

2022

Formulary

(List of Covered Drugs)

Texas

Molina Dual Options STAR+PLUS MMP

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For more recent information or other questions, contact us at (866) 856-8699, TTY: 711, Monday-Friday, 8 a.m. to 8 p.m., local time or visit MolinaHealthcare.com/Duals

Molina Dual Options STAR+PLUS MMP | 2022 *List of Covered Drugs* (Formulary)

Introduction

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

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A. Disclaimers

This is a list of drugs that members can get in Molina Dual Options STAR+PLUS MMP.

- ❖ Molina Dual Options STAR+PLUS MMP is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees.
- ❖ ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call (866) 856-8699, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free.
- ❖ ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (866) 856-8699, TTY al 711, lunes a viernes, de 8:00 a.m. a 8:00 p.m., hora local. Esta es una llamada gratuita.
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- ❖ Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of healthcare, claims experience, medical history, genetic information, evidence of insurability, geographic location.
- ❖ To make a standing request to get materials in a language other than English or in an alternate format now and in the future, please contact Member Services at (866) 856-8699, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time.

B. Frequently Asked Questions (FAQ)

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

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

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

- Molina Dual Options STAR+PLUS MMP will cover all medically necessary drugs on the Drug List if:



If you have questions, please call Molina Dual Options STAR+PLUS MMP at (866) 856-8699, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.

- your doctor or other prescriber says you need them to get better or stay healthy, **and**
- you fill the prescription at a Molina Dual Options STAR+PLUS MMP network pharmacy.
- Molina Dual Options STAR+PLUS MMP may have additional steps to access certain drugs (refer to question B4 below).

You can also find an up-to-date list of drugs that we cover on our website at website or call Member Services at (866) 856-8699, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time.

B2. Does the Drug List ever change?

Yes, and Molina Dual Options STAR+PLUS MMP must follow Medicare and Texas Medicaid rules when making changes. We may add or remove drugs on the Drug List during the year.

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

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

For more information on these drug rules, refer to question B4.

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

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

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

- You can always check Molina Dual Options STAR+PLUS MMP's up to date Drug List online at MolinaHealthcare.com/Duals.
- You can also call Member Services to check the current Drug List at (866) 856-8699, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time.



If you have questions, please call Molina Dual Options STAR+PLUS MMP at (866) 856-8699, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.

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

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

- **A new generic drug becomes available.** Sometimes, a new generic drug comes on the market that works as well as a brand name drug on the Drug List now. When that happens, we may remove the brand name drug and add the new generic drug, but your cost for the new drug will stay the same. When we add the new generic drug, we may also decide to keep the brand name drug on the list but change its coverage rules or limits.
 - We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
 - You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to question B10 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or the drug's manufacturer takes a drug off the market, we will take it off the Drug List. If you are taking the drug, we will let you know. Talk with your doctor or other prescriber to find an alternative that is safe for you.

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

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We add a generic drug that is not new to the market **and**
 - Replace a brand name drug currently on the Drug List **or**
 - Change the coverage rules or limits for the brand name drug.

When these changes happen, we will:

- Tell you at least 30 days before we make the change to the Drug List **or**
- Let you know and give you a 60-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. They can help you decide:

- If there is a similar drug on the Drug List you can take instead **or**
- Whether to ask for an exception from these changes. To learn more about exceptions, refer to question B10.



If you have questions, please call Molina Dual Options STAR+PLUS MMP at (866) 856-8699, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.

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

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

- **Prior approval (or prior authorization):** For some drugs, you or your doctor or other prescriber must get approval from Molina Dual Options STAR+PLUS MMP before you fill your prescription. Molina Dual Options STAR+PLUS MMP may not cover the drug if you do not get approval.
- **Quantity limits:** Sometimes Molina Dual Options STAR+PLUS MMP limits the amount of a drug you can get.
- **Step therapy:** Sometimes Molina Dual Options STAR+PLUS MMP requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables on pages 12 - 130. You can also get more information by visiting our website at MolinaHealthcare.com/Duals. We have posted online documents that explains prior authorization and step therapy restrictions. You may also ask us to send you a copy.

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

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

The table of drugs on page 11 has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if Molina Dual Options STAR+PLUS MMP changes their rules about some drugs (for example, prior authorization (approval), quantity limits, and/or step therapy restrictions)?

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



If you have questions, please call Molina Dual Options STAR+PLUS MMP at (866) 856-8699, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.

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

There are two ways to find a drug:

- You can search alphabetically by the drug's name, **or**
- You can search by medical condition.

To search **alphabetically**, go to the Index of Covered Drugs section. You can find it on page number 131.

To search **by medical condition**, find the section labeled "Drugs Grouped by Medical Condition" on page 11. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Beta-blockers. That is where you will find drugs that treat heart conditions.

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

If you don't find your drug on the Drug List, call Member Services at (866) 856-8699, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time and ask about it. If you learn that Molina Dual Options STAR+PLUS MMP will not cover the drug, you can do one of these things:

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

B9. What if I am a new Molina Dual Options STAR+PLUS MMP member and can't find my drug on the Drug List or have a problem getting my drug?

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

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

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

- you are taking a drug that is not on our Drug List, **or**
- health plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires prior approval by Molina Dual Options STAR+PLUS MMP, **or**



If you have questions, please call Molina Dual Options STAR+PLUS MMP at (866) 856-8699, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.

- you are taking a drug that is part of a step therapy restriction.

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

- We will cover one 60 supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Molina Dual Options STAR+PLUS MMP member.
- This is in addition to the temporary supply during the first 90 days you are a member of Molina Dual Options STAR+PLUS MMP.

Transition Policy

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

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

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

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

If a new member is a resident of a long-term-care facility (like a nursing home), we will cover a temporary 31-day transition supply (unless the prescription is written for fewer days). If necessary, we will cover more than one refill of these drugs during the first 90 days a new member is enrolled



If you have questions, please call Molina Dual Options STAR+PLUS MMP at (866) 856-8699, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.

in our Plan. If the resident has been enrolled in our Plan for more than 90 days and needs a drug that isn't on our formulary or is subject to other restrictions, such as step therapy or dosage limits, we will cover a temporary 31-day emergency supply of that drug (unless the prescription is for fewer days) while the new member pursues a formulary exception. Exceptions are available in situations where you experience a change in the level of care you are receiving that also requires you to transition from one facility or treatment center to another. In such circumstances, you would be eligible for a temporary, one-time fill exception even if you are outside of the first 90 days as a member of the plan.

B10. Can I ask for an exception to cover my drug?

Yes. You can ask Molina Dual Options STAR+PLUS MMP to make an exception to cover a drug that is not on the Drug List.

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

- For example, Molina Dual Options STAR+PLUS MMP may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
 - Other examples: You can ask us to drop step therapy restrictions or prior approval requirements.
-

B11. How can I ask for an exception?

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

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

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours. Your prescriber can call Molina Dual Options or fax the supporting statement to (866) 290-1309.

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

B13. What are generic drugs?

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

Molina Dual Options STAR+PLUS MMP covers both brand name drugs and generic drugs.



If you have questions, please call Molina Dual Options STAR+PLUS MMP at (866) 856-8699, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.

B15. Does Molina Dual Options STAR+PLUS MMP cover non-drug OTC products?

Molina Dual Options STAR+PLUS MMP covers some non-drug OTC products when they are written as prescriptions by your provider.

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

You can read the Molina Dual Options STAR+PLUS MMP Drug List to find out what non-drug OTC products are covered.

B16. What is my copay?

As a Molina Dual Options STAR+PLUS MMP member, you have no copays for prescription and OTC drugs as long as you follow Molina Dual Options STAR+PLUS MMP's rules.

B17. What are drug tiers?

Tiers are groups of drugs on our Drug List.

- Tier 1 drugs are generic drugs. For Tier 1 drugs, you pay nothing.
 - Tier 2 drugs are brand name drugs. For Tier 2 drugs, you pay nothing.
 - Tier 3 drugs are Non-Medicare Rx/Over The Counter (OTC) drugs. For Tier 3 drugs, you pay nothing.
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C. Overview of the *List of Covered Drugs*

The following list of covered drugs gives you information about the drugs covered by Molina Dual Options STAR+PLUS MMP. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 131. The index alphabetically lists all drugs covered by Molina Dual Options STAR+PLUS MMP.

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

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

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



If you have questions, please call Molina Dual Options STAR+PLUS MMP at (866) 856-8699, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.

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

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

- These drugs also have different rules for appeals. An appeal is a formal way of asking us to review a coverage decision and to change it if you think we made a mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Texas Medicaid.
- If you or your doctor disagrees with our decision, you can appeal. To ask for instructions on how to appeal, call Member Services at (866) 856-8699, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. You can also read Chapter 9, of the Member Handbook to learn how to appeal a decision.

C1. Drugs Grouped by Medical Condition

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

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

PA = Prior Authorization (approval): you must have approval before you can get this drug.

QL = Quantity Limits: the amount of the drug that the plan will cover.

ST = Step Therapy Criteria: you must try another drug before you can get this one.

NM = Non-Mail Order: this drug cannot be filled through mail order.

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

LA = Limited Access Drug: this drug may be available only at certain pharmacies.

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

NDS = Non-Extended Days Supply: you will be limited to how many days supply you can receive.



If you have questions, please call Molina Dual Options STAR+PLUS MMP at (866) 856-8699, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free. **For more information**, visit MolinaHealthcare.com/Duals.

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

<i>allopurinol</i> TABS 100mg, 300mg	\$0(1)	
<i>colchicine</i> TABS .6mg	\$0(1)	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	\$0(1)	
MITIGARE CAPS .6mg	\$0(2)	QL (60 caps / 30 days)
<i>probenecid</i> TABS 500mg	\$0(1)	

MISCELLANEOUS

<i>acetaminophen</i> SUPP 120mg, 650mg; TBCR 650mg	\$0(3)	NM; *
<i>adult aspirin regimen</i> TBEC 81mg	\$0(3)	NM; *
<i>aspirin</i> CHEW 81mg; TABS 325mg	\$0(3)	NM; *
<i>aspirin adult low dose</i> TBEC 81mg	\$0(3)	NM; *
<i>aspirin low dose</i> CHEW 81mg	\$0(3)	NM; *
<i>ed-apap</i> LIQD 160mg/5ml	\$0(3)	NM; *
<i>effervescent antacid/p ai</i>	\$0(3)	NM; *
<i>8 hour arthritis pain rel</i> TBCR 650mg	\$0(3)	NM; *
<i>8hr muscle aches & pain</i> TBCR 650mg	\$0(3)	NM; *
<i>m-pap</i> LIQD 160mg/5ml	\$0(3)	NM; *
<i>mapap</i> CAPS 500mg	\$0(3)	NM; *
<i>mapap acetaminophen extra</i> LIQD 500mg/15ml	\$0(3)	NM; *
<i>mapap arthritis pain</i> TBCR 650mg	\$0(3)	NM; *
<i>mapap childrens</i> CHEW 80mg	\$0(3)	NM; *
<i>migraine relief</i>	\$0(3)	NM; *

NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION

<i>all day pain relief</i> TABS 220mg	\$0(3)	NM; *
<i>all day relief</i> TABS 220mg	\$0(3)	NM; *
<i>celecoxib</i> CAPS 50mg	\$0(1)	QL (240 caps / 30 days)
<i>celecoxib</i> CAPS 100mg	\$0(1)	QL (120 caps / 30 days)
<i>celecoxib</i> CAPS 200mg	\$0(1)	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	\$0(1)	QL (30 caps / 30 days)
<i>childrens ibuprofen</i> SUSP 100mg/5ml	\$0(3)	NM; *
<i>diclofenac potassium</i> TABS 50mg	\$0(1)	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	\$0(1)	
<i>diflunisal</i> TABS 500mg	\$0(1)	
<i>ec-naproxen</i> TBEC 375mg	\$0(1)	QL (120 tabs / 30 days)
<i>ec-naproxen</i> TBEC 500mg	\$0(1)	QL (90 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	\$0(1)	
<i>flurbiprofen</i> TABS 100mg	\$0(1)	
<i>gnp ibuprofen</i> TABS 200mg	\$0(3)	NM; *
<i>gnp ibuprofen junior stre</i> CHEW 100mg	\$0(3)	NM; *
<i>goodsense ibuprofen</i> TABS 200mg	\$0(3)	NM; *
<i>goodsense ibuprofen child</i> SUSP 100mg/5ml	\$0(3)	NM; *
<i>goodsense ibuprofen infan</i> SUSP 50mg/1.25ml	\$0(3)	NM; *
<i>ibu</i> TABS 600mg, 800mg	\$0(1)	
<i>ibu-200</i> TABS 200mg	\$0(3)	NM; *
<i>ibuprofen</i> CAPS 200mg; TABS 200mg	\$0(3)	NM; *
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	\$0(1)	
<i>ibuprofen childrens</i> SUSP 100mg/5ml	\$0(3)	NM; *
<i>ibuprofen infants</i> SUSP 50mg/1.25ml	\$0(3)	NM; *
<i>ibuprofen junior strength</i> CHEW 100mg	\$0(3)	NM; *
<i>infants ibuprofen</i> SUSP 50mg/1.25ml	\$0(3)	NM; *
<i>meloxicam</i> TABS 7.5mg, 15mg	\$0(1)	
<i>nabumetone</i> TABS 500mg, 750mg	\$0(1)	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	\$0(1)	
<i>naproxen</i> TBEC 375mg	\$0(1)	QL (120 tabs / 30 days)
<i>naproxen</i> TBEC 500mg	\$0(1)	QL (90 tabs / 30 days)
<i>naproxen sodium</i> TABS 220mg	\$0(3)	NM; *
<i>naproxen sodium</i> TABS 275mg, 550mg	\$0(1)	
<i>piroxicam</i> CAPS 10mg, 20mg	\$0(1)	
<i>qc naproxen sodium</i> TABS 220mg	\$0(3)	NM; *
<i>sm ibuprofen</i> TABS 200mg	\$0(3)	NM; *
<i>sulindac</i> TABS 150mg, 200mg	\$0(1)	
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	\$0(1)	QL (4 patches / 28 days), PA
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr	\$0(1)	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg	\$0(1)	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 80mg, 100mg, 120mg	\$0(2)	QL (30 tabs / 30 days), PA

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	\$0(2)	QL (30 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	\$0(1)	QL (450 mL / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	\$0(1)	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i> CONC 10mg/ml	\$0(1)	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	\$0(1)	QL (90 tabs / 30 days), PA
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg	\$0(2)	QL (60 tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	\$0(1)	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-15 mg	\$0(1)	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-30 mg	\$0(1)	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-60 mg	\$0(1)	QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	\$0(2)	
<i>endocet tab</i> 2.5-325mg	\$0(1)	QL (360 tabs / 30 days)
<i>endocet tab</i> 5-325mg	\$0(1)	QL (360 tabs / 30 days)
<i>endocet tab</i> 7.5-325mg	\$0(1)	QL (240 tabs / 30 days)
<i>endocet tab</i> 10-325mg	\$0(1)	QL (180 tabs / 30 days)
<i>fentanyl citrate</i> LPOP 200mcg	\$0(1)	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate</i> LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	\$0(2)	NDS, QL (120 lozenges / 30 days), PA
<i>hydrocodone-acetaminophen soln</i> 7.5- 325 mg/15ml	\$0(1)	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab</i> 5-325 mg	\$0(1)	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 7.5- 325 mg	\$0(1)	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 10- 325 mg	\$0(1)	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab</i> 7.5-200 mg	\$0(1)	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD 1mg/ml	\$0(1)	QL (600 mL / 30 days)
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg	\$0(1)	QL (180 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>morphine sulfate</i> SOLN 1mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	\$0(2)	B/D
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml	\$0(2)	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml	\$0(1)	QL (900 mL / 30 days)
<i>morphine sulfate</i> SOLN 100mg/5ml	\$0(1)	QL (180 mL / 30 days)
<i>morphine sulfate</i> TABS 15mg, 30mg	\$0(1)	QL (180 tabs / 30 days)
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	\$0(2)	
<i>oxycodone hcl</i> CAPS 5mg	\$0(1)	QL (180 caps / 30 days)
<i>oxycodone hcl</i> CONC 100mg/5ml	\$0(1)	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	\$0(1)	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	\$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)
<i>tramadol hcl</i> TABS 50mg	\$0(1)	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	\$0(1)	QL (240 tabs / 30 days)
ANESTHETICS - DRUGS FOR NUMBING		
LOCAL ANESTHETICS		
<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%	\$0(1)	B/D
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole</i> TABS 200mg	\$0(2)	NDS
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	\$0(1)	
<i>atovaquone</i> SUSP 750mg/5ml	\$0(1)	
<i>aztreonam</i> SOLR 1gm, 2gm	\$0(1)	
CAYSTON SOLR 75mg	\$0(2)	NDS, NM, LA, PA
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	\$0(1)	
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>clindamycin phosphate</i> SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml	\$0(1)	
<i>clindamycin phosphate in d5w iv soln</i> 300 mg/50ml	\$0(1)	
<i>clindamycin phosphate in d5w iv soln</i> 600 mg/50ml	\$0(1)	
<i>clindamycin phosphate in d5w iv soln</i> 900 mg/50ml	\$0(1)	
CLINDMYC/NAC INJ 300/50ML	\$0(2)	
CLINDMYC/NAC INJ 600/50ML	\$0(2)	
CLINDMYC/NAC INJ 900/50ML	\$0(2)	
<i>colistimethate sodium</i> SOLR 150mg	\$0(1)	
<i>dapsone</i> TABS 25mg, 100mg	\$0(1)	
DAPTOMYCIN SOLR 350mg	\$0(2)	NDS
<i>daptomycin</i> SOLR 350mg, 500mg	\$0(2)	NDS
EMVERM CHEW 100mg	\$0(2)	NDS, QL (12 tabs / year)
<i>ertapenem sodium</i> SOLR 1gm	\$0(1)	
<i>gentamicin in saline inj 0.8 mg/ml</i>	\$0(1)	
<i>gentamicin in saline inj 1 mg/ml</i>	\$0(1)	
<i>gentamicin in saline inj 1.2 mg/ml</i>	\$0(1)	
<i>gentamicin in saline inj 1.6 mg/ml</i>	\$0(1)	
<i>gentamicin in saline inj 2 mg/ml</i>	\$0(1)	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	\$0(1)	
<i>imipenem-cilastatin intravenous for soln</i> 250 mg	\$0(1)	
<i>imipenem-cilastatin intravenous for soln</i> 500 mg	\$0(1)	
<i>ivermectin</i> TABS 3mg	\$0(1)	
<i>linezolid</i> SOLN 600mg/300ml	\$0(1)	
<i>linezolid</i> SUSR 100mg/5ml	\$0(2)	NDS, QL (1800 mL / 30 days)
<i>linezolid</i> TABS 600mg	\$0(1)	QL (60 tabs / 30 days)
<i>linezolid in sodium chloride iv soln 600</i> <i>mg/300ml-0.9%</i>	\$0(1)	
<i>meropenem</i> SOLR 1gm, 500mg	\$0(1)	
<i>methenamine hippurate</i> TABS 1gm	\$0(1)	
<i>metronidazole</i> TABS 250mg, 500mg	\$0(1)	
<i>metronidazole in nacl 0.79% iv soln 500</i> <i>mg/100ml</i>	\$0(1)	
<i>neomycin sulfate</i> TABS 500mg	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>nitazoxanide</i> TABS 500mg	\$0(2)	NDS, QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg	\$0(2)	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	\$0(2)	
<i>paromomycin sulfate</i> CAPS 250mg	\$0(1)	
<i>pentamidine isethionate inh</i> SOLR 300mg	\$0(1)	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	\$0(1)	
<i>praziquantel</i> TABS 600mg	\$0(1)	
SIVEXTRO SOLR 200mg; TABS 200mg	\$0(2)	NDS
<i>streptomycin sulfate</i> SOLR 1gm	\$0(1)	
SULFADIAZINE TABS 500mg	\$0(2)	
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	\$0(1)	
<i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml	\$0(1)	
<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg	\$0(1)	
<i>sulfamethoxazole-trimethoprim tab</i> 800-160 mg	\$0(1)	
SYNERCID INJ 500MG	\$0(2)	NDS
<i>tobramycin</i> NEBU 300mg/5ml	\$0(2)	NDS, NM, PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	\$0(1)	
<i>trimethoprim</i> TABS 100mg	\$0(1)	
<i>vancomycin hcl</i> CAPS 125mg	\$0(1)	QL (80 caps / 180 days)
<i>vancomycin hcl</i> CAPS 250mg	\$0(1)	QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 5gm, 10gm, 500mg, 750mg	\$0(1)	
VANCOMYCIN INJ 1 GM	\$0(2)	
VANCOMYCIN INJ 500MG	\$0(2)	
VANCOMYCIN INJ 750MG	\$0(2)	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
ABELCET SUSP 5mg/ml	\$0(2)	B/D
AMBISOME SUSR 50mg	\$0(2)	NDS, B/D
<i>amphotericin b</i> SOLR 50mg	\$0(1)	B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	\$0(1)	
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

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>flucytosine CAPS 250mg, 500mg</i>	\$0(2)	NDS, PA
<i>griseofulvin microsize SUSP 125mg/5ml; TABS 500mg</i>	\$0(1)	
<i>griseofulvin ultramicrosize TABS 125mg, 250mg</i>	\$0(1)	
<i>itraconazole CAPS 100mg</i>	\$0(1)	PA
<i>ketoconazole TABS 200mg</i>	\$0(1)	PA
<i>micafungin sodium SOLR 50mg, 100mg</i>	\$0(2)	NDS
<i>NOXAFIL SUSP 40mg/ml</i>	\$0(2)	NDS, QL (630 mL / 30 days), PA
<i>nystatin TABS 500000unit</i>	\$0(1)	
<i>posaconazole TBEC 100mg</i>	\$0(2)	NDS, QL (93 tabs / 30 days), PA
<i>terbinafine hcl TABS 250mg</i>	\$0(1)	QL (90 tabs / year)
<i>voriconazole SOLR 200mg; SUSR 40mg/ml</i>	\$0(2)	NDS, PA
<i>voriconazole TABS 50mg</i>	\$0(1)	QL (480 tabs / 30 days), PA
<i>voriconazole TABS 200mg</i>	\$0(1)	QL (120 tabs / 30 days), PA
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 TABS 250mg, 500mg</i>	\$0(1)	
<i>COARTEM TAB 20-120MG</i>	\$0(2)	
<i>mefloquine hcl TABS 250mg</i>	\$0(1)	
<i>primaquine phosphate TABS 26.3mg</i>	\$0(1)	
<i>PRIMAQUINE PHOSPHATE TABS 26.3mg</i>	\$0(2)	
<i>quinine sulfate CAPS 324mg</i>	\$0(1)	PA
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate SOLN 20mg/ml; TABS 300mg</i>	\$0(1)	
<i>APTIVUS CAPS 250mg</i>	\$0(2)	NDS

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	\$0(1)	
EDURANT TABS 25mg	\$0(2)	NDS
<i>efavirenz</i> CAPS 50mg, 200mg; TABS 600mg	\$0(1)	
<i>emtricitabine</i> CAPS 200mg	\$0(1)	
EMTRIVA SOLN 10mg/ml	\$0(2)	
<i>etravirine</i> TABS 100mg, 200mg	\$0(2)	NDS
<i>fosamprenavir calcium</i> TABS 700mg	\$0(2)	NDS
FUZEON SOLR 90mg	\$0(2)	NDS
INTELENCE TABS 25mg	\$0(2)	
INVIRASE TABS 500mg	\$0(2)	NDS
ISENTRESS CHEW 25mg; PACK 100mg	\$0(2)	
ISENTRESS CHEW 100mg; TABS 400mg	\$0(2)	NDS
ISENTRESS HD TABS 600mg	\$0(2)	NDS
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	\$0(1)	
LEXIVA SUSP 50mg/ml	\$0(2)	
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 100mg, 400mg	\$0(1)	
NORVIR PACK 100mg; SOLN 80mg/ml	\$0(2)	
PIFELTRO TABS 100mg	\$0(2)	NDS
PREZISTA SUSP 100mg/ml	\$0(2)	NDS, QL (400 mL / 30 days)
PREZISTA TABS 75mg	\$0(2)	QL (480 tabs / 30 days)
PREZISTA TABS 150mg	\$0(2)	NDS, QL (240 tabs / 30 days)
PREZISTA TABS 600mg	\$0(2)	NDS, QL (60 tabs / 30 days)
PREZISTA TABS 800mg	\$0(2)	NDS, QL (30 tabs / 30 days)
REYATAZ PACK 50mg	\$0(2)	NDS
<i>ritonavir</i> TABS 100mg	\$0(1)	
RUKOBIA TB12 600mg	\$0(2)	NDS
SELZENTRY SOLN 20mg/ml; TABS 75mg, 150mg, 300mg	\$0(2)	NDS
SELZENTRY TABS 25mg	\$0(2)	
<i>tenofovir disoproxil fumarate</i> TABS 300mg	\$0(1)	
TIVICAY TABS 10mg	\$0(2)	
TIVICAY TABS 25mg, 50mg	\$0(2)	NDS
TIVICAY PD TBSO 5mg	\$0(2)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TROGARZO SOLN 200mg/1.33ml	\$0(2)	NDS, LA
TYBOST TABS 150mg	\$0(2)	
VIRACEPT TABS 250mg, 625mg	\$0(2)	NDS
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	\$0(2)	NDS
zidovudine CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	\$0(1)	
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate-lamivudine tab 600- 300 mg</i>	\$0(1)	
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	\$0(2)	NDS
BIKTARVY TAB	\$0(2)	NDS
CIMDUO TAB 300-300	\$0(2)	NDS
COMPLERA TAB	\$0(2)	NDS
DELSTRIGO TAB	\$0(2)	NDS
DESCOVY TAB 200/25MG	\$0(2)	NDS
DOVATO TAB 50-300MG	\$0(2)	NDS
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	\$0(2)	NDS
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	\$0(2)	NDS
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	\$0(2)	NDS
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	\$0(2)	NDS, QL (30 tabs / 30 days)
EVOTAZ TAB 300-150	\$0(2)	NDS
GENVOYA TAB	\$0(2)	NDS
JULUCA TAB 50-25MG	\$0(2)	NDS
<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>lopinavir-ritonavir tab 100-25 mg</i>	\$0(1)	
<i>lopinavir-ritonavir tab 200-50 mg</i>	\$0(2)	NDS
ODEFSEY TAB	\$0(2)	NDS
PREZCOBIX TAB 800-150	\$0(2)	NDS

