MG	\$0 (2)	NDS
MYCAMINE INJ 100MG	\$0 (2)	NDS
NOXAFIL SUS 40MG/ML	\$0 (2)	NDS, QL (630 mL / 30 days)
NOXAFIL TAB 100MG	\$0 (2)	NDS, QL (93 tabs / 30 days)
<i>nystatin tab 500000 unit</i>	\$0 (1)	
<i>posaconazole tab delayed release 100 mg</i>	\$0 (2)	NDS, QL (93 tabs / 30 days)
<i>terbinafine hcl tab 250 mg</i>	\$0 (1)	QL (90 tabs / year)
<i>voriconazole for inj 200 mg</i>	\$0 (1)	
<i>voriconazole for susp 40 mg/ml</i>	\$0 (2)	NDS
<i>voriconazole tab 50 mg</i>	\$0 (2)	NDS
<i>voriconazole tab 200 mg</i>	\$0 (2)	NDS
<b>ANTIMALARIALS - DRUGS TO TREAT MALARIA</b>		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	\$0 (1)	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	\$0 (1)	
<i>chloroquine phosphate tab 250 mg</i>	\$0 (1)	
<i>chloroquine phosphate tab 500 mg</i>	\$0 (1)	
COARTEM TAB 20-120MG	\$0 (2)	
<i>mefloquine hcl tab 250 mg</i>	\$0 (1)	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	\$0 (1)	
PRIMAQUINE TAB 26.3MG	\$0 (2)	
<i>quinine sulfate cap 324 mg</i>	\$0 (1)	PA

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

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

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

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VIRAMUNE SUS 50MG/5ML	\$0 (2)	
VIREAD POW 40MG/GM	\$0 (2)	NDS
VIREAD TAB 150MG	\$0 (2)	NDS
VIREAD TAB 200MG	\$0 (2)	NDS
VIREAD TAB 250MG	\$0 (2)	NDS
<i>zidovudine cap 100 mg</i>	\$0 (1)	
<i>zidovudine syrup 10 mg/ml</i>	\$0 (1)	
<i>zidovudine tab 300 mg</i>	\$0 (1)	

**ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION**

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	\$0 (1)	
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	\$0 (2)	NDS
ATRIPLA TAB	\$0 (2)	NDS
BIKTARVY TAB	\$0 (2)	NDS
CIMDUO TAB 300-300	\$0 (2)	NDS
COMPLERA TAB	\$0 (2)	NDS
DELSTRIGO TAB	\$0 (2)	NDS
DESCOVY TAB 200/25	\$0 (2)	NDS
DOVATO TAB 50-300MG	\$0 (2)	NDS
EVOTAZ TAB 300-150	\$0 (2)	NDS
GENVOYA TAB	\$0 (2)	NDS
JULUCA TAB 50-25MG	\$0 (2)	NDS
KALETRA TAB 100-25MG	\$0 (2)	
KALETRA TAB 200-50MG	\$0 (2)	NDS
<i>lamivudine-zidovudine tab 150-300 mg</i>	\$0 (1)	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	\$0 (1)	
ODEFSEY TAB	\$0 (2)	NDS
PREZCOBIX TAB 800-150	\$0 (2)	NDS
STRIBILD TAB	\$0 (2)	NDS
SYMFI LO TAB	\$0 (2)	NDS
SYMFI TAB	\$0 (2)	NDS
SYMTUZA TAB	\$0 (2)	NDS
TEMIXYS TAB 300-300	\$0 (2)	NDS
TRIUMEQ TAB	\$0 (2)	NDS
TRUVADA TAB 100-150	\$0 (2)	NDS, QL (60 tabs / 30 days)
TRUVADA TAB 133-200	\$0 (2)	NDS, QL (30 tabs / 30 days)

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<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
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)	
RIFATER TAB	\$0 (2)	
SIRTURO TAB 100MG	\$0 (2)	NDS, LA, PA
TRECTOR TAB 250MG	\$0 (2)	

**ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS**

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

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<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<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
ZEPATIER TAB 50-100MG	\$0 (2)	NDS, NM, PA
<b>CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS</b>		
<i>cefaclor cap 250 mg</i>	\$0 (1)	
<i>cefaclor cap 500 mg</i>	\$0 (1)	
CEFACLOR ER TAB 500MG	\$0 (2)	
<i>cefaclor for susp 125 mg/5ml</i>	\$0 (1)	
<i>cefaclor for susp 250 mg/5ml</i>	\$0 (1)	
<i>cefaclor for susp 375 mg/5ml</i>	\$0 (1)	
<i>cefadroxil cap 500 mg</i>	\$0 (1)	
<i>cefadroxil for susp 250 mg/5ml</i>	\$0 (1)	
<i>cefadroxil for susp 500 mg/5ml</i>	\$0 (1)	
<i>cefadroxil tab 1 gm</i>	\$0 (1)	
CEFAZOLIN INJ 1GM/50ML	\$0 (2)	
<i>cefazolin sodium for inj 1 gm</i>	\$0 (1)	
<i>cefazolin sodium for inj 10 gm</i>	\$0 (1)	
<i>cefazolin sodium for inj 500 mg</i>	\$0 (1)	
<i>cefazolin sodium for iv soln 1 gm</i>	\$0 (1)	
CEFAZOLIN SOL	\$0 (2)	

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

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<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)	
SUPRAX CHW 100MG	\$0 (2)	
SUPRAX CHW 200MG	\$0 (2)	
SUPRAX SUS 500/5ML	\$0 (2)	
<i>tazicef inj 1gm</i>	\$0 (1)	
<i>tazicef inj 2gm</i>	\$0 (1)	
<i>tazicef inj 6gm</i>	\$0 (1)	
TEFLARO INJ 400MG	\$0 (2)	NDS
TEFLARO INJ 600MG	\$0 (2)	NDS
<b>ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS</b>		
<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)	

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<i>erythromycin w/ delayed release particles cap 250 mg</i>	\$0 (1)	
<b>FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS</b>		
<i>ciprofloxacin 200 mg/100ml in d5w</i>	\$0 (1)	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	\$0 (1)	
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>	\$0 (1)	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	\$0 (1)	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	\$0 (1)	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	\$0 (1)	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	\$0 (1)	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	\$0 (1)	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	\$0 (1)	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	\$0 (1)	
<i>levofloxacin iv soln 25 mg/ml</i>	\$0 (1)	
<i>levofloxacin oral soln 25 mg/ml</i>	\$0 (1)	
<i>levofloxacin tab 250 mg</i>	\$0 (1)	
<i>levofloxacin tab 500 mg</i>	\$0 (1)	
<i>levofloxacin tab 750 mg</i>	\$0 (1)	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	\$0 (1)	
<b>PENICILLINS - DRUGS TO TREAT INFECTIONS</b>		
<i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i>	\$0 (1)	
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>	\$0 (1)	
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	\$0 (1)	
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	\$0 (1)	
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	\$0 (1)	
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>	\$0 (1)	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	\$0 (1)	

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<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>	\$0 (1)	
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	\$0 (1)	
<i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i>	\$0 (1)	
<i>amoxicillin (trihydrate) cap 250 mg</i>	\$0 (1)	
<i>amoxicillin (trihydrate) cap 500 mg</i>	\$0 (1)	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	\$0 (1)	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	\$0 (1)	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	\$0 (1)	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	\$0 (1)	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	\$0 (1)	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	\$0 (1)	
<i>amoxicillin (trihydrate) tab 500 mg</i>	\$0 (1)	
<i>amoxicillin (trihydrate) tab 875 mg</i>	\$0 (1)	
<i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm</i>	\$0 (1)	
<i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i>	\$0 (1)	
<i>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm</i>	\$0 (1)	
<i>ampicillin cap 500 mg</i>	\$0 (1)	
<i>ampicillin sodium for inj 1 gm</i>	\$0 (1)	
<i>ampicillin sodium for inj 2 gm</i>	\$0 (1)	
<i>ampicillin sodium for inj 125 mg</i>	\$0 (1)	
<i>ampicillin sodium for inj 250 mg</i>	\$0 (1)	
<i>ampicillin sodium for inj 500 mg</i>	\$0 (1)	
<i>ampicillin sodium for iv soln 1 gm</i>	\$0 (1)	
<i>ampicillin sodium for iv soln 2 gm</i>	\$0 (1)	
<i>ampicillin sodium for iv soln 10 gm</i>	\$0 (1)	
<i>BICILLIN L-A INJ 600000</i>	\$0 (2)	
<i>BICILLIN L-A INJ 1200000</i>	\$0 (2)	
<i>BICILLIN L-A INJ 2400000</i>	\$0 (2)	
<i>dicloxacillin sodium cap 250 mg</i>	\$0 (1)	
<i>dicloxacillin sodium cap 500 mg</i>	\$0 (1)	

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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 inj 10 gm (base equivalent)</i>	\$0 (2)	NDS
PEN G PROC INJ 600000	\$0 (2)	
PEN GK/DEXTR INJ 40000/ML	\$0 (2)	
PEN GK/DEXTR INJ 60000/ML	\$0 (2)	
<i>penicillin g potassium for inj 5000000 unit</i>	\$0 (1)	
<i>penicillin g potassium for inj 20000000 unit</i>	\$0 (1)	
<i>penicillin g sodium for inj 5000000 unit</i>	\$0 (1)	
<i>penicillin v potassium for soln 125 mg/5ml</i>	\$0 (1)	
<i>penicillin v potassium for soln 250 mg/5ml</i>	\$0 (1)	
<i>penicillin v potassium tab 250 mg</i>	\$0 (1)	
<i>penicillin v potassium tab 500 mg</i>	\$0 (1)	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	\$0 (1)	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	\$0 (1)	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	\$0 (1)	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	\$0 (1)	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	\$0 (1)	
<b>TETRACYCLINES - DRUGS TO TREAT INFECTIONS</b>		
<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)	

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<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>doxycycline monohydrate tab 150 mg</i>	\$0 (1)	
<i>minocycline hcl cap 50 mg</i>	\$0 (1)	
<i>minocycline hcl cap 75 mg</i>	\$0 (1)	
<i>minocycline hcl cap 100 mg</i>	\$0 (1)	
<i>tetracycline hcl cap 250 mg</i>	\$0 (1)	
<i>tetracycline hcl cap 500 mg</i>	\$0 (1)	

**ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER**

**ALKYLATING AGENTS**

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

**ANTHRACYCLINES**

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

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<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
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**ANTIBIOTICS**

<i>bleomycin sulfate for inj 15 unit</i>	\$0 (1)	B/D
<i>bleomycin sulfate for inj 30 unit</i>	\$0 (1)	B/D
<i>mitomycin for iv soln 5 mg</i>	\$0 (2)	NDS, B/D
<i>mitomycin for iv soln 20 mg</i>	\$0 (2)	NDS, B/D
<i>mitomycin for iv soln 40 mg</i>	\$0 (2)	NDS, B/D

**ANTIMETABOLITES**

<i>adrucil inj 2.5g/50m</i>	\$0 (1)	B/D
<i>adrucil inj 5gm/100m</i>	\$0 (1)	B/D
<i>adrucil inj 500/10ml</i>	\$0 (1)	B/D
ALIMTA INJ 100MG	\$0 (2)	NDS, B/D
ALIMTA INJ 500MG	\$0 (2)	NDS, B/D
<i>azacitidine for inj 100 mg</i>	\$0 (2)	NDS, B/D, NM
<i>cytarabine inj 20 mg/ml</i>	\$0 (1)	B/D
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	\$0 (1)	B/D
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	\$0 (1)	B/D
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	\$0 (1)	B/D
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	\$0 (1)	B/D
<i>gemcitabine hcl for inj 1 gm</i>	\$0 (1)	B/D
<i>gemcitabine hcl for inj 2 gm</i>	\$0 (1)	B/D
<i>gemcitabine hcl for inj 200 mg</i>	\$0 (1)	B/D
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	\$0 (1)	B/D
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	\$0 (1)	B/D
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	\$0 (1)	B/D
<i>mercaptopurine tab 50 mg</i>	\$0 (1)	
<i>methotrexate sodium for inj 1 gm</i>	\$0 (1)	B/D
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	\$0 (1)	B/D
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	\$0 (1)	B/D
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	\$0 (1)	B/D
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	\$0 (1)	B/D

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<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	\$0 (1)	B/D
PURIXAN SUS 20MG/ML	\$0 (2)	NDS, NM
TABLOID TAB 40MG	\$0 (2)	
<b>ANTIMITOTIC, TAXOIDS</b>		
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
<b>ANTIMITOTIC, VINCA ALKALOIDS</b>		
<i>vinblastine sulfate inj 1 mg/ml</i>	\$0 (1)	B/D
<i>vincristine sulfate iv soln 1 mg/ml</i>	\$0 (1)	B/D
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	\$0 (1)	B/D, NM
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	\$0 (1)	B/D, NM
<b>BIOLOGIC RESPONSE MODIFIERS</b>		
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

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DAURISMO TAB 100MG	\$0 (2)	NDS, NM, LA, PA
ERIVEDGE CAP 150MG	\$0 (2)	NDS, NM, LA, PA
FARYDAK CAP 10MG	\$0 (2)	NDS, NM, LA, PA
FARYDAK CAP 15MG	\$0 (2)	NDS, NM, LA, PA
FARYDAK CAP 20MG	\$0 (2)	NDS, NM, LA, PA
HERCEP HYLEC SOL 60-10000	\$0 (2)	NDS, NM, PA
HERCEPTIN INJ 150MG	\$0 (2)	NDS, NM, PA
HERCEPTIN INJ 440MG	\$0 (2)	NDS, NM, PA
IBRANCE CAP 75MG	\$0 (2)	NDS, NM, LA, PA
IBRANCE CAP 100MG	\$0 (2)	NDS, NM, LA, PA
IBRANCE CAP 125MG	\$0 (2)	NDS, NM, LA, PA
IDHIFA TAB 50MG	\$0 (2)	NDS, NM, LA, PA
IDHIFA TAB 100MG	\$0 (2)	NDS, NM, LA, PA
KADCYLA INJ 100MG	\$0 (2)	NDS, B/D, NM
KADCYLA INJ 160MG	\$0 (2)	NDS, B/D, NM
KEYTRUDA INJ 100MG/4M	\$0 (2)	NDS, NM, PA
KEYTRUDA SOL 50MG	\$0 (2)	NDS, PA
KISQALI 200 PAK FEMARA	\$0 (2)	NDS, NM, PA
KISQALI 400 PAK FEMARA	\$0 (2)	NDS, NM, PA
KISQALI 600 PAK FEMARA	\$0 (2)	NDS, NM, PA
KISQALI TAB 200DOSE	\$0 (2)	NDS, NM, PA
KISQALI TAB 400DOSE	\$0 (2)	NDS, NM, PA
KISQALI TAB 600DOSE	\$0 (2)	NDS, NM, PA
LYNPARZA TAB 100MG	\$0 (2)	NDS, NM, LA, PA
LYNPARZA TAB 150MG	\$0 (2)	NDS, NM, LA, PA
MYLOTARG INJ 4.5MG	\$0 (2)	NDS, LA, PA
NINLARO CAP 2.3MG	\$0 (2)	NDS, NM, PA
NINLARO CAP 3MG	\$0 (2)	NDS, NM, PA
NINLARO CAP 4MG	\$0 (2)	NDS, NM, PA
ODOMZO CAP 200MG	\$0 (2)	NDS, NM, LA, PA
RITUXAN INJ 100MG	\$0 (2)	NDS, NM, LA, PA
RITUXAN INJ 500MG	\$0 (2)	NDS, NM, LA, PA
RITUXAN INJ HYCELA	\$0 (2)	NDS, NM, LA, PA
RUBRACA TAB 200MG	\$0 (2)	NDS, NM, LA, PA
RUBRACA TAB 250MG	\$0 (2)	NDS, NM, LA, PA
RUBRACA TAB 300MG	\$0 (2)	NDS, NM, LA, PA
TALZENNA CAP 0.25MG	\$0 (2)	NDS, NM, LA, PA
TALZENNA CAP 1MG	\$0 (2)	NDS, NM, LA, PA
TECENTRIQ INJ 840/14	\$0 (2)	NDS, NM, LA, PA
TECENTRIQ INJ 1200/20	\$0 (2)	NDS, NM, LA, PA
TIBSOVO TAB 250MG	\$0 (2)	NDS, LA, PA

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VELCADE INJ 3.5MG	\$0 (2)	NDS, NM, PA
VENCLEXTA TAB 10MG	\$0 (2)	LA, PA
VENCLEXTA TAB 50MG	\$0 (2)	LA, PA
VENCLEXTA TAB 100MG	\$0 (2)	NDS, LA, PA
VENCLEXTA TAB START PK	\$0 (2)	NDS, LA, PA
VERZENIO TAB 50MG	\$0 (2)	NDS, NM, LA, PA
VERZENIO TAB 100MG	\$0 (2)	NDS, NM, LA, PA
VERZENIO TAB 150MG	\$0 (2)	NDS, NM, LA, PA
VERZENIO TAB 200MG	\$0 (2)	NDS, NM, LA, PA
ZEJULA CAP 100MG	\$0 (2)	NDS, LA, PA
ZOLINZA CAP 100MG	\$0 (2)	NDS, NM, PA
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
<i>abiraterone acetate tab 250 mg</i>	\$0 (2)	NDS, NM, PA
<i>anastrozole tab 1 mg</i>	\$0 (1)	
<i>bicalutamide tab 50 mg</i>	\$0 (1)	
DEPO-PROVERA INJ 400/ML	\$0 (2)	B/D
ERLEADA TAB 60MG	\$0 (2)	NDS, NM, LA, PA
<i>exemestane tab 25 mg</i>	\$0 (1)	
FASLODEX INJ 250/5ML	\$0 (2)	NDS, B/D
<i>flutamide cap 125 mg</i>	\$0 (1)	
<i>fulvestrant inj 250 mg/5ml</i>	\$0 (2)	NDS, B/D
<i>letrozole tab 2.5 mg</i>	\$0 (1)	
<i>leuprolide acetate inj kit 5 mg/ml</i>	\$0 (1)	NM, PA
LUPRON DEPOT INJ 3.75MG	\$0 (2)	NDS, NM, PA
LUPRON DEPOT INJ 11.25MG	\$0 (2)	NDS, NM, PA
LYSODREN TAB 500MG	\$0 (2)	
<i>megestrol acetate susp 40 mg/ml</i>	\$0 (2)	
<i>megestrol acetate susp 625 mg/5ml</i>	\$0 (2)	PA
<i>megestrol acetate tab 20 mg</i>	\$0 (2)	
<i>megestrol acetate tab 40 mg</i>	\$0 (2)	
<i>nilutamide tab 150 mg</i>	\$0 (2)	NDS
NUBEQA TAB 300MG	\$0 (2)	NDS, LA, PA
SOLTAMOX SOL 10MG/5ML	\$0 (2)	NDS
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	\$0 (1)	
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	\$0 (1)	
<i>toremifene citrate tab 60 mg (base equivalent)</i>	\$0 (2)	NDS
TRELSTAR MIX INJ 3.75MG	\$0 (2)	NDS, NM, PA
TRELSTAR MIX INJ 11.25MG	\$0 (2)	NDS, NM, PA

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XTANDI CAP 40MG	\$0 (2)	NDS, NM, LA, PA
ZYTIGA TAB 500MG	\$0 (2)	NDS, NM, LA, PA
<b>IMMUNOMODULATORS</b>		
POMALYST CAP 1MG	\$0 (2)	NDS, NM, LA, PA
POMALYST CAP 2MG	\$0 (2)	NDS, NM, LA, PA
POMALYST CAP 3MG	\$0 (2)	NDS, NM, LA, PA
POMALYST CAP 4MG	\$0 (2)	NDS, NM, LA, PA
REVLIMID CAP 2.5MG	\$0 (2)	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 5MG	\$0 (2)	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 10MG	\$0 (2)	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 15MG	\$0 (2)	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 20MG	\$0 (2)	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 25MG	\$0 (2)	NDS, QL (28 caps / 28 days), NM, LA, PA
THALOMID CAP 50MG	\$0 (2)	NDS, QL (30 caps / 30 days), NM, PA
THALOMID CAP 100MG	\$0 (2)	NDS, QL (30 caps / 30 days), NM, PA
THALOMID CAP 150MG	\$0 (2)	NDS, QL (60 caps / 30 days), NM, PA
THALOMID CAP 200MG	\$0 (2)	NDS, QL (60 caps / 30 days), NM, PA
<b>KINASE INHIBITORS</b>		
AFINITOR DIS TAB 2MG	\$0 (2)	NDS, QL (150 tabs / 30 days), NM, PA
AFINITOR DIS TAB 3MG	\$0 (2)	NDS, QL (90 tabs / 30 days), NM, PA
AFINITOR DIS TAB 5MG	\$0 (2)	NDS, QL (60 tabs / 30 days), NM, PA
AFINITOR TAB 2.5MG	\$0 (2)	NDS, QL (30 tabs / 30 days), NM, PA
AFINITOR TAB 5MG	\$0 (2)	NDS, QL (30 tabs / 30 days), NM, PA
AFINITOR TAB 7.5MG	\$0 (2)	NDS, QL (30 tabs / 30 days), NM, PA
AFINITOR TAB 10MG	\$0 (2)	NDS, QL (30 tabs / 30 days), NM, PA
ALECENSA CAP 150MG	\$0 (2)	NDS, NM, LA, PA

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ALUNBRIG PAK	\$0 (2)	NDS, NM, LA, PA
ALUNBRIG TAB 30MG	\$0 (2)	NDS, NM, LA, PA
ALUNBRIG TAB 90MG	\$0 (2)	NDS, NM, LA, PA
ALUNBRIG TAB 180MG	\$0 (2)	NDS, NM, LA, PA
BALVERSA TAB 3MG	\$0 (2)	NDS, LA, PA
BALVERSA TAB 4MG	\$0 (2)	NDS, LA, PA
BALVERSA TAB 5MG	\$0 (2)	NDS, LA, PA
BOSULIF TAB 100MG	\$0 (2)	NDS, NM, PA
BOSULIF TAB 400MG	\$0 (2)	NDS, NM, PA
BOSULIF TAB 500MG	\$0 (2)	NDS, NM, PA
BRAFTOVI CAP 75MG	\$0 (2)	NDS, LA, PA
CABOMETYX TAB 20MG	\$0 (2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
CABOMETYX TAB 40MG	\$0 (2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
CABOMETYX TAB 60MG	\$0 (2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAP 100MG	\$0 (2)	NDS, LA, PA
CAPRELSA TAB 100MG	\$0 (2)	NDS, LA, PA
CAPRELSA TAB 300MG	\$0 (2)	NDS, LA, PA
COMETRIQ KIT 60MG	\$0 (2)	NDS, LA, PA
COMETRIQ KIT 100MG	\$0 (2)	NDS, LA, PA
COMETRIQ KIT 140MG	\$0 (2)	NDS, LA, PA
COPIKTRA CAP 15MG	\$0 (2)	NDS, LA, PA
COPIKTRA CAP 25MG	\$0 (2)	NDS, LA, PA
COTELLIC TAB 20MG	\$0 (2)	NDS, NM, LA, PA
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	\$0 (2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	\$0 (2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	\$0 (2)	NDS, QL (30 tabs / 30 days), NM, PA
GILOTRIF TAB 20MG	\$0 (2)	NDS, LA, PA
GILOTRIF TAB 30MG	\$0 (2)	NDS, LA, PA
GILOTRIF TAB 40MG	\$0 (2)	NDS, LA, PA
ICLUSIG TAB 15MG	\$0 (2)	NDS, LA, PA
ICLUSIG TAB 45MG	\$0 (2)	NDS, LA, PA
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	\$0 (2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	\$0 (2)	NDS, QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAP 70MG	\$0 (2)	NDS, LA, PA

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IMBRUVICA CAP 140MG	\$0 (2)	NDS, LA, PA
IMBRUVICA TAB 140MG	\$0 (2)	NDS, LA, PA
IMBRUVICA TAB 280MG	\$0 (2)	NDS, LA, PA
IMBRUVICA TAB 420MG	\$0 (2)	NDS, LA, PA
IMBRUVICA TAB 560MG	\$0 (2)	NDS, LA, PA
INLYTA TAB 1MG	\$0 (2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
INLYTA TAB 5MG	\$0 (2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
INREBIC CAP 100MG	\$0 (2)	NDS, LA, PA
IRESSA TAB 250MG	\$0 (2)	NDS, NM, LA, PA
JAKAFI TAB 5MG	\$0 (2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 10MG	\$0 (2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 15MG	\$0 (2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 20MG	\$0 (2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAKAFI TAB 25MG	\$0 (2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
LENVIMA CAP 4MG	\$0 (2)	NDS, NM, LA, PA
LENVIMA CAP 8 MG	\$0 (2)	NDS, NM, LA, PA
LENVIMA CAP 10 MG	\$0 (2)	NDS, NM, LA, PA
LENVIMA CAP 12MG	\$0 (2)	NDS, NM, LA, PA
LENVIMA CAP 14 MG	\$0 (2)	NDS, NM, LA, PA
LENVIMA CAP 18 MG	\$0 (2)	NDS, NM, LA, PA
LENVIMA CAP 20 MG	\$0 (2)	NDS, NM, LA, PA
LENVIMA CAP 24 MG	\$0 (2)	NDS, NM, LA, PA
LORBRENA TAB 25MG	\$0 (2)	NDS, NM, LA, PA
LORBRENA TAB 100MG	\$0 (2)	NDS, NM, LA, PA
MEKINIST TAB 0.5MG	\$0 (2)	NDS, NM, LA, PA
MEKINIST TAB 2MG	\$0 (2)	NDS, NM, LA, PA
MEKTOVI TAB 15MG	\$0 (2)	NDS, LA, PA
NERLYNX TAB 40MG	\$0 (2)	NDS, NM, LA, PA
NEXAVAR TAB 200MG	\$0 (2)	NDS, NM, LA, PA
PIQRAY 200MG TAB DOSE	\$0 (2)	NDS, NM, PA
PIQRAY 250MG TAB DOSE	\$0 (2)	NDS, NM, PA
PIQRAY 300MG TAB DOSE	\$0 (2)	NDS, NM, PA
ROZLYTREK CAP 100MG	\$0 (2)	NDS, LA, PA
ROZLYTREK CAP 200MG	\$0 (2)	NDS, LA, PA
RYDAPT CAP 25MG	\$0 (2)	NDS, NM, PA

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SPRYCEL TAB 20MG	\$0 (2)	NDS, NM, PA
SPRYCEL TAB 50MG	\$0 (2)	NDS, NM, PA
SPRYCEL TAB 70MG	\$0 (2)	NDS, NM, PA
SPRYCEL TAB 80MG	\$0 (2)	NDS, NM, PA
SPRYCEL TAB 100MG	\$0 (2)	NDS, NM, PA
SPRYCEL TAB 140MG	\$0 (2)	NDS, NM, PA
STIVARGA TAB 40MG	\$0 (2)	NDS, NM, LA, PA
SUTENT CAP 12.5MG	\$0 (2)	NDS, NM, PA
SUTENT CAP 25MG	\$0 (2)	NDS, NM, PA
SUTENT CAP 37.5MG	\$0 (2)	NDS, NM, PA
SUTENT CAP 50MG	\$0 (2)	NDS, NM, PA
TAFINLAR CAP 50MG	\$0 (2)	NDS, NM, LA, PA
TAFINLAR CAP 75MG	\$0 (2)	NDS, NM, LA, PA
TAGRISSE TAB 40MG	\$0 (2)	NDS, NM, LA, PA
TAGRISSE TAB 80MG	\$0 (2)	NDS, NM, LA, PA
TARCEVA TAB 25MG	\$0 (2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
TARCEVA TAB 100MG	\$0 (2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
TARCEVA TAB 150MG	\$0 (2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
TASIGNA CAP 50MG	\$0 (2)	NDS, NM, PA
TASIGNA CAP 150MG	\$0 (2)	NDS, NM, PA
TASIGNA CAP 200MG	\$0 (2)	NDS, NM, PA
TURALIO CAP 200MG	\$0 (2)	NDS, LA, PA
TYKERB TAB 250MG	\$0 (2)	NDS, NM, LA, PA
VITRAKVI CAP 25MG	\$0 (2)	NDS, NM, LA, PA
VITRAKVI CAP 100MG	\$0 (2)	NDS, NM, LA, PA
VITRAKVI SOL 20MG/ML	\$0 (2)	NDS, NM, LA, PA
VIZIMPRO TAB 15MG	\$0 (2)	NDS, NM, LA, PA
VIZIMPRO TAB 30MG	\$0 (2)	NDS, NM, LA, PA
VIZIMPRO TAB 45MG	\$0 (2)	NDS, NM, LA, PA
VOTRIENT TAB 200MG	\$0 (2)	NDS, NM, LA, PA
XALKORI CAP 200MG	\$0 (2)	NDS, NM, LA, PA
XALKORI CAP 250MG	\$0 (2)	NDS, NM, LA, PA
XOSPATA TAB 40MG	\$0 (2)	NDS, LA, PA
ZELBORAF TAB 240MG	\$0 (2)	NDS, NM, LA, PA
ZYDELIG TAB 100MG	\$0 (2)	NDS, NM, LA, PA
ZYDELIG TAB 150MG	\$0 (2)	NDS, NM, LA, PA
ZYKADIA CAP 150MG	\$0 (2)	NDS, NM, LA, PA
ZYKADIA TAB 150MG	\$0 (2)	NDS, LA, PA

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<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
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**MISCELLANEOUS**

<i>bexarotene cap 75 mg</i>	\$0 (2)	NDS, NM, PA
<i>hydroxyurea cap 500 mg</i>	\$0 (1)	
LONSURF TAB 15-6.14	\$0 (2)	NDS, NM, PA
LONSURF TAB 20-8.19	\$0 (2)	NDS, NM, PA
MATULANE CAP 50MG	\$0 (2)	NDS, LA
SYLATRON KIT 200MCG	\$0 (2)	NDS, NM, PA
SYLATRON KIT 300MCG	\$0 (2)	NDS, NM, PA
SYLATRON KIT 600MCG	\$0 (2)	NDS, NM, PA
SYNRIBO INJ 3.5MG	\$0 (2)	NDS, PA
<i>tretinoin cap 10 mg</i>	\$0 (2)	NDS
XPOVIO PAK 60MG	\$0 (2)	NDS, LA, PA
XPOVIO PAK 80MG	\$0 (2)	NDS, LA, PA
XPOVIO PAK 100MG	\$0 (2)	NDS, LA, PA

