



**CommuniCare Advantage Cal MediConnect Plan
(Medicare-Medicaid Plan)
inaalok ng
Community Health Group**

**Listahan ng Mga Sakop na Gamot (Formulary)
para sa 2018**



CommuniCare Advantage Cal MediConnect Plan (Medicare-Medicaid Plan) | Listahan ng Mga Sakop na Gamot (Formulary) para sa 2018

Ito ay isang listahan ng mga gamot na maaaring makuha ng mga miyembro sa CommuniCare Advantage Cal MediConnect Plan.

- ❖ Ang CommuniCare Advantage Cal MediConnect Plan ay isang planong pangkalusugan na nangongontrata kapwa sa Medicare at Medi-Cal upang magbigay ng mga benepisyo ng kapwa mga programa sa mga nagpatala.
- ❖ Ang Listahan ng Mga Sakop na Gamot at/o mga network ng parmasya at tagapagbigay-serbisyo ay maaaring magbago sa buong taon. Padadalhan ka namin ng abiso bago kami magsagawa ng pagbabagong makakaapekto sa iyo.
- ❖ Ang mga benepisyo at/o copay ay maaaring magbago sa Enero 1 ng bawat taon.
- ❖ Maaari mong itsek online anumang oras ang napapanahong Listahan ng Mga Sakop na Gamot ng CommuniCare Advantage Cal MediConnect Plan sa www.chgsd.com o sa pamamagitan ng pagtawag sa 1-888-244-4430, TTY/TDD: 1-855-266- 4584.
- ❖ Maaaring ilapat ang mga limitasyon, copay, at restriksyon. Para sa higit pang impormasyon, tawagan ang Customer Service Department ng CommuniCare Advantage Cal MediConnect Plan o basahin ang Handbook ng Kasapi ng CommuniCare Advantage Cal MediConnect Plan
- ❖ Maaaring mag-iba ang mga copay para sa mga inireresetang gamot batay sa antas ng Dagdag na Tulong na inyong matatanggap. Pakikontak ang plano para sa mas marami pang detalye.
- ❖ If you speak English, language assistance services, free of charge, are available to you. Call Customer Service at 1-888-244-4430, we are open 24 hours a day, 7 days a week to assist you. TTY users should call 1-855-266-4584. The call is free.
- ❖ Si usted habla español, los servicios de asistencia de idiomas están disponibles para usted de manera gratuita. Llame a Servicio al Cliente al 1-888-244-4430, estamos disponibles para ayudarle las 24 horas del día, los 7 días de la semana. Los usuarios de TTY deben llamar al 1-855-266-4584. La llamada es gratis.
- ❖ Nếu bạn nói tiếng việt, các dịch vụ trợ giúp ngôn ngữ, miễn phí, có sẵn cho bạn. Gọi Dịch Vụ Khách Hàng theo số 1-888-244-4430, chúng tôi mở cửa 24 giờ một ngày, 7 ngày một tuần để giúp bạn. Người dùng TTY nên gọi 1-855-266-4584. Cuộc gọi miễn phí.
- ❖ Kung nagsasalita ka ng tagalog, ang mga serbisyo sa tulong ng wika, nang libre, ay magagamit mo. Tawagan ang Customer Service sa 1-888-244-4430, bukas kami ng 24 oras sa isang araw, 7 araw sa isang linggo upang tulungan ka. Ang mga gumagamit ng TTY ay dapat tumawag sa 1-855-266-4584. Ang tawag ay libre.



Kung mayroon kang mga katanungan, pakitawagan ang CommuniCare Advantage Cal MediConnect Plan sa 1-888- 244-4430, TTY/TDD: 1-855-266-4584, 24 na oras bawat araw, 7 araw sa isang linggo. Ang tawag ay libre. **Para sa karagdagang impormasyon**, bisitahin ang www.chgsd.com. ii

إذا كنت تتحدث العربية، خدمات المساعدة اللغوية، مجاناً، متاحة لك. اتصل بخدمة العملاء على الرقم 1-888-244-4430، ونحن منتفحون 24 ساعة في اليوم، 7 أيام في الأسبوع لمساعدتك. يجب على مستخدمي تي الاتصال بالرقم 1-855-266-4584. المكالمة مجانية.

- ❖ Maaari ninyong makuha ang dokumentong ito nang libre sa iba pang mga format, tulad ng malaking print, braille, o audio. Tawagan ang 1-888-244-4430, TTY/TDD: 1-855-266-4584, 24 na oras bawat araw, 7 araw sa isang linggo. Ang tawag ay libre.
- ❖ Kung mas gusto mong makuha ang lahat ng aming materyales, ngayon at sa hinaharap, sa isang wika maliban sa Ingles o sa isang kahaliling format tulad ng Braille o malaking print, pakitawagan ang Customer Service Department sa 1-888-244-4430, ang mga gumagamit ng TTY ay dapat tumawag sa 1-855-266-4584. Matutulungan namin kayo 24 na oras sa isang araw, 7 araw sa isang linggo. Ang tawag ay libre.



Mga Madalas Itanong o Frequently Asked Questions (FAQ)

Hanapin dito ang mga sagot sa iyong mga katanungan hinggil sa Listahan ng Mga Sakop na Gamot na ito. Maaari mong basahin ang lahat ng FAQ upang higit na matuto, o hanapin ang tanong at sagot.

1. Anu-anong mga inireresetang gamot ang nasa Listahan ng Mga Sakop na Gamot? (Tinatawag namin ang Listahan ng Mga Sakop na Gamot na "Listahan ng Gamot" sa mas maikli.

Ang mga gamot na nasa Listahan ng Gamot ay ang mga gamot na sakop ng <plan name>. Mabibili ang mga gamot sa mga parmasyang nasa aming network. Nasa aming network ang isang parmasya kung mayroon kaming kasunduan sa kanila na makipagtulungan sila sa amin at magbigay ng mga serbisyo sa inyo. Tinutukoy namin ang mga parmasyang ito bilang "mga network na parmasya."

Sasakupin ng CommuniCare Advantage Cal MediConnect ang lahat ng medikal na kinakailangang gamot na nasa Listahan ng Gamot kung:

- sinasabi ng iyong doktor o ng ibang tapagreseta na kailangan mo ang mga ito upang gumaling o manatili kang malusog, **at**
- binili mo ang nireseta sa isang network na parmasya ng CommuniCare Advantage Cal MediConnect Plan.

Sa ilang kaso, kailangan mo munang gawin ang ilang bagay bago ka makakuha ng gamot (tingnan ang tanong #5 sa ibaba).

Maaari mo ring makita ang up-to-date na listahan ng mga sinasakop naming gamot sa aming website sa www.chgsd.com o tawagan ang Customer Service sa 1-888-244-4430.

2. Nagbabago ba ang Listahan ng Gamot?

Oo. Maaaring magdagdag o magtanggal ang CommuniCare Advantage Cal MediConnect Plan ng mga gamot sa Listahan ng Gamot sa loob ng isang taon. Sa pangkalahatan, ang Listahan ng Gamot ay mababago lamang kung:

- may dumating na isang mas murang gamot na gumagana kagaya ng gamot na nasa Listahan ng Gamot ngayon, **o**
- malaman namin na hindi ligtas ang isang gamot.

Maaari rin naming palitan ang aming mga tuntunin hinggil sa mga gamot. Halimbawa, maaari kaming:

- Magpasya na kailanganin o hindi kailanganin ang prior approval para sa isang gamot. Ang (*Prior approval* ay isang pagpapahintulot mula sa CommuniCare Advantage Cal MediConnect Plan bago ka makakuha ng gamot.)



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- Magdagdag o magbago ng bilang ng makukuha mong gamot (tinatawag na "mga limit sa kantidad").
- Magdagdag o magbago ng mga pagbabawal ng step therapy sa gamot. (Ang *Step therapy* ay nangangahulugang kailangan mong sumubok ng isang gamot bago namin sakupin ang isa pang gamot.)

(Para sa higit pang impormasyon sa mga tuntunin ng gamot na ito, tingnan ang pahina 4 at 5)

Sasabihan ka namin kapag tinanggal ang gamot na iyong iniinom sa Listahan ng Gamot. Sasabihan ka din namin kapag binago namin ang aming mga tuntunin sa pagsasakop ng gamot. Mayroong higit na impormasyon ang mga tanong 3, 4, at 7 sa ibaba hinggil sa kung anong mangyayari kapag nagbago ang Listahan ng Gamot.

→ Maaari mong palaging tingnan nang online ang up-to-date na Listahan ng Gamot ng CommuniCare Advantage Cal MediConnect Plan sa www.chgsd.com. Maaari mo ring tawagan ang Customer Service upang tingnan ang kasalukuyang Listahan ng Gamot sa 1-888-244-4430, TTY/TDD: 1-855-266-4584, 24 na oras bawat araw, 7 araw sa isang linggo. Ang tawag ay libre.

3. Anong mangyayari kapag may dumating na isang mas murang gamot na gumagana kagaya ng gamot na nasa Listahan ng Gamot ngayon?

Kung umiinom ka ng gamot na tinanggal dahil dumating ang isang mas murang gamot na mabisa ring gumagana kagaya nito, sasabihan ka namin. Sasabihan ka namin mga 60 araw bago namin ito tanggalin sa Listahan ng Droga o kapag humingi ka ng refill. At makakakuha ka na ng 60-araw na tustos ng gamot bago tanggalin ang gamot sa listahan. Makakatanggap ka ng Abiso sa Pagbabago ng Formulary o Formulary Change Notice kasama ng iyong Buwanang Buod ng Inireresetang Gamot sa pamamagitan ng sulat.

4. Anong mangyayari kapag napag-alaman naming hindi ligtas ang isang gamot?

Kapag sinabi ng Pangasiwaan ng Pagkain at Gamot o Food and Drug Administration (FDA) na hindi ligtas ang iniinom mong gamot, aalisin kaagad namin ito sa Listahan ng Gamot. Padadalhan ka rin namin ng sulat na magsasabi sa iyo ng tungkol dito. Kung makakatanggap ka ng isang sulat na nagsasabi sa iyo na ang iniinom mong gamot ay inalis ng FDA sa Listahan ng Gamot dahil sa mga pangkaligtasang kadahilanan, dapat mong kontakin ang iyong doktor sa pinakamaagang maaari upang talakayin ang ibang mga gamot na maaari mong inumin para sa iyong kondisyon.



Kung mayroon kang mga katanungan, pakitawagan ang CommuniCare Advantage Cal MediConnect Plan sa 1-888- 244-4430, TTY/TDD: 1-855-266-4584, 24 na oras bawat araw, 7 araw sa isang linggo. Ang tawag ay libre. **Para sa karagdagang impormasyon**, bisitahin ang v

5. Mayroon bang anumang mga pagbabawal o paglilimita sa pagkakasakop ng gamot? O mayroon bang mga aksyon na kailangang gawin upang makakuha ng mga tiyak na gamot?

Oo, may mga tuntunin sa pagkakasakop ang ilang gamot o may takdang bilang ang maaari mong makuha. Sa ilang pagkakataon, ikaw o ang iyong doktor o ang ibang tagapagreseta ay may ilang bagay munang kailangang gawin bago mo makuha ang gamot. Halimbawa:

- **Prior approval (o prior authorization):** Sa ilang gamot, kailangan mo o ng iyong doktor o ng ibang tagapagreseta na kumuha ng pahintulot sa CommuniCare Advantage Cal MediConnect Plan bago mo punuin ang iyong reseta. Kapag hindi ka nakakuha ng pahintulot, maaaring hindi sakupin ng CommuniCare Advantage Cal MediConnect Plan ang iyong gamot.
- **Paglilimita sa kantidad:** Minsan, nililimitahan ng CommuniCare Advantage Cal MediConnect ang dami ng gamot na iyong makukuha.
- **Step therapy:** Minsan, hinihiling ng CommuniCare Advantage Cal MediConnect na gawin mo ang step therapy. Nangangahulugan ito na kakailanganin mong subukan ang mga gamot sa isang tiyak na pagkakasunud-sunod para sa iyong kalagayang medikal. Maaaring kailangan mong subukan ang isang gamot bago namin sakupin ang isa pang gamot.) Kung sa palagay ng iyong doktor na hindi mabisa ang unang gamot sa iyo, saka namin sasakupin ang ikalawang gamot.

Maaari mong malaman kung may mga karagdagang kinakailangan o takdang bilang ang iyong gamot sa pamamagitan ng pagtingin sa mga talaan sa unang pahina. Maaari ka ring makakuha ng higit pang impormasyon sa pamamagitan ng pagbisita sa aming website sa www.chgsd.com. Kami ay nag-post ng mga dokumento sa online na nagpapaliwanag sa aming mga pagbabawal sa paunang awtorisasyon at step therapy. Maaari mo ring hilingin sa amin na padalahan ka ng kopya.

Maaari kang humiling ng "eksepsyon" sa mga paglilimitang ito. Pakitingnan ang Tanong 11 para sa higit na impormasyon hinggil sa mga eksepsyon.

- ➔ Kung ikaw ay nasa isang nursing home o ibang pasilidad ng pangmatagalang pangangalaga at nangangailangan ng gamot na wala sa Listahan ng Gamot, o kung hindi mo kaagad nakukuha ang gamot na kailangan mo, makakatulong kami. Sasakupin namin ang para sa 31 araw na pang-emerhensiyang suplay ng gamot na kailangan mo (maliban kung may reseta ka na para sa mas kaunting araw), ikaw man ay bagong miyembro ng CommuniCare Advantage Cal MediConnect Plan o hindi. Bibigyan ka ng oras nito na makipag-usap sa iyong doktor o sa ibang tagareseta. Matutulungan ka niyang magpasya kung mayroong kahalintulad na gamot sa Listahan ng Gamot na maaari mong inumin bilang kapalit o kung hihingi man ng eksepsyon. Pakitingnan ang Tanong 11 para sa higit pang impormasyon hinggil sa mga eksepsyon.



Kung mayroon kang mga katanungan, pakitawagan ang CommuniCare Advantage Cal MediConnect Plan sa 1-888- 244-4430, TTY/TDD: 1-855-266-4584, 24 na oras bawat araw, 7 araw sa isang linggo. Ang tawag ay libre. **Para sa karagdagang impormasyon**, bisitahin ang vi

6. Paano mo malalaman kung mayroong mga limitasyon ang gamot na gusto mo o kung mayroong mga kinakailangang gawin upang makuha ang gamot?

Ang Listahan ng Mga Sakop na Gamot sa pahina isa ay mayroong hanay na may tatak na "Mga kinakailangang gawin, restriksyon, o limitasyon sa paggamit."

7. Ano ang mangyayari kapag binago namin ang aming mga patakaran sa kung paano namin sinasakop ang ilan sa mga gamot? Halimbawa, kung magdadagdag kami ng naunang awtorisasyon (pagpapahintulot), mga limitasyon sa dami, at/o mga restriksyon sa step therapy ng isang gamot.

Sasabihin namin sa iyo kung magdadagdag kami ng naunang pagpapahintulot, mga limitasyon sa dami, at/o mga restriksyon sa step therapy ng isang gamot. Sasabihan ka namin sa loob nang hindi bababa sa 60 araw bago idagdag ang restriksyon o kapag humingi ka ng muling pagpuno sa iyong parmasya. Pagkatapos, makakakuha ka na ng 60-araw na tustos ng gamot bago isagawa ang pagbabago sa mga patakaran ng pagkakasakop. Bibigyan ka ng oras nito na makipag-usap sa iyong doktor o sa ibang tagareseta tungkol sa kung ano ang susunod na gagawin.

8. Paano ka makakahanap ng gamot sa Listahan ng Gamot?

Mayroong dalawang paraan upang makahanap ng gamot:

- Maaari kang maghanap nang ayon sa pagkakasunud-sunod ng abakada (kung alam mo kung paanong baybayin ang gamot), **o**
- Maaari kang maghanap batay sa medikal na kondisyon.

Upang maghanap nang ayon sa pagkakasunud-sunod ng **abakada**, pumunta sa seksyon ng Listahan batay sa pagkakasunud-sunod ng Abakada. Makikita mo ito sa Index simula sa pahina I-1.

Upang maghanap nang **batay sa medikal na kondisyon**, hanapin ang seksyong may tatak na "Listahan ng mga gamot batay sa medikal na kondisyon" sa pahina isa. Ang mga gamot sa seksyong ito ay nakagrupo sa iba't ibang kategorya batay sa kung anong uri ng medikal na kondisyon ang ginagamitan ng mga ito upang gamutin. Halimbawa, kung mayroon kang sakit sa puso, dapat kang tumingin sa

[kategoryang Mga Cardiovascular Agent. Dito mo makikita ang mga gamot na nagbibigay-lunas sa mga sakit sa puso.](#)



9. Paano kung wala sa Listahan ng Gamot ang gamot na gusto mong inumin?

Kung hindi mo makita ang iyong gamot sa Listahan ng Gamot, tawagan ang Member Services sa 1-888-244-4430, TTY/TDD: 1-855-266-4584, 24 na oras sa isang araw, 7 araw sa isang linggo at magtanong tungkol dito. Kung malalaman mo na hindi sasakupin ng CommuniCare Advantage Cal MediConnect Plan ang gamot, maaari mong gawin ang isa sa mga bagay na ito:

- Humingi sa Customer Services ng listahan ng mga gamot na tulad ng nais mong inumin. At pagkatapos ay ipakita ang listahan sa iyong doktor o iba pang tagareseta. Maaari siyang magreseta ng gamot na nasa Listahan ng Gamot na kahalintulad ng gamot na nais mong inumin. O
- Maaari mong hilingin sa planong pangkalusugan na magsagawa ng eksepsyon upang sakupin ang iyong gamot. Pakitingnan ang tanong 11 para sa higit pang impormasyon hinggil sa mga eksepsyon.

10. Paano kung isa kang bagong miyembro ng CommuniCare Advantage Cal MediConnect Plan at hindi mo mahanap ang iyong gamot sa Listahan ng Gamot o nahihirapan kang makuha ang iyong gamot?

Makakatulong kami. Maaari naming sakupin ang pansamantalang 31-araw na suplay ng iyong gamot sa unang 90 araw ng iyong pagiging miyembro ng CommuniCare Advantage Cal MediConnect Plan. Bibigyan ka ng oras nito na makipag-usap sa iyong doktor o sa ibang tagareseta. Matutulungan ka niyang magpasya kung mayroong kahalintulad na gamot sa Listahan ng Gamot na maaari mong inumin bilang kapalit o kung hihingi man ng eksepsyon.

Sasakupin namin ang 31-araw na supaly ng iyong gamot kung:

- umiinom ka ng gamot na wala sa aming Listahan ng Gamot, **o**
- hindi ka pinahihintulutan ng mga patakaran ng planong pangkalusugan na makuha ang dami na iniatas ng iyong tagareseta, **o**
- nangangailangan ng paunang pag-apruba ng CommuniCare Advantage Cal MediConnect Plan ang gamot, **o**
- umiinom ka ng gamot na bahagi ng isang restriksyon sa step therapy.

Kung naninirahan ka sa isang nursing home o iba pang pangmatagalang pasilidad ng pangangalaga, maaari mong muling punuin ang iyong reseta nang hanggang 93 araw. Maaari mong muling punuin ang gamot nang maraming beses sa panahon ng iyong unang 90 araw sa plano. Binibigyan nito ang iyong tagareseta ng panahon upang baguhin ang iyong mga gamot tungo sa mga nasa Listahan ng Gamot o humiling ng eksepsyon.

Para sa mga hindi planadong transisyon, halimbawa, kapag nakalabas ka mula sa ospital tungo sa isang pangmatagalang pasilidad o tahanan ng pangangalaga, magsasagawa ang CommuniCare Advantage Cal MediConnect Plan ng mga pagtutukoy at muling pagtutukoy ng pagkakasakop sa sandaling hinihingi ito ng iyong kondisyong pangkalusugan. Pagkakalooban ka



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ng pang-emerhensiyang suplay ng mga gamot na hindi formulary, kabilang ang mga gamot na sumasailalim sa ilang tukoy na restriksyon o limitasyon tulad ng paunang awtorisasyon, step therapy, o mga limitasyon sa dami.

11. Maaari ka bang humiling ng eksepsyon upang sakupin ang iyong gamot?

Oo. Maaari mong hilingin sa CommuniCare Advantage Cal MediConnect Plan na magsagawa ng eksepsyon upang sakupin ang isang gamot na wala sa Listahan ng Gamot.

Maaari mo ring hilingin sa amin na palitan ang mga patakaran sa iyong gamot.

- Halimbawa, maaaring limitahan ng CommuniCare Advantage Cal MediConnect Plan ang dami ng gamot na sasakupin namin. Kung mayroong limitasyon ang iyong gamot, maaari mong hilingin sa amin na palitan ang limitasyon at magsakop ng higit pa.
 - Iba pang mga halimbawa: Maaari mong hilingin sa amin na alisin ang mga restriksyon sa step therapy o mga pangangailangan sa paunang pag-apruba.
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12. Gaano katagal bago makakuha ng eksepsyon?

Una, kailangan naming makakuha ng pahayag mula sa iyong tagareseta na sumusuporta sa iyong kahilingan para sa isang eksepsyon. Matapos naming makuha ang pahayag, bibigyan ka namin ng desisyon sa iyong kahilingang eksepsyon sa loob ng 72 oras.

Kung sa tingin mo o ng iyong tagareseta na maaaring mapinsala ang iyong kalusugan kung maghihintay ka ng 72 oras para sa isang desisyon, maaari kang humiling ng pinabilis na eksepsyon. Ito ay mas mabilis na desisyon. Kung susuportahan ng iyong tagareseta ang iyong kahilingan, bibigyan ka namin ng desisyon sa loob ng 24 na oras mula sa pagkuha sa suportang pahayag ng iyong tagareseta.

13. Paano ka makakahiling ng eksepsyon?

Upang humiling ng eksepsyon, tawagan ang Customer Service. Makikipagtulungan sa iyo at sa iyong tagareseta ang Customer Service upang tulungan kang humiling ng eksepsyon.

14. Ano ang mga gamot na generic?

Ang mga *gamot na generic* ay gawa sa parehong mga sangkap tulad ng mga gamot na may brand name. Ang mga ito ay madalas na mas mura kaysa sa gamot na may brand name at ang kanilang mga pangalan ay hindi ganoon kakilala. Aprubado ng Food and Drug Administration (FDA) ang mga gamot na generic.

Sakop ng CommuniCare Advantage Cal MediConnect Plan ang parehong mga gamot na may brand name at gamot na generic.



Kung mayroon kang mga katanungan, pakitawagan ang CommuniCare Advantage Cal MediConnect Plan sa 1-888- 244-4430, TTY/TDD: 1-855-266-4584, 24 na oras bawat araw, 7 araw sa isang linggo. Ang tawag ay libre. **Para sa karagdagang impormasyon**, bisitahin ang www.chgsd.com.

15. Ano ang mga gamot na OTC?

Ang *OTC* ay tumatayo para sa “over-the-counter”. Sakop ng CommuniCare Advantage Cal MediConnect Plan ang ilang mga gamot na OTC kapag isinulat sila bilang mga reseta ng iyong tagapagbigay-serbisyo.

Maaari mong basahin ang Listahan ng Gamot ng CommuniCare Advantage Cal MediConnect Plan upang malaman kung aling mga gamot na OTC ang sakop.

16. Sakop ba ng CommuniCare Advantage Cal MediConnect Plan ang mga produktong OTC na hindi gamot?

Sakop ng CommuniCare Advantage Cal MediConnect Plan ang ilang mga produktong OTC na hindi gamot kapag isinulat sila bilang mga reseta ng iyong tagapagbigay-serbisyo.

Maaari mong basahin ang Listahan ng Gamot ng CommuniCare Advantage Cal MediConnect Plan upang malaman kung aling mga produktong OTC na hindi gamot ang sakop.

17. Ano ang iyong copay?

Maaari mong basahin ang Listahan ng Gamot ng CommuniCare Advantage Cal MediConnect Plan upang malaman ang tungkol sa copay para sa bawat gamot. Hindi magkakaroon ng mga copay ang mga miyembro ng CommuniCare Advantage Cal MediConnect Plan na naninirahan sa mga nursing home o iba pang mga pangmatagalang pasilidad ng pangangalaga. Hindi rin magkakaroon ng mga copay ang ilang mga miyembro na nakakatanggap ng pangmatagalang pangangalaga sa komunidad.

Ang mga copay ay nakalista batay sa baitang. Ang mga baitang ay mga grupo ng gamot na mayroong parehong copay.

- Ang baitang 1 ay kinabibilangan ng mga gamot na generic. Ito ang pinakamababang baitang ng pagbabahagi ng gastos. Ang copay ay mula sa \$0 hanggang \$3.35, depende sa iyong kita.
- Ang baitang 2 ay kinabibilangan ng mga gamot na may brand name. Ito ang pinakamataas na baitang ng pagbabahagi ng gastos. Ang copay ay mula sa \$0 hanggang \$8.35, depende sa iyong kita.
- Ang Baitang 3 ay kinabibilangan ng mga gamot na hindi sakop ng Medicare. Ang mga gamot na ito ay karaniwang hindi sakop ng Medicare ngunit sakop ng Medi-Cal. Mayroon silang copay na \$0.
- Ang baitang 4 ay kinabibilangan ng mga gamot na over-the-counter na hindi sakop ng Medicare. Ang mga gamot na ito ay karaniwang hindi sakop ng Medicare ngunit sakop ng Medi-Cal. Walang pagbabahagi ng gastos para sa mga gamot na nasa baitang na ito.



Kung mayroon kang mga katanungan, pakitawagan ang CommuniCare Advantage Cal MediConnect Plan sa 1-888- 244-4430, TTY/TDD: 1-855-266-4584, 24 na oras bawat araw, 7 araw sa isang linggo. Ang tawag ay libre. **Para sa karagdagang impormasyon**, bisitahin ang www.chgsd.com.

Listahan ng Mga Sakop na Gamot

Ang listahan ng mga sakop na gamot na nagsisimula sa pahina sa pahina isa ay magbibigay sa iyo ng impormasyon tungkol sa mga gamot na sakop ng CommuniCare Advantage Cal MediConnect Plan. Kung nahihirapan kang hanapin ang iyong gamot sa listahan, pumunta sa Index na magsisimula sa pahina I-1.

Nakalista sa unang hanay sa tsart ang pangalan ng gamot. Nakasulat sa malaking titik ang mga gamot na may brand name (tulad ng LANTUS) at nakasulat naman sa maliliit na italics ang mga gamot na generic (tulad ng *metformin*).

Ang impormasyon sa hanay ng "Mga kinakailangang gawin, restriksyon, o limitasyon sa paggamit" ay magsasabi sa iyo kung mayroong anumang patakaran ang CommuniCare Advantage Cal MediConnect Plan sa pagsakop sa iyong gamot.

Paalala: Ang * na kasunod ng gamot ay nangangahulugang hindi isang "gamot na Bahagi D" ang gamot. Hindi ka aatasang magbayad ng copay para sa mga gamot na ito. Mayroon ding ibang mga patakaran ang mga gamot na ito para sa mga apila. Ang isang *apila* ay isang pormal na paraan ng paghiling sa amin na suriin ang isang desisyong ginawa namin tungkol sa iyong pagkakasakop at baguhin iyon kung tingin mo ay nagkamali kami. Halimbawa, maaaring pagpasyahan namin na ang isang gamot na gusto mo ay hindi sakop o hindi na sakop ng Medicare o Medi-Cal. Kung tututol ang iyong doktor sa aming desisyon, maaari kang mag-apila. Kung mayroon kang katanungan, tawagan ang Member Services sa 1-888-244-4430, TTY/TDD: 1-855-266-4584, 24 na oras araw-araw, 7 araw bawat linggo. Ang tawag ay libre. Maaari mo ring basahin ang Handbook ng Kasapi upang malaman kung paanong iapila ang isang desisyon.



Kung mayroon kang mga katanungan, pakitawagan ang CommuniCare Advantage Cal MediConnect Plan sa 1-888-244-4430, TTY/TDD: 1-855-266-4584, 24 na oras bawat araw, 7 araw sa isang linggo. Ang tawag ay libre. **Para sa karagdagang impormasyon**, bisitahin ang www.chgsd.com.

Maaaring makita ang mga sumusunod na pagpapaiksi sa Pamamahala ng Paggamit sa loob ng dokumentong ito

Mga Restriksyon sa Pamamahala ng Paggamit

PAGPAPAIKSI	PAGLALARAWAN	PALIWANAG
PA	Restriksyon sa Paunang Awtorisasyon	Ikaw (o ang iyong doktor) ay inaatasang kumuha ng paunang awtorisasyon mula sa CommuniCare Advantage Cal MediConnect Plan bago mo punuan ang iyong reseta para sa gamot na ito. Kapag walang paunang awtorisasyon, maaaring hindi sakupin ng CommuniCare Advantage Cal MediConnect Plan ang gamot na ito.
PA BvD	Restriksyon sa Paunang Awtorisasyon para sa Bahagi B laban sa Pagpapasya sa Bahagi D	Ang gamot na ito ay maaaring maging kwalipikado para sa pagbabayad sa ilalim ng Bahagi B o Bahagi D ng Medicare. Ikaw (o ang iyong doktor) ay inaatasang kumuha ng paunang awtorisasyon mula sa CommuniCare Advantage Cal MediConnect Plan upang tukuyin kung ang gamot na ito ay sakop sa ilalim ng Bahagi B o Bahagi D ng Medicare bago mo punuan ang iyong reseta. Kapag walang paunang awtorisasyon, maaaring hindi sakupin ng CommuniCare Advantage Cal MediConnect Plan ang gamot na ito.
PA-HRM	Restriksyon sa Paunang Awtorisasyon para sa Mga Gamot na May Malaking Panganib	Ang gamot na ito ay pinaniniwalaan ng CMS na potensyal na nakakapinsala at sa gayon ay isang Gamot na May Malaking Panganib para sa mga benepisyaryo ng Medicare na may edad 65 taong gulang o higit pa. Ang mga miyembrong may edad 65 taong gulang o higit pa ay inaatasang kumuha ng paunang awtorisasyon mula sa CommuniCare Advantage Cal MediConnect Plan bago punuan ang reseta para sa gamot na ito. Kapag walang paunang awtorisasyon, maaaring hindi sakupin ng CommuniCare Advantage Cal MediConnect Plan ang gamot na ito.



Kung mayroon kang mga katanungan, pakitawagan ang CommuniCare Advantage Cal MediConnect Plan sa 1-888- 244-4430, TTY/TDD: 1-855-266-4584, 24 na oras bawat araw, 7 araw sa isang linggo. Ang tawag ay libre. **Para sa karagdagang impormasyon**, bisitahin ang www.chgsd.com.

PA NSO	Restriksyon sa Paunang Awtorisasyon para sa Mga Bagong Simula Lamang	Kung ikaw ay isang bagong miyembro, ikaw (o ang iyong doktor) ay inaatasang kumuha ng paunang awtorisasyon mula sa CommuniCare Advantage Cal MediConnect Plan bago mo punuan ang iyong reseta para sa gamot na ito. Kapag walang paunang awtorisasyon, maaaring hindi sakupin ng CommuniCare Advantage Cal MediConnect Plan ang gamot na ito.
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Kung mayroon kang mga katanungan, pakitawagan ang CommuniCare Advantage Cal MediConnect Plan sa 1-888- 244-4430, TTY/TDD: 1-855-266-4584, 24 na oras bawat araw, 7 araw sa isang linggo. Ang tawag ay libre. **Para sa karagdagang impormasyon**, bisitahin ang www.chgsd.com.

**Maaaring makita ang mga sumusunod na karagdagang
pagkakasakop sa loob ng dokumentong ito**

**IBA PANG MGA ESPESYAL NA KINAKAILANGAN PARA SA
PAGKAKASAKOP**

PAGPAPAIKSI	PAGLALARAWAN	PALIWANAG
*	Hindi isang gamot na Bahagi D	Ang gamot na ito ay hindi gamot na Bahagi D na sakop ng Medi-Cal
LA	Gamot na May Limitadong Akses	Ang gamot na ito ay maaari lang makuha sa ilang tukoy na parmasya. Para sa higit pang impormasyon, sumangguni sa iyong Sanggunian ng Parmasya o tawagan ang Customer Service.
NM	Gamot na Hindi Maaaring I-Order sa Koreo	Maaari kang tumanggap ng higit sa 1-buwang suplay ng karamihan sa mga gamot na nasa Listahan ng Gamot sa pamamagitan ng pag-oorder sa koreo sa mas mababang halaga. Ang mga gamot na hindi maaaring orderin sa pamamagitan ng koreo ay nilagyan ng "NM" sa mga Kinakailangang Gawin, Restriksyon, o Limitasyon sa hanay ng Paggamit ng Listahan ng Gamot
NDS	Non-Extended na Araw ng Suplay	Ang gamot na ito ay hindi kwalipikado para sa higit sa 1-buwang suplay kada pagpuno.



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Listahan ng Mga Gamot batay sa Medikal na Kondisyon

Ang mga gamot sa seksyong ito ay nakagrupa sa iba't ibang kategorya batay sa kung anong uri ng medikal na kondisyon ang ginagamitan ng mga ito upang gamutin. Halimbawa, kung mayroon kang kondisyon ng puso, dapat kang tumingin sa kategoryang Cardiovascular Agents. Dito mo makikita ang mga gamot na nagbibigay-lunas sa mga sakit sa puso.



Kung mayroon kang mga katanungan, pakitawagan ang CommuniCare Advantage Cal MediConnect Plan sa 1-888- 244-4430, TTY/TDD: 1-855-266-4584, 24 na oras bawat araw, 7 araw sa isang linggo. Ang tawag ay libre. **Para sa karagdagang impormasyon**, bisitahin ang www.chgsd.com.

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
Analgesics		
Analgesics, Miscellaneous		
<i>acephen 120 mg suppository outer 120 mg *</i>	\$0 (Tier 4)	QL (30 per 30 days)
<i>acephen 325 mg suppository outer 325 mg *</i>	\$0 (Tier 4)	QL (30 per 30 days)
<i>acetaminophen 120 mg suppos outer 120 mg *</i>	\$0 (Tier 4)	QL (30 per 30 days)
<i>acetaminophen 160 mg/5 ml elx 160 mg/5 ml *</i>	\$0 (Tier 4)	PA; QL (240 per 30 days); AGE (Max 21 Years)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	\$0 (Tier 1)	QL (2700 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	\$0 (Tier 1)	QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-30 mg</i>	\$0 (Tier 1)	QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>ascomp with codeine oral capsule 30-50-325-40 mg</i>	\$0 (Tier 1)	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	\$0 - \$8.35 (Tier 2)	QL (60 per 30 days)
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	\$0 (Tier 1)	
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	\$0 (Tier 1)	
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	\$0 (Tier 1)	QL (4 per 28 days)
<i>butalbital compound w/codeine oral capsule 30-50-325-40 mg</i>	\$0 (Tier 1)	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	\$0 (Tier 1)	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>butalbital-acetaminophen oral tablet 50-325 mg</i> (Tencon)	\$0 (Tier 1)	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i> (Capacet)	\$0 (Tier 1)	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i> (Esgic)	\$0 (Tier 1)	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i> (Fiorinal)	\$0 (Tier 1)	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	\$0 (Tier 1)	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
BUTRANS TRANSDERMAL PATCH WEEKLY 7.5 MCG/HOUR	\$0 - \$8.35 (Tier 2)	QL (4 per 28 days)
<i>capacet oral capsule 50-325-40 mg</i>	\$0 (Tier 1)	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>child pain-fever 160 mg/5 ml 160 mg/5 ml</i> *	\$0 (Tier 4)	PA; QL (240 per 30 days); AGE (Max 21 Years)
<i>child pain-fever 160 mg/5 ml 160 mg/5 ml</i> *	\$0 (Tier 4)	PA; QL (240 per 30 days); AGE (Max 21 Years)
<i>child pain-fever 80 mg tab chw 80 mg</i> *	\$0 (Tier 4)	QL (30 per 30 days)
<i>child tactinal 80 mg tab chw 80 mg</i> *	\$0 (Tier 4)	QL (30 per 30 days)
<i>child tylenol 160 mg tab chew 160 mg</i> *	\$0 (Tier 4)	QL (30 per 30 days)
<i>children's acetaminophen 160 mg/5 ml 160 mg/5 ml</i> *	\$0 (Tier 4)	PA; QL (240 per 30 days); AGE (Max 21 Years)
<i>children's fever reducing supp for ages 3-6 years 120 mg</i> *	\$0 (Tier 4)	QL (30 per 30 days)
<i>children's medi-tabs susp 160 mg/5 ml</i> *	\$0 (Tier 4)	PA; QL (240 per 30 days); AGE (Max 21 Years)
<i>child's mapap 160 mg tab chew 160 mg</i> *	\$0 (Tier 4)	QL (30 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>cvs child non-asa 80 mg tb chw 80 mg *</i>	\$0 (Tier 4)	QL (30 per 30 days)
<i>cvs child pain relief 160 mg 160 mg *</i>	\$0 (Tier 4)	QL (30 per 30 days)
<i>cvs child pain rlf 160 mg/5 ml children's, alf 160 mg/5 ml *</i>	\$0 (Tier 4)	PA; QL (240 per 30 days); AGE (Max 21 Years)
<i>cvs non-asa 80 mg tablet chw children's 80 mg *</i>	\$0 (Tier 4)	QL (30 per 30 days)
<i>cvs non-aspirin jr tab chew 160 mg *</i>	\$0 (Tier 4)	QL (30 per 30 days)
<i>endocet oral tablet 10-325 mg</i>	\$0 (Tier 1)	QL (240 per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i>	\$0 (Tier 1)	QL (360 per 30 days)
<i>endocet oral tablet 7.5-325 mg</i>	\$0 (Tier 1)	QL (300 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle (Actiq) 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	\$0 (Tier 1)	PA; NM; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/1hr, 12 mcg/1hr, 25 mcg/1hr, 50 mcg/1hr, 75 mcg/1hr (Duragesic)</i>	\$0 (Tier 1)	QL (10 per 30 days)
<i>feverall 120 mg suppository children's, outer 120 mg *</i>	\$0 (Tier 4)	QL (30 per 30 days)
<i>feverall 325 mg suppository junior str, inner 325 mg *</i>	\$0 (Tier 4)	QL (30 per 30 days)
FEVERALL 80 MG SUPPOSITORY INFANTS, OUTER 80 MG *	\$0 (Tier 4)	QL (30 per 30 days)
<i>hydrocodone-acetaminophen oral solution 2.5-167 mg/5 ml, 5-163 mg/7.5ml(7.5ml)</i>	\$0 (Tier 1)	QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral solution (Hycet) 7.5-325 mg/15 ml</i>	\$0 (Tier 1)	QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet (Lorcet HD) 10-325 mg</i>	\$0 (Tier 1)	QL (360 per 30 days)
<i>hydrocodone-acetaminophen oral tablet (Verdrocet) 2.5-325 mg</i>	\$0 (Tier 1)	QL (360 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg (Lorcet (hydrocodone))</i>	\$0 (Tier 1)	QL (360 per 30 days)
<i>hydrocodone-acetaminophen oral tablet (Lorcet Plus) 7.5-325 mg</i>	\$0 (Tier 1)	QL (360 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	\$0 (Tier 1)	QL (150 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml)</i>	\$0 (Tier 1)	
<i>hydromorphone (pf) injection solution 10 mg/ml</i>	\$0 (Tier 1)	
<i>hydromorphone hcl 10 mg/ml vial plf, sdv 10 mg/ml</i>	\$0 (Tier 1)	
<i>hydromorphone injection solution 2 mg/ml, 4 mg/ml</i>	\$0 (Tier 1)	
<i>hydromorphone injection syringe 2 mg/ml, 4 mg/ml</i>	\$0 (Tier 1)	
<i>hydromorphone oral liquid 1 mg/ml</i>	(Dilaudid)	QL (1200 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	(Dilaudid)	QL (180 per 30 days)
HYSINGLA ER ORAL TABLET, ORAL ONLY, EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	\$0 - \$8.35 (Tier 2)	QL (30 per 30 days)
<i>infant pain relv 80 mg/0.8 ml alf, gluten-free 80 mg/0.8 ml *</i>	\$0 (Tier 4)	PA; QL (30 per 30 days); AGE (Max 21 Years)
<i>jr pain-fever 160 mg rapid tab junior, bubblegum 160 mg *</i>	\$0 (Tier 4)	QL (30 per 30 days)
<i>junior mapap 160 mg rapid tab 160 mg *</i>	\$0 (Tier 4)	QL (30 per 30 days)
LAZANDA NASAL SPRAY, NON-AEROSOL 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY	\$0 - \$8.35 (Tier 2)	PA; NM; QL (30 per 30 days)
<i>little remedies fever 160 mg/5 alf, dlif, gluten-free 160 mg/5 ml *</i>	\$0 (Tier 4)	PA; QL (240 per 30 days); AGE (Max 21 Years)
<i>lorcet (hydrocodone) oral tablet 5-325 mg</i>	\$0 (Tier 1)	QL (360 per 30 days)
<i>lorcet hd oral tablet 10-325 mg</i>	\$0 (Tier 1)	QL (360 per 30 days)
<i>lorcet plus oral tablet 7.5-325 mg</i>	\$0 (Tier 1)	QL (360 per 30 days)
<i>mapap 160 mg/5 ml liquid 160 mg/5 ml *</i>	\$0 (Tier 4)	PA; QL (240 per 30 days); AGE (Max 21 Years)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>mapap 160 mg/5 ml suspension 160 mg/5 ml *</i>	\$0 (Tier 4)	PA; QL (240 per 30 days); AGE (Max 21 Years)
<i>mapap 80 mg tablet chew 80 mg *</i>	\$0 (Tier 4)	QL (30 per 30 days)
<i>methadone injection solution 10 mg/ml</i>	\$0 (Tier 1)	
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	\$0 (Tier 1)	QL (1800 per 30 days)
<i>methadone oral tablet 10 mg</i> (Dolophine)	\$0 (Tier 1)	QL (360 per 30 days)
<i>methadone oral tablet 5 mg</i> (Dolophine)	\$0 (Tier 1)	QL (180 per 30 days)
<i>methadose oral tablet, soluble 40 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>morphine 2 mg/ml syringe plf, sub 2 mg/ml</i>	\$0 (Tier 1)	
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>morphine injection solution 10 mg/ml</i>	\$0 (Tier 1)	
<i>morphine intravenous cartridge 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	\$0 (Tier 1)	
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml, 8 mg/ml</i>	\$0 (Tier 1)	
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	\$0 (Tier 1)	
<i>morphine oral solution 10 mg/5 ml</i>	\$0 (Tier 1)	QL (700 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	\$0 (Tier 1)	QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG	\$0 - \$8.35 (Tier 2)	QL (180 per 30 days)
MORPHINE ORAL TABLET 30 MG	\$0 - \$8.35 (Tier 2)	QL (120 per 30 days)
<i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i> (MS Contin)	\$0 (Tier 1)	QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg</i> (MS Contin)	\$0 (Tier 1)	QL (90 per 30 days)
<i>non-asa children's tab chew 160 mg *</i>	\$0 (Tier 4)	QL (30 per 30 days)
<i>non-aspirin child 120 mg sup 120 mg *</i>	\$0 (Tier 4)	QL (30 per 30 days)
<i>non-aspirin child's drops 100 mg/ml *</i>	\$0 (Tier 4)	PA; QL (30 per 30 days); AGE (Max 21 Years)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>nortemp 80 mg/0.8 ml drop 80 mg/0.8 ml *</i>	\$0 (Tier 4)	PA; QL (30 per 30 days); AGE (Max 21 Years)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	\$0 - \$8.35 (Tier 2)	QL (60 per 30 days)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	\$0 - \$8.35 (Tier 2)	QL (181 per 30 days)
<i>oxycodone oral concentrate 20 mg/ml</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	\$0 (Tier 1)	QL (1300 per 30 days)
<i>oxycodone oral tablet 10 mg</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)	\$0 (Tier 1)	QL (120 per 30 days)
<i>oxycodone oral tablet 20 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>oxycodone oral tablet 5 mg</i> (Roxicodone)	\$0 (Tier 1)	QL (180 per 30 days)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg</i> (OxyContin)	\$0 (Tier 1)	QL (60 per 30 days)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg</i> (OxyContin)	\$0 (Tier 1)	NM; QL (120 per 30 days)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	\$0 (Tier 1)	QL (1800 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i> (Endocet)	\$0 (Tier 1)	QL (240 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i> (Endocet)	\$0 (Tier 1)	QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i> (Endocet)	\$0 (Tier 1)	QL (300 per 30 days)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	\$0 (Tier 1)	QL (360 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	\$0 - \$8.35 (Tier 2)	QL (60 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	\$0 - \$8.35 (Tier 2)	QL (120 per 30 days)
<i>oxymorphone oral tablet 10 mg</i> (Opana)	\$0 (Tier 1)	QL (120 per 30 days)
<i>oxymorphone oral tablet 5 mg</i> (Opana)	\$0 (Tier 1)	QL (180 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>pediacare fever reducer susp 160 mg/5 ml *</i>	\$0 (Tier 4)	PA; QL (240 per 30 days); AGE (Max 21 Years)
<i>pv children's non-asa liq 160 mg/5 ml *</i>	\$0 (Tier 4)	PA; QL (240 per 30 days); AGE (Max 21 Years)
<i>pv infant non-asa 80 mg/0.8 ml aspirin free, alf 80 mg/0.8 ml *</i>	\$0 (Tier 4)	PA; QL (30 per 30 days); AGE (Max 21 Years)
<i>pv jr. non-aspirin 160 mg tab quick melts,slf 160 mg *</i>	\$0 (Tier 4)	QL (30 per 30 days)
<i>ra non-aspirin 160 mg/5 ml children's, cherry 160 mg/5 ml *</i>	\$0 (Tier 4)	PA; QL (240 per 30 days); AGE (Max 21 Years)
<i>reprexain oral tablet 2.5-200 mg</i>	\$0 (Tier 1)	QL (150 per 30 days)
<i>sm pain rel jr str tab chew 160 mg *</i>	\$0 (Tier 4)	QL (30 per 30 days)
<i>sm pain reliever 80 mg tab children's 80 mg *</i>	\$0 (Tier 4)	QL (30 per 30 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	\$0 - \$8.35 (Tier 2)	NM
<i>tencon oral tablet 50-325 mg</i>	\$0 (Tier 1)	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>tramadol oral tablet 50 mg</i> (Ultram)	\$0 (Tier 1)	QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i> (Ultracet)	\$0 (Tier 1)	QL (240 per 30 days)
XTAMPZA ER ORAL CAPSULE,SPRINKLE,ER 12HR TMPRR 13.5 MG, 18 MG, 9 MG	\$0 - \$8.35 (Tier 2)	QL (60 per 30 days)
XTAMPZA ER ORAL CAPSULE,SPRINKLE,ER 12HR TMPRR 27 MG	\$0 - \$8.35 (Tier 2)	QL (120 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
XTAMPZA ER ORAL CAPSULE,SPRINKLE,ER 12HR TMPRR 36 MG	\$0 - \$8.35 (Tier 2)	QL (240 per 30 days)
<i>zebutal oral capsule 50-325-40 mg</i>	\$0 (Tier 1)	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
Nonsteroidal Anti-Inflammatory Agents		
ADVIL 100 MG TABLET JR STRENGTH,COATED 100 MG *	\$0 (Tier 4)	
ADVIL 200 MG TABLET 200 MG *	\$0 (Tier 4)	
ADVIL JR STR 100 MG TAB CHEW TB CHEW,8 HOUR,GRAPE 100 MG *	\$0 (Tier 4)	
<i>aspirin 325 mg tablet 325 mg *</i>	(Bayer Aspirin)	\$0 (Tier 4)
<i>aspirin 325 mg tablet coated 325 mg *</i>	(Bayer Aspirin)	\$0 (Tier 4)
<i>aspirin 81 mg chewable tablet 81 mg *</i>	(Aspirin Childrens)	\$0 (Tier 4)
<i>aspirin 81 mg chewable tablet cherry 81 mg *</i>	(Aspirin Childrens)	\$0 (Tier 4)
<i>aspirin buffered 325 mg tab 325 mg *</i>	(Buffered Aspirin)	\$0 (Tier 4)
<i>aspirin ec 325 mg tablet 325 mg *</i>	(Aspir-Trin)	\$0 (Tier 4)
<i>aspirin ec 650 mg tablet 650 mg *</i>		\$0 (Tier 4)
<i>aspirin ec 81 mg tablet 81 mg *</i>	(Adult Aspirin Regimen)	\$0 (Tier 4)
<i>aspir-low ec 81 mg tablet 81 mg *</i>		\$0 (Tier 4)
<i>aspir-trin ec 325 mg tablet 325 mg *</i>		\$0 (Tier 4)
<i>bufferin 325 mg tablet coated 325 mg *</i>		\$0 (Tier 4)
CALDOLOR INTRAVENOUS RECON SOLN 800 MG/8 ML (100 MG/ML)	\$0 - \$8.35 (Tier 2)	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	(Celebrex)	\$0 (Tier 1) QL (60 per 30 days)
<i>child ibu-drops 50 mg/1.25 ml 50 mg/1.25 ml *</i>		\$0 (Tier 4)
CHILDREN'S ADVIL 100 MG/5 ML (OTC) 100 MG/5 ML *		\$0 (Tier 4)
<i>cvs child aspirin 81 mg chw tb 81 mg *</i>		\$0 (Tier 4)
<i>cvs ibuprofen 200 mg softgel liquid filled,softge 200 mg *</i>	(Advil Liqui-Gel)	\$0 (Tier 4)
<i>cvs naproxen sod 220 mg tablet 220 mg *</i>	(Aleve)	\$0 (Tier 4)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>diclofenac potassium oral tablet 50 mg</i>	\$0 (Tier 1)	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i> (Voltaren-XR)	\$0 (Tier 1)	
<i>diclofenac sodium oral tablet, delayed release (drlec) 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg</i> (Arthrotec 50)	\$0 (Tier 1)	
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 75-200 mg-mcg</i> (Arthrotec 75)	\$0 (Tier 1)	
<i>diflunisal oral tablet 500 mg</i>	\$0 (Tier 1)	
<i>ecotrin ec 325 mg tablet safety coated 325 mg *</i>	\$0 (Tier 4)	
<i>ecpirin ec 325 mg tablet 325 mg *</i>	\$0 (Tier 4)	
<i>etodolac oral capsule 200 mg, 300 mg</i>	\$0 (Tier 1)	
<i>etodolac oral tablet 400 mg</i> (Lodine)	\$0 (Tier 1)	
<i>etodolac oral tablet 500 mg</i>	\$0 (Tier 1)	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	\$0 (Tier 1)	
<i>fenopropfen oral tablet 600 mg</i> (Nalfon)	\$0 (Tier 1)	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	\$0 (Tier 1)	
<i>gnp chld ibuprofen 100 mg/5 ml alf 100 mg/5 ml *</i>	\$0 (Tier 4)	
<i>gnp ibuprofen jr str 100 mg tb 100 mg *</i>	\$0 (Tier 4)	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	\$0 (Tier 1)	
<i>ibuprofen 200 mg tablet 200 mg *</i> (Advil)	\$0 (Tier 4)	
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Child Ibuprofen)	\$0 (Tier 1)	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)	\$0 (Tier 1)	
<i>indomethacin oral capsule 25 mg</i>	\$0 (Tier 1)	PA-HRM; QL (240 per 30 days); AGE (Max 64 Years)
<i>indomethacin oral capsule 50 mg</i>	\$0 (Tier 1)	PA-HRM; QL (120 per 30 days); AGE (Max 64 Years)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>indomethacin oral capsule, extended release 75 mg</i>	\$0 (Tier 1)	PA-HRM; QL (60 per 30 days); AGE (Max 64 Years)
<i>indomethacin sodium intravenous recon soln 1 mg</i>	\$0 (Tier 1)	
<i>infant ibuprofen 50 mg/1.25 ml dlf,alf,non-staining 50 mg/1.25 ml *</i>	\$0 (Tier 4)	
<i>infants' advil 50 mg/1.25 ml 50 mg/1.25 ml *</i>	\$0 (Tier 4)	
<i>infants medi-profen susp 50 mg/1.25 ml *</i>	\$0 (Tier 4)	
<i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	\$0 (Tier 1)	
<i>ketorolac oral tablet 10 mg</i>	\$0 (Tier 1)	PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
<i>low dose aspirin ec 81 mg tab 81 mg *</i>	\$0 (Tier 4)	
<i>medi-profen 200 mg tablet 200 mg *</i>	\$0 (Tier 4)	
<i>mefenamic acid oral capsule 250 mg</i>	\$0 (Tier 1)	
<i>meloxicam oral suspension 7.5 mg/5 ml</i>	\$0 (Tier 1)	
<i>meloxicam oral tablet 15 mg, 7.5 mg (Mobic)</i>	\$0 (Tier 1)	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	\$0 (Tier 1)	
<i>naproxen oral suspension 125 mg/5 ml (Naprosyn)</i>	\$0 (Tier 1)	
<i>naproxen oral tablet 250 mg, 375 mg</i>	\$0 (Tier 1)	
<i>naproxen oral tablet 500 mg (Naprosyn)</i>	\$0 (Tier 1)	
<i>naproxen oral tablet, delayed release (drlec) 375 mg, 500 mg (EC-Naprosyn)</i>	\$0 (Tier 1)	
<i>naproxen sodium 220 mg capsule liquidgels 220 mg * (Aleve)</i>	\$0 (Tier 4)	
<i>naproxen sodium 220 mg tablet 220 mg * (Aleve)</i>	\$0 (Tier 4)	
<i>piroxicam oral capsule 10 mg, 20 mg (Feldene)</i>	\$0 (Tier 1)	
<i>qc child aspirin 81 mg chw tab orange 81 mg *</i>	\$0 (Tier 4)	
<i>qc lo-dose aspirin ec 81 mg tb 81 mg *</i>	\$0 (Tier 4)	
<i>ra aspirin 325 mg tablet 325 mg * (Bayer Aspirin)</i>	\$0 (Tier 4)	
<i>ra aspirin ec 325 mg tablet regular strength 325 mg * (Aspir-Trin)</i>	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>sm ibuprofen ib 100 mg tablet junior strength 100 mg *</i> (Advil)	\$0 (Tier 4)	
<i>st. joseph aspirin 81 mg chew orange 81 mg *</i>	\$0 (Tier 4)	
<i>st. joseph aspirin ec 81 mg tb 81 mg *</i>	\$0 (Tier 4)	
<i>sulindac oral tablet 150 mg, 200 mg</i>	\$0 (Tier 1)	
<i>tri-buffered aspirin 325 mg tb coated tablet 325 mg *</i>	\$0 (Tier 4)	
<i>wal-profen 200 mg caplet flc, caplet 200 mg *</i>	\$0 (Tier 4)	
<i>wal-profen 200 mg softgel softgel 200 mg *</i>	\$0 (Tier 4)	
Anesthetics		
Local Anesthetics		
<i>glydo mucous membrane jelly in applicator 2 %</i>	\$0 (Tier 1)	
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i> (Xylocaine-MPF)	\$0 (Tier 1)	
<i>lidocaine (pf) injection solution 40 mg/ml (4 %)</i>	\$0 (Tier 1)	
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i> (Xylocaine)	\$0 (Tier 1)	
<i>lidocaine hcl mucous membrane jelly 2 %</i>	\$0 (Tier 1)	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	\$0 (Tier 1)	
<i>lidocaine topical adhesive patch, medicated 5 %</i> (Lidoderm)	\$0 (Tier 1)	PA; QL (90 per 30 days)
<i>lidocaine topical ointment 5 %</i>	\$0 (Tier 1)	PA; QL (90 per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i>	\$0 (Tier 1)	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	\$0 (Tier 1)	PA BvD

