



2020

FORMULARIO

(Lista de los medicamentos cubiertos)

Texas

**Molina Dual Options STAR+Plus
Medicare-Medicaid Plan**

Versión 17

Actualizado: 12/01/2020

Departamento de Servicios para Miembros:

(866) 856-8699, TTY al 711

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

MolinaHealthcare.com/Duals

Molina Dual Options STAR+PLUS MMP | *Lista de medicamentos cubiertos para 2020 (Formulario)*

Introducción

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

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Si tiene alguna pregunta, por favor llame a Molina Dual Options STAR+PLUS MMP al (866) 856-8699, TTY: 711, de lunes a viernes, de 8 a.m. a 8 p.m., hora local. La llamada es gratuita.

Para obtener más información, visite MolinaHealthcare.com/Duals.

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A. Renuncias de garantías

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

- ❖ Molina Dual Options STAR+PLUS MMP es un plan de salud que tiene un contrato con Medicare y Medicaid de Texas para proporcionar los beneficios de ambos programas a los miembros.
- ❖ ATENCIÓN: Si habla español, tiene disponible los servicios de asistencia de idioma gratis. Llame al (866) 856-8699, servicio TTY al 711, de lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora local. La llamada es gratis.
- ❖ Usted puede obtener esta información gratis en otros formatos, como letra grande, braille o audio. Llame al (866) 856-8699, servicio TTY al 711, de lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora local. La llamada es gratuita.
- ❖ Si desea solicitar materiales en un idioma distinto del inglés o en un formato alternativo, tanto actualmente como en el futuro, comuníquese con el Departamento de Servicios para Miembros al (866) 856-8699, TTY: 711, de lunes a viernes, de 8 a.m. a 8 p.m., hora local.

B. Preguntas frecuentes (FAQ)

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

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

Los medicamentos de la Lista de medicamentos que comienza en la página 14 son los medicamentos cubiertos por Molina Dual Options STAR+PLUS MMP. 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 STAR+PLUS MMP cubrirá todos los medicamentos médicamente necesarios de la Lista, si:
 - Su médico u otro proveedor médico dice que usted los necesita para mejorar o para seguir sano, y
 - Usted surte la receta en una farmacia de la red de Molina Dual Options STAR+PLUS MMP.



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- Molina Dual Options STAR+PLUS MMP podría tener pasos adicionales para tener acceso a ciertos tipos de medicamentos (lea la pregunta #5 de abajo).

Usted puede también leer una lista actualizada de los medicamentos que cubrimos en nuestro sitio web en MolinaHealthcare.com/Duals o llame a Servicios al miembro al (866) 856-8699.

B2. ¿La Lista de medicamentos cambia alguna vez?

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

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

- Decidir si exigir o no aprobación previa para un medicamento. (Aprobación previa es el permiso de Molina Dual Options STAR+PLUS MMP 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 de Medicare Parte D que estuvo cubierto al **principio** del año, por 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 llega al mercado, o
- nos damos cuenta de que un medicamento no es seguro, o
- 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 STAR+PLUS MMP en internet, en MolinaHealthcare.com/Duals.
- También puede llamar a Member Services para revisar la Lista de medicamentos actual al (866) 856-8699.

? Si tiene alguna pregunta, por favor llame a Molina Dual Options STAR+PLUS MMP al (866) 856-8699, TTY: 711, de lunes a viernes, de 8 a.m. a 8 p.m., hora local. La llamada es gratuita.

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B3. ¿Qué sucede cuando se hace un cambio a 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 nuevo medicamento genérico que es igual de eficiente que un medicamento de marca que se encuentra actualmente en la Lista de Medicamentos llega al mercado. Cuando eso ocurre, podemos eliminar el medicamento de marca y agregar el nuevo medicamento genérico, pero su costo para el medicamento nuevo será el mismo. Cuando agregamos el medicamento genérico nuevo, también podemos decidir mantener el medicamento de marca en la lista, pero cambiar sus reglas o límites de cobertura.
 - Es posible que no le notifiquemos cuando se haga este cambio, pero le mandaremos información sobre el cambio específico que hemos hecho una vez realizado.
 - Usted o su proveedor pueden solicitar una excepción de estos cambios. Le mandaremos 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, por sus siglas en inglés) dice que un medicamento no es seguro o si el fabricante del medicamento lo retira del mercado, lo quitaremos de la Lista de Medicamentos. Si usted está tomando este medicamento, se lo dejaremos saber. Hable con su médico para encontrar una alternativa que sea segura para usted.

Podemos hacer otros cambios que pueden afectar las medicamentos 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 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 suceden estos cambios:

- Le informaremos al menos 30 días antes de que realicemos el cambio en la Lista de medicamentos o



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- Le informaremos y le proporcionaremos un suministro para 60 días del medicamento luego de que usted solicite un nuevo surtido.

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

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

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

Sí, algunos medicamentos tienen reglas de cobertura o tienen límites en la cantidad que usted puede obtener. En algunos casos, usted o su médico u otro proveedor médico tendrá 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 STAR+PLUS MMP antes de surtir su receta. Molina Dual Options STAR+PLUS MMP podría no cubrir el medicamento si usted no consigue la aprobación.
- **Límites de cantidad:** A veces Molina Dual Options STAR+PLUS MMP limita la cantidad de un medicamento que usted puede obtener.
- **Tratamiento progresivo:** A veces Molina Dual Options STAR+PLUS MMP 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 los cuadros de las páginas 14 - 172. Usted también puede obtener más información en nuestro sitio web en MolinaHealthcare.com/Duals. Tenemos en internet documentos que explica 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 proveedor médico. Ellos podrán ayudarle a decidir si hay algún otro medicamento similar en la Lista de medicamentos que usted pueda tomar pueda tomar en su lugar o si tiene que pedir una excepción. Por favor lea las preguntas B10 – B12, para más información sobre las excepciones.



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

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

B6. ¿Qué sucederá si cambiamos nuestras reglas sobre algunos medicamentos (por ejemplo, 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 avisaremos por adelantado cuando nuestras reglas sobre los medicamentos en la *Lista de medicamentos* cambian, por favor lea la pregunta B3.

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

Hay dos maneras de encontrar un medicamento:

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

Para buscar **por orden alfabético**, vaya a la sección del Índice de Medicamentos Cubiertos. Usted puede encontrarla Se encuentra *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 traten enfermedades del corazón.

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 (866) 856-8699 y pregunte por él. Si se entera que Molina Dual Options STAR+PLUS MMP 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 las preguntas B10 – B12, para más información sobre las excepciones.

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

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

Si su receta es escrita por menos de los días indicados, le permitiremos renovar su receta hasta un máximo de 60 días de su medicamento.

Cubriremos un suministro de 60 días de su medicamento si:

- Usted está tomando algún medicamento que no esté en nuestra *Lista de medicamentos*, o
- Las reglas del plan de salud no le permiten obtener la cantidad recetada por su proveedor médico, o
- El medicamento requiere aprobación previa de Molina Dual Options STAR+PLUS MMP, o
- Usted toma algún medicamento que forme parte de una restricción de tratamiento progresivo.

Si usted está en una institución de enfermería especializada u otra institución de cuidados a largo plazo, y necesita un medicamento que no está en la Lista de Medicamentos o si no puede obtener el medicamento que necesita, podemos ayudarle. 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 receta para menos días), sea o no sea un nuevo miembro de Molina Dual Options STAR+PLUS MMP.
- Esto es adicional al suministro temporero durante sus primeros 90 días que sea un miembro de Molina Dual Options STAR+PLUS MMP.

Política de transición



Si tiene alguna pregunta, por favor llame a Molina Dual Options STAR+PLUS MMP al (866) 856-8699, TTY: 711, de lunes a viernes, de 8 a.m. a 8 p.m., hora local. La llamada es gratuita.

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Los miembros nuevos en nuestro plan podrían estar tomando medicamentos no incluidos en nuestro formulario o medicamentos sujetos a determinadas restricciones, como una autorización previa o terapia escalonada. Los miembros actuales también pueden estar afectados por los cambios en nuestro formulario de un año al siguiente. Los miembros deberían hablar con su médico para determinar si deben cambiar el medicamento por uno distinto que cubramos o si deben solicitar una excepción de formulario para recibir cobertura para ese medicamento.

Consulte el manual del miembro para conocer más sobre cómo solicitar una excepción.

Comuníquese con nuestro Departamento de Servicios para Miembros si su medicamento no está en nuestro formulario, está sujeto a ciertas restricciones, como una autorización previa o terapia escalonada, o si ya no se incluirá en nuestro formulario el próximo año y necesita ayuda para cambiar el medicamento por otro que cubramos o solicitar una excepción de formulario.

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

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

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

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



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

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

Sí. Usted puede pedirle a Molina Dual Options STAR+PLUS MMP 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 STAR+PLUS MMP 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 puedo solicitar una excepción?

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

B12. ¿Cuánto tiempo toma obtener una excepción?

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

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

B13. ¿Qué son los medicamentos genéricos?

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



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Molina Dual Options STAR+PLUS MMP cubre tanto medicamentos de marca como medicamentos genéricos.

B14. ¿Qué son los medicamentos de venta libre (OTC, por sus siglas en inglés)?

OTC quiere decir "medicamentos que se venden sin receta". Molina Dual Options STAR+PLUS MMP cubre algunos medicamentos de venta libre cuando son recetados por su proveedor.

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

B15. ¿Molina Dual Options STAR+PLUS MMP cubre algún producto de venta libre que no sea un medicamento?

Molina Dual Options STAR+PLUS MMP cubre algunos productos de venta libre que no son medicamentos.

Ejemplos de productos de venta libre que no son medicamentos incluyen *comprimidos sin aspirina de 325 mg, jarabe para la tos de 100/5ml.*

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

B16. ¿Cuánto es su copago?

Los miembros de Molina Dual Options STAR+PLUS MMP no tienen copagos por medicamentos de receta y OTC, siempre y cuando el miembro siga las reglas del plan.

B17. ¿Qué son los niveles de medicamentos?

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

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

C. Lista de medicamentos cubiertos

La siguiente lista de medicamentos cubiertos le da información sobre los medicamentos cubiertos por Molina Dual Options STAR+PLUS MMP. Si usted tiene problemas para encontrar su



Si tiene alguna pregunta, por favor llame a Molina Dual Options STAR+PLUS MMP al (866) 856-8699, TTY: 711, de lunes a viernes, de 8 a.m. a 8 p.m., hora local. La llamada es gratuita.

Para obtener más información, visite MolinaHealthcare.com/Duals.

medicamento en la lista, lea el Índice de medicamentos cubiertos que comienza en la página 173. El índice alfabético enumera todos los medicamentos cubiertos por Molina Dual Options STAR+PLUS MMP.

La primera columna del cuadro 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 STAR+PLUS MMP 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 cuando 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 recibe Ayuda adicional para pagar sus recetas, usted no recibirá ninguna Ayuda adicional para pagar estos medicamentos. Para más información sobre Ayuda Adicional, por favor lea la información en el recuadro abajo.

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

- Estos medicamentos también tienen reglas diferentes para las apelaciones. Una apelación es una manera formal de pedirnos que revisemos alguna decisión de cobertura y que la cambiemos, si le parece que hemos cometido un error. Por ejemplo, podríamos decidir que un medicamento que usted quiere ya no está cubierto por Medicare o Texas 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 (866) 856-8699. Usted también puede enterarse de cómo apelar una decisión leyendo el Capítulo 9, del *Manual del miembro*.

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 del corazón, usted debe buscar en la categoría Beta-blockers. Ahí encontrará los medicamentos que traten enfermedades del corazón.

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

PA: autorización previa

QL: límites de cantidades

ST: criterios de terapia escalonada

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

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

LA: medicamento de acceso limitado

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

NDS: suministro sin extensión de días



Si tiene alguna pregunta, por favor llame a Molina Dual Options STAR+PLUS MMP al (866) 856-8699, TTY: 711, de lunes a viernes, de 8 a.m. a 8 p.m., hora local. La llamada es gratuita.

Para obtener más información, visite MolinaHealthcare.com/Duals.

MOLINA_TX_CY20_2T_MMP eff 12/01/2020

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

GOUT - DRUGS TO TREAT GOUT

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

MISCELLANEOUS

<i>acephen sup 120mg</i>	\$0(3)	NM; *
<i>acephen sup 325mg</i>	\$0(3)	NM; *
<i>acephen sup 650mg</i>	\$0(3)	NM; *
<i>acetaminophen susp 160 mg/5ml</i>	\$0(3)	NM; *
<i>acetaminophen tab 325 mg</i>	\$0(3)	NM; *
<i>acetaminophen tab er 650 mg</i>	\$0(3)	NM; *
<i>arthrts pain tab 650mg</i>	\$0(3)	NM; *
<i>aspir-low tab 81mg ec</i>	\$0(3)	NM; *
<i>aspirin chew tab 81 mg</i>	\$0(3)	NM; *
<i>aspirin low chw 81mg</i>	\$0(3)	NM; *
<i>aspirin tab 325 mg</i>	\$0(3)	NM; *
<i>aspirin tab delayed release 81 mg</i>	\$0(3)	NM; *
<i>aspirin tab delayed release 325 mg</i>	\$0(3)	NM; *
<i>ed-apap liq 80mg/2.5</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 liq 160/5ml</i>	\$0(3)	NM; *
<i>mapap tab 325mg</i>	\$0(3)	NM; *
<i>mapap tab 500mg</i>	\$0(3)	NM; *
<i>pain & fever sol 160/5ml</i>	\$0(3)	NM; *
<i>pain & fever tab 325mg</i>	\$0(3)	NM; *
<i>pain & fever tab 500mg</i>	\$0(3)	NM; *

NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION

<i>all day relf tab 220mg</i>	\$0(3)	NM; *
<i>celecoxib cap 50 mg</i>	\$0(1)	QL (240 caps / 30 days)
<i>celecoxib cap 100 mg</i>	\$0(1)	QL (120 caps / 30 days)
<i>celecoxib cap 200 mg</i>	\$0(1)	QL (60 caps / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>celecoxib cap 400 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>diclofenac potassium tab 50 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>diclofenac sodium tab delayed release 25 mg</i>	\$0(1)	
<i>diclofenac sodium tab delayed release 50 mg</i>	\$0(1)	
<i>diclofenac sodium tab delayed release 75 mg</i>	\$0(1)	
<i>diclofenac sodium tab er 24hr 100 mg</i>	\$0(1)	
<i>diflunisal tab 500 mg</i>	\$0(1)	
<i>ec-naproxen tab 375mg</i>	\$0(1)	
<i>ec-naproxen tab 500mg</i>	\$0(1)	
<i>etodolac cap 200 mg</i>	\$0(1)	
<i>etodolac cap 300 mg</i>	\$0(1)	
<i>etodolac tab 400 mg</i>	\$0(1)	
<i>etodolac tab 500 mg</i>	\$0(1)	
<i>etodolac tab er 24hr 400 mg</i>	\$0(1)	
<i>etodolac tab er 24hr 500 mg</i>	\$0(1)	
<i>etodolac tab er 24hr 600 mg</i>	\$0(1)	
<i>flurbiprofen tab 100 mg</i>	\$0(1)	
<i>ibu-200 tab 200mg</i>	\$0(3)	NM; *
<i>ibuprofen cap 200 mg</i>	\$0(3)	NM; *
<i>ibuprofen ch sus 100/5ml</i>	\$0(3)	NM; *
<i>ibuprofen dro 50/1.25</i>	\$0(3)	NM; *
<i>ibuprofen 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 tab 220mg</i>	\$0(3)	NM; *
<i>naproxen sodium tab 275 mg</i>	\$0(1)	
<i>naproxen sodium tab 550 mg</i>	\$0(1)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>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>sulindac tab 150 mg</i>	\$0(1)	
<i>sulindac tab 200 mg</i>	\$0(1)	

OPIOID ANALGESICS - DRUGS TO TREAT PAIN

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	\$0(1)	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	\$0(1)	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	\$0(1)	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>buprenorphine td patch weekly 5 mcg/hr</i>	\$0(1)	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	\$0(1)	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 10 mcg/hr</i>	\$0(1)	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 15 mcg/hr</i>	\$0(1)	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 20 mcg/hr</i>	\$0(1)	QL (4 patches / 28 days), PA
<i>butorphanol tartrate inj 1 mg/ml</i>	\$0(2)	
<i>butorphanol tartrate inj 2 mg/ml</i>	\$0(2)	
<i>nalbuphine hcl inj 10 mg/ml</i>	\$0(2)	
<i>nalbuphine hcl inj 20 mg/ml</i>	\$0(2)	
<i>tramadol hcl tab 50 mg</i>	\$0(1)	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	\$0(1)	QL (240 tabs / 30 days)

OPIOID ANALGESICS, CII - DRUGS TO TREAT PAIN

<i>fentanyl citrate lozenge on a handle 200 mcg</i>	\$0(2)	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	\$0(2)	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	\$0(2)	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	\$0(2)	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	\$0(2)	NDS, QL (120 lozenges / 30 days), PA
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	\$0(2)	NDS, QL (120 lozenges / 30 days), PA

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
fentanyl td patch 72hr 12 mcg/hr	\$0(1)	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 25 mcg/hr	\$0(1)	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 50 mcg/hr	\$0(1)	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 75 mcg/hr	\$0(1)	QL (10 patches / 30 days), PA
fentanyl td patch 72hr 100 mcg/hr	\$0(1)	QL (10 patches / 30 days), PA
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	\$0(1)	QL (2700 mL / 30 days)
hydrocodone-acetaminophen tab 5-325 mg	\$0(1)	QL (240 tabs / 30 days)
hydrocodone-acetaminophen tab 7.5-325 mg	\$0(1)	QL (180 tabs / 30 days)
hydrocodone-acetaminophen tab 10-325 mg	\$0(1)	QL (180 tabs / 30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	\$0(1)	QL (150 tabs / 30 days)
hydromorphone hcl liqd 1 mg/ml	\$0(1)	QL (600 mL / 30 days)
hydromorphone hcl preservative free (pf) inj 10 mg/ml	\$0(2)	B/D
hydromorphone hcl tab 2 mg	\$0(1)	QL (180 tabs / 30 days)
hydromorphone hcl tab 4 mg	\$0(1)	QL (180 tabs / 30 days)
hydromorphone hcl tab 8 mg	\$0(1)	QL (180 tabs / 30 days)
HYSINGLA ER TAB 20 MG	\$0(2)	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 30 MG	\$0(2)	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 40 MG	\$0(2)	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 60 MG	\$0(2)	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 80 MG	\$0(2)	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 100 MG	\$0(2)	QL (30 tabs / 30 days), PA
HYSINGLA ER TAB 120 MG	\$0(2)	QL (30 tabs / 30 days), PA
methadone con 10mg/ml	\$0(1)	QL (90 mL / 30 days), PA
methadone hcl soln 5 mg/5ml	\$0(1)	QL (450 mL / 30 days), PA

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

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

ANESTHETICS - DRUGS FOR NUMBING

LOCAL ANESTHETICS

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

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

ANTI-BACTERIALS - MISCELLANEOUS

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

ANTI-INFECTIVES - MISCELLANEOUS

<u>albendazole tab 200 mg</u>	\$0(2)	NDS
<u>ALINIA SUS 100/5ML</u>	\$0(2)	NDS
<u>ALINIA TAB 500MG</u>	\$0(2)	NDS
<u>atovaquone susp 750 mg/5ml</u>	\$0(2)	NDS
<u>aztreonam for inj 1 gm</u>	\$0(1)	
<u>aztreonam for inj 2 gm</u>	\$0(1)	
<u>CAYSTON INH 75MG</u>	\$0(2)	NDS, NM, LA, PA
<u>clindamycin hcl cap 75 mg</u>	\$0(1)	
<u>clindamycin hcl cap 150 mg</u>	\$0(1)	
<u>clindamycin hcl cap 300 mg</u>	\$0(1)	
<u>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</u>	\$0(1)	
<u>clindamycin phosphate in d5w iv soln 300 mg/50ml</u>	\$0(1)	

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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>pentamidine isethionate for nebulization soln 300 mg</i>	\$0(1)	B/D
<i>pentamidine isethionate for soln 300 mg</i>	\$0(1)	
<i>praziquantel tab 600 mg</i>	\$0(1)	
<i>SIVEXTRO INJ 200MG</i>	\$0(2)	NDS
<i>SIVEXTRO TAB 200MG</i>	\$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)	
<i>SYNERCID INJ 500MG</i>	\$0(2)	NDS
<i>tigecycline for iv soln 50 mg</i>	\$0(2)	NDS
<i>trimethoprim tab 100 mg</i>	\$0(1)	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	\$0(1)	QL (120 caps / 30 days)
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	\$0(2)	NDS, QL (240 caps / 30 days)
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	\$0(1)	
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	\$0(1)	
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	\$0(1)	
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	\$0(1)	
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	\$0(1)	
<i>VANCOMYCIN INJ 1 GM</i>	\$0(2)	
<i>VANCOMYCIN INJ 500MG</i>	\$0(2)	
<i>VANCOMYCIN INJ 750MG</i>	\$0(2)	

ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS

<i>ABELCET INJ 5MG/ML</i>	\$0(2)	NDS, B/D
<i>AMBISOME INJ 50MG</i>	\$0(2)	NDS, B/D
<i>amphotericin b for iv soln 50 mg</i>	\$0(1)	B/D
<i>caspofungin acetate for iv soln 50 mg</i>	\$0(2)	NDS
<i>caspofungin acetate for iv soln 70 mg</i>	\$0(2)	NDS
<i>fluconazole for susp 10 mg/ml</i>	\$0(1)	
<i>fluconazole for susp 40 mg/ml</i>	\$0(1)	

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

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE (TIER LEVEL)
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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)	
APTVUS CAP 250MG	\$0(2)	NDS
APTVUS SOL	\$0(2)	NDS
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	\$0(1)	
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	\$0(1)	
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	\$0(1)	
CRIXIVAN CAP 200MG	\$0(2)	
CRIXIVAN CAP 400MG	\$0(2)	
<i>didanosine delayed release capsule 200 mg</i>	\$0(1)	
<i>didanosine delayed release capsule 250 mg</i>	\$0(1)	
<i>didanosine delayed release capsule 400 mg</i>	\$0(1)	
EDURANT TAB 25MG	\$0(2)	NDS
<i>efavirenz cap 50 mg</i>	\$0(1)	
<i>efavirenz cap 200 mg</i>	\$0(2)	NDS
<i>efavirenz tab 600 mg</i>	\$0(2)	NDS
<i>emtricitabine caps 200 mg</i>	\$0(1)	
EMTRIVA CAP 200MG	\$0(2)	
EMTRIVA SOL 10MG/ML	\$0(2)	
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	\$0(2)	NDS
FUZEON INJ 90MG	\$0(2)	NDS, NM
INTELENCE TAB 25MG	\$0(2)	
INTELENCE TAB 100MG	\$0(2)	NDS
INTELENCE TAB 200MG	\$0(2)	NDS
INVIRASE TAB 500MG	\$0(2)	NDS
ISENTRESS CHW 25MG	\$0(2)	
ISENTRESS CHW 100MG	\$0(2)	NDS
ISENTRESS HD TAB 600MG	\$0(2)	NDS
ISENTRESS POW 100MG	\$0(2)	
ISENTRESS TAB 400MG	\$0(2)	NDS
<i>lamivudine oral soln 10 mg/ml</i>	\$0(1)	
<i>lamivudine tab 150 mg</i>	\$0(1)	
<i>lamivudine tab 300 mg</i>	\$0(1)	
LEXIVA SUS 50MG/ML	\$0(2)	
<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)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>nevirapine tab er 24hr 400 mg</i>	\$0(1)	
NORVIR POW 100MG	\$0(2)	
NORVIR SOL 80MG/ML	\$0(2)	
PIFELTRO TAB 100MG	\$0(2)	NDS
PREZISTA SUS 100MG/ML	\$0(2)	NDS, QL (400 mL / 30 days)
PREZISTA TAB 75MG	\$0(2)	QL (480 tabs / 30 days)
PREZISTA TAB 150MG	\$0(2)	NDS, QL (240 tabs / 30 days)
PREZISTA TAB 600MG	\$0(2)	NDS, QL (60 tabs / 30 days)
PREZISTA TAB 800MG	\$0(2)	NDS, QL (30 tabs / 30 days)
REYATAZ POW 50MG	\$0(2)	NDS
<i>ritonavir tab 100 mg</i>	\$0(1)	
RUKOBIA TAB 600MG ER	\$0(2)	NDS
SELZENTRY SOL 20MG/ML	\$0(2)	NDS
SELZENTRY TAB 25MG	\$0(2)	
SELZENTRY TAB 75MG	\$0(2)	NDS
SELZENTRY TAB 150MG	\$0(2)	NDS
SELZENTRY TAB 300MG	\$0(2)	NDS
<i>stavudine cap 15 mg</i>	\$0(1)	
<i>stavudine cap 20 mg</i>	\$0(1)	
<i>stavudine cap 30 mg</i>	\$0(1)	
<i>stavudine cap 40 mg</i>	\$0(1)	
<i>tenofovir disoproxil fumarate tab 300 mg</i>	\$0(1)	
TIVICAY PD TAB 5MG	\$0(2)	
TIVICAY TAB 10MG	\$0(2)	
TIVICAY TAB 25MG	\$0(2)	NDS
TIVICAY TAB 50MG	\$0(2)	NDS
TROGARZO INJ 150MG/ML	\$0(2)	NDS, LA
TYBOST TAB 150MG	\$0(2)	
VIRACEPT TAB 250MG	\$0(2)	NDS
VIRACEPT TAB 625MG	\$0(2)	NDS
VIREAD POW 40MG/GM	\$0(2)	NDS
VIREAD TAB 150MG	\$0(2)	NDS
VIREAD TAB 200MG	\$0(2)	NDS
VIREAD TAB 250MG	\$0(2)	NDS
<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)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE (TIER LEVEL)
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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
<i>ATRIPLA TAB</i>	\$0(2)	NDS
<i>BIKTARVY TAB</i>	\$0(2)	NDS
<i>CIMDUO TAB 300-300</i>	\$0(2)	NDS
<i>COMPLERA TAB</i>	\$0(2)	NDS
<i>DELSTRIGO TAB</i>	\$0(2)	NDS
<i>DESCOVY TAB 200-25MG</i>	\$0(2)	NDS
<i>DOVATO TAB 50-300MG</i>	\$0(2)	NDS
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	\$0(2)	NDS
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	\$0(2)	NDS
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	\$0(2)	NDS
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days)
<i>EVOTAZ TAB 300-150</i>	\$0(2)	NDS
<i>GENVOYA TAB</i>	\$0(2)	NDS
<i>JULUCA TAB 50-25MG</i>	\$0(2)	NDS
<i>KALETRA TAB 100-25MG</i>	\$0(2)	
<i>KALETRA TAB 200-50MG</i>	\$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)	
<i>ODEFSEY TAB</i>	\$0(2)	NDS
<i>PREZCOBIX TAB 800-150</i>	\$0(2)	NDS
<i>STRIBILD TAB</i>	\$0(2)	NDS
<i>SYMFI LO TAB</i>	\$0(2)	NDS
<i>SYMFI TAB</i>	\$0(2)	NDS
<i>SYMTUZA TAB</i>	\$0(2)	NDS
<i>TEMIXYS TAB 300-300</i>	\$0(2)	NDS
<i>TRIUMEQ TAB</i>	\$0(2)	NDS
<i>TRUVADA TAB 100-150</i>	\$0(2)	NDS, QL (30 tabs / 30 days)
<i>TRUVADA TAB 133-200</i>	\$0(2)	NDS, QL (30 tabs / 30 days)

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

ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS

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

ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS

acyclovir cap 200 mg	\$0(1)	
acyclovir sodium iv soln 50 mg/ml	\$0(1)	B/D
acyclovir susp 200 mg/5ml	\$0(1)	
acyclovir tab 400 mg	\$0(1)	
acyclovir tab 800 mg	\$0(1)	
adefovir dipivoxil tab 10 mg	\$0(2)	NDS
BARACLUDE SOL	\$0(2)	NDS
entecavir tab 0.5 mg	\$0(1)	
entecavir tab 1 mg	\$0(1)	
EPCLUSA TAB 200-50MG	\$0(2)	NDS, PA
EPCLUSA TAB 400-100	\$0(2)	NDS, NM, PA
EPIVIR HBV SOL 5MG/ML	\$0(2)	
famciclovir tab 125 mg	\$0(1)	
famciclovir tab 250 mg	\$0(1)	
famciclovir tab 500 mg	\$0(1)	
ganciclovir sodium for inj 500 mg	\$0(1)	B/D
HARVONI PAK	\$0(2)	NDS, PA
HARVONI PAK 45-200MG	\$0(2)	NDS, PA
HARVONI TAB 45-200MG	\$0(2)	NDS, PA

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HARVONI TAB 90-400MG	\$0(2)	NDS, NM, PA
<i>lamivudine tab 100 mg (hbv)</i>	\$0(1)	
MAVYRET TAB 100-40MG	\$0(2)	NDS, NM, PA
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	\$0(1)	QL (168 caps / year)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	\$0(1)	QL (84 caps / year)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	\$0(1)	QL (84 caps / year)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	\$0(1)	QL (1080 mL / year)
PEGASYS INJ	\$0(2)	NDS, NM, PA
PEGASYS INJ 180MCG/M	\$0(2)	NDS, NM, PA
PEGASYS INJ PROCLICK	\$0(2)	NDS, NM, PA
RELENZA MIS DISKHALE	\$0(2)	QL (6 inhalers / year)
<i>ribavirin cap 200 mg</i>	\$0(1)	NM
<i>ribavirin tab 200 mg</i>	\$0(1)	NM
<i>rimantadine hydrochloride tab 100 mg</i>	\$0(1)	
<i>valacyclovir hcl tab 1 gm</i>	\$0(1)	
<i>valacyclovir hcl tab 500 mg</i>	\$0(1)	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	\$0(2)	NDS
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	\$0(2)	NDS
VEMLIDY TAB 25MG	\$0(2)	NDS
VOSEVI TAB	\$0(2)	NDS, NM, PA

CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS

<i>cefaclor cap 250 mg</i>	\$0(1)
<i>cefaclor cap 500 mg</i>	\$0(1)
CEFACLOR ER TAB 500MG	\$0(2)
<i>cefaclor for susp 125 mg/5ml</i>	\$0(1)
<i>cefaclor for susp 250 mg/5ml</i>	\$0(1)
<i>cefaclor for susp 375 mg/5ml</i>	\$0(1)
<i>cefadroxil cap 500 mg</i>	\$0(1)
<i>cefadroxil for susp 250 mg/5ml</i>	\$0(1)
<i>cefadroxil for susp 500 mg/5ml</i>	\$0(1)
<i>cefadroxil tab 1 gm</i>	\$0(1)
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)

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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<i>tazicef inj 1gm</i>	\$0(1)	
<i>tazicef inj 2gm</i>	\$0(1)	
<i>tazicef inj 6gm</i>	\$0(1)	
TEFLARO INJ 400MG	\$0(2)	NDS
TEFLARO INJ 600MG	\$0(2)	NDS

ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS

<i>azithromycin for susp 100 mg/5ml</i>	\$0(1)	
<i>azithromycin for susp 200 mg/5ml</i>	\$0(1)	
<i>azithromycin iv for soln 500 mg</i>	\$0(1)	
<i>azithromycin powd pack for susp 1 gm</i>	\$0(1)	
<i>azithromycin tab 250 mg</i>	\$0(1)	
<i>azithromycin tab 500 mg</i>	\$0(1)	
<i>azithromycin tab 600 mg</i>	\$0(1)	
<i>clarithromycin for susp 125 mg/5ml</i>	\$0(1)	
<i>clarithromycin for susp 250 mg/5ml</i>	\$0(1)	
<i>clarithromycin tab 250 mg</i>	\$0(1)	
<i>clarithromycin tab 500 mg</i>	\$0(1)	
<i>clarithromycin tab er 24hr 500 mg</i>	\$0(1)	
DIFICID TAB 200MG	\$0(2)	NDS
<i>ery-tab tab 250mg ec</i>	\$0(1)	
<i>ery-tab tab 333mg ec</i>	\$0(1)	
<i>ery-tab tab 500mg ec</i>	\$0(1)	
ERYTHROCIN INJ 500MG	\$0(2)	
<i>erythrocin tab 250mg</i>	\$0(1)	
<i>erythromycin ethylsuccinate tab 400 mg</i>	\$0(1)	
<i>erythromycin tab 250 mg</i>	\$0(1)	
<i>erythromycin tab 500 mg</i>	\$0(1)	
<i>erythromycin tab delayed release 250 mg</i>	\$0(1)	
<i>erythromycin tab delayed release 333 mg</i>	\$0(1)	
<i>erythromycin tab delayed release 500 mg</i>	\$0(1)	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	\$0(1)	

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

CIPRO (10%) SUS 500MG/5	\$0(2)	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	\$0(1)	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	\$0(1)	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	\$0(1)	
<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)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	\$0(1)	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	\$0(1)	
<i>levofloxacin iv soln 25 mg/ml</i>	\$0(1)	
<i>levofloxacin oral soln 25 mg/ml</i>	\$0(1)	
<i>levofloxacin tab 250 mg</i>	\$0(1)	
<i>levofloxacin tab 500 mg</i>	\$0(1)	
<i>levofloxacin tab 750 mg</i>	\$0(1)	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	\$0(1)	
PENICILLINS - DRUGS TO TREAT INFECTIONS		
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	\$0(1)	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	\$0(1)	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	\$0(1)	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	\$0(1)	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	\$0(1)	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	\$0(1)	
<i>amoxicillin (trihydrate) cap 250 mg</i>	\$0(1)	
<i>amoxicillin (trihydrate) cap 500 mg</i>	\$0(1)	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	\$0(1)	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	\$0(1)	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	\$0(1)	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	\$0(1)	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	\$0(1)	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	\$0(1)	
<i>amoxicillin (trihydrate) tab 500 mg</i>	\$0(1)	
<i>amoxicillin (trihydrate) tab 875 mg</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	\$0(1)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	\$0(1)	