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
STRIBILD TAB	\$0(2)	NDS
SYMTUZA TAB	\$0(2)	NDS
TEMIXYS TAB 300-300	\$0(2)	NDS
TRIUMEQ TAB	\$0(2)	NDS
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
<i>cycloserine</i> CAPS 250mg	\$0(2)	NDS
<i>ethambutol hcl</i> TABS 100mg, 400mg	\$0(1)	
<i>isoniazid</i> SYRP 50mg/5ml; TABS 100mg, 300mg	\$0(1)	
PASER PACK 4gm	\$0(2)	
PRIFTIN TABS 150mg	\$0(2)	
<i>pyrazinamide</i> TABS 500mg	\$0(1)	
<i>rifabutin</i> CAPS 150mg	\$0(1)	
<i>rifampin</i> CAPS 150mg, 300mg; SOLR 600mg	\$0(1)	
SIRTURO TABS 20mg, 100mg	\$0(2)	NDS, LA, PA
TRECTOR TABS 250mg	\$0(2)	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
<i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	\$0(1)	
<i>acyclovir sodium</i> SOLN 50mg/ml	\$0(1)	B/D
<i>adefovir dipivoxil</i> TABS 10mg	\$0(2)	NDS
BARACLUDE SOLN .05mg/ml	\$0(2)	NDS
<i>entecavir</i> TABS .5mg, 1mg	\$0(1)	
EPCLUSA TAB 200-50MG	\$0(2)	NDS, NM, PA
EPCLUSA TAB 400-100	\$0(2)	NDS, NM, PA
EPIVIR HBV SOLN 5mg/ml	\$0(2)	
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	\$0(1)	
<i>ganciclovir sodium</i> SOLR 500mg	\$0(1)	B/D
HARVONI PAK 33.75-150MG	\$0(2)	NDS, NM, PA
HARVONI PAK 45-200MG	\$0(2)	NDS, NM, PA
HARVONI TAB 45-200MG	\$0(2)	NDS, NM, PA
HARVONI TAB 90-400MG	\$0(2)	NDS, NM, PA
<i>lamivudine (hbv)</i> TABS 100mg	\$0(1)	
MAVYRET TAB 100-40MG	\$0(2)	NDS, NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	\$0(1)	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	\$0(1)	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	\$0(1)	QL (1080 mL / year)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	\$0(2)	NDS, NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PREVYMIS TABS 240mg, 480mg	\$0(2)	NDS, QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	\$0(2)	QL (6 inhalers / year)
ribavirin (hepatitis c) CAPS 200mg; TABS 200mg	\$0(1)	NM
rimantadine hydrochloride TABS 100mg	\$0(1)	
valacyclovir hcl TABS 1gm, 500mg	\$0(1)	
valganciclovir hcl SOLR 50mg/ml	\$0(2)	NDS
valganciclovir hcl TABS 450mg	\$0(1)	
VEMLIDY TABS 25mg	\$0(2)	NDS, PA
VOSEVI TAB	\$0(2)	NDS, NM, PA
XOFLUZA TBPK 40mg	\$0(2)	QL (2 tabs / 180 days)
XOFLUZA TBPK 80mg	\$0(2)	QL (1 tab / 180 days)
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
cefaclor CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml	\$0(1)	
CEFACLOR ER TB12 500mg	\$0(2)	
cefadroxil CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	\$0(1)	
CEFAZOLIN INJ 1GM/50ML	\$0(2)	
cefazolin sodium SOLR 1gm, 10gm, 500mg	\$0(1)	
CEFAZOLIN SOLN 2GM/100ML-4%	\$0(2)	
cefdinir CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	\$0(1)	
cefepime hcl SOLR 1gm, 2gm	\$0(1)	
cefixime SUSR 100mg/5ml, 200mg/5ml	\$0(1)	
cefoxitin sodium SOLR 1gm, 2gm, 10gm	\$0(1)	
cefpodoxime proxetil SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	\$0(1)	
cefprozil SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	\$0(1)	
ceftazidime SOLR 1gm, 2gm, 6gm	\$0(1)	
CEFTAZIDIME/ SOL D5W 1GM	\$0(2)	
CEFTAZIDIME/ SOL D5W 2GM	\$0(2)	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	\$0(1)	
cefuroxime axetil TABS 250mg, 500mg	\$0(1)	
cefuroxime sodium SOLR 1.5gm, 7.5gm, 750mg	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	\$0(1)	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	\$0(1)	
TEFLARO SOLR 400mg, 600mg	\$0(2)	NDS
<i>ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS</i>		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	\$0(1)	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	\$0(1)	
DIFICID SUSR 40mg/ml; TABS 200mg	\$0(2)	NDS
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	\$0(1)	
ERYTHROCIN LACTOBIONATE SOLR 500mg	\$0(2)	NDS
<i>erythrocin stearate</i> TABS 250mg	\$0(1)	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	\$0(1)	
<i>erythromycin ethylsuccinate</i> TABS 400mg	\$0(1)	
<i>FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS</i>		
CIPRO SUSR 500mg/5ml	\$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</i> TABS 100mg, 250mg, 500mg, 750mg	\$0(1)	
<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	\$0(1)	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	\$0(1)	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	\$0(1)	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	\$0(1)	
<i>moxifloxacin hcl</i> TABS 400mg	\$0(1)	
<i>PENICILLINS - DRUGS TO TREAT INFECTIONS</i>		
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	\$0(1)	
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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>ampicillin CAPS 500mg</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	\$0(1)	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	\$0(1)	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	\$0(1)	
<i>BICILLIN L-A SUSP 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	\$0(2)	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	\$0(1)	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	\$0(1)	
<i>nafcillin sodium SOLR 10gm</i>	\$0(2)	NDS
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	\$0(1)	
<i>PEN GK/DEXTR INJ 40000/ML</i>	\$0(2)	
<i>PEN GK/DEXTR INJ 60000/ML</i>	\$0(2)	
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PENICILLIN G PROCAINE SUSP 600000unit/ml	\$0(2)	
<i>penicillin g sodium</i> SOLR 5000000unit	\$0(1)	
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	\$0(1)	
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	\$0(1)	
<i>piperacillin sod-tazobactam na for inj</i> 3.375 gm (3-0.375 gm)	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj</i> 2.25 gm (2-0.25 gm)	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj</i> 4.5 gm (4-0.5 gm)	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj</i> 13.5 gm (12-1.5 gm)	\$0(1)	
<i>piperacillin sod-tazobactam sod for inj</i> 40.5 gm (36-4.5 gm)	\$0(1)	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
<i>doxy 100</i> SOLR 100mg	\$0(1)	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; TABS 50mg, 75mg, 100mg	\$0(1)	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	\$0(1)	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	\$0(1)	
<i>mondoxylene nl</i> CAPS 100mg	\$0(1)	
<i>tetracycline hcl</i> CAPS 250mg, 500mg	\$0(1)	PA
<i>tigecycline</i> SOLR 50mg	\$0(1)	
TIGECYCLINE SOLR 50mg	\$0(2)	NDS
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
BENDEKA SOLN 100mg/4ml	\$0(2)	NDS, B/D
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	\$0(1)	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	\$0(1)	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg	\$0(1)	B/D, NM
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml	\$0(2)	NDS, B/D

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>cyclophosphamide</i> SOLR 1gm, 2gm, 500mg	\$0(2)	NDS, B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	\$0(2)	B/D
LEUKERAN TABS 2mg	\$0(2)	
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	\$0(1)	B/D
<i>oxaliplatin</i> SOLR 50mg, 100mg	\$0(2)	NDS, B/D
<i>paraplatin</i> SOLN 1000mg/100ml	\$0(1)	B/D
ANTIBIOTICS		
<i>adriamycin</i> SOLN 2mg/ml	\$0(1)	B/D
<i>doxorubicin hcl</i> SOLN 2mg/ml	\$0(1)	B/D
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	\$0(2)	NDS, B/D
<i>epirubicin hcl</i> SOLN 50mg/25ml, 200mg/100ml	\$0(1)	B/D
ANTIMETABOLITES		
ALIMTA SOLR 100mg, 500mg	\$0(2)	NDS, B/D
<i>azacitidine</i> SUSR 100mg	\$0(2)	NDS, B/D
<i>cytarabine</i> SOLN 20mg/ml	\$0(1)	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	\$0(1)	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	\$0(1)	B/D
INQOVI TAB 35-100MG	\$0(2)	NDS, NM, LA, PA
LONSURF TAB 15-6.14	\$0(2)	NDS, NM, PA
LONSURF TAB 20-8.19	\$0(2)	NDS, NM, PA
<i>mercaptopurine</i> TABS 50mg	\$0(1)	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	\$0(1)	B/D
ONUREG TABS 200mg, 300mg	\$0(2)	NDS, NM, LA, PA
PURIXAN SUSP 2000mg/100ml	\$0(2)	NDS
TABLOID TABS 40mg	\$0(2)	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg, 500mg	\$0(2)	NDS, NM, PA
<i>anastrozole</i> TABS 1mg	\$0(1)	
<i>bicalutamide</i> TABS 50mg	\$0(1)	
EMCYT CAPS 140mg	\$0(2)	NDS
ERLEADA TABS 60mg	\$0(2)	NDS, NM, LA, PA
<i>exemestane</i> TABS 25mg	\$0(1)	
<i>flutamide</i> CAPS 125mg	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>fulvestrant</i> SOLN 250mg/5ml	\$0(2)	NDS, B/D
<i>letrozole</i> TABS 2.5mg	\$0(1)	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	\$0(1)	PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	\$0(2)	NDS, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	\$0(2)	NDS, PA
LYSODREN TABS 500mg	\$0(2)	NDS
<i>megestrol acetate</i> TABS 20mg, 40mg	\$0(2)	
<i>nilutamide</i> TABS 150mg	\$0(2)	NDS
NUBEQA TABS 300mg	\$0(2)	NDS, NM, LA, PA
ORGOVYX TABS 120mg	\$0(2)	NDS, NM, LA, PA
SOLTAMOX SOLN 10mg/5ml	\$0(2)	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	\$0(1)	
<i>toremifene citrate</i> TABS 60mg	\$0(2)	NDS
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg	\$0(2)	NDS, PA
XTANDI CAPS 40mg	\$0(2)	NDS, NM, LA, PA
XTANDI TABS 40mg, 80mg	\$0(2)	NDS, LA, PA
IMMUNOMODULATORS		
POMALYST CAPS 1mg, 2mg	\$0(2)	NDS, QL (21 caps / 21 days), NM, LA, PA
POMALYST CAPS 3mg, 4mg	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	\$0(2)	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAPS 20mg, 25mg	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
THALOMID CAPS 50mg, 100mg	\$0(2)	NDS, QL (28 caps / 28 days), NM, PA
THALOMID CAPS 150mg, 200mg	\$0(2)	NDS, QL (56 caps / 28 days), NM, PA
MISCELLANEOUS		
<i>bexarotene</i> CAPS 75mg	\$0(2)	NDS, NM, PA
<i>hydroxyurea</i> CAPS 500mg	\$0(1)	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	\$0(1)	B/D
KISQALI 200 PAK FEMARA	\$0(2)	NDS, QL (49 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	\$0(2)	NDS, QL (70 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	\$0(2)	NDS, QL (91 tabs / 28 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MATULANE CAPS 50mg	\$0(2)	NDS, NM, LA
SYNRIBO SOLR 3.5mg	\$0(2)	NDS, PA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	\$0(2)	NDS
MITOTIC INHIBITORS		
ABRAXANE INJ 100MG	\$0(2)	NDS, B/D
<i>docetaxel</i> CONC 20mg/ml	\$0(1)	B/D
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	\$0(2)	NDS, B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	\$0(2)	NDS, B/D
<i>etoposide</i> SOLN 100mg/5ml, 500mg/25ml	\$0(1)	B/D
<i>paclitaxel</i> CONC 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml	\$0(1)	B/D
<i>toposar</i> SOLN 1gm/50ml, 100mg/5ml	\$0(1)	B/D
<i>vincristine sulfate</i> SOLN 1mg/ml	\$0(1)	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	\$0(1)	B/D
MOLECULAR TARGET AGENTS		
AFINITOR TABS 10mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 2mg	\$0(2)	NDS, QL (150 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 3mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
AFINITOR DISPERZ TBSO 5mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
ALECENSA CAPS 150mg	\$0(2)	NDS, NM, LA, PA
ALUNBRIG TABS 30mg, 90mg, 180mg	\$0(2)	NDS, NM, LA, PA
ALUNBRIG PAK	\$0(2)	NDS, NM, LA, PA
AVASTIN SOLN 100mg/4ml, 400mg/16ml	\$0(2)	NDS, LA, PA
AYVAKIT TABS 25mg, 50mg	\$0(2)	NDS, QL (30 tabs / 30 days), LA, PA
AYVAKIT TABS 100mg, 200mg, 300mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
BALVERSA TABS 3mg, 4mg, 5mg	\$0(2)	NDS, NM, LA, PA
BORTEZOMIB SOLR 3.5mg	\$0(2)	NDS, PA
BOSULIF TABS 100mg, 400mg, 500mg	\$0(2)	NDS, NM, PA
BRAFTOVI CAPS 75mg	\$0(2)	NDS, LA, PA

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
BRUKINSA CAPS 80mg	\$0(2)	NDS, NM, LA, PA
CABOMETYX TABS 20mg, 40mg, 60mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAPS 100mg	\$0(2)	NDS, QL (60 caps / 30 days), NM, LA, PA
CAPRELSA TABS 100mg, 300mg	\$0(2)	NDS, NM, LA, PA
COMETRIQ (60MG DOSE) KIT 20mg	\$0(2)	NDS, NM, LA, PA
COMETRIQ KIT 100MG	\$0(2)	NDS, NM, LA, PA
COMETRIQ KIT 140MG	\$0(2)	NDS, NM, LA, PA
COPIKTRA CAPS 15mg, 25mg	\$0(2)	NDS, NM, LA, PA
COTELLIC TABS 20mg	\$0(2)	NDS, NM, LA, PA
DAURISMO TABS 25mg, 100mg	\$0(2)	NDS, NM, LA, PA
ERIVEDGE CAPS 150mg	\$0(2)	NDS, NM, LA, PA
<i>erlotinib hcl</i> TABS 25mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
FARYDAK CAPS 10mg, 15mg, 20mg	\$0(2)	NDS, NM, LA, PA
FOTIVDA CAPS .89mg, 1.34mg	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
GAVRETO CAPS 100mg	\$0(2)	NDS, NM, LA, PA
GILOTRIF TABS 20mg, 30mg, 40mg	\$0(2)	NDS, NM, LA, PA
HERCEP HYLEC SOL 60-10000	\$0(2)	NDS, PA
HERCEPTIN SOLR 150mg	\$0(2)	NDS, PA
HERZUMA SOLR 150mg, 420mg	\$0(2)	NDS, PA
IBRANCE CAPS 75mg, 100mg, 125mg	\$0(2)	NDS, QL (21 caps / 28 days), NM, LA, PA
IBRANCE TABS 75mg, 100mg, 125mg	\$0(2)	NDS, QL (21 tabs / 28 days), NM, LA, PA
ICLUSIG TABS 10mg	\$0(2)	NDS, QL (60 tabs / 30 days), LA, PA
ICLUSIG TABS 15mg, 45mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
ICLUSIG TABS 30mg	\$0(2)	NDS, QL (30 tabs / 30 days), LA, PA
IDHIFA TABS 50mg, 100mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>imatinib mesylate</i> TABS 100mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
IMBRUVICA CAPS 70mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
IMBRUVICA CAPS 140mg	\$0(2)	NDS, QL (120 caps / 30 days), NM, LA, PA
IMBRUVICA TABS 140mg, 280mg, 420mg, 560mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
INLYTA TABS 1mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
INLYTA TABS 5mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
INREBIC CAPS 100mg	\$0(2)	NDS, NM, LA, PA
IRESSA TABS 250mg	\$0(2)	NDS, NM, LA, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
KADCYLA SOLR 100mg, 160mg	\$0(2)	NDS, B/D
KANJINTI SOLR 150mg, 420mg	\$0(2)	NDS, PA
KEYTRUDA SOLN 100mg/4ml	\$0(2)	NDS, PA
KISQALI 200 DOSE TBPK 200mg	\$0(2)	NDS, QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	\$0(2)	NDS, QL (42 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	\$0(2)	NDS, QL (63 tabs / 28 days), NM, PA
<i>lapatinib ditosylate</i> TABS 250mg	\$0(2)	NDS, NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	\$0(2)	NDS, QL (60 caps / 30 days), NM, LA, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	\$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	\$0(2)	NDS, QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 14 MG	\$0(2)	NDS, QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 18 MG	\$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
LENVIMA CAP 24 MG	\$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
LORBRENA TABS 25mg, 100mg	\$0(2)	NDS, NM, LA, PA
LUMAKRAS TABS 120mg	\$0(2)	NDS, NM, LA, PA
LYNPARZA TABS 100mg, 150mg	\$0(2)	NDS, QL (120 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
MEKINIST TABS .5mg, 2mg	\$0(2)	NDS, NM, LA, PA
MEKTOVI TABS 15mg	\$0(2)	NDS, LA, PA
MONJUVI SOLR 200mg	\$0(2)	NDS, LA, PA
MVASI SOLN 100mg/4ml, 400mg/16ml	\$0(2)	NDS, LA, PA
NERLYNX TABS 40mg	\$0(2)	NDS, NM, LA, PA
NEXAVAR TABS 200mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	\$0(2)	NDS, QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	\$0(2)	NDS, NM, LA, PA
OGIVRI SOLR 150mg	\$0(2)	NDS, PA
OGIVRI INJ 420MG	\$0(2)	NDS, PA
ONTRUZANT SOLR 150mg, 420mg	\$0(2)	NDS, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	\$0(2)	NDS, NM, LA, PA
PHESGO SOL	\$0(2)	NDS, NM, LA, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	\$0(2)	NDS, NM, PA
PIQRAY 250MG TAB DOSE	\$0(2)	NDS, NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	\$0(2)	NDS, NM, PA
QINLOCK TABS 50mg	\$0(2)	NDS, NM, LA, PA
RETEVMO CAPS 40mg, 80mg	\$0(2)	NDS, NM, LA, PA
RIABNI SOLN 100mg/10ml, 500mg/50ml	\$0(2)	NDS, NM, LA, PA
RITUXAN SOLN 100mg/10ml, 500mg/50ml	\$0(2)	NDS, NM, LA, PA
RITUXAN INJ HYCELA	\$0(2)	NDS, NM, LA, PA
ROZLYTREK CAPS 100mg, 200mg	\$0(2)	NDS, NM, LA, PA
RUBRACA TABS 200mg, 250mg, 300mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
RUXIENCE SOLN 100mg/10ml, 500mg/50ml	\$0(2)	NDS, NM, PA
RYDAPT CAPS 25mg	\$0(2)	NDS, NM, PA
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	\$0(2)	NDS, NM, PA
STIVARGA TABS 40mg	\$0(2)	NDS, NM, LA, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	\$0(2)	NDS, NM, PA
TAFINLAR CAPS 50mg, 75mg	\$0(2)	NDS, NM, LA, PA
TAGRISSO TABS 40mg, 80mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TALZENNA CAPS 1mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
TALZENNA CAPS .25mg	\$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
TASIGNA CAPS 50mg, 150mg, 200mg	\$0(2)	NDS, NM, PA
TAZVERIK TABS 200mg	\$0(2)	NDS, NM, LA, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	\$0(2)	NDS, LA, PA
TEPMETKO TABS 225mg	\$0(2)	NDS, NM, LA, PA
TIBSOVO TABS 250mg	\$0(2)	NDS, NM, LA, PA
TRAZIMERA SOLR 150mg, 420mg	\$0(2)	NDS, PA
TRUSELTIQ 50 MG DAILY DOSE CPPK 25mg	\$0(2)	NDS, NM, LA, PA
TRUSELTIQ 75 MG DAILY DOSE CPPK 25mg	\$0(2)	NDS, NM, LA, PA
TRUSELTIQ 100 MG DAILY DOSE CPPK 100mg	\$0(2)	NDS, NM, LA, PA
TRUSELTIQ 125 MG DAILY DOSE	\$0(2)	NDS, LA, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	\$0(2)	NDS, NM, PA
TUKYSA TABS 50mg, 150mg	\$0(2)	NDS, NM, LA, PA
TURALIO CAPS 200mg	\$0(2)	NDS, NM, LA, PA
UKONIQ TABS 200mg	\$0(2)	NDS, NM, LA, PA
VELCADE SOLR 3.5mg	\$0(2)	NDS, PA
VENCLEXTA TABS 10mg	\$0(2)	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 50mg	\$0(2)	NDS, QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 100mg	\$0(2)	NDS, QL (180 tabs / 30 days), NM, LA, PA
VENCLEXTA TAB START PK	\$0(2)	NDS, QL (42 tabs / 28 days), NM, LA, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	\$0(2)	NDS, QL (56 tabs / 28 days), NM, LA, PA
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	\$0(2)	NDS, NM, LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	\$0(2)	NDS, NM, LA, PA
VOTRIENT TABS 200mg	\$0(2)	NDS, NM, LA, PA
XALKORI CAPS 200mg, 250mg	\$0(2)	NDS, NM, LA, PA
XOSPATA TABS 40mg	\$0(2)	NDS, NM, LA, PA
XPOVIO 40 MG ONCE WEEKLY TBPK 20mg	\$0(2)	NDS, NM, LA, PA
XPOVIO 40 MG ONCE WEEKLY TBPK 40mg	\$0(2)	NDS, LA, PA

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
XPOVIO 40 MG TWICE WEEKLY TBPK 20mg	\$0(2)	NDS, NM, LA, PA
XPOVIO 40 MG TWICE WEEKLY TBPK 40mg	\$0(2)	NDS, LA, PA
XPOVIO 60 MG ONCE WEEKLY TBPK 20mg	\$0(2)	NDS, NM, LA, PA
XPOVIO 60 MG ONCE WEEKLY TBPK 60mg	\$0(2)	NDS, LA, PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg	\$0(2)	NDS, NM, LA, PA
XPOVIO 80 MG ONCE WEEKLY TBPK 20mg	\$0(2)	NDS, NM, LA, PA
XPOVIO 80 MG ONCE WEEKLY TBPK 40mg	\$0(2)	NDS, LA, PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg	\$0(2)	NDS, NM, LA, PA
XPOVIO 100 MG ONCE WEEKLY TBPK 20mg	\$0(2)	NDS, NM, LA, PA
XPOVIO 100 MG ONCE WEEKLY TBPK 50mg	\$0(2)	NDS, LA, PA
ZEJULA CAPS 100mg	\$0(2)	NDS, QL (90 caps / 30 days), NM, LA, PA
ZELBORAF TABS 240mg	\$0(2)	NDS, NM, LA, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	\$0(2)	NDS, PA
ZOLINZA CAPS 100mg	\$0(2)	NDS, NM, PA
ZYDELIG TABS 100mg, 150mg	\$0(2)	NDS, NM, LA, PA
ZYKADIA TABS 150mg	\$0(2)	NDS, NM, LA, PA
PROTECTIVE AGENTS		
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	\$0(1)	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	\$0(1)	
MESNEX TABS 400mg	\$0(2)	NDS
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>amlodipine besylate-benazepril hcl cap</i> 2.5-10 mg	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap</i> 5-10 mg	\$0(1)	QL (30 caps / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	\$0(1)	QL (30 caps / 30 days)
BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 5- 6.25MG	\$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>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	\$0(1)	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	\$0(1)	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	\$0(1)	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	\$0(1)	
<i>lisinopril & hydrochlorothiazide tab 10- 12.5 mg</i>	\$0(1)	
<i>lisinopril & hydrochlorothiazide tab 20- 12.5 mg</i>	\$0(1)	
<i>lisinopril & hydrochlorothiazide tab 20- 25 mg</i>	\$0(1)	
<i>quinapril-hydrochlorothiazide tab 10- 12.5 mg</i>	\$0(1)	
<i>quinapril-hydrochlorothiazide tab 20- 12.5 mg</i>	\$0(1)	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	\$0(1)	
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	\$0(1)	
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	\$0(1)	
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>fosinopril sodium</i> TABS 10mg, 20mg, 40mg	\$0(1)	
<i>lisinopril</i> TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	\$0(1)	
<i>moexipril hcl</i> TABS 7.5mg, 15mg	\$0(1)	
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	\$0(1)	
<i>quinapril hcl</i> TABS 5mg, 10mg, 20mg, 40mg	\$0(1)	
<i>ramipril</i> CAPS 1.25mg, 2.5mg, 5mg, 10mg	\$0(1)	
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	\$0(1)	
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>eplerenone</i> TABS 25mg, 50mg	\$0(1)	
<i>spironolactone</i> TABS 25mg, 50mg, 100mg	\$0(1)	
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg	\$0(1)	
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	\$0(1)	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	\$0(1)	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>amlodipine-valsartan- hydrochlorothiazide tab 5-160-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine-valsartan- hydrochlorothiazide tab 10-160-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine-valsartan- hydrochlorothiazide tab 10-160-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>amlodipine-valsartan- hydrochlorothiazide tab 10-320-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>candesartan cilexetil- hydrochlorothiazide tab 16-12.5 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>candesartan cilexetil- hydrochlorothiazide tab 32-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>candesartan cilexetil- hydrochlorothiazide tab 32-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
ENTRESTO TAB 24-26MG	\$0(2)	
ENTRESTO TAB 49-51MG	\$0(2)	
ENTRESTO TAB 97-103MG	\$0(2)	
<i>irbesartan-hydrochlorothiazide tab 150- 12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300- 12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	\$0(1)	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	\$0(1)	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	\$0(1)	
<i>olmesartan medoxomil- hydrochlorothiazide tab 20-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan medoxomil- hydrochlorothiazide tab 40-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan medoxomil- hydrochlorothiazide tab 40-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine- hydrochlorothiazide tab 20-5-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>telmisartan-amlodipine tab 40-5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	\$0(1)	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>candesartan cilexetil TABS 32mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	\$0(1)	
<i>olmesartan medoxomil TABS 5mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>valsartan TABS 320mg</i>	\$0(1)	QL (30 tabs / 30 days)
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
<i>amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg</i>	\$0(1)	
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	\$0(2)	
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	\$0(1)	
MULTAQ TABS 400mg	\$0(2)	
NORPACE CR CP12 100mg, 150mg	\$0(2)	
<i>pacerone</i> TABS 100mg, 200mg, 400mg	\$0(1)	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	\$0(1)	
<i>quinidine sulfate</i> TABS 200mg, 300mg	\$0(1)	
<i>sorine</i> TABS 80mg, 120mg, 160mg, 240mg	\$0(1)	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	\$0(1)	
<i>sotalol hcl (afib/af)</i> TABS 80mg, 120mg, 160mg	\$0(1)	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	\$0(1)	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	\$0(1)	
<i>gemfibrozil</i> TABS 600mg	\$0(1)	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	\$0(1)	QL (30 tabs / 30 days)
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	\$0(1)	QL (60 tabs / 30 days)
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	\$0(1)	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	\$0(1)	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	\$0(1)	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	\$0(1)	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	\$0(1)	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	\$0(1)	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	\$0(1)	
<i>ezetimibe</i> TABS 10mg	\$0(1)	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	\$0(1)	QL (30 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>ezetimibe-simvastatin tab 10-20 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg</i>	\$0(1)	QL (60 tabs / 30 days)
PRALUENT SOAJ 75mg/ml, 150mg/ml	\$0(2)	PA
<i>prevalite PACK 4gm; POWD 4gm/dose</i>	\$0(1)	
VASCEPA CAPS .5gm, 1gm	\$0(2)	
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	\$0(1)	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	\$0(1)	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	\$0(1)	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	\$0(1)	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	\$0(1)	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	\$0(1)	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	\$0(1)	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	\$0(1)	
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>acebutolol hcl CAPS 200mg, 400mg</i>	\$0(1)	
<i>atenolol TABS 25mg, 50mg, 100mg</i>	\$0(1)	
<i>betaxolol hcl TABS 10mg, 20mg</i>	\$0(1)	
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	\$0(1)	
BYSTOLIC TABS 2.5mg, 5mg, 10mg	\$0(2)	QL (30 tabs / 30 days)
BYSTOLIC TABS 20mg	\$0(2)	QL (60 tabs / 30 days)
<i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	\$0(1)	
<i>labetalol hcl TABS 100mg, 200mg, 300mg</i>	\$0(1)	
<i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i>	\$0(1)	
<i>metoprolol tartrate SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg</i>	\$0(1)	
<i>nadolol TABS 20mg, 40mg, 80mg</i>	\$0(1)	
<i>pindolol TABS 5mg, 10mg</i>	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	\$0(1)	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	\$0(1)	
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	\$0(1)	
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	\$0(1)	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	\$0(1)	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg	\$0(1)	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	\$0(1)	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	\$0(1)	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	\$0(1)	
<i>isradipine</i> CAPS 2.5mg, 5mg	\$0(1)	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	\$0(1)	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	\$0(1)	
<i>nimodipine</i> CAPS 30mg	\$0(1)	
NYMALIZE SOLN 6mg/ml	\$0(2)	NDS
<i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	\$0(1)	
<i>tiadyt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	\$0(1)	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	\$0(1)	
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	\$0(1)	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	\$0(1)	
<i>amiloride hcl</i> TABS 5mg	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	\$0(1)	
<i>chlorthalidone</i> TABS 25mg, 50mg	\$0(1)	
<i>furosemide</i> SOLN 8mg/ml, 10mg/ml; TABS 20mg, 40mg, 80mg	\$0(1)	
<i>furosemide inj</i> SOLN 10mg/ml	\$0(1)	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	\$0(1)	
<i>indapamide</i> TABS 1.25mg, 2.5mg	\$0(1)	
<i>methazolamide</i> TABS 25mg, 50mg	\$0(1)	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	\$0(1)	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	\$0(1)	
<i>toremide</i> TABS 5mg, 10mg, 20mg, 100mg	\$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		
ADRENALIN SOLN 1mg/ml	\$0(2)	
<i>aliskiren fumarate</i> TABS 150mg, 300mg	\$0(1)	
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	\$0(1)	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	\$0(1)	
CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	\$0(2)	
<i>digitek</i> TABS .125mg, .25mg	\$0(1)	QL (30 tabs / 30 days)
<i>digox</i> TABS 125mcg, 250mcg	\$0(1)	QL (30 tabs / 30 days)
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	\$0(1)	
<i>digoxin</i> TABS 125mcg, 250mcg	\$0(1)	QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	\$0(2)	NDS, QL (90 caps / 30 days), NM, PA
<i>droxidopa</i> CAPS 200mg, 300mg	\$0(2)	NDS, QL (180 caps / 30 days), NM, PA
<i>guanfacine hcl</i> TABS 1mg, 2mg	\$0(2)	PA; PA if 70 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	\$0(1)	
METHYLDOPA TABS 250mg, 500mg	\$0(2)	PA; PA if 70 years and older

