

2020 List of Covered Drugs/Formulary

Aetna Better HealthSM Premier Plan

Aetna Better Health Premier Plan (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.

For more recent information or other questions, contact us at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week or visit **www.aetnabetterhealth.com/illinois**



Aetna Better Health Premier 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 and items are covered by Aetna Better Health Premier Plan. The Drug List also tells you if there are any special rules or restrictions on any drugs covered by Aetna Better Health Premier Plan. Key terms and their definitions appear in the last chapter of the *Member Handbook*.

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If you have questions, please call Aetna Better Health Premier Plan at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.aetnabetterhealth.com/illinois.

A. Disclaimers

This is a list of drugs that members can get in Aetna Better Health Premier Plan.

- ❖ Aetna Better Health Premier Plan is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.
- ❖ ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free.

ATENCIÓN: Si habla español, tiene a su disposición servicios de idiomas gratuitos. Llame al **1-866-600-2139 (TTY: 711)** las 24 horas del día, los 7 días de la semana. Esta llamada es gratuita.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free.
- ❖ If you wish to make a standing request to receive materials in a language other than English, or in an alternate format, you can call Member Services at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free.
- ❖ To change your standing request for materials, please call Member Services at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week.



B. Frequently Asked Questions (FAQ)

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

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

The drugs on the *List of Covered Drugs* that starts on page 1 are the drugs covered by Aetna Better Health Premier Plan. 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.”

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

You can also see an up-to-date list of drugs that we cover on our website at www.aetnabetterhealth.com/illinois or call Member Services at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free.

B2. Does the Drug List ever change?

Yes, and Aetna Better Health Premier Plan must follow Medicare and Medicaid rules when making changes. We may add or remove drugs on the Drug List during the year. For example, we could:

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

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

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

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



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

- You can always check Aetna Better Health Premier Plan's up to date Drug List online at www.aetnabetterhealth.com/illinois.
- You can also call Member Services to check the current Drug List at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free.

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

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

- **A new generic drug becomes available.** Sometimes, a new generic drug comes on the market that works as well as a brand name drug on the Drug List now. When that happens, we may remove the brand name drug and add the new generic drug, but your cost for the new drug will stay the same. When we add the new generic drug, we may also decide to keep the brand name drug on the list but change its coverage rules or limits.
 - We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
 - You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please 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 then send you a letter to tell you. We will also let your prescribing doctor know about the change. Please discuss 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.
- We add a generic drug that is not new to the market **and**
 - Replace a brand name drug currently on the Drug List **or**
 - Change the coverage rules or limits for the brand name drug.

When these changes happen, we will

- Tell you at least 30 days before we make the change to the Drug List **or**
- Let you know and give you a 30-day supply of the drug in an outpatient setting and 31-day supply of the drug in a long-term care facility after you ask for a refill.

If you have questions, please call Aetna Better Health Premier Plan at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.aetnabetterhealth.com/illinois.



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

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

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

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

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

You can find out if your drug has any additional requirements or limits by looking in the tables on page 1 - 82. You can also get more information by visiting our web site at www.aetnabetterhealth.com/illinois. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. 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 question 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 1 has a column labeled "Necessary actions, restrictions, or limits on use."

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

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



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If you have questions, please call Aetna Better Health Premier Plan at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.aetnabetterhealth.com/illinois.

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

There are two ways to find a drug:

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

To search **alphabetically**, go to the Index of Covered Drugs section. You can find it on page 83. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information.

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

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

If you don't see your drug on the Drug List, call Member Services at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week and ask about it. The call is free. If you learn that Aetna Better Health Premier Plan will not cover the drug, you can do one of these things:

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

B9. What if you are a new Aetna Better Health Premier Plan 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 in an outpatient setting and 31-day supply of your drug in a long-term care facility during the first 90 days you are a member of Aetna Better Health Premier Plan. 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 in an outpatient setting and 31 days of medication in a long-term care facility.

We will cover a 30 days of medication in an outpatient setting and 31 days of medication in a long-term care facility 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**

If you have questions, please call Aetna Better Health Premier Plan at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.aetnabetterhealth.com/illinois.



- the drug requires prior approval by Aetna Better Health Premier Plan, **or**
- you are taking a drug that is part of a step therapy restriction.

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

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

Current members with a change in level of care

- We will cover a one-time temporary 31-day supply if you move from a hospital or a long-term care facility to a home setting and:
 - You need a drug that is not on our drug list, or
 - Your ability to get the drug is limited
- We will cover a one-time temporary 31-day supply (see the note below for exceptions) if you move into or out of a long-term care setting and:
 - You need a drug that is not on our drug list, or
 - Your ability to get the drug is limited

Note: Oral brand name solid dosage forms such as tablets or capsules are limited to 14 day fills with exceptions as required by Medicare Part D rules. To ask for a temporary supply of a drug, call Member Services.

During the time when you are getting a temporary supply of a drug, you should talk to your provider to decide what to do when the temporary supply runs out.

- You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug. For example, you can ask the plan to cover a drug even though it is not on the Drug List. OR you can ask the plan to cover the drug without limits.
- If your provider says you have a good medical reason for an exception, he or she can help you ask for one.



If you have questions, please call Aetna Better Health Premier Plan at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.aetnabetterhealth.com/illinois.

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

Yes. You can ask Aetna Better Health Premier Plan 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, Aetna Better Health Premier Plan may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior approval requirements.

B11. How can you ask for an exception?

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

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

First, we must get a statement from your prescriber supporting your ask 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).

Aetna Better Health Premier Plan covers both brand name drugs and generic drugs.

B14. What are OTC drugs?

OTC stands for "over-the-counter". Aetna Better Health Premier Plan covers some OTC drugs when they are written as prescriptions by your provider.

You can read the Aetna Better Health Premier Plan Drug List to see what OTC drugs are covered.

B15. Does Aetna Better Health Premier Plan cover non-drug OTC products?

Aetna Better Health Premier Plan covers some non-drug OTC products when they are written as prescriptions by your provider.

Examples of OTC non-drug products include alcohol swabs and gauze pads. There is no cost sharing or copays.

If you have questions, please call Aetna Better Health Premier Plan at **1-866-600-2139** (TTY: 711), 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.aetnabetterhealth.com/illinois.



You can read the Aetna Better Health Premier Plan Drug List to see what OTC non-drug products are covered.

B16. What is your copay?

As an Aetna Better Health Premier Plan member, you have no copays for prescription and OTC drugs as long as you follow Aetna Better Health Premier Plan's rules.

B17. What are drug tiers?

Tiers are groups of drugs on our Drug List.

- Tier 1 drugs are Part D prescription brand name and generic drugs.
- Tier 2 drugs are Part D prescription brand name and generic drugs.
- Tier 3 drugs are Non-Part D prescription and over-the-counter drugs.

All tiers have no copay.



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If you have questions, please call Aetna Better Health Premier Plan at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.aetnabetterhealth.com/illinois.

C. List of Covered Drugs

The following list of covered drugs gives you information about the drugs covered by Aetna Better Health Premier Plan. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 83. The index alphabetically lists all drugs covered by Aetna Better Health Premier Plan.

The first column of the chart lists the name of the drug. Brand name drugs are capitalized (e.g., PRADAXA) and generic drugs are listed in lower-case italics (e.g., *amoxicillin*).

The information in the necessary actions, restrictions, or limits on use column tells you if Aetna Better Health Premier Plan has any rules for covering your drug.

Here are the meanings of the codes used in the “Necessary actions, restrictions, or limits on use” column:		
* = Non-Part D drugs or OTC items that are covered by Medicaid		
PA = Prior Authorization	QL = Quantity Limits	ST = Step Therapy
NM = Not available at Mail-order	B/D = Covered under Medicare B or D	LA = Limited Access

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

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

- In addition, if you are getting Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs. For more information on Extra Help, please see the call-out box below.
- These drugs also have different rules for appeals. An appeal is a formal way of asking us to review a coverage decision and to change it if you think we made a mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Medicaid.
- If you or your doctor disagrees with our decision, you can appeal. To ask for instructions on how to appeal, call Member Services at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. You can also read Chapter 9, of the Member Handbook to learn how to appeal a decision.

If you have questions, please call Aetna Better Health Premier Plan at **1-866-600-2139 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free. **For more information**, visit www.aetnabetterhealth.com/illinois.



D. List of Drugs by Medical Condition

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION		
GOUT - DRUGS TO TREAT GOUT		
<i>allopurinol tab</i>	\$0(1)	
<i>colchicine w/ probenecid</i>	\$0(1)	
COLCRYS	\$0(2)	QL (120 tabs / 30 days)
MITIGARE	\$0(2)	QL (60 caps / 30 days)
<i>probenecid</i>	\$0(1)	
MISCELLANEOUS		
<i>acephen</i>	\$0(3)	NM; *
<i>acetaminophen LIQD</i>	\$0(3)	NM; *
<i>acetaminophen SOLN</i>	\$0(3)	NM; *
<i>acetaminophen SUPP 120mg</i>	\$0(3)	NM; *
<i>acetaminophen TABS</i>	\$0(3)	NM; *
<i>acetaminophen childrens</i>	\$0(3)	NM; *
<i>acetaminophen extra stren TABS</i>	\$0(3)	NM; *
<i>aspir-low</i>	\$0(3)	NM; *
<i>aspirin CHEW; TABS; TBEC</i>	\$0(3)	NM; *
<i>aspirin adult low dose</i>	\$0(3)	NM; *
<i>aspirin adult low strengt</i>	\$0(3)	NM; *
<i>aspirin low dose</i>	\$0(3)	NM; *
<i>aspirin low strength</i>	\$0(3)	NM; *
<i>aspirin-acetaminophen-caffeine</i>	\$0(3)	NM; *
<i>childrens acetaminophen SUSP</i>	\$0(3)	NM; *
<i>childrens silapap</i>	\$0(3)	NM; *
<i>ed-apap</i>	\$0(3)	NM; *
<i>eq aspirin ec</i>	\$0(3)	NM; *
<i>feverall childrens</i>	\$0(3)	NM; *
FEVERALL INFANTS	\$0(3)	NM; *

* - Non-Part D drugs or OTC items that are covered by Medicaid Limits **ST** - Step Therapy **NM** - Not available at Mail-order **PA** - Prior Authorization **QL** - Quantity Limits **B/D** - Covered under Medicare B or D **LA** - Limited Access

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>feverall junior strength</i>	\$0(3)	NM; *
<i>gnp acetaminophen</i>	\$0(3)	NM; *
<i>gnp adult aspirin low str</i>	\$0(3)	NM; *
<i>gnp aspirin</i>	\$0(3)	NM; *
<i>gnp aspirin low dose</i>	\$0(3)	NM; *
<i>gnp headache relief extra</i>	\$0(3)	NM; *
<i>gnp infants pain relief</i>	\$0(3)	NM; *
<i>gnp infants pain/fever</i>	\$0(3)	NM; *
<i>gnp migraine relief</i>	\$0(3)	NM; *
<i>gnp pain & fever children</i>	\$0(3)	NM; *
<i>gnp pain relief TABS</i>	\$0(3)	NM; *
<i>gnp pain relief extra str TABS</i>	\$0(3)	NM; *
<i>goodsense aspirin</i>	\$0(3)	NM; *
<i>goodsense aspirin adult l</i>	\$0(3)	NM; *
<i>goodsense pain & fever in</i>	\$0(3)	NM; *
<i>mapap LIQD; TABS</i>	\$0(3)	NM; *
<i>migraine formula</i>	\$0(3)	NM; *
<i>non-aspirin childrens</i>	\$0(3)	NM; *
<i>pain & fever</i>	\$0(3)	NM; *
<i>pain & fever childrens SOLN; SUSP</i>	\$0(3)	NM; *
<i>pain & fever extra streng</i>	\$0(3)	NM; *
<i>pain & fever infants</i>	\$0(3)	NM; *
<i>pain relief extra strengt TABS</i>	\$0(3)	NM; *
<i>pain reliever plus</i>	\$0(3)	NM; *
<i>pharbetol</i>	\$0(3)	NM; *
<i>pharbetol extra strength</i>	\$0(3)	NM; *
<i>qc aspirin</i>	\$0(3)	NM; *
<i>qc aspirin low dose</i>	\$0(3)	NM; *
<i>qc chewable aspirin low d</i>	\$0(3)	NM; *
<i>qc enteric aspirin</i>	\$0(3)	NM; *
<i>qc headache relief</i>	\$0(3)	NM; *
<i>qc non-aspirin childrens</i>	\$0(3)	NM; *
<i>qc non-aspirin extra stre</i>	\$0(3)	NM; *
<i>qc pain relief</i>	\$0(3)	NM; *

* - Non-Part D drugs or OTC items that are covered by Medicaid
PA - Prior Authorization **QL** - Quantity Limits
ST - Step Therapy **NM** - Not available at Mail-order **B/D** - Covered under Medicare B or D
LA - Limited Access

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>qc pain relief childrens</i>	\$0(3)	NM; *
<i>qc pain relief extra stre</i>	\$0(3)	NM; *
<i>qc pain relief infants</i>	\$0(3)	NM; *
<i>tri-buffered aspirin</i>	\$0(3)	NM; *
NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION		
<i>all day pain relief</i>	\$0(3)	NM; *
<i>all day relief</i>	\$0(3)	NM; *
<i>celecoxib CAPS 50mg</i>	\$0(1)	QL (240 caps / 30 days)
<i>celecoxib CAPS 100mg</i>	\$0(1)	QL (120 caps / 30 days)
<i>celecoxib CAPS 200mg</i>	\$0(1)	QL (60 caps / 30 days)
<i>celecoxib CAPS 400mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>diclofenac potassium</i>	\$0(1)	QL (120 tabs / 30 days)
<i>diclofenac sodium TB24; TBEC</i>	\$0(1)	
<i>diflunisal TABS</i>	\$0(1)	
<i>etodolac</i>	\$0(1)	
<i>etodolac er</i>	\$0(1)	
<i>flurbiprofen TABS</i>	\$0(1)	
<i>gnp all day pain relief</i>	\$0(3)	NM; *
<i>gnp ibuprofen TABS</i>	\$0(3)	NM; *
<i>gnp naproxen sodium TABS</i>	\$0(3)	NM; *
<i>goodsense naproxen sodium</i>	\$0(3)	NM; *
<i>ibu tab 600mg</i>	\$0(1)	
<i>ibu tab 800mg</i>	\$0(1)	
<i>ibu-200</i>	\$0(3)	NM; *
<i>ibuprofen SUSP</i>	\$0(1)	
<i>ibuprofen TABS 200mg</i>	\$0(3)	NM; *
<i>ibuprofen TABS 400mg, 600mg, 800mg</i>	\$0(1)	
<i>meloxicam TABS</i>	\$0(1)	
<i>nabumetone TABS</i>	\$0(1)	
<i>naproxen TABS</i>	\$0(1)	
<i>naproxen dr</i>	\$0(1)	
<i>naproxen sodium TABS 220mg</i>	\$0(3)	NM; *
<i>naproxen sodium TABS 275mg, 550mg</i>	\$0(1)	
<i>piroxicam CAPS</i>	\$0(1)	

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 Limits **ST** - Step Therapy **NM** - Not available at Mail-order **PA** - Prior Authorization **QL** - Quantity
LA - Limited Access **B/D** - Covered under Medicare B or D

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>qc ibuprofen ib</i>	\$0(3)	NM; *
<i>qc naproxen sodium</i>	\$0(3)	NM; *
<i>sulindac TABS</i>	\$0(1)	
OPIOID ANALGESICS - DRUGS TO TREAT PAIN		
<i>acetaminophen w/ codeine 300-15mg</i>	\$0(1)	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine 300-30mg</i>	\$0(1)	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine 300-60mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>acetaminophen w/ codeine soln</i>	\$0(1)	QL (2700 mL / 30 days)
<i>buprenorphine patch</i>	\$0(1)	QL (4 patches / 28 days), PA
<i>butorphanol tartrate SOLN 1mg/ml, 2mg/ml</i>	\$0(2)	
<i>nalbuphine hcl SOLN</i>	\$0(2)	
<i>tramadol hcl tab 50 mg</i>	\$0(1)	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen</i>	\$0(1)	QL (240 tabs / 30 days)
OPIOID ANALGESICS, CII - DRUGS TO TREAT PAIN		
<i>endocet 2.5-325mg</i>	\$0(1)	QL (360 tabs / 30 days)
<i>endocet 5-325mg</i>	\$0(1)	QL (360 tabs / 30 days)
<i>endocet 7.5-325mg</i>	\$0(1)	QL (240 tabs / 30 days)
<i>endocet 10-325mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>fentanyl citrate LPOP</i>	\$0(2)	QL (120 lozenges / 30 days), PA
<i>fentanyl patch 12 mcg/hr</i>	\$0(1)	QL (10 patches / 30 days), PA
<i>fentanyl patch 25 mcg/hr</i>	\$0(1)	QL (10 patches / 30 days), PA
<i>fentanyl patch 50 mcg/hr</i>	\$0(1)	QL (10 patches / 30 days), PA
<i>fentanyl patch 75 mcg/hr</i>	\$0(1)	QL (10 patches / 30 days), PA
<i>fentanyl patch 100 mcg/hr</i>	\$0(1)	QL (10 patches / 30 days), PA
<i>hydroco/apap tab 5-325mg</i>	\$0(1)	QL (240 tabs / 30 days)
<i>hydroco/apap tab 7.5-325</i>	\$0(1)	QL (180 tabs / 30 days)
<i>hydroco/apap tab 10-325mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen 7.5-325 mg/15ml</i>	\$0(1)	QL (2700 mL / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	\$0(1)	QL (150 tabs / 30 days)
<i>hydromorphone hcl LIQD</i>	\$0(1)	QL (600 mL / 30 days)
<i>hydromorphone hcl SOLN 10mg/ml, 50mg/5ml, 500mg/50ml</i>	\$0(2)	B/D
<i>hydromorphone hcl TABS</i>	\$0(1)	QL (180 tabs / 30 days)
<i>HYSINGLA ER</i>	\$0(2)	QL (30 tabs / 30 days), PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lorcet hd tab 10-325mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>lorcet plus tab 7.5-325</i>	\$0(1)	QL (180 tabs / 30 days)
<i>lorcet tab 5-325mg</i>	\$0(1)	QL (240 tabs / 30 days)
<i>methadone hcl SOLN 5mg/5ml, 10mg/5ml</i>	\$0(1)	QL (450 mL / 30 days), PA
<i>methadone hcl 5mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>methadone hcl 10mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>methadone hcl intensol</i>	\$0(1)	QL (90 mL / 30 days), PA
<i>morphine ext-rel tab</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>morphine sul inj 1mg/ml</i>	\$0(2)	B/D
<i>morphine sul inj 10mg/ml</i>	\$0(2)	B/D
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 150mg/30ml	\$0(2)	B/D
<i>morphine sulfate SOLN 4mg/ml, 8mg/ml, 10mg/ml</i>	\$0(2)	B/D
<i>morphine sulfate TABS</i>	\$0(1)	QL (180 tabs / 30 days)
<i>morphine sulfate oral soln 10mg/5ml</i>	\$0(1)	QL (900 mL / 30 days)
<i>morphine sulfate oral soln 20mg/5ml</i>	\$0(1)	QL (900 mL / 30 days)
<i>morphine sulfate oral soln 100mg/5ml</i>	\$0(1)	QL (180 mL / 30 days)
NUCYNTA ER	\$0(2)	QL (60 tabs / 30 days), PA
<i>oxycodone hcl CAPS</i>	\$0(1)	QL (180 caps / 30 days)
<i>oxycodone hcl CONC</i>	\$0(1)	QL (180 mL / 30 days)
<i>oxycodone hcl SOLN</i>	\$0(1)	QL (900 mL / 30 days)
<i>oxycodone hcl TABS</i>	\$0(1)	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen 2.5-325mg</i>	\$0(1)	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 5-325mg</i>	\$0(1)	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen 7.5-325mg</i>	\$0(1)	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen 10-325mg</i>	\$0(1)	QL (180 tabs / 30 days)
OXYCONTIN	\$0(2)	QL (60 tabs / 30 days), PA
ANESTHETICS - DRUGS FOR NUMBING		
LOCAL ANESTHETICS		
<i>lidocaine hcl (local anesth.)</i>	\$0(1)	B/D
<i>lidocaine inj 0.5%</i>	\$0(1)	B/D
<i>lidocaine inj 1%</i>	\$0(1)	B/D
<i>lidocaine inj 1.5% preservative free (pf)</i>	\$0(1)	B/D

