



Neighborhood **INTEGRITY** (Medicare-Medicaid Plan) **2021 Formulary: List of covered drugs**

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

If you have questions, please call Neighborhood INTEGRITY at 1-844-812-6896, 8AM to 8PM, Monday – Friday; 8AM to 12PM 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. TTY: 711. For more information, visit www.nhpri.org/INTEGRITY. HPMS Approved Formulary File Submission ID: H9576. We have made no changes to this formulary since 9/2021.

Neighborhood INTEGRITY | 2021 *List of Covered Drugs* (Formulary)

Introduction

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

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If you have questions, please call Neighborhood INTEGRITY at 1-844-812-6896 and 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. **For more information**, visit www.nhpri.org/INTEGRITY.



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A. Disclaimers

This is a list of drugs that Members can get in Neighborhood INTEGRITY.

- ❖ Neighborhood Health Plan of Rhode Island is a health plan that contracts with both Medicare and Rhode Island Medicaid to provide the benefits of both programs to enrollees.
- ❖ Benefits as well as the List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
- ❖ Limitations and restrictions may apply. For more information, call Neighborhood INTEGRITY Member Services or read the Neighborhood INTEGRITY Member Handbook.
- ❖ You can always check Neighborhood INTEGRITY's up-to-date List of Covered Drugs online at 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, 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. TTY users should call 711. 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, o idioma, os serviços de assistência gratuita, estão disponíveis para você. Os serviços de chamada em 1-844-812-6896 TTY (711), 8 am a 8 pm, de segunda a sexta-feira; 8 am a 12 pm no sábado. Nas tardes de sábado, domingos e feriados, você pode ser convidado a deixar uma mensagem. A sua chamada será devolvido no próximo dia útil. A ligação é gratuita.
- ❖ សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ មានសេវាកម្មជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅសេវាសមាជិកតាមរយៈលេខ 1-844-812-6896 (TTY 711) ចាប់ពីម៉ោង 8 ព្រឹកដល់ 8 យប់ថ្ងៃចន្ទ - សុក្រ ម៉ោង 8 ព្រឹកដល់ 12 យប់នៅថ្ងៃសៅរ៍។ នៅរៀងរាល់រសៀលថ្ងៃសៅរ៍ ថ្ងៃអាទិត្យ និងថ្ងៃឈប់សម្រាក អ្នកអាចត្រូវបានស្នើសុំឱ្យទុកសារ។

If you have questions, please call Neighborhood INTEGRITY at 1-844-812-6896 and 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. **For more information**, visit www.nhpri.org/INTEGRITY.



ការហៅរបស់អ្នកនឹងត្រូវបានគេហៅត្រឡប់មកវិញក្នុងថ្ងៃធ្វើការបន្ទាប់។
ការទូរស័ព្ទគឺឥតគិតថ្លៃ។

- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Please call Member Services at 1-844-812-6896, 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. TTY users should call 711. The call is free.
- ❖ You can ask to get this document and future materials in your preferred language and/or alternate format by calling Member Services. This is called a “standing request”. Member Services will document your standing request in your member record so that you can receive materials now and in the future in your preferred language and/or format. You can change or delete your standing request at any time by calling Member Services.

B. Frequently Asked Questions (FAQ)

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

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

The drugs on the *List of Covered Drugs* that starts on page 1 are the drugs covered by Neighborhood INTEGRITY. These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

- Neighborhood INTEGRITY will cover all medically necessary drugs on the Drug List if:
 - your doctor or other prescriber says you need them to get better or stay healthy, **and**
 - you fill the prescription at a Neighborhood INTEGRITY network pharmacy.
- Neighborhood INTEGRITY may have additional steps to access certain drugs (see question B4 below).

You can also see an up-to-date list of drugs that we cover on our website at www.nhpri.org/INTEGRITY or call Member Services at 1-844-812-6896.

If you have questions, please call Neighborhood INTEGRITY at 1-844-812-6896 and 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. **For more information**, visit www.nhpri.org/INTEGRITY.



B2. Does the Drug List ever change?

Yes, and Neighborhood INTEGRITY must follow Medicare and Medicaid rules when making changes. We may add or remove drugs on the Drug List during the year.

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

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

For more information on these drug rules, see question B4.

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

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

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

- You can always check Neighborhood INTEGRITY's up to date Drug List online at www.nhpri.org/INTEGRITY.
- You can also call Member Services to check the current Drug List at 1-844-812-6896 (TTY 711).

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

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

- **A new generic drug becomes available.** Sometimes, a new generic drug comes on the market that works as well as a brand name drug on the Drug List now. When that happens, we may remove the brand name drug and add the new generic drug, but your cost for the new drug will stay the same. When we add the new generic drug, we may also decide to keep the brand name drug on the list but change its coverage rules or limits.

If you have questions, please call Neighborhood INTEGRITY at 1-844-812-6896 and 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. **For more information**, visit www.nhpri.org/INTEGRITY.



- We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
- You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please see question B10 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or the drug's manufacturer takes a drug off the market, we will take it off the Drug List. If you are taking the drug, we will let you know. We will send you a letter and the letter will provide you with advice on how to follow up with your provider and pharmacist.

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

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

When these changes happen, we will:

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

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

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

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

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

- **Prior approval (or prior authorization):** For some drugs, you or your doctor or other prescriber must get approval from Neighborhood INTEGRITY before you fill

If you have questions, please call Neighborhood INTEGRITY at 1-844-812-6896 and 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. **For more information**, visit www.nhpri.org/INTEGRITY.



your prescription. Neighborhood INTEGRITY may not cover the drug if you do not get approval.

- **Quantity limits:** Sometimes Neighborhood INTEGRITY limits the amount of a drug you can get.
- **Step therapy:** Sometimes Neighborhood INTEGRITY requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables on pages 1-90. You can also get more information by visiting our website at www.nhpri.org/INTEGRITY. You may also ask us to send you a copy.

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

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

The *List of Covered Drugs* on page 1 has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if we change our rules about some drugs (for example, prior authorization (approval), quantity limits, and/or step therapy restrictions)?

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

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

There are two ways to find a drug:

- You can search alphabetically (if you know how to spell the drug), **or**
- You can search by medical condition.

To search **alphabetically**, go to the Index of Covered Drugs section. You can find it on page 91.

If you have questions, please call Neighborhood INTEGRITY at 1-844-812-6896 and 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. **For more information**, visit www.nhpri.org/INTEGRITY.



To search **by medical condition**, find the section labeled “List of drugs by medical condition” on page 1. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular. That is where you will find drugs that treat heart conditions.

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

If you don't see your drug on the Drug List, call Member Services at 1-844-812-6896 and ask about it. If you learn that Neighborhood INTEGRITY will not cover the drug, you can do one of these things:

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

B9. What if you are a new Neighborhood INTEGRITY Member and can't find your drug on the Drug List or have a problem getting your drug?

We can help. We may cover a temporary 30-day supply of your Part D drug or 90-day supply of your Rhode Island Medicaid-covered drug during the first 90 days you are a Member of Neighborhood INTEGRITY. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we will allow multiple refills to provide up to a maximum of 30 days of medication.

We will cover a 30-day supply of your Part D drug or 90-day supply of your Rhode Island Medicaid-covered drug if:

- you are taking a drug that is not on our Drug List, **or**
- health plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires prior approval by Neighborhood INTEGRITY, **or**
- you are taking a drug that is part of a step therapy restriction.

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

If you have questions, please call Neighborhood INTEGRITY at 1-844-812-6896 and 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. **For more information**, visit www.nhpri.org/INTEGRITY. VIII



- We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Neighborhood INTEGRITY Member.
- This is in addition to the temporary supply during the first 90 days you are a Member of Neighborhood INTEGRITY.

If your level of care changes and you need a supply right away:

- We will cover one 31-day supply of the drug you need if you live in a long term care facility, or
- We will cover one 30-day supply of the drug you need if you **do not** live in a long-term care facility.

B10. Can you ask for an exception to cover your drug?

Yes. You can ask Neighborhood INTEGRITY to make an exception to cover a drug that is not on the Drug List.

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

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

B11. How can you ask for an exception?

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

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

First, we must get a statement from your prescriber supporting your request for an exception. After we get the statement, we will give you a decision on your exception request within 72 hours.

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

If you have questions, please call Neighborhood INTEGRITY at 1-844-812-6896 and 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. **For more information**, visit www.nhpri.org/INTEGRITY.



B13. What are generic drugs?

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

Neighborhood INTEGRITY covers both brand name drugs and generic drugs.

B14. What are OTC drugs?

OTC stands for "over-the-counter." Neighborhood INTEGRITY covers some OTC drugs when they are written as prescriptions by your provider.

You can read the Neighborhood INTEGRITY Drug List to see what OTC drugs are covered.

B15. What is your copay?

As a Neighborhood INTEGRITY Member, you have no copays for prescription and OTC drugs as long as you follow Neighborhood INTEGRITY's rules.

B16. What are drug tiers?

Tiers are groups of drugs on our Drug List.

- Tier 1 drugs are generic drugs.
- Tier 2 drugs are brand name drugs.
- Tier 3 drugs are OTC drugs.

All tiers have no copay.

C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by Neighborhood INTEGRITY. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 91. The index alphabetically lists all drugs covered by Neighborhood INTEGRITY.

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

If you have questions, please call Neighborhood INTEGRITY at 1-844-812-6896 and 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. **For more information**, visit www.nhpri.org/INTEGRITY. X



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

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

- These drugs also have different rules for appeals. An appeal is a formal way of asking us to review a coverage decision and to change it if you think we made a mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Rhode Island Medicaid.
- If you or your doctor disagrees with our decision, you can appeal. To ask for instructions on how to appeal, call Member Services at 1-844-812-6896 TTY 711. You can also read Chapter 9 of the *Member Handbook* to learn how to appeal a decision.

If you have questions, please call Neighborhood INTEGRITY at 1-844-812-6896 and 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. **For more information**, visit www.nhpri.org/INTEGRITY.



C1. Drugs Grouped by Medical Condition

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

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

B/D = This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

DP = The drug is not a Part D drug.

QL = Quantity Limit. For certain drugs, Neighborhood INTEGRITY limits the amount of the drug that Neighborhood INTEGRITY will cover.

ST = Step Therapy. In some cases, Neighborhood INTEGRITY requires you to first try certain drugs to treat your medical condition before we will cover another drug for your condition. For example, if Drug A and Drug B both treat your medical condition, Neighborhood INTEGRITY may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Neighborhood INTEGRITY will then cover Drug B.

PA = Prior Authorization. Neighborhood INTEGRITY requires you or your physician to get prior authorization for certain drugs. This means you will need to get approval from Neighborhood INTEGRITY before you fill your prescriptions. If you don't get approval, Neighborhood INTEGRITY may not cover the drug.

NDS = Non-Extended Day Supply. This drug is not available for more than a 30-day supply.

LA = Limited Access. This drug is only available through certain specialty pharmacies.

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DRUG NAME	COST	NECESSARY ACTIONS, RESTRICTIONS AND TIER OR LIMITS ON USE
ANALGESICS		
Gout		
<i>allopurinol oral</i>	\$0, Tier 1	
<i>colchicine oral tablet</i>	\$0, Tier 1	QL (120 per 30 days)
<i>colchicine-probenecid</i>	\$0, Tier 1	
MITIGARE	\$0, Tier 2	QL (60 per 30 days)
<i>probenecid oral</i>	\$0, Tier 1	
Miscellaneous		
<i>acetaminophen childrens suspension 160 mg/5ml oral</i>	\$0, Tier 3	DP
<i>acetaminophen er tablet extended release 650 mg oral</i>	\$0, Tier 3	DP
<i>acetaminophen suppository 120 mg rectal</i>	\$0, Tier 3	DP
<i>acetaminophen suppository 650 mg rectal</i>	\$0, Tier 3	DP
<i>acetaminophen tablet 325 mg oral</i>	\$0, Tier 3	DP
<i>arthritis pain relief tablet extended release 650 mg oral</i>	\$0, Tier 3	DP
<i>arthritis pain reliever tablet extended release 650 mg oral</i>	\$0, Tier 3	DP
<i>aspirin ec low dose tablet delayed release 81 mg oral</i>	\$0, Tier 3	DP
<i>aspirin ec tablet delayed release 325 mg oral</i>	\$0, Tier 3	DP
<i>aspirin suppository 600 mg rectal</i>	\$0, Tier 3	DP
<i>aspirin tablet 325 mg oral</i>	\$0, Tier 3	DP
<i>betatemp childrens suspension 160 mg/5ml oral</i>	\$0, Tier 3	DP
<i>childrens silapap liquid 160 mg/5ml oral</i>	\$0, Tier 3	DP
<i>childrens tactinal tablet chewable 80 mg oral</i>	\$0, Tier 3	DP
ECPIRIN TABLET DELAYED RELEASE 325 MG ORAL	\$0, Tier 3	DP
<i>ed-apap liquid 160 mg/5ml oral</i>	\$0, Tier 3	DP
FEVERALL ADULTS SUPPOSITORY 650 MG RECTAL	\$0, Tier 3	DP
FEVERALL CHILDRENS SUPPOSITORY 120 MG RECTAL	\$0, Tier 3	DP
FEVERALL INFANTS SUPPOSITORY 80 MG RECTAL	\$0, Tier 3	DP
FEVERALL JUNIOR STRENGTH SUPPOSITORY 325 MG RECTAL	\$0, Tier 3	DP
<i>gnp 8 hour pain reliever tablet extended release 650 mg oral</i>	\$0, Tier 3	DP
<i>gnp arthritis pain relief tablet extended release 650 mg oral</i>	\$0, Tier 3	DP
<i>gnp aspirin tablet delayed release 325 mg oral</i>	\$0, Tier 3	DP
<i>gnp infants pain/fever suspension 160 mg/5ml oral</i>	\$0, Tier 3	DP
<i>gnp pain & fever childrens suspension 160 mg/5ml oral</i>	\$0, Tier 3	DP
<i>gnp pain relief extra strength tablet 500 mg oral</i>	\$0, Tier 3	DP
<i>goodsense arthritis pain tablet extended release 650 mg oral</i>	\$0, Tier 3	DP
<i>goodsense aspirin tablet 325 mg oral</i>	\$0, Tier 3	DP
<i>goodsense pain & fever child suspension 160 mg/5ml oral</i>	\$0, Tier 3	DP
<i>goodsense pain & fever infants suspension 160 mg/5ml oral</i>	\$0, Tier 3	DP
<i>goodsense pain relief extra st tablet 500 mg oral</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	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>goodsense pain relief tablet extended release 650 mg oral</i>	\$0, Tier 3	DP
<i>hm arthritis pain relief tablet extended release 650 mg oral</i>	\$0, Tier 3	DP
<i>hm aspirin ec tablet delayed release 325 mg oral</i>	\$0, Tier 3	DP
<i>hm aspirin tablet 325 mg oral</i>	\$0, Tier 3	DP
<i>hm pain & fever childrens suspension 160 mg/5ml oral</i>	\$0, Tier 3	DP
<i>hm pain & fever infants suspension 160 mg/5ml oral</i>	\$0, Tier 3	DP
<i>hm pain relief extra strength tablet 500 mg oral</i>	\$0, Tier 3	DP
<i>hm pain reliever tablet 325 mg oral</i>	\$0, Tier 3	DP
<i>mapap arthritis pain tablet extended release 650 mg oral</i>	\$0, Tier 3	DP
<i>mapap capsule 500 mg oral</i>	\$0, Tier 3	DP
<i>mapap tablet 325 mg oral</i>	\$0, Tier 3	DP
MEDI-TABS EXTRA STRENGTH TABLET 500 MG ORAL	\$0, Tier 3	DP
<i>non-aspirin childrens suspension 160 mg/5ml oral</i>	\$0, Tier 3	DP
<i>non-aspirin extra strength tablet 500 mg oral</i>	\$0, Tier 3	DP
<i>non-aspirin pain relief tablet 325 mg oral</i>	\$0, Tier 3	DP
<i>pain & fever childrens suspension 160 mg/5ml oral</i>	\$0, Tier 3	DP
<i>pain & fever infants suspension 160 mg/5ml oral</i>	\$0, Tier 3	DP
<i>pain & fever tablet 325 mg oral</i>	\$0, Tier 3	DP
<i>pain relief extra strength tablet 500 mg oral</i>	\$0, Tier 3	DP
<i>pain reliever extra strength tablet 500 mg oral</i>	\$0, Tier 3	DP
PHARBETOL EXTRA STRENGTH TABLET 500 MG ORAL	\$0, Tier 3	DP
PHARBETOL TABLET 325 MG ORAL	\$0, Tier 3	DP
<i>qc arthritis pain relief tablet extended release 650 mg oral</i>	\$0, Tier 3	DP
<i>qc aspirin tablet 325 mg oral</i>	\$0, Tier 3	DP
<i>qc aspirin tablet delayed release 325 mg oral</i>	\$0, Tier 3	DP
<i>qc non-aspirin childrens suspension 160 mg/5ml oral</i>	\$0, Tier 3	DP
<i>qc non-aspirin extra strength tablet 500 mg oral</i>	\$0, Tier 3	DP
<i>sb arthritis pain relief tablet extended release 650 mg oral</i>	\$0, Tier 3	DP
<i>sb non-aspirin extra strength tablet 500 mg oral</i>	\$0, Tier 3	DP
<i>sb pain reliever childrens suspension 160 mg/5ml oral</i>	\$0, Tier 3	DP
<i>sb pain reliever ex st tablet 500 mg oral</i>	\$0, Tier 3	DP
<i>sm 8 hour pain relief tablet extended release 650 mg oral</i>	\$0, Tier 3	DP
<i>sm arthritis pain relief tablet extended release 650 mg oral</i>	\$0, Tier 3	DP
<i>sm aspirin ec tablet delayed release 325 mg oral</i>	\$0, Tier 3	DP
<i>sm aspirin tablet 325 mg oral</i>	\$0, Tier 3	DP
<i>sm aspirin tri-buffered tablet 325 mg oral</i>	\$0, Tier 3	DP
<i>sm pain & fever childrens suspension 160 mg/5ml oral</i>	\$0, Tier 3	DP
<i>sm pain & fever infants suspension 160 mg/5ml oral</i>	\$0, Tier 3	DP
<i>sm pain relief extra strength tablet 500 mg oral</i>	\$0, Tier 3	DP
<i>sm pain reliever ex st tablet 500 mg oral</i>	\$0, Tier 3	DP

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>sm pain reliever tablet 325 mg oral</i>	\$0, Tier 3	DP
<i>tactinal extra strength tablet 500 mg oral</i>	\$0, Tier 3	DP
<i>tactinal tablet 325 mg oral</i>	\$0, Tier 3	DP
<i>tri-buffered aspirin tablet 325 mg oral</i>	\$0, Tier 3	DP
Nsaids		
<i>celecoxib oral capsule 100 mg</i>	\$0, Tier 1	QL (120 per 30 days)
<i>celecoxib oral capsule 200 mg</i>	\$0, Tier 1	QL (60 per 30 days)
<i>celecoxib oral capsule 400 mg</i>	\$0, Tier 1	QL (30 per 30 days)
<i>celecoxib oral capsule 50 mg</i>	\$0, Tier 1	QL (240 per 30 days)
<i>childrens ibuprofen suspension 100 mg/5ml oral</i>	\$0, Tier 3	DP
<i>diclofenac potassium oral tablet 50 mg</i>	\$0, Tier 1	QL (120 per 30 days)
<i>diclofenac sodium er</i>	\$0, Tier 1	
<i>diclofenac sodium oral</i>	\$0, Tier 1	
<i>diflunisal oral</i>	\$0, Tier 1	
<i>ec-naproxen</i>	\$0, Tier 1	
<i>etodolac er</i>	\$0, Tier 1	
<i>etodolac oral</i>	\$0, Tier 1	
<i>flurbiprofen oral tablet 100 mg</i>	\$0, Tier 1	
<i>gnp childrens ibuprofen suspension 100 mg/5ml oral</i>	\$0, Tier 3	DP
<i>gnp ibuprofen infants suspension 50 mg/1.25ml oral</i>	\$0, Tier 3	DP
<i>gnp ibuprofen junior strength tablet chewable 100 mg oral</i>	\$0, Tier 3	DP
<i>goodsense ibuprofen childrens suspension 100 mg/5ml oral</i>	\$0, Tier 3	DP
<i>goodsense ibuprofen infants suspension 50 mg/1.25ml oral</i>	\$0, Tier 3	DP
<i>goodsense ibuprofen junior st tablet chewable 100 mg oral</i>	\$0, Tier 3	DP
<i>hm ibuprofen childrens suspension 100 mg/5ml oral</i>	\$0, Tier 3	DP
<i>hm ibuprofen infants suspension 50 mg/1.25ml oral</i>	\$0, Tier 3	DP
IBU ORAL TABLET 600 MG, 800 MG	\$0, Tier 1	
<i>ibuprofen childrens suspension 100 mg/5ml oral</i>	\$0, Tier 3	DP
<i>ibuprofen junior strength tablet chewable 100 mg oral</i>	\$0, Tier 3	DP
<i>ibuprofen oral suspension</i>	\$0, Tier 1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	\$0, Tier 1	
<i>infants ibuprofen suspension 50 mg/1.25ml oral</i>	\$0, Tier 3	DP
MEDI-PROFEN SUSPENSION 40 MG/ML ORAL	\$0, Tier 3	DP
<i>meloxicam oral tablet</i>	\$0, Tier 1	
<i>nabumetone oral</i>	\$0, Tier 1	
<i>naproxen oral tablet</i>	\$0, Tier 1	
<i>naproxen oral tablet delayed release</i>	\$0, Tier 1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	\$0, Tier 1	
<i>piroxicam oral</i>	\$0, Tier 1	
<i>sb infants ibuprofen suspension 50 mg/1.25ml oral</i>	\$0, Tier 3	DP

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>sm childrens ibuprofen suspension 100 mg/5ml oral</i>	\$0, Tier 3	DP
<i>sm ibuprofen ib tablet chewable 100 mg oral</i>	\$0, Tier 3	DP
<i>sm ibuprofen jr tablet 100 mg oral</i>	\$0, Tier 3	DP
<i>sm infants ibuprofen suspension 50 mg/1.25ml oral</i>	\$0, Tier 3	DP
<i>sulindac oral</i>	\$0, Tier 1	
Opioid Analgesics, Long-Acting		
<i>buprenorphine transdermal</i>	\$0, Tier 1	PA; QL (4 per 28 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	\$0, Tier 1	PA; QL (10 per 30 days)
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 80 mg</i>	\$0, Tier 2	PA; QL (30 per 30 days)
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 20 mg, 30 mg, 40 mg, 60 mg</i>	\$0, Tier 1	PA; QL (30 per 30 days)
HYSINGLA ER	\$0, Tier 2	PA; QL (30 per 30 days)
METHADONE HCL INTENSOL	\$0, Tier 1	PA; QL (90 per 30 days)
<i>methadone hcl oral solution</i>	\$0, Tier 1	PA; QL (450 per 30 days)
<i>methadone hcl oral tablet</i>	\$0, Tier 1	PA; QL (90 per 30 days)
<i>morphine sulfate er oral tablet extended release</i>	\$0, Tier 1	PA; QL (90 per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	\$0, Tier 2	PA; QL (60 per 30 days)
Opioid Analgesics, Short-Acting		
<i>acetaminophen-codeine #3</i>	\$0, Tier 1	QL (360 per 30 days)
<i>acetaminophen-codeine oral solution</i>	\$0, Tier 1	QL (2700 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	\$0, Tier 1	QL (400 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	\$0, Tier 1	QL (180 per 30 days)
<i>butorphanol tartrate injection</i>	\$0, Tier 2	
ENDOCET ORAL TABLET 10-325 MG	\$0, Tier 1	QL (180 per 30 days)
ENDOCET ORAL TABLET 2.5-325 MG, 5-325 MG	\$0, Tier 1	QL (360 per 30 days)
ENDOCET ORAL TABLET 7.5-325 MG	\$0, Tier 1	QL (240 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 600 mcg, 800 mcg</i>	\$0, Tier 2	PA; QL (120 per 30 days); NDS
<i>fentanyl citrate buccal lozenge on a handle 400 mcg</i>	\$0, Tier 1	PA; QL (120 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	\$0, Tier 1	QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	\$0, Tier 1	QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	\$0, Tier 1	QL (240 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	\$0, Tier 1	QL (150 per 30 days)
<i>hydromorphone hcl oral liquid</i>	\$0, Tier 1	QL (600 per 30 days)
<i>hydromorphone hcl oral tablet</i>	\$0, Tier 1	QL (180 per 30 days)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	\$0, Tier 1	QL (180 per 30 days)
<i>morphine sulfate (pf) injection solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml</i>	\$0, Tier 2	B/D

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>morphine sulfate (pf) intravenous solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	\$0, Tier 2	B/D
<i>morphine sulfate intravenous solution 1 mg/ml, 4 mg/ml, 8 mg/ml</i>	\$0, Tier 2	B/D
<i>morphine sulfate oral solution</i>	\$0, Tier 1	QL (900 per 30 days)
<i>morphine sulfate oral tablet</i>	\$0, Tier 1	QL (180 per 30 days)
<i>nalbuphine hcl injection</i>	\$0, Tier 2	
<i>oxycodone hcl oral capsule</i>	\$0, Tier 1	QL (180 per 30 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	\$0, Tier 1	QL (180 per 30 days)
<i>oxycodone hcl oral solution</i>	\$0, Tier 1	QL (900 per 30 days)
<i>oxycodone hcl oral tablet</i>	\$0, Tier 1	QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	\$0, Tier 1	QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	\$0, Tier 1	QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	\$0, Tier 1	QL (240 per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	\$0, Tier 1	QL (240 per 30 days)
<i>tramadol-acetaminophen</i>	\$0, Tier 1	QL (240 per 30 days)
ANESTHETICS		
Local Anesthetics		
<i>lidocaine hcl (pf) injection solution 0.5 %, 1 %, 1.5 %</i>	\$0, Tier 1	B/D
<i>lidocaine hcl injection solution 0.5 %, 1 %, 2 %</i>	\$0, Tier 1	B/D
ANTI-INFECTIVES		
Antifungals		
ABELCET	\$0, Tier 2	B/D
AMBISOME	\$0, Tier 2	B/D; NDS
<i>amphotericin b intravenous</i>	\$0, Tier 1	B/D
<i>caspofungin acetate</i>	\$0, Tier 2	NDS
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	\$0, Tier 1	
<i>fluconazole oral</i>	\$0, Tier 1	
<i>flucytosine oral</i>	\$0, Tier 2	NDS
<i>griseofulvin microsize oral</i>	\$0, Tier 1	
<i>griseofulvin ultramicrosize</i>	\$0, Tier 1	
<i>itraconazole oral capsule</i>	\$0, Tier 1	PA
<i>ketoconazole oral</i>	\$0, Tier 1	PA
<i>micafungin sodium</i>	\$0, Tier 2	NDS
NOXAFIL ORAL SUSPENSION	\$0, Tier 2	QL (630 per 30 days); NDS
<i>nystatin oral tablet</i>	\$0, Tier 1	
<i>posaconazole</i>	\$0, Tier 2	QL (93 per 30 days); NDS
<i>terbinafine hcl oral</i>	\$0, Tier 1	QL (90 per 365 days)
<i>voriconazole intravenous</i>	\$0, Tier 2	PA; NDS
<i>voriconazole oral suspension reconstituted</i>	\$0, Tier 2	PA; NDS

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>voriconazole oral tablet 200 mg</i>	\$0, Tier 1	PA; QL (120 per 30 days)
<i>voriconazole oral tablet 50 mg</i>	\$0, Tier 1	PA; QL (480 per 30 days)
Anti-Infectives - Miscellaneous		
<i>albendazole oral</i>	\$0, Tier 2	NDS
<i>amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml</i>	\$0, Tier 1	
<i>atovaquone oral</i>	\$0, Tier 2	NDS
<i>aztreonam</i>	\$0, Tier 1	
CAYSTON	\$0, Tier 2	PA; LA; NDS
<i>clindamycin hcl oral</i>	\$0, Tier 1	
<i>clindamycin palmitate hcl</i>	\$0, Tier 1	
<i>clindamycin phosphate in d5w</i>	\$0, Tier 1	
<i>clindamycin phosphate in nacl</i>	\$0, Tier 2	
<i>clindamycin phosphate injection</i>	\$0, Tier 1	
<i>colistimethate sodium (cba)</i>	\$0, Tier 1	
<i>dapsone oral</i>	\$0, Tier 1	
<i>daptomycin</i>	\$0, Tier 2	NDS
EMVERM	\$0, Tier 2	QL (12 per 365 days); NDS
<i>ertapenem sodium</i>	\$0, Tier 1	
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%</i>	\$0, Tier 1	
<i>gentamicin sulfate injection</i>	\$0, Tier 1	
<i>imipenem-cilastatin</i>	\$0, Tier 1	
<i>ivermectin oral</i>	\$0, Tier 1	
<i>linezolid in sodium chloride</i>	\$0, Tier 1	
<i>linezolid intravenous solution 600 mg/300ml</i>	\$0, Tier 1	
<i>linezolid oral suspension reconstituted</i>	\$0, Tier 2	QL (1800 per 30 days); NDS
<i>linezolid oral tablet</i>	\$0, Tier 1	QL (60 per 30 days)
<i>meropenem</i>	\$0, Tier 1	
<i>methenamine hippurate</i>	\$0, Tier 1	
<i>metronidazole in nacl intravenous solution 5-0.79 mg/ml-%</i>	\$0, Tier 1	
<i>metronidazole oral tablet</i>	\$0, Tier 1	
<i>neomycin sulfate oral</i>	\$0, Tier 1	
<i>nitazoxanide oral</i>	\$0, Tier 2	QL (6 per 30 days); NDS
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	\$0, Tier 2	
<i>nitrofurantoin monohyd macro</i>	\$0, Tier 2	
<i>paromomycin sulfate oral</i>	\$0, Tier 1	
<i>pentamidine isethionate inhalation</i>	\$0, Tier 1	B/D
<i>pentamidine isethionate injection</i>	\$0, Tier 1	
<i>praziquantel oral</i>	\$0, Tier 1	
<i>reeses pinworm medicine suspension 144 (50 base) mg/ml oral</i>	\$0, Tier 3	DP

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>reeses pinworm medicine tablet 180 mg oral</i>	\$0, Tier 3	DP
SIVEXTRO	\$0, Tier 2	NDS
<i>streptomycin sulfate intramuscular</i>	\$0, Tier 2	NDS
<i>sulfadiazine oral</i>	\$0, Tier 2	
<i>sulfamethoxazole-trimethoprim intravenous</i>	\$0, Tier 1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	\$0, Tier 1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	\$0, Tier 1	
SYNERCID	\$0, Tier 2	NDS
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	\$0, Tier 2	PA; NDS
<i>tobramycin sulfate injection solution</i>	\$0, Tier 1	
<i>trimethoprim oral</i>	\$0, Tier 1	
<i>vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%</i>	\$0, Tier 2	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 5 gm, 500 mg, 750 mg</i>	\$0, Tier 1	
<i>vancomycin hcl oral capsule 125 mg</i>	\$0, Tier 1	QL (80 per 180 days)
<i>vancomycin hcl oral capsule 250 mg</i>	\$0, Tier 1	QL (160 per 180 days)
Antimalarials		
<i>atovaquone-proguanil hcl</i>	\$0, Tier 1	
<i>chloroquine phosphate oral</i>	\$0, Tier 1	
COARTEM	\$0, Tier 2	
<i>mefloquine hcl</i>	\$0, Tier 1	
<i>primaquine phosphate tablet 26.3 (15 base) mg oral</i>	\$0, Tier 1	
<i>primaquine phosphate tablet 26.3 (15 base) mg oral</i>	\$0, Tier 2	
<i>quinine sulfate oral</i>	\$0, Tier 1	PA
Antiretroviral Agents		
<i>abacavir sulfate</i>	\$0, Tier 1	
APTIVUS	\$0, Tier 2	NDS
<i>atazanavir sulfate</i>	\$0, Tier 1	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	\$0, Tier 2	
EDURANT	\$0, Tier 2	NDS
<i>efavirenz</i>	\$0, Tier 1	
<i>emtricitabine</i>	\$0, Tier 1	
EMTRIVA ORAL SOLUTION	\$0, Tier 2	
<i>etravirine</i>	\$0, Tier 2	NDS
<i>fosamprenavir calcium</i>	\$0, Tier 2	NDS
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0, Tier 2	NDS
INTELENCE ORAL TABLET 100 MG, 200 MG	\$0, Tier 2	NDS
INTELENCE ORAL TABLET 25 MG	\$0, Tier 2	
INVIRASE ORAL TABLET	\$0, Tier 2	NDS

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ISENTRESS HD	\$0, Tier 2	NDS
ISENTRESS ORAL PACKET	\$0, Tier 2	
ISENTRESS ORAL TABLET	\$0, Tier 2	NDS
ISENTRESS ORAL TABLET CHEWABLE 100 MG	\$0, Tier 2	NDS
ISENTRESS ORAL TABLET CHEWABLE 25 MG	\$0, Tier 2	
<i>lamivudine oral solution</i>	\$0, Tier 1	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	\$0, Tier 1	
LEXIVA ORAL SUSPENSION	\$0, Tier 2	
<i>nevirapine</i>	\$0, Tier 1	
<i>nevirapine er</i>	\$0, Tier 1	
NORVIR ORAL PACKET	\$0, Tier 2	
NORVIR ORAL SOLUTION	\$0, Tier 2	
PIFELTRO	\$0, Tier 2	NDS
PREZISTA ORAL SUSPENSION	\$0, Tier 2	QL (400 per 30 days); NDS
PREZISTA ORAL TABLET 150 MG	\$0, Tier 2	QL (240 per 30 days); NDS
PREZISTA ORAL TABLET 600 MG	\$0, Tier 2	QL (60 per 30 days); NDS
PREZISTA ORAL TABLET 75 MG	\$0, Tier 2	QL (480 per 30 days)
PREZISTA ORAL TABLET 800 MG	\$0, Tier 2	QL (30 per 30 days); NDS
REYATAZ ORAL PACKET	\$0, Tier 2	NDS
<i>ritonavir</i>	\$0, Tier 1	
RUKOBIA	\$0, Tier 2	NDS
SELZENTRY ORAL SOLUTION	\$0, Tier 2	NDS
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	\$0, Tier 2	NDS
SELZENTRY ORAL TABLET 25 MG	\$0, Tier 2	
<i>stavudine oral capsule</i>	\$0, Tier 1	
<i>tenofovir disoproxil fumarate</i>	\$0, Tier 1	
TIVICAY ORAL TABLET 10 MG	\$0, Tier 2	
TIVICAY ORAL TABLET 25 MG, 50 MG	\$0, Tier 2	NDS
TIVICAY PD	\$0, Tier 2	
TROGARZO	\$0, Tier 2	LA; NDS
TYBOST	\$0, Tier 2	
VIRACEPT ORAL TABLET	\$0, Tier 2	NDS
VIREAD ORAL POWDER	\$0, Tier 2	NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	\$0, Tier 2	NDS
<i>zidovudine</i>	\$0, Tier 1	
Antiretroviral Combination Agents		
<i>abacavir sulfate-lamivudine</i>	\$0, Tier 1	
<i>abacavir-lamivudine-zidovudine</i>	\$0, Tier 2	NDS
BIKTARVY	\$0, Tier 2	NDS
CIMDUO	\$0, Tier 2	NDS

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
COMPLERA	\$0, Tier 2	NDS
DELSTRIGO	\$0, Tier 2	NDS
DESCOVY	\$0, Tier 2	NDS
DOVATO	\$0, Tier 2	NDS
<i>efavirenz-emtricitab-tenofovir</i>	\$0, Tier 2	NDS
<i>efavirenz-lamivudine-tenofovir</i>	\$0, Tier 2	NDS
<i>emtricitabine-tenofovir df</i>	\$0, Tier 2	QL (30 per 30 days); NDS
EVOTAZ	\$0, Tier 2	NDS
GENVOYA	\$0, Tier 2	NDS
JULUCA	\$0, Tier 2	NDS
KALETRA ORAL TABLET 100-25 MG	\$0, Tier 2	
KALETRA ORAL TABLET 200-50 MG	\$0, Tier 2	NDS
<i>lamivudine-zidovudine</i>	\$0, Tier 1	
<i>lopinavir-ritonavir oral solution</i>	\$0, Tier 1	
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	\$0, Tier 1	
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	\$0, Tier 2	NDS
ODEFSEY	\$0, Tier 2	NDS
PREZCOBIX	\$0, Tier 2	NDS
STRIBILD	\$0, Tier 2	NDS
SYMTUZA	\$0, Tier 2	NDS
TEMIXYS	\$0, Tier 2	NDS
TRIUMEQ	\$0, Tier 2	NDS
Antitubercular Agents		
<i>cycloserine oral</i>	\$0, Tier 2	NDS
<i>ethambutol hcl oral</i>	\$0, Tier 1	
<i>isoniazid oral</i>	\$0, Tier 1	
PASER	\$0, Tier 2	
PRIFTIN	\$0, Tier 2	
<i>pyrazinamide oral</i>	\$0, Tier 1	
<i>rifabutin</i>	\$0, Tier 1	
<i>rifampin intravenous</i>	\$0, Tier 1	
<i>rifampin oral</i>	\$0, Tier 1	
SIRTURO	\$0, Tier 2	PA; LA; NDS
TRECTOR	\$0, Tier 2	
Antivirals		
<i>acyclovir oral</i>	\$0, Tier 1	
<i>acyclovir sodium intravenous solution</i>	\$0, Tier 1	B/D
<i>adefovir dipivoxil</i>	\$0, Tier 2	NDS
BARACLUDE ORAL SOLUTION	\$0, Tier 2	NDS
<i>entecavir</i>	\$0, Tier 1	