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>metyrosine</i> CAPS 250mg	\$0(2)	NDS, PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	\$0(1)	
<i>minoxidil</i> TABS 2.5mg, 10mg	\$0(1)	
<i>ranolazine</i> TB12 500mg, 1000mg	\$0(1)	
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	\$0(1)	
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	\$0(1)	
<i>minitran</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	\$0(1)	
NITRO-BID OINT 2%	\$0(2)	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	\$0(1)	
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
<i>ambrisentan</i> TABS 5mg, 10mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>bosentan</i> TABS 62.5mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, LA, PA
<i>bosentan</i> TABS 125mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT TABS 10mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	\$0(1)	QL (90 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	\$0(2)	NDS, NM, LA, PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	\$0(2)	NDS, NM, PA
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
ANTI-ANXIETY - DRUGS TO TREAT ANXIETY		
<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	\$0(1)	QL (150 tabs / 30 days)
<i>bupirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	\$0(1)	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	\$0(1)	
<i>lorazepam</i> CONC 2mg/ml	\$0(1)	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 2mg/ml, 4mg/ml	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	\$0(1)	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	\$0(1)	QL (150 mL / 30 days)
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES		
APTIOM TABS 200mg, 400mg, 600mg, 800mg	\$0(2)	NDS, QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	\$0(2)	NDS, QL (600 mL / 30 days), PA
BRIVIACT SOLN 50mg/5ml	\$0(2)	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	\$0(2)	NDS, QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	\$0(1)	
CELONTIN CAPS 300mg	\$0(2)	
<i>clobazam</i> SUSP 2.5mg/ml	\$0(1)	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	\$0(1)	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg; TBDP 2mg	\$0(1)	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	\$0(1)	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	\$0(1)	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIACOMIT CAPS 250mg	\$0(2)	NDS, QL (360 caps / 30 days), NM, LA, PA
DIACOMIT CAPS 500mg	\$0(2)	NDS, QL (180 caps / 30 days), NM, LA, PA
DIACOMIT PACK 250mg	\$0(2)	NDS, QL (360 packets / 30 days), NM, LA, PA
DIACOMIT PACK 500mg	\$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
<i>diazepam</i> CONC 5mg/ml	\$0(1)	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> SOLN 5mg/5ml	\$0(1)	QL (1200 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> TABS 2mg, 5mg, 10mg	\$0(1)	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>diazepam inj</i> SOLN 5mg/ml	\$0(1)	
DILANTIN CAPS 30mg, 100mg	\$0(2)	
DILANTIN INFATABS CHEW 50mg	\$0(2)	
DILANTIN-125 SUSP 125mg/5ml	\$0(2)	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	\$0(1)	
EPIDIOLEX SOLN 100mg/ml	\$0(2)	NDS, QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i> TABS 200mg	\$0(1)	
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	\$0(1)	
<i>felbamate</i> SUSP 600mg/5ml	\$0(2)	NDS
<i>felbamate</i> TABS 400mg, 600mg	\$0(1)	
FINTEPLA SOLN 2.2mg/ml	\$0(2)	NDS, QL (360 mL / 30 days), LA, PA
FYCOMPA SUSP .5mg/ml	\$0(2)	NDS, QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	\$0(2)	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg	\$0(2)	NDS, QL (60 tabs / 30 days), PA
FYCOMPA TABS 8mg, 10mg, 12mg	\$0(2)	NDS, QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg	\$0(1)	QL (1080 caps / 30 days)
<i>gabapentin</i> CAPS 300mg	\$0(1)	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	\$0(1)	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml	\$0(1)	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	\$0(1)	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	\$0(1)	QL (120 tabs / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	\$0(1)	
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	\$0(1)	
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	\$0(1)	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	\$0(1)	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NAYZILAM SOLN 5mg/0.1ml	\$0(2)	
oxcarbazepine SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	\$0(1)	
phenobarbital ELIX 20mg/5ml; TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	\$0(2)	PA; PA if 70 years and older
phenobarbital sodium SOLN 65mg/ml, 130mg/ml	\$0(2)	PA; PA if 70 years and older
PHENYTEK CAPS 200mg, 300mg	\$0(2)	
phenytoin CHEW 50mg; SUSP 125mg/5ml	\$0(1)	
phenytoin sodium SOLN 50mg/ml	\$0(1)	
phenytoin sodium extended CAPS 100mg, 200mg, 300mg	\$0(1)	
pregabalin CAPS 25mg, 50mg, 75mg, 100mg, 150mg	\$0(1)	QL (120 caps / 30 days), PA
pregabalin CAPS 200mg	\$0(1)	QL (90 caps / 30 days), PA
pregabalin CAPS 225mg, 300mg	\$0(1)	QL (60 caps / 30 days), PA
pregabalin SOLN 20mg/ml	\$0(1)	QL (900 mL / 30 days), PA
primidone TABS 50mg, 250mg	\$0(1)	
roweepra TABS 500mg	\$0(1)	
rufinamide SUSP 40mg/ml	\$0(2)	NDS, QL (2300 mL / 28 days), PA
rufinamide TABS 200mg	\$0(2)	NDS, QL (480 tabs / 30 days), PA
rufinamide TABS 400mg	\$0(2)	NDS, QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	\$0(2)	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	\$0(2)	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	\$0(2)	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	\$0(2)	QL (90 tabs / 30 days)
subvenite TABS 25mg, 100mg, 150mg, 200mg	\$0(1)	
SYMPAZAN FILM 5mg	\$0(2)	QL (60 films / 30 days), PA
SYMPAZAN FILM 10mg, 20mg	\$0(2)	NDS, QL (60 films / 30 days), PA
tiagabine hcl TABS 2mg, 4mg, 12mg, 16mg	\$0(1)	
topiramate CPSP 15mg, 25mg; TABS 25mg, 50mg, 100mg, 200mg	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	\$0(1)	
<i>valproic acid</i> CAPS 250mg	\$0(1)	
VALTOCO LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml	\$0(2)	
<i>vigabatrin</i> PACK 500mg	\$0(2)	NDS, QL (180 packets / 30 days), LA, PA
<i>vigabatrin</i> TABS 500mg	\$0(2)	NDS, QL (180 tabs / 30 days), LA, PA
<i>vigadrone</i> PACK 500mg	\$0(2)	NDS, QL (180 packets / 30 days), LA, PA
VIMPAT SOLN 10mg/ml	\$0(2)	NDS, QL (1200 mL / 30 days)
VIMPAT SOLN 200mg/20ml	\$0(2)	NDS
VIMPAT TABS 50mg	\$0(2)	QL (120 tabs / 30 days)
VIMPAT TABS 100mg, 150mg, 200mg	\$0(2)	NDS, QL (60 tabs / 30 days)
XCOPRI TABS 50mg	\$0(2)	NDS, QL (90 tabs / 30 days)
XCOPRI TABS 100mg, 150mg, 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 100-150	\$0(2)	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	\$0(2)	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	\$0(2)	NDS, QL (28 tabs / 28 days)
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	\$0(1)	
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	\$0(1)	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	\$0(1)	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	\$0(1)	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	\$0(1)	
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	\$0(1)	QL (60 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	\$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 7-10MG	\$0(2)	
NAMZARIC CAP 14-10MG	\$0(2)	
NAMZARIC CAP 21-10MG	\$0(2)	
NAMZARIC CAP 28-10MG	\$0(2)	
NAMZARIC CAP PACK	\$0(2)	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	\$0(1)	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg	\$0(1)	QL (90 caps / 30 days)
<i>rivastigmine tartrate</i> CAPS 4.5mg, 6mg	\$0(1)	QL (60 caps / 30 days)
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	\$0(2)	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	\$0(2)	
<i>bupropion hcl</i> TABS 75mg, 100mg; TB12 100mg, 150mg, 200mg; TB24 150mg, 300mg	\$0(1)	
<i>citalopram hydrobromide</i> SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	\$0(1)	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	\$0(2)	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	\$0(2)	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	\$0(1)	QL (30 tabs / 30 days), PA
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	\$0(2)	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	\$0(2)	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	\$0(1)	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	\$0(2)	NDS, QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	\$0(1)	
FETZIMA CP24 20mg, 40mg	\$0(2)	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	\$0(2)	QL (30 caps / 30 days), PA

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FETZIMA CAP TITRATIO	\$0(2)	PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	\$0(1)	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	\$0(2)	
MARPLAN TABS 10mg	\$0(2)	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	\$0(1)	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	\$0(1)	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	\$0(2)	
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	\$0(2)	
PAXIL SUSP 10mg/5ml	\$0(2)	QL (900 mL / 30 days), PA
<i>phenelzine sulfate</i> TABS 15mg	\$0(1)	
<i>protriptyline hcl</i> TABS 5mg, 10mg	\$0(2)	
<i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg	\$0(1)	
<i>tranylcypromine sulfate</i> TABS 10mg	\$0(1)	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	\$0(1)	
<i>trimipramine maleate</i> CAPS 25mg	\$0(2)	QL (240 caps / 30 days)
<i>trimipramine maleate</i> CAPS 50mg	\$0(2)	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	\$0(2)	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg	\$0(2)	QL (120 tabs / 30 days)
TRINTELLIX TABS 10mg	\$0(2)	QL (60 tabs / 30 days)
TRINTELLIX TABS 20mg	\$0(2)	QL (30 tabs / 30 days)
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	\$0(1)	
VIIBRYD TABS 10mg, 20mg, 40mg	\$0(2)	QL (30 tabs / 30 days)
VIIBRYD KIT STARTER	\$0(2)	
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
<i>amantadine hcl</i> CAPS 100mg	\$0(1)	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	\$0(1)	
<i>benztropine mesylate</i> SOLN 1mg/ml	\$0(1)	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	\$0(2)	PA; PA if 70 years and older

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	\$0(1)	
CARB/LEVO ORALLY DISINTEGRATING TAB 10-100MG	\$0(1)	
CARB/LEVO ORALLY DISINTEGRATING TAB 25-100MG	\$0(1)	
CARB/LEVO ORALLY DISINTEGRATING TAB 25-250MG	\$0(1)	
<i>carbidopa & levodopa tab 10-100 mg</i>	\$0(1)	
<i>carbidopa & levodopa tab 25-100 mg</i>	\$0(1)	
<i>carbidopa & levodopa tab 25-250 mg</i>	\$0(1)	
<i>carbidopa & levodopa tab er 25-100 mg</i>	\$0(1)	
<i>carbidopa & levodopa tab er 50-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	\$0(1)	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	\$0(1)	
<i>entacapone</i> TABS 200mg	\$0(1)	
KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg	\$0(2)	NDS, QL (150 films / 30 days), NM, PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	\$0(2)	
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	\$0(1)	
<i>rasagiline mesylate</i> TABS 1mg	\$0(1)	QL (30 tabs / 30 days)
<i>rasagiline mesylate</i> TABS .5mg	\$0(1)	QL (60 tabs / 30 days)
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	\$0(1)	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	\$0(1)	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg	\$0(2)	PA; PA if 70 years and older
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY MAINTENA PRSY 300mg, 400mg	\$0(2)	NDS, QL (1 syringe / 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ABILIFY MAINTENA SRER 300mg, 400mg	\$0(2)	NDS, QL (1 injection / 28 days)
<i>aripiprazole</i> SOLN 1mg/ml	\$0(1)	QL (900 mL / 30 days)
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	\$0(1)	QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	\$0(1)	QL (60 tabs / 30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	\$0(2)	NDS, QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	\$0(2)	NDS, QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	\$0(2)	NDS
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	\$0(1)	QL (60 tabs / 30 days)
CAPLYTA CAPS 42mg	\$0(2)	QL (30 caps / 30 days), PA
<i>chlorpromazine hcl</i> SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	\$0(1)	
CHLORPROMAZINE HYDROCHLOR CONC 30mg/ml, 100mg/ml	\$0(2)	
<i>clozapine</i> TABS 25mg, 50mg	\$0(1)	
<i>clozapine</i> TABS 100mg	\$0(1)	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	\$0(1)	QL (135 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	\$0(1)	PA
<i>clozapine</i> TBDP 100mg	\$0(1)	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	\$0(1)	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	\$0(2)	NDS, QL (135 tabs / 30 days), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	\$0(2)	NDS, QL (60 tabs / 30 days), PA
FANAPT PAK	\$0(2)	PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	\$0(1)	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	\$0(1)	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	\$0(1)	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	\$0(1)	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
INVEGA SUSTENNA SUSY 39mg/0.25ml	\$0(2)	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	\$0(2)	NDS, QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.875ml, 410mg/1.315ml, 546mg/1.75ml, 819mg/2.625ml	\$0(2)	NDS, QL (1 syringe / 90 days)
LATUDA TABS 20mg, 40mg, 60mg, 120mg	\$0(2)	QL (30 tabs / 30 days)
LATUDA TABS 80mg	\$0(2)	QL (60 tabs / 30 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	\$0(1)	
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	\$0(1)	
NUPLAZID CAPS 34mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>olanzapine</i> SOLR 10mg	\$0(1)	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg; TBDP 10mg	\$0(1)	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg; TBDP 5mg, 15mg, 20mg	\$0(1)	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	\$0(1)	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	\$0(1)	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	\$0(1)	
PERSERIS PRSY 90mg, 120mg	\$0(2)	NDS, QL (1 syringe / 30 days)
<i>pimozide</i> TABS 1mg, 2mg	\$0(1)	
<i>quetiapine fumarate</i> TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	\$0(1)	
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	\$0(1)	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	\$0(1)	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	\$0(2)	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	\$0(2)	QL (60 tabs / 30 days)
RISPERDAL CONSTA SRER 12.5mg, 25mg	\$0(2)	QL (2 injections / 28 days)
RISPERDAL CONSTA SRER 37.5mg, 50mg	\$0(2)	NDS, QL (2 injections / 28 days)
<i>risperidone</i> SOLN 1mg/ml	\$0(1)	QL (240 mL / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	\$0(1)	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg, 4mg	\$0(1)	QL (60 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg	\$0(1)	QL (90 tabs / 30 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	\$0(2)	QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	\$0(1)	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	\$0(1)	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	\$0(1)	
VERSACLOZ SUSP 50mg/ml	\$0(2)	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	\$0(2)	NDS, QL (60 caps / 30 days), PA
VRAYLAR CAPS 3mg, 4.5mg, 6mg	\$0(2)	NDS, QL (30 caps / 30 days), PA
VRAYLAR CAP 1.5-3MG	\$0(2)	PA
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	\$0(1)	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	\$0(1)	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg	\$0(2)	QL (2 vials / 28 days), PA
ZYPREXA RELPREVV SUSR 300mg	\$0(2)	NDS, QL (2 vials / 28 days), PA
ZYPREXA RELPREVV SUSR 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 (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	\$0(1)	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	\$0(1)	QL (30 caps / 30 days), PA

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>amphetamine-dextroamphetamine tab 5 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	\$0(1)	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	\$0(1)	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	\$0(1)	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd) TB24 1mg, 2mg, 3mg, 4mg</i>	\$0(2)	QL (30 tabs / 30 days), PA; PA if 70 years and older
<i>metadate er TBCR 20mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl SOLN 5mg/5ml</i>	\$0(1)	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl SOLN 10mg/5ml</i>	\$0(1)	QL (900 mL / 30 days), PA
<i>methylphenidate hcl TABS 5mg, 10mg</i>	\$0(1)	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
HYPNOTICS - DRUGS TO TREAT INSOMNIA		
<i>BELSOMRA TABS 5mg, 10mg, 15mg, 20mg</i>	\$0(2)	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) TABS 3mg, 6mg</i>	\$0(1)	QL (30 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>eszopiclone</i> TABS 1mg, 2mg, 3mg	\$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
HETLIOZ CAPS 20mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
<i>temazepam</i> CAPS 7.5mg	\$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</i> CAPS 15mg	\$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>temazepam</i> CAPS 30mg	\$0(1)	QL (30 caps / 30 days), PA; PA if 65 years and older
<i>zaleplon</i> CAPS 5mg, 10mg	\$0(2)	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate</i> TABS 5mg, 10mg	\$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 SOAJ 70mg/ml, 140mg/ml	\$0(2)	QL (1 pen / 30 days), PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	\$0(2)	NDS
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	\$0(2)	NDS, QL (8 mL / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	\$0(1)	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	\$0(1)	QL (12 tabs / 30 days)
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	\$0(1)	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	\$0(1)	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	\$0(1)	QL (12 units / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	\$0(1)	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	\$0(1)	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	\$0(1)	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	\$0(2)	NDS, QL (16 tabs / 30 days), PA
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg	\$0(1)	QL (12 tabs / 30 days)
MISCELLANEOUS		
AUSTEDO TABS 6mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
INGREZZA CAPS 40mg, 80mg	\$0(2)	NDS, QL (30 caps / 30 days), NM, LA, PA
INGREZZA CAPS 60mg	\$0(2)	NDS, QL (30 caps / 30 days), LA, PA
INGREZZA CAP 40-80MG	\$0(2)	NDS, QL (28 caps / 28 days), NM, LA, PA
LITHIUM SOLN 8meq/5ml	\$0(2)	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	\$0(1)	
NUEDEXTA CAP 20-10MG	\$0(2)	QL (60 caps / 30 days), PA
<i>pregabalin (once-daily)</i> TB24 82.5mg, 165mg, 330mg	\$0(1)	QL (60 tabs / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	\$0(1)	
<i>riluzole</i> TABS 50mg	\$0(1)	
<i>tetrabenazine</i> TABS 12.5mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	\$0(2)	NDS, QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
BETASERON KIT .3mg	\$0(2)	NDS, QL (14 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	\$0(1)	NM, PA
GILENYA CAPS .5mg	\$0(2)	NDS, QL (28 caps / 28 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>glatiramer acetate</i> SOSY 20mg/ml	\$0(2)	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	\$0(2)	NDS, QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	\$0(2)	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	\$0(2)	NDS, QL (12 syringes / 28 days), NM, PA

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

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

NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS

<i>armodafinil</i> TABS 50mg	\$0(1)	QL (90 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	\$0(1)	QL (30 tabs / 30 days), PA
XYREM SOLN 500mg/ml	\$0(2)	NDS, QL (540 mL / 30 days), NM, LA, PA

PSYCHOTHERAPEUTIC-MISC

<i>acamprosate calcium</i> TBEC 333mg	\$0(1)	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	\$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)

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<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) TB12 150mg</i>	\$0(1)	
CHANTIX TABS .5mg, 1mg	\$0(2)	QL (56 tabs / 28 days), PA
CHANTIX CONTINUING MONTH TABS 1mg	\$0(2)	QL (56 tabs / 28 days), PA
CHANTIX PAK 0.5& 1MG	\$0(2)	QL (106 tabs / year), PA
<i>disulfiram</i> TABS 250mg, 500mg	\$0(1)	
<i>goodsense nicotine</i> LOZG 2mg	\$0(3)	NM; *
<i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	\$0(1)	
<i>naltrexone hcl</i> TABS 50mg	\$0(1)	
NARCAN LIQD 4mg/0.1ml	\$0(2)	
<i>nicotine</i> PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	\$0(3)	NM; *
<i>nicotine mini lozenge</i> LOZG 2mg, 4mg	\$0(3)	NM; *
<i>nicotine polacrilex</i> GUM 2mg, 4mg; LOZG 2mg, 4mg	\$0(3)	NM; *
NICOTINE SYS KIT TRANSDER	\$0(3)	NM; *
<i>nicotine transdermal syst</i> PT24 7mg/24hr, 14mg/24hr, 21mg/24hr	\$0(3)	NM; *
NICOTROL INHALER INHA 10mg	\$0(2)	
NICOTROL NS SOLN 10mg/ml	\$0(2)	
<i>night time sleep aid</i> TABS 25mg	\$0(3)	NM; *
<i>pain reliever pm extra st</i>	\$0(3)	NM; *
<i>sleep aid</i> CAPS 25mg; LIQD 50mg/30ml	\$0(3)	NM; *
<i>sleep-aid</i> CAPS 50mg; TABS 25mg	\$0(3)	NM; *
VIVITROL SUSR 380mg	\$0(2)	NDS

ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES

ANDROGENS - DRUGS TO REGULATE MALE HORMONES

ANDRODERM PT24 2mg/24hr, 4mg/24hr	\$0(2)	QL (30 patches / 30 days), PA
<i>oxandrolone</i> TABS 2.5mg	\$0(1)	QL (120 tabs / 30 days), PA
<i>oxandrolone</i> TABS 10mg	\$0(1)	QL (60 tabs / 30 days), PA

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	\$0(1)	QL (300 gm / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	\$0(1)	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	\$0(1)	PA
ANTIDIABETICS		
<i>acarbose</i> TABS 25mg, 50mg, 100mg	\$0(1)	
BYDUREON BCISE AUIJ 2mg/0.85ml	\$0(2)	QL (4 pens / 28 days)
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	\$0(2)	QL (1 pen / 30 days)
FARXIGA TABS 5mg, 10mg	\$0(2)	QL (30 tabs / 30 days)
<i>glimepiride</i> TABS 1mg, 2mg	\$0(1)	QL (90 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	\$0(1)	QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg	\$0(1)	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	\$0(1)	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	\$0(1)	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	\$0(1)	QL (60 tabs / 30 days)
<i>glipizide xl</i> TB24 2.5mg, 5mg	\$0(1)	QL (90 tabs / 30 days)
<i>glipizide xl</i> TB24 10mg	\$0(1)	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	\$0(1)	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	\$0(1)	QL (120 tabs / 30 days)
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 TABS 25mg, 50mg, 100mg	\$0(2)	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg	\$0(2)	QL (60 tabs / 30 days)
JARDIANCE TABS 25mg	\$0(2)	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	\$0(2)	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	\$0(1)	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	\$0(1)	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	\$0(1)	QL (75 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>metformin hcl</i> TB24 500mg	\$0(1)	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	\$0(1)	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>nateglinide</i> TABS 60mg, 120mg	\$0(1)	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/1.5ml	\$0(2)	QL (1 pen / 28 days)
OZEMPIC (1MG/DOSE) SOPN 2mg/1.5ml	\$0(2)	QL (2 pens / 28 days)
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	\$0(2)	QL (1 pen / 28 days)
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	\$0(1)	QL (30 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	\$0(1)	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	\$0(1)	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	\$0(2)	QL (30 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 TAB 12.5-1000MG	\$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 12.5-1000MG	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	\$0(2)	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	\$0(2)	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5- 1000MG	\$0(2)	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5- 1000MG	\$0(2)	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5- 1000MG	\$0(2)	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5- 1000MG	\$0(2)	QL (30 tabs / 30 days)
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	\$0(2)	QL (4 pens / 28 days)
VICTOZA SOPN 18mg/3ml	\$0(2)	QL (3 pens / 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)

