



HAP Empowered MI Health Link Medicare-Medicaid Plan 2020 List of Covered Drugs (Formulary)

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

CMS Approved Formulary File Submission ID: 20496 Version 20

We have made no changes to this formulary since 11/24/20. For more recent information or other questions, please contact HAP Empowered MI Health Link (Medicare-Medicaid Plan) Customer Service at (888) 654-0706 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. Eastern Time. The call is free. Or visit hap.org/mihealthlink.

The formulary may change at any time. You will receive notice when necessary.

HAP Empowered MI Health Link is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.



If you have questions, please call HAP Empowered MI Health Link at (888) 654-0706 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. **For more information**, visit hap.org/mihealthlink.

HAP Empowered MI Health Link (Medicare-Medicaid Plan) | 2020 List of Covered Drugs (Formulary)

Introduction

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

If you have questions, please call HAP Empowered MI Health Link at (888) 654-0706 (TTY: 711), Help with prescription drug benefit questions is available 24 hours a day, 7 days a week. For all other calls, 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit hap.org/mihealthlink.



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A. Disclaimers

This is a list of drugs that members can get in HAP Empowered MI Health Link.

- ❖ HAP Empowered MI Health Link is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs.
- ❖ You can also get this document for free in other formats, such as large print, braille, or audio. Call HAP Empowered MI Health Link Customer Service at (888) 654-0706 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free.
- ❖ You can get this information, now and in the future, for free in other languages or other formats such as large print, braille, or audio. You only have to make this request one time. You can also change your request. Call HAP Empowered MI Health Link Customer Service at (888) 654-0706 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free.

B. Frequently Asked Questions (FAQ)

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

B1. What prescription drugs are on the *List of Covered Drugs*?

(We call the *List of Covered Drugs* the “Drug List” for short.)

The drugs on the *List of Covered Drugs* that starts on page 15 are the drugs covered by HAP Empowered MI Health Link. These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

- HAP Empowered MI Health Link will cover all medically necessary drugs on the Drug List if:
 - your doctor or other prescriber says you need them to get better or stay healthy, **and**

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- you fill the prescription at a HAP Empowered MI Health Link network pharmacy.
- HAP Empowered MI Health Link may have additional steps to access certain drugs (see question B4 below).

You can also see an up-to-date list of drugs that we cover on our website at hap.org/mihealthlink or call Customer Service toll-free at (888) 654-0706 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m.

B2. Does the Drug List ever change?

Yes, and HAP Empowered MI Health Link must follow Medicare and Medicaid rules when making changes. We may add or remove drugs on the Drug List during the year. We may also change our rules about drugs. For example, we could:

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

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

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

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

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

- You can always check HAP Empowered MI Health Link’s up-to-date Drug List online at hap.org/mihealthlink.

If you have questions, please call HAP Empowered MI Health Link at (888) 654-0706 (TTY: 711), Help with prescription drug benefit questions is available 24 hours a day, 7 days a week. For all other calls, 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit hap.org/mihealthlink.



- You can also call Customer Service to check the current Drug List at (888) 654-0706 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free.

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

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

- **A new generic drug becomes available.** Sometimes, a new generic drug comes on the market that works as well as a drug on the Drug List now. When that happens, we may remove the current drug, but your cost for the new drug will stay the same. When we add the new generic drug, we may also decide to keep the current drug on the list but change its coverage rules or limits.
 - We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
 - You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please see question B10 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or the drug's manufacturer takes a drug off the market, we will take it off the Drug List. If you are taking the drug, we will let you know. We will also tell your doctor about the change. You can work with your doctor to find another drug for your condition.

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

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We add a generic drug that is new to the market **and**
 - Replace a brand name drug currently on the Drug List **or**
 - Change the coverage rules or limits for the brand name drug.

If you have questions, please call HAP Empowered MI Health Link at (888) 654-0706 (TTY: 711), Help with prescription drug benefit questions is available 24 hours a day, 7 days a week. For all other calls, 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit hap.org/mihealthlink.



When these changes happen, we will:

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

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

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

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

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

- **Prior approval (or prior authorization):** For some drugs, you or your doctor or other prescriber must get approval from HAP Empowered MI Health Link before you fill your prescription. If you don't get approval, HAP Empowered MI Health Link may not cover the drug.
- **Quantity limits:** Sometimes HAP Empowered MI Health Link limits the amount of a drug you can get.
- **Step therapy:** Sometimes HAP Empowered MI Health Link requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your prescriber thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables on pages 15-172. You can also get more information by visiting our website at hap.org/mihealthlink. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

If you have questions, please call HAP Empowered MI Health Link at (888) 654-0706 (TTY: 711), Help with prescription drug benefit questions is available 24 hours a day, 7 days a week. For all other calls, 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit hap.org/mihealthlink.



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

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

The *List of Covered Drugs* on page 15 has a column labeled “Necessary actions, restrictions, or limits on use.”

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

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

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

There are two ways to find a drug:

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

To search **alphabetically**, go to the Index of Covered Drugs section. You can find it starting on page 173. Search using the brand or generic name of the drug. Look in the Index and find your drug. Next to your drug you will see the page number where you can find coverage information. Go to that page and find the name of your drug in the first column of the list.

To search **by medical condition**, find the section labeled “List of drugs by medical condition” on page 13. The drugs in this list are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you

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should look in the category, Cardiovascular. That is where you will find drugs that treat heart conditions.

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

If you don't see your drug on the Drug List, call Customer Service at (888) 654-0706 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. and ask about it. If you learn that HAP Empowered MI Health Link will not cover the drug, you can do one of these things:

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

B9. What if you are a new HAP Empowered MI Health Link member and can't find your drug on the Drug List or have a problem getting your drug?

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you are a member of HAP Empowered MI Health Link. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception.

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

We will cover a 30-day supply of your drug if:

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

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

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

An Emergency Supply is defined by CMS as a one-time fill of a drug that is not on the list but is necessary for a current member in a long-term care setting. Current members that need an emergency supply or are prescribed a drug that is not on the list as a result of a level of care change, are placed in transition. Our claims processor will put an override in the system to allow the one-time fill. Level of care changes include the following changes from one treatment setting to another:

- Enter a long-term care (LTC) facility from a hospital or other setting,
- Leave a LTC facility and return to the community,
- Discharge from a hospital to a home,
- End a skilled nursing facility stay covered under Medicare Part A (including pharmacy charges) and refer to coverage under Medicare Part D, and
- Discharge from a psychiatric hospital with medication regimens that are highly individualized.

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

Yes. You can ask HAP Empowered MI Health Link to make an exception to cover a drug that is not on the Drug List.

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

- For example, HAP Empowered MI Health Link may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.

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- Other examples: You can ask us to drop step therapy restrictions or prior approval requirements.

B11. How can you ask for an exception?

To ask for an exception, call (888) 654-0706 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. A Customer Service representative will work with you and your provider to help you ask for an exception. You can also read Chapter 9, Section 6 of the *Member Handbook* to learn more about exceptions.

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

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

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

B13. What are generic drugs?

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

HAP Empowered MI Health Link covers both brand name drugs and generic drugs.

B14. What are OTC drugs?

OTC stands for "over-the-counter." HAP Empowered MI Health Link covers some OTC drugs when they are written as prescriptions by your provider.

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You can read the HAP Empowered MI Health Link Drug List to see what OTC drugs are covered.

B15. What is your copay?

As a HAP Empowered MI Health Link member, you have no copays for prescription and OTC drugs as long as you follow HAP Empowered MI Health Link's rules.

B16. What are drug tiers?

Tiers are groups of drugs.

Every drug on the plan's Drug List is in one of two tiers. A tier is a group of drugs of generally the same type (for example, brand name, generic, or over-the counter drugs).

- Tier 1 includes generic drugs (lowest tier).
- Tier 2 includes brand-name drugs (highest tier).

OTC drugs may fall into Tier 1 or Tier 2 (if it is a generic drug or a brand drug). There is no copay for drugs in Tier 1 or Tier 2.

C. List of Covered Drugs

The following list of covered drugs gives you information about the drugs covered by HAP Empowered MI Health Link. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 173. The index alphabetically lists all drugs covered by HAP Empowered MI Health Link.

The first column of the chart lists the name of the drug. Brand name drugs are capitalized (for example, ProAIR HFA), and generic drugs are listed in lower-case italics (for example, gabapentin).

The information in the necessary actions, restrictions, or limits on use column tells you if HAP Empowered MI Health Link has any rules for covering your drug.

Information on what the symbols and abbreviations in this table mean is listed on page 14.

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Note: The word “ADD” next to a drug means the drug is not a “Part D drug.”

- These drugs have different rules for appeals. An appeal is a formal way of asking us to review a coverage decision and to change it if you think we made a mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Michigan Medicaid.
- If you or your prescriber disagree with our decision, you can appeal. To ask for instructions on how to appeal, call Customer Service at (888) 654-0706 (TTY: 711), 7 days a week, 8 a.m. to 8 p.m. The call is free. You can also read Chapter 9, Section 6 in the *Member Handbook* to learn how to appeal a decision.

D. List of Drugs by Medical Condition

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

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List of Abbreviations

ADD: Non-Part D drugs or over-the-counter items that are covered by Medicaid.

B/D: This prescription drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.

PA: Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

QL: Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.

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

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
ANTI - INFECTIVES			
ANTIFUNGAL AGENTS			
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	2	\$0	B/D
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	2	\$0	B/D
<i>amphotericin b injection recon soln 50 mg</i>	1	\$0	B/D
CANCIDAS INTRAVENOUS RECON SOLN 50 MG, 70 MG	2	\$0	
<i>caspofungin intravenous recon soln 50 mg, 70 mg</i>	1	\$0	
<i>clotrimazole mucous membrane troche 10 mg</i>	1	\$0	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG	2	\$0	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	1	\$0	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	1	\$0	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	\$0	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	1	\$0	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	1	\$0	
<i>griseofulvin microsize oral tablet 500 mg</i>	1	\$0	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	\$0	
<i>itraconazole oral capsule 100 mg</i>	1	\$0	
<i>itraconazole oral solution 10 mg/ml</i>	1	\$0	
<i>ketoconazole oral tablet 200 mg</i>	1	\$0	
<i>micafungin intravenous recon soln 100 mg, 50 mg</i>	1	\$0	
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	2	\$0	PA

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>nystatin oral suspension 100,000 unit/ml</i>	1	\$0	
<i>nystatin oral tablet 500,000 unit</i>	1	\$0	
<i>posaconazole oral tablet, delayed release (drlec) 100 mg</i>	1	\$0	
<i>terbinafine hcl oral tablet 250 mg</i>	1	\$0	
<i>voriconazole intravenous recon soln 200 mg</i>	1	\$0	
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	1	\$0	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	1	\$0	
ANTIVIRALS			
<i>abacavir oral solution 20 mg/ml</i>	1	\$0	
<i>abacavir oral tablet 300 mg</i>	1	\$0	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	1	\$0	
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	1	\$0	
<i>acyclovir oral capsule 200 mg</i>	1	\$0	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	\$0	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	\$0	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	1	\$0	B/D
<i>adefovir oral tablet 10 mg</i>	1	\$0	
<i>amantadine hcl oral capsule 100 mg</i>	1	\$0	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	\$0	
<i>amantadine hcl oral tablet 100 mg</i>	1	\$0	
APTIVUS (WITH VITAMIN E) ORAL SOLUTION 100 MG/ML	2	\$0	
APTIVUS ORAL CAPSULE 250 MG	2	\$0	
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	1	\$0	
ATRIPLA ORAL TABLET 600-200-300 MG	2	\$0	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	2	\$0	PA
BIKTARVY ORAL TABLET 50-200-25 MG	2	\$0	
CIMDUO ORAL TABLET 300-300 MG	2	\$0	

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
COMPLERA ORAL TABLET 200-25-300 MG	2	\$0	
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	2	\$0	
DELSTRIGO ORAL TABLET 100-300-300 MG	2	\$0	
DESCOVY ORAL TABLET 200-25 MG	2	\$0	
<i>didanosine oral capsule, delayed release (drlec) 250 mg, 400 mg</i>	1	\$0	
DOVATO ORAL TABLET 50-300 MG	2	\$0	
EDURANT ORAL TABLET 25 MG	2	\$0	
<i>efavirenz oral capsule 200 mg, 50 mg</i>	1	\$0	
<i>efavirenz oral tablet 600 mg</i>	1	\$0	
<i>emtricitabine oral capsule 200 mg</i>	1	\$0	
EMTRIVA ORAL SOLUTION 10 MG/ML	2	\$0	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	\$0	PA
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	2	\$0	
EVOTAZ ORAL TABLET 300-150 MG	2	\$0	QL (30 per 30 days)
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	\$0	
<i>fosamprenavir oral tablet 700 mg</i>	1	\$0	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	2	\$0	
GENVOYA ORAL TABLET 150-150-200-10 MG	2	\$0	
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG	2	\$0	
INVIRASE ORAL TABLET 500 MG	2	\$0	
ISENTRESS HD ORAL TABLET 600 MG	2	\$0	QL (60 per 30 days)
ISENTRESS ORAL POWDER IN PACKET 100 MG	2	\$0	
ISENTRESS ORAL TABLET 400 MG	2	\$0	QL (60 per 30 days)

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	2	\$0	
JULUCA ORAL TABLET 50-25 MG	2	\$0	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	2	\$0	
<i>lamivudine oral solution 10 mg/ml</i>	1	\$0	
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	1	\$0	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	\$0	
LEXIVA ORAL SUSPENSION 50 MG/ML	2	\$0	
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	1	\$0	
MAVYRET ORAL TABLET 100-40 MG	2	\$0	PA
<i>nevirapine oral suspension 50 mg/5 ml</i>	1	\$0	
<i>nevirapine oral tablet 200 mg</i>	1	\$0	
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	1	\$0	
NORVIR ORAL POWDER IN PACKET 100 MG	2	\$0	
NORVIR ORAL SOLUTION 80 MG/ML	2	\$0	
ODEFSEY ORAL TABLET 200-25-25 MG	2	\$0	
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	1	\$0	
PIFELTRO ORAL TABLET 100 MG	2	\$0	
PREZCOBIX ORAL TABLET 800-150 MG-MG	2	\$0	QL (30 per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	2	\$0	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	\$0	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	2	\$0	
REYATAZ ORAL POWDER IN PACKET 50 MG	2	\$0	
<i>ribavirin oral capsule 200 mg</i>	1	\$0	

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>ribavirin oral tablet 200 mg</i>	1	\$0	
<i>rimantadine oral tablet 100 mg</i>	1	\$0	
<i>ritonavir oral tablet 100 mg</i>	1	\$0	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	2	\$0	
SELZENTRY ORAL SOLUTION 20 MG/ML	2	\$0	
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG	2	\$0	
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	1	\$0	
STRIBILD ORAL TABLET 150-150-200-300 MG	2	\$0	QL (30 per 30 days)
SYMFI LO ORAL TABLET 400-300-300 MG	2	\$0	
SYMFI ORAL TABLET 600-300-300 MG	2	\$0	
SYMTUZA ORAL TABLET 800-150-200-10 MG	2	\$0	
TEMIXYS ORAL TABLET 300-300 MG	2	\$0	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	\$0	
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	2	\$0	
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	2	\$0	
TRIUMEQ ORAL TABLET 600-50-300 MG	2	\$0	
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	2	\$0	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	2	\$0	
TYBOST ORAL TABLET 150 MG	2	\$0	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	1	\$0	
<i>valganciclovir oral recon soln 50 mg/ml</i>	1	\$0	
<i>valganciclovir oral tablet 450 mg</i>	1	\$0	
VIRACEPT ORAL TABLET 250 MG, 625 MG	2	\$0	

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VIRAMUNE ORAL SUSPENSION 50 MG/5 ML	2	\$0	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	2	\$0	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	\$0	
XOFLUZA ORAL TABLET 20 MG, 40 MG	2	\$0	
ZEPATIER ORAL TABLET 50-100 MG	2	\$0	PA
<i>zidovudine oral capsule 100 mg</i>	1	\$0	
<i>zidovudine oral syrup 10 mg/ml</i>	1	\$0	
<i>zidovudine oral tablet 300 mg</i>	1	\$0	
CEPHALOSPORINS			
AVYCAZ INTRAVENOUS RECON SOLN 2.5 GRAM	2	\$0	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	\$0	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	\$0	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	1	\$0	
<i>cefadroxil oral capsule 500 mg</i>	1	\$0	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	\$0	
<i>cefadroxil oral tablet 1 gram</i>	1	\$0	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml</i>	1	\$0	
<i>cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 20 gram, 300 g, 500 mg</i>	1	\$0	
<i>cefazolin intravenous recon soln 1 gram</i>	1	\$0	
<i>cefdinir oral capsule 300 mg</i>	1	\$0	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	\$0	

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	1	\$0	
<i>cefepime in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml</i>	1	\$0	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	1	\$0	
<i>cefixime oral capsule 400 mg</i>	1	\$0	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	\$0	
CEFOTAN INJECTION RECON SOLN 1 GRAM, 2 GRAM	1	\$0	
CEFOTETAN IN DEXTROSE, ISO-OSM INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	1	\$0	
<i>cefotetan injection recon soln 1 gram, 2 gram</i>	1	\$0	
<i>cefotetan intravenous recon soln 10 gram</i>	1	\$0	
<i>cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	\$0	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	1	\$0	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	1	\$0	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	1	\$0	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	\$0	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	\$0	
CEFTAZIDIME IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	1	\$0	
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	1	\$0	
<i>ceftriaxone in dextrose, iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	\$0	

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	1	\$0	
CEFTRIAZONE INJECTION RECON SOLN 100 GRAM	1	\$0	
<i>ceftriaxone intravenous recon soln 1 gram, 2 gram</i>	1	\$0	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	\$0	
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	\$0	
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	1	\$0	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	1	\$0	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	\$0	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1	\$0	
SUPRAX ORAL CAPSULE 400 MG	2	\$0	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	2	\$0	
TAZICEF INJECTION RECON SOLN 1 GRAM, 2 GRAM, 6 GRAM	2	\$0	
<i>tazicef intravenous recon soln 1 gram, 2 gram</i>	1	\$0	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	2	\$0	
ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM	2	\$0	
ERYTHROMYCINS / OTHER MACROLIDES			
<i>azithromycin intravenous recon soln 500 mg</i>	1	\$0	
<i>azithromycin oral packet 1 gram</i>	1	\$0	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	\$0	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	1	\$0	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	\$0	

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<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	\$0	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	1	\$0	
<i>e.e.s. 400 oral tablet 400 mg</i>	1	\$0	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	\$0	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	2	\$0	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	1	\$0	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	\$0	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1	\$0	
<i>erythromycin oral tablet, delayed release (drlec) 250 mg, 333 mg, 500 mg</i>	1	\$0	
MISCELLANEOUS ANTIINFECTIVES			
<i>albendazole oral tablet 200 mg</i>	1	\$0	
ALBENZA ORAL TABLET 200 MG	2	\$0	
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	2	\$0	
ALINIA ORAL TABLET 500 MG	2	\$0	
<i>amikacin injection solution 500 mg/2 ml</i>	1	\$0	
<i>atovaquone oral suspension 750 mg/5 ml</i>	1	\$0	
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	1	\$0	
<i>aztreonam injection recon soln 1 gram, 2 gram</i>	1	\$0	
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	2	\$0	
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	2	\$0	B/D
BILTRICIDE ORAL TABLET 600 MG	2	\$0	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	2	\$0	LA
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	\$0	

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<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	\$0	
CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 300 MG/50 ML, 600 MG/50 ML, 900 MG/50 ML	1	\$0	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	1	\$0	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	1	\$0	
<i>clindamycin phosphate injection solution 150 (mg/ml) (6 ml), 150 mg/ml</i>	1	\$0	
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	1	\$0	
COARTEM ORAL TABLET 20-120 MG	2	\$0	
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	1	\$0	
CYCLOSERINE ORAL CAPSULE 250 MG	1	\$0	
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	\$0	
<i>daptomycin intravenous recon soln 500 mg</i>	1	\$0	
DARAPRIM ORAL TABLET 25 MG	2	\$0	
EMVERM ORAL TABLET,CHEWABLE 100 MG	2	\$0	
<i>ertapenem injection recon soln 1 gram</i>	1	\$0	
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1	\$0	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	1	\$0	
<i>gentamicin injection solution 40 mg/ml</i>	1	\$0	
<i>hydroxychloroquine oral tablet 200 mg</i>	1	\$0	
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	1	\$0	
INVANZ INJECTION RECON SOLN 1 GRAM	2	\$0	
<i>isoniazid oral solution 50 mg/5 ml</i>	1	\$0	

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	\$0	
<i>ivermectin oral tablet 3 mg</i>	1	\$0	
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>	1	\$0	
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	1	\$0	QL (1680 per 28 days)
<i>linezolid oral tablet 600 mg</i>	1	\$0	QL (56 per 28 days)
<i>linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml</i>	1	\$0	
<i>mefloquine oral tablet 250 mg</i>	1	\$0	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	1	\$0	
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 500 MG/50 ML	1	\$0	
<i>metro i.v. intravenous piggyback 500 mg/100 ml</i>	1	\$0	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	1	\$0	
<i>metronidazole oral capsule 375 mg</i>	1	\$0	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	\$0	
<i>neomycin oral tablet 500 mg</i>	1	\$0	
<i>paromomycin oral capsule 250 mg</i>	1	\$0	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	2	\$0	
<i>pentamidine inhalation recon soln 300 mg</i>	1	\$0	B/D
<i>pentamidine injection recon soln 300 mg</i>	1	\$0	
<i>praziquantel oral tablet 600 mg</i>	1	\$0	
PRIFTIN ORAL TABLET 150 MG	2	\$0	
PRIMAQUINE ORAL TABLET 26.3 MG	2	\$0	
<i>pyrazinamide oral tablet 500 mg</i>	1	\$0	
<i>pyrimethamine oral tablet 25 mg</i>	1	\$0	
<i>quinine sulfate oral capsule 324 mg</i>	1	\$0	

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RECARBRIO INTRAVENOUS RECON SOLN 1.25 GRAM	2	\$0	
<i>rifabutin oral capsule 150 mg</i>	1	\$0	
<i>rifampin intravenous recon soln 600 mg</i>	1	\$0	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	\$0	
RIFATER ORAL TABLET 50-120-300 MG	2	\$0	
SIRTURO ORAL TABLET 100 MG, 20 MG	2	\$0	PA; LA
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	2	\$0	
<i>tigecycline intravenous recon soln 50 mg</i>	1	\$0	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	\$0	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	2	\$0	PA
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	1	\$0	B/D
<i>tobramycin sulfate injection recon soln 1.2 gram</i>	1	\$0	
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	1	\$0	
TRECTOR ORAL TABLET 250 MG	2	\$0	
TYGACIL INTRAVENOUS RECON SOLN 50 MG	2	\$0	
VABOMERE INTRAVENOUS RECON SOLN 2 GRAM	2	\$0	
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	1	\$0	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 500 MG/100 ML, 750 MG/150 ML	1	\$0	
VANCOMYCIN INJECTION RECON SOLN 100 GRAM	1	\$0	

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<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i>	1	\$0	
<i>vancomycin oral capsule 125 mg, 250 mg</i>	1	\$0	QL (224 per 28 days)
XENLETA ORAL TABLET 600 MG	2	\$0	
XIFAXAN ORAL TABLET 200 MG, 550 MG	2	\$0	PA
PENICILLINS			
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	\$0	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	\$0	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	\$0	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	\$0	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	1	\$0	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	\$0	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	1	\$0	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	1	\$0	
<i>ampicillin oral capsule 500 mg</i>	1	\$0	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	1	\$0	
<i>ampicillin sodium intravenous recon soln 1 gram, 2 gram</i>	1	\$0	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	1	\$0	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram</i>	1	\$0	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	2	\$0	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	\$0	

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml</i>	1	\$0	
<i>nafcillin injection recon soln 1 gram, 10 gram, 2 gram</i>	1	\$0	
<i>nafcillin intravenous recon soln 1 gram, 2 gram</i>	1	\$0	
<i>oxacillin in dextrose (iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	\$0	
<i>oxacillin injection recon soln 1 gram, 10 gram, 2 gram</i>	1	\$0	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	2	\$0	
<i>penicillin g potassium injection recon soln 20 million unit, 5 million unit</i>	1	\$0	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	1	\$0	
<i>penicillin g sodium injection recon soln 5 million unit</i>	1	\$0	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	\$0	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	\$0	
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	1	\$0	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	1	\$0	
QUINOLONES			
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1	\$0	
<i>ciprofloxacin in 5% dextrose intravenous piggyback 200 mg/100 ml</i>	1	\$0	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	1	\$0	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	1	\$0	

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>levofloxacin intravenous solution 25 mg/ml</i>	1	\$0	
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	\$0	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	\$0	
<i>moxifloxacin oral tablet 400 mg</i>	1	\$0	
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK 400 MG/250 ML	2	\$0	
MOXIFLOXACIN-SOD.CHLORIDE(ISO) INTRAVENOUS PIGGYBACK 400 MG/250 ML	2	\$0	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	\$0	
SULFA'S / RELATED AGENTS			
<i>sulfadiazine oral tablet 500 mg</i>	1	\$0	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	1	\$0	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	\$0	
<i>sulfatrim oral suspension 200-40 mg/5 ml</i>	1	\$0	
TETRACYCLINES			
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	1	\$0	
<i>doxy-100 intravenous recon soln 100 mg</i>	1	\$0	
<i>doxycycline hyclate intravenous recon soln 100 mg</i>	1	\$0	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	\$0	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	\$0	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	\$0	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	1	\$0	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	\$0	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	1	\$0	
<i>minocycline oral tablet extended release 24 hr 105 mg, 135 mg, 45 mg, 80 mg, 90 mg</i>	1	\$0	