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
EPCLUSA	\$0, Tier 2	PA; NDS
EPIVIR HBV ORAL SOLUTION	\$0, Tier 2	
<i>famciclovir oral</i>	\$0, Tier 1	
<i>ganciclovir sodium intravenous solution reconstituted</i>	\$0, Tier 1	B/D
HARVONI	\$0, Tier 2	PA; NDS
<i>lamivudine oral tablet 100 mg</i>	\$0, Tier 1	
MAVYRET	\$0, Tier 2	PA; NDS
<i>oseltamivir phosphate oral capsule 30 mg</i>	\$0, Tier 1	QL (168 per 365 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	\$0, Tier 1	QL (84 per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	\$0, Tier 1	QL (1080 per 365 days)
PEGASYS SUBCUTANEOUS SOLUTION	\$0, Tier 2	PA; NDS
RELENZA DISKHALER	\$0, Tier 2	QL (120 per 365 days)
<i>ribavirin oral capsule</i>	\$0, Tier 1	
<i>ribavirin oral tablet 200 mg</i>	\$0, Tier 1	
<i>rimantadine hcl</i>	\$0, Tier 1	
<i>valacyclovir hcl oral</i>	\$0, Tier 1	
<i>valganciclovir hcl</i>	\$0, Tier 1	
VEMLIDY	\$0, Tier 2	PA; NDS
VOSEVI	\$0, Tier 2	PA; NDS
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 2 X 20 MG	\$0, Tier 2	QL (2 per 180 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG	\$0, Tier 2	QL (2 per 180 days)
Cephalosporins		
<i>cefaclor</i>	\$0, Tier 1	
<i>cefaclor er</i>	\$0, Tier 2	
<i>cefadroxil oral capsule</i>	\$0, Tier 1	
<i>cefadroxil oral suspension reconstituted</i>	\$0, Tier 1	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	\$0, Tier 1	
<i>cefazolin sodium intravenous solution reconstituted</i>	\$0, Tier 1	
<i>cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%</i>	\$0, Tier 2	
<i>cefdinir</i>	\$0, Tier 1	
<i>cefepime hcl injection</i>	\$0, Tier 1	
<i>cefixime oral suspension reconstituted</i>	\$0, Tier 1	
<i>cefoxitin sodium injection</i>	\$0, Tier 1	
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 2 gm</i>	\$0, Tier 1	
<i>cefpodoxime proxetil</i>	\$0, Tier 1	
<i>cefprozil</i>	\$0, Tier 1	

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>ceftazidime and dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)</i>	\$0, Tier 2	
<i>ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm</i>	\$0, Tier 1	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	\$0, Tier 1	
<i>ceftriaxone sodium intravenous</i>	\$0, Tier 1	
<i>cefuroxime axetil oral tablet</i>	\$0, Tier 1	
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	\$0, Tier 1	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	\$0, Tier 1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	\$0, Tier 1	
<i>cephalexin oral suspension reconstituted</i>	\$0, Tier 1	
TAZICEF INJECTION	\$0, Tier 1	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 2 GM	\$0, Tier 1	
TEFLARO	\$0, Tier 2	NDS
Erythromycins/Macrolides		
<i>azithromycin intravenous</i>	\$0, Tier 1	
<i>azithromycin oral</i>	\$0, Tier 1	
<i>clarithromycin er</i>	\$0, Tier 1	
<i>clarithromycin oral</i>	\$0, Tier 1	
DIFICID	\$0, Tier 2	NDS
ERY-TAB	\$0, Tier 1	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	\$0, Tier 2	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	\$0, Tier 1	
<i>erythromycin base oral</i>	\$0, Tier 1	
<i>erythromycin ethylsuccinate oral tablet</i>	\$0, Tier 1	
Fluoroquinolones		
CIPRO ORAL SUSPENSION RECONSTITUTED 500 MG/5ML (10%)	\$0, Tier 2	
<i>ciprofloxacin hcl oral</i>	\$0, Tier 1	
<i>ciprofloxacin in d5w</i>	\$0, Tier 1	
<i>levofloxacin in d5w</i>	\$0, Tier 1	
<i>levofloxacin intravenous</i>	\$0, Tier 1	
<i>levofloxacin oral</i>	\$0, Tier 1	
<i>moxifloxacin hcl oral</i>	\$0, Tier 1	
Penicillins		
<i>amoxicillin oral capsule</i>	\$0, Tier 1	
<i>amoxicillin oral suspension reconstituted</i>	\$0, Tier 1	
<i>amoxicillin oral tablet</i>	\$0, Tier 1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	\$0, Tier 1	

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>amoxicillin-pot clavulanate er</i>	\$0, Tier 1	
<i>amoxicillin-pot clavulanate oral</i>	\$0, Tier 1	
<i>ampicillin oral capsule 500 mg</i>	\$0, Tier 1	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg</i>	\$0, Tier 1	
<i>ampicillin sodium intravenous</i>	\$0, Tier 1	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	\$0, Tier 1	
<i>ampicillin-sulbactam sodium intravenous</i>	\$0, Tier 1	
BICILLIN L-A	\$0, Tier 2	
<i>dicloxacillin sodium</i>	\$0, Tier 1	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	\$0, Tier 1	
<i>nafcillin sodium intravenous solution reconstituted 1 gm, 2 gm</i>	\$0, Tier 1	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	\$0, Tier 2	NDS
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	\$0, Tier 1	
<i>oxacillin sodium intravenous</i>	\$0, Tier 2	NDS
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	\$0, Tier 2	
<i>penicillin g potassium</i>	\$0, Tier 1	
<i>penicillin g procaine</i>	\$0, Tier 2	
<i>penicillin g sodium</i>	\$0, Tier 1	
<i>penicillin v potassium</i>	\$0, Tier 1	
PFIZERPEN	\$0, Tier 1	
<i>piperacillin sod-tazobactam so</i>	\$0, Tier 1	
Tetracyclines		
DOXY 100	\$0, Tier 1	
<i>doxycycline hyclate intravenous</i>	\$0, Tier 1	
<i>doxycycline hyclate oral capsule</i>	\$0, Tier 1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	\$0, Tier 1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	\$0, Tier 1	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	\$0, Tier 1	
<i>minocycline hcl oral capsule</i>	\$0, Tier 1	
MONDOXYNE NL ORAL CAPSULE 100 MG	\$0, Tier 1	
<i>tetracycline hcl oral</i>	\$0, Tier 1	PA
<i>tigecycline</i>	\$0, Tier 2	NDS
ANTINEOPLASTIC AGENTS		
Alkylating Agents		
BENDEKA	\$0, Tier 2	B/D; NDS
<i>carboplatin intravenous solution</i>	\$0, Tier 1	B/D
<i>cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml</i>	\$0, Tier 1	B/D

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>cyclophosphamide injection</i>	\$0, Tier 2	B/D; NDS
<i>cyclophosphamide intravenous</i>	\$0, Tier 2	B/D; NDS
<i>cyclophosphamide oral capsule</i>	\$0, Tier 1	B/D
<i>cyclophosphamide oral tablet</i>	\$0, Tier 2	B/D
LEUKERAN	\$0, Tier 2	NDS
<i>oxaliplatin intravenous solution</i>	\$0, Tier 1	B/D
<i>oxaliplatin intravenous solution reconstituted</i>	\$0, Tier 2	B/D; NDS
PARAPLATIN INTRAVENOUS SOLUTION 1000 MG/100ML	\$0, Tier 1	B/D
Antibiotics		
ADRIAMYCIN INTRAVENOUS SOLUTION	\$0, Tier 1	B/D
<i>doxorubicin hcl intravenous solution</i>	\$0, Tier 1	B/D
<i>doxorubicin hcl liposomal</i>	\$0, Tier 2	B/D; NDS
<i>epirubicin hcl intravenous solution 200 mg/100ml, 50 mg/25ml</i>	\$0, Tier 1	B/D
Antimetabolites		
ALIMTA	\$0, Tier 2	B/D; NDS
<i>azacitidine</i>	\$0, Tier 2	B/D; NDS
<i>cytarabine injection solution</i>	\$0, Tier 1	B/D
<i>fluorouracil intravenous</i>	\$0, Tier 1	B/D
<i>gemcitabine hcl intravenous solution 1 gm/26.3ml, 2 gm/52.6ml, 200 mg/5.26ml</i>	\$0, Tier 1	B/D
<i>gemcitabine hcl intravenous solution reconstituted</i>	\$0, Tier 1	B/D
<i>mercaptopurine oral</i>	\$0, Tier 1	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	\$0, Tier 1	B/D
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	\$0, Tier 1	B/D
<i>methotrexate sodium injection solution reconstituted</i>	\$0, Tier 1	B/D
ONUREG	\$0, Tier 2	PA; LA; NDS
PURIXAN	\$0, Tier 2	NDS
TABLOID	\$0, Tier 2	
Hormonal Antineoplastic Agents		
<i>abiraterone acetate</i>	\$0, Tier 2	PA; NDS
<i>anastrozole oral</i>	\$0, Tier 1	
<i>bicalutamide</i>	\$0, Tier 1	
EMCYT	\$0, Tier 2	
ERLEADA	\$0, Tier 2	PA; LA; NDS
<i>exemestane</i>	\$0, Tier 1	
<i>flutamide</i>	\$0, Tier 1	
<i>fulvestrant</i>	\$0, Tier 2	B/D; NDS
<i>letrozole oral</i>	\$0, Tier 1	
<i>leuprolide acetate injection</i>	\$0, Tier 1	PA

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	\$0, Tier 2	PA; NDS
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	\$0, Tier 2	PA; NDS
LYSODREN	\$0, Tier 2	NDS
<i>megestrol acetate oral tablet</i>	\$0, Tier 2	
<i>nilutamide</i>	\$0, Tier 2	NDS
NUBEQA	\$0, Tier 2	PA; LA; NDS
ORGOVYX	\$0, Tier 2	PA; LA; NDS
SOLTAMOX	\$0, Tier 2	NDS
<i>tamoxifen citrate oral</i>	\$0, Tier 1	
<i>toremifene citrate</i>	\$0, Tier 2	NDS
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 3.75 MG	\$0, Tier 2	PA; NDS
XTANDI	\$0, Tier 2	PA; LA; NDS
ZYTIGA ORAL TABLET 500 MG	\$0, Tier 2	PA; LA; NDS
Immunomodulators		
POMALYST ORAL CAPSULE 1 MG, 2 MG	\$0, Tier 2	PA; LA; QL (21 per 21 days); NDS
POMALYST ORAL CAPSULE 3 MG, 4 MG	\$0, Tier 2	PA; LA; QL (21 per 28 days); NDS
REVLIMID	\$0, Tier 2	PA; LA; QL (28 per 28 days); NDS
THALOMID ORAL CAPSULE 100 MG, 50 MG	\$0, Tier 2	PA; QL (28 per 28 days); NDS
THALOMID ORAL CAPSULE 150 MG, 200 MG	\$0, Tier 2	PA; QL (56 per 28 days); NDS
Miscellaneous		
<i>bexarotene</i>	\$0, Tier 2	PA; NDS
<i>hydroxyurea oral</i>	\$0, Tier 1	
INQOVI	\$0, Tier 2	PA; LA; NDS
<i>irinotecan hcl</i>	\$0, Tier 1	B/D
KISQALI FEMARA (400 MG DOSE)	\$0, Tier 2	PA; NDS
KISQALI FEMARA (600 MG DOSE)	\$0, Tier 2	PA; NDS
KISQALI FEMARA(200 MG DOSE)	\$0, Tier 2	PA; NDS
LONSURF	\$0, Tier 2	PA; NDS
MATULANE	\$0, Tier 2	LA; NDS
SYNRIBO	\$0, Tier 2	PA; NDS
<i>tretinoin oral</i>	\$0, Tier 2	NDS
Mitotic Inhibitors		
ABRAXANE	\$0, Tier 2	B/D; NDS
<i>docetaxel intravenous concentrate 160 mg/8ml, 80 mg/4ml</i>	\$0, Tier 2	B/D; NDS
<i>docetaxel intravenous concentrate 20 mg/ml</i>	\$0, Tier 1	B/D
<i>docetaxel intravenous solution 160 mg/16ml, 20 mg/2ml, 80 mg/8ml</i>	\$0, Tier 2	B/D; NDS
<i>etoposide intravenous solution 100 mg/5ml, 500 mg/25ml</i>	\$0, Tier 1	B/D
<i>paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml</i>	\$0, Tier 1	B/D

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
TOPOSAR INTRAVENOUS SOLUTION 1 GM/50ML, 100 MG/5ML	\$0, Tier 1	B/D
<i>vincristine sulfate intravenous</i>	\$0, Tier 1	B/D
<i>vinorelbine tartrate</i>	\$0, Tier 1	B/D
Molecular Target Agents		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG	\$0, Tier 2	PA; QL (150 per 30 days); NDS
AFINITOR DISPERZ ORAL TABLET SOLUBLE 3 MG	\$0, Tier 2	PA; QL (90 per 30 days); NDS
AFINITOR DISPERZ ORAL TABLET SOLUBLE 5 MG	\$0, Tier 2	PA; QL (60 per 30 days); NDS
AFINITOR ORAL TABLET 10 MG	\$0, Tier 2	PA; QL (30 per 30 days); NDS
ALECENSA	\$0, Tier 2	PA; LA; NDS
ALUNBRIG	\$0, Tier 2	PA; LA; NDS
AVASTIN	\$0, Tier 2	PA; LA; NDS
AYVAKIT	\$0, Tier 2	PA; LA; QL (30 per 30 days); NDS
BALVERSA	\$0, Tier 2	PA; LA; NDS
<i>bortezomib</i>	\$0, Tier 2	PA; NDS
BOSULIF	\$0, Tier 2	PA; NDS
BRAFTOVI ORAL CAPSULE 75 MG	\$0, Tier 2	PA; LA; NDS
BRUKINSA	\$0, Tier 2	PA; LA; NDS
CABOMETYX	\$0, Tier 2	PA; LA; QL (30 per 30 days); NDS
CALQUENCE	\$0, Tier 2	PA; LA; NDS
CAPRELSA	\$0, Tier 2	PA; LA; NDS
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	\$0, Tier 2	PA; LA; NDS
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	\$0, Tier 2	PA; LA; NDS
COMETRIQ (60 MG DAILY DOSE)	\$0, Tier 2	PA; LA; NDS
COPIKTRA	\$0, Tier 2	PA; LA; NDS
COTELLIC	\$0, Tier 2	PA; LA; NDS
DAURISMO	\$0, Tier 2	PA; LA; NDS
ERIVEDGE	\$0, Tier 2	PA; LA; NDS
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	\$0, Tier 2	PA; QL (30 per 30 days); NDS
<i>erlotinib hcl oral tablet 25 mg</i>	\$0, Tier 2	PA; QL (90 per 30 days); NDS
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	\$0, Tier 2	PA; QL (30 per 30 days); NDS
FARYDAK	\$0, Tier 2	PA; LA; NDS
FOTIVDA	\$0, Tier 2	PA; LA; QL (21 per 28 days); NDS
GAVRETO	\$0, Tier 2	PA; LA; NDS
GILOTRIF	\$0, Tier 2	PA; LA; NDS
HERCEPTIN HYLECTA	\$0, Tier 2	PA; NDS
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	\$0, Tier 2	PA; NDS
HERZUMA	\$0, Tier 2	PA; NDS
IBRANCE	\$0, Tier 2	PA; LA; QL (21 per 28 days); NDS

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
ICLUSIG ORAL TABLET 10 MG, 15 MG	\$0, Tier 2	PA; LA; QL (60 per 30 days); NDS
ICLUSIG ORAL TABLET 30 MG, 45 MG	\$0, Tier 2	PA; LA; QL (30 per 30 days); NDS
IDHIFA	\$0, Tier 2	PA; LA; QL (30 per 30 days); NDS
<i>imatinib mesylate oral tablet 100 mg</i>	\$0, Tier 2	PA; QL (90 per 30 days); NDS
<i>imatinib mesylate oral tablet 400 mg</i>	\$0, Tier 2	PA; QL (60 per 30 days); NDS
IMBRUVICA ORAL CAPSULE 140 MG	\$0, Tier 2	PA; LA; QL (120 per 30 days); NDS
IMBRUVICA ORAL CAPSULE 70 MG	\$0, Tier 2	PA; LA; QL (56 per 28 days); NDS
IMBRUVICA ORAL TABLET 140 MG	\$0, Tier 2	PA; LA; QL (112 per 28 days); NDS
IMBRUVICA ORAL TABLET 280 MG	\$0, Tier 2	PA; LA; QL (56 per 28 days); NDS
IMBRUVICA ORAL TABLET 420 MG, 560 MG	\$0, Tier 2	PA; LA; QL (30 per 30 days); NDS
INLYTA ORAL TABLET 1 MG	\$0, Tier 2	PA; LA; QL (180 per 30 days); NDS
INLYTA ORAL TABLET 5 MG	\$0, Tier 2	PA; LA; QL (120 per 30 days); NDS
INREBIC	\$0, Tier 2	PA; LA; NDS
IRESSA	\$0, Tier 2	PA; LA; NDS
JAKAFI	\$0, Tier 2	PA; LA; QL (60 per 30 days); NDS
KADCYLA	\$0, Tier 2	B/D; NDS
KANJINTI	\$0, Tier 2	PA; NDS
KEYTRUDA INTRAVENOUS SOLUTION	\$0, Tier 2	PA; NDS
KISQALI (200 MG DOSE)	\$0, Tier 2	PA; NDS
KISQALI (400 MG DOSE)	\$0, Tier 2	PA; NDS
KISQALI (600 MG DOSE)	\$0, Tier 2	PA; NDS
<i>lapatinib ditosylate</i>	\$0, Tier 2	PA; NDS
LENVIMA (10 MG DAILY DOSE)	\$0, Tier 2	PA; LA; NDS
LENVIMA (12 MG DAILY DOSE)	\$0, Tier 2	PA; LA; NDS
LENVIMA (14 MG DAILY DOSE)	\$0, Tier 2	PA; LA; NDS
LENVIMA (18 MG DAILY DOSE)	\$0, Tier 2	PA; LA; NDS
LENVIMA (20 MG DAILY DOSE)	\$0, Tier 2	PA; LA; NDS
LENVIMA (24 MG DAILY DOSE)	\$0, Tier 2	PA; LA; NDS
LENVIMA (4 MG DAILY DOSE)	\$0, Tier 2	PA; LA; NDS
LENVIMA (8 MG DAILY DOSE)	\$0, Tier 2	PA; LA; NDS
LORBRENA	\$0, Tier 2	PA; LA; NDS
LUMAKRAS	\$0, Tier 2	PA; LA; NDS
LYNPARZA ORAL TABLET	\$0, Tier 2	PA; LA; QL (120 per 30 days); NDS
MEKINIST	\$0, Tier 2	PA; LA; NDS
MEKTOVI	\$0, Tier 2	PA; LA; NDS
MONJUVI	\$0, Tier 2	PA; LA; NDS
MVASI	\$0, Tier 2	PA; LA; NDS
NERLYNX	\$0, Tier 2	PA; LA; NDS
NEXAVAR	\$0, Tier 2	PA; LA; NDS
NINLARO	\$0, Tier 2	PA; NDS

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ODOMZO	\$0, Tier 2	PA; LA; NDS
OGIVRI	\$0, Tier 2	PA; NDS
ONTRUZANT	\$0, Tier 2	PA; NDS
PEMAZYRE	\$0, Tier 2	PA; LA; NDS
PHESGO	\$0, Tier 2	PA; LA; NDS
PIQRAY (200 MG DAILY DOSE)	\$0, Tier 2	PA; NDS
PIQRAY (250 MG DAILY DOSE)	\$0, Tier 2	PA; NDS
PIQRAY (300 MG DAILY DOSE)	\$0, Tier 2	PA; NDS
QINLOCK	\$0, Tier 2	PA; LA; NDS
RETEVMO	\$0, Tier 2	PA; LA; NDS
RIABNI	\$0, Tier 2	PA; LA; NDS
RITUXAN HYCELA	\$0, Tier 2	PA; LA; NDS
RITUXAN INTRAVENOUS SOLUTION	\$0, Tier 2	PA; LA; NDS
ROZLYTREK	\$0, Tier 2	PA; LA; NDS
RUBRACA	\$0, Tier 2	PA; LA; NDS
RUXIENCE	\$0, Tier 2	PA; NDS
RYDAPT	\$0, Tier 2	PA; NDS
SPRYCEL	\$0, Tier 2	PA; NDS
STIVARGA	\$0, Tier 2	PA; LA; NDS
<i>sunitinib malate</i>	\$0, Tier 2	PA; QL (30 per 30 days); NDS
SUTENT	\$0, Tier 2	PA; QL (30 per 30 days); NDS
TABRECTA	\$0, Tier 2	PA; NDS
TAFINLAR	\$0, Tier 2	PA; LA; NDS
TAGRISO	\$0, Tier 2	PA; LA; QL (30 per 30 days); NDS
TALZENNA	\$0, Tier 2	PA; LA; NDS
TASIGNA	\$0, Tier 2	PA; NDS
TAZVERIK	\$0, Tier 2	PA; LA; NDS
TECENTRIQ	\$0, Tier 2	PA; LA; NDS
TEPMETKO	\$0, Tier 2	PA; LA; NDS
TIBSOVO	\$0, Tier 2	PA; LA; NDS
TRAZIMERA	\$0, Tier 2	PA; NDS
TRUSELTIQ (100MG DAILY DOSE)	\$0, Tier 2	PA; LA; NDS
TRUSELTIQ (125MG DAILY DOSE)	\$0, Tier 2	PA; LA; NDS
TRUSELTIQ (50MG DAILY DOSE)	\$0, Tier 2	PA; LA; NDS
TRUSELTIQ (75MG DAILY DOSE)	\$0, Tier 2	PA; LA; NDS
TRUXIMA	\$0, Tier 2	PA; NDS
TUKYSA	\$0, Tier 2	PA; LA; NDS
TURALIO	\$0, Tier 2	PA; LA; NDS
UKONIQ	\$0, Tier 2	PA; LA; NDS
VELCADE INJECTION	\$0, Tier 2	PA; NDS

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	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
VENCLEXTA ORAL TABLET 10 MG	\$0, Tier 2	PA; LA; QL (112 per 28 days)
VENCLEXTA ORAL TABLET 100 MG	\$0, Tier 2	PA; LA; QL (180 per 30 days); NDS
VENCLEXTA ORAL TABLET 50 MG	\$0, Tier 2	PA; LA; QL (112 per 28 days); NDS
VENCLEXTA STARTING PACK	\$0, Tier 2	PA; LA; QL (42 per 28 days); NDS
VERZENIO	\$0, Tier 2	PA; LA; NDS
VITRAKVI	\$0, Tier 2	PA; LA; NDS
VIZIMPRO	\$0, Tier 2	PA; LA; NDS
VOTRIENT	\$0, Tier 2	PA; LA; NDS
XALKORI	\$0, Tier 2	PA; LA; NDS
XOSPATA	\$0, Tier 2	PA; LA; NDS
XPOVIO (100 MG ONCE WEEKLY)	\$0, Tier 2	PA; LA; NDS
XPOVIO (40 MG ONCE WEEKLY)	\$0, Tier 2	PA; LA; NDS
XPOVIO (40 MG TWICE WEEKLY)	\$0, Tier 2	PA; LA; NDS
XPOVIO (60 MG ONCE WEEKLY)	\$0, Tier 2	PA; LA; NDS
XPOVIO (60 MG TWICE WEEKLY)	\$0, Tier 2	PA; LA; NDS
XPOVIO (80 MG ONCE WEEKLY)	\$0, Tier 2	PA; LA; NDS
XPOVIO (80 MG TWICE WEEKLY)	\$0, Tier 2	PA; LA; NDS
ZEJULA	\$0, Tier 2	PA; LA; NDS
ZELBORAF	\$0, Tier 2	PA; LA; NDS
ZIRABEV	\$0, Tier 2	PA; NDS
ZOLINZA	\$0, Tier 2	PA; NDS
ZYDELIG	\$0, Tier 2	PA; LA; NDS
ZYKADIA ORAL TABLET	\$0, Tier 2	PA; LA; NDS
Protective Agents		
<i>leucovorin calcium injection solution 500 mg/50ml</i>	\$0, Tier 1	B/D
<i>leucovorin calcium injection solution reconstituted</i>	\$0, Tier 1	B/D
<i>leucovorin calcium oral</i>	\$0, Tier 1	
MESNEX ORAL	\$0, Tier 2	NDS
CARDIOVASCULAR		
Ace Inhibitor Combinations		
<i>amlodipine besy-benazepril hcl</i>	\$0, Tier 1	QL (30 per 30 days)
<i>benazepril-hydrochlorothiazide</i>	\$0, Tier 1	
<i>enalapril-hydrochlorothiazide</i>	\$0, Tier 1	
<i>fosinopril sodium-hctz</i>	\$0, Tier 1	
<i>lisinopril-hydrochlorothiazide</i>	\$0, Tier 1	
<i>quinapril-hydrochlorothiazide</i>	\$0, Tier 1	
Ace Inhibitors		
<i>benazepril hcl oral</i>	\$0, Tier 1	
<i>captopril oral</i>	\$0, Tier 1	
<i>enalapril maleate oral tablet</i>	\$0, Tier 1	

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>fosinopril sodium</i>	\$0, Tier 1	
<i>lisinopril oral</i>	\$0, Tier 1	
<i>moexipril hcl</i>	\$0, Tier 1	
<i>perindopril erbumine</i>	\$0, Tier 1	
<i>quinapril hcl</i>	\$0, Tier 1	
<i>ramipril</i>	\$0, Tier 1	
<i>trandolapril</i>	\$0, Tier 1	
Aldosterone Receptor Antagonists		
<i>eplerenone</i>	\$0, Tier 1	
<i>spironolactone oral</i>	\$0, Tier 1	
Alpha Blockers		
<i>doxazosin mesylate oral</i>	\$0, Tier 1	
<i>prazosin hcl oral</i>	\$0, Tier 1	
<i>terazosin hcl oral</i>	\$0, Tier 1	
Angiotensin II Receptor Antagonist Combinations		
<i>amlodipine besylate-valsartan</i>	\$0, Tier 1	QL (30 per 30 days)
<i>amlodipine-olmesartan</i>	\$0, Tier 1	QL (30 per 30 days)
<i>amlodipine-valsartan-hctz</i>	\$0, Tier 1	QL (30 per 30 days)
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>	\$0, Tier 1	QL (60 per 30 days)
<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i>	\$0, Tier 1	QL (30 per 30 days)
ENTRESTO	\$0, Tier 2	
<i>irbesartan-hydrochlorothiazide</i>	\$0, Tier 1	QL (30 per 30 days)
<i>losartan potassium-hctz</i>	\$0, Tier 1	
<i>olmesartan medoxomil-hctz</i>	\$0, Tier 1	QL (30 per 30 days)
<i>olmesartan-amlodipine-hctz</i>	\$0, Tier 1	QL (30 per 30 days)
<i>telmisartan-amlodipine</i>	\$0, Tier 1	QL (30 per 30 days)
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-25 mg</i>	\$0, Tier 1	QL (30 per 30 days)
<i>telmisartan-hctz oral tablet 80-12.5 mg</i>	\$0, Tier 1	QL (60 per 30 days)
<i>valsartan-hydrochlorothiazide</i>	\$0, Tier 1	QL (30 per 30 days)
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	\$0, Tier 1	QL (60 per 30 days)
<i>candesartan cilexetil oral tablet 32 mg</i>	\$0, Tier 1	QL (30 per 30 days)
<i>irbesartan</i>	\$0, Tier 1	QL (30 per 30 days)
<i>losartan potassium oral</i>	\$0, Tier 1	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i>	\$0, Tier 1	QL (30 per 30 days)
<i>olmesartan medoxomil oral tablet 5 mg</i>	\$0, Tier 1	QL (60 per 30 days)
<i>telmisartan</i>	\$0, Tier 1	QL (30 per 30 days)
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	\$0, Tier 1	QL (60 per 30 days)
<i>valsartan oral tablet 320 mg</i>	\$0, Tier 1	QL (30 per 30 days)

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
Antiarrhythmics		
<i>amiodarone hcl intravenous</i>	\$0, Tier 1	
<i>amiodarone hcl oral</i>	\$0, Tier 1	
<i>disopyramide phosphate oral</i>	\$0, Tier 2	
<i>dofetilide</i>	\$0, Tier 1	
<i>flecainide acetate</i>	\$0, Tier 1	
MULTAQ	\$0, Tier 2	
NORPACE CR	\$0, Tier 2	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	\$0, Tier 1	
<i>propafenone hcl</i>	\$0, Tier 1	
<i>propafenone hcl er</i>	\$0, Tier 1	
<i>quinidine sulfate oral</i>	\$0, Tier 1	
SORINE	\$0, Tier 1	
<i>sotalol hcl (af)</i>	\$0, Tier 1	
<i>sotalol hcl oral</i>	\$0, Tier 1	
Antilipemics, Fibrates		
<i>fenofibrate micronized oral capsule 200 mg, 67 mg</i>	\$0, Tier 1	
<i>fenofibrate oral capsule 134 mg</i>	\$0, Tier 1	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	\$0, Tier 1	
<i>gemfibrozil oral</i>	\$0, Tier 1	
Antilipemics, Hmg-Coa Reductase Inhibitors		
<i>atorvastatin calcium oral</i>	\$0, Tier 1	QL (30 per 30 days)
<i>lovastatin oral</i>	\$0, Tier 1	QL (60 per 30 days)
<i>pravastatin sodium</i>	\$0, Tier 1	QL (30 per 30 days)
<i>rosuvastatin calcium</i>	\$0, Tier 1	QL (30 per 30 days)
<i>simvastatin oral tablet</i>	\$0, Tier 1	QL (30 per 30 days)
Antilipemics, Miscellaneous		
<i>cholestyramine light</i>	\$0, Tier 1	
<i>cholestyramine oral</i>	\$0, Tier 1	
<i>colesevelam hcl</i>	\$0, Tier 1	
<i>colestipol hcl</i>	\$0, Tier 1	
<i>ezetimibe</i>	\$0, Tier 1	
<i>ezetimibe-simvastatin</i>	\$0, Tier 1	QL (30 per 30 days)
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	\$0, Tier 2	PA; LA; NDS
<i>niacin er (antihyperlipidemic)</i>	\$0, Tier 1	QL (60 per 30 days)
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$0, Tier 2	PA
PREVALITE	\$0, Tier 1	
VASCEPA	\$0, Tier 2	
Beta-Blocker/Diuretic Combinations		
<i>atenolol-chlorthalidone</i>	\$0, Tier 1	

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>bisoprolol-hydrochlorothiazide</i>	\$0, Tier 1	
<i>metoprolol-hydrochlorothiazide</i>	\$0, Tier 1	
Beta-Blockers		
<i>acebutolol hcl oral</i>	\$0, Tier 1	
<i>atenolol oral</i>	\$0, Tier 1	
<i>betaxolol hcl oral</i>	\$0, Tier 1	
<i>bisoprolol fumarate oral</i>	\$0, Tier 1	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 5 MG	\$0, Tier 2	QL (30 per 30 days)
BYSTOLIC ORAL TABLET 20 MG	\$0, Tier 2	QL (60 per 30 days)
<i>carvedilol</i>	\$0, Tier 1	
<i>labetalol hcl oral</i>	\$0, Tier 1	
<i>metoprolol succinate er</i>	\$0, Tier 1	
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	\$0, Tier 1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	\$0, Tier 1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	\$0, Tier 1	
<i>pindolol</i>	\$0, Tier 1	
<i>propranolol hcl er</i>	\$0, Tier 1	
<i>propranolol hcl oral</i>	\$0, Tier 1	
<i>timolol maleate oral</i>	\$0, Tier 1	
Calcium Channel Blockers		
<i>amlodipine besylate oral</i>	\$0, Tier 1	
CARTIA XT	\$0, Tier 1	
<i>diltiazem hcl er beads</i>	\$0, Tier 1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	\$0, Tier 1	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	\$0, Tier 1	
<i>diltiazem hcl intravenous solution</i>	\$0, Tier 1	
<i>diltiazem hcl oral</i>	\$0, Tier 1	
<i>dilt-xr</i>	\$0, Tier 1	
<i>felodipine er</i>	\$0, Tier 1	
<i>isradipine</i>	\$0, Tier 1	
<i>nicardipine hcl oral</i>	\$0, Tier 1	
<i>nifedipine er</i>	\$0, Tier 1	
<i>nifedipine er osmotic release</i>	\$0, Tier 1	
<i>nimodipine oral</i>	\$0, Tier 1	
NYMALIZE ORAL SOLUTION 6 MG/ML	\$0, Tier 2	NDS
TAZTIA XT	\$0, Tier 1	
TIADYL ER	\$0, Tier 1	
<i>verapamil hcl er</i>	\$0, Tier 1	
<i>verapamil hcl intravenous</i>	\$0, Tier 1	

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>verapamil hcl oral</i>	\$0, Tier 1	
Diuretics		
<i>acetazolamide er</i>	\$0, Tier 1	
<i>acetazolamide oral</i>	\$0, Tier 1	
<i>amiloride hcl oral</i>	\$0, Tier 1	
<i>amiloride-hydrochlorothiazide</i>	\$0, Tier 1	
<i>bumetanide injection</i>	\$0, Tier 1	
<i>bumetanide oral</i>	\$0, Tier 1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	\$0, Tier 1	
<i>furosemide injection</i>	\$0, Tier 1	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	\$0, Tier 1	
<i>furosemide oral tablet</i>	\$0, Tier 1	
<i>hydrochlorothiazide oral</i>	\$0, Tier 1	
<i>indapamide oral</i>	\$0, Tier 1	
<i>methazolamide oral</i>	\$0, Tier 1	
<i>metolazone</i>	\$0, Tier 1	
<i>spironolactone-hctz</i>	\$0, Tier 1	
<i>toremide oral</i>	\$0, Tier 1	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	\$0, Tier 1	
<i>triamterene-hctz oral tablet</i>	\$0, Tier 1	
Miscellaneous		
ADRENALIN INJECTION SOLUTION 1 MG/ML	\$0, Tier 2	
<i>aliskiren fumarate</i>	\$0, Tier 1	
<i>clonidine</i>	\$0, Tier 1	
<i>clonidine hcl oral</i>	\$0, Tier 1	
CORLANOR	\$0, Tier 2	
DIGITEK	\$0, Tier 1	QL (30 per 30 days)
DIGOX	\$0, Tier 1	QL (30 per 30 days)
<i>digoxin injection</i>	\$0, Tier 1	
<i>digoxin oral solution</i>	\$0, Tier 1	
<i>digoxin oral tablet</i>	\$0, Tier 1	QL (30 per 30 days)
<i>droxidopa oral capsule 100 mg</i>	\$0, Tier 2	PA; QL (90 per 30 days); NDS
<i>droxidopa oral capsule 200 mg, 300 mg</i>	\$0, Tier 2	PA; QL (180 per 30 days); NDS
<i>guanfacine hcl oral</i>	\$0, Tier 2	PA
<i>hydralazine hcl injection</i>	\$0, Tier 1	
<i>hydralazine hcl oral</i>	\$0, Tier 1	
<i>methyldopa oral</i>	\$0, Tier 2	PA
<i>metyrosine</i>	\$0, Tier 2	PA; NDS
<i>midodrine hcl</i>	\$0, Tier 1	
<i>minoxidil oral</i>	\$0, Tier 1	

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
NORTHERA ORAL CAPSULE 100 MG	\$0, Tier 2	PA; LA; QL (90 per 30 days); NDS
NORTHERA ORAL CAPSULE 200 MG, 300 MG	\$0, Tier 2	PA; LA; QL (180 per 30 days); NDS
<i>ranolazine er</i>	\$0, Tier 1	
Nitrates		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	\$0, Tier 1	
<i>isosorbide mononitrate</i>	\$0, Tier 1	
<i>isosorbide mononitrate er</i>	\$0, Tier 1	
MINITRAN	\$0, Tier 1	
NITRO-BID	\$0, Tier 2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	\$0, Tier 2	
<i>nitroglycerin sublingual</i>	\$0, Tier 1	
<i>nitroglycerin transdermal patch 24 hour</i>	\$0, Tier 1	
<i>nitroglycerin translingual solution</i>	\$0, Tier 1	
Pulmonary Arterial Hypertension		
ADEMPAS	\$0, Tier 2	PA; LA; QL (90 per 30 days); NDS
<i>ambrisentan</i>	\$0, Tier 2	PA; LA; QL (30 per 30 days); NDS
<i>bosentan oral tablet 125 mg</i>	\$0, Tier 2	PA; LA; QL (60 per 30 days); NDS
<i>bosentan oral tablet 62.5 mg</i>	\$0, Tier 2	PA; LA; QL (120 per 30 days); NDS
OPSUMIT	\$0, Tier 2	PA; LA; QL (30 per 30 days); NDS
<i>sildenafil citrate oral tablet 20 mg</i>	\$0, Tier 1	PA; QL (90 per 30 days)
<i>treprostinil</i>	\$0, Tier 2	PA; LA; NDS
VENTAVIS	\$0, Tier 2	PA; NDS
CENTRAL NERVOUS SYSTEM		
Antianxiety		
<i>alprazolam oral tablet</i>	\$0, Tier 1	QL (150 per 30 days)
<i>buspirone hcl oral</i>	\$0, Tier 1	
<i>fluvoxamine maleate</i>	\$0, Tier 1	
<i>lorazepam injection</i>	\$0, Tier 1	
LORAZEPAM INTENSOL	\$0, Tier 1	QL (150 per 30 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	\$0, Tier 1	QL (150 per 30 days)
<i>lorazepam oral tablet</i>	\$0, Tier 1	QL (150 per 30 days)
Anticonvulsants		
APTIOM	\$0, Tier 2	QL (60 per 30 days); NDS
BANZEL ORAL TABLET	\$0, Tier 2	PA; NDS
BRIVIACT INTRAVENOUS	\$0, Tier 2	PA
BRIVIACT ORAL SOLUTION	\$0, Tier 2	PA; QL (600 per 30 days); NDS
BRIVIACT ORAL TABLET	\$0, Tier 2	PA; QL (60 per 30 days); NDS
<i>carbamazepine er</i>	\$0, Tier 1	
<i>carbamazepine oral</i>	\$0, Tier 1	

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
CELONTIN	\$0, Tier 2	
<i>clobazam oral suspension</i>	\$0, Tier 1	PA; QL (480 per 30 days)
<i>clobazam oral tablet</i>	\$0, Tier 1	PA; QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	\$0, Tier 1	QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	\$0, Tier 1	QL (300 per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	\$0, Tier 1	QL (90 per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	\$0, Tier 1	QL (300 per 30 days)
<i>clorazepate dipotassium</i>	\$0, Tier 1	PA; QL (180 per 30 days)
DIACOMIT	\$0, Tier 2	PA; LA; NDS
<i>diazepam injection</i>	\$0, Tier 1	
<i>diazepam oral concentrate</i>	\$0, Tier 1	PA; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	\$0, Tier 1	PA; QL (1200 per 30 days)
<i>diazepam oral tablet</i>	\$0, Tier 1	PA; QL (120 per 30 days)
<i>diazepam rectal</i>	\$0, Tier 1	
DILANTIN	\$0, Tier 2	
DILANTIN INFATABS	\$0, Tier 2	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	\$0, Tier 1	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	\$0, Tier 1	
<i>divalproex sodium oral tablet delayed release</i>	\$0, Tier 1	
EPIDIOLEX	\$0, Tier 2	PA; LA; QL (600 per 30 days); NDS
EPITOL	\$0, Tier 1	
<i>ethosuximide oral</i>	\$0, Tier 1	
<i>felbamate oral suspension</i>	\$0, Tier 2	NDS
<i>felbamate oral tablet</i>	\$0, Tier 1	
FINTEPLA	\$0, Tier 2	PA; LA; QL (360 per 30 days); NDS
FYCOMPA ORAL SUSPENSION	\$0, Tier 2	PA; QL (720 per 30 days); NDS
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	\$0, Tier 2	PA; QL (30 per 30 days); NDS
FYCOMPA ORAL TABLET 2 MG	\$0, Tier 2	PA; QL (60 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	\$0, Tier 2	PA; QL (60 per 30 days); NDS
<i>gabapentin oral capsule 100 mg</i>	\$0, Tier 1	QL (1080 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	\$0, Tier 1	QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i>	\$0, Tier 1	QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5ml</i>	\$0, Tier 1	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	\$0, Tier 1	QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	\$0, Tier 1	QL (120 per 30 days)
<i>lamotrigine er</i>	\$0, Tier 1	
<i>lamotrigine oral tablet</i>	\$0, Tier 1	
<i>lamotrigine oral tablet chewable</i>	\$0, Tier 1	
<i>levetiracetam er</i>	\$0, Tier 1	