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
Anti-Addiction/Substance Abuse Treatment Agents		
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate oral tablet, delayed release (drlec) 333 mg</i>	\$0 (Tier 1)	
BUNAVAIL BUCCAL FILM 2.1-0.3 MG	\$0 - \$8.35 (Tier 2)	QL (30 per 30 days)
BUNAVAIL BUCCAL FILM 4.2-0.7 MG, 6.3-1 MG	\$0 - \$8.35 (Tier 2)	QL (60 per 30 days)
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i> (Zyban)	\$0 (Tier 1)	
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	\$0 - \$8.35 (Tier 2)	QL (168 per 84 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	\$0 - \$8.35 (Tier 2)	QL (168 per 84 days)
CHANTIX STARTING MONTH BOX ORAL TABLETS, DOSE PACK 0.5 MG (11)- 1 MG (42)	\$0 - \$8.35 (Tier 2)	QL (53 per 28 days)
<i>disulfiram oral tablet 250 mg, 500 mg</i> (Antabuse)	\$0 (Tier 1)	
LUCEMYRA ORAL TABLET 0.18 MG	\$0 - \$8.35 (Tier 2)	NM; QL (228 per 14 days)
<i>naloxone injection solution 0.4 mg/ml</i>	\$0 (Tier 1)	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	\$0 (Tier 1)	
<i>naltrexone oral tablet 50 mg</i>	\$0 (Tier 1)	
NARCAN NASAL SPRAY, NON-AEROSOL 2 MG/ACTUATION, 4 MG/ACTUATION	\$0 - \$8.35 (Tier 2)	QL (4 per 30 days)
<i>nicorelief 2 mg gum 2 mg *</i>	\$0 (Tier 4)	QL (3285 per 365 days)
<i>nicorelief 4 mg gum 4 mg *</i>	\$0 (Tier 4)	QL (3285 per 365 days)
NICORETTE 2 MG CHEWING GUM WHITE ICE MINT 2 MG *	\$0 (Tier 4)	QL (3285 per 365 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>nicotine 14 mg/24hr patch step 2 (otc) 14 mg/24 hr *</i> (Nicoderm CQ)	\$0 (Tier 4)	QL (224 per 365 days)
<i>nicotine 2 mg chewing gum sugar free 2 mg *</i> (Nicorelief)	\$0 (Tier 4)	QL (3285 per 365 days)
<i>nicotine 2 mg lozenge mint, 3 quittube 2 mg *</i> (Nicorette)	\$0 (Tier 4)	QL (3285 per 365 days)
<i>nicotine 21 mg/24hr patch step 1 (otc) 21 mg/24 hr *</i> (Nicoderm CQ)	\$0 (Tier 4)	QL (224 per 365 days)
<i>nicotine 22 mg/24hr patch 1 week starter kit 22 mg/24 hr *</i>	\$0 (Tier 4)	QL (224 per 365 days)
<i>nicotine 4 mg chewing gum 4 mg *</i> (Nicorelief)	\$0 (Tier 4)	QL (3285 per 365 days)
<i>nicotine 4 mg lozenge mint, 3 quittube 4 mg *</i> (Nicorette)	\$0 (Tier 4)	QL (3285 per 365 days)
<i>nicotine 7 mg/24hr patch step 3 (otc) 7 mg/24 hr *</i> (Nicoderm CQ)	\$0 (Tier 4)	QL (224 per 365 days)
NICOTROL INHALATION CARTRIDGE 10 MG	\$0 - \$8.35 (Tier 2)	QL (1008 per 90 days)
<i>pub stop smoking aid 2 mg lozg 2 mg *</i>	\$0 (Tier 4)	QL (3285 per 365 days)
<i>pub stop smoking aid 4 mg lozg 4 mg *</i>	\$0 (Tier 4)	QL (3285 per 365 days)
<i>ra nicotine 14 mg/24hr patch (otc) 14 mg/24 hr *</i> (Nicoderm CQ)	\$0 (Tier 4)	QL (224 per 365 days)
<i>ra nicotine 2 mg chewing gum 2 mg *</i> (Nicorelief)	\$0 (Tier 4)	QL (3285 per 365 days)
<i>ra nicotine 2 mg lozenge slf,mint,4 quittube 2 mg *</i> (Nicorette)	\$0 (Tier 4)	QL (3285 per 365 days)
<i>ra nicotine 21 mg/24hr patch step 1 (otc) 21 mg/24 hr *</i> (Nicoderm CQ)	\$0 (Tier 4)	QL (224 per 365 days)
<i>ra nicotine 4 mg chewing gum slf,coated mint 4 mg *</i> (Nicorelief)	\$0 (Tier 4)	QL (3285 per 365 days)
SUBOXONE SUBLINGUAL FILM 12-3 MG, 8-2 MG	\$0 - \$8.35 (Tier 2)	QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG	\$0 - \$8.35 (Tier 2)	QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	\$0 - \$8.35 (Tier 2)	QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	\$0 - \$8.35 (Tier 2)	QL (60 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
Antianxiety Agents		
Benzodiazepines		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i> (Xanax)	\$0 (Tier 1)	QL (120 per 30 days)
<i>alprazolam oral tablet 2 mg</i> (Xanax)	\$0 (Tier 1)	QL (150 per 30 days)
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	\$0 (Tier 1)	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i> (Klonopin)	\$0 (Tier 1)	QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i> (Klonopin)	\$0 (Tier 1)	QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	\$0 (Tier 1)	QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i> (Tranxene T-Tab)	\$0 (Tier 1)	QL (180 per 30 days)
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG	\$0 - \$8.35 (Tier 2)	
DIASTAT RECTAL KIT 2.5 MG	\$0 - \$8.35 (Tier 2)	
<i>diazepam injection solution 5 mg/ml</i>	\$0 (Tier 1)	QL (10 per 28 days)
<i>diazepam injection syringe 5 mg/ml</i>	\$0 (Tier 1)	QL (10 per 28 days)
<i>diazepam intensol oral concentrate 5 mg/ml</i>	\$0 (Tier 1)	QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	\$0 (Tier 1)	QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	\$0 (Tier 1)	QL (120 per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg</i> (Diastat AcuDial)	\$0 (Tier 1)	
<i>diazepam rectal kit 2.5 mg</i> (Diastat)	\$0 (Tier 1)	
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i> (Ativan)	\$0 (Tier 1)	QL (2 per 30 days)
<i>lorazepam injection syringe 2 mg/ml, 4 mg/ml</i>	\$0 (Tier 1)	QL (2 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i> (Ativan)	\$0 (Tier 1)	QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i> (Ativan)	\$0 (Tier 1)	QL (150 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
ONFI ORAL SUSPENSION 2.5 MG/ML	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (480 per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (60 per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i> (Restoril)	\$0 (Tier 1)	PA-HRM; (High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use with any benzodiazepine hypnotic drug); QL (30 per 30 days); AGE (Max 64 Years)

Antibacterials

Aminoglycosides

BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	\$0 - \$8.35 (Tier 2)	PA BvD; NM
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml</i>	\$0 (Tier 1)	
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	\$0 (Tier 1)	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	\$0 (Tier 1)	
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml, 80 mg/8 ml</i>	\$0 (Tier 1)	
<i>neomycin oral tablet 500 mg</i>	\$0 (Tier 1)	
<i>streptomycin intramuscular recon soln 1 gram</i>	\$0 (Tier 1)	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	\$0 - \$8.35 (Tier 2)	NM; QL (224 per 28 days)
<i>tobramycin in 0.225% nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	\$0 (Tier 1)	PA BvD; NM
<i>tobramycin in 0.9% nacl intravenous piggyback 60 mg/50 ml</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	\$0 (Tier 1)	
Antibacterials, Miscellaneous		
<i>bacitracin intramuscular recon soln 50,000 unit</i> (BACiiM)	\$0 (Tier 1)	
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	\$0 (Tier 1)	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	\$0 (Tier 1)	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i> (Cleocin in 5 % dextrose)	\$0 (Tier 1)	
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i> (Cleocin Pediatric)	\$0 (Tier 1)	
<i>clindamycin phosphate injection solution 150 (mg/ml) (6 ml)</i>	\$0 (Tier 1)	
<i>clindamycin phosphate injection solution 150 mg/ml</i> (Cleocin)	\$0 (Tier 1)	
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i> (Cleocin)	\$0 (Tier 1)	
<i>colistin (colistimethate na) injection recon soln 150 mg</i> (Coly-Mycin M Parenteral)	\$0 (Tier 1)	
<i>daptomycin intravenous recon soln 500 mg</i> (Cubicin)	\$0 (Tier 1)	NM
<i>linezolid 600 mg/300 ml-0.9% nacl 600 mg/300 ml</i>	\$0 (Tier 1)	NM
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i> (Zyvox)	\$0 (Tier 1)	NM
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox)	\$0 (Tier 1)	NM
<i>linezolid oral tablet 600 mg</i> (Zyvox)	\$0 (Tier 1)	NM
<i>methenamine hippurate oral tablet 1 gram</i> (Hiprex)	\$0 (Tier 1)	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i> (Metro I.V.)	\$0 (Tier 1)	
<i>metronidazole oral tablet 250 mg, 500 mg</i> (Flagyl)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>nitrofurantoin macrocrystal oral capsule</i> (Macrochantin) 100 mg, 25 mg, 50 mg	\$0 (Tier 1)	PA-HRM; (High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use of nitrofurantoin drugs); QL (120 per 30 days); AGE (Max 64 Years)
<i>nitrofurantoin monohydrate-cryst oral capsule</i> 100 mg (Macrobid)	\$0 (Tier 1)	PA-HRM; (High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use of nitrofurantoin drugs); QL (60 per 30 days); AGE (Max 64 Years)
<i>polymyxin b sulfate injection recon soln</i> 500,000 unit	\$0 (Tier 1)	
SYNERCID INTRAVENOUS RECON SOLN 500 MG	\$0 - \$8.35 (Tier 2)	NM
<i>trimethoprim oral tablet</i> 100 mg	\$0 (Tier 1)	
<i>vancomycin in dextrose 5% intravenous piggyback</i> 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml	\$0 (Tier 1)	
<i>vancomycin intravenous recon soln</i> 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg	\$0 (Tier 1)	
<i>vancomycin oral capsule</i> 125 mg, 250 mg (Vancocin)	\$0 (Tier 1)	NM
XIFAXAN ORAL TABLET 200 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	\$0 - \$8.35 (Tier 2)	PA; NM
Cephalosporins		
<i>ceftazidime oral capsule</i> 250 mg, 500 mg	\$0 (Tier 1)	
<i>ceftazidime oral suspension for reconstitution</i> 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	\$0 (Tier 1)	
<i>cefadroxil oral capsule</i> 500 mg	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	\$0 (Tier 1)	
<i>cefadroxil oral tablet 1 gram</i>	\$0 (Tier 1)	
<i>cefazolin in 0.9% sod chloride intravenous solution 2 gram/100 ml</i>	\$0 (Tier 1)	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 2 gram/100 ml</i>	\$0 (Tier 1)	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	\$0 (Tier 1)	
<i>cefdinir oral capsule 300 mg</i>	\$0 (Tier 1)	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (Tier 1)	
<i>cefditoren pivoxil oral tablet 200 mg</i>	\$0 (Tier 1)	
<i>cefditoren pivoxil oral tablet 400 mg</i> (Spectracef)	\$0 (Tier 1)	
CEFEPIME 1 GM INJECTION 1 GRAM/50 ML	\$0 - \$8.35 (Tier 2)	
CEFEPIME INJECTION RECON SOLN 1 GRAM, 2 GRAM (Maxipime)	\$0 - \$8.35 (Tier 2)	
CEFEPIME-DEXTROSE 2 GM/50 ML 2 GRAM/50 ML	\$0 - \$8.35 (Tier 2)	
<i>cefotaxime injection recon soln 1 gram, 500 mg</i>	\$0 (Tier 1)	
<i>cefotaxime injection recon soln 10 gram, 2 gram</i> (Claforan)	\$0 (Tier 1)	
<i>cefoxitin 2 gm piggyback bag 2 gram/50 ml</i>	\$0 (Tier 1)	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram</i>	\$0 (Tier 1)	
<i>cefoxitin intravenous recon soln 2 gram</i>	\$0 (Tier 1)	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	\$0 (Tier 1)	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	\$0 (Tier 1)	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (Tier 1)	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>ceftazidime injection recon soln 2 gram, 6 gram</i> (TAZICEF)	\$0 (Tier 1)	
<i>ceftibuten oral capsule 400 mg</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>ceftibuten oral suspension for reconstitution 180 mg/5 ml</i>	\$0 (Tier 1)	
<i>ceftriaxone 1 gm piggyback l/f, single use 1 gram/50 ml</i>	\$0 (Tier 1)	
<i>ceftriaxone 2 gm piggyback l/f, single use 2 gram/50 ml</i>	\$0 (Tier 1)	
<i>ceftriaxone injection recon soln 1 gram, 2 gram</i>	\$0 (Tier 1)	
<i>ceftriaxone injection recon soln 10 gram, 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>cefuroxime sodium injection recon soln 750 mg</i>	\$0 (Tier 1)	
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	\$0 (Tier 1)	
<i>cefuroxime-dextrose (iso-osm) intravenous piggyback 1.5 gram/50 ml</i>	\$0 (Tier 1)	
<i>cephalexin oral capsule 250 mg, 500 mg</i> (Keflex)	\$0 (Tier 1)	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (Tier 1)	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
SUPRAX ORAL CAPSULE 400 MG	\$0 - \$8.35 (Tier 2)	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	\$0 - \$8.35 (Tier 2)	
<i>tazicef injection recon soln 1 gram, 2 gram, 6 gram</i>	\$0 (Tier 1)	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	\$0 - \$8.35 (Tier 2)	
Macrolides		
<i>azithromycin intravenous recon soln 500 mg</i> (Zithromax)	\$0 (Tier 1)	
<i>azithromycin oral packet 1 gram</i> (Zithromax)	\$0 (Tier 1)	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	\$0 (Tier 1)	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i> (Zithromax)	\$0 (Tier 1)	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (Tier 1)	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	\$0 (Tier 1)	
DIFICID ORAL TABLET 200 MG	\$0 - \$8.35 (Tier 2)	ST; NM; QL (20 per 10 days)
<i>e.e.s. 400 oral tablet 400 mg</i>	\$0 - \$8.35 (Tier 2)	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	\$0 - \$8.35 (Tier 2)	
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	\$0 - \$8.35 (Tier 2)	
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	\$0 - \$8.35 (Tier 2)	
<i>ery-tab oral tablet, delayed release (drlec) 250 mg, 500 mg</i>	\$0 (Tier 1)	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 333 MG	\$0 - \$8.35 (Tier 2)	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	\$0 (Tier 1)	
ERYTHROCIN INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	\$0 - \$8.35 (Tier 2)	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i> (E.E.S. 400)	\$0 (Tier 1)	
<i>erythromycin oral capsule, delayed release (drlec) 250 mg</i>	\$0 (Tier 1)	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
Miscellaneous B-Lactam Antibiotics		
<i>aztreonam injection recon soln 1 gram, 2 gram</i> (Azactam)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	\$0 - \$8.35 (Tier 2)	NM; LA
<i>ertapenem injection recon soln 1 gram</i> (Invanz)	\$0 (Tier 1)	
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	\$0 (Tier 1)	
<i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV)	\$0 (Tier 1)	
INVANZ INJECTION RECON SOLN 1 GRAM	\$0 - \$8.35 (Tier 2)	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i> (Merrem)	\$0 (Tier 1)	
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	\$0 (Tier 1)	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	\$0 (Tier 1)	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	\$0 (Tier 1)	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	\$0 (Tier 1)	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)	\$0 (Tier 1)	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	\$0 (Tier 1)	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	\$0 (Tier 1)	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i> (Augmentin)	\$0 (Tier 1)	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	\$0 (Tier 1)	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>ampicillin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>ampicillin sodium intravenous recon soln 2 gram</i>	\$0 (Tier 1)	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i> (Unasyn)	\$0 (Tier 1)	
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	\$0 - \$8.35 (Tier 2)	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	\$0 - \$8.35 (Tier 2)	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>nafcillin 2 gm vial sterile, latex-free 2 gram</i>	\$0 (Tier 1)	
<i>nafcillin injection recon soln 1 gram</i>	\$0 (Tier 1)	
<i>nafcillin injection recon soln 10 gram</i>	\$0 (Tier 1)	NM
<i>nafcillin intravenous recon soln 2 gram</i>	\$0 (Tier 1)	NM
<i>oxacillin 1 gm add-vantage vl add-vantage, inner 1 gram</i>	\$0 (Tier 1)	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	\$0 (Tier 1)	
<i>oxacillin injection recon soln 1 gram, 10 gram, 2 gram</i>	\$0 (Tier 1)	
<i>penicillin g pot in dextrose intravenous piggyback 1 million unit/50 ml, 2 million unit/50 ml, 3 million unit/50 ml</i>	\$0 (Tier 1)	
<i>penicillin g potassium injection recon soln 20 million unit</i> (Pfizerpen-G)	\$0 (Tier 1)	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	\$0 (Tier 1)	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (Tier 1)	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>pfizerpen-g injection recon soln 20 million unit</i>	\$0 (Tier 1)	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i> (Zosyn)	\$0 (Tier 1)	
Quinolones		
BAXDELA ORAL TABLET 450 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (28 per 14 days)
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	\$0 (Tier 1)	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	\$0 (Tier 1)	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	\$0 (Tier 1)	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 400 mg/200 ml</i> (Cipro in D5W)	\$0 (Tier 1)	
<i>ciprofloxacin lactate intravenous solution 200 mg/20 ml, 400 mg/40 ml</i>	\$0 (Tier 1)	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> (Cipro)	\$0 (Tier 1)	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	\$0 (Tier 1)	
<i>levofloxacin intravenous solution 25 mg/ml</i>	\$0 (Tier 1)	
<i>levofloxacin oral solution 250 mg/10 ml</i>	\$0 (Tier 1)	
<i>levofloxacin oral tablet 250 mg</i>	\$0 (Tier 1)	
<i>levofloxacin oral tablet 500 mg, 750 mg</i> (Levaquin)	\$0 (Tier 1)	
<i>moxifloxacin oral tablet 400 mg</i> (Avelox)	\$0 (Tier 1)	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	\$0 (Tier 1)	
Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	\$0 (Tier 1)	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	\$0 (Tier 1)	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	\$0 (Tier 1)	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>sulfamethoxazole-trimethoprim oral tablet</i> (Bactrim DS) 800-160 mg	\$0 (Tier 1)	
<i>sulfatrim oral suspension</i> 200-40 mg/5 ml	\$0 (Tier 1)	
Tetracyclines		
<i>doxy-100 intravenous recon soln</i> 100 mg	\$0 (Tier 1)	
<i>doxycycline hyclate intravenous recon soln</i> (Doxy-100) 100 mg	\$0 (Tier 1)	
<i>doxycycline hyclate oral capsule</i> 100 mg, (Morgidox) 50 mg	\$0 (Tier 1)	
<i>doxycycline hyclate oral tablet</i> 100 mg, 20 mg	\$0 (Tier 1)	
<i>doxycycline monohydrate oral capsule</i> 100 (Mondoxyne NL) mg, 50 mg, 75 mg	\$0 (Tier 1)	
<i>doxycycline monohydrate oral capsule</i> 150 mg	\$0 (Tier 1)	
<i>doxycycline monohydrate oral suspension</i> (Vibramycin) for reconstitution 25 mg/5 ml	\$0 (Tier 1)	
<i>doxycycline monohydrate oral tablet</i> 100 (Avidoxy) mg	\$0 (Tier 1)	
<i>doxycycline monohydrate oral tablet</i> 150 mg, 50 mg, 75 mg	\$0 (Tier 1)	
<i>minocycline oral capsule</i> 100 mg, 75 mg	\$0 (Tier 1)	
<i>minocycline oral capsule</i> 50 mg (Minocin)	\$0 (Tier 1)	
<i>minocycline oral tablet</i> 100 mg, 50 mg, 75 mg	\$0 (Tier 1)	
<i>mondoxyne nl oral capsule</i> 100 mg, 50 mg	\$0 (Tier 1)	
<i>okebo oral capsule</i> 100 mg, 75 mg	\$0 (Tier 1)	
<i>tigecycline intravenous recon soln</i> 50 mg (Tygacil)	\$0 (Tier 1)	NM
Anticancer Agents		
Anticancer Agents		
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	\$0 - \$8.35 (Tier 2)	NM
<i>adriamycin intravenous recon soln</i> 10 mg, 50 mg	\$0 (Tier 1)	PA BvD
<i>adriamycin intravenous solution</i> 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml	\$0 (Tier 1)	PA BvD

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>adrucil intravenous solution 2.5 gram/50 ml, 500 mg/10 ml</i>	\$0 (Tier 1)	PA BvD
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (112 per 28 days)
AFINITOR ORAL TABLET 10 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (56 per 28 days)
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (28 per 28 days)
ALECENSA ORAL CAPSULE 150 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (240 per 30 days)
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG	\$0 - \$8.35 (Tier 2)	NM
ALIQOPA INTRAVENOUS RECON SOLN 60 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (3 per 28 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (180 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (30 per 30 days)
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	\$0 (Tier 1)	
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML, 25 MG/ML (16 ML)	\$0 - \$8.35 (Tier 2)	PA NSO; NM
<i>azacitidine injection recon soln 100 mg</i> (Vidaza)	\$0 (Tier 1)	NM
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	\$0 - \$8.35 (Tier 2)	PA NSO; NM
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	\$0 - \$8.35 (Tier 2)	PA NSO; NM
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	\$0 - \$8.35 (Tier 2)	PA NSO; NM
<i>bexarotene oral capsule 75 mg</i> (Targretin)	\$0 (Tier 1)	PA NSO; NM; QL (420 per 30 days)
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	\$0 (Tier 1)	PA BvD
BLINCYTO INTRAVENOUS KIT 35 MCG	\$0 - \$8.35 (Tier 2)	PA NSO; NM
BORTEZOMIB INTRAVENOUS RECON SOLN 3.5 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM
BOSULIF ORAL TABLET 100 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (120 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 50 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (120 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (180 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (30 per 30 days)
<i>clofarabine intravenous solution 20 mg/20 ml</i> (Clolar)	\$0 (Tier 1)	NM
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (112 per 28 days)
COTELLIC ORAL TABLET 20 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; LA; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	\$0 (Tier 1)	PA BvD; NM
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG	\$0 - \$8.35 (Tier 2)	PA BvD; ST
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML, 10 MG/ML (50 ML)	\$0 - \$8.35 (Tier 2)	PA NSO; NM

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	\$0 - \$8.35 (Tier 2)	PA NSO; NM; LA
<i>decitabine intravenous recon soln 50 mg</i> (Dacogen)	\$0 (Tier 1)	NM
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i> (Adriamycin)	\$0 (Tier 1)	PA BvD
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (Doxil)	\$0 (Tier 1)	PA BvD; NM
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	\$0 - \$8.35 (Tier 2)	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	\$0 - \$8.35 (Tier 2)	
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	\$0 - \$8.35 (Tier 2)	
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	\$0 - \$8.35 (Tier 2)	
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	\$0 - \$8.35 (Tier 2)	
EMCYT ORAL CAPSULE 140 MG	\$0 - \$8.35 (Tier 2)	NM
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM
ERIVEDGE ORAL CAPSULE 150 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (120 per 30 days)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	\$0 - \$8.35 (Tier 2)	
<i>etoposide intravenous solution 20 mg/ml</i> (Toposar)	\$0 (Tier 1)	
<i>exemestane oral tablet 25 mg</i> (Aromasin)	\$0 (Tier 1)	
FARESTON ORAL TABLET 60 MG	\$0 - \$8.35 (Tier 2)	NM
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM
FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML	\$0 - \$8.35 (Tier 2)	NM
<i>floxuridine injection recon soln 0.5 gram</i>	\$0 (Tier 1)	PA BvD

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>fluorouracil intravenous solution 1 gram/20 ml</i>	\$0 (Tier 1)	PA BvD
<i>fluorouracil intravenous solution 5 gram/100 ml, 500 mg/10 ml</i> (Adrucil)	\$0 (Tier 1)	PA BvD
<i>flutamide oral capsule 125 mg</i>	\$0 (Tier 1)	
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	\$0 - \$8.35 (Tier 2)	PA NSO; NM
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG, 5 MG	\$0 - \$8.35 (Tier 2)	
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG, 440 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM
HEXALEN ORAL CAPSULE 50 MG	\$0 - \$8.35 (Tier 2)	NM
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	\$0 (Tier 1)	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln 1 gram, 3 gram</i> (Ifex)	\$0 (Tier 1)	PA BvD
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	\$0 (Tier 1)	PA BvD
<i>ifosfamide-mesna intravenous kit 1-1 gram, 3,000-1,000 mg</i>	\$0 (Tier 1)	PA BvD; NM
<i>imatinib oral tablet 100 mg</i> (Gleevec)	\$0 (Tier 1)	PA NSO; NM; QL (90 per 30 days)
<i>imatinib oral tablet 400 mg</i> (Gleevec)	\$0 (Tier 1)	PA NSO; NM; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML, 50 MG/ML (10 ML)	\$0 - \$8.35 (Tier 2)	PA NSO; NM
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (4 per 365 days)
IMLYGIC INJECTION SUSPENSION 10EXP8 (100 MILLION) PFU/ML	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (8 per 28 days)
INLYTA ORAL TABLET 1 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (60 per 30 days)
IRESSA ORAL TABLET 250 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (60 per 30 days)
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	\$0 - \$8.35 (Tier 2)	NM
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (60 per 30 days)
KEYTRUDA INTRAVENOUS RECON SOLN 50 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (4 per 21 days)
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (8 per 21 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (63 per 28 days)
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM
LARTRUVO INTRAVENOUS SOLUTION 10 MG/ML, 10 MG/ML (19 ML)	\$0 - \$8.35 (Tier 2)	PA NSO; NM; LA

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X 2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	\$0 - \$8.35 (Tier 2)	PA NSO; NM
<i>letrozole oral tablet 2.5 mg</i> (Femara)	\$0 (Tier 1)	
LEUKERAN ORAL TABLET 2 MG	\$0 - \$8.35 (Tier 2)	
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	\$0 (Tier 1)	
LONSURF ORAL TABLET 15-6.14 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (80 per 28 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	\$0 - \$8.35 (Tier 2)	NM
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	\$0 - \$8.35 (Tier 2)	NM
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	\$0 - \$8.35 (Tier 2)	NM
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	\$0 - \$8.35 (Tier 2)	NM
LYNPARZA ORAL CAPSULE 50 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (448 per 28 days)
LYNPARZA ORAL TABLET 100 MG, 150 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	\$0 - \$8.35 (Tier 2)	NM
MATULANE ORAL CAPSULE 50 MG	\$0 - \$8.35 (Tier 2)	NM
<i>megestrol oral tablet 20 mg, 40 mg</i>	\$0 (Tier 1)	PA NSO-HRM; AGE (Max 64 Years)
MEKINIST ORAL TABLET 0.5 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (90 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
MEKINIST ORAL TABLET 2 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (180 per 30 days)
<i>mercaptopurine oral tablet 50 mg</i>	\$0 (Tier 1)	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	\$0 (Tier 1)	PA BvD
<i>methotrexate sodium (pf) injection solution 25 mg/ml, 25 mg/ml (10 ml)</i>	\$0 (Tier 1)	PA BvD
<i>methotrexate sodium injection solution 25 mg/ml</i>	\$0 (Tier 1)	PA BvD
<i>methotrexate sodium injection solution 25 mg/ml</i>	\$0 (Tier 1)	PA BvD
<i>methotrexate sodium oral tablet 2.5 mg</i>	\$0 (Tier 1)	PA BvD; ST
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	\$0 (Tier 1)	
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	\$0 - \$8.35 (Tier 2)	PA NSO; NM
NERLYNX ORAL TABLET 40 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (180 per 30 days)
NEXAVAR ORAL TABLET 200 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (120 per 30 days)
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	\$0 (Tier 1)	NM
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (3 per 28 days)
ODOMZO ORAL CAPSULE 200 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; LA
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	\$0 - \$8.35 (Tier 2)	PA NSO; NM
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	\$0 - \$8.35 (Tier 2)	PA BvD; NM
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 240 MG/24 ML, 40 MG/4 ML	\$0 - \$8.35 (Tier 2)	PA NSO; NM
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (21 per 28 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (100 per 21 days)
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML	\$0 - \$8.35 (Tier 2)	PA NSO; NM
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	\$0 - \$8.35 (Tier 2)	NM
PURIXAN ORAL SUSPENSION 20 MG/ML	\$0 - \$8.35 (Tier 2)	NM
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; LA
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	\$0 - \$8.35 (Tier 2)	PA NSO; NM
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML, 10 MG/ML (10 ML)	\$0 - \$8.35 (Tier 2)	PA NSO; NM
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (120 per 30 days)
RYDAPT ORAL CAPSULE 25 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (224 per 28 days)
SOLTAMOX ORAL SOLUTION 10 MG/5 ML	\$0 - \$8.35 (Tier 2)	
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (60 per 30 days)
STIVARGA ORAL TABLET 40 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (84 per 28 days)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (30 per 30 days)
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (28 per 28 days)
TABLOID ORAL TABLET 40 MG	\$0 - \$8.35 (Tier 2)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (120 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; LA; QL (30 per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	
TARCEVA ORAL TABLET 100 MG, 25 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (60 per 30 days)
TARCEVA ORAL TABLET 150 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (90 per 30 days)
TARGRETIN TOPICAL GEL 1 %	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (60 per 28 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (120 per 30 days)
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML)	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (20 per 21 days)
TEMODAR INTRAVENOUS RECON SOLN 100 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM
<i>thiotepa injection recon soln 15 mg</i> (Tepadina)	\$0 (Tier 1)	NM
TIBSOVO ORAL TABLET 250 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (60 per 30 days)
<i>toposar intravenous solution 20 mg/ml</i>	\$0 (Tier 1)	
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	\$0 - \$8.35 (Tier 2)	NM
TRELSTAR 11.25 MG VIAL INNER, SDV 11.25 MG	\$0 - \$8.35 (Tier 2)	NM; QL (1 per 84 days)
TRELSTAR 22.5 MG VIAL INNER,SDV 22.5 MG	\$0 - \$8.35 (Tier 2)	NM; QL (1 per 168 days)
TRELSTAR 3.75 MG VIAL INNER, SDV 3.75 MG	\$0 - \$8.35 (Tier 2)	NM
TRELSTAR INTRAMUSCULAR SYRINGE 11.25 MG/2 ML	\$0 - \$8.35 (Tier 2)	NM; QL (1 per 84 days)
TRELSTAR INTRAMUSCULAR SYRINGE 22.5 MG/2 ML	\$0 - \$8.35 (Tier 2)	NM; QL (1 per 168 days)
TRELSTAR INTRAMUSCULAR SYRINGE 3.75 MG/2 ML	\$0 - \$8.35 (Tier 2)	NM

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>tretinoin (chemotherapy) oral capsule 10 mg</i>	\$0 (Tier 1)	NM
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	\$0 - \$8.35 (Tier 2)	PA BvD; ST
TYKERB ORAL TABLET 250 MG	\$0 - \$8.35 (Tier 2)	NM
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	\$0 - \$8.35 (Tier 2)	PA NSO; NM
VALSTAR INTRAVESICAL SOLUTION 40 MG/ML	\$0 - \$8.35 (Tier 2)	NM
VELCADE INJECTION RECON SOLN 3.5 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM
VENCLEXTA ORAL TABLET 10 MG	\$0 - \$8.35 (Tier 2)	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; LA; QL (120 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	\$0 - \$8.35 (Tier 2)	PA NSO; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; LA; QL (42 per 28 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (56 per 28 days)
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i> (Navelbine)	\$0 (Tier 1)	
VOTRIENT ORAL TABLET 200 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (120 per 30 days)
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	\$0 - \$8.35 (Tier 2)	PA BvD; NM
XALKORI ORAL CAPSULE 200 MG, 250 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (60 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	\$0 - \$8.35 (Tier 2)	PA BvD; ST
XTANDI ORAL CAPSULE 40 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (120 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	\$0 - \$8.35 (Tier 2)	PA NSO; NM

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
YONDELIS INTRAVENOUS RECON SOLN 1 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM
YONSA ORAL TABLET 125 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (120 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (90 per 30 days)
ZELBORAF ORAL TABLET 240 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (240 per 30 days)
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	\$0 - \$8.35 (Tier 2)	QL (1 per 84 days)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	\$0 - \$8.35 (Tier 2)	QL (1 per 28 days)
ZOLINZA ORAL CAPSULE 100 MG	\$0 - \$8.35 (Tier 2)	NM
ZYDELIG ORAL TABLET 100 MG, 150 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (60 per 30 days)
ZYKADIA ORAL CAPSULE 150 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (140 per 28 days)
ZYTIGA ORAL TABLET 250 MG, 500 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (120 per 30 days)
Anticholinergic Agents		
Antimuscarinics/Antispasmodics		
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	\$0 (Tier 1)	
<i>propantheline oral tablet 15 mg</i>	\$0 (Tier 1)	
Anticonvulsants		
Anticonvulsants		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	\$0 - \$8.35 (Tier 2)	ST; NM
BANZEL ORAL SUSPENSION 40 MG/ML	\$0 - \$8.35 (Tier 2)	ST; NM
BANZEL ORAL TABLET 200 MG, 400 MG	\$0 - \$8.35 (Tier 2)	ST; NM
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	\$0 - \$8.35 (Tier 2)	QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	\$0 - \$8.35 (Tier 2)	QL (600 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	\$0 - \$8.35 (Tier 2)	NM; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase</i> (Carbatrol) <i>12 hr 100 mg, 200 mg, 300 mg</i>	\$0 (Tier 1)	
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	\$0 (Tier 1)	
<i>carbamazepine oral tablet 200 mg</i> (Epitol)	\$0 (Tier 1)	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	\$0 (Tier 1)	
<i>carbamazepine oral tablet, chewable 100 mg</i>	\$0 (Tier 1)	
CELONTIN ORAL CAPSULE 300 MG	\$0 - \$8.35 (Tier 2)	
DILANTIN ORAL CAPSULE 30 MG	\$0 (Tier 1)	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)	\$0 (Tier 1)	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	\$0 (Tier 1)	
<i>divalproex oral tablet, delayed release (drlec) 125 mg, 250 mg, 500 mg</i> (Depakote)	\$0 (Tier 1)	
<i>epitol oral tablet 200 mg</i>	\$0 (Tier 1)	
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	\$0 (Tier 1)	
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	\$0 (Tier 1)	
<i>felbamate oral suspension 600 mg/5 ml</i> (Felbatol)	\$0 (Tier 1)	
<i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)	\$0 (Tier 1)	
<i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i> (Cerebyx)	\$0 (Tier 1)	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	\$0 - \$8.35 (Tier 2)	ST
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	\$0 - \$8.35 (Tier 2)	ST
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> (Neurontin)	\$0 (Tier 1)	
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	\$0 (Tier 1)	
<i>gabapentin oral tablet 600 mg, 800 mg</i> (Neurontin)	\$0 (Tier 1)	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Lamictal)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>lamotrigine oral tablet extended release</i> (Lamictal XR) 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	\$0 (Tier 1)	
<i>lamotrigine oral tablet, chewable dispersible</i> 25 mg, 5 mg (Lamictal)	\$0 (Tier 1)	
<i>levetiracetam intravenous solution</i> 500 mg/5 ml (Keppra)	\$0 (Tier 1)	
<i>levetiracetam oral solution</i> 100 mg/ml (Keppra)	\$0 (Tier 1)	
<i>levetiracetam oral tablet</i> 1,000 mg, 250 mg, 500 mg, 750 mg (Keppra)	\$0 (Tier 1)	
<i>levetiracetam oral tablet extended release</i> 24 hr 500 mg, 750 mg (Keppra XR)	\$0 (Tier 1)	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	\$0 - \$8.35 (Tier 2)	QL (90 per 30 days)
LYRICA ORAL SOLUTION 20 MG/ML	\$0 - \$8.35 (Tier 2)	QL (900 per 30 days)
<i>oxcarbazepine oral suspension</i> 300 mg/5 ml (60 mg/ml) (Trileptal)	\$0 (Tier 1)	
<i>oxcarbazepine oral tablet</i> 150 mg, 300 mg, 600 mg (Trileptal)	\$0 (Tier 1)	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG	\$0 - \$8.35 (Tier 2)	ST
PEGANONE ORAL TABLET 250 MG	\$0 - \$8.35 (Tier 2)	
<i>phenobarbital oral elixir</i> 20 mg/5 ml (4 mg/ml)	\$0 (Tier 1)	PA NSO-HRM; AGE (Max 64 Years)
<i>phenobarbital oral tablet</i> 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	\$0 (Tier 1)	PA NSO-HRM; AGE (Max 64 Years)
<i>phenytoin oral suspension</i> 125 mg/5 ml (Dilantin-125)	\$0 (Tier 1)	
<i>phenytoin oral tablet, chewable</i> 50 mg (Dilantin Infatabs)	\$0 (Tier 1)	
<i>phenytoin sodium extended oral capsule</i> 100 mg (Dilantin Extended)	\$0 (Tier 1)	
<i>phenytoin sodium extended oral capsule</i> 200 mg, 300 mg (Phenytek)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	\$0 (Tier 1)	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	\$0 (Tier 1)	
POTIGA ORAL TABLET 200 MG, 300 MG, 400 MG	\$0 - \$8.35 (Tier 2)	ST; NM; QL (90 per 30 days)
POTIGA ORAL TABLET 50 MG	\$0 - \$8.35 (Tier 2)	ST; NM; QL (270 per 30 days)
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	\$0 (Tier 1)	
ROWEEPRA ORAL TABLET 1,000 MG, 500 MG, 750 MG	\$0 (Tier 1)	
SABRIL ORAL TABLET 500 MG	\$0 - \$8.35 (Tier 2)	NM
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	\$0 - \$8.35 (Tier 2)	ST; QL (60 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG	\$0 - \$8.35 (Tier 2)	ST; QL (120 per 30 days)
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	\$0 (Tier 1)	
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i> (Gabitril)	\$0 (Tier 1)	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	\$0 (Tier 1)	
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i> (Qudexy XR)	\$0 (Tier 1)	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	\$0 (Tier 1)	
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG	\$0 - \$8.35 (Tier 2)	ST; QL (30 per 30 days)
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 200 MG	\$0 - \$8.35 (Tier 2)	ST; NM; QL (60 per 30 days)
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i> (Depacon)	\$0 (Tier 1)	
<i>valproic acid (as sodium salt) oral solution 500 mg/10 ml (10 ml)</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>valproic acid 250 mg/5 ml soln 250 mg/5 ml</i> (Depakene)	\$0 (Tier 1)	
<i>valproic acid oral capsule 250 mg</i> (Depakene)	\$0 (Tier 1)	
<i>vigabatrin oral powder in packet 500 mg</i> (Sabril)	\$0 (Tier 1)	NM
<i>vigadrone oral powder in packet 500 mg</i>	\$0 (Tier 1)	NM
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML	\$0 - \$8.35 (Tier 2)	ST; QL (200 per 5 days)
VIMPAT ORAL SOLUTION 10 MG/ML	\$0 - \$8.35 (Tier 2)	ST; QL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	\$0 - \$8.35 (Tier 2)	ST; QL (60 per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	\$0 (Tier 1)	
<i>zonisamide oral capsule 50 mg</i>	\$0 (Tier 1)	
Antidementia Agents		
Antidementia Agents		
<i>donepezil oral tablet 10 mg, 5 mg</i> (Aricept)	\$0 (Tier 1)	QL (30 per 30 days)
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i> (Razadyne ER)	\$0 (Tier 1)	QL (30 per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	\$0 (Tier 1)	QL (200 per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i> (Razadyne)	\$0 (Tier 1)	QL (60 per 30 days)
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i> (Namenda XR)	\$0 (Tier 1)	QL (30 per 30 days)
<i>memantine oral solution 2 mg/ml</i>	\$0 (Tier 1)	QL (360 per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i> (Namenda)	\$0 (Tier 1)	QL (60 per 30 days)
<i>memantine oral tablets, dose pack 5-10 mg</i> (Namenda Titration Pak)	\$0 (Tier 1)	QL (49 per 28 days)
NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7-14-21-28 MG	\$0 - \$8.35 (Tier 2)	QL (28 per 28 days)
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	\$0 - \$8.35 (Tier 2)	QL (56 per 365 days)
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	\$0 - \$8.35 (Tier 2)	QL (30 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr</i> (Exelon)	\$0 (Tier 1)	QL (30 per 30 days)
Antidepressants		
Antidepressants		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	PA NSO-HRM; AGE (Max 64 Years)
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	PA NSO-HRM; AGE (Max 64 Years)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	\$0 (Tier 1)	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	\$0 (Tier 1)	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	\$0 (Tier 1)	
<i>citalopram oral solution 10 mg/5 ml</i>	\$0 (Tier 1)	QL (600 per 30 days)
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i> (Celexa)	\$0 (Tier 1)	QL (30 per 30 days)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	\$0 (Tier 1)	PA NSO-HRM; AGE (Max 64 Years)
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	\$0 (Tier 1)	PA NSO-HRM; AGE (Max 64 Years)
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	PA NSO-HRM; AGE (Max 64 Years)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	\$0 (Tier 1)	QL (30 per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	PA NSO-HRM; AGE (Max 64 Years)
<i>doxepin oral concentrate 10 mg/ml</i>	\$0 (Tier 1)	PA NSO-HRM; AGE (Max 64 Years)
<i>duloxetine oral capsule, delayed release(drlec) 20 mg, 60 mg</i> (Cymbalta)	\$0 (Tier 1)	QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(drlec) 30 mg</i> (Cymbalta)	\$0 (Tier 1)	QL (30 per 30 days)
<i>duloxetine oral capsule, delayed release(drlec) 40 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	\$0 - \$8.35 (Tier 2)	NM; QL (30 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	\$0 (Tier 1)	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	\$0 (Tier 1)	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	\$0 - \$8.35 (Tier 2)	ST; QL (56 per 365 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	\$0 - \$8.35 (Tier 2)	ST; QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)	\$0 (Tier 1)	
<i>fluoxetine oral capsule, delayed release(drlec) 90 mg</i>	\$0 (Tier 1)	QL (4 per 28 days)
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	\$0 (Tier 1)	
<i>fluoxetine oral tablet 10 mg, 20 mg</i> (Sarafem)	\$0 (Tier 1)	
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	\$0 (Tier 1)	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i> (Tofranil)	\$0 (Tier 1)	PA NSO-HRM; AGE (Max 64 Years)
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	\$0 (Tier 1)	PA NSO-HRM; AGE (Max 64 Years)
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
MARPLAN ORAL TABLET 10 MG	\$0 - \$8.35 (Tier 2)	
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	\$0 (Tier 1)	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	\$0 (Tier 1)	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	\$0 (Tier 1)	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)	\$0 (Tier 1)	PA NSO-HRM; AGE (Max 64 Years)
<i>nortriptyline oral solution 10 mg/5 ml</i>	\$0 (Tier 1)	PA NSO-HRM; AGE (Max 64 Years)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)	\$0 (Tier 1)	PA NSO-HRM; AGE (Max 64 Years)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR)	\$0 (Tier 1)	PA NSO-HRM; AGE (Max 64 Years)
PAXIL ORAL SUSPENSION 10 MG/5 ML	\$0 - \$8.35 (Tier 2)	PA NSO-HRM; AGE (Max 64 Years)
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	\$0 (Tier 1)	PA NSO-HRM; AGE (Max 64 Years)
<i>phenelzine oral tablet 15 mg</i> (Nardil)	\$0 (Tier 1)	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	PA NSO-HRM; AGE (Max 64 Years)
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	\$0 (Tier 1)	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	\$0 (Tier 1)	
SURMONTIL ORAL CAPSULE 100 MG, 25 MG, 50 MG	\$0 - \$8.35 (Tier 2)	PA NSO-HRM; AGE (Max 64 Years)
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	\$0 (Tier 1)	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	\$0 (Tier 1)	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i> (Surmontil)	\$0 (Tier 1)	PA NSO-HRM; AGE (Max 64 Years)
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	\$0 - \$8.35 (Tier 2)	ST; QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i> (Effexor XR)	\$0 (Tier 1)	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i> (Effexor XR)	\$0 (Tier 1)	QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	\$0 - \$8.35 (Tier 2)	ST; QL (30 per 30 days)
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	\$0 - \$8.35 (Tier 2)	ST; QL (30 per 180 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
Antidiabetic Agents		
Antidiabetic Agents, Miscellaneous		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	\$0 (Tier 1)	QL (90 per 30 days)
CYCLOSET ORAL TABLET 0.8 MG	\$0 - \$8.35 (Tier 2)	QL (180 per 30 days)
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	\$0 - \$8.35 (Tier 2)	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	\$0 - \$8.35 (Tier 2)	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	\$0 - \$8.35 (Tier 2)	ST; QL (30 per 30 days)
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG	\$0 - \$8.35 (Tier 2)	ST; QL (60 per 30 days)
INVOKAMET ORAL TABLET 50-500 MG	\$0 - \$8.35 (Tier 2)	ST; QL (120 per 30 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	\$0 - \$8.35 (Tier 2)	ST; QL (60 per 30 days)
INVOKANA ORAL TABLET 100 MG	\$0 - \$8.35 (Tier 2)	ST; QL (60 per 30 days)
INVOKANA ORAL TABLET 300 MG	\$0 - \$8.35 (Tier 2)	ST; QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	\$0 - \$8.35 (Tier 2)	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	\$0 - \$8.35 (Tier 2)	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	\$0 - \$8.35 (Tier 2)	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	\$0 - \$8.35 (Tier 2)	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	\$0 - \$8.35 (Tier 2)	ST; QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	\$0 - \$8.35 (Tier 2)	QL (60 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	\$0 - \$8.35 (Tier 2)	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	\$0 - \$8.35 (Tier 2)	QL (30 per 30 days)
KORLYM ORAL TABLET 300 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (112 per 28 days)
<i>metformin oral tablet 1,000 mg</i> (Glucophage)	\$0 (Tier 1)	QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i> (Glucophage)	\$0 (Tier 1)	QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i> (Glucophage)	\$0 (Tier 1)	QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i> (Glucophage XR)	\$0 (Tier 1)	QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i> (Glucophage XR)	\$0 (Tier 1)	QL (90 per 30 days)
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i> (Glyset)	\$0 (Tier 1)	QL (90 per 30 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i> (Starlix)	\$0 (Tier 1)	QL (90 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/0.75 ML (2 MG/1.5 ML)	\$0 - \$8.35 (Tier 2)	QL (3 per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	\$0 (Tier 1)	QL (30 per 30 days)
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i> (DUETACT)	\$0 (Tier 1)	QL (30 per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i> (Actoplus MET)	\$0 (Tier 1)	QL (90 per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	\$0 (Tier 1)	QL (240 per 30 days)
<i>repaglinide oral tablet 1 mg, 2 mg</i> (Prandin)	\$0 (Tier 1)	QL (240 per 30 days)
<i>repaglinide-metformin oral tablet 1-500 mg, 2-500 mg</i>	\$0 (Tier 1)	QL (150 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	\$0 - \$8.35 (Tier 2)	PA; NM; QL (10.8 per 28 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	\$0 - \$8.35 (Tier 2)	PA; NM; QL (10.8 per 28 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	\$0 - \$8.35 (Tier 2)	ST; QL (60 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	\$0 - \$8.35 (Tier 2)	ST; QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	\$0 - \$8.35 (Tier 2)	ST; QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	\$0 - \$8.35 (Tier 2)	QL (30 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML	\$0 - \$8.35 (Tier 2)	QL (2 per 28 days)
VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	\$0 - \$8.35 (Tier 2)	QL (9 per 30 days)
Insulins		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 - \$8.35 (Tier 2)	QL (30 per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 - \$8.35 (Tier 2)	QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	\$0 - \$8.35 (Tier 2)	QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	\$0 - \$8.35 (Tier 2)	QL (24 per 28 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 - \$8.35 (Tier 2)	QL (30 per 28 days)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 - \$8.35 (Tier 2)	QL (40 per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	\$0 - \$8.35 (Tier 2)	QL (40 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	\$0 - \$8.35 (Tier 2)	QL (40 per 28 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
NOVOLIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML	\$0 - \$8.35 (Tier 2)	QL (40 per 28 days)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	\$0 - \$8.35 (Tier 2)	QL (30 per 28 days)
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	\$0 - \$8.35 (Tier 2)	QL (40 per 28 days)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	\$0 - \$8.35 (Tier 2)	QL (30 per 28 days)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	\$0 - \$8.35 (Tier 2)	QL (30 per 28 days)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 - \$8.35 (Tier 2)	QL (40 per 28 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	\$0 - \$8.35 (Tier 2)	ST; QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	\$0 - \$8.35 (Tier 2)	QL (18 per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	\$0 - \$8.35 (Tier 2)	QL (13.5 per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	\$0 - \$8.35 (Tier 2)	ST; QL (15 per 28 days)
Sulfonylureas		
<i>glimepiride oral tablet 1 mg, 2 mg</i>	(Amaryl)	\$0 (Tier 1) QL (30 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	(Amaryl)	\$0 (Tier 1) QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	(Glucotrol)	\$0 (Tier 1) QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	(Glucotrol)	\$0 (Tier 1) QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	(Glucotrol XL)	\$0 (Tier 1) QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg, 5 mg</i>	(Glucotrol XL)	\$0 (Tier 1) QL (30 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>		\$0 (Tier 1) QL (240 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i> (Glynase)	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>tolazamide oral tablet 250 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>tolazamide oral tablet 500 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>tolbutamide oral tablet 500 mg</i>	\$0 (Tier 1)	QL (180 per 30 days)
Antifungals		
Antifungals		
<i>1-day 6.5% ointment 6.5 % *</i>	\$0 (Tier 4)	
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	\$0 - \$8.35 (Tier 2)	PA BvD; NM
<i>aloe vesta 2% antifungal oint 2 % *</i>	\$0 (Tier 4)	
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	\$0 - \$8.35 (Tier 2)	PA BvD; NM
<i>amphotericin b injection recon soln 50 mg</i>	\$0 (Tier 1)	PA BvD
<i>anti-fungal 1% powder 1 % *</i>	\$0 (Tier 4)	
<i>antifungal 2% cream 2 % *</i>	\$0 (Tier 4)	
<i>athlete's foot 2% powder 2 % *</i>	\$0 (Tier 4)	
<i>baza antifungal 2% cream 12's 2 % *</i>	\$0 (Tier 4)	
<i>blis-to-sol 1% liquid 1 % *</i>	\$0 (Tier 4)	
<i>caspofungin intravenous recon soln 50 mg, 70 mg</i> (Cancidas)	\$0 - \$8.35 (Tier 2)	NM
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	\$0 (Tier 1)	
<i>ciclopirox topical gel 0.77 %</i>	\$0 (Tier 1)	
<i>ciclopirox topical shampoo 1 %</i> (Loprox)	\$0 (Tier 1)	
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	\$0 (Tier 1)	
<i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))	\$0 (Tier 1)	
<i>clotrim 1% vaginal cream 1 % *</i> (Clotrimazole-7)	\$0 (Tier 4)	
<i>clotrimazole 1% cream (otc) 1 % *</i> (Antifungal (clotrimazole))	\$0 (Tier 4)	
<i>clotrimazole 1% solution (otc) 1 % *</i>	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>clotrimazole insert 100 mg *</i>	\$0 (Tier 4)	
<i>clotrimazole mucous membrane troche 10 mg</i>	\$0 (Tier 1)	
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	\$0 (Tier 1)	
<i>clotrimazole topical solution 1 %</i>	\$0 (Tier 1)	
<i>clotrimazole-7 cream 1 % *</i>	\$0 (Tier 4)	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i> (Lotrisone)	\$0 (Tier 1)	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	\$0 (Tier 1)	
<i>critic-aid clear af 2% oint 12's, w/ antifungal 2 % *</i>	\$0 (Tier 4)	
<i>cvs af 1% spray powder 1 % *</i>	\$0 (Tier 4)	
<i>cvs foot & sneaker spray pwd 1 % *</i>	\$0 (Tier 4)	
<i>cvs miconazole 1 combo pack sftgl insert/9gm crm 1,200-2 mg-% *</i> (Monistat 1 Combo Pack)	\$0 (Tier 4)	
<i>dermafungal 2% ointment 2 % *</i>	\$0 (Tier 4)	
<i>desenex 2% powder 2 % *</i>	\$0 (Tier 4)	
<i>econazole topical cream 1 %</i>	\$0 (Tier 1)	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i>	\$0 (Tier 1)	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i> (Diflucan)	\$0 (Tier 1)	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Diflucan)	\$0 (Tier 1)	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	\$0 (Tier 1)	NM
<i>formula 3 antifungal 1% soln 1 % *</i>	\$0 (Tier 4)	
<i>fungi cure intensive 1% spray 1 % *</i>	\$0 (Tier 4)	
<i>fungoid-d 1% cream 1 % *</i>	\$0 (Tier 4)	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	\$0 (Tier 1)	
<i>griseofulvin microsize oral tablet 500 mg</i>	\$0 (Tier 1)	
<i>inzo antifungal 2% cream 2 % *</i>	\$0 (Tier 4)	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	\$0 (Tier 1)	
<i>ketoconazole oral tablet 200 mg</i>	\$0 (Tier 1)	
<i>ketoconazole topical cream 2 %</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>ketoconazole topical shampoo 2 %</i> (Nizoral)	\$0 (Tier 1)	
<i>lamisil af defens 1% spray pwd 1 % *</i>	\$0 (Tier 4)	
<i>lamisil af defense 1% powder 1 % *</i>	\$0 (Tier 4)	
LAMISIL ANTIFUNGAL 1% SPRAY FOR ATHLETES FOOT 1 % *	\$0 (Tier 4)	
LAMISIL AT 1% GEL 1 % *	\$0 (Tier 4)	
<i>micatin 2% antifungal cream 2 % *</i>	\$0 (Tier 4)	
<i>miconazole 3 combo pack 3 sup,9gm crm w/lapp 200 mg- 2 % (9 gram) *</i>	\$0 (Tier 4)	
<i>miconazole 3 combo pack 4 % (200 mg)- 2 % (9 gram) *</i> (Miconazole-3 prefil,cream,wipe)	\$0 (Tier 4)	
<i>miconazole 7 100 mg vag supp 100 mg *</i>	\$0 (Tier 4)	
<i>miconazole nitrate 2% cream 2 % *</i> (Miconazole 7)	\$0 (Tier 4)	
<i>miconazole-3 vaginal suppository 200 mg</i>	\$0 (Tier 1)	
<i>miconazorb af 2% powder 2 % *</i>	\$0 (Tier 4)	
<i>micro-guard 2% powder 12's,antifungal 2 % *</i>	\$0 (Tier 4)	
MONISTAT 3 COMBO PACK 4 % (200 MG)- 2 % (9 GRAM) *	\$0 (Tier 4)	
<i>monistat 7 cream 7 applicators 2 % *</i>	\$0 (Tier 4)	
NIZORAL A-D 1% SHAMPOO 1 % *	\$0 (Tier 4)	
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	\$0 - \$8.35 (Tier 2)	NM
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG	\$0 - \$8.35 (Tier 2)	NM
<i>nyamyc topical powder 100,000 unit/gram</i>	\$0 (Tier 1)	
<i>nyata topical powder 100,000 unit/gram</i>	\$0 (Tier 1)	
<i>nystatin oral suspension 100,000 unit/ml</i>	\$0 (Tier 1)	
<i>nystatin oral tablet 500,000 unit</i>	\$0 (Tier 1)	
<i>nystatin topical cream 100,000 unit/gram</i>	\$0 (Tier 1)	
<i>nystatin topical ointment 100,000 unit/gram</i>	\$0 (Tier 1)	
<i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc)	\$0 (Tier 1)	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	\$0 (Tier 1)	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	\$0 (Tier 1)	