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1	\$0	
URINARY TRACT AGENTS			
<i>methenamine hippurate oral tablet 1 gram</i>	1	\$0	
MONUROL ORAL PACKET 3 GRAM	2	\$0	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	1	\$0	
<i>nitrofurantoin monohydlm-cryst oral capsule 100 mg</i>	1	\$0	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1	\$0	
<i>trimethoprim oral tablet 100 mg</i>	1	\$0	
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS			
ADJUNCTIVE AGENTS			
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	\$0	
MESNEX ORAL TABLET 400 MG	2	\$0	
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	2	\$0	PA
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS			
<i>abiraterone oral tablet 250 mg</i>	1	\$0	PA
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	2	\$0	PA
AFINITOR ORAL TABLET 10 MG	2	\$0	PA
ALECENSA ORAL CAPSULE 150 MG	2	\$0	PA
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	2	\$0	PA
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	2	\$0	PA
<i>anastrozole oral tablet 1 mg</i>	1	\$0	QL (30 per 30 days)

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	2	\$0	B/D
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	2	\$0	PA; LA; QL (30 per 30 days)
AZASAN ORAL TABLET 100 MG, 75 MG	2	\$0	B/D
<i>azathioprine oral tablet 50 mg</i>	1	\$0	B/D
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	2	\$0	PA; LA
<i>bexarotene oral capsule 75 mg</i>	1	\$0	
<i>bicalutamide oral tablet 50 mg</i>	1	\$0	
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	1	\$0	B/D
BOSULIF ORAL TABLET 100 MG	2	\$0	PA; QL (150 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	2	\$0	PA; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 50 MG, 75 MG	2	\$0	PA; LA
BRUKINSA ORAL CAPSULE 80 MG	2	\$0	PA; LA; QL (120 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	2	\$0	PA; LA
CALQUENCE ORAL CAPSULE 100 MG	2	\$0	PA; LA
CAPRELSA ORAL TABLET 100 MG	2	\$0	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	2	\$0	PA; LA; QL (30 per 30 days)
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)	2	\$0	PA
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	2	\$0	PA; LA
COTELLIC ORAL TABLET 20 MG	2	\$0	PA; LA
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	\$0	B/D
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	\$0	B/D
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	\$0	B/D

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	\$0	B/D
DAURISMO ORAL TABLET 100 MG, 25 MG	2	\$0	PA
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2	\$0	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	2	\$0	
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	2	\$0	
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	2	\$0	
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	2	\$0	
EMCYT ORAL CAPSULE 140 MG	2	\$0	
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	2	\$0	PA
ERIVEDGE ORAL CAPSULE 150 MG	2	\$0	PA; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	2	\$0	PA; QL (120 per 30 days)
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	1	\$0	PA; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	1	\$0	PA
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	1	\$0	B/D
<i>exemestane oral tablet 25 mg</i>	1	\$0	
FARESTON ORAL TABLET 60 MG	2	\$0	
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	2	\$0	PA
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG, 80 MG	2	\$0	
<i>flutamide oral capsule 125 mg</i>	1	\$0	
GAVRETO ORAL CAPSULE 100 MG	2	\$0	PA; LA
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	\$0	B/D
<i>gengraf oral solution 100 mg/ml</i>	1	\$0	B/D

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	2	\$0	PA; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	2	\$0	
<i>hydroxyurea oral capsule 500 mg</i>	1	\$0	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	2	\$0	PA
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	2	\$0	PA
ICLUSIG ORAL TABLET 15 MG, 45 MG	2	\$0	PA
IDHIFA ORAL TABLET 100 MG, 50 MG	2	\$0	PA; LA
<i>imatinib oral tablet 100 mg, 400 mg</i>	1	\$0	PA
IMBRUVICA ORAL CAPSULE 140 MG	2	\$0	PA; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	2	\$0	PA; QL (30 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	2	\$0	PA; QL (30 per 30 days)
INLYTA ORAL TABLET 1 MG	2	\$0	PA; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	2	\$0	PA; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	2	\$0	PA
INREBIC ORAL CAPSULE 100 MG	2	\$0	PA; LA
IRESSA ORAL TABLET 250 MG	2	\$0	PA; QL (60 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	2	\$0	PA; QL (60 per 30 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	2	\$0	PA
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	2	\$0	PA

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG 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)	2	\$0	PA
<i>letrozole oral tablet 2.5 mg</i>	1	\$0	
LEUKERAN ORAL TABLET 2 MG	2	\$0	
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	1	\$0	
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML	2	\$0	PA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	2	\$0	PA
LORBRENA ORAL TABLET 100 MG, 25 MG	2	\$0	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	2	\$0	
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	2	\$0	
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	2	\$0	
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	2	\$0	
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	2	\$0	
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	2	\$0	
LYNPARZA ORAL TABLET 100 MG, 150 MG	2	\$0	PA
LYSODREN ORAL TABLET 500 MG	2	\$0	
MATULANE ORAL CAPSULE 50 MG	2	\$0	

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	\$0	
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	\$0	
MEKINIST ORAL TABLET 0.5 MG	2	\$0	PA; QL (120 per 30 days)
MEKINIST ORAL TABLET 2 MG	2	\$0	PA; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	2	\$0	PA; LA
<i>mercaptopurine oral tablet 50 mg</i>	1	\$0	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	\$0	
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	\$0	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	\$0	
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	\$0	B/D
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	1	\$0	B/D
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	\$0	B/D
<i>mycophenolate sodium oral tablet, delayed release (drlec) 180 mg, 360 mg</i>	1	\$0	B/D
MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC) 180 MG, 360 MG	2	\$0	B/D
NEORAL ORAL CAPSULE 100 MG, 25 MG	2	\$0	B/D
NEORAL ORAL SOLUTION 100 MG/ML	2	\$0	B/D
NERLYNX ORAL TABLET 40 MG	2	\$0	PA; LA
NEXAVAR ORAL TABLET 200 MG	2	\$0	PA; LA; QL (120 per 30 days)
<i>nilutamide oral tablet 150 mg</i>	1	\$0	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	2	\$0	PA
NUBEQA ORAL TABLET 300 MG	2	\$0	PA; LA
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	\$0	
ODOMZO ORAL CAPSULE 200 MG	2	\$0	PA; LA
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	2	\$0	PA; LA

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	2	\$0	PA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	2	\$0	PA; LA
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	2	\$0	B/D
PURIXAN ORAL SUSPENSION 20 MG/ML	2	\$0	PA
QINLOCK ORAL TABLET 50 MG	2	\$0	PA; LA
RAPAMUNE ORAL SOLUTION 1 MG/ML	2	\$0	B/D
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	2	\$0	B/D
RETEVMO ORAL CAPSULE 40 MG, 80 MG	2	\$0	PA; LA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	2	\$0	PA; LA
ROZLYTREK ORAL CAPSULE 100 MG	2	\$0	PA; QL (30 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	2	\$0	PA; QL (90 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	2	\$0	PA; LA
RYDAPT ORAL CAPSULE 25 MG	2	\$0	PA
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	2	\$0	B/D
SANDIMMUNE ORAL SOLUTION 100 MG/ML	2	\$0	B/D
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	2	\$0	PA
<i>sirolimus oral solution 1 mg/ml</i>	1	\$0	B/D
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	\$0	B/D
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	2	\$0	
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 90 MG/0.3 ML	2	\$0	

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SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	2	\$0	QL (0.2 per 28 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	2	\$0	PA
STIVARGA ORAL TABLET 40 MG	2	\$0	PA; QL (120 per 30 days)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	2	\$0	PA
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	2	\$0	PA
TABLOID ORAL TABLET 40 MG	2	\$0	
TABRECTA ORAL TABLET 150 MG, 200 MG	2	\$0	PA
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	\$0	B/D
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	2	\$0	PA; QL (120 per 30 days)
TAGRISSE ORAL TABLET 40 MG, 80 MG	2	\$0	PA; LA
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	2	\$0	PA
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	\$0	
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG	2	\$0	PA; QL (30 per 30 days)
TARGRETIN TOPICAL GEL 1 %	2	\$0	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	2	\$0	PA; QL (120 per 30 days)
TASIGNA ORAL CAPSULE 50 MG	2	\$0	PA
TAZVERIK ORAL TABLET 200 MG	2	\$0	PA; LA
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	2	\$0	
TIBSOVO ORAL TABLET 250 MG	2	\$0	PA
<i>toremifene oral tablet 60 mg</i>	1	\$0	
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	2	\$0	PA
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	1	\$0	

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	2	\$0	
TUKYSA ORAL TABLET 150 MG, 50 MG	2	\$0	PA; LA
TURALIO ORAL CAPSULE 200 MG	2	\$0	PA; LA
TYKERB ORAL TABLET 250 MG	2	\$0	PA; LA; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	2	\$0	PA; LA
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	2	\$0	PA; LA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	\$0	PA; LA
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	2	\$0	PA; LA
VITRAKVI ORAL SOLUTION 20 MG/ML	2	\$0	PA; LA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	2	\$0	PA
VOTRIENT ORAL TABLET 200 MG	2	\$0	PA; QL (120 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	2	\$0	PA; QL (60 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	2	\$0	PA
XERMELO ORAL TABLET 250 MG	2	\$0	PA; LA
XOSPATA ORAL TABLET 40 MG	2	\$0	PA; LA
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5), 40 MG/WEEK (20 MG X 2), 40MG TWICE WEEK (80 MG/WEEK), 60 MG/WEEK (20 MG X 3), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (20 MG X 4), 80MG TWICE WEEK (160 MG/WEEK)	2	\$0	PA; LA
XTANDI ORAL CAPSULE 40 MG	2	\$0	PA; QL (120 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	2	\$0	PA; LA
ZELBORAF ORAL TABLET 240 MG	2	\$0	PA; QL (240 per 30 days)
ZOLINZA ORAL CAPSULE 100 MG	2	\$0	QL (120 per 30 days)

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ZORTRESS ORAL TABLET 1 MG	2	\$0	B/D
ZYDELIG ORAL TABLET 100 MG, 150 MG	2	\$0	PA
ZYKADIA ORAL TABLET 150 MG	2	\$0	PA
ZYTIGA ORAL TABLET 500 MG	2	\$0	PA

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ANTICONVULSANTS

APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	2	\$0	
BANZEL ORAL SUSPENSION 40 MG/ML	2	\$0	
BANZEL ORAL TABLET 200 MG, 400 MG	2	\$0	
BRIVIACT ORAL SOLUTION 10 MG/ML	2	\$0	
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	2	\$0	
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	1	\$0	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	\$0	
<i>carbamazepine oral tablet 200 mg</i>	1	\$0	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	1	\$0	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	\$0	
CELONTIN ORAL CAPSULE 300 MG	2	\$0	
<i>clobazam oral suspension 2.5 mg/ml</i>	1	\$0	QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	1	\$0	QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	\$0	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	\$0	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	1	\$0	
DILANTIN 30 MG ORAL CAPSULE 30 MG	2	\$0	
DILANTIN EXTENDED 100 MG ORAL CAPSULE 100 MG	2	\$0	

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	1	\$0	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	1	\$0	
<i>divalproex oral tablet, delayed release (drlec) 125 mg, 250 mg, 500 mg</i>	1	\$0	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	2	\$0	PA; LA
<i>epitol oral tablet 200 mg</i>	1	\$0	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	2	\$0	
<i>ethosuximide oral capsule 250 mg</i>	1	\$0	
<i>ethosuximide oral solution 250 mg/5 ml</i>	1	\$0	
<i>felbamate oral suspension 600 mg/5 ml</i>	1	\$0	
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	\$0	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	2	\$0	PA; LA
<i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i>	1	\$0	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	2	\$0	PA
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	2	\$0	PA
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	\$0	
<i>gabapentin oral solution 250 mg/5 ml</i>	1	\$0	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	\$0	
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 600 MG	2	\$0	PA
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	\$0	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i>	1	\$0	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	\$0	

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	1	\$0	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	1	\$0	
<i>lamotrigine oral tablets, dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	1	\$0	
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)</i>	1	\$0	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	1	\$0	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	\$0	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	2	\$0	PA; QL (10 per 30 days)
ONFI ORAL SUSPENSION 2.5 MG/ML	2	\$0	
ONFI ORAL TABLET 10 MG, 20 MG	2	\$0	
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	1	\$0	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	\$0	
PEGANONE ORAL TABLET 250 MG	2	\$0	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1	\$0	
<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>	1	\$0	
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	\$0	
<i>phenytoin oral tablet, chewable 50 mg</i>	1	\$0	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	\$0	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	1	\$0	
<i>pregabalin oral solution 20 mg/ml</i>	1	\$0	
<i>primidone oral tablet 250 mg, 50 mg</i>	1	\$0	
<i>roweepra oral tablet 1,000 mg, 500 mg, 750 mg</i>	1	\$0	

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>roweepra xr oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	\$0	
SABRIL ORAL TABLET 500 MG	2	\$0	LA
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	2	\$0	PA
SYMPAZAN ORAL FILM 10 MG	2	\$0	PA; QL (120 per 30 days)
SYMPAZAN ORAL FILM 20 MG	2	\$0	PA; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	2	\$0	PA; QL (240 per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	\$0	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	\$0	PA
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	\$0	PA
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	\$0	
<i>valproic acid oral capsule 250 mg</i>	1	\$0	
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)	2	\$0	PA; QL (10 per 30 days)
<i>vigabatrin oral powder in packet 500 mg</i>	1	\$0	LA
<i>vigabatrin oral tablet 500 mg</i>	1	\$0	LA
<i>vigadrone oral powder in packet 500 mg</i>	1	\$0	LA
VIMPAT ORAL SOLUTION 10 MG/ML	2	\$0	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	\$0	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)	2	\$0	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	\$0	PA

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
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)	2	\$0	PA
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	\$0	PA
ANTIPARKINSONISM AGENTS			
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	2	\$0	PA; LA
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	\$0	
<i>bromocriptine oral capsule 5 mg</i>	1	\$0	
<i>bromocriptine oral tablet 2.5 mg</i>	1	\$0	
<i>carbidopa oral tablet 25 mg</i>	1	\$0	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	\$0	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	1	\$0	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1	\$0	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	\$0	
<i>entacapone oral tablet 200 mg</i>	1	\$0	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	2	\$0	PA; QL (120 per 30 days)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	2	\$0	PA
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	\$0	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	1	\$0	

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<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	1	\$0	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	\$0	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	\$0	
<i>selegiline hcl oral capsule 5 mg</i>	1	\$0	
<i>selegiline hcl oral tablet 5 mg</i>	1	\$0	
<i>tolcapone oral tablet 100 mg</i>	1	\$0	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	\$0	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	\$0	
MIGRAINE / CLUSTER HEADACHE THERAPY			
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	\$0	PA
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	1	\$0	QL (18 per 30 days)
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	1	\$0	
ERGOMAR SUBLINGUAL TABLET 2 MG	2	\$0	
<i>migergot rectal suppository 2-100 mg</i>	1	\$0	
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1	\$0	QL (18 per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	2	\$0	PA; QL (12 per 30 days)
REYVOW ORAL TABLET 100 MG, 50 MG	2	\$0	PA; QL (8 per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	1	\$0	QL (18 per 30 days)
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	1	\$0	QL (18 per 30 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/lactuation, 5 mg/lactuation</i>	1	\$0	QL (12 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	\$0	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	\$0	QL (9 per 30 days)

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	\$0	QL (9 per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	1	\$0	QL (9 per 30 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	1	\$0	QL (9 per 30 days)
TOSYMRA NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	2	\$0	QL (12 per 30 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	2	\$0	PA; QL (16 per 30 days)
MISCELLANEOUS NEUROLOGICAL THERAPY			
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	2	\$0	PA; LA
AUBAGIO ORAL TABLET 14 MG, 7 MG	2	\$0	PA
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	1	\$0	PA
<i>dimethyl fumarate oral capsule, delayed release (drlec) 120 mg, 240 mg</i>	1	\$0	PA
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i>	1	\$0	
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	1	\$0	
FIRDAPSE ORAL TABLET 10 MG	2	\$0	PA
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	1	\$0	
<i>galantamine oral solution 4 mg/ml</i>	1	\$0	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	1	\$0	
GILENYA ORAL CAPSULE 0.5 MG	2	\$0	PA
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	1	\$0	PA
<i>glatopa subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	1	\$0	PA
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	2	\$0	PA; LA
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	2	\$0	PA; LA

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MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	2	\$0	PA; LA
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	2	\$0	PA; LA
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	2	\$0	PA; LA
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	2	\$0	PA; LA
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	2	\$0	PA; LA
MAYZENT ORAL TABLET 0.25 MG, 2 MG	2	\$0	PA
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	1	\$0	
<i>memantine oral solution 2 mg/ml</i>	1	\$0	
<i>memantine oral tablet 10 mg, 5 mg</i>	1	\$0	
MEMANTINE ORAL TABLETS, DOSE PACK 5-10 MG	2	\$0	
NUEDEXTA ORAL CAPSULE 20-10 MG	2	\$0	PA
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	\$0	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>	1	\$0	
RUZURGI ORAL TABLET 10 MG	2	\$0	PA
TECFIDERA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 120 MG (14)- 240 MG (46)	2	\$0	PA; LA
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	2	\$0	PA; LA
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	1	\$0	PA
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY			
<i>baclofen oral tablet 10 mg, 20 mg</i>	1	\$0	
BACLOFEN ORAL TABLET 5 MG	1	\$0	
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	1	\$0	QL (120 per 30 days)

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<i>chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg</i>	1	\$0	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg</i>	1	\$0	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	1	\$0	
MESTINON ORAL SYRUP 60 MG/5 ML	2	\$0	
<i>metaxall oral tablet 800 mg</i>	1	\$0	
<i>metaxalone oral tablet 400 mg, 800 mg</i>	1	\$0	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	\$0	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	1	\$0	
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	1	\$0	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	2	\$0	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	\$0	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	1	\$0	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	1	\$0	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	1	\$0	
NARCOTIC ANALGESICS			
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	\$0	QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>	1	\$0	QL (240 per 30 days)
<i>acetaminophen-codeine oral tablet 300-30 mg</i>	1	\$0	QL (400 per 30 days)
<i>ascomp with codeine oral capsule 30-50-325-40 mg</i>	1	\$0	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	\$0	
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour</i>	1	\$0	QL (4 per 28 days)
BUPRENORPHINE TRANSDERMAL PATCH WEEKLY 7.5 MCG/HOUR	1	\$0	QL (4 per 28 days)
<i>butalbital compound w/codeine oral capsule 30-50-325-40 mg</i>	1	\$0	

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<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	1	\$0	QL (180 per 30 days)
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	1	\$0	
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	1	\$0	
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>	1	\$0	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	\$0	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	\$0	
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	1	\$0	
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	1	\$0	
<i>duramorph (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	1	\$0	
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	\$0	QL (360 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	\$0	PA
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i>	1	\$0	QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	\$0	QL (5520 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	\$0	QL (240 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	\$0	QL (150 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	1	\$0	
<i>hydromorphone injection syringe 2 mg/ml</i>	1	\$0	
<i>hydromorphone oral liquid 1 mg/ml</i>	1	\$0	

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<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	1	\$0	
<i>ibuprofen-oxycodone oral tablet 400-5 mg</i>	1	\$0	QL (300 per 30 days)
<i>levorphanol tartrate oral tablet 2 mg</i>	1	\$0	
<i>lorcet hd oral tablet 10-325 mg</i>	1	\$0	QL (240 per 30 days)
<i>meperidine oral tablet 100 mg, 50 mg</i>	1	\$0	
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	\$0	
<i>methadone oral tablet 10 mg, 5 mg</i>	1	\$0	QL (180 per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	\$0	
<i>morphine injection syringe 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	1	\$0	
MORPHINE INTRAVENOUS SYRINGE 10 MG/ML, 8 MG/ML	1	\$0	
<i>morphine intravenous syringe 2 mg/ml, 4 mg/ml</i>	1	\$0	
<i>morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	1	\$0	QL (90 per 30 days)
<i>morphine oral capsule, extend. release pellets 10 mg, 100 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 80 mg</i>	1	\$0	QL (90 per 30 days)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	1	\$0	
<i>morphine oral tablet 15 mg, 30 mg</i>	1	\$0	QL (120 per 30 days)
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	\$0	QL (90 per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	1	\$0	QL (2400 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	\$0	QL (180 per 30 days)
OXYCODONE ORAL TABLET, ORAL ONLY, EXT.REL. 12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	2	\$0	PA; QL (60 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	\$0	QL (360 per 30 days)
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	1	\$0	QL (180 per 30 days)

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<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	1	\$0	QL (60 per 30 days)
<i>prolate oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	1	\$0	QL (360 per 30 days)
<i>tencon oral tablet 50-325 mg</i>	1	\$0	
<i>zebutal oral capsule 50-325-40 mg</i>	1	\$0	
NON-NARCOTIC ANALGESICS			
<i>8 hour pain reliever oral tablet extended release 650 mg</i>	1	\$0	ADD
<i>8hr muscle aches-pain oral tablet extended release 650 mg</i>	1	\$0	ADD
<i>acetaminophen extra strength oral tablet 500 mg</i>	1	\$0	ADD
<i>acetaminophen oral capsule 500 mg</i>	1	\$0	ADD
<i>acetaminophen oral liquid 160 mg/5 ml, 500 mg/15 ml</i>	1	\$0	ADD
<i>acetaminophen oral solution 160 mg/5 ml (5 ml), 325 mg/10.15 ml, 650 mg/20.3 ml</i>	1	\$0	ADD
<i>acetaminophen oral suspension 160 mg/5 ml, 160 mg/5 ml (5 ml)</i>	1	\$0	ADD
ACETAMINOPHEN ORAL SUSPENSION 325 MG/10.15 ML, 650 MG/20.3 ML	2	\$0	ADD
<i>acetaminophen oral tablet 325 mg, 500 mg</i>	1	\$0	ADD
<i>acetaminophen oral tablet extended release 650 mg</i>	1	\$0	ADD
<i>acetaminophen oral tablet, chewable 160 mg</i>	1	\$0	ADD
<i>acetaminophen oral tablet, disintegrating 80 mg</i>	1	\$0	ADD
<i>acetaminophen rectal suppository 120 mg, 650 mg</i>	1	\$0	ADD
<i>addaprin oral tablet 200 mg</i>	1	\$0	ADD
<i>adult aspirin regimen oral tablet, delayed release (drlec) 81 mg</i>	1	\$0	ADD
<i>advil junior strength oral tablet, chewable 100 mg</i>	1	\$0	ADD

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>all day pain relief oral tablet 220 mg</i>	1	\$0	ADD
<i>all day relief oral tablet 220 mg</i>	1	\$0	ADD
<i>aphen oral tablet 325 mg</i>	1	\$0	ADD
<i>arthritis pain relief (acetam) oral tablet extended release 650 mg</i>	1	\$0	ADD
<i>arthritis pain reliever oral tablet extended release 650 mg</i>	1	\$0	ADD
<i>aspirin childrens oral tablet, chewable 81 mg</i>	1	\$0	ADD
<i>aspirin low dose oral tablet, delayed release (drlec) 81 mg</i>	1	\$0	ADD
<i>aspirin oral tablet 325 mg</i>	1	\$0	ADD
<i>aspirin oral tablet, chewable 81 mg</i>	1	\$0	ADD
<i>aspirin oral tablet, delayed release (drlec) 325 mg, 500 mg, 650 mg, 81 mg</i>	1	\$0	ADD
<i>aspirin rectal suppository 300 mg, 600 mg</i>	1	\$0	ADD
<i>aspirin, buffd-calcium carb-mag oral tablet 325 mg</i>	1	\$0	ADD
<i>aspir-trin oral tablet, delayed release (drlec) 325 mg</i>	1	\$0	ADD
<i>athenol oral tablet 325 mg</i>	1	\$0	ADD
<i>bayer advanced oral tablet 500 mg</i>	1	\$0	ADD
<i>bayer aspirin oral tablet 325 mg</i>	1	\$0	ADD
<i>betatemp oral suspension 160 mg/5 ml</i>	1	\$0	ADD
<i>bufferin oral tablet 325 mg</i>	1	\$0	ADD
<i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	\$0	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	\$0	QL (120 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	\$0	QL (90 per 30 days)
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	1	\$0	QL (5 per 28 days)
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	\$0	QL (60 per 30 days)