**PLATINUM-BASED AGENTS**

<i>carboplatin iv soln 50 mg/5ml</i>	\$0 (1)	B/D, NM
<i>carboplatin iv soln 150 mg/15ml</i>	\$0 (1)	B/D, NM
<i>carboplatin iv soln 450 mg/45ml</i>	\$0 (1)	B/D, NM
<i>carboplatin iv soln 600 mg/60ml</i>	\$0 (1)	B/D, NM
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	\$0 (1)	B/D
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	\$0 (1)	B/D
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	\$0 (1)	B/D
<i>oxaliplatin for iv inj 50 mg</i>	\$0 (2)	NDS, B/D
<i>oxaliplatin for iv inj 100 mg</i>	\$0 (2)	NDS, B/D
<i>oxaliplatin iv soln 50 mg/10ml</i>	\$0 (1)	B/D
<i>oxaliplatin iv soln 100 mg/20ml</i>	\$0 (1)	B/D

**PROTECTIVE AGENTS**

<i>dexrazoxane hcl for inj 500 mg (base equivalent)</i>	\$0 (2)	NDS, B/D, NM
<i>leucovorin calcium for inj 50 mg</i>	\$0 (1)	B/D
<i>leucovorin calcium for inj 100 mg</i>	\$0 (1)	B/D
<i>leucovorin calcium for inj 200 mg</i>	\$0 (1)	B/D
<i>leucovorin calcium for inj 350 mg</i>	\$0 (1)	B/D
<i>leucovorin calcium for inj 500 mg</i>	\$0 (1)	B/D
<i>leucovorin calcium inj 500 mg/50ml (10 mg/ml)</i>	\$0 (1)	B/D
<i>leucovorin calcium tab 5 mg</i>	\$0 (1)	
<i>leucovorin calcium tab 10 mg</i>	\$0 (1)	
<i>leucovorin calcium tab 15 mg</i>	\$0 (1)	
<i>leucovorin calcium tab 25 mg</i>	\$0 (1)	
MESNEX TAB 400MG	\$0 (2)	NDS

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<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
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**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 500 mg/25ml (20 mg/ml)</i>	\$0 (1)	B/D
<i>toposar inj 1gm/50ml</i>	\$0 (1)	B/D
<i>toposar inj 100/5ml</i>	\$0 (1)	B/D
<i>topotecan hcl for inj 4 mg (base equiv)</i>	\$0 (2)	NDS, B/D
<i>topotecan hcl inj 4 mg/4ml (base equiv) (for infusion)</i>	\$0 (2)	NDS, B/D
TOPOTECAN INJ 4MG/4ML	\$0 (2)	NDS, B/D

**CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS**

**ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE**

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

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<i>captopril &amp; hydrochlorothiazide tab 25-25 mg</i>	\$0 (1)	
<i>captopril &amp; hydrochlorothiazide tab 50-15 mg</i>	\$0 (1)	
<i>captopril &amp; hydrochlorothiazide tab 50-25 mg</i>	\$0 (1)	
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>	\$0 (1)	
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i>	\$0 (1)	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>	\$0 (1)	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>	\$0 (1)	
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	\$0 (1)	
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	\$0 (1)	
<i>lisinopril &amp; 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)	
<b>ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>		
<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)	

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<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>lisinopril tab 2.5 mg</i>	\$0 (1)	
<i>lisinopril tab 5 mg</i>	\$0 (1)	
<i>lisinopril tab 10 mg</i>	\$0 (1)	
<i>lisinopril tab 20 mg</i>	\$0 (1)	
<i>lisinopril tab 30 mg</i>	\$0 (1)	
<i>lisinopril tab 40 mg</i>	\$0 (1)	
<i>moexipril hcl tab 7.5 mg</i>	\$0 (1)	
<i>moexipril hcl tab 15 mg</i>	\$0 (1)	
<i>perindopril erbumine tab 2 mg</i>	\$0 (1)	
<i>perindopril erbumine tab 4 mg</i>	\$0 (1)	
<i>perindopril erbumine tab 8 mg</i>	\$0 (1)	
<i>quinapril hcl tab 5 mg</i>	\$0 (1)	
<i>quinapril hcl tab 10 mg</i>	\$0 (1)	
<i>quinapril hcl tab 20 mg</i>	\$0 (1)	
<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)	
<b>ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>		
<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)	
<b>ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>		
<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)	

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<i>terazosin hcl cap 5 mg (base equivalent)</i>	\$0 (1)	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	\$0 (1)	
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>		
<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)	

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<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 &amp; hydrochlorothiazide tab 50-12.5 mg</i>	\$0 (1)	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i>	\$0 (1)	
<i>losartan potassium &amp; 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)	

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<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	\$0 (1)	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	\$0 (1)	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>		
<i>candesartan cilexetil tab 4 mg</i>	\$0 (1)	
<i>candesartan cilexetil tab 8 mg</i>	\$0 (1)	
<i>candesartan cilexetil tab 16 mg</i>	\$0 (1)	
<i>candesartan cilexetil tab 32 mg</i>	\$0 (1)	
<i>eprosartan mesylate tab 600 mg</i>	\$0 (1)	
<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)	
<b>ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM</b>		
<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

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<i>dofetilide cap 500 mcg (0.5 mg)</i>	\$0 (1)	NM
<i>flecainide acetate tab 50 mg</i>	\$0 (1)	
<i>flecainide acetate tab 100 mg</i>	\$0 (1)	
<i>flecainide acetate tab 150 mg</i>	\$0 (1)	
<i>mexiletine hcl cap 150 mg</i>	\$0 (1)	
<i>mexiletine hcl cap 200 mg</i>	\$0 (1)	
<i>mexiletine hcl cap 250 mg</i>	\$0 (1)	
MULTAQ TAB 400MG	\$0 (2)	
NORPACE CAP 100MG CR	\$0 (2)	
NORPACE CAP 150MG CR	\$0 (2)	
<i>pacerone tab 100mg</i>	\$0 (1)	
<i>pacerone tab 200mg</i>	\$0 (1)	
<i>pacerone tab 400mg</i>	\$0 (1)	
<i>propafenone hcl cap er 12hr 225 mg</i>	\$0 (1)	
<i>propafenone hcl cap er 12hr 325 mg</i>	\$0 (1)	
<i>propafenone hcl cap er 12hr 425 mg</i>	\$0 (1)	
<i>propafenone hcl tab 150 mg</i>	\$0 (1)	
<i>propafenone hcl tab 225 mg</i>	\$0 (1)	
<i>propafenone hcl tab 300 mg</i>	\$0 (1)	
<i>quinidine gluconate tab er 324 mg</i>	\$0 (1)	
<i>quinidine sulfate tab 200 mg</i>	\$0 (1)	
<i>quinidine sulfate tab 300 mg</i>	\$0 (1)	
<i>sorine tab 80mg</i>	\$0 (1)	
<i>sorine tab 120mg</i>	\$0 (1)	
<i>sorine tab 160mg</i>	\$0 (1)	
<i>sorine tab 240mg</i>	\$0 (1)	
<i>sotalol hcl (afib/af) tab 80 mg</i>	\$0 (1)	
<i>sotalol hcl (afib/af) tab 120 mg</i>	\$0 (1)	
<i>sotalol hcl (afib/af) 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)	
<b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL</b>		
<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)	

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

**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)	

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<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>fenofibrate tab 145 mg</i>	\$0 (1)	
<i>fenofibrate tab 160 mg</i>	\$0 (1)	
<i>gemfibrozil tab 600 mg</i>	\$0 (1)	
JUXTAPID CAP 5MG	\$0 (2)	NDS, LA, PA
JUXTAPID CAP 10MG	\$0 (2)	NDS, LA, PA
JUXTAPID CAP 20MG	\$0 (2)	NDS, LA, PA
JUXTAPID CAP 30MG	\$0 (2)	NDS, LA, PA
JUXTAPID CAP 40MG	\$0 (2)	NDS, LA, PA
JUXTAPID CAP 60MG	\$0 (2)	NDS, LA, PA
KYNAMRO INJ 200MG/ML	\$0 (2)	NDS, NM, PA
<i>niacin (antihyperlipidemic) tab 500 mg</i>	\$0 (1)	
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	\$0 (1)	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	\$0 (1)	
<i>niacor tab 500mg</i>	\$0 (1)	
PRALUENT INJ 75MG/ML	\$0 (2)	NDS, PA
PRALUENT INJ 150MG/ML	\$0 (2)	NDS, PA
<i>prevalite pow 4gm</i>	\$0 (1)	
<i>prevalite pow 4gm pk</i>	\$0 (1)	
VASCEPA CAP 0.5GM	\$0 (2)	
VASCEPA CAP 1GM	\$0 (2)	

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

<i>atenolol &amp; chlorthalidone tab 50-25 mg</i>	\$0 (1)	
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i>	\$0 (1)	
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>	\$0 (1)	
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	\$0 (1)	
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>	\$0 (1)	
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>	\$0 (1)	
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	\$0 (1)	
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>	\$0 (1)	

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<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>propranolol &amp; hydrochlorothiazide tab 40-25 mg</i>	\$0 (1)	
<i>propranolol &amp; hydrochlorothiazide tab 80-25 mg</i>	\$0 (1)	
<b>BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS</b>		
<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)	
<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)	

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

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

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

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<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<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)	
<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
<i>NYMALIZE SOL 30/10ML</i>	\$0 (2)	NDS
<i>taztia xt cap 120mg/24</i>	\$0 (1)	
<i>taztia xt cap 180mg/24</i>	\$0 (1)	

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<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>taztia xt cap 240mg/24</i>	\$0 (1)	
<i>taztia xt cap 300mg er</i>	\$0 (1)	
<i>taztia xt cap 360mg/24</i>	\$0 (1)	
<i>verapamil hcl cap er 24hr 100 mg</i>	\$0 (1)	
<i>verapamil hcl cap er 24hr 120 mg</i>	\$0 (1)	
<i>verapamil hcl cap er 24hr 180 mg</i>	\$0 (1)	
<i>verapamil hcl cap er 24hr 200 mg</i>	\$0 (1)	
<i>verapamil hcl cap er 24hr 240 mg</i>	\$0 (1)	
<i>verapamil hcl cap er 24hr 300 mg</i>	\$0 (1)	
<i>verapamil hcl cap er 24hr 360 mg</i>	\$0 (1)	
<i>verapamil hcl iv soln 2.5 mg/ml</i>	\$0 (1)	
<i>verapamil hcl tab 40 mg</i>	\$0 (1)	
<i>verapamil hcl tab 80 mg</i>	\$0 (1)	
<i>verapamil hcl tab 120 mg</i>	\$0 (1)	
<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)	
<b><i>DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS</i></b>		
<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
<b><i>DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS</i></b>		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	\$0 (1)	
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	\$0 (1)	
<i>TEKTURNA HCT TAB 150-12.5</i>	\$0 (2)	
<i>TEKTURNA HCT TAB 150-25MG</i>	\$0 (2)	
<i>TEKTURNA HCT TAB 300-12.5</i>	\$0 (2)	
<i>TEKTURNA HCT TAB 300-25MG</i>	\$0 (2)	
<i>TEKTURNA TAB 150MG</i>	\$0 (2)	
<i>TEKTURNA TAB 300MG</i>	\$0 (2)	
<b><i>DIURETICS - DRUGS TO TREAT HEART CONDITIONS</i></b>		
<i>acetazolamide cap er 12hr 500 mg</i>	\$0 (1)	

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<i>acetazolamide tab 125 mg</i>	\$0 (1)	
<i>acetazolamide tab 250 mg</i>	\$0 (1)	
<i>amiloride &amp; 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>methyclothiazide tab 5 mg</i>	\$0 (1)	
<i>metolazone tab 2.5 mg</i>	\$0 (1)	
<i>metolazone tab 5 mg</i>	\$0 (1)	
<i>metolazone tab 10 mg</i>	\$0 (1)	
<i>spironolactone &amp; 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 &amp; hydrochlorothiazide cap 37.5-25 mg</i>	\$0 (1)	
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	\$0 (1)	

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<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	\$0 (1)	
<b>MISCELLANEOUS</b>		
<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>midodrine hcl tab 2.5 mg</i>	\$0 (1)	
<i>midodrine hcl tab 5 mg</i>	\$0 (1)	
<i>midodrine hcl tab 10 mg</i>	\$0 (1)	
<i>minoxidil tab 2.5 mg</i>	\$0 (1)	
<i>minoxidil tab 10 mg</i>	\$0 (1)	
NORTHERA CAP 100MG	\$0 (2)	NDS, NM, LA, PA
NORTHERA CAP 200MG	\$0 (2)	NDS, NM, LA, PA
NORTHERA CAP 300MG	\$0 (2)	NDS, NM, LA, PA
<i>ranolazine tab er 12hr 500 mg</i>	\$0 (1)	
<i>ranolazine tab er 12hr 1000 mg</i>	\$0 (1)	
<b>NITRATES - DRUGS TO TREAT HEART CONDITIONS</b>		
<i>isosorbide dinitrate tab 5 mg</i>	\$0 (1)	
<i>isosorbide dinitrate tab 10 mg</i>	\$0 (1)	
<i>isosorbide dinitrate tab 20 mg</i>	\$0 (1)	
<i>isosorbide dinitrate tab 30 mg</i>	\$0 (1)	
<i>isosorbide dinitrate tab er 40 mg</i>	\$0 (1)	
<i>isosorbide mononitrate tab 10 mg</i>	\$0 (1)	
<i>isosorbide mononitrate tab 20 mg</i>	\$0 (1)	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	\$0 (1)	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	\$0 (1)	

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<i>isosorbide mononitrate tab er 24hr 120 mg</i>	\$0 (1)	
<i>minitran dis 0.1mg/hr</i>	\$0 (1)	
<i>minitran dis 0.2mg/hr</i>	\$0 (1)	
<i>minitran dis 0.4mg/hr</i>	\$0 (1)	
<i>minitran dis 0.6mg/hr</i>	\$0 (1)	
NITRO-BID OIN 2%	\$0 (2)	
NITRO-DUR DIS 0.3MG/HR	\$0 (2)	
NITRO-DUR DIS 0.8MG/HR	\$0 (2)	
<i>nitroglycerin sl tab 0.3 mg</i>	\$0 (1)	
<i>nitroglycerin sl tab 0.4 mg</i>	\$0 (1)	
<i>nitroglycerin sl tab 0.6 mg</i>	\$0 (1)	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	\$0 (1)	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	\$0 (1)	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	\$0 (1)	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	\$0 (1)	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	\$0 (1)	

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

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

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

**CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS**

**ANTI-ANXIETY - DRUGS TO TREAT ANXIETY**

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

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<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
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**ANTICONVULSANTS - DRUGS TO TREAT SEIZURES**

APTIOM TAB 200MG	\$0 (2)	NDS, QL (180 tabs / 30 days)
APTIOM TAB 400MG	\$0 (2)	NDS, QL (90 tabs / 30 days)
APTIOM TAB 600MG	\$0 (2)	NDS, QL (60 tabs / 30 days)
APTIOM TAB 800MG	\$0 (2)	NDS, QL (60 tabs / 30 days)
BANZEL SUS 40MG/ML	\$0 (2)	NDS, PA
BANZEL TAB 200MG	\$0 (2)	NDS, PA
BANZEL TAB 400MG	\$0 (2)	NDS, PA
BRIVIACT INJ 50MG/5ML	\$0 (2)	PA
BRIVIACT SOL 10MG/ML	\$0 (2)	NDS, PA
BRIVIACT TAB 10MG	\$0 (2)	NDS, PA
BRIVIACT TAB 25MG	\$0 (2)	NDS, PA
BRIVIACT TAB 50MG	\$0 (2)	NDS, PA
BRIVIACT TAB 75MG	\$0 (2)	NDS, PA
BRIVIACT TAB 100MG	\$0 (2)	NDS, PA
<i>carbamazepine cap er 12hr 100 mg</i>	\$0 (1)	
<i>carbamazepine cap er 12hr 200 mg</i>	\$0 (1)	
<i>carbamazepine cap er 12hr 300 mg</i>	\$0 (1)	
<i>carbamazepine chew tab 100 mg</i>	\$0 (1)	
<i>carbamazepine susp 100 mg/5ml</i>	\$0 (1)	
<i>carbamazepine tab 200 mg</i>	\$0 (1)	
<i>carbamazepine tab er 12hr 100 mg</i>	\$0 (1)	
<i>carbamazepine tab er 12hr 200 mg</i>	\$0 (1)	
<i>carbamazepine tab er 12hr 400 mg</i>	\$0 (1)	
CELONTIN CAP 300MG	\$0 (2)	
<i>clobazam suspension 2.5 mg/ml</i>	\$0 (1)	PA
<i>clobazam tab 10 mg</i>	\$0 (1)	PA
<i>clobazam tab 20 mg</i>	\$0 (1)	PA
<i>clonazepam orally disintegrating tab 0.5 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.25 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.125 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 1 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 2 mg</i>	\$0 (1)	QL (300 tabs / 30 days)

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<i>clonazepam tab 0.5 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>clonazepam tab 1 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>clonazepam tab 2 mg</i>	\$0 (1)	QL (300 tabs / 30 days)
<i>clorazepate dipotassium tab 3.75 mg</i>	\$0 (1)	QL (180 tabs / 30 days), PA; PA if 65 years and older
<i>clorazepate dipotassium tab 7.5 mg</i>	\$0 (1)	QL (180 tabs / 30 days), PA; PA if 65 years and older
<i>clorazepate dipotassium tab 15 mg</i>	\$0 (1)	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIASTAT ACDL GEL 5-10MG	\$0 (2)	
DIASTAT ACDL GEL 12.5-20	\$0 (2)	
DIASTAT PED GEL 2.5M GEL	\$0 (2)	
<i>diazepam con 5mg/ml</i>	\$0 (1)	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam inj 5 mg/ml</i>	\$0 (1)	
<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)	

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<i>divalproex sodium tab delayed release 125 mg</i>	\$0 (1)	
<i>divalproex sodium tab delayed release 250 mg</i>	\$0 (1)	
<i>divalproex sodium tab delayed release 500 mg</i>	\$0 (1)	
<i>divalproex sodium tab er 24 hr 250 mg</i>	\$0 (1)	
<i>divalproex sodium tab er 24 hr 500 mg</i>	\$0 (1)	
EPIDIOLEX SOL 100MG/ML	\$0 (2)	NDS, QL (600 mL / 30 days), NM, LA, PA
<i>epitol tab 200mg</i>	\$0 (1)	
<i>ethosuximide cap 250 mg</i>	\$0 (1)	
<i>ethosuximide soln 250 mg/5ml</i>	\$0 (1)	
<i>felbamate susp 600 mg/5ml</i>	\$0 (2)	NDS
<i>felbamate tab 400 mg</i>	\$0 (1)	
<i>felbamate tab 600 mg</i>	\$0 (1)	
FYCOMPA SUS 0.5MG/ML	\$0 (2)	NDS, QL (720 mL / 30 days), PA
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)	

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<i>lamotrigine tab chewable dispersible 5 mg</i>	\$0 (1)	
<i>lamotrigine tab chewable dispersible 25 mg</i>	\$0 (1)	
<i>lamotrigine tab er 24hr 25 mg</i>	\$0 (1)	
<i>lamotrigine tab er 24hr 50 mg</i>	\$0 (1)	
<i>lamotrigine tab er 24hr 100 mg</i>	\$0 (1)	
<i>lamotrigine tab er 24hr 200 mg</i>	\$0 (1)	
<i>lamotrigine tab er 24hr 250 mg</i>	\$0 (1)	
<i>lamotrigine tab er 24hr 300 mg</i>	\$0 (1)	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	\$0 (1)	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	\$0 (1)	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	\$0 (1)	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	\$0 (1)	
<i>levetiracetam oral soln 100 mg/ml</i>	\$0 (1)	
<i>levetiracetam tab 250 mg</i>	\$0 (1)	
<i>levetiracetam tab 500 mg</i>	\$0 (1)	
<i>levetiracetam tab 750 mg</i>	\$0 (1)	
<i>levetiracetam tab 1000 mg</i>	\$0 (1)	
<i>levetiracetam tab er 24hr 500 mg</i>	\$0 (1)	
<i>levetiracetam tab er 24hr 750 mg</i>	\$0 (1)	
LYRICA CAP 25MG	\$0 (2)	QL (120 caps / 30 days)
LYRICA CAP 50MG	\$0 (2)	QL (120 caps / 30 days)
LYRICA CAP 75MG	\$0 (2)	QL (120 caps / 30 days)
LYRICA CAP 100MG	\$0 (2)	QL (120 caps / 30 days)
LYRICA CAP 150MG	\$0 (2)	QL (120 caps / 30 days)
LYRICA CAP 200MG	\$0 (2)	QL (90 caps / 30 days)
LYRICA CAP 225MG	\$0 (2)	QL (60 caps / 30 days)
LYRICA CAP 300MG	\$0 (2)	QL (60 caps / 30 days)
LYRICA SOL 20MG/ML	\$0 (2)	QL (946 mL / 30 days)
NAYZILAM SPR 5MG	\$0 (2)	
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	\$0 (1)	
<i>oxcarbazepine tab 150 mg</i>	\$0 (1)	
<i>oxcarbazepine tab 300 mg</i>	\$0 (1)	
<i>oxcarbazepine tab 600 mg</i>	\$0 (1)	
PEGANONE TAB 250MG	\$0 (2)	

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PHENOBARB INJ 65MG/ML	\$0 (2)	PA; PA if 70 years and older
<i>phenobarbital elixir 20 mg/5ml</i>	\$0 (2)	PA; PA if 70 years and older
<i>phenobarbital sodium inj 130 mg/ml</i>	\$0 (2)	PA; PA if 70 years and older
<i>phenobarbital tab 15 mg</i>	\$0 (2)	PA; PA if 70 years and older
<i>phenobarbital tab 16.2 mg</i>	\$0 (2)	PA; PA if 70 years and older
<i>phenobarbital tab 30 mg</i>	\$0 (2)	PA; PA if 70 years and older
<i>phenobarbital tab 32.4 mg</i>	\$0 (2)	PA; PA if 70 years and older
<i>phenobarbital tab 60 mg</i>	\$0 (2)	PA; PA if 70 years and older
<i>phenobarbital tab 64.8 mg</i>	\$0 (2)	PA; PA if 70 years and older
<i>phenobarbital tab 97.2 mg</i>	\$0 (2)	PA; PA if 70 years and older
<i>phenobarbital tab 100 mg</i>	\$0 (2)	PA; PA if 70 years and older
PHENYTEK CAP 200MG	\$0 (2)	
PHENYTEK CAP 300MG	\$0 (2)	
<i>phenytoin chew tab 50 mg</i>	\$0 (1)	
<i>phenytoin sodium extended cap 100 mg</i>	\$0 (1)	
<i>phenytoin sodium extended cap 200 mg</i>	\$0 (1)	
<i>phenytoin sodium extended cap 300 mg</i>	\$0 (1)	
<i>phenytoin sodium inj 50 mg/ml</i>	\$0 (1)	
<i>phenytoin susp 125 mg/5ml</i>	\$0 (1)	
<i>pregabalin cap 25 mg</i>	\$0 (1)	QL (120 caps / 30 days)
<i>pregabalin cap 50 mg</i>	\$0 (1)	QL (120 caps / 30 days)
<i>pregabalin cap 75 mg</i>	\$0 (1)	QL (120 caps / 30 days)
<i>pregabalin cap 100 mg</i>	\$0 (1)	QL (120 caps / 30 days)
<i>pregabalin cap 150 mg</i>	\$0 (1)	QL (120 caps / 30 days)
<i>pregabalin cap 200 mg</i>	\$0 (1)	QL (90 caps / 30 days)
<i>pregabalin cap 225 mg</i>	\$0 (1)	QL (60 caps / 30 days)
<i>pregabalin cap 300 mg</i>	\$0 (1)	QL (60 caps / 30 days)
<i>pregabalin soln 20 mg/ml</i>	\$0 (1)	QL (946 mL / 30 days)
<i>primidone tab 50 mg</i>	\$0 (1)	
<i>primidone tab 250 mg</i>	\$0 (1)	
<i>roweeptra tab 500mg</i>	\$0 (1)	

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<i>roweepra tab 750mg</i>	\$0 (1)	
<i>roweepra tab 1000mg</i>	\$0 (1)	
<i>roweepra xr tab 500mg xr</i>	\$0 (1)	
<i>roweepra xr tab 750mg xr</i>	\$0 (1)	
SPRITAM TAB 250MG	\$0 (2)	
SPRITAM TAB 500MG	\$0 (2)	
SPRITAM TAB 750MG	\$0 (2)	
SPRITAM TAB 1000MG	\$0 (2)	
SYMPAZAN MIS 5MG	\$0 (2)	PA
SYMPAZAN MIS 10MG	\$0 (2)	NDS, PA
SYMPAZAN MIS 20MG	\$0 (2)	NDS, PA
<i>tiagabine hcl tab 2 mg</i>	\$0 (1)	
<i>tiagabine hcl tab 4 mg</i>	\$0 (1)	
<i>tiagabine hcl tab 12 mg</i>	\$0 (1)	
<i>tiagabine hcl tab 16 mg</i>	\$0 (1)	
<i>topiramate sprinkle cap 15 mg</i>	\$0 (1)	
<i>topiramate sprinkle cap 25 mg</i>	\$0 (1)	
<i>topiramate tab 25 mg</i>	\$0 (1)	
<i>topiramate tab 50 mg</i>	\$0 (1)	
<i>topiramate tab 100 mg</i>	\$0 (1)	
<i>topiramate tab 200 mg</i>	\$0 (1)	
<i>valproate sodium inj 100 mg/ml</i>	\$0 (1)	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	\$0 (1)	
<i>valproic acid cap 250 mg</i>	\$0 (1)	
<i>vigabatrin powd pack 500 mg</i>	\$0 (2)	NDS, QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin tab 500 mg</i>	\$0 (2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
<i>vigadrone pow 500mg</i>	\$0 (2)	NDS, QL (180 packets / 30 days), NM, LA, PA
VIMPAT INJ 200MG/20	\$0 (2)	NDS
VIMPAT SOL 10MG/ML	\$0 (2)	NDS, QL (1200 mL / 30 days)
VIMPAT TAB 50MG	\$0 (2)	QL (120 tabs / 30 days)
VIMPAT TAB 100MG	\$0 (2)	NDS, QL (60 tabs / 30 days)
VIMPAT TAB 150MG	\$0 (2)	NDS, QL (60 tabs / 30 days)
VIMPAT TAB 200MG	\$0 (2)	NDS, QL (60 tabs / 30 days)
<i>zonisamide cap 25 mg</i>	\$0 (1)	

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<i>zonisamide cap 50 mg</i>	\$0 (1)	
<i>zonisamide cap 100 mg</i>	\$0 (1)	
<b>ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS</b>		
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	\$0 (1)	
<i>donepezil hydrochloride tab 5 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>donepezil hydrochloride tab 10 mg</i>	\$0 (1)	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	\$0 (1)	
<i>galantamine hydrobromide tab 4 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>galantamine hydrobromide tab 8 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>galantamine hydrobromide tab 12 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>memantine hcl cap er 24hr 7 mg</i>	\$0 (1)	PA; PA if < 30 yrs
<i>memantine hcl cap er 24hr 14 mg</i>	\$0 (1)	PA; PA if < 30 yrs
<i>memantine hcl cap er 24hr 21 mg</i>	\$0 (1)	PA; PA if < 30 yrs
<i>memantine hcl cap er 24hr 28 mg</i>	\$0 (1)	PA; PA if < 30 yrs
<i>memantine hcl oral solution 2 mg/ml</i>	\$0 (1)	PA; PA if < 30 yrs
<i>memantine hcl tab 5 mg</i>	\$0 (1)	PA; PA if < 30 yrs
<i>memantine hcl tab 5 mg (28) &amp; 10 mg (21) titration pak</i>	\$0 (2)	PA; PA if < 30 yrs
<i>memantine hcl tab 10 mg</i>	\$0 (1)	PA; PA if < 30 yrs
NAMZARIC CAP	\$0 (2)	
NAMZARIC CAP 7-10MG	\$0 (2)	
NAMZARIC CAP 14-10MG	\$0 (2)	
NAMZARIC CAP 21-10MG	\$0 (2)	
NAMZARIC CAP 28-10MG	\$0 (2)	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	\$0 (1)	QL (90 caps / 30 days)
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	\$0 (1)	QL (90 caps / 30 days)
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	\$0 (1)	QL (60 caps / 30 days)
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	\$0 (1)	QL (60 caps / 30 days)

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



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

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<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	\$0 (1)	QL (30 tabs / 30 days), PA
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	\$0 (1)	QL (30 tabs / 30 days), PA
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	\$0 (1)	QL (30 tabs / 30 days), PA
<i>doxepin hcl cap 10 mg</i>	\$0 (2)	
<i>doxepin hcl cap 25 mg</i>	\$0 (2)	
<i>doxepin hcl cap 50 mg</i>	\$0 (2)	
<i>doxepin hcl cap 75 mg</i>	\$0 (2)	
<i>doxepin hcl cap 100 mg</i>	\$0 (2)	
<i>doxepin hcl cap 150 mg</i>	\$0 (2)	
<i>doxepin hcl conc 10 mg/ml</i>	\$0 (2)	
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	\$0 (1)	QL (180 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	\$0 (1)	QL (120 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	\$0 (1)	QL (60 caps / 30 days)
EMSAM DIS 6MG/24HR	\$0 (2)	NDS, QL (30 patches / 30 days), PA
EMSAM DIS 9MG/24HR	\$0 (2)	NDS, QL (30 patches / 30 days), PA
EMSAM DIS 12MG/24H	\$0 (2)	NDS, QL (30 patches / 30 days), PA
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	\$0 (1)	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	\$0 (1)	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	\$0 (1)	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	\$0 (1)	
FETZIMA CAP 20MG	\$0 (2)	QL (180 caps / 30 days), PA
FETZIMA CAP 40MG	\$0 (2)	QL (90 caps / 30 days), PA
FETZIMA CAP 80MG	\$0 (2)	QL (30 caps / 30 days), PA
FETZIMA CAP 120MG	\$0 (2)	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	\$0 (2)	PA
<i>fluoxetine hcl cap 10 mg</i>	\$0 (1)	