TETRACYCLINES - DRUGS TO TREAT INFECTIONS

<i>doxy 100 inj 100mg</i>	\$0(1)
<i>doxycycline hyclate cap 50 mg</i>	\$0(1)
<i>doxycycline hyclate cap 100 mg</i>	\$0(1)
<i>doxycycline hyclate for inj 100 mg</i>	\$0(1)
<i>doxycycline hyclate tab 20 mg</i>	\$0(1)
<i>doxycycline hyclate tab 100 mg</i>	\$0(1)
<i>doxycycline monohydrate cap 50 mg</i>	\$0(1)
<i>doxycycline monohydrate cap 100 mg</i>	\$0(1)
<i>doxycycline monohydrate tab 50 mg</i>	\$0(1)
<i>doxycycline monohydrate tab 75 mg</i>	\$0(1)
<i>doxycycline monohydrate tab 100 mg</i>	\$0(1)
<i>minocycline hcl cap 50 mg</i>	\$0(1)
<i>minocycline hcl cap 75 mg</i>	\$0(1)
<i>minocycline hcl cap 100 mg</i>	\$0(1)
<i>tetracycline hcl cap 250 mg</i>	\$0(1)
<i>tetracycline hcl cap 500 mg</i>	\$0(1)

ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER

ALKYLATING AGENTS

<i>BENDEKA INJ 100/4ML</i>	\$0(2)	NDS, B/D, NM
<i>CYCLOPHOSPH INJ 1GM</i>	\$0(2)	NDS, B/D
<i>CYCLOPHOSPHA INJ 500MG</i>	\$0(2)	NDS, B/D
<i>cyclophosphamide cap 25 mg</i>	\$0(1)	B/D
<i>cyclophosphamide cap 50 mg</i>	\$0(1)	B/D
<i>cyclophosphamide for inj 1 gm</i>	\$0(2)	NDS, B/D, NM
<i>cyclophosphamide for inj 2 gm</i>	\$0(2)	NDS, B/D, NM
<i>cyclophosphamide for inj 500 mg</i>	\$0(2)	NDS, B/D, NM
<i>EMCYT CAP 140MG</i>	\$0(2)	
<i>GLEOSTINE CAP 10MG</i>	\$0(2)	
<i>GLEOSTINE CAP 40MG</i>	\$0(2)	NDS
<i>GLEOSTINE CAP 100MG</i>	\$0(2)	NDS

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ONUREG TAB 200MG	\$0(2)	NDS, LA, PA
ONUREG TAB 300MG	\$0(2)	NDS, LA, PA
PURIXAN SUS 20MG/ML	\$0(2)	NDS, NM
TABLOID TAB 40MG	\$0(2)	NDS
<i>ANTIMITOTIC, TAXOIDS</i>		
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
<i>ANTIMITOTIC, VINCA ALKALOIDS</i>		
<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
<i>BIOLOGIC RESPONSE MODIFIERS</i>		
AVASTIN INJ	\$0(2)	NDS, NM, LA, PA
AVASTIN INJ 400/16ML	\$0(2)	NDS, NM, LA, PA
BORTEZOMIB INJ 3.5MG	\$0(2)	NDS, NM, PA
DAURISMO TAB 25MG	\$0(2)	NDS, NM, LA, PA
DAURISMO TAB 100MG	\$0(2)	NDS, NM, LA, PA
ERIVEDGE CAP 150MG	\$0(2)	NDS, NM, LA, PA
FARYDAK CAP 10MG	\$0(2)	NDS, NM, LA, PA
FARYDAK CAP 20MG	\$0(2)	NDS, NM, LA, PA

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HERCEPTIN HYLEC SOL 60-10000	\$0(2)	NDS, NM, PA
HERCEPTIN INJ 150MG	\$0(2)	NDS, NM, PA
HERCEPTIN INJ 440MG	\$0(2)	NDS, NM, PA
HERZUMA INJ 150MG	\$0(2)	NDS, PA
HERZUMA INJ 420MG	\$0(2)	NDS, PA
IBRANCE CAP 75MG	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
IBRANCE CAP 100MG	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
IBRANCE CAP 125MG	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
IBRANCE TAB 75MG	\$0(2)	NDS, QL (21 tabs / 28 days), NM, LA, PA
IBRANCE TAB 100MG	\$0(2)	NDS, QL (21 tabs / 28 days), NM, LA, PA
IBRANCE TAB 125MG	\$0(2)	NDS, QL (21 tabs / 28 days), NM, LA, PA
IDHIFA TAB 50MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
IDHIFA TAB 100MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
KADCYLA INJ 100MG	\$0(2)	NDS, B/D, NM
KADCYLA INJ 160MG	\$0(2)	NDS, B/D, NM
KANJINTI INJ 420MG	\$0(2)	NDS, PA
KANJINTI SOL 150MG	\$0(2)	NDS, PA
KEYTRUDA INJ 100MG/4M	\$0(2)	NDS, NM, PA
KISQALI 200 PAK FEMARA	\$0(2)	NDS, NM, PA
KISQALI 400 PAK FEMARA	\$0(2)	NDS, NM, PA
KISQALI 600 PAK FEMARA	\$0(2)	NDS, NM, PA
KISQALI TAB 200DOSE	\$0(2)	NDS, NM, PA
KISQALI TAB 400DOSE	\$0(2)	NDS, NM, PA
KISQALI TAB 600DOSE	\$0(2)	NDS, NM, PA
LYNPARZA TAB 100MG	\$0(2)	NDS, NM, LA, PA
LYNPARZA TAB 150MG	\$0(2)	NDS, NM, LA, PA
MVASI INJ 100MG	\$0(2)	NDS, LA, PA
MVASI INJ 400MG	\$0(2)	NDS, LA, PA
NINLARO CAP 2.3MG	\$0(2)	NDS, NM, PA
NINLARO CAP 3MG	\$0(2)	NDS, NM, PA
NINLARO CAP 4MG	\$0(2)	NDS, NM, PA
ODOMZO CAP 200MG	\$0(2)	NDS, NM, LA, PA
OGIVRI INJ 150MG	\$0(2)	NDS, PA
OGIVRI INJ 420MG	\$0(2)	NDS, PA

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ONTRUZANT INJ 150MG	\$0(2)	NDS, PA
ONTRUZANT INJ 420MG	\$0(2)	NDS, PA
PHESGO SOL	\$0(2)	NDS, LA, PA
RITUXAN INJ 100MG	\$0(2)	NDS, NM, LA, PA
RITUXAN INJ 500MG	\$0(2)	NDS, NM, LA, PA
RITUXAN INJ HYCEL A	\$0(2)	NDS, NM, LA, PA
RUBRACA TAB 200MG	\$0(2)	NDS, NM, LA, PA
RUBRACA TAB 250MG	\$0(2)	NDS, NM, LA, PA
RUBRACA TAB 300MG	\$0(2)	NDS, NM, LA, PA
RUXIENCE INJ 100/10ML	\$0(2)	NDS, NM, PA
RUXIENCE INJ 500/50ML	\$0(2)	NDS, NM, PA
TALZENNA CAP 0.25MG	\$0(2)	NDS, NM, LA, PA
TALZENNA CAP 1MG	\$0(2)	NDS, NM, LA, PA
TECENTRIQ INJ 840/14	\$0(2)	NDS, NM, LA, PA
TECENTRIQ INJ 1200/20	\$0(2)	NDS, NM, LA, PA
TIBSOVO TAB 250MG	\$0(2)	NDS, LA, PA
TRAZIMERA INJ 420MG	\$0(2)	NDS, PA
TRUXIMA INJ 100/10ML	\$0(2)	NDS, PA
TRUXIMA INJ 500/50ML	\$0(2)	NDS, PA
VELCADE INJ 3.5MG	\$0(2)	NDS, NM, PA
VENCLEXTA TAB 10MG	\$0(2)	LA, PA
VENCLEXTA TAB 50MG	\$0(2)	NDS, LA, PA
VENCLEXTA TAB 100MG	\$0(2)	NDS, LA, PA
VENCLEXTA TAB START PK	\$0(2)	NDS, LA, PA
VERZENIO TAB 50MG	\$0(2)	NDS, NM, LA, PA
VERZENIO TAB 100MG	\$0(2)	NDS, NM, LA, PA
VERZENIO TAB 150MG	\$0(2)	NDS, NM, LA, PA
VERZENIO TAB 200MG	\$0(2)	NDS, NM, LA, PA
ZEJULA CAP 100MG	\$0(2)	NDS, LA, PA
ZIRABEV INJ 100/4ML	\$0(2)	NDS, PA
ZIRABEV INJ 400/16ML	\$0(2)	NDS, PA
ZOLINZA CAP 100MG	\$0(2)	NDS, NM, PA

HORMONAL ANTINEOPLASTIC AGENTS

<i>abiraterone acetate tab 250 mg</i>	\$0(2)	NDS, NM, PA
<i>anastrozole tab 1 mg</i>	\$0(1)	
<i>bicalutamide tab 50 mg</i>	\$0(1)	
<i>DEPO-PROVERA INJ 400/ML</i>	\$0(2)	B/D
<i>ERLEADA TAB 60MG</i>	\$0(2)	NDS, NM, LA, PA
<i>exemestane tab 25 mg</i>	\$0(1)	
<i>flutamide cap 125 mg</i>	\$0(1)	
<i>fulvestrant inj 250 mg/5ml</i>	\$0(2)	NDS, B/D

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>letrozole tab 2.5 mg</i>	\$0(1)	
<i>leuprolide acetate inj kit 5 mg/ml</i>	\$0(1)	NM, PA
LUPRON DEPOT INJ 3.75MG	\$0(2)	NDS, NM, PA
LUPRON DEPOT INJ 11.25MG	\$0(2)	NDS, NM, PA
LYSODREN TAB 500MG	\$0(2)	
<i>megestrol acetate susp 40 mg/ml</i>	\$0(2)	
<i>megestrol acetate susp 625 mg/5ml</i>	\$0(2)	PA
<i>megestrol acetate tab 20 mg</i>	\$0(2)	
<i>megestrol acetate tab 40 mg</i>	\$0(2)	
<i>nilutamide tab 150 mg</i>	\$0(2)	NDS
NUBEQA TAB 300MG	\$0(2)	NDS, LA, PA
SOLTAMOX SOL 10MG/5ML	\$0(2)	NDS
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	\$0(1)	
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	\$0(1)	
<i>toremifene citrate tab 60 mg (base equivalent)</i>	\$0(2)	NDS
TRELSTAR MIX INJ 3.75MG	\$0(2)	NDS, NM, PA
TRELSTAR MIX INJ 11.25MG	\$0(2)	NDS, NM, PA
XTANDI CAP 40MG	\$0(2)	NDS, NM, LA, PA
ZYTIGA TAB 500MG	\$0(2)	NDS, NM, LA, PA
IMMUNOMODULATORS		
POMALYST CAP 1MG	\$0(2)	NDS, QL (21 caps / 21 days), NM, LA, PA
POMALYST CAP 2MG	\$0(2)	NDS, QL (21 caps / 21 days), NM, LA, PA
POMALYST CAP 3MG	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
POMALYST CAP 4MG	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
REVLIMID CAP 2.5MG	\$0(2)	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 5MG	\$0(2)	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 10MG	\$0(2)	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 15MG	\$0(2)	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAP 20MG	\$0(2)	NDS, QL (28 caps / 28 days), NM, LA, PA

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
REVLIMID CAP 25MG	\$0(2)	NDS, QL (28 caps / 28 days), NM, LA, PA
THALOMID CAP 50MG	\$0(2)	NDS, QL (28 caps / 28 days), NM, PA
THALOMID CAP 100MG	\$0(2)	NDS, QL (28 caps / 28 days), NM, PA
THALOMID CAP 150MG	\$0(2)	NDS, QL (56 caps / 28 days), NM, PA
THALOMID CAP 200MG	\$0(2)	NDS, QL (56 caps / 28 days), NM, PA
KINASE INHIBITORS		
AFINITOR DIS TAB 2MG	\$0(2)	NDS, QL (150 tabs / 30 days), NM, PA
AFINITOR DIS TAB 3MG	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
AFINITOR DIS TAB 5MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
AFINITOR TAB 10MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
ALECENSA CAP 150MG	\$0(2)	NDS, NM, LA, PA
ALUNBRIG PAK	\$0(2)	NDS, NM, LA, PA
ALUNBRIG TAB 30MG	\$0(2)	NDS, NM, LA, PA
ALUNBRIG TAB 90MG	\$0(2)	NDS, NM, LA, PA
ALUNBRIG TAB 180MG	\$0(2)	NDS, NM, LA, PA
AYVAKIT TAB 100MG	\$0(2)	NDS, QL (30 tabs / 30 days), LA, PA
AYVAKIT TAB 200MG	\$0(2)	NDS, QL (30 tabs / 30 days), LA, PA
AYVAKIT TAB 300MG	\$0(2)	NDS, QL (30 tabs / 30 days), LA, PA
BALVERSA TAB 3MG	\$0(2)	NDS, LA, PA
BALVERSA TAB 4MG	\$0(2)	NDS, LA, PA
BALVERSA TAB 5MG	\$0(2)	NDS, LA, PA
BOSULIF TAB 100MG	\$0(2)	NDS, NM, PA
BOSULIF TAB 400MG	\$0(2)	NDS, NM, PA
BOSULIF TAB 500MG	\$0(2)	NDS, NM, PA
BRAFTOVI CAP 75MG	\$0(2)	NDS, LA, PA
BRUKINSA CAP 80MG	\$0(2)	NDS, LA, PA
CABOMETYX TAB 20MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
CABOMETYX TAB 40MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
everolimus tab 2.5 mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
everolimus tab 5 mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
everolimus tab 7.5 mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
GAVRETO CAP 100MG	\$0(2)	NDS, LA, PA
GILOTRIF TAB 20MG	\$0(2)	NDS, LA, PA
GILOTRIF TAB 30MG	\$0(2)	NDS, LA, PA
GILOTRIF TAB 40MG	\$0(2)	NDS, LA, PA
ICLUSIG TAB 15MG	\$0(2)	NDS, LA, PA
ICLUSIG TAB 45MG	\$0(2)	NDS, LA, PA
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAP 70MG	\$0(2)	NDS, LA, PA
IMBRUVICA CAP 140MG	\$0(2)	NDS, LA, PA
IMBRUVICA TAB 140MG	\$0(2)	NDS, LA, PA
IMBRUVICA TAB 280MG	\$0(2)	NDS, LA, PA
IMBRUVICA TAB 420MG	\$0(2)	NDS, LA, PA
IMBRUVICA TAB 560MG	\$0(2)	NDS, LA, PA
INLYTA TAB 1MG	\$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA

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

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

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ZELBORAF TAB 240MG	\$0(2)	NDS, NM, LA, PA
ZYDELIG TAB 100MG	\$0(2)	NDS, NM, LA, PA
ZYDELIG TAB 150MG	\$0(2)	NDS, NM, LA, PA
ZYKADIA TAB 150MG	\$0(2)	NDS, NM, LA, PA
<i>MISCELLANEOUS</i>		
<i>bexarotene cap 75 mg</i>	\$0(2)	NDS, NM, PA
<i>hydroxyurea cap 500 mg</i>	\$0(1)	
INQOVI TAB 35-100MG	\$0(2)	NDS, LA, PA
LONSURF TAB 15-6.14	\$0(2)	NDS, NM, PA
LONSURF TAB 20-8.19	\$0(2)	NDS, NM, PA
MATULANE CAP 50MG	\$0(2)	NDS, LA
SYLATRON KIT 200MCG	\$0(2)	NDS, NM, PA
SYLATRON KIT 300MCG	\$0(2)	NDS, NM, PA
SYNRIBO INJ 3.5MG	\$0(2)	NDS, PA
TAZVERIK TAB 200MG	\$0(2)	NDS, LA, PA
<i>tretinoin cap 10 mg</i>	\$0(2)	NDS
XPOVIO PAK 40MG	\$0(2)	NDS, LA, PA
XPOVIO PAK 60MG	\$0(2)	NDS, LA, PA
XPOVIO PAK 80MG	\$0(2)	NDS, LA, PA
XPOVIO PAK 100MG	\$0(2)	NDS, LA, PA
<i>PLATINUM-BASED AGENTS</i>		
<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
<i>PROTECTIVE AGENTS</i>		
<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

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<i>leucovorin calcium tab 5 mg</i>	\$0(1)	
<i>leucovorin calcium tab 10 mg</i>	\$0(1)	
<i>leucovorin calcium tab 15 mg</i>	\$0(1)	
<i>leucovorin calcium tab 25 mg</i>	\$0(1)	
MESNEX TAB 400MG	\$0(2)	NDS

TOPOISOMERASE INHIBITORS

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

CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE

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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>lisinopril tab 5 mg</i>	\$0(1)	
<i>lisinopril tab 10 mg</i>	\$0(1)	
<i>lisinopril tab 20 mg</i>	\$0(1)	
<i>lisinopril tab 30 mg</i>	\$0(1)	
<i>lisinopril tab 40 mg</i>	\$0(1)	
<i>moexipril hcl tab 7.5 mg</i>	\$0(1)	
<i>moexipril hcl tab 15 mg</i>	\$0(1)	
<i>perindopril erbumine tab 2 mg</i>	\$0(1)	
<i>perindopril erbumine tab 4 mg</i>	\$0(1)	
<i>perindopril erbumine tab 8 mg</i>	\$0(1)	
<i>quinapril hcl tab 5 mg</i>	\$0(1)	
<i>quinapril hcl tab 10 mg</i>	\$0(1)	
<i>quinapril hcl tab 20 mg</i>	\$0(1)	
<i>quinapril hcl tab 40 mg</i>	\$0(1)	
<i>ramipril cap 1.25 mg</i>	\$0(1)	
<i>ramipril cap 2.5 mg</i>	\$0(1)	
<i>ramipril cap 5 mg</i>	\$0(1)	
<i>ramipril cap 10 mg</i>	\$0(1)	
<i>trandolapril tab 1 mg</i>	\$0(1)	
<i>trandolapril tab 2 mg</i>	\$0(1)	
<i>trandolapril tab 4 mg</i>	\$0(1)	

ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE

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

ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE

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

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

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

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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
candesartan cilexetil tab 8 mg	\$0(1)	
candesartan cilexetil tab 16 mg	\$0(1)	
candesartan cilexetil tab 32 mg	\$0(1)	
irbesartan tab 75 mg	\$0(1)	
irbesartan tab 150 mg	\$0(1)	
irbesartan tab 300 mg	\$0(1)	
losartan potassium tab 25 mg	\$0(1)	
losartan potassium tab 50 mg	\$0(1)	
losartan potassium tab 100 mg	\$0(1)	
olmesartan medoxomil tab 5 mg	\$0(1)	
olmesartan medoxomil tab 20 mg	\$0(1)	
olmesartan medoxomil tab 40 mg	\$0(1)	
telmisartan tab 20 mg	\$0(1)	
telmisartan tab 40 mg	\$0(1)	
telmisartan tab 80 mg	\$0(1)	
valsartan tab 40 mg	\$0(1)	
valsartan tab 80 mg	\$0(1)	
valsartan tab 160 mg	\$0(1)	
valsartan tab 320 mg	\$0(1)	

ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM

amiodarone hcl inj 150 mg/3ml (50 mg/ml)	\$0(1)	
amiodarone hcl inj 450 mg/9ml (50 mg/ml)	\$0(1)	
amiodarone hcl inj 900 mg/18ml (50 mg/ml)	\$0(1)	
amiodarone hcl tab 100 mg	\$0(1)	
amiodarone hcl tab 200 mg	\$0(1)	
amiodarone hcl tab 400 mg	\$0(1)	
disopyramide phosphate cap 100 mg	\$0(2)	
disopyramide phosphate cap 150 mg	\$0(2)	
dofetilide cap 125 mcg (0.125 mg)	\$0(1)	NM
dofetilide cap 250 mcg (0.25 mg)	\$0(1)	NM
dofetilide cap 500 mcg (0.5 mg)	\$0(1)	NM
flecainide acetate tab 50 mg	\$0(1)	
flecainide acetate tab 100 mg	\$0(1)	
flecainide acetate tab 150 mg	\$0(1)	
MULTAQ TAB 400MG	\$0(2)	
NORPACE CAP 100MG CR	\$0(2)	
NORPACE CAP 150MG CR	\$0(2)	
pacerone tab 100mg	\$0(1)	

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

ANTI-LIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL

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

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

ANTI-LIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL

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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>prevalite pow 4gm</i>	\$0(1)	
<i>prevalite pow 4gm pk</i>	\$0(1)	
<i>VASCEPA CAP 0.5GM</i>	\$0(2)	
<i>VASCEPA CAP 1GM</i>	\$0(2)	

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

<i>atenolol & chlorthalidone tab 50-25 mg</i>	\$0(1)	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	\$0(1)	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	\$0(1)	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	\$0(1)	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	\$0(1)	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	\$0(1)	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	\$0(1)	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	\$0(1)	
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	\$0(1)	
<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	\$0(1)	

BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

<i>acebutolol hcl cap 200 mg</i>	\$0(1)	
<i>acebutolol hcl cap 400 mg</i>	\$0(1)	
<i>atenolol tab 25 mg</i>	\$0(1)	
<i>atenolol tab 50 mg</i>	\$0(1)	
<i>atenolol tab 100 mg</i>	\$0(1)	
<i>betaxolol hcl tab 10 mg</i>	\$0(1)	
<i>betaxolol hcl tab 20 mg</i>	\$0(1)	
<i>bisoprolol fumarate tab 5 mg</i>	\$0(1)	
<i>bisoprolol fumarate tab 10 mg</i>	\$0(1)	
<i>BYSTOLIC TAB 2.5MG</i>	\$0(2)	QL (30 tabs / 30 days)
<i>BYSTOLIC TAB 5MG</i>	\$0(2)	QL (30 tabs / 30 days)
<i>BYSTOLIC TAB 10MG</i>	\$0(2)	QL (30 tabs / 30 days)
<i>BYSTOLIC TAB 20MG</i>	\$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)	

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE (TIER LEVEL)
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CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	\$0(1)	
<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)	
<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)	

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

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

DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS

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

DIURETICS - DRUGS TO TREAT HEART CONDITIONS

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>indapamide tab 2.5 mg</i>	\$0(1)	
<i>methazolamide tab 25 mg</i>	\$0(1)	
<i>methazolamide tab 50 mg</i>	\$0(1)	
<i>metolazone tab 2.5 mg</i>	\$0(1)	
<i>metolazone tab 5 mg</i>	\$0(1)	
<i>metolazone tab 10 mg</i>	\$0(1)	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	\$0(1)	
<i>torsemide tab 5 mg</i>	\$0(1)	
<i>torsemide tab 10 mg</i>	\$0(1)	
<i>torsemide tab 20 mg</i>	\$0(1)	
<i>torsemide tab 100 mg</i>	\$0(1)	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	\$0(1)	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	\$0(1)	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	\$0(1)	
MISCELLANEOUS		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	\$0(1)	
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	\$0(1)	
<i>clonidine hcl tab 0.1 mg</i>	\$0(1)	
<i>clonidine hcl tab 0.2 mg</i>	\$0(1)	
<i>clonidine hcl tab 0.3 mg</i>	\$0(1)	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	\$0(1)	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	\$0(1)	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	\$0(1)	
<i>CORLANOR SOL 5MG/5ML</i>	\$0(2)	
<i>CORLANOR TAB 5MG</i>	\$0(2)	
<i>CORLANOR TAB 7.5MG</i>	\$0(2)	
<i>DEMSER CAP 250MG</i>	\$0(2)	NDS, PA
<i>hydralazine hcl inj 20 mg/ml</i>	\$0(1)	
<i>hydralazine hcl tab 10 mg</i>	\$0(1)	
<i>hydralazine hcl tab 25 mg</i>	\$0(1)	
<i>hydralazine hcl tab 50 mg</i>	\$0(1)	
<i>hydralazine hcl tab 100 mg</i>	\$0(1)	
<i>metyrosine cap 250 mg</i>	\$0(2)	NDS, PA
<i>midodrine hcl tab 2.5 mg</i>	\$0(1)	
<i>midodrine hcl tab 5 mg</i>	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>midodrine hcl tab 10 mg</i>	\$0(1)	
<i>minoxidil tab 2.5 mg</i>	\$0(1)	
<i>minoxidil tab 10 mg</i>	\$0(1)	
NORTHERA CAP 100MG	\$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
NORTHERA CAP 200MG	\$0(2)	NDS, QL (180 caps / 30 days), NM, LA, PA
NORTHERA CAP 300MG	\$0(2)	NDS, QL (180 caps / 30 days), NM, LA, PA
<i>ranolazine tab er 12hr 500 mg</i>	\$0(1)	
<i>ranolazine tab er 12hr 1000 mg</i>	\$0(1)	
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
<i>isosorbide dinitrate tab 5 mg</i>	\$0(1)	
<i>isosorbide dinitrate tab 10 mg</i>	\$0(1)	
<i>isosorbide dinitrate tab 20 mg</i>	\$0(1)	
<i>isosorbide dinitrate tab 30 mg</i>	\$0(1)	
<i>isosorbide mononitrate tab 10 mg</i>	\$0(1)	
<i>isosorbide mononitrate tab 20 mg</i>	\$0(1)	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	\$0(1)	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	\$0(1)	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	\$0(1)	
<i>minitran dis 0.1mg/hr</i>	\$0(1)	
<i>minitran dis 0.2mg/hr</i>	\$0(1)	
<i>minitran dis 0.4mg/hr</i>	\$0(1)	
<i>minitran dis 0.6mg/hr</i>	\$0(1)	
<i>NITRO-BID OIN 2%</i>	\$0(2)	
<i>NITRO-DUR DIS 0.3MG/HR</i>	\$0(2)	
<i>NITRO-DUR DIS 0.8MG/HR</i>	\$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

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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
<i>sildenafil citrate tab 20 mg</i>	\$0(1)	QL (90 tabs / 30 days), NM, PA
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	\$0(2)	NDS, NM, LA, PA
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	\$0(2)	NDS, NM, LA, PA
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	\$0(2)	NDS, NM, LA, PA
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	\$0(2)	NDS, NM, LA, PA
VENTAVIS SOL 10MCG/ML	\$0(2)	NDS, NM, PA
VENTAVIS SOL 20MCG/ML	\$0(2)	NDS, NM, PA

CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

ANTIANXIETY - 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)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>fluvoxamine maleate tab 50 mg</i>	\$0(1)	
<i>fluvoxamine maleate tab 100 mg</i>	\$0(1)	
<i>lorazepam conc 2 mg/ml</i>	\$0(1)	QL (150 mL / 30 days)
<i>lorazepam inj 2 mg/ml</i>	\$0(1)	
<i>lorazepam inj 4 mg/ml</i>	\$0(1)	
<i>lorazepam tab 0.5 mg</i>	\$0(1)	QL (150 tabs / 30 days)
<i>lorazepam tab 1 mg</i>	\$0(1)	QL (150 tabs / 30 days)
<i>lorazepam tab 2 mg</i>	\$0(1)	QL (150 tabs / 30 days)

ANTICONVULSANTS - DRUGS TO TREAT SEIZURES

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>clonazepam orally disintegrating tab 0.5 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.25 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 0.125 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 1 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>clonazepam orally disintegrating tab 2 mg</i>	\$0(1)	QL (300 tabs / 30 days)
<i>clonazepam tab 0.5 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>clonazepam tab 1 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>clonazepam tab 2 mg</i>	\$0(1)	QL (300 tabs / 30 days)
<i>clorazepate dipotassium tab 3.75 mg</i>	\$0(1)	QL (180 tabs / 30 days), PA; PA if 65 years and older
<i>clorazepate dipotassium tab 7.5 mg</i>	\$0(1)	QL (180 tabs / 30 days), PA; PA if 65 years and older
<i>clorazepate dipotassium tab 15 mg</i>	\$0(1)	QL (180 tabs / 30 days), PA; PA if 65 years and older
<i>DIASTAT ACDL GEL 5-10MG</i>	\$0(2)	
<i>DIASTAT ACDL GEL 12.5-20</i>	\$0(2)	
<i>DIASTAT PED GEL 2.5M GEL</i>	\$0(2)	
<i>diazepam conc 5 mg/ml</i>	\$0(1)	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam inj 5 mg/ml</i>	\$0(1)	
<i>diazepam oral soln 1 mg/ml</i>	\$0(1)	QL (1200 mL / 30 days), PA; PA if 65 years and older
<i>diazepam rectal gel delivery system 2.5 mg</i>	\$0(1)	
<i>diazepam rectal gel delivery system 10 mg</i>	\$0(1)	
<i>diazepam rectal gel delivery system 20 mg</i>	\$0(1)	
<i>diazepam tab 2 mg</i>	\$0(1)	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam tab 5 mg</i>	\$0(1)	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam tab 10 mg</i>	\$0(1)	QL (120 tabs / 30 days), PA; PA if 65 years and older

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DILANTIN CAP 30MG	\$0(2)	
DILANTIN CAP 100MG	\$0(2)	
DILANTIN CHW 50MG	\$0(2)	
DILANTIN-125 SUS 125/5ML	\$0(2)	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	\$0(1)	
<i>divalproex sodium tab delayed release 125 mg</i>	\$0(1)	
<i>divalproex sodium tab delayed release 250 mg</i>	\$0(1)	
<i>divalproex sodium tab delayed release 500 mg</i>	\$0(1)	
<i>divalproex sodium tab er 24 hr 250 mg</i>	\$0(1)	
<i>divalproex sodium tab er 24 hr 500 mg</i>	\$0(1)	
EPIDIOLEX SOL 100MG/ML	\$0(2)	NDS, QL (600 mL / 30 days), NM, LA, PA
<i>epitol tab 200mg</i>	\$0(1)	
<i>ethosuximide cap 250 mg</i>	\$0(1)	
<i>ethosuximide soln 250 mg/5ml</i>	\$0(1)	
<i>felbamate susp 600 mg/5ml</i>	\$0(2)	NDS
<i>felbamate tab 400 mg</i>	\$0(1)	
<i>felbamate tab 600 mg</i>	\$0(1)	
FINTEPLA SOL 2.2MG/ML	\$0(2)	NDS, QL (360 mL / 30 days), LA, PA
FYCOMPA SUS 0.5MG/ML	\$0(2)	NDS, QL (720 mL / 30 days), PA
FYCOMPA TAB 2MG	\$0(2)	QL (60 tabs / 30 days), PA
FYCOMPA TAB 4MG	\$0(2)	NDS, QL (60 tabs / 30 days), PA
FYCOMPA TAB 6MG	\$0(2)	NDS, QL (60 tabs / 30 days), PA
FYCOMPA TAB 8MG	\$0(2)	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 10MG	\$0(2)	NDS, QL (30 tabs / 30 days), PA
FYCOMPA TAB 12MG	\$0(2)	NDS, QL (30 tabs / 30 days), PA
<i>gabapentin cap 100 mg</i>	\$0(1)	QL (1080 caps / 30 days)
<i>gabapentin cap 300 mg</i>	\$0(1)	QL (360 caps / 30 days)
<i>gabapentin cap 400 mg</i>	\$0(1)	QL (270 caps / 30 days)

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>gabapentin oral soln 250 mg/5ml</i>	\$0(1)	QL (2160 mL / 30 days)
<i>gabapentin tab 600 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>gabapentin tab 800 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>lamotrigine tab 25 mg</i>	\$0(1)	
<i>lamotrigine tab 100 mg</i>	\$0(1)	
<i>lamotrigine tab 150 mg</i>	\$0(1)	
<i>lamotrigine tab 200 mg</i>	\$0(1)	
<i>lamotrigine tab chewable dispersible 5 mg</i>	\$0(1)	
<i>lamotrigine tab chewable dispersible 25 mg</i>	\$0(1)	
<i>lamotrigine tab er 24hr 25 mg</i>	\$0(1)	
<i>lamotrigine tab er 24hr 50 mg</i>	\$0(1)	
<i>lamotrigine tab er 24hr 100 mg</i>	\$0(1)	
<i>lamotrigine tab er 24hr 200 mg</i>	\$0(1)	
<i>lamotrigine tab er 24hr 250 mg</i>	\$0(1)	
<i>lamotrigine tab er 24hr 300 mg</i>	\$0(1)	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	\$0(1)	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	\$0(1)	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	\$0(1)	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	\$0(1)	
<i>levetiracetam oral soln 100 mg/ml</i>	\$0(1)	
<i>levetiracetam tab 250 mg</i>	\$0(1)	
<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)	
<i>NAYZILAM SPR 5MG</i>	\$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)	
<i>PEGANONE TAB 250MG</i>	\$0(2)	
<i>phenobarbital elixir 20 mg/5ml</i>	\$0(2)	PA; PA if 70 years and older
<i>phenobarbital sodium inj 65 mg/ml</i>	\$0(2)	PA; PA if 70 years and older
<i>phenobarbital sodium inj 130 mg/ml</i>	\$0(2)	PA; PA if 70 years and older

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

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>primidone tab 250 mg</i>	\$0(1)	
<i>roweepra tab 500mg</i>	\$0(1)	
<i>roweepra tab 750mg</i>	\$0(1)	
<i>roweepra tab 1000mg</i>	\$0(1)	
<i>roweepra xr tab 500mg xr</i>	\$0(1)	
<i>roweepra xr tab 750mg xr</i>	\$0(1)	
<i>SPRITAM TAB 250MG</i>	\$0(2)	
<i>SPRITAM TAB 500MG</i>	\$0(2)	
<i>SPRITAM TAB 750MG</i>	\$0(2)	
<i>SPRITAM TAB 1000MG</i>	\$0(2)	
<i>SYMPAZAN MIS 5MG</i>	\$0(2)	PA
<i>SYMPAZAN MIS 10MG</i>	\$0(2)	NDS, PA
<i>SYMPAZAN MIS 20MG</i>	\$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>VALTOCO LIQ 15MG</i>	\$0(2)	
<i>VALTOCO LIQ 20MG</i>	\$0(2)	
<i>VALTOCO SPR 5MG</i>	\$0(2)	
<i>VALTOCO SPR 10MG</i>	\$0(2)	
<i>vigabatrin powd pack 500 mg</i>	\$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin tab 500 mg</i>	\$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
<i>vigadrone pow 500mg</i>	\$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
<i>VIMPAT INJ 200MG/20</i>	\$0(2)	NDS
<i>VIMPAT SOL 10MG/ML</i>	\$0(2)	NDS, QL (1200 mL / 30 days)
<i>VIMPAT TAB 50MG</i>	\$0(2)	QL (120 tabs / 30 days)

