



Neighborhood **INTEGRITY** (Medicare-Medicaid Plan) **2022 Formulary: List of covered drugs**

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. We have made no changes to this formulary since 10/5/2021.

Neighborhood INTEGRITY| 2022 *List of Covered Drugs* (Formulary)

Introduction

This document is called the *List of Covered Drugs* (also known as the Drug List). It tells you which prescription drugs and over-the-counter drugs and items are covered by 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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A. Disclaimers

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

- ❖ You can always check Neighborhood INTEGRITY's up-to-date *List of Covered Drugs* online at web address.
- ❖ Neighborhood INTEGRITY is a health plan that contracts with both Medicare and Rhode Island Medicaid to provide benefits of both programs to enrollees.
- ❖ **ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call 1-844-812-6896 (TTY 711), 8 am to 8 pm, Monday - Friday; 8 am to 12 pm on Saturday. On Saturday afternoons, Sundays and holidays, you may be asked to leave a message. 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។ 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 through Friday and 8 am to 12 pm on Saturdays. 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

If you have questions, please call Neighborhood INTEGRITY at 1-844-812-6896 and TTY 711, 8 am to 8 pm, Monday through Friday and 8 am to 12 pm on Saturdays. The call is free. **For more information**, visit www.nhpri.org/INTEGRITY.



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 **13** 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 (refer to question B4 below).

You can also refer to 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.

B2. Does the Drug List ever change?

Yes, and Neighborhood INTEGRITY must follow Medicare and Rhode Island 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, refer to question B4.

If you have questions, please call Neighborhood INTEGRITY at 1-844-812-6896 and TTY 711, 8 am to 8 pm, Monday through Friday and 8 am to 12 pm on Saturdays. The call is free. **For more information**, visit www.nhpri.org/INTEGRITY.



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

If you have questions, please call Neighborhood INTEGRITY at 1-844-812-6896 and TTY 711, 8 am to 8 pm, Monday through Friday and 8 am to 12 pm on Saturdays. The call is free. **For more information**, visit www.nhpri.org/INTEGRITY.



- 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. They can help you decide:

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

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 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 **13-102**. You can also get more information by visiting our website at www.nhpri.org/INTEGRITY. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

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

If you have questions, please call Neighborhood INTEGRITY at 1-844-812-6896 and TTY 711, 8 am to 8 pm, Monday through Friday and 8 am to 12 pm on Saturdays. The call is free. **For more information**, visit www.nhpri.org/INTEGRITY.



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

The table of drugs on page 13 has a column labeled “Necessary actions, restrictions, or limits on use.”

B6. What happens if Neighborhood INTEGRITY changes their 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. Refer to question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the Drug List change.

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

There are two ways to find a drug:

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

To search **alphabetically**, go to the Index of Covered Drugs. You can find it on page 103.

To search **by medical condition**, find the section labeled “Drugs Grouped by Medical Condition” on page 13. 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 I want to take is not on the Drug List?

If you don’t find your drug on the Drug List, call Member Services at 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. They can prescribe a drug on the Drug List that is like the one you want to take. **Or**
- You can ask the health plan to make an exception to cover your drug. Please refer to questions B10-B12 for more information about exceptions.

If you have questions, please call Neighborhood INTEGRITY at 1-844-812-6896 and TTY 711, 8 am to 8 pm, Monday through Friday and 8 am to 12 pm on Saturdays. The call is free. **For more information**, visit www.nhpri.org/INTEGRITY.



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

We can help. We may cover a temporary 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. They can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception.

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

- 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.

Level of Care transitions are allowed for members released from a long-term care facility within the past 30 days. We will cover one 30-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.

Level of Care transitions are also allowed for members admitted to a long-term care facility within the past 30 days. We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days or the prescription is for a brand name product), whether or not you are a new Neighborhood INTEGRITY Member.

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

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

If you have questions, please call Neighborhood INTEGRITY at 1-844-812-6896 and TTY 711, 8 am to 8 pm, Monday through Friday and 8 am to 12 pm on Saturdays. The call is free. **For more information**, visit www.nhpri.org/INTEGRITY.



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 I 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?

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours. Your prescriber should fax the statement to 1-855-829-2875.

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

B13. What are generic drugs?

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

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 find out what OTC drugs are covered.

B15. Does Neighborhood INTEGRITY cover non-drug OTC products?

Neighborhood INTEGRITY covers some non-drug OTC products when they are written as prescriptions by your provider.

Examples of non-drug OTC products include certain urine or blood testing supplies and certain flavoring agents or dyes that can be added to liquid medications.

If you have questions, please call Neighborhood INTEGRITY at 1-844-812-6896 and TTY 711, 8 am to 8 pm, Monday through Friday and 8 am to 12 pm on Saturdays. The call is free. **For more information**, visit www.nhpri.org/INTEGRITY.



You can read the Neighborhood INTEGRITY Drug List to find out what non-drug OTC products are covered.

B16. What is my copay?

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

B17. 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 Non-Medicare prescription drugs and 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 **103**. 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).

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

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

- These drugs also have different rules for appeals. An appeal is a formal way of asking us to review a coverage decision and to change it if you think we made a

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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.

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:

PA = Prior authorization (approval): you must have approval from the plan before you can get this drug.

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

QL = Quantity limit: Neighborhood INTEGRITY limits the amount of this drug you can get.

B/D = This drug may be covered either by Medicare Part B or D. Depending upon the circumstances, a prior authorization (approval) may be required. Information may need to be submitted describing why and where (in what setting) you are using this drug.

DP = This drug is not a Part D 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.

LIST OF COVERED DRUGS BY MEDICAL CONDITION

EFFECTIVE DATE: 1/1/2022

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>8 hour arthritis pain reliever tablet extended release 650 mg oral</i>	\$0, Tier 3	DP
<i>8 hr arthritis pain relief tablet extended release 650 mg oral</i>	\$0, Tier 3	DP
<i>8hr muscle aches & pain tablet extended release 650 mg oral</i>	\$0, Tier 3	DP
<i>acetaminophen childrens solution 160 mg/5ml oral</i>	\$0, Tier 3	DP
<i>acetaminophen childrens suspension 160 mg/5ml oral</i>	\$0, Tier 3	DP
<i>acetaminophen childrens tablet chewable 160 mg oral</i>	\$0, Tier 3	DP
<i>acetaminophen er tablet extended release 650 mg oral</i>	\$0, Tier 3	DP
<i>acetaminophen extra strength tablet 500 mg oral</i>	\$0, Tier 3	DP
<i>acetaminophen infants suspension 160 mg/5ml 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>acetaminophen tablet 500 mg oral</i>	\$0, Tier 3	DP
<i>acetaminophen tablet chewable 160 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 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>aspirin tablet delayed release 325 mg oral</i>	\$0, Tier 3	DP
BAYER ASPIRIN EC LOW DOSE TABLET DELAYED RELEASE 81 MG ORAL	\$0, Tier 3	DP
<i>childrens silapap liquid 160 mg/5ml oral</i>	\$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 arthritis relief tablet extended release 650 mg oral</i>	\$0, Tier 3	DP
<i>gnp 8 hour pain relief tablet extended release 650 mg oral</i>	\$0, Tier 3	DP
<i>gnp 8 hour pain reliever tablet extended release 650 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>gnp acetaminophen ex st tablet 500 mg oral</i>	\$0, Tier 3	DP
<i>gnp acetaminophen tablet 325 mg oral</i>	\$0, Tier 3	DP
<i>gnp acetaminophen tablet chewable 160 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 325 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 & fever infants 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>gnp pain relief tablet 325 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
<i>goodsense pain relief tablet 325 mg oral</i>	\$0, Tier 3	DP
<i>hm acetaminophen childrens tablet chewable 160 mg oral</i>	\$0, Tier 3	DP
<i>hm adult aspirin tablet 325 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 relief tablet extended release 650 mg oral</i>	\$0, Tier 3	DP
<i>hm pain reliever tablet 325 mg oral</i>	\$0, Tier 3	DP
<i>liquid acetaminophen liquid 160 mg/5ml 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
MAPAP CHILDRENS TABLET CHEWABLE 160 MG ORAL	\$0, Tier 3	DP
MAPAP CHILDRENS TABLET CHEWABLE 80 MG ORAL	\$0, Tier 3	DP
<i>m-pap liquid 160 mg/5ml 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 relief extra strength tablet 500 mg oral</i>	\$0, Tier 3	DP
<i>pain relief regular strength tablet 325 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

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>qc aspirin tablet 325 mg oral</i>	\$0, Tier 3	DP
<i>qc enteric 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>qc pain relief childrens suspension 160 mg/5ml oral</i>	\$0, Tier 3	DP
<i>qc pain relief extra strength tablet 500 mg oral</i>	\$0, Tier 3	DP
<i>qc pain relief tablet 325 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 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 tablet 500 mg oral</i>	\$0, Tier 3	DP
<i>sm pain reliever ex st tablet 500 mg oral</i>	\$0, Tier 3	DP
<i>sm pain reliever 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 oral tablet delayed release 375 mg</i>	\$0, Tier 1	QL (120 per 30 days)
<i>ec-naproxen oral tablet delayed release 500 mg</i>	\$0, Tier 1	QL (90 per 30 days)
<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>hm ibuprofen childrens suspension 100 mg/5ml oral</i>	\$0, Tier 3	DP
<i>hm ibuprofen ib tablet chewable 100 mg oral</i>	\$0, Tier 3	DP
<i>hm ibuprofen infants 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
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 infants drops suspension 50 mg/1.25ml 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
<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 375 mg</i>	\$0, Tier 1	QL (120 per 30 days)
<i>naproxen oral tablet delayed release 500 mg</i>	\$0, Tier 1	QL (90 per 30 days)
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	\$0, Tier 1	
<i>piroxicam oral</i>	\$0, Tier 1	
<i>qc childrens ibuprofen suspension 100 mg/5ml oral</i>	\$0, Tier 3	DP
<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 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)

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
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, 400 mcg, 600 mcg, 800 mcg</i>	\$0, Tier 2	PA; QL (120 per 30 days); NDS
<i>fentanyl citrate buccal lozenge on a handle 200 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
<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 1	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	\$0, Tier 1	

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>fluconazole oral</i>	\$0, Tier 1	
<i>flucytosine oral</i>	\$0, Tier 2	PA; 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	PA; QL (630 per 30 days); NDS
<i>nystatin oral tablet</i>	\$0, Tier 1	
<i>posaconazole</i>	\$0, Tier 2	PA; 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
<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 1	
<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 solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml, 9000 mg/60ml</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

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<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
SIVEXTRO	\$0, Tier 2	NDS
<i>streptomycin sulfate intramuscular</i>	\$0, Tier 1	
<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	

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
APTIVUS ORAL CAPSULE	\$0, Tier 2	NDS
<i>atazanavir sulfate</i>	\$0, Tier 1	
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 25 MG	\$0, Tier 2	
INVIRASE ORAL TABLET	\$0, Tier 2	NDS
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>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

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
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
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
<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
SYM TUZA	\$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	

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
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	
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
PREVYMIS ORAL	\$0, Tier 2	PA; QL (28 per 28 days); 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 oral solution reconstituted</i>	\$0, Tier 2	NDS
<i>valganciclovir hcl oral tablet</i>	\$0, Tier 1	
VEMLIDY	\$0, Tier 2	PA; NDS
VOSEVI	\$0, Tier 2	PA; NDS
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	\$0, Tier 2	QL (2 per 180 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	\$0, Tier 2	QL (1 per 180 days)
Cephalosporins		
<i>cefactor</i>	\$0, Tier 1	
<i>cefactor 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	

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<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	
<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 7.5 gm, 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	NDS
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	

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<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	
<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 1	
<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	

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>tetracycline hcl oral</i>	\$0, Tier 1	PA
<i>tigecycline solution reconstituted 50 mg intravenous</i>	\$0, Tier 1	
<i>tigecycline solution reconstituted 50 mg intravenous</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
<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	
<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
INQOVI	\$0, Tier 2	PA; LA; NDS
LONSURF	\$0, Tier 2	PA; NDS
<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	

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
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	NDS
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
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
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 ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	\$0, Tier 2	PA; LA; QL (28 per 28 days); NDS
REVLIMID ORAL CAPSULE 20 MG, 25 MG	\$0, Tier 2	PA; LA; QL (21 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	
<i>irinotecan hcl</i>	\$0, Tier 1	B/D
KISQALI FEMARA (400 MG DOSE)	\$0, Tier 2	PA; QL (70 per 28 days); NDS
KISQALI FEMARA (600 MG DOSE)	\$0, Tier 2	PA; QL (91 per 28 days); NDS
KISQALI FEMARA(200 MG DOSE)	\$0, Tier 2	PA; QL (49 per 28 days); NDS
MATULANE	\$0, Tier 2	LA; NDS
SYNRIBO	\$0, Tier 2	PA; NDS