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>child fever reducer-pain relvr oral suspension 160 mg/5 ml</i>	1	\$0	ADD
<i>child pain rel-fever reducer rectal suppository 120 mg</i>	1	\$0	ADD
<i>children's acetaminophen oral liquid 160 mg/5 ml</i>	1	\$0	ADD
<i>children's acetaminophen oral suspension 160 mg/5 ml, 160 mg/5 ml (5 ml)</i>	1	\$0	ADD
CHILDREN'S ACETAMINOPHEN ORAL SYRINGE 32 MG/ML	2	\$0	ADD
<i>children's acetaminophen oral tablet, chewable 160 mg, 80 mg</i>	1	\$0	ADD
<i>children's acetaminophen oral tablet, disintegrating 80 mg</i>	1	\$0	ADD
<i>children's advil oral suspension 100 mg/5 ml</i>	1	\$0	ADD
<i>children's aspirin oral tablet, chewable 81 mg</i>	1	\$0	ADD
<i>children's aurophen pain-fever oral suspension 160 mg/5 ml</i>	1	\$0	ADD
<i>children's easy-melts oral tablet, disintegrating 80 mg</i>	1	\$0	ADD
<i>children's fever reducing rectal suppository 120 mg</i>	1	\$0	ADD
<i>children's ibuprofen oral suspension 100 mg/5 ml</i>	1	\$0	ADD
<i>children's mapap oral tablet, chewable 160 mg, 80 mg</i>	1	\$0	ADD
<i>children's non-aspirin oral suspension 160 mg/5 ml</i>	1	\$0	ADD
<i>children's pain relief oral suspension 160 mg/5 ml</i>	1	\$0	ADD
<i>children's pain relief oral tablet, chewable 160 mg</i>	1	\$0	ADD
<i>children's pain reliever oral suspension 160 mg/5 ml</i>	1	\$0	ADD
<i>children's pain-fever relief oral suspension 160 mg/5 ml</i>	1	\$0	ADD
<i>children's pain-fever relief oral tablet, chewable 160 mg</i>	1	\$0	ADD

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>children's pain-fever relief oral tablet, disintegrating 160 mg</i>	1	\$0	ADD
<i>children's profen ib oral suspension 100 mg/5 ml</i>	1	\$0	ADD
<i>children's silapap oral liquid 160 mg/5 ml</i>	1	\$0	ADD
<i>children's tactual oral tablet, chewable 80 mg</i>	1	\$0	ADD
<i>children's tylenol oral tablet, chewable 160 mg</i>	1	\$0	ADD
<i>diclofenac potassium oral tablet 50 mg</i>	1	\$0	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1	\$0	
<i>diclofenac sodium oral tablet, delayed release (drlec) 25 mg, 50 mg, 75 mg</i>	1	\$0	
<i>diclofenac sodium topical drops 1.5 %</i>	1	\$0	QL (450 per 30 days)
<i>diclofenac sodium topical gel 1 %</i>	1	\$0	
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	1	\$0	
<i>diflunisal oral tablet 500 mg</i>	1	\$0	
<i>e.c. prin oral tablet, delayed release (drlec) 325 mg</i>	1	\$0	ADD
<i>ec-naproxen oral tablet, delayed release (drlec) 375 mg, 500 mg</i>	1	\$0	
<i>ecotrin low strength oral tablet, delayed release (drlec) 81 mg</i>	1	\$0	ADD
<i>ecotrin oral tablet, delayed release (drlec) 325 mg</i>	1	\$0	ADD
<i>ed-apap oral liquid 160 mg/5 ml</i>	1	\$0	ADD
<i>enteric coated aspirin oral tablet, delayed release (drlec) 81 mg</i>	1	\$0	ADD
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	\$0	
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	\$0	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	1	\$0	
<i>extra strength bayer oral tablet 500 mg</i>	1	\$0	ADD
<i>fenoprofen oral tablet 600 mg</i>	1	\$0	

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>feverall rectal suppository 120 mg, 325 mg, 650 mg</i>	1	\$0	ADD
FEVERALL RECTAL SUPPOSITORY 80 MG	2	\$0	ADD
<i>flanax (naproxen) oral tablet 220 mg</i>	1	\$0	ADD
<i>flurbiprofen oral tablet 100 mg</i>	1	\$0	
HISTAFLEX ORAL TABLET 325-25 MG	2	\$0	ADD
<i>ibu oral tablet 600 mg, 800 mg</i>	1	\$0	
<i>ibu-200 oral tablet 200 mg</i>	1	\$0	ADD
<i>ibuprofen ib oral tablet 200 mg</i>	1	\$0	ADD
<i>ibuprofen ib oral tablet, chewable 100 mg</i>	1	\$0	ADD
<i>ibuprofen jr strength oral tablet, chewable 100 mg</i>	1	\$0	ADD
<i>ibuprofen oral capsule 200 mg</i>	1	\$0	ADD
<i>ibuprofen oral drops, suspension 50 mg/1.25 ml</i>	1	\$0	ADD
<i>ibuprofen oral suspension 100 mg/5 ml</i>	1	\$0	
<i>ibuprofen oral tablet 100 mg, 200 mg</i>	1	\$0	ADD
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	\$0	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	\$0	
<i>indomethacin oral capsule, extended release 75 mg</i>	1	\$0	
<i>infant fever reducer-pain relief oral suspension 160 mg/5 ml</i>	1	\$0	ADD
<i>infant's acetaminophen oral suspension 160 mg/5 ml</i>	1	\$0	ADD
<i>infant's advil oral drops, suspension 50 mg/1.25 ml</i>	1	\$0	ADD
<i>infant's ibuprofen oral drops, suspension 50 mg/1.25 ml</i>	1	\$0	ADD
<i>infant's motrin oral drops, suspension 50 mg/1.25 ml</i>	1	\$0	ADD
<i>infants' pain and fever oral suspension 160 mg/5 ml</i>	1	\$0	ADD
<i>infants' pain relief oral suspension 160 mg/5 ml</i>	1	\$0	ADD
<i>infant's pain relief oral suspension 160 mg/5 ml</i>	1	\$0	ADD

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>infants profenib oral drops,suspension 50 mg/1.25 ml</i>	1	\$0	ADD
<i>i-prin oral tablet 200 mg</i>	1	\$0	ADD
<i>jr. acetaminophen oral tablet,disintegrating 160 mg</i>	1	\$0	ADD
<i>jr. str non-aspirin pain oral tablet,disintegrating 160 mg</i>	1	\$0	ADD
<i>jr. strength pain reliever oral tablet,disintegrating 160 mg</i>	1	\$0	ADD
<i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>	1	\$0	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	1	\$0	
<i>ketorolac oral tablet 10 mg</i>	1	\$0	
<i>lite coat aspirin oral tablet 325 mg</i>	1	\$0	ADD
<i>little remedies fever and pain oral liquid 160 mg/5 ml</i>	1	\$0	ADD
<i>mapap (acetaminophen) oral capsule 500 mg</i>	1	\$0	ADD
<i>mapap (acetaminophen) oral liquid 500 mg/15 ml</i>	1	\$0	ADD
MAPAP (ACETAMINOPHEN) ORAL SYRINGE 32 MG/ML	2	\$0	ADD
<i>mapap (acetaminophen) oral tablet 325 mg</i>	1	\$0	ADD
<i>mapap arthritis pain oral tablet extended release 650 mg</i>	1	\$0	ADD
<i>mapap extra strength oral tablet 500 mg</i>	1	\$0	ADD
<i>masophen oral tablet 325 mg, 500 mg</i>	1	\$0	ADD
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	1	\$0	
<i>mediproxen oral tablet 220 mg</i>	1	\$0	ADD
<i>mefenamic acid oral capsule 250 mg</i>	1	\$0	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	\$0	
<i>motrin ib oral capsule 200 mg</i>	1	\$0	ADD
<i>m-pap oral liquid 160 mg/5 ml</i>	1	\$0	ADD
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	\$0	

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>naloxone injection solution 0.4 mg/ml</i>	1	\$0	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	\$0	
<i>naltrexone oral tablet 50 mg</i>	1	\$0	
<i>naproxen oral suspension 125 mg/5 ml</i>	1	\$0	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	\$0	
<i>naproxen oral tablet, delayed release (drlec) 375 mg, 500 mg</i>	1	\$0	
<i>naproxen sodium oral capsule 220 mg</i>	1	\$0	ADD
<i>naproxen sodium oral tablet 220 mg</i>	2	\$0	ADD
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	\$0	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	2	\$0	
<i>non-aspirin extra strength oral liquid 500 mg/15 ml</i>	1	\$0	ADD
<i>non-aspirin extra strength oral tablet 500 mg</i>	1	\$0	ADD
<i>non-aspirin oral suspension 160 mg/5 ml</i>	1	\$0	ADD
<i>non-aspirin oral tablet 325 mg</i>	1	\$0	ADD
<i>non-aspirin oral tablet, chewable 80 mg</i>	1	\$0	ADD
<i>non-aspirin pain relief oral tablet 500 mg</i>	1	\$0	ADD
<i>oxaprozin oral tablet 600 mg</i>	1	\$0	
<i>pain relief (acetaminophen) oral liquid 160 mg/5 ml</i>	1	\$0	ADD
<i>pain relief (acetaminophen) oral tablet 500 mg</i>	1	\$0	ADD
<i>pain relief (acetaminophen) oral tablet extended release 650 mg</i>	1	\$0	ADD
<i>pain relief adult oral liquid 500 mg/15 ml</i>	1	\$0	ADD
<i>pain relief extra strength oral tablet 500 mg</i>	1	\$0	ADD
<i>pain relief regular strength oral tablet 325 mg</i>	1	\$0	ADD
<i>pain reliever (acetaminophen) oral tablet 325 mg, 500 mg</i>	1	\$0	ADD
<i>pain reliever extra strength oral tablet 500 mg</i>	1	\$0	ADD
<i>pain reliever jr strength oral tablet, chewable 160 mg</i>	1	\$0	ADD

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>pediacare fever reducer oral suspension 160 mg/5 ml</i>	1	\$0	ADD
<i>pharbetol oral tablet 325 mg, 500 mg</i>	1	\$0	ADD
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	\$0	
<i>shake that ache oral tablet 500 mg</i>	1	\$0	ADD
<i>st joseph aspirin oral tablet, chewable 81 mg</i>	1	\$0	ADD
<i>st. joseph aspirin oral tablet, delayed release (drlec) 81 mg</i>	1	\$0	ADD
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	\$0	
<i>tactinal extra strength oral tablet 500 mg</i>	1	\$0	ADD
<i>tactinal oral tablet 325 mg</i>	1	\$0	ADD
<i>tolmetin oral capsule 400 mg</i>	1	\$0	
<i>tolmetin oral tablet 200 mg, 600 mg</i>	1	\$0	
<i>tramadol oral capsule, er biphase 24 hr 17-83 300 mg</i>	1	\$0	QL (90 per 30 days)
<i>tramadol oral capsule, er biphase 24 hr 25-75 100 mg, 200 mg</i>	1	\$0	QL (90 per 30 days)
<i>tramadol oral tablet 50 mg</i>	1	\$0	QL (240 per 30 days)
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	1	\$0	QL (90 per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg</i>	1	\$0	QL (90 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	\$0	QL (240 per 30 days)
<i>tri-buffered aspirin oral tablet 325 mg</i>	1	\$0	ADD
<i>tylophen oral capsule 500 mg</i>	1	\$0	ADD
<i>wal-profen oral capsule 200 mg</i>	1	\$0	ADD
<i>wal-profen oral tablet 200 mg</i>	1	\$0	ADD
<i>wal-proxen oral tablet 220 mg</i>	1	\$0	ADD
PSYCHOTHERAPEUTIC DRUGS			
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300 MG, 400 MG	2	\$0	PA

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	2	\$0	PA
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	\$0	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	\$0	
<i>alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	\$0	
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	\$0	
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	1	\$0	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	\$0	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG	2	\$0	
<i>aripiprazole oral solution 1 mg/ml</i>	1	\$0	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	\$0	QL (30 per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	1	\$0	
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	2	\$0	PA
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML, 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	2	\$0	PA
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	1	\$0	QL (30 per 30 days)
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	1	\$0	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	\$0	

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<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	\$0	
<i>dextroamphetamine oral capsule, extended release 10 mg</i>	1	\$0	QL (180 per 30 days)
<i>dextroamphetamine oral capsule, extended release 15 mg, 5 mg</i>	1	\$0	QL (120 per 30 days)
<i>dextroamphetamine oral solution 5 mg/5 ml</i>	1	\$0	QL (600 per 30 days)
<i>dextroamphetamine oral tablet 10 mg</i>	1	\$0	QL (180 per 30 days)
<i>dextroamphetamine oral tablet 5 mg</i>	1	\$0	QL (120 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	\$0	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	1	\$0	QL (90 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	1	\$0	QL (60 per 30 days)
<i>diazepam injection solution 5 mg/ml</i>	1	\$0	
<i>diazepam injection syringe 5 mg/ml</i>	1	\$0	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	\$0	
<i>diazepam oral concentrate 5 mg/ml</i>	1	\$0	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	\$0	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	\$0	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	\$0	
<i>doxepin oral concentrate 10 mg/ml</i>	1	\$0	
<i>doxepin oral tablet 3 mg, 6 mg</i>	1	\$0	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	2	\$0	PA
<i>duloxetine oral capsule, delayed release (drlec) 20 mg, 30 mg, 40 mg, 60 mg</i>	1	\$0	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	2	\$0	

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<i>ergoloid oral tablet 1 mg</i>	1	\$0	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	\$0	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	\$0	QL (30 per 30 days)
<i>estazolam oral tablet 1 mg, 2 mg</i>	1	\$0	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1	\$0	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	2	\$0	PA
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	2	\$0	PA
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	2	\$0	PA
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	2	\$0	PA
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	1	\$0	
<i>fluoxetine oral capsule,delayed release(drlec) 90 mg</i>	1	\$0	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	\$0	
<i>fluoxetine oral tablet 10 mg, 20 mg, 60 mg</i>	1	\$0	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	\$0	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	\$0	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	\$0	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1	\$0	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	\$0	
<i>fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg</i>	1	\$0	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	1	\$0	
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	1	\$0	
<i>guanidine oral tablet 125 mg</i>	1	\$0	

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)</i>	1	\$0	
<i>haloperidol lactate injection solution 5 mg/ml</i>	1	\$0	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	1	\$0	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	\$0	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	\$0	
HETLIOZ ORAL CAPSULE 20 MG	2	\$0	PA
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	\$0	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	1	\$0	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	2	\$0	PA
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML, 410 MG/1.315 ML, 546 MG/1.75 ML, 819 MG/2.625 ML	2	\$0	PA
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	2	\$0	PA
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	\$0	
<i>lithium carbonate oral tablet 300 mg</i>	1	\$0	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	1	\$0	
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	\$0	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	\$0	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	\$0	
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	1	\$0	
MARPLAN ORAL TABLET 10 MG	2	\$0	
<i>methamphetamine oral tablet 5 mg</i>	1	\$0	PA

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	\$0	
<i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	1	\$0	
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	\$0	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	\$0	
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	1	\$0	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 18 mg (bx rating), 27 mg, 27 mg (bx rating), 36 mg, 36 mg (bx rating), 54 mg, 54 mg (bx rating)</i>	1	\$0	
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	1	\$0	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	\$0	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	1	\$0	
<i>modafinil oral tablet 100 mg, 200 mg</i>	1	\$0	
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	1	\$0	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	\$0	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	\$0	
<i>nortriptyline oral solution 10 mg/5 ml</i>	1	\$0	
NUPLAZID ORAL CAPSULE 34 MG	2	\$0	PA
NUPLAZID ORAL TABLET 10 MG	2	\$0	PA
<i>olanzapine intramuscular recon soln 10 mg</i>	1	\$0	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	\$0	QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	1	\$0	QL (30 per 30 days)

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	1	\$0	QL (30 per 30 days)
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1	\$0	
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	1	\$0	QL (240 per 30 days)
<i>paliperidone oral tablet extended release 24hr 3 mg</i>	1	\$0	QL (120 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	1	\$0	QL (60 per 30 days)
<i>paliperidone oral tablet extended release 24hr 9 mg</i>	1	\$0	QL (30 per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	\$0	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	1	\$0	
PAXIL ORAL SUSPENSION 10 MG/5 ML	2	\$0	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	\$0	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	\$0	
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION, EXTEND REL SYR KIT 120 MG, 90 MG	2	\$0	
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	2	\$0	
<i>phenelzine oral tablet 15 mg</i>	1	\$0	
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	\$0	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	1	\$0	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	\$0	QL (90 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	1	\$0	QL (60 per 30 days)
<i>ramelteon oral tablet 8 mg</i>	1	\$0	QL (30 per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	2	\$0	PA

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	2	\$0	
<i>risperidone oral solution 1 mg/ml</i>	1	\$0	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	\$0	
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	\$0	
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	2	\$0	PA
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	2	\$0	PA; QL (30 per 30 days)
<i>sertraline oral concentrate 20 mg/ml</i>	1	\$0	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	1	\$0	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	1	\$0	
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	\$0	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	\$0	
<i>tranylcypromine oral tablet 10 mg</i>	1	\$0	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	\$0	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	1	\$0	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	\$0	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	1	\$0	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	2	\$0	PA
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	1	\$0	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	\$0	

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>venlafaxine oral tablet extended release 24hr 225 mg</i>	1	\$0	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	2	\$0	PA
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	2	\$0	PA
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	2	\$0	PA
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	2	\$0	PA
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	2	\$0	PA
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	2	\$0	PA; LA; QL (60 per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	2	\$0	PA; LA
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	\$0	
<i>ziprasidone hcl oral capsule 20 mg, 60 mg</i>	1	\$0	QL (60 per 30 days)
<i>ziprasidone hcl oral capsule 40 mg, 80 mg</i>	1	\$0	QL (120 per 30 days)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	1	\$0	QL (60 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i>	1	\$0	
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	1	\$0	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG	2	\$0	
CARDIOVASCULAR, HYPERTENSION / LIPIDS			
ANTIARRHYTHMIC AGENTS			
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	1	\$0	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1	\$0	

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1	\$0	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	\$0	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	1	\$0	
MULTAQ ORAL TABLET 400 MG	2	\$0	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	\$0	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	1	\$0	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	\$0	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	1	\$0	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	\$0	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	\$0	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	1	\$0	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	\$0	
ANTIHYPERTENSIVE THERAPY			
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	\$0	
<i>aliskiren oral tablet 150 mg, 300 mg</i>	1	\$0	
<i>amiloride oral tablet 5 mg</i>	1	\$0	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	\$0	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	\$0	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	\$0	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	\$0	
<i>amlodipine-valsartan oral tablet 10-320 mg, 5-160 mg</i>	1	\$0	
<i>amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	\$0	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	\$0	

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	\$0	
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	\$0	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	\$0	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1	\$0	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	\$0	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	\$0	
<i>bumetanide injection solution 0.25 mg/ml</i>	1	\$0	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	\$0	
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	\$0	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	\$0	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	\$0	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	\$0	
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	\$0	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	\$0	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	1	\$0	
<i>chlorothiazide oral tablet 500 mg</i>	1	\$0	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	\$0	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	\$0	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	1	\$0	
DEMSER ORAL CAPSULE 250 MG	2	\$0	PA
<i>diltiazem hcl oral capsule, ext. rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	\$0	
<i>diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1	\$0	

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	\$0	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	\$0	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	\$0	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	\$0	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	\$0	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	\$0	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	\$0	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	\$0	
<i>eprosartan oral tablet 600 mg</i>	1	\$0	
<i>ethacrynic acid oral tablet 25 mg</i>	1	\$0	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	\$0	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	\$0	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	\$0	
<i>furosemide injection solution 10 mg/ml</i>	1	\$0	
<i>furosemide injection syringe 10 mg/ml</i>	1	\$0	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	\$0	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	\$0	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	\$0	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	\$0	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	\$0	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	\$0	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	\$0	

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	\$0	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	\$0	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	\$0	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	\$0	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	\$0	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	\$0	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	\$0	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	\$0	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	\$0	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	\$0	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	\$0	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	\$0	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	\$0	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	\$0	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	\$0	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	\$0	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	\$0	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	1	\$0	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1	\$0	
<i>nimodipine oral capsule 30 mg</i>	1	\$0	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	1	\$0	
<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	\$0	

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	\$0	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	\$0	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	\$0	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	\$0	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1	\$0	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1	\$0	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	\$0	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	1	\$0	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	\$0	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	\$0	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	\$0	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	\$0	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1	\$0	
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	\$0	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	2	\$0	PA
TEKTURNA ORAL TABLET 150 MG, 300 MG	2	\$0	PA
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	\$0	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	\$0	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	\$0	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	\$0	

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	\$0	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	\$0	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	\$0	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	\$0	
<i>triamterene oral capsule 100 mg, 50 mg</i>	1	\$0	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	\$0	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	\$0	
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	2	\$0	PA; LA
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	2	\$0	PA; LA
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	\$0	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	\$0	QL (30 per 30 days)
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	1	\$0	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1	\$0	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	\$0	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	\$0	
COAGULATION THERAPY			
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	1	\$0	QL (60 per 30 days)
BRILINTA ORAL TABLET 60 MG, 90 MG	2	\$0	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	\$0	
<i>clopidogrel oral tablet 75 mg</i>	1	\$0	QL (30 per 30 days)
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	\$0	

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	2	\$0	PA; LA
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	2	\$0	PA; LA
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	2	\$0	PA; LA
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	2	\$0	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	\$0	
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	1	\$0	QL (60 per 30 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	1	\$0	QL (48 per 30 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	1	\$0	QL (18 per 30 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	1	\$0	QL (24 per 30 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	1	\$0	QL (36 per 30 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	1	\$0	QL (24 per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	1	\$0	QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	1	\$0	QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	1	\$0	QL (18 per 30 days)
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	1	\$0	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml</i>	1	\$0	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	1	\$0	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	1	\$0	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	\$0	

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	1	\$0	
<i>heparin (porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	\$0	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml</i>	1	\$0	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	\$0	
<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>	1	\$0	
MEPHYTON ORAL TABLET 5 MG	2	\$0	ADD
MULPLETA ORAL TABLET 3 MG	2	\$0	PA; QL (7 per 30 days)
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	\$0	
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	1	\$0	ADD
PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE 1 MG/0.5 ML	2	\$0	ADD
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	2	\$0	
<i>prasugrel oral tablet 10 mg, 5 mg</i>	1	\$0	
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	2	\$0	PA; LA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	2	\$0	PA; LA
TAVALISSE ORAL TABLET 100 MG, 150 MG	2	\$0	PA; LA
<i>vitamin k injection solution 1 mg/0.5 ml</i>	1	\$0	ADD
<i>vitamin k1 injection solution 10 mg/ml</i>	1	\$0	ADD
<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>	1	\$0	

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XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)-20 MG (9)	2	\$0	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	2	\$0	
LIPID/CHOLESTEROL LOWERING AGENTS			
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	\$0	
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	\$0	
<i>cholestyramine (with sugar) oral powder 4 gram</i>	1	\$0	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	1	\$0	
<i>cholestyramine light oral powder 4 gram</i>	1	\$0	
<i>cholestyramine light oral powder in packet 4 gram</i>	1	\$0	
<i>colesevelam oral powder in packet 3.75 gram</i>	1	\$0	
<i>colesevelam oral tablet 625 mg</i>	1	\$0	
<i>colestipol oral granules 5 gram</i>	1	\$0	
<i>colestipol oral packet 5 gram</i>	1	\$0	
<i>colestipol oral tablet 1 gram</i>	1	\$0	
<i>ezetimibe oral tablet 10 mg</i>	1	\$0	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	\$0	
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	\$0	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	\$0	
FENOFIBRATE ORAL CAPSULE 150 MG, 50 MG	2	\$0	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	\$0	

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<i>fenofibric acid (choline) oral capsule, delayed release(drlec) 135 mg</i>	1	\$0	
<i>fenofibric acid oral tablet 35 mg</i>	1	\$0	
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	1	\$0	ST
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	1	\$0	ST
<i>gemfibrozil oral tablet 600 mg</i>	1	\$0	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	2	\$0	PA; LA
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	\$0	
NEXLETOL ORAL TABLET 180 MG	2	\$0	PA
NEXLIZET ORAL TABLET 180-10 MG	2	\$0	PA
<i>niacin oral capsule, extended release 250 mg, 500 mg</i>	1	\$0	ADD
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	1	\$0	
NIACOR ORAL TABLET 500 MG	2	\$0	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	1	\$0	
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	\$0	
<i>prevalite oral powder 4 gram</i>	1	\$0	
<i>prevalite oral powder in packet 4 gram</i>	1	\$0	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	2	\$0	PA
REPATHA SUBCUTANEOUS SYRINGE 140 MG/ML	2	\$0	PA
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	2	\$0	PA
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	\$0	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	\$0	

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	2	\$0	PA
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	2	\$0	
WELCHOL ORAL TABLET 625 MG	2	\$0	
MISCELLANEOUS CARDIOVASCULAR AGENTS			
CORLANOR ORAL SOLUTION 5 MG/5 ML	2	\$0	PA
CORLANOR ORAL TABLET 5 MG, 7.5 MG	2	\$0	PA
<i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	\$0	
<i>digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	\$0	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	1	\$0	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	\$0	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	2	\$0	
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	2	\$0	
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	1	\$0	QL (60 per 30 days)
VYNDAMAX ORAL CAPSULE 61 MG	2	\$0	PA
VYNDAQEL ORAL CAPSULE 20 MG	2	\$0	PA
NITRATES			
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	\$0	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	\$0	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	\$0	
MINITRAN TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	2	\$0	

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>nitro-bid transdermal ointment 2 %</i>	1	\$0	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	2	\$0	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	1	\$0	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/1hr, 0.2 mg/1hr, 0.4 mg/1hr, 0.6 mg/1hr</i>	1	\$0	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	1	\$0	

