



Santa Clara Family
Health Plan™

CAL MEDICCONNECT PLAN

(Plan de Medicare-Medicaid)

Lista de medicamentos cubiertos (Formulario) 2021

Para obtener la información más reciente, o si tiene otras preguntas, comuníquese con nosotros llamando al **1-877-723-4795** (TTY **711**), de lunes a viernes, de 8 a.m. a 8 p.m., o visitar www.scfhp.com.

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Plan de Cal MediConnect de Santa Clara Family Health Plan (Plan de Medicare-Medicaid) | *Lista de medicamentos cubiertos* (Lista) 2020

Introducción

Este documento es la *Lista de medicamentos cubiertos* (también llamado “Lista de medicamentos”). Indica los medicamentos de venta con receta y los artículos y medicamentos de venta libre que están cubiertos por el Plan de Cal MediConnect de Santa Clara Family Health Plan (SCFHP) (Plan de Medicare-Medicaid) (Cal MediConnect). La Lista de medicamentos también le informa si hay reglas o restricciones especiales relacionadas con los medicamentos cubiertos por el Plan de Cal MediConnect de (SCFHP). Las palabras clave y sus definiciones figuran en el último capítulo del *Manual del miembro*.

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A. Renuncia de responsabilidades

Esta es una lista de los medicamentos que los miembros pueden obtener con el Plan de Cal MediConnect de SCFHP.

- El Plan de Cal MediConnect de Santa Clara Family Health Plan (Plan de Medicare-Medicaid) es un plan de salud que tiene un contrato con Medicare y Medi-Cal para ofrecer los beneficios de ambos programas a los miembros.
- ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call Customer Service at 1-877-723-4795, Monday through Friday, 8 a.m. to 8 p.m. TTY users should call 1-800-735-2929 or 711. The call is free.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame a Servicio al Cliente al 1-877-723-4795, de lunes a viernes, de 8 a.m. a 8 p.m. Los usuarios de TTY deben llamar al 1-800-735-2929 o al 711. La llamada es gratuita.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Hãy gọi Dịch Vụ Khách Hàng theo số 1-877-723-4795, từ thứ Hai đến thứ Sáu, 8 giờ sáng đến 8 giờ tối. Những người sử dụng TTY gọi đến số 1-800-735-2929 hoặc 711. Cuộc gọi được miễn phí.

注意：如果您说中文，将为您提供免费的语言服务。请致电 1-877-723-4795 联系客户服务部，工作时间是周一至周五早上 8:00 至晚上 8:00。TTY 用户请致电 1-800-735-2929 或 711。这是免费电话。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa Serbisyo para sa Customer sa 1-877-723-4795, Lunes hanggang Biyernes, mula 8 a.m. hanggang 8 p.m. Dapat tumawag ang mga TTY user sa 1-800-735-2929 o 711. Libre ang tawag.

주의:한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 월요일부터 금요일까지 오전 8시부터 오후 8시 사이에 1-877-723-4795번으로 고객 서비스 부서에 전화해 주십시오. TTY 사용자는 1-800-735-2929번 또는 711번으로 전화해 주시면 됩니다.통화료는 무료입니다.

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա լեզվական օգնության ծառայությունները Ձեզ կտրամադրվեն անվճար: Չանգահարեք Հաճախորդների սպասարկման կենտրոն 1-877-723-4795 հեռախոսահամարով՝ երկուշաբթիից ուրբաթ՝ 8 a.m.-ից 8 p.m.-ը: TTY օգտվողները պետք է զանգահարեն 1-800-735-2929 կամ 711: Չանգն անվճար է:



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ВНИМАНИЕ: Если Вы говорите по-русски, Вы можете бесплатно воспользоваться услугами переводчика. Звоните в службу поддержки клиентов по номеру 1-877-723-4795 с понедельника по пятницу с 8:00 до 20:00. Лица, пользующиеся телетайпом / телекоммуникационными устройствами для глухих (TTY), могут связаться по номерам 1-800-735-2929 или 711. Звонки бесплатные.

توجه: اگر به زبان فارسی صحبت می کنید، سرویس های دستیار زبان به صورت رایگان در دسترس است. از طریق شماره 1-877-723-4795 روزهای دوشنبه تا جمعه از ساعت 8 صبح تا 8 عصر با سرویس مشتری تماس بگیرید. کاربران TTY می توانند از طریق شماره 1-800-735-2929 یا 711 تماس بگیرند. این تماس رایگان است

注意事項：日本語を話される場合、無料の言語サービスをご利用いただけます。月曜日から金曜日、午前8時～午後8時に対応のカスタマーサービス (1-877-723-4795) までご連絡ください。TTYご利用の方は、1-800-735-2929または711に電話してください。通話料金は無料です。

LUS CEEV: Yog koj hais lus Hmoob, peb muaj kev pab txhais lus pub dawb rau koj. Hu Rau Lub Chaw Pab Cuam Neeg Qhua rau ntawm 1-877-723-4795, hnuv Monday txog Friday, 8 teev sawv ntxov txog 8 teev tsaus ntuj. Tus xov tooj rau cov neeg TTY hu rau 1-800-735-2929 lossis 711. Yog tus xov tooj hu dawb.

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। ਗਾਹਕ ਸੇਵਾ ਨੂੰ ਸੋਮਵਾਰ ਤੋਂ ਸ਼ੁੱਕਰਵਾਰ, ਸਵੇਰੇ 8 ਤੋਂ ਰਾਤ 8 ਵਜੇ ਤੱਕ ਤੇ, 1-877-723-4795 'ਤੇ ਕਾਲ ਕਰੋ। TTY ਵਰਤਣ ਵਾਲਿਆਂ ਨੂੰ 1-800-735-2929 ਜਾਂ 711 'ਤੇ ਕਾਲ ਕਰਨੀ ਚਾਹੀਦੀ ਹੈ। ਇਹ ਕਾਲ ਮੁਫਤ ਹੁੰਦੀ ਹੈ।

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بخدمة العملاء على الرقم 1-877-723-4795، من الإثنين إلى الجمعة، 8 ص إلى 8 م. مستخدمى الهاتف النصي/جهاز الاتصال لضعاف السمع يمكنهم الاتصال على الرقم 1-800-735-2929 أو 711. اتصل مجاناً.

ध्यान दें: अगर आप हिंदी बोलते हैं, तो आपके लिए भाषा सहायता सेवाएँ निःशुल्क उपलब्ध हैं। आप सोमवार से शुक्रवार, सुबह 8 बजे से रात के 8 बजे तक ग्राहक सेवा को 1-877-723-4795 पर कॉल कर सकते हैं। TTY उपयोगकर्ताओं को 1-800-735-2929 या 711 पर कॉल करना चाहिए। कॉल निःशुल्क है।

เรียน: หากท่านพูดภาษาไทย เรามีบริการความช่วยเหลือทางด้านภาษาโดยไม่มีค่าใช้จ่าย โทรติดต่อฝ่ายบริการลูกค้าที่ 1-877-723-4795 ได้ตั้งแต่วันจันทร์ถึงวันศุกร์ เวลา 08.00 น. ถึง 20.00 น. ผู้ใช้ TTY สามารถโทรติดต่อได้ที่ 1-800-735-2929 หรือ 711 โดยไม่มีค่าใช้จ่าย

ប្រមូលកិច្ចសន្យា: ប្រសិនបើលោកអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយផ្នែកភាសា មានដល់ជូនលោកអ្នកដោយឥតគិតថ្លៃ។ សេវាផ្នែកទំនាក់ទំនងអភិវឌ្ឍន៍សាមញ្ញ 1

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877 723 4795 ຫາຮາກດາສ ຕີໂຮງຜັດຊູ ຂ່ວຍສຸກ ເຍ້າ 8 ເປັກ ຂ່ວຍ 8 ລາດ. ມູກເປັກ
TTY ສູກເກຣຊູສ໌ຕູຍກເລຂ 1 800 735 2929 ມູ 711 ຯ ກາເກຣຊູສ໌ຕູຍກເລຂສູກ

ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາບໍ່ເສຍຄ່າໃຫ້ແກ່ທ່ານ.
ໃຫ້ໂທຫາຝ່າຍບໍລິການລູກຄ້າທິເບີ 1-877-723-4795, ເຊິ່ງເປີດໃຫ້ບໍລິການ 7 ວັນຕໍ່ອາທິດ
, ຕັ້ງແຕ່ 8 ໂມງເຊົ້າຫາ 8 ໂມງແລງ. ຜູ້ທີ່ໃຊ້ TTY ແມ່ນໃຫ້ໂທຫາທິເບີ 1-800-735-2929 ຫຼື
711. ການໂທແມ່ນໂທຟຣີ.

- Puede obtener este documento de forma gratuita en otros formatos, como en audio, impreso con letra grande o en braille. Llame al Servicio al Cliente del Plan de Cal MediConnect de SCFHP al 1-877-723-4795, de lunes a viernes, de 8 a.m. a 8 p.m. Los usuarios de TTY deben llamar al 1-800-735-2929 o al 711. La llamada es gratuita.
- Puede hacer una solicitud permanente para recibir este documento, ahora o en el futuro, en un idioma distinto al inglés o en un formato alternativo. Mantendremos esta información en el archivo para futuros envíos. No necesita hacer una solicitud por separado cada vez. Para hacer o cambiar su solicitud llame a Servicio al Cliente del Plan de Cal MediConnect de SCFHP o envíe una solicitud por escrito a:

Attn: Customer Service Department
Santa Clara Family Health Plan
PO Box 18880
San Jose, CA 95158

B. Preguntas frecuentes (FAQ)

Aquí encontrará respuestas a las preguntas que tenga sobre esta *Lista de medicamentos cubiertos*. Puede leer todas las Preguntas frecuentes para obtener más información, o bien buscar alguna pregunta y su respuesta.

B1. ¿Qué medicamentos de venta con receta se encuentran en la *Lista de medicamentos cubiertos*? (Nos referimos a la *Lista de medicamentos cubiertos* como la “Lista de medicamentos” para abreviar).

La Lista de medicamentos contiene los medicamentos que están cubiertos por el Plan de Cal MediConnect de SCFHP. Los medicamentos están disponibles en las farmacias de nuestra red. Una farmacia está en nuestra red si tenemos un acuerdo para que trabajen con nosotros y le proporcionen servicios a usted. Estas son “farmacias de la red”.



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- El Plan de Cal MediConnect de SCFHP cubrirá todos los medicamentos médicamente necesarios de la Lista de medicamentos si:
 - su médico u otro profesional que receta indica que usted los necesita para mejorar o para mantener su salud **y**
 - usted surte la receta en una farmacia de la red del Plan de Cal MediConnect de SCFHP.
- En algunos casos, usted tendrá que hacer algo antes de poder obtener el medicamento (consulte la pregunta B4 abajo).

También puede consultar la lista actualizada de los medicamentos que están cubiertos en nuestro sitio web, en www.scfhp.com, o puede llamar al Servicio al Cliente al 1-877-723-4795, de lunes a viernes, de 8 a.m. a 8 p.m. Los usuarios de TTY/TDD deben llamar al 1-800-735-2929 o al 711.

B2. ¿Cambia alguna vez la Lista de medicamentos?

Sí. El Plan de Cal MediConnect de SCFHP podría agregar o quitar medicamentos de la Lista de medicamentos durante el año.

También podemos cambiar nuestras reglas sobre los medicamentos. Por ejemplo, podríamos:

- Decidir si exigimos o no una aprobación previa para algún medicamento. (La aprobación previa es un permiso del Plan de Cal MediConnect de SCFHP para que usted pueda obtener un medicamento).
- Aumentar o reducir la cantidad de un medicamento que usted puede obtener (llamado “límites de cantidad”).
- Agregar o cambiar restricciones de tratamiento progresivo en relación con un medicamento. (“Tratamiento progresivo” significa que usted tendría que probar un medicamento antes de que cubramos otro medicamento).

Para obtener más información acerca de estas reglas relacionadas con los medicamentos, consulte la pregunta B4.

Si está tomando un medicamento que al **comienzo** del año estaba cubierto, por lo general no cambiaremos ni quitaremos la cobertura de ese medicamento **durante el resto del año**, excepto en los siguientes casos:

- si aparece en el mercado un medicamento nuevo más económico que actúa de la misma manera que un medicamento que está en la Lista de medicamentos, **o**
- si nos enteramos de que un medicamento no es seguro, **o**

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- un medicamento se retira del mercado.

Las preguntas B3 y B6 abajo tienen más información sobre lo que sucede cuando hay cambios en la Lista de medicamentos.

- Siempre puede consultar la Lista de medicamentos actualizada del Plan de Cal MediConnect de SCFHP en línea, en www.scfhp.com.
- Para consultar la Lista de medicamentos actual, también puede comunicarse con Servicio al Cliente llamando al 1-877-723-4795, de lunes a viernes, de 8 a.m. a 8 p.m. Los usuarios de TTY/TDD deben llamar al 1-800-735-2929 o al 711.

B3. ¿Qué sucede cuando se implementa un cambio en la Lista de medicamentos?

Algunos de los cambios en la Lista de medicamentos se implementarán **inmediatamente**. Por ejemplo:

- **Hay un nuevo medicamento genérico disponible.** A veces, se lanza un medicamento genérico nuevo al mercado que actúa de la misma manera que un medicamento de marca que se encuentra actualmente en la Lista de medicamentos. Si eso sucede, podemos eliminar el medicamento de marca y agregar el nuevo medicamento genérico, pero el costo del nuevo medicamento seguirá siendo el mismo o será menor. Al agregar el nuevo medicamento genérico, también podríamos decidir mantener el medicamento de marca en la lista, pero cambiar las reglas o los límites de cobertura.
 - Puede que no le avisemos antes de hacer este cambio, pero le enviaremos información sobre el cambio específico que hicimos una vez que ocurra.
 - Usted o su proveedor pueden pedir una excepción a estos cambios. Le enviaremos un aviso con los pasos que debe seguir para pedir una excepción. Consulte la pregunta B10 para obtener más información acerca de las excepciones.
- **Un medicamento se retira del mercado.** Si la Administración de Alimentos y Medicamentos (FDA) indica que no es seguro tomar un medicamento o si el fabricante retira el medicamento del mercado, lo quitaremos de la Lista de medicamentos. Le informaremos al respecto si usted está tomando ese medicamento. Recibirá una carta por correo que le indicará qué hacer. Siga las instrucciones en la carta o llame a su médico para encontrar otro medicamento para tratar su estado médico.



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Podemos hacer otros cambios que afecten los medicamentos que toma. Le indicaremos con anticipación acerca de estos otros cambios en la Lista de medicamentos. Estos cambios podrían producirse en los siguientes casos:

- La FDA proporciona nuevas pautas o hay nuevas pautas clínicas acerca de un medicamento.
- Agregamos un medicamento genérico que no es nuevo en el mercado y
 - se reemplaza un medicamento de marca que se encuentra actualmente en la Lista de medicamentos, o
 - se cambian las reglas o los límites de cobertura relacionados con el medicamento de marca.

Cuando ocurran esos cambios, nosotros:

- Le avisaremos por lo menos 30 días antes de hacer el cambio en la Lista de medicamentos, o
- Informarle y darle un suministro de 31 días del medicamento después de que usted presenta la solicitud para resurtir.

Esto le dará tiempo para hablar con su médico u otro profesional que receta. Este puede ayudarlo a decidir:

- Si hay algún otro medicamento similar en la Lista de medicamentos que usted pueda tomar en su lugar o
- Si pedir una excepción a estos cambios. Para conocer más sobre las excepciones, consulte la pregunta B10.

B4. ¿La cobertura de medicamentos tiene alguna restricción o límite, o hay que hacer algo en particular para poder obtener ciertos medicamentos?

Sí, algunos medicamentos tienen reglas de cobertura o tienen límites en la cantidad que usted puede obtener. En algunos casos, usted, su médico u otro profesional que receta debe hacer algo antes de que pueda obtener el medicamento. Por ejemplo:

- **Aprobación previa (o autorización previa):** En el caso de algunos medicamentos, usted, su médico u otro profesional que receta deben obtener una aprobación del Plan de Cal MediConnect de SCFHP antes de que pueda surtir la receta. El Plan de Cal MediConnect de SCFHP podría no cubrir el medicamento si usted no obtiene la aprobación.
- **Límites de cantidad:** A veces, el Plan de Cal MediConnect de SCFHP limita la cantidad que usted puede obtener de un medicamento.

Si tiene alguna pregunta, llame a Santa Clara Family Health Plan al 1-877-723-4795, de lunes a viernes, de 8:00 a.m. a 8:00 p.m. Los usuarios de TTY deben llamar al 1-800-735-2929 o al 711. La llamada es gratuita. **Para obtener más información**, visite www.scfhp.com.



- **Tratamiento progresivo:** A veces, el Plan de Cal MediConnect de SCFHP exige que usted siga un tratamiento progresivo. Esto significa que tendrá que probar los medicamentos para su afección médica en un cierto orden. Es posible que tenga que probar un medicamento antes de que cubramos otro medicamento. Si su médico considera que el primer medicamento no funciona en su caso, entonces cubriremos el segundo.

Puede consultar si su medicamento tiene algún requisito adicional o límite en las tablas que aparecen a partir de la página 3. También puede obtener más información en nuestro sitio web, en www.scfhp.com. Hemos publicado en línea los documentos que explican nuestras restricciones de autorización previa y de tratamiento progresivo. También puede pedirnos que le enviemos una copia.

Usted puede pedir una excepción a esos límites. Esto le dará tiempo para hablar con su médico u otro profesional que receta. Podrán ayudarle a decidir si hay algún medicamento similar en la Lista de medicamentos que usted pueda tomar en su lugar o si debería pedir una excepción. Consulte las preguntas B10-B12 para obtener más información sobre las excepciones.

B5. ¿Cómo puede saber si el medicamento que usted desea tiene limitaciones o si tiene que hacer algo para obtenerlo?

La *Lista de medicamentos cubiertos* que empieza en la página 3 tiene una columna llamada “Medidas necesarias, restricciones o límites de uso”.

B6. ¿Qué sucede si cambiamos nuestras reglas sobre algunos medicamentos (por ejemplo, la autorización [aprobación] previa, los límites de cantidad o las restricciones de tratamiento progresivo)?

En algunos casos, le informaremos con antelación si añadimos o cambiamos la autorización previa, los límites de cantidad o las restricciones de tratamiento progresivo en relación con un medicamento. Consulte la pregunta B3 para obtener más información acerca de este aviso anticipado y las situaciones en las que es posible que no le informemos con antelación sobre los cambios en nuestras reglas relacionadas con los medicamentos de la Lista de medicamentos.

B7. ¿Cómo puede encontrar un medicamento en la Lista de medicamentos?

Hay dos maneras de encontrar un medicamento:

- puede buscar por orden alfabético (si sabe cómo se escribe el nombre del medicamento), o
- puede buscarlo por enfermedad.



Si tiene alguna pregunta, llame a Santa Clara Family Health Plan al 1-877-723-4795, de lunes a viernes, de 8:00 a.m. a 8:00 p.m. Los usuarios de TTY deben llamar al 1-800-735-2929 o al 711. La llamada es gratuita. **Para obtener más información**, visite www.scfhp.com.

Para buscar **por orden alfabético**, vaya a la sección Índice de medicamentos cubiertos. Está en la página I-1.

Para buscar **por estado médico**, busque la sección rotulada “Lista de medicamentos por estado médico” en la página xiv. Los medicamentos en esta sección se agrupan en categorías según el tipo de enfermedad para la que se usan. Por ejemplo, si usted tiene una enfermedad del corazón, debe buscar en la categoría de Medicamentos cardiovasculares. Ahí encontrará los medicamentos que tratan las enfermedades del corazón.

B8. ¿Qué pasa si el medicamento que desea tomar no se encuentra en la Lista de medicamentos?

Si no encuentra el medicamento en la Lista de medicamentos, llame a Servicio al Cliente al 1-877-723-4795, de lunes a viernes, de 8 a.m. a 8 p.m. Los usuarios de TTY/TDD deben llamar al 1-800-735-2929 o al 711. Si se entera de que el Plan de Cal MediConnect de SCFHP no cubrirá el medicamento, puede seguir uno de estos pasos:

- Pedir a Servicio al Cliente una lista de medicamentos similares al que usted quiere tomar. Luego, mostrarle la lista a su médico u otro profesional que receta. Podrán recetarle un medicamento de la Lista de medicamentos que sea similar al que usted quiere tomar. ○
- Puede pedir al plan de salud que haga una excepción para cubrir su medicamento. Consulte las preguntas B10-B12 para obtener más información sobre las excepciones.

B9. ¿Qué sucede si usted es un miembro nuevo del Plan de Cal MediConnect de SCFHP y no puede encontrar su medicamento en la Lista de medicamentos o tiene problemas para obtener su medicamento?

Podemos ayudarle. Podríamos cubrir su medicamento temporariamente para un suministro de 31 días durante los primeros 90 días en que usted sea miembro del Plan de Cal MediConnect de SCFHP. Esto le dará tiempo para hablar con su médico u otro profesional que receta. Podrán ayudarle a decidir si hay algún medicamento similar en la Lista de medicamentos que usted pueda tomar en su lugar o si debería pedir una excepción.

Si su receta está indicada para menos días, permitiremos varios resurtidos para darle un suministro máximo de 31 días del medicamento.

Cubriremos un suministro de 31 días del medicamento si:

- toma un medicamento que no está en nuestra Lista de medicamentos, ○

Si tiene alguna pregunta, llame a Santa Clara Family Health Plan al 1-877-723-4795, de lunes a viernes, de 8:00 a.m. a 8:00 p.m. Los usuarios de TTY deben llamar al 1-800-735-2929 o al 711. La llamada es gratuita. **Para obtener más información**, visite www.scfhp.com.



- las reglas del plan de salud no le permiten obtener la cantidad indicada por su médico, o
- el medicamento requiere la aprobación previa del Plan de Cal MediConnect de SCFHP, o
- usted toma algún medicamento que forma parte de una restricción de tratamiento progresivo.

Si usted se encuentra en un hogar para personas mayores o en otro centro de atención médica a largo plazo y necesita algún medicamento que no está en la Lista de medicamentos, o si no puede obtener fácilmente el medicamento que necesita, podemos ayudarle. Si ha sido miembro del plan durante más de 90 días, vive en un centro de atención médica a largo plazo y necesita un suministro inmediatamente:

- Cubriremos un suministro de 31 días del medicamento que necesite (a menos que tenga una receta para menos días), sin importar que usted sea o no un miembro nuevo del Plan de Cal MediConnect de SCFHP.
- Esto es adicional al suministro temporal durante los primeros 90 días en que usted sea miembro del Plan de Cal MediConnect de SCFHP.

Si está en transición entre distintos niveles de atención (por ejemplo, saliendo de un hospital), el Plan de Cal MediConnect de SCFHP cubrirá un suministro de transición de 31 días del medicamento para que lo use en su nuevo entorno.

B10. ¿Puede pedir una excepción para que el plan cubra su medicamento?

Sí. Usted puede pedir al Plan de Cal MediConnect de SCFHP que haga una excepción para cubrir un medicamento que no está en la Lista de medicamentos.

También puede pedirnos que cambiemos las reglas relacionadas con su medicamento.

- Por ejemplo, el Plan de Cal MediConnect de SCFHP podría limitar la cantidad que cubriremos de un medicamento. Si su medicamento tiene un límite, puede pedirnos que cambiemos el límite y cubramos una mayor cantidad.
- Otros ejemplos: puede pedirnos que eliminemos las restricciones de tratamiento progresivo o los requisitos de aprobación previa.

B11. ¿Cómo puede pedir una excepción?

Para pedir una excepción, llame a Servicio al Cliente. Servicio al Cliente trabajará con usted y su proveedor para ayudarle a pedir una excepción. Para obtener más información sobre las excepciones, puede consultar también el Capítulo 9 del *Manual del miembro*.



Si tiene alguna pregunta, llame a Santa Clara Family Health Plan al 1-877-723-4795, de lunes a viernes, de 8:00 a.m. a 8:00 p.m. Los usuarios de TTY deben llamar al 1-800-735-2929 o al 711. La llamada es gratuita. **Para obtener más información**, visite www.scfhp.com.

B12. ¿Cuánto tiempo toma obtener una excepción?

En primer lugar, debemos recibir una declaración del profesional que receta en la que apoye su solicitud de una excepción. Después de recibir la declaración, tomaremos una decisión sobre su solicitud de excepción dentro de las 72 horas.

Si usted o el profesional que receta consideran que su salud podría verse afectada si tiene que esperar 72 horas para obtener una decisión, entonces puede pedir una excepción acelerada. Se trata de una decisión más rápida. Si el profesional que receta apoya su pedido, tomaremos una decisión dentro de las 24 horas de haber recibido la declaración de apoyo del profesional que receta.

B13. ¿Qué son los medicamentos genéricos?

Los medicamentos genéricos están compuestos por los mismos ingredientes que los medicamentos de marca. Generalmente cuestan menos que los medicamentos de marca y sus nombres no son tan conocidos. Los medicamentos genéricos están aprobados por la Administración de Alimentos y Medicamentos (FDA).

El Plan de Cal MediConnect de SCFHP cubre tanto medicamentos de marca como medicamentos genéricos.

B14. ¿Qué son los medicamentos de venta libre (OTC)?

OTC quiere decir “medicamentos de venta libre” (over-the-counter). El Plan de Cal MediConnect de SCFHP cubre algunos medicamentos de venta libre cuando su proveedor se los receta.

En la Lista de medicamentos del Plan de Cal MediConnect de SCFHP, puede consultar los medicamentos de venta libre que están cubiertos.

B15. ¿Cubre el Plan de Cal MediConnect de SCFHP productos de venta libre que no sean medicamentos?

El Plan de Cal MediConnect de SCFHP cubre algunos productos de venta libre que no son medicamentos cuando su proveedor se los receta.

Algunos ejemplos de productos de venta libre que no son medicamentos incluyen espaciadores para inhaladores y tiras reactivas.

En la Lista de medicamentos del Plan de Cal MediConnect de SCFHP, puede consultar los productos de venta libre que no son medicamentos que están cubiertos.

Si tiene alguna pregunta, llame a Santa Clara Family Health Plan al 1-877-723-4795, de lunes a viernes, de 8:00 a.m. a 8:00 p.m. Los usuarios de TTY deben llamar al 1-800-735-2929 o al 711. La llamada es gratuita. **Para obtener más información**, visite www.scfhp.com.



B16. ¿Cuál es su copago?

Puede consultar la Lista de medicamentos del Plan de Cal MediConnect de SCFHP para conocer el copago de cada medicamento. Los miembros del Plan de Cal MediConnect de SCFHP que viven en hogares para personas mayores o en otros centros de atención médica a largo plazo no tendrán copagos. Tampoco tendrán copagos algunos miembros que reciban atención médica a largo plazo en la comunidad.

Los copagos están ordenados por niveles. Los niveles son los grupos de medicamentos con el mismo copago.

- Los medicamentos de Nivel 1 son medicamentos genéricos. El copago es \$0.
- Los medicamentos de Nivel 2 son medicamentos de marca. El copago es de \$0 a \$8.95, según sus ingresos (nivel de costo compartido más alto).
- Los medicamentos del Nivel 3 son medicamentos de venta con receta que no son de Medicare y que están cubiertos por Medi-Cal. El copago es \$0.
- Los medicamentos del Nivel 4 son medicamentos de venta libre (OTC) que no son de Medicare y que están cubiertos por Medi-Cal. El copago es \$0.

C. Lista de medicamentos cubiertos

La siguiente lista de medicamentos cubiertos brinda información sobre los medicamentos que están cubiertos por el Plan de Cal MediConnect de SCFHP. Si tiene problemas para encontrar su medicamento en la lista, vaya al Índice de medicamentos cubiertos que comienza en la página I-1. El Índice contiene todos los medicamentos cubiertos por el Plan de Cal MediConnect de SCFHP en orden alfabético.

La primera columna de la tabla contiene el nombre del medicamento. Los medicamentos de marca están escritos en mayúsculas (p. ej., TRULICITY) y los medicamentos genéricos están escritos en cursivas minúsculas (p. ej., *metformina*).

La información de la columna titulada “Medidas necesarias, restricciones o límites de uso” le indica si el Plan de Cal MediConnect de SCFHP tiene alguna regla para cubrir ese medicamento.

Nota: El asterisco (*) junto a un medicamento significa que el medicamento no es un “medicamento de la Parte D”. Usted no tendrá que pagar un copago por estos medicamentos. Estos medicamentos también tienen reglas diferentes para las apelaciones.



Si tiene alguna pregunta, llame a Santa Clara Family Health Plan al 1-877-723-4795, de lunes a viernes, de 8:00 a.m. a 8:00 p.m. Los usuarios de TTY deben llamar al 1-800-735-2929 o al 711. La llamada es gratuita. **Para obtener más información**, visite www.scfhp.com.

- Una apelación es una manera formal de pedirnos que revisemos una decisión que hayamos tomado sobre su cobertura y que la cambiemos si usted considera que hemos cometido un error. Por ejemplo, podríamos decidir que un medicamento que desea no está cubierto o ya no está cubierto por Medicare o Medi-Cal.
- Si usted o su médico no están de acuerdo con nuestra decisión, puede apelarla. Si tiene preguntas, comuníquese con el Servicio al Cliente llamando al 1-877-723-4795 de lunes a viernes, de 8 a.m. a 8 p.m. Los usuarios de TTY deben llamar al 1-800-735-2929 o al 711. Para saber cómo apelar una decisión, puede consultar también el Capítulo 9 del *Manual del miembro*.

D. Lista de medicamentos por estado médico

Los medicamentos en esta sección se agrupan en categorías según el tipo de enfermedad para la que se usan. Por ejemplo, si usted tiene una enfermedad del corazón, debe buscar en la categoría de Medicamentos cardiovasculares. Ahí encontrará los medicamentos que tratan las enfermedades del corazón. Estos son los significados de los códigos que figuran en la columna “Medidas necesarias, restricciones o límites de uso”:

SIGLAS DE LAS NOTAS SOBRE LA COBERTURA

SIGLA	DESCRIPCIÓN	EXPLICACIÓN
*	No es un medicamento de la Parte D	Este medicamento no es un medicamento de la Parte D. Está cubierto por Medi-Cal.
EDAD	Límite de edad	Este medicamento tiene límites de cobertura según grupos de edad. El límite se puede basar en cómo la FDA aprobó el medicamento o en precauciones de uso especiales para las personas de ciertos grupos de edad.
LA	Medicamento de acceso limitado	Es posible que este medicamento solo esté disponible en ciertas farmacias.

Si tiene alguna pregunta, llame a Santa Clara Family Health Plan al 1-877-723-4795, de lunes a viernes, de 8:00 a.m. a 8:00 p.m. Los usuarios de TTY deben llamar al 1-800-735-2929 o al 711. La llamada es gratuita. **Para obtener más información**, visite www.scfhp.com.



SIGLA	DESCRIPCIÓN	EXPLICACIÓN
NDS	Suministro diario no extendido	Este medicamento no cumple con los requisitos para ser un suministro a largo plazo (también conocido como un “suministro extendido”).
PA	Autorización previa	Es necesario que usted (o su médico) obtenga una autorización previa antes de surtir su receta para este medicamento.
PA BvD	Autorización previa para determinar si es Parte B o Parte D	Este medicamento podría cumplir con los requisitos de pago conforme a la Parte B o Parte D de Medicare. Se requiere una revisión de autorización previa conforme a las reglas de cobertura de Medicare.
PA-HRM	Restricción de autorización previa para medicamentos de alto riesgo	Los Centros de Servicios de Medicare y Medicaid (CMS) consideran que este medicamento podría ser dañino y, por lo tanto, es un medicamento de alto riesgo para beneficiarios de Medicare de 65 años o más. Los miembros de 65 años o más deben obtener una autorización previa antes de surtir la receta para este medicamento.
PA NSO	Autorización previa para nuevos comienzos solamente	Si anteriormente no ha tomado este medicamento, usted (o su médico) debe obtener una autorización previa antes de surtir su receta para este medicamento.
QL	Límite de cantidad	Existe un límite sobre la cantidad de este medicamento que se cubre por receta o dentro de un marco de tiempo específico.



Si tiene alguna pregunta, llame a Santa Clara Family Health Plan al 1-877-723-4795, de lunes a viernes, de 8:00 a.m. a 8:00 p.m. Los usuarios de TTY deben llamar al 1-800-735-2929 o al 711. La llamada es gratuita. **Para obtener más información**, visite www.scfhp.com.

SIGLA	DESCRIPCIÓN	EXPLICACIÓN
ST	Tratamiento progresivo	Primero debe probar otro(s) medicamento(s) para tratar su afección médica antes de que pueda obtener este.

Si tiene alguna pregunta, llame a Santa Clara Family Health Plan al 1-877-723-4795, de lunes a viernes, de 8:00 a.m. a 8:00 p.m. Los usuarios de TTY deben llamar al 1-800-735-2929 o al 711. La llamada es gratuita. **Para obtener más información**, visite www.scfhp.com.



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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
Analgesics		
Analgesics, Miscellaneous		
<i>acetaminophen 120 mg suppos outer 120 mg *</i>	(Feverall) \$0 (Tier 4)	QL (30 per 30 days)
<i>acetaminophen 160 mg rapid tab 160 mg *</i>	(Jr. Strength Pain Reliever) \$0 (Tier 4)	QL (30 per 30 days)
<i>acetaminophen 80 mg rapid tab children's 80 mg *</i>	(Children's Acetaminophen) \$0 (Tier 4)	QL (30 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	\$0 (Tier 1)	QL (4500 per 30 days); NDS
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	\$0 (Tier 1)	QL (360 per 30 days); NDS
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	\$0 (Tier 1)	QL (180 per 30 days); NDS
<i>betatemp 160 mg/5 ml susp 160 mg/5 ml *</i>	\$0 (Tier 4)	PA; QL (240 per 30 days); AGE (Max 21 Years)
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	(Buprenex) \$0 (Tier 1)	
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	\$0 (Tier 1)	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	(Esgic) \$0 (Tier 1)	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	(Fiorinal) \$0 (Tier 1)	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	\$0 (Tier 1)	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>child pain-fever 160 mg tb chw 160 mg *</i>	\$0 (Tier 4)	QL (30 per 30 days)
<i>child tactinal 80 mg tab chw 80 mg *</i>	\$0 (Tier 4)	QL (30 per 30 days)
<i>child tylenol 160 mg tab chew 160 mg *</i>	\$0 (Tier 4)	QL (30 per 30 days)
<i>children's mapap 80 mg tab chw 80 mg *</i>	\$0 (Tier 4)	QL (30 per 30 days)
<i>children's q-pap 160 mg/5 ml 160 mg/5 ml *</i>	\$0 (Tier 4)	PA; QL (240 per 30 days); AGE (Max 21 Years)
<i>child's mapap 160 mg tab chew 160 mg *</i>	\$0 (Tier 4)	QL (30 per 30 days)

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

Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>chld acetaminophen 160 mg/5 ml alf,glutenlf,cherry 160 mg/5 ml *</i>	\$0 (Tier 4)	PA; QL (240 per 30 days); AGE (Max 21 Years)
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	\$0 (Tier 1)	QL (180 per 30 days); NDS
<i>cvs child pain relief 160 mg 160 mg *</i>	\$0 (Tier 4)	QL (30 per 30 days)
<i>cvs child pain rlf 160 mg/5 ml children's, alf 160 mg/5 ml *</i>	\$0 (Tier 4)	PA; QL (240 per 30 days); AGE (Max 21 Years)
<i>endocet oral tablet 10-325 mg</i>	\$0 (Tier 1)	QL (180 per 30 days); NDS
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i>	\$0 (Tier 1)	QL (360 per 30 days); NDS
<i>endocet oral tablet 7.5-325 mg</i>	\$0 (Tier 1)	QL (240 per 30 days); NDS
<i>fentanyl citrate buccal lozenge on a handle (Actiq) 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	\$0 (Tier 1)	PA; QL (120 per 30 days); NDS
<i>fentanyl transdermal patch 72 hour 100 mcg/12hr, 12 mcg/12hr, 25 mcg/12hr, 50 mcg/12hr, 75 mcg/12hr (Duragesic)</i>	\$0 (Tier 1)	QL (10 per 30 days); NDS
<i>feverall 120 mg suppository children's, outer 120 mg *</i>	\$0 (Tier 4)	QL (30 per 30 days)
<i>feverall 325 mg suppository junior str, outer 325 mg *</i>	\$0 (Tier 4)	QL (30 per 30 days)
FEVERALL 80 MG SUPPOSITORY INFANT'S, OUTER 80 MG *	\$0 (Tier 4)	QL (30 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	\$0 (Tier 1)	QL (2700 per 30 days); NDS
<i>hydrocodone-acetaminophen oral tablet 10-325 mg (Lorcet HD)</i>	\$0 (Tier 1)	QL (180 per 30 days); NDS
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	\$0 (Tier 1)	QL (240 per 30 days); NDS
<i>hydrocodone-acetaminophen oral tablet 5-325 mg (Lorcet (hydrocodone))</i>	\$0 (Tier 1)	QL (240 per 30 days); NDS
<i>hydrocodone-acetaminophen oral tablet 7.5-325 mg (Norco)</i>	\$0 (Tier 1)	QL (180 per 30 days); NDS
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	\$0 (Tier 1)	QL (150 per 30 days); NDS

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

Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	\$0 (Tier 1)	
<i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)	\$0 (Tier 1)	QL (1200 per 30 days); NDS
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	\$0 (Tier 1)	QL (180 per 30 days); NDS
<i>junior pain reliever 160 mg jr,grape,meltaways 160 mg *</i>	\$0 (Tier 4)	QL (30 per 30 days)
LAZANDA NASAL SPRAY, NON-AEROSOL 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY	\$0 - \$9.20 (Tier 2)	PA; QL (30 per 30 days); NDS
<i>little remedies fever 160 mg/5 alf,dlf,gluten-free 160 mg/5 ml *</i>	\$0 (Tier 4)	PA; QL (240 per 30 days); AGE (Max 21 Years)
<i>lorcet (hydrocodone) oral tablet 5-325 mg</i>	\$0 (Tier 1)	QL (240 per 30 days); NDS
<i>lorcet hd oral tablet 10-325 mg</i>	\$0 (Tier 1)	QL (180 per 30 days); NDS
<i>lorcet plus oral tablet 7.5-325 mg</i>	\$0 (Tier 1)	QL (180 per 30 days); NDS
<i>mapap 22.4 mg/0.7 ml oral syrn 32 mg/ml *</i>	\$0 (Tier 4)	PA; QL (240 per 30 days); AGE (Max 21 Years)
<i>mapap 500 mg/15 ml liquid 500 mg/15 ml *</i>	\$0 (Tier 4)	PA; QL (240 per 30 days); AGE (Max 21 Years)
<i>methadone injection solution 10 mg/ml</i>	\$0 (Tier 1)	
<i>methadone oral solution 10 mg/5 ml</i>	\$0 (Tier 1)	QL (600 per 30 days); NDS
<i>methadone oral solution 5 mg/5 ml</i>	\$0 (Tier 1)	QL (1200 per 30 days); NDS
<i>methadone oral tablet 10 mg</i> (Dolophine)	\$0 (Tier 1)	QL (120 per 30 days); NDS
<i>methadone oral tablet 5 mg</i> (Dolophine)	\$0 (Tier 1)	QL (180 per 30 days); NDS
<i>methadose oral tablet, soluble 40 mg</i>	\$0 (Tier 1)	QL (30 per 30 days); NDS
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	\$0 (Tier 1)	QL (180 per 30 days); NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml, 8 mg/ml</i>	\$0 (Tier 1)	PA BvD
<i>morphine oral solution 10 mg/5 ml</i>	\$0 (Tier 1)	QL (700 per 30 days); NDS
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	\$0 (Tier 1)	QL (300 per 30 days); NDS
MORPHINE ORAL TABLET 15 MG	\$0 (Tier 1)	QL (180 per 30 days); NDS
MORPHINE ORAL TABLET 30 MG	\$0 (Tier 1)	QL (120 per 30 days); NDS
<i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i> (MS Contin)	\$0 (Tier 1)	QL (60 per 30 days); NDS
<i>morphine oral tablet extended release 15 mg, 30 mg</i> (MS Contin)	\$0 (Tier 1)	QL (90 per 30 days); NDS
<i>m-pap 160 mg/5 ml liquid 160 mg/5 ml *</i>	\$0 (Tier 4)	PA; QL (240 per 30 days); AGE (Max 21 Years)
<i>non-aspirin 80 mg tab chew children's 80 mg *</i>	\$0 (Tier 4)	QL (30 per 30 days)
<i>non-aspirin child's drops 100 mg/ml *</i>	\$0 (Tier 4)	PA; QL (30 per 30 days); AGE (Max 21 Years)
<i>nortemp 80 mg/0.8 ml drop 80 mg/0.8 ml *</i>	\$0 (Tier 4)	PA; QL (30 per 30 days); AGE (Max 21 Years)
<i>oxycodone oral solution 5 mg/5 ml</i>	\$0 (Tier 1)	QL (1300 per 30 days); NDS
<i>oxycodone oral tablet 10 mg</i>	\$0 (Tier 1)	QL (180 per 30 days); NDS
<i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)	\$0 (Tier 1)	QL (120 per 30 days); NDS
<i>oxycodone oral tablet 20 mg</i>	\$0 (Tier 1)	QL (120 per 30 days); NDS
<i>oxycodone oral tablet 5 mg</i> (Roxicodone)	\$0 (Tier 1)	QL (180 per 30 days); NDS
<i>oxycodone oral tablet, oral only, ext. rel. 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i> (OxyContin)	\$0 - \$9.20 (Tier 2)	QL (60 per 30 days); NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i> (Endocet)	\$0 (Tier 1)	QL (180 per 30 days); NDS
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i> (Endocet)	\$0 (Tier 1)	QL (360 per 30 days); NDS
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i> (Endocet)	\$0 (Tier 1)	QL (240 per 30 days); NDS
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	\$0 (Tier 1)	QL (360 per 30 days); NDS
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	\$0 - \$9.20 (Tier 2)	QL (60 per 30 days); NDS
<i>pediacare fever reducer susp 160 mg/5 ml</i> *	\$0 (Tier 4)	PA; QL (240 per 30 days); AGE (Max 21 Years)
<i>q-pap 160 mg/5 ml liquid unboxed 160 mg/5 ml</i> *	\$0 (Tier 4)	PA; QL (240 per 30 days); AGE (Max 21 Years)
<i>sm inf pain relv 80 mg/0.8 ml 80 mg/0.8 ml</i> *	\$0 (Tier 4)	PA; QL (30 per 30 days); AGE (Max 21 Years)
<i>tramadol oral tablet 50 mg</i> (Ultram)	\$0 (Tier 1)	QL (240 per 30 days); NDS
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i> (Ultracet)	\$0 (Tier 1)	QL (300 per 30 days); NDS
XTAMPZA ER ORAL CAP, SPRINKL, ER 12HR (DONT CRUSH) 13.5 MG, 18 MG, 9 MG	\$0 - \$9.20 (Tier 2)	QL (60 per 30 days); NDS
XTAMPZA ER ORAL CAP, SPRINKL, ER 12HR (DONT CRUSH) 27 MG	\$0 - \$9.20 (Tier 2)	QL (120 per 30 days); NDS
XTAMPZA ER ORAL CAP, SPRINKL, ER 12HR (DONT CRUSH) 36 MG	\$0 - \$9.20 (Tier 2)	QL (240 per 30 days); NDS
Nonsteroidal Anti-Inflammatory Agents		
<i>addaprin 200 mg tablet 200 mg</i> *	\$0 (Tier 4)	
<i>all day relief 220 mg tablet gluten-free 220 mg</i> *	\$0 (Tier 4)	
<i>aspirin 325 mg tablet 325 mg</i> * (Bayer Aspirin)	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>aspirin 81 mg chewable tablet 81 mg *</i> (St Joseph Aspirin)	\$0 (Tier 4)	
<i>aspirin ec 325 mg tablet 325 mg *</i> (Aspir-Trin)	\$0 (Tier 4)	
<i>aspirin ec 500 mg tablet 500 mg *</i>	\$0 (Tier 4)	
<i>aspirin ec 81 mg tablet 81 mg *</i> (Aspirin Low Dose)	\$0 (Tier 4)	
<i>aspir-low ec 81 mg tablet 81 mg *</i>	\$0 (Tier 4)	
<i>aspir-trin ec 325 mg tablet 325 mg *</i>	\$0 (Tier 4)	
BAYER ASPIRIN 325 MG TABLET 325 MG *	\$0 (Tier 4)	
<i>bufferin 325 mg tablet coated 325 mg *</i>	\$0 (Tier 4)	
CALDOLOR INTRAVENOUS RECON SOLN 800 MG/8 ML (100 MG/ML)	\$0 - \$9.20 (Tier 2)	
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i> (Celebrex)	\$0 (Tier 1)	QL (60 per 30 days)
<i>children ibuprofen 100 mg/5 ml alf,dlf,berry,child 100 mg/5 ml *</i>	\$0 (Tier 4)	
<i>children ibuprofen 100 mg/5 ml berry flavor 100 mg/5 ml *</i>	\$0 (Tier 4)	
<i>cvs chld ibuprofen 100 mg/5 ml 100 mg/5 ml *</i>	\$0 (Tier 4)	
<i>cvs ibuprofen 200 mg softgel 200 mg *</i> (Wal-Profen)	\$0 (Tier 4)	
<i>cvs naproxen sodium 220 mg cap liquidgel 220 mg *</i> (Aleve)	\$0 (Tier 4)	
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i> (Flector)	\$0 - \$9.20 (Tier 2)	PA; QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i> (Voltaren-XR)	\$0 (Tier 1)	QL (60 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg</i>	\$0 (Tier 1)	QL (150 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>diclofenac sodium topical drops 1.5 %</i>	\$0 (Tier 1)	QL (300 per 30 days)
<i>diclofenac sodium topical gel 1 %</i> (Voltaren)	\$0 (Tier 1)	
<i>diclofenac sodium topical gel 3 %</i> (Solaraze)	\$0 (Tier 1)	PA; QL (100 per 28 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>ecotrin ec 325 mg tablet safety coated 325 mg *</i>	\$0 (Tier 4)	
<i>ecpirin ec 325 mg tablet 325 mg *</i>	\$0 (Tier 4)	
<i>etodolac oral capsule 200 mg, 300 mg</i>	\$0 (Tier 1)	
<i>etodolac oral tablet 400 mg</i> (Lodine)	\$0 (Tier 1)	
<i>etodolac oral tablet 500 mg</i>	\$0 (Tier 1)	
<i>flurbiprofen oral tablet 100 mg</i>	\$0 (Tier 1)	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	\$0 (Tier 1)	
<i>ibuprofen 100 mg/5 ml susp (otc) 100 mg/5 ml *</i>	\$0 (Tier 4)	(Children's Ibuprofen)
<i>ibuprofen 200 mg tablet 200 mg *</i>	\$0 (Tier 4)	(Addaprin)
<i>ibuprofen jr str 100 mg chew 100 mg *</i>	\$0 (Tier 4)	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	\$0 (Tier 1)	(Children's Ibuprofen)
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	\$0 (Tier 1)	(IBU)
<i>indomethacin oral capsule 25 mg</i>	\$0 (Tier 1)	PA-HRM; QL (240 per 30 days); AGE (Max 64 Years)
<i>indomethacin oral capsule 50 mg</i>	\$0 (Tier 1)	PA-HRM; QL (120 per 30 days); AGE (Max 64 Years)
<i>infant ibuprofen 50 mg/1.25 ml dlf,alf,non-staining 50 mg/1.25 ml *</i>	\$0 (Tier 4)	
<i>infants' advil 50 mg/1.25 ml 50 mg/1.25 ml *</i>	\$0 (Tier 4)	
<i>ketorolac oral tablet 10 mg</i>	\$0 (Tier 1)	PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
<i>low dose aspirin ec 81 mg tab 81 mg *</i>	\$0 (Tier 4)	
<i>mefenamic acid oral capsule 250 mg</i>	\$0 (Tier 1)	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	\$0 (Tier 1)	(Mobic)
<i>nabumetone oral tablet 500 mg, 750 mg</i>	\$0 (Tier 1)	(Relafen)
<i>naproxen oral tablet 250 mg, 375 mg</i>	\$0 (Tier 1)	
<i>naproxen oral tablet 500 mg</i>	\$0 (Tier 1)	(Naprosyn)
<i>naproxen oral tablet, delayed release (drlec) 375 mg, 500 mg</i>	\$0 (Tier 1)	(EC-Naprosyn)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %)	\$0 - \$9.20 (Tier 2)	PA; QL (224 per 28 days); NDS
<i>pub children's profen ib susp berry flavor, alf 100 mg/5 ml *</i>	\$0 (Tier 4)	
<i>pub children's profenib susp bubble gum flavor 100 mg/5 ml *</i>	\$0 (Tier 4)	
<i>qc lo-dose aspirin ec 81 mg tb 81 mg *</i>	\$0 (Tier 4)	
<i>ra aspirin 325 mg tablet 325 mg *</i>	\$0 (Tier 4)	(Bayer Aspirin)
<i>sm ibuprofen 100 mg/5 ml susp alf (otc) 100 mg/5 ml *</i>	\$0 (Tier 4)	(Children's Ibuprofen)
<i>sm ibuprofen ib 100 mg tablet junior strength 100 mg *</i>	\$0 (Tier 4)	
<i>st. joseph aspirin 81 mg chew 81 mg *</i>	\$0 (Tier 4)	
<i>st. joseph aspirin ec 81 mg tb 81 mg *</i>	\$0 (Tier 4)	
<i>sulindac oral tablet 150 mg, 200 mg</i>	\$0 (Tier 1)	
<i>tri-buffered aspirin 325 mg tb coated tablet 325 mg *</i>	\$0 (Tier 4)	
<i>wal-profen 200 mg caplet flc, caplet 200 mg *</i>	\$0 (Tier 4)	
<i>wal-profen 200 mg softgel softgel 200 mg *</i>	\$0 (Tier 4)	
Anesthetics		
Local Anesthetics		
<i>glydo mucous membrane jelly in applicator 2 %</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i>	\$0 (Tier 1)	(Xylocaine-MPF)
<i>lidocaine (pf) injection solution 40 mg/ml (4 %)</i>	\$0 (Tier 1)	
<i>lidocaine (pf) intravenous solution 20 mg/ml (2 %)</i>	\$0 (Tier 1)	(Xylocaine (Cardiac) (PF))
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i>	\$0 (Tier 1)	(Xylocaine)
<i>lidocaine hcl mucous membrane jelly 2 %</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	\$0 (Tier 1)	PA