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
ANTI-BACTERIALS - MISCELLANEOUS		
<i>amikacin sulfate</i> SOLN	\$0(1)	
<i>gentamicin in saline</i>	\$0(1)	
<i>gentamicin sulfate</i> SOLN	\$0(1)	
<i>neomycin sulfate</i> TABS	\$0(1)	
<i>paromomycin sulfate</i> CAPS	\$0(1)	
<i>streptomycin sulfate</i> SOLR	\$0(2)	
SULFADIAZINE TABS	\$0(2)	
<i>tobramycin</i> NEBU	\$0(2)	NM, PA
<i>tobramycin inj 1.2 gm/30ml</i>	\$0(1)	
<i>tobramycin inj 1.2gm</i>	\$0(2)	
<i>tobramycin inj 10mg/ml</i>	\$0(1)	
<i>tobramycin inj 80mg/2ml</i>	\$0(1)	
<i>tobramycin sulfate</i> SOLN	\$0(1)	
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole</i> TABS	\$0(2)	
ALINIA	\$0(2)	
<i>atovaquone</i> SUSP	\$0(2)	
<i>aztreonam</i>	\$0(1)	
CAYSTON	\$0(2)	NM, LA, PA
<i>clindamycin cap 75mg</i>	\$0(1)	
<i>clindamycin cap 300mg</i>	\$0(1)	
<i>clindamycin hcl cap 150 mg</i>	\$0(1)	
<i>clindamycin phosphate in d5w</i>	\$0(1)	
CLINDAMYCIN PHOSPHATE IN NACL	\$0(2)	
<i>clindamycin phosphate inj</i>	\$0(1)	
<i>clindamycin soln 75mg/5ml</i>	\$0(1)	
<i>colistimethate sodium</i> SOLR	\$0(1)	
<i>dapsone</i> TABS	\$0(1)	
<i>daptomycin</i>	\$0(2)	
EMVERM	\$0(2)	QL (12 tabs / 365 days)
<i>ertapenem sodium</i>	\$0(1)	
<i>imipenem-cilastatin</i>	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ivermectin</i> TABS	\$0(1)	
<i>linezolid in sodium chloride</i>	\$0(2)	
<i>linezolid inj</i>	\$0(1)	
<i>linezolid susp</i>	\$0(2)	
<i>linezolid tab 600mg</i>	\$0(1)	
<i>meropenem</i>	\$0(1)	
<i>methenamine hippurate</i>	\$0(1)	
<i>metronidazole</i> TABS	\$0(1)	
<i>metronidazole in nacl</i>	\$0(1)	
NEBUPENT	\$0(2)	B/D
<i>nitrofurantoin macrocrystal 50mg, 100mg</i>	\$0(2)	
<i>nitrofurantoin monohyd macro</i>	\$0(2)	
PENTAM 300	\$0(2)	
<i>pentamidine isethionate</i>	\$0(1)	
<i>praziquantel</i> TABS	\$0(1)	
<i>reeses pinworm medicine</i> SUSP	\$0(3)	NM; *
SIVEXTRO	\$0(2)	
<i>sulfamethoxazole-trimethop ds</i>	\$0(1)	
<i>sulfamethoxazole-trimethoprim inj</i>	\$0(1)	
<i>sulfamethoxazole-trimethoprim susp</i>	\$0(1)	
<i>sulfamethoxazole-trimethoprim tab 400-80mg</i>	\$0(1)	
SYNERCID	\$0(2)	
<i>tigecycline</i>	\$0(2)	
<i>trimethoprim</i> TABS	\$0(1)	
<i>vancomycin hcl</i> CAPS 125mg	\$0(1)	QL (120 caps / 30 days)
<i>vancomycin hcl</i> CAPS 250mg	\$0(2)	QL (240 caps / 30 days)
<i>vancomycin hcl</i> SOLR 1gm, 5gm, 10gm, 500mg, 750mg	\$0(1)	
VANCOMYCIN IN NAACL	\$0(2)	
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
ABELCET	\$0(2)	B/D
AMBISOME	\$0(2)	B/D
<i>amphotericin b</i> SOLR	\$0(1)	B/D
<i>caspofungin acetate</i>	\$0(2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fluconazole</i> SUSR; TABS	\$0(1)	
<i>fluconazole inj nacl</i> 200	\$0(1)	
<i>fluconazole inj nacl</i> 400	\$0(1)	
<i>flucytosine</i> CAPS	\$0(2)	
<i>griseofulvin microsize</i>	\$0(1)	
<i>griseofulvin ultramicrosize</i>	\$0(1)	
<i>itraconazole</i> CAPS	\$0(1)	PA
<i>ketoconazole</i> TABS	\$0(1)	PA
MYCAMINE	\$0(2)	
NOXAFIL SUSP	\$0(2)	QL (630 mL / 30 days)
NOXAFIL TBEC	\$0(2)	QL (93 tabs / 30 days)
<i>nystatin</i> TABS	\$0(1)	
<i>terbinafine hcl</i> TABS	\$0(1)	QL (90 tabs / year)
<i>voriconazole</i> SOLR	\$0(2)	PA
<i>voriconazole</i> SUSR	\$0(2)	PA
<i>voriconazole</i> TABS 50mg	\$0(1)	
<i>voriconazole</i> TABS 200mg	\$0(2)	
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
<i>atovaquone-proguanil hcl</i>	\$0(1)	
<i>chloroquine phosphate</i> TABS	\$0(1)	
COARTEM	\$0(2)	
<i>mefloquine hcl</i>	\$0(1)	
<i>primaquine phosphate</i> 26.3mg	\$0(1)	
PRIMAQUINE PHOSPHATE 26.3mg	\$0(2)	
<i>quinine sulfate</i> CAPS	\$0(1)	PA
ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate</i>	\$0(1)	
APTIVUS	\$0(2)	
<i>atazanavir sulfate</i>	\$0(1)	
CRIXIVAN	\$0(2)	
<i>didanosine</i>	\$0(1)	
EDURANT	\$0(2)	
<i>efavirenz</i> CAPS 50mg	\$0(1)	
<i>efavirenz</i> CAPS 200mg	\$0(2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>efavirenz</i> TABS	\$0(2)	
EMTRIVA	\$0(2)	
<i>fosamprenavir tab 700 mg</i>	\$0(2)	
FUZEON	\$0(2)	NM
INTELENCE	\$0(2)	
INVIRASE	\$0(2)	
ISENTRESS	\$0(2)	
ISENTRESS HD	\$0(2)	
<i>lamivudine</i>	\$0(1)	
LEXIVA SUSP	\$0(2)	
<i>nevirapine susp 50 mg/5ml</i>	\$0(1)	
<i>nevirapine tab 100mg er</i>	\$0(1)	
<i>nevirapine tab 200mg</i>	\$0(1)	
<i>nevirapine tab 400mg er</i>	\$0(1)	
NORVIR PACK	\$0(2)	
NORVIR SOLN	\$0(2)	
PIFELTRO	\$0(2)	
PREZISTA SUSP	\$0(2)	QL (400 mL / 30 days)
PREZISTA TABS 75mg	\$0(2)	QL (480 tabs / 30 days)
PREZISTA TABS 150mg	\$0(2)	QL (240 tabs / 30 days)
PREZISTA TABS 600mg	\$0(2)	QL (60 tabs / 30 days)
PREZISTA TABS 800mg	\$0(2)	QL (30 tabs / 30 days)
RESCRIPTOR	\$0(2)	
REYATAZ PACK	\$0(2)	
<i>ritonavir</i>	\$0(1)	
SELZENTRY	\$0(2)	
<i>stavudine</i>	\$0(1)	
<i>tenofovir disoproxil fumarate</i>	\$0(1)	
TIVICAY	\$0(2)	
TROGARZO	\$0(2)	NM, LA
TYBOST	\$0(2)	
VIDEX EC 125mg	\$0(2)	
VIDEX PEDIATRIC	\$0(2)	
VIRACEPT	\$0(2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VIREAD POWD	\$0(2)	
VIREAD TABS 150mg, 200mg, 250mg	\$0(2)	
<i>zidovudine cap 100mg</i>	\$0(1)	
<i>zidovudine syp 50mg/5ml</i>	\$0(1)	
<i>zidovudine tab 300mg</i>	\$0(1)	
ANTIRETROVIRAL COMBINATION AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION		
<i>abacavir sulfate-lamivudine</i>	\$0(1)	
<i>abacavir sulfate-lamivudine-zidovudine</i>	\$0(2)	
ATRIPLA	\$0(2)	
BIKTARVY	\$0(2)	
CIMDUO	\$0(2)	
COMPLERA	\$0(2)	
DELSTRIGO	\$0(2)	
DESCOVY	\$0(2)	
DOVATO	\$0(2)	
EVOTAZ	\$0(2)	
GENVOYA	\$0(2)	
JULUCA	\$0(2)	
KALETRA TAB 100-25MG	\$0(2)	
KALETRA TAB 200-50MG	\$0(2)	
<i>lamivudine-zidovudine</i>	\$0(1)	
<i>lopinavir-ritonavir</i>	\$0(1)	
ODEFSEY	\$0(2)	
PREZCOBIX	\$0(2)	
STRIBILD	\$0(2)	
SYMFI	\$0(2)	
SYMFI LO	\$0(2)	
SYMTUZA	\$0(2)	
TRIUMEQ	\$0(2)	
TRUVADA TAB 100-150	\$0(2)	QL (30 tabs / 30 days)
TRUVADA TAB 133-200	\$0(2)	QL (30 tabs / 30 days)
TRUVADA TAB 167-250	\$0(2)	QL (30 tabs / 30 days)
TRUVADA TAB 200-300	\$0(2)	QL (30 tabs / 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTITUBERCULAR AGENTS - DRUGS TO TREAT TUBERCULOSIS		
<i>cycloserine</i> CAPS	\$0(2)	
<i>ethambutol hcl</i> TABS	\$0(1)	
<i>isoniazid</i> TABS	\$0(1)	
<i>isoniazid syp 50mg/5ml</i>	\$0(1)	
PASER D/R	\$0(2)	
PRIFTIN	\$0(2)	
<i>pyrazinamide</i> TABS	\$0(1)	
<i>rifabutin</i>	\$0(1)	
<i>rifampin</i> CAPS; SOLR	\$0(1)	
RIFATER	\$0(2)	
SIRTURO	\$0(2)	LA, PA
TRECTOR	\$0(2)	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
<i>acyclovir</i> CAPS; SUSP; TABS	\$0(1)	
<i>acyclovir sodium</i>	\$0(1)	B/D
<i>adefovir dipivoxil</i>	\$0(2)	
BARACLUDE SOLN	\$0(2)	
<i>entecavir</i>	\$0(1)	
EPCLUSA	\$0(2)	NM, PA
EPIVIR HBV SOLN	\$0(2)	
<i>famciclovir</i>	\$0(1)	
<i>ganciclovir sodium</i>	\$0(1)	B/D
HARVONI	\$0(2)	NM, PA
<i>lamivudine (hbv)</i>	\$0(1)	
MAVYRET	\$0(2)	NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	\$0(1)	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	\$0(1)	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR	\$0(1)	QL (1080 mL / year)
PEGASYS	\$0(2)	NM, PA
PEGASYS PROCLICK	\$0(2)	NM, PA
REBETOL SOLN	\$0(2)	NM
RELENZA DISKHALER	\$0(2)	QL (6 inhalers / year)
<i>ribasphere</i> CAPS	\$0(1)	NM

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ribasphere</i> TABS 200mg	\$0(1)	NM
<i>ribasphere</i> TABS 600mg	\$0(2)	NM
<i>ribavirin</i> 200mg	\$0(1)	NM
<i>rimantadine hydrochloride</i>	\$0(1)	
<i>valacyclovir hcl</i> TABS	\$0(1)	
<i>valganciclovir hcl</i>	\$0(2)	
VEMLIDY	\$0(2)	
VOSEVI	\$0(2)	NM, PA
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
<i>cefaclor</i>	\$0(1)	
CEFACTOR MONOHYDRATE ER	\$0(2)	
<i>cefadroxil</i>	\$0(1)	
CEFAZOLIN IN DEXTROSE 2GM/100ML-4%	\$0(2)	
<i>cefazolin inj</i>	\$0(1)	
<i>cefazolin sodium</i> SOLR 1gm, 20gm	\$0(1)	
CEFAZOLIN SODIUM 1 GM/50ML	\$0(2)	
<i>cefdinir</i>	\$0(1)	
<i>cefepime hcl</i>	\$0(1)	
<i>cefixime</i> SUSR	\$0(1)	
<i>cefoxitin sodium</i>	\$0(1)	
<i>cefpodoxime proxetil</i>	\$0(1)	
<i>cefprozil</i>	\$0(1)	
<i>ceftazidime</i> SOLR	\$0(1)	
CEFTAZIDIME/DEXTROSE	\$0(2)	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	\$0(1)	
<i>cefuroxime axetil</i>	\$0(1)	
<i>cefuroxime sodium</i>	\$0(1)	
<i>cephalexin</i> CAPS 250mg, 500mg	\$0(1)	
<i>cephalexin</i> SUSR	\$0(1)	
<i>tazicef</i> SOLR	\$0(1)	
TEFLARO	\$0(2)	
ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS		
<i>azithromycin</i> PACK; SOLR; SUSR; TABS	\$0(1)	

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<i>clarithromycin</i> TABS	\$0(1)	
<i>clarithromycin er</i>	\$0(1)	
<i>clarithromycin for susp</i>	\$0(1)	
DIFICID	\$0(2)	
<i>e.e.s 400</i>	\$0(1)	
<i>ery-tab</i>	\$0(1)	
ERYTHROCIN LACTOBIONATE	\$0(2)	
<i>erythrocin stearate</i>	\$0(1)	
<i>erythromycin base</i>	\$0(1)	
<i>erythromycin cap 250mg ec</i>	\$0(1)	
<i>erythromycin ethylsuccinate</i> TABS	\$0(1)	
<i>erythromycin tab ec</i>	\$0(1)	
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS		
<i>ciprofloxacin</i> SUSR	\$0(1)	
<i>ciprofloxacin hcl tab</i>	\$0(1)	
<i>ciprofloxacin in d5w</i>	\$0(1)	
<i>levofloxacin</i> TABS	\$0(1)	
<i>levofloxacin in d5w</i>	\$0(1)	
<i>levofloxacin inj 25mg/ml</i>	\$0(1)	
<i>levofloxacin oral soln 25 mg/ml</i>	\$0(1)	
<i>moxifloxacin hcl</i> TABS	\$0(1)	
PENICILLINS - DRUGS TO TREAT INFECTIONS		
<i>amoxicillin</i>	\$0(1)	
<i>amoxicillin & pot clavulanate 200-28.5 chw tabs</i>	\$0(1)	
<i>amoxicillin & pot clavulanate 200/5ml susr</i>	\$0(1)	
<i>amoxicillin & pot clavulanate 250-125 tabs</i>	\$0(1)	
<i>amoxicillin & pot clavulanate 250/5ml susr</i>	\$0(1)	
<i>amoxicillin & pot clavulanate 400-57 chw tabs</i>	\$0(1)	
<i>amoxicillin & pot clavulanate 400/5ml susr</i>	\$0(1)	
<i>amoxicillin & pot clavulanate 500-125 tabs</i>	\$0(1)	
<i>amoxicillin & pot clavulanate 600/5ml susr</i>	\$0(1)	
<i>amoxicillin & pot clavulanate 875-125 tabs</i>	\$0(1)	
<i>amoxicillin & pot clavulanate er 12hr 1000-62.5 tabs</i>	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ampicillin & sulbactam sodium</i>	\$0(1)	
<i>ampicillin cap 500mg</i>	\$0(1)	
<i>ampicillin inj</i>	\$0(1)	
<i>ampicillin sodium</i>	\$0(1)	
BICILLIN L-A	\$0(2)	
<i>dicloxacillin sodium</i>	\$0(1)	
<i>nafcillin sodium 1gm, 2gm</i>	\$0(1)	
<i>nafcillin sodium 10gm</i>	\$0(2)	
NAFCILLIN SODIUM FOR INJ 10GM	\$0(2)	
<i>oxacillin sodium 1gm, 2gm</i>	\$0(1)	
<i>oxacillin sodium 10gm</i>	\$0(2)	
PENICILLIN G POT IN DEXTROSE 2MU	\$0(2)	
PENICILLIN G POT IN DEXTROSE 3MU	\$0(2)	
PENICILLIN G PROCAINE	\$0(2)	
<i>penicillin g sodium</i>	\$0(1)	
<i>penicillin v potassium</i>	\$0(1)	
<i>penicillin gk inj 5mu</i>	\$0(1)	
<i>penicillin gk inj 20mu</i>	\$0(1)	
<i>pfizerpen-g inj 5mu</i>	\$0(1)	
<i>pfizerpen-g inj 20mu</i>	\$0(1)	
<i>piper/tazoba inj 2-0.25gm</i>	\$0(1)	
<i>piper/tazoba inj 3-0.375gm</i>	\$0(1)	
<i>piper/tazoba inj 4-0.5gm</i>	\$0(1)	
<i>piper/tazoba inj 12-1.5gm</i>	\$0(1)	
<i>piper/tazoba inj 36-4.5gm</i>	\$0(1)	
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
<i>doxy 100</i>	\$0(1)	
<i>doxycycline (monohydrate) CAPS 50mg, 100mg</i>	\$0(1)	
<i>doxycycline (monohydrate) TABS 50mg, 75mg, 100mg</i>	\$0(1)	
<i>doxycycline hyclate CAPS</i>	\$0(1)	
<i>doxycycline hyclate SOLR</i>	\$0(1)	
<i>doxycycline hyclate TABS 20mg, 100mg</i>	\$0(1)	
<i>minocycline hcl CAPS</i>	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>mondoxyne nl cap 100mg</i>	\$0(1)	
<i>morgidox cap 1x50mg</i>	\$0(1)	
<i>tetracycline hcl CAPS</i>	\$0(1)	
ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
BENDEKA	\$0(2)	B/D, NM
<i>cyclophosphamide CAPS</i>	\$0(1)	B/D
<i>cyclophosphamide SOLR</i>	\$0(2)	B/D
EMCYT	\$0(2)	
GLEOSTINE	\$0(2)	
LEUKERAN	\$0(2)	
ANTHRACYCLINES		
<i>adriamycin SOLN</i>	\$0(1)	B/D
<i>doxorubicin hcl</i>	\$0(1)	B/D
<i>doxorubicin hcl liposomal</i>	\$0(2)	B/D
<i>epirubicin hcl</i>	\$0(1)	B/D
ANTIMETABOLITES		
<i>adrucil inj</i>	\$0(1)	B/D
ALIMTA	\$0(2)	B/D
<i>azacitidine</i>	\$0(2)	B/D
<i>cytarabine 20mg/ml</i>	\$0(1)	B/D
<i>fluorouracil SOLN</i>	\$0(1)	B/D
<i>gemcitabine inj soln</i>	\$0(1)	B/D
<i>gemcitabine inj solr</i>	\$0(1)	B/D
<i>mercaptopurine TABS</i>	\$0(1)	
<i>methotrexate sodium inj soln</i>	\$0(1)	B/D
<i>methotrexate sodium inj solr</i>	\$0(1)	B/D
PURIXAN	\$0(2)	NM
TABLOID	\$0(2)	
ANTIMITOTIC, TAXOIDS		
ABRAXANE	\$0(2)	B/D
<i>docetaxel CONC 20mg/ml, 80mg/4ml</i>	\$0(2)	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml, 200mg/10ml	\$0(2)	B/D

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>docetaxel</i> SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	\$0(2)	B/D
DOCETAXEL SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	\$0(2)	B/D
<i>paclitaxel</i>	\$0(1)	B/D
TAXOTERE 80mg/4ml	\$0(2)	B/D
ANTIMITOTIC, VINCA ALKALOIDS		
<i>vincristine sulfate</i>	\$0(1)	B/D
<i>vinorelbine tartrate</i>	\$0(1)	B/D
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN	\$0(2)	LA, PA
BORTEZOMIB	\$0(2)	PA
DAURISMO	\$0(2)	NM, LA, PA
ERIVEDGE	\$0(2)	NM, LA, PA
FARYDAK	\$0(2)	NM, LA, PA
HERCEPTIN	\$0(2)	PA
HERCEPTIN HYLECTA	\$0(2)	PA
IBRANCE	\$0(2)	QL (21 caps / 28 days), NM, LA, PA
IDHIFA	\$0(2)	QL (30 tabs / 30 days), NM, LA, PA
KADCYLA	\$0(2)	B/D
KEYTRUDA	\$0(2)	NM, PA
KISQALI	\$0(2)	NM, PA
KISQALI FEMARA 200 DOSE	\$0(2)	NM, PA
KISQALI FEMARA 400 DOSE	\$0(2)	NM, PA
KISQALI FEMARA 600 DOSE	\$0(2)	NM, PA
LYNPARZA	\$0(2)	NM, LA, PA
NINLARO	\$0(2)	NM, PA
ODOMZO	\$0(2)	NM, LA, PA
RITUXAN	\$0(2)	LA, PA
RITUXAN HYCELA	\$0(2)	NM, LA, PA
RUBRACA	\$0(2)	NM, LA, PA
TALZENNA	\$0(2)	NM, LA, PA
TECENTRIQ	\$0(2)	NM, LA, PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TIBSOVO	\$0(2)	NM, LA, PA
VELCADE	\$0(2)	PA
VENCLEXTA	\$0(2)	NM, LA, PA
VENCLEXTA STARTING PACK	\$0(2)	NM, LA, PA
VERZENIO	\$0(2)	NM, LA, PA
ZEJULA	\$0(2)	NM, LA, PA
ZOLINZA	\$0(2)	NM, PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i>	\$0(2)	NM, PA
<i>anastrozole</i> TABS	\$0(1)	
<i>bicalutamide</i>	\$0(1)	
DEPO-PROVERA INJ 400/ML	\$0(2)	B/D
ERLEADA	\$0(2)	NM, LA, PA
<i>exemestane</i>	\$0(1)	
<i>flutamide</i>	\$0(1)	
<i>fulvestrant</i>	\$0(2)	B/D
<i>letrozole</i> TABS	\$0(1)	
<i>leuprolide inj 1mg/0.2</i>	\$0(1)	NM, PA
LUPRON DEPOT (1-MONTH) 3.75mg	\$0(2)	NM, PA
LUPRON DEPOT INJ 11.25MG (3-MONTH)	\$0(2)	NM, PA
LYSODREN	\$0(2)	
<i>megestrol ac sus 40mg/ml</i>	\$0(2)	
<i>megestrol ac tab 20mg</i>	\$0(2)	
<i>megestrol ac tab 40mg</i>	\$0(2)	
<i>megestrol sus 625mg/5ml</i>	\$0(2)	PA
<i>nilutamide</i>	\$0(2)	
NUBEQA	\$0(2)	NM, LA, PA
SOLTAMOX	\$0(2)	
<i>tamoxifen citrate</i> TABS	\$0(1)	
<i>toremifene citrate</i>	\$0(2)	
TRELSTAR DEP INJ 3.75MG	\$0(2)	NM, PA
TRELSTAR LA INJ 11.25MG	\$0(2)	NM, PA
XTANDI	\$0(2)	NM, LA, PA
ZYTIGA 500mg	\$0(2)	NM, LA, PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
IMMUNOMODULATORS		
POMALYST CAP 1MG	\$0(2)	QL (21 caps / 21 days), NM, LA, PA
POMALYST CAP 2MG	\$0(2)	QL (21 caps / 21 days), NM, LA, PA
POMALYST CAP 3MG	\$0(2)	QL (21 caps / 28 days), NM, LA, PA
POMALYST CAP 4MG	\$0(2)	QL (21 caps / 28 days), NM, LA, PA
REVLIMID	\$0(2)	QL (28 caps / 28 days), NM, LA, PA
THALOMID 50mg, 100mg	\$0(2)	QL (28 caps / 28 days), NM, PA
THALOMID 150mg, 200mg	\$0(2)	QL (56 caps / 28 days), NM, PA
KINASE INHIBITORS		
AFINITOR	\$0(2)	QL (30 tabs / 30 days), NM, PA
AFINITOR DISPERZ 2mg	\$0(2)	QL (150 tabs / 30 days), NM, PA
AFINITOR DISPERZ 3mg	\$0(2)	QL (90 tabs / 30 days), NM, PA
AFINITOR DISPERZ 5mg	\$0(2)	QL (60 tabs / 30 days), NM, PA
ALECENSA	\$0(2)	NM, LA, PA
ALUNBRIG	\$0(2)	NM, LA, PA
BALVERSA	\$0(2)	NM, LA, PA
BOSULIF	\$0(2)	NM, PA
BRAFTOVI	\$0(2)	NM, LA, PA
CABOMETYX	\$0(2)	QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE	\$0(2)	NM, LA, PA
CAPRELSA	\$0(2)	NM, LA, PA
COMETRIQ	\$0(2)	NM, LA, PA
COPIKTRA	\$0(2)	NM, LA, PA
COTELLIC	\$0(2)	NM, LA, PA
<i>erlotinib hcl 25mg</i>	\$0(2)	QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl 100mg, 150mg</i>	\$0(2)	QL (30 tabs / 30 days), NM, PA
GILOTRIF TAB 20MG	\$0(2)	NM, LA, PA
GILOTRIF TAB 30MG	\$0(2)	NM, LA, PA
GILOTRIF TAB 40MG	\$0(2)	NM, LA, PA
ICLUSIG	\$0(2)	NM, LA, PA

