



Neighborhood **INTEGRITY** (Medicare-Medicaid Plan) **2020 Formulário: Lista de Medicamentos Abrangidos**

POR FAVOR, LEIA: ESTE DOCUMENTO CONTÉM INFORMAÇÕES SOBRE AS DROGAS NÃO SÓ TAMBÉM NESTE PLANO Em caso de dúvidas, contacte o Neighborhood INTEGRITY ligando para 1-844-812-6896, entre das 08:00 e as 20:00 de segunda a sexta-feira, e entre as 08:00 e as 12:00 ao sábado. Os utilizadores de TTY devem telefonar para 711. A chamada é grátis. Para obter mais informações, visite www.nhpri.org/INTEGRITY.

Neighborhood INTEGRITY | 2020 *Lista de Medicamentos Cobertos* (Formulário)

Introdução

Este documento tem o nome de *Lista de Medicamentos Cobertos* (também conhecido como Lista de Medicamentos). Indica quais os medicamentos prescritos e vendidos sem receita são cobertos pelo Neighborhood INTEGRITY. A Lista de Medicamentos também informa se existem regras ou restrições especiais sobre os medicamentos abrangidos pelo Neighborhood INTEGRITY. Os termos chave e as suas definições aparecem no último capítulo do *Manual do Membro*.

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Se você tiver perguntas, por favor chame a Neighborhood INTEGRITY no 1-844-812-6896 (TTY 711), das 8 am a 8 pm, de segunda a sexta-feira; das 8 am a 12 pm, no sábado. A chamada é grátis. **Para mais informações**, visite www.nhpri.org/INTEGRITY.



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Se você tiver perguntas, por favor chame a Neighborhood INTEGRITY no 1-844-812-6896 (TTY 711), das 8 am a 8 pm, de segunda a sexta-feira; das 8 am a 12 pm, no sábado. A chamada é grátis. **Para mais informações**, visite www.nhpri.org/INTEGRITY.



A. Isenção de Responsabilidade

Esta é uma lista de medicamentos que os Membros podem obter no Neighborhood INTEGRITY

- ❖ O Plano de Saúde do Neighborhood de Rhode Island é um plano de saúde que tem acordo com o Medicare e com o Medicaid de Rhode Island para fornecer benefícios de ambos aos programas aos inscritos.
- ❖ Os benefícios, bem como a Lista de Medicamentos Cobertos e/ou redes de farmácias e fornecedores, podem sofrer alterações ao longo do ano. Enviaremos um aviso antes de fazer uma alteração que o afete.
- ❖ Limitações e restrições podem ser aplicadas. Para obter mais informações, ligue para os Serviços dos Membros do Neighborhood INTEGRITY ou leia o Manual do Membro do Neighborhood INTEGRITY.
- ❖ A qualquer momento, você pode verificar a *Lista de Medicamentos Cobertos* atualizada do Neighborhood INTEGRITY através da página www.nhpri.org/INTEGRITY.
- ❖ ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call Member Services at 1-844-812-6896 (TTY 711), 8 am to 8 pm, Monday – Friday; 8 am to 12 pm on Saturday. On Saturday afternoons, Sundays and holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.
- ❖ ATENCIÓN: Si usted habla Español, servicios de asistencia con el idioma, de forma gratuita, están disponibles para usted. Llame a Servicios a los Miembros al 1-844-812-6896 (TTY 711), de 8 am a 8 pm, de lunes a viernes, de 8 am a 12 pm los Sábados. En las tardes de los Sábados, domingos y feriados, se le pedirá que deje un mensaje. Su llamada será devuelta dentro del siguiente día hábil. La llamada es gratuita.
- ❖ ATENÇÃO: Se você fala Português, os serviços de assistência de idioma, gratuitos, estão disponíveis para si. Os serviços de chamada através do número 1-844-812-6896 (TTY 711), 8 am a 8 pm, de segunda a sexta-feira; e das 8 am a 12pm, ao sábado. Nas tardes de sábado, domingos e feriados, você pode ser convidado a deixar uma mensagem. A sua chamada será devolvida no dia útil seguinte. A chamada é gratuita.
- ❖ Pode obter este documento gratuitamente noutros formatos, como letras grandes, braille ou áudio. Por favor, ligue para os Serviços dos Membros através do número 1-844-812-6896 (TTY 711), das 8 am a 8 pm, de segunda a sexta-feira; e das 8 am a 12 pm, ao sábado. Os utilizadores TTY devem ligar 711. A chamada é gratuita.

Se você tiver perguntas, por favor chame a Neighborhood INTEGRITY no 1-844-812-6896 (TTY 711), das 8 am a 8 pm, de segunda a sexta-feira; das 8 am a 12 pm, no sábado. A chamada é grátis. **Para mais informações**, visite www.nhpri.org/INTEGRITY.



- ❖ Pode pedir para ter este documento e os materiais futuros no seu idioma preferido e/ou formato alternativo ao ligar para os Serviços dos Membros. Isto é chamado de “pedido permanente”. Os Serviços dos Membros documentarão o seu pedido permanente no seu registo de membro para que possa receber materiais agora e no futuro no seu idioma e/ou formato preferido. Você pode alterar ou excluir o seu pedido permanente a qualquer momento ao ligar para os Serviços dos Membros.

B. Perguntas Frequentes (FAQ)

Encontre aqui as respostas para as perguntas que tem sobre a *Lista de Medicamentos Cobertos*. Você pode ler todas as perguntas frequentes (FAQ) para saber mais ou procurar uma pergunta e resposta.

B1. Que medicamentos prescritos estão na *Lista de Medicamentos Cobertos*? (À *Lista de Medicamentos Cobertos* damos o nome de “Lista de Medicamentos” para abreviar)

Os medicamentos na *Lista de Medicamentos Cobertos* que começa na página 1 são medicamentos abrangidos pelo Neighborhood INTEGRITY. Estes medicamentos estão disponíveis em farmácias da nossa rede. Uma farmácia está na nossa rede se tivermos um acordo com eles para trabalhar conosco e fornecer a si os seus serviços. Nós nos referimos a essas farmácias como “farmácias da rede”.

- O Neighborhood INTEGRITY irá cobrir todos os medicamentos necessários na Lista de Medicamentos se:
 - o seu médico ou outro médico prescrever que você precisa desses medicamentos para melhorar ou permanecer saudável, e
 - você faz a recarga da receita numa farmácia da rede Neighborhood INTEGRITY.
- O Neighborhood INTEGRITY pode ter etapas adicionais para aceder a certos medicamentos (consulte a questão B4, mais abaixo).

Também pode ver uma lista atualizada de medicamentos cobertos por nós através da nossa página www.nhpri.org/INTEGRITY ou telefonar para os Serviços dos Membros através do número 1-844-812-6896 (TTY 711).

Se você tiver perguntas, por favor chame a Neighborhood INTEGRITY no 1-844-812-6896 (TTY 711), das 8 am a 8 pm, de segunda a sexta-feira; das 8 am a 12 pm, no sábado. A chamada é grátis. **Para mais informações**, visite www.nhpri.org/INTEGRITY.



B2. Em algum momento, a Lista de Medicamentos altera?

Sim, e o Neighborhood INTEGRITY deve seguir as regras do Medicare e do Medicaid ao fazer alterações. Podemos adicionar ou remover medicamentos na Lista de Medicamentos, ao longo do ano. Também podemos mudar as nossas regras sobre medicamentos. Por exemplo, poderíamos:

- Decidir exigir ou não a aprovação prévia de um medicamento. (A aprovação prévia é uma permissão do Neighborhood INTEGRITY antes que possa obter um medicamento.)
- Adicionar ou alterar a quantidade de medicamento que você pode obter (chamados de limites de quantidade).
- Adicionar ou alterar as restrições da terapia por etapas num medicamento. (Terapia por etapas significa que você deve experimentar um medicamento antes de cobrirmos outro medicamento).

Para mais informações sobre estas regras sobre medicamentos, consulte a pergunta B4.

Se você estiver a tomar um medicamento coberto no **início** do ano, geralmente, não removeremos ou alteraremos a cobertura desse medicamento **durante o resto do ano**, a menos que:

- um medicamento novo e mais barato chegue ao mercado que funciona tão bem quanto um medicamento na Lista de Medicamentos atual, **ou**
- descobrimos que um medicamento não é seguro, **ou**
- um medicamento foi removido do mercado.

As perguntas B3 e B6, indicadas abaixo, têm mais informações sobre o que acontece quando a Lista de Medicamentos altera.

- A qualquer momento, você pode verificar a Lista de Medicamentos atualizada do Neighborhood INTEGRITY através da página www.nhpri.org/INTEGRITY.
- Também pode ligar para os Serviços dos Membros para verificar a Lista de Medicamentos atualizada através do número 1-844-812-6896 (TTY 711).

B3. O que acontece quando há uma alteração na Lista de Medicamentos?

Algumas alterações na Lista de Medicamentos ocorrerão **imediatamente**. Por exemplo:

Se você tiver perguntas, por favor chame a Neighborhood INTEGRITY no 1-844-812-6896 (TTY 711), das 8 am a 8 pm, de segunda a sexta-feira; das 8 am a 12 pm, no sábado. A chamada é grátis. **Para mais informações**, visite www.nhpri.org/INTEGRITY.



- **Um novo medicamento genérico torna-se disponível.** Às vezes, chega ao mercado, um novo medicamento genérico que funciona tão bem quanto um medicamento de marca da Lista de Medicamentos, agora. Quando isso acontecer, podemos remover o medicamento de marca e adicionar o novo medicamento genérico, mas o seu custo para o novo medicamento permanecerá o mesmo. Quando adicionarmos o novo medicamento genérico, também podemos decidir manter o medicamento de marca na lista, mas alterar as suas regras ou limites de cobertura.
 - Podemos não dizer-lhe antes de fazer essa alteração mas, quando ela ocorrer, enviaremos informações sobre a alteração específica que fizemos.
 - Você ou o seu provedor pode solicitar uma exceção a essas alterações. Enviaremos um aviso com as etapas que você pode executar para solicitar uma exceção. Consulte a pergunta B10 para obter mais informações sobre exceções.
- **Um medicamento é retirado do mercado.** Se a Agência federal de Medicamentos e Segurança Alimentar (FDA) afirmar que um medicamento que você está a tomar não é seguro ou que o fabricante do medicamento retira um medicamento do mercado, iremos retirá-lo da Lista de Medicamentos. Se estiver a tomar o medicamento, iremos informá-lo. Enviaremos uma carta e a carta irá fornecer conselhos sobre como fazer o acompanhamento com o seu fornecedor e farmacêutico.

Podemos fazer outras alterações que afetam os medicamentos que toma. Antecipadamente, iremos informá-lo sobre estas outras alterações na Lista de Medicamentos. Estas alterações podem ocorrer se:

- A FDA fornecer novas orientações ou houver novas diretrizes clínicas sobre um medicamento.
- Adicionámos um novo medicamento genérico no mercado **e**
- Substituímos um medicamento de marca atualmente na Lista de Medicamentos **ou**
- Alterámos as regras ou limites de cobertura do medicamento de marca

Quando essas mudanças acontecerem, iremos:

- Informá-lo, pelo menos, 30 dias antes de fazermos a alteração na Lista de Medicamentos **ou**

Se você tiver perguntas, por favor chame a Neighborhood INTEGRITY no 1-844-812-6896 (TTY 711), das 8 am a 8 pm, de segunda a sexta-feira; das 8 am a 12 pm, no sábado. A chamada é grátis. **Para mais informações**, visite www.nhpri.org/INTEGRITY.



- Informá-lo e fornecer um suplemento de 30 dias do medicamento depois de solicitar um reenchimento.

Isto irá dar-lhe tempo para conversar com o seu médico ou outro médico. Ele ou ela podem ajudá-lo a decidir:

- Se houver um medicamento semelhante na Lista de Medicamentos, você pode substituir o atual e tomar ou
- Se deve solicitar uma exceção a estas mudanças. Para saber mais sobre exceções, consulte a pergunta B10.

B4. Existem restrições ou limites na cobertura de medicamentos ou ações necessárias para obter determinados medicamentos?

Sim, alguns medicamentos têm regras de cobertura ou limites para o valor que você pode obter. Em alguns casos, você ou o seu médico ou outro prescritor deve fazer algo antes de poder obter o medicamento. Por exemplo:

- **Aprovação prévia (ou autorização prévia):** Para alguns medicamentos, você ou o seu médico ou outro profissional de saúde deve obter a aprovação do Neighborhood INTEGRITY antes de encher a sua prescrição. O Neighborhood INTEGRITY pode não cobrir o medicamento se você não obtiver aprovação.
- **Limites de quantidade:** Às vezes, o Neighborhood INTEGRITY limita a quantidade de medicamento que você pode obter.
- **Terapia por etapas:** Às vezes, o Neighborhood INTEGRITY exige que você faça a terapia por etapas. Isto significa que você terá que experimentar medicamentos numa determinada ordem para a sua condição médica. Você pode precisar experimentar um medicamento antes de cobrirmos outro medicamento. Se o seu médico achar que o primeiro medicamento não funciona para si, cobriremos o segundo.

Você pode descobrir se o seu medicamento possui requisitos ou limites adicionais consultando as tabelas nas páginas 1-154. Você também pode obter mais informações visitando a nossa página em www.nhpri.org/INTEGRITY. Publicamos documentos na página que explicam as nossas restrições de autorização prévia e de terapia por etapas. Também nos pode pedir para enviar uma cópia.

Se você tiver perguntas, por favor chame a Neighborhood INTEGRITY no 1-844-812-6896 (TTY 711), das 8 am a 8 pm, de segunda a sexta-feira; das 8 am a 12 pm, no sábado. A chamada é grátis. **Para mais informações**, visite www.nhpri.org/INTEGRITY.



Você pode solicitar uma exceção destes limites. Isto irá dar-lhe tempo para conversar com o seu médico ou outro médico. Ele ou ela pode ajudá-lo a decidir se existe um medicamento semelhante na Lista de Medicamentos que possa tomar ou se deve solicitar uma exceção. Consulte as perguntas B10-B12 para obter mais informações sobre exceções.

B5. Como saberá se o medicamento que você deseja tem limitações ou se existem ações necessárias para obtê-lo?

A *Lista de Medicamentos Cobertos* na página 1 possui uma coluna denominada “Ações necessárias, restrições ou limites de uso”.

B6. O que acontece se alterarmos as nossas regras sobre alguns medicamentos (por exemplo, autorização prévia (aprovação), limites de quantidade e/ou restrições à terapia por etapas)?

Em alguns casos, informaremos com antecedência se adicionarmos ou alterarmos a aprovação prévia, limites de quantidade e/ou restrições de terapia de etapa num medicamento. Consulte a pergunta B3 para obter mais informações sobre este aviso prévio e situações em que talvez possamos não informar antecipadamente quando as nossas regras sobre medicamentos na Lista de Medicamentos alteram.

B7. Como pode encontrar um medicamento na Lista de Medicamentos?

Existem duas formas de encontrar um medicamento:

- Você pode pesquisar por ordem alfabética (se souber soletrar o nome do medicamento), **ou**
- Você pode pesquisar por condição médica.

Para pesquisar por **ordem alfabética**, vá para a seção Índice de Medicamentos Cobertos. Você pode encontrá-lo na página 155.

Para pesquisar **por condição médica**, localize a seção “Lista de medicamentos por condição médica” na página 1. Os medicamentos nesta seção são agrupados em categorias, dependendo do tipo de condições médicas para as quais são usados. Por exemplo, se você tem um problema cardíaco, deve procurar a categoria Cardiovasculares – Medicamentos para tratar doenças cardíacas e de circulação. É aqui que você encontrará medicamentos que tratam problemas cardíacos.

Se você tiver perguntas, por favor chame a Neighborhood INTEGRITY no 1-844-812-6896 (TTY 711), das 8 am a 8 pm, de segunda a sexta-feira; das 8 am a 12 pm, no sábado. A chamada é grátis. **Para mais informações**, visite www.nhpri.org/INTEGRITY.



B8. E se o medicamento que você deseja tomar não estiver na Lista de Medicamentos?

Se você não encontrar o seu medicamento na Lista de Medicamentos, ligue para os Serviços dos Membros através do número 1-844-812-6896 (TTY 711) e pergunte sobre esse medicamento. Se descobrir que o Neighborhood INTEGRITY não cobrirá o medicamento, você pode fazer uma destas coisas:

- Peça aos Serviços dos Membros uma lista de medicamentos como o que deseja tomar. Em seguida, mostre a lista ao seu médico ou outro médico. Ele ou ela pode prescrever um medicamento da lista de medicamentos semelhante ao que você deseja tomar. **Ou**
- Você pode solicitar ao plano de saúde que faça uma exceção para cobrir o seu medicamento. Consulte as perguntas B10-B12 para obter mais informações sobre exceções.

B9. E se for um novo Membro do Neighborhood INTEGRITY e não conseguir encontrar o seu medicamento na Lista de Medicamentos ou tiver algum problema para obtê-lo?

Nós podemos ajudar. Podemos cobrir um fornecimento temporário de 30 dias do seu medicamento Parte D ou um fornecimento de 90 dias do seu medicamento coberto com o Medicaid de Rhode Island durante os primeiros 90 dias em que você é um membro do Neighborhood INTEGRITY. Isto irá dar-lhe tempo para conversar com o seu médico ou outro médico. Ele ou ela pode ajudá-lo a decidir se existe um medicamento semelhante na Lista de Medicamentos que você possa tomar ou se deve solicitar uma exceção.

Se a sua prescrição for escrita por menos dias, permitiremos que várias recargas forneçam até um máximo de 30 dias de um medicamento da Parte D e 90 dias de um medicamento coberto pelo Medicaid de Rhode Island.

Iremos cobrir um fornecimento de 30 dias do seu medicamento Parte D ou fornecimento de 90 dias do seu medicamento coberto com o Medicaid de Rhode Island se:

- está a tomar um medicamento que não consta da nossa Lista de Medicamentos, **ou**
- as regras do plano de saúde não permitem obter o valor solicitado pelo seu médico, **ou**
- o medicamento requer aprovação prévia do Neighborhood INTEGRITY, **ou**

Se você tiver perguntas, por favor chame a Neighborhood INTEGRITY no 1-844-812-6896 (TTY 711), das 8 am a 8 pm, de segunda a sexta-feira; das 8 am a 12 pm, no sábado. A chamada é grátis. **Para mais informações**, visite www.nhpri.org/INTEGRITY.



- está a tomar um medicamento que faz parte de uma restrição da terapia por etapas.

Se você estiver num lar de idosos ou noutro centro de assistência a longo prazo e precisar de um medicamento que não consta da Lista de Medicamentos ou se não conseguir obter facilmente o medicamento que precisa, podemos ajudar. Se está no plano há mais de 90 dias, mora numa instituição de permanência longa e precise de um suprimento imediatamente:

- Cobriremos um suprimento de 31 *dias* do medicamento necessário (a menos que você tenha receita médica por menos dias), independentemente de ser ou não um novo Membro do Neighborhood INTEGRITY
- Isto é uma adição ao fornecimento temporário durante os primeiros 90 dias, você é um Membro do Neighborhood INTEGRITY.

Se o seu nível de cuidados mudar e você precisar de um suprimento imediatamente:

- Nós iremos cobrir um suprimento de 31 dias do medicamento que você precise, se você mora numa instituição de permanência longa duração, ou
- Nós iremos cobrir um suprimento de 30 dias do medicamento que você precise, se você **não** morar numa instituição de permanência de longa duração

B10. Você pode pedir uma exceção para cobrir o seu medicamento?

Sim. Você pode solicitar ao Neighborhood INTEGRITY que faça uma exceção para cobrir um medicamento que não consta da Lista de Medicamentos.

Você também nos pode pedir para alterar as regras do seu medicamento.

- Por exemplo, o Neighborhood INTEGRITY pode limitar a quantidade de medicamento que cobriremos. Se o seu medicamento tiver um limite, você pode solicitar que alteremos o limite e cubram mais.
- Outros exemplos: você pode solicitar que eliminemos as restrições da terapia por etapas ou requisitos de aprovação prévia.

B11. Como é que pode pedir uma exceção?

Para solicitar uma exceção, ligue para os Serviços dos Membros. Os Serviços dos Membros irão trabalhar consigo e com o seu provedor para ajudá-lo a solicitar uma exceção. Você também pode ler o Capítulo 9 do *Manual do Membro* para saber mais sobre exceções.

Se você tiver perguntas, por favor chame a Neighborhood INTEGRITY no 1-844-812-6896 (TTY 711), das 8 am a 8 pm, de segunda a sexta-feira; das 8 am a 12 pm, no sábado. A chamada é grátis. **Para mais informações**, visite www.nhpri.org/INTEGRITY.



B12. Quanto tempo demora a obter uma exceção?

Primeiro, precisamos obter uma declaração do seu médico apoiando a sua solicitação de exceção. Depois de recebermos a declaração, tomaremos uma decisão sobre a sua solicitação de exceção dentro de 72 horas.

Se você ou o seu médico prescrever que a sua saúde pode ser prejudicada se você precisar de esperar 72 horas por uma decisão, poderá solicitar uma exceção urgente. Esta é uma decisão mais rápida. Se o seu médico prescrever a sua solicitação, tomaremos uma decisão dentro de 24 horas após a obtenção da declaração de suporte do médico.

B13. O que são medicamentos genéricos?

Os medicamentos genéricos são compostos dos mesmos princípios ativos que os medicamentos de marca. Geralmente, custam menos que o medicamento de marca e geralmente não têm nomes conhecidos. Os medicamentos genéricos são aprovados pela FDA (Agência Federal de Medicamentos e Segurança Alimentar).

O Neighborhood INTEGRITY cobre ambos os medicamentos, de marca e genéricos.

B14. O que são medicamentos sem receita médica (de venda livre)?

OTC significa “medicamento de venda livre” (over-the-counter). O Neighborhood INTEGRITY cobre alguns medicamentos sem receita médica, quando escritos como receita pelo seu médico.

Você pode ler a Lista de Medicamentos do Neighborhood INTEGRITY para verificar quais são os medicamentos sem receita médica que são cobertos.

B15. Qual é o seu copagamento?

Como membro do Neighborhood INTEGRITY, você não tem copagamento para prescrição e medicamentos sem receita, desde que siga as regras do Neighborhood INTEGRITY.

Se você tiver perguntas, por favor chame a Neighborhood INTEGRITY no 1-844-812-6896 (TTY 711), das 8 am a 8 pm, de segunda a sexta-feira; das 8 am a 12 pm, no sábado. A chamada é grátis. **Para mais informações**, visite www.nhpri.org/INTEGRITY.



B16. O que são níveis de medicamentos?

Os níveis de medicamentos são grupos de medicamentos na nossa Lista de Medicamentos.

- Os medicamentos de nível 1 são medicamentos genéricos.
- Os medicamentos de nível 2 são medicamentos de marca.
- Os medicamentos de nível 3 são medicamentos de venda livre.

Todos os níveis não têm copagamento.

C. Visão geral da Lista de Medicamentos Cobertos

A *Lista de Medicamentos Cobertos* fornece informações sobre os medicamentos cobertos pelo Neighborhood INTEGRITY. Se você tiver problemas para encontrar o seu medicamento na lista, vá para o Índice de Medicamentos Cobertos, que começa na página 155. O índice coloca por ordem alfabética todos os medicamentos cobertos pelo Neighborhood INTEGRITY.

Nota: O **DP** ao lado de um medicamento significa que o medicamento não é um “medicamento da Parte D”. O valor que você paga quando preenche uma receita para esse medicamento não conta para os custos totais do medicamento (ou seja, o valor que você paga não o ajuda a qualificar-se para uma cobertura catastrófica).

- Além disso, se estiver a receber Ajuda Extra para pagar as suas prescrições, não receberá Ajuda Extra para pagar por estes medicamentos. Para obter mais informações sobre Ajuda Extra, consulte a caixa de texto abaixo.

Ajuda Extra (Extra Help) é um programa do Medicare que ajuda pessoas com rendimentos e recursos limitados a reduzir os custos dos medicamentos prescritos no Medicare Parte D, como prémios, franquias e copagamentos. Ajuda Extra também é conhecido como “Subsídio de Baixo Rendimento” ou “LIS”.

- Estes medicamentos também possuem regras diferentes para se pedirem recursos. Um recurso é uma maneira formal de solicitar que analisemos uma decisão de cobertura e a alteremos se você achar que cometemos um engano. Por exemplo, podemos decidir que um medicamento que você deseja não está

Se você tiver perguntas, por favor chame a Neighborhood INTEGRITY no 1-844-812-6896 (TTY 711), das 8 am a 8 pm, de segunda a sexta-feira; das 8 am a 12 pm, no sábado. A chamada é grátis. **Para mais informações**, visite www.nhpri.org/INTEGRITY.



coberto ou não está mais coberto pelo Medicare ou pelo Medicaid de Rhode Island.

- Se você ou o seu médico discordarem da nossa decisão, você pode recorrer. Para solicitar instruções sobre como recorrer, ligue para os Serviços dos Membros através do número 1-844-812-6896 (TTY 711). Também pode ler o Capítulo 9 do *Manual do Membro* para perceber como recorrer de uma decisão.

C1. Lista de Medicamentos por Condição Médica

Os medicamentos nesta seção são agrupados em categorias, dependendo do tipo de condições médicas para as quais são usados. Por exemplo, se você tem um problema cardíaco, deve procurar na categoria Medicamentos Cardiovasculares para Tratar Condições Cardíacas e de Circulação. É nesta seção que você encontrará medicamentos que tratam problemas cardíacos.

Aqui estão os significados dos códigos usados na coluna “Ações necessárias, restrições ou limites de uso”:

B/D = este medicamento tem um requisito de autorização administrativa prévia da Parte B contra Parte D. Este medicamento pode ser coberto pelo Medicare Parte B ou Parte D, dependendo das circunstâncias. Pode ser necessário enviar informações descrevendo o uso e a configuração do medicamento para fazer a determinação.

DP = O medicamento não é um medicamento da Parte D.

QL = Limite de quantidade. Para determinados medicamentos, o Neighborhood INTEGRITY limita a quantidade de medicamento que o Neighborhood INTEGRITY irá cobrir.

ST = Terapia por etapas (Step Therapy). Em alguns casos, o Neighborhood INTEGRITY exige que você experimente primeiro certos medicamentos para tratar a sua condição médica antes de cobrirmos outro medicamento para a sua condição. Por exemplo, se os medicamentos *A* e *B* tratam a sua condição médica, o Neighborhood INTEGRITY pode não cobrir o *Medicamento B*, a menos que você tente o *Medicamento A* primeiro.

PA = Autorização prévia. O Neighborhood INTEGRITY exige que você ou o seu médico obtenha autorização prévia para certos medicamentos. Isto significa que você irá precisar obter a

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List of Covered Drugs by Medical Condition

RI_CY20_2T_MMP eff 10/01/2020

Drug Name

**WHAT THE NECESSARY ACTIONS
DRUG RESTRICTIONS OR
WILL LIMITS ON USE
COST YOU
(TIER
LEVEL)**

Last Updated: September/2020

Formulary ID: 00020341

Version: 15

ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION

GOUT - DRUGS TO TREAT GOUT

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

MISCELLANEOUS

| | |
|---|-----------------|
| <i>acephen sup 120mg</i> | \$0 (Tier 3) DP |
| <i>acephen sup 325mg</i> | \$0 (Tier 3) DP |
| <i>acephen sup 650mg</i> | \$0 (Tier 3) DP |
| <i>acetaminophen suppos 120 mg</i> | \$0 (Tier 3) DP |
| <i>acetaminophen suppos 650 mg</i> | \$0 (Tier 3) DP |
| <i>acetaminophen susp 160 mg/5ml</i> | \$0 (Tier 3) DP |
| <i>acetaminophen tab 325 mg</i> | \$0 (Tier 3) DP |
| <i>acetaminophen tab er 650 mg</i> | \$0 (Tier 3) DP |
| <i>arthrts pain tab 650mg</i> | \$0 (Tier 3) DP |
| <i>aspirin low tab 81mg ec</i> | \$0 (Tier 3) DP |
| ASPIRIN SUP 600MG | \$0 (Tier 3) DP |
| <i>aspirin tab 325 mg</i> | \$0 (Tier 3) DP |
| <i>aspirin tab 325mg</i> | \$0 (Tier 3) DP |
| <i>aspirin tab 325mg ec</i> | \$0 (Tier 3) DP |
| <i>aspirin tab delayed release 325 mg</i> | \$0 (Tier 3) DP |
| <i>betatemp sus 160/5ml</i> | \$0 (Tier 3) DP |
| <i>chld silapap liq 160/5ml</i> | \$0 (Tier 3) DP |
| <i>ecpirin tab 325mg ec</i> | \$0 (Tier 3) DP |
| <i>ed-apap liq 80mg/2.5</i> | \$0 (Tier 3) DP |
| FEVERALL INF SUP 80MG | \$0 (Tier 3) DP |
| <i>feverall sup 120mg</i> | \$0 (Tier 3) DP |
| <i>feverall sup 325mg</i> | \$0 (Tier 3) DP |
| <i>feverall sup 650mg</i> | \$0 (Tier 3) DP |
| <i>gnp aspirin tab 325mg ec</i> | \$0 (Tier 3) DP |
| <i>hm aspirin tab 325mg</i> | \$0 (Tier 3) DP |
| <i>8 hour pain tab 650mg</i> | \$0 (Tier 3) DP |
| <i>mapap cap 500mg</i> | \$0 (Tier 3) DP |
| <i>mapap liq 160/5ml</i> | \$0 (Tier 3) DP |
| <i>mapap tab 325mg</i> | \$0 (Tier 3) DP |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|-------------------------------------|---|--------------------------------------|
| <i>medi-tabs tab 500mg</i> | \$0 (Tier 3) | DP |
| <i>non-aspirin sus 160/5ml</i> | \$0 (Tier 3) | DP |
| <i>non-aspirin tab 325mg</i> | \$0 (Tier 3) | DP |
| <i>non-aspirin tab 500mg</i> | \$0 (Tier 3) | DP |
| <i>non-aspirin tab 500mg/rr</i> | \$0 (Tier 3) | DP |
| <i>pain & fever sol 160/5ml</i> | \$0 (Tier 3) | DP |
| <i>pain & fever sus 160/5ml</i> | \$0 (Tier 3) | DP |
| <i>pain & fever tab 325mg</i> | \$0 (Tier 3) | DP |
| <i>pain & fever tab 500mg</i> | \$0 (Tier 3) | DP |
| <i>pain relief sus 160/5ml</i> | \$0 (Tier 3) | DP |
| <i>pain relief tab 500mg</i> | \$0 (Tier 3) | DP |
| <i>pain relief tab 500mg/rr</i> | \$0 (Tier 3) | DP |
| <i>pain relief tab 650mg</i> | \$0 (Tier 3) | DP |
| <i>pain relieve sus 160/5ml</i> | \$0 (Tier 3) | DP |
| <i>pain relieve tab 325mg</i> | \$0 (Tier 3) | DP |
| <i>pain relieve tab 500mg</i> | \$0 (Tier 3) | DP |
| <i>pain relieve tab 500mg/rr</i> | \$0 (Tier 3) | DP |
| <i>pharbetol tab 325mg</i> | \$0 (Tier 3) | DP |
| <i>pharbetol tab 500mg</i> | \$0 (Tier 3) | DP |
| <i>qc aspirin tab 325mg</i> | \$0 (Tier 3) | DP |
| <i>qc aspirin tab 325mg ec</i> | \$0 (Tier 3) | DP |
| <i>sm aspirin tab 325mg</i> | \$0 (Tier 3) | DP |
| <i>sm aspirin tab 325mg ec</i> | \$0 (Tier 3) | DP |
| <i>tactinal chw children</i> | \$0 (Tier 3) | DP |
| <i>tactinal tab 325mg</i> | \$0 (Tier 3) | DP |
| <i>tactinal tab 500mg</i> | \$0 (Tier 3) | DP |
| <i>tri-buff asa tab 325mg</i> | \$0 (Tier 3) | DP |

NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION

| | | |
|--|--------------|-------------------------|
| <i>celecoxib cap 50 mg</i> | \$0 (Tier 1) | QL (240 caps / 30 days) |
| <i>celecoxib cap 100 mg</i> | \$0 (Tier 1) | QL (120 caps / 30 days) |
| <i>celecoxib cap 200 mg</i> | \$0 (Tier 1) | QL (60 caps / 30 days) |
| <i>celecoxib cap 400 mg</i> | \$0 (Tier 1) | QL (30 caps / 30 days) |
| <i>diclofenac potassium tab 50 mg</i> | \$0 (Tier 1) | QL (120 tabs / 30 days) |
| <i>diclofenac sodium tab delayed release 25 mg</i> | \$0 (Tier 1) | |
| <i>diclofenac sodium tab delayed release 50 mg</i> | \$0 (Tier 1) | |
| <i>diclofenac sodium tab delayed release 75 mg</i> | \$0 (Tier 1) | |
| <i>diclofenac sodium tab er 24hr 100 mg</i> | \$0 (Tier 1) | |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL) |
|------------------------------------|---|
| <i>diflunisal tab 500 mg</i> | \$0 (Tier 1) |
| <i>ec-naproxen tab 375mg</i> | \$0 (Tier 1) |
| <i>ec-naproxen tab 500mg</i> | \$0 (Tier 1) |
| <i>etodolac cap 200 mg</i> | \$0 (Tier 1) |
| <i>etodolac cap 300 mg</i> | \$0 (Tier 1) |
| <i>etodolac tab 400 mg</i> | \$0 (Tier 1) |
| <i>etodolac tab 500 mg</i> | \$0 (Tier 1) |
| <i>etodolac tab er 24hr 400 mg</i> | \$0 (Tier 1) |
| <i>etodolac tab er 24hr 500 mg</i> | \$0 (Tier 1) |
| <i>etodolac tab er 24hr 600 mg</i> | \$0 (Tier 1) |
| <i>flurbiprofen tab 100 mg</i> | \$0 (Tier 1) |
| <i>ibuprofen dro 50/1.25</i> | \$0 (Tier 3) DP |
| <i>ibuprofen ib chw 100mg</i> | \$0 (Tier 3) DP |
| <i>ibuprofen jr chw 100mg</i> | \$0 (Tier 3) DP |
| <i>ibuprofen sus 100/5ml</i> | \$0 (Tier 3) DP |
| <i>ibuprofen susp 100 mg/5ml</i> | \$0 (Tier 1) |
| <i>ibuprofen tab 400 mg</i> | \$0 (Tier 1) |
| <i>ibuprofen tab 600 mg</i> | \$0 (Tier 1) |
| <i>ibuprofen tab 800 mg</i> | \$0 (Tier 1) |
| <i>medi-profen sus 40mg/ml</i> | \$0 (Tier 3) DP |
| <i>meloxicam tab 7.5 mg</i> | \$0 (Tier 1) |
| <i>meloxicam tab 15 mg</i> | \$0 (Tier 1) |
| <i>nabumetone tab 500 mg</i> | \$0 (Tier 1) |
| <i>nabumetone tab 750 mg</i> | \$0 (Tier 1) |
| <i>naproxen dr tab 375mg</i> | \$0 (Tier 1) |
| <i>naproxen dr tab 500mg</i> | \$0 (Tier 1) |
| <i>naproxen sodium tab 275 mg</i> | \$0 (Tier 1) |
| <i>naproxen sodium tab 550 mg</i> | \$0 (Tier 1) |
| <i>naproxen tab 250 mg</i> | \$0 (Tier 1) |
| <i>naproxen tab 375 mg</i> | \$0 (Tier 1) |
| <i>naproxen tab 500 mg</i> | \$0 (Tier 1) |
| <i>piroxicam cap 10 mg</i> | \$0 (Tier 1) |
| <i>piroxicam cap 20 mg</i> | \$0 (Tier 1) |
| <i>sm ibuprofen tab 100mg jr</i> | \$0 (Tier 3) DP |
| <i>sulindac tab 150 mg</i> | \$0 (Tier 1) |
| <i>sulindac tab 200 mg</i> | \$0 (Tier 1) |

OPIOID ANALGESICS - DRUGS TO TREAT PAIN

| | |
|--|-------------------------------------|
| <i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> | \$0 (Tier 1) QL (2700 mL / 30 days) |
|--|-------------------------------------|

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|---|---|--------------------------------------|
| <i>acetaminophen w/ codeine tab 300-15 mg</i> | \$0 (Tier 1) | QL (400 tabs / 30 days) |
| <i>acetaminophen w/ codeine tab 300-30 mg</i> | \$0 (Tier 1) | QL (360 tabs / 30 days) |
| <i>acetaminophen w/ codeine tab 300-60 mg</i> | \$0 (Tier 1) | QL (180 tabs / 30 days) |
| <i>buprenorphine td patch weekly 5 mcg/hr</i> | \$0 (Tier 1) | QL (4 patches / 28 days), PA |
| <i>buprenorphine td patch weekly 7.5 mcg/hr</i> | \$0 (Tier 1) | QL (4 patches / 28 days), PA |
| <i>buprenorphine td patch weekly 10 mcg/hr</i> | \$0 (Tier 1) | QL (4 patches / 28 days), PA |
| <i>buprenorphine td patch weekly 15 mcg/hr</i> | \$0 (Tier 1) | QL (4 patches / 28 days), PA |
| <i>buprenorphine td patch weekly 20 mcg/hr</i> | \$0 (Tier 1) | QL (4 patches / 28 days), PA |
| <i>butorphanol tartrate inj 1 mg/ml</i> | \$0 (Tier 2) | |
| <i>butorphanol tartrate inj 2 mg/ml</i> | \$0 (Tier 2) | |
| <i>nalbuphine hcl inj 10 mg/ml</i> | \$0 (Tier 2) | |
| <i>nalbuphine hcl inj 20 mg/ml</i> | \$0 (Tier 2) | |
| <i>tramadol hcl tab 50 mg</i> | \$0 (Tier 1) | QL (240 tabs / 30 days) |
| <i>tramadol-acetaminophen tab 37.5-325 mg</i> | \$0 (Tier 1) | QL (240 tabs / 30 days) |

OPIOID ANALGESICS, CII - DRUGS TO TREAT PAIN

| | | |
|--|--------------|--------------------------------------|
| <i>fentanyl citrate lozenge on a handle 200 mcg</i> | \$0 (Tier 2) | NDS, QL (120 lozenges / 30 days), PA |
| <i>fentanyl citrate lozenge on a handle 400 mcg</i> | \$0 (Tier 2) | NDS, QL (120 lozenges / 30 days), PA |
| <i>fentanyl citrate lozenge on a handle 600 mcg</i> | \$0 (Tier 2) | NDS, QL (120 lozenges / 30 days), PA |
| <i>fentanyl citrate lozenge on a handle 800 mcg</i> | \$0 (Tier 2) | NDS, QL (120 lozenges / 30 days), PA |
| <i>fentanyl citrate lozenge on a handle 1200 mcg</i> | \$0 (Tier 2) | NDS, QL (120 lozenges / 30 days), PA |
| <i>fentanyl citrate lozenge on a handle 1600 mcg</i> | \$0 (Tier 2) | NDS, QL (120 lozenges / 30 days), PA |
| <i>fentanyl td patch 72hr 12 mcg/hr</i> | \$0 (Tier 1) | QL (10 patches / 30 days), PA |
| <i>fentanyl td patch 72hr 25 mcg/hr</i> | \$0 (Tier 1) | QL (10 patches / 30 days), PA |
| <i>fentanyl td patch 72hr 50 mcg/hr</i> | \$0 (Tier 1) | QL (10 patches / 30 days), PA |
| <i>fentanyl td patch 72hr 75 mcg/hr</i> | \$0 (Tier 1) | QL (10 patches / 30 days), PA |

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

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug.

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) |
|---|---|
| MORPHINE SUL INJ 4MG/ML | \$0 (Tier 2) B/D |
| MORPHINE SUL INJ 5MG/ML | \$0 (Tier 2) B/D |
| MORPHINE SUL INJ 8MG/ML | \$0 (Tier 2) B/D |
| MORPHINE SUL INJ 10MG/ML | \$0 (Tier 2) B/D |
| <i>morphine sulfate iv soln 1 mg/ml</i> | \$0 (Tier 2) B/D |
| <i>morphine sulfate iv soln pf 4 mg/ml</i> | \$0 (Tier 2) B/D |
| <i>morphine sulfate iv soln pf 8 mg/ml</i> | \$0 (Tier 2) B/D |
| <i>morphine sulfate iv soln pf 10 mg/ml</i> | \$0 (Tier 2) B/D |
| <i>morphine sulfate oral soln 10 mg/5ml</i> | \$0 (Tier 1) QL (900 mL / 30 days) |
| <i>morphine sulfate oral soln 20 mg/5ml</i> | \$0 (Tier 1) QL (900 mL / 30 days) |
| <i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i> | \$0 (Tier 1) QL (180 mL / 30 days) |
| <i>morphine sulfate tab 15 mg</i> | \$0 (Tier 1) QL (180 tabs / 30 days) |
| <i>morphine sulfate tab 30 mg</i> | \$0 (Tier 1) QL (180 tabs / 30 days) |
| <i>morphine sulfate tab er 15 mg</i> | \$0 (Tier 1) QL (90 tabs / 30 days), PA |
| <i>morphine sulfate tab er 30 mg</i> | \$0 (Tier 1) QL (90 tabs / 30 days), PA |
| <i>morphine sulfate tab er 60 mg</i> | \$0 (Tier 1) QL (90 tabs / 30 days), PA |
| <i>morphine sulfate tab er 100 mg</i> | \$0 (Tier 1) QL (90 tabs / 30 days), PA |
| <i>morphine sulfate tab er 200 mg</i> | \$0 (Tier 1) QL (90 tabs / 30 days), PA |
| NUCYNTA ER TAB 50MG | \$0 (Tier 2) QL (60 tabs / 30 days), PA |
| NUCYNTA ER TAB 100MG | \$0 (Tier 2) QL (60 tabs / 30 days), PA |
| NUCYNTA ER TAB 150MG | \$0 (Tier 2) QL (60 tabs / 30 days), PA |
| NUCYNTA ER TAB 200MG | \$0 (Tier 2) QL (60 tabs / 30 days), PA |
| NUCYNTA ER TAB 250MG | \$0 (Tier 2) QL (60 tabs / 30 days), PA |
| <i>oxycodone hcl cap 5 mg</i> | \$0 (Tier 1) QL (180 caps / 30 days) |
| <i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i> | \$0 (Tier 1) QL (180 mL / 30 days) |
| <i>oxycodone hcl soln 5 mg/5ml</i> | \$0 (Tier 1) QL (900 mL / 30 days) |
| <i>oxycodone hcl tab 5 mg</i> | \$0 (Tier 1) QL (180 tabs / 30 days) |
| <i>oxycodone hcl tab 10 mg</i> | \$0 (Tier 1) QL (180 tabs / 30 days) |
| <i>oxycodone hcl tab 15 mg</i> | \$0 (Tier 1) QL (180 tabs / 30 days) |

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug.

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

ANESTHETICS - DRUGS FOR NUMBING

LOCAL ANESTHETICS

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

ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS

ANTI-BACTERIALS - MISCELLANEOUS

| | | |
|--|--------------|--|
| <i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i> | \$0 (Tier 1) | |
| <i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i> | \$0 (Tier 1) | |
| <i>gentamicin in saline inj 0.8 mg/ml</i> | \$0 (Tier 1) | |

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug.

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|---|---|--------------------------------------|
| <i>gentamicin in saline inj 1 mg/ml</i> | \$0 (Tier 1) | |
| <i>gentamicin in saline inj 1.2 mg/ml</i> | \$0 (Tier 1) | |
| <i>gentamicin in saline inj 1.6 mg/ml</i> | \$0 (Tier 1) | |
| <i>gentamicin in saline inj 2 mg/ml</i> | \$0 (Tier 1) | |
| <i>gentamicin sulfate inj 10 mg/ml</i> | \$0 (Tier 1) | |
| <i>gentamicin sulfate inj 40 mg/ml</i> | \$0 (Tier 1) | |
| <i>neomycin sulfate tab 500 mg</i> | \$0 (Tier 1) | |
| <i>paromomycin sulfate cap 250 mg</i> | \$0 (Tier 1) | |
| <i>streptomycin sulfate for inj 1 gm</i> | \$0 (Tier 2) | NDS |
| SULFADIAZINE TAB 500MG | \$0 (Tier 2) | |
| <i>tobramycin nebu soln 300 mg/5ml</i> | \$0 (Tier 2) | NDS, PA |
| <i>tobramycin sulfate for inj 1.2 gm</i> | \$0 (Tier 2) | NDS |
| <i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i> | \$0 (Tier 1) | |
| <i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i> | \$0 (Tier 1) | |
| <i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i> | \$0 (Tier 1) | |
| <i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i> | \$0 (Tier 1) | |
| ANTI-INFECTIVES - MISCELLANEOUS | | |
| <i>albendazole tab 200 mg</i> | \$0 (Tier 2) | NDS |
| ALINIA SUS 100/5ML | \$0 (Tier 2) | NDS |
| ALINIA TAB 500MG | \$0 (Tier 2) | NDS |
| <i>atovaquone susp 750 mg/5ml</i> | \$0 (Tier 2) | NDS |
| <i>aztreonam for inj 1 gm</i> | \$0 (Tier 1) | |
| <i>aztreonam for inj 2 gm</i> | \$0 (Tier 1) | |
| CAYSTON INH 75MG | \$0 (Tier 2) | NDS, LA, PA |
| <i>clindamycin hcl cap 75 mg</i> | \$0 (Tier 1) | |
| <i>clindamycin hcl cap 150 mg</i> | \$0 (Tier 1) | |
| <i>clindamycin hcl cap 300 mg</i> | \$0 (Tier 1) | |
| <i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i> | \$0 (Tier 1) | |
| <i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i> | \$0 (Tier 1) | |
| <i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i> | \$0 (Tier 1) | |
| <i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i> | \$0 (Tier 1) | |
| <i>clindamycin phosphate inj 9 gm/60ml</i> | \$0 (Tier 1) | |

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

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|--|---|--------------------------------------|
| PINWORM TAB MEDICINE | \$0 (Tier 3) | DP |
| <i>praziquantel tab 600 mg</i> | \$0 (Tier 1) | |
| <i>reeses med sus pinworm</i> | \$0 (Tier 3) | DP |
| SIVEXTRO INJ 200MG | \$0 (Tier 2) | NDS |
| SIVEXTRO TAB 200MG | \$0 (Tier 2) | NDS |
| <i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i> | \$0 (Tier 1) | |
| <i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i> | \$0 (Tier 1) | |
| <i>sulfamethoxazole-trimethoprim tab 400-80 mg</i> | \$0 (Tier 1) | |
| <i>sulfamethoxazole-trimethoprim tab 800-160 mg</i> | \$0 (Tier 1) | |
| SYNERCID INJ 500MG | \$0 (Tier 2) | NDS |
| <i>tigecycline for iv soln 50 mg</i> | \$0 (Tier 2) | NDS |
| <i>trimethoprim tab 100 mg</i> | \$0 (Tier 1) | |
| <i>vancomycin hcl cap 125 mg (base equivalent)</i> | \$0 (Tier 1) | QL (120 caps / 30 days) |
| <i>vancomycin hcl cap 250 mg (base equivalent)</i> | \$0 (Tier 2) | NDS, QL (240 caps / 30 days) |
| <i>vancomycin hcl for iv soln 1 gm (base equivalent)</i> | \$0 (Tier 1) | |
| <i>vancomycin hcl for iv soln 5 gm (base equivalent)</i> | \$0 (Tier 1) | |
| <i>vancomycin hcl for iv soln 10 gm (base equivalent)</i> | \$0 (Tier 1) | |
| <i>vancomycin hcl for iv soln 500 mg (base equivalent)</i> | \$0 (Tier 1) | |
| <i>vancomycin hcl for iv soln 750 mg (base equivalent)</i> | \$0 (Tier 1) | |
| VANCOMYCIN INJ 1 GM | \$0 (Tier 2) | |
| VANCOMYCIN INJ 500MG | \$0 (Tier 2) | |
| VANCOMYCIN INJ 750MG | \$0 (Tier 2) | |
| ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS | | |
| ABELCET INJ 5MG/ML | \$0 (Tier 2) | NDS, B/D |
| AMBISOME INJ 50MG | \$0 (Tier 2) | NDS, B/D |
| <i>amphotericin b for iv soln 50 mg</i> | \$0 (Tier 1) | B/D |
| <i>caspofungin acetate for iv soln 50 mg</i> | \$0 (Tier 2) | NDS |
| <i>caspofungin acetate for iv soln 70 mg</i> | \$0 (Tier 2) | NDS |
| <i>fluconazole for susp 10 mg/ml</i> | \$0 (Tier 1) | |

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

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug.

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

| | |
|--|------------------|
| <i>abacavir sulfate soln 20 mg/ml (base equiv)</i> | \$0 (Tier 1) |
| <i>abacavir sulfate tab 300 mg (base equiv)</i> | \$0 (Tier 1) |
| APTIVUS CAP 250MG | \$0 (Tier 2) NDS |
| APTIVUS SOL | \$0 (Tier 2) NDS |
| <i>atazanavir sulfate cap 150 mg (base equiv)</i> | \$0 (Tier 1) |
| <i>atazanavir sulfate cap 200 mg (base equiv)</i> | \$0 (Tier 1) |
| <i>atazanavir sulfate cap 300 mg (base equiv)</i> | \$0 (Tier 1) |
| CRIXIVAN CAP 200MG | \$0 (Tier 2) |
| CRIXIVAN CAP 400MG | \$0 (Tier 2) |
| <i>didanosine delayed release capsule 200 mg</i> | \$0 (Tier 1) |
| <i>didanosine delayed release capsule 250 mg</i> | \$0 (Tier 1) |
| <i>didanosine delayed release capsule 400 mg</i> | \$0 (Tier 1) |
| EDURANT TAB 25MG | \$0 (Tier 2) NDS |
| <i>efavirenz cap 50 mg</i> | \$0 (Tier 1) |
| <i>efavirenz cap 200 mg</i> | \$0 (Tier 2) NDS |
| <i>efavirenz tab 600 mg</i> | \$0 (Tier 2) NDS |
| EMTRIVA CAP 200MG | \$0 (Tier 2) |
| EMTRIVA SOL 10MG/ML | \$0 (Tier 2) |
| <i>fosamprenavir calcium tab 700 mg (base equiv)</i> | \$0 (Tier 2) NDS |
| FUZEON INJ 90MG | \$0 (Tier 2) NDS |
| INTELENCE TAB 25MG | \$0 (Tier 2) |
| INTELENCE TAB 100MG | \$0 (Tier 2) NDS |
| INTELENCE TAB 200MG | \$0 (Tier 2) NDS |
| INVIRASE TAB 500MG | \$0 (Tier 2) NDS |
| ISENTRESS CHW 25MG | \$0 (Tier 2) |
| ISENTRESS CHW 100MG | \$0 (Tier 2) NDS |
| ISENTRESS HD TAB 600MG | \$0 (Tier 2) NDS |
| ISENTRESS POW 100MG | \$0 (Tier 2) |
| ISENTRESS TAB 400MG | \$0 (Tier 2) NDS |
| <i>lamivudine oral soln 10 mg/ml</i> | \$0 (Tier 1) |
| <i>lamivudine tab 150 mg</i> | \$0 (Tier 1) |
| <i>lamivudine tab 300 mg</i> | \$0 (Tier 1) |
| LEXIVA SUS 50MG/ML | \$0 (Tier 2) |
| <i>nevirapine susp 50 mg/5ml</i> | \$0 (Tier 1) |
| <i>nevirapine tab 200 mg</i> | \$0 (Tier 1) |

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

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR LIMITS ON USE WILL COST YOU (TIER LEVEL) |
|------------------|---|
|------------------|---|

| | |
|----------------------------------|--------------|
| <i>zidovudine syrup 10 mg/ml</i> | \$0 (Tier 1) |
| <i>zidovudine tab 300 mg</i> | \$0 (Tier 1) |

ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION

| | |
|--|--|
| <i>abacavir sulfate-lamivudine tab 600-300 mg</i> | \$0 (Tier 1) |
| <i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i> | \$0 (Tier 2) NDS |
| ATRIPLA TAB | \$0 (Tier 2) NDS |
| BIKTARVY TAB | \$0 (Tier 2) NDS |
| CIMDUO TAB 300-300 | \$0 (Tier 2) NDS |
| COMPLERA TAB | \$0 (Tier 2) NDS |
| DELSTRIGO TAB | \$0 (Tier 2) NDS |
| DESCOVY TAB 200/25 | \$0 (Tier 2) NDS |
| DOVATO TAB 50-300MG | \$0 (Tier 2) NDS |
| EVOTAZ TAB 300-150 | \$0 (Tier 2) NDS |
| GENVOYA TAB | \$0 (Tier 2) NDS |
| JULUCA TAB 50-25MG | \$0 (Tier 2) NDS |
| KALETRA TAB 100-25MG | \$0 (Tier 2) |
| KALETRA TAB 200-50MG | \$0 (Tier 2) NDS |
| <i>lamivudine-zidovudine tab 150-300 mg</i> | \$0 (Tier 1) |
| <i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> | \$0 (Tier 1) |
| ODEFSEY TAB | \$0 (Tier 2) NDS |
| PREZCOBIX TAB 800-150 | \$0 (Tier 2) NDS |
| STRIBILD TAB | \$0 (Tier 2) NDS |
| SYMFI LO TAB | \$0 (Tier 2) NDS |
| SYMFI TAB | \$0 (Tier 2) NDS |
| SYMTUZA TAB | \$0 (Tier 2) NDS |
| TEMIXYS TAB 300-300 | \$0 (Tier 2) NDS |
| TRIUMEQ TAB | \$0 (Tier 2) NDS |
| TRUVADA TAB 100-150 | \$0 (Tier 2) NDS, QL (30 tabs / 30 days) |
| TRUVADA TAB 133-200 | \$0 (Tier 2) NDS, QL (30 tabs / 30 days) |
| TRUVADA TAB 167-250 | \$0 (Tier 2) NDS, QL (30 tabs / 30 days) |
| TRUVADA TAB 200-300 | \$0 (Tier 2) NDS, QL (30 tabs / 30 days) |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL) |
|------------------|---|
|------------------|---|

ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS

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

ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS

| | |
|--|----------------------|
| <i>acyclovir cap 200 mg</i> | \$0 (Tier 1) |
| <i>acyclovir sodium iv soln 50 mg/ml</i> | \$0 (Tier 1) B/D |
| <i>acyclovir susp 200 mg/5ml</i> | \$0 (Tier 1) |
| <i>acyclovir tab 400 mg</i> | \$0 (Tier 1) |
| <i>acyclovir tab 800 mg</i> | \$0 (Tier 1) |
| <i>adefovir dipivoxil tab 10 mg</i> | \$0 (Tier 2) NDS |
| BARACLUDE SOL | \$0 (Tier 2) NDS |
| <i>entecavir tab 0.5 mg</i> | \$0 (Tier 1) |
| <i>entecavir tab 1 mg</i> | \$0 (Tier 1) |
| EPCLUSA TAB 400-100 | \$0 (Tier 2) NDS, PA |
| EPIVIR HBV SOL 5MG/ML | \$0 (Tier 2) |
| <i>famciclovir tab 125 mg</i> | \$0 (Tier 1) |
| <i>famciclovir tab 250 mg</i> | \$0 (Tier 1) |
| <i>famciclovir tab 500 mg</i> | \$0 (Tier 1) |
| <i>ganciclovir sodium for inj 500 mg</i> | \$0 (Tier 1) B/D |
| HARVONI PAK | \$0 (Tier 2) NDS, PA |
| HARVONI PAK 45-200MG | \$0 (Tier 2) NDS, PA |
| HARVONI TAB 45-200MG | \$0 (Tier 2) NDS, PA |
| HARVONI TAB 90-400MG | \$0 (Tier 2) NDS, PA |
| <i>lamivudine tab 100 mg (hbv)</i> | \$0 (Tier 1) |
| MAVYRET TAB 100-40MG | \$0 (Tier 2) NDS, PA |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|--|---|--------------------------------------|
| <i>oseltamivir phosphate cap 30 mg (base equiv)</i> | \$0 (Tier 1) | QL (168 caps / year) |
| <i>oseltamivir phosphate cap 45 mg (base equiv)</i> | \$0 (Tier 1) | QL (84 caps / year) |
| <i>oseltamivir phosphate cap 75 mg (base equiv)</i> | \$0 (Tier 1) | QL (84 caps / year) |
| <i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i> | \$0 (Tier 1) | QL (1080 mL / year) |
| PEGASYS INJ | \$0 (Tier 2) | NDS, PA |
| PEGASYS INJ 180MCG/M | \$0 (Tier 2) | NDS, PA |
| PEGASYS INJ PROCLICK | \$0 (Tier 2) | NDS, PA |
| RELENZA MIS DISKHALE | \$0 (Tier 2) | QL (6 inhalers / year) |
| <i>ribavirin cap 200 mg</i> | \$0 (Tier 1) | |
| <i>ribavirin tab 200 mg</i> | \$0 (Tier 1) | |
| <i>rimantadine hydrochloride tab 100 mg</i> | \$0 (Tier 1) | |
| <i>valacyclovir hcl tab 1 gm</i> | \$0 (Tier 1) | |
| <i>valacyclovir hcl tab 500 mg</i> | \$0 (Tier 1) | |
| <i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i> | \$0 (Tier 2) | NDS |
| <i>valganciclovir hcl tab 450 mg (base equivalent)</i> | \$0 (Tier 2) | NDS |
| VEMLIDY TAB 25MG | \$0 (Tier 2) | NDS |
| VOSEVI TAB | \$0 (Tier 2) | NDS, PA |
| CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS | | |
| <i>cefaclor cap 250 mg</i> | \$0 (Tier 1) | |
| <i>cefaclor cap 500 mg</i> | \$0 (Tier 1) | |
| CEFACLOR ER TAB 500MG | \$0 (Tier 2) | |
| <i>cefaclor for susp 125 mg/5ml</i> | \$0 (Tier 1) | |
| <i>cefaclor for susp 250 mg/5ml</i> | \$0 (Tier 1) | |
| <i>cefaclor for susp 375 mg/5ml</i> | \$0 (Tier 1) | |
| <i>cefadroxil cap 500 mg</i> | \$0 (Tier 1) | |
| <i>cefadroxil for susp 250 mg/5ml</i> | \$0 (Tier 1) | |
| <i>cefadroxil for susp 500 mg/5ml</i> | \$0 (Tier 1) | |
| <i>cefadroxil tab 1 gm</i> | \$0 (Tier 1) | |
| CEFAZOLIN INJ 1GM/50ML | \$0 (Tier 2) | |
| <i>cefazolin sodium for inj 1 gm</i> | \$0 (Tier 1) | |
| <i>cefazolin sodium for inj 10 gm</i> | \$0 (Tier 1) | |
| <i>cefazolin sodium for inj 500 mg</i> | \$0 (Tier 1) | |
| <i>cefazolin sodium for iv soln 1 gm</i> | \$0 (Tier 1) | |
| CEFAZOLIN SOL | \$0 (Tier 2) | |

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

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR LIMITS ON USE WILL COST YOU (TIER LEVEL) |
|------------------|---|
|------------------|---|

| | |
|------------------------|------------------|
| <i>tazicef inj 1gm</i> | \$0 (Tier 1) |
| <i>tazicef inj 2gm</i> | \$0 (Tier 1) |
| <i>tazicef inj 6gm</i> | \$0 (Tier 1) |
| TEFLARO INJ 400MG | \$0 (Tier 2) NDS |
| TEFLARO INJ 600MG | \$0 (Tier 2) NDS |

ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS

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

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

| | |
|--|--------------|
| CIPRO (10%) SUS 500MG/5 | \$0 (Tier 2) |
| <i>ciprofloxacin 200 mg/100ml in d5w</i> | \$0 (Tier 1) |
| <i>ciprofloxacin 400 mg/200ml in d5w</i> | \$0 (Tier 1) |
| <i>ciprofloxacin hcl tab 100 mg (base equiv)</i> | \$0 (Tier 1) |
| <i>ciprofloxacin hcl tab 250 mg (base equiv)</i> | \$0 (Tier 1) |
| <i>ciprofloxacin hcl tab 500 mg (base equiv)</i> | \$0 (Tier 1) |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
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|--|--------------|--|
| <i>ciprofloxacin hcl tab 750 mg (base equiv)</i> | \$0 (Tier 1) | |
| <i>levofloxacin in d5w iv soln 250 mg/50ml</i> | \$0 (Tier 1) | |
| <i>levofloxacin in d5w iv soln 500 mg/100ml</i> | \$0 (Tier 1) | |
| <i>levofloxacin in d5w iv soln 750 mg/150ml</i> | \$0 (Tier 1) | |
| <i>levofloxacin iv soln 25 mg/ml</i> | \$0 (Tier 1) | |
| <i>levofloxacin oral soln 25 mg/ml</i> | \$0 (Tier 1) | |
| <i>levofloxacin tab 250 mg</i> | \$0 (Tier 1) | |
| <i>levofloxacin tab 500 mg</i> | \$0 (Tier 1) | |
| <i>levofloxacin tab 750 mg</i> | \$0 (Tier 1) | |
| <i>moxifloxacin hcl tab 400 mg (base equiv)</i> | \$0 (Tier 1) | |

PENICILLINS - DRUGS TO TREAT INFECTIONS

| | | |
|---|--------------|--|
| <i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i> | \$0 (Tier 1) | |
| <i>amoxicillin & k clavulanate chew tab 400-57 mg</i> | \$0 (Tier 1) | |
| <i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i> | \$0 (Tier 1) | |
| <i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i> | \$0 (Tier 1) | |
| <i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i> | \$0 (Tier 1) | |
| <i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i> | \$0 (Tier 1) | |
| <i>amoxicillin & k clavulanate tab 250-125 mg</i> | \$0 (Tier 1) | |
| <i>amoxicillin & k clavulanate tab 500-125 mg</i> | \$0 (Tier 1) | |
| <i>amoxicillin & k clavulanate tab 875-125 mg</i> | \$0 (Tier 1) | |
| <i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i> | \$0 (Tier 1) | |
| <i>amoxicillin (trihydrate) cap 250 mg</i> | \$0 (Tier 1) | |
| <i>amoxicillin (trihydrate) cap 500 mg</i> | \$0 (Tier 1) | |
| <i>amoxicillin (trihydrate) chew tab 125 mg</i> | \$0 (Tier 1) | |
| <i>amoxicillin (trihydrate) chew tab 250 mg</i> | \$0 (Tier 1) | |
| <i>amoxicillin (trihydrate) for susp 125 mg/5ml</i> | \$0 (Tier 1) | |
| <i>amoxicillin (trihydrate) for susp 200 mg/5ml</i> | \$0 (Tier 1) | |
| <i>amoxicillin (trihydrate) for susp 250 mg/5ml</i> | \$0 (Tier 1) | |
| <i>amoxicillin (trihydrate) for susp 400 mg/5ml</i> | \$0 (Tier 1) | |

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

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL) |
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|---|--------------|
| <i>penicillin v potassium for soln 125 mg/5ml</i> | \$0 (Tier 1) |
| <i>penicillin v potassium for soln 250 mg/5ml</i> | \$0 (Tier 1) |
| <i>penicillin v potassium tab 250 mg</i> | \$0 (Tier 1) |
| <i>penicillin v potassium tab 500 mg</i> | \$0 (Tier 1) |
| <i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i> | \$0 (Tier 1) |
| <i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i> | \$0 (Tier 1) |
| <i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i> | \$0 (Tier 1) |
| <i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i> | \$0 (Tier 1) |
| <i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i> | \$0 (Tier 1) |

TETRACYCLINES - DRUGS TO TREAT INFECTIONS

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

ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER

ALKYLATING AGENTS

| | |
|--|-----------------------|
| <i>BENDEKA INJ 100/4ML</i> | \$0 (Tier 2) NDS, B/D |
| <i>cyclophosphamide cap 25 mg</i> | \$0 (Tier 1) B/D |
| <i>cyclophosphamide cap 50 mg</i> | \$0 (Tier 1) B/D |
| <i>cyclophosphamide for inj 1 gm</i> | \$0 (Tier 2) NDS, B/D |
| <i>cyclophosphamide for inj 2 gm</i> | \$0 (Tier 2) NDS, B/D |
| <i>cyclophosphamide for inj 500 mg</i> | \$0 (Tier 2) NDS, B/D |
| <i>EMCYT CAP 140MG</i> | \$0 (Tier 2) |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL) |
|---------------------|---|
| GLEOSTINE CAP 10MG | \$0 (Tier 2) |
| GLEOSTINE CAP 40MG | \$0 (Tier 2) NDS |
| GLEOSTINE CAP 100MG | \$0 (Tier 2) NDS |
| LEUKERAN TAB 2MG | \$0 (Tier 2) NDS |

ANTHRACYCLINES

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

ANTIMETABOLITES

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

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR LIMITS ON USE WILL COST YOU (TIER LEVEL) |
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|---|------------------|
| <i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i> | \$0 (Tier 1) B/D |
| <i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i> | \$0 (Tier 1) B/D |
| <i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i> | \$0 (Tier 1) B/D |
| PURIXAN SUS 20MG/ML | \$0 (Tier 2) NDS |
| TABLOID TAB 40MG | \$0 (Tier 2) NDS |

ANTIMITOTIC, TAXOIDS

| | |
|---|-----------------------|
| ABRAXANE INJ 100MG | \$0 (Tier 2) NDS, B/D |
| <i>docetaxel for inj conc 20 mg/ml</i> | \$0 (Tier 2) NDS, B/D |
| <i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i> | \$0 (Tier 2) NDS, B/D |
| <i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i> | \$0 (Tier 2) NDS, B/D |
| DOCETAXEL INJ 20MG/2ML | \$0 (Tier 2) NDS, B/D |
| DOCETAXEL INJ 80MG/4ML | \$0 (Tier 2) NDS, B/D |
| DOCETAXEL INJ 80MG/8ML | \$0 (Tier 2) NDS, B/D |
| DOCETAXEL INJ 160/8ML | \$0 (Tier 2) NDS, B/D |
| DOCETAXEL INJ 160/16ML | \$0 (Tier 2) NDS, B/D |
| DOCETAXEL INJ 200/10 | \$0 (Tier 2) NDS, B/D |
| <i>docetaxel soln for iv infusion 20 mg/2ml</i> | \$0 (Tier 2) NDS, B/D |
| <i>docetaxel soln for iv infusion 80 mg/8ml</i> | \$0 (Tier 2) NDS, B/D |
| <i>docetaxel soln for iv infusion 160 mg/16ml</i> | \$0 (Tier 2) NDS, B/D |
| <i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i> | \$0 (Tier 1) B/D |
| <i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i> | \$0 (Tier 1) B/D |
| <i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i> | \$0 (Tier 1) B/D |
| <i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i> | \$0 (Tier 1) B/D |
| TAXOTERE INJ 80MG/4ML | \$0 (Tier 2) NDS, B/D |

ANTIMITOTIC, VINCA ALKALOIDS

| | |
|---|------------------|
| <i>vincristine sulfate iv soln 1 mg/ml</i> | \$0 (Tier 1) B/D |
| <i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i> | \$0 (Tier 1) B/D |
| <i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i> | \$0 (Tier 1) B/D |

BIOLOGIC RESPONSE MODIFIERS

| | |
|----------------------|--------------------------|
| AVASTIN INJ | \$0 (Tier 2) NDS, LA, PA |
| AVASTIN INJ 400/16ML | \$0 (Tier 2) NDS, LA, PA |
| BORTEZOMIB INJ 3.5MG | \$0 (Tier 2) NDS, PA |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL) |
|---------------------------|---|
| DAURISMO TAB 25MG | \$0 (Tier 2) NDS, LA, PA |
| DAURISMO TAB 100MG | \$0 (Tier 2) NDS, LA, PA |
| ERIVEDGE CAP 150MG | \$0 (Tier 2) NDS, LA, PA |
| FARYDAK CAP 10MG | \$0 (Tier 2) NDS, LA, PA |
| FARYDAK CAP 20MG | \$0 (Tier 2) NDS, LA, PA |
| HERCEP HYLEC SOL 60-10000 | \$0 (Tier 2) NDS, PA |
| HERCEPTIN INJ 150MG | \$0 (Tier 2) NDS, PA |
| HERCEPTIN INJ 440MG | \$0 (Tier 2) NDS, PA |
| HERZUMA INJ 150MG | \$0 (Tier 2) NDS, PA |
| HERZUMA INJ 420MG | \$0 (Tier 2) NDS, PA |
| IBRANCE CAP 75MG | \$0 (Tier 2) NDS, QL (21 caps / 28 days), LA, PA |
| IBRANCE CAP 100MG | \$0 (Tier 2) NDS, QL (21 caps / 28 days), LA, PA |
| IBRANCE CAP 125MG | \$0 (Tier 2) NDS, QL (21 caps / 28 days), LA, PA |
| IBRANCE TAB 75MG | \$0 (Tier 2) NDS, QL (21 tabs / 28 days), LA, PA |
| IBRANCE TAB 100MG | \$0 (Tier 2) NDS, QL (21 tabs / 28 days), LA, PA |
| IBRANCE TAB 125MG | \$0 (Tier 2) NDS, QL (21 tabs / 28 days), LA, PA |
| IDHIFA TAB 50MG | \$0 (Tier 2) NDS, QL (30 tabs / 30 days), LA, PA |
| IDHIFA TAB 100MG | \$0 (Tier 2) NDS, QL (30 tabs / 30 days), LA, PA |
| KADCYLA INJ 100MG | \$0 (Tier 2) NDS, B/D |
| KADCYLA INJ 160MG | \$0 (Tier 2) NDS, B/D |
| KANJINTI INJ 420MG | \$0 (Tier 2) NDS, PA |
| KANJINTI SOL 150MG | \$0 (Tier 2) NDS, PA |
| KEYTRUDA INJ 100MG/4M | \$0 (Tier 2) NDS, PA |
| KISQALI 200 PAK FEMARA | \$0 (Tier 2) NDS, PA |
| KISQALI 400 PAK FEMARA | \$0 (Tier 2) NDS, PA |
| KISQALI 600 PAK FEMARA | \$0 (Tier 2) NDS, PA |
| KISQALI TAB 200DOSE | \$0 (Tier 2) NDS, PA |
| KISQALI TAB 400DOSE | \$0 (Tier 2) NDS, PA |
| KISQALI TAB 600DOSE | \$0 (Tier 2) NDS, PA |
| LYNPARZA TAB 100MG | \$0 (Tier 2) NDS, LA, PA |
| LYNPARZA TAB 150MG | \$0 (Tier 2) NDS, LA, PA |
| MVASI INJ 100MG | \$0 (Tier 2) NDS, LA, PA |

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug.