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>lidocaine topical adhesive patch,medicated</i> (Lidoderm) 5 %	\$0 (Tier 1)	PA; QL (90 per 30 days)
<i>lidocaine topical ointment</i> 5 %	\$0 (Tier 1)	PA; QL (90 per 30 days)
<i>lidocaine viscous mucous membrane solution</i> 2 %	\$0 (Tier 1)	
<i>lidocaine-prilocaine topical cream</i> 2.5-2.5 %	\$0 (Tier 1)	PA; QL (30 per 30 days)
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %	\$0 - \$9.20 (Tier 2)	PA; QL (90 per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate oral tablet,delayed release (drlec)</i> 333 mg	\$0 (Tier 1)	
<i>buprenorphine hcl sublingual tablet</i> 2 mg, 8 mg	\$0 (Tier 1)	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual film</i> (Suboxone) 12-3 mg, 8-2 mg	\$0 (Tier 1)	QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film</i> 2-0.5 mg, 4-1 mg (Suboxone)	\$0 (Tier 1)	QL (30 per 30 days)
<i>buprenorphine-naloxone sublingual tablet</i> 2-0.5 mg, 8-2 mg	\$0 (Tier 1)	QL (90 per 30 days)
<i>bupropion hcl (smoking deter) oral tablet extended release</i> 12 hr 150 mg	\$0 (Tier 1)	
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	\$0 - \$9.20 (Tier 2)	QL (336 per 365 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	\$0 - \$9.20 (Tier 2)	QL (336 per 365 days)
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)	\$0 - \$9.20 (Tier 2)	
<i>disulfiram oral tablet</i> 250 mg, 500 mg (Antabuse)	\$0 (Tier 1)	
LUCEMYRA ORAL TABLET 0.18 MG	\$0 - \$9.20 (Tier 2)	QL (228 per 14 days); NDS
<i>naloxone injection solution</i> 0.4 mg/ml	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	\$0 (Tier 1)	
<i>naltrexone oral tablet 50 mg</i>	\$0 (Tier 1)	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	\$0 - \$9.20 (Tier 2)	QL (4 per 30 days)
<i>nicorelief 2 mg gum 2 mg *</i>	\$0 (Tier 4)	QL (3285 per 365 days)
<i>nicotine 14 mg/24hr patch step 2 (otc) 14 mg/24 hr *</i>	(Nicoderm CQ) \$0 (Tier 4)	QL (224 per 365 days)
<i>nicotine 2 mg chewing gum sugar free 2 mg *</i>	(Nicorelief) \$0 (Tier 4)	QL (3285 per 365 days)
<i>nicotine 2 mg lozenge mint, 3 quittube 2 mg *</i>	(Stop Smoking Aid) \$0 (Tier 4)	QL (3285 per 365 days)
<i>nicotine 21 mg/24hr patch outer, clear, step 1 (otc) 21 mg/24 hr *</i>	(Nicoderm CQ) \$0 (Tier 4)	QL (224 per 365 days)
<i>nicotine 4 mg chewing gum refill kit, s/f 4 mg *</i>	(Nicorette) \$0 (Tier 4)	QL (3285 per 365 days)
<i>nicotine 4 mg lozenge mint, 3 quittube 4 mg *</i>	(Stop Smoking Aid) \$0 (Tier 4)	QL (3285 per 365 days)
<i>nicotine 7 mg/24hr patch step 3 (otc) 7 mg/24 hr *</i>	(Nicoderm CQ) \$0 (Tier 4)	QL (224 per 365 days)
NICOTROL INHALATION CARTRIDGE 10 MG	\$0 - \$9.20 (Tier 2)	QL (1008 per 90 days)
<i>pub stop smoking aid 2 mg lozg 2 mg *</i>	\$0 (Tier 4)	QL (3285 per 365 days)
<i>pub stop smoking aid 4 mg lozg 4 mg *</i>	\$0 (Tier 4)	QL (3285 per 365 days)
<i>ra nicotine 2 mg lozenge 2 mg *</i>	(Stop Smoking Aid) \$0 (Tier 4)	QL (3285 per 365 days)
<i>ra nicotine 21 mg/24hr patch step 1 (otc) 21 mg/24 hr *</i>	(Nicoderm CQ) \$0 (Tier 4)	QL (224 per 365 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML	\$0 - \$9.20 (Tier 2)	QL (0.5 per 30 days); NDS
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 300 MG/1.5 ML	\$0 - \$9.20 (Tier 2)	QL (1.5 per 30 days); NDS
Antianxiety Agents		
Benzodiazepines		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	(Xanax) \$0 (Tier 1)	QL (120 per 30 days); NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>alprazolam oral tablet 2 mg</i> (Xanax)	\$0 (Tier 1)	QL (150 per 30 days); NDS
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	\$0 (Tier 1)	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	\$0 (Tier 1)	QL (120 per 30 days); NDS
<i>clonazepam oral tablet 0.5 mg, 1 mg</i> (Klonopin)	\$0 (Tier 1)	QL (90 per 30 days); NDS
<i>clonazepam oral tablet 2 mg</i> (Klonopin)	\$0 (Tier 1)	QL (300 per 30 days); NDS
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	\$0 (Tier 1)	QL (90 per 30 days); NDS
<i>clonazepam oral tablet, disintegrating 2 mg</i>	\$0 (Tier 1)	QL (300 per 30 days); NDS
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg</i>	\$0 (Tier 1)	QL (180 per 30 days); NDS
<i>clorazepate dipotassium oral tablet 7.5 mg</i> (Tranxene T-Tab)	\$0 (Tier 1)	QL (180 per 30 days); NDS
<i>diazepam 5 mg/ml oral conc 5 mg/ml</i>	\$0 (Tier 1)	QL (1200 per 30 days); NDS
<i>diazepam injection solution 5 mg/ml</i>	\$0 (Tier 1)	QL (10 per 28 days)
<i>diazepam injection syringe 5 mg/ml</i>	\$0 (Tier 1)	QL (10 per 28 days)
<i>diazepam oral concentrate 5 mg/ml</i> (Diazepam Intensol)	\$0 (Tier 1)	QL (1200 per 30 days); NDS
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	\$0 (Tier 1)	QL (1200 per 30 days); NDS
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	\$0 (Tier 1)	QL (120 per 30 days); NDS
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>	\$0 (Tier 1)	QL (2 per 30 days)
<i>lorazepam injection syringe 2 mg/ml, 4 mg/ml</i>	\$0 (Tier 1)	QL (2 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i> (Ativan)	\$0 (Tier 1)	QL (90 per 30 days); NDS
<i>lorazepam oral tablet 2 mg</i> (Ativan)	\$0 (Tier 1)	QL (150 per 30 days); NDS
<i>temazepam oral capsule 15 mg, 30 mg</i> (Restoril)	\$0 (Tier 1)	QL (30 per 30 days); NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
Antibacterials		
Aminoglycosides		
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	\$0 - \$9.20 (Tier 2)	PA BvD; NDS
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	\$0 (Tier 1)	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	\$0 (Tier 1)	
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml, 80 mg/8 ml</i>	\$0 (Tier 1)	
<i>neomycin oral tablet 500 mg</i>	\$0 (Tier 1)	
<i>streptomycin intramuscular recon soln 1 gram</i>	\$0 (Tier 1)	NDS
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	\$0 - \$9.20 (Tier 2)	QL (224 per 28 days); NDS
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	\$0 (Tier 1)	PA BvD; NDS
<i>tobramycin sulfate injection solution 40 mg/ml</i>	\$0 (Tier 1)	
Antibacterials, Miscellaneous		
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	\$0 (Tier 1)	
CLINDAMYCIN 600 MG/50 ML-NS OUTER,SINGLE-USE,L/F 600 MG/50 ML	\$0 (Tier 1)	
CLINDAMYCIN 900 MG/50 ML-NS OUTER,SINGLE-USE,L/F 900 MG/50 ML	\$0 (Tier 1)	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	\$0 (Tier 1)	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml</i>	\$0 (Tier 1)	
CLINDAMYCIN IN 5 % DEXTROSE INTRAVENOUS PIGGYBACK 600 MG/50 ML, 900 MG/50 ML	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>clindamycin phosphate injection solution 150 (mg/ml) (6 ml)</i>	\$0 (Tier 1)	
<i>clindamycin phosphate injection solution 150 mg/ml</i> (Cleocin)	\$0 (Tier 1)	
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	\$0 (Tier 1)	
<i>colistin (colistimethate na) injection recon soln 150 mg</i> (Coly-Mycin M Parenteral)	\$0 (Tier 1)	PA BvD; NDS
<i>daptomycin intravenous recon soln 500 mg</i> (Cubicin)	\$0 (Tier 1)	NDS
FIRVANQ ORAL RECON SOLN 25 MG/ML	\$0 - \$9.20 (Tier 2)	
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i> (Zyvox)	\$0 (Tier 1)	NDS
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox)	\$0 (Tier 1)	NDS
<i>linezolid oral tablet 600 mg</i> (Zyvox)	\$0 (Tier 1)	
<i>methenamine hippurate oral tablet 1 gram</i> (Hiprex)	\$0 (Tier 1)	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i> (Metro I.V.)	\$0 (Tier 1)	
<i>metronidazole oral tablet 250 mg, 500 mg</i> (Flagyl)	\$0 (Tier 1)	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i> (Macrochantin)	\$0 (Tier 1)	QL (120 per 30 days)
<i>nitrofurantoin monohydlm-cryst oral capsule 100 mg</i> (Macrobid)	\$0 (Tier 1)	QL (60 per 30 days)
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	\$0 (Tier 1)	
SYNERCID INTRAVENOUS RECON SOLN 500 MG	\$0 - \$9.20 (Tier 2)	NDS
<i>trimethoprim oral tablet 100 mg</i>	\$0 (Tier 1)	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i>	\$0 (Tier 1)	
<i>vancomycin oral capsule 125 mg</i> (Vancocin)	\$0 (Tier 1)	QL (40 per 30 days)
<i>vancomycin oral capsule 250 mg</i> (Vancocin)	\$0 (Tier 1)	QL (80 per 30 days)
XIFAXAN ORAL TABLET 200 MG	\$0 - \$9.20 (Tier 2)	PA; QL (9 per 30 days); NDS
XIFAXAN ORAL TABLET 550 MG	\$0 - \$9.20 (Tier 2)	PA; QL (90 per 30 days); NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
Cephalosporins		
<i>cefactor oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>cefactor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	\$0 (Tier 1)	
<i>cefadroxil oral capsule 500 mg</i>	\$0 (Tier 1)	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	\$0 (Tier 1)	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	\$0 (Tier 1)	
<i>cefdinir oral capsule 300 mg</i>	\$0 (Tier 1)	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (Tier 1)	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	\$0 (Tier 1)	
<i>cefixime oral capsule 400 mg</i> (Suprax)	\$0 (Tier 1)	
<i>cefotaxime injection recon soln 1 gram</i>	\$0 (Tier 1)	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	\$0 (Tier 1)	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	\$0 (Tier 1)	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	\$0 (Tier 1)	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (Tier 1)	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>ceftazidime injection recon soln 1 gram, 2 gram</i> (Fortaz)	\$0 (Tier 1)	
<i>ceftazidime injection recon soln 6 gram</i> (Tazicef)	\$0 (Tier 1)	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>cefuroxime sodium injection recon soln 750 mg</i>	\$0 (Tier 1)	
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	\$0 (Tier 1)	
<i>cephalexin oral capsule 250 mg, 500 mg</i> (Keflex)	\$0 (Tier 1)	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	\$0 - \$9.20 (Tier 2)	NDS
Macrolides		
<i>azithromycin intravenous recon soln 500 mg</i> (Zithromax)	\$0 (Tier 1)	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	\$0 (Tier 1)	
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg</i>	\$0 (Tier 1)	
<i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)	\$0 (Tier 1)	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (Tier 1)	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
DIFICID ORAL TABLET 200 MG	\$0 - \$9.20 (Tier 2)	ST; QL (20 per 10 days); NDS
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	\$0 (Tier 1)	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)	\$0 (Tier 1)	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	
Miscellaneous B-Lactam Antibiotics		
<i>aztreonam injection recon soln 1 gram, 2 gram</i> (Azactam)	\$0 (Tier 1)	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	\$0 - \$9.20 (Tier 2)	PA; LA; NDS
<i>ertapenem injection recon soln 1 gram</i> (Invanz)	\$0 (Tier 1)	
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	\$0 (Tier 1)	
<i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV)	\$0 (Tier 1)	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i> (Merrem)	\$0 (Tier 1)	
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	\$0 (Tier 1)	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	\$0 (Tier 1)	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	\$0 (Tier 1)	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i>	(Augmentin ES-600) \$0 (Tier 1)	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>	(Augmentin) \$0 (Tier 1)	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	\$0 (Tier 1)	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	(Unasyn) \$0 (Tier 1)	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	\$0 - \$9.20 (Tier 2)	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>nafcillin 1 gml 50 ml inj 1 gram/50 ml</i>	\$0 (Tier 1)	
<i>nafcillin injection recon soln 1 gram</i>	\$0 (Tier 1)	
<i>nafcillin injection recon soln 10 gram</i>	\$0 (Tier 1)	NDS
<i>nafcillin injection recon soln 2 gram</i>	\$0 (Tier 1)	
<i>penicillin g potassium injection recon soln 20 million unit</i>	(Pfizerpen-G) \$0 (Tier 1)	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	\$0 (Tier 1)	
<i>penicillin gk 5 million unit plf, latex-free 5 million unit</i>	(Pfizerpen-G) \$0 (Tier 1)	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (Tier 1)	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>pfizerpen-g injection recon soln 20 million unit</i>	\$0 (Tier 1)	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	\$0 (Tier 1)	
Quinolones		
BAXDELA ORAL TABLET 450 MG	\$0 - \$9.20 (Tier 2)	PA; QL (28 per 14 days); NDS
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	\$0 (Tier 1)	
<i>ciprofloxacin hcl oral tablet 750 mg</i>	\$0 (Tier 1)	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	\$0 (Tier 1)	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> (Cipro)	\$0 (Tier 1)	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	\$0 (Tier 1)	
<i>levofloxacin intravenous solution 25 mg/ml</i>	\$0 (Tier 1)	
<i>levofloxacin oral solution 250 mg/10 ml</i>	\$0 (Tier 1)	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	\$0 (Tier 1)	
<i>moxifloxacin oral tablet 400 mg</i>	\$0 (Tier 1)	
Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	\$0 (Tier 1)	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	\$0 (Tier 1)	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	\$0 (Tier 1)	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	\$0 (Tier 1)	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	\$0 (Tier 1)	
Tetracyclines		
<i>doxy-100 intravenous recon soln 100 mg</i>	\$0 (Tier 1)	
<i>doxycycline hyclate intravenous recon soln 100 mg</i> (Doxy-100)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> (Morgidox)	\$0 (Tier 1)	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	\$0 (Tier 1)	
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)	\$0 (Tier 1)	
<i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)	\$0 (Tier 1)	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i> (Vibramycin)	\$0 (Tier 1)	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	\$0 (Tier 1)	
<i>doxycycline monohydrate oral tablet 50 mg</i>	\$0 (Tier 1)	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
<i>mondoxyne nl oral capsule 100 mg</i>	\$0 (Tier 1)	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>tigecycline intravenous recon soln 50 mg</i> (Tygacil)	\$0 (Tier 1)	NDS
Anticancer Agents		
Anticancer Agents		
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	\$0 - \$9.20 (Tier 2)	NDS
ADCETRIS INTRAVENOUS RECON SOLN 50 MG	\$0 - \$9.20 (Tier 2)	PA NSO; NDS
<i>adriamycin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	\$0 (Tier 1)	PA BvD
<i>adrucil intravenous solution 2.5 gram/50 ml, 500 mg/10 ml</i>	\$0 (Tier 1)	PA BvD
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (112 per 28 days); NDS
AFINITOR ORAL TABLET 10 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (56 per 28 days); NDS
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	\$0 (Tier 1)	PA NSO; QL (28 per 28 days); NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
ALECENSA ORAL CAPSULE 150 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (240 per 30 days); NDS
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG	\$0 - \$9.20 (Tier 2)	NDS
ALIQOPA INTRAVENOUS RECON SOLN 60 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (3 per 28 days); NDS
ALUNBRIG ORAL TABLET 180 MG, 90 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (30 per 30 days); NDS
ALUNBRIG ORAL TABLET 30 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (120 per 30 days); NDS
ALUNBRIG ORAL TABLETS, DOSE PACK 90 MG (7)- 180 MG (23)	\$0 - \$9.20 (Tier 2)	PA NSO; NDS
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	\$0 (Tier 1)	
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	\$0 (Tier 1)	NDS
<i>arsenic trioxide intravenous solution 2 mg/ml</i> (Trisenox)	\$0 (Tier 1)	NDS
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML	\$0 - \$9.20 (Tier 2)	PA NSO; NDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (30 per 30 days); NDS
<i>azacitidine injection recon soln 100 mg</i> (Vidaza)	\$0 (Tier 1)	NDS
BALVERSA ORAL TABLET 3 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (84 per 28 days); NDS
BALVERSA ORAL TABLET 4 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (56 per 28 days); NDS
BALVERSA ORAL TABLET 5 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (28 per 28 days); NDS
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	\$0 - \$9.20 (Tier 2)	PA NSO; NDS
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	\$0 - \$9.20 (Tier 2)	PA NSO; NDS
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	\$0 - \$9.20 (Tier 2)	PA NSO; NDS
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	\$0 - \$9.20 (Tier 2)	PA NSO; NDS
<i>bexarotene oral capsule 75 mg</i> (Targretin)	\$0 (Tier 1)	PA NSO; QL (420 per 30 days); NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	\$0 (Tier 1)	
BLENREP INTRAVENOUS RECON SOLN 100 MG	\$0 - \$9.20 (Tier 2)	PA NSO; NDS
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	\$0 (Tier 1)	
BLINCYTO INTRAVENOUS KIT 35 MCG	\$0 - \$9.20 (Tier 2)	PA NSO; NDS
BORTEZOMIB INTRAVENOUS RECON SOLN 3.5 MG	\$0 - \$9.20 (Tier 2)	PA NSO; NDS
BOSULIF ORAL TABLET 100 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (90 per 30 days); NDS
BOSULIF ORAL TABLET 400 MG, 500 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (30 per 30 days); NDS
BRAFTOVI ORAL CAPSULE 75 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (180 per 30 days); NDS
BRUKINSA ORAL CAPSULE 80 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (120 per 30 days); NDS
CABOMETYX ORAL TABLET 20 MG, 60 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (30 per 30 days); NDS
CABOMETYX ORAL TABLET 40 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (60 per 30 days); NDS
CALQUENCE ORAL CAPSULE 100 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (60 per 30 days); NDS
CAPRELSA ORAL TABLET 100 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (60 per 30 days); NDS
CAPRELSA ORAL TABLET 300 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (30 per 30 days); NDS
<i>clofarabine intravenous solution 20 mg/20 ml</i> (Clolar)	\$0 (Tier 1)	NDS
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	\$0 - \$9.20 (Tier 2)	PA NSO; QL (112 per 28 days); NDS
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (56 per 28 days); NDS
COTELLIC ORAL TABLET 20 MG	\$0 - \$9.20 (Tier 2)	PA NSO; LA; QL (63 per 28 days); NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	\$0 (Tier 1)	PA BvD; NDS
<i>cyclophosphamide intravenous solution 200 mg/ml</i>	\$0 (Tier 1)	PA BvD; NDS
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG	\$0 (Tier 1)	PA BvD; ST
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	\$0 - \$9.20 (Tier 2)	PA NSO; NDS
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML	\$0 - \$9.20 (Tier 2)	PA NSO; NDS
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	\$0 - \$9.20 (Tier 2)	PA NSO; LA; NDS
DAURISMO ORAL TABLET 100 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (30 per 30 days); NDS
DAURISMO ORAL TABLET 25 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (60 per 30 days); NDS
<i>decitabine intravenous recon soln 50 mg</i> (Dacogen)	\$0 (Tier 1)	NDS
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i> (Adriamycin)	\$0 (Tier 1)	PA BvD
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (Doxil)	\$0 (Tier 1)	PA BvD; NDS
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	\$0 - \$9.20 (Tier 2)	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	\$0 - \$9.20 (Tier 2)	
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	\$0 - \$9.20 (Tier 2)	
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	\$0 - \$9.20 (Tier 2)	
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	\$0 - \$9.20 (Tier 2)	
EMCYT ORAL CAPSULE 140 MG	\$0 - \$9.20 (Tier 2)	NDS
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	\$0 - \$9.20 (Tier 2)	PA NSO; NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
ENHERTU INTRAVENOUS RECON SOLN 100 MG	\$0 - \$9.20 (Tier 2)	PA NSO; NDS
ERIVEDGE ORAL CAPSULE 150 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (30 per 30 days); NDS
ERLEADA ORAL TABLET 60 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (120 per 30 days); NDS
<i>erlotinib oral tablet 100 mg, 25 mg</i> (Tarceva)	\$0 (Tier 1)	PA NSO; QL (60 per 30 days); NDS
<i>erlotinib oral tablet 150 mg</i> (Tarceva)	\$0 (Tier 1)	PA NSO; QL (90 per 30 days); NDS
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	\$0 - \$9.20 (Tier 2)	
<i>etoposide intravenous solution 20 mg/ml</i> (Toposar)	\$0 (Tier 1)	
<i>exemestane oral tablet 25 mg</i> (Aromasin)	\$0 (Tier 1)	
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	\$0 - \$9.20 (Tier 2)	PA NSO; NDS
<i>floxuridine injection recon soln 0.5 gram</i>	\$0 (Tier 1)	PA BvD
<i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml, 500 mg/10 ml</i>	\$0 (Tier 1)	PA BvD
<i>flutamide oral capsule 125 mg</i>	\$0 (Tier 1)	
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i> (Faslodex)	\$0 (Tier 1)	NDS
GAVRETO ORAL CAPSULE 100 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (120 per 30 days); NDS
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	\$0 - \$9.20 (Tier 2)	PA NSO; NDS
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (30 per 30 days); NDS
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	\$0 - \$9.20 (Tier 2)	PA NSO; QL (5 per 21 days); NDS
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	\$0 - \$9.20 (Tier 2)	PA NSO; NDS
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	\$0 - \$9.20 (Tier 2)	PA NSO; NDS
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	\$0 (Tier 1)	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (21 per 28 days); NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (21 per 28 days); NDS
ICLUSIG ORAL TABLET 15 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (60 per 30 days); NDS
ICLUSIG ORAL TABLET 45 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (30 per 30 days); NDS
IDHIFA ORAL TABLET 100 MG, 50 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (30 per 30 days); NDS
<i>ifosfamide intravenous recon soln 1 gram</i> (Ifex)	\$0 (Tier 1)	
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	\$0 (Tier 1)	
<i>imatinib oral tablet 100 mg</i> (Gleevec)	\$0 (Tier 1)	PA NSO; QL (90 per 30 days)
<i>imatinib oral tablet 400 mg</i> (Gleevec)	\$0 (Tier 1)	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (120 per 30 days); NDS
IMBRUVICA ORAL CAPSULE 70 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (28 per 28 days); NDS
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (28 per 28 days); NDS
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	\$0 - \$9.20 (Tier 2)	PA NSO; NDS
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML	\$0 - \$9.20 (Tier 2)	PA NSO; QL (4 per 365 days); NDS
IMLYGIC INJECTION SUSPENSION 10EXP8 (100 MILLION) PFU/ML	\$0 - \$9.20 (Tier 2)	PA NSO; QL (8 per 28 days); NDS
INLYTA ORAL TABLET 1 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (180 per 30 days); NDS
INLYTA ORAL TABLET 5 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (60 per 30 days); NDS
INQOVI ORAL TABLET 35-100 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (5 per 28 days); NDS
INREBIC ORAL CAPSULE 100 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (120 per 30 days); NDS
IRESSA ORAL TABLET 250 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (60 per 30 days); NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	\$0 - \$9.20 (Tier 2)	NDS
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (60 per 30 days); NDS
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG	\$0 - \$9.20 (Tier 2)	PA NSO; NDS
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	\$0 - \$9.20 (Tier 2)	PA NSO; QL (8 per 21 days); NDS
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (49 per 28 days); NDS
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (70 per 28 days); NDS
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (91 per 28 days); NDS
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	\$0 - \$9.20 (Tier 2)	PA NSO; QL (21 per 28 days); NDS
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	\$0 - \$9.20 (Tier 2)	PA NSO; QL (42 per 28 days); NDS
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	\$0 - \$9.20 (Tier 2)	PA NSO; QL (63 per 28 days); NDS
KOSELUGO ORAL CAPSULE 10 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (300 per 30 days); NDS
KOSELUGO ORAL CAPSULE 25 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (120 per 30 days); NDS
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	\$0 - \$9.20 (Tier 2)	PA NSO; NDS
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	\$0 - \$9.20 (Tier 2)	PA NSO; NDS
<i>letrozole oral tablet 2.5 mg</i> (Femara)	\$0 (Tier 1)	
LEUKERAN ORAL TABLET 2 MG	\$0 - \$9.20 (Tier 2)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	\$0 (Tier 1)	NDS
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML	\$0 - \$9.20 (Tier 2)	PA NSO; QL (7 per 21 days); NDS
LONSURF ORAL TABLET 15-6.14 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (100 per 28 days); NDS
LONSURF ORAL TABLET 20-8.19 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (80 per 28 days); NDS
LORBRENA ORAL TABLET 100 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (30 per 30 days); NDS
LORBRENA ORAL TABLET 25 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (90 per 30 days); NDS
LUMOXITI INTRAVENOUS RECON SOLN 1 MG	\$0 - \$9.20 (Tier 2)	PA NSO; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	\$0 - \$9.20 (Tier 2)	NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	\$0 - \$9.20 (Tier 2)	NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	\$0 - \$9.20 (Tier 2)	NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	\$0 - \$9.20 (Tier 2)	NDS
LYNPARZA ORAL TABLET 100 MG, 150 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (120 per 30 days); NDS
LYSODREN ORAL TABLET 500 MG	\$0 - \$9.20 (Tier 2)	NDS
MATULANE ORAL CAPSULE 50 MG	\$0 - \$9.20 (Tier 2)	NDS
<i>megestrol oral tablet 20 mg, 40 mg</i>	\$0 (Tier 1)	PA NSO-HRM; AGE (Max 64 Years)
MEKINIST ORAL TABLET 0.5 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (90 per 30 days); NDS
MEKINIST ORAL TABLET 2 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (30 per 30 days); NDS
MEKTOVI ORAL TABLET 15 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (180 per 30 days); NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>mercaptapurine oral tablet 50 mg</i>	\$0 (Tier 1)	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	\$0 (Tier 1)	PA BvD
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	\$0 (Tier 1)	PA BvD
<i>methotrexate sodium injection solution 25 mg/ml</i>	\$0 (Tier 1)	PA BvD
<i>methotrexate sodium oral tablet 2.5 mg</i>	\$0 (Tier 1)	PA BvD; ST
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	\$0 (Tier 1)	
MONJUVI INTRAVENOUS RECON SOLN 200 MG	\$0 - \$9.20 (Tier 2)	PA NSO; NDS
MVASI INTRAVENOUS SOLUTION 25 MG/ML	\$0 - \$9.20 (Tier 2)	PA NSO; NDS
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	\$0 - \$9.20 (Tier 2)	PA NSO; NDS
NERLYNX ORAL TABLET 40 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (180 per 30 days); NDS
NEXAVAR ORAL TABLET 200 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (120 per 30 days); NDS
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	\$0 (Tier 1)	NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (3 per 28 days); NDS
NUBEQA ORAL TABLET 300 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (120 per 30 days); NDS
ODOMZO ORAL CAPSULE 200 MG	\$0 - \$9.20 (Tier 2)	PA NSO; LA; NDS
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	\$0 - \$9.20 (Tier 2)	PA NSO; NDS
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	\$0 - \$9.20 (Tier 2)	PA NSO; NDS
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	\$0 - \$9.20 (Tier 2)	NDS
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	\$0 - \$9.20 (Tier 2)	PA NSO; NDS
ONUREG ORAL TABLET 200 MG, 300 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (14 per 28 days); NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 240 MG/24 ML, 40 MG/4 ML	\$0 - \$9.20 (Tier 2)	PA NSO; NDS
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG	\$0 - \$9.20 (Tier 2)	PA NSO; NDS
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (14 per 21 days); NDS
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	\$0 - \$9.20 (Tier 2)	PA NSO; QL (28 per 28 days); NDS
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	\$0 - \$9.20 (Tier 2)	PA NSO; QL (56 per 28 days); NDS
POLIVY INTRAVENOUS RECON SOLN 140 MG	\$0 - \$9.20 (Tier 2)	PA NSO; NDS
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (21 per 28 days); NDS
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)	\$0 - \$9.20 (Tier 2)	PA NSO; QL (100 per 21 days); NDS
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	\$0 - \$9.20 (Tier 2)	NDS
PURIXAN ORAL SUSPENSION 20 MG/ML	\$0 - \$9.20 (Tier 2)	NDS
QINLOCK ORAL TABLET 50 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (90 per 30 days); NDS
RETEVMO ORAL CAPSULE 40 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (180 per 30 days); NDS
RETEVMO ORAL CAPSULE 80 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (120 per 30 days); NDS
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	\$0 - \$9.20 (Tier 2)	PA NSO; LA; QL (28 per 28 days); NDS
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	\$0 - \$9.20 (Tier 2)	PA NSO; NDS
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	\$0 - \$9.20 (Tier 2)	PA NSO; NDS
ROZLYTREK ORAL CAPSULE 100 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (180 per 30 days); NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
ROZLYTREK ORAL CAPSULE 200 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (90 per 30 days); NDS
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (120 per 30 days); NDS
RUXIENCE INTRAVENOUS CONCENTRATE 10 MG/ML	\$0 - \$9.20 (Tier 2)	PA NSO; NDS
RYDAPT ORAL CAPSULE 25 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (224 per 28 days); NDS
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML	\$0 - \$9.20 (Tier 2)	PA NSO; NDS
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	\$0 - \$9.20 (Tier 2)	NDS
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (30 per 30 days); NDS
SPRYCEL ORAL TABLET 20 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (90 per 30 days); NDS
STIVARGA ORAL TABLET 40 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (84 per 28 days); NDS
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (30 per 30 days); NDS
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG	\$0 - \$9.20 (Tier 2)	PA NSO; NDS
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	\$0 - \$9.20 (Tier 2)	PA NSO; NDS
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	\$0 - \$9.20 (Tier 2)	PA NSO; NDS
TABLOID ORAL TABLET 40 MG	\$0 - \$9.20 (Tier 2)	
TABRECTA ORAL TABLET 150 MG, 200 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (120 per 30 days); NDS
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (120 per 30 days); NDS
TAGRISSO ORAL TABLET 40 MG, 80 MG	\$0 - \$9.20 (Tier 2)	PA NSO; LA; QL (30 per 30 days); NDS
TALZENNA ORAL CAPSULE 0.25 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (90 per 30 days); NDS
TALZENNA ORAL CAPSULE 1 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (30 per 30 days); NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	
TARGRETIN TOPICAL GEL 1 %	\$0 - \$9.20 (Tier 2)	PA NSO; QL (60 per 28 days); NDS
TASIGNA ORAL CAPSULE 150 MG, 200 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (112 per 28 days); NDS
TASIGNA ORAL CAPSULE 50 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (120 per 30 days); NDS
TAZVERIK ORAL TABLET 200 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (240 per 30 days); NDS
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	\$0 - \$9.20 (Tier 2)	PA NSO; NDS
TEMODAR INTRAVENOUS RECON SOLN 100 MG	\$0 - \$9.20 (Tier 2)	PA NSO; NDS
<i>thiotepa injection recon soln 100 mg, 15 mg</i> (Tepadina)	\$0 (Tier 1)	NDS
TIBSOVO ORAL TABLET 250 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (60 per 30 days); NDS
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	\$0 - \$9.20 (Tier 2)	
<i>toposar intravenous solution 20 mg/ml</i>	\$0 (Tier 1)	
<i>toremifene oral tablet 60 mg</i> (Fareston)	\$0 (Tier 1)	NDS
TRAZIMERA INTRAVENOUS RECON SOLN 420 MG	\$0 - \$9.20 (Tier 2)	PA NSO; NDS
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	\$0 - \$9.20 (Tier 2)	PA NSO; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG	\$0 - \$9.20 (Tier 2)	QL (1 per 84 days); NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	\$0 - \$9.20 (Tier 2)	QL (1 per 168 days); NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG	\$0 - \$9.20 (Tier 2)	QL (1 per 28 days); NDS
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	\$0 (Tier 1)	NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
TRODELVY INTRAVENOUS RECON SOLN 180 MG	\$0 - \$9.20 (Tier 2)	PA NSO; NDS
TRUXIMA INTRAVENOUS CONCENTRATE 10 MG/ML	\$0 - \$9.20 (Tier 2)	PA NSO; NDS
TUKYSA ORAL TABLET 150 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (120 per 30 days); NDS
TUKYSA ORAL TABLET 50 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (300 per 30 days); NDS
TURALIO ORAL CAPSULE 200 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (120 per 30 days); NDS
TYKERB ORAL TABLET 250 MG	\$0 - \$9.20 (Tier 2)	PA NSO; NDS
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	\$0 - \$9.20 (Tier 2)	PA NSO; NDS
<i>valrubicin intravesical solution 40 mg/ml</i> (Valstar)	\$0 (Tier 1)	NDS
VELCADE INJECTION RECON SOLN 3.5 MG	\$0 - \$9.20 (Tier 2)	PA NSO; NDS
VENCLEXTA ORAL TABLET 10 MG	\$0 - \$9.20 (Tier 2)	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	\$0 - \$9.20 (Tier 2)	PA NSO; LA; QL (180 per 30 days); NDS
VENCLEXTA ORAL TABLET 50 MG	\$0 - \$9.20 (Tier 2)	PA NSO; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	\$0 - \$9.20 (Tier 2)	PA NSO; LA; NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (56 per 28 days); NDS
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i> (Navelbine)	\$0 (Tier 1)	
VITRAKVI ORAL CAPSULE 100 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (60 per 30 days); NDS
VITRAKVI ORAL CAPSULE 25 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (180 per 30 days); NDS
VITRAKVI ORAL SOLUTION 20 MG/ML	\$0 - \$9.20 (Tier 2)	PA NSO; QL (300 per 30 days); NDS
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (30 per 30 days); NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
VOTRIENT ORAL TABLET 200 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (120 per 30 days); NDS
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	\$0 - \$9.20 (Tier 2)	PA BvD; NDS
XALKORI ORAL CAPSULE 200 MG, 250 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (60 per 30 days); NDS
XATMEP ORAL SOLUTION 2.5 MG/ML	\$0 - \$9.20 (Tier 2)	PA BvD; ST
XOSPATA ORAL TABLET 40 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (90 per 30 days); NDS
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5)	\$0 - \$9.20 (Tier 2)	PA NSO; QL (20 per 28 days); NDS
XPOVIO ORAL TABLET 40 MG/WEEK (20 MG X 2)	\$0 - \$9.20 (Tier 2)	PA NSO; QL (8 per 28 days); NDS
XPOVIO ORAL TABLET 40MG TWICE WEEK (80 MG/WEEK), 80 MG/WEEK (20 MG X 4)	\$0 - \$9.20 (Tier 2)	PA NSO; QL (16 per 28 days); NDS
XPOVIO ORAL TABLET 60 MG/WEEK (20 MG X 3)	\$0 - \$9.20 (Tier 2)	PA NSO; QL (12 per 28 days); NDS
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	\$0 - \$9.20 (Tier 2)	PA NSO; QL (24 per 28 days); NDS
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	\$0 - \$9.20 (Tier 2)	PA NSO; QL (32 per 28 days); NDS
XTANDI ORAL CAPSULE 40 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (120 per 30 days); NDS
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	\$0 - \$9.20 (Tier 2)	PA NSO; NDS
YONDELIS INTRAVENOUS RECON SOLN 1 MG	\$0 - \$9.20 (Tier 2)	PA NSO; NDS
YONSA ORAL TABLET 125 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (120 per 30 days); NDS
ZEJULA ORAL CAPSULE 100 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (90 per 30 days); NDS
ZELBORAF ORAL TABLET 240 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (240 per 30 days); NDS
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG	\$0 - \$9.20 (Tier 2)	PA NSO; NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	\$0 - \$9.20 (Tier 2)	PA NSO; NDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	\$0 - \$9.20 (Tier 2)	QL (1 per 84 days)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	\$0 - \$9.20 (Tier 2)	QL (1 per 28 days)
ZOLINZA ORAL CAPSULE 100 MG	\$0 - \$9.20 (Tier 2)	NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (60 per 30 days); NDS
ZYKADIA ORAL TABLET 150 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (84 per 28 days); NDS
ZYTIGA ORAL TABLET 250 MG	\$0 (Tier 1)	PA NSO; QL (120 per 30 days); NDS
ZYTIGA ORAL TABLET 500 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (120 per 30 days); NDS
Anticonvulsants		
Anticonvulsants		
APTIOM ORAL TABLET 200 MG, 400 MG	\$0 - \$9.20 (Tier 2)	ST; QL (30 per 30 days); NDS
APTIOM ORAL TABLET 600 MG, 800 MG	\$0 - \$9.20 (Tier 2)	ST; QL (60 per 30 days); NDS
BANZEL ORAL SUSPENSION 40 MG/ML	\$0 - \$9.20 (Tier 2)	ST; NDS
BANZEL ORAL TABLET 200 MG, 400 MG	\$0 - \$9.20 (Tier 2)	ST; NDS
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	\$0 - \$9.20 (Tier 2)	ST; QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	\$0 - \$9.20 (Tier 2)	ST; QL (600 per 30 days); NDS
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	\$0 - \$9.20 (Tier 2)	ST; QL (60 per 30 days); NDS
<i>carbamazepine oral capsule, er multiphase</i> (Carbatrol) 12 hr 100 mg, 200 mg, 300 mg	\$0 (Tier 1)	
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	\$0 (Tier 1)	
<i>carbamazepine oral tablet 200 mg</i> (Epitol)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	\$0 (Tier 1)	
<i>carbamazepine oral tablet, chewable 100 mg</i>	\$0 (Tier 1)	
CELONTIN ORAL CAPSULE 300 MG	\$0 - \$9.20 (Tier 2)	
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	\$0 (Tier 1)	PA NSO; QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	\$0 (Tier 1)	PA NSO; QL (60 per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg</i> (Diastat AcuDial)	\$0 - \$9.20 (Tier 2)	
<i>diazepam rectal kit 2.5 mg</i> (Diastat)	\$0 - \$9.20 (Tier 2)	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)	\$0 (Tier 1)	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	\$0 (Tier 1)	
<i>divalproex oral tablet, delayed release (drlec) 125 mg, 250 mg, 500 mg</i> (Depakote)	\$0 (Tier 1)	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	\$0 - \$9.20 (Tier 2)	PA NSO; NDS
<i>epitol oral tablet 200 mg</i>	\$0 (Tier 1)	
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	\$0 (Tier 1)	
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	\$0 (Tier 1)	
<i>felbamate oral suspension 600 mg/5 ml</i> (Felbatol)	\$0 (Tier 1)	
<i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)	\$0 (Tier 1)	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	\$0 - \$9.20 (Tier 2)	PA NSO; NDS
<i>fosphenytoin injection solution 100 mg per 2 ml, 500 mg per 10 ml</i> (Cerebyx)	\$0 (Tier 1)	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	\$0 - \$9.20 (Tier 2)	ST; QL (720 per 30 days); NDS
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	\$0 - \$9.20 (Tier 2)	ST; QL (30 per 30 days); NDS
FYCOMPA ORAL TABLET 2 MG	\$0 - \$9.20 (Tier 2)	ST; QL (30 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
FYCOMPA ORAL TABLET 4 MG, 6 MG	\$0 - \$9.20 (Tier 2)	ST; QL (60 per 30 days); NDS
<i>gabapentin oral capsule 100 mg, 300 mg</i> (Neurontin)	\$0 (Tier 1)	QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i> (Neurontin)	\$0 (Tier 1)	QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	\$0 (Tier 1)	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i> (Neurontin)	\$0 (Tier 1)	QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i> (Neurontin)	\$0 (Tier 1)	QL (120 per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Subvenite)	\$0 (Tier 1)	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	\$0 (Tier 1)	
<i>levetiracetam intravenous solution 500 mg/5 ml</i> (Keppra)	\$0 (Tier 1)	
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	\$0 (Tier 1)	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	\$0 (Tier 1)	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	\$0 (Tier 1)	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	\$0 - \$9.20 (Tier 2)	QL (10 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	\$0 (Tier 1)	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	\$0 (Tier 1)	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	\$0 - \$9.20 (Tier 2)	ST
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	\$0 - \$9.20 (Tier 2)	ST; NDS
PEGANONE ORAL TABLET 250 MG	\$0 - \$9.20 (Tier 2)	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	\$0 (Tier 1)	PA NSO-HRM; AGE (Max 64 Years)
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	\$0 (Tier 1)	PA NSO-HRM; AGE (Max 64 Years)
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	\$0 (Tier 1)	
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	\$0 (Tier 1)	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	\$0 (Tier 1)	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	\$0 (Tier 1)	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	\$0 (Tier 1)	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i> (Lyrica)	\$0 (Tier 1)	QL (90 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	\$0 (Tier 1)	QL (900 per 30 days)
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	\$0 (Tier 1)	
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	\$0 - \$9.20 (Tier 2)	ST; QL (60 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG	\$0 - \$9.20 (Tier 2)	ST; QL (120 per 30 days)
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	\$0 (Tier 1)	
SYMPAZAN ORAL FILM 10 MG, 20 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (60 per 30 days); NDS
SYMPAZAN ORAL FILM 5 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (60 per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i> (Gabitril)	\$0 (Tier 1)	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	\$0 (Tier 1)	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	\$0 (Tier 1)	
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	\$0 (Tier 1)	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	\$0 (Tier 1)	
<i>valproic acid oral capsule 250 mg</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	\$0 - \$9.20 (Tier 2)	
<i>vigabatrin oral powder in packet 500 mg</i> (Vigadrone)	\$0 (Tier 1)	PA NSO; QL (180 per 30 days); NDS
<i>vigabatrin oral tablet 500 mg</i> (Sabril)	\$0 (Tier 1)	PA NSO; QL (180 per 30 days); NDS
<i>vigadrone oral powder in packet 500 mg</i>	\$0 (Tier 1)	PA NSO; QL (180 per 30 days); NDS
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML	\$0 - \$9.20 (Tier 2)	QL (200 per 5 days)
VIMPAT ORAL SOLUTION 10 MG/ML	\$0 - \$9.20 (Tier 2)	QL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	\$0 - \$9.20 (Tier 2)	QL (60 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 350 MG/DAY (200 MG X1-150MG X1)	\$0 - \$9.20 (Tier 2)	ST; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 50 MG	\$0 - \$9.20 (Tier 2)	ST; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	\$0 - \$9.20 (Tier 2)	ST; QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	\$0 - \$9.20 (Tier 2)	ST
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	\$0 (Tier 1)	
<i>zonisamide oral capsule 50 mg</i>	\$0 (Tier 1)	
Antidementia Agents		
Antidementia Agents		
<i>donepezil oral tablet 10 mg, 5 mg</i> (Aricept)	\$0 (Tier 1)	QL (30 per 30 days)
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>ergoloid oral tablet 1 mg</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i> (Razadyne ER)	\$0 (Tier 1)	QL (30 per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	\$0 (Tier 1)	QL (200 per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i> (Razadyne)	\$0 (Tier 1)	QL (60 per 30 days)
<i>memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i> (Namenda XR)	\$0 (Tier 1)	PA; QL (30 per 30 days)
<i>memantine oral solution 2 mg/ml</i>	\$0 (Tier 1)	PA; QL (360 per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i> (Namenda)	\$0 (Tier 1)	PA; QL (60 per 30 days)
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	\$0 - \$9.20 (Tier 2)	ST
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	\$0 - \$9.20 (Tier 2)	ST; QL (30 per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr</i> (Exelon)	\$0 (Tier 1)	QL (30 per 30 days)
Antidepressants		
Antidepressants		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	\$0 (Tier 1)	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	\$0 (Tier 1)	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	\$0 (Tier 1)	
<i>citalopram oral solution 10 mg/5 ml</i>	\$0 (Tier 1)	QL (600 per 30 days)
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i> (Celexa)	\$0 (Tier 1)	QL (30 per 30 days)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	\$0 (Tier 1)	
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	\$0 (Tier 1)	QL (30 per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
<i>doxepin oral concentrate 10 mg/ml</i>	\$0 (Tier 1)	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	\$0 - \$9.20 (Tier 2)	ST; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	\$0 - \$9.20 (Tier 2)	ST; QL (30 per 30 days)
<i>duloxetine oral capsule, delayed release (drlec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)	\$0 (Tier 1)	QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	\$0 - \$9.20 (Tier 2)	ST; QL (30 per 30 days); NDS
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	\$0 (Tier 1)	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	\$0 (Tier 1)	
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	\$0 - \$9.20 (Tier 2)	ST
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	\$0 - \$9.20 (Tier 2)	ST; QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)	\$0 (Tier 1)	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	\$0 (Tier 1)	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
MARPLAN ORAL TABLET 10 MG	\$0 - \$9.20 (Tier 2)	
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	\$0 (Tier 1)	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	\$0 (Tier 1)	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	\$0 (Tier 1)	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	\$0 (Tier 1)	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)	\$0 (Tier 1)	
<i>nortriptyline oral solution 10 mg/5 ml</i>	\$0 (Tier 1)	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)	\$0 (Tier 1)	PA NSO-HRM; AGE (Max 64 Years)
PAXIL ORAL SUSPENSION 10 MG/5 ML	\$0 - \$9.20 (Tier 2)	PA NSO-HRM; AGE (Max 64 Years)
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	\$0 (Tier 1)	
<i>phenelzine oral tablet 15 mg</i> (Nardil)	\$0 (Tier 1)	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	\$0 (Tier 1)	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	\$0 (Tier 1)	
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	\$0 - \$9.20 (Tier 2)	PA NSO; NDS
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	\$0 (Tier 1)	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	\$0 (Tier 1)	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	\$0 - \$9.20 (Tier 2)	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i> (Effexor XR)	\$0 (Tier 1)	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i> (Effexor XR)	\$0 (Tier 1)	QL (90 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	\$0 - \$9.20 (Tier 2)	QL (30 per 30 days)
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	\$0 - \$9.20 (Tier 2)	
ZULRESSO INTRAVENOUS SOLUTION 5 MG/ML	\$0 - \$9.20 (Tier 2)	NDS
Antidiabetic Agents		
Antidiabetic Agents, Miscellaneous		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	\$0 (Tier 1)	QL (90 per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	\$0 - \$9.20 (Tier 2)	QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	\$0 - \$9.20 (Tier 2)	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	\$0 - \$9.20 (Tier 2)	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	\$0 - \$9.20 (Tier 2)	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	\$0 - \$9.20 (Tier 2)	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	\$0 - \$9.20 (Tier 2)	QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	\$0 - \$9.20 (Tier 2)	ST; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	\$0 - \$9.20 (Tier 2)	ST; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	\$0 - \$9.20 (Tier 2)	ST; QL (30 per 30 days)
KORLYM ORAL TABLET 300 MG	\$0 - \$9.20 (Tier 2)	PA; QL (112 per 28 days); NDS
<i>metformin oral solution 500 mg/5 ml</i> (Riomet)	\$0 (Tier 1)	QL (765 per 30 days)
<i>metformin oral tablet 1,000 mg</i> (Glucophage)	\$0 (Tier 1)	QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i> (Glucophage)	\$0 (Tier 1)	QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i> (Glucophage)	\$0 (Tier 1)	QL (90 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>metformin oral tablet extended release 24 hr 500 mg</i> (Glucophage XR)	\$0 (Tier 1)	QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i> (Glucophage XR)	\$0 (Tier 1)	QL (60 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML)	\$0 - \$9.20 (Tier 2)	QL (3 per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	\$0 (Tier 1)	QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>repaglinide oral tablet 1 mg</i> (Prandin)	\$0 (Tier 1)	QL (120 per 30 days)
<i>repaglinide oral tablet 2 mg</i> (Prandin)	\$0 (Tier 1)	QL (240 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	\$0 - \$9.20 (Tier 2)	QL (30 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	\$0 - \$9.20 (Tier 2)	PA; QL (10.8 per 28 days); NDS
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	\$0 - \$9.20 (Tier 2)	PA; QL (10.8 per 28 days); NDS
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	\$0 - \$9.20 (Tier 2)	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	\$0 - \$9.20 (Tier 2)	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	\$0 - \$9.20 (Tier 2)	QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	\$0 - \$9.20 (Tier 2)	ST; QL (30 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	\$0 - \$9.20 (Tier 2)	QL (2 per 28 days)
VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	\$0 - \$9.20 (Tier 2)	QL (9 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	\$0 - \$9.20 (Tier 2)	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	\$0 - \$9.20 (Tier 2)	QL (60 per 30 days)
Insulins		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 - \$9.20 (Tier 2)	QL (30 per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	\$0 - \$9.20 (Tier 2)	QL (30 per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 - \$9.20 (Tier 2)	QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	\$0 - \$9.20 (Tier 2)	QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	\$0 - \$9.20 (Tier 2)	QL (24 per 28 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 - \$9.20 (Tier 2)	QL (30 per 28 days)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 - \$9.20 (Tier 2)	QL (40 per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	\$0 - \$9.20 (Tier 2)	QL (40 per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	\$0 - \$9.20 (Tier 2)	QL (30 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 - \$9.20 (Tier 2)	QL (30 per 28 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use	
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	\$0 - \$9.20 (Tier 2)	QL (40 per 28 days)	
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 - \$9.20 (Tier 2)	QL (30 per 28 days)	
NOVOLIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML	\$0 - \$9.20 (Tier 2)	QL (40 per 28 days)	
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (Tier 1)	QL (30 per 28 days)	
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	\$0 (Tier 1)	QL (40 per 28 days)	
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	\$0 (Tier 1)	QL (30 per 28 days)	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	\$0 (Tier 1)	QL (30 per 28 days)	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (Tier 1)	QL (40 per 28 days)	
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	\$0 - \$9.20 (Tier 2)	ST; QL (30 per 30 days)	
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	\$0 - \$9.20 (Tier 2)	QL (18 per 28 days)	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	\$0 - \$9.20 (Tier 2)	QL (13.5 per 28 days)	
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	\$0 - \$9.20 (Tier 2)	ST; QL (15 per 28 days)	
Sulfonylureas			
<i>glimepiride oral tablet 1 mg, 2 mg</i>	(Amaryl)	\$0 (Tier 1)	QL (30 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	(Amaryl)	\$0 (Tier 1)	QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	(Glucotrol)	\$0 (Tier 1)	QL (120 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>glipizide oral tablet 5 mg</i> (Glucotrol)	\$0 (Tier 1)	QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i> (Glucotrol XL)	\$0 (Tier 1)	QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg, 5 mg</i> (Glucotrol XL)	\$0 (Tier 1)	QL (30 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	\$0 (Tier 1)	QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i> (Glynase)	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
Antifungals		
Antifungals		
<i>1-day 6.5% ointment 6.5 % *</i>	\$0 (Tier 4)	
<i>3-day vaginal cream 2 % *</i>	\$0 (Tier 4)	
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	\$0 - \$9.20 (Tier 2)	PA BvD
<i>aloe vesta 2% antifungal oint 2 % *</i>	\$0 (Tier 4)	
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	\$0 - \$9.20 (Tier 2)	PA BvD; NDS
<i>amphotericin b injection recon soln 50 mg</i>	\$0 (Tier 1)	PA BvD
<i>anti-fungal 1% powder 1 % *</i>	\$0 (Tier 4)	
<i>baza antifungal 2% cream 12's 2 % *</i>	\$0 (Tier 4)	
<i>blis-to-sol 1% liquid 1 % *</i>	\$0 (Tier 4)	
<i>caspofungin intravenous recon soln 50 mg, 70 mg</i> (Cancidas)	\$0 (Tier 1)	NDS
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	\$0 (Tier 1)	QL (180 per 30 days)
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	\$0 (Tier 1)	QL (19.8 per 30 days)
<i>clotrimazole 1% solution (otc) 1 % *</i>	\$0 (Tier 4)	
<i>clotrimazole 1% topical cream (otc) 1 % *</i> (Antifungal (clotrimazole))	\$0 (Tier 4)	
<i>clotrimazole 1% vaginal cream 1 % *</i> (Clotrimazole-7)	\$0 (Tier 4)	
<i>clotrimazole mucous membrane troche 10 mg</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	\$0 (Tier 1)	
<i>clotrimazole-7 vaginal cream 1 % *</i>	\$0 (Tier 4)	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>critic-aid clear af 2% oint 12's, w/ antifungal 2 % *</i>	\$0 (Tier 4)	
<i>cvs anti-fungal 2% powder 2 % *</i>	\$0 (Tier 4)	
<i>cvs clotrimazole 1% top cream (otc) 1 % *</i> (Antifungal (clotrimazole))	\$0 (Tier 4)	
<i>cvs miconazole 1 combo pack 1,200-2 mg-% *</i> (Monistat 1 Combo Pack)	\$0 (Tier 4)	
<i>cvs miconazole 3 combo pack 4 % (200 mg)- 2 % (9 gram) *</i>	\$0 (Tier 4)	
<i>dermafungal 2% ointment 2 % *</i>	\$0 (Tier 4)	
<i>desenex 2% powder 2 % *</i>	\$0 (Tier 4)	
<i>econazole topical cream 1 %</i>	\$0 (Tier 1)	QL (170 per 30 days)
<i>eq athlete's foot 1% cream 1 % *</i>	\$0 (Tier 4)	
<i>eq jock itch 1% cream 1 % *</i>	\$0 (Tier 4)	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i>	\$0 (Tier 1)	PA BvD
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i> (Diflucan)	\$0 (Tier 1)	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Diflucan)	\$0 (Tier 1)	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	\$0 (Tier 1)	NDS
<i>formula 3 antifungal 1% soln 1 % *</i>	\$0 (Tier 4)	
<i>fungoid-d 1% cream 1 % *</i>	\$0 (Tier 4)	
<i>gnp athlete's foot 1% cream 1 % *</i>	\$0 (Tier 4)	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	\$0 (Tier 1)	
<i>griseofulvin microsize oral tablet 500 mg</i>	\$0 (Tier 1)	
<i>inzo antifungal 2% cream 2 % *</i>	\$0 (Tier 4)	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	\$0 (Tier 1)	
<i>jock itch relief 1% cream 1 % *</i>	\$0 (Tier 4)	
<i>ketoconazole oral tablet 200 mg</i>	\$0 (Tier 1)	
<i>ketoconazole topical cream 2 %</i>	\$0 (Tier 1)	QL (180 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>ketoconazole topical shampoo 2 %</i> (Nizoral)	\$0 (Tier 1)	QL (360 per 30 days)
LAMISIL ANTIFUNGAL 1% SPRAY FOR ATHLETES FOOT 1 % *	\$0 (Tier 4)	
<i>micatin 2% antifungal cream 2 % *</i>	\$0 (Tier 4)	
<i>miconazole 2% topical cream 2 % *</i> (Baza Antifungal)	\$0 (Tier 4)	
<i>miconazole 2% vaginal cream w/applicator 2 % *</i> (Monistat 7)	\$0 (Tier 4)	
<i>miconazole 3 combo pack 3 supp w/9gm cream 200 mg- 2 % (9 gram) *</i>	\$0 (Tier 4)	
<i>miconazole 3 kit 3pref app w/lcrm+3wip 4 % (200 mg)- 2 % (9 gram) *</i>	\$0 (Tier 4)	
<i>miconazole 7 100 mg vag supp 100 mg *</i>	\$0 (Tier 4)	
<i>miconazole-3 vaginal suppository 200 mg</i>	\$0 (Tier 1)	
<i>monistat 7 cream 7 applicators 2 % *</i>	\$0 (Tier 4)	
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	\$0 - \$9.20 (Tier 2)	NDS
<i>nyamyc topical powder 100,000 unit/gram</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>nystatin oral suspension 100,000 unit/ml</i>	\$0 (Tier 1)	QL (900 per 30 days)
<i>nystatin oral tablet 500,000 unit</i>	\$0 (Tier 1)	
<i>nystatin topical cream 100,000 unit/gram</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc)	\$0 (Tier 1)	QL (60 per 30 days)
<i>nystop topical powder 100,000 unit/gram</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>posaconazole oral tablet, delayed release (drlec) 100 mg</i> (Noxafil)	\$0 (Tier 1)	NDS
<i>pub athletic foot 1% cream 1 % *</i>	\$0 (Tier 4)	
<i>qc 3 day vaginal 4% cream 200 mg/5 gram (4 %) *</i>	\$0 (Tier 4)	
<i>ra antifungal 1% cream 1 % *</i>	\$0 (Tier 4)	
<i>ra antifungal ringworm 1% crm 1 % *</i>	\$0 (Tier 4)	
<i>ra clotrimazole 1% top cream 1 % *</i>	\$0 (Tier 4)	
<i>ra jock itch cream 1 % *</i>	\$0 (Tier 4)	
<i>ra miconazole 3 combo pack 3 sup, 9gm crm w/lapp 200 mg- 2 % (9 gram) *</i>	\$0 (Tier 4)	
<i>ra tioconazole-1 6.5% oint 6.5 % *</i>	\$0 (Tier 4)	
<i>remedy phytplx antifungal oint 2 % *</i>	\$0 (Tier 4)	