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<i>imatinib mesylate 100mg</i>	\$0(2)	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate 400mg</i>	\$0(2)	QL (60 tabs / 30 days), NM, PA
IMBRUVICA	\$0(2)	NM, LA, PA
INLYTA 1mg	\$0(2)	QL (180 tabs / 30 days), NM, LA, PA
INLYTA 5mg	\$0(2)	QL (120 tabs / 30 days), NM, LA, PA
INREBIC	\$0(2)	NM, LA, PA
IRESSA	\$0(2)	NM, LA, PA
JAKAFI	\$0(2)	QL (60 tabs / 30 days), NM, LA, PA
LENVIMA 4 MG DAILY DOSE	\$0(2)	NM, LA, PA
LENVIMA 8 MG DAILY DOSE	\$0(2)	NM, LA, PA
LENVIMA 10 MG DAILY DOSE	\$0(2)	NM, LA, PA
LENVIMA 12MG DAILY DOSE	\$0(2)	NM, LA, PA
LENVIMA 14 MG DAILY DOSE	\$0(2)	NM, LA, PA
LENVIMA 18 MG DAILY DOSE	\$0(2)	NM, LA, PA
LENVIMA 20 MG DAILY DOSE	\$0(2)	NM, LA, PA
LENVIMA 24 MG DAILY DOSE	\$0(2)	NM, LA, PA
LORBRENA	\$0(2)	NM, LA, PA
MEKINIST	\$0(2)	NM, LA, PA
MEKTOVI	\$0(2)	NM, LA, PA
NERLYNX	\$0(2)	NM, LA, PA
NEXAVAR	\$0(2)	NM, LA, PA
PIQRAY 200MG DAILY DOSE	\$0(2)	NM, PA
PIQRAY 250MG DAILY DOSE	\$0(2)	NM, PA
PIQRAY 300MG DAILY DOSE	\$0(2)	NM, PA
RYDAPT	\$0(2)	NM, PA
SPRYCEL	\$0(2)	NM, PA
STIVARGA	\$0(2)	NM, LA, PA
SUTENT	\$0(2)	QL (30 caps / 30 days), NM, PA
TAFINLAR	\$0(2)	NM, LA, PA
TAGRISO	\$0(2)	QL (30 tabs / 30 days), NM, LA, PA
TASIGNA	\$0(2)	NM, PA

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TURALIO	\$0(2)	NM, LA, PA
TYKERB	\$0(2)	NM, LA, PA
VITRAKVI	\$0(2)	NM, LA, PA
VIZIMPRO	\$0(2)	NM, LA, PA
VOTRIENT	\$0(2)	NM, LA, PA
XALKORI	\$0(2)	NM, LA, PA
XOSPATA	\$0(2)	NM, LA, PA
ZELBORAF	\$0(2)	NM, LA, PA
ZYDELIG	\$0(2)	NM, LA, PA
ZYKADIA	\$0(2)	NM, LA, PA
MISCELLANEOUS		
<i>bexarotene</i>	\$0(2)	NM, PA
<i>hydroxyurea</i> CAPS	\$0(1)	
LONSURF	\$0(2)	NM, PA
MATULANE	\$0(2)	LA
SYLATRON	\$0(2)	PA
SYNRIBO	\$0(2)	NM, PA
<i>tretinoin (chemotherapy)</i>	\$0(2)	
XPOVIO 60 MG ONCE WEEKLY	\$0(2)	NM, LA, PA
XPOVIO 80 MG ONCE WEEKLY	\$0(2)	NM, LA, PA
XPOVIO 80 MG TWICE WEEKLY	\$0(2)	NM, LA, PA
XPOVIO 100 MG ONCE WEEKLY	\$0(2)	NM, LA, PA
PLATINUM-BASED AGENTS		
<i>carboplatin</i>	\$0(1)	B/D
<i>cisplatin</i> SOLN	\$0(1)	B/D
<i>oxaliplatin inj 50mg</i>	\$0(2)	B/D
<i>oxaliplatin inj 50mg/10ml</i>	\$0(1)	B/D
<i>oxaliplatin inj 100mg</i>	\$0(2)	B/D
<i>oxaliplatin inj 100mg/20ml</i>	\$0(1)	B/D
PROTECTIVE AGENTS		
<i>leucovorin calcium</i> SOLN 500mg/50ml	\$0(1)	B/D
<i>leucovorin calcium</i> SOLR	\$0(1)	B/D
<i>leucovorin calcium</i> TABS	\$0(1)	
MESNEX TABS	\$0(2)	

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TOPOISOMERASE INHIBITORS		
<i>etoposide SOLN</i>	\$0(1)	B/D
<i>irinotecan hcl</i>	\$0(1)	B/D
<i>toposar</i>	\$0(1)	B/D
CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>amlodipine--benazepril hcl cap 10-20 mg</i>	\$0(1)	
<i>amlodipine-benazepril hcl cap 2.5-10 mg</i>	\$0(1)	
<i>amlodipine-benazepril hcl cap 5-10 mg</i>	\$0(1)	
<i>amlodipine-benazepril hcl cap 5-20 mg</i>	\$0(1)	
<i>amlodipine-benazepril hcl cap 5-40 mg</i>	\$0(1)	
<i>amlodipine-benazepril hcl cap 10-40mg</i>	\$0(1)	
<i>benazepril & hydrochlorothiazide</i>	\$0(1)	
<i>captopril & hydrochlorothiazide</i>	\$0(1)	
<i>enalapril maleate & hydrochlorothiazide</i>	\$0(1)	
<i>fosinopril sodium & hydrochlorothiazide</i>	\$0(1)	
<i>lisinopril & hydrochlorothiazide</i>	\$0(1)	
<i>quinapril-hydrochlorothiazide</i>	\$0(1)	
ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>benazepril hcl TABS</i>	\$0(1)	
<i>captopril TABS</i>	\$0(1)	
<i>enalapril maleate TABS</i>	\$0(1)	
<i>fosinopril sodium</i>	\$0(1)	
<i>lisinopril TABS</i>	\$0(1)	
<i>moexipril hcl</i>	\$0(1)	
<i>perindopril erbumine</i>	\$0(1)	
<i>quinapril hcl</i>	\$0(1)	
<i>ramipril</i>	\$0(1)	
<i>trandolapril</i>	\$0(1)	
ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>eplerenone</i>	\$0(1)	
<i>spironolactone TABS</i>	\$0(1)	
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>doxazosin mesylate TABS</i>	\$0(1)	

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<i>prazosin hcl</i>	\$0(1)	
<i>terazosin hcl</i>	\$0(1)	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>amlodipine besylate-olmesartan medoxomil</i>	\$0(1)	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	\$0(1)	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	\$0(1)	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	\$0(1)	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	\$0(1)	
<i>amlodipine-valsartan-hydrochlorothiazide 5-160-12.5mg</i>	\$0(1)	
<i>amlodipine-valsartan-hydrochlorothiazide 5-160-25mg</i>	\$0(1)	
<i>amlodipine-valsartan-hydrochlorothiazide 10-160-12.5mg</i>	\$0(1)	
<i>amlodipine-valsartan-hydrochlorothiazide 10-160-25mg</i>	\$0(1)	
<i>amlodipine-valsartan-hydrochlorothiazide 10-320-25mg</i>	\$0(1)	
<i>candesartan cilexetil-hydrochlorothiazide</i>	\$0(1)	
ENTRESTO	\$0(2)	
<i>irbesartan-hydrochlorothiazide</i>	\$0(1)	
<i>losartan-hydrochlorothiazide</i>	\$0(1)	
<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>	\$0(1)	
<i>olmesartan medoxomil-hydrochlorothiazide</i>	\$0(1)	
<i>telmisartan-amlodipine</i>	\$0(1)	
<i>telmisartan-hydrochlorothiazide</i>	\$0(1)	
<i>valsartan-hydrochlorothiazide</i>	\$0(1)	
ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE		
<i>candesartan cilexetil</i>	\$0(1)	
<i>eprosartan mesylate</i>	\$0(1)	
<i>irbesartan</i>	\$0(1)	
<i>losartan potassium</i>	\$0(1)	
<i>olmesartan medoxomil TABS</i>	\$0(1)	

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<i>telmisartan</i>	\$0(1)	
<i>valsartan</i>	\$0(1)	
ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM		
<i>amiodarone hcl soln</i>	\$0(1)	
<i>amiodarone tab 100mg</i>	\$0(1)	
<i>amiodarone tab 200mg</i>	\$0(1)	
<i>amiodarone tab 400mg</i>	\$0(1)	
<i>disopyramide phosphate</i>	\$0(2)	
<i>dofetilide</i>	\$0(1)	
<i>flecainide acetate</i>	\$0(1)	
MULTAQ	\$0(2)	
NORPACE CR	\$0(2)	
<i>pacerone</i>	\$0(1)	
<i>propafenone hcl</i>	\$0(1)	
<i>propafenone hcl 12hr</i>	\$0(1)	
<i>quinidine sulfate</i>	\$0(1)	
<i>sorine</i>	\$0(1)	
<i>sotalol hcl</i>	\$0(1)	
<i>sotalol hcl (afib/afI)</i>	\$0(1)	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>atorvastatin calcium TABS</i>	\$0(1)	
<i>lovastatin</i>	\$0(1)	
<i>pravastatin sodium</i>	\$0(1)	
<i>rosuvastatin calcium</i>	\$0(1)	QL (30 tabs / 30 days)
<i>simvastatin TABS 5mg, 10mg, 20mg, 40mg</i>	\$0(1)	
<i>simvastatin TABS 80mg</i>	\$0(1)	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL		
<i>cholestyramine</i>	\$0(1)	
<i>cholestyramine light pack</i>	\$0(1)	
<i>cholestyramine light powd</i>	\$0(1)	
<i>colesevelam hcl</i>	\$0(1)	
<i>colestipol hcl gran</i>	\$0(1)	
<i>colestipol hcl pack</i>	\$0(1)	
<i>colestipol hcl tabs</i>	\$0(1)	

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 Limits **ST** - Step Therapy **NM** - Not available at Mail-order **PA** - Prior Authorization **QL** - Quantity
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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ezetimibe</i>	\$0(1)	
<i>ezetimibe-simvastatin</i>	\$0(1)	
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	\$0(1)	
<i>fenofibrate micronized</i> 67mg, 134mg, 200mg	\$0(1)	
<i>gemfibrozil</i> TABS	\$0(1)	
JUXTAPID	\$0(2)	NM, LA, PA
<i>niacin (antihyperlipidemic)</i>	\$0(1)	
<i>niacin er (antihyperlipidemic)</i> 500mg	\$0(1)	QL (60 tabs / 30 days)
<i>niacin er (antihyperlipidemic)</i> 750mg, 1000mg	\$0(1)	
<i>niacor</i>	\$0(1)	
PRALUENT	\$0(2)	PA
<i>prevalite</i>	\$0(1)	
VASCEPA	\$0(2)	
BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>atenolol & chlorthalidone</i>	\$0(1)	
<i>bisoprolol & hydrochlorothiazide</i>	\$0(1)	
<i>metoprolol & hctz tab 50-25mg</i>	\$0(1)	
<i>metoprolol & hctz tab 100-25mg</i>	\$0(1)	
<i>metoprolol & hctz tab 100-50mg</i>	\$0(1)	
<i>propranolol & hydrochlorothiazide</i>	\$0(1)	
BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>acebutolol hcl</i> CAPS	\$0(1)	
<i>atenolol</i> TABS	\$0(1)	
<i>betaxolol hcl</i>	\$0(1)	
<i>bisoprolol fumarate</i>	\$0(1)	
BYSTOLIC 2.5mg, 5mg, 10mg	\$0(2)	QL (30 tabs / 30 days)
BYSTOLIC 20mg	\$0(2)	QL (60 tabs / 30 days)
<i>carvedilol</i>	\$0(1)	
<i>labetalol hcl</i> TABS	\$0(1)	
<i>metoprolol succinate</i>	\$0(1)	
<i>metoprolol tartrate</i> SOCT	\$0(1)	
<i>metoprolol tartrate</i> SOLN	\$0(1)	
<i>metoprolol tartrate</i> TABS 25mg, 50mg, 100mg	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nadolol</i> TABS	\$0(1)	
<i>pindolol</i>	\$0(1)	
<i>propranolol cap er</i>	\$0(1)	
<i>propranolol hcl</i> TABS	\$0(1)	
<i>propranolol oral sol</i>	\$0(1)	
<i>timolol maleate</i> TABS	\$0(1)	
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS		
<i>amlodipine besylate</i> TABS	\$0(1)	
<i>cartia xt cap 120/24hr</i>	\$0(1)	
<i>cartia xt cap 180/24hr</i>	\$0(1)	
<i>cartia xt cap 240/24hr</i>	\$0(1)	
<i>cartia xt cap 300/24hr</i>	\$0(1)	
<i>dilt-xr cap</i>	\$0(1)	
<i>diltiazem cap 240mg cd</i>	\$0(1)	
<i>diltiazem cap 360mg cd</i>	\$0(1)	
<i>diltiazem cap er/12hr</i>	\$0(1)	
<i>diltiazem hcl</i> TABS	\$0(1)	
<i>diltiazem hcl coated beads</i> CP24	\$0(1)	
<i>diltiazem hcl coated beads cap sr 24hr</i>	\$0(1)	
<i>diltiazem hcl extended release beads cap sr</i>	\$0(1)	
<i>diltiazem inj</i>	\$0(1)	
<i>felodipine</i>	\$0(1)	
<i>isradipine</i>	\$0(1)	
<i>nicardipine hcl</i> CAPS	\$0(1)	
<i>nifedipine</i> TB24	\$0(1)	
<i>nifedipine er</i>	\$0(1)	
<i>nimodipine</i> CAPS	\$0(2)	
NYMALIZE	\$0(2)	
<i>taztia xt</i>	\$0(1)	
<i>verapamil cap er</i>	\$0(1)	
<i>verapamil hcl</i> SOLN; TABS	\$0(1)	
<i>verapamil hcl tab er</i>	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS		
<i>digitek .25mg</i>	\$0(1)	PA; PA if 70 years and older
<i>digitek .125mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>digox 125mcg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>digox 250mcg</i>	\$0(1)	PA; PA if 70 years and older
<i>digoxin TABS 125mcg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>digoxin TABS 250mcg</i>	\$0(1)	PA; PA if 70 years and older
<i>digoxin inj</i>	\$0(1)	
<i>digoxin sol 50mcg/ml</i>	\$0(1)	PA; PA if 70 years and older
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
<i>acetazolamide CP12; TABS</i>	\$0(1)	
<i>amiloride & hydrochlorothiazide</i>	\$0(1)	
<i>amiloride hcl TABS</i>	\$0(1)	
<i>bumetanide</i>	\$0(1)	
<i>chlorothiazide tabs</i>	\$0(1)	
<i>chlorthalidone</i>	\$0(1)	
<i>furosemide SOLN; TABS</i>	\$0(1)	
<i>furosemide inj</i>	\$0(1)	
<i>hydrochlorothiazide CAPS; TABS</i>	\$0(1)	
<i>indapamide</i>	\$0(1)	
<i>methazolamide TABS</i>	\$0(1)	
<i>metolazone</i>	\$0(1)	
<i>spironolactone & hydrochlorothiazide</i>	\$0(1)	
<i>toremide tabs</i>	\$0(1)	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	\$0(1)	
<i>triamterene & hydrochlorothiazide tabs</i>	\$0(1)	
MISCELLANEOUS		
<i>aliskiren fumarate</i>	\$0(1)	
<i>clonidine hcl TABS</i>	\$0(1)	
<i>clonidine hcl ptwk</i>	\$0(1)	
CORLANOR	\$0(2)	
DEMSER	\$0(2)	PA
<i>hydralazine hcl SOLN; TABS</i>	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>midodrine hcl</i>	\$0(1)	
<i>minoxidil</i> TABS	\$0(1)	
NORTHERA 100mg	\$0(2)	QL (90 caps / 30 days), NM, LA, PA
NORTHERA 200mg, 300mg	\$0(2)	QL (180 caps / 30 days), NM, LA, PA
<i>ranolazine</i>	\$0(1)	
NITRATES - DRUGS TO TREAT HEART CONDITIONS		
<i>isosorb mononitrate tab</i>	\$0(1)	
<i>isosorbide dinitrate</i>	\$0(1)	
<i>isosorbide dinitrate er</i>	\$0(1)	
<i>isosorbide mononitrate er</i>	\$0(1)	
<i>minitran</i>	\$0(1)	
NITRO-BID	\$0(2)	
NITRO-DUR DIS 0.3MG/HR	\$0(2)	
NITRO-DUR DIS 0.8MG/HR	\$0(2)	
<i>nitroglycerin</i> SOLN .4mg/spray	\$0(1)	
<i>nitroglycerin</i> SUBL	\$0(1)	
<i>nitroglycerin td patch</i>	\$0(1)	
PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT PULMONARY HYPERTENSION		
ADEMPAS	\$0(2)	QL (90 tabs / 30 days), NM, LA, PA
<i>ambrisentan</i>	\$0(2)	QL (30 tabs / 30 days), NM, LA, PA
<i>bosentan 62.5mg</i>	\$0(2)	QL (120 tabs / 30 days), NM, LA, PA
<i>bosentan 125mg</i>	\$0(2)	QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT	\$0(2)	QL (30 tabs / 30 days), NM, LA, PA
<i>sildenafil citrate tab 20 mg (pulmonary hypertension)</i>	\$0(1)	QL (90 tabs / 30 days), NM, PA
<i>treprostinil</i>	\$0(2)	NM, LA, PA
VENTAVIS	\$0(2)	NM, PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
ANTI-ANXIETY - DRUGS TO TREAT ANXIETY		
<i>alprazolam tab 0.5mg</i>	\$0(1)	QL (150 tabs / 30 days)
<i>alprazolam tab 0.25mg</i>	\$0(1)	QL (150 tabs / 30 days)
<i>alprazolam tab 1mg</i>	\$0(1)	QL (150 tabs / 30 days)
<i>alprazolam tab 2mg</i>	\$0(1)	QL (150 tabs / 30 days)
<i>bupirone hcl TABS</i>	\$0(1)	
<i>fluvoxamine maleate TABS</i>	\$0(1)	
<i>lorazepam SOLN</i>	\$0(1)	
<i>lorazepam TABS</i>	\$0(1)	QL (150 tabs / 30 days)
<i>lorazepam intensol</i>	\$0(1)	QL (150 mL / 30 days)
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES		
APTIOM	\$0(2)	QL (60 tabs / 30 days)
BANZEL SUS 40MG/ML	\$0(2)	PA
BANZEL TAB 200MG	\$0(2)	PA
BANZEL TAB 400MG	\$0(2)	PA
BRIVIACT INJ 50MG/5ML	\$0(2)	PA
BRIVIACT SOL 10MG/ML	\$0(2)	PA
BRIVIACT TAB 10MG	\$0(2)	PA
BRIVIACT TAB 25MG	\$0(2)	PA
BRIVIACT TAB 50MG	\$0(2)	PA
BRIVIACT TAB 75MG	\$0(2)	PA
BRIVIACT TAB 100MG	\$0(2)	PA
<i>carbamazepine CHEW; CP12; SUSP; TABS; TB12</i>	\$0(1)	
CELONTIN	\$0(2)	
<i>clobazam</i>	\$0(1)	PA
<i>clonazepam TABS 2mg</i>	\$0(1)	QL (300 tabs / 30 days)
<i>clonazepam TABS .5mg, 1mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>clonazepam TBDP 2mg</i>	\$0(1)	QL (300 tabs / 30 days)
<i>clonazepam TBDP .125mg, .25mg, .5mg, 1mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i>	\$0(1)	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIASTAT ACUDIAL	\$0(2)	
DIASTAT PEDIATRIC	\$0(2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>diazepam</i> TABS	\$0(1)	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam gel</i>	\$0(1)	
<i>diazepam inj</i>	\$0(1)	
<i>diazepam intensol</i>	\$0(1)	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam oral soln 1 mg/ml</i>	\$0(1)	QL (1200 mL / 30 days), PA; PA if 65 years and older
DILANTIN CAP 30MG	\$0(2)	
DILANTIN CAP 100MG	\$0(2)	
DILANTIN CHEW TAB 50MG	\$0(2)	
DILANTIN-125 SUSP	\$0(2)	
<i>divalproex sodium</i> CSDR; TB24; TBEC	\$0(1)	
EPIDIOLEX	\$0(2)	QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i>	\$0(1)	
<i>ethosuximide</i> CAPS; SOLN	\$0(1)	
<i>felbamate</i> SUSP	\$0(2)	
<i>felbamate</i> TABS	\$0(1)	
FYCOMPA SUSP	\$0(2)	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg, 4mg, 6mg	\$0(2)	QL (60 tabs / 30 days), PA
FYCOMPA TABS 8mg, 10mg, 12mg	\$0(2)	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg	\$0(1)	QL (1080 caps / 30 days)
<i>gabapentin</i> CAPS 300mg	\$0(1)	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	\$0(1)	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN	\$0(1)	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	\$0(1)	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	\$0(1)	QL (120 tabs / 30 days)
<i>lamotrigine</i> CHEW; TABS; TB24	\$0(1)	
<i>levetiracetam</i> SOLN; TABS; TB24	\$0(1)	
<i>levetiracetam in sodium chloride</i>	\$0(1)	
<i>levetiracetam oral soln 100 mg/ml</i>	\$0(1)	
<i>oxcarbazepine</i>	\$0(1)	
PEGANONE	\$0(2)	
<i>phenobarbital</i> ELIX; TABS	\$0(2)	PA; PA if 70 years and older