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Name of Drug		What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>nystop topical powder 100,000 unit/gram</i>		\$0 (Tier 1)	
<i>odor ctrl foot-sneaker 1% powd 1 % *</i>		\$0 (Tier 4)	
<i>qc 3 day vaginal 4% cream 200 mg/5 gram (4 %) *</i>		\$0 (Tier 4)	
<i>ra antifungal 1% cream 1 % *</i>		\$0 (Tier 4)	
<i>ra antifungal ringworm 1% crm 1 % *</i>		\$0 (Tier 4)	
<i>ra athlete's foot 2% pwd spray 2 % *</i>		\$0 (Tier 4)	
<i>remedy phytplx antifungal oint 2 % *</i>		\$0 (Tier 4)	
<i>terbinafine 1% cream 1 % *</i>	(Antifungal (terbinafine))	\$0 (Tier 4)	
<i>terbinafine hcl oral tablet 250 mg</i>		\$0 (Tier 1)	
<i>tioconazole 1 6.5% ointment 6.5 % *</i>		\$0 (Tier 4)	
<i>tolnaftate 1% cream 1 % *</i>	(Antifungal (tolnaftate))	\$0 (Tier 4)	
<i>tolnaftate 1% spray powder 1 % *</i>	(AF)	\$0 (Tier 4)	
<i>triple paste af 2% ointment 2 % *</i>		\$0 (Tier 4)	
<i>vagistat-1 6.5% ointment 6.5 % *</i>		\$0 (Tier 4)	
<i>vagistat-3 combo pack 200 mg- 2 % (9 gram) *</i>		\$0 (Tier 4)	
<i>voriconazole intravenous solution 200 mg</i>	(Vfend IV)	\$0 (Tier 1)	NM
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	(Vfend)	\$0 (Tier 1)	NM
<i>voriconazole oral tablet 200 mg, 50 mg</i>	(Vfend)	\$0 (Tier 1)	NM
<i>zeasorb 2% powder jock itch 2 % *</i>		\$0 (Tier 4)	
Antigout Agents			
Antigout Agents, Other			
<i>allopurinol oral tablet 100 mg, 300 mg</i>	(Zyloprim)	\$0 (Tier 1)	
COLCRYS ORAL TABLET 0.6 MG		\$0 (Tier 1)	
<i>probenecid oral tablet 500 mg</i>		\$0 (Tier 1)	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>		\$0 (Tier 1)	
ULORIC ORAL TABLET 40 MG, 80 MG		\$0 - \$8.35 (Tier 2)	QL (30 per 30 days)
ZURAMPIC ORAL TABLET 200 MG		\$0 - \$8.35 (Tier 2)	ST; QL (30 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
Antihistamines		
Antihistamines		
<i>12 hour relief tablet 6-120 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>25dph-7.5peh liquid 25-7.5 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>ala-hist ir 2 mg tablet 2 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
ALA-HIST PE TABLET 2-10 MG *	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>alavert 10 mg odt 10 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>aler-caps 25 mg capsule 25 mg *</i>	\$0 (Tier 4)	PA
<i>aler-tab 25 mg tablet 25 mg *</i>	\$0 (Tier 4)	PA
<i>alka-seltzer plus allergy tab 25 mg *</i>	\$0 (Tier 4)	PA
<i>aller-chlor 2 mg/5 ml syrup 2 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>aller-chlor 4 mg tablet 4 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>allergy 4 mg tablet 4 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>allerhist 1.34 mg tablet 1.34 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>ambi 60pse-4cpm tablet 4-60 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>antihistamine 25 mg capsule 25 mg *</i>	\$0 (Tier 4)	PA
<i>aprodine tablet 2.5-60 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>banophen 25 mg capsule 25 mg *</i>	\$0 (Tier 4)	PA
<i>banophen 25 mg tablet 25 mg *</i>	\$0 (Tier 4)	PA
<i>banophen 50 mg capsule 50 mg *</i>	\$0 (Tier 4)	PA
<i>banophen allergy 12.5 mg/5 ml alf 12.5 mg/5 ml *</i>	\$0 (Tier 4)	PA
<i>benadryl allergy 25 mg ultratb ultratab 25 mg *</i>	\$0 (Tier 4)	PA
<i>cetirizine hcl 1 mg/ml soln children, s/f, grape (otc) 1 mg/ml *</i>	\$0 (Tier 4)	(All Day Allergy (cetirizine)) PA; AGE (Min 2 Years)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>cetirizine hcl 10 mg chew tab children's, outer, u-d 10 mg *</i>	(Children's Cetirizine) \$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>cetirizine hcl 10 mg tablet 10 mg *</i>	(24Hour Allergy) \$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>cetirizine hcl 5 mg tablet 5 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>child allegra allergy 30 mg/5 ml suspension 30 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>child cetirizine 5 mg chew tab 5 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>child dometuss-da liquid 1-2.5 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>child loratadine 5 mg/5 ml syr grape, slf 5 mg/5 ml *</i>	(Allergy Relief (loratadine)) \$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>child triaminic cold-allergy 1-2.5 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>child wal-itin 5 mg/5 ml soln 5 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>child wal-tap cold-allergy elx 1-2.5 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>child wal-zyr 1 mg/ml solution cherry 1 mg/ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>children's cold & allergy elxr alf 1-15 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>children's wal-fex 30 mg/5 ml 30 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>child's aller-tec 1 mg/ml soln 1 mg/ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
CHILD'S BENADRYL 12.5 MG/5 ML 12.5 MG/5 ML *	\$0 (Tier 4)	PA
<i>child's wal-zyr 10 mg chew tab 10 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>chlorhist 4 mg tablet 4 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>chlorpheniramine er 12 mg tab 12 mg *</i>	(Allergy Relief(chlorpheniramine)) \$0 (Tier 4)	PA; AGE (Min 2 Years)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>cold-allergy-sinus oral tablet 2.5-60 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>compoz 25 mg gelcap 25 mg *</i>	\$0 (Tier 4)	PA
CONEX SOLUTION 1-30 MG/5 ML *	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>conex tablet 2-60 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>cvs allergy 25 mg capsule 25 mg *</i>	\$0 (Tier 4)	PA
<i>cvs allergy 25 mg tablet 25 mg *</i>	\$0 (Tier 4)	PA
<i>cvs allergy-d tablet 25-10 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>cvs child allergy 10 mg chw tb 24 hr, indoor/outdoor 10 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>cvs cold & cough nighttime liq 6.25-2.5 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>cyproheptadine oral tablet 4 mg</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>dailyhist-1 1.34 mg tablet 1.34 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
DALLERGY 1-5 MG TABLET 1-5 MG *	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>dayhist allergy 1.34 mg tablet 12 hr relief 1.34 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>dayhist tablet 1.34 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>dimaphen elixir alf, grape, gluten-f 1-2.5 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>dimetapp cold & congest liquid 6.25-2.5 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>diphenhydramyl 12.5 mg/5 ml elixir 12.5 mg/5 ml *</i>	\$0 (Tier 4)	PA
<i>diphenhydramyl 12.5 mg/5 ml soln 12.5 mg/5 ml *</i>	\$0 (Tier 4)	PA
<i>diphenhydramyl 25 mg capsule 25 mg *</i>	\$0 (Tier 4)	PA
<i>diphenhydramyl 25 mg captab captab 25 mg *</i>	\$0 (Tier 4)	PA

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>diphenhydramine 25 mg capsule (otc) 25 mg *</i> (Aler-Cap)	\$0 (Tier 4)	PA
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	\$0 (Tier 1)	
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	\$0 (Tier 1)	
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i> (Children's Allergy (diphenhyd))	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>ed a-hist liquid (otc) 4-10 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>ed chlorped drops 2 mg/ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>ed chlorped jr syrup 2 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>ed-a-hist 4 mg-10 mg tablet 4-10 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>eq allergy & sinus relief tab 25-10 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>eql allergy relief 10 mg odt non-drowsy 10 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>fexofenadine hcl 180 mg tablet 24hr,original str (otc) 180 mg *</i> (Allegra Allergy)	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>fexofenadine hcl 30 mg/5 ml 30 mg/5 ml *</i> (Children's Allegra Allergy)	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>fexofenadine hcl 60 mg tablet indoor/outdoor (otc) 60 mg *</i> (Allegra Allergy)	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>geri-dryl 12.5 mg/5 ml liquid 12.5 mg/5 ml *</i>	\$0 (Tier 4)	PA
<i>glenmax peb liquid 4-10 mg/5 ml *</i>	\$0 (Tier 4)	
<i>histex-pe syrup 10-2.5 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>hm z-sleep 25 mg softgel 25 mg *</i>	\$0 (Tier 4)	PA
<i>hydroxyzine hcl intramuscular solution 25 mg/ml</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>hydroxyzine hcl intramuscular solution 50 mg/ml</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>kro child nite time cold & cgh 6.25-2.5 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	\$0 (Tier 1)	(Xyzal)
<i>levocetirizine oral tablet 5 mg</i>	\$0 (Tier 1)	(24HR Allergy Relief)
<i>lohist-d liquid 2-30 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>loratadine 10 mg softgel 10 mg *</i>	\$0 (Tier 4)	(Claritin Liqui-Gel)
<i>loratadine 10 mg tablet 10 mg *</i>	\$0 (Tier 4)	(Allerclear)
<i>mucinex allergy 180 mg tablet 180 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>nasal decongest-antihist tab 2.5-60 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>nytol 25 mg quickcaps caplet 25 mg *</i>	\$0 (Tier 4)	PA
PEDIAVENT 1 MG TABLET CHEW 1 MG *	\$0 (Tier 4)	PA; AGE (Min 2 Years)
PEDIAVENT 2 MG/5 ML SYRUP 2 MG/5 ML *	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>phenylephrine-pyrimidine 10-25 25-10 mg *</i>	\$0 (Tier 4)	(Vazotab (pyrilamine))
<i>promethazine oral syrup 6.25 mg/5 ml</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>promethazine vc oral syrup 6.25-5 mg/5 ml</i>	\$0 (Tier 1)	
<i>ra acta-tabs pe tablet 4-10 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>ra allergy med 25 mg capsule 25 mg *</i>	\$0 (Tier 4)	PA
<i>ra allergy med 25 mg tablet 25 mg *</i>	\$0 (Tier 4)	PA
<i>ra allergy plus sinus tablet 25-10 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>ra child cetirizine 10 mg chew 24 hr, indoor/outdoor 10 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>ra sleep tablet 25 mg *</i>	\$0 (Tier 4)	PA
<i>ra sleep-aid softgel 25 mg *</i>	\$0 (Tier 4)	PA

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>ritifed syrup 1.25-30 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
RYMED TABLET 2-10 MG *	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>rynex pse liquid 1-15 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>siladryl 12.5 mg/5 ml liquid 12.5 mg/5 ml *</i>	\$0 (Tier 4)	PA
<i>simply sleep 25 mg caplet 25 mg *</i>	\$0 (Tier 4)	PA
<i>sm allergy relief 1.34 mg tab 1.34 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>sm cold & allergy tablet 2.5-60 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>sm sinus and allergy tablet maximum strength 4-60 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
STAHIST LIQUID 2-10 MG/5 ML *	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>sudogest sinus and allergy tab 4-60 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>unisom 50 mg sleepgels softgel 50 mg *</i>	\$0 (Tier 4)	PA
<i>valu-dryl allergy med tab 25 mg *</i>	\$0 (Tier 4)	PA
<i>vazobid-pd suspension 6-10 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>vazotab 10-25 mg tablet 25-10 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>v-r triacting orange syrup 1-15 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>wal-act d cold & allergy tab 2.5-60 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>wal-dryl allergy 12.5 mg/5 ml 12.5 mg/5 ml *</i>	\$0 (Tier 4)	PA
<i>wal-dryl allergy 25 mg capsule 25 mg *</i>	\$0 (Tier 4)	PA
<i>wal-dryl allergy 25 mg minitab minitab, coated 25 mg *</i>	\$0 (Tier 4)	PA
<i>wal-dryl-d allergy & sinus cpt 25-10 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>wal-fex allergy 180 mg tablet 180 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>wal-fex allergy 60 mg tablet 60 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>wal-finatate 4 mg tablet 4 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>wal-finatate-d tablet 4-60 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>wal-itin 10 mg odt non-drowsy 10 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>wal-itin 10 mg tablet non-drowsy, 24 hr rlf 10 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>wal-phed pe sinus-allergy tab 4-10 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>wal-phed sinus and allergy tab 4-60 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>wal-sleep z 25 mg odt 25 mg *</i>	\$0 (Tier 4)	PA
<i>wal-sleep z 25 mg softgel 25 mg *</i>	\$0 (Tier 4)	PA
<i>wal-som 25 mg odt 25 mg *</i>	\$0 (Tier 4)	PA
<i>wal-som 50 mg softgel softgel, max strength 50 mg *</i>	\$0 (Tier 4)	PA
<i>wal-tap elixir 1-2.5 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>wal-zyr 10 mg tablet 10 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
Anti-Infectives (Skin And Mucous Membrane)		
Anti-Infectives (Skin And Mucous Membrane)		
ABREVA 10% CREAM 10 % *	\$0 (Tier 4)	
AVC VAGINAL VAGINAL CREAM 15 %	\$0 - \$8.35 (Tier 2)	
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	\$0 (Tier 1)	
<i>metronidazole vaginal gel 0.75 %</i> (Metrogel Vaginal)	\$0 (Tier 1)	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	\$0 (Tier 1)	
<i>terconazole vaginal suppository 80 mg</i>	\$0 (Tier 1)	
Antimigraine Agents		
Antimigraine Agents		
AIMOVIG 70 MG/ML AUTOINJECTOR 70 MG/ML	\$0 - \$8.35 (Tier 2)	PA; QL (2 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
AIMOVIG AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML	\$0 - \$8.35 (Tier 2)	PA; QL (2 per 30 days)
<i>dihydroergotamine injection solution 1 mg/ml</i> (D.H.E.45)	\$0 (Tier 1)	NM; QL (30 per 28 days)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	\$0 (Tier 1)	NM; QL (8 per 28 days)
ERGOMAR SUBLINGUAL TABLET 2 MG	\$0 - \$8.35 (Tier 2)	QL (40 per 28 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i> (Amerge)	\$0 (Tier 1)	QL (18 per 28 days)
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	\$0 (Tier 1)	QL (18 per 28 days)
<i>rizatriptan oral tablet 5 mg</i>	\$0 (Tier 1)	QL (18 per 28 days)
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i> (Maxalt-MLT)	\$0 (Tier 1)	QL (18 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/lactuation, 5 mg/lactuation</i> (Imitrex)	\$0 (Tier 1)	QL (12 per 28 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i> (Imitrex)	\$0 (Tier 1)	QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Kit Refill)	\$0 (Tier 1)	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Pen)	\$0 (Tier 1)	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)	\$0 (Tier 1)	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	\$0 (Tier 1)	QL (4 per 28 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig)	\$0 (Tier 1)	QL (12 per 28 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i> (Zomig ZMT)	\$0 (Tier 1)	QL (12 per 28 days)
Antimycobacterials		
Antimycobacterials		
CAPASTAT INJECTION RECON SOLN 1 GRAM	\$0 - \$8.35 (Tier 2)	
<i>dapsone oral tablet 100 mg, 25 mg</i>	\$0 (Tier 1)	
<i>ethambutol oral tablet 100 mg</i>	\$0 (Tier 1)	
<i>ethambutol oral tablet 400 mg</i> (Myambutol)	\$0 (Tier 1)	
<i>isoniazid oral solution 50 mg/5 ml</i>	\$0 (Tier 1)	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	\$0 - \$8.35 (Tier 2)	
PRIFTIN ORAL TABLET 150 MG	\$0 - \$8.35 (Tier 2)	
<i>pyrazinamide oral tablet 500 mg</i>	\$0 (Tier 1)	
<i>rifabutin oral capsule 150 mg</i> (Mycobutin)	\$0 (Tier 1)	
<i>rifampin intravenous recon soln 600 mg</i> (Rifadin)	\$0 (Tier 1)	
<i>rifampin oral capsule 150 mg, 300 mg</i> (Rifadin)	\$0 (Tier 1)	
RIFATER ORAL TABLET 50-120-300 MG	\$0 - \$8.35 (Tier 2)	
SIRTURO ORAL TABLET 100 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (188 per 168 days)
TRECATOR ORAL TABLET 250 MG	\$0 - \$8.35 (Tier 2)	
Antinausea Agents		
Antinausea Agents		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG	\$0 - \$8.35 (Tier 2)	
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	\$0 - \$8.35 (Tier 2)	PA BvD
<i>aprepitant oral capsule 125 mg</i> (Emend)	\$0 (Tier 1)	PA BvD; QL (2 per 28 days)
<i>aprepitant oral capsule 40 mg</i> (Emend)	\$0 (Tier 1)	PA BvD; QL (1 per 28 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	\$0 (Tier 1)	PA BvD; QL (4 per 28 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	\$0 (Tier 1)	PA BvD; QL (6 per 28 days)
CINVANTI INTRAVENOUS EMULSION 7.2 MG/ML	\$0 - \$8.35 (Tier 2)	QL (36 per 28 days)
<i>compro rectal suppository 25 mg</i>	\$0 (Tier 1)	
<i>cvs motion sickness 50 mg tab 50 mg *</i>	\$0 (Tier 4)	
<i>cvs motion sickness relief tab chewable tablet 25 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>dimenhydrinate injection solution 50 mg/ml</i>	\$0 (Tier 1)	
<i>dramamine 50 mg tablet 50 mg *</i>	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>dramamine less drowsy 25 mg tb 25 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>driminate 50 mg tablet 50 mg *</i>	\$0 (Tier 4)	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	\$0 (Tier 1)	PA
EMEND (FOSAPREPITANT) INTRAVENOUS RECON SOLN 150 MG	\$0 - \$8.35 (Tier 2)	QL (2 per 28 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	\$0 - \$8.35 (Tier 2)	PA BvD; QL (6 per 28 days)
<i>granisetron (pf) intravenous solution 100 mcg/ml</i>	\$0 (Tier 1)	
<i>granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)</i>	\$0 (Tier 1)	
<i>granisetron hcl oral tablet 1 mg</i>	\$0 (Tier 1)	PA BvD
<i>meclizine 12.5 mg caplet caplet (otc) 12.5 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>meclizine 25 mg tablet (otc) 25 mg *</i> (Dramamine Less Drowsy)	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>meclizine oral tablet 12.5 mg</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>meclizine oral tablet 25 mg</i> (Dramamine Less Drowsy)	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>medi-meclizine 25 mg tablet outer, f/c 25 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	\$0 (Tier 1)	
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	\$0 (Tier 1)	
<i>ondansetron hcl oral solution 4 mg/5 ml</i> (Zofran)	\$0 (Tier 1)	PA BvD
<i>ondansetron hcl oral tablet 24 mg</i>	\$0 (Tier 1)	PA BvD
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i> (Zofran)	\$0 (Tier 1)	PA BvD
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i> (Zofran ODT)	\$0 (Tier 1)	PA BvD
<i>phenadoz rectal suppository 12.5 mg, 25 mg</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml</i>	\$0 (Tier 1)	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	\$0 (Tier 1)	
<i>prochlorperazine rectal suppository 25 mg</i> (Compazine)	\$0 (Tier 1)	
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i> (Phenergan)	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>promethazine rectal suppository 12.5 mg, 25 mg</i> (Phenadoz)	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>promethazine rectal suppository 50 mg</i> (Phenergan)	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>ramotil sickness relief chew raspberry flavor 25 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>ramotil travel sickness 50 mg tab 50 mg *</i>	\$0 (Tier 4)	
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	\$0 (Tier 1)	QL (10 per 30 days)
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	\$0 - \$8.35 (Tier 2)	QL (10 per 30 days)
<i>travel sickness 25 mg tab chew 25 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>travel-ease 25 mg tablet 25 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>wal-dram 50 mg tablet 50 mg *</i>	\$0 (Tier 4)	
<i>wal-dram-2 25 mg tablet 25 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
Antiparasite Agents		
Antiparasite Agents		
ALBENZA ORAL TABLET 200 MG	\$0 - \$8.35 (Tier 2)	NM
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	\$0 - \$8.35 (Tier 2)	
ALINIA ORAL TABLET 500 MG	\$0 - \$8.35 (Tier 2)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	\$0 (Tier 1)	NM
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	\$0 (Tier 1)	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	\$0 (Tier 1)	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	\$0 - \$8.35 (Tier 2)	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
COARTEM ORAL TABLET 20-120 MG	\$0 - \$8.35 (Tier 2)	
DARAPRIM ORAL TABLET 25 MG	\$0 - \$8.35 (Tier 2)	PA; NM
<i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)	\$0 (Tier 1)	
IMPAVIDO ORAL CAPSULE 50 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (84 per 28 days)
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	\$0 (Tier 1)	
<i>mefloquine oral tablet 250 mg</i>	\$0 (Tier 1)	
NEBUPENT INHALATION RECON SOLN 300 MG	\$0 - \$8.35 (Tier 2)	PA BvD
<i>paromomycin oral capsule 250 mg</i>	\$0 (Tier 1)	
PENTAM INJECTION RECON SOLN 300 MG	\$0 - \$8.35 (Tier 2)	
<i>pin-x 144 mg/ml (50 mg/ml base) s/f, caramel flavor 50 mg/ml *</i>	\$0 (Tier 4)	
PRIMAQUINE ORAL TABLET 26.3 MG	\$0 - \$8.35 (Tier 2)	
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	\$0 (Tier 1)	PA; QL (42 per 7 days)
<i>reese's pinworm 144 mg/ml susp 50 mg/ml *</i>	\$0 (Tier 4)	
Antiparkinsonian Agents		
Antiparkinsonian Agents		
<i>amantadine hcl oral capsule 100 mg</i>	\$0 (Tier 1)	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	\$0 (Tier 1)	
<i>amantadine hcl oral tablet 100 mg</i>	\$0 (Tier 1)	
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	\$0 - \$8.35 (Tier 2)	NM; QL (60 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>bromocriptine oral capsule 5 mg</i> (Parlodel)	\$0 (Tier 1)	
<i>bromocriptine oral tablet 2.5 mg</i> (Parlodel)	\$0 (Tier 1)	
<i>cabergoline oral tablet 0.5 mg</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i> (Sinemet)	\$0 (Tier 1)	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i> (Sinemet CR)	\$0 (Tier 1)	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg</i> (Stalevo 50)	\$0 (Tier 1)	
<i>carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg</i> (Stalevo 75)	\$0 (Tier 1)	
<i>carbidopa-levodopa-entacapone oral tablet 25-100-200 mg</i> (Stalevo 100)	\$0 (Tier 1)	
<i>carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg</i> (Stalevo 125)	\$0 (Tier 1)	
<i>carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg</i> (Stalevo 150)	\$0 (Tier 1)	
<i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i> (Stalevo 200)	\$0 (Tier 1)	
<i>entacapone oral tablet 200 mg</i> (Comtan)	\$0 (Tier 1)	
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (60 per 30 days)
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 68.5 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (30 per 30 days)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	\$0 - \$8.35 (Tier 2)	QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG	\$0 - \$8.35 (Tier 2)	ST; QL (30 per 30 days)
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> (Mirapex)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	\$0 (Tier 1)	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i> (Requip)	\$0 (Tier 1)	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i> (Requip XL)	\$0 (Tier 1)	
<i>selegiline hcl oral capsule 5 mg</i>	\$0 (Tier 1)	
<i>selegiline hcl oral tablet 5 mg</i>	\$0 (Tier 1)	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
XADAGO ORAL TABLET 100 MG, 50 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (30 per 30 days)
Antipsychotic Agents		
Antipsychotic Agents		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	\$0 - \$8.35 (Tier 2)	NM; QL (1 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	\$0 - \$8.35 (Tier 2)	NM; QL (1 per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	\$0 (Tier 1)	QL (900 per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	\$0 (Tier 1)	QL (30 per 30 days)
<i>aripiprazole oral tablet 2 mg</i> (Abilify)	\$0 (Tier 1)	QL (60 per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	\$0 - \$8.35 (Tier 2)	NM; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	\$0 - \$8.35 (Tier 2)	NM; QL (3.9 per 56 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	\$0 - \$8.35 (Tier 2)	NM; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	\$0 - \$8.35 (Tier 2)	NM; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	\$0 - \$8.35 (Tier 2)	NM; QL (3.2 per 28 days)
<i>chlorpromazine injection solution 25 mg/ml</i>	\$0 (Tier 1)	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>clozapine oral tablet 100 mg</i> (Clozaril)	\$0 (Tier 1)	QL (270 per 30 days)
<i>clozapine oral tablet 200 mg</i>	\$0 (Tier 1)	QL (135 per 30 days)
<i>clozapine oral tablet 25 mg</i> (Clozaril)	\$0 (Tier 1)	QL (90 per 30 days)
<i>clozapine oral tablet 50 mg</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg</i> (FazaClo)	\$0 (Tier 1)	ST; QL (90 per 30 days)
<i>clozapine oral tablet,disintegrating 150 mg</i> (FazaClo)	\$0 (Tier 1)	ST; QL (180 per 30 days)
<i>clozapine oral tablet,disintegrating 200 mg</i> (FazaClo)	\$0 (Tier 1)	ST; QL (120 per 30 days)
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	\$0 - \$8.35 (Tier 2)	ST; QL (60 per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	\$0 - \$8.35 (Tier 2)	ST; NM; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)- 6MG(2)	\$0 - \$8.35 (Tier 2)	ST; QL (8 per 28 days)
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	\$0 (Tier 1)	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	\$0 (Tier 1)	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	\$0 (Tier 1)	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	\$0 (Tier 1)	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	\$0 - \$8.35 (Tier 2)	QL (6 per 28 days)
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml)</i>	\$0 (Tier 1)	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i> (Haldol Decanoate)	\$0 (Tier 1)	
<i>haloperidol lactate injection solution 5 mg/ml</i> (Haldol)	\$0 (Tier 1)	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	\$0 (Tier 1)	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	\$0 (Tier 1)	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	\$0 - \$8.35 (Tier 2)	NM; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	\$0 - \$8.35 (Tier 2)	NM; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	\$0 - \$8.35 (Tier 2)	NM; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	\$0 - \$8.35 (Tier 2)	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	\$0 - \$8.35 (Tier 2)	NM; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	\$0 - \$8.35 (Tier 2)	NM; QL (0.875 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	\$0 - \$8.35 (Tier 2)	NM; QL (1.315 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	\$0 - \$8.35 (Tier 2)	NM; QL (1.75 per 84 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	\$0 - \$8.35 (Tier 2)	NM; QL (2.625 per 84 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	\$0 - \$8.35 (Tier 2)	QL (30 per 30 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	\$0 (Tier 1)	
<i>molindone oral tablet 10 mg</i>	\$0 (Tier 1)	QL (240 per 30 days)
<i>molindone oral tablet 25 mg</i>	\$0 (Tier 1)	QL (270 per 30 days)
<i>molindone oral tablet 5 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (30 per 30 days)
NUPLAZID ORAL TABLET 17 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (60 per 30 days)
<i>olanzapine intramuscular recon soln 10 mg (Zyprexa)</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg (Zyprexa)</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg (Zyprexa Zydis)</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg (Invega)</i>	\$0 (Tier 1)	NM; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg (Invega)</i>	\$0 (Tier 1)	NM; QL (60 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	
<i>pimozide oral tablet 1 mg, 2 mg (Orap)</i>	\$0 (Tier 1)	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg (Seroquel)</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 50 mg (Seroquel XR)</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg (Seroquel XR)</i>	\$0 (Tier 1)	QL (60 per 30 days)
REXULTI ORAL TABLET 0.25 MG	\$0 - \$8.35 (Tier 2)	ST; NM; QL (120 per 30 days)
REXULTI ORAL TABLET 0.5 MG	\$0 - \$8.35 (Tier 2)	ST; NM; QL (60 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
REXULTI ORAL TABLET 1 MG, 2 MG, 3 MG, 4 MG	\$0 - \$8.35 (Tier 2)	ST; NM; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	\$0 - \$8.35 (Tier 2)	QL (4 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML	\$0 - \$8.35 (Tier 2)	NM; QL (4 per 28 days)
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	\$0 (Tier 1)	QL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	\$0 (Tier 1)	QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 3 mg, 4 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	\$0 - \$8.35 (Tier 2)	ST; NM; QL (60 per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	\$0 - \$8.35 (Tier 2)	ST; NM; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	\$0 - \$8.35 (Tier 2)	ST; NM; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE, DOSE PACK 1.5 MG (1)- 3 MG (6)	\$0 - \$8.35 (Tier 2)	ST; QL (7 per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	\$0 (Tier 1)	QL (60 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	\$0 - \$8.35 (Tier 2)	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	\$0 - \$8.35 (Tier 2)	NM; QL (2 per 28 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	\$0 - \$8.35 (Tier 2)	NM; QL (1 per 28 days)
Antivirals (Systemic)		
Antiretrovirals		
<i>abacavir oral solution 20 mg/ml</i>	(Ziagen)	\$0 (Tier 1)
<i>abacavir oral tablet 300 mg</i>	(Ziagen)	\$0 (Tier 1)
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	(Epzicom)	\$0 (Tier 1) NM
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	(Trizivir)	\$0 (Tier 1) NM
APTIVUS ORAL CAPSULE 250 MG	\$0 - \$8.35 (Tier 2)	NM
APTIVUS ORAL SOLUTION 100 MG/ML	\$0 - \$8.35 (Tier 2)	
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	(Reyataz)	\$0 (Tier 1) NM
ATRIPLA ORAL TABLET 600-200-300 MG	\$0 - \$8.35 (Tier 2)	NM
BIKTARVY ORAL TABLET 50-200-25 MG	\$0 - \$8.35 (Tier 2)	NM
CIMDUO ORAL TABLET 300-300 MG	\$0 - \$8.35 (Tier 2)	NM
COMPLERA ORAL TABLET 200-25-300 MG	\$0 - \$8.35 (Tier 2)	NM
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	\$0 - \$8.35 (Tier 2)	
DELSTRIGO ORAL TABLET 100-300-300 MG	\$0 - \$8.35 (Tier 2)	NM
DESCOVY ORAL TABLET 200-25 MG	\$0 - \$8.35 (Tier 2)	NM
<i>didanosine oral capsule, delayed release (drlc) 125 mg, 200 mg, 250 mg, 400 mg</i>	(Videx EC)	\$0 (Tier 1)
EDURANT ORAL TABLET 25 MG	\$0 - \$8.35 (Tier 2)	NM
<i>efavirenz oral capsule 200 mg</i>	(Sustiva)	\$0 (Tier 1) NM
<i>efavirenz oral capsule 50 mg</i>	(Sustiva)	\$0 (Tier 1)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>efavirenz oral tablet 600 mg</i> (Sustiva)	\$0 (Tier 1)	NM
EMTRIVA ORAL CAPSULE 200 MG	\$0 - \$8.35 (Tier 2)	
EMTRIVA ORAL SOLUTION 10 MG/ML	\$0 - \$8.35 (Tier 2)	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	\$0 - \$8.35 (Tier 2)	
EVOTAZ ORAL TABLET 300-150 MG	\$0 - \$8.35 (Tier 2)	NM
<i>fosamprenavir oral tablet 700 mg</i> (Lexiva)	\$0 (Tier 1)	NM
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	\$0 - \$8.35 (Tier 2)	NM
GENVOYA ORAL TABLET 150-150-200-10 MG	\$0 - \$8.35 (Tier 2)	NM
INTELENCE ORAL TABLET 100 MG, 200 MG	\$0 - \$8.35 (Tier 2)	NM
INTELENCE ORAL TABLET 25 MG	\$0 - \$8.35 (Tier 2)	
INVIRASE ORAL CAPSULE 200 MG	\$0 - \$8.35 (Tier 2)	NM
INVIRASE ORAL TABLET 500 MG	\$0 - \$8.35 (Tier 2)	NM
ISENTRESS HD ORAL TABLET 600 MG	\$0 - \$8.35 (Tier 2)	NM
ISENTRESS ORAL POWDER IN PACKET 100 MG	\$0 - \$8.35 (Tier 2)	
ISENTRESS ORAL TABLET 400 MG	\$0 - \$8.35 (Tier 2)	NM
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	\$0 - \$8.35 (Tier 2)	
JULUCA ORAL TABLET 50-25 MG	\$0 - \$8.35 (Tier 2)	NM
KALETRA ORAL TABLET 100-25 MG	\$0 - \$8.35 (Tier 2)	
KALETRA ORAL TABLET 200-50 MG	\$0 - \$8.35 (Tier 2)	NM
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>lamivudine oral tablet 100 mg</i> (Epivir HBV)	\$0 (Tier 1)	
<i>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir)	\$0 (Tier 1)	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i> (Combivir)	\$0 (Tier 1)	
LEXIVA ORAL SUSPENSION 50 MG/ML	\$0 - \$8.35 (Tier 2)	
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	\$0 (Tier 1)	
<i>nevirapine oral suspension 50 mg/5 ml</i> (Viramune)	\$0 (Tier 1)	
<i>nevirapine oral tablet 200 mg</i> (Viramune)	\$0 (Tier 1)	
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i> (Viramune XR)	\$0 (Tier 1)	
NORVIR ORAL CAPSULE 100 MG	\$0 - \$8.35 (Tier 2)	
NORVIR ORAL POWDER IN PACKET 100 MG	\$0 - \$8.35 (Tier 2)	
NORVIR ORAL SOLUTION 80 MG/ML	\$0 - \$8.35 (Tier 2)	
ODEFSEY ORAL TABLET 200-25-25 MG	\$0 - \$8.35 (Tier 2)	NM
PIFELTRO ORAL TABLET 100 MG	\$0 - \$8.35 (Tier 2)	NM
PREZCOBIX ORAL TABLET 800-150 MG-MG	\$0 - \$8.35 (Tier 2)	NM
PREZISTA ORAL SUSPENSION 100 MG/ML	\$0 - \$8.35 (Tier 2)	
PREZISTA ORAL TABLET 150 MG, 75 MG	\$0 - \$8.35 (Tier 2)	
PREZISTA ORAL TABLET 600 MG, 800 MG	\$0 - \$8.35 (Tier 2)	NM
RESCRIPTOR ORAL TABLET 200 MG	\$0 - \$8.35 (Tier 2)	
RESCRIPTOR ORAL TABLET, DISPERSIBLE 100 MG	\$0 - \$8.35 (Tier 2)	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	\$0 - \$8.35 (Tier 2)	
REYATAZ ORAL POWDER IN PACKET 50 MG	\$0 - \$8.35 (Tier 2)	NM

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>ritonavir oral tablet 100 mg</i> (Norvir)	\$0 (Tier 1)	
SELZENTRY ORAL SOLUTION 20 MG/ML	\$0 - \$8.35 (Tier 2)	
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	\$0 - \$8.35 (Tier 2)	NM
SELZENTRY ORAL TABLET 25 MG	\$0 - \$8.35 (Tier 2)	
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i> (Zerit)	\$0 (Tier 1)	
<i>stavudine oral recon soln 1 mg/ml</i> (Zerit)	\$0 (Tier 1)	
STRIBILD ORAL TABLET 150-150-200-300 MG	\$0 - \$8.35 (Tier 2)	NM
SYMFI LO ORAL TABLET 400-300-300 MG	\$0 - \$8.35 (Tier 2)	NM
SYMFI ORAL TABLET 600-300-300 MG	\$0 - \$8.35 (Tier 2)	NM
SYMTUZA ORAL TABLET 800-150-200-10 MG	\$0 - \$8.35 (Tier 2)	NM
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	\$0 (Tier 1)	NM
TIVICAY ORAL TABLET 10 MG	\$0 - \$8.35 (Tier 2)	
TIVICAY ORAL TABLET 25 MG, 50 MG	\$0 - \$8.35 (Tier 2)	NM
TRIUMEQ ORAL TABLET 600-50-300 MG	\$0 - \$8.35 (Tier 2)	NM
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	\$0 - \$8.35 (Tier 2)	NM
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	\$0 - \$8.35 (Tier 2)	NM
VEMLIDY ORAL TABLET 25 MG	\$0 - \$8.35 (Tier 2)	NM; QL (30 per 30 days)
VIDEX 2 GM PEDIATRIC SOLN 10 MG/ML (FINAL)	\$0 - \$8.35 (Tier 2)	
VIDEX 4 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)	\$0 - \$8.35 (Tier 2)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
VIDEX EC ORAL CAPSULE, DELAYED RELEASE (DR/EC) 125 MG	\$0 - \$8.35 (Tier 2)	
VIRACEPT ORAL TABLET 250 MG, 625 MG	\$0 - \$8.35 (Tier 2)	
VIRAMUNE ORAL SUSPENSION 50 MG/5 ML	\$0 - \$8.35 (Tier 2)	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	\$0 - \$8.35 (Tier 2)	NM
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	\$0 - \$8.35 (Tier 2)	NM
ZERIT ORAL RECON SOLN 1 MG/ML	\$0 - \$8.35 (Tier 2)	
<i>zidovudine oral capsule 100 mg</i>	(Retrovir)	\$0 (Tier 1)
<i>zidovudine oral syrup 10 mg/ml</i>	(Retrovir)	\$0 (Tier 1)
<i>zidovudine oral tablet 300 mg</i>		\$0 (Tier 1)
Antivirals, Miscellaneous		
<i>foscarnet intravenous solution 24 mg/ml</i>	(Foscavir)	\$0 (Tier 1) PA BvD
<i>oseltamivir oral capsule 30 mg</i>	(Tamiflu)	\$0 (Tier 1) QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg</i>	(Tamiflu)	\$0 (Tier 1) QL (48 per 180 days)
<i>oseltamivir oral capsule 75 mg</i>	(Tamiflu)	\$0 (Tier 1) QL (42 per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	(Tamiflu)	\$0 (Tier 1) QL (540 per 180 days)
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML	\$0 - \$8.35 (Tier 2)	PA; NM; QL (336 per 28 days)
PREVYMIS INTRAVENOUS SOLUTION 480 MG/24 ML	\$0 - \$8.35 (Tier 2)	PA; NM; QL (672 per 28 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (28 per 28 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	\$0 - \$8.35 (Tier 2)	
<i>rimantadine oral tablet 100 mg</i>	(Flumadine)	\$0 (Tier 1)
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	\$0 - \$8.35 (Tier 2)	PA; NM

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
Hcv Antivirals		
DAKLINZA ORAL TABLET 30 MG, 60 MG, 90 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (28 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (28 per 28 days)
HARVONI ORAL TABLET 90-400 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (30 per 30 days)
MAVYRET ORAL TABLET 100-40 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (84 per 28 days)
OLYSIO ORAL CAPSULE 150 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (28 per 28 days)
SOVALDI ORAL TABLET 400 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (28 per 28 days)
TECHNIVIE ORAL TABLET 12.5-75-50 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (56 per 28 days)
VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (112 per 28 days)
VIEKIRA XR ORAL TABLET, IR - ER, BIPHASIC 24HR 8.33 MG-50 MG-33.33 MG-200 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (84 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (28 per 28 days)
ZEPATIER ORAL TABLET 50-100 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (30 per 30 days)
Interferons		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	\$0 - \$8.35 (Tier 2)	PA NSO; NM
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	\$0 - \$8.35 (Tier 2)	PA NSO; NM
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 135 MCG/0.5 ML, 180 MCG/0.5 ML	\$0 - \$8.35 (Tier 2)	NM
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	\$0 - \$8.35 (Tier 2)	NM

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	\$0 - \$8.35 (Tier 2)	NM
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	\$0 - \$8.35 (Tier 2)	NM
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (4 per 28 days)
Nucleosides And Nucleotides		
<i>acyclovir 1,000 mg/20 ml vial 10's, latex-free, sdv 50 mg/ml</i>	\$0 - \$8.35 (Tier 2)	PA BvD; NM
<i>acyclovir oral capsule 200 mg</i> (Zovirax)	\$0 (Tier 1)	
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	\$0 (Tier 1)	
<i>acyclovir oral tablet 400 mg, 800 mg</i> (Zovirax)	\$0 (Tier 1)	
<i>acyclovir sodium intravenous recon soln 500 mg</i>	\$0 - \$8.35 (Tier 2)	PA BvD; NM
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	\$0 (Tier 1)	PA BvD
<i>adefovir oral tablet 10 mg</i> (Hepsera)	\$0 (Tier 1)	NM
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	\$0 (Tier 1)	NM
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>ganciclovir sodium intravenous recon soln 500 mg</i> (Cytovene)	\$0 (Tier 1)	PA BvD
<i>ganciclovir sodium intravenous solution 50 mg/ml</i>	\$0 (Tier 1)	PA BvD
<i>ribasphere oral capsule 200 mg</i>	\$0 (Tier 1)	
<i>ribasphere oral tablet 200 mg, 400 mg, 600 mg</i>	\$0 (Tier 1)	
<i>ribavirin inhalation recon soln 6 gram</i> (Virazole)	\$0 (Tier 1)	PA BvD; NM
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	\$0 (Tier 1)	
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	\$0 (Tier 1)	NM
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
BEVYXXA ORAL CAPSULE 40 MG, 80 MG	\$0 - \$8.35 (Tier 2)	QL (43 per 42 days)
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT	\$0 - \$8.35 (Tier 2)	NM

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	\$0 - \$8.35 (Tier 2)	
ELIQUIS ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	\$0 - \$8.35 (Tier 2)	
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)	\$0 (Tier 1)	
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i> (Lovenox)	\$0 (Tier 1)	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i> (Arixtra)	\$0 (Tier 1)	NM
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	\$0 (Tier 1)	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	\$0 (Tier 1)	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml)</i>	\$0 (Tier 1)	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	\$0 (Tier 1)	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	\$0 (Tier 1)	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	\$0 (Tier 1)	
<i>heparin 25,000 unit/250 ml (100 unit/ml)- 0.45% nacl bag llf,inner,single-use 25,000 unit/250 ml</i>	\$0 (Tier 1)	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml</i>	\$0 (Tier 1)	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	\$0 (Tier 1)	
IPRIVASK SUBCUTANEOUS RECON SOLN 15 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (24 per 28 days)
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	\$0 - \$8.35 (Tier 2)	ST; QL (60 per 30 days)
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Coumadin)	\$0 (Tier 1)	
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	\$0 - \$8.35 (Tier 2)	
XARELTO ORAL TABLETS, DOSE PACK 15 MG (42)- 20 MG (9)	\$0 - \$8.35 (Tier 2)	
Blood Formation Modifiers		
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	\$0 - \$8.35 (Tier 2)	PA; NM
DOPTELET ORAL TABLET 20 MG, 20 MG (15 PACK)	\$0 - \$8.35 (Tier 2)	PA; NM
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	\$0 - \$8.35 (Tier 2)	PA; QL (12 per 28 days)
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	\$0 - \$8.35 (Tier 2)	NM
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	\$0 - \$8.35 (Tier 2)	NM
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	\$0 - \$8.35 (Tier 2)	PA; NM
LEUKINE INJECTION RECON SOLN 250 MCG	\$0 - \$8.35 (Tier 2)	NM
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 200 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	\$0 - \$8.35 (Tier 2)	PA; QL (0.6 per 28 days)
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	\$0 - \$8.35 (Tier 2)	NM
MULPLETA ORAL TABLET 3 MG	\$0 - \$8.35 (Tier 2)	PA; NM
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6ML	\$0 - \$8.35 (Tier 2)	NM
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	\$0 - \$8.35 (Tier 2)	NM

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	\$0 - \$8.35 (Tier 2)	NM
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	\$0 - \$8.35 (Tier 2)	NM
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	\$0 - \$8.35 (Tier 2)	PA; QL (12 per 28 days)
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML	\$0 - \$8.35 (Tier 2)	PA; NM; QL (12 per 28 days)
PROCRIT INJECTION SOLUTION 40,000 UNIT/ML	\$0 - \$8.35 (Tier 2)	PA; NM; QL (6 per 28 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (30 per 30 days)
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	\$0 - \$8.35 (Tier 2)	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	\$0 - \$8.35 (Tier 2)	PA; QL (6 per 28 days)
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	\$0 - \$8.35 (Tier 2)	ST; NM
Hematologic Agents, Miscellaneous		
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	\$0 (Tier 1)	
<i>anagrelide oral capsule 1 mg</i>	\$0 (Tier 1)	
<i>protamine intravenous solution 10 mg/ml</i>	\$0 (Tier 1)	
TAVALISSE ORAL TABLET 100 MG, 150 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (60 per 30 days)
<i>tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)</i> (Cyklokapron)	\$0 (Tier 1)	
<i>tranexamic acid oral tablet 650 mg</i> (Lysteda)	\$0 (Tier 1)	QL (30 per 30 days)
Platelet-Aggregation Inhibitors		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i> (Aggrenox)	\$0 (Tier 1)	
BRILINTA ORAL TABLET 60 MG, 90 MG	\$0 - \$8.35 (Tier 2)	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	\$0 (Tier 1)	
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
<i>pentoxifylline oral tablet extended release 400 mg</i>	\$0 (Tier 1)	
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	\$0 (Tier 1)	QL (30 per 30 days)
Caloric Agents		
Caloric Agents		
AMINOSYN 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	\$0 - \$8.35 (Tier 2)	PA BvD
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 7 %	\$0 - \$8.35 (Tier 2)	PA BvD
AMINOSYN 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	\$0 - \$8.35 (Tier 2)	PA BvD
AMINOSYN 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	\$0 - \$8.35 (Tier 2)	PA BvD
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	\$0 - \$8.35 (Tier 2)	PA BvD
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	\$0 - \$8.35 (Tier 2)	PA BvD
AMINOSYN II 7 % INTRAVENOUS PARENTERAL SOLUTION 7 %	\$0 - \$8.35 (Tier 2)	PA BvD
AMINOSYN II 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	\$0 - \$8.35 (Tier 2)	PA BvD
AMINOSYN II 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	\$0 - \$8.35 (Tier 2)	PA BvD
AMINOSYN M 3.5 % INTRAVENOUS PARENTERAL SOLUTION 3.5 %	\$0 - \$8.35 (Tier 2)	PA BvD
AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION 7 %	\$0 - \$8.35 (Tier 2)	PA BvD
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	\$0 - \$8.35 (Tier 2)	PA BvD

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	\$0 - \$8.35 (Tier 2)	PA BvD
AMINOSYN-RF 5.2 % INTRAVENOUS PARENTERAL SOLUTION 5.2 %	\$0 - \$8.35 (Tier 2)	PA BvD
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 - \$8.35 (Tier 2)	PA BvD
CLINIMIX 5%/D25W SULFITE-FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 - \$8.35 (Tier 2)	PA BvD
CLINIMIX 2.75%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	\$0 - \$8.35 (Tier 2)	PA BvD
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	\$0 - \$8.35 (Tier 2)	PA BvD
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	\$0 - \$8.35 (Tier 2)	PA BvD
CLINIMIX 4.25%-D20W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	\$0 - \$8.35 (Tier 2)	PA BvD
CLINIMIX 4.25%-D25W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	\$0 - \$8.35 (Tier 2)	PA BvD
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 - \$8.35 (Tier 2)	PA BvD
CLINIMIX E 2.75%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	\$0 - \$8.35 (Tier 2)	PA BvD
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	\$0 - \$8.35 (Tier 2)	PA BvD
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	\$0 - \$8.35 (Tier 2)	PA BvD