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

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<i>sertraline hcl tab 50 mg</i>	\$0 (1)	
<i>sertraline hcl tab 100 mg</i>	\$0 (1)	
<i>tranylcypromine sulfate tab 10 mg</i>	\$0 (1)	
<i>trazodone hcl tab 50 mg</i>	\$0 (1)	
<i>trazodone hcl tab 100 mg</i>	\$0 (1)	
<i>trazodone hcl tab 150 mg</i>	\$0 (1)	
<i>trimipramine maleate cap 25 mg</i>	\$0 (2)	QL (240 caps / 30 days)
<i>trimipramine maleate cap 50 mg</i>	\$0 (2)	QL (120 caps / 30 days)
<i>trimipramine maleate cap 100 mg</i>	\$0 (2)	QL (60 caps / 30 days)
TRINTELLIX TAB 5MG	\$0 (2)	QL (120 tabs / 30 days)
TRINTELLIX TAB 10MG	\$0 (2)	QL (60 tabs / 30 days)
TRINTELLIX TAB 20MG	\$0 (2)	QL (30 tabs / 30 days)
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	\$0 (1)	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	\$0 (1)	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	\$0 (1)	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	\$0 (1)	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	\$0 (1)	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	\$0 (1)	
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	\$0 (1)	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	\$0 (1)	
VIIBRYD KIT STARTER	\$0 (2)	
VIIBRYD TAB 10MG	\$0 (2)	QL (30 tabs / 30 days)
VIIBRYD TAB 20MG	\$0 (2)	QL (30 tabs / 30 days)
VIIBRYD TAB 40MG	\$0 (2)	QL (30 tabs / 30 days)

**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

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<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 &amp; levodopa orally disintegrating tab 10-100 mg</i>	\$0 (1)	
<i>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</i>	\$0 (1)	
<i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</i>	\$0 (1)	
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	\$0 (1)	
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	\$0 (1)	
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	\$0 (1)	
<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	\$0 (1)	
<i>carbidopa &amp; levodopa tab er 50-200 mg</i>	\$0 (1)	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	\$0 (1)	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	\$0 (1)	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	\$0 (1)	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	\$0 (1)	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	\$0 (1)	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	\$0 (1)	
<i>entacapone tab 200 mg</i>	\$0 (1)	
<i>NEUPRO DIS 1MG/24HR</i>	\$0 (2)	
<i>NEUPRO DIS 2MG/24HR</i>	\$0 (2)	
<i>NEUPRO DIS 3MG/24HR</i>	\$0 (2)	
<i>NEUPRO DIS 4MG/24HR</i>	\$0 (2)	
<i>NEUPRO DIS 6MG/24HR</i>	\$0 (2)	
<i>NEUPRO DIS 8MG/24HR</i>	\$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)	

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<i>pramipexole dihydrochloride tab 0.125 mg</i>	\$0 (1)	
<i>pramipexole dihydrochloride tab 1 mg</i>	\$0 (1)	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	\$0 (1)	
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	\$0 (1)	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	\$0 (1)	
<i>ropinirole hydrochloride tab 0.5 mg</i>	\$0 (1)	
<i>ropinirole hydrochloride tab 0.25 mg</i>	\$0 (1)	
<i>ropinirole hydrochloride tab 1 mg</i>	\$0 (1)	
<i>ropinirole hydrochloride tab 2 mg</i>	\$0 (1)	
<i>ropinirole hydrochloride tab 3 mg</i>	\$0 (1)	
<i>ropinirole hydrochloride tab 4 mg</i>	\$0 (1)	
<i>ropinirole hydrochloride tab 5 mg</i>	\$0 (1)	
<i>selegiline hcl cap 5 mg</i>	\$0 (1)	
<i>selegiline hcl tab 5 mg</i>	\$0 (1)	
<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i>	\$0 (2)	PA; PA if 70 years and older
<i>trihexyphenidyl hcl tab 2 mg</i>	\$0 (2)	PA; PA if 70 years and older
<i>trihexyphenidyl hcl tab 5 mg</i>	\$0 (2)	PA; PA if 70 years and older
<b>ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES</b>		
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)

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ARISTADA INJ 662MG/2	\$0 (2)	NDS, QL (1 injection / 28 days)
ARISTADA INJ 882MG/3	\$0 (2)	NDS, QL (1 injection / 28 days)
ARISTADA INJ 1064MG	\$0 (2)	NDS, QL (1 injection / 56 days)
ARISTADA INJ INITIO	\$0 (2)	NDS
CHLORPROMAZ INJ 25MG/ML	\$0 (2)	
CHLORPROMAZ INJ 50MG/2ML	\$0 (2)	
<i>chlorpromazine hcl tab 10 mg</i>	\$0 (1)	
<i>chlorpromazine hcl tab 25 mg</i>	\$0 (1)	
<i>chlorpromazine hcl tab 50 mg</i>	\$0 (1)	
<i>chlorpromazine hcl tab 100 mg</i>	\$0 (1)	
<i>chlorpromazine hcl tab 200 mg</i>	\$0 (1)	
<i>clozapine orally disintegrating tab 12.5 mg</i>	\$0 (1)	PA
<i>clozapine orally disintegrating tab 25 mg</i>	\$0 (1)	PA
<i>clozapine orally disintegrating tab 100 mg</i>	\$0 (1)	QL (270 tabs / 30 days), PA
<i>clozapine orally disintegrating tab 150 mg</i>	\$0 (1)	QL (180 tabs / 30 days), PA
<i>clozapine orally disintegrating tab 200 mg</i>	\$0 (2)	NDS, QL (135 tabs / 30 days), PA
<i>clozapine tab 25 mg</i>	\$0 (1)	
<i>clozapine tab 50 mg</i>	\$0 (1)	
<i>clozapine tab 100 mg</i>	\$0 (1)	QL (270 tabs / 30 days)
<i>clozapine tab 200 mg</i>	\$0 (1)	QL (135 tabs / 30 days)
FANAPT PAK	\$0 (2)	
FANAPT TAB 1MG	\$0 (2)	QL (60 tabs / 30 days)
FANAPT TAB 2MG	\$0 (2)	QL (60 tabs / 30 days)
FANAPT TAB 4MG	\$0 (2)	QL (60 tabs / 30 days)
FANAPT TAB 6MG	\$0 (2)	QL (60 tabs / 30 days)
FANAPT TAB 8MG	\$0 (2)	QL (60 tabs / 30 days)
FANAPT TAB 10MG	\$0 (2)	QL (60 tabs / 30 days)
FANAPT TAB 12MG	\$0 (2)	QL (60 tabs / 30 days)
<i>fluphenazine decanoate inj 25 mg/ml</i>	\$0 (1)	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	\$0 (1)	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	\$0 (1)	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	\$0 (1)	
<i>fluphenazine hcl tab 1 mg</i>	\$0 (1)	
<i>fluphenazine hcl tab 2.5 mg</i>	\$0 (1)	

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<i>fluphenazine hcl tab 5 mg</i>	\$0 (1)	
<i>fluphenazine hcl tab 10 mg</i>	\$0 (1)	
GEODON INJ 20MG	\$0 (2)	QL (6 mL / 3 days)
<i>haloperidol decanoate im soln 50 mg/ml</i>	\$0 (1)	
<i>haloperidol decanoate im soln 100 mg/ml</i>	\$0 (1)	
<i>haloperidol lactate inj 5 mg/ml</i>	\$0 (1)	
<i>haloperidol lactate oral conc 2 mg/ml</i>	\$0 (1)	
<i>haloperidol tab 0.5 mg</i>	\$0 (1)	
<i>haloperidol tab 1 mg</i>	\$0 (1)	
<i>haloperidol tab 2 mg</i>	\$0 (1)	
<i>haloperidol tab 5 mg</i>	\$0 (1)	
<i>haloperidol tab 10 mg</i>	\$0 (1)	
<i>haloperidol tab 20 mg</i>	\$0 (1)	
INVEGA SUST INJ 39/0.25	\$0 (2)	QL (1 injection / 28 days)
INVEGA SUST INJ 78/0.5ML	\$0 (2)	NDS, QL (1 injection / 28 days)
INVEGA SUST INJ 117/0.75	\$0 (2)	NDS, QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	\$0 (2)	NDS, QL (1 injection / 28 days)
INVEGA SUST INJ 234/1.5	\$0 (2)	NDS, QL (1 injection / 28 days)
INVEGA TRINZ INJ 273MG	\$0 (2)	NDS, QL (1 injection / 90 days)
INVEGA TRINZ INJ 410MG	\$0 (2)	NDS, QL (1 injection / 90 days)
INVEGA TRINZ INJ 546MG	\$0 (2)	NDS, QL (1 injection / 90 days)
INVEGA TRINZ INJ 819MG	\$0 (2)	NDS, QL (1 injection / 90 days)
LATUDA TAB 20MG	\$0 (2)	QL (60 tabs / 30 days)
LATUDA TAB 40MG	\$0 (2)	QL (30 tabs / 30 days)
LATUDA TAB 60MG	\$0 (2)	QL (60 tabs / 30 days)
LATUDA TAB 80MG	\$0 (2)	QL (60 tabs / 30 days)
LATUDA TAB 120MG	\$0 (2)	QL (30 tabs / 30 days)
<i>loxapine succinate cap 5 mg</i>	\$0 (1)	
<i>loxapine succinate cap 10 mg</i>	\$0 (1)	
<i>loxapine succinate cap 25 mg</i>	\$0 (1)	
<i>loxapine succinate cap 50 mg</i>	\$0 (1)	
<i>molindone hcl tab 5 mg</i>	\$0 (1)	

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<i>molindone hcl tab 10 mg</i>	\$0 (1)	
<i>molindone hcl tab 25 mg</i>	\$0 (1)	
NUPLAZID CAP 34MG	\$0 (2)	NDS, QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TAB 10MG	\$0 (2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
NUPLAZID TAB 17MG	\$0 (2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
<i>olanzapine for im inj 10 mg</i>	\$0 (1)	QL (3 vials / 1 day)
<i>olanzapine orally disintegrating tab 5 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>olanzapine orally disintegrating tab 10 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>olanzapine orally disintegrating tab 15 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>olanzapine orally disintegrating tab 20 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>olanzapine tab 2.5 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
<i>olanzapine tab 5 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>olanzapine tab 7.5 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>olanzapine tab 10 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>olanzapine tab 15 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>olanzapine tab 20 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 1.5 mg</i>	\$0 (2)	NDS, QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 3 mg</i>	\$0 (2)	NDS, QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 6 mg</i>	\$0 (2)	NDS, QL (60 tabs / 30 days)
<i>paliperidone tab er 24hr 9 mg</i>	\$0 (2)	NDS, QL (30 tabs / 30 days)
<i>perphenazine tab 2 mg</i>	\$0 (1)	
<i>perphenazine tab 4 mg</i>	\$0 (1)	
<i>perphenazine tab 8 mg</i>	\$0 (1)	
<i>perphenazine tab 16 mg</i>	\$0 (1)	
PERSERIS INJ 90MG	\$0 (2)	NDS, QL (1 injection / 30 days)
PERSERIS INJ 120MG	\$0 (2)	NDS, QL (1 injection / 30 days)
<i>pimozide tab 1 mg</i>	\$0 (1)	
<i>pimozide tab 2 mg</i>	\$0 (1)	
<i>quetiapine fumarate tab 25 mg</i>	\$0 (1)	

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<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>quetiapine fumarate tab 50 mg</i>	\$0 (1)	
<i>quetiapine fumarate tab 100 mg</i>	\$0 (1)	
<i>quetiapine fumarate tab 200 mg</i>	\$0 (1)	
<i>quetiapine fumarate tab 300 mg</i>	\$0 (1)	
<i>quetiapine fumarate tab 400 mg</i>	\$0 (1)	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 150 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 200 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 300 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>quetiapine fumarate tab er 24hr 400 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
REXULTI TAB 0.5MG	\$0 (2)	NDS, QL (180 tabs / 30 days)
REXULTI TAB 0.25MG	\$0 (2)	NDS, QL (360 tabs / 30 days)
REXULTI TAB 1MG	\$0 (2)	NDS, QL (90 tabs / 30 days)
REXULTI TAB 2MG	\$0 (2)	NDS, QL (60 tabs / 30 days)
REXULTI TAB 3MG	\$0 (2)	NDS, QL (30 tabs / 30 days)
REXULTI TAB 4MG	\$0 (2)	NDS, QL (30 tabs / 30 days)
RISPERDAL INJ 12.5MG	\$0 (2)	QL (2 injections / 28 days)
RISPERDAL INJ 25MG	\$0 (2)	QL (2 injections / 28 days)
RISPERDAL INJ 37.5MG	\$0 (2)	NDS, QL (2 injections / 28 days)
RISPERDAL INJ 50MG	\$0 (2)	NDS, QL (2 injections / 28 days)
<i>risperidone orally disintegrating tab 0.5 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>risperidone orally disintegrating tab 0.25 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 1 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>risperidone orally disintegrating tab 2 mg</i>	\$0 (1)	QL (60 tabs / 30 days)

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

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<i>ziprasidone hcl cap 40 mg</i>	\$0 (1)	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 60 mg</i>	\$0 (1)	QL (60 caps / 30 days)
<i>ziprasidone hcl cap 80 mg</i>	\$0 (1)	QL (60 caps / 30 days)
ZYPREXA RELP INJ 210MG	\$0 (2)	QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 300MG	\$0 (2)	NDS, QL (2 vials / 28 days), PA
ZYPREXA RELP INJ 405MG	\$0 (2)	NDS, QL (1 vial / 28 days), PA

**ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD**

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	\$0 (1)	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	\$0 (1)	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	\$0 (1)	QL (360 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	\$0 (1)	QL (180 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	\$0 (1)	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	\$0 (1)	QL (120 caps / 30 days)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	\$0 (1)	QL (120 caps / 30 days)

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<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<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)
<b>HYPNOTICS - DRUGS TO TREAT INSOMNIA</b>		
<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
<b>HETLIOZ CAP 20MG</b>	\$0 (2)	NDS, LA, PA

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<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
SILENOR TAB 3MG	\$0 (2)	QL (60 tabs / 30 days)
SILENOR TAB 6MG	\$0 (2)	QL (30 tabs / 30 days)
<i>temazepam cap 7.5 mg</i>	\$0 (1)	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam cap 15 mg</i>	\$0 (1)	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zaleplon cap 5 mg</i>	\$0 (2)	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zaleplon cap 10 mg</i>	\$0 (2)	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate tab 5 mg</i>	\$0 (2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<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
<b><i>MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES</i></b>		
AIMOVIG INJ 70MG/ML	\$0 (2)	QL (1 pen / 30 days), PA
AIMOVIG INJ 140MG/ML	\$0 (2)	QL (1 pen / 30 days), PA
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	\$0 (2)	NDS
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	\$0 (2)	NDS, QL (8 mL / 30 days)
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	\$0 (1)	QL (12 tabs / 30 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	\$0 (1)	QL (12 tabs / 30 days)

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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)
<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)
<b>MISCELLANEOUS</b>		
AUSTEDO TAB 6MG	\$0 (2)	NDS, QL (60 tabs / 30 days), NM, LA, PA

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AUSTEDO TAB 9MG	\$0 (2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
AUSTEDO TAB 12MG	\$0 (2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
<i>lithium carbonate cap 150 mg</i>	\$0 (1)	
<i>lithium carbonate cap 300 mg</i>	\$0 (1)	
<i>lithium carbonate cap 600 mg</i>	\$0 (1)	
<i>lithium carbonate tab 300 mg</i>	\$0 (1)	
<i>lithium carbonate tab er 300 mg</i>	\$0 (1)	
<i>lithium carbonate tab er 450 mg</i>	\$0 (1)	
LITHIUM SOL 8MEQ/5ML	\$0 (2)	
LYRICA CR TAB 82.5MG	\$0 (2)	QL (90 tabs / 30 days), PA
LYRICA CR TAB 165MG	\$0 (2)	QL (90 tabs / 30 days), PA
LYRICA CR TAB 330MG	\$0 (2)	QL (60 tabs / 30 days), PA
NUEDEXTA CAP 20-10MG	\$0 (2)	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide tab 60 mg</i>	\$0 (1)	
<i>riluzole tab 50 mg</i>	\$0 (1)	
<i>tetrabenazine tab 12.5 mg</i>	\$0 (2)	NDS, QL (240 tabs / 30 days), NM, PA
<i>tetrabenazine tab 25 mg</i>	\$0 (2)	NDS, QL (120 tabs / 30 days), NM, PA
<b>MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS</b>		
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

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**MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS**

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

**NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS**

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

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<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	\$0 (1)	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	\$0 (1)	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	\$0 (1)	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	\$0 (1)	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	\$0 (1)	
CHANTIX PAK 0.5& 1MG	\$0 (2)	PA
CHANTIX PAK 1MG	\$0 (2)	PA
CHANTIX TAB 0.5MG	\$0 (2)	PA
CHANTIX TAB 1MG	\$0 (2)	PA
<i>disulfiram tab 250 mg</i>	\$0 (1)	
<i>disulfiram tab 500 mg</i>	\$0 (1)	
<i>gnp nicotine gum 2mg mint</i>	\$0 (3)	NM; *
<i>gnp nicotine gum 2mg orig</i>	\$0 (3)	NM; *
<i>gnp nicotine gum 4mg mint</i>	\$0 (3)	NM; *
<i>gnp nicotine loz 2mg mint</i>	\$0 (3)	NM; *
<i>gnp nicotine loz 4mg mint</i>	\$0 (3)	NM; *
<i>headache pm tab 25-500mg</i>	\$0 (3)	NM; *
<i>headache tab 25-500mg</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>ibuprofen pm tab 200-38mg</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)	

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<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>nicorelief gum 2mg mint</i>	\$0 (3)	NM; *
<i>nicorelief gum 2mg orig</i>	\$0 (3)	NM; *
<i>nicorelief gum 4mg mint</i>	\$0 (3)	NM; *
<i>nicorelief gum 4mg orig</i>	\$0 (3)	NM; *
<i>nicotine pol loz 4mg mint</i>	\$0 (3)	NM; *
<i>nicotine polacrilex gum 2 mg</i>	\$0 (3)	NM; *
<i>nicotine polacrilex gum 4 mg</i>	\$0 (3)	NM; *
<i>nicotine polacrilex lozenge 2 mg</i>	\$0 (3)	NM; *
<i>nicotine polacrilex lozenge 4 mg</i>	\$0 (3)	NM; *
<i>nicotine td dis 7mg/24hr</i>	\$0 (3)	NM; *
<i>nicotine td patch 24hr 7 mg/24hr</i>	\$0 (3)	NM; *
<i>nicotine td patch 24hr 14 mg/24hr</i>	\$0 (3)	NM; *
<i>nicotine td patch 24hr 21 mg/24hr</i>	\$0 (3)	NM; *
NICOTROL INH	\$0 (2)	
NICOTROL NS SPR 10MG/ML	\$0 (2)	
<i>night time tab 25mg</i>	\$0 (3)	NM; *
<i>nighttime tab 25mg</i>	\$0 (3)	NM; *
<i>pain relief tab 25-500mg</i>	\$0 (3)	NM; *
<i>pain relieve tab 25-500mg</i>	\$0 (3)	NM; *
<i>qc sleep aid cap 50mg</i>	\$0 (3)	NM; *
<i>sb non-asa tab 25-500mg</i>	\$0 (3)	NM; *
<i>sb sleep tab 25mg</i>	\$0 (3)	NM; *
<i>sleep aid cap 25mg</i>	\$0 (3)	NM; *
<i>sleep aid tab 25mg</i>	\$0 (3)	NM; *
<i>sleep tab 25mg</i>	\$0 (3)	NM; *
<i>sleep time liq 50mg/30</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>sm sleep aid tab 25mg</i>	\$0 (3)	NM; *
<i>sm z-sleep liq 50mg/30</i>	\$0 (3)	NM; *
VIVITROL INJ 380MG	\$0 (2)	NDS, NM

**ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES**

**ANDROGENS - DRUGS TO REGULATE MALE HORMONES**

ANADROL-50 TAB 50MG	\$0 (2)	NDS, PA
ANDRODERM DIS 2MG/24HR	\$0 (2)	QL (30 patches / 30 days), PA

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

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<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
NOVOLIN R INJ U-100	\$0 (2)	(brand RELION not covered)
NOVOLOG INJ 100/ML	\$0 (2)	
NOVOLOG INJ FLEXPEN	\$0 (2)	
NOVOLOG INJ PENFILL	\$0 (2)	
NOVOLOG MIX INJ 70/30	\$0 (2)	
NOVOLOG MIX INJ FLEXPEN	\$0 (2)	
OZEMPIC INJ 2/1.5ML	\$0 (2)	QL (1 pen / 28 days)
OZEMPIC INJ 2/1.5ML	\$0 (2)	QL (2 pens / 28 days)
SOLIQUA INJ 100/33	\$0 (2)	QL (10 pens / 30 days)
TRESIBA FLEX INJ 100UNIT	\$0 (2)	
TRESIBA FLEX INJ 200UNIT	\$0 (2)	
TRESIBA INJ 100UNIT	\$0 (2)	
TRULICITY INJ 0.75/0.5	\$0 (2)	QL (4 pens / 28 days)
TRULICITY INJ 1.5/0.5	\$0 (2)	QL (4 pens / 28 days)
VICTOZA INJ 18MG/3ML	\$0 (2)	QL (3 pens / 30 days)
XULTOPHY INJ 100/3.6	\$0 (2)	QL (5 pens / 30 days)

**ANTIDIABETICS, ORAL - DRUGS TO TREAT DIABETES**

<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 (60 tabs / 30 days)
FARXIGA TAB 10MG	\$0 (2)	QL (30 tabs / 30 days)
<i>glimepiride tab 1 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
<i>glimepiride tab 2 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>glimepiride tab 4 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>glipizide tab 5 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
<i>glipizide tab 10 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>glipizide tab er 24hr 2.5 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
<i>glipizide tab er 24hr 5 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>glipizide tab er 24hr 10 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>glipizide xl tab 2.5mg</i>	\$0 (1)	QL (240 tabs / 30 days)
<i>glipizide xl tab 5mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>glipizide xl tab 10mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>glyburide micronized tab 1.5 mg</i>	\$0 (2)	QL (240 tabs / 30 days), PA; PA if 70 years and older

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<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
JANUMET TAB 50-500MG	\$0 (2)	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	\$0 (2)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	\$0 (2)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	\$0 (2)	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	\$0 (2)	QL (30 tabs / 30 days)
JANUVIA TAB 25MG	\$0 (2)	QL (30 tabs / 30 days)
JANUVIA TAB 50MG	\$0 (2)	QL (30 tabs / 30 days)
JANUVIA TAB 100MG	\$0 (2)	QL (30 tabs / 30 days)
JARDIANCE TAB 10MG	\$0 (2)	QL (60 tabs / 30 days)
JARDIANCE TAB 25MG	\$0 (2)	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	\$0 (2)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	\$0 (2)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	\$0 (2)	QL (60 tabs / 30 days)
JENTADUETO TAB XR	\$0 (2)	QL (30 tabs / 30 days)
JENTADUETO TAB XR	\$0 (2)	QL (60 tabs / 30 days)
<i>metformin hcl tab 500 mg</i>	\$0 (1)	QL (150 tabs / 30 days)
<i>metformin hcl tab 850 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>metformin hcl tab 1000 mg</i>	\$0 (1)	QL (75 tabs / 30 days)

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<i>metformin hcl tab er 24hr 500 mg</i>	\$0 (1)	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl tab er 24hr 750 mg</i>	\$0 (1)	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>nateglinide tab 60 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>nateglinide tab 120 mg</i>	\$0 (1)	QL (90 tabs / 30 days)
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>repaglinide tab 0.5 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>repaglinide tab 1 mg</i>	\$0 (1)	QL (120 tabs / 30 days)
<i>repaglinide tab 2 mg</i>	\$0 (1)	QL (240 tabs / 30 days)
SYNJARDY TAB	\$0 (2)	QL (60 tabs / 30 days)
SYNJARDY TAB 5-500MG	\$0 (2)	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	\$0 (2)	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	\$0 (2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB	\$0 (2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	\$0 (2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	\$0 (2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	\$0 (2)	QL (30 tabs / 30 days)
TRADJENTA TAB 5MG	\$0 (2)	QL (30 tabs / 30 days)
XIGDUO XR TAB 2.5-1000	\$0 (2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	\$0 (2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	\$0 (2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	\$0 (2)	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	\$0 (2)	QL (30 tabs / 30 days)
<b>BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS</b>		
<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

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<i>pamidronate disodium iv soln 9 mg/ml</i>	\$0 (1)	B/D
PAMIDRONATE INJ 6MG/ML	\$0 (2)	B/D
<i>risedronate sodium tab 5 mg</i>	\$0 (1)	
<i>risedronate sodium tab 35 mg</i>	\$0 (1)	
<i>risedronate sodium tab 150 mg</i>	\$0 (1)	
<i>risedronate sodium tab delayed release 35 mg</i>	\$0 (1)	
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	\$0 (1)	B/D, NM
<i>zoledronic acid iv soln 5 mg/100ml</i>	\$0 (1)	B/D, NM
<b>CALCIUM RECEPTOR AGONISTS</b>		
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	\$0 (2)	NDS, B/D, QL (120 tabs / 30 days), NM
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	\$0 (2)	NDS, B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	\$0 (2)	NDS, B/D, QL (120 tabs / 30 days), NM
SENSIPAR TAB 30MG	\$0 (2)	NDS, B/D, QL (120 tabs / 30 days), NM
SENSIPAR TAB 60MG	\$0 (2)	NDS, B/D, QL (60 tabs / 30 days), NM
SENSIPAR TAB 90MG	\$0 (2)	NDS, B/D, QL (120 tabs / 30 days), NM
<b>CHELATING AGENTS</b>		
CHEMET CAP 100MG	\$0 (2)	
DEPEN TITRA TAB 250MG	\$0 (2)	NDS
JADENU SPRKL GRA 90MG	\$0 (2)	NDS, NM, LA, PA
JADENU SPRKL GRA 180MG	\$0 (2)	NDS, NM, LA, PA
JADENU SPRKL GRA 360MG	\$0 (2)	NDS, NM, LA, PA
JADENU TAB 90MG	\$0 (2)	NDS, NM, LA, PA
JADENU TAB 180MG	\$0 (2)	NDS, NM, LA, PA
JADENU TAB 360MG	\$0 (2)	NDS, NM, LA, PA
LOKELMA PAK 5GM	\$0 (2)	
LOKELMA PAK 10GM	\$0 (2)	
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	\$0 (1)	
<i>sodium polystyrene sulfonate powder</i>	\$0 (1)	
<i>trientine hcl cap 250 mg</i>	\$0 (2)	NDS, PA
<b>CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL</b>		
<i>alyacen tab 1/35</i>	\$0 (1)	
<i>amethia lo tab</i>	\$0 (1)	

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<i>amethia tab</i>	\$0 (1)	
<i>apri tab</i>	\$0 (1)	
<i>aranelle tab</i>	\$0 (1)	
<i>ashlyna tab</i>	\$0 (1)	
<i>aubra tab 0.1-0.02</i>	\$0 (1)	
<i>aviane tab</i>	\$0 (1)	
<i>balziva tab</i>	\$0 (1)	
<i>bekyree tab</i>	\$0 (1)	
<i>blisovi 24 tab fe 1/20</i>	\$0 (1)	
<i>blisovi fe tab 1.5/30</i>	\$0 (1)	
<i>briellyn tab</i>	\$0 (1)	
<i>camila tab 0.35mg</i>	\$0 (1)	
<i>camrese lo tab</i>	\$0 (1)	
<i>cryselle-28 tab 28 tabs</i>	\$0 (1)	
<i>cyclafem tab 1/35</i>	\$0 (1)	
<i>cyclafem tab 7/7/7</i>	\$0 (1)	
<i>dasetta tab 1/35</i>	\$0 (1)	
<i>dasetta tab 7/7/7</i>	\$0 (1)	
<i>deblitane tab 0.35mg</i>	\$0 (1)	
<i>delyla tab 0.1-0.02</i>	\$0 (1)	
<i>desogest-eth estrad &amp; 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 &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	\$0 (1)	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	\$0 (1)	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	\$0 (1)	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	\$0 (1)	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	\$0 (1)	
<i>ELLA TAB 30MG</i>	\$0 (2)	
<i>emoquette tab</i>	\$0 (1)	
<i>enpresse-28 tab</i>	\$0 (1)	
<i>enskyce tab</i>	\$0 (1)	
<i>errin tab 0.35mg</i>	\$0 (1)	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	\$0 (1)	

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

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<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	\$0 (1)	
<i>levora-28 tab 0.15/30</i>	\$0 (1)	
<i>lomedica 24 tab fe</i>	\$0 (1)	
<i>loryna tab 3-0.02mg</i>	\$0 (1)	
<i>lutra tab</i>	\$0 (1)	
<i>lyza tab 0.35mg</i>	\$0 (1)	
<i>marlissa tab 0.15/30</i>	\$0 (1)	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	\$0 (1)	
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	\$0 (1)	
<i>melodetta chw 24 fe</i>	\$0 (1)	
<i>mibelas 24 chw fe</i>	\$0 (1)	
<i>mili tab 0.25/35</i>	\$0 (1)	
<i>myzilra tab</i>	\$0 (1)	
<i>necon tab 0.5/35</i>	\$0 (1)	
<i>necon tab 7/7/7</i>	\$0 (1)	
<i>nikki tab 3-0.02mg</i>	\$0 (1)	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	\$0 (1)	
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	\$0 (1)	
<i>norethindrone &amp; 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 &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	\$0 (1)	
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	\$0 (1)	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	\$0 (1)	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	\$0 (1)	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	\$0 (1)	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	\$0 (1)	
<i>norethindrone tab 0.35 mg</i>	\$0 (1)	
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	\$0 (1)	