DERMATOLOGICALS/TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHEIC

<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	\$0	
<i>calcipotriene scalp solution 0.005 %</i>	1	\$0	
<i>calcipotriene topical cream 0.005 %</i>	1	\$0	
<i>calcipotriene topical ointment 0.005 %</i>	1	\$0	
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	1	\$0	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	2	\$0	PA
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	2	\$0	PA
COSENTYX SUBCUTANEOUS PEN INJECTOR 150 MG/ML	2	\$0	PA
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	2	\$0	PA
<i>selenium sulfide topical lotion 2.5 %</i>	1	\$0	
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	2	\$0	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	2	\$0	PA

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	2	\$0	PA
MISCELLANEOUS DERMATOLOGICALS			
<i>ammonium lactate topical cream 12 %</i>	1	\$0	
<i>ammonium lactate topical lotion 12 %</i>	1	\$0	
<i>diclofenac sodium topical gel 3 %</i>	1	\$0	PA
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	2	\$0	PA; QL (6 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	2	\$0	PA; QL (3.42 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	2	\$0	PA; QL (6 per 28 days)
ELIDEL TOPICAL CREAM 1 %	2	\$0	QL (30 per 30 days)
FLUOROURACIL TOPICAL CREAM 0.5 %	2	\$0	
<i>fluorouracil topical cream 5 %</i>	1	\$0	
<i>fluorouracil topical solution 2 %, 5 %</i>	1	\$0	
<i>geri-hydrolac topical cream 12 %</i>	1	\$0	ADD
<i>imiquimod topical cream in packet 5 %</i>	1	\$0	
<i>lidocaine hcl laryngotracheal solution 4 %</i>	1	\$0	
<i>lidocaine hcl mucous membrane jelly 2 %</i>	1	\$0	
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	1	\$0	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	\$0	
LIDOCAINE PAIN RELIEF TOPICAL ADHESIVE PATCH, MEDICATED 4 %	2	\$0	PA; ADD
<i>lidocaine topical adhesive patch, medicated 5 %</i>	1	\$0	PA
<i>lidocaine topical ointment 5 %</i>	1	\$0	PA; QL (60 per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i>	1	\$0	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	\$0	
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	1	\$0	

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PANRETIN TOPICAL GEL 0.1 %	2	\$0	PA
PICATO TOPICAL GEL 0.015 %, 0.05 %	2	\$0	
<i>pimecrolimus topical cream 1 %</i>	1	\$0	QL (30 per 30 days)
<i>podofilox topical solution 0.5 %</i>	1	\$0	
QBREXZA TOPICAL TOWELETTE 2.4 %	2	\$0	QL (30 per 30 days)
REGRANEX TOPICAL GEL 0.01 %	2	\$0	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	2	\$0	
<i>silver sulfadiazine topical cream 1 %</i>	1	\$0	
<i>skin treatment topical lotion 12 %</i>	1	\$0	ADD
<i>ssd topical cream 1 %</i>	1	\$0	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	1	\$0	QL (30 per 30 days)
VALCHLOR TOPICAL GEL 0.016 %	2	\$0	PA
THERAPY FOR ACNE			
<i>acne control cleanser topical cleanser 10 %</i>	1	\$0	ADD
<i>acne foaming wash topical cleanser 10 %</i>	1	\$0	ADD
ACNE MEDICATION TOPICAL GEL 10 %, 5 %	2	\$0	ADD
<i>acne medication topical gel 2.5 %</i>	1	\$0	ADD
ACNE MEDICATION TOPICAL LOTION 10 %, 5 %	2	\$0	ADD
<i>acne treatment (benzoyl perox) topical gel 10 %</i>	1	\$0	ADD
<i>acne-clear topical gel 10 %</i>	1	\$0	ADD
<i>adapalene topical cream 0.1 %</i>	1	\$0	PA
<i>adapalene topical gel 0.1 %, 0.3 %</i>	1	\$0	PA
<i>adapalene topical gel with pump 0.3 %</i>	1	\$0	PA
<i>adapalene topical solution 0.1 %</i>	1	\$0	
<i>adapalene topical swab 0.1 %</i>	1	\$0	PA
<i>advanced exfoliating cleanser topical cleanser 5 %</i>	1	\$0	ADD
<i>amnesteem oral capsule 10 mg, 20 mg, 40 mg</i>	1	\$0	
<i>avita topical cream 0.025 %</i>	1	\$0	PA

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AVITA TOPICAL GEL 0.025 %	2	\$0	PA
<i>azelaic acid topical gel 15 %</i>	1	\$0	
AZELEX TOPICAL CREAM 20 %	2	\$0	
<i>benzoyl peroxide topical cleanser 10 %, 5 %, 6 %</i>	1	\$0	ADD
<i>benzoyl peroxide topical gel 10 %, 2.5 %, 5 %</i>	1	\$0	ADD
<i>bp topical gel 10 %, 5 %</i>	1	\$0	ADD
<i>bp wash topical cleanser 10 %, 5 %</i>	1	\$0	ADD
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	\$0	
<i>clindacin p topical swab 1 %</i>	1	\$0	
<i>clindamycin phosphate topical gel 1 %</i>	1	\$0	
CLINDAMYCIN PHOSPHATE TOPICAL GEL, ONCE DAILY 1 %	1	\$0	
<i>clindamycin phosphate topical lotion 1 %</i>	1	\$0	
<i>clindamycin phosphate topical solution 1 %</i>	1	\$0	
<i>clindamycin phosphate topical swab 1 %</i>	1	\$0	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %</i>	1	\$0	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	1	\$0	
<i>creamy acne face topical cleanser 4 %</i>	1	\$0	ADD
<i>daylogic acne foaming wash topical cleanser 10 %</i>	1	\$0	ADD
DIFFERIN TOPICAL GEL 0.1 %	2	\$0	ADD
<i>ery pads topical swab 2 %</i>	1	\$0	
<i>erythromycin with ethanol topical gel 2 %</i>	1	\$0	
<i>erythromycin with ethanol topical solution 2 %</i>	1	\$0	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	1	\$0	
FINACEA TOPICAL FOAM 15 %	2	\$0	
FINACEA TOPICAL GEL 15 %	2	\$0	
<i>foaming acne face wash topical cleanser 10 %</i>	1	\$0	ADD
<i>metronidazole topical cream 0.75 %</i>	1	\$0	
<i>metronidazole topical gel 0.75 %, 1 %</i>	1	\$0	

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<i>metronidazole topical gel with pump 1 %</i>	1	\$0	
<i>metronidazole topical lotion 0.75 %</i>	1	\$0	
MIRVASO TOPICAL GEL WITH PUMP 0.33 %	2	\$0	PA
<i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	\$0	
<i>neuac topical gel 1.2 %(1 % base) -5 %</i>	1	\$0	
<i>panoxyl topical cleanser 10 %, 4 %</i>	1	\$0	ADD
<i>persa-gel topical gel 10 %</i>	1	\$0	ADD
RENOVA TOPICAL CREAM 0.02 %	2	\$0	ADD
<i>rosadan topical cream 0.75 %</i>	1	\$0	
<i>rosadan topical gel 0.75 %</i>	1	\$0	
<i>tazarotene topical cream 0.1 %</i>	1	\$0	PA
TAZORAC TOPICAL CREAM 0.05 %	2	\$0	PA
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	2	\$0	PA
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	1	\$0	PA
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	1	\$0	PA
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	\$0	
TOPICAL ANTIBACTERIALS			
<i>antibiotic (neomy-bacit-polym) topical ointment 3.5mg-400 unit- 5,000 unit/gram</i>	1	\$0	ADD
<i>antiseptic topical solution 10 %</i>	1	\$0	ADD
<i>bacitracin topical ointment 500 unit/gram</i>	1	\$0	ADD
<i>bacitracin topical packet 500 unit/gram</i>	1	\$0	ADD
<i>bacitraycin plus topical ointment 500 unit/gram</i>	1	\$0	ADD
BETADINE SURGICAL SCRUB TOPICAL SOLUTION 7.5 %	2	\$0	ADD
BETADINE TOPICAL SOLUTION 10 %	2	\$0	ADD
CORTISPORIN TOPICAL OINTMENT 1 %	2	\$0	

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
FIRST AID ANTIBIOTIC TOPICAL OINTMENT 3.5-500-10,000 MG-UNIT-UNIT, 3.5MG-400 UNIT- 5,000 UNIT/GRAM	2	\$0	ADD
<i>first aid antiseptic topical solution 10 %</i>	1	\$0	ADD
<i>gentamicin topical cream 0.1 %</i>	1	\$0	
<i>gentamicin topical ointment 0.1 %</i>	1	\$0	
<i>mupirocin calcium topical cream 2 %</i>	1	\$0	
<i>mupirocin topical ointment 2 %</i>	1	\$0	
<i>povidone-iodine topical ointment 10 %</i>	1	\$0	ADD
<i>povidone-iodine topical solution 10 %, 7.5 %</i>	1	\$0	ADD
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	1	\$0	
<i>triple antibiotic topical ointment 3.5mg-400 unit-5,000 unit/gram</i>	1	\$0	ADD
TOPICAL ANTIFUNGALS			
<i>antifungal (clotrimazole) topical cream 1 %</i>	1	\$0	ADD
<i>antifungal (tolnaftate) topical cream 1 %</i>	1	\$0	ADD
<i>antifungal (tolnaftate) topical powder 1 %</i>	1	\$0	ADD
<i>antifungal topical cream 2 %</i>	1	\$0	ADD
<i>athlete's foot (clotrimazole) topical cream 1 %</i>	1	\$0	ADD
<i>athlete's foot (terbinafine) topical cream 1 %</i>	1	\$0	ADD
<i>athlete's foot (tolnaftate) topical cream 1 %</i>	1	\$0	ADD
<i>athletic foot cream topical cream 1 %</i>	1	\$0	ADD
<i>azolen tincture topical tincture 2 %</i>	1	\$0	ADD
<i>baza antifungal topical cream 2 %</i>	1	\$0	ADD
<i>ciclodan topical solution 8 %</i>	1	\$0	
<i>ciclopirox topical cream 0.77 %</i>	1	\$0	
<i>ciclopirox topical gel 0.77 %</i>	1	\$0	
<i>ciclopirox topical shampoo 1 %</i>	1	\$0	
<i>ciclopirox topical solution 8 %</i>	1	\$0	
<i>ciclopirox topical suspension 0.77 %</i>	1	\$0	

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>clotrimazole af topical cream 1 %</i>	1	\$0	ADD
<i>clotrimazole topical cream 1 %</i>	1	\$0	
<i>clotrimazole topical solution 1 %</i>	1	\$0	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1	\$0	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	1	\$0	
<i>econazole topical cream 1 %</i>	1	\$0	
EXELDERM TOPICAL CREAM 1 %	2	\$0	
EXELDERM TOPICAL SOLUTION 1 %	2	\$0	
<i>fungoid tincture topical tincture 2 %</i>	1	\$0	ADD
<i>fungoid-d topical cream 1 %</i>	1	\$0	ADD
<i>inzo antifungal topical cream 2 %</i>	1	\$0	ADD
<i>itch relief (clotrimazole) topical cream 1 %</i>	1	\$0	ADD
<i>jock itch (clotrimazole) topical cream 1 %</i>	1	\$0	ADD
<i>jock itch (terbinafine) topical cream 1 %</i>	1	\$0	ADD
<i>ketoconazole topical cream 2 %</i>	1	\$0	
<i>ketoconazole topical foam 2 %</i>	1	\$0	
<i>ketoconazole topical shampoo 2 %</i>	1	\$0	
<i>lamisil af topical powder 1 %</i>	1	\$0	ADD
<i>lamisil at topical cream 1 %</i>	1	\$0	ADD
MENTAX TOPICAL CREAM 1 %	2	\$0	
<i>micatin topical cream 2 %</i>	1	\$0	ADD
<i>miconazole nitrate topical cream 2 %</i>	1	\$0	ADD
<i>naftifine topical cream 1 %, 2 %</i>	1	\$0	
NAFTIN TOPICAL GEL 1 %, 2 %	2	\$0	
<i>nyamyc topical powder 100,000 unit/gram</i>	1	\$0	
<i>nystatin topical cream 100,000 unit/gram</i>	1	\$0	
<i>nystatin topical ointment 100,000 unit/gram</i>	1	\$0	
<i>nystatin topical powder 100,000 unit/gram</i>	1	\$0	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1	\$0	

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	1	\$0	
<i>nystop topical powder 100,000 unit/gram</i>	1	\$0	
<i>oxiconazole topical cream 1 %</i>	1	\$0	
OXISTAT TOPICAL LOTION 1 %	2	\$0	
<i>ringworm topical cream 1 %</i>	1	\$0	ADD
<i>secura antifungal topical cream 2 %</i>	1	\$0	ADD
<i>terbinafine hcl topical cream 1 %</i>	1	\$0	ADD
<i>tolnaftate topical cream 1 %</i>	1	\$0	ADD
<i>tolnaftate topical powder 1 %</i>	1	\$0	ADD
TOPICAL ANTIVIRALS			
<i>acyclovir topical cream 5 %</i>	1	\$0	
<i>acyclovir topical ointment 5 %</i>	1	\$0	
DENAVIR TOPICAL CREAM 1 %	2	\$0	
TOPICAL CORTICOSTEROIDS			
<i>ala-cort topical cream 1 %</i>	1	\$0	
<i>alclometasone topical cream 0.05 %</i>	1	\$0	
<i>alclometasone topical ointment 0.05 %</i>	1	\$0	
<i>amcinonide topical cream 0.1 %</i>	1	\$0	
<i>amcinonide topical lotion 0.1 %</i>	1	\$0	
<i>amcinonide topical ointment 0.1 %</i>	1	\$0	
<i>anti-itch (hc) topical cream 1 %</i>	1	\$0	ADD
<i>anti-itch (hc) topical ointment 1 %</i>	1	\$0	ADD
<i>beser topical lotion 0.05 %</i>	1	\$0	
<i>beta-hc topical lotion 1 %</i>	1	\$0	ADD
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	\$0	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	\$0	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1	\$0	
<i>betamethasone valerate topical cream 0.1 %</i>	1	\$0	

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>betamethasone valerate topical foam 0.12 %</i>	1	\$0	
<i>betamethasone valerate topical lotion 0.1 %</i>	1	\$0	
<i>betamethasone valerate topical ointment 0.1 %</i>	1	\$0	
<i>betamethasone, augmented topical cream 0.05 %</i>	1	\$0	
<i>betamethasone, augmented topical gel 0.05 %</i>	1	\$0	
<i>betamethasone, augmented topical lotion 0.05 %</i>	1	\$0	
<i>betamethasone, augmented topical ointment 0.05 %</i>	1	\$0	
<i>clobetasol scalp solution 0.05 %</i>	1	\$0	
<i>clobetasol topical cream 0.05 %</i>	1	\$0	
<i>clobetasol topical foam 0.05 %</i>	1	\$0	
<i>clobetasol topical gel 0.05 %</i>	1	\$0	
<i>clobetasol topical lotion 0.05 %</i>	1	\$0	
<i>clobetasol topical ointment 0.05 %</i>	1	\$0	
<i>clobetasol topical shampoo 0.05 %</i>	1	\$0	
<i>clobetasol topical spray,non-aerosol 0.05 %</i>	1	\$0	
<i>clobetasol-emollient topical cream 0.05 %</i>	1	\$0	
<i>clodan topical shampoo 0.05 %</i>	1	\$0	
CORDRAN LARGE ROLL TOPICAL TAPE 4 MCG/CM2	2	\$0	
<i>cortisone (hydrocortisone) topical cream 1 %</i>	1	\$0	ADD
<i>cortisone with aloe topical cream 1 %</i>	1	\$0	ADD
<i>cortizone-10 plus topical cream 1 %</i>	1	\$0	ADD
<i>cortizone-10 topical cream 1 %</i>	1	\$0	ADD
<i>cortizone-10 topical ointment 1 %</i>	1	\$0	ADD
<i>cortizone-10 with aloe topical cream 1 %</i>	1	\$0	ADD
<i>dermarest eczema (hydrocort) topical lotion 1 %</i>	1	\$0	ADD
<i>desonide topical cream 0.05 %</i>	1	\$0	
<i>desonide topical lotion 0.05 %</i>	1	\$0	
<i>desonide topical ointment 0.05 %</i>	1	\$0	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	1	\$0	
<i>desoximetasone topical gel 0.05 %</i>	1	\$0	

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	1	\$0	
<i>desoximetasone topical spray, non-aerosol 0.25 %</i>	1	\$0	
<i>diflorasone topical cream 0.05 %</i>	1	\$0	
<i>diflorasone topical ointment 0.05 %</i>	1	\$0	
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	1	\$0	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	1	\$0	
<i>fluocinolone topical oil 0.01 %</i>	1	\$0	
<i>fluocinolone topical ointment 0.025 %</i>	1	\$0	
<i>fluocinolone topical solution 0.01 %</i>	1	\$0	
<i>fluocinonide topical cream 0.05 %, 0.1 %</i>	1	\$0	
<i>fluocinonide topical gel 0.05 %</i>	1	\$0	
<i>fluocinonide topical ointment 0.05 %</i>	1	\$0	
<i>fluocinonide topical solution 0.05 %</i>	1	\$0	
<i>fluocinonide-e topical cream 0.05 %</i>	1	\$0	
<i>fluocinonide-emollient topical cream 0.05 %</i>	1	\$0	
<i>fluticasone propionate topical cream 0.05 %</i>	1	\$0	
<i>fluticasone propionate topical ointment 0.005 %</i>	1	\$0	
<i>halobetasol propionate topical cream 0.05 %</i>	1	\$0	
<i>halobetasol propionate topical ointment 0.05 %</i>	1	\$0	
HALOG TOPICAL CREAM 0.1 %	2	\$0	
HALOG TOPICAL OINTMENT 0.1 %	2	\$0	
<i>hydrocortisone acetate topical cream 0.5 %, 1 %</i>	1	\$0	ADD
<i>hydrocortisone plus topical cream 1 %</i>	1	\$0	ADD
<i>hydrocortisone topical cream 0.5 %</i>	1	\$0	ADD
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	\$0	
<i>hydrocortisone topical lotion 1 %</i>	1	\$0	ADD
<i>hydrocortisone topical lotion 2.5 %</i>	1	\$0	
<i>hydrocortisone topical ointment 0.5 %, 1 %</i>	1	\$0	ADD
<i>hydrocortisone topical ointment 2.5 %</i>	1	\$0	
<i>hydrocortisone-aloe vera topical cream 0.5 %, 1 %</i>	1	\$0	ADD

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>hydrocream topical cream 1 %</i>	1	\$0	ADD
<i>mometasone topical cream 0.1 %</i>	1	\$0	
<i>mometasone topical ointment 0.1 %</i>	1	\$0	
<i>mometasone topical solution 0.1 %</i>	1	\$0	
<i>noble formula hc topical cream 1 %</i>	1	\$0	ADD
<i>prednicarbate topical cream 0.1 %</i>	1	\$0	
<i>prednicarbate topical ointment 0.1 %</i>	1	\$0	
<i>scalp relief topical solution 1 %</i>	1	\$0	ADD
<i>scalpicin anti-itch topical solution 1 %</i>	1	\$0	ADD
<i>soothing care (hydrocortisone) topical cream 1 %</i>	1	\$0	ADD
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	1	\$0	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	1	\$0	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1	\$0	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i>	1	\$0	
<i>triderm topical cream 0.1 %</i>	1	\$0	
<i>vanicream hc topical cream 1 %</i>	1	\$0	ADD
TOPICAL SCABICIDES / PEDICULICIDES			
<i>lice killing (permethrin) topical liquid 1 %</i>	1	\$0	ADD
<i>lice killing topical shampoo 0.33-4 %</i>	1	\$0	ADD
<i>lice pyrinyl shampoo topical shampoo 0.33-4 %</i>	1	\$0	ADD
<i>lice treatment (permethrin) topical liquid 1 %</i>	1	\$0	ADD
<i>lice treatment topical liquid 1 %</i>	1	\$0	ADD
<i>lice treatment topical shampoo 0.33-4 %</i>	1	\$0	ADD
<i>lindane topical shampoo 1 %</i>	1	\$0	
<i>malathion topical lotion 0.5 %</i>	1	\$0	
<i>permethrin topical cream 5 %</i>	1	\$0	

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
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<i>rid lice killing topical shampoo 0.33-4 %</i>	1	\$0	ADD
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DIAGNOSTICS / MISCELLANEOUS AGENTS

ANOREXIANTS

XENICAL ORAL CAPSULE 120 MG	2	\$0	ADD
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MISCELLANEOUS AGENTS

<i>acamprosate oral tablet, delayed release (drlec) 333 mg</i>	1	\$0	
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<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	1	\$0	
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ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	2	\$0	PA; LA
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AURYXIA ORAL TABLET 210 MG IRON	2	\$0	PA
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CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	2	\$0	LA
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<i>cevimeline oral capsule 30 mg</i>	1	\$0	
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CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	2	\$0	B/D
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CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	2	\$0	B/D
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<i>clovique oral capsule 250 mg</i>	1	\$0	PA
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<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	\$0	
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<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	\$0	
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<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	1	\$0	
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<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	\$0	
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<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	1	\$0	PA
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<i>deferiprone oral tablet 500 mg</i>	1	\$0	PA
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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	1	\$0	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	1	\$0	
<i>dextrose 25 % in water (d25w) intravenous syringe</i>	1	\$0	
<i>dextrose 30 % in water (d30w) intravenous parenteral solution</i>	1	\$0	
<i>dextrose 40 % in water (d40w) intravenous parenteral solution 40 %</i>	1	\$0	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	1	\$0	
<i>dextrose 5 % in water (d5w) intravenous piggyback 5 %</i>	1	\$0	
<i>dextrose 5 %-lactated ringers intravenous parenteral solution</i>	1	\$0	
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	1	\$0	
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	1	\$0	
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	1	\$0	
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	1	\$0	
<i>dextrose 70 % in water (d70w) intravenous parenteral solution</i>	1	\$0	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	\$0	
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	2	\$0	PA; LA
FERRIPROX (2 TIMES A DAY) ORAL TABLET 1,000 MG	2	\$0	PA
FERRIPROX ORAL TABLET 1,000 MG	2	\$0	PA
GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %)	2	\$0	PA; LA

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	2	\$0	PA; LA
<i>kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml</i>	1	\$0	
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i>	1	\$0	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	1	\$0	
<i>levocarnitine oral solution 100 mg/ml</i>	1	\$0	
<i>levocarnitine oral tablet 330 mg</i>	1	\$0	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	2	\$0	PA
MELATONIN ORAL LIQUID 1 MG/ML	2	\$0	ADD
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	\$0	
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	1	\$0	PA
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	2	\$0	
ORFADIN ORAL CAPSULE 20 MG	2	\$0	PA; LA
ORFADIN ORAL SUSPENSION 4 MG/ML	2	\$0	PA; LA
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	1	\$0	
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	2	\$0	PA; LA
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	2	\$0	PA; LA
RAVICTI ORAL LIQUID 1.1 GRAM/ML	2	\$0	PA
RENAGEL ORAL TABLET 800 MG	2	\$0	
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	2	\$0	PA
<i>riluzole oral tablet 50 mg</i>	1	\$0	
<i>risedronate oral tablet 30 mg</i>	1	\$0	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	1	\$0	QL (540 per 30 days)
<i>sevelamer carbonate oral tablet 800 mg</i>	1	\$0	QL (540 per 30 days)

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<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	1	\$0	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	\$0	
<i>sodium chloride 0.9 % intravenous piggyback</i>	1	\$0	
<i>sodium chloride irrigation solution 0.9 %</i>	1	\$0	
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	1	\$0	PA
<i>sodium polystyrene (sorb free) oral suspension 15 gram/60 ml</i>	1	\$0	
<i>sodium polystyrene sulfonate oral powder</i>	1	\$0	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	\$0	
<i>sps (with sorbitol) rectal enema 30-40 gram/120 ml</i>	1	\$0	
<i>trientine oral capsule 250 mg</i>	1	\$0	PA
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	2	\$0	PA
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	2	\$0	PA
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	2	\$0	PA; LA
SMOKING DETERRENTS			
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	1	\$0	
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	2	\$0	
CHANTIX ORAL TABLET 0.5 MG, 1 MG	2	\$0	
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)	2	\$0	
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24 HR, 21 MG/24 HR, 7 MG/24 HR	2	\$0	ADD
<i>nicorelief buccal gum 2 mg</i>	1	\$0	ADD

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
NICORETTE BUCCAL GUM 2 MG, 4 MG	2	\$0	ADD
NICORETTE BUCCAL LOZENGE 2 MG, 4 MG	2	\$0	ADD
NICORETTE BUCCAL MINI LOZENGE 2 MG, 4 MG	2	\$0	ADD
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	1	\$0	ADD
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	2	\$0	ADD
<i>nicotine (polacrilex) buccal mini lozenge 2 mg</i>	2	\$0	ADD
NICOTINE (POLACRILEX) BUCCAL MINI LOZENGE 4 MG	2	\$0	ADD
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	1	\$0	ADD
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	1	\$0	ADD
NICOTROL INHALATION CARTRIDGE 10 MG	2	\$0	
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	2	\$0	
<i>quit 2 buccal gum 2 mg</i>	1	\$0	ADD
QUIT 2 BUCCAL LOZENGE 2 MG	2	\$0	ADD
<i>quit 4 buccal gum 4 mg</i>	1	\$0	ADD
<i>quit 4 buccal lozenge 4 mg</i>	2	\$0	ADD
<i>stop smoking aid buccal lozenge 2 mg, 4 mg</i>	1	\$0	ADD