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
CLINIMIX E 4.25%/D25W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	\$0 - \$8.35 (Tier 2)	PA BvD
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	\$0 - \$8.35 (Tier 2)	PA BvD
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 - \$8.35 (Tier 2)	PA BvD
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 - \$8.35 (Tier 2)	PA BvD
CLINIMIX E 5%/D25W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 - \$8.35 (Tier 2)	PA BvD
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	\$0 - \$8.35 (Tier 2)	PA BvD
<i>cvs glucose 4 gram tablet chew assorted fruit 4 gram *</i> (Dex4 Glucose)	\$0 (Tier 4)	
<i>cvs glucose bits tablet chew 1 gram *</i>	\$0 (Tier 4)	
<i>cvs glucose liquid shot concord grape 15 gram/59 ml *</i> (Dex4 Glucose)	\$0 (Tier 4)	
<i>dex4 glucose 4 gm tablet chew grape flavor 4 gram *</i>	\$0 (Tier 4)	
<i>dex4 glucose 40% gel 40 % *</i>	\$0 (Tier 4)	
<i>dex4 glucose bits tablet chew 1 gram *</i>	\$0 (Tier 4)	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	\$0 (Tier 1)	PA BvD
<i>dextrose 20 % in water (d20w) intravenous parenteral solution 20 %</i>	\$0 (Tier 1)	PA BvD
<i>dextrose 25 % in water (d25w) intravenous syringe</i>	\$0 (Tier 1)	PA BvD
<i>dextrose 40 % in water (d40w) intravenous parenteral solution 40 %</i>	\$0 (Tier 1)	PA BvD
<i>dextrose 5 % in ringer's intravenous parenteral solution 5 %</i>	\$0 (Tier 1)	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>dextrose 5 % in water (d5w) intravenous piggyback 5 %</i>	\$0 (Tier 1)	
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	\$0 (Tier 1)	PA BvD
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	\$0 (Tier 1)	PA BvD
<i>dextrose 70 % in water (d70w) intravenous parenteral solution</i>	\$0 (Tier 1)	PA BvD
FREAMINE HBC 6.9 % INTRAVENOUS PARENTERAL SOLUTION 6.9 %	\$0 - \$8.35 (Tier 2)	PA BvD
FREAMINE III 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	\$0 - \$8.35 (Tier 2)	PA BvD
<i>gluco burst 40% gel 40 % *</i>	\$0 (Tier 4)	
<i>glucose 40% gel tropical fruit 40 % *</i>	\$0 (Tier 4)	
<i>glutose 15 gel 3's, outer, u-d 40 % *</i>	\$0 (Tier 4)	
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 %	\$0 - \$8.35 (Tier 2)	PA BvD
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	\$0 - \$8.35 (Tier 2)	PA BvD
KABIVEN INTRAVENOUS EMULSION 3.31-9.8-3.9 %	\$0 - \$8.35 (Tier 2)	PA BvD
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION 5.4 %	\$0 - \$8.35 (Tier 2)	PA BvD
NUTRILIPID INTRAVENOUS EMULSION 20 %	\$0 - \$8.35 (Tier 2)	PA BvD
PERIKABIVEN INTRAVENOUS EMULSION 2.36-6.8-3.5 %	\$0 - \$8.35 (Tier 2)	PA BvD
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	\$0 - \$8.35 (Tier 2)	PA BvD
PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	\$0 - \$8.35 (Tier 2)	PA BvD
PREMASOL 6 % INTRAVENOUS PARENTERAL SOLUTION 6 %	\$0 - \$8.35 (Tier 2)	PA BvD
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	\$0 - \$8.35 (Tier 2)	PA BvD

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	\$0 - \$8.35 (Tier 2)	PA BvD
<i>smoflipid intravenous emulsion 20 %</i>	\$0 - \$8.35 (Tier 2)	PA BvD
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	\$0 - \$8.35 (Tier 2)	PA BvD
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	\$0 - \$8.35 (Tier 2)	PA BvD
TROPHAMINE 6% INTRAVENOUS PARENTERAL SOLUTION 6 %	\$0 - \$8.35 (Tier 2)	PA BvD
<i>trueplus glucose 15 gram gel 15 gram/32 ml *</i>	\$0 (Tier 4)	
<i>trueplus glucose 15 gram gel cherry 15-400 gram-unit/42 ml *</i>	\$0 (Tier 4)	
Cardiovascular Agents		
Alpha-Adrenergic Agents		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	(Catapres) \$0 (Tier 1)	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i>	(Catapres-TTS-1) \$0 (Tier 1)	QL (4 per 28 days)
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i>	(Catapres-TTS-2) \$0 (Tier 1)	QL (4 per 28 days)
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i>	(Catapres-TTS-3) \$0 (Tier 1)	QL (8 per 28 days)
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	(Cardura) \$0 (Tier 1)	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (180 per 30 days)
<i>phenylephrine hcl injection solution 10 mg/ml</i>	(Vazculep) \$0 (Tier 1)	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	(Minipress) \$0 (Tier 1)	
Angiotensin II Receptor Antagonists		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	(Atacand) \$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>candesartan-hydrochlorothiazid oral tablet</i> (Atacand HCT) 16-12.5 mg, 32-12.5 mg, 32-25 mg	\$0 (Tier 1)	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG	\$0 - \$8.35 (Tier 2)	ST
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG	\$0 - \$8.35 (Tier 2)	ST
EDARBI ORAL TABLET 40 MG, 80 MG	\$0 - \$8.35 (Tier 2)	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	\$0 - \$8.35 (Tier 2)	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	\$0 - \$8.35 (Tier 2)	QL (60 per 30 days)
<i>irbesartan oral tablet</i> 150 mg, 300 mg, 75 mg (Avapro)	\$0 (Tier 1)	
<i>irbesartan-hydrochlorothiazide oral tablet</i> (Avalide) 150-12.5 mg, 300-12.5 mg	\$0 (Tier 1)	
<i>losartan oral tablet</i> 100 mg, 25 mg, 50 mg (Cozaar)	\$0 (Tier 1)	
<i>losartan-hydrochlorothiazide oral tablet</i> (Hyzaar) 100-12.5 mg, 100-25 mg, 50-12.5 mg	\$0 (Tier 1)	
<i>olmesartan oral tablet</i> 20 mg, 40 mg, 5 mg (Benicar)	\$0 (Tier 1)	
<i>olmesartan-amlodipin-hcthiiazid oral tablet</i> (Tribenzor) 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	\$0 (Tier 1)	
<i>olmesartan-hydrochlorothiazide oral tablet</i> (Benicar HCT) 20-12.5 mg, 40-12.5 mg, 40-25 mg	\$0 (Tier 1)	
<i>telmisartan oral tablet</i> 20 mg, 40 mg, 80 mg (Micardis)	\$0 (Tier 1)	
<i>valsartan oral tablet</i> 160 mg, 320 mg, 40 mg, 80 mg (Diovan)	\$0 (Tier 1)	
<i>valsartan-hydrochlorothiazide oral tablet</i> (Diovan HCT) 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	\$0 (Tier 1)	
Angiotensin-Converting Enzyme Inhibitors		
<i>benazepril oral tablet</i> 10 mg, 20 mg, 40 mg (Lotensin)	\$0 (Tier 1)	
<i>benazepril oral tablet</i> 5 mg	\$0 (Tier 1)	
<i>benazepril-hydrochlorothiazide oral tablet</i> (Lotensin HCT) 10-12.5 mg, 20-12.5 mg, 20-25 mg	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	\$0 (Tier 1)	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	\$0 (Tier 1)	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	\$0 (Tier 1)	
<i>enalaprilat intravenous solution 1.25 mg/ml</i>	\$0 (Tier 1)	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	\$0 (Tier 1)	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	\$0 (Tier 1)	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	\$0 (Tier 1)	
<i>lisinopril oral tablet 10 mg, 20 mg, 5 mg</i> (Prinivil)	\$0 (Tier 1)	
<i>lisinopril oral tablet 2.5 mg, 30 mg, 40 mg</i> (Zestril)	\$0 (Tier 1)	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	\$0 (Tier 1)	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	\$0 (Tier 1)	
<i>moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg</i>	\$0 (Tier 1)	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	\$0 (Tier 1)	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic)	\$0 (Tier 1)	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	\$0 (Tier 1)	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	\$0 (Tier 1)	
Antiarrhythmic Agents		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone)	\$0 (Tier 1)	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	\$0 (Tier 1)	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	\$0 (Tier 1)	
<i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2%), 50 mg/5 ml (1%)</i>	\$0 (Tier 1)	
<i>lidocaine in 5% dextrose (pf) intravenous parenteral solution 8 mg/ml (0.8%)</i>	\$0 (Tier 1)	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	\$0 (Tier 1)	
MULTAQ ORAL TABLET 400 MG	\$0 - \$8.35 (Tier 2)	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	\$0 (Tier 1)	
<i>procainamide injection solution 100 mg/ml, 500 mg/ml</i>	\$0 (Tier 1)	
<i>procainamide intravenous syringe 100 mg/ml</i>	\$0 (Tier 1)	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	\$0 (Tier 1)	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	\$0 (Tier 1)	
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	\$0 (Tier 1)	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	\$0 (Tier 1)	
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)	\$0 (Tier 1)	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	\$0 (Tier 1)	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i> (Ziac)	\$0 (Tier 1)	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	\$0 - \$8.35 (Tier 2)	
BYVALSON ORAL TABLET 5-80 MG	\$0 - \$8.35 (Tier 2)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	\$0 (Tier 1)	
<i>esmolol intravenous solution 100 mg/10 ml (10 mg/ml)</i> (Brevibloc)	\$0 (Tier 1)	PA BvD; NM
<i>labetalol intravenous solution 5 mg/ml</i>	\$0 (Tier 1)	
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	\$0 (Tier 1)	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	\$0 (Tier 1)	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	\$0 (Tier 1)	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg</i>	\$0 (Tier 1)	
<i>metoprolol ta-hydrochlorothiaz oral tablet 50-25 mg</i> (Lopressor HCT)	\$0 (Tier 1)	
<i>metoprolol tartrate intravenous solution 5 mg/5 ml</i> (Lopressor)	\$0 (Tier 1)	
<i>metoprolol tartrate intravenous syringe 5 mg/5 ml</i>	\$0 (Tier 1)	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	\$0 (Tier 1)	
<i>metoprolol tartrate oral tablet 25 mg</i>	\$0 (Tier 1)	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> (Corgard)	\$0 (Tier 1)	
<i>pindolol oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
<i>propranolol intravenous solution 1 mg/ml</i>	\$0 (Tier 1)	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	\$0 (Tier 1)	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	\$0 (Tier 1)	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	\$0 (Tier 1)	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	\$0 (Tier 1)	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	\$0 (Tier 1)	
<i>sotalol 120 mg tablet 120 mg</i> (Betapace)	\$0 (Tier 1)	
<i>sotalol af oral tablet 120 mg</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>sotalol oral tablet 160 mg, 240 mg, 80 mg</i> (Betapace)	\$0 (Tier 1)	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
Calcium-Channel Blocking Agents		
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	\$0 (Tier 1)	
<i>diltiazem hcl intravenous solution 5 mg/ml</i>	\$0 (Tier 1)	
<i>diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg</i>	\$0 (Tier 1)	
<i>diltiazem hcl oral capsule, extended release 24 hr 420 mg</i> (Tiazac)	\$0 (Tier 1)	
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cardizem CD)	\$0 (Tier 1)	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	\$0 (Tier 1)	
<i>diltiazem hcl oral tablet 90 mg</i>	\$0 (Tier 1)	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Cardizem LA)	\$0 (Tier 1)	
<i>dilt-xr oral capsule, ext. rel 24h degradable 120 mg, 180 mg, 240 mg</i>	\$0 (Tier 1)	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	\$0 (Tier 1)	
<i>taztia xt oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	\$0 (Tier 1)	
<i>verapamil intravenous syringe 2.5 mg/ml</i>	\$0 (Tier 1)	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i> (Verelan PM)	\$0 (Tier 1)	
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i> (Verelan)	\$0 (Tier 1)	
<i>verapamil oral tablet 120 mg, 80 mg</i> (Calan)	\$0 (Tier 1)	
<i>verapamil oral tablet 40 mg</i>	\$0 (Tier 1)	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i> (Calan SR)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
Cardiovascular Agents, Miscellaneous		
CORLANOR ORAL TABLET 5 MG, 7.5 MG	\$0 - \$8.35 (Tier 2)	PA; QL (60 per 30 days)
DEMSEER ORAL CAPSULE 250 MG	\$0 - \$8.35 (Tier 2)	NM
<i>digitek oral tablet 125 mcg</i>	\$0 (Tier 1)	PA-HRM; High Risk Med. PA Required for ages 65 and older and dose is greater than 125mcg per day; QL (30 per 30 days); AGE (Max 64 Years)
<i>digitek oral tablet 250 mcg</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>digox oral tablet 125 mcg</i>	\$0 (Tier 1)	PA-HRM; High Risk Med. PA Required for ages 65 and older and dose is greater than 125mcg per day; QL (30 per 30 days); AGE (Max 64 Years)
<i>digox oral tablet 250 mcg</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>digoxin 0.25 mg/ml syringe 250 mcg/ml</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>digoxin injection solution 250 mcg/ml</i> (Lanoxin)	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
DIGOXIN ORAL SOLUTION 50 MCG/ML	\$0 - \$8.35 (Tier 2)	PA-HRM; AGE (Max 64 Years)
<i>digoxin oral tablet 125 mcg</i> (Digitek)	\$0 (Tier 1)	PA-HRM; High Risk Med. PA Required for ages 65 and older and dose is greater than 125mcg per day; QL (30 per 30 days); AGE (Max 64 Years)
<i>digoxin oral tablet 250 mcg</i> (Digitek)	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i>	\$0 (Tier 1)	PA BvD
<i>dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml), 500 mg/40 ml (12.5 mg/ml)</i>	\$0 (Tier 1)	PA BvD
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/250 ml (3,200 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	\$0 (Tier 1)	PA BvD
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml), 400 mg/10 ml (40 mg/ml), 400 mg/5 ml (80 mg/ml), 800 mg/10 ml (80 mg/ml), 800 mg/5 ml (160 mg/ml)</i>	\$0 (Tier 1)	PA BvD
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)	\$0 (Tier 1)	Mylan generic preferred; QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i> (Auvi-Q)	\$0 (Tier 1)	Mylan generic preferred; QL (4 per 30 days)
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	\$0 (Tier 1)	QL (4 per 30 days)
EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	\$0 (Tier 1)	QL (4 per 30 days)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	\$0 (Tier 1)	QL (4 per 30 days)
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	\$0 - \$8.35 (Tier 2)	NM; QL (18 per 30 days)
<i>hydralazine injection solution 20 mg/ml</i>	\$0 (Tier 1)	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
LANOXIN ORAL TABLET 187.5 MCG	\$0 - \$8.35 (Tier 2)	PA-HRM; QL (30 per 30 days); AGE (Max 64 Years)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
LANOXIN ORAL TABLET 62.5 MCG	\$0 - \$8.35 (Tier 2)	PA-HRM; High Risk Med. PA Required for ages 65 and older and dose is greater than 125mcg per day; QL (60 per 30 days); AGE (Max 64 Years)
<i>milrinone in 5 % dextrose intravenous piggyback 20 mg/100 ml (200 mcg/ml), 40 mg/200 ml (200 mcg/ml)</i>	\$0 (Tier 1)	PA BvD; NM
<i>milrinone intravenous solution 1 mg/ml</i>	\$0 (Tier 1)	PA BvD; NM
<i>norepinephrine bitartrate intravenous solution 1 mg/ml</i>	\$0 (Tier 1)	PA BvD
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 1,000 MG, 500 MG	\$0 - \$8.35 (Tier 2)	
Dihydropyridines		
<i>afeditab cr oral tablet extended release 30 mg, 60 mg</i>	\$0 (Tier 1)	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	(Norvasc)
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	\$0 (Tier 1)	(Lotrel)
<i>amlodipine-benazepril oral capsule 2.5-10 mg</i>	\$0 (Tier 1)	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	\$0 (Tier 1)	(Azor)
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	\$0 (Tier 1)	(Exforge)
<i>amlodipine-valsartan-hctiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	\$0 (Tier 1)	(Exforge HCT)
CLEVIPREX INTRAVENOUS EMULSION 25 MG/50 ML, 50 MG/100 ML	\$0 - \$8.35 (Tier 2)	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL)	\$0 (Tier 1)	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i> (Adalat CC)	\$0 (Tier 1)	
Diuretics		
<i>amiloride oral tablet 5 mg</i>	\$0 (Tier 1)	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	\$0 (Tier 1)	
<i>bumetanide injection solution 0.25 mg/ml</i>	\$0 (Tier 1)	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>chlorothiazide sodium intravenous recon soln 500 mg</i> (Diuril IV)	\$0 (Tier 1)	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>furosemide injection solution 10 mg/ml</i>	\$0 (Tier 1)	
<i>furosemide injection syringe 10 mg/ml</i>	\$0 (Tier 1)	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	\$0 (Tier 1)	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	\$0 (Tier 1)	
<i>hydrochlorothiazide oral capsule 12.5 mg</i> (Microzide)	\$0 (Tier 1)	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	\$0 (Tier 1)	
JYNARQUE ORAL TABLETS, SEQUENTIAL 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	\$0 - \$8.35 (Tier 2)	PA; NM; QL (56 per 28 days)
<i>methyclothiazide oral tablet 5 mg</i>	\$0 (Tier 1)	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	\$0 (Tier 1)	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i> (Aldactazide)	\$0 (Tier 1)	
<i>toremide oral tablet 10 mg, 20 mg</i> (Demadex)	\$0 (Tier 1)	
<i>toremide oral tablet 100 mg, 5 mg</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i> (Dyazide)	\$0 (Tier 1)	
<i>triamterene-hydrochlorothiazid oral capsule 50-25 mg</i>	\$0 (Tier 1)	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i> (Maxzide-25mg)	\$0 (Tier 1)	
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i> (Maxzide)	\$0 (Tier 1)	
Dyslipidemics		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet)	\$0 (Tier 1)	
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	\$0 (Tier 1)	
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Lipitor)	\$0 (Tier 1)	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)	\$0 (Tier 1)	
<i>cholestyramine light oral powder 4 gram</i>	\$0 (Tier 1)	
<i>cholestyramine light packet 4 gram</i>	\$0 (Tier 1)	
<i>colestipol oral packet 5 gram</i> (Colestid)	\$0 (Tier 1)	
<i>colestipol oral tablet 1 gram</i> (Colestid)	\$0 (Tier 1)	
<i>cvs fish oil 1,000 mg softgel softgel 300-1,000 mg *</i>	\$0 (Tier 4)	
<i>cvs fish oil 1,200 mg softgel softgel 360-1,200 mg *</i>	\$0 (Tier 4)	
<i>cvs fish oil 1,200 mg softgel softgel, natural 360-1,200 mg *</i>	\$0 (Tier 4)	
<i>cvs niacin flush free 500 mg 400 mg niacin (500 mg) *</i>	\$0 (Tier 4)	
<i>cvs omega-3 gummy fish child, brain booster 100 mg *</i>	\$0 (Tier 4)	
<i>endur-acin er 250 mg tablet 250 mg *</i>	\$0 (Tier 4)	
<i>endur-acin er 500 mg tablet 500 mg *</i>	\$0 (Tier 4)	
<i>endur-acin er 750 mg tablet 750 mg *</i>	\$0 (Tier 4)	
<i>eql omega-3 fish oil 1,000 mg softgel 300-1,000 mg *</i> (Fish Oil)	\$0 (Tier 4)	
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	\$0 (Tier 1)	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor)	\$0 (Tier 1)	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	\$0 (Tier 1)	
<i>fenofibric acid (choline) oral capsule, delayed release (drlec) 135 mg, 45 mg</i> (Trilipix)	\$0 (Tier 1)	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i> (Fibricor)	\$0 (Tier 1)	
<i>fish oil 1,000 mg capsule 340-1,000 mg *</i>	\$0 (Tier 4)	
<i>fish oil 1,000 mg softgel 250-500-1,000 mg *</i>	\$0 (Tier 4)	
<i>fish oil 1,000 mg softgel slf, nalf, yeast free 300-1,000 mg *</i>	\$0 (Tier 4)	
<i>fish oil 1,000 mg softgel softgel, slf, plf 300-1,000 mg *</i>	\$0 (Tier 4)	
<i>fish oil 1,200 mg fish oil 1,200-144-216 mg *</i>	\$0 (Tier 4)	
<i>fish oil 1,200 mg softgel omega-3 360-1,200 mg *</i> (Fish Oil)	\$0 (Tier 4)	
<i>fish oil 500 mg softgel 120-180-500 mg, 183.3 mg-75 mg -91.6 mg-306 mg *</i>	\$0 (Tier 4)	
<i>fish oil 500 mg softgel softgel 60-90-500 mg *</i>	\$0 (Tier 4)	
<i>fish oil conc 1,000 mg softgel gluten-free, softgel 1,000 mg (120 mg-180 mg) *</i> (Fish Oil)	\$0 (Tier 4)	
<i>fish oil conc 1,000 mg softgel softgel, economy sz. 300-1,000 mg *</i> (Fish Oil)	\$0 (Tier 4)	
<i>fish oil concentrate softgel softgel, ex-strength 435-880 mg *</i>	\$0 (Tier 4)	
<i>fish oil dr 500 mg softgel 60-90-500 mg *</i>	\$0 (Tier 4)	
<i>fish oil ec 1,200 mg softgel softgel 360-1,200 mg *</i>	\$0 (Tier 4)	
<i>fish oil pearls softgel 150-400 mg, 180-400 mg, 300-400 mg *</i>	\$0 (Tier 4)	
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	\$0 (Tier 1)	
<i>gnp fish oil ec 1,000 mg sftgl softgel 300-1,000 mg *</i>	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>gnp niacin 400 mg capsule flush free 400 mg niacin (500 mg) *</i>	\$0 (Tier 4)	
JUXTAPID ORAL CAPSULE 10 MG, 30 MG, 40 MG, 60 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (30 per 30 days)
JUXTAPID ORAL CAPSULE 20 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (90 per 30 days)
JUXTAPID ORAL CAPSULE 5 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (45 per 30 days)
KYNAMRO SUBCUTANEOUS SYRINGE 200 MG/ML	\$0 - \$8.35 (Tier 2)	PA; NM; QL (4 per 28 days)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	\$0 - \$8.35 (Tier 2)	QL (30 per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	
<i>maxepa capsule 500 mg *</i>	\$0 (Tier 4)	
<i>niacin 100 mg tablet 100 mg *</i>	\$0 (Tier 4)	
<i>niacin 125 mg capsule sa (otc) 125 mg *</i>	\$0 (Tier 4)	
<i>niacin 250 mg tablet 250 mg *</i>	\$0 (Tier 4)	
<i>niacin 50 mg tablet 50 mg *</i>	\$0 (Tier 4)	
<i>niacin 500 mg capsule sa 500 mg *</i>	\$0 (Tier 4)	
<i>niacin 500 mg tablet 500 mg *</i>	(Niacor) \$0 (Tier 4)	
<i>niacin 750 mg tablet sa 750 mg *</i>	(Endur-Acin)	\$0 (Tier 4)
<i>niacin er 1,000 mg tablet 1,000 mg *</i>	\$0 (Tier 4)	
<i>niacin er 250 mg tablet slf, plf 250 mg *</i>	(Endur-Acin)	\$0 (Tier 4)
<i>niacin er 500 mg caplet 500 mg *</i>	(Endur-Acin)	\$0 (Tier 4)
<i>niacin flush-free 500 mg cap slf,plf,nalf 400 mg niacin (500 mg) *</i>	\$0 (Tier 4)	
<i>niacin inositol 500 mg capsule 400 mg niacin (500 mg) *</i>	(Niacin Flush Free)	\$0 (Tier 4)
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	(Niaspan Extended-Release)	\$0 (Tier 1)
<i>niacin sa 250 mg capsule (otc) 250 mg *</i>	\$0 (Tier 4)	
<i>niacin tr 500 mg caplet caplet 500 mg *</i>	(Endur-Acin)	\$0 (Tier 4)
<i>niacinamide 500 mg tablet 500 mg *</i>	(Niacin (niacinamide))	\$0 (Tier 4)
<i>niacor oral tablet 500 mg</i>	\$0 (Tier 1)	
<i>omega 3 1,000 mg softgel softgel 300-1,000 mg *</i>	(Fish Oil)	\$0 (Tier 4)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>omega 3 500 softgel softgel 500-1,000 mg *</i> (Ultra Omega-3)	\$0 (Tier 4)	
<i>omega 3 fish oil softgel 684-1,200 mg *</i>	\$0 (Tier 4)	
<i>omega-3 1,000 mg softgel softgel 1,000 mg *</i> (Fish Oil Concentrate)	\$0 (Tier 4)	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	\$0 (Tier 1)	QL (120 per 30 days)
<i>omega-3 fatty acids-fish oil oral capsule, delayed release(drlec) 360-1,200 mg *</i>	\$0 (Tier 4)	
OMEGA-3 FISH OIL 1,000 MG SFGL SOFTGEL, S/F 1,000 MG (120 MG-180 MG) * (Fish Oil)	\$0 (Tier 4)	
OMEGA-3 FISH OIL 1,000 MG SFTG S/F,P/F,Y/F,SOD/F 300-1,000 MG *	\$0 (Tier 4)	
<i>omega-3 fish oil 1,760 mg stgl 440-880 mg *</i>	\$0 (Tier 4)	
<i>omega-3 fish oil softgel softgel,s/f,plf 300-1,000 mg *</i>	\$0 (Tier 4)	
<i>omegamint fish oil 750 mg sfgl 100-150-750 mg *</i>	\$0 (Tier 4)	
<i>plain niacin 250 mg tablet 250 mg *</i>	\$0 (Tier 4)	
<i>plain niacin 500 mg tablet 500 mg *</i> (Niacor)	\$0 (Tier 4)	
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	\$0 - \$8.35 (Tier 2)	PA; NM; QL (2 per 28 days)
<i>pravastatin oral tablet 10 mg</i>	\$0 (Tier 1)	
<i>pravastatin oral tablet 20 mg, 40 mg, 80 mg</i> (Pravachol)	\$0 (Tier 1)	
<i>prevalite oral powder in packet 4 gram</i>	\$0 (Tier 1)	
<i>ra fish oil 1,000 mg softgel softgel,s/f,plf 300-500 mg *</i>	\$0 (Tier 4)	
<i>ra niacin 500 mg tablet no flush 500 mg *</i>	\$0 (Tier 4)	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	\$0 - \$8.35 (Tier 2)	PA; NM; QL (3.5 per 28 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	\$0 - \$8.35 (Tier 2)	PA; NM; QL (3 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	\$0 - \$8.35 (Tier 2)	PA; NM; QL (3 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)	\$0 (Tier 1)	
<i>sb fish oil 1,000 mg softgel 138-183-1,000 mg *</i>	\$0 (Tier 4)	
<i>sea-omega 1,000 mg softgel 200 mg-300 mg- 100 mg-1,000 mg *</i>	\$0 (Tier 4)	
<i>sea-omega 30 capsule plf,slf,gluten free 360-1,200 mg *</i>	\$0 (Tier 4)	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	\$0 (Tier 1)	
<i>simvastatin oral tablet 5 mg</i>	\$0 (Tier 1)	
<i>simvastatin oral tablet 80 mg</i> (Zocor)	\$0 (Tier 1)	QL (30 per 30 days)
<i>sm fish oil 554 mg softgel mini softgel 356 mg (100 mg- 256 mg)-554 mg *</i>	\$0 (Tier 4)	
<i>sm fish oil concentrate sfg 1,000 mg *</i>	\$0 (Tier 4)	
<i>super omega-3 softgel 1,000 mg *</i>	\$0 (Tier 4)	
SUPER TWIN EPA-DHA 1,250 MG 1,250 MG *	\$0 (Tier 4)	
<i>theromega softgel 250-350-1,000 mg *</i>	\$0 (Tier 4)	
<i>ultra omega-3 softgel 200 mg-300 mg- 100 mg-1,000 mg *</i>	\$0 (Tier 4)	
<i>ultra omega-3 softgel 500-1,000 mg *</i>	\$0 (Tier 4)	
VASCEPA ORAL CAPSULE 0.5 GRAM	\$0 - \$8.35 (Tier 2)	QL (240 per 30 days)
VASCEPA ORAL CAPSULE 1 GRAM	\$0 - \$8.35 (Tier 2)	QL (120 per 30 days)
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	\$0 (Tier 1)	
WELCHOL ORAL TABLET 625 MG	\$0 (Tier 1)	
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
TEKAMLO ORAL TABLET 150-10 MG, 150-5 MG, 300-10 MG, 300-5 MG	\$0 - \$8.35 (Tier 2)	ST
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	\$0 - \$8.35 (Tier 2)	ST
TEKTURNA ORAL TABLET 150 MG, 300 MG	\$0 - \$8.35 (Tier 2)	ST
Vasodilators		
BIDIL ORAL TABLET 20-37.5 MG	\$0 - \$8.35 (Tier 2)	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	\$0 (Tier 1)	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)	\$0 (Tier 1)	
<i>isosorbide dinitrate oral tablet extended release 40 mg</i> (ISOCHRON)	\$0 (Tier 1)	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	\$0 (Tier 1)	
<i>minitran transdermal patch 24 hour 0.1 mg/1hr, 0.2 mg/1hr, 0.6 mg/1hr</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>minitran transdermal patch 24 hour 0.4 mg/1hr</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	\$0 (Tier 1)	
NITRO-BID TRANSDERMAL OINTMENT 2 %	\$0 (Tier 1)	
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 200 mg/500 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml), 50 mg/500 ml (100 mcg/ml)</i>	\$0 (Tier 1)	
<i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	\$0 (Tier 1)	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	\$0 (Tier 1)	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/1hr, 0.2 mg/1hr, 0.6 mg/1hr</i> (Minitran)	\$0 (Tier 1)	QL (30 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>nitroglycerin transdermal patch 24 hour 0.4 mg/hr</i> (Minitran)	\$0 (Tier 1)	QL (60 per 30 days)
Central Nervous System Agents		
Central Nervous System Agents		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (60 per 30 days)
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i> (Strattera)	\$0 (Tier 1)	
AUBAGIO ORAL TABLET 14 MG, 7 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (28 per 28 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (60 per 30 days)
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT 30 MCG	\$0 - \$8.35 (Tier 2)	PA; NM
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	\$0 - \$8.35 (Tier 2)	PA; NM
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	\$0 - \$8.35 (Tier 2)	PA; NM
BETASERON SUBCUTANEOUS KIT 0.3 MG	\$0 - \$8.35 (Tier 2)	PA; NM
<i>caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml)</i> (Cafcit)	\$0 (Tier 1)	
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	\$0 (Tier 1)	
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	\$0 (Tier 1)	PA; NM; QL (60 per 30 days)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin)	\$0 (Tier 1)	QL (60 per 30 days)
<i>dextroamphetamine oral tablet 10 mg, 5 mg</i> (Zenedi)	\$0 (Tier 1)	QL (180 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)	\$0 (Tier 1)	QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)	\$0 (Tier 1)	QL (60 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	\$0 (Tier 1)	QL (60 per 30 days)
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	\$0 - \$8.35 (Tier 2)	PA; NM
<i>flumazenil intravenous solution 0.1 mg/ml</i>	\$0 (Tier 1)	
GILENYA ORAL CAPSULE 0.25 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (30 per 30 days)
GILENYA ORAL CAPSULE 0.5 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (28 per 28 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i> (Copaxone)	\$0 (Tier 1)	PA; NM; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i> (Copaxone)	\$0 (Tier 1)	PA; NM; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	\$0 (Tier 1)	PA; NM; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	\$0 (Tier 1)	PA; NM; QL (12 per 28 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	\$0 (Tier 1)	
INGREZZA ORAL CAPSULE 40 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (60 per 30 days)
INGREZZA ORAL CAPSULE 80 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (30 per 30 days)
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML	\$0 - \$8.35 (Tier 2)	PA; NM
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	\$0 (Tier 1)	
<i>lithium carbonate oral tablet 300 mg</i>	\$0 (Tier 1)	
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	\$0 (Tier 1)	
<i>lithium carbonate oral tablet extended release 450 mg</i>	\$0 (Tier 1)	
<i>lithium citrate oral solution 8 meq/5 ml</i>	\$0 (Tier 1)	
<i>lomaira 8 mg tablet 8 mg *</i>	\$0 (Tier 3)	PA; QL (90 per 30 days)
<i>methylphenidate er 18 mg tab 18 mg</i> (Concerta)	\$0 (Tier 1)	QL (30 per 30 days)
<i>methylphenidate er 27 mg tab 27 mg</i> (Concerta)	\$0 (Tier 1)	QL (30 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>methylphenidate er 36 mg tab 36 mg</i> (Concerta)	\$0 (Tier 1)	QL (60 per 30 days)
<i>methylphenidate er 54 mg tab 54 mg</i> (Concerta)	\$0 (Tier 1)	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 20 mg, 40 mg</i> (Ritalin LA)	\$0 (Tier 1)	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 30 mg</i> (Ritalin LA)	\$0 (Tier 1)	QL (60 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 60 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin)	\$0 (Tier 1)	QL (900 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	\$0 (Tier 1)	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i> (Concerta)	\$0 (Tier 1)	QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i> (Concerta)	\$0 (Tier 1)	QL (60 per 30 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	\$0 - \$8.35 (Tier 2)	PA NSO; QL (60 per 30 days)
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	\$0 - \$8.35 (Tier 2)	PA; NM; QL (20 per 180 days)
<i>phentermine 15 mg capsule 15 mg *</i>	\$0 (Tier 3)	PA; QL (30 per 30 days)
<i>phentermine 30 mg capsule pelletized 30 mg *</i>	\$0 (Tier 3)	PA; QL (30 per 30 days)
<i>phentermine 37.5 mg capsule 37.5 mg *</i> (Adipex-P)	\$0 (Tier 3)	PA; QL (30 per 30 days)
<i>phentermine 37.5 mg tablet 37.5 mg *</i> (Adipex-P)	\$0 (Tier 3)	PA; QL (30 per 30 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	\$0 - \$8.35 (Tier 2)	PA; NM

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	\$0 - \$8.35 (Tier 2)	PA; NM
RADICAVA INTRAVENOUS PIGGYBACK 30 MG/100 ML	\$0 - \$8.35 (Tier 2)	PA; NM; QL (2800 per 28 days)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	\$0 - \$8.35 (Tier 2)	PA; NM
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	\$0 - \$8.35 (Tier 2)	PA; NM
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	\$0 - \$8.35 (Tier 2)	PA; NM
<i>riluzole oral tablet 50 mg</i> (Rilutek)	\$0 (Tier 1)	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	\$0 - \$8.35 (Tier 2)	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	\$0 - \$8.35 (Tier 2)	QL (60 per 30 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (14 per 30 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46), 240 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (60 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)	\$0 (Tier 1)	PA; NM; QL (112 per 28 days)
Contraceptives		
Contraceptives		
<i>aftera 1.5 mg tablet 1.5 mg *</i>	\$0 (Tier 4)	QL (6 per 365 days)
AIMSCO LATEX CONDOM *	\$0 (Tier 4)	
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)	
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	\$0 (Tier 1)	
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>amethia lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	\$0 (Tier 1)	QL (91 per 84 days)
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	\$0 (Tier 1)	QL (91 per 84 days)
<i>apri oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)	
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	\$0 (Tier 1)	
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	\$0 (Tier 1)	
<i>aubra oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0 (Tier 1)	
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	\$0 (Tier 1)	
<i>bekyree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0 (Tier 1)	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	\$0 (Tier 1)	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	\$0 (Tier 1)	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	\$0 (Tier 1)	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	\$0 (Tier 1)	
<i>camila oral tablet 0.35 mg</i>	\$0 (Tier 1)	
<i>camrese lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	\$0 (Tier 1)	QL (91 per 84 days)
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	\$0 (Tier 1)	QL (91 per 84 days)
<i>caziant (28) oral tablet 0.11.125/1.15-25 mg-mcg</i>	\$0 (Tier 1)	
CONDOMS LUBRICATED *	\$0 (Tier 4)	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	\$0 (Tier 1)	
<i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i>	\$0 (Tier 1)	
<i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	\$0 (Tier 1)	
<i>cyred oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	\$0 (Tier 1)	
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	\$0 (Tier 1)	QL (91 per 84 days)
<i>deblitane oral tablet 0.35 mg</i>	\$0 (Tier 1)	
<i>delyla (28) oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>desog-e.estradiolle.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5 (Azurette (28))</i>	\$0 (Tier 1)	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg (Apri)</i>	\$0 (Tier 1)	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg (Gianvi (28))</i>	\$0 (Tier 1)	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg (Ocella)</i>	\$0 (Tier 1)	
<i>econtra ez 1.5 mg tablet outer 1.5 mg *</i>	\$0 (Tier 4)	QL (6 per 365 days)
<i>elinest oral tablet 0.3-30 mg-mcg</i>	\$0 (Tier 1)	
ELLA ORAL TABLET 30 MG	\$0 - \$8.35 (Tier 2)	QL (6 per 365 days)
<i>emoquette oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)	
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	\$0 (Tier 1)	
<i>enskyce oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)	
<i>errin oral tablet 0.35 mg</i>	\$0 (Tier 1)	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	\$0 (Tier 1)	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg (Kelnor 1/35 (28))</i>	\$0 (Tier 1)	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg (Kelnor 1-50)</i>	\$0 (Tier 1)	
<i>fallback solo 1.5 mg tablet outer 1.5 mg *</i>	\$0 (Tier 4)	QL (6 per 365 days)
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)	
FANTASY CONDOM *	\$0 (Tier 4)	
<i>femynor oral tablet 0.25-35 mg-mcg</i>	\$0 (Tier 1)	
<i>gianvi (28) oral tablet 3-0.02 mg</i>	\$0 (Tier 1)	
<i>gildagia oral tablet 0.4-35 mg-mcg</i>	\$0 (Tier 1)	
GYNOL II 3% GEL 3 % *	\$0 (Tier 4)	
<i>heather oral tablet 0.35 mg</i>	\$0 (Tier 1)	
<i>incassia oral tablet 0.35 mg</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg</i>	\$0 (Tier 1)	QL (91 per 84 days)
<i>isibloom oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)	
<i>jencycla oral tablet 0.35 mg</i>	\$0 (Tier 1)	
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg</i>	\$0 (Tier 1)	QL (91 per 84 days)
<i>jolivette oral tablet 0.35 mg</i>	\$0 (Tier 1)	
<i>juleber oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	\$0 (Tier 1)	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	\$0 (Tier 1)	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	\$0 (Tier 1)	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	\$0 (Tier 1)	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0 (Tier 1)	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	\$0 (Tier 1)	
<i>kelnor 1-50 oral tablet 1-50 mg-mcg</i>	\$0 (Tier 1)	
<i>kimidess (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0 (Tier 1)	
KIMONO CONDOMS *	\$0 (Tier 4)	
KIMONO MAXX CONDOM *	\$0 (Tier 4)	
KIMONO MICROTHIN AQUA LUBE *	\$0 (Tier 4)	
KIMONO MICROTHIN CONDOM *	\$0 (Tier 4)	
KIMONO MICROTHIN LARGE CONDOM *	\$0 (Tier 4)	
KIMONO TEXTURED CONDOM *	\$0 (Tier 4)	
<i>kurvelo oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)	
<i>l norgest/le.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i> (Amethia Lo)	\$0 (Tier 1)	QL (91 per 84 days)
<i>l norgest/le.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i> (Fayosim)	\$0 (Tier 1)	QL (91 per 84 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (Amethia)	\$0 (Tier 1)	QL (91 per 84 days)
<i>larin 1.5/30 (21) oral tablet 1.5-30 mcg</i>	\$0 (Tier 1)	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	\$0 (Tier 1)	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	\$0 (Tier 1)	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	\$0 (Tier 1)	
<i>larissia oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	\$0 (Tier 1)	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	\$0 (Tier 1)	
<i>levonorgestrel 1.5 mg tablet (otc) 1.5 mg *</i> (Aftera)	\$0 (Tier 4)	QL (6 per 365 days)
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg</i> (Aubra)	\$0 (Tier 1)	
<i>levonorgestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i> (Altavera (28))	\$0 (Tier 1)	QL (91 per 84 days)
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg</i> (Introvale)	\$0 (Tier 1)	QL (91 per 84 days)
<i>levonorg-eth estradiol triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (Enpresse)	\$0 (Tier 1)	QL (91 per 84 days)
<i>levora-28 oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)	
<i>lillow oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)	
<i>lomedica 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	\$0 (Tier 1)	
<i>loryna (28) oral tablet 3-0.02 mg</i>	\$0 (Tier 1)	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	\$0 (Tier 1)	
<i>luteria (28) oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>lyza oral tablet 0.35 mg</i>	\$0 (Tier 1)	
<i>marlissa oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	\$0 (Tier 1)	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	\$0 (Tier 1)	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	\$0 (Tier 1)	
<i>mili oral tablet 0.25-35 mg-mcg</i>	\$0 (Tier 1)	
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	\$0 (Tier 1)	
<i>mononessa (28) oral tablet 0.25-35 mg-mcg</i>	\$0 (Tier 1)	
<i>my choice 1.5 mg tablet 1.5 mg *</i>	\$0 (Tier 4)	QL (6 per 365 days)
<i>my way 1.5 mg tablet (otc) 1.5 mg *</i>	\$0 (Tier 4)	QL (6 per 365 days)
<i>myzilra oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	\$0 (Tier 1)	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	\$0 (Tier 1)	
<i>necon 1/50 (28) oral tablet 1-50 mg-mcg</i>	\$0 (Tier 1)	
<i>necon 10/11 (28) oral tablet 0.5-35/1-35 mg-mcg/mg-mcg</i>	\$0 (Tier 1)	
<i>necon 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	\$0 (Tier 1)	
<i>new day 1.5 mg tablet 1.5 mg *</i>	\$0 (Tier 4)	QL (6 per 365 days)
<i>next choice one dose 1.5 mg tb (otc) 1.5 mg *</i>	\$0 (Tier 4)	QL (6 per 365 days)
<i>nikki (28) oral tablet 3-0.02 mg</i>	\$0 (Tier 1)	
<i>nora-be oral tablet 0.35 mg</i>	\$0 (Tier 1)	
<i>norethindrone (contraceptive) oral tablet 0.35 mg (Camila)</i>	\$0 (Tier 1)	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg (Junel 1/20 (21))</i>	\$0 (Tier 1)	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7) (Blisovi Fe 1/20 (28))</i>	\$0 (Tier 1)	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4) (Blisovi 24 Fe)</i>	\$0 (Tier 1)	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg (Ortho Tri-Cyclen LO (28))</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (Ortho Tri-Cyclen (28))	\$0 (Tier 1)	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i> (Estarylla)	\$0 (Tier 1)	
<i>norlyda oral tablet 0.35 mg</i>	\$0 (Tier 1)	
<i>norlyroc oral tablet 0.35 mg</i>	\$0 (Tier 1)	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	\$0 (Tier 1)	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	\$0 (Tier 1)	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	\$0 (Tier 1)	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	\$0 (Tier 1)	
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	\$0 - \$8.35 (Tier 2)	QL (1 per 28 days)
<i>ocella oral tablet 3-0.03 mg</i>	\$0 (Tier 1)	
<i>ogestrel (28) oral tablet 0.5-50 mg-mcg</i>	\$0 (Tier 1)	
<i>opcicon one-step 1.5 mg tablet 1.5 mg *</i>	\$0 (Tier 4)	QL (6 per 365 days)
<i>option 2 1.5 mg tablet 1.5 mg *</i>	\$0 (Tier 4)	QL (6 per 365 days)
<i>orsythia oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>philith oral tablet 0.4-35 mg-mcg</i>	\$0 (Tier 1)	
<i>pimtreea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0 (Tier 1)	
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg</i>	\$0 (Tier 1)	
<i>portia oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)	
<i>previfem oral tablet 0.25-35 mg-mcg</i>	\$0 (Tier 1)	
<i>quasense oral tablets,dose pack,3 month 0.15 mg-30 mcg</i>	\$0 (Tier 1)	QL (91 per 84 days)
<i>react 1.5 mg tablet 1.5 mg *</i>	\$0 (Tier 4)	QL (6 per 365 days)
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg</i>	\$0 (Tier 1)	QL (91 per 84 days)
<i>sharobel oral tablet 0.35 mg</i>	\$0 (Tier 1)	
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	\$0 (Tier 1)	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>syeda oral tablet 3-0.03 mg</i>	\$0 (Tier 1)	
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	\$0 (Tier 1)	
<i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	\$0 (Tier 1)	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	\$0 (Tier 1)	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	\$0 (Tier 1)	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	\$0 (Tier 1)	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	\$0 (Tier 1)	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	\$0 (Tier 1)	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	\$0 (Tier 1)	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	\$0 (Tier 1)	
<i>trinessa (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	\$0 (Tier 1)	
<i>tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	\$0 (Tier 1)	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	\$0 (Tier 1)	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	\$0 (Tier 1)	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	\$0 (Tier 1)	
TRUSTEX CONDOM *	\$0 (Tier 4)	
TRUSTEX CONDOM 12'S,EXTRA STRENGTH *	\$0 (Tier 4)	
TRUSTEX LATEX CONDOM 12'S *	\$0 (Tier 4)	
TRUSTEX-RIA CONDOM 12'S,W/SPERMICIDE *	\$0 (Tier 4)	
TRUSTEX-RIA CONDOM 48'S,NON-LUBRICATED *	\$0 (Tier 4)	
<i>tulana oral tablet 0.35 mg</i>	\$0 (Tier 1)	
<i>vcf contraceptive foam 12.5 % *</i>	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>velivet triphasic regimen (28) oral tablet 0.1/1.125/1.15-25 mg-mcg</i>	\$0 (Tier 1)	
<i>vestura (28) oral tablet 3-0.02 mg</i>	\$0 (Tier 1)	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0 (Tier 1)	
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	\$0 (Tier 1)	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	\$0 (Tier 1)	
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	\$0 (Tier 1)	
WIDE SEAL DIAPHRAGM 70MM 70 MM *	\$0 (Tier 3)	
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	\$0 (Tier 1)	QL (3 per 28 days)
<i>zarah oral tablet 3-0.03 mg</i>	\$0 (Tier 1)	
<i>zenchent (28) oral tablet 0.4-35 mg-mcg</i>	\$0 (Tier 1)	
<i>zovia 1/35e (28) oral tablet 1-35 mg-mcg</i>	\$0 (Tier 1)	
<i>zovia 1/50e (28) oral tablet 1-50 mg-mcg</i>	\$0 (Tier 1)	
Cough And Cold Products		
Cough And Cold Products		
<i>benzonatate 100 mg capsule 100 mg *</i> (Tessalon Perles)	\$0 (Tier 3)	
<i>benzonatate 150 mg capsule 150 mg *</i>	\$0 (Tier 3)	
<i>benzonatate 200 mg capsule 200 mg *</i>	\$0 (Tier 3)	
<i>children's silfedrine liq 15 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
CHILDS SUDAFED 15 MG/5 ML LIQ NON-DROWSY,A/F,S/F 15 MG/5 ML *	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>medi-pseudoephedrine 30 mg tablet 30 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>nasal-sinus decongest tab 30 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>phenylhistine dh liquid (otc) 2-30-10 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>promethazine vc-codeine syrup 6.25-5-10 mg/5 ml *</i>	\$0 (Tier 3)	PA; AGE (Min 2 Years)
<i>promethazine-codeine syrup 6.25-10 mg/5 ml *</i>	\$0 (Tier 3)	PA; AGE (Min 2 Years)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>promethazine-dm solution 6.25-15 mg/5 ml</i> *	\$0 (Tier 3)	PA; AGE (Min 2 Years)
<i>pseudoephed 30 mg/5 ml soln 30 mg/5 ml</i> * (Nasal Decongestant (pseudoeph))	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>pseudoephedrine 30 mg tablet 30 mg</i> * (Nasal Decongestant (pseudoeph))	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>pseudoephedrine 60 mg tablet ex-str, non drowsy (otc) 60 mg</i> * (Sudogest)	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>sm adult nasal decongestant lq 15 mg/5 ml</i> *	\$0 (Tier 4)	PA; AGE (Min 2 Years)
SUDAFED 30 MG TABLET 30 MG *	\$0 (Tier 4)	
<i>sudogest 30 mg tablet boxed 30 mg</i> *	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>sudogest 60 mg tablet 60 mg</i> *	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>suphedrin liquid 15 mg/5 ml</i> *	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>valu-tapp decongestant drop 7.5 mg/0.8 ml</i> *	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>wal-phed 30 mg tablet non-drowsy, max-str 30 mg</i> *	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>zephrex-d 30 mg tablet 30 mg</i> *	\$0 (Tier 4)	PA; AGE (Min 2 Years)
Dental And Oral Agents		
Dental And Oral Agents		
<i>cevimeline oral capsule 30 mg</i> (Evoxac)	\$0 (Tier 1)	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Paroex Oral Rinse)	\$0 (Tier 1)	
<i>dry mouth mouthwash alf, mint flavor</i> *	\$0 (Tier 4)	
<i>oralone dental paste 0.1 %</i>	\$0 (Tier 1)	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	\$0 (Tier 1)	
<i>periogard mucous membrane mouthwash 0.12 %</i>	\$0 (Tier 1)	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))	\$0 (Tier 1)	
<i>triamcinolone acetonide dental paste 0.1 %</i> (Oralone)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
Dermatological Agents		
Dermatological Agents, Other		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i> (Soriatane)	\$0 (Tier 1)	NM
<i>acne foaming 10% wash 10 % *</i>	\$0 (Tier 4)	
<i>acne medication 10% gel 10 % *</i>	\$0 (Tier 4)	
<i>acne medication 5% gel 5 % *</i>	\$0 (Tier 4)	
ACNE MEDICATION 5% LOTION 5 % *	\$0 (Tier 4)	
<i>acne treatment 10% cream maximum strength 10 % *</i>	\$0 (Tier 4)	
<i>acyclovir topical ointment 5 %</i> (Zovirax)	\$0 (Tier 1)	QL (30 per 30 days)
ALCOHOL PADS TOPICAL PADS, MEDICATED	\$0 (Tier 1)	
ALCOHOL PREP PADS	\$0 (Tier 1)	
<i>ammonium lactate topical cream 12 %</i> (Geri-Hydrolac)	\$0 (Tier 1)	
<i>ammonium lactate topical lotion 12 %</i> (AmLactin)	\$0 (Tier 1)	
<i>benzoyl peroxide 10% gel aqueous (otc) 10 % *</i> (Acne Medication)	\$0 (Tier 4)	
<i>benzoyl peroxide 10% wash (otc) 10 % *</i> (Acne Foaming Wash)	\$0 (Tier 4)	
<i>benzoyl peroxide 2.5% gel (otc) 2.5 % *</i>	\$0 (Tier 4)	
<i>benzoyl peroxide 3% cleanser (otc) 3 % *</i>	\$0 (Tier 4)	
<i>benzoyl peroxide 5% gel aqueous (otc) 5 % *</i> (Acne Medication)	\$0 (Tier 4)	
<i>benzoyl peroxide 5% wash (otc) 5 % *</i> (Advanced Exfoliating Cleanser)	\$0 (Tier 4)	
<i>benzoyl peroxide 6% cleanser (otc) 6 % *</i>	\$0 (Tier 4)	
<i>benzoyl peroxide 9% cleanser (otc) 9 % *</i>	\$0 (Tier 4)	
BP WASH 10% LIQUID 10 % *	\$0 (Tier 4)	
<i>calamine lotion 8-8 % *</i>	\$0 (Tier 4)	
<i>calcipotriene scalp solution 0.005 %</i>	\$0 (Tier 1)	
<i>calcipotriene topical cream 0.005 %</i> (Dovonex)	\$0 (Tier 1)	
<i>calcipotriene topical ointment 0.005 %</i> (Calcitrene)	\$0 (Tier 1)	
<i>calcitrene topical ointment 0.005 %</i>	\$0 (Tier 1)	
<i>calcitriol topical ointment 3 mcg/gram</i> (Vectical)	\$0 (Tier 1)	
<i>clean-clear continuous ctl 10% 10 % *</i>	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>clearasil daily clear 10% crm 10 % *</i>	\$0 (Tier 4)	
<i>clearasil ultra 10% cream 10 % *</i>	\$0 (Tier 4)	
CONDYLOX TOPICAL GEL 0.5 %	\$0 - \$8.35 (Tier 2)	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	\$0 - \$8.35 (Tier 2)	PA; NM
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	\$0 - \$8.35 (Tier 2)	PA; NM
<i>cvs acne 10% cream 10 % *</i>	\$0 (Tier 4)	
<i>cvs acne ctrl cleanse 10 % crm 10 % *</i>	\$0 (Tier 4)	
<i>cvs adv exfoliating 5% cleansr 5 % *</i>	\$0 (Tier 4)	
<i>cvs creamy acne 4% face wash 4 % *</i>	\$0 (Tier 4)	
<i>cvs foaming acne face 10% wash 10 % *</i>	\$0 (Tier 4)	
<i>diclofenac sodium topical drops 1.5 %</i>	\$0 (Tier 1)	QL (300 per 30 days)
<i>diclofenac sodium topical gel 3 %</i> (Solaraze)	\$0 (Tier 1)	PA; NM; QL (100 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	\$0 - \$8.35 (Tier 2)	PA; NM
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	\$0 - \$8.35 (Tier 2)	PA
<i>fluorouracil topical cream 0.5 %</i> (Carac)	\$0 (Tier 1)	NM
<i>fluorouracil topical cream 5 %</i> (Efudex)	\$0 (Tier 1)	
<i>fluorouracil topical solution 2 %, 5 %</i>	\$0 (Tier 1)	
<i>ichthammol 20% ointment 20 % *</i>	\$0 (Tier 4)	
<i>imiquimod topical cream in packet 5 %</i> (Aldara)	\$0 (Tier 1)	PA NSO; QL (24 per 30 days)
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i> (Oxsoal Ultra)	\$0 (Tier 1)	NM
<i>mg217 psoriasis ointment 2 % *</i>	\$0 (Tier 4)	
<i>panoxyl 10% acne foaming wash 10 % *</i>	\$0 (Tier 4)	
<i>panoxyl-4 acne creamy wash 4 % *</i>	\$0 (Tier 4)	
PANRETIN TOPICAL GEL 0.1 %	\$0 - \$8.35 (Tier 2)	NM
<i>persa-gel 10% 12's,max-strength 10 % *</i>	\$0 (Tier 4)	
PICATO TOPICAL GEL 0.015 %	\$0 - \$8.35 (Tier 2)	QL (3 per 56 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
PICATO TOPICAL GEL 0.05 %	\$0 - \$8.35 (Tier 2)	QL (2 per 56 days)
<i>podofilox topical solution 0.5 %</i>	\$0 (Tier 1)	
<i>pub calamine lotion *</i>	\$0 (Tier 4)	
<i>pv invisible acne 10% cream 10 % *</i>	\$0 (Tier 4)	
<i>ra acne treatment 10% cream 10 % *</i>	\$0 (Tier 4)	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	\$0 - \$8.35 (Tier 2)	
<i>selsun blue 1% shampoo dandruff shampoo 1 % *</i>	\$0 (Tier 4)	
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	\$0 - \$8.35 (Tier 2)	PA; NM
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	\$0 - \$8.35 (Tier 2)	PA; NM
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	\$0 - \$8.35 (Tier 2)	PA; NM
TOLAK TOPICAL CREAM 4 %	\$0 - \$8.35 (Tier 2)	
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	\$0 - \$8.35 (Tier 2)	PA; NM
VALCHLOR TOPICAL GEL 0.016 %	\$0 - \$8.35 (Tier 2)	NM
VOLTAREN TOPICAL GEL 1 %	\$0 (Tier 1)	
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 1)	
Dermatological Antibacterials		
<i>anti-dandruff 1% shampoo 1 % *</i>	\$0 (Tier 4)	
<i>bacitracin 500 unit/gm ointmnt 500 unit/gram *</i>	\$0 (Tier 4)	(Bacitraycin Plus)
<i>bacitracin zn 500 unit/gm oint 500 unit/gram *</i>	\$0 (Tier 4)	(Antibiotic (bacitracin zinc))
<i>bacitracin-polymyxin ointment 500-10,000 unit/gram *</i>	\$0 (Tier 4)	(Double Antibiotic)
<i>bacitraycin plus 500 unit/gm 500 unit/gram *</i>	\$0 (Tier 4)	
<i>clindamycin phosphate topical gel 1 %</i>	\$0 (Tier 1)	(Cleocin T)
<i>clindamycin phosphate topical lotion 1 %</i>	\$0 (Tier 1)	(Cleocin T)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>clindamycin phosphate topical solution 1 %</i> (Cleocin T)	\$0 (Tier 1)	
<i>clindamycin phosphate topical swab 1 %</i> (Cleocin T)	\$0 (Tier 1)	
<i>cvs poly bacitracin ointmnt 500-10,000 unit/gram *</i>	\$0 (Tier 4)	
<i>ery pads topical swab 2 %</i>	\$0 (Tier 1)	
<i>erythromycin with ethanol topical gel 2 %</i> (Erygel)	\$0 (Tier 1)	
<i>erythromycin with ethanol topical solution 2 %</i>	\$0 (Tier 1)	
<i>erythromycin with ethanol topical swab 2 %</i> (Ery Pads)	\$0 (Tier 1)	
<i>gentamicin topical cream 0.1 %</i>	\$0 (Tier 1)	
<i>gentamicin topical ointment 0.1 %</i>	\$0 (Tier 1)	
<i>metronidazole topical cream 0.75 %</i> (MetroCream)	\$0 (Tier 1)	
<i>metronidazole topical gel 0.75 %</i> (Rosadan)	\$0 (Tier 1)	
<i>metronidazole topical gel 1 %</i> (Metrogel)	\$0 (Tier 1)	
<i>metronidazole topical lotion 0.75 %</i> (MetroLotion)	\$0 (Tier 1)	
<i>mupirocin calcium topical cream 2 %</i> (Bactroban)	\$0 (Tier 1)	
<i>mupirocin topical ointment 2 %</i> (Centany)	\$0 (Tier 1)	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	\$0 (Tier 1)	
<i>polysporin ointment (otc) 500-10,000 unit/gram *</i>	\$0 (Tier 4)	
<i>rosadan topical cream 0.75 %</i>	\$0 (Tier 1)	
<i>selenium sulfide topical lotion 2.5 %</i>	\$0 (Tier 1)	
<i>silver sulfadiazine topical cream 1 %</i> (Silvadene)	\$0 (Tier 1)	
<i>ssd topical cream 1 %</i>	\$0 (Tier 1)	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i> (Klaron)	\$0 (Tier 1)	
Dermatological Anti-Inflammatory Agents		
<i>ala-cort topical cream 1 %, 2.5 %</i>	\$0 (Tier 1)	
<i>alclometasone topical cream 0.05 %</i>	\$0 (Tier 1)	
<i>alclometasone topical ointment 0.05 %</i>	\$0 (Tier 1)	
<i>aquanil hc 1% lotion 1 % *</i>	\$0 (Tier 4)	
<i>beta hc 1% lotion 1 % *</i>	\$0 (Tier 4)	
<i>betamethasone dipropionate topical cream 0.05 %</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>betamethasone dipropionate topical lotion 0.05 %</i>	\$0 (Tier 1)	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	\$0 (Tier 1)	
<i>betamethasone valerate topical cream 0.1 %</i>	\$0 (Tier 1)	
<i>betamethasone valerate topical lotion 0.1 %</i>	\$0 (Tier 1)	
<i>betamethasone valerate topical ointment 0.1 %</i>	\$0 (Tier 1)	
<i>betamethasone, augmented topical cream 0.05 %</i>	\$0 (Tier 1)	
<i>betamethasone, augmented topical gel 0.05 %</i>	\$0 (Tier 1)	
<i>betamethasone, augmented topical lotion 0.05 %</i>	\$0 (Tier 1)	
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene)	\$0 (Tier 1)	
<i>clobetasol scalp solution 0.05 %</i> (Cormax)	\$0 (Tier 1)	
<i>clobetasol topical cream 0.05 %</i> (Temovate)	\$0 (Tier 1)	
<i>clobetasol-emollient topical cream 0.05 %</i>	\$0 (Tier 1)	
<i>clocortolone pivalate topical cream 0.1 %</i> (Cloderm)	\$0 (Tier 1)	
<i>cormax scalp solution 0.05 %</i>	\$0 (Tier 1)	
<i>cortaid 1% cream 12 hr, anti-itch 1 % *</i>	\$0 (Tier 4)	
<i>cortizone-10 1% creme 1 % *</i>	\$0 (Tier 4)	
<i>cortizone-10 1% ointment 1 % *</i>	\$0 (Tier 4)	
<i>cvs cortisone 1% cream 1 % *</i>	\$0 (Tier 4)	
<i>dermarest eczema 1% lotion 1 % *</i>	\$0 (Tier 4)	
<i>desoximetasone topical cream 0.25 %</i> (Topicort)	\$0 (Tier 1)	
ELIDEL TOPICAL CREAM 1 %	\$0 - \$8.35 (Tier 2)	
EUCRISA TOPICAL OINTMENT 2 %	\$0 - \$8.35 (Tier 2)	
<i>fluocinolone topical cream 0.01 %</i>	\$0 (Tier 1)	
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	\$0 (Tier 1)	
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	\$0 (Tier 1)	
<i>fluocinonide topical cream 0.05 %</i>	\$0 (Tier 1)	
<i>fluocinonide topical gel 0.05 %</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>fluocinonide topical ointment 0.05 %</i>	\$0 (Tier 1)	
<i>fluocinonide topical solution 0.05 %</i>	\$0 (Tier 1)	
<i>fluocinonide-e topical cream 0.05 %</i>	\$0 (Tier 1)	
<i>fluticasone topical cream 0.05 %</i> (Cutivate)	\$0 (Tier 1)	
<i>fluticasone topical ointment 0.005 %</i>	\$0 (Tier 1)	
<i>gnp hydrocortisone 0.5% crm 0.5 % *</i>	\$0 (Tier 4)	
<i>halobetasol propionate topical cream 0.05 %</i> (Ultravate)	\$0 (Tier 1)	
<i>halobetasol propionate topical ointment 0.05 %</i> (Ultravate)	\$0 (Tier 1)	
<i>hydro skin 1% lotion 1 % *</i>	\$0 (Tier 4)	
<i>hydrocortisone 0.5% cream (otc) 0.5 % *</i>	\$0 (Tier 4)	
<i>hydrocortisone 0.5% ointment 0.5 % *</i>	\$0 (Tier 4)	
<i>hydrocortisone 1% cream 1 % *</i>	\$0 (Tier 4)	
<i>hydrocortisone 1% cream maximum strength (otc) 1 % *</i> (Ala-Cort)	\$0 (Tier 4)	
<i>hydrocortisone 1% cream maximum strength 1 % *</i>	\$0 (Tier 4)	
<i>hydrocortisone 1% lotion (otc) 1 % *</i> (Anti-Itch (HC))	\$0 (Tier 4)	
<i>hydrocortisone 1% ointment maximum strength (otc) 1 % *</i> (Anti-Itch (HC))	\$0 (Tier 4)	
<i>hydrocortisone topical cream 1 %, 2.5 %</i> (Ala-Cort)	\$0 (Tier 1)	
<i>hydrocortisone topical lotion 2.5 %</i>	\$0 (Tier 1)	
<i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))	\$0 (Tier 1)	
<i>hydrocortisone topical ointment 2.5 %</i>	\$0 (Tier 1)	
<i>mometasone topical cream 0.1 %</i> (Elocon)	\$0 (Tier 1)	
<i>mometasone topical ointment 0.1 %</i> (Elocon)	\$0 (Tier 1)	
<i>mometasone topical solution 0.1 %</i>	\$0 (Tier 1)	
<i>neosporin 1% anti-itch cream 1 % *</i>	\$0 (Tier 4)	
<i>obagi nu-derm tolereen lotion 0.5 % *</i>	\$0 (Tier 4)	
<i>prednicarbate topical cream 0.1 %</i>	\$0 (Tier 1)	
<i>prednicarbate topical ointment 0.1 %</i> (Dermatop)	\$0 (Tier 1)	
<i>preparation h hc 1% cream 1 % *</i>	\$0 (Tier 4)	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	\$0 (Tier 1)	
<i>procto-pak topical cream with perineal applicator 1 %</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	\$0 (Tier 1)	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	\$0 (Tier 1)	
<i>recort plus 1% cream 1 % *</i>	\$0 (Tier 4)	
<i>tacrolimus topical ointment 0.03 %, 0.1 % (Protopic)</i>	\$0 (Tier 1)	
<i>triamcinolone acetonide topical cream 0.025 %</i>	\$0 (Tier 1)	
<i>triamcinolone acetonide topical cream 0.1 %, 0.5 % (Triderm)</i>	\$0 (Tier 1)	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	\$0 (Tier 1)	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	\$0 (Tier 1)	
Dermatological Retinoids		
<i>adapalene topical cream 0.1 % (Differin)</i>	\$0 (Tier 1)	
<i>adapalene topical gel 0.1 % (Differin)</i>	\$0 (Tier 1)	
<i>tazarotene topical cream 0.1 % (Avage)</i>	\$0 (Tier 1)	
TAZORAC TOPICAL CREAM 0.05 %	\$0 - \$8.35 (Tier 2)	
<i>tretinoin topical cream 0.025 % (Avita)</i>	\$0 (Tier 1)	PA
<i>tretinoin topical cream 0.05 %, 0.1 % (Retin-A)</i>	\$0 (Tier 1)	PA
<i>tretinoin topical gel 0.01 % (Retin-A)</i>	\$0 (Tier 1)	PA
<i>tretinoin topical gel 0.025 % (Avita)</i>	\$0 (Tier 1)	PA
Scabicides And Pediculicides		
<i>bedding 0.5% spray 0.5 % *</i>	\$0 (Tier 4)	
<i>cvs lice bedding spray 0.5 % *</i>	\$0 (Tier 4)	
<i>cvs lice killing shampoo maximum strength 0.33-4 % *</i>	\$0 (Tier 4)	
<i>cvs lice solution kit shamp/gellspray/comb 4-0.33-0.5 % *</i>	\$0 (Tier 4)	
<i>gnp home lice-bedbug-dust mite 0.5 % *</i>	\$0 (Tier 4)	
<i>lice treatment liquid *</i>	\$0 (Tier 4)	
<i>malathion topical lotion 0.5 % (Ovide)</i>	\$0 (Tier 1)	
NIX 1% CREME RINSE LIQUID 1 % *	\$0 (Tier 4)	
<i>permethrin 1% lotion 1 % *</i> (Lice Killing (permethrin))	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>permethrin topical cream 5 %</i> (Elimite)	\$0 (Tier 1)	
<i>ra lice pyrinyl shampoo 0.33-4 % *</i>	\$0 (Tier 4)	
<i>ra lice treatment 1% crm rinse 2x59ml, 2 combs 1 % *</i>	\$0 (Tier 4)	
<i>ra pediculicide 11 lice kit *</i>	\$0 (Tier 4)	
<i>rid complete 1-2-3 lice kit 4-0.33-0.5 % *</i>	\$0 (Tier 4)	
<i>rid lice killing shampoo 0.33-4 % *</i>	\$0 (Tier 4)	
<i>rid pediculicides spray 0.5 % *</i>	\$0 (Tier 4)	
<i>sb lice killing shampoo maximum strength 0.33-4 % *</i>	\$0 (Tier 4)	
<i>sm lice bedding spray 0.5 % *</i>	\$0 (Tier 4)	
<i>sm lice treatment 1% crm rinse 1 % *</i>	\$0 (Tier 4)	
<i>stop lice 0.5% spray 0.5 % *</i>	\$0 (Tier 4)	
<i>v-r lice cream rinse 1 % *</i>	\$0 (Tier 4)	