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<i>norgestimate &amp; 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 &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i>	\$0 (1)	
<i>norlyroc tab 0.35mg</i>	\$0 (1)	
<i>nortrel tab 0.5/35</i>	\$0 (1)	
<i>nortrel tab 1/35</i>	\$0 (1)	
<i>nortrel tab 7/7/7</i>	\$0 (1)	
<b>NUVARING MIS</b>	\$0 (2)	
<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>quasense tab</i>	\$0 (1)	
<i>reclipsen tab</i>	\$0 (1)	
<i>rivelsa tab</i>	\$0 (1)	
<i>sharobel tab 0.35mg</i>	\$0 (1)	
<i>sprintec 28 tab 28 day</i>	\$0 (1)	
<i>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>trinessa lo tab</i>	\$0 (1)	
<i>trinessa tab</i>	\$0 (1)	
<i>trivora-28 tab</i>	\$0 (1)	
<i>tulana tab 0.35mg</i>	\$0 (1)	
<i>tydemy tab</i>	\$0 (1)	
<i>velivet pak</i>	\$0 (1)	
<i>vienva tab 0.1-20</i>	\$0 (1)	

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<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)	
<b>ENDOMETRIOSIS</b>		
<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
<b>ENZYME REPLACEMENTS - DRUGS TO TREAT ENZYME DEFICIENCIES</b>		
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
KUVAN POW 500MG	\$0 (2)	NDS, NM, LA, PA
KUVAN TAB 100MG	\$0 (2)	NDS, NM, LA, PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	\$0 (1)	B/D
<i>levocarnitine tab 330 mg</i>	\$0 (1)	B/D
LUMIZYME INJ 50MG	\$0 (2)	NDS, NM, LA, PA
<i>miglustat cap 100 mg</i>	\$0 (2)	NDS, NM, PA
NAGLAZYME INJ 1MG/ML	\$0 (2)	NDS, NM, LA, PA
NITYR TAB 2MG	\$0 (2)	NDS, LA, PA
NITYR TAB 5MG	\$0 (2)	NDS, LA, PA
NITYR TAB 10MG	\$0 (2)	NDS, LA, PA
ORFADIN CAP 2MG	\$0 (2)	NDS, LA, PA
ORFADIN CAP 5MG	\$0 (2)	NDS, LA, PA
ORFADIN CAP 10MG	\$0 (2)	NDS, LA, PA
ORFADIN CAP 20MG	\$0 (2)	NDS, LA, PA
ORFADIN SUS 4MG/ML	\$0 (2)	NDS, LA, PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	\$0 (2)	NDS, NM, PA
<i>sodium phenylbutyrate tab 500 mg</i>	\$0 (2)	NDS, NM, PA

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**ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES**

DELESTROGEN INJ 10MG/ML	\$0 (2)	
estradiol tab 0.5 mg	\$0 (2)	
estradiol tab 1 mg	\$0 (2)	
estradiol tab 2 mg	\$0 (2)	
estradiol td patch weekly 0.1 mg/24hr	\$0 (2)	
estradiol td patch weekly 0.05 mg/24hr	\$0 (2)	
estradiol td patch weekly 0.06 mg/24hr	\$0 (2)	
estradiol td patch weekly 0.025 mg/24hr	\$0 (2)	
estradiol td patch weekly 0.075 mg/24hr	\$0 (2)	
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	\$0 (2)	
estradiol vaginal cream 0.1 mg/gm	\$0 (1)	
estradiol vaginal tab 10 mcg	\$0 (1)	
estradiol valerate im in oil 20 mg/ml	\$0 (1)	
estradiol valerate im in oil 40 mg/ml	\$0 (1)	
fyavolv tab 0.5-2.5	\$0 (2)	
jinteli tab 1mg-5mcg	\$0 (2)	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	\$0 (2)	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	\$0 (2)	

**GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE**

cortisone acetate tab 25 mg	\$0 (1)	
DEXAMETHASON CON 1MG/ML	\$0 (2)	
dexamethasone elixir 0.5 mg/5ml	\$0 (1)	
dexamethasone sod phosphate preservative free inj 10 mg/ml	\$0 (1)	
dexamethasone sodium phosphate inj 4 mg/ml	\$0 (1)	
dexamethasone sodium phosphate inj 10 mg/ml	\$0 (1)	
dexamethasone sodium phosphate inj 20 mg/5ml	\$0 (1)	
dexamethasone sodium phosphate inj 100 mg/10ml	\$0 (1)	
dexamethasone sodium phosphate inj 120 mg/30ml	\$0 (1)	
dexamethasone soln 0.5 mg/5ml	\$0 (1)	
dexamethasone tab 0.5 mg	\$0 (1)	

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<i>dexamethasone tab 0.75 mg</i>	\$0 (1)	
<i>dexamethasone tab 1 mg</i>	\$0 (1)	
<i>dexamethasone tab 1.5 mg</i>	\$0 (1)	
<i>dexamethasone tab 2 mg</i>	\$0 (1)	
<i>dexamethasone tab 4 mg</i>	\$0 (1)	
<i>dexamethasone tab 6 mg</i>	\$0 (1)	
<i>fludrocortisone acetate tab 0.1 mg</i>	\$0 (1)	
<i>hydrocortisone tab 5 mg</i>	\$0 (1)	
<i>hydrocortisone tab 10 mg</i>	\$0 (1)	
<i>hydrocortisone tab 20 mg</i>	\$0 (1)	
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	\$0 (1)	B/D
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	\$0 (1)	B/D
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	\$0 (1)	B/D
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	\$0 (1)	B/D
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	\$0 (1)	B/D
<i>methylprednisolone tab 4 mg</i>	\$0 (1)	B/D
<i>methylprednisolone tab 8 mg</i>	\$0 (1)	B/D
<i>methylprednisolone tab 16 mg</i>	\$0 (1)	B/D
<i>methylprednisolone tab 32 mg</i>	\$0 (1)	B/D
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	\$0 (1)	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	\$0 (1)	B/D
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	\$0 (1)	B/D
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	\$0 (1)	B/D
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	\$0 (1)	B/D
<b>PREDNISON CON 5MG/ML</b>	\$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

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<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)	
<b>GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR</b>		
GLUCAGEN INJ HYPOKIT	\$0 (2)	
GLUCAGON KIT 1MG	\$0 (2)	
PROGLYCEM SUS 50MG/ML	\$0 (2)	
<b>MISCELLANEOUS</b>		
<i>cabergoline tab 0.5 mg</i>	\$0 (1)	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	\$0 (1)	B/D
FORTEO SOL 600/2.4	\$0 (2)	NDS, NM, PA
GENOTROPIN INJ 0.2MG	\$0 (2)	NM, PA
GENOTROPIN INJ 0.4MG	\$0 (2)	NDS, NM, PA
GENOTROPIN INJ 0.6MG	\$0 (2)	NDS, NM, PA
GENOTROPIN INJ 0.8MG	\$0 (2)	NDS, NM, PA
GENOTROPIN INJ 1.2MG	\$0 (2)	NDS, NM, PA
GENOTROPIN INJ 1.4MG	\$0 (2)	NDS, NM, PA
GENOTROPIN INJ 1.6MG	\$0 (2)	NDS, NM, PA
GENOTROPIN INJ 1.8MG	\$0 (2)	NDS, NM, PA
GENOTROPIN INJ 1MG	\$0 (2)	NDS, NM, PA
GENOTROPIN INJ 2MG	\$0 (2)	NDS, NM, PA
GENOTROPIN INJ 5MG	\$0 (2)	NDS, NM, PA
GENOTROPIN INJ 12MG	\$0 (2)	NDS, NM, PA
INCRELEX INJ 40MG/4ML	\$0 (2)	NDS, NM, LA, PA
KORLYM TAB 300MG	\$0 (2)	NDS, LA, PA
LUPR DEP-PED INJ 3M 30MG	\$0 (2)	NDS, NM, PA
LUPR DEP-PED INJ 7.5MG	\$0 (2)	NDS, NM, PA
LUPR DEP-PED INJ 11.25MG	\$0 (2)	NDS, NM, PA
LUPR DEP-PED INJ 15MG	\$0 (2)	NDS, NM, PA
NATPARA INJ 25MCG	\$0 (2)	NDS, NM, PA
NATPARA INJ 50MCG	\$0 (2)	NDS, NM, PA
NATPARA INJ 75MCG	\$0 (2)	NDS, NM, PA
NATPARA INJ 100MCG	\$0 (2)	NDS, NM, PA

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<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	\$0 (1)	NM, PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	\$0 (1)	NM, PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	\$0 (1)	NM, PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	\$0 (2)	NDS, NM, PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	\$0 (2)	NDS, NM, PA
PROLIA SOL 60MG/ML	\$0 (2)	QL (1 injection / 180 days), NM
<i>raloxifene hcl tab 60 mg</i>	\$0 (1)	
SIGNIFOR INJ 0.3MG/ML	\$0 (2)	NDS, LA, PA
SIGNIFOR INJ 0.6MG/ML	\$0 (2)	NDS, LA, PA
SIGNIFOR INJ 0.9MG/ML	\$0 (2)	NDS, LA, PA
SOMATULINE INJ 60/0.2ML	\$0 (2)	NDS, NM, PA
SOMATULINE INJ 90/0.3ML	\$0 (2)	NDS, NM, PA
SOMATULINE INJ 120/.5ML	\$0 (2)	NDS, NM, PA
SOMAVERT INJ 10MG	\$0 (2)	NDS, NM, LA, PA
SOMAVERT INJ 15MG	\$0 (2)	NDS, NM, LA, PA
SOMAVERT INJ 20MG	\$0 (2)	NDS, NM, LA, PA
SOMAVERT INJ 25MG	\$0 (2)	NDS, NM, LA, PA
SOMAVERT INJ 30MG	\$0 (2)	NDS, NM, LA, PA
TYMLOS INJ	\$0 (2)	NDS, NM, PA
XGEVA INJ	\$0 (2)	NDS, NM, PA
<b>PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS</b>		
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)
<b>PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES</b>		
<i>medroxyprogesterone acetate tab 2.5 mg</i>	\$0 (1)	

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<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)	
<b>THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS</b>		
<i>levo-t tab 25mcg</i>	\$0 (1)	
<i>levo-t tab 50mcg</i>	\$0 (1)	
<i>levo-t tab 75mcg</i>	\$0 (1)	
<i>levo-t tab 88mcg</i>	\$0 (1)	
<i>levo-t tab 100mcg</i>	\$0 (1)	
<i>levo-t tab 112mcg</i>	\$0 (1)	
<i>levo-t tab 125mcg</i>	\$0 (1)	
<i>levo-t tab 137mcg</i>	\$0 (1)	
<i>levo-t tab 150mcg</i>	\$0 (1)	
<i>levo-t tab 175mcg</i>	\$0 (1)	
<i>levo-t tab 200 mcg</i>	\$0 (1)	
<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)	

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

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<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
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**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 chw</i>	\$0 (3)	NM; *
<i>almacone dbl sus strength</i>	\$0 (3)	NM; *
<i>almacone sus</i>	\$0 (3)	NM; *
ALUM HYDROX SUS 320/5ML	\$0 (3)	NM; *
<i>ant/anti-gas chw 1000-60</i>	\$0 (3)	NM; *
<i>antacid chw 500mg</i>	\$0 (3)	NM; *
<i>antacid chw 750mg</i>	\$0 (3)	NM; *
<i>antacid fast sus acting</i>	\$0 (3)	NM; *
<i>antacid fast sus relief</i>	\$0 (3)	NM; *
<i>antacid plus sus gas rel</i>	\$0 (3)	NM; *
<i>antacid sus</i>	\$0 (3)	NM; *
<i>antacid sus anti-gas</i>	\$0 (3)	NM; *
<i>antacid sus max st</i>	\$0 (3)	NM; *
<i>antacid sus reg st</i>	\$0 (3)	NM; *
<i>cal antacid chw 1000mg</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>childrens chw pepto</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; *
<i>gnp antacid chw 160-105</i>	\$0 (3)	NM; *
<i>gnp antacid sus anti-gas</i>	\$0 (3)	NM; *
<i>gnp antacid sus cherry</i>	\$0 (3)	NM; *
<i>gnp 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>hm antacid sus anti-gas</i>	\$0 (3)	NM; *
<i>mag-al plus liq</i>	\$0 (3)	NM; *
<i>mag-al plus liq xs</i>	\$0 (3)	NM; *
<i>magnesium oxide tab 400 mg</i>	\$0 (3)	NM; *
<i>magnesium oxide tab 420 mg</i>	\$0 (3)	NM; *
<i>mi-acid sus</i>	\$0 (3)	NM; *

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<i>mi-acid sus max st</i>	\$0 (3)	NM; *
<i>mintox plus chw</i>	\$0 (3)	NM; *
<i>mintox sus</i>	\$0 (3)	NM; *
<i>mintox sus max st</i>	\$0 (3)	NM; *
<i>qc antacid sus</i>	\$0 (3)	NM; *
<i>qc antacid sus anti-gas</i>	\$0 (3)	NM; *
<i>rulox sus</i>	\$0 (3)	NM; *
<i>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 antigas</i>	\$0 (3)	NM; *
<i>sodium bicarbonate tab 650 mg</i>	\$0 (3)	NM; *
<i>tums smoothi chw 750mg</i>	\$0 (3)	NM; *
<b>ANTI-DIARRHEAL</b>		
ACIDOPHILUS CAP	\$0 (3)	NM; *
<i>anti-diarrhe cap 2mg</i>	\$0 (3)	NM; *
<i>anti-diarrhe tab 2mg</i>	\$0 (3)	NM; *
<i>bismatrol chw 262mg</i>	\$0 (3)	NM; *
<i>bismatrol sus 262/15ml</i>	\$0 (3)	NM; *
<i>bismatrol sus 525/15ml</i>	\$0 (3)	NM; *
<i>diarrhea rel sus 262/15ml</i>	\$0 (3)	NM; *
<i>floranex gra</i>	\$0 (3)	NM; *
<i>floranex tab</i>	\$0 (3)	NM; *
<i>gnp k-pec sus 262/15ml</i>	\$0 (3)	NM; *
<i>kao-tin sus 262/15ml</i>	\$0 (3)	NM; *
<i>lactobacillus acidophilus-pectin cap</i>	\$0 (3)	NM; *
<i>loperamide cap 2mg</i>	\$0 (3)	NM; *
<i>loperamide hcl liq 1 mg/5ml (0.2 mg/ml)</i>	\$0 (3)	NM; *
<i>loperamide hcl liq 1 mg/7.5ml</i>	\$0 (3)	NM; *
<i>loperamide sus 1mg/7.5</i>	\$0 (3)	NM; *
<i>peptic relf sus 262/15ml</i>	\$0 (3)	NM; *
<i>pink bismuth chw 262mg</i>	\$0 (3)	NM; *
<i>pink bismuth tab 262mg</i>	\$0 (3)	NM; *
RESTORA CAP	\$0 (3)	NM; *
RISA-BID TAB PROBIO	\$0 (3)	NM; *
RISAQUAD CAP	\$0 (3)	NM; *
RISAQUAD-2 CAP	\$0 (3)	NM; *
<i>sb bismuth tab 262mg</i>	\$0 (3)	NM; *
<i>sm anti-diar tab 2mg</i>	\$0 (3)	NM; *
<i>stomach relf chw 262mg</i>	\$0 (3)	NM; *

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<i>stomach relf sus 262/15ml</i>	\$0 (3)	NM; *
<i>stomach relf sus 525/15ml</i>	\$0 (3)	NM; *
<i>stomach relf tab 262mg</i>	\$0 (3)	NM; *
<b>ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING</b>		
<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 &amp; 125 mg</i>	\$0 (1)	B/D
<i>compro sup 25mg</i>	\$0 (1)	
<i>driminate tab 50mg</i>	\$0 (3)	NM; *
<i>dronabinol cap 2.5 mg</i>	\$0 (1)	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 5 mg</i>	\$0 (1)	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 10 mg</i>	\$0 (1)	B/D, QL (60 caps / 30 days)
<i>EMEND SUS 125MG</i>	\$0 (2)	B/D
<i>granisetron hcl inj 1 mg/ml</i>	\$0 (1)	
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	\$0 (1)	
<i>granisetron hcl tab 1 mg</i>	\$0 (1)	B/D
<i>meclizine hcl tab 12.5 mg</i>	\$0 (2)	
<i>meclizine hcl tab 25 mg</i>	\$0 (2)	
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	\$0 (1)	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	\$0 (1)	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	\$0 (1)	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	\$0 (1)	
<i>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

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<i>ondansetron hcl tab 24 mg</i>	\$0 (1)	B/D
<i>ondansetron orally disintegrating tab 4 mg</i>	\$0 (1)	B/D
<i>ondansetron orally disintegrating tab 8 mg</i>	\$0 (1)	B/D
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	\$0 (1)	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	\$0 (1)	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	\$0 (1)	
<i>prochlorperazine suppos 25 mg</i>	\$0 (1)	
<i>promethazine hcl inj 25 mg/ml</i>	\$0 (2)	PA; PA if 70 years and older
<i>promethazine hcl inj 50 mg/ml</i>	\$0 (2)	PA; PA if 70 years and older
<i>promethazine hcl syrup 6.25 mg/5ml</i>	\$0 (2)	PA; PA if 70 years and older
<i>promethazine hcl tab 12.5 mg</i>	\$0 (2)	PA; PA if 70 years and older
<i>promethazine hcl tab 25 mg</i>	\$0 (2)	PA; PA if 70 years and older
<i>promethazine hcl tab 50 mg</i>	\$0 (2)	PA; PA if 70 years and older
<i>scopolamine td patch 72hr 1 mg/3days</i>	\$0 (2)	QL (10 patches / 30 days), PA; PA if 70 years and older
TRANSDERM-SC DIS 1.5MG	\$0 (2)	QL (10 patches / 30 days), PA; PA if 70 years and older
<i>travel sick tab 50mg</i>	\$0 (3)	NM; *
<b>ANTISPASMODICS - DRUGS FOR STOMACH SPASMS</b>		
<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)	
<b>H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID</b>		
<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; *

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<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>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 10mg</i>	\$0 (3)	NM; *
<i>famotidine tab 20 mg</i>	\$0 (1)	
<i>famotidine tab 20mg</i>	\$0 (3)	NM; *
<i>famotidine tab 40 mg</i>	\$0 (1)	
<i>heartburn tab 20mg</i>	\$0 (3)	NM; *
<i>heartburn tab 150mg</i>	\$0 (3)	NM; *
<i>heartburn tab relief</i>	\$0 (3)	NM; *
<i>ranitidine hcl inj 50 mg/2ml (25 mg/ml)</i>	\$0 (1)	
<i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i>	\$0 (1)	
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	\$0 (1)	
<i>ranitidine hcl tab 75 mg</i>	\$0 (3)	NM; *
<i>ranitidine hcl tab 150 mg</i>	\$0 (1)	
<i>ranitidine hcl tab 150 mg</i>	\$0 (3)	NM; *
<i>ranitidine hcl tab 300 mg</i>	\$0 (1)	
<b>INFLAMMATORY BOWEL DISEASE</b>		
<i>APRISO CAP 0.375GM</i>	\$0 (2)	QL (120 caps / 30 days)
<i>balsalazide disodium cap 750 mg</i>	\$0 (1)	
<i>budesonide delayed release particles cap 3 mg</i>	\$0 (2)	NDS
<i>DELZICOL CAP 400MG</i>	\$0 (2)	
<i>hydrocortisone enema 100 mg/60ml</i>	\$0 (1)	
<i>mesalamine cap dr 400 mg</i>	\$0 (1)	
<i>mesalamine enema 4 gm</i>	\$0 (1)	
<i>mesalamine rectal enema 4 gm &amp; cleanser wipe kit</i>	\$0 (1)	
<i>mesalamine suppos 1000 mg</i>	\$0 (1)	
<i>mesalamine tab delayed release 800 mg</i>	\$0 (1)	
<i>sulfasalazine tab 500 mg</i>	\$0 (1)	
<i>sulfasalazine tab delayed release 500 mg</i>	\$0 (1)	

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**LAXATIVES**

<i>bisac-evac sup 10mg</i>	\$0 (3)	NM; *
<i>bisacodyl suppos 10 mg</i>	\$0 (3)	NM; *
<i>bisacodyl tab 5mg ec</i>	\$0 (3)	NM; *
<i>biscolax sup 10mg</i>	\$0 (3)	NM; *
<i>calcium polycarbophil tab 625 mg</i>	\$0 (3)	NM; *
<i>choc laxativ chw 15mg</i>	\$0 (3)	NM; *
<i>clearlax pow</i>	\$0 (3)	NM; *
<i>constulose sol 10gm/15</i>	\$0 (1)	
<i>cvs laxative chw 15mg</i>	\$0 (3)	NM; *
<i>docqlace cap 100mg</i>	\$0 (3)	NM; *
<i>docu liq 50mg/5ml</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 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>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; *
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; *
<i>eql laxative chw 15mg</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 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; *
FLEET LIQUID ENE GLYCERIN	\$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>glycerin ped sup 1gm</i>	\$0 (3)	NM; *

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<i>glycerin suppos 1 gm</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 clearlax pow</i>	\$0 (3)	NM; *
<i>gnp enema ene</i>	\$0 (3)	NM; *
<i>gnp fiber cap 0.52gm</i>	\$0 (3)	NM; *
<i>gnp glycerin sup 1.2gm</i>	\$0 (3)	NM; *
<i>gnp glycerin sup 2.1gm</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; *
GOLYTELY SOL	\$0 (2)	
<i>healthylax pow</i>	\$0 (3)	NM; *
<i>hm clearlax pow</i>	\$0 (3)	NM; *
<i>hm fiber pow 48.57%</i>	\$0 (3)	NM; *
<i>hm fiber tab 500mg</i>	\$0 (3)	NM; *
<i>hm laxative tab 5mg ec</i>	\$0 (3)	NM; *
<i>hm mineral oil</i>	\$0 (3)	NM; *
<i>konsyl cap 520mg</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; *
<i>konsyl fiber tab 625mg</i>	\$0 (3)	NM; *
<i>konsyl pow 30.9%</i>	\$0 (3)	NM; *
KONSYL POW 71.67%	\$0 (3)	NM; *
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	\$0 (1)	
<i>lactulose solution 10 gm/15ml</i>	\$0 (1)	
<i>laxative chw 15mg</i>	\$0 (3)	NM; *
<i>laxative sup 10mg</i>	\$0 (3)	NM; *
<i>laxative tab 25mg</i>	\$0 (3)	NM; *
<i>mag citrate sol cherry</i>	\$0 (3)	NM; *
<i>mag citrate sol lemon</i>	\$0 (3)	NM; *
<i>magnesium citrate soln</i>	\$0 (3)	NM; *
METAMUCIL POW 28%ORG	\$0 (3)	NM; *
<i>metamucil pow 28.3%org</i>	\$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; *

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<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
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; *
<i>mineral oil ene</i>	\$0 (3)	NM; *
<i>mineral oil enema</i>	\$0 (3)	NM; *
MOVIPREP SOL	\$0 (2)	
<i>nat fiber pow 28.3%</i>	\$0 (3)	NM; *
<i>nat fiber pow 48.57%</i>	\$0 (3)	NM; *
<i>nat fiber pow therapy</i>	\$0 (3)	NM; *
<i>naturl fiber pow 28.3%</i>	\$0 (3)	NM; *
NULYTELY SOL FLAV PKS	\$0 (2)	
PEDIA-LAX CHW 400MG	\$0 (3)	NM; *
PEDIA-LAX LIQ 50MG	\$0 (3)	NM; *
PEDIA-LAX SUP 2.8GM	\$0 (3)	NM; *
<i>peg 3350-kcl-na bicarb-nacl-na sulfata for soln 236 gm</i>	\$0 (1)	
<i>peg 3350-kcl-na bicarb-nacl-na sulfata for soln 240 gm</i>	\$0 (1)	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	\$0 (1)	
<i>perdiem over tab 15mg</i>	\$0 (3)	NM; *
<i>polyethylene glycol 3350 oral packet</i>	\$0 (3)	NM; *
<i>polyethylene glycol 3350 oral powder</i>	\$0 (3)	NM; *
<i>qc enema ene</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>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>sani-supp sup adult</i>	\$0 (3)	NM; *
<i>sani-supp sup pediatri</i>	\$0 (3)	NM; *
<i>sb bisacodyl tab 5mg ec</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 tab 8.6mg</i>	\$0 (3)	NM; *
<i>senexon-s tab 8.6-50mg</i>	\$0 (3)	NM; *
<i>senna plus tab 8.6-50mg</i>	\$0 (3)	NM; *
SENNA SYP	\$0 (3)	NM; *

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Medicaid

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>senna-s tab 8.6-50mg</i>	\$0 (3)	NM; *
<i>senna-tabs tab 8.6mg</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>silace liq 10mg/ml</i>	\$0 (3)	NM; *
<i>silace syp 60/15ml</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; *
<i>sm fiber pow 28.3%</i>	\$0 (3)	NM; *
<i>sm fiber pow 58.6%</i>	\$0 (3)	NM; *
<i>sm gentle tab laxative</i>	\$0 (3)	NM; *
<i>sm laxative sup 10mg</i>	\$0 (3)	NM; *
<i>sm senna lax tab 8.6mg</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>stim laxat tab 5mg ec</i>	\$0 (3)	NM; *
<i>stool softnr cap 100mg</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; *
SUPREP BOWEL SOL PREP KIT	\$0 (2)	
<i>trilyte sol</i>	\$0 (1)	
<i>womans laxat tab 5mg ec</i>	\$0 (3)	NM; *
<b>MISCELLANEOUS</b>		
<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 180mg</i>	\$0 (3)	NM; *
<i>cromolyn sodium oral conc 100 mg/5ml</i>	\$0 (2)	NDS
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	\$0 (2)	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	\$0 (2)	
<i>gas relief cap 125mg</i>	\$0 (3)	NM; *

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<i>gas relief cap 180mg</i>	\$0 (3)	NM; *
<i>gas relief chw 80mg</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-x cap 125mg</i>	\$0 (3)	NM; *
<i>gas-x cap 180mg</i>	\$0 (3)	NM; *
GATTEX KIT 5MG	\$0 (2)	NDS, NM, LA, PA
<i>gnp gas relf chw 80mg</i>	\$0 (3)	NM; *
<i>gnp gas relf chw 125mg</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>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)
RELISTOR INJ 8/0.4ML	\$0 (2)	NDS, PA
RELISTOR INJ 12/0.6ML	\$0 (2)	NDS, PA
<i>simethicone cap 180 mg</i>	\$0 (3)	NM; *
<i>simethicone chew tab 80 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>sucralfate tab 1 gm</i>	\$0 (1)	
SYMPROIC TAB 0.2MG	\$0 (2)	
<i>ursodiol cap 300 mg</i>	\$0 (1)	
<i>ursodiol tab 250 mg</i>	\$0 (1)	
<i>ursodiol tab 500 mg</i>	\$0 (1)	
XIFAXAN TAB 550MG	\$0 (2)	NDS, PA
<b>PANCREATIC ENZYMES</b>		
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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<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
ZENPEP CAP 25000	\$0 (2)	
ZENPEP CAP 40000	\$0 (2)	
<b>PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID</b>		
DEXILANT CAP 30MG DR	\$0 (2)	QL (30 caps / 30 days)
DEXILANT CAP 60MG DR	\$0 (2)	QL (30 caps / 30 days)
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	\$0 (1)	QL (30 caps / 30 days)
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	\$0 (1)	QL (30 caps / 30 days)
<i>esomeprazole sodium for intravenous soln 40 mg (base equiv)</i>	\$0 (1)	
<i>lansoprazole cap delayed release 15 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>lansoprazole cap delayed release 30 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>omeprazole cap delayed release 10 mg</i>	\$0 (1)	
<i>omeprazole cap delayed release 20 mg</i>	\$0 (1)	
<i>omeprazole cap delayed release 40 mg</i>	\$0 (1)	
OMEPRAZOLE DELAYED RELEASE TAB 20 MG	\$0 (3)	NM; *
OMEPRAZOLE TAB 20MG	\$0 (3)	NM; *
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	\$0 (1)	
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	\$0 (1)	
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	\$0 (1)	
<i>rabeprazole sodium ec tab 20 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<b>GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS</b>		
<b>BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE</b>		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>dutasteride cap 0.5 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	\$0 (1)	QL (30 caps / 30 days)
<i>finasteride tab 5 mg</i>	\$0 (1)	
<i>tamsulosin hcl cap 0.4 mg</i>	\$0 (1)	
<b>MISCELLANEOUS</b>		
<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)	

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<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>bethanechol chloride tab 50 mg</i>	\$0 (1)	
<i>potassium citrate tab er 5 meq (540 mg)</i>	\$0 (1)	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	\$0 (1)	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	\$0 (1)	
<i>sb urinary tab pain max</i>	\$0 (3)	NM; *
<i>sm urinary tab pain max</i>	\$0 (3)	NM; *

**URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE**

<i>MYRBETRIQ TAB 25MG</i>	\$0 (2)	QL (60 tabs / 30 days)
<i>MYRBETRIQ TAB 50MG</i>	\$0 (2)	QL (30 tabs / 30 days)
<i>oxybutynin chloride syrup 5 mg/5ml</i>	\$0 (1)	
<i>oxybutynin chloride tab 5 mg</i>	\$0 (1)	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 10 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>oxybutynin chloride tab er 24hr 15 mg</i>	\$0 (1)	QL (60 tabs / 30 days)
<i>solifenacin succinate tab 5 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>solifenacin succinate tab 10 mg</i>	\$0 (1)	QL (30 tabs / 30 days)
<i>summers eve sol 0.3%</i>	\$0 (3)	NM; *
<i>tolterodine tartrate cap er 24hr 2 mg</i>	\$0 (1)	QL (30 caps / 30 days), ST
<i>tolterodine tartrate cap er 24hr 4 mg</i>	\$0 (1)	QL (30 caps / 30 days), ST
<i>tolterodine tartrate tab 1 mg</i>	\$0 (1)	ST
<i>tolterodine tartrate tab 2 mg</i>	\$0 (1)	ST
<i>TOVIAZ TAB 4MG</i>	\$0 (2)	QL (30 tabs / 30 days)
<i>TOVIAZ TAB 8MG</i>	\$0 (2)	QL (30 tabs / 30 days)
<i>tropium chloride tab 20 mg</i>	\$0 (1)	QL (60 tabs / 30 days)