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<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
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; QL (60 per 30 days); 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

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<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
ICLUSIG ORAL TABLET 10 MG	\$0, Tier 2	PA; LA; QL (60 per 30 days); NDS
ICLUSIG ORAL TABLET 15 MG, 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 (30 per 30 days); NDS
IMBRUVICA ORAL TABLET	\$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; QL (21 per 28 days); NDS
KISQALI (400 MG DOSE)	\$0, Tier 2	PA; QL (42 per 28 days); NDS
KISQALI (600 MG DOSE)	\$0, Tier 2	PA; QL (63 per 28 days); NDS
<i>lapatinib ditosylate</i>	\$0, Tier 2	PA; NDS
LENVIMA (10 MG DAILY DOSE)	\$0, Tier 2	PA; LA; QL (30 per 30 days); NDS
LENVIMA (12 MG DAILY DOSE)	\$0, Tier 2	PA; LA; QL (90 per 30 days); NDS
LENVIMA (14 MG DAILY DOSE)	\$0, Tier 2	PA; LA; QL (60 per 30 days); NDS
LENVIMA (18 MG DAILY DOSE)	\$0, Tier 2	PA; LA; QL (90 per 30 days); NDS
LENVIMA (20 MG DAILY DOSE)	\$0, Tier 2	PA; LA; QL (60 per 30 days); NDS
LENVIMA (24 MG DAILY DOSE)	\$0, Tier 2	PA; LA; QL (90 per 30 days); NDS
LENVIMA (4 MG DAILY DOSE)	\$0, Tier 2	PA; LA; QL (30 per 30 days); NDS
LENVIMA (8 MG DAILY DOSE)	\$0, Tier 2	PA; LA; QL (60 per 30 days); NDS
LORBRENA	\$0, Tier 2	PA; LA; NDS
LUMAKRAS	\$0, Tier 2	PA; LA; NDS

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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; QL (120 per 30 days); NDS
NINLARO	\$0, Tier 2	PA; QL (3 per 28 days); NDS
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; QL (120 per 30 days); 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
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 ORAL CAPSULE 0.25 MG	\$0, Tier 2	PA; LA; QL (90 per 30 days); NDS
TALZENNA ORAL CAPSULE 1 MG	\$0, Tier 2	PA; LA; QL (30 per 30 days); 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

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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
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; QL (56 per 28 days); 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; QL (90 per 30 days); 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	

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<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	
<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)

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<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)
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 134 mg, 200 mg, 67 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)
<i>niacin er (antihyperlipidemic)</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
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	
<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	

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
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	
<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	

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<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	
<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	
<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>bupirone 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
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 ORAL CAPSULE 250 MG	\$0, Tier 2	PA; LA; QL (360 per 30 days); NDS
DIACOMIT ORAL CAPSULE 500 MG	\$0, Tier 2	PA; LA; QL (180 per 30 days); NDS
DIACOMIT ORAL PACKET 250 MG	\$0, Tier 2	PA; LA; QL (360 per 30 days); NDS
DIACOMIT ORAL PACKET 500 MG	\$0, Tier 2	PA; LA; QL (180 per 30 days); 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	

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<i>lamotrigine oral tablet</i>	\$0, Tier 1	
<i>lamotrigine oral tablet chewable</i>	\$0, Tier 1	
<i>levetiracetam er</i>	\$0, Tier 1	
<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	
<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 oral suspension</i>	\$0, Tier 2	PA; QL (2300 per 28 days); NDS
<i>rufinamide oral tablet 200 mg</i>	\$0, Tier 2	PA; QL (480 per 30 days); NDS
<i>rufinamide oral tablet 400 mg</i>	\$0, Tier 2	PA; QL (240 per 30 days); NDS
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG	\$0, Tier 2	QL (90 per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG	\$0, Tier 2	QL (360 per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 500 MG	\$0, Tier 2	QL (180 per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	\$0, Tier 2	QL (120 per 30 days)
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	

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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)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	\$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	

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<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)
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	PA; 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	

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
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	
<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	
<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 1	QL (900 per 30 days)
<i>aripiprazole oral tablet</i>	\$0, Tier 1	QL (30 per 30 days)
<i>aripiprazole oral tablet dispersible</i>	\$0, Tier 1	QL (60 per 30 days)
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	PA; QL (30 per 30 days)
<i>chlorpromazine hcl injection</i>	\$0, Tier 1	
<i>chlorpromazine hcl oral concentrate</i>	\$0, Tier 2	
<i>chlorpromazine hcl oral tablet</i>	\$0, Tier 1	
<i>clozapine oral tablet 100 mg</i>	\$0, Tier 1	QL (270 per 30 days)

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<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 1	PA; QL (180 per 30 days)
<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	
<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)

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<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)
<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)

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<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)
<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; QL (30 per 30 days); 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	PA; QL (40 per 28 days)
<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)

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
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; LA; QL (30 per 30 days); NDS
INGREZZA ORAL CAPSULE THERAPY PACK	\$0, Tier 2	PA; LA; 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	
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

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Psychotherapeutic-Misc		
<i>acamprosate calcium</i>	\$0, Tier 1	
ADIPEX-P CAPSULE 37.5 MG ORAL	\$0, Tier 3	DP
ADIPEX-P TABLET 37.5 MG ORAL	\$0, Tier 3	DP
<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; QL (56 per 28 days)
CHANTIX CONTINUING MONTH PAK	\$0, Tier 2	PA; QL (56 per 28 days)
CHANTIX STARTING MONTH PAK	\$0, Tier 2	PA; QL (106 per 365 days)
<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 patch 24 hour 14 mg/24hr transdermal</i>	\$0, Tier 3	DP
<i>gnp nicotine patch 24 hour 21 mg/24hr transdermal</i>	\$0, Tier 3	DP
<i>gnp nicotine patch 24 hour 7 mg/24hr transdermal</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 2 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 2 mg mouth/throat</i>	\$0, Tier 3	DP
<i>goodsense nicotine lozenge 4 mg mouth/throat</i>	\$0, Tier 3	DP
<i>hm nicotine patch 24 hour 14 mg/24hr transdermal</i>	\$0, Tier 3	DP
<i>hm nicotine patch 24 hour 21 mg/24hr transdermal</i>	\$0, Tier 3	DP
<i>hm nicotine patch 24 hour 7 mg/24hr transdermal</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
LOMAIRA TABLET 8 MG ORAL	\$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	

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>naltrexone hcl oral</i>	\$0, Tier 1	
NARCAN	\$0, Tier 2	
NICODERM CQ PATCH 24 HOUR 14 MG/24HR TRANSDERMAL	\$0, Tier 3	DP
<i>nicotine kit 21-14-7 mg/24hr transdermal</i>	\$0, Tier 3	DP
<i>nicotine mini lozenge 2 mg mouth/throat</i>	\$0, Tier 3	DP
<i>nicotine mini lozenge 4 mg mouth/throat</i>	\$0, Tier 3	DP
<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
<i>nicotine step 1 patch 24 hour 21 mg/24hr transdermal</i>	\$0, Tier 3	DP
<i>nicotine step 2 patch 24 hour 14 mg/24hr transdermal</i>	\$0, Tier 3	DP
<i>nicotine step 3 patch 24 hour 7 mg/24hr transdermal</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
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 patch 24 hour 14 mg/24hr transdermal</i>	\$0, Tier 3	DP
<i>sm nicotine patch 24 hour 21 mg/24hr transdermal</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
VIVITROL	\$0, Tier 2	NDS

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
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	
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 (2 per 30 days)
OMNIPOD DASH 5 PACK PODS	\$0, Tier 2	PA; QL (2 per 30 days)
OMNIPOD STARTER	\$0, Tier 2	PA; QL (1 per 365 days)

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

DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<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)
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)
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)

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<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)
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)

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>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	
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	
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	

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
CAMRESE LO	\$0, Tier 1	
CAZIAN	\$0, Tier 1	
CHATEAL	\$0, Tier 1	
CRYSSELLE-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 oral tablet 3-0.03-0.451 mg</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	
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	

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
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	
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	
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	

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
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	
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	

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
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	
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	
ZOVIA 1/35 (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	

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
LYLLANA	\$0, Tier 2	
MIMVEY	\$0, Tier 2	
<i>norethindrone-eth estradiol</i>	\$0, Tier 2	
YUVAFEM	\$0, Tier 1	
Glucocorticoids		
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
PREDNISON INTENSOL	\$0, Tier 2	B/D
<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 HYOPEN 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
<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

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<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	
FABRAZYME	\$0, Tier 2	PA; LA; NDS
GENOTROPIN	\$0, Tier 2	PA; NDS
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
<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 gml/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
XENICAL CAPSULE 120 MG ORAL	\$0, Tier 3	DP
Phosphate Binder Agents		
<i>calcium acetate (phos binder) oral capsule</i>	\$0, Tier 1	QL (360 per 30 days)
<i>calcium acetate oral tablet 667 mg</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 1	QL (180 per 30 days)
<i>sevelamer carbonate oral tablet</i>	\$0, Tier 1	QL (540 per 30 days)

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
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	
LEVOXYL	\$0, Tier 1	
<i>liothyronine 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>alum & mag hydroxide-simeth suspension 200-200-20 mg/5ml oral</i>	\$0, Tier 3	DP
<i>alum & mag hydroxide-simeth suspension 400-400-40 mg/5ml oral</i>	\$0, Tier 3	DP
<i>alumina-magnesia-simethicone suspension 200-200-20 mg/5ml oral</i>	\$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 regular strength suspension 200-200-20 mg/5ml oral</i>	\$0, Tier 3	DP
<i>antacid suspension 200-200-20 mg/5ml oral</i>	\$0, Tier 3	DP
<i>antacid/anti-gas suspension 400-400-40 mg/5ml oral</i>	\$0, Tier 3	DP

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>gnp antacid & anti-gas suspension 200-200-20 mg/5ml oral</i>	\$0, Tier 3	DP
<i>gnp antacid & anti-gas suspension 400-400-40 mg/5ml oral</i>	\$0, Tier 3	DP
<i>gnp antacid regular strength 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 suspension 200-200-20 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 tablet 400 mg oral</i>	\$0, Tier 3	DP
<i>magnesium oxide tablet 420 mg oral</i>	\$0, Tier 3	DP
MI-ACID SUSPENSION 200-200-20 MG/5ML ORAL	\$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
<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>sm antacid advanced max st suspension 400-400-40 mg/5ml oral</i>	\$0, Tier 3	DP
<i>sm antacid advanced suspension 200-200-20 mg/5ml oral</i>	\$0, Tier 3	DP
<i>sm antacid maximum strength suspension 400-400-40 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
Anti-Diarrheal		
<i>anti-diarrheal capsule 2 mg oral</i>	\$0, Tier 3	DP
<i>anti-diarrheal tablet 2 mg oral</i>	\$0, Tier 3	DP
<i>bismatrol tablet chewable 262 mg oral</i>	\$0, Tier 3	DP
<i>gnp anti-diarrheal capsule 2 mg oral</i>	\$0, Tier 3	DP
<i>gnp anti-diarrheal tablet 2 mg 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>goodsense stomach relief tablet chewable 262 mg oral</i>	\$0, Tier 3	DP
<i>hm anti-diarrheal capsule 2 mg oral</i>	\$0, Tier 3	DP
<i>hm anti-diarrheal tablet 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 suspension 525 mg/30ml oral</i>	\$0, Tier 3	DP
<i>hm stomach relief tablet chewable 262 mg oral</i>	\$0, Tier 3	DP
<i>loperamide hcl tablet 2 mg oral</i>	\$0, Tier 3	DP
<i>peptic relief tablet chewable 262 mg oral</i>	\$0, Tier 3	DP
<i>qc anti-diarrheal capsule 2 mg oral</i>	\$0, Tier 3	DP

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<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>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 525 mg/30ml oral</i>	\$0, Tier 3	DP
<i>stomach relief tablet chewable 262 mg 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)
<i>granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml</i>	\$0, Tier 1	
<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	