EAR, NOSE / THROAT MEDICATIONS

MISCELLANEOUS AGENTS

<i>azelastine nasal aerosol, spray 137 mcg (0.1 %)</i>	1	\$0	
<i>azelastine nasal spray, non-aerosol 0.15 % (205.5 mcg)</i>	1	\$0	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1	\$0	
<i>fluoride (sodium) dental cream 1.1 %</i>	1	\$0	
<i>fluoride (sodium) dental gel 1.1 %</i>	1	\$0	

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>ipratropium bromide nasal spray,non-aerosol 0.03 %, 42 mcg (0.06 %)</i>	1	\$0	
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	1	\$0	
<i>oralone dental paste 0.1 %</i>	1	\$0	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	1	\$0	
<i>periogard mucous membrane mouthwash 0.12 %</i>	1	\$0	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	1	\$0	
<i>triamcinolone acetonide dental paste 0.1 %</i>	1	\$0	
MISCELLANEOUS OTIC PREPARATIONS			
<i>acetic acid otic (ear) solution 2 %</i>	1	\$0	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	1	\$0	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	1	\$0	
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	\$0	
OTIC STEROID / ANTIBIOTIC			
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	2	\$0	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	1	\$0	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	1	\$0	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	\$0	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	\$0	
ENDOCRINE/DIABETES			
ADRENAL HORMONES			
<i>cortisone oral tablet 25 mg</i>	1	\$0	
<i>dexamethasone intensol oral drops 1 mg/ml</i>	1	\$0	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	1	\$0	B/D
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	1	\$0	B/D

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	\$0	B/D
<i>dexamethasone oral tablets,dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs)</i>	1	\$0	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	\$0	B/D
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	1	\$0	B/D
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	1	\$0	B/D
<i>fludrocortisone oral tablet 0.1 mg</i>	1	\$0	
HEMADY ORAL TABLET 20 MG	2	\$0	PA
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	\$0	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	1	\$0	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	\$0	B/D
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	1	\$0	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	1	\$0	
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i>	1	\$0	
<i>millipred oral tablet 5 mg</i>	1	\$0	B/D
<i>prednisolone oral solution 15 mg/5 ml</i>	1	\$0	B/D
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	\$0	B/D
<i>prednisone intensol oral concentrate 5 mg/ml</i>	1	\$0	B/D
<i>prednisone oral solution 5 mg/5 ml</i>	1	\$0	B/D
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	\$0	B/D
<i>prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	1	\$0	

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
ANTITHYROID AGENTS			
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	\$0	
<i>propylthiouracil oral tablet 50 mg</i>	1	\$0	
DIABETES THERAPY			
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	\$0	
<i>alcohol pads topical pads, medicated</i>	1	\$0	
AVANDIA ORAL TABLET 2 MG, 4 MG	2	\$0	
<i>baqsimi nasal spray, non-aerosol 3 mg/actuation</i>	2	\$0	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	2	\$0	ST
BYDUREON SUBCUTANEOUS PEN INJECTOR 2 MG/0.65 ML	2	\$0	ST
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML, 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	\$0	ST
<i>diazoxide oral suspension 50 mg/ml</i>	1	\$0	
GAUZE PADS 2 X 2	2	\$0	QL (100 per 30 days)
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	\$0	
<i>glipizide oral tablet 10 mg</i>	1	\$0	QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	\$0	QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	\$0	QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	\$0	QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	\$0	QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	\$0	
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	2	\$0	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	2	\$0	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	2	\$0	

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	2	\$0	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	2	\$0	
INSULIN PEN NEEDLE	2	\$0	QL (200 per 30 days)
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	2	\$0	QL (200 per 30 days)
INVOKANA ORAL TABLET 100 MG, 300 MG	2	\$0	
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	2	\$0	
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	2	\$0	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	\$0	
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	\$0	
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	2	\$0	
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	2	\$0	
LANTUS SOLOSTAR U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	\$0	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	\$0	
<i>metformin oral solution 500 mg/5 ml</i>	1	\$0	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	\$0	
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	\$0	QL (150 per 30 days)

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	\$0	QL (90 per 30 days)
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	1	\$0	
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	\$0	
NEEDLES, INSULIN DISP.,SAFETY	2	\$0	QL (200 per 30 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	\$0	
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	\$0	
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	\$0	
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	\$0	
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	\$0	
NOVOLIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML	2	\$0	
NOVOLOG FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	\$0	
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	2	\$0	
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	\$0	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	\$0	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	\$0	

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML)	2	\$0	ST
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	1	\$0	QL (30 per 30 days)
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1	\$0	
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	1	\$0	
PROGLYCEM ORAL SUSPENSION 50 MG/ML	2	\$0	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	\$0	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	\$0	ST
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	2	\$0	PA
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	2	\$0	PA
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	\$0	
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG	2	\$0	
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	2	\$0	
TOUJEO SOLOSTAR U-300 SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	2	\$0	
TRADJENTA ORAL TABLET 5 MG	2	\$0	
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	2	\$0	ST
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	2	\$0	ST

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	2	\$0	ST
MISCELLANEOUS HORMONES			
ANADROL-50 ORAL TABLET 50 MG	2	\$0	
<i>cabergoline oral tablet 0.5 mg</i>	1	\$0	
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/lactuation</i>	1	\$0	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	\$0	
<i>calcitriol oral solution 1 mcg/ml</i>	1	\$0	
CERDELGA ORAL CAPSULE 84 MG	2	\$0	PA
<i>cinacalcet oral tablet 30 mg</i>	1	\$0	QL (360 per 30 days)
<i>cinacalcet oral tablet 60 mg</i>	1	\$0	QL (180 per 30 days)
<i>cinacalcet oral tablet 90 mg</i>	1	\$0	QL (120 per 30 days)
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	\$0	
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	1	\$0	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	1	\$0	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	1	\$0	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	\$0	
GALAFOLD ORAL CAPSULE 123 MG	2	\$0	PA; LA
JYNARQUE ORAL TABLETS, SEQUENTIAL 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	2	\$0	PA; LA
KORLYM ORAL TABLET 300 MG	2	\$0	PA
KUVAN ORAL POWDER IN PACKET 100 MG	2	\$0	PA
KUVAN ORAL TABLET,SOLUBLE 100 MG	2	\$0	PA
<i>methyltestosterone oral capsule 10 mg</i>	1	\$0	
<i>miglustat oral capsule 100 mg</i>	1	\$0	PA; LA

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	2	\$0	PA; LA
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	2	\$0	PA; LA
ORILISSA ORAL TABLET 150 MG, 200 MG	2	\$0	PA
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	1	\$0	
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	2	\$0	PA; LA
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	\$0	
SAMSCA ORAL TABLET 15 MG	2	\$0	PA
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	2	\$0	
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	2	\$0	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	1	\$0	
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	\$0	
<i>testosterone transdermal gel 50 mg/5 gram (1%)</i>	1	\$0	PA
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/1.25 gram (1%), 20.25 mg/1.25 gram (1.62%)</i>	1	\$0	PA
<i>testosterone transdermal gel in packet 1% (25 mg/2.5 gram), 1% (50 mg/5 gram), 1.62% (20.25 mg/1.25 gram), 1.62% (40.5 mg/2.5 gram)</i>	1	\$0	PA
<i>tolvaptan oral tablet 30 mg</i>	1	\$0	PA
ZAVESCA ORAL CAPSULE 100 MG	2	\$0	PA; LA
THYROID HORMONES			
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	1	\$0	

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	2	\$0	
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	2	\$0	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	\$0	
<i>levoxyl 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>	1	\$0	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	\$0	
<i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	\$0	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	2	\$0	
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	\$0	

GASTROENTEROLOGY

ANTIDIARRHEALS / ANTISPASMODICS

<i>anti-diarrheal (loperamide) oral capsule 2 mg</i>	1	\$0	ADD
ANTI-DIARRHEAL (LOPERAMIDE) ORAL LIQUID 1 MG/7.5 ML	2	\$0	ADD
<i>anti-diarrheal (loperamide) oral tablet 2 mg</i>	1	\$0	ADD
<i>anti-diarrheal oral suspension 262 mg/15 ml</i>	1	\$0	ADD
<i>bismatrol oral suspension 262 mg/15 ml, 525 mg/15 ml</i>	1	\$0	ADD

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<i>bismatrol oral tablet, chewable 262 mg</i>	1	\$0	ADD
<i>bismuth oral tablet, chewable 262 mg</i>	1	\$0	ADD
<i>bismuth subsalicylate oral suspension 262 mg/15 ml</i>	1	\$0	ADD
<i>diamode oral tablet 2 mg</i>	1	\$0	ADD
<i>diarrhea relief (bismuth subs) oral suspension 262 mg/15 ml</i>	1	\$0	ADD
<i>dicyclomine oral capsule 10 mg</i>	1	\$0	
<i>dicyclomine oral solution 10 mg/5 ml</i>	1	\$0	
<i>dicyclomine oral tablet 20 mg</i>	1	\$0	
<i>digestive relief oral tablet 262 mg</i>	1	\$0	ADD
<i>diotame oral tablet, chewable 262 mg</i>	1	\$0	ADD
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	1	\$0	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	\$0	
<i>geri-pectate oral suspension 262 mg/15 ml</i>	1	\$0	ADD
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	\$0	
IMODIUM A-D ORAL LIQUID 1 MG/7.5 ML	2	\$0	ADD
<i>kaopectate (bismuth subsalicy) oral suspension 262 mg/15 ml</i>	1	\$0	ADD
<i>kaopectate ex str (bismuth ss) oral suspension 525 mg/15 ml</i>	1	\$0	ADD
<i>k-pec antidiarrheal (bism sub) oral suspension 262 mg/15 ml</i>	1	\$0	ADD
<i>loperamide oral capsule 2 mg</i>	1	\$0	
LOPERAMIDE ORAL LIQUID 1 MG/7.5 ML	2	\$0	ADD
<i>loperamide oral tablet 2 mg</i>	1	\$0	ADD
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	1	\$0	
MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG	2	\$0	PA
<i>peptic relief oral tablet, chewable 262 mg</i>	1	\$0	ADD

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>pepto-bismol oral tablet, chewable 262 mg</i>	1	\$0	ADD
<i>pepto-bismol to-go oral tablet, chewable 262 mg</i>	1	\$0	ADD
<i>pink bismuth maximum strength oral suspension 525 mg/15 ml</i>	1	\$0	ADD
<i>pink bismuth oral suspension 262 mg/15 ml, 525 mg/15 ml</i>	1	\$0	ADD
<i>pink bismuth oral tablet 262 mg</i>	1	\$0	ADD
<i>pink bismuth oral tablet, chewable 262 mg</i>	1	\$0	ADD
<i>soothe (bismuth subsalicylate) oral tablet 262 mg</i>	1	\$0	ADD
<i>soothe (bismuth subsalicylate) oral tablet, chewable 262 mg</i>	1	\$0	ADD
<i>soothe regular strength oral suspension 262 mg/15 ml</i>	1	\$0	ADD
<i>stomach relief max strength oral suspension 525 mg/15 ml</i>	1	\$0	ADD
<i>stomach relief oral suspension 262 mg/15 ml, 525 mg/15 ml</i>	1	\$0	ADD
<i>stomach relief oral tablet 262 mg</i>	1	\$0	ADD
<i>stomach relief oral tablet, chewable 262 mg</i>	1	\$0	ADD
<i>stomach relief original oral suspension 262 mg/15 ml</i>	1	\$0	ADD
MISCELLANEOUS GASTROINTESTINAL AGENTS			
<i>acid gone antacid oral suspension 95-358 mg/15 ml</i>	1	\$0	ADD
<i>advanced antacid-antigas oral suspension 200-200-20 mg/5 ml, 400-400-40 mg/5 ml</i>	1	\$0	ADD
<i>almacone-2 oral suspension 400-400-40 mg/5 ml</i>	1	\$0	ADD
<i>alophen (bisacodyl) oral tablet, delayed release (dr/lec) 5 mg</i>	1	\$0	ADD
<i>alose tron oral tablet 0.5 mg, 1 mg</i>	1	\$0	
<i>aluminum hydroxide gel oral suspension 320 mg/5 ml, 600 mg/5 ml</i>	1	\$0	ADD

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>alum-mag hydroxide-simeth oral suspension 200-200-20 mg/5 ml, 400-400-40 mg/5 ml</i>	1	\$0	ADD
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	2	\$0	
<i>antacid anti-gas oral suspension 200-200-20 mg/5 ml, 400-400-40 mg/5 ml</i>	1	\$0	ADD
<i>antacid extra-strength oral suspension 200-200-20 mg/5 ml</i>	1	\$0	ADD
<i>antacid m oral suspension 200-200-20 mg/5 ml</i>	1	\$0	ADD
<i>antacid maximum strength oral suspension 400-400-40 mg/5 ml</i>	1	\$0	ADD
<i>antacid oral suspension 200-200-20 mg/5 ml</i>	1	\$0	ADD
<i>antacid plus anti-gas oral suspension 200-200-20 mg/5 ml, 400-400-40 mg/5 ml</i>	1	\$0	ADD
<i>antacid regular strength oral suspension 200-200-20 mg/5 ml</i>	1	\$0	ADD
<i>antacid ultra strength oral tablet, chewable 470 mg calcium (1,177 mg)</i>	1	\$0	ADD
ANTACID-ANTIGAS ORAL SUSPENSION 200-200-20 MG/5 ML	2	\$0	ADD
<i>antacid-antigas oral suspension 400-400-40 mg/5 ml</i>	1	\$0	ADD
<i>antacid-simethicone oral suspension 400-400-40 mg/5 ml</i>	1	\$0	ADD
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	1	\$0	QL (6 per 30 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	1	\$0	QL (6 per 30 days)
<i>balsalazide oral capsule 750 mg</i>	1	\$0	
<i>bisacodyl oral tablet, delayed release (drlec) 5 mg</i>	1	\$0	ADD
<i>bisacodyl rectal suppository 10 mg</i>	1	\$0	ADD
<i>bisa-lax (bisacodyl) oral tablet, delayed release (drlec) 5 mg</i>	1	\$0	ADD
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	1	\$0	

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<i>budesonide oral tablet, delayed and ext. release 9 mg</i>	1	\$0	PA
CANASA RECTAL SUPPOSITORY 1,000 MG	2	\$0	
CHENODAL ORAL TABLET 250 MG	2	\$0	LA
<i>children's pepto oral tablet, chewable 400 mg</i>	1	\$0	ADD
<i>children's soothe oral tablet, chewable 400 mg</i>	1	\$0	ADD
<i>clearlax oral powder 17 gram/dose</i>	1	\$0	ADD
<i>clearlax oral powder in packet 17 gram</i>	1	\$0	ADD
COLACE CLEAR ORAL CAPSULE 50 MG	2	\$0	ADD
COLACE ORAL CAPSULE 100 MG	2	\$0	ADD
<i>col-rite oral capsule 100 mg, 250 mg</i>	1	\$0	ADD
<i>comfort gel extra strength oral suspension 400-400-40 mg/5 ml</i>	1	\$0	ADD
<i>comfort gel oral suspension 200-200-20 mg/5 ml</i>	1	\$0	ADD
<i>constulose oral solution 10 gram/15 ml</i>	1	\$0	
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	2	\$0	
<i>cromolyn oral concentrate 100 mg/5 ml</i>	1	\$0	
DAILY FIBER (PSYLLIUM-SUCROSE) ORAL POWDER 3 GRAM/7 GRAM, 3.4 GRAM/7 GRAM	2	\$0	ADD
<i>diecto oral liquid 50 mg/5 ml</i>	1	\$0	ADD
<i>diecto oral syrup 60 mg/15 ml</i>	1	\$0	ADD
<i>dioctyl oral syrup 60 mg/15 ml</i>	1	\$0	ADD
DIPENTUM ORAL CAPSULE 250 MG	2	\$0	
<i>docu oral liquid 50 mg/5 ml</i>	1	\$0	ADD
<i>docuprene oral tablet 100 mg</i>	1	\$0	ADD
<i>docusate calcium oral capsule 240 mg</i>	1	\$0	ADD
<i>docusate sodium oral capsule 100 mg, 250 mg</i>	1	\$0	ADD

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>docusate sodium oral liquid 50 mg/5 ml</i>	1	\$0	ADD
<i>docusate sodium oral syrup 60 mg/15 ml</i>	1	\$0	ADD
<i>docusate sodium oral tablet 100 mg</i>	1	\$0	ADD
<i>docusil oral capsule 100 mg</i>	1	\$0	ADD
<i>dok oral capsule 100 mg</i>	1	\$0	ADD
<i>dok oral tablet 100 mg</i>	1	\$0	ADD
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (drlec) 10-10 mg</i>	1	\$0	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	\$0	PA
<i>dss oral capsule 250 mg</i>	1	\$0	ADD
<i>ducodyl (bisacodyl) oral tablet, delayed release (drlec) 5 mg</i>	1	\$0	ADD
<i>dulcoease oral capsule 100 mg</i>	1	\$0	ADD
<i>dulcolax stool softener (dss) oral capsule 100 mg</i>	1	\$0	ADD
<i>enema disposable rectal enema 19-7 gram/118 ml</i>	1	\$0	ADD
<i>enema rectal enema 19-7 gram/118 ml</i>	1	\$0	ADD
ENEMEEZ PLUS RECTAL ENEMA 283-20 MG/5 ML	2	\$0	ADD
ENEMEEZ RECTAL ENEMA 283 MG/5 ML	2	\$0	ADD
<i>enulose oral solution 10 gram/15 ml</i>	1	\$0	
<i>evac-u-gen (sennosides) oral tablet 8.6 mg</i>	1	\$0	ADD
<i>fiber (psyllium husk/sugar) oral powder 3.4 gram/11 gram</i>	1	\$0	ADD
FIBER (PSYLLIUM HUSK/SUGAR) ORAL POWDER 3.4 GRAM/12 GRAM, 3.4 GRAM/7 GRAM	2	\$0	ADD
FIBER (WITH ASPARTAME) ORAL POWDER 3 GRAM/5.8 GRAM, 3.4 GRAM/5.8 GRAM	2	\$0	ADD
<i>fiber smooth oral powder</i>	1	\$0	ADD
FIBER THERAPY (PSYLLIUM-SUCRO) ORAL POWDER 3 GRAM/12 GRAM, 3 GRAM/7 GRAM	2	\$0	ADD

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>fleet enema rectal enema 19-7 gram/118 ml</i>	1	\$0	ADD
<i>fleet laxative (bisacodyl) oral tablet, delayed release (dr/lec) 5 mg</i>	1	\$0	ADD
FLEET PEDIATRIC RECTAL ENEMA 9.5-3.5 GRAM/59 ML	2	\$0	ADD
<i>foaming antacid oral suspension 95-358 mg/15 ml</i>	1	\$0	ADD
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	2	\$0	PA
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	2	\$0	PA
<i>gavilax oral powder 17 gram/dose</i>	1	\$0	ADD
<i>gavilax oral powder in packet 17 gram, 8.5 gram</i>	1	\$0	ADD
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	1	\$0	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	\$0	
<i>gavilyte-n oral recon soln 420 gram</i>	1	\$0	
GAVISCON EXTRA STRENGTH ORAL SUSPENSION 254-237.5 MG/5 ML	2	\$0	ADD
GAVISCON ORAL SUSPENSION 95-358 MG/15 ML	2	\$0	ADD
GELUSIL ANTACID AND ANTI-GAS ORAL TABLET, CHEWABLE 200-200-25 MG	2	\$0	ADD
<i>generlac oral solution 10 gram/15 ml</i>	1	\$0	
<i>gentle laxative (bisacodyl) oral tablet, delayed release (dr/lec) 5 mg</i>	1	\$0	ADD
<i>gentle laxative (bisacodyl) rectal suppository 10 mg</i>	1	\$0	ADD
<i>gentlelax oral powder 17 gram/dose</i>	1	\$0	ADD
<i>geri-kot oral tablet 8.6 mg</i>	1	\$0	ADD
<i>geri-lanta oral suspension 200-200-20 mg/5 ml, 400-400-40 mg/5 ml</i>	1	\$0	ADD

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>geri-mox antacid-antigas oral suspension 200-200-20 mg/5 ml</i>	1	\$0	ADD
GERI-MUCIL (ASPARTAME) ORAL POWDER 3.4 GRAM/5.8 GRAM	2	\$0	ADD
GERI-MUCIL (SUGAR) ORAL POWDER 3.4 GRAM/12 GRAM, 3.4 GRAM/7 GRAM	2	\$0	ADD
<i>glycolax oral powder 17 gram/dose</i>	1	\$0	ADD
<i>granisetron hcl oral tablet 1 mg</i>	1	\$0	B/D
<i>healthylax oral powder in packet 17 gram</i>	1	\$0	ADD
HEARTBURN RELIEF ORAL SUSPENSION 254-237.5 MG/5 ML	2	\$0	ADD
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	1	\$0	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	1	\$0	
<i>kao-tin (docusate calcium) oral capsule 240 mg</i>	1	\$0	ADD
<i>konsyl (sugar) oral powder 3.4 gram/12 gram</i>	1	\$0	ADD
<i>lactulose oral packet 10 gram</i>	1	\$0	
<i>lactulose oral solution 10 gram/15 ml</i>	1	\$0	
<i>laxa basic oral capsule 100 mg</i>	1	\$0	ADD
<i>laxaclear oral powder 17 gram/dose</i>	1	\$0	ADD
<i>laxative (bisacodyl) oral tablet, delayed release (drlec) 5 mg</i>	1	\$0	ADD
<i>laxative (bisacodyl) rectal suppository 10 mg</i>	1	\$0	ADD
<i>laxative (sennosides) oral tablet 15 mg, 25 mg</i>	1	\$0	ADD
<i>laxative peg 3350 oral powder 17 gram/dose</i>	1	\$0	ADD
<i>laxative pills oral tablet 25 mg</i>	1	\$0	ADD
<i>laxative pills regular oral tablet 15 mg</i>	1	\$0	ADD
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	2	\$0	PA
<i>liquid antacid oral suspension 200-200-20 mg/5 ml</i>	1	\$0	ADD
MAG-AL ORAL SUSPENSION 200-200 MG/5 ML	2	\$0	ADD

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>mag-al plus extra strength oral suspension 400-400-40 mg/5 ml</i>	1	\$0	ADD
<i>mag-al plus oral suspension 200-200-20 mg/5 ml</i>	1	\$0	ADD
MAGNESIUM OXIDE ORAL TABLET 400 MG (241.3 MG MAGNESIUM)	2	\$0	ADD
<i>masanti double strength oral suspension 400-400-40 mg/5 ml</i>	1	\$0	ADD
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	\$0	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	1	\$0	
<i>mesalamine oral capsule,extended release 24hr 0.375 gram</i>	1	\$0	
<i>mesalamine oral tablet,delayed release (drlec) 1.2 gram, 800 mg</i>	1	\$0	
<i>mesalamine rectal enema 4 gram/60 ml</i>	1	\$0	
<i>mesalamine rectal suppository 1,000 mg</i>	1	\$0	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	1	\$0	
META APPETITE CTRL (ASPARTAME) ORAL POWDER 3 GRAM/5.8 GRAM, 3 GRAM/5.95 GRAM	2	\$0	ADD
METAMUCIL (WITH SUGAR) ORAL POWDER 3.4 GRAM/12 GRAM, 3.4 GRAM/7 GRAM	2	\$0	ADD
METAMUCIL FREE ORAL POWDER 3 GRAM/7 GRAM	2	\$0	ADD
METAMUCIL MULTIHEALTH FIBER ORAL POWDER 3.4 GRAM/5.8 GRAM	2	\$0	ADD
METAMUCIL SUGAR-FREE (ASPART) ORAL POWDER 3.4 GRAM/5.8 GRAM	2	\$0	ADD
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	\$0	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	\$0	
<i>mi-acid oral suspension 200-200-20 mg/5 ml, 400-400-40 mg/5 ml</i>	1	\$0	ADD

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<i>mintox maximum strength oral suspension 400-400-40 mg/5 ml</i>	1	\$0	ADD
<i>mintox oral suspension 200-200-20 mg/5 ml</i>	1	\$0	ADD
<i>mintox plus oral tablet, chewable 200-200-25 mg</i>	1	\$0	ADD
MIRALAX ORAL POWDER IN PACKET 17 GRAM	1	\$0	ADD
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	2	\$0	PA
<i>move it along oral tablet 100 mg</i>	1	\$0	ADD
MUCILIN SF ORAL POWDER 3.5 GRAM/5 GRAM	2	\$0	ADD
MULTIHEALTH FIBER (SUGAR) ORAL POWDER 3.4 GRAM/7 GRAM	2	\$0	ADD
MULTIHEALTH FIBER ORAL POWDER 3.4 GRAM/5.8 GRAM	2	\$0	ADD
<i>mylanta maximum strength oral suspension 400-400-40 mg/5 ml</i>	1	\$0	ADD
NATURAL DAILY FIBER ORAL POWDER 3.4 GRAM/5.8 GRAM	2	\$0	ADD
<i>natural fiber laxative (sugar) oral powder , 3.4 gram/7 gram</i>	1	\$0	ADD
NATURAL FIBER LAXATIVE (SUGAR) ORAL POWDER 3.4 GRAM/12 GRAM	2	\$0	ADD
<i>natural veg laxative(sennosid) oral tablet 8.6 mg</i>	1	\$0	ADD
<i>natural vegetable (psyllium) oral powder</i>	1	\$0	ADD
<i>natural vegetable oral powder</i>	1	\$0	ADD
<i>natural vegetable powder oral powder 3.4 gram/12 gram</i>	1	\$0	ADD
<i>natura-lax oral powder 17 gram/dose</i>	1	\$0	ADD
OCALIVA ORAL TABLET 10 MG, 5 MG	2	\$0	PA; LA
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1	\$0	B/D
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	1	\$0	B/D
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	\$0	B/D