**VAGINAL ANTI-INFECTIVES**

<i>clindamycin phosphate vaginal cream 2%</i>	\$0 (1)	
<i>clotrimazole cre 1% vag</i>	\$0 (3)	NM; *
<i>clotrimazole cre 3 day</i>	\$0 (3)	NM; *
<i>clotrimazole vaginal cream 1%</i>	\$0 (3)	NM; *
<i>3 day vaginl cre 2%</i>	\$0 (3)	NM; *
<i>3 day vagnal cre 4%</i>	\$0 (3)	NM; *
<i>metronidazole vaginal gel 0.75%</i>	\$0 (1)	
<i>miconazole 3 kit combo pk</i>	\$0 (3)	NM; *
<i>miconazole 7 cre 2%</i>	\$0 (3)	NM; *

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<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 &amp; 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**

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

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<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	\$0 (2)	NDS
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)	
PRADAXA CAP 110MG	\$0 (2)	
PRADAXA CAP 150MG	\$0 (2)	
<i>warfarin sodium tab 1 mg</i>	\$0 (1)	
<i>warfarin sodium tab 2 mg</i>	\$0 (1)	
<i>warfarin sodium tab 2.5 mg</i>	\$0 (1)	
<i>warfarin sodium tab 3 mg</i>	\$0 (1)	
<i>warfarin sodium tab 4 mg</i>	\$0 (1)	
<i>warfarin sodium tab 5 mg</i>	\$0 (1)	
<i>warfarin sodium tab 6 mg</i>	\$0 (1)	
<i>warfarin sodium tab 7.5 mg</i>	\$0 (1)	
<i>warfarin sodium tab 10 mg</i>	\$0 (1)	
XARELTO STAR TAB 15/20MG	\$0 (2)	
XARELTO TAB 2.5MG	\$0 (2)	
XARELTO TAB 10MG	\$0 (2)	

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XARELTO TAB 15MG	\$0 (2)	
XARELTO TAB 20MG	\$0 (2)	

**HEMATOPOIETIC GROWTH FACTORS**

GRANIX INJ 300/0.5	\$0 (2)	NDS, NM, PA
GRANIX INJ 300/1ML	\$0 (2)	NDS, NM, PA
GRANIX INJ 480/0.8	\$0 (2)	NDS, NM, PA
GRANIX INJ 480/1.6	\$0 (2)	NDS, NM, PA
NEUPOGEN INJ 300/0.5	\$0 (2)	NDS, NM, PA
NEUPOGEN INJ 300MCG	\$0 (2)	NDS, NM, PA
NEUPOGEN INJ 480/0.8	\$0 (2)	NDS, NM, PA
NEUPOGEN INJ 480MCG	\$0 (2)	NDS, NM, PA
PROCRIT INJ 2000/ML	\$0 (2)	NM, PA
PROCRIT INJ 3000/ML	\$0 (2)	NM, PA
PROCRIT INJ 4000/ML	\$0 (2)	NM, PA
PROCRIT INJ 10000/ML	\$0 (2)	NM, PA
PROCRIT INJ 20000/ML	\$0 (2)	NDS, NM, PA
PROCRIT INJ 40000/ML	\$0 (2)	NDS, NM, PA

**IRON**

EZFE 200 CAP 200MG	\$0 (3)	NM; *
<i>ferate tab 27mg</i>	\$0 (3)	NM; *
<i>ferosul elx 220/5ml</i>	\$0 (3)	NM; *
<i>ferosul tab 325mg</i>	\$0 (3)	NM; *
FERRETT'S TAB 325MG	\$0 (3)	NM; *
<i>ferrex 150 cap 150mg</i>	\$0 (3)	NM; *
FERRIMIN 150 TAB	\$0 (3)	NM; *
<i>ferrous fumarate tab 324 mg (106 mg elemental fe)</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; *
FERROUS SULF SYP 300/5ML	\$0 (3)	NM; *
FERROUS SULF TAB 140MG	\$0 (3)	NM; *
FERROUS SULF TAB 324MG EC	\$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; *

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<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	\$0 (3)	NM; *
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	\$0 (3)	NM; *
<i>ferrousul tab 325mg</i>	\$0 (3)	NM; *
FOLITAB 500 TAB	\$0 (3)	NM; *
<i>gnp iron tab 45mg</i>	\$0 (3)	NM; *
<i>gnp iron tab 65mg</i>	\$0 (3)	NM; *
<i>iferex 150 cap</i>	\$0 (3)	NM; *
INTEGRA CAP	\$0 (3)	NM; *
<i>iron 100 tab plus</i>	\$0 (3)	NM; *
<i>iron 100/c tab 100-250</i>	\$0 (3)	NM; *
NOVAFERRUM CAP 50MG	\$0 (3)	NM; *
NOVAFERRUM DRO 15MG/ML	\$0 (3)	NM; *
<i>poly-iron cap 150mg</i>	\$0 (3)	NM; *
PROFE CAP 180MG	\$0 (3)	NM; *
SLOW REL FE TAB 143MG CR	\$0 (3)	NM; *
TANDEM CAP	\$0 (3)	NM; *
<b>MISCELLANEOUS</b>		
<i>anagrelide hcl cap 0.5 mg</i>	\$0 (1)	
<i>anagrelide hcl cap 1 mg</i>	\$0 (1)	
BERINERT INJ 500UNIT	\$0 (2)	NDS, QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol tab 50 mg</i>	\$0 (1)	
<i>cilostazol tab 100 mg</i>	\$0 (1)	
DROXIA CAP 200MG	\$0 (2)	
DROXIA CAP 300MG	\$0 (2)	
DROXIA CAP 400MG	\$0 (2)	
ENDARI POW 5GM	\$0 (2)	NDS, LA, PA
FIRAZYR INJ 30MG/3ML	\$0 (2)	NDS, QL (9 syringes / 30 days), NM, PA
HAEGARDA INJ 2000UNIT	\$0 (2)	NDS, QL (30 vials / 30 days), NM, LA, PA
HAEGARDA INJ 3000UNIT	\$0 (2)	NDS, QL (20 vials / 30 days), NM, LA, PA
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	\$0 (2)	NDS, QL (9 syringes / 30 days), NM, PA
<i>pentoxifylline tab er 400 mg</i>	\$0 (1)	
PROMACTA POW 12.5MG	\$0 (2)	NDS, QL (360 packets / 30 days), NM, LA, PA
PROMACTA TAB 12.5MG	\$0 (2)	NDS, QL (360 tabs / 30 days), NM, LA, PA

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PROMACTA TAB 25MG	\$0 (2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
PROMACTA TAB 50MG	\$0 (2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
PROMACTA TAB 75MG	\$0 (2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	\$0 (1)	
<i>tranexamic acid tab 650 mg</i>	\$0 (1)	
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	\$0 (1)	
BRILINTA TAB 60MG	\$0 (2)	
BRILINTA TAB 90MG	\$0 (2)	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	\$0 (1)	
<i>prasugrel hcl tab 5 mg (base equiv)</i>	\$0 (1)	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	\$0 (1)	
ZONTIVITY TAB 2.08MG	\$0 (2)	
<b>IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM</b>		
<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS</b>		
HUMIRA INJ 10/0.1ML	\$0 (2)	NDS, QL (2 injections / 28 days), NM, PA
HUMIRA INJ 10MG/0.2	\$0 (2)	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA INJ 20/0.2ML	\$0 (2)	NDS, QL (2 injections / 28 days), NM, PA
HUMIRA INJ 40/0.4ML	\$0 (2)	NDS, QL (6 injections / 28 days), NM, PA
HUMIRA KIT 20MG/0.4	\$0 (2)	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 40MG/0.8	\$0 (2)	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	\$0 (2)	NDS, NM, PA
HUMIRA PEN INJ 40/0.4ML	\$0 (2)	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN INJ 40MG/0.8	\$0 (2)	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN INJ CD/UC/HS	\$0 (2)	NDS, NM, PA
HUMIRA PEN INJ PS/UV	\$0 (2)	NDS, NM, PA

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HUMIRA PEN KIT CD/UC/HS	\$0 (2)	NDS, NM, PA
HUMIRA PEN KIT PS/UV	\$0 (2)	NDS, NM, PA
<i>hydroxychloroquine sulfate tab 200 mg</i>	\$0 (1)	
<i>leflunomide tab 10 mg</i>	\$0 (1)	
<i>leflunomide tab 20 mg</i>	\$0 (1)	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	\$0 (1)	
REMICADE INJ 100MG	\$0 (2)	NDS, NM, PA
XATMEP SOL 2.5MG/ML	\$0 (2)	B/D
XELJANZ TAB 5MG	\$0 (2)	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ TAB 10MG	\$0 (2)	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TAB 11MG	\$0 (2)	NDS, QL (30 tabs / 30 days), NM, PA

### **IMMUNOGLOBULINS**

BIVIGAM INJ 10%	\$0 (2)	NDS, NM, PA
CARIMUNE NF INJ 12GM	\$0 (2)	NDS, NM, PA
FLEBOGAMMA INJ 5GM/50ML	\$0 (2)	NDS, NM, PA
FLEBOGAMMA INJ 10/100ML	\$0 (2)	NDS, NM, PA
FLEBOGAMMA INJ 10/200ML	\$0 (2)	NDS, NM, PA
FLEBOGAMMA INJ 20/200ML	\$0 (2)	NDS, NM, PA
FLEBOGAMMA INJ 20/400ML	\$0 (2)	NDS, NM, PA
FLEBOGAMMA INJ DIF 5%	\$0 (2)	NDS, NM, PA
GAMASTAN S/D INJ	\$0 (2)	B/D, NM
GAMMAGARD INJ 1GM/10ML	\$0 (2)	NDS, NM, PA
GAMMAGARD INJ 2.5GM/25	\$0 (2)	NDS, NM, PA
GAMMAGARD INJ 5GM/50ML	\$0 (2)	NDS, NM, PA
GAMMAGARD INJ 10GM/100	\$0 (2)	NDS, NM, PA
GAMMAGARD INJ 20GM/200	\$0 (2)	NDS, NM, PA
GAMMAGARD INJ 30GM/300	\$0 (2)	NDS, NM, PA
GAMMAGARD SD INJ 5GM HU	\$0 (2)	NDS, NM, PA
GAMMAGARD SD INJ 10GM HU	\$0 (2)	NDS, NM, PA
GAMMAKED INJ 1GM/10ML	\$0 (2)	NDS, NM, PA
GAMMAKED INJ 2.5GM/25	\$0 (2)	NDS, NM, PA
GAMMAKED INJ 5GM/50ML	\$0 (2)	NDS, NM, PA
GAMMAKED INJ 10GM/100	\$0 (2)	NDS, NM, PA
GAMMAKED INJ 20GM/200	\$0 (2)	NDS, NM, PA
GAMMAPLEX INJ 5%	\$0 (2)	NDS, NM, PA
GAMMAPLEX INJ 10%	\$0 (2)	NDS, NM, PA
GAMUNEX-C INJ 1GM/10ML	\$0 (2)	NDS, NM, PA

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GAMUNEX-C INJ 2.5GM/25	\$0 (2)	NDS, NM, PA
GAMUNEX-C INJ 5GM/50ML	\$0 (2)	NDS, NM, PA
GAMUNEX-C INJ 10GM/100	\$0 (2)	NDS, NM, PA
GAMUNEX-C INJ 20GM/200	\$0 (2)	NDS, NM, PA
GAMUNEX-C INJ 40/400ML	\$0 (2)	NDS, NM, PA
OCTAGAM INJ 1GM	\$0 (2)	NDS, NM, PA
OCTAGAM INJ 2.5GM	\$0 (2)	NDS, NM, PA
OCTAGAM INJ 2GM/20ML	\$0 (2)	NDS, NM, PA
OCTAGAM INJ 5GM	\$0 (2)	NDS, NM, PA
OCTAGAM INJ 5GM/50ML	\$0 (2)	NDS, NM, PA
OCTAGAM INJ 10/100ML	\$0 (2)	NDS, NM, PA
OCTAGAM INJ 10GM	\$0 (2)	NDS, NM, PA
OCTAGAM INJ 20/200ML	\$0 (2)	NDS, NM, PA
OCTAGAM INJ 25GM	\$0 (2)	NDS, NM, PA
OCTAGAM INJ 30/300ML	\$0 (2)	NDS, PA
PANZYGA SOL 1GM/10ML	\$0 (2)	NDS, NM, PA
PANZYGA SOL 2.5/25ML	\$0 (2)	NDS, NM, PA
PANZYGA SOL 5GM/50ML	\$0 (2)	NDS, NM, PA
PANZYGA SOL 10/100ML	\$0 (2)	NDS, NM, PA
PANZYGA SOL 20/200ML	\$0 (2)	NDS, NM, PA
PANZYGA SOL 30/300ML	\$0 (2)	NDS, NM, PA
PRIVIGEN INJ 5 GRAMS	\$0 (2)	NDS, NM, PA
PRIVIGEN INJ 10GRAMS	\$0 (2)	NDS, NM, PA
PRIVIGEN INJ 20GRAMS	\$0 (2)	NDS, NM, PA
PRIVIGEN INJ 40GRAMS	\$0 (2)	NDS, NM, PA
<b>IMMUNOMODULATORS</b>		
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
<b>IMMUNOSUPPRESSANTS</b>		
<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

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<i>cyclosporine modified cap 50 mg</i>	\$0 (1)	B/D
<i>cyclosporine modified cap 100 mg</i>	\$0 (1)	B/D
<i>cyclosporine modified oral soln 100 mg/ml</i>	\$0 (1)	B/D
<i>engraf cap 25mg</i>	\$0 (1)	B/D
<i>engraf cap 100mg</i>	\$0 (1)	B/D
<i>engraf sol 100mg/ml</i>	\$0 (1)	B/D
<i>mycophenolate mofetil cap 250 mg</i>	\$0 (1)	B/D
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	\$0 (2)	NDS, B/D
<i>mycophenolate mofetil tab 500 mg</i>	\$0 (1)	B/D
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	\$0 (1)	B/D
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	\$0 (1)	B/D
NULOJIX INJ 250MG	\$0 (2)	NDS, B/D
PROGRAF GRA 0.2MG	\$0 (2)	B/D
PROGRAF GRA 1MG	\$0 (2)	B/D
RAPAMUNE SOL 1MG/ML	\$0 (2)	NDS, B/D
SANDIMMUNE SOL 100MG/ML	\$0 (2)	B/D
<i>sirolimus oral soln 1 mg/ml</i>	\$0 (2)	NDS, B/D
<i>sirolimus tab 0.5 mg</i>	\$0 (1)	B/D
<i>sirolimus tab 1 mg</i>	\$0 (1)	B/D
<i>sirolimus tab 2 mg</i>	\$0 (2)	NDS, B/D
<i>tacrolimus cap 0.5 mg</i>	\$0 (1)	B/D
<i>tacrolimus cap 1 mg</i>	\$0 (1)	B/D
<i>tacrolimus cap 5 mg</i>	\$0 (1)	B/D
ZORTRESS TAB 0.5MG	\$0 (2)	NDS, B/D
ZORTRESS TAB 0.25MG	\$0 (2)	NDS, B/D
ZORTRESS TAB 0.75MG	\$0 (2)	NDS, B/D
ZORTRESS TAB 1MG	\$0 (2)	NDS, B/D
<b>VACCINES</b>		
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

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GARDASIL 9 INJ	\$0 (2)	
HAVRIX INJ 720UNIT	\$0 (2)	
HAVRIX INJ 1440UNIT	\$0 (2)	
HIBERIX SOL 10MCG	\$0 (2)	
IMOVAX RABIE INJ 2.5/ML	\$0 (2)	B/D
INFANRIX INJ	\$0 (2)	
IPOL INJ INACTIVE	\$0 (2)	
IXIARO INJ	\$0 (2)	
KINRIX INJ	\$0 (2)	
M-M-R II INJ	\$0 (2)	
MENACTRA INJ	\$0 (2)	
MENVEO INJ	\$0 (2)	
PEDIARIX INJ 0.5ML	\$0 (2)	
PEDVAX HIB INJ	\$0 (2)	
PENTACEL INJ	\$0 (2)	
PROQUAD INJ	\$0 (2)	
QUADRACEL INJ	\$0 (2)	
RABAVERT INJ	\$0 (2)	B/D
RECOMBIVA HB INJ 5MCG/0.5	\$0 (2)	B/D
RECOMBIVA HB INJ 10MCG/ML	\$0 (2)	B/D
RECOMBIVA-HB INJ 40MCG/ML	\$0 (2)	B/D
ROTARIX SUS	\$0 (2)	
ROTATEQ SOL	\$0 (2)	
SHINGRIX INJ 50MCG	\$0 (2)	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	\$0 (2)	B/D
TENIVAC INJ 5-2LF	\$0 (2)	B/D
TRUMENBA INJ	\$0 (2)	
TWINRIX INJ	\$0 (2)	
TYPHIM VI INJ	\$0 (2)	
VAQTA INJ 25/0.5ML	\$0 (2)	
VAQTA INJ 50UNT/ML	\$0 (2)	
VARIVAX INJ	\$0 (2)	
YF-VAX INJ	\$0 (2)	
ZOSTAVAX INJ	\$0 (2)	QL (1 vial per lifetime)

## **NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS**

### ***ELECTROLYTES***

<i>klor-con 8 tab 8meq er</i>	\$0 (1)	
<i>klor-con 10 tab 10meq er</i>	\$0 (1)	
MAGNESIUM SU INJ 2GM/50ML	\$0 (2)	
MAGNESIUM SU INJ 4G/100ML	\$0 (2)	
MAGNESIUM SU INJ 20/500ML	\$0 (2)	

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MAGNESIUM SU INJ 40G/1000	\$0 (2)	
MAGNESIUM SU INJ 80MG/ML	\$0 (2)	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	\$0 (2)	
<i>magnesium sulfate inj 50%</i>	\$0 (2)	
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	\$0 (2)	
<i>magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)</i>	\$0 (2)	
<i>magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)</i>	\$0 (2)	
<i>magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)</i>	\$0 (2)	
<i>magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)</i>	\$0 (2)	
MG SO4/D5W INJ 10MG/ML	\$0 (2)	
<i>potassium chloride cap er 8 meq</i>	\$0 (1)	
<i>potassium chloride cap er 10 meq</i>	\$0 (1)	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	\$0 (1)	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	\$0 (2)	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	\$0 (1)	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	\$0 (1)	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	\$0 (1)	
<i>potassium chloride powder packet 20 meq</i>	\$0 (1)	
<i>potassium chloride tab er 8 meq (600 mg)</i>	\$0 (1)	
<i>potassium chloride tab er 10 meq</i>	\$0 (1)	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	\$0 (1)	
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	\$0 (1)	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	\$0 (1)	
<i>tpn electrol inj</i>	\$0 (2)	B/D
<b>IV NUTRITION</b>		
<i>amino acid infusion 6%</i>	\$0 (1)	B/D
AMINOSYN II INJ 10%	\$0 (2)	B/D

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AMINOSYN-PF INJ 7%	\$0 (2)	B/D
AMINOSYN-PF INJ 10%	\$0 (2)	B/D
CLINIMIX INJ 4.25/D5W	\$0 (2)	B/D
CLINIMIX INJ 4.25/D10	\$0 (2)	B/D
CLINIMIX INJ 4.25/D25	\$0 (2)	B/D
CLINIMIX INJ 5%/D15W	\$0 (2)	B/D
CLINIMIX INJ 5%/D20W	\$0 (2)	B/D
CLINIMIX INJ 5%/D25W	\$0 (2)	B/D
CLINOLIPID EMU 20%	\$0 (2)	B/D
FREAMINE HBC INJ 6.9%	\$0 (2)	B/D
FREAMINE III INJ 10%	\$0 (2)	B/D
<i>hepatamine sol 8%</i>	\$0 (2)	B/D
INTRALIPID INJ 20%	\$0 (2)	B/D
INTRALIPID INJ 30%	\$0 (2)	B/D
NEPHRAMINE INJ 5.4%	\$0 (2)	B/D
NUTRILIPID EMU 20%	\$0 (2)	B/D
PREMASOL SOL 10%	\$0 (2)	B/D
PROCALAMINE INJ 3%	\$0 (2)	B/D
PROSOL INJ 20%	\$0 (2)	B/D
TRAVASOL INJ 10%	\$0 (2)	B/D
TROPHAMINE INJ 10%	\$0 (2)	B/D
<b>IV REPLACEMENT SOLUTIONS</b>		
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 0.33%</i>	\$0 (1)	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	\$0 (1)	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	\$0 (1)	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	\$0 (1)	
<i>dextrose inj 5%</i>	\$0 (1)	
<i>dextrose inj 10%</i>	\$0 (1)	
<i>dextrose inj 50%</i>	\$0 (1)	
<i>dextrose inj 70%</i>	\$0 (1)	
IONOSOL-MB INJ D5W	\$0 (2)	

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<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
ISOLYTE-P INJ /D5W	\$0 (2)	
ISOLYTE-S INJ	\$0 (2)	
<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</i>	\$0 (1)	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2% inj</i>	\$0 (1)	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i>	\$0 (1)	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.33% inj</i>	\$0 (1)	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; 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% &amp; nacl 0.45% inj</i>	\$0 (1)	
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i>	\$0 (1)	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	\$0 (1)	
KCL/D5W/NACL INJ 0.3/0.9%	\$0 (2)	
KCL/D5W/NACL INJ 0.15/0.2	\$0 (2)	
<i>lactated ringer's solution</i>	\$0 (1)	
NORMOSOL -M INJ /D5W	\$0 (2)	
NORMOSOL -R INJ /D5W	\$0 (2)	
NORMOSOL-R INJ PH 7.4	\$0 (2)	
PLASMA-LYTE INJ -148	\$0 (2)	
PLASMA-LYTE INJ -A	\$0 (2)	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	\$0 (1)	
<i>potassium chloride 40 meq/l (0.3%) in dextrose 5% inj</i>	\$0 (1)	
<i>potassium chloride inj 2 meq/ml</i>	\$0 (1)	
POTASSIUM CHLORIDE INJ 10 MEQ/50ML	\$0 (1)	
POTASSIUM CHLORIDE INJ 10 MEQ/100ML	\$0 (1)	
POTASSIUM CHLORIDE INJ 20 MEQ/50ML	\$0 (1)	
POTASSIUM CHLORIDE INJ 20 MEQ/100ML	\$0 (1)	
POTASSIUM CHLORIDE INJ 40 MEQ/100ML	\$0 (1)	

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<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)	
<b>MINERALS</b>		
BEELITH TAB	\$0 (3)	NM; *
<i>calc 600+d tab 600-800</i>	\$0 (3)	NM; *
<i>calc 600/d3 tab 600-800</i>	\$0 (3)	NM; *
<i>calcitrate tab</i>	\$0 (3)	NM; *
<i>calcitrate tab 950mg</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 tab 1500 mg (600 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; *
<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 tab 500 mg-200 unit</i>	\$0 (3)	NM; *
<i>calcium carbonate-vitamin d tab 600 mg-200 unit</i>	\$0 (3)	NM; *
<i>calcium citr tab +d</i>	\$0 (3)	NM; *
<i>calcium citr tab w/vit d3</i>	\$0 (3)	NM; *
<i>calcium tab 600mg</i>	\$0 (3)	NM; *
<i>calcium tab vit d</i>	\$0 (3)	NM; *
<i>calcium+d3 tab 600-800</i>	\$0 (3)	NM; *
<i>calcium+d tab 600-800</i>	\$0 (3)	NM; *
<i>calcium/d3 tab</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 600-200</i>	\$0 (3)	NM; *
<i>calcium/d tab 600-800</i>	\$0 (3)	NM; *

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<i>calcium/vita tab d3</i>	\$0 (3)	NM; *
<i>calphron tab 667mg</i>	\$0 (3)	NM; *
CALTRATE 600 CHW 600-800	\$0 (3)	NM; *
<i>gnp calcium tab cit +d3</i>	\$0 (3)	NM; *
<i>hm ca/vit d3 tab 600-800</i>	\$0 (3)	NM; *
<i>kp calcium tab +d</i>	\$0 (3)	NM; *
<i>magnesium oxide tab 400 mg (240 mg elemental mg)</i>	\$0 (3)	NM; *
<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 250 mg</i>	\$0 (3)	NM; *
MAGONATE LIQ 1000/5ML	\$0 (3)	NM; *
<i>os-cal + d3 tab 500-200</i>	\$0 (3)	NM; *
<i>os-cal extra 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; *
<i>oysco 500 tab 500mg</i>	\$0 (3)	NM; *
<i>oysco 500+d tab</i>	\$0 (3)	NM; *
<i>oyst shell/d tab 500mg</i>	\$0 (3)	NM; *
<i>oyster shell calcium tab 500 mg</i>	\$0 (3)	NM; *
<i>selenium tab 50 mcg</i>	\$0 (3)	NM; *
SELENIUM TAB 200MCG	\$0 (3)	NM; *
<i>sodium chloride tab 1 gm</i>	\$0 (3)	NM; *
VITAMIN D TAB 400UNIT	\$0 (3)	NM; *
<i>zinc sulfate cap 50mg</i>	\$0 (3)	NM; *
<i>zinc sulfate cap 220 mg (50 mg elemental zn)</i>	\$0 (3)	NM; *
<b>MISCELLANEOUS</b>		
<i>coenzyme q10 cap 30 mg</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 100 mg</i>	\$0 (3)	NM; *
<i>coenzyme q10 cap 200 mg</i>	\$0 (3)	NM; *
<i>glucos/chond tab 500-400</i>	\$0 (3)	NM; *
<i>glucosamine sulfate cap 500 mg</i>	\$0 (3)	NM; *
<i>glucosamine-chondroitin cap 500-400 mg</i>	\$0 (3)	NM; *
<i>melatonin tab 3 mg</i>	\$0 (3)	NM; *
<i>melatonin tab 5mg</i>	\$0 (3)	NM; *

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<i>omega-3 cap 1200mg</i>	\$0 (3)	NM; *
OMEGA-3 CAP 1400MG	\$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 delayed release 1000 mg</i>	\$0 (3)	NM; *
<i>sm melatonin tab 3mg</i>	\$0 (3)	NM; *
<b>VITAMINS</b>		
ADULT 50+ CAP OCUVITE	\$0 (3)	NM; *
<i>animal chews chw</i>	\$0 (3)	NM; *
<i>animal shape chw</i>	\$0 (3)	NM; *
ANIMAL SHAPE CHW IRON	\$0 (3)	NM; *
<i>aqueous e dro 15/0.3ml</i>	\$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 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>b-complex w/ c &amp; calcium tab</i>	\$0 (3)	NM; *
<i>biotin cap 5 mg</i>	\$0 (3)	NM; *
<i>biotin tab 300 mcg</i>	\$0 (3)	NM; *
<i>c 250 tab</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>centamin liq</i>	\$0 (3)	NM; *
CENTRUM SILV TAB 50+MEN	\$0 (3)	NM; *
CERTAVITE TAB SENIOR	\$0 (3)	NM; *
<i>certavite/ tab antioxid</i>	\$0 (3)	NM; *
<i>child chew chw iron</i>	\$0 (3)	NM; *
<i>child chew chw vitamins</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 oral liquid 10 mcg/ml (400 unit/ml)</i>	\$0 (3)	NM; *
<i>cholecalciferol tab 10 mcg (400 unit)</i>	\$0 (3)	NM; *

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<i>cholecalciferol tab 25 mcg (1000 unit)</i>	\$0 (3)	NM; *
<i>cholecalciferol tab 50 mcg (2000 unit)</i>	\$0 (3)	NM; *
<i>cyanocobalamin inj 1000 mcg/ml</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>d3 cap 1000unit</i>	\$0 (3)	NM; *
<i>d3 super str cap 2000unit</i>	\$0 (3)	NM; *
<i>d 400 tab 400unit</i>	\$0 (3)	NM; *
<i>daily tab vitamin</i>	\$0 (3)	NM; *
<i>daily vit tab +iron</i>	\$0 (3)	NM; *
DECARA CAP 25000UNT	\$0 (3)	NM; *
<i>decara cap 50000unt</i>	\$0 (3)	NM; *
DIALYVIT 800 TAB ZINC 15	\$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/ZINC	\$0 (3)	NM; *
ELDERTONIC LIQ	\$0 (3)	NM; *
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	\$0 (3)	NM; *
<i>ergocalciferol soln 200 mcg/ml (8000 unit/ml)</i>	\$0 (3)	NM; *
<i>essentl one tab daily</i>	\$0 (3)	NM; *
<i>folic acid inj 5 mg/ml</i>	\$0 (3)	NM; *
<i>folic acid tab 1 mg</i>	\$0 (3)	NM; *
<i>folic acid tab 400 mcg</i>	\$0 (3)	NM; *
<i>gnp century tab ultimate</i>	\$0 (3)	NM; *
<i>gnp vit c loz 60mg</i>	\$0 (3)	NM; *
ICAPS AREDS TAB FORMULA	\$0 (3)	NM; *
<i>icaps cap</i>	\$0 (3)	NM; *
<i>icaps mv tab</i>	\$0 (3)	NM; *
M-NATAL PLUS TAB	\$0 (2)	
<i>maximum d3 cap 325mcg</i>	\$0 (3)	NM; *
MEPHYTON TAB 5MG	\$0 (3)	NM; *
NASCOBAL SPR 500MCG	\$0 (3)	NM; *
<i>niacin cap er 250 mg</i>	\$0 (3)	NM; *
<i>niacin cap er 500 mg</i>	\$0 (3)	NM; *
<i>niacin tab 500 mg</i>	\$0 (3)	NM; *
<i>niacin tab er 500 mg</i>	\$0 (3)	NM; *
OCUVITE LUTE CAP	\$0 (3)	NM; *

