



**MyCareOhio**  
Connecting Medicare + Medicaid

## **AETNA BETTER HEALTH® OF OHIO** a MyCare Ohio plan

### 2016 List of Covered Drugs/Formulary



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

## Personal information

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My member ID number

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My PCP (primary care practitioner)

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My PCP's phone number

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My care manager's name and phone number

## Helpful information

Aetna Better Health of Ohio  
7400 W. Campus Rd.  
New Albany, OH 43054-8725

### Member Services

1-855-364-0974

### Services for Hearing Impaired (TTY)

711



## Aetna Better Health® of Ohio | 2016 List of Covered Drugs (Formulary)

This is a list of drugs that members can get in Aetna Better Health of Ohio

- ❖ Aetna Better Health of Ohio is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees.
- ❖ The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
- ❖ Benefits may change on January 1 of each year.
- ❖ You can always check Aetna Better Health of Ohio's up-to-date List of Covered Drugs online at **[www.aetnabetterhealth.com/ohio](http://www.aetnabetterhealth.com/ohio)**.
- ❖ Limitations and restrictions may apply. For more information, call Aetna Better Health of Ohio Member Services or read the Aetna Better Health of Ohio Member Handbook.
- ❖ You can get this information for free in other formats, such as large print, braille, or audio. Call **1-855-364-0974** (TTY: 711) The call is free.
- ❖ You can get this information for free in other languages. Call **1-855-364-0974** (TTY: 711). The call is free.

Puede obtener esta información en otros idiomas de manera gratuita. Llame al **1-855-364-0974** y TTY al 711. Esta llamada es gratuita.

Waxaad macluumaadkaan oo lacag la'aan ah ku heli kartaa luqado kale. Wac **1-855-364-0974** (TTY:711). Wicidda waa lacag la'aan.





**If you have questions**, please call Aetna Better Health of Ohio at **1-855-364-0974** (TTY: 711), 24 hours a day, 7 days a week. The call is free. **For more information**, visit [www.aetnabetterhealth.com/ohio](http://www.aetnabetterhealth.com/ohio).

# 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.

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## 1. 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 of Ohio. 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 of Ohio 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 of Ohio network pharmacy.
- ➔ Aetna Better Health of Ohio may have additional steps to access certain drugs (see question #5 below).

You can also see an up-to-date list of drugs that we cover on our website at [www.aetnabetterhealth.com/ohio](http://www.aetnabetterhealth.com/ohio) or call Member Services at **1-855-364-0974** (TTY: 711).

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## 2. Does the Drug List ever change?

Yes. Aetna Better Health of Ohio may add or remove drugs on the Drug List during the year. Generally, the Drug List will only change if:

- A cheaper drug comes along that works as well as a drug on the Drug List now, or
- We learn that a drug is not safe.

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

- Decide to require or not require prior approval for a drug. (*Prior approval* is permission from Aetna Better Health of Ohio 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 page V.)

We will tell you when a drug you are taking is removed from the Drug List. We will also tell you when we change our rules for covering a drug. Questions 3, 4 and 7 below have more information on what happens when the Drug List changes.

- ➔ You can always check Aetna Better Health of Ohio’s up to date Drug List online at [www.aetnabetterhealth.com/ohio](http://www.aetnabetterhealth.com/ohio). You can also call Member Services to check the current Drug List at **1-855-364-0974** (TTY: 711).

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### 3. What happens when a cheaper drug comes along that works as well as a drug on the Drug List now?

If you are taking a drug that is removed because a cheaper drug that works just as well comes along, we will tell you. We will tell you at least 60 days before we remove it from the Drug List or when you ask for a refill. Then you can get a 60-day supply of the drug before the change to the Drug List is made. You will be notified by mail if a drug list change will affect you. You can also search for your drug with the online searchable formulary tool as it is updated to reflect current coverage.

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### 4. What happens when we find out a drug is not safe?

If the Food and Drug Administration (FDA) says a drug you are taking is not safe, we will take it off the Drug List right away. We will also send you a letter telling you that. Your doctor will also receive notification about this change, and will work with you to find another drug for your condition. Please contact your doctor if a drug you are taking is removed from the drug list.

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### 5. Are there any restrictions or limits on drug coverage? Or are there any required actions to take in order 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 of Ohio before you fill your prescription. If you don't get approval, Aetna Better Health of Ohio may not cover the drug.
- **Quantity limits:** Sometimes Aetna Better Health of Ohio limits the amount of a drug you can get.
- **Step therapy:** Sometimes Aetna Better Health of Ohio 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. You can also get more information by visiting our web site at [www.aetnabetterhealth.com/ohio](http://www.aetnabetterhealth.com/ohio). 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. Please see question 11 for more information on exceptions.

- ➔ 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. We will cover a 31-day emergency supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Aetna Better Health of Ohio member. 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 request an exception. Please see question 11 for more information about exceptions.



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## 6. 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.”

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## 7. What happens if we change our rules on how we cover some drugs? For example, if we add prior authorization (approval), quantity limits, and/or step therapy restrictions on a drug.

We will tell you if we add prior approval, quantity limits, and/or step therapy restrictions on a drug. We will tell you at least 60 days before the restriction is added or when you next ask for a refill. Then, you can get a 60-day supply of the drug before the change to the Drug List is made. This gives you time to talk to your doctor or other prescriber about what to do next.

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## 8. 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 Alphabetical Listing section. You can find it on page 99. 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 Agents**. That is where you will find drugs that treat heart conditions.

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## 9. 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 **1-855-364-0974** (TTY: 711) and ask about it. If you learn that Aetna Better Health of Ohio 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 question 11 for more information about exceptions.





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## 10. What if you are a new Aetna Better Health of Ohio member and can't find your drug on the Drug List or have a problem getting your drug?

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you are a member of Aetna Better Health of Ohio. 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 request an exception.

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

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

If you live in a nursing home or other long-term care facility, you may refill your prescription for as long as 91 and may be up to 98 days. You may refill the drug multiple times during your first 90 days in the plan. This gives your prescriber time to change your drugs to ones on the Drug List or ask for an exception.

If you are a current member and you have a change in your level of care (e.g., you are discharged from a hospital to your home or admitted to, or discharged from, a long-term care facility, your pharmacy may get an override for up to a 30-day supply from Aetna Better Health of Ohio.

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

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

Yes. You can ask Aetna Better Health of Ohio 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 of Ohio 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.

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## 12. How long does it take to get an exception?

First, we must receive a statement from your prescriber supporting your request for an exception. After we receive 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 receiving your prescriber's supporting statement.



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### 13. How can you ask for an exception?

To ask for an exception, call Member Services at **1-855-364-0974** (TTY: 711). A Member Services representative will work with you and your provider to help you ask for an exception.

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### 14. 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 of Ohio covers both brand name drugs and generic drugs.

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### 15. What are OTC drugs?

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

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

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### 16. Does Aetna Better Health of Ohio cover OTC non-drug products?

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

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

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### 17. What is your copay?

You can read the Aetna Better Health of Ohio Drug List to learn about the copay for each drug.

Aetna Better Health of Ohio members living in nursing homes or other long-term care facilities will have no copays. Some members getting long-term care in the community will also have no copays.

Member copayments for covered prescription products will be \$0 for all drug tier levels.

- Tier 1 drugs are generic drugs.
- Tier 2 drugs are brand name drugs.
- Tier 3 drugs are non-Medicare prescription drugs and over-the-counter (OTC) drugs.



## List of Covered 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 Agents. That is where you will find drugs that treat heart conditions.

The list of covered drugs that begins on the next page gives you information about the drugs covered by Aetna Better Health of Ohio. If you have trouble finding your drug in the list, turn to the Index that begins on page 99.

The first column of the chart lists the name of the drug. Brand name drugs are capitalized (e.g., CRESTOR) 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 of Ohio 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 Medicare Part D drugs, or OTC items that are covered by Medicaid		
B/D = Covered under Medicare B or D		
PA = Prior Authorization	QL = Quantity Limits	ST = Step Therapy
MO = Available by mail order		LA = Limited Access

**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 receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs. 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 **1-855-364-0974** (TTY 711). You can also read the Member Handbook to learn how to appeal a decision.



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## List of Drugs by Medical Condition

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>ANALGESICS-DRUGS USED TO TREAT PAIN AND INFLAMMATION</b>		
<i>Analgesics</i>		
<i>acephen</i>	\$0 (3)	*
<i>acetaminophen supp 120mg, 650mg</i>	\$0 (3)	*
<i>butalbital/acetaminophen/caffeine/codeine</i>	\$0 (1)	QL (180 EA per 30 days) PA MO
<i>butalbital/acetaminophen/caffeine caps</i>	\$0 (1)	QL (180 EA per 30 days) PA MO
<i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>	\$0 (1)	QL (180 EA per 30 days) PA MO
<i>butalbital/aspirin/caffeine</i>	\$0 (1)	QL (180 EA per 30 days) PA MO
<i>butalbital/aspirin/caffeine/codeine</i>	\$0 (1)	QL (180 EA per 30 days) PA MO
<i>capacet</i>	\$0 (1)	QL (180 EA per 30 days) PA
<i>esgic caps</i>	\$0 (1)	QL (180 EA per 30 days) PA
<i>fever reducer childrens</i>	\$0 (3)	*
<i>feverall adults</i>	\$0 (3)	*
<i>feverall childrens</i>	\$0 (3)	*
FEVERALL INFANTS	\$0 (3)	*
<i>feverall junior strength</i>	\$0 (3)	*
<i>margesic</i>	\$0 (1)	QL (180 EA per 30 days) PA MO
<i>nexafed sinus pressure + pain</i>	\$0 (3)	*
<i>zebutal caps 325mg; 50mg; 40mg</i>	\$0 (1)	QL (180 EA per 30 days) PA MO
<b>Nonsteroidal Anti-inflammatory Drugs</b>		
ADVIL	\$0 (3)	*
<i>advil junior strength</i>	\$0 (3)	*
<i>all day pain relief</i>	\$0 (3)	*
<i>all day relief</i>	\$0 (3)	*
<i>aspir-81</i>	\$0 (3)	*
<i>aspir-low</i>	\$0 (3)	*
<i>aspirin adult low strength chew</i>	\$0 (3)	*
<i>aspirin childrens</i>	\$0 (3)	*
<i>aspirin ec low dose</i>	\$0 (3)	*
<i>aspirin ec tbec 325mg, 81mg</i>	\$0 (3)	*
<i>aspirin enteric coated adult low strength</i>	\$0 (3)	*
<i>aspirin low dose chew, tbec</i>	\$0 (3)	*
<i>aspirin low strength</i>	\$0 (3)	*
<i>aspirin chew</i>	\$0 (3)	*
<i>aspirin tabs 325mg</i>	\$0 (3)	*
<i>aspirin tbec 325mg, 81mg</i>	\$0 (3)	*
<i>celecoxib caps 400mg</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>celecoxib caps 100mg, 200mg, 50mg</i>	\$0 (1)	QL (60 EA per 30 days) MO
CHILDRENS ADVIL	\$0 (3)	*

PA – Prior Authorization QL – Quantity Limit ST – Step Therapy MO – Available at Mail Order

B/D – Covered under Medicare B or D LA – Limited Access \* - Non Part D drugs or OTC drugs covered under Medicaid

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>childrens aspirin</i>	\$0 (3) *	
<i>childrens aspirin low strength</i>	\$0 (3) *	
<i>childrens ibuprofen susp 40mg/ml</i>	\$0 (3) *	
<i>diclofenac potassium</i>	\$0 (1) MO	
<i>diclofenac sodium dr</i>	\$0 (1) MO	
<i>diclofenac sodium er</i>	\$0 (1) MO	
<i>diflunisal tabs</i>	\$0 (1) MO	
<i>ecpirin</i>	\$0 (3) *	
<i>enteric coated aspirin</i>	\$0 (3) *	
<i>etodolac er</i>	\$0 (1) MO	
<i>etodolac caps, tabs</i>	\$0 (1) MO	
<i>flurbiprofen tabs</i>	\$0 (1) MO	
<i>gnp adult aspirin low strength</i>	\$0 (3) *	
<i>gnp all day pain relief</i>	\$0 (3) *	
<i>gnp aspirin low dose</i>	\$0 (3) *	
<i>gnp aspirin tbec</i>	\$0 (3) *	
<i>gnp ibuprofen junior strength</i>	\$0 (3) *	
<i>gnp ibuprofen tabs</i>	\$0 (3) *	
<i>hm aspirin</i>	\$0 (3) *	
<i>hm aspirin ec</i>	\$0 (3) *	
<i>hm aspirin ec low dose</i>	\$0 (3) *	
<i>hm ibuprofen</i>	\$0 (3) *	
<i>hm ibuprofen ib</i>	\$0 (3) *	
<i>hm ibuprofen infants</i>	\$0 (3) *	
<i>hm naproxen sodium tabs</i>	\$0 (3) *	
<i>ibu-drops</i>	\$0 (3) *	
<i>ibu-drops infants</i>	\$0 (3) *	
<i>ibuprofen junior strength</i>	\$0 (3) *	
<i>ibuprofen susp</i>	\$0 (1) MO	
<i>ibuprofen caps</i>	\$0 (3) *	
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	\$0 (1) MO	
<i>ibuprofen tabs 200mg</i>	\$0 (3) *	
<i>infants ibuprofen</i>	\$0 (3) *	
<i>ketoprofen er</i>	\$0 (1) MO	
<i>ketoprofen caps</i>	\$0 (1) MO	
<i>meclofenamate sodium caps</i>	\$0 (1) MO	
<i>meloxicam susp, tabs</i>	\$0 (1) MO	
<i>miniprin low dose</i>	\$0 (3) *	
<i>nabumetone</i>	\$0 (1) MO	
<i>naproxen dr</i>	\$0 (1) MO	
<i>naproxen sodium caps</i>	\$0 (3) *	
<i>naproxen sodium tabs 275mg, 550mg</i>	\$0 (1) MO	

PA – Prior Authorization QL – Quantity Limit ST – Step Therapy MO – Available at Mail Order

B/D – Covered under Medicare B or D LA – Limited Access \* - Non Part D drugs or OTC drugs covered under Medicaid

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>naproxen sodium tabs 220mg</i>	\$0 (3) *	
<i>naproxen susp, tabs</i>	\$0 (1) MO	
<i>oxaprozin</i>	\$0 (1) MO	
<i>piroxicam caps</i>	\$0 (1) MO	
<i>provil</i>	\$0 (3) *	
<i>qc aspirin</i>	\$0 (3) *	
<i>qc aspirin low dose</i>	\$0 (3) *	
<i>qc childrens aspirin</i>	\$0 (3) *	
<i>qc ibuprofen ib</i>	\$0 (3) *	
<i>qc ibuprofen tabs</i>	\$0 (3) *	
<i>qc naproxen sodium</i>	\$0 (3) *	
<i>sb aspirin tbec</i>	\$0 (3) *	
<i>sb ibuprofen</i>	\$0 (3) *	
<i>sb naproxen sodium</i>	\$0 (3) *	
<i>sm all day pain relief</i>	\$0 (3) *	
<i>sm aspirin adult low strength</i>	\$0 (3) *	
<i>sm aspirin enteric coated</i>	\$0 (3) *	
<i>sm aspirin low dose</i>	\$0 (3) *	
<i>sm childrens aspirin</i>	\$0 (3) *	
<i>sm ibuprofen ib tabs</i>	\$0 (3) *	
<i>sm ibuprofen tabs</i>	\$0 (3) *	
<i>sm infants ibuprofen</i>	\$0 (3) *	
<i>sm naproxen sodium</i>	\$0 (3) *	
ST JOSEPH ADULT	\$0 (3) *	
<i>sulindac tabs</i>	\$0 (1) MO	
<i>tolmetin sodium</i>	\$0 (1) MO	
VOLTAREN	\$0 (2) QL (1020 GM per 30 days) MO	
<b>Opioid Analgesics, Long-acting</b>		
<i>fentanyl</i>	\$0 (1) QL (15 EA per 30 days) MO	
<i>methadone hcl inj</i>	\$0 (1)	
<i>methadone hcl tabs</i>	\$0 (1) QL (240 EA per 30 days) MO	
<i>methadone hcl oral soln</i>	\$0 (1) QL (3000 ML per 30 days) MO	
<i>methadone hcl conc</i>	\$0 (1) QL (360 ML per 30 days) MO	
<i>methadone hcl tbso</i>	\$0 (1) QL (90 EA per 30 days)	
<i>methadose sugar-free</i>	\$0 (1) QL (360 ML per 30 days) MO	
<i>methadose conc</i>	\$0 (1) QL (360 ML per 30 days) MO	
<i>methadose tbso</i>	\$0 (1) QL (90 EA per 30 days)	
<i>morphine sulfate er cp24 120mg</i>	\$0 (1) QL (180 EA per 30 days) MO	
<i>morphine sulfate er cp24 45mg, 75mg, 90mg</i>	\$0 (1) QL (30 EA per 30 days) MO	
<i>morphine sulfate er cp24 100mg, 10mg, 20mg, 30mg, 50mg, 60mg, 80mg</i>	\$0 (1) QL (60 EA per 30 days) MO	
<i>morphine sulfate er tbc</i>	\$0 (1) QL (90 EA per 30 days) MO	

PA – Prior Authorization QL – Quantity Limit ST – Step Therapy MO – Available at Mail Order

B/D – Covered under Medicare B or D LA – Limited Access \* - Non Part D drugs or OTC drugs covered under Medicaid