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
Inflammatory Bowel Disease		
<i>balsalazide disodium</i>	\$0, Tier 1	
<i>budesonide er oral tablet extended release 24 hour</i>	\$0, Tier 2	PA; NDS
<i>budesonide oral</i>	\$0, Tier 1	PA
<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
<i>constulose</i>	\$0, Tier 1	
<i>docu liquid 50 mg/5ml oral</i>	\$0, Tier 3	DP
<i>docusate calcium capsule 240 mg oral</i>	\$0, Tier 3	DP
<i>docusate mini enema 283 mg/5ml rectal</i>	\$0, Tier 3	DP
<i>docusate sodium capsule 100 mg oral</i>	\$0, Tier 3	DP
<i>docusate sodium capsule 250 mg oral (otc)</i>	\$0, Tier 3	DP
<i>docusate sodium liquid 50 mg/5ml oral</i>	\$0, Tier 3	DP
DOCUSOL MINI ENEMA 283 MG/5ML RECTAL	\$0, Tier 3	DP
DOK CAPSULE 100 MG ORAL	\$0, Tier 3	DP
<i>enema enema 7-19 gm/118ml rectal</i>	\$0, Tier 3	DP
<i>enema ready-to-use enema 7-19 gm/118ml rectal</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>fiber laxative tablet 625 mg oral</i>	\$0, Tier 3	DP
<i>fiber tablet 625 mg oral</i>	\$0, Tier 3	DP
<i>fiber-lax tablet 625 mg oral</i>	\$0, Tier 3	DP
FLEET ENEMA ENEMA 7-19 GM/118ML RECTAL	\$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 (adult) suppository 2 gm rectal</i>	\$0, Tier 3	DP

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<i>glycerin (infants & children) suppository 1 gm rectal</i>	\$0, Tier 3	DP
<i>glycerin (pediatric) suppository 1 gm rectal</i>	\$0, Tier 3	DP
<i>glycerin adult suppository 2 gm rectal</i>	\$0, Tier 3	DP
<i>glycerin childrens suppository 1 gm rectal</i>	\$0, Tier 3	DP
<i>gnp enema enema rectal</i>	\$0, Tier 3	DP
<i>gnp gentle laxative tablet delayed release 5 mg oral</i>	\$0, Tier 3	DP
<i>gnp glycerin (adult) suppository 2.1 gm rectal</i>	\$0, Tier 3	DP
<i>gnp glycerin child suppository 1.2 gm rectal</i>	\$0, Tier 3	DP
<i>gnp laxative tablet delayed release 5 mg oral</i>	\$0, Tier 3	DP
<i>gnp milk of magnesia suspension 1200 mg/15ml oral</i>	\$0, Tier 3	DP
<i>gnp natural fiber capsule 0.52 gm 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/laxative tablet 8.6-50 mg oral</i>	\$0, Tier 3	DP
<i>gnp womens gentle laxative tablet delayed release 5 mg oral</i>	\$0, Tier 3	DP
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	\$0, Tier 2	
<i>goodsense epsom salt granules oral</i>	\$0, Tier 3	DP
<i>hm enema enema 7-19 gm/118ml rectal</i>	\$0, Tier 3	DP
<i>hm laxative tablet delayed release 5 mg oral</i>	\$0, Tier 3	DP
<i>hm milk of magnesia suspension 1200 mg/15ml oral</i>	\$0, Tier 3	DP
<i>hm senna tablet 8.6 mg oral</i>	\$0, Tier 3	DP
<i>hm stool softener capsule 100 mg oral</i>	\$0, Tier 3	DP
<i>hm stool softener/laxative tablet 8.6-50 mg oral</i>	\$0, Tier 3	DP
<i>lactulose encephalopathy</i>	\$0, Tier 1	
<i>lactulose oral solution 10 gml/15ml</i>	\$0, Tier 1	
<i>laxative max str tablet 25 mg oral</i>	\$0, Tier 3	DP
<i>milk of magnesia suspension 1200 mg/15ml oral</i>	\$0, Tier 3	DP
<i>milk of magnesia suspension 2400 mg/30ml oral</i>	\$0, Tier 3	DP
<i>milk of magnesia suspension 400 mg/5ml oral</i>	\$0, Tier 3	DP
<i>milk of magnesia suspension 7.75 % oral</i>	\$0, Tier 3	DP
NULYTELY LEMON-LIME	\$0, Tier 2	
PEDIA-LAX LIQUID 50 MG/15ML ORAL	\$0, Tier 3	DP
PEDIA-LAX SUPPOSITORY 1 GM RECTAL	\$0, Tier 3	DP
<i>peg 3350 packet 17 gm oral</i>	\$0, Tier 3	DP
<i>peg 3350 powder 17 gml/scoop oral</i>	\$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	

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>qc enema enema 16-6 gml/133ml rectal</i>	\$0, Tier 3	DP
<i>qc epsom salt granules oral</i>	\$0, Tier 3	DP
<i>qc fiber laxative capsule 0.52 gm oral</i>	\$0, Tier 3	DP
<i>qc gentle laxative suppository 10 mg rectal</i>	\$0, Tier 3	DP
<i>qc milk of magnesia suspension 400 mg/5ml oral</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 stool softener capsule 100 mg oral</i>	\$0, Tier 3	DP
<i>qc stool softener pls laxative tablet 8.6-50 mg oral</i>	\$0, Tier 3	DP
SENEXON-S TABLET 8.6-50 MG ORAL	\$0, Tier 3	DP
<i>senna capsule 8.6 mg oral</i>	\$0, Tier 3	DP
<i>senna laxative tablet 8.6 mg oral</i>	\$0, Tier 3	DP
<i>senna liquid 8.8 mg/5ml oral</i>	\$0, Tier 3	DP
<i>senna plus tablet 8.6-50 mg oral</i>	\$0, Tier 3	DP
<i>senna s tablet 8.6-50 mg oral</i>	\$0, Tier 3	DP
<i>senna syrup 8.8 mg/5ml oral (otc)</i>	\$0, Tier 3	DP
<i>senna tablet 8.6 mg oral</i>	\$0, Tier 3	DP
<i>senna-lax tablet 8.6 mg oral</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>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 enema enema 7-19 gml/118ml rectal</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 fiber tablet 625 mg oral</i>	\$0, Tier 3	DP
<i>sm gentle laxative tablet delayed release 5 mg oral</i>	\$0, Tier 3	DP
<i>sm milk of magnesia suspension 1200 mg/15ml oral</i>	\$0, Tier 3	DP
<i>sm senna laxative tablet 8.6 mg oral</i>	\$0, Tier 3	DP
<i>sm senna-s tablet 8.6-50 mg oral</i>	\$0, Tier 3	DP
<i>sm stool softener capsule 100 mg oral</i>	\$0, Tier 3	DP
<i>sm stool softener/laxative tablet 8.6-50 mg oral</i>	\$0, Tier 3	DP
<i>stimulant laxative tablet 8.6-50 mg oral</i>	\$0, Tier 3	DP
<i>stool softener capsule 100 mg oral</i>	\$0, Tier 3	DP
<i>stool softener laxative capsule 100 mg oral</i>	\$0, Tier 3	DP
<i>stool softener laxative capsule 250 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>stool softener plus laxative tablet 8.6-50 mg oral</i>	\$0, Tier 3	DP
SUPREP BOWEL PREP KIT	\$0, Tier 2	
<i>vegetable lax+stool softener tablet 8.6-50 mg oral</i>	\$0, Tier 3	DP
<i>womens 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	
<i>gas relief drops infants suspension 20 mg/0.3ml oral</i>	\$0, Tier 3	DP
<i>gas relief extra strength capsule 125 mg oral</i>	\$0, Tier 3	DP
<i>gas relief extra strength tablet chewable 125 mg oral</i>	\$0, Tier 3	DP
<i>gas relief suspension 20 mg/0.3ml oral</i>	\$0, Tier 3	DP
<i>gas relief tablet chewable 80 mg oral</i>	\$0, Tier 3	DP
<i>gas relief ultra strength capsule 180 mg oral</i>	\$0, Tier 3	DP
GATTEX	\$0, Tier 2	PA; LA; NDS
<i>gnp anti-gas capsule 180 mg oral</i>	\$0, Tier 3	DP
<i>gnp gas relief extra strength capsule 125 mg oral</i>	\$0, Tier 3	DP
<i>gnp gas relief tablet chewable 80 mg oral</i>	\$0, Tier 3	DP
<i>hm gas relief infants drops suspension 20 mg/0.3ml oral</i>	\$0, Tier 3	DP
<i>hm gas relief tablet chewable 80 mg oral</i>	\$0, Tier 3	DP
<i>infants gas relief suspension 20 mg/0.3ml oral</i>	\$0, Tier 3	DP
<i>infants simethicone suspension 20 mg/0.3ml oral</i>	\$0, Tier 3	DP
LINZESS	\$0, Tier 2	QL (30 per 30 days)
<i>loperamide hcl oral capsule</i>	\$0, Tier 1	
<i>mi-acid gas relief tablet chewable 80 mg oral</i>	\$0, Tier 3	DP
<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)
PHAZYME MAXIMUM STRENGTH CAPSULE 250 MG ORAL	\$0, Tier 3	DP
<i>qc gas relief extra strength capsule 125 mg oral</i>	\$0, Tier 3	DP
RELISTOR SUBCUTANEOUS SOLUTION	\$0, Tier 2	PA; NDS
RESTORA RX CAPSULE 60-1.25 MG ORAL	\$0, Tier 3	DP
<i>sm gas relief antiflatuent capsule 180 mg oral</i>	\$0, Tier 3	DP
<i>sm gas relief extra strength capsule 125 mg oral</i>	\$0, Tier 3	DP
<i>sm gas relief infants suspension 20 mg/0.3ml oral</i>	\$0, Tier 3	DP
<i>sm gas relief tablet chewable 125 mg oral</i>	\$0, Tier 3	DP
<i>sm gas relief tablet chewable 80 mg oral</i>	\$0, Tier 3	DP
<i>sucrafate oral tablet</i>	\$0, Tier 1	

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>ursodiol oral capsule 300 mg</i>	\$0, Tier 1	
<i>ursodiol oral tablet</i>	\$0, Tier 1	
XERMELO	\$0, Tier 2	PA; LA; QL (90 per 30 days); NDS
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	
<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	
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>trospium chloride</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
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 3 cream 2 % vaginal</i>	\$0, Tier 3	DP
<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	
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	

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
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		
<i>active fe tablet 75-1.25 mg oral</i>	\$0, Tier 3	DP
CHROMAGEN CAPSULE ORAL	\$0, Tier 3	DP
CORVITA 150 TABLET 150-1.25 MG ORAL	\$0, Tier 3	DP
CORVITE 150 TABLET ORAL	\$0, Tier 3	DP
<i>corvite fe tablet oral</i>	\$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
FERIVA 21/7 TABLET 75-1 MG ORAL	\$0, Tier 3	DP
FERIVAFA CAPSULE 110-1 MG ORAL	\$0, Tier 3	DP
FEROSUL ELIXIR 220 (44 FE) MG/5ML ORAL	\$0, Tier 3	DP
FERRALET 90 TABLET 90-1 MG ORAL	\$0, Tier 3	DP
<i>ferraplus 90 tablet 90-1 mg oral</i>	\$0, Tier 3	DP
<i>ferretts tablet 325 (106 fe) mg oral</i>	\$0, Tier 3	DP
FERRLECIT SOLUTION 12.5 MG/ML INTRAVENOUS	\$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 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
FOLITAB 500 TABLET EXTENDED RELEASE 105-500-0.8 MG ORAL	\$0, Tier 3	DP
FOLIVANE-F CAPSULE 125-1 MG ORAL	\$0, Tier 3	DP
FOLIVANE-PLUS CAPSULE ORAL	\$0, Tier 3	DP
FUSION CAPSULE 65-65-25-30 MG ORAL	\$0, Tier 3	DP
FUSION PLUS CAPSULE ORAL	\$0, Tier 3	DP
<i>gnp iron tablet extended release 142 (45 fe) mg oral</i>	\$0, Tier 3	DP
HEMATOGEN CAPSULE ORAL (RX)	\$0, Tier 3	DP
HEMATOGEN FA CAPSULE 200-250-0.01-1 MG ORAL	\$0, Tier 3	DP
HEMATOGEN FORTE CAPSULE 460-60-0.01-1 MG ORAL (RX)	\$0, Tier 3	DP
HEMOCYTE PLUS CAPSULE 106-1 MG ORAL	\$0, Tier 3	DP