Devices

Devices	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
1ST TIER COMFORTOUCH 28G LANCT 28 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
1ST TIER COMFORTOUCH 30G LANCT 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ACCU-CHEK AVIVA PLUS TEST STRP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ACCU-CHEK COMPACT PLUS STRIPS 3 TEST DRUMS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ACCU-CHEK COMPACT STRIPS MEDICARE-M-CAID ONLY *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ACCU-CHEK FASTCLIX LANCET DRUM *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ACCU-CHEK GUIDE TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ACCU-CHEK MULTICLIX LANCETS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ACCU-CHEK SAFE-T-PRO 23G LANCT 23 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ACCU-CHEK SAFE-T-PRO PLUS 23G 23 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ACCU-CHEK SMARTVIEW TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
ACCU-CHEK SOFTCLIX LANCETS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ACCUTREND GLUCOSE TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ACE AEROSOL CLOUD ENHANCER *	\$0 (Tier 3)	
ACTI-LANCE LITE 28G LANCETS 28 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ACTI-LANCE SPECIAL 17G LANCETS 17 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ACTI-LANCE UNIVERS 23G LANCETS 23 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ADVANCED TRAVEL 28G LANCETS 28G,SINGLE-USE,STRL 28 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ADVANCED TRAVEL 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ADVOCATE 26G LANCETS 26 G,STERILE 26 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ADVOCATE 26G LANCETS STERILE 26 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ADVOCATE 30G LANCETS TWIST TOP 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ADVOCATE REDI-CODE TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ADVOCATE REDI-CODE+ TEST STRIP NO CODING *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ADVOCATE TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
AEROCHAMBER MINI 10'S, LATEX-FREE *	\$0 (Tier 3)	
AEROCHAMBER MV HOLD CHAMBER *	\$0 (Tier 3)	
AEROCHAMBER PLUS FLOW-VU *	\$0 (Tier 3)	
AEROCHAMBER PLUS FLOW-VU SMALL *	\$0 (Tier 3)	
AEROCHAMBER PLUS W-FLOWSIGNAL *	\$0 (Tier 3)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
AEROCHAMBER PLUS Z STAT 10'S, AVHC *	\$0 (Tier 3)	
AEROCHAMBER PLUS Z STAT LARGE 10'S, W/LARGE MASK *	\$0 (Tier 3)	
AEROCHAMBER PLUS Z STAT MEDIUM 10'S, W/MEDIUM MASK *	\$0 (Tier 3)	
AEROCHAMBER PLUS Z STAT SMALL 10'S, W/SMALL MASK *	\$0 (Tier 3)	
AEROCHAMBER Z-STAT PLUS LARGE W/MASK, LARGE *	\$0 (Tier 3)	
AEROCHAMBER Z-STAT PLUS W-FLOW *	\$0 (Tier 3)	
AEROCHAMBER Z-STAT PLUS-MED W/MASK-MED,CMFT SEAL *	\$0 (Tier 3)	
AEROCHAMBER Z-STAT PLUS-SMALL W/MASK-SM,CMFT SEAL *	\$0 (Tier 3)	
AEROTRACH HOLDING CHAMBER *	\$0 (Tier 3)	
AEROVENT PLUS HOLDING CHAMBER *	\$0 (Tier 3)	
AGAMATRIX AMP TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ALTERNATE SITE 26G LANCETS RECAPABLE 26 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ASSURE 4 TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ASSURE HAEMOLANCE PLUS 18G 18 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ASSURE HAEMOLANCE PLUS 21G 21 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ASSURE HAEMOLANCE PLUS 25G 25 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ASSURE HAEMOLANCE PLUS 28G 28 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
ASSURE LANCE 25G LANCETS 25 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
ASSURE LANCE 28G LANCETS 28 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ASSURE LANCE PLUS 21G LANCETS 21 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ASSURE LANCE PLUS 25G LANCETS 25 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ASSURE LANCE PLUS 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ASSURE PLATINUM TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ASSURE PRISM MULTI TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
BD 1 ML SYRINGE WITH NEEDLE 1 ML 26 GAUGE X 5/8" *	\$0 (Tier 4)	
BD 1 ML SYRINGE-NEEDLE 25GX5/8 1 ML 25 GAUGE X 5/8" *	\$0 (Tier 4)	(BD Safety-Lok Tuberculin)
BD 3 ML SYRINGE 18GX1-1/2" 3 ML 18 X 1 1/2" *	\$0 (Tier 4)	
BD 3 ML SYRINGE 20GX1-1/2" 3 ML 20 GAUGE X 1 1/2" *	\$0 (Tier 4)	
BD 3 ML SYRINGE 25GX1" 3 ML 25 GAUGE X 1" *	\$0 (Tier 4)	
BD 3 ML SYRINGE 25GX1-1/2" 3 ML 25 X 1 1/2" *	\$0 (Tier 4)	
BD 3 ML SYRINGE WITH NEEDLE 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 26 X 5/8" *	\$0 (Tier 4)	
BD 3 ML SYRINGE WITH NEEDLE LUER-LOK TIP 3 ML 21 GAUGE X 1", 3 ML 23 X 1" *	\$0 (Tier 4)	
BD 5 ML SYRINGE 20GX1" 5 ML 20 X 1" *	\$0 (Tier 4)	
BD 5 ML SYRINGE 20GX1-1/2" 5 ML 20 X 1 1/2" *	\$0 (Tier 4)	
BD 5 ML SYRINGE 21GX1" LUER-LOK TIP 5 ML 21 GAUGE X 1" *	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
BD 5 ML SYRINGE 21GX1-1/2" LUER-LOK TIP 5 ML 21 GAUGE X 1 1/2" *	\$0 (Tier 4)	
BD 5 ML SYRINGE 22GX1" 5 ML 22 X 1" *	\$0 (Tier 4)	
BD 5 ML SYRINGE 22GX1-1/2" 5 ML 22 GAUGE X 1 1/2" *	\$0 (Tier 4)	
BD BULK SYRINGE 1 ML 1 ML *	\$0 (Tier 4)	
BD BULK SYRINGE 5 ML 5 ML *	\$0 (Tier 4)	
BD ECLIPSE SYR 3 ML 22GX1-1/2" 3 ML 22 GAUGE X 1 1/2" *	\$0 (Tier 4)	
BD ECLIPSE SYRINGE 3 ML 21GX1" 3 ML 21 GAUGE X 1" *	\$0 (Tier 4)	
BD ECLIPSE SYRINGE 3 ML 22GX1" 3 ML 22 GAUGE X 1" *	\$0 (Tier 4)	(BD Safety-Lok Detachable Needl)
BD ECLIPSE SYRINGE 3 ML 25GX1" 3 ML 25 GAUGE X 1" *	\$0 (Tier 4)	
BD INTEGRA SYR 3 ML 25GX5/8" 3 ML 25 GAUGE X 5/8" *	\$0 (Tier 4)	
BD INTEGRA SYRINGE 3 ML 25GX1" 3 ML 25 GAUGE X 1" *	\$0 (Tier 4)	
BD LUER-LOK 5 ML SYRINGE LUER-LOK TIP (RX) 5 ML *	\$0 (Tier 4)	(BD Bulk Luer-Lok Non-Sterile)
BD LUER-LOK SYR 3 ML 25GX5/8" 3 ML 25 X 5/8" *	\$0 (Tier 4)	
BD LUER-LOK SYRINGE 3 ML CONVENIENCE TRAY 3 ML *	\$0 (Tier 4)	
BD LUER-LOK SYRINGE 5 ML CONVENIENCE TRAY 5 ML *	\$0 (Tier 4)	
BD LUERSLIP SYRINGE 1 ML 1 ML *	\$0 (Tier 4)	
BD MICROTAINER 21G LANCETS 21 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
BD MICROTAINER 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
BD PRECISIONGLIDE 3 ML 22GX3/4 3 ML 22 GAUGE X 3/4" *	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
BD SAFETYGLIDE 3 ML SYRINGE 3 ML 21 GAUGE X 1 1/2" *	\$0 (Tier 4)	
BD SAFETYGLIDE TB 1 ML SYR 1 ML 27 X 1/2" *	\$0 (Tier 4)	
BD SLIP TIP 5 ML SYRINGE SINGLE USE (OTC) 5 ML *	\$0 (Tier 4)	(BD Bulk Luer-Lok Non-Sterile)
BD SYRINGE 3 ML 3 ML *	\$0 (Tier 4)	(BD Luer-Lok Syringe)
BD SYRINGE-SAFETY GLIDE 1 ML 25 GAUGE X 5/8" *	\$0 (Tier 4)	
BD SYRINGE-SAFETY GLIDE 3 ML 25 X 5/8" *	\$0 (Tier 4)	
BD TB SYRINGE 21GX1" 1 ML 21 GAUGE X 1" *	\$0 (Tier 4)	
BD TB SYRINGE 25GX5/8" 1 ML 25 GAUGE X 5/8" *	\$0 (Tier 4)	
BD TB SYRINGE 26GX3/8" 1 ML 26 GAUGE X 3/8" *	\$0 (Tier 4)	
BD TB SYRINGE 27GX1/2" 1 ML 27 X 1/2" *	\$0 (Tier 4)	
BD TB SYRNGE 27GX1/2" 1/2 ML 27 X 1/2" *	\$0 (Tier 4)	
BD TUBERCULIN 1 ML SYRINGE 1 ML *	\$0 (Tier 4)	
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"	\$0 (Tier 1)	
BD ULTRA-FINE 33G LANCETS 33 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
BD ULTRA-FINE II 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	\$0 (Tier 1)	
BD VEO INS SYRN 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	\$0 (Tier 1)	
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
BLOOD GLUCOSE TEST STRIP NO CODING *	\$0 (Tier 4)	PA; QL (100 per 20 days)
BLOOD GLUCOSE TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
BLOOD LANCETS 30G EASY TWIST 30 GAUGE * (1st Tier Unilet ComforTouch)	\$0 (Tier 4)	PA; QL (100 per 20 days)
BREATHERITE MDI SPACER *	\$0 (Tier 3)	
BREATHERITE SPACER-ADULT MASK *	\$0 (Tier 3)	
BREATHERITE SPACER-INFANT MASK *	\$0 (Tier 3)	
BREATHERITE SPACER-LARGE MASK *	\$0 (Tier 3)	
BREATHERITE SPACER-LG CHLD MSK *	\$0 (Tier 3)	
BREATHERITE SPACER-MEDIUM MASK *	\$0 (Tier 3)	
BREATHERITE SPACER-NEONATE MSK *	\$0 (Tier 3)	
BREATHERITE SPACER-SM CHLD MSK *	\$0 (Tier 3)	
BREATHERITE SPACER-SMALL MASK *	\$0 (Tier 3)	
BREATHRITE VALVED MDI CHAMBER *	\$0 (Tier 3)	
BULLSEYE MINI SAFETY 21G 21 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
BULLSEYE MINI SAFETY 25G LANCET 25 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
CAREONE ULTRA THIN LANCET *	\$0 (Tier 4)	PA; QL (100 per 20 days)
CAREPOINT LUER SLIP 1 ML SYRNG 1 ML *	\$0 (Tier 4)	
CARESENS N TEST STRIPS NO CODING *	\$0 (Tier 4)	PA; QL (100 per 20 days)
CARESENS ULTRA THIN 30G LANCET 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
CARETOUCH TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
CARETOUCH TWIST 28G LANCET 28 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
CARETOUCH TWIST 30G LANCET 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
CHOICEDM CLARUS TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
CLEVER CHEK ULTRA THIN 30G 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
CLEVER CHOICE CHAMBER-LRG MASK *	\$0 (Tier 3)	
CLEVER CHOICE CHAMBER-MED MASK *	\$0 (Tier 3)	
CLEVER CHOICE CHAMBER-SM MASK *	\$0 (Tier 3)	
CLEVER CHOICE MICRO TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
CLEVER CHOICE PRO TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
CLEVER CHOICE TALK TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
CLEVER CHOICE TEST STRIPS AUTO-CODE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
CLEVER CHOICE VOICE+ TST STRIP AUTO-CODE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
COAGUCHEK LANCETS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
COMFORT EZ SAFETY 21G LANCETS 21 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
COMFORT EZ SAFETY 23G LANCETS 23 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
COMFORT EZ SAFETY 28G LANCETS 28 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
COMFORT LANCETS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
COMPACT SPACE CHAMBER *	\$0 (Tier 3)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
COMPACT SPACE CHAMBER PLUS *	\$0 (Tier 3)	
COMPACT SPACE CHAMBER-LRG MASK *	\$0 (Tier 3)	
COMPACT SPACE CHAMBER-MED MASK *	\$0 (Tier 3)	
COMPACT SPACE CHAMBER-SM MASK *	\$0 (Tier 3)	
CONTOUR NEXT TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
CONTOUR TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
COOL GLUCOSE TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
CVS ADVANCED GLUCOSE TEST STR *	\$0 (Tier 4)	PA; QL (100 per 20 days)
CVS THIN 26G LANCETS 26 GAUGE (Advocate Lancet) *	\$0 (Tier 4)	PA; QL (100 per 20 days)
CVS ULTRA THIN 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
DARIO BLOOD GLUCOSE TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
DIATRUE PLUS TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
DROPLET 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
EASIVENT HOLDING CHAMBER RETAIL PACK *	\$0 (Tier 3)	
EASY COMFORT 30G LANCETS 30G,TWIST TOP,STRL 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
EASY GLIDE LUER LOCK 1 ML SYR 1 ML *	\$0 (Tier 4)	
EASY GLIDE LUER LOCK 3 ML SYR 3 ML *	\$0 (Tier 4)	
EASY GLIDE LUER SLIP TB 1 ML 1 ML *	\$0 (Tier 4)	
EASY GLUCO G2 TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
EASY PLUS GLUCOSE TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
EASY PLUS II TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
EASY STEP GLUCOSE TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
EASY TALK GLUCOSE TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
EASY TOUCH 28G LANCETS 28G,PULL TOP,STERILE 28 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
EASY TOUCH FLIPLK 5 ML 20GX1.5 5 ML 20 GAUGE X 1 1/2" *	\$0 (Tier 4)	
EASY TOUCH FLIPLK 5 ML 21GX1.5 5 ML 21 GAUGE X 1 1/2" *	\$0 (Tier 4)	
EASY TOUCH FLIPLK 5 ML 22GX1.5 5 ML 22 GAUGE X 1 1/2" *	\$0 (Tier 4)	
EASY TOUCH FLIPLOCK 1 ML 25GX1 1 ML 25 GAUGE X 1" *	\$0 (Tier 4)	
EASY TOUCH FLIPLOCK 3 ML 20GX1 3 ML 20 GAUGE X 1" *	\$0 (Tier 4)	
EASY TOUCH FLIPLOCK 3 ML 21GX1 3 ML 21 GAUGE X 1" *	\$0 (Tier 4)	
EASY TOUCH FLIPLOCK 3 ML 22GX1 3 ML 22 GAUGE X 1" *	\$0 (Tier 4)	
EASY TOUCH FLIPLOCK 3 ML 23GX1 3 ML 23 GAUGE X 1" *	\$0 (Tier 4)	
EASY TOUCH FLIPLOCK 3 ML 25GX1 3 ML 25 GAUGE X 1" *	\$0 (Tier 4)	
EASY TOUCH FLIPLOCK 5 ML 20GX1 5 ML 20 GAUGE X 1" *	\$0 (Tier 4)	
EASY TOUCH FLIPLK 1 ML 26GX3/8 1 ML 26 GAUGE X 3/8" *	\$0 (Tier 4)	
EASY TOUCH FLIPLK 3 ML 20GX1.5 3 ML 20 GAUGE X 1 1/2" *	\$0 (Tier 4)	
EASY TOUCH FLIPLK 3 ML 21GX1.5 3 ML 21 GAUGE X 1 1/2" *	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
EASY TOUCH FLIPLOK 3 ML 22GX1.5 3 ML 22 GAUGE X 1 1/2" *	\$0 (Tier 4)	
EASY TOUCH FLIPLOK 3 ML 25GX5/8 3 ML 25 GAUGE X 5/8" *	\$0 (Tier 4)	
EASY TOUCH GLUCOSE TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
EASY TOUCH LUER LOCK 1 ML SYR 1 ML *	\$0 (Tier 4)	
EASY TOUCH LUER LOCK 3 ML SYR 3 ML *	\$0 (Tier 4)	
EASY TOUCH LUER LOCK 5 ML SYR 5 ML *	\$0 (Tier 4)	
EASY TOUCH SAFETY 21G LANCETS 21 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
EASY TOUCH SAFETY 23G LANCETS 23 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
EASY TOUCH SAFETY 26G LANCETS 26 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
EASY TOUCH SHEATH 3 ML 21GX1" 3 ML 21 GAUGE X 1" *	\$0 (Tier 4)	
EASY TOUCH SHEATH 3 ML 21GX1.5 3 ML 21 GAUGE X 1 1/2" *	\$0 (Tier 4)	
EASY TOUCH SHEATH 3 ML 22GX1" 3 ML 22 GAUGE X 1" *	\$0 (Tier 4)	
EASY TOUCH SHEATH 3 ML 22GX1.5 3 ML 22 GAUGE X 1 1/2" *	\$0 (Tier 4)	
EASY TOUCH SHEATH 3 ML 23GX1" 3 ML 23 GAUGE X 1" *	\$0 (Tier 4)	
EASY TOUCH SHEATH 3 ML 25GX1" 3 ML 25 GAUGE X 1" *	\$0 (Tier 4)	
EASY TOUCH SHEATH 3 ML 25GX5/8 3 ML 25 GAUGE X 5/8" *	\$0 (Tier 4)	
EASY TOUCH SHEATH 5 ML 21GX1.5 5 ML 21 GAUGE X 1 1/2" *	\$0 (Tier 4)	
EASY TOUCH SHEATH 5 ML 22GX1.5 5 ML 22 GAUGE X 1 1/2" *	\$0 (Tier 4)	
EASY TOUCH SHEATHLOCK 3 ML SYR 3 ML *	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
EASY TOUCH SYR 1 ML 25GX5/8" 1 ML 25 GAUGE X 5/8" *	\$0 (Tier 4)	
EASY TOUCH SYR 3 ML 22GX1-1/2" 3 ML 22 X 1 1/2" *	\$0 (Tier 4)	
EASY TOUCH SYR 3 ML 25GX5/8" 3 ML 25 X 5/8" *	\$0 (Tier 4)	
EASY TOUCH SYRINGE 1 ML 25GX1" 1 ML 25 GAUGE X 1" *	\$0 (Tier 4)	
EASY TOUCH SYRINGE 3 ML 20GX1" 3 ML 20 GAUGE X 1" *	\$0 (Tier 4)	
EASY TOUCH SYRINGE 3 ML 21GX1" 3 ML 21 GAUGE X 1" *	\$0 (Tier 4)	
EASY TOUCH SYRINGE 3 ML 22GX1" 3 ML 22 GAUGE X 1" *	\$0 (Tier 4)	
EASY TOUCH SYRINGE 3 ML 23GX1" 3 ML 23 X 1" *	\$0 (Tier 4)	
EASY TOUCH SYRINGE 3 ML 25GX1" 3 ML 25 GAUGE X 1" *	\$0 (Tier 4)	
EASY TOUCH TB SHLK 1 ML 25GX5/8 1 ML 25 GAUGE X 5/8" *	\$0 (Tier 4)	
EASY TOUCH TB SHLK 1 ML 28GX1/2 1 ML 28 GAUGE X 1/2" *	\$0 (Tier 4)	
EASY TOUCH TWIST 28G LANCETS 28 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
EASY TOUCH TWIST 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
EASY TOUCH TWIST 32G LANCETS 32 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
EASY TOUCH TWIST 33G LANCETS 33 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
EASY TRAK GLUCOSE TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
EASY TWIST & CAP 28G LANCETS 28 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
EASYGLUCO PLUS TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
EASYGLUCO TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
EASYMAX 15 GLUCOSE TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
EASYMAX GLUCOSE TEST STRIPS MEDICAL BENEFIT USE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ELEMENT COMPACT TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ELEMENT TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
EMBRACE 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
EMBRACE EVO TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
EMBRACE PRO TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
EMBRACE TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
EVENCARE G2 TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
EVENCARE G3 TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
EVENCARE GLUCOSE TST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
EVENCARE MINI GLUCOSE TEST STR *	\$0 (Tier 4)	PA; QL (100 per 20 days)
EVENCARE PROVIEW TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
EVOLUTION TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
EXEL SYRINGE 20GX1" 3 ML 3 ML 20 GAUGE X 1" *	\$0 (Tier 4)	
EXEL SYRINGE 20GX1-1/2" 3 ML 3 ML 20 GAUGE X 1 1/2" *	\$0 (Tier 4)	(BD Luer-Lok Syringe)
EXEL SYRINGE 21GX1" 3 ML 3 ML 21 GAUGE X 1" *	\$0 (Tier 4)	
EXEL SYRINGE 21GX1-1/2" 3 ML 3 ML 21 GAUGE X 1 1/2" *	\$0 (Tier 4)	
EXEL SYRINGE 22GX1" 3 ML 3 ML 22 GAUGE X 1" *	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
EXEL SYRINGE 22GX1-1/2" 3 ML 3 ML 22 X 1 1/2" * (BD Luer-Lok Syringe)	\$0 (Tier 4)	
EXEL SYRINGE 22GX3/4" 3 ML 3 ML 22 GAUGE X 3/4" *	\$0 (Tier 4)	
EXEL SYRINGE 23GX1" 3 ML 3 ML 23 X 1" *	\$0 (Tier 4)	
EXEL SYRINGE 23GX1-1/2" 3 ML 3 ML 23 GAUGE X 1 1/2" *	\$0 (Tier 4)	
EXEL SYRINGE 25GX1" 3 ML 3 ML 25 GAUGE X 1" *	\$0 (Tier 4)	
EXEL SYRINGE 25GX5/8" 3 ML 3 ML 25 X 5/8" *	\$0 (Tier 4)	
EXEL SYRINGE 3 ML 3 ML * (BD Luer-Lok Syringe)	\$0 (Tier 4)	
EXEL SYRINGE 5 ML (OTC) 5 ML * (BD Bulk Luer-Lok Non-Sterile)	\$0 (Tier 4)	
EXEL TB WITH NEEDLE 25GX5/8" 1 ML 25 GAUGE X 5/8" *	\$0 (Tier 4)	
EXEL TB WITH NEEDLE 26GX3/8" 1 ML 26 GAUGE X 3/8" * (Allergist Tray Intradermal Bev)	\$0 (Tier 4)	
EXEL TB WITH NEEDLE 27GX1/2" 1 ML 27 X 1/2" *	\$0 (Tier 4)	
EXEL TUBERCULIN SYRINGE 1 ML 1 ML *	\$0 (Tier 4)	
E-Z JECT LANCETS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
EZ SMART 28G LANCETS 28 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
EZ SMART PLUS TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
EZ SMART TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
E-Z SPACER *	\$0 (Tier 3)	
E-ZJECT COLOR 32G LANCETS 32 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
E-ZJECT COLOR 33G LANCETS 33 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
E-ZJECT SUPER THIN 30G LANCETS SUPER THIN 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
E-ZJECT THIN LANCETS 26 GAUGE * (Accu-Chek Fastclix Lancet Drum)	\$0 (Tier 4)	PA; QL (100 per 20 days)
FIFTY50 GLUCOSE TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
FIFTY50 SAFETY SEAL 30G LANCET 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
FIFTY50 SAFETY SEAL 32G LANCET 32 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
FINE 30 UNIVERSAL 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
FINGERSTIX LANCETS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
FLEXICHAMBER *	\$0 (Tier 3)	
FORA 30G LANCETS TWIST OFF, SINGLE USE 30 GAUGE * (1st Tier Unilet ComforTouch)	\$0 (Tier 4)	PA; QL (100 per 20 days)
FORA 6 CONNECT GLUCOSE STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
FORA BLOOD GLUCOSE TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
FORA D15G GLUCOSE TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
FORA D20 GLUCOSE TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
FORA D40-G31 TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
FORA G20 GLUCOSE TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
FORA G30-PREMIUM V10 TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
FORA GD50 TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
FORA TN'G VOICE TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
FORA V10 GLUCOSE TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
FORA V10-V12-D10-D20 STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
FORA V12 GLUCOSE TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
FORA V20 GLUCOSE TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
FORA V30A GLUCOSE TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
FORACARE 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
FORACARE GD20 TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
FORACARE GD40 GLUCOSE STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
FORTISCARE GLUCOSE TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
FREESTYLE 28G LANCETS 28 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
FREESTYLE INSULINX TEST STRIP NO CODE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
FREESTYLE INSULINX TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
FREESTYLE LITE TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
FREESTYLE LITE TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
FREESTYLE PREC NEO TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
FREESTYLE TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
FREESTYLE UNISTIK 2 LANCETS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	\$0 (Tier 1)	
GE100 BLOOD GLUCOSE TEST STRIP 2 VIALS X 25 STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
GENSTRIP GLUCOSE TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
GENULTIMATE TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
GLUCO NAVII GLUCOSE TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
GLUCOCARD 01 SENSOR PLUS STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
GLUCOCARD EXPRESSION TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
GLUCOCARD SHINE TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
GLUCOCARD VITAL SENSOR STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
GLUCOCARD VITAL TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
GLUCOCOM 28G LANCETS 28 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
GLUCOCOM 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
GLUCOCOM 33G LANCETS 33 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
GLUCOCOM GLUCOSE TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
GMATE 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
GMATE TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
GNP UNIVERSAL 1 STANDARD 21G 21 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
GNP UNIVERSAL 1 SUPER THIN 30G 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
GOODLIFE AC-302 TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
GS BLOOD GLUCOSE TEST STRIP PREMIUM, NO CODE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
HARMONY GLUCOSE TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
HEALTHPRO GLUCOSE TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
HEALTHY ACCENTS UNILET 30G 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
IGLUCOSE TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
INCONTROL SUPER THIN 30G LANCT 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
INCONTROL ULTRA THIN 28G LANCT 28 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
INFINITY TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
INFINITY VOICE TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
INJECT EASE 28G LANCETS 28 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
INJECT EASE 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
INSPIRACHAMBER *	\$0 (Tier 3)	
INSPIRACHAMBER WITH MASK-LARGE *	\$0 (Tier 3)	
INSPIRACHAMBER WITH MASK-MED *	\$0 (Tier 3)	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE	(Utileit Insulin Syringe) \$0 (Tier 1)	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2"	(Advocate Syringes) \$0 (Tier 1)	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE	(Lite Touch Insulin Syringe) \$0 (Tier 1)	
INVACARE 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
KETO-DIASTIX REAGENT STRIPS *	\$0 (Tier 4)	
KRO PREMIUM BLOOD GLUCOSE TEST NO CODING, PREMIUM *	\$0 (Tier 4)	PA; QL (100 per 20 days)
KRO UNIVERSAL 1 THIN 26G LANCT 26 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
KROGER SUPER THIN LANCETS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
LANCETS 33G 33 GAUGE *	(BD Ultra Fine Lancets) \$0 (Tier 4)	PA; QL (100 per 20 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
LANCETS THIN 23G 23 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
LANCETS ULTRA FINE 28G 28 GAUGE * (1st Tier Unilet ComforTouch)	\$0 (Tier 4)	PA; QL (100 per 20 days)
LANCETS ULTRA THIN 26G 26 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
LIBERTY TEST STRIPS BLOOD GLUCOSE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
LITE TOUCH 28G LANCETS 28 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
LITE TOUCH 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
LITE TOUCH 33G LANCETS 33 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
LITEAIRE MDI CHAMBER *	\$0 (Tier 3)	
LONGS THIN LANCETS 26G 26G *	\$0 (Tier 4)	PA; QL (100 per 20 days)
MAGELLAN SAFETY 1 ML 23GX1" 1 ML 23 GAUGE X 1" *	\$0 (Tier 4)	
MAGELLAN TUBERCULIN SYR 1 ML 1 ML 27 GAUGE X 1/2" *	\$0 (Tier 4)	
MEDLANCE PLUS 21G LANCETS UNIVERSAL 21 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
MEDLANCE PLUS 30G LANCETS SUPERLITE, 1.2MM 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
MEDLANCE PLUS LITE 25G LANCETS STERILE 25 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
MICRO THIN 33G LANCETS UNIVERSAL 1 33 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
MICROCHAMBER LATEX/F *	\$0 (Tier 3)	
MICRODOT TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
MICRODOT XTRA TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
MICROLET LANCETS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
MICROSPACER FOR AEROSOL DEVICE LATEX/F *	\$0 (Tier 3)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
MONAGHAN Z STAT CHAMBER *	\$0 (Tier 3)	
MONAGHAN Z STAT CHAMBER-LG MSK *	\$0 (Tier 3)	
MONAGHAN Z STAT CHAMBER-MD MSK *	\$0 (Tier 3)	
MONAGHAN Z STAT CHAMBER-SM MSK *	\$0 (Tier 3)	
MONOJECT 3 ML SYRINGE 21GX1" LUER-LOCK, SOFTPACK 3 ML 21 GAUGE X 1" *	\$0 (Tier 4)	
MONOJECT 3 ML SYRINGE 23GX1" LUER-LOCK, SOFTPACK 3 ML 23 X 1" *	\$0 (Tier 4)	
MONOJECT 3 ML SYRINGE 3 ML *	\$0 (Tier 4)	
MONOJECT 3 ML SYRN 21GX1-1/2" LUER-LOCK, SOFTPACK 3 ML 21 GAUGE X 1 1/2" *	\$0 (Tier 4)	
MONOJECT 3 ML SYRN 22GX1-1/2" LUER-LOCK, SOFTPACK 3 ML 22 X 1 1/2" *	\$0 (Tier 4)	
MONOJECT 3 ML SYRN 25GX1" 3 ML 25 GAUGE X 1" *	\$0 (Tier 4)	
MONOJECT 3 ML SYRN 25GX5/8" LUER-LOCK, SOFTPACK 3 ML 25 X 5/8" *	\$0 (Tier 4)	
MONOJECT 3 ML SYRN 27GX1.25" LUER LOCK,SOFTPACK 3 ML 27 GAUGE X 1 1/4" *	\$0 (Tier 4)	
MONOJECT LUER LOCK TB SYR 1 ML 1 ML *	\$0 (Tier 4)	
MONOJECT PHARMACY TRAY 40'S (OTC) 1 ML *	\$0 (Tier 4)	
MONOJECT PHARMACY TRAY LATEX-FREE (RX) 1 ML *	\$0 (Tier 4)	
MONOJECT SAFETY SYRINGE (RX) *	\$0 (Tier 4)	
MONOJECT SAFETY SYRINGE 3 ML *	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
MONOJECT SAFETY SYRINGE 3 ML 20 GAUGE X 1 1/2" *	\$0 (Tier 4)	
MONOJECT SYR PHARM TRAY PK 3 ML *	\$0 (Tier 4)	
MONOJECT SYRINGE 3 ML 20GX1 3 ML 20 GAUGE X 1" *	\$0 (Tier 4)	
MONOJECT SYRINGE 3 ML 22GX1" LUER LOCK 3 ML 22 GAUGE X 1" *	\$0 (Tier 4)	
MONOJECT SYRINGE 3 ML SOFTPK, REG LUER TIP 3 ML *	\$0 (Tier 4)	
MONOJECT SYRN 3 ML 20GX1-1/2" 3 ML 20 GAUGE X 1 1/2" *	\$0 (Tier 4)	
MONOJECT SYRN 3 ML 20GX3/4" 3 ML 20 X 3/4" *	\$0 (Tier 4)	
MONOJECT TB 1 ML SYRN 26X3/8" 1 ML 26 GAUGE X 3/8" *	\$0 (Tier 4)	
MONOJECT TB 1 ML SYRN 28GX1/2 1 ML 28 GAUGE X 1/2" *	\$0 (Tier 4)	
MONOJECT TB SAFETY SYRINGE 1 ML 28 GAUGE X 1/2" *	\$0 (Tier 4)	
MONOJECT TB SYRN 25GX5/8" 1 ML 25 GAUGE X 5/8" *	\$0 (Tier 4)	
MONOJECT TB SYRN 27GX1/2" 1 ML 27 X 1/2" *	\$0 (Tier 4)	
MONOJECT TUBERCULIN SYR 1 ML REGULAR LUER TIP (OTC) 1 ML *	\$0 (Tier 4)	
MONOLET 21G LANCETS 21 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
MONOLET THIN 28G LANCETS 28 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
MYGLUCOHEALTH 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
MYGLUCOHEALTH TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
NEUTEK 2TEK TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
NORM-JECT 1 ML SYRINGE *	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
NORM-JECT TUBERKULIN SYR 1 ML 1 ML *	\$0 (Tier 4)	
NOVA MAX GLUCOSE TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
NOVA SAFETY 23G LANCETS 23 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
NOVA SAFETY 28G LANCETS 28 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
NOVA SUREFLEX THIN LANCETS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ON CALL 30G LANCET 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ON CALL EXPRESS TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ON CALL PLUS 30G LANCET 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ON CALL PLUS TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ON CALL VIVID TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ONETOUCH DELICA 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ONETOUCH DELICA 33G LANCETS 33 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ONETOUCH SURESOFT 18G LANC DEV 18 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ONETOUCH ULTRA BLUE TEST STRP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ONETOUCH ULTRA TEST STRIPS BLUE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ONETOUCH ULTRASOFT LANCETS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ONETOUCH VERIO TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ON-THE-GO 30G LANCETS GENTLE, 1.5MM 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
OPTICHAMBER ADULT MASK-LARGE *	\$0 (Tier 3)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
OPTICHAMBER DIAMOND VHC *	\$0 (Tier 3)	
OPTICHAMBER DIAMOND W-LRG MASK *	\$0 (Tier 3)	
OPTICHAMBER DIAMOND W-MED MASK *	\$0 (Tier 3)	
OPTICHAMBER DIAMOND W-SML MASK *	\$0 (Tier 3)	
OPTIUM EZ TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
OPTIUM TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
OPTUMRX TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2" (1st Tier Unifine Pentips)	\$0 (Tier 1)	
PERSONAL BEST PEAK FLOW MTR *	\$0 (Tier 4)	
PHARMACIST CHOICE 30G LANCETS ULTRA THIN 30 GAUGE (1st Tier Unilet ComforTouch) *	\$0 (Tier 4)	PA; QL (100 per 20 days)
PHARMACIST CHOICE TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
PHARMACIST CHOICE TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
POCKET CHAMBER *	\$0 (Tier 3)	
PRECISION PCX PLUS TEST STR *	\$0 (Tier 4)	PA; QL (100 per 20 days)
PRECISION PCX TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
PRECISION POINT OF CARE STR *	\$0 (Tier 4)	PA; QL (100 per 20 days)
PRECISION Q-I-D TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
PRECISION XTRA TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
PREMIUM V10 GLUCOSE TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
PRESSURE ACTIVATED 21G LANCETS 21 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
PRESSURE ACTIVATED 28G LANCETS 28 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
PRIMEAIRE CHAMBER *	\$0 (Tier 3)	
PRO COMFORT 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
PRO COMFORT 31G LANCET 31 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
PRO VOICE V8-V9 TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
PROCHAMBER HOLDING CHAMBER *	\$0 (Tier 3)	
PRODIGY NO CODING TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
PRODIGY PRESSURE ACTIVATED 28G 28 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
PRODIGY SAFETY 26G LANCETS 26 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
PRODIGY TWIST TOP 28G LANCET 28 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
PUSH BUTTON SAFETY 21G LANCET 21 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
PUSH BUTTON SAFETY 28G LANCET 28 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
QUINTET AC GLUCOSE TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
QUINTET GLUCOSE TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
RA E-ZJECT 26G LANCETS 26 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
RA E-ZJECT 28G LANCETS 28 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
READYLANCE 21G SAFETY LANCETS 21 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
READYLANCE 23G SAFETY LANCETS 23 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
READYLANCE 26G SAFETY LANCETS 26 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
READYLANCE 28G SAFETY LANCETS 28 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
READYLANCE 30G SAFETY LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
REFUAH PLUS TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
RELIAMED 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
RELIAMED SAFETY 23G LANCETS 23 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
RELIAMED SAFETY 28G LANCETS LATEX-FREE 28 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
RELIAMED SAFETY SEAL 28G LANCT 28 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
RELIAMED SAFETY SEAL 30G LANCT 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
RELION CONFIRM-MICRO TEST STRP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
RELION MICRO TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
RELION PREMIER TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
RELION PRIME TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
RELION THIN 26G LANCETS 26 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
RELION ULTIMA TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
RELION ULTRA THIN PLUS 33G 33 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
RELION ULTRA THIN PLUS LANCETS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
REVEAL TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
RIGHTEST GL300 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
RIGHTEST GS100 TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
RIGHTEST GS250S TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
RIGHTEST GS260 TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
RIGHTEST GS300 TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
RIGHTEST GS550 TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
RITEFLO SPACER *	\$0 (Tier 3)	
SAFESNAP SYRINGE 3 ML 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" *	\$0 (Tier 4)	
SAFESNAP TUBERCULIN SYR 1 ML 1 ML 25 GAUGE X 5/8" *	\$0 (Tier 4)	
SAFESNAP TUBERCULIN SYR 1 ML 27GX0.5",LATEX-FREE 1 ML 27 GAUGE X 1/2" *	\$0 (Tier 4)	
SAFETY 21G LANCETS LATEX-FREE 21 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
SAFETY 28G LANCETS LATEX-FREE 28 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
SAFETY LANCETS 26G 26 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
SAFETY SEAL 28G LANCETS 28 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
SAFETY SEAL 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
SAFETY SYRINGE W-SHIELD 3 ML 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 5/8" *	\$0 (Tier 4)	
SAFETY-LET 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
SAFETY-LOK 1 ML TB SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2" *	\$0 (Tier 4)	
SAFETY-LOK 3 ML SYRINGE 3 ML *	\$0 (Tier 4)	
SAFETY-LOK 3 ML SYRINGE 3 ML 21 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1", 3 ML 23 GAUGE X 1", 3 ML 25 GAUGE X 5/8" *	\$0 (Tier 4)	
SAFETY-LOK 5 ML SYRINGE 5 ML *	\$0 (Tier 4)	
SAFETY-LOK 5 ML SYRINGE 5 ML 21 GAUGE X 1 1/2" *	\$0 (Tier 4)	
SINGLE-LET LANCETS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
SM COLOR LANCETS 21G 21 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
SM LANCETS 21G 21 GAUGE * (Assure Haemolance Plus)	\$0 (Tier 4)	PA; QL (100 per 20 days)
SM THIN LANCETS 26G 26 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
SMART SENSE COLOR 33G LANCETS 33 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
SMART SENSE STANDARD 21G 21 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
SMART SENSE TEST STRIPS PREMIUM, NO CODE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
SMART SENSE THIN 26G LANCETS 26 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
SMARTEST LANCET *	\$0 (Tier 4)	PA; QL (100 per 20 days)
SMARTEST TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
SOFT TOUCH LANCETS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
SOLUS V2 28G LANCETS 28 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
SOLUS V2 30G TWIST LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
SOLUS V2 AUDIBLE TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
SPACE CHAMBER PLUS *	\$0 (Tier 3)	
STERILANCE TL TWIST 30G LANCET 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
STERILANCE TL TWIST 32G LANCET 32 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
STERILE PADS 2" X 2" 2 X 2 "	\$0 (Tier 1)	
SUPER THIN 28G LANCETS STERILE 28 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
SURE COMFORT 18G LANCETS 18 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
SURE COMFORT 21G LANCETS 21 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
SURE COMFORT 23G LANCETS 23 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
SURE COMFORT 28G LANCETS 28 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
SURE COMFORT 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
SURE-LANCE 26G LANCETS 26 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
SURE-LANCE FLAT LANCETS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
SURE-LANCE THIN 28G LANCETS 28 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
SURE-LANCE ULTRA THIN 30G 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
SURE-TEST EASYPLUS MINI STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
SURE-TOUCH LANCET *	\$0 (Tier 4)	PA; QL (100 per 20 days)
TD GOLD TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
TECHLITE 28G LANCETS 28 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
TECHLITE 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
TELCARE TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
TELCARE ULTRA THIN 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
TERUMO HYPODERMIC NDL-SYRIN 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 5 ML 22 GAUGE X 1 1/2", 5 ML 22 X 1" *	\$0 (Tier 4)	
TERUMO SURGUARD2 SYR 20G-3 ML 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1" *	\$0 (Tier 4)	
TERUMO SURGUARD2 SYR 20G-5 ML 5 ML 20 GAUGE X 1 1/2", 5 ML 20 GAUGE X 1" *	\$0 (Tier 4)	
TERUMO SURGUARD2 SYR 21G 3 ML 3 ML 21 GAUGE X 1 1/2" *	\$0 (Tier 4)	
TERUMO SURGUARD2 SYR 21G-3 ML 3 ML 21 GAUGE X 1" *	\$0 (Tier 4)	
TERUMO SURGUARD2 SYR 21G-5 ML 5 ML 21 GAUGE X 1 1/2" *	\$0 (Tier 4)	
TERUMO SURGUARD2 SYR 22G 3 ML 3 ML 22 GAUGE X 1 1/2", 3 ML 22 GAUGE X 1" *	\$0 (Tier 4)	
TERUMO SURGUARD2 SYR 23G 3 ML 3 ML 23 GAUGE X 1" *	\$0 (Tier 4)	
TERUMO SURGUARD2 SYR 25G 3 ML 3 ML 25 GAUGE X 1", 3 ML 25 GAUGE X 5/8" *	\$0 (Tier 4)	
TERUMO SURGUARD2 SYR 25G-1 ML 1 ML 25 GAUGE X 5/8" *	\$0 (Tier 4)	
TERUMO SURGUARD2 SYR 26G-1 ML 1 ML 26 GAUGE X 3/8" *	\$0 (Tier 4)	
TERUMO SURGUARD2 SYR 27G-1 ML 1 ML 27 GAUGE X 1/2" *	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
TERUMO SYRINGE 3 ML 3 ML 23 GAUGE X 1 1/2", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8" *	\$0 (Tier 4)	
TEST N'GO GLUCOSE TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
THIN LANCETS 28G 28 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
TOPCARE UNIVERSAL1 33G LANCETS 33 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
TOPCARE UNIVERSAL1 THIN LANCET ULTRA THIN, 30G *	\$0 (Tier 4)	PA; QL (100 per 20 days)
TRUE METRIX GLUCOSE TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
TRUE METRIX PRO TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
TRUEPLUS 26G LANCETS 26 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
TRUEPLUS 33G LANCETS 33 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
TRUEPLUS SAFETY 28G LANCETS 28G, STERILE 28 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
TRUEPLUS SUPER THIN 28G LANCET 28G, STERILE 28 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
TRUEPLUS ULTRA THIN 30G LANCET 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
TRUETEST GLUCOSE TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
TRUETEST GLUCOSE TEST STRIPS HRI *	\$0 (Tier 4)	PA; QL (100 per 20 days)
TRUETRACK GLUCOSE TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
TUBERCULIN SYRINGE 1 ML 28 GAUGE X 1/2" *	\$0 (Tier 4)	
TUBERCULIN SYRINGES 1/2 ML 28 X 1/2" *	\$0 (Tier 4)	
TWIST LANCETS 30G 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
TWIST LANCETS 32G 32 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ULTICARE SAFETY 3 ML 21GX1-1/2 3 ML 21 GAUGE X 1 1/2" *	\$0 (Tier 4)	
ULTICARE SAFETY 3 ML 22GX1" 3 ML 22 GAUGE X 1" *	\$0 (Tier 4)	
ULTICARE SAFETY 3 ML 22GX1-1/2 3 ML 22 GAUGE X 1 1/2" *	\$0 (Tier 4)	
ULTICARE SAFETY 3 ML 23GX1" 3 ML 23 GAUGE X 1" *	\$0 (Tier 4)	
ULTICARE SAFETY 3 ML 25GX1" 3 ML 25 GAUGE X 1" *	\$0 (Tier 4)	
ULTICARE SAFETY 3 ML 25GX5/8" 3 ML 25 GAUGE X 5/8" *	\$0 (Tier 4)	
ULTICARE TB SAFETY 1 ML 25GX1" 25GX1",LATEX FREE (RX) 1 ML 25 GAUGE X 1" *	\$0 (Tier 4)	
ULTICARE TB SAFETY 1 ML 25GX5/8 1 ML 25 GAUGE X 5/8" *	\$0 (Tier 4)	
ULTICARE TB SAFETY 1 ML 27GX1/2 1 ML 27 GAUGE X 1/2" *	\$0 (Tier 4)	
ULTICARE TB SAFETY 1 ML 28GX1/2 1 ML 28 GAUGE X 1/2" *	\$0 (Tier 4)	
ULTICARE TB SAFETY 1ML 27GX5/8 1 ML 27 GAUGE X 5/8" *	\$0 (Tier 4)	
ULTILET 28G LANCETS 28 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ULTILET 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ULTILET 33G LANCETS 33 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ULTILET BASIC 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ULTILET CLASSIC 26G LANCETS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ULTILET CLASSIC 28G LANCETS 28 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
ULTILET CLASSIC 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ULTILET CLASSIC 33G LANCETS 33 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ULTILET SAFETY 23G LANCETS 23 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ULTIMA TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ULTRA FINE 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ULTRA THIN 28G LANCETS ULTRA THIN 28 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ULTRA THIN 31G LANCETS 31 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ULTRA THIN 33G LANCETS 33 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ULTRA-CARE 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ULTRALANCE 26G LANCETS 26 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ULTRALANCE 28G LANCETS 28 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ULTRA-THIN II 26G LANCET 26 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ULTRA-THIN II 28G LANCETS 28 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ULTRA-THIN II 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ULTRATLC LANCETS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ULTRATRAK TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
ULTRATRAK ULTIMATE TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
UNILET COMFORTOUCH 26G LANCETS 26 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
UNILET COMFORTOUCH LANCET *	\$0 (Tier 4)	PA; QL (100 per 20 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
UNILET EXCELITE II LANCET *	\$0 (Tier 4)	PA; QL (100 per 20 days)
UNILET EXCELITE LANCET *	\$0 (Tier 4)	PA; QL (100 per 20 days)
UNILET GP LANCET *	\$0 (Tier 4)	PA; QL (100 per 20 days)
UNILET MICRO THIN 33G LANCET 33 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
UNILET MICRO THIN 33G LANCETS 33 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
UNILET SUPER THIN 30G LANCETS SINGLE-USE,STERILE 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
UNILET ULTRA THIN 28G LANCETS 28 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
UNISTIK 3 COMFORT LANCET *	\$0 (Tier 4)	PA; QL (100 per 20 days)
UNISTIK 3 EXTRA 21G LANCETS 21 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
UNISTIK 3 GENTLE 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
UNISTIK 3 NORMAL 23G LANCETS 23 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
UNISTIK 3 SAFETY 21G LANCETS 21 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
UNISTIK CZT COMFORT 28G LANCET 28 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
UNISTIK CZT NORMAL 23G LANCETS 23 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
UNISTIK PRO 21G LANCET 21 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
UNISTIK PRO 25G LANCET 25 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
UNISTIK PRO 28G LANCET 28 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
UNISTIK SAFETY 28G LANCET 28 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
UNISTIK SAFETY 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
UNISTIK TOUCH 21G LANCETS 21 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
UNISTIK TOUCH 23G LANCETS 23 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
UNISTIK TOUCH 28G LANCETS 28 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
UNISTIK TOUCH 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
UNISTRIP1 GLUCOSE TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
UNIVERSAL 1 33G LANCETS 33 GAUGE *	\$0 (Tier 4)	PA; QL (100 per 20 days)
VANISHPOINT 25GX1" 3 ML SYRING 3 ML 25 GAUGE X 1" *	\$0 (Tier 4)	
VERASENS TEST STRIP *	\$0 (Tier 4)	PA; QL (100 per 20 days)
VGO 40 DISPOSABLE DEVICE	\$0 (Tier 1)	
VORTEX FROG CHILD MASK *	\$0 (Tier 4)	QL (2 per 325 days)
VORTEX HOLDING CHAMBER NON-ELECTROSTATIC *	\$0 (Tier 3)	
VORTEX LADYBUG TODDLER MASK *	\$0 (Tier 4)	QL (2 per 325 days)
VORTEX VHC FROG CHILD MASK W/CHILD FROG MASK *	\$0 (Tier 3)	
WALGREENS ULTRA THIN LANCETS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
WAVESENSE JAZZ TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
WAVESENSE PRESTO TEST STRIPS *	\$0 (Tier 4)	PA; QL (100 per 20 days)
Diabetes Mellitus		
Diabetes Mellitus		
CVS ADVANCED GLUCOSE TEST STR *	\$0 (Tier 4)	PA; QL (100 per 20 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
Enzyme Replacement/Modifiers		
Enzyme Replacement/Modifiers		
ADAGEN INTRAMUSCULAR SOLUTION 250 UNIT/ML	\$0 - \$8.35 (Tier 2)	NM
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	\$0 - \$8.35 (Tier 2)	NM
CERDELGA ORAL CAPSULE 84 MG	\$0 - \$8.35 (Tier 2)	PA; NM
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	\$0 - \$8.35 (Tier 2)	NM
CREON ORAL CAPSULE, DELAYED RELEASE (DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500 - 15,000 UNIT, 36,000-114,000 - 180,000 UNIT, 6,000-19,000 - 30,000 UNIT	\$0 - \$8.35 (Tier 2)	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	\$0 - \$8.35 (Tier 2)	NM
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	\$0 - \$8.35 (Tier 2)	NM
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	\$0 - \$8.35 (Tier 2)	NM
GALAFOLD ORAL CAPSULE 123 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (14 per 28 days)
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	\$0 - \$8.35 (Tier 2)	PA; NM
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	\$0 - \$8.35 (Tier 2)	NM
KUVAN ORAL TABLET, SOLUBLE 100 MG	\$0 - \$8.35 (Tier 2)	NM
<i>miglustat oral capsule 100 mg</i> (Zavesca)	\$0 (Tier 1)	NM; QL (90 per 30 days)
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	\$0 - \$8.35 (Tier 2)	NM
ORFADIN ORAL CAPSULE 10 MG, 20 MG, 5 MG	\$0 - \$8.35 (Tier 2)	PA; NM
ORFADIN ORAL SUSPENSION 4 MG/ML	\$0 - \$8.35 (Tier 2)	PA; NM