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Medicaid

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<i>once daily tab</i>	\$0 (3)	NM; *
<i>once daily tab iron</i>	\$0 (3)	NM; *
<i>one daily tab</i>	\$0 (3)	NM; *
<i>one daily tab mens</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 womens</i>	\$0 (3)	NM; *
<i>paricalcitol cap 1 mcg</i>	\$0 (1)	B/D
<i>paricalcitol cap 2 mcg</i>	\$0 (1)	B/D
<i>paricalcitol cap 4 mcg</i>	\$0 (1)	B/D
<i>phytonadione inj 1 mg/0.5ml (2 mg/ml)</i>	\$0 (3)	NM; *
<i>phytonadione inj 10 mg/ml</i>	\$0 (3)	NM; *
PNV FOLIC AC TAB + IRON	\$0 (2)	
<i>polyvitamin dro</i>	\$0 (3)	NM; *
PORENAL+D CAP OMEGA 3	\$0 (3)	NM; *
PRENATAL PLUS	\$0 (2)	
PRENATAL TAB 27-1MG	\$0 (2)	
PRENATAL TAB PLUS	\$0 (2)	
PRENATAL VIT TAB LOW IRON	\$0 (2)	
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; *
PRORENAL +D TAB	\$0 (3)	NM; *
PRORENAL+D CAP OMEGA-3	\$0 (3)	NM; *
PRORENAL+D TAB	\$0 (3)	NM; *
<i>pyridoxine hcl inj 100 mg/ml</i>	\$0 (3)	NM; *
<i>pyridoxine hcl tab 25 mg</i>	\$0 (3)	NM; *
<i>pyridoxine hcl tab 50 mg</i>	\$0 (3)	NM; *
<i>pyridoxine hcl tab 100 mg</i>	\$0 (3)	NM; *
RAYALDEE CAP 30MCG	\$0 (2)	NDS
<i>rena-vite tab</i>	\$0 (3)	NM; *
<i>sentry tab senior</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 vitamin e cap 400unit</i>	\$0 (3)	NM; *
<i>stress form/ tab zinc</i>	\$0 (3)	NM; *
<i>stress formu tab</i>	\$0 (3)	NM; *
<i>superplex-t tab</i>	\$0 (3)	NM; *
<i>tab-a-vite tab</i>	\$0 (3)	NM; *
<i>tab-a-vite tab /iron</i>	\$0 (3)	NM; *

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<i>tab-a-vite tab beta car</i>	\$0 (3)	NM; *
THERA M PLUS TAB	\$0 (3)	NM; *
THERA TAB	\$0 (3)	NM; *
THERA-M TAB	\$0 (3)	NM; *
<i>therapeutic- tab m</i>	\$0 (3)	NM; *
<i>thiamine hcl inj 100 mg/ml</i>	\$0 (3)	NM; *
<i>thiamine hcl tab 50 mg</i>	\$0 (3)	NM; *
<i>thiamine hcl tab 100 mg</i>	\$0 (3)	NM; *
<i>total b/c tab</i>	\$0 (3)	NM; *
TRICARE TAB PRENATAL	\$0 (2)	
<i>vitamin a cap 10000 unit</i>	\$0 (3)	NM; *
<i>vitamin c tab 500mg</i>	\$0 (3)	NM; *
<i>vitamin d3 dro 400unit</i>	\$0 (3)	NM; *
<i>vitamin d3 tab 1000unit</i>	\$0 (3)	NM; *
<i>vitamin d3 tab 50000unt</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 400 unit</i>	\$0 (3)	NM; *
<i>vitamin e cap 1000 unit</i>	\$0 (3)	NM; *

### **OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS**

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

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	\$0 (1)	
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)	

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<i>bacitracin-polymyxin b ophth oint</i>	\$0 (1)	
BESIVANCE SUS 0.6%	\$0 (2)	
CILOXAN OIN 0.3% OP	\$0 (2)	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	\$0 (1)	
<i>erythromycin ophth oint 5 mg/gm</i>	\$0 (1)	
<i>gatifloxacin ophth soln 0.5%</i>	\$0 (1)	
<i>gentak oin 0.3% op</i>	\$0 (1)	
<i>gentamicin sulfate ophth soln 0.3%</i>	\$0 (1)	
MOXEZA SOL 0.5%	\$0 (2)	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	\$0 (1)	
NATACYN SUS 5% OP	\$0 (2)	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	\$0 (1)	
<i>neomycin-polymyx-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	\$0 (1)	
<i>ofloxacin ophth soln 0.3%</i>	\$0 (1)	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	\$0 (1)	
<i>sulfacetamide sodium ophth oint 10%</i>	\$0 (1)	
<i>sulfacetamide sodium ophth soln 10%</i>	\$0 (1)	
<i>tobramycin ophth soln 0.3%</i>	\$0 (1)	
<i>trifluridine ophth soln 1%</i>	\$0 (1)	
ZIRGAN GEL 0.15%	\$0 (2)	
<b>ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION</b>		
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)	
<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)	

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<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
LOTEMAX OIN 0.5%	\$0 (2)	
LOTEMAX SUS 0.5%	\$0 (2)	
<i>loteprednol etabonate ophth susp 0.5%</i>	\$0 (1)	
PRED SOD PHO SOL 1% OP	\$0 (2)	
<i>prednisolone acetate ophth susp 1%</i>	\$0 (1)	
PROLENSA SOL 0.07%	\$0 (2)	

### **ANTIALLERGICS - DRUGS TO TREAT ALLERGIES**

<i>alaway child dro 0.025%op</i>	\$0 (3)	NM; *
<i>alaway dro 0.025%op</i>	\$0 (3)	NM; *
<i>azelastine hcl ophth soln 0.05%</i>	\$0 (1)	
BEPREVE DRO 1.5%	\$0 (2)	
<i>cromolyn sodium ophth soln 4%</i>	\$0 (1)	
<i>eye drops sol 0.05% op</i>	\$0 (3)	NM; *
<i>eye itch rel dro 0.025%op</i>	\$0 (3)	NM; *
<i>gnp eye drop sol 0.05% op</i>	\$0 (3)	NM; *
<i>hm eye drops sol 0.05% op</i>	\$0 (3)	NM; *
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i>	\$0 (3)	NM; *
LASTACAFT SOL 0.25%	\$0 (2)	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	\$0 (1)	
<i>opti-clear sol 0.05%</i>	\$0 (3)	NM; *
PAZEO DRO 0.7%	\$0 (2)	
<i>sm eye drops sol 0.05% op</i>	\$0 (3)	NM; *

### **ANTI GLAUCOMA - 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)	

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<i>pilocarpine hcl ophth soln 2%</i>	\$0 (1)	
<i>pilocarpine hcl ophth soln 4%</i>	\$0 (1)	
RHOPRESSA SOL 0.02%	\$0 (2)	
SIMBRINZA SUS 1-0.2%	\$0 (2)	
<i>timolol maleate ophth gel forming soln 0.5%</i>	\$0 (1)	
<i>timolol maleate ophth gel forming soln 0.25%</i>	\$0 (1)	
<i>timolol maleate ophth soln 0.5%</i>	\$0 (1)	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	\$0 (1)	
<i>timolol maleate ophth soln 0.25%</i>	\$0 (1)	
TRAVATAN Z DRO 0.004%	\$0 (2)	
<b>MISCELLANEOUS</b>		
<i>akwa tears oin op</i>	\$0 (3)	NM; *
<i>artifi tears sol 1.4% op</i>	\$0 (3)	NM; *
<i>artificial sol tears</i>	\$0 (3)	NM; *
ATROPINE SUL SOL 1% OP	\$0 (2)	
CYSTARAN SOL 0.44%	\$0 (2)	NDS, LA, PA
<i>eye drops dro 0.5-0.9%</i>	\$0 (3)	NM; *
FRESHKOTE SOL 2.7-2%	\$0 (3)	NM; *
GENTEAL GEL 0.3%	\$0 (3)	NM; *
GONAK OP SOL 2.5%	\$0 (3)	NM; *
ISOPTO TEARS SOL 0.5% OP	\$0 (3)	NM; *
<i>lubricant dro 0.4-0.3%</i>	\$0 (3)	NM; *
<i>lubricant dro eye</i>	\$0 (3)	NM; *
<i>lubricant oin eye</i>	\$0 (3)	NM; *
<i>lubricating dro 0.5%</i>	\$0 (3)	NM; *
<i>lubricnt eye dro 0.5% op</i>	\$0 (3)	NM; *
MURO 128 SOL 2% OP	\$0 (3)	NM; *
<i>proparacaine hcl ophth soln 0.5%</i>	\$0 (1)	
<i>refresh cell gel 1% op</i>	\$0 (3)	NM; *
REFRESH DRO CONTACTS	\$0 (3)	NM; *
<i>refresh lacr oin op</i>	\$0 (3)	NM; *
REFRESH LIQU DRO 1% OP	\$0 (3)	NM; *
REFRESH OPTI DRO 0.5-0.9%	\$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 tear dro 0.5% op</i>	\$0 (3)	NM; *

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<i>sm lubricant dro 0.4-0.3%</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; *
SYSTANE GEL 0.3%	\$0 (3)	NM; *
SYSTANE GEL DRO 0.4-0.3%	\$0 (3)	NM; *
<i>systane oin</i>	\$0 (3)	NM; *

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

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

**ANTICHOLINERGICS - DRUGS TO TREAT COPD**

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

**ANTI-HISTAMINES - DRUGS TO TREAT ALLERGIES**

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

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<i>allergy-time tab 4mg</i>	\$0 (3)	NM; *
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	\$0 (1)	
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	\$0 (1)	
<i>banophen cap 25mg</i>	\$0 (3)	NM; *
<i>banophen cap 50mg</i>	\$0 (3)	NM; *
<i>banophen liq 12.5/5ml</i>	\$0 (3)	NM; *
<i>banophen tab 25mg</i>	\$0 (3)	NM; *
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	\$0 (1)	
<i>chld allergy liq 12.5/5ml</i>	\$0 (3)	NM; *
<i>chlor-phenir tab 4mg</i>	\$0 (3)	NM; *
<i>chlorphenir tab 4mg</i>	\$0 (3)	NM; *
<i>chlorpheniramine maleate tab er 12 mg</i>	\$0 (3)	NM; *
<i>comp allergy cap 25mg</i>	\$0 (3)	NM; *
<i>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>diphenhist liq 12.5/5ml</i>	\$0 (3)	NM; *
<i>diphenhydramine hcl cap 25 mg</i>	\$0 (3)	NM; *
<i>diphenhydramine hcl cap 50 mg</i>	\$0 (3)	NM; *
<i>diphenhydramine hcl inj 50 mg/ml</i>	\$0 (1)	
<i>diphenhydramine hcl tab 25 mg</i>	\$0 (3)	NM; *
<i>ED CHLORPED LIQ 2MG/ML</i>	\$0 (3)	NM; *
<i>ed chlorped syp jr</i>	\$0 (3)	NM; *
<i>fexofenadine hcl tab 60 mg</i>	\$0 (3)	NM; *
<i>fexofenadine hcl tab 180 mg</i>	\$0 (3)	NM; *
<i>gnp allergy cap 25mg</i>	\$0 (3)	NM; *
<i>gnp allergy tab 4mg</i>	\$0 (3)	NM; *
<i>gnp allergy tab 25mg</i>	\$0 (3)	NM; *
<i>gnp allergy tab 180mg</i>	\$0 (3)	NM; *
<i>hm allergy tab 4mg</i>	\$0 (3)	NM; *
<i>hm allergy tab 25mg</i>	\$0 (3)	NM; *
<i>hydroxyzine hcl im soln 25 mg/ml</i>	\$0 (2)	PA; PA if 70 years and older
<i>hydroxyzine hcl im soln 50 mg/ml</i>	\$0 (2)	PA; PA if 70 years and older
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	\$0 (2)	PA; PA if 70 years and older

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<i>hydroxyzine hcl tab 10 mg</i>	\$0 (2)	PA; PA if 70 years and older
<i>hydroxyzine hcl tab 25 mg</i>	\$0 (2)	PA; PA if 70 years and older
<i>hydroxyzine hcl tab 50 mg</i>	\$0 (2)	PA; PA if 70 years and older
<i>hydroxyzine pamoate cap 25 mg</i>	\$0 (2)	PA; PA if 70 years and older
<i>hydroxyzine pamoate cap 50 mg</i>	\$0 (2)	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	\$0 (1)	
<i>levocetirizine dihydrochloride tab 5 mg</i>	\$0 (1)	
<i>pharbechlor tab 4mg</i>	\$0 (3)	NM; *
<i>pharbedryl cap 25mg</i>	\$0 (3)	NM; *
<i>pharbedryl cap 50mg</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 allergy tab 4mg</i>	\$0 (3)	NM; *
<b>BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD</b>		
<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

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<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)
<b>COUGH AND COLD</b>		
<i>aceta-gesic tab 12.5-325</i>	\$0 (3)	NM; *
ALA-HIST PE TAB 2-10MG	\$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>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	\$0 (3)	NM; *
<i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i>	\$0 (3)	NM; *
<i>gnp chest oin rub</i>	\$0 (3)	NM; *
<i>hm chest rub oin</i>	\$0 (3)	NM; *
LODRANE D CAP 4-60MG	\$0 (3)	NM; *
<i>rynex pse liq</i>	\$0 (3)	NM; *
<i>sm medicated mis chst rub</i>	\$0 (3)	NM; *
VICK VAPORUB OIN	\$0 (3)	NM; *
VICKS OIN VAPORUB	\$0 (3)	NM; *
<b>LEUKOTRIENE MODULATORS</b>		
<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)	

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**MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES**

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

<i>acetylcysteine inhal soln 10%</i>	\$0 (1)	B/D
<i>acetylcysteine inhal soln 20%</i>	\$0 (1)	B/D
ARALAST NP INJ 500MG	\$0 (2)	NDS, NM, LA, PA
ARALAST NP INJ 1000MG	\$0 (2)	NDS, NM, LA, PA
AYR ALLERGY SPR & SINUS	\$0 (3)	NM; *
AYR NASAL DRO 0.65%	\$0 (3)	NM; *
<i>ayr spr 0.65%</i>	\$0 (3)	NM; *
<i>baby ayr spr 0.65%</i>	\$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
<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>nasal saline 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
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
RHINARIS SPR 0.2%	\$0 (3)	NM; *

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<i>saline mist spr 0.65%</i>	\$0 (3)	NM; *
<i>sb saline spr 0.65%</i>	\$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)	
THEO-24 CAP 100MG CR	\$0 (2)	
THEO-24 CAP 200MG CR	\$0 (2)	
THEO-24 CAP 300MG CR	\$0 (2)	
THEO-24 CAP 400MG ER	\$0 (2)	
<i>theophylline soln 80 mg/15ml</i>	\$0 (1)	
<i>theophylline tab er 12hr 300 mg</i>	\$0 (1)	
<i>theophylline tab er 12hr 450 mg</i>	\$0 (1)	
<i>theophylline tab er 24hr 400 mg</i>	\$0 (1)	
<i>theophylline tab er 24hr 600 mg</i>	\$0 (1)	
XOLAIR INJ 75/0.5	\$0 (2)	NDS, NM, LA, PA
XOLAIR INJ 150MG/ML	\$0 (2)	NDS, NM, LA, PA
XOLAIR SOL 150MG	\$0 (2)	NDS, NM, LA, PA
ZEMAIRA INJ 1000MG	\$0 (2)	NDS, NM, LA, PA
<b>NASAL STEROIDS - DRUGS TO TREAT ALLERGIES</b>		
<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)
<b>STEROID INHALANTS - DRUGS TO TREAT ASTHMA</b>		
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)

**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

<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
FLOVENT HFA AER 110MCG	\$0 (2)	QL (2 inhalers / 30 days)
FLOVENT HFA AER 220MCG	\$0 (2)	QL (2 inhalers / 30 days)
PULMICORT INH 90MCG	\$0 (2)	QL (2 inhalers / 30 days)
PULMICORT INH 180MCG	\$0 (2)	QL (2 inhalers / 30 days)

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

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

**TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS**

**DERMATOLOGY, ACNE**

<i>amnestem cap 10mg</i>	\$0 (1)	PA
<i>amnestem cap 20mg</i>	\$0 (1)	PA
<i>amnestem cap 40mg</i>	\$0 (1)	PA
<i>avita cre 0.025%</i>	\$0 (1)	PA
<i>avita gel 0.025%</i>	\$0 (1)	PA
<i>benzepro aer 5.3%</i>	\$0 (3)	NM; *
<i>benzepro sc aer 9.8%</i>	\$0 (3)	NM; *
BENZOYL PER GEL 2.5%	\$0 (3)	NM; *
<i>benzoyl per liq 5% wash</i>	\$0 (3)	NM; *
<i>benzoyl per liq 6%</i>	\$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; *
<i>benzoyl peroxide gel 5%</i>	\$0 (3)	NM; *

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<i>benzoyl peroxide gel 10%</i>	\$0 (3)	NM; *
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	\$0 (1)	
<i>claravis cap 10mg</i>	\$0 (1)	PA
<i>claravis cap 20mg</i>	\$0 (1)	PA
<i>claravis cap 30mg</i>	\$0 (1)	PA
<i>claravis cap 40mg</i>	\$0 (1)	PA
<i>clindacin-p pad 1%</i>	\$0 (1)	
<i>clindamycin phosphate gel 1%</i>	\$0 (1)	
<i>clindamycin phosphate lotion 1%</i>	\$0 (1)	
<i>clindamycin phosphate soln 1%</i>	\$0 (1)	
<i>clindamycin phosphate swab 1%</i>	\$0 (1)	
<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; *
PANOXYL-4 LIQ CREM WSH	\$0 (3)	NM; *
<i>sulfacetamide sodium lotion 10% (acne)</i>	\$0 (1)	
<i>tretinoin cream 0.1%</i>	\$0 (1)	PA
<i>tretinoin cream 0.05%</i>	\$0 (1)	PA
<i>tretinoin cream 0.025%</i>	\$0 (1)	PA
<i>tretinoin gel 0.01%</i>	\$0 (1)	PA
<i>tretinoin gel 0.025%</i>	\$0 (1)	PA
<i>zenatane cap 10mg</i>	\$0 (1)	PA
<i>zenatane cap 20mg</i>	\$0 (1)	PA
<i>zenatane cap 30mg</i>	\$0 (1)	PA
<i>zenatane cap 40mg</i>	\$0 (1)	PA
<b>DERMATOLOGY, ANTIBIOTICS</b>		
<i>bacitr zinc oin 500/gm</i>	\$0 (3)	NM; *
<i>bacitracin oin 500/gm</i>	\$0 (3)	NM; *
<i>bacitracin oint 500 unit/gm</i>	\$0 (3)	NM; *
<i>bacitracin zinc oint 500 unit/gm</i>	\$0 (3)	NM; *

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<i>gentamicin sulfate cream 0.1%</i>	\$0 (1)	
<i>gentamicin sulfate oint 0.1%</i>	\$0 (1)	
<i>hm triple oin antibiot</i>	\$0 (3)	NM; *
<i>mupirocin oint 2%</i>	\$0 (1)	
<i>sb triple oin antibiot</i>	\$0 (3)	NM; *
<i>silver sulfadiazine cream 1%</i>	\$0 (1)	
<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>triple antib oin</i>	\$0 (3)	NM; *
<b>DERMATOLOGY, ANTIFUNGALS</b>		
ALEVAZOL OIN 1%	\$0 (3)	NM; *
<i>anti-fungal pow 1%</i>	\$0 (3)	NM; *
<i>anti-itch spr 2%</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>ath foot spr aer 1%</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; *
<i>baza antifun cre 2%</i>	\$0 (3)	NM; *
<i>castellani paint</i>	\$0 (3)	NM; *
<i>ciclopirox gel 0.77%</i>	\$0 (1)	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	\$0 (1)	
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	\$0 (1)	
<i>ciclopirox shampoo 1%</i>	\$0 (1)	
<i>clotrimazole cre 1%</i>	\$0 (3)	NM; *
<i>clotrimazole cream 1%</i>	\$0 (1)	
<i>clotrimazole cream 1%</i>	\$0 (3)	NM; *
<i>clotrimazole soln 1%</i>	\$0 (1)	
<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; *
FUNGOID TINC KIT	\$0 (3)	NM; *

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FUNGOID TINC SOL 2%	\$0 (3)	NM; *
<i>fungoid-d cre 1%</i>	\$0 (3)	NM; *
<i>jock itch aer 1%</i>	\$0 (3)	NM; *
<i>ketoconazole cream 2%</i>	\$0 (1)	
<i>lamisil af aer 1%</i>	\$0 (3)	NM; *
LAMISIL AT SPR 1%	\$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)	
<i>nystatin cream 100000 unit/gm</i>	\$0 (1)	
<i>nystatin oint 100000 unit/gm</i>	\$0 (1)	
<i>nystatin topical powder 100000 unit/gm</i>	\$0 (1)	
<i>nystop pow 100000</i>	\$0 (1)	
<i>remedy cre antifung</i>	\$0 (3)	NM; *
<i>sm antifungl cre 1%</i>	\$0 (3)	NM; *
<i>sm antifungl cre 2%</i>	\$0 (3)	NM; *
<i>soothe&amp;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>tolnaftate cre 1%</i>	\$0 (3)	NM; *
<i>tolnaftate cream 1%</i>	\$0 (3)	NM; *
<i>tolnaftate powder 1%</i>	\$0 (3)	NM; *
<i>zeasorb-af pow 2%</i>	\$0 (3)	NM; *
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<i>acitretin cap 10 mg</i>	\$0 (2)	NDS, PA
<i>acitretin cap 17.5 mg</i>	\$0 (2)	NDS, PA
<i>acitretin cap 25 mg</i>	\$0 (2)	NDS, PA
<i>calcipotriene cream 0.005%</i>	\$0 (1)	QL (120 gm / 30 days), PA
<i>calcipotriene oint 0.005%</i>	\$0 (1)	QL (120 gm / 30 days), PA
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	\$0 (1)	QL (120 mL / 30 days), PA
<i>tazarotene cream 0.1%</i>	\$0 (1)	PA
TAZORAC CRE 0.05%	\$0 (2)	PA
<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
<i>ketoconazole shampoo 2%</i>	\$0 (1)	
<i>selenium sulfide lotion 2.5%</i>	\$0 (1)	
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
<i>ala-cort cre 1%</i>	\$0 (1)	

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<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>aquanil hc lot 1%</i>	\$0 (3)	NM; *
<i>betamethasone dipropionate augmented cream 0.05%</i>	\$0 (1)	
<i>betamethasone dipropionate augmented gel 0.05%</i>	\$0 (1)	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	\$0 (1)	
<i>betamethasone dipropionate augmented oint 0.05%</i>	\$0 (1)	
<i>betamethasone dipropionate cream 0.05%</i>	\$0 (1)	
<i>betamethasone dipropionate lotion 0.05%</i>	\$0 (1)	
<i>betamethasone dipropionate oint 0.05%</i>	\$0 (1)	
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	\$0 (1)	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	\$0 (1)	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	\$0 (1)	
ENSTILAR AER	\$0 (2)	PA
<i>fluocinolone acetonide cream 0.01%</i>	\$0 (1)	
<i>fluocinolone acetonide cream 0.025%</i>	\$0 (1)	
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	\$0 (1)	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	\$0 (1)	
<i>fluocinolone acetonide oint 0.025%</i>	\$0 (1)	
<i>fluocinolone acetonide soln 0.01%</i>	\$0 (1)	
<i>fluocinonide cream 0.05%</i>	\$0 (1)	
<i>fluocinonide emulsified base cream 0.05%</i>	\$0 (1)	
<i>fluocinonide gel 0.05%</i>	\$0 (1)	
<i>fluocinonide soln 0.05%</i>	\$0 (1)	
<i>fluticasone propionate cream 0.05%</i>	\$0 (1)	
<i>fluticasone propionate oint 0.005%</i>	\$0 (1)	
<i>gnp hydrocor cre 1% plus</i>	\$0 (3)	NM; *

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<i>halobetasol propionate cream 0.05%</i>	\$0 (1)	
<i>halobetasol propionate oint 0.05%</i>	\$0 (1)	
<i>hm hydrocort cre 1% plus</i>	\$0 (3)	NM; *
<i>hydrocort cre 0.5%</i>	\$0 (3)	NM; *
<i>hydrocort cre 1%</i>	\$0 (3)	NM; *
<i>hydrocort oin 1%</i>	\$0 (3)	NM; *
<i>hydrocort/ cre aloe 1%</i>	\$0 (3)	NM; *
<i>hydrocortisone butyrate cream 0.1%</i>	\$0 (1)	
<i>hydrocortisone butyrate oint 0.1%</i>	\$0 (1)	
<i>hydrocortisone cream 0.5%</i>	\$0 (3)	NM; *
<i>hydrocortisone cream 1%</i>	\$0 (1)	
<i>hydrocortisone cream 1%</i>	\$0 (3)	NM; *
<i>hydrocortisone cream 2.5%</i>	\$0 (1)	
<i>hydrocortisone lotion 2.5%</i>	\$0 (1)	
<i>hydrocortisone oint 0.5%</i>	\$0 (3)	NM; *
<i>hydrocortisone oint 1%</i>	\$0 (3)	NM; *
<i>hydrocortisone oint 2.5%</i>	\$0 (1)	
<i>hydrocortisone valerate cream 0.2%</i>	\$0 (1)	
<i>hydrocortisone valerate oint 0.2%</i>	\$0 (1)	
<i>hydrocortisone-aloe vera cream 0.5%</i>	\$0 (3)	NM; *
<i>hydrocortisone-aloe vera cream 1%</i>	\$0 (3)	NM; *
<i>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>prep h cre 1%</i>	\$0 (3)	NM; *
<i>sb hydrocort cre 1%</i>	\$0 (3)	NM; *
<i>scalpicin sol 1%</i>	\$0 (3)	NM; *
<i>sm hydrocort cre 1%</i>	\$0 (3)	NM; *
<i>sm hydrocort cre 1% plus</i>	\$0 (3)	NM; *
<i>sm hydrocort oin 1%</i>	\$0 (3)	NM; *
TEXACORT SOL 2.5%	\$0 (2)	
<i>triamcinolone acetonide cream 0.1%</i>	\$0 (1)	
<i>triamcinolone acetonide cream 0.5%</i>	\$0 (1)	
<i>triamcinolone acetonide cream 0.025%</i>	\$0 (1)	
<i>triamcinolone acetonide lotion 0.1%</i>	\$0 (1)	
<i>triamcinolone acetonide lotion 0.025%</i>	\$0 (1)	
<i>triamcinolone acetonide oint 0.1%</i>	\$0 (1)	
<i>triamcinolone acetonide oint 0.5%</i>	\$0 (1)	
<i>triamcinolone acetonide oint 0.025%</i>	\$0 (1)	

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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**

ABREVA CRE 10%	\$0 (3)	NM; *
ABSORBASE OIN	\$0 (3)	NM; *
ADLT BARRIER AER 10%	\$0 (3)	NM; *
ALOE VESTA OIN PROTECT	\$0 (3)	NM; *
<i>americerin cre</i>	\$0 (3)	NM; *
<i>anti-dandruf sha 1%</i>	\$0 (3)	NM; *
<i>anti-dandruf sha coal tar</i>	\$0 (3)	NM; *
<i>anti-itch lot 0.5-0.5%</i>	\$0 (3)	NM; *
<i>arctic relf gel 0.2-3.5%</i>	\$0 (3)	NM; *
<i>arthricream cre 10%</i>	\$0 (3)	NM; *
BAZA CLEANSE LOT 2%	\$0 (3)	NM; *
<i>baza protect cre</i>	\$0 (3)	NM; *
<i>betasept liq 4%</i>	\$0 (3)	NM; *
CALAMINE LOT	\$0 (3)	NM; *
CALAMINE LOT 8-8%	\$0 (3)	NM; *
<i>capsaicin cream 0.025%</i>	\$0 (3)	NM; *
CAPSAICIN LIQ 0.15%	\$0 (3)	NM; *
CARRINGTON CRE MOISTURE	\$0 (3)	NM; *
CERAVE CRE	\$0 (3)	NM; *
CERAVE HYDRA LIQ CLEANSER	\$0 (3)	NM; *
CERAVE LOT	\$0 (3)	NM; *
CERAVE PM LOT	\$0 (3)	NM; *
CETAKLENZ LIQ	\$0 (3)	NM; *
CETAPHIL CRE	\$0 (3)	NM; *
CETAPHIL LIQ CLEANSER	\$0 (3)	NM; *
CETAPHIL LIQ OIL SKIN	\$0 (3)	NM; *
CETAPHIL LOT MOISTURE	\$0 (3)	NM; *

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CETAPHIL LOT RESTORAD	\$0 (3)	NM; *
<i>cvs moisture cre</i>	\$0 (3)	NM; *
<i>dermacerin cre</i>	\$0 (3)	NM; *
<i>dermamed oin</i>	\$0 (3)	NM; *
<i>dermaphor oin</i>	\$0 (3)	NM; *
<i>dermasarra lot</i>	\$0 (3)	NM; *
DIAPER RASH AER 10%	\$0 (3)	NM; *
<i>diaper rash oin 40%</i>	\$0 (3)	NM; *
<i>diaper rash oin creamy</i>	\$0 (3)	NM; *
<i>dibucaine rectal ointment 1%</i>	\$0 (3)	NM; *
<i>diclofenac sodium gel 1%</i>	\$0 (1)	PA
EYE-SCRUB PAD	\$0 (3)	NM; *
<i>fluorouracil cream 5%</i>	\$0 (1)	
<i>fluorouracil soln 2%</i>	\$0 (1)	
<i>fluorouracil soln 5%</i>	\$0 (1)	
GNP CALAMINE LOT 8-8%	\$0 (3)	NM; *
<i>gnp cold&amp;hot oin ext st</i>	\$0 (3)	NM; *
<i>gnp muscle cre rub</i>	\$0 (3)	NM; *
<i>hemorrhoidal oin</i>	\$0 (3)	NM; *
HM CALAMINE LOT 8-8%	\$0 (3)	NM; *
<i>hm povid-iod sol 10%</i>	\$0 (3)	NM; *
<i>hydrocortisone rectal cream 2.5%</i>	\$0 (1)	
<i>imiquimod cream 5%</i>	\$0 (1)	
<i>ionil-t sha 1%</i>	\$0 (3)	NM; *
<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; *
MEDERMA CRE SPF 30	\$0 (3)	NM; *
MEDERMA FOR GEL KIDS	\$0 (3)	NM; *
MEDERMA GEL	\$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>moisturel lot therapeut</i>	\$0 (3)	NM; *