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Name of Drug		What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>sm antifungal 1% topical cream 1 % *</i>		\$0 (Tier 4)	
<i>terbinafine 1% cream 1 % *</i>	(Antifungal (terbinafine))	\$0 (Tier 4)	
<i>terbinafine hcl oral tablet 250 mg</i>		\$0 (Tier 1)	
<i>tolcylen 1% solution 1 % *</i>		\$0 (Tier 4)	
<i>tolnaftate 1% cream 1 % *</i>	(Fungoid-D)	\$0 (Tier 4)	
<i>triple paste af 2% ointment 2 % *</i>		\$0 (Tier 4)	
<i>voriconazole intravenous recon soln 200 mg</i>	(Vfend IV)	\$0 (Tier 1)	PA BvD; NDS
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	(Vfend)	\$0 (Tier 1)	NDS
<i>voriconazole oral tablet 200 mg, 50 mg</i>	(Vfend)	\$0 (Tier 1)	
<i>zeasorb af 2% powder 2 % *</i>		\$0 (Tier 4)	
Antigout Agents			
Antigout Agents, Other			
<i>allopurinol oral tablet 100 mg, 300 mg</i>	(Zyloprim)	\$0 (Tier 1)	
<i>colchicine oral tablet 0.6 mg</i>	(Colcrys)	\$0 - \$9.20 (Tier 2)	PA; QL (120 per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i>	(Uloric)	\$0 (Tier 1)	ST; QL (30 per 30 days)
MITIGARE ORAL CAPSULE 0.6 MG		\$0 (Tier 1)	QL (60 per 30 days)
<i>probenecid oral tablet 500 mg</i>		\$0 (Tier 1)	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>		\$0 (Tier 1)	
Antihistamines			
Antihistamines			
<i>ala-hist ir 2 mg tablet 2 mg *</i>		\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>alavert 10 mg odt 10 mg *</i>		\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>aler-caps 25 mg capsule 25 mg *</i>		\$0 (Tier 4)	PA
<i>alka-seltzer plus allergy tab 25 mg *</i>		\$0 (Tier 4)	PA
<i>all day allergy 10 mg chew tab 10 mg *</i>		\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>aller-chlor 4 mg tablet 4 mg *</i>		\$0 (Tier 4)	PA; AGE (Min 2 Years)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>allergy 4 mg tablet 4 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>allergy relief 25 mg capsule 25 mg *</i>	\$0 (Tier 4)	PA
<i>aller-tec 10 mg tablet 10 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>ambi 10peh-4cpm tablet 4-10 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>aprodine tablet 2.5-60 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>banophen 25 mg capsule 25 mg *</i>	\$0 (Tier 4)	PA
<i>banophen 25 mg tablet 25 mg *</i>	\$0 (Tier 4)	PA
<i>banophen 50 mg capsule 50 mg *</i>	\$0 (Tier 4)	PA
<i>cetirizine hcl 1 mg/ml soln children's (otc) 1 mg/ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>cetirizine hcl 10 mg tablet 10 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>cetirizine hcl 5 mg tablet indoor & outdoor 5 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>cetirizine hcl 5 mg/5 ml soln outer 5 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>child all day allergy 1 mg/ml 1 mg/ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>child allegra allergy 30 mg/5 ml suspension 30 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>child aurodryl 12.5 mg/5 ml 12.5 mg/5 ml *</i>	\$0 (Tier 4)	PA
<i>child benadryl plus congst sol 12.5-5 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>child cetirizine 10 mg chew tb chewable, allergy 10 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>child cetirizine hcl 1 mg/ml alf,sf,children's 1 mg/ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>child dometuss-da liquid 1-2.5 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>child loratadine 5 mg/5 ml sol 5 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>child wal-itin 5 mg/5 ml soln 5 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>child wal-zyr 1 mg/ml solution 1 mg/ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>children's wal-fex 30 mg/5 ml 30 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>child's allergy 12.5 mg/5 ml 12.5 mg/5 ml *</i>	\$0 (Tier 4)	PA
<i>child's wal-dryl 12.5 mg/5 ml children,alf,cherry 12.5 mg/5 ml *</i>	\$0 (Tier 4)	PA
<i>child's wal-zyr 10 mg chew tab 10 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>chlorhist 4 mg tablet 4 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>chlorpheniramine er 12 mg tab 12 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>cold-allergy-sinus oral tablet 2.5-60 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>compoz 25 mg gelcap 25 mg *</i>	\$0 (Tier 4)	PA
<i>conex tablet 2-60 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>cvs allergy relief 5 mg/5 ml children's,non-drwsy 5 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>cvs child allergy 12.5 mg/5 ml 12.5 mg/5 ml *</i>	\$0 (Tier 4)	PA
<i>cvs child allergy rlf 30 mg/5 30 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>cvs child allergy-congest soln 12.5-5 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>cvs cold-cough nighttime liq 6.25-2.5 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>dayhist allergy 1.34 mg tablet 12 hr relief 1.34 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>dexbromphenir-phenyleph 2-10 mg 2-10 mg *</i> (Ala-Hist PE)	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>dimetapp cold-congest liquid 6.25-2.5 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>diphedryl 12.5 mg/5 ml elixir 12.5 mg/5 ml *</i>	\$0 (Tier 4)	PA

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>diphenhist 25 mg capsule 25 mg *</i>	\$0 (Tier 4)	PA
<i>diphenhydramine 12.5 mg/5 ml (otc) 12.5 mg/5 ml *</i>	\$0 (Tier 4)	PA
<i>diphenhydramine 25 mg tablet 25 mg *</i>	\$0 (Tier 4)	PA
<i>diphenhydramine 25 mg/10 ml 12.5 mg/5 ml *</i>	\$0 (Tier 4)	PA
<i>diphenhydramine 50 mg capsule u-d, 10x10 (otc) 50 mg *</i>	\$0 (Tier 4)	PA
<i>diphenhydramine cough syrup 12.5 mg/5 ml *</i>	\$0 (Tier 4)	PA
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	\$0 (Tier 1)	
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	\$0 (Tier 1)	
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>ed a-hist liquid (otc) 4-10 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>ed chlorped jr syrup 2 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>ed-a-hist 4 mg-10 mg tablet 4-10 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>eq allergy & sinus relief tab 25-10 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>eq allergy relief 1 mg/ml soln 1 mg/ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>eq child night time cold-cough liquid 6.25-2.5 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>fexofenadine hcl 180 mg tablet 24hr, original str (otc) 180 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>fexofenadine hcl 30 mg/5 ml 30 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>fexofenadine hcl 60 mg tablet indoor/outdoor (otc) 60 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>geri-dryl 12.5 mg/5 ml liquid 12.5 mg/5 ml *</i>	\$0 (Tier 4)	PA

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>glenmax peb liquid 4-10 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>gnp diphedryl 12.5 mg/5 ml elx 12.5 mg/5 ml *</i>	\$0 (Tier 4)	PA
<i>gs child allergy 12.5 mg/5 ml 12.5 mg/5 ml *</i>	\$0 (Tier 4)	PA
HISTEX 2.5 MG/5 ML SYRUP 2.5 MG/5 ML *	\$0 (Tier 4)	PA; AGE (Min 2 Years)
HISTEX PD 0.938 MG/ML DROP 0.938 MG/ML *	\$0 (Tier 4)	PA; AGE (Min 2 Years)
HISTEX PDX 1.25 MG/ML DROP 1.25 MG/ML *	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>histex-pe syrup 10-2.5 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	\$0 (Tier 1)	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	\$0 (Tier 1)	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>levocetirizine oral solution 2.5 mg/5 ml</i> (Xyzal)	\$0 (Tier 1)	
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	\$0 (Tier 1)	
<i>lohist-d liquid 2-30 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>loradamed 10 mg tablet outer 10 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>loratadine 10 mg odt non-drowsy 10 mg *</i> (Alavert)	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>loratadine 10 mg tablet non-drowsy 10 mg *</i> (Loradamed)	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>maxi-tuss pe liquid 2-5 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>m-dryl 12.5 mg/5 ml solution 12.5 mg/5 ml *</i>	\$0 (Tier 4)	PA
<i>miclara lq 1.25 mg/5 ml syrup 1.25 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>naramin 12.5 mg oral solution 12.5 mg/5 ml *</i>	\$0 (Tier 4)	PA

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>nytol 25 mg quickcaps caplet caplet 25 mg *</i>	\$0 (Tier 4)	PA
<i>promethazine oral syrup 6.25 mg/5 ml</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>pub allergy 12.5 mg/5 ml liq alf, cherry flavor 12.5 mg/5 ml *</i>	\$0 (Tier 4)	PA
<i>qc children's allergy 1 mg/ml 1 mg/ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>q-dryl 25 mg capsule 25 mg *</i>	\$0 (Tier 4)	PA
<i>ra allergy med 25 mg capsule 25 mg *</i>	\$0 (Tier 4)	PA
<i>ra allergy med 25 mg tablet 25 mg *</i>	\$0 (Tier 4)	PA
<i>ra child allergy relf 1 mg/ml 1 mg/ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>ra sleep-aid softgel 25 mg *</i>	\$0 (Tier 4)	PA
<i>ra suphedrine pe cold 4-10 mg 4-10 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>ritifed syrup 1.25-30 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>rynex pse liquid 1-15 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>siladryl 12.5 mg/5 ml liquid alf, s/f 12.5 mg/5 ml *</i>	\$0 (Tier 4)	PA
<i>sm all day allergy 1 mg/ml syr 1 mg/ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>sm allergy relief 1.34 mg tab 1.34 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>sm allergy relief 12.5 mg/5 ml 12.5 mg/5 ml *</i>	\$0 (Tier 4)	PA
<i>sm child all day aller 1 mg/ml 1 mg/ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>sm child cold-allergy liquid childrens 1-2.5 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>sm z-sleep 25 mg softgel 25 mg *</i>	\$0 (Tier 4)	PA
<i>sudogest sinus and allergy tab 4-60 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>total allergy 25 mg tablet 25 mg *</i>	\$0 (Tier 4)	PA