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>ANTIDIABETICS, INSULINS</i>		
BASAGLAR KWIKPEN SOPN 100unit/ml	\$0(2)	
BD ALCOHOL SWABS	\$0(2)	
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 U-500 (CONCENTR SOLN 500unit/ml	\$0(2)	NDS, B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	\$0(2)	NDS
INSULIN SAFETY NEEDLES	\$0(2)	
INSULIN SYRINGES: BD/ULTIMED/ALLISON/TRIVIDIA/MHC	\$0(2)	
LEVEMIR SOLN 100unit/ml	\$0(2)	
LEVEMIR FLEXTOUCH SOPN 100unit/ml	\$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 SUSP 100unit/ml	\$0(2)	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	\$0(2)	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	\$0(2)	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	\$0(2)	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	\$0(2)	(brand RELION not covered)
NOVOLOG FLEXPEN SOPN 100unit/ml	\$0(2)	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	\$0(2)	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	\$0(2)	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	\$0(2)	(brand RELION not covered)
OMNIPOD KIT STARTER	\$0(2)	QL (1 kit / year), PA
OMNIPOD MIS 5 PACK	\$0(2)	QL (10 pods / 30 days), PA
PEN NEEDLES: NOVO/BD/ULTIMED/OWEN/TRIVIDIA	\$0(2)	
SOLIQUA INJ 100/33	\$0(2)	QL (10 pens / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
TRESIBA SOLN 100unit/ml	\$0(2)	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	\$0(2)	
V-GO 20 KIT	\$0(2)	QL (1 kit / 30 days), PA
V-GO 30 KIT	\$0(2)	QL (1 kit / 30 days), PA
V-GO 40 KIT	\$0(2)	QL (1 kit / 30 days), PA
XULTOPHY INJ 100/3.6	\$0(2)	QL (5 pens / 30 days)
CALCIUM REGULATORS		
<i>alendronate sodium</i> SOLN 70mg/75ml; TABS 10mg, 35mg, 70mg	\$0(1)	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	\$0(1)	B/D
FORTEO SOPN 620mcg/2.48ml	\$0(2)	NDS, NM, PA
<i>ibandronate sodium</i> TABS 150mg	\$0(1)	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	\$0(2)	NDS, NM, PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	\$0(2)	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml; SOLR 30mg, 90mg	\$0(1)	B/D
PROLIA SOSY 60mg/ml	\$0(2)	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg; TBEC 35mg	\$0(1)	
XGEVA SOLN 120mg/1.7ml	\$0(2)	NDS, NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	\$0(1)	B/D
CHELATING AGENTS		
CHEMET CAPS 100mg	\$0(2)	
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 90mg, 180mg, 360mg	\$0(2)	NDS, PA
LOKELMA PACK 5gm, 10gm	\$0(2)	
<i>penicillamine</i> TABS 250mg	\$0(2)	NDS
<i>sodium polystyrene sulfonate powder</i> <i>sps</i> SUSP 15gm/60ml	\$0(1)	
<i>trientine hcl</i> CAPS 250mg	\$0(2)	NDS, PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	\$0(2)	PA
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
<i>afirmelle</i>	\$0(1)	
<i>altavera</i>	\$0(1)	
<i>alyacen 1/35</i>	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>alyacen 7/7/7</i>	\$0(1)	
<i>amethia</i>	\$0(1)	
<i>apri</i>	\$0(1)	
<i>aranelle</i>	\$0(1)	
<i>ashlyna</i>	\$0(1)	
<i>aubra eq</i>	\$0(1)	
<i>aurovela 1/20</i>	\$0(1)	
<i>aurovela 24 fe</i>	\$0(1)	
<i>aurovela fe 1.5/30</i>	\$0(1)	
<i>aurovela fe 1/20</i>	\$0(1)	
<i>aviane</i>	\$0(1)	
<i>ayuna</i>	\$0(1)	
<i>azurette</i>	\$0(1)	
<i>balziva</i>	\$0(1)	
<i>bekyree</i>	\$0(1)	
<i>blisovi 24 fe</i>	\$0(1)	
<i>blisovi fe 1.5/30</i>	\$0(1)	
<i>briellyn</i>	\$0(1)	
<i>camila TABS .35mg</i>	\$0(1)	
<i>camrese</i>	\$0(1)	
<i>camrese lo</i>	\$0(1)	
<i>caziant</i>	\$0(1)	
<i>chateal</i>	\$0(1)	
<i>cryselle-28</i>	\$0(1)	
<i>cyclafem 1/35</i>	\$0(1)	
<i>cyclafem 7/7/7</i>	\$0(1)	
<i>cyred eq</i>	\$0(1)	
<i>dasetta 1/35</i>	\$0(1)	
<i>dasetta 7/7/7</i>	\$0(1)	
<i>daysee</i>	\$0(1)	
<i>deblitane TABS .35mg</i>	\$0(1)	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	\$0(1)	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	\$0(1)	
<i>drospirenone-ethinyl estrad- levomefolate tab 3-0.03-0.451 mg</i>	\$0(1)	
<i>drospirenone-ethinyl estradiol tab 3- 0.02 mg</i>	\$0(1)	
<i>drospirenone-ethinyl estradiol tab 3- 0.03 mg</i>	\$0(1)	
<i>econtra ez TABS 1.5mg</i>	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>elinest</i>	\$0(1)	
ELLA TABS 30mg	\$0(2)	
<i>eluryng</i>	\$0(1)	
<i>emoquette</i>	\$0(1)	
<i>enpresse-28</i>	\$0(1)	
<i>enskyce</i>	\$0(1)	
<i>errin</i> TABS .35mg	\$0(1)	
<i>estarylla</i>	\$0(1)	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	\$0(1)	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	\$0(1)	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	\$0(1)	
<i>falmina</i>	\$0(1)	
<i>fayosim</i>	\$0(1)	
<i>femynor</i>	\$0(1)	
<i>hailey 1.5/30</i>	\$0(1)	
<i>hailey 24 fe</i>	\$0(1)	
<i>heather</i> TABS .35mg	\$0(1)	
<i>iclevia</i>	\$0(1)	
<i>incassia</i> TABS .35mg	\$0(1)	
<i>introvale</i>	\$0(1)	
<i>isibloom</i>	\$0(1)	
<i>jasmiel</i>	\$0(1)	
<i>jolessa</i>	\$0(1)	
<i>juleber</i>	\$0(1)	
<i>junel 1.5/30</i>	\$0(1)	
<i>junel 1/20</i>	\$0(1)	
<i>junel fe 1.5/30</i>	\$0(1)	
<i>junel fe 1/20</i>	\$0(1)	
<i>junel fe 24</i>	\$0(1)	
<i>kaitlib fe</i>	\$0(1)	
<i>kariva</i>	\$0(1)	
<i>kelnor 1/35</i>	\$0(1)	
<i>kelnor 1/50</i>	\$0(1)	
<i>kurvelo</i>	\$0(1)	
<i>larin 1.5/30</i>	\$0(1)	
<i>larin 1/20</i>	\$0(1)	
<i>larin 24 fe</i>	\$0(1)	
<i>larin fe 1.5/30</i>	\$0(1)	
<i>larin fe 1/20</i>	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>larissia</i>	\$0(1)	
<i>layolis fe</i>	\$0(1)	
<i>leena</i>	\$0(1)	
<i>lessina</i>	\$0(1)	
<i>levonest</i>	\$0(1)	
<i>levonor-eth est tab 0.15- 0.02/0.025/0.03 mg &eth est 0.01 mg</i>	\$0(1)	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	\$0(1)	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	\$0(1)	
<i>levonorgestrel & ethinyl estradiol (91- day) tab 0.15-0.03 mg</i>	\$0(1)	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	\$0(1)	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	\$0(1)	
<i>levonorgestrel (emergency oc) TABS 1.5mg</i>	\$0(3)	NM; *
<i>levonorgestrel-eth estra tab 0.05- 30/0.075-40/0.125-30mg-mcg</i>	\$0(1)	
<i>levora 0.15/30-28</i>	\$0(1)	
<i>lillow</i>	\$0(1)	
<i>loestrin 1.5/30-21</i>	\$0(1)	
<i>loestrin 1/20-21</i>	\$0(1)	
<i>loestrin fe 1.5/30</i>	\$0(1)	
<i>loestrin fe 1/20</i>	\$0(1)	
<i>loryna</i>	\$0(1)	
<i>low-ogestrel</i>	\$0(1)	
<i>lutra</i>	\$0(1)	
<i>lyleq TABS .35mg</i>	\$0(1)	
<i>lyza TABS .35mg</i>	\$0(1)	
<i>marlissa</i>	\$0(1)	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	\$0(1)	
<i>mibelas 24 fe</i>	\$0(1)	
<i>microgestin 1.5/30</i>	\$0(1)	
<i>microgestin 1/20</i>	\$0(1)	
<i>microgestin fe 1.5/30</i>	\$0(1)	
<i>microgestin fe 1/20</i>	\$0(1)	
<i>mili</i>	\$0(1)	
<i>mono-linyah</i>	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>my way</i> TABS 1.5mg	\$0(3)	NM; *
<i>necon 0.5/35-28</i>	\$0(1)	
<i>new day</i> TABS 1.5mg	\$0(3)	NM; *
<i>nikki</i>	\$0(1)	
<i>nora-be</i> TABS .35mg	\$0(1)	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	\$0(1)	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	\$0(1)	
<i>norethindrone (contraceptive) TABS .35mg</i>	\$0(1)	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	\$0(1)	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	\$0(1)	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	\$0(1)	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	\$0(1)	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	\$0(1)	
<i>norgestimate-eth estrad tab 0.18- 25/0.215-25/0.25-25 mg-mcg</i>	\$0(1)	
<i>norgestimate-eth estrad tab 0.18- 35/0.215-35/0.25-35 mg-mcg</i>	\$0(1)	
<i>norlyroc</i> TABS .35mg	\$0(1)	
<i>nortrel 0.5/35 (28)</i>	\$0(1)	
<i>nortrel 1/35 (21)</i>	\$0(1)	
<i>nortrel 1/35 (28)</i>	\$0(1)	
<i>nortrel 7/7/7</i>	\$0(1)	
<i>nylia 7/7/7</i>	\$0(1)	
<i>nymyo</i>	\$0(1)	
<i>ocella</i>	\$0(1)	
<i>opcicon one-step</i> TABS 1.5mg	\$0(3)	NM; *
<i>orsythia</i>	\$0(1)	
<i>philith</i>	\$0(1)	
<i>pimtrea</i>	\$0(1)	
<i>pirmella 1/35</i>	\$0(1)	
<i>portia-28</i>	\$0(1)	
<i>previfem</i>	\$0(1)	
<i>reclipsen</i>	\$0(1)	
<i>rivelsa</i>	\$0(1)	
<i>setlakin</i>	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sharobel</i> TABS .35mg	\$0(1)	
<i>simliya</i>	\$0(1)	
<i>simpesse</i>	\$0(1)	
<i>sprintec 28</i>	\$0(1)	
<i>sronyx</i>	\$0(1)	
<i>syeda</i>	\$0(1)	
<i>tarina 24 fe</i>	\$0(1)	
<i>tarina fe 1/20 eq</i>	\$0(1)	
<i>tilia fe</i>	\$0(1)	
<i>tri-estarylla</i>	\$0(1)	
<i>tri-legest fe</i>	\$0(1)	
<i>tri-linyah</i>	\$0(1)	
<i>tri-lo-estarylla</i>	\$0(1)	
<i>tri-lo-marzia</i>	\$0(1)	
<i>tri-lo-mili</i>	\$0(1)	
<i>tri-lo-sprintec</i>	\$0(1)	
<i>tri-mili</i>	\$0(1)	
<i>tri-nymyo</i>	\$0(1)	
<i>tri-previfem</i>	\$0(1)	
<i>tri-sprintec</i>	\$0(1)	
<i>tri-vylibra</i>	\$0(1)	
<i>tri-vylibra lo</i>	\$0(1)	
<i>trivora-28</i>	\$0(1)	
<i>tydemy</i>	\$0(1)	
<i>velivet</i>	\$0(1)	
<i>vestura</i>	\$0(1)	
<i>vienva</i>	\$0(1)	
<i>viorele</i>	\$0(1)	
<i>vyfemla</i>	\$0(1)	
<i>vylibra</i>	\$0(1)	
<i>wera</i>	\$0(1)	
<i>wymzya fe</i>	\$0(1)	
<i>xulane</i>	\$0(1)	
<i>zafemy</i>	\$0(1)	
<i>zarah</i>	\$0(1)	
<i>zovia 1/35</i>	\$0(1)	
<i>zumandimine</i>	\$0(1)	
ENDOMETRIOSIS		
<i>danazol</i> CAPS 50mg, 100mg, 200mg	\$0(1)	
SYNAREL SOLN 2mg/ml	\$0(2)	NDS, NM
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
<i>amabelz</i>	\$0(2)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DELESTROGEN OIL 10mg/ml	\$0(2)	
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	\$0(2)	
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg	\$0(2)	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	\$0(2)	
<i>estradiol & norethindrone acetate tab 1- 0.5 mg</i>	\$0(2)	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	\$0(1)	
<i>estradiol valerate</i> OIL 20mg/ml, 40mg/ml	\$0(1)	
<i>fyavolv tab 0.5mg-2.5mcg</i>	\$0(2)	
<i>fyavolv tab 1mg-5mcg</i>	\$0(2)	
<i>jinteli</i>	\$0(2)	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	\$0(2)	
<i>mimvey</i>	\$0(2)	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	\$0(2)	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	\$0(2)	
<i>yuvafem</i> TABS 10mcg	\$0(1)	
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	\$0(1)	
DEXAMETHASONE INTENSOL CONC 1mg/ml	\$0(2)	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	\$0(1)	
<i>fludrocortisone acetate</i> TABS .1mg	\$0(1)	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	\$0(1)	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	\$0(1)	B/D

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>methylprednisolone</i> TBPK 4mg	\$0(1)	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	\$0(1)	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	\$0(1)	B/D
<i>prednisolone</i> SOLN 15mg/5ml	\$0(1)	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	\$0(1)	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	\$0(1)	B/D
<i>prednisone</i> TBPK 5mg, 10mg	\$0(1)	
PREDNISONE INTENSOL CONC 5mg/ml	\$0(2)	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	\$0(2)	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
<i>diazoxide</i> SUSP 50mg/ml	\$0(2)	NDS
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	\$0(2)	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	\$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; *
ACTI-LANCE MIS 28G	\$0(3)	NM; *
ACTI-LANCE MIS LITE 28G	\$0(3)	NM; *
ACTI-LANCE MIS SPEC 17G	\$0(3)	NM; *
ACTI-LANCE MIS UNIV 23G	\$0(3)	NM; *
<i>actidose/sorbitol</i>	\$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; *
AGAMATRIX MIS 33G	\$0(3)	NM; *
ALDURAZYME SOLN 2.9mg/5ml	\$0(2)	NDS, NM, LA, PA
ALTRNATE SIT MIS DEVICE	\$0(3)	NM; *
AQUA LANCE MIS LANC DEV	\$0(3)	NM; *
AQUALANCE MIS 30G	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ASSURE CMFRT MIS 28G	\$0(3)	NM; *
ASSURE LANCE MIS 21G	\$0(3)	NM; *
ASSURE LANCE MIS 28G	\$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; *
AUTO-LANCET MIS MINI	\$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; *
BD LANCET UF MIS 30G	\$0(3)	NM; *
BD LANCET UF MIS 33G	\$0(3)	NM; *
BD MICROTAIN MIS LANCETS	\$0(3)	NM; *
BULLSEYE MIS MINI LNC	\$0(3)	NM; *
<i>cabergoline</i> TABS .5mg	\$0(1)	
CARBAGLU TABS 200mg	\$0(2)	NDS, NM, LA, PA
CAREONE ADV MIS LANCING	\$0(3)	NM; *
CAREONE LANC MIS 30G	\$0(3)	NM; *
CARETOUCH MIS EJECTOR	\$0(3)	NM; *
CARETOUCH MIS LANC 26G	\$0(3)	NM; *
CARETOUCH MIS LANC 28G	\$0(3)	NM; *
CARETOUCH MIS TWIST 28	\$0(3)	NM; *
CARETOUCH MIS TWIST 30	\$0(3)	NM; *
CARETOUCH MIS TWIST 33	\$0(3)	NM; *
CERDELGA CAPS 84mg	\$0(2)	NDS, NM, PA
CEREZYME SOLR 400unit	\$0(2)	NDS, NM, LA, PA
<i>cinacalcet hcl</i> TABS 30mg	\$0(1)	B/D, QL (120 tabs / 30 days)
<i>cinacalcet hcl</i> TABS 60mg	\$0(2)	NDS, B/D, QL (60 tabs / 30 days)
<i>cinacalcet hcl</i> TABS 90mg	\$0(2)	NDS, B/D, QL (120 tabs / 30 days)
CLEVER CHECK MIS	\$0(3)	NM; *
CLEVER CHECK MIS 30G	\$0(3)	NM; *
COAGUCHEK MIS LANCETS	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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; *
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; *
CYSTADANE POW	\$0(2)	NDS, NM, LA
CYSTAGON CAPS 50mg, 150mg	\$0(2)	NM, LA, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	\$0(2)	NDS
<i>desmopressin acetate</i> TABS .1mg, .2mg	\$0(1)	
<i>desmopressin acetate spray</i> SOLN .01%	\$0(1)	
<i>desmopressin acetate spray</i> <i>refrigerated</i> SOLN .01%	\$0(1)	
DROPLET LANC MIS 30G	\$0(3)	NM; *
DROPLET LANC MIS DEVICE	\$0(3)	NM; *
DROPLET PERS MIS LANC 30G	\$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 EJECT	\$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; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
EASY TOUCH MIS LANC/33G	\$0(3)	NM; *
EMBRACE LANC MIS THIN 30G	\$0(3)	NM; *
EQL LANCETS MIS 33G COLR	\$0(3)	NM; *
EZ-LETS 26G MIS LANCETS	\$0(3)	NM; *
FABRAZYME SOLR 5mg, 35mg	\$0(2)	NDS, NM, LA, PA
FASTCLIX MIS LANCETS	\$0(3)	NM; *
FIFTY50 SAFE MIS LANCETS	\$0(3)	NM; *
FINE 30 MIS	\$0(3)	NM; *
FINGERSTIX MIS LANCETS	\$0(3)	NM; *
FORA LANCETS MIS 30G	\$0(3)	NM; *
FORA MIS LANCETS	\$0(3)	NM; *
FORA MIS LANCING	\$0(3)	NM; *
FREESTYLE MIS LANCETS	\$0(3)	NM; *
FREESTYLE MIS UNISTICK	\$0(3)	NM; *
GENOTROPIN SOLR 5mg, 12mg	\$0(2)	NDS, NM, PA
GENOTROPIN MINIQUICK SOLR .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	\$0(2)	NDS, NM, PA
GENTEEL MIS LANCETS	\$0(3)	NM; *
GLOBAL 28G MIS LANCETS	\$0(3)	NM; *
GLOBAL 30G MIS LANCETS	\$0(3)	NM; *
GLOBAL LANC MIS DEVICE	\$0(3)	NM; *
GLUCOCOM MIS 28G	\$0(3)	NM; *
GLUCOCOM MIS 30G	\$0(3)	NM; *
GLUCOCOM MIS 33G	\$0(3)	NM; *
GNP LANCETS MIS 21G	\$0(3)	NM; *
GNP LANCETS MIS THIN	\$0(3)	NM; *
GNP LANCETS MIS THIN 26G	\$0(3)	NM; *
GOJJI LANCET MIS 30G	\$0(3)	NM; *
GOJJI MIS LANC DEV	\$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; *
HYPOLANCE KIT LANCING	\$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 SOLN 40mg/4ml	\$0(2)	NDS, NM, LA, PA
IOSAT TABS 130mg	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
KORLYM TABS 300mg	\$0(2)	NDS, NM, LA, PA
KROGER LANCE MIS 26G	\$0(3)	NM; *
LANCET DEVIC MIS 30G	\$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; *
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; *
<i>levocarnitine (metabolic modifiers)</i>	\$0(1)	B/D
SOLN 1gm/10ml; TABS 330mg		
LITE TOUCH MIS LANC PEN	\$0(3)	NM; *
LITE TOUCH MIS LANCETS	\$0(3)	NM; *
LITETOUCH MIS LANCETS	\$0(3)	NM; *
LONGS LANCET MIS THIN	\$0(3)	NM; *
LONGS LANCET MIS ULTRA TH	\$0(3)	NM; *
LUMIZYME SOLR 50mg	\$0(2)	NDS, NM, LA, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg)	\$0(2)	NDS, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg)	\$0(2)	NDS, PA
MEDLANCE MIS 30G PLUS	\$0(3)	NM; *
MEDLANCE MIS LITE 25G	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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 LANCE MIS UNIVERSA	\$0(3)	NM; *
MEIJER MIS LANCETS	\$0(3)	NM; *
MICRO THIN MIS LANC 33G	\$0(3)	NM; *
MICROLET MIS LANCETS	\$0(3)	NM; *
MICROLET MIS NEXT	\$0(3)	NM; *
<i>miglustat</i> CAPS 100mg	\$0(2)	NDS, QL (90 caps / 30 days), NM, PA
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; *
NAGLAZYME SOLN 1mg/ml	\$0(2)	NDS, NM, LA, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg	\$0(2)	NDS, NM, PA
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</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml	\$0(1)	NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml	\$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-THE-GO MIS LANC 30G	\$0(3)	NM; *
ONETOUCH DEL MIS LANC DEV	\$0(3)	NM; *
ONETOUCH DEL MIS PLUS 30G	\$0(3)	NM; *
ONETOUCH DEL MIS PLUS 33G	\$0(3)	NM; *
ONETOUCH MIS 30G	\$0(3)	NM; *
ONETOUCH MIS LANC DEV	\$0(3)	NM; *
ONETOUCH MIS LANCETS	\$0(3)	NM; *
ONETOUCH US MIS LANCETS	\$0(3)	NM; *
PC LANCETS MIS 30G	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PIP LANCETS MIS 28G	\$0(3)	NM; *
PIP LANCETS MIS 30G	\$0(3)	NM; *
PRO COMFORT MIS 31G	\$0(3)	NM; *
PRO COMFORT MIS LANCETS	\$0(3)	NM; *
PRODIGY MIS 26G	\$0(3)	NM; *
PRODIGY MIS 28G	\$0(3)	NM; *
PRODIGY MIS LANC DEV	\$0(3)	NM; *
PX LANCETS MIS 28G	\$0(3)	NM; *
PX LANCETS MIS ULT THIN	\$0(3)	NM; *
QC LANCETS MIS 30G	\$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</i> TABS 60mg	\$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; *
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 MICRO MIS THIN 33G	\$0(3)	NM; *
RELION ULTRA MIS THIN 30G	\$0(3)	NM; *
RELION ULTRA MIS THIN PLS	\$0(3)	NM; *
RIGHTEST MIS GD500	\$0(3)	NM; *
RIGHTEST MIS GL300	\$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 30G 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; *
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	\$0(2)	NDS, NM, PA
SAPS HEALTH MIS TWIST	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
SAPS TWIST MIS 30G	\$0(3)	NM; *
SHOPKO LANC MIS DEVICE	\$0(3)	NM; *
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	\$0(2)	NDS, NM, 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; *
SMARTEST MIS LANCETS	\$0(3)	NM; *
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	\$0(2)	NDS, NM, PA
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; *
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	\$0(2)	NDS, NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	\$0(2)	NDS, NM, LA, PA
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-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; *
TGT LANCET MIS 26G	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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; *
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)	NM; *
TRUEDRAW MIS LANC DEV	\$0(3)	NM; *
TRUPLUS LANC MIS 26G	\$0(3)	NM; *
TRUPLUS LANC MIS 28G	\$0(3)	NM; *
TRUPLUS LANC MIS 30G	\$0(3)	NM; *
TRUPLUS LANC MIS 33G	\$0(3)	NM; *
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; *
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 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; *
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; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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; *
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 23G 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; *
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; *
VIVAGUARD MIS 30G	\$0(3)	NM; *
VIVAGUARD MIS LANCING	\$0(3)	NM; *
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
<i>calcium acetate (phosphate binder)</i> CAPS 667mg	\$0(1)	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder)</i> TABS 667mg	\$0(1)	QL (360 tabs / 30 days)
<i>sevelamer carbonate</i> PACK 2.4gm	\$0(1)	QL (180 packets / 30 days)
<i>sevelamer carbonate</i> PACK .8gm	\$0(2)	NDS, QL (540 packets / 30 days)
<i>sevelamer carbonate</i> TABS 800mg	\$0(1)	QL (540 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	\$0(1)	
<i>megestrol acetate</i> SUSP 40mg/ml	\$0(2)	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	\$0(2)	PA
<i>norethindrone acetate</i> TABS 5mg	\$0(1)	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	\$0(1)	
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	\$0(1)	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	\$0(1)	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	\$0(1)	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	\$0(1)	
<i>methimazole</i> TABS 5mg, 10mg	\$0(1)	
<i>propylthiouracil</i> TABS 50mg	\$0(1)	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	\$0(2)	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	\$0(1)	
VITAMIN D ANALOGS		
<i>calcitriol</i> CAPS .25mcg, .5mcg; SOLN 1mcg/ml	\$0(1)	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	\$0(1)	B/D
RAYALDEE CPR 30mcg	\$0(2)	NDS
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTACIDS		
<i>acid gone</i>	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>almacone double strength</i>	\$0(3)	NM; *
ALUMINUM HYDROXIDE SUSP 320mg/5ml	\$0(3)	NM; *
<i>antacid</i> CHEW 500mg	\$0(3)	NM; *
<i>antacid calcium regular s</i> CHEW 500mg	\$0(3)	NM; *
<i>antacid extra strength</i> CHEW 750mg	\$0(3)	NM; *
<i>antacid plus anti-gas rel</i>	\$0(3)	NM; *
<i>antacid ultra strength</i> CHEW 1000mg	\$0(3)	NM; *
<i>cal-gest antacid</i> CHEW 500mg	\$0(3)	NM; *
<i>calcium antacid</i> CHEW 500mg	\$0(3)	NM; *
<i>calcium antacid extra str</i> CHEW 750mg	\$0(3)	NM; *
CALCIUM CARBONATE TABS 648mg	\$0(3)	NM; *
<i>hm magnesium</i> TABS 250mg	\$0(3)	NM; *
MAGNESIUM CAPS 500mg	\$0(3)	NM; *
<i>magnesium oxide</i> TABS 400mg, 420mg	\$0(3)	NM; *
<i>mi-acid</i>	\$0(3)	NM; *
<i>mintox maximum strength</i>	\$0(3)	NM; *
<i>mintox plus</i>	\$0(3)	NM; *
<i>sm antacid/antigas</i>	\$0(3)	NM; *
<i>sodium bicarbonate (antacid)</i> TABS 325mg, 650mg	\$0(3)	NM; *
ANTI-DIARRHEAL		
<i>anti-diarrheal</i> CAPS 2mg; LIQD 1mg/7.5ml; TABS 2mg	\$0(3)	NM; *
<i>bismatrol</i> CHEW 262mg	\$0(3)	NM; *
<i>loperamide hcl</i> LIQD 1mg/7.5ml; SUSP 1mg/7.5ml	\$0(3)	NM; *
<i>peptic relief</i> CHEW 262mg	\$0(3)	NM; *
<i>sm anti-diarrheal</i> TABS 2mg	\$0(3)	NM; *
<i>stomach relief</i> CHEW 262mg; SUSP 525mg/30ml	\$0(3)	NM; *
<i>stomach relief extra stre</i> SUSP 525mg/15ml	\$0(3)	NM; *
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	\$0(1)	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	\$0(1)	B/D
<i>compro</i> SUPP 25mg	\$0(1)	
<i>driminate</i> TABS 50mg	\$0(3)	NM; *
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	\$0(1)	B/D, QL (60 caps / 30 days)
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>granisetron hcl</i> TABS 1mg	\$0(1)	B/D
<i>meclizine hcl</i> TABS 12.5mg	\$0(3)	NM; *
<i>meclizine hcl</i> TABS 12.5mg, 25mg	\$0(2)	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	\$0(1)	
<i>motion sickness relief</i> TABS 50mg	\$0(3)	NM; *
<i>ondansetron</i> TBDP 4mg, 8mg	\$0(1)	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml	\$0(1)	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg, 24mg	\$0(1)	B/D
<i>prochlorperazine</i> SUPP 25mg	\$0(1)	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	\$0(1)	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	\$0(1)	
<i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml; SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	\$0(2)	PA; PA if 70 years and older
<i>scopolamine</i> PT72 1mg/3days	\$0(2)	QL (10 patches / 30 days), PA; PA if 70 years and older

ANTISPASMODICS - DRUGS FOR STOMACH SPASMS

<i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	\$0(2)	
<i>glycopyrrolate</i> TABS 1mg, 2mg	\$0(1)	