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|------------------------|---|--------------------------------------|
| MVASI INJ 400MG | \$0 (Tier 2) | NDS, LA, PA |
| NINLARO CAP 2.3MG | \$0 (Tier 2) | NDS, PA |
| NINLARO CAP 3MG | \$0 (Tier 2) | NDS, PA |
| NINLARO CAP 4MG | \$0 (Tier 2) | NDS, PA |
| ODOMZO CAP 200MG | \$0 (Tier 2) | NDS, LA, PA |
| OGIVRI INJ 150MG | \$0 (Tier 2) | NDS, PA |
| OGIVRI INJ 420MG | \$0 (Tier 2) | NDS, PA |
| ONTRUZANT INJ 150MG | \$0 (Tier 2) | NDS, PA |
| ONTRUZANT INJ 420MG | \$0 (Tier 2) | NDS, PA |
| PHESGO SOL | \$0 (Tier 2) | NDS, LA, PA |
| RITUXAN INJ 100MG | \$0 (Tier 2) | NDS, LA, PA |
| RITUXAN INJ 500MG | \$0 (Tier 2) | NDS, LA, PA |
| RITUXAN INJ HYCELA | \$0 (Tier 2) | NDS, LA, PA |
| RUBRACA TAB 200MG | \$0 (Tier 2) | NDS, LA, PA |
| RUBRACA TAB 250MG | \$0 (Tier 2) | NDS, LA, PA |
| RUBRACA TAB 300MG | \$0 (Tier 2) | NDS, LA, PA |
| RUXIENCE INJ 100/10ML | \$0 (Tier 2) | NDS, PA |
| RUXIENCE INJ 500/50ML | \$0 (Tier 2) | NDS, PA |
| TALZENNA CAP 0.25MG | \$0 (Tier 2) | NDS, LA, PA |
| TALZENNA CAP 1MG | \$0 (Tier 2) | NDS, LA, PA |
| TECENTRIQ INJ 840/14 | \$0 (Tier 2) | NDS, LA, PA |
| TECENTRIQ INJ 1200/20 | \$0 (Tier 2) | NDS, LA, PA |
| TIBSOVO TAB 250MG | \$0 (Tier 2) | NDS, LA, PA |
| TRAZIMERA INJ 420MG | \$0 (Tier 2) | NDS, PA |
| TRUXIMA INJ 100/10ML | \$0 (Tier 2) | NDS, PA |
| TRUXIMA INJ 500/50ML | \$0 (Tier 2) | NDS, PA |
| VELCADE INJ 3.5MG | \$0 (Tier 2) | NDS, PA |
| VENCLEXTA TAB 10MG | \$0 (Tier 2) | LA, PA |
| VENCLEXTA TAB 50MG | \$0 (Tier 2) | NDS, LA, PA |
| VENCLEXTA TAB 100MG | \$0 (Tier 2) | NDS, LA, PA |
| VENCLEXTA TAB START PK | \$0 (Tier 2) | NDS, LA, PA |
| VERZENIO TAB 50MG | \$0 (Tier 2) | NDS, LA, PA |
| VERZENIO TAB 100MG | \$0 (Tier 2) | NDS, LA, PA |
| VERZENIO TAB 150MG | \$0 (Tier 2) | NDS, LA, PA |
| VERZENIO TAB 200MG | \$0 (Tier 2) | NDS, LA, PA |
| ZEJULA CAP 100MG | \$0 (Tier 2) | NDS, LA, PA |
| ZIRABEV INJ 100/4ML | \$0 (Tier 2) | NDS, PA |
| ZIRABEV INJ 400/16ML | \$0 (Tier 2) | NDS, PA |
| ZOLINZA CAP 100MG | \$0 (Tier 2) | NDS, PA |

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Drug Name**WHAT THE NECESSARY ACTIONS
DRUG RESTRICTIONS OR
WILL LIMITS ON USE
COST YOU
(TIER
LEVEL)****HORMONAL ANTINEOPLASTIC AGENTS**

| | |
|---|--------------------------|
| <i>abiraterone acetate tab 250 mg</i> | \$0 (Tier 2) NDS, PA |
| <i>anastrozole tab 1 mg</i> | \$0 (Tier 1) |
| <i>bicalutamide tab 50 mg</i> | \$0 (Tier 1) |
| DEPO-PROVERA INJ 400/ML | \$0 (Tier 2) B/D |
| ERLEADA TAB 60MG | \$0 (Tier 2) NDS, LA, PA |
| <i>exemestane tab 25 mg</i> | \$0 (Tier 1) |
| <i>flutamide cap 125 mg</i> | \$0 (Tier 1) |
| <i>fulvestrant inj 250 mg/5ml</i> | \$0 (Tier 2) NDS, B/D |
| <i>letrozole tab 2.5 mg</i> | \$0 (Tier 1) |
| <i>leuprolide acetate inj kit 5 mg/ml</i> | \$0 (Tier 1) PA |
| LUPRON DEPOT INJ 3.75MG | \$0 (Tier 2) NDS, PA |
| LUPRON DEPOT INJ 11.25MG | \$0 (Tier 2) NDS, PA |
| LYSODREN TAB 500MG | \$0 (Tier 2) |
| <i>megestrol acetate susp 40 mg/ml</i> | \$0 (Tier 2) |
| <i>megestrol acetate susp 625 mg/5ml</i> | \$0 (Tier 2) PA |
| <i>megestrol acetate tab 20 mg</i> | \$0 (Tier 2) |
| <i>megestrol acetate tab 40 mg</i> | \$0 (Tier 2) |
| <i>nilutamide tab 150 mg</i> | \$0 (Tier 2) NDS |
| NUBEQA TAB 300MG | \$0 (Tier 2) NDS, LA, PA |
| SOLTAMOX SOL 10MG/5ML | \$0 (Tier 2) NDS |
| <i>tamoxifen citrate tab 10 mg (base equivalent)</i> | \$0 (Tier 1) |
| <i>tamoxifen citrate tab 20 mg (base equivalent)</i> | \$0 (Tier 1) |
| <i>toremifene citrate tab 60 mg (base equivalent)</i> | \$0 (Tier 2) NDS |
| TRELSTAR MIX INJ 3.75MG | \$0 (Tier 2) NDS, PA |
| TRELSTAR MIX INJ 11.25MG | \$0 (Tier 2) NDS, PA |
| XTANDI CAP 40MG | \$0 (Tier 2) NDS, LA, PA |
| ZYTIGA TAB 500MG | \$0 (Tier 2) NDS, LA, PA |

IMMUNOMODULATORS

| | |
|------------------|--|
| POMALYST CAP 1MG | \$0 (Tier 2) NDS, QL (21 caps / 21 days), LA, PA |
| POMALYST CAP 2MG | \$0 (Tier 2) NDS, QL (21 caps / 21 days), LA, PA |
| POMALYST CAP 3MG | \$0 (Tier 2) NDS, QL (21 caps / 28 days), LA, PA |
| POMALYST CAP 4MG | \$0 (Tier 2) NDS, QL (21 caps / 28 days), LA, PA |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|--------------------|---|--------------------------------------|
| REVLIMID CAP 2.5MG | \$0 (Tier 2) | NDS, QL (28 caps / 28 days), LA, PA |
| REVLIMID CAP 5MG | \$0 (Tier 2) | NDS, QL (28 caps / 28 days), LA, PA |
| REVLIMID CAP 10MG | \$0 (Tier 2) | NDS, QL (28 caps / 28 days), LA, PA |
| REVLIMID CAP 15MG | \$0 (Tier 2) | NDS, QL (28 caps / 28 days), LA, PA |
| REVLIMID CAP 20MG | \$0 (Tier 2) | NDS, QL (28 caps / 28 days), LA, PA |
| REVLIMID CAP 25MG | \$0 (Tier 2) | NDS, QL (28 caps / 28 days), LA, PA |
| THALOMID CAP 50MG | \$0 (Tier 2) | NDS, QL (28 caps / 28 days), PA |
| THALOMID CAP 100MG | \$0 (Tier 2) | NDS, QL (28 caps / 28 days), PA |
| THALOMID CAP 150MG | \$0 (Tier 2) | NDS, QL (56 caps / 28 days), PA |
| THALOMID CAP 200MG | \$0 (Tier 2) | NDS, QL (56 caps / 28 days), PA |

KINASE INHIBITORS

| | | |
|----------------------|--------------|-------------------------------------|
| AFINITOR DIS TAB 2MG | \$0 (Tier 2) | NDS, QL (150 tabs / 30 days), PA |
| AFINITOR DIS TAB 3MG | \$0 (Tier 2) | NDS, QL (90 tabs / 30 days), PA |
| AFINITOR DIS TAB 5MG | \$0 (Tier 2) | NDS, QL (60 tabs / 30 days), PA |
| AFINITOR TAB 10MG | \$0 (Tier 2) | NDS, QL (30 tabs / 30 days), PA |
| ALECENSA CAP 150MG | \$0 (Tier 2) | NDS, LA, PA |
| ALUNBRIG PAK | \$0 (Tier 2) | NDS, LA, PA |
| ALUNBRIG TAB 30MG | \$0 (Tier 2) | NDS, LA, PA |
| ALUNBRIG TAB 90MG | \$0 (Tier 2) | NDS, LA, PA |
| ALUNBRIG TAB 180MG | \$0 (Tier 2) | NDS, LA, PA |
| AYVAKIT TAB 100MG | \$0 (Tier 2) | NDS, QL (30 tabs / 30 days), LA, PA |
| AYVAKIT TAB 200MG | \$0 (Tier 2) | NDS, QL (30 tabs / 30 days), LA, PA |
| AYVAKIT TAB 300MG | \$0 (Tier 2) | NDS, QL (30 tabs / 30 days), LA, PA |
| BALVERSA TAB 3MG | \$0 (Tier 2) | NDS, LA, PA |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|---|---|--------------------------------------|
| BALVERSA TAB 4MG | \$0 (Tier 2) | NDS, LA, PA |
| BALVERSA TAB 5MG | \$0 (Tier 2) | NDS, LA, PA |
| BOSULIF TAB 100MG | \$0 (Tier 2) | NDS, PA |
| BOSULIF TAB 400MG | \$0 (Tier 2) | NDS, PA |
| BOSULIF TAB 500MG | \$0 (Tier 2) | NDS, PA |
| BRAFTOVI CAP 75MG | \$0 (Tier 2) | NDS, LA, PA |
| BRUKINSA CAP 80MG | \$0 (Tier 2) | NDS, LA, PA |
| CABOMETYX TAB 20MG | \$0 (Tier 2) | NDS, QL (30 tabs / 30 days), LA, PA |
| CABOMETYX TAB 40MG | \$0 (Tier 2) | NDS, QL (30 tabs / 30 days), LA, PA |
| CABOMETYX TAB 60MG | \$0 (Tier 2) | NDS, QL (30 tabs / 30 days), LA, PA |
| CALQUENCE CAP 100MG | \$0 (Tier 2) | NDS, LA, PA |
| CAPRELSA TAB 100MG | \$0 (Tier 2) | NDS, LA, PA |
| CAPRELSA TAB 300MG | \$0 (Tier 2) | NDS, LA, PA |
| COMETRIQ KIT 60MG | \$0 (Tier 2) | NDS, LA, PA |
| COMETRIQ KIT 100MG | \$0 (Tier 2) | NDS, LA, PA |
| COMETRIQ KIT 140MG | \$0 (Tier 2) | NDS, LA, PA |
| COPIKTRA CAP 15MG | \$0 (Tier 2) | NDS, LA, PA |
| COPIKTRA CAP 25MG | \$0 (Tier 2) | NDS, LA, PA |
| COTELLIC TAB 20MG | \$0 (Tier 2) | NDS, LA, PA |
| <i>erlotinib hcl tab 25 mg (base equivalent)</i> | \$0 (Tier 2) | NDS, QL (90 tabs / 30 days), PA |
| <i>erlotinib hcl tab 100 mg (base equivalent)</i> | \$0 (Tier 2) | NDS, QL (30 tabs / 30 days), PA |
| <i>erlotinib hcl tab 150 mg (base equivalent)</i> | \$0 (Tier 2) | NDS, QL (30 tabs / 30 days), PA |
| <i>everolimus tab 2.5 mg</i> | \$0 (Tier 2) | NDS, QL (30 tabs / 30 days), PA |
| <i>everolimus tab 5 mg</i> | \$0 (Tier 2) | NDS, QL (30 tabs / 30 days), PA |
| <i>everolimus tab 7.5 mg</i> | \$0 (Tier 2) | NDS, QL (30 tabs / 30 days), PA |
| GILOTRIF TAB 20MG | \$0 (Tier 2) | NDS, LA, PA |
| GILOTRIF TAB 30MG | \$0 (Tier 2) | NDS, LA, PA |
| GILOTRIF TAB 40MG | \$0 (Tier 2) | NDS, LA, PA |
| ICLUSIG TAB 15MG | \$0 (Tier 2) | NDS, LA, PA |
| ICLUSIG TAB 45MG | \$0 (Tier 2) | NDS, LA, PA |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|---|---|--------------------------------------|
| <i>imatinib mesylate tab 100 mg (base equivalent)</i> | \$0 (Tier 2) | NDS, QL (90 tabs / 30 days), PA |
| <i>imatinib mesylate tab 400 mg (base equivalent)</i> | \$0 (Tier 2) | NDS, QL (60 tabs / 30 days), PA |
| IMBRUVICA CAP 70MG | \$0 (Tier 2) | NDS, LA, PA |
| IMBRUVICA CAP 140MG | \$0 (Tier 2) | NDS, LA, PA |
| IMBRUVICA TAB 140MG | \$0 (Tier 2) | NDS, LA, PA |
| IMBRUVICA TAB 280MG | \$0 (Tier 2) | NDS, LA, PA |
| IMBRUVICA TAB 420MG | \$0 (Tier 2) | NDS, LA, PA |
| IMBRUVICA TAB 560MG | \$0 (Tier 2) | NDS, LA, PA |
| INLYTA TAB 1MG | \$0 (Tier 2) | NDS, QL (180 tabs / 30 days), LA, PA |
| INLYTA TAB 5MG | \$0 (Tier 2) | NDS, QL (120 tabs / 30 days), LA, PA |
| INREBIC CAP 100MG | \$0 (Tier 2) | NDS, LA, PA |
| IRESSA TAB 250MG | \$0 (Tier 2) | NDS, LA, PA |
| JAKAFI TAB 5MG | \$0 (Tier 2) | NDS, QL (60 tabs / 30 days), LA, PA |
| JAKAFI TAB 10MG | \$0 (Tier 2) | NDS, QL (60 tabs / 30 days), LA, PA |
| JAKAFI TAB 15MG | \$0 (Tier 2) | NDS, QL (60 tabs / 30 days), LA, PA |
| JAKAFI TAB 20MG | \$0 (Tier 2) | NDS, QL (60 tabs / 30 days), LA, PA |
| JAKAFI TAB 25MG | \$0 (Tier 2) | NDS, QL (60 tabs / 30 days), LA, PA |
| LENVIMA CAP 4MG | \$0 (Tier 2) | NDS, LA, PA |
| LENVIMA CAP 8 MG | \$0 (Tier 2) | NDS, LA, PA |
| LENVIMA CAP 10 MG | \$0 (Tier 2) | NDS, LA, PA |
| LENVIMA CAP 12MG | \$0 (Tier 2) | NDS, LA, PA |
| LENVIMA CAP 14 MG | \$0 (Tier 2) | NDS, LA, PA |
| LENVIMA CAP 18 MG | \$0 (Tier 2) | NDS, LA, PA |
| LENVIMA CAP 20 MG | \$0 (Tier 2) | NDS, LA, PA |
| LENVIMA CAP 24 MG | \$0 (Tier 2) | NDS, LA, PA |
| LORBRENA TAB 25MG | \$0 (Tier 2) | NDS, LA, PA |
| LORBRENA TAB 100MG | \$0 (Tier 2) | NDS, LA, PA |
| MEKINIST TAB 0.5MG | \$0 (Tier 2) | NDS, LA, PA |
| MEKINIST TAB 2MG | \$0 (Tier 2) | NDS, LA, PA |
| MEKTOVI TAB 15MG | \$0 (Tier 2) | NDS, LA, PA |
| NERLYNX TAB 40MG | \$0 (Tier 2) | NDS, LA, PA |

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| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL) |
|-----------------------|---|
| NEXAVAR TAB 200MG | \$0 (Tier 2) NDS, LA, PA |
| PEMAZYRE TAB 4.5MG | \$0 (Tier 2) NDS, LA, PA |
| PEMAZYRE TAB 9MG | \$0 (Tier 2) NDS, LA, PA |
| PEMAZYRE TAB 13.5MG | \$0 (Tier 2) NDS, LA, PA |
| PIQRAY 200MG TAB DOSE | \$0 (Tier 2) NDS, PA |
| PIQRAY 250MG TAB DOSE | \$0 (Tier 2) NDS, PA |
| PIQRAY 300MG TAB DOSE | \$0 (Tier 2) NDS, PA |
| QINLOCK TAB 50MG | \$0 (Tier 2) NDS, LA, PA |
| RETEVMO CAP 40MG | \$0 (Tier 2) NDS, LA, PA |
| RETEVMO CAP 80MG | \$0 (Tier 2) NDS, LA, PA |
| ROZLYTREK CAP 100MG | \$0 (Tier 2) NDS, LA, PA |
| ROZLYTREK CAP 200MG | \$0 (Tier 2) NDS, LA, PA |
| RYDAPT CAP 25MG | \$0 (Tier 2) NDS, PA |
| SPRYCEL TAB 20MG | \$0 (Tier 2) NDS, PA |
| SPRYCEL TAB 50MG | \$0 (Tier 2) NDS, PA |
| SPRYCEL TAB 70MG | \$0 (Tier 2) NDS, PA |
| SPRYCEL TAB 80MG | \$0 (Tier 2) NDS, PA |
| SPRYCEL TAB 100MG | \$0 (Tier 2) NDS, PA |
| SPRYCEL TAB 140MG | \$0 (Tier 2) NDS, PA |
| STIVARGA TAB 40MG | \$0 (Tier 2) NDS, LA, PA |
| SUTENT CAP 12.5MG | \$0 (Tier 2) NDS, QL (30 caps / 30 days), PA |
| SUTENT CAP 25MG | \$0 (Tier 2) NDS, QL (30 caps / 30 days), PA |
| SUTENT CAP 37.5MG | \$0 (Tier 2) NDS, QL (30 caps / 30 days), PA |
| SUTENT CAP 50MG | \$0 (Tier 2) NDS, QL (30 caps / 30 days), PA |
| TABRECTA TAB 150MG | \$0 (Tier 2) NDS, PA |
| TABRECTA TAB 200MG | \$0 (Tier 2) NDS, PA |
| TAFINLAR CAP 50MG | \$0 (Tier 2) NDS, LA, PA |
| TAFINLAR CAP 75MG | \$0 (Tier 2) NDS, LA, PA |
| TAGRISSE TAB 40MG | \$0 (Tier 2) NDS, QL (30 tabs / 30 days), LA, PA |
| TAGRISSE TAB 80MG | \$0 (Tier 2) NDS, QL (30 tabs / 30 days), LA, PA |
| TASIGNA CAP 50MG | \$0 (Tier 2) NDS, PA |
| TASIGNA CAP 150MG | \$0 (Tier 2) NDS, PA |
| TASIGNA CAP 200MG | \$0 (Tier 2) NDS, PA |
| TUKYSA TAB 50MG | \$0 (Tier 2) NDS, LA, PA |

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| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL) |
|----------------------|---|
| TUKYSA TAB 150MG | \$0 (Tier 2) NDS, LA, PA |
| TURALIO CAP 200MG | \$0 (Tier 2) NDS, LA, PA |
| TYKERB TAB 250MG | \$0 (Tier 2) NDS, LA, PA |
| VITRAKVI CAP 25MG | \$0 (Tier 2) NDS, LA, PA |
| VITRAKVI CAP 100MG | \$0 (Tier 2) NDS, LA, PA |
| VITRAKVI SOL 20MG/ML | \$0 (Tier 2) NDS, LA, PA |
| VIZIMPRO TAB 15MG | \$0 (Tier 2) NDS, LA, PA |
| VIZIMPRO TAB 30MG | \$0 (Tier 2) NDS, LA, PA |
| VIZIMPRO TAB 45MG | \$0 (Tier 2) NDS, LA, PA |
| VOTRIENT TAB 200MG | \$0 (Tier 2) NDS, LA, PA |
| XALKORI CAP 200MG | \$0 (Tier 2) NDS, LA, PA |
| XALKORI CAP 250MG | \$0 (Tier 2) NDS, LA, PA |
| XOSPATA TAB 40MG | \$0 (Tier 2) NDS, LA, PA |
| ZELBORAF TAB 240MG | \$0 (Tier 2) NDS, LA, PA |
| ZYDELIG TAB 100MG | \$0 (Tier 2) NDS, LA, PA |
| ZYDELIG TAB 150MG | \$0 (Tier 2) NDS, LA, PA |
| ZYKADIA TAB 150MG | \$0 (Tier 2) NDS, LA, PA |

MISCELLANEOUS

| | |
|-------------------------------|--------------------------|
| <i>bexarotene cap 75 mg</i> | \$0 (Tier 2) NDS, PA |
| <i>hydroxyurea cap 500 mg</i> | \$0 (Tier 1) |
| LONSURF TAB 15-6.14 | \$0 (Tier 2) NDS, PA |
| LONSURF TAB 20-8.19 | \$0 (Tier 2) NDS, PA |
| MATULANE CAP 50MG | \$0 (Tier 2) NDS, LA |
| SYLATRON KIT 200MCG | \$0 (Tier 2) NDS, PA |
| SYLATRON KIT 300MCG | \$0 (Tier 2) NDS, PA |
| SYNRIBO INJ 3.5MG | \$0 (Tier 2) NDS, PA |
| TAZVERIK TAB 200MG | \$0 (Tier 2) NDS, LA, PA |
| <i>tretinoin cap 10 mg</i> | \$0 (Tier 2) NDS |
| XPOVIO PAK 40MG | \$0 (Tier 2) NDS, LA, PA |
| XPOVIO PAK 60MG | \$0 (Tier 2) NDS, LA, PA |
| XPOVIO PAK 80MG | \$0 (Tier 2) NDS, LA, PA |
| XPOVIO PAK 100MG | \$0 (Tier 2) NDS, LA, PA |

PLATINUM-BASED AGENTS

| | |
|---|------------------|
| <i>carboplatin iv soln 50 mg/5ml</i> | \$0 (Tier 1) B/D |
| <i>carboplatin iv soln 150 mg/15ml</i> | \$0 (Tier 1) B/D |
| <i>carboplatin iv soln 450 mg/45ml</i> | \$0 (Tier 1) B/D |
| <i>carboplatin iv soln 600 mg/60ml</i> | \$0 (Tier 1) B/D |
| <i>cisplatin inj 50 mg/50ml (1 mg/ml)</i> | \$0 (Tier 1) B/D |
| <i>cisplatin inj 100 mg/100ml (1 mg/ml)</i> | \$0 (Tier 1) B/D |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL) |
|------------------|---|
|------------------|---|

| | |
|---|-----------------------|
| <i>cisplatin inj 200 mg/200ml (1 mg/ml)</i> | \$0 (Tier 1) B/D |
| <i>oxaliplatin for iv inj 50 mg</i> | \$0 (Tier 2) NDS, B/D |
| <i>oxaliplatin for iv inj 100 mg</i> | \$0 (Tier 2) NDS, B/D |
| <i>oxaliplatin iv soln 50 mg/10ml</i> | \$0 (Tier 1) B/D |
| <i>oxaliplatin iv soln 100 mg/20ml</i> | \$0 (Tier 1) B/D |

PROTECTIVE AGENTS

| | |
|--|------------------|
| <i>leucovorin calcium for inj 50 mg</i> | \$0 (Tier 1) B/D |
| <i>leucovorin calcium for inj 100 mg</i> | \$0 (Tier 1) B/D |
| <i>leucovorin calcium for inj 200 mg</i> | \$0 (Tier 1) B/D |
| <i>leucovorin calcium for inj 350 mg</i> | \$0 (Tier 1) B/D |
| <i>leucovorin calcium for inj 500 mg</i> | \$0 (Tier 1) B/D |
| <i>leucovorin calcium inj 500 mg/50ml (10 mg/ml)</i> | \$0 (Tier 1) B/D |
| <i>leucovorin calcium tab 5 mg</i> | \$0 (Tier 1) |
| <i>leucovorin calcium tab 10 mg</i> | \$0 (Tier 1) |
| <i>leucovorin calcium tab 15 mg</i> | \$0 (Tier 1) |
| <i>leucovorin calcium tab 25 mg</i> | \$0 (Tier 1) |
| MESNEX TAB 400MG | \$0 (Tier 2) NDS |

TOPOISOMERASE INHIBITORS

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

CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE

| | |
|---|--------------|
| <i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i> | \$0 (Tier 1) |
| <i>amlodipine besylate-benazepril hcl cap 5-10 mg</i> | \$0 (Tier 1) |
| <i>amlodipine besylate-benazepril hcl cap 5-20 mg</i> | \$0 (Tier 1) |
| <i>amlodipine besylate-benazepril hcl cap 5-40 mg</i> | \$0 (Tier 1) |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|---|---|--------------------------------------|
| <i>amlodipine besylate-benazepril hcl cap 10-20 mg</i> | \$0 (Tier 1) | |
| <i>amlodipine besylate-benazepril hcl cap 10-40 mg</i> | \$0 (Tier 1) | |
| <i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i> | \$0 (Tier 1) | |
| <i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i> | \$0 (Tier 1) | |
| <i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i> | \$0 (Tier 1) | |
| <i>benazepril & hydrochlorothiazide tab 20-25 mg</i> | \$0 (Tier 1) | |
| <i>captopril & hydrochlorothiazide tab 25-15 mg</i> | \$0 (Tier 1) | |
| <i>captopril & hydrochlorothiazide tab 25-25 mg</i> | \$0 (Tier 1) | |
| <i>captopril & hydrochlorothiazide tab 50-15 mg</i> | \$0 (Tier 1) | |
| <i>captopril & hydrochlorothiazide tab 50-25 mg</i> | \$0 (Tier 1) | |
| <i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i> | \$0 (Tier 1) | |
| <i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i> | \$0 (Tier 1) | |
| <i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i> | \$0 (Tier 1) | |
| <i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i> | \$0 (Tier 1) | |
| <i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i> | \$0 (Tier 1) | |
| <i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i> | \$0 (Tier 1) | |
| <i>lisinopril & hydrochlorothiazide tab 20-25 mg</i> | \$0 (Tier 1) | |
| <i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i> | \$0 (Tier 1) | |
| <i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i> | \$0 (Tier 1) | |
| <i>quinapril-hydrochlorothiazide tab 20-25 mg</i> | \$0 (Tier 1) | |
| ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE | | |
| <i>benazepril hcl tab 5 mg</i> | \$0 (Tier 1) | |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL) |
|--|---|
| <i>benazepril hcl tab 10 mg</i> | \$0 (Tier 1) |
| <i>benazepril hcl tab 20 mg</i> | \$0 (Tier 1) |
| <i>benazepril hcl tab 40 mg</i> | \$0 (Tier 1) |
| <i>captopril tab 12.5 mg</i> | \$0 (Tier 1) |
| <i>captopril tab 25 mg</i> | \$0 (Tier 1) |
| <i>captopril tab 50 mg</i> | \$0 (Tier 1) |
| <i>captopril tab 100 mg</i> | \$0 (Tier 1) |
| <i>enalapril maleate tab 2.5 mg</i> | \$0 (Tier 1) |
| <i>enalapril maleate tab 5 mg</i> | \$0 (Tier 1) |
| <i>enalapril maleate tab 10 mg</i> | \$0 (Tier 1) |
| <i>enalapril maleate tab 20 mg</i> | \$0 (Tier 1) |
| <i>fosinopril sodium tab 10 mg</i> | \$0 (Tier 1) |
| <i>fosinopril sodium tab 20 mg</i> | \$0 (Tier 1) |
| <i>fosinopril sodium tab 40 mg</i> | \$0 (Tier 1) |
| <i>lisinopril tab 2.5 mg</i> | \$0 (Tier 1) |
| <i>lisinopril tab 5 mg</i> | \$0 (Tier 1) |
| <i>lisinopril tab 10 mg</i> | \$0 (Tier 1) |
| <i>lisinopril tab 20 mg</i> | \$0 (Tier 1) |
| <i>lisinopril tab 30 mg</i> | \$0 (Tier 1) |
| <i>lisinopril tab 40 mg</i> | \$0 (Tier 1) |
| <i>moexipril hcl tab 7.5 mg</i> | \$0 (Tier 1) |
| <i>moexipril hcl tab 15 mg</i> | \$0 (Tier 1) |
| <i>perindopril erbumine tab 2 mg</i> | \$0 (Tier 1) |
| <i>perindopril erbumine tab 4 mg</i> | \$0 (Tier 1) |
| <i>perindopril erbumine tab 8 mg</i> | \$0 (Tier 1) |
| <i>quinapril hcl tab 5 mg</i> | \$0 (Tier 1) |
| <i>quinapril hcl tab 10 mg</i> | \$0 (Tier 1) |
| <i>quinapril hcl tab 20 mg</i> | \$0 (Tier 1) |
| <i>quinapril hcl tab 40 mg</i> | \$0 (Tier 1) |
| <i>ramipril cap 1.25 mg</i> | \$0 (Tier 1) |
| <i>ramipril cap 2.5 mg</i> | \$0 (Tier 1) |
| <i>ramipril cap 5 mg</i> | \$0 (Tier 1) |
| <i>ramipril cap 10 mg</i> | \$0 (Tier 1) |
| <i>trandolapril tab 1 mg</i> | \$0 (Tier 1) |
| <i>trandolapril tab 2 mg</i> | \$0 (Tier 1) |
| <i>trandolapril tab 4 mg</i> | \$0 (Tier 1) |
| ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE | |
| <i>eplerenone tab 25 mg</i> | \$0 (Tier 1) |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|------------------|---|--------------------------------------|
|------------------|---|--------------------------------------|

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

ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE

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

ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE

| | | |
|--|--------------|--|
| <i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> | \$0 (Tier 1) | |
| <i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> | \$0 (Tier 1) | |
| <i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> | \$0 (Tier 1) | |
| <i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> | \$0 (Tier 1) | |
| <i>amlodipine besylate-valsartan tab 5-160 mg</i> | \$0 (Tier 1) | |
| <i>amlodipine besylate-valsartan tab 5-320 mg</i> | \$0 (Tier 1) | |
| <i>amlodipine besylate-valsartan tab 10-160 mg</i> | \$0 (Tier 1) | |
| <i>amlodipine besylate-valsartan tab 10-320 mg</i> | \$0 (Tier 1) | |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i> | \$0 (Tier 1) | |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i> | \$0 (Tier 1) | |
| <i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i> | \$0 (Tier 1) | |

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

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|---|---|--------------------------------------|
| <i>telmisartan-amlodipine tab 80-5 mg</i> | \$0 (Tier 1) | |
| <i>telmisartan-amlodipine tab 80-10 mg</i> | \$0 (Tier 1) | |
| <i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> | \$0 (Tier 1) | |
| <i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> | \$0 (Tier 1) | |
| <i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> | \$0 (Tier 1) | |
| <i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> | \$0 (Tier 1) | |
| <i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> | \$0 (Tier 1) | |
| <i>valsartan-hydrochlorothiazide tab 160-25 mg</i> | \$0 (Tier 1) | |
| <i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> | \$0 (Tier 1) | |
| <i>valsartan-hydrochlorothiazide tab 320-25 mg</i> | \$0 (Tier 1) | |

ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE

| | | |
|--|--------------|--|
| <i>candesartan cilexetil tab 4 mg</i> | \$0 (Tier 1) | |
| <i>candesartan cilexetil tab 8 mg</i> | \$0 (Tier 1) | |
| <i>candesartan cilexetil tab 16 mg</i> | \$0 (Tier 1) | |
| <i>candesartan cilexetil tab 32 mg</i> | \$0 (Tier 1) | |
| <i>irbesartan tab 75 mg</i> | \$0 (Tier 1) | |
| <i>irbesartan tab 150 mg</i> | \$0 (Tier 1) | |
| <i>irbesartan tab 300 mg</i> | \$0 (Tier 1) | |
| <i>losartan potassium tab 25 mg</i> | \$0 (Tier 1) | |
| <i>losartan potassium tab 50 mg</i> | \$0 (Tier 1) | |
| <i>losartan potassium tab 100 mg</i> | \$0 (Tier 1) | |
| <i>olmesartan medoxomil tab 5 mg</i> | \$0 (Tier 1) | |
| <i>olmesartan medoxomil tab 20 mg</i> | \$0 (Tier 1) | |
| <i>olmesartan medoxomil tab 40 mg</i> | \$0 (Tier 1) | |
| <i>telmisartan tab 20 mg</i> | \$0 (Tier 1) | |
| <i>telmisartan tab 40 mg</i> | \$0 (Tier 1) | |
| <i>telmisartan tab 80 mg</i> | \$0 (Tier 1) | |
| <i>valsartan tab 40 mg</i> | \$0 (Tier 1) | |
| <i>valsartan tab 80 mg</i> | \$0 (Tier 1) | |
| <i>valsartan tab 160 mg</i> | \$0 (Tier 1) | |
| <i>valsartan tab 320 mg</i> | \$0 (Tier 1) | |

Drug Name**WHAT THE NECESSARY ACTIONS
DRUG RESTRICTIONS OR
WILL LIMITS ON USE
COST YOU
(TIER
LEVEL)****ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM**

| | |
|--|--------------|
| <i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i> | \$0 (Tier 1) |
| <i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i> | \$0 (Tier 1) |
| <i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i> | \$0 (Tier 1) |
| <i>amiodarone hcl tab 100 mg</i> | \$0 (Tier 1) |
| <i>amiodarone hcl tab 200 mg</i> | \$0 (Tier 1) |
| <i>amiodarone hcl tab 400 mg</i> | \$0 (Tier 1) |
| <i>disopyramide phosphate cap 100 mg</i> | \$0 (Tier 2) |
| <i>disopyramide phosphate cap 150 mg</i> | \$0 (Tier 2) |
| <i>dofetilide cap 125 mcg (0.125 mg)</i> | \$0 (Tier 1) |
| <i>dofetilide cap 250 mcg (0.25 mg)</i> | \$0 (Tier 1) |
| <i>dofetilide cap 500 mcg (0.5 mg)</i> | \$0 (Tier 1) |
| <i>flecainide acetate tab 50 mg</i> | \$0 (Tier 1) |
| <i>flecainide acetate tab 100 mg</i> | \$0 (Tier 1) |
| <i>flecainide acetate tab 150 mg</i> | \$0 (Tier 1) |
| MULTAQ TAB 400MG | \$0 (Tier 2) |
| NORPACE CAP 100MG CR | \$0 (Tier 2) |
| NORPACE CAP 150MG CR | \$0 (Tier 2) |
| <i>pacerone tab 100mg</i> | \$0 (Tier 1) |
| <i>pacerone tab 200mg</i> | \$0 (Tier 1) |
| <i>pacerone tab 400mg</i> | \$0 (Tier 1) |
| <i>propafenone hcl cap er 12hr 225 mg</i> | \$0 (Tier 1) |
| <i>propafenone hcl cap er 12hr 325 mg</i> | \$0 (Tier 1) |
| <i>propafenone hcl cap er 12hr 425 mg</i> | \$0 (Tier 1) |
| <i>propafenone hcl tab 150 mg</i> | \$0 (Tier 1) |
| <i>propafenone hcl tab 225 mg</i> | \$0 (Tier 1) |
| <i>propafenone hcl tab 300 mg</i> | \$0 (Tier 1) |
| <i>quinidine sulfate tab 200 mg</i> | \$0 (Tier 1) |
| <i>quinidine sulfate tab 300 mg</i> | \$0 (Tier 1) |
| <i>sorine tab 80mg</i> | \$0 (Tier 1) |
| <i>sorine tab 120mg</i> | \$0 (Tier 1) |
| <i>sorine tab 160mg</i> | \$0 (Tier 1) |
| <i>sorine tab 240mg</i> | \$0 (Tier 1) |
| <i>sotalol hcl (afib/afl) tab 80 mg</i> | \$0 (Tier 1) |
| <i>sotalol hcl (afib/afl) tab 120 mg</i> | \$0 (Tier 1) |
| <i>sotalol hcl (afib/afl) tab 160 mg</i> | \$0 (Tier 1) |
| <i>sotalol hcl tab 80 mg</i> | \$0 (Tier 1) |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL) |
|-------------------------------|---|
| <i>sotalol hcl tab 120 mg</i> | \$0 (Tier 1) |
| <i>sotalol hcl tab 160 mg</i> | \$0 (Tier 1) |
| <i>sotalol hcl tab 240 mg</i> | \$0 (Tier 1) |

ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL

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

ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL

| | |
|---|--------------|
| <i>cholestyramine light powder 4 gm/dose</i> | \$0 (Tier 1) |
| <i>cholestyramine light powder packets 4 gm</i> | \$0 (Tier 1) |
| <i>cholestyramine powder 4 gm/dose</i> | \$0 (Tier 1) |
| <i>cholestyramine powder packets 4 gm</i> | \$0 (Tier 1) |
| <i>colesevelam hcl packet for susp 3.75 gm</i> | \$0 (Tier 1) |
| <i>colesevelam hcl tab 625 mg</i> | \$0 (Tier 1) |
| <i>colestipol hcl granule packets 5 gm</i> | \$0 (Tier 1) |
| <i>colestipol hcl granules 5 gm</i> | \$0 (Tier 1) |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|---|---|--------------------------------------|
| <i>colestipol hcl tab 1 gm</i> | \$0 (Tier 1) | |
| <i>ezetimibe tab 10 mg</i> | \$0 (Tier 1) | |
| <i>ezetimibe-simvastatin tab 10-10 mg</i> | \$0 (Tier 1) | |
| <i>ezetimibe-simvastatin tab 10-20 mg</i> | \$0 (Tier 1) | |
| <i>ezetimibe-simvastatin tab 10-40 mg</i> | \$0 (Tier 1) | |
| <i>ezetimibe-simvastatin tab 10-80 mg</i> | \$0 (Tier 1) | |
| <i>fenofibrate micronized cap 67 mg</i> | \$0 (Tier 1) | |
| <i>fenofibrate micronized cap 134 mg</i> | \$0 (Tier 1) | |
| <i>fenofibrate micronized cap 200 mg</i> | \$0 (Tier 1) | |
| <i>fenofibrate tab 48 mg</i> | \$0 (Tier 1) | |
| <i>fenofibrate tab 54 mg</i> | \$0 (Tier 1) | |
| <i>fenofibrate tab 145 mg</i> | \$0 (Tier 1) | |
| <i>fenofibrate tab 160 mg</i> | \$0 (Tier 1) | |
| <i>gemfibrozil tab 600 mg</i> | \$0 (Tier 1) | |
| JUXTAPID CAP 5MG | \$0 (Tier 2) | NDS, LA, PA |
| JUXTAPID CAP 10MG | \$0 (Tier 2) | NDS, LA, PA |
| JUXTAPID CAP 20MG | \$0 (Tier 2) | NDS, LA, PA |
| JUXTAPID CAP 30MG | \$0 (Tier 2) | NDS, LA, PA |
| JUXTAPID CAP 40MG | \$0 (Tier 2) | NDS, LA, PA |
| JUXTAPID CAP 60MG | \$0 (Tier 2) | NDS, LA, PA |
| <i>niacin (antihyperlipidemic) tab 500 mg</i> | \$0 (Tier 1) | |
| <i>niacin tab er 500 mg (antihyperlipidemic)</i> | \$0 (Tier 1) | QL (60 tabs / 30 days) |
| <i>niacin tab er 750 mg (antihyperlipidemic)</i> | \$0 (Tier 1) | |
| <i>niacin tab er 1000 mg (antihyperlipidemic)</i> | \$0 (Tier 1) | |
| <i>niacor tab 500mg</i> | \$0 (Tier 1) | |
| PRALUENT INJ 75MG/ML | \$0 (Tier 2) | PA |
| PRALUENT INJ 150MG/ML | \$0 (Tier 2) | PA |
| <i>prevalite pow 4gm</i> | \$0 (Tier 1) | |
| <i>prevalite pow 4gm pk</i> | \$0 (Tier 1) | |
| VASCEPA CAP 0.5GM | \$0 (Tier 2) | |
| VASCEPA CAP 1GM | \$0 (Tier 2) | |

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

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

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|--|---|--------------------------------------|
| <i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i> | \$0 (Tier 1) | |
| <i>metoprolol & hydrochlorothiazide tab 50-25 mg</i> | \$0 (Tier 1) | |
| <i>metoprolol & hydrochlorothiazide tab 100-25 mg</i> | \$0 (Tier 1) | |
| <i>metoprolol & hydrochlorothiazide tab 100-50 mg</i> | \$0 (Tier 1) | |
| <i>propranolol & hydrochlorothiazide tab 40-25 mg</i> | \$0 (Tier 1) | |
| <i>propranolol & hydrochlorothiazide tab 80-25 mg</i> | \$0 (Tier 1) | |

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

| | | |
|---|--------------|------------------------|
| <i>acebutolol hcl cap 200 mg</i> | \$0 (Tier 1) | |
| <i>acebutolol hcl cap 400 mg</i> | \$0 (Tier 1) | |
| <i>atenolol tab 25 mg</i> | \$0 (Tier 1) | |
| <i>atenolol tab 50 mg</i> | \$0 (Tier 1) | |
| <i>atenolol tab 100 mg</i> | \$0 (Tier 1) | |
| <i>betaxolol hcl tab 10 mg</i> | \$0 (Tier 1) | |
| <i>betaxolol hcl tab 20 mg</i> | \$0 (Tier 1) | |
| <i>bisoprolol fumarate tab 5 mg</i> | \$0 (Tier 1) | |
| <i>bisoprolol fumarate tab 10 mg</i> | \$0 (Tier 1) | |
| BYSTOLIC TAB 2.5MG | \$0 (Tier 2) | QL (30 tabs / 30 days) |
| BYSTOLIC TAB 5MG | \$0 (Tier 2) | QL (30 tabs / 30 days) |
| BYSTOLIC TAB 10MG | \$0 (Tier 2) | QL (30 tabs / 30 days) |
| BYSTOLIC TAB 20MG | \$0 (Tier 2) | QL (60 tabs / 30 days) |
| <i>carvedilol tab 3.125 mg</i> | \$0 (Tier 1) | |
| <i>carvedilol tab 6.25 mg</i> | \$0 (Tier 1) | |
| <i>carvedilol tab 12.5 mg</i> | \$0 (Tier 1) | |
| <i>carvedilol tab 25 mg</i> | \$0 (Tier 1) | |
| <i>labetalol hcl tab 100 mg</i> | \$0 (Tier 1) | |
| <i>labetalol hcl tab 200 mg</i> | \$0 (Tier 1) | |
| <i>labetalol hcl tab 300 mg</i> | \$0 (Tier 1) | |
| <i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i> | \$0 (Tier 1) | |
| <i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i> | \$0 (Tier 1) | |
| <i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i> | \$0 (Tier 1) | |

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

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

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

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL) |
|--|---|
| <i>diltiazem hcl cap er 24hr 240 mg</i> | \$0 (Tier 1) |
| <i>diltiazem hcl coated beads cap er 24hr 120 mg</i> | \$0 (Tier 1) |
| <i>diltiazem hcl coated beads cap er 24hr 180 mg</i> | \$0 (Tier 1) |
| <i>diltiazem hcl coated beads cap er 24hr 240 mg</i> | \$0 (Tier 1) |
| <i>diltiazem hcl coated beads cap er 24hr 300 mg</i> | \$0 (Tier 1) |
| <i>diltiazem hcl coated beads cap er 24hr 360 mg</i> | \$0 (Tier 1) |
| <i>diltiazem hcl extended release beads cap er 24hr 120 mg</i> | \$0 (Tier 1) |
| <i>diltiazem hcl extended release beads cap er 24hr 180 mg</i> | \$0 (Tier 1) |
| <i>diltiazem hcl extended release beads cap er 24hr 240 mg</i> | \$0 (Tier 1) |
| <i>diltiazem hcl extended release beads cap er 24hr 300 mg</i> | \$0 (Tier 1) |
| <i>diltiazem hcl extended release beads cap er 24hr 360 mg</i> | \$0 (Tier 1) |
| <i>diltiazem hcl extended release beads cap er 24hr 420 mg</i> | \$0 (Tier 1) |
| <i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i> | \$0 (Tier 1) |
| <i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i> | \$0 (Tier 1) |
| <i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i> | \$0 (Tier 1) |
| <i>diltiazem hcl tab 30 mg</i> | \$0 (Tier 1) |
| <i>diltiazem hcl tab 60 mg</i> | \$0 (Tier 1) |
| <i>diltiazem hcl tab 90 mg</i> | \$0 (Tier 1) |
| <i>diltiazem hcl tab 120 mg</i> | \$0 (Tier 1) |
| <i>felodipine tab er 24hr 2.5 mg</i> | \$0 (Tier 1) |
| <i>felodipine tab er 24hr 5 mg</i> | \$0 (Tier 1) |
| <i>felodipine tab er 24hr 10 mg</i> | \$0 (Tier 1) |
| <i>isradipine cap 2.5 mg</i> | \$0 (Tier 1) |
| <i>isradipine cap 5 mg</i> | \$0 (Tier 1) |
| <i>nicardipine hcl cap 20 mg</i> | \$0 (Tier 1) |
| <i>nicardipine hcl cap 30 mg</i> | \$0 (Tier 1) |
| <i>nifedipine tab er 24hr 30 mg</i> | \$0 (Tier 1) |
| <i>nifedipine tab er 24hr 60 mg</i> | \$0 (Tier 1) |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL) |
|--|---|
| <i>nifedipine tab er 24hr 90 mg</i> | \$0 (Tier 1) |
| <i>nifedipine tab er 24hr osmotic release 30 mg</i> | \$0 (Tier 1) |
| <i>nifedipine tab er 24hr osmotic release 60 mg</i> | \$0 (Tier 1) |
| <i>nifedipine tab er 24hr osmotic release 90 mg</i> | \$0 (Tier 1) |
| <i>nimodipine cap 30 mg</i> | \$0 (Tier 2) NDS |
| NYMALIZE SOL | \$0 (Tier 2) NDS |
| NYMALIZE SOL 60/20ML | \$0 (Tier 2) NDS |
| <i>taztia xt cap 120mg/24</i> | \$0 (Tier 1) |
| <i>taztia xt cap 180mg/24</i> | \$0 (Tier 1) |
| <i>taztia xt cap 240mg/24</i> | \$0 (Tier 1) |
| <i>taztia xt cap 300mg er</i> | \$0 (Tier 1) |
| <i>taztia xt cap 360mg/24</i> | \$0 (Tier 1) |
| <i>tiadylt cap 120mg/24</i> | \$0 (Tier 1) |
| <i>tiadylt cap 180mg/24</i> | \$0 (Tier 1) |
| <i>tiadylt cap 240mg/24</i> | \$0 (Tier 1) |
| <i>tiadylt cap 300mg/24</i> | \$0 (Tier 1) |
| <i>tiadylt cap 360mg/24</i> | \$0 (Tier 1) |
| <i>tiadylt cap 420mg/24</i> | \$0 (Tier 1) |
| <i>verapamil hcl cap er 24hr 100 mg</i> | \$0 (Tier 1) |
| <i>verapamil hcl cap er 24hr 120 mg</i> | \$0 (Tier 1) |
| <i>verapamil hcl cap er 24hr 180 mg</i> | \$0 (Tier 1) |
| <i>verapamil hcl cap er 24hr 200 mg</i> | \$0 (Tier 1) |
| <i>verapamil hcl cap er 24hr 240 mg</i> | \$0 (Tier 1) |
| <i>verapamil hcl cap er 24hr 300 mg</i> | \$0 (Tier 1) |
| <i>verapamil hcl cap er 24hr 360 mg</i> | \$0 (Tier 1) |
| <i>verapamil hcl iv soln 2.5 mg/ml</i> | \$0 (Tier 1) |
| <i>verapamil hcl tab 40 mg</i> | \$0 (Tier 1) |
| <i>verapamil hcl tab 80 mg</i> | \$0 (Tier 1) |
| <i>verapamil hcl tab 120 mg</i> | \$0 (Tier 1) |
| <i>verapamil hcl tab er 120 mg</i> | \$0 (Tier 1) |
| <i>verapamil hcl tab er 180 mg</i> | \$0 (Tier 1) |
| <i>verapamil hcl tab er 240 mg</i> | \$0 (Tier 1) |
| <i>DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS</i> | |
| <i>digitek tab 0.25mg</i> | \$0 (Tier 1) PA; PA if 70 years and older |
| <i>digitek tab 0.125mg</i> | \$0 (Tier 1) QL (30 tabs / 30 days) |
| <i>digoxin inj 0.25 mg/ml</i> | \$0 (Tier 1) |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|---------------------------------------|---|--------------------------------------|
| <i>digoxin oral soln 0.05 mg/ml</i> | \$0 (Tier 1) | PA; PA if 70 years and older |
| <i>digoxin tab 125 mcg (0.125 mg)</i> | \$0 (Tier 1) | QL (30 tabs / 30 days) |
| <i>digoxin tab 250 mcg (0.25 mg)</i> | \$0 (Tier 1) | PA; PA if 70 years and older |

DIURETICS - DRUGS TO TREAT HEART CONDITIONS

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

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|---|---|--------------------------------------|
| <i>torsemide tab 10 mg</i> | \$0 (Tier 1) | |
| <i>torsemide tab 20 mg</i> | \$0 (Tier 1) | |
| <i>torsemide tab 100 mg</i> | \$0 (Tier 1) | |
| <i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i> | \$0 (Tier 1) | |
| <i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i> | \$0 (Tier 1) | |
| <i>triamterene & hydrochlorothiazide tab 75-50 mg</i> | \$0 (Tier 1) | |
| MISCELLANEOUS | | |
| <i>aliskiren fumarate tab 150 mg (base equivalent)</i> | \$0 (Tier 1) | |
| <i>aliskiren fumarate tab 300 mg (base equivalent)</i> | \$0 (Tier 1) | |
| <i>clonidine hcl tab 0.1 mg</i> | \$0 (Tier 1) | |
| <i>clonidine hcl tab 0.2 mg</i> | \$0 (Tier 1) | |
| <i>clonidine hcl tab 0.3 mg</i> | \$0 (Tier 1) | |
| <i>clonidine td patch weekly 0.1 mg/24hr</i> | \$0 (Tier 1) | |
| <i>clonidine td patch weekly 0.2 mg/24hr</i> | \$0 (Tier 1) | |
| <i>clonidine td patch weekly 0.3 mg/24hr</i> | \$0 (Tier 1) | |
| CORLANOR SOL 5MG/5ML | \$0 (Tier 2) | |
| CORLANOR TAB 5MG | \$0 (Tier 2) | |
| CORLANOR TAB 7.5MG | \$0 (Tier 2) | |
| DEMSER CAP 250MG | \$0 (Tier 2) | NDS, PA |
| <i>hydralazine hcl inj 20 mg/ml</i> | \$0 (Tier 1) | |
| <i>hydralazine hcl tab 10 mg</i> | \$0 (Tier 1) | |
| <i>hydralazine hcl tab 25 mg</i> | \$0 (Tier 1) | |
| <i>hydralazine hcl tab 50 mg</i> | \$0 (Tier 1) | |
| <i>hydralazine hcl tab 100 mg</i> | \$0 (Tier 1) | |
| <i>metyrosine cap 250 mg</i> | \$0 (Tier 2) | NDS, PA |
| <i>midodrine hcl tab 2.5 mg</i> | \$0 (Tier 1) | |
| <i>midodrine hcl tab 5 mg</i> | \$0 (Tier 1) | |
| <i>midodrine hcl tab 10 mg</i> | \$0 (Tier 1) | |
| <i>minoxidil tab 2.5 mg</i> | \$0 (Tier 1) | |
| <i>minoxidil tab 10 mg</i> | \$0 (Tier 1) | |
| NORTHERA CAP 100MG | \$0 (Tier 2) | NDS, QL (90 caps / 30 days), LA, PA |
| NORTHERA CAP 200MG | \$0 (Tier 2) | NDS, QL (180 caps / 30 days), LA, PA |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|---------------------------------------|---|--------------------------------------|
| NORTHERA CAP 300MG | \$0 (Tier 2) | NDS, QL (180 caps / 30 days), LA, PA |
| <i>ranolazine tab er 12hr 500 mg</i> | \$0 (Tier 1) | |
| <i>ranolazine tab er 12hr 1000 mg</i> | \$0 (Tier 1) | |

NITRATES - DRUGS TO TREAT HEART CONDITIONS

| | | |
|---|--------------|--|
| <i>isosorbide dinitrate tab 5 mg</i> | \$0 (Tier 1) | |
| <i>isosorbide dinitrate tab 10 mg</i> | \$0 (Tier 1) | |
| <i>isosorbide dinitrate tab 20 mg</i> | \$0 (Tier 1) | |
| <i>isosorbide dinitrate tab 30 mg</i> | \$0 (Tier 1) | |
| <i>isosorbide mononitrate tab 10 mg</i> | \$0 (Tier 1) | |
| <i>isosorbide mononitrate tab 20 mg</i> | \$0 (Tier 1) | |
| <i>isosorbide mononitrate tab er 24hr 30 mg</i> | \$0 (Tier 1) | |
| <i>isosorbide mononitrate tab er 24hr 60 mg</i> | \$0 (Tier 1) | |
| <i>isosorbide mononitrate tab er 24hr 120 mg</i> | \$0 (Tier 1) | |
| <i>minitran dis 0.1mg/hr</i> | \$0 (Tier 1) | |
| <i>minitran dis 0.2mg/hr</i> | \$0 (Tier 1) | |
| <i>minitran dis 0.4mg/hr</i> | \$0 (Tier 1) | |
| <i>minitran dis 0.6mg/hr</i> | \$0 (Tier 1) | |
| NITRO-BID OIN 2% | \$0 (Tier 2) | |
| NITRO-DUR DIS 0.3MG/HR | \$0 (Tier 2) | |
| NITRO-DUR DIS 0.8MG/HR | \$0 (Tier 2) | |
| <i>nitroglycerin sl tab 0.3 mg</i> | \$0 (Tier 1) | |
| <i>nitroglycerin sl tab 0.4 mg</i> | \$0 (Tier 1) | |
| <i>nitroglycerin sl tab 0.6 mg</i> | \$0 (Tier 1) | |
| <i>nitroglycerin td patch 24hr 0.1 mg/hr</i> | \$0 (Tier 1) | |
| <i>nitroglycerin td patch 24hr 0.2 mg/hr</i> | \$0 (Tier 1) | |
| <i>nitroglycerin td patch 24hr 0.4 mg/hr</i> | \$0 (Tier 1) | |
| <i>nitroglycerin td patch 24hr 0.6 mg/hr</i> | \$0 (Tier 1) | |
| <i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i> | \$0 (Tier 1) | |

PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION

| | | |
|-------------------|--------------|-------------------------------------|
| ADEMPAS TAB 0.5MG | \$0 (Tier 2) | NDS, QL (90 tabs / 30 days), LA, PA |
| ADEMPAS TAB 1.5MG | \$0 (Tier 2) | NDS, QL (90 tabs / 30 days), LA, PA |
| ADEMPAS TAB 1MG | \$0 (Tier 2) | NDS, QL (90 tabs / 30 days), LA, PA |
| ADEMPAS TAB 2.5MG | \$0 (Tier 2) | NDS, QL (90 tabs / 30 days), LA, PA |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|---|---|--------------------------------------|
| ADEMPAS TAB 2MG | \$0 (Tier 2) | NDS, QL (90 tabs / 30 days), LA, PA |
| <i>ambrisentan tab 5 mg</i> | \$0 (Tier 2) | NDS, QL (30 tabs / 30 days), LA, PA |
| <i>ambrisentan tab 10 mg</i> | \$0 (Tier 2) | NDS, QL (30 tabs / 30 days), LA, PA |
| <i>bosentan tab 62.5 mg</i> | \$0 (Tier 2) | NDS, QL (120 tabs / 30 days), LA, PA |
| <i>bosentan tab 125 mg</i> | \$0 (Tier 2) | NDS, QL (60 tabs / 30 days), LA, PA |
| OPSUMIT TAB 10MG | \$0 (Tier 2) | NDS, QL (30 tabs / 30 days), LA, PA |
| <i>sildenafil citrate tab 20 mg</i> | \$0 (Tier 1) | QL (90 tabs / 30 days), PA |
| <i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i> | \$0 (Tier 2) | NDS, LA, PA |
| <i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i> | \$0 (Tier 2) | NDS, LA, PA |
| <i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i> | \$0 (Tier 2) | NDS, LA, PA |
| <i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i> | \$0 (Tier 2) | NDS, LA, PA |
| VENTAVIS SOL 10MCG/ML | \$0 (Tier 2) | NDS, PA |
| VENTAVIS SOL 20MCG/ML | \$0 (Tier 2) | NDS, PA |

CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

ANTI-ANXIETY - DRUGS TO TREAT ANXIETY

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

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR LIMITS ON USE WILL COST YOU (TIER LEVEL) |
|------------------|---|
|------------------|---|

| | |
|------------------------------|--------------------------------------|
| <i>lorazepam inj 4 mg/ml</i> | \$0 (Tier 1) |
| <i>lorazepam tab 0.5 mg</i> | \$0 (Tier 1) QL (150 tabs / 30 days) |
| <i>lorazepam tab 1 mg</i> | \$0 (Tier 1) QL (150 tabs / 30 days) |
| <i>lorazepam tab 2 mg</i> | \$0 (Tier 1) QL (150 tabs / 30 days) |

ANTICONVULSANTS - DRUGS TO TREAT SEIZURES

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

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|--|---|---|
| <i>clonazepam orally disintegrating tab 0.125 mg</i> | \$0 (Tier 1) | QL (90 tabs / 30 days) |
| <i>clonazepam orally disintegrating tab 1 mg</i> | \$0 (Tier 1) | QL (90 tabs / 30 days) |
| <i>clonazepam orally disintegrating tab 2 mg</i> | \$0 (Tier 1) | QL (300 tabs / 30 days) |
| <i>clonazepam tab 0.5 mg</i> | \$0 (Tier 1) | QL (90 tabs / 30 days) |
| <i>clonazepam tab 1 mg</i> | \$0 (Tier 1) | QL (90 tabs / 30 days) |
| <i>clonazepam tab 2 mg</i> | \$0 (Tier 1) | QL (300 tabs / 30 days) |
| <i>clorazepate dipotassium tab 3.75 mg</i> | \$0 (Tier 1) | QL (180 tabs / 30 days), PA; PA if 65 years and older |
| <i>clorazepate dipotassium tab 7.5 mg</i> | \$0 (Tier 1) | QL (180 tabs / 30 days), PA; PA if 65 years and older |
| <i>clorazepate dipotassium tab 15 mg</i> | \$0 (Tier 1) | QL (180 tabs / 30 days), PA; PA if 65 years and older |
| DIASTAT ACDL GEL 5-10MG | \$0 (Tier 2) | |
| DIASTAT ACDL GEL 12.5-20 | \$0 (Tier 2) | |
| DIASTAT PED GEL 2.5M GEL | \$0 (Tier 2) | |
| <i>diazepam conc 5 mg/ml</i> | \$0 (Tier 1) | QL (240 mL / 30 days), PA; PA if 65 years and older |
| <i>diazepam inj 5 mg/ml</i> | \$0 (Tier 1) | |
| <i>diazepam oral soln 1 mg/ml</i> | \$0 (Tier 1) | QL (1200 mL / 30 days), PA; PA if 65 years and older |
| <i>diazepam rectal gel delivery system 2.5 mg</i> | \$0 (Tier 1) | |
| <i>diazepam rectal gel delivery system 10 mg</i> | \$0 (Tier 1) | |
| <i>diazepam rectal gel delivery system 20 mg</i> | \$0 (Tier 1) | |
| <i>diazepam tab 2 mg</i> | \$0 (Tier 1) | QL (120 tabs / 30 days), PA; PA if 65 years and older |
| <i>diazepam tab 5 mg</i> | \$0 (Tier 1) | QL (120 tabs / 30 days), PA; PA if 65 years and older |
| <i>diazepam tab 10 mg</i> | \$0 (Tier 1) | QL (120 tabs / 30 days), PA; PA if 65 years and older |
| DILANTIN CAP 30MG | \$0 (Tier 2) | |
| DILANTIN CAP 100MG | \$0 (Tier 2) | |

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug.