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	\$0 - \$8.35 (Tier 2)	PA; NM
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	\$0 - \$8.35 (Tier 2)	NM
PULMOZYME INHALATION SOLUTION 1 MG/ML	\$0 - \$8.35 (Tier 2)	PA BvD; NM
STRENSIQ SUBCUTANEOUS SOLUTION 100 MG/ML, 40 MG/ML	\$0 - \$8.35 (Tier 2)	PA; NM; LA
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	\$0 - \$8.35 (Tier 2)	PA; NM
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	\$0 - \$8.35 (Tier 2)	NM
ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,000-32,000 - 42,000 UNIT, 10,000-34,000 - 55,000 UNIT, 15,000-47,000 - 63,000 UNIT, 15,000-51,000 - 82,000 UNIT, 20,000-63,000 - 84,000 UNIT, 20,000-68,000 - 109,000 UNIT, 25,000-79,000 - 105,000 UNIT, 25,000-85,000 - 136,000 UNIT, 3,000-10,000 - 14,000-UNIT, 3,000-10,000 - 16,000 UNIT, 40,000-126,000 - 168,000 UNIT, 40,000-136,000 - 218,000 UNIT, 5,000-17,000 - 27,000 UNIT, 5,000-17,000 - 24,000 UNIT	\$0 - \$8.35 (Tier 2)	
Eye, Ear, Nose, Throat Agents		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	\$0 - \$8.35 (Tier 2)	
<i>alaway 0.025% eye drops 0.025 % (0.035 %)</i> *	\$0 (Tier 4)	
<i>altamist 0.65% nose spray 0.65 %</i> *	\$0 (Tier 4)	
<i>altazine 0.05% eye drops 0.05 %</i> *	\$0 (Tier 4)	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i> (Iopidine)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>artificial tears</i> *	\$0 (Tier 4)	
<i>artificial tears 1.4% drops 1.4%</i> *	\$0 (Tier 4)	
<i>artificial tears drops plf, sterile 0.1-0.3%</i> *	\$0 (Tier 4)	
<i>artificial tears drops sterile, lubricant 1-0.2-0.2%</i> *	\$0 (Tier 4)	
<i>artificial tears eye drops strl 0.1-0.3%</i> *	\$0 (Tier 4)	
ARTIFICIAL TEARS EYE OINTMENT 83-15% *	\$0 (Tier 4)	
<i>atropine ophthalmic (eye) drops 1%</i> (Isopto Atropine)	\$0 (Tier 1)	
<i>ayr saline 0.65% nose drops 0.65%</i> *	\$0 (Tier 4)	
<i>ayr saline 0.65% nose spray 0.65%</i> *	\$0 (Tier 4)	
<i>azelastine nasal aerosol, spray 137 mcg (0.1%)</i>	\$0 (Tier 1)	QL (30 per 25 days)
<i>azelastine ophthalmic (eye) drops 0.05%</i>	\$0 (Tier 1)	
CLEAR EYES COOLING COMFORT DRP 0.03-0.5% *	\$0 (Tier 4)	
CLEAR EYES MAX REDNESS RLF DRP 0.03-0.5% *	\$0 (Tier 4)	
<i>cromolyn ophthalmic (eye) drops 4%</i>	\$0 (Tier 1)	
<i>cvs artificial tears drops sterile 1-0.3%</i> *	\$0 (Tier 4)	
<i>cvs dry eye relief eye drops 1-0.2-0.2%</i> *	\$0 (Tier 4)	
<i>cvs eye allergy relief eye drp 0.025-0.3%</i> *	\$0 (Tier 4)	
<i>cvs eye wash solution</i> *	\$0 (Tier 4)	
<i>cvs lubricant 0.6% eye drop 0.6%</i> *	\$0 (Tier 4)	
<i>cvs lubricant dry eye rlf 1% 1%</i> *	\$0 (Tier 4)	
<i>cvs lubricant eye ointment plf 57.3-42.5%</i> *	\$0 (Tier 4)	
<i>cvs lubricant gel eye drops 0.25-0.3%</i> *	\$0 (Tier 4)	
<i>cvs lubricating eye drops dry eye soln 0.5-0.9%</i> *	\$0 (Tier 4)	
<i>cvs maximum redness relief drp 0.03-0.5%</i> *	\$0 (Tier 4)	
<i>cvs nasal spray 0.05% 0.05%</i> *	\$0 (Tier 4)	
<i>cvs nasal spray 0.05% no drip 0.05%</i> *	\$0 (Tier 4)	
<i>cvs natural tears drops 0.1-0.3%</i> *	\$0 (Tier 4)	
<i>cvs nose drops 1%</i> *	\$0 (Tier 4)	PA; AGE (Min 2 Years)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>cvs redness relief drops original 0.012-0.2 % *</i>	\$0 (Tier 4)	
<i>cvs redness relief eye drops sterile 0.012-0.2 % *</i>	\$0 (Tier 4)	
<i>cvs saline 0.65% nasal spray 0.65 % *</i>	\$0 (Tier 4)	
<i>cvs saline 0.65% nose spray 0.65 % *</i>	\$0 (Tier 4)	
<i>cvs saline 3% nasal mist 3 % *</i>	\$0 (Tier 4)	
<i>cyclopentolate ophthalmic (eye) drops 0.5 (Cyclogyl) % , 1 % , 2 %</i>	\$0 (Tier 1)	
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	\$0 - \$8.35 (Tier 2)	NM
<i>deep sea 0.65% nose spray 0.65 % *</i>	\$0 (Tier 4)	
<i>dristan long lasting mist 0.05 % *</i>	\$0 (Tier 4)	
<i>epinastine ophthalmic (eye) drops 0.05 % (Elestat)</i>	\$0 (Tier 1)	
<i>eq eye allergy relief drops sterile 0.02675-0.315 % *</i>	\$0 (Tier 4)	
<i>eq gentle 0.3% eye drops 0.3 % *</i>	\$0 (Tier 4)	
<i>eq revive plus 0.5% eye drops 0.5 % *</i>	\$0 (Tier 4)	
<i>eql sinus nasal spray 0.05 % *</i>	\$0 (Tier 4)	
<i>eye drop tears 1-0.2-0.2 % *</i>	\$0 (Tier 4)	
<i>eye drops allergy relief 0.05-0.25 % *</i>	\$0 (Tier 4)	
<i>eye drops strl,original 0.05 % *</i>	\$0 (Tier 4)	
<i>for sty relief eye ointment *</i>	\$0 (Tier 4)	
GENTEAL GEL DROPS 0.25-0.3 % *	\$0 (Tier 4)	
GENTEAL TEARS 0.1%-0.2%-0.3% 0.1-0.3-0.2 % *	\$0 (Tier 4)	
<i>gentle tears 0.1%-0.3% drop 0.1-0.3 % *</i>	\$0 (Tier 4)	
<i>hm eye drops advanced relief sterile 0.05-0.1-1-1 % *</i>	\$0 (Tier 4)	
<i>ipratropium bromide nasal spray,non-aerosol 0.03 %</i>	\$0 (Tier 1)	QL (30 per 28 days)
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>	\$0 (Tier 1)	QL (15 per 10 days)
<i>ketotifen fum 0.025% eye drops (otc) 0.025 % (0.035 %) *</i> (Alaway)	\$0 (Tier 4)	
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG	\$0 - \$8.35 (Tier 2)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>little remedies stuffy nose kt wl nasal aspirator 0.65 % *</i>	\$0 (Tier 4)	
<i>lubricant 0.5-0.9% eye drops 0.5-0.9 % *</i>	\$0 (Tier 4)	
<i>lubricant eye ointment sterile 57.3-42.5 % *</i>	\$0 (Tier 4)	
<i>lubricant redness eye drops redness relief, strl 0.03-0.5 % *</i>	\$0 (Tier 4)	
<i>lubricant redness reliever drp 0.05-1 % *</i>	\$0 (Tier 4)	
<i>lubricating plus 0.5% eye drps plf, 30x0.4ml 0.5 % *</i>	\$0 (Tier 4)	
<i>lubrifresh pm eye ointment 83-15 % *</i>	\$0 (Tier 4)	
<i>mucinex sinus-max nasal spray full force 0.05 % *</i>	\$0 (Tier 4)	
<i>muro-128 2% eye drops 2 % *</i>	\$0 (Tier 4)	
<i>muro-128 5% eye drops 5 % *</i>	\$0 (Tier 4)	
<i>muro-128 5% eye ointment 5 % *</i>	\$0 (Tier 4)	
<i>nasal relief 0.05% spray sinus formula 0.05 % *</i>	\$0 (Tier 4)	
<i>nasal spray 0.05% extra moisturizing 0.05 % *</i>	\$0 (Tier 4)	
<i>natural balance tears eye drop 0.1-0.3 % *</i>	\$0 (Tier 4)	
<i>neo-synephrine 12 hour spray 0.05 % *</i>	\$0 (Tier 4)	
<i>nose 0.05% spray pump 0.05 % *</i>	\$0 (Tier 4)	
<i>ocean 0.65% nasal spray include travel size 0.65 % *</i>	\$0 (Tier 4)	
<i>olopatadine ophthalmic (eye) drops 0.1 % (Patanol)</i>	\$0 (Tier 1)	
<i>olopatadine ophthalmic (eye) drops 0.2 % (Pataday)</i>	\$0 (Tier 1)	
OTOVEL OTIC (EAR) SOLUTION <i>0.3-0.025 % (0.25 ML)</i>	\$0 - \$8.35 (Tier 2)	
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	\$0 (Tier 1)	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	\$0 (Tier 1)	
<i>purulube ophthalmic ointment plf, sterile 85-15 % *</i>	\$0 (Tier 4)	
<i>pure & gentle eye drops lubricant 0.3 % *</i>	\$0 (Tier 4)	
<i>ra 12hr nasal spray 0.05% for sinus 0.05 % *</i>	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>ra artificial tears drops dry eye formula 1-0.3 % *</i>	\$0 (Tier 4)	
<i>ra sterile eye drops 0.012-0.2 % *</i>	\$0 (Tier 4)	
<i>ra sterile eye drops 0.03-0.5 % *</i>	\$0 (Tier 4)	
<i>redness lubricant eye drops regular, strl 0.012-0.2 % *</i>	\$0 (Tier 4)	
<i>redness relief eye drops 0.012-0.25 %, 0.03-0.5 % *</i>	\$0 (Tier 4)	
<i>redness reliever eye drops strl 0.012-0.2 % *</i>	\$0 (Tier 4)	
<i>retaine cmc 0.5% eye drops 0.5 % *</i>	\$0 (Tier 4)	
<i>retaine hpmc 0.3% eye drops 0.3 % *</i>	\$0 (Tier 4)	
<i>retaine nacl 5% eye drop 5 % *</i>	\$0 (Tier 4)	
<i>retaine nacl 5% eye ointment 5 % *</i>	\$0 (Tier 4)	
<i>retaine pm eye ointment 80-20 % *</i>	\$0 (Tier 4)	
<i>saline mist 0.65% nose spry 0.65 % *</i>	\$0 (Tier 4)	
<i>sea soft 0.65% nasal mist 0.65 % *</i>	\$0 (Tier 4)	
<i>sinus relief nasal spray 0.05% 0.05 % *</i>	\$0 (Tier 4)	
<i>sm eye wash solution *</i>	\$0 (Tier 4)	
<i>sm nasal spray sinus 0.05 % *</i>	\$0 (Tier 4)	
<i>sm nose drops 1 % *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>sm redness relief eye drops sterile 0.012-0.2 % *</i>	\$0 (Tier 4)	
<i>sochlor 5% eye drops 5 % *</i>	\$0 (Tier 4)	
<i>sochlor 5% eye ointment 5 % *</i>	\$0 (Tier 4)	
<i>sodium chloride 5% eye drop 5 % *</i> (Altachlore)	\$0 (Tier 4)	
<i>sodium chloride 5% eye oint 5 % *</i> (Altachlore)	\$0 (Tier 4)	
<i>soothe night time lub eye oint 80-20 % *</i>	\$0 (Tier 4)	
SYSTANE BALANCE 0.6% EYE DROP CLINICAL STRENGTH 0.6 % *	\$0 (Tier 4)	
SYSTANE COMPLETE 0.6% EYE DROP 0.6 % *	\$0 (Tier 4)	
SYSTANE NIGHTTIME EYE OINTMENT 94-3 % *	\$0 (Tier 4)	
<i>tears again 1.4 % drops 1.4 % *</i>	\$0 (Tier 4)	
<i>tears again eye ointment 80-20 % *</i>	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>tears naturale free drops u-d,36x.9ml,p/f 0.1-0.3 % *</i>	\$0 (Tier 4)	
TEARS NATURALE PM EYE OINT 94-3 % *	\$0 (Tier 4)	
<i>ultra fresh pm ointment *</i>	\$0 (Tier 4)	
<i>vicks qlearquil 0.05% mist 0.05 % *</i>	\$0 (Tier 4)	
<i>vicks sinex 12 hour spray 0.05 % *</i>	\$0 (Tier 4)	
<i>visine dry eye relief drop 1-0.2-0.2 % *</i>	\$0 (Tier 4)	
VISINE MAX REDNESS RELIEF DROP 0.05-1-0.36-0.2 % *	\$0 (Tier 4)	
VISINE TOTALITY EYE DROPS 0.05 %-0.25 %- 1 %-0.36 % *	\$0 (Tier 4)	
<i>visine-a eye allergy drops 0.025-0.3 % *</i>	\$0 (Tier 4)	
<i>wal-zyr 0.025% eye drops 0.025 % (0.035 %)*</i>	\$0 (Tier 4)	
Eye, Ear, Nose, Throat Anti-Infectives Agents		
<i>acetic acid otic (ear) solution 2 %</i>	\$0 (Tier 1)	
<i>auro 6.5% ear drops 6.5 % *</i>	\$0 (Tier 4)	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	\$0 (Tier 1)	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> (AK-Poly-Bac)	\$0 (Tier 1)	
<i>bleph-10 ophthalmic (eye) drops 10 %</i>	\$0 (Tier 1)	
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %	\$0 - \$8.35 (Tier 2)	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i> (Ciloxan)	\$0 (Tier 1)	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i> (Cetraxal)	\$0 (Tier 1)	
COLY-MYCIN S OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	\$0 - \$8.35 (Tier 2)	
<i>cvs ear wax removal kit 6.5 % *</i>	\$0 (Tier 4)	
<i>debrox 6.5% ear drops 6.5 % *</i>	\$0 (Tier 4)	
<i>ear drops 6.5% 6.5 % *</i>	\$0 (Tier 4)	
<i>ear wax removal system 6.5 % *</i>	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	\$0 (Tier 1)	
<i>gatifloxacin ophthalmic (eye) drops 0.5 % (Zymaxid)</i>	\$0 (Tier 1)	
<i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	\$0 (Tier 1)	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	\$0 (Tier 1)	
<i>gentamicin ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i> (Gentak)	\$0 (Tier 1)	
<i>gnp ear system 6.5% 6.5 % *</i>	\$0 (Tier 4)	
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	\$0 (Tier 1)	
MOXEZA OPHTHALMIC (EYE) DROPS, VISCOUS 0.5 %	\$0 - \$8.35 (Tier 2)	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox)	\$0 (Tier 1)	
<i>murine ear wax removal system 6.5 % *</i>	\$0 (Tier 4)	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	\$0 - \$8.35 (Tier 2)	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC)	\$0 (Tier 1)	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin)	\$0 (Tier 1)	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol)	\$0 (Tier 1)	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> (Maxitrol)	\$0 (Tier 1)	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	\$0 (Tier 1)	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	\$0 (Tier 1)	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	\$0 (Tier 1)	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox)	\$0 (Tier 1)	
<i>ofloxacin otic (ear) drops 0.3 %</i>	\$0 (Tier 1)	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	\$0 (Tier 1)	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i> (Polytrim)	\$0 (Tier 1)	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i> (Bleph-10)	\$0 (Tier 1)	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	\$0 (Tier 1)	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	\$0 (Tier 1)	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	\$0 - \$8.35 (Tier 2)	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	\$0 - \$8.35 (Tier 2)	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i> (Tobrex)	\$0 (Tier 1)	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i> (TobraDex)	\$0 (Tier 1)	
<i>trifluridine ophthalmic (eye) drops 1 %</i> (Viroptic)	\$0 (Tier 1)	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	\$0 - \$8.35 (Tier 2)	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	\$0 - \$8.35 (Tier 2)	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		
<i>24h nasal allergy 55 mcg spray 55 mcg *</i>	\$0 (Tier 4)	
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	\$0 - \$8.35 (Tier 2)	ST
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	\$0 - \$8.35 (Tier 2)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>cvs nasal allergy 24hr spray 55 mcg *</i>	\$0 (Tier 4)	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	\$0 (Tier 1)	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	\$0 (Tier 1)	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	\$0 - \$8.35 (Tier 2)	
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	\$0 (Tier 1)	QL (50 per 25 days)
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> (FML Liquifilm)	\$0 (Tier 1)	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	\$0 (Tier 1)	
<i>fluticasone nasal spray,suspension 50 mcglactuation</i> (24 Hour Allergy Relief)	\$0 (Tier 1)	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	\$0 - \$8.35 (Tier 2)	
<i>ketorolac ophthalmic (eye) drops 0.4 %</i> (Acular LS)	\$0 (Tier 1)	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	\$0 (Tier 1)	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	\$0 - \$8.35 (Tier 2)	
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 %	\$0 - \$8.35 (Tier 2)	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	\$0 - \$8.35 (Tier 2)	
NASACORT ALLERGY 24HR SPRAY MULTI-SYMP,60 SPRAYS 55 MCG *	\$0 (Tier 4)	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Omnipred)	\$0 (Tier 1)	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	\$0 (Tier 1)	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	\$0 - \$8.35 (Tier 2)	
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	\$0 - \$8.35 (Tier 2)	QL (60 per 30 days)
<i>triamcinolone 55 mcg nasal spr (otc) 55 mcg *</i> (24 Hour Nasal Allergy)	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
Gastrointestinal Agents		
Antiflatulents		
<i>bicarsim forte 125 mg tablet 125 mg *</i>	\$0 (Tier 4)	
<i>cvs gas relief 125 mg chew tab extra strength 125 mg *</i>	\$0 (Tier 4)	
<i>cvs gas relief 125 mg softgel softgel 125 mg *</i>	\$0 (Tier 4)	
<i>cvs gas relief 80 mg tab chew 80 mg *</i>	\$0 (Tier 4)	
<i>cvs gas relief ex-str drops 40 mg/0.6 ml *</i>	\$0 (Tier 4)	
<i>gas relief 125 mg chew tablet max str, lactose-free 125 mg *</i>	\$0 (Tier 4)	
<i>gas relief 80 tablet chew 80 mg *</i>	\$0 (Tier 4)	
<i>gas-x ultra strength softgel 180 mg *</i>	\$0 (Tier 4)	
<i>inf gas rel 20 mg/0.3 ml drop 20mg/0.3ml, dye free 40 mg/0.6 ml *</i>	\$0 (Tier 4)	
<i>little remedies gas relief drp 40 mg/0.6 ml *</i>	\$0 (Tier 4)	
<i>mi-acid gas 80 mg tab chew 80 mg *</i>	\$0 (Tier 4)	
<i>mytab gas 80 mg tablet chew 80 mg *</i>	\$0 (Tier 4)	
<i>mytab gas max str 125 mg tab 125 mg *</i>	\$0 (Tier 4)	
<i>simethicone 180 mg softgel 180 mg *</i>	\$0 (Tier 4)	(Anti-Gas Ultra Strength)
<i>v-r anti-gas 166 mg softgel 166 mg *</i>	\$0 (Tier 4)	
Antiulcer Agents And Acid Suppressants		
<i>acid reducer 20 mg tablet maximum strength 20 mg *</i>	\$0 (Tier 4)	
<i>acid reducer dr 20 mg cap 20 mg *</i>	\$0 (Tier 4)	
CARAFATE ORAL SUSPENSION 100 MG/ML	\$0 - \$8.35 (Tier 2)	
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	\$0 (Tier 1)	
<i>cimetidine oral tablet 200 mg</i>	\$0 (Tier 1)	(Acid Reducer (cimetidine))
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	\$0 (Tier 1)	
<i>cvs acid controller 10 mg tab 10 mg *</i>	\$0 (Tier 4)	
<i>cvs cimetidine 200 mg tablet (otc) 200 mg *</i>	\$0 (Tier 4)	(Acid Reducer (cimetidine))
<i>eq omeprazole dr 20 mg odt 20 mg *</i>	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>esomeprazole mag dr 20 mg cap outer (otc) 20 mg *</i>	(Nexium) \$0 (Tier 4)	
<i>esomeprazole sodium intravenous recon soln 20 mg</i>	\$0 (Tier 1)	
<i>esomeprazole sodium intravenous recon soln 40 mg</i>	(Nexium IV) \$0 (Tier 1)	
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	\$0 (Tier 1)	
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i>	\$0 (Tier 1)	
<i>famotidine intravenous solution 10 mg/ml</i>	\$0 (Tier 1)	
<i>famotidine oral tablet 20 mg</i>	(Acid Controller) \$0 (Tier 1)	
<i>famotidine oral tablet 40 mg</i>	(Pepcid) \$0 (Tier 1)	
<i>gnp acid reducer 10 mg tablet 10 mg *</i>	\$0 (Tier 4)	
<i>hm lansoprazole dr 15 mg cap gluten-free,3 bottle (otc) 15 mg *</i>	(Heartburn Treatment 24 Hour) \$0 (Tier 4)	
<i>lansoprazole oral capsule,delayed release(drlec) 15 mg</i>	(Heartburn Treatment 24 Hour) \$0 (Tier 1)	
<i>lansoprazole oral capsule,delayed release(drlec) 30 mg</i>	(Prevacid) \$0 (Tier 1)	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	(Cytotec) \$0 (Tier 1)	
NEXIUM 24HR 20 MG CAPSULE 20 MG *	\$0 (Tier 4)	
<i>omeprazole dr 20 mg tablet 20 mg *</i>	\$0 (Tier 4)	
<i>omeprazole mag dr 20.6 mg cap two 14-days course 20 mg *</i>	(Acid Reducer (omeprazole)) \$0 (Tier 4)	
<i>omeprazole oral capsule,delayed release(drlec) 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	
<i>omeprazole-bicarb 20-1,100 cap 2x14 day course (otc) 20-1.1 mg-gram *</i>	(OmePPi) \$0 (Tier 4)	
<i>pantoprazole intravenous recon soln 40 mg</i>	(Protonix) \$0 (Tier 1)	
<i>pantoprazole oral tablet,delayed release (drlec) 20 mg, 40 mg</i>	(Protonix) \$0 (Tier 1)	
<i>pub famotidine 20 mg tablet max strength (otc) 20 mg *</i>	(Acid Controller) \$0 (Tier 4)	
<i>ra acid reducer 75 mg tablet 75 mg *</i>	\$0 (Tier 4)	
<i>ranitidine 150 mg tablet maximum strength (otc) 150 mg *</i>	(Acid Control (ranitidine)) \$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>ranitidine 75 mg tablet slf, sodium-free 75 mg *</i>	(Acid Reducer (ranitidine)) \$0 (Tier 4)	
<i>ranitidine hcl injection solution 25 mg/ml, 50 mg/2 ml (25 mg/ml)</i>	(Zantac) \$0 (Tier 1)	
<i>ranitidine hcl oral syrup 15 mg/ml</i>	\$0 (Tier 1)	
<i>ranitidine hcl oral tablet 150 mg</i>	(Acid Control (ranitidine)) \$0 (Tier 1)	
<i>ranitidine hcl oral tablet 300 mg</i>	(Zantac) \$0 (Tier 1)	
<i>sucralfate oral tablet 1 gram</i>	(Carafate) \$0 (Tier 1)	
<i>wal-zan 75 mg tablet 75 mg *</i>	\$0 (Tier 4)	
<i>zantac 75 mg tablet 75 mg *</i>	\$0 (Tier 4)	
Gastrointestinal Agents, Other		
<i>acid gone antacid liquid 95-358 mg/15 ml *</i>	\$0 (Tier 4)	
<i>acid gone tablet chew 160-105 mg *</i>	\$0 (Tier 4)	
ALKA-SELTZER GOLD TAB EFF 344-1,050-1,000 MG *	\$0 (Tier 4)	
<i>almacone liquid 200-200-20 mg/5 ml *</i>	\$0 (Tier 4)	
<i>almacone-2 liquid 400-400-40 mg/5 ml *</i>	\$0 (Tier 4)	
<i>aluminum hydroxide gel 600 mg/5 ml *</i>	\$0 (Tier 4)	
<i>aluminum hydroxide gel sugar-free 320 mg/5 ml *</i>	\$0 (Tier 4)	
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	\$0 - \$8.35 (Tier 2)	QL (60 per 30 days)
<i>antacid 1000-200 mg tab chew 1,000-200 mg *</i>	\$0 (Tier 4)	
<i>antacid 675-135 mg tab chew ex-str, asstd fruit 675-135 mg *</i>	\$0 (Tier 4)	
<i>antacid chewable tablet peppermint flavor 550-110 mg *</i>	\$0 (Tier 4)	
<i>antacid ii-simethicone liq 400-400-30 mg/5 ml *</i>	\$0 (Tier 4)	
<i>antacid ii-simethicone liq 400-400-40 mg/5 ml *</i>	\$0 (Tier 4)	
<i>anti-diarrheal 1 mg/5 ml liq 1 mg/5 ml *</i>	\$0 (Tier 4)	
<i>anti-diarrheal 2 mg caplet caplet 2 mg *</i>	\$0 (Tier 4)	
<i>bismatrol 525 mg/15 ml susp 525 mg/15 ml *</i>	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>bismatrol 525 mg/30 ml susp 262 mg/15 ml</i> *	\$0 (Tier 4)	
<i>bismatrol tablet chew 262 mg</i> *	\$0 (Tier 4)	
<i>calci-chew tablet 500 mg calcium (1,250 mg)</i> *	\$0 (Tier 4)	
<i>calcium 500 mg chewable tablet tab</i> (Calci-Chew) <i>chew,plf 500 mg calcium (1,250 mg)</i> *	\$0 (Tier 4)	
<i>calcium antacid 1,000 mg tab ultra, chew, max str 400 mg calcium (1,000 mg)</i> *	\$0 (Tier 4)	
<i>calcium antacid 500 mg chw tab assorted fruit 200 mg calcium (500 mg)</i> *	\$0 (Tier 4)	
<i>calcium antacid 750 mg tb chew gluten-free 300 mg (750 mg)</i> *	\$0 (Tier 4)	
<i>cal-gest 500 mg tablet chew 200 mg calcium (500 mg)</i> *	\$0 (Tier 4)	
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	\$0 - \$8.35 (Tier 2)	NM
<i>child soothe 400 mg tab chew 400 mg</i> *	\$0 (Tier 4)	
<i>children pepto 400 mg tab chew bubble gum, nalf 400 mg</i> *	\$0 (Tier 4)	
<i>comfort gel max str susp max-str 400-400-40 mg/5 ml</i> *	\$0 (Tier 4)	
<i>comfort gel suspension regular str, cherry 200-200-20 mg/5 ml</i> *	\$0 (Tier 4)	
<i>constulose oral solution 10 gram/15 ml</i>	\$0 (Tier 1)	
<i>cvs antacid plus anti-gas liq maximum strength 400-400-40 mg/5 ml</i> *	\$0 (Tier 4)	
<i>cvs antacid supreme liquid 400-135 mg/5 ml</i> *	\$0 (Tier 4)	
<i>cvs antacid ultra tab chew ultra strength 400 mg calcium (1,000 mg)</i> *	\$0 (Tier 4)	
<i>cvs antacid xtra str chew tab extra-strength 300 mg (750 mg)</i> *	\$0 (Tier 4)	
<i>cvs antacid-antigas liquid regular strength 200-200-20 mg/5 ml</i> *	\$0 (Tier 4)	
<i>cvs antacid-simethicone liquid 200-200-20 mg/5 ml</i> *	\$0 (Tier 4)	
<i>cvs anti-diarrheal 2 mg sftgel 2 mg</i> *	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>cvs anti-diarrheal suspension 262 mg/15 ml</i> *	\$0 (Tier 4)	
<i>cvs bismuth max-strength liq 525 mg/15 ml</i> *	\$0 (Tier 4)	
<i>cvs bismuth regular liquid 262 mg/15 ml</i> *	\$0 (Tier 4)	
<i>cvs flavor chew antacid 750 mg 300 mg (750 mg)</i> *	\$0 (Tier 4)	
<i>cvs heartburn relief chew tab 160-105 mg</i> *	\$0 (Tier 4)	
<i>cvs heartburn relief liquid 254-237.5 mg/5 ml</i> *	\$0 (Tier 4)	
<i>cvs lax dietary 500 mg caplet 500 mg</i> *	\$0 (Tier 4)	
<i>cvs loperamide 1 mg/7.5 ml liq mint 1 mg/7.5 ml</i> *	\$0 (Tier 4)	(Anti-Diarrheal (loperamide))
<i>diamode 2 mg tablet outer, f/c 2 mg</i> *	\$0 (Tier 4)	
<i>dicyclomine oral capsule 10 mg</i>	\$0 (Tier 1)	
<i>dicyclomine oral solution 10 mg/5 ml</i>	\$0 (Tier 1)	
<i>dicyclomine oral tablet 20 mg</i>	\$0 (Tier 1)	
<i>diotame instydose 524 mg/30 ml 524 mg/30 ml</i> *	\$0 (Tier 4)	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	\$0 (Tier 1)	(Lomotil) PA-HRM; AGE (Max 64 Years)
<i>enulose oral solution 10 gram/15 ml</i>	\$0 (Tier 1)	
<i>eq liquid antacid susp maximum strength 400-400-40 mg/5 ml</i> *	\$0 (Tier 4)	
FLEET PEDIA-LAX TABLET CHEW 400 MG (170 MG) *	\$0 (Tier 4)	
<i>foaming antacid liquid 95-358 mg/15 ml</i> *	\$0 (Tier 4)	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	\$0 - \$8.35 (Tier 2)	PA; NM
<i>gelusil tablet chewable cool mint 200-200-25 mg</i> *	\$0 (Tier 4)	
<i>generlac oral solution 10 gram/15 ml</i>	\$0 (Tier 1)	
<i>glycopyrrolate injection solution 0.2 mg/ml</i>	\$0 (Tier 1)	
<i>glycopyrrolate oral tablet 1 mg</i>	\$0 (Tier 1)	(Robinul)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte)	\$0 (Tier 1)	
<i>heartburn antacid chew tablet 160-105 mg</i> *	\$0 (Tier 4)	
IMODIUM A-D 1 MG/7.5 ML LIQUID MINT, AGES 6+ 1 MG/7.5 ML *	\$0 (Tier 4)	
<i>imodium a-d 2 mg softgel 2 mg</i> *	\$0 (Tier 4)	
IMODIUM MULTI-SYMPTOM REL CPLT MULTI-SYMPTOM,CAPLET 2-125 MG *	\$0 (Tier 4)	
<i>kaopectate 262 mg/15 ml susp vanilla flavor 262 mg/15 ml</i> *	\$0 (Tier 4)	
<i>kaopectate extra strength liq peppermint 525 mg/15 ml</i> *	\$0 (Tier 4)	
<i>kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml</i>	\$0 (Tier 1)	
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	\$0 (Tier 1)	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	\$0 - \$8.35 (Tier 2)	QL (30 per 30 days)
<i>liquid antacid suspension regular strength 200-200-20 mg/5 ml</i> *	\$0 (Tier 4)	
<i>loperamide 1 mg/5 ml liquid 1 mg/5 ml</i> * (Anti-Diarrheal (loperamide))	\$0 (Tier 4)	
<i>loperamide 1 mg/7.5 ml susp mint 1 mg/7.5 ml</i> * (Anti-Diarrheal (loperamide))	\$0 (Tier 4)	
<i>lo-peramide 2 mg caplet 2 mg</i> *	\$0 (Tier 4)	
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	\$0 (Tier 1)	
<i>maalox advanced suspension regular strength 200-200-20 mg/5 ml</i> *	\$0 (Tier 4)	
MAG-AL LIQUID 200-200 MG/5 ML *	\$0 (Tier 4)	
<i>magnesium 250 mg tablet plf 250 mg</i> *	\$0 (Tier 4)	
MAGNESIUM 400 MG CAPS 400 MG *	\$0 (Tier 4)	
<i>magnesium 400 mg tablet gluten-free 400 mg magnesium</i> *	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>magnesium oxide 400 mg tablet (MagOx) slf,plf,gluten-free 400 mg (241.3 mg magnesium) *</i>	\$0 (Tier 4)	
<i>magnesium oxide 420 mg tablet 420 mg *</i>	\$0 (Tier 4)	
<i>magnesium oxide 500 mg capsule 500 mg *</i>	\$0 (Tier 4)	
<i>magnesium oxide 500 mg tablet (Laxative Dietary Supplement) plf,slf,lactose-free 500 mg *</i>	\$0 (Tier 4)	
<i>mag-oxide magnesium 200 mg tab 200 mg magnesium *</i>	\$0 (Tier 4)	
<i>masanti liquid 400-400-40 mg/5 ml *</i>	\$0 (Tier 4)	
<i>medi-bismuth chew tablet 262 mg *</i>	\$0 (Tier 4)	
<i>medi-first pep-t-med tab chew 262 mg *</i>	\$0 (Tier 4)	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<i>metoclopramide hcl injection solution 5 mg/ml</i>	\$0 (Tier 1)	
<i>metoclopramide hcl injection syringe 5 mg/ml</i>	\$0 (Tier 1)	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	\$0 (Tier 1)	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg (Reglan)</i>	\$0 (Tier 1)	
<i>mgo 400 mg tablet 400 mg (241.3 mg magnesium) *</i>	\$0 (Tier 4)	
<i>mi acid suspension 200-200-20 mg/5 ml, 400-400-40 mg/5 ml *</i>	\$0 (Tier 4)	
<i>mi-acid ds tablet 700-300 mg *</i>	\$0 (Tier 4)	
<i>mintox maximum strength susp max str, lemon creme 400-400-40 mg/5 ml *</i>	\$0 (Tier 4)	
<i>mintox plus tablet chewable 200-200-25 mg *</i>	\$0 (Tier 4)	
<i>mintox suspension mint creme 200-200-20 mg/5 ml *</i>	\$0 (Tier 4)	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	\$0 - \$8.35 (Tier 2)	QL (30 per 30 days)
NUTRESTORE ORAL POWDER IN PACKET 5 GRAM	\$0 - \$8.35 (Tier 2)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
OCALIVA ORAL TABLET 10 MG, 5 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (30 per 30 days)
<i>phillips 500 mg caplet 500 mg *</i>	\$0 (Tier 4)	
PHILLIPS' MOM TABLET CHEW 311 MG *	\$0 (Tier 4)	
<i>ra antacid xtra str chew tab tropical fruits 300 mg (750 mg) *</i>	\$0 (Tier 4)	
<i>ra antacid-gas relief liquid 400-400-40 mg/5 ml *</i>	\$0 (Tier 4)	
<i>ra magnesium 500 mg capsule 500 mg *</i>	\$0 (Tier 4)	
<i>ra pink bismuth caplet caplet,slf 262 mg *</i>	\$0 (Tier 4)	
RAVICTI ORAL LIQUID 1.1 GRAM/ML	\$0 - \$8.35 (Tier 2)	PA; NM
RELISTOR ORAL TABLET 150 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (90 per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	\$0 - \$8.35 (Tier 2)	PA; NM; QL (28 per 28 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	\$0 - \$8.35 (Tier 2)	PA; NM; QL (28 per 28 days)
<i>ri-gel ii suspension 400-400-40 mg/5 ml *</i>	\$0 (Tier 4)	
<i>ri-gel suspension 200-200-20 mg/5 ml *</i>	\$0 (Tier 4)	
<i>riginic suspension 131-31.7 mg/5 ml *</i>	\$0 (Tier 4)	
<i>ri-mox plus suspension 225-200-25 mg/5 ml *</i>	\$0 (Tier 4)	
<i>ri-mox suspension 200-200-20 mg/5 ml *</i>	\$0 (Tier 4)	
<i>sm antacid anti-gas liquid 400-400-30 mg/5 ml *</i>	\$0 (Tier 4)	
<i>sm foaming antacid tablet chew 80-20 mg *</i>	\$0 (Tier 4)	
<i>sm stomach relief caplet 262 mg *</i>	\$0 (Tier 4)	
<i>sod polystyren sulf 15 g/60 ml sorbitol free 15 gram/60 ml</i>	\$0 (Tier 1)	
<i>sodium bicarb 325 mg tablet 325 mg *</i>	\$0 (Tier 4)	
<i>sodium bicarb 650 mg tablet 10 gr 650 mg *</i>	\$0 (Tier 4)	
<i>sodium phenylbutyrate oral tablet 500 mg (Buphenyl)</i>	\$0 (Tier 1)	NM
<i>sodium polystyrene sulfonate oral powder</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>soothe 262 mg caplet caplet 262 mg *</i>	\$0 (Tier 4)	
<i>soothe 262 mg/15 ml suspension slf 262 mg/15 ml *</i>	\$0 (Tier 4)	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	\$0 (Tier 1)	
<i>ursodiol oral capsule 300 mg</i>	(\$0 (Tier 1)) (Actigall)	
<i>ursodiol oral tablet 250 mg</i>	(\$0 (Tier 1)) (URSO 250)	
<i>ursodiol oral tablet 500 mg</i>	(\$0 (Tier 1)) (URSO Forte)	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	\$0 - \$8.35 (Tier 2)	QL (30 per 30 days)
VIBERZI ORAL TABLET 100 MG, 75 MG	\$0 - \$8.35 (Tier 2)	ST; NM; QL (60 per 30 days)
XERMELO ORAL TABLET 250 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (90 per 30 days)
Laxatives		
<i>alophen pills 5 mg *</i>	\$0 (Tier 4)	
<i>bisac-evac 10 mg suppository 10 mg *</i>	\$0 (Tier 4)	
<i>bisacodyl 10 mg suppository 10 mg *</i>	(\$0 (Tier 4)) (Bisac-Evac)	
<i>bisacodyl ec 5 mg tablet usp 5 mg *</i>	(\$0 (Tier 4)) (Alophen)	
<i>biscolax 10 mg suppository 10 mg *</i>	\$0 (Tier 4)	
<i>castor oil 100 % *</i>	\$0 (Tier 4)	
CEO-TWO SUPPOSITORY 0.9-0.6 GRAM *	\$0 (Tier 4)	
<i>chocolated laxative gluten-free, reg str 15 mg *</i>	\$0 (Tier 4)	
<i>citroma solution *</i>	\$0 (Tier 4)	
<i>col-rite 250 mg softgel 250 mg *</i>	\$0 (Tier 4)	
<i>curad enema ready-to-use 19-7 gram/118 ml *</i>	\$0 (Tier 4)	
<i>cvs citrate of magnesia soln *</i>	(\$0 (Tier 4)) (Citrate of Magnesia)	
<i>cvs enema disposable 19-7 gram/118 ml *</i>	\$0 (Tier 4)	
<i>cvs fiber 0.52 g capsule 0.52 gram *</i>	\$0 (Tier 4)	
<i>cvs fiber laxative 625 mg cplt caplet 625 mg *</i>	\$0 (Tier 4)	
<i>cvs fiber therapy 500 mg caplt soluble, caplet 500 mg *</i>	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>cvs glycerin suppository laxative</i> * (Fleet Glycerin (Adult))	\$0 (Tier 4)	
<i>cvs kids 100 mg mini enema 100 mg/5 ml</i> *	\$0 (Tier 4)	
<i>cvs laxative 15 mg pills pills, chocolate 15 mg</i> *	\$0 (Tier 4)	
<i>cvs laxative pills 25 mg</i> *	\$0 (Tier 4)	
<i>cvs magnesium citrate soln</i> * (Citrate of Magnesia)	\$0 (Tier 4)	
<i>cvs milk of magnesia susp 400 mg/5 ml</i> *	\$0 (Tier 4)	
<i>cvs mineral oil</i> * (Mineral Oil Extra Heavy)	\$0 (Tier 4)	
<i>cvs mineral oil enema latex-free</i> * (Fleet Mineral Oil)	\$0 (Tier 4)	
<i>cvs natural daily fiber powder 3.4 gram/5.8 gram</i> *	\$0 (Tier 4)	
<i>cvs natural daily fiber powder 3.4 gram/7 gram</i> *	\$0 (Tier 4)	
<i>cvs purelax powder 17 gram/dose</i> *	\$0 (Tier 4)	
<i>cvs purelax powder packet slf, 10 daily doses 17 gram</i> *	\$0 (Tier 4)	
<i>cvs senna-extra 17.2 mg tablet 17.2 mg</i> *	\$0 (Tier 4)	
<i>cvs stool softener 50 mg softgel 50 mg</i> *	\$0 (Tier 4)	
<i>cvs suppository</i> *	\$0 (Tier 4)	
<i>docu liquid 50 mg/5 ml 50 mg/5 ml</i> *	\$0 (Tier 4)	
<i>docusate sodium 100 mg tablet crushable 100 mg</i> * (Docuprene)	\$0 (Tier 4)	
<i>docusol mini-enema outer 283 mg</i> *	\$0 (Tier 4)	
<i>dok 100 mg softgel softgel 100 mg</i> *	\$0 (Tier 4)	
<i>dok 100 mg tablet 100 mg</i> *	\$0 (Tier 4)	
<i>dulcoease 100 mg softgel 100 mg</i> *	\$0 (Tier 4)	
<i>dulcolax ss 100 mg softgel 100 mg</i> *	\$0 (Tier 4)	
<i>enema ready to use 19-7 gram/118 ml</i> *	\$0 (Tier 4)	
<i>enema ready to use 2x133ml, latex free 19-7 gram/118 ml</i> *	\$0 (Tier 4)	
<i>enemeez mini enema 5cc tubes, outer 283 mg/5 ml</i> *	\$0 (Tier 4)	
<i>enemeez plus mini enema outer 283-20 mg/5 ml</i> *	\$0 (Tier 4)	
<i>eq fiber therapy powder</i> *	\$0 (Tier 4)	
<i>eq vegetable laxative tablet 8.6 mg</i> *	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>eql fiber therapy powder 3.4 gram/7 gram</i> *	\$0 (Tier 4)	
<i>eql laxative ec 5 mg tablet 5 mg</i> *	\$0 (Tier 4)	
<i>eql senna laxative 8.6 mg tab 8.6 mg</i> *	\$0 (Tier 4)	
<i>eql woman's laxative 5 mg tab 5 mg</i> *	\$0 (Tier 4)	
<i>equalactin 500 mg tab chew 500 mg</i> *	\$0 (Tier 4)	
<i>evac-u-gen 8.6 mg tablet 8.6 mg</i> *	\$0 (Tier 4)	
<i>ex-lax chocolate chocolate 15 mg</i> *	\$0 (Tier 4)	
<i>ex-lax pills 15 mg</i> *	\$0 (Tier 4)	
<i>fiber laxative 625 mg caplet caplet 625 mg</i> *	\$0 (Tier 4)	
<i>fiber laxative capsule 0.52 gram</i> *	\$0 (Tier 4)	
<i>fiber tablet unboxed 625 mg</i> *	\$0 (Tier 4)	
<i>fiber therapy powder 2 gram/19 gram</i> *	\$0 (Tier 4)	
<i>fiber-lax captabs 500mg polycarbophil 625 mg</i> *	\$0 (Tier 4)	
<i>fleet bisacodyl ec 5 mg tab 5 mg</i> *	\$0 (Tier 4)	
<i>fleet glycerin adult suppos</i> *	\$0 (Tier 4)	
<i>fleet pedia-lax stool softener 50 mg/15 ml</i> *	\$0 (Tier 4)	
<i>fleet pedia-lax suppositories</i> *	\$0 (Tier 4)	
<i>gavilyte-c oral recon soln 240-22.72-6.72 - 5.84 gram</i>	\$0 (Tier 1)	
<i>gavilyte-g oral recon soln 236-22.74-6.74 - 5.86 gram</i>	\$0 (Tier 1)	
<i>gavilyte-n oral recon soln 420 gram</i>	\$0 (Tier 1)	
<i>glycerin adult suppository</i> * (Fleet Glycerin (Adult))	\$0 (Tier 4)	
<i>glycerin pediatric suppository infants & children</i> * (Fleet Glycerin (Child))	\$0 (Tier 4)	
<i>glycolax powder 7 doses (otc) 17 gram/dose</i> *	\$0 (Tier 4)	
<i>gnp citrate of magnesia soln</i> *	\$0 (Tier 4)	
<i>healthylax powder packet 14x17gm, outer 17 gram</i> *	\$0 (Tier 4)	
<i>hm castor oil odorless-tasteless</i> *	\$0 (Tier 4)	
HYDROCIL INSTANT PACKET *	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
KONSYL 520 MG CAPSULE 0.52 GRAM *	\$0 (Tier 4)	
<i>konsyl fiber 625 mg caplet caplet, slf 625 mg *</i>	\$0 (Tier 4)	
<i>konsyl psyllium fiber packet orange, gluten free 3.4 gram *</i>	\$0 (Tier 4)	
<i>kro gentlelax 17 gram powder 17 gram/dose *</i>	\$0 (Tier 4)	
<i>laxative 15 mg pills 15 mg *</i>	\$0 (Tier 4)	
<i>laxative-senna tablet 25 mg *</i>	\$0 (Tier 4)	
<i>magic bullet 10 mg suppos 10 mg *</i>	\$0 (Tier 4)	
<i>medi-lax pills 15 mg *</i>	\$0 (Tier 4)	
<i>medi-mucil capsule 0.52 gram *</i>	\$0 (Tier 4)	
<i>medi-natural tablet 8.6 mg *</i>	\$0 (Tier 4)	
<i>milk of magnesia suspension 400 mg/5 ml *</i>	\$0 (Tier 4)	
<i>mineral oil laxative *</i>	\$0 (Tier 4)	
<i>mineral oil usp *</i>	\$0 (Tier 4)	(Mineral Oil Extra Heavy)
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM	\$0 - \$8.35 (Tier 2)	
<i>natural fiber lax powder *</i>	\$0 (Tier 4)	
<i>natural fiber laxative powder 3.4 gram/5.8 gram *</i>	\$0 (Tier 4)	
<i>natural senna laxative tab 8.6 mg *</i>	\$0 (Tier 4)	
<i>oral saline laxative liquid slf, ginger lemon 7.2-2.7 gram/15 ml *</i>	\$0 (Tier 4)	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	\$0 (Tier 1)	(GaviLyte-G)
<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram</i>	\$0 (Tier 1)	(Colyte with Flavor Packs)
<i>peg-electrolyte soln oral recon soln 420 gram</i>	\$0 (Tier 1)	(GaviLyte-N)
<i>perdiem overnight relief tb 15 mg *</i>	\$0 (Tier 4)	
<i>phillips' lax liqui-gels 100 mg *</i>	\$0 (Tier 4)	
<i>phosphate oral saline laxative slf, ginger lemon 7.2-2.7 gram/15 ml *</i>	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i> (ClearLax)	\$0 (Tier 1)	
<i>polyethylene glycol 3350 powd (otc) 17 gram *</i> (ClearLax)	\$0 (Tier 4)	
<i>polyethylene glycol 3350 powd 17 grams pkts,outer (otc) 17 gram *</i> (ClearLax)	\$0 (Tier 4)	
<i>polyethylene glycol 3350 powd 7 once-daily doses (otc) 17 gram/dose *</i> (ClearLax)	\$0 (Tier 4)	
POLYETHYLENE GLYCOL 3350 POWD NF, PEG-75 *	\$0 (Tier 4)	
<i>polyethylene glycol 3350 powd outer (otc) 17 gram *</i> (ClearLax)	\$0 (Tier 4)	
<i>promolaxin 100 mg tablet 100 mg *</i>	\$0 (Tier 4)	
<i>psyllium capsule 0.4 gram *</i> (Fiber (psyllium husk))	\$0 (Tier 4)	
<i>pure & gentle saline enema 19-7 gram/118 ml *</i>	\$0 (Tier 4)	
<i>pv glycerin adult suppository *</i> (Fleet Glycerin (Adult))	\$0 (Tier 4)	
<i>pv infant glycerin suppos *</i> (Fleet Glycerin (Child))	\$0 (Tier 4)	
<i>pv natural fiber laxative pwd 3.4 gram/11 gram *</i>	\$0 (Tier 4)	
<i>pv oral saline laxative kit slf 7.2-2.7 gram/15 ml *</i>	\$0 (Tier 4)	
<i>pv phosphate laxative solution slf *</i>	\$0 (Tier 4)	
<i>qc docusate cal 240 mg capsule 240 mg *</i> (Kao-Tin (docusate calcium))	\$0 (Tier 4)	
<i>qc mineral oil heavy *</i> (Mineral Oil Extra Heavy)	\$0 (Tier 4)	
<i>qc natural vegetable powder 48 doses, reg flavor *</i>	\$0 (Tier 4)	
<i>qc natura-lax 17 gm powder 17 gram/dose *</i>	\$0 (Tier 4)	
<i>ra col-rite 50 mg softgel 50 mg *</i>	\$0 (Tier 4)	
<i>ra enema twin pack 2 x 4.5oz, rtu 19-7 gram/118 ml *</i>	\$0 (Tier 4)	
<i>ra fast relief lax 10 mg supp 10 mg *</i>	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>ra fiber laxative powder 3.4 gram/7 gram *</i>	\$0 (Tier 4)	
<i>ra laxative 17.2 mg tablet 17.2 mg *</i>	\$0 (Tier 4)	
<i>ra laxative peg 3350 powder 14 once-daily doses 17 gram/dose *</i>	\$0 (Tier 4)	
<i>ra mineral oil extra-heavy extra-heavy *</i>	\$0 (Tier 4)	
<i>ra natural fiber 100% powder 3.4 gram/5.8 gram *</i>	\$0 (Tier 4)	
<i>ra natural fiber 100% powder 3.4 gram/5.8 gram *</i>	\$0 (Tier 4)	
<i>reguloid capsule 0.4 gram, 0.52 gram *</i>	\$0 (Tier 4)	
<i>reguloid powder orange *</i>	\$0 (Tier 4)	
<i>sani-supp adult suppository outer *</i>	\$0 (Tier 4)	
<i>sani-supp pediatric suppos outer *</i>	\$0 (Tier 4)	
<i>senexon 8.6 mg tablet 8.6 mg *</i>	\$0 (Tier 4)	
<i>senexon 8.8 mg/5 ml liquid 8.8 mg/5 ml *</i>	\$0 (Tier 4)	
<i>senna 8.6 mg tablet 8.6 mg *</i>	\$0 (Tier 4)	
<i>senna 8.8 mg/5 ml syrup grx 8.8 mg/5 ml *</i>	\$0 (Tier 4)	
<i>senna-time 8.6 mg tablet 8.6 mg *</i>	\$0 (Tier 4)	
<i>silace 50 mg/5 ml liquid 50 mg/5 ml *</i>	\$0 (Tier 4)	
<i>silace 60 mg/15 ml syrup 60 mg/15 ml *</i>	\$0 (Tier 4)	
<i>sm castor oil 95 % *</i>	\$0 (Tier 4)	
<i>sm clearlax powder 17 gram/dose *</i>	\$0 (Tier 4)	
<i>sm fiber capsule 0.4 gram *</i>	\$0 (Tier 4)	
<i>sm fiber laxative 500 mg cplt 500 mg *</i>	\$0 (Tier 4)	
<i>sm fiber powder 3 gram/5.8 gram *</i>	\$0 (Tier 4)	
<i>sm fiber smooth powder *</i>	\$0 (Tier 4)	
<i>sm glycerin adult suppository *</i>	(Fleet Glycerin (Adult)) \$0 (Tier 4)	
<i>sm glycerin pediatric suppo *</i>	(Fleet Glycerin (Child)) \$0 (Tier 4)	
<i>sm laxative pediatric suppos *</i>	\$0 (Tier 4)	
<i>sm oral saline laxative liquid slf *</i>	\$0 (Tier 4)	
<i>smoothlax powder packet slf, 10 daily doses 17 gram *</i>	\$0 (Tier 4)	
<i>stool softener 100 mg softgel softgel 100 mg *</i>	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>stool softener 240 mg softgel softgel 240 mg *</i>	\$0 (Tier 4)	
<i>stool softener 250 mg softgel softgel, ex-str 250 mg *</i>	\$0 (Tier 4)	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	\$0 - \$8.35 (Tier 2)	
<i>trilyte with flavor packets oral recon soln 420 gram</i>	\$0 (Tier 1)	
<i>wal-mucil 0.52 g capsule 0.52 gram *</i>	\$0 (Tier 4)	
WAL-MUCIL 100% NATURAL FIBER S/F, 114 DOSES, ORANGE 3.4 GRAM/5.8 GRAM *	\$0 (Tier 4)	
<i>womans stool softener 100 mg 100 mg *</i>	\$0 (Tier 4)	
Phosphate Binders		
CALCIUM ACETATE 668 MG TABLET 668 MG (169 MG CALCIUM) *	\$0 (Tier 4)	
<i>calcium acetate oral capsule 667 mg</i>	\$0 (Tier 1)	
<i>calcium acetate oral tablet 667 mg (Calphron)</i>	\$0 (Tier 1)	
<i>eliphos oral tablet 667 mg</i>	\$0 (Tier 1)	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	\$0 - \$8.35 (Tier 2)	
RENAGEL ORAL TABLET 400 MG, 800 MG	\$0 - \$8.35 (Tier 2)	
<i>sevelamer carbonate oral powder in packet (Renvela) 0.8 gram, 2.4 gram</i>	\$0 (Tier 1)	
<i>sevelamer carbonate oral tablet 800 mg (Renvela)</i>	\$0 (Tier 1)	
VELPHORO ORAL TABLET, CHEWABLE 500 MG	\$0 - \$8.35 (Tier 2)	
Genitourinary Agents		
Antispasmodics, Urinary		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg (Urecholine)</i>	\$0 (Tier 1)	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	\$0 - \$8.35 (Tier 2)	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	\$0 (Tier 1)	
<i>oxybutynin chloride oral tablet 5 mg</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg</i> (Ditropan XL)	\$0 (Tier 1)	
<i>oxybutynin chloride oral tablet extended release 24hr 15 mg</i>	\$0 (Tier 1)	
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i> (Detrol LA)	\$0 (Tier 1)	
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	\$0 (Tier 1)	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	\$0 - \$8.35 (Tier 2)	
<i>tropium oral capsule, extended release 24hr 60 mg</i>	\$0 (Tier 1)	
<i>tropium oral tablet 20 mg</i>	\$0 (Tier 1)	
VESICARE ORAL TABLET 10 MG, 5 MG	\$0 - \$8.35 (Tier 2)	
Genitourinary Agents, Miscellaneous		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	\$0 (Tier 1)	
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	\$0 (Tier 1)	
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> (Jalyn)	\$0 (Tier 1)	QL (30 per 30 days)
<i>finasteride oral tablet 5 mg</i> (Proscar)	\$0 (Tier 1)	
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	\$0 (Tier 1)	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	
Heavy Metal Antagonists		
Heavy Metal Antagonists		
CUPRIMINE ORAL CAPSULE 250 MG	\$0 - \$8.35 (Tier 2)	PA; NM
<i>deferoxamine injection recon soln 2 gram, 500 mg</i> (Desferal)	\$0 (Tier 1)	PA
DEPEN TITRATABS ORAL TABLET 250 MG	\$0 - \$8.35 (Tier 2)	PA; NM
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	\$0 - \$8.35 (Tier 2)	PA; NM
FERRIPROX ORAL SOLUTION 100 MG/ML	\$0 - \$8.35 (Tier 2)	PA; NM