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PHENOBARBITAL SODIUM SOLN 65mg/ml	\$0(2)	PA; PA if 70 years and older
<i>phenobarbital sodium</i> SOLN 130mg/ml	\$0(2)	PA; PA if 70 years and older
PHENYTEK	\$0(2)	
<i>phenytoin</i> CHEW; SUSP	\$0(1)	
<i>phenytoin sodium extended</i>	\$0(1)	
<i>phenytoin sodium inj</i> 50mg/ml	\$0(1)	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	\$0(1)	QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	\$0(1)	QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	\$0(1)	QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN	\$0(1)	QL (900 mL / 30 days), PA
<i>primidone</i> TABS	\$0(1)	
<i>roweepira</i>	\$0(1)	
<i>roweepira xr</i>	\$0(1)	
SPRITAM	\$0(2)	
<i>subvenite tab</i>	\$0(1)	
SYMPAZAN	\$0(2)	PA
<i>tiagabine hcl</i>	\$0(1)	
<i>topiramate</i> CPSP; TABS	\$0(1)	
<i>valproate sodium</i> SOLN	\$0(1)	
<i>valproic acid</i> CAPS	\$0(1)	
<i>vigabatrin powd pack</i> 500mg	\$0(2)	QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin tab</i> 500mg	\$0(2)	QL (180 tabs / 30 days), NM, LA, PA
<i>vigadrone</i>	\$0(2)	QL (180 packets / 30 days), NM, LA, PA
VIMPAT 50mg	\$0(2)	QL (120 tabs / 30 days)
VIMPAT 100mg, 150mg, 200mg	\$0(2)	QL (60 tabs / 30 days)
VIMPAT INJ 200MG/20ML	\$0(2)	
VIMPAT SOL 10MG/ML	\$0(2)	QL (1200 mL / 30 days)
<i>zonisamide</i> CAPS	\$0(1)	
ANTIDEMENTIA - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
<i>donepezil hydrochloride</i> TABS 5mg	\$0(1)	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>donepezil hydrochloride</i> TBDP 5mg	\$0(1)	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TBDP 10mg	\$0(1)	
<i>galantamine hydrobromide</i> SOLN	\$0(1)	
<i>galantamine hydrobromide</i> TABS	\$0(1)	QL (60 tabs / 30 days)
<i>galantamine hydrobromide er</i>	\$0(1)	QL (30 caps / 30 days)
<i>memantine hcl cp24</i>	\$0(1)	PA; PA if < 30 yrs
<i>memantine soln</i>	\$0(1)	PA; PA if < 30 yrs
<i>memantine tabs</i>	\$0(1)	PA; PA if < 30 yrs
<i>memantine titration pak</i>	\$0(2)	PA; PA if < 30 yrs
NAMZARIC	\$0(2)	
<i>rivastigmine tartrate</i> 1.5mg, 3mg	\$0(1)	QL (90 caps / 30 days)
<i>rivastigmine tartrate</i> 4.5mg, 6mg	\$0(1)	QL (60 caps / 30 days)
<i>rivastigmine td patch 24hr</i> 4.6 mg/24hr	\$0(1)	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr</i> 9.5 mg/24hr	\$0(1)	QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr</i> 13.3 mg/24hr	\$0(1)	QL (30 patches / 30 days)
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
<i>amitriptyline hcl</i> TABS	\$0(2)	
<i>amoxapine tab</i> 25mg	\$0(2)	
<i>amoxapine tab</i> 50mg	\$0(2)	
<i>amoxapine tab</i> 100mg	\$0(2)	
<i>amoxapine tab</i> 150mg	\$0(2)	
<i>bupropion hcl</i> TABS	\$0(1)	
<i>bupropion hcl</i> TB12	\$0(1)	
<i>bupropion hcl</i> TB24 150mg, 300mg	\$0(1)	
<i>citalopram hydrobromide</i>	\$0(1)	
<i>clomipramine hcl</i> CAPS	\$0(2)	PA
<i>desipramine hcl</i> TABS	\$0(2)	
<i>desvenlafaxine succinate</i>	\$0(1)	QL (30 tabs / 30 days), PA
<i>doxepin hcl</i> CAPS; CONC	\$0(2)	
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	\$0(1)	QL (60 caps / 30 days)
EMSAM	\$0(2)	QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i>	\$0(1)	
FETZIMA 20mg, 40mg	\$0(2)	QL (60 caps / 30 days), PA
FETZIMA 80mg, 120mg	\$0(2)	QL (30 caps / 30 days), PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FETZIMA TITRATION PACK	\$0(2)	PA
<i>fluoxetine cap 10mg</i>	\$0(1)	
<i>fluoxetine cap 20mg</i>	\$0(1)	
<i>fluoxetine cap 40mg</i>	\$0(1)	
<i>fluoxetine hcl</i> SOLN	\$0(1)	
<i>imipramine hcl</i> TABS	\$0(2)	
<i>maprotiline hcl</i>	\$0(1)	
MARPLAN TAB 10MG	\$0(2)	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS; TBDP	\$0(1)	
<i>nefazodone hcl</i>	\$0(1)	
<i>nortriptyline hcl</i> CAPS; SOLN	\$0(2)	
<i>paroxetine hcl tabs</i>	\$0(2)	
PAXIL SUSP	\$0(2)	QL (900 mL / 30 days)
<i>phenelzine sulfate</i> TABS	\$0(1)	
<i>protriptyline hcl</i>	\$0(2)	
<i>sertraline hcl</i> CONC; TABS	\$0(1)	
<i>tranylcypromine sulfate</i>	\$0(1)	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	\$0(1)	
<i>trimipramine maleate</i> CAPS 25mg	\$0(2)	QL (240 caps / 30 days)
<i>trimipramine maleate</i> CAPS 50mg	\$0(2)	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	\$0(2)	QL (60 caps / 30 days)
TRINTELLIX 5mg	\$0(2)	QL (120 tabs / 30 days), PA
TRINTELLIX 10mg	\$0(2)	QL (60 tabs / 30 days), PA
TRINTELLIX 20mg	\$0(2)	QL (30 tabs / 30 days), PA
<i>venlafaxine hcl</i> CP24; TABS	\$0(1)	
VIIBRYD STARTER PACK	\$0(2)	PA
VIIBRYD TAB	\$0(2)	QL (30 tabs / 30 days), PA
ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
<i>amantadine hcl</i> CAPS	\$0(1)	QL (120 caps / 30 days)
<i>amantadine hcl</i> SYRP; TABS	\$0(1)	
APOKYN	\$0(2)	QL (20 cartridges / 30 days), NM, LA, PA
<i>benztropine mesylate inj</i>	\$0(1)	
<i>benztropine mesylate tab 0.5mg</i>	\$0(2)	PA; PA if 70 years and older
<i>benztropine mesylate tab 1mg</i>	\$0(2)	PA; PA if 70 years and older

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>benztropine mesylate tab 2mg</i>	\$0(2)	PA; PA if 70 years and older
<i>bromocriptine mesylate CAPS; TABS</i>	\$0(1)	
<i>carbidopa-levodopa</i>	\$0(1)	
<i>carbidopa/levodopa/entacapone</i>	\$0(1)	
<i>entacapone</i>	\$0(1)	
NEUPRO	\$0(2)	
<i>pramipexole tab 0.5mg</i>	\$0(1)	
<i>pramipexole tab 0.25mg</i>	\$0(1)	
<i>pramipexole tab 0.75mg</i>	\$0(1)	
<i>pramipexole tab 0.125mg</i>	\$0(1)	
<i>pramipexole tab 1.5mg</i>	\$0(1)	
<i>pramipexole tab 1mg</i>	\$0(1)	
<i>rasagiline mesylate TABS</i>	\$0(1)	
<i>ropinirole tab 0.5mg</i>	\$0(1)	
<i>ropinirole tab 0.25mg</i>	\$0(1)	
<i>ropinirole tab 1mg</i>	\$0(1)	
<i>ropinirole tab 2mg</i>	\$0(1)	
<i>ropinirole tab 3mg</i>	\$0(1)	
<i>ropinirole tab 4mg</i>	\$0(1)	
<i>ropinirole tab 5mg</i>	\$0(1)	
<i>selegiline hcl CAPS; TABS</i>	\$0(1)	
<i>trihexyphenidyl hcl</i>	\$0(2)	PA; PA if 70 years and older
ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES		
ABILIFY MAINTENA	\$0(2)	QL (1 injection / 28 days)
<i>aripiprazole odt</i>	\$0(2)	QL (60 tabs / 30 days)
<i>aripiprazole oral solution 1 mg/ml</i>	\$0(2)	QL (900 mL / 30 days)
<i>aripiprazole tab</i>	\$0(1)	QL (30 tabs / 30 days)
ARISTADA 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	\$0(2)	QL (1 injection / 28 days)
ARISTADA 1064mg/3.9ml	\$0(2)	QL (1 injection / 56 days)
ARISTADA INITIO	\$0(2)	
<i>chlorpromazine hcl TABS</i>	\$0(1)	
CHLORPROMAZINE INJ	\$0(2)	
<i>clozapine odt 12.5mg, 25mg</i>	\$0(1)	PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clozapine odt 100mg</i>	\$0(1)	QL (270 tabs / 30 days), PA
<i>clozapine odt 150mg</i>	\$0(1)	QL (180 tabs / 30 days), PA
<i>clozapine odt 200mg</i>	\$0(1)	QL (135 tabs / 30 days), PA
<i>clozapine tab 25mg</i>	\$0(1)	
<i>clozapine tab 50mg</i>	\$0(1)	
<i>clozapine tab 100mg</i>	\$0(1)	QL (270 tabs / 30 days)
<i>clozapine tab 200mg</i>	\$0(1)	QL (135 tabs / 30 days)
FANAPT	\$0(2)	QL (60 tabs / 30 days), PA
FANAPT TITRATION PACK	\$0(2)	PA
<i>fluphenazine decanoate SOLN</i>	\$0(1)	
<i>fluphenazine hcl</i>	\$0(1)	
GEODON SOLR	\$0(2)	QL (6 mL / 3 days)
<i>haloperidol TABS</i>	\$0(1)	
<i>haloperidol conc 2mg/ml</i>	\$0(1)	
<i>haloperidol decanoate SOLN</i>	\$0(1)	
<i>haloperidol lactate inj 5mg/ml</i>	\$0(1)	
INVEGA SUST INJ 39 MG/0.25 ML	\$0(2)	QL (1 injection / 28 days)
INVEGA SUST INJ 78 MG/0.5 ML	\$0(2)	QL (1 injection / 28 days)
INVEGA SUST INJ 117 MG/0.75 ML	\$0(2)	QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	\$0(2)	QL (1 injection / 28 days)
INVEGA SUST INJ 234 MG/1.5 ML	\$0(2)	QL (1 injection / 28 days)
INVEGA TRINZA	\$0(2)	QL (1 injection / 90 days)
LATUDA 20mg, 40mg, 60mg, 120mg	\$0(2)	QL (30 tabs / 30 days)
LATUDA 80mg	\$0(2)	QL (60 tabs / 30 days)
<i>loxapine succinate</i>	\$0(1)	
<i>molindone hcl</i>	\$0(1)	
NUPLAZID CAPS	\$0(2)	QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10MG	\$0(2)	QL (30 tabs / 30 days), NM, LA, PA
<i>olanzapine SOLR</i>	\$0(1)	QL (3 vials / 1 day)
<i>olanzapine TABS 2.5mg, 5mg, 10mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>olanzapine TABS 7.5mg, 15mg, 20mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olanzapine TBDP 5mg, 15mg, 20mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>olanzapine TBDP 10mg</i>	\$0(1)	QL (60 tabs / 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>paliperidone 1.5mg, 3mg, 9mg</i>	\$0(1)	QL (30 tabs / 30 days)
<i>paliperidone 6mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>perphenazine TABS</i>	\$0(1)	
PERSERIS	\$0(2)	QL (1 injection / 30 days)
<i>pimozide</i>	\$0(1)	
<i>quetiapine fumarate TABS</i>	\$0(1)	
<i>quetiapine fumarate TB24 50mg, 300mg, 400mg</i>	\$0(1)	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate TB24 150mg, 200mg</i>	\$0(1)	QL (30 tabs / 30 days), PA
REXULTI 3mg, 4mg	\$0(2)	QL (30 tabs / 30 days)
REXULTI .25mg, .5mg, 1mg, 2mg	\$0(2)	QL (60 tabs / 30 days)
RISPERDAL INJ 12.5MG	\$0(2)	QL (2 injections / 28 days)
RISPERDAL INJ 25MG	\$0(2)	QL (2 injections / 28 days)
RISPERDAL INJ 37.5MG	\$0(2)	QL (2 injections / 28 days)
RISPERDAL INJ 50MG	\$0(2)	QL (2 injections / 28 days)
<i>risperidone SOLN</i>	\$0(1)	QL (240 mL / 30 days)
<i>risperidone TABS</i>	\$0(1)	
<i>risperidone TBDP 1mg, 2mg, 3mg, 4mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>risperidone TBDP .25mg, .5mg</i>	\$0(1)	QL (90 tabs / 30 days)
SAPHRIS	\$0(2)	QL (60 tabs / 30 days)
<i>thioridazine hcl TABS</i>	\$0(1)	
<i>thiothixene</i>	\$0(1)	
<i>trifluoperazine hcl</i>	\$0(1)	
VERSACLOZ	\$0(2)	QL (600 mL / 30 days), PA
VRAYLAR 1.5mg	\$0(2)	QL (60 caps / 30 days), PA
VRAYLAR 3mg, 4.5mg, 6mg	\$0(2)	QL (30 caps / 30 days), PA
VRAYLAR THERAPY PACK	\$0(2)	PA
<i>ziprasidone hcl</i>	\$0(1)	QL (60 caps / 30 days)
ZYPREXA RELPREVV 300mg	\$0(2)	QL (2 vials / 28 days), PA
ZYPREXA RELPREVV 405mg	\$0(2)	QL (1 vial / 28 days), PA
ZYPREXA RELPREVV INJ 210MG	\$0(2)	QL (2 vials / 28 days), PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD		
<i>amphetamine-dextroamphetamine cap sr 24hr 5 mg</i>	\$0(1)	QL (90 caps / 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>amphetamine-dextroamphetamine cap sr 24hr 10 mg</i>	\$0(1)	QL (90 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 15 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 20 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 25 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine cap sr 24hr 30 mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>atomoxetine hcl 10mg, 18mg, 25mg</i>	\$0(1)	QL (120 caps / 30 days)
<i>atomoxetine hcl 40mg</i>	\$0(1)	QL (60 caps / 30 days)
<i>atomoxetine hcl 60mg, 80mg, 100mg</i>	\$0(1)	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	\$0(1)	QL (120 tabs / 30 days)
<i>dexmethylphenidate hcl TABS 10mg</i>	\$0(1)	QL (60 tabs / 30 days)
<i>guanfacine er (adhd)</i>	\$0(2)	PA; PA if 70 years and older
<i>metadate er tab 20mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>methylphenidate hcl TABS 5mg, 10mg</i>	\$0(1)	QL (180 tabs / 30 days)
<i>methylphenidate hcl TABS 20mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>methylphenidate hcl oral soln 5mg/5ml</i>	\$0(1)	QL (1800 mL / 30 days)
<i>methylphenidate hcl oral soln 10mg/5ml</i>	\$0(1)	QL (900 mL / 30 days)
<i>methylphenidate hcl tbc 10 mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>methylphenidate hcl tbc 20mg</i>	\$0(1)	QL (90 tabs / 30 days)
HYPNOTICS - DRUGS TO TREAT INSOMNIA		
<i>eszopiclone</i>	\$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
HETLIOZ	\$0(2)	NM, LA, PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SILENOR	\$0(2)	QL (30 tabs / 30 days)
<i>temazepam 7.5mg</i>	\$0(1)	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam 15mg</i>	\$0(1)	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zaleplon</i>	\$0(2)	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate</i> TABS	\$0(2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES		
AIMOVIG	\$0(2)	QL (1 pen / 30 days), PA
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	\$0(2)	
<i>dihydroergotamine mesylate nasal spr 4 mg/ml</i>	\$0(2)	QL (8 mL / 30 days), PA
<i>eletriptan hydrobromide</i>	\$0(1)	QL (12 tabs / 30 days)
EMGALITY SOAJ	\$0(2)	QL (2 pens / 30 days), PA
EMGALITY SOSY 120mg/ml	\$0(2)	QL (2 syringes / 30 days), PA
<i>ergotamine w/ caffeine</i> TABS	\$0(1)	
<i>naratriptan hcl</i>	\$0(1)	QL (12 tabs / 30 days)
<i>rizatriptan benzoate</i>	\$0(1)	QL (18 tabs / 30 days)
<i>rizatriptan benzoate odt</i>	\$0(1)	QL (18 tabs / 30 days)
<i>sumatriptan SOLN 5mg/act</i>	\$0(1)	QL (24 inhalers / 30 days)
<i>sumatriptan SOLN 20mg/act</i>	\$0(1)	QL (12 inhalers / 30 days)
<i>sumatriptan inj 4mg/0.5ml</i>	\$0(1)	QL (18 injections / 30 days)
<i>sumatriptan inj 6mg/0.5ml</i>	\$0(1)	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS	\$0(1)	QL (12 tabs / 30 days)
<i>zolmitriptan</i> TABS	\$0(1)	QL (12 tabs / 30 days)
<i>zolmitriptan odt</i>	\$0(1)	QL (12 tabs / 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MISCELLANEOUS		
AUSTEDO 6mg	\$0(2)	QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO 9mg, 12mg	\$0(2)	QL (120 tabs / 30 days), NM, LA, PA
<i>lithium carbonate</i> CAPS; TABS	\$0(1)	
<i>lithium carbonate er</i>	\$0(1)	
LITHIUM SOLN 8MEQ/5ML	\$0(2)	
LYRICA CR	\$0(2)	QL (60 tabs / 30 days), PA
NUDEXTA	\$0(2)	QL (60 caps / 30 days), PA
<i>pyridostigmine tab 60mg</i>	\$0(1)	
<i>riluzole</i>	\$0(1)	
<i>tetrabenazine 12.5mg</i>	\$0(2)	QL (240 tabs / 30 days), NM, PA
<i>tetrabenazine 25mg</i>	\$0(2)	QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
BETASERON	\$0(2)	QL (14 syringes / 28 days), NM, PA
<i>dalfampridine</i>	\$0(2)	NM, PA
GILENYA CAP 0.5MG	\$0(2)	QL (28 caps / 28 days), NM, PA
<i>glatiramer acetate 20mg/ml</i>	\$0(2)	QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate 40mg/ml</i>	\$0(2)	QL (12 syringes / 28 days), NM, PA
<i>glatopa 20mg/ml</i>	\$0(2)	QL (30 syringes / 30 days), NM, PA
<i>glatopa 40mg/ml</i>	\$0(2)	QL (12 syringes / 28 days), NM, PA
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS		
<i>baclofen</i> TABS 10mg, 20mg	\$0(1)	
<i>carisoprodol</i> TABS 350mg	\$0(2)	QL (120 tabs / 30 days), PA; PA if 70 years and older
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	\$0(2)	PA; PA if 70 years and older
<i>dantrolene sodium</i> CAPS	\$0(1)	
<i>methocarbamol</i> TABS	\$0(2)	PA; PA if 70 years and older
<i>tizanidine hcl</i> TABS	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS		
<i>armodafinil 50mg</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>armodafinil 150mg, 200mg, 250mg</i>	\$0(1)	QL (30 tabs / 30 days), PA
XYREM	\$0(2)	QL (540 mL / 30 days), NM, LA, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i>	\$0(1)	
<i>buprenorphine hcl SUBL</i>	\$0(1)	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl dihydrate 2-0.5mg</i>	\$0(1)	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl dihydrate 4-1mg</i>	\$0(1)	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl dihydrate 8-2mg</i>	\$0(1)	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl dihydrate 12-3mg</i>	\$0(1)	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl</i>	\$0(1)	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i>	\$0(1)	
CHANTIX	\$0(2)	PA
CHANTIX CONTINUING MONTH	\$0(2)	PA
CHANTIX STARTER PACK	\$0(2)	PA
<i>disulfiram TABS</i>	\$0(1)	
<i>gnp nicotine mini lozenge</i>	\$0(3)	NM; *
<i>gnp nicotine polacrilex</i>	\$0(3)	NM; *
<i>gnp nicotine polacrilex m</i>	\$0(3)	NM; *
<i>gnp nicotine transdermal</i>	\$0(3)	NM; *
<i>goodsense nicotine gum</i>	\$0(3)	NM; *
<i>goodsense nicotine polacr</i>	\$0(3)	NM; *
<i>naloxone inj 0.4mg/ml</i>	\$0(1)	
<i>naloxone inj 1mg/ml</i>	\$0(1)	
<i>naltrexone hcl TABS</i>	\$0(1)	
NARCAN	\$0(2)	
<i>nicorelief</i>	\$0(3)	NM; *
<i>nicotine</i>	\$0(3)	NM; *
<i>nicotine polacrilex GUM; LOZG</i>	\$0(3)	NM; *