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>Opioid Analgesics, Short-acting</b>		
acetaminophen/codeine #3	\$0 (1)	QL (390 EA per 30 days) MO
acetaminophen/codeine soln	\$0 (1)	QL (4500 ML per 30 days) MO
acetaminophen/codeine tabs 300mg; 15mg, 300mg; 60mg	\$0 (1)	QL (390 EA per 30 days) MO
butalbital compound/codeine	\$0 (1)	QL (180 EA per 30 days) PA
codeine sulfate tabs	\$0 (1)	QL (180 EA per 30 days) MO
duramorph	\$0 (1)	B/D
endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	\$0 (1)	QL (360 EA per 30 days)
fentanyl citrate oral transmucosal	\$0 (1)	QL (120 EA per 30 days) PA MO
hydrocodone bitartrate/acetaminophen soln	\$0 (1)	QL (5550 ML per 30 days) MO
hydrocodone bitartrate/acetaminophen tabs 325mg; 2.5mg	\$0 (1)	QL (360 EA per 30 days) MO
hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg	\$0 (1)	QL (390 EA per 30 days) MO
hydrocodone/acetaminophen tabs 325mg; 10mg, 325mg; 5mg, 325mg; 7.5mg	\$0 (1)	QL (360 EA per 30 days) MO
hydrocodone/ibuprofen	\$0 (1)	QL (150 EA per 30 days) MO
hydromorphone hcl liqd	\$0 (1)	QL (2400 ML per 30 days) MO
hydromorphone hcl inj 1mg/ml, 2mg/ml, 4mg/ml, 500mg/50ml	\$0 (1)	B/D MO
hydromorphone hcl tabs 4mg, 8mg	\$0 (1)	QL (240 EA per 30 days) MO
hydromorphone hcl tabs 2mg	\$0 (1)	QL (480 EA per 30 days) MO
ibudone tabs 5mg; 200mg	\$0 (1)	QL (150 EA per 30 days)
lorcet	\$0 (1)	QL (360 EA per 30 days)
lorcet hd	\$0 (1)	QL (360 EA per 30 days)
lorcet plus tabs 325mg; 7.5mg	\$0 (1)	QL (360 EA per 30 days)
morphine sulfate tabs	\$0 (1)	QL (180 EA per 30 days) MO
morphine sulfate inj 0.5mg/ml, 10mg/ml, 150mg/30ml, 15mg/ml, 1mg/ml, 25mg/ml, 2mg/ml, 4mg/ml, 50mg/ml, 5mg/ml, 8mg/ml	\$0 (1)	B/D
morphine sulfate inj 10mg/ml, 15mg/ml, 1mg/ml	\$0 (1)	B/D MO
morphine sulfate oral soln 20mg/5ml	\$0 (1)	QL (1020 ML per 30 days) MO
morphine sulfate oral soln 100mg/5ml	\$0 (1)	QL (180 ML per 30 days) MO
morphine sulfate oral soln 10mg/5ml	\$0 (1)	QL (1800 ML per 30 days) MO
nalbuphine hcl inj	\$0 (1)	MO
oxycodone hcl conc	\$0 (1)	QL (180 ML per 30 days) MO
oxycodone hcl caps	\$0 (1)	QL (360 EA per 30 days) MO
oxycodone hcl soln	\$0 (1)	QL (5400 ML per 30 days) MO
oxycodone hcl tabs 10mg, 15mg, 20mg, 30mg	\$0 (1)	QL (180 EA per 30 days) MO
oxycodone hcl tabs 5mg	\$0 (1)	QL (360 EA per 30 days) MO
oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	\$0 (1)	QL (360 EA per 30 days) MO
oxycodone/aspirin	\$0 (1)	QL (360 EA per 30 days) MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>oxycodone/ibuprofen</i>	\$0 (1)	QL (120 EA per 30 days) MO
ROXICET SOLN	\$0 (2)	QL (1800 ML per 30 days) MO
<i>roxicet tabs</i>	\$0 (1)	QL (360 EA per 30 days)
<i>tramadol hcl tabs</i>	\$0 (1)	QL (240 EA per 30 days) MO
<i>tramadol hydrochloride/acetaminophen</i>	\$0 (1)	QL (240 EA per 30 days) MO
<i>vicodin es tabs 300mg; 7.5mg</i>	\$0 (1)	QL (390 EA per 30 days)
<i>vicodin tabs 300mg; 5mg</i>	\$0 (1)	QL (390 EA per 30 days)
<i>zamicet</i>	\$0 (1)	QL (5550 ML per 30 days) MO

## ANESTHETICS-DRUGS USED FOR NUMBING

### Local Anesthetics

<i>glydo</i>	\$0 (1)	
<i>lidocaine hcl jelly</i>	\$0 (1)	MO
<i>lidocaine hcl gel 2%</i>	\$0 (1)	MO
<i>lidocaine hcl inj 0.5%, 1.5%</i>	\$0 (1)	
<i>lidocaine hcl inj 1%, 2%, 4%</i>	\$0 (1)	MO
<i>lidocaine hcl external soln 4%</i>	\$0 (1)	MO
<i>lidocaine hcl mouth/throat soln 4%</i>	\$0 (1)	
<i>lidocaine viscous</i>	\$0 (1)	MO
<i>lidocaine/prilocaine kit</i>	\$0 (1)	
<i>lidocaine/prilocaine crea</i>	\$0 (1)	MO
<i>lidocaine oint 5%</i>	\$0 (1)	MO
<i>lidocaine ptch 5%</i>	\$0 (1)	QL (90 EA per 30 days) PA MO
<i>relador pak plus</i>	\$0 (1)	

## ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

### Alcohol Deterrents/Anti-craving

<i>acamprosate calcium dr</i>	\$0 (1)	MO
<i>disulfiram tabs</i>	\$0 (1)	MO
<i>naltrexone hcl tabs</i>	\$0 (1)	MO

### Opioid Dependence Treatments

<i>buprenorphine hcl/naloxone hcl</i>	\$0 (1)	QL (90 EA per 30 days) PA MO
<i>buprenorphine hcl subl</i>	\$0 (1)	QL (90 EA per 30 days) PA MO
SUBOXONE FILM 12MG; 3MG	\$0 (2)	QL (60 EA per 30 days) PA MO
SUBOXONE FILM 2MG; 0.5MG, 4MG; 1MG, 8MG; 2MG	\$0 (2)	QL (90 EA per 30 days) PA MO

### Opioid Reversal Agents

EVZIO	\$0 (2)	PA MO
<i>naloxone hcl inj</i>	\$0 (1)	MO
NARCAN	\$0 (2)	PA

### Smoking Cessation Agents

<i>buproban</i>	\$0 (1)	QL (60 EA per 30 days) MO
<i>bupropion hcl sr tb12 150mg</i>	\$0 (1)	QL (60 EA per 30 days) MO
CHANTIX CONTINUING MONTH PAK	\$0 (2)	QL (336 EA per 365 days) MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CHANTIX STARTING MONTH PAK	\$0 (2)	QL (106 EA per 365 days) MO
CHANTIX TABS 0.5MG, 1MG	\$0 (2)	QL (336 EA per 365 days) MO
<i>gnp nicotine mini lozenge</i>	\$0 (3)	*
<i>gnp nicotine polacrilex</i>	\$0 (3)	*
<i>gnp nicotine polacrilex mini</i>	\$0 (3)	*
<i>hm nicotine polacrilex</i>	\$0 (3)	*
<i>hm nicotine transdermal system</i>	\$0 (3)	*
<i>hm nicotine transdermal system step 3</i>	\$0 (3)	*
NICODERM CQ	\$0 (3)	*
<i>nicorelief</i>	\$0 (3)	*
NICORETTE	\$0 (3)	*
NICORETTE MINI	\$0 (3)	*
NICORETTE STARTER KIT	\$0 (3)	*
<i>nicotine polacrilex gum, lozg</i>	\$0 (3)	*
<i>nicotine transdermal system pt24</i>	\$0 (3)	*
<i>nicotine pt24</i>	\$0 (3)	*
NICOTROL NS	\$0 (2)	QL (40 ML per 30 days) MO
<i>sm nicotine</i>	\$0 (3)	*
<i>sm nicotine polacrilex</i>	\$0 (3)	*

### ANTIBACTERIALS-DRUGS USED TO TREAT INFECTIONS

#### *Aminoglycosides*

<i>amikacin sulfate inj</i>	\$0 (1)	MO
<i>gentamicin sulfate pediatric</i>	\$0 (1)	MO
<i>gentamicin sulfate/0.9% sodium chloride inj 0.9mg/ml; 0.9%, 1.2mg/ml; 0.9%, 1.4mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%</i>	\$0 (1)	
<i>gentamicin sulfate/0.9% sodium chloride inj 0.8mg/ml; 0.9%</i>	\$0 (1)	MO
<i>gentamicin sulfate inj 10mg/ml</i>	\$0 (1)	
<i>gentamicin sulfate inj 40mg/ml</i>	\$0 (1)	MO
<i>isotonic gentamicin inj 1.2mg/ml; 0.9%, 2mg/ml; 0.9%</i>	\$0 (1)	
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i>	\$0 (1)	MO
<i>neomycin sulfate</i>	\$0 (1)	MO
<i>paromomycin sulfate</i>	\$0 (1)	MO
<i>streptomycin sulfate inj</i>	\$0 (1)	MO
<i>tobramycin sulfate/sodium chloride inj 0.9%; 0.8mg/ml</i>	\$0 (1)	
<i>tobramycin sulfate inj 1.2gm, 10mg/ml, 40mg/ml</i>	\$0 (1)	
<i>tobramycin sulfate inj 1.2gm/30ml, 40mg/ml, 80mg/2ml</i>	\$0 (1)	MO

#### *Antibacterials, Other*

<i>baciim</i>	\$0 (1)	
<i>bacitracin inj 50000unit</i>	\$0 (1)	MO
<i>chloramphenicol sodium succinate</i>	\$0 (1)	
<i>clindamax</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>clindamycin hcl caps</i>	\$0 (1) MO	
<i>clindamycin palmitate hcl</i>	\$0 (1) MO	
<i>clindamycin phosphate add-vantage inj 900mg/6ml</i>	\$0 (1)	
<i>clindamycin phosphate in d5w</i>	\$0 (1)	
<i>clindamycin phosphate crea 2%</i>	\$0 (1) MO	
<i>clindamycin phosphate inj 150mg/ml, 300mg/2ml, 600mg/4ml, 9000mg/60ml</i>	\$0 (1)	
<i>clindamycin phosphate inj 900mg/6ml</i>	\$0 (1) MO	
<i>colistimethate sodium</i>	\$0 (1) PA MO	
CUBICIN	\$0 (2)	
DALVANCE	\$0 (2)	
ISOPROPYL ALCOHOL WIPES	\$0 (2)	
<i>linezolid inj</i>	\$0 (1) PA	
<i>linezolid susr</i>	\$0 (1) QL (1800 ML per 28 days) PA	
<i>linezolid tabs</i>	\$0 (1) QL (56 EA per 28 days) PA MO	
<i>methenamine hippurate</i>	\$0 (1) MO	
METRO IV	\$0 (2)	
<i>metronidazole in nacl 0.79%</i>	\$0 (1)	
<i>metronidazole vaginal</i>	\$0 (1) MO	
<i>metronidazole caps 375mg</i>	\$0 (1) MO	
<i>metronidazole tabs 250mg, 500mg</i>	\$0 (1) MO	
<i>nitrofurantoin macrocrystals</i>	\$0 (1) MO	
<i>nitrofurantoin monohydrate</i>	\$0 (1) MO	
<i>nitrofurantoin susp</i>	\$0 (1) MO	
SIVEXTRO INJ	\$0 (2)	
SIVEXTRO TABS	\$0 (2) MO	
SYNERCID	\$0 (2)	
<i>tinidazole</i>	\$0 (1) MO	
<i>trimethoprim tabs</i>	\$0 (1) MO	
TYGACIL	\$0 (2)	
<i>vancomycin hcl in dextrose</i>	\$0 (1)	
<i>vancomycin hcl caps</i>	\$0 (1) PA MO	
<i>vancomycin hcl inj 1000mg, 10gm, 5000mg, 750mg</i>	\$0 (1)	
<i>vancomycin hcl inj 500mg</i>	\$0 (1) MO	
<i>vandazole</i>	\$0 (1) MO	
ZYVOX INJ	\$0 (2) PA	
ZYVOX SUSR	\$0 (2) QL (1800 ML per 28 days) PA MO	
<b><i>Beta-lactam, Cephalosporins</i></b>		
<i>cefaclor</i>	\$0 (1) MO	
<i>cefaclor er</i>	\$0 (1) MO	
<i>cefadroxil</i>	\$0 (1) MO	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cefazolin</i>	\$0 (1)	
<i>cefazolin sodium/dextrose</i>	\$0 (1)	
<i>cefazolin sodium inj 100gm, 1gm; 5%, 1gm, 20gm, 300gm</i>	\$0 (1)	
<i>cefazolin sodium inj 10gm, 1gm, 500mg</i>	\$0 (1)	MO
<i>cefdinir</i>	\$0 (1)	MO
<i>cefditoren pivoxil tabs 400mg</i>	\$0 (1)	
<i>cefditoren pivoxil tabs 200mg</i>	\$0 (1)	MO
<i>cefepime inj 1gm/50ml; 5%, 1gm/50ml, 2gm/100ml, 2gm/50ml; 5%</i>	\$0 (1)	
<i>cefepime inj 1gm, 2gm</i>	\$0 (1)	MO
<i>cefixime</i>	\$0 (1)	MO
<i>cefotaxime sodium inj 10gm, 2gm, 500mg</i>	\$0 (1)	
<i>cefotaxime sodium inj 1gm</i>	\$0 (1)	MO
<i>cefotetan</i>	\$0 (1)	
<i>cefotetan/dextrose</i>	\$0 (1)	
<i>cefoxitin sodium inj 10gm, 1gm; 4%, 2gm; 2.2%, 2gm</i>	\$0 (1)	
<i>cefoxitin sodium inj 1gm</i>	\$0 (1)	MO
<i>cefpodoxime proxetil</i>	\$0 (1)	MO
<i>cefprozil</i>	\$0 (1)	MO
<i>ceftazidime/dextrose</i>	\$0 (1)	
<i>ceftazidime inj 6gm</i>	\$0 (1)	
<i>ceftazidime inj 1gm, 2gm</i>	\$0 (1)	MO
<i>ceftriaxone in iso-osmotic dextrose</i>	\$0 (1)	
<i>ceftriaxone sodium inj 100gm, 1gm</i>	\$0 (1)	
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	\$0 (1)	MO
<i>ceftriaxone/dextrose</i>	\$0 (1)	
<i>cefuroxime axetil</i>	\$0 (1)	MO
<i>cefuroxime sodium inj 1.5gm, 7.5gm, 75gm</i>	\$0 (1)	
<i>cefuroxime sodium inj 750mg</i>	\$0 (1)	MO
<i>cefuroxime/dextrose inj 750mg; 4.1%</i>	\$0 (1)	
<i>cephalexin</i>	\$0 (1)	MO
SUPRAX CAPS	\$0 (2)	MO
SUPRAX CHEW 100MG	\$0 (2)	
SUPRAX CHEW 200MG	\$0 (2)	MO
SUPRAX SUSR 500MG/5ML	\$0 (2)	
SUPRAX SUSR 100MG/5ML, 200MG/5ML	\$0 (2)	MO
<i>tazicef inj 1gm, 2gm, 6gm</i>	\$0 (1)	
TEFLARO	\$0 (2)	
<b>Beta-lactam, Other</b>		
<i>aztreonam</i>	\$0 (1)	MO
<i>imipenem/cilastatin</i>	\$0 (1)	MO
INVANZ INJ 1GM	\$0 (2)	

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INVANZ INJ 1GM	\$0 (2) MO	
<i>meropenem</i>	\$0 (1) MO	
<i>meropenem/sodium chloride</i>	\$0 (1)	
<b>Beta-lactam, Penicillins</b>		
<i>amoxicillin</i>	\$0 (1) MO	
<i>amoxicillin/clavulanate potassium</i>	\$0 (1) MO	
<i>amoxicillin/clavulanate potassium er</i>	\$0 (1) MO	
<i>ampicillin sodium inj 10gm, 125mg, 1gm, 250mg, 2gm</i>	\$0 (1)	
<i>ampicillin sodium inj 1gm, 2gm, 500mg</i>	\$0 (1) MO	
<i>ampicillin-sulbactam</i>	\$0 (1)	
<i>ampicillin caps</i>	\$0 (1) MO	
<i>ampicillin susr 125mg/5ml</i>	\$0 (1)	
<i>ampicillin susr 250mg/5ml</i>	\$0 (1) MO	
BICILLIN L-A	\$0 (2) MO	
<i>dicloxacillin sodium</i>	\$0 (1) MO	
NALLPEN ISO-OSMOTIC IN DEXTROSE	\$0 (2)	
NALLPEN/DEXTROSE INJ 0; 1GM/50ML	\$0 (2)	
<i>oxacillin sodium inj 10gm, 1gm</i>	\$0 (1)	
<i>oxacillin sodium inj 2gm</i>	\$0 (1) MO	
<i>penicillin g potassium inj 20000000unit, 5000000unit</i>	\$0 (1) MO	
<i>penicillin g procaine</i>	\$0 (1) MO	
<i>penicillin g sodium</i>	\$0 (1)	
<i>penicillin v potassium</i>	\$0 (1) MO	
<i>piperacillin sodium/ tazobactam sodium</i>	\$0 (1)	
<i>piperacillin sodium/tazobactam sodium</i>	\$0 (1)	
<b>Macrolides</b>		
<i>azithromycin pack, susr, tabs</i>	\$0 (1) MO	
<i>azithromycin inj 500mg</i>	\$0 (1) MO	
<i>clarithromycin susr, tabs</i>	\$0 (1) MO	
DIFICID	\$0 (2) MO	
ERYTHROCIN LACTOBIONATE INJ 500MG	\$0 (2)	
<i>erythromycin base</i>	\$0 (1) MO	
<i>erythromycin ethylsuccinate tabs</i>	\$0 (1) MO	
<i>erythromycin stearate tabs</i>	\$0 (1) MO	
<i>erythromycin cpep 250mg</i>	\$0 (1) MO	
<b>Quinolones</b>		
<i>ciprofloxacin er</i>	\$0 (1) MO	
<i>ciprofloxacin hcl tabs 100mg, 250mg, 500mg, 750mg</i>	\$0 (1) MO	
<i>ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%</i>	\$0 (1)	
<i>ciprofloxacin i.v.-in d5w inj 400mg/200ml; 5%</i>	\$0 (1) MO	
<i>ciprofloxacin inj, otic soln, susr</i>	\$0 (1) MO	
<i>levofloxacin in d5w</i>	\$0 (1)	