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|--|---|--------------------------------------|
| DILANTIN CHW 50MG | \$0 (Tier 2) | |
| DILANTIN-125 SUS 125/5ML | \$0 (Tier 2) | |
| <i>divalproex sodium cap delayed release sprinkle 125 mg</i> | \$0 (Tier 1) | |
| <i>divalproex sodium tab delayed release 125 mg</i> | \$0 (Tier 1) | |
| <i>divalproex sodium tab delayed release 250 mg</i> | \$0 (Tier 1) | |
| <i>divalproex sodium tab delayed release 500 mg</i> | \$0 (Tier 1) | |
| <i>divalproex sodium tab er 24 hr 250 mg</i> | \$0 (Tier 1) | |
| <i>divalproex sodium tab er 24 hr 500 mg</i> | \$0 (Tier 1) | |
| EPIDIOLEX SOL 100MG/ML | \$0 (Tier 2) | NDS, QL (600 mL / 30 days), LA, PA |
| <i>epitol tab 200mg</i> | \$0 (Tier 1) | |
| <i>ethosuximide cap 250 mg</i> | \$0 (Tier 1) | |
| <i>ethosuximide soln 250 mg/5ml</i> | \$0 (Tier 1) | |
| <i>felbamate susp 600 mg/5ml</i> | \$0 (Tier 2) | NDS |
| <i>felbamate tab 400 mg</i> | \$0 (Tier 1) | |
| <i>felbamate tab 600 mg</i> | \$0 (Tier 1) | |
| FINTEPLA SOL 2.2MG/ML | \$0 (Tier 2) | NDS, QL (360 mL / 30 days), LA, PA |
| FYCOMPA SUS 0.5MG/ML | \$0 (Tier 2) | NDS, QL (720 mL / 30 days), PA |
| FYCOMPA TAB 2MG | \$0 (Tier 2) | QL (60 tabs / 30 days), PA |
| FYCOMPA TAB 4MG | \$0 (Tier 2) | NDS, QL (60 tabs / 30 days), PA |
| FYCOMPA TAB 6MG | \$0 (Tier 2) | NDS, QL (60 tabs / 30 days), PA |
| FYCOMPA TAB 8MG | \$0 (Tier 2) | NDS, QL (30 tabs / 30 days), PA |
| FYCOMPA TAB 10MG | \$0 (Tier 2) | NDS, QL (30 tabs / 30 days), PA |
| FYCOMPA TAB 12MG | \$0 (Tier 2) | NDS, QL (30 tabs / 30 days), PA |
| <i>gabapentin cap 100 mg</i> | \$0 (Tier 1) | QL (1080 caps / 30 days) |
| <i>gabapentin cap 300 mg</i> | \$0 (Tier 1) | QL (360 caps / 30 days) |
| <i>gabapentin cap 400 mg</i> | \$0 (Tier 1) | QL (270 caps / 30 days) |
| <i>gabapentin oral soln 250 mg/5ml</i> | \$0 (Tier 1) | QL (2160 mL / 30 days) |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|---|---|--------------------------------------|
| <i>gabapentin tab 600 mg</i> | \$0 (Tier 1) | QL (180 tabs / 30 days) |
| <i>gabapentin tab 800 mg</i> | \$0 (Tier 1) | QL (120 tabs / 30 days) |
| <i>lamotrigine tab 25 mg</i> | \$0 (Tier 1) | |
| <i>lamotrigine tab 100 mg</i> | \$0 (Tier 1) | |
| <i>lamotrigine tab 150 mg</i> | \$0 (Tier 1) | |
| <i>lamotrigine tab 200 mg</i> | \$0 (Tier 1) | |
| <i>lamotrigine tab chewable dispersible 5 mg</i> | \$0 (Tier 1) | |
| <i>lamotrigine tab chewable dispersible 25 mg</i> | \$0 (Tier 1) | |
| <i>lamotrigine tab er 24hr 25 mg</i> | \$0 (Tier 1) | |
| <i>lamotrigine tab er 24hr 50 mg</i> | \$0 (Tier 1) | |
| <i>lamotrigine tab er 24hr 100 mg</i> | \$0 (Tier 1) | |
| <i>lamotrigine tab er 24hr 200 mg</i> | \$0 (Tier 1) | |
| <i>lamotrigine tab er 24hr 250 mg</i> | \$0 (Tier 1) | |
| <i>lamotrigine tab er 24hr 300 mg</i> | \$0 (Tier 1) | |
| <i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> | \$0 (Tier 1) | |
| <i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> | \$0 (Tier 1) | |
| <i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> | \$0 (Tier 1) | |
| <i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i> | \$0 (Tier 1) | |
| <i>levetiracetam oral soln 100 mg/ml</i> | \$0 (Tier 1) | |
| <i>levetiracetam tab 250 mg</i> | \$0 (Tier 1) | |
| <i>levetiracetam tab 500 mg</i> | \$0 (Tier 1) | |
| <i>levetiracetam tab 750 mg</i> | \$0 (Tier 1) | |
| <i>levetiracetam tab 1000 mg</i> | \$0 (Tier 1) | |
| <i>levetiracetam tab er 24hr 500 mg</i> | \$0 (Tier 1) | |
| <i>levetiracetam tab er 24hr 750 mg</i> | \$0 (Tier 1) | |
| NAYZILAM SPR 5MG | \$0 (Tier 2) | |
| <i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i> | \$0 (Tier 1) | |
| <i>oxcarbazepine tab 150 mg</i> | \$0 (Tier 1) | |
| <i>oxcarbazepine tab 300 mg</i> | \$0 (Tier 1) | |
| <i>oxcarbazepine tab 600 mg</i> | \$0 (Tier 1) | |
| PEGANONE TAB 250MG | \$0 (Tier 2) | |
| <i>phenobarbital elixir 20 mg/5ml</i> | \$0 (Tier 2) | PA; PA if 70 years and older |
| <i>phenobarbital sodium inj 65 mg/ml</i> | \$0 (Tier 2) | PA; PA if 70 years and older |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|---|---|--------------------------------------|
| <i>phenobarbital sodium inj 130 mg/ml</i> | \$0 (Tier 2) | PA; PA if 70 years and older |
| <i>phenobarbital tab 15 mg</i> | \$0 (Tier 2) | PA; PA if 70 years and older |
| <i>phenobarbital tab 16.2 mg</i> | \$0 (Tier 2) | PA; PA if 70 years and older |
| <i>phenobarbital tab 30 mg</i> | \$0 (Tier 2) | PA; PA if 70 years and older |
| <i>phenobarbital tab 32.4 mg</i> | \$0 (Tier 2) | PA; PA if 70 years and older |
| <i>phenobarbital tab 60 mg</i> | \$0 (Tier 2) | PA; PA if 70 years and older |
| <i>phenobarbital tab 64.8 mg</i> | \$0 (Tier 2) | PA; PA if 70 years and older |
| <i>phenobarbital tab 97.2 mg</i> | \$0 (Tier 2) | PA; PA if 70 years and older |
| <i>phenobarbital tab 100 mg</i> | \$0 (Tier 2) | PA; PA if 70 years and older |
| PHENYTEK CAP 200MG | \$0 (Tier 2) | |
| PHENYTEK CAP 300MG | \$0 (Tier 2) | |
| <i>phenytoin chew tab 50 mg</i> | \$0 (Tier 1) | |
| <i>phenytoin sodium extended cap 100 mg</i> | \$0 (Tier 1) | |
| <i>phenytoin sodium extended cap 200 mg</i> | \$0 (Tier 1) | |
| <i>phenytoin sodium extended cap 300 mg</i> | \$0 (Tier 1) | |
| <i>phenytoin sodium inj 50 mg/ml</i> | \$0 (Tier 1) | |
| <i>phenytoin susp 125 mg/5ml</i> | \$0 (Tier 1) | |
| <i>pregabalin cap 25 mg</i> | \$0 (Tier 1) | QL (120 caps / 30 days), PA |
| <i>pregabalin cap 50 mg</i> | \$0 (Tier 1) | QL (120 caps / 30 days), PA |
| <i>pregabalin cap 75 mg</i> | \$0 (Tier 1) | QL (120 caps / 30 days), PA |
| <i>pregabalin cap 100 mg</i> | \$0 (Tier 1) | QL (120 caps / 30 days), PA |
| <i>pregabalin cap 150 mg</i> | \$0 (Tier 1) | QL (120 caps / 30 days), PA |
| <i>pregabalin cap 200 mg</i> | \$0 (Tier 1) | QL (90 caps / 30 days), PA |
| <i>pregabalin cap 225 mg</i> | \$0 (Tier 1) | QL (60 caps / 30 days), PA |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| <i>pregabalin cap 300 mg</i> | \$0 (Tier 1) | QL (60 caps / 30 days), PA |
| <i>pregabalin soln 20 mg/ml</i> | \$0 (Tier 1) | QL (900 mL / 30 days), PA |
| <i>primidone tab 50 mg</i> | \$0 (Tier 1) | |
| <i>primidone tab 250 mg</i> | \$0 (Tier 1) | |
| <i>roweepra tab 500mg</i> | \$0 (Tier 1) | |
| <i>roweepra tab 750mg</i> | \$0 (Tier 1) | |
| <i>roweepra tab 1000mg</i> | \$0 (Tier 1) | |
| <i>roweepra xr tab 500mg xr</i> | \$0 (Tier 1) | |
| <i>roweepra xr tab 750mg xr</i> | \$0 (Tier 1) | |
| SPRITAM TAB 250MG | \$0 (Tier 2) | |
| SPRITAM TAB 500MG | \$0 (Tier 2) | |
| SPRITAM TAB 750MG | \$0 (Tier 2) | |
| SPRITAM TAB 1000MG | \$0 (Tier 2) | |
| SYMPAZAN MIS 5MG | \$0 (Tier 2) | PA |
| SYMPAZAN MIS 10MG | \$0 (Tier 2) | NDS, PA |
| SYMPAZAN MIS 20MG | \$0 (Tier 2) | NDS, PA |
| <i>tiagabine hcl tab 2 mg</i> | \$0 (Tier 1) | |
| <i>tiagabine hcl tab 4 mg</i> | \$0 (Tier 1) | |
| <i>tiagabine hcl tab 12 mg</i> | \$0 (Tier 1) | |
| <i>tiagabine hcl tab 16 mg</i> | \$0 (Tier 1) | |
| <i>topiramate sprinkle cap 15 mg</i> | \$0 (Tier 1) | |
| <i>topiramate sprinkle cap 25 mg</i> | \$0 (Tier 1) | |
| <i>topiramate tab 25 mg</i> | \$0 (Tier 1) | |
| <i>topiramate tab 50 mg</i> | \$0 (Tier 1) | |
| <i>topiramate tab 100 mg</i> | \$0 (Tier 1) | |
| <i>topiramate tab 200 mg</i> | \$0 (Tier 1) | |
| <i>valproate sodium inj 100 mg/ml</i> | \$0 (Tier 1) | |
| <i>valproate sodium oral soln 250 mg/5ml (base equiv)</i> | \$0 (Tier 1) | |
| <i>valproic acid cap 250 mg</i> | \$0 (Tier 1) | |
| VALTOCO LIQ 15MG | \$0 (Tier 2) | |
| VALTOCO LIQ 20MG | \$0 (Tier 2) | |
| VALTOCO SPR 5MG | \$0 (Tier 2) | |
| VALTOCO SPR 10MG | \$0 (Tier 2) | |
| <i>vigabatrin powd pack 500 mg</i> | \$0 (Tier 2) | NDS, QL (180 packets / 30 days), LA, PA |
| <i>vigabatrin tab 500 mg</i> | \$0 (Tier 2) | NDS, QL (180 tabs / 30 days), LA, PA |

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug.

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|--|---|---|
| <i>vigadrone pow 500mg</i> | \$0 (Tier 2) | NDS, QL (180 packets / 30 days), LA, PA |
| VIMPAT INJ 200MG/20 | \$0 (Tier 2) | NDS |
| VIMPAT SOL 10MG/ML | \$0 (Tier 2) | NDS, QL (1200 mL / 30 days) |
| VIMPAT TAB 50MG | \$0 (Tier 2) | QL (120 tabs / 30 days) |
| VIMPAT TAB 100MG | \$0 (Tier 2) | NDS, QL (60 tabs / 30 days) |
| VIMPAT TAB 150MG | \$0 (Tier 2) | NDS, QL (60 tabs / 30 days) |
| VIMPAT TAB 200MG | \$0 (Tier 2) | NDS, QL (60 tabs / 30 days) |
| XCOPRI PAK 12.5-25 | \$0 (Tier 2) | QL (28 tabs / 28 days) |
| XCOPRI PAK 50-100MG | \$0 (Tier 2) | NDS, QL (28 tabs / 28 days) |
| XCOPRI PAK 150-200 | \$0 (Tier 2) | NDS, QL (28 tabs / 28 days) |
| XCOPRI PAK 150-200 | \$0 (Tier 2) | NDS, QL (56 tabs / 28 days) |
| XCOPRI TAB 50-200MG | \$0 (Tier 2) | NDS, QL (56 tabs / 28 days) |
| XCOPRI TAB 50MG | \$0 (Tier 2) | NDS, QL (90 tabs / 30 days) |
| XCOPRI TAB 100MG | \$0 (Tier 2) | NDS, QL (60 tabs / 30 days) |
| XCOPRI TAB 150MG | \$0 (Tier 2) | NDS, QL (60 tabs / 30 days) |
| XCOPRI TAB 200MG | \$0 (Tier 2) | NDS, QL (60 tabs / 30 days) |
| <i>zonisamide cap 25 mg</i> | \$0 (Tier 1) | |
| <i>zonisamide cap 50 mg</i> | \$0 (Tier 1) | |
| <i>zonisamide cap 100 mg</i> | \$0 (Tier 1) | |
| ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS | | |
| <i>donepezil hydrochloride orally disintegrating tab 5 mg</i> | \$0 (Tier 1) | QL (30 tabs / 30 days) |
| <i>donepezil hydrochloride orally disintegrating tab 10 mg</i> | \$0 (Tier 1) | |
| <i>donepezil hydrochloride tab 5 mg</i> | \$0 (Tier 1) | QL (30 tabs / 30 days) |
| <i>donepezil hydrochloride tab 10 mg</i> | \$0 (Tier 1) | |
| <i>galantamine hydrobromide cap er 24hr 8 mg</i> | \$0 (Tier 1) | QL (30 caps / 30 days) |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|--|---|--------------------------------------|
| <i>galantamine hydrobromide cap er 24hr 16 mg</i> | \$0 (Tier 1) | QL (30 caps / 30 days) |
| <i>galantamine hydrobromide cap er 24hr 24 mg</i> | \$0 (Tier 1) | QL (30 caps / 30 days) |
| <i>galantamine hydrobromide oral soln 4 mg/ml</i> | \$0 (Tier 1) | |
| <i>galantamine hydrobromide tab 4 mg</i> | \$0 (Tier 1) | QL (60 tabs / 30 days) |
| <i>galantamine hydrobromide tab 8 mg</i> | \$0 (Tier 1) | QL (60 tabs / 30 days) |
| <i>galantamine hydrobromide tab 12 mg</i> | \$0 (Tier 1) | QL (60 tabs / 30 days) |
| <i>memantine hcl cap er 24hr 7 mg</i> | \$0 (Tier 1) | PA; PA if < 30 yrs |
| <i>memantine hcl cap er 24hr 14 mg</i> | \$0 (Tier 1) | PA; PA if < 30 yrs |
| <i>memantine hcl cap er 24hr 21 mg</i> | \$0 (Tier 1) | PA; PA if < 30 yrs |
| <i>memantine hcl cap er 24hr 28 mg</i> | \$0 (Tier 1) | PA; PA if < 30 yrs |
| <i>memantine hcl oral solution 2 mg/ml</i> | \$0 (Tier 1) | PA; PA if < 30 yrs |
| <i>memantine hcl tab 5 mg</i> | \$0 (Tier 1) | PA; PA if < 30 yrs |
| <i>memantine hcl tab 10 mg</i> | \$0 (Tier 1) | PA; PA if < 30 yrs |
| <i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i> | \$0 (Tier 2) | PA; PA if < 30 yrs |
| NAMZARIC CAP | \$0 (Tier 2) | |
| NAMZARIC CAP 7-10MG | \$0 (Tier 2) | |
| NAMZARIC CAP 14-10MG | \$0 (Tier 2) | |
| NAMZARIC CAP 21-10MG | \$0 (Tier 2) | |
| NAMZARIC CAP 28-10MG | \$0 (Tier 2) | |
| <i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i> | \$0 (Tier 1) | QL (90 caps / 30 days) |
| <i>rivastigmine tartrate cap 3 mg (base equivalent)</i> | \$0 (Tier 1) | QL (90 caps / 30 days) |
| <i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i> | \$0 (Tier 1) | QL (60 caps / 30 days) |
| <i>rivastigmine tartrate cap 6 mg (base equivalent)</i> | \$0 (Tier 1) | QL (60 caps / 30 days) |
| <i>rivastigmine td patch 24hr 4.6 mg/24hr</i> | \$0 (Tier 1) | QL (30 patches / 30 days) |
| <i>rivastigmine td patch 24hr 9.5 mg/24hr</i> | \$0 (Tier 1) | QL (30 patches / 30 days) |
| <i>rivastigmine td patch 24hr 13.3 mg/24hr</i> | \$0 (Tier 1) | QL (30 patches / 30 days) |
| ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION | | |
| <i>amitriptyline hcl tab 10 mg</i> | \$0 (Tier 2) | |
| <i>amitriptyline hcl tab 25 mg</i> | \$0 (Tier 2) | |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|---|---|--------------------------------------|
| <i>amitriptyline hcl tab 50 mg</i> | \$0 (Tier 2) | |
| <i>amitriptyline hcl tab 75 mg</i> | \$0 (Tier 2) | |
| <i>amitriptyline hcl tab 100 mg</i> | \$0 (Tier 2) | |
| <i>amitriptyline hcl tab 150 mg</i> | \$0 (Tier 2) | |
| <i>amoxapine tab 25 mg</i> | \$0 (Tier 2) | |
| <i>amoxapine tab 50 mg</i> | \$0 (Tier 2) | |
| <i>amoxapine tab 100 mg</i> | \$0 (Tier 2) | |
| <i>amoxapine tab 150 mg</i> | \$0 (Tier 2) | |
| <i>bupropion hcl tab 75 mg</i> | \$0 (Tier 1) | |
| <i>bupropion hcl tab 100 mg</i> | \$0 (Tier 1) | |
| <i>bupropion hcl tab er 12hr 100 mg</i> | \$0 (Tier 1) | |
| <i>bupropion hcl tab er 12hr 150 mg</i> | \$0 (Tier 1) | |
| <i>bupropion hcl tab er 12hr 200 mg</i> | \$0 (Tier 1) | |
| <i>bupropion hcl tab er 24hr 150 mg</i> | \$0 (Tier 1) | |
| <i>bupropion hcl tab er 24hr 300 mg</i> | \$0 (Tier 1) | |
| <i>citalopram hydrobromide oral soln 10 mg/5ml</i> | \$0 (Tier 1) | |
| <i>citalopram hydrobromide tab 10 mg (base equiv)</i> | \$0 (Tier 1) | |
| <i>citalopram hydrobromide tab 20 mg (base equiv)</i> | \$0 (Tier 1) | |
| <i>citalopram hydrobromide tab 40 mg (base equiv)</i> | \$0 (Tier 1) | |
| <i>clomipramine hcl cap 25 mg</i> | \$0 (Tier 2) | PA |
| <i>clomipramine hcl cap 50 mg</i> | \$0 (Tier 2) | PA |
| <i>clomipramine hcl cap 75 mg</i> | \$0 (Tier 2) | PA |
| <i>desipramine hcl tab 10 mg</i> | \$0 (Tier 2) | |
| <i>desipramine hcl tab 25 mg</i> | \$0 (Tier 2) | |
| <i>desipramine hcl tab 50 mg</i> | \$0 (Tier 2) | |
| <i>desipramine hcl tab 75 mg</i> | \$0 (Tier 2) | |
| <i>desipramine hcl tab 100 mg</i> | \$0 (Tier 2) | |
| <i>desipramine hcl tab 150 mg</i> | \$0 (Tier 2) | |
| <i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i> | \$0 (Tier 1) | QL (30 tabs / 30 days), PA |
| <i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i> | \$0 (Tier 1) | QL (30 tabs / 30 days), PA |
| <i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i> | \$0 (Tier 1) | QL (30 tabs / 30 days), PA |
| <i>doxepin hcl cap 10 mg</i> | \$0 (Tier 2) | |
| <i>doxepin hcl cap 25 mg</i> | \$0 (Tier 2) | |

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

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL) |
|--|---|
| FETZIMA CAP TITRATIO | \$0 (Tier 2) PA |
| <i>fluoxetine hcl cap 10 mg</i> | \$0 (Tier 1) |
| <i>fluoxetine hcl cap 20 mg</i> | \$0 (Tier 1) |
| <i>fluoxetine hcl cap 40 mg</i> | \$0 (Tier 1) |
| <i>fluoxetine hcl solution 20 mg/5ml</i> | \$0 (Tier 1) |
| <i>imipramine hcl tab 10 mg</i> | \$0 (Tier 2) |
| <i>imipramine hcl tab 25 mg</i> | \$0 (Tier 2) |
| <i>imipramine hcl tab 50 mg</i> | \$0 (Tier 2) |
| <i>maprotiline hcl tab 25 mg</i> | \$0 (Tier 1) |
| <i>maprotiline hcl tab 50 mg</i> | \$0 (Tier 1) |
| <i>maprotiline hcl tab 75 mg</i> | \$0 (Tier 1) |
| MARPLAN TAB 10MG | \$0 (Tier 2) QL (180 tabs / 30 days) |
| <i>mirtazapine orally disintegrating tab 15 mg</i> | \$0 (Tier 1) |
| <i>mirtazapine orally disintegrating tab 30 mg</i> | \$0 (Tier 1) |
| <i>mirtazapine orally disintegrating tab 45 mg</i> | \$0 (Tier 1) |
| <i>mirtazapine tab 7.5 mg</i> | \$0 (Tier 1) |
| <i>mirtazapine tab 15 mg</i> | \$0 (Tier 1) |
| <i>mirtazapine tab 30 mg</i> | \$0 (Tier 1) |
| <i>mirtazapine tab 45 mg</i> | \$0 (Tier 1) |
| <i>nefazodone hcl tab 50 mg</i> | \$0 (Tier 1) |
| <i>nefazodone hcl tab 100 mg</i> | \$0 (Tier 1) |
| <i>nefazodone hcl tab 150 mg</i> | \$0 (Tier 1) |
| <i>nefazodone hcl tab 200 mg</i> | \$0 (Tier 1) |
| <i>nefazodone hcl tab 250 mg</i> | \$0 (Tier 1) |
| <i>nortriptyline hcl cap 10 mg</i> | \$0 (Tier 2) |
| <i>nortriptyline hcl cap 25 mg</i> | \$0 (Tier 2) |
| <i>nortriptyline hcl cap 50 mg</i> | \$0 (Tier 2) |
| <i>nortriptyline hcl cap 75 mg</i> | \$0 (Tier 2) |
| <i>nortriptyline hcl soln 10 mg/5ml</i> | \$0 (Tier 2) |
| <i>paroxetine hcl tab 10 mg</i> | \$0 (Tier 2) |
| <i>paroxetine hcl tab 20 mg</i> | \$0 (Tier 2) |
| <i>paroxetine hcl tab 30 mg</i> | \$0 (Tier 2) |
| <i>paroxetine hcl tab 40 mg</i> | \$0 (Tier 2) |
| PAXIL SUS 10MG/5ML | \$0 (Tier 2) QL (900 mL / 30 days) |
| <i>phenelzine sulfate tab 15 mg</i> | \$0 (Tier 1) |
| <i>protriptyline hcl tab 5 mg</i> | \$0 (Tier 2) |
| <i>protriptyline hcl tab 10 mg</i> | \$0 (Tier 2) |
| <i>sertraline hcl oral concentrate for solution 20 mg/ml</i> | \$0 (Tier 1) |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|--|---|---|
| <i>sertraline hcl tab 25 mg</i> | \$0 (Tier 1) | |
| <i>sertraline hcl tab 50 mg</i> | \$0 (Tier 1) | |
| <i>sertraline hcl tab 100 mg</i> | \$0 (Tier 1) | |
| <i>tranylcypromine sulfate tab 10 mg</i> | \$0 (Tier 1) | |
| <i>trazodone hcl tab 50 mg</i> | \$0 (Tier 1) | |
| <i>trazodone hcl tab 100 mg</i> | \$0 (Tier 1) | |
| <i>trazodone hcl tab 150 mg</i> | \$0 (Tier 1) | |
| <i>trimipramine maleate cap 25 mg</i> | \$0 (Tier 2) | QL (240 caps / 30 days) |
| <i>trimipramine maleate cap 50 mg</i> | \$0 (Tier 2) | QL (120 caps / 30 days) |
| <i>trimipramine maleate cap 100 mg</i> | \$0 (Tier 2) | QL (60 caps / 30 days) |
| TRINTELLIX TAB 5MG | \$0 (Tier 2) | QL (120 tabs / 30 days) |
| TRINTELLIX TAB 10MG | \$0 (Tier 2) | QL (60 tabs / 30 days) |
| TRINTELLIX TAB 20MG | \$0 (Tier 2) | QL (30 tabs / 30 days) |
| <i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i> | \$0 (Tier 1) | |
| <i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i> | \$0 (Tier 1) | |
| <i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i> | \$0 (Tier 1) | |
| <i>venlafaxine hcl tab 25 mg (base equivalent)</i> | \$0 (Tier 1) | |
| <i>venlafaxine hcl tab 37.5 mg (base equivalent)</i> | \$0 (Tier 1) | |
| <i>venlafaxine hcl tab 50 mg (base equivalent)</i> | \$0 (Tier 1) | |
| <i>venlafaxine hcl tab 75 mg (base equivalent)</i> | \$0 (Tier 1) | |
| <i>venlafaxine hcl tab 100 mg (base equivalent)</i> | \$0 (Tier 1) | |
| VIIBRYD KIT STARTER | \$0 (Tier 2) | |
| VIIBRYD TAB 10MG | \$0 (Tier 2) | QL (30 tabs / 30 days) |
| VIIBRYD TAB 20MG | \$0 (Tier 2) | QL (30 tabs / 30 days) |
| VIIBRYD TAB 40MG | \$0 (Tier 2) | QL (30 tabs / 30 days) |
| ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE | | |
| <i>amantadine hcl cap 100 mg</i> | \$0 (Tier 1) | QL (120 caps / 30 days) |
| <i>amantadine hcl syrup 50 mg/5ml</i> | \$0 (Tier 1) | |
| <i>amantadine hcl tab 100 mg</i> | \$0 (Tier 1) | |
| APOKYN INJ 10MG/ML | \$0 (Tier 2) | NDS, QL (20 cartridges / 30 days), LA, PA |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|---|---|--------------------------------------|
| <i>benztropine mesylate inj 1 mg/ml</i> | \$0 (Tier 1) | |
| <i>benztropine mesylate tab 0.5 mg</i> | \$0 (Tier 2) | PA; PA if 70 years and older |
| <i>benztropine mesylate tab 1 mg</i> | \$0 (Tier 2) | PA; PA if 70 years and older |
| <i>benztropine mesylate tab 2 mg</i> | \$0 (Tier 2) | PA; PA if 70 years and older |
| <i>bromocriptine mesylate cap 5 mg (base equivalent)</i> | \$0 (Tier 1) | |
| <i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i> | \$0 (Tier 1) | |
| <i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i> | \$0 (Tier 1) | |
| <i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i> | \$0 (Tier 1) | |
| <i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i> | \$0 (Tier 1) | |
| <i>carbidopa & levodopa tab 10-100 mg</i> | \$0 (Tier 1) | |
| <i>carbidopa & levodopa tab 25-100 mg</i> | \$0 (Tier 1) | |
| <i>carbidopa & levodopa tab 25-250 mg</i> | \$0 (Tier 1) | |
| <i>carbidopa & levodopa tab er 25-100 mg</i> | \$0 (Tier 1) | |
| <i>carbidopa & levodopa tab er 50-200 mg</i> | \$0 (Tier 1) | |
| <i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i> | \$0 (Tier 1) | |
| <i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i> | \$0 (Tier 1) | |
| <i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i> | \$0 (Tier 1) | |
| <i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i> | \$0 (Tier 1) | |
| <i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i> | \$0 (Tier 1) | |
| <i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i> | \$0 (Tier 1) | |
| <i>entacapone tab 200 mg</i> | \$0 (Tier 1) | |
| NEUPRO DIS 1MG/24HR | \$0 (Tier 2) | |
| NEUPRO DIS 2MG/24HR | \$0 (Tier 2) | |
| NEUPRO DIS 3MG/24HR | \$0 (Tier 2) | |
| NEUPRO DIS 4MG/24HR | \$0 (Tier 2) | |
| NEUPRO DIS 6MG/24HR | \$0 (Tier 2) | |
| NEUPRO DIS 8MG/24HR | \$0 (Tier 2) | |

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug.

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|---|---|--------------------------------------|
| <i>pramipexole dihydrochloride tab 0.5 mg</i> | \$0 (Tier 1) | |
| <i>pramipexole dihydrochloride tab 0.25 mg</i> | \$0 (Tier 1) | |
| <i>pramipexole dihydrochloride tab 0.75 mg</i> | \$0 (Tier 1) | |
| <i>pramipexole dihydrochloride tab 0.125 mg</i> | \$0 (Tier 1) | |
| <i>pramipexole dihydrochloride tab 1 mg</i> | \$0 (Tier 1) | |
| <i>pramipexole dihydrochloride tab 1.5 mg</i> | \$0 (Tier 1) | |
| <i>rasagiline mesylate tab 0.5 mg (base equiv)</i> | \$0 (Tier 1) | |
| <i>rasagiline mesylate tab 1 mg (base equiv)</i> | \$0 (Tier 1) | |
| <i>ropinirole hydrochloride tab 0.5 mg</i> | \$0 (Tier 1) | |
| <i>ropinirole hydrochloride tab 0.25 mg</i> | \$0 (Tier 1) | |
| <i>ropinirole hydrochloride tab 1 mg</i> | \$0 (Tier 1) | |
| <i>ropinirole hydrochloride tab 2 mg</i> | \$0 (Tier 1) | |
| <i>ropinirole hydrochloride tab 3 mg</i> | \$0 (Tier 1) | |
| <i>ropinirole hydrochloride tab 4 mg</i> | \$0 (Tier 1) | |
| <i>ropinirole hydrochloride tab 5 mg</i> | \$0 (Tier 1) | |
| <i>selegiline hcl cap 5 mg</i> | \$0 (Tier 1) | |
| <i>selegiline hcl tab 5 mg</i> | \$0 (Tier 1) | |
| <i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i> | \$0 (Tier 2) | PA; PA if 70 years and older |
| <i>trihexyphenidyl hcl tab 2 mg</i> | \$0 (Tier 2) | PA; PA if 70 years and older |
| <i>trihexyphenidyl hcl tab 5 mg</i> | \$0 (Tier 2) | PA; PA if 70 years and older |
| ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES | | |
| <i>ABILIFY MAIN INJ 300MG</i> | \$0 (Tier 2) | NDS, QL (1 injection / 28 days) |
| <i>ABILIFY MAIN INJ 400MG</i> | \$0 (Tier 2) | NDS, QL (1 injection / 28 days) |
| <i>aripiprazole oral solution 1 mg/ml</i> | \$0 (Tier 2) | NDS, QL (900 mL / 30 days) |
| <i>aripiprazole orally disintegrating tab 10 mg</i> | \$0 (Tier 2) | NDS, QL (60 tabs / 30 days) |
| <i>aripiprazole orally disintegrating tab 15 mg</i> | \$0 (Tier 2) | NDS, QL (60 tabs / 30 days) |
| <i>aripiprazole tab 2 mg</i> | \$0 (Tier 1) | QL (30 tabs / 30 days) |
| <i>aripiprazole tab 5 mg</i> | \$0 (Tier 1) | QL (30 tabs / 30 days) |
| <i>aripiprazole tab 10 mg</i> | \$0 (Tier 1) | QL (30 tabs / 30 days) |
| <i>aripiprazole tab 15 mg</i> | \$0 (Tier 1) | QL (30 tabs / 30 days) |
| <i>aripiprazole tab 20 mg</i> | \$0 (Tier 1) | QL (30 tabs / 30 days) |

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug.

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|--|---|--------------------------------------|
| <i>aripiprazole tab 30 mg</i> | \$0 (Tier 1) | QL (30 tabs / 30 days) |
| ARISTADA INJ 441MG/1. | \$0 (Tier 2) | NDS, QL (1 injection / 28 days) |
| ARISTADA INJ 662MG/2 | \$0 (Tier 2) | NDS, QL (1 injection / 28 days) |
| ARISTADA INJ 882MG/3 | \$0 (Tier 2) | NDS, QL (1 injection / 28 days) |
| ARISTADA INJ 1064MG | \$0 (Tier 2) | NDS, QL (1 injection / 56 days) |
| ARISTADA INJ INITIO | \$0 (Tier 2) | NDS |
| CAPLYTA CAP 42MG | \$0 (Tier 2) | QL (30 caps / 30 days) |
| CHLORPROMAZ INJ 25MG/ML | \$0 (Tier 2) | |
| CHLORPROMAZ INJ 50MG/2ML | \$0 (Tier 2) | |
| <i>chlorpromazine hcl tab 10 mg</i> | \$0 (Tier 1) | |
| <i>chlorpromazine hcl tab 25 mg</i> | \$0 (Tier 1) | |
| <i>chlorpromazine hcl tab 50 mg</i> | \$0 (Tier 1) | |
| <i>chlorpromazine hcl tab 100 mg</i> | \$0 (Tier 1) | |
| <i>chlorpromazine hcl tab 200 mg</i> | \$0 (Tier 1) | |
| <i>clozapine orally disintegrating tab 12.5 mg</i> | \$0 (Tier 1) | PA |
| <i>clozapine orally disintegrating tab 25 mg</i> | \$0 (Tier 1) | PA |
| <i>clozapine orally disintegrating tab 100 mg</i> | \$0 (Tier 1) | QL (270 tabs / 30 days), PA |
| <i>clozapine orally disintegrating tab 150 mg</i> | \$0 (Tier 1) | QL (180 tabs / 30 days), PA |
| <i>clozapine orally disintegrating tab 200 mg</i> | \$0 (Tier 1) | QL (135 tabs / 30 days), PA |
| <i>clozapine tab 25 mg</i> | \$0 (Tier 1) | |
| <i>clozapine tab 50 mg</i> | \$0 (Tier 1) | |
| <i>clozapine tab 100 mg</i> | \$0 (Tier 1) | QL (270 tabs / 30 days) |
| <i>clozapine tab 200 mg</i> | \$0 (Tier 1) | QL (135 tabs / 30 days) |
| FANAPT PAK | \$0 (Tier 2) | PA |
| FANAPT TAB 1MG | \$0 (Tier 2) | QL (60 tabs / 30 days), PA |
| FANAPT TAB 2MG | \$0 (Tier 2) | QL (60 tabs / 30 days), PA |
| FANAPT TAB 4MG | \$0 (Tier 2) | QL (60 tabs / 30 days), PA |
| FANAPT TAB 6MG | \$0 (Tier 2) | QL (60 tabs / 30 days), PA |
| FANAPT TAB 8MG | \$0 (Tier 2) | QL (60 tabs / 30 days), PA |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|--|---|--------------------------------------|
| FANAPT TAB 10MG | \$0 (Tier 2) | QL (60 tabs / 30 days), PA |
| FANAPT TAB 12MG | \$0 (Tier 2) | QL (60 tabs / 30 days), PA |
| <i>fluphenazine decanoate inj 25 mg/ml</i> | \$0 (Tier 1) | |
| <i>fluphenazine hcl elixir 2.5 mg/5ml</i> | \$0 (Tier 1) | |
| <i>fluphenazine hcl inj 2.5 mg/ml</i> | \$0 (Tier 1) | |
| <i>fluphenazine hcl oral conc 5 mg/ml</i> | \$0 (Tier 1) | |
| <i>fluphenazine hcl tab 1 mg</i> | \$0 (Tier 1) | |
| <i>fluphenazine hcl tab 2.5 mg</i> | \$0 (Tier 1) | |
| <i>fluphenazine hcl tab 5 mg</i> | \$0 (Tier 1) | |
| <i>fluphenazine hcl tab 10 mg</i> | \$0 (Tier 1) | |
| GEODON INJ 20MG | \$0 (Tier 2) | QL (6 mL / 3 days) |
| <i>haloperidol decanoate im soln 50 mg/ml</i> | \$0 (Tier 1) | |
| <i>haloperidol decanoate im soln 100 mg/ml</i> | \$0 (Tier 1) | |
| <i>haloperidol lactate inj 5 mg/ml</i> | \$0 (Tier 1) | |
| <i>haloperidol lactate oral conc 2 mg/ml</i> | \$0 (Tier 1) | |
| <i>haloperidol tab 0.5 mg</i> | \$0 (Tier 1) | |
| <i>haloperidol tab 1 mg</i> | \$0 (Tier 1) | |
| <i>haloperidol tab 2 mg</i> | \$0 (Tier 1) | |
| <i>haloperidol tab 5 mg</i> | \$0 (Tier 1) | |
| <i>haloperidol tab 10 mg</i> | \$0 (Tier 1) | |
| <i>haloperidol tab 20 mg</i> | \$0 (Tier 1) | |
| INVEGA SUST INJ 39/0.25 | \$0 (Tier 2) | QL (1 injection / 28 days) |
| INVEGA SUST INJ 78/0.5ML | \$0 (Tier 2) | NDS, QL (1 injection / 28 days) |
| INVEGA SUST INJ 117/0.75 | \$0 (Tier 2) | NDS, QL (1 injection / 28 days) |
| INVEGA SUST INJ 156MG/ML | \$0 (Tier 2) | NDS, QL (1 injection / 28 days) |
| INVEGA SUST INJ 234/1.5 | \$0 (Tier 2) | NDS, QL (1 injection / 28 days) |
| INVEGA TRINZ INJ 273MG | \$0 (Tier 2) | NDS, QL (1 injection / 90 days) |
| INVEGA TRINZ INJ 410MG | \$0 (Tier 2) | NDS, QL (1 injection / 90 days) |
| INVEGA TRINZ INJ 546MG | \$0 (Tier 2) | NDS, QL (1 injection / 90 days) |
| INVEGA TRINZ INJ 819MG | \$0 (Tier 2) | NDS, QL (1 injection / 90 days) |

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug.

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|---|---|--------------------------------------|
| LATUDA TAB 20MG | \$0 (Tier 2) | QL (30 tabs / 30 days) |
| LATUDA TAB 40MG | \$0 (Tier 2) | QL (30 tabs / 30 days) |
| LATUDA TAB 60MG | \$0 (Tier 2) | QL (30 tabs / 30 days) |
| LATUDA TAB 80MG | \$0 (Tier 2) | QL (60 tabs / 30 days) |
| LATUDA TAB 120MG | \$0 (Tier 2) | QL (30 tabs / 30 days) |
| <i>loxapine succinate cap 5 mg</i> | \$0 (Tier 1) | |
| <i>loxapine succinate cap 10 mg</i> | \$0 (Tier 1) | |
| <i>loxapine succinate cap 25 mg</i> | \$0 (Tier 1) | |
| <i>loxapine succinate cap 50 mg</i> | \$0 (Tier 1) | |
| <i>molindone hcl tab 5 mg</i> | \$0 (Tier 1) | |
| <i>molindone hcl tab 10 mg</i> | \$0 (Tier 1) | |
| <i>molindone hcl tab 25 mg</i> | \$0 (Tier 1) | |
| NUPLAZID CAP 34MG | \$0 (Tier 2) | NDS, QL (30 caps / 30 days), LA, PA |
| NUPLAZID TAB 10MG | \$0 (Tier 2) | NDS, QL (30 tabs / 30 days), LA, PA |
| <i>olanzapine for im inj 10 mg</i> | \$0 (Tier 1) | QL (3 vials / 1 day) |
| <i>olanzapine orally disintegrating tab 5 mg</i> | \$0 (Tier 1) | QL (30 tabs / 30 days) |
| <i>olanzapine orally disintegrating tab 10 mg</i> | \$0 (Tier 1) | QL (60 tabs / 30 days) |
| <i>olanzapine orally disintegrating tab 15 mg</i> | \$0 (Tier 1) | QL (30 tabs / 30 days) |
| <i>olanzapine orally disintegrating tab 20 mg</i> | \$0 (Tier 1) | QL (30 tabs / 30 days) |
| <i>olanzapine tab 2.5 mg</i> | \$0 (Tier 1) | QL (60 tabs / 30 days) |
| <i>olanzapine tab 5 mg</i> | \$0 (Tier 1) | QL (60 tabs / 30 days) |
| <i>olanzapine tab 7.5 mg</i> | \$0 (Tier 1) | QL (30 tabs / 30 days) |
| <i>olanzapine tab 10 mg</i> | \$0 (Tier 1) | QL (60 tabs / 30 days) |
| <i>olanzapine tab 15 mg</i> | \$0 (Tier 1) | QL (30 tabs / 30 days) |
| <i>olanzapine tab 20 mg</i> | \$0 (Tier 1) | QL (30 tabs / 30 days) |
| <i>paliperidone tab er 24hr 1.5 mg</i> | \$0 (Tier 1) | QL (30 tabs / 30 days) |
| <i>paliperidone tab er 24hr 3 mg</i> | \$0 (Tier 1) | QL (30 tabs / 30 days) |
| <i>paliperidone tab er 24hr 6 mg</i> | \$0 (Tier 1) | QL (60 tabs / 30 days) |
| <i>paliperidone tab er 24hr 9 mg</i> | \$0 (Tier 1) | QL (30 tabs / 30 days) |
| <i>perphenazine tab 2 mg</i> | \$0 (Tier 1) | |
| <i>perphenazine tab 4 mg</i> | \$0 (Tier 1) | |
| <i>perphenazine tab 8 mg</i> | \$0 (Tier 1) | |
| <i>perphenazine tab 16 mg</i> | \$0 (Tier 1) | |
| PERSERIS INJ 90MG | \$0 (Tier 2) | NDS, QL (1 injection / 30 days) |
| PERSERIS INJ 120MG | \$0 (Tier 2) | NDS, QL (1 injection / 30 days) |
| <i>pimozide tab 1 mg</i> | \$0 (Tier 1) | |

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

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug.

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL) |
|--|---|
| <i>risperidone orally disintegrating tab 2 mg</i> | \$0 (Tier 1) QL (60 tabs / 30 days) |
| <i>risperidone orally disintegrating tab 3 mg</i> | \$0 (Tier 1) QL (60 tabs / 30 days) |
| <i>risperidone orally disintegrating tab 4 mg</i> | \$0 (Tier 1) QL (60 tabs / 30 days) |
| <i>risperidone soln 1 mg/ml</i> | \$0 (Tier 1) QL (240 mL / 30 days) |
| <i>risperidone tab 0.5 mg</i> | \$0 (Tier 1) |
| <i>risperidone tab 0.25 mg</i> | \$0 (Tier 1) |
| <i>risperidone tab 1 mg</i> | \$0 (Tier 1) |
| <i>risperidone tab 2 mg</i> | \$0 (Tier 1) |
| <i>risperidone tab 3 mg</i> | \$0 (Tier 1) |
| <i>risperidone tab 4 mg</i> | \$0 (Tier 1) |
| SAPHRIS SUB 2.5MG | \$0 (Tier 2) QL (60 tabs / 30 days) |
| SAPHRIS SUB 5MG | \$0 (Tier 2) QL (60 tabs / 30 days) |
| SAPHRIS SUB 10MG | \$0 (Tier 2) QL (60 tabs / 30 days) |
| SECUADO DIS 3.8MG | \$0 (Tier 2) QL (30 patches / 30 days) |
| SECUADO DIS 5.7MG | \$0 (Tier 2) QL (30 patches / 30 days) |
| SECUADO DIS 7.6MG | \$0 (Tier 2) QL (30 patches / 30 days) |
| <i>thioridazine hcl tab 10 mg</i> | \$0 (Tier 1) |
| <i>thioridazine hcl tab 25 mg</i> | \$0 (Tier 1) |
| <i>thioridazine hcl tab 50 mg</i> | \$0 (Tier 1) |
| <i>thioridazine hcl tab 100 mg</i> | \$0 (Tier 1) |
| <i>thiothixene cap 1 mg</i> | \$0 (Tier 1) |
| <i>thiothixene cap 2 mg</i> | \$0 (Tier 1) |
| <i>thiothixene cap 5 mg</i> | \$0 (Tier 1) |
| <i>thiothixene cap 10 mg</i> | \$0 (Tier 1) |
| <i>trifluoperazine hcl tab 1 mg (base equivalent)</i> | \$0 (Tier 1) |
| <i>trifluoperazine hcl tab 2 mg (base equivalent)</i> | \$0 (Tier 1) |
| <i>trifluoperazine hcl tab 5 mg (base equivalent)</i> | \$0 (Tier 1) |
| <i>trifluoperazine hcl tab 10 mg (base equivalent)</i> | \$0 (Tier 1) |
| VERSACLOZ SUS 50MG/ML | \$0 (Tier 2) NDS, QL (600 mL / 30 days), PA |
| VRAYLAR CAP 1.5-3MG | \$0 (Tier 2) PA |
| VRAYLAR CAP 1.5MG | \$0 (Tier 2) NDS, QL (60 caps / 30 days), PA |

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

ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD

| | | |
|--|--------------|-------------------------|
| <i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i> | \$0 (Tier 1) | QL (90 caps / 30 days) |
| <i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i> | \$0 (Tier 1) | QL (90 caps / 30 days) |
| <i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i> | \$0 (Tier 1) | QL (30 caps / 30 days) |
| <i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> | \$0 (Tier 1) | QL (30 caps / 30 days) |
| <i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> | \$0 (Tier 1) | QL (30 caps / 30 days) |
| <i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> | \$0 (Tier 1) | QL (30 caps / 30 days) |
| <i>amphetamine-dextroamphetamine tab 5 mg</i> | \$0 (Tier 1) | QL (120 tabs / 30 days) |
| <i>amphetamine-dextroamphetamine tab 7.5 mg</i> | \$0 (Tier 1) | QL (120 tabs / 30 days) |
| <i>amphetamine-dextroamphetamine tab 10 mg</i> | \$0 (Tier 1) | QL (120 tabs / 30 days) |
| <i>amphetamine-dextroamphetamine tab 12.5 mg</i> | \$0 (Tier 1) | QL (120 tabs / 30 days) |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|---|---|--------------------------------------|
| <i>amphetamine-dextroamphetamine tab 15 mg</i> | \$0 (Tier 1) | QL (90 tabs / 30 days) |
| <i>amphetamine-dextroamphetamine tab 20 mg</i> | \$0 (Tier 1) | QL (90 tabs / 30 days) |
| <i>amphetamine-dextroamphetamine tab 30 mg</i> | \$0 (Tier 1) | QL (60 tabs / 30 days) |
| <i>atomoxetine hcl cap 10 mg (base equiv)</i> | \$0 (Tier 1) | QL (120 caps / 30 days) |
| <i>atomoxetine hcl cap 18 mg (base equiv)</i> | \$0 (Tier 1) | QL (120 caps / 30 days) |
| <i>atomoxetine hcl cap 25 mg (base equiv)</i> | \$0 (Tier 1) | QL (120 caps / 30 days) |
| <i>atomoxetine hcl cap 40 mg (base equiv)</i> | \$0 (Tier 1) | QL (60 caps / 30 days) |
| <i>atomoxetine hcl cap 60 mg (base equiv)</i> | \$0 (Tier 1) | QL (30 caps / 30 days) |
| <i>atomoxetine hcl cap 80 mg (base equiv)</i> | \$0 (Tier 1) | QL (30 caps / 30 days) |
| <i>atomoxetine hcl cap 100 mg (base equiv)</i> | \$0 (Tier 1) | QL (30 caps / 30 days) |
| <i>dexmethylphenidate hcl tab 2.5 mg</i> | \$0 (Tier 1) | QL (120 tabs / 30 days) |
| <i>dexmethylphenidate hcl tab 5 mg</i> | \$0 (Tier 1) | QL (120 tabs / 30 days) |
| <i>dexmethylphenidate hcl tab 10 mg</i> | \$0 (Tier 1) | QL (60 tabs / 30 days) |
| <i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i> | \$0 (Tier 2) | PA; PA if 70 years and older |
| <i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i> | \$0 (Tier 2) | PA; PA if 70 years and older |
| <i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i> | \$0 (Tier 2) | PA; PA if 70 years and older |
| <i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i> | \$0 (Tier 2) | PA; PA if 70 years and older |
| <i>methylphenidate hcl soln 5 mg/5ml</i> | \$0 (Tier 1) | QL (1800 mL / 30 days) |
| <i>methylphenidate hcl soln 10 mg/5ml</i> | \$0 (Tier 1) | QL (900 mL / 30 days) |
| <i>methylphenidate hcl tab 5 mg</i> | \$0 (Tier 1) | QL (180 tabs / 30 days) |
| <i>methylphenidate hcl tab 10 mg</i> | \$0 (Tier 1) | QL (180 tabs / 30 days) |
| <i>methylphenidate hcl tab 20 mg</i> | \$0 (Tier 1) | QL (90 tabs / 30 days) |
| <i>methylphenidate hcl tab er 10 mg</i> | \$0 (Tier 1) | QL (90 tabs / 30 days) |
| <i>methylphenidate hcl tab er 20 mg</i> | \$0 (Tier 1) | QL (90 tabs / 30 days) |
| HYPNOTICS - DRUGS TO TREAT INSOMNIA | | |
| <i>BELSOMRA TAB 5MG</i> | \$0 (Tier 2) | QL (30 tabs / 30 days) |
| <i>BELSOMRA TAB 10MG</i> | \$0 (Tier 2) | QL (30 tabs / 30 days) |
| <i>BELSOMRA TAB 15MG</i> | \$0 (Tier 2) | QL (30 tabs / 30 days) |
| <i>BELSOMRA TAB 20MG</i> | \$0 (Tier 2) | QL (30 tabs / 30 days) |
| <i>doxepin hcl (sleep) tab 3 mg (base equiv)</i> | \$0 (Tier 1) | QL (30 tabs / 30 days) |
| <i>doxepin hcl (sleep) tab 6 mg (base equiv)</i> | \$0 (Tier 1) | QL (30 tabs / 30 days) |

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

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|------------------------------------|---|---|
| <i>zolpidem tartrate tab 10 mg</i> | \$0 (Tier 2) | QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year |

MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES

| | | |
|---|--------------|-------------------------------|
| <i>AIMOVIG INJ 70MG/ML</i> | \$0 (Tier 2) | QL (1 pen / 30 days), PA |
| <i>AIMOVIG INJ 140MG/ML</i> | \$0 (Tier 2) | QL (1 pen / 30 days), PA |
| <i>dihydroergotamine mesylate inj 1 mg/ml</i> | \$0 (Tier 2) | NDS |
| <i>dihydroergotamine mesylate nasal spray 4 mg/ml</i> | \$0 (Tier 2) | NDS, QL (8 mL / 30 days), PA |
| <i>eletriptan hydrobromide tab 20 mg (base equivalent)</i> | \$0 (Tier 1) | QL (12 tabs / 30 days) |
| <i>eletriptan hydrobromide tab 40 mg (base equivalent)</i> | \$0 (Tier 1) | QL (12 tabs / 30 days) |
| <i>EMGALITY INJ 120MG/ML</i> | \$0 (Tier 2) | QL (2 pens / 30 days), PA |
| <i>EMGALITY INJ 120MG/ML</i> | \$0 (Tier 2) | QL (2 syringes / 30 days), PA |
| <i>ergotamine w/ caffeine tab 1-100 mg</i> | \$0 (Tier 1) | |
| <i>naratriptan hcl tab 1 mg (base equiv)</i> | \$0 (Tier 1) | QL (12 tabs / 30 days) |
| <i>naratriptan hcl tab 2.5 mg (base equiv)</i> | \$0 (Tier 1) | QL (12 tabs / 30 days) |
| <i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i> | \$0 (Tier 1) | QL (18 tabs / 30 days) |
| <i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i> | \$0 (Tier 1) | QL (18 tabs / 30 days) |
| <i>rizatriptan benzoate tab 5 mg (base equivalent)</i> | \$0 (Tier 1) | QL (18 tabs / 30 days) |
| <i>rizatriptan benzoate tab 10 mg (base equivalent)</i> | \$0 (Tier 1) | QL (18 tabs / 30 days) |
| <i>sumatriptan nasal spray 5 mg/act</i> | \$0 (Tier 1) | QL (24 inhalers / 30 days) |
| <i>sumatriptan nasal spray 20 mg/act</i> | \$0 (Tier 1) | QL (12 inhalers / 30 days) |
| <i>sumatriptan succinate inj 6 mg/0.5ml</i> | \$0 (Tier 1) | QL (12 injections / 30 days) |
| <i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i> | \$0 (Tier 1) | QL (18 injections / 30 days) |
| <i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i> | \$0 (Tier 1) | QL (12 injections / 30 days) |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|--|---|--------------------------------------|
| <i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i> | \$0 (Tier 1) | QL (18 injections / 30 days) |
| <i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i> | \$0 (Tier 1) | QL (12 injections / 30 days) |
| <i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i> | \$0 (Tier 1) | QL (12 injections / 30 days) |
| <i>sumatriptan succinate tab 25 mg</i> | \$0 (Tier 1) | QL (12 tabs / 30 days) |
| <i>sumatriptan succinate tab 50 mg</i> | \$0 (Tier 1) | QL (12 tabs / 30 days) |
| <i>sumatriptan succinate tab 100 mg</i> | \$0 (Tier 1) | QL (12 tabs / 30 days) |
| <i>zolmitriptan orally disintegrating tab 2.5 mg</i> | \$0 (Tier 1) | QL (12 tabs / 30 days) |
| <i>zolmitriptan orally disintegrating tab 5 mg</i> | \$0 (Tier 1) | QL (12 tabs / 30 days) |
| <i>zolmitriptan tab 2.5 mg</i> | \$0 (Tier 1) | QL (12 tabs / 30 days) |
| <i>zolmitriptan tab 5 mg</i> | \$0 (Tier 1) | QL (12 tabs / 30 days) |

MISCELLANEOUS

| | | |
|--|--------------|----------------------------------|
| AUSTEDO TAB 6MG | \$0 (Tier 2) | NDS, QL (60 tabs / 30 days), PA |
| AUSTEDO TAB 9MG | \$0 (Tier 2) | NDS, QL (120 tabs / 30 days), PA |
| AUSTEDO TAB 12MG | \$0 (Tier 2) | NDS, QL (120 tabs / 30 days), PA |
| INGREZZA CAP 40-80MG | \$0 (Tier 2) | NDS, QL (28 caps / 28 days), PA |
| INGREZZA CAP 40MG | \$0 (Tier 2) | NDS, QL (30 caps / 30 days), PA |
| INGREZZA CAP 80MG | \$0 (Tier 2) | NDS, QL (30 caps / 30 days), PA |
| <i>lithium carbonate cap 150 mg</i> | \$0 (Tier 1) | |
| <i>lithium carbonate cap 300 mg</i> | \$0 (Tier 1) | |
| <i>lithium carbonate cap 600 mg</i> | \$0 (Tier 1) | |
| <i>lithium carbonate tab 300 mg</i> | \$0 (Tier 1) | |
| <i>lithium carbonate tab er 300 mg</i> | \$0 (Tier 1) | |
| <i>lithium carbonate tab er 450 mg</i> | \$0 (Tier 1) | |
| LITHIUM SOL 8MEQ/5ML | \$0 (Tier 2) | |
| LYRICA CR TAB 82.5MG | \$0 (Tier 2) | QL (60 tabs / 30 days), PA |
| LYRICA CR TAB 165MG | \$0 (Tier 2) | QL (60 tabs / 30 days), PA |
| LYRICA CR TAB 330MG | \$0 (Tier 2) | QL (60 tabs / 30 days), PA |

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

MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS

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

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

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

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|--|---|---|
| <i>tizanidine hcl tab 2 mg (base equivalent)</i> | \$0 (Tier 1) | |
| <i>tizanidine hcl tab 4 mg (base equivalent)</i> | \$0 (Tier 1) | |
| <i>vanadom tab 350mg</i> | \$0 (Tier 2) | QL (120 tabs / 30 days), PA; PA if 70 years and older |

NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS

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

PSYCHOTHERAPEUTIC-MISC

| | | |
|---|--------------|----------------------------|
| <i>acamprosate calcium tab delayed release 333 mg</i> | \$0 (Tier 1) | |
| ADIPEX-P CAP 37.5MG | \$0 (Tier 3) | DP |
| ADIPEX-P TAB 37.5MG | \$0 (Tier 3) | DP |
| <i>benzphetamine hcl tab 50 mg</i> | \$0 (Tier 3) | DP |
| <i>buprenorphine hcl sl tab 2 mg (base equiv)</i> | \$0 (Tier 1) | QL (90 tabs / 30 days), PA |
| <i>buprenorphine hcl sl tab 8 mg (base equiv)</i> | \$0 (Tier 1) | QL (90 tabs / 30 days), PA |
| <i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> | \$0 (Tier 1) | QL (90 films / 30 days) |
| <i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> | \$0 (Tier 1) | QL (90 films / 30 days) |
| <i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> | \$0 (Tier 1) | QL (90 films / 30 days) |
| <i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> | \$0 (Tier 1) | QL (60 films / 30 days) |
| <i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> | \$0 (Tier 1) | QL (90 tabs / 30 days) |
| <i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> | \$0 (Tier 1) | QL (90 tabs / 30 days) |
| <i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i> | \$0 (Tier 1) | |
| CHANTIX PAK 0.5& 1MG | \$0 (Tier 2) | PA |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL) |
|---|---|
| CHANTIX PAK 1MG | \$0 (Tier 2) PA |
| CHANTIX TAB 0.5MG | \$0 (Tier 2) PA |
| CHANTIX TAB 1MG | \$0 (Tier 2) PA |
| <i>diethylpropion hcl tab 25 mg</i> | \$0 (Tier 3) DP |
| <i>diethylpropion hcl tab er 24hr 75 mg</i> | \$0 (Tier 3) DP |
| <i>disulfiram tab 250 mg</i> | \$0 (Tier 1) |
| <i>disulfiram tab 500 mg</i> | \$0 (Tier 1) |
| <i>gnp nicotine gum 2mg mint</i> | \$0 (Tier 3) DP |
| <i>gnp nicotine gum 2mg orig</i> | \$0 (Tier 3) DP |
| <i>gnp nicotine gum 4mg mint</i> | \$0 (Tier 3) DP |
| <i>gnp nicotine loz 2mg mint</i> | \$0 (Tier 3) DP |
| <i>gnp nicotine loz 4mg mint</i> | \$0 (Tier 3) DP |
| <i>gnp nicotine loz mini 2mg</i> | \$0 (Tier 3) DP |
| <i>hm nicotine dis 14mg/24h</i> | \$0 (Tier 3) DP |
| <i>hm nicotine dis 21mg/24h</i> | \$0 (Tier 3) DP |
| <i>hm nicotine gum 2mg mint</i> | \$0 (Tier 3) DP |
| <i>hm nicotine gum 4mg mint</i> | \$0 (Tier 3) DP |
| <i>hm nicotine loz 2mg mint</i> | \$0 (Tier 3) DP |
| <i>hm nicotine loz 4mg mint</i> | \$0 (Tier 3) DP |
| <i>naloxone hcl inj 0.4 mg/ml</i> | \$0 (Tier 1) |
| <i>naloxone hcl inj 4 mg/10ml</i> | \$0 (Tier 1) |
| <i>naloxone hcl soln cartridge 0.4 mg/ml</i> | \$0 (Tier 1) |
| <i>naloxone hcl soln prefilled syringe 2 mg/2ml</i> | \$0 (Tier 1) |
| <i>naltrexone hcl tab 50 mg</i> | \$0 (Tier 1) |
| NARCAN SPR | \$0 (Tier 2) |
| <i>nicorelief gum 2mg mint</i> | \$0 (Tier 3) DP |
| <i>nicorelief gum 2mg orig</i> | \$0 (Tier 3) DP |
| <i>nicorelief gum 4mg orig</i> | \$0 (Tier 3) DP |
| <i>nicotine gum 4mg</i> | \$0 (Tier 3) DP |
| <i>nicotine pol loz 4mg mint</i> | \$0 (Tier 3) DP |
| <i>nicotine polacrilex gum 2 mg</i> | \$0 (Tier 3) DP |
| <i>nicotine polacrilex gum 4 mg</i> | \$0 (Tier 3) DP |
| <i>nicotine polacrilex lozenge 2 mg</i> | \$0 (Tier 3) DP |
| <i>nicotine polacrilex lozenge 4 mg</i> | \$0 (Tier 3) DP |
| <i>nicotine td dis 7mg/24hr</i> | \$0 (Tier 3) DP |
| <i>nicotine td patch 24hr 7 mg/24hr</i> | \$0 (Tier 3) DP |
| <i>nicotine td patch 24hr 14 mg/24hr</i> | \$0 (Tier 3) DP |
| <i>nicotine td patch 24hr 21 mg/24hr</i> | \$0 (Tier 3) DP |

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug.

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL) |
|---|---|
| NICOTROL INH | \$0 (Tier 2) |
| NICOTROL NS SPR 10MG/ML | \$0 (Tier 2) |
| <i>phendimetrazine tartrate tab 35 mg</i> | \$0 (Tier 3) DP |
| <i>phentermine hcl cap 15 mg</i> | \$0 (Tier 3) DP |
| <i>phentermine hcl cap 30 mg</i> | \$0 (Tier 3) DP |
| <i>phentermine hcl cap 37.5 mg</i> | \$0 (Tier 3) DP |
| <i>phentermine hcl tab 37.5 mg</i> | \$0 (Tier 3) DP |
| QSYMIA CAP 3.75-23 | \$0 (Tier 3) DP |
| QSYMIA CAP 7.5-46MG | \$0 (Tier 3) DP |
| QSYMIA CAP 11.25-69 | \$0 (Tier 3) DP |
| QSYMIA CAP 15-92MG | \$0 (Tier 3) DP |
| <i>sm nicotine gum 2mg</i> | \$0 (Tier 3) DP |
| <i>sm nicotine gum 2mg mint</i> | \$0 (Tier 3) DP |
| <i>sm nicotine gum 4mg</i> | \$0 (Tier 3) DP |
| <i>sm nicotine gum 4mg mint</i> | \$0 (Tier 3) DP |
| <i>sm nicotine loz 2mg mint</i> | \$0 (Tier 3) DP |
| <i>sm nicotine loz 4mg mint</i> | \$0 (Tier 3) DP |
| <i>thrive gum 2mg mint</i> | \$0 (Tier 3) DP |
| VIVITROL INJ 380MG | \$0 (Tier 2) NDS |

ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES

ANDROGENS - DRUGS TO REGULATE MALE HORMONES

| | |
|---|--|
| ANADROL-50 TAB 50MG | \$0 (Tier 2) NDS, PA |
| ANDRODERM DIS 2MG/24HR | \$0 (Tier 2) QL (30 patches / 30 days), PA |
| ANDRODERM DIS 4MG/24HR | \$0 (Tier 2) QL (30 patches / 30 days), PA |
| <i>oxandrolone tab 2.5 mg</i> | \$0 (Tier 1) PA |
| <i>oxandrolone tab 10 mg</i> | \$0 (Tier 1) PA |
| <i>testosterone cypionate im inj in oil 100 mg/ml</i> | \$0 (Tier 1) PA |
| <i>testosterone cypionate im inj in oil 200 mg/ml</i> | \$0 (Tier 1) PA |
| <i>testosterone enanthate im inj in oil 200 mg/ml</i> | \$0 (Tier 1) PA |
| <i>testosterone td gel 12.5 mg/act (1%)</i> | \$0 (Tier 1) QL (300 grams / 30 days), PA |
| <i>testosterone td gel 25 mg/2.5gm (1%)</i> | \$0 (Tier 1) QL (300 grams / 30 days), PA |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR LIMITS ON USE WILL COST YOU (TIER LEVEL) |
|------------------|---|
|------------------|---|

| | |
|---|---|
| <i>testosterone td gel 50 mg/5gm (1%)</i> | \$0 (Tier 1) QL (300 grams / 30 days), PA |
|---|---|

ANTIDIABETICS, INJECTABLE - DRUGS TO TREAT DIABETES

| | |
|-------------------------------|---|
| BASAGLAR INJ 100UNIT | \$0 (Tier 2) |
| BD ALCOHOL SWABS | \$0 (Tier 2) |
| BD ULTRAFINE INSULIN SYRINGE | \$0 (Tier 2) |
| BD ULTRAFINE/NANO PEN NEEDLES | \$0 (Tier 2) |
| BYDUREON BC INJ 2/0.85ML | \$0 (Tier 2) QL (4 pens / 28 days) |
| BYDUREON PEN INJ 2MG | \$0 (Tier 2) QL (4 pens / 28 days) |
| BYETTA INJ 5MCG | \$0 (Tier 2) QL (1 pen / 30 days) |
| BYETTA INJ 10MCG | \$0 (Tier 2) QL (1 pen / 30 days) |
| FIASP FLEX INJ TOUCH | \$0 (Tier 2) |
| FIASP INJ 100/ML | \$0 (Tier 2) |
| FIASP PENFIL INJ U-100 | \$0 (Tier 2) |
| GAUZE PADS 2" X 2" | \$0 (Tier 2) |
| HUMULIN R INJ U-500 | \$0 (Tier 2) NDS |
| HUMULIN R INJ U-500 | \$0 (Tier 2) NDS, B/D |
| INSULIN PEN NEEDLE | \$0 (Tier 2) |
| INSULIN SAFETY NEEDLES | \$0 (Tier 2) |
| INSULIN SYRINGE | \$0 (Tier 2) |
| LEVEMIR INJ | \$0 (Tier 2) |
| LEVEMIR INJ FLEXTUOC | \$0 (Tier 2) |
| NOVOLIN INJ 70/30 | \$0 (Tier 2) (brand RELION not covered) |
| NOVOLIN INJ 70/30 FP | \$0 (Tier 2) (brand RELION not covered) |
| NOVOLIN N INJ 100 UNIT | \$0 (Tier 2) (brand RELION not covered) |
| NOVOLIN N INJ U-100 | \$0 (Tier 2) (brand RELION not covered) |
| NOVOLIN R INJ 100 UNIT | \$0 (Tier 2) (brand RELION not covered) |
| NOVOLIN R INJ U-100 | \$0 (Tier 2) (brand RELION not covered) |
| NOVOLOG INJ 100/ML | \$0 (Tier 2) |
| NOVOLOG INJ FLEXPEN | \$0 (Tier 2) |
| NOVOLOG INJ PENFILL | \$0 (Tier 2) |
| NOVOLOG MIX INJ 70/30 | \$0 (Tier 2) |
| NOVOLOG MIX INJ FLEXPEN | \$0 (Tier 2) |
| OZEMPIC INJ 2/1.5ML | \$0 (Tier 2) QL (1 pen / 28 days) |

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug.