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
HEMOCYTE-F TABLET 324-1 MG ORAL	\$0, Tier 3	DP
IFEREX 150 CAPSULE 150 MG ORAL	\$0, Tier 3	DP
INFED SOLUTION 50 MG/ML INJECTION	\$0, Tier 3	DP
INJECTAFER SOLUTION 750 MG/15ML INTRAVENOUS	\$0, Tier 3	DP
INTEGRA CAPSULE 62.5-62.5-40-3 MG ORAL	\$0, Tier 3	DP
INTEGRA F CAPSULE 125-1 MG ORAL	\$0, Tier 3	DP
INTEGRA PLUS CAPSULE ORAL	\$0, Tier 3	DP
<i>iron chews pediatric tablet chewable 15 mg oral</i>	\$0, Tier 3	DP
<i>iron tablet 240 (27 fe) mg oral</i>	\$0, Tier 3	DP
<i>kp ferrous sulfate tablet 325 (65 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
NEPHRON FA TABLET ORAL	\$0, Tier 3	DP
NIFEREX TABLET ORAL	\$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
NUFERA TABLET ORAL	\$0, Tier 3	DP
NU-IRON CAPSULE 150 MG ORAL	\$0, Tier 3	DP
<i>purevit dualfe plus capsule 162-115.2-1 mg oral</i>	\$0, Tier 3	DP
<i>se-tan plus capsule 162-115.2-1 mg oral</i>	\$0, Tier 3	DP
<i>slow release iron tablet extended release 47.5 mg oral</i>	\$0, Tier 3	DP
<i>sm iron slow release tablet extended release 160 (50 fe) mg oral</i>	\$0, Tier 3	DP
<i>tl-hem 150 tablet 150-1 mg oral</i>	\$0, Tier 3	DP
TRICON CAPSULE ORAL	\$0, Tier 3	DP
TRIFERIC PACKET 272 MG HEMODIALYSIS	\$0, Tier 3	DP
<i>trigels-f forte capsule 460-60-0.01-1 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
SAJAZIR	\$0, Tier 2	PA; QL (27 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	\$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
SKYRIZI	\$0, Tier 2	PA; QL (7 per 365 days); NDS

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
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 (1 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 INJECTION SOLUTION	\$0, Tier 2	B/D; NDS
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT	\$0, Tier 2	B/D
INTRON A INJECTION SOLUTION RECONSTITUTED 50000000 UNIT	\$0, Tier 2	B/D; NDS

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
Immunosuppressants		
<i>azathioprine oral</i>	\$0, Tier 1	B/D
BENLYSTA INTRAVENOUS	\$0, Tier 2	PA; NDS
BENLYSTA SUBCUTANEOUS	\$0, Tier 2	PA; QL (8 per 28 days); NDS
<i>cyclosporine intravenous</i>	\$0, Tier 1	B/D
<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, 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
REZUROCK	\$0, Tier 2	PA; LA; NDS
SANDIMMUNE ORAL SOLUTION	\$0, Tier 2	B/D
<i>sirolimus oral solution</i>	\$0, Tier 2	B/D; NDS
<i>sirolimus oral tablet</i>	\$0, Tier 1	B/D
<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	

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
MENACTRA INTRAMUSCULAR INJECTABLE	\$0, Tier 2	
MENQUADFI INTRAMUSCULAR INJECTABLE	\$0, Tier 2	
MENVEO	\$0, Tier 2	
M-M-R II INJECTION	\$0, Tier 2	
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	
MISCELLANEOUS		
Miscellaneous		
<i>gnp petroleum jelly gel</i>	\$0, Tier 3	DP
<i>grape flavor liquid (otc)</i>	\$0, Tier 3	DP
<i>hm petroleum jelly gel</i>	\$0, Tier 3	DP
<i>melatonin liquid 1 mg/ml oral</i>	\$0, Tier 3	DP
ORA-PLUS LIQUID ORAL (OTC)	\$0, Tier 3	DP
<i>petrolatum gel</i>	\$0, Tier 3	DP
<i>polyethylene glycol 3350 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 %</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	

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>dextrose-sodium chloride intravenous solution 2.5-0.45 %, 5-0.225 %, 5-0.3 %</i>	\$0, Tier 1	
ISOLYTE-P IN D5W	\$0, Tier 2	
ISOLYTE-S	\$0, Tier 2	
ISOLYTE-S PH 7.4	\$0, Tier 2	
<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 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 20-0.9 meq/l-%</i>	\$0, Tier 1	
<i>potassium chloride in nacl intravenous solution 40-0.9 meq/l-%</i>	\$0, Tier 2	
<i>potassium chloride in nacl solution 20-0.45 meq/l-% intravenous</i>	\$0, Tier 1	
<i>potassium chloride in nacl solution 20-0.45 meq/l-% intravenous</i>	\$0, Tier 2	
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml, 40 meq/100ml</i>	\$0, Tier 1	
<i>potassium chloride intravenous solution 10 meq/50ml, 20 meq/50ml</i>	\$0, Tier 2	
<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>potassium chloride crys er</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	

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>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	
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>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
MULTITRACE-4 NEONATAL SOLUTION 100-25-1500 MCG/ML INTRAVENOUS	\$0, Tier 3	DP
MULTITRACE-4 PEDIATRIC SOLUTION 1-100-25-1000 MCG/ML INTRAVENOUS	\$0, Tier 3	DP
<i>multitrace-5 concentrate solution 10-1000-500-60 mcg/ml intravenous</i>	\$0, Tier 3	DP
MULTITRACE-5 SOLUTION 4-400-100-20 MCG/ML INTRAVENOUS	\$0, Tier 3	DP
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

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
PROSOL	\$0, Tier 2	B/D
<i>selenious acid solution 60 mcg/ml intravenous</i>	\$0, Tier 3	DP
TRALEMENT SOLUTION 300-55-60-3000 MCG/ML INTRAVENOUS	\$0, Tier 3	DP
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		
CALCI-CHEW TABLET CHEWABLE 1250 (500 CA) MG ORAL	\$0, Tier 3	DP
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 500-125 mg-unit oral</i>	\$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 500/vitamin d tablet 500-125 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 powder (otc)</i>	\$0, Tier 3	DP
<i>calcium carbonate tablet 1500 (600 ca) mg oral</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 tablet chewable 500-100 mg-unit oral</i>	\$0, Tier 3	DP
<i>calcium-folic acid plus d wafer 1342-1 mg oral</i>	\$0, Tier 3	DP
<i>calcium-vitamin d3 tablet 250-125 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 citrate +d3 tablet 315-250 mg-unit oral</i>	\$0, Tier 3	DP
<i>gnp calcium tablet 1500 (600 ca) mg oral</i>	\$0, Tier 3	DP
<i>hm zinc tablet 50 mg oral</i>	\$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
MAGNEBIND 400 TABLET 80-115 MG ORAL	\$0, Tier 3	DP

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>magnesium 27 tablet 500 (27 mg) mg oral</i>	\$0, Tier 3	DP
<i>magnesium chloride tablet delayed release 64 mg oral</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
<i>manganese chloride solution 0.1 mg/ml intravenous</i>	\$0, Tier 3	DP
NU-MAG TABLET DELAYED RELEASE 71.5-119 MG ORAL	\$0, Tier 3	DP
OS-CAL TABLET CHEWABLE 500-600 MG-UNIT ORAL	\$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
<i>oyster shell calcium 500 + 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>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-magnesium-zinc tablet 333-133-5 mg oral</i>	\$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>zinc gluconate tablet 50 mg oral</i>	\$0, Tier 3	DP
<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>co q10 capsule 100 mg oral</i>	\$0, Tier 3	DP
<i>co q-10 capsule 100 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>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>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

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>coq-10 capsule 30 mg oral</i>	\$0, Tier 3	DP
<i>coq-10 capsule extended release 100 mg oral</i>	\$0, Tier 3	DP
<i>eq1 coq10 capsule 100 mg oral</i>	\$0, Tier 3	DP
<i>gnp co q10 capsule 100 mg oral</i>	\$0, Tier 3	DP
<i>gnp melatonin maximum strength tablet 5 mg oral</i>	\$0, Tier 3	DP
<i>gnp melatonin tablet 3 mg oral</i>	\$0, Tier 3	DP
H2Q CAPSULE 100 MG ORAL	\$0, Tier 3	DP
<i>hm coq10 capsule 100 mg oral</i>	\$0, Tier 3	DP
<i>melatonin liquid 1 mg/4ml oral</i>	\$0, Tier 3	DP
<i>melatonin tablet 1 mg oral</i>	\$0, Tier 3	DP
<i>melatonin tablet 3 mg oral</i>	\$0, Tier 3	DP
Q-SORB CAPSULE 30 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>sm coenzyme q-10 capsule 100 mg oral</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
ANIMI-3 CAPSULE 1 MG ORAL	\$0, Tier 3	DP
ANIMI-3/VITAMIN D CAPSULE 1 MG ORAL	\$0, Tier 3	DP
AQUADEKS TABLET CHEWABLE ORAL	\$0, Tier 3	DP
<i>aqueous vitamin d liquid 10 mcg/ml 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
<i>b-1 tablet 100 mg oral</i>	\$0, Tier 3	DP
<i>b-12 tr tablet extended release 2000 mcg oral</i>	\$0, Tier 3	DP
<i>b-complex/b-12 tablet oral</i>	\$0, Tier 3	DP
<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 5 mg oral</i>	\$0, Tier 3	DP
<i>bp vit 3 capsule 1 mg oral</i>	\$0, Tier 3	DP
<i>c 250 tablet 250 mg oral</i>	\$0, Tier 3	DP
<i>c-1000 tablet extended release 1000 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 extended release 500 mg oral</i>	\$0, Tier 3	DP
CARDIOTEK RX TABLET ORAL	\$0, Tier 3	DP
<i>centamin liquid oral</i>	\$0, Tier 3	DP
CEROVITE JR TABLET CHEWABLE 18 MG ORAL	\$0, Tier 3	DP

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>chewable vite childrens 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 4000-200 unit oral</i>	\$0, Tier 3	DP
CORVITA TABLET 1.25 MG ORAL	\$0, Tier 3	DP
<i>cvs b-1 tablet 100 mg oral</i>	\$0, Tier 3	DP
<i>cvs vitamin b-12 tablet extended release 2000 mcg 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-vite/iron/beta-carotene tablet oral</i>	\$0, Tier 3	DP
DECARA CAPSULE 1.25 MG (50000 UT) ORAL	\$0, Tier 3	DP
DECARA CAPSULE 250 MCG (10000 UT) ORAL	\$0, Tier 3	DP
DECARA CAPSULE 625 MCG (25000 UT) ORAL	\$0, Tier 3	DP
DERMACINRX PUREFOLIX TABLET 1-5000 MG-UNIT ORAL	\$0, Tier 3	DP
DIALYVITE 3000 TABLET 3 MG ORAL	\$0, Tier 3	DP
DIALYVITE 5000 TABLET 5 MG ORAL	\$0, Tier 3	DP
DIALYVITE 800 TABLET 0.8 MG ORAL	\$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 SUPREME D TABLET 3 MG ORAL	\$0, Tier 3	DP
DIALYVITE TABLET ORAL	\$0, Tier 3	DP
DIALYVITE VITAMIN D 5000 CAPSULE 125 MCG (5000 UT) ORAL	\$0, Tier 3	DP
DIALYVITE/ZINC TABLET ORAL	\$0, Tier 3	DP
DRISDOL CAPSULE 1.25 MG (50000 UT) ORAL	\$0, Tier 3	DP
<i>e-400 capsule 400 unit oral</i>	\$0, Tier 3	DP
ELDERTONIC LIQUID ORAL	\$0, Tier 3	DP
ENDUR-C TABLET EXTENDED RELEASE 1000 MG ORAL	\$0, Tier 3	DP
ENDUR-C TABLET EXTENDED RELEASE 500 MG ORAL	\$0, Tier 3	DP
<i>eq1 b complex 50 tablet oral</i>	\$0, Tier 3	DP
<i>ergocalciferol capsule 1.25 mg (50000 ut) oral</i>	\$0, Tier 3	DP
<i>ergocalciferol solution 200 mcg/ml oral</i>	\$0, Tier 3	DP
ESTER-C TABLET ORAL	\$0, Tier 3	DP