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<i>levofloxacin inj 25mg/ml</i>	\$0 (1)	
<i>levofloxacin oral soln 25mg/ml</i>	\$0 (1)	MO
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	\$0 (1)	MO
<i>ofloxacin tabs 400mg</i>	\$0 (1)	MO
<b>Sulfonamides</b>		
<i>sulfadiazine tabs</i>	\$0 (1)	MO
<i>sulfamethoxazole/trimethoprim</i>	\$0 (1)	MO
<i>sulfamethoxazole/trimethoprim ds</i>	\$0 (1)	MO
<i>sulfatrim pediatric</i>	\$0 (1)	
<b>Tetracyclines</b>		
<i>doxy 100</i>	\$0 (1)	MO
<i>doxycycline hyclate dr</i>	\$0 (1)	MO
<i>doxycycline hyclate caps, inj, tabs</i>	\$0 (1)	MO
<i>doxycycline monohydrate</i>	\$0 (1)	MO
<i>doxycycline caps, susr</i>	\$0 (1)	MO
<i>minocycline hcl caps</i>	\$0 (1)	MO
<i>morgidox 1x100mg caps</i>	\$0 (1)	
<i>morgidox 2x100mg caps</i>	\$0 (1)	
<i>tetracycline hcl caps</i>	\$0 (1)	MO

## ANTICONSULSANTS-DRUGS USED TO TREAT SEIZURES

<b>Anticonvulsants, Other</b>		
APTOM TABS 200MG, 400MG, 800MG	\$0 (2)	QL (30 EA per 30 days) PA MO
APTOM TABS 600MG	\$0 (2)	QL (60 EA per 30 days) PA MO
FYCOMPA TABS 10MG, 12MG, 4MG, 6MG, 8MG	\$0 (2)	QL (30 EA per 30 days) PA MO
FYCOMPA TABS 2MG	\$0 (2)	QL (60 EA per 30 days) PA MO
<i>levetiracetam oral soln, tabs</i>	\$0 (1)	MO
<i>levetiracetam inj 1000mg/100ml; 750mg/100ml, 1500mg/100ml; 540mg/100ml, 500mg/100ml; 820mg/100ml</i>	\$0 (1)	
<i>levetiracetam inj 500mg/5ml</i>	\$0 (1)	MO
POTIGA TABS 50MG	\$0 (2)	QL (270 EA per 30 days) MO
POTIGA TABS 200MG, 300MG, 400MG	\$0 (2)	QL (90 EA per 30 days) MO
<b>Calcium Channel Modifying Agents</b>		
CELONTIN	\$0 (2)	MO
<i>ethosuximide</i>	\$0 (1)	MO
LYRICA SOLN	\$0 (2)	QL (900 ML per 30 days) PA MO
LYRICA CAPS 225MG, 300MG	\$0 (2)	QL (60 EA per 30 days) PA MO
LYRICA CAPS 100MG, 150MG, 200MG, 25MG, 50MG, 75MG	\$0 (2)	QL (90 EA per 30 days) PA MO
<i>zonisamide</i>	\$0 (1)	MO
<b>Gamma-aminobutyric Acid (GABA) Augmenting Agents</b>		
<i>clonazepam odt tbdp 1mg</i>	\$0 (1)	QL (120 EA per 30 days) MO
<i>clonazepam odt tbdp 2mg</i>	\$0 (1)	QL (300 EA per 30 days) MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg</i>	\$0 (1)	QL (90 EA per 30 days) MO
<i>clonazepam tabs 1mg</i>	\$0 (1)	QL (120 EA per 30 days) MO
<i>clonazepam tabs 2mg</i>	\$0 (1)	QL (300 EA per 30 days) MO
<i>clonazepam tabs 0.5mg</i>	\$0 (1)	QL (90 EA per 30 days) MO
<i>diazepam gel 10mg, 2.5mg, 20mg</i>	\$0 (1)	MO
<i>divalproex sodium</i>	\$0 (1)	MO
<i>divalproex sodium dr</i>	\$0 (1)	MO
<i>divalproex sodium er</i>	\$0 (1)	MO
<i>gabapentin caps, soln, tabs</i>	\$0 (1)	MO
GABITRIL TABS 12MG, 16MG	\$0 (2)	MO
ONFI SUSP	\$0 (2)	MO
ONFI TABS 10MG, 20MG	\$0 (2)	MO
<i>phenobarbital tabs</i>	\$0 (1)	QL (120 EA per 30 days) PA MO
<i>phenobarbital elix</i>	\$0 (1)	QL (1500 ML per 30 days) PA MO
<i>primidone tabs</i>	\$0 (1)	MO
SABRIL	\$0 (2)	PA LA
<i>tiagabine hydrochloride</i>	\$0 (1)	MO
<i>valproate sodium inj</i>	\$0 (1)	
<i>valproic acid caps, syrp</i>	\$0 (1)	MO
<b>Glutamate Reducing Agents</b>		
<i>felbamate</i>	\$0 (1)	MO
<i>lamotrigine chew, tabs</i>	\$0 (1)	MO
<i>topiramate csp, tabs</i>	\$0 (1)	MO
<b>Sodium Channel Agents</b>		
BANZEL	\$0 (2)	PA MO
<i>carbamazepine er</i>	\$0 (1)	MO
<i>carbamazepine chew, susp, tabs</i>	\$0 (1)	MO
DILANTIN CAPS 30MG	\$0 (2)	MO
<i>epitol</i>	\$0 (1)	
<i>fosphenytoin sodium inj 100mg pe/2ml</i>	\$0 (1)	
<i>fosphenytoin sodium inj 500mg pe/10ml</i>	\$0 (1)	MO
<i>oxcarbazepine</i>	\$0 (1)	MO
PEGANONE	\$0 (2)	MO
<i>phenytoin sodium extended</i>	\$0 (1)	MO
<i>phenytoin sodium inj</i>	\$0 (1)	
<i>phenytoin chew, susp</i>	\$0 (1)	MO
TEGRETOL-XR TB12 100MG	\$0 (2)	MO
VIMPAT INJ	\$0 (2)	
VIMPAT ORAL SOLN	\$0 (2)	MO
VIMPAT TABS 50MG	\$0 (2)	QL (180 EA per 30 days) MO
VIMPAT TABS 100MG, 150MG, 200MG	\$0 (2)	QL (60 EA per 30 days) MO

PA – Prior Authorization QL – Quantity Limit ST – Step Therapy MO – Available at Mail Order

B/D – Covered under Medicare B or D LA – Limited Access \* - Non Part D drugs or OTC drugs covered under Medicaid

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>ANTIDEMENTIA AGENTS-DRUGS USED TO TREAT DEMENTIA AND MEMORY LOSS</b>		
<i>Antidementia Agents, Other</i>		
<i>ergoloid mesylates tabs</i>	\$0 (1)	PA MO
<i>Cholinesterase Inhibitors</i>		
<i>donepezil hcl tbdp</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>donepezil hcl tabs 23mg, 5mg</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>donepezil hcl tabs 10mg</i>	\$0 (1)	QL (60 EA per 30 days) MO
EXELON PT24	\$0 (2)	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide soln</i>	\$0 (1)	QL (200 ML per 30 days) MO
<i>galantamine hydrobromide cp24</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide tabs</i>	\$0 (1)	QL (60 EA per 30 days) MO
NAMZARIC	\$0 (2)	QL (30 EA per 30 days) PA MO
<i>rivastigmine tartrate</i>	\$0 (1)	QL (60 EA per 30 days) MO
<i>rivastigmine transdermal system</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>		
<i>memantine hcl</i>	\$0 (1)	QL (60 EA per 30 days) PA MO
<i>memantine hcl titration pak</i>	\$0 (1)	QL (49 EA per 28 days) PA MO
<i>memantine hydrochloride soln</i>	\$0 (1)	QL (360 ML per 30 days) PA MO
NAMENDA TITRATION PAK	\$0 (2)	QL (49 EA per 28 days) PA MO
NAMENDA XR	\$0 (2)	QL (30 EA per 30 days) PA MO
NAMENDA XR TITRATION PACK	\$0 (2)	QL (30 EA per 30 days) PA MO
NAMENDA SOLN	\$0 (2)	QL (360 ML per 30 days) PA MO
NAMENDA TABS	\$0 (2)	QL (60 EA per 30 days) PA MO
<b>ANTIDEPRESSANTS-DRUGS USED TO TREAT DEPRESSION</b>		
<i>Antidepressants, Other</i>		
<i>bupropion hcl er</i>	\$0 (1)	QL (60 EA per 30 days) MO
<i>bupropion hcl sr tb12 100mg, 150mg, 200mg</i>	\$0 (1)	QL (60 EA per 30 days) MO
<i>bupropion hcl xl</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>bupropion hcl tabs</i>	\$0 (1)	QL (180 EA per 30 days) MO
<i>mirtazapine</i>	\$0 (1)	MO
<i>mirtazapine odt</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM	\$0 (2)	QL (30 EA per 30 days) ST MO
MARPLAN	\$0 (2)	MO
<i>phenelzine sulfate</i>	\$0 (1)	MO
<i>tranylcypromine sulfate</i>	\$0 (1)	MO
<i>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor</i>		
BRINTELLIX	\$0 (2)	QL (30 EA per 30 days) ST MO
<i>citalopram hydrobromide soln</i>	\$0 (1)	QL (600 ML per 30 days) MO
<i>citalopram hydrobromide tabs 10mg</i>	\$0 (1)	QL (120 EA per 30 days) MO

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<i>citalopram hydrobromide tabs 40mg</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>citalopram hydrobromide tabs 20mg</i>	\$0 (1)	QL (60 EA per 30 days) MO
<i>desvenlafaxine er tb24 100mg, 50mg</i>	\$0 (1)	QL (30 EA per 30 days) ST
<i>desvenlafaxine er tb24 100mg, 50mg</i>	\$0 (1)	QL (30 EA per 30 days) ST MO
<i>duloxetine hcl cpep 20mg, 60mg</i>	\$0 (1)	QL (60 EA per 30 days) MO
<i>duloxetine hcl cpep 30mg</i>	\$0 (1)	QL (90 EA per 30 days) MO
<i>escitalopram oxalate soln</i>	\$0 (1)	QL (600 ML per 30 days) MO
<i>escitalopram oxalate tabs 20mg</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>escitalopram oxalate tabs 10mg, 5mg</i>	\$0 (1)	QL (45 EA per 30 days) MO
FETZIMA	\$0 (2)	QL (30 EA per 30 days) ST MO
FETZIMA TITRATION PACK	\$0 (2)	QL (30 EA per 30 days) ST MO
<i>fluoxetine</i>	\$0 (1)	MO
<i>fluoxetine dr</i>	\$0 (1)	QL (4 EA per 28 days) MO
<i>fluoxetine hcl caps, soln, tabs</i>	\$0 (1)	MO
<i>fluvoxamine maleate</i>	\$0 (1)	MO
<i>maprotiline hcl</i>	\$0 (1)	MO
<i>nefazodone hcl</i>	\$0 (1)	MO
<i>olanzapine/fluoxetine</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>paroxetine hcl</i>	\$0 (1)	MO
PAXIL SUSP	\$0 (2)	MO
PRISTIQ TB24 25MG	\$0 (2)	QL (120 EA per 30 days) ST MO
<i>sertraline hcl conc, tabs</i>	\$0 (1)	MO
<i>trazodone hcl</i>	\$0 (1)	MO
<i>venlafaxine hcl</i>	\$0 (1)	MO
<i>venlafaxine hcl er cp24 37.5mg, 75mg</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>venlafaxine hcl er cp24 150mg</i>	\$0 (1)	QL (60 EA per 30 days) MO
<i>venlafaxine hcl er tb24 225mg, 37.5mg, 75mg</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>venlafaxine hcl er tb24 150mg</i>	\$0 (1)	QL (60 EA per 30 days) MO
VIIBRYD STARTER PACK	\$0 (2)	QL (60 EA per 365 days)
VIIBRYD TABS	\$0 (2)	QL (30 EA per 30 days) MO
VIIBRYD KIT	\$0 (2)	QL (60 EA per 365 days) MO
<b>Tricyclics</b>		
<i>amitriptyline hcl tabs</i>	\$0 (1)	PA MO
<i>amoxapine</i>	\$0 (1)	MO
<i>clomipramine hcl caps</i>	\$0 (1)	PA MO
<i>desipramine hcl tabs</i>	\$0 (1)	MO
<i>doxepin hcl caps, conc</i>	\$0 (1)	PA MO
<i>imipramine hcl tabs</i>	\$0 (1)	PA MO
<i>nortriptyline hcl caps, soln</i>	\$0 (1)	MO
<i>perphenazine/amitriptyline</i>	\$0 (1)	MO
<i>protriptyline hcl</i>	\$0 (1)	MO
SURMONTIL	\$0 (2)	PA MO

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<i>trimipramine maleate caps</i>	\$0 (1)	PA MO
<b>ANTIEMETICS-DRUGS FOR NAUSEA AND VOMITING</b>		
<b><i>Antiemetics, Other</i></b>		
<i>meclizine hcl tabs 12.5mg, 25mg</i>	\$0 (1)	MO
<i>phenadoz supp 25mg</i>	\$0 (1)	PA
<i>phenadoz supp 12.5mg</i>	\$0 (1)	PA MO
<i>phenergan supp</i>	\$0 (1)	PA
<i>promethazine hcl supp 12.5mg, 25mg, 50mg</i>	\$0 (1)	PA MO
<i>promethegan supp 12.5mg, 25mg</i>	\$0 (1)	PA
<i>promethegan supp 50mg</i>	\$0 (1)	PA MO
TRANSDERM-SCOP	\$0 (2)	MO
<b><i>Emetogenic Therapy Adjuncts</i></b>		
<i>dronabinol</i>	\$0 (1)	QL (60 EA per 30 days) PA MO
EMEND CAPS 40MG	\$0 (2)	QL (1 EA per 30 days) B/D MO
EMEND CAPS 0, 125MG, 80MG	\$0 (2)	QL (6 EA per 30 days) B/D MO
<i>granisetron hcl tabs</i>	\$0 (1)	QL (60 EA per 30 days) B/D MO
<i>ondansetron hcl tabs</i>	\$0 (1)	MO
<i>ondansetron hcl oral soln</i>	\$0 (1)	QL (900 ML per 30 days) MO
<i>ondansetron hcl inj 40mg/20ml, 4mg/2ml</i>	\$0 (1)	MO
<i>ondansetron odt</i>	\$0 (1)	MO
<b>ANTIFUNGALS-DRUGS USED TO TREAT FUNGAL INFECTIONS</b>		
<b><i>Antifungals</i></b>		
ABELCET	\$0 (2)	B/D
AMBISOME	\$0 (2)	B/D
<i>amphotericin b</i>	\$0 (1)	B/D MO
CANCIDAS INJ 50MG	\$0 (2)	
CANCIDAS INJ 70MG	\$0 (2)	MO
<i>ciclodan</i>	\$0 (1)	
<i>ciclopirox</i>	\$0 (1)	MO
<i>ciclopirox nail lacquer</i>	\$0 (1)	MO
<i>ciclopirox olamine crea</i>	\$0 (1)	MO
<i>clotrimazole/betamethasone dipropionate</i>	\$0 (1)	MO
<i>clotrimazole external crea 1%</i>	\$0 (1)	MO
<i>clotrimazole soln 1%</i>	\$0 (1)	MO
<i>clotrimazole troc 10mg</i>	\$0 (1)	MO
<i>econazole nitrate crea</i>	\$0 (1)	MO
ERAXIS	\$0 (2)	PA
<i>fluconazole in dextrose</i>	\$0 (1)	
<i>fluconazole in nacl</i>	\$0 (1)	
<i>fluconazole susr, tabs</i>	\$0 (1)	MO
<i>flucytosine</i>	\$0 (1)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>griseofulvin microsize</i>	\$0 (1) MO	
<i>griseofulvin ultramicrosize</i>	\$0 (1) MO	
<i>itraconazole caps</i>	\$0 (1) PA MO	
<i>ketoconazole crea, sham, tabs</i>	\$0 (1) MO	
NOXAFIL INJ	\$0 (2) PA	
NOXAFIL SUSP, TBEC	\$0 (2) PA MO	
<i>nyamyc</i>	\$0 (1)	
<i>nystatin crea, oint, powd, susp, tabs</i>	\$0 (1) MO	
<i>nystop</i>	\$0 (1) MO	
SPORANOX SOLN	\$0 (2) PA MO	
<i>terbinafine hcl tabs 250mg</i>	\$0 (1) MO	
<i>terconazole</i>	\$0 (1) MO	
<i>voriconazole inj</i>	\$0 (1)	
<i>voriconazole susr, tabs</i>	\$0 (1) MO	
<i>zazole supp</i>	\$0 (1)	