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL) |
|--------------------------|---|
| OZEMPIC INJ 2/1.5ML | \$0 (Tier 2) QL (2 pens / 28 days) |
| SOLIQUA INJ 100/33 | \$0 (Tier 2) QL (10 pens / 30 days) |
| TRESIBA FLEX INJ 100UNIT | \$0 (Tier 2) |
| TRESIBA FLEX INJ 200UNIT | \$0 (Tier 2) |
| TRESIBA INJ 100UNIT | \$0 (Tier 2) |
| TRULICITY INJ 0.75/0.5 | \$0 (Tier 2) QL (4 pens / 28 days) |
| TRULICITY INJ 1.5/0.5 | \$0 (Tier 2) QL (4 pens / 28 days) |
| VICTOZA INJ 18MG/3ML | \$0 (Tier 2) QL (3 pens / 30 days) |
| XULTOPHY INJ 100/3.6 | \$0 (Tier 2) QL (5 pens / 30 days) |

ANTIDIABETICS, ORAL - DRUGS TO TREAT DIABETES

| | |
|---|--|
| <i>acarbose tab 25 mg</i> | \$0 (Tier 1) |
| <i>acarbose tab 50 mg</i> | \$0 (Tier 1) |
| <i>acarbose tab 100 mg</i> | \$0 (Tier 1) |
| FARXIGA TAB 5MG | \$0 (Tier 2) QL (30 tabs / 30 days) |
| FARXIGA TAB 10MG | \$0 (Tier 2) QL (30 tabs / 30 days) |
| <i>glimepiride tab 1 mg</i> | \$0 (Tier 2) QL (90 tabs / 30 days) |
| <i>glimepiride tab 2 mg</i> | \$0 (Tier 2) QL (90 tabs / 30 days) |
| <i>glimepiride tab 4 mg</i> | \$0 (Tier 2) QL (60 tabs / 30 days) |
| <i>glipizide tab 5 mg</i> | \$0 (Tier 1) QL (240 tabs / 30 days) |
| <i>glipizide tab 10 mg</i> | \$0 (Tier 1) QL (120 tabs / 30 days) |
| <i>glipizide tab er 24hr 2.5 mg</i> | \$0 (Tier 1) QL (90 tabs / 30 days) |
| <i>glipizide tab er 24hr 5 mg</i> | \$0 (Tier 1) QL (90 tabs / 30 days) |
| <i>glipizide tab er 24hr 10 mg</i> | \$0 (Tier 1) QL (60 tabs / 30 days) |
| <i>glipizide xl tab 2.5mg</i> | \$0 (Tier 1) QL (90 tabs / 30 days) |
| <i>glipizide xl tab 5mg</i> | \$0 (Tier 1) QL (90 tabs / 30 days) |
| <i>glipizide xl tab 10mg</i> | \$0 (Tier 1) QL (60 tabs / 30 days) |
| <i>glipizide-metformin hcl tab 2.5-250 mg</i> | \$0 (Tier 1) QL (240 tabs / 30 days) |
| <i>glipizide-metformin hcl tab 2.5-500 mg</i> | \$0 (Tier 1) QL (120 tabs / 30 days) |
| <i>glipizide-metformin hcl tab 5-500 mg</i> | \$0 (Tier 1) QL (120 tabs / 30 days) |
| <i>glyburide micronized tab 1.5 mg</i> | \$0 (Tier 2) QL (240 tabs / 30 days), PA; PA if 70 years and older |
| <i>glyburide micronized tab 3 mg</i> | \$0 (Tier 2) QL (120 tabs / 30 days), PA; PA if 70 years and older |
| <i>glyburide micronized tab 6 mg</i> | \$0 (Tier 2) QL (60 tabs / 30 days), PA; PA if 70 years and older |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|--|---|---|
| <i>glyburide tab 1.25 mg</i> | \$0 (Tier 2) | QL (480 tabs / 30 days), PA; PA if 70 years and older |
| <i>glyburide tab 2.5 mg</i> | \$0 (Tier 2) | QL (240 tabs / 30 days), PA; PA if 70 years and older |
| <i>glyburide tab 5 mg</i> | \$0 (Tier 2) | QL (120 tabs / 30 days), PA; PA if 70 years and older |
| <i>glyburide-metformin tab 1.25-250 mg</i> | \$0 (Tier 2) | QL (240 tabs / 30 days), PA; PA if 70 years and older |
| <i>glyburide-metformin tab 2.5-500 mg</i> | \$0 (Tier 2) | QL (120 tabs / 30 days), PA; PA if 70 years and older |
| <i>glyburide-metformin tab 5-500 mg</i> | \$0 (Tier 2) | QL (120 tabs / 30 days), PA; PA if 70 years and older |
| GLYXAMBI TAB 10-5 MG | \$0 (Tier 2) | QL (30 tabs / 30 days) |
| GLYXAMBI TAB 25-5 MG | \$0 (Tier 2) | QL (30 tabs / 30 days) |
| JANUMET TAB 50-500MG | \$0 (Tier 2) | QL (60 tabs / 30 days) |
| JANUMET TAB 50-1000 | \$0 (Tier 2) | QL (60 tabs / 30 days) |
| JANUMET XR TAB 50-500MG | \$0 (Tier 2) | QL (60 tabs / 30 days) |
| JANUMET XR TAB 50-1000 | \$0 (Tier 2) | QL (60 tabs / 30 days) |
| JANUMET XR TAB 100-1000 | \$0 (Tier 2) | QL (30 tabs / 30 days) |
| JANUVIA TAB 25MG | \$0 (Tier 2) | QL (30 tabs / 30 days) |
| JANUVIA TAB 50MG | \$0 (Tier 2) | QL (30 tabs / 30 days) |
| JANUVIA TAB 100MG | \$0 (Tier 2) | QL (30 tabs / 30 days) |
| JARDIANCE TAB 10MG | \$0 (Tier 2) | QL (60 tabs / 30 days) |
| JARDIANCE TAB 25MG | \$0 (Tier 2) | QL (30 tabs / 30 days) |
| JENTADUETO TAB 2.5-500 | \$0 (Tier 2) | QL (60 tabs / 30 days) |
| JENTADUETO TAB 2.5-850 | \$0 (Tier 2) | QL (60 tabs / 30 days) |
| JENTADUETO TAB 2.5-1000 | \$0 (Tier 2) | QL (60 tabs / 30 days) |
| JENTADUETO TAB XR | \$0 (Tier 2) | QL (30 tabs / 30 days) |
| JENTADUETO TAB XR | \$0 (Tier 2) | QL (60 tabs / 30 days) |
| <i>metformin hcl tab 500 mg</i> | \$0 (Tier 1) | QL (150 tabs / 30 days) |
| <i>metformin hcl tab 850 mg</i> | \$0 (Tier 1) | QL (90 tabs / 30 days) |
| <i>metformin hcl tab 1000 mg</i> | \$0 (Tier 1) | QL (75 tabs / 30 days) |
| <i>metformin hcl tab er 24hr 500 mg</i> | \$0 (Tier 1) | QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR) |

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

BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS

| | | |
|--|--------------|-----|
| <i>alendronate sodium oral soln 70 mg/75ml</i> | \$0 (Tier 1) | |
| <i>alendronate sodium tab 5 mg</i> | \$0 (Tier 1) | |
| <i>alendronate sodium tab 10 mg</i> | \$0 (Tier 1) | |
| <i>alendronate sodium tab 35 mg</i> | \$0 (Tier 1) | |
| <i>alendronate sodium tab 40 mg</i> | \$0 (Tier 1) | |
| <i>alendronate sodium tab 70 mg</i> | \$0 (Tier 1) | |
| <i>ibandronate sodium tab 150 mg (base equivalent)</i> | \$0 (Tier 1) | B/D |
| <i>pamidronate disodium for inj 30 mg</i> | \$0 (Tier 1) | B/D |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|--|---|--------------------------------------|
| <i>pamidronate disodium for inj 90 mg</i> | \$0 (Tier 1) | B/D |
| <i>pamidronate disodium iv soln 3 mg/ml</i> | \$0 (Tier 1) | B/D |
| <i>pamidronate disodium iv soln 9 mg/ml</i> | \$0 (Tier 1) | B/D |
| PAMIDRONATE INJ 6MG/ML | \$0 (Tier 2) | B/D |
| <i>risedronate sodium tab 5 mg</i> | \$0 (Tier 1) | |
| <i>risedronate sodium tab 35 mg</i> | \$0 (Tier 1) | |
| <i>risedronate sodium tab 150 mg</i> | \$0 (Tier 1) | |
| <i>risedronate sodium tab delayed release 35 mg</i> | \$0 (Tier 1) | |
| <i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i> | \$0 (Tier 1) | B/D |
| <i>zoledronic acid iv soln 4 mg/100ml</i> | \$0 (Tier 1) | B/D |
| <i>zoledronic acid iv soln 5 mg/100ml</i> | \$0 (Tier 1) | B/D |
| CHELATING AGENTS | | |
| CHEMET CAP 100MG | \$0 (Tier 2) | |
| <i>clovique cap 250mg</i> | \$0 (Tier 2) | NDS, PA |
| <i>deferasirox granules packet 90 mg</i> | \$0 (Tier 2) | NDS, PA |
| <i>deferasirox granules packet 180 mg</i> | \$0 (Tier 2) | NDS, PA |
| <i>deferasirox granules packet 360 mg</i> | \$0 (Tier 2) | NDS, PA |
| <i>deferasirox tab 90 mg</i> | \$0 (Tier 2) | NDS, PA |
| <i>deferasirox tab 180 mg</i> | \$0 (Tier 2) | NDS, PA |
| <i>deferasirox tab 360 mg</i> | \$0 (Tier 2) | NDS, PA |
| JADENU SPRKL GRA 90MG | \$0 (Tier 2) | NDS, LA, PA |
| JADENU SPRKL GRA 180MG | \$0 (Tier 2) | NDS, LA, PA |
| JADENU SPRKL GRA 360MG | \$0 (Tier 2) | NDS, LA, PA |
| JADENU TAB 180MG | \$0 (Tier 2) | NDS, LA, PA |
| LOKELMA PAK 5GM | \$0 (Tier 2) | |
| LOKELMA PAK 10GM | \$0 (Tier 2) | |
| <i>penicillamine tab 250 mg</i> | \$0 (Tier 2) | NDS |
| <i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i> | \$0 (Tier 1) | |
| <i>sodium polystyrene sulfonate powder</i> | \$0 (Tier 1) | |
| <i>trientine hcl cap 250 mg</i> | \$0 (Tier 2) | NDS, PA |
| VELTASSA POW 8.4GM | \$0 (Tier 2) | LA, PA |
| VELTASSA POW 16.8GM | \$0 (Tier 2) | LA, PA |
| VELTASSA POW 25.2GM | \$0 (Tier 2) | LA, PA |
| CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL | | |
| <i>alyacen tab 1/35</i> | \$0 (Tier 1) | |
| <i>amethia lo tab</i> | \$0 (Tier 1) | |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL) |
|--|---|
| <i>amethia tab</i> | \$0 (Tier 1) |
| <i>apri tab</i> | \$0 (Tier 1) |
| <i>aranelle tab</i> | \$0 (Tier 1) |
| <i>ashlyna tab</i> | \$0 (Tier 1) |
| <i>aubra tab 0.1-0.02</i> | \$0 (Tier 1) |
| <i>aviane tab</i> | \$0 (Tier 1) |
| <i>balziva tab</i> | \$0 (Tier 1) |
| <i>bekyree tab</i> | \$0 (Tier 1) |
| <i>blisovi 24 tab fe 1/20</i> | \$0 (Tier 1) |
| <i>blisovi fe tab 1.5/30</i> | \$0 (Tier 1) |
| <i>briellyn tab</i> | \$0 (Tier 1) |
| <i>camila tab 0.35mg</i> | \$0 (Tier 1) |
| <i>camrese lo tab</i> | \$0 (Tier 1) |
| <i>cryselle-28 tab 28 tabs</i> | \$0 (Tier 1) |
| <i>cyclafem tab 1/35</i> | \$0 (Tier 1) |
| <i>cyclafem tab 7/7/7</i> | \$0 (Tier 1) |
| <i>dasetta tab 1/35</i> | \$0 (Tier 1) |
| <i>dasetta tab 7/7/7</i> | \$0 (Tier 1) |
| <i>deblitane tab 0.35mg</i> | \$0 (Tier 1) |
| <i>desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i> | \$0 (Tier 1) |
| <i>desogest-ethin est tab 0.1-0.025/0.125- 0.025/0.15-0.025mg-mg</i> | \$0 (Tier 1) |
| <i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> | \$0 (Tier 1) |
| <i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i> | \$0 (Tier 1) |
| <i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i> | \$0 (Tier 1) |
| <i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> | \$0 (Tier 1) |
| <i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> | \$0 (Tier 1) |
| <i>ELLA TAB 30MG</i> | \$0 (Tier 2) |
| <i>eluryng mis</i> | \$0 (Tier 1) |
| <i>emoquette tab</i> | \$0 (Tier 1) |
| <i>enpresse-28 tab</i> | \$0 (Tier 1) |
| <i>enskyce tab</i> | \$0 (Tier 1) |
| <i>errin tab 0.35mg</i> | \$0 (Tier 1) |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|--|---|--------------------------------------|
| <i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i> | \$0 (Tier 1) | |
| <i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i> | \$0 (Tier 1) | |
| <i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i> | \$0 (Tier 1) | |
| <i>falmina tab</i> | \$0 (Tier 1) | |
| <i>fayosim tab</i> | \$0 (Tier 1) | |
| <i>femynor tab 0.25-35</i> | \$0 (Tier 1) | |
| <i>hailey 24 tab fe</i> | \$0 (Tier 1) | |
| <i>heather tab 0.35mg</i> | \$0 (Tier 1) | |
| <i>incassia tab 0.35mg</i> | \$0 (Tier 1) | |
| <i>introvale tab</i> | \$0 (Tier 1) | |
| <i>isibloom tab</i> | \$0 (Tier 1) | |
| <i>jasmiel tab 3-0.02mg</i> | \$0 (Tier 1) | |
| <i>jolivette tab 0.35mg</i> | \$0 (Tier 1) | |
| <i>juleber tab</i> | \$0 (Tier 1) | |
| <i>junel 1.5/30 tab</i> | \$0 (Tier 1) | |
| <i>junel 1/20 tab</i> | \$0 (Tier 1) | |
| <i>junel fe 24 tab 1/20</i> | \$0 (Tier 1) | |
| <i>junel fe tab 1.5/30</i> | \$0 (Tier 1) | |
| <i>junel fe tab 1/20</i> | \$0 (Tier 1) | |
| <i>kaitlib fe chw</i> | \$0 (Tier 1) | |
| <i>kariva tab 28 day</i> | \$0 (Tier 1) | |
| <i>kelnor 1/50 tab</i> | \$0 (Tier 1) | |
| <i>kelnor tab 1/35</i> | \$0 (Tier 1) | |
| <i>kurvelo tab 0.15/30</i> | \$0 (Tier 1) | |
| <i>larin fe tab 1.5/30</i> | \$0 (Tier 1) | |
| <i>larin fe tab 1/20</i> | \$0 (Tier 1) | |
| <i>larin tab 1.5/30</i> | \$0 (Tier 1) | |
| <i>larin tab 1/20</i> | \$0 (Tier 1) | |
| <i>layolis fe chw</i> | \$0 (Tier 1) | |
| <i>lessina tab</i> | \$0 (Tier 1) | |
| <i>levonest tab</i> | \$0 (Tier 1) | |
| <i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i> | \$0 (Tier 1) | |
| <i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i> | \$0 (Tier 1) | |
| <i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> | \$0 (Tier 1) | |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|---|---|--------------------------------------|
| <i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> | \$0 (Tier 1) | |
| <i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> | \$0 (Tier 1) | |
| <i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> | \$0 (Tier 1) | |
| <i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> | \$0 (Tier 1) | |
| <i>levora-28 tab 0.15/30</i> | \$0 (Tier 1) | |
| <i>loryna tab 3-0.02mg</i> | \$0 (Tier 1) | |
| <i>lutra tab</i> | \$0 (Tier 1) | |
| <i>lyza tab 0.35mg</i> | \$0 (Tier 1) | |
| <i>marlissa tab 0.15/30</i> | \$0 (Tier 1) | |
| <i>medroxyprogesterone acetate im susp 150 mg/ml</i> | \$0 (Tier 1) | |
| <i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i> | \$0 (Tier 1) | |
| <i>melodetta chw 24 fe</i> | \$0 (Tier 1) | |
| <i>mibelas 24 chw fe</i> | \$0 (Tier 1) | |
| <i>mili tab 0.25/35</i> | \$0 (Tier 1) | |
| <i>necon tab 0.5/35</i> | \$0 (Tier 1) | |
| <i>nikki tab 3-0.02mg</i> | \$0 (Tier 1) | |
| <i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i> | \$0 (Tier 1) | |
| <i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i> | \$0 (Tier 1) | |
| <i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i> | \$0 (Tier 1) | |
| <i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i> | \$0 (Tier 1) | |
| <i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i> | \$0 (Tier 1) | |
| <i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i> | \$0 (Tier 1) | |
| <i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i> | \$0 (Tier 1) | |
| <i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> | \$0 (Tier 1) | |
| <i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i> | \$0 (Tier 1) | |
| <i>norethindrone tab 0.35 mg</i> | \$0 (Tier 1) | |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL) |
|--|---|
| <i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i> | \$0 (Tier 1) |
| <i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> | \$0 (Tier 1) |
| <i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> | \$0 (Tier 1) |
| <i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> | \$0 (Tier 1) |
| <i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i> | \$0 (Tier 1) |
| <i>nortrel tab 0.5/35</i> | \$0 (Tier 1) |
| <i>nortrel tab 1/35</i> | \$0 (Tier 1) |
| <i>nortrel tab 7/7/7</i> | \$0 (Tier 1) |
| <i>orsythia tab</i> | \$0 (Tier 1) |
| <i>philith tab 0.4-35</i> | \$0 (Tier 1) |
| <i>pimtrea tab</i> | \$0 (Tier 1) |
| <i>pirmella tab 1/35</i> | \$0 (Tier 1) |
| <i>portia-28 tab</i> | \$0 (Tier 1) |
| <i>previfem tab</i> | \$0 (Tier 1) |
| <i>reclipsen tab</i> | \$0 (Tier 1) |
| <i>rivelsa tab</i> | \$0 (Tier 1) |
| <i>sharobel tab 0.35mg</i> | \$0 (Tier 1) |
| <i>sprintec 28 tab 28 day</i> | \$0 (Tier 1) |
| <i>tarina 24 fe tab</i> | \$0 (Tier 1) |
| <i>tarina fe tab 1/20</i> | \$0 (Tier 1) |
| <i>tri-estaryll tab</i> | \$0 (Tier 1) |
| <i>tri-legest tab fe</i> | \$0 (Tier 1) |
| <i>tri-lo- tab sprintec</i> | \$0 (Tier 1) |
| <i>tri-mili tab</i> | \$0 (Tier 1) |
| <i>tri-previfem tab</i> | \$0 (Tier 1) |
| <i>tri-sprintec tab</i> | \$0 (Tier 1) |
| <i>tri-vylibra tab</i> | \$0 (Tier 1) |
| <i>tri-vylibra tab lo</i> | \$0 (Tier 1) |
| <i>trivora-28 tab</i> | \$0 (Tier 1) |
| <i>tulana tab 0.35mg</i> | \$0 (Tier 1) |
| <i>tydemy tab</i> | \$0 (Tier 1) |
| <i>velivet pak</i> | \$0 (Tier 1) |
| <i>vienva tab 0.1-20</i> | \$0 (Tier 1) |
| <i>viorele tab</i> | \$0 (Tier 1) |
| <i>vyfemla tab 0.4-35</i> | \$0 (Tier 1) |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL) |
|-------------------------------|---|
| <i>vylibra tab 0.25-35</i> | \$0 (Tier 1) |
| <i>wymzya fe chw 0.4mg-35</i> | \$0 (Tier 1) |
| <i>zarah tab 3-0.03mg</i> | \$0 (Tier 1) |
| <i>zovia 1/35e tab</i> | \$0 (Tier 1) |

ENDOMETRIOSIS

| | |
|---------------------------|------------------|
| <i>danazol cap 50 mg</i> | \$0 (Tier 1) |
| <i>danazol cap 100 mg</i> | \$0 (Tier 1) |
| <i>danazol cap 200 mg</i> | \$0 (Tier 1) |
| SYNAREL SOL 2MG/ML | \$0 (Tier 2) NDS |

ENZYME REPLACEMENTS - DRUGS TO TREAT ENZYME DEFICIENCIES

| | |
|--|--------------------------|
| ALDURAZYME INJ 2.9MG/5M | \$0 (Tier 2) NDS, LA, PA |
| CARBAGLU TAB 200MG | \$0 (Tier 2) NDS, LA, PA |
| CERDELGA CAP 84MG | \$0 (Tier 2) NDS, PA |
| CEREZYME INJ 400UNIT | \$0 (Tier 2) NDS, LA, PA |
| CYSTADANE POW | \$0 (Tier 2) NDS, LA |
| CYSTAGON CAP 50MG | \$0 (Tier 2) LA, PA |
| CYSTAGON CAP 150MG | \$0 (Tier 2) LA, PA |
| FABRAZYME INJ 5MG | \$0 (Tier 2) NDS, LA, PA |
| FABRAZYME INJ 35MG | \$0 (Tier 2) NDS, LA, PA |
| KUVAN POW 100MG | \$0 (Tier 2) NDS, LA, PA |
| KUVAN POW 500MG | \$0 (Tier 2) NDS, LA, PA |
| KUVAN TAB 100MG | \$0 (Tier 2) NDS, LA, PA |
| <i>levocarnitine oral soln 1 gm/10ml (10%)</i> | \$0 (Tier 1) B/D |
| <i>levocarnitine tab 330 mg</i> | \$0 (Tier 1) B/D |
| LUMIZYME INJ 50MG | \$0 (Tier 2) NDS, LA, PA |
| <i>miglustat cap 100 mg</i> | \$0 (Tier 2) NDS, PA |
| NAGLAZYME INJ 1MG/ML | \$0 (Tier 2) NDS, LA, PA |
| <i>nitisinone cap 2 mg</i> | \$0 (Tier 2) NDS, PA |
| <i>nitisinone cap 5 mg</i> | \$0 (Tier 2) NDS, PA |
| <i>nitisinone cap 10 mg</i> | \$0 (Tier 2) NDS, PA |
| NITYR TAB 2MG | \$0 (Tier 2) NDS, LA, PA |
| NITYR TAB 5MG | \$0 (Tier 2) NDS, LA, PA |
| NITYR TAB 10MG | \$0 (Tier 2) NDS, LA, PA |
| ORFADIN CAP 2MG | \$0 (Tier 2) NDS, LA, PA |
| ORFADIN CAP 5MG | \$0 (Tier 2) NDS, LA, PA |
| ORFADIN CAP 10MG | \$0 (Tier 2) NDS, LA, PA |
| ORFADIN CAP 20MG | \$0 (Tier 2) NDS, LA, PA |
| ORFADIN SUS 4MG/ML | \$0 (Tier 2) NDS, LA, PA |

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

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|---|---|--------------------------------------|
| <i>dexamethasone sodium phosphate inj 120 mg/30ml</i> | \$0 (Tier 1) | |
| <i>dexamethasone soln 0.5 mg/5ml</i> | \$0 (Tier 1) | |
| <i>dexamethasone tab 0.5 mg</i> | \$0 (Tier 1) | |
| <i>dexamethasone tab 0.75 mg</i> | \$0 (Tier 1) | |
| <i>dexamethasone tab 1 mg</i> | \$0 (Tier 1) | |
| <i>dexamethasone tab 1.5 mg</i> | \$0 (Tier 1) | |
| <i>dexamethasone tab 2 mg</i> | \$0 (Tier 1) | |
| <i>dexamethasone tab 4 mg</i> | \$0 (Tier 1) | |
| <i>dexamethasone tab 6 mg</i> | \$0 (Tier 1) | |
| <i>fludrocortisone acetate tab 0.1 mg</i> | \$0 (Tier 1) | |
| <i>hydrocortisone tab 5 mg</i> | \$0 (Tier 1) | |
| <i>hydrocortisone tab 10 mg</i> | \$0 (Tier 1) | |
| <i>hydrocortisone tab 20 mg</i> | \$0 (Tier 1) | |
| <i>methylprednisolone acetate inj susp 40 mg/ml</i> | \$0 (Tier 1) | B/D |
| <i>methylprednisolone acetate inj susp 80 mg/ml</i> | \$0 (Tier 1) | B/D |
| <i>methylprednisolone sod succ for inj 40 mg (base equiv)</i> | \$0 (Tier 1) | B/D |
| <i>methylprednisolone sod succ for inj 125 mg (base equiv)</i> | \$0 (Tier 1) | B/D |
| <i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i> | \$0 (Tier 1) | B/D |
| <i>methylprednisolone tab 4 mg</i> | \$0 (Tier 1) | B/D |
| <i>methylprednisolone tab 8 mg</i> | \$0 (Tier 1) | B/D |
| <i>methylprednisolone tab 16 mg</i> | \$0 (Tier 1) | B/D |
| <i>methylprednisolone tab 32 mg</i> | \$0 (Tier 1) | B/D |
| <i>methylprednisolone tab therapy pack 4 mg (21)</i> | \$0 (Tier 1) | |
| <i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i> | \$0 (Tier 1) | B/D |
| <i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i> | \$0 (Tier 1) | B/D |
| <i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i> | \$0 (Tier 1) | B/D |
| <i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i> | \$0 (Tier 1) | B/D |
| PREDNISON CON 5MG/ML | \$0 (Tier 2) | B/D |
| <i>prednisone oral soln 5 mg/5ml</i> | \$0 (Tier 1) | B/D |
| <i>prednisone tab 1 mg</i> | \$0 (Tier 1) | B/D |

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

GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR

| | | |
|--------------------------------|--------------|--|
| <i>diazoxide susp 50 mg/ml</i> | \$0 (Tier 1) | |
| GLUCAGEN INJ HYPOKIT | \$0 (Tier 2) | |
| GLUCAGON KIT 1MG | \$0 (Tier 2) | |
| GVOKE HYPO 2 INJ 1MG/.2ML | \$0 (Tier 2) | |
| GVOKE HYPO 2 INJ .5/.1ML | \$0 (Tier 2) | |
| GVOKE PFS INJ | \$0 (Tier 2) | |
| PROGLYCEM SUS 50MG/ML | \$0 (Tier 2) | |

MISCELLANEOUS

| | | |
|--|--------------|-----------------------------------|
| <i>cabergoline tab 0.5 mg</i> | \$0 (Tier 1) | |
| <i>calcitonin (salmon) nasal soln 200 unit/act</i> | \$0 (Tier 1) | B/D |
| CHARCOAL POW | \$0 (Tier 3) | DP |
| CHEMSTRIP TES UGK | \$0 (Tier 3) | DP |
| <i>cinacalcet hcl tab 30 mg (base equiv)</i> | \$0 (Tier 2) | NDS, B/D, QL (120 tabs / 30 days) |
| <i>cinacalcet hcl tab 60 mg (base equiv)</i> | \$0 (Tier 2) | NDS, B/D, QL (60 tabs / 30 days) |
| <i>cinacalcet hcl tab 90 mg (base equiv)</i> | \$0 (Tier 2) | NDS, B/D, QL (120 tabs / 30 days) |
| D-XYLOSE POW | \$0 (Tier 3) | DP |
| DIASCREEN 3 MIS | \$0 (Tier 3) | DP |
| DIASCREEN 5 MIS | \$0 (Tier 3) | DP |
| DIASCREEN 6 MIS | \$0 (Tier 3) | DP |
| DIASCREEN 7 MIS | \$0 (Tier 3) | DP |
| DIASCREEN 8 MIS | \$0 (Tier 3) | DP |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL) |
|--|---|
| DIASCREEN 9 MIS | \$0 (Tier 3) DP |
| DIASCREEN 10 MIS | \$0 (Tier 3) DP |
| DIASCREEN MIS 1G | \$0 (Tier 3) DP |
| DIASCREEN MIS 2GK | \$0 (Tier 3) DP |
| DIASCREEN MIS 4OBL | \$0 (Tier 3) DP |
| DIASTIX TES STRIPS | \$0 (Tier 3) DP |
| FORTEO SOL 600/2.4 | \$0 (Tier 2) NDS, PA |
| GENOTROPIN INJ 0.2MG | \$0 (Tier 2) PA |
| GENOTROPIN INJ 0.4MG | \$0 (Tier 2) NDS, PA |
| GENOTROPIN INJ 0.6MG | \$0 (Tier 2) NDS, PA |
| GENOTROPIN INJ 0.8MG | \$0 (Tier 2) NDS, PA |
| GENOTROPIN INJ 1.2MG | \$0 (Tier 2) NDS, PA |
| GENOTROPIN INJ 1.4MG | \$0 (Tier 2) NDS, PA |
| GENOTROPIN INJ 1.6MG | \$0 (Tier 2) NDS, PA |
| GENOTROPIN INJ 1.8MG | \$0 (Tier 2) NDS, PA |
| GENOTROPIN INJ 1MG | \$0 (Tier 2) NDS, PA |
| GENOTROPIN INJ 2MG | \$0 (Tier 2) NDS, PA |
| GENOTROPIN INJ 5MG | \$0 (Tier 2) NDS, PA |
| GENOTROPIN INJ 12MG | \$0 (Tier 2) NDS, PA |
| INCRELEX INJ 40MG/4ML | \$0 (Tier 2) NDS, LA, PA |
| KETO-DIASTIX TES | \$0 (Tier 3) DP |
| KORLYM TAB 300MG | \$0 (Tier 2) NDS, LA, PA |
| LUPR DEP-PED INJ 3M 30MG | \$0 (Tier 2) NDS, PA |
| LUPR DEP-PED INJ 7.5MG | \$0 (Tier 2) NDS, PA |
| LUPR DEP-PED INJ 11.25MG | \$0 (Tier 2) NDS, PA |
| LUPR DEP-PED INJ 15MG | \$0 (Tier 2) NDS, PA |
| NATPARA INJ 25MCG | \$0 (Tier 2) NDS, PA |
| NATPARA INJ 50MCG | \$0 (Tier 2) NDS, PA |
| NATPARA INJ 75MCG | \$0 (Tier 2) NDS, PA |
| NATPARA INJ 100MCG | \$0 (Tier 2) NDS, PA |
| <i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i> | \$0 (Tier 1) PA |
| <i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i> | \$0 (Tier 1) PA |
| <i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i> | \$0 (Tier 1) PA |
| <i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i> | \$0 (Tier 2) NDS, PA |
| <i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i> | \$0 (Tier 2) NDS, PA |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL) |
|---------------------------------|---|
| OSPHENA TAB 60MG | \$0 (Tier 2) PA |
| PROLIA SOL 60MG/ML | \$0 (Tier 2) QL (1 injection / 180 days) |
| <i>raloxifene hcl tab 60 mg</i> | \$0 (Tier 1) |
| SIGNIFOR INJ 0.3MG/ML | \$0 (Tier 2) NDS, LA, PA |
| SIGNIFOR INJ 0.6MG/ML | \$0 (Tier 2) NDS, LA, PA |
| SIGNIFOR INJ 0.9MG/ML | \$0 (Tier 2) NDS, LA, PA |
| SOMATULINE INJ 60/0.2ML | \$0 (Tier 2) NDS, PA |
| SOMATULINE INJ 90/0.3ML | \$0 (Tier 2) NDS, PA |
| SOMATULINE INJ 120/.5ML | \$0 (Tier 2) NDS, PA |
| SOMAVERT INJ 10MG | \$0 (Tier 2) NDS, LA, PA |
| SOMAVERT INJ 15MG | \$0 (Tier 2) NDS, LA, PA |
| SOMAVERT INJ 20MG | \$0 (Tier 2) NDS, LA, PA |
| SOMAVERT INJ 25MG | \$0 (Tier 2) NDS, LA, PA |
| SOMAVERT INJ 30MG | \$0 (Tier 2) NDS, LA, PA |
| TYMLOS INJ | \$0 (Tier 2) NDS, PA |
| XGEVA INJ | \$0 (Tier 2) NDS, PA |

PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS

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

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

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

THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS

| | |
|---------------------------|--------------|
| <i>euthyrox tab 25mcg</i> | \$0 (Tier 1) |
| <i>euthyrox tab 50mcg</i> | \$0 (Tier 1) |
| <i>euthyrox tab 75mcg</i> | \$0 (Tier 1) |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL) |
|---|---|
| <i>euthyrox tab 88mcg</i> | \$0 (Tier 1) |
| <i>euthyrox tab 100mcg</i> | \$0 (Tier 1) |
| <i>euthyrox tab 112mcg</i> | \$0 (Tier 1) |
| <i>euthyrox tab 125mcg</i> | \$0 (Tier 1) |
| <i>euthyrox tab 137mcg</i> | \$0 (Tier 1) |
| <i>euthyrox tab 150mcg</i> | \$0 (Tier 1) |
| <i>euthyrox tab 175mcg</i> | \$0 (Tier 1) |
| <i>euthyrox tab 200mcg</i> | \$0 (Tier 1) |
| <i>levo-t tab 25mcg</i> | \$0 (Tier 1) |
| <i>levo-t tab 50mcg</i> | \$0 (Tier 1) |
| <i>levo-t tab 75mcg</i> | \$0 (Tier 1) |
| <i>levo-t tab 88mcg</i> | \$0 (Tier 1) |
| <i>levo-t tab 100mcg</i> | \$0 (Tier 1) |
| <i>levo-t tab 112mcg</i> | \$0 (Tier 1) |
| <i>levo-t tab 125mcg</i> | \$0 (Tier 1) |
| <i>levo-t tab 137mcg</i> | \$0 (Tier 1) |
| <i>levo-t tab 150mcg</i> | \$0 (Tier 1) |
| <i>levo-t tab 175mcg</i> | \$0 (Tier 1) |
| <i>levo-t tab 200 mcg</i> | \$0 (Tier 1) |
| <i>levo-t tab 300 mcg</i> | \$0 (Tier 1) |
| <i>levothyroxine sodium tab 25 mcg</i> | \$0 (Tier 1) |
| <i>levothyroxine sodium tab 50 mcg</i> | \$0 (Tier 1) |
| <i>levothyroxine sodium tab 75 mcg</i> | \$0 (Tier 1) |
| <i>levothyroxine sodium tab 88 mcg</i> | \$0 (Tier 1) |
| <i>levothyroxine sodium tab 100 mcg</i> | \$0 (Tier 1) |
| <i>levothyroxine sodium tab 112 mcg</i> | \$0 (Tier 1) |
| <i>levothyroxine sodium tab 125 mcg</i> | \$0 (Tier 1) |
| <i>levothyroxine sodium tab 137 mcg</i> | \$0 (Tier 1) |
| <i>levothyroxine sodium tab 150 mcg</i> | \$0 (Tier 1) |
| <i>levothyroxine sodium tab 175 mcg</i> | \$0 (Tier 1) |
| <i>levothyroxine sodium tab 200 mcg</i> | \$0 (Tier 1) |
| <i>levothyroxine sodium tab 300 mcg</i> | \$0 (Tier 1) |
| <i>levoxyl tab 25mcg</i> | \$0 (Tier 1) |
| <i>levoxyl tab 50mcg</i> | \$0 (Tier 1) |
| <i>levoxyl tab 75mcg</i> | \$0 (Tier 1) |
| <i>levoxyl tab 88mcg</i> | \$0 (Tier 1) |
| <i>levoxyl tab 100mcg</i> | \$0 (Tier 1) |
| <i>levoxyl tab 112mcg</i> | \$0 (Tier 1) |
| <i>levoxyl tab 125mcg</i> | \$0 (Tier 1) |

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

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL) |
|---|---|
| <i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i> | \$0 (Tier 1) |
| <i>desmopressin acetate tab 0.1 mg</i> | \$0 (Tier 1) |
| <i>desmopressin acetate tab 0.2 mg</i> | \$0 (Tier 1) |
| STIMATE SOL 1.5MG/ML | \$0 (Tier 2) NDS |

GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

ANTACIDS

| | |
|-----------------------------------|-----------------|
| <i>advanced sus antacid</i> | \$0 (Tier 3) DP |
| <i>almacone dbl sus strength</i> | \$0 (Tier 3) DP |
| <i>almacone sus</i> | \$0 (Tier 3) DP |
| ALUM HYDROX SUS 320/5ML | \$0 (Tier 3) DP |
| <i>antacid fast sus acting</i> | \$0 (Tier 3) DP |
| <i>antacid fast sus relief</i> | \$0 (Tier 3) DP |
| <i>antacid plus sus anti-gas</i> | \$0 (Tier 3) DP |
| <i>antacid plus sus gas rel</i> | \$0 (Tier 3) DP |
| <i>antacid sus</i> | \$0 (Tier 3) DP |
| <i>antacid sus anti-gas</i> | \$0 (Tier 3) DP |
| <i>antacid sus max st</i> | \$0 (Tier 3) DP |
| <i>antacid sus mint crm</i> | \$0 (Tier 3) DP |
| <i>antacid sus reg st</i> | \$0 (Tier 3) DP |
| <i>antacid/sime sus ds</i> | \$0 (Tier 3) DP |
| CALCIUM CARB TAB 648MG | \$0 (Tier 3) DP |
| GELUSIL CHW | \$0 (Tier 3) DP |
| <i>gnp antacid sus anti-gas</i> | \$0 (Tier 3) DP |
| <i>hm antacid sus anti-gas</i> | \$0 (Tier 3) DP |
| <i>mag-al plus liq</i> | \$0 (Tier 3) DP |
| <i>mag-al plus liq xs</i> | \$0 (Tier 3) DP |
| MAGN OXIDE POW HEAVY | \$0 (Tier 3) DP |
| MAGN OXIDE POW LIGHT | \$0 (Tier 3) DP |
| <i>magnesium oxide tab 400 mg</i> | \$0 (Tier 3) DP |
| <i>mi-acid sus</i> | \$0 (Tier 3) DP |
| <i>mi-acid sus max st</i> | \$0 (Tier 3) DP |
| <i>milantex sus ex st</i> | \$0 (Tier 3) DP |
| <i>milantex sus original</i> | \$0 (Tier 3) DP |
| <i>mintox plus chw</i> | \$0 (Tier 3) DP |
| <i>mintox sus</i> | \$0 (Tier 3) DP |
| <i>mintox sus max st</i> | \$0 (Tier 3) DP |
| <i>qc antacid sus</i> | \$0 (Tier 3) DP |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|--------------------------------|---|--------------------------------------|
| <i>qc antacid sus anti-gas</i> | \$0 (Tier 3) | DP |
| <i>rulox sus</i> | \$0 (Tier 3) | DP |
| <i>sb antacid sus anti-gas</i> | \$0 (Tier 3) | DP |
| <i>sm antacid sus advanced</i> | \$0 (Tier 3) | DP |
| <i>sm antacid sus anti-gas</i> | \$0 (Tier 3) | DP |
| <i>sm antacid/ sus antigas</i> | \$0 (Tier 3) | DP |
| SODIUM POW BICARBON | \$0 (Tier 3) | DP |
| URO-MAG CAP 140MG | \$0 (Tier 3) | DP |

ANTI-DIARRHEAL

| | | |
|--|--------------|----|
| <i>anti-diarrhe cap 2mg</i> | \$0 (Tier 3) | DP |
| <i>anti-diarrhe tab 2mg</i> | \$0 (Tier 3) | DP |
| <i>bismatrol chw 262mg</i> | \$0 (Tier 3) | DP |
| <i>bismatrol sus 262/15ml</i> | \$0 (Tier 3) | DP |
| BISMUTH POW SUBGALLA | \$0 (Tier 3) | DP |
| <i>bismuth subsalicylate chew tab 262 mg</i> | \$0 (Tier 3) | DP |
| <i>diarrhea rel sus 262/15ml</i> | \$0 (Tier 3) | DP |
| <i>gnp k-pec sus 262/15ml</i> | \$0 (Tier 3) | DP |
| <i>kao-tin sus 262/15ml</i> | \$0 (Tier 3) | DP |
| KAOLIN POW COLLOID | \$0 (Tier 3) | DP |
| <i>loperamide cap 2mg</i> | \$0 (Tier 3) | DP |
| <i>medi-bismuth chw 262mg</i> | \$0 (Tier 3) | DP |
| PECTIN POW | \$0 (Tier 3) | DP |
| <i>peptic relf chw 262mg</i> | \$0 (Tier 3) | DP |
| <i>pink bismuth chw 262mg</i> | \$0 (Tier 3) | DP |
| <i>pink bismuth tab 262mg</i> | \$0 (Tier 3) | DP |
| <i>sm anti-diar tab 2mg</i> | \$0 (Tier 3) | DP |
| <i>stomach relf chw 262mg</i> | \$0 (Tier 3) | DP |
| <i>stomach relf sus 262/15ml</i> | \$0 (Tier 3) | DP |
| <i>stomach relf tab 262mg</i> | \$0 (Tier 3) | DP |

ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING

| | | |
|--|--------------|-----------------------------|
| <i>aprepitant capsule 40 mg</i> | \$0 (Tier 1) | B/D |
| <i>aprepitant capsule 80 mg</i> | \$0 (Tier 1) | B/D |
| <i>aprepitant capsule 125 mg</i> | \$0 (Tier 1) | B/D |
| <i>aprepitant capsule therapy pack 80 & 125 mg</i> | \$0 (Tier 1) | B/D |
| <i>compro sup 25mg</i> | \$0 (Tier 1) | |
| <i>dronabinol cap 2.5 mg</i> | \$0 (Tier 1) | B/D, QL (60 caps / 30 days) |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|---|---|--------------------------------------|
| <i>dronabinol cap 5 mg</i> | \$0 (Tier 1) | B/D, QL (60 caps / 30 days) |
| <i>dronabinol cap 10 mg</i> | \$0 (Tier 1) | B/D, QL (60 caps / 30 days) |
| EMEND SUS 125MG | \$0 (Tier 2) | B/D |
| <i>granisetron hcl inj 1 mg/ml</i> | \$0 (Tier 1) | |
| <i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i> | \$0 (Tier 1) | |
| <i>granisetron hcl tab 1 mg</i> | \$0 (Tier 1) | B/D |
| <i>meclizine hcl tab 12.5 mg</i> | \$0 (Tier 2) | |
| <i>meclizine hcl tab 25 mg</i> | \$0 (Tier 2) | |
| <i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i> | \$0 (Tier 1) | |
| <i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i> | \$0 (Tier 1) | |
| <i>metoclopramide hcl tab 5 mg (base equivalent)</i> | \$0 (Tier 1) | |
| <i>metoclopramide hcl tab 10 mg (base equivalent)</i> | \$0 (Tier 1) | |
| <i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i> | \$0 (Tier 1) | |
| <i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i> | \$0 (Tier 1) | |
| <i>ondansetron hcl oral soln 4 mg/5ml</i> | \$0 (Tier 1) | B/D |
| <i>ondansetron hcl tab 4 mg</i> | \$0 (Tier 1) | B/D |
| <i>ondansetron hcl tab 8 mg</i> | \$0 (Tier 1) | B/D |
| <i>ondansetron hcl tab 24 mg</i> | \$0 (Tier 1) | B/D |
| <i>ondansetron orally disintegrating tab 4 mg</i> | \$0 (Tier 1) | B/D |
| <i>ondansetron orally disintegrating tab 8 mg</i> | \$0 (Tier 1) | B/D |
| <i>prochlorperazine edisylate inj 10 mg/2ml</i> | \$0 (Tier 1) | |
| <i>prochlorperazine maleate tab 5 mg (base equivalent)</i> | \$0 (Tier 1) | |
| <i>prochlorperazine maleate tab 10 mg (base equivalent)</i> | \$0 (Tier 1) | |
| <i>prochlorperazine suppos 25 mg</i> | \$0 (Tier 1) | |
| <i>promethazine hcl inj 25 mg/ml</i> | \$0 (Tier 2) | PA; PA if 70 years and older |
| <i>promethazine hcl inj 50 mg/ml</i> | \$0 (Tier 2) | PA; PA if 70 years and older |
| <i>promethazine hcl syrup 6.25 mg/5ml</i> | \$0 (Tier 2) | PA; PA if 70 years and older |
| <i>promethazine hcl tab 12.5 mg</i> | \$0 (Tier 2) | PA; PA if 70 years and older |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|---|---|---|
| <i>promethazine hcl tab 25 mg</i> | \$0 (Tier 2) | PA; PA if 70 years and older |
| <i>promethazine hcl tab 50 mg</i> | \$0 (Tier 2) | PA; PA if 70 years and older |
| <i>scopolamine td patch 72hr 1 mg/3days</i> | \$0 (Tier 2) | QL (10 patches / 30 days), PA; PA if 70 years and older |

ANTISPASMODICS - DRUGS FOR STOMACH SPASMS

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

H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID

| | |
|---|--------------|
| <i>famotidine for susp 40 mg/5ml</i> | \$0 (Tier 1) |
| <i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i> | \$0 (Tier 1) |
| <i>famotidine inj 20 mg/2ml</i> | \$0 (Tier 1) |
| <i>famotidine inj 40 mg/4ml</i> | \$0 (Tier 1) |
| <i>famotidine inj 200 mg/20ml</i> | \$0 (Tier 1) |
| <i>famotidine tab 20 mg</i> | \$0 (Tier 1) |
| <i>famotidine tab 40 mg</i> | \$0 (Tier 1) |
| <i>nizatidine cap 150 mg</i> | \$0 (Tier 1) |
| <i>nizatidine cap 300 mg</i> | \$0 (Tier 1) |

INFLAMMATORY BOWEL DISEASE

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

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

| | |
|---|-----------------|
| <i>bisac-evac sup 10mg</i> | \$0 (Tier 3) DP |
| <i>bisacodyl suppos 10 mg</i> | \$0 (Tier 3) DP |
| <i>bisacodyl tab 5mg ec</i> | \$0 (Tier 3) DP |
| <i>biscolax sup 10mg</i> | \$0 (Tier 3) DP |
| <i>constulose sol 10gm/15</i> | \$0 (Tier 1) |
| <i>docu liq 50mg/5ml</i> | \$0 (Tier 3) DP |
| <i>docu soft cap 100mg</i> | \$0 (Tier 3) DP |
| <i>docusate cal cap 240mg</i> | \$0 (Tier 3) DP |
| <i>docusate sod cap 100mg</i> | \$0 (Tier 3) DP |
| <i>docusate sod liq 50mg/5ml</i> | \$0 (Tier 3) DP |
| <i>docusate sodium cap 100 mg</i> | \$0 (Tier 3) DP |
| <i>docusate sodium liquid 150 mg/15ml</i> | \$0 (Tier 3) DP |
| <i>docusil cap 100mg</i> | \$0 (Tier 3) DP |
| DOCUSOL MINI ENE | \$0 (Tier 3) DP |
| <i>dok plus tab 8.6-50mg</i> | \$0 (Tier 3) DP |
| <i>ducodyl tab 5mg ec</i> | \$0 (Tier 3) DP |
| ENEMEEZ MINI ENE | \$0 (Tier 3) DP |
| ENEMEEZ PLUS ENE 20-283 | \$0 (Tier 3) DP |
| <i>enulose sol 10gm/15</i> | \$0 (Tier 1) |
| <i>epsom salt gra</i> | \$0 (Tier 3) DP |
| EPSOM SALT POW | \$0 (Tier 3) DP |
| <i>gavilyte-c sol</i> | \$0 (Tier 1) |
| <i>gavilyte-g sol</i> | \$0 (Tier 1) |
| <i>gavilyte-n sol flav pk</i> | \$0 (Tier 1) |
| <i>generlac sol 10gm/15</i> | \$0 (Tier 1) |
| <i>gentle laxat sup 10mg</i> | \$0 (Tier 3) DP |
| <i>gentle laxat tab 5mg ec</i> | \$0 (Tier 3) DP |
| <i>glycerin suppos 1 gm</i> | \$0 (Tier 3) DP |
| <i>gnp bisa-lax tab 5mg ec</i> | \$0 (Tier 3) DP |
| <i>gnp glycerin sup 1.2gm</i> | \$0 (Tier 3) DP |
| <i>gnp laxative sup 10mg</i> | \$0 (Tier 3) DP |
| <i>gnp laxative tab 5mg ec</i> | \$0 (Tier 3) DP |
| <i>gnp laxative tab 25mg</i> | \$0 (Tier 3) DP |
| GOLYTELY SOL | \$0 (Tier 2) |
| <i>hm epsom gra salt</i> | \$0 (Tier 3) DP |
| <i>lactulose (encephalopathy) solution 10 gm/15ml</i> | \$0 (Tier 1) |
| <i>lactulose solution 10 gm/15ml</i> | \$0 (Tier 1) |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL) |
|---|---|
| <i>laxative sup 10mg</i> | \$0 (Tier 3) DP |
| <i>laxative tab 25mg</i> | \$0 (Tier 3) DP |
| <i>medi-natural tab 8.6-50mg</i> | \$0 (Tier 3) DP |
| <i>medi-natural tab 8.6mg</i> | \$0 (Tier 3) DP |
| MINERAL OIL | \$0 (Tier 3) DP |
| MINERAL OIL HEAVY | \$0 (Tier 3) DP |
| MINERAL OIL LIGHT | \$0 (Tier 3) DP |
| <i>nat fiber pow therapy</i> | \$0 (Tier 3) DP |
| <i>nat veg lax tab 8.6mg</i> | \$0 (Tier 3) DP |
| <i>naturl fiber pow 28.3%</i> | \$0 (Tier 3) DP |
| NULYTELY SOL FLAV PKS | \$0 (Tier 2) |
| PEDIA-LAX LIQ 50MG | \$0 (Tier 3) DP |
| PEDIA-LAX SUP 1GM | \$0 (Tier 3) DP |
| <i>peg 3350-kcl-na bicarb-nacl-na sulfite for soln 236 gm</i> | \$0 (Tier 1) |
| <i>peg 3350-kcl-na bicarb-nacl-na sulfite for soln 240 gm</i> | \$0 (Tier 1) |
| <i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> | \$0 (Tier 1) |
| PLENVU SOL | \$0 (Tier 2) |
| PSYLLIUM POW HUSK 95% | \$0 (Tier 3) DP |
| <i>qc epsom gra salt</i> | \$0 (Tier 3) DP |
| <i>qc laxative sup 10mg</i> | \$0 (Tier 3) DP |
| <i>qc natural pow vegetabl</i> | \$0 (Tier 3) DP |
| <i>qc senna tab 8.6mg</i> | \$0 (Tier 3) DP |
| <i>ra epsom gra salt</i> | \$0 (Tier 3) DP |
| RA EPSOM GRA SALT/LVN | \$0 (Tier 3) DP |
| <i>ra glycerin sup 80.7%</i> | \$0 (Tier 3) DP |
| <i>reguloid pow 28.3%</i> | \$0 (Tier 3) DP |
| <i>reguloid pow 48.57%</i> | \$0 (Tier 3) DP |
| <i>reguloid pow 58.6%</i> | \$0 (Tier 3) DP |
| <i>sb docusate tab 8.6-50mg</i> | \$0 (Tier 3) DP |
| <i>sb fib lax pow 33%</i> | \$0 (Tier 3) DP |
| <i>sb laxative sup 10mg</i> | \$0 (Tier 3) DP |
| <i>senna-lax tab 8.6mg</i> | \$0 (Tier 3) DP |
| <i>senna-s tab 8.6-50mg</i> | \$0 (Tier 3) DP |
| <i>senna-tabs tab 8.6mg</i> | \$0 (Tier 3) DP |
| <i>senna-time s tab 8.6-50mg</i> | \$0 (Tier 3) DP |
| <i>senna-time tab 8.6mg</i> | \$0 (Tier 3) DP |
| <i>senno tab 8.6mg</i> | \$0 (Tier 3) DP |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL) |
|---|---|
| <i>sennosides syrup 8.8 mg/5ml</i> | \$0 (Tier 3) DP |
| <i>sennosides-docusate sodium tab 8.6-50 mg</i> | \$0 (Tier 3) DP |
| <i>silace liq 10mg/ml</i> | \$0 (Tier 3) DP |
| <i>silace syp 60/15ml</i> | \$0 (Tier 3) DP |
| <i>sm fiber pow 28.3%</i> | \$0 (Tier 3) DP |
| <i>sm fiber pow 48.57%</i> | \$0 (Tier 3) DP |
| <i>sm fiber pow 58.6%</i> | \$0 (Tier 3) DP |
| <i>sm laxative sup 10mg</i> | \$0 (Tier 3) DP |
| <i>stim laxat tab 5mg ec</i> | \$0 (Tier 3) DP |
| <i>stool softnr cap 100mg</i> | \$0 (Tier 3) DP |
| <i>stool softnr cap 250mg</i> | \$0 (Tier 3) DP |
| <i>stool softnr syp 60/15ml</i> | \$0 (Tier 3) DP |
| <i>stool softnr tab 8.6-50mg</i> | \$0 (Tier 3) DP |
| SUPREP BOWEL SOL PREP KIT | \$0 (Tier 2) |
| <i>trilyte sol</i> | \$0 (Tier 1) |
| <i>womans laxat tab 5mg ec</i> | \$0 (Tier 3) DP |

MISCELLANEOUS

| | |
|---|--------------------------------------|
| <i>alose tron hcl tab 0.5 mg (base equiv)</i> | \$0 (Tier 2) NDS, PA |
| <i>alose tron hcl tab 1 mg (base equiv)</i> | \$0 (Tier 2) NDS, PA |
| AMITIZA CAP 8MCG | \$0 (Tier 2) QL (180 caps / 30 days) |
| AMITIZA CAP 24MCG | \$0 (Tier 2) QL (60 caps / 30 days) |
| <i>cromolyn sodium oral conc 100 mg/5ml</i> | \$0 (Tier 2) NDS |
| <i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i> | \$0 (Tier 2) |
| <i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> | \$0 (Tier 2) |
| GATTEX KIT 5MG | \$0 (Tier 2) NDS, LA, PA |
| LINZESS CAP 72MCG | \$0 (Tier 2) QL (30 caps / 30 days) |
| LINZESS CAP 145MCG | \$0 (Tier 2) QL (30 caps / 30 days) |
| LINZESS CAP 290MCG | \$0 (Tier 2) QL (30 caps / 30 days) |
| <i>loperamide hcl cap 2 mg</i> | \$0 (Tier 1) |
| <i>misoprostol tab 100 mcg</i> | \$0 (Tier 1) |
| <i>misoprostol tab 200 mcg</i> | \$0 (Tier 1) |
| MOVANTIK TAB 12.5MG | \$0 (Tier 2) QL (60 tabs / 30 days) |
| MOVANTIK TAB 25MG | \$0 (Tier 2) QL (30 tabs / 30 days) |
| RELISTOR INJ 8/0.4ML | \$0 (Tier 2) NDS, PA |
| RELISTOR INJ 12/0.6ML | \$0 (Tier 2) NDS, PA |
| <i>sucral fate tab 1 gm</i> | \$0 (Tier 1) |
| <i>ursodiol cap 300 mg</i> | \$0 (Tier 1) |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|----------------------------|---|--------------------------------------|
| <i>ursodiol tab 250 mg</i> | \$0 (Tier 1) | |
| <i>ursodiol tab 500 mg</i> | \$0 (Tier 1) | |
| XIFAXAN TAB 550MG | \$0 (Tier 2) | NDS, PA |

PANCREATIC ENZYMES

| | | |
|---------------------|--------------|--|
| CREON CAP 3000UNIT | \$0 (Tier 2) | |
| CREON CAP 6000UNIT | \$0 (Tier 2) | |
| CREON CAP 12000UNT | \$0 (Tier 2) | |
| CREON CAP 24000UNT | \$0 (Tier 2) | |
| CREON CAP 36000UNT | \$0 (Tier 2) | |
| ZENPEP CAP 3000UNIT | \$0 (Tier 2) | |
| ZENPEP CAP 5000UNIT | \$0 (Tier 2) | |
| ZENPEP CAP 10000UNT | \$0 (Tier 2) | |
| ZENPEP CAP 15000UNT | \$0 (Tier 2) | |
| ZENPEP CAP 20000UNT | \$0 (Tier 2) | |
| ZENPEP CAP 25000 | \$0 (Tier 2) | |
| ZENPEP CAP 40000 | \$0 (Tier 2) | |

PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID

| | | |
|---|--------------|----------------------------|
| DEXILANT CAP 30MG DR | \$0 (Tier 2) | QL (30 caps / 30 days) |
| DEXILANT CAP 60MG DR | \$0 (Tier 2) | QL (30 caps / 30 days) |
| <i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i> | \$0 (Tier 1) | QL (30 caps / 30 days), ST |
| <i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i> | \$0 (Tier 1) | QL (30 caps / 30 days), ST |
| <i>lansoprazole cap delayed release 15 mg</i> | \$0 (Tier 1) | QL (30 caps / 30 days) |
| <i>lansoprazole cap delayed release 30 mg</i> | \$0 (Tier 1) | QL (30 caps / 30 days) |
| <i>omeprazole cap delayed release 10 mg</i> | \$0 (Tier 1) | |
| <i>omeprazole cap delayed release 20 mg</i> | \$0 (Tier 1) | |
| <i>omeprazole cap delayed release 40 mg</i> | \$0 (Tier 1) | |
| <i>pantoprazole sodium ec tab 20 mg (base equiv)</i> | \$0 (Tier 1) | |
| <i>pantoprazole sodium ec tab 40 mg (base equiv)</i> | \$0 (Tier 1) | |
| <i>pantoprazole sodium for iv soln 40 mg (base equiv)</i> | \$0 (Tier 1) | |
| <i>rabeprazole sodium ec tab 20 mg</i> | \$0 (Tier 1) | QL (30 tabs / 30 days) |

Drug Name**WHAT THE NECESSARY ACTIONS
DRUG RESTRICTIONS OR
WILL LIMITS ON USE
COST YOU
(TIER
LEVEL)****GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT
CONDITIONS****BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED
PROSTATE**

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

MISCELLANEOUS

| | |
|--|-----------------|
| <i>bethanechol chloride tab 5 mg</i> | \$0 (Tier 1) |
| <i>bethanechol chloride tab 10 mg</i> | \$0 (Tier 1) |
| <i>bethanechol chloride tab 25 mg</i> | \$0 (Tier 1) |
| <i>bethanechol chloride tab 50 mg</i> | \$0 (Tier 1) |
| GLYCINE POW | \$0 (Tier 3) DP |
| POT CITRATE GRA | \$0 (Tier 3) DP |
| <i>potassium citrate tab er 5 meq (540 mg)</i> | \$0 (Tier 1) |
| <i>potassium citrate tab er 10 meq (1080 mg)</i> | \$0 (Tier 1) |
| <i>potassium citrate tab er 15 meq (1620 mg)</i> | \$0 (Tier 1) |

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

| | |
|--|--|
| MYRBETRIQ TAB 25MG | \$0 (Tier 2) QL (30 tabs / 30 days) |
| MYRBETRIQ TAB 50MG | \$0 (Tier 2) QL (30 tabs / 30 days) |
| <i>oxybutynin chloride syrup 5 mg/5ml</i> | \$0 (Tier 1) |
| <i>oxybutynin chloride tab 5 mg</i> | \$0 (Tier 1) |
| <i>oxybutynin chloride tab er 24hr 5 mg</i> | \$0 (Tier 1) QL (30 tabs / 30 days) |
| <i>oxybutynin chloride tab er 24hr 10 mg</i> | \$0 (Tier 1) QL (60 tabs / 30 days) |
| <i>oxybutynin chloride tab er 24hr 15 mg</i> | \$0 (Tier 1) QL (60 tabs / 30 days) |
| <i>tolterodine tartrate cap er 24hr 2 mg</i> | \$0 (Tier 1) QL (30 caps / 30 days), ST |
| <i>tolterodine tartrate cap er 24hr 4 mg</i> | \$0 (Tier 1) QL (30 caps / 30 days), ST |
| <i>tolterodine tartrate tab 1 mg</i> | \$0 (Tier 1) ST |
| <i>tolterodine tartrate tab 2 mg</i> | \$0 (Tier 1) ST |
| TOVIAZ TAB 4MG | \$0 (Tier 2) QL (30 tabs / 30 days) |
| TOVIAZ TAB 8MG | \$0 (Tier 2) QL (30 tabs / 30 days) |
| <i>trospium chloride tab 20 mg</i> | \$0 (Tier 1) QL (60 tabs / 30 days) |

VAGINAL ANTI-INFECTIVES

| | |
|---|--------------|
| <i>clindamycin phosphate vaginal cream 2%</i> | \$0 (Tier 1) |
|---|--------------|

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|---|---|--------------------------------------|
| <i>clotrimazole cre 1% vag</i> | \$0 (Tier 3) | DP |
| <i>clotrimazole cre 3 day</i> | \$0 (Tier 3) | DP |
| <i>clotrimazole vaginal cream 1%</i> | \$0 (Tier 3) | DP |
| <i>3 day vaginl cre 2%</i> | \$0 (Tier 3) | DP |
| <i>metronidazole vaginal gel 0.75%</i> | \$0 (Tier 1) | |
| <i>miconazole 3 kit combinat</i> | \$0 (Tier 3) | DP |
| <i>miconazole 3 kit combo pk</i> | \$0 (Tier 3) | DP |
| <i>miconazole 7 cre 2%</i> | \$0 (Tier 3) | DP |
| <i>miconazole 7 cre tube/kit</i> | \$0 (Tier 3) | DP |
| <i>miconazole 7 sup 100mg</i> | \$0 (Tier 3) | DP |
| <i>miconazole nitrate vaginal cream 2%</i> | \$0 (Tier 3) | DP |
| <i>miconazole nitrate vaginal suppos 100 mg</i> | \$0 (Tier 3) | DP |
| <i>sm micon 7 sup 100mg</i> | \$0 (Tier 3) | DP |
| <i>terconazole vaginal cream 0.4%</i> | \$0 (Tier 1) | |
| <i>terconazole vaginal cream 0.8%</i> | \$0 (Tier 1) | |
| <i>terconazole vaginal suppos 80 mg</i> | \$0 (Tier 1) | |
| <i>vandazole gel 0.75%</i> | \$0 (Tier 1) | |

HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS

ANTICOAGULANTS - BLOOD THINNERS

| | | |
|---|--------------|------------------------|
| COUMADIN TAB 1MG | \$0 (Tier 2) | |
| COUMADIN TAB 2.5MG | \$0 (Tier 2) | |
| COUMADIN TAB 2MG | \$0 (Tier 2) | |
| COUMADIN TAB 3MG | \$0 (Tier 2) | |
| COUMADIN TAB 4MG | \$0 (Tier 2) | |
| COUMADIN TAB 5MG | \$0 (Tier 2) | |
| COUMADIN TAB 6MG | \$0 (Tier 2) | |
| COUMADIN TAB 7.5MG | \$0 (Tier 2) | |
| COUMADIN TAB 10MG | \$0 (Tier 2) | |
| ELIQUIS ST P TAB 5MG | \$0 (Tier 2) | QL (74 tabs / 30 days) |
| ELIQUIS TAB 2.5MG | \$0 (Tier 2) | QL (60 tabs / 30 days) |
| ELIQUIS TAB 5MG | \$0 (Tier 2) | QL (74 tabs / 30 days) |
| <i>enoxaparin sodium inj 30 mg/0.3ml</i> | \$0 (Tier 1) | |
| <i>enoxaparin sodium inj 40 mg/0.4ml</i> | \$0 (Tier 1) | |
| <i>enoxaparin sodium inj 60 mg/0.6ml</i> | \$0 (Tier 1) | |
| <i>enoxaparin sodium inj 80 mg/0.8ml</i> | \$0 (Tier 1) | |
| <i>enoxaparin sodium inj 100 mg/ml</i> | \$0 (Tier 1) | |
| <i>enoxaparin sodium inj 120 mg/0.8ml</i> | \$0 (Tier 1) | |
| <i>enoxaparin sodium inj 150 mg/ml</i> | \$0 (Tier 1) | |
| <i>enoxaparin sodium inj 300 mg/3ml</i> | \$0 (Tier 1) | |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|---|---|--------------------------------------|
| <i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i> | \$0 (Tier 1) | |
| <i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i> | \$0 (Tier 2) | NDS |
| <i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i> | \$0 (Tier 2) | NDS |
| <i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i> | \$0 (Tier 2) | NDS |
| HEP SOD/NAACL INJ 25000UNT | \$0 (Tier 2) | |
| <i>heparin sodium (porcine) 100 unit/ml in d5w</i> | \$0 (Tier 2) | |
| <i>heparin sodium (porcine) inj 1000 unit/ml</i> | \$0 (Tier 1) | B/D |
| <i>heparin sodium (porcine) inj 5000 unit/ml</i> | \$0 (Tier 1) | B/D |
| <i>heparin sodium (porcine) inj 10000 unit/ml</i> | \$0 (Tier 1) | B/D |
| <i>heparin sodium (porcine) inj 20000 unit/ml</i> | \$0 (Tier 1) | B/D |
| <i>heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%</i> | \$0 (Tier 2) | |
| <i>heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%</i> | \$0 (Tier 2) | |
| HEPARIN/NAACL INJ 25000UNT | \$0 (Tier 2) | |
| <i>jantoven tab 1mg</i> | \$0 (Tier 1) | |
| <i>jantoven tab 2.5mg</i> | \$0 (Tier 1) | |
| <i>jantoven tab 2mg</i> | \$0 (Tier 1) | |
| <i>jantoven tab 3mg</i> | \$0 (Tier 1) | |
| <i>jantoven tab 4mg</i> | \$0 (Tier 1) | |
| <i>jantoven tab 5mg</i> | \$0 (Tier 1) | |
| <i>jantoven tab 6mg</i> | \$0 (Tier 1) | |
| <i>jantoven tab 7.5mg</i> | \$0 (Tier 1) | |
| <i>jantoven tab 10mg</i> | \$0 (Tier 1) | |
| PRADAXA CAP 75MG | \$0 (Tier 2) | QL (60 caps / 30 days) |
| PRADAXA CAP 110MG | \$0 (Tier 2) | QL (60 caps / 30 days) |
| PRADAXA CAP 150MG | \$0 (Tier 2) | QL (60 caps / 30 days) |
| <i>warfarin sodium tab 1 mg</i> | \$0 (Tier 1) | |
| <i>warfarin sodium tab 2 mg</i> | \$0 (Tier 1) | |
| <i>warfarin sodium tab 2.5 mg</i> | \$0 (Tier 1) | |
| <i>warfarin sodium tab 3 mg</i> | \$0 (Tier 1) | |
| <i>warfarin sodium tab 4 mg</i> | \$0 (Tier 1) | |
| <i>warfarin sodium tab 5 mg</i> | \$0 (Tier 1) | |
| <i>warfarin sodium tab 6 mg</i> | \$0 (Tier 1) | |
| <i>warfarin sodium tab 7.5 mg</i> | \$0 (Tier 1) | |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL) |
|----------------------------------|---|
| <i>warfarin sodium tab 10 mg</i> | \$0 (Tier 1) |
| XARELTO STAR TAB 15/20MG | \$0 (Tier 2) QL (51 tabs / 30 days) |
| XARELTO TAB 2.5MG | \$0 (Tier 2) QL (60 tabs / 30 days) |
| XARELTO TAB 10MG | \$0 (Tier 2) QL (30 tabs / 30 days) |
| XARELTO TAB 15MG | \$0 (Tier 2) QL (30 tabs / 30 days) |
| XARELTO TAB 20MG | \$0 (Tier 2) QL (30 tabs / 30 days) |

HEMATOPOIETIC GROWTH FACTORS

| | |
|----------------------|----------------------|
| PROCRIT INJ 2000/ML | \$0 (Tier 2) PA |
| PROCRIT INJ 3000/ML | \$0 (Tier 2) PA |
| PROCRIT INJ 4000/ML | \$0 (Tier 2) PA |
| PROCRIT INJ 10000/ML | \$0 (Tier 2) PA |
| PROCRIT INJ 20000/ML | \$0 (Tier 2) NDS, PA |
| PROCRIT INJ 40000/ML | \$0 (Tier 2) NDS, PA |
| ZARXIO INJ 300/0.5 | \$0 (Tier 2) NDS, PA |
| ZARXIO INJ 480/0.8 | \$0 (Tier 2) NDS, PA |

IRON

| | |
|---|-----------------|
| DUOFER TAB 28MG | \$0 (Tier 3) DP |
| EZFE 200 CAP 200MG | \$0 (Tier 3) DP |
| FE SULFATE POW | \$0 (Tier 3) DP |
| FERAHEME INJ 510/17ML | \$0 (Tier 3) DP |
| <i>ferate tab 27mg</i> | \$0 (Tier 3) DP |
| FERGON TAB 27MG | \$0 (Tier 3) DP |
| <i>ferosul elx 220/5ml</i> | \$0 (Tier 3) DP |
| <i>ferosul tab 325mg</i> | \$0 (Tier 3) DP |
| FERRETTIS IPS SOL | \$0 (Tier 3) DP |
| FERRETTIS TAB 325MG | \$0 (Tier 3) DP |
| <i>ferrex 150 cap 150mg</i> | \$0 (Tier 3) DP |
| FERRIMIN 150 TAB | \$0 (Tier 3) DP |
| FERRLECIT INJ 12.5MG/M | \$0 (Tier 3) DP |
| <i>ferrous fumarate tab 324 mg (106 mg elemental fe)</i> | \$0 (Tier 3) DP |
| FERROUS GLUC TAB 324MG | \$0 (Tier 3) DP |
| <i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i> | \$0 (Tier 3) DP |
| <i>ferrous gluconate tab 324 mg (37.5 mg elemental iron)</i> | \$0 (Tier 3) DP |
| FERROUS SULF SYP 300/5ML | \$0 (Tier 3) DP |
| FERROUS SULF TAB 324MG EC | \$0 (Tier 3) DP |
| <i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i> | \$0 (Tier 3) DP |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL) |
|--|---|
| <i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i> | \$0 (Tier 3) DP |
| <i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i> | \$0 (Tier 3) DP |
| <i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i> | \$0 (Tier 3) DP |
| <i>ferrousul tab 325mg</i> | \$0 (Tier 3) DP |
| FOLITAB 500 TAB | \$0 (Tier 3) DP |
| FUSION CAP | \$0 (Tier 3) DP |
| <i>gnp iron tab 45mg</i> | \$0 (Tier 3) DP |
| <i>gnp iron tab 65mg</i> | \$0 (Tier 3) DP |
| HEMOCYTE TAB 324MG | \$0 (Tier 3) DP |
| <i>hm iron tab 65mg</i> | \$0 (Tier 3) DP |
| <i>iferex 150 cap</i> | \$0 (Tier 3) DP |
| INTEGRA CAP | \$0 (Tier 3) DP |
| <i>iron 100 tab plus</i> | \$0 (Tier 3) DP |
| <i>iron 100/c tab 100-250</i> | \$0 (Tier 3) DP |
| NOVAFERRUM CAP 50MG | \$0 (Tier 3) DP |
| NOVAFERRUM DRO 15MG/ML | \$0 (Tier 3) DP |
| NOVAFERRUM LIQ 125 | \$0 (Tier 3) DP |
| <i>nu-iron 150 cap 150mg</i> | \$0 (Tier 3) DP |
| <i>poly-iron cap 150mg</i> | \$0 (Tier 3) DP |
| PROFE CAP 180MG | \$0 (Tier 3) DP |
| SLOW REL FE TAB 143MG CR | \$0 (Tier 3) DP |
| <i>slow release tab 47.5mg</i> | \$0 (Tier 3) DP |
| <i>sm iron slow tab 160mg cr</i> | \$0 (Tier 3) DP |
| <i>sm iron tab 325mg</i> | \$0 (Tier 3) DP |
| <i>sod ferric gluc cmplx in sucrose iv soln 12.5 mg/ml (fe eq)</i> | \$0 (Tier 3) DP |
| VENOFER INJ 20MG/ML | \$0 (Tier 3) DP |
| <i>wee care sus 15/1.25</i> | \$0 (Tier 3) DP |
| MISCELLANEOUS | |
| <i>anagrelide hcl cap 0.5 mg</i> | \$0 (Tier 1) |
| <i>anagrelide hcl cap 1 mg</i> | \$0 (Tier 1) |
| BERINERT INJ 500UNIT | \$0 (Tier 2) NDS, QL (24 boxes / 30 days), LA, PA |
| <i>cilostazol tab 50 mg</i> | \$0 (Tier 1) |
| <i>cilostazol tab 100 mg</i> | \$0 (Tier 1) |
| DROXIA CAP 200MG | \$0 (Tier 2) |
| DROXIA CAP 300MG | \$0 (Tier 2) |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|--|---|---|
| DROXIA CAP 400MG | \$0 (Tier 2) | |
| ENDARI POW 5GM | \$0 (Tier 2) | NDS, LA, PA |
| HAEGARDA INJ 2000UNIT | \$0 (Tier 2) | NDS, QL (30 vials / 30 days), LA, PA |
| HAEGARDA INJ 3000UNIT | \$0 (Tier 2) | NDS, QL (20 vials / 30 days), LA, PA |
| <i>icatibant acetate inj 30 mg/3ml (base equivalent)</i> | \$0 (Tier 2) | NDS, QL (9 syringes / 30 days), PA |
| <i>pentoxifylline tab er 400 mg</i> | \$0 (Tier 1) | |
| PROMACTA PAK 25MG | \$0 (Tier 2) | NDS, QL (180 packets / 30 days), LA, PA |
| PROMACTA POW 12.5MG | \$0 (Tier 2) | NDS, QL (360 packets / 30 days), LA, PA |
| PROMACTA TAB 12.5MG | \$0 (Tier 2) | NDS, QL (30 tabs / 30 days), LA, PA |
| PROMACTA TAB 25MG | \$0 (Tier 2) | NDS, QL (30 tabs / 30 days), LA, PA |
| PROMACTA TAB 50MG | \$0 (Tier 2) | NDS, QL (60 tabs / 30 days), LA, PA |
| PROMACTA TAB 75MG | \$0 (Tier 2) | NDS, QL (60 tabs / 30 days), LA, PA |
| <i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i> | \$0 (Tier 1) | |
| <i>tranexamic acid tab 650 mg</i> | \$0 (Tier 1) | |

PLATELET AGGREGATION INHIBITORS

| | | |
|---|--------------|--|
| <i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> | \$0 (Tier 1) | |
| BRILINTA TAB 60MG | \$0 (Tier 2) | |
| BRILINTA TAB 90MG | \$0 (Tier 2) | |
| <i>clopidogrel bisulfate tab 75 mg (base equiv)</i> | \$0 (Tier 1) | |
| <i>prasugrel hcl tab 5 mg (base equiv)</i> | \$0 (Tier 1) | |
| <i>prasugrel hcl tab 10 mg (base equiv)</i> | \$0 (Tier 1) | |

IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS

| | | |
|---------------------|--------------|-------------------------------------|
| ENBREL INJ 25/0.5ML | \$0 (Tier 2) | NDS, QL (16 syringes / 28 days), PA |
|---------------------|--------------|-------------------------------------|

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|--|---|--------------------------------------|
| ENBREL INJ 25MG | \$0 (Tier 2) | NDS, QL (16 vials / 28 days), PA |
| ENBREL INJ 50MG/ML | \$0 (Tier 2) | NDS, QL (8 syringes / 28 days), PA |
| ENBREL MINI INJ 50MG/ML | \$0 (Tier 2) | NDS, QL (8 injections / 28 days), PA |
| ENBREL SRCLK INJ 50MG/ML | \$0 (Tier 2) | NDS, QL (8 injections / 28 days), PA |
| HUMIRA INJ 10/0.1ML | \$0 (Tier 2) | NDS, QL (2 injections / 28 days), PA |
| HUMIRA INJ 10MG/0.2 | \$0 (Tier 2) | NDS, QL (2 syringes / 28 days), PA |
| HUMIRA INJ 20/0.2ML | \$0 (Tier 2) | NDS, QL (2 injections / 28 days), PA |
| HUMIRA INJ 40/0.4ML | \$0 (Tier 2) | NDS, QL (6 injections / 28 days), PA |
| HUMIRA KIT 20MG/0.4 | \$0 (Tier 2) | NDS, QL (2 syringes / 28 days), PA |
| HUMIRA KIT 40MG/0.8 | \$0 (Tier 2) | NDS, QL (6 syringes / 28 days), PA |
| HUMIRA PEDIA INJ CROHNS | \$0 (Tier 2) | NDS, PA |
| HUMIRA PEN INJ 40/0.4ML | \$0 (Tier 2) | NDS, QL (6 pens / 28 days), PA |
| HUMIRA PEN INJ 40MG/0.8 | \$0 (Tier 2) | NDS, QL (6 pens / 28 days), PA |
| HUMIRA PEN INJ CD/UC/HS | \$0 (Tier 2) | NDS, PA |
| HUMIRA PEN INJ PS/UV | \$0 (Tier 2) | NDS, PA |
| HUMIRA PEN KIT CD/UC/HS | \$0 (Tier 2) | NDS, PA |
| HUMIRA PEN KIT PS/UV | \$0 (Tier 2) | NDS, PA |
| <i>hydroxychloroquine sulfate tab 200 mg</i> | \$0 (Tier 1) | |
| <i>leflunomide tab 10 mg</i> | \$0 (Tier 1) | QL (30 tabs / 30 days) |
| <i>leflunomide tab 20 mg</i> | \$0 (Tier 1) | QL (30 tabs / 30 days) |
| <i>methotrexate sodium tab 2.5 mg (base equiv)</i> | \$0 (Tier 1) | |
| REMICADE INJ 100MG | \$0 (Tier 2) | NDS, PA |
| RENFLEXIS INJ 100MG | \$0 (Tier 2) | NDS, LA, PA |
| RINVOQ TAB 15MG ER | \$0 (Tier 2) | NDS, QL (30 tabs / 30 days), PA |
| SKYRIZI INJ 150DOSE | \$0 (Tier 2) | NDS, QL (7 kits / year), PA |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|----------------------|---|--------------------------------------|
| STELARA INJ 45MG/0.5 | \$0 (Tier 2) | NDS, QL (1 syringe / 28 days), PA |
| STELARA INJ 45MG/0.5 | \$0 (Tier 2) | NDS, QL (1 vial / 28 days), LA, PA |
| STELARA INJ 90MG/ML | \$0 (Tier 2) | NDS, QL (1 syringe / 28 days), PA |
| XATMEP SOL 2.5MG/ML | \$0 (Tier 2) | B/D |
| XELJANZ TAB 5MG | \$0 (Tier 2) | NDS, QL (60 tabs / 30 days), PA |
| XELJANZ TAB 10MG | \$0 (Tier 2) | NDS, QL (60 tabs / 30 days), PA |
| XELJANZ XR TAB 11MG | \$0 (Tier 2) | NDS, QL (30 tabs / 30 days), PA |
| XELJANZ XR TAB 22MG | \$0 (Tier 2) | NDS, QL (30 tabs / 30 days), PA |

IMMUNOGLOBULINS

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

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL) |
|--------------------------------------|---|
| GAMUNEX-C INJ 5GM/50ML | \$0 (Tier 2) NDS, PA |
| GAMUNEX-C INJ 10GM/100 | \$0 (Tier 2) NDS, PA |
| GAMUNEX-C INJ 20GM/200 | \$0 (Tier 2) NDS, PA |
| GAMUNEX-C INJ 40/400ML | \$0 (Tier 2) NDS, PA |
| OCTAGAM INJ 1GM | \$0 (Tier 2) NDS, PA |
| OCTAGAM INJ 2.5GM | \$0 (Tier 2) NDS, PA |
| OCTAGAM INJ 2GM/20ML | \$0 (Tier 2) NDS, PA |
| OCTAGAM INJ 5GM | \$0 (Tier 2) NDS, PA |
| OCTAGAM INJ 5GM/50ML | \$0 (Tier 2) NDS, PA |
| OCTAGAM INJ 10/100ML | \$0 (Tier 2) NDS, PA |
| OCTAGAM INJ 10GM | \$0 (Tier 2) NDS, PA |
| OCTAGAM INJ 20/200ML | \$0 (Tier 2) NDS, PA |
| OCTAGAM INJ 25GM | \$0 (Tier 2) NDS, PA |
| OCTAGAM INJ 30/300ML | \$0 (Tier 2) NDS, PA |
| PANZYGA SOL 1GM/10ML | \$0 (Tier 2) NDS, PA |
| PANZYGA SOL 2.5/25ML | \$0 (Tier 2) NDS, PA |
| PANZYGA SOL 5GM/50ML | \$0 (Tier 2) NDS, PA |
| PANZYGA SOL 10/100ML | \$0 (Tier 2) NDS, PA |
| PANZYGA SOL 20/200ML | \$0 (Tier 2) NDS, PA |
| PANZYGA SOL 30/300ML | \$0 (Tier 2) NDS, PA |
| PRIVIGEN INJ 5 GRAMS | \$0 (Tier 2) NDS, PA |
| PRIVIGEN INJ 10GRAMS | \$0 (Tier 2) NDS, PA |
| PRIVIGEN INJ 20GRAMS | \$0 (Tier 2) NDS, PA |
| PRIVIGEN INJ 40GRAMS | \$0 (Tier 2) NDS, PA |
| IMMUNOMODULATORS | |
| ACTIMMUNE INJ 2MU/0.5 | \$0 (Tier 2) NDS, LA, PA |
| ARCALYST INJ 220MG | \$0 (Tier 2) NDS, PA |
| INTRON A INJ 10MU | \$0 (Tier 2) NDS, B/D |
| INTRON A INJ 18MU | \$0 (Tier 2) NDS, B/D |
| INTRON A INJ 25MU | \$0 (Tier 2) NDS, B/D |
| INTRON A INJ 50MU | \$0 (Tier 2) NDS, B/D |
| IMMUNOSUPPRESSANTS | |
| <i>azathioprine tab 50 mg</i> | \$0 (Tier 1) B/D |
| BENLYSTA INJ 120MG | \$0 (Tier 2) NDS, PA |
| BENLYSTA INJ 200MG/ML | \$0 (Tier 2) NDS, PA |
| BENLYSTA INJ 400MG | \$0 (Tier 2) NDS, PA |
| <i>cyclosporine cap 25 mg</i> | \$0 (Tier 1) B/D |
| <i>cyclosporine cap 100 mg</i> | \$0 (Tier 1) B/D |
| <i>cyclosporine iv soln 50 mg/ml</i> | \$0 (Tier 1) B/D |

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug.

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL) |
|---|---|
| <i>cyclosporine modified cap 25 mg</i> | \$0 (Tier 1) B/D |
| <i>cyclosporine modified cap 50 mg</i> | \$0 (Tier 1) B/D |
| <i>cyclosporine modified cap 100 mg</i> | \$0 (Tier 1) B/D |
| <i>cyclosporine modified oral soln 100 mg/ml</i> | \$0 (Tier 1) B/D |
| <i>everolimus tab 0.5 mg</i> | \$0 (Tier 2) NDS, B/D |
| <i>everolimus tab 0.25 mg</i> | \$0 (Tier 1) B/D |
| <i>everolimus tab 0.75 mg</i> | \$0 (Tier 2) NDS, B/D |
| <i>engraf cap 25mg</i> | \$0 (Tier 1) B/D |
| <i>engraf cap 100mg</i> | \$0 (Tier 1) B/D |
| <i>engraf sol 100mg/ml</i> | \$0 (Tier 1) B/D |
| <i>mycophenolate mofetil cap 250 mg</i> | \$0 (Tier 1) B/D |
| <i>mycophenolate mofetil for oral susp 200 mg/ml</i> | \$0 (Tier 2) NDS, B/D |
| <i>mycophenolate mofetil tab 500 mg</i> | \$0 (Tier 1) B/D |
| <i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i> | \$0 (Tier 1) B/D |
| <i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i> | \$0 (Tier 1) B/D |
| NULOJIX INJ 250MG | \$0 (Tier 2) NDS, B/D |
| PROGRAF GRA 0.2MG | \$0 (Tier 2) B/D |
| PROGRAF GRA 1MG | \$0 (Tier 2) B/D |
| SANDIMMUNE SOL 100MG/ML | \$0 (Tier 2) B/D |
| <i>sirolimus oral soln 1 mg/ml</i> | \$0 (Tier 2) NDS, B/D |
| <i>sirolimus tab 0.5 mg</i> | \$0 (Tier 1) B/D |
| <i>sirolimus tab 1 mg</i> | \$0 (Tier 1) B/D |
| <i>sirolimus tab 2 mg</i> | \$0 (Tier 2) NDS, B/D |
| <i>tacrolimus cap 0.5 mg</i> | \$0 (Tier 1) B/D |
| <i>tacrolimus cap 1 mg</i> | \$0 (Tier 1) B/D |
| <i>tacrolimus cap 5 mg</i> | \$0 (Tier 1) B/D |
| ZORTRESS TAB 0.5MG | \$0 (Tier 2) NDS, B/D |
| ZORTRESS TAB 0.25MG | \$0 (Tier 2) NDS, B/D |
| ZORTRESS TAB 0.75MG | \$0 (Tier 2) NDS, B/D |
| ZORTRESS TAB 1MG | \$0 (Tier 2) NDS, B/D |
| VACCINES | |
| ACTHIB INJ | \$0 (Tier 2) |
| ADACEL INJ | \$0 (Tier 2) |
| BCG VACCINE INJ | \$0 (Tier 2) |
| BEXSERO INJ | \$0 (Tier 2) |
| BOOSTRIX INJ | \$0 (Tier 2) |
| DAPTACEL INJ | \$0 (Tier 2) |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL) |
|---------------------------|---|
| DIP/TET PED INJ 25-5LFU | \$0 (Tier 2) B/D |
| ENGERIX-B INJ 10/0.5ML | \$0 (Tier 2) B/D |
| ENGERIX-B INJ 20MCG/ML | \$0 (Tier 2) B/D |
| GARDASIL 9 INJ | \$0 (Tier 2) |
| HAVRIX INJ 720UNIT | \$0 (Tier 2) |
| HAVRIX INJ 1440UNIT | \$0 (Tier 2) |
| HIBERIX SOL 10MCG | \$0 (Tier 2) |
| IMOVAX RABIE INJ 2.5/ML | \$0 (Tier 2) B/D |
| INFANRIX INJ | \$0 (Tier 2) |
| IPOL INJ INACTIVE | \$0 (Tier 2) |
| IXIARO INJ | \$0 (Tier 2) |
| KINRIX INJ | \$0 (Tier 2) |
| M-M-R II INJ | \$0 (Tier 2) |
| MENACTRA INJ | \$0 (Tier 2) |
| MENVEO INJ | \$0 (Tier 2) |
| PEDIARIX INJ 0.5ML | \$0 (Tier 2) |
| PEDVAX HIB INJ | \$0 (Tier 2) |
| PENTACEL INJ | \$0 (Tier 2) |
| PROQUAD INJ | \$0 (Tier 2) |
| QUADRACEL INJ | \$0 (Tier 2) |
| RABAVERT INJ | \$0 (Tier 2) B/D |
| RECOMBIVA HB INJ 5MCG/0.5 | \$0 (Tier 2) B/D |
| RECOMBIVA HB INJ 10MCG/ML | \$0 (Tier 2) B/D |
| RECOMBIVA-HB INJ 40MCG/ML | \$0 (Tier 2) B/D |
| ROTARIX SUS | \$0 (Tier 2) |
| ROTATEQ SOL | \$0 (Tier 2) |
| SHINGRIX INJ 50/0.5ML | \$0 (Tier 2) QL (2 vials per lifetime) |
| TDVAX INJ 2-2 LF | \$0 (Tier 2) B/D |
| TENIVAC INJ 5-2LF | \$0 (Tier 2) B/D |
| TRUMENBA INJ | \$0 (Tier 2) |
| TWINRIX INJ | \$0 (Tier 2) |
| TYPHIM VI INJ | \$0 (Tier 2) |
| VAQTA INJ 25/0.5ML | \$0 (Tier 2) |
| VAQTA INJ 50UNT/ML | \$0 (Tier 2) |
| VARIVAX INJ | \$0 (Tier 2) |
| YF-VAX INJ | \$0 (Tier 2) |
| ZOSTAVAX INJ | \$0 (Tier 2) QL (1 vial per lifetime) |

Drug Name**WHAT THE NECESSARY ACTIONS
DRUG RESTRICTIONS OR
WILL LIMITS ON USE
COST YOU
(TIER
LEVEL)****NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS*****ELECTROLYTES***

| | |
|--|-----------------|
| <i>gnp pediatri sol electrol</i> | \$0 (Tier 3) DP |
| <i>klor-con 8 tab 8meq er</i> | \$0 (Tier 1) |
| <i>klor-con 10 tab 10meq er</i> | \$0 (Tier 1) |
| MAGNESIUM SU INJ 2GM/50ML | \$0 (Tier 2) |
| MAGNESIUM SU INJ 4G/100ML | \$0 (Tier 2) |
| MAGNESIUM SU INJ 20/500ML | \$0 (Tier 2) |
| MAGNESIUM SU INJ 40G/1000 | \$0 (Tier 2) |
| MAGNESIUM SU INJ 80MG/ML | \$0 (Tier 2) |
| <i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i> | \$0 (Tier 2) |
| <i>magnesium sulfate inj 50%</i> | \$0 (Tier 2) |
| <i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i> | \$0 (Tier 2) |
| <i>magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)</i> | \$0 (Tier 2) |
| <i>magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)</i> | \$0 (Tier 2) |
| <i>magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)</i> | \$0 (Tier 2) |
| <i>magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)</i> | \$0 (Tier 2) |
| MG SO4/D5W INJ 10MG/ML | \$0 (Tier 2) |
| <i>oral electrolyte solution</i> | \$0 (Tier 3) DP |
| <i>oralyte sol</i> | \$0 (Tier 3) DP |
| <i>oralyte sol freeze</i> | \$0 (Tier 3) DP |
| <i>ped elctrylt sol freezer</i> | \$0 (Tier 3) DP |
| <i>ped elctrylt sol fruit</i> | \$0 (Tier 3) DP |
| <i>ped elctrylt sol grape</i> | \$0 (Tier 3) DP |
| <i>ped elctrylt sol unflavrd</i> | \$0 (Tier 3) DP |
| <i>potassium chloride cap er 8 meq</i> | \$0 (Tier 1) |
| <i>potassium chloride cap er 10 meq</i> | \$0 (Tier 1) |
| <i>potassium chloride microencapsulated crys er tab 10 meq</i> | \$0 (Tier 1) |
| <i>potassium chloride microencapsulated crys er tab 15 meq</i> | \$0 (Tier 1) |
| <i>potassium chloride microencapsulated crys er tab 20 meq</i> | \$0 (Tier 1) |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|---|---|--------------------------------------|
| <i>potassium chloride oral soln 10% (20 meq/15ml)</i> | \$0 (Tier 1) | |
| <i>potassium chloride oral soln 20% (40 meq/15ml)</i> | \$0 (Tier 1) | |
| <i>potassium chloride powder packet 20 meq</i> | \$0 (Tier 1) | |
| <i>potassium chloride tab er 8 meq (600 mg)</i> | \$0 (Tier 1) | |
| <i>potassium chloride tab er 10 meq</i> | \$0 (Tier 1) | |
| <i>potassium chloride tab er 20 meq (1500 mg)</i> | \$0 (Tier 1) | |
| SOD FLUORIDE POW | \$0 (Tier 3) | DP |
| <i>sodium chloride inj 2.5 meq/ml (14.6%)</i> | \$0 (Tier 1) | |
| <i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i> | \$0 (Tier 1) | |
| <i>sodium phosphates inj 45 mm/15ml (phos) 60 meq/15ml (na)</i> | \$0 (Tier 3) | DP |
| TPN ELECTROL INJ | \$0 (Tier 2) | B/D |

IV NUTRITION

| | | |
|---|--------------|-----|
| AMINOSYN II INJ 10% | \$0 (Tier 2) | B/D |
| AMINOSYN-PF INJ 7% | \$0 (Tier 2) | B/D |
| <i>chromic chloride inj 40 mcg/10ml (4 mcg/ml) (elemental cr)</i> | \$0 (Tier 3) | DP |
| CLINIMIX INJ 4.25/D5W | \$0 (Tier 2) | B/D |
| CLINIMIX INJ 4.25/D10 | \$0 (Tier 2) | B/D |
| CLINIMIX INJ 5%/D15W | \$0 (Tier 2) | B/D |
| CLINIMIX INJ 5%/D20W | \$0 (Tier 2) | B/D |
| <i>clinisol sf inj 15%</i> | \$0 (Tier 1) | B/D |
| CLINOLIPID EMU 20% | \$0 (Tier 2) | B/D |
| COPPER SULF CRY | \$0 (Tier 3) | DP |
| <i>cupric chloride inj 0.4 mg/ml (elemental)</i> | \$0 (Tier 3) | DP |
| FREAMINE HBC INJ 6.9% | \$0 (Tier 2) | B/D |
| FREAMINE III INJ 10% | \$0 (Tier 2) | B/D |
| <i>hepatamine sol 8%</i> | \$0 (Tier 2) | B/D |
| INTRALIPID INJ 20% | \$0 (Tier 2) | B/D |
| INTRALIPID INJ 30% | \$0 (Tier 2) | B/D |
| NEPHRAMINE INJ 5.4% | \$0 (Tier 2) | B/D |
| NUTRILIPID EMU 20% | \$0 (Tier 2) | B/D |
| <i>plenamine inj 15%</i> | \$0 (Tier 1) | B/D |
| PREMASOL SOL 10% | \$0 (Tier 2) | B/D |
| PROCALAMINE INJ 3% | \$0 (Tier 2) | B/D |
| PROSOL INJ 20% | \$0 (Tier 2) | B/D |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|----------------------------------|---|--------------------------------------|
| TRAVASOL INJ 10% | \$0 (Tier 2) | B/D |
| TROPHAMINE INJ 10% | \$0 (Tier 2) | B/D |
| <i>zinc chloride inj 1 mg/ml</i> | \$0 (Tier 3) | DP |

IV REPLACEMENT SOLUTIONS

| | | |
|--|--------------|--|
| D5W/LYTES INJ #48 | \$0 (Tier 2) | |
| D5W/NACL INJ 0.3% | \$0 (Tier 2) | |
| D10W/NACL INJ 0.2% | \$0 (Tier 2) | |
| <i>dextrose 2.5% w/ sodium chloride 0.45%</i> | \$0 (Tier 1) | |
| <i>dextrose 5% in lactated ringers</i> | \$0 (Tier 1) | |
| <i>dextrose 5% w/ sodium chloride 0.2%</i> | \$0 (Tier 1) | |
| <i>dextrose 5% w/ sodium chloride 0.9%</i> | \$0 (Tier 1) | |
| <i>dextrose 5% w/ sodium chloride 0.45%</i> | \$0 (Tier 1) | |
| <i>dextrose 10% w/ sodium chloride 0.45%</i> | \$0 (Tier 1) | |
| <i>dextrose inj 5%</i> | \$0 (Tier 1) | |
| <i>dextrose inj 10%</i> | \$0 (Tier 1) | |
| <i>dextrose inj 50%</i> | \$0 (Tier 1) | |
| <i>dextrose inj 70%</i> | \$0 (Tier 1) | |
| ISOLYTE-P INJ /D5W | \$0 (Tier 2) | |
| ISOLYTE-S INJ | \$0 (Tier 2) | |
| <i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i> | \$0 (Tier 1) | |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i> | \$0 (Tier 1) | |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i> | \$0 (Tier 1) | |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i> | \$0 (Tier 1) | |
| <i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i> | \$0 (Tier 1) | |
| <i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> | \$0 (Tier 1) | |
| <i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i> | \$0 (Tier 1) | |
| <i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i> | \$0 (Tier 1) | |
| <i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i> | \$0 (Tier 1) | |
| KCL/D5W/NACL INJ 0.3/0.9% | \$0 (Tier 2) | |
| KCL/D5W/NACL INJ 0.15/0.2 | \$0 (Tier 2) | |
| <i>lactated ringer's solution</i> | \$0 (Tier 1) | |
| NORMOSOL -M INJ /D5W | \$0 (Tier 2) | |
| NORMOSOL-R INJ PH 7.4 | \$0 (Tier 2) | |
| PLASMA-LYTE INJ -148 | \$0 (Tier 2) | |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) |
|------------------|---|
|------------------|---|

| | |
|---|-----------------|
| PLASMA-LYTE INJ -A | \$0 (Tier 2) |
| POT CHLORIDE INJ 10MEQ | \$0 (Tier 1) |
| POT CHLORIDE INJ 20MEQ | \$0 (Tier 1) |
| POT CHLORIDE INJ 40MEQ | \$0 (Tier 1) |
| <i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i> | \$0 (Tier 1) |
| <i>potassium chloride inj 2 meq/ml</i> | \$0 (Tier 1) |
| <i>sodium chloride iv soln 0.9%</i> | \$0 (Tier 1) |
| <i>sodium chloride iv soln 0.45%</i> | \$0 (Tier 1) |
| <i>sodium chloride iv soln 3%</i> | \$0 (Tier 1) |
| <i>sodium chloride iv soln 5%</i> | \$0 (Tier 1) |
| <i>sodium chloride tab 1 gm</i> | \$0 (Tier 3) DP |

MINERALS

| | |
|---|-----------------|
| BEELITH TAB | \$0 (Tier 3) DP |
| CA PHOS DIHY POW DIBASIC | \$0 (Tier 3) DP |
| CALCET PETIT TAB 200-250 | \$0 (Tier 3) DP |
| CALCI-CHEW CHW 1250MG | \$0 (Tier 3) DP |
| CALCI-MIX CAP 1250MG | \$0 (Tier 3) DP |
| <i>calcitrate tab</i> | \$0 (Tier 3) DP |
| <i>calcitrate tab 950mg</i> | \$0 (Tier 3) DP |
| <i>calcium 600 chw +d/miner</i> | \$0 (Tier 3) DP |
| <i>calcium 600 tab</i> | \$0 (Tier 3) DP |
| <i>calcium 600 tab + d</i> | \$0 (Tier 3) DP |
| <i>calcium 600 tab +d/mnrls</i> | \$0 (Tier 3) DP |
| <i>calcium 600 tab -d</i> | \$0 (Tier 3) DP |
| <i>calcium +d tab maximum</i> | \$0 (Tier 3) DP |
| CALCIUM CARB POW | \$0 (Tier 3) DP |
| CALCIUM CARB POW EX-LIGHT | \$0 (Tier 3) DP |
| CALCIUM CARB POW HEAVY | \$0 (Tier 3) DP |
| <i>calcium carb-vit d w/ minerals chew tab 600 mg-400 unit</i> | \$0 (Tier 3) DP |
| <i>calcium carbonate (antacid) susp 1250 mg/5ml</i> | \$0 (Tier 3) DP |
| <i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i> | \$0 (Tier 3) DP |
| <i>calcium carbonate-cholecalciferol chew tab 500 mg-100 unit</i> | \$0 (Tier 3) DP |
| <i>calcium carbonate-cholecalciferol tab 250 mg-125 unit</i> | \$0 (Tier 3) DP |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL) |
|---|---|
| <i>calcium carbonate-cholecalciferol tab 500 mg-200 unit</i> | \$0 (Tier 3) DP |
| <i>calcium carbonate-cholecalciferol tab 500 mg-400 unit</i> | \$0 (Tier 3) DP |
| <i>calcium carbonate-cholecalciferol tab 600 mg-200 unit</i> | \$0 (Tier 3) DP |
| <i>calcium carbonate-cholecalciferol tab 600 mg-400 unit</i> | \$0 (Tier 3) DP |
| <i>calcium carbonate-vitamin d tab 500 mg-200 unit</i> | \$0 (Tier 3) DP |
| <i>calcium carbonate-vitamin d tab 500 mg-400 unit</i> | \$0 (Tier 3) DP |
| <i>calcium carbonate-vitamin d tab 600 mg-125 unit</i> | \$0 (Tier 3) DP |
| <i>calcium citr tab w/vit d3</i> | \$0 (Tier 3) DP |
| <i>calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)</i> | \$0 (Tier 3) DP |
| CALCIUM GLUC POW | \$0 (Tier 3) DP |
| CALCIUM LACT POW PENTAHYD | \$0 (Tier 3) DP |
| CALCIUM LACT TAB 648MG | \$0 (Tier 3) DP |
| CALCIUM PHOS POW TRIBASIC | \$0 (Tier 3) DP |
| <i>calcium plus tab 600 +d</i> | \$0 (Tier 3) DP |
| <i>calcium soft chw mlk choc</i> | \$0 (Tier 3) DP |
| <i>calcium tab 500/d</i> | \$0 (Tier 3) DP |
| <i>calcium tab 600mg</i> | \$0 (Tier 3) DP |
| <i>calcium tab vit d</i> | \$0 (Tier 3) DP |
| <i>calcium-magnesium-zinc tab 333-133-5 mg</i> | \$0 (Tier 3) DP |
| <i>calcium-magnesium-zinc tab 334-134-5 mg</i> | \$0 (Tier 3) DP |
| <i>calcium/d3 tab</i> | \$0 (Tier 3) DP |
| <i>calcium/d chw 500-400</i> | \$0 (Tier 3) DP |
| <i>cit calc/d tab 315-250</i> | \$0 (Tier 3) DP |
| <i>gnp ca/mg/zn tab</i> | \$0 (Tier 3) DP |
| <i>gnp ca/vit d chw minerals</i> | \$0 (Tier 3) DP |
| <i>gnp calcium tab 500/d</i> | \$0 (Tier 3) DP |
| <i>gnp calcium tab 600/d</i> | \$0 (Tier 3) DP |
| <i>gnp calcium tab cit +d3</i> | \$0 (Tier 3) DP |
| <i>gnp magnesi tab 250mg</i> | \$0 (Tier 3) DP |
| <i>gnp zinc tab 50mg</i> | \$0 (Tier 3) DP |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL) |
|---|---|
| MAG CARBONAT POW HEAVY | \$0 (Tier 3) DP |
| <i>mag-g tab 500mg</i> | \$0 (Tier 3) DP |
| MAGDELAY TAB 70MG | \$0 (Tier 3) DP |
| MAGN CHLORID POW | \$0 (Tier 3) DP |
| MAGNEBIND TAB 200 | \$0 (Tier 3) DP |
| MAGNEBIND TAB 300 | \$0 (Tier 3) DP |
| <i>magnesium gluconate tab 500 mg (27 mg elemental mg)</i> | \$0 (Tier 3) DP |
| <i>magnesium oxide tab 400 mg (240 mg elemental mg)</i> | \$0 (Tier 3) DP |
| <i>magnesium oxide tab 400 mg (241.3 mg elemental mg)</i> | \$0 (Tier 3) DP |
| <i>magnesium oxide tab 500 mg (mg supplement)</i> | \$0 (Tier 3) DP |
| MAGNESIUM POW HYDROXID | \$0 (Tier 3) DP |
| <i>magnesium tab 250 mg</i> | \$0 (Tier 3) DP |
| <i>magnesium tab 250mg</i> | \$0 (Tier 3) DP |
| MAGONATE LIQ 1000/5ML | \$0 (Tier 3) DP |
| <i>magonate tab 500mg</i> | \$0 (Tier 3) DP |
| <i>manganese chloride inj 0.1 mg/ml</i> | \$0 (Tier 3) DP |
| <i>oysco 500 tab 500mg</i> | \$0 (Tier 3) DP |
| <i>oysco 500+d chw</i> | \$0 (Tier 3) DP |
| <i>oysco 500+d tab</i> | \$0 (Tier 3) DP |
| <i>oyst cal/d tab 500mg</i> | \$0 (Tier 3) DP |
| <i>oyst shell/d tab 500mg</i> | \$0 (Tier 3) DP |
| <i>oyster shell calcium tab 500 mg</i> | \$0 (Tier 3) DP |
| <i>oyster shell tab 500mg</i> | \$0 (Tier 3) DP |
| PHOS-NAK POW CONCENTR | \$0 (Tier 3) DP |
| <i>potassium & sodium phosphates powder pack 280-160-250 mg</i> | \$0 (Tier 3) DP |
| RISACAL-D TAB | \$0 (Tier 3) DP |
| <i>sm ca/mg/zn tab</i> | \$0 (Tier 3) DP |
| <i>sm calcium chw</i> | \$0 (Tier 3) DP |
| <i>sm calcium/d tab 600-400</i> | \$0 (Tier 3) DP |
| SM CORAL CAL TAB 1000MG | \$0 (Tier 3) DP |
| <i>sm zinc tab 50mg</i> | \$0 (Tier 3) DP |
| SOD ACETATE POW ANHYDR | \$0 (Tier 3) DP |
| SOD CHLORIDE GRA | \$0 (Tier 3) DP |
| <i>zinc gluconate tab 50 mg (elemental zn)</i> | \$0 (Tier 3) DP |
| ZINC SULFATE CAP 50MG | \$0 (Tier 3) DP |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL) |
|-----------|---|
|-----------|---|

| | |
|--|-----------------|
| ZINC SULFATE POW GRANULAR | \$0 (Tier 3) DP |
| ZINC SULFATE POW MONOHYD | \$0 (Tier 3) DP |
| <i>zinc sulfate tab 220 mg (50 mg zinc equivalent)</i> | \$0 (Tier 3) DP |
| <i>zinc tab 50 mg</i> | \$0 (Tier 3) DP |

MISCELLANEOUS

| | |
|--------------------------------|-----------------|
| ACACIA POW | \$0 (Tier 3) DP |
| APPLE FLAVOR LIQ | \$0 (Tier 3) DP |
| ASPARTAME POW | \$0 (Tier 3) DP |
| BANANA LIQ FLAVOR | \$0 (Tier 3) DP |
| BENZYL ALC LIQ | \$0 (Tier 3) DP |
| BITTERNESS POW NATURAL | \$0 (Tier 3) DP |
| BUFFER CREAM POW | \$0 (Tier 3) DP |
| BUTTER RUM LIQ FLAVOR | \$0 (Tier 3) DP |
| BUTYLPARABEN POW | \$0 (Tier 3) DP |
| CARBOGEL GEL 940 | \$0 (Tier 3) DP |
| CARBOHOL GEL 940 | \$0 (Tier 3) DP |
| CETYL ALCOHO GRA | \$0 (Tier 3) DP |
| CHERRY CON | \$0 (Tier 3) DP |
| CHERRY SYP | \$0 (Tier 3) DP |
| CHERRY SYP CONCENTR | \$0 (Tier 3) DP |
| CHOCOLATE CON FLAVOR | \$0 (Tier 3) DP |
| CINNAMON OIL FLAVOR | \$0 (Tier 3) DP |
| CLOVE FLAVOR OIL | \$0 (Tier 3) DP |
| CO-ENZYME WAF Q10/E | \$0 (Tier 3) DP |
| COCOA BUTTER MIS | \$0 (Tier 3) DP |
| <i>coenzyme q10 cap 10 mg</i> | \$0 (Tier 3) DP |
| <i>coenzyme q10 cap 30 mg</i> | \$0 (Tier 3) DP |
| <i>coenzyme q10 cap 30mg</i> | \$0 (Tier 3) DP |
| <i>coenzyme q10 cap 50 mg</i> | \$0 (Tier 3) DP |
| <i>coenzyme q10 cap 60 mg</i> | \$0 (Tier 3) DP |
| <i>coenzyme q10 cap 75 mg</i> | \$0 (Tier 3) DP |
| <i>coenzyme q10 cap 100 mg</i> | \$0 (Tier 3) DP |
| <i>coenzyme q10 cap 100mg</i> | \$0 (Tier 3) DP |
| <i>coenzyme q10 cap 150 mg</i> | \$0 (Tier 3) DP |
| COENZYME Q10 CHW 60MG | \$0 (Tier 3) DP |
| COENZYME Q10 LIQ 30MG/5ML | \$0 (Tier 3) DP |
| COENZYME Q10 TAB 25MG | \$0 (Tier 3) DP |
| <i>coenzyme q10 tab 60 mg</i> | \$0 (Tier 3) DP |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL) |
|-----------------------------|---|
| COENZYME Q10 TAB 200MG | \$0 (Tier 3) DP |
| COLLODION LIQ | \$0 (Tier 3) DP |
| COLLODION LIQ FLEXIBLE | \$0 (Tier 3) DP |
| COQ-10 CAP 100MG TR | \$0 (Tier 3) DP |
| DIABETISWEET POW | \$0 (Tier 3) DP |
| DISTILLED LIQ WATER | \$0 (Tier 3) DP |
| <i>eql coq10 cap 100mg</i> | \$0 (Tier 3) DP |
| ETHYL ALCOHO SOL 100% | \$0 (Tier 3) DP |
| FATTYBLEND MIS | \$0 (Tier 3) DP |
| FDC BLUE 1 POW | \$0 (Tier 3) DP |
| FDC BLUE 1 POW AL LAKE | \$0 (Tier 3) DP |
| FDC BLUE 2 POW | \$0 (Tier 3) DP |
| FDC GREEN #3 POW | \$0 (Tier 3) DP |
| FDC RED 40 POW | \$0 (Tier 3) DP |
| FDC RED #3 POW | \$0 (Tier 3) DP |
| FDC RED #40 POW AL LAKE | \$0 (Tier 3) DP |
| FDC YELLOW 5 POW | \$0 (Tier 3) DP |
| FDC YELLOW 5 POW AL LAKE | \$0 (Tier 3) DP |
| FDC YELLOW 6 POW | \$0 (Tier 3) DP |
| FLAVORX LIQ | \$0 (Tier 3) DP |
| FRUCTOSE GRA | \$0 (Tier 3) DP |
| <i>gnp co q10 cap 60mg</i> | \$0 (Tier 3) DP |
| <i>gnp co q10 cap 100mg</i> | \$0 (Tier 3) DP |
| GOWEY TIN TINCTURE | \$0 (Tier 3) DP |
| GRAPE LIQ FLAVOR | \$0 (Tier 3) DP |
| GRAPE SYP | \$0 (Tier 3) DP |
| <i>h2q cap 100mg</i> | \$0 (Tier 3) DP |
| <i>hm coq10 cap 50mg</i> | \$0 (Tier 3) DP |
| <i>hm coq10 cap 100mg</i> | \$0 (Tier 3) DP |
| HRT BASE CRE | \$0 (Tier 3) DP |
| HYDROPHILIC OIN | \$0 (Tier 3) DP |
| HYDROUS CRE EMULSIFI | \$0 (Tier 3) DP |
| JELENE OIN | \$0 (Tier 3) DP |
| KARAYA GUM | \$0 (Tier 3) DP |
| L-ARGININE POW | \$0 (Tier 3) DP |
| L-CYSTINE POW | \$0 (Tier 3) DP |
| L-GLUTAMINE POW | \$0 (Tier 3) DP |
| L-GLUTATHION CRY | \$0 (Tier 3) DP |
| L-ISOLEUCINE POW | \$0 (Tier 3) DP |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL) |
|--------------------------|---|
| L-METHIONINE POW | \$0 (Tier 3) DP |
| L-TYROSINE POW | \$0 (Tier 3) DP |
| L-VALINE POW | \$0 (Tier 3) DP |
| LACTOSE POW | \$0 (Tier 3) DP |
| LACTOSE POW ANHYDROU | \$0 (Tier 3) DP |
| LACTOSE POW HYDROUS | \$0 (Tier 3) DP |
| LACTOSE POW MONOHYDR | \$0 (Tier 3) DP |
| LECITHIN GRA | \$0 (Tier 3) DP |
| LEMON FLAVOR OIL | \$0 (Tier 3) DP |
| LIP BALM OIN BASE | \$0 (Tier 3) DP |
| LIP BALM OIN NATURAL | \$0 (Tier 3) DP |
| LIPOBASE CRE | \$0 (Tier 3) DP |
| LIPOIL OIL | \$0 (Tier 3) DP |
| LIPOVAN BASE CRE | \$0 (Tier 3) DP |
| LOLLIBASE POW | \$0 (Tier 3) DP |
| LOZIBASE MIS | \$0 (Tier 3) DP |
| METHYLCELLUL GEL 2% | \$0 (Tier 3) DP |
| METHYLCELLUL GEL 3% | \$0 (Tier 3) DP |
| METHYLCELLUL POW 1500CPS | \$0 (Tier 3) DP |
| METHYLCELLUL POW 4000CPS | \$0 (Tier 3) DP |
| METHYLPARABE POW | \$0 (Tier 3) DP |
| MICRODERM CRE BASE | \$0 (Tier 3) DP |
| MICROSOME CRE BASE | \$0 (Tier 3) DP |
| NICE DISTILL LIQ WATER | \$0 (Tier 3) DP |
| ORA-BLEND SF SUS | \$0 (Tier 3) DP |
| ORA-BLEND SUS | \$0 (Tier 3) DP |
| ORA-HESIVE PST BASE | \$0 (Tier 3) DP |
| ORA-PLUS LIQ | \$0 (Tier 3) DP |
| ORA-SWEET SF SYP | \$0 (Tier 3) DP |
| ORA-SWEET SYP | \$0 (Tier 3) DP |
| ORANGE CONC LIQ | \$0 (Tier 3) DP |
| PCCA BASE CRE 7542 | \$0 (Tier 3) DP |
| PCCA MBK MIS FAT ACID | \$0 (Tier 3) DP |
| PEG 300 LIQ | \$0 (Tier 3) DP |
| PEG 1000 LIQ | \$0 (Tier 3) DP |
| PEG 3350 POW | \$0 (Tier 3) DP |
| PEG BLEND OIN | \$0 (Tier 3) DP |
| PEPPERMINT OIL FLAVOR | \$0 (Tier 3) DP |
| PFCB CRE | \$0 (Tier 3) DP |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL) |
|------------------------------------|---|
| PHARMABASE CRE ANTIOXID | \$0 (Tier 3) DP |
| PHARMABASE CRE COSMETIC | \$0 (Tier 3) DP |
| PHARMABASE CRE LIGHT | \$0 (Tier 3) DP |
| PHARMABASE CRE VAGINAL | \$0 (Tier 3) DP |
| PHYTOBASE CRE | \$0 (Tier 3) DP |
| PLO20 GEL FLOWABLE | \$0 (Tier 3) DP |
| PLO LECITHIN GEL BASE | \$0 (Tier 3) DP |
| PNA-HRT BASE CRE | \$0 (Tier 3) DP |
| POLOX GEL 20% | \$0 (Tier 3) DP |
| POLOX GEL 30% | \$0 (Tier 3) DP |
| POLOXAMER POW 407 | \$0 (Tier 3) DP |
| POLY GLYCOL LIQ 1450 | \$0 (Tier 3) DP |
| POLY GLYCOL POW 8000 | \$0 (Tier 3) DP |
| POLYETHYLENE LIQ GLY 400 | \$0 (Tier 3) DP |
| POLYOXYL 40 POW STEARATE | \$0 (Tier 3) DP |
| POT SORBATE CRY | \$0 (Tier 3) DP |
| <i>prasterone (dhea) cap 25 mg</i> | \$0 (Tier 3) DP |
| PROPYLENE GL LIQ | \$0 (Tier 3) DP |
| PROPYLENE LIQ GLYCOL | \$0 (Tier 3) DP |
| PROPYPARABEN POW | \$0 (Tier 3) DP |
| Q-DERM CRE | \$0 (Tier 3) DP |
| <i>q-sorb cap 30mg</i> | \$0 (Tier 3) DP |
| <i>q-sorb cap 75mg</i> | \$0 (Tier 3) DP |
| <i>q-sorb cap 150mg</i> | \$0 (Tier 3) DP |
| <i>q-sorb co-q cap 100mg</i> | \$0 (Tier 3) DP |
| RASPBERRY LIQ FLAVOR | \$0 (Tier 3) DP |
| RDT BASE POW | \$0 (Tier 3) DP |
| SACCHARIN POW | \$0 (Tier 3) DP |
| SACCHARIN POW SODIUM | \$0 (Tier 3) DP |
| SAFFLOWER OIL | \$0 (Tier 3) DP |
| SALTSTABLE CRE | \$0 (Tier 3) DP |
| SHEA BUTTER MIS | \$0 (Tier 3) DP |
| SIMPLE SYP | \$0 (Tier 3) DP |
| <i>sm coq-10 cap 50mg</i> | \$0 (Tier 3) DP |
| SOD BENZOATE POW | \$0 (Tier 3) DP |
| SOD LAURYL POW SULFATE | \$0 (Tier 3) DP |
| SOD SACCHARI GRA | \$0 (Tier 3) DP |
| SORBIC ACID POW | \$0 (Tier 3) DP |
| SORBITOL SOL 70% | \$0 (Tier 3) DP |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL) |
|-----------------------------|---|
| SPERMACETI MIS | \$0 (Tier 3) DP |
| STRAWBERRY LIQ FLAVOR | \$0 (Tier 3) DP |
| SUPPOSIBLEND MIS | \$0 (Tier 3) DP |
| SUSPENDIT GEL | \$0 (Tier 3) DP |
| SYRSPEND SF SUS ALKA | \$0 (Tier 3) DP |
| TANGERINE POW FLAVOR | \$0 (Tier 3) DP |
| THREONINE POW | \$0 (Tier 3) DP |
| TROCHIBASE MIS | \$0 (Tier 3) DP |
| TROCHIBASE S MIS | \$0 (Tier 3) DP |
| TROCHIBASE S MIS CLASSIC | \$0 (Tier 3) DP |
| TROLAMINE LIQ | \$0 (Tier 3) DP |
| TUTTI FRUTTI CON | \$0 (Tier 3) DP |
| U-BASE CRE | \$0 (Tier 3) DP |
| UNIBASE CRE | \$0 (Tier 3) DP |
| V-MAX CRE | \$0 (Tier 3) DP |
| V-R FATIGUE TAB COMPLEX | \$0 (Tier 3) DP |
| VANIBASE CRE | \$0 (Tier 3) DP |
| VERSATILE CRE BASE | \$0 (Tier 3) DP |
| VERSIGEL CRE | \$0 (Tier 3) DP |
| WATERMELON LIQ FLAVOR | \$0 (Tier 3) DP |
| <i>white petrolatum gel</i> | \$0 (Tier 3) DP |
| WITEPSOL H15 MIS | \$0 (Tier 3) DP |
| XANTHAN GUM POW | \$0 (Tier 3) DP |