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<i>levetiracetam in nacl</i>	\$0, Tier 1	
<i>levetiracetam intravenous</i>	\$0, Tier 1	
<i>levetiracetam oral</i>	\$0, Tier 1	
NAYZILAM	\$0, Tier 2	
<i>oxcarbazepine</i>	\$0, Tier 1	
PEGANONE	\$0, Tier 2	
<i>phenobarbital oral elixir</i>	\$0, Tier 2	PA
<i>phenobarbital oral tablet</i>	\$0, Tier 2	PA
<i>phenobarbital sodium injection</i>	\$0, Tier 2	PA
PHENYTEK	\$0, Tier 2	
<i>phenytoin oral suspension 125 mg/5ml</i>	\$0, Tier 1	
<i>phenytoin oral tablet chewable</i>	\$0, Tier 1	
<i>phenytoin sodium extended</i>	\$0, Tier 1	
<i>phenytoin sodium injection</i>	\$0, Tier 1	
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0, Tier 1	PA; QL (120 per 30 days)
<i>pregabalin oral capsule 200 mg</i>	\$0, Tier 1	PA; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	\$0, Tier 1	PA; QL (60 per 30 days)
<i>pregabalin oral solution</i>	\$0, Tier 1	PA; QL (900 per 30 days)
<i>primidone oral</i>	\$0, Tier 1	
ROWEEPRA ORAL TABLET 500 MG	\$0, Tier 1	
<i>rufinamide</i>	\$0, Tier 2	PA; NDS
SPRITAM	\$0, Tier 2	
SUBVENITE	\$0, Tier 1	
SYMPAZAN ORAL FILM 10 MG, 20 MG	\$0, Tier 2	PA; QL (60 per 30 days); NDS
SYMPAZAN ORAL FILM 5 MG	\$0, Tier 2	PA; QL (60 per 30 days)
<i>tiagabine hcl</i>	\$0, Tier 1	
<i>topiramate oral</i>	\$0, Tier 1	
<i>valproate sodium intravenous solution 100 mg/ml</i>	\$0, Tier 1	
<i>valproic acid oral capsule</i>	\$0, Tier 1	
<i>valproic acid oral solution</i>	\$0, Tier 1	
VALTOCO 10 MG DOSE	\$0, Tier 2	
VALTOCO 15 MG DOSE	\$0, Tier 2	
VALTOCO 20 MG DOSE	\$0, Tier 2	
VALTOCO 5 MG DOSE	\$0, Tier 2	
<i>vigabatrin</i>	\$0, Tier 2	PA; LA; QL (180 per 30 days); NDS
VIGADRONE	\$0, Tier 2	PA; LA; QL (180 per 30 days); NDS
VIMPAT INTRAVENOUS	\$0, Tier 2	NDS
VIMPAT ORAL SOLUTION	\$0, Tier 2	QL (1200 per 30 days); NDS
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	\$0, Tier 2	QL (60 per 30 days); NDS
VIMPAT ORAL TABLET 50 MG	\$0, Tier 2	QL (120 per 30 days)

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
XCOPRI (250 MG DAILY DOSE)	\$0, Tier 2	QL (56 per 28 days); NDS
XCOPRI (350 MG DAILY DOSE)	\$0, Tier 2	QL (56 per 28 days); NDS
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG	\$0, Tier 2	QL (60 per 30 days); NDS
XCOPRI ORAL TABLET 50 MG	\$0, Tier 2	QL (90 per 30 days); NDS
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	\$0, Tier 2	QL (28 per 28 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG	\$0, Tier 2	QL (28 per 28 days); NDS
<i>zonisamide oral</i>	\$0, Tier 1	
Antidementia		
<i>donepezil hcl oral tablet 10 mg</i>	\$0, Tier 1	
<i>donepezil hcl oral tablet 5 mg</i>	\$0, Tier 1	QL (30 per 30 days)
<i>donepezil hcl oral tablet dispersible 10 mg</i>	\$0, Tier 1	
<i>donepezil hcl oral tablet dispersible 5 mg</i>	\$0, Tier 1	QL (30 per 30 days)
<i>galantamine hydrobromide er</i>	\$0, Tier 1	QL (30 per 30 days)
<i>galantamine hydrobromide oral solution</i>	\$0, Tier 1	
<i>galantamine hydrobromide oral tablet</i>	\$0, Tier 1	QL (60 per 30 days)
<i>memantine hcl er</i>	\$0, Tier 1	PA
<i>memantine hcl oral solution 2 mg/ml</i>	\$0, Tier 1	PA
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	\$0, Tier 1	PA
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	\$0, Tier 2	PA
NAMZARIC	\$0, Tier 2	
<i>rivastigmine</i>	\$0, Tier 1	QL (30 per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg</i>	\$0, Tier 1	QL (90 per 30 days)
<i>rivastigmine tartrate oral capsule 4.5 mg, 6 mg</i>	\$0, Tier 1	QL (60 per 30 days)
Antidepressants		
<i>amitriptyline hcl oral</i>	\$0, Tier 2	
<i>amoxapine</i>	\$0, Tier 2	
<i>bupropion hcl er (sr)</i>	\$0, Tier 1	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	\$0, Tier 1	
<i>bupropion hcl oral</i>	\$0, Tier 1	
<i>citalopram hydrobromide</i>	\$0, Tier 1	
<i>clomipramine hcl oral</i>	\$0, Tier 2	PA
<i>desipramine hcl oral</i>	\$0, Tier 2	
<i>desvenlafaxine succinate er</i>	\$0, Tier 1	PA; QL (30 per 30 days)
<i>doxepin hcl oral capsule</i>	\$0, Tier 2	
<i>doxepin hcl oral concentrate</i>	\$0, Tier 2	
DRIZALMA SPRINKLE	\$0, Tier 2	PA; QL (60 per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	\$0, Tier 1	QL (60 per 30 days)

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
EMSAM	\$0, Tier 2	PA; QL (30 per 30 days); NDS
<i>escitalopram oxalate</i>	\$0, Tier 1	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG	\$0, Tier 2	PA; QL (30 per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 40 MG	\$0, Tier 2	PA; QL (60 per 30 days)
FETZIMA TITRATION	\$0, Tier 2	PA
<i>fluoxetine hcl oral capsule</i>	\$0, Tier 1	
<i>fluoxetine hcl oral solution</i>	\$0, Tier 1	
<i>imipramine hcl oral</i>	\$0, Tier 2	
MARPLAN	\$0, Tier 2	QL (180 per 30 days)
<i>mirtazapine oral</i>	\$0, Tier 1	
<i>nefazodone hcl</i>	\$0, Tier 1	
<i>nortriptyline hcl oral</i>	\$0, Tier 2	
<i>paroxetine hcl oral tablet</i>	\$0, Tier 2	
PAXIL ORAL SUSPENSION	\$0, Tier 2	QL (900 per 30 days)
<i>phenelzine sulfate oral</i>	\$0, Tier 1	
<i>protriptyline hcl</i>	\$0, Tier 2	
<i>sertraline hcl oral</i>	\$0, Tier 1	
<i>tranylcypromine sulfate</i>	\$0, Tier 1	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	\$0, Tier 1	
<i>trimipramine maleate oral capsule 100 mg</i>	\$0, Tier 2	QL (60 per 30 days)
<i>trimipramine maleate oral capsule 25 mg</i>	\$0, Tier 2	QL (240 per 30 days)
<i>trimipramine maleate oral capsule 50 mg</i>	\$0, Tier 2	QL (120 per 30 days)
TRINTELLIX ORAL TABLET 10 MG	\$0, Tier 2	QL (60 per 30 days)
TRINTELLIX ORAL TABLET 20 MG	\$0, Tier 2	QL (30 per 30 days)
TRINTELLIX ORAL TABLET 5 MG	\$0, Tier 2	QL (120 per 30 days)
<i>venlafaxine hcl</i>	\$0, Tier 1	
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	\$0, Tier 1	
VIIBRYD ORAL TABLET	\$0, Tier 2	QL (30 per 30 days)
VIIBRYD STARTER PACK	\$0, Tier 2	
Antiparkinsonian Agents		
<i>amantadine hcl oral capsule</i>	\$0, Tier 1	QL (120 per 30 days)
<i>amantadine hcl oral syrup</i>	\$0, Tier 1	
<i>amantadine hcl oral tablet</i>	\$0, Tier 1	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	\$0, Tier 2	PA; LA; QL (60 per 30 days); NDS
<i>benztropine mesylate injection</i>	\$0, Tier 1	
<i>benztropine mesylate oral</i>	\$0, Tier 2	PA
<i>bromocriptine mesylate oral</i>	\$0, Tier 1	
<i>carbidopa-levodopa</i>	\$0, Tier 1	

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	\$0, Tier 1	
<i>carbidopa-levodopa-entacapone</i>	\$0, Tier 1	
<i>entacapone</i>	\$0, Tier 1	
KYNMOBI	\$0, Tier 2	PA; QL (150 per 30 days); NDS
NEUPRO	\$0, Tier 2	
<i>pramipexole dihydrochloride</i>	\$0, Tier 1	
<i>rasagiline mesylate oral tablet 0.5 mg</i>	\$0, Tier 1	QL (60 per 30 days)
<i>rasagiline mesylate oral tablet 1 mg</i>	\$0, Tier 1	QL (30 per 30 days)
<i>ropinirole hcl</i>	\$0, Tier 1	
<i>selegiline hcl oral</i>	\$0, Tier 1	
<i>trihexyphenidyl hcl</i>	\$0, Tier 2	PA
Antipsychotics		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	\$0, Tier 2	QL (1 per 28 days); NDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	\$0, Tier 2	QL (1 per 28 days); NDS
<i>aripiprazole oral solution</i>	\$0, Tier 2	QL (900 per 30 days); NDS
<i>aripiprazole oral tablet</i>	\$0, Tier 1	QL (30 per 30 days)
<i>aripiprazole oral tablet dispersible</i>	\$0, Tier 2	QL (60 per 30 days); NDS
ARISTADA INITIO	\$0, Tier 2	NDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	\$0, Tier 2	QL (3.9 per 56 days); NDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	\$0, Tier 2	QL (1.6 per 28 days); NDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	\$0, Tier 2	QL (2.4 per 28 days); NDS
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	\$0, Tier 2	QL (3.2 per 28 days); NDS
<i>asenapine maleate</i>	\$0, Tier 1	QL (60 per 30 days)
CAPLYTA	\$0, Tier 2	QL (30 per 30 days)
<i>chlorpromazine hcl injection</i>	\$0, Tier 1	
<i>chlorpromazine hcl oral tablet</i>	\$0, Tier 1	
<i>clozapine oral tablet 100 mg</i>	\$0, Tier 1	QL (270 per 30 days)
<i>clozapine oral tablet 200 mg</i>	\$0, Tier 1	QL (135 per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i>	\$0, Tier 1	
<i>clozapine oral tablet dispersible 100 mg</i>	\$0, Tier 1	PA; QL (270 per 30 days)
<i>clozapine oral tablet dispersible 12.5 mg, 25 mg</i>	\$0, Tier 1	PA
<i>clozapine oral tablet dispersible 150 mg</i>	\$0, Tier 2	PA; QL (180 per 30 days); NDS
<i>clozapine oral tablet dispersible 200 mg</i>	\$0, Tier 2	PA; QL (135 per 30 days); NDS
FANAPT	\$0, Tier 2	PA; QL (60 per 30 days); NDS
FANAPT TITRATION PACK	\$0, Tier 2	PA
<i>fluphenazine decanoate injection</i>	\$0, Tier 1	

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>fluphenazine hcl injection</i>	\$0, Tier 1	
<i>fluphenazine hcl oral</i>	\$0, Tier 1	
<i>haloperidol decanoate intramuscular</i>	\$0, Tier 1	
<i>haloperidol lactate</i>	\$0, Tier 1	
<i>haloperidol oral</i>	\$0, Tier 1	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	\$0, Tier 2	QL (0.75 per 28 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	\$0, Tier 2	QL (1 per 28 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	\$0, Tier 2	QL (1.5 per 28 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	\$0, Tier 2	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	\$0, Tier 2	QL (0.5 per 28 days); NDS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML	\$0, Tier 2	QL (0.875 per 90 days); NDS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.315ML	\$0, Tier 2	QL (1.315 per 90 days); NDS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	\$0, Tier 2	QL (1.75 per 90 days); NDS
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.625ML	\$0, Tier 2	QL (2.625 per 90 days); NDS
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	\$0, Tier 2	QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	\$0, Tier 2	QL (60 per 30 days)
<i>loxapine succinate oral</i>	\$0, Tier 1	
<i>molindone hcl</i>	\$0, Tier 1	
NUPLAZID ORAL CAPSULE	\$0, Tier 2	PA; LA; QL (30 per 30 days); NDS
NUPLAZID ORAL TABLET 10 MG	\$0, Tier 2	PA; LA; QL (30 per 30 days); NDS
<i>olanzapine intramuscular</i>	\$0, Tier 1	QL (3 per 1 day)
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0, Tier 1	QL (60 per 30 days)
<i>olanzapine oral tablet 15 mg, 20 mg, 7.5 mg</i>	\$0, Tier 1	QL (30 per 30 days)
<i>olanzapine oral tablet dispersible 10 mg</i>	\$0, Tier 1	QL (60 per 30 days)
<i>olanzapine oral tablet dispersible 15 mg, 20 mg, 5 mg</i>	\$0, Tier 1	QL (30 per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	\$0, Tier 1	QL (30 per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	\$0, Tier 1	QL (60 per 30 days)
<i>perphenazine oral</i>	\$0, Tier 1	
PERSERIS	\$0, Tier 2	QL (1 per 30 days); NDS
<i>pimozide</i>	\$0, Tier 1	
<i>quetiapine fumarate</i>	\$0, Tier 1	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	\$0, Tier 1	PA; QL (30 per 30 days)

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	\$0, Tier 1	PA; QL (60 per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	\$0, Tier 2	QL (60 per 30 days)
REXULTI ORAL TABLET 3 MG, 4 MG	\$0, Tier 2	QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG	\$0, Tier 2	QL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG	\$0, Tier 2	QL (2 per 28 days); NDS
<i>risperidone oral solution</i>	\$0, Tier 1	QL (240 per 30 days)
<i>risperidone oral tablet</i>	\$0, Tier 1	
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg</i>	\$0, Tier 1	QL (90 per 30 days)
<i>risperidone oral tablet dispersible 1 mg, 2 mg, 3 mg, 4 mg</i>	\$0, Tier 1	QL (60 per 30 days)
SECUADO	\$0, Tier 2	QL (30 per 30 days)
<i>thioridazine hcl oral</i>	\$0, Tier 1	
<i>thiothixene oral</i>	\$0, Tier 1	
<i>trifluoperazine hcl oral</i>	\$0, Tier 1	
VERSACLOZ	\$0, Tier 2	PA; QL (600 per 30 days); NDS
VRAYLAR ORAL CAPSULE 1.5 MG	\$0, Tier 2	PA; QL (60 per 30 days); NDS
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG	\$0, Tier 2	PA; QL (30 per 30 days); NDS
VRAYLAR ORAL CAPSULE THERAPY PACK	\$0, Tier 2	PA
<i>ziprasidone hcl</i>	\$0, Tier 1	QL (60 per 30 days)
<i>ziprasidone mesylate</i>	\$0, Tier 1	QL (6 per 3 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	\$0, Tier 2	PA; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG	\$0, Tier 2	PA; QL (2 per 28 days); NDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	\$0, Tier 2	PA; QL (1 per 28 days); NDS
Attention Deficit Hyperactivity Disorder		
<i>amphetamine-dextroamphet er</i>	\$0, Tier 1	PA; QL (30 per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	\$0, Tier 1	PA; QL (60 per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 20 mg</i>	\$0, Tier 1	PA; QL (90 per 30 days)
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg</i>	\$0, Tier 1	QL (120 per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	\$0, Tier 1	QL (30 per 30 days)
<i>atomoxetine hcl oral capsule 40 mg</i>	\$0, Tier 1	QL (60 per 30 days)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	\$0, Tier 1	PA; QL (60 per 30 days)
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>	\$0, Tier 1	PA; QL (120 per 30 days)
<i>guanfacine hcl er</i>	\$0, Tier 2	PA; QL (30 per 30 days)
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	\$0, Tier 1	PA; QL (90 per 30 days)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	\$0, Tier 1	PA; QL (90 per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	\$0, Tier 1	PA; QL (900 per 30 days)

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	\$0, Tier 1	PA; QL (1800 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>	\$0, Tier 1	PA; QL (180 per 30 days)
<i>methylphenidate hcl oral tablet 20 mg</i>	\$0, Tier 1	PA; QL (90 per 30 days)
Hypnotics		
BELSOMRA	\$0, Tier 2	QL (30 per 30 days)
<i>doxepin hcl oral tablet</i>	\$0, Tier 1	QL (30 per 30 days)
<i>eszopiclone</i>	\$0, Tier 2	PA; QL (30 per 30 days)
HETLIOZ	\$0, Tier 2	PA; LA; NDS
<i>temazepam oral capsule 15 mg</i>	\$0, Tier 1	PA; QL (60 per 30 days)
<i>temazepam oral capsule 30 mg, 7.5 mg</i>	\$0, Tier 1	PA; QL (30 per 30 days)
<i>zaleplon</i>	\$0, Tier 2	PA; QL (60 per 30 days)
<i>zolpidem tartrate oral</i>	\$0, Tier 2	PA; QL (30 per 30 days)
Migraine		
AIMOVIG	\$0, Tier 2	PA; QL (1 per 30 days)
<i>dihydroergotamine mesylate injection</i>	\$0, Tier 2	NDS
<i>dihydroergotamine mesylate nasal</i>	\$0, Tier 2	PA; QL (8 per 30 days); NDS
<i>ergotamine-caffeine</i>	\$0, Tier 1	
<i>naratriptan hcl</i>	\$0, Tier 1	QL (12 per 30 days)
<i>rizatriptan benzoate</i>	\$0, Tier 1	QL (18 per 30 days)
<i>sumatriptan nasal solution 20 mg/act</i>	\$0, Tier 1	QL (12 per 30 days)
<i>sumatriptan nasal solution 5 mg/act</i>	\$0, Tier 1	QL (24 per 30 days)
<i>sumatriptan succinate oral</i>	\$0, Tier 1	QL (12 per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml</i>	\$0, Tier 1	QL (9 per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	\$0, Tier 1	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	\$0, Tier 1	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	\$0, Tier 1	QL (9 per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	\$0, Tier 1	QL (6 per 30 days)
UBRELVY	\$0, Tier 2	PA; QL (16 per 30 days); NDS
<i>zolmitriptan oral</i>	\$0, Tier 1	QL (12 per 30 days)
Miscellaneous		
AUSTEDO ORAL TABLET 12 MG, 9 MG	\$0, Tier 2	PA; QL (120 per 30 days); NDS
AUSTEDO ORAL TABLET 6 MG	\$0, Tier 2	PA; QL (60 per 30 days); NDS
INGREZZA ORAL CAPSULE	\$0, Tier 2	PA; QL (30 per 30 days); NDS
INGREZZA ORAL CAPSULE THERAPY PACK	\$0, Tier 2	PA; QL (28 per 28 days); NDS
<i>lithium</i>	\$0, Tier 2	
<i>lithium carbonate er</i>	\$0, Tier 1	
<i>lithium carbonate oral</i>	\$0, Tier 1	

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
LYRICA CR	\$0, Tier 2	PA; QL (60 per 30 days)
NUEDEXTA	\$0, Tier 2	PA; QL (60 per 30 days)
<i>pregabalin er</i>	\$0, Tier 1	PA; QL (60 per 30 days)
<i>pyridostigmine bromide oral tablet 60 mg</i>	\$0, Tier 1	
<i>riluzole</i>	\$0, Tier 1	
<i>tetrabenazine oral tablet 12.5 mg</i>	\$0, Tier 2	PA; QL (90 per 30 days); NDS
<i>tetrabenazine oral tablet 25 mg</i>	\$0, Tier 2	PA; QL (120 per 30 days); NDS
Multiple Sclerosis Agents		
BETASERON SUBCUTANEOUS KIT	\$0, Tier 2	PA; QL (14 per 28 days); NDS
<i>dalfampridine er</i>	\$0, Tier 1	PA
GILENYA ORAL CAPSULE 0.5 MG	\$0, Tier 2	PA; QL (28 per 28 days); NDS
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	\$0, Tier 2	PA; QL (30 per 30 days); NDS
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	\$0, Tier 2	PA; QL (12 per 28 days); NDS
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	\$0, Tier 2	PA; QL (30 per 30 days); NDS
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	\$0, Tier 2	PA; QL (12 per 28 days); NDS
Musculoskeletal Therapy Agents		
<i>baclofen oral tablet 10 mg, 20 mg</i>	\$0, Tier 1	
<i>carisoprodol oral tablet 350 mg</i>	\$0, Tier 2	PA; QL (120 per 30 days)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	\$0, Tier 2	PA
<i>dantrolene sodium oral</i>	\$0, Tier 1	
<i>methocarbamol oral</i>	\$0, Tier 2	PA
<i>tizanidine hcl oral tablet</i>	\$0, Tier 1	
VANADOM	\$0, Tier 2	PA; QL (120 per 30 days)
Narcolepsy/Cataplexy		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	\$0, Tier 1	PA; QL (30 per 30 days)
<i>armodafinil oral tablet 50 mg</i>	\$0, Tier 1	PA; QL (90 per 30 days)
XYREM	\$0, Tier 2	PA; LA; QL (540 per 30 days); NDS
Psychotherapeutic-Misc		
<i>acamprosate calcium</i>	\$0, Tier 1	
<i>benzphetamine hcl tablet 50 mg oral</i>	\$0, Tier 3	DP
<i>buprenorphine hcl sublingual</i>	\$0, Tier 1	PA; QL (90 per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	\$0, Tier 1	QL (60 per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	\$0, Tier 1	QL (90 per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	\$0, Tier 1	QL (90 per 30 days)
<i>bupropion hcl er (smoking det)</i>	\$0, Tier 1	
CHANTIX	\$0, Tier 2	PA

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
CHANTIX CONTINUING MONTH PAK	\$0, Tier 2	PA
CHANTIX STARTING MONTH PAK	\$0, Tier 2	PA
<i>diethylpropion hcl er tablet extended release 24 hour 75 mg oral</i>	\$0, Tier 3	DP
<i>diethylpropion hcl tablet 25 mg oral</i>	\$0, Tier 3	DP
<i>disulfiram oral</i>	\$0, Tier 1	
<i>gnp nicotine mini lozenge 2 mg mouth/throat</i>	\$0, Tier 3	DP
<i>gnp nicotine polacrilex gum 2 mg mouth/throat</i>	\$0, Tier 3	DP
<i>gnp nicotine polacrilex gum 4 mg mouth/throat</i>	\$0, Tier 3	DP
<i>gnp nicotine polacrilex lozenge 2 mg mouth/throat</i>	\$0, Tier 3	DP
<i>gnp nicotine polacrilex lozenge 4 mg mouth/throat</i>	\$0, Tier 3	DP
<i>goodsense nicotine gum 4 mg mouth/throat</i>	\$0, Tier 3	DP
<i>goodsense nicotine lozenge 4 mg mouth/throat</i>	\$0, Tier 3	DP
<i>hm nicotine polacrilex gum 2 mg mouth/throat</i>	\$0, Tier 3	DP
<i>hm nicotine polacrilex gum 4 mg mouth/throat</i>	\$0, Tier 3	DP
<i>hm nicotine polacrilex lozenge 2 mg mouth/throat</i>	\$0, Tier 3	DP
<i>hm nicotine polacrilex lozenge 4 mg mouth/throat</i>	\$0, Tier 3	DP
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	\$0, Tier 1	
<i>naloxone hcl injection solution cartridge</i>	\$0, Tier 1	
<i>naloxone hcl injection solution prefilled syringe</i>	\$0, Tier 1	
<i>naltrexone hcl oral</i>	\$0, Tier 1	
NARCAN	\$0, Tier 2	
<i>nicotine patch 24 hour 14 mg/24hr transdermal (otc)</i>	\$0, Tier 3	DP
<i>nicotine patch 24 hour 21 mg/24hr transdermal (otc)</i>	\$0, Tier 3	DP
<i>nicotine patch 24 hour 7 mg/24hr transdermal (otc)</i>	\$0, Tier 3	DP
<i>nicotine polacrilex gum 2 mg mouth/throat</i>	\$0, Tier 3	DP
<i>nicotine polacrilex gum 4 mg mouth/throat</i>	\$0, Tier 3	DP
<i>nicotine polacrilex lozenge 2 mg mouth/throat</i>	\$0, Tier 3	DP
<i>nicotine polacrilex lozenge 4 mg mouth/throat</i>	\$0, Tier 3	DP
NICOTROL	\$0, Tier 2	
NICOTROL NS	\$0, Tier 2	
<i>phendimetrazine tartrate er capsule extended release 24 hour 105 mg oral</i>	\$0, Tier 3	DP
<i>phendimetrazine tartrate tablet 35 mg oral</i>	\$0, Tier 3	DP
<i>phentermine hcl capsule 15 mg oral</i>	\$0, Tier 3	DP
<i>phentermine hcl capsule 30 mg oral</i>	\$0, Tier 3	DP
<i>phentermine hcl capsule 37.5 mg oral</i>	\$0, Tier 3	DP
<i>phentermine hcl tablet 37.5 mg oral</i>	\$0, Tier 3	DP
QSYMIA CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG ORAL	\$0, Tier 3	DP
QSYMIA CAPSULE EXTENDED RELEASE 24 HOUR 15-92 MG ORAL	\$0, Tier 3	DP

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
QSYMIA CAPSULE EXTENDED RELEASE 24 HOUR 3.75-23 MG ORAL	\$0, Tier 3	DP
QSYMIA CAPSULE EXTENDED RELEASE 24 HOUR 7.5-46 MG ORAL	\$0, Tier 3	DP
<i>sm nicotine gum 4 mg mouth/throat</i>	\$0, Tier 3	DP
<i>sm nicotine lozenge 2 mg mouth/throat</i>	\$0, Tier 3	DP
<i>sm nicotine polacrilex gum 2 mg mouth/throat</i>	\$0, Tier 3	DP
<i>sm nicotine polacrilex gum 4 mg mouth/throat</i>	\$0, Tier 3	DP
<i>sm nicotine polacrilex lozenge 4 mg mouth/throat</i>	\$0, Tier 3	DP
THRIVE GUM 2 MG MOUTH/THROAT	\$0, Tier 3	DP
VIVITROL	\$0, Tier 2	NDS
ENDOCRINE AND METABOLIC		
Androgens		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	\$0, Tier 2	PA; QL (30 per 30 days)
<i>oxandrolone oral tablet 10 mg</i>	\$0, Tier 1	PA; QL (60 per 30 days)
<i>oxandrolone oral tablet 2.5 mg</i>	\$0, Tier 1	PA; QL (120 per 30 days)
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	\$0, Tier 1	PA
<i>testosterone enanthate intramuscular solution</i>	\$0, Tier 1	PA
<i>testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	\$0, Tier 1	PA; QL (300 per 30 days)
Antidiabetics, Insulins		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	\$0, Tier 2	
BASAGLAR KWIKPEN	\$0, Tier 2	
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	\$0, Tier 2	
<i>cvs gauze sterile pad 2"x2"</i>	\$0, Tier 2	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	\$0, Tier 2	
FIASP	\$0, Tier 2	
FIASP FLEXTOUCH	\$0, Tier 2	
FIASP PENFILL	\$0, Tier 2	
<i>global alcohol prep ease</i>	\$0, Tier 2	
HUMULIN R U-500 (CONCENTRATED)	\$0, Tier 2	B/D; NDS
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0, Tier 2	NDS
LEVEMIR	\$0, Tier 2	
LEVEMIR FLEXTOUCH	\$0, Tier 2	
NOVOLIN 70/30	\$0, Tier 2	
NOVOLIN 70/30 FLEXPEN	\$0, Tier 2	
NOVOLIN N	\$0, Tier 2	
NOVOLIN N FLEXPEN	\$0, Tier 2	
NOVOLIN R	\$0, Tier 2	

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
NOVOLIN R FLEXPEN	\$0, Tier 2	
NOVOLOG	\$0, Tier 2	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0, Tier 2	
NOVOLOG MIX 70/30	\$0, Tier 2	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	\$0, Tier 2	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	\$0, Tier 2	
OMNIPOD 5 PACK	\$0, Tier 2	PA; QL (10 per 30 days)
OMNIPOD DASH 5 PACK PODS	\$0, Tier 2	PA; QL (10 per 30 days)
OMNIPOD STARTER	\$0, Tier 2	PA; QL (1 per 365 days)
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	\$0, Tier 2	
RELI-ON INSULIN SYRINGE 29G 0.3 ML	\$0, Tier 2	
SOLIQUA	\$0, Tier 2	QL (30 per 30 days)
TRESIBA	\$0, Tier 2	
TRESIBA FLEXTOUCH	\$0, Tier 2	
V-GO 20	\$0, Tier 2	PA; QL (30 per 30 days)
V-GO 30	\$0, Tier 2	PA; QL (30 per 30 days)
V-GO 40	\$0, Tier 2	PA; QL (30 per 30 days)
XULTOPHY	\$0, Tier 2	QL (15 per 30 days)
Antidiabetics		
<i>acarbose oral</i>	\$0, Tier 1	
BYDUREON BCISE	\$0, Tier 2	QL (3.4 per 28 days)
BYDUREON SUBCUTANEOUS PEN-INJECTOR	\$0, Tier 2	QL (4 per 28 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0, Tier 2	QL (2.4 per 30 days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0, Tier 2	QL (1.2 per 30 days)
FARXIGA	\$0, Tier 2	QL (30 per 30 days)
<i>glimepiride oral tablet 1 mg, 2 mg</i>	\$0, Tier 1	QL (90 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	\$0, Tier 1	QL (60 per 30 days)
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	\$0, Tier 1	QL (60 per 30 days)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	\$0, Tier 1	QL (90 per 30 days)
<i>glipizide oral tablet 10 mg</i>	\$0, Tier 1	QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	\$0, Tier 1	QL (240 per 30 days)
<i>glipizide xl oral tablet extended release 24 hour 10 mg</i>	\$0, Tier 1	QL (60 per 30 days)
<i>glipizide xl oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	\$0, Tier 1	QL (90 per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	\$0, Tier 1	QL (240 per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	\$0, Tier 1	QL (120 per 30 days)
GLYXAMBI	\$0, Tier 2	QL (30 per 30 days)

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
JANUMET	\$0, Tier 2	QL (60 per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	\$0, Tier 2	QL (30 per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	\$0, Tier 2	QL (60 per 30 days)
JANUVIA	\$0, Tier 2	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG	\$0, Tier 2	QL (60 per 30 days)
JARDIANCE ORAL TABLET 25 MG	\$0, Tier 2	QL (30 per 30 days)
JENTADUETO	\$0, Tier 2	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	\$0, Tier 2	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	\$0, Tier 2	QL (30 per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	\$0, Tier 1	QL (120 per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	\$0, Tier 1	QL (60 per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>	\$0, Tier 1	QL (75 per 30 days)
<i>metformin hcl oral tablet 500 mg</i>	\$0, Tier 1	QL (150 per 30 days)
<i>metformin hcl oral tablet 850 mg</i>	\$0, Tier 1	QL (90 per 30 days)
<i>nateglinide</i>	\$0, Tier 1	QL (90 per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE)	\$0, Tier 2	QL (1.5 per 28 days)
OZEMPIC (1 MG/DOSE)	\$0, Tier 2	QL (3 per 28 days)
<i>pioglitazone hcl</i>	\$0, Tier 1	QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	\$0, Tier 1	QL (120 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	\$0, Tier 1	QL (240 per 30 days)
RYBELSUS	\$0, Tier 2	QL (30 per 30 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG	\$0, Tier 2	QL (60 per 30 days)
SYNJARDY ORAL TABLET 5-500 MG	\$0, Tier 2	QL (120 per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	\$0, Tier 2	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	\$0, Tier 2	QL (30 per 30 days)
TRADJENTA	\$0, Tier 2	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	\$0, Tier 2	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	\$0, Tier 2	QL (60 per 30 days)
TRULICITY	\$0, Tier 2	QL (2 per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	\$0, Tier 2	QL (9 per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	\$0, Tier 2	QL (30 per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	\$0, Tier 2	QL (60 per 30 days)

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
Calcium Regulators		
<i>alendronate sodium oral solution</i>	\$0, Tier 1	
<i>alendronate sodium oral tablet 10 mg, 35 mg, 70 mg</i>	\$0, Tier 1	
<i>calcitonin (salmon) nasal</i>	\$0, Tier 1	B/D
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	\$0, Tier 2	PA; NDS
<i>ibandronate sodium oral</i>	\$0, Tier 1	B/D
NATPARA	\$0, Tier 2	PA; NDS
<i>pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml</i>	\$0, Tier 1	B/D
<i>pamidronate disodium intravenous solution 6 mg/ml</i>	\$0, Tier 2	B/D
<i>pamidronate disodium intravenous solution reconstituted</i>	\$0, Tier 1	B/D
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	\$0, Tier 2	QL (1 per 180 days)
<i>risedronate sodium oral tablet 150 mg, 35 mg, 35 mg (12 pack), 35 mg (4 pack), 5 mg</i>	\$0, Tier 1	
<i>risedronate sodium oral tablet delayed release</i>	\$0, Tier 1	
TYMLOS	\$0, Tier 2	PA; NDS
XGEVA	\$0, Tier 2	PA; NDS
<i>zoledronic acid intravenous concentrate</i>	\$0, Tier 1	B/D
<i>zoledronic acid intravenous solution</i>	\$0, Tier 1	B/D
Chelating Agents		
CHEMET	\$0, Tier 2	
<i>deferasirox granules</i>	\$0, Tier 2	PA; NDS
<i>deferasirox oral tablet</i>	\$0, Tier 2	PA; NDS
LOKELMA	\$0, Tier 2	
<i>penicillamine oral tablet</i>	\$0, Tier 2	NDS
<i>sodium polystyrene sulfonate oral powder</i>	\$0, Tier 1	
SPS	\$0, Tier 1	
<i>trientine hcl</i>	\$0, Tier 2	PA; NDS
VELTASSA	\$0, Tier 2	PA
Contraceptives		
AFIRMELLE	\$0, Tier 1	
ALTAVERA	\$0, Tier 1	
<i>alyacen 1/35</i>	\$0, Tier 1	
<i>alyacen 7/7/7</i>	\$0, Tier 1	
AMETHIA	\$0, Tier 1	
APRI	\$0, Tier 1	
ARANELLE	\$0, Tier 1	
ASHLYNA	\$0, Tier 1	
AUBRA EQ	\$0, Tier 1	
AUROVELA 1/20	\$0, Tier 1	

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
AUROVELA 24 FE	\$0, Tier 1	
AUROVELA FE 1.5/30	\$0, Tier 1	
AUROVELA FE 1/20	\$0, Tier 1	
AVIANE	\$0, Tier 1	
AYUNA	\$0, Tier 1	
AZURETTE	\$0, Tier 1	
BALZIVA	\$0, Tier 1	
BEKYREE	\$0, Tier 1	
BLISOVI 24 FE	\$0, Tier 1	
BLISOVI FE 1.5/30	\$0, Tier 1	
<i>briellyn</i>	\$0, Tier 1	
CAMILA	\$0, Tier 1	
CAMRESE	\$0, Tier 1	
CAMRESE LO	\$0, Tier 1	
CAZANT	\$0, Tier 1	
CHATEAL	\$0, Tier 1	
CRYSELLE-28	\$0, Tier 1	
CYCLAFEM 1/35	\$0, Tier 1	
CYCLAFEM 7/7/7	\$0, Tier 1	
CYRED EQ	\$0, Tier 1	
DASETTA 1/35	\$0, Tier 1	
DASETTA 7/7/7	\$0, Tier 1	
DAYSEE	\$0, Tier 1	
DEBLITANE	\$0, Tier 1	
<i>desogestrel-ethinyl estradiol</i>	\$0, Tier 1	
<i>drospiren-eth estrad-levomefol</i>	\$0, Tier 1	
<i>drospirenone-ethinyl estradiol</i>	\$0, Tier 1	
ELINEST	\$0, Tier 1	
ELLA	\$0, Tier 2	
ELURYNG	\$0, Tier 1	
EMOQUETTE	\$0, Tier 1	
ENPRESSE-28	\$0, Tier 1	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	\$0, Tier 1	
ERRIN	\$0, Tier 1	
ESTARYLLA	\$0, Tier 1	
<i>ethynodiol diac-eth estradiol</i>	\$0, Tier 1	
<i>etonogestrel-ethinyl estradiol</i>	\$0, Tier 1	
FALMINA	\$0, Tier 1	
FAYOSIM	\$0, Tier 1	
FEMYNOR	\$0, Tier 1	