#### ANTIGOUT AGENTS- DRUGS USED TO TREAT GOUT

##### *Antigout Agents*

<i>allopurinol tabs</i>	\$0 (1) MO	
<i>colchicine caps, tabs</i>	\$0 (1) MO	
COLCRYS	\$0 (2) MO	
<i>probenecid/colchicine</i>	\$0 (1) MO	
<i>probenecid tabs</i>	\$0 (1) MO	
ULORIC	\$0 (2) ST MO	

#### ANTIMIGRAINE AGENTS- DRUGS USED TO TREAT SEVERE HEADACHES

##### *Ergot Alkaloids*

<i>dihydroergotamine mesylate inj</i>	\$0 (1) MO	
MIGERGOT	\$0 (2) QL (20 EA per 28 days) MO	

##### *Serotonin (5-HT) 1b/1d Receptor Agonists*

<i>naratriptan hcl</i>	\$0 (1) QL (9 EA per 30 days) MO	
<i>rizatriptan benzoate</i>	\$0 (1) QL (12 EA per 30 days) MO	
<i>rizatriptan benzoate odt</i>	\$0 (1) QL (12 EA per 30 days) MO	
<i>sumatriptan succinate refill inj 6mg/0.5ml</i>	\$0 (1) QL (4 ML per 30 days)	
<i>sumatriptan succinate refill inj 4mg/0.5ml</i>	\$0 (1) QL (4 ML per 30 days) MO	
<i>sumatriptan succinate tabs</i>	\$0 (1) QL (9 EA per 30 days) MO	
<i>sumatriptan succinate inj 6mg/0.5ml</i>	\$0 (1) QL (4 ML per 30 days)	
<i>sumatriptan succinate inj 4mg/0.5ml, 6mg/0.5ml</i>	\$0 (1) QL (4 ML per 30 days) MO	
<i>sumatriptan soln</i>	\$0 (1) QL (6 EA per 30 days) MO	

#### ANTIMYASTHENIC AGENTS- DRUGS USED TO TREAT MYASTHENIA GRAVIS

##### *Parasympathomimetics*

<i>guanidine hcl</i>	\$0 (1)	
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MESTINON TIMESPAN	\$0 (2) MO	
MESTINON SYRP	\$0 (2) MO	
<i>pyridostigmine bromide tabs, tbc</i>	\$0 (1) MO	

### ANTIMYCOBACTERIALS- DRUGS USED TO TREAT TUBERCULOSIS

<i>Antimycobacterials, Other</i>		
<i>dapsone tabs</i>	\$0 (1) MO	
<i>rifabutin</i>	\$0 (1) MO	
<i>Antituberculars</i>		
CAPASTAT SULFATE	\$0 (2)	
<i>cycloserine</i>	\$0 (1) MO	
<i>ethambutol hcl</i>	\$0 (1) MO	
<i>isoniazid inj</i>	\$0 (1)	
<i>isoniazid syrp, tabs</i>	\$0 (1) MO	
PASER	\$0 (2) MO	
PRIFTIN	\$0 (2) MO	
<i>pyrazinamide tabs</i>	\$0 (1) MO	
<i>rifampin caps, inj</i>	\$0 (1) MO	
RIFATER	\$0 (2) MO	
SIRTURO	\$0 (2) QL (188 EA per 365 days) PA	
TRECTOR	\$0 (2) MO	

### ANTINEOPLASTICS- DRUGS USED TO TREAT CANCER

<i>Alkylating Agents</i>		
ALKERAN TABS	\$0 (2) B/D MO	
BENDEKA	\$0 (2)	
BUSULFEX	\$0 (2)	
<i>cyclophosphamide inj</i>	\$0 (1)	
<i>cyclophosphamide caps</i>	\$0 (1) B/D MO	
GLEOSTINE CAPS 5MG	\$0 (2)	
HEXALEN	\$0 (2) MO	
LEUKERAN	\$0 (2) MO	
<i>lomustine</i>	\$0 (1)	
MATULANE	\$0 (2)	
<i>melphalan hydrochloride</i>	\$0 (1)	
MUSTARGEN	\$0 (2)	
TEMODAR INJ	\$0 (2) B/D	
<i>thiotepa</i>	\$0 (1)	
TREANDA	\$0 (2)	
VALCHLOR	\$0 (2) PA	
YONDELIS	\$0 (2) PA	
<i>Antiandrogens</i>		
<i>bicalutamide</i>	\$0 (1) MO	

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<i>flutamide</i>	\$0 (1)	MO
NILANDRON	\$0 (2)	MO
XTANDI	\$0 (2)	QL (120 EA per 30 days) PA LA
ZYTIGA	\$0 (2)	QL (120 EA per 30 days) PA
<b>Antiangiogenic Agents</b>		
POMALYST	\$0 (2)	QL (21 EA per 28 days) PA LA
REVLIMID	\$0 (2)	QL (30 EA per 30 days) PA LA
THALOMID CAPS 100MG, 150MG, 50MG	\$0 (2)	QL (28 EA per 28 days) PA
THALOMID CAPS 200MG	\$0 (2)	QL (56 EA per 28 days) PA
<b>Antiestrogens/Modifiers</b>		
EMCYT	\$0 (2)	MO
FARESTON	\$0 (2)	MO
SOLTAMOX	\$0 (2)	PA MO
<i>tamoxifen citrate tabs</i>	\$0 (1)	MO
<b>Antimetabolites</b>		
DEPOCYT	\$0 (2)	
DROXIA	\$0 (2)	MO
<i>hydroxyurea caps</i>	\$0 (1)	
LONSURF TABS 6.14MG; 15MG	\$0 (2)	QL (100 EA per 28 days) PA
LONSURF TABS 8.19MG; 20MG	\$0 (2)	QL (80 EA per 28 days) PA
<i>mercaptopurine tabs</i>	\$0 (1)	MO
PURIXAN	\$0 (2)	PA
TABLOID	\$0 (2)	MO
<b>Antineoplastics, Other</b>		
ABRAXANE	\$0 (2)	
<i>adrucil</i>	\$0 (1)	B/D
ALIMTA	\$0 (2)	PA
<i>amifostine</i>	\$0 (1)	
ARRANON	\$0 (2)	
AVASTIN	\$0 (2)	PA
<i>azacitidine</i>	\$0 (1)	PA
BELEODAQ	\$0 (2)	PA LA
BICNU	\$0 (2)	
<i>bleomycin sulfate</i>	\$0 (1)	B/D
<i>carboplatin</i>	\$0 (1)	
<i>cisplatin</i>	\$0 (1)	
<i>cladribine</i>	\$0 (1)	B/D
CLOLAR	\$0 (2)	
COSMEGEN	\$0 (2)	
COTELLIC	\$0 (2)	QL (63 EA per 28 days) PA
<i>cytarabine aqueous</i>	\$0 (1)	B/D
<i>dacarbazine</i>	\$0 (1)	

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<i>daunorubicin hcl inj 5mg/ml</i>	\$0 (1)	
DAUNOXOME	\$0 (2)	
<i>decitabine</i>	\$0 (1)	
<i>dexrazoxane</i>	\$0 (1)	
DOCEFREZ	\$0 (2)	
<i>docetaxel inj 140mg/7ml, 160mg/16ml, 160mg/8ml, 200mg/20ml, 20mg/2ml, 20mg/ml, 80mg/4ml, 80mg/8ml</i>	\$0 (1)	
<i>doxorubicin hcl</i>	\$0 (1)	B/D
<i>doxorubicin hcl liposome</i>	\$0 (1)	
ELITEK	\$0 (2)	PA
<i>epirubicin hcl inj 200mg/100ml, 50mg/25ml</i>	\$0 (1)	
ERBITUX	\$0 (2)	PA
ERWINAZE	\$0 (2)	PA
FARYDAK	\$0 (2)	QL (6 EA per 21 days) PA LA
FASLODEX	\$0 (2)	PA
<i>floxuridine</i>	\$0 (1)	B/D
<i>fludarabine phosphate</i>	\$0 (1)	
<i>fluorouracil inj 1gm/20ml, 2.5gm/50ml, 5gm/100ml</i>	\$0 (1)	B/D
FOLOTYN	\$0 (2)	
FUSILEV	\$0 (2)	
<i>gemcitabine</i>	\$0 (1)	
<i>gemcitabine hcl</i>	\$0 (1)	
HALAVEN	\$0 (2)	PA
HERCEPTIN	\$0 (2)	PA
IBRANCE	\$0 (2)	QL (21 EA per 28 days) PA LA
<i>idarubicin hcl</i>	\$0 (1)	
<i>ifosfamide</i>	\$0 (1)	
INTRON A W/DILUENT	\$0 (2)	PA
INTRON A INJ 10MU/ML, 6000000UNIT/ML	\$0 (2)	PA
<i>irinotecan</i>	\$0 (1)	
ISTODAX	\$0 (2)	PA
IXEMPRA KIT	\$0 (2)	PA
JEVTANA	\$0 (2)	PA
KADCYLA	\$0 (2)	PA
<i>leucovorin calcium tabs</i>	\$0 (1)	MO
<i>leucovorin calcium inj 100mg, 200mg, 350mg, 500mg, 50mg</i>	\$0 (1)	
<i>levoleucovorin calcium</i>	\$0 (1)	
<i>levoleucovorin inj 250mg/25ml</i>	\$0 (1)	
LYNPARZA	\$0 (2)	QL (448 EA per 28 days) PA
<i>mesna</i>	\$0 (1)	
MESNEX TABS	\$0 (2)	MO
<i>mitomycin</i>	\$0 (1)	

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<i>mitoxantrone hcl</i>	\$0 (1)	
NINLARO	\$0 (2)	QL (3 EA per 28 days) PA
NIPENT	\$0 (2)	
ODOMZO	\$0 (2)	QL (30 EA per 30 days) PA
ONCASPAR	\$0 (2)	
<i>oxaliplatin</i>	\$0 (1)	
<i>paclitaxel</i>	\$0 (1)	
PERJETA	\$0 (2)	PA LA
PORTRAZZA	\$0 (2)	PA
PROLEUKIN	\$0 (2)	
SYLATRON INJ 200MCG, 300MCG, 600MCG	\$0 (2)	PA
SYLATRON INJ 200MCG, 300MCG	\$0 (2)	PA LA
SYNRIBO	\$0 (2)	PA
TAGRISSE	\$0 (2)	QL (30 EA per 30 days) PA
THERACYS	\$0 (2)	
TICE BCG	\$0 (2)	
TRISENOX	\$0 (2)	PA
UVADEX	\$0 (2)	
VALSTAR	\$0 (2)	
VECTIBIX	\$0 (2)	PA
VELCADE	\$0 (2)	PA
<i>vinblastine sulfate inj 1mg/ml</i>	\$0 (1)	B/D
<i>vincasar pfs</i>	\$0 (1)	B/D
<i>vincristine sulfate</i>	\$0 (1)	B/D
<i>vinorelbine tartrate</i>	\$0 (1)	
YERVOY	\$0 (2)	PA
ZALTRAP INJ 100MG/4ML	\$0 (2)	PA
ZALTRAP INJ 200MG/8ML	\$0 (2)	PA LA
ZANOSAR	\$0 (2)	
ZOLINZA	\$0 (2)	QL (120 EA per 30 days) PA
<b><i>Aromatase Inhibitors, 3rd Generation</i></b>		
<i>anastrozole tabs</i>	\$0 (1)	MO
<i>exemestane</i>	\$0 (1)	MO
<i>letrozole</i>	\$0 (1)	MO
<b><i>Enzyme Inhibitors</i></b>		
<i>etoposide inj</i>	\$0 (1)	
<i>toposar</i>	\$0 (1)	
<i>topotecan hcl</i>	\$0 (1)	
ZYDELIG	\$0 (2)	QL (60 EA per 30 days) PA
<b><i>Molecular Target Inhibitors</i></b>		
AFINITOR	\$0 (2)	QL (30 EA per 30 days) PA
AFINITOR DISPERZ	\$0 (2)	QL (60 EA per 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
ALECENSA	\$0 (2)	QL (240 EA per 30 days) PA
BOSULIF	\$0 (2)	PA
CAPRELSA TABS 300MG	\$0 (2)	QL (30 EA per 30 days) PA
CAPRELSA TABS 100MG	\$0 (2)	QL (60 EA per 30 days) PA
COMETRIQ	\$0 (2)	PA
ERIVEDGE	\$0 (2)	QL (30 EA per 30 days) PA LA
GILOTRIF	\$0 (2)	QL (30 EA per 30 days) PA
GLEEVEC TABS 400MG	\$0 (2)	QL (60 EA per 30 days) PA
GLEEVEC TABS 100MG	\$0 (2)	QL (90 EA per 30 days) PA
ICLUSIG TABS 45MG	\$0 (2)	QL (30 EA per 30 days) PA
ICLUSIG TABS 15MG	\$0 (2)	QL (60 EA per 30 days) PA
IMBRUVICA	\$0 (2)	QL (120 EA per 30 days) PA
INLYTA TABS 5MG	\$0 (2)	QL (120 EA per 30 days) PA LA
INLYTA TABS 1MG	\$0 (2)	QL (240 EA per 30 days) PA LA
IRESSA	\$0 (2)	QL (30 EA per 30 days) PA
JAKAFI	\$0 (2)	QL (60 EA per 30 days) PA LA
LENVIMA 10MG DAILY DOSE	\$0 (2)	PA
LENVIMA 14MG DAILY DOSE	\$0 (2)	PA
LENVIMA 20MG DAILY DOSE	\$0 (2)	PA
LENVIMA 24MG DAILY DOSE	\$0 (2)	PA
MEKINIST TABS 0.5MG	\$0 (2)	QL (120 EA per 30 days) PA LA
MEKINIST TABS 2MG	\$0 (2)	QL (30 EA per 30 days) PA LA
NEXAVAR	\$0 (2)	QL (120 EA per 30 days) PA LA
SPRYCEL TABS 100MG, 140MG	\$0 (2)	QL (30 EA per 30 days) PA
SPRYCEL TABS 20MG, 50MG, 70MG, 80MG	\$0 (2)	QL (60 EA per 30 days) PA
STIVARGA	\$0 (2)	QL (120 EA per 30 days) PA LA
SUTENT CAPS 25MG, 37.5MG, 50MG	\$0 (2)	QL (30 EA per 30 days) PA
SUTENT CAPS 12.5MG	\$0 (2)	QL (90 EA per 30 days) PA
TAFINLAR CAPS 75MG	\$0 (2)	QL (120 EA per 30 days) PA LA
TAFINLAR CAPS 50MG	\$0 (2)	QL (180 EA per 30 days) PA LA
TARCEVA TABS 25MG	\$0 (2)	QL (60 EA per 30 days) PA LA
TARCEVA TABS 100MG, 150MG	\$0 (2)	QL (90 EA per 30 days) PA LA
TASIGNA	\$0 (2)	QL (120 EA per 30 days) PA
TORISEL	\$0 (2)	
TYKERB	\$0 (2)	QL (180 EA per 30 days) PA LA
VOTRIENT	\$0 (2)	QL (120 EA per 30 days) PA LA
XALKORI	\$0 (2)	QL (60 EA per 30 days) PA LA
ZELBORAF	\$0 (2)	QL (240 EA per 30 days) PA LA
ZYKADIA	\$0 (2)	QL (150 EA per 30 days) PA LA
<b><i>Monoclonal Antibodies</i></b>		
ARZERRA	\$0 (2)	PA LA
BLINCYTO	\$0 (2)	PA LA

PA – Prior Authorization QL – Quantity Limit ST – Step Therapy MO – Available at Mail Order

B/D – Covered under Medicare B or D LA – Limited Access \* - Non Part D drugs or OTC drugs covered under Medicaid