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<i>fabb tablet 2.2-25-1 mg oral</i>	\$0, Tier 3	DP
FLORIVA PLUS SOLUTION 0.25 MG/ML ORAL	\$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>folite tablet oral</i>	\$0, Tier 3	DP
FOLIXAPURE TABLET 1-5000 MG-UNIT ORAL	\$0, Tier 3	DP
FOLTABS 800 TABLET 800-10-115 MCG-MG-MCG ORAL	\$0, Tier 3	DP
FOLTRATE TABLET 500-1 MCG-MG ORAL	\$0, Tier 3	DP
FOLTREXYL TABLET 1-5000 MG-UNIT ORAL	\$0, Tier 3	DP
<i>gnp childrens complete tablet chewable oral</i>	\$0, Tier 3	DP
<i>gnp essential one daily tablet oral</i>	\$0, Tier 3	DP
<i>gnp healthy eyes supervision capsule oral</i>	\$0, Tier 3	DP
<i>gnp little ones childrens tablet chewable oral</i>	\$0, Tier 3	DP
<i>gnp one daily plus iron tablet oral</i>	\$0, Tier 3	DP
<i>gnp prenatal tablet 28-0.8 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 extended release 500 mg oral</i>	\$0, Tier 3	DP
<i>gnp vitamin d-400 tablet 10 mcg (400 unit) oral</i>	\$0, Tier 3	DP
<i>hm niacin tablet extended release 250 mg oral</i>	\$0, Tier 3	DP
<i>hm vitamin b100 complex tablet oral</i>	\$0, Tier 3	DP
<i>hm vitamin b12 tablet extended release 1000 mcg oral</i>	\$0, Tier 3	DP
<i>hm vitamin b-12 tr tablet extended release 2000 mcg oral</i>	\$0, Tier 3	DP
<i>hm vitamin b50 complex tablet oral</i>	\$0, Tier 3	DP
<i>hm vitamin c tr tablet extended release 500 mg 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
<i>hydroxocobalamin acetate solution 1000 mcg/ml intramuscular</i>	\$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
INFUVITE ADULT INJECTABLE INTRAVENOUS	\$0, Tier 3	DP
INFUVITE PEDIATRIC SOLUTION INTRAVENOUS	\$0, Tier 3	DP
<i>l-methylfolate calcium tablet 15 mg oral</i>	\$0, Tier 3	DP
<i>l-methylfolate calcium tablet 7.5 mg oral</i>	\$0, Tier 3	DP
<i>l-methylfolate-b6-b12 tablet 3-35-2 mg oral</i>	\$0, Tier 3	DP
<i>l-methyl-mc nac tablet 6-2-600 mg oral</i>	\$0, Tier 3	DP
<i>l-methyl-mc tablet 6-1-50-5 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
M.V.I. ADULT INJECTABLE INTRAVENOUS	\$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
MEPHYTON TABLET 5 MG ORAL	\$0, Tier 3	DP
<i>multiple vitamins essential tablet oral</i>	\$0, Tier 3	DP
<i>multi-vit/iron/fluoride solution 0.25-10 mg/ml oral</i>	\$0, Tier 3	DP
<i>multivitamin/fluoride solution 0.25 mg/ml oral (otc)</i>	\$0, Tier 3	DP
<i>multivitamin/fluoride solution 0.25 mg/ml oral (rx)</i>	\$0, Tier 3	DP
<i>multivitamin/fluoride solution 0.5 mg/ml oral (otc)</i>	\$0, Tier 3	DP
<i>multivitamin/fluoride solution 0.5 mg/ml oral (rx)</i>	\$0, Tier 3	DP
<i>multivitamin/fluoride tablet chewable 0.25 mg oral (rx)</i>	\$0, Tier 3	DP
<i>multivitamin/fluoride tablet chewable 0.5 mg oral</i>	\$0, Tier 3	DP
<i>multivitamin/fluoride tablet chewable 1 mg oral</i>	\$0, Tier 3	DP
<i>multivitamin/fluoride/iron solution 0.25-10 mg/ml oral (rx)</i>	\$0, Tier 3	DP
<i>multi-vitamins tablet oral</i>	\$0, Tier 3	DP
MVC-FLUORIDE TABLET CHEWABLE 0.25 MG ORAL	\$0, Tier 3	DP
MVC-FLUORIDE TABLET CHEWABLE 0.5 MG ORAL	\$0, Tier 3	DP
MVC-FLUORIDE TABLET CHEWABLE 1 MG ORAL	\$0, Tier 3	DP
NASCOBAL SOLUTION 500 MCG/0.1ML NASAL	\$0, Tier 3	DP
NEPHPLEX RX TABLET 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 tablet 500 mg oral</i>	\$0, Tier 3	DP
<i>niacinamide tablet 500 mg oral</i>	\$0, Tier 3	DP
NICOMIDE TABLET 750-27-2-0.5 MG ORAL	\$0, Tier 3	DP
<i>norwegian cod liver oil capsule oral</i>	\$0, Tier 3	DP
NOVAFERRUM PED MULTI VIT-IRON SOLUTION 10 MG/ML ORAL	\$0, Tier 3	DP
OCUVITE ADULT 50+ CAPSULE ORAL	\$0, Tier 3	DP
OCUVITE ADULT FORMULA CAPSULE 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
<i>one daily tablet oral</i>	\$0, Tier 3	DP
<i>pan-c 500/bioflavonoids tablet oral</i>	\$0, Tier 3	DP
<i>phytonadione solution 1 mg/0.5ml injection</i>	\$0, Tier 3	DP
<i>phytonadione solution 10 mg/ml injection</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

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>prenatal tablet 27-0.8 mg oral (otc)</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/LUTEIN CAPSULE ORAL	\$0, Tier 3	DP
<i>pyridoxine hcl solution 100 mg/ml injection</i>	\$0, Tier 3	DP
<i>pyridoxine hcl tablet 25 mg oral</i>	\$0, Tier 3	DP
<i>pyridoxine hcl tablet 50 mg oral</i>	\$0, Tier 3	DP
<i>ra balanced b-100 tablet oral</i>	\$0, Tier 3	DP
<i>ra balanced b-50 tablet oral</i>	\$0, Tier 3	DP
<i>ra vitamin b-1 tablet 100 mg oral</i>	\$0, Tier 3	DP
<i>ra vitamin b12 tablet extended release 2000 mcg oral</i>	\$0, Tier 3	DP
<i>ra vitamin c cr tablet extended release 500 mg oral</i>	\$0, Tier 3	DP
RENAL CAPSULE 1 MG ORAL	\$0, Tier 3	DP
<i>rena-vite tablet oral (otc)</i>	\$0, Tier 3	DP
<i>reno caps capsule 1 mg oral (otc)</i>	\$0, Tier 3	DP
<i>reno caps capsule 1 mg oral (rx)</i>	\$0, Tier 3	DP
<i>sm animal shapes kids first tablet chewable oral</i>	\$0, Tier 3	DP
<i>sm b100 complex tablet oral</i>	\$0, Tier 3	DP
<i>sm balanced b-50 tablet oral</i>	\$0, Tier 3	DP
<i>sm b-complex tablet oral</i>	\$0, Tier 3	DP
<i>sm chewable c tablet chewable 500 mg 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 vitaminsliron tablet 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
<i>sm vitamin b1 tablet 100 mg oral</i>	\$0, Tier 3	DP
<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 b12 tr tablet extended release 2000 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 cr tablet extended release 500 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 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

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>span c tablet 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
STROVITE FORTE TABLET ORAL	\$0, Tier 3	DP
STROVITE ONE TABLET ORAL	\$0, Tier 3	DP
SUPER NU-THERA LIQUID ORAL	\$0, Tier 3	DP
SUPER QUINTS B-50 TABLET ORAL	\$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 TABLET ORAL	\$0, Tier 3	DP
THEREMS 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>thiamine mononitrate tablet 100 mg oral</i>	\$0, Tier 3	DP
<i>thrivite 19 tablet 1 mg oral</i>	\$0, Tier 3	DP
<i>total b/c tablet oral</i>	\$0, Tier 3	DP
<i>triphrocaps capsule 1 mg oral</i>	\$0, Tier 3	DP
<i>tri-vitamin/fluoride solution 0.25 mg/ml oral</i>	\$0, Tier 3	DP
<i>tri-vitamin/fluoride solution 0.5 mg/ml oral</i>	\$0, Tier 3	DP
UDAMIN SP TABLET 1 MG ORAL	\$0, Tier 3	DP
<i>virt-caps capsule 1 mg oral</i>	\$0, Tier 3	DP
VIRT-GARD TABLET 2.2-25-1 MG ORAL	\$0, Tier 3	DP
<i>vita-bee/c tablet oral</i>	\$0, Tier 3	DP
VITAFOL TABLET ORAL	\$0, Tier 3	DP
VITAL-D RX TABLET 1 MG ORAL	\$0, Tier 3	DP
<i>vitamin a capsule 3 mg (10000 ut) oral</i>	\$0, Tier 3	DP
<i>vitamin b-1 tablet 100 mg 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 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
<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 b12 tr tablet extended release 2000 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 c er capsule extended release 500 mg oral</i>	\$0, Tier 3	DP
<i>vitamin c er tablet extended release 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>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 c/rose hips tr tablet extended release 1000 mg oral</i>	\$0, Tier 3	DP
<i>vitamin c-rose hips er tablet extended release 1000 mg oral</i>	\$0, Tier 3	DP
<i>vitamin c-rose hips er tablet extended release 500 mg oral</i>	\$0, Tier 3	DP
<i>vitamin c-rose hips tr tablet extended release 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 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 acd-fluoride solution 0.25 mg/ml oral</i>	\$0, Tier 3	DP
<i>vitamins for hair tablet oral</i>	\$0, Tier 3	DP
VITREXYL + IRON TABLET ORAL	\$0, Tier 3	DP
VITREXYL TABLET ORAL	\$0, Tier 3	DP
<i>vp-vite rx tablet 1 mg oral</i>	\$0, Tier 3	DP
<i>westab mini tablet 2.2-25-1 mg 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 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	

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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 0.1 %</i>	\$0, Tier 1	
ZERVIATE	\$0, Tier 2	
Antiglaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	\$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	
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	

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
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>artificial tears solution 1.4 % ophthalmic</i>	\$0, Tier 3	DP
<i>atropine sulfate ophthalmic solution 1 %</i>	\$0, Tier 2	
CYSTADROPS	\$0, Tier 2	PA; LA; NDS
CYSTARAN	\$0, Tier 2	PA; LA; NDS
GENTEAL TEARS MODERATE PF SOLUTION 0.1-0.3 % OPHTHALMIC	\$0, Tier 3	DP

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GENTEAL TEARS SOLUTION 0.1-0.2-0.3 % OPHTHALMIC	\$0, Tier 3	DP
GENTEAL TEARS SOLUTION 0.1-0.3 % OPHTHALMIC	\$0, Tier 3	DP
<i>gnp artificial tears solution 5-6 mg/ml ophthalmic</i>	\$0, Tier 3	DP
<i>gnp lubricating plus eye drops solution 0.5 % ophthalmic</i>	\$0, Tier 3	DP
GONAK SOLUTION 2.5 % OPHTHALMIC	\$0, Tier 3	DP
<i>goodsense lubricating eye drop solution 0.5 % ophthalmic</i>	\$0, Tier 3	DP
<i>hm dry eye relief solution 0.2-0.2-1 % ophthalmic</i>	\$0, Tier 3	DP
<i>hm lubricating plus solution 0.5 % ophthalmic</i>	\$0, Tier 3	DP
<i>hm lubricating tears solution 0.4-0.3 % ophthalmic</i>	\$0, Tier 3	DP
ISOPTO ATROPINE	\$0, Tier 2	
ISOPTO TEARS SOLUTION 0.5 % OPHTHALMIC	\$0, Tier 3	DP
<i>lubricant eye drops solution 0.4-0.3 % ophthalmic</i>	\$0, Tier 3	DP
<i>lubricating eye drops solution 0.4-0.3 % ophthalmic</i>	\$0, Tier 3	DP
<i>lubricating plus eye drops solution 0.5 % ophthalmic</i>	\$0, Tier 3	DP
MURO 128 OINTMENT 5 % OPHTHALMIC	\$0, Tier 3	DP
<i>proparacaine hcl ophthalmic</i>	\$0, Tier 1	
REFRESH CELLUVISC GEL 1 % OPHTHALMIC	\$0, Tier 3	DP
REFRESH LIQUIGEL GEL 1 % OPHTHALMIC	\$0, Tier 3	DP
REFRESH OPTIVE ADVANCED PF SOLUTION 0.5-1-0.5 % OPHTHALMIC	\$0, Tier 3	DP
REFRESH OPTIVE ADVANCED SOLUTION 0.5-1-0.5 % OPHTHALMIC	\$0, Tier 3	DP
REFRESH OPTIVE GEL 1-0.9 % OPHTHALMIC	\$0, Tier 3	DP
REFRESH OPTIVE MEGA-3 SOLUTION 0.5-1-0.5 % OPHTHALMIC	\$0, Tier 3	DP
REFRESH OPTIVE PF SOLUTION 0.5-0.9 % OPHTHALMIC	\$0, Tier 3	DP
REFRESH OPTIVE SOLUTION 0.5-0.9 % OPHTHALMIC	\$0, Tier 3	DP
REFRESH PLUS SOLUTION 0.5 % OPHTHALMIC	\$0, Tier 3	DP
REFRESH RELIEVA SOLUTION 0.5-0.9 % OPHTHALMIC	\$0, Tier 3	DP
REFRESH SOLUTION 1.4-0.6 % OPHTHALMIC	\$0, Tier 3	DP
REFRESH TEARS SOLUTION 0.5 % OPHTHALMIC	\$0, Tier 3	DP
RESTASIS	\$0, Tier 2	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	\$0, Tier 2	
<i>sm lubricant eye drops solution 0.4-0.3 % ophthalmic</i>	\$0, Tier 3	DP
<i>sm lubricating plus solution 0.5 % ophthalmic</i>	\$0, Tier 3	DP
<i>sm lubricating tears solution 0.4-0.3 % ophthalmic</i>	\$0, Tier 3	DP
<i>sodium chloride (hypertonic) ointment 5 % ophthalmic</i>	\$0, Tier 3	DP
<i>sodium chloride (hypertonic) solution 5 % ophthalmic</i>	\$0, Tier 3	DP
SYSTANE BALANCE SOLUTION 0.6 % OPHTHALMIC	\$0, Tier 3	DP
SYSTANE COMPLETE SOLUTION 0.6 % OPHTHALMIC	\$0, Tier 3	DP
SYSTANE GEL 0.4-0.3 % OPHTHALMIC	\$0, Tier 3	DP