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
TRIAMINIC NIGHTTIME COLD-COUGH CHILDREN'S, GRAPE 6.25-2.5 MG/5 ML *	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>triprolidine 0.313 mg/ml drop 0.313 mg/ml</i> (PediaClear Allergy) *	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>triprolidine 0.625 mg/ml drop 0.625 mg/ml</i> (M-Hist PD) *	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>wal-act d cold & allergy tab 2.5-60 mg</i> *	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>wal-dryl allergy 12.5 mg/5 ml 12.5 mg/5 ml</i> *	\$0 (Tier 4)	PA
<i>wal-dryl allergy 25 mg capsule 25 mg</i> *	\$0 (Tier 4)	PA
<i>wal-dryl allergy 25 mg minitab minitab, coated 25 mg</i> *	\$0 (Tier 4)	PA
<i>wal-fex allergy 180 mg tablet 180 mg</i> *	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>wal-fex allergy 60 mg tablet 60 mg</i> *	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>wal-finate 4 mg tablet 4 mg</i> *	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>wal-itin 10 mg tablet non-drowsy, 24 hr rlf 10 mg</i> *	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>wal-sleep z 25 mg softgel 25 mg</i> *	\$0 (Tier 4)	PA
<i>wal-tap elixir 1-2.5 mg/5 ml</i> *	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>wal-zyr 10 mg tablet 10 mg</i> *	\$0 (Tier 4)	PA; AGE (Min 2 Years)
Anti-Infectives (Skin And Mucous Membrane)		
Anti-Infectives (Skin And Mucous Membrane)		
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	\$0 (Tier 1)	
<i>metronidazole vaginal gel 0.75 %</i> (Metrogel Vaginal)	\$0 (Tier 1)	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	\$0 (Tier 1)	
<i>terconazole vaginal suppository 80 mg</i>	\$0 (Tier 1)	
Antivirals (Skin And Mucous Membrane)		
ABREVA 10% CREAM 10 % *	\$0 (Tier 4)	
<i>docosanol 10% cream 10 %</i> * (Abreva)	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
Antimigraine Agents		
Antimigraine Agents		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	\$0 - \$9.20 (Tier 2)	PA; QL (1 per 30 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	\$0 - \$9.20 (Tier 2)	PA; QL (1.5 per 30 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	\$0 - \$9.20 (Tier 2)	PA; QL (1.5 per 30 days)
<i>dihydroergotamine injection solution 1 mg/ml</i> (D.H.E.45)	\$0 (Tier 1)	QL (24 per 28 days); NDS
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	\$0 - \$9.20 (Tier 2)	QL (8 per 28 days); NDS
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	\$0 - \$9.20 (Tier 2)	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	\$0 - \$9.20 (Tier 2)	PA; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	\$0 - \$9.20 (Tier 2)	PA; QL (3 per 30 days)
ERGOMAR SUBLINGUAL TABLET 2 MG	\$0 (Tier 1)	QL (20 per 28 days); NDS
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	\$0 (Tier 1)	QL (12 per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	\$0 (Tier 1)	QL (12 per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg</i> (Maxalt-MLT)	\$0 (Tier 1)	QL (12 per 30 days)
<i>rizatriptan oral tablet, disintegrating 5 mg</i>	\$0 (Tier 1)	QL (12 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/lactuation</i> (Imitrex)	\$0 (Tier 1)	QL (12 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/lactuation</i> (Imitrex)	\$0 (Tier 1)	QL (18 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i> (Imitrex)	\$0 (Tier 1)	QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i> (Imitrex)	\$0 (Tier 1)	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i> (Imitrex STATdose Refill)	\$0 (Tier 1)	QL (4 per 28 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	(Imitrex STATdose Pen)	\$0 (Tier 1) QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	(Imitrex)	\$0 (Tier 1) QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>		\$0 (Tier 1) QL (4 per 28 days)
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML	\$0 - \$9.20 (Tier 2)	PA; QL (1 per 30 days)
Antimycobacterials		
Antimycobacterials		
CAPASTAT INJECTION RECON SOLN 1 GRAM	\$0 - \$9.20 (Tier 2)	
<i>dapsone oral tablet 100 mg, 25 mg</i>	\$0 (Tier 1)	
<i>ethambutol oral tablet 100 mg</i>	\$0 (Tier 1)	
<i>ethambutol oral tablet 400 mg</i>	(Myambutol)	\$0 (Tier 1)
<i>isoniazid oral solution 50 mg/5 ml</i>		\$0 (Tier 1)
<i>isoniazid oral tablet 100 mg, 300 mg</i>		\$0 (Tier 1)
PRETOMANID ORAL TABLET 200 MG	\$0 - \$9.20 (Tier 2)	QL (30 per 30 days)
PRIFTIN ORAL TABLET 150 MG	\$0 - \$9.20 (Tier 2)	
<i>pyrazinamide oral tablet 500 mg</i>		\$0 (Tier 1)
<i>rifabutin oral capsule 150 mg</i>	(Mycobutin)	\$0 (Tier 1)
<i>rifampin intravenous recon soln 600 mg</i>	(Rifadin)	\$0 (Tier 1)
<i>rifampin oral capsule 150 mg, 300 mg</i>	(Rifadin)	\$0 (Tier 1)
SIRTURO ORAL TABLET 100 MG, 20 MG	\$0 - \$9.20 (Tier 2)	PA; NDS
TRECATOR ORAL TABLET 250 MG	\$0 - \$9.20 (Tier 2)	
Antinausea Agents		
Antinausea Agents		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG	\$0 - \$9.20 (Tier 2)	
AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION 235 MG-0.25 MG /20 ML	\$0 - \$9.20 (Tier 2)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	\$0 - \$9.20 (Tier 2)	PA BvD
<i>aprepitant oral capsule 125 mg</i>	\$0 (Tier 1)	PA BvD; QL (2 per 28 days)
<i>aprepitant oral capsule 40 mg</i> (Emend)	\$0 (Tier 1)	PA BvD; QL (1 per 28 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	\$0 (Tier 1)	PA BvD; QL (4 per 28 days)
<i>aprepitant oral capsule, dose pack 125 mg (1) - 80 mg (2)</i> (Emend)	\$0 (Tier 1)	PA BvD; QL (6 per 28 days)
CINVANTI INTRAVENOUS EMULSION 7.2 MG/ML	\$0 - \$9.20 (Tier 2)	QL (36 per 28 days)
<i>compro rectal suppository 25 mg</i>	\$0 (Tier 1)	
<i>cvs motion sickness 50 mg tab 50 mg *</i>	\$0 (Tier 4)	
<i>cvs motion sickness ii tablet 25 mg *</i>	\$0 (Tier 4)	
<i>cvs motion sickness relief tab chewable tablet 25 mg *</i>	\$0 (Tier 4)	
<i>dimenhydrinate injection solution 50 mg/ml</i>	\$0 (Tier 1)	
<i>dramamine 50 mg tablet 50 mg *</i>	\$0 (Tier 4)	
<i>dramamine less drowsy 25 mg tb 25 mg *</i>	\$0 (Tier 4)	
<i>drimate 50 mg tablet 50 mg *</i>	\$0 (Tier 4)	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	\$0 (Tier 1)	PA; QL (60 per 30 days)
<i>droperidol injection solution 2.5 mg/ml</i>	\$0 (Tier 1)	
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ML FINAL CONC.)	\$0 - \$9.20 (Tier 2)	PA BvD; QL (6 per 28 days)
<i>eql motion sickness 25 mg tab 25 mg *</i>	\$0 (Tier 4)	
<i>fosaprepitant intravenous recon soln 150 mg</i> (Emend (fosaprepitant))	\$0 (Tier 1)	QL (2 per 28 days)
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml), 100 mcg/ml</i>	\$0 (Tier 1)	
<i>granisetron hcl intravenous solution 1 mg/ml</i>	\$0 (Tier 1)	
<i>granisetron hcl oral tablet 1 mg</i>	\$0 (Tier 1)	PA BvD
<i>meclizine 12.5 mg caplet (otc) 12.5 mg *</i>	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>meclizine 25 mg tablet (otc) 25 mg *</i> (Dramamine Less Drowsy)	\$0 (Tier 4)	
<i>meclizine oral tablet 12.5 mg</i>	\$0 (Tier 1)	
<i>meclizine oral tablet 25 mg</i> (Dramamine Less Drowsy)	\$0 (Tier 1)	
<i>medi-meclizine 25 mg tablet outer, flc 25 mg *</i>	\$0 (Tier 4)	
<i>motion relief 25 mg tablet 25 mg *</i>	\$0 (Tier 4)	
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	\$0 (Tier 1)	
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	\$0 (Tier 1)	
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	\$0 (Tier 1)	
<i>ondansetron hcl oral tablet 24 mg</i>	\$0 (Tier 1)	PA BvD
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i> (Zofran)	\$0 (Tier 1)	PA BvD
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	\$0 (Tier 1)	PA BvD
<i>phenadoz rectal suppository 12.5 mg, 25 mg</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml</i>	\$0 (Tier 1)	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	\$0 (Tier 1)	
<i>prochlorperazine rectal suppository 25 mg</i> (Compro)	\$0 (Tier 1)	
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i> (Phenergan)	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i> (Promethegan)	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>ra motion sickness rlf tb chew raspberry flavor 25 mg *</i>	\$0 (Tier 4)	
<i>ra travel sickness 50 mg tab 50 mg *</i>	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	\$0 (Tier 1)	PA-HRM; QL (10 per 30 days); AGE (Max 64 Years)
<i>sm motion sickness 25 mg tab 25 mg *</i>	\$0 (Tier 4)	
<i>travel sickness 25 mg tab chew 25 mg *</i>	\$0 (Tier 4)	
<i>travel-ease 25 mg tablet 25 mg *</i>	\$0 (Tier 4)	
<i>verticalm 25 mg tablet 25 mg *</i>	\$0 (Tier 4)	
<i>wal-dram 50 mg tablet 50 mg *</i>	\$0 (Tier 4)	
<i>wal-dram-2 25 mg tablet 25 mg *</i>	\$0 (Tier 4)	
Antiparasite Agents		
Antiparasite Agents		
<i>albendazole oral tablet 200 mg</i> (Albenza)	\$0 (Tier 1)	NDS
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	\$0 - \$9.20 (Tier 2)	NDS
ALINIA ORAL TABLET 500 MG	\$0 - \$9.20 (Tier 2)	NDS
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	\$0 (Tier 1)	NDS
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	\$0 (Tier 1)	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	\$0 (Tier 1)	
<i>chloroquine phosphate oral tablet 250 mg</i>	\$0 (Tier 1)	QL (50 per 30 days)
<i>chloroquine phosphate oral tablet 500 mg</i>	\$0 (Tier 1)	QL (25 per 30 days)
COARTEM ORAL TABLET 20-120 MG	\$0 - \$9.20 (Tier 2)	
<i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)	\$0 (Tier 1)	QL (90 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG	\$0 - \$9.20 (Tier 2)	PA; QL (84 per 28 days); NDS
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	\$0 (Tier 1)	
KRINTAFEL ORAL TABLET 150 MG	\$0 - \$9.20 (Tier 2)	
<i>mefloquine oral tablet 250 mg</i>	\$0 (Tier 1)	
<i>paromomycin oral capsule 250 mg</i>	\$0 (Tier 1)	
<i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)	\$0 (Tier 1)	PA BvD
<i>pentamidine injection recon soln 300 mg</i> (Pentam)	\$0 (Tier 1)	
<i>pinworm medicine 144 mg/ml 50 mg/ml *</i>	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
PRIMAQUINE ORAL TABLET 26.3 MG	\$0 (Tier 1)	
<i>pyrimethamine oral tablet 25 mg</i> (Daraprim)	\$0 (Tier 1)	PA; NDS
<i>reese's pinworm 144 mg/ml susp 50 mg/ml</i> *	\$0 (Tier 4)	
Antiparkinsonian Agents		
Antiparkinsonian Agents		
<i>amantadine hcl oral capsule 100 mg</i>	\$0 (Tier 1)	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	\$0 (Tier 1)	
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	\$0 - \$9.20 (Tier 2)	PA; QL (60 per 30 days); NDS
<i>benztropine injection solution 1 mg/ml</i> (Cogentin)	\$0 (Tier 1)	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	
<i>bromocriptine oral capsule 5 mg</i> (Parlodel)	\$0 (Tier 1)	
<i>bromocriptine oral tablet 2.5 mg</i> (Parlodel)	\$0 (Tier 1)	
<i>cabergoline oral tablet 0.5 mg</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i> (Sinemet)	\$0 (Tier 1)	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	\$0 (Tier 1)	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg</i> (Stalevo 50)	\$0 - \$9.20 (Tier 2)	
<i>carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg</i> (Stalevo 75)	\$0 - \$9.20 (Tier 2)	
<i>carbidopa-levodopa-entacapone oral tablet 25-100-200 mg</i> (Stalevo 100)	\$0 - \$9.20 (Tier 2)	
<i>carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg</i> (Stalevo 125)	\$0 - \$9.20 (Tier 2)	
<i>carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg</i> (Stalevo 150)	\$0 - \$9.20 (Tier 2)	
<i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i> (Stalevo 200)	\$0 - \$9.20 (Tier 2)	
<i>entacapone oral tablet 200 mg</i> (Comtan)	\$0 (Tier 1)	
GOCOVRI ORAL CAPSULE, EXTENDED RELEASE 24HR 137 MG	\$0 - \$9.20 (Tier 2)	PA; QL (60 per 30 days); NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 68.5 MG	\$0 - \$9.20 (Tier 2)	PA; QL (30 per 30 days); NDS
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	\$0 - \$9.20 (Tier 2)	PA; QL (300 per 30 days); NDS
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	\$0 - \$9.20 (Tier 2)	PA; QL (150 per 30 days); NDS
KYNMOBI SUBLINGUAL FILM 10-15-20-25-30 MG	\$0 - \$9.20 (Tier 2)	PA; NDS
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	\$0 - \$9.20 (Tier 2)	QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG	\$0 - \$9.20 (Tier 2)	ST; QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 322 MG/DAY(129 MG X1-193MG X1)	\$0 - \$9.20 (Tier 2)	ST; QL (60 per 30 days)
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> (Mirapex)	\$0 (Tier 1)	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	\$0 (Tier 1)	
<i>ropinirole oral tablet 0.25 mg, 3 mg, 5 mg</i> (Requip)	\$0 (Tier 1)	
<i>ropinirole oral tablet 0.5 mg, 1 mg, 2 mg, 4 mg</i>	\$0 (Tier 1)	
<i>selegiline hcl oral capsule 5 mg</i>	\$0 (Tier 1)	
<i>selegiline hcl oral tablet 5 mg</i>	\$0 (Tier 1)	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	\$0 (Tier 1)	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	\$0 (Tier 1)	
XADAGO ORAL TABLET 100 MG, 50 MG	\$0 - \$9.20 (Tier 2)	PA; QL (30 per 30 days); NDS
Antipsychotic Agents		
Antipsychotic Agents		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	\$0 - \$9.20 (Tier 2)	QL (1 per 28 days); NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	\$0 - \$9.20 (Tier 2)	QL (1 per 28 days); NDS
<i>aripiprazole oral solution 1 mg/ml</i>	\$0 (Tier 1)	QL (900 per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	\$0 (Tier 1)	QL (30 per 30 days)
<i>aripiprazole oral tablet 2 mg</i> (Abilify)	\$0 (Tier 1)	QL (60 per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	\$0 (Tier 1)	ST; QL (90 per 30 days); NDS
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	\$0 (Tier 1)	ST; QL (60 per 30 days); NDS
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	\$0 - \$9.20 (Tier 2)	QL (4.8 per 365 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	\$0 - \$9.20 (Tier 2)	QL (3.9 per 56 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	\$0 - \$9.20 (Tier 2)	QL (1.6 per 28 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	\$0 - \$9.20 (Tier 2)	QL (2.4 per 28 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	\$0 - \$9.20 (Tier 2)	QL (3.2 per 28 days); NDS
CAPLYTA ORAL CAPSULE 42 MG	\$0 - \$9.20 (Tier 2)	ST; QL (30 per 30 days); NDS
<i>chlorpromazine injection solution 25 mg/ml</i>	\$0 (Tier 1)	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>clozapine oral tablet 100 mg</i> (Clozaril)	\$0 (Tier 1)	QL (270 per 30 days)
<i>clozapine oral tablet 200 mg</i> (Clozaril)	\$0 (Tier 1)	QL (135 per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i> (Clozaril)	\$0 (Tier 1)	QL (90 per 30 days)
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg</i>	\$0 (Tier 1)	ST; QL (90 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>clozapine oral tablet, disintegrating 150 mg</i>	\$0 (Tier 1)	ST; QL (180 per 30 days)
<i>clozapine oral tablet, disintegrating 200 mg</i>	\$0 (Tier 1)	ST; QL (120 per 30 days); NDS
FANAPT ORAL TABLET 1 MG, 2 MG	\$0 - \$9.20 (Tier 2)	ST; QL (60 per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	\$0 - \$9.20 (Tier 2)	ST; QL (60 per 30 days); NDS
FANAPT ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)- 4MG(2)- 6MG(2)	\$0 - \$9.20 (Tier 2)	ST
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	\$0 (Tier 1)	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	\$0 (Tier 1)	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	\$0 (Tier 1)	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	\$0 (Tier 1)	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<i>haloperidol decanoate intramuscular solution 100 mg/ml</i> (Haldol Decanoate)	\$0 (Tier 1)	
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml)</i>	\$0 (Tier 1)	
<i>haloperidol decanoate intramuscular solution 50 mg/ml</i> (Haldol Decanoate)	\$0 (Tier 1)	
<i>haloperidol decanoate intramuscular solution 50 mg/ml (1ml)</i>	\$0 (Tier 1)	
<i>haloperidol lactate injection solution 5 mg/ml</i> (Haldol)	\$0 (Tier 1)	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	\$0 (Tier 1)	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	\$0 (Tier 1)	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	\$0 - \$9.20 (Tier 2)	QL (0.75 per 28 days); NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	\$0 - \$9.20 (Tier 2)	QL (1 per 28 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	\$0 - \$9.20 (Tier 2)	QL (1.5 per 28 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	\$0 - \$9.20 (Tier 2)	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	\$0 - \$9.20 (Tier 2)	QL (0.5 per 28 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	\$0 - \$9.20 (Tier 2)	QL (0.875 per 84 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	\$0 - \$9.20 (Tier 2)	QL (1.315 per 84 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	\$0 - \$9.20 (Tier 2)	QL (1.75 per 84 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	\$0 - \$9.20 (Tier 2)	QL (2.625 per 84 days); NDS
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	\$0 - \$9.20 (Tier 2)	QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	\$0 - \$9.20 (Tier 2)	QL (60 per 30 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	\$0 (Tier 1)	
<i>molindone oral tablet 10 mg</i>	\$0 (Tier 1)	QL (240 per 30 days)
<i>molindone oral tablet 25 mg</i>	\$0 (Tier 1)	QL (270 per 30 days)
<i>molindone oral tablet 5 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (30 per 30 days); NDS
NUPLAZID ORAL TABLET 10 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (30 per 30 days); NDS
<i>olanzapine intramuscular recon soln 10 mg (Zyprexa)</i>	\$0 (Tier 1)	QL (30 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa)	\$0 (Tier 1)	QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)	\$0 (Tier 1)	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg</i> (Invega)	\$0 (Tier 1)	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)	\$0 (Tier 1)	QL (60 per 30 days)
<i>paliperidone oral tablet extended release 24hr 9 mg</i> (Invega)	\$0 (Tier 1)	QL (30 per 30 days); NDS
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION, EXTEND REL SYR KIT 120 MG, 90 MG	\$0 - \$9.20 (Tier 2)	QL (1 per 30 days); NDS
<i>pimozide oral tablet 1 mg, 2 mg</i>	\$0 (Tier 1)	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	\$0 (Tier 1)	QL (90 per 30 days)
REXULTI ORAL TABLET 0.25 MG	\$0 - \$9.20 (Tier 2)	ST; QL (120 per 30 days); NDS
REXULTI ORAL TABLET 0.5 MG	\$0 - \$9.20 (Tier 2)	ST; QL (60 per 30 days); NDS
REXULTI ORAL TABLET 1 MG, 2 MG, 3 MG, 4 MG	\$0 - \$9.20 (Tier 2)	ST; QL (30 per 30 days); NDS
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	\$0 - \$9.20 (Tier 2)	QL (4 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	\$0 - \$9.20 (Tier 2)	QL (4 per 28 days); NDS
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	\$0 (Tier 1)	QL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	\$0 (Tier 1)	QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>risperidone oral tablet, disintegrating 3 mg, 4 mg</i>	\$0 (Tier 1)	QL (120 per 30 days)
SAPHRIS SUBLINGUAL TABLET 10 MG	\$0 - \$9.20 (Tier 2)	ST; QL (60 per 30 days); NDS
SAPHRIS SUBLINGUAL TABLET 2.5 MG, 5 MG	\$0 - \$9.20 (Tier 2)	ST; QL (60 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	\$0 - \$9.20 (Tier 2)	ST; QL (30 per 30 days); NDS
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	\$0 - \$9.20 (Tier 2)	ST; QL (540 per 30 days); NDS
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	\$0 - \$9.20 (Tier 2)	ST; QL (30 per 30 days); NDS
VRAYLAR ORAL CAPSULE, DOSE PACK 1.5 MG (1)- 3 MG (6)	\$0 - \$9.20 (Tier 2)	ST
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	\$0 (Tier 1)	QL (60 per 30 days)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i> (Geodon)	\$0 (Tier 1)	QL (6 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	\$0 - \$9.20 (Tier 2)	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	\$0 - \$9.20 (Tier 2)	QL (2 per 28 days); NDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	\$0 - \$9.20 (Tier 2)	QL (1 per 28 days); NDS
Antivirals (Systemic)		
Antiretrovirals		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	\$0 (Tier 1)	
<i>abacavir oral tablet 300 mg</i> (Ziagen)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>abacavir-lamivudine oral tablet 600-300 mg</i> (Epzicom)	\$0 (Tier 1)	
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i> (Trizivir)	\$0 (Tier 1)	NDS
APTIVUS (WITH VITAMIN E) ORAL SOLUTION 100 MG/ML	\$0 - \$9.20 (Tier 2)	NDS
APTIVUS ORAL CAPSULE 250 MG	\$0 - \$9.20 (Tier 2)	NDS
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i> (Reyataz)	\$0 (Tier 1)	
ATRIPLA ORAL TABLET 600-200-300 MG	\$0 - \$9.20 (Tier 2)	NDS
BIKTARVY ORAL TABLET 50-200-25 MG	\$0 - \$9.20 (Tier 2)	NDS
CIMDUO ORAL TABLET 300-300 MG	\$0 - \$9.20 (Tier 2)	NDS
COMPLERA ORAL TABLET 200-25-300 MG	\$0 - \$9.20 (Tier 2)	NDS
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	\$0 - \$9.20 (Tier 2)	
DELSTRIGO ORAL TABLET 100-300-300 MG	\$0 - \$9.20 (Tier 2)	NDS
DESCOVY ORAL TABLET 200-25 MG	\$0 - \$9.20 (Tier 2)	NDS
<i>didanosine oral capsule, delayed release(drlec) 125 mg, 200 mg, 250 mg, 400 mg</i>	\$0 (Tier 1)	
DOVATO ORAL TABLET 50-300 MG	\$0 - \$9.20 (Tier 2)	NDS
EDURANT ORAL TABLET 25 MG	\$0 - \$9.20 (Tier 2)	NDS
<i>efavirenz oral capsule 200 mg</i> (Sustiva)	\$0 (Tier 1)	NDS
<i>efavirenz oral capsule 50 mg</i> (Sustiva)	\$0 (Tier 1)	
<i>efavirenz oral tablet 600 mg</i> (Sustiva)	\$0 (Tier 1)	
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	\$0 (Tier 1)	
EMTRIVA ORAL CAPSULE 200 MG	\$0 - \$9.20 (Tier 2)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
EMTRIVA ORAL SOLUTION 10 MG/ML	\$0 - \$9.20 (Tier 2)	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	\$0 - \$9.20 (Tier 2)	
EVOTAZ ORAL TABLET 300-150 MG	\$0 - \$9.20 (Tier 2)	NDS
<i>fosamprenavir oral tablet 700 mg</i> (Lexiva)	\$0 (Tier 1)	NDS
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	\$0 - \$9.20 (Tier 2)	NDS
GENVOYA ORAL TABLET 150-150-200-10 MG	\$0 - \$9.20 (Tier 2)	NDS
INTELENCE ORAL TABLET 100 MG, 200 MG	\$0 - \$9.20 (Tier 2)	NDS
INTELENCE ORAL TABLET 25 MG	\$0 - \$9.20 (Tier 2)	
INVIRASE ORAL TABLET 500 MG	\$0 - \$9.20 (Tier 2)	NDS
ISENTRESS HD ORAL TABLET 600 MG	\$0 - \$9.20 (Tier 2)	NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	\$0 - \$9.20 (Tier 2)	
ISENTRESS ORAL TABLET 400 MG	\$0 - \$9.20 (Tier 2)	NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	\$0 - \$9.20 (Tier 2)	
JULUCA ORAL TABLET 50-25 MG	\$0 - \$9.20 (Tier 2)	NDS
KALETRA ORAL TABLET 100-25 MG	\$0 - \$9.20 (Tier 2)	QL (300 per 30 days)
KALETRA ORAL TABLET 200-50 MG	\$0 - \$9.20 (Tier 2)	QL (120 per 30 days); NDS
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	\$0 (Tier 1)	
<i>lamivudine oral tablet 100 mg</i> (Epivir HBV)	\$0 (Tier 1)	
<i>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir)	\$0 (Tier 1)	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i> (Combivir)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
LEXIVA ORAL SUSPENSION 50 MG/ML	\$0 - \$9.20 (Tier 2)	
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	\$0 (Tier 1)	QL (480 per 30 days)
<i>nevirapine oral suspension 50 mg/5 ml</i> (Viramune)	\$0 (Tier 1)	
<i>nevirapine oral tablet 200 mg</i> (Viramune)	\$0 (Tier 1)	
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	\$0 (Tier 1)	
<i>nevirapine oral tablet extended release 24 hr 400 mg</i> (Viramune XR)	\$0 (Tier 1)	
NORVIR ORAL POWDER IN PACKET 100 MG	\$0 - \$9.20 (Tier 2)	
NORVIR ORAL SOLUTION 80 MG/ML	\$0 - \$9.20 (Tier 2)	
ODEFSEY ORAL TABLET 200-25-25 MG	\$0 - \$9.20 (Tier 2)	NDS
PIFELTRO ORAL TABLET 100 MG	\$0 - \$9.20 (Tier 2)	NDS
PREZCOBIX ORAL TABLET 800-150 MG-MG	\$0 - \$9.20 (Tier 2)	NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	\$0 - \$9.20 (Tier 2)	NDS
PREZISTA ORAL TABLET 150 MG, 600 MG, 800 MG	\$0 - \$9.20 (Tier 2)	NDS
PREZISTA ORAL TABLET 75 MG	\$0 - \$9.20 (Tier 2)	
RESCRIPTOR ORAL TABLET 200 MG	\$0 - \$9.20 (Tier 2)	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	\$0 - \$9.20 (Tier 2)	
REYATAZ ORAL POWDER IN PACKET 50 MG	\$0 - \$9.20 (Tier 2)	NDS
<i>ritonavir oral tablet 100 mg</i> (Norvir)	\$0 (Tier 1)	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	\$0 - \$9.20 (Tier 2)	NDS
SELZENTRY ORAL SOLUTION 20 MG/ML	\$0 - \$9.20 (Tier 2)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	\$0 - \$9.20 (Tier 2)	NDS
SELZENTRY ORAL TABLET 25 MG	\$0 - \$9.20 (Tier 2)	
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 1)	
STRIBILD ORAL TABLET 150-150-200-300 MG	\$0 - \$9.20 (Tier 2)	NDS
SYMFI LO ORAL TABLET 400-300-300 MG	\$0 - \$9.20 (Tier 2)	NDS
SYMFI ORAL TABLET 600-300-300 MG	\$0 - \$9.20 (Tier 2)	NDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	\$0 - \$9.20 (Tier 2)	NDS
TEMIXYS ORAL TABLET 300-300 MG	\$0 - \$9.20 (Tier 2)	NDS
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	\$0 (Tier 1)	
TIVICAY ORAL TABLET 10 MG	\$0 - \$9.20 (Tier 2)	
TIVICAY ORAL TABLET 25 MG, 50 MG	\$0 - \$9.20 (Tier 2)	NDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	\$0 - \$9.20 (Tier 2)	
TRIUMEQ ORAL TABLET 600-50-300 MG	\$0 - \$9.20 (Tier 2)	NDS
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	\$0 - \$9.20 (Tier 2)	NDS
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	\$0 - \$9.20 (Tier 2)	NDS
VEMLIDY ORAL TABLET 25 MG	\$0 - \$9.20 (Tier 2)	QL (30 per 30 days); NDS
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)	\$0 - \$9.20 (Tier 2)	
VIRACEPT ORAL TABLET 250 MG, 625 MG	\$0 - \$9.20 (Tier 2)	NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	\$0 - \$9.20 (Tier 2)	NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	\$0 - \$9.20 (Tier 2)	NDS
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	\$0 (Tier 1)	
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	\$0 (Tier 1)	
<i>zidovudine oral tablet 300 mg</i>	\$0 (Tier 1)	
Antivirals, Miscellaneous		
<i>foscarnet intravenous solution 24 mg/ml</i> (Foscavir)	\$0 (Tier 1)	PA BvD
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	\$0 (Tier 1)	QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg</i> (Tamiflu)	\$0 (Tier 1)	QL (48 per 180 days)
<i>oseltamivir oral capsule 75 mg</i> (Tamiflu)	\$0 (Tier 1)	QL (42 per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	\$0 (Tier 1)	QL (540 per 180 days)
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML	\$0 - \$9.20 (Tier 2)	PA; QL (336 per 28 days); NDS
PREVYMIS INTRAVENOUS SOLUTION 480 MG/24 ML	\$0 - \$9.20 (Tier 2)	PA; QL (672 per 28 days); NDS
PREVYMIS ORAL TABLET 240 MG, 480 MG	\$0 - \$9.20 (Tier 2)	PA; QL (28 per 28 days); NDS
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	\$0 - \$9.20 (Tier 2)	QL (60 per 180 days)
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	\$0 (Tier 1)	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	\$0 - \$9.20 (Tier 2)	PA; NDS
XOFLUZA ORAL TABLET 20 MG, 40 MG	\$0 - \$9.20 (Tier 2)	QL (4 per 180 days)
Hcv Antivirals		
EPCLUSA ORAL TABLET 400-100 MG	\$0 - \$9.20 (Tier 2)	PA; QL (28 per 28 days); NDS
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	\$0 - \$9.20 (Tier 2)	PA; QL (28 per 28 days); NDS
HARVONI ORAL PELLETS IN PACKET 45-200 MG	\$0 - \$9.20 (Tier 2)	PA; QL (56 per 28 days); NDS
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	\$0 - \$9.20 (Tier 2)	PA; QL (28 per 28 days); NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i> (Harvoni)	\$0 - \$9.20 (Tier 2)	PA; QL (28 per 28 days); NDS
MAVYRET ORAL TABLET 100-40 MG	\$0 - \$9.20 (Tier 2)	PA; QL (84 per 28 days); NDS
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i> (Epclusa)	\$0 - \$9.20 (Tier 2)	PA; QL (28 per 28 days); NDS
SOVALDI ORAL PELLETS IN PACKET 150 MG	\$0 - \$9.20 (Tier 2)	PA; QL (28 per 28 days); NDS
SOVALDI ORAL PELLETS IN PACKET 200 MG	\$0 - \$9.20 (Tier 2)	PA; QL (56 per 28 days); NDS
SOVALDI ORAL TABLET 200 MG, 400 MG	\$0 - \$9.20 (Tier 2)	PA; QL (28 per 28 days); NDS
VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG	\$0 - \$9.20 (Tier 2)	PA; NDS
VOSEVI ORAL TABLET 400-100-100 MG	\$0 - \$9.20 (Tier 2)	PA; QL (28 per 28 days); NDS
ZEPATIER ORAL TABLET 50-100 MG	\$0 - \$9.20 (Tier 2)	PA; QL (30 per 30 days); NDS
Interferons		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	\$0 - \$9.20 (Tier 2)	PA NSO; NDS
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	\$0 - \$9.20 (Tier 2)	PA NSO; NDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	\$0 - \$9.20 (Tier 2)	NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	\$0 - \$9.20 (Tier 2)	NDS
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	\$0 - \$9.20 (Tier 2)	NDS
Nucleosides And Nucleotides		
<i>acyclovir oral capsule 200 mg</i>	\$0 (Tier 1)	
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	\$0 (Tier 1)	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>acyclovir sodium intravenous recon soln 1,000 mg, 500 mg</i>	\$0 (Tier 1)	PA BvD
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	\$0 (Tier 1)	PA BvD
<i>adefovir oral tablet 10 mg</i> (Hepsera)	\$0 (Tier 1)	NDS
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	\$0 (Tier 1)	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	\$0 (Tier 1)	
<i>ganciclovir sodium intravenous recon soln 500 mg</i> (Cytovene)	\$0 (Tier 1)	PA BvD; NDS
<i>ganciclovir sodium intravenous solution 50 mg/ml</i>	\$0 (Tier 1)	PA BvD; NDS
<i>ribasphere oral capsule 200 mg</i>	\$0 (Tier 1)	
<i>ribasphere oral tablet 600 mg</i>	\$0 (Tier 1)	NDS
<i>ribavirin inhalation recon soln 6 gram</i> (Virazole)	\$0 (Tier 1)	PA BvD; NDS
<i>ribavirin oral capsule 200 mg</i>	\$0 (Tier 1)	
<i>ribavirin oral tablet 200 mg</i>	\$0 (Tier 1)	
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	\$0 (Tier 1)	
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	\$0 (Tier 1)	
Blood Products/Modifiers/Volume		
Expanders		
Anticoagulants		
BEVYXXA ORAL CAPSULE 40 MG, 80 MG	\$0 - \$9.20 (Tier 2)	QL (43 per 42 days)
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	\$0 - \$9.20 (Tier 2)	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	\$0 - \$9.20 (Tier 2)	QL (60 per 30 days)
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)	\$0 (Tier 1)	QL (30 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i> (Lovenox)	\$0 (Tier 1)	QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i> (Lovenox)	\$0 (Tier 1)	QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i> (Lovenox)	\$0 (Tier 1)	QL (18 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i> (Lovenox)	\$0 (Tier 1)	QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i> (Lovenox)	\$0 (Tier 1)	QL (36 per 30 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i> (Arixtra)	\$0 (Tier 1)	NDS
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	\$0 (Tier 1)	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	\$0 (Tier 1)	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	\$0 (Tier 1)	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	\$0 (Tier 1)	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	\$0 (Tier 1)	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	\$0 (Tier 1)	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	\$0 (Tier 1)	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	\$0 - \$9.20 (Tier 2)	ST; QL (60 per 30 days)
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Jantoven)	\$0 (Tier 1)	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	\$0 - \$9.20 (Tier 2)	
XARELTO ORAL TABLET 10 MG, 20 MG	\$0 - \$9.20 (Tier 2)	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	\$0 - \$9.20 (Tier 2)	QL (60 per 30 days)
Blood Formation Modifiers		
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	\$0 - \$9.20 (Tier 2)	PA; QL (20 per 30 days); NDS
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	\$0 - \$9.20 (Tier 2)	PA; QL (15 per 30 days); NDS
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	\$0 - \$9.20 (Tier 2)	PA; QL (15 per 30 days); NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	\$0 - \$9.20 (Tier 2)	PA; QL (60 per 30 days); NDS
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	\$0 - \$9.20 (Tier 2)	PA; NDS
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	\$0 - \$9.20 (Tier 2)	PA; NDS
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	\$0 - \$9.20 (Tier 2)	PA; NDS
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	\$0 - \$9.20 (Tier 2)	PA; QL (30 per 30 days); NDS
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	\$0 - \$9.20 (Tier 2)	PA; QL (20 per 30 days); NDS
LEUKINE INJECTION RECON SOLN 250 MCG	\$0 - \$9.20 (Tier 2)	NDS
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	\$0 - \$9.20 (Tier 2)	NDS
MULPLETA ORAL TABLET 3 MG	\$0 - \$9.20 (Tier 2)	PA; QL (7 per 7 days); NDS
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	\$0 - \$9.20 (Tier 2)	PA; NDS
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	\$0 - \$9.20 (Tier 2)	PA; NDS
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	\$0 - \$9.20 (Tier 2)	PA; NDS
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	\$0 - \$9.20 (Tier 2)	PA; NDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	\$0 - \$9.20 (Tier 2)	PA; NDS
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	\$0 - \$9.20 (Tier 2)	PA; QL (90 per 30 days); NDS
PROMACTA ORAL TABLET 12.5 MG	\$0 - \$9.20 (Tier 2)	PA; QL (90 per 30 days); NDS
PROMACTA ORAL TABLET 25 MG	\$0 - \$9.20 (Tier 2)	PA; QL (30 per 30 days); NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
PROMACTA ORAL TABLET 50 MG, 75 MG	\$0 - \$9.20 (Tier 2)	PA; QL (60 per 30 days); NDS
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	\$0 - \$9.20 (Tier 2)	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	\$0 - \$9.20 (Tier 2)	PA; QL (6 per 28 days)
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	\$0 - \$9.20 (Tier 2)	PA; NDS
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	\$0 - \$9.20 (Tier 2)	NDS
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	\$0 - \$9.20 (Tier 2)	PA; NDS
Hematologic Agents, Miscellaneous		
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	\$0 - \$9.20 (Tier 2)	PA; NDS
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	\$0 (Tier 1)	
<i>anagrelide oral capsule 1 mg</i>	\$0 (Tier 1)	
CABLIVI INJECTION KIT 11 MG	\$0 - \$9.20 (Tier 2)	PA; QL (30 per 30 days); NDS
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	\$0 - \$9.20 (Tier 2)	PA; NDS
<i>protamine intravenous solution 10 mg/ml</i>	\$0 (Tier 1)	
SIKLOS ORAL TABLET 1,000 MG, 100 MG	\$0 - \$9.20 (Tier 2)	PA
TAVALISSE ORAL TABLET 100 MG, 150 MG	\$0 - \$9.20 (Tier 2)	PA; QL (60 per 30 days); NDS
<i>tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)</i> (Cyklokapron)	\$0 (Tier 1)	
<i>tranexamic acid oral tablet 650 mg</i> (Lysteda)	\$0 (Tier 1)	QL (30 per 30 days)
Platelet-Aggregation Inhibitors		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i> (Aggrenox)	\$0 (Tier 1)	QL (60 per 30 days)
BRILINTA ORAL TABLET 60 MG, 90 MG	\$0 - \$9.20 (Tier 2)	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	\$0 (Tier 1)	
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>pentoxifylline oral tablet extended release 400 mg</i>	\$0 (Tier 1)	
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	\$0 (Tier 1)	QL (30 per 30 days)
Caloric Agents		
Caloric Agents		
AMINOSYN 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	\$0 - \$9.20 (Tier 2)	PA BvD
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 7 %	\$0 - \$9.20 (Tier 2)	PA BvD
AMINOSYN 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	\$0 - \$9.20 (Tier 2)	PA BvD
AMINOSYN 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	\$0 - \$9.20 (Tier 2)	PA BvD
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	\$0 - \$9.20 (Tier 2)	PA BvD
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	\$0 - \$9.20 (Tier 2)	PA BvD
AMINOSYN II 7 % INTRAVENOUS PARENTERAL SOLUTION 7 %	\$0 - \$9.20 (Tier 2)	PA BvD
AMINOSYN II 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	\$0 - \$9.20 (Tier 2)	PA BvD
AMINOSYN II 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	\$0 - \$9.20 (Tier 2)	PA BvD
AMINOSYN M 3.5 % INTRAVENOUS PARENTERAL SOLUTION 3.5 %	\$0 - \$9.20 (Tier 2)	PA BvD
AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION 7 %	\$0 - \$9.20 (Tier 2)	PA BvD
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	\$0 - \$9.20 (Tier 2)	PA BvD

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	\$0 - \$9.20 (Tier 2)	PA BvD
AMINOSYN-RF 5.2 % INTRAVENOUS PARENTERAL SOLUTION 5.2 %	\$0 - \$9.20 (Tier 2)	PA BvD
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 - \$9.20 (Tier 2)	PA BvD
CLINIMIX 5%/D25W SULFITE-FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 - \$9.20 (Tier 2)	PA BvD
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	\$0 - \$9.20 (Tier 2)	PA BvD
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	\$0 - \$9.20 (Tier 2)	PA BvD
CLINIMIX 4.25%-D25W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	\$0 - \$9.20 (Tier 2)	PA BvD
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 - \$9.20 (Tier 2)	PA BvD
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	\$0 - \$9.20 (Tier 2)	PA BvD
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	\$0 - \$9.20 (Tier 2)	PA BvD
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	\$0 - \$9.20 (Tier 2)	PA BvD
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 - \$9.20 (Tier 2)	PA BvD
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 - \$9.20 (Tier 2)	PA BvD

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
CLINOLIPID INTRAVENOUS EMULSION 20 %	\$0 - \$9.20 (Tier 2)	PA BvD
<i>cvs glucose bits tablet chew 1 gram *</i>	\$0 (Tier 4)	
<i>dex4 glucose 15 gm gel packet tropical, go-pouch 15 gram/33 gram *</i>	\$0 (Tier 4)	
<i>dex4 glucose 4 gm tablet chew orange flavor (rx) 4 gram *</i>	\$0 (Tier 4)	
<i>dex4 glucose 40% gel 40 % *</i>	\$0 (Tier 4)	
<i>dex4 glucose bits tablet chew 1 gram *</i>	\$0 (Tier 4)	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	\$0 (Tier 1)	PA BvD
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	\$0 (Tier 1)	
<i>dextrose 5 % in water (d5w) intravenous piggyback 5 %</i>	\$0 (Tier 1)	
FREAMINE HBC 6.9 % INTRAVENOUS PARENTERAL SOLUTION 6.9 %	\$0 - \$9.20 (Tier 2)	PA BvD
FREAMINE III 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	\$0 - \$9.20 (Tier 2)	PA BvD
<i>gluco burst 40% gel 40 % *</i>	\$0 (Tier 4)	
<i>glucose 4 gram tablet chew (rx) 4 gram *</i> (Dex4 Glucose)	\$0 (Tier 4)	
<i>glucose liquid 15 gram/60 ml *</i> (TRUEplus Glucose)	\$0 (Tier 4)	
<i>glucose-15 gel 3 pak, outer, u-d 40 % *</i>	\$0 (Tier 4)	
<i>gs glucose 15 gram gel packet 15 gram/33 gram *</i> (Dex4 Glucose)	\$0 (Tier 4)	
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 %	\$0 - \$9.20 (Tier 2)	PA BvD
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	\$0 - \$9.20 (Tier 2)	PA BvD
KABIVEN INTRAVENOUS EMULSION 3.31-9.8-3.9 %	\$0 - \$9.20 (Tier 2)	PA BvD
<i>microdot glucose 40% gel 40 % *</i>	\$0 (Tier 4)	
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION 5.4 %	\$0 - \$9.20 (Tier 2)	PA BvD
NUTRILIPID INTRAVENOUS EMULSION 20 %	\$0 - \$9.20 (Tier 2)	PA BvD