VITAMINS

| | |
|--------------------------------------|-----------------|
| ADULT 50+ CAP OCUVITE | \$0 (Tier 3) DP |
| <i>animal shape chw</i> | \$0 (Tier 3) DP |
| <i>animal shape chw complete</i> | \$0 (Tier 3) DP |
| ANIMAL SHAPE CHW IRON | \$0 (Tier 3) DP |
| <i>antioxidant tab</i> | \$0 (Tier 3) DP |
| <i>antioxidant tab vitamins</i> | \$0 (Tier 3) DP |
| APATATE FORT LIQ | \$0 (Tier 3) DP |
| APATATE LIQ | \$0 (Tier 3) DP |
| AQUADEKS CHW | \$0 (Tier 3) DP |
| <i>aquadeks dro</i> | \$0 (Tier 3) DP |
| AQUASOL A INJ 50000/ML | \$0 (Tier 3) DP |
| <i>aqueous e dro 15/0.3ml</i> | \$0 (Tier 3) DP |
| <i>ascorbic acid cap er 500 mg</i> | \$0 (Tier 3) DP |
| <i>ascorbic acid chew tab 250 mg</i> | \$0 (Tier 3) DP |
| <i>ascorbic acid chew tab 500 mg</i> | \$0 (Tier 3) DP |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL) |
|---|---|
| <i>ascorbic acid tab 250 mg</i> | \$0 (Tier 3) DP |
| <i>ascorbic acid tab 500 mg</i> | \$0 (Tier 3) DP |
| <i>ascorbic acid tab 1000 mg</i> | \$0 (Tier 3) DP |
| B-12 DOTS TAB 500MCG | \$0 (Tier 3) DP |
| <i>b-complex vitamin cap</i> | \$0 (Tier 3) DP |
| <i>b-complex vitamin tab</i> | \$0 (Tier 3) DP |
| <i>b-complex w/ c & calcium tab</i> | \$0 (Tier 3) DP |
| <i>b-complex w/ c tab</i> | \$0 (Tier 3) DP |
| <i>biotin cap 5 mg</i> | \$0 (Tier 3) DP |
| <i>biotin tab 5 mg</i> | \$0 (Tier 3) DP |
| <i>biotin tab 300 mcg</i> | \$0 (Tier 3) DP |
| <i>c 250 tab</i> | \$0 (Tier 3) DP |
| <i>c-500 chw 500mg</i> | \$0 (Tier 3) DP |
| <i>c-1000/rh tab 1000mg</i> | \$0 (Tier 3) DP |
| <i>c/rosehip tr tab 1000mg</i> | \$0 (Tier 3) DP |
| <i>ca citrate + tab</i> | \$0 (Tier 3) DP |
| <i>cal-mag-zinc tab +d3</i> | \$0 (Tier 3) DP |
| <i>calciferol dro 8000/ml</i> | \$0 (Tier 3) DP |
| <i>calcitriol cap 0.5 mcg</i> | \$0 (Tier 1) B/D |
| <i>calcitriol cap 0.25 mcg</i> | \$0 (Tier 1) B/D |
| <i>calcitriol inj 1 mcg/ml</i> | \$0 (Tier 1) B/D |
| <i>calcitriol oral soln 1 mcg/ml</i> | \$0 (Tier 1) B/D |
| <i>centamin liq</i> | \$0 (Tier 3) DP |
| <i>centavite liq</i> | \$0 (Tier 3) DP |
| <i>century tab</i> | \$0 (Tier 3) DP |
| <i>century tab mature</i> | \$0 (Tier 3) DP |
| <i>cerovite jr chw</i> | \$0 (Tier 3) DP |
| <i>cerovite tab advanced</i> | \$0 (Tier 3) DP |
| <i>cerovite tab senior</i> | \$0 (Tier 3) DP |
| CERTAVITE TAB SENIOR | \$0 (Tier 3) DP |
| <i>certavite/ tab antioxidant</i> | \$0 (Tier 3) DP |
| <i>chewabl vite chw childrns</i> | \$0 (Tier 3) DP |
| <i>chewable c chw 500mg</i> | \$0 (Tier 3) DP |
| <i>child chew chw iron</i> | \$0 (Tier 3) DP |
| <i>child chew chw vitamins</i> | \$0 (Tier 3) DP |
| <i>child chew/ chw extra c</i> | \$0 (Tier 3) DP |
| <i>childrens chw /iron</i> | \$0 (Tier 3) DP |
| CHILDRENS CHW COMPLETE | \$0 (Tier 3) DP |
| <i>cholecalciferol cap 1.25 mg (50000 unit)</i> | \$0 (Tier 3) DP |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL) |
|--|---|
| <i>cholecalciferol cap 10 mcg (400 unit)</i> | \$0 (Tier 3) DP |
| <i>cholecalciferol cap 25 mcg (1000 unit)</i> | \$0 (Tier 3) DP |
| <i>cholecalciferol cap 50 mcg (2000 unit)</i> | \$0 (Tier 3) DP |
| <i>cholecalciferol cap 125 mcg (5000 unit)</i> | \$0 (Tier 3) DP |
| <i>cholecalciferol cap 250 mcg (10000 unit)</i> | \$0 (Tier 3) DP |
| <i>cholecalciferol oral liquid 10 mcg/ml (400 unit/ml)</i> | \$0 (Tier 3) DP |
| <i>cholecalciferol tab 10 mcg (400 unit)</i> | \$0 (Tier 3) DP |
| <i>cholecalciferol tab 25 mcg (1000 unit)</i> | \$0 (Tier 3) DP |
| <i>cholecalciferol tab 50 mcg (2000 unit)</i> | \$0 (Tier 3) DP |
| CL PRENATAL TAB 28-0.8MG | \$0 (Tier 3) DP |
| <i>cod liver cap</i> | \$0 (Tier 3) DP |
| <i>cod liver oil cap</i> | \$0 (Tier 3) DP |
| COD LIVER OIL OIL | \$0 (Tier 3) DP |
| <i>compete tab</i> | \$0 (Tier 3) DP |
| <i>complete tab</i> | \$0 (Tier 3) DP |
| <i>complete tab senior</i> | \$0 (Tier 3) DP |
| <i>cyanocobalamin inj 1000 mcg/ml</i> | \$0 (Tier 3) DP |
| <i>cyanocobalamin tab 100 mcg</i> | \$0 (Tier 3) DP |
| <i>cyanocobalamin tab 250 mcg</i> | \$0 (Tier 3) DP |
| <i>cyanocobalamin tab 500 mcg</i> | \$0 (Tier 3) DP |
| <i>cyanocobalamin tab 1000 mcg</i> | \$0 (Tier 3) DP |
| <i>cyanocobalamin tab er 1000 mcg</i> | \$0 (Tier 3) DP |
| <i>cyanocobalamin tab er 2000 mcg</i> | \$0 (Tier 3) DP |
| <i>d3 cap 1000unit</i> | \$0 (Tier 3) DP |
| <i>d3 super str cap 2000unit</i> | \$0 (Tier 3) DP |
| <i>d 400 tab 400unit</i> | \$0 (Tier 3) DP |
| <i>daily vit tab</i> | \$0 (Tier 3) DP |
| <i>daily-vite tab</i> | \$0 (Tier 3) DP |
| <i>daily-vite/ tab iron</i> | \$0 (Tier 3) DP |
| DIALYVIT 800 TAB ZINC 15 | \$0 (Tier 3) DP |
| <i>dialyvite d cap 5000unit</i> | \$0 (Tier 3) DP |
| <i>dialyvite tab 800</i> | \$0 (Tier 3) DP |
| <i>dialyvite tab 800/d</i> | \$0 (Tier 3) DP |
| DIALYVITE TAB 800/ZINC | \$0 (Tier 3) DP |
| <i>e-400 cap 400unit</i> | \$0 (Tier 3) DP |
| <i>ecee plus tab</i> | \$0 (Tier 3) DP |
| <i>eldertonic liq</i> | \$0 (Tier 3) DP |
| <i>ergocalciferol cap 1.25 mg (50000 unit)</i> | \$0 (Tier 3) DP |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL) |
|--|---|
| <i>ergocalciferol soln 200 mcg/ml (8000 unit/ml)</i> | \$0 (Tier 3) DP |
| <i>essentl one tab daily</i> | \$0 (Tier 3) DP |
| <i>ester-c tab 500mg</i> | \$0 (Tier 3) DP |
| EZFE FORTE CAP | \$0 (Tier 3) DP |
| FOLGARD TAB | \$0 (Tier 3) DP |
| <i>folic acid inj 5 mg/ml</i> | \$0 (Tier 3) DP |
| <i>folic acid tab 1 mg</i> | \$0 (Tier 3) DP |
| <i>folic acid tab 400 mcg</i> | \$0 (Tier 3) DP |
| <i>folic acid tab 400mcg</i> | \$0 (Tier 3) DP |
| <i>folic acid tab 800 mcg</i> | \$0 (Tier 3) DP |
| FOSFREE TAB | \$0 (Tier 3) DP |
| <i>geriaton liq</i> | \$0 (Tier 3) DP |
| GERIATRIC LIQ VITAMIN | \$0 (Tier 3) DP |
| <i>gnp b-50 tab balanced</i> | \$0 (Tier 3) DP |
| <i>gnp b-100 tab</i> | \$0 (Tier 3) DP |
| <i>gnp century tab</i> | \$0 (Tier 3) DP |
| <i>gnp century tab cardio</i> | \$0 (Tier 3) DP |
| GNP CENTURY TAB ENERGY | \$0 (Tier 3) DP |
| <i>gnp century tab mature</i> | \$0 (Tier 3) DP |
| <i>gnp century tab senior</i> | \$0 (Tier 3) DP |
| <i>gnp century tab ultimate</i> | \$0 (Tier 3) DP |
| <i>gnp healthy tab eyes</i> | \$0 (Tier 3) DP |
| <i>gnp little chw ones</i> | \$0 (Tier 3) DP |
| <i>gnp niacin tab 250mg tr</i> | \$0 (Tier 3) DP |
| <i>gnp one dail tab maximum</i> | \$0 (Tier 3) DP |
| <i>gnp opti-vit tab</i> | \$0 (Tier 3) DP |
| GNP PRENATAL TAB 28-0.8MG | \$0 (Tier 3) DP |
| <i>gnp vit b1 tab 100mg</i> | \$0 (Tier 3) DP |
| <i>gnp vit b-6 tab 100mg</i> | \$0 (Tier 3) DP |
| <i>gnp vit b-12 tab 500mcg</i> | \$0 (Tier 3) DP |
| <i>gnp vit b-12 tab 1000 cr</i> | \$0 (Tier 3) DP |
| <i>gnp vit c chw 500mg</i> | \$0 (Tier 3) DP |
| <i>gnp vit c loz 60mg</i> | \$0 (Tier 3) DP |
| <i>gnp vit c tab 250mg</i> | \$0 (Tier 3) DP |
| <i>gnp vit c tab 1000mg</i> | \$0 (Tier 3) DP |
| <i>gnp vit d tab 1000unit</i> | \$0 (Tier 3) DP |
| <i>gnp vit e cap 200unit</i> | \$0 (Tier 3) DP |
| <i>gnp vit e cap 400unit</i> | \$0 (Tier 3) DP |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL) |
|---|---|
| <i>gnp vit e cap 1000unit</i> | \$0 (Tier 3) DP |
| <i>gnp zoochews chw gummies</i> | \$0 (Tier 3) DP |
| <i>healthy eyes cap supervis</i> | \$0 (Tier 3) DP |
| <i>healthy eyes tab</i> | \$0 (Tier 3) DP |
| <i>hm niacin tab 250mg</i> | \$0 (Tier 3) DP |
| <i>hm vit b1 tab 100mg</i> | \$0 (Tier 3) DP |
| <i>hm vitamin e cap 200unit</i> | \$0 (Tier 3) DP |
| <i>hm vitamin e cap 1000unit</i> | \$0 (Tier 3) DP |
| <i>hydroxocobalamin acetate inj 1000 mcg/ml (base equivalent)</i> | \$0 (Tier 3) DP |
| <i>i-vite prote tab</i> | \$0 (Tier 3) DP |
| <i>i-vite tab</i> | \$0 (Tier 3) DP |
| ICAPS AREDS TAB FORMULA | \$0 (Tier 3) DP |
| <i>icaps cap</i> | \$0 (Tier 3) DP |
| <i>icaps lutein cap /omega-3</i> | \$0 (Tier 3) DP |
| ICAPS LUTEIN TAB ZEAXANTH | \$0 (Tier 3) DP |
| <i>icaps mv tab</i> | \$0 (Tier 3) DP |
| ICAPS PLUS TAB | \$0 (Tier 3) DP |
| ICAR PEDS SUS GRAPE | \$0 (Tier 3) DP |
| ICAR-C TAB | \$0 (Tier 3) DP |
| INFUVITE INJ | \$0 (Tier 3) DP |
| INFUVITE INJ ADULT | \$0 (Tier 3) DP |
| INFUVITE INJ PEDIATRI | \$0 (Tier 3) DP |
| M-NATAL PLUS TAB | \$0 (Tier 2) |
| M.V.I PEDIAT INJ | \$0 (Tier 3) DP |
| <i>maximum d3 cap 325mcg</i> | \$0 (Tier 3) DP |
| <i>mega multi tab men</i> | \$0 (Tier 3) DP |
| <i>mega multi tab women</i> | \$0 (Tier 3) DP |
| MEGA MULTIVI TAB MEN | \$0 (Tier 3) DP |
| MEGA MULTIVI TAB WOMEN | \$0 (Tier 3) DP |
| MEPHYTON TAB 5MG | \$0 (Tier 3) DP |
| <i>mult vitamin tab essent</i> | \$0 (Tier 3) DP |
| <i>mult vitamin tab mens</i> | \$0 (Tier 3) DP |
| <i>mult vitamin tab womens</i> | \$0 (Tier 3) DP |
| <i>multi-delyn liq</i> | \$0 (Tier 3) DP |
| MULTI-DELYN LIQ /IRON | \$0 (Tier 3) DP |
| <i>multi-vitamn tab</i> | \$0 (Tier 3) DP |
| <i>multilex tab</i> | \$0 (Tier 3) DP |
| <i>multilex-t&m tab</i> | \$0 (Tier 3) DP |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL) |
|--|---|
| <i>multiple vitamins w/ minerals tab</i> | \$0 (Tier 3) DP |
| <i>nail-ex tab 2.5mg</i> | \$0 (Tier 3) DP |
| NASCOBAL SPR 500MCG | \$0 (Tier 3) DP |
| NEPHRO-VITE TAB | \$0 (Tier 3) DP |
| NEPHRONEX LIQ 0.9/5ML | \$0 (Tier 3) DP |
| <i>niacin cap 500mg</i> | \$0 (Tier 3) DP |
| <i>niacin cap er 250 mg</i> | \$0 (Tier 3) DP |
| <i>niacin cap er 500 mg</i> | \$0 (Tier 3) DP |
| NIACIN POW | \$0 (Tier 3) DP |
| <i>niacin tab 100 mg</i> | \$0 (Tier 3) DP |
| <i>niacin tab 500 mg</i> | \$0 (Tier 3) DP |
| <i>niacin tab er 500 mg</i> | \$0 (Tier 3) DP |
| <i>niacin tab er 750 mg</i> | \$0 (Tier 3) DP |
| NIACIN TR TAB 1000MG | \$0 (Tier 3) DP |
| NIACINAMIDE POW | \$0 (Tier 3) DP |
| <i>niacinamide tab 500 mg</i> | \$0 (Tier 3) DP |
| <i>nutr-e-sol liq 400/15ml</i> | \$0 (Tier 3) DP |
| OCUVITE CAP ADULT | \$0 (Tier 3) DP |
| <i>ocuvite tab lutein</i> | \$0 (Tier 3) DP |
| <i>ocuvite xtra tab</i> | \$0 (Tier 3) DP |
| <i>once daily tab</i> | \$0 (Tier 3) DP |
| <i>once daily tab iron</i> | \$0 (Tier 3) DP |
| ONCOVITE TAB | \$0 (Tier 3) DP |
| <i>one daily tab</i> | \$0 (Tier 3) DP |
| <i>one daily tab maximum</i> | \$0 (Tier 3) DP |
| <i>one daily tab men 50+</i> | \$0 (Tier 3) DP |
| <i>one daily tab mens</i> | \$0 (Tier 3) DP |
| <i>one daily tab mens 50+</i> | \$0 (Tier 3) DP |
| <i>one daily tab pls iron</i> | \$0 (Tier 3) DP |
| <i>one daily tab wom 50+</i> | \$0 (Tier 3) DP |
| <i>one daily tab womens</i> | \$0 (Tier 3) DP |
| ONE VITE TAB 1MG PLUS | \$0 (Tier 2) |
| OPCON-A SOL OP | \$0 (Tier 3) DP |
| <i>paricalcitol cap 1 mcg</i> | \$0 (Tier 1) B/D |
| <i>paricalcitol cap 2 mcg</i> | \$0 (Tier 1) B/D |
| <i>paricalcitol cap 4 mcg</i> | \$0 (Tier 1) B/D |
| <i>phytonadione inj 1 mg/0.5ml (2 mg/ml)</i> | \$0 (Tier 3) DP |
| <i>phytonadione inj 10 mg/ml</i> | \$0 (Tier 3) DP |
| <i>phytonadione tab 5 mg</i> | \$0 (Tier 3) DP |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL) |
|-------------------------------------|---|
| PNV FOLIC AC TAB + IRON | \$0 (Tier 2) |
| <i>poly vitamin chw</i> | \$0 (Tier 3) DP |
| POLY-VI-SOL SOL IRON | \$0 (Tier 3) DP |
| <i>poly-vite sol /iron</i> | \$0 (Tier 3) DP |
| <i>polyvitamin chw /iron</i> | \$0 (Tier 3) DP |
| PRENATAL PLUS | \$0 (Tier 2) |
| PRENATAL TAB | \$0 (Tier 3) DP |
| PRENATAL TAB 27-0.8MG | \$0 (Tier 3) DP |
| PRENATAL TAB 27-1MG | \$0 (Tier 2) |
| PRENATAL TAB 28-0.8MG | \$0 (Tier 3) DP |
| PRENATAL TAB LOW IRON | \$0 (Tier 3) DP |
| PRENATAL TAB PLUS | \$0 (Tier 2) |
| PRENATAL VIT TAB LOW IRON | \$0 (Tier 2) |
| PRESERVISION CAP AREDS | \$0 (Tier 3) DP |
| PRESERVISION CAP AREDS 2 | \$0 (Tier 3) DP |
| PRESERVISION CAP LUTEIN | \$0 (Tier 3) DP |
| PRESERVISION TAB AREDS | \$0 (Tier 3) DP |
| <i>prosight tab</i> | \$0 (Tier 3) DP |
| <i>pyridoxine hcl inj 100 mg/ml</i> | \$0 (Tier 3) DP |
| <i>pyridoxine hcl tab 25 mg</i> | \$0 (Tier 3) DP |
| <i>pyridoxine hcl tab 50 mg</i> | \$0 (Tier 3) DP |
| <i>pyridoxine hcl tab 100 mg</i> | \$0 (Tier 3) DP |
| <i>qc therin-m tab</i> | \$0 (Tier 3) DP |
| RAYALDEE CAP 30MCG | \$0 (Tier 2) NDS |
| <i>rena-vite tab</i> | \$0 (Tier 3) DP |
| <i>sentry tab</i> | \$0 (Tier 3) DP |
| <i>sentry tab senior</i> | \$0 (Tier 3) DP |
| <i>slo-niacin tab 250mg cr</i> | \$0 (Tier 3) DP |
| SLO-NIACIN TAB 500MG CR | \$0 (Tier 3) DP |
| SLO-NIACIN TAB 750MG CR | \$0 (Tier 3) DP |
| <i>sm animal chw shapes</i> | \$0 (Tier 3) DP |
| <i>sm balanced tab b-50</i> | \$0 (Tier 3) DP |
| <i>sm balanced tab b-100</i> | \$0 (Tier 3) DP |
| <i>sm complete tab</i> | \$0 (Tier 3) DP |
| <i>sm complete tab adv form</i> | \$0 (Tier 3) DP |
| <i>sm complete tab senior</i> | \$0 (Tier 3) DP |
| <i>sm folic acd tab 400mcg</i> | \$0 (Tier 3) DP |
| <i>sm multiple tab vit/iron</i> | \$0 (Tier 3) DP |
| <i>sm multiple tab vitamins</i> | \$0 (Tier 3) DP |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL) |
|-----------------------------------|---|
| <i>sm opti-vita tab</i> | \$0 (Tier 3) DP |
| SM PRENATAL TAB VITAMINS | \$0 (Tier 3) DP |
| <i>sm vit b-6 tab 100mg</i> | \$0 (Tier 3) DP |
| <i>sm vit b-12 tab 100mcg</i> | \$0 (Tier 3) DP |
| <i>sm vit b-12 tab 500mcg</i> | \$0 (Tier 3) DP |
| <i>sm vit b-12 tab 1000 tr</i> | \$0 (Tier 3) DP |
| <i>sm vit c/rh tab 1000mg</i> | \$0 (Tier 3) DP |
| <i>sm vitamin c chw 500mg</i> | \$0 (Tier 3) DP |
| <i>sm vitamin c tab 250mg</i> | \$0 (Tier 3) DP |
| <i>sm vitamin c tab 1000mg</i> | \$0 (Tier 3) DP |
| <i>sm vitamin e cap 200unit</i> | \$0 (Tier 3) DP |
| <i>sm vitamin e cap 400unit</i> | \$0 (Tier 3) DP |
| <i>sm vitamin e cap 1000unit</i> | \$0 (Tier 3) DP |
| <i>stress form/ tab zinc</i> | \$0 (Tier 3) DP |
| <i>stress formu tab</i> | \$0 (Tier 3) DP |
| <i>stress formu tab w/iron</i> | \$0 (Tier 3) DP |
| STUART ONE CAP | \$0 (Tier 3) DP |
| <i>super b comp tab vit c</i> | \$0 (Tier 3) DP |
| <i>super liq nu-thera</i> | \$0 (Tier 3) DP |
| SUPER POW NU-THERA | \$0 (Tier 3) DP |
| <i>super tab nu-thera</i> | \$0 (Tier 3) DP |
| <i>super vikaps tab</i> | \$0 (Tier 3) DP |
| <i>superplex-t tab</i> | \$0 (Tier 3) DP |
| <i>tab-a-vite tab</i> | \$0 (Tier 3) DP |
| <i>tab-a-vite tab /iron</i> | \$0 (Tier 3) DP |
| <i>tab-a-vite tab beta car</i> | \$0 (Tier 3) DP |
| THERA M PLUS TAB | \$0 (Tier 3) DP |
| <i>thera tab</i> | \$0 (Tier 3) DP |
| THERA TAB | \$0 (Tier 3) DP |
| <i>thera-m tab</i> | \$0 (Tier 3) DP |
| THERA-M TAB | \$0 (Tier 3) DP |
| THERAPEUTIC SOL | \$0 (Tier 3) DP |
| <i>therapeutic- tab m</i> | \$0 (Tier 3) DP |
| <i>therems tab</i> | \$0 (Tier 3) DP |
| THEREMS-H TAB | \$0 (Tier 3) DP |
| THEREMS-M TAB | \$0 (Tier 3) DP |
| <i>thiamine hcl inj 100 mg/ml</i> | \$0 (Tier 3) DP |
| THIAMINE HCL POW | \$0 (Tier 3) DP |
| <i>thiamine hcl tab 50 mg</i> | \$0 (Tier 3) DP |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|--|---|--------------------------------------|
| <i>thiamine hcl tab 100 mg</i> | \$0 (Tier 3) | DP |
| <i>total b/c tab</i> | \$0 (Tier 3) | DP |
| TRICARE TAB PRENATAL | \$0 (Tier 2) | |
| UNICOMPLEX-M TAB | \$0 (Tier 3) | DP |
| <i>vita-bee/c tab</i> | \$0 (Tier 3) | DP |
| <i>vitamin a cap 3 mg (10000 unit)</i> | \$0 (Tier 3) | DP |
| <i>vitamin a cap 8000unit</i> | \$0 (Tier 3) | DP |
| <i>vitamin b12 tab 1000mcg</i> | \$0 (Tier 3) | DP |
| <i>vitamin c tab 500mg</i> | \$0 (Tier 3) | DP |
| <i>vitamin c tab 500mg tr</i> | \$0 (Tier 3) | DP |
| <i>vitamin d3 dro 400unit</i> | \$0 (Tier 3) | DP |
| <i>vitamin d3 tab 1000unit</i> | \$0 (Tier 3) | DP |
| <i>vitamin d3 tab 50000unt</i> | \$0 (Tier 3) | DP |
| <i>vitamin d tab 400unit</i> | \$0 (Tier 3) | DP |
| <i>vitamin d tab 1000unit</i> | \$0 (Tier 3) | DP |
| <i>vitamin d-3 tab 5000unit</i> | \$0 (Tier 3) | DP |
| <i>vitamin e cap 100 unit</i> | \$0 (Tier 3) | DP |
| <i>vitamin e cap 200 unit</i> | \$0 (Tier 3) | DP |
| <i>vitamin e cap 400 unit</i> | \$0 (Tier 3) | DP |
| <i>vitamin e cap 1000 unit</i> | \$0 (Tier 3) | DP |
| <i>vite/iron chw children</i> | \$0 (Tier 3) | DP |
| <i>womens one tab daily</i> | \$0 (Tier 3) | DP |
| <i>zoo friends chw</i> | \$0 (Tier 3) | DP |
| ZOO FRIENDS CHW COMPLETE | \$0 (Tier 3) | DP |
| <i>zoo friends chw extra c</i> | \$0 (Tier 3) | DP |
| <i>zoo friends chw gummies</i> | \$0 (Tier 3) | DP |

OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS

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

| | | |
|--|--------------|--|
| <i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i> | \$0 (Tier 1) | |
| BLEPHAMIDE OIN S.O.P. | \$0 (Tier 2) | |
| <i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i> | \$0 (Tier 1) | |
| <i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i> | \$0 (Tier 1) | |
| <i>neomycin-polymyxin-hc ophth susp</i> | \$0 (Tier 1) | |
| <i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i> | \$0 (Tier 1) | |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR LIMITS ON USE WILL COST YOU (TIER LEVEL) |
|---|---|
| TOBRADEX OIN 0.3-0.1% | \$0 (Tier 2) |
| TOBRADEX ST SUS 0.3-0.05 | \$0 (Tier 2) |
| <i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i> | \$0 (Tier 1) |
| ZYLET SUS 0.5-0.3% | \$0 (Tier 2) |
| ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS | |
| AZASITE SOL 1% | \$0 (Tier 2) |
| <i>bacitracin ophth oint 500 unit/gm</i> | \$0 (Tier 1) |
| <i>bacitracin-polymyxin b ophth oint</i> | \$0 (Tier 1) |
| BESIVANCE SUS 0.6% | \$0 (Tier 2) |
| CILOXAN OIN 0.3% OP | \$0 (Tier 2) |
| <i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i> | \$0 (Tier 1) |
| <i>erythromycin ophth oint 5 mg/gm</i> | \$0 (Tier 1) |
| <i>gatifloxacin ophth soln 0.5%</i> | \$0 (Tier 1) |
| <i>gentak oin 0.3% op</i> | \$0 (Tier 1) |
| <i>gentamicin sulfate ophth soln 0.3%</i> | \$0 (Tier 1) |
| MOXEZA SOL 0.5% | \$0 (Tier 2) |
| <i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i> | \$0 (Tier 1) |
| <i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i> | \$0 (Tier 1) |
| NATACYN SUS 5% OP | \$0 (Tier 2) |
| <i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> | \$0 (Tier 1) |
| <i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i> | \$0 (Tier 1) |
| <i>ofloxacin ophth soln 0.3%</i> | \$0 (Tier 1) |
| <i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i> | \$0 (Tier 1) |
| <i>sulfacetamide sodium ophth oint 10%</i> | \$0 (Tier 1) |
| <i>sulfacetamide sodium ophth soln 10%</i> | \$0 (Tier 1) |
| <i>tobramycin ophth soln 0.3%</i> | \$0 (Tier 1) |
| <i>trifluridine ophth soln 1%</i> | \$0 (Tier 1) |
| ZIRGAN GEL 0.15% | \$0 (Tier 2) |
| ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION | |
| ALREX SUS 0.2% | \$0 (Tier 2) |
| <i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i> | \$0 (Tier 1) |
| BROMSITE DRO 0.075% | \$0 (Tier 2) |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL) |
|--|---|
| <i>dexamethasone sodium phosphate ophth soln 0.1%</i> | \$0 (Tier 1) |
| <i>diclofenac sodium ophth soln 0.1%</i> | \$0 (Tier 1) |
| DUREZOL EMU 0.05% | \$0 (Tier 2) |
| FLAREX SUS 0.1% OP | \$0 (Tier 2) |
| <i>fluorometholone ophth susp 0.1%</i> | \$0 (Tier 1) |
| <i>flurbiprofen sodium ophth soln 0.03%</i> | \$0 (Tier 1) |
| ILEVRO DRO 0.3% OP | \$0 (Tier 2) |
| <i>ketorolac tromethamine ophth soln 0.4%</i> | \$0 (Tier 1) |
| <i>ketorolac tromethamine ophth soln 0.5%</i> | \$0 (Tier 1) |
| LOTEMAX GEL 0.5% | \$0 (Tier 2) |
| LOTEMAX OIN 0.5% | \$0 (Tier 2) |
| <i>loteprednol etabonate ophth susp 0.5%</i> | \$0 (Tier 1) |
| PRED SOD PHO SOL 1% OP | \$0 (Tier 2) |
| <i>prednisolone acetate ophth susp 1%</i> | \$0 (Tier 1) |
| PROLENSA SOL 0.07% | \$0 (Tier 2) |
| ANTIALLERGICS - DRUGS TO TREAT ALLERGIES | |
| <i>azelastine hcl ophth soln 0.05%</i> | \$0 (Tier 1) |
| BEPREVE DRO 1.5% | \$0 (Tier 2) |
| <i>cromolyn sodium ophth soln 4%</i> | \$0 (Tier 1) |
| <i>eye allergy sol relief</i> | \$0 (Tier 3) DP |
| LASTACFT SOL 0.25% | \$0 (Tier 2) |
| NAPHCON-A SOL OP | \$0 (Tier 3) DP |
| <i>olopatadine hcl ophth soln 0.2% (base equivalent)</i> | \$0 (Tier 1) |
| PAZEO DRO 0.7% | \$0 (Tier 2) |
| ZERVIAE DRO 0.24% | \$0 (Tier 2) |
| ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA | |
| ALPHAGAN P SOL 0.1% | \$0 (Tier 2) |
| AZOPT SUS 1% OP | \$0 (Tier 2) |
| <i>betaxolol hcl ophth soln 0.5%</i> | \$0 (Tier 1) |
| BETOPTIC-S SUS 0.25% OP | \$0 (Tier 2) |
| <i>brimonidine tartrate ophth soln 0.2%</i> | \$0 (Tier 1) |
| <i>brimonidine tartrate ophth soln 0.15%</i> | \$0 (Tier 1) |
| <i>carteolol hcl ophth soln 1%</i> | \$0 (Tier 1) |
| COMBIGAN SOL 0.2/0.5% | \$0 (Tier 2) |
| <i>dorzolamide hcl ophth soln 2%</i> | \$0 (Tier 1) |
| <i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i> | \$0 (Tier 1) |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|--|---|--------------------------------------|
| <i>latanoprost ophth soln 0.005%</i> | \$0 (Tier 1) | |
| <i>levobunolol hcl ophth soln 0.5%</i> | \$0 (Tier 1) | |
| LUMIGAN SOL 0.01% | \$0 (Tier 2) | |
| PHOSPHOLINE SOL 0.125%OP | \$0 (Tier 2) | |
| <i>pilocarpine hcl ophth soln 1%</i> | \$0 (Tier 1) | |
| <i>pilocarpine hcl ophth soln 2%</i> | \$0 (Tier 1) | |
| <i>pilocarpine hcl ophth soln 4%</i> | \$0 (Tier 1) | |
| RHOPRESSA SOL 0.02% | \$0 (Tier 2) | |
| SIMBRINZA SUS 1-0.2% | \$0 (Tier 2) | |
| <i>timolol maleate ophth gel forming soln 0.5%</i> | \$0 (Tier 1) | |
| <i>timolol maleate ophth gel forming soln 0.25%</i> | \$0 (Tier 1) | |
| <i>timolol maleate ophth soln 0.5%</i> | \$0 (Tier 1) | |
| <i>timolol maleate ophth soln 0.5% (once-daily)</i> | \$0 (Tier 1) | |
| <i>timolol maleate ophth soln 0.25%</i> | \$0 (Tier 1) | |
| <i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i> | \$0 (Tier 1) | |

MISCELLANEOUS

| | | |
|---|--------------|------------------------------------|
| ATROPINE SUL SOL 1% OP | \$0 (Tier 2) | |
| CYSTARAN SOL 0.44% | \$0 (Tier 2) | NDS, LA, PA |
| <i>proparacaine hcl ophth soln 0.5%</i> | \$0 (Tier 1) | |
| RESTASIS EMU 0.05% | \$0 (Tier 2) | QL (60 single use vials / 30 days) |
| RESTASIS MUL EMU 0.05% | \$0 (Tier 2) | QL (1 bottle / 30 days) |

RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD

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

Drug Name**WHAT THE NECESSARY ACTIONS
DRUG RESTRICTIONS OR
WILL LIMITS ON USE
COST YOU
(TIER
LEVEL)****ANTICHOLINERGICS - DRUGS TO TREAT COPD**

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

ANTI-HISTAMINES - DRUGS TO TREAT ALLERGIES

| | |
|---|-----------------|
| <i>all day allg sol 1mg/ml</i> | \$0 (Tier 3) DP |
| <i>all day allg sol 5mg/5ml</i> | \$0 (Tier 3) DP |
| <i>all day allg tab 10mg</i> | \$0 (Tier 3) DP |
| <i>aller-chlor tab 4mg</i> | \$0 (Tier 3) DP |
| <i>aller-ease tab 60mg</i> | \$0 (Tier 3) DP |
| <i>aller-tec tab 10mg</i> | \$0 (Tier 3) DP |
| <i>allerclear tab 10mg</i> | \$0 (Tier 3) DP |
| <i>allergy cap 25mg</i> | \$0 (Tier 3) DP |
| <i>allergy chld liq 12.5/5ml</i> | \$0 (Tier 3) DP |
| <i>allergy med tab 25mg</i> | \$0 (Tier 3) DP |
| <i>allergy relf cap 25mg</i> | \$0 (Tier 3) DP |
| <i>allergy relf liq 12.5/5ml</i> | \$0 (Tier 3) DP |
| <i>allergy relf tab 1.34mg</i> | \$0 (Tier 3) DP |
| <i>allergy relf tab 10mg</i> | \$0 (Tier 3) DP |
| <i>allergy relf tab 25mg</i> | \$0 (Tier 3) DP |
| <i>allergy tab 4mg</i> | \$0 (Tier 3) DP |
| <i>allergy tab 10mg</i> | \$0 (Tier 3) DP |
| <i>allergy-time tab 4mg</i> | \$0 (Tier 3) DP |
| <i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i> | \$0 (Tier 1) |
| <i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i> | \$0 (Tier 1) |
| <i>banophen cap 25mg</i> | \$0 (Tier 3) DP |
| <i>banophen cap 50mg</i> | \$0 (Tier 3) DP |
| <i>banophen liq 12.5/5ml</i> | \$0 (Tier 3) DP |
| <i>banophen tab 25mg</i> | \$0 (Tier 3) DP |
| <i>cetirizine hcl chew tab 5 mg</i> | \$0 (Tier 3) DP |
| <i>cetirizine hcl chew tab 10 mg</i> | \$0 (Tier 3) DP |
| <i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i> | \$0 (Tier 1) |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|--|---|--------------------------------------|
| <i>cetirizine hcl tab 5 mg</i> | \$0 (Tier 3) | DP |
| <i>cetirizine hcl tab 10 mg</i> | \$0 (Tier 3) | DP |
| <i>cetirizine sol 1mg/ml</i> | \$0 (Tier 3) | DP |
| <i>cetirizine sol 5mg/5ml</i> | \$0 (Tier 3) | DP |
| <i>chld allergy liq 12.5/5ml</i> | \$0 (Tier 3) | DP |
| <i>chlor-phenir tab 4mg</i> | \$0 (Tier 3) | DP |
| <i>comp allergy cap 25mg</i> | \$0 (Tier 3) | DP |
| <i>cyproheptadine hcl syrup 2 mg/5ml</i> | \$0 (Tier 2) | PA; PA if 70 years and older |
| <i>cyproheptadine hcl tab 4 mg</i> | \$0 (Tier 2) | PA; PA if 70 years and older |
| <i>dayhist alrg tab 12 hour</i> | \$0 (Tier 3) | DP |
| <i>diphenhist cap 25mg</i> | \$0 (Tier 3) | DP |
| <i>diphenhist liq 12.5/5ml</i> | \$0 (Tier 3) | DP |
| <i>diphenhist tab 25mg</i> | \$0 (Tier 3) | DP |
| <i>diphenhydramine hcl cap 25 mg</i> | \$0 (Tier 3) | DP |
| <i>diphenhydramine hcl cap 50 mg</i> | \$0 (Tier 3) | DP |
| <i>diphenhydramine hcl inj 50 mg/ml</i> | \$0 (Tier 1) | |
| <i>diphenhydramine hcl tab 25 mg</i> | \$0 (Tier 3) | DP |
| <i>ed chlorped syp jr</i> | \$0 (Tier 3) | DP |
| <i>fexofenadine hcl tab 60 mg</i> | \$0 (Tier 3) | DP |
| <i>fexofenadine hcl tab 180 mg</i> | \$0 (Tier 3) | DP |
| <i>fexofenadine tab 60mg</i> | \$0 (Tier 3) | DP |
| <i>fexofenadine tab 180mg</i> | \$0 (Tier 3) | DP |
| <i>gnp all day tab allergy</i> | \$0 (Tier 3) | DP |
| <i>gnp allergy cap 25mg</i> | \$0 (Tier 3) | DP |
| <i>gnp allergy tab 4mg</i> | \$0 (Tier 3) | DP |
| <i>gnp allergy tab 25mg</i> | \$0 (Tier 3) | DP |
| <i>gnp allergy tab 180mg</i> | \$0 (Tier 3) | DP |
| <i>gnp dayhist tab 1.34mg</i> | \$0 (Tier 3) | DP |
| <i>hm allergy tab 4mg</i> | \$0 (Tier 3) | DP |
| <i>hm allergy tab 25mg</i> | \$0 (Tier 3) | DP |
| <i>hydroxyzine hcl im soln 25 mg/ml</i> | \$0 (Tier 2) | PA; PA if 70 years and older |
| <i>hydroxyzine hcl im soln 50 mg/ml</i> | \$0 (Tier 2) | PA; PA if 70 years and older |
| <i>hydroxyzine hcl syrup 10 mg/5ml</i> | \$0 (Tier 2) | PA; PA if 70 years and older |
| <i>hydroxyzine hcl tab 10 mg</i> | \$0 (Tier 2) | PA; PA if 70 years and older |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|---|---|--------------------------------------|
| <i>hydroxyzine hcl tab 25 mg</i> | \$0 (Tier 2) | PA; PA if 70 years and older |
| <i>hydroxyzine hcl tab 50 mg</i> | \$0 (Tier 2) | PA; PA if 70 years and older |
| <i>hydroxyzine pamoate cap 25 mg</i> | \$0 (Tier 2) | PA; PA if 70 years and older |
| <i>hydroxyzine pamoate cap 50 mg</i> | \$0 (Tier 2) | PA; PA if 70 years and older |
| <i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i> | \$0 (Tier 1) | |
| <i>levocetirizine dihydrochloride tab 5 mg</i> | \$0 (Tier 1) | |
| <i>loratadine sol 5mg/5ml</i> | \$0 (Tier 3) | DP |
| <i>loratadine syp 5mg/5ml</i> | \$0 (Tier 3) | DP |
| <i>loratadine tab 10 mg</i> | \$0 (Tier 3) | DP |
| <i>loratadine tab 10mg</i> | \$0 (Tier 3) | DP |
| <i>medi-phedryl cap 25mg</i> | \$0 (Tier 3) | DP |
| <i>mucinex allr tab 180mg</i> | \$0 (Tier 3) | DP |
| <i>pharbecchlor tab 4mg</i> | \$0 (Tier 3) | DP |
| <i>pharbedryl cap 25mg</i> | \$0 (Tier 3) | DP |
| <i>pharbedryl cap 50mg</i> | \$0 (Tier 3) | DP |
| <i>qc allergy tab 10mg</i> | \$0 (Tier 3) | DP |
| <i>siladryl alr liq 12.5/5ml</i> | \$0 (Tier 3) | DP |
| <i>sm all day tab allergy</i> | \$0 (Tier 3) | DP |
| <i>sm allergy tab 4mg</i> | \$0 (Tier 3) | DP |
| <i>sm allergy tab 25mg rlf</i> | \$0 (Tier 3) | DP |

BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD

| | | |
|--|--------------|--|
| <i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i> | \$0 (Tier 1) | QL (2 inhalers / 30 days); (generic of Proair HFA) |
| <i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i> | \$0 (Tier 1) | QL (2 inhalers / 30 days); (generic of Ventolin HFA) |
| <i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i> | \$0 (Tier 1) | B/D |
| <i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i> | \$0 (Tier 1) | B/D |
| <i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i> | \$0 (Tier 1) | B/D |
| <i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i> | \$0 (Tier 1) | B/D |
| <i>albuterol sulfate syrup 2 mg/5ml</i> | \$0 (Tier 1) | |

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

COUGH AND COLD

| | | |
|--|--------------|----|
| <i>aller/conges tab 10-240mg</i> | \$0 (Tier 3) | DP |
| <i>allergy d tab 5-120mg</i> | \$0 (Tier 3) | DP |
| <i>allergy rel/ tab deconges</i> | \$0 (Tier 3) | DP |
| <i>allergy relf tab /nsl dec</i> | \$0 (Tier 3) | DP |
| <i>allergy relf tab d-24</i> | \$0 (Tier 3) | DP |
| <i>allergy-d tab 5-120mg</i> | \$0 (Tier 3) | DP |
| <i>allergy/cong tab 5-120mg</i> | \$0 (Tier 3) | DP |
| <i>allgy comp-d tab 5-120mg</i> | \$0 (Tier 3) | DP |
| <i>ambi 10peh/ tab 400gfn</i> | \$0 (Tier 3) | DP |
| <i>ambi 40pse/ tab 400gfn</i> | \$0 (Tier 3) | DP |
| <i>benzonatate cap 100 mg</i> | \$0 (Tier 3) | DP |
| <i>benzonatate cap 200 mg</i> | \$0 (Tier 3) | DP |
| <i>bromfed dm syp</i> | \$0 (Tier 3) | DP |
| CAPCOF SYP 5-2-10MG | \$0 (Tier 3) | DP |
| <i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i> | \$0 (Tier 3) | DP |
| <i>cheratussin syp ac</i> | \$0 (Tier 3) | DP |
| <i>child silfed liq 15mg/5ml</i> | \$0 (Tier 3) | DP |
| <i>cold/allergy elx children</i> | \$0 (Tier 3) | DP |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|--|---|--------------------------------------|
| <i>cough cont liq dm max</i> | \$0 (Tier 3) DP | |
| <i>cough dm sus 30mg/5ml</i> | \$0 (Tier 3) DP | |
| <i>cough syp 100/5ml</i> | \$0 (Tier 3) DP | |
| <i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i> | \$0 (Tier 3) DP | |
| <i>cvs cough dm sus 30mg/5ml</i> | \$0 (Tier 3) DP | |
| <i>decongestant tab 120mg er</i> | \$0 (Tier 3) DP | |
| DELSYM SUS 30MG/5ML | \$0 (Tier 3) DP | |
| <i>dextromethorphan polistirex extended release susp 30 mg/5ml</i> | \$0 (Tier 3) DP | |
| <i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i> | \$0 (Tier 3) DP | |
| <i>diabetic tus liq 100/5ml</i> | \$0 (Tier 3) DP | |
| <i>diabetic tus liq dm</i> | \$0 (Tier 3) DP | |
| <i>diabetic tus liq max st</i> | \$0 (Tier 3) DP | |
| <i>eq cough dm sus 30mg/5ml</i> | \$0 (Tier 3) DP | |
| <i>gnp cough dm sus 30mg/5ml</i> | \$0 (Tier 3) DP | |
| <i>gnp suphedrn liq 15mg/5ml</i> | \$0 (Tier 3) DP | |
| <i>gnp tussin liq dm</i> | \$0 (Tier 3) DP | |
| <i>gnp tussin liq dm cough</i> | \$0 (Tier 3) DP | |
| <i>gnp tussin liq dm max</i> | \$0 (Tier 3) DP | |
| <i>gnp tussin syp cf</i> | \$0 (Tier 3) DP | |
| <i>guaiatuss ac syp 100-10/5</i> | \$0 (Tier 3) DP | |
| <i>guaifenesin liquid 100 mg/5ml</i> | \$0 (Tier 3) DP | |
| <i>guaifenesin syp 100-10/5</i> | \$0 (Tier 3) DP | |
| <i>guaifenesin-codeine soln 100-10 mg/5ml</i> | \$0 (Tier 3) DP | |
| <i>hm cough dm sus 30mg/5ml</i> | \$0 (Tier 3) DP | |
| <i>hm tussin liq adlt dm</i> | \$0 (Tier 3) DP | |
| <i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i> | \$0 (Tier 3) DP | |
| <i>hydrocodone w/ homatropine tab 5-1.5 mg</i> | \$0 (Tier 3) DP | |
| <i>hydromet syp 5-1.5/5</i> | \$0 (Tier 3) DP | |
| LOHIST-DM SYP 5-2-10MG | \$0 (Tier 3) DP | |
| <i>lorata-dine tab d 24hr</i> | \$0 (Tier 3) DP | |
| <i>loratadine-d tab 5-120mg</i> | \$0 (Tier 3) DP | |
| <i>loratadine-d tab 10-240mg</i> | \$0 (Tier 3) DP | |
| LORTUSS EX LIQ | \$0 (Tier 3) DP | |
| M-CLEAR WC LIQ 100-6.3 | \$0 (Tier 3) DP | |
| MAR-COF CG LIQ 225-7.5 | \$0 (Tier 3) DP | |
| <i>medi-tussin syp dm</i> | \$0 (Tier 3) DP | |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL) |
|--|---|
| <i>mucinex chld liq 100/5ml</i> | \$0 (Tier 3) DP |
| <i>mucus relief liq 100/5ml</i> | \$0 (Tier 3) DP |
| <i>mucus relief liq 400/20ml</i> | \$0 (Tier 3) DP |
| <i>nasal decong tab 10mg</i> | \$0 (Tier 3) DP |
| <i>nasal decong tab 30mg</i> | \$0 (Tier 3) DP |
| <i>nasal decong tab 120mg er</i> | \$0 (Tier 3) DP |
| NASALCROM SPR 5.2/ACT | \$0 (Tier 3) DP |
| NINJACOF-XG LIQ 200-8/5 | \$0 (Tier 3) DP |
| <i>10peh/400gfn tab /20dm</i> | \$0 (Tier 3) DP |
| POLY-TUSSIN LIQ 10-4-10 | \$0 (Tier 3) DP |
| PRO-RED AC SYP 5-1-9/5 | \$0 (Tier 3) DP |
| <i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i> | \$0 (Tier 3) DP |
| <i>promethazine-dm syrup 6.25-15 mg/5ml</i> | \$0 (Tier 3) DP |
| <i>pseudoeph-chlorphen w/ hydrocodone soln 60-4-5 mg/5ml</i> | \$0 (Tier 3) DP |
| <i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i> | \$0 (Tier 3) DP |
| <i>pseudoephedr tab 120mg er</i> | \$0 (Tier 3) DP |
| <i>pseudoephedrine hcl tab 30 mg</i> | \$0 (Tier 3) DP |
| <i>pseudoephedrine hcl tab 60 mg</i> | \$0 (Tier 3) DP |
| <i>pseudoephedrine hcl tab er 12hr 120 mg</i> | \$0 (Tier 3) DP |
| <i>qc suphedrin tab 120mg sr</i> | \$0 (Tier 3) DP |
| <i>ra cough dm sus 30mg/5ml</i> | \$0 (Tier 3) DP |
| REFENESEN TAB CHST CNG | \$0 (Tier 3) DP |
| <i>robafen dm syp 100-10/5</i> | \$0 (Tier 3) DP |
| <i>robafen syp 100/5ml</i> | \$0 (Tier 3) DP |
| RYDEX LIQ | \$0 (Tier 3) DP |
| <i>rynex pse liq</i> | \$0 (Tier 3) DP |
| <i>sb cgh contr liq dm</i> | \$0 (Tier 3) DP |
| <i>siltuss das liq 100/5ml</i> | \$0 (Tier 3) DP |
| <i>siltussin dm liq das</i> | \$0 (Tier 3) DP |
| <i>siltussin sa syp 100/5ml</i> | \$0 (Tier 3) DP |
| <i>siltussin-dm liq diabetic</i> | \$0 (Tier 3) DP |
| <i>siltussin-dm liq max st</i> | \$0 (Tier 3) DP |
| <i>siltussin-dm syp alc free</i> | \$0 (Tier 3) DP |
| <i>sm nasal dec tab 30mg</i> | \$0 (Tier 3) DP |
| <i>sm tussin cf liq</i> | \$0 (Tier 3) DP |
| <i>sm tussin dm syp 100-10/5</i> | \$0 (Tier 3) DP |
| <i>sm tussin syp dm</i> | \$0 (Tier 3) DP |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL) |
|--|---|
| <i>sudogest pe tab 10mg</i> | \$0 (Tier 3) DP |
| <i>sudogest tab 30mg</i> | \$0 (Tier 3) DP |
| <i>sudogest tab 60mg</i> | \$0 (Tier 3) DP |
| <i>sudogest tab 120mg er</i> | \$0 (Tier 3) DP |
| TESSALON PER CAP 100MG | \$0 (Tier 3) DP |
| <i>trymine cg liq 225-7.5</i> | \$0 (Tier 3) DP |
| TUSNEL C SYP | \$0 (Tier 3) DP |
| <i>tusnel diabt liq 10-100/5</i> | \$0 (Tier 3) DP |
| TUSSICAPS CAP 10-8MG | \$0 (Tier 3) DP |
| <i>tussin adult liq 100/5ml</i> | \$0 (Tier 3) DP |
| <i>tussin adult liq cgh/cong</i> | \$0 (Tier 3) DP |
| <i>tussin adult liq cold</i> | \$0 (Tier 3) DP |
| <i>tussin cf liq</i> | \$0 (Tier 3) DP |
| <i>tussin cf liq cgh/cold</i> | \$0 (Tier 3) DP |
| <i>tussin chest syp 100/5ml</i> | \$0 (Tier 3) DP |
| <i>tussin dm liq</i> | \$0 (Tier 3) DP |
| <i>tussin dm liq 100-10/5</i> | \$0 (Tier 3) DP |
| <i>tussin dm liq max</i> | \$0 (Tier 3) DP |
| <i>tussin dm syp 100-10/5</i> | \$0 (Tier 3) DP |
| LEUKOTRIENE MODULATORS | |
| <i>montelukast sodium chew tab 4 mg (base equiv)</i> | \$0 (Tier 1) |
| <i>montelukast sodium chew tab 5 mg (base equiv)</i> | \$0 (Tier 1) |
| <i>montelukast sodium oral granules packet 4 mg (base equiv)</i> | \$0 (Tier 1) |
| <i>montelukast sodium tab 10 mg (base equiv)</i> | \$0 (Tier 1) |
| <i>zafirlukast tab 10 mg</i> | \$0 (Tier 1) |
| <i>zafirlukast tab 20 mg</i> | \$0 (Tier 1) |
| MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES | |
| <i>cromolyn sodium soln nebu 20 mg/2ml</i> | \$0 (Tier 1) B/D |
| MISCELLANEOUS | |
| <i>acetylcysteine inhal soln 10%</i> | \$0 (Tier 1) B/D |
| <i>acetylcysteine inhal soln 20%</i> | \$0 (Tier 1) B/D |
| ARALAST NP INJ 500MG | \$0 (Tier 2) NDS, LA, PA |
| ARALAST NP INJ 1000MG | \$0 (Tier 2) NDS, LA, PA |
| AYR SALINE KIT NETI RNS | \$0 (Tier 3) DP |
| AYR SALINE KIT RINSE | \$0 (Tier 3) DP |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL) |
|---|---|
| DALIRESP TAB 250MCG | \$0 (Tier 2) |
| DALIRESP TAB 500MCG | \$0 (Tier 2) |
| <i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i> | \$0 (Tier 1) (generic of Adrenaclick) |
| <i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i> | \$0 (Tier 1) (generic of EpiPen) |
| <i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i> | \$0 (Tier 1) (generic of EpiPen) |
| <i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i> | \$0 (Tier 1) (generic of Adrenaclick) |
| ESBRIET CAP 267MG | \$0 (Tier 2) NDS, PA |
| ESBRIET TAB 267MG | \$0 (Tier 2) NDS, PA |
| ESBRIET TAB 801MG | \$0 (Tier 2) NDS, PA |
| FASENRA INJ 30MG/ML | \$0 (Tier 2) NDS, LA, PA |
| FASENRA PEN INJ 30MG/ML | \$0 (Tier 2) NDS, LA, PA |
| KALYDECO PAK 25MG | \$0 (Tier 2) NDS, PA |
| KALYDECO PAK 50MG | \$0 (Tier 2) NDS, PA |
| KALYDECO PAK 75MG | \$0 (Tier 2) NDS, PA |
| KALYDECO TAB 150MG | \$0 (Tier 2) NDS, PA |
| NUCALA INJ 100MG | \$0 (Tier 2) NDS, LA, PA |
| NUCALA INJ 100MG/ML | \$0 (Tier 2) NDS, LA, PA |
| OFEV CAP 100MG | \$0 (Tier 2) NDS, PA |
| OFEV CAP 150MG | \$0 (Tier 2) NDS, PA |
| ORKAMBI GRA 100-125 | \$0 (Tier 2) NDS, PA |
| ORKAMBI GRA 150-188 | \$0 (Tier 2) NDS, PA |
| ORKAMBI TAB 100-125 | \$0 (Tier 2) NDS, PA |
| ORKAMBI TAB 200-125 | \$0 (Tier 2) NDS, PA |
| PROLASTIN-C INJ 1000MG | \$0 (Tier 2) NDS, LA, PA |
| PULMOZYME SOL 1MG/ML | \$0 (Tier 2) NDS, PA |
| SYMDEKO TAB 50-75MG | \$0 (Tier 2) NDS, LA, PA |
| SYMDEKO TAB 100-150 | \$0 (Tier 2) NDS, LA, PA |
| SYMJEPI INJ 0.3MG | \$0 (Tier 2) |
| SYMJEPI INJ 0.15MG | \$0 (Tier 2) |
| THEO-24 CAP 100MG CR | \$0 (Tier 2) |
| THEO-24 CAP 200MG CR | \$0 (Tier 2) |
| THEO-24 CAP 300MG CR | \$0 (Tier 2) |
| THEO-24 CAP 400MG ER | \$0 (Tier 2) |
| <i>theophylline soln 80 mg/15ml</i> | \$0 (Tier 1) |
| <i>theophylline tab er 12hr 300 mg</i> | \$0 (Tier 1) |
| <i>theophylline tab er 12hr 450 mg</i> | \$0 (Tier 1) |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR LIMITS ON USE WILL COST YOU (TIER LEVEL) |
|--|---|
| <i>theophylline tab er 24hr 400 mg</i> | \$0 (Tier 1) |
| <i>theophylline tab er 24hr 600 mg</i> | \$0 (Tier 1) |
| TRIKAFTA TAB | \$0 (Tier 2) NDS, LA, PA |
| XOLAIR INJ 75/0.5 | \$0 (Tier 2) NDS, LA, PA |
| XOLAIR INJ 150MG/ML | \$0 (Tier 2) NDS, LA, PA |
| XOLAIR SOL 150MG | \$0 (Tier 2) NDS, LA, PA |
| ZEMAIRA INJ 1000MG | \$0 (Tier 2) NDS, LA, PA |

NASAL STEROIDS - DRUGS TO TREAT ALLERGIES

| | |
|---|---------------------------------------|
| <i>flunisolide nasal soln 25 mcg/act (0.025%)</i> | \$0 (Tier 1) QL (3 bottles / 30 days) |
| <i>fluticasone propionate nasal susp 50 mcg/act</i> | \$0 (Tier 1) QL (1 bottle / 30 days) |

STEROID INHALANTS - DRUGS TO TREAT ASTHMA

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

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

| | |
|-------------------------|--|
| ADVAIR DISKU AER 100/50 | \$0 (Tier 2) QL (60 inhalations / 30 days) |
|-------------------------|--|

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|-------------------------|---|--------------------------------------|
| ADVAIR DISKU AER 250/50 | \$0 (Tier 2) | QL (60 inhalations / 30 days) |
| ADVAIR DISKU AER 500/50 | \$0 (Tier 2) | QL (60 inhalations / 30 days) |
| ADVAIR HFA AER 45/21 | \$0 (Tier 2) | QL (1 inhaler / 30 days) |
| ADVAIR HFA AER 115/21 | \$0 (Tier 2) | QL (1 inhaler / 30 days) |
| ADVAIR HFA AER 230/21 | \$0 (Tier 2) | QL (1 inhaler / 30 days) |
| BREO ELLIPTA INH 100-25 | \$0 (Tier 2) | QL (60 blisters / 30 days) |
| BREO ELLIPTA INH 200-25 | \$0 (Tier 2) | QL (60 blisters / 30 days) |
| SYMBICORT AER 80-4.5 | \$0 (Tier 2) | QL (1 inhaler / 30 days) |
| SYMBICORT AER 160-4.5 | \$0 (Tier 2) | QL (1 inhaler / 30 days) |

TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS

DERMATOLOGY, ACNE

| | | |
|---|--------------|-----------------------------|
| <i>amneesteem cap 10mg</i> | \$0 (Tier 1) | PA |
| <i>amneesteem cap 20mg</i> | \$0 (Tier 1) | PA |
| <i>amneesteem cap 40mg</i> | \$0 (Tier 1) | PA |
| <i>avita cre 0.025%</i> | \$0 (Tier 1) | QL (45 grams / 30 days), PA |
| <i>avita gel 0.025%</i> | \$0 (Tier 1) | QL (45 grams / 30 days), PA |
| <i>benzoyl peroxide-erythromycin gel 5-3%</i> | \$0 (Tier 1) | |
| <i>claravis cap 10mg</i> | \$0 (Tier 1) | PA |
| <i>claravis cap 20mg</i> | \$0 (Tier 1) | PA |
| <i>claravis cap 30mg</i> | \$0 (Tier 1) | PA |
| <i>claravis cap 40mg</i> | \$0 (Tier 1) | PA |
| <i>clindamycin phosphate gel 1%</i> | \$0 (Tier 1) | QL (75 grams / 30 days) |
| <i>clindamycin phosphate lotion 1%</i> | \$0 (Tier 1) | |
| <i>clindamycin phosphate soln 1%</i> | \$0 (Tier 1) | QL (60 mL / 30 days) |
| <i>erythromycin gel 2%</i> | \$0 (Tier 1) | |
| <i>erythromycin pads 2%</i> | \$0 (Tier 1) | |
| <i>erythromycin soln 2%</i> | \$0 (Tier 1) | |
| <i>isotretinoin cap 10 mg</i> | \$0 (Tier 1) | PA |
| <i>isotretinoin cap 20 mg</i> | \$0 (Tier 1) | PA |
| <i>isotretinoin cap 30 mg</i> | \$0 (Tier 1) | PA |
| <i>isotretinoin cap 40 mg</i> | \$0 (Tier 1) | PA |
| <i>myorisan cap 10mg</i> | \$0 (Tier 1) | PA |
| <i>myorisan cap 20mg</i> | \$0 (Tier 1) | PA |
| <i>myorisan cap 30mg</i> | \$0 (Tier 1) | PA |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR LIMITS ON USE WILL COST YOU (TIER LEVEL) |
|---|---|
| <i>myorisan cap 40mg</i> | \$0 (Tier 1) PA |
| <i>sulfacetamide sodium lotion 10% (acne)</i> | \$0 (Tier 1) |
| <i>tretinoin cream 0.1%</i> | \$0 (Tier 1) QL (45 grams / 30 days), PA |
| <i>tretinoin cream 0.05%</i> | \$0 (Tier 1) QL (45 grams / 30 days), PA |
| <i>tretinoin cream 0.025%</i> | \$0 (Tier 1) QL (45 grams / 30 days), PA |
| <i>tretinoin gel 0.01%</i> | \$0 (Tier 1) QL (45 grams / 30 days), PA |
| <i>tretinoin gel 0.025%</i> | \$0 (Tier 1) QL (45 grams / 30 days), PA |
| <i>zenatane cap 10mg</i> | \$0 (Tier 1) PA |
| <i>zenatane cap 20mg</i> | \$0 (Tier 1) PA |
| <i>zenatane cap 30mg</i> | \$0 (Tier 1) PA |
| <i>zenatane cap 40mg</i> | \$0 (Tier 1) PA |

DERMATOLOGY, ANTIBIOTICS

| | |
|---|---------------------------------------|
| <i>bacitr zinc oin 500/gm</i> | \$0 (Tier 3) DP |
| <i>bacitracin oin 500/gm</i> | \$0 (Tier 3) DP |
| <i>bacitracin oint 500 unit/gm</i> | \$0 (Tier 3) DP |
| <i>bacitracin zinc oint 500 unit/gm</i> | \$0 (Tier 3) DP |
| <i>gentamicin sulfate cream 0.1%</i> | \$0 (Tier 1) |
| <i>gentamicin sulfate oint 0.1%</i> | \$0 (Tier 1) |
| <i>hm triple oin antibiot</i> | \$0 (Tier 3) DP |
| <i>mupirocin oint 2%</i> | \$0 (Tier 1) QL (220 grams / 30 days) |
| <i>neomycin-bacitracin-polymyxin oint</i> | \$0 (Tier 3) DP |
| <i>sb triple oin antibiot</i> | \$0 (Tier 3) DP |
| <i>silver sulfadiazine cream 1%</i> | \$0 (Tier 1) |
| <i>sm antibioti oin 500/gm</i> | \$0 (Tier 3) DP |
| <i>sm triple oin antibiot</i> | \$0 (Tier 3) DP |
| <i>ssd cre 1%</i> | \$0 (Tier 1) |
| SULFAMYLON CRE 85MG/GM | \$0 (Tier 2) |
| <i>tri-biozene oin</i> | \$0 (Tier 3) DP |
| <i>triple antib oin</i> | \$0 (Tier 3) DP |
| <i>triple antib oin max st</i> | \$0 (Tier 3) DP |
| <i>triple antib oin plus</i> | \$0 (Tier 3) DP |

DERMATOLOGY, ANTIFUNGALS

| | |
|---------------------------|-----------------|
| <i>anti-fungal cre 1%</i> | \$0 (Tier 3) DP |
| <i>anti-fungal pow 1%</i> | \$0 (Tier 3) DP |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|--|---|--------------------------------------|
| <i>antifungal aer 1%</i> | \$0 (Tier 3) DP | |
| <i>antifungal cre 1%</i> | \$0 (Tier 3) DP | |
| <i>antifungal cre 2%</i> | \$0 (Tier 3) DP | |
| <i>athlete foot cre 1%</i> | \$0 (Tier 3) DP | |
| <i>athlete foot cre af</i> | \$0 (Tier 3) DP | |
| <i>baza antifun cre 2%</i> | \$0 (Tier 3) DP | |
| BENZOIN TIN | \$0 (Tier 3) DP | |
| BENZOIN TIN PLAIN | \$0 (Tier 3) DP | |
| <i>castellani paint</i> | \$0 (Tier 3) DP | |
| <i>ciclopirox olamine cream 0.77% (base equiv)</i> | \$0 (Tier 1) QL (90 grams / 30 days) | |
| <i>ciclopirox olamine susp 0.77% (base equiv)</i> | \$0 (Tier 1) QL (60 mL / 30 days) | |
| <i>clotrimazole cre 1%</i> | \$0 (Tier 3) DP | |
| <i>clotrimazole cream 1%</i> | \$0 (Tier 1) | |
| <i>clotrimazole cream 1%</i> | \$0 (Tier 3) DP | |
| <i>clotrimazole soln 1%</i> | \$0 (Tier 1) QL (30 mL / 30 days) | |
| <i>clotrimazole soln 1%</i> | \$0 (Tier 3) DP | |
| <i>clotrimazole w/ betamethasone cream 1-0.05%</i> | \$0 (Tier 1) | |
| <i>fungoid-d cre 1%</i> | \$0 (Tier 3) DP | |
| <i>jock itch aer 1%</i> | \$0 (Tier 3) DP | |
| <i>ketconazole cream 2%</i> | \$0 (Tier 1) QL (60 grams / 30 days) | |
| <i>miconazole nitrate cream 2%</i> | \$0 (Tier 3) DP | |
| <i>nyamyc pow 100000</i> | \$0 (Tier 1) QL (60 grams / 30 days) | |
| <i>nystatin cream 100000 unit/gm</i> | \$0 (Tier 1) | |
| <i>nystatin oint 100000 unit/gm</i> | \$0 (Tier 1) | |
| <i>nystatin topical powder 100000 unit/gm</i> | \$0 (Tier 1) QL (60 grams / 30 days) | |
| <i>nystop pow 100000</i> | \$0 (Tier 1) QL (60 grams / 30 days) | |
| <i>podactin pow 1%</i> | \$0 (Tier 3) DP | |
| <i>sm antifun gl cre 1%</i> | \$0 (Tier 3) DP | |
| <i>sm antifun gl cre 2%</i> | \$0 (Tier 3) DP | |
| <i>soothe&cool cre inzo 2%</i> | \$0 (Tier 3) DP | |
| <i>terbinafine cre 1%</i> | \$0 (Tier 3) DP | |
| <i>terbinafine hcl cream 1%</i> | \$0 (Tier 3) DP | |
| <i>tolnaftate cre 1%</i> | \$0 (Tier 3) DP | |
| <i>tolnaftate cream 1%</i> | \$0 (Tier 3) DP | |
| <i>tolnaftate powder 1%</i> | \$0 (Tier 3) DP | |
| DERMATOLOGY, ANTIPSORIATICS | | |
| <i>acitretin cap 10 mg</i> | \$0 (Tier 1) PA | |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|--|---|--------------------------------------|
| <i>acitretin cap 17.5 mg</i> | \$0 (Tier 1) | PA |
| <i>acitretin cap 25 mg</i> | \$0 (Tier 1) | PA |
| <i>calcipotriene cream 0.005%</i> | \$0 (Tier 1) | QL (120 grams / 30 days), PA |
| <i>calcipotriene oint 0.005%</i> | \$0 (Tier 1) | QL (120 grams / 30 days), PA |
| <i>calcipotriene soln 0.005% (50 mcg/ml)</i> | \$0 (Tier 1) | QL (120 mL / 30 days), PA |
| <i>tazarotene cream 0.1%</i> | \$0 (Tier 1) | QL (60 grams / 30 days), PA |
| TAZORAC CRE 0.05% | \$0 (Tier 2) | QL (60 grams / 30 days), PA |

DERMATOLOGY, ANTISEBORRHEICS

| | | |
|-------------------------------------|--------------|--|
| <i>ketoconazole shampoo 2%</i> | \$0 (Tier 1) | |
| <i>selenium sulfide lotion 2.5%</i> | \$0 (Tier 1) | |

DERMATOLOGY, CORTICOSTEROIDS

| | | |
|---|--------------|------------------------------|
| <i>ala-cort cre 1%</i> | \$0 (Tier 1) | |
| <i>ala-cort cre 2.5%</i> | \$0 (Tier 1) | |
| <i>alclometasone dipropionate cream 0.05%</i> | \$0 (Tier 1) | |
| <i>alclometasone dipropionate oint 0.05%</i> | \$0 (Tier 1) | |
| <i>betamethasone dipropionate augmented cream 0.05%</i> | \$0 (Tier 1) | |
| <i>betamethasone dipropionate augmented gel 0.05%</i> | \$0 (Tier 1) | |
| <i>betamethasone dipropionate augmented lotion 0.05%</i> | \$0 (Tier 1) | |
| <i>betamethasone dipropionate augmented oint 0.05%</i> | \$0 (Tier 1) | |
| <i>betamethasone dipropionate cream 0.05%</i> | \$0 (Tier 1) | |
| <i>betamethasone dipropionate lotion 0.05%</i> | \$0 (Tier 1) | |
| <i>betamethasone dipropionate oint 0.05%</i> | \$0 (Tier 1) | |
| <i>betamethasone valerate cream 0.1% (base equivalent)</i> | \$0 (Tier 1) | |
| <i>betamethasone valerate lotion 0.1% (base equivalent)</i> | \$0 (Tier 1) | |
| <i>betamethasone valerate oint 0.1% (base equivalent)</i> | \$0 (Tier 1) | |
| ENSTILAR AER | \$0 (Tier 2) | QL (120 grams / 30 days), PA |
| <i>fluocinolone acetonide cream 0.01%</i> | \$0 (Tier 1) | |
| <i>fluocinolone acetonide cream 0.025%</i> | \$0 (Tier 1) | |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|---|---|--------------------------------------|
| <i>fluocinolone acetonide oil 0.01% (body oil)</i> | \$0 (Tier 1) | |
| <i>fluocinolone acetonide oil 0.01% (scalp oil)</i> | \$0 (Tier 1) | |
| <i>fluocinolone acetonide oint 0.025%</i> | \$0 (Tier 1) | |
| <i>fluocinolone acetonide soln 0.01%</i> | \$0 (Tier 1) | QL (90 mL / 30 days) |
| <i>fluocinonide cream 0.05%</i> | \$0 (Tier 1) | QL (120 grams / 30 days) |
| <i>fluocinonide emulsified base cream 0.05%</i> | \$0 (Tier 1) | QL (120 grams / 30 days) |
| <i>fluocinonide gel 0.05%</i> | \$0 (Tier 1) | QL (60 grams / 30 days) |
| <i>fluocinonide oint 0.05%</i> | \$0 (Tier 1) | QL (60 grams / 30 days) |
| <i>fluocinonide soln 0.05%</i> | \$0 (Tier 1) | QL (60 mL / 30 days) |
| <i>fluticasone propionate cream 0.05%</i> | \$0 (Tier 1) | |
| <i>fluticasone propionate oint 0.005%</i> | \$0 (Tier 1) | |
| <i>halobetasol propionate cream 0.05%</i> | \$0 (Tier 1) | QL (50 grams / 30 days) |
| <i>halobetasol propionate oint 0.05%</i> | \$0 (Tier 1) | QL (50 grams / 30 days) |
| <i>hydrocortisone butyrate cream 0.1%</i> | \$0 (Tier 1) | QL (45 grams / 30 days) |
| <i>hydrocortisone butyrate oint 0.1%</i> | \$0 (Tier 1) | QL (45 grams / 30 days) |
| <i>hydrocortisone cream 1%</i> | \$0 (Tier 1) | |
| <i>hydrocortisone cream 2.5%</i> | \$0 (Tier 1) | |
| <i>hydrocortisone lotion 2.5%</i> | \$0 (Tier 1) | |
| <i>hydrocortisone oint 2.5%</i> | \$0 (Tier 1) | |
| <i>mometasone furoate cream 0.1%</i> | \$0 (Tier 1) | |
| <i>mometasone furoate oint 0.1%</i> | \$0 (Tier 1) | |
| <i>mometasone furoate solution 0.1% (lotion)</i> | \$0 (Tier 1) | |
| TEXACORT SOL 2.5% | \$0 (Tier 2) | |
| <i>triamcinolone acetonide cream 0.1%</i> | \$0 (Tier 1) | QL (454 grams / 30 days) |
| <i>triamcinolone acetonide cream 0.5%</i> | \$0 (Tier 1) | |
| <i>triamcinolone acetonide cream 0.025%</i> | \$0 (Tier 1) | |
| <i>triamcinolone acetonide lotion 0.1%</i> | \$0 (Tier 1) | |
| <i>triamcinolone acetonide lotion 0.025%</i> | \$0 (Tier 1) | |
| <i>triamcinolone acetonide oint 0.1%</i> | \$0 (Tier 1) | |
| <i>triamcinolone acetonide oint 0.5%</i> | \$0 (Tier 1) | |
| <i>triamcinolone acetonide oint 0.025%</i> | \$0 (Tier 1) | |
| DERMATOLOGY, LOCAL ANESTHETICS | | |
| <i>glydo gel 2%</i> | \$0 (Tier 1) | QL (30 mL / 30 days), PA |
| <i>lidocaine hcl soln 4%</i> | \$0 (Tier 1) | QL (50 mL / 30 days), PA |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL) |
|--|---|
| <i>lidocaine hcl urethral/mucosal gel 2%</i> | \$0 (Tier 1) QL (30 mL / 30 days), PA |
| <i>lidocaine oint 5%</i> | \$0 (Tier 1) QL (50 grams / 30 days), PA |
| <i>lidocaine patch 5%</i> | \$0 (Tier 1) QL (3 patches / 1 day), PA |
| <i>lidocaine-prilocaine cream 2.5-2.5%</i> | \$0 (Tier 1) QL (30 grams / 30 days), PA |