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>pediatric enema rectal enema 9.5-3.5 gram/59 ml</i>	1	\$0	ADD
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	\$0	
<i>peg-electrolyte oral recon soln 420 gram</i>	1	\$0	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	2	\$0	
<i>perdiem overnight relief oral tablet 15 mg</i>	1	\$0	ADD
PHILLIPS' LIQUI-GELS ORAL CAPSULE 100 MG	2	\$0	ADD
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i>	1	\$0	ADD
<i>polyethylene glycol 3350 oral powder in packet 17 gram</i>	1	\$0	ADD
<i>powderlax oral powder 17 gram/dose</i>	1	\$0	ADD
<i>powderlax oral powder in packet 17 gram</i>	1	\$0	ADD
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	\$0	
<i>prochlorperazine rectal suppository 25 mg</i>	1	\$0	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	1	\$0	
<i>procto-pak topical cream with perineal applicator 1 %</i>	1	\$0	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	1	\$0	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	1	\$0	
<i>promolaxin oral tablet 100 mg</i>	1	\$0	ADD
<i>pure and gentle disposable rectal enema 19-7 gram/118 ml</i>	1	\$0	ADD
<i>purelax oral powder 17 gram/dose</i>	1	\$0	ADD
<i>purelax oral powder in packet 17 gram</i>	1	\$0	ADD
<i>ready-to-use enema rectal enema 19-7 gram/118 ml</i>	1	\$0	ADD
RECTIV RECTAL OINTMENT 0.4 % (W/W)	2	\$0	

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
REGULOID (ASPARTAME) ORAL POWDER 3 GRAM/5.8 GRAM	2	\$0	ADD
REGULOID (PSYLLIUM HUSK-SUCRO) ORAL POWDER 3 GRAM/12 GRAM, 3 GRAM/7 GRAM	2	\$0	ADD
RELISTOR ORAL TABLET 150 MG	2	\$0	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	2	\$0	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	2	\$0	PA
<i>ri-gel ii oral suspension 400-400-40 mg/5 ml</i>	1	\$0	ADD
<i>ri-gel oral suspension 200-200-20 mg/5 ml</i>	1	\$0	ADD
<i>riginic oral suspension 131-31.7 mg/5 ml</i>	1	\$0	ADD
<i>ri-mox oral suspension 200-200-20 mg/5 ml</i>	1	\$0	ADD
<i>ri-mox plus oral suspension 225-200-25 mg/5 ml</i>	1	\$0	ADD
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	1	\$0	
<i>senna lax oral tablet 8.6 mg</i>	2	\$0	ADD
<i>senna laxative oral tablet 8.6 mg</i>	1	\$0	ADD
<i>senna oral tablet 8.6 mg</i>	1	\$0	ADD
<i>senno oral tablet 8.6 mg</i>	1	\$0	ADD
<i>sennosides oral tablet 8.6 mg</i>	1	\$0	ADD
<i>sen-o-tab oral tablet 8.6 mg</i>	1	\$0	ADD
<i>silace oral liquid 50 mg/5 ml</i>	1	\$0	ADD
<i>silace oral syrup 60 mg/15 ml</i>	1	\$0	ADD
<i>smoothlax oral powder 17 gram/dose</i>	1	\$0	ADD
<i>smoothlax oral powder in packet 17 gram</i>	1	\$0	ADD
<i>sodium bicarbonate oral tablet 325 mg, 650 mg</i>	1	\$0	ADD
<i>sof-lax oral capsule 100 mg</i>	1	\$0	ADD
<i>stool softener (docusate cal) oral capsule 240 mg</i>	1	\$0	ADD
<i>stool softener oral capsule 100 mg, 250 mg</i>	1	\$0	ADD
STOOL SOFTENER ORAL CAPSULE 50 MG	2	\$0	ADD

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>stool softener oral liquid 50 mg/5 ml</i>	1	\$0	ADD
<i>stool softener oral syrup 60 mg/15 ml</i>	1	\$0	ADD
<i>stool softener oral tablet 100 mg</i>	1	\$0	ADD
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	2	\$0	
<i>sulfasalazine oral tablet 500 mg</i>	1	\$0	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	1	\$0	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	2	\$0	
<i>surfak oral capsule 240 mg</i>	1	\$0	ADD
SYMPROIC ORAL TABLET 0.2 MG	2	\$0	PA
TAME THE FLAME ORAL TABLET, CHEWABLE 195 MG CALCIUM (500 MG)	2	\$0	ADD
<i>the magic bullet rectal suppository 10 mg</i>	1	\$0	ADD
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	2	\$0	
<i>trilyte with flavor packets oral recon soln 420 gram</i>	1	\$0	
<i>trimethobenzamide oral capsule 300 mg</i>	1	\$0	
<i>tums ultra oral tablet, chewable 470 mg calcium (1,177 mg)</i>	1	\$0	ADD
UCERIS RECTAL FOAM 2 MG/ACTUATION	2	\$0	
<i>ursodiol oral capsule 300 mg</i>	1	\$0	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	\$0	
<i>vegetable laxative oral tablet 8.6 mg</i>	1	\$0	ADD
<i>wal-mucil fiber (aspartame) oral powder 3.4 gram/5.8 gram</i>	1	\$0	ADD
<i>wal-mucil fiber (sugar) oral powder 3.4 gram/7 gram</i>	1	\$0	ADD
<i>wal-mucil natural fiber lax oral powder 3.4 gram/12 gram</i>	1	\$0	ADD

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
women's gentle laxative(<i>bisac</i>) oral tablet, <i>delayed release (drlec)</i> 5 mg	1	\$0	ADD
women's laxative (<i>bisacodyl</i>) oral tablet, <i>delayed release (drlec)</i> 5 mg	1	\$0	ADD
ULCER THERAPY			
acid controller complete oral tablet, <i>chewable</i> 10-800-165 mg	1	\$0	ADD
acid controller oral tablet 10 mg, 20 mg	1	\$0	ADD
acid reducer (<i>cimetidine</i>) oral tablet 200 mg	1	\$0	ADD
acid reducer (<i>famotidine</i>) oral tablet 10 mg, 20 mg	1	\$0	ADD
acid reducer (<i>omeprazole</i>) oral capsule, <i>delayed release(drlec)</i> 20 mg	1	\$0	ADD
acid reducer (<i>ranitidine</i>) oral tablet 150 mg, 75 mg	1	\$0	ADD
acid reducer complete (<i>famot</i>) oral tablet, <i>chewable</i> 10-800-165 mg	1	\$0	ADD
<i>cimetidine hcl</i> oral solution 300 mg/5 ml	1	\$0	
<i>cimetidine</i> oral tablet 200 mg, 300 mg, 400 mg, 800 mg	1	\$0	
complete oral tablet, <i>chewable</i> 10-800-165 mg	1	\$0	ADD
dual action complete oral tablet, <i>chewable</i> 10-800-165 mg	1	\$0	ADD
<i>esomeprazole magnesium</i> oral capsule, <i>delayed release(drlec)</i> 20 mg, 40 mg	1	\$0	
<i>esomeprazole magnesium</i> oral granules dr for susp in packet 10 mg, 20 mg, 40 mg	1	\$0	
<i>famotidine</i> oral suspension 40 mg/5 ml (8 mg/ml)	1	\$0	
<i>famotidine</i> oral tablet 10 mg	1	\$0	ADD
<i>famotidine</i> oral tablet 20 mg, 40 mg	1	\$0	
heartburn prevention oral tablet 10 mg, 20 mg	1	\$0	ADD
heartburn relief (<i>cimetidine</i>) oral tablet 200 mg	1	\$0	ADD

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>heartburn relief (famotidine) oral tablet 10 mg, 20 mg</i>	1	\$0	ADD
<i>lansoprazole oral capsule, delayed release (drlec) 15 mg, 30 mg</i>	1	\$0	
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg, 30 mg</i>	1	\$0	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	\$0	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	1	\$0	
<i>omeprazole magnesium oral capsule, delayed release (drlec) 20 mg</i>	1	\$0	ADD
<i>omeprazole oral capsule, delayed release (drlec) 10 mg, 20 mg, 40 mg</i>	1	\$0	
<i>omeprazole oral tablet, delayed release (drlec) 20 mg</i>	1	\$0	ADD
<i>pantoprazole oral tablet, delayed release (drlec) 20 mg, 40 mg</i>	1	\$0	
<i>pepcid ac oral tablet 20 mg</i>	1	\$0	ADD
PREVACID 24HR ORAL CAPSULE, DELAYED RELEASE (DR/EC) 15 MG	2	\$0	ADD
<i>rabeprazole oral tablet, delayed release (drlec) 20 mg</i>	1	\$0	
<i>ranitidine hcl oral syrup 15 mg/ml</i>	1	\$0	
<i>ranitidine hcl oral tablet 150 mg</i>	1	\$0	ADD
<i>ranitidine hcl oral tablet 300 mg</i>	1	\$0	
<i>sucralfate oral suspension 100 mg/ml</i>	1	\$0	
<i>sucralfate oral tablet 1 gram</i>	1	\$0	
<i>tagamet hb oral tablet 200 mg</i>	1	\$0	ADD
<i>tums dual action (famotidine) oral tablet, chewable 10-800-165 mg</i>	1	\$0	ADD

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY			
BIOTECHNOLOGY DRUGS			
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	2	\$0	
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	2	\$0	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	2	\$0	PA
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	2	\$0	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	2	\$0	PA
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	2	\$0	PA
BETASERON SUBCUTANEOUS KIT 0.3 MG	2	\$0	PA
EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	\$0	PA
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	2	\$0	
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	\$0	
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	2	\$0	PA
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	2	\$0	PA

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
LEUKINE INJECTION RECON SOLN 250 MCG	2	\$0	PA
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	2	\$0	
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	\$0	
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	2	\$0	
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	\$0	
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)	2	\$0	PA
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	2	\$0	PA
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	2	\$0	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	2	\$0	PA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	2	\$0	PA
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	2	\$0	PA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	\$0	PA
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	\$0	PA

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	2	\$0	PA
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG	2	\$0	PA
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	\$0	
VACCINES / MISCELLANEOUS IMMUNOLOGICALS			
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	\$0	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	\$0	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	\$0	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	2	\$0	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	2	\$0	
BIVIGAM INTRAVENOUS SOLUTION 10 %	2	\$0	PA
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	2	\$0	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	2	\$0	
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %)	2	\$0	PA

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	2	\$0	
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	2	\$0	B/D
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	2	\$0	B/D
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	2	\$0	PA
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	2	\$0	PA
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	2	\$0	PA
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	2	\$0	PA
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	2	\$0	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	2	\$0	PA
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	2	\$0	PA
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	2	\$0	
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	\$0	
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	2	\$0	

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	2	\$0	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	\$0	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	2	\$0	PA
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 %)	2	\$0	PA
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	2	\$0	B/D
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML	2	\$0	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	2	\$0	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	2	\$0	
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML	2	\$0	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	2	\$0	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	2	\$0	
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	2	\$0	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	2	\$0	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	2	\$0	

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	2	\$0	PA
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	2	\$0	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	2	\$0	
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF-48MCG-62DU -10 MCG/0.5ML	2	\$0	
PRIVIGEN INTRAVENOUS SOLUTION 10 %	2	\$0	PA
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	2	\$0	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	\$0	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	2	\$0	B/D
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	2	\$0	B/D
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	2	\$0	B/D
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	2	\$0	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	2	\$0	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	2	\$0	QL (2 per 999 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	2	\$0	

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	2	\$0	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	2	\$0	
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	2	\$0	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	2	\$0	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	2	\$0	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	2	\$0	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	2	\$0	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	2	\$0	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	2	\$0	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	2	\$0	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	2	\$0	B/D
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	2	\$0	
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	2	\$0	QL (1 per 999 days)

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MUSCULOSKELETAL / RHEUMATOLOGY			
GOUT THERAPY			
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	\$0	
COLCHICINE ORAL CAPSULE 0.6 MG	2	\$0	
COLCHICINE ORAL TABLET 0.6 MG	2	\$0	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1	\$0	ST
<i>probenecid oral tablet 500 mg</i>	1	\$0	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1	\$0	
OSTEOPOROSIS THERAPY			
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	\$0	QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	\$0	QL (4 per 28 days)
<i>ibandronate oral tablet 150 mg</i>	1	\$0	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	2	\$0	PA
<i>raloxifene oral tablet 60 mg</i>	1	\$0	
<i>risedronate oral tablet 150 mg</i>	1	\$0	QL (1 per 28 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	\$0	QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	1	\$0	QL (30 per 30 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	2	\$0	ST
OTHER RHEUMATOLOGICALS			
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	2	\$0	PA
CUPRIMINE ORAL CAPSULE 250 MG	2	\$0	
DEPEN TITRATABS ORAL TABLET 250 MG	2	\$0	
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	2	\$0	
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	2	\$0	PA

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	2	\$0	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	2	\$0	PA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	2	\$0	PA
HUMIRA CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	\$0	PA
HUMIRA PSOR-UEVITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	\$0	PA
HUMIRA SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	\$0	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	2	\$0	PA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	2	\$0	PA
HUMIRA(CF) CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	2	\$0	PA
HUMIRA(CF) PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	2	\$0	PA
HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	2	\$0	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	2	\$0	PA
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	2	\$0	PA
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	\$0	

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	2	\$0	PA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	2	\$0	PA
OTEZLA ORAL TABLET 30 MG	2	\$0	PA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	2	\$0	PA
<i>penicillamine oral capsule 250 mg</i>	1	\$0	
<i>penicillamine oral tablet 250 mg</i>	1	\$0	
RIDAURA ORAL CAPSULE 3 MG	2	\$0	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG	2	\$0	PA
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	2	\$0	PA; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	2	\$0	PA
XELJANZ ORAL TABLET 10 MG, 5 MG	2	\$0	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG	2	\$0	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 22 MG	2	\$0	PA; QL (30 per 30 days)

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	\$0	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	2	\$0	
<i>camila oral tablet 0.35 mg</i>	1	\$0	
<i>deblitane oral tablet 0.35 mg</i>	1	\$0	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	2	\$0	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	2	\$0	

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	2	\$0	
<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>	1	\$0	
DUAVEE ORAL TABLET 0.45-20 MG	2	\$0	
<i>errin oral tablet 0.35 mg</i>	1	\$0	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	\$0	
<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>	1	\$0	
<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>	1	\$0	
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	1	\$0	
<i>estradiol vaginal tablet 10 mcg</i>	1	\$0	QL (18 per 28 days)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	\$0	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	\$0	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	2	\$0	
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	2	\$0	
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	\$0	
<i>heather oral tablet 0.35 mg</i>	1	\$0	
<i>jencycla oral tablet 0.35 mg</i>	1	\$0	
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	\$0	
<i>lopreeza oral tablet 1-0.5 mg</i>	1	\$0	
<i>lyza oral tablet 0.35 mg</i>	1	\$0	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	1	\$0	
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	1	\$0	

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	\$0	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	2	\$0	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	2	\$0	
<i>mimvey oral tablet 1-0.5 mg</i>	1	\$0	
MINIVELLE 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	2	\$0	
<i>nora-be oral tablet 0.35 mg</i>	1	\$0	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	1	\$0	
<i>norethindrone acetate oral tablet 5 mg</i>	1	\$0	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	\$0	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	2	\$0	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	2	\$0	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	2	\$0	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	2	\$0	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1	\$0	
<i>sharobel oral tablet 0.35 mg</i>	1	\$0	
<i>yuvafem vaginal tablet 10 mcg</i>	1	\$0	QL (18 per 28 days)
MISCELLANEOUS OB/GYN			
<i>3 day vaginal vaginal cream 200 mg/5 gram (4 %)</i>	1	\$0	ADD
<i>3-day vaginal vaginal cream 2 %</i>	1	\$0	ADD
<i>clindamycin phosphate vaginal cream 2 %</i>	1	\$0	

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<i>clotrimazole 3 day vaginal cream 2 %</i>	1	\$0	ADD
<i>clotrimazole vaginal cream 1 %</i>	1	\$0	ADD
<i>clotrimazole-3 vaginal cream 2 %</i>	1	\$0	ADD
<i>clotrimazole-7 vaginal cream 1 %</i>	1	\$0	ADD
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	1	\$0	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	1	\$0	
<i>metronidazole vaginal gel 0.75 %</i>	1	\$0	
<i>miconazole 7 vaginal cream 2 %</i>	1	\$0	ADD
<i>miconazole 7 vaginal suppository 100 mg</i>	1	\$0	ADD
<i>miconazole nitrate vaginal cream 2 %</i>	1	\$0	ADD
MICONAZOLE NITRATE VAGINAL KIT 1,200-2 MG-%	2	\$0	ADD
<i>miconazole-3 vaginal cream 200 mg/5 gram (4 %)</i>	1	\$0	ADD
<i>miconazole-3 vaginal kit 200 mg- 2 % (9 gram)</i>	1	\$0	ADD
<i>miconazole-3 vaginal suppository 200 mg</i>	1	\$0	
MONISTAT 1 COMBO PACK VAGINAL KIT 1,200-2 MG-%	2	\$0	ADD
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	\$0	
<i>terconazole vaginal suppository 80 mg</i>	1	\$0	
<i>tioconazole vaginal ointment 6.5 %</i>	1	\$0	ADD
<i>tioconazole-1 vaginal ointment 6.5 %</i>	1	\$0	ADD
<i>tranexamic acid oral tablet 650 mg</i>	1	\$0	
<i>vandazole vaginal gel 0.75 %</i>	1	\$0	
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	1	\$0	
ORAL CONTRACEPTIVES / RELATED AGENTS			
AFTERA ORAL TABLET 1.5 MG	2	\$0	ADD
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	\$0	

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	\$0	
<i>amethia lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	1	\$0	
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	\$0	
<i>apri oral tablet 0.15-0.03 mg</i>	1	\$0	
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	\$0	
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	\$0	
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	1	\$0	
<i>aubra oral tablet 0.1-20 mg-mcg</i>	1	\$0	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	\$0	
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	\$0	
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	1	\$0	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	\$0	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	\$0	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	\$0	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	\$0	
<i>camrese lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	1	\$0	
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	\$0	
<i>caziant (28) oral tablet 0.1/1.125/1.15-25 mg-mcg</i>	1	\$0	
<i>chateal (28) oral tablet 0.15-0.03 mg</i>	1	\$0	
<i>cryselles (28) oral tablet 0.3-30 mg-mcg</i>	1	\$0	
<i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	\$0	
<i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	\$0	

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<i>cyred eq oral tablet 0.15-0.03 mg</i>	1	\$0	
<i>cyred oral tablet 0.15-0.03 mg</i>	1	\$0	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	\$0	
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	\$0	
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	\$0	
<i>desog-e.estradiolle.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	\$0	
<i>drospirenone-e.estradiol-lm,fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	1	\$0	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	1	\$0	
<i>econtra ez oral tablet 1.5 mg</i>	1	\$0	ADD
<i>econtra one-step oral tablet 1.5 mg</i>	1	\$0	ADD
<i>elinest oral tablet 0.3-30 mg-mcg</i>	1	\$0	
ELLA ORAL TABLET 30 MG	2	\$0	
<i>emoquette oral tablet 0.15-0.03 mg</i>	1	\$0	
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	\$0	
<i>enskyce oral tablet 0.15-0.03 mg</i>	1	\$0	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	1	\$0	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	\$0	
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	1	\$0	
<i>fayosim oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1	\$0	
<i>femynor oral tablet 0.25-35 mg-mcg</i>	1	\$0	
<i>gianvi (28) oral tablet 3-0.02 mg</i>	1	\$0	
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	\$0	
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	\$0	

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<i>isibloom oral tablet 0.15-0.03 mg</i>	1	\$0	
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	1	\$0	
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	\$0	
<i>juleber oral tablet 0.15-0.03 mg</i>	1	\$0	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	\$0	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	\$0	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	\$0	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	\$0	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	\$0	
<i>kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	\$0	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	\$0	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	\$0	
<i>kelnor 1-50 oral tablet 1-50 mg-mcg</i>	1	\$0	
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	1	\$0	
<i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	\$0	
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	\$0	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	\$0	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	\$0	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	\$0	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	\$0	
<i>larissia oral tablet 0.1-20 mg-mcg</i>	1	\$0	

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>layolis fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	\$0	
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	\$0	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	\$0	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	\$0	
<i>levonorgestrel oral tablet 1.5 mg</i>	1	\$0	ADD
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	1	\$0	
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	1	\$0	
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	\$0	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	1	\$0	
<i>loryna (28) oral tablet 3-0.02 mg</i>	1	\$0	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	1	\$0	
<i>lutra (28) oral tablet 0.1-20 mg-mcg</i>	1	\$0	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	1	\$0	
<i>melodetta 24 fe oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	\$0	
<i>mibelas 24 fe oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	\$0	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	\$0	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	\$0	
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	\$0	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	\$0	
<i>mili oral tablet 0.25-35 mg-mcg</i>	1	\$0	
<i>mono-lynyah oral tablet 0.25-35 mg-mcg</i>	1	\$0	
<i>my choice oral tablet 1.5 mg</i>	1	\$0	ADD
<i>my way oral tablet 1.5 mg</i>	1	\$0	ADD

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<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	\$0	
<i>new day oral tablet 1.5 mg</i>	1	\$0	ADD
<i>nikki (28) oral tablet 3-0.02 mg</i>	1	\$0	
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)</i>	1	\$0	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	1	\$0	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	\$0	
<i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	\$0	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	1	\$0	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	\$0	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	1	\$0	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	\$0	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	\$0	
<i>ocella oral tablet 3-0.03 mg</i>	1	\$0	
<i>opcicon one-step oral tablet 1.5 mg</i>	1	\$0	ADD
<i>option-2 oral tablet 1.5 mg</i>	1	\$0	ADD
<i>orsythia oral tablet 0.1-20 mg-mcg</i>	1	\$0	
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	\$0	
<i>pimtreea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	\$0	
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg</i>	1	\$0	
PLAN B ONE-STEP ORAL TABLET 1.5 MG	2	\$0	ADD
<i>portia 28 oral tablet 0.15-0.03 mg</i>	1	\$0	
<i>previfem oral tablet 0.25-35 mg-mcg</i>	1	\$0	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	1	\$0	

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<i>rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1	\$0	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	\$0	
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	1	\$0	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	\$0	
<i>syeda oral tablet 3-0.03 mg</i>	1	\$0	
TAKE ACTION ORAL TABLET 1.5 MG	2	\$0	ADD
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	\$0	
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	\$0	
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	\$0	
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	\$0	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	\$0	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	\$0	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	\$0	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	\$0	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	\$0	
<i>tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	\$0	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	\$0	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	\$0	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	\$0	

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	\$0	
<i>tydemy oral tablet 3-0.03-0.451 mg (21) (7)</i>	1	\$0	
<i>velivet triphasic regimen (28) oral tablet 0.1/1.125/1.15-25 mg-mcg</i>	1	\$0	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	\$0	
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	\$0	
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	1	\$0	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	1	\$0	
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	1	\$0	
<i>wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	1	\$0	
<i>zarah oral tablet 3-0.03 mg</i>	1	\$0	
<i>zovia 1/35e (28) oral tablet 1-35 mg-mcg</i>	1	\$0	

OXYTOCICS

methergine oral tablet 0.2 mg

1 \$0

OPHTHALMOLOGY

ANTIBIOTICS

ak-poly-bac ophthalmic (eye) ointment 500-10,000 unit/gram

1 \$0

AZASITE OPHTHALMIC (EYE) DROPS 1 %

2 \$0

bacitracin ophthalmic (eye) ointment 500 unit/gram

1 \$0

bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram

1 \$0

ciprofloxacin hcl ophthalmic (eye) drops 0.3 %

1 \$0

erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)

1 \$0

gatifloxacin ophthalmic (eye) drops 0.5 %

1 \$0

gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)

1 \$0

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<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	\$0	
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	1	\$0	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	1	\$0	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	1	\$0	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	2	\$0	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	\$0	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1	\$0	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	\$0	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	1	\$0	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	\$0	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	\$0	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	\$0	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	2	\$0	
ANTIVIRALS			
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1	\$0	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	2	\$0	
BETA-BLOCKERS			
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	\$0	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	2	\$0	
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	\$0	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	\$0	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	\$0	

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>	1	\$0	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	1	\$0	
MISCELLANEOUS OPHTHALMOLOGICS			
<i>alaway ophthalmic (eye) drops 0.025 % (0.035 %)</i>	1	\$0	ADD
<i>allergy eye (ketotifen) ophthalmic (eye) drops 0.025 % (0.035 %)</i>	1	\$0	ADD
ALOCRILOPHthalmic (EYE) DROPS 2 %	2	\$0	
<i>artificial tears (petrolmin) ophthalmic (eye) ointment 83-15 %</i>	1	\$0	ADD
<i>artificial tears (polyvin alc) ophthalmic (eye) drops 1.4 %</i>	1	\$0	ADD
<i>artificial tears (pvalch-povid) ophthalmic (eye) drops 0.5-0.6 %</i>	1	\$0	ADD
<i>atropine ophthalmic (eye) drops 1 %</i>	1	\$0	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	\$0	
BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION 10-0.2 %	2	\$0	
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	2	\$0	
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	2	\$0	QL (60 per 30 days)
<i>children's alaway ophthalmic (eye) drops 0.025 % (0.035 %)</i>	1	\$0	ADD
<i>clear eyes natural tears ophthalmic (eye) drops 0.5-0.6 %</i>	1	\$0	ADD
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	\$0	
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	2	\$0	
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	1	\$0	