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
PERIKABIVEN INTRAVENOUS EMULSION 2.36-6.8-3.5 %	\$0 - \$9.20 (Tier 2)	PA BvD
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	\$0 - \$9.20 (Tier 2)	PA BvD
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	\$0 - \$9.20 (Tier 2)	PA BvD
<i>relion glucose gel 15 gram fruit punch (rx) 40 % *</i>	\$0 (Tier 4)	
<i>relion glucose liquid gluten-f,mixed berry (Dex4 Glucose) (rx) 15 gram/59 ml *</i>	\$0 (Tier 4)	
<i>sm glucose 4 gram tab chew 12's (rx) 4 gram *</i> (Dex4 Glucose)	\$0 (Tier 4)	
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	\$0 - \$9.20 (Tier 2)	PA BvD
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	\$0 - \$9.20 (Tier 2)	PA BvD
TROPHAMINE 6% INTRAVENOUS PARENTERAL SOLUTION 6 %	\$0 - \$9.20 (Tier 2)	PA BvD
<i>trueplus glucose 4 gm tab chew 4 gram *</i>	\$0 (Tier 4)	
Cardiovascular Agents		
Alpha-Adrenergic Agents		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i> (Catapres)	\$0 (Tier 1)	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	\$0 (Tier 1)	QL (4 per 28 days)
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	\$0 (Tier 1)	QL (4 per 28 days)
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	\$0 (Tier 1)	QL (8 per 28 days)
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	\$0 (Tier 1)	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>methyldopa oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	\$0 - \$9.20 (Tier 2)	PA; QL (180 per 30 days); NDS
<i>phenylephrine hcl injection solution 10 mg/ml</i> (Vazculep)	\$0 (Tier 1)	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> (Minipress)	\$0 (Tier 1)	
Angiotensin II Receptor Antagonists		
EDARBI ORAL TABLET 40 MG, 80 MG	\$0 - \$9.20 (Tier 2)	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	\$0 - \$9.20 (Tier 2)	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	\$0 - \$9.20 (Tier 2)	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	\$0 (Tier 1)	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	\$0 (Tier 1)	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	\$0 (Tier 1)	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	\$0 (Tier 1)	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	\$0 (Tier 1)	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)	\$0 (Tier 1)	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	\$0 (Tier 1)	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	\$0 (Tier 1)	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)	\$0 (Tier 1)	
Angiotensin-Converting Enzyme Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	\$0 (Tier 1)	
<i>benazepril oral tablet 5 mg</i>	\$0 (Tier 1)	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	\$0 (Tier 1)	
<i>enalaprilat intravenous solution 1.25 mg/ml</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	\$0 (Tier 1)	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	\$0 (Tier 1)	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	
<i>lisinopril oral tablet 10 mg, 20 mg</i> (Prinivil)	\$0 (Tier 1)	
<i>lisinopril oral tablet 2.5 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	\$0 (Tier 1)	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	\$0 (Tier 1)	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	\$0 (Tier 1)	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	\$0 (Tier 1)	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	\$0 (Tier 1)	
Antiarrhythmic Agents		
<i>amiodarone oral tablet 200 mg, 400 mg</i> (Pacerone)	\$0 (Tier 1)	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	\$0 (Tier 1)	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	\$0 (Tier 1)	
<i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2%), 50 mg/5 ml (1%)</i>	\$0 (Tier 1)	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	\$0 (Tier 1)	
MULTAQ ORAL TABLET 400 MG	\$0 - \$9.20 (Tier 2)	
<i>pacerone oral tablet 200 mg, 400 mg</i>	\$0 (Tier 1)	
<i>procainamide injection solution 100 mg/ml, 500 mg/ml</i>	\$0 (Tier 1)	
<i>procainamide intravenous syringe 100 mg/ml</i>	\$0 (Tier 1)	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	\$0 (Tier 1)	
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	\$0 (Tier 1)	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	\$0 (Tier 1)	
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)	\$0 (Tier 1)	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	\$0 (Tier 1)	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i> (Ziac)	\$0 (Tier 1)	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	\$0 - \$9.20 (Tier 2)	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	\$0 (Tier 1)	
<i>labetalol intravenous solution 5 mg/ml</i>	\$0 (Tier 1)	
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	\$0 (Tier 1)	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	\$0 (Tier 1)	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	\$0 (Tier 1)	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg</i>	\$0 (Tier 1)	
<i>metoprolol ta-hydrochlorothiaz oral tablet 50-25 mg</i> (Lopressor HCT)	\$0 (Tier 1)	
<i>metoprolol tartrate intravenous solution 5 mg/5 ml</i> (Lopressor)	\$0 (Tier 1)	
<i>metoprolol tartrate intravenous syringe 5 mg/5 ml</i>	\$0 (Tier 1)	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	\$0 (Tier 1)	
<i>metoprolol tartrate oral tablet 25 mg</i>	\$0 (Tier 1)	
<i>propranolol intravenous solution 1 mg/ml</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>propranolol oral capsule,extended release</i> (Inderal LA) 24 hr 120 mg, 160 mg, 60 mg, 80 mg	\$0 (Tier 1)	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	\$0 (Tier 1)	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	\$0 (Tier 1)	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	\$0 (Tier 1)	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	\$0 (Tier 1)	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	\$0 (Tier 1)	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> (Sorine)	\$0 (Tier 1)	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
Calcium-Channel Blocking Agents		
<i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	\$0 (Tier 1)	
<i>diltiazem hcl intravenous solution 5 mg/ml</i>	\$0 (Tier 1)	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	\$0 (Tier 1)	
<i>diltiazem hcl oral capsule,extended release 24 hr 420 mg</i> (Tiadylt ER)	\$0 (Tier 1)	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)	\$0 (Tier 1)	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	\$0 (Tier 1)	
<i>diltiazem hcl oral tablet 90 mg</i>	\$0 (Tier 1)	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	\$0 (Tier 1)	
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	\$0 (Tier 1)	
<i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	\$0 (Tier 1)	
<i>verapamil intravenous syringe 2.5 mg/ml</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i> (Verelan PM)	\$0 (Tier 1)	
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i> (Verelan)	\$0 (Tier 1)	
<i>verapamil oral capsule, ext rel. pellets 24 hr 360 mg</i> (Verelan)	\$0 - \$9.20 (Tier 2)	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i> (Calan SR)	\$0 (Tier 1)	
Cardiovascular Agents, Miscellaneous		
CORLANOR ORAL SOLUTION 5 MG/5 ML	\$0 - \$9.20 (Tier 2)	
CORLANOR ORAL TABLET 5 MG, 7.5 MG	\$0 - \$9.20 (Tier 2)	
DEMSEER ORAL CAPSULE 250 MG	\$0 - \$9.20 (Tier 2)	NDS
<i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	\$0 (Tier 1)	
<i>digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	\$0 (Tier 1)	
<i>digoxin injection syringe 250 mcg/ml (0.25 mg/ml)</i>	\$0 (Tier 1)	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)	\$0 (Tier 1)	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)	\$0 (Tier 1)	QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i> (Auvi-Q)	\$0 (Tier 1)	QL (4 per 30 days)
<i>hydralazine injection solution 20 mg/ml</i>	\$0 (Tier 1)	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Firazyr)	\$0 (Tier 1)	PA; QL (18 per 30 days); NDS
<i>metyrosine oral capsule 250 mg</i> (Demser)	\$0 (Tier 1)	NDS
<i>milrinone intravenous solution 1 mg/ml</i>	\$0 (Tier 1)	PA BvD; NDS
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i> (Ranexa)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	\$0 - \$9.20 (Tier 2)	QL (4 per 30 days)
VYNDAMAX ORAL CAPSULE 61 MG	\$0 - \$9.20 (Tier 2)	PA; QL (30 per 30 days); NDS
VYNDAQEL ORAL CAPSULE 20 MG	\$0 - \$9.20 (Tier 2)	PA; QL (120 per 30 days); NDS
Dihydropyridines		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	\$0 (Tier 1)	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg, 5-40 mg</i> (Lotrel)	\$0 (Tier 1)	
<i>amlodipine-benazepril oral capsule 2.5-10 mg</i>	\$0 (Tier 1)	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)	\$0 (Tier 1)	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	\$0 (Tier 1)	
<i>nifedipine oral capsule 10 mg</i> (Procardia)	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>nifedipine oral capsule 20 mg</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL)	\$0 (Tier 1)	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i> (Adalat CC)	\$0 (Tier 1)	
Diuretics		
<i>amiloride oral tablet 5 mg</i>	\$0 (Tier 1)	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	\$0 (Tier 1)	
<i>bumetanide injection solution 0.25 mg/ml</i>	\$0 (Tier 1)	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	
<i>chlorothiazide oral tablet 500 mg</i>	\$0 (Tier 1)	
<i>chlorothiazide sodium intravenous recon soln 500 mg</i> (Diuril IV)	\$0 (Tier 1)	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>furosemide injection solution 10 mg/ml</i>	\$0 (Tier 1)	
<i>furosemide injection syringe 10 mg/ml</i>	\$0 (Tier 1)	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	\$0 (Tier 1)	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	\$0 (Tier 1)	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	\$0 (Tier 1)	
JYNARQUE ORAL TABLET 15 MG, 30 MG	\$0 - \$9.20 (Tier 2)	PA; QL (120 per 30 days); NDS
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	\$0 - \$9.20 (Tier 2)	PA; QL (56 per 28 days); NDS
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	\$0 (Tier 1)	
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i> (Dyazide)	\$0 (Tier 1)	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i> (Maxzide-25mg)	\$0 (Tier 1)	
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i> (Maxzide)	\$0 (Tier 1)	
Dyslipidemics		
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Lipitor)	\$0 (Tier 1)	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)	\$0 (Tier 1)	
<i>cholestyramine light oral powder 4 gram</i>	\$0 (Tier 1)	
<i>cholestyramine light packet 4 gram</i>	\$0 (Tier 1)	
<i>colesevelam oral tablet 625 mg</i> (WelChol)	\$0 (Tier 1)	
<i>colestipol oral packet 5 gram</i> (Colestid)	\$0 (Tier 1)	
<i>colestipol oral tablet 1 gram</i> (Colestid)	\$0 (Tier 1)	
<i>cvs fish oil 1,000 mg softgel softgel, natural (rx) 300-1,000 mg *</i>	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>cvs niacin flush free 500 mg (rx) 400 mg niacin (500 mg) *</i>	\$0 (Tier 4)	
<i>endur-acin er 250 mg tablet 250 mg *</i>	\$0 (Tier 4)	
<i>endur-acin er 500 mg tablet 500 mg *</i>	\$0 (Tier 4)	
<i>endur-acin er 750 mg tablet 750 mg *</i>	\$0 (Tier 4)	
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	\$0 (Tier 1)	QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	\$0 (Tier 1)	
<i>fenofibrate nanocrystallized oral tablet</i> (Tricor) <i>145 mg, 48 mg</i>	\$0 (Tier 1)	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	\$0 (Tier 1)	
<i>fish oil 1,000 mg capsule 340-1,000 mg *</i>	\$0 (Tier 4)	
<i>fish oil 1,200 mg softgel (rx) 360-1,200 mg *</i>	\$0 (Tier 4)	
<i>fish oil 500 mg softgel 120-180-500 mg, 183.3 mg-75 mg -91.6 mg-306 mg *</i>	\$0 (Tier 4)	
<i>fish oil 500 mg softgel softgel 60-90-500 mg *</i>	\$0 (Tier 4)	
<i>fish oil concentrate softgel softgel, ex-strength (rx) 435-880 mg *</i>	\$0 (Tier 4)	
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	\$0 (Tier 1)	
<i>gnp niacin 400 mg capsule flush free (rx) 400 mg niacin (500 mg) *</i>	\$0 (Tier 4)	
JUXTAPID ORAL CAPSULE 10 MG, 30 MG, 40 MG, 60 MG	\$0 - \$9.20 (Tier 2)	PA; QL (30 per 30 days); NDS
JUXTAPID ORAL CAPSULE 20 MG	\$0 - \$9.20 (Tier 2)	PA; QL (90 per 30 days); NDS
JUXTAPID ORAL CAPSULE 5 MG	\$0 - \$9.20 (Tier 2)	PA; QL (45 per 30 days); NDS
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	\$0 - \$9.20 (Tier 2)	QL (30 per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	
<i>maxepa capsule 500 mg *</i>	\$0 (Tier 4)	
NEXLETOL ORAL TABLET 180 MG	\$0 - \$9.20 (Tier 2)	PA; QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	\$0 - \$9.20 (Tier 2)	PA; QL (30 per 30 days)
<i>niacin 100 mg tablet (rx) 100 mg *</i>	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>niacin 250 mg tablet (rx) 250 mg *</i>	\$0 (Tier 4)	
<i>niacin 50 mg tablet (rx) 50 mg *</i>	\$0 (Tier 4)	
<i>niacin 500 mg tablet (rx) 500 mg *</i> (Niacor)	\$0 (Tier 4)	
<i>niacin 500 mg tablet 500 mg *</i>	\$0 (Tier 4)	
<i>niacin 750 mg tablet sa 750 mg *</i> (Endur-Acin)	\$0 (Tier 4)	
<i>niacin er 1,000 mg tablet (rx) 1,000 mg *</i>	\$0 (Tier 4)	
<i>niacin er 250 mg tablet slf, plf (rx) 250 mg *</i> (Endur-Acin)	\$0 (Tier 4)	
<i>niacin flush-free 500 mg cap slf,plf,nalf (rx) 400 mg niacin (500 mg) *</i>	\$0 (Tier 4)	
<i>niacin inositol 500 mg capsule 400 mg niacin (500 mg) *</i> (Niacin Flush Free)	\$0 (Tier 4)	
<i>niacin oral tablet 500 mg</i> (Niacor)	\$0 (Tier 1)	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i> (Niaspan Extended-Release)	\$0 (Tier 1)	
<i>niacin tr 250 mg capsule (rx) 250 mg *</i>	\$0 (Tier 4)	
<i>niacin tr 500 mg capsule (rx) 500 mg *</i>	\$0 (Tier 4)	
<i>niacin tr 500 mg tablet (rx) 500 mg *</i> (Endur-Acin)	\$0 (Tier 4)	
<i>niacor oral tablet 500 mg</i>	\$0 (Tier 1)	
NO FLUSH NIACIN 400 MG CAP (RX) 400 MG NIACIN (500 MG) *	\$0 (Tier 4)	
<i>omega-3 1,000 mg softgel softgel (rx) 1,000 mg *</i> (Fish Oil Concentrate)	\$0 (Tier 4)	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	\$0 (Tier 1)	QL (120 per 30 days)
<i>omegamint fish oil 750 mg sfgl 100-150-750 mg *</i>	\$0 (Tier 4)	
<i>plain niacin 250 mg tablet (rx) 250 mg *</i>	\$0 (Tier 4)	
<i>plain niacin 500 mg tablet (rx) 500 mg *</i> (Niacor)	\$0 (Tier 4)	
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	\$0 - \$9.20 (Tier 2)	PA; QL (2 per 28 days)
<i>pravastatin oral tablet 10 mg, 80 mg</i>	\$0 (Tier 1)	
<i>pravastatin oral tablet 20 mg, 40 mg</i> (Pravachol)	\$0 (Tier 1)	
<i>prevalite oral powder in packet 4 gram</i>	\$0 (Tier 1)	
<i>ra fish oil 1,000 mg softgel 100-160-1,000 mg *</i>	\$0 (Tier 4)	
<i>ra niacin 100 mg tablet plf (rx) 100 mg *</i>	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>ra niacin 500 mg tablet (rx) 500 mg *</i> (Niacor)	\$0 (Tier 4)	
<i>ra niacin 500 mg tablet no flush (rx) 500 mg *</i>	\$0 (Tier 4)	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	\$0 - \$9.20 (Tier 2)	PA; QL (3.5 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	\$0 - \$9.20 (Tier 2)	PA; QL (3 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	\$0 - \$9.20 (Tier 2)	PA; QL (3 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)	\$0 (Tier 1)	QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Zocor)	\$0 (Tier 1)	QL (30 per 30 days)
<i>simvastatin oral tablet 5 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>sm fish oil 554 mg softgel mini softgel 356 mg (100 mg- 256 mg)-554 mg *</i>	\$0 (Tier 4)	
<i>sm fish oil concentrate sfg 1,000 mg *</i>	\$0 (Tier 4)	
<i>super omega-3 softgel 1,000 mg *</i>	\$0 (Tier 4)	
SUPER TWIN EPA-DHA 1,250 MG 1,250 MG *	\$0 (Tier 4)	
VASCEPA ORAL CAPSULE 0.5 GRAM	\$0 - \$9.20 (Tier 2)	QL (240 per 30 days)
VASCEPA ORAL CAPSULE 1 GRAM	\$0 - \$9.20 (Tier 2)	QL (120 per 30 days)
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	\$0 (Tier 1)	
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	\$0 (Tier 1)	
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	\$0 (Tier 1)	
Vasodilators		
BIDIL ORAL TABLET 20-37.5 MG	\$0 - \$9.20 (Tier 2)	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)	\$0 (Tier 1)	
<i>isosorbide dinitrate oral tablet extended release 40 mg</i> (ISOCHRON)	\$0 (Tier 1)	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	\$0 (Tier 1)	
<i>minitran transdermal patch 24 hour 0.1 mg/1hr, 0.2 mg/1hr, 0.4 mg/1hr, 0.6 mg/1hr</i>	\$0 (Tier 1)	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	\$0 (Tier 1)	
<i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	\$0 (Tier 1)	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	\$0 (Tier 1)	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/1hr, 0.2 mg/1hr, 0.4 mg/1hr, 0.6 mg/1hr</i> (Minitran)	\$0 (Tier 1)	
Central Nervous System Agents		
Central Nervous System Agents		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i> (Strattera)	\$0 (Tier 1)	QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i> (Strattera)	\$0 (Tier 1)	QL (30 per 30 days)
AUBAGIO ORAL TABLET 14 MG, 7 MG	\$0 - \$9.20 (Tier 2)	PA; QL (30 per 30 days); NDS
AUSTEDO ORAL TABLET 12 MG, 9 MG	\$0 - \$9.20 (Tier 2)	PA; QL (120 per 30 days); NDS
AUSTEDO ORAL TABLET 6 MG	\$0 - \$9.20 (Tier 2)	PA; QL (60 per 30 days); NDS
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML	\$0 - \$9.20 (Tier 2)	PA; QL (1 per 28 days); NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	\$0 - \$9.20 (Tier 2)	PA; QL (1 per 28 days); NDS
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	\$0 - \$9.20 (Tier 2)	PA; QL (1 per 28 days); NDS
BETASERON SUBCUTANEOUS KIT 0.3 MG	\$0 - \$9.20 (Tier 2)	PA; QL (15 per 30 days); NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml)</i> (Cafcit)	\$0 (Tier 1)	PA BvD
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	\$0 (Tier 1)	
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	\$0 - \$9.20 (Tier 2)	PA; QL (30 per 30 days); NDS
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	\$0 - \$9.20 (Tier 2)	PA; QL (12 per 28 days); NDS
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	\$0 (Tier 1)	PA; QL (60 per 30 days)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin)	\$0 (Tier 1)	QL (60 per 30 days)
<i>dextroamphetamine oral tablet 10 mg, 5 mg</i> (Zenedi)	\$0 (Tier 1)	QL (180 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)	\$0 (Tier 1)	QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)	\$0 (Tier 1)	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	\$0 (Tier 1)	QL (60 per 30 days)
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	\$0 - \$9.20 (Tier 2)	PA; QL (15 per 30 days); NDS
<i>flumazenil intravenous solution 0.1 mg/ml</i>	\$0 (Tier 1)	
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	\$0 - \$9.20 (Tier 2)	PA; QL (30 per 30 days); NDS
<i>glatiramer subcutaneous syringe 20 mg/ml</i> (Glatopa)	\$0 (Tier 1)	PA; QL (30 per 30 days); NDS
<i>glatiramer subcutaneous syringe 40 mg/ml</i> (Glatopa)	\$0 (Tier 1)	PA; QL (12 per 28 days); NDS
<i>glatopa subcutaneous syringe 20 mg/ml</i>	\$0 (Tier 1)	PA; QL (30 per 30 days); NDS
<i>glatopa subcutaneous syringe 40 mg/ml</i>	\$0 (Tier 1)	PA; QL (12 per 28 days); NDS
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	\$0 - \$9.20 (Tier 2)	PA NSO; NDS
INGREZZA ORAL CAPSULE 40 MG, 80 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (30 per 30 days); NDS
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	\$0 - \$9.20 (Tier 2)	PA; QL (1.2 per 28 days); NDS
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML	\$0 - \$9.20 (Tier 2)	PA; QL (6 per 365 days); NDS
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	\$0 (Tier 1)	
<i>lithium carbonate oral tablet 300 mg</i>	\$0 (Tier 1)	
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	\$0 (Tier 1)	
<i>lithium carbonate oral tablet extended release 450 mg</i>	\$0 (Tier 1)	
<i>lomaira 8 mg tablet 8 mg *</i>	\$0 (Tier 3)	PA; QL (90 per 30 days)
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	\$0 - \$9.20 (Tier 2)	PA; NDS
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	\$0 - \$9.20 (Tier 2)	PA; NDS
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	\$0 - \$9.20 (Tier 2)	PA; NDS
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	\$0 - \$9.20 (Tier 2)	PA; NDS
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	\$0 - \$9.20 (Tier 2)	PA; NDS
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	\$0 - \$9.20 (Tier 2)	PA; NDS
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	\$0 - \$9.20 (Tier 2)	PA; NDS
MAYZENT ORAL TABLET 0.25 MG	\$0 - \$9.20 (Tier 2)	PA; QL (112 per 28 days); NDS
MAYZENT ORAL TABLET 2 MG	\$0 - \$9.20 (Tier 2)	PA; QL (30 per 30 days); NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 20 mg, 40 mg</i>	(\$0 (Tier 1) (Ritalin LA))	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 30 mg</i>	(\$0 (Tier 1) (Ritalin LA))	QL (60 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 60 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	(\$0 (Tier 1) (Methylin))	QL (900 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	(\$0 (Tier 1) (Ritalin))	QL (90 per 30 days)
NUDEXTA ORAL CAPSULE 20-10 MG	\$0 - \$9.20 (Tier 2)	PA; QL (60 per 30 days); NDS
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	\$0 - \$9.20 (Tier 2)	PA; QL (20 per 180 days); NDS
<i>phentermine 15 mg capsule 15 mg *</i>	\$0 (Tier 3)	PA; QL (30 per 30 days)
<i>phentermine 30 mg capsule 30 mg *</i>	\$0 (Tier 3)	PA; QL (30 per 30 days)
<i>phentermine 37.5 mg capsule 37.5 mg *</i>	(\$0 (Tier 3) (Adipex-P))	PA; QL (30 per 30 days)
<i>phentermine 37.5 mg tablet 37.5 mg *</i>	(\$0 (Tier 3) (Adipex-P))	PA; QL (30 per 30 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	\$0 - \$9.20 (Tier 2)	PA; QL (1 per 28 days); NDS
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	\$0 - \$9.20 (Tier 2)	PA; NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	\$0 - \$9.20 (Tier 2)	PA; QL (1 per 28 days); NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	\$0 - \$9.20 (Tier 2)	PA; NDS
RADICAVA INTRAVENOUS PIGGYBACK 30 MG/100 ML	\$0 - \$9.20 (Tier 2)	PA; QL (2800 per 28 days); NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	\$0 - \$9.20 (Tier 2)	PA; QL (6 per 28 days); NDS
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	\$0 - \$9.20 (Tier 2)	PA; QL (6 per 28 days); NDS
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	\$0 - \$9.20 (Tier 2)	PA; NDS
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	\$0 - \$9.20 (Tier 2)	PA; NDS
<i>riluzole oral tablet 50 mg</i> (Rilutek)	\$0 (Tier 1)	QL (60 per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	\$0 - \$9.20 (Tier 2)	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	\$0 - \$9.20 (Tier 2)	
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG	\$0 - \$9.20 (Tier 2)	PA; QL (14 per 7 days); NDS
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	\$0 - \$9.20 (Tier 2)	PA; NDS
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 240 MG	\$0 - \$9.20 (Tier 2)	PA; QL (60 per 30 days); NDS
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)	\$0 (Tier 1)	PA; QL (112 per 28 days); NDS
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	\$0 - \$9.20 (Tier 2)	PA; QL (120 per 30 days); NDS
ZEPOSIA ORAL CAPSULE 0.92 MG	\$0 - \$9.20 (Tier 2)	PA; QL (30 per 30 days); NDS
ZEPOSIA STARTER KIT ORAL CAPSULE,DOSE PACK 0.23-0.46-0.92 MG	\$0 - \$9.20 (Tier 2)	PA; NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
ZEPOSIA STARTER PACK ORAL CAPSULE,DOSE PACK 0.23 MG (4)-0.46 MG (3)	\$0 - \$9.20 (Tier 2)	PA; NDS
Contraceptives		
Contraceptives		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>aftera 1.5 mg tablet 1.5 mg *</i>	\$0 (Tier 4)	QL (6 per 365 days)
AIMSCO LATEX CONDOM *	\$0 (Tier 4)	
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)	
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	\$0 (Tier 1)	
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	\$0 (Tier 1)	
<i>amethia lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	\$0 (Tier 1)	QL (91 per 84 days)
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	\$0 (Tier 1)	QL (91 per 84 days)
<i>apri oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)	
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	\$0 (Tier 1)	
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	\$0 (Tier 1)	QL (91 per 84 days)
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	\$0 (Tier 1)	
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	\$0 (Tier 1)	
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	\$0 (Tier 1)	
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	\$0 (Tier 1)	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>ayuna oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)	
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0 (Tier 1)	
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>bekyree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0 (Tier 1)	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	\$0 (Tier 1)	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	\$0 (Tier 1)	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	\$0 (Tier 1)	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	\$0 (Tier 1)	
<i>camila oral tablet 0.35 mg</i>	\$0 (Tier 1)	
<i>caziant (28) oral tablet 0.1/1.125/1.15-25 mg-mcg</i>	\$0 (Tier 1)	
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)	
CONDOMS LUBRICATED *	\$0 (Tier 4)	
<i>cryelle (28) oral tablet 0.3-30 mg-mcg</i>	\$0 (Tier 1)	
<i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i>	\$0 (Tier 1)	
<i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	\$0 (Tier 1)	
<i>cyred eq oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	\$0 (Tier 1)	
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	\$0 (Tier 1)	
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	\$0 (Tier 1)	QL (91 per 84 days)
<i>deblitane oral tablet 0.35 mg</i>	\$0 (Tier 1)	
<i>desog-e.estradiolle.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0 (Tier 1)	(Azurette (28))
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)	(Apri)
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	\$0 (Tier 1)	(Jasmiel (28))
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	\$0 (Tier 1)	(Syeda)
DUREX AVANTI REAL FEEL CONDOM *	\$0 (Tier 4)	
<i>econtra one-step 1.5 mg tablet outer 1.5 mg *</i>	\$0 (Tier 4)	QL (6 per 365 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>elinest oral tablet 0.3-30 mg-mcg</i>	\$0 (Tier 1)	
ELLA ORAL TABLET 30 MG	\$0 - \$9.20 (Tier 2)	QL (6 per 365 days)
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	\$0 (Tier 1)	QL (1 per 28 days)
<i>emoquette oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)	
<i>enpresse oral tablet 50-30 (6)/175-40 (5)/125-30(10)</i>	\$0 (Tier 1)	
<i>enskyce oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)	
<i>errin oral tablet 0.35 mg</i>	\$0 (Tier 1)	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	\$0 (Tier 1)	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i> (Kelnor 1/35 (28))	\$0 (Tier 1)	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i> (Kelnor 1-50)	\$0 (Tier 1)	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i> (EluRyng)	\$0 (Tier 1)	QL (1 per 28 days)
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)	
FANTASY CONDOM *	\$0 (Tier 4)	
<i>femynor oral tablet 0.25-35 mg-mcg</i>	\$0 (Tier 1)	
GYNOL II 3% GEL 3 % *	\$0 (Tier 4)	
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/175 mg (4)</i>	\$0 (Tier 1)	
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/175 mg (7)</i>	\$0 (Tier 1)	
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/175 mg (7)</i>	\$0 (Tier 1)	
<i>hailey oral tablet 1.5-30 mg-mcg</i>	\$0 (Tier 1)	
<i>heather oral tablet 0.35 mg</i>	\$0 (Tier 1)	
<i>incassia oral tablet 0.35 mg</i>	\$0 (Tier 1)	
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	\$0 (Tier 1)	QL (91 per 84 days)
<i>isibloom oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)	
<i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	\$0 (Tier 1)	QL (91 per 84 days)
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	\$0 (Tier 1)	
<i>jencycla oral tablet 0.35 mg</i>	\$0 (Tier 1)	
<i>juleber oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	\$0 (Tier 1)	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/175 mg (7)</i>	\$0 (Tier 1)	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/175 mg (7)</i>	\$0 (Tier 1)	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/175 mg (4)</i>	\$0 (Tier 1)	
<i>kalliga oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0 (Tier 1)	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	\$0 (Tier 1)	
<i>kelnor 1-50 oral tablet 1-50 mg-mcg</i>	\$0 (Tier 1)	
KIMONO CONDOMS *	\$0 (Tier 4)	
KIMONO MAXX CONDOM *	\$0 (Tier 4)	
KIMONO MICROTHIN AQUA LUBE *	\$0 (Tier 4)	
KIMONO MICROTHIN CONDOM *	\$0 (Tier 4)	
KIMONO MICROTHIN LARGE CONDOM *	\$0 (Tier 4)	
KIMONO TEXTURED CONDOM *	\$0 (Tier 4)	
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)	
<i>lnorgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i> (Amethia Lo)	\$0 (Tier 1)	QL (91 per 84 days)
<i>lnorgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (Amethia)	\$0 (Tier 1)	QL (91 per 84 days)
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	\$0 (Tier 1)	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/175 mg (4)</i>	\$0 (Tier 1)	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/175 mg (7)</i>	\$0 (Tier 1)	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/175 mg (7)</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>larissia oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	\$0 (Tier 1)	
<i>levonorgestrel 1.5 mg tablet (otc) 1.5 mg *</i> (Aftera)	\$0 (Tier 4)	QL (6 per 365 days)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i> (Afirmelle)	\$0 (Tier 1)	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i> (Altavera (28))	\$0 (Tier 1)	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> (Introvale)	\$0 (Tier 1)	QL (91 per 84 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (Enpresse)	\$0 (Tier 1)	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)	
<i>lillow (28) oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)	
<i>lojaimiess oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	\$0 (Tier 1)	QL (91 per 84 days)
<i>loryna (28) oral tablet 3-0.02 mg</i>	\$0 (Tier 1)	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	\$0 (Tier 1)	
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	\$0 (Tier 1)	
<i>lutra (28) oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>lyza oral tablet 0.35 mg</i>	\$0 (Tier 1)	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	\$0 (Tier 1)	
<i>mili oral tablet 0.25-35 mg-mcg</i>	\$0 (Tier 1)	
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	\$0 (Tier 1)	
<i>my choice 1.5 mg tablet 1.5 mg *</i>	\$0 (Tier 4)	QL (6 per 365 days)
<i>my way 1.5 mg tablet (otc) 1.5 mg *</i>	\$0 (Tier 4)	QL (6 per 365 days)
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	\$0 (Tier 1)	
<i>new day 1.5 mg tablet 1.5 mg *</i>	\$0 (Tier 4)	QL (6 per 365 days)
<i>nikki (28) oral tablet 3-0.02 mg</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i> (Camila)	\$0 (Tier 1)	
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i> (Aurovela 1.5/30 (21))	\$0 (Tier 1)	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i> (Aurovela 1/20 (21))	\$0 (Tier 1)	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (Aurovela Fe 1-20 (28))	\$0 (Tier 1)	
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (Aurovela Fe 1.5/30 (28))	\$0 (Tier 1)	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (Tri-Lo-Estarylla)	\$0 (Tier 1)	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (Tri Femynor)	\$0 (Tier 1)	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i> (Estarylla)	\$0 (Tier 1)	
<i>norlyda oral tablet 0.35 mg</i>	\$0 (Tier 1)	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	\$0 (Tier 1)	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	\$0 (Tier 1)	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	\$0 (Tier 1)	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	\$0 (Tier 1)	
<i>ogestrel (28) oral tablet 0.5-50 mg-mcg</i>	\$0 (Tier 1)	
<i>opcicon one-step 1.5 mg tablet 1.5 mg *</i>	\$0 (Tier 4)	QL (6 per 365 days)
<i>option 2 1.5 mg tablet 1.5 mg *</i>	\$0 (Tier 4)	QL (6 per 365 days)
<i>orsythia oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>philith oral tablet 0.4-35 mg-mcg</i>	\$0 (Tier 1)	
<i>pimtreea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0 (Tier 1)	
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg</i>	\$0 (Tier 1)	
<i>portia 28 oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)	
<i>previfem oral tablet 0.25-35 mg-mcg</i>	\$0 (Tier 1)	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	\$0 (Tier 1)	QL (91 per 84 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>sharobel oral tablet 0.35 mg</i>	\$0 (Tier 1)	
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0 (Tier 1)	
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	\$0 (Tier 1)	QL (91 per 84 days)
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	\$0 (Tier 1)	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>syeda oral tablet 3-0.03 mg</i>	\$0 (Tier 1)	
<i>take action 1.5 mg tablet 1.5 mg *</i>	\$0 (Tier 4)	QL (6 per 365 days)
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	\$0 (Tier 1)	
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	\$0 (Tier 1)	
<i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	\$0 (Tier 1)	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	\$0 (Tier 1)	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	\$0 (Tier 1)	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	\$0 (Tier 1)	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	\$0 (Tier 1)	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	\$0 (Tier 1)	
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	\$0 (Tier 1)	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	\$0 (Tier 1)	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	\$0 (Tier 1)	
<i>tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	\$0 (Tier 1)	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	\$0 (Tier 1)	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	\$0 (Tier 1)	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	\$0 (Tier 1)	
TRUSTEX CONDOM *	\$0 (Tier 4)	
TRUSTEX CONDOM 12'S,W/NONOXYNOL-9 *	\$0 (Tier 4)	
TRUSTEX LATEX CONDOM 12'S *	\$0 (Tier 4)	
TRUSTEX-RIA CONDOM 48'S, NON-LUBRICATED *	\$0 (Tier 4)	
TRUSTEX-RIA CONDOM 48'S,W/SPERMICIDE *	\$0 (Tier 4)	
<i>tulana oral tablet 0.35 mg</i>	\$0 (Tier 1)	
<i>vcf contraceptive foam 12.5 % *</i>	\$0 (Tier 4)	
<i>vcf contraceptive gel 4 % *</i>	\$0 (Tier 4)	
<i>velivet triphasic regimen (28) oral tablet 0.11.125/1.15-25 mg-mcg</i>	\$0 (Tier 1)	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	\$0 (Tier 1)	
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0 (Tier 1)	
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	\$0 (Tier 1)	
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	\$0 (Tier 1)	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	\$0 (Tier 1)	
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	\$0 (Tier 1)	
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	\$0 (Tier 1)	QL (3 per 28 days)
<i>zarah oral tablet 3-0.03 mg</i>	\$0 (Tier 1)	
<i>zovia 1/35e (28) oral tablet 1-35 mg-mcg</i>	\$0 (Tier 1)	
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	\$0 (Tier 1)	
Cough And Cold Products		
Cough And Cold Products		
<i>benzonatate 100 mg capsule 100 mg *</i> (Tessalon Perles)	\$0 (Tier 3)	
<i>benzonatate 150 mg capsule 150 mg *</i>	\$0 (Tier 3)	
<i>benzonatate 200 mg capsule 200 mg *</i>	\$0 (Tier 3)	
<i>children's silfedrine liq 15 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>guaifin-codeine 100-10 mg/5 ml (otc) 10-100 mg/5 ml *</i> (G Tussin AC)	\$0 (Tier 4)	PA; QL (1800 per 30 days); AGE (Min 2 Years)
<i>hydrocodone-homatropine 5-1.5 mg tablet 5-1.5 mg *</i>	\$0 (Tier 3)	QL (180 per 30 days)
<i>hydrocodone-homatropine syrup 5-1.5 mg/5 ml *</i> (Hydrocodone Compound)	\$0 (Tier 3)	QL (900 per 30 days)
<i>promethazine-codeine syrup 6.25-10 mg/5 ml *</i>	\$0 (Tier 3)	PA; QL (360 per 30 days); AGE (Min 2 Years)
<i>promethazine-dm syrup 6.25-15 mg/5 ml *</i>	\$0 (Tier 3)	PA; AGE (Min 2 Years)
<i>promethazine-pe-codeine syrup 6.25-5-10 mg/5 ml *</i>	\$0 (Tier 3)	PA; QL (360 per 30 days); AGE (Min 2 Years)
<i>pseudoephedrine 30 mg tablet 30 mg *</i> (Sudogest)	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>pseudoephedrine 60 mg tablet (otc) 60 mg *</i> (Sudogest)	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>sm adult nasal decongestant lq 15 mg/5 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>sudogest 30 mg tablet boxed 30 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>sudogest 60 mg tablet 60 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>valu-tapp decongestant drop 7.5 mg/0.8 ml *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
<i>wal-phed 30 mg tablet non-drowsy 30 mg *</i>	\$0 (Tier 4)	PA; AGE (Min 2 Years)
Dental And Oral Agents		
Dental And Oral Agents		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Paroex Oral Rinse)	\$0 (Tier 1)	
<i>oralone dental paste 0.1 %</i>	\$0 (Tier 1)	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	\$0 (Tier 1)	
<i>perio gard mucous membrane mouthwash 0.12 %</i>	\$0 (Tier 1)	