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CYRAMZA	\$0 (2) PA	
DARZALEX	\$0 (2) PA	
EMPLICITI	\$0 (2) PA	
GAZYVA	\$0 (2) PA LA	
KEYTRUDA	\$0 (2) PA LA	
OPDIVO	\$0 (2) PA LA	
RITUXAN	\$0 (2) PA	
SYLVANT	\$0 (2) PA	
<b>Retinoids</b>		
<i>bexarotene</i>	\$0 (1) PA	
PANRETIN	\$0 (2) MO	
TARGRETIN	\$0 (2) PA	
<i>tretinoin caps 10mg</i>	\$0 (1) MO	
<b>ANTIPARASITICS-DRUGS USED TO TREAT MALARIA AND LICE</b>		
<b>Anthelmintics</b>		
ALBENZA	\$0 (2) MO	
<i>ivermectin tabs</i>	\$0 (1) MO	
STROMEKTOL	\$0 (2) MO	
<b>Antiprotozoals</b>		
ALINIA	\$0 (2) MO	
<i>atovaquone</i>	\$0 (1) PA MO	
<i>atovaquone/proguanil hcl</i>	\$0 (1) MO	
<i>chloroquine phosphate tabs</i>	\$0 (1) MO	
COARTEM	\$0 (2) MO	
DARAPRIM	\$0 (2) MO	
<i>hydroxychloroquine sulfate tabs</i>	\$0 (1) MO	
<i>mefloquine hcl</i>	\$0 (1) MO	
MEPRON	\$0 (2) PA MO	
NEBUPENT	\$0 (2) B/D MO	
PENTAM 300	\$0 (2) MO	
<i>primaquine phosphate tabs</i>	\$0 (1) MO	
<i>quinine sulfate</i>	\$0 (1) PA MO	
<b>Pediculicides/Scabicides</b>		
<i>lindane lotn, sham</i>	\$0 (1) MO	
<i>malathion</i>	\$0 (1) MO	
<i>permethrin crea</i>	\$0 (1) MO	
<i>permethrin lotn</i>	\$0 (3) *	
<b>ANTIPARKINSON AGENTS- DRUGS USED TO TREAT PARKINSONS DISEASE</b>		
<b>Anticholinergics</b>		
<i>benztropine mesylate inj, tabs</i>	\$0 (1) PA MO	

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B/D – Covered under Medicare B or D LA – Limited Access \* - Non Part D drugs or OTC drugs covered under Medicaid



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>trihexyphenidyl hcl</i>	\$0 (1)	PA MO
<b>Antiparkinson Agents, Other</b>		
<i>amantadine hcl caps, syrp, tabs</i>	\$0 (1)	MO
<i>entacapone</i>	\$0 (1)	MO
<b>Dopamine Agonists</b>		
APOKYN	\$0 (2)	PA LA
<i>bromocriptine mesylate caps, tabs</i>	\$0 (1)	MO
NEUPRO	\$0 (2)	QL (30 EA per 30 days) MO
<i>pramipexole dihydrochloride</i>	\$0 (1)	MO
<i>ropinirole hcl</i>	\$0 (1)	MO
<b>Dopamine Precursors/L- Amino Acid Decarboxylase Inhibitors</b>		
<i>carbidopa/levodopa</i>	\$0 (1)	MO
<i>carbidopa/levodopa er</i>	\$0 (1)	MO
<i>carbidopa/levodopa odt</i>	\$0 (1)	MO
<i>carbidopa/levodopa/entacapone</i>	\$0 (1)	MO
<i>carbidopa tabs</i>	\$0 (1)	MO
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>		
AZILECT	\$0 (2)	QL (30 EA per 30 days) MO
<i>selegiline hcl caps, tabs</i>	\$0 (1)	MO
<b>ANTIPSYCHOTICS- DRUGS USED TO TREAT PSYCHOSES AND SCHIZOPHRENIA</b>		
<b>1st Generation/Typical</b>		
ADASUVE	\$0 (2)	
<i>chlorpromazine hcl inj, tabs</i>	\$0 (1)	MO
<i>compazine supp</i>	\$0 (1)	
<i>compro</i>	\$0 (1)	MO
<i>fluphenazine decanoate inj</i>	\$0 (1)	MO
<i>fluphenazine hcl conc, elix, inj, tabs</i>	\$0 (1)	MO
<i>haloperidol decanoate</i>	\$0 (1)	MO
<i>haloperidol lactate</i>	\$0 (1)	MO
<i>haloperidol conc, tabs</i>	\$0 (1)	MO
<i>loxapine succinate</i>	\$0 (1)	MO
ORAP	\$0 (2)	MO
<i>perphenazine tabs</i>	\$0 (1)	MO
<i>pimozide</i>	\$0 (1)	MO
<i>prochlorperazine</i>	\$0 (1)	MO
<i>prochlorperazine edisylate inj</i>	\$0 (1)	MO
<i>prochlorperazine maleate tabs</i>	\$0 (1)	MO
<i>thioridazine hcl tabs</i>	\$0 (1)	PA MO
<i>thiothixene</i>	\$0 (1)	MO
<i>trifluoperazine hcl tabs</i>	\$0 (1)	MO
<b>2nd Generation/Atypical</b>		

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ABILIFY DISCMELT TBDP 15MG	\$0 (2)	QL (60 EA per 30 days)
ABILIFY DISCMELT TBDP 10MG	\$0 (2)	QL (60 EA per 30 days) MO
ABILIFY MAINTENA	\$0 (2)	MO
ABILIFY INJ	\$0 (2)	MO
ABILIFY ORAL SOLN	\$0 (2)	QL (900 ML per 30 days) MO
<i>aripiprazole odt</i>	\$0 (1)	QL (60 EA per 30 days)
<i>aripiprazole tabs</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>aripiprazole soln</i>	\$0 (1)	QL (900 ML per 30 days) MO
ARISTADA	\$0 (2)	PA
FANAPT	\$0 (2)	QL (60 EA per 30 days) ST MO
FANAPT TITRATION PACK	\$0 (2)	QL (16 EA per 365 days) ST
GEODON INJ	\$0 (2)	MO
INVEGA SUSTENNA INJ 39MG/0.25ML	\$0 (2)	QL (0.25 ML per 28 days) MO
INVEGA SUSTENNA INJ 78MG/0.5ML	\$0 (2)	QL (0.5 ML per 28 days) MO
INVEGA SUSTENNA INJ 117MG/0.75ML	\$0 (2)	QL (0.75 ML per 28 days) MO
INVEGA SUSTENNA INJ 156MG/ML	\$0 (2)	QL (1 ML per 28 days) MO
INVEGA SUSTENNA INJ 234MG/1.5ML	\$0 (2)	QL (1.5 ML per 28 days) MO
INVEGA TRINZA	\$0 (2)	
INVEGA TB24 1.5MG, 3MG, 9MG	\$0 (2)	QL (30 EA per 30 days) ST MO
INVEGA TB24 6MG	\$0 (2)	QL (60 EA per 30 days) ST MO
LATUDA	\$0 (2)	QL (30 EA per 30 days) MO
<i>olanzapine odt</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>olanzapine inj</i>	\$0 (1)	MO
<i>olanzapine tabs 10mg, 15mg, 20mg, 5mg, 7.5mg</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>olanzapine tabs 2.5mg</i>	\$0 (1)	QL (60 EA per 30 days) MO
<i>paliperidone er tb24 1.5mg, 3mg, 9mg</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>paliperidone er tb24 6mg</i>	\$0 (1)	QL (60 EA per 30 days) MO
<i>quetiapine fumarate tabs 200mg</i>	\$0 (1)	QL (120 EA per 30 days) MO
<i>quetiapine fumarate tabs 25mg</i>	\$0 (1)	QL (180 EA per 30 days) MO
<i>quetiapine fumarate tabs 300mg, 400mg</i>	\$0 (1)	QL (60 EA per 30 days) MO
<i>quetiapine fumarate tabs 100mg, 50mg</i>	\$0 (1)	QL (90 EA per 30 days) MO
REXULTI	\$0 (2)	QL (30 EA per 30 days) ST MO
RISPERDAL CONSTA	\$0 (2)	MO
<i>risperidone odt tbdp 4mg</i>	\$0 (1)	QL (120 EA per 30 days) MO
<i>risperidone odt tbdp 1mg, 2mg</i>	\$0 (1)	QL (60 EA per 30 days) MO
<i>risperidone odt tbdp 0.25mg, 0.5mg, 3mg</i>	\$0 (1)	QL (90 EA per 30 days) MO
<i>risperidone soln</i>	\$0 (1)	MO
<i>risperidone tabs 4mg</i>	\$0 (1)	QL (120 EA per 30 days) MO
<i>risperidone tabs 1mg, 2mg</i>	\$0 (1)	QL (60 EA per 30 days) MO
<i>risperidone tabs 0.25mg, 0.5mg, 3mg</i>	\$0 (1)	QL (90 EA per 30 days) MO
SAPHRIS	\$0 (2)	QL (60 EA per 30 days) MO
<i>ziprasidone hcl</i>	\$0 (1)	QL (60 EA per 30 days) MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ZYPREXA RELPREVV INJ 405MG	\$0 (2)	QL (1 EA per 28 days)
ZYPREXA RELPREVV INJ 210MG, 300MG	\$0 (2)	QL (2 EA per 28 days)
<b>Antipsychotics</b>		
<i>molindone hydrochloride tabs 25mg</i>	\$0 (1)	QL (270 EA per 30 days)
<i>molindone hydrochloride tabs 10mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>molindone hydrochloride tabs 5mg</i>	\$0 (1)	QL (90 EA per 30 days)
<b>Treatment-Resistant</b>		
<i>clozapine</i>	\$0 (1)	
<i>clozapine odt</i>	\$0 (1)	
FAZACLO	\$0 (2)	ST
VERSACLOZ	\$0 (2)	ST
<b>ANTISPASTICITY AGENTS - DRUGS USED TO TREAT MUSCLE SPASMS</b>		
<b>Antispasticity Agents</b>		
<i>baclofen tabs</i>	\$0 (1)	MO
<i>dantrolene sodium caps</i>	\$0 (1)	MO
<i>tizanidine hcl tabs</i>	\$0 (1)	MO
<b>ANTIVIRALS- DRUGS USED TO TREAT VIRAL INFECTIONS, HEPATITIS AND HIV/AIDS INFECTIONS</b>		
<b>Anti-cytomegalovirus (CMV) Agents</b>		
<i>ganciclovir inj</i>	\$0 (1)	B/D
VALCYTE	\$0 (2)	MO
<i>valganciclovir</i>	\$0 (1)	MO
<b>Anti-hepatitis B (HBV) Agents</b>		
<i>adefovir dipivoxil</i>	\$0 (1)	QL (30 EA per 30 days) MO
BARACLUDE TABS	\$0 (2)	QL (30 EA per 30 days) MO
BARACLUDE SOLN	\$0 (2)	QL (630 ML per 30 days) MO
<i>entecavir</i>	\$0 (1)	QL (30 EA per 30 days) MO
EPIVIR HBV SOLN	\$0 (2)	MO
INTRON A INJ 18MU, 50MU	\$0 (2)	PA LA
<i>lamivudine tabs 100mg</i>	\$0 (1)	MO
TYZEKA	\$0 (2)	QL (30 EA per 30 days) MO
<b>Anti-hepatitis C (HCV) Agents</b>		
HARVONI	\$0 (2)	QL (30 EA per 30 days) PA
<i>moderiba tabs</i>	\$0 (1)	PA
PEG-INTRON REDIPEN	\$0 (2)	PA
PEG-INTRON INJ 50MCG/0.5ML	\$0 (2)	PA
PEGINTRON INJ 120MCG/0.5ML, 150MCG/0.5ML, 80MCG/0.5ML	\$0 (2)	PA
<i>ribavirin</i>	\$0 (1)	PA
SOVALDI	\$0 (2)	QL (28 EA per 28 days) PA
<b>Anti-HIV Agents, Integrase Inhibitors (INSTI)</b>		

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<b>Name of drug</b>	<b>What the drug will cost you (tier level)</b>	<b>Necessary actions, restrictions, or limits on use</b>
ATRIPLA	\$0 (2)	QL (30 EA per 30 days) MO
GENVOYA	\$0 (2)	QL (30 EA per 30 days)
ISENTRESS TABS	\$0 (2)	QL (120 EA per 30 days) MO
ISENTRESS CHEW	\$0 (2)	QL (180 EA per 30 days) MO
ISENTRESS PACK	\$0 (2)	QL (300 EA per 30 days)
TIVICAY	\$0 (2)	QL (60 EA per 30 days) MO
VITEKTA	\$0 (2)	QL (30 EA per 30 days)
<b><i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i></b>		
COMPLERA	\$0 (2)	QL (30 EA per 30 days) MO
EDURANT	\$0 (2)	QL (30 EA per 30 days) MO
INTELENCE TABS 25MG	\$0 (2)	QL (180 EA per 30 days)
INTELENCE TABS 100MG, 200MG	\$0 (2)	QL (60 EA per 30 days) MO
<i>nevirapine</i>	\$0 (1)	MO
<i>nevirapine er</i>	\$0 (1)	MO
RESCRIPTOR	\$0 (2)	MO
STRIBILD	\$0 (2)	QL (30 EA per 30 days) MO
SUSTIVA	\$0 (2)	MO
VIRAMUNE XR TB24 100MG	\$0 (2)	MO
VIRAMUNE SUSP	\$0 (2)	MO
<b><i>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</i></b>		
<i>abacavir</i>	\$0 (1)	MO
<i>abacavir sulfate/lamivudine/zidovudine</i>	\$0 (1)	MO
<i>didanosine</i>	\$0 (1)	MO
EMTRIVA	\$0 (2)	MO
EPIVIR SOLN	\$0 (2)	MO
EPZICOM	\$0 (2)	MO
<i>lamivudine/zidovudine</i>	\$0 (1)	MO
<i>lamivudine soln 10mg/ml</i>	\$0 (1)	MO
<i>lamivudine tabs 150mg, 300mg</i>	\$0 (1)	MO
RETROVIR IV INFUSION	\$0 (2)	
<i>stavudine</i>	\$0 (1)	MO
TRIUMEQ	\$0 (2)	QL (30 EA per 30 days) MO
TRUVADA	\$0 (2)	QL (30 EA per 30 days) MO
VIDEX PEDIATRIC	\$0 (2)	MO
VIREAD POWD	\$0 (2)	MO
VIREAD TABS 250MG	\$0 (2)	
VIREAD TABS 150MG, 200MG, 300MG	\$0 (2)	MO
ZIAGEN SOLN	\$0 (2)	MO
<i>zidovudine</i>	\$0 (1)	MO
<b><i>Anti-HIV Agents, Other</i></b>		

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FUZEON	\$0 (2)	QL (60 EA per 30 days)
SELZENTRY TABS 300MG	\$0 (2)	QL (120 EA per 30 days) MO
SELZENTRY TABS 150MG	\$0 (2)	QL (60 EA per 30 days) MO
TYBOST	\$0 (2)	QL (30 EA per 30 days) MO
<b><i>Anti-HIV Agents, Protease Inhibitors</i></b>		
APTIVUS SOLN	\$0 (2)	
APTIVUS CAPS	\$0 (2)	MO
CRIXIVAN	\$0 (2)	MO
EVOTAZ	\$0 (2)	QL (30 EA per 30 days) MO
INVIRASE	\$0 (2)	MO
KALETRA SOLN	\$0 (2)	QL (390 ML per 30 days) MO
KALETRA TABS 200MG; 50MG	\$0 (2)	QL (120 EA per 30 days) MO
KALETRA TABS 100MG; 25MG	\$0 (2)	QL (240 EA per 30 days) MO
LEXIVA	\$0 (2)	MO
NORVIR	\$0 (2)	MO
PREZCOBIX	\$0 (2)	QL (30 EA per 30 days) MO
PREZISTA SUSP	\$0 (2)	MO
PREZISTA TABS 75MG	\$0 (2)	
PREZISTA TABS 150MG, 600MG, 800MG	\$0 (2)	MO
REYATAZ PACK	\$0 (2)	
REYATAZ CAPS	\$0 (2)	MO
VIRACEPT	\$0 (2)	MO
<b><i>Anti-influenza Agents</i></b>		
RELENZA DISKHALER	\$0 (2)	QL (120 EA per 365 days) MO
<i>rimantadine hcl</i>	\$0 (1)	MO
TAMIFLU SUSR	\$0 (2)	QL (1080 ML per 365 days) MO
TAMIFLU CAPS 30MG	\$0 (2)	QL (168 EA per 365 days) MO
TAMIFLU CAPS 45MG, 75MG	\$0 (2)	QL (84 EA per 365 days) MO
<b><i>Antiherpetic Agents</i></b>		
<i>acyclovir sodium inj 1000mg, 50mg/ml</i>	\$0 (1)	B/D
<i>acyclovir sodium inj 500mg</i>	\$0 (1)	B/D MO
<i>acyclovir caps, oint, susp, tabs</i>	\$0 (1)	MO
DENAVIR	\$0 (2)	MO
<i>famciclovir tabs 125mg, 250mg</i>	\$0 (1)	QL (60 EA per 30 days) MO
<i>famciclovir tabs 500mg</i>	\$0 (1)	QL (90 EA per 30 days) MO
<i>valacyclovir hcl</i>	\$0 (1)	MO
<b><i>Antivirals</i></b>		
VIRAZOLE	\$0 (2)	
<b>ANXIOLYTICS- DRUGS USED TO TREAT ANXIETY</b>		
<b><i>Anxiolytics, Other</i></b>		
<i>bupirone hcl tabs</i>	\$0 (1)	MO
<b><i>Benzodiazepines</i></b>		

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<i>alprazolam tabs 0.25mg, 0.5mg</i>	\$0 (1)	QL (120 EA per 30 days) MO
<i>alprazolam tabs 1mg, 2mg</i>	\$0 (1)	QL (150 EA per 30 days) MO
<i>clorazepate dipotassium tabs 15mg</i>	\$0 (1)	QL (180 EA per 30 days) MO
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg</i>	\$0 (1)	QL (90 EA per 30 days) MO
<i>diazepam intensol</i>	\$0 (1)	MO
<i>diazepam inj 5mg/ml</i>	\$0 (1)	QL (240 ML per 30 days) MO
<i>diazepam oral soln 1mg/ml</i>	\$0 (1)	QL (1200 ML per 30 days) MO
<i>diazepam tabs 10mg, 2mg, 5mg</i>	\$0 (1)	QL (120 EA per 30 days) MO
<i>lorazepam intensol</i>	\$0 (1)	QL (150 ML per 30 days) MO
<i>lorazepam tabs</i>	\$0 (1)	QL (90 EA per 30 days) MO
<i>lorazepam inj 4mg/ml</i>	\$0 (1)	QL (120 ML per 30 days)
<i>lorazepam inj 2mg/ml</i>	\$0 (1)	QL (120 ML per 30 days) MO
<b>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)</b>		
<i>duloxetine hcl cpep 40mg</i>	\$0 (1)	QL (60 EA per 30 days) MO