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<b>Drug Name (By Medical Condition)</b>	<b>WHAT THE DRUG WILL COST YOU (TIER LEVEL)</b>	<b>NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE</b>
<i>moisturizing cre</i>	\$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>muscle rub cre</i>	\$0 (3)	NM; *
4-N-1 CRE	\$0 (3)	NM; *
PANRETIN GEL 0.1%	\$0 (2)	NDS
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/iod sol 10%</i>	\$0 (3)	NM; *
<i>procto-med cre hc 2.5%</i>	\$0 (1)	
<i>procto-pak cre 1%</i>	\$0 (1)	
<i>proctozone cre -hc 2.5%</i>	\$0 (1)	
REMEDY CLEAN LOT 1.5%	\$0 (3)	NM; *
REMEDY CLEAR OIN AID	\$0 (3)	NM; *
REMEDY MOIST CRE 5%	\$0 (3)	NM; *
REMEDY NUTRA CRE 1%	\$0 (3)	NM; *
REMEDY PST CALAZIME	\$0 (3)	NM; *
REMEDY SKIN CRE REPAIR	\$0 (3)	NM; *
RISAMINE OIN	\$0 (3)	NM; *
<i>rosadan cre 0.75%</i>	\$0 (1)	
SARNA SENSIT LOT 1%	\$0 (3)	NM; *
SCYTERA AER 2%	\$0 (3)	NM; *
<i>skin cleansr sol 4%</i>	\$0 (3)	NM; *
SM CALAMINE LOT	\$0 (3)	NM; *
<i>sm cold&amp; hot cre extra st</i>	\$0 (3)	NM; *
<i>sm medicated pow body</i>	\$0 (3)	NM; *
<i>sm povid-iod sol 10%</i>	\$0 (3)	NM; *
<i>sports pain cre relf rub</i>	\$0 (3)	NM; *
<i>surgilube gel</i>	\$0 (3)	NM; *
<i>tacrolimus oint 0.1%</i>	\$0 (1)	
<i>tacrolimus oint 0.03%</i>	\$0 (1)	
TARGRETIN GEL 1%	\$0 (2)	NDS, NM, PA
<i>thera-gesic cre</i>	\$0 (3)	NM; *
<i>thera-gesic cre plus</i>	\$0 (3)	NM; *
<i>therapeutic sha</i>	\$0 (3)	NM; *

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THERASEAL LOT 1%	\$0 (3)	NM; *
<i>trolamine salicylate cream 10%</i>	\$0 (3)	NM; *
<i>ureacin-10 lot 10%</i>	\$0 (3)	NM; *
<i>ureacin-20 cre 20%</i>	\$0 (3)	NM; *
VALCHLOR GEL 0.016%	\$0 (2)	NDS, LA, PA
<i>vitamins a &amp; d oint</i>	\$0 (3)	NM; *
<i>zinc oxide oin 20%</i>	\$0 (3)	NM; *
<i>zinc oxide oint 20%</i>	\$0 (3)	NM; *
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
<i>bedding spra aer 0.5%</i>	\$0 (3)	NM; *
<i>lice bedding aer 0.5%</i>	\$0 (3)	NM; *
<i>lice killing sha</i>	\$0 (3)	NM; *
<i>lice trtmnt liq 1%</i>	\$0 (3)	NM; *
<i>malathion lotion 0.5%</i>	\$0 (1)	
<i>permethrin cream 5%</i>	\$0 (1)	
<i>sm bedding aer lice</i>	\$0 (3)	NM; *
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
<i>acetic acid irrigation soln 0.25%</i>	\$0 (1)	
REGRANEX GEL 0.01%	\$0 (2)	NDS, PA
SANTYL OIN 250/GM	\$0 (2)	
<i>sodium chloride irrigation soln 0.9%</i>	\$0 (1)	
<i>water for irrigation, sterile irrigation soln</i>	\$0 (1)	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>cevimeline hcl cap 30 mg</i>	\$0 (1)	
<i>chlorhexidine gluconate soln 0.12%</i>	\$0 (1)	
<i>clotrimazole troche 10 mg</i>	\$0 (1)	
<i>lidocaine hcl viscous soln 2%</i>	\$0 (1)	
<i>nystatin susp 100000 unit/ml</i>	\$0 (1)	
<i>periogard sol 0.12%</i>	\$0 (1)	
<i>pilocarpine hcl tab 5 mg</i>	\$0 (1)	
<i>pilocarpine hcl tab 7.5 mg</i>	\$0 (1)	
<i>sore throat spr 1.4%</i>	\$0 (3)	NM; *
<i>triamcinolone acetonide dental paste 0.1%</i>	\$0 (1)	
<b>OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR</b>		
<i>acetic acid otic soln 2%</i>	\$0 (1)	
CIPRODEX SUS 0.3-0.1%	\$0 (2)	
<i>ear wax remv dro 6.5% ot</i>	\$0 (3)	NM; *
<i>earwax remv sol 6.5% ot</i>	\$0 (3)	NM; *
<i>flac oil 0.01%</i>	\$0 (1)	

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<i>fluocinolone acetonide (otic) oil 0.01%</i>	\$0 (1)	
<i>gnp ear sys sol 6.5% ot</i>	\$0 (3)	NM; *
<i>neomycin-polymyxin-hc otic soln 1%</i>	\$0 (1)	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	\$0 (1)	
<i>ofloxacin otic soln 0.3%</i>	\$0 (1)	
<i>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	

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## E. Índice de medicamentos cubiertos

<i>3 day vaginl cre 2%</i> .....	117	<i>60 mg</i> .....	18
<i>3 day vaginal cre 4%</i> .....	117	<i>acetaminophn sus 160/5ml</i> .....	14
<i>4-N-1 CRE</i> .....	153	<i>acetaminophn sus 325mg</i> .....	14
<i>8 hour pain tab 650mg</i> .....	15	<i>acetazolamide cap er 12hr 500 mg</i> .....	59
<i>abacavir sulfate soln 20 mg/ml</i> <i>(base equiv)</i> .....	27	<i>acetazolamide tab 125 mg</i> .....	60
<i>abacavir sulfate tab 300 mg (base</i> <i>equiv)</i> .....	27	<i>acetazolamide tab 250 mg</i> .....	60
<i>abacavir sulfate-lamivudine tab</i> <i>600-300 mg</i> .....	29	<i>acetic acid irrigation soln 0.25%</i> 154	
<i>abacavir sulfate-lamivudine-</i> <i>zidovudine tab 300-150-300 mg</i> ..	29	<i>acetic acid otic soln 2%</i> .....	154
ABELCET INJ 5MG/ML .....	25	<i>acetylcysteine inhal soln 10%</i> ...	143
ABILIFY MAIN INJ 300MG .....	76	<i>acetylcysteine inhal soln 20%</i> ...	143
ABILIFY MAIN INJ 400MG .....	76	<i>acid control tab 10mg</i> .....	109
<i>abiraterone acetate tab 250 mg</i> ..	41	<i>acid control tab 150mg</i> .....	109
ABRAXANE INJ 100MG .....	39	<i>acid control tab 20mg</i> .....	109
ABREVA CRE 10% .....	151	<i>acid gone chw</i> .....	106
ABSORBASE OIN .....	151	<i>acid gone sus</i> .....	106
<i>acamprosate calcium tab delayed</i> <i>release 333 mg</i> .....	87	<i>acid reducer tab 10mg</i> .....	110
<i>acarbose tab 100 mg</i> .....	91	<i>acid reducer tab 20mg</i> .....	110
<i>acarbose tab 25 mg</i> .....	91	<i>acid reducer tab 75mg</i> .....	110
<i>acarbose tab 50 mg</i> .....	91	ACIDOPHILUS CAP .....	107
<i>acebutolol hcl cap 200 mg</i> .....	56	<i>acitretin cap 10 mg</i> .....	148
<i>acebutolol hcl cap 400 mg</i> .....	56	<i>acitretin cap 17.5 mg</i> .....	148
<i>acephen sup 120mg</i> .....	14	<i>acitretin cap 25 mg</i> .....	148
<i>acephen sup 325mg</i> .....	14	ACTHIB INJ .....	125
<i>acephen sup 650mg</i> .....	14	ACTIMMUNE INJ 2MU/0.5 .....	124
<i>aceta-gesic tab 12.5-325</i> .....	142	<i>acyclovir cap 200 mg</i> .....	30
<i>acetamin pm tab 25-500mg</i> .....	87	<i>acyclovir sodium iv soln 50 mg/ml</i> .....	30
<i>acetamin tab 500mg</i> .....	14	<i>acyclovir susp 200 mg/5ml</i> .....	30
<i>acetaminophen soln 160 mg/5ml</i> ..	14	<i>acyclovir tab 400 mg</i> .....	30
<i>acetaminophen suppos 120 mg</i> ...	14	<i>acyclovir tab 800 mg</i> .....	30
<i>acetaminophen suppos 650 mg</i> ...	14	ADACEL INJ.....	125
<i>acetaminophen susp 160 mg/5ml</i> 14		<i>adefovir dipivoxil tab 10 mg</i> .....	30
<i>acetaminophen tab 325 mg</i> .....	14	ADEMPAS TAB 0.5MG .....	62
<i>acetaminophen w/ codeine soln</i> <i>120-12 mg/5ml</i> .....	17	ADEMPAS TAB 1.5MG .....	62
<i>acetaminophen w/ codeine tab 300-</i> <i>15 mg</i> .....	18	ADEMPAS TAB 1MG .....	62
<i>acetaminophen w/ codeine tab 300-</i> <i>30 mg</i> .....	18	ADEMPAS TAB 2.5MG .....	62
<i>acetaminophen w/ codeine tab 300-</i> <i>60 mg</i> .....	18	ADEMPAS TAB 2MG .....	62
		ADLT BARRIER AER 10%.....	151
		<i>adriamycin inj 20mg</i> .....	37
		<i>adrucil inj 2.5g/50m</i> .....	38
		<i>adrucil inj 500/10ml</i> .....	38
		<i>adrucil inj 5gm/100m</i> .....	38
		ADULT 50+ CAP OCUVITE .....	132

ADVAIR DISKU AER 100/50 .....	145	0.05% .....	149
ADVAIR DISKU AER 250/50 .....	145	ALCOHOL SWABS .....	90
ADVAIR DISKU AER 500/50 .....	145	ALDURAZYME INJ 2.9MG/5M .....	99
ADVAIR HFA AER 115/21.....	145	ALECENSA CAP 150MG .....	42
ADVAIR HFA AER 230/21.....	145	<i>alendronate sodium oral soln 70</i>	
ADVAIR HFA AER 45/21 .....	145	<i>mg/75ml.....</i>	93
<i>advanced sus antacid.....</i>	106	<i>alendronate sodium tab 10 mg ...</i>	93
<i>advil jr st tab 100mg .....</i>	16	<i>alendronate sodium tab 35 mg ...</i>	93
<i>advil jr str chw 100mg .....</i>	16	<i>alendronate sodium tab 40 mg ...</i>	93
AFINITOR DIS TAB 2MG .....	42	<i>alendronate sodium tab 5 mg .....</i>	93
AFINITOR DIS TAB 3MG .....	42	<i>alendronate sodium tab 70 mg ...</i>	93
AFINITOR DIS TAB 5MG .....	42	ALEVAZOL OIN 1%.....	147
AFINITOR TAB 10MG.....	42	<i>alfuzosin hcl tab er 24hr 10 mg.</i>	116
AFINITOR TAB 2.5MG.....	42	ALIMTA INJ 100MG.....	38
AFINITOR TAB 5MG .....	42	ALIMTA INJ 500MG.....	38
AFINITOR TAB 7.5MG.....	42	ALINIA SUS 100/5ML.....	23
AIMOVIG INJ 140MG/ML.....	84	ALINIA TAB 500MG .....	23
AIMOVIG INJ 70MG/ML .....	84	<i>aliskiren fumarate tab 150 mg</i>	
<i>akwa tears oin op .....</i>	138	<i>(base equivalent) .....</i>	59
<i>ala-cort cre 1% .....</i>	148	<i>aliskiren fumarate tab 300 mg</i>	
<i>ala-cort cre 2.5% .....</i>	149	<i>(base equivalent) .....</i>	59
ALA-HIST IR TAB 2MG.....	139	<i>all day pain tab 220mg .....</i>	16
ALA-HIST PE TAB 2-10MG .....	142	<i>aller-chlor tab 4mg.....</i>	139
<i>alaway child dro 0.025%op.....</i>	137	<i>aller-ease tab 60mg .....</i>	139
<i>alaway dro 0.025%op .....</i>	137	<i>allergy cap 25mg .....</i>	139
<i>albendazole tab 200 mg .....</i>	23	<i>allergy chld liq 12.5/5ml .....</i>	139
<i>albuterol sulfate inhal aero 108</i>		<i>allergy med liq 12.5/5ml .....</i>	139
<i>mcg/act (90mcg base equiv).....</i>	141	<i>allergy relf cap 25mg .....</i>	139
<i>albuterol sulfate soln nebu 0.083%</i>		<i>allergy relf liq 12.5/5ml.....</i>	139
<i>(2.5 mg/3ml) .....</i>	141	<i>allergy relf tab 25mg .....</i>	139
<i>albuterol sulfate soln nebu 0.5% (5</i>		<i>allergy tab 4mg .....</i>	139
<i>mg/ml) .....</i>	141	<i>allergy-d tab 5-120mg .....</i>	142
<i>albuterol sulfate soln nebu 0.63</i>		<i>allergy-time tab 4mg .....</i>	140
<i>mg/3ml (base equiv) .....</i>	141	<i>allgy comp-d tab 5-120mg .....</i>	142
<i>albuterol sulfate soln nebu 1.25</i>		<i>allopurinol tab 100 mg .....</i>	14
<i>mg/3ml (base equiv) .....</i>	141	<i>allopurinol tab 300 mg .....</i>	14
<i>albuterol sulfate syrup 2 mg/5ml</i>		<i>almacone chw.....</i>	106
<i>.....</i>	141	<i>almacone dbl sus strength.....</i>	106
<i>albuterol sulfate tab 2 mg.....</i>	141	<i>almacone sus.....</i>	106
<i>albuterol sulfate tab 4 mg.....</i>	141	ALOE VESTA OIN PROTECT.....	151
<i>albuterol sulfate tab er 12hr 4 mg</i>		<i>alose tron hcl tab 0.5 mg (base</i>	
<i>.....</i>	141	<i>equiv).....</i>	114
<i>albuterol sulfate tab er 12hr 8 mg</i>		<i>alose tron hcl tab 1 mg (base equiv)</i>	
<i>.....</i>	141	<i>.....</i>	114
<i>alclometasone dipropionate cream</i>		ALPHAGAN P SOL 0.1%.....	137
<i>0.05%.....</i>	149	<i>alprazolam tab 0.25 mg .....</i>	63
<i>alclometasone dipropionate oint</i>		<i>alprazolam tab 0.5 mg .....</i>	63

*alprazolam tab 1 mg* .....63  
*alprazolam tab 2 mg* .....63  
 ALREX SUS 0.2% .....136  
 ALUM HYDROX SUS 320/5ML ....106  
 ALUNBRIG PAK.....43  
 ALUNBRIG TAB 180MG .....43  
 ALUNBRIG TAB 30MG.....43  
 ALUNBRIG TAB 90MG.....43  
*alyacen tab 1/35* .....94  
*amantadine hcl cap 100 mg* .....74  
*amantadine hcl syrup 50 mg/5ml* 74  
*amantadine hcl tab 100 mg* .....74  
 AMBISOME INJ 50MG.....25  
*ambrisentan tab 10 mg* .....62  
*ambrisentan tab 5 mg*.....62  
*americerin cre*.....151  
*amethia lo tab*.....94  
*amethia tab* .....95  
*amikacin sulfate inj 1 gm/4ml (250 mg/ml)* .....22  
*amikacin sulfate inj 500 mg/2ml (250 mg/ml)* .....22  
*amiloride & hydrochlorothiazide tab 5-50 mg* .....60  
*amiloride hcl tab 5 mg* .....60  
*amino acid infusion 6%* .....127  
 AMINOSYN II INJ 10% .....127  
 AMINOSYN-PF INJ 10% .....128  
 AMINOSYN-PF INJ 7%.....128  
*amiodarone hcl inj 150 mg/3ml (50 mg/ml)* .....52  
*amiodarone hcl inj 450 mg/9ml (50 mg/ml)* .....52  
*amiodarone hcl inj 900 mg/18ml (50 mg/ml)*.....52  
*amiodarone hcl tab 100 mg* .....52  
*amiodarone hcl tab 200 mg* .....52  
*amiodarone hcl tab 400 mg* .....52  
 AMITIZA CAP 24MCG .....114  
 AMITIZA CAP 8MCG .....114  
*amitriptyline hcl tab 10 mg* .....71  
*amitriptyline hcl tab 100 mg* .....71  
*amitriptyline hcl tab 150 mg* .....71  
*amitriptyline hcl tab 25 mg* .....71  
*amitriptyline hcl tab 50 mg* .....71  
*amitriptyline hcl tab 75 mg* .....71  
*amlodipine besylate tab 10 mg*

*(base equivalent)* .....57  
*amlodipine besylate tab 2.5 mg (base equivalent)* .....57  
*amlodipine besylate tab 5 mg (base equivalent)* .....57  
*amlodipine besylate-benazepril hcl cap 10-20 mg* .....47  
*amlodipine besylate-benazepril hcl cap 10-40 mg* .....47  
*amlodipine besylate-benazepril hcl cap 2.5-10 mg* .....47  
*amlodipine besylate-benazepril hcl cap 5-10 mg* .....47  
*amlodipine besylate-benazepril hcl cap 5-20 mg* .....47  
*amlodipine besylate-benazepril hcl cap 5-40 mg* .....47  
*amlodipine besylate-olmesartan medoxomil tab 10-20 mg* .....50  
*amlodipine besylate-olmesartan medoxomil tab 10-40 mg* .....50  
*amlodipine besylate-olmesartan medoxomil tab 5-20 mg* .....50  
*amlodipine besylate-olmesartan medoxomil tab 5-40 mg* .....50  
*amlodipine besylate-valsartan tab 10-160 mg* .....50  
*amlodipine besylate-valsartan tab 10-320 mg* .....50  
*amlodipine besylate-valsartan tab 5-160 mg* .....50  
*amlodipine besylate-valsartan tab 5-320 mg* .....50  
*amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg* .....50  
*amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg* .....50  
*amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg* .....50  
*amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg* .....50  
*amlodipine-valsartan-hydrochlorothiazide tab 5-160-25*



mg .....50  
 amnesteem cap 10mg .....145  
 amnesteem cap 20mg .....145  
 amnesteem cap 40mg .....145  
 amoxapine tab 100 mg .....71  
 amoxapine tab 150 mg .....71  
 amoxapine tab 25 mg .....71  
 amoxapine tab 50 mg .....71  
 amoxicillin & k clavulanate chew tab  
 200-28.5 mg .....34  
 amoxicillin & k clavulanate chew tab  
 400-57 mg .....34  
 amoxicillin & k clavulanate for susp  
 200-28.5 mg/5ml .....34  
 amoxicillin & k clavulanate for susp  
 250-62.5 mg/5ml .....34  
 amoxicillin & k clavulanate for susp  
 400-57 mg/5ml .....34  
 amoxicillin & k clavulanate for susp  
 600-42.9 mg/5ml .....34  
 amoxicillin & k clavulanate tab 250-  
 125 mg .....34  
 amoxicillin & k clavulanate tab 500-  
 125 mg .....35  
 amoxicillin & k clavulanate tab 875-  
 125 mg .....35  
 amoxicillin & k clavulanate tab er  
 12hr 1000-62.5 mg .....35  
 amoxicillin (trihydrate) cap 250 mg  
 .....35  
 amoxicillin (trihydrate) cap 500 mg  
 .....35  
 amoxicillin (trihydrate) chew tab  
 125 mg .....35  
 amoxicillin (trihydrate) chew tab  
 250 mg .....35  
 amoxicillin (trihydrate) for susp 125  
 mg/5ml .....35  
 amoxicillin (trihydrate) for susp 200  
 mg/5ml .....35  
 amoxicillin (trihydrate) for susp 250  
 mg/5ml .....35  
 amoxicillin (trihydrate) for susp 400  
 mg/5ml .....35  
 amoxicillin (trihydrate) tab 500 mg  
 .....35  
 amoxicillin (trihydrate) tab 875 mg

..... 35  
 amphetamine-dextroamphetamine  
 cap er 24hr 10 mg ..... 82  
 amphetamine-dextroamphetamine  
 cap er 24hr 15 mg ..... 82  
 amphetamine-dextroamphetamine  
 cap er 24hr 20 mg ..... 82  
 amphetamine-dextroamphetamine  
 cap er 24hr 25 mg ..... 82  
 amphetamine-dextroamphetamine  
 cap er 24hr 30 mg ..... 82  
 amphetamine-dextroamphetamine  
 cap er 24hr 5 mg ..... 82  
 amphetamine-dextroamphetamine  
 tab 10 mg ..... 82  
 amphetamine-dextroamphetamine  
 tab 12.5 mg ..... 82  
 amphetamine-dextroamphetamine  
 tab 15 mg ..... 82  
 amphetamine-dextroamphetamine  
 tab 20 mg ..... 82  
 amphetamine-dextroamphetamine  
 tab 30 mg ..... 82  
 amphetamine-dextroamphetamine  
 tab 5 mg ..... 82  
 amphetamine-dextroamphetamine  
 tab 7.5 mg ..... 82  
 amphotericin b for iv soln 50 mg .25  
 ampicillin & sulbactam sodium for  
 inj 1.5 (1-0.5) gm ..... 35  
 ampicillin & sulbactam sodium for  
 inj 3 (2-1) gm ..... 35  
 ampicillin & sulbactam sodium for iv  
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27	AVASTIN INJ .....	39
<i>atazanavir sulfate cap 200 mg</i>	AVASTIN INJ 400/16ML.....	39
<i>(base equiv)</i> .....	<i>aviane tab</i> .....	95
27	<i>avita cre 0.025%</i> .....	145
<i>atazanavir sulfate cap 300 mg</i>	<i>avita gel 0.025%</i> .....	145
<i>(base equiv)</i> .....	AYR ALLERGY SPR & SINUS .....	143
27	AYR NASAL DRO 0.65% .....	143
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<i>atenolol &amp; chlorthalidone tab 50-25</i>	AZACTAM INJ 2GM .....	23
<i>mg</i> .....	AZASITE SOL 1% .....	135
55	<i>azathioprine tab 50 mg</i> .....	124
<i>atenolol tab 100 mg</i> .....	<i>azelastine hcl nasal spray 0.1%</i>	
56	<i>(137 mcg/spray)</i> .....	140
<i>atenolol tab 25 mg</i> .....	<i>azelastine hcl nasal spray 0.15%</i>	
56	<i>(205.5 mcg/spray)</i> .....	140
<i>atenolol tab 50 mg</i> .....	<i>azelastine hcl ophth soln 0.05%</i>	137
56	<i>azithromycin for susp 100 mg/5ml</i>	
<i>ath foot spr aer 1%</i> .....	.....	33
147	<i>azithromycin for susp 200 mg/5ml</i>	
<i>athlete foot cre 1%</i> .....	.....	33
147	<i>azithromycin iv for soln 500 mg</i> ..	33
<i>athlete foot cre af</i> .....	<i>azithromycin powd pack for susp 1</i>	
147	<i>gm</i> .....	33
<i>atomoxetine hcl cap 10 mg (base</i>	<i>azithromycin tab 250 mg</i> .....	33
<i>equiv)</i> .....	<i>azithromycin tab 500 mg</i> .....	33
82	<i>azithromycin tab 600 mg</i> .....	33
<i>atomoxetine hcl cap 100 mg (base</i>	AZOLEN TINC SOL 2% .....	147
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83	<i>aztreonam for inj 1 gm</i> .....	23
<i>atomoxetine hcl cap 18 mg (base</i>	<i>aztreonam for inj 2 gm</i> .....	23
<i>equiv)</i> .....	<i>baby ayr spr 0.65%</i> .....	143
82	<i>bacitr zinc oin 500/gm</i> .....	146
<i>atomoxetine hcl cap 25 mg (base</i>	<i>bacitracin oin 500/gm</i> .....	146
<i>equiv)</i> .....	<i>bacitracin oint 500 unit/gm</i> .....	146
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<i>atomoxetine hcl cap 40 mg (base</i>		
<i>equiv)</i> .....		
83		
<i>atomoxetine hcl cap 60 mg (base</i>		
<i>equiv)</i> .....		
83		
<i>atomoxetine hcl cap 80 mg (base</i>		
<i>equiv)</i> .....		
83		
<i>atorvastatin calcium tab 10 mg</i>		
<i>(base equivalent)</i> .....		
53		
<i>atorvastatin calcium tab 20 mg</i>		
<i>(base equivalent)</i> .....		
53		
<i>atorvastatin calcium tab 40 mg</i>		
<i>(base equivalent)</i> .....		
53		
<i>atorvastatin calcium tab 80 mg</i>		
<i>(base equivalent)</i> .....		
54		
<i>atovaquone susp 750 mg/5ml</i> .....		
23		
<i>atovaquone-proguanil hcl tab 250-</i>		

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<i>baclofen tab 10 mg</i> .....	<i>benzoyl per liq 6%</i> .....	145
87	<i>benzoyl peroxide foam 5.3%</i> ....	145
<i>baclofen tab 20 mg</i> .....	<i>benzoyl peroxide foam 9.8%</i> ....	145
87	<i>benzoyl peroxide gel 10%</i> .....	146
<i>balsalazide disodium cap 750 mg</i>	<i>benzoyl peroxide gel 5%</i> .....	145
.....110	<i>benzoyl peroxide-erythromycin gel</i>	
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BALVERSA TAB 4MG .....	<i>benztropine mesylate tab 0.5 mg</i>	74
43	<i>benztropine mesylate tab 1 mg ...</i>	75
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140	<i>augmented cream 0.05%</i> .....	149
<i>banophen cap 50mg</i> .....	<i>betamethasone dipropionate</i>	
140	<i>augmented gel 0.05%</i> .....	149
<i>banophen liq 12.5/5ml</i> .....	<i>betamethasone dipropionate</i>	
140	<i>augmented lotion 0.05%</i> .....	149
<i>banophen tab 25mg</i> .....	<i>betamethasone dipropionate</i>	
140	<i>augmented oint 0.05%</i> .....	149
BANZEL SUS 40MG/ML.....	<i>betamethasone dipropionate cream</i>	
64	<i>0.05%</i> .....	149
BANZEL TAB 200MG .....	<i>betamethasone dipropionate lotion</i>	
64	<i>0.05%</i> .....	149
BANZEL TAB 400MG .....	<i>betamethasone dipropionate oint</i>	
64	<i>0.05%</i> .....	149
BARACLUDGE SOL .....	<i>betamethasone valerate cream</i>	
30	<i>0.1% (base equivalent)</i> .....	149
BASAGLAR INJ 100UNIT .....	<i>betamethasone valerate lotion</i>	
90	<i>0.1% (base equivalent)</i> .....	149
<i>baza antifun cre 2%</i> .....	<i>betamethasone valerate oint 0.1%</i>	
147	<i>(base equivalent)</i> .....	149
BAZA CLEANSE LOT 2% .....	<i>betasept liq 4%</i> .....	151
151	BETASERON INJ 0.3MG .....	86
<i>baza protect cre</i> .....	<i>betaxolol hcl ophth soln 0.5%</i> ...	137
151	<i>betaxolol hcl tab 10 mg</i> .....	56
BCG VACCINE INJ.....		
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<i>b-complex w/ c &amp; calcium tab</i> ...		
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154		
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95		
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<i>tab 10-12.5 mg</i> .....		
47		
<i>benazepril &amp; hydrochlorothiazide</i>		
<i>tab 20-12.5 mg</i> .....		
47		
<i>benazepril &amp; hydrochlorothiazide</i>		
<i>tab 20-25 mg</i> .....		
47		
<i>benazepril &amp; hydrochlorothiazide</i>		
<i>tab 5-6.25 mg</i> .....		
47		
<i>benazepril hcl tab 10 mg</i> .....		
48		
<i>benazepril hcl tab 20 mg</i> .....		
48		
<i>benazepril hcl tab 40 mg</i> .....		
48		
<i>benazepril hcl tab 5 mg</i> .....		
48		