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

| | |
|-------------------------|-----------------|
| ACESULFAME POW POTASSIU | \$0 (Tier 3) DP |
| ACETIC ACID SOL 3% | \$0 (Tier 3) DP |
| ACETIC ACID SOL GLACIAL | \$0 (Tier 3) DP |
| ACETYL-L-CAR POW HCL | \$0 (Tier 3) DP |
| ALLANTOIN POW | \$0 (Tier 3) DP |
| ALMOND OIL SWEET | \$0 (Tier 3) DP |
| ALUM AMMONIU POW | \$0 (Tier 3) DP |
| ALUMINUM CL CRY | \$0 (Tier 3) DP |
| ALUMINUM POW HYDROXID | \$0 (Tier 3) DP |
| <i>amlactin lot 12%</i> | \$0 (Tier 3) DP |
| AMMONIUM GRA CHLORIDE | \$0 (Tier 3) DP |
| AMMONIUM POW ALUMINUM | \$0 (Tier 3) DP |
| ARGININE HCL POW | \$0 (Tier 3) DP |
| ASCORBIC ACD GRA | \$0 (Tier 3) DP |
| ASCORBIC ACD POW | \$0 (Tier 3) DP |
| ASCORBYL POW PALMITAT | \$0 (Tier 3) DP |
| AZ CREAM CRE | \$0 (Tier 3) DP |
| BETAINE POW ANHYDROU | \$0 (Tier 3) DP |
| BIOFLAVINOID POW LEMON | \$0 (Tier 3) DP |
| BIOFLAVONOID POW CITRUS | \$0 (Tier 3) DP |
| BISMUTH POW SUBNITRA | \$0 (Tier 3) DP |
| BISMUTH SUBC POW | \$0 (Tier 3) DP |
| BORIC ACID GRA | \$0 (Tier 3) DP |
| BORIC ACID POW | \$0 (Tier 3) DP |
| CALAMINE LOT | \$0 (Tier 3) DP |
| CALAMINE LOT 8-8% | \$0 (Tier 3) DP |
| CALAMINE LOT PHENOLAT | \$0 (Tier 3) DP |
| CALCIUM POW CITRATE | \$0 (Tier 3) DP |
| CALCIUM POW HYDROXID | \$0 (Tier 3) DP |
| CALCIUM POW SACCHARA | \$0 (Tier 3) DP |
| CAMPHOR CRY | \$0 (Tier 3) DP |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL) |
|---------------------------------|---|
| <i>capsaicin cre 0.1%</i> | \$0 (Tier 3) DP |
| <i>capsaicin cream 0.025%</i> | \$0 (Tier 3) DP |
| CAPSAICIN LIQ 0.15% | \$0 (Tier 3) DP |
| CARBOMER POW HOMOPOLY | \$0 (Tier 3) DP |
| CARBOXYMETHY POW SODIUM | \$0 (Tier 3) DP |
| CHLOROFORM SOL | \$0 (Tier 3) DP |
| CHOLESTEROL POW ACETATE | \$0 (Tier 3) DP |
| CHRYSIN POW | \$0 (Tier 3) DP |
| CITRIC ACID GRA ANHYDROU | \$0 (Tier 3) DP |
| CITRIC ACID GRA MONOHYDR | \$0 (Tier 3) DP |
| CITRIC ACID POW ANHYDROU | \$0 (Tier 3) DP |
| CLORPACTIN POW WCS-90 | \$0 (Tier 3) DP |
| CLOVE OIL | \$0 (Tier 3) DP |
| COAL TAR SOL 20% | \$0 (Tier 3) DP |
| COCONUT OIL | \$0 (Tier 3) DP |
| COENZYME Q10 POW | \$0 (Tier 3) DP |
| CORN STARCH POW | \$0 (Tier 3) DP |
| COTTONSEED OIL | \$0 (Tier 3) DP |
| CREATINE POW MONOHYDR | \$0 (Tier 3) DP |
| CROTON OIL | \$0 (Tier 3) DP |
| D-VITAMIN E POW SUCCINAT | \$0 (Tier 3) DP |
| <i>diclofenac sodium gel 1%</i> | \$0 (Tier 1) QL (1000 grams / 30 days), PA |
| ETHOXY ETHNL LIQ REAGENT | \$0 (Tier 3) DP |
| ETHYL ALCOHO SOL 95% | \$0 (Tier 3) DP |
| ETHYL ALCOHO SOL 95% USP | \$0 (Tier 3) DP |
| ETHYL ALCOHO SOL SDA 95% | \$0 (Tier 3) DP |
| ETHYL OLEATE LIQ | \$0 (Tier 3) DP |
| EUGENOL SOL | \$0 (Tier 3) DP |
| FERRIC POW SUBSULFA | \$0 (Tier 3) DP |
| FERRIC SUBSU SOL | \$0 (Tier 3) DP |
| <i>fluorouracil cream 5%</i> | \$0 (Tier 1) QL (40 grams / 30 days) |
| <i>fluorouracil soln 2%</i> | \$0 (Tier 1) QL (10 mL / 30 days) |
| <i>fluorouracil soln 5%</i> | \$0 (Tier 1) QL (10 mL / 30 days) |
| FORMALDEHYDE SOL 37% | \$0 (Tier 3) DP |
| FREE & CLEAR SHA | \$0 (Tier 3) DP |
| FULLERS POW EARTH | \$0 (Tier 3) DP |
| GLUCOSAMINE POW HCL | \$0 (Tier 3) DP |
| GLUCOSAMINE POW SULFATE | \$0 (Tier 3) DP |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL) |
|--|---|
| GLYCERIN LIQ | \$0 (Tier 3) DP |
| GLYCOLIC ACD CRY | \$0 (Tier 3) DP |
| GLYCOLIC ACD SOL 70% | \$0 (Tier 3) DP |
| GRAPE SEED OIL | \$0 (Tier 3) DP |
| GREEN TEA EX LIQ 90% | \$0 (Tier 3) DP |
| HYDROCHL ACD LIQ 37% | \$0 (Tier 3) DP |
| <i>hydrocortisone perianal cream 2.5%</i> | \$0 (Tier 1) |
| ICHTHAMMOL POW | \$0 (Tier 3) DP |
| <i>imiquimod cream 5%</i> | \$0 (Tier 1) QL (24 packets / 30 days) |
| INDOLE-3- POW CARBINOL | \$0 (Tier 3) DP |
| INOSITOL POW HEXANICO | \$0 (Tier 3) DP |
| IODINE CRY RESUBLIM | \$0 (Tier 3) DP |
| ISOPROPYL LIQ PALMITAT | \$0 (Tier 3) DP |
| JESSNERS SOL | \$0 (Tier 3) DP |
| KOJIC ACID POW | \$0 (Tier 3) DP |
| L-CITRULLINE POW | \$0 (Tier 3) DP |
| LAC-HYDRIN LOT 12% | \$0 (Tier 3) DP |
| <i>lactic acid (ammonium lactate) cream 12%</i> | \$0 (Tier 1) |
| <i>lactic acid (ammonium lactate) cream 12%</i> | \$0 (Tier 3) DP |
| <i>lactic acid (ammonium lactate) lotion 12%</i> | \$0 (Tier 1) |
| <i>lactic acid (ammonium lactate) lotion 12%</i> | \$0 (Tier 3) DP |
| LACTIC ACID SOL | \$0 (Tier 3) DP |
| LIPOIC ACID POW | \$0 (Tier 3) DP |
| LIPOVAN BASE CRE | \$0 (Tier 3) DP |
| MAG CITRATE POW TRIBASIC | \$0 (Tier 3) DP |
| MALIC ACID POW | \$0 (Tier 3) DP |
| METHYL SULF CRY | \$0 (Tier 3) DP |
| <i>metronidazole cream 0.75%</i> | \$0 (Tier 1) |
| <i>metronidazole gel 0.75%</i> | \$0 (Tier 1) |
| <i>metronidazole lotion 0.75%</i> | \$0 (Tier 1) |
| NA PHOS MONO POW ANHYDROU | \$0 (Tier 3) DP |
| NEW SKIN AER | \$0 (Tier 3) DP |
| OIL-ALMOND OIL SWEET | \$0 (Tier 3) DP |
| OIL-COCONUT OIL | \$0 (Tier 3) DP |
| ORNITHINE POW HCL | \$0 (Tier 3) DP |
| OXALIC ACID CRY | \$0 (Tier 3) DP |
| PANRETIN GEL 0.1% | \$0 (Tier 2) NDS, QL (60 grams / 30 days) |
| PENTRAVAN CRE | \$0 (Tier 3) DP |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL) |
|--------------------------------|---|
| PENTRAVAN CRE PLUS | \$0 (Tier 3) DP |
| PERUVIAN LIQ BALSAM | \$0 (Tier 3) DP |
| PHENOL LIQ | \$0 (Tier 3) DP |
| PHOSPHATIDYL POW 20% | \$0 (Tier 3) DP |
| PICATO GEL 0.05% | \$0 (Tier 2) QL (2 tubes / 30 days) |
| PICATO GEL 0.015% | \$0 (Tier 2) QL (3 tubes / 30 days) |
| <i>podofilox soln 0.5%</i> | \$0 (Tier 1) |
| POLYSORBATE SOL 20 | \$0 (Tier 3) DP |
| POT GLUCONAT POW ANHYDROU | \$0 (Tier 3) DP |
| POT HYDROXID SOL 10% | \$0 (Tier 3) DP |
| POT HYDROXID SOL 20% | \$0 (Tier 3) DP |
| POT NITRATE GRA | \$0 (Tier 3) DP |
| POT NITRATE GRA PURIFIED | \$0 (Tier 3) DP |
| POTASSIUM CRY BROMIDE | \$0 (Tier 3) DP |
| POTASSIUM CRY IODIDE | \$0 (Tier 3) DP |
| POTASSIUM MIS HYDROXID | \$0 (Tier 3) DP |
| <i>procto-med cre hc 2.5%</i> | \$0 (Tier 1) |
| <i>procto-pak cre 1%</i> | \$0 (Tier 1) |
| <i>proctozone cre -hc 2.5%</i> | \$0 (Tier 1) |
| PX CALAMINE LOT | \$0 (Tier 3) DP |
| PYRUVIC ACID LIQ | \$0 (Tier 3) DP |
| RA CALAMINE LOT | \$0 (Tier 3) DP |
| RECTIV OIN 0.4% | \$0 (Tier 2) QL (30 grams / 30 days) |
| RED YEAST POW RICE | \$0 (Tier 3) DP |
| RESORCINOL POW | \$0 (Tier 3) DP |
| <i>rosadan cre 0.75%</i> | \$0 (Tier 1) |
| SAFFLOWER OIL | \$0 (Tier 3) DP |
| SM CALAMINE LOT | \$0 (Tier 3) DP |
| SM CALAMINE LOT PHENOLAT | \$0 (Tier 3) DP |
| SOD BROMIDE GRA | \$0 (Tier 3) DP |
| SOD METABISU GRA ANHYDR | \$0 (Tier 3) DP |
| SOD PERBORAT CRY | \$0 (Tier 3) DP |
| SOD PHOSPHAT GRA DIBASIC | \$0 (Tier 3) DP |
| SOD PROPION POW | \$0 (Tier 3) DP |
| SOD SULFITE POW ANHYDROU | \$0 (Tier 3) DP |
| SODIUM BORAT POW | \$0 (Tier 3) DP |
| SODIUM CITRA GRA DIHYDRAT | \$0 (Tier 3) DP |
| SODIUM MIS HYDROXID | \$0 (Tier 3) DP |
| SODIUM POW BICARBON | \$0 (Tier 3) DP |

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL) |
|--|---|
| SOYBEAN OIL | \$0 (Tier 3) DP |
| SQUARIC ACID LIQ BUTANOL | \$0 (Tier 3) DP |
| SQUARIC ACID POW DI-N-BUT | \$0 (Tier 3) DP |
| STEVIA POW EXTRACT | \$0 (Tier 3) DP |
| SULFUR POW | \$0 (Tier 3) DP |
| SULFUR POW PRECIPIT | \$0 (Tier 3) DP |
| <i>tacrolimus oint 0.1%</i> | \$0 (Tier 1) QL (100 grams / 30 days) |
| <i>tacrolimus oint 0.03%</i> | \$0 (Tier 1) QL (100 grams / 30 days) |
| TALC POW | \$0 (Tier 3) DP |
| TANNIC ACID POW | \$0 (Tier 3) DP |
| TARGETIN GEL 1% | \$0 (Tier 2) NDS, QL (60 grams / 30 days), PA |
| TARTARIC ACD GRA | \$0 (Tier 3) DP |
| THYMOL CRY | \$0 (Tier 3) DP |
| TURPENTINE LIQ SPIRITS | \$0 (Tier 3) DP |
| UNDECYLENIC LIQ ACID | \$0 (Tier 3) DP |
| UREA BEA | \$0 (Tier 3) DP |
| UREA POW PEROXIDE | \$0 (Tier 3) DP |
| VALCHLOR GEL 0.016% | \$0 (Tier 2) NDS, QL (60 grams / 30 days), LA, PA |
| VEEGUM MIS LUMP | \$0 (Tier 3) DP |
| VITAMIN K-1 POW | \$0 (Tier 3) DP |
| XYLITOL POW | \$0 (Tier 3) DP |
| ZINC CHLORID GRA | \$0 (Tier 3) DP |
| ZINC OXIDE POW | \$0 (Tier 3) DP |
| <i>zostrix hp cre 0.1%</i> | \$0 (Tier 3) DP |
| ZOSTRIX NAT CRE 0.033% | \$0 (Tier 3) DP |
| DERMATOLOGY, SCABICIDES AND PEDICULIDES | |
| <i>complete kit lice</i> | \$0 (Tier 3) DP |
| <i>gnp lice kit</i> | \$0 (Tier 3) DP |
| <i>lice killing sha</i> | \$0 (Tier 3) DP |
| <i>lice killing sha 0.33-4%</i> | \$0 (Tier 3) DP |
| <i>lice treatmt lot 1%</i> | \$0 (Tier 3) DP |
| <i>lice treatmt sha 0.33-4%</i> | \$0 (Tier 3) DP |
| <i>lice trtmnt liq</i> | \$0 (Tier 3) DP |
| <i>lice trtmnt liq 1%</i> | \$0 (Tier 3) DP |
| <i>licide sha 0.33-4%</i> | \$0 (Tier 3) DP |
| <i>malathion lotion 0.5%</i> | \$0 (Tier 1) |

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply **DP** - The drug is not a Part D drug.

| Drug Name | WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU (TIER LEVEL) | RESTRICTIONS OR LIMITS ON USE |
|------------------|---|--------------------------------------|
|------------------|---|--------------------------------------|

| | | |
|---------------------------------|-----------------|--|
| <i>permethrin cream 5%</i> | \$0 (Tier 1) | |
| <i>ra lice liq max st</i> | \$0 (Tier 3) DP | |
| RID COMPLETE KIT LICE | \$0 (Tier 3) DP | |
| RID ESS LICE KIT 0.33-4% | \$0 (Tier 3) DP | |
| <i>rid lice kil sha 0.33-4%</i> | \$0 (Tier 3) DP | |
| <i>rid licekill sha 0.33-4%</i> | \$0 (Tier 3) DP | |

DERMATOLOGY, WOUND CARE AGENTS

| | | |
|--|--------------|----------------------------------|
| <i>acetic acid irrigation soln 0.25%</i> | \$0 (Tier 1) | |
| REGANEX GEL 0.01% | \$0 (Tier 2) | NDS, QL (30 grams / 30 days), PA |
| SANTYL OIN 250/GM | \$0 (Tier 2) | |
| <i>sodium chloride irrigation soln 0.9%</i> | \$0 (Tier 1) | |
| <i>water for irrigation, sterile irrigation soln</i> | \$0 (Tier 1) | |

MOUTH/THROAT/DENTAL AGENTS

| | | |
|--|-----------------|--|
| <i>cevimeline hcl cap 30 mg</i> | \$0 (Tier 1) | |
| <i>chlorhexidine gluconate soln 0.12%</i> | \$0 (Tier 1) | |
| <i>clotrimazole troche 10 mg</i> | \$0 (Tier 1) | |
| <i>lidocaine hcl viscous soln 2%</i> | \$0 (Tier 1) | |
| <i>little teeth gel 7.5%</i> | \$0 (Tier 3) DP | |
| <i>nystatin susp 100000 unit/ml</i> | \$0 (Tier 1) | |
| ORASEP SPR | \$0 (Tier 3) DP | |
| <i>periogard sol 0.12%</i> | \$0 (Tier 1) | |
| <i>periomed con 0.63%</i> | \$0 (Tier 3) DP | |
| <i>pilocarpine hcl tab 5 mg</i> | \$0 (Tier 1) | |
| <i>pilocarpine hcl tab 7.5 mg</i> | \$0 (Tier 1) | |
| <i>triamcinolone acetonide dental paste 0.1%</i> | \$0 (Tier 1) | |

OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR

| | | |
|---|--------------|--|
| <i>acetic acid otic soln 2%</i> | \$0 (Tier 1) | |
| CIPRODEX SUS 0.3-0.1% | \$0 (Tier 2) | |
| <i>flac oil 0.01%</i> | \$0 (Tier 1) | |
| <i>fluocinolone acetonide (otic) oil 0.01%</i> | \$0 (Tier 1) | |
| <i>neomycin-polymyxin-hc otic soln 1%</i> | \$0 (Tier 1) | |
| <i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i> | \$0 (Tier 1) | |
| <i>ofloxacin otic soln 0.3%</i> | \$0 (Tier 1) | |

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| <i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i> | 137 | <i>allergy d tab 5-120mg</i> | 138 |
| <i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i> | 137 | <i>allergy-d tab 5-120mg</i> | 138 |
| <i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i> | 137 | <i>allergy med tab 25mg</i> | 135 |
| <i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i> | 137 | <i>allergy rel/ tab deconges</i> | 138 |
| <i>albuterol sulfate syrup 2 mg/5ml</i> | 137 | <i>allergy relf cap 25mg</i> | 135 |
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| <i>aclometasone dipropionate cream 0.05%</i> | 147 | <i>allergy relf tab 25mg</i> | 135 |
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| <i>alendronate sodium tab 10 mg</i> | 80 | <i>aller-tec tab 10mg</i> | 135 |
| <i>alendronate sodium tab 35 mg</i> | 80 | <i>allgy comp-d tab 5-120mg</i> | 138 |
| <i>alendronate sodium tab 40 mg</i> | 80 | <i>allopurinol tab 100 mg</i> | 1 |
| <i>alendronate sodium tab 5 mg</i> | 80 | <i>allopurinol tab 300 mg</i> | 1 |
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| <i>ALIMTA INJ 500MG</i> | 22 | <i>alose tron hcl tab 0.5 mg (base equiv)</i> | 100 |
| <i>ALINIA SUS 100/5ML</i> | 8 | <i>alose tron hcl tab 1 mg (base equiv)</i> | 100 |
| <i>ALINIA TAB 500MG</i> | 8 | <i>ALPHAGAN P SOL 0.1%</i> | 133 |
| <i>aliskiren fumarate tab 150 mg (base equivalent)</i> | 46 | <i>alprazolam tab 0.25 mg</i> | 48 |
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| <i>all day allg sol 5mg/5ml</i> | 135 | <i>ALREX SUS 0.2%</i> | 132 |
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| <i>allerclear tab 10mg</i> | 135 | <i>ALUMINUM POW HYDROXID</i> | 149 |
| <i>aller-ease tab 60mg</i> | 135 | <i>ALUNBRIG PAK</i> | 27 |
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| | | <i>amantadine hcl syrup 50 mg/5ml</i> | 60 |
| | | <i>amantadine hcl tab 100 mg</i> | 60 |
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| <i>mg/ml)</i> | 7 | <i>amlodipine besylate tab 10 mg (base</i> | |
| <i>amikacin sulfate inj 500 mg/2ml (250</i> | | <i>equivalent)</i> | 42 |
| <i>mg/ml)</i> | 7 | <i>amlodipine besylate tab 2.5 mg (base</i> | |
| <i>amiloride & hydrochlorothiazide tab 5-</i> | | <i>equivalent)</i> | 42 |
| <i>50 mg</i> | 45 | <i>amlodipine besylate tab 5 mg (base</i> | |
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| AMINOSYN-PF INJ 7%..... | 114 | <i>160 mg</i> | 35 |
| <i>amiodarone hcl inj 150 mg/3ml (50</i> | | <i>amlodipine besylate-valsartan tab 10-</i> | |
| <i>mg/ml)</i> | 38 | <i>320 mg</i> | 35 |
| <i>amiodarone hcl inj 450 mg/9ml (50</i> | | <i>amlodipine besylate-valsartan tab 5-</i> | |
| <i>mg/ml)</i> | 38 | <i>160 mg</i> | 35 |
| <i>amiodarone hcl inj 900 mg/18ml (50</i> | | <i>amlodipine besylate-valsartan tab 5-</i> | |
| <i>mg/ml)</i> | 38 | <i>320 mg</i> | 35 |
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| AMITIZA CAP 8MCG..... | 100 | <i>hydrochlorothiazide tab 10-160-25</i> | |
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| <i>amitriptyline hcl tab 150 mg</i> | 57 | <i>hydrochlorothiazide tab 10-320-25</i> | |
| <i>amitriptyline hcl tab 25 mg</i> | 56 | <i>mg</i> | 36 |
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| <i>10-20 mg</i> | 33 | <i>hydrochlorothiazide tab 5-160-25 mg</i> | |
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| <i>amoxicillin & k clavulanate chew tab 400-57 mg</i> | 19 | <i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i> | 20 |
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| BD ULTRAFINE INSULIN SYRINGE | 77 | <i>betamethasone dipropionate cream</i> | |
| BEELITH TAB..... | 116 | <i>0.05%</i> | 147 |
| <i>bekyree tab</i> | 82 | <i>betamethasone dipropionate lotion</i> | |
| BELSOMRA TAB 10MG..... | 69 | <i>0.05%</i> | 147 |
| BELSOMRA TAB 15MG..... | 69 | <i>betamethasone dipropionate oint</i> | |
| BELSOMRA TAB 20MG..... | 69 | <i>0.05%</i> | 147 |
| BELSOMRA TAB 5MG..... | 69 | <i>betamethasone valerate cream 0.1%</i> | |
| <i>benazepril & hydrochlorothiazide tab</i> | | <i>(base equivalent)</i> | 147 |
| <i>10-12.5 mg</i> | 33 | <i>betamethasone valerate lotion 0.1%</i> | |
| <i>benazepril & hydrochlorothiazide tab</i> | | <i>(base equivalent)</i> | 147 |
| <i>20-12.5 mg</i> | 33 | <i>betamethasone valerate oint 0.1%</i> | |
| <i>benazepril & hydrochlorothiazide tab</i> | | <i>(base equivalent)</i> | 147 |
| <i>20-25 mg</i> | 33 | BETASERON INJ 0.3MG..... | 73 |
| <i>benazepril & hydrochlorothiazide tab 5-</i> | | <i>betatemp sus 160/5ml</i> | 1 |
| <i>6.25 mg</i> | 33 | <i>betaxolol hcl ophth soln 0.5%</i> | 133 |
| <i>benazepril hcl tab 10 mg</i> | 34 | <i>betaxolol hcl tab 10 mg</i> | 41 |
| <i>benazepril hcl tab 20 mg</i> | 34 | <i>betaxolol hcl tab 20 mg</i> | 41 |
| <i>benazepril hcl tab 40 mg</i> | 34 | <i>bethanechol chloride tab 10 mg</i> | 102 |
| <i>benazepril hcl tab 5 mg</i> | 33 | <i>bethanechol chloride tab 25 mg</i> | 102 |
| BENDEKA INJ 100/4ML..... | 21 | <i>bethanechol chloride tab 50 mg</i> | 102 |
| BENLYSTA INJ 120MG..... | 110 | <i>bethanechol chloride tab 5 mg</i> | 102 |
| BENLYSTA INJ 200MG/ML..... | 110 | BETOPTIC-S SUS 0.25% OP..... | 133 |
| BENLYSTA INJ 400MG..... | 110 | BEVESPI AER 9-4.8MCG..... | 134 |
| BENZOIN TIN..... | 146 | <i>bexarotene cap 75 mg</i> | 31 |
| BENZOIN TIN PLAIN..... | 146 | BEXSERO INJ..... | 111 |
| <i>benzonatate cap 100 mg</i> | 138 | <i>bicalutamide tab 50 mg</i> | 26 |
| <i>benzonatate cap 200 mg</i> | 138 | BICILLIN L-A INJ 1200000..... | 20 |
| <i>benzoyl peroxide-erythromycin gel 5-</i> | | BICILLIN L-A INJ 2400000..... | 20 |
| <i>3%</i> | 144 | BICILLIN L-A INJ 600000..... | 20 |
| <i>benzphetamine hcl tab 50 mg</i> | 74 | BIKTARVY TAB..... | 14 |
| <i>benztropine mesylate inj 1 mg/ml</i> | 61 | BIOFLAVINOID POW LEMON..... | 149 |
| <i>benztropine mesylate tab 0.5 mg</i> | 61 | BIOFLAVONOID POW CITRUS..... | 149 |
| <i>benztropine mesylate tab 1 mg</i> | 61 | <i>biotin cap 5 mg</i> | 124 |
| <i>benztropine mesylate tab 2 mg</i> | 61 | <i>biotin tab 300 mcg</i> | 124 |
| BENZYL ALC LIQ..... | 119 | <i>biotin tab 5 mg</i> | 124 |
| BEPREVE DRO 1.5%..... | 133 | <i>bisac-evac sup 10mg</i> | 98 |
| BERINERT INJ 500UNIT..... | 106 | <i>bisacodyl suppos 10 mg</i> | 98 |
| BESIVANCE SUS 0.6%..... | 132 | <i>bisacodyl tab 5mg ec</i> | 98 |
| BETAINE POW ANHYDROU..... | 149 | <i>biscolax sup 10mg</i> | 98 |
| <i>betamethasone dipropionate</i> | | <i>bismatrol chw 262mg</i> | 95 |
| <i>augmented cream 0.05%</i> | 147 | <i>bismatrol sus 262/15ml</i> | 95 |

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| BISMUTH POW SUBGALLA | 95 | <i>bromocriptine mesylate cap 5 mg (base equivalent)</i> | 61 |
| BISMUTH POW SUBNITRA | 149 | <i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i> | 61 |
| BISMUTH SUBC POW | 149 | BROMSITE DRO 0.075% | 132 |
| <i>bismuth subsalicylate chew tab 262 mg</i> | 95 | BRUKINSA CAP 80MG | 28 |
| <i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i> | 41 | <i>budesonide delayed release particles cap 3 mg</i> | 97 |
| <i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i> | 40 | <i>budesonide inhalation susp 0.25 mg/2ml</i> | 143 |
| <i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i> | 40 | <i>budesonide inhalation susp 0.5 mg/2ml</i> | 143 |
| <i>bisoprolol fumarate tab 10 mg</i> | 41 | BUFFER CREAM POW | 119 |
| <i>bisoprolol fumarate tab 5 mg</i> | 41 | <i>bumetanide inj 0.25 mg/ml</i> | 45 |
| BITTERNESS POW NATURAL | 119 | <i>bumetanide tab 0.5 mg</i> | 45 |
| BIVIGAM INJ 10% | 109 | <i>bumetanide tab 1 mg</i> | 45 |
| BLEPHAMIDE OIN S.O.P. | 131 | <i>bumetanide tab 2 mg</i> | 45 |
| <i>blisovi 24 tab fe 1/20</i> | 82 | <i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> | 74 |
| <i>blisovi fe tab 1.5/30</i> | 82 | <i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> | 74 |
| BOOSTRIX INJ | 111 | <i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> | 74 |
| BORIC ACID GRA | 149 | <i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> | 74 |
| BORIC ACID POW | 149 | <i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> | 74 |
| BORTEZOMIB INJ 3.5MG | 23 | <i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> | 74 |
| <i>bosentan tab 125 mg</i> | 48 | <i>buprenorphine hcl sl tab 2 mg (base equiv)</i> | 74 |
| <i>bosentan tab 62.5 mg</i> | 48 | <i>buprenorphine hcl sl tab 8 mg (base equiv)</i> | 74 |
| BOSULIF TAB 100MG | 28 | <i>buprenorphine td patch weekly 10 mcg/hr</i> | 4 |
| BOSULIF TAB 400MG | 28 | <i>buprenorphine td patch weekly 15 mcg/hr</i> | 4 |
| BOSULIF TAB 500MG | 28 | <i>buprenorphine td patch weekly 20 mcg/hr</i> | 4 |
| BRAFTOVI CAP 75MG | 28 | <i>buprenorphine td patch weekly 5 mcg/hr</i> | 4 |
| BREO ELLIPTA INH 100-25 | 144 | <i>buprenorphine td patch weekly 7.5 mcg/hr</i> | 4 |
| BREO ELLIPTA INH 200-25 | 144 | <i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i> | 74 |
| <i>briellyn tab</i> | 82 | <i>bupropion hcl tab 100 mg</i> | 57 |
| BRILINTA TAB 60MG | 107 | <i>bupropion hcl tab 75 mg</i> | 57 |
| BRILINTA TAB 90MG | 107 | | |
| <i>brimonidine tartrate ophth soln 0.15%</i> | 133 | | |
| <i>brimonidine tartrate ophth soln 0.2%</i> | 133 | | |
| BRIVIACT INJ 50MG/5ML | 49 | | |
| BRIVIACT SOL 10MG/ML | 49 | | |
| BRIVIACT TAB 100MG | 49 | | |
| BRIVIACT TAB 10MG | 49 | | |
| BRIVIACT TAB 25MG | 49 | | |
| BRIVIACT TAB 50MG | 49 | | |
| BRIVIACT TAB 75MG | 49 | | |
| <i>bromfed dm syp</i> | 138 | | |
| <i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i> | 132 | | |

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| <i>bupropion hcl tab er 12hr 100 mg</i> | 57 | <i>calcitriol cap 0.25 mcg</i> | 124 |
| <i>bupropion hcl tab er 12hr 150 mg</i> | 57 | <i>calcitriol cap 0.5 mcg</i> | 124 |
| <i>bupropion hcl tab er 12hr 200 mg</i> | 57 | <i>calcitriol inj 1 mcg/ml</i> | 124 |
| <i>bupropion hcl tab er 24hr 150 mg</i> | 57 | <i>calcitriol oral soln 1 mcg/ml</i> | 124 |
| <i>bupropion hcl tab er 24hr 300 mg</i> | 57 | <i>calcium/d3 tab</i> | 117 |
| <i>buspirone hcl tab 10 mg</i> | 48 | <i>calcium/d chw 500-400</i> | 117 |
| <i>buspirone hcl tab 15 mg</i> | 48 | <i>calcium +d tab maximum</i> | 116 |
| <i>buspirone hcl tab 30 mg</i> | 48 | <i>calcium 600 chw +d/miner</i> | 116 |
| <i>buspirone hcl tab 5 mg</i> | 48 | <i>calcium 600 tab</i> | 116 |
| <i>buspirone hcl tab 7.5 mg</i> | 48 | <i>calcium 600 tab + d</i> | 116 |
| <i>butorphanol tartrate inj 1 mg/ml</i> | 4 | <i>calcium 600 tab +d/mnrIs</i> | 116 |
| <i>butorphanol tartrate inj 2 mg/ml</i> | 4 | <i>calcium 600 tab -d</i> | 116 |
| BUTTER RUM LIQ FLAVOR | 119 | <i>calcium acetate (phosphate binder) cap</i> <i>667 mg (169 mg ca)</i> | 91 |
| BUTYLPARABEN POW | 119 | <i>calcium acetate (phosphate binder) tab</i> <i>667 mg</i> | 91 |
| BYDUREON BC INJ 2/0.85ML | 77 | <i>calcium carbonate (antacid) susp 1250</i> <i>mg/5ml</i> | 116 |
| BYDUREON PEN INJ 2MG | 77 | <i>calcium carbonate-cholecalciferol chew</i> <i>tab 500 mg-100 unit</i> | 116 |
| BYETTA INJ 10MCG | 77 | <i>calcium carbonate-cholecalciferol tab</i> <i>250 mg-125 unit</i> | 116 |
| BYETTA INJ 5MCG | 77 | <i>calcium carbonate-cholecalciferol tab</i> <i>500 mg-200 unit</i> | 117 |
| BYSTOLIC TAB 10MG | 41 | <i>calcium carbonate-cholecalciferol tab</i> <i>500 mg-400 unit</i> | 117 |
| BYSTOLIC TAB 2.5MG | 41 | <i>calcium carbonate-cholecalciferol tab</i> <i>600 mg-200 unit</i> | 117 |
| BYSTOLIC TAB 20MG | 41 | <i>calcium carbonate-cholecalciferol tab</i> <i>600 mg-400 unit</i> | 117 |
| BYSTOLIC TAB 5MG | 41 | <i>calcium carbonate tab 1500 mg (600</i> <i>mg elemental ca)</i> | 116 |
| C | | <i>calcium carbonate-vitamin d tab 500</i> <i>mg-200 unit</i> | 117 |
| <i>c/rosehip tr tab 1000mg</i> | 124 | <i>calcium carbonate-vitamin d tab 500</i> <i>mg-400 unit</i> | 117 |
| <i>c-1000/rh tab 1000mg</i> | 124 | <i>calcium carbonate-vitamin d tab 600</i> <i>mg-125 unit</i> | 117 |
| <i>c 250 tab</i> | 124 | CALCIUM CARB POW | 116 |
| <i>c-500 chw 500mg</i> | 124 | CALCIUM CARB POW EX-LIGHT | 116 |
| <i>cabergoline tab 0.5 mg</i> | 89 | CALCIUM CARB POW HEAVY | 116 |
| CABOMETYX TAB 20MG | 28 | CALCIUM CARB TAB 648MG | 94 |
| CABOMETYX TAB 40MG | 28 | <i>calcium carb-vit d w/ minerals chew</i> <i>tab 600 mg-400 unit</i> | 116 |
| CABOMETYX TAB 60MG | 28 | <i>calcium citrate-vitamin d tab 200 mg-</i> <i>250 unit (elemental ca)</i> | 117 |
| <i>ca citrate + tab</i> | 124 | <i>calcium citr tab w/vit d3</i> | 117 |
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| CALAMINE LOT 8-8% | 149 | | |
| CALAMINE LOT PHENOLAT | 149 | | |
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| CALCI-CHEW CHW 1250MG | 116 | | |
| <i>calciferol dro 8000/ml</i> | 124 | | |
| CALCI-MIX CAP 1250MG | 116 | | |
| <i>calcipotriene cream 0.005%</i> | 147 | | |
| <i>calcipotriene oint 0.005%</i> | 147 | | |
| <i>calcipotriene soln 0.005% (50 mcg/ml)</i> | 147 | | |
| <i>calcitonin (salmon) nasal soln 200</i> <i>unit/act</i> | 89 | | |
| <i>calcitrate tab</i> | 116 | | |
| <i>calcitrate tab 950mg</i> | 116 | | |

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| CALCIUM LACT TAB 648MG..... | 117 | <i>captopril tab 12.5 mg</i> | 34 |
| <i>calcium-magnesium-zinc tab 333-133-5 mg.....</i> | 117 | <i>captopril tab 25 mg</i> | 34 |
| <i>calcium-magnesium-zinc tab 334-134-5 mg.....</i> | 117 | <i>captopril tab 50 mg.....</i> | 34 |
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| CALCIUM POW CITRATE | 149 | <i>carbamazepine cap er 12hr 200 mg..</i> | 49 |
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| CALCIUM POW SACCHARA | 149 | <i>carbamazepine chew tab 100 mg</i> | 49 |
| <i>calcium soft chw mlk choc</i> | 117 | <i>carbamazepine susp 100 mg/5ml</i> | 49 |
| <i>calcium tab 500/d</i> | 117 | <i>carbamazepine tab 200 mg</i> | 49 |
| <i>calcium tab 600mg</i> | 117 | <i>carbamazepine tab er 12hr 100 mg ..</i> | 49 |
| <i>calcium tab vit d</i> | 117 | <i>carbamazepine tab er 12hr 200 mg ..</i> | 49 |
| <i>cal-mag-zinc tab +d3.....</i> | 124 | <i>carbamazepine tab er 12hr 400 mg ..</i> | 49 |
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| <i>camila tab 0.35mg</i> | 82 | <i>disintegrating tab 10-100 mg</i> | 61 |
| CAMPHOR CRY | 149 | <i>carbidopa & levodopa orally</i> | |
| <i>camrese lo tab.....</i> | 82 | <i>disintegrating tab 25-100 mg</i> | 61 |
| <i>candesartan cilexetil-</i> | | <i>carbidopa & levodopa orally</i> | |
| <i>hydrochlorothiazide tab 16-12.5 mg</i> | | <i>disintegrating tab 25-250 mg</i> | 61 |
| <i>.....</i> | 36 | <i>carbidopa & levodopa tab 10-100 mg</i> | 61 |
| <i>candesartan cilexetil-</i> | | <i>carbidopa & levodopa tab 25-100 mg</i> | 61 |
| <i>hydrochlorothiazide tab 32-12.5 mg</i> | | <i>carbidopa & levodopa tab 25-250 mg</i> | 61 |
| <i>.....</i> | 36 | <i>carbidopa & levodopa tab er 25-100 mg</i> | 61 |
| <i>candesartan cilexetil-</i> | | <i>carbidopa & levodopa tab er 50-200 mg</i> | 61 |
| <i>hydrochlorothiazide tab 32-25 mg</i> | 36 | <i>carbidopa-levodopa-entacapone tabs</i> | |
| <i>candesartan cilexetil tab 16 mg.....</i> | 37 | <i>12.5-50-200 mg.....</i> | 61 |
| <i>candesartan cilexetil tab 32 mg.....</i> | 37 | <i>carbidopa-levodopa-entacapone tabs</i> | |
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| <i>capsaicin cre 0.1%</i> | 150 | <i>carbidopa-levodopa-entacapone tabs</i> | |
| <i>capsaicin cream 0.025%</i> | 150 | <i>50-200-200 mg.....</i> | 61 |
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| <i>captopril & hydrochlorothiazide tab 25-25 mg.....</i> | 33 | CARBOMER POW HOMOPOLY | 150 |
| <i>captopril & hydrochlorothiazide tab 50-15 mg.....</i> | 33 | <i>carboplatin iv soln 150 mg/15ml</i> | 31 |
| | | <i>carboplatin iv soln 450 mg/45ml</i> | 31 |
| | | <i>carboplatin iv soln 50 mg/5ml.....</i> | 31 |

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| <i>carboplatin iv soln 600 mg/60ml</i> | 31 | <i>cefprozil for susp 250 mg/5ml</i> | 17 |
| CARBOXYMETHY POW SODIUM | 150 | <i>cefprozil tab 250 mg</i> | 17 |
| <i>carisoprodol tab 350 mg</i> | 73 | <i>cefprozil tab 500 mg</i> | 17 |
| <i>carteolol hcl ophth soln 1%</i> | 133 | CEFTAZIDIME/ SOL D5W 1GM | 17 |
| <i>carvedilol tab 12.5 mg</i> | 41 | CEFTAZIDIME/ SOL D5W 2GM | 17 |
| <i>carvedilol tab 25 mg</i> | 41 | <i>ceftazidime for inj 1 gm</i> | 17 |
| <i>carvedilol tab 3.125 mg</i> | 41 | <i>ceftazidime for inj 2 gm</i> | 17 |
| <i>carvedilol tab 6.25 mg</i> | 41 | <i>ceftazidime for inj 6 gm</i> | 17 |
| <i>caspofungin acetate for iv soln 50 mg</i> | 10 | <i>ceftriaxone sodium for inj 10 gm</i> | 17 |
| <i>caspofungin acetate for iv soln 70 mg</i> | 10 | <i>ceftriaxone sodium for inj 1 gm</i> | 17 |
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| <i>cefaclor cap 500 mg</i> | 16 | <i>ceftriaxone sodium for iv soln 1 gm</i> .. | 17 |
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| <i>cefaclor for susp 250 mg/5ml</i> | 16 | <i>cefuroxime axetil tab 500 mg</i> | 17 |
| <i>cefaclor for susp 375 mg/5ml</i> | 16 | <i>cefuroxime sodium for inj 7.5 gm</i> | 17 |
| <i>cefadroxil cap 500 mg</i> | 16 | <i>cefuroxime sodium for inj 750 mg</i> | 17 |
| <i>cefadroxil for susp 250 mg/5ml</i> | 16 | <i>cefuroxime sodium for iv soln 1.5 gm</i> | 17 |
| <i>cefadroxil for susp 500 mg/5ml</i> | 16 | <i>celecoxib cap 100 mg</i> | 2 |
| <i>cefadroxil tab 1 gm</i> | 16 | <i>celecoxib cap 200 mg</i> | 2 |
| CEFAZOLIN INJ 1GM/50ML | 16 | <i>celecoxib cap 400 mg</i> | 2 |
| <i>cefazolin sodium for inj 10 gm</i> | 16 | <i>celecoxib cap 50 mg</i> | 2 |
| <i>cefazolin sodium for inj 1 gm</i> | 16 | CELONTIN CAP 300MG..... | 49 |
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| <i>cefepime hcl for inj 1 gm</i> | 17 | <i>cephalexin for susp 125 mg/5ml</i> | 17 |
| <i>cefepime hcl for inj 2 gm</i> | 17 | <i>cephalexin for susp 250 mg/5ml</i> | 17 |
| <i>cefixime for susp 100 mg/5ml</i> | 17 | CERDELGA CAP 84MG..... | 86 |
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| <i>cefprozil for susp 125 mg/5ml</i> | 17 | <i>cetirizine hcl oral soln 1 mg/ml (5</i> <i>mg/5ml)</i> | 135 |
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| <i>chld silapap liq 160/5ml</i> | 1 |
| <i>chlorhexidine gluconate soln 0.12%</i> | 154 |
| CHLOROFORM SOL | 150 |
| <i>chloroquine phosphate tab 250 mg</i> ... | 11 |
| <i>chloroquine phosphate tab 500 mg</i> ... | 11 |
| <i>chlorothiazide tab 250 mg</i> | 45 |
| <i>chlorothiazide tab 500 mg</i> | 45 |
| <i>chlor-phenir tab 4mg</i> | 136 |
| <i>chlorpromazine hcl tab 100 mg</i> | 63 |
| <i>chlorpromazine hcl tab 10 mg</i> | 63 |
| <i>chlorpromazine hcl tab 200 mg</i> | 63 |
| <i>chlorpromazine hcl tab 25 mg</i> | 63 |
| <i>chlorpromazine hcl tab 50 mg</i> | 63 |
| CHLORPROMAZ INJ 25MG/ML | 63 |
| CHLORPROMAZ INJ 50MG/2ML..... | 63 |
| <i>chlorthalidone tab 25 mg</i> | 45 |
| <i>chlorthalidone tab 50 mg</i> | 45 |
| CHOCOLATE CON FLAVOR | 119 |
| <i>cholecalciferol cap 1.25 mg (50000</i> | |
| unit) | 124 |
| <i>cholecalciferol cap 10 mcg (400 unit)</i> | |
| | 125 |
| <i>cholecalciferol cap 125 mcg (5000 unit)</i> | |
| | 125 |
| <i>cholecalciferol cap 250 mcg (10000</i> | |
| unit) | 125 |
| <i>cholecalciferol cap 25 mcg (1000 unit)</i> | |
| | 125 |
| <i>cholecalciferol cap 50 mcg (2000 unit)</i> | |
| | 125 |
| <i>cholecalciferol oral liquid 10 mcg/ml</i> | |
| (400 unit/ml) | 125 |
| <i>cholecalciferol tab 10 mcg (400 unit)</i> | |
| | 125 |
| <i>cholecalciferol tab 25 mcg (1000 unit)</i> | |
| | 125 |
| <i>cholecalciferol tab 50 mcg (2000 unit)</i> | |
| | 125 |
| CHOLESTEROL POW ACETATE | 150 |
| <i>cholestyramine light powder 4 gm/dose</i> | |
| | 39 |
| <i>cholestyramine light powder packets 4</i> | |
| gm | 39 |
| <i>cholestyramine powder 4 gm/dose</i> ... | 39 |
| <i>cholestyramine powder packets 4 gm</i> | 39 |
| <i>chromic chloride inj 40 mcg/10ml (4</i> | |
| mcg/ml) (elemental cr) | 114 |
| CHRYSIN POW | 150 |
| <i>ciclopirox olamine cream 0.77% (base</i> | |
| equiv) | 146 |
| <i>ciclopirox olamine susp 0.77% (base</i> | |
| equiv) | 146 |
| <i>cilostazol tab 100 mg</i> | 106 |
| <i>cilostazol tab 50 mg</i> | 106 |
| CILOXAN OIN 0.3% OP | 132 |
| CIMDUO TAB 300-300 | 14 |
| <i>cinacalcet hcl tab 30 mg (base equiv)</i> | |
| | 89 |
| <i>cinacalcet hcl tab 60 mg (base equiv)</i> | |
| | 89 |
| <i>cinacalcet hcl tab 90 mg (base equiv)</i> | |
| | 89 |
| CINNAMON OIL FLAVOR | 119 |
| CIPRO (10%) SUS 500MG/5 | 18 |
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| <i>ciprofloxacin 400 mg/200ml in d5w</i> .. | 18 |

| | | | |
|--|-----|---|-----|
| <i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i> | 132 | <i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i> | 8 |
| <i>ciprofloxacin hcl tab 100 mg (base equiv)</i> | 18 | <i>clindamycin phosphate inj 300 mg/2ml</i> | 9 |
| <i>ciprofloxacin hcl tab 250 mg (base equiv)</i> | 18 | <i>clindamycin phosphate inj 600 mg/4ml</i> | 9 |
| <i>ciprofloxacin hcl tab 500 mg (base equiv)</i> | 18 | <i>clindamycin phosphate inj 900 mg/6ml</i> | 9 |
| <i>ciprofloxacin hcl tab 750 mg (base equiv)</i> | 19 | <i>clindamycin phosphate inj 9 gm/60ml</i> | 8 |
| <i>cisplatin inj 100 mg/100ml (1 mg/ml)</i> | 31 | <i>clindamycin phosphate lotion 1% ...</i> | 144 |
| <i>cisplatin inj 200 mg/200ml (1 mg/ml)</i> | 32 | <i>clindamycin phosphate soln 1%.....</i> | 144 |
| <i>cisplatin inj 50 mg/50ml (1 mg/ml)</i> .. | 31 | <i>clindamycin phosphate vaginal cream 2%</i> | 102 |
| <i>citalopram hydrobromide oral soln 10 mg/5ml</i> | 57 | CLINDMYC/NAC INJ 300/50ML..... | 9 |
| <i>citalopram hydrobromide tab 10 mg (base equiv)</i> | 57 | CLINDMYC/NAC INJ 600/50ML..... | 9 |
| <i>citalopram hydrobromide tab 20 mg (base equiv)</i> | 57 | CLINDMYC/NAC INJ 900/50ML..... | 9 |
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| CITRIC ACID POW ANHYDROU | 150 | <i>clinisol sf inj 15%</i> | 114 |
| <i>claravis cap 10mg</i> | 144 | CLINOLIPID EMU 20% | 114 |
| <i>claravis cap 20mg</i> | 144 | <i>clobazam suspension 2.5 mg/ml</i> | 49 |
| <i>claravis cap 30mg</i> | 144 | <i>clobazam tab 10 mg</i> | 49 |
| <i>claravis cap 40mg</i> | 144 | <i>clobazam tab 20 mg</i> | 49 |
| <i>clarithromycin for susp 125 mg/5ml</i> .. | 18 | <i>clomipramine hcl cap 25 mg</i> | 57 |
| <i>clarithromycin for susp 250 mg/5ml</i> .. | 18 | <i>clomipramine hcl cap 50 mg</i> | 57 |
| <i>clarithromycin tab 250 mg</i> | 18 | <i>clomipramine hcl cap 75 mg</i> | 57 |
| <i>clarithromycin tab 500 mg</i> | 18 | <i>clonazepam orally disintegrating tab 0.125 mg</i> | 50 |
| <i>clarithromycin tab er 24hr 500 mg</i> ... | 18 | <i>clonazepam orally disintegrating tab 0.25 mg</i> | 49 |
| <i>clindamycin hcl cap 150 mg</i> | 8 | <i>clonazepam orally disintegrating tab 0.5 mg</i> | 49 |
| <i>clindamycin hcl cap 300 mg</i> | 8 | <i>clonazepam orally disintegrating tab 1 mg</i> | 50 |
| <i>clindamycin hcl cap 75 mg</i> | 8 | <i>clonazepam orally disintegrating tab 2 mg</i> | 50 |
| <i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i> | 8 | <i>clonazepam tab 0.5 mg</i> | 50 |
| <i>clindamycin phosphate gel 1%</i> | 144 | <i>clonazepam tab 1 mg</i> | 50 |
| <i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i> | 8 | <i>clonazepam tab 2 mg</i> | 50 |
| <i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i> | 8 | <i>clonidine hcl tab 0.1 mg</i> | 46 |
| | | <i>clonidine hcl tab 0.2 mg</i> | 46 |
| | | <i>clonidine hcl tab 0.3 mg</i> | 46 |
| | | <i>clonidine td patch weekly 0.1 mg/24hr</i> | 46 |

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| <i>clonidine td patch weekly 0.2 mg/24hr</i> | <i>coenzyme q10 cap 150 mg</i> | 119 |
|46 | <i>coenzyme q10 cap 30mg</i> | 119 |
| <i>clonidine td patch weekly 0.3 mg/24hr</i> | <i>coenzyme q10 cap 30 mg</i> | 119 |
|46 | <i>coenzyme q10 cap 50 mg</i> | 119 |
| <i>clopidogrel bisulfate tab 75 mg (base</i> | <i>coenzyme q10 cap 60 mg</i> | 119 |
| <i>equiv)</i> | <i>coenzyme q10 cap 75 mg</i> | 119 |
| 107 | COENZYME Q10 CHW 60MG | 119 |
| <i>clorazepate dipotassium tab 15 mg</i> .. | COENZYME Q10 LIQ 30MG/5ML | 119 |
| 50 | COENZYME Q10 POW | 150 |
| <i>clorazepate dipotassium tab 3.75 mg</i> | COENZYME Q10 TAB 200MG | 120 |
| 50 | COENZYME Q10 TAB 25MG | 119 |
| <i>clorazepate dipotassium tab 7.5 mg</i> . | <i>coenzyme q10 tab 60 mg</i> | 119 |
| 50 | CO-ENZYME WAF Q10/E | 119 |
| CLORPACTIN POW WCS-90 | <i>colchicine w/ probenecid tab 0.5-500</i> | |
| 150 | <i>mg</i> | 1 |
| <i>clotrimazole cre 1%</i> | COLCRYS TAB 0.6MG | 1 |
| 146 | <i>cold/allergy elx children</i> | 138 |
| <i>clotrimazole cre 1% vag</i> | <i>colesevelam hcl packet for susp 3.75</i> | |
| 103 | <i>gm</i> | 39 |
| <i>clotrimazole cre 3 day</i> | <i>colesevelam hcl tab 625 mg</i> | 39 |
| 103 | <i>colestipol hcl granule packets 5 gm</i> .. | 39 |
| <i>clotrimazole cream 1%</i> | <i>colestipol hcl granules 5 gm</i> | 39 |
| 146 | <i>colestipol hcl tab 1 gm</i> | 40 |
| <i>clotrimazole soln 1%</i> | <i>colistimethate sod for inj 150 mg</i> | |
| 146 | <i>(colistin base activity)</i> | 9 |
| <i>clotrimazole troche 10 mg</i> | COLLODION LIQ | 120 |
| 154 | COLLODION LIQ FLEXIBLE | 120 |
| <i>clotrimazole vaginal cream 1%</i> | <i>colocort ene 100mg</i> | 97 |
| 103 | COMBIGAN SOL 0.2/0.5% | 133 |
| <i>clotrimazole w/ betamethasone cream</i> | COMBIVENT AER 20-100 | 134 |
| <i>1-0.05%</i> | COMETRIQ KIT 100MG | 28 |
| 146 | COMETRIQ KIT 140MG | 28 |
| CLOVE FLAVOR OIL | COMETRIQ KIT 60MG | 28 |
| 119 | <i>comp allergy cap 25mg</i> | 136 |
| CLOVE OIL | <i>compete tab</i> | 125 |
| 150 | COMPLERA TAB | 14 |
| <i>clovique cap 250mg</i> | <i>complete kit lice</i> | 153 |
| 81 | <i>complete tab</i> | 125 |
| <i>clozapine orally disintegrating tab 100</i> | <i>complete tab senior</i> | 125 |
| <i>mg</i> | <i>compro sup 25mg</i> | 95 |
| 63 | <i>constulose sol 10gm/15</i> | 98 |
| <i>clozapine orally disintegrating tab 12.5</i> | COPIKTRA CAP 15MG | 28 |
| <i>mg</i> | COPIKTRA CAP 25MG | 28 |
| 63 | COPPER SULF CRY | 114 |
| <i>clozapine orally disintegrating tab 150</i> | COQ-10 CAP 100MG TR | 120 |
| <i>mg</i> | CORLANOR SOL 5MG/5ML | 46 |
| 63 | CORLANOR TAB 5MG | 46 |
| <i>clozapine orally disintegrating tab 200</i> | | |
| <i>mg</i> | | |
| 63 | | |
| <i>clozapine orally disintegrating tab 25</i> | | |
| <i>mg</i> | | |
| 63 | | |
| <i>clozapine tab 100 mg</i> | | |
| 63 | | |
| <i>clozapine tab 200 mg</i> | | |
| 63 | | |
| <i>clozapine tab 25 mg</i> | | |
| 63 | | |
| <i>clozapine tab 50 mg</i> | | |
| 63 | | |
| CL PRENATAL TAB 28-0.8MG | | |
| 125 | | |
| COAL TAR SOL 20% | | |
| 150 | | |
| COARTEM TAB 20-120MG | | |
| 11 | | |
| COCOA BUTTER MIS | | |
| 119 | | |
| COCONUT OIL | | |
| 150 | | |
| <i>cod liver cap</i> | | |
| 125 | | |
| <i>cod liver oil cap</i> | | |
| 125 | | |
| COD LIVER OIL OIL | | |
| 125 | | |
| <i>coenzyme q10 cap 100mg</i> | | |
| 119 | | |
| <i>coenzyme q10 cap 100 mg</i> | | |
| 119 | | |
| <i>coenzyme q10 cap 10 mg</i> | | |
| 119 | | |

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|---|-----|--|-----|
| CORLANOR TAB 7.5MG | 46 | <i>cyclobenzaprine hcl tab 5 mg</i> | 73 |
| CORN STARCH POW | 150 | <i>cyclophosphamide cap 25 mg</i> | 21 |
| <i>cortisone acetate tab 25 mg</i> | 87 | <i>cyclophosphamide cap 50 mg</i> | 21 |
| COTELLIC TAB 20MG | 28 | <i>cyclophosphamide for inj 1 gm</i> | 21 |
| COTTONSEED OIL | 150 | <i>cyclophosphamide for inj 2 gm</i> | 21 |
| <i>cough cont liq dm max</i> | 139 | <i>cyclophosphamide for inj 500 mg</i> | 21 |
| <i>cough dm sus 30mg/5ml</i> | 139 | <i>cycloserine cap 250 mg</i> | 15 |
| <i>cough syp 100/5ml</i> | 139 | <i>cyclosporine cap 100 mg</i> | 110 |
| COUMADIN TAB 10MG | 103 | <i>cyclosporine cap 25 mg</i> | 110 |
| COUMADIN TAB 1MG | 103 | <i>cyclosporine iv soln 50 mg/ml</i> | 110 |
| COUMADIN TAB 2.5MG | 103 | <i>cyclosporine modified cap 100 mg</i> .. | 111 |
| COUMADIN TAB 2MG | 103 | <i>cyclosporine modified cap 25 mg</i> | 111 |
| COUMADIN TAB 3MG | 103 | <i>cyclosporine modified cap 50 mg</i> | 111 |
| COUMADIN TAB 4MG | 103 | <i>cyclosporine modified oral soln 100</i> | |
| COUMADIN TAB 5MG | 103 | <i>mg/ml</i> | 111 |
| COUMADIN TAB 6MG | 103 | <i>cyproheptadine hcl syrup 2 mg/5ml</i> | 136 |
| COUMADIN TAB 7.5MG | 103 | <i>cyproheptadine hcl tab 4 mg</i> | 136 |
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| CREON CAP 36000UNT..... | 101 | <i>cytarabine inj 20 mg/ml</i> | 22 |
| CREON CAP 6000UNIT | 101 | D | |
| CRIXIVAN CAP 200MG | 12 | D10W/NAACL INJ 0.2%..... | 115 |
| CRIXIVAN CAP 400MG | 12 | <i>d3 cap 1000unit</i> | 125 |
| <i>cromolyn sodium nasal aerosol soln 5.2</i> | | <i>d3 super str cap 2000unit</i> | 125 |
| <i>mg/act (4%)</i> | 139 | <i>d 400 tab 400unit</i> | 125 |
| <i>cromolyn sodium ophth soln 4%</i> | 133 | D5W/LYTES INJ #48..... | 115 |
| <i>cromolyn sodium oral conc 100 mg/5ml</i> | | D5W/NAACL INJ 0.3% | 115 |
| <i>.....</i> | 100 | <i>daily-vite/ tab iron</i> | 125 |
| <i>cromolyn sodium soln nebu 20 mg/2ml</i> | | <i>daily-vite tab</i> | 125 |
| <i>.....</i> | 141 | <i>daily vit tab</i> | 125 |
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| <i>cryselle-28 tab 28 tabs</i> | 82 | DALIRESP TAB 250MCG | 142 |
| <i>cupric chloride inj 0.4 mg/ml</i> | | DALIRESP TAB 500MCG | 142 |
| <i>(elemental)</i> | 114 | <i>danazol cap 100 mg</i> | 86 |
| <i>cvs cough dm sus 30mg/5ml</i> | 139 | <i>danazol cap 200 mg</i> | 86 |
| <i>cyanocobalamin inj 1000 mcg/ml</i> ... | 125 | <i>danazol cap 50 mg</i> | 86 |
| <i>cyanocobalamin tab 1000 mcg</i> | 125 | <i>dantrolene sodium cap 100 mg</i> | 73 |
| <i>cyanocobalamin tab 100 mcg</i> | 125 | <i>dantrolene sodium cap 25 mg</i> | 73 |
| <i>cyanocobalamin tab 250 mcg</i> | 125 | <i>dantrolene sodium cap 50 mg</i> | 73 |
| <i>cyanocobalamin tab 500 mcg</i> | 125 | <i>dapsone tab 100 mg</i> | 9 |
| <i>cyanocobalamin tab er 1000 mcg</i> ... | 125 | <i>dapsone tab 25 mg</i> | 9 |
| <i>cyanocobalamin tab er 2000 mcg</i> ... | 125 | DAPTACEL INJ..... | 111 |
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| <i>cyclobenzaprine hcl tab 10 mg</i> | 73 | <i>dasetta tab 1/35</i> | 82 |

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| DAURISMO TAB 25MG | 24 | <i>dexamethasone sodium phosphate inj</i> | |
| <i>dayhist alrg tab 12 hour</i> | 136 | 10 mg/ml..... | 87 |
| <i>deblitane tab 0.35mg</i> | 82 | <i>dexamethasone sodium phosphate inj</i> | |
| <i>decongestant tab 120mg er</i> | 139 | 120 mg/30ml..... | 88 |
| <i>deferasirox granules packet 180 mg</i> .81 | | <i>dexamethasone sodium phosphate inj</i> | |
| <i>deferasirox granules packet 360 mg</i> .81 | | 20 mg/5ml | 87 |
| <i>deferasirox granules packet 90 mg</i> ...81 | | <i>dexamethasone sodium phosphate inj</i> | |
| <i>deferasirox tab 180 mg</i> | 81 | 4 mg/ml..... | 87 |
| <i>deferasirox tab 360 mg</i> | 81 | <i>dexamethasone sodium phosphate</i> | |
| <i>deferasirox tab 90 mg</i> | 81 | ophth soln 0.1%..... | 133 |
| DELESTROGEN INJ 10MG/ML..... | 87 | <i>dexamethasone sod phosphate</i> | |
| DELSTRIGO TAB | 14 | preservative free inj 10 mg/ml..... | 87 |
| DELSYM SUS 30MG/5ML..... | 139 | <i>dexamethasone soln 0.5 mg/5ml</i> | 88 |
| DEMSEER CAP 250MG | 46 | <i>dexamethasone tab 0.5 mg</i> | 88 |
| DEPO-PROVERA INJ 400/ML | 26 | <i>dexamethasone tab 0.75 mg</i> | 88 |
| DESCOVY TAB 200/25 | 14 | <i>dexamethasone tab 1.5 mg</i> | 88 |
| <i>desipramine hcl tab 100 mg</i> | 57 | <i>dexamethasone tab 1 mg</i> | 88 |
| <i>desipramine hcl tab 10 mg</i> | 57 | <i>dexamethasone tab 2 mg</i> | 88 |
| <i>desipramine hcl tab 150 mg</i> | 57 | <i>dexamethasone tab 4 mg</i> | 88 |
| <i>desipramine hcl tab 25 mg</i> | 57 | <i>dexamethasone tab 6 mg</i> | 88 |
| <i>desipramine hcl tab 50 mg</i> | 57 | DEXILANT CAP 30MG DR..... | 101 |
| <i>desipramine hcl tab 75 mg</i> | 57 | DEXILANT CAP 60MG DR..... | 101 |
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| 0.01% | 93 | <i>dexmethylphenidate hcl tab 5 mg</i>69 | |
| <i>desmopressin acetate nasal spray soln</i> | | <i>dextromethorphan-guaifenesin syrup</i> | |
| 0.01% (refrigerated) | 94 | 10-100 mg/5ml..... | 139 |
| <i>desmopressin acetate tab 0.1 mg</i>94 | | <i>dextromethorphan polistirex extended</i> | |
| <i>desmopressin acetate tab 0.2 mg</i>94 | | release susp 30 mg/5ml | 139 |
| <i>desogest-eth estrad & eth estrad tab</i> | | <i>dextrose 10% w/ sodium chloride</i> | |
| 0.15-0.02/0.01 mg(21/5)..... | 82 | 0.45% | 115 |
| <i>desogest-ethin est tab 0.1-</i> | | <i>dextrose 2.5% w/ sodium chloride</i> | |
| 0.025/0.125-0.025/0.15-0.025mg- | | 0.45% | 115 |
| mg | 82 | <i>dextrose 5% in lactated ringers</i> | 115 |
| <i>desogestrel & ethinyl estradiol tab 0.15</i> | | <i>dextrose 5% w/ sodium chloride 0.2%</i> | |
| mg-30 mcg | 82 | | 115 |
| <i>desvenlafaxine succinate tab er 24hr</i> | | <i>dextrose 5% w/ sodium chloride 0.45%</i> | |
| 100 mg (base equiv) | 57 | | 115 |
| <i>desvenlafaxine succinate tab er 24hr</i> | | <i>dextrose 5% w/ sodium chloride 0.9%</i> | |
| 25 mg (base equiv) | 57 | | 115 |
| <i>desvenlafaxine succinate tab er 24hr</i> | | <i>dextrose inj 10%</i> | 115 |
| 50 mg (base equiv) | 57 | <i>dextrose inj 5%</i> | 115 |
| DEXAMETHASON CON 1MG/ML | 87 | <i>dextrose inj 50%</i> | 115 |
| <i>dexamethasone elixir 0.5 mg/5ml</i>87 | | <i>dextrose inj 70%</i> | 115 |
| | | <i>diabetic tus liq 100/5ml</i> | 139 |

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| <i>diabetic tus liq dm</i> | 139 | <i>dicloxacillin sodium cap 500 mg</i> | 20 |
| <i>diabetic tus liq max st</i> | 139 | <i>dicyclomine hcl cap 10 mg</i> | 97 |
| DIABETISWEET POW | 120 | <i>dicyclomine hcl oral soln 10 mg/5ml</i> . | 97 |
| DIALYVIT 800 TAB ZINC 15 | 125 | <i>dicyclomine hcl tab 20 mg</i> | 97 |
| <i>dialyvite d cap 5000unit</i> | 125 | <i>didanosine delayed release capsule 200</i> | |
| <i>dialyvite tab 800</i> | 125 | <i>mg</i> | 12 |
| <i>dialyvite tab 800/d</i> | 125 | <i>didanosine delayed release capsule 250</i> | |
| DIALYVITE TAB 800/ZINC..... | 125 | <i>mg</i> | 12 |
| <i>diarrhea rel sus 262/15ml</i> | 95 | <i>didanosine delayed release capsule 400</i> | |
| DIASCREEN 10 MIS | 90 | <i>mg</i> | 12 |
| DIASCREEN 3 MIS..... | 89 | <i>diethylpropion hcl tab 25 mg</i> | 75 |
| DIASCREEN 5 MIS..... | 89 | <i>diethylpropion hcl tab er 24hr 75 mg</i> | 75 |
| DIASCREEN 6 MIS..... | 89 | DIFICID TAB 200MG | 18 |
| DIASCREEN 7 MIS..... | 89 | <i>diflunisal tab 500 mg</i> | 3 |
| DIASCREEN 8 MIS..... | 89 | <i>digitek tab 0.125mg</i> | 44 |
| DIASCREEN 9 MIS..... | 90 | <i>digitek tab 0.25mg</i> | 44 |
| DIASCREEN MIS 1G..... | 90 | <i>digoxin inj 0.25 mg/ml</i> | 44 |
| DIASCREEN MIS 2GK..... | 90 | <i>digoxin oral soln 0.05 mg/ml</i> | 45 |
| DIASCREEN MIS 4OBL | 90 | <i>digoxin tab 125 mcg (0.125 mg)</i> | 45 |
| DIASTAT ACDL GEL 12.5-20 | 50 | <i>digoxin tab 250 mcg (0.25 mg)</i> | 45 |
| DIASTAT ACDL GEL 5-10MG | 50 | <i>dihydroergotamine mesylate inj 1</i> | |
| DIASTAT PED GEL 2.5M GEL..... | 50 | <i>mg/ml</i> | 71 |
| DIASTIX TES STRIPS | 90 | <i>dihydroergotamine mesylate nasal</i> | |
| <i>diazepam conc 5 mg/ml</i> | 50 | <i>spray 4 mg/ml</i> | 71 |
| <i>diazepam inj 5 mg/ml</i> | 50 | DILANTIN-125 SUS 125/5ML | 51 |
| <i>diazepam oral soln 1 mg/ml</i> | 50 | DILANTIN CAP 100MG | 50 |
| <i>diazepam rectal gel delivery system 10</i> | | DILANTIN CAP 30MG | 50 |
| <i>mg</i> | 50 | DILANTIN CHW 50MG | 51 |
| <i>diazepam rectal gel delivery system 2.5</i> | | <i>diltiazem hcl cap er 12hr 120 mg</i> | 42 |
| <i>mg</i> | 50 | <i>diltiazem hcl cap er 12hr 60 mg</i> | 42 |
| <i>diazepam rectal gel delivery system 20</i> | | <i>diltiazem hcl cap er 12hr 90 mg</i> | 42 |
| <i>mg</i> | 50 | <i>diltiazem hcl cap er 24hr 120 mg</i> | 42 |
| <i>diazepam tab 10 mg</i> | 50 | <i>diltiazem hcl cap er 24hr 180 mg</i> | 42 |
| <i>diazepam tab 2 mg</i> | 50 | <i>diltiazem hcl cap er 24hr 240 mg</i> | 43 |
| <i>diazepam tab 5 mg</i> | 50 | <i>diltiazem hcl coated beads cap er 24hr</i> | |
| <i>diazoxide susp 50 mg/ml</i> | 89 | <i>120 mg</i> | 43 |
| <i>diclofenac potassium tab 50 mg</i> | 2 | <i>diltiazem hcl coated beads cap er 24hr</i> | |
| <i>diclofenac sodium gel 1%</i> | 150 | <i>180 mg</i> | 43 |
| <i>diclofenac sodium ophth soln 0.1%</i> . | 133 | <i>diltiazem hcl coated beads cap er 24hr</i> | |
| <i>diclofenac sodium tab delayed release</i> | | <i>240 mg</i> | 43 |
| <i>25 mg</i> | 2 | <i>diltiazem hcl coated beads cap er 24hr</i> | |
| <i>diclofenac sodium tab delayed release</i> | | <i>300 mg</i> | 43 |
| <i>50 mg</i> | 2 | <i>diltiazem hcl coated beads cap er 24hr</i> | |
| <i>diclofenac sodium tab delayed release</i> | | <i>360 mg</i> | 43 |
| <i>75 mg</i> | 2 | <i>diltiazem hcl extended release beads</i> | |
| <i>diclofenac sodium tab er 24hr 100 mg</i> | 2 | <i>cap er 24hr 120 mg</i> | 43 |
| <i>dicloxacillin sodium cap 250 mg</i> | 20 | | |