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NICOTINE TRANSDERMAL SYST KIT	\$0(3)	NM; *
<i>nicotine transdermal syst</i> PT24	\$0(3)	NM; *
NICOTROL INHALER	\$0(2)	
NICOTROL NS	\$0(2)	
VIVITROL	\$0(2)	
ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES		
ANDROGENS - DRUGS TO REGULATE MALE HORMONES		
ANADROL-50	\$0(2)	PA
ANDRODERM	\$0(2)	QL (30 patches / 30 days), PA
<i>oxandrolone</i> TABS	\$0(1)	PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	\$0(1)	QL (300 grams / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	\$0(1)	PA
<i>testosterone enanthate</i> SOLN	\$0(1)	PA
ANTIDIABETICS, INJECTABLE - DRUGS TO TREAT DIABETES		
BASAGLAR KWIKPEN	\$0(2)	
BD ALCOHOL SWABS	\$0(2)	
BD ULTRAFINE INSULIN SYRINGE	\$0(2)	
BD ULTRAFINE/NANO PEN NEEDLES	\$0(2)	
BYDUREON BCISE	\$0(2)	QL (4 pens / 28 days)
BYDUREON PEN	\$0(2)	QL (4 pens / 28 days)
BYETTA	\$0(2)	QL (1 pen / 30 days)
FIASP	\$0(2)	
FIASP FLEXTOUCH	\$0(2)	
GAUZE PADS 2" X 2"	\$0(2)	
HUMULIN R INJ U-500	\$0(2)	B/D
HUMULIN R U-500 KWIKPEN	\$0(2)	
INSULIN PEN NEEDLE	\$0(2)	
INSULIN SAFETY NEEDLES	\$0(2)	
INSULIN SYRINGE	\$0(2)	
LEVEMIR	\$0(2)	
LEVEMIR FLEXTOUCH	\$0(2)	
NOVOLIN 70/30	\$0(2)	(brand RELION not covered)
NOVOLIN 70/30 FLEXPEN	\$0(2)	(brand RELION not covered)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NOVOLIN N	\$0(2)	(brand RELION not covered)
NOVOLIN R	\$0(2)	(brand RELION not covered)
NOVOLOG	\$0(2)	
NOVOLOG 70/30 FLEXPEN	\$0(2)	
NOVOLOG FLEXPEN	\$0(2)	
NOVOLOG MIX 70/30	\$0(2)	
NOVOLOG PENFILL	\$0(2)	
OZEMPIC INJ 0.25 OR 0.5MG/DOSE	\$0(2)	QL (1 pen / 28 days)
OZEMPIC INJ 1MG/DOSE	\$0(2)	QL (2 pens / 28 days)
SOLIQUA 100/33	\$0(2)	QL (10 pens / 30 days)
TRESIBA FLEXTOUCH	\$0(2)	
TRESIBA INJ	\$0(2)	
TRULICITY	\$0(2)	QL (4 pens / 28 days)
VICTOZA	\$0(2)	QL (3 pens / 30 days)
XULTOPHY 100/3.6	\$0(2)	QL (5 pens / 30 days)
ANTIDIABETICS, ORAL - DRUGS TO TREAT DIABETES		
<i>acarbose</i> TABS	\$0(1)	
FARXIGA	\$0(2)	QL (30 tabs / 30 days)
<i>glimepiride</i> 1mg, 2mg	\$0(2)	QL (90 tabs / 30 days)
<i>glimepiride</i> 4mg	\$0(2)	QL (60 tabs / 30 days)
<i>glip/metform</i> tab 2.5-250mg	\$0(1)	QL (240 tabs / 30 days)
<i>glip/metform</i> tab 2.5-500mg	\$0(1)	QL (120 tabs / 30 days)
<i>glip/metform</i> tab 5-500mg	\$0(1)	QL (120 tabs / 30 days)
<i>glipizide</i> TABS 5mg	\$0(1)	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	\$0(1)	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	\$0(1)	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	\$0(1)	QL (60 tabs / 30 days)
<i>glipizide xl</i> 2.5mg, 5mg	\$0(1)	QL (90 tabs / 30 days)
<i>glipizide xl</i> 10mg	\$0(1)	QL (60 tabs / 30 days)
<i>glyburide</i> TABS 1.25mg	\$0(2)	QL (480 tabs / 30 days), PA; PA if 70 years and older
<i>glyburide</i> TABS 2.5mg	\$0(2)	QL (240 tabs / 30 days), PA; PA if 70 years and older
<i>glyburide</i> TABS 5mg	\$0(2)	QL (120 tabs / 30 days), PA; PA if 70 years and older

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>glyburide micronized 1.5mg</i>	\$0(2)	QL (240 tabs / 30 days), PA; PA if 70 years and older
<i>glyburide micronized 3mg</i>	\$0(2)	QL (120 tabs / 30 days), PA; PA if 70 years and older
<i>glyburide micronized 6mg</i>	\$0(2)	QL (60 tabs / 30 days), PA; PA if 70 years and older
<i>glyburide-metformin tab 1.25-250 mg</i>	\$0(2)	QL (240 tabs / 30 days), PA; PA if 70 years and older
<i>glyburide-metformin tab 2.5-500 mg</i>	\$0(2)	QL (120 tabs / 30 days), PA; PA if 70 years and older
<i>glyburide-metformin tab 5-500mg</i>	\$0(2)	QL (120 tabs / 30 days), PA; PA if 70 years and older
JANUMET	\$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	\$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	\$0(2)	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	\$0(2)	QL (30 tabs / 30 days)
JANUVIA	\$0(2)	QL (30 tabs / 30 days)
JARDIANCE 10mg	\$0(2)	QL (60 tabs / 30 days)
JARDIANCE 25mg	\$0(2)	QL (30 tabs / 30 days)
JENTADUETO	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000 MG	\$0(2)	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000 MG	\$0(2)	QL (30 tabs / 30 days)
<i>metformin er 500mg</i>	\$0(1)	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin er 750mg</i>	\$0(1)	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl TABS 500mg</i>	\$0(1)	QL (150 tabs / 30 days)
<i>metformin hcl TABS 850mg</i>	\$0(1)	QL (90 tabs / 30 days)
<i>metformin hcl TABS 1000mg</i>	\$0(1)	QL (75 tabs / 30 days)
<i>nateglinide</i>	\$0(1)	QL (90 tabs / 30 days)
<i>pioglitazone hcl</i>	\$0(1)	QL (30 tabs / 30 days)
<i>repaglinide 2mg</i>	\$0(1)	QL (240 tabs / 30 days)
<i>repaglinide .5mg, 1mg</i>	\$0(1)	QL (120 tabs / 30 days)
SYNJARDY TAB 5-500MG	\$0(2)	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500MG	\$0(2)	QL (60 tabs / 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SYNJARDY TAB 12.5-1000MG	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000MG	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	\$0(2)	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000MG	\$0(2)	QL (30 tabs / 30 days)
TRADJENTA	\$0(2)	QL (30 tabs / 30 days)
XIGDUO XR TAB 2.5-1000MG	\$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	\$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	\$0(2)	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	\$0(2)	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000MG	\$0(2)	QL (30 tabs / 30 days)
BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS		
<i>alendronate sodium</i>	\$0(1)	
<i>ibandronate sodium tabs</i>	\$0(1)	B/D
PAMIDRONATE DISODIUM 6mg/ml	\$0(2)	B/D
<i>pamidronate disodium 30mg/10ml, 90mg/10ml</i>	\$0(1)	B/D
<i>pamidronate inj 30mg</i>	\$0(1)	B/D
<i>pamidronate inj 90mg</i>	\$0(1)	B/D
<i>risedronate sodium TABS 5mg, 35mg, 150mg</i>	\$0(1)	
<i>risedronate sodium TBEC</i>	\$0(1)	
<i>zoledronic acid inj 5mg/100ml</i>	\$0(1)	B/D, NM
<i>zoledronic inj 4mg/5ml</i>	\$0(1)	B/D, NM
CHELATING AGENTS		
CHEMET	\$0(2)	
DEPEN TITRATABS	\$0(2)	
JADENU	\$0(2)	NM, LA, PA
JADENU SPRINKLE	\$0(2)	NM, LA, PA
<i>kionex sus 15gm/60ml</i>	\$0(1)	
<i>sodium polystyrene sulfonate powder</i>	\$0(1)	
<i>sodium polystyrene sulfonate susp</i>	\$0(1)	
<i>sps susp 15gm/60ml</i>	\$0(1)	
<i>trientine hcl</i>	\$0(2)	PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
<i>aftera</i>	\$0(3)	NM; *
<i>altavera tab</i>	\$0(1)	
<i>alyacen 1/35</i>	\$0(1)	
<i>amethia</i>	\$0(1)	
<i>amethia lo</i>	\$0(1)	
<i>apri</i>	\$0(1)	
<i>aranelle</i>	\$0(1)	
<i>ashlyna</i>	\$0(1)	
<i>aubra</i>	\$0(1)	
<i>aviane</i>	\$0(1)	
<i>balziva</i>	\$0(1)	
<i>bekyree</i>	\$0(1)	
<i>blisovi 24 fe</i>	\$0(1)	
<i>blisovi fe 1.5/30</i>	\$0(1)	
<i>briellyn</i>	\$0(1)	
<i>camila</i>	\$0(1)	
<i>camrese lo</i>	\$0(1)	
<i>caziant pak</i>	\$0(1)	
<i>cryselle-28</i>	\$0(1)	
<i>cyclafem 1/35</i>	\$0(1)	
<i>cyclafem 7/7/7</i>	\$0(1)	
<i>cyred tab</i>	\$0(1)	
<i>dasetta 1/35</i>	\$0(1)	
<i>dasetta 7/7/7</i>	\$0(1)	
<i>deblitane</i>	\$0(1)	
<i>delyla</i>	\$0(1)	
<i>desogestrel & ethinyl estradiol</i>	\$0(1)	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	\$0(1)	
<i>drospirenone-ethinyl estradiol</i>	\$0(1)	
<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	\$0(1)	
<i>econtra ez</i>	\$0(3)	NM; *
<i>econtra one-step</i>	\$0(3)	NM; *

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ELLA	\$0(2)	
<i>emoquette</i>	\$0(1)	
<i>enpresse-28</i>	\$0(1)	
<i>enskyce</i>	\$0(1)	
<i>errin</i>	\$0(1)	
<i>estarylla tab 0.25-35</i>	\$0(1)	
<i>ethynodiol diacet & eth estrad</i>	\$0(1)	
<i>ethynodiol tab 1-50</i>	\$0(1)	
<i>falmina</i>	\$0(1)	
<i>fayosim</i>	\$0(1)	
<i>femynor</i>	\$0(1)	
<i>gianvi</i>	\$0(1)	
<i>hailey 24 fe</i>	\$0(1)	
<i>heather</i>	\$0(1)	
<i>incassia</i>	\$0(1)	
<i>introvale</i>	\$0(1)	
<i>isibloom</i>	\$0(1)	
<i>jasmiel</i>	\$0(1)	
<i>jolessa tab 0.15-0.03 mg</i>	\$0(1)	
<i>jolivette</i>	\$0(1)	
<i>juleber</i>	\$0(1)	
<i>junel 1.5/30</i>	\$0(1)	
<i>junel 1/20</i>	\$0(1)	
<i>junel fe 1.5/30</i>	\$0(1)	
<i>junel fe 1/20</i>	\$0(1)	
<i>junel fe 24</i>	\$0(1)	
<i>kaitlib fe</i>	\$0(1)	
<i>kariva</i>	\$0(1)	
<i>kelnor 1/35</i>	\$0(1)	
<i>kelnor 1/50</i>	\$0(1)	
<i>kurvelo</i>	\$0(1)	
<i>larin 1.5/30</i>	\$0(1)	
<i>larin 1/20</i>	\$0(1)	
<i>larin fe 1.5/30</i>	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>larin fe 1/20</i>	\$0(1)	
<i>larissia tab</i>	\$0(1)	
<i>layolis fe</i>	\$0(1)	
<i>leena</i>	\$0(1)	
<i>lessina</i>	\$0(1)	
<i>levonest</i>	\$0(1)	
<i>levonor/ethi tab</i>	\$0(1)	
<i>levonorgestrel & eth estradiol</i>	\$0(1)	
<i>levonorgestrel (emergency oc)</i>	\$0(3)	NM; *
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	\$0(1)	
<i>levora 0.15/30-28</i>	\$0(1)	
<i>loryna</i>	\$0(1)	
<i>low-ogestrel</i>	\$0(1)	
<i>lutra</i>	\$0(1)	
<i>lyza</i>	\$0(1)	
<i>marlissa</i>	\$0(1)	
<i>medroxyprogesterone acetate (contraceptive)</i>	\$0(1)	
<i>melodetta 24 fe</i>	\$0(1)	
<i>mibelas 24 fe</i>	\$0(1)	
<i>microgestin 1.5/30</i>	\$0(1)	
<i>microgestin 1/20</i>	\$0(1)	
<i>microgestin fe 1.5/30</i>	\$0(1)	
<i>microgestin fe 1/20</i>	\$0(1)	
<i>mili</i>	\$0(1)	
<i>mono-lynyah tab 0.25-35</i>	\$0(1)	
<i>my choice</i>	\$0(3)	NM; *
<i>my way</i>	\$0(3)	NM; *
<i>necon 0.5/35-28</i>	\$0(1)	
<i>new day</i>	\$0(3)	NM; *
<i>nikki</i>	\$0(1)	
<i>nora-be tab</i>	\$0(1)	
<i>nore/eth/fer chw 0.4mg-35</i>	\$0(1)	
<i>noreth/ethin chw fe</i>	\$0(1)	
<i>norethin acet & estrad-fe</i>	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>norethindrone (contraceptive)</i>	\$0(1)	
<i>norethindrone acet & eth estra</i>	\$0(1)	
<i>norgest/ethi tab 0.25/35</i>	\$0(1)	
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-25/0.215-25/0.25-25 mg-mcg</i>	\$0(1)	
<i>norgestimate-ethinyl estradiol (triphasic) 0.18-35/0.215-35/0.25-35 mg-mcg</i>	\$0(1)	
<i>norlyroc</i>	\$0(1)	
<i>nortrel 0.5/35 (28)</i>	\$0(1)	
<i>nortrel 1/35</i>	\$0(1)	
<i>nortrel 7/7/7</i>	\$0(1)	
NUVARING	\$0(2)	
<i>ocella tab 3-0.03mg</i>	\$0(1)	
<i>opcicon one-step</i>	\$0(3)	NM; *
<i>option 2</i>	\$0(3)	NM; *
<i>orsythia</i>	\$0(1)	
<i>philith</i>	\$0(1)	
<i>pimtrea</i>	\$0(1)	
<i>pirmella 1/35</i>	\$0(1)	
<i>portia-28</i>	\$0(1)	
<i>previfem</i>	\$0(1)	
<i>reclipsen</i>	\$0(1)	
<i>rivelsa</i>	\$0(1)	
<i>setlakin tab</i>	\$0(1)	
<i>sharobel</i>	\$0(1)	
<i>sprintec 28</i>	\$0(1)	
<i>sronyx</i>	\$0(1)	
<i>syeda</i>	\$0(1)	
<i>take action</i>	\$0(3)	NM; *
<i>tarina 24 fe</i>	\$0(1)	
<i>tarina fe 1/20</i>	\$0(1)	
<i>tilia fe</i>	\$0(1)	
<i>tri-estarylla</i>	\$0(1)	
<i>tri-legest fe</i>	\$0(1)	
<i>tri-linyah</i>	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tri-lo marzia</i>	\$0(1)	
<i>tri-lo-estarylla</i>	\$0(1)	
<i>tri-lo-sprintec</i>	\$0(1)	
<i>tri-mili</i>	\$0(1)	
<i>tri-previfem</i>	\$0(1)	
<i>tri-sprintec</i>	\$0(1)	
<i>tri-vylibra</i>	\$0(1)	
<i>tri-vylibra lo</i>	\$0(1)	
<i>trivora-28</i>	\$0(1)	
<i>tulana</i>	\$0(1)	
<i>tydemy</i>	\$0(1)	
<i>velivet</i>	\$0(1)	
<i>vienva</i>	\$0(1)	
<i>viorele</i>	\$0(1)	
<i>vyfemla</i>	\$0(1)	
<i>vylibra</i>	\$0(1)	
<i>wymzya fe</i>	\$0(1)	
<i>xulane</i>	\$0(1)	
<i>zarah</i>	\$0(1)	
<i>zovia 1/35e</i>	\$0(1)	
ENDOMETRIOSIS		
<i>danazol</i> CAPS	\$0(1)	
SYNAREL	\$0(2)	
ENZYME REPLACEMENTS - DRUGS TO TREAT ENZYME DEFICIENCIES		
ALDURAZYME	\$0(2)	NM, LA, PA
CARBAGLU	\$0(2)	NM, LA, PA
CERDELGA	\$0(2)	NM, PA
CEREZYME	\$0(2)	NM, LA, PA
CYSTADANE	\$0(2)	NM, LA
CYSTAGON	\$0(2)	NM, LA, PA
FABRAZYME	\$0(2)	NM, LA, PA
KUVAN	\$0(2)	NM, LA, PA
<i>levocarnitine (metabolic modifiers)</i>	\$0(1)	B/D
LUMIZYME	\$0(2)	NM, LA, PA

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<i>miglustat</i>	\$0(2)	NM, PA
NAGLAZYME	\$0(2)	NM, LA, PA
NITYR	\$0(2)	NM, LA, PA
ORFADIN	\$0(2)	NM, LA, PA
<i>sodium phenylbutyrate</i>	\$0(2)	NM, PA
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
DELESTROGEN 10mg/ml	\$0(2)	
<i>estradiol</i> PTWK; TABS	\$0(2)	
<i>estradiol vaginal cream</i>	\$0(1)	
<i>estradiol vaginal tab</i>	\$0(1)	
<i>estradiol valerate</i> OIL	\$0(1)	
<i>fyavolv</i>	\$0(2)	
<i>jinteli</i>	\$0(2)	
<i>norethindrone acetate-ethinyl estradiol</i>	\$0(2)	
<i>yuvafem vaginal tablet 10 mcg</i>	\$0(1)	
GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
<i>cortisone acetate</i> TABS	\$0(1)	
DEXAMETHASONE CONC	\$0(2)	
<i>dexamethasone</i> ELIX; SOLN; TABS	\$0(1)	
<i>dexamethasone sodium phosphate</i>	\$0(1)	
<i>fludrocortisone acetate</i> TABS	\$0(1)	
<i>hydrocortisone</i> TABS	\$0(1)	
<i>methylpr ss inj</i>	\$0(1)	B/D
<i>methylpred pak 4mg</i>	\$0(1)	
<i>methylpred tab 4mg</i>	\$0(1)	B/D
<i>methylpred tab 8mg</i>	\$0(1)	B/D
<i>methylpred tab 16mg</i>	\$0(1)	B/D
<i>methylpred tab 32mg</i>	\$0(1)	B/D
<i>methylprednisolone acetate</i>	\$0(1)	B/D
<i>pred sod pho sol 5mg/5ml</i>	\$0(1)	B/D
<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml	\$0(1)	B/D
<i>prednisolone sol 15mg/5ml</i>	\$0(1)	B/D
<i>prednisolone sol 25mg/5ml</i>	\$0(1)	B/D

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PREDNISON CON 5MG/ML	\$0(2)	B/D
<i>prednisone pak 5mg</i>	\$0(1)	
<i>prednisone pak 10mg</i>	\$0(1)	
<i>prednisone sol 5mg/5ml</i>	\$0(1)	B/D
<i>prednisone tab 1mg</i>	\$0(1)	B/D
<i>prednisone tab 2.5mg</i>	\$0(1)	B/D
<i>prednisone tab 5mg</i>	\$0(1)	B/D
<i>prednisone tab 10mg</i>	\$0(1)	B/D
<i>prednisone tab 20mg</i>	\$0(1)	B/D
<i>prednisone tab 50mg</i>	\$0(1)	B/D
SOLU-CORTEF	\$0(2)	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
GLUCAGEN HYPOKIT	\$0(2)	
GLUCAGON EMERGENCY KIT	\$0(2)	
PROGLYCEM SUS 50MG/ML	\$0(2)	
MISCELLANEOUS		
<i>cabergoline</i>	\$0(1)	
<i>calcitonin (salmon)</i>	\$0(1)	B/D
<i>cinacalcet hcl 30mg, 90mg</i>	\$0(2)	B/D, QL (120 tabs / 30 days), NM
<i>cinacalcet hcl 60mg</i>	\$0(2)	B/D, QL (60 tabs / 30 days), NM
FORTEO	\$0(2)	NM, PA
GENOTROPIN	\$0(2)	NM, PA
GENOTROPIN MINIQUICK	\$0(2)	NM, PA
INCRELEX	\$0(2)	NM, LA, PA
KORLYM	\$0(2)	NM, LA, PA
LUPRON DEP-PED INJ 7.5MG	\$0(2)	NM, PA
LUPRON DEP-PED INJ 11.25MG (3-MONTH)	\$0(2)	NM, PA
LUPRON DEPOT-PED (1-MONTH)	\$0(2)	NM, PA
LUPRON DEPOT-PED (3-MONTH)	\$0(2)	NM, PA
NATPARA	\$0(2)	NM, PA
<i>octreotide acetate 50mcg/ml, 100mcg/ml, 200mcg/ml</i>	\$0(1)	NM, PA
<i>octreotide acetate 500mcg/ml, 1000mcg/ml</i>	\$0(2)	NM, PA
PROLIA	\$0(2)	QL (1 injection / 180 days), NM

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<i>raloxifene hcl</i>	\$0(1)	
SIGNIFOR	\$0(2)	NM, LA, PA
SOMATULINE DEPOT	\$0(2)	NM, PA
SOMAVERT	\$0(2)	NM, LA, PA
TYMLOS	\$0(2)	NM, PA
XGEVA	\$0(2)	NM, PA
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
AURYXIA	\$0(2)	QL (360 tabs / 30 days), PA
<i>calcium acetate (phosphate binder) CAPS</i>	\$0(1)	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder) TABS</i>	\$0(1)	QL (360 tabs / 30 days)
<i>sevelamer carbonate PACK 2.4gm</i>	\$0(2)	QL (180 packets / 30 days)
<i>sevelamer carbonate PACK .8gm</i>	\$0(2)	QL (540 packets / 30 days)
<i>sevelamer carbonate TABS</i>	\$0(1)	QL (540 tabs / 30 days)
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
<i>medroxyprogesterone acetate tab</i>	\$0(1)	
<i>norethindrone acetate TABS</i>	\$0(1)	
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS		
<i>levo-t</i>	\$0(1)	
<i>levothyroxine sodium TABS</i>	\$0(1)	
<i>levoxyl</i>	\$0(1)	
<i>liothyronine sodium TABS</i>	\$0(1)	
<i>methimazole TABS</i>	\$0(1)	
<i>propylthiouracil TABS</i>	\$0(1)	
SYNTHROID	\$0(2)	
<i>unithroid</i>	\$0(1)	
VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES		
<i>desmopressin acetate spray</i>	\$0(1)	
<i>desmopressin acetate spray refrigerated</i>	\$0(1)	
<i>desmopressin acetate tabs</i>	\$0(1)	
<i>desmopressin inj 4mcg/ml</i>	\$0(1)	
STIMATE	\$0(2)	NM
GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
ANTACIDS		
<i>acid gone</i>	\$0(3)	NM; *