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
GIANVI	\$0, Tier 1	
HAILEY 1.5/30	\$0, Tier 1	
HAILEY 24 FE	\$0, Tier 1	
HEATHER	\$0, Tier 1	
ICLEVIA	\$0, Tier 1	
INCASSIA	\$0, Tier 1	
INTROVALE	\$0, Tier 1	
ISIBLOOM	\$0, Tier 1	
JASMIEL	\$0, Tier 1	
JOLESSA	\$0, Tier 1	
JULEBER	\$0, Tier 1	
JUNEL 1.5/30	\$0, Tier 1	
JUNEL 1/20	\$0, Tier 1	
JUNEL FE 1.5/30	\$0, Tier 1	
JUNEL FE 1/20	\$0, Tier 1	
JUNEL FE 24	\$0, Tier 1	
KAITLIB FE	\$0, Tier 1	
KARIVA	\$0, Tier 1	
KELNOR 1/35	\$0, Tier 1	
KELNOR 1/50	\$0, Tier 1	
KURVELO	\$0, Tier 1	
LARIN 1.5/30	\$0, Tier 1	
LARIN 1/20	\$0, Tier 1	
LARIN 24 FE	\$0, Tier 1	
LARIN FE 1.5/30	\$0, Tier 1	
LARIN FE 1/20	\$0, Tier 1	
LARISSIA	\$0, Tier 1	
LAYOLIS FE	\$0, Tier 1	
LEENA	\$0, Tier 1	
LESSINA	\$0, Tier 1	
LEVONEST	\$0, Tier 1	
<i>levonorgest-eth est & eth est</i>	\$0, Tier 1	
<i>levonorgest-eth estrad 91-day</i>	\$0, Tier 1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	\$0, Tier 1	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	\$0, Tier 1	
LEVORA 0.15/30 (28)	\$0, Tier 1	
LILLOW	\$0, Tier 1	
LOESTRIN 1.5/30 (21)	\$0, Tier 1	
LOESTRIN 1/20 (21)	\$0, Tier 1	

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LOESTRIN FE 1.5/30	\$0, Tier 1	
LOESTRIN FE 1/20	\$0, Tier 1	
LORYNA	\$0, Tier 1	
LOW-OGESTREL	\$0, Tier 1	
LUTERA	\$0, Tier 1	
LYLEQ	\$0, Tier 1	
LYZA	\$0, Tier 1	
<i>marlissa</i>	\$0, Tier 1	
<i>medroxyprogesterone acetate intramuscular</i>	\$0, Tier 1	
MELODETTA 24 FE	\$0, Tier 1	
MIBELAS 24 FE	\$0, Tier 1	
MICROGESTIN 1.5/30	\$0, Tier 1	
MICROGESTIN 1/20	\$0, Tier 1	
MICROGESTIN FE 1.5/30	\$0, Tier 1	
MICROGESTIN FE 1/20	\$0, Tier 1	
MILI	\$0, Tier 1	
MONO-LINYAH	\$0, Tier 1	
NECON 0.5/35 (28)	\$0, Tier 1	
NIKKI	\$0, Tier 1	
NORA-BE	\$0, Tier 1	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	\$0, Tier 1	
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	\$0, Tier 1	
<i>norethindrone acet-ethinyl est oral tablet</i>	\$0, Tier 1	
<i>norethindrone oral</i>	\$0, Tier 1	
<i>norethin-eth estradiol-fe</i>	\$0, Tier 1	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	\$0, Tier 1	
<i>norgestim-eth estrad triphasic</i>	\$0, Tier 1	
NORLYROC	\$0, Tier 1	
NORTREL 0.5/35 (28)	\$0, Tier 1	
NORTREL 1/35 (21)	\$0, Tier 1	
NORTREL 1/35 (28)	\$0, Tier 1	
NORTREL 7/7/7	\$0, Tier 1	
NYLIA 7/7/7	\$0, Tier 1	
NYMYO	\$0, Tier 1	
OCELLA	\$0, Tier 1	
ORSYTHIA	\$0, Tier 1	
PHILITH	\$0, Tier 1	
PIMTREA	\$0, Tier 1	
PIRMELLA 1/35	\$0, Tier 1	
PORTIA-28	\$0, Tier 1	

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
PREVIFEM	\$0, Tier 1	
RECLIPSEN	\$0, Tier 1	
RIVELSA	\$0, Tier 1	
SETLAKIN	\$0, Tier 1	
SHAROBEL	\$0, Tier 1	
SIMLIYA	\$0, Tier 1	
SIMPESSE	\$0, Tier 1	
SPRINTEC 28	\$0, Tier 1	
SRONYX	\$0, Tier 1	
SYEDA	\$0, Tier 1	
TARINA 24 FE	\$0, Tier 1	
TARINA FE 1/20 EQ	\$0, Tier 1	
TILIA FE	\$0, Tier 1	
TRI-ESTARYLLA	\$0, Tier 1	
TRI-LEGEST FE	\$0, Tier 1	
TRI-LINYAH	\$0, Tier 1	
TRI-LO-ESTARYLLA	\$0, Tier 1	
TRI-LO-MARZIA	\$0, Tier 1	
TRI-LO-MILI	\$0, Tier 1	
TRI-LO-SPRINTEC	\$0, Tier 1	
TRI-MILI	\$0, Tier 1	
TRI-NYMYO	\$0, Tier 1	
TRI-PREVIFEM	\$0, Tier 1	
TRI-SPRINTEC	\$0, Tier 1	
TRIVORA (28)	\$0, Tier 1	
TRI-VYLIBRA	\$0, Tier 1	
TRI-VYLIBRA LO	\$0, Tier 1	
TULANA	\$0, Tier 1	
TYDEMY	\$0, Tier 1	
VELIVET	\$0, Tier 1	
VESTURA	\$0, Tier 1	
VIENVA	\$0, Tier 1	
<i>viorele</i>	\$0, Tier 1	
VYFEMLA	\$0, Tier 1	
VYLIBRA	\$0, Tier 1	
WERA	\$0, Tier 1	
WYMZYA FE	\$0, Tier 1	
XULANE	\$0, Tier 1	
ZAFEMY	\$0, Tier 1	
ZARAH	\$0, Tier 1	

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ZOVIA 1/35E (28)	\$0, Tier 1	
ZUMANDIMINE	\$0, Tier 1	
Endometriosis		
<i>danazol oral</i>	\$0, Tier 1	
SYNAREL	\$0, Tier 2	NDS
Estrogens		
AMABELZ	\$0, Tier 2	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	\$0, Tier 2	
DOTTI	\$0, Tier 2	
<i>estradiol oral</i>	\$0, Tier 2	
<i>estradiol transdermal</i>	\$0, Tier 2	
<i>estradiol vaginal</i>	\$0, Tier 1	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	\$0, Tier 1	
<i>estradiol-norethindrone acet</i>	\$0, Tier 2	
FYAVOLV	\$0, Tier 2	
JINTELI	\$0, Tier 2	
LOPREEZA ORAL TABLET 1-0.5 MG	\$0, Tier 2	
LYLLANA	\$0, Tier 2	
MIMVEY	\$0, Tier 2	
<i>norethindrone-eth estradiol</i>	\$0, Tier 2	
YUVAFEM	\$0, Tier 1	
Glucocorticoids		
<i>cortisone acetate oral</i>	\$0, Tier 1	
DEXAMETHASONE INTENSOL	\$0, Tier 2	
<i>dexamethasone oral elixir</i>	\$0, Tier 1	
<i>dexamethasone oral solution</i>	\$0, Tier 1	
<i>dexamethasone oral tablet</i>	\$0, Tier 1	
<i>dexamethasone sod phosphate pf injection solution</i>	\$0, Tier 1	
<i>dexamethasone sodium phosphate injection</i>	\$0, Tier 1	
<i>fludrocortisone acetate oral</i>	\$0, Tier 1	
<i>hydrocortisone oral</i>	\$0, Tier 1	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	\$0, Tier 1	B/D
<i>methylprednisolone oral tablet</i>	\$0, Tier 1	B/D
<i>methylprednisolone oral tablet therapy pack</i>	\$0, Tier 1	
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg</i>	\$0, Tier 1	B/D
<i>prednisolone oral solution</i>	\$0, Tier 1	B/D
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	\$0, Tier 1	B/D
PREDNISONE INTENSOL	\$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	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>prednisone oral solution</i>	\$0, Tier 1	B/D
<i>prednisone oral tablet</i>	\$0, Tier 1	B/D
<i>prednisone oral tablet therapy pack</i>	\$0, Tier 1	
SOLU-CORTEF	\$0, Tier 2	
Glucose Elevating Agents		
<i>diazoxide oral</i>	\$0, Tier 2	NDS
GVOKE HYPOPEN 2-PACK	\$0, Tier 2	
GVOKE PFS	\$0, Tier 2	
Miscellaneous		
ALDURAZYME	\$0, Tier 2	PA; LA; NDS
<i>cabergoline</i>	\$0, Tier 1	
CARBAGLU	\$0, Tier 2	PA; LA; NDS
CERDELGA	\$0, Tier 2	PA; NDS
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	\$0, Tier 2	PA; LA; NDS
<i>charcoal powder</i>	\$0, Tier 3	DP
CHEMSTRIP UGK STRIP IN VITRO	\$0, Tier 3	DP
<i>cinacalcet hcl oral tablet 30 mg</i>	\$0, Tier 1	B/D; QL (120 per 30 days)
<i>cinacalcet hcl oral tablet 60 mg</i>	\$0, Tier 2	B/D; QL (60 per 30 days); NDS
<i>cinacalcet hcl oral tablet 90 mg</i>	\$0, Tier 2	B/D; QL (120 per 30 days); NDS
CYSTADANE	\$0, Tier 2	LA; NDS
CYSTAGON	\$0, Tier 2	PA; LA
<i>desmopressin ace spray refrig</i>	\$0, Tier 1	
<i>desmopressin acetate injection</i>	\$0, Tier 2	NDS
<i>desmopressin acetate oral</i>	\$0, Tier 1	
<i>desmopressin acetate pf</i>	\$0, Tier 2	NDS
<i>desmopressin acetate spray</i>	\$0, Tier 1	
DIASCREEN 10	\$0, Tier 3	DP
DIASCREEN 1G STRIP	\$0, Tier 3	DP
DIASCREEN 2GK STRIP	\$0, Tier 3	DP
DIASCREEN 3	\$0, Tier 3	DP
DIASCREEN 4OBL	\$0, Tier 3	DP
DIASCREEN 5	\$0, Tier 3	DP
DIASCREEN 6	\$0, Tier 3	DP
DIASCREEN 7	\$0, Tier 3	DP
DIASCREEN 8	\$0, Tier 3	DP
DIASCREEN 9	\$0, Tier 3	DP
DIASTIX STRIP IN VITRO	\$0, Tier 3	DP
FABRAZYME	\$0, Tier 2	PA; LA; NDS
GENOTROPIN	\$0, Tier 2	PA; NDS

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
GENOTROPIN MINIQUICK	\$0, Tier 2	PA; NDS
INCRELEX	\$0, Tier 2	PA; LA; NDS
KETO-DIASTIX STRIP IN VITRO	\$0, Tier 3	DP
KORLYM	\$0, Tier 2	PA; LA; NDS
<i>levocarnitine oral solution</i>	\$0, Tier 1	B/D
<i>levocarnitine oral tablet</i>	\$0, Tier 1	B/D
LUMIZYME	\$0, Tier 2	PA; LA; NDS
LUPRON DEPOT-PED (1-MONTH)	\$0, Tier 2	PA; NDS
LUPRON DEPOT-PED (3-MONTH)	\$0, Tier 2	PA; NDS
<i>miglustat</i>	\$0, Tier 2	PA; QL (90 per 30 days); NDS
NAGLAZYME	\$0, Tier 2	PA; LA; NDS
<i>nitisinone</i>	\$0, Tier 2	PA; NDS
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	\$0, Tier 1	PA
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	\$0, Tier 2	PA; NDS
OSPHENA	\$0, Tier 2	PA
<i>raloxifene hcl</i>	\$0, Tier 1	
<i>sapropterin dihydrochloride oral packet</i>	\$0, Tier 2	PA; NDS
<i>sapropterin dihydrochloride oral tablet</i>	\$0, Tier 2	PA; NDS
SIGNIFOR	\$0, Tier 2	PA; LA; NDS
<i>sodium phenylbutyrate oral powder 3 gm/ tsp</i>	\$0, Tier 2	PA; NDS
<i>sodium phenylbutyrate oral tablet</i>	\$0, Tier 2	PA; NDS
SOMATULINE DEPOT	\$0, Tier 2	PA; NDS
SOMAVERT	\$0, Tier 2	PA; LA; NDS
STIMATE	\$0, Tier 2	NDS
Phosphate Binder Agents		
AURYXIA	\$0, Tier 2	PA; QL (360 per 30 days); NDS
<i>calcium acetate (phos binder)</i>	\$0, Tier 1	QL (360 per 30 days)
<i>sevelamer carbonate oral packet 0.8 gm</i>	\$0, Tier 2	QL (540 per 30 days); NDS
<i>sevelamer carbonate oral packet 2.4 gm</i>	\$0, Tier 2	QL (180 per 30 days); NDS
<i>sevelamer carbonate oral tablet</i>	\$0, Tier 1	QL (540 per 30 days)
Progestins		
<i>medroxyprogesterone acetate oral</i>	\$0, Tier 1	
<i>megestrol acetate oral suspension 40 mg/ml</i>	\$0, Tier 2	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	\$0, Tier 2	PA
<i>norethindrone acetate oral</i>	\$0, Tier 1	
Thyroid Agents		
EUTHYROX	\$0, Tier 1	
LEVO-T	\$0, Tier 1	
<i>levothyroxine sodium oral tablet</i>	\$0, Tier 1	

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
LEVOXYL	\$0, Tier 1	
<i>lithyronine sodium oral</i>	\$0, Tier 1	
<i>methimazole oral</i>	\$0, Tier 1	
<i>propylthiouracil oral</i>	\$0, Tier 1	
SYNTHROID	\$0, Tier 2	
UNITHROID	\$0, Tier 1	
Vitamin D Analogs		
<i>calcitriol intravenous solution 1 mcg/ml</i>	\$0, Tier 1	B/D
<i>calcitriol oral</i>	\$0, Tier 1	B/D
<i>paricalcitol oral</i>	\$0, Tier 1	B/D
RAYALDEE	\$0, Tier 2	NDS
GASTROINTESTINAL		
Antacids		
ALMACONE DOUBLE STRENGTH SUSPENSION 400-400-40 MG/5ML ORAL	\$0, Tier 3	DP
<i>aluminum hydroxide gel suspension 320 mg/5ml oral</i>	\$0, Tier 3	DP
<i>antacid anti-gas max strength suspension 400-400-40 mg/5ml oral</i>	\$0, Tier 3	DP
<i>antacid fast relief suspension 200-200-20 mg/5ml oral</i>	\$0, Tier 3	DP
<i>antacid maximum strength suspension 400-400-40 mg/5ml oral</i>	\$0, Tier 3	DP
<i>antacid plus anti-gas fast act suspension 200-200-20 mg/5ml oral</i>	\$0, Tier 3	DP
<i>antacid plus anti-gas relief suspension 200-200-20 mg/5ml oral</i>	\$0, Tier 3	DP
<i>antacid plus anti-gas relief suspension 400-400-40 mg/5ml oral</i>	\$0, Tier 3	DP
<i>antacid suspension 200-200-20 mg/5ml oral</i>	\$0, Tier 3	DP
<i>antacid suspension 400-400-40 mg/5ml oral</i>	\$0, Tier 3	DP
<i>antacid/simethicone ds suspension 400-400-40 mg/5ml oral</i>	\$0, Tier 3	DP
<i>fast acting antacid/anti-gas suspension 400-400-40 mg/5ml oral</i>	\$0, Tier 3	DP
<i>gnp antacid anti-gas suspension 200-200-20 mg/5ml oral</i>	\$0, Tier 3	DP
<i>hm advanced antacid max st suspension 400-400-40 mg/5ml oral</i>	\$0, Tier 3	DP
<i>hm antacid anti-gas ex st suspension 400-400-40 mg/5ml oral</i>	\$0, Tier 3	DP
<i>hm antacid/antigas suspension 200-200-20 mg/5ml oral</i>	\$0, Tier 3	DP
<i>mag-al plus liquid 200-200-20 mg/5ml oral</i>	\$0, Tier 3	DP
<i>mag-al plus xs liquid 400-400-40 mg/5ml oral</i>	\$0, Tier 3	DP
<i>magnesium oxide powder (otc)</i>	\$0, Tier 3	DP
<i>magnesium oxide tablet 400 mg oral</i>	\$0, Tier 3	DP
MI-ACID SUSPENSION 200-200-20 MG/5ML ORAL	\$0, Tier 3	DP
<i>milantex extra strength suspension 400-400-40 mg/5ml oral</i>	\$0, Tier 3	DP
<i>milantex suspension 200-200-20 mg/5ml oral</i>	\$0, Tier 3	DP
<i>mintox maximum strength suspension 400-400-40 mg/5ml oral</i>	\$0, Tier 3	DP
MINTOX PLUS TABLET CHEWABLE 200-200-25 MG ORAL	\$0, Tier 3	DP

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>qc antacid suspension 200-200-20 mg/5ml oral</i>	\$0, Tier 3	DP
<i>qc antacid/anti-gas suspension 200-200-20 mg/5ml oral</i>	\$0, Tier 3	DP
<i>qc antacid/anti-gas suspension 400-400-40 mg/5ml oral</i>	\$0, Tier 3	DP
<i>sb antacid anti-gas suspension 200-200-20 mg/5ml oral</i>	\$0, Tier 3	DP
<i>sm antacid advanced max st suspension 400-400-40 mg/5ml oral</i>	\$0, Tier 3	DP
<i>sm antacid anti-gas suspension 200-200-20 mg/5ml oral</i>	\$0, Tier 3	DP
<i>sm antacid/antigas suspension 200-200-20 mg/5ml oral</i>	\$0, Tier 3	DP
<i>sodium bicarbonate powder oral (otc)</i>	\$0, Tier 3	DP
URO-MAG CAPSULE 140 MG ORAL	\$0, Tier 3	DP
Anti-Diarrheal		
<i>anti-diarrheal tablet 2 mg oral</i>	\$0, Tier 3	DP
<i>bismatrol suspension 262 mg/15ml oral</i>	\$0, Tier 3	DP
<i>bismatrol tablet chewable 262 mg oral</i>	\$0, Tier 3	DP
<i>bismuth tablet chewable 262 mg oral</i>	\$0, Tier 3	DP
<i>gnp anti-diarrheal tablet 2 mg oral</i>	\$0, Tier 3	DP
<i>gnp k-pec suspension 262 mg/15ml oral</i>	\$0, Tier 3	DP
<i>gnp pink bismuth tablet 262 mg oral</i>	\$0, Tier 3	DP
<i>gnp pink bismuth tablet chewable 262 mg oral</i>	\$0, Tier 3	DP
<i>gnp stomach relief suspension 262 mg/15ml oral</i>	\$0, Tier 3	DP
<i>hm anti-diarrheal tablet 2 mg oral</i>	\$0, Tier 3	DP
<i>hm loperamide hcl capsule 2 mg oral</i>	\$0, Tier 3	DP
<i>hm stomach relief suspension 262 mg/15ml oral</i>	\$0, Tier 3	DP
<i>hm stomach relief tablet chewable 262 mg oral</i>	\$0, Tier 3	DP
<i>medi-bismuth tablet chewable 262 mg oral</i>	\$0, Tier 3	DP
<i>pectin powder (otc)</i>	\$0, Tier 3	DP
<i>peptic relief tablet chewable 262 mg oral</i>	\$0, Tier 3	DP
<i>qc anti-diarrheal tablet 2 mg oral</i>	\$0, Tier 3	DP
<i>qc diarrhea relief suspension 262 mg/15ml oral</i>	\$0, Tier 3	DP
<i>qc pink bismuth tablet chewable 262 mg oral</i>	\$0, Tier 3	DP
<i>sm anti-diarrheal capsule 2 mg oral</i>	\$0, Tier 3	DP
<i>sm anti-diarrheal tablet 2 mg oral</i>	\$0, Tier 3	DP
<i>sm stomach relief tablet 262 mg oral</i>	\$0, Tier 3	DP
<i>sm stomach relief tablet chewable 262 mg oral</i>	\$0, Tier 3	DP
<i>stomach relief suspension 262 mg/15ml oral</i>	\$0, Tier 3	DP
Antiemetics		
<i>aprepitant oral capsule</i>	\$0, Tier 1	B/D
COMPRO	\$0, Tier 1	
<i>dronabinol</i>	\$0, Tier 1	B/D; QL (60 per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED	\$0, Tier 2	B/D
<i>granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml</i>	\$0, Tier 1	

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>granisetron hcl oral</i>	\$0, Tier 1	B/D
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	\$0, Tier 2	
<i>metoclopramide hcl injection</i>	\$0, Tier 1	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	\$0, Tier 1	
<i>metoclopramide hcl oral tablet</i>	\$0, Tier 1	
<i>ondansetron</i>	\$0, Tier 1	B/D
<i>ondansetron hcl injection</i>	\$0, Tier 1	
<i>ondansetron hcl oral</i>	\$0, Tier 1	B/D
<i>prochlorperazine</i>	\$0, Tier 1	
<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>	\$0, Tier 1	
<i>prochlorperazine maleate oral</i>	\$0, Tier 1	
<i>promethazine hcl injection</i>	\$0, Tier 2	PA
<i>promethazine hcl oral syrup</i>	\$0, Tier 2	PA
<i>promethazine hcl oral tablet</i>	\$0, Tier 2	PA
<i>scopolamine</i>	\$0, Tier 2	PA; QL (10 per 30 days)
Antispasmodics		
<i>dicyclomine hcl oral</i>	\$0, Tier 2	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	\$0, Tier 1	
H2-Receptor Antagonists		
<i>famotidine intravenous solution 20 mg/2ml, 200 mg/20ml, 40 mg/4ml</i>	\$0, Tier 1	
<i>famotidine oral suspension reconstituted</i>	\$0, Tier 1	QL (300 per 30 days)
<i>famotidine oral tablet 20 mg</i>	\$0, Tier 1	QL (120 per 30 days)
<i>famotidine oral tablet 40 mg</i>	\$0, Tier 1	QL (60 per 30 days)
<i>famotidine premixed</i>	\$0, Tier 1	
<i>nizatidine oral capsule</i>	\$0, Tier 1	
Inflammatory Bowel Disease		
<i>balsalazide disodium</i>	\$0, Tier 1	
<i>budesonide er oral tablet extended release 24 hour</i>	\$0, Tier 2	NDS
<i>budesonide oral</i>	\$0, Tier 1	
<i>hydrocortisone rectal enema</i>	\$0, Tier 1	
<i>mesalamine er</i>	\$0, Tier 1	QL (120 per 30 days)
<i>mesalamine oral capsule delayed release</i>	\$0, Tier 1	QL (180 per 30 days)
<i>mesalamine oral tablet delayed release 1.2 gm</i>	\$0, Tier 1	QL (120 per 30 days)
<i>mesalamine rectal</i>	\$0, Tier 1	
<i>mesalamine-cleanser</i>	\$0, Tier 1	
<i>sulfasalazine oral</i>	\$0, Tier 1	
Laxatives		
<i>bisacodyl ec tablet delayed release 5 mg oral</i>	\$0, Tier 3	DP
<i>bisacodyl suppository 10 mg rectal</i>	\$0, Tier 3	DP

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>constulose</i>	\$0, Tier 1	
<i>docu liquid 50 mg/5ml oral</i>	\$0, Tier 3	DP
<i>docu soft capsule 100 mg oral</i>	\$0, Tier 3	DP
<i>docusate sodium capsule 100 mg oral</i>	\$0, Tier 3	DP
<i>docusate sodium liquid 50 mg/5ml oral</i>	\$0, Tier 3	DP
DOCUSIL CAPSULE 100 MG ORAL	\$0, Tier 3	DP
DOCUSOL MINI ENEMA 283 MG/5ML RECTAL	\$0, Tier 3	DP
<i>ducodyl tablet delayed release 5 mg oral</i>	\$0, Tier 3	DP
ENEMEEZ MINI ENEMA 283 MG/5ML RECTAL	\$0, Tier 3	DP
ENEMEEZ PLUS ENEMA 20-283 MG RECTAL	\$0, Tier 3	DP
<i>enulose</i>	\$0, Tier 1	
<i>epsom salt granules oral</i>	\$0, Tier 3	DP
<i>epsom salt powder</i>	\$0, Tier 3	DP
GAVILYTE-C	\$0, Tier 1	
GAVILYTE-G	\$0, Tier 1	
GAVILYTE-N WITH FLAVOR PACK	\$0, Tier 1	
<i>generlac</i>	\$0, Tier 1	
<i>gentle laxative suppository 10 mg rectal</i>	\$0, Tier 3	DP
<i>gentle laxative tablet delayed release 5 mg oral</i>	\$0, Tier 3	DP
<i>glycerin (infants & children) suppository 1 gm rectal</i>	\$0, Tier 3	DP
GNP BISA-LAX TABLET DELAYED RELEASE 5 MG ORAL	\$0, Tier 3	DP
<i>gnp glycerin child suppository 1.2 gm rectal</i>	\$0, Tier 3	DP
<i>gnp laxative pills tablet 25 mg oral</i>	\$0, Tier 3	DP
<i>gnp laxative suppository 10 mg rectal</i>	\$0, Tier 3	DP
<i>gnp laxative tablet delayed release 5 mg oral</i>	\$0, Tier 3	DP
<i>gnp natural fiber powder 28.3 % oral</i>	\$0, Tier 3	DP
<i>gnp senna-lax tablet 8.6 mg oral</i>	\$0, Tier 3	DP
<i>gnp stool softener capsule 100 mg oral</i>	\$0, Tier 3	DP
<i>gnp stool softener capsule 250 mg oral</i>	\$0, Tier 3	DP
<i>gnp stool softener liquid 50 mg/5ml oral</i>	\$0, Tier 3	DP
<i>gnp stool softener syrup 60 mg/15ml oral</i>	\$0, Tier 3	DP
GOLYTELY	\$0, Tier 2	
<i>hm epsom salt granules oral</i>	\$0, Tier 3	DP
<i>hm stool softener capsule 100 mg oral</i>	\$0, Tier 3	DP
<i>hm stool softener capsule 250 mg oral</i>	\$0, Tier 3	DP
<i>lactulose encephalopathy</i>	\$0, Tier 1	
<i>lactulose oral solution 10 gm/15ml</i>	\$0, Tier 1	
<i>medi-natural plus tablet 8.6-50 mg oral</i>	\$0, Tier 3	DP
<i>medi-natural tablet 8.6 mg oral</i>	\$0, Tier 3	DP
<i>mineral oil heavy oil (otc)</i>	\$0, Tier 3	DP

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<i>mineral oil light oil (otc)</i>	\$0, Tier 3	DP
<i>mineral oil oil (otc)</i>	\$0, Tier 3	DP
<i>natural fiber therapy powder 28.3 % oral</i>	\$0, Tier 3	DP
NULYTELY LEMON-LIME	\$0, Tier 2	
PEDIA-LAX LIQUID 50 MG/15ML ORAL	\$0, Tier 3	DP
<i>peg 3350-kcl-na bicarb-nacl</i>	\$0, Tier 1	
<i>peg-3350/electrolytes</i>	\$0, Tier 1	
PLENVU	\$0, Tier 2	
<i>qc docusate calcium capsule 240 mg oral</i>	\$0, Tier 3	DP
<i>qc epsom salt granules oral</i>	\$0, Tier 3	DP
<i>qc gentle laxative suppository 10 mg rectal</i>	\$0, Tier 3	DP
<i>qc natural vegetable laxative tablet 8.6 mg oral</i>	\$0, Tier 3	DP
<i>qc natural vegetable powder 95 % oral</i>	\$0, Tier 3	DP
<i>qc senna tablet 8.6 mg oral</i>	\$0, Tier 3	DP
<i>qc senna-s tablet 8.6-50 mg oral</i>	\$0, Tier 3	DP
<i>ra epsom salt granules oral</i>	\$0, Tier 3	DP
<i>ra epsom salt lavender granules</i>	\$0, Tier 3	DP
<i>ra glycerin child suppository 80.7 % rectal</i>	\$0, Tier 3	DP
REGULOID POWDER 28.3 % ORAL	\$0, Tier 3	DP
REGULOID POWDER 48.57 % ORAL	\$0, Tier 3	DP
REGULOID POWDER 58.6 % ORAL	\$0, Tier 3	DP
<i>sb docusate sodium capsule 100 mg oral</i>	\$0, Tier 3	DP
<i>sb docusate sodium/senna tablet 8.6-50 mg oral</i>	\$0, Tier 3	DP
<i>sb fib lax orange powder 33 % oral</i>	\$0, Tier 3	DP
<i>sb laxative suppository 10 mg rectal</i>	\$0, Tier 3	DP
<i>senna syrup 8.8 mg/5ml oral (otc)</i>	\$0, Tier 3	DP
<i>senna-s tablet 8.6-50 mg oral</i>	\$0, Tier 3	DP
<i>senna-tabs tablet 8.6 mg oral</i>	\$0, Tier 3	DP
<i>senna-time s tablet 8.6-50 mg oral</i>	\$0, Tier 3	DP
<i>senna-time tablet 8.6 mg oral</i>	\$0, Tier 3	DP
SENNO TABLET 8.6 MG ORAL	\$0, Tier 3	DP
<i>sennosides-docusate sodium tablet 8.6-50 mg oral</i>	\$0, Tier 3	DP
<i>silace liquid 150 mg/15ml oral</i>	\$0, Tier 3	DP
<i>silace syrup 60 mg/15ml oral</i>	\$0, Tier 3	DP
<i>sm fiber powder 28.3 % oral</i>	\$0, Tier 3	DP
<i>sm fiber powder 48.57 % oral</i>	\$0, Tier 3	DP
<i>sm fiber powder 58.6 % oral</i>	\$0, Tier 3	DP
<i>sm laxative suppository 10 mg rectal</i>	\$0, Tier 3	DP
<i>sm stool softener capsule 100 mg oral</i>	\$0, Tier 3	DP
<i>stool softener capsule 100 mg oral</i>	\$0, Tier 3	DP

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<i>stool softener laxative tablet 8.6-50 mg oral</i>	\$0, Tier 3	DP
SUPREP BOWEL PREP KIT	\$0, Tier 2	
<i>womans laxative tablet delayed release 5 mg oral</i>	\$0, Tier 3	DP
Miscellaneous		
<i>alosetron hcl oral tablet 0.5 mg</i>	\$0, Tier 1	PA; QL (60 per 30 days)
<i>alosetron hcl oral tablet 1 mg</i>	\$0, Tier 2	PA; QL (60 per 30 days); NDS
<i>cromolyn sodium oral</i>	\$0, Tier 1	
<i>diphenoxylate-atropine oral liquid</i>	\$0, Tier 2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	\$0, Tier 2	
GATTEX	\$0, Tier 2	PA; LA; NDS
LINZESS	\$0, Tier 2	QL (30 per 30 days)
<i>loperamide hcl oral capsule</i>	\$0, Tier 1	
<i>misoprostol oral</i>	\$0, Tier 1	
MOVANTIK ORAL TABLET 12.5 MG	\$0, Tier 2	QL (60 per 30 days)
MOVANTIK ORAL TABLET 25 MG	\$0, Tier 2	QL (30 per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION	\$0, Tier 2	PA; NDS
<i>sucrafate oral tablet</i>	\$0, Tier 1	
TRULANCE	\$0, Tier 2	QL (30 per 30 days)
<i>ursodiol oral capsule 300 mg</i>	\$0, Tier 1	
<i>ursodiol oral tablet</i>	\$0, Tier 1	
XIFAXAN ORAL TABLET 550 MG	\$0, Tier 2	PA; NDS
Pancreatic Enzymes		
CREON	\$0, Tier 2	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	\$0, Tier 2	
Proton Pump Inhibitors		
DEXILANT	\$0, Tier 2	QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule delayed release</i>	\$0, Tier 1	ST; QL (30 per 30 days)
<i>lansoprazole oral capsule delayed release</i>	\$0, Tier 1	QL (60 per 30 days)
<i>omeprazole oral capsule delayed release</i>	\$0, Tier 1	
<i>pantoprazole sodium intravenous</i>	\$0, Tier 1	
<i>pantoprazole sodium oral tablet delayed release</i>	\$0, Tier 1	
<i>rabeprazole sodium oral tablet delayed release</i>	\$0, Tier 1	QL (30 per 30 days)
GENITOURINARY		
Benign Prostatic Hyperplasia		
<i>alfuzosin hcl er</i>	\$0, Tier 1	QL (30 per 30 days)
<i>dutasteride oral</i>	\$0, Tier 1	QL (30 per 30 days)
<i>dutasteride-tamsulosin hcl</i>	\$0, Tier 1	QL (30 per 30 days)
<i>finasteride oral tablet 5 mg</i>	\$0, Tier 1	

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>tamsulosin hcl</i>	\$0, Tier 1	
Miscellaneous		
<i>acetic acid irrigation</i>	\$0, Tier 1	
<i>bethanechol chloride oral</i>	\$0, Tier 1	
<i>potassium citrate er</i>	\$0, Tier 1	
<i>potassium citrate granules (otc)</i>	\$0, Tier 3	DP
Urinary Antispasmodics		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	\$0, Tier 2	QL (30 per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	\$0, Tier 1	QL (60 per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	\$0, Tier 1	QL (30 per 30 days)
<i>oxybutynin chloride oral</i>	\$0, Tier 1	
<i>solifenacin succinate</i>	\$0, Tier 1	QL (30 per 30 days)
<i>tolterodine tartrate</i>	\$0, Tier 1	ST; QL (60 per 30 days)
<i>tolterodine tartrate er</i>	\$0, Tier 1	ST; QL (30 per 30 days)
TOVIAZ	\$0, Tier 2	QL (30 per 30 days)
<i>tropium chloride</i>	\$0, Tier 1	QL (60 per 30 days)
Vaginal Anti-Infectives		
<i>3 day vaginal cream 2 % vaginal</i>	\$0, Tier 3	DP
<i>clindamycin phosphate vaginal</i>	\$0, Tier 1	
<i>clotrimazole cream 1 % vaginal</i>	\$0, Tier 3	DP
<i>gnp clotrimazole 3 cream 2 % vaginal</i>	\$0, Tier 3	DP
<i>gnp miconazole 3 kit 200 & 2 mg-% (9gm) vaginal</i>	\$0, Tier 3	DP
<i>gnp miconazole 7 cream 2 % vaginal</i>	\$0, Tier 3	DP
<i>metronidazole vaginal</i>	\$0, Tier 1	
<i>miconazole 3 applicator kit 200 & 2 mg-% (9gm) vaginal</i>	\$0, Tier 3	DP
<i>miconazole 3 combo-supp kit 200 & 2 mg-% (9gm) vaginal</i>	\$0, Tier 3	DP
<i>miconazole 7 cream 2 % vaginal</i>	\$0, Tier 3	DP
<i>miconazole 7 suppository 100 mg vaginal</i>	\$0, Tier 3	DP
<i>miconazole nitrate cream 2 % vaginal</i>	\$0, Tier 3	DP
<i>qc miconazole 7 cream 2 % vaginal</i>	\$0, Tier 3	DP
<i>sm 3-day vaginal cream 2 % vaginal</i>	\$0, Tier 3	DP
<i>sm clotrimazole vaginal cream 1 % vaginal</i>	\$0, Tier 3	DP
<i>sm miconazole 3 applicator kit 200 & 2 mg-% (9gm) vaginal</i>	\$0, Tier 3	DP
<i>sm miconazole 3 kit 200 & 2 mg-% (9gm) vaginal</i>	\$0, Tier 3	DP
<i>sm miconazole 7 cream 2 % vaginal</i>	\$0, Tier 3	DP
<i>sm miconazole 7 suppository 100 mg vaginal</i>	\$0, Tier 3	DP
<i>terconazole</i>	\$0, Tier 1	
VANDAZOLE	\$0, Tier 1	

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DRUG NAME	COST	NECESSARY ACTIONS, RESTRICTIONS AND TIER OR LIMITS ON USE
HEMATOLOGIC		
Anticoagulants		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	\$0, Tier 2	QL (74 per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	\$0, Tier 2	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	\$0, Tier 2	QL (74 per 30 days)
<i>enoxaparin sodium</i>	\$0, Tier 1	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	\$0, Tier 2	NDS
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	\$0, Tier 1	
<i>heparin (porcine) in nacl intravenous solution 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%</i>	\$0, Tier 2	
<i>heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%</i>	\$0, Tier 1	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	\$0, Tier 1	B/D
JANTOVEN	\$0, Tier 1	
<i>warfarin sodium oral</i>	\$0, Tier 1	
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	\$0, Tier 2	QL (30 per 30 days)
XARELTO ORAL TABLET 2.5 MG	\$0, Tier 2	QL (60 per 30 days)
XARELTO STARTER PACK	\$0, Tier 2	QL (51 per 30 days)
Hematopoietic Growth Factors		
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	\$0, Tier 2	PA
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	\$0, Tier 2	PA; NDS
ZARXIO	\$0, Tier 2	PA; NDS
Iron		
EZFE 200 CAPSULE 434.8 (200 FE) MG ORAL	\$0, Tier 3	DP
FERAHEME SOLUTION 510 MG/17ML INTRAVENOUS	\$0, Tier 3	DP
FERATE TABLET 240 (27 FE) MG ORAL	\$0, Tier 3	DP
FEROSUL ELIXIR 220 (44 FE) MG/5ML ORAL	\$0, Tier 3	DP
FEROSUL TABLET 325 (65 FE) MG ORAL	\$0, Tier 3	DP
<i>ferretts ips solution 40 mg/15ml oral</i>	\$0, Tier 3	DP
<i>ferretts tablet 325 (106 fe) mg oral</i>	\$0, Tier 3	DP
FERREX 150 CAPSULE 150 MG ORAL	\$0, Tier 3	DP
FERRIMIN 150 TABLET 150 MG ORAL	\$0, Tier 3	DP
<i>ferrous fumarate tablet 324 (106 fe) mg oral</i>	\$0, Tier 3	DP
<i>ferrous gluconate tablet 324 (37.5 fe) mg oral</i>	\$0, Tier 3	DP
<i>ferrous gluconate tablet 324 (38 fe) mg oral</i>	\$0, Tier 3	DP
<i>ferrous sulfate elixir 220 (44 fe) mg/5ml oral</i>	\$0, Tier 3	DP
<i>ferrous sulfate powder (otc)</i>	\$0, Tier 3	DP