H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID

<i>acid reducer</i> TABS 10mg	\$0(3)	NM; *
<i>acid reducer maximum stre</i> TABS 20mg	\$0(3)	NM; *
<i>acid reducer original str</i> TABS 10mg	\$0(3)	NM; *
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	\$0(1)	
<i>famotidine</i> SUSR 40mg/5ml	\$0(1)	QL (300 mL / 30 days)
<i>famotidine</i> TABS 20mg	\$0(1)	QL (120 tabs / 30 days)
<i>famotidine</i> TABS 40mg	\$0(1)	QL (60 tabs / 30 days)
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	\$0(1)	
<i>famotidine maximum streng</i> TABS 20mg	\$0(3)	NM; *
<i>nizatidine</i> CAPS 150mg, 300mg	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> CAPS 750mg	\$0(1)	
<i>budesonide</i> CPEP 3mg	\$0(1)	PA
<i>budesonide</i> TB24 9mg	\$0(2)	NDS, PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	\$0(1)	
<i>mesalamine</i> CP24 .375gm	\$0(1)	QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	\$0(1)	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm; SUPP 1000mg	\$0(1)	
<i>mesalamine</i> TBEC 1.2gm	\$0(1)	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	\$0(1)	
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	\$0(1)	
LAXATIVES		
<i>bisacodyl</i> SUPP 10mg	\$0(3)	NM; *
<i>bisacodyl ec</i> TBEC 5mg	\$0(3)	NM; *
<i>calcium polycarbophil</i> TABS 625mg	\$0(3)	NM; *
<i>clearlax</i> POWD 17gm/scoop	\$0(3)	NM; *
<i>constulose</i> SOLN 10gm/15ml	\$0(1)	
DOCUSOL KIDS ENEM 100mg/5ml	\$0(3)	NM; *
DOCUSOL PLUS ENE 20-283	\$0(3)	NM; *
<i>dok</i> CAPS 100mg	\$0(3)	NM; *
<i>enemeez mini</i> ENEM 283mg/5ml	\$0(3)	NM; *
ENEMEEZ PLUS ENE 20-283	\$0(3)	NM; *
<i>enulose</i> SOLN 10gm/15ml	\$0(1)	
<i>fiber-lax</i> TABS 625mg	\$0(3)	NM; *
FLEET ENE PED	\$0(3)	NM; *
<i>gavilyte-c</i>	\$0(1)	
<i>gavilyte-g</i>	\$0(1)	
<i>gavilyte-n/flavor pack</i>	\$0(1)	
<i>generlac</i> SOLN 10gm/15ml	\$0(1)	
GOLYTELY SOL	\$0(2)	
<i>goodsense clearlax</i> POWD 17gm/scoop	\$0(3)	NM; *
<i>lactulose</i> SOLN 10gm/15ml	\$0(1)	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	\$0(1)	
<i>milk of magnesia</i> SUSP 7.75%	\$0(3)	NM; *
NULYTELY SOL LMN/LIME	\$0(2)	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	\$0(1)	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PHILLIPS TABS 500mg	\$0(3)	NM; *
PLENVU SOL	\$0(2)	
<i>polyethylene glycol 3350</i> PACK 17gm; POWD 17gm/scoop	\$0(3)	NM; *
<i>senna-lax</i> TABS 8.6mg	\$0(3)	NM; *
<i>*sodium phosphates - enema***</i>	\$0(3)	NM; *
<i>stool softener</i> CAPS 100mg	\$0(3)	NM; *
SUPREP BOWEL SOL PREP KIT	\$0(2)	
MISCELLANEOUS		
<i>acid reducer complete</i>	\$0(3)	NM; *
<i>alosectron hcl</i> TABS 1mg	\$0(2)	NDS, QL (60 tabs / 30 days), PA
<i>alosectron hcl</i> TABS .5mg	\$0(1)	QL (60 tabs / 30 days), PA
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	\$0(1)	
<i>diphenoxylate w/ atropine liq</i> 2.5-0.025 mg/5ml	\$0(2)	
<i>diphenoxylate w/ atropine tab</i> 2.5- 0.025 mg	\$0(2)	
<i>formula em</i>	\$0(3)	NM; *
<i>gas relief</i> CHEW 80mg	\$0(3)	NM; *
<i>gas relief extra strength</i> CAPS 125mg; CHEW 125mg	\$0(3)	NM; *
GATTEX KIT 5mg	\$0(2)	NDS, NM, LA, PA
<i>infants gas relief</i> SUSP 20mg/0.3ml	\$0(3)	NM; *
<i>infants simethicone</i> SUSP 20mg/0.3ml	\$0(3)	NM; *
LINZESS CAPS 72mcg, 145mcg, 290mcg	\$0(2)	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS 2mg	\$0(1)	
<i>mi-acid gas relief</i> CHEW 80mg	\$0(3)	NM; *
<i>misoprostol</i> TABS 100mcg, 200mcg	\$0(1)	
MOVANTIK TABS 12.5mg	\$0(2)	QL (60 tabs / 30 days)
MOVANTIK TABS 25mg	\$0(2)	QL (30 tabs / 30 days)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	\$0(2)	NDS, PA
<i>sucralfate</i> TABS 1gm	\$0(1)	
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	\$0(1)	
XERMELO TABS 250mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, LA, PA
XIFAXAN TABS 550mg	\$0(2)	NDS, PA

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	\$0(2)	
CREON CAP 6000UNIT	\$0(2)	
CREON CAP 12000UNT	\$0(2)	
CREON CAP 24000UNT	\$0(2)	
CREON CAP 36000UNT	\$0(2)	
ZENPEP CAP 3000UNIT	\$0(2)	
ZENPEP CAP 5000UNIT	\$0(2)	
ZENPEP CAP 10000UNT	\$0(2)	
ZENPEP CAP 15000UNT	\$0(2)	
ZENPEP CAP 20000UNT	\$0(2)	
ZENPEP CAP 25000	\$0(2)	
ZENPEP CAP 40000	\$0(2)	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
<i>acid reducer</i> CPDR 20.6mg	\$0(3)	NM; *
DEXILANT CPDR 30mg, 60mg	\$0(2)	QL (30 caps / 30 days)
<i>esomeprazole magnesium</i> CPDR 20mg	\$0(3)	NM; *
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	\$0(1)	QL (30 caps / 30 days), ST
<i>gnp omeprazole</i> TBEC 20mg	\$0(3)	NM; *
<i>lansoprazole</i> CPDR 15mg	\$0(3)	NM; *
<i>lansoprazole</i> CPDR 15mg, 30mg	\$0(1)	QL (60 caps / 30 days)
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	\$0(1)	
<i>omeprazole</i> TBEC 20mg	\$0(3)	NM; *
<i>omeprazole magnesium</i> CPDR 20.6mg; TBEC 20mg	\$0(3)	NM; *
<i>pantoprazole sodium</i> SOLR 40mg; TBEC 20mg, 40mg	\$0(1)	
<i>rabeprazole sodium</i> TBEC 20mg	\$0(1)	QL (30 tabs / 30 days)
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE		
<i>alfuzosin hcl</i> TB24 10mg	\$0(1)	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	\$0(1)	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	\$0(1)	
<i>tamsulosin hcl</i> CAPS .4mg	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	\$0(1)	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	\$0(1)	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	\$0(1)	
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
MYRBETRIQ TB24 25mg, 50mg	\$0(2)	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SYRP 5mg/5ml; TABS 5mg	\$0(1)	
<i>oxybutynin chloride</i> TB24 5mg	\$0(1)	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	\$0(1)	QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	\$0(1)	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	\$0(1)	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	\$0(1)	QL (60 tabs / 30 days), ST
TOVIAZ TB24 4mg, 8mg	\$0(2)	QL (30 tabs / 30 days)
<i>tropium chloride</i> TABS 20mg	\$0(1)	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i> CREA 2%	\$0(1)	
<i>clotrimazole vaginal</i> CREA 1%	\$0(3)	NM; *
<i>metronidazole vaginal</i> GEL .75%	\$0(1)	
<i>miconazole 3 combination</i>	\$0(3)	NM; *
<i>miconazole 7</i> SUPP 100mg	\$0(3)	NM; *
<i>miconazole nitrate vaginal</i> CREA 2%	\$0(3)	NM; *
<i>sm miconazole 7</i> CREA 2%	\$0(3)	NM; *
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	\$0(1)	
<i>tioconazole 1</i> OINT 6.5%	\$0(3)	NM; *
<i>vandazole</i> GEL .75%	\$0(1)	
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS ANTICOAGULANTS - BLOOD THINNERS		
ELIQUIS TABS 2.5mg	\$0(2)	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	\$0(2)	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	\$0(2)	QL (74 tabs / 30 days)
<i>enoxaparin sodium</i> SOLN 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	\$0(1)	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	\$0(2)	NDS
HEP SOD/NAACL INJ 25000UNT	\$0(2)	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	\$0(1)	B/D
<i>heparin sodium (porcine) 100 unit/ml in d5w</i>	\$0(1)	
<i>heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%</i>	\$0(1)	
<i>heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%</i>	\$0(1)	
HEPARIN/NAACL INJ 25000UNT	\$0(2)	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	\$0(1)	
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	\$0(1)	
XARELTO TABS 2.5mg	\$0(2)	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	\$0(2)	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	\$0(2)	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	\$0(2)	PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	\$0(2)	NDS, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	\$0(2)	NDS, PA
IRON		
<i>bprotected pedia iron</i> SOLN 15mg/ml	\$0(3)	NM; *
CENTRATEX CAP	\$0(3)	NM; *
CORVITE 150 TAB	\$0(3)	NM; *
CORVITE FE TAB	\$0(3)	NM; *
<i>cvs iron</i> TABS 27mg, 325mg	\$0(3)	NM; *
<i>cvs slow release iron</i> TBCR 45mg, 143mg	\$0(3)	NM; *
<i>eq slow-release iron</i> TBCR 45mg	\$0(3)	NM; *
EZFE 200 CAPS 200mg	\$0(3)	NM; *
<i>fe c tab</i>	\$0(3)	NM; *
FEOSOL BIFER TAB 28MG	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>ferate</i> TABS 27mg	\$0(3)	NM; *
FERIVA TAB 21/7	\$0(3)	NM; *
FERIVAFA CAP 110-1MG	\$0(3)	NM; *
<i>ferosul</i> TABS 325mg	\$0(3)	NM; *
FERRALET 90 TAB	\$0(3)	NM; *
FERRAPLUS 90 TAB	\$0(3)	NM; *
FERRETTIS TABS 325mg	\$0(3)	NM; *
FERRETTIS IPS SOLN 40mg/15ml	\$0(3)	NM; *
<i>ferrex 150</i> CAPS 150mg	\$0(3)	NM; *
<i>ferric x-150</i> CAPS 150mg	\$0(3)	NM; *
FERRIMIN 150 TABS 150mg	\$0(3)	NM; *
<i>ferrous fumarate</i> TABS 324mg	\$0(3)	NM; *
<i>ferrous gluconate</i> TABS 27mg, 240mg, 324mg	\$0(3)	NM; *
FERROUS GLUCONATE TABS 324mg	\$0(3)	NM; *
<i>ferrous sulfate</i> ELIX 220mg/5ml; SOLN 15mg/ml; SYRP 300mg/5ml; TABS 65mg, 325mg; TBEC 325mg	\$0(3)	NM; *
FERROUS SULFATE LIQD 220mg/5ml; TBEC 324mg	\$0(3)	NM; *
<i>ferrous sulfate iron</i> TABS 200mg	\$0(3)	NM; *
FOLITAB 500 TAB	\$0(3)	NM; *
FUSION CAP	\$0(3)	NM; *
FUSION PLUS CAP	\$0(3)	NM; *
<i>gnp iron</i> TABS 200mg; TBCR 45mg	\$0(3)	NM; *
HEMOCYTE PLS CAP	\$0(3)	NM; *
<i>hemocyte-f</i>	\$0(3)	NM; *
<i>hm iron</i> TABS 65mg	\$0(3)	NM; *
<i>hm iron slow release</i> TBCR 142mg	\$0(3)	NM; *
INFED SOLN 50mg/ml	\$0(3)	NM; *
INTEGRA CAP	\$0(3)	NM; *
INTEGRA F CAP	\$0(3)	NM; *
INTEGRA PLUS CAP	\$0(3)	NM; *
IRON TBCR 140mg	\$0(3)	NM; *
<i>iron 27</i> TABS 240mg	\$0(3)	NM; *
<i>iron 100/c</i>	\$0(3)	NM; *
<i>iron slow release</i> TBCR 45mg	\$0(3)	NM; *
IRON SLOW RELEASE TBCR 140mg	\$0(3)	NM; *
<i>iron supplement</i> ELIX 220mg/5ml	\$0(3)	NM; *
<i>iron supplement childrens</i> SOLN 15mg/ml	\$0(3)	NM; *
IROSPAN 24/6 MIS	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>kp ferrous gluconate</i> TABS 324mg	\$0(3)	NM; *
<i>kp ferrous sulfate</i> TABS 325mg	\$0(3)	NM; *
<i>myferon 150</i> CAPS 150mg	\$0(3)	NM; *
<i>myferon 150 forte</i>	\$0(3)	NM; *
NEPHRON FA TAB	\$0(3)	NM; *
<i>nu-iron 150</i> CAPS 150mg	\$0(3)	NM; *
<i>pc pediatric iron drops</i> SOLN 15mg/ml	\$0(3)	NM; *
<i>poly-iron 150</i> CAPS 150mg	\$0(3)	NM; *
<i>poly-iron 150 forte</i>	\$0(3)	NM; *
<i>polysaccharide iron complex</i> CAPS 150mg	\$0(3)	NM; *
PROFE CAPS 180mg	\$0(3)	NM; *
PROFERRIN ES TABS 12mg	\$0(3)	NM; *
PROFERRIN- TAB FORTE	\$0(3)	NM; *
PROTECTIRON TAB	\$0(3)	NM; *
<i>ra high potency iron</i> TABS 27mg	\$0(3)	NM; *
<i>ra iron</i> TABS 325mg	\$0(3)	NM; *
<i>ra slow release iron</i> TBCR 45mg	\$0(3)	NM; *
<i>se-tan plus</i>	\$0(3)	NM; *
<i>slow release iron</i> TBCR 45mg	\$0(3)	NM; *
SLOW RELEASE IRON TBCR 47.5mg	\$0(3)	NM; *
<i>slow-release iron</i> TBCR 45mg	\$0(3)	NM; *
<i>sm iron</i> TABS 325mg	\$0(3)	NM; *
<i>sm iron slow release</i> TBCR 142mg	\$0(3)	NM; *
SM SLOW RELEASE IRON TBCR 143mg	\$0(3)	NM; *
TARON FORTE CAP	\$0(3)	NM; *
<i>wee care</i> SUSP 15mg/1.25ml	\$0(3)	NM; *
MISCELLANEOUS		
<i>anagrelide hcl</i> CAPS .5mg, 1mg	\$0(1)	
BERINERT KIT 500unit	\$0(2)	NDS, QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i> TABS 50mg, 100mg	\$0(1)	
DOPTELET TABS 20mg	\$0(2)	NDS, NM, LA, PA
DROXIA CAPS 200mg, 300mg, 400mg	\$0(2)	
ENDARI PACK 5gm	\$0(2)	NDS, NM, LA, PA
HAEGARDA SOLR 2000unit	\$0(2)	NDS, QL (30 vials / 30 days), NM, LA, PA
HAEGARDA SOLR 3000unit	\$0(2)	NDS, QL (20 vials / 30 days), NM, LA, PA
<i>icatibant acetate</i> SOLN 30mg/3ml	\$0(2)	NDS, QL (9 syringes / 30 days), NM, PA
<i>pentoxifylline</i> TBCR 400mg	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
PROMACTA PACK 12.5mg	\$0(2)	NDS, QL (360 packets / 30 days), NM, LA, PA
PROMACTA PACK 25mg	\$0(2)	NDS, QL (180 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg, 25mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg, 75mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, LA, PA
<i>sajazir</i> SOLN 30mg/3ml	\$0(2)	NDS, QL (9 syringes / 30 days), NM, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	\$0(1)	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	\$0(1)	
BRILINTA TABS 60mg, 90mg	\$0(2)	
<i>clopidogrel bisulfate</i> TABS 75mg	\$0(1)	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	\$0(2)	PA; PA if 70 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	\$0(1)	
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
AUTOIMMUNE AGENTS		
ENBREL SOLN 25mg/0.5ml; SOLR 25mg	\$0(2)	NDS, QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	\$0(2)	NDS, QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	\$0(2)	NDS, QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	\$0(2)	NDS, QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	\$0(2)	NDS, QL (8 pens / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml	\$0(2)	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	\$0(2)	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	\$0(2)	NDS, NM, PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	\$0(2)	NDS, NM, PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	\$0(2)	NDS, QL (6 pens / 28 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
HUMIRA PEN PNKT 80mg/0.8ml	\$0(2)	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	\$0(2)	NDS, NM, PA
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	\$0(2)	NDS, NM, PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	\$0(2)	NDS, NM, PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	\$0(2)	NDS, NM, PA
REMICADE SOLR 100mg	\$0(2)	NDS, NM, PA
RENFLEXIS SOLR 100mg	\$0(2)	NDS, NM, LA, PA
RINVOQ TB24 15mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
SKYRIZI PSKT 75mg/0.83ml	\$0(2)	NDS, QL (7 kits / 365 days), NM, PA
SKYRIZI SOSY 150mg/ml	\$0(2)	NDS, QL (7 syringes / year), PA
SKYRIZI PEN SOAJ 150mg/ml	\$0(2)	NDS, QL (7 pens / year), PA
STELARA SOLN 45mg/0.5ml	\$0(2)	NDS, QL (2 vials / 28 days), NM, LA, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	\$0(2)	NDS, QL (1 syringe / 28 days), NM, PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	\$0(2)	NDS, QL (3 syringes / 28 days), NM, LA, PA
XELJANZ SOLN 1mg/ml	\$0(2)	NDS, QL (240 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	\$0(2)	NDS, QL (30 tabs / 30 days), NM, PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS		
<i>hydroxychloroquine sulfate</i> TABS 200mg	\$0(1)	
<i>leflunomide</i> TABS 10mg, 20mg	\$0(1)	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	\$0(1)	
XATMEP SOLN 2.5mg/ml	\$0(2)	B/D
IMMUNOGLOBULINS		
BIVIGAM SOLN 5gm/50ml	\$0(2)	NDS, NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	\$0(2)	NDS, NM, PA
GAMASTAN INJ	\$0(2)	B/D, NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	\$0(2)	NDS, NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	\$0(2)	NDS, NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	\$0(2)	NDS, NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	\$0(2)	NDS, NM, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	\$0(2)	NDS, NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 25gm/500ml, 30gm/300ml	\$0(2)	NDS, NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	\$0(2)	NDS, NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	\$0(2)	NDS, NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 2000000unit/0.5ml	\$0(2)	NDS, NM, LA, PA
ARCALYST SOLR 220mg	\$0(2)	NDS, NM, PA
INTRON A SOLN 10mu/ml, 6000000unit/ml; SOLR 50mu	\$0(2)	NDS, B/D, NM
INTRON A SOLR 10mu, 18mu	\$0(2)	B/D, NM
IMMUNOSUPPRESSANTS		
azathioprine TABS 50mg	\$0(1)	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	\$0(2)	NDS, QL (8 syringes / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	\$0(2)	NDS, NM, PA
cyclosporine CAPS 25mg, 100mg; SOLN 50mg/ml	\$0(1)	B/D

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	\$0(1)	B/D
<i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg	\$0(2)	NDS, B/D
<i>gengraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	\$0(1)	B/D
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	\$0(1)	B/D
<i>mycophenolate mofetil</i> SUSR 200mg/ml	\$0(2)	NDS, B/D
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	\$0(1)	B/D
NULOJIX SOLR 250mg	\$0(2)	NDS, B/D
PROGRAF PACK .2mg, 1mg	\$0(2)	B/D
REZUROCK TABS 200mg	\$0(2)	NDS, LA, PA
SANDIMMUNE SOLN 100mg/ml	\$0(2)	B/D
<i>sirolimus</i> SOLN 1mg/ml	\$0(2)	NDS, B/D
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	\$0(1)	B/D
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	\$0(1)	B/D
ZORTRESS TABS 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 SUSP 10mcg/0.5ml, 20mcg/ml	\$0(2)	B/D
GARDASIL 9 INJ	\$0(2)	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	\$0(2)	
HIBERIX SOLR 10mcg	\$0(2)	
IMOVAX RABIES (H.D.C.V.) INJ 2.5unit/ml	\$0(2)	B/D
INFANRIX INJ	\$0(2)	
IPOL INJ INACTIVE	\$0(2)	
IXIARO INJ	\$0(2)	
KINRIX INJ	\$0(2)	
M-M-R II INJ	\$0(2)	
MENACTRA INJ	\$0(2)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MENQUADFI INJ	\$0(2)	
MENVEO INJ	\$0(2)	
PEDIARIX INJ 0.5ML	\$0(2)	
PEDVAX HIB SUSP 7.5mcg/0.5ml	\$0(2)	
PENTACEL INJ	\$0(2)	
PROQUAD INJ	\$0(2)	
QUADRACEL INJ	\$0(2)	
RABAVERT INJ	\$0(2)	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml	\$0(2)	B/D
ROTARIX SUS	\$0(2)	
ROTATEQ SOL	\$0(2)	
SHINGRIX SUSR 50mcg/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 SOLN 25mcg/0.5ml	\$0(2)	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	\$0(2)	
VARIVAX INJ 1350pfu/0.5ml	\$0(2)	
YF-VAX INJ	\$0(2)	

MISCELLANEOUS

MISCELLANEOUS

PETROLATUM OINT 42%	\$0(3)	NM; *
SUSPENDOL-S LIQ	\$0(3)	NM; *

NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS

ELECTROLYTES

<i>advantage care oral elect</i>	\$0(3)	NM; *
<i>cvs electrolyte solution</i>	\$0(3)	NM; *
<i>cvs pediatric electrolyte</i>	\$0(3)	NM; *
ENFAMIL SOL ENFALYTE	\$0(3)	NM; *
<i>gnp pediatric electrolyte</i>	\$0(3)	NM; *
<i>h-e-b oral electrolyte so</i>	\$0(3)	NM; *
<i>hm pediatric electrolyte</i>	\$0(3)	NM; *
<i>*oral electrolyte solution***</i>	\$0(3)	NM; *
<i>oralyte</i>	\$0(3)	NM; *
<i>oralyte freezer pops</i>	\$0(3)	NM; *
<i>pediatric electrolyte fre</i>	\$0(3)	NM; *
<i>pediatric electrolyte/zin</i>	\$0(3)	NM; *
<i>ra pediatric electrolyte</i>	\$0(3)	NM; *
<i>sm pediatric electrolyte</i>	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>ELECTROLYTES/MINERALS, INJECTABLE</i>		
D2.5W/NACL INJ 0.45%	\$0(1)	
D5W/LYTES INJ #48	\$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 0.3%</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 5% w/ sodium chloride 0.225%</i>	\$0(1)	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	\$0(1)	
ISOLYTE-P INJ /D5W	\$0(2)	
ISOLYTE-S INJ	\$0(2)	
ISOLYTE-S INJ PH 7.4	\$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)	
KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ	\$0(2)	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	\$0(1)	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	\$0(1)	
KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ	\$0(2)	
KCL/D5W/NACL INJ 0.3/0.9%	\$0(2)	
<i>lactated ringer's solution</i>	\$0(1)	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	\$0(2)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>magnesium sulfate</i> SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	\$0(2)	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	\$0(2)	
MG SO4/D5W INJ 10MG/ML	\$0(2)	
PLASMA-LYTE INJ -148	\$0(2)	
PLASMA-LYTE INJ -A	\$0(2)	
<i>potassium chloride</i> SOLN 2meq/ml, 10meq/100ml, 20meq/100ml, 40meq/100ml	\$0(1)	
POTASSIUM CHLORIDE SOLN 10meq/50ml, 20meq/50ml	\$0(2)	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	\$0(1)	
<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	\$0(1)	
TPN ELECTROL INJ	\$0(2)	B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
<i>klor-con</i> PACK 20meq	\$0(1)	
<i>klor-con 8</i> TBCR 8meq	\$0(1)	
<i>klor-con 10</i> TBCR 10meq	\$0(1)	
<i>klor-con m10</i> TBCR 10meq	\$0(1)	
<i>klor-con m15</i> TBCR 15meq	\$0(1)	
<i>klor-con m20</i> TBCR 20meq	\$0(1)	
M-NATAL PLUS TAB	\$0(2)	
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq	\$0(1)	
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 15meq, 20meq	\$0(1)	
PRENATAL TAB 27-1MG	\$0(2)	
PRENATAL TAB PLUS	\$0(2)	
PRENATAL VIT TAB LOW IRON	\$0(2)	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	\$0(1)	
TRICARE TAB PRENATAL	\$0(2)	
<i>IV NUTRITION</i>		
AMINOSYN-PF INJ 7%	\$0(2)	B/D
CLINIMIX INJ 4.25/D5W	\$0(2)	B/D
CLINIMIX INJ 4.25/D10	\$0(2)	B/D
CLINIMIX INJ 5%/D15W	\$0(2)	B/D