<i>betaxolol hcl tab 20 mg</i> .....	56	<i>briellyn tab</i> .....	95
<i>bethanechol chloride tab 10 mg</i> .....	116	BRILINTA TAB 60MG.....	122
<i>bethanechol chloride tab 25 mg</i> .....	116	BRILINTA TAB 90MG.....	122
<i>bethanechol chloride tab 5 mg</i> ..	116	<i>brimonidine tartrate ophth soln</i>	
<i>bethanechol chloride tab 50 mg</i> .....	117	0.15% .....	137
BETOPTIC-S SUS 0.25% OP.....	137	<i>brimonidine tartrate ophth soln</i>	
BEVESPI AER 9-4.8MCG .....	139	0.2% .....	137
<i>bexarotene cap 75 mg</i> .....	46	BRIVIACT INJ 50MG/5ML .....	64
BEXSERO INJ .....	125	BRIVIACT SOL 10MG/ML .....	64
<i>bicalutamide tab 50 mg</i> .....	41	BRIVIACT TAB 100MG.....	64
BICILLIN L-A INJ 1200000.....	35	BRIVIACT TAB 10MG .....	64
BICILLIN L-A INJ 2400000.....	35	BRIVIACT TAB 25MG .....	64
BICILLIN L-A INJ 600000.....	35	BRIVIACT TAB 50MG .....	64
BIKTARVY TAB .....	29	BRIVIACT TAB 75MG .....	64
<i>biotin cap 5 mg</i> .....	132	<i>bromfenac sodium ophth soln</i>	
<i>biotin tab 300 mcg</i> .....	132	0.09% (base equiv) (once-daily)	136
<i>bisac-evac sup 10mg</i> .....	111	<i>bromocriptine mesylate cap 5 mg</i>	
<i>bisacodyl suppos 10 mg</i> .....	111	(base equivalent) .....	75
<i>bisacodyl tab 5mg ec</i> .....	111	<i>bromocriptine mesylate tab 2.5 mg</i>	
<i>biscolax sup 10mg</i> .....	111	(base equivalent) .....	75
<i>bismatrol chw 262mg</i> .....	107	BROMSITE DRO 0.075% .....	136
<i>bismatrol sus 262/15ml</i> .....	107	<i>budesonide delayed release</i>	
<i>bismatrol sus 525/15ml</i> .....	107	<i>particles cap 3 mg</i> .....	110
<i>bisoprolol &amp; hydrochlorothiazide tab</i>		<i>budesonide inhalation susp 0.25</i>	
<i>10-6.25 mg</i> .....	55	<i>mg/2ml</i> .....	144
<i>bisoprolol &amp; hydrochlorothiazide tab</i>		<i>budesonide inhalation susp 0.5</i>	
<i>2.5-6.25 mg</i> .....	55	<i>mg/2ml</i> .....	144
<i>bisoprolol &amp; hydrochlorothiazide tab</i>		<i>bumetanide inj 0.25 mg/ml</i> .....	60
<i>5-6.25 mg</i> .....	55	<i>bumetanide tab 0.5 mg</i> .....	60
<i>bisoprolol fumarate tab 10 mg</i> ....	56	<i>bumetanide tab 1 mg</i> .....	60
<i>bisoprolol fumarate tab 5 mg</i> .....	56	<i>bumetanide tab 2 mg</i> .....	60
BIVIGAM INJ 10% .....	123	<i>buprenorphine hcl sl tab 2 mg (base</i>	
<i>bleomycin sulfate for inj 15 unit</i> ..	38	<i>equiv)</i> .....	87
<i>bleomycin sulfate for inj 30 unit</i> ..	38	<i>buprenorphine hcl sl tab 8 mg (base</i>	
BLEPHAMIDE OIN S.O.P. ....	135	<i>equiv)</i> .....	87
<i>blisovi 24 tab fe 1/20</i> .....	95	<i>buprenorphine hcl-naloxone hcl sl</i>	
<i>blisovi fe tab 1.5/30</i> .....	95	<i>film 12-3 mg (base equiv)</i> .....	88
BOOSTRIX INJ .....	125	<i>buprenorphine hcl-naloxone hcl sl</i>	
BORTEZOMIB INJ 3.5MG .....	39	<i>film 2-0.5 mg (base equiv)</i> .....	88
<i>bosentan tab 125 mg</i> .....	62	<i>buprenorphine hcl-naloxone hcl sl</i>	
<i>bosentan tab 62.5 mg</i> .....	62	<i>film 4-1 mg (base equiv)</i> .....	88
BOSULIF TAB 100MG .....	43	<i>buprenorphine hcl-naloxone hcl sl</i>	
BOSULIF TAB 400MG .....	43	<i>film 8-2 mg (base equiv)</i> .....	88
BOSULIF TAB 500MG .....	43	<i>buprenorphine hcl-naloxone hcl sl</i>	
BRAFTOVI CAP 75MG .....	43	<i>tab 2-0.5 mg (base equiv)</i> .....	88
BREO ELLIPTA INH 100-25 .....	145	<i>buprenorphine hcl-naloxone hcl sl</i>	
BREO ELLIPTA INH 200-25 .....	145	<i>tab 8-2 mg (base equiv)</i> .....	88

<i>buprenorphine td patch weekly 10 mcg/hr</i> .....	18	CALAMINE LOT 8-8%.....	151
<i>buprenorphine td patch weekly 15 mcg/hr</i> .....	18	<i>calc 600/d3 tab 600-800</i> .....	130
<i>buprenorphine td patch weekly 20 mcg/hr</i> .....	18	<i>calc 600+d tab 600-800</i> .....	130
<i>buprenorphine td patch weekly 5 mcg/hr</i> .....	18	<i>calc antacid chw 1000mg</i> .....	106
<i>buprenorphine td patch weekly 7.5 mcg/hr</i> .....	18	<i>calc antacid chw 500mg</i> .....	106
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i> .....	88	<i>calc antacid chw 750mg</i> .....	106
<i>bupropion hcl tab 100 mg</i> .....	71	<i>calcipotriene cream 0.005%</i> .....	148
<i>bupropion hcl tab 75 mg</i> .....	71	<i>calcipotriene oint 0.005%</i> .....	148
<i>bupropion hcl tab er 12hr 100 mg</i>	71	<i>calcipotriene soln 0.005% (50 mcg/ml)</i> .....	148
<i>bupropion hcl tab er 12hr 150 mg</i>	71	<i>calcitonin (salmon) nasal soln 200 unit/act</i> .....	102
<i>bupropion hcl tab er 12hr 200 mg</i>	71	<i>calcitrate tab</i> .....	130
<i>bupropion hcl tab er 24hr 150 mg</i>	71	<i>calcitrate tab 950mg</i> .....	130
<i>bupropion hcl tab er 24hr 300 mg</i>	71	<i>calcitriol cap 0.25 mcg</i> .....	132
<i>bupropion hcl tab er 24hr 300 mg</i>	71	<i>calcitriol cap 0.5 mcg</i> .....	132
<i>bupropion hcl tab er 24hr 300 mg</i>	71	<i>calcitriol inj 1 mcg/ml</i> .....	132
<i>bupropion hcl tab er 24hr 300 mg</i>	71	<i>calcitriol oral soln 1 mcg/ml</i> .....	132
<i>bupropion hcl tab er 24hr 300 mg</i>	71	<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i> .....	103
<i>bupropion hcl tab er 24hr 300 mg</i>	71	<i>calcium acetate (phosphate binder) tab 667 mg</i> .....	103
<i>bupropion hcl tab er 24hr 300 mg</i>	71	<i>calcium carbonate (antacid) susp 1250 mg/5ml</i> .....	130
<i>bupropion hcl tab er 24hr 300 mg</i>	71	<i>calcium carbonate tab 1250 mg (500 mg elemental ca)</i> .....	130
<i>bupropion hcl tab er 24hr 300 mg</i>	71	<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i> .....	130
<i>bupropion hcl tab er 24hr 300 mg</i>	71	<i>calcium carbonate tab 600 mg</i> ..	130
<i>bupropion hcl tab er 24hr 300 mg</i>	71	<i>calcium carbonate-cholecalciferol chew tab 500 mg-100 unit</i> .....	130
<i>bupropion hcl tab er 24hr 300 mg</i>	71	<i>calcium carbonate-cholecalciferol tab 250 mg-125 unit</i> .....	130
<i>bupropion hcl tab er 24hr 300 mg</i>	71	<i>calcium carbonate-cholecalciferol tab 500 mg-200 unit</i> .....	130
<i>bupropion hcl tab er 24hr 300 mg</i>	71	<i>calcium carbonate-cholecalciferol tab 600 mg-200 unit</i> .....	130
<i>bupropion hcl tab er 24hr 300 mg</i>	71	<i>calcium carbonate-cholecalciferol tab 600 mg-400 unit</i> .....	130
<i>bupropion hcl tab er 24hr 300 mg</i>	71	<i>calcium carbonate-vitamin d tab 500 mg-200 unit</i> .....	130
<i>bupropion hcl tab er 24hr 300 mg</i>	71	<i>calcium carbonate-vitamin d tab 600 mg-200 unit</i> .....	130
<i>bupropion hcl tab er 24hr 300 mg</i>	71	<i>calcium citr tab +d</i> .....	130
<i>bupropion hcl tab er 24hr 300 mg</i>	71	<i>calcium citr tab w/vit d3</i> .....	130
<i>bupropion hcl tab er 24hr 300 mg</i>	71	<i>calcium polycarbophil tab 625 mg</i> .....	111
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*calcium tab vit d* ..... 130  
*calcium/d chw 500-400* ..... 130  
*calcium/d tab 600-200* ..... 130  
*calcium/d tab 600-800* ..... 130  
*calcium/d3 tab* ..... 130  
*calcium/d3 tab 600-800* ..... 130  
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*camila tab 0.35mg* ..... 95  
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*candesartan cilexetil tab 32 mg* ... 52  
*candesartan cilexetil tab 4 mg*.... 52  
*candesartan cilexetil tab 8 mg*.... 52  
*candesartan cilexetil-*  
*hydrochlorothiazide tab 16-12.5 mg*  
 ..... 50  
*candesartan cilexetil-*  
*hydrochlorothiazide tab 32-12.5 mg*  
 ..... 50  
*candesartan cilexetil-*  
*hydrochlorothiazide tab 32-25 mg*  
 ..... 50  
 CAPRELSA TAB 100MG ..... 43  
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<i>fenofibrate tab 145 mg</i> .....	55	<i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i> .....	120
<i>fenofibrate tab 160 mg</i> .....	55	<i>ferrous gluconate tab 324 mg (37.5 mg elemental iron)</i> .....	120
<i>fenofibrate tab 48 mg</i> .....	54	FERROUS SUL LIQ 220/5ML.....	120
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<i>fantanyl citrate buccal tab 200 mcg (base equiv)</i> .....	18	FERROUS SULF TAB 324MG EC .	120
<i>fantanyl citrate buccal tab 400 mcg (base equiv)</i> .....	18	<i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i> .....	120
<i>fantanyl citrate buccal tab 600 mcg (base equiv)</i> .....	18	<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i> .....	120
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HERCEPTIN INJ 440MG .....	40	<i>hydrochlorothiazide cap 12.5 mg</i> .	60
HETLIOZ CAP 20MG .....	83	<i>hydrochlorothiazide tab 12.5 mg</i> .	60
HIBERIX SOL 10MCG .....	126	<i>hydrochlorothiazide tab 25 mg</i> ....	60
<i>hm allergy tab 25mg</i> .....	140	<i>hydrochlorothiazide tab 50 mg</i> ....	60
<i>hm allergy tab 4mg</i> .....	140	<i>hydrocodone-acetaminophen soln</i>	
<i>hm antacid sus anti-gas</i> .....	106	<i>7.5-325 mg/15ml</i> .....	19
<i>hm aspirin chw 81mg</i> .....	15	<i>hydrocodone-acetaminophen tab</i>	
<i>hm aspirin tab 325mg</i> .....	15	<i>10-325 mg</i> .....	19
<i>hm ca/vit d3 tab 600-800</i> .....	131	<i>hydrocodone-acetaminophen tab 5-</i>	



325 mg .....	19	.....	140
<i>hydrocodone-acetaminophen tab</i>		<i>hydroxyzine hcl syrup 10 mg/5ml</i>	
7.5-325 mg .....	19	.....	140
<i>hydrocodone-ibuprofen tab 7.5-200</i>		<i>hydroxyzine hcl tab 10 mg .....</i>	141
<i>mg .....</i>	19	<i>hydroxyzine hcl tab 25 mg .....</i>	141
<i>hydrocort cre 0.5%.....</i>	150	<i>hydroxyzine hcl tab 50 mg .....</i>	141
<i>hydrocort cre 1% .....</i>	150	<i>hydroxyzine pamoate cap 25 mg</i>	
<i>hydrocort oin 1%.....</i>	150	.....	141
<i>hydrocort/ cre aloe 1% .....</i>	150	<i>hydroxyzine pamoate cap 50 mg</i>	
<i>hydrocortisone butyrate cream</i>		.....	141
0.1% .....	150	HYSINGLA ER TAB 100 MG .....	20
<i>hydrocortisone butyrate oint 0.1%</i>		HYSINGLA ER TAB 120 MG .....	20
.....	150	HYSINGLA ER TAB 20 MG .....	20
<i>hydrocortisone cream 0.5% .....</i>	150	HYSINGLA ER TAB 30 MG .....	20
<i>hydrocortisone cream 1%.....</i>	150	HYSINGLA ER TAB 40 MG .....	20
<i>hydrocortisone cream 2.5% .....</i>	150	HYSINGLA ER TAB 60 MG .....	20
<i>hydrocortisone enema 100</i>		HYSINGLA ER TAB 80 MG .....	20
<i>mg/60ml .....</i>	110	<i>ibandronate sodium tab 150 mg</i>	
<i>hydrocortisone lotion 2.5% .....</i>	150	<i>(base equivalent) .....</i>	93
<i>hydrocortisone oint 0.5% .....</i>	150	IBRANCE CAP 100MG.....	40
<i>hydrocortisone oint 1% .....</i>	150	IBRANCE CAP 125MG.....	40
<i>hydrocortisone oint 2.5% .....</i>	150	IBRANCE CAP 75MG .....	40
<i>hydrocortisone rectal cream 2.5%</i>		<i>ibu-200 tab 200mg.....</i>	16
.....	152	<i>ibu-drops dro 50/1.25.....</i>	16
<i>hydrocortisone tab 10 mg.....</i>	101	<i>ibuprofen cap 200 mg.....</i>	17
<i>hydrocortisone tab 20 mg.....</i>	101	<i>ibuprofen cap 200mg .....</i>	17
<i>hydrocortisone tab 5 mg.....</i>	101	<i>ibuprofen dro 50/1.25.....</i>	17
<i>hydrocortisone valerate cream</i>		<i>ibuprofen ib chw 100mg.....</i>	17
0.2% .....	150	<i>ibuprofen jr chw 100mg .....</i>	17
<i>hydrocortisone valerate oint 0.2%</i>		<i>ibuprofen pm tab 200-38mg .....</i>	88
.....	150	<i>ibuprofen sus 100/5ml .....</i>	17
<i>hydrocortisone-aloe vera cream</i>		<i>ibuprofen susp 100 mg/5ml.....</i>	17
0.5% .....	150	<i>ibuprofen tab 200 mg .....</i>	17
<i>hydrocortisone-aloe vera cream 1%</i>		<i>ibuprofen tab 200mg .....</i>	17
.....	150	<i>ibuprofen tab 400 mg .....</i>	17
<i>hydromorphone hcl liqd 1 mg/ml .20</i>		<i>ibuprofen tab 600 mg .....</i>	17
<i>hydromorphone hcl preservative</i>		<i>ibuprofen tab 800 mg .....</i>	17
<i>free (pf) inj 10 mg/ml .....</i>	20	ICAPS AREDS TAB FORMULA ....	133
<i>hydromorphone hcl tab 2 mg .....</i>	20	<i>icaps cap.....</i>	133
<i>hydromorphone hcl tab 4 mg .....</i>	20	<i>icaps mv tab.....</i>	133
<i>hydromorphone hcl tab 8 mg .....</i>	20	<i>icatibant acetate inj 30 mg/3ml</i>	
<i>hydroxychloroquine sulfate tab 200</i>		<i>(base equivalent) .....</i>	121
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<i>ifosfamide iv inj 3 gm/60ml (50</i>		INVEGA SUST INJ 234/1.5 .....	78
<i>mg/ml)</i> .....	37	INVEGA SUST INJ 39/0.25 .....	78
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<i>imipramine hcl tab 50 mg</i> .....	73	<i>irbesartan tab 150 mg</i> .....	52
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<i>isoniazid tab 300 mg</i> .....	30	JANUMET TAB 50-500MG .....	92
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<i>isosorbide dinitrate tab 20 mg</i> .....	61	JANUMET XR TAB 50-500MG.....	92
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<i>isradipine cap 2.5 mg</i> .....	58	<i>jolivette tab 0.35mg</i> .....	96
<i>isradipine cap 5 mg</i> .....	58	<i>juleber tab</i> .....	96
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<i>jantoven tab 3mg</i> .....	119	KALYDECO PAK 50MG .....	143
<i>jantoven tab 4mg</i> .....	119	KALYDECO PAK 75MG .....	143
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		<i>kcl 10 meq/l (0.075%) in dextrose</i> <i>5% &amp; nacl 0.45% inj</i> .....	129
		<i>kcl 20 meq/l (0.15%) in dextrose</i> <i>5% &amp; nacl 0.2% inj</i> .....	129

<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.33% inj</i> .....	129	KORLYM TAB 300MG.....	102
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<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i> .....	129	<i>kurvelo tab 0.15/30</i> .....	96
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> .....	129	KUVAN POW 100MG .....	99
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i> .....	129	KUVAN POW 500MG .....	99
<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	129	KUVAN TAB 100MG .....	99
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	129	KYNAMRO INJ 200MG/ML .....	55
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i> .....	129	<i>labetalol hcl tab 100 mg</i> .....	56
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KCL/D5W/NAACL INJ 0.3/0.9% ...	129	<i>labetalol hcl tab 300 mg</i> .....	56
<i>kelnor 1/50 tab</i> .....	96	<i>lac-hydrin lot five</i> .....	152
<i>kelnor tab 1/35</i> .....	96	<i>lactated ringer's solution</i> .....	129
<i>ketoconazole cream 2%</i> .....	148	<i>lactic acid (ammonium lactate) cream 12%</i> .....	152
<i>ketoconazole shampoo 2%</i> .....	148	<i>lactic acid (ammonium lactate) lotion 12%</i> .....	152
<i>ketoconazole tab 200 mg</i> .....	26	<i>lactobacillus acidophilus-pectin cap</i> .....	107
<i>ketorolac tromethamine ophth soln 0.4%</i> .....	136	<i>lactulose (encephalopathy) solution 10 gm/15ml</i> .....	112
<i>ketorolac tromethamine ophth soln 0.5%</i> .....	136	<i>lactulose solution 10 gm/15ml</i> ..	112
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i> .....	137	<i>lamisil af aer 1%</i> .....	148
KEYTRUDA INJ 100MG/4M .....	40	LAMISIL AT SPR 1% .....	148
KEYTRUDA SOL 50MG .....	40	<i>lamivudine oral soln 10 mg/ml</i> ....	27
KINRIX INJ .....	126	<i>lamivudine tab 100 mg (hbv)</i> .....	30
KISQALI 200 PAK FEMARA .....	40	<i>lamivudine tab 150 mg</i> .....	27
KISQALI 400 PAK FEMARA .....	40	<i>lamivudine tab 300 mg</i> .....	28
KISQALI 600 PAK FEMARA .....	40	<i>lamivudine-zidovudine tab 150-300 mg</i> .....	29
KISQALI TAB 200DOSE .....	40	<i>lamotrigine tab 100 mg</i> .....	66
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KISQALI TAB 600DOSE .....	40	<i>lamotrigine tab 200 mg</i> .....	66
<i>klor-con 10 tab 10meq er</i> .....	126	<i>lamotrigine tab 25 mg</i> .....	66
<i>klor-con 8 tab 8meq er</i> .....	126	<i>lamotrigine tab chewable dispersible 25 mg</i> .....	67
<i>konsyl cap 520mg</i> .....	112	<i>lamotrigine tab chewable dispersible 5 mg</i> .....	67
KONSYL DAILY POW 100% .....	112	<i>lamotrigine tab er 24hr 100 mg</i> ..	67
<i>konsyl daily pow 28.3%</i> .....	112	<i>lamotrigine tab er 24hr 200 mg</i> ..	67
KONSYL DAILY POW 28.3% .....	112	<i>lamotrigine tab er 24hr 25 mg</i> ....	67
<i>konsyl fiber tab 625mg</i> .....	112	<i>lamotrigine tab er 24hr 250 mg</i> ..	67
<i>konsyl pow 30.9%</i> .....	112	<i>lamotrigine tab er 24hr 300 mg</i> ..	67
KONSYL POW 71.67% .....	112	<i>lamotrigine tab er 24hr 50 mg</i> ....	67
		<i>lansoprazole cap delayed release 15 mg</i> .....	116
		<i>lansoprazole cap delayed release 30 mg</i> .....	116

<i>larin fe tab 1.5/30</i> .....	96	<i>mg/0.5ml (base equiv)</i> .....	142
<i>larin fe tab 1/20</i> .....	96	<i>levabuterol tartrate inhal aerosol</i>	
<i>larin tab 1.5/30</i> .....	96	<i>45 mcg/act (base equiv)</i> .....	142
<i>larin tab 1/20</i> .....	96	LEVEMIR INJ .....	90
LASTACAFT SOL 0.25% .....	137	LEVEMIR INJ FLEXTUOC .....	90
<i>latanoprost ophth soln 0.005%</i> .	137	<i>levetiracetam in sodium chloride iv</i>	
LATUDA TAB 120MG .....	78	<i>soln 1000 mg/100ml</i> .....	67
LATUDA TAB 20MG .....	78	<i>levetiracetam in sodium chloride iv</i>	
LATUDA TAB 40MG .....	78	<i>soln 1500 mg/100ml</i> .....	67
LATUDA TAB 60MG .....	78	<i>levetiracetam in sodium chloride iv</i>	
LATUDA TAB 80MG .....	78	<i>soln 500 mg/100ml</i> .....	67
<i>laxative chw 15mg</i> .....	112	<i>levetiracetam inj 500 mg/5ml (100</i>	
<i>laxative sup 10mg</i> .....	112	<i>mg/ml)</i> .....	67
<i>laxative tab 25mg</i> .....	112	<i>levetiracetam oral soln 100 mg/ml</i>	
<i>layolis fe chw</i> .....	96	.....	67
<i>leflunomide tab 10 mg</i> .....	123	<i>levetiracetam tab 1000 mg</i> .....	67
<i>leflunomide tab 20 mg</i> .....	123	<i>levetiracetam tab 250 mg</i> .....	67
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LENVIMA CAP 14 MG .....	44	<i>levetiracetam tab er 24hr 500 mg</i>	67
LENVIMA CAP 18 MG .....	44	<i>levetiracetam tab er 24hr 750 mg</i>	67
LENVIMA CAP 20 MG .....	44	<i>levobunolol hcl ophth soln 0.5%</i>	137
LENVIMA CAP 24 MG .....	44	<i>levocarnitine oral soln 1 gm/10ml</i>	
LENVIMA CAP 4MG .....	44	<i>(10%)</i> .....	99
LENVIMA CAP 8 MG .....	44	<i>levocarnitine tab 330 mg</i> .....	99
<i>lessina tab</i> .....	96	<i>levocetirizine dihydrochloride soln</i>	
<i>letrozole tab 2.5 mg</i> .....	41	<i>2.5 mg/5ml (0.5 mg/ml)</i> .....	141
<i>leucovorin calcium for inj 100 mg</i>	46	<i>levocetirizine dihydrochloride tab 5</i>	
<i>leucovorin calcium for inj 200 mg</i>	46	<i>mg</i> .....	141
<i>leucovorin calcium for inj 350 mg</i>	46	<i>levofloxacin in d5w iv soln 250</i>	
<i>leucovorin calcium for inj 50 mg</i> ..	46	<i>mg/50ml</i> .....	34
<i>leucovorin calcium for inj 500 mg</i>	46	<i>levofloxacin in d5w iv soln 500</i>	
<i>leucovorin calcium inj 500 mg/50ml</i>		<i>mg/100ml</i> .....	34
<i>(10 mg/ml)</i> .....	46	<i>levofloxacin in d5w iv soln 750</i>	
<i>leucovorin calcium tab 10 mg</i> .....	46	<i>mg/150ml</i> .....	34
<i>leucovorin calcium tab 15 mg</i> .....	46	<i>levofloxacin iv soln 25 mg/ml</i> .....	34
<i>leucovorin calcium tab 25 mg</i> .....	46	<i>levofloxacin oral soln 25 mg/ml</i> ..	34
<i>leucovorin calcium tab 5 mg</i> .....	46	<i>levofloxacin tab 250 mg</i> .....	34
LEUKERAN TAB 2MG .....	37	<i>levofloxacin tab 500 mg</i> .....	34
<i>leuprolide acetate inj kit 5 mg/ml</i>	41	<i>levofloxacin tab 750 mg</i> .....	34
<i>levabuterol hcl soln nebu 0.31</i>		<i>levonest tab</i> .....	96
<i>mg/3ml (base equiv)</i> .....	141	<i>levonor-eth est tab 0.15-</i>	
<i>levabuterol hcl soln nebu 0.63</i>		<i>0.02/0.025/0.03 mg &amp;eth est 0.01</i>	
<i>mg/3ml (base equiv)</i> .....	142	<i>mg</i> .....	96
<i>levabuterol hcl soln nebu 1.25</i>		<i>levonorgestrel &amp; ethinyl estradiol</i>	
<i>mg/3ml (base equiv)</i> .....	142	<i>(91-day) tab 0.15-0.03 mg</i> .....	96
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<i>phenobarbital tab 16.2 mg</i> .....	68	<i>piperacillin sod-tazobactam sod for</i>	
<i>phenobarbital tab 30 mg</i> .....	68	<i>inj 2.25 gm (2-0.25 gm)</i> .....	36
<i>phenobarbital tab 32.4 mg</i> .....	68	<i>piperacillin sod-tazobactam sod for</i>	
<i>phenobarbital tab 60 mg</i> .....	68	<i>inj 4.5 gm (4-0.5 gm)</i> .....	36
<i>phenobarbital tab 64.8 mg</i> .....	68	<i>piperacillin sod-tazobactam sod for</i>	
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<i>pilocarpine hcl ophth soln 2%</i> ...	138	POMALYST CAP 3MG .....	42
<i>pilocarpine hcl ophth soln 4%</i> ...	138	POMALYST CAP 4MG .....	42
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<i>pimozide tab 2 mg</i> .....	79	<i>100 mg</i> .....	26
<i>pimtrea tab</i> .....	98	<i>potassium chloride 20 meq/l</i>	
<i>pindolol tab 10 mg</i> .....	57	<i>(0.15%) in dextrose 5% inj</i> .....	129
<i>pindolol tab 5 mg</i> .....	57	<i>potassium chloride 40 meq/l (0.3%)</i>	
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<i>pink bismuth tab 262mg</i> .....	107	<i>potassium chloride cap er 10 meq</i>	
<i>pioglitazone hcl tab 15 mg (base</i>		<i>.....</i>	127
<i>equiv)</i> .....	93	<i>potassium chloride cap er 8 meq</i>	
<i>pioglitazone hcl tab 30 mg (base</i>		<i>.....</i>	127
<i>equiv)</i> .....	93	POTASSIUM CHLORIDE INJ 10	
<i>pioglitazone hcl tab 45 mg (base</i>		MEQ/100ML.....	129
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<i>inj 3.375 gm (3-0.375 gm)</i> .....	36	<i>potassium chloride inj 2 meq/ml</i>	129
<i>piperacillin sod-tazobactam sod for</i>		POTASSIUM CHLORIDE INJ 20	

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POTASSIUM CHLORIDE INJ 20		<i>pramipexole dihydrochloride tab</i>	
MEQ/50ML .....	129	<i>0.75 mg</i> .....	75
POTASSIUM CHLORIDE INJ 40		<i>pramipexole dihydrochloride tab 1</i>	
MEQ/100ML .....	129	<i>mg</i> .....	76
<i>potassium chloride</i>		<i>pramipexole dihydrochloride tab 1.5</i>	
<i>microencapsulated crys er tab 10</i>		<i>mg</i> .....	76
<i>meq</i> .....	127	<i>prasugrel hcl tab 10 mg (base</i>	
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<i>potassium chloride oral soln 10%</i>		<i>pravastatin sodium tab 80 mg</i> ....	54
<i>(20 meq/15ml)</i> .....	127	<i>praziquantel tab 600 mg</i> .....	24
<i>potassium chloride oral soln 20%</i>		<i>prazosin hcl cap 1 mg</i> .....	49
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<i>20 meq</i> .....	127	PRED SOD PHO SOL 1% OP.....	137
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.....	127	<i>1%</i> .....	137
<i>potassium chloride tab er 20 meq</i>		<i>prednisolone sod phosph oral soln</i>	
<i>(1500 mg)</i> .....	127	<i>6.7 mg/5ml (5 mg/5ml base)</i> ...	101
<i>potassium chloride tab er 8 meq</i>		<i>prednisolone sod phosphate oral</i>	
<i>(600 mg)</i> .....	127	<i>soln 15 mg/5ml (base equiv)</i> ....	101
<i>potassium citrate tab er 10 meq</i>		<i>prednisolone sodium phosphate oral</i>	
<i>(1080 mg)</i> .....	117	<i>soln 25 mg/5ml (base eq)</i> .....	101
<i>potassium citrate tab er 15 meq</i>		<i>prednisolone syrup 15 mg/5ml (usp</i>	
<i>(1620 mg)</i> .....	117	<i>solution equivalent)</i> .....	101
<i>potassium citrate tab er 5 meq (540</i>		PREDNISONE CON 5MG/ML .....	101
<i>mg)</i> .....	117	<i>prednisone oral soln 5 mg/5ml..</i>	101
<i>povidone/iod sol 10%</i> .....	153	<i>prednisone tab 1 mg</i> .....	101
<i>povidone-iod sol 10%</i> .....	153	<i>prednisone tab 10 mg</i> .....	101
<i>povidone-iod sol 7.5%</i> .....	153	<i>prednisone tab 2.5 mg</i> .....	101
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<i>povidone-iodine soln 10%</i> .....	153	<i>prednisone tab 5 mg</i> .....	101
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<i>0.25 mg</i> .....	75	<i>(48)</i> .....	102
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<i>pregabalin cap 200 mg</i> .....	68
<i>pregabalin cap 225 mg</i> .....	68
<i>pregabalin cap 25 mg</i> .....	68
<i>pregabalin cap 300 mg</i> .....	68
<i>pregabalin cap 50 mg</i> .....	68
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*qc headache tab relief*.....15  
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*quetiapine fumarate tab 400 mg* .80  
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*quetiapine fumarate tab er 24hr*  
*200 mg* ..... 80  
*quetiapine fumarate tab er 24hr*  
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*quinapril hcl tab 20 mg* ..... 49  
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*quinidine sulfate tab 200 mg* ..... 53  
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*ramipril cap 10 mg* ..... 49  
*ramipril cap 2.5 mg* ..... 49  
*ramipril cap 5 mg* ..... 49  
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*ranitidine hcl inj 50 mg/2ml (25*  
*mg/ml)* ..... 110  
*ranitidine hcl syrup 15 mg/ml (75*  
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*ranitidine hcl tab 150 mg* ..... 110  
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*rivastigmine tartrate cap 3 mg*  
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*rivastigmine tartrate cap 4.5 mg*  
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**Your Extended Family.**



Versión 17

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Departamento de Servicios para Miembros: (855) 735-5831, TTY / TDD al 711

Los 7 días de la semana, de 8:00 a. m. a 8:00 p. m., hora local.