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<i>ferrous sulfate solution 75 (15 fe) mg/ml oral</i>	\$0, Tier 3	DP
<i>ferrous sulfate syrup 300 (60 fe) mg/5ml oral</i>	\$0, Tier 3	DP
<i>ferrous sulfate tablet 325 (65 fe) mg oral</i>	\$0, Tier 3	DP
<i>ferrous sulfate tablet delayed release 324 (65 fe) mg oral</i>	\$0, Tier 3	DP
<i>ferrous sulfate tablet delayed release 325 (65 fe) mg oral</i>	\$0, Tier 3	DP
<i>ferrousul tablet 325 (65 fe) mg oral</i>	\$0, Tier 3	DP
FOLITAB 500 TABLET EXTENDED RELEASE 105-500-0.8 MG ORAL	\$0, Tier 3	DP
FUSION CAPSULE 65-65-25-30 MG ORAL	\$0, Tier 3	DP
<i>gnp iron tablet 200 (65 fe) mg oral</i>	\$0, Tier 3	DP
<i>gnp iron tablet extended release 142 (45 fe) mg oral</i>	\$0, Tier 3	DP
<i>gnp slow release iron tablet extended release 47.5 mg oral</i>	\$0, Tier 3	DP
<i>hm iron tablet 200 (65 fe) mg oral</i>	\$0, Tier 3	DP
INTEGRA CAPSULE 62.5-62.5-40-3 MG ORAL	\$0, Tier 3	DP
<i>iron 100 plus tablet 100-250-0.025-1 mg oral</i>	\$0, Tier 3	DP
<i>iron 100/c tablet 100-250 mg oral</i>	\$0, Tier 3	DP
<i>iron tablet 240 (27 fe) mg oral</i>	\$0, Tier 3	DP
<i>na ferric gluc cplx in sucrose solution 12.5 mg/ml intravenous</i>	\$0, Tier 3	DP
NOVAFERRUM 50 CAPSULE 50 MG ORAL	\$0, Tier 3	DP
NOVAFERRUM LIQUID 125 MG/5ML ORAL	\$0, Tier 3	DP
NOVAFERRUM PEDIATRIC DROPS LIQUID 15 MG/ML ORAL	\$0, Tier 3	DP
NU-IRON CAPSULE 150 MG ORAL	\$0, Tier 3	DP
POLY-IRON 150 CAPSULE 150 MG ORAL	\$0, Tier 3	DP
PROFE CAPSULE 391.3 (180 FE) MG ORAL	\$0, Tier 3	DP
<i>sm iron slow release tablet extended release 160 (50 fe) mg oral</i>	\$0, Tier 3	DP
<i>sm iron tablet 325 (65 fe) mg oral</i>	\$0, Tier 3	DP
<i>sm slow release iron tablet extended release 143 (45 fe) mg oral</i>	\$0, Tier 3	DP
VENOFER SOLUTION 20 MG/ML INTRAVENOUS	\$0, Tier 3	DP
<i>wee care suspension 15 mg/1.25ml oral</i>	\$0, Tier 3	DP
Miscellaneous		
<i>anagrelide hcl</i>	\$0, Tier 1	
BERINERT	\$0, Tier 2	PA; LA; QL (24 per 30 days); NDS
<i>cilostazol</i>	\$0, Tier 1	
DOPTELET	\$0, Tier 2	PA; LA; NDS
DROXIA	\$0, Tier 2	
ENDARI	\$0, Tier 2	PA; LA; NDS
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	\$0, Tier 2	PA; LA; QL (30 per 30 days); NDS
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	\$0, Tier 2	PA; LA; QL (20 per 30 days); NDS
<i>icatibant acetate</i>	\$0, Tier 2	PA; QL (27 per 30 days); NDS

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>pentoxifylline er</i>	\$0, Tier 1	
PROMACTA ORAL PACKET 12.5 MG	\$0, Tier 2	PA; LA; QL (360 per 30 days); NDS
PROMACTA ORAL PACKET 25 MG	\$0, Tier 2	PA; LA; QL (180 per 30 days); NDS
PROMACTA ORAL TABLET 12.5 MG, 25 MG	\$0, Tier 2	PA; LA; QL (30 per 30 days); NDS
PROMACTA ORAL TABLET 50 MG, 75 MG	\$0, Tier 2	PA; LA; QL (60 per 30 days); NDS
<i>tranexamic acid intravenous solution 1000 mg/10ml</i>	\$0, Tier 1	
<i>tranexamic acid oral</i>	\$0, Tier 1	
Platelet Aggregation Inhibitors		
<i>aspirin-dipyridamole er</i>	\$0, Tier 1	
BRILINTA	\$0, Tier 2	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	\$0, Tier 1	
<i>dipyridamole oral</i>	\$0, Tier 2	PA
<i>prasugrel hcl</i>	\$0, Tier 1	
IMMUNOLOGIC AGENTS		
Autoimmune Agents		
ENBREL MINI	\$0, Tier 2	PA; QL (8 per 28 days); NDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	\$0, Tier 2	PA; QL (8 per 28 days); NDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	\$0, Tier 2	PA; QL (8.16 per 28 days); NDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	\$0, Tier 2	PA; QL (8 per 28 days); NDS
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	\$0, Tier 2	PA; QL (16 per 28 days); NDS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	\$0, Tier 2	PA; QL (8 per 28 days); NDS
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	\$0, Tier 2	PA; NDS
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	\$0, Tier 2	PA; QL (6 per 28 days); NDS
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	\$0, Tier 2	PA; QL (4 per 28 days); NDS
HUMIRA PEN-CD/UC/HS STARTER	\$0, Tier 2	PA; NDS
HUMIRA PEN-PEDIATRIC UC START	\$0, Tier 2	PA; NDS
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	\$0, Tier 2	PA; NDS
HUMIRA PEN-PSOR/UEVIT STARTER	\$0, Tier 2	PA; NDS
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	\$0, Tier 2	PA; QL (2 per 28 days); NDS
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	\$0, Tier 2	PA; QL (6 per 28 days); NDS
REMICADE	\$0, Tier 2	PA; NDS
RENFLEXIS	\$0, Tier 2	PA; LA; NDS
RINVOQ	\$0, Tier 2	PA; QL (30 per 30 days); NDS

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
SKYRIZI	\$0, Tier 2	PA; QL (7 per 365 days); NDS
SKYRIZI (150 MG DOSE)	\$0, Tier 2	PA; QL (7 per 365 days); NDS
SKYRIZI PEN	\$0, Tier 2	PA; QL (7 per 365 days); NDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	\$0, Tier 2	PA; LA; QL (0.5 per 28 days); NDS
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	\$0, Tier 2	PA; QL (0.5 per 28 days); NDS
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	\$0, Tier 2	PA; QL (1 per 28 days); NDS
TALTZ	\$0, Tier 2	PA; LA; QL (3 per 28 days); NDS
XELJANZ ORAL SOLUTION	\$0, Tier 2	PA; QL (240 per 24 days); NDS
XELJANZ ORAL TABLET	\$0, Tier 2	PA; QL (60 per 30 days); NDS
XELJANZ XR	\$0, Tier 2	PA; QL (30 per 30 days); NDS
Disease-Modifying Anti-Rheumatic Drugs (Dmards)		
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	\$0, Tier 1	
<i>leflunomide oral</i>	\$0, Tier 1	QL (30 per 30 days)
<i>methotrexate oral</i>	\$0, Tier 1	
XATMEP	\$0, Tier 2	B/D
Immunoglobulins		
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML	\$0, Tier 2	PA; NDS
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	\$0, Tier 2	PA; NDS
GAMASTAN	\$0, Tier 2	B/D
GAMMAGARD	\$0, Tier 2	PA; NDS
GAMMAGARD S/D LESS IGA	\$0, Tier 2	PA; NDS
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	\$0, Tier 2	PA; NDS
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	\$0, Tier 2	PA; NDS
GAMUNEX-C	\$0, Tier 2	PA; NDS
OCTAGAM	\$0, Tier 2	PA; NDS
PANZYGA	\$0, Tier 2	PA; NDS
PRIVIGEN	\$0, Tier 2	PA; NDS
Immunomodulators		
ACTIMMUNE	\$0, Tier 2	PA; LA; NDS
ARCALYST	\$0, Tier 2	PA; NDS
INTRON A	\$0, Tier 2	B/D; NDS
Immunosuppressants		
<i>azathioprine oral</i>	\$0, Tier 1	B/D
BENLYSTA	\$0, Tier 2	PA; NDS
<i>cyclosporine intravenous</i>	\$0, Tier 1	B/D

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>cyclosporine modified</i>	\$0, Tier 1	B/D
<i>cyclosporine oral capsule</i>	\$0, Tier 1	B/D
<i>everolimus oral tablet 0.25 mg</i>	\$0, Tier 1	B/D
<i>everolimus oral tablet 0.5 mg, 0.75 mg</i>	\$0, Tier 2	B/D; NDS
GENGRAF ORAL CAPSULE 100 MG, 25 MG	\$0, Tier 1	B/D
GENGRAF ORAL SOLUTION	\$0, Tier 1	B/D
<i>mycophenolate mofetil oral capsule</i>	\$0, Tier 1	B/D
<i>mycophenolate mofetil oral suspension reconstituted</i>	\$0, Tier 2	B/D; NDS
<i>mycophenolate mofetil oral tablet</i>	\$0, Tier 1	B/D
<i>mycophenolate sodium</i>	\$0, Tier 1	B/D
NULOJIX	\$0, Tier 2	B/D; NDS
PROGRAF ORAL PACKET	\$0, Tier 2	B/D
SANDIMMUNE ORAL SOLUTION	\$0, Tier 2	B/D
<i>sirolimus oral solution</i>	\$0, Tier 2	B/D; NDS
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	\$0, Tier 1	B/D
<i>sirolimus oral tablet 2 mg</i>	\$0, Tier 2	B/D; NDS
<i>tacrolimus oral</i>	\$0, Tier 1	B/D
ZORTRESS ORAL TABLET 1 MG	\$0, Tier 2	B/D; NDS
Vaccines		
ACTHIB	\$0, Tier 2	
ADACEL	\$0, Tier 2	
<i>bcg vaccine</i>	\$0, Tier 2	
BEXSERO	\$0, Tier 2	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 , 5-2.5-18.5 (0.5ML SYRINGE)	\$0, Tier 2	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	\$0, Tier 2	
<i>diphtheria-tetanus toxoids dt</i>	\$0, Tier 2	B/D
ENGERIX-B INJECTION	\$0, Tier 2	B/D
GARDASIL 9	\$0, Tier 2	
HAVRIX	\$0, Tier 2	
HIBERIX INJECTION	\$0, Tier 2	
IMOVAX RABIES	\$0, Tier 2	B/D
INFANRIX	\$0, Tier 2	
IPOL	\$0, Tier 2	
IXIARO	\$0, Tier 2	
KINRIX INTRAMUSCULAR SUSPENSION	\$0, Tier 2	
MENACTRA INTRAMUSCULAR INJECTABLE	\$0, Tier 2	
MENQUADFI INTRAMUSCULAR INJECTABLE	\$0, Tier 2	
MENVEO	\$0, Tier 2	
M-M-R II INJECTION	\$0, Tier 2	

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
PEDIARIX	\$0, Tier 2	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	\$0, Tier 2	
PENTACEL	\$0, Tier 2	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	\$0, Tier 2	
QUADRACEL	\$0, Tier 2	
RABAVERT	\$0, Tier 2	B/D
RECOMBIVAX HB	\$0, Tier 2	B/D
ROTARIX	\$0, Tier 2	
ROTATEQ ORAL SOLUTION	\$0, Tier 2	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	\$0, Tier 2	QL (2 per 999 days)
TDVAX	\$0, Tier 2	B/D
TENIVAC	\$0, Tier 2	B/D
TRUMENBA	\$0, Tier 2	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0, Tier 2	
TYPHIM VI	\$0, Tier 2	
VAQTA	\$0, Tier 2	
VARIVAX	\$0, Tier 2	
YF-VAX	\$0, Tier 2	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	\$0, Tier 2	QL (1 per 999 days)
MISCELLANEOUS		
Miscellaneous		
<i>acacia powder (otc)</i>	\$0, Tier 3	DP
<i>acesulfame potassium powder (otc)</i>	\$0, Tier 3	DP
<i>acetic acid glacial solution 99 % (otc)</i>	\$0, Tier 3	DP
<i>acetic acid solution 3 %</i>	\$0, Tier 3	DP
<i>acetyl-L-carnitine hcl powder (otc)</i>	\$0, Tier 3	DP
<i>almond oil (sweet) oil (otc)</i>	\$0, Tier 3	DP
<i>aloe vera powder (otc)</i>	\$0, Tier 3	DP
<i>alum ammonium powder</i>	\$0, Tier 3	DP
<i>ascorbyl palmitate powder (otc)</i>	\$0, Tier 3	DP
<i>banana concentrate liquid (otc)</i>	\$0, Tier 3	DP
<i>benzyl alcohol liquid (otc)</i>	\$0, Tier 3	DP
<i>betaine anhydrous powder (otc)</i>	\$0, Tier 3	DP
<i>bioflavonoid citrus powder</i>	\$0, Tier 3	DP
<i>biotin-d powder</i>	\$0, Tier 3	DP
<i>bismuth subcarbonate powder (otc)</i>	\$0, Tier 3	DP
<i>boric acid topical powder</i>	\$0, Tier 3	DP
BUFFER CREAM POWDER	\$0, Tier 3	DP

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>butylparaben powder (otc)</i>	\$0, Tier 3	DP
<i>calcium citrate tetrahydrate powder (otc)</i>	\$0, Tier 3	DP
<i>calcium hydroxide powder (otc)</i>	\$0, Tier 3	DP
<i>calcium saccharate powder</i>	\$0, Tier 3	DP
CARBOGEL 940 GEL (OTC)	\$0, Tier 3	DP
CARBOHOL 940 GEL (OTC)	\$0, Tier 3	DP
<i>carbomer homopolymer type c powder</i>	\$0, Tier 3	DP
<i>carboxymethylcellulose sodium powder (otc)</i>	\$0, Tier 3	DP
<i>cetyl alcohol flakes (otc)</i>	\$0, Tier 3	DP
<i>cherry concentrate concentrate oral</i>	\$0, Tier 3	DP
<i>cherry concentrate syrup oral</i>	\$0, Tier 3	DP
<i>cherry syrup oral (otc)</i>	\$0, Tier 3	DP
<i>chloroform solution (otc)</i>	\$0, Tier 3	DP
<i>chocolate concentrate concentrate</i>	\$0, Tier 3	DP
<i>cholesterol powder (otc)</i>	\$0, Tier 3	DP
<i>chrysin powder (otc)</i>	\$0, Tier 3	DP
<i>citric acid anhydrous granules (otc)</i>	\$0, Tier 3	DP
<i>citric acid anhydrous powder (otc)</i>	\$0, Tier 3	DP
<i>clove oil oil (otc)</i>	\$0, Tier 3	DP
<i>coal tar solution 20 % (otc)</i>	\$0, Tier 3	DP
<i>cocoa butter (otc)</i>	\$0, Tier 3	DP
<i>coconut oil oil (otc)</i>	\$0, Tier 3	DP
<i>coenzyme q10 powder (otc)</i>	\$0, Tier 3	DP
<i>collodion flexible liquid external (otc)</i>	\$0, Tier 3	DP
<i>collodion liquid (otc)</i>	\$0, Tier 3	DP
<i>corn starch powder (otc)</i>	\$0, Tier 3	DP
<i>cottonseed oil oil (otc)</i>	\$0, Tier 3	DP
<i>creatine monohydrate powder (otc)</i>	\$0, Tier 3	DP
<i>croton oil oil (otc)</i>	\$0, Tier 3	DP
<i>distilled water liquid oral</i>	\$0, Tier 3	DP
<i>ethoxy ethoxy ethanol reagent liquid</i>	\$0, Tier 3	DP
<i>ethyl alcohol solution 100 % (otc)</i>	\$0, Tier 3	DP
<i>ethyl alcohol solution 95 % (otc)</i>	\$0, Tier 3	DP
<i>ethyl alcohol solution 95 % external</i>	\$0, Tier 3	DP
<i>ethyl oleate liquid (otc)</i>	\$0, Tier 3	DP
FATTYBLEND	\$0, Tier 3	DP
<i>fd&c red #40 aluminum lake powder</i>	\$0, Tier 3	DP
<i>fd&c yellow #5 powder (otc)</i>	\$0, Tier 3	DP
<i>fdc blue 1 aluminum lake powder</i>	\$0, Tier 3	DP
<i>fdc blue 1 powder (otc)</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	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>fdc blue 2 powder (otc)</i>	\$0, Tier 3	DP
<i>fdc green #3 powder (otc)</i>	\$0, Tier 3	DP
<i>fdc red #3 powder (otc)</i>	\$0, Tier 3	DP
<i>fdc red 40 powder (otc)</i>	\$0, Tier 3	DP
<i>fdc yellow 5 aluminum lake powder</i>	\$0, Tier 3	DP
<i>fdc yellow 6 powder (otc)</i>	\$0, Tier 3	DP
<i>ferric subsulfate powder (otc)</i>	\$0, Tier 3	DP
<i>ferric subsulfate solution (otc)</i>	\$0, Tier 3	DP
FLAVORX LIQUID	\$0, Tier 3	DP
<i>fullers earth powder (otc)</i>	\$0, Tier 3	DP
<i>glucosamine hcl powder (otc)</i>	\$0, Tier 3	DP
<i>glucosamine sulfate powder (otc)</i>	\$0, Tier 3	DP
<i>glycerin liquid (otc)</i>	\$0, Tier 3	DP
<i>glycolic acid crystals (otc)</i>	\$0, Tier 3	DP
<i>gnp boric acid powder</i>	\$0, Tier 3	DP
<i>grape flavor liquid (otc)</i>	\$0, Tier 3	DP
<i>grape seed oil (otc)</i>	\$0, Tier 3	DP
<i>grape syrup syrup oral</i>	\$0, Tier 3	DP
<i>green tea extract liquid 90 %</i>	\$0, Tier 3	DP
<i>hrt base cream (otc)</i>	\$0, Tier 3	DP
<i>hydrochloric acid liquid 37 % (otc)</i>	\$0, Tier 3	DP
<i>hydrophilic ointment external</i>	\$0, Tier 3	DP
<i>hydrous emulsified base cream external</i>	\$0, Tier 3	DP
<i>indole-3-carbinol powder (otc)</i>	\$0, Tier 3	DP
<i>inositol hexanicotinate powder (otc)</i>	\$0, Tier 3	DP
<i>isopropyl palmitate liquid (otc)</i>	\$0, Tier 3	DP
JELENE OINTMENT	\$0, Tier 3	DP
<i>karaya gum gum (otc)</i>	\$0, Tier 3	DP
<i>kojic acid powder (otc)</i>	\$0, Tier 3	DP
<i>lactic acid solution (otc)</i>	\$0, Tier 3	DP
<i>lactose anhydrous powder (otc)</i>	\$0, Tier 3	DP
<i>lactose hydrous powder</i>	\$0, Tier 3	DP
<i>lactose monohydrate powder (otc)</i>	\$0, Tier 3	DP
<i>lactose powder (otc)</i>	\$0, Tier 3	DP
<i>l-citrulline powder (otc)</i>	\$0, Tier 3	DP
<i>lemon bioflavanoid powder</i>	\$0, Tier 3	DP
<i>lip balm base natural ointment</i>	\$0, Tier 3	DP
<i>lip balm base ointment external</i>	\$0, Tier 3	DP
LIPOBASE CREAM EXTERNAL	\$0, Tier 3	DP
<i>lipoic acid powder (otc)</i>	\$0, Tier 3	DP

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
LIPOIL OIL	\$0, Tier 3	DP
<i>lipovan base cream external</i>	\$0, Tier 3	DP
LOLLIBASE POWDER	\$0, Tier 3	DP
<i>lozibase</i>	\$0, Tier 3	DP
<i>magnesium citrate powder (otc)</i>	\$0, Tier 3	DP
<i>malic acid powder (otc)</i>	\$0, Tier 3	DP
<i>methyl sulfone crystals (otc)</i>	\$0, Tier 3	DP
<i>methylcellulose gel 2 %</i>	\$0, Tier 3	DP
<i>methylcellulose gel 3 %</i>	\$0, Tier 3	DP
<i>methylcellulose powder (otc)</i>	\$0, Tier 3	DP
<i>methylparaben powder (otc)</i>	\$0, Tier 3	DP
<i>microderm base cream external</i>	\$0, Tier 3	DP
MICROSOME BASE CREAM EXTERNAL	\$0, Tier 3	DP
<i>natural bitterness powder</i>	\$0, Tier 3	DP
NICE DISTILLED WATER LIQUID ORAL	\$0, Tier 3	DP
ORA-BLEND SF SUSPENSION ORAL (OTC)	\$0, Tier 3	DP
ORA-BLEND SUSPENSION ORAL (OTC)	\$0, Tier 3	DP
ORA-HESIVE BASE PASTE	\$0, Tier 3	DP
<i>orange concentrate liquid</i>	\$0, Tier 3	DP
ORA-PLUS LIQUID ORAL (OTC)	\$0, Tier 3	DP
ORA-SWEET SF SYRUP ORAL (OTC)	\$0, Tier 3	DP
ORA-SWEET SYRUP ORAL (OTC)	\$0, Tier 3	DP
<i>ornithine hcl powder (otc)</i>	\$0, Tier 3	DP
<i>oxalic acid crystals</i>	\$0, Tier 3	DP
PCCA BASE 7542 CREAM EXTERNAL	\$0, Tier 3	DP
PCCA MBK (FATTY ACID) BASE	\$0, Tier 3	DP
<i>peg 300 liquid (otc)</i>	\$0, Tier 3	DP
<i>peg blend ointment external</i>	\$0, Tier 3	DP
<i>peruvian balsam liquid</i>	\$0, Tier 3	DP
PFCB CREAM EXTERNAL	\$0, Tier 3	DP
PHARMABASE ANTIOXIDANT CREAM EXTERNAL	\$0, Tier 3	DP
PHARMABASE COSMETIC CREAM EXTERNAL (OTC)	\$0, Tier 3	DP
PHARMABASE COSMETIC NATURAL CREAM EXTERNAL (OTC)	\$0, Tier 3	DP
PHARMABASE LIGHT CREAM EXTERNAL	\$0, Tier 3	DP
PHARMABASE VAGINAL CREAM EXTERNAL	\$0, Tier 3	DP
<i>phosphatidylserine powder (otc)</i>	\$0, Tier 3	DP
PHYTOBASE CREAM EXTERNAL (OTC)	\$0, Tier 3	DP
PLO20 FLOWABLE GEL EXTERNAL (OTC)	\$0, Tier 3	DP
<i>pna-hrt base cream external</i>	\$0, Tier 3	DP

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
POLOX GEL 20 %	\$0, Tier 3	DP
POLOX GEL 30 %	\$0, Tier 3	DP
<i>poloxamer 407 powder (otc)</i>	\$0, Tier 3	DP
<i>polyethylene glycol 1000 liquid</i>	\$0, Tier 3	DP
<i>polyethylene glycol 1450 liquid (otc)</i>	\$0, Tier 3	DP
<i>polyethylene glycol 3350 powder (otc)</i>	\$0, Tier 3	DP
<i>polyethylene glycol 400 liquid (otc)</i>	\$0, Tier 3	DP
<i>polyethylene glycol 8000 powder (otc)</i>	\$0, Tier 3	DP
<i>polyoxyl 40 stearate powder (otc)</i>	\$0, Tier 3	DP
<i>polysorbate 20 solution (otc)</i>	\$0, Tier 3	DP
<i>potassium bromide crystals (otc)</i>	\$0, Tier 3	DP
<i>potassium hydroxide pellet (otc)</i>	\$0, Tier 3	DP
<i>potassium hydroxide solution 10 %</i>	\$0, Tier 3	DP
<i>potassium hydroxide solution 20 %</i>	\$0, Tier 3	DP
<i>potassium nitrate granules</i>	\$0, Tier 3	DP
<i>potassium sorbate crystals (otc)</i>	\$0, Tier 3	DP
<i>propylene glycol liquid (otc)</i>	\$0, Tier 3	DP
<i>propylparaben powder (otc)</i>	\$0, Tier 3	DP
<i>pyruvic acid liquid (otc)</i>	\$0, Tier 3	DP
<i>qc boric acid powder</i>	\$0, Tier 3	DP
<i>q-derm cream external</i>	\$0, Tier 3	DP
<i>ra boric acid powder</i>	\$0, Tier 3	DP
<i>raspberry flavor liquid (otc)</i>	\$0, Tier 3	DP
<i>rdt base powder</i>	\$0, Tier 3	DP
<i>red yeast rice extract powder</i>	\$0, Tier 3	DP
<i>safflower oil oil (otc)</i>	\$0, Tier 3	DP
SALTSTABLE LO CREAM EXTERNAL (OTC)	\$0, Tier 3	DP
<i>shea butter (otc)</i>	\$0, Tier 3	DP
<i>simple syrup syrup oral (otc)</i>	\$0, Tier 3	DP
<i>sm boric acid powder</i>	\$0, Tier 3	DP
<i>sodium benzoate powder (otc)</i>	\$0, Tier 3	DP
<i>sodium bicarbonate powder (otc)</i>	\$0, Tier 3	DP
<i>sodium bromide granules (otc)</i>	\$0, Tier 3	DP
<i>sodium hydroxide pellet (otc)</i>	\$0, Tier 3	DP
<i>sodium metabisulfite granules (otc)</i>	\$0, Tier 3	DP
<i>sodium perborate crystals</i>	\$0, Tier 3	DP
<i>sodium phosphate dibasic granules (otc)</i>	\$0, Tier 3	DP
<i>sodium phosphate monobasic powder (otc)</i>	\$0, Tier 3	DP
<i>sodium propionate powder (otc)</i>	\$0, Tier 3	DP
<i>sodium sulfite powder (otc)</i>	\$0, Tier 3	DP

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>sorbic acid powder (otc)</i>	\$0, Tier 3	DP
<i>sorbitol solution 70 % (otc)</i>	\$0, Tier 3	DP
<i>soybean oil oil (otc)</i>	\$0, Tier 3	DP
<i>stevia extract powder 90 % (otc)</i>	\$0, Tier 3	DP
<i>strawberry flavor liquid (otc)</i>	\$0, Tier 3	DP
SUPPOSIBLEND PELLET (OTC)	\$0, Tier 3	DP
SUSPENDIT GEL	\$0, Tier 3	DP
SYRSPEND SF ALKA SUSPENSION RECONSTITUTED ORAL	\$0, Tier 3	DP
<i>talc powder (otc)</i>	\$0, Tier 3	DP
<i>tangerine flavor powder (otc)</i>	\$0, Tier 3	DP
<i>tartaric acid granules (otc)</i>	\$0, Tier 3	DP
TROCHIBASE FLAKES	\$0, Tier 3	DP
TROCHIBASE S CLASSIC FLAKES	\$0, Tier 3	DP
<i>trochibase s flakes</i>	\$0, Tier 3	DP
<i>turpentine liquid (otc)</i>	\$0, Tier 3	DP
<i>tutti frutti concentrate concentrate</i>	\$0, Tier 3	DP
U-BASE CREAM EXTERNAL	\$0, Tier 3	DP
<i>unibase cream external</i>	\$0, Tier 3	DP
VANIBASE CREAM EXTERNAL	\$0, Tier 3	DP
<i>veegum</i>	\$0, Tier 3	DP
<i>versatile cream base cream external (otc)</i>	\$0, Tier 3	DP
VERSIGEL CREAM EXTERNAL	\$0, Tier 3	DP
<i>vitamin e succinate powder (otc)</i>	\$0, Tier 3	DP
<i>vitamin k1 powder</i>	\$0, Tier 3	DP
<i>v-max cream external</i>	\$0, Tier 3	DP
<i>white petrolatum gel (otc)</i>	\$0, Tier 3	DP
WITEPSOL PELLET (OTC)	\$0, Tier 3	DP
<i>xanthan gum powder (otc)</i>	\$0, Tier 3	DP
<i>xylitol powder (otc)</i>	\$0, Tier 3	DP
NUTRITIONAL/SUPPLEMENTS		
Electrolytes/Minerals, Injectable		
<i>dextrose 5%/electrolyte #48</i>	\$0, Tier 2	
<i>dextrose in lactated ringers</i>	\$0, Tier 1	
<i>dextrose-nacl intravenous solution 10-0.2 %, 5-0.3 %</i>	\$0, Tier 2	
<i>dextrose-nacl intravenous solution 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	\$0, Tier 1	
<i>dextrose-sodium chloride intravenous solution 2.5-0.45 %, 5-0.3 %</i>	\$0, Tier 1	
ISOLYTE-P IN D5W	\$0, Tier 2	
ISOLYTE-S	\$0, Tier 2	

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%</i>	\$0, Tier 1	
<i>kcl in dextrose-nacl intravenous solution 20-5-0.225 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	\$0, Tier 2	
<i>lactated ringers intravenous</i>	\$0, Tier 1	
<i>magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%</i>	\$0, Tier 2	
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	\$0, Tier 2	
<i>magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml</i>	\$0, Tier 2	
PLASMA-LYTE 148	\$0, Tier 2	
PLASMA-LYTE A	\$0, Tier 2	
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%</i>	\$0, Tier 1	
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	\$0, Tier 1	
<i>potassium chloride intravenous solution 10 meq/100ml, 10 meq/50ml, 20 meq/100ml, 20 meq/50ml, 40 meq/100ml</i>	\$0, Tier 2	
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	\$0, Tier 1	
<i>sodium chloride injection solution 2.5 meq/ml</i>	\$0, Tier 1	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	\$0, Tier 1	
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	\$0, Tier 2	B/D
Electrolytes/Minerals/Vitamins, Oral		
KLOR-CON 10	\$0, Tier 1	
KLOR-CON M10	\$0, Tier 1	
KLOR-CON M15	\$0, Tier 1	
KLOR-CON M20	\$0, Tier 1	
KLOR-CON ORAL PACKET 20 MEQ	\$0, Tier 1	
KLOR-CON ORAL TABLET EXTENDED RELEASE	\$0, Tier 1	
<i>m-natal plus</i>	\$0, Tier 2	
<i>pnv folic acid + iron</i>	\$0, Tier 2	
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	\$0, Tier 1	
<i>potassium chloride er</i>	\$0, Tier 1	
<i>potassium chloride oral packet</i>	\$0, Tier 1	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	\$0, Tier 1	
<i>prenatal oral tablet 27-1 mg</i>	\$0, Tier 2	
<i>prenatal plus</i>	\$0, Tier 2	
<i>prenatal vitamin plus low iron</i>	\$0, Tier 2	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	\$0, Tier 1	
TRICARE	\$0, Tier 2	

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
Electrolytes		
<i>gnp pediatric electrolyte solution oral</i>	\$0, Tier 3	DP
ORALYTE FREEZER POPS SOLUTION ORAL	\$0, Tier 3	DP
ORALYTE SOLUTION ORAL	\$0, Tier 3	DP
<i>ped electrolyte freezer pops solution oral</i>	\$0, Tier 3	DP
<i>pediatric electrolyte solution oral</i>	\$0, Tier 3	DP
<i>sm pediatric electrolyte solution oral</i>	\$0, Tier 3	DP
Iv Nutrition		
AMINOSYN-PF INTRAVENOUS SOLUTION 7 %	\$0, Tier 2	B/D
<i>chromic chloride solution 40 mcg/10ml intravenous</i>	\$0, Tier 3	DP
CLINIMIX/DEXTROSE (4.25/10)	\$0, Tier 2	B/D
CLINIMIX/DEXTROSE (4.25/5)	\$0, Tier 2	B/D
CLINIMIX/DEXTROSE (5/15)	\$0, Tier 2	B/D
CLINIMIX/DEXTROSE (5/20)	\$0, Tier 2	B/D
<i>clinimix/dextrose (6/5)</i>	\$0, Tier 2	B/D
<i>clinimix/dextrose (8/10)</i>	\$0, Tier 2	B/D
<i>clinimix/dextrose (8/14)</i>	\$0, Tier 2	B/D
CLINISOL SF	\$0, Tier 1	B/D
CLINOLIPID	\$0, Tier 2	B/D
<i>copper sulfate crystals</i>	\$0, Tier 3	DP
<i>cupric chloride solution 0.4 mg/ml intravenous</i>	\$0, Tier 3	DP
<i>dextrose intravenous solution 10 %, 5 %</i>	\$0, Tier 1	
<i>dextrose intravenous solution 50 %, 70 %</i>	\$0, Tier 1	B/D
FREAMINE HBC	\$0, Tier 2	B/D
FREAMINE III INTRAVENOUS SOLUTION 10 %	\$0, Tier 2	B/D
HEPATAMINE	\$0, Tier 2	B/D
INTRALIPID	\$0, Tier 2	B/D
NUTRILIPID	\$0, Tier 2	B/D
PLENAMINE	\$0, Tier 1	B/D
PREMASOL INTRAVENOUS SOLUTION 10 %	\$0, Tier 2	B/D
PROCALAMINE	\$0, Tier 2	B/D
PROSOL	\$0, Tier 2	B/D
TRAVASOL	\$0, Tier 2	B/D
TROPHAMINE INTRAVENOUS SOLUTION 10 %	\$0, Tier 2	B/D
<i>zinc chloride solution 1 mg/ml intravenous</i>	\$0, Tier 3	DP
Minerals		
BEELITH TABLET 362-20 MG ORAL	\$0, Tier 3	DP
<i>ca phosphate dibasic dihyd powder</i>	\$0, Tier 3	DP
CALCET PETITES TABLET 200-250 MG-UNIT ORAL	\$0, Tier 3	DP
CALCI-CHEW TABLET CHEWABLE 1250 (500 CA) MG ORAL	\$0, Tier 3	DP

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
CALCITRATE TABLET 315-250 MG-UNIT ORAL	\$0, Tier 3	DP
CALCITRATE TABLET 950 (200 CA) MG ORAL	\$0, Tier 3	DP
<i>calcium 500/d tablet 500-200 mg-unit oral</i>	\$0, Tier 3	DP
<i>calcium 500/d tablet chewable 500-400 mg-unit oral</i>	\$0, Tier 3	DP
<i>calcium 600 tablet 1500 (600 ca) mg oral</i>	\$0, Tier 3	DP
<i>calcium 600 tablet 600 mg oral</i>	\$0, Tier 3	DP
<i>calcium 600+d tablet 600-400 mg-unit oral</i>	\$0, Tier 3	DP
<i>calcium 600-d tablet 600-400 mg-unit oral</i>	\$0, Tier 3	DP
<i>calcium carb-cholecalciferol tablet 250-125 mg-unit oral</i>	\$0, Tier 3	DP
<i>calcium carb-cholecalciferol tablet 600-200 mg-unit oral</i>	\$0, Tier 3	DP
<i>calcium carb-cholecalciferol tablet 600-400 mg-unit oral</i>	\$0, Tier 3	DP
<i>calcium carbonate antacid suspension 1250 mg/5ml oral</i>	\$0, Tier 3	DP
<i>calcium carbonate extra light powder</i>	\$0, Tier 3	DP
<i>calcium carbonate powder (otc)</i>	\$0, Tier 3	DP
<i>calcium carbonate tablet 1500 (600 ca) mg oral</i>	\$0, Tier 3	DP
<i>calcium gluconate anhydrous powder (otc)</i>	\$0, Tier 3	DP
<i>calcium high potency tablet 1500 (600 ca) mg oral</i>	\$0, Tier 3	DP
<i>calcium high potency/vitamin d tablet 600-200 mg-unit oral</i>	\$0, Tier 3	DP
<i>calcium lactate tablet 648 mg oral</i>	\$0, Tier 3	DP
<i>calcium phosphate tribasic powder (otc)</i>	\$0, Tier 3	DP
<i>calcium tablet chewable 500-100 mg-unit oral</i>	\$0, Tier 3	DP
<i>calcium-magnesium-zinc tablet 333-133-5 mg oral</i>	\$0, Tier 3	DP
<i>calcium-magnesium-zinc tablet 334-134-5 mg oral</i>	\$0, Tier 3	DP
<i>calcium-vitamin d3 tablet 250-125 mg-unit oral</i>	\$0, Tier 3	DP
<i>calcium-vitamin d-minerals tablet chewable 600-400 mg-unit oral</i>	\$0, Tier 3	DP
<i>citrus calcium +d tablet 315-250 mg-unit oral</i>	\$0, Tier 3	DP
<i>citrus calcium/vitamin d tablet 200-250 mg-unit oral</i>	\$0, Tier 3	DP
<i>gnp calcium 500 +d3 tablet 500-600 mg-unit oral</i>	\$0, Tier 3	DP
<i>gnp calcium 500/d tablet 500-200 mg-unit oral</i>	\$0, Tier 3	DP
<i>gnp calcium 600 +d3/minerals tablet chewable 600-800 mg-unit oral</i>	\$0, Tier 3	DP
<i>gnp calcium 600/d tablet 600-400 mg-unit oral</i>	\$0, Tier 3	DP
<i>gnp calcium citrate +d3 tablet 315-250 mg-unit oral</i>	\$0, Tier 3	DP
<i>gnp calcium citrate+d maximum tablet 315-250 mg-unit oral</i>	\$0, Tier 3	DP
<i>gnp calcium plus 600 +d tablet 600-200 mg-unit oral</i>	\$0, Tier 3	DP
<i>gnp calcium tablet 1500 (600 ca) mg oral</i>	\$0, Tier 3	DP
<i>gnp calcium/vitamin d/minerals tablet chewable 600-400 mg-unit oral</i>	\$0, Tier 3	DP
<i>gnp calcium-magnesium-zinc tablet 333-133-5 mg oral</i>	\$0, Tier 3	DP
<i>gnp magnesium tablet 250 mg oral</i>	\$0, Tier 3	DP