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
CLINIMIX INJ 5%/D20W	\$0(2)	B/D
CLINIMIX INJ 6/5	\$0(2)	B/D
CLINIMIX INJ 8/10	\$0(2)	B/D
CLINIMIX INJ 8/14	\$0(2)	B/D
<i>clinisol sf 15%</i>	\$0(1)	B/D
CLINOLIPID EMU 20%	\$0(2)	B/D
<i>dextrose SOLN 5%, 10%</i>	\$0(1)	
<i>dextrose SOLN 50%, 70%</i>	\$0(1)	B/D
FREAMINE HBC INJ 6.9%	\$0(2)	B/D
FREAMINE III INJ 10%	\$0(2)	B/D
<i>hepatamine</i>	\$0(2)	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	\$0(2)	B/D
NUTRILIPID EMUL 20gm/100ml	\$0(2)	B/D
<i>plenamine</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
MINERALS		
<i>av-phos 250 neutral</i>	\$0(3)	NM; *
CAL CIT MAL/ TAB VITAMIND	\$0(3)	NM; *
CALCET PETIT TAB 200-250	\$0(3)	NM; *
<i>calcitrate TABS 950mg</i>	\$0(3)	NM; *
<i>calcium 500 +d</i>	\$0(3)	NM; *
<i>calcium 500 +d3</i>	\$0(3)	NM; *
<i>calcium 500+d</i>	\$0(3)	NM; *
<i>calcium 500+d3</i>	\$0(3)	NM; *
<i>calcium 500+d high potenc</i>	\$0(3)	NM; *
<i>calcium 500/d</i>	\$0(3)	NM; *
<i>calcium 600 TABS 600mg, 1500mg</i>	\$0(3)	NM; *
<i>calcium 600 high potency TABS 600mg</i>	\$0(3)	NM; *
<i>calcium 600 with vitamin</i>	\$0(3)	NM; *
<i>calcium 600+d</i>	\$0(3)	NM; *
<i>calcium 600+d3</i>	\$0(3)	NM; *
<i>calcium 600+d3 plus miner</i>	\$0(3)	NM; *
<i>calcium 600+d high potenc</i>	\$0(3)	NM; *
<i>calcium 600+d plus minera</i>	\$0(3)	NM; *
<i>calcium 600/vitamin d</i>	\$0(3)	NM; *
<i>calcium 600/vitamin d3</i>	\$0(3)	NM; *
CALCIUM CARBONATE CHEW 500mg	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>calcium carbonate</i> TABS 600mg, 1250mg	\$0(3)	NM; *
<i>calcium carbonate (antacid)</i> SUSP 1250mg/5ml	\$0(3)	NM; *
<i>calcium carbonate-cholecalciferol chew tab 500 mg-400 unit</i>	\$0(3)	NM; *
<i>calcium carbonate-cholecalciferol tab 250 mg-125 unit</i>	\$0(3)	NM; *
<i>calcium carbonate-cholecalciferol tab 500 mg-200 unit</i>	\$0(3)	NM; *
<i>calcium carbonate-cholecalciferol tab 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; *
CALCIUM CIT/ TAB VIT D	\$0(3)	NM; *
<i>calcium citrate</i> TABS 200mg	\$0(3)	NM; *
CALCIUM CITRATE TABS 200mg	\$0(3)	NM; *
<i>calcium citrate + d</i>	\$0(3)	NM; *
<i>calcium citrate + d3 max</i>	\$0(3)	NM; *
<i>calcium citrate + d3 maxi</i>	\$0(3)	NM; *
<i>calcium citrate+d3</i>	\$0(3)	NM; *
<i>calcium citrate-vitamin d tab 315 mg- 200 unit (elemental ca)</i>	\$0(3)	NM; *
<i>calcium citrate-vitamin d tab 315 mg- 250 unit (elemental ca)</i>	\$0(3)	NM; *
<i>calcium citrate/d3</i>	\$0(3)	NM; *
<i>calcium extra d3</i>	\$0(3)	NM; *
<i>calcium for women</i>	\$0(3)	NM; *
<i>calcium high potency</i> TABS 600mg, 1500mg	\$0(3)	NM; *
<i>calcium high potency + vi</i>	\$0(3)	NM; *
<i>calcium plus vitamin d</i>	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>calcium plus vitamin d3</i>	\$0(3)	NM; *
<i>calcium+d3</i>	\$0(3)	NM; *
CALCIUM-FA WAF PLUS D	\$0(3)	NM; *
<i>calcium-magnesium-zinc tab 333-133-5 mg</i>	\$0(3)	NM; *
CALCIUM/C/D CHW 500MG	\$0(3)	NM; *
CALCIUM/MAGN TAB 250-155	\$0(3)	NM; *
<i>calcium/vitamin d3</i>	\$0(3)	NM; *
CALCIUM/VITD CAP 600-400	\$0(3)	NM; *
CALTRATE 600 CHW 600-800	\$0(3)	NM; *
<i>chewable calcium</i>	\$0(3)	NM; *
CHEWABLE CALCIUM CHEW 500mg	\$0(3)	NM; *
CORAL CALCIU CAP 1000MG	\$0(3)	NM; *
<i>cvs calcium</i>	\$0(3)	NM; *
<i>cvs calcium 600 & vitamin</i>	\$0(3)	NM; *
<i>cvs calcium 600 + d plus</i>	\$0(3)	NM; *
<i>cvs calcium 600+d</i>	\$0(3)	NM; *
<i>cvs calcium & vitamin d3</i>	\$0(3)	NM; *
<i>cvs calcium citrate+d3</i>	\$0(3)	NM; *
<i>cvs magnesium TABS 500mg</i>	\$0(3)	NM; *
<i>cvs selenium TABS 200mcg</i>	\$0(3)	NM; *
<i>cvs zinc TABS 50mg</i>	\$0(3)	NM; *
<i>eq calcium 500+d</i>	\$0(3)	NM; *
<i>eq calcium 600+d</i>	\$0(3)	NM; *
<i>eq calcium citrate+d</i>	\$0(3)	NM; *
<i>eql calcium 600mg/vitamin</i>	\$0(3)	NM; *
<i>eql calcium citrate w/vit</i>	\$0(3)	NM; *
<i>eql calcium citrate/ vita</i>	\$0(3)	NM; *
<i>eql calcium/vitamin d</i>	\$0(3)	NM; *
<i>gnp calcium TABS 600mg</i>	\$0(3)	NM; *
<i>gnp calcium 500 +d3</i>	\$0(3)	NM; *
<i>gnp calcium 600 +d3</i>	\$0(3)	NM; *
<i>gnp calcium 600 +d3/miner</i>	\$0(3)	NM; *
<i>gnp calcium citrate +d3</i>	\$0(3)	NM; *
<i>gnp calcium citrate+d3 ma</i>	\$0(3)	NM; *
<i>hm calcium 600 & vitamin</i>	\$0(3)	NM; *
<i>hm calcium 600 + d plus m</i>	\$0(3)	NM; *
<i>hm calcium 600 + vitamin</i>	\$0(3)	NM; *
<i>hm calcium citrate + vita</i>	\$0(3)	NM; *
<i>hm calcium/vitamin d</i>	\$0(3)	NM; *
<i>hm calcium/vitamin d/mine</i>	\$0(3)	NM; *
<i>hm selenium TABS 200mcg</i>	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>hm zinc</i> TABS 50mg	\$0(3)	NM; *
<i>kp calcium citrate+d</i>	\$0(3)	NM; *
MAGNESIUM ELEMENTAL CAPS 300mg; TABS 30mg	\$0(3)	NM; *
<i>magnesium lactate</i> TBCR 7meq	\$0(3)	NM; *
MAGNESIUM OXIDE TABS 420mg	\$0(3)	NM; *
<i>magnesium oxide (mg supplement)</i> CAPS 500mg; TABS 500mg	\$0(3)	NM; *
MONOCAL TAB 3-250	\$0(3)	NM; *
NU-MAG TAB 71.5-119	\$0(3)	NM; *
<i>oceanic selenium</i> TABS 50mcg, 200mcg	\$0(3)	NM; *
<i>orazinc</i> CAPS 220mg	\$0(3)	NM; *
ORAZINC TABS 110mg	\$0(3)	NM; *
<i>os-cal calcium + d3</i>	\$0(3)	NM; *
<i>os-cal extra d3</i>	\$0(3)	NM; *
<i>oysco 500+d</i>	\$0(3)	NM; *
<i>oyster shell</i> TABS 500mg	\$0(3)	NM; *
<i>oyster shell calcium 250+</i>	\$0(3)	NM; *
<i>oyster shell calcium 500</i>	\$0(3)	NM; *
<i>oyster shell calcium 500+</i>	\$0(3)	NM; *
<i>oyster shell calcium + d3</i>	\$0(3)	NM; *
<i>oyster shell calcium + vi</i>	\$0(3)	NM; *
<i>oyster shell calcium plus</i>	\$0(3)	NM; *
<i>oyster shell calcium+d</i>	\$0(3)	NM; *
<i>oyster shell calcium/d3</i>	\$0(3)	NM; *
<i>oyster shell calcium/vita</i>	\$0(3)	NM; *
<i>oystercal-d</i>	\$0(3)	NM; *
<i>phospha 250 neutral</i>	\$0(3)	NM; *
<i>phospho-trin 250 neutral</i>	\$0(3)	NM; *
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i>	\$0(3)	NM; *
<i>pure calcium carbonate</i> TABS 600mg	\$0(3)	NM; *
<i>qc calcium/minerals/vitam</i>	\$0(3)	NM; *
RA CA/BORON TAB	\$0(3)	NM; *
<i>ra calcium 600</i> TABS 600mg	\$0(3)	NM; *
<i>ra calcium 600 plus vitam</i>	\$0(3)	NM; *
<i>ra calcium 600/vit d/mine</i>	\$0(3)	NM; *
<i>ra calcium citrate plus v</i>	\$0(3)	NM; *
<i>ra hi cal</i>	\$0(3)	NM; *
<i>ra magnesium</i> CAPS 500mg	\$0(3)	NM; *
<i>ra natural magnesium</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 natural</i> TABS 200mcg	\$0(3)	NM; *
<i>ra zinc</i> TABS 50mg	\$0(3)	NM; *
RISACAL-D TAB	\$0(3)	NM; *
<i>selenium</i> TABS 200mcg	\$0(3)	NM; *
SLOW-MAG TAB	\$0(3)	NM; *
SLOW-MAG TAB 71.5-119	\$0(3)	NM; *
<i>sm calcium 500/vitamin d3</i>	\$0(3)	NM; *
<i>sm calcium 600+d3</i>	\$0(3)	NM; *
<i>sm calcium 600/vitamin d</i>	\$0(3)	NM; *
<i>sm calcium /vitamin d</i>	\$0(3)	NM; *
<i>sm calcium citrate+ w/vit</i>	\$0(3)	NM; *
<i>sm calcium citrate+vitami</i>	\$0(3)	NM; *
<i>sm calcium soft chews</i>	\$0(3)	NM; *
<i>sm calcium/magnesium/zinc</i>	\$0(3)	NM; *
<i>sm calcium/vitamin d</i>	\$0(3)	NM; *
<i>sm calcium/vitamin d3</i>	\$0(3)	NM; *
<i>sm magnesium</i> TABS 250mg	\$0(3)	NM; *
<i>sm oyster shell calcium/v</i>	\$0(3)	NM; *
<i>sm selenium</i> TABS 200mcg	\$0(3)	NM; *
<i>sm zinc</i> TABS 50mg	\$0(3)	NM; *
<i>super calcium</i> TABS 600mg	\$0(3)	NM; *
<i>super calcium 600 + d3</i>	\$0(3)	NM; *
<i>super calcium 600+d3 400</i>	\$0(3)	NM; *
<i>super calcium 600+d 400</i>	\$0(3)	NM; *
<i>tgt calcium + vitamin d3</i>	\$0(3)	NM; *
<i>virt-phos 250 neutral</i>	\$0(3)	NM; *
ZINC LOZG 10mg	\$0(3)	NM; *
<i>zinc</i> TABS 50mg	\$0(3)	NM; *
ZINC 15 TABS 66mg	\$0(3)	NM; *
<i>zinc gluconate</i> TABS 30mg, 50mg, 100mg	\$0(3)	NM; *
<i>zinc sulfate</i> CAPS 220mg; TABS 220mg	\$0(3)	NM; *
<i>zinc-220</i> CAPS 220mg	\$0(3)	NM; *
MISCELLANEOUS		
ALBA-LYBE NR LIQ	\$0(3)	NM; *
VITAMINS		
<i>a thru z advanced</i>	\$0(3)	NM; *
<i>a thru z select</i>	\$0(3)	NM; *
<i>a thru z select 50+ advan</i>	\$0(3)	NM; *
<i>a thru z select advanced</i>	\$0(3)	NM; *
<i>a thru z select ultimate</i>	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>a thru z ultimate mens</i>	\$0(3)	NM; *
<i>a-10000 CAPS 10000unit</i>	\$0(3)	NM; *
<i>abaneu-sl</i>	\$0(3)	NM; *
<i>abc plus senior adults 50</i>	\$0(3)	NM; *
<i>actical</i>	\$0(3)	NM; *
<i>advanced stress formula/z</i>	\$0(3)	NM; *
<i>animal chews</i>	\$0(3)	NM; *
ANIMAL SHAPE CHW IRON	\$0(3)	NM; *
APETEX 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; *
<i>aqueous vitamin d infants LIQD 10mcg/ml</i>	\$0(3)	NM; *
<i>aqueous vitamin e SOLN 15mg/0.67ml</i>	\$0(3)	NM; *
ASCORBIC ACD POW	\$0(3)	NM; *
<i>ascorbic acid CHEW 250mg, 500mg; CPCR 500mg; LIQD 500mg/5ml; TABS 250mg, 500mg, 1000mg; TBCR 500mg, 1000mg, 1500mg</i>	\$0(3)	NM; *
<i>ascorbic acid chew tab 250 mg</i>	\$0(3)	NM; *
<i>ascorbic acid chew tab 500 mg</i>	\$0(3)	NM; *
<i>ascorbic acid tab 500 mg</i>	\$0(3)	NM; *
<i>ascorbic acid tab 1000 mg</i>	\$0(3)	NM; *
<i>ascorbic acid tab er 500 mg</i>	\$0(3)	NM; *
<i>b6 natural TABS 100mg</i>	\$0(3)	NM; *
B COMPLEX/FO TAB	\$0(3)	NM; *
B-12 DOTS TBDP 500mcg	\$0(3)	NM; *
<i>b-12 tr TBCR 1000mcg, 2000mcg</i>	\$0(3)	NM; *
<i>b-complex formula 1</i>	\$0(3)	NM; *
<i>*b-complex vitamin cap**</i>	\$0(3)	NM; *
<i>*b-complex vitamin tab**</i>	\$0(3)	NM; *
<i>*b-complex w/ c & calcium 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; *
BACMIN TAB	\$0(3)	NM; *
<i>balance b-50</i>	\$0(3)	NM; *
<i>balance b-100</i>	\$0(3)	NM; *
<i>beta carotene CAPS 25000unit</i>	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>beta carotene provitamin</i> CAPS 25000unit	\$0(3)	NM; *
BIOCAL CAP	\$0(3)	NM; *
<i>biopetit</i>	\$0(3)	NM; *
<i>biotin</i> CAPS 2500mcg, 5000mcg; TABS 1000mcg	\$0(3)	NM; *
<i>biotin 5000</i> CAPS 5mg	\$0(3)	NM; *
<i>biotin/maximum strength</i> CAPS 5000mcg	\$0(3)	NM; *
<i>bprotected multi-vite</i>	\$0(3)	NM; *
<i>bprotected pedia d-vite</i> LIQD 400unit/ml	\$0(3)	NM; *
<i>bprotected pedia tri-vite</i>	\$0(3)	NM; *
<i>c 500</i> TABS 500mg	\$0(3)	NM; *
<i>c 1000</i> TABS 1000mg	\$0(3)	NM; *
C 1000/BIOFL CAP /R HIPS	\$0(3)	NM; *
<i>c complex</i>	\$0(3)	NM; *
<i>c-250</i> TABS 250mg	\$0(3)	NM; *
<i>c-500</i> CHEW 500mg; TABS 500mg	\$0(3)	NM; *
<i>c-500 prolonged release</i> TBCR 500mg	\$0(3)	NM; *
<i>c-500/rose hips</i>	\$0(3)	NM; *
<i>c-1000</i> TABS 1000mg	\$0(3)	NM; *
<i>c-1000 prolonged release</i> TBCR 1000mg	\$0(3)	NM; *
<i>c-1000/rose hips</i>	\$0(3)	NM; *
<i>c-chewable</i> CHEW 500mg	\$0(3)	NM; *
CAL-MAG-ZINC TAB -D	\$0(3)	NM; *
<i>calcidol</i> SOLN 200mcg/ml	\$0(3)	NM; *
<i>calcium citrate plus/magn</i>	\$0(3)	NM; *
CENTRAVITES TAB 50 PLUS	\$0(3)	NM; *
CENTRUM SPEC TAB HEART	\$0(3)	NM; *
CENTRUM TAB SILVER	\$0(3)	NM; *
CENTRUM TAB ULTRA	\$0(3)	NM; *
CEREFOLIN TAB	\$0(3)	NM; *
<i>cerovite advanced formula</i>	\$0(3)	NM; *
<i>certa plus</i>	\$0(3)	NM; *
CERTAVITE TAB SENIOR	\$0(3)	NM; *
CERTAVITE/ TAB ANTIOXID	\$0(3)	NM; *
<i>certavite/antioxidants</i>	\$0(3)	NM; *
<i>childrens chewable multiv</i>	\$0(3)	NM; *
<i>childrens chewable vitami</i>	\$0(3)	NM; *
<i>cholecalciferol</i> LIQD 400unit/ml	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>companion</i>	\$0(3)	NM; *
<i>compete</i>	\$0(3)	NM; *
COMPLETE 50+ TAB WOMENS	\$0(3)	NM; *
<i>complex b-100</i>	\$0(3)	NM; *
<i>corvita</i>	\$0(3)	NM; *
<i>cranberry urinary comfort</i>	\$0(3)	NM; *
<i>cvs b1 TABS 100mg</i>	\$0(3)	NM; *
<i>cvs b6 TABS 100mg</i>	\$0(3)	NM; *
<i>cvs b complex plus c</i>	\$0(3)	NM; *
<i>cvs b-1 TABS 100mg</i>	\$0(3)	NM; *
<i>cvs b-12 TABS 500mcg</i>	\$0(3)	NM; *
CVS BETA CAROTENE CAPS 15mg	\$0(3)	NM; *
<i>cvs biotin high potency TABS 1000mcg</i>	\$0(3)	NM; *
<i>cvs chewable c with rose</i>	\$0(3)	NM; *
<i>cvs daily multiple for me</i>	\$0(3)	NM; *
<i>cvs daily multiple for wo</i>	\$0(3)	NM; *
<i>cvs gummy dinos</i>	\$0(3)	NM; *
CVS HAIR/SKN TAB NAILS	\$0(3)	NM; *
<i>cvs spectravite advanced</i>	\$0(3)	NM; *
<i>cvs spectravite senior</i>	\$0(3)	NM; *
<i>cvs spectravite ultra hea</i>	\$0(3)	NM; *
<i>cvs spectravite ultra wom</i>	\$0(3)	NM; *
<i>cvs vitamin a CAPS 8000unit</i>	\$0(3)	NM; *
<i>cvs vitamin b12 TABS 1000mcg</i>	\$0(3)	NM; *
<i>cvs vitamin b12 tr TBCR 1000mcg</i>	\$0(3)	NM; *
<i>cvs vitamin b-2 TABS 100mg</i>	\$0(3)	NM; *
<i>cvs vitamin b-12 TBCR 2000mcg</i>	\$0(3)	NM; *
<i>cvs vitamin b-12 tr TBCR 1000mcg</i>	\$0(3)	NM; *
<i>cvs vitamin c TABS 250mg, 500mg, 1000mg</i>	\$0(3)	NM; *
<i>cvs vitamin c/rose hips TABS 500mg, 1000mg</i>	\$0(3)	NM; *
<i>cvs vitamin e CAPS 400unit</i>	\$0(3)	NM; *
<i>cyanocobalamin LIQD 1000mcg/15ml; SUBL 2500mcg; TABS 50mcg, 100mcg, 250mcg, 500mcg, 1000mcg; TBCR 1000mcg, 2000mcg</i>	\$0(3)	NM; *
<i>daily combo multi vitamin</i>	\$0(3)	NM; *
<i>daily multiple vitamins</i>	\$0(3)	NM; *
<i>daily value multivitamin</i>	\$0(3)	NM; *
<i>daily vitamin</i>	\$0(3)	NM; *
<i>daily vitamin formula+ir</i>	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>daily vitamin formula+iro</i>	\$0(3)	NM; *
<i>daily vitamin formula+min</i>	\$0(3)	NM; *
<i>daily vite</i>	\$0(3)	NM; *
<i>daily vite multivitamin/i</i>	\$0(3)	NM; *
<i>daily-vite</i>	\$0(3)	NM; *
<i>daily-vite multivitamin</i>	\$0(3)	NM; *
DEKAS CAP ESSENTIA	\$0(3)	NM; *
DEKAS PLUS CAP	\$0(3)	NM; *
DEKAS PLUS LIQ	\$0(3)	NM; *
<i>dialyvite</i>	\$0(3)	NM; *
<i>dialyvite 800</i>	\$0(3)	NM; *
DIALYVITE TAB 800/IRON	\$0(3)	NM; *
DIALYVITE TAB 3000	\$0(3)	NM; *
DIALYVITE TAB 5000	\$0(3)	NM; *
DIALYVITE TAB SUPREM D	\$0(3)	NM; *
DIALYVITE/ TAB ZINC	\$0(3)	NM; *
<i>e-400 CAPS 400unit</i>	\$0(3)	NM; *
<i>e-oil OIL 100unt/0.25ml</i>	\$0(3)	NM; *
ELFOLATE PLU TAB 3-35-2MG	\$0(3)	NM; *
<i>endur-acin TBCR 250mg, 500mg</i>	\$0(3)	NM; *
<i>endur-c/rose hips TBCR 500mg, 1000mg</i>	\$0(3)	NM; *
ENLYTE CAP	\$0(3)	NM; *
<i>eq complete multivitamin</i>	\$0(3)	NM; *
EQ COMPLETE TAB ADULT	\$0(3)	NM; *
EQ ONE DAILY TAB WOMENS	\$0(3)	NM; *
<i>eq one daily womens healt</i>	\$0(3)	NM; *
<i>eql b complex 50</i>	\$0(3)	NM; *
<i>eql b-6 TABS 100mg</i>	\$0(3)	NM; *
<i>eql one daily mens health</i>	\$0(3)	NM; *
<i>eql one daily womens</i>	\$0(3)	NM; *
<i>eql vitamin b-12 TABS 500mcg</i>	\$0(3)	NM; *
<i>eql vitamin b-12 tr TBCR 1000mcg</i>	\$0(3)	NM; *
<i>eql vitamin c TABS 500mg, 1000mg</i>	\$0(3)	NM; *
<i>eql vitamin c/rose hips TABS 500mg, 1000mg</i>	\$0(3)	NM; *
<i>eql vitamin e CAPS 400unit</i>	\$0(3)	NM; *
<i>ergocalciferol CAPS 1.25mg, 50000unit; SOLN 8000unit/ml</i>	\$0(3)	NM; *
<i>essentia</i>	\$0(3)	NM; *
<i>fabb</i>	\$0(3)	NM; *
<i>flintstones complete</i>	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>flintstones plus extra c</i>	\$0(3)	NM; *
<i>flintstones/my first</i>	\$0(3)	NM; *
FLORIVA DRO PLUS	\$0(3)	NM; *
<i>folbee</i>	\$0(3)	NM; *
<i>folbee plus</i>	\$0(3)	NM; *
<i>folbee plus cz</i>	\$0(3)	NM; *
FOLBIC TAB	\$0(3)	NM; *
<i>folic acid SOLN 5mg/ml; TABS 1mg</i>	\$0(3)	NM; *
<i>folplex 2.2</i>	\$0(3)	NM; *
<i>foltabs 800</i>	\$0(3)	NM; *
FOLTANX TAB	\$0(3)	NM; *
FOLTRATE TAB	\$0(3)	NM; *
FORTAVIT CAP	\$0(3)	NM; *
<i>fruit c 500</i>	\$0(3)	NM; *
<i>fruity c CHEW 250mg</i>	\$0(3)	NM; *
FULL SPECT TAB B/ VIT C	\$0(3)	NM; *
<i>gnp b-12 SUBL 2500mcg</i>	\$0(3)	NM; *
<i>gnp biotin CAPS 5000mcg</i>	\$0(3)	NM; *
<i>gnp century</i>	\$0(3)	NM; *
<i>gnp century adults 50+ se</i>	\$0(3)	NM; *
<i>gnp century cardio health</i>	\$0(3)	NM; *
<i>gnp century ultimate mens</i>	\$0(3)	NM; *
<i>gnp century ultimate wome</i>	\$0(3)	NM; *
<i>gnp childrens chewables/e</i>	\$0(3)	NM; *
<i>gnp essential one daily</i>	\$0(3)	NM; *
<i>gnp little ones childrens</i>	\$0(3)	NM; *
<i>gnp mega multi for men</i>	\$0(3)	NM; *
<i>gnp mega multi for women</i>	\$0(3)	NM; *
<i>gnp one daily maximum</i>	\$0(3)	NM; *
<i>gnp one daily mens health</i>	\$0(3)	NM; *
<i>gnp one daily plus iron</i>	\$0(3)	NM; *
<i>gnp one daily womens heal</i>	\$0(3)	NM; *
<i>gnp therapeutic-m</i>	\$0(3)	NM; *
<i>gnp vitamin a CAPS 10000unit</i>	\$0(3)	NM; *
<i>gnp vitamin b-1 TABS 100mg</i>	\$0(3)	NM; *
<i>gnp vitamin b-6 TABS 100mg</i>	\$0(3)	NM; *
<i>gnp vitamin b-12 TABS 500mcg</i>	\$0(3)	NM; *
<i>gnp vitamin b-12 prolonge TBCR 1000mcg</i>	\$0(3)	NM; *
<i>gnp vitamin c TABS 250mg, 500mg, 1000mg</i>	\$0(3)	NM; *
<i>gnp vitamin c drops</i>	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>gnp vitamin c pr</i> TBCR 500mg	\$0(3)	NM; *
<i>gnp vitamin c w/rose hips</i>	\$0(3)	NM; *
<i>gnp vitamin c/rose hips</i>	\$0(3)	NM; *
<i>gnp vitamin e</i> CAPS 200unit, 400unit	\$0(3)	NM; *
<i>gnp vitamin e water dispe</i> CAPS 400unit	\$0(3)	NM; *
<i>gummi bear multivitamin/m</i>	\$0(3)	NM; *
<i>halls defense vitamin c d</i>	\$0(3)	NM; *
HEALTHY KIDS CHW GUMMIES	\$0(3)	NM; *
HI POT MV/ TAB BETA-CAR	\$0(3)	NM; *
<i>hm biotin</i> CAPS 5000mcg	\$0(3)	NM; *
<i>hm complete 50+</i>	\$0(3)	NM; *
HM COMPLETE TAB	\$0(3)	NM; *
HM COMPLETE TAB MEN	\$0(3)	NM; *
<i>hm complete women</i>	\$0(3)	NM; *
<i>hm e vitamin</i> CAPS 180mg	\$0(3)	NM; *
HM HAIR/SKIN TAB /NAILS	\$0(3)	NM; *
<i>hm niacin</i> TBCR 250mg	\$0(3)	NM; *
<i>hm niacin tr</i> TBCR 250mg	\$0(3)	NM; *
HM ONE DAILY TAB ESSENTIA	\$0(3)	NM; *
<i>hm one daily/iron</i>	\$0(3)	NM; *
<i>hm vitamin b12</i> TABS 500mcg	\$0(3)	NM; *
<i>hm vitamin b12 tr</i> TBCR 2000mcg	\$0(3)	NM; *
<i>hm vitamin b50 complex</i>	\$0(3)	NM; *
<i>hm vitamin b100 complex</i>	\$0(3)	NM; *
<i>hm vitamin b complex/vita</i>	\$0(3)	NM; *
<i>hm vitamin c</i> TABS 500mg, 1000mg	\$0(3)	NM; *
<i>hm vitamin c tr</i> TBCR 500mg	\$0(3)	NM; *
<i>hm vitamin e</i> CAPS 400unit	\$0(3)	NM; *
ICAPS AREDS TAB FORMULA	\$0(3)	NM; *
ICAPS LUTEIN TAB ZEAXANTH	\$0(3)	NM; *
<i>icaps mv</i>	\$0(3)	NM; *
<i>kobee</i>	\$0(3)	NM; *
<i>kp adults 50+ daily formu</i>	\$0(3)	NM; *
<i>kp b complex/c</i>	\$0(3)	NM; *
<i>kp niacin</i> TABS 500mg	\$0(3)	NM; *
<i>kp vitamin b-6</i> TABS 100mg	\$0(3)	NM; *
<i>kp vitamin b-12</i> TABS 1000mcg	\$0(3)	NM; *
<i>kp vitamin e</i> CAPS 100unit	\$0(3)	NM; *
L-METHYL- TAB B6-B12	\$0(3)	NM; *
L-METHYL-MC TAB	\$0(3)	NM; *
<i>lysiplex plus</i>	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
MEGA MULTI TAB MEN	\$0(3)	NM; *
<i>mega multiple w/chelated</i>	\$0(3)	NM; *
MEGA MULTIVI TAB WOMEN	\$0(3)	NM; *
<i>meijer c TABS 500mg</i>	\$0(3)	NM; *
<i>meribin CAPS 5mg</i>	\$0(3)	NM; *
METAFOLBIC TAB	\$0(3)	NM; *
MG PLUS TAB PROTEIN	\$0(3)	NM; *
MTX SUPPORT TAB	\$0(3)	NM; *
<i>multi complete/iron</i>	\$0(3)	NM; *
<i>multi vitamin daily</i>	\$0(3)	NM; *
MULTI VITAMN TAB MINERALS	\$0(3)	NM; *
<i>multi-day plus iron</i>	\$0(3)	NM; *
<i>multi-vit/iron/fluoride</i>	\$0(3)	NM; *
<i>multi-vitamin</i>	\$0(3)	NM; *
<i>multi-vitamin daily</i>	\$0(3)	NM; *
<i>multi-vitamin hp/minerals</i>	\$0(3)	NM; *
<i>multi-vitamin/minerals</i>	\$0(3)	NM; *
<i>multi-vitamin/multi-miner</i>	\$0(3)	NM; *
MULTI-VITE LIQ	\$0(3)	NM; *
<i>*multiple vitamin tab**</i>	\$0(3)	NM; *
<i>multiple vitamin/minerals</i>	\$0(3)	NM; *
<i>*multiple vitamins w/ iron tab**</i>	\$0(3)	NM; *
<i>*multiple vitamins w/ minerals tab**</i>	\$0(3)	NM; *
<i>multivitamin & mineral</i>	\$0(3)	NM; *
<i>multivitamin adults 50+</i>	\$0(3)	NM; *
MULTIVITAMIN TAB	\$0(3)	NM; *
<i>multivitamin with fluorid</i>	\$0(3)	NM; *
<i>multivitamin women 50+</i>	\$0(3)	NM; *
<i>multivitamin/fluoride</i>	\$0(3)	NM; *
MVW COMPLETE CAP D3000	\$0(3)	NM; *
MVW COMPLETE CAP D5000	\$0(3)	NM; *
MVW COMPLETE CAP FORMULAT	\$0(3)	NM; *
MVW COMPLETE CAP MINIS	\$0(3)	NM; *
MVW COMPLETE CHW GRAPE	\$0(3)	NM; *
MVW COMPLETE DRO PEDIATRI	\$0(3)	NM; *
<i>mvw complete formulation</i>	\$0(3)	NM; *
<i>my-vitalife</i>	\$0(3)	NM; *
<i>mynephrocaps</i>	\$0(3)	NM; *
<i>mynephron</i>	\$0(3)	NM; *
<i>natural c/rose hips TABS 1000mg</i>	\$0(3)	NM; *
<i>natural vitamin e CAPS 1000unit</i>	\$0(3)	NM; *
NEPHPLEX RX TAB	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NEPHRONEX LIQ 0.9/5ML	\$0(3)	NM; *
<i>niacin</i> CPCR 250mg; TABS 50mg, 100mg, 500mg; TBCR 250mg, 500mg	\$0(3)	NM; *
NUTRIVIT LIQ 800-15-1	\$0(3)	NM; *
<i>ocutabs</i>	\$0(3)	NM; *
<i>ocutabs/lutein</i>	\$0(3)	NM; *
OMNICAP TAB	\$0(3)	NM; *
ONCOVITE TAB	\$0(3)	NM; *
<i>one daily complete</i>	\$0(3)	NM; *
<i>one daily for men 50+ adv</i>	\$0(3)	NM; *
<i>one daily for women</i>	\$0(3)	NM; *
<i>one daily for women 50+a</i>	\$0(3)	NM; *
<i>one daily maximum</i>	\$0(3)	NM; *
<i>one daily multivitamin ad</i>	\$0(3)	NM; *
<i>one daily multivitamin/ir</i>	\$0(3)	NM; *
ONE DAILY TAB WOMANS	\$0(3)	NM; *
<i>one daily womens 50 plus</i>	\$0(3)	NM; *
<i>one daily womens 50+</i>	\$0(3)	NM; *
<i>one daily/iron/calcium</i>	\$0(3)	NM; *
<i>one daily/minerals</i>	\$0(3)	NM; *
ONE-A-DAY TAB 50+ ADV	\$0(3)	NM; *
ONE-A-DAY TAB TEEN/HIM	\$0(3)	NM; *
<i>one-a-day teen advantage</i>	\$0(3)	NM; *
<i>one-daily multi-vitamin</i>	\$0(3)	NM; *
<i>pan-c 500/bioflavonoids</i>	\$0(3)	NM; *
<i>pc pediatric tri-vitamin</i>	\$0(3)	NM; *
<i>*pediatric multiple vitamins w/ iron chew tab 15 mg**</i>	\$0(3)	NM; *
<i>pharmacist choice d-vitam</i> LIQD 400unit/ml	\$0(3)	NM; *
<i>phytonadione</i> SOLN 10mg/ml; TABS 5mg	\$0(3)	NM; *
POLY-VI-SOL SOL 50MG/ML	\$0(3)	NM; *
POLY-VI-SOL SOL IRON	\$0(3)	NM; *
<i>prevent</i>	\$0(3)	NM; *
<i>pure c 500</i> CPCR 500mg	\$0(3)	NM; *
<i>pureway-c</i> TABS 500mg	\$0(3)	NM; *
<i>pyridoxine hcl</i> TABS 25mg, 50mg, 100mg	\$0(3)	NM; *
<i>qc maximum daily multivit</i>	\$0(3)	NM; *
QUINTABS-M TAB	\$0(3)	NM; *
<i>ra b-complex</i>	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
RA B-COMPLEX TAB VIT C TR	\$0(3)	NM; *
<i>ra b-complex with b-12</i>	\$0(3)	NM; *
<i>ra balanced b-50</i>	\$0(3)	NM; *
<i>ra balanced b-100</i>	\$0(3)	NM; *
<i>ra biotin CAPS 2500mcg</i>	\$0(3)	NM; *
<i>ra central-vite womens ma</i>	\$0(3)	NM; *
<i>ra niacin TABS 100mg, 500mg</i>	\$0(3)	NM; *
<i>ra one daily energy formu</i>	\$0(3)	NM; *
<i>ra one daily essential</i>	\$0(3)	NM; *
<i>ra one daily maximum</i>	\$0(3)	NM; *
<i>ra vitamin a CAPS 10000unit</i>	\$0(3)	NM; *
<i>ra vitamin b12 TBCR 2000mcg</i>	\$0(3)	NM; *
<i>ra vitamin b-1 TABS 100mg</i>	\$0(3)	NM; *
<i>ra vitamin b-6 TABS 50mg, 100mg</i>	\$0(3)	NM; *
<i>ra vitamin b-12 TABS 100mcg</i>	\$0(3)	NM; *
<i>ra vitamin b-12 tr TBCR 1000mcg</i>	\$0(3)	NM; *
<i>ra vitamin c TABS 250mg, 500mg</i>	\$0(3)	NM; *
<i>ra vitamin c tr TBCR 500mg</i>	\$0(3)	NM; *
<i>ra vitamin c/rose hips TABS 500mg, 1000mg</i>	\$0(3)	NM; *
<i>ra vitamin e CAPS 400unit</i>	\$0(3)	NM; *
<i>rena-vite</i>	\$0(3)	NM; *
<i>rena-vite rx</i>	\$0(3)	NM; *
<i>renal caps</i>	\$0(3)	NM; *
<i>renal vitamin</i>	\$0(3)	NM; *
<i>renal-vite</i>	\$0(3)	NM; *
<i>reno caps</i>	\$0(3)	NM; *
<i>riboflavin TABS 25mg, 50mg, 100mg</i>	\$0(3)	NM; *
SCOOBY-DOO CHW	\$0(3)	NM; *
<i>senior tabs</i>	\$0(3)	NM; *
<i>sentry</i>	\$0(3)	NM; *
<i>sentry senior</i>	\$0(3)	NM; *
SENTRY TAB	\$0(3)	NM; *
SENTRY TAB SENIOR	\$0(3)	NM; *
SIDEROL TAB	\$0(3)	NM; *
<i>sm b-complex</i>	\$0(3)	NM; *
SM B-COMPLEX TAB /VIT C	\$0(3)	NM; *
<i>sm balanced b-50</i>	\$0(3)	NM; *
<i>sm biotin CAPS 5000mcg</i>	\$0(3)	NM; *
<i>sm chewable c CHEW 500mg</i>	\$0(3)	NM; *
<i>sm chewable vitamin c</i>	\$0(3)	NM; *
<i>sm complete</i>	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sm complete 50+</i>	\$0(3)	NM; *
<i>sm complete 50+ ultimate</i>	\$0(3)	NM; *
<i>sm complete advanced form</i>	\$0(3)	NM; *
<i>sm complete senior formul</i>	\$0(3)	NM; *
<i>sm hair/skin/nails</i>	\$0(3)	NM; *
<i>sm multiple vitamins esse</i>	\$0(3)	NM; *
<i>sm multiple vitamins/iron</i>	\$0(3)	NM; *
<i>sm niacin cr TBCR 250mg</i>	\$0(3)	NM; *
SM ONE DAILY TAB WOMENS	\$0(3)	NM; *
<i>sm super b complex-vitami</i>	\$0(3)	NM; *
<i>sm vit c/rose hips TABS 1000mg</i>	\$0(3)	NM; *
<i>sm vitamin b1 TABS 100mg</i>	\$0(3)	NM; *
<i>sm vitamin b6 TABS 100mg</i>	\$0(3)	NM; *
<i>sm vitamin b12 TABS 500mcg</i>	\$0(3)	NM; *
<i>sm vitamin b12 tr TBCR 1000mcg, 2000mcg</i>	\$0(3)	NM; *
<i>sm vitamin b100 complex</i>	\$0(3)	NM; *
<i>sm vitamin b complex with</i>	\$0(3)	NM; *
<i>sm vitamin b-6 TABS 100mg</i>	\$0(3)	NM; *
<i>sm vitamin b-12 TABS 100mcg, 500mcg</i>	\$0(3)	NM; *
<i>sm vitamin c CHEW 500mg; TABS 250mg, 500mg, 1000mg</i>	\$0(3)	NM; *
<i>sm vitamin c tr TBCR 500mg</i>	\$0(3)	NM; *
<i>sm vitamin c/rose hips TABS 500mg</i>	\$0(3)	NM; *
<i>soluvita e SOLN 15.8mg/0.7ml</i>	\$0(3)	NM; *
SPECTRAVITE TAB	\$0(3)	NM; *
SPECTRAVITE TAB ULT MEN	\$0(3)	NM; *
SPECTRAVITE TAB ULT WMN	\$0(3)	NM; *
<i>stress b/zinc</i>	\$0(3)	NM; *
<i>stress formula</i>	\$0(3)	NM; *
<i>stress formula/iron</i>	\$0(3)	NM; *
<i>stress formula/zinc</i>	\$0(3)	NM; *
STROVITE ONE TAB	\$0(3)	NM; *
<i>super b complex maxi</i>	\$0(3)	NM; *
<i>super b with c</i>	\$0(3)	NM; *
<i>super biotin CAPS 5000mcg</i>	\$0(3)	NM; *
<i>super quints b-50</i>	\$0(3)	NM; *
<i>super thera vite m</i>	\$0(3)	NM; *
SUPERVITE LIQ	\$0(3)	NM; *
SUPPORT LIQ	\$0(3)	NM; *
SUPPORT-500 CAP	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sv vitamin b12 tr</i> TBCR 1000mcg	\$0(3)	NM; *
TAB-A-VITE TAB IRON/BET	\$0(3)	NM; *
THERA M PLUS TAB	\$0(3)	NM; *
<i>thera-m</i>	\$0(3)	NM; *
THERA-M TAB	\$0(3)	NM; *
<i>thera-tabs</i>	\$0(3)	NM; *
<i>therapeutic-m</i>	\$0(3)	NM; *
<i>therapeutic-m/lutein</i>	\$0(3)	NM; *
<i>theratrum complete</i>	\$0(3)	NM; *
<i>theratrum complete 50 plu</i>	\$0(3)	NM; *
<i>thiamine hcl</i> TABS 50mg, 100mg, 250mg	\$0(3)	NM; *
THRIVITE 19 TAB	\$0(3)	NM; *
<i>triphrocaps</i>	\$0(3)	NM; *
UNICOMPLEX-M TAB	\$0(3)	NM; *
<i>v-c forte</i>	\$0(3)	NM; *
<i>vic-forte</i>	\$0(3)	NM; *
<i>virt-caps</i>	\$0(3)	NM; *
<i>virt-gard</i>	\$0(3)	NM; *
VITAL-D RX TAB	\$0(3)	NM; *
<i>vitalee</i>	\$0(3)	NM; *
VITALETS CHW CHILD	\$0(3)	NM; *
<i>vitamin a</i> CAPS 8000unit, 10000unit	\$0(3)	NM; *
<i>vitamin b12 tr</i> TBCR 1000mcg	\$0(3)	NM; *
<i>vitamin b complex-c</i>	\$0(3)	NM; *
<i>vitamin b complex/vitamin</i>	\$0(3)	NM; *
<i>vitamin b-12 tr</i> TBCR 1000mcg, 2000mcg	\$0(3)	NM; *
VITAMIN C CHW 500MG	\$0(3)	NM; *
<i>vitamin c drops</i>	\$0(3)	NM; *
VITAMIN C POW	\$0(3)	NM; *
<i>vitamin c/rose hips tr</i> TBCR 500mg, 1000mg	\$0(3)	NM; *
<i>vitamin d infant</i> LIQD 400unit/ml	\$0(3)	NM; *
<i>vitamin e</i> CAPS 45mg, 90mg, 180mg, 200unit, 268mg, 400unit, 450mg, 1000unit; OIL 100unt/0.25ml; SOLN 15unit/0.3ml	\$0(3)	NM; *
<i>vitamin e blend</i> CAPS 400unit	\$0(3)	NM; *
<i>vitamin e high potency</i> CAPS 400unit	\$0(3)	NM; *
<i>vitamin e-400</i> CAPS 400unit	\$0(3)	NM; *
<i>vitamin e/d-alpha natural</i> CAPS 268mg	\$0(3)	NM; *
<i>vitamins a/c/d/fluoride</i>	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>vitamins for hair</i>	\$0(3)	NM; *
VITATRUM TAB	\$0(3)	NM; *
VITRUM TAB SENIOR	\$0(3)	NM; *
<i>vp-vite rx</i>	\$0(3)	NM; *
WEST-VITE TAB W/FA	\$0(3)	NM; *
<i>westab max</i>	\$0(3)	NM; *
<i>westab mini</i>	\$0(3)	NM; *
<i>westab one</i>	\$0(3)	NM; *
<i>womens daily formula</i>	\$0(3)	NM; *
<i>womens daily formula/foli</i>	\$0(3)	NM; *
YELETS TEEN TAB FORMULA	\$0(3)	NM; *
ZINC LOZ	\$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