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>eye itch relief ophthalmic (eye) drops 0.025 % (0.035 %)</i>	1	\$0	ADD
<i>for sty relief ophthalmic (eye) ointment</i>	1	\$0	ADD
GENTEAL TEARS MILD OPHTHALMIC (EYE) DROPS 0.1-0.3 %	2	\$0	ADD
GENTEAL TEARS SEVERE GEL OPHTHALMIC (EYE) GEL 0.3 %	2	\$0	ADD
GENTEAL TEARS SEVERE(PETROLAT) OPHTHALMIC (EYE) OINTMENT 94-3 %	2	\$0	ADD
<i>gonak ophthalmic (eye) drops 2.5 %</i>	1	\$0	ADD
<i>goniotaire ophthalmic (eye) drops 2.5 %</i>	1	\$0	ADD
<i>goniovisc ophthalmic (eye) drops 2.5 %</i>	1	\$0	ADD
ISOPTO TEARS OPHTHALMIC (EYE) DROPS 0.5 %	2	\$0	ADD
<i>itchy eye drops ophthalmic (eye) drops 0.025 % (0.035 %)</i>	1	\$0	ADD
<i>ketotifen fumarate ophthalmic (eye) drops 0.025 % (0.035 %)</i>	1	\$0	ADD
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG	2	\$0	
<i>lubricant eye drops ophthalmic (eye) dropperette 0.5 %</i>	1	\$0	ADD
LUBRICANT EYE DROPS OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	2	\$0	ADD
LUBRICANT EYE OPHTHALMIC (EYE) OINTMENT 57.3-42.5 %, 57.7-31.9 %	2	\$0	ADD
<i>lubricating plus ophthalmic (eye) dropperette 0.5 %</i>	1	\$0	ADD
<i>lubrifresh pm ophthalmic (eye) ointment 83-15 %</i>	1	\$0	ADD
MOISTURIZING LUBRICANT OPHTHALMIC (EYE) DROPS 0.25 %	2	\$0	ADD
NIGHTTIME DRY-EYE RELIEF OPHTHALMIC (EYE) OINTMENT 57.3-42.5 %	2	\$0	ADD

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %</i>	1	\$0	
OVERNIGHT LUBRICATING EYE OPTHALMIC (EYE) OINTMENT 94-3 %	2	\$0	ADD
OXERVATE OPTHALMIC (EYE) DROPS 0.002 %	2	\$0	PA
PHOSPHOLINE IODIDE OPTHALMIC (EYE) DROPS 0.125 %	2	\$0	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	\$0	
<i>polyvinyl alcohol ophthalmic (eye) drops 1.4 %</i>	1	\$0	ADD
<i>pure and gentle eye ophthalmic (eye) drops 0.3 %</i>	1	\$0	ADD
REFRESH CELLUVISC OPTHALMIC (EYE) DROPPERETTE,GEL 1 %	2	\$0	ADD
REFRESH CONTACTS OPTHALMIC (EYE) DROPS	2	\$0	ADD
REFRESH LACRI-LUBE OPTHALMIC (EYE) OINTMENT 56.8-42.5 %	2	\$0	ADD
REFRESH LIQUIGEL OPTHALMIC (EYE) DROPS, LIQUID GEL 1 %	2	\$0	ADD
REFRESH P.M. OPTHALMIC (EYE) OINTMENT 57.3-42.5 %	2	\$0	ADD
REFRESH PLUS OPTHALMIC (EYE) DROPPERETTE 0.5 %	2	\$0	ADD
REFRESH TEARS OPTHALMIC (EYE) DROPS 0.5 %	2	\$0	ADD
RESTASIS MULTIDOSE OPTHALMIC (EYE) DROPS 0.05 %	2	\$0	
RESTASIS OPTHALMIC (EYE) DROPPERETTE 0.05 %	2	\$0	
<i>restore plus (cmcellulose) ophthalmic (eye) dropperette 0.5 %</i>	1	\$0	ADD
RESTORE PM OPTHALMIC (EYE) OINTMENT 57.3-42.5 %	2	\$0	ADD

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
RESTORE TEARS OPHTHALMIC (EYE) DROPS 0.5 %	2	\$0	ADD
RETAINED PM OPHTHALMIC (EYE) OINTMENT 80-20 %	2	\$0	ADD
<i>revive plus ophthalmic (eye) dropperette 0.5 %</i>	1	\$0	ADD
SOOTHE NIGHT TIME LUBRICANT OPHTHALMIC (EYE) OINTMENT 80-20 %	2	\$0	ADD
STERILE LUBRICANT OPHTHALMIC (EYE) DROPS, LIQUID GEL 0.7 %	2	\$0	ADD
STYE LUBRICANT OPHTHALMIC (EYE) OINTMENT 57.7-31.9 %	2	\$0	ADD
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	\$0	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	\$0	
SYSTANE GEL OPHTHALMIC (EYE) GEL 0.3 %	2	\$0	ADD
SYSTANE NIGHTTIME OPHTHALMIC (EYE) OINTMENT 94-3 %	2	\$0	ADD
THERATEARS OPHTHALMIC (EYE) DROPPERETTE 0.25 %	2	\$0	ADD
THERATEARS OPHTHALMIC (EYE) DROPPERETTE, GEL 1 %	2	\$0	ADD
THERATEARS OPHTHALMIC (EYE) DROPS 0.25 %	2	\$0	ADD
<i>wal-zyr (ketotifen) ophthalmic (eye) drops 0.025 % (0.035 %)</i>	1	\$0	ADD
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	2	\$0	PA
ZADITOR OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %)	2	\$0	ADD
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS			
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	1	\$0	

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<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	\$0	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	\$0	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	2	\$0	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	1	\$0	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	2	\$0	
ORAL DRUGS FOR GLAUCOMA			
<i>acetazolamide oral capsule, extended release 500 mg</i>	1	\$0	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	\$0	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	\$0	
OTHER GLAUCOMA DRUGS			
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	2	\$0	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	1	\$0	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	2	\$0	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	\$0	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	1	\$0	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1	\$0	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	\$0	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	\$0	PA
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	1	\$0	
STEROID-ANTIBIOTIC COMBINATIONS			
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	\$0	

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<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1	\$0	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	1	\$0	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	1	\$0	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	\$0	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	2	\$0	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	1	\$0	
STEROIDS			
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	2	\$0	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	\$0	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	2	\$0	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	1	\$0	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	2	\$0	
FML S.O.P. OPHTHALMIC (EYE) OINTMENT 0.1 %	2	\$0	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	2	\$0	
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 %	2	\$0	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	2	\$0	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	1	\$0	

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MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	2	\$0	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	2	\$0	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	1	\$0	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	\$0	
SYMPATHOMIMETICS			
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	2	\$0	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	1	\$0	
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	1	\$0	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	2	\$0	
RESPIRATORY AND ALLERGY			
ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS			
<i>24hour allergy oral tablet 10 mg</i>	1	\$0	ADD
<i>adult tussin cough congest dm oral liquid 10-100 mg/5 ml</i>	1	\$0	ADD
<i>adult tussin dm oral syrup 10-100 mg/5 ml</i>	1	\$0	ADD
<i>adult wal-tussin dm max oral liquid 10-200 mg/5 ml</i>	1	\$0	ADD
AHIST (CHLORCYCLIZINE) ORAL TABLET 25 MG	2	\$0	ADD
<i>ala-hist ir oral tablet 2 mg</i>	1	\$0	ADD
<i>alavert oral tablet,disintegrating 10 mg</i>	1	\$0	ADD
<i>aler-cap oral capsule 25 mg</i>	1	\$0	ADD
<i>alka-seltzer plus allergy oral tablet 25 mg</i>	1	\$0	ADD
<i>all day allergy (cetirizine) oral solution 1 mg/ml</i>	1	\$0	ADD
<i>all day allergy (cetirizine) oral tablet 10 mg</i>	1	\$0	ADD

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ALLEGRA ALLERGY ORAL TABLET 180 MG, 60 MG	2	\$0	ADD
<i>aller-chlor oral tablet 4 mg</i>	1	\$0	ADD
<i>allerclear oral tablet 10 mg</i>	1	\$0	ADD
<i>aller-ease oral tablet 180 mg, 60 mg</i>	1	\$0	ADD
<i>aller-fex oral tablet 180 mg</i>	1	\$0	ADD
<i>aller-g-time oral tablet 25 mg</i>	1	\$0	ADD
<i>allergy (chlorpheniramine) oral tablet 4 mg</i>	1	\$0	ADD
<i>allergy (diphenhydramine) oral capsule 25 mg</i>	1	\$0	ADD
<i>allergy (diphenhydramine) oral liquid 12.5 mg/5 ml</i>	1	\$0	ADD
<i>allergy (diphenhydramine) oral tablet 25 mg</i>	1	\$0	ADD
<i>allergy 4-hour oral tablet 4 mg</i>	1	\$0	ADD
<i>allergy medication oral capsule 25 mg</i>	1	\$0	ADD
<i>allergy medicine oral tablet 25 mg</i>	1	\$0	ADD
<i>allergy relief (cetirizine) oral solution 1 mg/ml</i>	1	\$0	ADD
<i>allergy relief (cetirizine) oral tablet 10 mg</i>	1	\$0	ADD
<i>allergy relief (fexofenadine) oral tablet 180 mg, 60 mg</i>	1	\$0	ADD
<i>allergy relief (loratadine) oral solution 5 mg/5 ml</i>	1	\$0	ADD
<i>allergy relief (loratadine) oral tablet 10 mg</i>	1	\$0	ADD
<i>allergy relief (loratadine) oral tablet, disintegrating 10 mg</i>	1	\$0	ADD
<i>allergy relief (chlorpheniramn) oral tablet 4 mg</i>	1	\$0	ADD
<i>allergy relief (diphenhydramin) oral capsule 25 mg</i>	1	\$0	ADD
<i>allergy relief (diphenhydramin) oral liquid 12.5 mg/5 ml</i>	1	\$0	ADD
<i>allergy relief (diphenhydramin) oral tablet 25 mg</i>	1	\$0	ADD
<i>allergy-time oral tablet 4 mg</i>	1	\$0	ADD
<i>aller-tec oral tablet 10 mg</i>	1	\$0	ADD
<i>antitussive dm oral syrup 10-100 mg/5 ml</i>	1	\$0	ADD

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<i>banophen oral capsule 25 mg, 50 mg</i>	1	\$0	ADD
<i>banophen oral tablet 25 mg</i>	1	\$0	ADD
<i>biocotron oral liquid 10-100 mg/5 ml</i>	1	\$0	ADD
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	1	\$0	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	\$0	
<i>cetirizine oral solution 1 mg/ml</i>	1	\$0	
<i>cetirizine oral solution 5 mg/5 ml</i>	1	\$0	ADD
<i>cetirizine oral tablet 10 mg</i>	1	\$0	ADD
CETIRIZINE ORAL TABLET 5 MG	2	\$0	ADD
<i>cetirizine oral tablet, chewable 10 mg, 5 mg</i>	1	\$0	ADD
<i>chest congestion relief dm oral liquid 10-100 mg/5 ml</i>	1	\$0	ADD
<i>child allergy relief(cetirizine) oral solution 1 mg/ml</i>	1	\$0	ADD
<i>child chest congestion-cough oral liquid 5-100 mg/5 ml</i>	1	\$0	ADD
<i>child cough-chest congest dm oral liquid 5-100 mg/5 ml</i>	1	\$0	ADD
<i>child mucinex freefrom day cgh oral liquid 5-100 mg/5 ml</i>	1	\$0	ADD
<i>child mucus relief cough oral liquid 5-100 mg/5 ml</i>	1	\$0	ADD
<i>children's allergy (diphenhyd) oral liquid 12.5 mg/5 ml</i>	1	\$0	ADD
CHILDREN'S ALLERGY RELIEF(FEX) ORAL SUSPENSION 30 MG/5 ML	2	\$0	ADD
<i>children's allergy relief(lor) oral solution 5 mg/5 ml</i>	1	\$0	ADD
<i>children's allergy(cetirizine) oral solution 1 mg/ml</i>	1	\$0	ADD
<i>children's aurodryl allergy oral liquid 12.5 mg/5 ml</i>	1	\$0	ADD
<i>children's cetirizine oral solution 1 mg/ml</i>	1	\$0	ADD

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>children's cetirizine oral tablet, chewable 10 mg, 5 mg</i>	1	\$0	ADD
<i>children's cough oral liquid 5-100 mg/5 ml</i>	1	\$0	ADD
<i>children's diphenhydramine oral liquid 12.5 mg/5 ml</i>	1	\$0	ADD
<i>children's mucinex cough oral liquid 5-100 mg/5 ml</i>	1	\$0	ADD
<i>children's wal-dryl allergy oral liquid 12.5 mg/5 ml</i>	1	\$0	ADD
CHILDREN'S WAL-FEX ORAL SUSPENSION 30 MG/5 ML	2	\$0	ADD
<i>children's wal-zyr oral solution 1 mg/ml</i>	1	\$0	ADD
<i>children's wal-zyr oral tablet, chewable 10 mg</i>	1	\$0	ADD
<i>child's all day allergy (cetir) oral solution 1 mg/ml</i>	1	\$0	ADD
<i>chld robitussin cough-chest dm oral liquid 5-100 mg/5 ml</i>	1	\$0	ADD
<i>chlorhist oral tablet 4 mg</i>	1	\$0	ADD
<i>chlorpheniramine maleate oral tablet 4 mg</i>	1	\$0	ADD
<i>chlortabs oral tablet 4 mg</i>	1	\$0	ADD
<i>claritin oral tablet 10 mg</i>	1	\$0	ADD
CLARITIN REDITABS ORAL TABLET, DISINTEGRATING 5 MG	2	\$0	ADD
<i>clemastine oral tablet 2.68 mg</i>	1	\$0	
CODEINE-GUAIFENESIN ORAL LIQUID 10-100 MG/5 ML	2	\$0	ADD
CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML	2	\$0	ADD
<i>complete allergy medicine oral capsule 25 mg</i>	1	\$0	ADD
<i>complete allergy medicine oral tablet 25 mg</i>	1	\$0	ADD
<i>complete allergy oral tablet 25 mg</i>	1	\$0	ADD
<i>cough formula dm oral syrup 10-100 mg/5 ml</i>	1	\$0	ADD
<i>cough syrup dm oral syrup 10-100 mg/5 ml</i>	1	\$0	ADD

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<i>cough-chest congestion dm oral liquid 5-100 mg/5 ml</i>	1	\$0	ADD
<i>cyproheptadine oral tablet 4 mg</i>	1	\$0	
<i>dayhist allergy oral tablet 1.34 mg</i>	1	\$0	ADD
<i>delsym cough-chest congest dm oral liquid 5-100 mg/5 ml</i>	1	\$0	ADD
<i>desloratadine oral tablet 5 mg</i>	1	\$0	
<i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>	1	\$0	
<i>dexchlorpheniramine maleate oral solution 2 mg/5 ml</i>	1	\$0	
<i>dextromethorphan-guaifenesin oral liquid 10-100 mg/5 ml</i>	1	\$0	ADD
<i>dextromethorphan-guaifenesin oral syrup 10-100 mg/5 ml</i>	1	\$0	ADD
<i>diabetic siltussin-dm max str oral liquid 10-200 mg/5 ml</i>	1	\$0	ADD
<i>diabetic tussin dm oral liquid 10-100 mg/5 ml, 10-200 mg/5 ml</i>	1	\$0	ADD
<i>diphenhydramine oral liquid 12.5 mg/5 ml</i>	1	\$0	ADD
<i>diphenhydramine oral capsule 25 mg</i>	1	\$0	ADD
<i>diphenhydramine oral liquid 12.5 mg/5 ml</i>	1	\$0	ADD
<i>diphenhydramine oral tablet 25 mg</i>	1	\$0	ADD
<i>diphenhydramine oral capsule 25 mg</i>	1	\$0	ADD
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	\$0	
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	1	\$0	ADD
DIPHENHYDRAMINE HCL ORAL DROPS 6.25 MG/ML	2	\$0	ADD
<i>diphenhydramine hcl oral liquid 12.5 mg/5 ml</i>	1	\$0	ADD
<i>diphenhydramine hcl oral tablet 25 mg</i>	1	\$0	ADD
<i>dm max oral liquid 5-100 mg/5 ml</i>	1	\$0	ADD
<i>ed chlorped jr oral syrup 2 mg/5 ml</i>	1	\$0	ADD

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EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	2	\$0	
FEXOFENADINE ORAL SUSPENSION 30 MG/5 ML	2	\$0	ADD
<i>fexofenadine oral tablet 180 mg, 60 mg</i>	1	\$0	ADD
<i>g tussin ac oral liquid 10-100 mg/5 ml</i>	1	\$0	ADD
<i>geri-dryl oral liquid 12.5 mg/5 ml</i>	1	\$0	ADD
<i>geri-dryl oral tablet 25 mg</i>	1	\$0	ADD
<i>geri-tussin dm oral liquid 10-100 mg/5 ml</i>	1	\$0	ADD
<i>giltuss diabetic oral liquid 10-100 mg/5 ml</i>	1	\$0	ADD
<i>giltuss hbp oral liquid 10-100 mg/5 ml</i>	1	\$0	ADD
<i>guaiasorb dm oral liquid 10-100 mg/5 ml</i>	1	\$0	ADD
<i>guaiatussin ac oral liquid 10-100 mg/5 ml</i>	1	\$0	ADD
HISTEX (TRIPROLIDINE) ORAL LIQUID 2.5 MG/5 ML	2	\$0	ADD
HISTEX PD ORAL DROPS 0.938 MG/ML	2	\$0	ADD
HISTEX PDX ORAL DROPS 1.25 MG/ML	2	\$0	ADD
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	\$0	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	\$0	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	\$0	
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	1	\$0	
<i>levocetirizine oral tablet 5 mg</i>	1	\$0	
<i>loradamed oral tablet 10 mg</i>	1	\$0	ADD
LORATADINE ORAL SOLUTION 5 MG/5 ML	2	\$0	ADD
<i>loratadine oral tablet 10 mg</i>	1	\$0	ADD
<i>loratadine oral tablet, disintegrating 10 mg</i>	1	\$0	ADD
MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML	2	\$0	ADD
<i>maxi-tuss ac oral liquid 10-100 mg/5 ml</i>	1	\$0	ADD
<i>maxi-tuss g oral liquid 10-100 mg/5 ml</i>	1	\$0	ADD

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<i>maxi-tuss gmx oral liquid 10-200 mg/5 ml</i>	1	\$0	ADD
<i>m-clear wc oral liquid 6.3-100 mg/5 ml</i>	1	\$0	ADD
<i>m-dryl oral liquid 12.5 mg/5 ml</i>	1	\$0	ADD
<i>mucinex fast-max dm max oral liquid 5-100 mg/5 ml</i>	1	\$0	ADD
<i>mucus relief cough oral liquid 5-100 mg/5 ml</i>	1	\$0	ADD
<i>mucus relief dm max oral liquid 5-100 mg/5 ml</i>	1	\$0	ADD
<i>neo-tuss oral liquid 30-200 mg/5 ml</i>	1	\$0	ADD
<i>nighttime sleep oral capsule 50 mg</i>	1	\$0	ADD
<i>nighttime allergy relief oral tablet 25 mg</i>	1	\$0	ADD
NIGHTTIME SLEEP AID (DIPHEN) ORAL CAPSULE 25 MG	2	\$0	ADD
<i>nighttime sleep aid (diphen) oral capsule 50 mg</i>	1	\$0	ADD
<i>nighttime sleep aid (diphen) oral tablet 25 mg</i>	1	\$0	ADD
NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML	2	\$0	ADD
PEDIACLEAR ALLERGY ORAL DROPS 0.313 MG/ML	2	\$0	ADD
PEDIACLEAR COUGH ORAL DROPS 6.25 MG/ML	2	\$0	ADD
PEDIACLEAR PD ORAL DROPS 0.625 MG/ML	2	\$0	ADD
PEDIAVENT ORAL LIQUID 2 MG/5 ML	2	\$0	ADD
PEDIAVENT ORAL TABLET,CHEWABLE 1 MG	2	\$0	ADD
<i>pharbechlor oral tablet 4 mg</i>	1	\$0	ADD
<i>pharbedryl oral capsule 25 mg, 50 mg</i>	1	\$0	ADD
<i>phenadoz rectal suppository 25 mg</i>	1	\$0	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	\$0	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	\$0	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	\$0	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	\$0	

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<i>ri-tussin dm oral syrup 10-100 mg/5 ml</i>	1	\$0	ADD
<i>robafen dm cough oral liquid 10-100 mg/5 ml</i>	1	\$0	ADD
<i>robafen dm cough-chest congest oral syrup 10-100 mg/5 ml</i>	1	\$0	ADD
<i>robafen dm peak cold oral liquid 10-100 mg/5 ml</i>	1	\$0	ADD
<i>robitussin cough-chest cong dm oral liquid 5-100 mg/5 ml</i>	1	\$0	ADD
<i>siladryl sa oral liquid 12.5 mg/5 ml</i>	1	\$0	ADD
<i>siltussin dm das oral liquid 10-100 mg/5 ml</i>	1	\$0	ADD
<i>siltussin-dm oral syrup 10-100 mg/5 ml</i>	1	\$0	ADD
<i>simply sleep oral tablet 25 mg</i>	1	\$0	ADD
SLEEP AID (DIPHENHYDRAMINE) ORAL CAPSULE 25 MG	2	\$0	ADD
<i>sleep aid (diphenhydramine) oral capsule 50 mg</i>	1	\$0	ADD
<i>sleep aid (diphenhydramine) oral tablet 25 mg</i>	1	\$0	ADD
<i>sleep aid max str (diphenhydr) oral capsule 50 mg</i>	1	\$0	ADD
<i>sleep ii oral tablet 25 mg</i>	1	\$0	ADD
<i>sleep tablet (diphenhydramine) oral tablet 25 mg</i>	1	\$0	ADD
SLEEP TIME ORAL CAPSULE 25 MG	2	\$0	ADD
<i>sleep-tabs oral tablet 25 mg</i>	1	\$0	ADD
<i>sorbugen nr oral liquid 10-100 mg/5 ml</i>	1	\$0	ADD
<i>total allergy medicine oral tablet 25 mg</i>	1	\$0	ADD
TRIPROLIDINE HCL ORAL DROPS 0.313 MG/ML, 0.625 MG/ML, 0.938 MG/ML	2	\$0	ADD
TRIPROLIDINE HCL ORAL LIQUID 2.5 MG/5 ML	2	\$0	ADD
<i>tusnel diabetic oral liquid 10-100 mg/5 ml</i>	1	\$0	ADD
<i>tussin cough-chest congestion oral liquid 10-100 mg/5 ml</i>	1	\$0	ADD
<i>tussin dm clear oral syrup 10-100 mg/5 ml</i>	1	\$0	ADD
<i>tussin dm cough and chest oral liquid 5-100 mg/5 ml</i>	1	\$0	ADD

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<i>tussin dm cough and chest oral syrup 10-100 mg/5 ml</i>	1	\$0	ADD
<i>tussin dm max oral liquid 10-200 mg/5 ml</i>	1	\$0	ADD
<i>tussin dm oral liquid 10-100 mg/5 ml</i>	1	\$0	ADD
<i>tussin dm oral syrup 10-100 mg/5 ml</i>	1	\$0	ADD
<i>unisom sleepgels oral capsule 50 mg</i>	1	\$0	ADD
VANACLEAR PD ORAL DROPS 0.313 MG/ML	2	\$0	ADD
VANAMINE PD ORAL DROPS 6.25 MG/ML	2	\$0	ADD
<i>virtussin ac oral liquid 10-100 mg/5 ml</i>	1	\$0	ADD
<i>wal-dryl allergy oral capsule 25 mg</i>	1	\$0	ADD
<i>wal-dryl allergy oral liquid 12.5 mg/5 ml</i>	1	\$0	ADD
<i>wal-dryl allergy oral tablet 25 mg</i>	1	\$0	ADD
<i>wal-fex allergy oral tablet 180 mg, 60 mg</i>	1	\$0	ADD
<i>wal-finate oral tablet 4 mg</i>	1	\$0	ADD
<i>wal-itin oral solution 5 mg/5 ml</i>	1	\$0	ADD
<i>wal-itin oral tablet 10 mg</i>	1	\$0	ADD
WAL-SLEEP Z ORAL CAPSULE 25 MG	2	\$0	ADD
<i>wal-som (diphenhydramine) oral capsule 50 mg</i>	1	\$0	ADD
<i>wal-tussin dm oral syrup 10-100 mg/5 ml</i>	1	\$0	ADD
<i>wal-zyr (cetirizine) oral solution 1 mg/ml</i>	1	\$0	ADD
<i>wal-zyr (cetirizine) oral tablet 10 mg</i>	1	\$0	ADD
Z-SLEEP ORAL CAPSULE 25 MG	2	\$0	ADD
ZZZQUIL ORAL CAPSULE 25 MG	2	\$0	ADD
PULMONARY AGENTS			
24 HOUR ALLERGY RELIEF NASAL SPRAY,SUSPENSION 50 MCG/ACTUATION	2	\$0	ADD
<i>acetylcysteine solution 100 mg/ml (10%), 200 mg/ml (20%)</i>	1	\$0	B/D