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>gnp zinc tablet 50 mg oral</i>	\$0, Tier 3	DP
HIGH POTENCY CALCIUM TABLET 600 MG ORAL	\$0, Tier 3	DP
<i>magdelay tablet delayed release 70 mg oral</i>	\$0, Tier 3	DP
<i>mag-g tablet 500 (27 mg) mg oral</i>	\$0, Tier 3	DP
MAGNEBIND 300 TABLET 250-300 MG ORAL	\$0, Tier 3	DP
<i>magnesium 27 tablet 500 (27 mg) mg oral</i>	\$0, Tier 3	DP
<i>magnesium carbonate heavy powder (otc)</i>	\$0, Tier 3	DP
<i>magnesium oxide tablet 400 (240 mg) mg oral</i>	\$0, Tier 3	DP
<i>magnesium oxide tablet 400 (241.3 mg) mg oral</i>	\$0, Tier 3	DP
<i>magnesium oxide tablet 500 mg oral</i>	\$0, Tier 3	DP
<i>magnesium tablet 250 mg oral</i>	\$0, Tier 3	DP
MAGONATE LIQUID 54 (MAG EQUIV) MG/5ML ORAL	\$0, Tier 3	DP
<i>manganese chloride solution 0.1 mg/ml intravenous</i>	\$0, Tier 3	DP
OYSCO 500 TABLET 500 MG ORAL	\$0, Tier 3	DP
OYSCO 500+D TABLET 500-200 MG-UNIT ORAL	\$0, Tier 3	DP
OYSCO 500+D TABLET CHEWABLE 500-600 MG-UNIT ORAL	\$0, Tier 3	DP
<i>oyster calcium + d tablet 500-125 mg-unit oral</i>	\$0, Tier 3	DP
<i>oyster shell calcium tablet 500 mg oral</i>	\$0, Tier 3	DP
<i>oyster shell calcium tablet 500-400 mg-unit oral</i>	\$0, Tier 3	DP
<i>oyster shell calcium w/d tablet 500-200 mg-unit oral</i>	\$0, Tier 3	DP
<i>oyster shell calcium/d tablet 500-200 mg-unit oral</i>	\$0, Tier 3	DP
<i>oyster shell calcium/d tablet 500-400 mg-unit oral</i>	\$0, Tier 3	DP
<i>oyster shell calcium/vitamin d tablet 500-200 mg-unit oral</i>	\$0, Tier 3	DP
<i>oyster shell/vitamin d tablet 600-125 mg-unit oral</i>	\$0, Tier 3	DP
<i>phosphorus supplement packet 280-160-250 mg oral</i>	\$0, Tier 3	DP
<i>risacal-d tablet 105-81-120 mg-mg-unit oral</i>	\$0, Tier 3	DP
<i>sb oyster shell calcium tablet 500 mg oral</i>	\$0, Tier 3	DP
<i>sm calcium 600/vitamin d tablet 600-400 mg-unit oral</i>	\$0, Tier 3	DP
<i>sm calcium citrate w/vit d3 tablet 315-250 mg-unit oral</i>	\$0, Tier 3	DP
<i>sm calcium soft chews tablet chewable 500-100-40 oral</i>	\$0, Tier 3	DP
<i>sm calcium soft chews tablet chewable 500-200-40 mg-unt-mcg oral</i>	\$0, Tier 3	DP
<i>sm calcium-magnesium-zinc tablet 333-133-5 mg oral</i>	\$0, Tier 3	DP
SM CORAL CALCIUM TABLET 1000 (390 CA) MG ORAL	\$0, Tier 3	DP
<i>sm magnesium tablet 250 mg oral</i>	\$0, Tier 3	DP
<i>sm oyster shell calcium/vit d3 tablet 500-400 mg-unit oral</i>	\$0, Tier 3	DP
<i>sm zinc gluconate tablet 50 mg oral</i>	\$0, Tier 3	DP
<i>sodium acetate powder (otc)</i>	\$0, Tier 3	DP
<i>zinc gluconate tablet 50 mg oral</i>	\$0, Tier 3	DP
<i>zinc sulfate capsule 50 mg oral</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	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>zinc sulfate tablet 220 (50 zn) mg oral</i>	\$0, Tier 3	DP
<i>zinc tablet 50 mg oral</i>	\$0, Tier 3	DP
Miscellaneous		
<i>aspartame powder (otc)</i>	\$0, Tier 3	DP
<i>co q 10 capsule 10 mg oral</i>	\$0, Tier 3	DP
<i>co q 10 capsule 60 mg oral</i>	\$0, Tier 3	DP
<i>co q-10 capsule 100 mg oral</i>	\$0, Tier 3	DP
<i>co q10 capsule 100 mg oral</i>	\$0, Tier 3	DP
<i>co q-10 capsule 150 mg oral</i>	\$0, Tier 3	DP
<i>co q10 capsule 30 mg oral</i>	\$0, Tier 3	DP
<i>co q-10 capsule 30 mg oral</i>	\$0, Tier 3	DP
<i>co q-10 capsule 50 mg oral</i>	\$0, Tier 3	DP
<i>co q10 capsule 60 mg oral</i>	\$0, Tier 3	DP
<i>co q-10 capsule 75 mg oral</i>	\$0, Tier 3	DP
<i>coenzyme q10 capsule 10 mg oral</i>	\$0, Tier 3	DP
<i>coenzyme q10 capsule 100 mg oral</i>	\$0, Tier 3	DP
<i>coenzyme q-10 capsule 100 mg oral</i>	\$0, Tier 3	DP
<i>co-enzyme q10 capsule 100 mg oral</i>	\$0, Tier 3	DP
<i>co-enzyme q-10 capsule 30 mg oral</i>	\$0, Tier 3	DP
<i>coenzyme q10 capsule 50 mg oral</i>	\$0, Tier 3	DP
<i>co-enzyme q-10 capsule 50 mg oral</i>	\$0, Tier 3	DP
<i>coenzyme q-10 capsule 60 mg oral</i>	\$0, Tier 3	DP
<i>coenzyme q10 liquid 30 mg/5ml oral</i>	\$0, Tier 3	DP
<i>coenzyme q10 tablet 200 mg oral</i>	\$0, Tier 3	DP
<i>coq10 capsule 100 mg oral</i>	\$0, Tier 3	DP
<i>coq-10 capsule 100 mg oral</i>	\$0, Tier 3	DP
<i>coq10 capsule 30 mg oral</i>	\$0, Tier 3	DP
<i>coq-10 capsule 30 mg oral</i>	\$0, Tier 3	DP
<i>coq10 capsule 50 mg oral</i>	\$0, Tier 3	DP
<i>coq-10 capsule 50 mg oral</i>	\$0, Tier 3	DP
<i>coq-10 capsule extended release 100 mg oral</i>	\$0, Tier 3	DP
<i>dhea capsule 25 mg oral</i>	\$0, Tier 3	DP
DIABETISWEET POWDER ORAL	\$0, Tier 3	DP
<i>eql coq10 capsule 100 mg oral</i>	\$0, Tier 3	DP
<i>fructose granules (otc)</i>	\$0, Tier 3	DP
<i>gnp co q10 capsule 100 mg oral</i>	\$0, Tier 3	DP
<i>gnp co q10 capsule 60 mg oral</i>	\$0, Tier 3	DP
<i>gnp coenzyme q-10 capsule 100 mg oral</i>	\$0, Tier 3	DP
<i>gowey tincture external</i>	\$0, Tier 3	DP
H2Q CAPSULE 100 MG ORAL	\$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	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>hm coq10 capsule 100 mg oral</i>	\$0, Tier 3	DP
<i>hm coq10 capsule 50 mg oral</i>	\$0, Tier 3	DP
<i>l-arginine powder oral</i>	\$0, Tier 3	DP
<i>l-cystine powder (otc)</i>	\$0, Tier 3	DP
<i>lecithin granules (otc)</i>	\$0, Tier 3	DP
<i>l-glutamine powder (otc)</i>	\$0, Tier 3	DP
<i>l-glutathione crystals</i>	\$0, Tier 3	DP
<i>l-isoleucine powder (otc)</i>	\$0, Tier 3	DP
<i>l-isoleucine powder oral</i>	\$0, Tier 3	DP
<i>l-tyrosine powder (otc)</i>	\$0, Tier 3	DP
<i>l-tyrosine powder oral</i>	\$0, Tier 3	DP
<i>l-valine powder oral</i>	\$0, Tier 3	DP
Q-SORB CAPSULE 150 MG ORAL	\$0, Tier 3	DP
Q-SORB CAPSULE 30 MG ORAL	\$0, Tier 3	DP
Q-SORB CAPSULE 75 MG ORAL	\$0, Tier 3	DP
Q-SORB CO Q-10 CAPSULE 100 MG ORAL	\$0, Tier 3	DP
<i>ra coenzyme q-10 capsule 100 mg oral</i>	\$0, Tier 3	DP
<i>saccharin powder (otc)</i>	\$0, Tier 3	DP
<i>sm coenzyme q-10 capsule 100 mg oral</i>	\$0, Tier 3	DP
<i>sm coq-10 capsule 50 mg oral</i>	\$0, Tier 3	DP
<i>sodium saccharin granules (otc)</i>	\$0, Tier 3	DP
<i>sodium saccharin powder (otc)</i>	\$0, Tier 3	DP
<i>threonine powder (otc)</i>	\$0, Tier 3	DP
<i>yl coenzyme q10 capsule 30 mg oral</i>	\$0, Tier 3	DP
Vitamins		
ANIMAL SHAPES TABLET CHEWABLE WITH C & FA ORAL	\$0, Tier 3	DP
<i>animal shapes/iron tablet chewable 18 mg oral</i>	\$0, Tier 3	DP
<i>antioxidant formula tablet oral</i>	\$0, Tier 3	DP
<i>antioxidant vitamins tablet oral</i>	\$0, Tier 3	DP
AQUADEKS LIQUID ORAL	\$0, Tier 3	DP
AQUADEKS TABLET CHEWABLE ORAL	\$0, Tier 3	DP
AQUASOL A SOLUTION 15 MG/ML INTRAMUSCULAR	\$0, Tier 3	DP
<i>aqueous vitamin d liquid 10 mcg/ml oral</i>	\$0, Tier 3	DP
<i>aqueous vitamin e solution 15 mg/0.67ml oral</i>	\$0, Tier 3	DP
<i>ascorbic acid tablet 500 mg oral</i>	\$0, Tier 3	DP
<i>b complex capsule oral</i>	\$0, Tier 3	DP
<i>b complex-c tablet oral</i>	\$0, Tier 3	DP
B-12 DOTS TABLET DISPERSIBLE 500 MCG ORAL	\$0, Tier 3	DP
<i>b-complex/b-12 tablet oral</i>	\$0, Tier 3	DP
<i>b-complex/vitamin c (w/ ca) tablet oral</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	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>biotin capsule 5 mg oral</i>	\$0, Tier 3	DP
<i>biotin capsule 5000 mcg oral</i>	\$0, Tier 3	DP
<i>biotin tablet 300 mcg oral</i>	\$0, Tier 3	DP
<i>biotin tablet 5 mg oral</i>	\$0, Tier 3	DP
BPROTECTED PEDIA POLY-VITE/FE SOLUTION 10 MG/ML ORAL	\$0, Tier 3	DP
<i>c 250 tablet 250 mg oral</i>	\$0, Tier 3	DP
<i>c 500/rose hips tablet 500 mg oral</i>	\$0, Tier 3	DP
<i>c-1000/rose hips tablet 1000 mg oral</i>	\$0, Tier 3	DP
<i>c-500 tablet chewable 500 mg oral</i>	\$0, Tier 3	DP
CALCIFEROL SOLUTION 200 MCG/ML ORAL	\$0, Tier 3	DP
<i>calcium citrate + tablet oral</i>	\$0, Tier 3	DP
<i>centamin liquid oral</i>	\$0, Tier 3	DP
<i>centavite liquid oral</i>	\$0, Tier 3	DP
<i>century mature tablet oral</i>	\$0, Tier 3	DP
<i>century tablet oral</i>	\$0, Tier 3	DP
CEROVITE ADVANCED FORMULA TABLET ORAL	\$0, Tier 3	DP
CEROVITE JR TABLET CHEWABLE 18 MG ORAL	\$0, Tier 3	DP
CEROVITE SENIOR TABLET ORAL	\$0, Tier 3	DP
CERTAVITE SENIOR/ANTIOXIDANT TABLET ORAL	\$0, Tier 3	DP
CERTAVITE/ANTIOXIDANTS TABLET ORAL	\$0, Tier 3	DP
<i>chewable vite childrens tablet chewable oral</i>	\$0, Tier 3	DP
<i>chewable viteliron childrens tablet chewable 15 mg oral</i>	\$0, Tier 3	DP
<i>child chewable vitamins/iron tablet chewable oral</i>	\$0, Tier 3	DP
<i>childrens animal shapes tablet chewable 18 mg oral</i>	\$0, Tier 3	DP
<i>childrens chewable vitamins tablet chewable oral</i>	\$0, Tier 3	DP
<i>classic prenatal tablet 28-0.8 mg oral</i>	\$0, Tier 3	DP
<i>cod liver oil capsule oral</i>	\$0, Tier 3	DP
COMPETE TABLET ORAL	\$0, Tier 3	DP
<i>complete senior tablet oral</i>	\$0, Tier 3	DP
<i>complete tablet oral</i>	\$0, Tier 3	DP
<i>cyanocobalamin solution 1000 mcg/ml injection</i>	\$0, Tier 3	DP
<i>d 1000 tablet 25 mcg (1000 ut) oral</i>	\$0, Tier 3	DP
<i>d 400 tablet 10 mcg (400 unit) oral</i>	\$0, Tier 3	DP
<i>d 5000 tablet 125 mcg (5000 ut) oral</i>	\$0, Tier 3	DP
<i>d3 high potency capsule 25 mcg (1000 ut) oral</i>	\$0, Tier 3	DP
<i>d3 super strength capsule 50 mcg (2000 ut) oral</i>	\$0, Tier 3	DP
<i>daily vitamins tablet oral</i>	\$0, Tier 3	DP
<i>daily-vite tablet oral</i>	\$0, Tier 3	DP
<i>daily-viteliron/beta-carotene tablet oral</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	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
DIALYVITE 800 TABLET 0.8 MG ORAL	\$0, Tier 3	DP
<i>dialyvite 800/ultra d tablet oral</i>	\$0, Tier 3	DP
DIALYVITE 800/ZINC TABLET 0.8 MG ORAL	\$0, Tier 3	DP
DIALYVITE 800-ZINC 15 TABLET 0.8 MG ORAL	\$0, Tier 3	DP
DIALYVITE VITAMIN D 5000 CAPSULE 125 MCG (5000 UT) ORAL	\$0, Tier 3	DP
DIALYVITE VITAMIN D3 MAX TABLET 1.25 MG (50000 UT) ORAL	\$0, Tier 3	DP
<i>e-400 capsule 400 unit oral</i>	\$0, Tier 3	DP
<i>ecee plus tablet oral</i>	\$0, Tier 3	DP
ELDERTONIC LIQUID ORAL	\$0, Tier 3	DP
<i>ergocalciferol solution 200 mcg/ml oral</i>	\$0, Tier 3	DP
ESTER-C TABLET ORAL	\$0, Tier 3	DP
<i>ezfe forte capsule 155-1 mg oral</i>	\$0, Tier 3	DP
<i>folic acid solution 5 mg/ml injection</i>	\$0, Tier 3	DP
<i>folic acid tablet 1 mg oral (rx)</i>	\$0, Tier 3	DP
<i>folic acid tablet 400 mcg oral</i>	\$0, Tier 3	DP
<i>folic acid tablet 800 mcg oral</i>	\$0, Tier 3	DP
<i>geriaton liquid oral</i>	\$0, Tier 3	DP
<i>geriatric vitamin liquid 100-1-10 oral</i>	\$0, Tier 3	DP
<i>gnp b-100 balanced tr tablet extended release oral</i>	\$0, Tier 3	DP
<i>gnp b-50 balanced tablet oral</i>	\$0, Tier 3	DP
<i>gnp cal mag zinc +d3 tablet oral</i>	\$0, Tier 3	DP
<i>gnp century adults 50+ senior tablet oral</i>	\$0, Tier 3	DP
<i>gnp century cardio health tablet oral</i>	\$0, Tier 3	DP
<i>gnp century energy metabolism tablet oral</i>	\$0, Tier 3	DP
<i>gnp century mature tablet oral</i>	\$0, Tier 3	DP
<i>gnp century tablet oral</i>	\$0, Tier 3	DP
<i>gnp century ultimate mens tablet oral</i>	\$0, Tier 3	DP
<i>gnp century ultimate womens tablet oral</i>	\$0, Tier 3	DP
<i>gnp childrens chewables/lex c tablet chewable oral</i>	\$0, Tier 3	DP
<i>gnp childrens chewables/iron tablet chewable 15 mg oral</i>	\$0, Tier 3	DP
<i>gnp childrens complete tablet chewable oral</i>	\$0, Tier 3	DP
<i>gnp cod liver oil capsule 1250-135 unit oral</i>	\$0, Tier 3	DP
<i>gnp essential one daily tablet oral</i>	\$0, Tier 3	DP
<i>gnp folic acid tablet 400 mcg oral</i>	\$0, Tier 3	DP
<i>gnp healthy eyes supervision capsule oral</i>	\$0, Tier 3	DP
<i>gnp healthy eyes tablet oral</i>	\$0, Tier 3	DP
<i>gnp little ones childrens tablet chewable oral</i>	\$0, Tier 3	DP
<i>gnp maximum one daily tablet oral</i>	\$0, Tier 3	DP

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>gnp mega multi for men tablet oral</i>	\$0, Tier 3	DP
<i>gnp mega multi for women tablet oral</i>	\$0, Tier 3	DP
<i>gnp niacin tr tablet extended release 250 mg oral</i>	\$0, Tier 3	DP
<i>gnp one daily maximum tablet oral</i>	\$0, Tier 3	DP
<i>gnp one daily mens 50+advanced tablet oral</i>	\$0, Tier 3	DP
<i>gnp one daily mens health 50+ tablet oral</i>	\$0, Tier 3	DP
<i>gnp one daily mens/lycopene tablet oral</i>	\$0, Tier 3	DP
<i>gnp one daily plus iron tablet oral</i>	\$0, Tier 3	DP
<i>gnp one daily womens 50+ tablet oral</i>	\$0, Tier 3	DP
<i>gnp one daily womens health tablet oral</i>	\$0, Tier 3	DP
<i>gnp opti-vitamins tablet oral</i>	\$0, Tier 3	DP
<i>gnp prenatal tablet 28-0.8 mg oral</i>	\$0, Tier 3	DP
<i>gnp therapeutic-m tablet oral</i>	\$0, Tier 3	DP
<i>gnp vitamin a capsule 2400 mcg (8000 ut) oral</i>	\$0, Tier 3	DP
<i>gnp vitamin b1 tablet 100 mg oral</i>	\$0, Tier 3	DP
<i>gnp vitamin b-12 tablet 500 mcg oral</i>	\$0, Tier 3	DP
<i>gnp vitamin b-12 tr tablet extended release 1000 mcg oral</i>	\$0, Tier 3	DP
<i>gnp vitamin b-6 tablet 100 mg oral</i>	\$0, Tier 3	DP
<i>gnp vitamin c cr tablet extended release 500 mg oral</i>	\$0, Tier 3	DP
<i>gnp vitamin c drops lozenge 60 mg mouth/throat</i>	\$0, Tier 3	DP
<i>gnp vitamin c tablet 1000 mg oral</i>	\$0, Tier 3	DP
<i>gnp vitamin c tablet 250 mg oral</i>	\$0, Tier 3	DP
<i>gnp vitamin c tablet 500 mg oral</i>	\$0, Tier 3	DP
<i>gnp vitamin c tablet chewable 500 mg oral</i>	\$0, Tier 3	DP
<i>gnp vitamin c w/rose hips tablet 500 mg oral</i>	\$0, Tier 3	DP
<i>gnp vitamin c/rose hips tr tablet extended release 1000 mg oral</i>	\$0, Tier 3	DP
<i>gnp vitamin d tablet 25 mcg (1000 ut) oral</i>	\$0, Tier 3	DP
<i>gnp vitamin d-400 tablet 10 mcg (400 unit) oral</i>	\$0, Tier 3	DP
<i>gnp vitamin e capsule 180 mg (400 unit) oral</i>	\$0, Tier 3	DP
<i>gnp vitamin e capsule 400 unit oral</i>	\$0, Tier 3	DP
<i>gnp vitamin e capsule 450 mg (1000 ut) oral</i>	\$0, Tier 3	DP
<i>gnp vitamin e capsule 90 mg (200 unit) oral</i>	\$0, Tier 3	DP
<i>gnp womens one daily tablet oral</i>	\$0, Tier 3	DP
<i>gnp zoochews gummies tablet chewable oral</i>	\$0, Tier 3	DP
<i>healthy eyes tablet oral</i>	\$0, Tier 3	DP
<i>hm niacin tablet extended release 250 mg oral</i>	\$0, Tier 3	DP
<i>hm vitamin b1 tablet 100 mg oral</i>	\$0, Tier 3	DP
<i>hm vitamin b12 tablet extended release 1000 mcg oral</i>	\$0, Tier 3	DP
<i>hm vitamin e capsule 450 mg (1000 ut) oral</i>	\$0, Tier 3	DP
<i>hm vitamin e capsule 90 mg (200 unit) oral</i>	\$0, Tier 3	DP

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>hydroxocobalamin acetate solution 1000 mcg/ml intramuscular</i>	\$0, Tier 3	DP
ICAPS AREDS FORMULA TABLET ORAL	\$0, Tier 3	DP
ICAPS CAPSULE ORAL	\$0, Tier 3	DP
ICAPS LUTEIN & OMEGA-3 CAPSULE ORAL	\$0, Tier 3	DP
ICAPS LUTEIN & ZEAXANTHIN TABLET DELAYED RELEASE ORAL	\$0, Tier 3	DP
ICAPS MV TABLET ORAL	\$0, Tier 3	DP
INFUVITE ADULT INJECTABLE INTRAVENOUS	\$0, Tier 3	DP
INFUVITE PEDIATRIC SOLUTION INTRAVENOUS	\$0, Tier 3	DP
<i>i-vite protect tablet oral</i>	\$0, Tier 3	DP
<i>i-vite tablet oral</i>	\$0, Tier 3	DP
M.V.I. PEDIATRIC SOLUTION RECONSTITUTED INTRAVENOUS	\$0, Tier 3	DP
MAXIMUM D3 CAPSULE 325 MCG (13000 UT) ORAL	\$0, Tier 3	DP
<i>mega multivitamin for men tablet oral</i>	\$0, Tier 3	DP
<i>mega multivitamin for women tablet oral</i>	\$0, Tier 3	DP
<i>multi vitamin mens tablet oral</i>	\$0, Tier 3	DP
<i>multi-delyn liquid oral</i>	\$0, Tier 3	DP
<i>multi-delynliron liquid oral</i>	\$0, Tier 3	DP
<i>multilex tablet oral</i>	\$0, Tier 3	DP
<i>multiple vitamins essential tablet oral</i>	\$0, Tier 3	DP
<i>multiple vitamins/womens tablet oral</i>	\$0, Tier 3	DP
<i>multi-vitamins tablet oral</i>	\$0, Tier 3	DP
NAIL-EX TABLET 2.5 MG ORAL	\$0, Tier 3	DP
NASCOBAL SOLUTION 500 MCG/0.1ML NASAL	\$0, Tier 3	DP
NEPHRONEX LIQUID 0.9 MG/5ML ORAL	\$0, Tier 3	DP
<i>niacin er capsule extended release 250 mg oral</i>	\$0, Tier 3	DP
<i>niacin er capsule extended release 500 mg oral</i>	\$0, Tier 3	DP
<i>niacin er tablet extended release 1000 mg oral</i>	\$0, Tier 3	DP
<i>niacin er tablet extended release 500 mg oral</i>	\$0, Tier 3	DP
<i>niacin er tablet extended release 750 mg oral</i>	\$0, Tier 3	DP
<i>niacin flush free capsule 500 mg oral</i>	\$0, Tier 3	DP
<i>niacin tablet 100 mg oral</i>	\$0, Tier 3	DP
<i>niacin tablet 500 mg oral</i>	\$0, Tier 3	DP
<i>niacinamide powder (otc)</i>	\$0, Tier 3	DP
<i>niacinamide tablet 500 mg oral</i>	\$0, Tier 3	DP
NUTR-E-SOL LIQUID 400 UNIT/15ML ORAL	\$0, Tier 3	DP
OCUVITE ADULT 50+ CAPSULE ORAL	\$0, Tier 3	DP
OCUVITE ADULT FORMULA CAPSULE ORAL	\$0, Tier 3	DP
OCUVITE EXTRA TABLET ORAL	\$0, Tier 3	DP

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
OCUVITE-LUTEIN TABLET ORAL	\$0, Tier 3	DP
<i>once daily tablet oral</i>	\$0, Tier 3	DP
<i>once daily/iron tablet oral</i>	\$0, Tier 3	DP
ONCOVITE TABLET ORAL	\$0, Tier 3	DP
<i>one daily mens tablet oral</i>	\$0, Tier 3	DP
<i>one daily tablet oral</i>	\$0, Tier 3	DP
<i>phytonadione tablet 5 mg oral</i>	\$0, Tier 3	DP
<i>poly vitamin tablet chewable oral</i>	\$0, Tier 3	DP
<i>polyvitamin/iron tablet chewable oral</i>	\$0, Tier 3	DP
<i>prenatal low iron tablet 27-0.8 mg oral</i>	\$0, Tier 3	DP
<i>prenatal tablet 27-0.8 mg oral (otc)</i>	\$0, Tier 3	DP
<i>prenatal tablet 28-0.8 mg oral</i>	\$0, Tier 3	DP
<i>prenatal vitamins tablet 28-0.8 mg oral</i>	\$0, Tier 3	DP
PRESERVISION AREDS 2 CAPSULE ORAL	\$0, Tier 3	DP
PRESERVISION AREDS CAPSULE ORAL	\$0, Tier 3	DP
PRESERVISION AREDS TABLET ORAL	\$0, Tier 3	DP
PRESERVISION/LUTEIN CAPSULE ORAL	\$0, Tier 3	DP
PROSIGHT TABLET ORAL	\$0, Tier 3	DP
<i>pyridoxine hcl solution 100 mg/ml injection</i>	\$0, Tier 3	DP
<i>qc cod liver oil oil oral</i>	\$0, Tier 3	DP
<i>qc therin-m tablet oral</i>	\$0, Tier 3	DP
<i>rena-vite tablet oral (otc)</i>	\$0, Tier 3	DP
<i>sb vitamin c tablet 500 mg oral</i>	\$0, Tier 3	DP
<i>sentry senior tablet oral</i>	\$0, Tier 3	DP
<i>sentry tablet oral</i>	\$0, Tier 3	DP
<i>sm animal shapes kids first tablet chewable oral</i>	\$0, Tier 3	DP
<i>sm balanced b-100 tablet oral</i>	\$0, Tier 3	DP
<i>sm balanced b-50 tablet oral</i>	\$0, Tier 3	DP
<i>sm chewable c tablet chewable 500 mg oral</i>	\$0, Tier 3	DP
<i>sm cod liver oil capsule oral</i>	\$0, Tier 3	DP
<i>sm complete advanced formula tablet oral</i>	\$0, Tier 3	DP
<i>sm complete senior formula tablet oral</i>	\$0, Tier 3	DP
<i>sm complete tablet oral</i>	\$0, Tier 3	DP
<i>sm folic acid tablet 400 mcg oral</i>	\$0, Tier 3	DP
<i>sm multiple vitamins essential tablet oral</i>	\$0, Tier 3	DP
<i>sm multiple vitamins/iron tablet oral</i>	\$0, Tier 3	DP
<i>sm opti-vitamins tablet oral</i>	\$0, Tier 3	DP
<i>sm prenatal vitamins tablet 28-0.8 mg oral</i>	\$0, Tier 3	DP
<i>sm super b complex/c tablet oral</i>	\$0, Tier 3	DP
<i>sm vit c/rose hips tablet 1000 mg oral</i>	\$0, Tier 3	DP

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>sm vitamin b-12 tablet 100 mcg oral</i>	\$0, Tier 3	DP
<i>sm vitamin b-12 tablet 500 mcg oral</i>	\$0, Tier 3	DP
<i>sm vitamin b-6 tablet 100 mg oral</i>	\$0, Tier 3	DP
<i>sm vitamin c tablet 1000 mg oral</i>	\$0, Tier 3	DP
<i>sm vitamin c tablet 250 mg oral</i>	\$0, Tier 3	DP
<i>sm vitamin c tablet chewable 500 mg oral</i>	\$0, Tier 3	DP
<i>sm vitamin c/rose hips tablet 500 mg oral</i>	\$0, Tier 3	DP
<i>sm vitamin d3 tablet 25 mcg (1000 ut) oral</i>	\$0, Tier 3	DP
<i>sm vitamin e capsule 1000 unit oral</i>	\$0, Tier 3	DP
<i>sm vitamin e capsule 200 unit oral</i>	\$0, Tier 3	DP
<i>sm vitamin e capsule 400 unit oral</i>	\$0, Tier 3	DP
<i>stress formula tablet oral</i>	\$0, Tier 3	DP
<i>stress formula/iron tablet oral</i>	\$0, Tier 3	DP
<i>stress formula/zinc (b-compl) tablet oral</i>	\$0, Tier 3	DP
STUART ONE CAPSULE 27-0.8-200 MG ORAL	\$0, Tier 3	DP
SUPER NU-THERA LIQUID ORAL	\$0, Tier 3	DP
SUPER NU-THERA POWDER ORAL	\$0, Tier 3	DP
SUPER NU-THERA TABLET ORAL	\$0, Tier 3	DP
<i>super vikaps tablet oral</i>	\$0, Tier 3	DP
<i>superplex-t tablet oral</i>	\$0, Tier 3	DP
TAB-A-VITE TABLET ORAL	\$0, Tier 3	DP
TAB-A-VITE/BETA CAROTENE TABLET ORAL	\$0, Tier 3	DP
<i>tab-a-vite/iron tablet oral</i>	\$0, Tier 3	DP
THERA M PLUS TABLET ORAL	\$0, Tier 3	DP
THERA TABLET ORAL	\$0, Tier 3	DP
<i>thera-m tablet oral</i>	\$0, Tier 3	DP
THEREMS TABLET ORAL	\$0, Tier 3	DP
THEREMS-H TABLET ORAL	\$0, Tier 3	DP
THEREMS-M TABLET ORAL	\$0, Tier 3	DP
<i>thiamine hcl solution 100 mg/ml injection</i>	\$0, Tier 3	DP
<i>thiamine hcl tablet 100 mg oral</i>	\$0, Tier 3	DP
<i>total b/c tablet oral</i>	\$0, Tier 3	DP
<i>unicomplex-m tablet oral</i>	\$0, Tier 3	DP
<i>vita-bee/c tablet oral</i>	\$0, Tier 3	DP
<i>vitamin a capsule 3 mg (10000 ut) oral</i>	\$0, Tier 3	DP
<i>vitamin b-1 tablet 50 mg oral</i>	\$0, Tier 3	DP
<i>vitamin b-12 er tablet extended release 1000 mcg oral</i>	\$0, Tier 3	DP
<i>vitamin b-12 er tablet extended release 2000 mcg oral</i>	\$0, Tier 3	DP
<i>vitamin b-12 tablet 100 mcg oral</i>	\$0, Tier 3	DP
<i>vitamin b-12 tablet 1000 mcg oral</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	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>vitamin b-12 tablet 250 mcg oral</i>	\$0, Tier 3	DP
<i>vitamin b-12 tablet 500 mcg oral</i>	\$0, Tier 3	DP
<i>vitamin b-6 tablet 100 mg oral</i>	\$0, Tier 3	DP
<i>vitamin b-6 tablet 25 mg oral</i>	\$0, Tier 3	DP
<i>vitamin b-6 tablet 50 mg oral</i>	\$0, Tier 3	DP
<i>vitamin c er capsule extended release 500 mg oral</i>	\$0, Tier 3	DP
<i>vitamin c tablet 1000 mg oral</i>	\$0, Tier 3	DP
<i>vitamin c tablet 250 mg oral</i>	\$0, Tier 3	DP
<i>vitamin c tablet chewable 250 mg oral</i>	\$0, Tier 3	DP
<i>vitamin c tablet chewable 500 mg oral</i>	\$0, Tier 3	DP
<i>vitamin d (cholecalciferol) capsule 10 mcg (400 unit) oral</i>	\$0, Tier 3	DP
<i>vitamin d (cholecalciferol) capsule 25 mcg (1000 ut) oral</i>	\$0, Tier 3	DP
<i>vitamin d (ergocalciferol) capsule 1.25 mg (50000 ut) oral</i>	\$0, Tier 3	DP
<i>vitamin d capsule 50 mcg (2000 ut) oral</i>	\$0, Tier 3	DP
<i>vitamin d liquid 10 mcg/ml oral</i>	\$0, Tier 3	DP
<i>vitamin d tablet 25 mcg (1000 ut) oral</i>	\$0, Tier 3	DP
<i>vitamin d tablet 50 mcg (2000 ut) oral</i>	\$0, Tier 3	DP
<i>vitamin d3 capsule 1.25 mg (50000 ut) oral</i>	\$0, Tier 3	DP
<i>vitamin d3 capsule 125 mcg (5000 ut) oral</i>	\$0, Tier 3	DP
<i>vitamin d3 capsule 250 mcg (10000 ut) oral</i>	\$0, Tier 3	DP
<i>vitamin d3 capsule 50 mcg (2000 ut) oral</i>	\$0, Tier 3	DP
<i>vitamin d3 tablet 10 mcg (400 unit) oral</i>	\$0, Tier 3	DP
<i>vitamin d3 tablet 25 mcg (1000 ut) oral</i>	\$0, Tier 3	DP
<i>vitamin d3 tablet 50 mcg (2000 ut) oral</i>	\$0, Tier 3	DP
<i>vitamin e capsule 100 unit oral</i>	\$0, Tier 3	DP
<i>vitamin e capsule 200 unit oral</i>	\$0, Tier 3	DP
<i>vitamin e capsule 400 unit oral</i>	\$0, Tier 3	DP
<i>vitamin e capsule 450 mg (1000 ut) oral</i>	\$0, Tier 3	DP
<i>vitamin k1 solution 1 mg/0.5ml injection</i>	\$0, Tier 3	DP
<i>vitamin k1 solution 10 mg/ml injection</i>	\$0, Tier 3	DP
<i>vitamins/minerals tablet oral</i>	\$0, Tier 3	DP
<i>womens one daily tablet oral</i>	\$0, Tier 3	DP
<i>zoo friends complete tablet chewable oral</i>	\$0, Tier 3	DP
<i>zoo friends gummies tablet chewable oral</i>	\$0, Tier 3	DP
<i>zoo friends plus extra c tablet chewable oral</i>	\$0, Tier 3	DP
<i>zoo friends tablet chewable oral</i>	\$0, Tier 3	DP
OPHTHALMIC		
Antiallergics		
<i>azelastine hcl ophthalmic</i>	\$0, Tier 1	
<i>bepotastine besilate</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	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
BEPREVE	\$0, Tier 2	
<i>cromolyn sodium ophthalmic</i>	\$0, Tier 1	
LASTACAFT	\$0, Tier 2	
NAPHCAN-A SOLUTION 0.025-0.3 % OPHTHALMIC	\$0, Tier 3	DP
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	\$0, Tier 1	
PAZEO	\$0, Tier 2	
<i>ra eye allergy relief solution 0.027-0.315 % ophthalmic</i>	\$0, Tier 3	DP
<i>tgt eye allergy relief solution 0.027-0.315 % ophthalmic</i>	\$0, Tier 3	DP
ZERVIAE	\$0, Tier 2	
Antiglaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	\$0, Tier 2	
AZOPT	\$0, Tier 2	
<i>betaxolol hcl ophthalmic</i>	\$0, Tier 1	
BETOPTIC-S	\$0, Tier 2	
<i>brimonidine tartrate ophthalmic</i>	\$0, Tier 1	
<i>brinzolamide</i>	\$0, Tier 1	
<i>carteolol hcl</i>	\$0, Tier 1	
COMBIGAN	\$0, Tier 2	
<i>dorzolamide hcl ophthalmic</i>	\$0, Tier 1	
<i>dorzolamide hcl-timolol mal</i>	\$0, Tier 1	
<i>latanoprost ophthalmic</i>	\$0, Tier 1	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	\$0, Tier 1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	\$0, Tier 2	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	\$0, Tier 1	
RHOPRESSA	\$0, Tier 2	
SIMBRINZA	\$0, Tier 2	
<i>timolol maleate ophthalmic</i>	\$0, Tier 1	
VYZULTA	\$0, Tier 2	
Anti-Infective/Anti-Inflammatory		
<i>bacitra-neomycin-polymyxin-hc</i>	\$0, Tier 1	
BLEPHAMIDE S.O.P.	\$0, Tier 2	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	\$0, Tier 1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	\$0, Tier 1	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	\$0, Tier 1	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	\$0, Tier 1	
TOBRADEX OPHTHALMIC OINTMENT	\$0, Tier 2	
TOBRADEX ST	\$0, Tier 2	
<i>tobramycin-dexamethasone</i>	\$0, Tier 1	
ZYLET	\$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	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
Anti-Infectives		
<i>bacitracin ophthalmic</i>	\$0, Tier 1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	\$0, Tier 1	
BESIVANCE	\$0, Tier 2	
CILOXAN OPHTHALMIC OINTMENT	\$0, Tier 2	
<i>ciprofloxacin hcl ophthalmic</i>	\$0, Tier 1	
<i>erythromycin ophthalmic</i>	\$0, Tier 1	
<i>gatifloxacin ophthalmic</i>	\$0, Tier 1	
GENTAK OPHTHALMIC OINTMENT	\$0, Tier 1	
<i>gentamicin sulfate ophthalmic solution</i>	\$0, Tier 1	
<i>moxifloxacin hcl ophthalmic solution</i>	\$0, Tier 1	
NATACYN	\$0, Tier 2	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	\$0, Tier 1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	\$0, Tier 1	
<i>ofloxacin ophthalmic</i>	\$0, Tier 1	
<i>polymyxin b-trimethoprim</i>	\$0, Tier 1	
<i>sulfacetamide sodium ophthalmic</i>	\$0, Tier 1	
<i>tobramycin ophthalmic</i>	\$0, Tier 1	
<i>trifluridine ophthalmic</i>	\$0, Tier 1	
ZIRGAN	\$0, Tier 2	
Anti-Inflammatories		
ALREX	\$0, Tier 2	
<i>bromfenac sodium (once-daily)</i>	\$0, Tier 1	
BROMSITE	\$0, Tier 2	
<i>dexamethasone sodium phosphate ophthalmic</i>	\$0, Tier 1	
<i>diclofenac sodium ophthalmic</i>	\$0, Tier 1	
DUREZOL	\$0, Tier 2	
FLAREX	\$0, Tier 2	
<i>fluorometholone ophthalmic</i>	\$0, Tier 1	
<i>flurbiprofen sodium</i>	\$0, Tier 1	
ILEVRO	\$0, Tier 2	
<i>ketorolac tromethamine ophthalmic</i>	\$0, Tier 1	
LOTEMAX OPHTHALMIC OINTMENT	\$0, Tier 2	
<i>prednisolone acetate ophthalmic</i>	\$0, Tier 1	
<i>prednisolone sodium phosphate ophthalmic</i>	\$0, Tier 2	
PROLENSA	\$0, Tier 2	
Miscellaneous		
<i>atropine sulfate ophthalmic solution 1 %</i>	\$0, Tier 2	