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
FERRIPROX ORAL TABLET 500 MG	\$0 - \$8.35 (Tier 2)	PA; NM
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	\$0 - \$8.35 (Tier 2)	PA; NM
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG	\$0 - \$8.35 (Tier 2)	PA; NM
<i>trientine oral capsule 250 mg</i> (Syprine)	\$0 (Tier 1)	PA; NM; QL (240 per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying		
Androgens		
ANADROL-50 ORAL TABLET 50 MG	\$0 - \$8.35 (Tier 2)	PA; NM
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	\$0 - \$8.35 (Tier 2)	PA; QL (30 per 30 days)
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	\$0 - \$8.35 (Tier 2)	PA; QL (150 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)	\$0 - \$8.35 (Tier 2)	PA; QL (150 per 30 days)
<i>androxy oral tablet 10 mg</i>	\$0 (Tier 1)	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	\$0 (Tier 1)	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i> (Oxandrin)	\$0 (Tier 1)	
<i>testosterone cypionate intramuscular oil 100 mg/ml</i> (Depo-Testosterone)	\$0 (Tier 1)	PA
<i>testosterone cypionate intramuscular oil 200 mg/ml</i> (Depo-Testosterone)	\$0 (Tier 1)	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	\$0 (Tier 1)	PA; QL (5 per 28 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i> (AndroGel)	\$0 (Tier 1)	PA; QL (300 per 30 days)
Estrogens And Antiestrogens		
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	\$0 - \$8.35 (Tier 2)	PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)
DUAVEE ORAL TABLET 0.45-20 MG	\$0 - \$8.35 (Tier 2)	PA-HRM; AGE (Max 64 Years)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Alora)	\$0 (Tier 1)	PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)
<i>estradiol transdermal patch semiweekly 0.0375 mg/24 hr</i> (Minivelle)	\$0 (Tier 1)	PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Climara)	\$0 (Tier 1)	PA-HRM; QL (4 per 28 days); AGE (Max 64 Years)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	\$0 (Tier 1)	
<i>estradiol vaginal tablet 10 mcg</i> (Vagifem)	\$0 (Tier 1)	QL (18 per 28 days)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i> (Delestrogen)	\$0 (Tier 1)	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i> (Activella)	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	\$0 - \$8.35 (Tier 2)	QL (1 per 84 days)
<i>lopreeza oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	\$0 - \$8.35 (Tier 2)	PA-HRM; AGE (Max 64 Years)
<i>mimvey lo oral tablet 0.5-0.1 mg</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>mimvey oral tablet 1-0.5 mg</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
PREMARIN INJECTION RECON SOLN 25 MG	\$0 - \$8.35 (Tier 2)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	\$0 - \$8.35 (Tier 2)	PA-HRM; AGE (Max 64 Years)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	\$0 - \$8.35 (Tier 2)	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	\$0 - \$8.35 (Tier 2)	PA-HRM; AGE (Max 64 Years)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	\$0 - \$8.35 (Tier 2)	PA-HRM; AGE (Max 64 Years)
<i>raloxifene oral tablet 60 mg</i> (Evista)	\$0 (Tier 1)	
<i>yuvafem vaginal tablet 10 mcg</i>	\$0 (Tier 1)	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids		
<i>a-hydrocort injection recon soln 100 mg</i>	\$0 (Tier 1)	
<i>betamethasone acet,sod phos injection suspension 6 mg/ml</i> (Celestone Soluspan)	\$0 (Tier 1)	
<i>cortisone oral tablet 25 mg</i>	\$0 (Tier 1)	PA BvD
<i>decadron oral elixir 0.5 mg/5 ml</i>	\$0 (Tier 1)	PA BvD
<i>dexamethasone oral elixir 0.5 mg/5 ml</i> (Decadron)	\$0 (Tier 1)	PA BvD
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg</i> (Decadron)	\$0 (Tier 1)	PA BvD
<i>dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg</i>	\$0 (Tier 1)	PA BvD
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	\$0 (Tier 1)	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	\$0 (Tier 1)	
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	\$0 (Tier 1)	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	\$0 - \$8.35 (Tier 2)	PA; NM; QL (39 per 30 days)
EMFLAZA ORAL TABLET 18 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (30 per 30 days)
EMFLAZA ORAL TABLET 30 MG, 36 MG, 6 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (60 per 30 days)
<i>fludrocortisone oral tablet 0.1 mg</i>	\$0 (Tier 1)	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	\$0 (Tier 1)	PA BvD

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
KENALOG INJECTION SUSPENSION 10 MG/ML, 40 MG/ML	\$0 - \$8.35 (Tier 2)	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i> (Depo-Medrol)	\$0 (Tier 1)	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Medrol)	\$0 (Tier 1)	PA BvD
<i>methylprednisolone oral tablets, dose pack 4 mg</i> (Medrol (Pak))	\$0 (Tier 1)	PA BvD
<i>methylprednisolone sodium succ recon soln 125 mg, 40 mg</i>	\$0 (Tier 1)	
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i> (Solu-Medrol)	\$0 (Tier 1)	
<i>prednisolone 15 mg/5 ml soln alf, dlf 15 mg/5 ml (3 mg/ml)</i>	\$0 (Tier 1)	PA BvD
<i>prednisolone oral solution 15 mg/5 ml</i>	\$0 (Tier 1)	PA BvD
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	\$0 (Tier 1)	PA BvD
<i>prednisone oral solution 5 mg/5 ml</i>	\$0 (Tier 1)	PA BvD
<i>prednisone oral tablet 1 mg, 2.5 mg, 5 mg, 50 mg</i>	\$0 (Tier 1)	PA BvD
<i>prednisone oral tablet 10 mg</i>	\$0 (Tier 1)	PA BvD
<i>prednisone oral tablet 20 mg</i> (Deltasone)	\$0 (Tier 1)	PA BvD
<i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	\$0 (Tier 1)	PA BvD
SOLU-CORTEF (PF) INJECTION RECON SOLN 100 MG/2 ML	\$0 - \$8.35 (Tier 2)	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i> (Kenalog)	\$0 (Tier 1)	
Pituitary		
<i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i> (DDAVP)	\$0 (Tier 1)	
<i>desmopressin injection solution 4 mcg/ml</i> (DDAVP)	\$0 (Tier 1)	
<i>desmopressin nasal solution 0.1 mg/ml (refrigerate)</i> (DDAVP)	\$0 (Tier 1)	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	\$0 (Tier 1)	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	\$0 - \$8.35 (Tier 2)	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	\$0 - \$8.35 (Tier 2)	PA; NM
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	\$0 - \$8.35 (Tier 2)	PA; NM
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	\$0 - \$8.35 (Tier 2)	PA; NM
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG	\$0 - \$8.35 (Tier 2)	PA; NM
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	\$0 - \$8.35 (Tier 2)	NM
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	\$0 - \$8.35 (Tier 2)	NM
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	\$0 - \$8.35 (Tier 2)	NM
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML)	\$0 - \$8.35 (Tier 2)	PA; NM
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 5 MG/1.5 ML (3.3 MG/ML)	\$0 - \$8.35 (Tier 2)	PA
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	\$0 - \$8.35 (Tier 2)	PA; NM

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>octreotide acetate injection solution 1,000 mcg/ml</i>	\$0 (Tier 1)	NM
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml</i> (Sandostatin)	\$0 (Tier 1)	
<i>octreotide acetate injection solution 200 mcg/ml</i>	\$0 (Tier 1)	
<i>octreotide acetate injection solution 500 mcg/ml</i> (Sandostatin)	\$0 (Tier 1)	NM
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	\$0 (Tier 1)	
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	\$0 (Tier 1)	NM
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	\$0 - \$8.35 (Tier 2)	PA; NM
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	\$0 - \$8.35 (Tier 2)	PA; NM
ORILISSA ORAL TABLET 150 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (56 per 28 days)
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.)	\$0 - \$8.35 (Tier 2)	PA; NM
SAIZEN SUBCUTANEOUS RECON SOLN 5 MG, 8.8 MG	\$0 - \$8.35 (Tier 2)	PA; NM
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 10 MG, 20 MG, 30 MG	\$0 - \$8.35 (Tier 2)	NM
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	\$0 - \$8.35 (Tier 2)	PA; NM
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	\$0 - \$8.35 (Tier 2)	NM; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	\$0 - \$8.35 (Tier 2)	NM; QL (1 per 28 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	\$0 - \$8.35 (Tier 2)	NM
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	\$0 - \$8.35 (Tier 2)	NM; QL (1 per 360 days)
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	\$0 - \$8.35 (Tier 2)	NM
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	\$0 - \$8.35 (Tier 2)	NM; QL (1 per 168 days)
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG	\$0 - \$8.35 (Tier 2)	PA; NM
ZOMACTON SUBCUTANEOUS RECON SOLN 5 MG	\$0 - \$8.35 (Tier 2)	PA
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG	\$0 - \$8.35 (Tier 2)	PA; NM
Progestins		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	\$0 - \$8.35 (Tier 2)	QL (10 per 28 days)
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	\$0 (Tier 1)	PA NSO
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	\$0 (Tier 1)	QL (1 per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	\$0 (Tier 1)	QL (1 per 84 days)
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	\$0 (Tier 1)	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>norethindrone acetate oral tablet 5 mg</i> (Aygestin)	\$0 (Tier 1)	
<i>progesterone in oil intramuscular oil 50 mg/ml</i>	\$0 (Tier 1)	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	\$0 (Tier 1)	
Thyroid And Antithyroid Agents		
<i>levothyroxine intravenous recon soln 100 mcg, 200 mcg, 500 mcg</i>	\$0 (Tier 1)	NM

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Levo-T)	\$0 (Tier 1)	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	\$0 (Tier 1)	
<i>methimazole oral tablet 10 mg, 5 mg</i> (Tapazole)	\$0 (Tier 1)	
<i>propylthiouracil oral tablet 50 mg</i>	\$0 (Tier 1)	
Immunological Agents		
Immunological Agents		
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	\$0 - \$8.35 (Tier 2)	PA; NM
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	\$0 - \$8.35 (Tier 2)	PA; NM
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	\$0 - \$8.35 (Tier 2)	NM
ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	\$0 - \$8.35 (Tier 2)	PA BvD
<i>azathioprine oral tablet 50 mg</i> (Imuran)	\$0 (Tier 1)	PA BvD
<i>azathioprine sodium injection recon soln 100 mg</i>	\$0 (Tier 1)	PA BvD
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 12 GRAM, 6 GRAM	\$0 - \$8.35 (Tier 2)	PA BvD; NM
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	\$0 - \$8.35 (Tier 2)	PA; NM
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	\$0 - \$8.35 (Tier 2)	PA; NM
<i>cyclosporine intravenous solution 250 mg/5 ml</i> (Sandimmune)	\$0 (Tier 1)	PA BvD
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)	\$0 (Tier 1)	PA BvD
<i>cyclosporine modified oral capsule 50 mg</i>	\$0 (Tier 1)	PA BvD

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)	\$0 (Tier 1)	PA BvD
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	\$0 (Tier 1)	PA BvD
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	\$0 - \$8.35 (Tier 2)	PA; NM
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51), 50 MG/ML (0.98 ML)	\$0 - \$8.35 (Tier 2)	PA; NM
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (0.98 ML)	\$0 - \$8.35 (Tier 2)	PA; NM
ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	\$0 - \$8.35 (Tier 2)	PA BvD
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	\$0 - \$8.35 (Tier 2)	PA BvD; NM
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE, 15-18 % RANGE (10 ML), 15-18 % RANGE (2 ML)	\$0 - \$8.35 (Tier 2)	PA BvD
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	\$0 - \$8.35 (Tier 2)	PA BvD; NM
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	\$0 - \$8.35 (Tier 2)	PA BvD; NM
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	\$0 - \$8.35 (Tier 2)	PA BvD; NM
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	\$0 - \$8.35 (Tier 2)	PA BvD; NM
<i>gengraf oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	PA BvD
<i>gengraf oral solution 100 mg/ml</i>	\$0 (Tier 1)	PA BvD
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML, 40 MG/0.8 ML (6 PACK), 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	\$0 - \$8.35 (Tier 2)	PA; NM

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML, 80 MG/0.8 ML	\$0 - \$8.35 (Tier 2)	PA; NM
HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	\$0 - \$8.35 (Tier 2)	PA; NM
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	\$0 - \$8.35 (Tier 2)	PA; NM
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 10 MG/0.2 ML, 20 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	\$0 - \$8.35 (Tier 2)	PA; NM
HYPERRAB (PF) INTRAMUSCULAR SOLUTION 300 UNIT/ML	\$0 - \$8.35 (Tier 2)	
HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML, 150 UNIT/ML (10 ML)	\$0 - \$8.35 (Tier 2)	
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	\$0 - \$8.35 (Tier 2)	PA BvD; NM
ILARIS (PF) SUBCUTANEOUS RECON SOLN 150 MG/ML	\$0 - \$8.35 (Tier 2)	PA; NM
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	\$0 - \$8.35 (Tier 2)	PA; NM
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	\$0 - \$8.35 (Tier 2)	PA; NM
IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	\$0 - \$8.35 (Tier 2)	
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	\$0 - \$8.35 (Tier 2)	PA; NM
KEDRAB (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	\$0 - \$8.35 (Tier 2)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	\$0 - \$8.35 (Tier 2)	PA; NM; QL (2.28 per 28 days)
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	\$0 - \$8.35 (Tier 2)	PA; NM; QL (2.28 per 28 days)
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	\$0 - \$8.35 (Tier 2)	PA; NM; QL (18.76 per 28 days)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	(Arava)	\$0 (Tier 1)
<i>mycophenolate mofetil hcl intravenous recon soln 500 mg</i>	(CellCept Intravenous)	\$0 (Tier 1)
<i>mycophenolate mofetil oral capsule 250 mg</i>	(CellCept)	\$0 (Tier 1)
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	(CellCept)	\$0 (Tier 1)
<i>mycophenolate mofetil oral tablet 500 mg</i>	(CellCept)	\$0 (Tier 1)
<i>mycophenolate sodium oral tablet, delayed release (drlec) 180 mg, 360 mg</i>	(Myfortic)	\$0 (Tier 1)
NULOJIX INTRAVENOUS RECON SOLN 250 MG	\$0 - \$8.35 (Tier 2)	PA BvD; NM
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	\$0 - \$8.35 (Tier 2)	PA BvD; NM
OLUMIANT ORAL TABLET 2 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (30 per 30 days)
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	\$0 - \$8.35 (Tier 2)	PA; NM
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	\$0 - \$8.35 (Tier 2)	PA; NM
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	\$0 - \$8.35 (Tier 2)	PA; NM
OTEZLA ORAL TABLET 30 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	\$0 - \$8.35 (Tier 2)	PA; NM; QL (60 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	\$0 - \$8.35 (Tier 2)	
PRIVIGEN INTRAVENOUS SOLUTION 10 %	\$0 - \$8.35 (Tier 2)	PA BvD; NM
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	\$0 - \$8.35 (Tier 2)	PA BvD
RAPAMUNE ORAL SOLUTION 1 MG/ML	\$0 - \$8.35 (Tier 2)	PA BvD; NM
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 27.5 MG/0.55 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	\$0 - \$8.35 (Tier 2)	
REMICADE INTRAVENOUS RECON SOLN 100 MG	\$0 - \$8.35 (Tier 2)	PA; NM
RIDAURA ORAL CAPSULE 3 MG	\$0 - \$8.35 (Tier 2)	NM
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	\$0 - \$8.35 (Tier 2)	PA; NM
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	\$0 - \$8.35 (Tier 2)	PA; NM
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	\$0 - \$8.35 (Tier 2)	PA; NM
<i>sirolimus oral tablet 0.5 mg, 1 mg</i> (Rapamune)	\$0 (Tier 1)	PA BvD
<i>sirolimus oral tablet 2 mg</i> (Rapamune)	\$0 (Tier 1)	PA BvD; NM
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	\$0 - \$8.35 (Tier 2)	PA; NM
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	\$0 - \$8.35 (Tier 2)	PA; NM
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	\$0 - \$8.35 (Tier 2)	PA; NM
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	\$0 (Tier 1)	PA BvD

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	\$0 - \$8.35 (Tier 2)	PA; NM; LA; QL (15 per 28 days)
XELJANZ ORAL TABLET 10 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (60 per 30 days)
XELJANZ ORAL TABLET 5 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (120 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (30 per 30 days)
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	\$0 - \$8.35 (Tier 2)	PA BvD; NM
Vaccines		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	\$0 - \$8.35 (Tier 2)	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	\$0 - \$8.35 (Tier 2)	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	\$0 - \$8.35 (Tier 2)	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	\$0 - \$8.35 (Tier 2)	PA BvD
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	\$0 - \$8.35 (Tier 2)	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	\$0 - \$8.35 (Tier 2)	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	\$0 - \$8.35 (Tier 2)	
CERVARIX VACCINE (PF) INTRAMUSCULAR SYRINGE 20-20 MCG/0.5 ML	\$0 - \$8.35 (Tier 2)	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	\$0 - \$8.35 (Tier 2)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	\$0 - \$8.35 (Tier 2)	PA BvD
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	\$0 - \$8.35 (Tier 2)	PA BvD
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.5 ML	\$0 - \$8.35 (Tier 2)	PA BvD
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	\$0 - \$8.35 (Tier 2)	PA BvD
GARDASIL (PF) INTRAMUSCULAR SUSPENSION 20-40-40-20 MCG/0.5 ML	\$0 - \$8.35 (Tier 2)	QL (1.5 per 365 days)
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	\$0 - \$8.35 (Tier 2)	QL (1.5 per 365 days)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	\$0 - \$8.35 (Tier 2)	QL (1.5 per 365 days)
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	\$0 - \$8.35 (Tier 2)	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	\$0 - \$8.35 (Tier 2)	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	\$0 - \$8.35 (Tier 2)	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	\$0 - \$8.35 (Tier 2)	PA BvD
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML	\$0 - \$8.35 (Tier 2)	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	\$0 - \$8.35 (Tier 2)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	\$0 - \$8.35 (Tier 2)	
IPOL INJECTION SYRINGE 40-8-32 UNIT/0.5 ML	\$0 - \$8.35 (Tier 2)	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	\$0 - \$8.35 (Tier 2)	
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML	\$0 - \$8.35 (Tier 2)	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	\$0 - \$8.35 (Tier 2)	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	\$0 - \$8.35 (Tier 2)	
MENHIBRIX (PF) INTRAMUSCULAR RECON SOLN 5-2.5 MCG/0.5 ML	\$0 - \$8.35 (Tier 2)	
MENOMUNE - A/C/Y/W-135 (PF) SUBCUTANEOUS RECON SOLN 50 MCG	\$0 - \$8.35 (Tier 2)	
MENOMUNE - A/C/Y/W-135 SUBCUTANEOUS RECON SOLN 50 MCG	\$0 - \$8.35 (Tier 2)	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	\$0 - \$8.35 (Tier 2)	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	\$0 - \$8.35 (Tier 2)	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	\$0 - \$8.35 (Tier 2)	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	\$0 - \$8.35 (Tier 2)	
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML	\$0 - \$8.35 (Tier 2)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
PENTACEL DTAP-IPV COMPNT (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	\$0 - \$8.35 (Tier 2)	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3-3.99 TCID50/0.5	\$0 - \$8.35 (Tier 2)	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	\$0 - \$8.35 (Tier 2)	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	\$0 - \$8.35 (Tier 2)	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	\$0 - \$8.35 (Tier 2)	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	\$0 - \$8.35 (Tier 2)	PA BvD
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	\$0 - \$8.35 (Tier 2)	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	\$0 - \$8.35 (Tier 2)	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	\$0 - \$8.35 (Tier 2)	QL (2 per 365 days)
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	\$0 - \$8.35 (Tier 2)	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	\$0 - \$8.35 (Tier 2)	
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	\$0 - \$8.35 (Tier 2)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
TETANUS-DIPHThERIA TOXOIDS-TD INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	\$0 - \$8.35 (Tier 2)	
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	\$0 - \$8.35 (Tier 2)	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	\$0 - \$8.35 (Tier 2)	
TWINRIX (PF) INTRAMUSCULAR SUSPENSION 720 ELISA UNIT- 20 MCG/ML	\$0 - \$8.35 (Tier 2)	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	\$0 - \$8.35 (Tier 2)	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	\$0 - \$8.35 (Tier 2)	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	\$0 - \$8.35 (Tier 2)	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	\$0 - \$8.35 (Tier 2)	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	\$0 - \$8.35 (Tier 2)	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	\$0 - \$8.35 (Tier 2)	QL (2 per 365 days)
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	\$0 - \$8.35 (Tier 2)	
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	\$0 - \$8.35 (Tier 2)	QL (1 per 365 days)
Inflammatory Bowel Disease Agents		
Inflammatory Bowel Disease Agents		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	(Lotronex)	\$0 (Tier 1) NM

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM	\$0 - \$8.35 (Tier 2)	
<i>balsalazide oral capsule 750 mg</i> (Colazal)	\$0 (Tier 1)	
<i>budesonide oral capsule, delayed, extend. release 3 mg</i> (Entocort EC)	\$0 (Tier 1)	NM
CANASA RECTAL SUPPOSITORY 1,000 MG	\$0 - \$8.35 (Tier 2)	
<i>colocort rectal enema 100 mg/60 ml</i>	\$0 (Tier 1)	
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG	\$0 - \$8.35 (Tier 2)	
DIPENTUM ORAL CAPSULE 250 MG	\$0 - \$8.35 (Tier 2)	ST; NM
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Colocort)	\$0 (Tier 1)	
LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2 GRAM	\$0 (Tier 1)	
<i>mesalamine oral tablet, delayed release (drlec) 800 mg</i> (Asacol HD)	\$0 (Tier 1)	
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	\$0 (Tier 1)	
<i>sulfasalazine oral tablet, delayed release (drlec) 500 mg</i> (Azulfidine EN-tabs)	\$0 (Tier 1)	
UCERIS RECTAL FOAM 2 MG/ACTUATION	\$0 - \$8.35 (Tier 2)	
Irrigating Solutions		
Irrigating Solutions		
<i>acetic acid irrigation solution 0.25 %</i>	\$0 (Tier 1)	
LACTATED RINGERS IRRIGATION SOLUTION	\$0 - \$8.35 (Tier 2)	
<i>ringer's irrigation solution</i>	\$0 (Tier 1)	
<i>sodium chloride irrigation solution 0.9 %</i> (Aqua Care Sodium Chloride)	\$0 (Tier 1)	
<i>sorbitol irrigation solution 3 %, 3.3 %</i>	\$0 (Tier 1)	
<i>sorbitol-mannitol urethral solution 2.7-0.54 g/100 ml</i>	\$0 (Tier 1)	
<i>water for irrigation, sterile irrigation solution</i> (Aqua Care Sterile Water)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate oral solution 70 mg/75 ml</i>	\$0 (Tier 1)	QL (300 per 28 days)
<i>alendronate oral tablet 10 mg, 40 mg, 5 mg</i>	\$0 (Tier 1)	
<i>alendronate oral tablet 35 mg</i>	\$0 (Tier 1)	QL (4 per 28 days)
<i>alendronate oral tablet 70 mg</i> (Fosamax)	\$0 (Tier 1)	QL (4 per 28 days)
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/lactuation</i>	\$0 (Tier 1)	QL (3.7 per 28 days)
<i>calcitriol intravenous solution 1 mcg/ml</i>	\$0 (Tier 1)	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol)	\$0 (Tier 1)	
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	\$0 (Tier 1)	
<i>doxercalciferol intravenous solution 4 mcg/2 ml</i> (Hectorol)	\$0 (Tier 1)	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	\$0 (Tier 1)	
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML	\$0 - \$8.35 (Tier 2)	PA; QL (2.4 per 28 days)
<i>ibandronate intravenous solution 3 mg/3 ml</i>	\$0 (Tier 1)	QL (3 per 84 days)
<i>ibandronate intravenous syringe 3 mg/3 ml</i> (Boniva)	\$0 (Tier 1)	QL (3 per 84 days)
<i>ibandronate oral tablet 150 mg</i> (Boniva)	\$0 (Tier 1)	QL (1 per 28 days)
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	\$0 - \$8.35 (Tier 2)	
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	\$0 - \$8.35 (Tier 2)	PA; NM; QL (2 per 28 days)
<i>paricalcitol hemodialysis port injection solution 2 mcg/ml</i>	\$0 (Tier 1)	
PARICALCITOL HEMODIALYSIS PORT INJECTION SOLUTION 5 MCG/ML	\$0 (Tier 1)	
<i>paricalcitol intravenous solution 2 mcg/ml</i> (Zemplar)	\$0 (Tier 1)	
PARICALCITOL INTRAVENOUS SOLUTION 5 MCG/ML (Zemplar)	\$0 (Tier 1)	
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>paricalcitol oral capsule 4 mcg</i>	\$0 (Tier 1)	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	\$0 - \$8.35 (Tier 2)	QL (1 per 180 days)
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	\$0 - \$8.35 (Tier 2)	QL (60 per 30 days)
<i>risedronate oral tablet 150 mg</i> (Actonel)	\$0 (Tier 1)	QL (1 per 28 days)
<i>risedronate oral tablet 30 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>risedronate oral tablet 5 mg</i> (Actonel)	\$0 (Tier 1)	QL (30 per 30 days)
SENSIPAR ORAL TABLET 30 MG	\$0 - \$8.35 (Tier 2)	QL (60 per 30 days)
SENSIPAR ORAL TABLET 60 MG	\$0 - \$8.35 (Tier 2)	NM; QL (60 per 30 days)
SENSIPAR ORAL TABLET 90 MG	\$0 - \$8.35 (Tier 2)	NM; QL (120 per 30 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	\$0 - \$8.35 (Tier 2)	PA; QL (1.56 per 30 days)
<i>zoledronic acid intravenous recon soln 4 mg</i>	\$0 (Tier 1)	
<i>zoledronic acid intravenous solution 4 mg/5 ml</i> (Zometa)	\$0 (Tier 1)	
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i> (Reclast)	\$0 (Tier 1)	QL (100 per 300 days)
<i>zoledronic ac-mannitol-0.9nacl intravenous piggyback 4 mg/100 ml</i>	\$0 (Tier 1)	
ZOMETA INTRAVENOUS PIGGYBACK 4 MG/100 ML	\$0 - \$8.35 (Tier 2)	NM
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	\$0 - \$8.35 (Tier 2)	NM
<i>amifostine crystalline intravenous recon soln 500 mg</i> (Ethyol)	\$0 (Tier 1)	
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	\$0 - \$8.35 (Tier 2)	PA; NM
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	\$0 - \$8.35 (Tier 2)	PA; NM; QL (4 per 28 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	\$0 - \$8.35 (Tier 2)	PA; NM; QL (4 per 28 days)
CETYLEV ORAL TABLET, EFFERVESCENT 2.5 GRAM, 500 MG	\$0 - \$8.35 (Tier 2)	
<i>cvs epsom salt granules 495 mg/5 gram *</i>	\$0 (Tier 4)	
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML	\$0 - \$8.35 (Tier 2)	NM
<i>droperidol injection solution 2.5 mg/ml</i>	\$0 (Tier 1)	
ELMIRON ORAL CAPSULE 100 MG	\$0 - \$8.35 (Tier 2)	
ENDARI ORAL POWDER IN PACKET 5 GRAM	\$0 - \$8.35 (Tier 2)	PA; NM; QL (180 per 30 days)
<i>ergoloid oral tablet 1 mg</i>	\$0 (Tier 1)	
EXONDYS 51 INTRAVENOUS SOLUTION 50 MG/ML, 50 MG/ML (10 ML)	\$0 - \$8.35 (Tier 2)	PA; NM; LA
<i>fomepizole intravenous solution 1 gram/ml</i>	\$0 (Tier 1)	NM
<i>gnp epsom salt granules 495 mg/5 gram *</i>	\$0 (Tier 4)	
<i>guanidine oral tablet 125 mg</i>	\$0 (Tier 1)	
<i>hydroxyzine pamoate oral capsule 100 mg</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i> (Vistaril)	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
KEVEYIS ORAL TABLET 50 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (120 per 30 days)
<i>leucovorin calcium injection recon soln 100 mg</i>	\$0 (Tier 1)	
<i>leucovorin calcium injection recon soln 200 mg, 350 mg, 50 mg, 500 mg</i>	\$0 (Tier 1)	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	\$0 (Tier 1)	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i> (Carnitor)	\$0 (Tier 1)	
<i>levocarnitine oral tablet 330 mg</i> (Carnitor)	\$0 (Tier 1)	
LEVOLEUCOVORIN INTRAVENOUS RECON SOLN 175 MG	\$0 - \$8.35 (Tier 2)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>levoleucovorin intravenous recon soln 50 mg</i> (Fusilev)	\$0 (Tier 1)	NM
<i>mesna intravenous solution 100 mg/ml</i> (Mesnex)	\$0 (Tier 1)	
MESNEX ORAL TABLET 400 MG	\$0 - \$8.35 (Tier 2)	NM
MESTINON ORAL SYRUP 60 MG/5 ML	\$0 - \$8.35 (Tier 2)	NM
POLYETHYLENE GLYCOL 3350 GRAN *	\$0 (Tier 4)	
PROGLYCEM ORAL SUSPENSION 50 MG/ML	\$0 - \$8.35 (Tier 2)	
<i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)	\$0 (Tier 1)	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i> (Mestinon Timespan)	\$0 (Tier 1)	
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	\$0 - \$8.35 (Tier 2)	PA; NM
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	\$0 - \$8.35 (Tier 2)	PA; NM
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	\$0 - \$8.35 (Tier 2)	PA NSO; NM; QL (60 per 30 days)
THIOLA ORAL TABLET 100 MG	\$0 - \$8.35 (Tier 2)	NM
TOTECT INTRAVENOUS RECON SOLN 500 MG	\$0 - \$8.35 (Tier 2)	NM
TYBOST ORAL TABLET 150 MG	\$0 - \$8.35 (Tier 2)	QL (30 per 30 days)
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	\$0 - \$8.35 (Tier 2)	NM; QL (24 per 14 days)
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	\$0 - \$8.35 (Tier 2)	PA; NM; QL (120 per 30 days)
Ophthalmic Agents		
Antiglaucoma Agents		
<i>acetazolamide oral capsule, extended release 500 mg</i>	\$0 (Tier 1)	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	\$0 (Tier 1)	
<i>acetazolamide sodium injection recon soln 500 mg</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	\$0 - \$8.35 (Tier 2)	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	\$0 - \$8.35 (Tier 2)	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	\$0 (Tier 1)	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	\$0 (Tier 1)	
<i>carteolol ophthalmic (eye) drops 1 %</i>	\$0 (Tier 1)	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	\$0 - \$8.35 (Tier 2)	
<i>dorzolamide ophthalmic (eye) drops 2 %</i> (Trusopt)	\$0 (Tier 1)	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> (Cosopt)	\$0 (Tier 1)	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i> (Xalatan)	\$0 (Tier 1)	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	\$0 (Tier 1)	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	\$0 - \$8.35 (Tier 2)	QL (2.5 per 25 days)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>metipranolol ophthalmic (eye) drops 0.3 %</i>	\$0 (Tier 1)	
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	\$0 - \$8.35 (Tier 2)	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i> (Isopto Carpine)	\$0 (Tier 1)	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	\$0 - \$8.35 (Tier 2)	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	\$0 - \$8.35 (Tier 2)	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i> (Timoptic)	\$0 (Tier 1)	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i> (Istalol)	\$0 (Tier 1)	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i> (Timoptic-XE)	\$0 (Tier 1)	
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	\$0 - \$8.35 (Tier 2)	QL (2.5 per 25 days)
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	\$0 - \$8.35 (Tier 2)	QL (30 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
Replacement Preparations		
Replacement Preparations		
<i>calci-mix 1.25 gm capsule 500 mg calcium (1,250 mg) *</i>	\$0 (Tier 4)	
<i>calcitrate 200 mg (950 mg) tab 200 mg (950 mg) *</i>	\$0 (Tier 4)	
<i>cal-citrate plus vitamin d tab 250-100 mg-unit *</i>	\$0 (Tier 4)	
<i>calcium 500+d tablet chew 500 mg (1,250mg) -400 unit *</i>	\$(Calcium 500 + D) (Tier 4)	
<i>calcium 600 + vit d 400 softgl 600 mg (1,500mg) -400 unit *</i>	\$(Calcium 600 with Vitamin D3) (Tier 4)	
<i>calcium 600+d softgel 600 mg calcium-200 unit *</i>	\$0 (Tier 4)	
<i>calcium 600-vit d3 500 softgel rapid release, sftgl 600 mg (1,500mg) -500 unit *</i>	\$(Calcium 600 with Vitamin D3) (Tier 4)	
<i>calcium adult gummies 250 mg calcium-350 unit *</i>	\$0 (Tier 4)	
<i>calcium carbonate 648 mg tab 260 mg calcium (648 mg) *</i>	\$0 (Tier 4)	
<i>calcium chloride intravenous solution 100 mg/ml (10%)</i>	\$0 (Tier 1)	
<i>calcium chloride intravenous syringe 100 mg/ml (10%)</i>	\$0 (Tier 1)	
<i>calcium cit 315-vit d3 250 tab 315-250 mg-unit *</i>	\$(Calcitrate-Vitamin D) (Tier 4)	
<i>calcium citrate - vit d caplet caplet, coated 315-200 mg-unit *</i>	\$(Calcium Citrate + D) (Tier 4)	
<i>calcium citrate + caplet caplet, coated 315-200 mg-unit *</i>	\$0 (Tier 4)	
<i>calcium citrate malate with d 250-100 mg-unit *</i>	\$0 (Tier 4)	
<i>calcium citrate with d tablet plf,s/f 200-125 mg-unit *</i>	\$0 (Tier 4)	
<i>calcium cit-vit d 250-200 tab plf, coated, no lact 250 mg calcium- 200 unit *</i>	\$(Citracal Regular) (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>calcium gluconate 50 mg tablet 50 mg calcium *</i>	\$0 (Tier 4)	
<i>calcium gluconate 500 mg tab 45 mg (500 mg) *</i>	\$0 (Tier 4)	
<i>calcium gluconate 648 mg tab 61 mg (648 mg) *</i>	\$0 (Tier 4)	
<i>calcium gluconate 650 mg tab 60 mg calcium (650 mg) *</i>	\$0 (Tier 4)	
<i>calcium gummies 250 mg calcium- 500 unit *</i> (Citracal + D3 (calcium phos))	\$0 (Tier 4)	
<i>calcium lactate 648 mg tablet 84 mg (648 mg) *</i>	\$0 (Tier 4)	
<i>calcium with magnesium tab 300-300 mg *</i>	\$0 (Tier 4)	
<i>calcium with vit d tablet caplet,slf,nalf,plf 1,500-200 mg-unit *</i>	\$0 (Tier 4)	
CALTRATE 600 + D SOFT CHEW TAB CHOCOLATE TRUFFLE 600 MG (1,500 MG)-800 UNIT *	\$0 (Tier 4)	
<i>calvite p&d tablet 105-120 mg-unit *</i>	\$0 (Tier 4)	
<i>citracal + d maximum caplet 315-250 mg-unit *</i>	\$0 (Tier 4)	
<i>citrus calcium + d tablet 315-250 mg-unit *</i>	\$0 (Tier 4)	
<i>citrus calcium 200-vit d3 250 200 mg calcium -250 unit *</i>	\$0 (Tier 4)	
<i>cvs calcium 250-d3 400 gummy 250-400 mg-unit *</i> (Caltrate Gummy Bites)	\$0 (Tier 4)	
<i>cvs calcium citrate-vit d cplt caplet 315-250 mg-unit *</i> (Calcitrate-Vitamin D)	\$0 (Tier 4)	
<i>cvs calcium citrate-vit d tab 315-250 mg-unit *</i> (Calcitrate-Vitamin D)	\$0 (Tier 4)	
<i>cvs magnesium 250 mg tablet 250 mg *</i>	\$0 (Tier 4)	
<i>cvs pediatric electrolyte soln *</i>	\$0 (Tier 4)	
<i>cvs pediatric electrolyte soln alf, plf *</i>	\$0 (Tier 4)	
<i>cvs pediatric electrolyte soln dyelfree, strawberry *</i>	\$0 (Tier 4)	
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	\$0 (Tier 1)	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	\$0 (Tier 1)	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	\$0 (Tier 1)	
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	\$0 (Tier 1)	
<i>dextrose 5 %-lactated ringers intravenous parenteral solution</i>	\$0 (Tier 1)	
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	\$0 (Tier 1)	
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	\$0 (Tier 1)	
<i>dextrose with sodium chloride intravenous parenteral solution 5-0.2 %</i>	\$0 (Tier 1)	
<i>electrolyte-48 in d5w intravenous parenteral solution</i>	\$0 (Tier 1)	
<i>eq calcium citrate-d tablet slf,plf,gluten-free 315-250 mg-unit *</i>	(Calcitrate-Vitamin D) \$0 (Tier 4)	
IONOSOL-B IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 - \$8.35 (Tier 2)	
IONOSOL-MB IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 - \$8.35 (Tier 2)	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 - \$8.35 (Tier 2)	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	\$0 - \$8.35 (Tier 2)	
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	\$0 (Tier 1)	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	\$0 (Tier 1)	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	\$0 (Tier 1)	
<i>klor-con sprinkle oral capsule, extended release 10 meq, 8 meq</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>liquid calcium 600-vit d3 sfgl 600 mg(1,500mg) -400 unit *</i>	\$0 (Tier 4)	
<i>liquid calcium 600-vit d3 sfgl softgel,plf,gluten-f 600 mg(1,500mg) -500 unit *</i>	\$0 (Tier 4)	
<i>liquid calcium with vitamin d softgel, slf, plf 600 mg calcium- 200 unit *</i>	\$0 (Tier 4)	
<i>mag delay dr 70 mg tablet 70 mg *</i>	\$0 (Tier 4)	
<i>mag64 dr 64 mg tablet 64 mg *</i>	\$0 (Tier 4)	
<i>magbid er 84 mg tablet 84 mg *</i>	\$0 (Tier 4)	
<i>mag-g 500 mg tablet 27 mg magnesium (500 mg) *</i>	\$0 (Tier 4)	
<i>magnesium 200 mg tablet slf, plf, milkfree 200 mg *</i>	\$0 (Tier 4)	
<i>magnesium chloride ec 64 mg tb 64 mg *</i> (Mag 64)	\$0 (Tier 4)	
MAGNESIUM CITRATE 100 MG TAB 100 MG *	\$0 (Tier 4)	
<i>magnesium lactate sr 84 mg cpt 84 mg *</i> (MagBid ER)	\$0 (Tier 4)	
<i>magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml</i>	\$0 (Tier 1)	
<i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4%), 40 gram/1,000 ml (4%)</i>	\$0 (Tier 1)	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4%), 4 gram/100 ml (4%), 4 gram/50 ml (8%)</i>	\$0 (Tier 1)	
<i>magnesium sulfate injection solution 4 meq/ml (50%)</i>	\$0 (Tier 1)	
<i>magnesium sulfate injection syringe 4 meq/ml</i>	\$0 (Tier 1)	
MAGONATE 54 MG/5 ML LIQUID 54 MG/5 ML *	\$0 (Tier 4)	
<i>natural calcium 500 mg tablet 500 mg calcium (1,250 mg) *</i>	\$0 (Tier 4)	
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	\$0 - \$8.35 (Tier 2)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	\$0 - \$8.35 (Tier 2)	
<i>nu-mag 71.5 mg tablet 71.5 mg *</i>	\$0 (Tier 4)	
<i>oralyte freezer pops *</i>	\$0 (Tier 4)	
<i>oralyte solution *</i>	\$0 (Tier 4)	
<i>oysco-500 tablet 500 mg calcium (1,250 mg) *</i>	\$0 (Tier 4)	
<i>oyster shell calcium 500 mg tb 500mg elemental ca 500 mg calcium (1,250 mg) *</i>	\$0 (Tier 4)	
<i>pediatric electrolyte pwd pack natural flavor 10.6-4.7 meq/8.5 gram *</i>	\$0 (Tier 4)	
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	\$0 - \$8.35 (Tier 2)	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	\$0 - \$8.35 (Tier 2)	
PLASMA-LYTE-56 IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 - \$8.35 (Tier 2)	
<i>potassium acetate intravenous solution 2 meq/ml</i>	\$0 (Tier 1)	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	\$0 (Tier 1)	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	\$0 (Tier 1)	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	\$0 (Tier 1)	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	\$0 (Tier 1)	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l, 40 meq/l</i>	\$0 (Tier 1)	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>potassium chloride intravenous solution 2 meq/ml</i>	\$0 (Tier 1)	
<i>potassium chloride intravenous solution 2 meq/ml (20 ml)</i>	\$0 (Tier 1)	
<i>potassium chloride oral capsule, extended release 10 meq</i>	\$0 (Tier 1)	
<i>potassium chloride oral capsule, extended release 8 meq</i> (Klor-Con Sprinkle)	\$0 (Tier 1)	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	\$0 (Tier 1)	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i> (K-Tab)	\$0 (Tier 1)	
<i>potassium chloride oral tablet, er particles/crystals 10 meq</i> (Klor-Con M10)	\$0 (Tier 1)	
<i>potassium chloride oral tablet, er particles/crystals 20 meq</i> (Klor-Con M20)	\$0 (Tier 1)	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	\$0 (Tier 1)	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i>	\$0 (Tier 1)	
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	\$0 (Tier 1)	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	\$0 (Tier 1)	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	\$0 (Tier 1)	
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	\$0 (Tier 1)	
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i> (Urocit-K 5)	\$0 (Tier 1)	
<i>potassium citrate-citric acid oral packet 3,300-1,002 mg</i> (Cytra K Crystals)	\$0 (Tier 1)	
<i>ra magnesium 250 mg tablet 250 mg *</i>	\$0 (Tier 4)	
<i>ra pediatric electrolyte soln alf *</i>	\$0 (Tier 4)	
<i>ra pediatric freezer pops *</i>	\$0 (Tier 4)	
<i>ringer's intravenous parenteral solution</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>risacal-d tablet 105-120 mg-unit *</i>	\$0 (Tier 4)	
<i>sm calcium citrate-vit d cplt caplet, gluten-free 315-250 mg-unit *</i>	\$0 (Tier 4)	(Calcitrate-Vitamin D)
<i>sm magnesium 250 mg tablet 250 mg *</i>	\$0 (Tier 4)	
<i>sm pediatric electrolyte soln *</i>	\$0 (Tier 4)	
<i>sodium acetate intravenous solution 2 meq/ml</i>	\$0 (Tier 1)	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	\$0 (Tier 1)	
<i>sodium chloride 0.45 % intravenous piggyback 0.45 %</i>	\$0 (Tier 1)	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	\$0 (Tier 1)	
<i>sodium chloride 100 meq/40 ml 25's, sdv 2.5 meq/ml</i>	\$0 (Tier 1)	
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml</i>	\$0 (Tier 1)	
<i>sodium lactate intravenous solution 5 meq/ml</i>	\$0 (Tier 1)	
<i>sodium phosphate intravenous solution 3 mmol/ml</i>	\$0 (Tier 1)	
TPN ELECTROLYTES II IV SOLN 25'S,20ML/50ML FTV 18-18-5-4.5-35 MEQ/20 ML	\$0 - \$8.35 (Tier 2)	
TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML	\$0 - \$8.35 (Tier 2)	
Respiratory Tract Agents		
Anti-Inflammatories, Inhaled Corticosteroids		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	\$0 - \$8.35 (Tier 2)	QL (60 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	\$0 - \$8.35 (Tier 2)	QL (12 per 28 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	\$0 - \$8.35 (Tier 2)	QL (30 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	\$0 - \$8.35 (Tier 2)	QL (60 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i> (Pulmicort)	\$0 (Tier 1)	PA BvD
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION	\$0 - \$8.35 (Tier 2)	QL (13 per 28 days)
FLOVENT 100 MCG DISKUS 100 MCG/ACTUATION	\$0 - \$8.35 (Tier 2)	QL (60 per 30 days)
FLOVENT 250 MCG DISKUS 250 MCG/ACTUATION	\$0 - \$8.35 (Tier 2)	QL (120 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	\$0 - \$8.35 (Tier 2)	QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	\$0 - \$8.35 (Tier 2)	QL (120 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	\$0 - \$8.35 (Tier 2)	QL (12 per 28 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	\$0 - \$8.35 (Tier 2)	QL (24 per 28 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	\$0 - \$8.35 (Tier 2)	QL (21.2 per 28 days)
QVAR INHALATION AEROSOL 40 MCG/ACTUATION, 80 MCG/ACTUATION	\$0 - \$8.35 (Tier 2)	QL (17.4 per 25 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	\$0 - \$8.35 (Tier 2)	QL (21.2 per 25 days)
SYMBICORT 160-4.5 MCG INHALER 60 INHALATIONS 160-4.5 MCG/ACTUATION	\$0 - \$8.35 (Tier 2)	QL (12 per 25 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	\$0 - \$8.35 (Tier 2)	QL (11 per 25 days)
Antileukotrienes		
<i>montelukast oral granules in packet 4 mg</i> (Singulair)	\$0 (Tier 1)	
<i>montelukast oral tablet 10 mg</i> (Singulair)	\$0 (Tier 1)	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	\$0 (Tier 1)	
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	\$0 (Tier 1)	
Bronchodilators		
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/3 ml (0.083 %), 5 mg/ml</i>	\$0 (Tier 1)	PA BvD
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	\$0 (Tier 1)	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	\$0 (Tier 1)	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	\$0 - \$8.35 (Tier 2)	QL (60 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	\$0 - \$8.35 (Tier 2)	QL (25.8 per 28 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	\$0 - \$8.35 (Tier 2)	QL (8 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	\$0 - \$8.35 (Tier 2)	
<i>ipratropium bromide inhalation solution 0.02 %</i>	\$0 (Tier 1)	PA BvD
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i> (Xopenex HFA)	\$0 (Tier 1)	QL (30 per 30 days)
LONHALA MAGNAIR STARTER INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML	\$0 - \$8.35 (Tier 2)	QL (60 per 30 days)
<i>metaproterenol oral syrup 10 mg/5 ml</i>	\$0 (Tier 1)	
<i>metaproterenol oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	
PROAIR HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	\$0 - \$8.35 (Tier 2)	
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	\$0 - \$8.35 (Tier 2)	
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	\$0 - \$8.35 (Tier 2)	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION	\$0 - \$8.35 (Tier 2)	
SPIRIVA RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	\$0 - \$8.35 (Tier 2)	
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	\$0 - \$8.35 (Tier 2)	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	\$0 - \$8.35 (Tier 2)	QL (4 per 28 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	\$0 - \$8.35 (Tier 2)	QL (4 per 28 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<i>terbutaline subcutaneous solution 1 mg/ml</i>	\$0 (Tier 1)	NM