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
SYSTANE OVERNIGHT THERAPY GEL 0.3 % OPHTHALMIC	\$0, Tier 3	DP
SYSTANE PRESERVATIVE FREE SOLUTION 0.4-0.3 % OPHTHALMIC	\$0, Tier 3	DP
SYSTANE SOLUTION 0.4-0.3 % OPHTHALMIC	\$0, Tier 3	DP
SYSTANE ULTRA PF SOLUTION 0.4-0.3 % OPHTHALMIC	\$0, Tier 3	DP
SYSTANE ULTRA SOLUTION 0.4-0.3 % OPHTHALMIC	\$0, Tier 3	DP
THERATEARS GEL 1 % OPHTHALMIC	\$0, Tier 3	DP
THERATEARS PF SOLUTION 0.25 % OPHTHALMIC	\$0, Tier 3	DP
THERATEARS SOLUTION 0.25 % OPHTHALMIC	\$0, Tier 3	DP
<i>ultra lubricating eye drops solution 0.4-0.3 % ophthalmic</i>	\$0, Tier 3	DP

OTIC

Otic Agents

<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	

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>24hr allergy relief tablet 180 mg oral</i>	\$0, Tier 3	DP
<i>all day allergy childrens solution 5 mg/5ml oral</i>	\$0, Tier 3	DP
<i>all day allergy tablet 10 mg oral</i>	\$0, Tier 3	DP
<i>all-day allergy childrens solution 5 mg/5ml oral</i>	\$0, Tier 3	DP
<i>aller-chlor tablet 4 mg oral</i>	\$0, Tier 3	DP

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>aller-ease tablet 60 mg oral</i>	\$0, Tier 3	DP
<i>allergy 24-hr tablet 180 mg oral</i>	\$0, Tier 3	DP
<i>allergy childrens liquid 12.5 mg/5ml oral</i>	\$0, Tier 3	DP
<i>allergy childrens syrup 5 mg/5ml oral</i>	\$0, Tier 3	DP
<i>allergy rel child (loratadine) solution 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 childrens solution 1 mg/ml 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 relief tablet 4 mg oral</i>	\$0, Tier 3	DP
<i>allergy relief tablet 5 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
<i>cetirizine hcl childrens alrgy solution 1 mg/ml oral</i>	\$0, Tier 3	DP
<i>cetirizine hcl childrens solution 5 mg/5ml oral</i>	\$0, Tier 3	DP
<i>cetirizine hcl childrens tablet chewable 10 mg oral</i>	\$0, Tier 3	DP
<i>cetirizine hcl childrens tablet chewable 5 mg 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
<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 childrens liquid 12.5 mg/5ml oral</i>	\$0, Tier 3	DP
<i>diphenhydramine hcl injection</i>	\$0, Tier 1	
<i>diphenhydramine hcl liquid 12.5 mg/5ml oral</i>	\$0, Tier 3	DP
<i>diphenhydramine hcl tablet 25 mg oral</i>	\$0, Tier 3	DP

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<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 1 mg/ml oral</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 antihistamine liquid 12.5 mg/5ml oral</i>	\$0, Tier 3	DP
<i>gnp allergy relief capsule 25 mg oral</i>	\$0, Tier 3	DP
<i>gnp allergy relief tablet 4 mg oral</i>	\$0, Tier 3	DP
<i>gnp allergy tablet 25 mg oral</i>	\$0, Tier 3	DP
<i>gnp childrens allergy liquid 12.5 mg/5ml oral</i>	\$0, Tier 3	DP
<i>gnp loratadine childrens solution 5 mg/5ml 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>gnp loratadine tablet dispersible 10 mg oral</i>	\$0, Tier 3	DP
<i>goodsense all day allergy solution 5 mg/5ml oral</i>	\$0, Tier 3	DP
<i>goodsense all day allergy tablet 10 mg oral</i>	\$0, Tier 3	DP
<i>goodsense aller-ease tablet 180 mg oral</i>	\$0, Tier 3	DP
<i>goodsense allergy relief tablet 10 mg oral</i>	\$0, Tier 3	DP
<i>hm all day allergy childrens solution 5 mg/5ml oral</i>	\$0, Tier 3	DP
<i>hm all day allergy solution 5 mg/5ml oral</i>	\$0, Tier 3	DP
<i>hm allergy relief capsule 25 mg oral</i>	\$0, Tier 3	DP
<i>hm allergy relief childrens liquid 12.5 mg/5ml oral</i>	\$0, Tier 3	DP
<i>hm allergy relief tablet 180 mg oral</i>	\$0, Tier 3	DP
<i>hm allergy relief tablet 25 mg oral</i>	\$0, Tier 3	DP
<i>hm allergy relief tablet 4 mg oral</i>	\$0, Tier 3	DP
<i>hm cetirizine hcl childrens solution 5 mg/5ml oral</i>	\$0, Tier 3	DP
<i>hm cetirizine hcl tablet 10 mg oral</i>	\$0, Tier 3	DP
<i>hm fexofenadine hcl tablet 180 mg oral</i>	\$0, Tier 3	DP
<i>hm fexofenadine hcl tablet 60 mg oral</i>	\$0, Tier 3	DP
<i>hm loratadine childrens syrup 5 mg/5ml oral</i>	\$0, Tier 3	DP
<i>hm loratadine tablet 10 mg 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
<i>levocetirizine dihydrochloride oral</i>	\$0, Tier 1	
<i>liquid allergy relief liquid 12.5 mg/5ml oral</i>	\$0, Tier 3	DP
<i>loratadine childrens syrup 5 mg/5ml oral</i>	\$0, Tier 3	DP
<i>loratadine childrens tablet chewable 5 mg oral</i>	\$0, Tier 3	DP

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>loratadine syrup 5 mg/5ml oral</i>	\$0, Tier 3	DP
<i>loratadine tablet 10 mg oral</i>	\$0, Tier 3	DP
<i>m-dryl liquid 12.5 mg/5ml 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 childrens allergy solution 5 mg/5ml oral</i>	\$0, Tier 3	DP
<i>qc fexofenadine hydrochloride tablet 180 mg oral</i>	\$0, Tier 3	DP
<i>qc 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 childrens syrup 5 mg/5ml oral</i>	\$0, Tier 3	DP
<i>sm allergy relief capsule 25 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 25 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 allergy relief tablet dispersible 10 mg oral</i>	\$0, Tier 3	DP
<i>sm loratadine syrup 5 mg/5ml oral</i>	\$0, Tier 3	DP
<i>sm loratadine tablet 10 mg 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 (nda020503)</i>	\$0, Tier 1	QL (13.4 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

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>12 hour nasal decongestant solution 0.05 % nasal</i>	\$0, Tier 3	DP
<i>12 hour nasal decongestant tablet extended release 12 hour 120 mg oral</i>	\$0, Tier 3	DP
<i>12 hour nasal spray solution 0.05 % nasal</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
<i>allergy relief d tablet extended release 12 hour 5-120 mg oral</i>	\$0, Tier 3	DP
<i>allergy relief 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>allergy relief/nasal decongest tablet extended release 24 hour 10-240 mg oral</i>	\$0, Tier 3	DP
<i>allergy relief-d tablet extended release 24 hour 10-240 mg oral</i>	\$0, Tier 3	DP
<i>allergy/congestion relief tablet extended release 12 hour 5-120 mg oral</i>	\$0, Tier 3	DP
BENZEDREX INHALER NASAL	\$0, Tier 3	DP
<i>benzonatate capsule 100 mg oral</i>	\$0, Tier 3	DP
<i>benzonatate capsule 150 mg oral</i>	\$0, Tier 3	DP
<i>benzonatate capsule 200 mg oral</i>	\$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>chest congestion relief dm syrup 10-100 mg/5ml oral</i>	\$0, Tier 3	DP
<i>chest congestion relief syrup 100 mg/5ml oral</i>	\$0, Tier 3	DP
<i>childrens silfedrine liquid 15 mg/5ml oral</i>	\$0, Tier 3	DP
<i>coditussin ac liquid 200-10 mg/5ml oral</i>	\$0, Tier 3	DP
<i>coditussin dac liquid 30-10-200 mg/5ml oral</i>	\$0, Tier 3	DP
<i>cough dm childrens suspension extended release 30 mg/5ml oral</i>	\$0, Tier 3	DP
<i>cough dm suspension extended release 30 mg/5ml oral</i>	\$0, Tier 3	DP
<i>cough/chest congestion dm syrup 10-100 mg/5ml oral</i>	\$0, Tier 3	DP
<i>cvs cough dm suspension extended release 30 mg/5ml oral</i>	\$0, Tier 3	DP
DELSYM COUGH CHILDRENS SUSPENSION EXTENDED RELEASE 30 MG/5ML ORAL	\$0, Tier 3	DP
DELSYM SUSPENSION EXTENDED RELEASE 30 MG/5ML ORAL	\$0, Tier 3	DP
<i>dextromethorphan polistirex er suspension extended release 30 mg/5ml oral</i>	\$0, Tier 3	DP
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml oral</i>	\$0, Tier 3	DP
<i>dextromethorphan-guaifenesin liquid 20-200 mg/10ml oral</i>	\$0, Tier 3	DP
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml oral</i>	\$0, Tier 3	DP
<i>diabetic siltussin-dm max st liquid 10-200 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

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
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 allergy/congestion relief 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 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 nasal spray extra moist solution 0.05 % nasal</i>	\$0, Tier 3	DP
<i>gnp nasal spray fast acting solution 1 % nasal</i>	\$0, Tier 3	DP
<i>gnp nasal spray solution 0.05 % nasal</i>	\$0, Tier 3	DP
<i>gnp no drip nasal spray solution 0.05 % nasal</i>	\$0, Tier 3	DP
<i>gnp nose drops extra strength solution 1 % nasal</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 cough long acting syrup 15 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 mucus & chest cong liquid 100 mg/5ml oral</i>	\$0, Tier 3	DP
<i>goodsense cough dm childrens suspension extended release 30 mg/5ml oral</i>	\$0, Tier 3	DP
<i>goodsense cough dm suspension extended release 30 mg/5ml oral</i>	\$0, Tier 3	DP
<i>goodsense tussin cf liquid 5-10-100 mg/5ml oral</i>	\$0, Tier 3	DP
<i>guaiatussin ac syrup 100-10 mg/5ml oral</i>	\$0, Tier 3	DP
<i>guaifenesin liquid 100 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
<i>guaifenesin tablet 200 mg oral (otc)</i>	\$0, Tier 3	DP
<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
HISTEX-AC SYRUP 10-2.5-10 MG/5ML ORAL	\$0, Tier 3	DP
<i>hm allergy & congestion tablet extended release 12 hour 5-120 mg 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