### **BIPOLAR AGENTS- DRUGS USED TO TREAT BIPOLAR DISORDER**

#### **Mood Stabilizers**

EQUETRO	\$0 (2)	MO
<i>lithium</i>	\$0 (1)	MO
<i>lithium carbonate er</i>	\$0 (1)	MO
<i>lithium carbonate caps, tabs</i>	\$0 (1)	MO

### **BLOOD GLUCOSE REGULATORS- DRUGS USED TO TREAT DIABETES**

#### **Antidiabetic Agents**

<i>acarbose</i>	\$0 (1)	MO
<i>glimepiride</i>	\$0 (1)	MO
<i>glipizide er</i>	\$0 (1)	MO
<i>glipizide xl</i>	\$0 (1)	MO
<i>glipizide/metformin hcl</i>	\$0 (1)	MO
<i>glipizide tabs</i>	\$0 (1)	MO
<i>glyburide micronized</i>	\$0 (1)	PA MO
<i>glyburide/metformin hcl</i>	\$0 (1)	PA MO
<i>glyburide tabs</i>	\$0 (1)	PA MO
INVOKAMET	\$0 (2)	QL (60 EA per 30 days) MO
INVOKANA TABS 300MG	\$0 (2)	QL (30 EA per 30 days) MO
INVOKANA TABS 100MG	\$0 (2)	QL (60 EA per 30 days) MO
JANUMET	\$0 (2)	QL (60 EA per 30 days) MO
JANUMET XR TB24 1000MG; 100MG, 500MG; 50MG	\$0 (2)	QL (30 EA per 30 days) MO
JANUMET XR TB24 1000MG; 50MG	\$0 (2)	QL (60 EA per 30 days) MO
JANUVIA	\$0 (2)	QL (30 EA per 30 days) MO
JENTADUETO	\$0 (2)	MO

**PA** – Prior Authorization **QL** – Quantity Limit **ST** – Step Therapy **MO** – Available at Mail Order

**B/D** – Covered under Medicare B or D **LA** – Limited Access \* - Non Part D drugs or OTC drugs covered under Medicaid

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
KORLYM	\$0 (2)	QL (120 EA per 30 days) PA
<i>metformin hcl er (generic glucophage xr and fortamet)</i>	\$0 (1)	MO
<i>metformin hcl tabs</i>	\$0 (1)	MO
<i>nateglinide</i>	\$0 (1)	MO
<i>pioglitazone hcl</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>pioglitazone hcl-glimepiride</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>pioglitazone hcl/metformin hcl</i>	\$0 (1)	QL (90 EA per 30 days) MO
<i>repaglinide/metformin hydrochloride</i>	\$0 (1)	QL (150 EA per 30 days)
<i>repaglinide tabs 0.5mg, 1mg</i>	\$0 (1)	QL (120 EA per 30 days) MO
<i>repaglinide tabs 2mg</i>	\$0 (1)	QL (240 EA per 30 days) MO
SYMLINPEN 120	\$0 (2)	QL (10.8 ML per 30 days) MO
SYMLINPEN 60	\$0 (2)	QL (6 ML per 30 days) MO
<i>tolazamide</i>	\$0 (1)	MO
<i>tolbutamide</i>	\$0 (1)	MO
TRADJENTA	\$0 (2)	MO
TRULICITY	\$0 (2)	QL (2 ML per 28 days) MO
VICTOZA	\$0 (2)	QL (9 ML per 30 days) MO
<b>Glycemic Agents</b>		
GLUCAGEN DIAGNOSTIC	\$0 (2)	QL (4 EA per 30 days) MO
GLUCAGEN HYPOKIT	\$0 (2)	QL (4 EA per 30 days) MO
GLUCAGON EMERGENCY KIT	\$0 (2)	QL (4 EA per 30 days) MO
<i>glucose chew 4gm</i>	\$0 (3)	*
<i>glucose 15</i>	\$0 (3)	*
HM GLUCOSE	\$0 (3)	*
<i>my way</i>	\$0 (3)	*
PROGLYCEM	\$0 (2)	MO
SM GLUCOSE	\$0 (3)	*
TGT GLUCOSE	\$0 (3)	*
<b>Insulins</b>		
LEVEMIR	\$0 (2)	MO
LEVEMIR FLEXTOUCH	\$0 (2)	MO
NOVOLIN 70/30	\$0 (2)	MO
NOVOLIN 70/30 RELION	\$0 (2)	MO
NOVOLIN N	\$0 (2)	MO
NOVOLIN N RELION	\$0 (2)	MO
NOVOLIN R	\$0 (2)	MO
NOVOLIN R RELION	\$0 (2)	MO
NOVOLOG	\$0 (2)	MO
NOVOLOG FLEXPEN	\$0 (2)	MO
NOVOLOG MIX 70/30	\$0 (2)	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	\$0 (2)	MO
NOVOLOG PENFILL	\$0 (2)	MO

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B/D – Covered under Medicare B or D LA – Limited Access \* - Non Part D drugs or OTC drugs covered under Medicaid

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TRESIBA FLEXTOUCH	\$0 (2)	
<b>BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS- DRUGS USED TO TREAT BLOOD DISORDERS; ANTICOAGULANTS/BLOOD THINNERS</b>		
<i>Anticoagulants</i>		
ELIQUIS	\$0 (2)	QL (60 EA per 30 days) MO
<i>enoxaparin sodium</i>	\$0 (1)	MO
<i>fondaparinux sodium</i>	\$0 (1)	MO
<i>heparin sodium/d5w</i>	\$0 (1)	
<i>heparin sodium/nacl 0.45%</i>	\$0 (1)	
<i>heparin sodium/nacl 0.9%</i>	\$0 (1)	
<i>heparin sodium/sodium chloride 0.9%</i>	\$0 (1)	
<i>heparin sodium/sodium chloride 0.9% premix</i>	\$0 (1)	
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	\$0 (1)	MO
<i>jantoven</i>	\$0 (1)	MO
PRADAXA CAPS 110MG	\$0 (2)	QL (60 EA per 30 days)
PRADAXA CAPS 150MG, 75MG	\$0 (2)	QL (60 EA per 30 days) MO
SAVAYSA	\$0 (2)	QL (30 EA per 30 days) MO
<i>warfarin sodium tabs</i>	\$0 (1)	MO
XARELTO STARTER PACK	\$0 (2)	QL (51 EA per 30 days) MO
XARELTO TABS 10MG, 20MG	\$0 (2)	QL (30 EA per 30 days) MO
XARELTO TABS 15MG	\$0 (2)	QL (60 EA per 30 days) MO
<i>Blood Formation Modifiers</i>		
<i>anagrelide hydrochloride</i>	\$0 (1)	MO
ARANESP ALBUMIN FREE INJ 500MCG/ML	\$0 (2)	QL (1 ML per 21 days) PA
ARANESP ALBUMIN FREE INJ 150MCG/0.3ML, 60MCG/0.3ML	\$0 (2)	QL (1.2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 200MCG/0.4ML, 40MCG/0.4ML	\$0 (2)	QL (1.6 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 25MCG/0.42ML	\$0 (2)	QL (1.68 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML	\$0 (2)	QL (2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 300MCG/0.6ML	\$0 (2)	QL (2.4 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 150MCG/0.75ML	\$0 (2)	QL (3 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML	\$0 (2)	QL (3.2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 100MCG/ML, 200MCG/ML, 25MCG/ML, 300MCG/ML, 40MCG/ML, 60MCG/ML	\$0 (2)	QL (4 ML per 28 days) PA
LEUKINE INJ 250MCG	\$0 (2)	PA
NEUMEGA	\$0 (2)	PA
NEUPOGEN	\$0 (2)	PA

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PROCRIT INJ 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	\$0 (2)	QL (12 ML per 28 days) PA
PROCRIT INJ 40000UNIT/ML	\$0 (2)	QL (8 ML per 28 days) PA
PROMACTA	\$0 (2)	QL (30 EA per 30 days) PA LA
<b>Coagulants</b>		
<i>tranexamic acid inj</i>	\$0 (1)	
<i>tranexamic acid tabs</i>	\$0 (1)	QL (30 EA per 5 days) MO
<b>Platelet Modifying Agents</b>		
AGGRENOX	\$0 (2)	QL (60 EA per 30 days) MO
<i>aspirin/dipyridamole</i>	\$0 (1)	QL (60 EA per 30 days) MO
BRILINTA	\$0 (2)	QL (60 EA per 30 days) MO
<i>cilostazol</i>	\$0 (1)	MO
<i>clopidogrel tabs 300mg</i>	\$0 (1)	QL (2 EA per 365 days)
<i>clopidogrel tabs 75mg</i>	\$0 (1)	QL (30 EA per 30 days) MO
EFFIENT	\$0 (2)	QL (30 EA per 30 days) MO
<i>ticlopidine hcl</i>	\$0 (1)	PA
<b>CARDIOVASCULAR AGENTS - DRUGS USED TO TREAT HEART AND CIRCULATION CONDITIONS, HIGH BLOOD PRESSURE, HEART RHYTHM, HIGH CHOLESTEROL</b>		
<b>Alpha-adrenergic Agonists</b>		
<i>clonidine hcl tabs</i>	\$0 (1)	MO
<i>clonidine hcl ptwk</i>	\$0 (1)	QL (8 EA per 28 days) MO
<i>midodrine hcl</i>	\$0 (1)	MO
<b>Alpha-adrenergic Blocking Agents</b>		
<i>doxazosin mesylate</i>	\$0 (1)	MO
<i>prazosin hcl</i>	\$0 (1)	MO
<i>terazosin hcl</i>	\$0 (1)	MO
<b>Angiotensin II Receptor Antagonists</b>		
<i>candesartan cilexetil</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tabs 32mg; 12.5mg, 32mg; 25mg</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg</i>	\$0 (1)	QL (60 EA per 30 days) MO
ENTRESTO	\$0 (2)	QL (60 EA per 30 days) PA MO
<i>eprosartan mesylate</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>irbesartan</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>irbesartan/hydrochlorothiazide</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>losartan potassium/hydrochlorothiazide</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>losartan potassium tabs 100mg</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>losartan potassium tabs 25mg, 50mg</i>	\$0 (1)	QL (60 EA per 30 days) MO
<i>telmisartan</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>telmisartan/amlodipine</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide</i>	\$0 (1)	QL (30 EA per 30 days) MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>valsartan</i>	\$0 (1)	MO
<i>valsartan/hydrochlorothiazide</i>	\$0 (1)	QL (30 EA per 30 days) MO
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>		
<i>benazepril hcl/hydrochlorothiazide</i>	\$0 (1)	MO
<i>benazepril hcl tabs</i>	\$0 (1)	MO
<i>captopril/hydrochlorothiazide</i>	\$0 (1)	MO
<i>captopril tabs</i>	\$0 (1)	MO
<i>enalapril maleate/hydrochlorothiazide</i>	\$0 (1)	MO
<i>enalapril maleate tabs</i>	\$0 (1)	MO
<i>fosinopril sodium</i>	\$0 (1)	MO
<i>fosinopril sodium/hydrochlorothiazide</i>	\$0 (1)	MO
<i>lisinopril</i>	\$0 (1)	MO
<i>lisinopril/hydrochlorothiazide</i>	\$0 (1)	MO
<i>moexipril hcl</i>	\$0 (1)	MO
<i>moexipril/hydrochlorothiazide</i>	\$0 (1)	MO
<i>perindopril erbumine</i>	\$0 (1)	MO
<i>quinapril hcl</i>	\$0 (1)	MO
<i>quinapril/hydrochlorothiazide</i>	\$0 (1)	MO
<i>ramipril</i>	\$0 (1)	MO
<i>trandolapril</i>	\$0 (1)	MO
<i>trandolapril/verapamil hcl</i>	\$0 (1)	MO
<i>trandolapril/verapamil hcl er</i>	\$0 (1)	MO
<b>Antiarrhythmics</b>		
<i>amiodarone hcl tabs</i>	\$0 (1)	MO
<i>disopyramide phosphate</i>	\$0 (1)	PA MO
<i>flecainide acetate</i>	\$0 (1)	MO
<i>lidocaine hcl inj 10mg/ml, 20mg/ml</i>	\$0 (1)	MO
<i>mexiletine hcl</i>	\$0 (1)	MO
<b>MULTAQ</b>	\$0 (2)	MO
<i>pacerone</i>	\$0 (1)	
<i>propafenone hcl</i>	\$0 (1)	MO
<i>propafenone hcl er</i>	\$0 (1)	MO
<i>quinidine gluconate cr</i>	\$0 (1)	MO
<i>quinidine gluconate er</i>	\$0 (1)	MO
<i>quinidine sulfate</i>	\$0 (1)	MO
<i>quinidine sulfate er</i>	\$0 (1)	MO
<i>sorine</i>	\$0 (1)	
<i>sotalol hcl</i>	\$0 (1)	MO
<i>sotalol hcl (af)</i>	\$0 (1)	MO
<b>TIKOSYN</b>	\$0 (2)	
<b>Beta-adrenergic Blocking Agents</b>		
<i>acebutolol hcl caps</i>	\$0 (1)	MO

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<i>atenolol/chlorthalidone</i>	\$0 (1) MO	
<i>atenolol tabs</i>	\$0 (1) MO	
<i>betaxolol hcl tabs 10mg, 20mg</i>	\$0 (1) MO	
<i>bisoprolol fumarate</i>	\$0 (1) MO	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	\$0 (1) MO	
<i>carvedilol</i>	\$0 (1) MO	
<i>labetalol hcl inj, tabs</i>	\$0 (1) MO	
<i>metoprolol succinate er</i>	\$0 (1) MO	
<i>metoprolol tartrate inj, tabs</i>	\$0 (1) MO	
<i>metoprolol/hydrochlorothiazide</i>	\$0 (1) MO	
<i>nadolol/bendroflumethiazide</i>	\$0 (1) MO	
<i>nadolol tabs</i>	\$0 (1) MO	
<i>pindolol</i>	\$0 (1) MO	
<i>propranolol hcl er</i>	\$0 (1) MO	
<i>propranolol hcl inj</i>	\$0 (1)	
<i>propranolol hcl oral soln, tabs</i>	\$0 (1) MO	
<i>propranolol/hydrochlorothiazide</i>	\$0 (1) MO	
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	\$0 (1) MO	
<b>Calcium Channel Blocking Agents</b>		
<i>amlodipine besylate/atorvastatin calcium</i>	\$0 (1) MO	
<i>amlodipine besylate/benazepril hydrochloride</i>	\$0 (1) QL (30 EA per 30 days) MO	
<i>amlodipine besylate/valsartan</i>	\$0 (1) QL (30 EA per 30 days) MO	
<i>amlodipine besylate tabs</i>	\$0 (1) MO	
<i>amlodipine/valsartan/hctz</i>	\$0 (1) QL (30 EA per 30 days) MO	
<i>cartia xt</i>	\$0 (1)	
<i>dilt-xr</i>	\$0 (1)	
<i>diltiazem cd cp24 180mg</i>	\$0 (1)	
<i>diltiazem cd cp24 120mg, 180mg, 240mg, 300mg</i>	\$0 (1) MO	
<i>diltiazem hcl cd</i>	\$0 (1) MO	
<i>diltiazem hcl er</i>	\$0 (1) MO	
<i>diltiazem hcl inj</i>	\$0 (1)	
<i>diltiazem hcl tabs</i>	\$0 (1) MO	
<i>isradipine</i>	\$0 (1) MO	
<i>matzim la</i>	\$0 (1) MO	
<i>nicardipine hcl caps</i>	\$0 (1) MO	
<i>nisoldipine</i>	\$0 (1) MO	
<i>nisoldipine er</i>	\$0 (1) MO	
<i>taztia xt</i>	\$0 (1)	
<i>verapamil hcl er</i>	\$0 (1) MO	
<i>verapamil hcl sr cp24</i>	\$0 (1) MO	
<i>verapamil hcl sr tbc 240mg</i>	\$0 (1) MO	
<i>verapamil hcl inj, tabs</i>	\$0 (1) MO	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b>Cardiovascular Agents, Other</b>		
CORLANOR	\$0 (2)	PA MO
<i>digitek</i>	\$0 (1)	
<i>digox</i>	\$0 (1)	
<i>digoxin inj, oral soln, tabs</i>	\$0 (1)	MO
NORTHERA	\$0 (2)	PA LA
<i>pentoxifylline cr</i>	\$0 (1)	MO
<i>pentoxifylline er</i>	\$0 (1)	MO
RANEXA	\$0 (2)	QL (60 EA per 30 days) MO
<b>Diuretics, Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide er</i>	\$0 (1)	MO
<i>acetazolamide tabs</i>	\$0 (1)	MO
<i>methazolamide</i>	\$0 (1)	MO
<b>Diuretics, Loop</b>		
<i>bumetanide</i>	\$0 (1)	MO
<i>furosemide inj, oral soln, tabs</i>	\$0 (1)	MO
<i>toremide tabs</i>	\$0 (1)	MO
<b>Diuretics, Potassium-sparing</b>		
<i>amiloride hcl tabs</i>	\$0 (1)	MO
<i>amiloride/hydrochlorothiazide</i>	\$0 (1)	MO
<i>eplerenone</i>	\$0 (1)	MO
<i>spironolactone/hydrochlorothiazide</i>	\$0 (1)	MO
<i>spironolactone tabs</i>	\$0 (1)	MO
<i>triamterene/hydrochlorothiazide</i>	\$0 (1)	MO
<b>Diuretics, Thiazide</b>		
<i>chlorthiazide</i>	\$0 (1)	MO
<i>chlorthalidone tabs 25mg, 50mg</i>	\$0 (1)	MO
<i>hydrochlorothiazide caps, tabs</i>	\$0 (1)	MO
<i>indapamide</i>	\$0 (1)	MO
<i>methyclothiazide tabs</i>	\$0 (1)	MO
<i>metolazone</i>	\$0 (1)	MO
<b>Dyslipidemics, Fibric Acid Derivatives</b>		
<i>fenofibrate micronized</i>	\$0 (1)	MO
<i>fenofibrate caps</i>	\$0 (1)	MO
<i>fenofibrate tabs 145mg, 160mg, 48mg, 54mg</i>	\$0 (1)	MO
<i>fenofibric acid</i>	\$0 (1)	MO
<i>fenofibric acid dr</i>	\$0 (1)	MO
<i>gemfibrozil tabs</i>	\$0 (1)	MO
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>		
<i>atorvastatin calcium</i>	\$0 (1)	MO
CRESTOR	\$0 (2)	QL (30 EA per 30 days) MO
<i>fluvastatin</i>	\$0 (1)	MO