<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	\$0(1)	
<i>bacitracin-polymyxin b ophth oint</i>	\$0(1)	
BESIVANCE SUSP .6%	\$0(2)	
CILOXAN OINT .3%	\$0(2)	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	\$0(1)	
<i>erythromycin (ophth) OINT 5mg/gm</i>	\$0(1)	
<i>gatifloxacin (ophth) SOLN .5%</i>	\$0(1)	
<i>gentak OINT .3%</i>	\$0(1)	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	\$0(1)	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NATACYN SUSP 5%	\$0(2)	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	\$0(1)	
<i>neomycin-polymyx-gramicid op sol 1.75- 10000-0.025mg-unt-mg/ml</i>	\$0(1)	
<i>ofloxacin (ophth) SOLN .3%</i>	\$0(1)	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	\$0(1)	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	\$0(1)	
<i>tobramycin (ophth) SOLN .3%</i>	\$0(1)	
<i>trifluridine SOLN 1%</i>	\$0(1)	
ZIRGAN GEL .15%	\$0(2)	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
ALREX SUSP .2%	\$0(2)	
<i>bromfenac sodium (ophth) SOLN .09%</i>	\$0(1)	
BROMSITE SOLN .075%	\$0(2)	
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	\$0(1)	
<i>diclofenac sodium (ophth) SOLN .1%</i>	\$0(1)	
DUREZOL EMUL .05%	\$0(2)	
FLAREX SUSP .1%	\$0(2)	
<i>fluorometholone (ophth) SUSP .1%</i>	\$0(1)	
<i>flurbiprofen sodium SOLN .03%</i>	\$0(1)	
ILEVRO SUSP .3%	\$0(2)	
<i>ketorolac tromethamine (ophth) SOLN .4%, .5%</i>	\$0(1)	
LOTEMAX OINT .5%	\$0(2)	
<i>prednisolone acetate (ophth) SUSP 1%</i>	\$0(1)	
PREDNISOLONE SODIUM PHOSP SOLN 1%	\$0(2)	
PROLENSA SOLN .07%	\$0(2)	
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
<i>azelastine hcl (ophth) SOLN .05%</i>	\$0(1)	
<i>bepotastine besilate SOLN 1.5%</i>	\$0(1)	
BEPREVE SOLN 1.5%	\$0(2)	
<i>cromolyn sodium (ophth) SOLN 4%</i>	\$0(1)	
<i>eye drops SOLN .05%</i>	\$0(3)	NM; *
LASTACAFT SOLN .25%	\$0(2)	
<i>olopatadine hcl SOLN .1%</i>	\$0(1)	
<i>redness relief</i>	\$0(3)	NM; *
ZERViate SOLN .24%	\$0(2)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
ANTI GLAUCOMA - DRUGS TO TREAT GLAUCOMA		
ALPHAGAN P SOLN .1%	\$0(2)	
<i>betaxolol hcl (ophth)</i> SOLN .5%	\$0(1)	
BETOPTIC-S SUSP .25%	\$0(2)	
<i>brimonidine tartrate</i> SOLN .15%, .2%	\$0(1)	
<i>brinzolamide</i> SUSP 1%	\$0(1)	
<i>carteolol hcl (ophth)</i> SOLN 1%	\$0(1)	
COMBIGAN SOL 0.2/0.5%	\$0(2)	
<i>dorzolamide hcl</i> SOLN 2%	\$0(1)	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	\$0(1)	
<i>latanoprost</i> SOLN .005%	\$0(1)	
<i>levobunolol hcl</i> SOLN .5%	\$0(1)	
LUMIGAN SOLN .01%	\$0(2)	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	\$0(1)	
RHOPRESSA SOLN .02%	\$0(2)	
SIMBRINZA SUS 1-0.2%	\$0(2)	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	\$0(1)	
<i>timolol maleate (ophth) once-daily</i> SOLN .5%	\$0(1)	
VYZULTA SOLN .024%	\$0(2)	
MISCELLANEOUS		
<i>artificial tears</i> SOLN 1.4%	\$0(3)	NM; *
ATROPINE SULFATE SOLN 1%	\$0(2)	
CYSTADROPS SOLN .37%	\$0(2)	NDS, NM, LA, PA
CYSTARAN SOLN .44%	\$0(2)	NDS, NM, LA, PA
<i>dry eye relief drops</i>	\$0(3)	NM; *
<i>eye drops advanced relief</i>	\$0(3)	NM; *
ISOPTO ATROPINE SOLN 1%	\$0(2)	
ISOPTO TEARS SOLN .5%	\$0(3)	NM; *
<i>lubricant eye drops</i> SOLN .5%	\$0(3)	NM; *
<i>lubricating eye drops</i>	\$0(3)	NM; *
<i>lubricating plus eye drop</i> SOLN .5%	\$0(3)	NM; *
MURO 128 SOLN 2%	\$0(3)	NM; *
<i>proparacaine hcl</i> SOLN .5%	\$0(1)	
<i>refresh celluvisc</i> GEL 1%	\$0(3)	NM; *
<i>refresh lacri-lube</i>	\$0(3)	NM; *
REFRESH OPT SOL MEGA-3	\$0(3)	NM; *
RESTASIS EMUL .05%	\$0(2)	
RESTASIS MULTIDOSE EMUL .05%	\$0(2)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>sodium chloride hypertonic OINT 5%; SOLN 5%</i>	\$0(3)	NM; *
<i>ultra lubricating eye dro</i>	\$0(3)	NM; *
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
OTIC AGENTS		
<i>acetic acid (otic) SOLN 2%</i>	\$0(1)	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	\$0(1)	
<i>flac OIL .01%</i>	\$0(1)	
<i>fluocinolone acetonide (otic) OIL .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 .3%</i>	\$0(1)	
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 (INSTITUTIONAL PACK)	\$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 100-62.5-25 MCG	\$0(2)	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	\$0(2)	QL (60 blisters / 30 days)
ANTICHOLINERGICS - DRUGS TO TREAT COPD		
ATROVENT HFA AERS 17mcg/act	\$0(2)	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	\$0(2)	QL (30 blisters / 30 days)
<i>ipratropium bromide SOLN .02%</i>	\$0(1)	B/D
<i>ipratropium bromide (nasal) SOLN .03%, .06%</i>	\$0(1)	
ANTI-HISTAMINES - DRUGS TO TREAT ALLERGIES		
ALA-HIST IR TABS 2mg	\$0(3)	NM; *
<i>all day allergy TABS 10mg</i>	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>all day allergy childrens</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>aller-chlor</i> TABS 4mg	\$0(3)	NM; *
<i>allergy</i> TABS 4mg	\$0(3)	NM; *
<i>allergy childrens</i> LIQD 12.5mg/5ml	\$0(3)	NM; *
<i>allergy relief</i> CAPS 25mg; TABS 4mg, 10mg, 25mg	\$0(3)	NM; *
<i>allergy relief 24hr</i> TABS 5mg	\$0(3)	NM; *
<i>allergy relief childrens</i> LIQD 12.5mg/5ml; SOLN 5mg/5ml	\$0(3)	NM; *
<i>azelastine hcl</i> SOLN .1%, .15%	\$0(1)	
<i>banophen</i> CAPS 25mg, 50mg	\$0(3)	NM; *
<i>cetirizine hcl</i> CHEW 5mg, 10mg; TABS 5mg, 10mg	\$0(3)	NM; *
<i>cetirizine hcl</i> SOLN 1mg/ml	\$0(1)	
<i>cetirizine hcl allergy ch</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>cetirizine hcl childrens</i> CHEW 5mg, 10mg; SOLN 1mg/ml	\$0(3)	NM; *
<i>cetirizine hydrochloride</i> SOLN 5mg/5ml	\$0(3)	NM; *
<i>childrens loratadine</i> SOLN 5mg/5ml; SYRP 5mg/5ml	\$0(3)	NM; *
<i>complete allergy medicine</i> CAPS 25mg	\$0(3)	NM; *
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	\$0(2)	PA; PA if 70 years and older
<i>diphenhist</i> CAPS 25mg	\$0(3)	NM; *
<i>diphenhydramine hcl</i> CAPS 25mg, 50mg; LIQD 12.5mg/5ml; TABS 25mg	\$0(3)	NM; *
<i>diphenhydramine hcl</i> SOLN 50mg/ml	\$0(1)	
<i>diphenhydramine hydrochlo</i> LIQD 6.25mg/ml	\$0(3)	NM; *
<i>ed chlorped jr</i> SYRP 2mg/5ml	\$0(3)	NM; *
<i>fexofenadine hcl</i> TABS 60mg, 180mg	\$0(3)	NM; *
<i>gnp all day allergy</i> TABS 10mg	\$0(3)	NM; *
<i>gnp loratadine</i> SYRP 5mg/5ml; TABS 10mg	\$0(3)	NM; *
HISTEX SYRP 2.5mg/5ml	\$0(3)	NM; *
<i>24hr allergy relief</i> TABS 180mg	\$0(3)	NM; *
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml; SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	\$0(2)	PA; PA if 70 years and older
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	\$0(2)	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml; TABS 5mg	\$0(1)	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>loratadine</i> TABS 10mg	\$0(3)	NM; *
<i>loratadine childrens</i> SYRP 5mg/5ml	\$0(3)	NM; *
PEDIACLEAR 8 CHILDRENS LIQD 12.5mg/15ml	\$0(3)	NM; *
<i>pediaclear pd childrens</i> LIQD .625mg/ml	\$0(3)	NM; *
<i>siladryl allergy</i> LIQD 12.5mg/5ml	\$0(3)	NM; *
<i>sm allergy relief</i> LIQD 12.5mg/5ml	\$0(3)	NM; *
<i>sm loratadine</i> SYRP 5mg/5ml	\$0(3)	NM; *
<i>triprolidine hcl</i> LIQD .625mg/ml, .938mg/ml	\$0(3)	NM; *
TRIPROLIDINE HYDROCHLORID LIQD .313mg/ml, 2.5mg/5ml	\$0(3)	NM; *
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
<i>albuterol sulfate</i> AERS 108mcg/act	\$0(1)	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	\$0(1)	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	\$0(1)	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	\$0(1)	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	\$0(1)	
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	\$0(1)	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	\$0(1)	QL (2 inhalers / 30 days)
SEREVENT DISKUS AEPB 50mcg/dose	\$0(2)	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	\$0(1)	
VENTOLIN HFA AERS 108mcg/act	\$0(2)	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	\$0(2)	QL (6 inhalers / 30 days)
COUGH AND COLD		
ALAHIST CF TAB 10-2-20	\$0(3)	NM; *
ALAHIST DM LIQ 7.5-2-15	\$0(3)	NM; *
ALAHIST PE TAB 2-7.5MG	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>all-nite cold & flu night</i>	\$0(3)	NM; *
<i>allergy multi-symptom</i>	\$0(3)	NM; *
<i>allergy relief d</i>	\$0(3)	NM; *
<i>allergy relief d-12</i>	\$0(3)	NM; *
<i>allergy relief d-24</i>	\$0(3)	NM; *
<i>allergy relief-d</i>	\$0(3)	NM; *
<i>antihistamine/nasal decon</i>	\$0(3)	NM; *
<i>aprodine</i>	\$0(3)	NM; *
<i>benzonatate CAPS 100mg, 150mg, 200mg</i>	\$0(3)	NM; *
<i>*camphor-eucalyptus-menthol - oint***</i>	\$0(3)	NM; *
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	\$0(3)	NM; *
<i>chest congestion relief TABS 400mg</i>	\$0(3)	NM; *
CHLO TUSS LIQ	\$0(3)	NM; *
<i>cold & cough childrens</i>	\$0(3)	NM; *
<i>cold & flu nighttime reli</i>	\$0(3)	NM; *
<i>cold & flu relief daytime</i>	\$0(3)	NM; *
<i>cold & flu relief nightti</i>	\$0(3)	NM; *
<i>cold/flu daytime relief</i>	\$0(3)	NM; *
<i>cough & chest congestion</i>	\$0(3)	NM; *
<i>cough & cold hbp</i>	\$0(3)	NM; *
<i>cough dm SUER 30mg/5ml</i>	\$0(3)	NM; *
<i>cough dm childrens SUER 30mg/5ml</i>	\$0(3)	NM; *
DAY CLEAR CHW ALGY/CGH	\$0(3)	NM; *
<i>daytime cold & flu relief</i>	\$0(3)	NM; *
DECONEX DMX TAB	\$0(3)	NM; *
DECONEX IR TAB 10-385MG	\$0(3)	NM; *
<i>delsym cough + chest cong</i>	\$0(3)	NM; *
<i>dexbrompheniramine-phenylephrine tab 2-10 mg</i>	\$0(3)	NM; *
<i>dextromethorphan polistirex SUER 30mg/5ml</i>	\$0(3)	NM; *
<i>dimaphen dm cold & cough</i>	\$0(3)	NM; *
<i>doxylamine-phenylephrine tab 7.5-10 mg</i>	\$0(3)	NM; *
DURAFLU TAB	\$0(3)	NM; *
<i>ed a-hist</i>	\$0(3)	NM; *
<i>ed a-hist dm</i>	\$0(3)	NM; *
ED A-HIST DM TAB 10-4-10	\$0(3)	NM; *
ED BRON GP LIQ	\$0(3)	NM; *
<i>endacof-dm</i>	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>fexofenadine-pseudoephedrine tab er 12hr 60-120 mg</i>	\$0(3)	NM; *
<i>gnp tussin dm</i>	\$0(3)	NM; *
<i>guaiatussin ac</i>	\$0(3)	NM; *
<i>guaifenesin LIQD 100mg/5ml; TABS 400mg</i>	\$0(3)	NM; *
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	\$0(3)	NM; *
<i>HISTEX-DM SYP</i>	\$0(3)	NM; *
<i>12 hour nasal decongestan TB12 120mg</i>	\$0(3)	NM; *
<i>12hr allergy/congestion r</i>	\$0(3)	NM; *
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	\$0(3)	NM; *
<i>hydrocodone w/ homatropine syrup 5- 1.5 mg/5ml</i>	\$0(3)	NM; *
<i>hydrocodone w/ homatropine tab 5-1.5 mg</i>	\$0(3)	NM; *
<i>hydromet</i>	\$0(3)	NM; *
<i>LOHIST-D LIQ</i>	\$0(3)	NM; *
<i>LOHIST-DM SYP 5-2-10MG</i>	\$0(3)	NM; *
<i>loratadine-d 12hr</i>	\$0(3)	NM; *
<i>loratadine-d 24hr</i>	\$0(3)	NM; *
<i>LORTUSS LQ LIQ</i>	\$0(3)	NM; *
<i>M-END DMX LIQ</i>	\$0(3)	NM; *
<i>mapap cold formula multi-</i>	\$0(3)	NM; *
<i>MUCINEX CGH GRA 5-100MG</i>	\$0(3)	NM; *
<i>MUCINEX CHLD MIS DAY/NITE</i>	\$0(3)	NM; *
<i>MUCINEX FAST MIS DAY/NGHT</i>	\$0(3)	NM; *
<i>MUCINEX FAST MIS MX DAY/N</i>	\$0(3)	NM; *
<i>MUCINEX FAST TAB 5-10-200</i>	\$0(3)	NM; *
<i>mucinex fast-max cold & s</i>	\$0(3)	NM; *
<i>mucinex fast-max dm max</i>	\$0(3)	NM; *
<i>mucinex fast-max night ti</i>	\$0(3)	NM; *
<i>MUCINEX FOR KIDS PACK 100mg</i>	\$0(3)	NM; *
<i>mucinex multi-symptom col</i>	\$0(3)	NM; *
<i>mucus & cough relief chil</i>	\$0(3)	NM; *
<i>mucus relief TB12 600mg</i>	\$0(3)	NM; *
<i>mucus relief childrens</i>	\$0(3)	NM; *
<i>mucus relief d</i>	\$0(3)	NM; *
<i>mucus relief dm</i>	\$0(3)	NM; *
<i>mucus relief dm cough</i>	\$0(3)	NM; *
<i>mucus relief dm maximum s</i>	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>mucus relief er TB12 600mg</i>	\$0(3)	NM; *
<i>mucus relief maximum stre TB12 1200mg</i>	\$0(3)	NM; *
<i>mucus-dm maximum strength</i>	\$0(3)	NM; *
<i>mucusrelief sinus</i>	\$0(3)	NM; *
<i>nasal decongestant TABS 30mg</i>	\$0(3)	NM; *
<i>nasal decongestant spray SOLN .05%</i>	\$0(3)	NM; *
<i>nasal relief SOLN .05%</i>	\$0(3)	NM; *
<i>nasal spray no drip SOLN .05%</i>	\$0(3)	NM; *
<i>NASOPEN PE LIQ</i>	\$0(3)	NM; *
<i>nighttime cold/flu relief</i>	\$0(3)	NM; *
<i>nighttime cold/flu/maximu</i>	\$0(3)	NM; *
<i>nighttime severe cold & f</i>	\$0(3)	NM; *
<i>NINJACOF LIQ</i>	\$0(3)	NM; *
<i>NINJACOF-XG LIQ 200-8/5</i>	\$0(3)	NM; *
<i>nohist-dm</i>	\$0(3)	NM; *
<i>nohist-lq</i>	\$0(3)	NM; *
<i>phenylephrine w/ dm-gg liqd 10-18-200 mg/15ml</i>	\$0(3)	NM; *
<i>phenylephrine w/ dm-gg tab 10-17.5- 385 mg</i>	\$0(3)	NM; *
<i>POLY HIST FO TAB 10.5-10</i>	\$0(3)	NM; *
<i>POLY-HIST DM LIQ 5-25-10</i>	\$0(3)	NM; *
<i>POLY-VENT DM TAB</i>	\$0(3)	NM; *
<i>POLY-VENT IR TAB 60-380MG</i>	\$0(3)	NM; *
<i>POLYTUSSIN SYP 5-10-1MG</i>	\$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>pseudoephed-bromphen-dm syrup 30- 2-10 mg/5ml</i>	\$0(3)	NM; *
<i>pseudoephedrine hcl TABS 30mg, 60mg; TB12 120mg</i>	\$0(3)	NM; *
<i>pseudoephedrine-guaifenesin tab 60- 375 mg</i>	\$0(3)	NM; *
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</i>	\$0(3)	NM; *
<i>pseudoephedrine-guaifenesin tab er 12hr 120-1200 mg</i>	\$0(3)	NM; *
<i>qc loratadine-d</i>	\$0(3)	NM; *
<i>RESCON TAB 2-60MG</i>	\$0(3)	NM; *
<i>robafen cf multi-symptom</i>	\$0(3)	NM; *