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Name of Drug		What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	(Salagen (pilocarpine))	\$0 (Tier 1)	
<i>triamcinolone acetonide dental paste 0.1 %</i>	(Oralone)	\$0 (Tier 1)	
Dermatological Agents			
Dermatological Agents, Other			
<i>acitretin oral capsule 10 mg, 25 mg</i>	(Soriatane)	\$0 (Tier 1)	
<i>acitretin oral capsule 17.5 mg</i>		\$0 (Tier 1)	
<i>acne foaming 10% wash 10 % *</i>		\$0 (Tier 4)	
<i>acne medication 10% gel 10 % *</i>		\$0 (Tier 4)	
<i>acne medication 5% gel 5 % *</i>		\$0 (Tier 4)	
<i>acneclear gel 10 % *</i>		\$0 (Tier 4)	
<i>acyclovir topical ointment 5 %</i>	(Zovirax)	\$0 (Tier 1)	QL (30 per 30 days)
ALCOHOL PADS TOPICAL PADS, MEDICATED		\$0 (Tier 1)	
<i>ammonium lactate topical cream 12 %</i>	(Geri-Hydrolac)	\$0 (Tier 1)	
<i>ammonium lactate topical lotion 12 %</i>	(Geri-Hydrolac)	\$0 (Tier 1)	
<i>benzoyl peroxide 2.5% gel (otc) 2.5 % *</i>	(Acne Medication)	\$0 (Tier 4)	
<i>benzoyl peroxide 5% wash (otc) 5 % *</i>	(Advanced Exfoliating Cleanser)	\$0 (Tier 4)	
<i>benzoyl peroxide 6% cleanser (otc) 6 % *</i>		\$0 (Tier 4)	
<i>benzoyl peroxide 9% cleanser (otc) 9 % *</i>		\$0 (Tier 4)	
<i>calamine lotion 8-8 % *</i>		\$0 (Tier 4)	
<i>calcipotriene scalp solution 0.005 %</i>		\$0 (Tier 1)	QL (120 per 30 days)
<i>calcipotriene topical cream 0.005 %</i>	(Dovonex)	\$0 (Tier 1)	QL (120 per 30 days)
<i>clean-clear continuous ctl 10% 10 % *</i>		\$0 (Tier 4)	
<i>cvs adv exfoliating 5% cleansr 5 % *</i>		\$0 (Tier 4)	
<i>cvs creamy acne 4% face wash 4 % *</i>		\$0 (Tier 4)	
<i>cvs foaming acne face 10% wash 10 % *</i>		\$0 (Tier 4)	
<i>daylogic acne treatmnt 10% gel 10 % *</i>		\$0 (Tier 4)	
<i>fluorouracil topical cream 0.5 %</i>	(Carac)	\$0 - \$9.20 (Tier 2)	NDS
<i>fluorouracil topical cream 5 %</i>	(Efudex)	\$0 (Tier 1)	
<i>fluorouracil topical solution 2 %, 5 %</i>		\$0 (Tier 1)	
<i>imiquimod topical cream in packet 5 %</i>	(Aldara)	\$0 (Tier 1)	QL (24 per 30 days)
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	(Oxsoalen Ultra)	\$0 (Tier 1)	NDS
<i>mg217 psoriasis ointment 2 % *</i>		\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>panoxyl 10% acne foaming wash 10 % *</i>	\$0 (Tier 4)	
<i>panoxyl 4% acne creamy wash 4 % *</i>	\$0 (Tier 4)	
PANRETIN TOPICAL GEL 0.1 %	\$0 - \$9.20 (Tier 2)	NDS
<i>persa-gel 10% 12's,max-strength 10 % *</i>	\$0 (Tier 4)	
PICATO TOPICAL GEL 0.015 %	\$0 - \$9.20 (Tier 2)	QL (3 per 56 days)
PICATO TOPICAL GEL 0.05 %	\$0 - \$9.20 (Tier 2)	QL (2 per 56 days)
<i>podofilox topical solution 0.5 %</i>	\$0 (Tier 1)	
<i>pub calamine lotion *</i>	\$0 (Tier 4)	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	\$0 - \$9.20 (Tier 2)	QL (180 per 30 days)
TOLAK TOPICAL CREAM 4 %	\$0 - \$9.20 (Tier 2)	
VALCHLOR TOPICAL GEL 0.016 %	\$0 - \$9.20 (Tier 2)	NDS
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 1)	
Dermatological Antibacterials		
<i>bacitracin 500 unit/gm ointmnt 500 unit/gram *</i> (Bacitraycin Plus)	\$0 (Tier 4)	
<i>bacitracin zn 500 unit/gm oint 500 unit/gram *</i> (Antibiotic (bacitracin zinc))	\$0 (Tier 4)	
<i>bacitraycin plus 500 unit/gm 500 unit/gram *</i>	\$0 (Tier 4)	
<i>clindamycin phosphate topical solution 1 %</i> (Cleocin T)	\$0 (Tier 1)	QL (180 per 30 days)
<i>clindamycin phosphate topical swab 1 %</i> (Clindacin ETZ)	\$0 (Tier 1)	
<i>double antibiotic ointment 500-10,000 unit/gram *</i>	\$0 (Tier 4)	
<i>ery pads topical swab 2 %</i>	\$0 (Tier 1)	
<i>erythromycin with ethanol topical gel 2 %</i> (Erygel)	\$0 (Tier 1)	QL (180 per 30 days)
<i>erythromycin with ethanol topical solution 2 %</i>	\$0 (Tier 1)	QL (180 per 30 days)
<i>gentamicin topical cream 0.1 %</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>gentamicin topical ointment 0.1 %</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>metronidazole topical cream 0.75 %</i> (Rosadan)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>metronidazole topical gel 0.75 %</i> (Rosadan)	\$0 (Tier 1)	
<i>metronidazole topical gel 1 %</i> (Metrogel)	\$0 (Tier 1)	
<i>metronidazole topical lotion 0.75 %</i> (MetroLotion)	\$0 (Tier 1)	
<i>mupirocin topical ointment 2 %</i> (Centany)	\$0 (Tier 1)	QL (220 per 30 days)
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	\$0 (Tier 1)	
<i>neosporin ointment original 3.5mg-400 unit- 5,000 unit/gram *</i>	\$0 (Tier 4)	
<i>polysporin ointment 500-10,000 unit/gram *</i>	\$0 (Tier 4)	
<i>rosadan topical cream 0.75 %</i>	\$0 (Tier 1)	
<i>selenium sulfide topical lotion 2.5 %</i>	\$0 (Tier 1)	
<i>silver sulfadiazine topical cream 1 %</i> (SSD)	\$0 (Tier 1)	
<i>ssd topical cream 1 %</i>	\$0 - \$9.20 (Tier 2)	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i> (Klaron)	\$0 (Tier 1)	
<i>triple antibiotic ointment carton 3.5mg-400 unit- 5,000 unit/gram *</i>	\$0 (Tier 4)	
<i>v-r double antibiotic oint 500-10,000 unit/gram *</i>	\$0 (Tier 4)	
Dermatological Anti-Inflammatory Agents		
<i>ala-cort topical cream 1 %</i>	\$0 (Tier 1)	
<i>alclometasone topical cream 0.05 %</i>	\$0 (Tier 1)	
<i>alclometasone topical ointment 0.05 %</i>	\$0 (Tier 1)	
<i>aquanil hc 1% lotion 1 % *</i>	\$0 (Tier 4)	
<i>beta hc 1% lotion 1 % *</i>	\$0 (Tier 4)	
<i>betamethasone dipropionate topical cream 0.05 %</i>	\$0 (Tier 1)	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	\$0 (Tier 1)	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	\$0 (Tier 1)	
<i>betamethasone valerate topical cream 0.1 %</i>	\$0 (Tier 1)	
<i>betamethasone valerate topical lotion 0.1 %</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>betamethasone valerate topical ointment 0.1 %</i>	\$0 (Tier 1)	
<i>betamethasone, augmented topical cream 0.05 %</i>	\$0 (Tier 1)	
<i>betamethasone, augmented topical gel 0.05 %</i>	\$0 (Tier 1)	
<i>betamethasone, augmented topical lotion 0.05 %</i>	\$0 (Tier 1)	
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene)	\$0 (Tier 1)	
<i>clobetasol scalp solution 0.05 %</i>	\$0 (Tier 1)	
<i>clobetasol topical cream 0.05 %</i> (Temovate)	\$0 (Tier 1)	
<i>clobetasol-emollient topical cream 0.05 %</i>	\$0 (Tier 1)	
<i>cormax scalp solution 0.05 %</i>	\$0 (Tier 1)	
<i>cortaid 1% cream 12 hr, anti-itch 1 % *</i>	\$0 (Tier 4)	
<i>cortizone-10 1% creme maximum strength 1 % *</i>	\$0 (Tier 4)	
CORTIZONE-10 1% LOTION 1 % *	\$0 (Tier 4)	
<i>cortizone-10 1% ointment 1 % *</i>	\$0 (Tier 4)	
<i>cvs cortisone 1% cream 1 % *</i>	\$0 (Tier 4)	
<i>desoximetasone topical cream 0.25 %</i> (Topicort)	\$0 (Tier 1)	QL (120 per 30 days)
EUCRISA TOPICAL OINTMENT 2 %	\$0 - \$9.20 (Tier 2)	
<i>fluocinolone topical cream 0.01 %</i>	\$0 (Tier 1)	
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	\$0 (Tier 1)	
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	\$0 (Tier 1)	
<i>fluocinonide topical cream 0.05 %</i>	\$0 (Tier 1)	
<i>fluocinonide topical solution 0.05 %</i>	\$0 (Tier 1)	
<i>fluocinonide-e topical cream 0.05 %</i>	\$0 (Tier 1)	
<i>fluticasone propionate topical cream 0.05 %</i> (Cutivate)	\$0 (Tier 1)	
<i>fluticasone propionate topical ointment 0.005 %</i>	\$0 (Tier 1)	
<i>gnp hydrocortisone 0.5% crm 0.5 % *</i>	\$0 (Tier 4)	
<i>halobetasol propionate topical cream 0.05 %</i>	\$0 (Tier 1)	
<i>halobetasol propionate topical ointment 0.05 %</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>hydrocortisone 0.5% cream (otc) 0.5 % *</i>	\$0 (Tier 4)	
<i>hydrocortisone 0.5% ointment 0.5 % *</i>	\$0 (Tier 4)	
<i>hydrocortisone 1% cream 1 % *</i> (Vanicream HC)	\$0 (Tier 4)	
<i>hydrocortisone 1% cream maximum strength (otc) 1 % *</i> (Ala-Cort)	\$0 (Tier 4)	
<i>hydrocortisone 1% cream maximum strength 1 % *</i> (Vanicream HC)	\$0 (Tier 4)	
<i>hydrocortisone 1% lotion (otc) 1 % *</i> (Aquanil HC)	\$0 (Tier 4)	
<i>hydrocortisone 1% ointment (otc) 1 % *</i> (Anti-Itch (HC))	\$0 (Tier 4)	
<i>hydrocortisone 1% ointment 1 % *</i>	\$0 (Tier 4)	
<i>hydrocortisone 1% ointment maximum strength (otc) 1 % *</i> (Anti-Itch (HC))	\$0 (Tier 4)	
<i>hydrocortisone topical cream 1 %</i> (Ala-Cort)	\$0 (Tier 1)	
<i>hydrocortisone topical cream 2.5 %</i>	\$0 (Tier 1)	
<i>hydrocortisone topical lotion 2.5 %</i>	\$0 (Tier 1)	
<i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))	\$0 (Tier 1)	
<i>hydrocortisone topical ointment 2.5 %</i>	\$0 (Tier 1)	
<i>mometasone topical cream 0.1 %</i>	\$0 (Tier 1)	
<i>mometasone topical ointment 0.1 %</i>	\$0 (Tier 1)	
<i>mometasone topical solution 0.1 %</i>	\$0 (Tier 1)	
<i>obagi nu-derm tolereen lotion 0.5 % *</i>	\$0 (Tier 4)	
<i>pimecrolimus topical cream 1 %</i> (Elidel)	\$0 (Tier 1)	QL (100 per 30 days)
<i>prednicarbate topical ointment 0.1 %</i>	\$0 (Tier 1)	
<i>preparation h hc 1% cream 1 % *</i>	\$0 (Tier 4)	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	\$0 (Tier 1)	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	\$0 (Tier 1)	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	\$0 (Tier 1)	
<i>pub hydrocream 1% 1 % *</i>	\$0 (Tier 4)	
<i>ra anti-itch 1% cream maximum strength 1 % *</i>	\$0 (Tier 4)	
<i>ra anti-itch 1% ointment maximum strength 1 % *</i>	\$0 (Tier 4)	
<i>scalp relief liquid maximum strength 1 % *</i>	\$0 (Tier 4)	
<i>scalpicin 1% anti-itch liquid 1 % *</i>	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>sm hydrocortisone 0.5% ointmnt 0.5 % *</i>	\$0 (Tier 4)	
<i>sm hydrocortisone 1% ointment maximum strength (otc) 1 % *</i> (Anti-Itch (HC))	\$0 (Tier 4)	
<i>soothing care 1% cream 1 % *</i>	\$0 (Tier 4)	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i> (Protopic)	\$0 (Tier 1)	QL (100 per 30 days)
<i>triamcinolone acetonide topical cream 0.025 %</i>	\$0 (Tier 1)	
<i>triamcinolone acetonide topical cream 0.1 %, 0.5 %</i> (Triderm)	\$0 (Tier 1)	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	\$0 (Tier 1)	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	\$0 (Tier 1)	
<i>triamcinolone acetonide topical ointment 0.05 %</i> (Trianex)	\$0 (Tier 1)	
<i>vanicream hc 1% cream 1 % *</i>	\$0 (Tier 4)	
Dermatological Retinoids		
<i>adapalene topical cream 0.1 %</i> (Differin)	\$0 (Tier 1)	
<i>adapalene topical gel 0.1 %</i> (Differin)	\$0 (Tier 1)	
ALTRENO TOPICAL LOTION 0.05 %	\$0 - \$9.20 (Tier 2)	PA
<i>tazarotene topical cream 0.1 %</i> (Tazorac)	\$0 (Tier 1)	
TAZORAC TOPICAL CREAM 0.05 %	\$0 - \$9.20 (Tier 2)	
<i>tretinoin topical cream 0.025 %</i> (Avita)	\$0 (Tier 1)	PA
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	\$0 (Tier 1)	PA
<i>tretinoin topical gel 0.01 %</i> (Retin-A)	\$0 (Tier 1)	PA
<i>tretinoin topical gel 0.025 %</i> (Avita)	\$0 (Tier 1)	PA
<i>tretinoin topical gel 0.05 %</i> (Atralin)	\$0 (Tier 1)	PA
Scabicides And Pediculicides		
<i>cvs lice bedding spray (rx) 0.5 % *</i>	\$0 (Tier 4)	
<i>cvs lice killing shampoo maximum strength 0.33-4 % *</i>	\$0 (Tier 4)	
<i>cvs lice solution kit shampl/gellspray/comb 4-0.33-0.5 % *</i>	\$0 (Tier 4)	
<i>gnp home lice-bedbug-dust mite 0.5 % *</i>	\$0 (Tier 4)	
<i>lice killing shampoo w/nit comb 0.33-4 % *</i>	\$0 (Tier 4)	
<i>malathion topical lotion 0.5 %</i> (Ovide)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>permethrin topical cream 5 %</i> (Elimite)	\$0 (Tier 1)	
<i>ra lice pyrinyl shampoo 0.33-4 % *</i>	\$0 (Tier 4)	
<i>rid lice killing shampoo 0.33-4 % *</i>	\$0 (Tier 4)	
<i>rid pediculicides spray 0.5 % *</i>	\$0 (Tier 4)	
<i>sm lice bedding spray (rx) 0.5 % *</i>	\$0 (Tier 4)	
<i>sm lice treatment 1% crm rinse 1 % *</i>	\$0 (Tier 4)	
<i>stop lice 0.5% spray 0.5 % *</i>	\$0 (Tier 4)	
Devices		
Devices		
1ST TIER COMFORTOUCH 28G LANCET 28 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
1ST TIER COMFORTOUCH 30G LANCET 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ACCU-CHEK FASTCLIX LANCET DRUM *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ACCU-CHEK MULTICLIX LANCETS *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ACCU-CHEK SAFE-T-PRO 23G LANCET 23 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ACCU-CHEK SAFE-T-PRO PLUS 23G 23 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ACCU-CHEK SOFTCLIX LANCETS *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ACE AEROSOL CLOUD ENHANCER *	\$0 (Tier 3)	
ACTI-LANCE LITE 28G LANCETS 28 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ACTI-LANCE SPECIAL 17G LANCETS 17 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ACTI-LANCE UNIVERS 23G LANCETS 23 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ADVANCED TRAVEL 28G LANCETS 28G,SINGLE-USE,STRL 28 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ADVANCED TRAVEL 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ADVOCATE 26G LANCETS 26 G,STERILE 26 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
ADVOCATE 26G LANCETS STERILE 26 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ADVOCATE 30G LANCETS TWIST TOP 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
AEROCHAMBER MINI 10'S, LATEX-FREE *	\$0 (Tier 3)	
AEROCHAMBER MV HOLD CHAMBER *	\$0 (Tier 3)	
AEROCHAMBER PLUS FLOW-VU *	\$0 (Tier 3)	
AEROCHAMBER PLUS FLOW-VU SMALL *	\$0 (Tier 3)	
AEROCHAMBER PLUS W- FLOWSIGNAL *	\$0 (Tier 3)	
AEROCHAMBER Z-STAT PLUS LARGE W/MASK, LARGE *	\$0 (Tier 3)	
AEROCHAMBER Z-STAT PLUS W- FLOW *	\$0 (Tier 3)	
AEROCHAMBER Z-STAT PLUS- MED W/MASK-MED,CMFT SEAL *	\$0 (Tier 3)	
AEROCHAMBER Z-STAT PLUS- SMALL W/MASK-SM,CMFT SEAL *	\$0 (Tier 3)	
AEROTRACH HOLDING CHAMBER *	\$0 (Tier 3)	
AEROVENT PLUS HOLDING CHAMBER *	\$0 (Tier 3)	
AIRZONE PEAK FLOW METER ADULTS & CHILDREN *	\$0 (Tier 4)	
ALTERNATE SITE 26G LANCETS RECAPABLE 26 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ASSURE COMFORT 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ASSURE HAEMOLANCE PLUS 18G 18 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ASSURE HAEMOLANCE PLUS 21G 21 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ASSURE HAEMOLANCE PLUS 25G 25 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
ASSURE HAEMOLANCE PLUS 28G 28 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	
ASSURE LANCE 25G LANCETS 25 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ASSURE LANCE 28G LANCETS 28 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ASSURE LANCE PLUS 21G LANCETS 21 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ASSURE LANCE PLUS 25G LANCETS 25 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ASSURE LANCE PLUS 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ASTHMA CHECK PEAK FLOW MTR *	\$0 (Tier 4)	
BD MICROTAINER 21G LANCETS 21 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
BD MICROTAINER 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"	\$0 (Tier 1)	
BD ULTRA-FINE 33G LANCETS 33 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
BD ULTRA-FINE II 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"	\$0 (Tier 1)	
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	\$0 (Tier 1)	
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"	\$0 (Tier 1)	
BLOOD LANCETS 30G EASY TWIST 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
BREATHERITE MDI SPACER *	\$0 (Tier 3)	
BREATHERITE SPACER-ADULT MASK *	\$0 (Tier 3)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
BREATHERITE SPACER-INFANT MASK *	\$0 (Tier 3)	
BREATHERITE SPACER-LG CHLD MSK *	\$0 (Tier 3)	
BREATHERITE SPACER-NEONATE MSK *	\$0 (Tier 3)	
BREATHERITE SPACER-SM CHLD MSK *	\$0 (Tier 3)	
BREATHRITE VALVED MDI CHAMBER *	\$0 (Tier 3)	
BULLSEYE MINI SAFETY 21G 21 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
BULLSEYE MINI SAFETY 25G LANCT 25 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
BULLSEYE MINI SAFETY 28G LANCT 28 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
CAREONE ULTRA THIN LANCET *	\$0 (Tier 4)	PA; QL (150 per 30 days)
CARESENS ULTRA THIN 30G LANCET 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
CARETOUCH 26G SAFETY LANCETS 26 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
CARETOUCH TWIST 28G LANCET 28 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
CARETOUCH TWIST 30G LANCET 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
CLEVER CHEK ULTRA THIN 30G 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
CLEVER CHOICE CHAMBER-LRG MASK *	\$0 (Tier 3)	
CLEVER CHOICE CHAMBER-MED MASK *	\$0 (Tier 3)	
CLEVER CHOICE CHAMBER-SM MASK *	\$0 (Tier 3)	
COAGUCHEK LANCETS *	\$0 (Tier 4)	PA; QL (150 per 30 days)
COMFORT EZ SAFETY 21G LANCETS 21 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
COMFORT EZ SAFETY 23G LANCETS 23 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
COMFORT EZ SAFETY 28G LANCETS 28 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
COMFORT LANCETS *	\$0 (Tier 4)	PA; QL (150 per 30 days)
COMPACT SPACE CHAMBER *	\$0 (Tier 3)	
COMPACT SPACE CHAMBER PLUS *	\$0 (Tier 3)	
COMPACT SPACE CHAMBER-LRG MASK *	\$0 (Tier 3)	
COMPACT SPACE CHAMBER-MED MASK *	\$0 (Tier 3)	
COMPACT SPACE CHAMBER-SM MASK *	\$0 (Tier 3)	
CVS MICRO THIN 33G LANCETS 33 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
CVS THIN 26G LANCETS 26 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
CVS ULTRA THIN 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
DROPLET 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
EASIVENT HOLDING CHAMBER HOSPITAL PACK *	\$0 (Tier 3)	
EASIVENT MASK-LARGE *	\$0 (Tier 3)	
EASIVENT MASK-MEDIUM *	\$0 (Tier 3)	
EASIVENT MASK-SMALL *	\$0 (Tier 3)	
EASY COMFORT 30G LANCETS 30G,TWIST TOP,STRL 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
EASY TOUCH SAFETY 21G LANCETS 21 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
EASY TOUCH SAFETY 23G LANCETS 23 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
EASY TOUCH TWIST 26G LANCETS 26 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
EASY TOUCH TWIST 28G LANCETS 28 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
EASY TOUCH TWIST 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
EASY TOUCH TWIST 32G LANCETS 32 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
EASY TOUCH TWIST 33G LANCETS 33 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
EASY TWIST & CAP 28G LANCETS 28 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
EMBRACE 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
EQ SPACE CHAMBER *	\$0 (Tier 3)	
E-Z JECT COLORED LANCETS *	\$0 (Tier 4)	PA; QL (150 per 30 days)
EZ SMART 28G LANCETS 28 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
E-ZJECT COLOR 32G LANCETS 32 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
E-ZJECT COLOR 33G LANCETS 33 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
E-ZJECT SUPER THIN 30G LANCETS SUPER THIN 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
EZ-LETS 26G LANCETS 26 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
FIFTY50 SAFETY SEAL 30G LANCET 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
FIFTY50 SAFETY SEAL 32G LANCET 32 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
FINE 30 UNIVERSAL 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
FINGERSTIX LANCETS *	\$0 (Tier 4)	PA; QL (150 per 30 days)
FLEXICHAMBER *	\$0 (Tier 3)	
FLEXICHAMBER-LG CHILD MASK *	\$0 (Tier 3)	
FLEXICHAMBER-SM ADULT MASK *	\$0 (Tier 3)	
FLEXICHAMBER-SM CHILD MASK *	\$0 (Tier 3)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
FORA 30G LANCETS TWIST OFF,SINGLE USE 30 GAUGE * (1st Tier Unilet ComforTouch)	\$0 (Tier 4)	PA; QL (150 per 30 days)
FORACARE 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
FREESTYLE 28G LANCETS 28 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
FREESTYLE INSULINX TEST STRIP NO CODE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
FREESTYLE INSULINX TEST STRIPS *	\$0 (Tier 4)	PA; QL (150 per 30 days)
FREESTYLE LITE TEST STRIP *	\$0 (Tier 4)	PA; QL (150 per 30 days)
FREESTYLE PREC NEO TEST STRIPS *	\$0 (Tier 4)	PA; QL (150 per 30 days)
FREESTYLE TEST STRIPS *	\$0 (Tier 4)	PA; QL (150 per 30 days)
FREESTYLE UNISTIK 2 LANCETS *	\$0 (Tier 4)	PA; QL (150 per 30 days)
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	\$0 (Tier 1)	
GLUCOCOM 28G LANCETS 28 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
GLUCOCOM 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
GLUCOCOM 33G LANCETS 33 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
GNP UNIVERSAL 1 STANDARD 21G 21 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
GNP UNIVERSAL 1 SUPER THIN 30G 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
GOJJI LANCETS 30G 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
HEALTHY ACCENTS UNILET 30G 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
INCONTROL SUPER THIN 30G LANCT 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
INCONTROL ULTRA THIN 28G LANCT 28 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
INJECT EASE 28G LANCETS 28 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
INJECT EASE 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
INSPIRACHAMBER *	\$0 (Tier 3)	
INSPIRACHAMBER WITH MASK-LARGE *	\$0 (Tier 3)	
INSPIRACHAMBER WITH MASK-MED *	\$0 (Tier 3)	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE	\$0 (Tier 1)	(Ultilet Insulin Syringe)
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2"	\$0 (Tier 1)	(Advocate Syringes)
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE	\$0 (Tier 1)	(Lite Touch Insulin Syringe)
INVACARE 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
KRO UNIVERSAL 1 THIN 26G LANCT 26 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
KROGER SUPER THIN LANCETS *	\$0 (Tier 4)	PA; QL (150 per 30 days)
LANCETS 28G LANCETS 28 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
LANCETS 33G 33 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
LANCETS THIN 23G 23 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
LANCETS ULTRA THIN 26G 26 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
LITE TOUCH 28G LANCETS 28 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
LITE TOUCH 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
LITE TOUCH 33G LANCETS 33 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
LITEAIRE MDI CHAMBER *	\$0 (Tier 3)	
LITETOUGH SMALL MASK *	\$0 (Tier 3)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
LONGS THIN LANCETS 26G 26G *	\$0 (Tier 4)	PA; QL (150 per 30 days)
MEDISENSE THIN 28G LANCETS 28 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
MEDLANCE PLUS 21G LANCETS UNIVERSAL 21 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
MEDLANCE PLUS 30G LANCETS SUPERLITE, 1.2MM 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
MEDLANCE PLUS LITE 25G LANCETS 1.5MM 25 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
MEIJER LANCETS 30G * (Accu-Chek Fastclix Lancet Drum)	\$0 (Tier 4)	PA; QL (150 per 30 days)
MICROCHAMBER LATEX/F *	\$0 (Tier 3)	
MICROLET LANCETS *	\$0 (Tier 4)	PA; QL (150 per 30 days)
MICROSPACER FOR AEROSOL DEVICE LATEX/F *	\$0 (Tier 3)	
MONOLET 21G LANCETS 21 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
MONOLET THIN 28G LANCETS 28 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
MYGLUCOHEALTH 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
NOVA SAFETY 23G LANCETS 23 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
NOVA SAFETY 28G LANCETS 28 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
NOVA SUREFLEX THIN LANCETS *	\$0 (Tier 4)	PA; QL (150 per 30 days)
OMNIPOD DASH 5 PACK POD	\$0 (Tier 1)	
ON CALL 30G LANCET 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ON CALL PLUS 30G LANCET 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ONE WAY VALVED MOUTHPIECE *	\$0 (Tier 4)	
ONETOUCH DELICA 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
ONETOUCH DELICA 33G LANCETS 33 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ONETOUCH DELICA PLUS 30G LANCET 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ONETOUCH SURESOFT 28G LANC DEV 28 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ONETOUCH ULTRASOFT LANCETS *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ON-THE-GO 30G LANCETS GENTLE, 1.5MM 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
OPTICHAMBER ADULT MASK-LARGE *	\$0 (Tier 3)	
OPTICHAMBER DIAMOND VHC *	\$0 (Tier 3)	
OPTICHAMBER DIAMOND W-LRG MASK *	\$0 (Tier 3)	
OPTICHAMBER DIAMOND W-MED MASK *	\$0 (Tier 3)	
OPTICHAMBER DIAMOND W-SML MASK *	\$0 (Tier 3)	
PANDA MASK SMALL *	\$0 (Tier 4)	
PEAK-AIR PEAK FLOW METER *	\$0 (Tier 4)	
PEDIATRIC MOUTHPIECE *	\$0 (Tier 4)	
PEDIATRIC PANDA MASK *	\$0 (Tier 4)	
PEDIATRIC SMALL MASK *	\$0 (Tier 4)	
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2" (1st Tier Unifine Pentips)	\$0 (Tier 1)	
PERSONAL BEST PEAK FLOW MTR *	\$0 (Tier 4)	
PFLEX INSPIRATORY TRAINER *	\$0 (Tier 3)	
PIP 28G LANCET 28 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
PIP 30G LANCET 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
POCKET CHAMBER *	\$0 (Tier 3)	
POCKET PEAK FLOW METER 12'S *	\$0 (Tier 4)	
PRECISION XTRA TEST STRIPS *	\$0 (Tier 4)	PA; QL (150 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
PRESSURE ACTIVATED 21G LANCETS 21 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
PRESSURE ACTIVATED 28G LANCETS 28 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
PRIMEAIRE CHAMBER *	\$0 (Tier 3)	
PRO COMFORT 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
PRO COMFORT 31G LANCET 31 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
PROCARE SPACER WITH ADULT MASK *	\$0 (Tier 3)	
PROCARE SPACER WITH CHILD MASK *	\$0 (Tier 3)	
PROCHAMBER HOLDING CHAMBER *	\$0 (Tier 3)	
PRODIGY PRESSURE ACTIVATED 28G 28 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
PRODIGY SAFETY 26G LANCETS 26 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
PRODIGY TWIST TOP 28G LANCET 28 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
PURE COMFORT 30G SAFETY LANCET 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
PURE COMFORT 30G TWIST LANCET 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
PUSH BUTTON SAFETY 21G LANCET 21 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
PUSH BUTTON SAFETY 28G LANCET 28 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
RA E-ZJECT 26G LANCETS 26 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
RA E-ZJECT 28G LANCETS 28 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
READYLANCE 21G SAFETY LANCETS 21 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
READYLANCE 23G SAFETY LANCETS 23 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
READYLANCE 26G SAFETY LANCETS 26 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
READYLANCE 28G SAFETY LANCETS 28 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
READYLANCE 30G SAFETY LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
RELIAMED 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
RELIAMED SAFETY 23G LANCETS 23 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
RELIAMED SAFETY 28G LANCETS LATEX-FREE 28 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
RELIAMED SAFETY SEAL 28G LANCT 28 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
RELIAMED SAFETY SEAL 30G LANCT 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
RELION MICRO THIN 33G LANCET 33 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
RELION THIN 26G LANCETS 26 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
RELION ULTRA THIN PLUS 33G 33 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
RELION ULTRA THIN PLUS LANCETS *	\$0 (Tier 4)	PA; QL (150 per 30 days)
RIGHTTEST GL300 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
RITEFLO SPACER *	\$0 (Tier 3)	
SAFETY 21G LANCETS LATEX-FREE 21 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
SAFETY 28G LANCETS 28 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
SAFETY LANCETS 26G 26 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
SAFETY SEAL 28G LANCETS 28 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
SAFETY SEAL 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
SAFETY-LET 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
SIDESTREAM PEDIATRIC FACE MASK *	\$0 (Tier 4)	
SILICONE MASK-INFANT *	\$0 (Tier 3)	
SILICONE MASK-PEDIATRIC *	\$0 (Tier 4)	
SINGLE-LET LANCETS *	\$0 (Tier 4)	PA; QL (150 per 30 days)
SM COLOR LANCETS 21G 21 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
SM LANCETS 21G 21 GAUGE * (Assure Haemolance Plus)	\$0 (Tier 4)	PA; QL (150 per 30 days)
SM STERILE PADS 2" X 2" 2"X2", STERILE 2 X 2 "	\$0 (Tier 1)	
SM THIN LANCETS 26G 26 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
SMART SENSE COLOR 33G LANCETS 33 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
SMART SENSE STANDARD 21G 21 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
SMART SENSE THIN 26G LANCETS 26 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
SMARTEST LANCET *	\$0 (Tier 4)	PA; QL (150 per 30 days)
SOFT TOUCH LANCETS *	\$0 (Tier 4)	PA; QL (150 per 30 days)
SOLUS V2 28G LANCETS 28 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
SOLUS V2 30G TWIST LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
SPACE CHAMBER PLUS *	\$0 (Tier 3)	
STERILANCE TL TWIST 30G LANCET 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
STERILANCE TL TWIST 32G LANCET 32 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
SUPER THIN 28G LANCETS STERILE 28 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
SUPER THIN 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
SURE COMFORT 18G LANCETS 18 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
SURE COMFORT 21G LANCETS 21 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
SURE COMFORT 23G LANCETS 23 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
SURE COMFORT 28G LANCETS 28 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
SURE COMFORT 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
SURE-LANCE 26G LANCETS 26 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
SURE-LANCE FLAT LANCETS *	\$0 (Tier 4)	PA; QL (150 per 30 days)
SURE-LANCE THIN 28G LANCETS 28 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
SURE-LANCE ULTRA THIN 30G 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
SURE-TOUCH LANCET *	\$0 (Tier 4)	PA; QL (150 per 30 days)
TECHLITE 25G LANCETS 25 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
TECHLITE 28G LANCETS 28 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
TECHLITE 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
TELCARE ULTRA THIN 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
THIN LANCETS 28G 28 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
THRESHOLD IMT TRAINER *	\$0 (Tier 3)	
THRESHOLD PEP DEVICE *	\$0 (Tier 3)	
TOPCARE UNIVERSAL1 33G LANCETS 33 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
TOPCARE UNIVERSAL1 THIN LANCET THIN, 26G *	\$0 (Tier 4)	PA; QL (150 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
TRUE COMFORT 30G LANCET 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
TRUEPLUS 26G LANCETS 26 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
TRUEPLUS 33G LANCETS 33 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
TRUEPLUS SAFETY 28G LANCET 28 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
TRUEPLUS SUPER THIN 28G LANCET 28G, STERILE 28 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
TRUEPLUS ULTRA THIN 30G LANCET 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
TWIST LANCETS 30G 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
TWIST LANCETS 32G 32 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ULTILET 28G LANCETS 28 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ULTILET 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ULTILET 33G LANCETS 33 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ULTILET BASIC 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ULTILET CLASSIC 26G LANCETS *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ULTILET CLASSIC 28G LANCETS 28 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ULTILET CLASSIC 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ULTILET CLASSIC 33G LANCETS 33 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ULTILET SAFETY 23G LANCETS 23 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ULTRA FINE 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ULTRA THIN 28G LANCETS 28G, STRL 28 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
ULTRA THIN 31G LANCET 31 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ULTRA THIN 31G LANCETS 31 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ULTRA THIN 33G LANCETS 33 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ULTRA-CARE 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ULTRALANCE 26G LANCETS 26 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ULTRALANCE 28G LANCETS 28 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ULTRA-THIN II 28G LANCETS 28 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ULTRA-THIN II 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
ULTRATLC LANCETS *	\$0 (Tier 4)	PA; QL (150 per 30 days)
UNILET COMFORTOUCH 26G LANCETS 26 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
UNILET COMFORTOUCH LANCET *	\$0 (Tier 4)	PA; QL (150 per 30 days)
UNILET EXCELITE II LANCET *	\$0 (Tier 4)	PA; QL (150 per 30 days)
UNILET EXCELITE LANCET *	\$0 (Tier 4)	PA; QL (150 per 30 days)
UNILET GP LANCET *	\$0 (Tier 4)	PA; QL (150 per 30 days)
UNILET MICRO THIN 33G LANCET 33 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
UNILET MICRO THIN 33G LANCETS 33 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
UNILET SUPER THIN 30G LANCETS SINGLE-USE,STERILE 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
UNILET ULTRA THIN 28G LANCETS SINGLE-USE,STERILE 28 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
UNISTIK 3 COMFORT LANCET *	\$0 (Tier 4)	PA; QL (150 per 30 days)
UNISTIK 3 EXTRA 21G LANCETS 21 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
UNISTIK 3 GENTLE ON-THE-GO 30G 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
UNISTIK 3 NORMAL 23G LANCETS 23 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
UNISTIK 3 SAFETY 21G LANCETS 21 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
UNISTIK CZT COMFORT 28G LANCET 28 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
UNISTIK CZT NORMAL 23G LANCETS 23 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
UNISTIK PRO 21G LANCET 21 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
UNISTIK PRO 25G LANCET 25 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
UNISTIK PRO 28G LANCET 28 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
UNISTIK SAFETY 28G LANCET 28 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
UNISTIK SAFETY 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
UNISTIK TOUCH 21G LANCETS 21 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
UNISTIK TOUCH 23G LANCETS 23 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
UNISTIK TOUCH 28G LANCETS 28 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
UNISTIK TOUCH 30G LANCETS 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
UNIVERSAL 1 33G LANCETS 33 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
VIVAGUARD LANCET 30 GAUGE *	\$0 (Tier 4)	PA; QL (150 per 30 days)
VORTEX ADULT MASK *	\$0 (Tier 4)	
VORTEX FROG CHILD MASK *	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
VORTEX HOLDING CHAMBER HRI *	\$0 (Tier 3)	
VORTEX LADYBUG TODDLER MASK *	\$0 (Tier 4)	
VORTEX VHC LADYBUG TODDLER MSK HRI *	\$0 (Tier 3)	
WALGREENS ULTRA THIN LANCETS *	\$0 (Tier 4)	PA; QL (150 per 30 days)
WINDMILL TRAINER FOR MINI WRIGHT PFM *	\$0 (Tier 4)	
Enzyme Replacement/Modifiers		
Enzyme Replacement/Modifiers		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	\$0 - \$9.20 (Tier 2)	NDS
CERDELGA ORAL CAPSULE 84 MG	\$0 - \$9.20 (Tier 2)	PA; NDS
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	\$0 - \$9.20 (Tier 2)	NDS
CREON ORAL CAPSULE, DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	\$0 - \$9.20 (Tier 2)	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	\$0 - \$9.20 (Tier 2)	NDS
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	\$0 - \$9.20 (Tier 2)	NDS
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	\$0 - \$9.20 (Tier 2)	PA; NDS
GALAFOLD ORAL CAPSULE 123 MG	\$0 - \$9.20 (Tier 2)	PA; QL (14 per 28 days); NDS
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	\$0 - \$9.20 (Tier 2)	PA; NDS
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	\$0 - \$9.20 (Tier 2)	PA BvD; NDS
KUVAN ORAL TABLET, SOLUBLE 100 MG	\$0 - \$9.20 (Tier 2)	NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML	\$0 - \$9.20 (Tier 2)	PA; NDS
<i>miglustat oral capsule 100 mg</i> (Zavesca)	\$0 (Tier 1)	PA; QL (90 per 30 days); NDS
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	\$0 - \$9.20 (Tier 2)	NDS
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i> (Orfadin)	\$0 (Tier 1)	PA; NDS
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	\$0 - \$9.20 (Tier 2)	PA; NDS
ORFADIN ORAL CAPSULE 20 MG	\$0 - \$9.20 (Tier 2)	PA; NDS
ORFADIN ORAL SUSPENSION 4 MG/ML	\$0 - \$9.20 (Tier 2)	PA; NDS
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	\$0 - \$9.20 (Tier 2)	PA; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	\$0 - \$9.20 (Tier 2)	PA BvD; NDS
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	\$0 - \$9.20 (Tier 2)	PA; NDS
<i>sapropterin oral tablet, soluble 100 mg</i> (Kuvan)	\$0 (Tier 1)	NDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	\$0 - \$9.20 (Tier 2)	PA; LA; NDS
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	\$0 - \$9.20 (Tier 2)	PA; NDS
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	\$0 - \$9.20 (Tier 2)	NDS
ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000 - 84,000 UNIT, 25,000-79,000 - 105,000 UNIT, 3,000-10,000 - 14,000 - UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	\$0 - \$9.20 (Tier 2)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
Eye, Ear, Nose, Throat Agents		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
<i>advanced eye relief eye wash</i> *	\$0 (Tier 4)	
<i>alaway 0.025% eye drops 0.025 % (0.035 %)</i> *	\$0 (Tier 4)	
<i>altamist 0.65% nose spray 0.65 %</i> *	\$0 (Tier 4)	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	\$0 (Tier 1)	
<i>artificial tears 1.4% drops 1.4 %</i> *	\$0 (Tier 4)	
<i>artificial tears drops u-d, 32x.6ml 0.1-0.3 %</i> *	\$0 (Tier 4)	
<i>artificial tears eye drops</i> *	\$0 (Tier 4)	
<i>artificial tears eye drops strl 0.1-0.3 %</i> *	\$0 (Tier 4)	
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	\$0 - \$9.20 (Tier 2)	
<i>ayr saline 0.65% nose drops 0.65 %</i> *	\$0 (Tier 4)	
<i>ayr saline 0.65% nose spray 0.65 %</i> *	\$0 (Tier 4)	
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	\$0 (Tier 1)	QL (30 per 25 days)
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	\$0 (Tier 1)	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	\$0 (Tier 1)	
<i>cvs artificial tears drops 1-0.3 %</i> *	\$0 (Tier 4)	
<i>cvs eye wash solution</i> *	\$0 (Tier 4)	
<i>cvs natural tears drop 0.1-0.3 %</i> *	\$0 (Tier 4)	
<i>cvs saline 0.65% nasal spray 0.65 %</i> *	\$0 (Tier 4)	
<i>cvs saline 3% nasal mist 3 %</i> *	\$0 (Tier 4)	
<i>cyclopentolate ophthalmic (eye) drops 0.5 %</i> (Cyclogyl) %, 1 %, 2 %	\$0 (Tier 1)	
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	\$0 - \$9.20 (Tier 2)	NDS
<i>deep sea 0.65% nose spray 0.65 %</i> *	\$0 (Tier 4)	
<i>dristan long lasting mist 0.05 %</i> *	\$0 (Tier 4)	
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	\$0 (Tier 1)	
<i>eq gentle 0.3% eye drops 0.3 %</i> *	\$0 (Tier 4)	
<i>eq restore tears 0.5% eye drop 0.5 %</i> *	\$0 (Tier 4)	
<i>eq revive plus 0.5% eye drops 0.5 %</i> *	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
GENTEAL TEARS 0.1%-0.2%-0.3% 0.1-0.3-0.2 % *	\$0 (Tier 4)	
<i>genteal tears 0.1%-0.3% drop 0.1-0.3 % *</i>	\$0 (Tier 4)	
<i>ipratropium bromide nasal spray,non-aerosol 0.03 %</i>	\$0 (Tier 1)	QL (30 per 28 days)
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>	\$0 (Tier 1)	QL (15 per 10 days)
<i>ketotifen fum 0.025% eye drops (otc) (Alaway) 0.025 % (0.035 %) *</i>	\$0 (Tier 4)	
<i>little remedies stuffy nose kt w/ nasal aspirator 0.65 % *</i>	\$0 (Tier 4)	
<i>lubricant 0.5-0.9% eye drops 0.5-0.9 % *</i>	\$0 (Tier 4)	
<i>muro-128 2% eye drops 2 % *</i>	\$0 (Tier 4)	
<i>muro-128 5% eye drops 5 % *</i>	\$0 (Tier 4)	
<i>muro-128 5% eye ointment 5 % *</i>	\$0 (Tier 4)	
<i>nasal relief 0.05% spray sinus formula 0.05 % *</i>	\$0 (Tier 4)	
<i>nasal spray 0.05% extra moisturizing 0.05 % *</i>	\$0 (Tier 4)	
<i>ocean 0.65% nasal spray 0.65 % *</i>	\$0 (Tier 4)	
<i>olopatadine ophthalmic (eye) drops 0.1 %, (Pataday) 0.2 %</i>	\$0 (Tier 1)	
<i>proparacaine ophthalmic (eye) drops 0.5 % (Alcaine)</i>	\$0 (Tier 1)	
<i>pure & gentle eye drops lubricant 0.3 % *</i>	\$0 (Tier 4)	
<i>ra 12hr nasal spray 0.05% for sinus 0.05 % *</i>	\$0 (Tier 4)	
<i>ra artificial tears drops dry eye formula 1-0.3 % *</i>	\$0 (Tier 4)	
<i>ra lubricant 0.6% eye drop 0.6 % *</i>	\$0 (Tier 4)	
<i>retaine nacl 5% eye drop 5 % *</i>	\$0 (Tier 4)	
<i>retaine nacl 5% eye ointment 5 % *</i>	\$0 (Tier 4)	
<i>saline mist 0.65% nose spry 0.65 % *</i>	\$0 (Tier 4)	
<i>sinus relief nasal spray 0.05% 0.05 % *</i>	\$0 (Tier 4)	
<i>sm eye wash solution *</i>	\$0 (Tier 4)	
<i>sm nasal spray sinus 0.05 % *</i>	\$0 (Tier 4)	
<i>sochlor 5% eye drops 5 % *</i>	\$0 (Tier 4)	
<i>sochlor 5% eye ointment 5 % *</i>	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>sodium chloride 5% eye drop 5 % *</i> (Muro 128)	\$0 (Tier 4)	
<i>sodium chloride 5% eye oint 5 % *</i> (Muro 128)	\$0 (Tier 4)	
<i>tears again 1.4% drops 1.4 % *</i>	\$0 (Tier 4)	
TEPEZZA INTRAVENOUS RECON SOLN 500 MG	\$0 - \$9.20 (Tier 2)	PA; NDS
<i>ultra fresh pm ointment *</i>	\$0 (Tier 4)	
<i>vicks qllearquil 0.05% mist 0.05 % *</i>	\$0 (Tier 4)	
<i>vicks sinex 12 hour spray 0.05 % *</i>	\$0 (Tier 4)	
<i>wal-zyr 0.025% eye drops 0.025 % (0.035 %) *</i>	\$0 (Tier 4)	
Eye, Ear, Nose, Throat Anti-Infectives Agents		
<i>acetic acid otic (ear) solution 2 %</i>	\$0 (Tier 1)	
<i>acetic acid-aluminum acetate otic (ear) drops 2 %</i>	\$0 (Tier 1)	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i> (Baciguent)	\$0 (Tier 1)	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> (Polycin)	\$0 (Tier 1)	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	\$0 - \$9.20 (Tier 2)	ST
<i>bleph-10 ophthalmic (eye) drops 10 %</i>	\$0 (Tier 1)	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i> (Ciloxan)	\$0 (Tier 1)	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i> (Ciprodex)	\$0 (Tier 1)	
<i>debrox 6.5% ear drops 6.5 % *</i>	\$0 (Tier 4)	
<i>ear drops 6.5% 6.5 % *</i>	\$0 (Tier 4)	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	\$0 (Tier 1)	QL (3.5 per 4 days)
<i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	\$0 (Tier 1)	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	\$0 (Tier 1)	
<i>gnp ear system 6.5% 6.5 % *</i>	\$0 (Tier 4)	
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	\$0 (Tier 1)	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox)	\$0 (Tier 1)	
<i>murine ear wax removal system 6.5 % *</i>	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	\$0 - \$9.20 (Tier 2)	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC)	\$0 (Tier 1)	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin)	\$0 (Tier 1)	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol)	\$0 (Tier 1)	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> (Maxitrol)	\$0 (Tier 1)	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	\$0 (Tier 1)	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	\$0 (Tier 1)	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	\$0 (Tier 1)	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	\$0 (Tier 1)	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox)	\$0 (Tier 1)	
<i>ofloxacin otic (ear) drops 0.3 %</i>	\$0 (Tier 1)	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	\$0 (Tier 1)	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i> (Polytrim)	\$0 (Tier 1)	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i> (Bleph-10)	\$0 (Tier 1)	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	\$0 (Tier 1)	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i> (Tobrex)	\$0 (Tier 1)	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i> (TobraDex)	\$0 (Tier 1)	
<i>trifluridine ophthalmic (eye) drops 1 %</i>	\$0 (Tier 1)	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	\$0 - \$9.20 (Tier 2)	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	\$0 - \$9.20 (Tier 2)	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		
<i>24 hour allergy 50 mcg spray 50 mcglactuation *</i>	\$0 (Tier 4)	
<i>aller-cort 55 mcg nasal spray inner 55 mcg *</i>	\$0 (Tier 4)	
<i>aller-flo 50 mcg spray outer 50 mcglactuation *</i>	\$0 (Tier 4)	
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	\$0 - \$9.20 (Tier 2)	ST
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	\$0 - \$9.20 (Tier 2)	
<i>clarispray 50 mcg nasal spray 50 mcglactuation *</i>	\$0 (Tier 4)	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	\$0 (Tier 1)	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	\$0 (Tier 1)	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	\$0 - \$9.20 (Tier 2)	
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	\$0 (Tier 1)	QL (50 per 25 days)
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> (FML Liquifilm)	\$0 - \$9.20 (Tier 2)	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	\$0 (Tier 1)	
<i>fluticasone prop 50 mcg spray (otc) 50 mcglactuation *</i> (24 Hour Allergy Relief)	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i> (24 Hour Allergy Relief)	\$0 (Tier 1)	QL (16 per 30 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	\$0 - \$9.20 (Tier 2)	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	\$0 - \$9.20 (Tier 2)	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	\$0 (Tier 1)	QL (10 per 25 days)
<i>kro 24hr allergy rlf 50 mcg spr 50 mcglactuation *</i>	\$0 (Tier 4)	
<i>kro chld 24h allergy 50 mcg spr 50 mcglactuation *</i>	\$0 (Tier 4)	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	\$0 - \$9.20 (Tier 2)	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	\$0 - \$9.20 (Tier 2)	
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	\$0 - \$9.20 (Tier 2)	
<i>mometasone nasal spray,non-aerosol 50 mcglactuation</i> (Nasonex)	\$0 (Tier 1)	QL (34 per 28 days)
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Pred Forte)	\$0 - \$9.20 (Tier 2)	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	\$0 (Tier 1)	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	\$0 - \$9.20 (Tier 2)	
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	\$0 - \$9.20 (Tier 2)	QL (60 per 30 days)
<i>sm allergy relief 50 mcg spray 50 mcglactuation *</i>	\$0 (Tier 4)	
<i>triamcinolone 55 mcg nasal spr (otc) 55 mcg *</i> (Aller-Cort)	\$0 (Tier 4)	
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	\$0 - \$9.20 (Tier 2)	ST; QL (32 per 30 days)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	\$0 - \$9.20 (Tier 2)	QL (60 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
Gastrointestinal Agents		
Antiflatulents		
<i>cvs gas relf(simeth) 80 mg chw 80 mg *</i>	\$0 (Tier 4)	
<i>cvs gas relief 125 mg chew tab extra strength 125 mg *</i>	\$0 (Tier 4)	
<i>cvs gas relief ex-str drops 40 mg/0.6 ml *</i>	\$0 (Tier 4)	
<i>gnp gas rlf(simeth) 80 mg chew 80 mg *</i>	\$0 (Tier 4)	
<i>inf gas rel 20 mg/0.3 ml drop 40 mg/0.6 ml *</i>	\$0 (Tier 4)	
<i>little remedies gas relief drp 40 mg/0.6 ml *</i>	\$0 (Tier 4)	
<i>mi-acid gas 80 mg tab chew 80 mg *</i>	\$0 (Tier 4)	
<i>simethicone 125 mg tab chew 125 mg *</i>	\$0 (Tier 4)	(Gas Relief Extra Strength)
Antiulcer Agents And Acid Suppressants		
<i>acid control 150 mg tablet 150 mg *</i>	\$0 (Tier 4)	
<i>acid controller 20 mg tablet maximum strength 20 mg *</i>	\$0 (Tier 4)	
<i>acid reducer 20 mg tablet maximum strength 20 mg *</i>	\$0 (Tier 4)	
<i>acid reducer 75 mg tablet regular strength 75 mg *</i>	\$0 (Tier 4)	
<i>acid reducer dr 20 mg cap 20 mg *</i>	\$0 (Tier 4)	
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	\$0 (Tier 1)	
<i>cvs cimetidine 200 mg tablet (otc) 200 mg *</i>	\$0 (Tier 4)	(Acid Reducer (cimetidine))
<i>cvs esomeprazole mag 20 mg cap (otc) 20 mg *</i>	\$0 (Tier 4)	(Nexium)
<i>cvs lansoprazole dr 15 mg cap (otc) 15 mg *</i>	\$0 (Tier 4)	(Heartburn Treatment 24 Hour)
<i>cvs omeprazole dr 20 mg odt 20 mg *</i>	\$0 (Tier 4)	
<i>cvs ranitidine 75 mg tablet 75 mg *</i>	\$0 (Tier 4)	
<i>eq lansoprazole dr 15 mg cap inner (otc) 15 mg *</i>	\$0 (Tier 4)	(Heartburn Treatment 24 Hour)
<i>eql acid reducer 75 mg tablet 75 mg *</i>	\$0 (Tier 4)	
<i>eql heartburn relief 75 mg tab 75 mg *</i>	\$0 (Tier 4)	
<i>esomeprazole mag dr 20 mg cap outer (otc) 20 mg *</i>	\$0 (Tier 4)	(Nexium)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>esomeprazole sodium intravenous recon soln 20 mg</i>	\$0 (Tier 1)	
<i>esomeprazole sodium intravenous recon soln 40 mg</i> (Nexium IV)	\$0 (Tier 1)	
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	\$0 (Tier 1)	
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i>	\$0 (Tier 1)	
<i>famotidine 20 mg tablet (otc) 20 mg *</i> (Acid Controller)	\$0 (Tier 4)	
<i>famotidine intravenous solution 10 mg/ml</i>	\$0 (Tier 1)	
<i>famotidine oral tablet 20 mg</i> (Acid Controller)	\$0 (Tier 1)	
<i>famotidine oral tablet 40 mg</i> (Pepcid)	\$0 (Tier 1)	
<i>gs acid reducer 150 mg tablet 150 mg *</i>	\$0 (Tier 4)	
<i>gs acid reducer 75 mg tablet 75 mg *</i>	\$0 (Tier 4)	
<i>heartburn relief 10 mg tablet 10 mg *</i>	\$0 (Tier 4)	
<i>heartburn relief 20 mg tablet 20 mg *</i>	\$0 (Tier 4)	
<i>heartburn treatment 20 mg cap 20 mg *</i>	\$0 (Tier 4)	
<i>heartburn treatmnt 24 hr 15 mg 3x14, sodium free 15 mg *</i>	\$0 (Tier 4)	
<i>hm acid reducer 75 mg tablet regular strength 75 mg *</i>	\$0 (Tier 4)	
<i>hm famotidine 20 mg tablet maximum strength (otc) 20 mg *</i> (Acid Controller)	\$0 (Tier 4)	
<i>hm lansoprazole dr 15 mg cap gluten-free, 3 bottle (otc) 15 mg *</i> (Heartburn Treatment 24 Hour)	\$0 (Tier 4)	
<i>kro heartburn preven 20 mg tab 20 mg *</i>	\$0 (Tier 4)	
<i>kro heartburn relief 150 mg tb max str, gluten-free 150 mg *</i>	\$0 (Tier 4)	
<i>lansoprazole dr 15 mg capsule 24hr, 3 bottles (otc) 15 mg *</i> (Heartburn Treatment 24 Hour)	\$0 (Tier 4)	
<i>lansoprazole dr 15 mg capsule 2x14 day course (otc) 15 mg *</i> (Heartburn Treatment 24 Hour)	\$0 (Tier 4)	
<i>lansoprazole oral capsule, delayed release(drlec) 15 mg</i> (Heartburn Treatment 24 Hour)	\$0 (Tier 1)	QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release(drlec) 30 mg</i> (Prevacid)	\$0 (Tier 1)	QL (60 per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	\$0 (Tier 1)	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>omeprazole dr 20 mg tablet 20 mg *</i>	\$0 (Tier 4)	
<i>omeprazole mag dr 20.6 mg cap two 14-day course 20 mg *</i>	(Acid Reducer (omeprazole)) \$0 (Tier 4)	
<i>omeprazole oral capsule, delayed release (drlec) 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i>	(Zegerid) \$0 (Tier 1)	ST; QL (30 per 30 days)
<i>pantoprazole intravenous recon soln 40 mg</i>	(Protonix) \$0 (Tier 1)	
<i>pantoprazole oral tablet, delayed release (drlec) 20 mg</i>	(Protonix) \$0 (Tier 1)	QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (drlec) 40 mg</i>	(Protonix) \$0 (Tier 1)	QL (60 per 30 days)
<i>pub famotidine 20 mg tablet max strength (otc) 20 mg *</i>	(Acid Controller) \$0 (Tier 4)	
<i>pub ranitidine 150 mg tablet (otc) 150 mg *</i>	\$0 (Tier 4)	
<i>ranitidine 150 mg tablet gluten-free, max str (otc) 150 mg *</i>	\$0 (Tier 4)	
<i>ranitidine 150 mg tablet inner (otc) 150 mg *</i>	\$0 (Tier 4)	
<i>ranitidine 75 mg tablet 75 mg *</i>	\$0 (Tier 4)	
<i>ranitidine hcl injection solution 25 mg/ml, 50 mg/2 ml (25 mg/ml)</i>	\$0 (Tier 1)	
<i>ranitidine hcl oral syrup 15 mg/ml</i>	\$0 (Tier 1)	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	\$0 (Tier 1)	
<i>sm acid reducer 20 mg tablet maximum strength 20 mg *</i>	\$0 (Tier 4)	
<i>sm acid reducer 75 mg tablet 75 mg *</i>	\$0 (Tier 4)	
<i>sm lansoprazole dr 15 mg cap gluten-free, 1 bottle (otc) 15 mg *</i>	(Heartburn Treatment 24 Hour) \$0 (Tier 4)	
<i>sucrafate oral tablet 1 gram</i>	(Carafate) \$0 (Tier 1)	
<i>sw acid reducer 150 mg tablet 150 mg *</i>	\$0 (Tier 4)	
<i>wal-zan 150 mg tablet maximum strength 150 mg *</i>	\$0 (Tier 4)	
<i>wal-zan 75 mg tablet 75 mg *</i>	\$0 (Tier 4)	
Gastrointestinal Agents, Other		
<i>acid gone tablet chew 160-105 mg *</i>	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>almacone suspension 200-200-20 mg/5 ml</i> *	\$0 (Tier 4)	
<i>almacone-2 liquid 400-400-40 mg/5 ml</i> *	\$0 (Tier 4)	
<i>aluminum hydroxide gel 600 mg/5 ml</i> *	\$0 (Tier 4)	
<i>aluminum hydroxide gel sugar-free 320 mg/5 ml</i> *	\$0 (Tier 4)	
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	\$0 - \$9.20 (Tier 2)	QL (60 per 30 days)
<i>antacid 1000-200 mg tab chew 1,000-200 mg</i> *	\$0 (Tier 4)	
<i>antacid 675-135 mg tab chew ex-str, asstd fruit 675-135 mg</i> *	\$0 (Tier 4)	
<i>antacid anti-gas liquid 400-400-40 mg/5 ml</i> *	\$0 (Tier 4)	
<i>antacid chewable tablet peppermint flavor 550-110 mg</i> *	\$0 (Tier 4)	
<i>antacid liquid 200-200-20 mg/5 ml</i> *	\$0 (Tier 4)	
<i>antacid ultra strength softchw 1,177 mg</i> *	\$0 (Tier 4)	
<i>antacid ultra tablet chew 400 mg calcium (1,000 mg)</i> *	\$0 (Tier 4)	
<i>anti-diarrheal 1 mg/5 ml liq 1 mg/5 ml</i> *	\$0 (Tier 4)	
<i>anti-diarrheal 2 mg caplet caplet 2 mg</i> *	\$0 (Tier 4)	
<i>bismatrol 525 mg/15 ml susp 525 mg/15 ml</i> *	\$0 (Tier 4)	
<i>bismatrol 525 mg/30 ml susp 262 mg/15 ml</i> *	\$0 (Tier 4)	
<i>bismatrol tablet chew 262 mg</i> *	\$0 (Tier 4)	
<i>calcium 500 mg chewable tablet tab</i> (Calcium 500) <i>chew,plf (rx) 500 mg calcium (1,250 mg)</i> *	\$0 (Tier 4)	
<i>calcium antacid 500 mg chw tab assorted fruit 200 mg calcium (500 mg)</i> *	\$0 (Tier 4)	
<i>calcium antacid 750 mg tb chew 300 mg (750 mg)</i> *	\$0 (Tier 4)	
<i>cal-gest 500 mg tablet chew 200 mg calcium (500 mg)</i> *	\$0 (Tier 4)	
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	\$0 - \$9.20 (Tier 2)	NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>comfort gel max str susp max-str 400-400-40 mg/5 ml *</i>	\$0 (Tier 4)	
<i>comfort gel suspension regular str, cherry 200-200-20 mg/5 ml *</i>	\$0 (Tier 4)	
<i>constulose oral solution 10 gram/15 ml</i>	\$0 (Tier 1)	
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	\$0 (Tier 1)	
<i>cvs antacid supreme liquid 400-135 mg/5 ml *</i>	\$0 (Tier 4)	
<i>cvs antacid ultra tab chew ultra strength 400 mg calcium (1,000 mg) *</i>	\$0 (Tier 4)	
<i>cvs antacid xtra str chew tab extra-strength 300 mg (750 mg) *</i>	\$0 (Tier 4)	
<i>cvs anti-diarrheal 2 mg sftigel 2 mg *</i>	\$0 (Tier 4)	
<i>cvs anti-diarrheal suspension 262 mg/15 ml *</i>	\$0 (Tier 4)	
<i>cvs flavor chew antacid 750 mg 300 mg (750 mg) *</i>	\$0 (Tier 4)	
<i>cvs heartburn relief chew tab 160-105 mg *</i>	\$0 (Tier 4)	
<i>cvs magnesium 200 mg chew tab 200 mg magnesium *</i>	\$0 (Tier 4)	
<i>diamode 2 mg tablet outer, f/c 2 mg *</i>	\$0 (Tier 4)	
<i>dicyclomine oral capsule 10 mg</i>	\$0 (Tier 1)	
<i>dicyclomine oral solution 10 mg/5 ml</i>	\$0 (Tier 1)	
<i>dicyclomine oral tablet 20 mg</i>	\$0 (Tier 1)	
<i>diotame instydose 524 mg/30 ml 524 mg/30 ml *</i>	\$0 (Tier 4)	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>enulose oral solution 10 gram/15 ml</i>	\$0 (Tier 1)	
<i>eq liquid antacid susp maximum strength 400-400-40 mg/5 ml *</i>	\$0 (Tier 4)	
<i>flanax antacid liquid 200-200-20 mg/5 ml *</i>	\$0 (Tier 4)	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	\$0 - \$9.20 (Tier 2)	PA; NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>gelusil 200-200-25 mg chew tab cool mint 200-200-25 mg *</i>	\$0 (Tier 4)	
<i>generlac oral solution 10 gram/15 ml</i>	\$0 (Tier 1)	
<i>glycopyrrolate injection solution 0.2 mg/ml</i>	\$0 (Tier 1)	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	\$0 (Tier 1)	
<i>heartburn antacid chew tablet 160-105 mg *</i>	\$0 (Tier 4)	
<i>hm loperamide 2 mg softgel softgel (otc) 2 mg *</i> (Anti-Diarrheal (loperamide))	\$0 (Tier 4)	
<i>hm magnesium 400 mg caplet gluten-free, caplet 400 mg magnesium *</i>	\$0 (Tier 4)	
<i>imodium a-d 1 mg/7.5 ml liquid 1 mg/7.5 ml *</i>	\$0 (Tier 4)	
<i>imodium a-d 2 mg softgel 2 mg *</i>	\$0 (Tier 4)	
IMODIUM MULTI-SYMPTOM REL CPLT MULTI-SYMPTOM,CAPLET 2-125 MG *	\$0 (Tier 4)	
<i>kaopectate 262 mg/15 ml susp vanilla flavor 262 mg/15 ml *</i>	\$0 (Tier 4)	
<i>kaopectate extra strength liq peppermint 525 mg/15 ml *</i>	\$0 (Tier 4)	
<i>kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml</i>	\$0 (Tier 1)	
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	\$0 (Tier 1)	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	\$0 - \$9.20 (Tier 2)	QL (30 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	\$0 - \$9.20 (Tier 2)	QL (90 per 30 days)
<i>loperamide 1 mg/5 ml liquid 1 mg/5 ml *</i>	\$0 (Tier 4)	
<i>loperamide 1 mg/7.5 ml soln 1 mg/7.5 ml *</i> (Imodium A-D)	\$0 (Tier 4)	
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	\$0 (Tier 1)	
<i>maalox advanced suspension regular strength 200-200-20 mg/5 ml *</i>	\$0 (Tier 4)	
MAG-AL LIQUID 200-200 MG/5 ML *	\$0 (Tier 4)	
<i>magnesium oxide 250 mg tablet (rx) 250 mg magnesium *</i>	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>magnesium oxide 400 mg tablet (rx) 400 mg (241.3 mg magnesium) *</i> (MgO)	\$0 (Tier 4)	
<i>magnesium oxide 400 packet 240 mg magnesium *</i>	\$0 (Tier 4)	
<i>magnesium oxide 420 mg tablet (rx) 420 mg *</i>	\$0 (Tier 4)	
<i>magnesium oxide 500 mg capsule (rx) 500 mg *</i>	\$0 (Tier 4)	
<i>magnesium oxide 500 mg tablet plf,slf,lactose-free (rx) 500 mg *</i> (Phillips)	\$0 (Tier 4)	
<i>mag-oxide magnesium 200 mg tab 200 mg magnesium *</i>	\$0 (Tier 4)	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<i>metoclopramide hcl injection solution 5 mg/ml</i>	\$0 (Tier 1)	
<i>metoclopramide hcl injection syringe 5 mg/ml</i>	\$0 (Tier 1)	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	\$0 (Tier 1)	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	\$0 (Tier 1)	
<i>mgo 400 mg tablet 400 mg (241.3 mg magnesium) *</i>	\$0 (Tier 4)	
<i>mi-acid 400-400-40 mg/10 ml lq 200-200-20 mg/5 ml *</i>	\$0 (Tier 4)	
<i>mi-acid max strength liquid 400-400-40 mg/5 ml *</i>	\$0 (Tier 4)	
<i>mintox maximum strength susp max str, lemon creme 400-400-40 mg/5 ml *</i>	\$0 (Tier 4)	
<i>mintox plus tablet chewable 200-200-25 mg *</i>	\$0 (Tier 4)	
<i>mintox suspension 200-200-20 mg/5 ml *</i>	\$0 (Tier 4)	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	\$0 - \$9.20 (Tier 2)	QL (30 per 30 days)
<i>mylanta maximum strength liq 400-400-40 mg/5 ml *</i>	\$0 (Tier 4)	
OCALIVA ORAL TABLET 10 MG, 5 MG	\$0 - \$9.20 (Tier 2)	PA; QL (30 per 30 days); NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>peptic relief 262 mg/15 ml 262 mg/15 ml *</i>	\$0 (Tier 4)	
<i>phillips 500 mg caplet 500 mg *</i>	\$0 (Tier 4)	
<i>pub calcium carb 1,000 mg tab 400 mg</i> (Antacid Ultra Strength) <i>calcium (1,000 mg) *</i>	\$0 (Tier 4)	
<i>ra antacid-gas relief liquid 400-400-40 mg/5 ml *</i>	\$0 (Tier 4)	
<i>ra magnesium 500 mg capsule (rx) 500 mg *</i>	\$0 (Tier 4)	
<i>ra pink bismuth caplet caplet,slf 262 mg *</i>	\$0 (Tier 4)	
RAVICTI ORAL LIQUID 1.1 GRAM/ML	\$0 - \$9.20 (Tier 2)	PA; NDS
RELISTOR ORAL TABLET 150 MG	\$0 - \$9.20 (Tier 2)	PA; QL (90 per 30 days); NDS
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	\$0 - \$9.20 (Tier 2)	PA; QL (16.8 per 28 days); NDS
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	\$0 - \$9.20 (Tier 2)	PA; QL (16.8 per 28 days); NDS
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	\$0 - \$9.20 (Tier 2)	PA; QL (11.2 per 28 days); NDS
<i>ri-mox plus suspension 225-200-25 mg/5 ml *</i>	\$0 (Tier 4)	
<i>ri-mox suspension 200-200-20 mg/5 ml *</i>	\$0 (Tier 4)	
<i>sb bismuth max-strength liq max/str 525 mg/15 ml *</i>	\$0 (Tier 4)	
<i>sm foaming antacid tablet chew 80-20 mg *</i>	\$0 (Tier 4)	
<i>sm stomach relief caplet 262 mg *</i>	\$0 (Tier 4)	
<i>sodium bicarb 325 mg tablet 325 mg *</i>	\$0 (Tier 4)	
<i>sodium bicarb 650 mg tablet 650 mg *</i>	\$0 (Tier 4)	
<i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl)	\$0 (Tier 1)	NDS
<i>sodium polystyrene (sorb free) oral suspension 15 gram/60 ml</i>	\$0 (Tier 1)	
<i>sodium polystyrene sulfonate oral powder</i>	\$0 (Tier 1)	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	\$0 (Tier 1)	
<i>ursodiol oral capsule 300 mg</i> (Actigall)	\$0 (Tier 1)	
<i>ursodiol oral tablet 250 mg</i> (URSO 250)	\$0 (Tier 1)	
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
VIBERZI ORAL TABLET 100 MG, 75 MG	\$0 - \$9.20 (Tier 2)	ST; QL (60 per 30 days); NDS
XERMELO ORAL TABLET 250 MG	\$0 - \$9.20 (Tier 2)	PA; QL (90 per 30 days); NDS
Laxatives		
<i>alophen pills 5 mg *</i>	\$0 (Tier 4)	
<i>bisacodyl 10 mg suppository 10 mg *</i>	\$0 (Tier 4)	(Laxative (bisacodyl))
<i>bisacodyl ec 5 mg tablet 5 mg *</i>	\$0 (Tier 4)	(Alophen (bisacodyl))
<i>chocolated laxative gluten-free, reg str 15 mg *</i>	\$0 (Tier 4)	
<i>citroma solution *</i>	\$0 (Tier 4)	
<i>clearlax powder packet 17 gram *</i>	\$0 (Tier 4)	
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML	\$0 - \$9.20 (Tier 2)	
<i>col-rite 250 mg softgel 250 mg *</i>	\$0 (Tier 4)	
<i>cvs citrate of magnesia soln *</i>	\$0 (Tier 4)	(Citrate of Magnesia)
<i>cvs enema disposable 19-7 gram/118 ml *</i>	\$0 (Tier 4)	
<i>cvs fiber laxative 625 mg cplt caplet 625 mg *</i>	\$0 (Tier 4)	
<i>cvs fiber therapy 500 mg caplt soluble, caplet 500 mg *</i>	\$0 (Tier 4)	
<i>cvs glycerin suppository *</i>	\$0 (Tier 4)	(Fleet Glycerin (Adult))
<i>cvs glycerin suppository child size *</i>	\$0 (Tier 4)	(Fleet Glycerin (Child))
<i>cvs glycerin suppository laxative *</i>	\$0 (Tier 4)	(Fleet Glycerin (Adult))
<i>cvs laxative 15 mg pills pills, chocolate 15 mg *</i>	\$0 (Tier 4)	
<i>cvs magnesium citrate soln *</i>	\$0 (Tier 4)	(Citrate of Magnesia)
<i>cvs milk of magnesia susp 400 mg/5 ml *</i>	\$0 (Tier 4)	
<i>cvs natural daily fiber powder 3.4 gram/7 gram *</i>	\$0 (Tier 4)	
<i>cvs purelax powder 17 gram/dose *</i>	\$0 (Tier 4)	
<i>cvs purelax powder packet slf, 10 daily doses 17 gram *</i>	\$0 (Tier 4)	
<i>cvs stool softener 50 mg softgel 50 mg *</i>	\$0 (Tier 4)	
<i>daily fiber powder 3 gram/7 gram *</i>	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>docu liquid 50 mg/5 ml 50 mg/5 ml *</i>	\$0 (Tier 4)	
<i>docusate sodium 100 mg tablet crushable 100 mg *</i> (DOK)	\$0 (Tier 4)	
<i>docusate sodium 250 mg softgel 250 mg *</i> (Col-Rite)	\$0 (Tier 4)	
<i>docusate sodium mini enema 283 mg/5 ml *</i> (Enemeez)	\$0 (Tier 4)	
<i>docusol mini-enema outer 283 mg *</i>	\$0 (Tier 4)	
<i>dok 100 mg softgel softgel 100 mg *</i>	\$0 (Tier 4)	
<i>dok 100 mg tablet 100 mg *</i>	\$0 (Tier 4)	
<i>dulcoease 100 mg softgel 100 mg *</i>	\$0 (Tier 4)	
<i>dulcolax 1,200 mg/15 ml liquid 400 mg/5 ml *</i>	\$0 (Tier 4)	
<i>dulcolax ss 100 mg softgel 100 mg *</i>	\$0 (Tier 4)	
<i>enema disposable 19-7 gram/118 ml *</i>	\$0 (Tier 4)	
<i>enemeez mini enema 5cc tubes, outer 283 mg/5 ml *</i>	\$0 (Tier 4)	
<i>enemeez plus mini enema outer 283-20 mg/5 ml *</i>	\$0 (Tier 4)	
<i>eq fiber therapy powder *</i>	\$0 (Tier 4)	
<i>eq magnesium citrate solution slf, cherry *</i> (Citrate of Magnesia)	\$0 (Tier 4)	
<i>eql fiber therapy powder 3.4 gram/7 gram *</i>	\$0 (Tier 4)	
<i>equalactin 500 mg tab chew 500 mg *</i>	\$0 (Tier 4)	
<i>evac-u-gen 8.6 mg tablet 8.6 mg *</i>	\$0 (Tier 4)	
<i>ex-lax pills 15 mg *</i>	\$0 (Tier 4)	
<i>fiber tablet unboxed 625 mg *</i>	\$0 (Tier 4)	
<i>fiber therapy powder 2 gram/19 gram *</i>	\$0 (Tier 4)	
<i>fiber therapy powder 3 gram/12 gram, 3 gram/7 gram *</i>	\$0 (Tier 4)	
<i>fiber-lax captabs 500mg polycarbophil 625 mg *</i>	\$0 (Tier 4)	
<i>fleet glycerin adult suppos *</i>	\$0 (Tier 4)	
FLEET MINERAL OIL ENEMA *	\$0 (Tier 4)	
<i>fleet pedia-lax stool softener 50 mg/15 ml *</i>	\$0 (Tier 4)	
<i>fleet pedia-lax suppositories *</i>	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>gavilyte-c oral recon soln 240-22.72-6.72 - 5.84 gram</i>	\$0 (Tier 1)	
<i>gavilyte-g oral recon soln 236-22.74-6.74 - 5.86 gram</i>	\$0 (Tier 1)	
<i>gavilyte-n oral recon soln 420 gram</i>	\$0 (Tier 1)	
<i>glycerin adult suppository *</i>	\$0 (Tier 4)	(Fleet Glycerin (Adult))
<i>glycerin pediatric suppository infants & children *</i>	\$0 (Tier 4)	(Fleet Glycerin (Child))
<i>glycerin suppository *</i>	\$0 (Tier 4)	(Fleet Glycerin (Adult))
<i>glycerin suppository child size *</i>	\$0 (Tier 4)	(Fleet Glycerin (Child))
<i>glycolax powder 15 doses (otc) 17 gram/dose *</i>	\$0 (Tier 4)	
<i>gnp citrate of magnesia soln *</i>	\$0 (Tier 4)	
<i>healthylax powder packet outer 17 gram *</i>	\$0 (Tier 4)	
<i>hm fiber powder (otc) 3.4 gram/12 gram *</i>	\$0 (Tier 4)	
<i>konsyl fiber 625 mg caplet caplet, slf 625 mg *</i>	\$0 (Tier 4)	
<i>konsyl psyllium fiber packet orange, gluten free 3.4 gram *</i>	\$0 (Tier 4)	
<i>kro gentlelax 17 gram powder 17 gram/dose *</i>	\$0 (Tier 4)	
<i>laxaclear powder 17 gram/dose *</i>	\$0 (Tier 4)	
<i>laxative 15 mg tablet 15 mg *</i>	\$0 (Tier 4)	
<i>magic bullet 10 mg suppos 10 mg *</i>	\$0 (Tier 4)	
<i>milk of magnesia suspension 400 mg/5 ml *</i>	\$0 (Tier 4)	
<i>mineral oil *</i>	\$0 (Tier 4)	(Mineral Oil Extra Heavy)
<i>mineral oil, heavy (otc) *</i>	\$0 (Tier 4)	
<i>mineral oil, heavy usp, heavy (rx) *</i>	\$0 (Tier 4)	
<i>mucilin sf 3.5 g/5 g pwdr pkt 3.5 gram *</i>	\$0 (Tier 4)	
<i>natural fiber powder regular 3.4 gram/7 gram *</i>	\$0 (Tier 4)	
<i>oral saline laxative liquid slf, ginger lemon 7.2-2.7 gram/15 ml *</i>	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>perdiem overnight relief tb 15 mg *</i>	\$0 (Tier 4)	
<i>phillips' lax liqui-gels 100 mg *</i>	\$0 (Tier 4)	
<i>phosphate oral saline laxative slf, ginger lemon 7.2-2.7 gram/15 ml *</i>	\$0 (Tier 4)	
<i>polyethylene glycol 3350 powd (otc) 17 gram/dose *</i> (GentleLax)	\$0 (Tier 4)	
<i>polyethylene glycol 3350 powd 14 once-daily doses (otc) 17 gram/dose *</i> (GentleLax)	\$0 (Tier 4)	
<i>polyethylene glycol 3350 powd 17 grams pkts,outer (otc) 17 gram *</i> (ClearLax)	\$0 (Tier 4)	
<i>polyethylene glycol 3350 powd 30 once-daily doses (otc) 17 gram/dose *</i> (GentleLax)	\$0 (Tier 4)	
<i>polyethylene glycol 3350 powd outer (otc) 17 gram *</i> (ClearLax)	\$0 (Tier 4)	
<i>powderlax 17 g powder packet 17 gram *</i>	\$0 (Tier 4)	
<i>powderlax powder 17 gram/dose *</i>	\$0 (Tier 4)	
<i>promolaxin 100 mg tablet 100 mg *</i>	\$0 (Tier 4)	
<i>qc mineral oil heavy *</i> (Mineral Oil Extra Heavy)	\$0 (Tier 4)	
<i>qc natural vegetable powder 48 doses, reg flavor *</i>	\$0 (Tier 4)	
<i>qc natura-lax 17 gm powder 17 gram/dose *</i>	\$0 (Tier 4)	
<i>ra enema twin pack 2 x 4.5oz, rtu 19-7 gram/118 ml *</i>	\$0 (Tier 4)	
<i>ra fast relief lax 10 mg supp 10 mg *</i>	\$0 (Tier 4)	
<i>ra glycerin adult suppository *</i> (Fleet Glycerin (Adult))	\$0 (Tier 4)	
<i>ra laxative 25 mg pill 25 mg *</i>	\$0 (Tier 4)	
<i>ra laxative peg 3350 powder 14 once-daily doses 17 gram/dose *</i>	\$0 (Tier 4)	
<i>ra mineral oil extra-heavy extra-heavy *</i>	\$0 (Tier 4)	
<i>reguloid powder 3 gram/7 gram *</i>	\$0 (Tier 4)	
<i>senna 8.6 mg softgel 8.6 mg *</i>	\$0 (Tier 4)	
<i>senna 8.6 mg tablet 8.6 mg *</i>	\$0 (Tier 4)	
<i>senna 8.8 mg/5 ml syrup 8.8 mg/5 ml *</i>	\$0 (Tier 4)	
<i>senna-time 8.6 mg tablet 8.6 mg *</i>	\$0 (Tier 4)	
<i>silace 50 mg/5 ml liquid 50 mg/5 ml *</i>	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>silace 60 mg/15 ml syrup 60 mg/15 ml *</i>	\$0 (Tier 4)	
<i>sm fiber laxative 500 mg cplt 500 mg *</i>	\$0 (Tier 4)	
<i>sm fiber powder (rx) 3.4 gram/12 gram *</i>	\$0 (Tier 4)	
<i>sm fiber powder 3 gram/5.8 gram *</i>	\$0 (Tier 4)	
<i>sm fiber smooth powder *</i>	\$0 (Tier 4)	
<i>sm laxative pediatric suppos *</i>	\$0 (Tier 4)	
<i>sm oral saline laxative liquid slf *</i>	\$0 (Tier 4)	
<i>smoothlax powder 14 once-daily doses 17 gram/dose *</i>	\$0 (Tier 4)	
<i>smoothlax powder packet 17 gram *</i>	\$0 (Tier 4)	
<i>stool softener 100 mg softgel softgel 100 mg *</i>	\$0 (Tier 4)	
<i>stool softener 240 mg softgel softgel 240 mg *</i>	\$0 (Tier 4)	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	\$0 - \$9.20 (Tier 2)	
<i>trilyte with flavor packets oral recon soln 420 gram</i>	\$0 (Tier 1)	
<i>vr laxative max-str pills 25 mg *</i>	\$0 (Tier 4)	
WAL-MUCIL 100% NATURAL FIBER 3.4 GRAM/7 GRAM *	\$0 (Tier 4)	
Phosphate Binders		
CALCIUM ACETATE 667 MG (Calphron) TABLET 667 MG *	\$0 (Tier 4)	
CALCIUM ACETATE 668 MG TABLET 668 MG (169 MG CALCIUM) *	\$0 (Tier 4)	
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	\$0 (Tier 1)	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	\$0 (Tier 1)	
CALPHRON 667 MG TABLET 667 MG *	\$0 (Tier 4)	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	\$0 - \$9.20 (Tier 2)	
<i>sevelamer carbonate oral powder in packet (Renvela) 0.8 gram, 2.4 gram</i>	\$0 (Tier 1)	NDS
<i>sevelamer carbonate oral tablet 800 mg (Renvela)</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>sevelamer hcl oral tablet 400 mg</i>	\$0 (Tier 1)	
<i>sevelamer hcl oral tablet 800 mg</i> (Renagel)	\$0 (Tier 1)	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	\$0 - \$9.20 (Tier 2)	
Genitourinary Agents		
Antispasmodics, Urinary		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	\$0 (Tier 1)	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	\$0 - \$9.20 (Tier 2)	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	\$0 (Tier 1)	
<i>oxybutynin chloride oral tablet 5 mg</i>	\$0 (Tier 1)	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg</i> (Ditropan XL)	\$0 (Tier 1)	
<i>oxybutynin chloride oral tablet extended release 24hr 15 mg</i>	\$0 (Tier 1)	
OXYTROL FOR WOMEN 3.9 MG/24HR OUTER 3.9 MG/24 HOUR *	\$0 (Tier 4)	
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i> (Detrol LA)	\$0 (Tier 1)	
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	\$0 (Tier 1)	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	\$0 - \$9.20 (Tier 2)	
<i>tropium oral tablet 20 mg</i>	\$0 (Tier 1)	
Genitourinary Agents, Miscellaneous		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	\$0 (Tier 1)	QL (30 per 30 days)
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	\$0 (Tier 1)	
<i>finasteride oral tablet 5 mg</i> (Proscar)	\$0 (Tier 1)	
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	\$0 (Tier 1)	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG	\$0 - \$9.20 (Tier 2)	PA; NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
THIOLA ORAL TABLET 100 MG	\$0 - \$9.20 (Tier 2)	NDS
Heavy Metal Antagonists		
Heavy Metal Antagonists		
<i>clovique oral capsule 250 mg</i>	\$0 (Tier 1)	PA; QL (240 per 30 days); NDS
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i> (Jadenu Sprinkle)	\$0 (Tier 1)	PA; NDS
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i> (Jadenu)	\$0 (Tier 1)	PA; NDS
<i>deferasirox oral tablet, dispersible 125 mg</i> (Exjade)	\$0 (Tier 1)	PA
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i> (Exjade)	\$0 (Tier 1)	PA; NDS
<i>deferoxamine injection recon soln 2 gram, 500 mg</i> (Desferal)	\$0 (Tier 1)	PA
FERRIPROX ORAL SOLUTION 100 MG/ML	\$0 - \$9.20 (Tier 2)	PA; NDS
FERRIPROX ORAL TABLET 1,000 MG, 500 MG	\$0 - \$9.20 (Tier 2)	PA; NDS
<i>penicillamine oral capsule 250 mg</i> (Cuprimine)	\$0 (Tier 1)	PA; NDS
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	\$0 (Tier 1)	PA; NDS
<i>trientine oral capsule 250 mg</i> (Clovique)	\$0 (Tier 1)	PA; QL (240 per 30 days); NDS
Hormonal Agents, Stimulant/Replacement/Modifying		
Androgens		
ANADROL-50 ORAL TABLET 50 MG	\$0 - \$9.20 (Tier 2)	PA; NDS
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	\$0 (Tier 1)	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	\$0 (Tier 1)	PA
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	\$0 (Tier 1)	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	\$0 (Tier 1)	PA; QL (5 per 28 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1%)</i> (Vogelxo)	\$0 (Tier 1)	PA; QL (300 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62%)</i> (AndroGel)	\$0 (Tier 1)	PA; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1% (25 mg/2.5gram), 1% (50 mg/5 gram)</i> (AndroGel)	\$0 (Tier 1)	PA; QL (300 per 30 days)
<i>testosterone transdermal solution in metered pump w/lapp 30 mg/lactuation (1.5 ml)</i>	\$0 (Tier 1)	PA; QL (180 per 30 days)
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	\$0 - \$9.20 (Tier 2)	PA; QL (2 per 28 days)
Estrogens And Antiestrogens		
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	\$0 (Tier 1)	PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)
DUAVEE ORAL TABLET 0.45-20 MG	\$0 - \$9.20 (Tier 2)	PA-HRM; AGE (Max 64 Years)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Dotti)	\$0 (Tier 1)	PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Climara)	\$0 (Tier 1)	PA-HRM; QL (4 per 28 days); AGE (Max 64 Years)
<i>estradiol vaginal cream 0.01% (0.1 mg/gram)</i> (Estrace)	\$0 (Tier 1)	
<i>estradiol vaginal tablet 10 mcg</i> (YuvaFem)	\$0 (Tier 1)	QL (18 per 28 days)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i> (Delestrogen)	\$0 (Tier 1)	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i> (Amabelz)	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	\$0 - \$9.20 (Tier 2)	QL (1 per 84 days)
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>jinteli oral tablet 1-5 mg-mcg</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>mimvey oral tablet 1-0.5 mg</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>norethindrone ac-eth estradiol oral tablet (Fyavolv) 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
PREMARIN INJECTION RECON SOLN 25 MG	\$0 - \$9.20 (Tier 2)	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	\$0 - \$9.20 (Tier 2)	PA-HRM; AGE (Max 64 Years)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	\$0 - \$9.20 (Tier 2)	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	\$0 - \$9.20 (Tier 2)	PA-HRM; AGE (Max 64 Years)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	\$0 - \$9.20 (Tier 2)	PA-HRM; AGE (Max 64 Years)
<i>raloxifene oral tablet 60 mg (Evista)</i>	\$0 (Tier 1)	
<i>yuvafem vaginal tablet 10 mcg</i>	\$0 (Tier 1)	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids		
<i>a-hydrocort injection recon soln 100 mg</i>	\$0 (Tier 1)	
<i>betamethasone acet,sod phos injection suspension 6 mg/ml (Celestone Soluspan)</i>	\$0 (Tier 1)	
<i>cortisone oral tablet 25 mg</i>	\$0 (Tier 1)	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	\$0 (Tier 1)	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg (Decadron)</i>	\$0 (Tier 1)	
<i>dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg</i>	\$0 (Tier 1)	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	\$0 (Tier 1)	
<i>dexamethasone sodium phos (pf) injection syringe 10 mg/ml</i>	\$0 (Tier 1)	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	\$0 (Tier 1)	
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	\$0 - \$9.20 (Tier 2)	PA; QL (91 per 28 days); NDS
EMFLAZA ORAL TABLET 18 MG	\$0 - \$9.20 (Tier 2)	PA; QL (30 per 30 days); NDS
EMFLAZA ORAL TABLET 30 MG, 36 MG, 6 MG	\$0 - \$9.20 (Tier 2)	PA; QL (60 per 30 days); NDS
<i>fludrocortisone oral tablet 0.1 mg</i>	\$0 (Tier 1)	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	\$0 (Tier 1)	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i> (Depo-Medrol)	\$0 (Tier 1)	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Medrol)	\$0 (Tier 1)	
<i>methylprednisolone oral tablets, dose pack 4 mg</i> (Medrol (Pak))	\$0 (Tier 1)	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	\$0 (Tier 1)	
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg, 500 mg</i> (Solu-Medrol)	\$0 (Tier 1)	
<i>prednisolone 15 mg/5 ml soln alf, dlf 15 mg/5 ml (3 mg/ml)</i>	\$0 (Tier 1)	PA BvD
<i>prednisolone oral solution 15 mg/5 ml</i>	\$0 (Tier 1)	PA BvD
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	\$0 (Tier 1)	PA BvD
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	\$0 (Tier 1)	PA BvD
<i>prednisone oral solution 5 mg/5 ml</i>	\$0 (Tier 1)	PA BvD
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	\$0 (Tier 1)	PA BvD
<i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	\$0 (Tier 1)	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML	\$0 - \$9.20 (Tier 2)	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i> (Kenalog)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
Pituitary		
BYNFEZIA SUBCUTANEOUS PEN INJECTOR 2,500 MCG/ML	\$0 - \$9.20 (Tier 2)	NDS
<i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i>	\$0 (Tier 1)	
<i>desmopressin injection solution 4 mcg/ml</i> (DDAVP)	\$0 (Tier 1)	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	\$0 (Tier 1)	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	\$0 (Tier 1)	
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	\$0 - \$9.20 (Tier 2)	PA; QL (60 per 30 days); NDS
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	\$0 - \$9.20 (Tier 2)	PA; QL (60 per 30 days); NDS
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	\$0 - \$9.20 (Tier 2)	PA; NDS
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	\$0 - \$9.20 (Tier 2)	PA; NDS
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	\$0 - \$9.20 (Tier 2)	PA; NDS
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG	\$0 - \$9.20 (Tier 2)	PA; NDS
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	\$0 - \$9.20 (Tier 2)	NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	\$0 - \$9.20 (Tier 2)	NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	\$0 - \$9.20 (Tier 2)	NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	\$0 - \$9.20 (Tier 2)	NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	\$0 - \$9.20 (Tier 2)	NDS
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG	\$0 - \$9.20 (Tier 2)	QL (30 per 30 days)
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG	\$0 - \$9.20 (Tier 2)	QL (30 per 30 days)
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	\$0 - \$9.20 (Tier 2)	PA; NDS
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	\$0 - \$9.20 (Tier 2)	PA; NDS
<i>octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml</i>	\$0 (Tier 1)	
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> (Sandostatin)	\$0 (Tier 1)	
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	\$0 (Tier 1)	
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	\$0 - \$9.20 (Tier 2)	PA; NDS
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	\$0 - \$9.20 (Tier 2)	PA
ORILISSA ORAL TABLET 150 MG	\$0 - \$9.20 (Tier 2)	PA; QL (28 per 28 days); NDS
ORILISSA ORAL TABLET 200 MG	\$0 - \$9.20 (Tier 2)	PA; QL (56 per 28 days); NDS
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.)	\$0 - \$9.20 (Tier 2)	PA; NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
SAIZEN SUBCUTANEOUS RECON SOLN 5 MG, 8.8 MG	\$0 - \$9.20 (Tier 2)	PA; NDS
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 20 MG, 30 MG	\$0 - \$9.20 (Tier 2)	NDS
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	\$0 - \$9.20 (Tier 2)	PA; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	\$0 - \$9.20 (Tier 2)	PA; QL (60 per 30 days); NDS
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML	\$0 - \$9.20 (Tier 2)	PA NSO; QL (1 per 28 days); NDS
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML	\$0 - \$9.20 (Tier 2)	PA; QL (1 per 28 days); NDS
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	\$0 - \$9.20 (Tier 2)	PA; NDS
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	\$0 - \$9.20 (Tier 2)	QL (1 per 360 days); NDS
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	\$0 - \$9.20 (Tier 2)	NDS
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	\$0 - \$9.20 (Tier 2)	QL (1 per 168 days); NDS
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG	\$0 - \$9.20 (Tier 2)	PA; NDS
ZOMACTON SUBCUTANEOUS RECON SOLN 5 MG	\$0 - \$9.20 (Tier 2)	PA
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG	\$0 - \$9.20 (Tier 2)	PA; NDS
Progestins		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	\$0 - \$9.20 (Tier 2)	QL (10 per 28 days)
<i>hydroxyprogesterone cap(ppres) intramuscular oil 250 mg/ml</i>	\$0 (Tier 1)	NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	\$0 (Tier 1)	QL (1 per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	\$0 (Tier 1)	QL (1 per 84 days)
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	\$0 (Tier 1)	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>norethindrone acetate oral tablet 5 mg</i> (Aygestin)	\$0 (Tier 1)	
<i>progesterone intramuscular oil 50 mg/ml</i>	\$0 (Tier 1)	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	\$0 (Tier 1)	
Thyroid And Antithyroid Agents		
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox)	\$0 (Tier 1)	
<i>levothyroxine oral tablet 300 mcg</i> (Levo-T)	\$0 (Tier 1)	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	\$0 (Tier 1)	
<i>methimazole oral tablet 10 mg, 5 mg</i> (Tapazole)	\$0 (Tier 1)	
<i>propylthiouracil oral tablet 50 mg</i>	\$0 (Tier 1)	
Immunological Agents		
Immunological Agents		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	\$0 - \$9.20 (Tier 2)	PA; NDS
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	\$0 - \$9.20 (Tier 2)	PA; NDS
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	\$0 - \$9.20 (Tier 2)	PA; NDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	\$0 - \$9.20 (Tier 2)	NDS
AVSOLA INTRAVENOUS RECON SOLN 100 MG	\$0 - \$9.20 (Tier 2)	PA; NDS
<i>azathioprine oral tablet 50 mg</i> (Imuran)	\$0 (Tier 1)	PA BvD