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
VIMPAT TAB 100MG	\$0(2)	NDS, QL (60 tabs / 30 days)
VIMPAT TAB 150MG	\$0(2)	NDS, QL (60 tabs / 30 days)
VIMPAT TAB 200MG	\$0(2)	NDS, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	\$0(2)	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	\$0(2)	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 150-200	\$0(2)	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 150-200	\$0(2)	NDS, QL (56 tabs / 28 days)
XCOPRI TAB 50-200MG	\$0(2)	NDS, QL (56 tabs / 28 days)
XCOPRI TAB 50MG	\$0(2)	NDS, QL (90 tabs / 30 days)
XCOPRI TAB 100MG	\$0(2)	NDS, QL (60 tabs / 30 days)
XCOPRI TAB 150MG	\$0(2)	NDS, QL (60 tabs / 30 days)
XCOPRI TAB 200MG	\$0(2)	NDS, QL (60 tabs / 30 days)
<i>zonisamide cap 25 mg</i>	\$0(1)	
<i>zonisamide cap 50 mg</i>	\$0(1)	
<i>zonisamide cap 100 mg</i>	\$0(1)	

ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS

<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	\$0(1)	
<i>donepezil hydrochloride tab 5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>donepezil hydrochloride tab 10 mg</i>	\$0(1)	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	\$0(1)	
<i>galantamine hydrobromide tab 4 mg</i>	\$0(1)	QL (60 tabs / 30 days)

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

ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION

<i>amitriptyline hcl tab 10 mg</i>	\$0(2)
<i>amitriptyline hcl tab 25 mg</i>	\$0(2)
<i>amitriptyline hcl tab 50 mg</i>	\$0(2)
<i>amitriptyline hcl tab 75 mg</i>	\$0(2)
<i>amitriptyline hcl tab 100 mg</i>	\$0(2)
<i>amitriptyline hcl tab 150 mg</i>	\$0(2)
<i>amoxapine tab 25 mg</i>	\$0(2)
<i>amoxapine tab 50 mg</i>	\$0(2)
<i>amoxapine tab 100 mg</i>	\$0(2)
<i>amoxapine tab 150 mg</i>	\$0(2)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
bupropion hcl tab 75 mg	\$0(1)	
bupropion hcl tab 100 mg	\$0(1)	
bupropion hcl tab er 12hr 100 mg	\$0(1)	
bupropion hcl tab er 12hr 150 mg	\$0(1)	
bupropion hcl tab er 12hr 200 mg	\$0(1)	
bupropion hcl tab er 24hr 150 mg	\$0(1)	
bupropion hcl tab er 24hr 300 mg	\$0(1)	
citalopram hydrobromide oral soln 10 mg/5ml	\$0(1)	
citalopram hydrobromide tab 10 mg (base equiv)	\$0(1)	
citalopram hydrobromide tab 20 mg (base equiv)	\$0(1)	
citalopram hydrobromide tab 40 mg (base equiv)	\$0(1)	
clomipramine hcl cap 25 mg	\$0(2)	PA
clomipramine hcl cap 50 mg	\$0(2)	PA
clomipramine hcl cap 75 mg	\$0(2)	PA
desipramine hcl tab 10 mg	\$0(2)	
desipramine hcl tab 25 mg	\$0(2)	
desipramine hcl tab 50 mg	\$0(2)	
desipramine hcl tab 75 mg	\$0(2)	
desipramine hcl tab 100 mg	\$0(2)	
desipramine hcl tab 150 mg	\$0(2)	
desvenlafaxine succinate tab er 24hr 25 mg (base equiv)	\$0(1)	QL (30 tabs / 30 days), PA
desvenlafaxine succinate tab er 24hr 50 mg (base equiv)	\$0(1)	QL (30 tabs / 30 days), PA
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	\$0(1)	QL (30 tabs / 30 days), PA
doxepin hcl cap 10 mg	\$0(2)	
doxepin hcl cap 25 mg	\$0(2)	
doxepin hcl cap 50 mg	\$0(2)	
doxepin hcl cap 75 mg	\$0(2)	
doxepin hcl cap 100 mg	\$0(2)	
doxepin hcl cap 150 mg	\$0(2)	
doxepin hcl conc 10 mg/ml	\$0(2)	
DRIZALMA CAP 20MG DR	\$0(2)	QL (60 caps / 30 days), PA
DRIZALMA CAP 30MG DR	\$0(2)	QL (60 caps / 30 days), PA

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

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

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<u>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</u>	\$0(1)	
<u>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</u>	\$0(1)	
<u>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</u>	\$0(1)	
<u>venlafaxine hcl tab 25 mg (base equivalent)</u>	\$0(1)	
<u>venlafaxine hcl tab 37.5 mg (base equivalent)</u>	\$0(1)	
<u>venlafaxine hcl tab 50 mg (base equivalent)</u>	\$0(1)	
<u>venlafaxine hcl tab 75 mg (base equivalent)</u>	\$0(1)	
<u>venlafaxine hcl tab 100 mg (base equivalent)</u>	\$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

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

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<u>carbidopa & levodopa orally disintegrating tab 25-250 mg</u>	\$0(1)	
<u>carbidopa & levodopa tab 10-100 mg</u>	\$0(1)	
<u>carbidopa & levodopa tab 25-100 mg</u>	\$0(1)	
<u>carbidopa & levodopa tab 25-250 mg</u>	\$0(1)	
<u>carbidopa & levodopa tab er 25-100 mg</u>	\$0(1)	
<u>carbidopa & levodopa tab er 50-200 mg</u>	\$0(1)	
<u>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</u>	\$0(1)	
<u>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</u>	\$0(1)	
<u>carbidopa-levodopa-entacapone tabs 25-100-200 mg</u>	\$0(1)	
<u>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</u>	\$0(1)	
<u>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</u>	\$0(1)	
<u>carbidopa-levodopa-entacapone tabs 50-200-200 mg</u>	\$0(1)	
<u>entacapone tab 200 mg</u>	\$0(1)	
<u>NEUPRO DIS 1MG/24HR</u>	\$0(2)	
<u>NEUPRO DIS 2MG/24HR</u>	\$0(2)	
<u>NEUPRO DIS 3MG/24HR</u>	\$0(2)	
<u>NEUPRO DIS 4MG/24HR</u>	\$0(2)	
<u>NEUPRO DIS 6MG/24HR</u>	\$0(2)	
<u>NEUPRO DIS 8MG/24HR</u>	\$0(2)	
<u>pramipexole dihydrochloride tab 0.5 mg</u>	\$0(1)	
<u>pramipexole dihydrochloride tab 0.25 mg</u>	\$0(1)	
<u>pramipexole dihydrochloride tab 0.75 mg</u>	\$0(1)	
<u>pramipexole dihydrochloride tab 0.125 mg</u>	\$0(1)	
<u>pramipexole dihydrochloride tab 1 mg</u>	\$0(1)	
<u>pramipexole dihydrochloride tab 1.5 mg</u>	\$0(1)	
<u>rasagiline mesylate tab 0.5 mg (base equiv)</u>	\$0(1)	
<u>rasagiline mesylate tab 1 mg (base equiv)</u>	\$0(1)	
<u>ropinirole hydrochloride tab 0.5 mg</u>	\$0(1)	
<u>ropinirole hydrochloride tab 0.25 mg</u>	\$0(1)	
<u>ropinirole hydrochloride tab 1 mg</u>	\$0(1)	
<u>ropinirole hydrochloride tab 2 mg</u>	\$0(1)	
<u>ropinirole hydrochloride tab 3 mg</u>	\$0(1)	
<u>ropinirole hydrochloride tab 4 mg</u>	\$0(1)	
<u>ropinirole hydrochloride tab 5 mg</u>	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>selegiline hcl cap 5 mg</i>	\$0(1)	
<i>selegiline hcl tab 5 mg</i>	\$0(1)	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	\$0(2)	PA; PA if 70 years and older
<i>trihexyphenidyl hcl tab 2 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>trihexyphenidyl hcl tab 5 mg</i>	\$0(2)	PA; PA if 70 years and older

ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>clozapine orally disintegrating tab 12.5 mg</i>	\$0(1)	PA
<i>clozapine orally disintegrating tab 25 mg</i>	\$0(1)	PA
<i>clozapine orally disintegrating tab 100 mg</i>	\$0(1)	QL (270 tabs / 30 days), PA
<i>clozapine orally disintegrating tab 150 mg</i>	\$0(1)	QL (180 tabs / 30 days), PA
<i>clozapine orally disintegrating tab 200 mg</i>	\$0(1)	QL (135 tabs / 30 days), PA
<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)
<i>FANAPT PAK</i>	\$0(2)	PA
<i>FANAPT TAB 1MG</i>	\$0(2)	QL (60 tabs / 30 days), PA
<i>FANAPT TAB 2MG</i>	\$0(2)	QL (60 tabs / 30 days), PA
<i>FANAPT TAB 4MG</i>	\$0(2)	QL (60 tabs / 30 days), PA
<i>FANAPT TAB 6MG</i>	\$0(2)	QL (60 tabs / 30 days), PA
<i>FANAPT TAB 8MG</i>	\$0(2)	QL (60 tabs / 30 days), PA
<i>FANAPT TAB 10MG</i>	\$0(2)	QL (60 tabs / 30 days), PA
<i>FANAPT TAB 12MG</i>	\$0(2)	QL (60 tabs / 30 days), PA
<i>fluphenazine decanoate inj 25 mg/ml</i>	\$0(1)	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	\$0(1)	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	\$0(1)	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	\$0(1)	
<i>fluphenazine hcl tab 1 mg</i>	\$0(1)	
<i>fluphenazine hcl tab 2.5 mg</i>	\$0(1)	
<i>fluphenazine hcl tab 5 mg</i>	\$0(1)	
<i>fluphenazine hcl tab 10 mg</i>	\$0(1)	
<i>GEODON INJ 20MG</i>	\$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)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>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 (30 tabs / 30 days)
LATUDA TAB 40MG	\$0(2)	QL (30 tabs / 30 days)
LATUDA TAB 60MG	\$0(2)	QL (30 tabs / 30 days)
LATUDA TAB 80MG	\$0(2)	QL (60 tabs / 30 days)
LATUDA TAB 120MG	\$0(2)	QL (30 tabs / 30 days)
<i>loxpipavine succinate cap 5 mg</i>	\$0(1)	
<i>loxpipavine succinate cap 10 mg</i>	\$0(1)	
<i>loxpipavine succinate cap 25 mg</i>	\$0(1)	
<i>loxpipavine succinate cap 50 mg</i>	\$0(1)	
<i>molindone hcl tab 5 mg</i>	\$0(1)	
<i>molindone hcl tab 10 mg</i>	\$0(1)	
<i>molindone hcl tab 25 mg</i>	\$0(1)	
NUPLAZID CAP 34MG	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TAB 10MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>olanzapine for im inj 10 mg</i>	\$0(1)	QL (3 vials / 1 day)
<i>olanzapine orally disintegrating tab 5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olanzapine orally disintegrating tab 10 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>olanzapine orally disintegrating tab 15 mg</i>	\$0(1)	QL (30 tabs / 30 days)

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>olanzapine orally disintegrating tab 20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olanzapine tab 2.5 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>olanzapine tab 5 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>olanzapine tab 7.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olanzapine tab 10 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>olanzapine tab 15 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olanzapine tab 20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 1.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 3 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>paliperidone tab er 24hr 6 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>paliperidone tab er 24hr 9 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>perphenazine tab 2 mg</i>	\$0(1)	
<i>perphenazine tab 4 mg</i>	\$0(1)	
<i>perphenazine tab 8 mg</i>	\$0(1)	
<i>perphenazine tab 16 mg</i>	\$0(1)	
PERSERIS INJ 90MG	\$0(2)	NDS, QL (1 injection / 30 days)
PERSERIS INJ 120MG	\$0(2)	NDS, QL (1 injection / 30 days)
<i>pimozide tab 1 mg</i>	\$0(1)	
<i>pimozide tab 2 mg</i>	\$0(1)	
<i>quetiapine fumarate tab 25 mg</i>	\$0(1)	
<i>quetiapine fumarate tab 50 mg</i>	\$0(1)	
<i>quetiapine fumarate tab 100 mg</i>	\$0(1)	
<i>quetiapine fumarate tab 200 mg</i>	\$0(1)	
<i>quetiapine fumarate tab 300 mg</i>	\$0(1)	
<i>quetiapine fumarate tab 400 mg</i>	\$0(1)	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 150 mg</i>	\$0(1)	QL (30 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 200 mg</i>	\$0(1)	QL (30 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 300 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate tab er 24hr 400 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
REXULTI TAB 0.5MG	\$0(2)	NDS, QL (60 tabs / 30 days)
REXULTI TAB 0.25MG	\$0(2)	NDS, QL (60 tabs / 30 days)

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

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

ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD

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

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

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<i>methylphenidate hcl tab 5 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>methylphenidate hcl tab 10 mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>methylphenidate hcl tab 20 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>methylphenidate hcl tab er 10 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>methylphenidate hcl tab er 20 mg</i>	\$0(1)	QL (90 tabs / 30 days)

HYPNOTICS - DRUGS TO TREAT INSOMNIA

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
zaleplon cap 10 mg	\$0(2)	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
zolpidem tartrate tab 5 mg	\$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
zolpidem tartrate tab 10 mg	\$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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)
MISCELLANEOUS		
AUSTEDO TAB 6MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO TAB 9MG	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO TAB 12MG	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
INGREZZA CAP 40-80MG	\$0(2)	NDS, QL (28 caps / 28 days), PA
INGREZZA CAP 40MG	\$0(2)	NDS, QL (30 caps / 30 days), PA
INGREZZA CAP 80MG	\$0(2)	NDS, QL (30 caps / 30 days), PA
<i>lithium carbonate cap 150 mg</i>	\$0(1)	
<i>lithium carbonate cap 300 mg</i>	\$0(1)	
<i>lithium carbonate cap 600 mg</i>	\$0(1)	
<i>lithium carbonate tab 300 mg</i>	\$0(1)	
<i>lithium carbonate tab er 300 mg</i>	\$0(1)	
<i>lithium carbonate tab er 450 mg</i>	\$0(1)	
LITHIUM SOL 8MEQ/5ML	\$0(2)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
LYRICA CR TAB 82.5MG	\$0(2)	QL (60 tabs / 30 days), PA
LYRICA CR TAB 165MG	\$0(2)	QL (60 tabs / 30 days), PA
LYRICA CR TAB 330MG	\$0(2)	QL (60 tabs / 30 days), PA
NUEDEXTA CAP 20-10MG	\$0(2)	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide tab 60 mg</i>	\$0(1)	
<i>riluzole tab 50 mg</i>	\$0(1)	
<i>tetrabenazine tab 12.5 mg</i>	\$0(2)	NDS, QL (240 tabs / 30 days), NM, PA
<i>tetrabenazine tab 25 mg</i>	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA

MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS

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

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>dantrolene sodium cap 100 mg</i>	\$0(1)	
<i>methocarbamol tab 500 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>methocarbamol tab 750 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	\$0(1)	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	\$0(1)	
<i>vanadom tab 350mg</i>	\$0(2)	QL (120 tabs / 30 days), PA; PA if 70 years and older
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
<i>XYREM SOL 500MG/ML</i>	\$0(2)	NDS, QL (540 mL / 30 days), LA, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium tab delayed release 333 mg</i>	\$0(1)	
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	\$0(1)	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	\$0(1)	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	\$0(1)	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	\$0(1)	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	\$0(1)	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	\$0(1)	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	\$0(1)	
<i>CHANTIX PAK 0.5& 1MG</i>	\$0(2)	PA

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CHANTIX PAK 1MG	\$0(2)	PA
CHANTIX TAB 0.5MG	\$0(2)	PA
CHANTIX TAB 1MG	\$0(2)	PA
<i>diphenhydramine-acetaminophen tab 25-500 mg (sleep)</i>	\$0(3)	NM; *
<i>disulfiram tab 250 mg</i>	\$0(1)	
<i>disulfiram tab 500 mg</i>	\$0(1)	
<i>mapap pm tab 25-500mg</i>	\$0(3)	NM; *
<i>naloxone hcl inj 0.4 mg/ml</i>	\$0(1)	
<i>naloxone hcl inj 4 mg/10ml</i>	\$0(1)	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	\$0(1)	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	\$0(1)	
<i>naltrexone hcl tab 50 mg</i>	\$0(1)	
NARCAN SPR	\$0(2)	
<i>nicorelief gum 2mg orig</i>	\$0(3)	NM; *
<i>nicorelief gum 4mg orig</i>	\$0(3)	NM; *
<i>nicotine polacrilex gum 2 mg</i>	\$0(3)	NM; *
<i>nicotine polacrilex gum 4 mg</i>	\$0(3)	NM; *
<i>nicotine polacrilex lozenge 2 mg</i>	\$0(3)	NM; *
<i>nicotine polacrilex lozenge 4 mg</i>	\$0(3)	NM; *
NICOTINE SYS KIT TRANSDER	\$0(3)	NM; *
<i>nicotine td dis 7mg/24hr</i>	\$0(3)	NM; *
<i>nicotine td dis 14mg/24h</i>	\$0(3)	NM; *
<i>nicotine td dis 21mg/24h</i>	\$0(3)	NM; *
<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>pain relieve tab 25-500mg</i>	\$0(3)	NM; *
<i>sleep aid tab 25mg</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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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANDRODERM DIS 4MG/24HR	\$0(2)	QL (30 patches / 30 days), PA
<i>oxandrolone tab 2.5 mg</i>	\$0(1)	PA
<i>oxandrolone tab 10 mg</i>	\$0(1)	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	\$0(1)	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	\$0(1)	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	\$0(1)	PA
<i>testosterone td gel 12.5 mg/act (1%)</i>	\$0(1)	QL (300 grams / 30 days), PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	\$0(1)	QL (300 grams / 30 days), PA
<i>testosterone td gel 50 mg/5gm (1%)</i>	\$0(1)	QL (300 grams / 30 days), PA

ANTIDIABETICS, INJECTABLE - DRUGS TO TREAT DIABETES

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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NOVOLIN N INJ U-100	\$0(2)	(brand RELION not covered)
NOVOLIN R INJ 100 UNIT	\$0(2)	(brand RELION not covered)
NOVOLIN R INJ U-100	\$0(2)	(brand RELION not covered)
NOVOLOG INJ 100/ML	\$0(2)	
NOVOLOG INJ FLEXPEN	\$0(2)	
NOVOLOG INJ PENFILL	\$0(2)	
NOVOLOG MIX INJ 70/30	\$0(2)	
NOVOLOG MIX INJ FLEXPEN	\$0(2)	
OZEMPIC INJ 2/1.5ML	\$0(2)	QL (1 pen / 28 days)
OZEMPIC INJ 2/1.5ML	\$0(2)	QL (2 pens / 28 days)
SOLIQUA INJ 100/33	\$0(2)	QL (10 pens / 30 days)
TRESIBA FLEX INJ 100UNIT	\$0(2)	
TRESIBA FLEX INJ 200UNIT	\$0(2)	
TRESIBA INJ 100UNIT	\$0(2)	
TRULICITY INJ 0.75/0.5	\$0(2)	QL (4 pens / 28 days)
TRULICITY INJ 1.5/0.5	\$0(2)	QL (4 pens / 28 days)
TRULICITY INJ 3/0.5	\$0(2)	QL (4 pens / 28 days)
TRULICITY INJ 4.5/0.5	\$0(2)	QL (4 pens / 28 days)
VICTOZA INJ 18MG/3ML	\$0(2)	QL (3 pens / 30 days)
XULTOPHY INJ 100/3.6	\$0(2)	QL (5 pens / 30 days)

ANTIDIABETICS, ORAL - DRUGS TO TREAT DIABETES

acarbose tab 25 mg	\$0(1)	
acarbose tab 50 mg	\$0(1)	
acarbose tab 100 mg	\$0(1)	
FARXIGA TAB 5MG	\$0(2)	QL (30 tabs / 30 days)
FARXIGA TAB 10MG	\$0(2)	QL (30 tabs / 30 days)
glimepiride tab 1 mg	\$0(2)	QL (90 tabs / 30 days)
glimepiride tab 2 mg	\$0(2)	QL (90 tabs / 30 days)
glimepiride tab 4 mg	\$0(2)	QL (60 tabs / 30 days)
glipizide tab 5 mg	\$0(1)	QL (240 tabs / 30 days)
glipizide tab 10 mg	\$0(1)	QL (120 tabs / 30 days)
glipizide tab er 24hr 2.5 mg	\$0(1)	QL (90 tabs / 30 days)
glipizide tab er 24hr 5 mg	\$0(1)	QL (90 tabs / 30 days)
glipizide tab er 24hr 10 mg	\$0(1)	QL (60 tabs / 30 days)
glipizide xl tab 2.5mg	\$0(1)	QL (90 tabs / 30 days)
glipizide xl tab 5mg	\$0(1)	QL (90 tabs / 30 days)
glipizide xl tab 10mg	\$0(1)	QL (60 tabs / 30 days)
glipizide-metformin hcl tab 2.5-250 mg	\$0(1)	QL (240 tabs / 30 days)

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
JENTADUETO TAB 2.5-850	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB XR	\$0(2)	QL (30 tabs / 30 days)
JENTADUETO TAB XR	\$0(2)	QL (60 tabs / 30 days)
<i>metformin hcl tab 500 mg</i>	\$0(1)	QL (150 tabs / 30 days)
<i>metformin hcl tab 850 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>metformin hcl tab 1000 mg</i>	\$0(1)	QL (75 tabs / 30 days)
<i>metformin hcl tab er 24hr 500 mg</i>	\$0(1)	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl tab er 24hr 750 mg</i>	\$0(1)	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>nateglinide tab 60 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>nateglinide tab 120 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	\$0(1)	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	\$0(1)	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	\$0(1)	QL (30 tabs / 30 days)
<i>repaglinide tab 0.5 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>repaglinide tab 1 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>repaglinide tab 2 mg</i>	\$0(1)	QL (240 tabs / 30 days)
RYBELSUS TAB 3MG	\$0(2)	QL (30 tabs / 30 days)
RYBELSUS TAB 7MG	\$0(2)	QL (30 tabs / 30 days)
RYBELSUS TAB 14MG	\$0(2)	QL (30 tabs / 30 days)
SYNJARDY TAB	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY TAB 5-500MG	\$0(2)	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	\$0(2)	QL (30 tabs / 30 days)
TRADJENTA TAB 5MG	\$0(2)	QL (30 tabs / 30 days)
TRIJARDY XR TAB	\$0(2)	QL (30 tabs / 30 days)
TRIJARDY XR TAB	\$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 2.5-1000	\$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	\$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	\$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	\$0(2)	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	\$0(2)	QL (30 tabs / 30 days)

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

<i>alendronate sodium oral soln 70 mg/75ml</i>	\$0(1)	
<i>alendronate sodium tab 5 mg</i>	\$0(1)	
<i>alendronate sodium tab 10 mg</i>	\$0(1)	
<i>alendronate sodium tab 35 mg</i>	\$0(1)	
<i>alendronate sodium tab 40 mg</i>	\$0(1)	
<i>alendronate sodium tab 70 mg</i>	\$0(1)	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	\$0(1)	B/D
<i>pamidronate disodium for inj 30 mg</i>	\$0(1)	B/D
<i>pamidronate disodium for inj 90 mg</i>	\$0(1)	B/D
<i>pamidronate disodium iv soln 3 mg/ml</i>	\$0(1)	B/D
<i>pamidronate disodium iv soln 9 mg/ml</i>	\$0(1)	B/D
<i>PAMIDRONATE INJ 6MG/ML</i>	\$0(2)	B/D
<i>risedronate sodium tab 5 mg</i>	\$0(1)	
<i>risedronate sodium tab 35 mg</i>	\$0(1)	
<i>risedronate sodium tab 150 mg</i>	\$0(1)	
<i>risedronate sodium tab delayed release 35 mg</i>	\$0(1)	
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	\$0(1)	B/D, NM
<i>zoledronic acid iv soln 4 mg/100ml</i>	\$0(1)	B/D, NM
<i>zoledronic acid iv soln 5 mg/100ml</i>	\$0(1)	B/D, NM

CHELATING AGENTS

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
sodium polystyrene sulfonate powder	\$0(1)	
trientine hcl cap 250 mg	\$0(2)	NDS, PA
VELTASSA POW 8.4GM	\$0(2)	PA
VELTASSA POW 16.8GM	\$0(2)	PA
VELTASSA POW 25.2GM	\$0(2)	PA
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
alyacen tab 1/35	\$0(1)	
amethia lo tab	\$0(1)	
amethia tab	\$0(1)	
apri tab	\$0(1)	
aranelle tab	\$0(1)	
ashlyna tab	\$0(1)	
aubra tab 0.1-0.02	\$0(1)	
aviane tab	\$0(1)	
balziva tab	\$0(1)	
bekyree tab	\$0(1)	
blisovi 24 tab fe 1/20	\$0(1)	
blisovi fe tab 1.5/30	\$0(1)	
briellyn tab	\$0(1)	
camila tab 0.35mg	\$0(1)	
camrese lo tab	\$0(1)	
cryselle-28 tab 28 tabs	\$0(1)	
cyclafem tab 1/35	\$0(1)	
cyclafem tab 7/7/7	\$0(1)	
dasetta tab 1/35	\$0(1)	
dasetta tab 7/7/7	\$0(1)	
deblitane tab 0.35mg	\$0(1)	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	\$0(1)	
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	\$0(1)	
desogestrel & ethynodiol dihydrogen phosphate tab 0.15 mg-30 mcg	\$0(1)	
drospirenone-ethynodiol dihydrogen phosphate tab 3-0.02-0.451 mg	\$0(1)	
drospirenone-ethynodiol dihydrogen phosphate tab 3-0.03-0.451 mg	\$0(1)	
drospirenone-ethynodiol dihydrogen phosphate tab 3-0.02 mg	\$0(1)	
drospirenone-ethynodiol dihydrogen phosphate tab 3-0.03 mg	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
econtra ez tab 1.5mg	\$0(3)	NM; *
ELLA TAB 30MG	\$0(2)	
eluryng mis	\$0(1)	
emoquette tab	\$0(1)	
enpresse-28 tab	\$0(1)	
enskyce tab	\$0(1)	
errin tab 0.35mg	\$0(1)	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	\$0(1)	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	\$0(1)	
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	\$0(1)	
falmina tab	\$0(1)	
fayosim tab	\$0(1)	
femynor tab 0.25-35	\$0(1)	
hailey 24 tab fe	\$0(1)	
heather tab 0.35mg	\$0(1)	
incassia tab 0.35mg	\$0(1)	
introvale tab	\$0(1)	
islbloom tab	\$0(1)	
jasmiel tab 3-0.02mg	\$0(1)	
jolivette tab 0.35mg	\$0(1)	
juleber tab	\$0(1)	
junel 1.5/30 tab	\$0(1)	
junel 1/20 tab	\$0(1)	
junel fe 24 tab 1/20	\$0(1)	
junel fe tab 1.5/30	\$0(1)	
junel fe tab 1/20	\$0(1)	
kaitlib fe chw	\$0(1)	
kariva tab 28 day	\$0(1)	
kelnor 1/50 tab	\$0(1)	
kelnor tab 1/35	\$0(1)	
kurvelo tab 0.15/30	\$0(1)	
larin fe tab 1.5/30	\$0(1)	
larin fe tab 1/20	\$0(1)	
larin tab 1.5/30	\$0(1)	
larin tab 1/20	\$0(1)	
layolis fe chw	\$0(1)	
lessina tab	\$0(1)	
levonest tab	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	\$0(1)	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	\$0(1)	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	\$0(1)	
<i>levonorgestrel & ethynodiol dienoate (91-day) tab 0.15-0.03 mg</i>	\$0(1)	
<i>levonorgestrel & ethynodiol dienoate tab 0.1 mg-20 mcg</i>	\$0(1)	
<i>levonorgestrel & ethynodiol dienoate tab 0.15 mg-30 mcg</i>	\$0(1)	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	\$0(1)	
<i>levora-28 tab 0.15/30</i>	\$0(1)	
<i>loryna tab 3-0.02mg</i>	\$0(1)	
<i>lulera 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>milu tab 0.25/35</i>	\$0(1)	
<i>my way tab 1.5mg</i>	\$0(3)	NM; *
<i>necon tab 0.5/35</i>	\$0(1)	
<i>new day tab 1.5mg</i>	\$0(3)	NM; *
<i>nikki tab 3-0.02mg</i>	\$0(1)	
<i>norelgestromin-ethynodiol dienoate td ptwk 150-35 mcg/24hr</i>	\$0(1)	
<i>norethindrone & ethynodiol dienoate chew tab 0.4 mg-35 mcg</i>	\$0(1)	
<i>norethindrone & ethynodiol dienoate chew tab 0.8 mg-25 mcg</i>	\$0(1)	
<i>norethindrone ac-ethynodiol dienoate tab 1-20/1-30/1-35 mg-mcg</i>	\$0(1)	
<i>norethindrone ace & ethynodiol dienoate tab 1 mg-20 mcg</i>	\$0(1)	
<i>norethindrone ace & ethynodiol dienoate tab 1.5 mg-30 mcg</i>	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>norethindrone ace & ethynodiol-fe tab 1 mg-20 mcg</i>	\$0(1)	
<i>norethindrone ace & ethynodiol-fe tab 1.5 mg-30 mcg</i>	\$0(1)	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	\$0(1)	
<i>norethindrone tab 0.35 mg</i>	\$0(1)	
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	\$0(1)	
<i>norgestimate & ethynodiol 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 & ethynodiol tab 0.3 mg-30 mcg</i>	\$0(1)	
<i>nortrel tab 0.5/35</i>	\$0(1)	
<i>nortrel tab 1/35</i>	\$0(1)	
<i>nortrel tab 7/7/7</i>	\$0(1)	
<i>opcicon tab 1.5mg</i>	\$0(3)	NM; *
<i>orsythia tab</i>	\$0(1)	
<i>philith tab 0.4-35</i>	\$0(1)	
<i>pimtrea tab</i>	\$0(1)	
<i>permella tab 1/35</i>	\$0(1)	
<i>portia-28 tab</i>	\$0(1)	
<i>previfem 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-estaryl tab</i>	\$0(1)	
<i>tri-legest tab fe</i>	\$0(1)	
<i>tri-lo- tab sprintec</i>	\$0(1)	
<i>tri-mili tab</i>	\$0(1)	
<i>tri-previfem tab</i>	\$0(1)	
<i>tri-sprintec tab</i>	\$0(1)	
<i>tri-vylibra tab</i>	\$0(1)	
<i>tri-vylibra tab lo</i>	\$0(1)	
<i>trivora-28 tab</i>	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
tulana tab 0.35mg	\$0(1)	
tydemy tab	\$0(1)	
velivet pak	\$0(1)	
vienna tab 0.1-20	\$0(1)	
viorele tab	\$0(1)	
vyfemla tab 0.4-35	\$0(1)	
vylibra tab 0.25-35	\$0(1)	
wymzya fe chw 0.4mg-35	\$0(1)	
zarah tab 3-0.03mg	\$0(1)	
zovia 1/35e tab	\$0(1)	
<i>ENDOMETRIOSIS</i>		
danazol cap 50 mg	\$0(1)	
danazol cap 100 mg	\$0(1)	
danazol cap 200 mg	\$0(1)	
SYNAREL SOL 2MG/ML	\$0(2)	NDS, NM
<i>ENZYME REPLACEMENTS - DRUGS TO TREAT ENZYME DEFICIENCIES</i>		
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
levocarnitine oral soln 1 gm/10ml (10%)	\$0(1)	B/D
levocarnitine tab 330 mg	\$0(1)	B/D
LUMIZYME INJ 50MG	\$0(2)	NDS, NM, LA, PA
miglustat cap 100 mg	\$0(2)	NDS, NM, PA
NAGLAZYME INJ 1MG/ML	\$0(2)	NDS, NM, LA, PA
nitisinone cap 2 mg	\$0(2)	NDS, PA
nitisinone cap 5 mg	\$0(2)	NDS, PA
nitisinone cap 10 mg	\$0(2)	NDS, PA
NITYR TAB 2MG	\$0(2)	NDS, LA, PA
NITYR TAB 5MG	\$0(2)	NDS, LA, PA
NITYR TAB 10MG	\$0(2)	NDS, LA, PA
ORFADIN CAP 2MG	\$0(2)	NDS, LA, PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ORFADIN CAP 5MG	\$0(2)	NDS, LA, PA
ORFADIN CAP 10MG	\$0(2)	NDS, LA, PA
ORFADIN CAP 20MG	\$0(2)	NDS, LA, PA
ORFADIN SUS 4MG/ML	\$0(2)	NDS, LA, PA
<i>sapropterin dihydrochloride powder packet 100 mg</i>	\$0(2)	NDS, NM, PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	\$0(2)	NDS, NM, PA
<i>sapropterin dihydrochloride soluble tab 100 mg</i>	\$0(2)	NDS, NM, PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	\$0(2)	NDS, NM, PA
<i>sodium phenylbutyrate tab 500 mg</i>	\$0(2)	NDS, NM, PA
<i>ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES</i>		
DELESTROGEN INJ 10MG/ML	\$0(2)	
<i>estradiol tab 0.5 mg</i>	\$0(2)	
<i>estradiol tab 1 mg</i>	\$0(2)	
<i>estradiol tab 2 mg</i>	\$0(2)	
<i>estradiol td patch weekly 0.1 mg/24hr</i>	\$0(2)	
<i>estradiol td patch weekly 0.05 mg/24hr</i>	\$0(2)	
<i>estradiol td patch weekly 0.06 mg/24hr</i>	\$0(2)	
<i>estradiol td patch weekly 0.025 mg/24hr</i>	\$0(2)	
<i>estradiol td patch weekly 0.075 mg/24hr</i>	\$0(2)	
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	\$0(2)	
<i>estradiol vaginal cream 0.1 mg/gm</i>	\$0(1)	
<i>estradiol vaginal tab 10 mcg</i>	\$0(1)	
<i>estradiol valerate im in oil 20 mg/ml</i>	\$0(1)	
<i>estradiol valerate im in oil 40 mg/ml</i>	\$0(1)	
<i>fyavolv tab 0.5-2.5</i>	\$0(2)	
<i>jinteli tab 1mg-5mcg</i>	\$0(2)	
<i>norethindrone acetate-ethynodiol diacetate tab 0.5 mg-2.5 mcg</i>	\$0(2)	
<i>norethindrone acetate-ethynodiol diacetate tab 1 mg-5 mcg</i>	\$0(2)	
<i>GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE</i>		
<i>cortisone acetate tab 25 mg</i>	\$0(1)	
<i>DEXAMETHASONE CON 1MG/ML</i>	\$0(2)	
<i>dexamethasone elixir 0.5 mg/5ml</i>	\$0(1)	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	\$0(1)	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	\$0(1)	
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	\$0(1)	
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	\$0(1)	
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	\$0(1)	
<i>dexamethasone soln 0.5 mg/5ml</i>	\$0(1)	
<i>dexamethasone tab 0.5 mg</i>	\$0(1)	
<i>dexamethasone tab 0.75 mg</i>	\$0(1)	
<i>dexamethasone tab 1 mg</i>	\$0(1)	
<i>dexamethasone tab 1.5 mg</i>	\$0(1)	
<i>dexamethasone tab 2 mg</i>	\$0(1)	
<i>dexamethasone tab 4 mg</i>	\$0(1)	
<i>dexamethasone tab 6 mg</i>	\$0(1)	
<i>fludrocortisone acetate tab 0.1 mg</i>	\$0(1)	
<i>hydrocortisone tab 5 mg</i>	\$0(1)	
<i>hydrocortisone tab 10 mg</i>	\$0(1)	
<i>hydrocortisone tab 20 mg</i>	\$0(1)	
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	\$0(1)	B/D
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	\$0(1)	B/D
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	\$0(1)	B/D
<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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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
PREDNISONE CON 5MG/ML	\$0(2)	B/D
<i>prednisone oral soln 5 mg/5ml</i>	\$0(1)	B/D
<i>prednisone tab 1 mg</i>	\$0(1)	B/D
<i>prednisone tab 2.5 mg</i>	\$0(1)	B/D
<i>prednisone tab 5 mg</i>	\$0(1)	B/D
<i>prednisone tab 10 mg</i>	\$0(1)	B/D
<i>prednisone tab 20 mg</i>	\$0(1)	B/D
<i>prednisone tab 50 mg</i>	\$0(1)	B/D
<i>prednisone tab therapy pack 5 mg (21)</i>	\$0(1)	
<i>prednisone tab therapy pack 5 mg (48)</i>	\$0(1)	
<i>prednisone tab therapy pack 10 mg (21)</i>	\$0(1)	
<i>prednisone tab therapy pack 10 mg (48)</i>	\$0(1)	
SOLU-CORTEF INJ 100MG	\$0(2)	
SOLU-CORTEF INJ 250MG	\$0(2)	
SOLU-CORTEF INJ 500MG	\$0(2)	
SOLU-CORTEF INJ 1000MG	\$0(2)	

GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
<i>diazoxide susp 50 mg/ml</i>	\$0(1)	
GLUCAGEN INJ HYPOKIT	\$0(2)	
GLUCAGON KIT 1MG	\$0(2)	
GVOKE HYPO 2 INJ 1MG/.2ML	\$0(2)	
GVOKE HYPO 2 INJ .5/.1ML	\$0(2)	
GVOKE PFS INJ	\$0(2)	
PROGLYCEM SUS 50MG/ML	\$0(2)	

MISCELLANEOUS		
ACCU-CHEK KIT FASTCLIX	\$0(3)	NM; *
ACCU-CHEK KIT MLTICLIX	\$0(3)	NM; *
ACCU-CHEK KIT SOFTCLIX	\$0(3)	NM; *
ACCU-CHEK MIS MLTICLIX	\$0(3)	NM; *
ACCU-CHEK TES AVIVA PL	\$0(3)	NM; *
ACCU-CHEK TES COMPACT	\$0(3)	NM; *
ACCU-CHEK TES GUIDE	\$0(3)	NM; *
ACCU-CHEK TES SMART	\$0(3)	NM; *
ACCUTREND TES GLUCOSE	\$0(3)	NM; *
ACTI-LANCE MIS 28G	\$0(3)	NM; *
ACTI-LANCE MIS LITE 28G	\$0(3)	NM; *
ACTI-LANCE MIS SPEC 17G	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ACTI-LANCE MIS UNIV 23G	\$0(3)	NM; *
actidose/sor liq 50/240ml	\$0(3)	NM; *
ACTIVE 1ST MIS LANC 30G	\$0(3)	NM; *
ADJ LANCING MIS DEVICE	\$0(3)	NM; *
ADV LANCING MIS DEVICE	\$0(3)	NM; *
ADV TRAVEL MIS LANC 28G	\$0(3)	NM; *
ADVCATE SAFE MIS LANC 26G	\$0(3)	NM; *
ADVOCATE MIS LANC 30G	\$0(3)	NM; *
ADVOCATE MIS LANC DEV	\$0(3)	NM; *
ADVOCATE MIS LANCETS	\$0(3)	NM; *
ADVOCATE TES	\$0(3)	NM; *
ADVOCATE TES REDI-COD	\$0(3)	NM; *
ADVOCATE TES REDICODE	\$0(3)	NM; *
AGAMATRIX MIS 33G	\$0(3)	NM; *
AGAMATRIX TES AMP	\$0(3)	NM; *
AGAMATRIX TES JAZZ	\$0(3)	NM; *
AGAMATRIX TES PRESTO	\$0(3)	NM; *
ALTRNATE SIT MIS DEVICE	\$0(3)	NM; *
AQUA LANCE MIS LANC DEV	\$0(3)	NM; *
AQUALANCE MIS 30G	\$0(3)	NM; *
ASSURE 4 TES	\$0(3)	NM; *
ASSURE CMFRT MIS 28G	\$0(3)	NM; *
ASSURE LANCE MIS 21G	\$0(3)	NM; *
ASSURE LANCE MIS LOW FLOW	\$0(3)	NM; *
ASSURE LANCE MIS MICRO	\$0(3)	NM; *
ASSURE LANCE MIS SAFE 25G	\$0(3)	NM; *
ASSURE LANCE MIS SAFE 30G	\$0(3)	NM; *
ASSURE PLUS MIS HIGH 18G	\$0(3)	NM; *
ASSURE PLUS MIS LOW 25G	\$0(3)	NM; *
ASSURE PLUS MIS MCRO 28G	\$0(3)	NM; *
ASSURE PLUS MIS NORM 21G	\$0(3)	NM; *
ASSURE PLUS MIS PEDIATRI	\$0(3)	NM; *
ASSURE PRISM TES MULTI	\$0(3)	NM; *
ASSURE TES PLATINUM	\$0(3)	NM; *
AUTO-LANCET MIS MINI	\$0(3)	NM; *
AUTOCODE TES BLD GLUC	\$0(3)	NM; *
AUTOLET IMPR MIS LANC DEV	\$0(3)	NM; *
AUTOLET LANC MIS DEVICE	\$0(3)	NM; *
AUTOLET PLUS MIS	\$0(3)	NM; *
AUTOLET PLUS MIS LANC DEV	\$0(3)	NM; *
BAYER BREEZE MIS 2 TEST	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BD LANCET UF MIS 30G	\$0(3)	NM; *
BD LANCET UF MIS 33G	\$0(3)	NM; *
BD MICROTAIN MIS LANCETS	\$0(3)	NM; *
BLOOD GLUCOS TES	\$0(3)	NM; *
BLOOD GLUCOS TES LE1	\$0(3)	NM; *
BLOOD GLUCOS TES PREMIUM	\$0(3)	NM; *
BLOOD GLUCOS TES STRIPS	\$0(3)	NM; *
BREEZE 2 MIS TEST	\$0(3)	NM; *
BULLSEYE MIS MINI LNC	\$0(3)	NM; *
<i>cabergoline tab 0.5 mg</i>	\$0(1)	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	\$0(1)	B/D
CAREONE ADV MIS LANCING	\$0(3)	NM; *
CAREONE LANC MIS 28G	\$0(3)	NM; *
CARESENS N TES	\$0(3)	NM; *
CARETOUCH MIS EJECTOR	\$0(3)	NM; *
CARETOUCH MIS TST STRP	\$0(3)	NM; *
CARETOUCH MIS TWIST 28	\$0(3)	NM; *
CARETOUCH MIS TWIST 30	\$0(3)	NM; *
CARETOUCH MIS TWIST 33	\$0(3)	NM; *
<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
CLEVER CHECK MIS	\$0(3)	NM; *
CLEVER CHECK MIS 30G	\$0(3)	NM; *
CLEVER CHEK TES	\$0(3)	NM; *
CLEVER CHEK TES AUTO CD	\$0(3)	NM; *
CLEVER CHEK TES TALK	\$0(3)	NM; *
CLEVER CHEK TES VOICE	\$0(3)	NM; *
CLEVER CHOIC TES MICRO	\$0(3)	NM; *
CLEVR CHOICE TES AUTO-CD	\$0(3)	NM; *
CLEVR CHOICE TES NOCODE	\$0(3)	NM; *
COAGUCHEK MIS LANCETS	\$0(3)	NM; *
COMFORT ASSU MIS LANC 28G	\$0(3)	NM; *
COMFORT ASSU MIS LANC 33G	\$0(3)	NM; *
COMFORT EZ MIS 23G	\$0(3)	NM; *
COMFORT EZ MIS 28G	\$0(3)	NM; *
COMFORT MIS LANCETS	\$0(3)	NM; *
COMFORTOUCH MIS LANCET	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CONFIRM/MICR TES GLUCOSE	\$0(3)	NM; *
CONTOUR TES NEXT	\$0(3)	NM; *
COOL BLOOD TES GLUCOSE	\$0(3)	NM; *
CVS ADVANCED TES GLUCOSE	\$0(3)	NM; *
CVS LANCETS MIS 30G	\$0(3)	NM; *
CVS LANCETS MIS 33G	\$0(3)	NM; *
CVS LANCETS MIS THIN 26G	\$0(3)	NM; *
CVS LANCETS MIS THIN 30G	\$0(3)	NM; *
CVS LANCETS MIS THIN 33G	\$0(3)	NM; *
CVS LANCING MIS DEVICE	\$0(3)	NM; *
DIATRUE PLUS TES STRIPS	\$0(3)	NM; *
DROPLET LANC MIS 30G	\$0(3)	NM; *
DROPLET LANC MIS DEVICE	\$0(3)	NM; *
E-Z JECT MIS 21G	\$0(3)	NM; *
E-Z JECT MIS 21G COLR	\$0(3)	NM; *
E-Z JECT MIS 30G	\$0(3)	NM; *
E-Z JECT MIS 32G COLR	\$0(3)	NM; *
E-Z JECT MIS LANC 21G	\$0(3)	NM; *
E-Z JECT MIS THIN 26G	\$0(3)	NM; *
E-ZJECT LANC MIS 33G	\$0(3)	NM; *
EASY COMFORT MIS 30G	\$0(3)	NM; *
EASY COMFORT MIS LANC/30G	\$0(3)	NM; *
EASY COMFORT MIS TWIST	\$0(3)	NM; *
EASY MINI MIS	\$0(3)	NM; *
EASY MINI MIS EJECT	\$0(3)	NM; *
EASY PLUS II TES BLD GLUC	\$0(3)	NM; *
EASY STEP TES	\$0(3)	NM; *
EASY TALK TES BLD GLUC	\$0(3)	NM; *
EASY TOUCH MIS	\$0(3)	NM; *
EASY TOUCH MIS LANC/21G	\$0(3)	NM; *
EASY TOUCH MIS LANC/23G	\$0(3)	NM; *
EASY TOUCH MIS LANC/26G	\$0(3)	NM; *
EASY TOUCH MIS LANC/28G	\$0(3)	NM; *
EASY TOUCH MIS LANC/30G	\$0(3)	NM; *
EASY TOUCH MIS LANC/32G	\$0(3)	NM; *
EASY TOUCH MIS LANC/33G	\$0(3)	NM; *
EASY TOUCH TES GLUCOSE	\$0(3)	NM; *
EASY TOUCH TES STRIPS	\$0(3)	NM; *
EASY TRAK TES BLD GLUC	\$0(3)	NM; *
EASYGLUCO TES	\$0(3)	NM; *
EASYGLUCO TES PLUS	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
EASYMAX 15 TES	\$0(3)	NM; *
EASYMAX TES	\$0(3)	NM; *
ELEMENT TES	\$0(3)	NM; *
ELEMNT COMPA TES STRIPS	\$0(3)	NM; *
EMBRACE EVO TES	\$0(3)	NM; *
EMBRACE LANC MIS THIN 30G	\$0(3)	NM; *
EMBRACE PRO TES	\$0(3)	NM; *
EMBRACE TALK TES STRIPS	\$0(3)	NM; *
EMBRACE TES BLD GLUC	\$0(3)	NM; *
EQL LANCETS MIS 33G COLR	\$0(3)	NM; *
EVCARE G2 TES	\$0(3)	NM; *
EVCARE G3 TES	\$0(3)	NM; *
EVCARE TES MINI	\$0(3)	NM; *
EVOLUTION TES AUTOCODE	\$0(3)	NM; *
EZ SMART MIS LANCETS	\$0(3)	NM; *
EZ SMART PLS TES BLD GLUC	\$0(3)	NM; *
EZ SMART TES BLD GLUC	\$0(3)	NM; *
FASTCLIX MIS LANCETS	\$0(3)	NM; *
FIFTY50 GLUC TES 2.0	\$0(3)	NM; *
FIFTY50 SAFE MIS LANCETS	\$0(3)	NM; *
FINE 30 MIS	\$0(3)	NM; *
FINGERSTIX MIS LANCETS	\$0(3)	NM; *
FORA BLOOD TES GLUCOSE	\$0(3)	NM; *
FORA D15G TES BLD GLUC	\$0(3)	NM; *
FORA D20 TES BLD GLUC	\$0(3)	NM; *
FORA D40/G31 TES GLUCOSE	\$0(3)	NM; *
FORA G20 TES BLD GLUC	\$0(3)	NM; *
FORA G30/V10 TES BLD GLUC	\$0(3)	NM; *
FORA GD20 TES BLD GLUC	\$0(3)	NM; *
FORA GD50 TES	\$0(3)	NM; *
FORA LANCETS MIS 30G	\$0(3)	NM; *
FORA MIS LANCETS	\$0(3)	NM; *
FORA MIS LANCING	\$0(3)	NM; *
FORA TN'G TES TN'G VOI	\$0(3)	NM; *
FORA V10 TES BLD GLUC	\$0(3)	NM; *
FORA V12 TES BLD GLUC	\$0(3)	NM; *
FORA V20 TES BLD GLUC	\$0(3)	NM; *
FORA V30A TES BLD GLUC	\$0(3)	NM; *
FORACARE TES GD40	\$0(3)	NM; *
FORACARE TES PREM V10	\$0(3)	NM; *
FORACARE TES TST N GO	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FORTEO SOL 600/2.4	\$0(2)	NDS, NM, PA
FORTISCARE TES BLD GLUC	\$0(3)	NM; *
FREESTYLE MIS LANCETS	\$0(3)	NM; *
FREESTYLE MIS UNISTICK	\$0(3)	NM; *
FREESTYLE TES	\$0(3)	NM; *
FREESTYLE TES INSULINX	\$0(3)	NM; *
FREESTYLE TES LITE	\$0(3)	NM; *
FREESTYLE TES PREC NEO	\$0(3)	NM; *
GE100 BLOOD TES GLUCOSE	\$0(3)	NM; *
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
GENSTRIP 50 TES	\$0(3)	NM; *
GHT TEST TES STRIPS	\$0(3)	NM; *
GLOBAL 28G MIS LANCETS	\$0(3)	NM; *
GLOBAL 30G MIS LANCETS	\$0(3)	NM; *
GLOBAL LANC MIS DEVICE	\$0(3)	NM; *
GLUCOCARD 01 TES PLUS	\$0(3)	NM; *
GLUCOCARD 01 TES SENSOR	\$0(3)	NM; *
GLUCOCARD TES EXPRESSI	\$0(3)	NM; *
GLUCOCARD TES SHINE	\$0(3)	NM; *
GLUCOCARD TES VITAL	\$0(3)	NM; *
GLUCOCOM MIS 28G	\$0(3)	NM; *
GLUCOCOM MIS 30G	\$0(3)	NM; *
GLUCOCOM MIS 33G	\$0(3)	NM; *
GLUCOCOM TES	\$0(3)	NM; *
GLUCONAVII TES STRIPS	\$0(3)	NM; *
GLUCOSE TES STRIPS	\$0(3)	NM; *
GNP LANCETS MIS	\$0(3)	NM; *
GNP LANCETS MIS 21G	\$0(3)	NM; *
GNP LANCETS MIS MICRO	\$0(3)	NM; *
GNP LANCETS MIS SUP THIN	\$0(3)	NM; *

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GNP LANCETS MIS THIN	\$0(3)	NM; *
GNP LANCETS MIS THIN 26G	\$0(3)	NM; *
GOODSENSE MIS LANC 26G	\$0(3)	NM; *
GOODSENSE MIS LANC 30G	\$0(3)	NM; *
GOODSENSE MIS LANC 33G	\$0(3)	NM; *
HC LANCING MIS DEVICE	\$0(3)	NM; *
HLTHY ACCNTS MIS LANC 30G	\$0(3)	NM; *
HW EMBRACE TES PRO	\$0(3)	NM; *
HW EMBRACE TES STRIPS	\$0(3)	NM; *
HYPOLANCE KIT LANCING	\$0(3)	NM; *
IGLUCOSE TES	\$0(3)	NM; *
INCONTROL MIS LANC 28G	\$0(3)	NM; *
INCONTROL MIS LANC 30G	\$0(3)	NM; *
INCONTROL MIS LANC 33G	\$0(3)	NM; *
INCONTROL MIS LANC DEV	\$0(3)	NM; *
INCRELEX INJ 40MG/4ML	\$0(2)	NDS, NM, LA, PA
INFINITY TES BLD GLUC	\$0(3)	NM; *
INFINITY TES VOICE	\$0(3)	NM; *
IOSAT TAB 130MG	\$0(3)	NM; *
KORLYM TAB 300MG	\$0(2)	NDS, LA, PA
KROGER BLOOD TES GLUCOSE	\$0(3)	NM; *
KROGER LANCE MIS 26G	\$0(3)	NM; *
KROGER TES	\$0(3)	NM; *
LANCET MICRO MIS THIN 33G	\$0(3)	NM; *
LANCET SUPER MIS THIN 30G	\$0(3)	NM; *
LANCET ULTRA MIS 28G	\$0(3)	NM; *
LANCET ULTRA MIS FINE	\$0(3)	NM; *
LANCET ULTRA MIS THIN 30G	\$0(3)	NM; *
LANCET WITH MIS EJECTOR	\$0(3)	NM; *
LANCETS MICR MIS THIN 33G	\$0(3)	NM; *
LANCETS MIS	\$0(3)	NM; *
LANCETS MIS 21G	\$0(3)	NM; *
LANCETS MIS 26G	\$0(3)	NM; *
LANCETS MIS 28G	\$0(3)	NM; *
LANCETS MIS 30G	\$0(3)	NM; *
LANCETS MIS 33G	\$0(3)	NM; *
LANCETS MIS THIN 26G	\$0(3)	NM; *
LANCETS MIS THIN 30G	\$0(3)	NM; *
LANCETS SUPR MIS THIN 28G	\$0(3)	NM; *
LANCETS THIN MIS	\$0(3)	NM; *
LANCETS THIN MIS 26G	\$0(3)	NM; *

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LANCETS ULTR MIS THIN	\$0(3)	NM; *
LANCING DEVI MIS	\$0(3)	NM; *
LANCING DEVI MIS ADJUST	\$0(3)	NM; *
LANCING MIS DEVICE	\$0(3)	NM; *
LANZO MIS LANCING	\$0(3)	NM; *
LB LANCET MIS 28G	\$0(3)	NM; *
LB LANCING MIS DEVICE	\$0(3)	NM; *
LITE TOUCH MIS LANC PEN	\$0(3)	NM; *
LITE TOUCH MIS LANCETS	\$0(3)	NM; *
LITETOUCHE MIS LANCETS	\$0(3)	NM; *
LONGS LANCET MIS THIN	\$0(3)	NM; *
LONGS LANCET MIS ULTRA TH	\$0(3)	NM; *
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
MEDLANCE MIS 30G PLUS	\$0(3)	NM; *
MEDLANCE MIS LITE 25G	\$0(3)	NM; *
MEDLANCE MIS PLUS	\$0(3)	NM; *
MEDLANCE MIS PLUS 30G	\$0(3)	NM; *
MEDLANCE MIS UNV 21G	\$0(3)	NM; *
MEDLANCE PLS MIS 0.8MM	\$0(3)	NM; *
MEDLANCE PLS MIS EXTR 21G	\$0(3)	NM; *
MEDLANCE PLS MIS LITE 25G	\$0(3)	NM; *
MEDLANCE PLS MIS UNIV 21G	\$0(3)	NM; *
MEIJER BLOOD TES GLUCOSE	\$0(3)	NM; *
MEIJER LANCE MIS UNIVERSA	\$0(3)	NM; *
MEIJER MIS LANCETS	\$0(3)	NM; *
MICRO THIN MIS LANC 33G	\$0(3)	NM; *
MICRODOT TES	\$0(3)	NM; *
MICROLET MIS LANCETS	\$0(3)	NM; *
MICROLET MIS NEXT	\$0(3)	NM; *
MINI LANCING MIS DEVICE	\$0(3)	NM; *
MM LANCING MIS DEVICE	\$0(3)	NM; *
MM TWIST MIS LANCETS	\$0(3)	NM; *
MONOLET MIS LANCETS	\$0(3)	NM; *
MULTI-LANCET KIT DEVICE	\$0(3)	NM; *
MYGLUCOHEALT MIS LANC 30G	\$0(3)	NM; *
MYGLUCOHEALT TES BLD GLUC	\$0(3)	NM; *
NATPARA INJ 25MCG	\$0(2)	NDS, NM, PA
NATPARA INJ 50MCG	\$0(2)	NDS, NM, PA

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NATPARA INJ 75MCG	\$0(2)	NDS, NM, PA
NATPARA INJ 100MCG	\$0(2)	NDS, NM, PA
NEUTEK 2TEK TES STRIPS	\$0(3)	NM; *
NO CODING TES BLD GLUC	\$0(3)	NM; *
NOVA MAX TES GLUCOSE	\$0(3)	NM; *
NOVA SAFETY MIS LANC 23G	\$0(3)	NM; *
NOVA SAFETY MIS LANC 28G	\$0(3)	NM; *
NOVA SUREFLX MIS LANC DEV	\$0(3)	NM; *
<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
ON CALL LANC MIS DEVICE	\$0(3)	NM; *
ON CALL MIS LANCETS	\$0(3)	NM; *
ON CALL PLUS MIS LANC DEV	\$0(3)	NM; *
ON CALL PLUS MIS LANCETS	\$0(3)	NM; *
ON CALL PLUS TES BLD GLUC	\$0(3)	NM; *
ON CALL TES EXPRESS	\$0(3)	NM; *
ON CALL VIVD TES BLD GLUC	\$0(3)	NM; *
ON-THE-GO MIS LANC 30G	\$0(3)	NM; *
ONETOUCH MIS 30G	\$0(3)	NM; *
ONETOUCH MIS LANC DEV	\$0(3)	NM; *
ONETOUCH MIS LANCETS	\$0(3)	NM; *
ONETOUCH TES ULTRA	\$0(3)	NM; *
ONETOUCH TES VERIO	\$0(3)	NM; *
ONETOUCH US MIS LANCETS	\$0(3)	NM; *
OPTIUM TES	\$0(3)	NM; *
OPTIUMEZ TES	\$0(3)	NM; *
OPTUMRX TES BLD GLUC	\$0(3)	NM; *
OSPHENA TAB 60MG	\$0(2)	PA
PC LANCETS MIS 30G	\$0(3)	NM; *
PRECISION PT TES OF CARE	\$0(3)	NM; *
PRECISION TES PCX	\$0(3)	NM; *
PRECISION TES PCX PLUS	\$0(3)	NM; *
PRECISION TES QID	\$0(3)	NM; *

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PRECISION TES XTRA	\$0(3)	NM; *
PREMIUM BLOO MIS GLUCOSE	\$0(3)	NM; *
PRO COMFORT MIS 31G	\$0(3)	NM; *
PRO COMFORT MIS LANCETS	\$0(3)	NM; *
PRO VOICE TES V8/V9	\$0(3)	NM; *
PRODIGY MIS 26G	\$0(3)	NM; *
PRODIGY MIS 28G	\$0(3)	NM; *
PRODIGY MIS LANC DEV	\$0(3)	NM; *
PRODIGY NO TES CODING	\$0(3)	NM; *
PROLIA SOL 60MG/ML	\$0(2)	QL (1 injection / 180 days), NM
PX LANCETS MIS 28G	\$0(3)	NM; *
PX LANCETS MIS ULT THIN	\$0(3)	NM; *
QC LANCETS MIS 30G	\$0(3)	NM; *
QUINTET AC TES BLD GLUC	\$0(3)	NM; *
QUINTET TES BLD GLUC	\$0(3)	NM; *
RA E-ZJECT MIS 28G	\$0(3)	NM; *
RA E-ZJECT MIS THIN 26G	\$0(3)	NM; *
RA E-ZJECT MIS THIN 28G	\$0(3)	NM; *
RA E-ZJECT MIS ULT THIN	\$0(3)	NM; *
<i>raloxifene hcl tab 60 mg</i>	\$0(1)	
RAPID-SAFE MIS LANCING	\$0(3)	NM; *
READYLANCE MIS 21G	\$0(3)	NM; *
READYLANCE MIS 23G	\$0(3)	NM; *
READYLANCE MIS 26G	\$0(3)	NM; *
READYLANCE MIS 28G	\$0(3)	NM; *
READYLANCE MIS 30G	\$0(3)	NM; *
REFUAH PLUS TES BLD GLUC	\$0(3)	NM; *
RELION KIT LANCING	\$0(3)	NM; *
RELION LANCE MIS THIN 26G	\$0(3)	NM; *
RELION LANCE MIS THIN 30G	\$0(3)	NM; *
RELION LANCI MIS DEVICE	\$0(3)	NM; *
RELION PREMI TES GLUCOSE	\$0(3)	NM; *
RELION PRIME TES	\$0(3)	NM; *
RELION PRIME TES GLUCOSE	\$0(3)	NM; *
RELION TES ULTIMA	\$0(3)	NM; *
RELION ULTRA MIS THIN PLS	\$0(3)	NM; *
REVEAL TES BLD GLUC	\$0(3)	NM; *
RIGHTEST MIS GD500	\$0(3)	NM; *
RIGHTEST MIS GL300	\$0(3)	NM; *
RIGHTEST TES GS100	\$0(3)	NM; *

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RIGHTEST TES GS300	\$0(3)	NM; *
RIGHTEST TES GS550	\$0(3)	NM; *
SAFE-T-PRO MIS LANCETS	\$0(3)	NM; *
SAFE-T-PRO MIS PLUS	\$0(3)	NM; *
SAFETY 21G MIS LANCETS	\$0(3)	NM; *
SAFETY 28G MIS LANCETS	\$0(3)	NM; *
SAFETY LET MIS LANCETS	\$0(3)	NM; *
SAFETY MIS LANCETS	\$0(3)	NM; *
SAFETY SEAL MIS 28G	\$0(3)	NM; *
SAFETY SEAL MIS 30G	\$0(3)	NM; *
SAPS HEALTH MIS TWIST	\$0(3)	NM; *
SAPS TWIST MIS 30G	\$0(3)	NM; *
SAPSCARE MIS TWIST	\$0(3)	NM; *
SHOPKO LANC MIS DEVICE	\$0(3)	NM; *
SIDEKICK KIT SYSTEM	\$0(3)	NM; *
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
SIMPLE DIAG MIS LANCING	\$0(3)	NM; *
SM LANCETS MIS 33G	\$0(3)	NM; *
SMART SENSE MIS LANC 21G	\$0(3)	NM; *
SMART SENSE MIS LANC 26G	\$0(3)	NM; *
SMART SENSE MIS LANC 30G	\$0(3)	NM; *
SMART SENSE MIS LANC 33G	\$0(3)	NM; *
SMART SENSE TES TEST	\$0(3)	NM; *
SMARTTEST MIS LANCETS	\$0(3)	NM; *
SMARTTEST TES BLD GLUC	\$0(3)	NM; *
SOFT TOUCH MIS LANCETS	\$0(3)	NM; *
SOFTCLIX MIS LANCETS	\$0(3)	NM; *
SOLUS V2 MIS LANC 28G	\$0(3)	NM; *
SOLUS V2 MIS LANC 30G	\$0(3)	NM; *
SOLUS V2 MIS LANC DEV	\$0(3)	NM; *
SOLUS V2 TES AUDIBLE	\$0(3)	NM; *
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

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STERILANCE MIS 1.8MM	\$0(3)	NM; *
STERILANCE MIS TL 28G	\$0(3)	NM; *
STERILANCE MIS TL 30G	\$0(3)	NM; *
STERILANCE MIS TL 32G	\$0(3)	NM; *
SUPER THIN MIS LANC 28G	\$0(3)	NM; *
SUPER THIN MIS LANCETS	\$0(3)	NM; *
SURE COMFORT MIS LANC 18G	\$0(3)	NM; *
SURE COMFORT MIS LANC 21G	\$0(3)	NM; *
SURE COMFORT MIS LANC 23G	\$0(3)	NM; *
SURE COMFORT MIS LANC 30G	\$0(3)	NM; *
SURE COMFORT MIS LANC PEN	\$0(3)	NM; *
SURE COMFORT MIS LANCETS	\$0(3)	NM; *
SURE-LANCE MIS 26G	\$0(3)	NM; *
SURE-LANCE MIS LANCETS	\$0(3)	NM; *
SURE-PEN MIS	\$0(3)	NM; *
SURE-TEST TES EASYPLUS	\$0(3)	NM; *
SURE-TOUCH MIS UNV LANC	\$0(3)	NM; *
SUREFLEX MIS LANCETS	\$0(3)	NM; *
TECHLITE MIS LANC 30G	\$0(3)	NM; *
TECHLITE MIS LANCETS	\$0(3)	NM; *
TEL CARE TES BLD GLUC	\$0(3)	NM; *
TGT LANCET MIS 26G	\$0(3)	NM; *
TGT LANCET MIS 30G	\$0(3)	NM; *
TGT LANCET MIS 33G	\$0(3)	NM; *
TGT LANCING MIS DEVICE	\$0(3)	NM; *
THIN LANCETS MIS	\$0(3)	NM; *
THIN LANCETS MIS 26G	\$0(3)	NM; *
THIN LANCETS MIS 30G	\$0(3)	NM; *
THYROSafe TAB 65MG	\$0(3)	NM; *
TOPCARE MIS LANC 33G	\$0(3)	NM; *
TRAVEL LANCE MIS 30G	\$0(3)	NM; *
TRAVEL LANCE MIS ADV 28G	\$0(3)	NM; *
TRUE COMFORT MIS LANC 30G	\$0(3)	NM; *
TRUE METRIX STRIPS	\$0(3)	*
TRUE METRIX STRIPS	\$0(3)	NM; *
TRUEDRAW MIS LANC DEV	\$0(3)	NM; *
TRUETEST TES	\$0(3)	NM; *
TRUETRACK TES	\$0(3)	NM; *
TRUETRACK TES BLD GLUC	\$0(3)	NM; *
TRUPLUS LANC MIS 26G	\$0(3)	NM; *
TRUPLUS LANC MIS 28G	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TRUPLUS LANC MIS 30G	\$0(3)	NM; *
TRUPLUS LANC MIS 33G	\$0(3)	NM; *
TYMLOS INJ	\$0(2)	NDS, NM, PA
ULTI-LANCE MIS CLR TIP	\$0(3)	NM; *
ULTILET MIS 26G	\$0(3)	NM; *
ULTILET MIS 28G	\$0(3)	NM; *
ULTILET MIS 30G	\$0(3)	NM; *
ULTILET MIS 33G	\$0(3)	NM; *
ULTILET MIS LANCETS	\$0(3)	NM; *
ULTILET MIS SAFETY	\$0(3)	NM; *
ULTIMA TES	\$0(3)	NM; *
ULTRA THIN MIS 28G	\$0(3)	NM; *
ULTRA THIN MIS 30G	\$0(3)	NM; *
ULTRA THIN MIS 31G	\$0(3)	NM; *
ULTRA THIN MIS 33G	\$0(3)	NM; *
ULTRA THIN MIS LAN 31G	\$0(3)	NM; *
ULTRA THIN MIS LANC 26G	\$0(3)	NM; *
ULTRA THIN MIS LANC 28G	\$0(3)	NM; *
ULTRA THIN MIS LANC 30G	\$0(3)	NM; *
ULTRA THIN MIS LANCETS	\$0(3)	NM; *
ULTRALANCE MIS 1.8MM	\$0(3)	NM; *
ULTRATRAK TES ULTIMATE	\$0(3)	NM; *
ULTRATRK PRO TES	\$0(3)	NM; *
UNILET CMFR MIS TCH 28G	\$0(3)	NM; *
UNILET CMFR MIS TCH 30G	\$0(3)	NM; *
UNILET EX II MIS 28G	\$0(3)	NM; *
UNILET EXCEL MIS 23G	\$0(3)	NM; *
UNILET GP 28 MIS ULT THIN	\$0(3)	NM; *
UNILET LANC MIS 33G	\$0(3)	NM; *
UNILET LANCE MIS 28G	\$0(3)	NM; *
UNILET LANCE MIS 33G	\$0(3)	NM; *
UNILET LANCT MIS 28G	\$0(3)	NM; *
UNILET LANCT MIS 30G	\$0(3)	NM; *
UNILET LANCT MIS 33G	\$0(3)	NM; *
UNILET MICRO MIS 33G	\$0(3)	NM; *
UNILET SUPER MIS G.P. 23G	\$0(3)	NM; *
UNISTIK 2 MIS	\$0(3)	NM; *
UNISTIK 2 MIS COMFORT	\$0(3)	NM; *
UNISTIK 2 MIS EXTRA	\$0(3)	NM; *
UNISTIK 2 MIS NORMAL	\$0(3)	NM; *
UNISTIK 2 MIS SUPER	\$0(3)	NM; *

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UNISTIK 3 MIS COMFORT	\$0(3)	NM; *
UNISTIK 3 MIS EXTRA	\$0(3)	NM; *
UNISTIK 3 MIS GENT 30G	\$0(3)	NM; *
UNISTIK 3 MIS NEONATAL	\$0(3)	NM; *
UNISTIK 3 MIS NORMAL	\$0(3)	NM; *
UNISTIK CZT MIS COMFORT	\$0(3)	NM; *
UNISTIK CZT MIS NORMAL	\$0(3)	NM; *
UNISTIK PRO MIS LANC 21G	\$0(3)	NM; *
UNISTIK PRO MIS LANC 28G	\$0(3)	NM; *
UNISTIK SAFE MIS LANC 28G	\$0(3)	NM; *
UNISTIK SAFE MIS LANC 30G	\$0(3)	NM; *
UNISTIK TOUC MIS LANC 21G	\$0(3)	NM; *
UNISTIK TOUC MIS LANC 23G	\$0(3)	NM; *
UNISTIK TOUC MIS LANC 28G	\$0(3)	NM; *
UNISTIK TOUC MIS LANC 30G	\$0(3)	NM; *
UNISTRIP1 TES GENERIC	\$0(3)	NM; *
UNITSTIK PRO MIS LANC 25G	\$0(3)	NM; *
UNIVERSAL 1 MIS LANC 26G	\$0(3)	NM; *
UNIVERSAL 1 MIS LANC 30G	\$0(3)	NM; *
VANTAGE LANC MIS DEVICE	\$0(3)	NM; *
VERASENS TES	\$0(3)	NM; *
WAVESENSE TES PRESTO	\$0(3)	NM; *
XGEVA INJ	\$0(2)	NDS, NM, PA

PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS

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

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

medroxyprogesterone acetate tab 2.5 mg	\$0(1)
medroxyprogesterone acetate tab 5 mg	\$0(1)
medroxyprogesterone acetate tab 10 mg	\$0(1)
norethindrone acetate tab 5 mg	\$0(1)

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

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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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<i>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
<i>STIMATE SOL 1.5MG/ML</i>	\$0(2)	NDS, NM

GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

ANTACIDS

<i>acid gone sus</i>	\$0(3)	NM; *
<i>almacone dbl sus strength</i>	\$0(3)	NM; *
<i>almacone sus</i>	\$0(3)	NM; *
<i>ALUM HYDROX SUS 320/5ML</i>	\$0(3)	NM; *
<i>antacid chw 500mg</i>	\$0(3)	NM; *
<i>antacid plus sus gas rel</i>	\$0(3)	NM; *
<i>antacid sus max st</i>	\$0(3)	NM; *
<i>cal-gest chw 500mg</i>	\$0(3)	NM; *
<i>calc antacid chw 500mg</i>	\$0(3)	NM; *
<i>calc antacid chw 750mg</i>	\$0(3)	NM; *
<i>calcium carb chw 500mg</i>	\$0(3)	NM; *
<i>gnp antacid sus anti-gas</i>	\$0(3)	NM; *
<i>hm magnesium tab 250mg</i>	\$0(3)	NM; *
<i>MAGNESIUM CAP 500MG</i>	\$0(3)	NM; *
<i>magnesium oxide tab 400 mg</i>	\$0(3)	NM; *
<i>mi-acid sus</i>	\$0(3)	NM; *
<i>mi-acid sus max st</i>	\$0(3)	NM; *
<i>mintox plus chw</i>	\$0(3)	NM; *
<i>mintox sus max st</i>	\$0(3)	NM; *
<i>rulox sus</i>	\$0(3)	NM; *
<i>sm antacid/ sus antigas</i>	\$0(3)	NM; *
<i>sodium bicarbonate tab 325 mg</i>	\$0(3)	NM; *
<i>sodium bicarbonate tab 650 mg</i>	\$0(3)	NM; *

ANTI-DIARRHEAL

<i>anti-diarrhe tab 2mg</i>	\$0(3)	NM; *
<i>bismatrol chw 262mg</i>	\$0(3)	NM; *
<i>bismatrol sus 262/15ml</i>	\$0(3)	NM; *
<i>bismatrol sus 525/15ml</i>	\$0(3)	NM; *
<i>kao-tin sus 262/15ml</i>	\$0(3)	NM; *
<i>loperamide hcl liq 1 mg/7.5ml</i>	\$0(3)	NM; *
<i>peptic relf chw 262mg</i>	\$0(3)	NM; *
<i>sm anti-diar tab 2mg</i>	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE (TIER LEVEL)
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ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING

<i>aprepitant capsule 40 mg</i>	\$0(1)	B/D
<i>aprepitant capsule 80 mg</i>	\$0(1)	B/D
<i>aprepitant capsule 125 mg</i>	\$0(1)	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	\$0(1)	B/D
<i>compro sup 25mg</i>	\$0(1)	
<i>dronabinol cap 2.5 mg</i>	\$0(1)	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 5 mg</i>	\$0(1)	B/D, QL (60 caps / 30 days)
<i>dronabinol cap 10 mg</i>	\$0(1)	B/D, QL (60 caps / 30 days)
<i>EMEND SUS 125MG</i>	\$0(2)	B/D
<i>gransetron hcl inj 1 mg/ml</i>	\$0(1)	
<i>gransetron hcl inj 4 mg/4ml (1 mg/ml)</i>	\$0(1)	
<i>gransetron hcl tab 1 mg</i>	\$0(1)	B/D
<i>meclizine hcl tab 12.5 mg</i>	\$0(2)	
<i>meclizine hcl tab 12.5 mg</i>	\$0(3)	NM; *
<i>meclizine hcl tab 25 mg</i>	\$0(2)	
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	\$0(1)	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	\$0(1)	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	\$0(1)	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	\$0(1)	
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	\$0(1)	
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	\$0(1)	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	\$0(1)	B/D
<i>ondansetron hcl tab 4 mg</i>	\$0(1)	B/D
<i>ondansetron hcl tab 8 mg</i>	\$0(1)	B/D
<i>ondansetron hcl tab 24 mg</i>	\$0(1)	B/D
<i>ondansetron orally disintegrating tab 4 mg</i>	\$0(1)	B/D
<i>ondansetron orally disintegrating tab 8 mg</i>	\$0(1)	B/D
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	\$0(1)	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	\$0(1)	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	\$0(1)	
<i>prochlorperazine suppos 25 mg</i>	\$0(1)	

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>promethazine hcl inj 25 mg/ml</i>	\$0(2)	PA; PA if 70 years and older
<i>promethazine hcl inj 50 mg/ml</i>	\$0(2)	PA; PA if 70 years and older
<i>promethazine hcl syrup 6.25 mg/5ml</i>	\$0(2)	PA; PA if 70 years and older
<i>promethazine hcl tab 12.5 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>promethazine hcl tab 25 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>promethazine hcl tab 50 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>scopolamine td patch 72hr 1 mg/3days</i>	\$0(2)	QL (10 patches / 30 days), PA; PA if 70 years and older
<i>travel sick chw 25mg</i>	\$0(3)	NM; *
<i>travel sick tab 50mg</i>	\$0(3)	NM; *

ANTISPASMODICS - DRUGS FOR STOMACH SPASMS

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

H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID

<i>acid reducer tab 20mg</i>	\$0(3)	NM; *
<i>famotidine for susp 40 mg/5ml</i>	\$0(1)	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	\$0(1)	
<i>famotidine inj 20 mg/2ml</i>	\$0(1)	
<i>famotidine inj 40 mg/4ml</i>	\$0(1)	
<i>famotidine inj 200 mg/20ml</i>	\$0(1)	
<i>famotidine tab 10 mg</i>	\$0(3)	NM; *
<i>famotidine tab 20 mg</i>	\$0(1)	
<i>famotidine tab 40 mg</i>	\$0(1)	
<i>nizatidine cap 150 mg</i>	\$0(1)	
<i>nizatidine cap 300 mg</i>	\$0(1)	
<i>ranitidine hcl tab 75 mg</i>	\$0(3)	NM; *
<i>ranitidine hcl tab 150 mg</i>	\$0(3)	NM; *
<i>ranitidine tab 150mg</i>	\$0(3)	NM; *

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INFLAMMATORY BOWEL DISEASE

<i>balsalazide disodium cap 750 mg</i>	\$0(1)	
<i>budesonide delayed release particles cap 3 mg</i>	\$0(1)	
<i>hydrocortisone enema 100 mg/60ml</i>	\$0(1)	
<i>mesalamine cap dr 400 mg</i>	\$0(1)	
<i>mesalamine enema 4 gm</i>	\$0(1)	
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	\$0(1)	
<i>mesalamine suppos 1000 mg</i>	\$0(2)	NDS
<i>mesalamine tab delayed release 1.2 gm</i>	\$0(1)	
<i>sulfasalazine tab 500 mg</i>	\$0(1)	
<i>sulfasalazine tab delayed release 500 mg</i>	\$0(1)	

LAXATIVES

<i>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>constulose sol 10gm/15</i>	\$0(1)	
<i>DOCUSOL KIDS ENE 100MG/5M</i>	\$0(3)	NM; *
<i>DOCUSOL PLUS ENE 20-283</i>	\$0(3)	NM; *
<i>dok cap 100mg</i>	\$0(3)	NM; *
<i>dok plus tab 8.6-50mg</i>	\$0(3)	NM; *
<i>ENEMEEZ MINI ENE</i>	\$0(3)	NM; *
<i>ENEMEEZ PLUS ENE 20-283</i>	\$0(3)	NM; *
<i>enulose sol 10gm/15</i>	\$0(1)	
<i>fiber laxtiv cap 0.52gm</i>	\$0(3)	NM; *
<i>fiber-lax tab 625mg</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>GOLYTELY SOL</i>	\$0(2)	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	\$0(1)	
<i>lactulose solution 10 gm/15ml</i>	\$0(1)	
<i>lax diet sup tab 500mg</i>	\$0(3)	NM; *
<i>laxative sup 10mg</i>	\$0(3)	NM; *
<i>milk of magn sus</i>	\$0(3)	NM; *
<i>milk of magn sus 400/5ml</i>	\$0(3)	NM; *
<i>milk of magn sus 1200/15</i>	\$0(3)	NM; *
<i>MILK OF MAGN SUS 2400MG</i>	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>nat fiber pow therapy</i>	\$0(3)	NM; *
<i>naturl fiber pow 28.3%</i>	\$0(3)	NM; *
<i>NULYTELY SOL FLAV PKS</i>	\$0(2)	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	\$0(1)	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	\$0(1)	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	\$0(1)	
<i>PLENUV SOL</i>	\$0(2)	
<i>polyethylene glycol 3350 oral packet 17 gm</i>	\$0(3)	NM; *
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	\$0(3)	NM; *
<i>senna-lax tab 8.6mg</i>	\$0(3)	NM; *
<i>sennosides tab 8.6 mg</i>	\$0(3)	NM; *
<i>sodium phosphates - enema</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 cap 240mg</i>	\$0(3)	NM; *
<i>SUPREP BOWEL SOL PREP KIT</i>	\$0(2)	
<i>trilyte sol</i>	\$0(1)	
MISCELLANEOUS		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	\$0(2)	NDS, PA
<i>alosetron hcl tab 1 mg (base equiv)</i>	\$0(2)	NDS, PA
<i>AMITIZA CAP 8MCG</i>	\$0(2)	QL (180 caps / 30 days)
<i>AMITIZA CAP 24MCG</i>	\$0(2)	QL (60 caps / 30 days)
<i>cromolyn sodium oral conc 100 mg/5ml</i>	\$0(2)	NDS
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	\$0(2)	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	\$0(2)	
<i>formula em sol</i>	\$0(3)	NM; *
<i>gas relief cap 125mg</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>GATTEX KIT 5MG</i>	\$0(2)	NDS, NM, LA, PA
<i>LINZESS CAP 72MCG</i>	\$0(2)	QL (30 caps / 30 days)
<i>LINZESS CAP 145MCG</i>	\$0(2)	QL (30 caps / 30 days)
<i>LINZESS CAP 290MCG</i>	\$0(2)	QL (30 caps / 30 days)
<i>loperamide hcl cap 2 mg</i>	\$0(1)	

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<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)	
<i>MOVANTIK TAB 12.5MG</i>	\$0(2)	QL (60 tabs / 30 days)
<i>MOVANTIK TAB 25MG</i>	\$0(2)	QL (30 tabs / 30 days)
<i>RELISTOR INJ 8/0.4ML</i>	\$0(2)	NDS, PA
<i>RELISTOR INJ 12/0.6ML</i>	\$0(2)	NDS, PA
<i>simethicone cap 180 mg</i>	\$0(3)	NM; *
<i>simethicone dro 20/0.3ml</i>	\$0(3)	NM; *
<i>sucralfate tab 1 gm</i>	\$0(1)	
<i>ursodiol cap 300 mg</i>	\$0(1)	
<i>ursodiol tab 250 mg</i>	\$0(1)	
<i>ursodiol tab 500 mg</i>	\$0(1)	
<i>XIFAXAN TAB 550MG</i>	\$0(2)	NDS, PA

PANCREATIC ENZYMES

<i>CREON CAP 3000UNIT</i>	\$0(2)	
<i>CREON CAP 6000UNIT</i>	\$0(2)	
<i>CREON CAP 12000UNT</i>	\$0(2)	
<i>CREON CAP 24000UNT</i>	\$0(2)	
<i>CREON CAP 36000UNT</i>	\$0(2)	
<i>ZENPEP CAP 3000UNIT</i>	\$0(2)	
<i>ZENPEP CAP 5000UNIT</i>	\$0(2)	
<i>ZENPEP CAP 10000UNT</i>	\$0(2)	
<i>ZENPEP CAP 15000UNT</i>	\$0(2)	
<i>ZENPEP CAP 20000UNT</i>	\$0(2)	
<i>ZENPEP CAP 25000</i>	\$0(2)	
<i>ZENPEP CAP 40000</i>	\$0(2)	

PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID

<i>DEXILANT CAP 30MG DR</i>	\$0(2)	QL (30 caps / 30 days)
<i>DEXILANT CAP 60MG DR</i>	\$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), ST
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	\$0(3)	NM; *
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	\$0(1)	QL (30 caps / 30 days), ST
<i>heartburn tr cap 15mg</i>	\$0(3)	NM; *
<i>lansoprazole cap delayed release 15 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>lansoprazole cap delayed release 15 mg</i>	\$0(3)	NM; *
<i>lansoprazole cap delayed release 30 mg</i>	\$0(1)	QL (30 caps / 30 days)

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<u>omeprazole cap delayed release 10 mg</u>	\$0(1)	
<u>omeprazole cap delayed release 20 mg</u>	\$0(1)	
<u>omeprazole cap delayed release 40 mg</u>	\$0(1)	
OMEPRAZOLE DELAYED RELEASE TAB 20 MG	\$0(3)	NM; *
<u>omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)</u>	\$0(3)	NM; *
OMEPRAZOLE TAB 20MG	\$0(3)	NM; *
<u>pantoprazole sodium ec tab 20 mg (base equiv)</u>	\$0(1)	
<u>pantoprazole sodium ec tab 40 mg (base equiv)</u>	\$0(1)	
<u>pantoprazole sodium for iv soln 40 mg (base equiv)</u>	\$0(1)	
<u>rabeprazole sodium ec tab 20 mg</u>	\$0(1)	QL (30 tabs / 30 days)

GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS

BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE

<u>alfuzosin hcl tab er 24hr 10 mg</u>	\$0(1)	QL (30 tabs / 30 days)
<u>dutasteride cap 0.5 mg</u>	\$0(1)	QL (30 caps / 30 days)
<u>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</u>	\$0(1)	QL (30 caps / 30 days)
<u>finasteride tab 5 mg</u>	\$0(1)	
<u>tamsulosin hcl cap 0.4 mg</u>	\$0(1)	

MISCELLANEOUS

<u>bethanechol chloride tab 5 mg</u>	\$0(1)	
<u>bethanechol chloride tab 10 mg</u>	\$0(1)	
<u>bethanechol chloride tab 25 mg</u>	\$0(1)	
<u>bethanechol chloride tab 50 mg</u>	\$0(1)	
<u>potassium citrate tab er 5 meq (540 mg)</u>	\$0(1)	
<u>potassium citrate tab er 10 meq (1080 mg)</u>	\$0(1)	
<u>potassium citrate tab er 15 meq (1620 mg)</u>	\$0(1)	

URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE

<u>MYRBETRIQ TAB 25MG</u>	\$0(2)	QL (30 tabs / 30 days)
<u>MYRBETRIQ TAB 50MG</u>	\$0(2)	QL (30 tabs / 30 days)
<u>oxybutynin chloride syrup 5 mg/5ml</u>	\$0(1)	
<u>oxybutynin chloride tab 5 mg</u>	\$0(1)	
<u>oxybutynin chloride tab er 24hr 5 mg</u>	\$0(1)	QL (30 tabs / 30 days)
<u>oxybutynin chloride tab er 24hr 10 mg</u>	\$0(1)	QL (60 tabs / 30 days)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>oxybutynin chloride tab er 24hr 15 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>tolterodine tartrate cap er 24hr 2 mg</i>	\$0(1)	QL (30 caps / 30 days), ST
<i>tolterodine tartrate cap er 24hr 4 mg</i>	\$0(1)	QL (30 caps / 30 days), ST
<i>tolterodine tartrate tab 1 mg</i>	\$0(1)	ST
<i>tolterodine tartrate tab 2 mg</i>	\$0(1)	ST
TOVIAZ TAB 4MG	\$0(2)	QL (30 tabs / 30 days)
TOVIAZ TAB 8MG	\$0(2)	QL (30 tabs / 30 days)
<i>trospium chloride tab 20 mg</i>	\$0(1)	QL (60 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal cream 2%</i>	\$0(1)	
<i>clotrimazole vaginal cream 1%</i>	\$0(3)	NM; *
<i>metronidazole vaginal gel 0.75%</i>	\$0(1)	
<i>miconazole 7 cre 2%</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 suppos 100 mg</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

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	\$0(2)	NDS
<i>HEP SOD/NACL INJ 25000UNT</i>	\$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)	
<i>HEPARIN/NACL INJ 25000UNT</i>	\$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)	
<i>PRADAXA CAP 75MG</i>	\$0(2)	QL (60 caps / 30 days)
<i>PRADAXA CAP 110MG</i>	\$0(2)	QL (60 caps / 30 days)
<i>PRADAXA CAP 150MG</i>	\$0(2)	QL (60 caps / 30 days)
<i>warfarin sodium tab 1 mg</i>	\$0(1)	
<i>warfarin sodium tab 2 mg</i>	\$0(1)	
<i>warfarin sodium tab 2.5 mg</i>	\$0(1)	
<i>warfarin sodium tab 3 mg</i>	\$0(1)	
<i>warfarin sodium tab 4 mg</i>	\$0(1)	
<i>warfarin sodium tab 5 mg</i>	\$0(1)	
<i>warfarin sodium tab 6 mg</i>	\$0(1)	
<i>warfarin sodium tab 7.5 mg</i>	\$0(1)	
<i>warfarin sodium tab 10 mg</i>	\$0(1)	
<i>XARELTO STAR TAB 15/20MG</i>	\$0(2)	QL (51 tabs / 30 days)
<i>XARELTO TAB 2.5MG</i>	\$0(2)	QL (60 tabs / 30 days)
<i>XARELTO TAB 10MG</i>	\$0(2)	QL (30 tabs / 30 days)
<i>XARELTO TAB 15MG</i>	\$0(2)	QL (30 tabs / 30 days)
<i>XARELTO TAB 20MG</i>	\$0(2)	QL (30 tabs / 30 days)

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

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
ZARXIO INJ 300/0.5	\$0(2)	NDS, NM, PA
ZARXIO INJ 480/0.8	\$0(2)	NDS, NM, PA

IRON

CORVITE 150 TAB	\$0(3)	NM; *
CORVITE FE TAB	\$0(3)	NM; *
cvs iron tab 325mg	\$0(3)	NM; *
EZFE 200 CAP 200MG	\$0(3)	NM; *
fe c tab tab 100-250	\$0(3)	NM; *
FEOSOL BIFER TAB 28MG	\$0(3)	NM; *
ferate tab 27mg	\$0(3)	NM; *
FERIVA TAB 21/7	\$0(3)	NM; *
FERIVAF A CAP 110-1MG	\$0(3)	NM; *
ferosul tab 325mg	\$0(3)	NM; *
FERRETT S IPS SOL	\$0(3)	NM; *
FERRETT S TAB 325MG	\$0(3)	NM; *
ferrex 150 cap 150mg	\$0(3)	NM; *
ferric x-150 cap 150mg	\$0(3)	NM; *
FERRIMIN 150 TAB	\$0(3)	NM; *
ferrous fumarate tab 324 mg (106 mg elemental fe)	\$0(3)	NM; *
ferrous gluc tab 324mg	\$0(3)	NM; *
FERROUS GLUC TAB 324MG	\$0(3)	NM; *
ferrous gluconate tab 240 mg (27 mg elemental fe)	\$0(3)	NM; *
ferrous gluconate tab 324 mg (37.5 mg elemental iron)	\$0(3)	NM; *
FERROUS SUL LIQ 220/5ML	\$0(3)	NM; *
ferrous sulf tab 65mg	\$0(3)	NM; *
FERROUS SULF TAB 324MG EC	\$0(3)	NM; *
ferrous sulf tab 325mg	\$0(3)	NM; *
ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)	\$0(3)	NM; *
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)	\$0(3)	NM; *

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FERROUS SULFATE SYRUP 300 MG/5ML (60 MG/5ML ELEMENTAL FE)	\$0(3)	NM; *
<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; *
FUSION CAP	\$0(3)	NM; *
FUSION PLUS CAP	\$0(3)	NM; *
<i>gnp iron tab 45mg</i>	\$0(3)	NM; *
<i>gnp iron tab 65mg</i>	\$0(3)	NM; *
HEMOCYTE PLS CAP	\$0(3)	NM; *
<i>hemocyte-f tab</i>	\$0(3)	NM; *
<i>high potency tab fe 27mg</i>	\$0(3)	NM; *
<i>hm iron tab 45mg</i>	\$0(3)	NM; *
<i>hm iron tab 65mg</i>	\$0(3)	NM; *
<i>ifex 150 cap</i>	\$0(3)	NM; *
INTEGRA CAP	\$0(3)	NM; *
INTEGRA F CAP	\$0(3)	NM; *
INTEGRA PLUS CAP	\$0(3)	NM; *
<i>iron 100/c tab 100-250</i>	\$0(3)	NM; *
<i>iron slow tab 45mg</i>	\$0(3)	NM; *
<i>iron supplmt dro 15mg/ml</i>	\$0(3)	NM; *
<i>iron tab 27mg</i>	\$0(3)	NM; *
IRON TAB 28MG	\$0(3)	NM; *
IROSPAN 24/6 MIS	\$0(3)	NM; *
<i>myferon 150 cap 150mg</i>	\$0(3)	NM; *
<i>myferon 150 cap forte</i>	\$0(3)	NM; *
NEPHRON FA TAB	\$0(3)	NM; *
<i>nu-iron 150 cap 150mg</i>	\$0(3)	NM; *
<i>pedia iron dro 15mg/ml</i>	\$0(3)	NM; *
<i>poly-iron cap 150 fort</i>	\$0(3)	NM; *
<i>poly-iron cap 150mg</i>	\$0(3)	NM; *
PROFE CAP 180MG	\$0(3)	NM; *
PROFERRIN ES TAB 12 MG	\$0(3)	NM; *
PROFERRIN- TAB FORTE	\$0(3)	NM; *
PROTECTIRON TAB	\$0(3)	NM; *
<i>ra iron tab 27mg</i>	\$0(3)	NM; *
<i>ra iron tab 325mg</i>	\$0(3)	NM; *
<i>slow fe tab 45mg</i>	\$0(3)	NM; *

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SLOW REL FE TAB 143MG CR	\$0(3)	NM; *
<i>slow release tab 45mg</i>	\$0(3)	NM; *
<i>slow release tab 47.5mg</i>	\$0(3)	NM; *
<i>slow release tab 143mg</i>	\$0(3)	NM; *
<i>slow release tab iron 45</i>	\$0(3)	NM; *
<i>slow-release tab fe 45mg</i>	\$0(3)	NM; *
<i>sm iron slow tab 45mg</i>	\$0(3)	NM; *
<i>sm iron tab 45mg</i>	\$0(3)	NM; *
<i>sm iron tab 325mg</i>	\$0(3)	NM; *
TARON FORTE CAP	\$0(3)	NM; *
<i>wee care sus 15/1.25</i>	\$0(3)	NM; *
MISCELLANEOUS		
<i>anagrelide hcl cap 0.5 mg</i>	\$0(1)	
<i>anagrelide hcl cap 1 mg</i>	\$0(1)	
BERINERT INJ 500UNIT	\$0(2)	NDS, QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol tab 50 mg</i>	\$0(1)	
<i>cilostazol tab 100 mg</i>	\$0(1)	
DROXIA CAP 200MG	\$0(2)	
DROXIA CAP 300MG	\$0(2)	
DROXIA CAP 400MG	\$0(2)	
ENDARI POW 5GM	\$0(2)	NDS, LA, PA
HAEGARDA INJ 2000UNIT	\$0(2)	NDS, QL (30 vials / 30 days), NM, LA, PA
HAEGARDA INJ 3000UNIT	\$0(2)	NDS, QL (20 vials / 30 days), NM, LA, PA
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	\$0(2)	NDS, QL (9 syringes / 30 days), NM, PA
<i>pentoxifylline tab er 400 mg</i>	\$0(1)	
PROMACTA PAK 25MG	\$0(2)	NDS, QL (180 packets / 30 days), LA, PA
PROMACTA POW 12.5MG	\$0(2)	NDS, QL (360 packets / 30 days), NM, LA, PA
PROMACTA TAB 12.5MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TAB 25MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TAB 50MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
PROMACTA TAB 75MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	\$0(1)	
<i>tranexamic acid tab 650 mg</i>	\$0(1)	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	\$0(1)	
<i>BRILINTA TAB 60MG</i>	\$0(2)	
<i>BRILINTA TAB 90MG</i>	\$0(2)	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	\$0(1)	
<i>prasugrel hcl tab 5 mg (base equiv)</i>	\$0(1)	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	\$0(1)	
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs) - DRUGS TO TREAT RHEUMATOID ARTHRITIS		
<i>ENBREL INJ 25/0.5ML</i>	\$0(2)	NDS, QL (16 syringes / 28 days), NM, PA
<i>ENBREL INJ 25MG</i>	\$0(2)	NDS, QL (16 vials / 28 days), PA
<i>ENBREL INJ 25MG</i>	\$0(2)	NDS, QL (16 vials / 28 days), NM, PA
<i>ENBREL INJ 50MG/ML</i>	\$0(2)	NDS, QL (8 syringes / 28 days), NM, PA
<i>ENBREL MINI INJ 50MG/ML</i>	\$0(2)	NDS, QL (8 injections / 28 days), NM, PA
<i>ENBREL SRCLK INJ 50MG/ML</i>	\$0(2)	NDS, QL (8 injections / 28 days), NM, PA
<i>HUMIRA INJ 10/0.1ML</i>	\$0(2)	NDS, QL (2 injections / 28 days), NM, PA
<i>HUMIRA INJ 10MG/0.2</i>	\$0(2)	NDS, QL (2 syringes / 28 days), NM, PA
<i>HUMIRA INJ 20/0.2ML</i>	\$0(2)	NDS, QL (2 injections / 28 days), NM, PA
<i>HUMIRA INJ 40/0.4ML</i>	\$0(2)	NDS, QL (6 injections / 28 days), NM, PA
<i>HUMIRA KIT 20MG/0.4</i>	\$0(2)	NDS, QL (2 syringes / 28 days), NM, PA
<i>HUMIRA KIT 40MG/0.8</i>	\$0(2)	NDS, QL (6 syringes / 28 days), NM, PA
<i>HUMIRA PEDIA INJ CROHNS</i>	\$0(2)	NDS, NM, PA

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HUMIRA PEN INJ 40/0.4ML	\$0(2)	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN INJ 40MG/0.8	\$0(2)	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN INJ CD/UC/HS	\$0(2)	NDS, NM, PA
HUMIRA PEN INJ PS/UV	\$0(2)	NDS, NM, PA
HUMIRA PEN KIT CD/UC/HS	\$0(2)	NDS, NM, PA
HUMIRA PEN KIT PS/UV	\$0(2)	NDS, NM, PA
<i>hydroxychloroquine sulfate tab 200 mg</i>	\$0(1)	
<i>leflunomide tab 10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>leflunomide tab 20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	\$0(1)	
REMICADE INJ 100MG	\$0(2)	NDS, NM, PA
RENFLEXIS INJ 100MG	\$0(2)	NDS, NM, LA, PA
RINVOQ TAB 15MG ER	\$0(2)	NDS, QL (30 tabs / 30 days), PA
SKYRIZI INJ 150DOSE	\$0(2)	NDS, QL (7 kits / year), NM, PA
STELARA INJ 45MG/0.5	\$0(2)	NDS, QL (1 vial / 28 days), NM, LA, PA
STELARA INJ 45MG/0.5	\$0(2)	NDS, QL (1 syringe / 28 days), NM, PA
STELARA INJ 90MG/ML	\$0(2)	NDS, QL (1 syringe / 28 days), NM, PA
XATMEP SOL 2.5MG/ML	\$0(2)	B/D
XELJANZ TAB 5MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ TAB 10MG	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TAB 11MG	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
XELJANZ XR TAB 22MG	\$0(2)	NDS, QL (30 tabs / 30 days), PA

IMMUNOGLOBULINS

BIVIGAM INJ 10%	\$0(2)	NDS, NM, PA
FLEBOGAMMA INJ 5GM/50ML	\$0(2)	NDS, NM, PA
FLEBOGAMMA INJ 10/100ML	\$0(2)	NDS, NM, PA
FLEBOGAMMA INJ 10/200ML	\$0(2)	NDS, NM, PA
FLEBOGAMMA INJ 20/200ML	\$0(2)	NDS, NM, PA
FLEBOGAMMA INJ 20/400ML	\$0(2)	NDS, NM, PA
FLEBOGAMMA INJ DIF 5%	\$0(2)	NDS, NM, PA

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

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IMMUNOMODULATORS

ACTIMMUNE INJ 2MU/0.5	\$0(2)	NDS, NM, LA, PA
ARCALYST INJ 220MG	\$0(2)	NDS, NM, PA
INTRON A INJ 10MU	\$0(2)	NDS, B/D, NM
INTRON A INJ 18MU	\$0(2)	NDS, B/D, NM
INTRON A INJ 25MU	\$0(2)	NDS, B/D, NM
INTRON A INJ 50MU	\$0(2)	NDS, B/D, NM

IMMUNOSUPPRESSANTS

<i>azathioprine tab 50 mg</i>	\$0(1)	B/D
<i>BENLYSTA INJ 120MG</i>	\$0(2)	NDS, NM, PA
<i>BENLYSTA INJ 200MG/ML</i>	\$0(2)	NDS, NM, PA
<i>BENLYSTA INJ 400MG</i>	\$0(2)	NDS, NM, PA
<i>cyclosporine cap 25 mg</i>	\$0(1)	B/D
<i>cyclosporine cap 100 mg</i>	\$0(1)	B/D
<i>cyclosporine iv soln 50 mg/ml</i>	\$0(1)	B/D
<i>cyclosporine modified cap 25 mg</i>	\$0(1)	B/D
<i>cyclosporine modified cap 50 mg</i>	\$0(1)	B/D
<i>cyclosporine modified cap 100 mg</i>	\$0(1)	B/D
<i>cyclosporine modified oral soln 100 mg/ml</i>	\$0(1)	B/D
<i>everolimus tab 0.5 mg</i>	\$0(2)	NDS, B/D
<i>everolimus tab 0.25 mg</i>	\$0(1)	B/D
<i>everolimus tab 0.75 mg</i>	\$0(2)	NDS, B/D
<i>gengraf cap 25mg</i>	\$0(1)	B/D
<i>gengraf cap 100mg</i>	\$0(1)	B/D
<i>gengraf sol 100mg/ml</i>	\$0(1)	B/D
<i>mycophenolate mofetil cap 250 mg</i>	\$0(1)	B/D
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	\$0(2)	NDS, B/D
<i>mycophenolate mofetil tab 500 mg</i>	\$0(1)	B/D
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	\$0(1)	B/D
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	\$0(1)	B/D
<i>NULOJIX INJ 250MG</i>	\$0(2)	NDS, B/D
<i>PROGRAF GRA 0.2MG</i>	\$0(2)	B/D
<i>PROGRAF GRA 1MG</i>	\$0(2)	B/D
<i>SANDIMMUNE SOL 100MG/ML</i>	\$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

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tacrolimus cap 0.5 mg	\$0(1)	B/D
tacrolimus cap 1 mg	\$0(1)	B/D
tacrolimus cap 5 mg	\$0(1)	B/D
ZORTRESS TAB 0.5MG	\$0(2)	NDS, B/D
ZORTRESS TAB 0.25MG	\$0(2)	NDS, B/D
ZORTRESS TAB 0.75MG	\$0(2)	NDS, B/D
ZORTRESS TAB 1MG	\$0(2)	NDS, B/D
VACCINES		
ACTHIB INJ	\$0(2)	
ADACEL INJ	\$0(2)	
BCG VACCINE INJ	\$0(2)	
BEXSERO INJ	\$0(2)	
BOOSTRIX INJ	\$0(2)	
DAPTACEL INJ	\$0(2)	
DIP/TET PED INJ 25-5LFU	\$0(2)	B/D
ENGERIX-B INJ 10/0.5ML	\$0(2)	B/D
ENGERIX-B INJ 20MCG/ML	\$0(2)	B/D
GARDASIL 9 INJ	\$0(2)	
HAVRIX INJ 720UNIT	\$0(2)	
HAVRIX INJ 1440UNIT	\$0(2)	
HIBERIX SOL 10MCG	\$0(2)	
IMOVAX RABIE INJ 2.5/ML	\$0(2)	B/D
INFANRIX INJ	\$0(2)	
IPOP INJ INACTIVE	\$0(2)	
IXIARO INJ	\$0(2)	
KINRIX INJ	\$0(2)	
M-M-R II INJ	\$0(2)	
MENACTRA INJ	\$0(2)	
MENQUADFI INJ	\$0(2)	
MENVEO INJ	\$0(2)	
PEDIARIX INJ 0.5ML	\$0(2)	
PEDVAX HIB INJ	\$0(2)	
PENTACEL INJ	\$0(2)	
PROQUAD INJ	\$0(2)	
QUADRACEL INJ	\$0(2)	
RABAVERT INJ	\$0(2)	B/D
RECOMBIVIA HB INJ 5MCG/0.5	\$0(2)	B/D
RECOMBIVIA HB INJ 10MCG/ML	\$0(2)	B/D
RECOMBIVIA-HB INJ 40MCG/ML	\$0(2)	B/D
ROTARIX SUS	\$0(2)	
ROTATEQ SOL	\$0(2)	

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SHINGRIX INJ 50/0.5ML	\$0(2)	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	\$0(2)	B/D
TENIVAC INJ 5-2LF	\$0(2)	B/D
TRUMENBA INJ	\$0(2)	
TWINRIX INJ	\$0(2)	
TYPHIM VI INJ	\$0(2)	
VAQTA INJ 25/0.5ML	\$0(2)	
VAQTA INJ 50UNT/ML	\$0(2)	
VARIVAX INJ	\$0(2)	
YF-VAX INJ	\$0(2)	
ZOSTAVAX INJ	\$0(2)	QL (1 vial per lifetime)

NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS

ELECTROLYTES

cvs electrol sol	\$0(3)	NM; *
ENFAMIL SOL ENFALYTE	\$0(3)	NM; *
gnp pediatri sol electrol	\$0(3)	NM; *
klor-con 8 tab 8meq er	\$0(1)	
klor-con 10 tab 10meq er	\$0(1)	
MAGNESIUM SU INJ 2GM/50ML	\$0(2)	
MAGNESIUM SU INJ 4G/100ML	\$0(2)	
MAGNESIUM SU INJ 20/500ML	\$0(2)	
MAGNESIUM SU INJ 40G/1000	\$0(2)	
MAGNESIUM SU INJ 80MG/ML	\$0(2)	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	\$0(2)	
magnesium sulfate inj 50%	\$0(2)	
magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)	\$0(2)	
magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)	\$0(2)	
magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)	\$0(2)	
magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)	\$0(2)	
magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)	\$0(2)	
MG SO4/D5W INJ 10MG/ML	\$0(2)	
oral electro sol cherry	\$0(3)	NM; *
oral electro sol h-e-b	\$0(3)	NM; *
oral electrolyte solution	\$0(3)	NM; *
oralyte sol	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>oralyte sol freeze</i>	\$0(3)	NM; *
<i>ped elctrlyt sol</i>	\$0(3)	NM; *
<i>ped elctrlyt sol /zinc</i>	\$0(3)	NM; *
<i>ped elctrlyt sol freeze</i>	\$0(3)	NM; *
<i>ped elctrlyt sol freezer</i>	\$0(3)	NM; *
<i>ped elctrlyt sol freezpop</i>	\$0(3)	NM; *
<i>ped elctrlyt sol fruit</i>	\$0(3)	NM; *
<i>ped elctrlyt sol grape</i>	\$0(3)	NM; *
<i>ped elctrlyt sol unflavrd</i>	\$0(3)	NM; *
<i>potassium chloride cap er 8 meq</i>	\$0(1)	
<i>potassium chloride cap er 10 meq</i>	\$0(1)	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	\$0(1)	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	\$0(1)	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	\$0(1)	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	\$0(1)	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	\$0(1)	
<i>potassium chloride powder packet 20 meq</i>	\$0(1)	
<i>potassium chloride tab er 8 meq (600 mg)</i>	\$0(1)	
<i>potassium chloride tab er 10 meq</i>	\$0(1)	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	\$0(1)	
<i>ra pediatric sol electrol</i>	\$0(3)	NM; *
<i>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)	
TPN ELECTROL INJ	\$0(2)	B/D
IV NUTRITION		
<i>AMINOSYN II INJ 10%</i>	\$0(2)	B/D
<i>AMINOSYN-PF INJ 7%</i>	\$0(2)	B/D
<i>CLINIMIX INJ 4.25/D5W</i>	\$0(2)	B/D
<i>CLINIMIX INJ 4.25/D10</i>	\$0(2)	B/D
<i>CLINIMIX INJ 5%/D15W</i>	\$0(2)	B/D
<i>CLINIMIX INJ 5%/D20W</i>	\$0(2)	B/D
<i>clinisol sf inj 15%</i>	\$0(1)	B/D
<i>CLINOLIPID EMU 20%</i>	\$0(2)	B/D
<i>FREAMINE HBC INJ 6.9%</i>	\$0(2)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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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
<i>plenamine inj 15%</i>	\$0(1)	B/D
PREMASOL SOL 10%	\$0(2)	B/D
PROCALAMINE INJ 3%	\$0(2)	B/D
PROSOL INJ 20%	\$0(2)	B/D
TRAVASOL INJ 10%	\$0(2)	B/D
TROPHAMINE INJ 10%	\$0(2)	B/D

IV REPLACEMENT SOLUTIONS

D5W/LYTES INJ #48	\$0(2)
D5W/NACL INJ 0.3%	\$0(2)
D10W/NACL INJ 0.2%	\$0(2)
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	\$0(1)
<i>dextrose 5% in lactated ringers</i>	\$0(1)
<i>dextrose 5% w/ sodium chloride 0.2%</i>	\$0(1)
<i>dextrose 5% w/ sodium chloride 0.9%</i>	\$0(1)
<i>dextrose 5% w/ sodium chloride 0.45%</i>	\$0(1)
<i>dextrose 10% w/ sodium chloride 0.45%</i>	\$0(1)
<i>dextrose inj 5%</i>	\$0(1)
<i>dextrose inj 10%</i>	\$0(1)
<i>dextrose inj 50%</i>	\$0(1)
<i>dextrose inj 70%</i>	\$0(1)
ISOLYTE-P INJ /D5W	\$0(2)
ISOLYTE-S INJ	\$0(2)
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	\$0(1)
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	\$0(1)
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	\$0(1)
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	\$0(1)
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	\$0(1)
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	\$0(1)
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	\$0(1)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	\$0(1)	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	\$0(1)	
KCL/D5W/NACL INJ 0.3/0.9%	\$0(2)	
KCL/D5W/NACL INJ 0.15/0.2	\$0(2)	
<i>lactated ringer's solution</i>	\$0(1)	
NORMOSOL -M INJ /D5W	\$0(2)	
PLASMA-LYTE INJ -148	\$0(2)	
PLASMA-LYTE INJ -A	\$0(2)	
POT CHLORIDE INJ 10MEQ	\$0(1)	
POT CHLORIDE INJ 20MEQ	\$0(1)	
POT CHLORIDE INJ 40MEQ	\$0(1)	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	\$0(1)	
<i>potassium chloride inj 2 meq/ml</i>	\$0(1)	
<i>sodium chloride iv soln 0.9%</i>	\$0(1)	
<i>sodium chloride iv soln 0.45%</i>	\$0(1)	
<i>sodium chloride iv soln 3%</i>	\$0(1)	
<i>sodium chloride iv soln 5%</i>	\$0(1)	
MINERALS		
<i>ca citrate tab + d</i>	\$0(3)	NM; *
CAL CIT MAL/ TAB VITAMIND	\$0(3)	NM; *
<i>cal cit+d3 tab maximum</i>	\$0(3)	NM; *
<i>calc 600+d tab 600-800</i>	\$0(3)	NM; *
<i>calc 600+d/ chw 600-800</i>	\$0(3)	NM; *
<i>calc 600/d3 tab 600-800</i>	\$0(3)	NM; *
<i>calc citr+d tab 315-250</i>	\$0(3)	NM; *
<i>calc citra+d tab 315-250</i>	\$0(3)	NM; *
CALCET PETIT TAB 200-250	\$0(3)	NM; *
CALCI-CHEW CHW 1250MG	\$0(3)	NM; *
<i>calcitrat tab</i>	\$0(3)	NM; *
<i>calcitrat tab 950mg</i>	\$0(3)	NM; *
<i>calcium 500 tab +d</i>	\$0(3)	NM; *
<i>calcium 600 chw +d/miner</i>	\$0(3)	NM; *
<i>calcium 600 chw +d/mnrls</i>	\$0(3)	NM; *
<i>calcium 600 chw w/vit d</i>	\$0(3)	NM; *
<i>calcium 600 tab</i>	\$0(3)	NM; *
<i>calcium 600 tab +d</i>	\$0(3)	NM; *
<i>calcium 600 tab +d3</i>	\$0(3)	NM; *
<i>calcium 600 tab +d/mnrls</i>	\$0(3)	NM; *
<i>calcium 600 tab -d</i>	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>calcium 600 tab vit d/mi</i>	\$0(3)	NM; *
<i>calcium 600/ tab vit d</i>	\$0(3)	NM; *
<i>calcium +d3 tab maximum</i>	\$0(3)	NM; *
<i>calcium carbonate (antacid) susp 1250 mg/5ml</i>	\$0(3)	NM; *
<i>calcium carbonate tab 600 mg</i>	\$0(3)	NM; *
<i>calcium carbonate tab 1250 mg (500 mg elemental ca)</i>	\$0(3)	NM; *
<i>calcium carbonate-cholecalciferol 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 500 mg-400 unit</i>	\$0(3)	NM; *
<i>calcium carbonate-cholecalciferol tab 600 mg-200 unit</i>	\$0(3)	NM; *
<i>calcium carbonate-cholecalciferol tab 600 mg-400 unit</i>	\$0(3)	NM; *
<i>calcium carbonate-vitamin d tab 250 mg-125 unit</i>	\$0(3)	NM; *
<i>calcium carbonate-vitamin d tab 500 mg-200 unit</i>	\$0(3)	NM; *
<i>calcium carbonate-vitamin d tab 500 mg-400 unit</i>	\$0(3)	NM; *
<i>calcium carbonate-vitamin d tab 600 mg-200 unit</i>	\$0(3)	NM; *
<i>calcium carbonate-vitamin d tab 600 mg-400 unit</i>	\$0(3)	NM; *
<i>CALCIUM CIT/ TAB VIT D</i>	\$0(3)	NM; *
<i>calcium citr tab plus d-3</i>	\$0(3)	NM; *
<i>calcium citr tab w/vit d3</i>	\$0(3)	NM; *
<i>calcium citrate tab 950 mg (200 mg elemental ca)</i>	\$0(3)	NM; *
<i>calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca)</i>	\$0(3)	NM; *
<i>calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)</i>	\$0(3)	NM; *
<i>calcium for chw women</i>	\$0(3)	NM; *
<i>calcium tab 500+d</i>	\$0(3)	NM; *
<i>calcium tab 500/d</i>	\$0(3)	NM; *
<i>calcium tab 600mg</i>	\$0(3)	NM; *
<i>calcium tab vit d</i>	\$0(3)	NM; *

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

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>calcium+d3 tab 315-250</i>	\$0(3)	NM; *
<i>calcium+d3 tab 600-400</i>	\$0(3)	NM; *
<i>calcium+d3 tab 600-800</i>	\$0(3)	NM; *
<i>calcium+d tab 600-400</i>	\$0(3)	NM; *
<i>calcium+d tab 600-800</i>	\$0(3)	NM; *
<i>calcium-magnesium-zinc tab 333-133-5 mg</i>	\$0(3)	NM; *
CALCIUM/C/D CHW 500MG	\$0(3)	NM; *
<i>calcium/d3 tab</i>	\$0(3)	NM; *
<i>calcium/d3 tab 500-400</i>	\$0(3)	NM; *
<i>calcium/d3 tab 500-600</i>	\$0(3)	NM; *
<i>calcium/d3 tab 600-800</i>	\$0(3)	NM; *
<i>calcium/d chw 500-400</i>	\$0(3)	NM; *
<i>calcium/d tab 500-200</i>	\$0(3)	NM; *
<i>calcium/d tab 500-400</i>	\$0(3)	NM; *
<i>calcium/d tab 500/200</i>	\$0(3)	NM; *
<i>calcium/d tab 500mg</i>	\$0(3)	NM; *
<i>calcium/d tab 600-400</i>	\$0(3)	NM; *
<i>calcium/d tab 600-800</i>	\$0(3)	NM; *
CALCIUM/MAGN TAB 250-155	\$0(3)	NM; *
<i>calcium/vita tab d3</i>	\$0(3)	NM; *
CALCIUM/VITD CAP 600-400	\$0(3)	NM; *
CALTRATE 600 CHW 600-800	\$0(3)	NM; *
<i>caltrate+d3 chw 600-800</i>	\$0(3)	NM; *
<i>chew calcium chw</i>	\$0(3)	NM; *
CHEWABLE CHW CALCIUM	\$0(3)	NM; *
<i>cit calc/d tab 315-250</i>	\$0(3)	NM; *
CORAL CALCIU CAP 1000MG	\$0(3)	NM; *
<i>cvs calcium tab 600mg</i>	\$0(3)	NM; *
<i>cvs selenium tab 200mcg</i>	\$0(3)	NM; *
<i>eq calcium tab citr+d</i>	\$0(3)	NM; *
<i>eql calcium tab citr/d3</i>	\$0(3)	NM; *
<i>eql calcium tab w/vit d</i>	\$0(3)	NM; *
<i>gnp calcium tab cit +d3</i>	\$0(3)	NM; *
<i>hm ca/vit d3 tab 600-400</i>	\$0(3)	NM; *
<i>hm ca/vit d3 tab 600-800</i>	\$0(3)	NM; *
<i>hm calcium tab citr+d</i>	\$0(3)	NM; *
<i>hm calcium tab d/minera</i>	\$0(3)	NM; *
<i>hm selenium tab 200mcg</i>	\$0(3)	NM; *
<i>hm zinc tab 50mg</i>	\$0(3)	NM; *
<i>kp calcium tab +d</i>	\$0(3)	NM; *

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<i>liq ca/vit d cap 600mg</i>	\$0(3)	NM; *
MAGNESIUM CAP 300MG	\$0(3)	NM; *
<i>magnesium gluconate tab 500 mg (27 mg elemental mg)</i>	\$0(3)	NM; *
<i>magnesium lactate tab er 84 mg (elemental mg) (7 meq)</i>	\$0(3)	NM; *
<i>magnesium oxide cap 500 mg (elemental mg)</i>	\$0(3)	NM; *
<i>magnesium oxide tab 500 mg (mg supplement)</i>	\$0(3)	NM; *
MAGNESIUM TAB 30MG	\$0(3)	NM; *
<i>magnesium tab 250 mg</i>	\$0(3)	NM; *
<i>magnesium tab 250mg</i>	\$0(3)	NM; *
<i>magnesium tab 500mg</i>	\$0(3)	NM; *
MONOCAL TAB 3-250	\$0(3)	NM; *
NU-MAG TAB 71.5-119	\$0(3)	NM; *
<i>orazinc cap 220mg</i>	\$0(3)	NM; *
ORAZINC TAB 110MG	\$0(3)	NM; *
<i>os calcium tab /vit d</i>	\$0(3)	NM; *
<i>os-cal + d3 tab 500-200</i>	\$0(3)	NM; *
<i>os-cal extra tab d3</i>	\$0(3)	NM; *
OSTEO-PORETI TAB	\$0(3)	NM; *
<i>oys shell ca tab 500 + d</i>	\$0(3)	NM; *
<i>oys shell ca tab /d3</i>	\$0(3)	NM; *
<i>oys shell+d chw 500-400</i>	\$0(3)	NM; *
<i>oys shell+d tab 250-125</i>	\$0(3)	NM; *
<i>oysco 500 tab 500mg</i>	\$0(3)	NM; *
<i>oysco 500+d tab</i>	\$0(3)	NM; *
<i>oyst shell/d tab 500-200</i>	\$0(3)	NM; *
<i>oyst shell/d tab 500-400</i>	\$0(3)	NM; *
<i>oyst shell/d tab 500mg</i>	\$0(3)	NM; *
<i>oyst-cal-d tab 500mg</i>	\$0(3)	NM; *
<i>oyster shell calcium tab 500 mg</i>	\$0(3)	NM; *
<i>oystercal-d tab 500mg</i>	\$0(3)	NM; *
<i>phospha 250 tab neutral</i>	\$0(3)	NM; *
<i>qc calcium tab 600mg</i>	\$0(3)	NM; *
RA CA/BORON TAB	\$0(3)	NM; *
<i>ra ca/mg/zn/ tab cu</i>	\$0(3)	NM; *
<i>ra ca/vit d3 tab 600-400</i>	\$0(3)	NM; *
<i>ra hi cal tab 500-200</i>	\$0(3)	NM; *
<i>ra magnesium cap 500mg</i>	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
RA OYS SHL/D TAB 500MG	\$0(3)	NM; *
<i>ra selenium tab 200mcg</i>	\$0(3)	NM; *
<i>ra zinc tab 50mg</i>	\$0(3)	NM; *
RISACAL-D TAB	\$0(3)	NM; *
<i>selenium tab 50 mcg</i>	\$0(3)	NM; *
<i>selenium tab 50mcg</i>	\$0(3)	NM; *
<i>selenium tab 200 mcg</i>	\$0(3)	NM; *
<i>selenium tab 200mcg</i>	\$0(3)	NM; *
SLOW-MAG TAB	\$0(3)	NM; *
SLOW-MAG TAB 71.5-119	\$0(3)	NM; *
<i>sm ca/mg/zn tab</i>	\$0(3)	NM; *
<i>sm calcium chw</i>	\$0(3)	NM; *
<i>sm calcium tab /vit d3</i>	\$0(3)	NM; *
<i>sm calcium/d tab 500-200</i>	\$0(3)	NM; *
<i>sm calcium/d tab 600-400</i>	\$0(3)	NM; *
<i>sm magnesium tab 250mg</i>	\$0(3)	NM; *
<i>sm selenium tab 200mcg</i>	\$0(3)	NM; *
<i>sm zinc tab 50mg</i>	\$0(3)	NM; *
<i>super ca 600 tab + d3</i>	\$0(3)	NM; *
<i>super ca 600 tab + d3 400</i>	\$0(3)	NM; *
<i>super ca 600 tab + d 400</i>	\$0(3)	NM; *
<i>super calciu tab 600mg</i>	\$0(3)	NM; *
ZINC 15 TAB 66MG	\$0(3)	NM; *
<i>zinc gluconate tab 30 mg</i>	\$0(3)	NM; *
<i>zinc gluconate tab 50 mg (elemental zn)</i>	\$0(3)	NM; *
<i>zinc gluconate tab 100 mg</i>	\$0(3)	NM; *
ZINC LOZ 10MG	\$0(3)	NM; *
ZINC SULFATE CAP 50MG	\$0(3)	NM; *
<i>zinc sulfate cap 220 mg (50 mg elemental zn)</i>	\$0(3)	NM; *
<i>zinc sulfate tab 220 mg (50 mg zinc equivalent)</i>	\$0(3)	NM; *
<i>zinc tab 50 mg</i>	\$0(3)	NM; *
<i>zinc-220 cap</i>	\$0(3)	NM; *
MISCELLANEOUS		
ALBA-LYBE NR LIQ	\$0(3)	NM; *
SUSPENDOL-S LIQ	\$0(3)	NM; *
VITAMINS		
<i>a thru z sel tab 50+ adva</i>	\$0(3)	NM; *
<i>a thru z sel tab advanced</i>	\$0(3)	NM; *
<i>a thru z tab advanced</i>	\$0(3)	NM; *

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a thru z tab select	\$0(3)	NM; *
a thru z tab ultimate	\$0(3)	NM; *
a thru z ult tab mens	\$0(3)	NM; *
a-10000 cap	\$0(3)	NM; *
abaneu-sl sub	\$0(3)	NM; *
abc plus tab senior	\$0(3)	NM; *
ACEROLA C WAF 500MG	\$0(3)	NM; *
actical cap	\$0(3)	NM; *
animal chews chw	\$0(3)	NM; *
animal shape chw	\$0(3)	NM; *
ANIMAL SHAPE CHW IRON	\$0(3)	NM; *
APETEX ELX	\$0(3)	NM; *
APETIGEN ELX	\$0(3)	NM; *
APETIGEN TAB PLUS	\$0(3)	NM; *
APETIGEN-PLS SOL	\$0(3)	NM; *
AQUADEKS CHW	\$0(3)	NM; *
aquadeks dro	\$0(3)	NM; *
aqueous e dro 15/0.3ml	\$0(3)	NM; *
ASCORBIC ACD POW	\$0(3)	NM; *
ascorbic acid cap er 500 mg	\$0(3)	NM; *
ascorbic acid chew tab 250 mg	\$0(3)	NM; *
ascorbic acid chew tab 500 mg	\$0(3)	NM; *
ascorbic acid liquid 500 mg/5ml	\$0(3)	NM; *
ascorbic acid tab 250 mg	\$0(3)	NM; *
ascorbic acid tab 500 mg	\$0(3)	NM; *
ascorbic acid tab 1000 mg	\$0(3)	NM; *
ascorbic acid tab er 500 mg	\$0(3)	NM; *
ascorbic acid tab er 1000 mg	\$0(3)	NM; *
ascorbic acid tab er 1500 mg	\$0(3)	NM; *
b6 natural tab 100mg	\$0(3)	NM; *
b complex tab plus c	\$0(3)	NM; *
B COMPLEX/FO TAB	\$0(3)	NM; *
B-12 DOTS TAB 500MCG	\$0(3)	NM; *
b-12 tab 500mcg	\$0(3)	NM; *
b-12 tab 2000mcg	\$0(3)	NM; *
b-12 tr tab 1000 mcg	\$0(3)	NM; *
b-100 comp tab tr	\$0(3)	NM; *
b-complex tab form 1	\$0(3)	NM; *
b-complex vitamin cap	\$0(3)	NM; *
b-complex vitamin tab	\$0(3)	NM; *
b-complex w/ c & calcium tab	\$0(3)	NM; *

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<i>b-complex w/ c & folic acid tab</i>	\$0(3)	NM; *
<i>b-complex w/ c tab</i>	\$0(3)	NM; *
<i>b-complex w/ folic acid cap</i>	\$0(3)	NM; *
<i>b-complex w/ folic acid tab</i>	\$0(3)	NM; *
<i>balanc b-50 tab</i>	\$0(3)	NM; *
<i>balance b100 tab</i>	\$0(3)	NM; *
<i>balance b-50 tab</i>	\$0(3)	NM; *
<i>balance b-50 tab complex</i>	\$0(3)	NM; *
<i>beta carotene cap 25000 unit</i>	\$0(3)	NM; *
<i>BIOCAL CAP</i>	\$0(3)	NM; *
<i>BIOSUPP LIQ</i>	\$0(3)	NM; *
<i>biotin 5000 cap</i>	\$0(3)	NM; *
<i>biotin cap 2.5 mg</i>	\$0(3)	NM; *
<i>biotin cap 5 mg</i>	\$0(3)	NM; *
<i>biotin cap 5000mcg</i>	\$0(3)	NM; *
<i>biotin tab 300 mcg</i>	\$0(3)	NM; *
<i>biotin tab 1000 mcg</i>	\$0(3)	NM; *
<i>BIOVOL SYP</i>	\$0(3)	NM; *
<i>bprotected liq multi-vi</i>	\$0(3)	NM; *
<i>bprotected sol tri-vite</i>	\$0(3)	NM; *
<i>c 250 tab</i>	\$0(3)	NM; *
<i>c 1000 tab 1000mg</i>	\$0(3)	NM; *
<i>C 1000/BIOFL CAP /R HIPS</i>	\$0(3)	NM; *
<i>c complex tab 500mg</i>	\$0(3)	NM; *
<i>c complex tab 1000mg</i>	\$0(3)	NM; *
<i>c-250 tab 250mg</i>	\$0(3)	NM; *
<i>c-500 chw</i>	\$0(3)	NM; *
<i>c-500 chw 500mg</i>	\$0(3)	NM; *
<i>c-500 tab 500mg</i>	\$0(3)	NM; *
<i>c-1000 tab 1000mg</i>	\$0(3)	NM; *
<i>c-1000/rh tab 1000mg</i>	\$0(3)	NM; *
<i>c-chewable chw 500mg</i>	\$0(3)	NM; *
<i>c/rose hips tab 500mg</i>	\$0(3)	NM; *
<i>c/rose hips tab 500mg tr</i>	\$0(3)	NM; *
<i>c/rose hips tab 1000mg</i>	\$0(3)	NM; *
<i>c/rosehip tr tab 1000mg</i>	\$0(3)	NM; *
<i>ca citrate + tab magnesiu</i>	\$0(3)	NM; *
<i>CAL-MAG-ZINC TAB -D</i>	\$0(3)	NM; *
<i>calcidiol dro 8000/ml</i>	\$0(3)	NM; *
<i>calcitriol cap 0.5 mcg</i>	\$0(1)	B/D
<i>calcitriol cap 0.25 mcg</i>	\$0(1)	B/D

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<i>calcitriol inj 1 mcg/ml</i>	\$0(1)	B/D
<i>calcitriol oral soln 1 mcg/ml</i>	\$0(1)	B/D
<i>calcium pantothenate tab 500 mg</i>	\$0(3)	NM; *
<i>centamin liq</i>	\$0(3)	NM; *
<i>central-vite tab wmn's mat</i>	\$0(3)	NM; *
<i>CENTRAVITES TAB 50 PLUS</i>	\$0(3)	NM; *
<i>CENTRUM CHW</i>	\$0(3)	NM; *
<i>centrum kids chw</i>	\$0(3)	NM; *
<i>CENTRUM SILV TAB 50+WOMEN</i>	\$0(3)	NM; *
<i>CENTRUM SPEC TAB HEART</i>	\$0(3)	NM; *
<i>CENTRUM TAB ULTRA</i>	\$0(3)	NM; *
<i>cerovite tab advanced</i>	\$0(3)	NM; *
<i>certa plus tab</i>	\$0(3)	NM; *
<i>CERTAVITE TAB SENIOR</i>	\$0(3)	NM; *
<i>certavite/ tab antioxidant</i>	\$0(3)	NM; *
<i>chewabl vite chw childrns</i>	\$0(3)	NM; *
<i>chewable c chw 500mg</i>	\$0(3)	NM; *
<i>child chew chw iron</i>	\$0(3)	NM; *
<i>child chew chw vitamins</i>	\$0(3)	NM; *
<i>child chew/ chw extra c</i>	\$0(3)	NM; *
<i>children vit chw</i>	\$0(3)	NM; *
<i>childrens chw /iron</i>	\$0(3)	NM; *
<i>childrens chw vitamins</i>	\$0(3)	NM; *
<i>cholecalciferol oral liquid 10 mcg/ml (400 unit/ml)</i>	\$0(3)	NM; *
<i>companion tab</i>	\$0(3)	NM; *
<i>compete tab</i>	\$0(3)	NM; *
<i>comple multi tab adlt 50+</i>	\$0(3)	NM; *
<i>COMPLETE 50+ TAB WOMENS</i>	\$0(3)	NM; *
<i>complete tab</i>	\$0(3)	NM; *
<i>corvite free tab</i>	\$0(3)	NM; *
<i>CORVITE TAB</i>	\$0(3)	NM; *
<i>cranberry cap urin com</i>	\$0(3)	NM; *
<i>cvs b1 tab 100mg</i>	\$0(3)	NM; *
<i>cvs b6 tab 100mg</i>	\$0(3)	NM; *
<i>cvs b-1 tab 100mg</i>	\$0(3)	NM; *
<i>cvs b-12 liq 1000/15</i>	\$0(3)	NM; *
<i>cvs biotin cap 5000mcg</i>	\$0(3)	NM; *
<i>cvs biotin tab 1000mcg</i>	\$0(3)	NM; *
<i>CVS HAIR/SKN TAB NAILS</i>	\$0(3)	NM; *
<i>cvs vit a cap 8000unit</i>	\$0(3)	NM; *

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cvs vit b12 tab 1000 tr	\$0(3)	NM; *
cvs vit b-12 tab 1000 tr	\$0(3)	NM; *
cvs vit c tab 1000mg	\$0(3)	NM; *
cvs vit e cap 400unit	\$0(3)	NM; *
cyanocobalamin liquid 1000 mcg/15ml	\$0(3)	NM; *
cyanocobalamin sl tab 2500 mcg	\$0(3)	NM; *
cyanocobalamin tab 50 mcg	\$0(3)	NM; *
cyanocobalamin tab 100 mcg	\$0(3)	NM; *
cyanocobalamin tab 250 mcg	\$0(3)	NM; *
cyanocobalamin tab 500 mcg	\$0(3)	NM; *
cyanocobalamin tab 1000 mcg	\$0(3)	NM; *
cyanocobalamin tab er 1000 mcg	\$0(3)	NM; *
cyanocobalamin tab er 2000 mcg	\$0(3)	NM; *
d3 vitamin liq 400unit	\$0(3)	NM; *
daily combo tab	\$0(3)	NM; *
daily multi tab men	\$0(3)	NM; *
daily multi tab vit/iron	\$0(3)	NM; *
daily multi tab vit/min	\$0(3)	NM; *
daily multi tab vitamin	\$0(3)	NM; *
daily multi tab vitamins	\$0(3)	NM; *
daily multi tab women	\$0(3)	NM; *
daily multi tab womn 50+	\$0(3)	NM; *
daily tab vitamin	\$0(3)	NM; *
daily value tab multivit	\$0(3)	NM; *
daily vit tab +iron	\$0(3)	NM; *
daily vit tab +mineral	\$0(3)	NM; *
daily vit tab iron	\$0(3)	NM; *
daily vite tab	\$0(3)	NM; *
daily vite tab iron	\$0(3)	NM; *
daily-vite tab	\$0(3)	NM; *
daily-vite/ tab iron	\$0(3)	NM; *
DEKAS CAP ESSENTIA	\$0(3)	NM; *
DEKAS PLUS CAP	\$0(3)	NM; *
DEKAS PLUS LIQ	\$0(3)	NM; *
dalyvite tab 800	\$0(3)	NM; *
DIALYVITE TAB 800/IRON	\$0(3)	NM; *
dino-life chw	\$0(3)	NM; *
dino-life chw extra c	\$0(3)	NM; *
e400 mixed cap 400unit	\$0(3)	NM; *
e-400 cap 400unit	\$0(3)	NM; *
e-oil oil 30000unt	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ELFOLATE PLU TAB 3-35-2MG	\$0(3)	NM; *
<i>endur-acin tab 250mg</i>	\$0(3)	NM; *
<i>endur-acin tab 250mg sr</i>	\$0(3)	NM; *
<i>endur-acin tab 500mg</i>	\$0(3)	NM; *
<i>endur-acin tab 500mg sr</i>	\$0(3)	NM; *
<i>endur-c/rose tab 500mg</i>	\$0(3)	NM; *
<i>endur-c/rose tab 1000mg</i>	\$0(3)	NM; *
ENLYTE CAP	\$0(3)	NM; *
EQ COMPLETE TAB ADULT	\$0(3)	NM; *
<i>eq one daily tab womens</i>	\$0(3)	NM; *
EQ ONE DAILY TAB WOMENS	\$0(3)	NM; *
<i>eql b complx tab 50</i>	\$0(3)	NM; *
<i>eql b-6 tab 100mg</i>	\$0(3)	NM; *
<i>eql vit c tab 1000mg</i>	\$0(3)	NM; *
<i>eql vit c/rh tab 1000mg</i>	\$0(3)	NM; *
<i>eql vit e cap 400unit</i>	\$0(3)	NM; *
<i>eql vit e cap 1000unit</i>	\$0(3)	NM; *
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	\$0(3)	NM; *
<i>ergocalciferol soln 200 mcg/ml (8000 unit/ml)</i>	\$0(3)	NM; *
ESCAVITE CHW	\$0(3)	NM; *
<i>essentia tab</i>	\$0(3)	NM; *
<i>essential tab balance</i>	\$0(3)	NM; *
<i>essentl one tab daily</i>	\$0(3)	NM; *
<i>flintstones chw complete</i>	\$0(3)	NM; *
<i>flintstones chw extra c</i>	\$0(3)	NM; *
<i>flintstones chw my first</i>	\$0(3)	NM; *
FLORIVA DRO PLUS	\$0(3)	NM; *
<i>folbee plus tab</i>	\$0(3)	NM; *
<i>folbee plus tab cz</i>	\$0(3)	NM; *
<i>folbee tab</i>	\$0(3)	NM; *
<i>folbic tab</i>	\$0(3)	NM; *
<i>folic acid inj 5 mg/ml</i>	\$0(3)	NM; *
<i>folic acid tab 1 mg</i>	\$0(3)	NM; *
<i>folplex 2.2 tab</i>	\$0(3)	NM; *
<i>foltabs 800 tab</i>	\$0(3)	NM; *
FOLTANX TAB	\$0(3)	NM; *
FOLTRATE TAB	\$0(3)	NM; *
<i>fruit c chw 500mg</i>	\$0(3)	NM; *
<i>fruity c chw 250mg</i>	\$0(3)	NM; *
<i>fruity chw multivit</i>	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FULL SPECT TAB B/ VIT C	\$0(3)	NM; *
<i>gnp b-12 sub 2500mcg</i>	\$0(3)	NM; *
<i>gnp biotin cap 5000mcg</i>	\$0(3)	NM; *
<i>gnp century tab</i>	\$0(3)	NM; *
<i>gnp century tab cardio</i>	\$0(3)	NM; *
<i>gnp century tab mature</i>	\$0(3)	NM; *
<i>gnp century tab senior</i>	\$0(3)	NM; *
<i>gnp century tab ultimate</i>	\$0(3)	NM; *
<i>gnp little chw ones</i>	\$0(3)	NM; *
<i>gnp vit b-6 tab 100mg</i>	\$0(3)	NM; *
<i>gnp vit b-12 tab 500mcg</i>	\$0(3)	NM; *
<i>gnp vit b-12 tab 1000 pr</i>	\$0(3)	NM; *
<i>gnp vit c chw 500mg</i>	\$0(3)	NM; *
<i>gnp vit c loz 60mg</i>	\$0(3)	NM; *
<i>gnp vit c tab 250mg</i>	\$0(3)	NM; *
<i>gnp vit c tab 500mg pr</i>	\$0(3)	NM; *
<i>gnp vit c tab 1000mg</i>	\$0(3)	NM; *
<i>gnp vit c/rh tab 1000mg</i>	\$0(3)	NM; *
<i>gnp vit e cap 200unit</i>	\$0(3)	NM; *
<i>gnp vit e cap 400unit</i>	\$0(3)	NM; *
<i>gnp zoochews chw gummies</i>	\$0(3)	NM; *
<i>gummi bear chw multivit</i>	\$0(3)	NM; *
<i>gummy dinos chw</i>	\$0(3)	NM; *
<i>halls defens loz vit c</i>	\$0(3)	NM; *
HEALTHY KIDS CHW GUMMIES	\$0(3)	NM; *
<i>hm b complex tab with c</i>	\$0(3)	NM; *
<i>hm biotin cap 5000mcg</i>	\$0(3)	NM; *
<i>hm complete tab</i>	\$0(3)	NM; *
HM COMPLETE TAB	\$0(3)	NM; *
<i>hm complete tab 50+</i>	\$0(3)	NM; *
<i>hm complete tab women</i>	\$0(3)	NM; *
HM HAIR/SKIN TAB /NAILS	\$0(3)	NM; *
<i>hm niacin tab 250mg</i>	\$0(3)	NM; *
<i>hm niacin tr tab 250mg</i>	\$0(3)	NM; *
<i>hm one daily tab /iron</i>	\$0(3)	NM; *
<i>hm one daily tab essentia</i>	\$0(3)	NM; *
HM ONE DAILY TAB ESSENTIA	\$0(3)	NM; *
<i>hm vit b6 tab 100mg</i>	\$0(3)	NM; *
<i>hm vit b12 tab 500mcg</i>	\$0(3)	NM; *
<i>hm vitamin c chw 500mg</i>	\$0(3)	NM; *
<i>hm vitamin c tab 500mg</i>	\$0(3)	NM; *