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 Limits **ST** - Step Therapy **NM** - Not available at Mail-order **PA** - Prior Authorization **QL** - Quantity
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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>almacone</i>	\$0(3)	NM; *
<i>almacone double strength</i>	\$0(3)	NM; *
ALUMINUM HYDROXIDE	\$0(3)	NM; *
<i>antacid CHEW 500mg</i>	\$0(3)	NM; *
<i>antacid SUSP</i>	\$0(3)	NM; *
<i>antacid anti-gas maximum</i>	\$0(3)	NM; *
<i>antacid calcium extra str</i>	\$0(3)	NM; *
<i>antacid calcium regular s</i>	\$0(3)	NM; *
<i>antacid extra strength</i>	\$0(3)	NM; *
<i>antacid fast relief</i>	\$0(3)	NM; *
<i>antacid maximum strength</i>	\$0(3)	NM; *
<i>antacid plus anti-gas fas</i>	\$0(3)	NM; *
<i>antacid plus anti-gas rel</i>	\$0(3)	NM; *
<i>cal-gest antacid</i>	\$0(3)	NM; *
<i>calcium antacid</i>	\$0(3)	NM; *
<i>calcium antacid extra str</i>	\$0(3)	NM; *
<i>fast acting antacid plus</i>	\$0(3)	NM; *
GAVISCON CHEW	\$0(3)	NM; *
GAVISCON EXTRA STRENGTH SUSP	\$0(3)	NM; *
GAVISCON EXTRA STRENGTH R	\$0(3)	NM; *
<i>gnp antacid & anti-gas/re</i>	\$0(3)	NM; *
<i>gnp antacid and anti-gas/</i>	\$0(3)	NM; *
<i>gnp antacid anti-gas</i>	\$0(3)	NM; *
<i>gnp antacid anti-gas/maxi</i>	\$0(3)	NM; *
<i>gnp antacid extra strengt</i>	\$0(3)	NM; *
<i>gnp antacid/regular stren</i>	\$0(3)	NM; *
<i>mag-al plus</i>	\$0(3)	NM; *
<i>mag-al plus xs</i>	\$0(3)	NM; *
<i>magnesium oxide TABS 400mg</i>	\$0(3)	NM; *
<i>mi-acid</i>	\$0(3)	NM; *
<i>mi-acid maximum strength</i>	\$0(3)	NM; *
<i>mintox</i>	\$0(3)	NM; *
<i>mintox maximum strength</i>	\$0(3)	NM; *
<i>mintox plus</i>	\$0(3)	NM; *

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>qc antacid</i>	\$0(3)	NM; *
<i>qc antacid/anti-gas</i>	\$0(3)	NM; *
<i>rulox</i>	\$0(3)	NM; *
SODIUM BICARBONATE POWD	\$0(3)	NM; *
<i>sodium bicarbonate (antacid)</i>	\$0(3)	NM; *
<i>tums smoothies</i>	\$0(3)	NM; *
ANTI-DIARRHEAL		
<i>anti-diarrheal CAPS; TABS</i>	\$0(3)	NM; *
<i>bismatrol</i>	\$0(3)	NM; *
<i>bismatrol maximum strengt</i>	\$0(3)	NM; *
<i>gnp anti-diarrheal</i>	\$0(3)	NM; *
<i>gnp loperamide hcl</i>	\$0(3)	NM; *
<i>gnp pink bismuth</i>	\$0(3)	NM; *
<i>goodsense stomach relief</i>	\$0(3)	NM; *
<i>hm loperamide hcl</i>	\$0(3)	NM; *
<i>kao-tin SUSP</i>	\$0(3)	NM; *
<i>loperamide hcl SUSP</i>	\$0(3)	NM; *
<i>peptic relief</i>	\$0(3)	NM; *
<i>qc anti-diarrheal</i>	\$0(3)	NM; *
<i>sm anti-diarrheal</i>	\$0(3)	NM; *
<i>stomach relief</i>	\$0(3)	NM; *
<i>stomach relief maximum st</i>	\$0(3)	NM; *
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
<i>aprepitant</i>	\$0(1)	B/D
<i>aprepitant pak 80mg & 125mg</i>	\$0(1)	B/D
<i>compro</i>	\$0(1)	
<i>driminate</i>	\$0(3)	NM; *
<i>dronabinol</i>	\$0(1)	B/D, QL (60 caps / 30 days)
EMEND SUSR	\$0(2)	B/D
<i>gnp motion sickness relie</i>	\$0(3)	NM; *
<i>granisetron hcl SOLN</i>	\$0(1)	
<i>granisetron hcl TABS</i>	\$0(1)	B/D
<i>hm motion relief</i>	\$0(3)	NM; *
<i>hm motion sickness relief</i>	\$0(3)	NM; *

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>meclizine hcl</i> CHEW	\$0(3)	NM; *
<i>meclizine hcl</i> TABS 12.5mg	\$0(3)	NM; *
<i>meclizine hcl</i> TABS 12.5mg, 25mg	\$0(2)	
<i>metoclopramide hcl</i> SOLN; TABS	\$0(1)	
<i>metoclopramide hcl inj</i>	\$0(1)	
<i>motion-time</i>	\$0(3)	NM; *
<i>ondansetron hcl</i> TABS	\$0(1)	B/D
<i>ondansetron hcl inj</i>	\$0(1)	
<i>ondansetron hcl oral soln</i>	\$0(1)	B/D
<i>ondansetron odt</i>	\$0(1)	B/D
<i>prochlorperazine inj</i>	\$0(1)	
<i>prochlorperazine maleate</i> TABS	\$0(1)	
<i>prochlorperazine supp</i>	\$0(1)	
<i>promethazine hcl</i> SYRP; TABS	\$0(2)	PA; PA if 70 years and older
<i>promethazine hcl inj</i>	\$0(2)	PA; PA if 70 years and older
<i>scopolamine</i>	\$0(2)	QL (10 patches / 30 days), PA; PA if 70 years and older
<i>sm motion sickness</i>	\$0(3)	NM; *
<i>travel sickness</i>	\$0(3)	NM; *
ANTISPASMODICS - DRUGS FOR STOMACH SPASMS		
<i>dicyclomine hcl cap</i> 10mg	\$0(2)	
<i>dicyclomine hcl soln</i> 10mg/5ml	\$0(2)	
<i>dicyclomine hcl tab</i> 20mg	\$0(2)	
<i>glycopyrrolate tab</i> 1mg	\$0(1)	
<i>glycopyrrolate tab</i> 2mg	\$0(1)	
H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID		
<i>acid reducer</i> TABS 10mg, 75mg	\$0(3)	NM; *
<i>famotidine</i> SUSR	\$0(1)	
<i>famotidine</i> TABS 10mg	\$0(3)	NM; *
<i>famotidine</i> TABS 20mg, 40mg	\$0(1)	
<i>famotidine in nacl</i>	\$0(1)	
<i>famotidine inj</i>	\$0(1)	
<i>gnp acid reducer</i>	\$0(3)	NM; *
<i>goodsense acid reducer</i> 75mg	\$0(3)	NM; *
<i>heartburn relief</i> 10mg	\$0(3)	NM; *

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>qc acid controller</i>	\$0(3)	NM; *
<i>ranitidine hcl</i> TABS 75mg	\$0(3)	NM; *
<i>ranitidine hcl</i> TABS 150mg, 300mg	\$0(1)	
<i>ranitidine hcl inj</i>	\$0(1)	
<i>ranitidine syrup</i>	\$0(1)	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i>	\$0(1)	
<i>budesonide ec</i>	\$0(1)	
<i>colocort enema 100mg</i>	\$0(1)	
<i>hydrocortisone (enema)</i>	\$0(1)	
<i>mesalamine</i> CPDR	\$0(1)	
<i>mesalamine</i> ENEM	\$0(1)	
<i>mesalamine</i> SUPP	\$0(2)	
<i>mesalamine</i> TBEC 1.2gm	\$0(1)	
<i>mesalamine w/ cleanser</i>	\$0(1)	
<i>sulfasalazine</i> TABS	\$0(1)	
<i>sulfasalazine ec</i>	\$0(1)	
LAXATIVES		
<i>bisac-evac</i>	\$0(3)	NM; *
<i>bisacodyl</i> SUPP	\$0(3)	NM; *
<i>bisacodyl ec</i>	\$0(3)	NM; *
<i>biscolax</i>	\$0(3)	NM; *
<i>calcium polycarbophil</i>	\$0(3)	NM; *
CITRUCEL FIBER LAXATIVE	\$0(3)	NM; *
<i>clearlax</i>	\$0(3)	NM; *
<i>colace 2-in-1</i>	\$0(3)	NM; *
COLACE CLEAR	\$0(3)	NM; *
<i>constulose</i>	\$0(1)	
<i>cvs glycerin adult 2gm</i>	\$0(3)	NM; *
<i>docu</i>	\$0(3)	NM; *
<i>docusate sodium</i> CAPS; LIQD	\$0(3)	NM; *
<i>docusil</i>	\$0(3)	NM; *
DOCUSOL KIDS	\$0(3)	NM; *
DOCUSOL MINI	\$0(3)	NM; *

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DOCUSOL PLUS MINI-ENEMA	\$0(3)	NM; *
<i>dok</i>	\$0(3)	NM; *
<i>dok plus</i>	\$0(3)	NM; *
<i>ducodyl</i>	\$0(3)	NM; *
ENEMEEZ MINI	\$0(3)	NM; *
ENEMEEZ PLUS	\$0(3)	NM; *
<i>enulose</i>	\$0(1)	
<i>fiber laxative</i> TABS	\$0(3)	NM; *
<i>fiber-lax</i>	\$0(3)	NM; *
FLEET LIQUID GLYCERIN SUP	\$0(3)	NM; *
<i>gavilax</i>	\$0(3)	NM; *
<i>gavilyte-c</i>	\$0(1)	
<i>gavilyte-g</i>	\$0(1)	
<i>gavilyte-n/flavor pack</i>	\$0(1)	
<i>generlac</i>	\$0(1)	
<i>glycerin (laxative)</i>	\$0(3)	NM; *
<i>gnp clearlax</i>	\$0(3)	NM; *
<i>gnp enema</i>	\$0(3)	NM; *
<i>gnp fiber therapy</i>	\$0(3)	NM; *
<i>gnp gentle laxative</i>	\$0(3)	NM; *
<i>gnp laxative</i>	\$0(3)	NM; *
<i>gnp laxative pills</i>	\$0(3)	NM; *
<i>gnp milk of magnesia</i>	\$0(3)	NM; *
<i>gnp senna lax</i>	\$0(3)	NM; *
<i>gnp senna plus</i>	\$0(3)	NM; *
<i>gnp stool softener</i>	\$0(3)	NM; *
<i>gnp stool softener/stimul</i>	\$0(3)	NM; *
<i>gnp womens gentle laxativ</i>	\$0(3)	NM; *
<i>gnp womens laxative</i>	\$0(3)	NM; *
GOLYTELY	\$0(2)	
<i>goodsense clearlax</i>	\$0(3)	NM; *
<i>healthylax</i>	\$0(3)	NM; *
<i>hm clearlax</i>	\$0(3)	NM; *
<i>hm milk of magnesia</i>	\$0(3)	NM; *

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>hm stool softener</i>	\$0(3)	NM; *
<i>kao-tin</i> CAPS	\$0(3)	NM; *
KONSYL POWD 60.3%, 71.67%	\$0(3)	NM; *
KONSYL DAILY FIBER PACK 28.3%, 100%	\$0(3)	NM; *
<i>konsyl daily fiber</i> POWD 28.3%	\$0(3)	NM; *
KONSYL DAILY FIBER POWD 100%	\$0(3)	NM; *
KONSYL-D	\$0(3)	NM; *
<i>lactulose</i> SOLN	\$0(1)	
<i>lactulose (encephalopathy)</i>	\$0(1)	
<i>laxative</i>	\$0(3)	NM; *
<i>milk of magnesia</i>	\$0(3)	NM; *
<i>natural fiber therapy</i>	\$0(3)	NM; *
NULYTELY/FLAVOR PACKS	\$0(2)	
PEDIA-LAX LIQD	\$0(3)	NM; *
PEDIA-LAX SUPP 2.8gm	\$0(3)	NM; *
<i>pediatric enema</i>	\$0(3)	NM; *
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	\$0(1)	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	\$0(1)	
<i>peg 3350/electrolytes</i>	\$0(1)	
PLENVU	\$0(2)	
<i>polyethylene glycol 3350</i> PACK; POWD	\$0(3)	NM; *
<i>qc enema</i>	\$0(3)	NM; *
<i>qc gentle laxative</i>	\$0(3)	NM; *
<i>qc milk of magnesia</i>	\$0(3)	NM; *
<i>qc natura-lax</i>	\$0(3)	NM; *
<i>qc natural vegetable laxa</i>	\$0(3)	NM; *
<i>qc stool softener</i>	\$0(3)	NM; *
<i>qc stool softener plus la</i>	\$0(3)	NM; *
<i>qc stool softener plus st</i>	\$0(3)	NM; *
<i>reguloid</i> POWD 28.3%, 48.57%, 58.6%	\$0(3)	NM; *
<i>senna laxative</i>	\$0(3)	NM; *
SENNA LEAVES	\$0(3)	NM; *
<i>senna-lax</i>	\$0(3)	NM; *

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>senna-s</i>	\$0(3)	NM; *
<i>senna-tabs</i>	\$0(3)	NM; *
<i>senna-time</i>	\$0(3)	NM; *
<i>senna-time s</i>	\$0(3)	NM; *
<i>sennosides</i>	\$0(3)	NM; *
<i>sennosides-docusate sodium</i>	\$0(3)	NM; *
<i>senokot extra strength</i>	\$0(3)	NM; *
<i>silace</i>	\$0(3)	NM; *
<i>sm clearlax</i>	\$0(3)	NM; *
<i>sm milk of magnesia</i>	\$0(3)	NM; *
<i>sm stool softener</i>	\$0(3)	NM; *
<i>sodium phosphates</i>	\$0(3)	NM; *
<i>soluble fiber</i>	\$0(3)	NM; *
SORBITOL SOLN 70%	\$0(3)	NM; *
<i>stimulant laxative</i>	\$0(3)	NM; *
<i>stool softener</i>	\$0(3)	NM; *
<i>stool softener extra stre</i>	\$0(3)	NM; *
<i>stool softener plus laxat</i>	\$0(3)	NM; *
SUPREP BOWEL PREP KIT	\$0(2)	
<i>trilyte</i>	\$0(1)	
<i>vegetable laxative+stool</i>	\$0(3)	NM; *
MISCELLANEOUS		
<i>alosetron hcl</i>	\$0(2)	PA
AMITIZA CAP 8MCG	\$0(2)	QL (180 caps / 30 days)
AMITIZA CAP 24MCG	\$0(2)	QL (60 caps / 30 days)
<i>cromolyn sodium (mastocytosis)</i>	\$0(2)	
<i>diphenoxylate w/ atropine</i>	\$0(2)	
<i>formula em</i>	\$0(3)	NM; *
GATTEX	\$0(2)	NM, LA, PA
<i>gnp nausea relief</i>	\$0(3)	NM; *
LINZESS	\$0(2)	QL (30 caps / 30 days)
<i>loperamide hcl CAPS</i>	\$0(1)	
<i>misoprostol TABS</i>	\$0(1)	
MOVANTIK 12.5mg	\$0(2)	QL (60 tabs / 30 days)

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MOVANTIK 25mg	\$0(2)	QL (30 tabs / 30 days)
RELISTOR SOLN	\$0(2)	PA
<i>sucrafate</i> TABS	\$0(1)	
<i>ursodiol</i> CAPS; TABS	\$0(1)	
XIFAXAN 550mg	\$0(2)	PA
PANCREATIC ENZYMES		
CREON	\$0(2)	
ZENPEP	\$0(2)	
PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID		
DEXILANT	\$0(2)	QL (30 caps / 30 days)
<i>esomeprazole magnesium</i>	\$0(1)	QL (30 caps / 30 days), ST
<i>lansoprazole</i> CPDR	\$0(1)	QL (30 caps / 30 days)
<i>omeprazole cap 10mg</i>	\$0(1)	
<i>omeprazole cap 20mg</i>	\$0(1)	
<i>omeprazole cap 40mg</i>	\$0(1)	
<i>pantoprazole sodium</i> SOLR	\$0(1)	
<i>pantoprazole sodium tbec</i>	\$0(1)	
<i>rabeprazole sodium</i>	\$0(1)	QL (30 tabs / 30 days)
GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE		
<i>alfuzosin hcl</i>	\$0(1)	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS	\$0(1)	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl</i>	\$0(1)	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	\$0(1)	
<i>tamsulosin hcl</i>	\$0(1)	
MISCELLANEOUS		
<i>bethanechol chloride</i> TABS	\$0(1)	
<i>potassium citrate (alkalinizer) er tabs</i>	\$0(1)	
<i>sodium citrate & citric acid</i>	\$0(1)	
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
MYRBETRIQ	\$0(2)	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SYRP	\$0(1)	
<i>oxybutynin chloride</i> TABS	\$0(1)	
<i>oxybutynin chloride</i> TB24 5mg	\$0(1)	QL (30 tabs / 30 days)

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<i>oxybutynin chloride</i> TB24 10mg, 15mg	\$0(1)	QL (60 tabs / 30 days)
<i>tolterodine tartrate cap er</i>	\$0(1)	QL (30 caps / 30 days), ST
<i>tolterodine tartrate tabs</i>	\$0(1)	ST
TOVIAZ	\$0(2)	QL (30 tabs / 30 days)
<i>tropium chloride</i> TABS	\$0(1)	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i>	\$0(1)	
<i>clotrimazole 3</i>	\$0(3)	NM; *
<i>clotrimazole vaginal</i>	\$0(3)	NM; *
<i>3 day vaginal</i>	\$0(3)	NM; *
<i>gnp clotrimazole 3</i>	\$0(3)	NM; *
<i>gnp miconazole 3</i>	\$0(3)	NM; *
<i>gnp miconazole 7</i>	\$0(3)	NM; *
<i>gnp tioconazole 1</i>	\$0(3)	NM; *
<i>metronidazole vaginal</i>	\$0(1)	
<i>miconazole 3</i>	\$0(3)	NM; *
<i>miconazole 3 combination</i>	\$0(3)	NM; *
<i>miconazole 3 combo pack</i>	\$0(3)	NM; *
<i>miconazole 7</i>	\$0(3)	NM; *
<i>miconazole nitrate vaginal</i> CREA	\$0(3)	NM; *
<i>miconazole nitrate vaginal</i> KIT	\$0(3)	NM; *
<i>miconazole nitrate vaginal</i> SUPP 100mg	\$0(3)	NM; *
<i>qc 3 day vaginal cream</i>	\$0(3)	NM; *
<i>qc miconazole 7</i>	\$0(3)	NM; *
<i>terconazole vaginal</i>	\$0(1)	
<i>tioconazole 1</i>	\$0(3)	NM; *
<i>vandazole</i>	\$0(1)	
HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS		
ANTICOAGULANTS - BLOOD THINNERS		
COUMADIN	\$0(2)	
ELIQUIS 2.5mg	\$0(2)	QL (60 tabs / 30 days)
ELIQUIS 5mg	\$0(2)	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK	\$0(2)	QL (74 tabs / 30 days)
<i>enoxaparin sodium</i>	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fondaparinux sodium 2.5mg/0.5ml</i>	\$0(1)	
<i>fondaparinux sodium 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	\$0(2)	
<i>heparin sod (porcine) in d5w</i>	\$0(2)	
<i>heparin sod inj 1000/ml</i>	\$0(1)	B/D
<i>heparin sod inj 5000/ml</i>	\$0(1)	B/D
<i>heparin sod inj 10000/ml</i>	\$0(1)	B/D
<i>heparin sod inj 20000/ml</i>	\$0(1)	B/D
HEPARIN SODIUM/NAACL 0.45%	\$0(2)	
<i>jantoven</i>	\$0(1)	
PRADAXA	\$0(2)	QL (60 caps / 30 days)
<i>warfarin sodium</i>	\$0(1)	
XARELTO 2.5mg	\$0(2)	QL (60 tabs / 30 days)
XARELTO 10mg, 15mg, 20mg	\$0(2)	QL (30 tabs / 30 days)
XARELTO STARTER PACK	\$0(2)	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT	\$0(2)	NM, PA
ZARXIO	\$0(2)	NM, PA
IRON		
FERAHEME	\$0(3)	NM; *
<i>ferrous sulfate TABS 325mg</i>	\$0(3)	NM; *
FERROUS SULFATE TBEC 324mg	\$0(3)	NM; *
<i>ferrous sulfate TBEC 325mg</i>	\$0(3)	NM; *
INFED	\$0(3)	NM; *
INJECTAFER	\$0(3)	NM; *
<i>sodium ferric gluconate complex in sucrose</i>	\$0(3)	NM; *
VENOFER	\$0(3)	NM; *
MISCELLANEOUS		
<i>anagrelide hcl</i>	\$0(1)	
BERINERT	\$0(2)	QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i>	\$0(1)	
DROXIA	\$0(2)	
ENDARI	\$0(2)	NM, LA, PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HAEGARDA 2000unit	\$0(2)	QL (30 vials / 30 days), NM, LA, PA
HAEGARDA 3000unit	\$0(2)	QL (20 vials / 30 days), NM, LA, PA
<i>icatibant acetate</i>	\$0(2)	QL (9 syringes / 30 days), NM, PA
<i>pentoxifylline</i> TBCR	\$0(1)	
PROMACTA PACK	\$0(2)	QL (360 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg, 25mg	\$0(2)	QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg, 75mg	\$0(2)	QL (60 tabs / 30 days), NM, LA, PA
<i>tranexamic acid</i> SOLN; TABS	\$0(1)	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole</i>	\$0(1)	
BRILINTA	\$0(2)	
<i>clopidogrel tab 75mg</i>	\$0(1)	
<i>prasugrel hcl</i>	\$0(1)	
IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM		
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS		
HUMIRA 10mg/0.1ml, 20mg/0.2ml	\$0(2)	QL (2 injections / 28 days), NM, PA
HUMIRA 40mg/0.4ml	\$0(2)	QL (6 injections / 28 days), NM, PA
HUMIRA INJ 10MG/0.2ML	\$0(2)	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 20MG/0.4ML	\$0(2)	QL (2 syringes / 28 days), NM, PA
HUMIRA KIT 40MG/0.8ML	\$0(2)	QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIATRIC CROHNS DISEASE	\$0(2)	NM, PA
HUMIRA PEN	\$0(2)	QL (6 pens / 28 days), NM, PA
HUMIRA PEN CD/UC/HS STARTER	\$0(2)	NM, PA
HUMIRA PEN INJ CD/UC/HS STARTER	\$0(2)	NM, PA
HUMIRA PEN INJ PS/UV STARTER	\$0(2)	NM, PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HUMIRA PEN-PS/UV STARTER	\$0(2)	NM, PA
<i>hydroxychloroquine sulfate</i>	\$0(1)	
<i>leflunomide</i> TABS	\$0(1)	QL (30 tabs / 30 days)
<i>methotrexate sodium tabs</i>	\$0(1)	
REMICADE	\$0(2)	NM, PA
RENFLEXIS	\$0(2)	NM, LA, PA
STELARA SOLN 45mg/0.5ml	\$0(2)	QL (1 vial / 28 days), NM, LA, PA
STELARA SOSY	\$0(2)	QL (1 syringe / 28 days), NM, PA
XATMEP	\$0(2)	B/D
XELJANZ	\$0(2)	QL (60 tabs / 30 days), NM, PA
XELJANZ XR	\$0(2)	QL (30 tabs / 30 days), NM, PA
IMMUNOGLOBULINS		
BIVIGAM	\$0(2)	NM, PA
GAMASTAN S/D	\$0(2)	B/D, NM
GAMMAGARD LIQUID	\$0(2)	NM, PA
GAMMAGARD S/D	\$0(2)	NM, PA
GAMMAKED	\$0(2)	NM, PA
GAMMAPLEX	\$0(2)	NM, PA
GAMMAPLEX 10GM/100ML	\$0(2)	NM, PA
GAMUNEX-C	\$0(2)	NM, PA
OCTAGAM	\$0(2)	NM, PA
PANZYGA	\$0(2)	NM, PA
PRIVIGEN	\$0(2)	NM, PA
IMMUNOMODULATORS		
ACTIMMUNE	\$0(2)	NM, LA, PA
ARCALYST	\$0(2)	NM, PA
INTRON-A INJ 10MU	\$0(2)	B/D
INTRON-A INJ 18MU	\$0(2)	B/D
INTRON-A INJ 25MU	\$0(2)	B/D
INTRON-A INJ 50MU	\$0(2)	B/D
IMMUNOSUPPRESSANTS		
<i>azathioprine</i> TABS	\$0(1)	B/D
BENLYSTA	\$0(2)	NM, PA
<i>cyclosporine</i> CAPS; SOLN	\$0(1)	B/D