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>azathioprine sodium injection recon soln 100 mg</i>	\$0 (Tier 1)	PA BvD
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	\$0 - \$9.20 (Tier 2)	PA; NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	\$0 - \$9.20 (Tier 2)	PA; NDS
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	\$0 - \$9.20 (Tier 2)	PA; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	\$0 - \$9.20 (Tier 2)	PA; NDS
<i>cyclosporine intravenous solution 250 mg/5 ml</i> (Sandimmune)	\$0 (Tier 1)	PA BvD
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)	\$0 (Tier 1)	PA BvD
<i>cyclosporine modified oral capsule 50 mg</i>	\$0 (Tier 1)	PA BvD
<i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)	\$0 (Tier 1)	PA BvD
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	\$0 (Tier 1)	PA BvD
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	\$0 - \$9.20 (Tier 2)	PA; NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	\$0 - \$9.20 (Tier 2)	PA; NDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	\$0 - \$9.20 (Tier 2)	PA; NDS
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	\$0 - \$9.20 (Tier 2)	PA; NDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	\$0 - \$9.20 (Tier 2)	PA; NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	\$0 - \$9.20 (Tier 2)	PA; NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	\$0 - \$9.20 (Tier 2)	PA; NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i> (Zortress)	\$0 (Tier 1)	PA BvD
<i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg</i> (Zortress)	\$0 (Tier 1)	PA BvD; NDS
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	\$0 - \$9.20 (Tier 2)	PA BvD; NDS
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	\$0 - \$9.20 (Tier 2)	PA BvD
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	\$0 - \$9.20 (Tier 2)	PA BvD; NDS
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	\$0 - \$9.20 (Tier 2)	PA BvD; NDS
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	\$0 - \$9.20 (Tier 2)	PA BvD; NDS
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	\$0 - \$9.20 (Tier 2)	PA BvD; NDS
<i>gengraf oral capsule 100 mg, 25 mg</i>	\$0 (Tier 1)	PA BvD
<i>gengraf oral solution 100 mg/ml</i>	\$0 (Tier 1)	PA BvD
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0 - \$9.20 (Tier 2)	PA; NDS
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0 - \$9.20 (Tier 2)	PA; NDS
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0 - \$9.20 (Tier 2)	PA; NDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	\$0 - \$9.20 (Tier 2)	PA; NDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	\$0 - \$9.20 (Tier 2)	PA; NDS
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	\$0 - \$9.20 (Tier 2)	PA; NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	\$0 - \$9.20 (Tier 2)	PA; NDS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	\$0 - \$9.20 (Tier 2)	PA; NDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	\$0 - \$9.20 (Tier 2)	PA; NDS
HYPERRAB (PF) INTRAMUSCULAR SOLUTION 300 UNIT/ML	\$0 - \$9.20 (Tier 2)	
HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	\$0 - \$9.20 (Tier 2)	
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	\$0 - \$9.20 (Tier 2)	PA BvD; NDS
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	\$0 - \$9.20 (Tier 2)	PA; NDS
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	\$0 - \$9.20 (Tier 2)	PA; NDS
IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	\$0 - \$9.20 (Tier 2)	
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	\$0 - \$9.20 (Tier 2)	PA; NDS
KEDRAB (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	\$0 - \$9.20 (Tier 2)	
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	\$0 - \$9.20 (Tier 2)	PA; NDS
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	\$0 - \$9.20 (Tier 2)	PA; NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	\$0 - \$9.20 (Tier 2)	PA; NDS
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	\$0 (Tier 1)	
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i> (CellCept Intravenous)	\$0 (Tier 1)	PA BvD
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	\$0 (Tier 1)	PA BvD
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	\$0 (Tier 1)	PA BvD; NDS
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	\$0 (Tier 1)	PA BvD
NULOJIX INTRAVENOUS RECON SOLN 250 MG	\$0 - \$9.20 (Tier 2)	PA BvD; NDS
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	\$0 - \$9.20 (Tier 2)	PA BvD; NDS
OLUMIANT ORAL TABLET 1 MG, 2 MG	\$0 - \$9.20 (Tier 2)	PA; NDS
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	\$0 - \$9.20 (Tier 2)	PA; NDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	\$0 - \$9.20 (Tier 2)	PA; NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	\$0 - \$9.20 (Tier 2)	PA; NDS
OTEZLA ORAL TABLET 30 MG	\$0 - \$9.20 (Tier 2)	PA; NDS
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	\$0 - \$9.20 (Tier 2)	PA; NDS
PRIVIGEN INTRAVENOUS SOLUTION 10 %	\$0 - \$9.20 (Tier 2)	PA BvD; NDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	\$0 - \$9.20 (Tier 2)	PA BvD
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	\$0 - \$9.20 (Tier 2)	PA BvD; ST

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	\$0 - \$9.20 (Tier 2)	
REMICADE INTRAVENOUS RECON SOLN 100 MG	\$0 - \$9.20 (Tier 2)	PA; NDS
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	\$0 - \$9.20 (Tier 2)	PA; NDS
RIDAURA ORAL CAPSULE 3 MG	\$0 - \$9.20 (Tier 2)	NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG	\$0 - \$9.20 (Tier 2)	PA; NDS
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	\$0 - \$9.20 (Tier 2)	PA; NDS
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	\$0 - \$9.20 (Tier 2)	PA; NDS
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	\$0 - \$9.20 (Tier 2)	PA; NDS
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	\$0 - \$9.20 (Tier 2)	PA; NDS
<i>sirolimus oral solution 1 mg/ml</i> (Rapamune)	\$0 (Tier 1)	PA BvD; NDS
<i>sirolimus oral tablet 0.5 mg, 1 mg</i> (Rapamune)	\$0 (Tier 1)	PA BvD
<i>sirolimus oral tablet 2 mg</i> (Rapamune)	\$0 (Tier 1)	PA BvD; NDS
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	\$0 - \$9.20 (Tier 2)	PA; NDS
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	\$0 - \$9.20 (Tier 2)	PA; NDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	\$0 - \$9.20 (Tier 2)	PA; NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	\$0 - \$9.20 (Tier 2)	PA; NDS
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	\$0 (Tier 1)	PA BvD

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	\$0 - \$9.20 (Tier 2)	PA; NDS
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	\$0 - \$9.20 (Tier 2)	PA; NDS
TREMIFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	\$0 - \$9.20 (Tier 2)	PA; NDS
TREMIFYA SUBCUTANEOUS SYRINGE 100 MG/ML	\$0 - \$9.20 (Tier 2)	PA; NDS
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	\$0 - \$9.20 (Tier 2)	PA; LA; NDS
XELJANZ ORAL TABLET 10 MG, 5 MG	\$0 - \$9.20 (Tier 2)	PA; NDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	\$0 - \$9.20 (Tier 2)	PA; NDS
ZORTRESS ORAL TABLET 1 MG	\$0 - \$9.20 (Tier 2)	PA BvD; NDS
Vaccines		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	\$0 - \$9.20 (Tier 2)	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	\$0 - \$9.20 (Tier 2)	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF- (2.5-5-3-5 MCG)-5LF/0.5 ML	\$0 - \$9.20 (Tier 2)	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	\$0 - \$9.20 (Tier 2)	PA BvD
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	\$0 - \$9.20 (Tier 2)	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	\$0 - \$9.20 (Tier 2)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	\$0 - \$9.20 (Tier 2)	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	\$0 - \$9.20 (Tier 2)	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	\$0 - \$9.20 (Tier 2)	PA BvD
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	\$0 - \$9.20 (Tier 2)	PA BvD
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	\$0 - \$9.20 (Tier 2)	PA BvD
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	\$0 - \$9.20 (Tier 2)	QL (1.5 per 365 days)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	\$0 - \$9.20 (Tier 2)	QL (1.5 per 365 days)
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	\$0 - \$9.20 (Tier 2)	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	\$0 - \$9.20 (Tier 2)	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	\$0 - \$9.20 (Tier 2)	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	\$0 - \$9.20 (Tier 2)	PA BvD
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML	\$0 - \$9.20 (Tier 2)	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	\$0 - \$9.20 (Tier 2)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	\$0 - \$9.20 (Tier 2)	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	\$0 - \$9.20 (Tier 2)	
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML	\$0 - \$9.20 (Tier 2)	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	\$0 - \$9.20 (Tier 2)	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	\$0 - \$9.20 (Tier 2)	
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	\$0 - \$9.20 (Tier 2)	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	\$0 - \$9.20 (Tier 2)	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	\$0 - \$9.20 (Tier 2)	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	\$0 - \$9.20 (Tier 2)	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	\$0 - \$9.20 (Tier 2)	
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML	\$0 - \$9.20 (Tier 2)	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3-3.99 TCID50/0.5	\$0 - \$9.20 (Tier 2)	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	\$0 - \$9.20 (Tier 2)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	\$0 - \$9.20 (Tier 2)	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	\$0 - \$9.20 (Tier 2)	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	\$0 - \$9.20 (Tier 2)	PA BvD
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	\$0 - \$9.20 (Tier 2)	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	\$0 - \$9.20 (Tier 2)	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	\$0 - \$9.20 (Tier 2)	QL (2 per 365 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	\$0 - \$9.20 (Tier 2)	
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	\$0 - \$9.20 (Tier 2)	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	\$0 - \$9.20 (Tier 2)	
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	\$0 - \$9.20 (Tier 2)	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	\$0 - \$9.20 (Tier 2)	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	\$0 - \$9.20 (Tier 2)	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	\$0 - \$9.20 (Tier 2)	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	\$0 - \$9.20 (Tier 2)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	\$0 - \$9.20 (Tier 2)	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	\$0 - \$9.20 (Tier 2)	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	\$0 - \$9.20 (Tier 2)	QL (2 per 365 days)
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	\$0 - \$9.20 (Tier 2)	
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	\$0 - \$9.20 (Tier 2)	QL (1 per 365 days)
Inflammatory Bowel Disease Agents		
Inflammatory Bowel Disease Agents		
<i>alosetron oral tablet 0.5 mg</i>	(Lotronex)	\$0 (Tier 1)
<i>alosetron oral tablet 1 mg</i>	(Lotronex)	\$0 (Tier 1)
<i>balsalazide oral capsule 750 mg</i>	(Colazal)	\$0 (Tier 1)
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	(Entocort EC)	\$0 (Tier 1)
<i>colocort rectal enema 100 mg/60 ml</i>		\$0 (Tier 1)
DIPENTUM ORAL CAPSULE 250 MG		\$0 - \$9.20 (Tier 2)
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	(Cortenema)	\$0 - \$9.20 (Tier 2)
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	(Delzicol)	\$0 (Tier 1)
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	(Apriso)	\$0 (Tier 1)
<i>mesalamine oral tablet, delayed release (drlec) 1.2 gram</i>	(Lialda)	\$0 (Tier 1)
<i>mesalamine oral tablet, delayed release (drlec) 800 mg</i>	(Asacol HD)	\$0 (Tier 1)