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hm vitamin c tab 1000mg	\$0(3)	NM; *
hm vitamin e cap 400unit	\$0(3)	NM; *
HONEY BEARS CHW	\$0(3)	NM; *
ICAPS AREDS TAB FORMULA	\$0(3)	NM; *
ICAPS LUTEIN TAB ZEAXANTH	\$0(3)	NM; *
icaps mv tab	\$0(3)	NM; *
just d liq 400unit	\$0(3)	NM; *
kobee tab	\$0(3)	NM; *
kp adult 50+ tab daily	\$0(3)	NM; *
kp b complex tab /c	\$0(3)	NM; *
kp niacin tab 500mg	\$0(3)	NM; *
kp vitamin e cap 100unit	\$0(3)	NM; *
L-METHYL- TAB B6-B12	\$0(3)	NM; *
L-METHYL-MC TAB	\$0(3)	NM; *
LIFE PACK MIS MENS	\$0(3)	NM; *
LIFE PACK MIS WOMENS	\$0(3)	NM; *
lysiplex liq plus	\$0(3)	NM; *
M-NATAL PLUS TAB	\$0(2)	
mega multi tab men	\$0(3)	NM; *
MEGA MULTI TAB MEN	\$0(3)	NM; *
mega multi tab w/che mi	\$0(3)	NM; *
mega multi tab women	\$0(3)	NM; *
MEGA MULTIVI TAB MEN	\$0(3)	NM; *
MEGA MULTIVI TAB WOMEN	\$0(3)	NM; *
MENS MULTI TAB VIT/MIN	\$0(3)	NM; *
meribin cap 5mg	\$0(3)	NM; *
METAFOLBIC TAB	\$0(3)	NM; *
MTX SUPPORT TAB	\$0(3)	NM; *
mult vitamin tab daily	\$0(3)	NM; *
mult vitamin tab no iron	\$0(3)	NM; *
multi complt tab /iron	\$0(3)	NM; *
MULTI VITAMN TAB MINERALS	\$0(3)	NM; *
multi-day tab /iron	\$0(3)	NM; *
MULTI-DELYN LIQ /IRON	\$0(3)	NM; *
multi-vit hp cap /mineral	\$0(3)	NM; *
multi-vit/ tab minerals	\$0(3)	NM; *
multi-vit/fe dro /fl 0.25	\$0(3)	NM; *
multi-vitamn tab	\$0(3)	NM; *
multilex tab	\$0(3)	NM; *
multilex-t&m tab	\$0(3)	NM; *
multiple vitamin tab	\$0(3)	NM; *

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<i>multiple vitamins w/ iron tab</i>	\$0(3)	NM; *
<i>multiple vitamins w/ minerals tab</i>	\$0(3)	NM; *
<i>multiv women tab 50+</i>	\$0(3)	NM; *
<i>multivit/fl chw 0.5mg</i>	\$0(3)	NM; *
<i>multivit/fl chw 0.25mg</i>	\$0(3)	NM; *
<i>multivit/fl chw 1mg</i>	\$0(3)	NM; *
<i>multivit/fl dro 0.25mg</i>	\$0(3)	NM; *
<i>multivitamin chw children</i>	\$0(3)	NM; *
<i>multivitamin liq mineral</i>	\$0(3)	NM; *
<i>multivitamin tab adlt 50+</i>	\$0(3)	NM; *
<i>multivitamin tab adt 50+</i>	\$0(3)	NM; *
<i>multivitamin tab daily</i>	\$0(3)	NM; *
<i>multivitamin tab womens</i>	\$0(3)	NM; *
<i>my-vitalife cap</i>	\$0(3)	NM; *
<i>mynephrocaps cap</i>	\$0(3)	NM; *
<i>mynephron cap</i>	\$0(3)	NM; *
<i>nat vit e cap 400unit</i>	\$0(3)	NM; *
<i>nat vit e cap 1000unit</i>	\$0(3)	NM; *
<i>NEPHPLEX RX TAB</i>	\$0(3)	NM; *
<i>NEPHRONEX LIQ 0.9/5ML</i>	\$0(3)	NM; *
<i>niacin cap er 250 mg</i>	\$0(3)	NM; *
<i>niacin tab 50 mg</i>	\$0(3)	NM; *
<i>niacin tab 100 mg</i>	\$0(3)	NM; *
<i>niacin tab 500 mg</i>	\$0(3)	NM; *
<i>niacin tab er 250 mg</i>	\$0(3)	NM; *
<i>niacin tab er 500 mg</i>	\$0(3)	NM; *
<i>NUTRICAP TAB</i>	\$0(3)	NM; *
<i>NUTRIVIT LIQ 800-15-1</i>	\$0(3)	NM; *
<i>ocutabs tab</i>	\$0(3)	NM; *
<i>ocutabs tab lutein</i>	\$0(3)	NM; *
<i>OMNICAP TAB</i>	\$0(3)	NM; *
<i>once daily tab</i>	\$0(3)	NM; *
<i>once daily tab iron</i>	\$0(3)	NM; *
<i>ONCOVITE TAB</i>	\$0(3)	NM; *
<i>one daily mv tab /iron</i>	\$0(3)	NM; *
<i>one daily tab 50+</i>	\$0(3)	NM; *
<i>one daily tab /mineral</i>	\$0(3)	NM; *
<i>one daily tab complete</i>	\$0(3)	NM; *
<i>one daily tab fe/ca</i>	\$0(3)	NM; *
<i>one daily tab maximum</i>	\$0(3)	NM; *
<i>one daily tab men 50+</i>	\$0(3)	NM; *

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<i>one daily tab mens</i>	\$0(3)	NM; *
<i>one daily tab mens 50+</i>	\$0(3)	NM; *
<i>one daily tab multivit</i>	\$0(3)	NM; *
<i>one daily tab pls iron</i>	\$0(3)	NM; *
<i>one daily tab wom 50+</i>	\$0(3)	NM; *
ONE DAILY TAB WOMANS	\$0(3)	NM; *
<i>one daily tab women</i>	\$0(3)	NM; *
<i>one daily tab women 50</i>	\$0(3)	NM; *
<i>one daily tab womens</i>	\$0(3)	NM; *
<i>one daily/ tab minerals</i>	\$0(3)	NM; *
ONE-A-DAY TAB 50+ ADV	\$0(3)	NM; *
<i>one-a-day tab teen/her</i>	\$0(3)	NM; *
ONE-A-DAY TAB TEEN/HIM	\$0(3)	NM; *
<i>one-daily tab mult vit</i>	\$0(3)	NM; *
<i>one-daily tab mult-vit</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>pedia d-vite dro 400unit</i>	\$0(3)	NM; *
<i>pediatric multiple vitamins w/ iron chew tab 15 mg</i>	\$0(3)	NM; *
<i>phytonadione inj 10 mg/ml</i>	\$0(3)	NM; *
<i>phytonadione tab 5 mg</i>	\$0(3)	NM; *
PNV FOLIC AC TAB + IRON	\$0(2)	
<i>poly vitamin chw</i>	\$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)	
<i>prevent cap</i>	\$0(3)	NM; *
<i>pure c cap 500mg cr</i>	\$0(3)	NM; *
<i>pureway-c tab 500mg</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; *
QUINTABS-M TAB	\$0(3)	NM; *
<i>ra b-complex tab</i>	\$0(3)	NM; *
<i>ra b-complex tab vit c tr</i>	\$0(3)	NM; *
<i>ra b-complex tab w/b-12</i>	\$0(3)	NM; *
<i>ra balanced tab b-50</i>	\$0(3)	NM; *
<i>ra balanced tab b-100</i>	\$0(3)	NM; *

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<i>ra biotin cap 2500mcg</i>	\$0(3)	NM; *
<i>ra c/acerola chw 500mg</i>	\$0(3)	NM; *
<i>ra niacin tab 100mg</i>	\$0(3)	NM; *
<i>ra niacin tab 500mg</i>	\$0(3)	NM; *
<i>ra one daily tab energy</i>	\$0(3)	NM; *
<i>ra one daily tab essentia</i>	\$0(3)	NM; *
<i>ra one daily tab maximum</i>	\$0(3)	NM; *
<i>ra vit b-1 tab 100mg</i>	\$0(3)	NM; *
<i>ra vit b-6 tab 50mg</i>	\$0(3)	NM; *
<i>ra vit b-6 tab 100mg</i>	\$0(3)	NM; *
<i>ra vit b-12 tab 100mcg</i>	\$0(3)	NM; *
<i>ra vit b-12 tab 1000 tr</i>	\$0(3)	NM; *
<i>ra vit c/rh tab 1000mg</i>	\$0(3)	NM; *
<i>ra vitamin a cap 10000unt</i>	\$0(3)	NM; *
<i>ra vitamin c chw 500mg</i>	\$0(3)	NM; *
<i>ra vitamin c tab 250mg</i>	\$0(3)	NM; *
<i>ra vitamin c tab 500mg tr</i>	\$0(3)	NM; *
<i>ra vitamin c tab 1000mg</i>	\$0(3)	NM; *
<i>ra vitamin e cap 400unit</i>	\$0(3)	NM; *
<i>rabano liq yodado</i>	\$0(3)	NM; *
<i>RAYALDEE CAP 30MCG</i>	\$0(2)	NDS
<i>rena-vite rx tab</i>	\$0(3)	NM; *
<i>rena-vite tab</i>	\$0(3)	NM; *
<i>renal cap</i>	\$0(3)	NM; *
<i>renal vitamn tab</i>	\$0(3)	NM; *
<i>renal-vite tab</i>	\$0(3)	NM; *
<i>reno cap</i>	\$0(3)	NM; *
<i>riboflavin tab 25 mg</i>	\$0(3)	NM; *
<i>riboflavin tab 50 mg</i>	\$0(3)	NM; *
<i>riboflavin tab 100 mg</i>	\$0(3)	NM; *
<i>SCOODY-DOO CHW</i>	\$0(3)	NM; *
<i>senior tabs tab</i>	\$0(3)	NM; *
<i>sentry adult tab under 50</i>	\$0(3)	NM; *
<i>sentry tab</i>	\$0(3)	NM; *
<i>SENTRY TAB</i>	\$0(3)	NM; *
<i>sentry tab senior</i>	\$0(3)	NM; *
<i>SENTRY TAB SENIOR</i>	\$0(3)	NM; *
<i>slo-niacin tab 250mg cr</i>	\$0(3)	NM; *
<i>slo-niacin tab 250mg er</i>	\$0(3)	NM; *
<i>sm b100 tab complex</i>	\$0(3)	NM; *
<i>sm b-complex tab</i>	\$0(3)	NM; *

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SM B-COMPLEX TAB /VIT C	\$0(3)	NM; *
<i>sm balanced tab b-50</i>	\$0(3)	NM; *
<i>sm complete tab</i>	\$0(3)	NM; *
<i>sm complete tab 50+</i>	\$0(3)	NM; *
<i>sm complete tab 50+ wmn</i>	\$0(3)	NM; *
<i>sm complete tab adv form</i>	\$0(3)	NM; *
<i>sm complete tab senior</i>	\$0(3)	NM; *
<i>sm hair/skin tab /nails</i>	\$0(3)	NM; *
<i>sm multiple tab vit/iron</i>	\$0(3)	NM; *
<i>sm multiple tab vitamins</i>	\$0(3)	NM; *
<i>sm niacin tab 250mg cr</i>	\$0(3)	NM; *
SM ONE DAILY TAB WOMENS	\$0(3)	NM; *
<i>sm vit b1 tab 100mg</i>	\$0(3)	NM; *
<i>sm vit b6 tab 100mg</i>	\$0(3)	NM; *
<i>sm vit b12 tab 500mcg</i>	\$0(3)	NM; *
<i>sm vit b12 tab 1000mcg</i>	\$0(3)	NM; *
<i>sm vit b-6 tab 100mg</i>	\$0(3)	NM; *
<i>sm vit b-12 tab 100mcg</i>	\$0(3)	NM; *
<i>sm vit b-12 tab 500mcg</i>	\$0(3)	NM; *
<i>sm vit c/rh tab 1000mg</i>	\$0(3)	NM; *
<i>sm vitamin c chw 500mg</i>	\$0(3)	NM; *
<i>sm vitamin c tab 250mg</i>	\$0(3)	NM; *
<i>sm vitamin c tab 500mg</i>	\$0(3)	NM; *
<i>sm vitamin c tab 500mg tr</i>	\$0(3)	NM; *
<i>sm vitamin c tab 1000mg</i>	\$0(3)	NM; *
<i>sm vitamin e cap 200unit</i>	\$0(3)	NM; *
<i>sm vitamin e cap 400unit</i>	\$0(3)	NM; *
<i>sm vitamin e cap 1000unit</i>	\$0(3)	NM; *
<i>spectr women tab hlth sen</i>	\$0(3)	NM; *
<i>spectra ultr tab hlth men</i>	\$0(3)	NM; *
SPECTRAVITE TAB	\$0(3)	NM; *
SPECTRAVITE TAB ADLT 50+	\$0(3)	NM; *
<i>spectravite tab advanced</i>	\$0(3)	NM; *
<i>spectravite tab senior</i>	\$0(3)	NM; *
SPECTRAVITE TAB ULT MEN	\$0(3)	NM; *
SPECTRAVITE TAB ULT WMN	\$0(3)	NM; *
<i>stress b/ tab zinc</i>	\$0(3)	NM; *
<i>stress form tab</i>	\$0(3)	NM; *
<i>stress form tab /iron</i>	\$0(3)	NM; *
<i>stress form tab /zinc</i>	\$0(3)	NM; *
<i>stress form/ tab zinc</i>	\$0(3)	NM; *

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<i>stress formu tab</i>	\$0(3)	NM; *
<i>stress formu tab w/iron</i>	\$0(3)	NM; *
<i>super b comp tab maxi</i>	\$0(3)	NM; *
<i>super b comp tab vit c</i>	\$0(3)	NM; *
<i>super b w/c cap</i>	\$0(3)	NM; *
<i>super biotin cap 5000mcg</i>	\$0(3)	NM; *
<i>super quints tab</i>	\$0(3)	NM; *
<i>super thera tab vite m</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; *
<i>tab-a-vite tab beta car</i>	\$0(3)	NM; *
THERA M PLUS TAB	\$0(3)	NM; *
<i>thera tab</i>	\$0(3)	NM; *
<i>thera-m tab</i>	\$0(3)	NM; *
THERA-M TAB	\$0(3)	NM; *
<i>thera-tabs tab</i>	\$0(3)	NM; *
<i>therapeutic- tab m</i>	\$0(3)	NM; *
<i>therapeutic- tab m/lutein</i>	\$0(3)	NM; *
<i>theratrum co tab 50 plus</i>	\$0(3)	NM; *
<i>theratrum tab complete</i>	\$0(3)	NM; *
<i>therems tab</i>	\$0(3)	NM; *
THEREMS-H TAB	\$0(3)	NM; *
THEREMS-M TAB	\$0(3)	NM; *
<i>thiamine hcl tab 50 mg</i>	\$0(3)	NM; *
<i>thiamine hcl tab 100 mg</i>	\$0(3)	NM; *
<i>thiamine hcl tab 250 mg</i>	\$0(3)	NM; *
<i>thiamine mononitrate tab 100 mg</i>	\$0(3)	NM; *
<i>total b/c tab</i>	\$0(3)	NM; *
<i>totalday mul tab tr</i>	\$0(3)	NM; *
TRICARE TAB PRENATAL	\$0(2)	
UNICOMPLEX-M TAB	\$0(3)	NM; *
<i>v-c forte cap</i>	\$0(3)	NM; *
<i>vic-forte cap</i>	\$0(3)	NM; *
<i>virt-caps cap</i>	\$0(3)	NM; *
<i>vit e d-alph cap 400unit</i>	\$0(3)	NM; *
<i>vit for hair tab</i>	\$0(3)	NM; *
<i>vita-bee/c tab</i>	\$0(3)	NM; *
VITAL-D RX TAB	\$0(3)	NM; *
<i>vitalee tab</i>	\$0(3)	NM; *
VITALETS CHW CHILD	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
vitamin a cap 3 mg (10000 unit)	\$0(3)	NM; *
vitamin a cap 2400 mcg (8000 unit)	\$0(3)	NM; *
vitamin a cap 1000unt	\$0(3)	NM; *
vitamin b12 tab 1000 tr	\$0(3)	NM; *
vitamin b12 tab 1000mcg	\$0(3)	NM; *
vitamin b12 tab 2000mcg	\$0(3)	NM; *
vitamin b50 tab complex	\$0(3)	NM; *
vitamin b100 tab complex	\$0(3)	NM; *
vitamin b-1 tab 100mg	\$0(3)	NM; *
vitamin b-2 tab 100mg	\$0(3)	NM; *
vitamin b-6 tab 100mg	\$0(3)	NM; *
vitamin b-12 tab 500mcg	\$0(3)	NM; *
vitamin b-12 tab 1000 tr	\$0(3)	NM; *
vitamin b-12 tab 1000mcg	\$0(3)	NM; *
vitamin b-12 tab 2000mcg	\$0(3)	NM; *
VITAMIN C CHW 500MG	\$0(3)	NM; *
vitamin c loz 60mg	\$0(3)	NM; *
VITAMIN C POW	\$0(3)	NM; *
vitamin c tab 250mg	\$0(3)	NM; *
vitamin c tab 500mg	\$0(3)	NM; *
vitamin c tab 1000mg	\$0(3)	NM; *
vitamin d3 dro 10mcg/ml	\$0(3)	NM; *
vitamin d dro 400unit	\$0(3)	NM; *
vitamin e cap 100 unit	\$0(3)	NM; *
vitamin e cap 200 unit	\$0(3)	NM; *
vitamin e cap 400 unit	\$0(3)	NM; *
vitamin e cap 400unit	\$0(3)	NM; *
vitamin e cap 1000 unit	\$0(3)	NM; *
vitamin e oral oil 100 unit/0.25ml	\$0(3)	NM; *
VITAMIN LIQ MINERAL	\$0(3)	NM; *
VITATRUM TAB	\$0(3)	NM; *
vite/iron chw children	\$0(3)	NM; *
VITRUM TAB SENIOR	\$0(3)	NM; *
vol-care rx tab	\$0(3)	NM; *
VOL-NATE TAB	\$0(3)	NM; *
VOL-TAB RX TAB	\$0(3)	NM; *
vp-vite rx tab	\$0(3)	NM; *
vt b complex cap	\$0(3)	NM; *
womens daily tab fa/ca/fe	\$0(3)	NM; *
womens daily tab formula	\$0(3)	NM; *
YELETS TEEN TAB FORMULA	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ZINC LOZ	\$0(3)	NM; *
zoo friends chw	\$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)
<i>bacitracin-polymyxin b ophth oint</i>	\$0(1)
BESIVANCE SUS 0.6%	\$0(2)
CILOXAN OIN 0.3% OP	\$0(2)
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	\$0(1)
<i>erythromycin ophth oint 5 mg/gm</i>	\$0(1)
<i>gatifloxacin ophth soln 0.5%</i>	\$0(1)
<i>gentak oin 0.3% op</i>	\$0(1)
<i>gentamicin sulfate ophth soln 0.3%</i>	\$0(1)
MOXEZA SOL 0.5%	\$0(2)
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	\$0(1)
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	\$0(1)
NATACYN SUS 5% OP	\$0(2)
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	\$0(1)

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	\$0(1)	
<i>ofloxacin ophth soln 0.3%</i>	\$0(1)	
<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)	
<i>ZIRGAN GEL 0.15%</i>	\$0(2)	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
<i>ALREX SUS 0.2%</i>	\$0(2)	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	\$0(1)	
<i>BROMSITE DRO 0.075%</i>	\$0(2)	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	\$0(1)	
<i>diclofenac sodium ophth soln 0.1%</i>	\$0(1)	
<i>DUREZOL EMU 0.05%</i>	\$0(2)	
<i>FLAREX SUS 0.1% OP</i>	\$0(2)	
<i>fluorometholone ophth susp 0.1%</i>	\$0(1)	
<i>flurbiprofen sodium ophth soln 0.03%</i>	\$0(1)	
<i>ILEVRO DRO 0.3% OP</i>	\$0(2)	
<i>ketorolac tromethamine ophth soln 0.4%</i>	\$0(1)	
<i>ketorolac tromethamine ophth soln 0.5%</i>	\$0(1)	
<i>LOTEMAX GEL 0.5%</i>	\$0(2)	
<i>LOTEMAX OIN 0.5%</i>	\$0(2)	
<i>loteprednol etabonate ophth susp 0.5%</i>	\$0(1)	
<i>PRED SOD PHO SOL 1% OP</i>	\$0(2)	
<i>prednisolone acetate ophth susp 1%</i>	\$0(1)	
<i>PROLENSA SOL 0.07%</i>	\$0(2)	
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
<i>azelastine hcl ophth soln 0.05%</i>	\$0(1)	
<i>BEPREVE DRO 1.5%</i>	\$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 sol relief</i>	\$0(3)	NM; *
<i>LASTACRAFT SOL 0.25%</i>	\$0(2)	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	\$0(1)	
<i>opti-clear sol 0.05%</i>	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PAZEO DRO 0.7%	\$0(2)	
ZERVIATE DRO 0.24%	\$0(2)	
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA		
ALPHAGAN P SOL 0.1%	\$0(2)	
AZOPT SUS 1% OP	\$0(2)	
<i>betaxolol hcl ophth soln 0.5%</i>	\$0(1)	
BETOPTIC-S SUS 0.25% OP	\$0(2)	
<i>brimonidine tartrate ophth soln 0.2%</i>	\$0(1)	
<i>brimonidine tartrate ophth soln 0.15%</i>	\$0(1)	
<i>carteolol hcl ophth soln 1%</i>	\$0(1)	
COMBIGAN SOL 0.2/0.5%	\$0(2)	
<i>dorzolamide hcl ophth soln 2%</i>	\$0(1)	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	\$0(1)	
<i>latanoprost ophth soln 0.005%</i>	\$0(1)	
<i>levobunolol hcl ophth soln 0.5%</i>	\$0(1)	
LUMIGAN SOL 0.01%	\$0(2)	
PHOSPHOLINE SOL 0.125%OP	\$0(2)	
<i>pilocarpine hcl ophth soln 1%</i>	\$0(1)	
<i>pilocarpine hcl ophth soln 2%</i>	\$0(1)	
<i>pilocarpine hcl ophth soln 4%</i>	\$0(1)	
RHOPRESSA SOL 0.02%	\$0(2)	
SIMBRINZA SUS 1-0.2%	\$0(2)	
<i>timolol maleate ophth gel forming soln 0.5%</i>	\$0(1)	
<i>timolol maleate ophth gel forming soln 0.25%</i>	\$0(1)	
<i>timolol maleate ophth soln 0.5%</i>	\$0(1)	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	\$0(1)	
<i>timolol maleate ophth soln 0.25%</i>	\$0(1)	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	\$0(1)	
MISCELLANEOUS		
<i>akwa tears oin op</i>	\$0(3)	NM; *
<i>artifi tears sol 1.4% op</i>	\$0(3)	NM; *
ATROPINE SUL SOL 1% OP	\$0(2)	
CYSTARAN SOL 0.44%	\$0(2)	NDS, LA, PA
ISOPTO TEARS SOL 0.5% OP	\$0(3)	NM; *
<i>liquitears sol</i>	\$0(3)	NM; *
<i>lubricnt eye dro 0.4-0.3%</i>	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>lubricnt eye dro 0.5% op</i>	\$0(3)	NM; *
MURO 128 SOL 2% OP	\$0(3)	NM; *
<i>natural bal sol tears</i>	\$0(3)	NM; *
<i>natures sol tears</i>	\$0(3)	NM; *
<i>proparacaine hcl ophth soln 0.5%</i>	\$0(1)	
<i>puralube oin</i>	\$0(3)	NM; *
<i>refresh cell gel 1% op</i>	\$0(3)	NM; *
<i>refresh lacr oin op</i>	\$0(3)	NM; *
REFRESH OPT SOL MEGA-3	\$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>sodium chloride hypertonic ophth oint 5%</i>	\$0(3)	NM; *
<i>sodium chloride hypertonic ophth soln 5%</i>	\$0(3)	NM; *

RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD

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

ANTICHOLINERGICS - DRUGS TO TREAT COPD

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

ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES

ALA-HIST IR TAB 2MG	\$0(3)	NM; *
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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>all day allg sol 1mg/ml</i>	\$0(3)	NM; *
<i>all day allg tab 10mg</i>	\$0(3)	NM; *
<i>aller-chlor tab 4mg</i>	\$0(3)	NM; *
<i>allergy chld liq 12.5/5ml</i>	\$0(3)	NM; *
<i>allergy relf liq 12.5/5ml</i>	\$0(3)	NM; *
<i>allergy relf tab 1.34mg</i>	\$0(3)	NM; *
<i>allergy relf tab 10mg</i>	\$0(3)	NM; *
<i>allergy tab 4mg</i>	\$0(3)	NM; *
<i>allergy tab 10mg</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>cetirizine chw 5mg</i>	\$0(3)	NM; *
<i>cetirizine chw 10mg</i>	\$0(3)	NM; *
<i>cetirizine hcl chew tab 5 mg</i>	\$0(3)	NM; *
<i>cetirizine hcl chew tab 10 mg</i>	\$0(3)	NM; *
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	\$0(1)	
<i>cetirizine hcl tab 5 mg</i>	\$0(3)	NM; *
<i>cetirizine hcl tab 10 mg</i>	\$0(3)	NM; *
<i>cetirizine sol 1mg/ml</i>	\$0(3)	NM; *
<i>cetirizine sol 5mg/5ml</i>	\$0(3)	NM; *
<i>chlorphen sr tab 12mg</i>	\$0(3)	NM; *
<i>comp allergy cap 25mg</i>	\$0(3)	NM; *
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	\$0(2)	PA; PA if 70 years and older
<i>cyproheptadine hcl tab 4 mg</i>	\$0(2)	PA; PA if 70 years and older
<i>diphenhist cap 25mg</i>	\$0(3)	NM; *
<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 liquid 6.25 mg/ml</i>	\$0(3)	NM; *
<i>ed chlorped syrup 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 all day tab allergy</i>	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
gnp allergy tab 4mg	\$0(3)	NM; *
gnp dayhist tab 1.34mg	\$0(3)	NM; *
HISTEX PD DRO 0.938MG	\$0(3)	NM; *
HISTEX SYP 2.5MG/5	\$0(3)	NM; *
hydroxyzine hcl im soln 25 mg/ml	\$0(2)	PA; PA if 70 years and older
hydroxyzine hcl im soln 50 mg/ml	\$0(2)	PA; PA if 70 years and older
hydroxyzine hcl syrup 10 mg/5ml	\$0(2)	PA; PA if 70 years and older
hydroxyzine hcl tab 10 mg	\$0(2)	PA; PA if 70 years and older
hydroxyzine hcl tab 25 mg	\$0(2)	PA; PA if 70 years and older
hydroxyzine hcl tab 50 mg	\$0(2)	PA; PA if 70 years and older
hydroxyzine pamoate cap 25 mg	\$0(2)	PA; PA if 70 years and older
hydroxyzine pamoate cap 50 mg	\$0(2)	PA; PA if 70 years and older
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	\$0(1)	
levocetirizine dihydrochloride tab 5 mg	\$0(1)	
levocetirizine dihydrochloride tab 5 mg	\$0(3)	NM; *
loratadine sol 5mg/5ml	\$0(3)	NM; *
loratadine syp 5mg/5ml	\$0(3)	NM; *
loratadine tab 10 mg	\$0(3)	NM; *
loratadine tab 10mg	\$0(3)	NM; *
m-hist pd liq 0.625/ml	\$0(3)	NM; *
siladryl alr liq 12.5/5ml	\$0(3)	NM; *
sm allergy tab 4mg	\$0(3)	NM; *
triprolidine hcl liquid 0.313 mg/ml	\$0(3)	NM; *
triprolidine hcl liquid 0.625 mg/ml	\$0(3)	NM; *

BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD

albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	\$0(1)	QL (2 inhalers / 30 days); (generic of Proair HFA)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	\$0(1)	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
albuterol sulfate soln nebu 0.5% (5 mg/ml)	\$0(1)	B/D

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	\$0(1)	B/D
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	\$0(1)	B/D
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	\$0(1)	B/D
<i>albuterol sulfate syrup 2 mg/5ml</i>	\$0(1)	
<i>albuterol sulfate tab 2 mg</i>	\$0(1)	
<i>albuterol sulfate tab 4 mg</i>	\$0(1)	
<i>albuterol sulfate tab er 12hr 4 mg</i>	\$0(1)	
<i>albuterol sulfate tab er 12hr 8 mg</i>	\$0(1)	
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	\$0(1)	B/D
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	\$0(1)	B/D
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	\$0(1)	B/D
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	\$0(1)	B/D
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	\$0(1)	QL (2 inhalers / 30 days)
SEREVENT DIS AER 50MCG	\$0(2)	QL (60 inhalations / 30 days)
<i>terbutaline sulfate tab 2.5 mg</i>	\$0(1)	
<i>terbutaline sulfate tab 5 mg</i>	\$0(1)	
VENTOLIN HFA AER	\$0(2)	QL (2 inhalers / 30 days)

COUGH AND COLD

<i>aceta-gesic tab 12.5-325</i>	\$0(3)	NM; *
<i>ALA-HIST PE TAB 2-10MG</i>	\$0(3)	NM; *
<i>ALAHIST CF TAB 10-2-20</i>	\$0(3)	NM; *
<i>ALAHIST DM LIQ 7.5-2-15</i>	\$0(3)	NM; *
<i>all-nite liq cold/flu</i>	\$0(3)	NM; *
<i>allergy rlef tab d-24</i>	\$0(3)	NM; *
<i>allergy-d tab 5-120mg</i>	\$0(3)	NM; *
<i>allrgy rlf-d tab 10-240mg</i>	\$0(3)	NM; *
<i>aprodine tab 2.5-60mg</i>	\$0(3)	NM; *
<i>benzonatate cap 100 mg</i>	\$0(3)	NM; *
<i>benzonatate cap 150 mg</i>	\$0(3)	NM; *
<i>benzonatate cap 200 mg</i>	\$0(3)	NM; *
<i>bromfed dm syrup</i>	\$0(3)	NM; *
<i>BROTAPP DM LIQ 15-1-5/5</i>	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
cetirizine-pseudoephedrine tab er 12hr 5-120 mg	\$0(3)	NM; *
cgh/cold day liq delsym	\$0(3)	NM; *
cheratussin syp ac	\$0(3)	NM; *
child silfed liq 15mg/5ml	\$0(3)	NM; *
CHLO TUSS LIQ	\$0(3)	NM; *
cough dm sus 30mg/5ml	\$0(3)	NM; *
cough syp	\$0(3)	NM; *
cough syp 100/5ml	\$0(3)	NM; *
cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)	\$0(3)	NM; *
DECONEX DMX TAB	\$0(3)	NM; *
DECONEX IR TAB 10-385MG	\$0(3)	NM; *
delsym cough liq congs dm	\$0(3)	NM; *
dextromethorphan polistirex extended release susp 30 mg/5ml	\$0(3)	NM; *
dimaphen dm liq 2.5-1-5	\$0(3)	NM; *
dimaphen elx children	\$0(3)	NM; *
DURAFLU TAB	\$0(3)	NM; *
ed a-hist dm liq	\$0(3)	NM; *
ED A-HIST DM TAB 10-4-10	\$0(3)	NM; *
ed a-hist tab 2.5-60mg	\$0(3)	NM; *
ed a-hist tab 4-10mg	\$0(3)	NM; *
ED BRON GP LIQ	\$0(3)	NM; *
ED CHLORPED DRO D	\$0(3)	NM; *
endacof-dm liq 2.5-1-5	\$0(3)	NM; *
EXPIRATORY MIS MTHPIECE	\$0(3)	NM; *
FLEXICHAMBER MIS	\$0(3)	NM; *
FLEXICHAMBER MIS MASK LRG	\$0(3)	NM; *
FLEXICHAMBER MIS MASK SM	\$0(3)	NM; *
gnp tussin liq dm	\$0(3)	NM; *
guaifenesin syp 100-10/5	\$0(3)	NM; *
guaifenesin tab er 12hr 1200 mg	\$0(3)	NM; *
guaifenesin-codeine soln 100-10 mg/5ml	\$0(3)	NM; *
HISTEX-DM SYP	\$0(3)	NM; *
HISTEX-PE SYP 2.5-10/5	\$0(3)	NM; *
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	\$0(3)	NM; *
hydrocodone w/ homatropine syrup 5-1.5 mg/5ml	\$0(3)	NM; *
hydrocodone w/ homatropine tab 5-1.5 mg	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>hydromet syst 5-1.5/5</i>	\$0(3)	NM; *
INSPIRATORY MIS MTHPIECE	\$0(3)	NM; *
<i>kidkare liq cgh/cold</i>	\$0(3)	NM; *
LODRANE D CAP 4-60MG	\$0(3)	NM; *
LOHIST-D LIQ	\$0(3)	NM; *
LOHIST-DM SYP 5-2-10MG	\$0(3)	NM; *
<i>lorata-dine tab d 24hr</i>	\$0(3)	NM; *
<i>loratadine-d tab 5-120mg</i>	\$0(3)	NM; *
<i>loratadine-d tab 10-240mg</i>	\$0(3)	NM; *
M-END DMX LIQ	\$0(3)	NM; *
<i>mapap cold tab 10-5-325</i>	\$0(3)	NM; *
<i>mapap sinus tab max st</i>	\$0(3)	NM; *
MASK VORTEX/ MIS FROG	\$0(3)	NM; *
MASK VORTEX/ MIS LADY BUG	\$0(3)	NM; *
MUCINEX CGH GRA 5-100MG	\$0(3)	NM; *
<i>mucinex cgh liq 5-100mg</i>	\$0(3)	NM; *
<i>mucinex chld liq 100/5ml</i>	\$0(3)	NM; *
MUCINEX CHLD MIS DAY/NITE	\$0(3)	NM; *
MUCINEX COLD LIQ 2.5-100	\$0(3)	NM; *
<i>mucinex cold tab sinus</i>	\$0(3)	NM; *
MUCINEX D TAB 120-1200	\$0(3)	NM; *
<i>mucinex dm liq 20-400</i>	\$0(3)	NM; *
<i>mucinex fast liq cold flu</i>	\$0(3)	NM; *
MUCINEX FAST MIS DAY/NGHT	\$0(3)	NM; *
MUCINEX FAST MIS MX DAY/N	\$0(3)	NM; *
MUCINEX FAST TAB 5-10-200	\$0(3)	NM; *
<i>mucinex fast tab sev cold</i>	\$0(3)	NM; *
<i>mucinex ms liq cold ngh</i>	\$0(3)	NM; *
<i>mucinex tab sinus</i>	\$0(3)	NM; *
MUCINEX/KIDS GRA 100MG	\$0(3)	NM; *
<i>mucus relief tab 30-600er</i>	\$0(3)	NM; *
<i>mucus relief tab 400mg</i>	\$0(3)	NM; *
<i>mucus relief tab 600mg er</i>	\$0(3)	NM; *
<i>mucusrelief tab sinus</i>	\$0(3)	NM; *
NASAL DECON SYP 30MG/5ML	\$0(3)	NM; *
<i>nasal decong spr 0.05%</i>	\$0(3)	NM; *
NASOPEN PE LIQ	\$0(3)	NM; *
<i>night time cap cold/flu</i>	\$0(3)	NM; *
NINJACOF LIQ	\$0(3)	NM; *
NINJACOF-A LIQ	\$0(3)	NM; *
NINJACOF-XG LIQ 200-8/5	\$0(3)	NM; *