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
CYSTADROPS	\$0, Tier 2	PA; LA; NDS
CYSTARAN	\$0, Tier 2	PA; LA; NDS
ISOPTO ATROPINE	\$0, Tier 2	
<i>proparacaine hcl ophthalmic</i>	\$0, Tier 1	
RESTASIS	\$0, Tier 2	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	\$0, Tier 2	
XIIDRA	\$0, Tier 2	
RESPIRATORY		
Anticholinergic/Beta Agonist Combinations		
ANORO ELLIPTA	\$0, Tier 2	QL (60 per 30 days)
BEVESPI AEROSPHERE	\$0, Tier 2	QL (10.7 per 30 days)
BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION	\$0, Tier 2	QL (10.7 per 30 days)
BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION	\$0, Tier 2	QL (23.6 per 28 days)
COMBIVENT RESPIMAT	\$0, Tier 2	QL (8 per 30 days)
<i>ipratropium-albuterol</i>	\$0, Tier 1	B/D
TRELEGY ELLIPTA	\$0, Tier 2	QL (60 per 30 days)
Anticholinergics		
ATROVENT HFA	\$0, Tier 2	QL (25.8 per 30 days)
INCRUSE ELLIPTA	\$0, Tier 2	QL (30 per 30 days)
<i>ipratropium bromide inhalation</i>	\$0, Tier 1	B/D
<i>ipratropium bromide nasal</i>	\$0, Tier 1	
Antihistamines		
<i>all day allergy tablet 10 mg oral</i>	\$0, Tier 3	DP
<i>aller-chlor tablet 4 mg oral</i>	\$0, Tier 3	DP
<i>aller-ease tablet 60 mg oral</i>	\$0, Tier 3	DP
<i>allergy childrens liquid 12.5 mg/5ml oral</i>	\$0, Tier 3	DP
<i>allergy relief capsule 25 mg oral</i>	\$0, Tier 3	DP
<i>allergy relief childrens liquid 12.5 mg/5ml oral</i>	\$0, Tier 3	DP
<i>allergy relief tablet 10 mg oral</i>	\$0, Tier 3	DP
<i>allergy relief tablet 25 mg oral</i>	\$0, Tier 3	DP
<i>allergy tablet 10 mg oral</i>	\$0, Tier 3	DP
<i>allergy tablet 4 mg oral</i>	\$0, Tier 3	DP
<i>allergy-time tablet 4 mg oral</i>	\$0, Tier 3	DP
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	\$0, Tier 1	
BANOPHEN CAPSULE 25 MG ORAL	\$0, Tier 3	DP
BANOPHEN CAPSULE 50 MG ORAL	\$0, Tier 3	DP
BANOPHEN TABLET 25 MG ORAL	\$0, Tier 3	DP
<i>cetirizine hcl allergy child solution 5 mg/5ml oral (otc)</i>	\$0, Tier 3	DP

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>cetirizine hcl childrens alrgy solution 1 mg/ml oral</i>	\$0, Tier 3	DP
<i>cetirizine hcl hives relief solution 5 mg/5ml oral</i>	\$0, Tier 3	DP
<i>cetirizine hcl oral solution 1 mg/ml</i>	\$0, Tier 1	
<i>cetirizine hcl tablet 10 mg oral</i>	\$0, Tier 3	DP
<i>cetirizine hcl tablet 5 mg oral</i>	\$0, Tier 3	DP
<i>cetirizine hcl tablet chewable 10 mg oral</i>	\$0, Tier 3	DP
<i>cetirizine hcl tablet chewable 5 mg oral</i>	\$0, Tier 3	DP
<i>childrens loratadine solution 5 mg/5ml oral</i>	\$0, Tier 3	DP
<i>childrens loratadine syrup 5 mg/5ml oral</i>	\$0, Tier 3	DP
<i>complete allergy medicine capsule 25 mg oral</i>	\$0, Tier 3	DP
<i>cyproheptadine hcl oral</i>	\$0, Tier 2	PA
DAYHIST ALLERGY 12 HOUR RELIEF TABLET 1.34 MG ORAL	\$0, Tier 3	DP
<i>diphenhist capsule 25 mg oral</i>	\$0, Tier 3	DP
<i>diphenhydramine hcl capsule 25 mg oral (otc)</i>	\$0, Tier 3	DP
<i>diphenhydramine hcl capsule 50 mg oral (otc)</i>	\$0, Tier 3	DP
<i>diphenhydramine hcl injection</i>	\$0, Tier 1	
<i>diphenhydramine hcl tablet 25 mg oral</i>	\$0, Tier 3	DP
<i>ed chlorped jr syrup 2 mg/5ml oral</i>	\$0, Tier 3	DP
<i>fexofenadine hcl tablet 180 mg oral (otc)</i>	\$0, Tier 3	DP
<i>fexofenadine hcl tablet 60 mg oral (otc)</i>	\$0, Tier 3	DP
<i>gnp all day allergy childrens solution 5 mg/5ml oral</i>	\$0, Tier 3	DP
<i>gnp all day allergy tablet 10 mg oral</i>	\$0, Tier 3	DP
<i>gnp allergy capsule 25 mg oral</i>	\$0, Tier 3	DP
<i>gnp allergy relief tablet dispersible 10 mg oral</i>	\$0, Tier 3	DP
<i>gnp allergy tablet 25 mg oral</i>	\$0, Tier 3	DP
<i>gnp allergy tablet 4 mg oral</i>	\$0, Tier 3	DP
<i>gnp childrens allergy liquid 12.5 mg/5ml oral</i>	\$0, Tier 3	DP
<i>gnp dayhist allergy tablet 1.34 mg oral</i>	\$0, Tier 3	DP
<i>gnp loratadine syrup 5 mg/5ml oral</i>	\$0, Tier 3	DP
<i>gnp loratadine tablet 10 mg oral</i>	\$0, Tier 3	DP
<i>goodsense all day allergy tablet 10 mg oral</i>	\$0, Tier 3	DP
<i>hm allergy relief tablet 4 mg oral</i>	\$0, Tier 3	DP
<i>hm allergy tablet 25 mg oral</i>	\$0, Tier 3	DP
<i>hm cetirizine hcl childrens solution 5 mg/5ml oral</i>	\$0, Tier 3	DP
<i>hm loratadine childrens syrup 5 mg/5ml oral</i>	\$0, Tier 3	DP
<i>hydroxyzine hcl intramuscular</i>	\$0, Tier 2	PA
<i>hydroxyzine hcl oral syrup</i>	\$0, Tier 2	PA
<i>hydroxyzine hcl oral tablet</i>	\$0, Tier 2	PA
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	\$0, Tier 2	PA
KLS ALLERCLEAR TABLET 10 MG ORAL	\$0, Tier 3	DP

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
KLS ALLER-TEC TABLET 10 MG ORAL	\$0, Tier 3	DP
<i>levocetirizine dihydrochloride oral</i>	\$0, Tier 1	
<i>loratadine childrens syrup 5 mg/5ml oral</i>	\$0, Tier 3	DP
<i>loratadine tablet 10 mg oral</i>	\$0, Tier 3	DP
MEDI-PHEDRYL CAPSULE 25 MG ORAL	\$0, Tier 3	DP
<i>pharbechlor tablet 4 mg oral</i>	\$0, Tier 3	DP
<i>pharbedryl capsule 25 mg oral</i>	\$0, Tier 3	DP
<i>pharbedryl capsule 50 mg oral</i>	\$0, Tier 3	DP
<i>qc all day allergy tablet 10 mg oral</i>	\$0, Tier 3	DP
<i>qc chlor-pheniramine tablet 4 mg oral</i>	\$0, Tier 3	DP
<i>qc loratadine allergy relief tablet 10 mg oral</i>	\$0, Tier 3	DP
<i>sb loratadine allergy relief tablet 10 mg oral</i>	\$0, Tier 3	DP
<i>siladryl allergy liquid 12.5 mg/5ml oral</i>	\$0, Tier 3	DP
<i>sm all day allergy childrens solution 5 mg/5ml oral</i>	\$0, Tier 3	DP
<i>sm all day allergy tablet 10 mg oral</i>	\$0, Tier 3	DP
<i>sm allergy 4 hour tablet 4 mg oral</i>	\$0, Tier 3	DP
<i>sm allergy relief liquid 12.5 mg/5ml oral</i>	\$0, Tier 3	DP
<i>sm allergy relief tablet dispersible 10 mg oral</i>	\$0, Tier 3	DP
<i>sm childrens loratadine syrup 5 mg/5ml oral</i>	\$0, Tier 3	DP
<i>sm fexofenadine hcl tablet 180 mg oral</i>	\$0, Tier 3	DP
<i>sm loratadine syrup 5 mg/5ml oral</i>	\$0, Tier 3	DP
Beta Agonists		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	\$0, Tier 1	QL (17 per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i>	\$0, Tier 1	QL (36 per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	\$0, Tier 1	B/D
<i>albuterol sulfate oral</i>	\$0, Tier 1	
<i>levalbuterol hcl inhalation</i>	\$0, Tier 1	B/D
<i>levalbuterol tartrate</i>	\$0, Tier 1	QL (30 per 30 days)
SEREVENT DISKUS	\$0, Tier 2	QL (60 per 30 days)
<i>terbutaline sulfate oral</i>	\$0, Tier 1	
VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	\$0, Tier 2	QL (36 per 30 days)
VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	\$0, Tier 2	QL (48 per 30 days)
Cough And Cold		
<i>12 hour decongestant tablet extended release 12 hour 120 mg oral</i>	\$0, Tier 3	DP
<i>all day allergy d tablet extended release 12 hour 5-120 mg oral</i>	\$0, Tier 3	DP
<i>all day allergy-d tablet extended release 12 hour 5-120 mg oral</i>	\$0, Tier 3	DP

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>allergy d-12 tablet extended release 12 hour 5-120 mg oral</i>	\$0, Tier 3	DP
<i>allergy relief d-24 tablet extended release 24 hour 10-240 mg oral</i>	\$0, Tier 3	DP
<i>ambi 10peh/400gfn tablet 10-400 mg oral</i>	\$0, Tier 3	DP
<i>ambi 10peh/400gfn/20dm tablet 10-400-20 mg oral</i>	\$0, Tier 3	DP
<i>ambi 40pse/400gfn tablet 40-400 mg oral</i>	\$0, Tier 3	DP
<i>benzonatate capsule 100 mg oral</i>	\$0, Tier 3	DP
<i>benzonatate capsule 200 mg oral</i>	\$0, Tier 3	DP
BROMFED DM SYRUP 30-2-10 MG/5ML ORAL	\$0, Tier 3	DP
<i>capcof syrup 5-2-10 mg/5ml oral</i>	\$0, Tier 3	DP
<i>cetirizine-pseudoephedrine er tablet extended release 12 hour 5-120 mg oral</i>	\$0, Tier 3	DP
<i>childrens mucus relief expect liquid 100 mg/5ml oral</i>	\$0, Tier 3	DP
<i>childrens silfedrine liquid 15 mg/5ml oral</i>	\$0, Tier 3	DP
<i>cough dm suspension extended release 30 mg/5ml oral</i>	\$0, Tier 3	DP
<i>cvs cough dm suspension extended release 30 mg/5ml oral</i>	\$0, Tier 3	DP
<i>dextromethorphan polistirex er suspension extended release 30 mg/5ml oral</i>	\$0, Tier 3	DP
DIABETIC TUSSIN DM LIQUID 100-10 MG/5ML ORAL	\$0, Tier 3	DP
DIABETIC TUSSIN LIQUID 100 MG/5ML ORAL	\$0, Tier 3	DP
DIABETIC TUSSIN MAX ST LIQUID 10-200 MG/5ML ORAL	\$0, Tier 3	DP
<i>eq cough dm suspension extended release 30 mg/5ml oral</i>	\$0, Tier 3	DP
<i>gnp all day allergy-d tablet extended release 12 hour 5-120 mg oral</i>	\$0, Tier 3	DP
<i>gnp allergy & congestion tablet extended release 24 hour 10-240 mg oral</i>	\$0, Tier 3	DP
<i>gnp cough dm er suspension extended release 30 mg/5ml oral</i>	\$0, Tier 3	DP
<i>gnp mucus relief childrens liquid 100 mg/5ml oral</i>	\$0, Tier 3	DP
<i>gnp nasal decongestant pe tablet 10 mg oral</i>	\$0, Tier 3	DP
<i>gnp nasal decongestant tablet 30 mg oral</i>	\$0, Tier 3	DP
<i>gnp pseudoephedrine hcl 12 hr tablet extended release 12 hour 120 mg oral</i>	\$0, Tier 3	DP
<i>gnp suphedrin liquid 15 mg/5ml oral</i>	\$0, Tier 3	DP
<i>gnp tussin cf cough & cold syrup 5-10-100 mg/5ml oral</i>	\$0, Tier 3	DP
<i>gnp tussin dm cough liquid 100-10 mg/5ml oral</i>	\$0, Tier 3	DP
<i>gnp tussin dm liquid 20-200 mg/10ml oral</i>	\$0, Tier 3	DP
<i>gnp tussin dm max liquid 10-200 mg/5ml oral</i>	\$0, Tier 3	DP
<i>guaiatussin ac syrup 100-10 mg/5ml oral</i>	\$0, Tier 3	DP
<i>guaifenesin ac syrup 100-10 mg/5ml oral</i>	\$0, Tier 3	DP
<i>guaifenesin solution 100 mg/5ml oral</i>	\$0, Tier 3	DP
<i>guaifenesin solution 200 mg/10ml oral</i>	\$0, Tier 3	DP
<i>guaifenesin solution 300 mg/15ml oral</i>	\$0, Tier 3	DP

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>guaifenesin-codeine solution 100-10 mg/5ml oral (otc)</i>	\$0, Tier 3	DP
<i>guaifenesin-dm syrup 100-10 mg/5ml oral</i>	\$0, Tier 3	DP
<i>hm allergy complete-d tablet extended release 12 hour 5-120 mg oral</i>	\$0, Tier 3	DP
<i>hm allergy relief/nasal decong tablet extended release 24 hour 10-240 mg oral</i>	\$0, Tier 3	DP
<i>hm cough dm suspension extended release 30 mg/5ml oral</i>	\$0, Tier 3	DP
<i>hm nasal decongestant pe tablet 10 mg oral</i>	\$0, Tier 3	DP
<i>hm tussin adult dm liquid 100-10 mg/5ml oral</i>	\$0, Tier 3	DP
<i>hm tussin adult liquid 100 mg/5ml oral</i>	\$0, Tier 3	DP
<i>hm tussin adult multi-symptom liquid 5-10-100 mg/5ml oral</i>	\$0, Tier 3	DP
<i>hydrocod polst-cpm polst er suspension extended release 10-8 mg/5ml oral</i>	\$0, Tier 3	DP
<i>hydrocodone-homatropine syrup 5-1.5 mg/5ml oral</i>	\$0, Tier 3	DP
<i>hydrocodone-homatropine tablet 5-1.5 mg oral</i>	\$0, Tier 3	DP
<i>hydromet syrup 5-1.5 mg/5ml oral</i>	\$0, Tier 3	DP
<i>lohist-dm syrup 5-2-10 mg/5ml oral</i>	\$0, Tier 3	DP
<i>loratadine-d 24hr tablet extended release 24 hour 10-240 mg oral</i>	\$0, Tier 3	DP
LORTUSS EX LIQUID 30-10-100 MG/5ML ORAL	\$0, Tier 3	DP
<i>m-clear wc solution 100-6.3 mg/5ml oral</i>	\$0, Tier 3	DP
<i>medi-tussin dm syrup 100-10 mg/5ml oral</i>	\$0, Tier 3	DP
<i>mucus relief chest congestion liquid 400 mg/20ml oral</i>	\$0, Tier 3	DP
<i>nasal decongestant pe max st tablet 10 mg oral</i>	\$0, Tier 3	DP
<i>nasal decongestant pe tablet 10 mg oral</i>	\$0, Tier 3	DP
<i>nasal decongestant tablet 30 mg oral</i>	\$0, Tier 3	DP
NINJACOF-XG LIQUID 200-8 MG/5ML ORAL	\$0, Tier 3	DP
<i>poly-tussin ac liquid 10-4-10 mg/5ml oral</i>	\$0, Tier 3	DP
<i>promethazine-codeine solution 6.25-10 mg/5ml oral</i>	\$0, Tier 3	DP
<i>promethazine-codeine syrup 6.25-10 mg/5ml oral</i>	\$0, Tier 3	DP
<i>promethazine-dm syrup 6.25-15 mg/5ml oral</i>	\$0, Tier 3	DP
<i>pseudoeph-bromphen-dm syrup 30-2-10 mg/5ml oral (rx)</i>	\$0, Tier 3	DP
<i>pseudoephedrine hcl er tablet extended release 12 hour 120 mg oral</i>	\$0, Tier 3	DP
<i>pseudoephedrine hcl tablet 30 mg oral (otc)</i>	\$0, Tier 3	DP
<i>pseudoephedrine hcl tablet 60 mg oral (otc)</i>	\$0, Tier 3	DP
<i>qc loratadine-d tablet extended release 24 hour 10-240 mg oral</i>	\$0, Tier 3	DP
<i>qc suphedrine maximum strength tablet extended release 12 hour 120 mg oral</i>	\$0, Tier 3	DP
<i>qc tussin cf liquid 5-10-100 mg/5ml oral</i>	\$0, Tier 3	DP
<i>ra cough dm suspension extended release 30 mg/5ml oral</i>	\$0, Tier 3	DP
REFENESEN CHEST CONG/PAIN RLF TABLET 650-400 MG ORAL	\$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	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>rynex pse liquid 1-15 mg/5ml oral</i>	\$0, Tier 3	DP
<i>sb allergy relief/nasal decong tablet extended release 24 hour 10-240 mg oral</i>	\$0, Tier 3	DP
<i>sb cough control dm max liquid 10-200 mg/5ml oral</i>	\$0, Tier 3	DP
<i>siltussin das liquid 100 mg/5ml oral</i>	\$0, Tier 3	DP
<i>siltussin dm das liquid 100-10 mg/5ml oral</i>	\$0, Tier 3	DP
<i>siltussin sa syrup 100 mg/5ml oral</i>	\$0, Tier 3	DP
<i>siltussin-dm alcohol free syrup 100-10 mg/5ml oral</i>	\$0, Tier 3	DP
<i>sm all day allergy-d tablet extended release 12 hour 5-120 mg oral</i>	\$0, Tier 3	DP
<i>sm cold & allergy childrens elixir 1-15 mg/5ml oral</i>	\$0, Tier 3	DP
<i>sm lorata-dine d tablet extended release 24 hour 10-240 mg oral</i>	\$0, Tier 3	DP
<i>sm nasal decongestant max st tablet 30 mg oral</i>	\$0, Tier 3	DP
<i>sm nasal decongestant pe tablet 10 mg oral</i>	\$0, Tier 3	DP
<i>sm tussin cf liquid 30-10-100 mg/5ml oral</i>	\$0, Tier 3	DP
<i>sm tussin cf liquid 5-10-100 mg/5ml oral</i>	\$0, Tier 3	DP
<i>sm tussin cough/chest congest syrup 100-10 mg/5ml oral</i>	\$0, Tier 3	DP
<i>sm tussin dm syrup 100-10 mg/5ml oral</i>	\$0, Tier 3	DP
SUDOGEST PE TABLET 10 MG ORAL	\$0, Tier 3	DP
SUDOGEST TABLET 30 MG ORAL	\$0, Tier 3	DP
SUDOGEST TABLET 60 MG ORAL	\$0, Tier 3	DP
<i>suphedrine 12hour tablet extended release 12 hour 120 mg oral</i>	\$0, Tier 3	DP
<i>trymine cg liquid 225-7.5 mg/5ml oral</i>	\$0, Tier 3	DP
TUSNEL C SYRUP 30-10-100 MG/5ML ORAL	\$0, Tier 3	DP
<i>tusnel diabetic liquid 10-100 mg/5ml oral</i>	\$0, Tier 3	DP
TUSSICAPS CAPSULE EXTENDED RELEASE 12 HOUR 10-8 MG ORAL	\$0, Tier 3	DP
<i>tussin cf cough & cold liquid 5-10-100 mg/5ml oral</i>	\$0, Tier 3	DP
<i>tussin cf liquid 5-10-100 mg/5ml oral</i>	\$0, Tier 3	DP
<i>tussin dm liquid 100-10 mg/5ml oral</i>	\$0, Tier 3	DP
<i>tussin dm max liquid 10-200 mg/5ml oral</i>	\$0, Tier 3	DP
<i>tussin dm syrup 100-10 mg/5ml oral</i>	\$0, Tier 3	DP
<i>tussin mucus+chest congestion syrup 100 mg/5ml oral</i>	\$0, Tier 3	DP
Leukotriene Modulators		
<i>montelukast sodium oral</i>	\$0, Tier 1	
<i>zafirlukast</i>	\$0, Tier 1	
Miscellaneous		
<i>acetylcysteine inhalation</i>	\$0, Tier 1	B/D
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	\$0, Tier 2	PA; LA; NDS
AYR SALINE NASAL NETI RINSE PACKET 1.57 GM NASAL	\$0, Tier 3	DP

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
AYR SALINE NASAL RINSE PACKET 1.57 GM NASAL	\$0, Tier 3	DP
<i>cromolyn sodium aerosol solution 5.2 mg/act nasal</i>	\$0, Tier 3	DP
<i>cromolyn sodium inhalation</i>	\$0, Tier 1	B/D
DALIRESP	\$0, Tier 2	
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	\$0, Tier 1	
<i>epinephrine injection solution auto-injector</i>	\$0, Tier 1	
ESBRIET ORAL CAPSULE	\$0, Tier 2	PA; QL (270 per 30 days); NDS
ESBRIET ORAL TABLET 267 MG	\$0, Tier 2	PA; QL (270 per 30 days); NDS
ESBRIET ORAL TABLET 801 MG	\$0, Tier 2	PA; QL (90 per 30 days); NDS
FASENRA	\$0, Tier 2	PA; LA; NDS
FASENRA PEN	\$0, Tier 2	PA; LA; NDS
KALYDECO ORAL PACKET	\$0, Tier 2	PA; QL (56 per 28 days); NDS
KALYDECO ORAL TABLET	\$0, Tier 2	PA; QL (60 per 30 days); NDS
OFEV	\$0, Tier 2	PA; QL (60 per 30 days); NDS
ORKAMBI ORAL PACKET	\$0, Tier 2	PA; QL (56 per 28 days); NDS
ORKAMBI ORAL TABLET	\$0, Tier 2	PA; QL (112 per 28 days); NDS
PROLASTIN-C	\$0, Tier 2	PA; LA; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	\$0, Tier 2	PA; NDS
SYMDEKO	\$0, Tier 2	PA; LA; QL (56 per 28 days); NDS
SYMJEPI	\$0, Tier 2	
THEO-24	\$0, Tier 2	
<i>theophylline</i>	\$0, Tier 1	
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	\$0, Tier 1	
<i>theophylline er oral tablet extended release 24 hour</i>	\$0, Tier 1	
TRIKAFTA	\$0, Tier 2	PA; LA; QL (84 per 28 days); NDS
XOLAIR	\$0, Tier 2	PA; LA; NDS
ZEMAIRA	\$0, Tier 2	PA; LA; NDS
Nasal Steroids		
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	\$0, Tier 1	QL (75 per 30 days)
<i>fluticasone propionate nasal</i>	\$0, Tier 1	QL (16 per 30 days)
Steroid Inhalants		
ARNUITY ELLIPTA	\$0, Tier 2	QL (30 per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	\$0, Tier 1	B/D
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST	\$0, Tier 2	QL (240 per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/BLIST	\$0, Tier 2	QL (180 per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	\$0, Tier 2	QL (24 per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	\$0, Tier 2	QL (21.2 per 30 days)

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT	\$0, Tier 2	QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT	\$0, Tier 2	QL (3 per 30 days)
Steroid/Beta-Agonist Combinations		
ADVAIR DISKUS	\$0, Tier 2	QL (60 per 30 days)
ADVAIR HFA	\$0, Tier 2	QL (12 per 30 days)
BREO ELLIPTA	\$0, Tier 2	QL (60 per 30 days)
SYMBICORT	\$0, Tier 2	QL (10.2 per 30 days)
TOPICAL		
Dermatology, Acne		
ACUTANE ORAL CAPSULE 20 MG, 30 MG, 40 MG	\$0, Tier 1	PA
AMNESTEEM	\$0, Tier 1	PA
AVITA	\$0, Tier 1	PA; QL (45 per 30 days)
<i>benzoyl peroxide-erythromycin</i>	\$0, Tier 1	
CLARAVIS	\$0, Tier 1	PA
<i>clindamycin phosphate external gel</i>	\$0, Tier 1	QL (75 per 30 days)
<i>clindamycin phosphate external lotion</i>	\$0, Tier 1	QL (60 per 30 days)
<i>clindamycin phosphate external solution</i>	\$0, Tier 1	QL (60 per 30 days)
<i>ery</i>	\$0, Tier 1	
<i>erythromycin external solution</i>	\$0, Tier 1	QL (60 per 30 days)
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0, Tier 1	PA
MYORISAN	\$0, Tier 1	PA
<i>sulfacetamide sodium (acne)</i>	\$0, Tier 1	
<i>tretinoin external cream</i>	\$0, Tier 1	PA; QL (45 per 30 days)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	\$0, Tier 1	PA; QL (45 per 30 days)
ZENATANE	\$0, Tier 1	PA
Dermatology, Antibiotics		
<i>bacitracin ointment 500 unit/gm external</i>	\$0, Tier 3	DP
<i>bacitracin zinc ointment 500 unit/gm external (otc)</i>	\$0, Tier 3	DP
<i>gentamicin sulfate external cream</i>	\$0, Tier 1	QL (30 per 30 days)
<i>gentamicin sulfate external ointment</i>	\$0, Tier 1	
<i>gnp bacitracin zinc ointment 500 unit/gm external</i>	\$0, Tier 3	DP
<i>gnp triple antibiotic plus ointment 1 % external</i>	\$0, Tier 3	DP
<i>hm bacitracin zinc ointment 500 unit/gm external</i>	\$0, Tier 3	DP
<i>hm triple antibiotic max st ointment 1 % external</i>	\$0, Tier 3	DP
<i>hm triple antibiotic ointment 3.5-400-5000 external</i>	\$0, Tier 3	DP
<i>mupirocin external</i>	\$0, Tier 1	QL (220 per 30 days)
<i>qc bacitracin ointment 500 unit/gm external</i>	\$0, Tier 3	DP
<i>sb triple antibiotic ointment 4 % external</i>	\$0, Tier 3	DP

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>silver sulfadiazine external</i>	\$0, Tier 1	
<i>sm antibiotic ointment 500 unit/gm external</i>	\$0, Tier 3	DP
<i>sm triple antibiotic max st ointment 1 % external</i>	\$0, Tier 3	DP
<i>sm triple antibiotic ointment 3.5-400-5000 external</i>	\$0, Tier 3	DP
SSD	\$0, Tier 1	
SULFAMYLON EXTERNAL CREAM	\$0, Tier 2	
<i>tri-biozene ointment 1 % external</i>	\$0, Tier 3	DP
<i>triple antibiotic ointment 3.5-400-5000 external</i>	\$0, Tier 3	DP
<i>triple antibiotic ointment 5-400-5000 external</i>	\$0, Tier 3	DP
<i>triple antibiotic plus ointment 1 % external</i>	\$0, Tier 3	DP
Dermatology, Antifungals		
<i>ammonium lactate lotion 12 % external (rx)</i>	\$0, Tier 1	
<i>antifungal (tolnaftate) cream 1 % external</i>	\$0, Tier 3	DP
<i>anti-fungal cream 1 % external</i>	\$0, Tier 3	DP
<i>antifungal cream 2 % external</i>	\$0, Tier 3	DP
<i>anti-fungal powder 1 % external</i>	\$0, Tier 3	DP
<i>baza antifungal cream 2 % external</i>	\$0, Tier 3	DP
<i>benzoin tincture external (otc)</i>	\$0, Tier 3	DP
CARRINGTON ANTIFUNGAL CREAM 2 % EXTERNAL	\$0, Tier 3	DP
<i>castellani paint modified liquid 1.5 % external</i>	\$0, Tier 3	DP
<i>ciclopirox olamine external cream</i>	\$0, Tier 1	QL (90 per 30 days)
<i>ciclopirox olamine external suspension</i>	\$0, Tier 1	QL (60 per 30 days)
<i>clotrimazole cream 1 % external (otc)</i>	\$0, Tier 3	DP
<i>clotrimazole cream 1 % external (rx)</i>	\$0, Tier 1	QL (45 per 30 days)
<i>clotrimazole solution 1 % external (otc)</i>	\$0, Tier 3	DP
<i>clotrimazole solution 1 % external (rx)</i>	\$0, Tier 1	QL (30 per 30 days)
<i>clotrimazole-betamethasone external cream</i>	\$0, Tier 1	QL (45 per 30 days)
FUNGOID-D CREAM 1 % EXTERNAL	\$0, Tier 3	DP
<i>gnp athletes foot cream 1 % external</i>	\$0, Tier 3	DP
<i>gnp terbinafine hydrochloride cream 1 % external</i>	\$0, Tier 3	DP
<i>gnp tolnaftate cream 1 % external</i>	\$0, Tier 3	DP
<i>jock itch spray aerosol powder 1 % external</i>	\$0, Tier 3	DP
<i>ketoconazole external cream</i>	\$0, Tier 1	QL (60 per 30 days)
<i>miconazole nitrate cream 2 % external (otc)</i>	\$0, Tier 3	DP
NYAMYC	\$0, Tier 1	QL (60 per 30 days)
<i>nystatin external cream</i>	\$0, Tier 1	QL (30 per 30 days)
<i>nystatin external ointment</i>	\$0, Tier 1	QL (30 per 30 days)
<i>nystatin external powder</i>	\$0, Tier 1	QL (60 per 30 days)
NYSTOP	\$0, Tier 1	QL (60 per 30 days)
<i>podactin powder 1 % external</i>	\$0, Tier 3	DP

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>qc tolnaftate cream 1 % external</i>	\$0, Tier 3	DP
<i>sb anti-fungal cream 1 % external</i>	\$0, Tier 3	DP
<i>sm antifungal clotrimazole cream 1 % external</i>	\$0, Tier 3	DP
<i>sm antifungal miconazole cream 2 % external</i>	\$0, Tier 3	DP
<i>sm antifungal tolnaftate cream 1 % external</i>	\$0, Tier 3	DP
<i>sm athletes foot cream 1 % external</i>	\$0, Tier 3	DP
SOOTHE & COOL INZO ANTIFUNGAL CREAM 2 % EXTERNAL	\$0, Tier 3	DP
<i>terbinafine hcl cream 1 % external</i>	\$0, Tier 3	DP
<i>tolnaftate cream 1 % external</i>	\$0, Tier 3	DP
<i>tolnaftate powder 1 % external</i>	\$0, Tier 3	DP
Dermatology, Antipsoriatics		
<i>acitretin</i>	\$0, Tier 1	PA
<i>calcipotriene external cream</i>	\$0, Tier 1	PA; QL (120 per 30 days)
<i>calcipotriene external ointment</i>	\$0, Tier 1	PA; QL (120 per 30 days)
<i>calcipotriene external solution</i>	\$0, Tier 1	PA; QL (120 per 30 days)
CALCITRENE	\$0, Tier 1	PA; QL (120 per 30 days)
<i>tazarotene external cream</i>	\$0, Tier 1	PA; QL (60 per 30 days)
TAZORAC EXTERNAL CREAM 0.05 %	\$0, Tier 2	PA; QL (60 per 30 days)
Dermatology, Antiseborrheics		
<i>ketoconazole external shampoo 2 %</i>	\$0, Tier 1	QL (120 per 30 days)
<i>selenium sulfide external lotion</i>	\$0, Tier 1	
Dermatology, Corticosteroids		
<i>ala-cort external cream</i>	\$0, Tier 1	
<i>alclometasone dipropionate</i>	\$0, Tier 1	
<i>betamethasone dipropionate aug</i>	\$0, Tier 1	
<i>betamethasone dipropionate external</i>	\$0, Tier 1	
<i>betamethasone valerate external cream</i>	\$0, Tier 1	
<i>betamethasone valerate external lotion</i>	\$0, Tier 1	
<i>betamethasone valerate external ointment</i>	\$0, Tier 1	
<i>clobetasol propionate e</i>	\$0, Tier 1	QL (60 per 30 days)
<i>clobetasol propionate external cream</i>	\$0, Tier 1	QL (60 per 30 days)
<i>clobetasol propionate external gel</i>	\$0, Tier 1	QL (60 per 30 days)
<i>clobetasol propionate external ointment</i>	\$0, Tier 1	QL (60 per 30 days)
<i>clobetasol propionate external solution</i>	\$0, Tier 1	QL (50 per 30 days)
ENSTILAR	\$0, Tier 2	PA; QL (120 per 30 days)
<i>fluocinolone acetonide body</i>	\$0, Tier 1	
<i>fluocinolone acetonide external cream</i>	\$0, Tier 1	
<i>fluocinolone acetonide external ointment</i>	\$0, Tier 1	
<i>fluocinolone acetonide external solution</i>	\$0, Tier 1	QL (90 per 30 days)
<i>fluocinolone acetonide scalp</i>	\$0, Tier 1	

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<i>fluocinonide emulsified base</i>	\$0, Tier 1	QL (120 per 30 days)
<i>fluocinonide external cream 0.05 %</i>	\$0, Tier 1	QL (120 per 30 days)
<i>fluocinonide external gel</i>	\$0, Tier 1	QL (60 per 30 days)
<i>fluocinonide external ointment</i>	\$0, Tier 1	QL (60 per 30 days)
<i>fluocinonide external solution</i>	\$0, Tier 1	QL (60 per 30 days)
<i>fluticasone propionate external cream</i>	\$0, Tier 1	
<i>fluticasone propionate external ointment</i>	\$0, Tier 1	
<i>halobetasol propionate external cream</i>	\$0, Tier 1	QL (50 per 30 days)
<i>halobetasol propionate external ointment</i>	\$0, Tier 1	QL (50 per 30 days)
<i>hydrocortisone external cream 1 %, 2.5 %</i>	\$0, Tier 1	
<i>hydrocortisone external lotion 2.5 %</i>	\$0, Tier 1	
<i>hydrocortisone external ointment 2.5 %</i>	\$0, Tier 1	
<i>mometasone furoate external</i>	\$0, Tier 1	
<i>triamcinolone acetonide external cream 0.025 %, 0.5 %</i>	\$0, Tier 1	
<i>triamcinolone acetonide external cream 0.1 %</i>	\$0, Tier 1	QL (454 per 30 days)
<i>triamcinolone acetonide external lotion</i>	\$0, Tier 1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	\$0, Tier 1	
TRIDERM EXTERNAL CREAM 0.5 %	\$0, Tier 1	
Dermatology, Local Anesthetics		
GLYDO EXTERNAL PREFILLED SYRINGE	\$0, Tier 1	PA; QL (60 per 30 days)
<i>lidocaine external ointment 5 %</i>	\$0, Tier 1	PA; QL (50 per 30 days)
<i>lidocaine external patch 5 %</i>	\$0, Tier 1	PA; QL (3 per 1 day)
<i>lidocaine hcl external solution</i>	\$0, Tier 1	PA; QL (50 per 30 days)
<i>lidocaine hcl urethral mucosal external gel</i>	\$0, Tier 1	PA; QL (30 per 30 days)
<i>lidocaine-prilocaine external cream</i>	\$0, Tier 1	PA; QL (30 per 30 days)
Dermatology, Miscellaneous Skin And Mucous Membrane		
<i>ammonium lactate cream 12 % external (otc)</i>	\$0, Tier 3	DP
<i>ammonium lactate cream 12 % external (rx)</i>	\$0, Tier 1	
<i>ammonium lactate lotion 12 % external (otc)</i>	\$0, Tier 3	DP
<i>boric acid granules external (otc)</i>	\$0, Tier 3	DP
<i>calamine phenolated lotion external</i>	\$0, Tier 3	DP
<i>calamine powder (otc)</i>	\$0, Tier 3	DP
<i>calamine-zinc oxide lotion 8-8 % external</i>	\$0, Tier 3	DP
<i>camphor crystals (otc)</i>	\$0, Tier 3	DP
<i>capsaicin cream 0.025 % external</i>	\$0, Tier 3	DP
CLORPACTIN POWDER 2 GM	\$0, Tier 3	DP
<i>diclofenac sodium external gel 1 %</i>	\$0, Tier 1	PA; QL (1000 per 30 days)
<i>fluorouracil external cream 5 %</i>	\$0, Tier 1	QL (40 per 30 days)
<i>fluorouracil external solution</i>	\$0, Tier 1	QL (10 per 30 days)
<i>formaldehyde solution 37 % external (otc)</i>	\$0, Tier 3	DP