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<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 12 hour tablet extended release 12 hour 120 mg oral</i>	\$0, Tier 3	DP
<i>hm nasal decongestant pe tablet 10 mg oral</i>	\$0, Tier 3	DP
<i>hm nasal decongestant tablet 30 mg oral</i>	\$0, Tier 3	DP
<i>hm nasal spray solution 0.05 % nasal</i>	\$0, Tier 3	DP
<i>hm nose drops solution 1 % nasal</i>	\$0, Tier 3	DP
<i>hm sinus nasal spray solution 0.05 % nasal</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
HYCODAN SYRUP 5-1.5 MG/5ML ORAL	\$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 12hr tablet extended release 12 hour 5-120 mg oral</i>	\$0, Tier 3	DP
<i>loratadine-d 24hr tablet extended release 24 hour 10-240 mg oral</i>	\$0, Tier 3	DP
MAR-COF CG EXPECTORANT LIQUID 225-7.5 MG/5ML ORAL	\$0, Tier 3	DP
<i>maxi-tuss ac solution 100-10 mg/5ml oral</i>	\$0, Tier 3	DP
<i>maxi-tuss cd liquid 10-4-10 mg/5ml oral</i>	\$0, Tier 3	DP
<i>maxi-tuss g liquid 10-100 mg/5ml oral</i>	\$0, Tier 3	DP
<i>maxi-tuss gmx liquid 10-200 mg/5ml oral</i>	\$0, Tier 3	DP
<i>m-clear wc solution 100-6.3 mg/5ml oral</i>	\$0, Tier 3	DP
MUCINEX CHILDRENS STUFFY NOSE SOLUTION 0.05 % NASAL	\$0, Tier 3	DP
MUCINEX FAST-MAX CHEST CONG MS LIQUID 400 MG/20ML ORAL	\$0, Tier 3	DP
MUCINEX SINUS-MAX CLEAR & COOL SOLUTION 0.05 % NASAL	\$0, Tier 3	DP
<i>mucus & chest congestion liquid 100 mg/5ml oral</i>	\$0, Tier 3	DP
<i>mucus relief chest congestion tablet 200 mg oral</i>	\$0, Tier 3	DP
<i>nasal decongestant max st tablet 30 mg oral</i>	\$0, Tier 3	DP
<i>nasal decongestant pe tablet 10 mg oral</i>	\$0, Tier 3	DP
<i>nasal decongestant spray solution 0.05 % nasal</i>	\$0, Tier 3	DP
<i>nasal decongestant tablet 30 mg oral</i>	\$0, Tier 3	DP
<i>nasal four solution 1 % nasal</i>	\$0, Tier 3	DP
<i>nasal relief solution 0.05 % nasal</i>	\$0, Tier 3	DP
<i>nasal spray 12 hour solution 0.05 % nasal</i>	\$0, Tier 3	DP

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<i>nasal spray extra moisturizing solution 0.05 % nasal</i>	\$0, Tier 3	DP
NINJACOF-XG LIQUID 200-8 MG/5ML ORAL	\$0, Tier 3	DP
<i>no drip nasal spray solution 0.05 % nasal</i>	\$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>promethazine-phenyleph-codeine syrup 6.25-5-10 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>qc tussin dm cough/congestion liquid 10-100 mg/5ml oral</i>	\$0, Tier 3	DP
<i>qc tussin mucus/congestion liquid 100 mg/5ml oral</i>	\$0, Tier 3	DP
<i>robafen cf multi-symptom cold liquid 5-10-100 mg/5ml oral</i>	\$0, Tier 3	DP
ROBAFEN DM CGH/CHEST CONGEST LIQUID 10-100 MG/5ML ORAL	\$0, Tier 3	DP
ROBAFEN DM COUGH LIQUID 10-100 MG/5ML ORAL	\$0, Tier 3	DP
ROBAFEN MUCUS/CHEST CONGESTION LIQUID 200 MG/10ML ORAL	\$0, Tier 3	DP
ROBITUSSIN 12 HOUR COUGH SUSPENSION EXTENDED RELEASE 30 MG/5ML ORAL	\$0, Tier 3	DP
<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>silphen dm cough syrup 10 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>sinus 12 hour tablet extended release 12 hour 120 mg oral</i>	\$0, Tier 3	DP
<i>sinus nasal spray solution 0.05 % nasal</i>	\$0, Tier 3	DP
<i>sinus relief extra strength solution 1 % nasal</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 cough dm childrens suspension extended release 30 mg/5ml oral</i>	\$0, Tier 3	DP

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<i>sm cough dm suspension extended release 30 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 nasal spray 12 hour solution 0.05 % nasal</i>	\$0, Tier 3	DP
<i>sm nasal spray moisturizing solution 0.05 % nasal</i>	\$0, Tier 3	DP
<i>sm nasal spray sinus solution 0.05 % nasal</i>	\$0, Tier 3	DP
<i>sm nasal spray solution 0.05 % nasal</i>	\$0, Tier 3	DP
<i>sm nose drops nasal decongest solution 1 % nasal</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
<i>sm tussin mucus+chest congest liquid 100 mg/5ml oral</i>	\$0, Tier 3	DP
<i>sodium chloride nebulization solution 7 % inhalation</i>	\$0, Tier 3	DP
<i>sudogest 12 hour tablet extended release 12 hour 120 mg oral</i>	\$0, Tier 3	DP
SUDOGEST MAXIMUM STRENGTH TABLET 30 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
TESSALON PERLES CAPSULE 100 MG ORAL	\$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
TUSNEL-EX LIQUID 100 MG/5ML ORAL	\$0, Tier 3	DP
TUSSICAPS CAPSULE EXTENDED RELEASE 12 HOUR 10-8 MG ORAL	\$0, Tier 3	DP
<i>tussin cf liquid 5-10-100 mg/5ml oral</i>	\$0, Tier 3	DP
<i>tussin cf multi-symptom cold liquid 5-10-100 mg/5ml oral</i>	\$0, Tier 3	DP
<i>tussin cough syrup 15 mg/5ml oral</i>	\$0, Tier 3	DP
<i>tussin dm cough + chest liquid 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 liquid 20-200 mg/10ml 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 congest liquid 100 mg/5ml oral</i>	\$0, Tier 3	DP
<i>tussin mucus+chest congestion liquid 100 mg/5ml oral</i>	\$0, Tier 3	DP
<i>tussin mucus+chest congestion syrup 100 mg/5ml oral</i>	\$0, Tier 3	DP
<i>tussin multi-symptom cold cf liquid 5-10-100 mg/5ml oral</i>	\$0, Tier 3	DP
<i>virtussin a/c solution 100-10 mg/5ml oral</i>	\$0, Tier 3	DP
<i>virtussin ac w/alac liquid 100-10 mg/5ml oral</i>	\$0, Tier 3	DP
<i>virtussin dac solution 30-10-100 mg/5ml oral</i>	\$0, Tier 3	DP

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
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
<i>cromolyn sodium aerosol solution 5.2 mg/lact 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/lact (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

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
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)
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		
AC CUTANE 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)
BENZEPRO FOAM 5.3 % EXTERNAL	\$0, Tier 3	DP
BENZEPRO SHORT CONTACT FOAM 9.8 % EXTERNAL	\$0, Tier 3	DP
<i>benzoyl peroxide-erythromycin</i>	\$0, Tier 1	QL (46.6 per 30 days)
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	QL (60 per 30 days)
<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	QL (118 per 30 days)
<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>first aid antibiotic ointment 3.5-400-5000 mg-unit external</i>	\$0, Tier 3	DP
<i>gentamicin sulfate external</i>	\$0, Tier 1	QL (30 per 30 days)

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<i>gnp bacitracin zinc ointment 500 unit/gm external</i>	\$0, Tier 3	DP
<i>gnp triple antibiotic ointment 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 triple antibiotic max st ointment 1 % external</i>	\$0, Tier 3	DP
<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	QL (453.6 per 30 days)
<i>triple antibiotic ointment 3.5-400-5000 external</i>	\$0, Tier 3	DP
<i>triple antibiotic plus ointment 1 % external</i>	\$0, Tier 3	DP
<i>triple antibiotic+pain relief ointment 1 % external</i>	\$0, Tier 3	DP
Dermatology, Antifungals		
ALOE VESTA CLEAR ANTIFUNGAL OINTMENT 2 % EXTERNAL	\$0, Tier 3	DP
<i>antifungal (tolnaftate) cream 1 % external</i>	\$0, Tier 3	DP
<i>antifungal clotrimazole 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>antifungal powder 2 % external</i>	\$0, Tier 3	DP
<i>anti-itch cream 2-0.1 % external</i>	\$0, Tier 3	DP
<i>athletes foot (terbinafine) cream 1 % external</i>	\$0, Tier 3	DP
<i>athletes foot powder spray aerosol powder 1 % external</i>	\$0, Tier 3	DP
<i>athletes foot spray aerosol 1 % external</i>	\$0, Tier 3	DP
BANOPHEN CREAM 2-0.1 % EXTERNAL	\$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
<i>butenafine hcl cream 1 % external</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 anti-fungal cream 1 % external (otc)</i>	\$0, Tier 3	DP
<i>clotrimazole athletes foot cream 1 % external</i>	\$0, Tier 3	DP

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<i>clotrimazole cream 1 % external (otc)</i>	\$0, Tier 3	DP
<i>clotrimazole external cream 1 %</i>	\$0, Tier 1	QL (45 per 30 days)
<i>clotrimazole external solution 1 %</i>	\$0, Tier 1	QL (30 per 30 days)
<i>clotrimazole solution 1 % external (otc)</i>	\$0, Tier 3	DP
<i>clotrimazole-betamethasone external cream</i>	\$0, Tier 1	QL (45 per 30 days)
DESENEX POWDER 2 % EXTERNAL	\$0, Tier 3	DP
<i>diphenhydramine-zinc acetate cream 2-0.1 % external</i>	\$0, Tier 3	DP
FUNGOID TINCTURE SOLUTION 2 % EXTERNAL	\$0, Tier 3	DP
<i>gnp anti-itch cream 2-0.1 % external</i>	\$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>itch relief extra strength cream 2-0.1 % 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
MICRO GUARD POWDER 2 % EXTERNAL	\$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>qc anti-itch extra strength cream 2-0.1 % external</i>	\$0, Tier 3	DP
<i>qc tolnaftate cream 1 % external</i>	\$0, Tier 3	DP
REMEDY ANTIFUNGAL CREAM 2 % EXTERNAL	\$0, Tier 3	DP
REMEDY PHYTOPLEX ANTIFUNGAL POWDER 2 % EXTERNAL	\$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 anti-itch extra strength cream 2-0.1 % 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 antifungal 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
ZEASORB-AF POWDER 2 % EXTERNAL	\$0, Tier 3	DP
Dermatology, Antipsoriatics		
<i>acitretin</i>	\$0, Tier 1	PA
<i>calcipotriene external ointment</i>	\$0, Tier 1	PA; QL (120 per 30 days)

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<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	QL (60 per 30 days)
<i>betamethasone dipropionate aug</i>	\$0, Tier 1	QL (120 per 30 days)
<i>betamethasone dipropionate external</i>	\$0, Tier 1	QL (120 per 30 days)
<i>betamethasone valerate external cream</i>	\$0, Tier 1	QL (120 per 30 days)
<i>betamethasone valerate external lotion</i>	\$0, Tier 1	QL (120 per 30 days)
<i>betamethasone valerate external ointment</i>	\$0, Tier 1	QL (120 per 30 days)
<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	QL (118.28 per 30 days)
<i>fluocinolone acetonide external cream 0.01 %</i>	\$0, Tier 1	QL (60 per 30 days)
<i>fluocinolone acetonide external cream 0.025 %</i>	\$0, Tier 1	QL (120 per 30 days)
<i>fluocinolone acetonide external ointment</i>	\$0, Tier 1	QL (120 per 30 days)
<i>fluocinolone acetonide external solution</i>	\$0, Tier 1	QL (90 per 30 days)
<i>fluocinolone acetonide scalp</i>	\$0, Tier 1	QL (118.28 per 30 days)
<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	

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<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 external cream 12 %</i>	\$0, Tier 1	
<i>ammonium lactate external lotion 12 %</i>	\$0, Tier 1	
<i>ammonium lactate lotion 12 % external (otc)</i>	\$0, Tier 3	DP
<i>antiseptic skin cleanser solution 4 % external</i>	\$0, Tier 3	DP
<i>arthritis pain relieving cream 0.075 % external</i>	\$0, Tier 3	DP
<i>calamine phenolated lotion external</i>	\$0, Tier 3	DP
<i>calamine-zinc oxide lotion 8-8 % external</i>	\$0, Tier 3	DP
CALMOSEPTINE OINTMENT 0.44-20.6 % EXTERNAL	\$0, Tier 3	DP
<i>capsaicin cream 0.025 % external</i>	\$0, Tier 3	DP
<i>capsaicin cream 0.1 % 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)
DYNA-HEX 4 SOLUTION 4 % EXTERNAL	\$0, Tier 3	DP
<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>gnp antiseptic skin cleanser solution 4 % external</i>	\$0, Tier 3	DP
<i>gnp capsaicin liquid 0.15 % external</i>	\$0, Tier 3	DP
<i>gnp zinc oxide ointment 20 % external</i>	\$0, Tier 3	DP
<i>hm antiseptic skin cleanser solution 4 % external</i>	\$0, Tier 3	DP
<i>hm povidone-iodine solution 10 % 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)
KERR TRIPLE DYE SWABS SWAB EXTERNAL	\$0, Tier 3	DP
<i>lidocaine pain relief patch 4 % external</i>	\$0, Tier 3	DP
<i>lidocaine pain relieving patch 4 % external</i>	\$0, Tier 3	DP
<i>metronidazole external cream</i>	\$0, Tier 1	QL (45 per 30 days)