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cyclosporine modified (for microemulsion)</i>	\$0(1)	B/D
<i>engraf</i>	\$0(1)	B/D
<i>mycophenolate mofetil</i> CAPS; TABS	\$0(1)	B/D
<i>mycophenolate mofetil</i> SUSR	\$0(2)	B/D
<i>mycophenolate sodium tbec</i>	\$0(1)	B/D
NULOJIX	\$0(2)	B/D
PROGRAF PACK	\$0(2)	B/D
SANDIMMUNE SOLN 100mg/ml	\$0(2)	B/D
<i>sirolimus</i> SOLN	\$0(2)	B/D
<i>sirolimus</i> TABS 2mg	\$0(2)	B/D
<i>sirolimus</i> TABS .5mg, 1mg	\$0(1)	B/D
<i>tacrolimus</i> CAPS	\$0(1)	B/D
ZORTRESS TAB 0.5MG	\$0(2)	B/D
ZORTRESS TAB 0.25MG	\$0(2)	B/D
ZORTRESS TAB 0.75MG	\$0(2)	B/D
ZORTRESS TAB 1MG	\$0(2)	B/D
VACCINES		
ACTHIB	\$0(2)	
ADACEL	\$0(2)	
BCG VACCINE	\$0(2)	
BXSERO	\$0(2)	
BOOSTRIX	\$0(2)	
DAPTACEL	\$0(2)	
DIPHThERIA/TETANUS TOXOID	\$0(2)	B/D
ENGERIX-B SUSP	\$0(2)	B/D
GARDASIL 9	\$0(2)	
HAVRIX	\$0(2)	
HIBERIX	\$0(2)	
IMOVAX RABIES (H.D.C.V.)	\$0(2)	B/D
INFANRIX	\$0(2)	
IPOL INACTIVATED IPV	\$0(2)	
IXIARO	\$0(2)	
KINRIX	\$0(2)	
M-M-R II	\$0(2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MENACTRA	\$0(2)	
MENVEO	\$0(2)	
PEDIARIX	\$0(2)	
PEDVAX HIB	\$0(2)	
PENTACEL	\$0(2)	
PROQUAD	\$0(2)	
QUADRACEL	\$0(2)	
RABAVERT	\$0(2)	B/D
RECOMBIVAX HB	\$0(2)	B/D
ROTARIX	\$0(2)	
ROTATEQ	\$0(2)	
SHINGRIX	\$0(2)	QL (2 vials per lifetime)
TDVAX	\$0(2)	B/D
TENIVAC	\$0(2)	B/D
TRUMENBA	\$0(2)	
TWINRIX INJ	\$0(2)	
TYPHIM VI	\$0(2)	
VAQTA	\$0(2)	
VARIVAX	\$0(2)	
YF-VAX	\$0(2)	
ZOSTAVAX	\$0(2)	QL (1 vial per lifetime)
NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS		
<i>ELECTROLYTES</i>		
<i>klor-con 8</i>	\$0(1)	
<i>klor-con 10</i>	\$0(1)	
<i>klor-con m10</i>	\$0(1)	
<i>klor-con m15</i>	\$0(1)	
<i>klor-con m20</i>	\$0(1)	
<i>klor-con pak 20meq</i>	\$0(1)	
<i>klor-con spr cap 8meq</i>	\$0(1)	
<i>klor-con spr cap 10meq</i>	\$0(1)	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	\$0(2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>magnesium sulfate</i> SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	\$0(2)	
MAGNESIUM SULFATE IN D5W	\$0(2)	
<i>magnesium sulfate in dextrose</i>	\$0(2)	
<i>magnesium sulfate inj 50%</i>	\$0(2)	
<i>potassium chloride</i> CPCR	\$0(1)	
<i>potassium chloride</i> PACK	\$0(1)	
<i>potassium chloride</i> SOLN 10%, 20%	\$0(1)	
<i>potassium chloride</i> TBCR	\$0(1)	
<i>potassium chloride microencapsulated crystals</i>	\$0(1)	
<i>sodium chloride</i> SOLN 2.5meq/ml	\$0(1)	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	\$0(1)	
TPN ELECTROLYTES	\$0(2)	B/D
IV NUTRITION		
AMINOSYN II INJ 10%	\$0(2)	B/D
AMINOSYN-PF 7%	\$0(2)	B/D
AMINOSYN-PF INJ 10%	\$0(2)	B/D
CLINIMIX 4.25%/DEXTROSE 5%	\$0(2)	B/D
CLINIMIX 5%/DEXTROSE 15%	\$0(2)	B/D
CLINIMIX 5%/DEXTROSE 20%	\$0(2)	B/D
CLINIMIX INJ 4.25/D10	\$0(2)	B/D
CLINOLIPID	\$0(2)	B/D
FREAMINE HBC 6.9%	\$0(2)	B/D
FREAMINE III	\$0(2)	B/D
<i>hepatamine</i>	\$0(2)	B/D
INTRALIPID 30%	\$0(2)	B/D
INTRALIPID INJ 20%	\$0(2)	B/D
NEPHRAMINE	\$0(2)	B/D
NUTRILIPID INJ 20%	\$0(2)	B/D
PREMASOL SOL 10%	\$0(2)	B/D
PROCALAMINE	\$0(2)	B/D
PROSOL	\$0(2)	B/D

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TRAVASOL	\$0(2)	B/D
TROPHAMINE INJ 10%	\$0(2)	B/D
IV REPLACEMENT SOLUTIONS		
<i>dextrose 2.5%/nacl 0.45%</i>	\$0(1)	
<i>dextrose 5%</i>	\$0(1)	
DEXTROSE 5% /ELECTROLYTE	\$0(2)	
<i>dextrose 5%/nacl 0.2%</i>	\$0(1)	
DEXTROSE 5%/NACL 0.3%	\$0(2)	
<i>dextrose 5%/nacl 0.9%</i>	\$0(1)	
<i>dextrose 5%/nacl 0.33%</i>	\$0(1)	
<i>dextrose 5%/nacl 0.45%</i>	\$0(1)	
<i>dextrose 5%/nacl 0.225%</i>	\$0(1)	
<i>dextrose 5%/potassium chl</i>	\$0(1)	
<i>dextrose 10% flex contain</i>	\$0(1)	
DEXTROSE 10% W/ SODIUM CHLORIDE 0.2%	\$0(2)	
<i>dextrose 10%/nacl 0.45%</i>	\$0(1)	
<i>dextrose 50%</i>	\$0(1)	
<i>dextrose in lactated ringers</i>	\$0(1)	
<i>dextrose inj 70%</i>	\$0(1)	
IONOSOL-MB/DEXTROSE 5%	\$0(2)	
ISOLYTE P	\$0(2)	
ISOLYTE S	\$0(2)	
<i>kcl0.15%/d5w/nacl0.2%</i>	\$0(1)	
KCL 0.3%/D5W/NACL 0.9%	\$0(2)	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	\$0(1)	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	\$0(1)	
KCL 0.15%/D5W/NACL 0.225%	\$0(2)	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	\$0(1)	
<i>kcl/d5w inj 0.3%</i>	\$0(1)	
<i>kcl/d5w/nacl inj 0.22%/0.45%</i>	\$0(1)	
<i>kcl/d5w/nacl inj .15/.33%</i>	\$0(1)	
<i>kcl/d5w/nacl inj .15/.45%</i>	\$0(1)	
<i>kcl/nacl inj 0.3-0.9</i>	\$0(1)	
<i>kcl/nacl inj 0.15%-0.9%</i>	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lactated ringer's</i>	\$0(1)	
NORMOSOL-M IN D5W	\$0(2)	
NORMOSOL-R	\$0(2)	
NORMOSOL-R IN D5W	\$0(2)	
PLASMA-LYTE A	\$0(2)	
PLASMA-LYTE-148	\$0(2)	
<i>pot chloride inj 2meq/ml</i>	\$0(1)	
<i>potassium chloride SOLN .4meq/ml, 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 40meq/100ml</i>	\$0(1)	
<i>potassium chloride in nacl</i>	\$0(1)	
<i>sodium chloride SOLN 3%, 5%</i>	\$0(1)	
<i>sodium chloride 0.45%</i>	\$0(1)	
<i>sodium chloride inj 0.9%</i>	\$0(1)	
MINERALS		
<i>calcium carbonate (antacid)</i>	\$0(3)	NM; *
<i>calcium carbonate-vitamin d</i>	\$0(3)	NM; *
GALZIN	\$0(3)	NM; *
MAGNEBIND 300	\$0(3)	NM; *
<i>magnesium oxide (mg supplement)</i>	\$0(3)	NM; *
VITAMINS		
<i>calcitriol CAPS</i>	\$0(1)	B/D
<i>calcitriol inj</i>	\$0(1)	B/D
<i>calcitriol oral soln 1 mcg/ml</i>	\$0(1)	B/D
<i>cyanocobalamin SOLN 1000mcg/ml</i>	\$0(3)	NM; *
<i>ergocalciferol CAPS; SOLN</i>	\$0(3)	NM; *
<i>folic acid SOLN</i>	\$0(3)	NM; *
<i>folic acid TABS 1mg</i>	\$0(3)	NM; *
<i>hydroxocobalamin acetate</i>	\$0(3)	NM; *
INFUVITE PEDIATRIC	\$0(3)	NM; *
M-NATAL PLUS	\$0(2)	
<i>paricalcitol CAPS</i>	\$0(1)	B/D
<i>phytonadione SOLN 10mg/ml</i>	\$0(3)	NM; *
<i>phytonadione TABS</i>	\$0(3)	NM; *
PNV FOLIC ACID + IRON MUL	\$0(2)	

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PRENATAL	\$0(2)	
PRENATAL PLUS	\$0(2)	
PRENATAL PLUS LOW IRON	\$0(2)	
<i>pyridoxine hcl SOLN</i>	\$0(3)	NM; *
RAYALDEE	\$0(2)	
<i>renal caps</i>	\$0(3)	NM; *
<i>thiamine hcl SOLN</i>	\$0(3)	NM; *
TRICARE	\$0(2)	
<i>virt-caps</i>	\$0(3)	NM; *
OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS		
ANTI-INFECTIVE/ANTI-INFLAMMATORY - DRUGS TO TREAT INFECTIONS AND INFLAMMATION		
<i>bacitracin-poly-neomycin-hc</i>	\$0(1)	
BLEPHAMIDE OINT	\$0(2)	
<i>neomycin-polymy-dexameth</i>	\$0(1)	
<i>neomycin-polymyxin-hc (ophth)</i>	\$0(1)	
<i>sulfacetamide sod-prednisolone</i>	\$0(1)	
TOBRADEX OINT	\$0(2)	
TOBRADEX ST	\$0(2)	
<i>tobramycin-dexamethasone</i>	\$0(1)	
ZYLET	\$0(2)	
ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS		
AZASITE	\$0(2)	
<i>bacitracin (ophthalmic)</i>	\$0(1)	
<i>bacitracin-polymyxin b (ophth)</i>	\$0(1)	
BESIVANCE	\$0(2)	
CILOXAN OINT	\$0(2)	
<i>ciprofloxacin hcl (ophth)</i>	\$0(1)	
<i>erythromycin (ophth)</i>	\$0(1)	
<i>gatifloxacin (ophth)</i>	\$0(1)	
<i>gentak</i>	\$0(1)	
<i>gentamicin sulfate soln (ophth)</i>	\$0(1)	
MOXEZA	\$0(2)	
<i>moxifloxacin hcl (ophth)</i>	\$0(1)	
NATACYN	\$0(2)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>neomycin-bacitracin zn-polymyxin</i>	\$0(1)	
<i>neomycin-polymyxin-gramicidin</i>	\$0(1)	
<i>ofloxacin (ophth)</i>	\$0(1)	
<i>polymyxin b-trimethoprim</i>	\$0(1)	
<i>sulfacetamide sodium (ophth)</i>	\$0(1)	
<i>tobramycin (ophth)</i>	\$0(1)	
<i>trifluridine</i>	\$0(1)	
ZIRGAN	\$0(2)	
ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION		
ALREX	\$0(2)	
<i>bromfenac sodium (ophth)</i>	\$0(1)	
BROMSITE	\$0(2)	
<i>dexamethasone sodium phosphate (ophth)</i>	\$0(1)	
<i>diclofenac sodium (ophth)</i>	\$0(1)	
DUREZOL	\$0(2)	
<i>fluorometholone</i>	\$0(1)	
<i>flurbiprofen sodium</i>	\$0(1)	
ILEVRO	\$0(2)	
<i>ketorolac tromethamine (ophth)</i>	\$0(1)	
LOTEMAX GEL; OINT	\$0(2)	
<i>loteprednol etabonate</i>	\$0(1)	
<i>prednisolone acetate (ophth)</i>	\$0(1)	
PREDNISOLONE SODIUM PHOSPHATE (OPHTH)	\$0(2)	
PROLENSA	\$0(2)	
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES		
<i>azelastine drop 0.05%</i>	\$0(1)	
BEPREVE	\$0(2)	
<i>cromolyn sodium (ophth)</i>	\$0(1)	
LASTACFT	\$0(2)	
<i>olopatadine hcl 0.2%</i>	\$0(1)	
PAZEO	\$0(2)	
ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA		
ALPHAGAN P SOL 0.1%	\$0(2)	

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AZOPT	\$0(2)	
<i>betaxolol hcl (ophth)</i>	\$0(1)	
BETOPTIC-S	\$0(2)	
<i>brimonidine sol 0.2%</i>	\$0(1)	
<i>brimonidine sol 0.15%</i>	\$0(1)	
<i>carteolol hcl (ophth)</i>	\$0(1)	
COMBIGAN	\$0(2)	
<i>dorzolamide hcl</i>	\$0(1)	
<i>dorzolamide hcl-timolol maleate</i>	\$0(1)	
<i>latanoprost SOLN</i>	\$0(1)	
<i>levobunolol hcl</i>	\$0(1)	
LUMIGAN	\$0(2)	
PHOSPHOLINE IODIDE	\$0(2)	
<i>pilocarpine hcl SOLN</i>	\$0(1)	
RHOPRESSA	\$0(2)	
SIMBRINZA	\$0(2)	
<i>timolol maleate (ophth) soln</i>	\$0(1)	
<i>timolol maleate gel</i>	\$0(1)	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	\$0(1)	
TRAVATAN Z	\$0(2)	
MISCELLANEOUS		
<i>akwa tears</i>	\$0(3)	NM; *
<i>artificial tears</i>	\$0(3)	NM; *
ATROPINE SULFATE SOLN 1%	\$0(2)	
CYSTARAN	\$0(2)	NM, LA, PA
<i>genteal tears liquid drop</i>	\$0(3)	NM; *
<i>genteal tears mild</i>	\$0(3)	NM; *
<i>gnp artificial tears</i>	\$0(3)	NM; *
<i>gnp lubricant pm</i>	\$0(3)	NM; *
<i>liquitears</i>	\$0(3)	NM; *
MURO 128 SOLN 2%	\$0(3)	NM; *
<i>natural balance tears</i>	\$0(3)	NM; *
<i>natures tears</i>	\$0(3)	NM; *
<i>proparacaine hcl SOLN</i>	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>purulube</i>	\$0(3)	NM; *
<i>refresh lacri-lube</i>	\$0(3)	NM; *
<i>refresh p.m.</i>	\$0(3)	NM; *
RESTASIS	\$0(2)	QL (60 single use vials / 30 days)
RESTASIS MULTIDOSE	\$0(2)	QL (1 bottle / 30 days)
<i>sodium chloride hypertonic</i>	\$0(3)	NM; *
<i>systane nighttime</i>	\$0(3)	NM; *
RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD		
ANORO ELLIPTA	\$0(2)	QL (60 blisters / 30 days)
BEVESPI AEROSPHERE	\$0(2)	QL (1 inhaler / 30 days)
COMBIVENT RESPIMAT	\$0(2)	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu</i>	\$0(1)	B/D
TRELEGY ELLIPTA	\$0(2)	QL (60 blisters / 30 days)
ANTICHOLINERGICS - DRUGS TO TREAT COPD		
ATROVENT HFA	\$0(2)	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA	\$0(2)	QL (30 blisters / 30 days)
<i>ipratropium bromide SOLN</i>	\$0(1)	B/D
<i>ipratropium bromide (nasal)</i>	\$0(1)	
ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES		
<i>all day allergy TABS</i>	\$0(3)	NM; *
<i>all day allergy childrens</i>	\$0(3)	NM; *
<i>all-day allergy childrens</i>	\$0(3)	NM; *
<i>allergy TABS 10mg</i>	\$0(3)	NM; *
<i>allergy non-drowsy</i>	\$0(3)	NM; *
<i>allergy relief TABS 10mg</i>	\$0(3)	NM; *
<i>azelastine spr 0.1%</i>	\$0(1)	
<i>azelastine spr 0.15%</i>	\$0(1)	
<i>banophen CAPS; LIQD; TABS</i>	\$0(3)	NM; *
<i>cetirizine hcl</i>	\$0(3)	NM; *
<i>cetirizine hcl allergy ch</i>	\$0(3)	NM; *
<i>cetirizine hcl childrens</i>	\$0(3)	NM; *
<i>cetirizine hydrochloride</i>	\$0(3)	NM; *
<i>cetirizine syrup</i>	\$0(1)	

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<i>childrens allergy</i>	\$0(3)	NM; *
<i>childrens loratadine</i>	\$0(3)	NM; *
<i>complete allergy medicine</i>	\$0(3)	NM; *
<i>cyproheptadine hcl</i> SYRP; TABS	\$0(2)	PA; PA if 70 years and older
<i>diphenhist</i>	\$0(3)	NM; *
<i>diphenhydramine hcl</i> CAPS	\$0(3)	NM; *
<i>diphenhydramine hcl</i> LIQD	\$0(3)	NM; *
<i>diphenhydramine hcl</i> TABS 25mg	\$0(3)	NM; *
<i>diphenhydramine hcl inj</i> 50mg/ml	\$0(1)	
<i>gnp all day allergy</i>	\$0(3)	NM; *
<i>gnp all day allergy child</i>	\$0(3)	NM; *
<i>gnp allergy</i> CAPS	\$0(3)	NM; *
<i>gnp allergy</i> TABS 25mg	\$0(3)	NM; *
<i>gnp allergy antihistamine</i>	\$0(3)	NM; *
<i>gnp allergy relief</i> CAPS; CHEW; TBDP	\$0(3)	NM; *
<i>gnp allergy relief for ki</i>	\$0(3)	NM; *
<i>gnp childrens allergy</i>	\$0(3)	NM; *
<i>gnp loratadine</i>	\$0(3)	NM; *
<i>gnp loratadine childrens</i>	\$0(3)	NM; *
<i>goodsense all day allergy</i>	\$0(3)	NM; *
<i>hm all day allergy childr</i>	\$0(3)	NM; *
<i>hm cetirizine hcl childre</i>	\$0(3)	NM; *
<i>hm loratadine</i>	\$0(3)	NM; *
<i>hydroxyzine hcl</i> SYRP; TABS	\$0(2)	PA; PA if 70 years and older
<i>hydroxyzine hcl inj</i>	\$0(2)	PA; PA if 70 years and older
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	\$0(2)	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride</i>	\$0(1)	
<i>loratadine</i> CAPS; CHEW; TABS	\$0(3)	NM; *
<i>loratadine childrens</i>	\$0(3)	NM; *
<i>pharbedryl</i>	\$0(3)	NM; *
<i>qc all day allergy</i>	\$0(3)	NM; *
<i>qc childrens allergy</i>	\$0(3)	NM; *
<i>qc loratadine allergy rel</i>	\$0(3)	NM; *
<i>siladryl allergy</i>	\$0(3)	NM; *