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<i>nohist-dm liq</i>	\$0(3)	NM; *
<i>nohist-lq liq 4-10/5ml</i>	\$0(3)	NM; *
PANDA MASK MIS LARGE	\$0(3)	NM; *
PANDA MASK MIS MEDIUM	\$0(3)	NM; *
PANDA MASK MIS PEDIATRI	\$0(3)	NM; *
PANDA MASK MIS SMALL	\$0(3)	NM; *
<i>pediatric liq cgh/cold</i>	\$0(3)	NM; *
PEDIATRIC MD MIS MASK	\$0(3)	NM; *
PEDIATRIC MIS MOUTHPIE	\$0(3)	NM; *
PEDIATRIC SM MIS MASK	\$0(3)	NM; *
<i>phenylephrine w/ dm-gg liqd 10-18-200 mg/15ml</i>	\$0(3)	NM; *
POLY HIST TAB 7.5-10MG	\$0(3)	NM; *
POLY-HIST DM LIQ 5-25-10	\$0(3)	NM; *
POLY-HIST PD LIQ	\$0(3)	NM; *
POLY-VENT DM TAB	\$0(3)	NM; *
POLY-VENT IR TAB 60-380MG	\$0(3)	NM; *
POLYTUSSIN SYP 5-10-1MG	\$0(3)	NM; *
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	\$0(3)	NM; *
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	\$0(3)	NM; *
<i>pseudoeph-chlorphen w/ hydrocodone soln 60-4-5 mg/5ml</i>	\$0(3)	NM; *
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	\$0(3)	NM; *
<i>pseudoephedrine hcl tab 30 mg</i>	\$0(3)	NM; *
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</i>	\$0(3)	NM; *
<i>pulmosal neb 7%</i>	\$0(3)	NM; *
PYRILAMIN/PE TAB 25-10MG	\$0(3)	NM; *
RESCON TAB 2-60MG	\$0(3)	NM; *
RESPAIRE-30 CAP	\$0(3)	NM; *
<i>robafen ac sol 100-10/5</i>	\$0(3)	NM; *
<i>robafen cf liq 5-10-100</i>	\$0(3)	NM; *
<i>robafen cgh cap 15mg</i>	\$0(3)	NM; *
<i>robafen dm liq 10-100/5</i>	\$0(3)	NM; *
<i>robafen dm syp 100-10/5</i>	\$0(3)	NM; *
<i>robafen syp 100/5ml</i>	\$0(3)	NM; *
RONDEC-D LIQ	\$0(3)	NM; *
RU-HIST D TAB 4-10MG	\$0(3)	NM; *
RYMED TAB 2-10MG	\$0(3)	NM; *

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>rynex dm liq</i>	\$0(3)	NM; *
<i>rynex pe elx</i>	\$0(3)	NM; *
<i>rynex pse liq</i>	\$0(3)	NM; *
SIDESTREAM MIS PED MASK	\$0(3)	NM; *
<i>siltussin dm liq das</i>	\$0(3)	NM; *
<i>siltussin sa syrup 100/5ml</i>	\$0(3)	NM; *
<i>siltussin-dm syrup alc free</i>	\$0(3)	NM; *
<i>sm nasal 12h spr 0.05%</i>	\$0(3)	NM; *
<i>sm tussin dm syrup 100-10/5</i>	\$0(3)	NM; *
<i>sm tussin syrup dm</i>	\$0(3)	NM; *
<i>sodium chloride soln nebu 3%</i>	\$0(3)	NM; *
<i>sodium chloride soln nebu 7%</i>	\$0(3)	NM; *
STAHOST AD TAB 25-60MG	\$0(3)	NM; *
<i>sudogest pe tab 10mg</i>	\$0(3)	NM; *
<i>sudogest tab 4-60mg</i>	\$0(3)	NM; *
<i>sudogest tab 30mg</i>	\$0(3)	NM; *
<i>sudogest tab 60mg</i>	\$0(3)	NM; *
<i>sudogest tab 120mg er</i>	\$0(3)	NM; *
<i>tussin dm liq</i>	\$0(3)	NM; *
VANACOF LIQ	\$0(3)	NM; *
VANATAB AC TAB 12.5-25	\$0(3)	NM; *
VANATAB DM TAB 5-9-198	\$0(3)	NM; *
<i>virtussin ac sol 100-10/5</i>	\$0(3)	NM; *
VORTEX VALVE MIS CHAMBER	\$0(3)	NM; *
LEUKOTRIENE MODULATORS		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	\$0(1)	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	\$0(1)	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	\$0(1)	
<i>montelukast sodium tab 10 mg (base equiv)</i>	\$0(1)	
<i>zafirlukast tab 10 mg</i>	\$0(1)	
<i>zafirlukast tab 20 mg</i>	\$0(1)	
MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	\$0(1)	B/D
MISCELLANEOUS		
<i>acetylcysteine inhal soln 10%</i>	\$0(1)	B/D
<i>acetylcysteine inhal soln 20%</i>	\$0(1)	B/D
<i>ARALAST NP INJ 500MG</i>	\$0(2)	NDS, NM, LA, PA

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ARALAST NP INJ 1000MG	\$0(2)	NDS, NM, LA, PA
DALIRESP TAB 250MCG	\$0(2)	
DALIRESP TAB 500MCG	\$0(2)	
<i>deep sea spr 0.65%</i>	\$0(3)	NM; *
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	\$0(1)	(generic of Adrenaclick)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	\$0(1)	(generic of EpiPen)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	\$0(1)	(generic of EpiPen)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	\$0(1)	(generic of Adrenaclick)
ESBRIET CAP 267MG	\$0(2)	NDS, NM, PA
ESBRIET TAB 267MG	\$0(2)	NDS, NM, PA
ESBRIET TAB 801MG	\$0(2)	NDS, NM, PA
FASENRA INJ 30MG/ML	\$0(2)	NDS, NM, LA, PA
FASENRA PEN INJ 30MG/ML	\$0(2)	NDS, LA, PA
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
NUCALA INJ 100MG	\$0(2)	NDS, NM, LA, PA
NUCALA INJ 100MG/ML	\$0(2)	NDS, NM, LA, PA
OFEV CAP 100MG	\$0(2)	NDS, NM, PA
OFEV CAP 150MG	\$0(2)	NDS, NM, PA
ORKAMBI GRA 100-125	\$0(2)	NDS, PA
ORKAMBI GRA 150-188	\$0(2)	NDS, PA
ORKAMBI TAB 100-125	\$0(2)	NDS, PA
ORKAMBI TAB 200-125	\$0(2)	NDS, PA
PROLASTIN-C INJ 1000MG	\$0(2)	NDS, LA, PA
PROLASTIN-C INJ 1000MG	\$0(2)	NDS, NM, LA, PA
PULMOZYME SOL 1MG/ML	\$0(2)	NDS, NM, PA
S2 NEB 2.25%	\$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)	

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<i>theophylline soln 80 mg/15ml</i>	\$0(1)	
<i>theophylline tab er 12hr 300 mg</i>	\$0(1)	
<i>theophylline tab er 12hr 450 mg</i>	\$0(1)	
<i>theophylline tab er 24hr 400 mg</i>	\$0(1)	
<i>theophylline tab er 24hr 600 mg</i>	\$0(1)	
TRIKAFTA TAB	\$0(2)	NDS, LA, PA
XOLAIR INJ 75/0.5	\$0(2)	NDS, NM, LA, PA
XOLAIR INJ 150MG/ML	\$0(2)	NDS, NM, LA, PA
XOLAIR SOL 150MG	\$0(2)	NDS, NM, LA, PA
ZEMAIRA INJ 1000MG	\$0(2)	NDS, NM, LA, PA
<i>NASAL STEROIDS - DRUGS TO TREAT ALLERGIES</i>		
<i>budesonide nasal susp 32 mcg/act</i>	\$0(3)	NM; *
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	\$0(1)	QL (3 bottles / 30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	\$0(1)	QL (1 bottle / 30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	\$0(3)	NM; *
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	\$0(3)	NM; *
<i>STEROID INHALANTS - DRUGS TO TREAT ASTHMA</i>		
ARNUITY ELPT INH 50MCG	\$0(2)	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 100MCG	\$0(2)	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 200MCG	\$0(2)	QL (30 inhalations / 30 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	\$0(1)	B/D
<i>budesonide inhalation susp 0.25 mg/2ml</i>	\$0(1)	B/D
FLOVENT DISK AER 50MCG	\$0(2)	QL (120 inhalations / 30 days)
FLOVENT DISK AER 100MCG	\$0(2)	QL (120 inhalations / 30 days)
FLOVENT DISK AER 250MCG	\$0(2)	QL (240 inhalations / 30 days)
FLOVENT HFA AER 44MCG	\$0(2)	QL (2 inhalers / 30 days)
FLOVENT HFA AER 110MCG	\$0(2)	QL (2 inhalers / 30 days)
FLOVENT HFA AER 220MCG	\$0(2)	QL (2 inhalers / 30 days)
PULMICORT INH 90MCG	\$0(2)	QL (2 inhalers / 30 days)

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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

acne medicat gel 5%	\$0(3)	NM; *
acne medicat gel 10%	\$0(3)	NM; *
ACNE MEDICAT LOT 5%	\$0(3)	NM; *
ACNE MEDICAT LOT 10%	\$0(3)	NM; *
amnesteem cap 10mg	\$0(1)	PA
amnesteem cap 20mg	\$0(1)	PA
amnesteem cap 40mg	\$0(1)	PA
avita cre 0.025%	\$0(1)	QL (45 grams / 30 days), PA
avita gel 0.025%	\$0(1)	QL (45 grams / 30 days), PA
benzoyl per liq 5% wash	\$0(3)	NM; *
benzoyl per liq 10% wash	\$0(3)	NM; *
benzoyl peroxide foam 5.3%	\$0(3)	NM; *
benzoyl peroxide foam 9.8%	\$0(3)	NM; *
BENZOYL PEROXIDE GEL 2.5%	\$0(3)	NM; *
benzoyl peroxide gel 5%	\$0(3)	NM; *
benzoyl peroxide gel 10%	\$0(3)	NM; *
benzoyl peroxide-erythromycin gel 5-3%	\$0(1)	
claravis cap 10mg	\$0(1)	PA

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>claravis cap 20mg</i>	\$0(1)	PA
<i>claravis cap 30mg</i>	\$0(1)	PA
<i>claravis cap 40mg</i>	\$0(1)	PA
<i>clindamycin phosphate gel 1%</i>	\$0(1)	QL (75 grams / 30 days)
<i>clindamycin phosphate lotion 1%</i>	\$0(1)	
<i>clindamycin phosphate soln 1%</i>	\$0(1)	QL (60 mL / 30 days)
<i>erythromycin gel 2%</i>	\$0(1)	
<i>erythromycin pads 2%</i>	\$0(1)	
<i>erythromycin soln 2%</i>	\$0(1)	
<i>isotretinoin cap 10 mg</i>	\$0(1)	PA
<i>isotretinoin cap 20 mg</i>	\$0(1)	PA
<i>isotretinoin cap 30 mg</i>	\$0(1)	PA
<i>isotretinoin cap 40 mg</i>	\$0(1)	PA
<i>myorisan cap 10mg</i>	\$0(1)	PA
<i>myorisan cap 20mg</i>	\$0(1)	PA
<i>myorisan cap 30mg</i>	\$0(1)	PA
<i>myorisan cap 40mg</i>	\$0(1)	PA
<i>sulfacetamide sodium lotion 10% (acne)</i>	\$0(1)	
<i>tretinoin cream 0.1%</i>	\$0(1)	QL (45 grams / 30 days), PA
<i>tretinoin cream 0.05%</i>	\$0(1)	QL (45 grams / 30 days), PA
<i>tretinoin cream 0.025%</i>	\$0(1)	QL (45 grams / 30 days), PA
<i>tretinoin gel 0.01%</i>	\$0(1)	QL (45 grams / 30 days), PA
<i>tretinoin gel 0.025%</i>	\$0(1)	QL (45 grams / 30 days), PA
<i>zenatane cap 10mg</i>	\$0(1)	PA
<i>zenatane cap 20mg</i>	\$0(1)	PA
<i>zenatane cap 30mg</i>	\$0(1)	PA
<i>zenatane cap 40mg</i>	\$0(1)	PA
DERMATOLOGY, ANTIOTIOTICS		
<i>bacitracin oint 500 unit/gm</i>	\$0(3)	NM; *
<i>bacitracin zinc oint 500 unit/gm</i>	\$0(3)	NM; *
<i>gentamicin sulfate cream 0.1%</i>	\$0(1)	
<i>gentamicin sulfate oint 0.1%</i>	\$0(1)	
<i>mupirocin oint 2%</i>	\$0(1)	QL (220 grams / 30 days)
<i>silver sulfadiazine cream 1%</i>	\$0(1)	
<i>ssd cre 1%</i>	\$0(1)	

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SULFAMYLYON CRE 85MG/GM	\$0(2)	
<i>triple antib oin</i>	\$0(3)	NM; *
<i>triple antib oin plus</i>	\$0(3)	NM; *
<i>DERMATOLOGY, ANTIFUNGALS</i>		
<i>anti-fungal pow 1%</i>	\$0(3)	NM; *
<i>antifungal aer 1%</i>	\$0(3)	NM; *
<i>antifungal cre 1%</i>	\$0(3)	NM; *
<i>antifungal cre 2%</i>	\$0(3)	NM; *
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	\$0(1)	QL (90 grams / 30 days)
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	\$0(1)	QL (60 mL / 30 days)
<i>clotrimazole cream 1%</i>	\$0(1)	
<i>clotrimazole cream 1%</i>	\$0(3)	NM; *
<i>clotrimazole soln 1%</i>	\$0(1)	QL (30 mL / 30 days)
<i>clotrimazole soln 1%</i>	\$0(3)	NM; *
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	\$0(1)	
FUNGOID TINC SOL 2%	\$0(3)	NM; *
<i>ketoconazole cream 2%</i>	\$0(1)	QL (60 grams / 30 days)
<i>miconazole nitrate cream 2%</i>	\$0(3)	NM; *
<i>nyamyc pow 100000</i>	\$0(1)	QL (60 grams / 30 days)
<i>nystatin cream 100000 unit/gm</i>	\$0(1)	
<i>nystatin oint 100000 unit/gm</i>	\$0(1)	
<i>nystatin topical powder 100000 unit/gm</i>	\$0(1)	QL (60 grams / 30 days)
<i>nystop pow 100000</i>	\$0(1)	QL (60 grams / 30 days)
<i>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; *
<i>DERMATOLOGY, ANTIPSORIATICS</i>		
<i>acitretin cap 10 mg</i>	\$0(1)	PA
<i>acitretin cap 17.5 mg</i>	\$0(1)	PA
<i>acitretin cap 25 mg</i>	\$0(1)	PA
<i>calcipotriene cream 0.005%</i>	\$0(1)	QL (120 grams / 30 days), PA
<i>calcipotriene oint 0.005%</i>	\$0(1)	QL (120 grams / 30 days), PA
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	\$0(1)	QL (120 mL / 30 days), PA

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>tazarotene cream 0.1%</i>	\$0(1)	QL (60 grams / 30 days), PA
<i>TAZORAC CRE 0.05%</i>	\$0(2)	QL (60 grams / 30 days), PA
<i>DERMATOLOGY, ANTISEBORRHEICS</i>		
<i>ketoconazole shampoo 2%</i>	\$0(1)	
<i>selenium sulfide lotion 2.5%</i>	\$0(1)	
<i>DERMATOLOGY, CORTICOSTEROIDS</i>		
<i>ala-cort cre 1%</i>	\$0(1)	
<i>ala-cort cre 2.5%</i>	\$0(1)	
<i>alclometasone dipropionate cream 0.05%</i>	\$0(1)	
<i>alclometasone dipropionate oint 0.05%</i>	\$0(1)	
<i>betamethasone dipropionate augmented cream 0.05%</i>	\$0(1)	
<i>betamethasone dipropionate augmented gel 0.05%</i>	\$0(1)	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	\$0(1)	
<i>betamethasone dipropionate augmented oint 0.05%</i>	\$0(1)	
<i>betamethasone dipropionate cream 0.05%</i>	\$0(1)	
<i>betamethasone dipropionate lotion 0.05%</i>	\$0(1)	
<i>betamethasone dipropionate oint 0.05%</i>	\$0(1)	
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	\$0(1)	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	\$0(1)	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	\$0(1)	
<i>ENSTILAR AER</i>	\$0(2)	QL (120 grams / 30 days), PA
<i>fluocinolone acetonide cream 0.01%</i>	\$0(1)	
<i>fluocinolone acetonide cream 0.025%</i>	\$0(1)	
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	\$0(1)	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	\$0(1)	
<i>fluocinolone acetonide oint 0.025%</i>	\$0(1)	
<i>fluocinolone acetonide soln 0.01%</i>	\$0(1)	QL (90 mL / 30 days)
<i>fluocinonide cream 0.05%</i>	\$0(1)	QL (120 grams / 30 days)
<i>fluocinonide emulsified base cream 0.05%</i>	\$0(1)	QL (120 grams / 30 days)
<i>fluocinonide gel 0.05%</i>	\$0(1)	QL (60 grams / 30 days)

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>fluocinonide oint 0.05%</i>	\$0(1)	QL (60 grams / 30 days)
<i>fluocinonide soln 0.05%</i>	\$0(1)	QL (60 mL / 30 days)
<i>fluticasone propionate cream 0.05%</i>	\$0(1)	
<i>fluticasone propionate oint 0.005%</i>	\$0(1)	
<i>halobetasol propionate cream 0.05%</i>	\$0(1)	QL (50 grams / 30 days)
<i>halobetasol propionate oint 0.05%</i>	\$0(1)	QL (50 grams / 30 days)
<i>hydrocortisone butyrate cream 0.1%</i>	\$0(1)	QL (45 grams / 30 days)
<i>hydrocortisone butyrate oint 0.1%</i>	\$0(1)	QL (45 grams / 30 days)
<i>hydrocortisone cream 0.5%</i>	\$0(3)	NM; *
<i>hydrocortisone cream 1%</i>	\$0(1)	
<i>hydrocortisone cream 1%</i>	\$0(3)	NM; *
<i>hydrocortisone cream 2.5%</i>	\$0(1)	
<i>hydrocortisone lotion 2.5%</i>	\$0(1)	
<i>hydrocortisone oint 0.5%</i>	\$0(3)	NM; *
<i>hydrocortisone oint 1%</i>	\$0(3)	NM; *
<i>hydrocortisone oint 2.5%</i>	\$0(1)	
<i>hydrocortisone-aloe vera cream 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>TEXACORT SOL 2.5%</i>	\$0(2)	
<i>triamcinolone acetonide cream 0.1%</i>	\$0(1)	QL (454 grams / 30 days)
<i>triamcinolone acetonide cream 0.5%</i>	\$0(1)	
<i>triamcinolone acetonide cream 0.025%</i>	\$0(1)	
<i>triamcinolone acetonide lotion 0.1%</i>	\$0(1)	
<i>triamcinolone acetonide lotion 0.025%</i>	\$0(1)	
<i>triamcinolone acetonide oint 0.1%</i>	\$0(1)	
<i>triamcinolone acetonide oint 0.5%</i>	\$0(1)	
<i>triamcinolone acetonide oint 0.025%</i>	\$0(1)	
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

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	\$0(1)	QL (30 grams / 30 days), PA
<i>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</i>		
<i>anu-med sup</i>	\$0(3)	NM; *
<i>blue gel 2%</i>	\$0(3)	NM; *
<i>capsaicin cream 0.025%</i>	\$0(3)	NM; *
<i>COATS ALOE CRE</i>	\$0(3)	NM; *
<i>COATS ALOE GEL</i>	\$0(3)	NM; *
<i>COATS ALOE LOT MOIST</i>	\$0(3)	NM; *
<i>COLE INS REP SPR DRY 25%</i>	\$0(3)	NM; *
<i>COLEMN BOTAN LIQ INSECT</i>	\$0(3)	NM; *
<i>COLEMN INSEC LIQ SKINSMAR</i>	\$0(3)	NM; *
<i>COLEMN INSEC SPR SKINSMAR</i>	\$0(3)	NM; *
<i>CUTTER BACKW AER 25%</i>	\$0(3)	NM; *
<i>CUTTER BACKW LIQ 25%</i>	\$0(3)	NM; *
<i>CUTTER LEMON LIQ EUCALYPT</i>	\$0(3)	NM; *
<i>DIAPER RASH AER 10%</i>	\$0(3)	NM; *
<i>dibucaine perianal ointment 1%</i>	\$0(3)	NM; *
<i>diclofenac sodium gel 1%</i>	\$0(1)	QL (1000 grams / 30 days), PA
<i>fluorouracil cream 5%</i>	\$0(1)	QL (40 grams / 30 days)
<i>fluorouracil soln 2%</i>	\$0(1)	QL (10 mL / 30 days)
<i>fluorouracil soln 5%</i>	\$0(1)	QL (10 mL / 30 days)
<i>hydrocortisone perianal cream 2.5%</i>	\$0(1)	
<i>imiquimod cream 5%</i>	\$0(1)	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate) cream 12%</i>	\$0(1)	
<i>lactic acid (ammonium lactate) lotion 12%</i>	\$0(1)	
<i>major-prep oin hemorrh</i>	\$0(3)	NM; *
<i>metronidazole cream 0.75%</i>	\$0(1)	
<i>metronidazole gel 0.75%</i>	\$0(1)	
<i>metronidazole lotion 0.75%</i>	\$0(1)	
<i>moisturel lot theraput</i>	\$0(3)	NM; *
<i>NATRAPEL 12H SPR 20%</i>	\$0(3)	NM; *
<i>OFF DEEP WDS AER 25%</i>	\$0(3)	NM; *
<i>OFF DEEP WDS AER 30%</i>	\$0(3)	NM; *
<i>OFF DEEP WDS SPR 25%</i>	\$0(3)	NM; *
<i>pain cre relievng</i>	\$0(3)	NM; *
<i>PANRETIN GEL 0.1%</i>	\$0(2)	NDS, QL (60 grams / 30 days)
<i>PETROLATUM OIN 42%</i>	\$0(3)	NM; *

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PETROLATUM OIN WHITE	\$0(3)	NM; *
PICATO GEL 0.05%	\$0(2)	QL (2 tubes / 30 days)
PICATO GEL 0.015%	\$0(2)	QL (3 tubes / 30 days)
<i>podofilox soln 0.5%</i>	\$0(1)	
<i>povidone-iodine oint 10%</i>	\$0(3)	NM; *
<i>povidone-iodine soln 10%</i>	\$0(3)	NM; *
<i>procto-med cre hc 2.5%</i>	\$0(1)	
<i>procto-pak cre 1%</i>	\$0(1)	
<i>protozozone cre -hc 2.5%</i>	\$0(1)	
RECTIV OIN 0.4%	\$0(2)	QL (30 grams / 30 days)
REPEL HUNTER AER 25%	\$0(3)	NM; *
REPEL LEMON SPR INSECT	\$0(3)	NM; *
REPEL SPORTS AER 25%	\$0(3)	NM; *
REPEL SPORTS AER 40%	\$0(3)	NM; *
<i>rosadan cre 0.75%</i>	\$0(1)	
SAWYER REPEL SPR 20%	\$0(3)	NM; *
<i>tacrolimus oint 0.1%</i>	\$0(1)	QL (100 grams / 30 days)
<i>tacrolimus oint 0.03%</i>	\$0(1)	QL (100 grams / 30 days)
TARGRETIN GEL 1%	\$0(2)	NDS, QL (60 grams / 30 days), NM, PA
ULTRATHON AER INSECT	\$0(3)	NM; *
VALCHLOR GEL 0.016%	\$0(2)	NDS, QL (60 grams / 30 days), LA, PA
<i>vitamins a & d oint</i>	\$0(3)	NM; *
Z-BUM CRE 22.5%	\$0(3)	NM; *
<i>zinc oxide oint 20%</i>	\$0(3)	NM; *
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>lice trtmnt liq 1%</i>	\$0(3)	NM; *
<i>malathion lotion 0.5%</i>	\$0(1)	
<i>permethrin cream 5%</i>	\$0(1)	
DERMATOLOGY, WOUND CARE AGENTS		
<i>acetic acid irrigation soln 0.25%</i>	\$0(1)	
REGRANEX GEL 0.01%	\$0(2)	NDS, QL (30 grams / 30 days), PA
SANTYL OIN 250/GM	\$0(2)	
<i>sodium chloride irrigation soln 0.9%</i>	\$0(1)	
<i>water for irrigation, sterile irrigation soln</i>	\$0(1)	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl cap 30 mg</i>	\$0(1)	

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>chlorhexidine gluconate soln 0.12%</i>	\$0(1)	
<i>clotrimazole troche 10 mg</i>	\$0(1)	
<i>lidocaine hcl viscous soln 2%</i>	\$0(1)	
<i>nystatin susp 100000 unit/ml</i>	\$0(1)	
<i>periogard sol 0.12%</i>	\$0(1)	
<i>pilocarpine hcl tab 5 mg</i>	\$0(1)	
<i>pilocarpine hcl tab 7.5 mg</i>	\$0(1)	
<i>triamcinolone acetonide dental paste 0.1%</i>	\$0(1)	

OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR

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

PART B

DIABETIC METERS AND TEST STRIPS

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

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<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	24
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alendronate sodium tab 10 mg	90
alendronate sodium tab 35 mg	90
alendronate sodium tab 40 mg	90
alendronate sodium tab 5 mg	90
alendronate sodium tab 70 mg	90
alfuzosin hcl tab er 24hr 10 mg	120
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ALIMTA INJ 500MG	34
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ALINIA TAB 500MG	20
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<i>night time tab 25mg</i>	85
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<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	96
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<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	93
<i>norethindrone tab 0.35 mg</i>	94
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<i>nortriptyline hcl cap 75 mg</i>	70
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OCTAGAM INJ 25GM	128	<i>olmesartan medoxomil-</i>	
OCTAGAM INJ 2GM/20ML	128	<i>hydrochlorothiazide tab 40-25 mg</i>	48
OCTAGAM INJ 30/300ML	128	<i>olmesartan-amlodipine-</i>	
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OCTAGAM INJ 5GM/50ML	128	<i>olmesartan-amlodipine-</i>	
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	106	<i>hydrochlorothiazide tab 40-10-12.5 mg</i>	48
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	106	<i>olmesartan-amlodipine-</i>	
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OFF DEEP WDS AER 30%	170		

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ondansetron hcl tab 24 mg	115
ondansetron hcl tab 4 mg	115
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<i>pain cre relievng</i>	170
<i>pain relieve tab 25-500mg</i>	85
<i>paliperidone tab er 24hr 1.5 mg</i>	76
<i>paliperidone tab er 24hr 3 mg</i>	76
<i>paliperidone tab er 24hr 6 mg</i>	76
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<i>pamidronate disodium for inj 30 mg</i>	
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<i>pamidronate disodium for inj 90 mg</i>	
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<i>pamidronate disodium iv soln 3 mg/ml</i>	90
<i>pamidronate disodium iv soln 9 mg/ml</i>	90
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PEN GK/DEXTR INJ 60000/ML	32
<i>penicillamine tab 250 mg</i>	90
<i>penicillin g potassium for inj 20000000 unit</i>	32
<i>penicillin g potassium for inj 5000000 unit</i>	32
<i>penicillin g sodium for inj 5000000 unit</i>	32
<i>penicillin v potassium for soln 125 mg/5ml</i>	32
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<i>perindopril erbumine tab 2 mg</i>	46
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<i>perphenazine tab 16 mg</i>	76
<i>perphenazine tab 2 mg</i>	76
<i>perphenazine tab 4 mg</i>	76
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<i>phenobarbital sodium inj 130 mg/ml</i>	63
<i>phenobarbital sodium inj 65 mg/ml</i>	63
<i>phenobarbital tab 100 mg</i>	64
<i>phenobarbital tab 15 mg</i>	64
<i>phenobarbital tab 16.2 mg</i>	64
<i>phenobarbital tab 30 mg</i>	64
<i>phenobarbital tab 32.4 mg</i>	64
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<i>pilocarpine hcl ophth soln 4%</i>	154
<i>pilocarpine hcl tab 5 mg</i>	172
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<i>pioglitazone hcl tab 15 mg (base equiv)</i>	89
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	89
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	89
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	33
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	33
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<i>equivalent)</i>	38	<i>telmisartan-hydrochlorothiazide tab</i>	
<i>tamoxifen citrate tab 20 mg (base</i>		<i>80-25 mg</i>	48
<i>equivalent)</i>	38	<i>temazepam cap 15 mg</i>	80
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<i>testosterone td gel 12.5 mg/act (1%)</i>	86
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	86
<i>testosterone td gel 50 mg/5gm (1%)</i>	86
<i>tetrabenazine tab 12.5 mg</i>	83
<i>tetrabenazine tab 25 mg</i>	83
<i>tetracycline hcl cap 250 mg</i>	33
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<i>THERA-M TAB</i>	150
<i>therapeutic- tab m</i>	150
<i>therapeutic- tab m/lutein</i>	150
<i>thera-tabs tab</i>	150
<i>theratrum co tab 50 plus</i>	150
<i>theratrum tab complete</i>	150
<i>therems tab</i>	150
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<i>thiamine hcl tab 250 mg</i>	150
<i>thiamine hcl tab 50 mg</i>	150
<i>thiamine mononitrate tab 100 mg</i>	150
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<i>THIN LANCETS MIS 30G</i>	109
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<i>thioridazine hcl tab 25 mg</i>	77
<i>thioridazine hcl tab 50 mg</i>	77
<i>thiothixene cap 1 mg</i>	78
<i>thiothixene cap 10 mg</i>	78
<i>thiothixene cap 2 mg</i>	78
<i>thiothixene cap 5 mg</i>	78
<i>THYROSAFE TAB 65MG</i>	109
<i>tiadylt cap 120mg/24</i>	55
<i>tiadylt cap 180mg/24</i>	55
<i>tiadylt cap 240mg/24</i>	55
<i>tiadylt cap 300mg/24</i>	55
<i>tiadylt cap 360mg/24</i>	55
<i>tiadylt cap 420mg/24</i>	55
<i>tiagabine hcl tab 12 mg</i>	65
<i>tiagabine hcl tab 16 mg</i>	65
<i>tiagabine hcl tab 2 mg</i>	65
<i>tiagabine hcl tab 4 mg</i>	65
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.....	154
<i>timolol maleate ophth soln 0.5%</i>	65
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<i>timolol maleate ophth soln 0.5% (once-daily)</i>	154
<i>timolol maleate tab 10 mg</i>	53
<i>timolol maleate tab 20 mg</i>	53
<i>timolol maleate tab 5 mg</i>	53
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<i>tizanidine hcl tab 4 mg (base equivalent)</i>	84
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<i>tobramycin nebu soln 300 mg/5ml</i>	20
<i>tobramycin ophth soln 0.3%</i>	153
<i>tobramycin sulfate for inj 1.2 gm</i>	20
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	20
<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	20
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	20
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	20
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	152
<i>tolnaftate cre 1%</i>	167
<i>tolnaftate cream 1%</i>	167
<i>tolnaftate powder 1%</i>	167
<i>tolterodine tartrate cap er 24hr 2 mg</i>	121
<i>tolterodine tartrate cap er 24hr 4 mg</i>	121
<i>tolterodine tartrate tab 1 mg</i>	121
<i>tolterodine tartrate tab 2 mg</i>	121
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<i>topiramate sprinkle cap 25 mg</i>	65
<i>topiramate tab 100 mg</i>	65
<i>topiramate tab 200 mg</i>	65
<i>topiramate tab 25 mg</i>	65
<i>topiramate tab 50 mg</i>	65
<i>toposar inj 100/5ml</i>	44
<i>toposar inj 1gm/50ml</i>	44
<i>toremifene citrate tab 60 mg (base equivalent)</i>	38
<i>torsemide tab 10 mg</i>	57
<i>torsemide tab 100 mg</i>	57
<i>torsemide tab 20 mg</i>	57
<i>torsemide tab 5 mg</i>	57
<i>total b/c tab</i>	150
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<i>tramadol-acetaminophen tab 37.5-325 mg</i>	16
<i>trandolapril tab 1 mg</i>	46
<i>trandolapril tab 2 mg</i>	46
<i>trandolapril tab 4 mg</i>	46
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	126
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<i>travel sick chw 25mg</i>	116
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<i>trazodone hcl tab 100 mg</i>	70
<i>trazodone hcl tab 150 mg</i>	70
<i>trazodone hcl tab 50 mg</i>	70
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<i>treprostinil inj soln 20 mg/20ml (1</i>	

<i>mg/ml)</i>	59
<i>treprostinil inj soln 200 mg/20ml</i>	
<i>(10 mg/ml).....</i>	59
<i>treprostinil inj soln 50 mg/20ml</i>	
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<i>tretinoi cream 0.05%</i>	166
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Versión 17

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Departamento de Servicios para Miembros: (866) 856-8699, TTY al 711

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