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<i>fluvastatin sodium er</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>lovastatin</i>	\$0 (1)	MO
<i>pravastatin sodium</i>	\$0 (1)	MO
<i>simvastatin tabs 10mg, 20mg, 40mg, 5mg</i>	\$0 (1)	MO
<i>simvastatin tabs 80mg</i>	\$0 (1)	QL (30 EA per 30 days) MO
<b>Dyslipidemics, Other</b>		
<i>cholestyramine light</i>	\$0 (1)	MO
<i>cholestyramine pack, powd</i>	\$0 (1)	MO
<i>colestipol hcl</i>	\$0 (1)	MO
KYNAMRO	\$0 (2)	PA LA
LOVAZA	\$0 (2)	QL (120 EA per 30 days) ST MO
<i>micronized colestipol hcl</i>	\$0 (1)	MO
<i>niacin er tbc 1000mg, 500mg, 750mg</i>	\$0 (1)	MO
<i>omega-3-acid ethyl esters</i>	\$0 (1)	QL (120 EA per 30 days) MO
<i>prevalite</i>	\$0 (1)	MO
VASCEPA	\$0 (2)	MO
ZETIA	\$0 (2)	QL (30 EA per 30 days) MO
<b>Vasodilators, Direct-acting Arterial/Venous</b>		
<i>isosorbide dinitrate er</i>	\$0 (1)	MO
<i>isosorbide dinitrate tabs</i>	\$0 (1)	MO
<i>isosorbide mononitrate</i>	\$0 (1)	MO
<i>isosorbide mononitrate er</i>	\$0 (1)	MO
<i>minitran</i>	\$0 (1)	
<i>nitroglycerin lingual</i>	\$0 (1)	MO
<i>nitroglycerin transdermal</i>	\$0 (1)	MO
<i>nitroglycerin inj</i>	\$0 (1)	
NITROSTAT	\$0 (2)	MO
<b>Vasodilators, Direct-acting Arterial</b>		
<i>hydralazine hcl inj, tabs</i>	\$0 (1)	MO
<i>minoxidil tabs</i>	\$0 (1)	MO
<b>CENTRAL NERVOUS SYSTEM AGENTS- DRUGS USED TO TREAT ADHD, MULTIPLE SCLEROSIS, CHOREA ASSOCIATED WITH HUNTINGTON DISEASE</b>		
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>		
<i>amphetamine/dextroamphetamine tabs 1.25mg; 1.25mg; 1.25mg; 1.25mg, 1.875mg; 1.875mg; 1.875mg; 1.875mg, 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.125mg; 3.125mg; 3.125mg; 3.125mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	\$0 (1)	QL (60 EA per 30 days) PA MO
<i>amphetamine/dextroamphetamine tabs 5mg; 5mg; 5mg; 5mg</i>	\$0 (1)	QL (90 EA per 30 days) PA MO
<i>dextroamphetamine sulfate tabs</i>	\$0 (1)	QL (180 EA per 30 days) PA MO

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<i>dextroamphetamine sulfate soln</i>	\$0 (1)	QL (1800 ML per 30 days) PA MO
<b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>		
<i>guanfacine er</i>	\$0 (1)	QL (30 EA per 30 days) MO
INTUNIV	\$0 (2)	QL (30 EA per 30 days) MO
<i>metadate er</i>	\$0 (1)	QL (90 EA per 30 days) PA MO
<i>methylphenidate hcl er tbc 10mg, 20mg</i>	\$0 (1)	QL (90 EA per 30 days) PA MO
<i>methylphenidate hcl sr</i>	\$0 (1)	QL (90 EA per 30 days) PA MO
<i>methylphenidate hcl tabs</i>	\$0 (1)	PA MO
<b>Central Nervous System, Other</b>		
NUEDEXTA	\$0 (2)	QL (60 EA per 30 days) MO
<i>riluzole</i>	\$0 (1)	MO
<i>tetrabenazine tabs 25mg</i>	\$0 (1)	QL (120 EA per 30 days) PA
<i>tetrabenazine tabs 12.5mg</i>	\$0 (1)	QL (90 EA per 30 days) PA
XENAZINE TABS 25MG	\$0 (2)	QL (120 EA per 30 days) PA LA
XENAZINE TABS 12.5MG	\$0 (2)	QL (90 EA per 30 days) PA LA
<b>Multiple Sclerosis Agents</b>		
AMPYRA	\$0 (2)	QL (60 EA per 30 days) PA LA
COPAXONE INJ 40MG/ML	\$0 (2)	QL (12 ML per 28 days) PA
COPAXONE INJ 20MG/ML	\$0 (2)	QL (30 ML per 30 days) PA
EXTAVIA	\$0 (2)	QL (15 EA per 30 days) PA
GILENYA	\$0 (2)	QL (30 EA per 30 days) PA
<i>glatopa</i>	\$0 (1)	QL (30 ML per 30 days) PA
<b>DENTAL AND ORAL AGENTS</b>		
<b>Dental and Oral Agents</b>		
<i>chlorhexidine gluconate oral rinse</i>	\$0 (1)	MO
<i>clinpro 5000</i>	\$0 (1)	MO
<i>dentagel</i>	\$0 (1)	MO
<i>fluoridex daily defense</i>	\$0 (1)	MO
<i>oralone</i>	\$0 (1)	
<i>paroex</i>	\$0 (1)	
<i>periogard</i>	\$0 (1)	
<i>phos-flur</i>	\$0 (1)	
<i>pilocarpine hcl tabs 7.5mg</i>	\$0 (1)	MO
<i>pilocarpine hydrochloride</i>	\$0 (1)	MO
<i>sf</i>	\$0 (1)	MO
<i>triamcinolone acetonide pste 0.1%</i>	\$0 (1)	MO
<i>triamcinolone in orabase</i>	\$0 (1)	MO
<b>DERMATOLOGICAL AGENTS- ANTIPSORIATICS, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE, ACNE, WOUND CARE AGENTS, ANTIBIOTICS</b>		

PA – Prior Authorization QL – Quantity Limit ST – Step Therapy MO – Available at Mail Order

B/D – Covered under Medicare B or D LA – Limited Access \* - Non Part D drugs or OTC drugs covered under Medicaid

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<b><i>Dermatological Agents</i></b>		
8-MOP	\$0 (2)	
<i>acitretin</i>	\$0 (1)	PA MO
ACNE MEDICATION	\$0 (3)	*
ACNE MEDICATION 5 LOTN	\$0 (3)	*
ACNEFREE SEVERE 24 HOUR CLEARING SYSTEM	\$0 (3)	*
ALEVAZOL	\$0 (3)	*
ALOE VESTA PROTECTIVE	\$0 (3)	*
ALOE VESTA SKIN CONDITIONER	\$0 (3)	*
ALTABAX	\$0 (2)	MO
<i>ameriphor</i>	\$0 (3)	*
<i>amlactin</i>	\$0 (3)	*
AMLACTIN ULTRA	\$0 (3)	*
<i>ammonium lactate crea, lotn</i>	\$0 (1)	MO
<i>amnesteem</i>	\$0 (1)	
<i>anti-fungal powder</i>	\$0 (3)	*
<i>anti-itch crea</i>	\$0 (3)	*
<i>antifungal</i>	\$0 (3)	*
<i>athletes foot af cream</i>	\$0 (3)	*
<i>avita crea</i>	\$0 (1)	PA
<i>avita gel</i>	\$0 (1)	PA MO
<i>bacitracin zinc</i>	\$0 (3)	*
<i>bacitracin/neomycin/polymyxin external oint 400unit/gm; 5mg/gm; 5000unit/gm</i>	\$0 (3)	*
<i>bacitracin external oint 500unit/gm</i>	\$0 (3)	*
<i>banophen crea 2%; 0.1%</i>	\$0 (3)	*
<i>baza antifungal</i>	\$0 (3)	*
<i>baza protect</i>	\$0 (3)	*
<i>benzoin compound tincture</i>	\$0 (3)	*
<i>benzoyl peroxide cleanser lotn 6%</i>	\$0 (3)	*
<i>benzoyl peroxide wash</i>	\$0 (3)	*
<i>benzoyl peroxide gel</i>	\$0 (3)	*
<i>beta care betatar gel</i>	\$0 (3)	*
<i>beta hc</i>	\$0 (3)	*
BETADINE SURGICAL SCRUB	\$0 (3)	*
BPO CREAMY WASH COMPLETE PACK	\$0 (3)	*
<i>calcipotriene</i>	\$0 (1)	MO
<i>calcitrene</i>	\$0 (1)	MO
<i>carrington antifungal</i>	\$0 (3)	*
<i>claravis</i>	\$0 (1)	
<i>clindamycin phosphate foam 1%</i>	\$0 (1)	MO
<i>clindamycin phosphate gel 1%</i>	\$0 (1)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clindamycin phosphate lotn 1%</i>	\$0 (1) MO	
<i>clindamycin phosphate external soln 1%</i>	\$0 (1) MO	
<i>clindamycin phosphate swab 1%</i>	\$0 (1) MO	
<i>clindamycin/benzoyl peroxide</i>	\$0 (1) MO	
<i>complete lice treatment kit</i>	\$0 (3) *	
<i>critic-aid clear af</i>	\$0 (3) *	
<i>dermacerin</i>	\$0 (3) *	
<i>dermamed</i>	\$0 (3) *	
<i>dermaphor</i>	\$0 (3) *	
<i>desenex shake powder</i>	\$0 (3) *	
DHS SAL	\$0 (3) *	
DHS TAR	\$0 (3) *	
DHS TAR GEL	\$0 (3) *	
DHS ZINC	\$0 (3) *	
<i>diphenhydramine hcl/zinc acetate</i>	\$0 (3) *	
<i>double antibiotic</i>	\$0 (3) *	
ELIDEL	\$0 (2) QL (60 GM per 30 days) ST MO	
<i>ery</i>	\$0 (1) MO	
<i>erythromycin/benzoyl peroxide</i>	\$0 (1) MO	
<i>erythromycin gel 2%</i>	\$0 (1) MO	
<i>erythromycin pads 2%</i>	\$0 (1) MO	
<i>erythromycin soln 2%</i>	\$0 (1) MO	
<i>fluorouracil crea 0.5%, 5%</i>	\$0 (1) MO	
<i>fluorouracil external soln 2%, 5%</i>	\$0 (1) MO	
FUNGOID TINCTURE	\$0 (3) *	
<i>fungoid-d</i>	\$0 (3) *	
<i>gentamicin sulfate crea 0.1%</i>	\$0 (1) MO	
<i>gentamicin sulfate external oint 0.1%</i>	\$0 (1) MO	
<i>glycerin</i>	\$0 (3) *	
<i>gnp anti-itch</i>	\$0 (3) *	
<i>gnp bacitracin zinc</i>	\$0 (3) *	
<i>gnp capsaicin crea</i>	\$0 (3) *	
<i>gnp hemorrhoidal oint</i>	\$0 (3) *	
<i>gnp hemorrhoidal supp 85.5%; 0.25%; 3%</i>	\$0 (3) *	
<i>gnp hydrocortisone crea 0.5%</i>	\$0 (3) *	
<i>gnp lice solution kit</i>	\$0 (3) *	
<i>gnp lice treatment</i>	\$0 (3) *	
<i>gnp miconazorb af</i>	\$0 (3) *	
<i>gnp povidone-iodine</i>	\$0 (3) *	
<i>gnp terbinafine hydrochloride</i>	\$0 (3) *	
<i>gnp tolnaftate</i>	\$0 (3) *	
<i>gnp triple antibiotic</i>	\$0 (3) *	

PA – Prior Authorization QL – Quantity Limit ST – Step Therapy MO – Available at Mail Order

B/D – Covered under Medicare B or D LA – Limited Access \* - Non Part D drugs or OTC drugs covered under Medicaid



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>gnp triple antibiotic plus</i>	\$0 (3) *	
<i>hem-prep</i>	\$0 (3) *	
<i>hemorrhoid</i>	\$0 (3) *	
<i>hemorrhoidal suppositories</i>	\$0 (3) *	
<i>hemorrhoidal oint 14%; 71.9%; 0.25%; 3%, 14%; 74.9%; 0.25%</i>	\$0 (3) *	
<i>hemorrhoidal supp 85.5%; 0.25%; 3%</i>	\$0 (3) *	
<i>hm bacitracin</i>	\$0 (3) *	
<i>hm double antibiotic</i>	\$0 (3) *	
<i>hm lice killing maximum strength</i>	\$0 (3) *	
<i>hm lice treatment</i>	\$0 (3) *	
<i>hm povidone-iodine</i>	\$0 (3) *	
<i>hm triple antibiotic</i>	\$0 (3) *	
<i>hydro skin maximum strength</i>	\$0 (3) *	
<i>hydrocortisone/aloe crea</i>	\$0 (3) *	
<i>hydrocortisone crea 0.5%, 1%</i>	\$0 (3) *	
<i>hydrocortisone oint 0.5%, 1%</i>	\$0 (3) *	
<i>imiquimod crea</i>	\$0 (1) MO	
<i>ionil-t</i>	\$0 (3) *	
<i>itch relief</i>	\$0 (3) *	
<i>itch relief extra strength</i>	\$0 (3) *	
<i>jock itch spray</i>	\$0 (3) *	
LAMISIL ADVANCED	\$0 (3) *	
<i>lamisil af defense</i>	\$0 (3) *	
LAMISIL AT JOCK ITCH	\$0 (3) *	
LAMISIL AT SPRAY	\$0 (3) *	
LAMISIL AT CREA	\$0 (3) *	
<i>lice killing maximum strength</i>	\$0 (3) *	
<i>lice solution kit</i>	\$0 (3) *	
<i>lice treatment creme rinse</i>	\$0 (3) *	
<i>lidocaine crea 4%</i>	\$0 (3) *	
<i>lidocream</i>	\$0 (3) *	
LOTRIMIN AF CREA	\$0 (3) *	
<i>lotrimin af powd</i>	\$0 (3) *	
LOTRIMIN ULTRA	\$0 (3) *	
<i>major-prep hemorrhoidal oint 14%; 74.9%; 0.25%</i>	\$0 (3) *	
<i>medi-cortisone</i>	\$0 (3) *	
<i>methoxsalen caps</i>	\$0 (1) MO	
<i>metronidazole crea 0.75%</i>	\$0 (1) MO	
<i>metronidazole gel 0.75%, 1%</i>	\$0 (1) MO	
<i>metronidazole lotn 0.75%</i>	\$0 (1) MO	
<i>miconazole nitrate external crea 2%</i>	\$0 (3) *	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>miconazorb af</i>	\$0 (3) *	
<i>micro guard</i>	\$0 (3) *	
<i>minerin crea</i>	\$0 (3) *	
MOISTURIZING CREAM CREA 0; 0; 0; 0; 0	\$0 (3) *	
<i>mupirocin</i>	\$0 (1) MO	
<i>mupirocin calcium</i>	\$0 (1) MO	
<i>myorisan</i>	\$0 (1)	
NAIL SCRUB	\$0 (3) *	
<i>nutraplus</i>	\$0 (3) *	
<i>operand scrub</i>	\$0 (3) *	
OXSORALEN	\$0 (2) MO	
<i>panoxyl wash</i>	\$0 (3) *	
PANOXYL-4 CREAMY WASH	\$0 (3) *	
<i>pedi-boro soak paks</i>	\$0 (3) *	
PELEVERUS	\$0 (3) *	
PELEVERUS CLEAR	\$0 (3) *	
PELEVERUS GOLD	\$0 (3) *	
<i>periguard</i>	\$0 (3) *	
<i>petrolatum</i>	\$0 (3) *	
<i>podofilox soln</i>	\$0 (1) MO	
<i>povidone-iodine</i>	\$0 (3) *	
PREPARATION H OINT	\$0 (3) *	
<i>qc athletes foot</i>	\$0 (3) *	
<i>qc bacitracin</i>	\$0 (3) *	
<i>qc hemorrhoidal</i>	\$0 (3) *	
<i>qc tolnaftate</i>	\$0 (3) *	
<i>reeses pinworm medicine</i>	\$0 (3) *	
REGRANEX	\$0 (2) QL (15 GM per 30 days) PA MO	
<i>remedy antifungal</i>	\$0 (3) *	
REMEDY NUTRASHIELD	\$0 (3) *	
REMEDY SKIN REPAIR	\$0 (3) *	
RISABAL-PH	\$0 (3) *	
<i>rosadan</i>	\$0 (1)	
<i>sal-plant</i>	\$0 (3) *	
<i>salactic film</i>	\$0 (3) *	
SANTYL	\$0 (2) MO	
<i>sb anti-itch maximum strength</i>	\$0 (3) *	
<i>sb lice killing maximum strength</i>	\$0 (3) *	
<i>selenium sulfide lotn</i>	\$0 (1) MO	
SENSI-CARE MOISTURIZING	\$0 (3) *	
SENSI-CARE PROTECTIVE BARRIER	\$0 (3) *	
<i>silver sulfadiazine</i>	\$0 (1) MO	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sm anti-itch extra strength</i>	\$0 (3) *	
<i>sm antifungal miconazole</i>	\$0 (3) *	
<i>sm antifungal tolnaftate</i>	\$0 (3) *	
<i>sm athletes foot</i>	\$0 (3) *	
<i>sm double antibiotic</i>	\$0 (3) *	
<i>sm hemorrhoidal oint</i>	\$0 (3) *	
<i>sm hydrocortisone crea 0.5%</i>	\$0 (3) *	
<i>sm lice killing maximum strength</i>	\$0 (3) *	
<i>sm lice treatment</i>	\$0 (3) *	
<i>sm triple antibiotic</i>	\$0 (3) *	
<i>sodium sulfacetamide lotn 10%</i>	\$0 (1) MO	
SOOTHE & COOL FREE MOISTURE BARRIER	\$0 (3) *	
<i>soothe &amp; cool inzo antifungal cream</i>	\$0 (3) *	
SOOTHE & COOL PROTECT MOISTURE BARRIER	\$0 (3) *	
<i>ssd</i>	\$0 (1)	
<i>sulfacetamide sodium susp 10%</i>	\$0 (1) MO	
SULFAMYLON	\$0 (2) MO	
TAZORAC	\$0 (2) MO	
<i>terbinafine hcl crea 1%</i>	\$0 (3) *	
TINACTIN	\$0 (3) *	
<i>tolnaftate</i>	\$0 (3) *	
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	\$0 (1) PA MO	
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	\$0 (1) PA MO	
<i>triple antibiotic external oint 400unit/gm; 3.5mg/gm; 5000unit/gm, 400unit/gm; 5mg/gm; 5000unit/gm</i>	\$0 (3) *	
TRIXAICIN	\$0 (3) *	
<i>trixaicin hp</i>	\$0 (3) *	
<i>ureacin-10</i>	\$0 (3) *	
<i>urea crea 10%</i>	\$0 (3) *	
<i>urea lotn 10%</i>	\$0 (3) *	
<i>zeasorb-af</i>	\$0 (3) *	
<i>zenatane</i>	\$0 (1)	
ZIKS ARTHRITIS PAIN RELIEF	\$0 (3) *	
ZONALON	\$0 (2) MO	