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>metronidazole external gel 0.75 %</i>	\$0, Tier 1	QL (45 per 30 days)
<i>metronidazole external lotion</i>	\$0, Tier 1	QL (59 per 30 days)
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
<i>podofilox external</i>	\$0, Tier 1	QL (7 per 28 days)
<i>povidone-iodine ointment 10 % external</i>	\$0, Tier 3	DP
<i>povidone-iodine solution 10 % external</i>	\$0, Tier 3	DP
PROCTO-MED HC EXTERNAL	\$0, Tier 1	
PROCTO-PAK EXTERNAL	\$0, Tier 1	
PROCTOZONE-HC EXTERNAL	\$0, Tier 1	
<i>qc calamine lotion external</i>	\$0, Tier 3	DP
<i>qc povidone iodine solution 10 % external</i>	\$0, Tier 3	DP
RECTIV	\$0, Tier 2	QL (30 per 30 days)
ROSADAN EXTERNAL CREAM	\$0, Tier 1	QL (45 per 30 days)
<i>sm antiseptic skin cleanser solution 4 % external</i>	\$0, Tier 3	DP
<i>sm calamine lotion external</i>	\$0, Tier 3	DP
<i>sm calamine phenolated lotion external</i>	\$0, Tier 3	DP
<i>sm povidone-iodine solution 10 % external</i>	\$0, Tier 3	DP
<i>tacrolimus external ointment</i>	\$0, Tier 1	QL (100 per 30 days)
TARGRETIN EXTERNAL	\$0, Tier 2	PA; QL (60 per 30 days); NDS
VALCHLOR	\$0, Tier 2	PA; LA; QL (60 per 30 days); NDS
XERAC AC SOLUTION 6.25 % EXTERNAL	\$0, Tier 3	DP
<i>zinc oxide ointment 20 % external</i>	\$0, Tier 3	DP
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>cvs lice treatment liquid 1 % external</i>	\$0, Tier 3	DP
<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>hm lice treatment liquid 1 % external</i>	\$0, Tier 3	DP
<i>lice killing maximum strength shampoo 0.33-4 % external</i>	\$0, Tier 3	DP
<i>lice killing shampoo 0.33-4 % external</i>	\$0, Tier 3	DP
<i>lice killing shampoo 4-0.33 % external</i>	\$0, Tier 3	DP
<i>lice treatment lotion 1 % external</i>	\$0, Tier 3	DP
<i>malathion external</i>	\$0, Tier 1	QL (59 per 30 days)
<i>permethrin external cream</i>	\$0, Tier 1	QL (60 per 30 days)
RID LICE KILLING SHAMPOO SHAMPOO 0.33-4 % EXTERNAL	\$0, Tier 3	DP

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DRUG NAME	COST AND TIER	NECESSARY ACTIONS, RESTRICTIONS OR LIMITS ON USE
<i>sb lice killing max st shampoo 0.33-4 % 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 solution kit kit 0.33-4-0.5 % combination</i>	\$0, Tier 3	DP
<i>sm lice treatment lotion 1 % external</i>	\$0, Tier 3	DP
Dermatology, Wound Care Agents		
REGRANEX	\$0, Tier 2	PA; QL (30 per 30 days); NDS
SANTYL	\$0, Tier 2	QL (180 per 30 days)
<i>sodium chloride irrigation solution 0.9 %</i>	\$0, Tier 1	
<i>sterile water for irrigation</i>	\$0, Tier 1	
Mouth/Throat/Dental Agents		
CEPACOL SORE THROAT & COUGH LOZENGE 5-7.5 MG MOUTH/THROAT	\$0, Tier 3	DP
<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
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>ear drops solution 6.5 % otic</i>	\$0, Tier 3	DP
<i>gnp earwax removal drops solution 6.5 % otic</i>	\$0, Tier 3	DP
<i>gnp earwax removal kit solution 6.5 % otic</i>	\$0, Tier 3	DP
<i>hm earwax removal aid solution 6.5 % otic</i>	\$0, Tier 3	DP
<i>hm earwax removal kit solution 6.5 % otic</i>	\$0, Tier 3	DP
<i>sm ear drops solution 6.5 % otic</i>	\$0, Tier 3	DP

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<i>tolnaftate antifungal</i>	98	<i>tri-vitamin/fluoride</i>	81	VELCADE.....	30
<i>tolterodine tartrate</i>	64	TRIVORA (28).....	54	VELIVET.....	54
<i>tolterodine tartrate er</i>	64	TRI-VYLIBRA.....	54	VELTASSA.....	50
<i>topiramate</i>	37	TRI-VYLIBRA LO.....	54	VEMLIDY.....	22
TOPOSAR.....	27	TROGARZO.....	20	VENCLEXTA.....	30
<i>toremifene citrate</i>	26	TROPHAMINE.....	74	VENCLEXTA STARTING PACK.....	30
<i>toremide</i>	34	<i>tropium chloride</i>	64	<i>venlafaxine hcl</i>	39
<i>total b/c</i>	81	TRULICITY.....	49	<i>venlafaxine hcl er</i>	39
TOVIAZ.....	64	TRUMENBA.....	71	VENOFER.....	67
TPN ELECTROLYTES.....	72	TRUSELTIQ (100MG DAILY DOSE).....	29	VENTAVIS.....	35
TRADJENTA.....	49	TRUSELTIQ (125MG DAILY DOSE).....	30	VENTOLIN HFA.....	89
TRALEMENT.....	74	TRUSELTIQ (50MG DAILY DOSE).....	30	<i>verapamil hcl</i>	34
<i>tramadol hcl</i>	17	TRUSELTIQ (75MG DAILY DOSE).....	30	<i>verapamil hcl er</i>	34
<i>tramadol-acetaminophen</i>	17	TRUXIMA.....	30	VERSACLOZ.....	42
<i>trandolapril</i>	31	TUKYSA.....	30	VERZENIO.....	30
<i>tranexamic acid</i>	68	TURALIO.....	30	VESTURA.....	54
<i>tranylcypromine sulfate</i>	39	TUSNEL C.....	94	V-GO 20.....	48
TRAVASOL.....	74	<i>tusnel diabetic</i>	94	V-GO 30.....	48
TRAZIMERA.....	29	TUSNEL-EX.....	94	V-GO 40.....	48
<i>trazodone hcl</i>	39	TUSSICAPS.....	94	VICTOZA.....	49
TRECTOR.....	22	<i>tussin cf</i>	94	VIENVA.....	54
TRELEGY ELLIPTA.....	86	<i>tussin cf multi-symptom cold</i>	94	<i>vigabatrin</i>	38
TRELSTAR MIXJECT.....	26	<i>tussin cough</i>	94	VIGADRONE.....	38
<i>treprostinil</i>	35	<i>tussin dm</i>	94	VIIBRYD.....	39
TRESIBA.....	48	<i>tussin dm cough + chest</i>	94	VIIBRYD STARTER PACK.....	39
TRESIBA FLEXTOUCH.....	48	<i>tussin dm max</i>	94	VIMPAT.....	38
<i>tretinoin</i>	27, 96	<i>tussin mucus & chest congest</i>	94	<i>vincristine sulfate</i>	27
<i>triamcinolone acetonide</i>	100, 102	<i>tussin mucus+chest congestion</i>	94	<i>vinorelbine tartrate</i>	27
<i>triamterene-hctz</i>	34	<i>tussin multi-symptom cold cf</i>	94	<i>viorele</i>	54
<i>tri-buffered aspirin</i>	15	TWINRIX.....	71	VIRACEPT.....	21
TRICARE.....	73	TYBOST.....	21	VIREAD.....	21
TRICON.....	67	TYDEMY.....	54	<i>virt-caps</i>	81
TRIDERM.....	100	TYPHIM VI.....	71	VIRT-GARD.....	81
<i>trientine hcl</i>	50	UBRELVY.....	44	<i>virtussin a/c</i>	94
TRI-ESTARYLLA.....	53	UDAMIN SP.....	81	<i>virtussin ac w/alc</i>	94
TRIFERIC.....	67	UKONIQ.....	30	<i>virtussin dac</i>	94
<i>trifluoperazine hcl</i>	42	<i>ultra lubricating eye drops</i>	86	<i>vita-bee/c</i>	81
<i>trifluridine</i>	84	UNITHROID.....	57	VITAFOL.....	81
<i>trigels-f forte</i>	67	<i>ursodiol</i>	64	VITAL-D RX.....	81
<i>trihexyphenidyl hcl</i>	40	<i>valacyclovir hcl</i>	22	<i>vitamin a</i>	81
TRIJARDY XR.....	49	VALCHLOR.....	101	<i>vitamin b-1</i>	81
TRIKAFTA.....	95			<i>vitamin b-12</i>	81
TRI-LEGEST FE.....	53			<i>vitamin b-12 er</i>	81

<i>vitamin b12 tr</i>	81	XPOVIO (80 MG TWICE WEEKLY)	30
<i>vitamin b-6</i>	81	XTANDI.....	26
<i>vitamin c</i>	82	XULANE.....	54
<i>vitamin c er</i>	81	XULTOPHY.....	48
<i>vitamin c rose hips tr</i>	82	XYREM.....	44
<i>vitamin c-rose hips er</i>	82	YF-VAX.....	71
<i>vitamin c-rose hips tr</i>	82	<i>yl coenzyme q10</i>	76
<i>vitamin d</i>	82	YUVAFEM.....	55
<i>vitamin d (cholecalciferol)</i>	82	ZAFEMY.....	54
<i>vitamin d (ergocalciferol)</i>	82	<i>zafirlukast</i>	95
<i>vitamin d3</i>	82	<i>zaleplon</i>	43
<i>vitamin e</i>	82	ZARAH.....	54
<i>vitamin k1</i>	82	ZARXIO.....	66
<i>vitamins acd-fluoride</i>	82	ZEASORB-AF.....	98
<i>vitamins for hair</i>	82	ZEJULA.....	30
VITRAKVI.....	30	ZELBORAF.....	30
VITREXYL.....	82	ZEMAIRA.....	95
VITREXYL + IRON.....	82	ZENATANE.....	96
VIVITROL.....	46	ZENPEP.....	64
VIZIMPRO.....	30	ZERVIAE.....	83
<i>voriconazole</i>	18	<i>zidovudine</i>	21
VOSEVI.....	22	<i>zinc</i>	75
VOTRIENT.....	30	<i>zinc chloride</i>	74
<i>vp-vite rx</i>	82	<i>zinc gluconate</i>	75
VRAYLAR.....	42	<i>zinc oxide</i>	101
VYFEMLA.....	54	<i>zinc sulfate</i>	75
VYLIBRA.....	54	<i>ziprasidone hcl</i>	42
VYZULTA.....	83	<i>ziprasidone mesylate</i>	42
<i>warfarin sodium</i>	65	ZIRABEV.....	30
<i>wee care</i>	67	ZIRGAN.....	84
WERA.....	54	<i>zoledronic acid</i>	50
<i>westab mini</i>	82	ZOLINZA.....	30
<i>womens laxative</i>	63	<i>zolmitriptan</i>	44
WYMZYA FE.....	54	<i>zolpidem tartrate</i>	43
XALKORI.....	30	<i>zonisamide</i>	38
XARELTO.....	66	<i>zoo friends</i>	82
XARELTO STARTER PACK.....	66	<i>zoo friends complete</i>	82
XATMEP.....	69	<i>zoo friends gummies</i>	82
XCOPRI.....	38	ZORTRESS.....	70
XCOPRI (250 MG DAILY DOSE)....	38	ZOSTRIX HP.....	101
XCOPRI (350 MG DAILY DOSE)....	38	ZOSTRIX NATURAL PAIN RELIEF	
XELJANZ.....	69	101
XELJANZ XR.....	69	ZOVIA 1/35 (28).....	54
XENICAL.....	56	ZUMANDIMINE.....	54
XERAC AC.....	101	ZYDELIG.....	30
XERMELO.....	64	ZYKADIA.....	30
XGEVA.....	50	ZYLET.....	83
XIFAXAN.....	64	ZYPREXA RELPREVV.....	42
XIGDUO XR.....	49		
XOFLUZA (40 MG DOSE).....	22		
XOFLUZA (80 MG DOSE).....	22		
XOLAIR.....	95		
XOSPATA.....	30		
XPOVIO (100 MG ONCE			
WEEKLY).....	30		
XPOVIO (40 MG ONCE WEEKLY)..	30		
XPOVIO (40 MG TWICE WEEKLY)	30		
XPOVIO (60 MG ONCE WEEKLY)..	30		
XPOVIO (60 MG TWICE WEEKLY)	30		
XPOVIO (80 MG ONCE WEEKLY)..	30		

Neighborhood INTEGRITY (Medicare-Medicaid Plan) 2022 Formulary: List of covered drugs

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. We have made no changes to this formulary since 10/05/2021.

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