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ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	2	\$0	PA; LA
ADVAIR HFA INHALATION AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	2	\$0	
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	1	\$0	B/D
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	\$0	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	\$0	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	1	\$0	
<i>aller-flo nasal spray,suspension 50 mcg/lactuation</i>	1	\$0	ADD
ALLERGY RELIEF (FLUTICASONE) NASAL SPRAY,SUSPENSION 50 MCG/ACTUATION	2	\$0	ADD
<i>alyq oral tablet 20 mg</i>	1	\$0	PA
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	1	\$0	PA; LA
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	\$0	
ARCAPTA NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 75 MCG	2	\$0	
ATROVENT HFA INHALATION AEROSOL INHALER 17 MCG/ACTUATION	2	\$0	
<i>azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray</i>	1	\$0	
BECONASE AQ NASAL SPRAY,NON-AEROSOL 42 MCG (0.042 %)	2	\$0	
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	1	\$0	PA; LA
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	2	\$0	

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BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	2	\$0	B/D
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	1	\$0	B/D
<i>budesonide nasal spray,non-aerosol 32 mcglactuation</i>	1	\$0	ADD
CHILDREN'S FLONASE ALLERGY RLF NASAL SPRAY,SUSPENSION 50 MCG/ACTUATION	2	\$0	ADD
CHILDREN'S FLONASE SENSIMIST NASAL SPRAY,SUSPENSION 27.5 MCG/ACTUATION	2	\$0	ADD
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	2	\$0	PA
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	2	\$0	PA
CLARISPRAY NASAL SPRAY,SUSPENSION 50 MCG/ACTUATION	2	\$0	ADD
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	\$0	
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	\$0	B/D
<i>cromolyn nasal spray,non-aerosol 5.2 mg/spray (4%)</i>	1	\$0	ADD
DALIRESP ORAL TABLET 250 MCG, 500 MCG	2	\$0	PA
ESBRIET ORAL CAPSULE 267 MG	2	\$0	PA
ESBRIET ORAL TABLET 267 MG, 801 MG	2	\$0	PA
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	2	\$0	PA
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	2	\$0	PA

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FLONASE ALLERGY RELIEF NASAL SPRAY,SUSPENSION 50 MCG/ACTUATION	2	\$0	ADD
FLONASE SENSIMIST NASAL SPRAY,SUSPENSION 27.5 MCG/ACTUATION	2	\$0	ADD
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION	2	\$0	
FLOVENT HFA INHALATION AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION	2	\$0	
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	1	\$0	
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	1	\$0	
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	2	\$0	
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	\$0	
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	2	\$0	PA; LA
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	1	\$0	PA
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	2	\$0	
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	\$0	B/D
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	\$0	B/D

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	2	\$0	PA
KALYDECO ORAL TABLET 150 MG	2	\$0	PA
LETAIRIS ORAL TABLET 10 MG, 5 MG	2	\$0	PA; LA
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	1	\$0	B/D
LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	2	\$0	
<i>metaproterenol oral syrup 10 mg/5 ml</i>	1	\$0	
<i>mometasone nasal spray, non-aerosol 50 mcg/actuation</i>	1	\$0	
<i>montelukast oral granules in packet 4 mg</i>	1	\$0	
<i>montelukast oral tablet 10 mg</i>	1	\$0	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	1	\$0	
<i>nasal allergy symptom control nasal spray, non-aerosol 5.2 mg/spray (4%)</i>	1	\$0	ADD
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	2	\$0	PA; LA
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	2	\$0	PA; LA
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	2	\$0	PA; LA
OFEV ORAL CAPSULE 100 MG, 150 MG	2	\$0	PA
OPSUMIT ORAL TABLET 10 MG	2	\$0	PA; LA
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	2	\$0	PA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	2	\$0	PA
<i>perforomist inhalation solution for nebulization 20 mcg/2 ml</i>	2	\$0	B/D
PROAIR HFA INHALATION AEROSOL INHALER 90 MCG/ACTUATION	2	\$0	

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	2	\$0	
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	2	\$0	
PULMOZYME INHALATION SOLUTION 1 MG/ML	2	\$0	B/D
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	2	\$0	
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	2	\$0	
<i>sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml</i>	1	\$0	PA
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	\$0	PA
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	2	\$0	
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	2	\$0	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	\$0	
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	2	\$0	
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	2	\$0	PA
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	\$0	PA

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	2	\$0	PA; LA
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	\$0	
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	2	\$0	
<i>theophylline oral elixir 80 mg/15 ml</i>	1	\$0	
<i>theophylline oral solution 80 mg/15 ml</i>	1	\$0	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	\$0	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	\$0	
TRACLEER ORAL TABLET 125 MG, 62.5 MG	2	\$0	PA; LA
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	2	\$0	PA; LA
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	2	\$0	PA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	2	\$0	PA
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	2	\$0	PA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	2	\$0	PA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	2	\$0	PA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	2	\$0	PA
VENTOLIN HFA INHALATION AEROSOL INHALER 90 MCG/ACTUATION	2	\$0	

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	\$0	
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	2	\$0	PA; LA
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	2	\$0	PA; LA
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	2	\$0	B/D
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	\$0	

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

<i>flavoxate oral tablet 100 mg</i>	1	\$0	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	2	\$0	ST; QL (30 per 30 days)
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	\$0	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	\$0	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	1	\$0	
<i>solifenacin oral tablet 10 mg, 5 mg</i>	1	\$0	
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	1	\$0	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	1	\$0	
<i>tropium oral capsule, extended release 24hr 60 mg</i>	1	\$0	
<i>tropium oral tablet 20 mg</i>	1	\$0	

BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	1	\$0	
<i>dutasteride oral capsule 0.5 mg</i>	1	\$0	
<i>finasteride oral tablet 5 mg</i>	1	\$0	
<i>silodosin oral capsule 4 mg, 8 mg</i>	1	\$0	

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>tamsulosin oral capsule 0.4 mg</i>	1	\$0	
MISCELLANEOUS UROLOGICALS			
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	\$0	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	2	\$0	LA
ELMIRON ORAL CAPSULE 100 MG	2	\$0	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	1	\$0	
VITAMINS, HEMATINICS / ELECTROLYTES			
ELECTROLYTES			
<i>alcalak oral tablet, chewable 168 mg calcium (420 mg)</i>	1	\$0	ADD
<i>antacid (calcium carbonate) oral tablet, chewable 200 mg calcium (500 mg), 320 mg calcium (750 mg)</i>	1	\$0	ADD
ANTACID (CALCIUM CARBONATE) ORAL TABLET, CHEWABLE 215 MG CALCIUM (500 MG)	2	\$0	ADD
ANTACID CALCIUM ORAL TABLET, CHEWABLE 215 MG CALCIUM (500 MG)	2	\$0	ADD
<i>antacid ext str (calcium carb) oral tablet, chewable 300 mg (750 mg)</i>	1	\$0	ADD
<i>antacid extra-strength oral tablet, chewable 168 mg calcium (420 mg), 300 mg (750 mg)</i>	1	\$0	ADD
<i>antacid ultra strength oral tablet, chewable 400 mg calcium (1,000 mg), 430 mg calcium (1,000 mg)</i>	1	\$0	ADD
<i>calcium 500 + d oral tablet 500 mg(1,250mg) - 200 unit</i>	1	\$0	ADD
<i>calcium 500 + d oral tablet, chewable 500 mg(1,250mg) -400 unit</i>	1	\$0	ADD

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<i>calcium 500 with d oral tablet 500 mg(1,250mg) -400 unit</i>	1	\$0	ADD
<i>calcium 600 + d(3) oral capsule 600 mg calcium-200 unit</i>	1	\$0	ADD
<i>calcium 600 + d(3) oral tablet 600 mg(1,500mg) -200 unit, 600 mg(1,500mg) -400 unit</i>	1	\$0	ADD
<i>calcium 600 oral tablet 600 mg calcium (1,500 mg)</i>	1	\$0	ADD
CALCIUM 600 WITH VITAMIN D3 ORAL CAPSULE 600 MG(1,500MG) -500 UNIT	2	\$0	ADD
<i>calcium 600 with vitamin d3 oral tablet, chewable 600 mg(1,500mg) -400 unit</i>	1	\$0	ADD
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	1	\$0	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	1	\$0	
<i>calcium antacid oral tablet, chewable 200 mg calcium (500 mg), 300 mg (750 mg), 320 mg calcium (750 mg), 400 mg calcium (1,000 mg)</i>	1	\$0	ADD
<i>calcium antacid ultra max st oral tablet, chewable 400 mg calcium (1,000 mg)</i>	1	\$0	ADD
<i>calcium carbonate oral suspension 500 mg/5 ml (1,250 mg/5 ml)</i>	1	\$0	ADD
<i>calcium carbonate oral tablet 260 mg calcium (648 mg), 500 mg calcium (1,250 mg), 600 mg calcium (1,500 mg), 650 mg calcium (1,625 mg)</i>	1	\$0	ADD
<i>calcium carbonate oral tablet, chewable 200 mg calcium (500 mg), 300 mg (750 mg), 400 mg calcium (1,000 mg)</i>	1	\$0	ADD
CALCIUM CARBONATE-VITAMIN D3 ORAL CAPSULE 600 MG (1,500 MG)-2,500 UNIT, 600 MG(1,500MG) -500 UNIT, 600MG (1,500MG) -1,000 UNIT	2	\$0	ADD
<i>calcium carbonate-vitamin d3 oral capsule 600 mg(1,500mg) -400 unit</i>	1	\$0	ADD

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
CALCIUM CARBONATE-VITAMIN D3 ORAL TABLET 1,000 MG(2,500 MG)-800 UNIT, 250-125 MG-UNIT, 500MG (1,250MG) -600 UNIT, 600 MG(1,500MG) -200 UNIT, 600 MG(1,500MG) -800 UNIT	2	\$0	ADD
<i>calcium carbonate-vitamin d3 oral tablet 500 mg(1,250mg) -125 unit, 500 mg(1,250mg) -200 unit, 500 mg(1,250mg) -400 unit, 600 mg(1,500mg) -400 unit</i>	1	\$0	ADD
<i>calcium carbonate-vitamin d3 oral tablet,chewable 500 mg(1,250mg) -400 unit, 500-100 mg-unit</i>	1	\$0	ADD
<i>calcium with vitamin d oral tablet 600 mg(1,500mg) -400 unit</i>	1	\$0	ADD
<i>cal-gest antacid oral tablet,chewable 200 mg calcium (500 mg)</i>	1	\$0	ADD
CALTRATE WITH VITAMIN D3 ORAL TABLET 600 MG(1,500MG) -800 UNIT	2	\$0	ADD
<i>chromium chloride intravenous solution 4 mcg/ml</i>	1	\$0	ADD
<i>copper chloride intravenous solution 0.4 mg/ml</i>	1	\$0	ADD
<i>flavor chews antacid oral tablet,chewable 300 mg (750 mg)</i>	1	\$0	ADD
<i>hi-cal plus vit d oral tablet 500 mg(1,250mg) -200 unit</i>	1	\$0	ADD
<i>klor-con 10 oral tablet extended release 10 meq</i>	1	\$0	
<i>klor-con 8 oral tablet extended release 8 meq</i>	1	\$0	
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	1	\$0	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	1	\$0	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	1	\$0	
<i>klor-con oral packet 20 meq</i>	1	\$0	

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
LIQUID CALCIUM WITH VITAMIN D ORAL CAPSULE 600 MG CALCIUM- 200 UNIT	2	\$0	ADD
MAG-DELAY ORAL TABLET,DELAYED RELEASE (DR/EC) 64 MG	2	\$0	ADD
MAGNESIUM CHLORIDE ORAL TABLET,DELAYED RELEASE (DR/EC) 64 MG, 70 MG	2	\$0	ADD
MAGNESIUM OXIDE ORAL TABLET 200 MG MAGNESIUM, 500 MG	2	\$0	ADD
<i>magnesium oxide oral tablet 250 mg magnesium, 400 mg magnesium, 420 mg</i>	1	\$0	ADD
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	1	\$0	
<i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4%), 40 gram/1,000 ml (4%)</i>	1	\$0	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4%), 4 gram/100 ml (4%), 4 gram/50 ml (8%)</i>	1	\$0	
<i>magnesium sulfate injection solution 4 meq/ml (50%)</i>	1	\$0	
<i>magnesium sulfate injection syringe 4 meq/ml</i>	1	\$0	
MAGOX ORAL TABLET 400 MG (241.3 MG MAGNESIUM)	2	\$0	ADD
<i>manganese chloride intravenous solution 0.1 mg/ml</i>	1	\$0	ADD
<i>mgo oral tablet 400 mg (241.3 mg magnesium)</i>	1	\$0	ADD
NU-MAG ORAL TABLET,DELAYED RELEASE (DR/EC) 71.5 MG	2	\$0	ADD
OS-CAL 500 + D3 ORAL TABLET 500 MG(1,250MG) -200 UNIT, 500MG (1,250MG) -600 UNIT	2	\$0	ADD

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<i>oysco 500/d oral tablet 500 mg(1,250mg) -200 unit</i>	1	\$0	ADD
<i>oyster shell + d3 oral tablet 250-125 mg-unit</i>	1	\$0	ADD
<i>oyster shell calcium 500 oral tablet 500 mg calcium (1,250 mg)</i>	1	\$0	ADD
<i>oyster shell calcium oral tablet 500 mg calcium (1,250 mg)</i>	1	\$0	ADD
OYSTER SHELL CALCIUM-VIT D3 ORAL TABLET 250-125 MG-UNIT	2	\$0	ADD
<i>oyster shell calcium-vit d3 oral tablet 500 mg(1,250mg) -200 unit, 500 mg(1,250mg) -400 unit</i>	1	\$0	ADD
<i>oystercal-d oral tablet 500 mg(1,250mg) -400 unit</i>	1	\$0	ADD
PHILLIPS ORAL TABLET 500 MG	2	\$0	ADD
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i>	1	\$0	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	\$0	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	\$0	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	1	\$0	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml</i>	1	\$0	
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	1	\$0	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	1	\$0	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	1	\$0	
<i>potassium chloride oral packet 20 meq</i>	1	\$0	

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<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	\$0	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i>	1	\$0	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	1	\$0	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	1	\$0	
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	1	\$0	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	\$0	
SLOW-MAG ORAL TABLET,DELAYED RELEASE (DR/EC) 71.5 MG	2	\$0	ADD
<i>smooth antacid oral tablet,chewable 300 mg (750 mg)</i>	1	\$0	ADD
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	1	\$0	
<i>sodium chloride 3 % intravenous parenteral solution 3 %</i>	1	\$0	
<i>sodium chloride 5 % intravenous parenteral solution 5 %</i>	1	\$0	
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml, 4 meq/ml</i>	1	\$0	
<i>super calcium oral tablet 600 mg calcium (1,500 mg)</i>	1	\$0	ADD
TUMS E-X ORAL TABLET,CHEWABLE 300 MG (750 MG)	2	\$0	ADD
TUMS EXTRA STRENGTH SMOOTHIES ORAL TABLET,CHEWABLE 300 MG (750 MG)	2	\$0	ADD
TUMS FRESHERS ORAL TABLET,CHEWABLE 200 MG CALCIUM (500 MG)	2	\$0	ADD

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TUMS ORAL TABLET,CHEWABLE 200 MG CALCIUM (500 MG), 300 MG (750 MG)	2	\$0	ADD
<i>tums ultra oral tablet,chewable 400 mg calcium (1,000 mg)</i>	1	\$0	ADD
<i>ultra strength antacid oral tablet,chewable 400 mg calcium (1,000 mg)</i>	1	\$0	ADD
<i>ultra strength calcium antacid oral tablet,chewable 400 mg calcium (1,000 mg)</i>	1	\$0	ADD
MISCELLANEOUS NUTRITION PRODUCTS			
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	2	\$0	B/D
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	2	\$0	B/D
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	2	\$0	B/D
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	2	\$0	B/D
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	2	\$0	B/D
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	2	\$0	B/D
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	2	\$0	B/D
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	2	\$0	B/D
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	2	\$0	B/D

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CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	2	\$0	B/D
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	2	\$0	B/D
<i>electrolyte-48 in d5w intravenous parenteral solution</i>	1	\$0	
FREAMINE HBC 6.9 % INTRAVENOUS PARENTERAL SOLUTION 6.9 %	2	\$0	B/D
<i>freamine iii 10 % intravenous parenteral solution 10 %</i>	1	\$0	
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 %	2	\$0	B/D
INTRALIPID INTRAVENOUS EMULSION 30 %	2	\$0	B/D
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION 5.4 %	2	\$0	B/D
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	2	\$0	
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	2	\$0	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	2	\$0	
<i>plenamine intravenous parenteral solution 15 %</i>	1	\$0	B/D
<i>premasol 10 % intravenous parenteral solution 10 %</i>	1	\$0	B/D
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	2	\$0	B/D
<i>travasol 10 % intravenous parenteral solution 10 %</i>	1	\$0	B/D
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	2	\$0	B/D

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VITAMINS / HEMATINICS			
AQUASOL A INTRAMUSCULAR SOLUTION 50,000 UNIT/ML	2	\$0	ADD
<i>ca-d3-mag ox-zinc-cop-mang-bor oral tablet, chewable 600 mg calcium- 400 unit-40 mg, 600 mg calcium- 800 unit-40 mg</i>	1	\$0	ADD
<i>calcidol oral drops 200 mcg/ml (8,000 unit/ml)</i>	1	\$0	ADD
<i>calcium 600 + minerals oral tablet 600 mg calcium- 200 unit, 600 mg calcium- 400 unit</i>	1	\$0	ADD
<i>calcium carbonate-vit d3-min oral tablet 600 mg calcium- 400 unit</i>	1	\$0	ADD
CHOLECALCIFEROL (VITAMIN D3) ORAL CAPSULE 1,250 MCG (50,000 UNIT), 250 MCG (10,000 UNIT)	2	\$0	ADD
<i>cholecalciferol (vitamin d3) oral capsule 10 mcg (400 unit), 125 mcg (5,000 unit), 25 mcg (1,000 unit), 50 mcg (2,000 unit)</i>	1	\$0	ADD
<i>cholecalciferol (vitamin d3) oral drops 10 mcg/ml (400 unit/ml)</i>	1	\$0	ADD
<i>cholecalciferol (vitamin d3) oral tablet 50 mcg (2,000 unit)</i>	1	\$0	ADD
CORVITE ORAL TABLET 1.25-2.5-7 MG	2	\$0	ADD
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	1	\$0	ADD
<i>d3-2000 oral capsule 50 mcg (2,000 unit)</i>	1	\$0	ADD
DECARA ORAL CAPSULE 1,250 MCG (50,000 UNIT), 625 MCG (25,000 UNIT)	2	\$0	ADD
DEKAS ESSENTIAL ORAL CAPSULE 2,000 UNIT-2000 UNIT-1,000 MCG	2	\$0	ADD
DEKAS ESSENTIAL ORAL LIQUID 2,000 UNIT- 2,000 MCG/ML	2	\$0	ADD
DEKAS PLUS (FOLIC ACID) ORAL CAPSULE 200 MCG-1,000 MCG-10 MG	2	\$0	ADD

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
DEKAS PLUS (FOLIC ACID) ORAL TABLET,CHEWABLE 200 MCG-1,000 MCG-10 MG	2	\$0	ADD
DEKAS PLUS LIQUID ORAL LIQUID 500 MCG/ML	2	\$0	ADD
<i>dialyvite vitamin d oral capsule 125 mcg (5,000 unit)</i>	1	\$0	ADD
ENLYTE ORAL CAPSULE,IR - DELAY REL,BIPHASE 1.5 MG IRON- 8.73 MG	2	\$0	ADD
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	\$0	ADD
<i>ergocalciferol (vitamin d2) oral drops 200 mcg/ml (8,000 unit/ml)</i>	1	\$0	ADD
<i>feosol oral tablet 325 mg (65 mg iron)</i>	1	\$0	ADD
<i>ferate oral tablet 240 mg (27 mg iron)</i>	1	\$0	ADD
<i>ferosul oral tablet 325 mg (65 mg iron)</i>	1	\$0	ADD
<i>ferro-time oral tablet 325 mg (65 mg iron)</i>	1	\$0	ADD
<i>ferrous gluconate oral tablet 236 mg (27 mg iron), 240 mg (27 mg iron), 256 mg (28 mg iron), 324 mg (37.5 mg iron), 324 mg (38 mg iron)</i>	1	\$0	ADD
<i>ferrous sulfate oral drops 15 mg iron (75 mg)/ml</i>	1	\$0	ADD
<i>ferrous sulfate oral tablet 325 mg (65 mg iron)</i>	1	\$0	ADD
<i>ferrous sulfate oral tablet,delayed release (drlec) 324 mg (65 mg iron), 325 mg (65 mg iron)</i>	1	\$0	ADD
<i>ferrousul oral tablet 325 mg (65 mg iron)</i>	1	\$0	ADD
FLORIVA ORAL TABLET,CHEWABLE 0.25MG FLUORIDE (0.55 MG), 0.5 MG FLUORIDE (1.1 MG), 1 MG FLUORIDE (2.2 MG)	2	\$0	ADD
<i>fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)</i>	1	\$0	
<i>fluoride (sodium) oral tablet,chewable 1 mg (2.2 mg sod. fluoride)</i>	1	\$0	

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
<i>folic acid injection solution 5 mg/ml</i>	1	\$0	ADD
<i>folic acid oral tablet 1 mg, 400 mcg, 800 mcg</i>	1	\$0	ADD
FOLTRATE ORAL TABLET 0.5-1 MG	2	\$0	ADD
<i>high potency iron oral tablet 134 mg (27 mg iron)</i>	1	\$0	ADD
HIGH POTENCY IRON ORAL TABLET 27 MG IRON	2	\$0	ADD
<i>hydroxocobalamin intramuscular solution 1,000 mcg/ml</i>	1	\$0	ADD
INFUVITE ADULT INTRAVENOUS SOLUTION 3,300 UNIT- 150 MCG/10 ML	2	\$0	ADD
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION 80 MG-400 UNIT- 200 MCG/5 ML	2	\$0	ADD
<i>iron (ferrous sulfate) oral tablet 325 mg (65 mg iron)</i>	1	\$0	ADD
<i>iron oral tablet 325 mg (65 mg iron)</i>	1	\$0	ADD
IS-D-10,000 ORAL CAPSULE 250 MCG (10,000 UNIT)	2	\$0	ADD
M.V.I. PEDIATRIC INTRAVENOUS RECON SOLN 80-400-200 MG-UNIT-MCG	2	\$0	ADD
MAXIMUM D3 ORAL CAPSULE 325 MCG (13,000 UNIT)	2	\$0	ADD
<i>multi-vit with fluoride-iron oral drops 0.25mg fluoride -10 mg iron/ml</i>	1	\$0	ADD
<i>multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml</i>	1	\$0	ADD
<i>multivitamins with fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>	1	\$0	ADD
NASCOBAL NASAL SPRAY, NON-AEROSOL 500 MCG/SPRAY	2	\$0	ADD
<i>nephplex rx oral tablet 1-60-300-12.5 mg-mg-mcg-mg</i>	1	\$0	ADD

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NAME OF DRUG	TIER LEVEL	WHAT THE DRUG WILL COST YOU	NECESSARY ACTIONS, RESTRICTIONS, OR LIMITS IN USE
OPTIMAL D3 M ORAL CAPSULE 350 MCG (14,000 UNIT)	2	\$0	ADD
OPTIMAL D3 ORAL CAPSULE 1,250 MCG (50,000 UNIT)	2	\$0	ADD
<i>prenatal vitamin oral tablet</i>	1	\$0	
<i>pyridoxine (vitamin b6) injection solution 100 mg/ml</i>	1	\$0	ADD
<i>renal caps oral capsule 1 mg</i>	1	\$0	ADD
<i>thiamine hcl (vitamin b1) injection solution 100 mg/ml</i>	1	\$0	ADD
VIRT-CAPS ORAL CAPSULE 1 MG	2	\$0	ADD
VITAL-D RX ORAL TABLET 1,750-60-1-12.5 UNIT-MG-MG-MG	2	\$0	ADD
<i>vitamin d2 oral capsule 1,250 mcg (50,000 unit)</i>	1	\$0	ADD
<i>vitamin d3 oral capsule 10 mcg (400 unit), 25 mcg (1,000 unit), 50 mcg (2,000 unit)</i>	1	\$0	ADD
VITAMIN D3 ORAL CAPSULE 100 MCG (4,000 UNIT)	2	\$0	ADD
<i>vitamin d3 oral tablet 50 mcg (2,000 unit)</i>	1	\$0	ADD
<i>wee care oral suspension 15 mg/1.25 ml</i>	1	\$0	ADD
WEEKLY-D ORAL CAPSULE 1,250 MCG (50,000 UNIT)	2	\$0	ADD

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<i>kionex (with sorbitol)</i>	91	<i>laxative pills regular</i>	109	<i>linezolid</i>
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