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<i>sm all day allergy childr</i>	\$0(3)	NM; *
<i>sm loratadine</i>	\$0(3)	NM; *
BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD		
<i>albuterol sulfate AERS 108mcg/act</i>	\$0(1)	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate AERS 108mcg/act</i>	\$0(1)	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate NEBU</i>	\$0(1)	B/D
<i>albuterol sulfate SYRP</i>	\$0(1)	
<i>albuterol sulfate TABS</i>	\$0(1)	
<i>albuterol sulfate TB12</i>	\$0(1)	
<i>levalbuterol hcl NEBU</i>	\$0(1)	B/D
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml</i>	\$0(1)	B/D
<i>levalbuterol tartrate hfa</i>	\$0(1)	QL (2 inhalers / 30 days)
SEREVENT DISKUS	\$0(2)	QL (60 inhalations / 30 days)
<i>terbutaline sulfate TABS</i>	\$0(1)	
VENTOLIN HFA	\$0(2)	QL (2 inhalers / 30 days)
COUGH AND COLD		
<i>childrens mucus relief ex</i>	\$0(3)	NM; *
<i>cough & chest congestion SYRP</i>	\$0(3)	NM; *
<i>cough syrup</i>	\$0(3)	NM; *
<i>dextromethorphan-guaifenesin</i>	\$0(3)	NM; *
<i>diabetic siltussin das-na</i>	\$0(3)	NM; *
<i>diabetic siltussin-dm</i>	\$0(3)	NM; *
<i>diabetic siltussin-dm max</i>	\$0(3)	NM; *
<i>gnp nasal decongestant</i>	\$0(3)	NM; *
<i>gnp nasal decongestant/ma</i>	\$0(3)	NM; *
<i>gnp tussin dm</i>	\$0(3)	NM; *
<i>gnp tussin dm cough</i>	\$0(3)	NM; *
<i>gnp tussin dm max</i>	\$0(3)	NM; *
<i>gnp tussin mucus & chest</i>	\$0(3)	NM; *
<i>guaifenesin LIQD; SOLN</i>	\$0(3)	NM; *
<i>hm tussin adult</i>	\$0(3)	NM; *
<i>hm tussin adult cough & c</i>	\$0(3)	NM; *
<i>mucinex chest congestion</i>	\$0(3)	NM; *

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<i>nasal decongestant</i> TABS	\$0(3)	NM; *
<i>promethazine w/codeine</i>	\$0(3)	NM; *
<i>promethazine-phenylephrine-codeine</i>	\$0(3)	NM; *
<i>pseudoephedrine hcl</i> TABS 30mg	\$0(3)	NM; *
<i>qc tussin dm cough & ches</i>	\$0(3)	NM; *
<i>qc tussin mucus + chest c</i>	\$0(3)	NM; *
<i>robafen</i>	\$0(3)	NM; *
<i>robafen dm</i>	\$0(3)	NM; *
<i>robafen dm cough</i>	\$0(3)	NM; *
<i>robafen dm cough clear</i>	\$0(3)	NM; *
<i>robafen dm cough/chest co</i>	\$0(3)	NM; *
<i>siltussin dm das</i>	\$0(3)	NM; *
<i>siltussin sa</i>	\$0(3)	NM; *
<i>siltussin-dm</i>	\$0(3)	NM; *
<i>sm tussin mucus + chest c</i>	\$0(3)	NM; *
<i>sudogest 30mg</i>	\$0(3)	NM; *
<i>tusnel diabetic</i>	\$0(3)	NM; *
<i>tussin dm</i>	\$0(3)	NM; *
<i>tussin dm cough + chest c</i>	\$0(3)	NM; *
<i>tussin dm max</i>	\$0(3)	NM; *
<i>tussin dm max adult</i>	\$0(3)	NM; *
<i>tussin mucus & chest cong</i>	\$0(3)	NM; *
<i>tussin mucus + chest cong</i>	\$0(3)	NM; *
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW; PACK; TABS	\$0(1)	
<i>zafirlukast</i>	\$0(1)	
MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES		
<i>cromolyn sodium nebu</i>	\$0(1)	B/D
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	\$0(1)	B/D
ARALAST NP	\$0(2)	NM, LA, PA
DALIRESP	\$0(2)	
<i>epinephrine (anaphylaxis) .15mg/0.3ml, .3mg/0.3ml</i>	\$0(1)	(generic of EpiPen)

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<i>epinephrine (anaphylaxis) .15mg/0.15ml, .3mg/0.3ml</i>	\$0(1)	(generic of Adrenaclick)
ESBRIET	\$0(2)	NM, PA
KALYDECO	\$0(2)	NM, PA
NUCALA	\$0(2)	NM, LA, PA
OFEV	\$0(2)	NM, PA
ORKAMBI	\$0(2)	NM, PA
PROLASTIN-C	\$0(2)	NM, LA, PA
PULMOZYME	\$0(2)	NM, PA
<i>saline .65%</i>	\$0(3)	NM; *
SYMDEKO	\$0(2)	NM, LA, PA
SYMJEPI	\$0(2)	
THEO-24	\$0(2)	
<i>theophylline</i>	\$0(1)	
<i>theophylline tab er 12hr 300 mg</i>	\$0(1)	
<i>theophylline tab er 12hr 450 mg</i>	\$0(1)	
<i>theophylline tab sr 24hr</i>	\$0(1)	
XOLAIR	\$0(2)	NM, LA, PA
ZEMAIRA	\$0(2)	NM, LA, PA
NASAL STEROIDS - DRUGS TO TREAT ALLERGIES		
<i>flunisolide (nasal)</i>	\$0(1)	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i>	\$0(1)	QL (1 bottle / 30 days)
STERIOD INHALANTS - DRUGS TO TREAT ASTHMA		
ARNUIITY ELLIPTA	\$0(2)	QL (30 inhalations / 30 days)
<i>budesonide (inhalation) .25mg/2ml, .5mg/2ml</i>	\$0(1)	B/D
FLOVENT DISKUS 50mcg/blist, 100mcg/blist	\$0(2)	QL (120 inhalations / 30 days)
FLOVENT DISKUS 250mcg/blist	\$0(2)	QL (240 inhalations / 30 days)
FLOVENT HFA	\$0(2)	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER	\$0(2)	QL (2 inhalers / 30 days)
STERIOD/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD		
ADVAIR DISKUS	\$0(2)	QL (60 inhalations / 30 days)
ADVAIR HFA	\$0(2)	QL (1 inhaler / 30 days)
BREO ELLIPTA	\$0(2)	QL (60 blisters / 30 days)
SYMBICORT	\$0(2)	QL (1 inhaler / 30 days)

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TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS		
DERMATOLOGY, ACNE		
<i>acne medication 5</i> GEL	\$0(3)	NM; *
ACNE MEDICATION 5 LOTN	\$0(3)	NM; *
<i>acne medication 10</i> GEL	\$0(3)	NM; *
ACNE MEDICATION 10 LOTN	\$0(3)	NM; *
<i>amnesteem</i>	\$0(1)	PA
<i>avita</i>	\$0(1)	QL (45 grams / 30 days), PA
BENZOYL PEROXIDE GEL 2.5%	\$0(3)	NM; *
<i>benzoyl peroxide</i> GEL 5%, 10%	\$0(3)	NM; *
BENZOYL PEROXIDE CLEANSER	\$0(3)	NM; *
<i>benzoyl peroxide-erythromycin</i>	\$0(1)	
<i>claravis</i>	\$0(1)	PA
<i>clindamycin phosphate (topical)</i> GEL	\$0(1)	QL (75 grams / 30 days)
<i>clindamycin phosphate (topical)</i> LOTN	\$0(1)	
<i>clindamycin phosphate (topical)</i> SOLN	\$0(1)	QL (60 mL / 30 days)
<i>ery pad 2%</i>	\$0(1)	
<i>erythromycin (acne aid)</i>	\$0(1)	
<i>isotretinoin</i> CAPS	\$0(1)	PA
<i>myorisan</i>	\$0(1)	PA
<i>sulfacetamide sodium (acne)</i>	\$0(1)	
<i>tretinoin</i> CREA	\$0(1)	QL (45 grams / 30 days), PA
<i>tretinoin</i> GEL .01%, .025%	\$0(1)	QL (45 grams / 30 days), PA
<i>zenatane</i>	\$0(1)	PA
DERMATOLOGY, ANTIBIOTICS		
<i>bacitracin (topical)</i>	\$0(3)	NM; *
<i>bacitracin zinc</i> OINT	\$0(3)	NM; *
<i>double antibiotic</i>	\$0(3)	NM; *
<i>gentamicin sulfate (topical)</i>	\$0(1)	
<i>gnp bacitracin zinc</i>	\$0(3)	NM; *
<i>gnp triple antibiotic</i>	\$0(3)	NM; *
<i>gnp triple antibiotic plu</i>	\$0(3)	NM; *
<i>mupirocin</i> OINT	\$0(1)	QL (220 grams / 30 days)
<i>silver sulfadiazine</i> CREA	\$0(1)	

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<i>sm antibiotic</i>	\$0(3)	NM; *
<i>ssd</i>	\$0(1)	
SULFAMYLON CREA	\$0(2)	
<i>triple antibiotic</i>	\$0(3)	NM; *
<i>triple antibiotic first a</i>	\$0(3)	NM; *
<i>triple antibiotic plus</i>	\$0(3)	NM; *
DERMATOLOGY, ANTIFUNGALS		
<i>antifungal CREA 2%</i>	\$0(3)	NM; *
<i>ciclopirox CREA</i>	\$0(1)	QL (90 grams / 30 days)
<i>ciclopirox SUSP</i>	\$0(1)	QL (60 mL / 30 days)
<i>clotrimazole (topical) CREA 1%</i>	\$0(1)	
<i>clotrimazole (topical) CREA 1%</i>	\$0(3)	NM; *
<i>clotrimazole (topical) SOLN</i>	\$0(1)	QL (30 mL / 30 days)
<i>clotrimazole anti-fungal</i>	\$0(3)	NM; *
<i>clotrimazole antifungal</i>	\$0(3)	NM; *
<i>clotrimazole w/ betamethasone CREA</i>	\$0(1)	
<i>gnp athletes foot</i>	\$0(3)	NM; *
<i>gnp terbinafine hydrochlo</i>	\$0(3)	NM; *
<i>ketoconazole cream</i>	\$0(1)	QL (60 grams / 30 days)
<i>miconazole nitrate (topical)</i>	\$0(3)	NM; *
<i>nyamyc</i>	\$0(1)	QL (60 grams / 30 days)
<i>nystatin (topical)</i>	\$0(1)	
<i>nystatin pow 100000</i>	\$0(1)	QL (60 grams / 30 days)
<i>nystop</i>	\$0(1)	QL (60 grams / 30 days)
<i>remedy antifungal CREA</i>	\$0(3)	NM; *
<i>sm antifungal clotrimazol</i>	\$0(3)	NM; *
<i>terbinafine hcl (topical)</i>	\$0(3)	NM; *
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i>	\$0(1)	PA
<i>calcipotriene CREA; OINT</i>	\$0(1)	QL (120 grams / 30 days), PA
<i>calcipotriene SOLN</i>	\$0(1)	QL (120 mL / 30 days), PA
<i>calcitrene</i>	\$0(1)	QL (120 grams / 30 days), PA
<i>tazarotene CREA</i>	\$0(1)	QL (60 grams / 30 days), PA
TAZORAC CREA .05%	\$0(2)	QL (60 grams / 30 days), PA

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DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole shampoo</i>	\$0(1)	
<i>selenium sulfide</i> LOTN	\$0(1)	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	\$0(1)	
<i>alclometasone dipropionate</i>	\$0(1)	
<i>anti-itch maximum strengt</i> CREA	\$0(3)	NM; *
<i>betamethasone dipropionate (topical)</i>	\$0(1)	
<i>betamethasone dipropionate augmented</i>	\$0(1)	
<i>betamethasone valerate</i> CREA; LOTN; OINT	\$0(1)	
ENSTILAR	\$0(2)	QL (120 grams / 30 days), PA
<i>fluocinolone acetonide</i> CREA; OIL; OINT	\$0(1)	
<i>fluocinolone acetonide</i> SOLN	\$0(1)	QL (90 mL / 30 days)
<i>fluocinolone acetonide oil body</i>	\$0(1)	
<i>fluocinonide</i> CREA .05%	\$0(1)	QL (120 grams / 30 days)
<i>fluocinonide</i> GEL	\$0(1)	QL (60 grams / 30 days)
<i>fluocinonide</i> OINT	\$0(1)	QL (60 grams / 30 days)
<i>fluocinonide</i> SOLN	\$0(1)	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i>	\$0(1)	QL (120 grams / 30 days)
<i>fluticasone propionate</i> CREA; OINT	\$0(1)	
<i>gnp hydrocortisone</i>	\$0(3)	NM; *
<i>gnp hydrocortisone maximu</i>	\$0(3)	NM; *
<i>gnp hydrocortisone plus</i>	\$0(3)	NM; *
<i>gnp hydrocortisone/aloe</i>	\$0(3)	NM; *
<i>halobetasol propionate</i> CREA; OINT	\$0(1)	QL (50 grams / 30 days)
<i>hydrocortisone (topical)</i>	\$0(3)	NM; *
<i>hydrocortisone (topical) cream 1%</i>	\$0(1)	
<i>hydrocortisone (topical) cream 2.5%</i>	\$0(1)	
<i>hydrocortisone (topical) lotion 2.5%</i>	\$0(1)	
<i>hydrocortisone (topical) oint 2.5%</i>	\$0(1)	
<i>hydrocortisone butyrate cream 0.1%</i>	\$0(1)	QL (45 grams / 30 days)
<i>hydrocortisone butyrate oint 0.1%</i>	\$0(1)	QL (45 grams / 30 days)
<i>hydrocortisone maximum st</i>	\$0(3)	NM; *
<i>hydrocortisone-aloe vera</i>	\$0(3)	NM; *

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LA - Limited Access

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>mometasone furoate</i> CREA; OINT; SOLN	\$0(1)	
<i>sm hydrocortisone</i>	\$0(3)	NM; *
<i>sm hydrocortisone maximum</i>	\$0(3)	NM; *
TEXACORT SOLN 2.5%	\$0(2)	
<i>triamcinolone acetonide (topical)</i> CREA .1%	\$0(1)	QL (454 grams / 30 days)
<i>triamcinolone acetonide (topical)</i> CREA .025%, .5%	\$0(1)	
<i>triamcinolone acetonide (topical)</i> LOTN	\$0(1)	
<i>triamcinolone acetonide (topical)</i> OINT	\$0(1)	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i>	\$0(1)	QL (30 mL / 30 days), PA
<i>lidocaine</i> PTCH	\$0(1)	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> GEL	\$0(1)	QL (30 mL / 30 days), PA
<i>lidocaine hcl</i> SOLN 4%	\$0(1)	QL (50 mL / 30 days), PA
<i>lidocaine oint</i> 5%	\$0(1)	QL (50 grams / 30 days), PA
<i>lidocaine-prilocaine</i>	\$0(1)	QL (30 grams / 30 days), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
ALOE VESTA PROTECTIVE	\$0(3)	NM; *
<i>ammonium lactate</i> CREA; LOTN	\$0(1)	
<i>anu-med</i>	\$0(3)	NM; *
<i>aplicare povidone-iodine</i>	\$0(3)	NM; *
ARTHRITIS PAIN RELIEVING	\$0(3)	NM; *
BETADINE 5%	\$0(3)	NM; *
<i>betasept surgical scrub</i>	\$0(3)	NM; *
<i>capsaicin</i> CREA .025%	\$0(3)	NM; *
<i>dibucaine (rectal)</i>	\$0(3)	NM; *
<i>diclofenac sodium (topical) 1% gel</i>	\$0(1)	QL (1000 grams / 30 days), PA
<i>fluorouracil (topical)</i> CREA 5%	\$0(1)	QL (40 grams / 30 days)
<i>fluorouracil (topical)</i> SOLN	\$0(1)	QL (10 mL / 30 days)
<i>gnp antiseptic skin clean</i>	\$0(3)	NM; *
<i>gnp povidone-iodine</i>	\$0(3)	NM; *
<i>gnp vitamin a & d</i>	\$0(3)	NM; *
<i>gnp zinc oxide</i>	\$0(3)	NM; *
<i>imiquimod</i> CREA 5%	\$0(1)	QL (24 packets / 30 days)

* - Non-Part D drugs or OTC items that are covered by Medicaid
 PA - Prior Authorization QL - Quantity Limits
 ST - Step Therapy NM - Not available at Mail-order
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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lidocaine</i> CREA 4%	\$0(3)	NM; *
<i>lidocaine (anorectal)</i>	\$0(3)	NM; *
<i>metronidazole (topical)</i> CREA; LOTN	\$0(1)	
<i>metronidazole gel</i> 0.75%	\$0(1)	
PANRETIN	\$0(2)	QL (60 grams / 30 days)
PICATO .05%	\$0(2)	QL (2 tubes / 30 days)
PICATO .015%	\$0(2)	QL (3 tubes / 30 days)
<i>podofilox</i> SOLN	\$0(1)	
<i>povidone-iodine</i> OINT	\$0(3)	NM; *
<i>povidone-iodine</i> SOLN	\$0(3)	NM; *
<i>povidone-iodine</i> SWAB 10%	\$0(3)	NM; *
<i>pramoxine hcl (rectal)</i>	\$0(3)	NM; *
<i>procto-med hc</i>	\$0(1)	
<i>procto-pak</i>	\$0(1)	
<i>proctosol hc cre</i> 2.5%	\$0(1)	
<i>proctozone-hc</i>	\$0(1)	
PROSHIELD PLUS SKIN PROTE	\$0(3)	NM; *
<i>qc povidone iodine</i>	\$0(3)	NM; *
RECTIV	\$0(2)	QL (30 grams / 30 days)
REMEDY NUTRASHIELD	\$0(3)	NM; *
<i>rosadan</i>	\$0(1)	
<i>tacrolimus (topical)</i>	\$0(1)	QL (100 grams / 30 days)
TARGRETIN GEL	\$0(2)	QL (60 grams / 30 days), NM, PA
VALCHLOR	\$0(2)	QL (60 grams / 30 days), NM, LA, PA
<i>vitamins a & d (topical)</i>	\$0(3)	NM; *
<i>zinc oxide (topical)</i>	\$0(3)	NM; *
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>gnp lice treatment</i>	\$0(3)	NM; *
<i>hm lice treatment</i>	\$0(3)	NM; *
<i>lice killing maximum stre</i>	\$0(3)	NM; *
<i>lice killing shampoo</i>	\$0(3)	NM; *
<i>lice treatment</i>	\$0(3)	NM; *
<i>malathion</i>	\$0(1)	
<i>permethrin cre</i> 5%	\$0(1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DERMATOLOGY, WOUND CARE AGENTS		
<i>acetic acid .25%</i>	\$0(1)	
REGRANEX	\$0(2)	QL (30 grams / 30 days), PA
SANTYL	\$0(2)	
<i>sodium chlor sol 0.9% irr</i>	\$0(1)	
<i>water for irrigation, sterile</i>	\$0(1)	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i>	\$0(1)	
<i>chlorhexidine gluconate (mouth-throat)</i>	\$0(1)	
clotrimazole LOZG	\$0(1)	
<i>lidocaine hcl (mouth-throat)</i>	\$0(1)	
<i>nystatin (mouth-throat)</i>	\$0(1)	
<i>paroex sol 0.12%</i>	\$0(1)	
<i>periogard</i>	\$0(1)	
<i>pilocarpine hcl (oral)</i>	\$0(1)	
<i>triamcinolone acetonide (mouth)</i>	\$0(1)	
OTIC - DRUGS TO TREAT CONDITIONS OF THE EAR		
<i>acetic acid (otic)</i>	\$0(1)	
CIPRODEX	\$0(2)	
<i>ear drops</i>	\$0(3)	NM; *
<i>ear drops earwax removal</i>	\$0(3)	NM; *
<i>earwax removal kit</i>	\$0(3)	NM; *
<i>flac</i>	\$0(1)	
<i>fluocinolone acetonide (otic)</i>	\$0(1)	
<i>gnp ear drops</i>	\$0(3)	NM; *
<i>gnp ear systems</i>	\$0(3)	NM; *
<i>neomycin-polymyxin-hc (otic)</i>	\$0(1)	
<i>ofloxacin (otic)</i>	\$0(1)	
SWIM EAR	\$0(3)	NM; *

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 Limits ST - Step Therapy NM - Not available at Mail-order B/D - Covered under Medicare B or D
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Drug Name	Page #	Drug Name	Page #
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<i>cefuroxime sodium</i>	12	<i>clearlax</i>	55
<i>celecoxib</i>	3	<i>clindamycin cap 75mg</i>	6
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<i>isosorbide dinitrate er</i>	27	<i>kcl 0.15%/d5w/nacl 0.9%</i>	67
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<i>isosorb mononitrate tab</i>	27	<i>kcl 0.075%/d5w/nacl 0.45%</i>	67
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<i>isradipine</i>	25	<i>kcl/d5w/nacl inj 0.22%/0.45%</i>	67
<i>itraconazole</i>	8	<i>kcl/d5w/nacl inj .15/.33%</i>	67
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<i>tretinoin</i>	77	<i>tussin dm cough + chest c</i>	75
<i>tretinoin (chemotherapy)</i>	20	<i>tussin dm max</i>	75
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<i>triamcinolone acetonide (topical)</i>	80	<i>tussin mucus & chest cong</i>	75
<i>triamterene & hydrochlorothiazide cap 37.5-</i> <i>25 mg</i>	26	<i>tussin mucus + chest cong</i>	75
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200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)
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