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Name of Drug		What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>mesalamine rectal suppository 1,000 mg</i>	(Canasa)	\$0 (Tier 1)	NDS
<i>sulfasalazine oral tablet 500 mg</i>	(Azulfidine)	\$0 (Tier 1)	
<i>sulfasalazine oral tablet, delayed release (drlec) 500 mg</i>	(Azulfidine EN-tabs)	\$0 (Tier 1)	
UCERIS RECTAL FOAM 2 MG/ACTUATION		\$0 - \$9.20 (Tier 2)	
Irrigating Solutions			
Irrigating Solutions			
LACTATED RINGERS IRRIGATION SOLUTION		\$0 - \$9.20 (Tier 2)	
Metabolic Bone Disease Agents			
Metabolic Bone Disease Agents			
<i>alendronate oral tablet 10 mg, 5 mg</i>		\$0 (Tier 1)	QL (30 per 30 days)
<i>alendronate oral tablet 35 mg</i>		\$0 (Tier 1)	QL (4 per 28 days)
<i>alendronate oral tablet 70 mg</i>	(Fosamax)	\$0 (Tier 1)	QL (4 per 28 days)
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/lactuation</i>		\$0 (Tier 1)	QL (3.7 per 28 days)
<i>calcitriol intravenous solution 1 mcg/ml</i>		\$0 (Tier 1)	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	(Rocaltrol)	\$0 (Tier 1)	
<i>calcitriol oral solution 1 mcg/ml</i>	(Rocaltrol)	\$0 (Tier 1)	
<i>cinacalcet oral tablet 30 mg</i>	(Sensipar)	\$0 (Tier 1)	QL (60 per 30 days)
<i>cinacalcet oral tablet 60 mg</i>	(Sensipar)	\$0 (Tier 1)	QL (60 per 30 days); NDS
<i>cinacalcet oral tablet 90 mg</i>	(Sensipar)	\$0 (Tier 1)	QL (120 per 30 days); NDS
<i>doxercalciferol intravenous solution 4 mcg/2 ml</i>	(Hectorol)	\$0 (Tier 1)	
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2)		\$0 - \$9.20 (Tier 2)	PA; QL (2.34 per 30 days); NDS
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML		\$0 - \$9.20 (Tier 2)	PA; QL (2.4 per 28 days)
<i>ibandronate intravenous solution 3 mg/3 ml</i>		\$0 (Tier 1)	QL (3 per 84 days)
<i>ibandronate intravenous syringe 3 mg/3 ml</i>	(Boniva)	\$0 (Tier 1)	QL (3 per 84 days)
<i>ibandronate oral tablet 150 mg</i>	(Boniva)	\$0 (Tier 1)	QL (1 per 28 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	\$0 - \$9.20 (Tier 2)	NDS
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	\$0 - \$9.20 (Tier 2)	PA; QL (2 per 28 days); NDS
<i>paricalcitol hemodialysis port injection solution 2 mcg/ml</i>	\$0 (Tier 1)	
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)	\$0 (Tier 1)	
<i>paricalcitol oral capsule 4 mcg</i>	\$0 (Tier 1)	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	\$0 - \$9.20 (Tier 2)	ST; QL (1 per 180 days)
<i>risedronate oral tablet 150 mg</i> (Actonel)	\$0 (Tier 1)	QL (1 per 28 days)
<i>risedronate oral tablet 30 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>risedronate oral tablet 35 mg</i> (Actonel)	\$0 (Tier 1)	QL (4 per 28 days)
<i>risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)</i>	\$0 (Tier 1)	QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i> (Actonel)	\$0 (Tier 1)	QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (drlec) 35 mg</i> (Atelvia)	\$0 (Tier 1)	QL (4 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	\$0 - \$9.20 (Tier 2)	PA; QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	\$0 - \$9.20 (Tier 2)	PA; NDS
<i>zoledronic acid intravenous recon soln 4 mg</i>	\$0 (Tier 1)	
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	\$0 (Tier 1)	
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i> (Reclast)	\$0 (Tier 1)	QL (100 per 300 days)
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	\$0 - \$9.20 (Tier 2)	PA; NDS
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	\$0 - \$9.20 (Tier 2)	PA; NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	\$0 - \$9.20 (Tier 2)	PA; QL (4 per 28 days); NDS
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	\$0 - \$9.20 (Tier 2)	PA; QL (4 per 28 days); NDS
<i>cvs epsom salt granules 495 mg/5 gram *</i>	\$0 (Tier 4)	
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML	\$0 - \$9.20 (Tier 2)	NDS
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	\$0 (Tier 1)	
ELMIRON ORAL CAPSULE 100 MG	\$0 - \$9.20 (Tier 2)	QL (90 per 30 days); NDS
ENDARI ORAL POWDER IN PACKET 5 GRAM	\$0 - \$9.20 (Tier 2)	PA; QL (180 per 30 days); NDS
<i>epsom salt granules 495 mg/5 gram *</i>	\$0 (Tier 4)	
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	\$0 - \$9.20 (Tier 2)	PA; NDS
EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML	\$0 - \$9.20 (Tier 2)	PA; LA; NDS
<i>fomepizole intravenous solution 1 gram/ml</i>	\$0 (Tier 1)	NDS
GVOKE HYOPEN 1PK 0.5 MG/0.1 ML 0.5 MG/0.1 ML	\$0 - \$9.20 (Tier 2)	
GVOKE HYOPEN 1-PK 1 MG/0.2 ML 1 MG/0.2 ML	\$0 - \$9.20 (Tier 2)	
GVOKE HYOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	\$0 - \$9.20 (Tier 2)	
GVOKE PFS 1PK 0.5 MG/0.1 ML SYR 0.5 MG/0.1 ML	\$0 - \$9.20 (Tier 2)	
GVOKE PFS 1-PK 1 MG/0.2 ML SYR 1 MG/0.2 ML	\$0 - \$9.20 (Tier 2)	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	\$0 - \$9.20 (Tier 2)	
<i>hydroxyzine pamoate oral capsule 100 mg</i>	\$0 (Tier 1)	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i> (Vistaril)	\$0 (Tier 1)	
KEVEYIS ORAL TABLET 50 MG	\$0 - \$9.20 (Tier 2)	PA; QL (120 per 30 days); NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	\$0 (Tier 1)	
<i>leucovorin calcium injection solution 10 mg/ml</i>	\$0 (Tier 1)	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	\$0 (Tier 1)	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i> (Carnitor)	\$0 (Tier 1)	
<i>levocarnitine oral tablet 330 mg</i> (Carnitor)	\$0 (Tier 1)	
<i>levoleucovorin calcium intravenous recon soln 50 mg</i> (Fusilev)	\$0 (Tier 1)	NDS
<i>mesna intravenous solution 100 mg/ml</i> (Mesnex)	\$0 (Tier 1)	
MESNEX ORAL TABLET 400 MG	\$0 - \$9.20 (Tier 2)	NDS
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i> (Mestinon)	\$0 (Tier 1)	
<i>pyridostigmine bromide oral tablet 30 mg</i>	\$0 (Tier 1)	
<i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)	\$0 (Tier 1)	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	\$0 - \$9.20 (Tier 2)	QL (30 per 30 days)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	\$0 - \$9.20 (Tier 2)	PA; QL (4 per 28 days); NDS
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	\$0 - \$9.20 (Tier 2)	PA NSO; QL (60 per 30 days); NDS
TOTECT INTRAVENOUS RECON SOLN 500 MG	\$0 - \$9.20 (Tier 2)	NDS
TYBOST ORAL TABLET 150 MG	\$0 - \$9.20 (Tier 2)	QL (30 per 30 days)
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	\$0 - \$9.20 (Tier 2)	QL (24 per 14 days); NDS
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	\$0 - \$9.20 (Tier 2)	PA; QL (120 per 30 days); NDS
Ophthalmic Agents		
Antiglaucoma Agents		
<i>acetazolamide oral capsule, extended release 500 mg</i>	\$0 (Tier 1)	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>acetazolamide sodium injection recon soln</i> 500 mg	\$0 (Tier 1)	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	\$0 - \$9.20 (Tier 2)	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	\$0 - \$9.20 (Tier 2)	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	\$0 (Tier 1)	
<i>carteolol ophthalmic (eye) drops 1 %</i>	\$0 (Tier 1)	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	\$0 - \$9.20 (Tier 2)	
<i>dorzolamide ophthalmic (eye) drops 2 %</i> (Trusopt)	\$0 (Tier 1)	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> (Cosopt)	\$0 (Tier 1)	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i> (Xalatan)	\$0 (Tier 1)	QL (2.5 per 25 days)
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	\$0 (Tier 1)	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	\$0 - \$9.20 (Tier 2)	QL (2.5 per 25 days)
<i>metipranolol ophthalmic (eye) drops 0.3 %</i>	\$0 (Tier 1)	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i> (Isopto Carpine)	\$0 (Tier 1)	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	\$0 - \$9.20 (Tier 2)	QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	\$0 - \$9.20 (Tier 2)	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	\$0 - \$9.20 (Tier 2)	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i> (Timoptic)	\$0 (Tier 1)	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i> (Timoptic-XE)	\$0 - \$9.20 (Tier 2)	
<i>travoprost ophthalmic (eye) drops 0.004 %</i> (Travatan Z)	\$0 (Tier 1)	QL (2.5 per 25 days)
Replacement Preparations		
Replacement Preparations		
<i>calci-mix 1.25 gm capsule (rx) 500 mg calcium (1,250 mg) *</i>	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>calcitrate 200 mg (950 mg) tab (rx) 200 mg (950 mg) *</i>	\$0 (Tier 4)	
<i>cal-citrate plus vitamin d tab 250-100 mg-unit *</i>	\$0 (Tier 4)	
<i>calcium 500 mg chewable tablet plf,slf,gluten-f (rx) 500-100 mg-unit *</i>	\$0 (Tier 4)	
<i>calcium 500 mg tablet 500mg elemental ca (Natural Calcium) (rx) 500 mg calcium (1,250 mg) *</i>	\$0 (Tier 4)	
<i>calcium 500+d tablet chew 500 mg(1,250mg) -400 unit *</i>	\$0 (Tier 4)	
<i>calcium 600 mg-d3 400 unit sfgl 600 mg(1,500mg) -400 unit *</i>	\$0 (Tier 4)	
<i>calcium 600+d softgel 600 mg calcium-200 unit *</i>	\$0 (Tier 4)	
<i>calcium 600-vit d3 500 softgel rapid release, sftgl (rx) 600 mg(1,500mg) -500 unit *</i>	\$0 (Tier 4)	(Calcium 600 with Vitamin D3)
<i>calcium carbonate 1.5 gm tab (rx) 600 mg calcium (1,500 mg) *</i>	\$0 (Tier 4)	(Calcium 600)
<i>calcium carbonate 648 mg tab 260 mg calcium (648 mg) *</i>	\$0 (Tier 4)	
<i>calcium chloride intravenous syringe 100 mg/ml (10 %)</i>	\$0 (Tier 1)	
<i>calcium cit 250 mg-d3 200 unit (rx) 250 mg calcium- 200 unit *</i>	\$0 (Tier 4)	(Citracal Regular)
<i>calcium citrate - vit d caplet caplet, coated (rx) 315 mg-5 mcg (200 unit) *</i>	\$0 (Tier 4)	(Calcium Citrate + D)
<i>calcium citrate - vit d caplet plf, caplet (rx) 315 mg- 250 unit *</i>	\$0 (Tier 4)	(Citracal + D Maximum)
<i>calcium citrate malate with d 250-100 mg-unit *</i>	\$0 (Tier 4)	
<i>calcium citrate-vit d3 caplet slf, plf (rx) 315 mg- 250 unit *</i>	\$0 (Tier 4)	(Citracal + D Maximum)
<i>calcium citrate-vit d3 tablet (rx) 315 mg-250 unit *</i>	\$0 (Tier 4)	(Citracal + D Maximum)
<i>calcium citrate-vit d3 tablet coated, petites (rx) 200 mg calcium -250 unit *</i>	\$0 (Tier 4)	(Citrus Calcium-Vitamin D3)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>calcium gluconate 50 mg tablet 50 mg calcium *</i>	\$0 (Tier 4)	
<i>calcium gluconate 650 mg tab 60 mg calcium (650 mg) *</i>	\$0 (Tier 4)	
CALCIUM LACTATE 100 MG TABLET 100 MG CALCIUM *	\$0 (Tier 4)	
<i>calcium magnesium caplet 500 mg calcium -250 mg *</i>	\$0 (Tier 4)	
<i>calcium with magnesium tab 300-300 mg *</i>	\$0 (Tier 4)	
<i>calcium with vit d tablet caplet,slf,nalf,plf (rx) 1,500-200 mg-unit *</i>	\$0 (Tier 4)	
<i>citrus calcium 200-vit d3 250 200 mg calcium -250 unit *</i>	\$0 (Tier 4)	
<i>cvs calcium 500-vit d3 125 tab 500 mg(1,250mg) -125 unit *</i>	\$0 (Tier 4)	
<i>cvs calcium 600 mg tablet (rx) 600 mg calcium (1,500 mg) *</i>	\$0 (Tier 4)	(Calcium 600)
<i>cvs calcium citrate-vit d3 tab coated (rx) 200 mg calcium -250 unit *</i>	\$0 (Tier 4)	(Citrus Calcium-Vitamin D3)
<i>cvs pediatric electrolyte soln (rx) *</i>	\$0 (Tier 4)	
<i>cvs pediatric electrolyte soln dyelfree, strawberry (rx) *</i>	\$0 (Tier 4)	
<i>electrolyte solution (rx) *</i>	\$0 (Tier 4)	
<i>eq calcium citrate-d tablet slf,plf,gluten-free (rx) 315 mg- 250 unit *</i>	\$0 (Tier 4)	(Citracal + D Maximum)
<i>hm calcium citrate-vit d cplt caplet, gluten-free (otc) 315 mg- 250 unit *</i>	\$0 (Tier 4)	(Citracal + D Maximum)
IONOSOL-B IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 - \$9.20 (Tier 2)	
IONOSOL-MB IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 - \$9.20 (Tier 2)	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 - \$9.20 (Tier 2)	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	\$0 - \$9.20 (Tier 2)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	\$0 (Tier 1)	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	\$0 (Tier 1)	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	\$0 (Tier 1)	
<i>liquid calcium 600-vit d3 sfgl softgel,plf,gluten-f (rx) 600 mg(1,500mg) -500 unit *</i>	\$0 (Tier 4)	
<i>liquid calcium with vitamin d softgel, slf, plf (rx) 600 mg calcium- 200 unit *</i>	\$0 (Tier 4)	
<i>mag-g 500 mg tablet 27 mg magnesium (500 mg) *</i>	\$0 (Tier 4)	
<i>magnesium 200 mg tablet salt,starch,slf,plf (rx) 200 mg *</i>	\$0 (Tier 4)	
<i>magnesium 30 mg tablet 30 mg *</i>	\$0 (Tier 4)	
MAGNESIUM CITRATE 100 MG TAB 100 MG *	\$0 (Tier 4)	
<i>magnesium gluc 500 mg tablet 27 mg magnesium (500 mg) *</i> (Mag-G)	\$0 (Tier 4)	
<i>magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml</i>	\$0 (Tier 1)	
<i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4%), 40 gram/1,000 ml (4%)</i>	\$0 (Tier 1)	PA BvD
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4%), 4 gram/100 ml (4%), 4 gram/50 ml (8%)</i>	\$0 (Tier 1)	PA BvD
<i>magnesium sulfate injection solution 4 meq/ml (50%)</i>	\$0 (Tier 1)	PA BvD
<i>magnesium sulfate injection syringe 4 meq/ml</i>	\$0 (Tier 1)	PA BvD
MAGONATE 54 MG/5 ML LIQUID (RX) 54 MG/5 ML *	\$0 (Tier 4)	
<i>natural calcium 500 mg tablet 500 mg calcium (1,250 mg) *</i>	\$0 (Tier 4)	
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	\$0 - \$9.20 (Tier 2)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	\$0 - \$9.20 (Tier 2)	
<i>oralyte freezer pops</i> *	\$0 (Tier 4)	
<i>oralyte solution</i> *	\$0 (Tier 4)	
<i>oysco-500 tablet 500 mg calcium (1,250 mg)</i> *	\$0 (Tier 4)	
<i>oyster shell calcium 500 mg tb 500mg elemental ca (rx) 500 mg calcium (1,250 mg)</i> *	\$0 (Tier 4)	
<i>pediatric electrolyte pwd pack natural flavor (rx) 10.6-4.7 meq/8.5 gram</i> *	\$0 (Tier 4)	
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	\$0 - \$9.20 (Tier 2)	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	\$0 - \$9.20 (Tier 2)	
<i>potassium chloride intravenous solution 2 meq/ml</i>	\$0 (Tier 1)	PA BvD
<i>potassium chloride intravenous solution 2 meq/ml (20 ml)</i>	\$0 (Tier 1)	PA BvD
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	\$0 (Tier 1)	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	\$0 (Tier 1)	
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i> (K-Tab)	\$0 (Tier 1)	
<i>potassium chloride oral tablet, er particles/crystals 10 meq</i> (Klor-Con M10)	\$0 (Tier 1)	
<i>potassium chloride oral tablet, er particles/crystals 20 meq</i> (Klor-Con M20)	\$0 (Tier 1)	
<i>potassium chloride-0.45% nacl intravenous parenteral solution 20 meq/l</i>	\$0 (Tier 1)	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	\$0 (Tier 1)	
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	\$0 (Tier 1)	
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i> (Urocit-K 5)	\$0 (Tier 1)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>ra calcium 600 mg tablet plf (rx) 600 mg calcium (1,500 mg) *</i>	\$0 (Tier 4)	
<i>ra calcium citrate - vit d tab plf, dlf (rx) 315 mg- 250 unit *</i>	\$0 (Tier 4) (Citracal + D Maximum)	
<i>ra magnesium 250 mg tablet (rx) 250 mg *</i>	\$0 (Tier 4)	
<i>ra pediatric electrolyte soln alf (rx) *</i>	\$0 (Tier 4)	
<i>ra pediatric freezer pops *</i>	\$0 (Tier 4)	
<i>risacal-d tablet 105-120 mg-unit *</i>	\$0 (Tier 4)	
<i>sm cal cit 315 mg-d3 250 unit caplet, gluten-free (rx) 315 mg- 250 unit *</i>	\$0 (Tier 4) (Citracal + D Maximum)	
<i>sm magnesium 250 mg tablet (rx) 250 mg *</i>	\$0 (Tier 4)	
<i>sm pediatric electrolyte soln (rx) *</i>	\$0 (Tier 4)	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	\$0 (Tier 1)	
<i>super calcium 600 mg tablet 600 mg calcium (1,500 mg) *</i>	\$0 (Tier 4)	
Respiratory Tract Agents		
Anti-Inflammatories, Inhaled		
Corticosteroids		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500- 50 MCG/DOSE	\$0 (Tier 1)	QL (60 per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	\$0 - \$9.20 (Tier 2)	QL (12 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	\$0 - \$9.20 (Tier 2)	QL (30 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	\$0 - \$9.20 (Tier 2)	QL (60 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i> (Pulmicort)	\$0 (Tier 1)	PA BvD
FLOVENT 100 MCG DISKUS 100 MCG/ACTUATION	\$0 - \$9.20 (Tier 2)	QL (60 per 30 days)
FLOVENT 250 MCG DISKUS 250 MCG/ACTUATION	\$0 - \$9.20 (Tier 2)	QL (120 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	\$0 - \$9.20 (Tier 2)	QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	\$0 - \$9.20 (Tier 2)	QL (120 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	\$0 - \$9.20 (Tier 2)	QL (12 per 28 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	\$0 - \$9.20 (Tier 2)	QL (24 per 28 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	\$0 - \$9.20 (Tier 2)	QL (21.2 per 28 days)
Antileukotrienes		
<i>montelukast oral tablet 10 mg</i> (Singulair)	\$0 (Tier 1)	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	\$0 (Tier 1)	
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	\$0 (Tier 1)	
Bronchodilators		
<i>albuterol 5 mg/ml solution 5 mg/ml</i>	\$0 (Tier 1)	PA BvD; QL (120 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> (ProAir HFA)	\$0 (Tier 1)	QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	\$0 (Tier 1)	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020983)</i>	\$0 (Tier 1)	QL (36 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)</i>	\$0 (Tier 1)	PA BvD; QL (360 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml</i>	\$0 (Tier 1)	PA BvD; QL (120 per 30 days)
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	\$0 (Tier 1)	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	\$0 (Tier 1)	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	\$0 - \$9.20 (Tier 2)	QL (60 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	\$0 - \$9.20 (Tier 2)	QL (25.8 per 28 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	\$0 - \$9.20 (Tier 2)	QL (8 per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	\$0 (Tier 1)	PA BvD; QL (312.5 per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	\$0 (Tier 1)	PA BvD; QL (540 per 30 days)
<i>metaproterenol oral syrup 10 mg/5 ml</i>	\$0 (Tier 1)	
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	\$0 - \$9.20 (Tier 2)	QL (2 per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	\$0 - \$9.20 (Tier 2)	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	\$0 - \$9.20 (Tier 2)	QL (4 per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	\$0 - \$9.20 (Tier 2)	QL (30 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	\$0 - \$9.20 (Tier 2)	QL (4 per 28 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	\$0 - \$9.20 (Tier 2)	QL (4 per 28 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	\$0 (Tier 1)	
<i>terbutaline subcutaneous solution 1 mg/ml</i>	\$0 (Tier 1)	NDS
<i>theophylline oral solution 80 mg/15 ml</i>	\$0 (Tier 1)	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	\$0 (Tier 1)	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	\$0 (Tier 1)	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	\$0 - \$9.20 (Tier 2)	QL (60 per 30 days)
Respiratory Tract Agents, Other		
<i>acetylcysteine intravenous solution 200 mg/ml (20%)</i> (Acetadote)	\$0 (Tier 1)	
<i>acetylcysteine solution 100 mg/ml (10%), 200 mg/ml (20%)</i>	\$0 (Tier 1)	PA BvD
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	\$0 - \$9.20 (Tier 2)	PA; NDS
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	\$0 (Tier 1)	PA BvD
<i>cromolyn sodium nasal spray 5.2 mg/spray (4%) *</i> (Nasal Allergy Symptom Control)	\$0 (Tier 4)	
DALIRESP ORAL TABLET 250 MCG	\$0 - \$9.20 (Tier 2)	QL (28 per 28 days)
DALIRESP ORAL TABLET 500 MCG	\$0 - \$9.20 (Tier 2)	QL (30 per 30 days)
ESBRIET ORAL CAPSULE 267 MG	\$0 - \$9.20 (Tier 2)	PA; QL (270 per 30 days); NDS
ESBRIET ORAL TABLET 267 MG	\$0 - \$9.20 (Tier 2)	PA; QL (270 per 30 days); NDS
ESBRIET ORAL TABLET 801 MG	\$0 - \$9.20 (Tier 2)	PA; QL (90 per 30 days); NDS
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	\$0 - \$9.20 (Tier 2)	PA; QL (1 per 28 days); NDS
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	\$0 - \$9.20 (Tier 2)	PA; QL (1 per 28 days); NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	\$0 - \$9.20 (Tier 2)	PA; QL (56 per 28 days); NDS
KALYDECO ORAL TABLET 150 MG	\$0 - \$9.20 (Tier 2)	PA; QL (56 per 28 days); NDS
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	\$0 - \$9.20 (Tier 2)	PA; LA; QL (3 per 28 days); NDS
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	\$0 - \$9.20 (Tier 2)	PA; LA; QL (3 per 28 days); NDS
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	\$0 - \$9.20 (Tier 2)	PA; LA; QL (3 per 28 days); NDS
OFEV ORAL CAPSULE 100 MG, 150 MG	\$0 - \$9.20 (Tier 2)	PA; QL (60 per 30 days); NDS
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	\$0 - \$9.20 (Tier 2)	PA; QL (56 per 28 days); NDS
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	\$0 - \$9.20 (Tier 2)	PA; QL (120 per 30 days); NDS
PROLASTIN C 1,000 MG/20 ML VL PRICE/ONE MG,L/F,SUV 1,000 MG (+/-)/20 ML	\$0 - \$9.20 (Tier 2)	PA BvD; NDS
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	\$0 - \$9.20 (Tier 2)	PA BvD; NDS
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	\$0 - \$9.20 (Tier 2)	PA; QL (56 per 28 days); NDS
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N)	\$0 - \$9.20 (Tier 2)	PA; QL (84 per 28 days); NDS
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	\$0 - \$9.20 (Tier 2)	PA; NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	\$0 - \$9.20 (Tier 2)	PA; NDS
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>baclofen oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	
<i>chlorzoxazone oral tablet 250 mg</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years); NDS
<i>chlorzoxazone oral tablet 500 mg</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>dantrolene oral capsule 100 mg</i>	\$0 (Tier 1)	
<i>dantrolene oral capsule 25 mg, 50 mg</i> (Dantrium)	\$0 (Tier 1)	
<i>methocarbamol oral tablet 500 mg</i>	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>methocarbamol oral tablet 750 mg</i> (Robaxin-750)	\$0 (Tier 1)	PA-HRM; AGE (Max 64 Years)
<i>revonto intravenous recon soln 20 mg</i>	\$0 (Tier 1)	
<i>tizanidine oral tablet 2 mg</i>	\$0 (Tier 1)	
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	\$0 (Tier 1)	
Sleep Disorder Agents		
Sleep Disorder Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil)	\$0 (Tier 1)	PA; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	\$0 - \$9.20 (Tier 2)	QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	\$0 (Tier 1)	QL (30 per 30 days)
HETLIOZ ORAL CAPSULE 20 MG	\$0 - \$9.20 (Tier 2)	PA; QL (30 per 30 days); NDS
SUNOSI ORAL TABLET 150 MG, 75 MG	\$0 - \$9.20 (Tier 2)	PA; QL (30 per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	\$0 - \$9.20 (Tier 2)	PA; LA; QL (540 per 30 days); NDS
<i>zaleplon oral capsule 10 mg, 5 mg</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	\$0 (Tier 1)	QL (30 per 30 days)
Vasodilating Agents		
Vasodilating Agents		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	\$0 - \$9.20 (Tier 2)	PA; QL (90 per 30 days); NDS
<i>alyq oral tablet 20 mg</i>	\$0 (Tier 1)	PA; QL (60 per 30 days); NDS
<i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis)	\$0 (Tier 1)	PA; QL (30 per 30 days); NDS
<i>epoprostenol (glycine) intravenous recon soln 0.5 mg</i> (Flolan)	\$0 (Tier 1)	PA
<i>epoprostenol (glycine) intravenous recon soln 1.5 mg</i> (Flolan)	\$0 (Tier 1)	PA; NDS

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
OPSUMIT ORAL TABLET 10 MG	\$0 - \$9.20 (Tier 2)	PA; QL (30 per 30 days); NDS
<i>sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml</i> (Revatio)	\$0 (Tier 1)	PA; QL (37.5 per 1 day); NDS
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio)	\$0 (Tier 1)	PA; QL (90 per 30 days)
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i> (Alyq)	\$0 (Tier 1)	PA; QL (60 per 30 days); NDS
TRACLEER ORAL TABLET 125 MG, 62.5 MG	\$0 (Tier 1)	PA; LA; QL (60 per 30 days); NDS
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	\$0 - \$9.20 (Tier 2)	PA; QL (112 per 28 days); NDS
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i> (Remodulin)	\$0 (Tier 1)	PA; NDS
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	\$0 - \$9.20 (Tier 2)	PA; NDS
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG	\$0 - \$9.20 (Tier 2)	PA; QL (60 per 30 days); NDS
UPTRAVI ORAL TABLET 200 MCG	\$0 - \$9.20 (Tier 2)	PA; QL (240 per 30 days); NDS
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	\$0 - \$9.20 (Tier 2)	PA; NDS
Vitamins And Minerals		
Vitamins And Minerals		
<i>b-12 1,000 mcg/15 ml liquid 1,000 mcg/15 ml *</i>	\$0 (Tier 4)	
<i>b-12 500 mcg tablet (rx) 500 mcg *</i>	\$0 (Tier 4)	
<i>b-12 dots 500 mcg tablet 500 mcg *</i>	\$0 (Tier 4)	
<i>b-6 tr 200 mg tablet (rx) 200 mg *</i>	\$0 (Tier 4)	
<i>c-1,000 mg tablet (rx) 1,000 mg *</i>	\$0 (Tier 4)	
<i>c-1,000 mg with rose hips tab plf 1,000 mg *</i>	\$0 (Tier 4)	
<i>c-500 mg tablet (rx) 500 mg *</i>	\$0 (Tier 4)	
<i>calcidol drops 200 mcg/ml (8,000 unit/ml) *</i>	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>calcium 1,000 + d3 caplet 1,000 mg(2,500 mg)-800 unit *</i>	\$0 (Tier 4)	
<i>calcium 250-vit d3 125 tablet 250-125 mg-unit *</i> (Oyster Shell + D3)	\$0 (Tier 4)	
<i>calcium 500-vit d3 600 tablet 500mg (1,250mg) -600 unit *</i> (Os-Cal 500 + D3)	\$0 (Tier 4)	
<i>calcium 600 + vit d 400 caplet slf, plf, caplet 600 mg(1,500mg) -400 unit *</i>	\$0 (Tier 4)	
<i>calcium 600 + vit d tablet 600-125 mg-unit *</i>	\$0 (Tier 4)	
<i>calcium 600-vit d3 200 tablet (rx) 600 mg(1,500mg) -200 unit *</i>	\$0 (Tier 4)	
<i>calcium 600-vit d3 400 tablet (rx) 600 mg(1,500mg) -400 unit *</i> (Calcium 600 + D(3))	\$0 (Tier 4)	
<i>calcium ascorbate 500 mg tab 610mg buffered vit c (rx) 500 mg *</i>	\$0 (Tier 4)	
<i>child ferrous sulfate 15 mg/ml (rx) 15 mg iron (75 mg)lml *</i> (Children's Iron)	\$0 (Tier 4)	
<i>cvs b-1 100 mg tablet plf, slf,gluten-free (rx) 100 mg *</i>	\$0 (Tier 4)	
<i>cvs calcium 500 + vit d tablet oyster shell (rx) 500 mg(1,250mg) -125 unit *</i>	\$0 (Tier 4)	
<i>cvs calcium 600-vit d3 800 tab plf,slf,gluten-free (rx) 600 mg(1,500mg) -800 unit *</i> (Caltrate with Vitamin D3)	\$0 (Tier 4)	
<i>cvs iron 27 mg tablet (rx) 240 mg (27 mg iron) *</i> (Ferate)	\$0 (Tier 4)	
<i>cvs omega-3 gummy fish child, brain booster (rx) 100 mg *</i>	\$0 (Tier 4)	
<i>cvs prenatal gummies 400 mcg *</i>	\$0 (Tier 4)	PA
<i>cvs prenatal gummy vitamins 400 mcg-35 mg -25 mg-5 mg *</i>	\$0 (Tier 4)	PA
<i>cvs prenatal multi-dha softgel 27mg iron-800 mcg-250 mg *</i>	\$0 (Tier 4)	PA
<i>cvs prenatal vitamins tablet (rx) 27 mg iron- 0.8 mg *</i>	\$0 (Tier 4)	PA
<i>cvs vitamin c 250 mg tablet (rx) 250 mg *</i> (Vitamin C)	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>cvs women's prenatal plus dha 28 mg-975 mcg- 200 mg *</i>	\$0 (Tier 4)	PA
<i>cyanocobalamin 1,000 mcg/ml latex-free, outer, mdv 1,000 mcg/ml *</i>	\$0 (Tier 3)	
<i>d3 dots 2,000 unit tablet plf (rx) 50 mcg (2,000 unit) *</i>	\$0 (Tier 4)	
<i>daily prenatal combo pack 28-800-440 mg-mcg-mg *</i>	\$0 (Tier 4)	PA
<i>decara 10,000 unit softgel 250 mcg (10,000 unit) *</i>	\$0 (Tier 4)	
<i>decara 50,000 unit softgel 1,250 mcg (50,000 unit) *</i>	\$0 (Tier 4)	
<i>delta d3 400 unit tablet lactose free, slf 10 mcg (400 unit) *</i>	\$0 (Tier 4)	
<i>dialyvite vitamin d 5,000 unit 125 mcg (5,000 unit) *</i>	\$0 (Tier 4)	
<i>endur-amide sr 500 mg tablet 500 mg *</i>	\$0 (Tier 4)	
<i>eql carbonyl iron 45 mg caplet (rx) 45 mg *</i> (Feosol)	\$0 (Tier 4)	
<i>ergocalciferol 8,000 units/ml (rx) 200 mcg/ml (8,000 unit/ml) *</i> (Calcidol)	\$0 (Tier 4)	
<i>feosol 65 mg tablet (rx) 325 mg (65 mg iron) *</i>	\$0 (Tier 4)	
<i>ferate 27 mg tablet 240 mg (27 mg iron) *</i>	\$0 (Tier 4)	
<i>ferrous gluconate 240 mg tab 240mg=27mg elemental (rx) 240 mg (27 mg iron) *</i> (Ferate)	\$0 (Tier 4)	
<i>ferrous gluconate 324 mg tab (rx) 324 mg (37.5 mg iron), 324 mg (38 mg iron) *</i>	\$0 (Tier 4)	
<i>ferrous sulf 220 mg/5 ml elix (rx) 220 mg (44 mg iron)/5 ml *</i>	\$0 (Tier 4)	
<i>ferrous sulf 300 mg/5 ml liq 300 mg (60 mg iron)/5 ml *</i>	\$0 (Tier 4)	
<i>ferrous sulfate 325 mg tablet (rx) 325 mg (65 mg iron) *</i> (Feosol)	\$0 (Tier 4)	
<i>ferrous sulfate 325 mg tablet flc (rx) 325 mg (65 mg iron) *</i> (Feosol)	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>folic acid 0.4 mg tablet (rx) 400 mcg *</i>	\$0 (Tier 4)	PA; AGE (Min 14 Years and Max 45 Years)
<i>folic acid 0.8 mg tablet (rx) 800 mcg *</i>	\$0 (Tier 4)	
<i>folic acid 1 mg tablet (rx) 1 mg *</i>	\$0 (Tier 3)	
<i>folic acid 5 mg/ml vial latex-free, mdv 5 mg/ml *</i>	\$0 (Tier 3)	
<i>gnp vit c-rose hip 500 mg caplet, natural 500 mg *</i>	\$0 (Tier 4)	
<i>hm calcium 500-vit d3 200 cplt caplet, gluten-free (otc) 500 mg(1,250mg) -200 unit *</i>	\$0 (Tier 4)	
<i>hm calcium 600-vit d3 400 tab gluten-free (otc) 600 mg(1,500mg) -400 unit *</i>	\$0 (Tier 4)	
<i>hm vitamin d3 4,000 unit sftgl softgel 100 mcg (4,000 unit) *</i>	\$0 (Tier 4)	
<i>hm vitamin d3 400 unit tablet gluten-free (otc) 10 mcg (400 unit) *</i>	\$0 (Tier 4)	
<i>hydroxocobalamin 1,000 mcg/ml 1,000 mcg/ml *</i>	\$0 (Tier 3)	
<i>iron 27 mg tablet (rx) 236 mg (27 mg iron) *</i>	\$0 (Tier 4)	
<i>iron 28 mg tablet 256 mg (28 mg iron) *</i>	\$0 (Tier 4)	
<i>kpn tablet *</i>	\$0 (Tier 4)	PA
<i>niacinamide 500 mg tablet (rx) 500 mg *</i>	\$0 (Tier 4)	(Niacin (niacinamide))
<i>niacinamide er 500 mg tablet 500 mg *</i>	\$0 (Tier 4)	(Endur-amide)
<i>optimal d3 50,000 unit capsule 1,250 mcg (50,000 unit) *</i>	\$0 (Tier 4)	
<i>oysco 500-vit d3 200 tablet 500 mg(1,250mg) -200 unit *</i>	\$0 (Tier 4)	
<i>oyster shell 500-vit d3 200 tb (rx) 500 mg(1,250mg) -200 unit *</i>	\$0 (Tier 4)	
<i>oyster shell calcium-vit d tab 250 (625)-125 mg-unit *</i>	\$0 (Tier 4)	
<i>oyster shell calcium-vit d tab plf,slf,gluten-free (rx) 500 mg(1,250mg) -400 unit *</i>	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>oystercal-d 500 mg-400 unit tb 500 mg(1,250mg) -400 unit *</i>	\$0 (Tier 4)	
<i>pedia tri-vite drop 750 unit-35 mg -400 unit/ml *</i>	\$0 (Tier 4)	PA; AGE (Max 4 Years)
<i>perry prenatal capsule 13.5-0.4 mg *</i>	\$0 (Tier 4)	PA
<i>phytonadione 5 mg tablet 5 mg *</i> (Mephyton)	\$0 (Tier 3)	
<i>prenatal + dha combo pack 28 mg iron-975 mcg-200 mg *</i>	\$0 (Tier 4)	PA
<i>prenatal 19 chewable tablet 29 mg iron- 1 mg *</i>	\$0 (Tier 4)	PA
<i>prenatal formula tablet (rx) 28 mg iron-800 mcg *</i>	\$0 (Tier 4)	PA
<i>prenatal gummies 400-32.5 mcg-mg *</i>	\$0 (Tier 4)	PA
<i>prenatal multivitamin tablet (rx) 28 mg iron- 800 mcg *</i>	\$0 (Tier 4)	PA
<i>prenatal multivitamin tablet (rx) 28 mg iron- 800 mcg *</i>	\$0 (Tier 4)	PA
<i>prenatal multivitamin-dha sfgl 27mg iron-800 mcg-250 mg *</i>	\$0 (Tier 4)	PA
<i>prenatal one tablet 27 mg-360 mcg- 125 mg-32 mg *</i>	\$0 (Tier 4)	PA
<i>prenatal tablet (rx) 27 mg iron- 0.8 mg *</i>	\$0 (Tier 4)	PA
<i>prenatal tablet (rx) 27 mg iron- 0.8 mg *</i>	\$0 (Tier 4)	PA
<i>prenatal tablet 27 mg iron- 800 mcg *</i>	\$0 (Tier 4)	PA
<i>prenatal tablet 28 mg iron- 800 mcg *</i>	\$0 (Tier 4)	PA
<i>prenatal tablet 28 mg iron- 800 mcg *</i> (Prenatal)	\$0 (Tier 4)	PA
<i>prenatal tablet 28 mg iron- 800 mcg *</i> (Prenatal Tablet)	\$0 (Tier 4)	PA
<i>prenatal tablet outer (rx) 27 mg iron- 0.8 mg *</i>	\$0 (Tier 4)	PA
<i>prenatal vitamin tablet (rx) 27 mg iron-0.8 mg *</i>	\$0 (Tier 4)	PA
<i>prenatal vitamin tablet 27 mg iron- 800 mcg *</i>	\$0 (Tier 4)	PA
<i>prenatal vitamins tablet phosphorus free 28 mg iron- 800 mcg *</i>	\$0 (Tier 4)	PA
<i>pyridoxine 100 mg/ml vial 25's, mdv 100 mg/ml *</i>	\$0 (Tier 3)	
<i>pyridoxine 250 mg tablet 250 mg *</i> (Vitamin B-6)	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>pyridoxine 500 mg tablet 500 mg *</i>	\$0 (Tier 4)	
<i>ra hi-cal plus vitamin d tab (rx) 500 mg(1,250mg) -200 unit *</i>	\$0 (Tier 4)	
<i>ra one daily prenatal dha pack 30's tab & 30's cap 28-800-440 mg-mcg-mg *</i>	\$0 (Tier 4)	PA
<i>ra oyster shell 500-vit d3 200 natural,plf (rx) 500 mg(1,250mg) -200 unit *</i>	\$0 (Tier 4)	
<i>ra prenatal tablet (rx) 28 mg iron- 800 mcg *</i>	\$0 (Tier 4)	PA
<i>ra vitamin d3 1,000 unit tab slf,glutenlf,yeastlf (rx) 25 mcg (1,000 unit) *</i>	\$0 (Tier 4)	
<i>ra vitamin e 400 unit softgel plf,slf,dlf,softgel (rx) 400 unit *</i>	\$0 (Tier 4)	
<i>riboflavin 50 mg tablet 50 mg *</i>	(Vitamin B-2) \$0 (Tier 4)	
SE-NATAL-19 ORAL TABLET 29 MG IRON- 1 MG	\$0 - \$9.20 (Tier 2)	
<i>sm calcium 600-vit d3 800 tab (rx) 600 mg(1,500mg) -800 unit *</i>	(Caltrate with Vitamin D3) \$0 (Tier 4)	
<i>sm one daily prenatal combo pk 28 mg iron- 800 mcg *</i>	\$0 (Tier 4)	PA
<i>sm prenatal vitamins tablet 28 mg iron- 800 mcg *</i>	\$0 (Tier 4)	PA
<i>sm vitamin b12 1,000 mcg tab natural (otc) 1,000 mcg *</i>	(Vitamin B-12) \$0 (Tier 4)	
<i>soothing pureway-c 500 mg tab 500 mg *</i>	\$0 (Tier 4)	
<i>super calcium 600-vit d3 400 slf, plf (rx) 600 mg(1,500mg) -400 unit *</i>	(Calcium 600 + D(3)) \$0 (Tier 4)	
<i>sv prenatal vitamins tablet 28-800 mg-mcg *</i>	\$0 (Tier 4)	PA
<i>thera-d 2000 tablet 50 mcg (2,000 unit) *</i>	\$0 (Tier 4)	
<i>thiamine 200 mg/2 ml vial muv, outer 100 mg/ml *</i>	\$0 (Tier 3)	
<i>thiamine 250 mg tablet (rx) 250 mg *</i>	(Vitamin B-1) \$0 (Tier 4)	
<i>thiamine 500 mg tablet 500 mg *</i>	\$0 (Tier 4)	
TRI-VI-SOL DROPS 250 MCG-50 MG-10 MCG/ML *	\$0 (Tier 4)	PA; AGE (Max 4 Years)

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>tri-vite-fluoride 0.25 mg/ml 0.25 mg fluor. (0.55 mg)/ml *</i>	\$0 (Tier 4)	PA; AGE (Max 4 Years)
<i>tri-vite-fluoride 0.5 mg/ml 0.5 mg fluoride (1.1 mg)/ml *</i>	\$0 (Tier 4)	PA; AGE (Max 4 Years)
<i>vinacal b prenatal combo pack 20 mg iron-1 mg -25 mg/25 mg *</i>	\$0 (Tier 4)	PA
<i>vit c-rose hips 1,000 mg tab 1,000 mg *</i>	\$0 (Tier 4)	
<i>vit c-rose hips 500 mg caplet caplet,natural 500 mg *</i>	\$0 (Tier 4)	
<i>vitamin a 10,000 unit capsule soluble (rx) 10,000 unit *</i>	\$0 (Tier 4)	
<i>vitamin a 8,000 unit capsule (rx) 8,000 unit *</i>	\$0 (Tier 4)	
<i>vitamin b-1 100 mg tablet plf, gluten-free (rx) 100 mg *</i>	\$0 (Tier 4)	
<i>vitamin b-1 250 mg tablet plf,nalf (rx) 250 mg *</i>	\$0 (Tier 4)	
<i>vitamin b-1 50 mg tablet slf, gluten free (rx) 50 mg *</i>	\$0 (Tier 4)	
<i>vitamin b-12 1,000 mcg tablet plf, slf,gluten-free (rx) 1,000 mcg *</i>	\$0 (Tier 4)	
<i>vitamin b-12 100 mcg tablet (rx) 100 mcg *</i>	\$0 (Tier 4)	
<i>vitamin b-12 250 mcg tablet (rx) 250 mcg *</i>	\$0 (Tier 4)	
<i>vitamin b-12 50 mcg tablet (rx) 50 mcg *</i>	\$0 (Tier 4)	
<i>vitamin b-12 500 mcg tablet 500 mcg *</i> (B-12 DOTS)	\$0 (Tier 4)	
<i>vitamin b-2 100 mg tablet slf,plf (rx) 100 mg *</i>	\$0 (Tier 4)	
<i>vitamin b-2 25 mg tablet 25 mg *</i>	\$0 (Tier 4)	
<i>vitamin b-2 50 mg tablet slf, plf (rx) 50 mg *</i>	\$0 (Tier 4)	
<i>vitamin b-6 100 mg tablet (rx) 100 mg *</i> (Vitamin B-6)	\$0 (Tier 4)	
<i>vitamin b-6 25 mg tablet (rx) 25 mg *</i>	\$0 (Tier 4)	
<i>vitamin b-6 250 mg tablet plf (rx) 250 mg *</i>	\$0 (Tier 4)	
<i>vitamin b-6 50 mg capsule 50 mg *</i>	\$0 (Tier 4)	
<i>vitamin b-6 50 mg tablet (rx) 50 mg *</i> (Vitamin B-6)	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>vitamin c 1,000 mg caplet (rx) 1,000 mg *</i>	\$0 (Tier 4)	
<i>vitamin c 1,000 mg tablet 1,000 mg *</i>	\$0 (Tier 4)	
<i>vitamin c 100 mg tablet (rx) 100 mg *</i>	\$0 (Tier 4)	
<i>vitamin c 500 mg tablet (rx) 500 mg *</i>	\$0 (Tier 4)	
<i>vitamin c 500 mg tablet buffered (rx) 500 mg *</i>	\$0 (Tier 4)	
<i>vitamin d 1,000 unit tablet 25 mcg (1,000 unit) *</i>	\$0 (Tier 4)	
<i>vitamin d2 1.25 mg(50,000 unit) softgel (Drisdol) 1,250 mcg (50,000 unit) *</i>	\$0 (Tier 3)	
VITAMIN D2 2,000 UNIT TABLET 50 MCG (2,000 UNIT) *	\$0 (Tier 4)	
<i>vitamin d2 400 unit tablet slf,llf,y/f,glutenlf (rx) 10 mcg (400 unit) *</i>	\$0 (Tier 4)	
<i>vitamin d3 1,000 unit softgel softgel, plf, slf (rx) 25 mcg (1,000 unit) *</i>	\$0 (Tier 4)	
<i>vitamin d3 1,000 unit tablet slf, plf (rx) 25 mcg (1,000 unit) *</i> (Vitamin D3)	\$0 (Tier 4)	
<i>vitamin d3 10,000 unit softgel softgel (rx) 250 mcg (10,000 unit) *</i> (IS-D-10,000)	\$0 (Tier 4)	
<i>vitamin d3 125 mcg capsule (rx) 125 mcg (5,000 unit) *</i> (Dialyvite Vitamin D)	\$0 (Tier 4)	
<i>vitamin d3 2,000 unit softgel softgel, plf, slf (rx) 50 mcg (2,000 unit) *</i>	\$0 (Tier 4)	
<i>vitamin d3 2,000 unit tablet (rx) 50 mcg (2,000 unit) *</i>	\$0 (Tier 4)	
<i>vitamin d3 25 mcg tablet (rx) 25 mcg (1,000 unit) *</i>	\$0 (Tier 4)	
VITAMIN D3 400 UNIT SOFTGEL SOFTGEL,P/F,S/F (RX) 10 MCG (400 UNIT) *	\$0 (Tier 4)	
<i>vitamin d3 400 unit tablet slf,plf (rx) 10 mcg (400 unit) *</i>	\$0 (Tier 4)	
<i>vitamin d3 5,000 unit tablet 125 mcg (5,000 unit) *</i> (Vitamin D3)	\$0 (Tier 4)	
<i>vitamin d3 50 mcg tablet (rx) 50 mcg (2,000 unit) *</i> (D3 DOTS)	\$0 (Tier 4)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary Actions, Restrictions, or Limits on Use
<i>vitamin d3 50,000 unit capsule (rx) 1,250 mcg (50,000 unit) *</i> (Decara)	\$0 (Tier 4)	
<i>vitamin e 1,000 unit capsule (rx) 1,000 unit *</i>	\$0 (Tier 4)	
<i>vitamin e 1,000 unit capsule (rx) 1,000 unit *</i>	\$0 (Tier 4)	
<i>vitamin e 1,000 unit softgel plf, blend, softgel (rx) 1,000 unit *</i>	\$0 (Tier 4)	
<i>vitamin e 100 unit capsule plf,slf (rx) 100 unit *</i>	\$0 (Tier 4)	
<i>vitamin e 100 unit softgel softgel (rx) 100 unit *</i>	\$0 (Tier 4)	
<i>vitamin e 200 unit softgel 200 unit *</i> (E-200)	\$0 (Tier 4)	
<i>vitamin e 200 unit softgel softgel (rx) 200 unit *</i>	\$0 (Tier 4)	
<i>vitamin e 400 unit capsule (rx) 400 unit *</i>	\$0 (Tier 4)	
<i>vitamin e 400 unit softgel (rx) 400 unit *</i>	\$0 (Tier 4)	
<i>vitamin e 600 unit capsule (rx) 600 unit *</i>	\$0 (Tier 4)	
<i>vitamin k 100 mcg tablet plf, gluten-free 100 mcg *</i>	\$0 (Tier 4)	
<i>vitamin k-1 1 mg/0.5 ml ampul suv, llf, outer 1 mg/0.5 ml *</i>	\$0 (Tier 3)	
<i>vitamin k-1 10 mg/ml ampul suv, llf, outer 10 mg/ml *</i>	\$0 (Tier 3)	
<i>wee care 15 mg/1.25 ml susp 15 mg/1.25 ml *</i>	\$0 (Tier 4)	
<i>weekly-d 1,250 mcg softgel 1,250 mcg (50,000 unit) *</i>	\$0 (Tier 4)	

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ESTA PÁGINA SE HA DEJADO EN BLANCO DE FORMA INTENCIONAL

F. Aviso de no discriminación

La discriminación está prohibida por ley

Santa Clara Family Health Plan (SCFHP) cumple con las leyes federales aplicables en materia de derechos civiles y no discrimina por motivos de raza, color, país de origen, edad, discapacidad ni sexo. SCFHP no excluye a las personas ni las trata de forma distinta debido a su raza, color, país de origen, edad, discapacidad o sexo.

SCFHP:

- Da asistencia y servicios gratuitos a las personas con discapacidades para que se comuniquen eficazmente con nosotros, como por ejemplo:
 - Intérpretes de lenguaje de señas calificados
 - Información en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)
- Da servicios lingüísticos gratuitos a las personas cuyo idioma principal no es el inglés, como:
 - Intérpretes calificados
 - Información escrita en otros idiomas

Si necesita estos servicios, comuníquese con Servicio al Cliente llamando al 1-877-723-4795, de lunes a viernes, de 8 a.m. a 8 p.m. Los usuarios de TTY deben llamar al 1-800-735-2929 o al 711.



Si tiene alguna pregunta, llame a Santa Clara Family Health Plan al 1-877-723-4795, de lunes a viernes, de 8:00 a.m. a 8:00 p.m. Los usuarios de TTY deben llamar al 1-800-735-2929 o al 711. La llamada es gratuita. **Para obtener más información**, visite www.scfhp.com.

Si cree que SCFHP no le ha dado estos servicios o lo ha discriminado de alguna otra manera debido a su raza, color, país de origen, edad, discapacidad o sexo, puede presentar una queja ante:

Attn: Grievance and Appeals Department
Santa Clara Family Health Plan
6201 San Ignacio Ave
San Jose, CA 95119
Teléfono: 1-877-723-4795
TTY: 1-800-735-2929 o 711
enviar un fax al: 1-408-874-1962
Correo electrónico: CalMediConnectGrievances@scfhp.com

Usted puede presentar una queja en persona o por correo postal, fax o correo electrónico. Si necesita ayuda para presentar una queja, un representante de Servicio al Cliente está disponible para ayudarle.

También puede presentar una queja de derechos civiles ante el Departamento de Salud y Servicios Humanos (DHHS), Oficina de Derechos Civiles, de forma electrónica a través del Portal para quejas de la Oficina de Derechos Civiles en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> o por correo postal o por teléfono a:

U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201
Teléfono: 1-800-368-1019
TDD: 1-800-537-7697

Los formularios de quejas están disponibles en <http://www.hhs.gov/ocr/office/file/index.html>.

Si tiene alguna pregunta, llame a Santa Clara Family Health Plan al 1-877-723-4795, de lunes a viernes, de 8:00 a.m. a 8:00 p.m. Los usuarios de TTY deben llamar al 1-800-735-2929 o al 711. La llamada es gratuita. **Para obtener más información**, visite www.scfhp.com.



ESTA PÁGINA SE HA DEJADO EN BLANCO DE FORMA INTENCIONAL



Para obtener la información más reciente, o si tiene otras preguntas, comuníquese con nosotros llamando al 1-877-723-4795 (TTY 711), de lunes a viernes, de 8 a.m. a 8 p.m., o visitar www.scfhp.com.

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