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Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>robafen dm cough</i>	\$0(3)	NM; *
<i>robafen dm cough/chest co</i>	\$0(3)	NM; *
<i>robafen mucus/chest conge</i> LIQD 200mg/10ml	\$0(3)	NM; *
RU-HIST D TAB 4-10MG	\$0(3)	NM; *
RYMED TAB 2-10MG	\$0(3)	NM; *
<i>rynex dm</i>	\$0(3)	NM; *
<i>rynex pe</i>	\$0(3)	NM; *
<i>rynex pse</i>	\$0(3)	NM; *
<i>severe cold & flu</i>	\$0(3)	NM; *
<i>severe cold/cough</i>	\$0(3)	NM; *
<i>siltussin dm das</i>	\$0(3)	NM; *
<i>siltussin sa</i> SYRP 100mg/5ml	\$0(3)	NM; *
<i>siltussin-dm</i>	\$0(3)	NM; *
<i>sinus congestion & pain s</i>	\$0(3)	NM; *
<i>sinus congestion/pain</i>	\$0(3)	NM; *
<i>sinus pressure/pain/adult</i>	\$0(3)	NM; *
<i>sm lorata-dine d</i>	\$0(3)	NM; *
<i>sm nasal spray 12 hour</i> SOLN .05%	\$0(3)	NM; *
<i>sm tussin dm</i>	\$0(3)	NM; *
<i>sm tussin dm cough/chest</i>	\$0(3)	NM; *
<i>sodium chloride (inhalant)</i> NEBU .9%, 3%, 7%	\$0(3)	NM; *
<i>soothing - 12 hour nasal</i> SOLN .05%	\$0(3)	NM; *
STAHIST AD TAB 25-60MG	\$0(3)	NM; *
<i>sudogest</i> TABS 30mg, 60mg	\$0(3)	NM; *
<i>sudogest 12 hour</i> TB12 120mg	\$0(3)	NM; *
<i>sudogest maximum strenght</i> TABS 30mg	\$0(3)	NM; *
<i>sudogest sinus & allergy</i>	\$0(3)	NM; *
<i>tussin cf multi-symptom c</i>	\$0(3)	NM; *
<i>tussin cf severe multi-sy</i>	\$0(3)	NM; *
<i>tussin dm</i>	\$0(3)	NM; *
<i>tussin dm cough + chest c</i>	\$0(3)	NM; *
<i>tussin dm maximum strengt</i>	\$0(3)	NM; *
<i>tussin mucus + chest cong</i> LIQD 100mg/5ml	\$0(3)	NM; *
VANACOF DMX LIQ	\$0(3)	NM; *
VANACOF LIQ	\$0(3)	NM; *
VANATAB DM TAB 5-9-198	\$0(3)	NM; *
<i>virtussin a/c</i>	\$0(3)	NM; *
<i>virtussin ac/alc</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
VIRTUSSIN SOL DAC	\$0(3)	NM; *
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	\$0(1)	
<i>zafirlukast</i> TABS 10mg, 20mg	\$0(1)	
MISCELLANEOUS		
ACE AERO CLD MIS ENHANCER	\$0(3)	NM; *
<i>acetylcysteine</i> SOLN 10%, 20%	\$0(1)	B/D
AERCHMBR Z- MIS STAT PLS	\$0(3)	NM; *
AEROCHAMBER MIS CHAMBER	\$0(3)	NM; *
AEROCHAMBER MIS FLOSIGNA	\$0(3)	NM; *
AEROCHAMBER MIS MV	\$0(3)	NM; *
AEROCHAMBER MIS PLUS	\$0(3)	NM; *
AEROTRC PLUS MIS	\$0(3)	NM; *
AEROVENT MIS PLUS	\$0(3)	NM; *
ARALAST NP SOLR 500mg, 1000mg	\$0(2)	NDS, NM, LA, PA
BREATHERITE MIS MDI CHMB	\$0(3)	NM; *
COMPACT SPAC MIS CHAMBER	\$0(3)	NM; *
<i>cromolyn sodium</i> NEBU 20mg/2ml	\$0(1)	B/D
<i>cromolyn sodium (nasal)</i> AERS 5.2mg/act	\$0(3)	NM; *
DALIRESP TABS 250mcg, 500mcg	\$0(2)	
<i>deep sea nasal spray</i> SOLN .65%	\$0(3)	NM; *
EASIVENT MIS	\$0(3)	NM; *
EASIVENT MIS MASK LG	\$0(3)	NM; *
EASIVENT MIS MASK MED	\$0(3)	NM; *
EASIVENT MIS MASK SM	\$0(3)	NM; *
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	\$0(1)	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	\$0(1)	(generic of Adrenaclick)
ESBRIET CAPS 267mg	\$0(2)	NDS, QL (270 caps / 30 days), NM, PA
ESBRIET TABS 267mg	\$0(2)	NDS, QL (270 tabs / 30 days), NM, PA
ESBRIET TABS 801mg	\$0(2)	NDS, QL (90 tabs / 30 days), NM, PA
EXPIRATORY MIS MTHPIECE	\$0(3)	NM; *
FASENRA SOSY 30mg/ml	\$0(2)	NDS, NM, LA, PA
FASENRA PEN SOAJ 30mg/ml	\$0(2)	NDS, NM, LA, PA
FLEXICHAMBER MIS	\$0(3)	NM; *
FLEXICHAMBER MIS MASK LRG	\$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
FLEXICHAMBER MIS MASK SM	\$0(3)	NM; *
INSPIRACHAMB MIS MOUTHPC	\$0(3)	NM; *
INSPIRATORY MIS MTHPIECE	\$0(3)	NM; *
KALYDECO PACK 25mg, 50mg, 75mg	\$0(2)	NDS, QL (56 packs / 28 days), NM, PA
KALYDECO TABS 150mg	\$0(2)	NDS, QL (60 tabs / 30 days), NM, PA
LITETOUCH MIS MASK LG	\$0(3)	NM; *
MICROCHAMBER MIS	\$0(3)	NM; *
OFEV CAPS 100mg, 150mg	\$0(2)	NDS, QL (60 caps / 30 days), NM, PA
OPTICHAMBER MIS DIAMOND	\$0(3)	NM; *
ORKAMBI GRA 100-125	\$0(2)	NDS, QL (56 packs / 28 days), NM, PA
ORKAMBI GRA 150-188	\$0(2)	NDS, QL (56 packs / 28 days), NM, PA
ORKAMBI TAB 100-125	\$0(2)	NDS, QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	\$0(2)	NDS, QL (112 tabs / 28 days), NM, PA
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; *
PARI VORTEX MIS ADL MASK	\$0(3)	NM; *
PEDIATRIC MD MIS MASK	\$0(3)	NM; *
PEDIATRIC MIS MOUTHPIE	\$0(3)	NM; *
PEDIATRIC SM MIS MASK	\$0(3)	NM; *
POCKET CHAMB MIS	\$0(3)	NM; *
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	\$0(2)	NDS, NM, LA, PA
PULMOZYME SOLN 2.5mg/2.5ml	\$0(2)	NDS, NM, PA
RITEFLO MIS	\$0(3)	NM; *
S2 NEBU 2.25%	\$0(3)	NM; *
SIDESTREAM MIS PED MASK	\$0(3)	NM; *
SILICONE MSK MIS INFANT	\$0(3)	NM; *
SILICONE MSK MIS PED	\$0(3)	NM; *
SPACE CHAMBR MIS ANTI-STA	\$0(3)	NM; *
SYMDEKO TAB 50-75MG	\$0(2)	NDS, QL (56 tabs / 28 days), NM, LA, PA
SYMDEKO TAB 100-150	\$0(2)	NDS, QL (56 tabs / 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
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	\$0(2)	
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	\$0(2)	
<i>theophylline</i> SOLN 80mg/15ml; TB12 300mg, 450mg; TB24 400mg, 600mg	\$0(1)	
TRIKAFTA TAB 50-25-37.5MG & 75MG	\$0(2)	NDS, QL (84 tabs / 28 days), LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG	\$0(2)	NDS, QL (84 tabs / 28 days), NM, LA, PA
VORTEX VALVE MIS CHAMBER	\$0(3)	NM; *
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	\$0(2)	NDS, NM, LA, PA
ZEMAIRA SOLR 1000mg	\$0(2)	NDS, NM, LA, PA
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
<i>allergy relief</i> SUSP 50mcg/act	\$0(3)	NM; *
<i>budesonide (nasal)</i> SUSP 32mcg/act	\$0(3)	NM; *
<i>flunisolide (nasal)</i> SOLN .025%	\$0(1)	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	\$0(1)	QL (1 bottle / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	\$0(3)	NM; *
<i>nasal allergy 24 hour mul</i> AERO 55mcg/act	\$0(3)	NM; *
<i>triamcinolone acetonide (nasal)</i> AERO 55mcg/act	\$0(3)	NM; *
STEROID INHALANTS - DRUGS TO TREAT ASTHMA		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	\$0(2)	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	\$0(1)	B/D
FLOVENT DISKUS AEPB 50mcg/blist	\$0(2)	QL (180 inhalations / 30 days)
FLOVENT DISKUS AEPB 100mcg/blist, 250mcg/blist	\$0(2)	QL (240 inhalations / 30 days)
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act	\$0(2)	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 90mcg/act	\$0(2)	QL (3 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 180mcg/act	\$0(2)	QL (2 inhalers / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
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STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT

ASTHMA AND COPD

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

TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS

DERMATOLOGY, ACNE

<i>accutane</i> CAPS 20mg, 30mg, 40mg	\$0(1)	PA
<i>acne medication 5</i> GEL 5%	\$0(3)	NM; *
ACNE MEDICATION 5 LOTN 5%	\$0(3)	NM; *
<i>acne medication 10</i> GEL 10%	\$0(3)	NM; *
ACNE MEDICATION 10 LOTN 10%	\$0(3)	NM; *
<i>adapalene</i> GEL .1%	\$0(3)	NM; *
<i>amnestem</i> CAPS 10mg, 20mg, 40mg	\$0(1)	PA
<i>avita</i> CREA .025%; GEL .025%	\$0(1)	QL (45 gm / 30 days), PA
<i>benzoyl peroxide</i> GEL 2.5%, 5%, 10%	\$0(3)	NM; *
<i>benzoyl peroxide wash</i> LIQD 5%, 10%	\$0(3)	NM; *
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	\$0(1)	QL (46.6 gm / 30 days)
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	\$0(1)	PA
<i>clindamycin phosphate (topical)</i> GEL 1%	\$0(1)	QL (75 gm / 30 days)
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1%	\$0(1)	QL (60 mL / 30 days)
<i>ery</i> PADS 2%	\$0(1)	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid)</i> SOLN 2%	\$0(1)	QL (60 mL / 30 days)
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	\$0(1)	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>myorisan</i> CAPS 10mg, 20mg, 30mg, 40mg	\$0(1)	PA
<i>sulfacetamide sodium (acne)</i> LOTN 10%	\$0(1)	QL (118 mL / 30 days)
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%	\$0(1)	QL (45 gm / 30 days), PA
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	\$0(1)	PA
DERMATOLOGY, ANTIBIOTICS		
<i>bacitracin (topical)</i> OINT 500unit/gm	\$0(3)	NM; *
<i>bacitracin zinc</i> OINT 500unit/gm	\$0(3)	NM; *
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%	\$0(1)	QL (30 gm / 30 days)
<i>mupirocin</i> OINT 2%	\$0(1)	QL (220 gm / 30 days)
<i>poly bacitracin</i>	\$0(3)	NM; *
<i>silver sulfadiazine</i> CREA 1%	\$0(1)	
<i>ssd</i> CREA 1%	\$0(1)	
SULFAMYLON CREA 85mg/gm	\$0(2)	QL (453.6 gm / 30 days)
<i>triple antibiotic</i>	\$0(3)	NM; *
<i>triple antibiotic plus</i>	\$0(3)	NM; *
DERMATOLOGY, ANTIFUNGALS		
<i>anti-fungal powder</i> POWD 1%	\$0(3)	NM; *
<i>antifungal</i> CREA 1%, 2%	\$0(3)	NM; *
<i>antifungal powder</i> POWD 2%	\$0(3)	NM; *
<i>athletes foot powder spra</i> AERP 2%	\$0(3)	NM; *
<i>ciclopirox olamine</i> CREA .77%	\$0(1)	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	\$0(1)	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	\$0(1)	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> CREA 1%; SOLN 1%	\$0(3)	NM; *
<i>clotrimazole (topical)</i> SOLN 1%	\$0(1)	QL (30 mL / 30 days)
<i>clotrimazole antifungal</i> CREA 1%	\$0(3)	NM; *
<i>clotrimazole w/ betamethasone cream</i> 1-0.05%	\$0(1)	QL (45 gm / 30 days)
FUNGOID TINCTURE SOLN 2%	\$0(3)	NM; *
<i>ketconazole (topical)</i> CREA 2%	\$0(1)	QL (60 gm / 30 days)
<i>miconazole nitrate (topical)</i> CREA 2%	\$0(3)	NM; *
<i>nyamyc</i> POWD 100000unit/gm	\$0(1)	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	\$0(1)	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	\$0(1)	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	\$0(1)	QL (60 gm / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>qc tolnaftate</i> CREA 1%	\$0(3)	NM; *
<i>terbinafine hcl (topical)</i> CREA 1%	\$0(3)	NM; *
<i>tolnaftate</i> CREA 1%; POWD 1%	\$0(3)	NM; *
<i>tolnaftate antifungal</i> CREA 1%	\$0(3)	NM; *
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	\$0(1)	PA
<i>calcipotriene</i> OINT .005%	\$0(1)	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	\$0(1)	QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	\$0(1)	QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .1%	\$0(1)	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	\$0(2)	QL (60 gm / 30 days), PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole (topical)</i> SHAM 2%	\$0(1)	QL (120 mL / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	\$0(1)	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%, 2.5%	\$0(1)	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	\$0(1)	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	\$0(1)	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	\$0(1)	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	\$0(1)	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	\$0(1)	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	\$0(1)	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	\$0(1)	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	\$0(1)	QL (60 gm / 30 days)
<i>clobetasol propionate</i> SOLN .05%	\$0(1)	QL (50 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	\$0(1)	QL (60 gm / 30 days)
ENSTILAR AER	\$0(2)	QL (120 gm / 30 days), PA
<i>fluocinolone acetonide</i> CREA .01%	\$0(1)	QL (60 gm / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	\$0(1)	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	\$0(1)	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	\$0(1)	QL (90 mL / 30 days)
<i>fluocinonide</i> CREA .05%	\$0(1)	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	\$0(1)	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	\$0(1)	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	\$0(1)	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	\$0(1)	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	\$0(1)	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	\$0(1)	
<i>hydrocortisone (topical)</i> CREA 1%; OINT 1%	\$0(3)	NM; *
<i>hydrocortisone-aloe vera cream</i> 1%	\$0(3)	NM; *
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	\$0(1)	
<i>triamcinolone acetonide (topical)</i> CREA .1%	\$0(1)	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> CREA .025%, .5%; LOTN .025%, .1%; OINT .025%, .1%, .5%	\$0(1)	
<i>triderm</i> CREA .5%	\$0(1)	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	\$0(1)	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	\$0(1)	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	\$0(1)	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> GEL 2%	\$0(1)	QL (30 mL / 30 days), PA
<i>lidocaine hcl</i> SOLN 4%	\$0(1)	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	\$0(1)	QL (30 gm / 30 days), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>aluminum sulfate & calcium acetate powd pack</i>	\$0(3)	NM; *
<i>blue gel</i> GEL 2%	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
<i>calamine clear</i>	\$0(3)	NM; *
<i>calamine plus</i>	\$0(3)	NM; *
<i>caldyphen clear</i>	\$0(3)	NM; *
<i>capsaicin</i> CREA .025%	\$0(3)	NM; *
COATS ALOE CREME CREA .5%	\$0(3)	NM; *
COATS ALOE GELLY GEL .5%	\$0(3)	NM; *
COATS ALOE MOISTURIZING L LOTN .5%	\$0(3)	NM; *
COLEMAN INSECT REPELLENT/ AERO 25%	\$0(3)	NM; *
COLEMN BOTAN LIQ INSECT	\$0(3)	NM; *
COLEMN INSEC LIQ SKINSMAR	\$0(3)	NM; *
COLEMN INSEC SPR SKINSMAR	\$0(3)	NM; *
<i>corn and callus remover</i> LIQD 17%	\$0(3)	NM; *
COZIMA CREA 24%	\$0(3)	NM; *
CUTTER BACKWOODS AERO 25%; LIQD 25%	\$0(3)	NM; *
CUTTER BACKWOODS DRY AERO 25%	\$0(3)	NM; *
CUTTER LEMON LIQ EUCALYPT	\$0(3)	NM; *
<i>diaper rash</i> OINT 40%	\$0(3)	NM; *
<i>dibucaine</i> OINT 1%	\$0(3)	NM; *
<i>dibucaine (rectal)</i> OINT 1%	\$0(3)	NM; *
<i>diclofenac sodium (topical)</i> GEL 1%	\$0(1)	QL (1000 gm / 30 days), PA
<i>diclofenac sodium (topical)</i> GEL 1%	\$0(3)	NM; *
DR SMITHS DIAPER OINT 10%	\$0(3)	NM; *
DR SMITHS DIAPER RASH SPR AERO 10%	\$0(3)	NM; *
<i>fluorouracil (topical)</i> CREA 5%	\$0(1)	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	\$0(1)	QL (10 mL / 30 days)
<i>hemorrhoidal</i>	\$0(3)	NM; *
<i>hemorrhoidal relief cream</i> CREA 5%	\$0(3)	NM; *
<i>hydrocortisone (rectal)</i> CREA 2.5%	\$0(1)	
<i>imiquimod</i> CREA 5%	\$0(1)	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	\$0(1)	
<i>medi-pads</i> PADS 50%	\$0(3)	NM; *
<i>medicated callus removers</i> PADS 40%	\$0(3)	NM; *
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	\$0(1)	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	\$0(1)	QL (59 mL / 30 days)
<i>moisturel therapeutic</i> LOTN 3%	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
NATRAPEL 12-HOUR TICK & I AERO 20%	\$0(3)	NM; *
OFF DEEP WOODS AERO 25%; LIQD 25%	\$0(3)	NM; *
OFF DEEP WOODS DRY AERO 25%	\$0(3)	NM; *
OFF DEEP WOODS SPORTSMEN AERO 30%; LIQD 25%	\$0(3)	NM; *
<i>pain relieving cream</i>	\$0(3)	NM; *
PANRETIN GEL .1%	\$0(2)	NDS, QL (60 gm / 30 days), PA
<i>phenylephrine-cocoa butter suppos</i> 0.25-88.44%	\$0(3)	NM; *
<i>podofilox</i> SOLN .5%	\$0(1)	QL (7 mL / 28 days)
<i>povidone-iodine</i> OINT 10%; SOLN 10%	\$0(3)	NM; *
<i>procto-med hc</i> CREA 2.5%	\$0(1)	
<i>procto-pak</i> CREA 1%	\$0(1)	
<i>proctozone-hc</i> CREA 2.5%	\$0(1)	
RECTIV OINT .4%	\$0(2)	QL (30 gm / 30 days)
REPEL HUNTERS FORMULA AERO 25%	\$0(3)	NM; *
REPEL LEMON SPR INSECT	\$0(3)	NM; *
REPEL SPORTSMEN AERO 25%	\$0(3)	NM; *
REPEL SPORTSMEN DRY AERO 25%	\$0(3)	NM; *
REPEL SPORTSMEN MAX AERO 40%	\$0(3)	NM; *
<i>rosadan</i> CREA .75%	\$0(1)	QL (45 gm / 30 days)
SAWYER PREMIUM INSECT REP LIQD 20%	\$0(3)	NM; *
<i>tacrolimus (topical)</i> OINT .03%, .1%	\$0(1)	QL (100 gm / 30 days)
TARGRETIN GEL 1%	\$0(2)	NDS, QL (60 gm / 30 days), NM, PA
ULTRATHON INSECT REPELLEN AERO 25%	\$0(3)	NM; *
VALCHLOR GEL .016%	\$0(2)	NDS, QL (60 gm / 30 days), LA, PA
<i>*vitamins a & d oint**</i>	\$0(3)	NM; *
Z-BUM CREA 22%	\$0(3)	NM; *
ZINC OXIDE OINT 25%	\$0(3)	NM; *
<i>zinc oxide (topical)</i> OINT 20%	\$0(3)	NM; *
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>gnp lice treatment</i> LIQD 1%	\$0(3)	NM; *
<i>lice killing shampoo</i>	\$0(3)	NM; *
<i>malathion</i> LOTN .5%	\$0(1)	QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	\$0(1)	QL (60 gm / 30 days)
VANALICE GEL 0.3-3.5%	\$0(3)	NM; *

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

Drug Name (By Medical Condition)	WHAT THE DRUG WILL COST YOU (TIER LEVEL)	NECESSARY ACTIONS RESTRICTIONS OR LIMITS ON USE
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01%	\$0(2)	NDS, QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	\$0(2)	QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant) SOLN .9%</i>	\$0(1)	
<i>water for irrigation, sterile irrigation soln</i>	\$0(1)	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl CAPS 30mg</i>	\$0(1)	
<i>chlorhexidine gluconate (mouth-throat) SOLN .12%</i>	\$0(1)	
<i>clotrimazole TROC 10mg</i>	\$0(1)	QL (150 lozenges / 30 days)
<i>cough drops LOZG 5.4mg, 5.8mg, 7.6mg</i>	\$0(3)	NM; *
<i>lidocaine hcl (mouth-throat) SOLN 2%</i>	\$0(1)	
<i>nystatin (mouth-throat) SUSP 100000unit/ml</i>	\$0(1)	
<i>periogard SOLN .12%</i>	\$0(1)	
<i>pilocarpine hcl (oral) TABS 5mg, 7.5mg</i>	\$0(1)	
<i>triamcinolone acetonide (mouth) PSTE .1%</i>	\$0(1)	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
<i>ear drops SOLN 6.5%</i>	\$0(3)	NM; *
<i>earwax removal SOLN 6.5%</i>	\$0(3)	NM; *
_PART B		
DIABETIC METERS AND TEST STRIPS		
TRUE METRIX KIT AIR	\$0	
TRUE METRIX KIT METER	\$0	
TRUE METRIX STRIPS	\$0	

You can find information on what the symbols and abbreviations in this table mean by going to page number 11.

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<i>*b-complex vitamin tab**</i>	100
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<i>*b-complex w/ folic acid cap**</i> ..	100
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Molina Dual Options STAR+PLUS

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For more recent information or other questions, contact us at (866) 856-8699, TTY: 711, Monday-Friday, 8 a.m. to 8 p.m., local time or visit [MolinaHealthcare.com/Duals](https://www.molinahealthcare.com/Duals)