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FREE & CLEAR SHAMPOO EXTERNAL	\$0, Tier 3	DP
<i>glycolic acid solution 70 % (otc)</i>	\$0, Tier 3	DP
<i>gnp capsaicin cream 0.1 % external</i>	\$0, Tier 3	DP
<i>gnp capsaicin liquid 0.15 % external</i>	\$0, Tier 3	DP
<i>hydrocortisone (perianal) external cream 2.5 %</i>	\$0, Tier 1	
<i>imiquimod external cream 5 %</i>	\$0, Tier 1	QL (24 per 30 days)
<i>jessners solution external</i>	\$0, Tier 3	DP
<i>metronidazole external cream</i>	\$0, Tier 1	
<i>metronidazole external gel 0.75 %</i>	\$0, Tier 1	
<i>metronidazole external lotion</i>	\$0, Tier 1	
NEW SKIN AEROSOL EXTERNAL	\$0, Tier 3	DP
PANRETIN	\$0, Tier 2	PA; QL (60 per 30 days); NDS
PENTRAVAN CREAM EXTERNAL	\$0, Tier 3	DP
PENTRAVAN PLUS CREAM EXTERNAL	\$0, Tier 3	DP
PICATO EXTERNAL GEL 0.015 %	\$0, Tier 2	QL (3 per 30 days)
PICATO EXTERNAL GEL 0.05 %	\$0, Tier 2	QL (2 per 30 days)
<i>podofilox external</i>	\$0, Tier 1	
PROCTO-MED HC EXTERNAL	\$0, Tier 1	
PROCTO-PAK EXTERNAL	\$0, Tier 1	
PROCTOSOL HC EXTERNAL	\$0, Tier 1	
PROCTOZONE-HC EXTERNAL	\$0, Tier 1	
<i>px calamine lotion external</i>	\$0, Tier 3	DP
<i>qc calamine lotion external</i>	\$0, Tier 3	DP
<i>ra calamine lotion 6.971-6.971 % external</i>	\$0, Tier 3	DP
RECTIV	\$0, Tier 2	QL (30 per 30 days)
ROSADAN EXTERNAL CREAM	\$0, Tier 1	
<i>sm calamine lotion external</i>	\$0, Tier 3	DP
<i>sm calamine phenolated lotion external</i>	\$0, Tier 3	DP
<i>tacrolimus external ointment</i>	\$0, Tier 1	QL (100 per 30 days)
<i>tannic acid powder (otc)</i>	\$0, Tier 3	DP
TARGRETIN EXTERNAL	\$0, Tier 2	PA; QL (60 per 30 days); NDS
VALCHLOR	\$0, Tier 2	PA; LA; QL (60 per 30 days); NDS
ZOSTRIX HP CREAM 0.1 % EXTERNAL	\$0, Tier 3	DP
ZOSTRIX NATURAL PAIN RELIEF CREAM 0.033 % EXTERNAL	\$0, Tier 3	DP
Dermatology, Scabicides And Pediculides		
<i>eq lice killing max st shampoo 0.33-4 % external</i>	\$0, Tier 3	DP
<i>gnp lice treatment liquid 1 % external</i>	\$0, Tier 3	DP
<i>gnp lice treatment shampoo 0.33-4 % external</i>	\$0, Tier 3	DP
<i>hm lice killing max st shampoo 0.33-4 % external</i>	\$0, Tier 3	DP
<i>lice killing maximum strength shampoo 0.33-4 % external</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	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>lice treatment lotion 1 % external</i>	\$0, Tier 3	DP
LICIDE SHAMPOO 0.33-4 % EXTERNAL	\$0, Tier 3	DP
<i>malathion external</i>	\$0, Tier 1	
<i>permethrin external cream</i>	\$0, Tier 1	
<i>ra lice maximum strength shampoo 0.33-4 % external</i>	\$0, Tier 3	DP
RID LICE KILLING SHAMPOO SHAMPOO 0.33-4 % EXTERNAL	\$0, Tier 3	DP
<i>sb lice killing max st shampoo 0.33-4 % external</i>	\$0, Tier 3	DP
<i>sb lice treatment liquid 0.3-3 % external</i>	\$0, Tier 3	DP
<i>sb lice treatment liquid 1 % external</i>	\$0, Tier 3	DP
<i>sm lice killing max strength shampoo 0.33-4 % external</i>	\$0, Tier 3	DP
<i>sm lice killing shampoo 0.33-4 % external</i>	\$0, Tier 3	DP
Dermatology, Wound Care Agents		
REGANEX	\$0, Tier 2	PA; QL (30 per 30 days); NDS
SANTYL	\$0, Tier 2	
<i>sodium chloride irrigation solution 0.9 %</i>	\$0, Tier 1	
<i>sterile water for irrigation</i>	\$0, Tier 1	
Mouth/Throat/Dental Agents		
<i>cevimeline hcl</i>	\$0, Tier 1	
<i>chlorhexidine gluconate mouth/throat</i>	\$0, Tier 1	
<i>clotrimazole mouth/throat troche</i>	\$0, Tier 1	QL (150 per 30 days)
<i>lidocaine viscous hcl</i>	\$0, Tier 1	
<i>nystatin mouth/throat</i>	\$0, Tier 1	
ORASEP SOLUTION 2-0.5-0.1 % MOUTH/THROAT	\$0, Tier 3	DP
PAROEX	\$0, Tier 1	
PERIOGARD	\$0, Tier 1	
PERIOMED CONCENTRATE 0.63 % MOUTH/THROAT	\$0, Tier 3	DP
<i>pilocarpine hcl oral</i>	\$0, Tier 1	
<i>triamcinolone acetonide mouth/throat</i>	\$0, Tier 1	
Otic		
<i>acetic acid otic</i>	\$0, Tier 1	
<i>ciprofloxacin-dexamethasone</i>	\$0, Tier 1	
FLAC	\$0, Tier 1	
<i>fluocinolone acetonide otic</i>	\$0, Tier 1	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	\$0, Tier 1	
<i>neomycin-polymyxin-hc otic suspension</i>	\$0, Tier 1	
<i>ofloxacin otic</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

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<i>hm antacid/antigas</i>	45	<i>hydromorphone hcl</i>	4	<i>iron</i>	53
<i>hm anti-diarrheal</i>	46	<i>hydrophilic</i>	59	<i>iron 100 plus</i>	53
<i>hm arthritis pain relief</i>	2	<i>hydrous emulsified base</i>	59	<i>iron 100/c</i>	53
<i>hm aspirin</i>	2	<i>hydroxocobalamin acetate</i>	72	ISENTRESS.....	8
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<i>hm iron</i>	53	<i>ibuprofen</i>	3	<i>isosorbide mononitrate</i>	23
<i>hm lice killing max st</i>	89	<i>ibuprofen childrens</i>	3	<i>isosorbide mononitrate er</i>	23
<i>hm loperamide hcl</i>	46	<i>ibuprofen junior strength</i>	3	<i>isotretinoin</i>	85
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KISQALI (600 MG DOSE).....	16	LEUKERAN.....	13	<i>loperamide hcl</i>	50
KISQALI FEMARA (400 MG DOSE).....	14	<i>leuprolide acetate</i>	13	<i>lopinavir-ritonavir</i>	9
KISQALI FEMARA (600 MG DOSE).....	14	<i>levabuterol hcl</i>	80	LOPREEZA.....	42
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<i>labetalol hcl</i>	21	<i>levonorgest-eth est & eth est</i>	39	LOW-OGESTREL.....	40
<i>lactated ringers</i>	63	<i>levonorgest-eth estrad 91-day</i>	39	<i>loxapine succinate</i>	29
<i>lactic acid</i>	59	<i>levonorgestrel-ethinyl estrad</i>	39	<i>lozibase</i>	60
<i>lactose</i>	59	<i>levonorg-eth estrad triphasic</i>	39	<i>l-tyrosine</i>	68
<i>lactose anhydrous</i>	59	LEVORA 0.15/30 (28).....	39	LUMAKRAS.....	16
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<i>l-valine</i>	68	METADATE ER	30	<i>m-natal plus</i>	63
LYLEQ	40	<i>metformin hcl</i>	36	<i>moexipril hcl</i>	19
LYLLANA	42	<i>metformin hcl er</i>	36	<i>molindone hcl</i>	29
LYNPARZA	16	<i>methadone hcl</i>	4	<i>mometasone furoate</i>	88
LYRICA CR	32	METHADONE HCL INTENSOL	4	MONDOXYNE NL	12
LYSODREN	14	<i>methazolamide</i>	22	MONJUVI	16
LYZA	40	<i>methenamine hippurate</i>	6	MONO-LINYAH	40
M.V.I. PEDIATRIC	72	<i>methimazole</i>	45	<i>montelukast sodium</i>	83
<i>mag-al plus</i>	45	<i>methocarbamol</i>	32	<i>morphine sulfate</i>	5
<i>mag-al plus xs</i>	45	<i>methotrexate</i>	55	<i>morphine sulfate (concentrate)</i>	4
<i>magdelay</i>	66	<i>methotrexate sodium</i>	13	<i>morphine sulfate (pf)</i>	4, 5
<i>mag-g</i>	66	<i>methotrexate sodium (pf)</i>	13	<i>morphine sulfate er</i>	4
MAGNEBIND 300	66	<i>methyl sulfone</i>	60	MOVANTIK	50
<i>magnesium</i>	66	<i>methylcellulose</i>	60	<i>moxifloxacin hcl</i>	11, 77
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<i>magnesium citrate</i>	60	<i>methylphenidate hcl</i>	30, 31	<i>multi vitamin mens</i>	72
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<i>magnesium sulfate</i>	63	<i>methylprednisolone</i>	42	<i>multi-delyn/iron</i>	72
<i>magnesium sulfate in d5w</i>	63	<i>methylprednisolone acetate</i>	42	<i>multilex</i>	72
MAGONATE	66	<i>methylprednisolone sodium succ</i>	42	<i>multiple vitamins essential</i>	72
<i>malathion</i>	90	<i>metoclopramide hcl</i>	47	<i>multiple vitamins/womens</i>	72
<i>malic acid</i>	60	<i>metolazone</i>	22	<i>multi-vitamins</i>	72
<i>manganese chloride</i>	66	<i>metoprolol succinate er</i>	21	<i>mupirocin</i>	85
<i>mapap</i>	2	<i>metoprolol tartrate</i>	21	MVASI	16
<i>mapap arthritis pain</i>	2	<i>metoprolol-hydrochlorothiazide</i>	21	<i>mycophenolate mofetil</i>	56
<i>marlissa</i>	40	<i>metronidazole</i>	6, 51, 89	<i>mycophenolate sodium</i>	56
MARPLAN	27	<i>metronidazole in nacl</i>	6	MYORISAN	85
MATULANE	14	<i>metyrosine</i>	22	MYRBETRIQ	51
MAVYRET	10	MI-ACID	45	<i>na ferric gluc cplx in sucrose</i>	53
MAXIMUM D3	72	MIBELAS 24 FE	40	<i>nabumetone</i>	3
<i>m-clear wc</i>	82	<i>micalfungin sodium</i>	5	<i>nadolol</i>	21
<i>meclizine hcl</i>	47	<i>miconazole 3 applicator</i>	51	<i>nafacillin sodium</i>	12
<i>medi-bismuth</i>	46	<i>miconazole 3 combo-supp</i>	51	NAGLAZYME	44
<i>medi-natural</i>	48	<i>miconazole 7</i>	51	NAIL-EX	72
<i>medi-natural plus</i>	48	<i>miconazole nitrate</i>	51, 86	<i>nalbuphine hcl</i>	5
MEDI-PHEDRYL	80	<i>microderm base</i>	60	<i>naloxone hcl</i>	33
MEDI-PROFEN	3	MICROGESTIN 1.5/30	40	<i>naltrexone hcl</i>	33
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<i>mefloquine hcl</i>	7	MICROSOME BASE	60	<i>naproxen sodium</i>	3
<i>mega multivitamin for men</i>	72	<i>midodrine hcl</i>	22	<i>naratriptan hcl</i>	31
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<i>memantine hcl</i>	26	<i>mineral oil heavy</i>	48	<i>nateglinide</i>	36
<i>memantine hcl er</i>	26	<i>mineral oil light</i>	49	NATPARA	37
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MENQUADFI	56	<i>minocycline hcl</i>	12	<i>natural fiber therapy</i>	49
MENVEO	56	<i>minoxidil</i>	22	NAYZILAM	25
<i>mercaptapurine</i>	13	<i>mintox maximum strength</i>	45	NECON 0.5/35 (28)	40
<i>meropenem</i>	6	MINTOX PLUS	45	<i>nefazodone hcl</i>	27
<i>mesalamine</i>	47	<i>mirtazapine</i>	27	<i>neomycin sulfate</i>	6
<i>mesalamine er</i>	47	<i>misoprostol</i>	50	<i>neomycin-bacitracin zn-polymyx</i>	77

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<i>neomycin-polymyxin-hc</i>	76, 90	NOVOLIN 70/30.....	34	ORALYTE.....	64
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NEUPRO.....	28	NOVOLIN N FLEXPEN.....	34	ORA-PLUS.....	60
<i>nevirapine</i>	8	NOVOLIN R.....	34	ORASEP.....	90
<i>nevirapine er</i>	8	NOVOLIN R FLEXPEN.....	35	ORA-SWEET.....	60
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<i>niacin er (antihyperlipidemic)</i>	20	NOVOLOG PENFILL.....	35	ORSYTHIA.....	40
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<i>niacinamide</i>	72	NUBEQA.....	14	OSPHENA.....	44
<i>nicardipine hcl</i>	21	NUDEXTA.....	32	<i>oxacillin sodium</i>	12
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<i>nicotine polacrilex</i>	33	NULYTELY LEMON-LIME.....	49	<i>oxandrolone</i>	34
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<i>nifedipine er</i>	21	NUTRILIPID.....	64	<i>oxybutynin chloride er</i>	51
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<i>nilutamide</i>	14	NYMALIZE.....	21	OXYCONTIN.....	4
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<i>nitrofurantoin macrocrystal</i>	6	OCUVITE ADULT FORMULA.....	72	<i>oyster shell/vitamin d</i>	66
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<i>norethindrone</i>	40	<i>olmesartan medoxomil</i>	19	<i>pain relief extra strength</i>	2
<i>norethindrone acetate</i>	44	<i>olmesartan medoxomil-hctz</i>	19	<i>pain reliever extra strength</i>	2
<i>norethindrone acet-ethinyl est</i>	40	<i>olmesartan-amlodipine-hctz</i>	19	<i>paliperidone er</i>	29
<i>norethindrone-eth estradiol</i>	42	<i>olopatadine hcl</i>	76	<i>pamidronate disodium</i>	37
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<i>peg blend</i>	60	PIQRAY (200 MG DAILY DOSE).....	17	<i>prenatal vitamin plus low iron</i>	63
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PEGANONE.....	25	PIQRAY (300 MG DAILY DOSE).....	17	PRESERVISION AREDS.....	73
PEGASYS.....	10	PIRMELLA 1/35.....	40	PRESERVISION AREDS 2.....	73
PEMAZYRE.....	17	<i>piroxicam</i>	3	PRESERVISION/LUTEIN.....	73
<i>penicillamine</i>	37	PLASMA-LYTE 148.....	63	PREVALITE.....	20
<i>penicillin g pot in dextrose</i>	12	PLASMA-LYTE A.....	63	PREVIFEM.....	41
<i>penicillin g potassium</i>	12	PLENAMINE.....	64	PREZCOBIX.....	9
<i>penicillin g procaine</i>	12	PLENVU.....	49	PREZISTA.....	8
<i>penicillin g sodium</i>	12	PLO20 FLOWABLE.....	60	PRIFTIN.....	9
<i>penicillin v potassium</i>	12	<i>pna-hrt base</i>	60	<i>primaquine phosphate</i>	7
PENTACEL.....	57	<i>pnv folic acid + iron</i>	63	<i>primidone</i>	25
<i>pentamidine isethionate</i>	6	<i>podactin</i>	86	PRIVIGEN.....	55
<i>pentoxifylline er</i>	54	<i>podofilox</i>	89	<i>probenecid</i>	1
PENTRAVAN.....	89	POLOX.....	61	PROCALAMINE.....	64
PENTRAVAN PLUS.....	89	<i>poloxamer 407</i>	61	<i>prochlorperazine</i>	47
<i>peptic relief</i>	46	<i>poly vitamin</i>	73	<i>prochlorperazine edisylate</i>	47
<i>perindopril erbumine</i>	19	<i>polyethylene glycol 1000</i>	61	<i>prochlorperazine maleate</i>	47
PERIOGARD.....	90	<i>polyethylene glycol 1450</i>	61	PROCRIT.....	52
PERIOMED.....	90	<i>polyethylene glycol 3350</i>	61	PROCTO-MED HC.....	89
<i>permethrin</i>	90	<i>polyethylene glycol 400</i>	61	PROCTO-PAK.....	89
<i>perphenazine</i>	29	<i>polyethylene glycol 8000</i>	61	PROCTOSOL HC.....	89
PERSERIS.....	29	POLY-IRON 150.....	53	PROCTOZONE-HC.....	89
<i>peruvian balsam</i>	60	<i>polymyxin b-trimethoprim</i>	77	PROFE.....	53
PFCB.....	60	<i>polyoxyl 40 stearate</i>	61	PROGRAF.....	56
PFIZERPEN.....	12	<i>polysorbate 20</i>	61	PROLASTIN-C.....	84
<i>pharbechlor</i>	80	<i>poly-tussin ac</i>	82	PROLENSA.....	77
<i>pharbedryl</i>	80	<i>polyvitamin/iron</i>	73	PROLIA.....	37
PHARBETOL.....	2	POMALYST.....	14	PROMACTA.....	54
PHARBETOL EXTRA STRENGTH... 2		PORTIA-28.....	40	<i>promethazine hcl</i>	47
PHARMABASE ANTIOXIDANT.....	60	<i>posaconazole</i>	5	<i>promethazine-codeine</i>	82
PHARMABASE COSMETIC.....	60	<i>potassium bromide</i>	61	<i>promethazine-dm</i>	82
PHARMABASE COSMETIC		<i>potassium chloride</i>	63	<i>propafenone hcl</i>	20
NATURAL.....	60	<i>potassium chloride crys er</i>	63	<i>propafenone hcl er</i>	20
PHARMABASE LIGHT.....	60	<i>potassium chloride er</i>	63	<i>proparacaine hcl</i>	78
PHARMABASE VAGINAL.....	60	<i>potassium chloride in dextrose</i>	63	<i>propranolol hcl</i>	21
<i>phendimetrazine tartrate</i>	33	<i>potassium chloride in nacl</i>	63	<i>propranolol hcl er</i>	21
<i>phendimetrazine tartrate er</i>	33	<i>potassium citrate</i>	51	<i>propylene glycol</i>	61
<i>phenelzine sulfate</i>	27	<i>potassium citrate er</i>	51	<i>propylparaben</i>	61
<i>phenobarbital</i>	25	<i>potassium hydroxide</i>	61	<i>propylthiouracil</i>	45
<i>phenobarbital sodium</i>	25	<i>potassium nitrate</i>	61	PROQUAD.....	57
<i>phentermine hcl</i>	33	<i>potassium sorbate</i>	61	PROSIGHT.....	73
PHENYTEK.....	25	PRALUENT.....	20	PROSOL.....	64
<i>phenytoin</i>	25	<i>pramipexole dihydrochloride</i>	28	<i>protriptyline hcl</i>	27
<i>phenytoin sodium</i>	25	<i>prasugrel hcl</i>	54	<i>pseudoeph-bromphen-dm</i>	82
<i>phenytoin sodium extended</i>	25	<i>pravastatin sodium</i>	20	<i>pseudoephedrine hcl</i>	82
PHESGO.....	17	<i>praziquantel</i>	6	<i>pseudoephedrine hcl er</i>	82
PHILITH.....	40	<i>prazosin hcl</i>	19	PULMICORT FLEXHALER.....	85
<i>phosphatidylserine</i>	60	<i>prednisolone</i>	42	PULMOZYME.....	84
<i>phosphorus supplement</i>	66	<i>prednisolone acetate</i>	77	PURIXAN.....	13
PHYTOBASE.....	60	<i>prednisolone sodium phosphate 42,</i> 77		<i>px calamine</i>	89
<i>phytonadione</i>	73	<i>prednisone</i>	43	<i>pyrazinamide</i>	9
PICATO.....	89	PREDNISONONE INTENSOL.....	42	<i>pyridostigmine bromide</i>	32
PIFELTRO.....	8	<i>preferred plus insulin syringe</i>	35	<i>pyridoxine hcl</i>	73

<i>pyruvic acid</i>	61	RECLIPSEN.....	41	SANTYL.....	90
<i>qc all day allergy</i>	80	RECOMBIVAX HB.....	57	<i>sapropterin dihydrochloride</i>	44
<i>qc antacid</i>	46	RECTIV.....	89	<i>sb allergy relief/nasal decong</i>	83
<i>qc antacid/anti-gas</i>	46	<i>red yeast rice extract</i>	61	<i>sb antacid anti-gas</i>	46
<i>qc anti-diarrheal</i>	46	<i>reeses pinworm medicine</i>	6, 7	<i>sb anti-fungal</i>	87
<i>qc arthritis pain relief</i>	2	REFENESEN CHEST CONG/PAIN		<i>sb arthritis pain relief</i>	2
<i>qc aspirin</i>	2	RLF.....	82	<i>sb cough control dm max</i>	83
<i>qc bacitracin</i>	85	REGRANEX.....	90	<i>sb docusate sodium</i>	49
<i>qc boric acid</i>	61	REGULOID.....	49	<i>sb docusate sodium/senna</i>	49
<i>qc calamine</i>	89	RELENZA DISKHALER.....	10	<i>sb fib lax orange</i>	49
<i>qc chlor-pheniramine</i>	80	RELI-ON INSULIN SYRINGE.....	35	<i>sb infants ibuprofen</i>	3
<i>qc cod liver oil</i>	73	RELISTOR.....	50	<i>sb laxative</i>	49
<i>qc diarrhea relief</i>	46	REMICADE.....	54	<i>sb lice killing max st</i>	90
<i>qc docusate calcium</i>	49	<i>rena-vite</i>	73	<i>sb lice treatment</i>	90
<i>qc epsom salt</i>	49	RENFLEXIS.....	54	<i>sb loratadine allergy relief</i>	80
<i>qc gentle laxative</i>	49	<i>repaglinide</i>	36	<i>sb non-aspirin extra strength</i>	2
<i>qc loratadine allergy relief</i>	80	RESTASIS.....	78	<i>sb oyster shell calcium</i>	66
<i>qc loratadine-d</i>	82	RESTASIS MULTIDOSE.....	78	<i>sb pain reliever childrens</i>	2
<i>qc miconazole 7</i>	51	RETEVMO.....	17	<i>sb pain reliever ex st</i>	2
<i>qc natural vegetable</i>	49	REVLIMID.....	14	<i>sb triple antibiotic</i>	85
<i>qc natural vegetable laxative</i>	49	REXULTI.....	30	<i>sb vitamin c</i>	73
<i>qc non-aspirin childrens</i>	2	REYATAZ.....	8	<i>scopolamine</i>	47
<i>qc non-aspirin extra strength</i>	2	RHOPRESSA.....	76	SECUADO.....	30
<i>qc pink bismuth</i>	46	RIABNI.....	17	<i>selegiline hcl</i>	28
<i>qc senna</i>	49	<i>ribavirin</i>	10	<i>selenium sulfide</i>	87
<i>qc senna-s</i>	49	RID LICE KILLING SHAMPOO.....	90	SELZENTRY.....	8
<i>qc suphedrine maximum strength</i>	82	<i>rifabutin</i>	9	<i>senna</i>	49
<i>qc therin-m</i>	73	<i>rifampin</i>	9	<i>senna-s</i>	49
<i>qc tolnaftate</i>	87	<i>riluzole</i>	32	<i>senna-tabs</i>	49
<i>qc tussin cf</i>	82	<i>rimantadine hcl</i>	10	<i>senna-time</i>	49
<i>q-derm</i>	61	RINVOQ.....	54	<i>senna-time s</i>	49
QINLOCK.....	17	<i>risacal-d</i>	66	SENNO.....	49
Q-SORB.....	68	<i>risedronate sodium</i>	37	<i>sennosides-docusate sodium</i>	49
Q-SORB CO Q-10.....	68	RISPERDAL CONSTA.....	30	<i>senry</i>	73
QSYMIA.....	33, 34	<i>risperidone</i>	30	<i>senry senior</i>	73
QUADRACEL.....	57	<i>ritonavir</i>	8	SEREVENT DISKUS.....	80
<i>quetiapine fumarate</i>	29	RITUXAN.....	17	<i>sertraline hcl</i>	27
<i>quetiapine fumarate er</i>	29, 30	RITUXAN HYCELA.....	17	SETLAKIN.....	41
<i>quinapril hcl</i>	19	<i>rivastigmine</i>	26	<i>sevelamer carbonate</i>	44
<i>quinapril-hydrochlorothiazide</i>	18	<i>rivastigmine tartrate</i>	26	SHAROBEL.....	41
<i>quinidine sulfate</i>	20	RIVELSA.....	41	<i>shea butter</i>	61
<i>quinine sulfate</i>	7	<i>rizatriptan benzoate</i>	31	SHINGRIX.....	57
<i>ra boric acid</i>	61	<i>ropinirole hcl</i>	28	SIGNIFOR.....	44
<i>ra calamine</i>	89	ROSDAN.....	89	<i>silace</i>	49
<i>ra coenzyme q-10</i>	68	<i>rosuvastatin calcium</i>	20	<i>siladryl allergy</i>	80
<i>ra cough dm</i>	82	ROTARIX.....	57	<i>sildenafil citrate</i>	23
<i>ra epsom salt</i>	49	ROTATEQ.....	57	<i>siltussin das</i>	83
<i>ra epsom salt lavender</i>	49	ROWEEPRA.....	25	<i>siltussin dm das</i>	83
<i>ra eye allergy relief</i>	76	ROZLYTREK.....	17	<i>siltussin sa</i>	83
<i>ra glycerin child</i>	49	RUBRACA.....	17	<i>siltussin-dm alcohol free</i>	83
<i>ra lice maximum strength</i>	90	<i>rufinamide</i>	25	<i>silver sulfadiazine</i>	86
RABAVERT.....	57	RUKOBIA.....	8	SIMBRINZA.....	76
<i>rabeprazole sodium</i>	50	RUXIENCE.....	17	SIMLIYA.....	41
<i>raloxifene hcl</i>	44	RYBELSUS.....	36	SIMPESSE.....	41
<i>ramipril</i>	19	RYDAPT.....	17	<i>simple syrup</i>	61
<i>ranolazine er</i>	23	<i>rynex pse</i>	83	<i>simvastatin</i>	20
<i>rasagiline mesylate</i>	28	<i>saccharin</i>	68	<i>sirolimus</i>	56
<i>raspberry flavor</i>	61	<i>safflower oil</i>	61	SIRTURO.....	9
RAYALDEE.....	45	SALTSTABLE LO.....	61	SIVEXTRO.....	7
<i>rdt base</i>	61	SANDIMMUNE.....	56	SKYRIZI.....	55

SKYRIZI (150 MG DOSE).....	55	<i>sm miconazole 7</i>	51	<i>sotalol hcl</i>	20
SKYRIZI PEN.....	55	<i>sm multiple vitamins essential</i>	73	<i>sotalol hcl (af)</i>	20
<i>sm 3-day vaginal</i>	51	<i>sm multiple vitamins/iron</i>	73	<i>soybean oil</i>	62
<i>sm 8 hour pain relief</i>	2	<i>sm nasal decongestant max st</i>	83	<i>spironolactone</i>	19
<i>sm all day allergy</i>	80	<i>sm nasal decongestant pe</i>	83	<i>spironolactone-hctz</i>	22
<i>sm all day allergy childrens</i>	80	<i>sm nicotine</i>	34	SPRINTEC 28.....	41
<i>sm all day allergy-d</i>	83	<i>sm nicotine polacrilex</i>	34	SPRITAM.....	25
<i>sm allergy 4 hour</i>	80	<i>sm opti-vitamins</i>	73	SPRYCEL.....	17
<i>sm allergy relief</i>	80	<i>sm oyster shell calcium/vit d3</i>	66	SPS.....	37
<i>sm animal shapes kids first</i>	73	<i>sm pain & fever childrens</i>	2	SRONYX.....	41
<i>sm antacid advanced max st</i>	46	<i>sm pain & fever infants</i>	2	SSD.....	86
<i>sm antacid anti-gas</i>	46	<i>sm pain relief extra strength</i>	2	<i>stavudine</i>	8
<i>sm antacid/antigas</i>	46	<i>sm pain reliever</i>	3	STELARA.....	55
<i>sm antibiotic</i>	86	<i>sm pain reliever ex st</i>	2	<i>sterile water for irrigation</i>	90
<i>sm anti-diarrheal</i>	46	<i>sm pediatric electrolyte</i>	64	<i>stevia extract</i>	62
<i>sm antifungal clotrimazole</i>	87	<i>sm prenatal vitamins</i>	73	STIMATE.....	44
<i>sm antifungal miconazole</i>	87	<i>sm slow release iron</i>	53	STIVARGA.....	17
<i>sm antifungal tolnaftate</i>	87	<i>sm stomach relief</i>	46	<i>stomach relief</i>	46
<i>sm arthritis pain relief</i>	2	<i>sm stool softener</i>	49	<i>stool softener</i>	49
<i>sm aspirin</i>	2	<i>sm super b complex/c</i>	73	<i>stool softener laxative</i>	50
<i>sm aspirin ec</i>	2	<i>sm triple antibiotic</i>	86	<i>strawberry flavor</i>	62
<i>sm aspirin tri-buffered</i>	2	<i>sm triple antibiotic max st</i>	86	<i>streptomycin sulfate</i>	7
<i>sm athletes foot</i>	87	<i>sm tussin cf</i>	83	<i>stress formula</i>	74
<i>sm balanced b-100</i>	73	<i>sm tussin cough/chest congest</i>	83	<i>stress formulal/iron</i>	74
<i>sm balanced b-50</i>	73	<i>sm tussin dm</i>	83	<i>stress formulal/zinc (b-compl)</i>	74
<i>sm boric acid</i>	61	<i>sm vit c/rose hips</i>	73	STRIBILD.....	9
<i>sm calamine</i>	89	<i>sm vitamin b-12</i>	74	STUART ONE.....	74
<i>sm calamine phenolated</i>	89	<i>sm vitamin b-6</i>	74	SUBVENITE.....	25
<i>sm calcium 600/vitamin d</i>	66	<i>sm vitamin c</i>	74	<i>sucralfate</i>	50
<i>sm calcium citrate w/vit d3</i>	66	<i>sm vitamin c/rose hips</i>	74	SUDOGEST.....	83
<i>sm calcium soft chews</i>	66	<i>sm vitamin d3</i>	74	SUDOGEST PE.....	83
<i>sm calcium-magnesium-zinc</i>	66	<i>sm vitamin e</i>	74	<i>sulfacetamide sodium</i>	77
<i>sm chewable c</i>	73	<i>sm zinc gluconate</i>	66	<i>sulfacetamide sodium (acne)</i>	85
<i>sm childrens ibuprofen</i>	4	<i>sodium acetate</i>	66	<i>sulfacetamide-prednisolone</i>	76
<i>sm childrens loratadine</i>	80	<i>sodium benzoate</i>	61	<i>sulfadiazine</i>	7
<i>sm clotrimazole vaginal</i>	51	<i>sodium bicarbonate</i>	46, 61	<i>sulfamethoxazole-trimethoprim</i>	7
<i>sm cod liver oil</i>	73	<i>sodium bromide</i>	61	SULFAMYLON.....	86
<i>sm coenzyme q-10</i>	68	<i>sodium chloride</i>	63, 90	<i>sulfasalazine</i>	47
<i>sm cold & allergy childrens</i>	83	<i>sodium fluoride</i>	63	<i>sulindac</i>	4
<i>sm complete</i>	73	<i>sodium hydroxide</i>	61	<i>sumatriptan</i>	31
<i>sm complete advanced formula</i>	73	<i>sodium metabisulfite</i>	61	<i>sumatriptan succinate</i>	31
<i>sm complete senior formula</i>	73	<i>sodium perborate</i>	61	<i>sumatriptan succinate refill</i>	31
<i>sm coq-10</i>	68	<i>sodium phenylbutyrate</i>	44	<i>sunitinib malate</i>	17
SM CORAL CALCIUM.....	66	<i>sodium phosphate dibasic</i>	61	SUPER NU-THERA.....	74
<i>sm fexofenadine hcl</i>	80	<i>sodium phosphate monobasic</i>	61	<i>super vikaps</i>	74
<i>sm fiber</i>	49	<i>sodium polystyrene sulfonate</i>	37	<i>superplex-t</i>	74
<i>sm folic acid</i>	73	<i>sodium propionate</i>	61	<i>suphedrine 12hour</i>	83
<i>sm ibuprofen ib</i>	4	<i>sodium saccharin</i>	68	SUPPOSIBLEND.....	62
<i>sm ibuprofen jr</i>	4	<i>sodium sulfite</i>	61	SUPREP BOWEL PREP KIT.....	50
<i>sm infants ibuprofen</i>	4	<i>solifenacin succinate</i>	51	SUSPENDIT.....	62
<i>sm iron</i>	53	SOLIQUA.....	35	SUTENT.....	17
<i>sm iron slow release</i>	53	SOLTAMOX.....	14	SYEDA.....	41
<i>sm laxative</i>	49	SOLU-CORTEF.....	43	SYMBICORT.....	85
<i>sm lice killing</i>	90	SOMATULINE DEPOT.....	44	SYMDEKO.....	84
<i>sm lice killing max strength</i>	90	SOMAVERT.....	44	SYMJEPI.....	84
<i>sm loratadine</i>	80	SOOTHE & COOL INZO.....		SYMPAZAN.....	25
<i>sm lorata-dine d</i>	83	ANTIFUNGAL.....	87	SYMTUZA.....	9
<i>sm magnesium</i>	66	<i>sorbic acid</i>	62	SYNAREL.....	42
<i>sm miconazole 3</i>	51	<i>sorbitol</i>	62	SYNERCID.....	7
<i>sm miconazole 3 applicator</i>	51	SORINE.....	20	SYNJARDY.....	36

SYNJARDY XR.....	36	THEREMS-H.....	74	TRI-LEGEST FE.....	41
SYNRIBO.....	14	THEREMS-M.....	74	TRI-LINYAH.....	41
SYNTHROID.....	45	<i>thiamine hcl</i>	74	TRI-LO-ESTARYLLA.....	41
SYRSPEND SF ALKA.....	62	<i>thioridazine hcl</i>	30	TRI-LO-MARZIA.....	41
TAB-A-VITE.....	74	<i>thiothixene</i>	30	TRI-LO-MILI.....	41
TAB-A-VITE/BETA CAROTENE.....	74	<i>threonine</i>	68	TRI-LO-SPRINTEC.....	41
<i>tab-a-vite/iron</i>	74	THRIVE.....	34	<i>trimethoprim</i>	7
TABLOID.....	13	TIADYLT ER.....	21	TRI-MILI.....	41
TABRECTA.....	17	<i>tiagabine hcl</i>	25	<i>trimipramine maleate</i>	27
<i>tacrolimus</i>	56, 89	TIBSOVO.....	17	TRINTELLIX.....	27
<i>tactical</i>	3	<i>tigecycline</i>	12	TRI-NYMYO.....	41
<i>tactical extra strength</i>	3	TILIA FE.....	41	<i>triple antibiotic</i>	86
TAFINLAR.....	17	<i>timolol maleate</i>	21, 76	<i>triple antibiotic plus</i>	86
TAGRISSO.....	17	TIVICAY.....	8	TRI-PREVIFEM.....	41
<i>talc</i>	62	TIVICAY PD.....	8	TRI-SPRINTEC.....	41
TALTZ.....	55	<i>tizanidine hcl</i>	32	TRIUMEQ.....	9
TALZENNA.....	17	TOBRADEX.....	76	TRIVORA (28).....	41
<i>tamoxifen citrate</i>	14	TOBRADEX ST.....	76	TRI-VYLIBRA.....	41
<i>tamsulosin hcl</i>	51	<i>tobramycin</i>	7, 77	TRI-VYLIBRA LO.....	41
<i>tangerine flavor</i>	62	<i>tobramycin sulfate</i>	7	TROCHIBASE.....	62
<i>tannic acid</i>	89	<i>tobramycin-dexamethasone</i>	76	<i>trochibase s</i>	62
TARGRETIN.....	89	<i>tolnaftate</i>	87	TROCHIBASE S CLASSIC.....	62
TARINA 24 FE.....	41	<i>tolterodine tartrate</i>	51	TROGARZO.....	8
TARINA FE 1/20 EQ.....	41	<i>tolterodine tartrate er</i>	51	TROPHAMINE.....	64
<i>tartaric acid</i>	62	<i>topiramate</i>	25	<i>tropium chloride</i>	51
TASIGNA.....	17	TOPOSAR.....	15	TRULANCE.....	50
<i>tazarotene</i>	87	<i>toremifene citrate</i>	14	TRULICITY.....	36
TAZICEF.....	11	<i>torsemide</i>	22	TRUMENBA.....	57
TAZORAC.....	87	<i>total b/c</i>	74	TRUSELTIQ (100MG DAILY DOSE).....	17
TAZTIA XT.....	21	TOVIAZ.....	51	TRUSELTIQ (125MG DAILY DOSE).....	17
TAZVERIK.....	17	TPN ELECTROLYTES.....	63	TRUSELTIQ (50MG DAILY DOSE).....	17
TDVAX.....	57	TRADJENTA.....	36	TRUSELTIQ (75MG DAILY DOSE).....	17
TECENTRIQ.....	17	<i>tramadol hcl</i>	5	TRUXIMA.....	17
TEFLARO.....	11	<i>tramadol-acetaminophen</i>	5	<i>trymine cg</i>	83
<i>telmisartan</i>	19	<i>trandolapril</i>	19	TUKYSA.....	17
<i>telmisartan-amlodipine</i>	19	<i>tranexamic acid</i>	54	TULANA.....	41
<i>telmisartan-hctz</i>	19	<i>tranylcypromine sulfate</i>	27	TURALIO.....	17
<i>temazepam</i>	31	TRAVASOL.....	64	<i>turpentine</i>	62
TEMIXYS.....	9	TRAZIMERA.....	17	TUSNEL C.....	83
TENIVAC.....	57	<i>trazodone hcl</i>	27	<i>tusnel diabetic</i>	83
<i>tenofovir disoproxil fumarate</i>	8	TRECTOR.....	9	TUSSICAPS.....	83
TEPMETKO.....	17	TRELEGY ELLIPTA.....	78	<i>tussin cf</i>	83
<i>terazosin hcl</i>	19	TRELSTAR MIXJECT.....	14	<i>tussin cf cough & cold</i>	83
<i>terbinafine hcl</i>	5, 87	<i>treprostinil</i>	23	<i>tussin dm</i>	83
<i>terbutaline sulfate</i>	80	TRESIBA.....	35	<i>tussin dm max</i>	83
<i>terconazole</i>	51	TRESIBA FLEXTOUCH.....	35	<i>tussin mucus+chest congestion</i>	83
<i>testosterone</i>	34	<i>tretinoin</i>	14, 85	<i>tutti frutti concentrate</i>	62
<i>testosterone cypionate</i>	34	<i>triamcinolone acetonide</i>	88, 90	TWINRIX.....	57
<i>testosterone enanthate</i>	34	<i>triamterene-hctz</i>	22	TYBOST.....	8
<i>tetrabenazine</i>	32	<i>tri-biozene</i>	86	TYDEMY.....	41
<i>tetracycline hcl</i>	12	<i>tri-buffered aspirin</i>	3	TYMLOS.....	37
<i>tgt eye allergy relief</i>	76	TRICARE.....	63	TYPHIM VI.....	57
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<i>valacyclovir hcl</i>	10	<i>vitamin c er</i>	75	<i>yl coenzyme q10</i>	68
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<i>valganciclovir hcl</i>	10	<i>vitamin d (cholecalciferol)</i>	75	ZAFEMY.....	41
<i>valproate sodium</i>	25	<i>vitamin d (ergocalciferol)</i>	75	<i>zafirlukast</i>	83
<i>valproic acid</i>	25	<i>vitamin d3</i>	75	<i>zaleplon</i>	31
<i>valsartan</i>	19	<i>vitamin e</i>	75	ZARAH.....	41
<i>valsartan-hydrochlorothiazide</i>	19	<i>vitamin e succinate</i>	62	ZARXIO.....	52
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VENCLEXTA STARTING PACK.....	18	<i>womans laxative</i>	50	<i>zolpidem tartrate</i>	31
<i>venlafaxine hcl</i>	27	<i>womens one daily</i>	75	<i>zonisamide</i>	26
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VIENVA.....	41	XOFLUZA (40 MG DOSE).....	10		
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<i>vincristine sulfate</i>	15	XPOVIO (40 MG ONCE WEEKLY)..	18		
<i>vinorelbine tartrate</i>	15	XPOVIO (40 MG TWICE WEEKLY) ..	18		
<i>viorele</i>	41	XPOVIO (60 MG ONCE WEEKLY)..	18		
VIRACEPT.....	8	XPOVIO (60 MG TWICE WEEKLY) ..	18		
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