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| <i>diltiazem hcl extended release beads cap er 24hr 180 mg</i> | 43 | <i>divalproex sodium tab er 24 hr 500 mg</i> | 51 |
| <i>diltiazem hcl extended release beads cap er 24hr 240 mg</i> | 43 | <i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i> | 23 |
| <i>diltiazem hcl extended release beads cap er 24hr 300 mg</i> | 43 | <i>docetaxel for inj conc 20 mg/ml</i> | 23 |
| <i>diltiazem hcl extended release beads cap er 24hr 360 mg</i> | 43 | <i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i> | 23 |
| <i>diltiazem hcl extended release beads cap er 24hr 420 mg</i> | 43 | DOCETAXEL INJ 160/16ML | 23 |
| <i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i> | 43 | DOCETAXEL INJ 160/8ML | 23 |
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| <i>diltiazem hcl tab 120 mg</i> | 43 | DOCETAXEL INJ 80MG/4ML | 23 |
| <i>diltiazem hcl tab 30 mg</i> | 43 | DOCETAXEL INJ 80MG/8ML | 23 |
| <i>diltiazem hcl tab 60 mg</i> | 43 | <i>docetaxel soln for iv infusion 160 mg/16ml</i> | 23 |
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| <i>diphenhist tab 25mg</i> | 136 | <i>docusate sod cap 100mg</i> | 98 |
| <i>diphenhydramine hcl cap 25 mg</i> | 136 | <i>docusate sodium cap 100 mg</i> | 98 |
| <i>diphenhydramine hcl cap 50 mg</i> | 136 | <i>docusate sodium liquid 150 mg/15ml</i> | 98 |
| <i>diphenhydramine hcl inj 50 mg/ml</i> | 136 | <i>docusate sod liq 50mg/5ml</i> | 98 |
| <i>diphenhydramine hcl tab 25 mg</i> | 136 | <i>docusil cap 100mg</i> | 98 |
| <i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i> | 100 | <i>docu soft cap 100mg</i> | 98 |
| <i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> | 100 | DOCUSOL MINI ENE | 98 |
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| <i>doxepin hcl (sleep) tab 6 mg (base equiv)</i> | 69 | <i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i> | 58 |
| <i>doxepin hcl cap 100 mg</i> | 58 | <i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i> | 58 |
| <i>doxepin hcl cap 10 mg</i> | 57 | DUOFER TAB 28MG..... | 105 |
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| <i>doxy 100 inj 100mg</i> | 21 | <i>ecee plus tab</i> | 125 |
| <i>doxycycline hyclate cap 100 mg</i> | 21 | <i>ec-naproxen tab 375mg</i> | 3 |
| <i>doxycycline hyclate cap 50 mg</i> | 21 | <i>ec-naproxen tab 500mg</i> | 3 |
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| <i>doxycycline hyclate tab 100 mg</i> | 21 | <i>ed-apap liq 80mg/2.5</i> | 1 |
| <i>doxycycline hyclate tab 20 mg</i> | 21 | <i>ed chlorped syp jr</i> | 136 |
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| <i>doxycycline monohydrate tab 100 mg</i> | 21 | <i>efavirenz cap 50 mg</i> | 12 |
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| | | EMVERM CHW 100MG..... | 9 |
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| <i>entecavir tab 1 mg</i> | 15 | <i>erythromycin tab 250 mg</i> | 18 |
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| escitalopram oxalate tab 5 mg (base equiv)..... | 58 | etodolac tab 400 mg | 3 |
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| <i>famotidine inj 200 mg/20ml</i> | 97 |
| <i>famotidine inj 20 mg/2ml</i> | 97 |
| <i>famotidine inj 40 mg/4ml</i> | 97 |
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| <i>famotidine tab 20 mg</i> | 97 |
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| <i>fenofibrate tab 160 mg</i> | 40 |
| <i>fenofibrate tab 48 mg</i> | 40 |
| <i>fenofibrate tab 54 mg</i> | 40 |
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| <i>fentanyl citrate lozenge on a handle 200 mcg</i> | 4 |
| <i>fentanyl citrate lozenge on a handle 400 mcg</i> | 4 |
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| <i>fentanyl td patch 72hr 100 mcg/hr</i> | 5 |
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| <i>fentanyl td patch 72hr 25 mcg/hr</i> | 4 |
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| <i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i> | 106 | <i>fluconazole in nacl 0.9% inj 200 mg/100ml</i> | 11 |
| <i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i> | 106 | <i>fluconazole in nacl 0.9% inj 400 mg/200ml</i> | 11 |
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| FETZIMA CAP 20MG | 58 | <i>flucytosine cap 500 mg</i> | 11 |
| FETZIMA CAP 40MG | 58 | <i>fludrocortisone acetate tab 0.1 mg</i> ... | 88 |
| FETZIMA CAP 80MG | 58 | <i>flunisolide nasal soln 25 mcg/act (0.025%)</i> | 143 |
| FETZIMA CAP TITRATIO | 59 | <i>fluocinolone acetonide (otic) oil 0.01%</i> | 154 |
| FEVERALL INF SUP 80MG | 1 | <i>fluocinolone acetonide cream 0.01%</i> | 147 |
| <i>feverall sup 120mg</i> | 1 | <i>fluocinolone acetonide cream 0.025%</i> | 147 |
| <i>feverall sup 325mg</i> | 1 | <i>fluocinolone acetonide oil 0.01% (body oil)</i> | 148 |
| <i>feverall sup 650mg</i> | 1 | <i>fluocinolone acetonide oil 0.01% (scalp oil)</i> | 148 |
| <i>fexofenadine hcl tab 180 mg</i> | 136 | <i>fluocinolone acetonide oint 0.025%</i> | 148 |
| <i>fexofenadine hcl tab 60 mg</i> | 136 | <i>fluocinolone acetonide soln 0.01%</i> .. | 148 |
| <i>fexofenadine tab 180mg</i> | 136 | <i>fluocinonide cream 0.05%</i> | 148 |
| <i>fexofenadine tab 60mg</i> | 136 | <i>fluocinonide emulsified base cream 0.05%</i> | 148 |
| FIASP FLEX INJ TOUCH | 77 | <i>fluocinonide gel 0.05%</i> | 148 |
| FIASP INJ 100/ML | 77 | <i>fluocinonide oint 0.05%</i> | 148 |
| FIASP PENFIL INJ U-100 | 77 | <i>fluocinonide soln 0.05%</i> | 148 |
| <i>finasteride tab 5 mg</i> | 102 | <i>fluorometholone ophth susp 0.1%</i> .. | 133 |
| FINTEPLA SOL 2.2MG/ML | 51 | <i>fluorouracil cream 5%</i> | 150 |
| <i>flac oil 0.01%</i> | 154 | <i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i> | 22 |
| FLAREX SUS 0.1% OP | 133 | <i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i> | 22 |
| FLAVORX LIQ | 120 | <i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i> | 22 |
| FLEBOGAMMA INJ 10/100ML | 109 | <i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i> | 22 |
| FLEBOGAMMA INJ 10/200ML | 109 | <i>fluorouracil soln 2%</i> | 150 |
| FLEBOGAMMA INJ 20/200ML | 109 | <i>fluorouracil soln 5%</i> | 150 |
| FLEBOGAMMA INJ 20/400ML | 109 | <i>fluoxetine hcl cap 10 mg</i> | 59 |
| FLEBOGAMMA INJ 5GM/50ML | 109 | <i>fluoxetine hcl cap 20 mg</i> | 59 |
| FLEBOGAMMA INJ DIF 5% | 109 | <i>fluoxetine hcl cap 40 mg</i> | 59 |
| <i>flecainide acetate tab 100 mg</i> | 38 | | |
| <i>flecainide acetate tab 150 mg</i> | 38 | | |
| <i>flecainide acetate tab 50 mg</i> | 38 | | |
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| FLOVENT DISK AER 250MCG | 143 | | |
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| FLOVENT HFA AER 110MCG | 143 | | |
| FLOVENT HFA AER 220MCG | 143 | | |
| FLOVENT HFA AER 44MCG | 143 | | |
| <i>fluconazole for susp 10 mg/ml</i> | 10 | | |

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| <i>fluoxetine hcl solution 20 mg/5ml</i> | 59 | <i>fosinopril sodium tab 40 mg</i> | 34 |
| <i>fluphenazine decanoate inj 25 mg/ml</i> | 64 | FREAMINE HBC INJ 6.9% | 114 |
| <i>fluphenazine hcl elixir 2.5 mg/5ml</i> | 64 | FREAMINE III INJ 10%..... | 114 |
| <i>fluphenazine hcl inj 2.5 mg/ml</i> | 64 | FREE & CLEAR SHA..... | 150 |
| <i>fluphenazine hcl oral conc 5 mg/ml</i> ...64 | | FRUCTOSE GRA..... | 120 |
| <i>fluphenazine hcl tab 10 mg</i> | 64 | FULLERS POW EARTH | 150 |
| <i>fluphenazine hcl tab 1 mg</i> | 64 | <i>fulvestrant inj 250 mg/5ml</i> | 26 |
| <i>fluphenazine hcl tab 2.5 mg</i> | 64 | <i>fungoid-d cre 1%</i> | 146 |
| <i>fluphenazine hcl tab 5 mg</i> | 64 | <i>furosemide inj 10 mg/ml</i> | 45 |
| <i>flurbiprofen sodium ophth soln 0.03%</i> | | <i>furosemide oral soln 10 mg/ml</i> | 45 |
| | 133 | <i>furosemide oral soln 8 mg/ml</i> | 45 |
| <i>flurbiprofen tab 100 mg</i> | 3 | <i>furosemide tab 20 mg</i> | 45 |
| <i>flutamide cap 125 mg</i> | 26 | <i>furosemide tab 40 mg</i> | 45 |
| <i>fluticasone propionate cream 0.05%</i> | | <i>furosemide tab 80 mg</i> | 45 |
| | 148 | FUSION CAP | 106 |
| <i>fluticasone propionate nasal susp 50</i> | | FUZEON INJ 90MG | 12 |
| <i>mcg/act</i> | 143 | <i>fyavolv tab 0.5-2.5</i> | 87 |
| <i>fluticasone propionate oint 0.005%</i> | 148 | FYCOMPA SUS 0.5MG/ML | 51 |
| <i>fluvoxamine maleate tab 100 mg</i> | 48 | FYCOMPA TAB 10MG..... | 51 |
| <i>fluvoxamine maleate tab 25 mg</i> | 48 | FYCOMPA TAB 12MG..... | 51 |
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| FOLGARD TAB..... | 126 | FYCOMPA TAB 4MG | 51 |
| <i>folic acid inj 5 mg/ml</i> | 126 | FYCOMPA TAB 6MG | 51 |
| <i>folic acid tab 1 mg</i> | 126 | FYCOMPA TAB 8MG | 51 |
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| <i>folic acid tab 800 mcg</i> | 126 | <i>gabapentin cap 300 mg</i> | 51 |
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| <i>10 mg/0.8ml</i> | 104 | <i>gabapentin tab 600 mg</i> | 52 |
| <i>fondaparinux sodium subcutaneous inj</i> | | <i>gabapentin tab 800 mg</i> | 52 |
| <i>2.5 mg/0.5ml</i> | 104 | <i>galantamine hydrobromide cap er 24hr</i> | |
| <i>fondaparinux sodium subcutaneous inj</i> | | <i>16 mg</i> | 56 |
| <i>5 mg/0.4ml</i> | 104 | <i>galantamine hydrobromide cap er 24hr</i> | |
| <i>fondaparinux sodium subcutaneous inj</i> | | <i>24 mg</i> | 56 |
| <i>7.5 mg/0.6ml</i> | 104 | <i>galantamine hydrobromide cap er 24hr</i> | |
| FORMALDEHYDE SOL 37%..... | 150 | <i>8 mg</i> | 55 |
| FORTEO SOL 600/2.4 | 90 | <i>galantamine hydrobromide oral soln 4</i> | |
| <i>fosamprenavir calcium tab 700 mg</i> | | <i>mg/ml</i> | 56 |
| <i>(base equiv)</i> | 12 | <i>galantamine hydrobromide tab 12 mg</i> | |
| FOSFREE TAB | 126 | | 56 |
| <i>fosinopril sodium & hydrochlorothiazide</i> | | <i>galantamine hydrobromide tab 4 mg</i> | 56 |
| <i>tab 10-12.5 mg</i> | 33 | <i>galantamine hydrobromide tab 8 mg</i> | 56 |
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| <i>fosinopril sodium tab 10 mg</i> | 34 | GAMMAGARD INJ 1GM/10ML..... | 109 |
| <i>fosinopril sodium tab 20 mg</i> | 34 | GAMMAGARD INJ 2.5GM/25..... | 109 |

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| GAMMAGARD INJ 30GM/300 | 109 | GENOTROPIN INJ 12MG | 90 |
| GAMMAGARD INJ 5GM/50ML..... | 109 | GENOTROPIN INJ 1MG..... | 90 |
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| GAMMAKED INJ 5GM/50ML..... | 109 | <i>gentamicin in saline inj 1.6 mg/ml</i> | 8 |
| GAMMAPLEX INJ 10% | 109 | <i>gentamicin in saline inj 1 mg/ml</i> | 8 |
| GAMMAPLEX INJ 5% | 109 | <i>gentamicin in saline inj 2 mg/ml</i> | 8 |
| GAMUNEX-C INJ 10GM/100 | 110 | <i>gentamicin sulfate cream 0.1%</i> | 145 |
| GAMUNEX-C INJ 1GM/10ML..... | 109 | <i>gentamicin sulfate inj 10 mg/ml</i> | 8 |
| GAMUNEX-C INJ 2.5GM/25 | 109 | <i>gentamicin sulfate inj 40 mg/ml</i> | 8 |
| GAMUNEX-C INJ 20GM/200 | 110 | <i>gentamicin sulfate oint 0.1%</i> | 145 |
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| GAMUNEX-C INJ 5GM/50ML..... | 110 | <i>gentle laxat sup 10mg</i> | 98 |
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| <i>gemcitabine hcl for inj 200 mg</i> | 22 | <i>glatiramer acetate soln prefilled syringe</i> <i>40 mg/ml</i> | 73 |
| <i>gemcitabine hcl for inj 2 gm</i> | 22 | <i>glatopa inj 20mg/ml</i> | 73 |
| <i>gemcitabine hcl inj 1 gm/26.3ml (38</i> <i>mg/ml) (base equiv)</i> | 22 | <i>glatopa inj 40mg/ml</i> | 73 |
| <i>gemcitabine hcl inj 200 mg/5.26ml (38</i> <i>mg/ml) (base equiv)</i> | 22 | GLEOSTINE CAP 100MG | 22 |
| <i>gemcitabine hcl inj 2 gm/52.6ml (38</i> <i>mg/ml) (base equiv)</i> | 22 | GLEOSTINE CAP 10MG..... | 22 |
| <i>gemfibrozil tab 600 mg</i> | 40 | GLEOSTINE CAP 40MG..... | 22 |
| <i>generlac sol 10gm/15</i> | 98 | <i>glimepiride tab 1 mg</i> | 78 |
| <i>gengraf cap 100mg</i> | 111 | <i>glimepiride tab 2 mg</i> | 78 |
| <i>gengraf cap 25mg</i> | 111 | <i>glimepiride tab 4 mg</i> | 78 |
| <i>gengraf sol 100mg/ml</i> | 111 | <i>glipizide-metformin hcl tab 2.5-250 mg</i> | 78 |
| GENOTROPIN INJ 0.2MG | 90 | <i>glipizide-metformin hcl tab 2.5-500 mg</i> | 78 |
| GENOTROPIN INJ 0.4MG | 90 | <i>glipizide-metformin hcl tab 5-500 mg</i> | 78 |
| GENOTROPIN INJ 0.6MG | 90 | <i>glipizide tab 10 mg</i> | 78 |
| GENOTROPIN INJ 0.8MG | 90 | <i>glipizide tab 5 mg</i> | 78 |
| GENOTROPIN INJ 1.2MG | 90 | <i>glipizide tab er 24hr 10 mg</i> | 78 |
| GENOTROPIN INJ 1.4MG | 90 | <i>glipizide tab er 24hr 2.5 mg</i> | 78 |
| GENOTROPIN INJ 1.6MG | 90 | | |

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| <i>glipizide tab er 24hr 5 mg</i> | 78 | <i>gnp century tab senior</i> | 126 |
| <i>glipizide xl tab 10mg</i> | 78 | <i>gnp century tab ultimate</i> | 126 |
| <i>glipizide xl tab 2.5mg</i> | 78 | <i>gnp co q10 cap 100mg</i> | 120 |
| <i>glipizide xl tab 5mg</i> | 78 | <i>gnp co q10 cap 60mg</i> | 120 |
| GLUCAGEN INJ HYPOKIT | 89 | <i>gnp cough dm sus 30mg/5ml</i> | 139 |
| GLUCAGON KIT 1MG | 89 | <i>gnp dayhist tab 1.34mg</i> | 136 |
| GLUCOSAMINE POW HCL..... | 150 | <i>gnp glycerin sup 1.2gm</i> | 98 |
| GLUCOSAMINE POW SULFATE..... | 150 | <i>gnp healthy tab eyes</i> | 126 |
| <i>glyburide-metformin tab 1.25-250 mg</i> | 79 | <i>gnp iron tab 45mg</i> | 106 |
| <i>glyburide-metformin tab 2.5-500 mg</i> | 79 | <i>gnp iron tab 65mg</i> | 106 |
| <i>glyburide-metformin tab 5-500 mg</i> ... | 79 | <i>gnp k-pec sus 262/15ml</i> | 95 |
| <i>glyburide micronized tab 1.5 mg</i> | 78 | <i>gnp laxative sup 10mg</i> | 98 |
| <i>glyburide micronized tab 3 mg</i> | 78 | <i>gnp laxative tab 25mg</i> | 98 |
| <i>glyburide micronized tab 6 mg</i> | 78 | <i>gnp laxative tab 5mg ec</i> | 98 |
| <i>glyburide tab 1.25 mg</i> | 79 | <i>gnp lice kit</i> | 153 |
| <i>glyburide tab 2.5 mg</i> | 79 | <i>gnp little chw ones</i> | 126 |
| <i>glyburide tab 5 mg</i> | 79 | <i>gnp magnesiū tab 250mg</i> | 117 |
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| GLYCOLIC ACD CRY | 151 | <i>gnp nicotine gum 4mg mint</i> | 75 |
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| <i>glycopyrrolate tab 1 mg</i> | 97 | <i>gnp nicotine loz 4mg mint</i> | 75 |
| <i>glycopyrrolate tab 2 mg</i> | 97 | <i>gnp nicotine loz mini 2mg</i> | 75 |
| <i>glydo gel 2%</i> | 148 | <i>gnp one dail tab maximum</i> | 126 |
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| <i>gnp all day tab allergy</i> | 136 | GNP PRENATAL TAB 28-0.8MG | 126 |
| <i>gnp allergy cap 25mg</i> | 136 | <i>gnp suphedrn liq 15mg/5ml</i> | 139 |
| <i>gnp allergy tab 180mg</i> | 136 | <i>gnp tussin liq dm</i> | 139 |
| <i>gnp allergy tab 25mg</i> | 136 | <i>gnp tussin liq dm cough</i> | 139 |
| <i>gnp allergy tab 4mg</i> | 136 | <i>gnp tussin liq dm max</i> | 139 |
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| <i>gnp b-100 tab</i> | 126 | <i>gnp vit b-12 tab 500mcg</i> | 126 |
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| <i>gnp ca/vit d chw minerals</i> | 117 | <i>gnp vit c loz 60mg</i> | 126 |
| <i>gnp calcium tab 500/d</i> | 117 | <i>gnp vit c tab 1000mg</i> | 126 |
| <i>gnp calcium tab 600/d</i> | 117 | <i>gnp vit c tab 250mg</i> | 126 |
| <i>gnp calcium tab cit +d3</i> | 117 | <i>gnp vit d tab 1000unit</i> | 126 |
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| <i>gnp century tab cardio</i> | 126 | <i>gnp vit e cap 200unit</i> | 126 |
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| <i>gnp century tab mature</i> | 126 | <i>gnp zinc tab 50mg</i> | 117 |
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| GOWEY TIN TINCTURE | 120 | <i>haloperidol tab 10 mg</i> | 64 |
| <i>granisetron hcl inj 1 mg/ml</i> | 96 | <i>haloperidol tab 1 mg</i> | 64 |
| <i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i> | 96 | <i>haloperidol tab 20 mg</i> | 64 |
| <i>granisetron hcl tab 1 mg</i> | 96 | <i>haloperidol tab 2 mg</i> | 64 |
| GRAPE LIQ FLAVOR | 120 | <i>haloperidol tab 5 mg</i> | 64 |
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| GRAPE SYP..... | 120 | HARVONI PAK 45-200MG | 15 |
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| <i>griseofulvin microsize tab 500 mg</i> | 11 | HAVRIX INJ 1440UNIT | 112 |
| <i>griseofulvin ultramicrosize tab 125 mg</i> | 11 | HAVRIX INJ 720UNIT | 112 |
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| <i>guaifenesin liquid 100 mg/5ml</i> | 139 | HEMOCYTE TAB 324MG | 106 |
| <i>guaifenesin syp 100-10/5</i> | 139 | HEPARIN/NAACL INJ 25000UNT | 104 |
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| <i>guanfacine hcl tab er 24hr 2 mg (base</i> <i>equiv)</i> | 69 | <i>heparin sodium (porcine)-dextrose iv</i> <i>sol 20000 unit/500ml-5%</i> | 104 |
| <i>guanfacine hcl tab er 24hr 3 mg (base</i> <i>equiv)</i> | 69 | <i>heparin sodium (porcine)-dextrose iv</i> <i>sol 25000 unit/500ml-5%</i> | 104 |
| <i>guanfacine hcl tab er 24hr 4 mg (base</i> <i>equiv)</i> | 69 | <i>heparin sodium (porcine) inj 10000</i> <i>unit/ml</i> | 104 |
| GVOKE HYPO 2 INJ .5/.1ML | 89 | <i>heparin sodium (porcine) inj 1000</i> <i>unit/ml</i> | 104 |
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| <i>halobetasol propionate cream 0.05%</i> | 148 | HERCEPTIN INJ 440MG | 24 |
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| <i>haloperidol decanoate im soln 50</i> <i>mg/ml</i> | 64 | HETLIOZ CAP 20MG..... | 70 |
| <i>haloperidol lactate inj 5 mg/ml</i> | 64 | HIBERIX SOL 10MCG | 112 |
| <i>haloperidol lactate oral conc 2 mg/ml</i> 64 | | <i>hm allergy tab 25mg</i> | 136 |
| | | <i>hm allergy tab 4mg</i> | 136 |
| | | <i>hm antacid sus anti-gas</i> | 94 |
| | | <i>hm aspirin tab 325mg</i> | 1 |
| | | <i>hm coq10 cap 100mg</i> | 120 |
| | | <i>hm coq10 cap 50mg</i> | 120 |
| | | <i>hm cough dm sus 30mg/5ml</i> | 139 |

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| <i>hm epsom gra salt</i> | 98 | <i>hydrocodone-ibuprofen tab 7.5-200 mg</i> | 5 |
| <i>hm iron tab 65mg</i> | 106 | <i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i> | 139 |
| <i>hm niacin tab 250mg</i> | 127 | <i>hydrocodone w/ homatropine tab 5-1.5 mg</i> | 139 |
| <i>hm nicotine dis 14mg/24h</i> | 75 | <i>hydrocortisone butyrate cream 0.1%</i> | 148 |
| <i>hm nicotine dis 21mg/24h</i> | 75 | <i>hydrocortisone butyrate oint 0.1%</i> .. | 148 |
| <i>hm nicotine gum 2mg mint</i> | 75 | <i>hydrocortisone cream 1%</i> | 148 |
| <i>hm nicotine gum 4mg mint</i> | 75 | <i>hydrocortisone cream 2.5%</i> | 148 |
| <i>hm nicotine loz 2mg mint</i> | 75 | <i>hydrocortisone enema 100 mg/60ml</i> .. | 97 |
| <i>hm nicotine loz 4mg mint</i> | 75 | <i>hydrocortisone lotion 2.5%</i> | 148 |
| <i>hm triple oin antibiot</i> | 145 | <i>hydrocortisone oint 2.5%</i> | 148 |
| <i>hm tussin liq adlt dm</i> | 139 | <i>hydrocortisone perianal cream 2.5%</i> | 151 |
| <i>hm vitamin e cap 1000unit</i> | 127 | <i>hydrocortisone tab 10 mg</i> | 88 |
| <i>hm vitamin e cap 200unit</i> | 127 | <i>hydrocortisone tab 20 mg</i> | 88 |
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| <i>nafcillin sodium for iv soln 2 gm</i> | 20 |
| NAGLAZYME INJ 1MG/ML | 86 |
| <i>nail-ex tab 2.5mg</i> | 128 |
| <i>nalbuphine hcl inj 10 mg/ml</i> | 4 |
| <i>nalbuphine hcl inj 20 mg/ml</i> | 4 |
| <i>naloxone hcl inj 0.4 mg/ml</i> | 75 |
| <i>naloxone hcl inj 4 mg/10ml</i> | 75 |
| <i>naloxone hcl soln cartridge 0.4 mg/ml</i> | 75 |
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| <i>naproxen dr tab 500mg</i> | 3 |
| <i>naproxen sodium tab 275 mg</i> | 3 |
| <i>naproxen sodium tab 550 mg</i> | 3 |
| <i>naproxen tab 250 mg</i> | 3 |
| <i>naproxen tab 375 mg</i> | 3 |
| <i>naproxen tab 500 mg</i> | 3 |
| <i>naratriptan hcl tab 1 mg (base equiv)</i> | 71 |
| <i>naratriptan hcl tab 2.5 mg (base equiv)</i> | 71 |
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| <i>nasal decong tab 120mg er</i> | 140 |
| <i>nasal decong tab 30mg</i> | 140 |
| NASCOBAL SPR 500MCG | 128 |
| NATACYN SUS 5% OP | 132 |
| <i>nateglinide tab 120 mg</i> | 80 |
| <i>nateglinide tab 60 mg</i> | 80 |
| <i>nat fiber pow therapy</i> | 99 |
| NATPARA INJ 100MCG | 90 |
| NATPARA INJ 25MCG | 90 |
| NATPARA INJ 50MCG | 90 |
| NATPARA INJ 75MCG | 90 |
| <i>naturl fiber pow 28.3%</i> | 99 |
| <i>nat veg lax tab 8.6mg</i> | 99 |
| NAYZILAM SPR 5MG | 52 |
| <i>necon tab 0.5/35</i> | 84 |
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| <i>nevirapine susp 50 mg/5ml</i> | 12 | <i>nifedipine tab er 24hr osmotic release</i> | |
| <i>nevirapine tab 200 mg</i> | 12 | 30 mg..... | 44 |
| <i>nevirapine tab er 24hr 100 mg</i> | 13 | <i>nifedipine tab er 24hr osmotic release</i> | |
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| NIACINAMIDE POW | 128 | <i>nimodipine cap 30 mg</i> | 44 |
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| <i>niacin cap er 250 mg</i> | 128 | NINLARO CAP 3MG..... | 25 |
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| <i>nicardipine hcl cap 20 mg</i> | 43 | <i>nitroglycerin sl tab 0.4 mg</i> | 47 |
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| NICOTROL INH | 76 | <i>nizatidine cap 300 mg</i> | 97 |
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| <i>nifedipine tab er 24hr 30 mg</i> | 43 | <i>non-aspirin tab 325mg</i> | 2 |
| <i>nifedipine tab er 24hr 60 mg</i> | 43 | <i>non-aspirin tab 500mg</i> | 2 |

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| <i>non-aspirin tab 500mg/rr</i> | 2 | <i>nortriptyline hcl cap 50 mg</i> | 59 |
| <i>norelgestromin-ethinyl estradiol td</i> | | <i>nortriptyline hcl cap 75 mg</i> | 59 |
| <i>ptwk 150-35 mcg/24hr</i> | 84 | <i>nortriptyline hcl soln 10 mg/5ml</i> | 59 |
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| <i>norethindrone & ethinyl estradiol-fe</i> | | NOVAFERRUM CAP 50MG..... | 106 |
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| <i>tab 1 mg-5 mcg</i> | 87 | NUBEQA TAB 300MG | 26 |
| <i>norethindrone acetate tab 5 mg</i> | 91 | NUCALA INJ 100MG | 142 |
| <i>norethindrone ac-ethinyl estrad-fe tab</i> | | NUCALA INJ 100MG/ML..... | 142 |
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| <i>35/1-35/0.5-35 mg-mcg</i> | 85 | NUCYNTA ER TAB 200MG | 6 |
| <i>norethindrone tab 0.35 mg</i> | 84 | NUCYNTA ER TAB 250MG | 6 |
| <i>norgestimate & ethinyl estradiol tab</i> | | NUCYNTA ER TAB 50MG..... | 6 |
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| <i>norgestimate-eth estrad tab 0.18-</i> | | <i>nu-iron 150 cap 150mg</i> | 106 |
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| <i>nortrel tab 1/35</i> | 85 | <i>nystatin topical powder 100000</i> | |
| <i>nortrel tab 7/7/7</i> | 85 | <i>unit/gm</i> | 146 |
| <i>nortriptyline hcl cap 10 mg</i> | 59 | <i>nystop pow 100000</i> | 146 |
| <i>nortriptyline hcl cap 25 mg</i> | 59 | | |

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| OCTAGAM INJ 10GM | 110 |
| OCTAGAM INJ 1GM..... | 110 |
| OCTAGAM INJ 2.5GM | 110 |
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| octreotide acetate inj 200 mcg/ml (0.2 mg/ml) | 90 |
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| <i>ondansetron orally disintegrating tab 8 mg</i> | 96 | <i>oxacillin sodium for inj 1 gm (base equivalent)</i> | 20 |
| <i>one daily tab</i> | 128 | <i>oxacillin sodium for inj 2 gm (base equivalent)</i> | 20 |
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| <i>one daily tab mens 50+</i> | 128 | <i>oxaliplatin for iv inj 50 mg</i> | 32 |
| <i>one daily tab pls iron</i> | 128 | <i>oxaliplatin iv soln 100 mg/20ml</i> | 32 |
| <i>one daily tab wom 50+</i> | 128 | <i>oxaliplatin iv soln 50 mg/10ml</i> | 32 |
| <i>one daily tab womens</i> | 128 | <i>oxandrolone tab 10 mg</i> | 76 |
| ONE VITE TAB 1MG PLUS | 128 | <i>oxandrolone tab 2.5 mg</i> | 76 |
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| ONTRUZANT INJ 420MG..... | 25 | <i>oxcarbazepine tab 150 mg</i> | 52 |
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| OPSUMIT TAB 10MG | 48 | <i>oxcarbazepine tab 600 mg</i> | 52 |
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| <i>oralyte sol</i> | 113 | <i>oxybutynin chloride tab er 24hr 5 mg</i> | 102 |
| <i>oralyte sol freeze</i> | 113 | <i>oxycodone hcl cap 5 mg</i> | 6 |
| ORANGE CONC LIQ..... | 121 | <i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i> | 6 |
| ORA-PLUS LIQ | 121 | <i>oxycodone hcl soln 5 mg/5ml</i> | 6 |
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| ORFADIN CAP 20MG | 86 | <i>oxycodone hcl tab 5 mg</i> | 6 |
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| <i>orsythia tab</i> | 85 | | |
| <i>oseltamivir phosphate cap 30 mg (base equiv)</i> | 16 | | |
| <i>oseltamivir phosphate cap 45 mg (base equiv)</i> | 16 | | |
| <i>oseltamivir phosphate cap 75 mg (base equiv)</i> | 16 | | |
| <i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i> | 16 | | |

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| OXYCONTIN TAB 20MG CR..... | 7 | PAMIDRONATE INJ 6MG/ML..... | 81 |
| OXYCONTIN TAB 30MG CR..... | 7 | PANRETIN GEL 0.1% | 151 |
| OXYCONTIN TAB 40MG CR..... | 7 | <i>pantoprazole sodium ec tab 20 mg</i> | |
| OXYCONTIN TAB 60MG CR..... | 7 | <i>(base equiv)</i> | 101 |
| OXYCONTIN TAB 80MG CR..... | 7 | <i>pantoprazole sodium ec tab 40 mg</i> | |
| <i>oysco 500+d chw</i> | 118 | <i>(base equiv)</i> | 101 |
| <i>oysco 500+d tab</i> | 118 | <i>pantoprazole sodium for iv soln 40 mg</i> | |
| <i>oysco 500 tab 500mg</i> | 118 | <i>(base equiv)</i> | 101 |
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| <i>pacerone tab 200mg</i> | 38 | <i>paricalcitol cap 2 mcg</i> | 128 |
| <i>pacerone tab 400mg</i> | 38 | <i>paricalcitol cap 4 mcg</i> | 128 |
| <i>paclitaxel iv conc 100 mg/16.7ml (6</i> | | <i>paromomycin sulfate cap 250 mg</i> | 8 |
| <i>mg/ml)</i> | 23 | <i>paroxetine hcl tab 10 mg</i> | 59 |
| <i>paclitaxel iv conc 150 mg/25ml (6</i> | | <i>paroxetine hcl tab 20 mg</i> | 59 |
| <i>mg/ml)</i> | 23 | <i>paroxetine hcl tab 30 mg</i> | 59 |
| <i>paclitaxel iv conc 300 mg/50ml (6</i> | | <i>paroxetine hcl tab 40 mg</i> | 59 |
| <i>mg/ml)</i> | 23 | PASER GRA 4GM..... | 15 |
| <i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i> | | PAXIL SUS 10MG/5ML..... | 59 |
| | 23 | PAZEO DRO 0.7% | 133 |
| <i>pain & fever sol 160/5ml</i> | 2 | PCCA BASE CRE 7542 | 121 |
| <i>pain & fever sus 160/5ml</i> | 2 | PCCA MBK MIS FAT ACID | 121 |
| <i>pain & fever tab 325mg</i> | 2 | PECTIN POW | 95 |
| <i>pain & fever tab 500mg</i> | 2 | <i>ped elctrylt sol freezer</i> | 113 |
| <i>pain relief sus 160/5ml</i> | 2 | <i>ped elctrylt sol fruit</i> | 113 |
| <i>pain relief tab 500mg</i> | 2 | <i>ped elctrylt sol grape</i> | 113 |
| <i>pain relief tab 500mg/rr</i> | 2 | <i>ped elctrylt sol unflavrd</i> | 113 |
| <i>pain relief tab 650mg</i> | 2 | PEDIA-LAX LIQ 50MG | 99 |
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| <i>paliperidone tab er 24hr 6 mg</i> | 65 | <i>for soln 236 gm</i> | 99 |
| <i>paliperidone tab er 24hr 9 mg</i> | 65 | <i>peg 3350-kcl-na bicarb-nacl-na sulfate</i> | |
| <i>pamidronate disodium for inj 30 mg</i> .80 | | <i>for soln 240 gm</i> | 99 |
| <i>pamidronate disodium for inj 90 mg</i> .81 | | <i>peg 3350-kcl-sod bicarb-nacl for soln</i> | |
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| | 20 | <i>phenobarbital tab 16.2 mg</i> | 53 |
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| <i>pramipexole dihydrochloride tab 1.5 mg</i> | 62 | <i>pregabalin cap 300 mg</i> | 54 |
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| PREZISTA TAB 150MG | 13 | <i>promethazine hcl inj 25 mg/ml</i> | <i>96</i> |
| PREZISTA TAB 600MG | 13 | <i>promethazine hcl inj 50 mg/ml</i> | <i>96</i> |
| PREZISTA TAB 75MG | 13 | <i>promethazine hcl syrup 6.25 mg/5ml</i> | <i>96</i> |
| PREZISTA TAB 800MG | 13 | <i>promethazine hcl tab 12.5 mg</i> | <i>96</i> |
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| <i>prochlorperazine maleate tab 10 mg</i> | | <i>propranolol & hydrochlorothiazide tab</i> | |
| <i>(base equivalent)</i> | <i>96</i> | <i>80-25 mg.....</i> | <i>41</i> |
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| <i>ramipril cap 1.25 mg</i> | 34 |
| <i>ramipril cap 10 mg</i> | 34 |
| <i>ramipril cap 2.5 mg</i> | 34 |
| <i>ramipril cap 5 mg</i> | 34 |
| <i>ranolazine tab er 12hr 1000 mg</i> | 47 |
| <i>ranolazine tab er 12hr 500 mg</i> | 47 |

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| <i>rasagiline mesylate tab 0.5 mg (base equiv)</i> | 62 | <i>ribavirin cap 200 mg</i> | 16 |
| <i>rasagiline mesylate tab 1 mg (base equiv)</i> | 62 | <i>ribavirin tab 200 mg</i> | 16 |
| RASPBERRY LIQ FLAVOR | 122 | RID COMPLETE KIT LICE | 154 |
| RAYALDEE CAP 30MCG..... | 129 | RID ESS LICE KIT 0.33-4%..... | 154 |
| RDT BASE POW | 122 | <i>rid licekill sha 0.33-4%</i> | 154 |
| <i>reclipsen tab</i> | 85 | <i>rid lice kil sha 0.33-4%</i> | 154 |
| RECOMBIVA HB INJ 10MCG/ML | 112 | <i>rifabutin cap 150 mg</i> | 15 |
| RECOMBIVA-HB INJ 40MCG/ML | 112 | <i>rifampin cap 150 mg</i> | 15 |
| RECOMBIVA HB INJ 5MCG/0.5 | 112 | <i>rifampin cap 300 mg</i> | 15 |
| RECTIV OIN 0.4% | 152 | <i>rifampin for inj 600 mg</i> | 15 |
| RED YEAST POW RICE..... | 152 | <i>riluzole tab 50 mg</i> | 73 |
| <i>reeses med sus pinworm</i> | 10 | <i>rimantadine hydrochloride tab 100 mg</i> | 16 |
| REFENESEN TAB CHST CNG..... | 140 | RINVOQ TAB 15MG ER..... | 108 |
| REGANEX GEL 0.01%..... | 154 | RISACAL-D TAB | 118 |
| <i>reguloid pow 28.3%</i> | 99 | <i>risedronate sodium tab 150 mg</i> | 81 |
| <i>reguloid pow 48.57%</i> | 99 | <i>risedronate sodium tab 35 mg</i> | 81 |
| <i>reguloid pow 58.6%</i> | 99 | <i>risedronate sodium tab 5 mg</i> | 81 |
| RELENZA MIS DISKHALE..... | 16 | <i>risedronate sodium tab delayed release</i> <i>35 mg</i> | 81 |
| RELISTOR INJ 12/0.6ML..... | 100 | RISPERDAL INJ 12.5MG | 66 |
| RELISTOR INJ 8/0.4ML..... | 100 | RISPERDAL INJ 25MG | 66 |
| REMICADE INJ 100MG | 108 | RISPERDAL INJ 37.5MG | 66 |
| <i>rena-vite tab</i> | 129 | RISPERDAL INJ 50MG | 66 |
| RENFLEXIS INJ 100MG..... | 108 | <i>risperidone orally disintegrating tab</i> <i>0.25 mg</i> | 66 |
| <i>repaglinide tab 0.5 mg</i> | 80 | <i>risperidone orally disintegrating tab 0.5</i> <i>mg</i> | 66 |
| <i>repaglinide tab 1 mg</i> | 80 | <i>risperidone orally disintegrating tab 1</i> <i>mg</i> | 66 |
| <i>repaglinide tab 2 mg</i> | 80 | <i>risperidone orally disintegrating tab 2</i> <i>mg</i> | 67 |
| RESORCINOL POW | 152 | <i>risperidone orally disintegrating tab 3</i> <i>mg</i> | 67 |
| RESTASIS EMU 0.05% | 134 | <i>risperidone orally disintegrating tab 4</i> <i>mg</i> | 67 |
| RESTASIS MUL EMU 0.05% | 134 | <i>risperidone soln 1 mg/ml</i> | 67 |
| RETEVMO CAP 40MG | 30 | <i>risperidone tab 0.25 mg</i> | 67 |
| RETEVMO CAP 80MG | 30 | <i>risperidone tab 0.5 mg</i> | 67 |
| REVLIMID CAP 10MG | 27 | <i>risperidone tab 1 mg</i> | 67 |
| REVLIMID CAP 15MG | 27 | <i>risperidone tab 2 mg</i> | 67 |
| REVLIMID CAP 2.5MG | 27 | <i>risperidone tab 3 mg</i> | 67 |
| REVLIMID CAP 20MG | 27 | <i>risperidone tab 4 mg</i> | 67 |
| REVLIMID CAP 25MG | 27 | <i>ritonavir tab 100 mg</i> | 13 |
| REVLIMID CAP 5MG..... | 27 | RITUXAN INJ 100MG | 25 |
| REXULTI TAB 0.25MG | 66 | RITUXAN INJ 500MG | 25 |
| REXULTI TAB 0.5MG | 66 | RITUXAN INJ HYCELA | 25 |
| REXULTI TAB 1MG..... | 66 | | |
| REXULTI TAB 2MG..... | 66 | | |
| REXULTI TAB 3MG..... | 66 | | |
| REXULTI TAB 4MG..... | 66 | | |
| REYATAZ POW 50MG | 13 | | |
| RHOPRESSA SOL 0.02%..... | 134 | | |

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| <i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i> | 56 | RUBRACA TAB 250MG..... | 25 |
| <i>rivastigmine tartrate cap 3 mg (base equivalent)</i> | 56 | RUBRACA TAB 300MG..... | 25 |
| <i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i> | 56 | RUKOBIA TAB 600MG ER..... | 13 |
| <i>rivastigmine tartrate cap 6 mg (base equivalent)</i> | 56 | <i>rulox sus</i> | 95 |
| <i>rivastigmine td patch 24hr 13.3 mg/24hr</i> | 56 | RUXIENCE INJ 100/10ML | 25 |
| <i>rivastigmine td patch 24hr 4.6 mg/24hr</i> | 56 | RUXIENCE INJ 500/50ML | 25 |
| <i>rivastigmine td patch 24hr 9.5 mg/24hr</i> | 56 | RYBELSUS TAB 14MG | 80 |
| <i>rivelsa tab</i> | 85 | RYBELSUS TAB 3MG | 80 |
| <i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i> | 71 | RYBELSUS TAB 7MG | 80 |
| <i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i> | 71 | RYDAPT CAP 25MG | 30 |
| <i>rizatriptan benzoate tab 10 mg (base equivalent)</i> | 71 | RYDEX LIQ | 140 |
| <i>rizatriptan benzoate tab 5 mg (base equivalent)</i> | 71 | <i>rynex pse liq</i> | 140 |
| <i>robafen dm syp 100-10/5</i> | 140 | S | |
| <i>robafen syp 100/5ml</i> | 140 | SACCHARIN POW | 122 |
| <i>ropinirole hydrochloride tab 0.25 mg</i> .. | 62 | SACCHARIN POW SODIUM..... | 122 |
| <i>ropinirole hydrochloride tab 0.5 mg</i> .. | 62 | SAFFLOWER OIL | 122, 152 |
| <i>ropinirole hydrochloride tab 1 mg</i> | 62 | SALTSTABLE CRE | 122 |
| <i>ropinirole hydrochloride tab 2 mg</i> | 62 | SANDIMMUNE SOL 100MG/ML..... | 111 |
| <i>ropinirole hydrochloride tab 3 mg</i> | 62 | SANTYL OIN 250/GM | 154 |
| <i>ropinirole hydrochloride tab 4 mg</i> | 62 | SAPHRIS SUB 10MG | 67 |
| <i>ropinirole hydrochloride tab 5 mg</i> | 62 | SAPHRIS SUB 2.5MG | 67 |
| <i>rosadan cre 0.75%</i> | 152 | SAPHRIS SUB 5MG..... | 67 |
| <i>rosuvastatin calcium tab 10 mg</i> | 39 | <i>sb antacid sus anti-gas</i> | 95 |
| <i>rosuvastatin calcium tab 20 mg</i> | 39 | <i>sb cgh contr liq dm</i> | 140 |
| <i>rosuvastatin calcium tab 40 mg</i> | 39 | <i>sb docusate tab 8.6-50mg</i> | 99 |
| <i>rosuvastatin calcium tab 5 mg</i> | 39 | <i>sb fib lax pow 33%</i> | 99 |
| ROTARIX SUS | 112 | <i>sb laxative sup 10mg</i> | 99 |
| ROTATEQ SOL..... | 112 | <i>sb triple oin antibiot</i> | 145 |
| <i>roweepra tab 1000mg</i> | 54 | <i>scopolamine td patch 72hr 1 mg/3days</i> | 97 |
| <i>roweepra tab 500mg</i> | 54 | SECUADO DIS 3.8MG | 67 |
| <i>roweepra tab 750mg</i> | 54 | SECUADO DIS 5.7MG | 67 |
| <i>roweepra xr tab 500mg xr</i> | 54 | SECUADO DIS 7.6MG | 67 |
| <i>roweepra xr tab 750mg xr</i> | 54 | <i>selegiline hcl cap 5 mg</i> | 62 |
| ROZLYTREK CAP 100MG..... | 30 | <i>selegiline hcl tab 5 mg</i> | 62 |
| ROZLYTREK CAP 200MG..... | 30 | <i>selenium sulfide lotion 2.5%</i> | 147 |
| RUBRACA TAB 200MG..... | 25 | SELZENTRY SOL 20MG/ML | 13 |
| | | SELZENTRY TAB 150MG | 13 |
| | | SELZENTRY TAB 25MG..... | 13 |
| | | SELZENTRY TAB 300MG | 13 |
| | | SELZENTRY TAB 75MG..... | 13 |
| | | <i>senna-lax tab 8.6mg</i> | 99 |
| | | <i>senna-s tab 8.6-50mg</i> | 99 |
| | | <i>senna-tabs tab 8.6mg</i> | 99 |
| | | <i>senna-time s tab 8.6-50mg</i> | 99 |
| | | <i>senna-time tab 8.6mg</i> | 99 |

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| <i>sennosides-docusate sodium tab 8.6-50 mg</i> | 100 | SKYRIZI INJ 150DOSE | 108 |
| <i>sennosides syrup 8.8 mg/5ml</i> | 100 | <i>slo-niacin tab 250mg cr</i> | 129 |
| <i>senno tab 8.6mg</i> | 99 | SLO-NIACIN TAB 500MG CR | 129 |
| <i>sentry tab</i> | 129 | SLO-NIACIN TAB 750MG CR | 129 |
| <i>sentry tab senior</i> | 129 | <i>slow release tab 47.5mg</i> | 106 |
| SEREVENT DIS AER 50MCG | 138 | SLOW REL FE TAB 143MG CR | 106 |
| <i>sertraline hcl oral concentrate for solution 20 mg/ml</i> | 59 | <i>sm all day tab allergy</i> | 137 |
| <i>sertraline hcl tab 100 mg</i> | 60 | <i>sm allergy tab 25mg rlf</i> | 137 |
| <i>sertraline hcl tab 25 mg</i> | 60 | <i>sm allergy tab 4mg</i> | 137 |
| <i>sertraline hcl tab 50 mg</i> | 60 | <i>sm animal chw shapes</i> | 129 |
| <i>sevelamer carbonate packet 0.8 gm</i> .91 | | <i>sm antacid/ sus antigas</i> | 95 |
| <i>sevelamer carbonate packet 2.4 gm</i> .91 | | <i>sm antacid sus advanced</i> | 95 |
| <i>sevelamer carbonate tab 800 mg</i> | 91 | <i>sm antacid sus anti-gas</i> | 95 |
| <i>sharobel tab 0.35mg</i> | 85 | <i>sm antibioti oin 500/gm</i> | 145 |
| SHEA BUTTER MIS | 122 | <i>sm anti-diar tab 2mg</i> | 95 |
| SHINGRIX INJ 50/0.5ML | 112 | <i>sm antifungl cre 1%</i> | 146 |
| SIGNIFOR INJ 0.3MG/ML | 91 | <i>sm antifungl cre 2%</i> | 146 |
| SIGNIFOR INJ 0.6MG/ML | 91 | <i>sm aspirin tab 325mg</i> | 2 |
| SIGNIFOR INJ 0.9MG/ML | 91 | <i>sm aspirin tab 325mg ec</i> | 2 |
| <i>silace liq 10mg/ml</i> | 100 | <i>sm balanced tab b-100</i> | 129 |
| <i>silace syp 60/15ml</i> | 100 | <i>sm balanced tab b-50</i> | 129 |
| <i>siladryl alr liq 12.5/5ml</i> | 137 | <i>sm ca/mg/zn tab</i> | 118 |
| <i>sildenafil citrate tab 20 mg</i> | 48 | SM CALAMINE LOT | 152 |
| <i>siltuss das liq 100/5ml</i> | 140 | SM CALAMINE LOT PHENOLAT | 152 |
| <i>siltussin dm liq das</i> | 140 | <i>sm calcium/d tab 600-400</i> | 118 |
| <i>siltussin-dm liq diabetic</i> | 140 | <i>sm calcium chw</i> | 118 |
| <i>siltussin-dm liq max st</i> | 140 | <i>sm complete tab</i> | 129 |
| <i>siltussin-dm syp alc free</i> | 140 | <i>sm complete tab adv form</i> | 129 |
| <i>siltussin sa syp 100/5ml</i> | 140 | <i>sm complete tab senior</i> | 129 |
| <i>silver sulfadiazine cream 1%</i> | 145 | <i>sm coq-10 cap 50mg</i> | 122 |
| SIMBRINZA SUS 1-0.2% | 134 | SM CORAL CAL TAB 1000MG | 118 |
| SIMPLE SYP | 122 | <i>sm fiber pow 28.3%</i> | 100 |
| <i>simvastatin tab 10 mg</i> | 39 | <i>sm fiber pow 48.57%</i> | 100 |
| <i>simvastatin tab 20 mg</i> | 39 | <i>sm fiber pow 58.6%</i> | 100 |
| <i>simvastatin tab 40 mg</i> | 39 | <i>sm folic acd tab 400mcg</i> | 129 |
| <i>simvastatin tab 5 mg</i> | 39 | <i>sm ibuprofen tab 100mg jr</i> | 3 |
| <i>simvastatin tab 80 mg</i> | 39 | <i>sm iron slow tab 160mg cr</i> | 106 |
| <i>sirolimus oral soln 1 mg/ml</i> | 111 | <i>sm iron tab 325mg</i> | 106 |
| <i>sirolimus tab 0.5 mg</i> | 111 | <i>sm laxative sup 10mg</i> | 100 |
| <i>sirolimus tab 1 mg</i> | 111 | <i>sm micon 7 sup 100mg</i> | 103 |
| <i>sirolimus tab 2 mg</i> | 111 | <i>sm multiple tab vit/iron</i> | 129 |
| SIRTURO TAB 100MG | 15 | <i>sm multiple tab vitamins</i> | 129 |
| SIRTURO TAB 20MG | 15 | <i>sm nasal dec tab 30mg</i> | 140 |
| SIVEXTRO INJ 200MG | 10 | <i>sm nicotine gum 2mg</i> | 76 |
| SIVEXTRO TAB 200MG | 10 | <i>sm nicotine gum 2mg mint</i> | 76 |
| | | <i>sm nicotine gum 4mg</i> | 76 |
| | | <i>sm nicotine gum 4mg mint</i> | 76 |

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| <i>sm nicotine loz 2mg mint</i> | 76 | <i>sodium polystyrene sulfonate oral susp</i> | |
| <i>sm nicotine loz 4mg mint</i> | 76 | <i>15 gm/60ml</i> | 81 |
| <i>sm opti-vita tab</i> | 130 | <i>sodium polystyrene sulfonate powder</i> | |
| SM PRENATAL TAB VITAMINS | 130 | | 81 |
| <i>sm triple oin antibiot.</i> | 145 | SODIUM POW BICARBON | 95, 152 |
| <i>sm tussin cf liq.</i> | 140 | SOD LAURYL POW SULFATE | 122 |
| <i>sm tussin dm syp 100-10/5</i> | 140 | SOD METABISU GRA ANHYDR | 152 |
| <i>sm tussin syp dm</i> | 140 | SOD PERBORAT CRY | 152 |
| <i>sm vitamin c chw 500mg</i> | 130 | SOD PHOSPHAT GRA DIBASIC | 152 |
| <i>sm vitamin c tab 1000mg</i> | 130 | SOD PROPION POW | 152 |
| <i>sm vitamin c tab 250mg</i> | 130 | SOD SACCHARI GRA..... | 122 |
| <i>sm vitamin e cap 1000unit</i> | 130 | SOD SULFITE POW ANHYDROU | 152 |
| <i>sm vitamin e cap 200unit</i> | 130 | SOLIQUA INJ 100/33 | 78 |
| <i>sm vitamin e cap 400unit</i> | 130 | SOLTAMOX SOL 10MG/5ML | 26 |
| <i>sm vit b-12 tab 1000 tr</i> | 130 | SOLU-CORTEF INJ 1000MG | 89 |
| <i>sm vit b-12 tab 100mcg</i> | 130 | SOLU-CORTEF INJ 100MG | 89 |
| <i>sm vit b-12 tab 500mcg</i> | 130 | SOLU-CORTEF INJ 250MG | 89 |
| <i>sm vit b-6 tab 100mg</i> | 130 | SOLU-CORTEF INJ 500MG | 89 |
| <i>sm vit c/rh tab 1000mg</i> | 130 | SOMATULINE INJ 120/.5ML | 91 |
| <i>sm zinc tab 50mg</i> | 118 | SOMATULINE INJ 60/0.2ML | 91 |
| SOD ACETATE POW ANHYDR | 118 | SOMATULINE INJ 90/0.3ML | 91 |
| SOD BENZOATE POW..... | 122 | SOMAVERT INJ 10MG | 91 |
| SOD BROMIDE GRA | 152 | SOMAVERT INJ 15MG | 91 |
| SOD CHLORIDE GRA..... | 118 | SOMAVERT INJ 20MG | 91 |
| <i>sod ferric gluc cmplx in sucrose iv soln</i> | | SOMAVERT INJ 25MG | 91 |
| <i>12.5 mg/ml (fe eq)</i> | 106 | SOMAVERT INJ 30MG | 91 |
| SOD FLUORIDE POW..... | 114 | <i>soothe&cool cre inzo 2%</i> | 146 |
| SODIUM BORAT POW..... | 152 | SORBIC ACID POW | 122 |
| <i>sodium chloride inj 2.5 meq/ml</i> | | SORBITOL SOL 70% | 122 |
| <i>(14.6%)</i> | 114 | <i>sorine tab 120mg</i> | 38 |
| <i>sodium chloride irrigation soln 0.9%</i> | | <i>sorine tab 160mg</i> | 38 |
| | 154 | <i>sorine tab 240mg</i> | 38 |
| <i>sodium chloride iv soln 0.45%</i> | 116 | <i>sorine tab 80mg</i> | 38 |
| <i>sodium chloride iv soln 0.9%</i> | 116 | <i>sotalol hcl (afib/afl) tab 120 mg</i> | 38 |
| <i>sodium chloride iv soln 3%</i> | 116 | <i>sotalol hcl (afib/afl) tab 160 mg</i> | 38 |
| <i>sodium chloride iv soln 5%</i> | 116 | <i>sotalol hcl (afib/afl) tab 80 mg</i> | 38 |
| <i>sodium chloride tab 1 gm</i> | 116 | <i>sotalol hcl tab 120 mg</i> | 39 |
| SODIUM CITRA GRA DIHYDRAT..... | 152 | <i>sotalol hcl tab 160 mg</i> | 39 |
| <i>sodium fluoride chew; tab; 1.1 (0.5 f)</i> | | <i>sotalol hcl tab 240 mg</i> | 39 |
| <i>mg/ml soln</i> | 114 | <i>sotalol hcl tab 80 mg</i> | 38 |
| SODIUM MIS HYDROXID | 152 | SOYBEAN OIL | 153 |
| <i>sodium phenylbutyrate oral powder 3</i> | | SPERMACETI MIS | 123 |
| <i>gm/teaspoonful</i> | 87 | <i>spironolactone & hydrochlorothiazide</i> | |
| <i>sodium phenylbutyrate tab 500 mg</i> .. | 87 | <i>tab 25-25 mg</i> | 45 |
| <i>sodium phosphates inj 45 mm/15ml</i> | | <i>spironolactone tab 100 mg</i> | 35 |
| <i>(phos) 60 meq/15ml (na)</i> | 114 | <i>spironolactone tab 25 mg</i> | 35 |
| | | <i>spironolactone tab 50 mg</i> | 35 |

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| <i>sprintec 28 tab 28 day</i> | 85 | <i>sulfacetamide sodium ophth soln 10%</i> | 132 |
| SPRITAM TAB 1000MG | 54 | <i>sulfacetamide sodium-prednisolone</i> <i>ophth soln 10-0.23(0.25)%</i> | 131 |
| SPRITAM TAB 250MG..... | 54 | SULFADIAZINE TAB 500MG | 8 |
| SPRITAM TAB 500MG..... | 54 | <i>sulfamethoxazole-trimethoprim iv soln</i> <i>400-80 mg/5ml</i> | 10 |
| SPRITAM TAB 750MG..... | 54 | <i>sulfamethoxazole-trimethoprim susp</i> <i>200-40 mg/5ml</i> | 10 |
| SPRYCEL TAB 100MG..... | 30 | <i>sulfamethoxazole-trimethoprim tab</i> <i>400-80 mg</i> | 10 |
| SPRYCEL TAB 140MG..... | 30 | <i>sulfamethoxazole-trimethoprim tab</i> <i>800-160 mg</i> | 10 |
| SPRYCEL TAB 20MG | 30 | SULFAMYLON CRE 85MG/GM..... | 145 |
| SPRYCEL TAB 50MG | 30 | <i>sulfasalazine tab 500 mg</i> | 97 |
| SPRYCEL TAB 70MG | 30 | <i>sulfasalazine tab delayed release 500</i> <i>mg</i> | 97 |
| SPRYCEL TAB 80MG | 30 | SULFUR POW | 153 |
| SQUARIC ACID LIQ BUTANOL | 153 | SULFUR POW PRECIPIT | 153 |
| SQUARIC ACID POW DI-N-BUT..... | 153 | <i>sulindac tab 150 mg</i> | 3 |
| <i>ssd cre 1%</i> | 145 | <i>sulindac tab 200 mg</i> | 3 |
| <i>stavudine cap 15 mg</i> | 13 | <i>sumatriptan nasal spray 20 mg/act</i> .. | 71 |
| <i>stavudine cap 20 mg</i> | 13 | <i>sumatriptan nasal spray 5 mg/act</i> | 71 |
| <i>stavudine cap 30 mg</i> | 13 | <i>sumatriptan succinate inj 6 mg/0.5ml</i> | 71 |
| <i>stavudine cap 40 mg</i> | 13 | <i>sumatriptan succinate solution auto-</i> <i>injector 4 mg/0.5ml</i> | 71 |
| STELARA INJ 45MG/0.5..... | 109 | <i>sumatriptan succinate solution auto-</i> <i>injector 6 mg/0.5ml</i> | 71 |
| STELARA INJ 90MG/ML | 109 | <i>sumatriptan succinate solution</i> <i>cartridge 4 mg/0.5ml</i> | 72 |
| STEVIA POW EXTRACT | 153 | <i>sumatriptan succinate solution</i> <i>cartridge 6 mg/0.5ml</i> | 72 |
| STIMATE SOL 1.5MG/ML | 94 | <i>sumatriptan succinate solution prefilled</i> <i>syringe 6 mg/0.5ml</i> | 72 |
| <i>stim laxat tab 5mg ec</i> | 100 | <i>sumatriptan succinate tab 100 mg</i> | 72 |
| STIVARGA TAB 40MG | 30 | <i>sumatriptan succinate tab 25 mg</i> | 72 |
| <i>stomach relf chw 262mg</i> | 95 | <i>sumatriptan succinate tab 50 mg</i> | 72 |
| <i>stomach relf sus 262/15ml</i> | 95 | <i>super b comp tab vit c</i> | 130 |
| <i>stomach relf tab 262mg</i> | 95 | <i>super liq nu-thera</i> | 130 |
| <i>stool softnr cap 100mg</i> | 100 | <i>superplex-t tab</i> | 130 |
| <i>stool softnr cap 250mg</i> | 100 | SUPER POW NU-THERA | 130 |
| <i>stool softnr syp 60/15ml</i> | 100 | <i>super tab nu-thera</i> | 130 |
| <i>stool softnr tab 8.6-50mg</i> | 100 | <i>super vikaps tab</i> | 130 |
| STRAWBERRY LIQ FLAVOR | 123 | SUPPOSIBLEND MIS | 123 |
| <i>streptomycin sulfate for inj 1 gm</i> | 8 | SUPREP BOWEL SOL PREP KIT | 100 |
| <i>stress form/ tab zinc</i> | 130 | SUSPENDIT GEL..... | 123 |
| <i>stress formu tab</i> | 130 | | |
| <i>stress formu tab w/iron</i> | 130 | | |
| STRIBILD TAB | 14 | | |
| STUART ONE CAP | 130 | | |
| <i>sucralfate tab 1 gm</i> | 100 | | |
| <i>sudogest pe tab 10mg</i> | 141 | | |
| <i>sudogest tab 120mg er</i> | 141 | | |
| <i>sudogest tab 30mg</i> | 141 | | |
| <i>sudogest tab 60mg</i> | 141 | | |
| <i>sulfacetamide sodium lotion 10%</i> <i>(acne)</i> | 145 | | |
| <i>sulfacetamide sodium ophth oint 10%</i> | 132 | | |

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| SUTENT CAP 12.5MG | 30 | TABRECTA TAB 150MG | 30 |
| SUTENT CAP 25MG | 30 | TABRECTA TAB 200MG | 30 |
| SUTENT CAP 37.5MG | 30 | <i>tacrolimus cap 0.5 mg</i> | 111 |
| SUTENT CAP 50MG | 30 | <i>tacrolimus cap 1 mg</i> | 111 |
| SYLATRON KIT 200MCG | 31 | <i>tacrolimus cap 5 mg</i> | 111 |
| SYLATRON KIT 300MCG | 31 | <i>tacrolimus oint 0.03%</i> | 153 |
| SYMBICORT AER 160-4.5 | 144 | <i>tacrolimus oint 0.1%</i> | 153 |
| SYMBICORT AER 80-4.5 | 144 | <i>tactinal chw children</i> | 2 |
| SYMDEKO TAB 100-150 | 142 | <i>tactinal tab 325mg</i> | 2 |
| SYMDEKO TAB 50-75MG | 142 | <i>tactinal tab 500mg</i> | 2 |
| SYMFI LO TAB | 14 | TAFINLAR CAP 50MG | 30 |
| SYMFI TAB | 14 | TAFINLAR CAP 75MG | 30 |
| SYMJEPI INJ 0.15MG | 142 | TAGRISSE TAB 40MG | 30 |
| SYMJEPI INJ 0.3MG | 142 | TAGRISSE TAB 80MG | 30 |
| SYMPAZAN MIS 10MG | 54 | TALC POW | 153 |
| SYMPAZAN MIS 20MG | 54 | TALZENNA CAP 0.25MG | 25 |
| SYMPAZAN MIS 5MG | 54 | TALZENNA CAP 1MG | 25 |
| SYMTUZA TAB | 14 | <i>tamoxifen citrate tab 10 mg (base equivalent)</i> | 26 |
| SYNAREL SOL 2MG/ML | 86 | <i>tamoxifen citrate tab 20 mg (base equivalent)</i> | 26 |
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| <i>tolnaftate cream 1%</i> | 146 | <i>trazodone hcl tab 50 mg</i> | 60 |
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| <i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i> | 48 | <i>trifluoperazine hcl tab 2 mg (base equivalent)</i> | 67 |
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| <i>trymine cg liq 225-7.5</i> | 141 | <i>ursodiol tab 250 mg</i> | 101 |
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| TUSSICAPS CAP 10-8MG | 141 | <i>valganciclovir hcl tab 450 mg (base</i> | |
| <i>tussin adult liq 100/5ml</i> | 141 | <i>equivalent)</i> | 16 |
| <i>tussin adult liq cgh/cong</i> | 141 | <i>valproate sodium inj 100 mg/ml</i> | 54 |
| <i>tussin adult liq cold</i> | 141 | <i>valproate sodium oral soln 250 mg/5ml</i> | |
| <i>tussin cf liq</i> | 141 | <i>(base equiv)</i> | 54 |
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| <i>tussin dm liq 100-10/5</i> | 141 | <i>valsartan-hydrochlorothiazide tab 160-</i> | |
| <i>tussin dm liq max</i> | 141 | <i>25 mg</i> | 37 |
| <i>tussin dm syp 100-10/5</i> | 141 | <i>valsartan-hydrochlorothiazide tab 320-</i> | |
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| TWINRIX INJ | 112 | <i>valsartan-hydrochlorothiazide tab 320-</i> | |
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| <i>tydemy tab</i> | 85 | <i>valsartan-hydrochlorothiazide tab 80-</i> | |
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| <i>unithroid tab 125mcg</i> | 93 | <i>vancomycin hcl cap 125 mg (base</i> | |
| <i>unithroid tab 137mcg</i> | 93 | <i>equivalent)</i> | 10 |
| <i>unithroid tab 150mcg</i> | 93 | <i>vancomycin hcl cap 250 mg (base</i> | |
| <i>unithroid tab 175mcg</i> | 93 | <i>equivalent)</i> | 10 |
| <i>unithroid tab 200mcg</i> | 93 | <i>vancomycin hcl for iv soln 10 gm (base</i> | |
| <i>unithroid tab 25mcg</i> | 93 | <i>equivalent)</i> | 10 |
| <i>unithroid tab 300mcg</i> | 93 | <i>vancomycin hcl for iv soln 1 gm (base</i> | |
| <i>unithroid tab 50mcg</i> | 93 | <i>equivalent)</i> | 10 |
| <i>unithroid tab 75mcg</i> | 93 | <i>vancomycin hcl for iv soln 500 mg</i> | |
| <i>unithroid tab 88mcg</i> | 93 | <i>(base equivalent)</i> | 10 |
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| UREA POW PEROXIDE | 153 | <i>equivalent)</i> | 10 |

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| VANIBASE CRE | 123 | <i>verapamil hcl tab 80 mg</i> | 44 |
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| <i>venlafaxine hcl tab 37.5 mg (base</i> | | <i>vinorelbine tartrate inj 10 mg/ml (base</i> | |
| <i>equivalent)</i> | 60 | <i>equiv)</i> | 23 |
| <i>venlafaxine hcl tab 50 mg (base</i> | | <i>vinorelbine tartrate inj 50 mg/5ml (10</i> | |
| <i>equivalent)</i> | 60 | <i>mg/ml) (base equiv)</i> | 23 |
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