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>theophylline in dextrose 5 % intravenous parenteral solution 200 mg/100 ml, 200 mg/50 ml, 400 mg/250 ml, 400 mg/500 ml, 800 mg/250 ml</i>	\$0 (Tier 1)	
<i>theophylline oral solution 80 mg/15 ml</i>	\$0 (Tier 1)	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg</i> (Theochron)	\$0 (Tier 1)	
<i>theophylline oral tablet extended release 12 hr 450 mg</i>	\$0 (Tier 1)	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	\$0 (Tier 1)	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	\$0 - \$8.35 (Tier 2)	
Respiratory Tract Agents, Other		
<i>acetylcysteine intravenous solution 200 mg/ml (20 %)</i> (Acetadote)	\$0 (Tier 1)	PA BvD
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	\$0 (Tier 1)	PA BvD
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	\$0 - \$8.35 (Tier 2)	PA; NM
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	\$0 (Tier 1)	PA BvD
<i>cromolyn sodium nasal spray 5.2 mg/spray (4 %) *</i> (Nasal Allergy Symptom Control)	\$0 (Tier 4)	
DALIRESP ORAL TABLET 250 MCG, 500 MCG	\$0 - \$8.35 (Tier 2)	QL (30 per 30 days)
ESBRIET ORAL CAPSULE 267 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (90 per 30 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	\$0 - \$8.35 (Tier 2)	PA; NM; QL (1 per 28 days)
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (60 per 30 days)
KALYDECO ORAL TABLET 150 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (60 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	\$0 - \$8.35 (Tier 2)	PA; NM; LA; QL (3 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (60 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (56 per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (120 per 30 days)
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	\$0 - \$8.35 (Tier 2)	NM
<i>sodium chloride 0.9% inhal v l u-d, suv, plf (rx) 0.9% *</i>	\$0 (Tier 4)	
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N)	\$0 - \$8.35 (Tier 2)	PA; NM; QL (56 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	\$0 - \$8.35 (Tier 2)	PA; NM
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>baclofen oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	
<i>carisoprodol oral tablet 250 mg, 350 mg</i> (Soma)	\$0 (Tier 1)	PA-HRM; QL (120 per 30 days); AGE (Max 64 Years)
<i>chlorzoxazone oral tablet 500 mg</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>dantrolene oral capsule 100 mg</i>	\$0 (Tier 1)	
<i>dantrolene oral capsule 25 mg, 50 mg</i> (Dantrium)	\$0 (Tier 1)	
<i>methocarbamol oral tablet 500 mg</i> (Robaxin)	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>methocarbamol oral tablet 750 mg</i> (Robaxin-750)	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>revonto intravenous recon soln 20 mg</i>	\$0 (Tier 1)	
<i>tizanidine oral tablet 2 mg</i>	\$0 (Tier 1)	
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
Sleep Disorder Agents		
Sleep Disorder Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil)	\$0 (Tier 1)	
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	\$0 - \$8.35 (Tier 2)	QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	\$0 (Tier 1)	PA-HRM; (High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use with any non-benzodiazepine hypnotic drug); QL (30 per 30 days); AGE (Max 64 Years)
HETLIOZ ORAL CAPSULE 20 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (30 per 30 days)
SILENOR ORAL TABLET 3 MG, 6 MG	\$0 - \$8.35 (Tier 2)	QL (30 per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	\$0 - \$8.35 (Tier 2)	NM; LA; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i> (Sonata)	\$0 (Tier 1)	PA-HRM; (High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use with any non-benzodiazepine hypnotic drug); QL (60 per 30 days); AGE (Max 64 Years)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	\$0 (Tier 1)	PA-HRM; (High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use with any non-benzodiazepine hypnotic drug); QL (30 per 30 days); AGE (Max 64 Years)
Urine And Feces Contents		
Ketones		
CHEMSTRIP K *	\$0 (Tier 4)	
CVS KETONE CARE TEST STRIP *	\$0 (Tier 4)	
KETONE TEST STRIP *	\$0 (Tier 4)	
KETOSTIX REAGENT STRIP *	\$0 (Tier 4)	
TRUEPLUS KETONE TEST STRIP *	\$0 (Tier 4)	
Urine And Feces Contents		
CHEMSTRIP UGK *	\$0 (Tier 4)	
Vasodilating Agents		
Vasodilating Agents		
ADCIRCA ORAL TABLET 20 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (60 per 30 days)
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (90 per 30 days)
<i>epoprostenol (glycine) intravenous recon soln 0.5 mg</i> (Flolan)	\$0 (Tier 1)	PA
<i>epoprostenol (glycine) intravenous recon soln 1.5 mg</i> (Flolan)	\$0 (Tier 1)	PA; NM
LETAIRIS ORAL TABLET 10 MG, 5 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (30 per 30 days)
OPSUMIT ORAL TABLET 10 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (30 per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	\$0 - \$8.35 (Tier 2)	PA

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	\$0 - \$8.35 (Tier 2)	PA; NM
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	\$0 - \$8.35 (Tier 2)	PA; NM
<i>sildenafil (antihypertensive) intravenous solution 10 mg/12.5 ml</i> (Revatio)	\$0 (Tier 1)	PA; NM; QL (37.5 per 1 day)
<i>sildenafil (antihypertensive) oral tablet 20 mg</i> (Revatio)	\$0 (Tier 1)	PA; QL (90 per 30 days)
<i>tadalafil (antihypertensive) oral tablet 20 mg</i> (Adcirca)	\$0 (Tier 1)	PA; NM; QL (60 per 30 days)
TRACLEER ORAL TABLET 125 MG, 62.5 MG	\$0 - \$8.35 (Tier 2)	PA; NM; LA; QL (60 per 30 days)
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (112 per 28 days)
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	\$0 - \$8.35 (Tier 2)	PA; NM
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	\$0 - \$8.35 (Tier 2)	PA; NM; QL (240 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	\$0 - \$8.35 (Tier 2)	PA; NM; QL (400 per 365 days)
Vitamins And Minerals		
Vitamins And Minerals		
<i>a thru z advanced formula tab gluten-free 18-400 mg-mcg *</i>	\$0 (Tier 4)	
<i>advanced am/pm combo pack 1,000 mg-800 unit-2.5 mg *</i>	\$0 (Tier 3)	
AQUASOL A 50,000 UNITS/ML VIAL SDV, LATEX-FREE 50,000 UNIT/ML *	\$0 (Tier 3)	
<i>ascorbic acid 500 mg/ml vial sub 500 mg/ml *</i>	\$0 (Tier 3)	
<i>b-12 1,000 mcg sub tablet 1,000-400 mcg *</i>	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>b-12 2,500 mcg tablet sl 2,500 mcg *</i> (Vitamin B-12)	\$0 (Tier 4)	
<i>b-12 2,500 mcg tablet sl plf, slf, gluten-f 2,500 mcg *</i> (Vitamin B-12)	\$0 (Tier 4)	
<i>b-12 500 mcg tablet 500 mcg *</i>	\$0 (Tier 4)	
<i>b-12 dots 500 mcg tablet 500 mcg *</i>	\$0 (Tier 4)	
<i>b-6 tr 200 mg tablet 200 mg *</i>	\$0 (Tier 4)	
<i>baby ddrops 400 unit/drop 400 unit/drop *</i>	\$0 (Tier 4)	
<i>bacmin caplet 27 mg iron- 1 mg *</i>	\$0 (Tier 3)	
<i>b-complex 100 injection mdv 100-2-100-2-2 mg/ml *</i>	\$0 (Tier 3)	
<i>b-complex plus vitamin c cplt caplet *</i> (Super B Complex-Vitamin C)	\$0 (Tier 4)	
<i>b-complex with c tablet *</i> (Super B Complex-Vitamin C)	\$0 (Tier 4)	
B-NATAL 25 MG THERAPOPS 25 MG *	\$0 (Tier 4)	
<i>c-500 mg tablet 500 mg *</i>	\$0 (Tier 4)	
<i>calcidol drops 8,000 unit/ml *</i>	\$0 (Tier 4)	
<i>calcium 500-vit d3 600 tablet 500mg (1,250mg) -600 unit *</i> (Os-Cal 500 + D3)	\$0 (Tier 4)	
<i>calcium 600 + vit d 400 caplet slf, plf, caplet 600 mg(1,500mg) -400 unit *</i>	\$0 (Tier 4)	
<i>calcium 600 + vit d tablet 600-125 mg-unit *</i>	\$0 (Tier 4)	
<i>calcium 600-vit d3 200 tablet 600 mg(1,500mg) -200 unit *</i>	\$0 (Tier 4)	
<i>calcium 600-vit d3 400 tablet 600 mg(1,500mg) -400 unit *</i> (Calcium 600 + D(3))	\$0 (Tier 4)	
<i>calcium 600-vit d3 800 tablet plf, slf,gluten-free 600 mg(1,500mg) -800 unit *</i> (Caltrate with Vitamin D3)	\$0 (Tier 4)	
<i>calcium ascorbate 500 mg tab 500 mg *</i>	\$0 (Tier 4)	
<i>centrum adults tablet 18-400 mg-mcg *</i>	\$0 (Tier 4)	
<i>centrum complete multivit tab 18-400 mg-mcg *</i>	\$0 (Tier 4)	
<i>centrum women tablet 18-400 mg-mcg *</i>	\$0 (Tier 4)	
<i>century tablet adults under 50 18-400 mg-mcg *</i>	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>century ultimate women's tab 18-400 mcg *</i>	\$0 (Tier 4)	
<i>cerovite advanced form tab 18-400 mcg *</i>	\$0 (Tier 4)	
<i>certavite-antioxidant tablet 18-400 mcg *</i>	\$0 (Tier 4)	
<i>child ferrous sulfate 15 mg/ml 15 mg iron (75 mg)/ml *</i> (Children's Iron)	\$0 (Tier 4)	
<i>corvita 150 tablet 150-1.25-120-10 mg *</i>	\$0 (Tier 3)	
<i>cvs b-1 100 mg tablet plf, slf,gluten-free 100 mg *</i>	\$0 (Tier 4)	
<i>cvs b-12 1,000 mcg/15 ml liq 1,000 mcg/15 ml *</i> (Liquid B 12)	\$0 (Tier 4)	
<i>cvs b-complex-vit c caplet caplet *</i> (Super B Complex-Vitamin C)	\$0 (Tier 4)	
<i>cvs calcium 500 + vit d tablet oyster shell 500 mg(1,250mg) -125 unit *</i>	\$0 (Tier 4)	
<i>cvs calcium 500-vit d3 200 tab slf, plf 500 mg(1,250mg) -200 unit *</i>	\$0 (Tier 4)	
<i>cvs calcium 600-vit d3 800 tab plf, slf,gluten-free 600 mg(1,500mg) -800 unit *</i> (Caltrate with Vitamin D3)	\$0 (Tier 4)	
<i>cvs daily multiple tablet *</i>	\$0 (Tier 4)	
<i>cvs daily multiple tablet for women *</i>	\$0 (Tier 4)	
<i>cvs iron 27 mg tablet 240 mg (27 mg iron) *</i>	\$0 (Tier 4)	
<i>cvs iron 65 mg tablet slf,plf,lactoselfree 325 mg (65 mg iron) *</i>	\$0 (Tier 4)	
<i>cvs men's multi-vit tablet *</i>	\$0 (Tier 4)	
<i>cvs prenatal gummy vitamins 400 mcg-35 mg -25 mg-5 mg *</i>	\$0 (Tier 4)	PA
<i>cvs prenatal multi-dha softgel 27mg iron-800 mcg-250 mg *</i>	\$0 (Tier 4)	PA
<i>cvs prenatal vitamin tablet *</i>	\$0 (Tier 4)	PA
<i>cvs spectravite advanced tab 18-400 mcg *</i>	\$0 (Tier 4)	
<i>cvs spectravite ultra women tb 18-400 mcg *</i>	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>cvs super b complex-vit c cplt *</i>	\$0 (Tier 4)	
<i>cvs vit b12 2,000 mcg tab sa 2,000 mcg *</i> (Vitamin B-12)	\$0 (Tier 4)	
<i>cvs vit b-12 tr 1,000 mcg tab slf,plf,lactose-free 1,000 mcg *</i>	\$0 (Tier 4)	
<i>cvs vitamin b-12 1,000 mcg tab 1,000 mcg *</i> (Vitamin B-12)	\$0 (Tier 4)	
<i>cvs vitamin b-6 100 mg tablet 100 mg *</i> (Vitamin B-6)	\$0 (Tier 4)	
<i>cvs vitamin d3 400 unit sftgl 400 unit *</i> (Vitamin D3)	\$0 (Tier 4)	
<i>cvs vitamin d3 400 unit/drop 400 unit/drop *</i> (Baby Ddrops)	\$0 (Tier 4)	
<i>cvs vitamin e 1,000 unit cap 1,000 unit *</i>	\$0 (Tier 4)	
<i>cvs vitamin e 400 unit softgel softgel,slf,plf 400 unit *</i>	\$0 (Tier 4)	
<i>cvs women's active tablet 18 mg iron- 400 mcg-180 mg *</i>	\$0 (Tier 4)	
<i>cvs women's prenatal + dha 28 mg-975 mcg- 200 mg *</i>	\$0 (Tier 4)	PA
<i>cyanocobalamin 1,000 mcg/ml outer,latex-free 1,000 mcg/ml *</i>	\$0 (Tier 3)	
<i>d3 dots 2,000 unit tablet plf 2,000 unit *</i>	\$0 (Tier 4)	
<i>daily multiple tablet 18-400 mg-mcg *</i>	\$0 (Tier 4)	
<i>daily multiple vitamin tab sugar coated *</i>	\$0 (Tier 4)	
<i>daily multivitamin-iron tablet 18-400 mg-mcg *</i>	\$0 (Tier 4)	
<i>daily prenatal combo pack 28-800-440 mg-mcg-mg *</i>	\$0 (Tier 4)	PA
<i>daily value multivitamin tab slf, lactose-free *</i>	\$0 (Tier 4)	
<i>daily vitamin formula tablet *</i>	\$0 (Tier 4)	
<i>daily vitamin formula-iron tab 18-400 mg-mcg *</i>	\$0 (Tier 4)	
<i>daily vite tablet slf, plf *</i>	\$0 (Tier 4)	
<i>daily vite tablet slf,plf *</i>	\$0 (Tier 4)	
<i>daily-vite tablet *</i>	\$0 (Tier 4)	
<i>ddrops 1,000 unit/drop 1,000 unit/drop *</i>	\$0 (Tier 4)	
<i>ddrops 2,000 unit/drop 2,000 unit/drop *</i>	\$0 (Tier 4)	
<i>decara 10,000 unit softgel 10,000 unit *</i>	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
DECARA 25,000 UNIT VEGICAP 25,000 UNIT *	\$0 (Tier 4)	
<i>decara 50,000 unit softgel 50,000 unit *</i>	\$0 (Tier 4)	
<i>delta d3 400 unit tablet lactose free, slf 400 unit *</i>	\$0 (Tier 4)	
<i>dialyvite 3,000 tablet 3-70-15 mg-mcg-mg *</i>	\$0 (Tier 3)	
<i>dialyvite 800 with iron tab 29-800 mg-mcg *</i>	\$0 (Tier 3)	
<i>dialyvite tablet 100-1 mg *</i>	\$0 (Tier 3)	
<i>dialyvite with zinc tablet 1-100-300-50 mg-mg-mcg-mg *</i>	\$0 (Tier 3)	
<i>d-vi-sol 400 units/ml drop 400 unit/ml *</i>	\$0 (Tier 4)	
<i>elfolate 15 mg tablet 15 mg *</i>	\$0 (Tier 4)	
<i>elfolate 7.5 mg tablet 7.5 mg *</i>	\$0 (Tier 4)	
<i>endur-amide sr 500 mg tablet 500 mg *</i>	\$0 (Tier 4)	
ENDUR-AMIDE SR 750 MG TABLET 750 MG *	\$0 (Tier 4)	
<i>eq complete multivitamin tab gluten-free 18-400 mg-mcg *</i>	\$0 (Tier 4)	
<i>eq one daily men's tablet gluten free 400-20-300 mcg *</i>	\$0 (Tier 4)	
<i>eql carbonyl iron 45 mg caplet 45 mg *</i> (Feosol)	\$0 (Tier 4)	
<i>eql iron supplement 325 mg tab coated 325 mg (65 mg iron) *</i>	\$0 (Tier 4)	
<i>ergocalciferol 8,000 units/ml 8,000 unit/ml *</i> (Calcidol)	\$0 (Tier 4)	
<i>essentia tablet 18-400 mg-mcg *</i>	\$0 (Tier 4)	
<i>essential daily tablet w/iron & calcium 18-0.4 mg *</i>	\$0 (Tier 4)	
EXPECTA PRENATAL COMBO PACK 28 MG IRON-800 MCG-200 MG *	\$0 (Tier 4)	PA
<i>feosol 65 mg tablet 325 mg (65 mg iron) *</i>	\$0 (Tier 4)	
<i>ferate 27 mg tablet 240 mg (27 mg iron) *</i>	\$0 (Tier 4)	
<i>ferocon capsule (otc) 110-0.5 mg *</i>	\$0 (Tier 3)	
<i>ferretts 325 mg tablet 325 mg (106 mg iron) *</i>	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
FERRETT'S IRON 18 MG TABLET CHW 18 MG IRON *	\$0 (Tier 4)	
<i>ferrex 150 forte capsule 150-25-1 mg-mcg-mg *</i>	\$0 (Tier 4)	
<i>ferrex 150 forte plus capsule 150-60-25-1 mg-mg-mcg-mg *</i>	\$0 (Tier 4)	
<i>ferrex 28 tablet 151-200-1-0.8 mg *</i>	\$0 (Tier 4)	
<i>ferrocite plus tablet 106 mg iron- 1 mg *</i>	\$0 (Tier 3)	
<i>ferrocite tablet 324 mg (106 mg iron) *</i>	\$0 (Tier 4)	
<i>ferrogels forte softgel 460-60-0.01-1 mg *</i>	\$0 (Tier 3)	
<i>ferrous fumarate 324 mg tab 324 mg (106 mg iron) *</i> (Ferrocite)	\$0 (Tier 4)	
<i>ferrous gluconate 240 mg tab 240mg=27mg elemental 240 mg (27 mg iron) *</i> (Ferlate)	\$0 (Tier 4)	
<i>ferrous gluconate 324 mg tab 324 mg (38 mg iron) *</i>	\$0 (Tier 4)	
<i>ferrous sulf 220 mg/5 ml elix 220 mg (44 mg iron)/5 ml *</i> (FeroSul)	\$0 (Tier 4)	
<i>ferrous sulf 300 mg/5 ml liq 300 mg (60 mg iron)/5 ml *</i>	\$0 (Tier 4)	
<i>ferrous sulfate 325 mg tablet flc 325 mg (65 mg iron) *</i> (Feosol)	\$0 (Tier 4)	
<i>fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)</i>	\$0 (Tier 1)	
<i>folbee plus cz tablet 5-1.5-25 mg *</i>	\$0 (Tier 4)	
<i>folbee plus tablet 5 mg *</i>	\$0 (Tier 3)	
<i>folbee tablet 2.5-25-1 mg *</i>	\$0 (Tier 3)	
<i>folbic tablet 2.5-25-2 mg *</i>	\$0 (Tier 4)	
<i>folic acid 0.8 mg tablet 800 mcg *</i>	\$0 (Tier 4)	
<i>folic acid 1 mg tablet (rx) 1 mg *</i>	\$0 (Tier 3)	
<i>folic acid 1,000 mcg tablet plf,slf (otc) 1 mg *</i>	\$0 (Tier 4)	
<i>folic acid 400 mcg tablet slf,plf,lactose-free 400 mcg *</i>	\$0 (Tier 4)	PA; AGE (Min 14 Years and Max 45 Years)
<i>folic acid 5 mg/ml vial latex-free, mdv 5 mg/ml *</i>	\$0 (Tier 3)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>folic acid-vit b6-vit b12 tab 2.2-25-0.5 mg</i> (Folplex 2.2) *	\$0 (Tier 3)	
<i>folivane-f capsule 125-1-40-3 mg</i> *	\$0 (Tier 3)	
<i>folivane-plus capsule 125 mg iron- 1 mg</i> *	\$0 (Tier 3)	
<i>gnp b12 2,500 mcg tablet sl 2,500 mcg</i> *	\$0 (Tier 4)	
<i>gnp one daily essential tablet</i> *	\$0 (Tier 4)	
<i>gnp vitamin d3 2,000 unit tab maximum strength 2,000 unit</i> * (D3 DOTS)	\$0 (Tier 4)	
<i>hematinic-folic acid tablet 324 mg (106 mg iron)-1 mg</i> *	\$0 (Tier 3)	
<i>hematinic-vitamin-mineral tab (otc) 106 mg iron- 1 mg</i> *	\$0 (Tier 3)	
<i>hematogen fa softgel 200-250-0.01-1 mg</i> *	\$0 (Tier 3)	
<i>hematogen forte softgel 460-60-0.01-1 mg</i> *	\$0 (Tier 3)	
<i>hematogen softgel 200 (66)-10-250 mg-mg-mcg-mg</i> *	\$0 (Tier 3)	
<i>hemocyte tablet 324 mg (106 mg iron)</i> *	\$0 (Tier 4)	
<i>hm complete women tablet 18-400 mg-mcg</i> *	\$0 (Tier 4)	
<i>hm one daily with iron tablet gluten-free 18-400 mg-mcg</i> *	\$0 (Tier 4)	
<i>hydroxocobalamin 1,000 mcg/ml 1,000 mcg/ml</i> *	\$0 (Tier 3)	
<i>iferex 150 forte capsule 150-25-1 mg-mcg-mg</i> *	\$0 (Tier 4)	
INFANT-TODDLER TRI-VIT DROP 500 MCG-50 MG -10 MCG/ML *	\$0 (Tier 4)	PA; AGE (Max 4 Years)
<i>iron 27 mg tablet 236 mg (27 mg iron)</i> *	\$0 (Tier 4)	
<i>iron 28 mg tablet 256 mg (28 mg iron)</i> *	\$0 (Tier 4)	
<i>iron 325 mg tablet 325 mg (65 mg iron)</i> *	\$0 (Tier 4)	
<i>kpn tablet</i> *	\$0 (Tier 4)	PA
<i>kro prenatal vitamins tablet 28-800 mg-mcg</i> *	\$0 (Tier 4)	PA
<i>liquid b12 1,000 mcg/15 ml</i> *	\$0 (Tier 4)	
<i>l-methylfolate 15 mg caplet 15 mg</i> *	\$0 (Tier 4)	
<i>l-methylfolate 7.5 mg tablet 7.5 mg</i> *	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>l-methylfolate calcium 15 mg (otc) 15 mg *</i> (Elfolate)	\$0 (Tier 4)	
<i>l-methylfolate calcium 7.5 mg (otc) 7.5 mg *</i> (Elfolate)	\$0 (Tier 4)	
<i>l-methyl-mc tablet 6-5-50-1 mg *</i>	\$0 (Tier 3)	
<i>men's daily formula tablet 400-20-300 mcg *</i>	\$0 (Tier 4)	
MEPHYTON 5 MG TABLET 5 MG *	\$0 (Tier 3)	
<i>multi complete-iron tablet 18-400 mg-mcg *</i>	\$0 (Tier 4)	
<i>multi-day plus iron tablet 18-400 mg-mcg *</i>	\$0 (Tier 4)	
<i>multigen caplet 70 mg-150 mg-10 mcg-2 mg-75 mg *</i>	\$0 (Tier 4)	
<i>multigen folic caplet 70-150-10-1-2 mg-mg-mcg-mg-mg *</i>	\$0 (Tier 3)	
<i>multigen plus caplet 151-60-10-1 mg-mg-mcg-mg *</i>	\$0 (Tier 3)	
<i>multiple vitamins tablet one daily *</i>	\$0 (Tier 4)	
<i>multi-vitamin daily tablet *</i>	\$0 (Tier 4)	
<i>multivitamin with iron tablet 18-400 mg-mcg *</i>	\$0 (Tier 4)	
<i>multivitamins tablet *</i> (Daily Multi-Vitamin)	\$0 (Tier 4)	
<i>myferon-150 forte capsule (otc) 150-25-1 mg-mcg-mg *</i>	\$0 (Tier 4)	
<i>mynephrocaps softgel 1 mg *</i>	\$0 (Tier 3)	
NASCOBAL 500 MCG NASAL SPRAY OUTER 500 MCG/SPRAY *	\$0 (Tier 3)	
<i>nephplex rx tablet 1-60-300-12.5 mg-mg-mcg-mg *</i>	\$0 (Tier 3)	
NEPHROCAPS SOFTGEL (OTC) 1 MG *	\$0 (Tier 3)	
<i>nephron fa tablet 66.6-75-1 mg *</i>	\$0 (Tier 3)	
<i>nephro-vite rx tablet 1-60-300 mg-mg-mcg *</i>	\$0 (Tier 3)	
<i>neurin-sl tablet sl 600-600 mcg *</i>	\$0 (Tier 3)	
<i>niacinamide 100 mg tablet 100 mg *</i>	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>niacinamide er 500 mg tablet 500 mg *</i> (Endur-amide)	\$0 (Tier 4)	
<i>once daily tablet *</i>	\$0 (Tier 4)	
ONE A DAY PRENATAL DHA PACK 30 LIQ GELS,30 TABS 28 MG IRON- 800 MCG *	\$0 (Tier 4)	PA
<i>one daily essential tablet *</i>	\$0 (Tier 4)	
<i>one daily multivitamin tab *</i>	\$0 (Tier 4)	
<i>one daily multivitamin-iron tb 18-400 mg-mcg *</i>	\$0 (Tier 4)	
<i>one daily plus iron tablet 18-400 mg-mcg *</i>	\$0 (Tier 4)	
<i>one daily tablet *</i>	\$0 (Tier 4)	
<i>one daily tablet men's formula *</i>	\$0 (Tier 4)	
<i>one-a-day essential tablet *</i>	\$0 (Tier 4)	
<i>one-a-day men's tablet 400-20-300 mcg *</i>	\$0 (Tier 4)	
ONE-A-DAY PRENATAL 1 DHA SFGL 28 MG IRON- 800 MCG-235 MG *	\$0 (Tier 4)	PA
<i>one-a-day teen advantage tab 18-400 mg-mcg *</i>	\$0 (Tier 4)	
<i>optimal d3 50,000 unit capsule 50,000 unit *</i>	\$0 (Tier 4)	
<i>oysco 500-vit d3 200 tablet 500 mg(1,250mg) -200 unit *</i>	\$0 (Tier 4)	
<i>oyster shell 500-vit d3 200 tb 500 mg(1,250mg) -200 unit *</i>	\$0 (Tier 4)	
<i>oyster shell calcium tablet 500 mg(1,250mg) -400 unit *</i>	\$0 (Tier 4)	
<i>oyster shell calcium-vit d tab plf,slf,gluten-free 500 mg(1,250mg) -400 unit *</i>	\$0 (Tier 4)	
<i>oystercal-d 500 mg-400 unit tb 500 mg(1,250mg) -400 unit *</i>	\$0 (Tier 4)	
<i>pedia d-vite 400 unit/ml drop 400 unit/ml *</i>	\$0 (Tier 4)	
<i>pedia iron 15 mg/ml drop 15 mg iron (75 mg)/ml *</i>	\$0 (Tier 4)	
<i>pedia tri-vite drop 750 unit-35 mg -400 unit/ml *</i>	\$0 (Tier 4)	PA; AGE (Max 4 Years)
PERFECT IRON 25 MG TABLET 25 MG IRON *	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>perry prenatal capsule 13.5-0.4 mg *</i>	\$0 (Tier 4)	PA
<i>pharmacist multi-vite tab *</i>	\$0 (Tier 4)	
<i>phytonadione 5 mg tablet 5 mg *</i> (Mephyton)	\$0 (Tier 3)	
<i>pnv prenatal plus multivit tab slf, gluten-free 27 mg iron- 1 mg</i>	\$0 - \$8.35 (Tier 2)	ALL RX PRENATAL VITAMINS COVERABLE UNDER PART D
<i>poly-iron 150 forte capsule 150-25-1 mg-mcg-mg *</i>	\$0 (Tier 4)	
<i>poly-vita with iron drops 1,500 unit-400 unit-10 mg/ml *</i>	\$0 (Tier 4)	PA; AGE (Max 4 Years)
<i>polyvitamin w-iron drops 1,500 unit-400 unit-10 mg/ml *</i>	\$0 (Tier 4)	PA; AGE (Max 4 Years)
<i>prenatal + dha combo pack 28 mg iron- 975 mcg-200 mg *</i>	\$0 (Tier 4)	PA
<i>prenatal 19 chewable tablet (otc) 29 mg iron- 1 mg *</i>	\$0 (Tier 4)	PA
<i>prenatal formula tablet 28 mg iron- 800 mcg *</i>	\$0 (Tier 4)	PA
<i>prenatal formula tablet 9 mg iron- 500 mcg *</i>	\$0 (Tier 4)	PA
<i>prenatal gummies 400-32.5 mcg-mg *</i>	\$0 (Tier 4)	PA
PRENATAL MULTI + DHA SOFTGEL P/F, GLUTEN-FREE 27 MG IRON-800 MCG-228 MG *	\$0 (Tier 4)	PA
<i>prenatal multivitamin tablet 28 mg iron- 800 mcg *</i>	\$0 (Tier 4)	PA
<i>prenatal multivitamin tablet 28 mg iron- 800 mcg *</i>	\$0 (Tier 4)	PA
<i>prenatal multivitamin-dha sfgl 27mg iron- 800 mcg-250 mg *</i>	\$0 (Tier 4)	PA
<i>prenatal one tablet 30 mg iron- 800 mcg *</i>	\$0 (Tier 4)	PA
<i>prenatal tablet (otc) 27 mg iron- 0.8 mg *</i>	\$0 (Tier 4)	PA
<i>prenatal tablet (otc) 27 mg iron- 0.8 mg *</i>	\$0 (Tier 4)	PA
<i>prenatal tablet 27 mg iron- 800 mcg *</i>	\$0 (Tier 4)	PA
<i>prenatal tablet 28 mg iron- 800 mcg *</i>	\$0 (Tier 4)	PA
<i>prenatal tablet 28 mg iron- 800 mcg *</i> (Prenatal)	\$0 (Tier 4)	PA
<i>prenatal tablet 28 mg iron- 800 mcg *</i> (Prenatal Tablet)	\$0 (Tier 4)	PA

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>prenatal tablet outer (otc) 27 mg iron- 0.8 mg *</i>	\$0 (Tier 4)	PA
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>	\$0 - \$8.35 (Tier 2)	ALL RX PRENATAL VITAMINS COVERABLE UNDER PART D
<i>prenatal vitamin tablet 27 mg iron- 800 mcg *</i>	\$0 (Tier 4)	PA
<i>prenatal vitamins tablet phosphorus free 28 mg iron- 800 mcg *</i>	\$0 (Tier 4)	PA
<i>pyridoxine 100 mg/ml vial 25's, mdv 100 mg/ml *</i>	\$0 (Tier 3)	
<i>pyridoxine 250 mg tablet 250 mg *</i> (Vitamin B-6)	\$0 (Tier 4)	
<i>qc maximum daily multivit tab 18-0.4 mg *</i>	\$0 (Tier 4)	
<i>ra central-vite tablet 18-400 mg-mcg *</i>	\$0 (Tier 4)	
<i>ra hi-cal plus vitamin d tab 500 mg(1,250mg) -200 unit *</i>	\$0 (Tier 4)	
<i>ra one daily prenatal dha pack 30's tab & 30's cap 28-800-440 mg-mcg-mg *</i>	\$0 (Tier 4)	PA
<i>ra one daily tablet plf *</i>	\$0 (Tier 4)	
<i>ra oyster shell 500-vit d3 200 natural,plf 500 mg(1,250mg) -200 unit *</i>	\$0 (Tier 4)	
<i>ra prenatal tablet 28 mg iron- 800 mcg *</i>	\$0 (Tier 4)	PA
<i>ra therapeutic m multivit tab 18-0.4 mg *</i>	\$0 (Tier 4)	
<i>ra vit b12 1,000 mcg tab sa natural,plf,slf 1,000 mcg *</i> (Vitamin B-12)	\$0 (Tier 4)	
<i>ra vitamin c 1,000 mg tablet plf,slf,natural 1,000 mg *</i>	\$0 (Tier 4)	
<i>ra vitamin d3 1,000 unit tab slf,glutenlf,yeastlf 1,000 unit *</i>	\$0 (Tier 4)	
RA VITAMIN E 400 UNIT SOFTGEL P/F, SUGAR FREE 400 UNIT *	\$0 (Tier 4)	
<i>renal caps softgel 1 mg *</i>	\$0 (Tier 3)	
<i>rena-vite rx tablet (otc) 1-60-300 mg-mg-mcg *</i>	\$0 (Tier 3)	
<i>reno caps softgel 1 mg *</i>	\$0 (Tier 3)	
<i>riboflavin 50 mg tablet 50 mg *</i> (Vitamin B-2)	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>right step prenatal vit tab 27 mg iron- 0.8 mg *</i>	\$0 (Tier 4)	PA
<i>sentry tablet 18-400 mg-mcg *</i>	\$0 (Tier 4)	
<i>se-tan plus capsule 162-115.2-1 mg *</i>	\$0 (Tier 3)	
<i>siderol tablet *</i>	\$0 (Tier 4)	
SIMILAC PRENATAL COMBO PACK 27 MG IRON-800 MCG-200 MG *	\$0 (Tier 4)	PA
<i>sm b complex with vit c tablet gluten-free *</i> (Super B Complex-Vitamin C)	\$0 (Tier 4)	
<i>sm complete multi-vit-mineral advanced formula 18-400 mg-mcg *</i>	\$0 (Tier 4)	
<i>sm men's one daily tablet gluten-free 400-20-300 mcg *</i>	\$0 (Tier 4)	
<i>sm multivitamins tablet *</i> (Daily Multi-Vitamin)	\$0 (Tier 4)	
<i>sm one daily prenatal combo pk 28 mg iron- 800 mcg *</i>	\$0 (Tier 4)	PA
<i>sm prenatal vitamins tablet 28 mg iron-800 mcg *</i>	\$0 (Tier 4)	PA
<i>sm super b complex-c caplet *</i>	\$0 (Tier 4)	
<i>sm vitamin d3 4,000 unit sftgl softgel, gluten-free 4,000 unit *</i>	\$0 (Tier 4)	
<i>sodium fluoride 0.5 mg/ml drop dlf, s/f,gluten-free (otc) 0.5 mg (1.1 mg sod.fluorid)lml</i>	\$0 (Tier 1)	
<i>strovite forte caplet 10-1 mg *</i>	\$0 (Tier 3)	
STROVITE ONE CAPLET 1-1,000-15-5 MG-UNIT-MG-MG *	\$0 (Tier 3)	
STUART ONE CAPSULE 27 MG IRON- 800 MCG-200 MG *	\$0 (Tier 4)	PA
<i>super b with vit c capsule *</i>	\$0 (Tier 4)	
<i>super calcium 600-vit d3 400 s/f, p/f 600 mg(1,500mg) -400 unit *</i> (Calcium 600 + D(3))	\$0 (Tier 4)	
<i>super daily d3 2,000 unit/drop 2,000 unit/drop *</i>	\$0 (Tier 4)	
<i>super multivitamin tablet *</i>	\$0 (Tier 4)	
<i>superplex-t tablet *</i>	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>support-500 softgel</i> *	\$0 (Tier 4)	
<i>tab-a-vite tablet</i> *	\$0 (Tier 4)	
<i>taron forte capsule 150-60-25-1 mg-mg-mcg-mg</i> *	\$0 (Tier 3)	
<i>thera-d 2000 tablet 2,000 unit</i> *	\$0 (Tier 4)	
THERANATAL CORE NUTRITION TAB 27 MG IRON- 1 MG *	\$0 (Tier 4)	PA
THERANATAL ONE SOFTGEL 27 MG IRON-1000 MCG-300 MG *	\$0 (Tier 4)	
THERANATAL OVAVITE COMBO PACK 18-1-125 MG-MG-UNIT *	\$0 (Tier 4)	PA
THERANATAL PLUS COMBO PACK 27 MG IRON- 1 MG-300 MG *	\$0 (Tier 4)	PA
<i>thiamine 200 mg/2 ml vial 25's,mdv,outer 100 mg/ml</i> *	\$0 (Tier 3)	
<i>thiamine 250 mg tablet 250 mg</i> * (Vitamin B-1)	\$0 (Tier 4)	
<i>thiamine 500 mg tablet 500 mg</i> *	\$0 (Tier 4)	
<i>tl gard rx tablet 2.2-25-1 mg</i> *	\$0 (Tier 3)	
<i>tl icon capsule 110-0.5 mg</i> *	\$0 (Tier 3)	
<i>tl-hem 150 caplet 150 mg iron-1 mg-500 mg</i> *	\$0 (Tier 3)	
<i>total b with vit c caplet</i> *	\$0 (Tier 4)	
<i>tricon capsule 110-0.5 mg</i> *	\$0 (Tier 3)	
<i>trigels-f forte softgel 460-60-0.01-1 mg</i> *	\$0 (Tier 3)	
<i>triphrocaps softgel softgel 1 mg</i> *	\$0 (Tier 3)	
<i>tri-vi-sol drops 750 unit-35 mg -400 unit/ml</i> *	\$0 (Tier 4)	PA; AGE (Max 4 Years)
<i>tri-vita drops 1,500-35-400 unit-mg-unit/ml</i> *	\$0 (Tier 4)	PA; AGE (Max 4 Years)
<i>tri-vitamin drops 1,500-35-400 unit-mg-unit/ml</i> *	\$0 (Tier 4)	PA; AGE (Max 4 Years)
<i>tri-vite-fluoride 0.25 mg/ml 0.25 mg fluor. (0.55 mg)/ml</i> *	\$0 (Tier 4)	PA; AGE (Max 4 Years)
<i>tri-vite-fluoride 0.5 mg/ml 0.5 mg fluoride (1.1 mg)/ml</i> *	\$0 (Tier 4)	PA; AGE (Max 4 Years)
<i>v-c forte capsule 1 mg</i> *	\$0 (Tier 3)	
<i>vic-forte capsule 1 mg</i> *	\$0 (Tier 3)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>vinacal b prenatal combo pack 20 mg iron-1 mg -25 mg/25 mg *</i>	\$0 (Tier 4)	PA
<i>virt-caps softgel 1 mg *</i>	\$0 (Tier 3)	
<i>virt-gard tablet 2.2-25-1 mg *</i>	\$0 (Tier 3)	
<i>virt-vite forte tablet (otc) 2.5-25-2 mg *</i>	\$0 (Tier 3)	
<i>virt-vite tablet 2.5-25-1 mg *</i>	\$0 (Tier 3)	
<i>vit d2 1.25 mg (50,000 unit) capsule 50,000 unit *</i>	\$0 (Tier 3)	
<i>vitafol caplet 65-1 mg *</i>	\$0 (Tier 3)	
<i>vital-d rx tablet 1,750-60-1-12.5 unit-mg-mg-mg *</i>	\$0 (Tier 3)	
<i>vitamin a 10,000 unit capsule soluble 10,000 unit *</i>	\$0 (Tier 4)	
<i>vitamin b complex-vit c cap *</i>	\$0 (Tier 4)	
<i>vitamin b complex-vit c cap *</i> (Super B/C)	\$0 (Tier 4)	
<i>vitamin b-1 50 mg tablet 50 mg *</i>	\$0 (Tier 4)	
<i>vitamin b-12 1,000 mcg tablet 1,000 mcg *</i>	\$0 (Tier 4)	
<i>vitamin b-12 100 mcg tablet 100 mcg *</i>	\$0 (Tier 4)	
<i>vitamin b-12 250 mcg tablet 250 mcg *</i>	\$0 (Tier 4)	
<i>vitamin b12 500 mcg tablet 500 mcg *</i>	\$0 (Tier 4)	
<i>vitamin b-12 tr 1,000 mcg tab gluten-free, flc 1,000 mcg *</i> (Vitamin B-12)	\$0 (Tier 4)	
<i>vitamin b-12 tr 1,000 mcg tab natural 1,000 mcg *</i> (Vitamin B-12)	\$0 (Tier 4)	
<i>vitamin b-2 100 mg tablet coated, slf,plf 100 mg *</i>	\$0 (Tier 4)	
<i>vitamin b-2 25 mg tablet 25 mg *</i>	\$0 (Tier 4)	
<i>vitamin b-2 50 mg tablet slf, plf 50 mg *</i>	\$0 (Tier 4)	
<i>vitamin b-6 100 mg tablet 100 mg *</i>	\$0 (Tier 4)	
<i>vitamin b-6 25 mg tablet 25 mg *</i>	\$0 (Tier 4)	
<i>vitamin b-6 250 mg tablet plf 250 mg *</i>	\$0 (Tier 4)	
<i>vitamin b-6 50 mg capsule 50 mg *</i>	\$0 (Tier 4)	
<i>vitamin b-6 50 mg tablet 50 mg *</i>	\$0 (Tier 4)	
<i>vitamin b-6 sr 200 mg tablet 200 mg *</i>	\$0 (Tier 4)	
<i>vitamin b-complex & c caplet plf,no lactose,cplt 400-500 mcg-mg *</i>	\$0 (Tier 4)	
<i>vitamin c 1,000 mg tablet 1,000 mg *</i>	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>vitamin c 100 mg tablet 100 mg *</i>	\$0 (Tier 4)	
<i>vitamin c 250 mg tablet 250 mg *</i>	\$0 (Tier 4)	
<i>vitamin c 500 mg tablet 500 mg *</i>	\$0 (Tier 4)	
<i>vitamin c 500 mg tablet buffered 500 mg *</i>	\$0 (Tier 4)	
<i>vitamin d 1,000 unit tablet 1,000 unit *</i>	\$0 (Tier 4)	
<i>vitamin d 400 unit tablet plf,nalf,sf 400 unit *</i>	\$0 (Tier 4)	
VITAMIN D2 2,000 UNIT TABLET 2,000 UNIT *	\$0 (Tier 4)	
<i>vitamin d2 400 unit tablet sf,llf,yf,glutenlf 400 unit *</i>	\$0 (Tier 4)	
<i>vitamin d3 1,000 unit softgel plf, sf,gluten-free 1,000 unit *</i>	\$0 (Tier 4)	
<i>vitamin d3 1,000 unit tablet sf,plf 1,000 unit *</i>	\$0 (Tier 4)	
<i>vitamin d3 10,000 unit softgel softgel 10,000 unit *</i> (Decara)	\$0 (Tier 4)	
<i>vitamin d3 10,000 unit softgel softgel,plf,sf 10,000 unit *</i> (Decara)	\$0 (Tier 4)	
<i>vitamin d3 2,000 unit softgel 2,000 unit *</i>	\$0 (Tier 4)	
<i>vitamin d3 400 unit tab chew orange, plf 400 unit *</i> (Kids Vitamin D3)	\$0 (Tier 4)	
<i>vitamin d3 400 unit tablet sf,plf 400 unit *</i>	\$0 (Tier 4)	
<i>vitamin d3 400 unit/5 ml liq 400 unit/5 ml *</i>	\$0 (Tier 4)	
<i>vitamin d3 400 unit/ml drop supplement drop 400 unit/ml *</i> (D-Vi-Sol)	\$0 (Tier 4)	
<i>vitamin d3 5,000 unit capsule sf, plf 5,000 unit *</i> (Dialyvite Vitamin D)	\$0 (Tier 4)	
<i>vitamin d3 5,000 unit tablet plf,sf,gluten-free 5,000 unit *</i> (Vitamin D3)	\$0 (Tier 4)	
VITAMIN D3 5,000 UNIT/ML DROPS S/F, P/F, YEAST-FREE 5,000 UNIT/ML *	\$0 (Tier 4)	
<i>vitamin d3 50,000 unit capsule 50,000 unit *</i> (D3-50 Cholecalciferol)	\$0 (Tier 4)	
VITAMIN D3 LIQUID 1 MILLION UNIT/GRAM *	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>vitamin d-400 tablet easy to swallow 400 unit *</i>	\$0 (Tier 4)	
<i>vitamin e 1,000 unit capsule 1,000 unit *</i>	\$0 (Tier 4)	
<i>vitamin e 1,000 units softgel plf, blend, softgel 1,000 unit *</i>	\$0 (Tier 4)	
<i>vitamin e 100 unit capsule plf,slf 100 unit *</i>	\$0 (Tier 4)	
<i>vitamin e 200 unit capsule 200 unit *</i>	\$0 (Tier 4)	
<i>vitamin e 400 unit capsule 400 unit *</i>	\$0 (Tier 4)	
<i>vitamin e 400 unit softgel softgel,slf,plf,nalf 400 unit *</i>	\$0 (Tier 4)	
<i>vitamin k 100 mcg tablet plf,nalf,wheat-free 100 mcg *</i>	\$0 (Tier 4)	
<i>vitamin k-1 10 mg/ml ampul sdv,latex-free 10 mg/ml *</i>	\$0 (Tier 3)	
<i>vitamins for hair tablet *</i>	\$0 (Tier 4)	
VITA-RESPA TABLET 2.2-25-1.3 MG *	\$0 (Tier 3)	
<i>vol-care rx tablet 1-60-300 mg-mg-mcg *</i>	\$0 (Tier 3)	
<i>vp-vite rx tablet 1-60-300 mg-mg-mcg *</i>	\$0 (Tier 3)	
<i>wee care 15 mg/1.25 ml susp 15 mg/1.25 ml *</i>	\$0 (Tier 4)	
<i>yelets tablet 18-400 mg-mcg *</i>	\$0 (Tier 4)	

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<i>af</i>	50	<i>allergy (chlorpheniramine)</i>	53	AMINOSYN 8.5 %-	
<i>afeditab cr</i>	93	<i>allergy (diphenhydramine)</i>	55	ELECTROLYTES.....	81
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Ang formulary na ito ay isinapanahon noong 10/23/18. Para sa mas bagong impormasyon o iba pang mga tanong, pakikontak ang Customer Service sa 1-888-244-4430, TTY/TDD: 1-855-266- 4584, 24 na oras araw-araw, 7 araw bawat linggo. Ang tawag ay libre. Maaari mong bisitahin ang aming website sa www.chgsd.com.



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