**ENZYME REPLACEMENT/MODIFIERS- DRUGS USED TO TREAT ENZYME DEFICIENCIES, PANCREATIC ENZYMES**

*Enzyme Replacement/Modifiers*

ADAGEN	\$0 (2)	PA
ALDURAZYME	\$0 (2)	PA LA
BUPHENYL TABS	\$0 (2)	PA
CARBAGLU	\$0 (2)	
CEREZYME	\$0 (2)	PA LA

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CREON	\$0 (2)	MO
CYSTADANE	\$0 (2)	
CYSTAGON	\$0 (2)	PA LA
FABRAZYME	\$0 (2)	PA LA
KUVAN TBSO	\$0 (2)	PA LA
KUVAN PACK 500MG	\$0 (2)	PA
KUVAN PACK 100MG	\$0 (2)	PA LA
LUMIZYME	\$0 (2)	LA
NAGLAZYME	\$0 (2)	PA LA
ORFADIN	\$0 (2)	PA
<i>pancrelipase</i>	\$0 (1)	MO
RAVICTI	\$0 (2)	PA LA
<i>sodium phenylbutyrate powd</i>	\$0 (1)	PA
VPRIV	\$0 (2)	PA
ZAVESCA	\$0 (2)	PA
ZENPEP	\$0 (2)	MO

### **GASTROINTESTINAL- DRUGS USED TO TREAT STOMACH AND INTESTINAL DISORDERS, ANTI-DIARRHEAL, LAXATIVES, ULCERS AND STOMACH ACID**

#### ***Antispasmodics, Gastrointestinal***

<i>dicyclomine hcl</i>	\$0 (1)	PA MO
<i>glycopyrrolate inj, tabs</i>	\$0 (1)	MO
<i>methscopolamine bromide</i>	\$0 (1)	MO

#### ***Gastrointestinal Agents, Other***

<i>acid gone susp</i>	\$0 (3)	*
<i>almacone double strength</i>	\$0 (3)	*
<i>aluminum hydroxide</i>	\$0 (3)	*
<i>antacid anti-gas maximum strength</i>	\$0 (3)	*
<i>antacid fast relief</i>	\$0 (3)	*
<i>antacid maximum strength</i>	\$0 (3)	*
<i>antacid plus anti-gas fast acting</i>	\$0 (3)	*
<i>antacid susp</i>	\$0 (3)	*
<i>anti-diarrheal tabs</i>	\$0 (3)	*
<i>anti-nausea</i>	\$0 (3)	*
<i>bisac-evac supp</i>	\$0 (3)	*
<i>bisacodyl</i>	\$0 (3)	*
<i>bisacodyl ec</i>	\$0 (3)	*
<i>biscolax</i>	\$0 (3)	*
<i>bismatrol maximum strength</i>	\$0 (3)	*
<i>bismatrol susp</i>	\$0 (3)	*
<i>calcium carbonate tabs 648mg</i>	\$0 (3)	*
CASTOR OIL OIL 0	\$0 (3)	*

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<i>castor oil oil 0</i>	\$0 (3) *	
<i>clearlax</i>	\$0 (3) *	
<i>complete ready-to-use enema</i>	\$0 (3) *	
<i>cromolyn sodium conc 100mg/5ml</i>	\$0 (1) MO	
<i>dimenhydrinate</i>	\$0 (3) *	
<i>diocto</i>	\$0 (3) *	
<i>diphenatol</i>	\$0 (1)	
<i>diphenoxylate/atropine</i>	\$0 (1) MO	
<i>doc-q-lax</i>	\$0 (3) *	
<i>docqlace</i>	\$0 (3) *	
<i>docu</i>	\$0 (3) *	
<i>docusate calcium</i>	\$0 (3) *	
<i>docusate sodium &amp; senna stimulant laxative/stool softener</i>	\$0 (3) *	
<i>docusate sodium caps, tabs</i>	\$0 (3) *	
<i>docusil</i>	\$0 (3) *	
<i>docusol mini</i>	\$0 (3) *	
<i>dok</i>	\$0 (3) *	
<i>dok plus</i>	\$0 (3) *	
<i>driminate</i>	\$0 (3) *	
<i>ducodyl</i>	\$0 (3) *	
<i>enema ready-to-use</i>	\$0 (3) *	
<i>enemeez mini</i>	\$0 (3) *	
<i>enemeez plus</i>	\$0 (3) *	
<i>fast acting antacid plus anti-gas maximum strength</i>	\$0 (3) *	
<i>fiber laxative</i>	\$0 (3) *	
<i>fiber tabs</i>	\$0 (3) *	
<i>fiber therapy</i>	\$0 (3) *	
<i>fiber-lax</i>	\$0 (3) *	
FLEET BISACODYL	\$0 (3) *	
FLEET ENEMA	\$0 (3) *	
FLEET ENEMA SIX PACK	\$0 (3) *	
<i>fleet laxative</i>	\$0 (3) *	
FLEET OIL	\$0 (3) *	
FLEET PEDIATRIC	\$0 (3) *	
<i>formula em</i>	\$0 (3) *	
<i>gas relief</i>	\$0 (3) *	
<i>gas relief maximum strength</i>	\$0 (3) *	
GAS-X EXTRA STRENGTH CHEW	\$0 (3) *	
GATTEX	\$0 (2) PA LA	
<i>gavilax</i>	\$0 (3) *	
<i>gavilyte-h</i>	\$0 (1) MO	
GAVISCON SUSP	\$0 (3) *	

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B/D – Covered under Medicare B or D LA – Limited Access \* - Non Part D drugs or OTC drugs covered under Medicaid

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<i>glycolax</i>	\$0 (3) *	
<i>gnp antacid anti-gas</i>	\$0 (3) *	
<i>gnp antacid maximum strength</i>	\$0 (3) *	
<i>gnp anti-diarrheal tabs</i>	\$0 (3) *	
<i>gnp bisa-lax</i>	\$0 (3) *	
<i>gnp castor oil</i>	\$0 (3) *	
<i>gnp clearlax</i>	\$0 (3) *	
<i>gnp docusate calcium</i>	\$0 (3) *	
<i>gnp enema</i>	\$0 (3) *	
<i>gnp fiber therapy</i>	\$0 (3) *	
<i>gnp fiber-caps</i>	\$0 (3) *	
<i>gnp foaming antacid</i>	\$0 (3) *	
<i>gnp gas relief</i>	\$0 (3) *	
<i>gnp gas relief extra strength chew</i>	\$0 (3) *	
<i>gnp gas relief maximum strength</i>	\$0 (3) *	
<i>gnp infants gas relief</i>	\$0 (3) *	
<i>gnp k-pec</i>	\$0 (3) *	
<i>gnp laxative</i>	\$0 (3) *	
<i>gnp loperamide hcl</i>	\$0 (3) *	
<i>gnp magnesium citrate</i>	\$0 (3) *	
<i>gnp masanti maximum strength</i>	\$0 (3) *	
<i>gnp masanti regular strength</i>	\$0 (3) *	
<i>gnp milk of magnesia</i>	\$0 (3) *	
<i>gnp natural fiber</i>	\$0 (3) *	
<i>gnp senna plus</i>	\$0 (3) *	
<i>gnp stomach relief maximum strength</i>	\$0 (3) *	
<i>gnp stomach relief susp 262mg/15ml</i>	\$0 (3) *	
<i>gnp stool softener</i>	\$0 (3) *	
<i>gnp stool softener/stimulant laxative</i>	\$0 (3) *	
<i>healthylax</i>	\$0 (3) *	
<i>hm advanced antacid maximum strength</i>	\$0 (3) *	
<i>hm antacid anti-gas extrastrength</i>	\$0 (3) *	
<i>hm antacid/antigas</i>	\$0 (3) *	
<i>hm anti-diarrheal</i>	\$0 (3) *	
<i>hm anti-nausea</i>	\$0 (3) *	
<b>HM CASTOR OIL</b>	\$0 (3) *	
<i>hm clearlax</i>	\$0 (3) *	
<i>hm enema</i>	\$0 (3) *	
<i>hm enema mineral oil</i>	\$0 (3) *	
<i>hm fiber</i>	\$0 (3) *	
<i>hm gas relief infants drops</i>	\$0 (3) *	
<i>hm gas relief chew</i>	\$0 (3) *	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>hm laxative</i>	\$0 (3) *	
<i>hm loperamide hcl susp</i>	\$0 (3) *	
<i>hm magnesium citrate</i>	\$0 (3) *	
<i>hm milk of magnesia</i>	\$0 (3) *	
<i>hm motion relief</i>	\$0 (3) *	
<i>hm motion sickness relief</i>	\$0 (3) *	
<i>hm senna-s</i>	\$0 (3) *	
<i>hm stomach relief maximum strength</i>	\$0 (3) *	
<i>hm stomach relief susp</i>	\$0 (3) *	
<i>hm stool softener</i>	\$0 (3) *	
<i>hm stool softener/laxative</i>	\$0 (3) *	
<i>infants gas relief</i>	\$0 (3) *	
<i>infants simethicone</i>	\$0 (3) *	
<i>kao-tin</i>	\$0 (3) *	
<i>konsyl fiber</i>	\$0 (3) *	
KONSYL-D	\$0 (3) *	
KONSYL PACK	\$0 (3) *	
<i>konsyl caps</i>	\$0 (3) *	
KONSYL POWD 60.3%, 71.67%	\$0 (3) *	
<i>konsyl powd 28.3%, 30.9%</i>	\$0 (3) *	
LACTRASE	\$0 (3) *	
<i>laxative</i>	\$0 (3) *	
<i>loperamide hcl caps</i>	\$0 (1) MO	
<i>loperamide hcl liqd, susp, tabs</i>	\$0 (3) *	
<i>magnesium citrate soln</i>	\$0 (3) *	
<i>magnesium oxide tabs 400mg</i>	\$0 (3) *	
<i>meclizine hcl chew 25mg</i>	\$0 (3) *	
<i>metamucil multihealth fiber</i>	\$0 (3) *	
METAMUCIL ORIGINAL TEXTURE	\$0 (3) *	
<i>metamucil smooth texture</i>	\$0 (3) *	
<i>metamucil smooth texture sugar free</i>	\$0 (3) *	
<i>metamucil powd</i>	\$0 (3) *	
<i>metoclopramide hcl inj, oral soln, tabs</i>	\$0 (1) MO	
<i>mi-acid gas relief</i>	\$0 (3) *	
<i>mi-acid maximum strength</i>	\$0 (3) *	
<i>mi-acid susp</i>	\$0 (3) *	
<i>milantex</i>	\$0 (3) *	
<i>milantex extra strength</i>	\$0 (3) *	
<i>milk of magnesia</i>	\$0 (3) *	
MILK OF MAGNESIA CONCENTRATE	\$0 (3) *	
<i>mintox</i>	\$0 (3) *	
<i>mintox maximum strength</i>	\$0 (3) *	

PA – Prior Authorization QL – Quantity Limit ST – Step Therapy MO – Available at Mail Order

B/D – Covered under Medicare B or D LA – Limited Access \* - Non Part D drugs or OTC drugs covered under Medicaid

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MIRALAX POWD	\$0 (3) *	
MIRALAX PACK 0	\$0 (3) *	
<i>miralax pack 0</i>	\$0 (3) *	
<i>motion sickness</i>	\$0 (3) *	
<i>motion-time</i>	\$0 (3) *	
<i>mytab gas</i>	\$0 (3) *	
<i>mytab gas max str</i>	\$0 (3) *	
<i>natural fiber laxative</i>	\$0 (3) *	
<i>natural fiber therapy</i>	\$0 (3) *	
PEDIA-LAX LIQD	\$0 (3) *	
<i>peptic relief susp</i>	\$0 (3) *	
PEPTO-BISMOL SUSP 524MG/30ML	\$0 (3) *	
<i>pink bismuth maximum strength</i>	\$0 (3) *	
<i>qc antacid</i>	\$0 (3) *	
<i>qc antacid/anti-gas</i>	\$0 (3) *	
<i>qc antacid/anti-gas maximum strength</i>	\$0 (3) *	
<i>qc anti-diarrheal</i>	\$0 (3) *	
QC CASTOR OIL	\$0 (3) *	
<i>qc docusate calcium</i>	\$0 (3) *	
<i>qc enema</i>	\$0 (3) *	
<i>qc fiber laxative</i>	\$0 (3) *	
<i>qc gas relief</i>	\$0 (3) *	
<i>qc gas relief extra strength</i>	\$0 (3) *	
<i>qc gentle laxative</i>	\$0 (3) *	
<i>qc magnesium citrate</i>	\$0 (3) *	
<i>qc milk of magnesia</i>	\$0 (3) *	
<i>qc natural vegetable</i>	\$0 (3) *	
<i>qc pink bismuth susp</i>	\$0 (3) *	
<i>qc senna</i>	\$0 (3) *	
<i>qc senna-s</i>	\$0 (3) *	
<i>qc stool softener</i>	\$0 (3) *	
<i>qc stool softener plus laxative</i>	\$0 (3) *	
<i>reguloid</i>	\$0 (3) *	
RELISTOR INJ 12MG/0.6ML	\$0 (2) PA	
RELISTOR INJ 12MG/0.6ML, 8MG/0.4ML	\$0 (2) PA MO	
<i>rulox</i>	\$0 (3) *	
<i>sb antacid anti-gas</i>	\$0 (3) *	
<i>sb bismuth susp</i>	\$0 (3) *	
<i>senexon</i>	\$0 (3) *	
<i>senexon-s</i>	\$0 (3) *	
<i>senna lax</i>	\$0 (3) *	
<i>senna plus</i>	\$0 (3) *	

PA – Prior Authorization QL – Quantity Limit ST – Step Therapy MO – Available at Mail Order

B/D – Covered under Medicare B or D LA – Limited Access \* - Non Part D drugs or OTC drugs covered under Medicaid



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SENNA PROMPT	\$0 (3) *	
<i>senna-s</i>	\$0 (3) *	
<i>senna-tabs</i>	\$0 (3) *	
<i>senna-time</i>	\$0 (3) *	
<i>sennalax-s</i>	\$0 (3) *	
<i>senna syrp 8.8mg/5ml</i>	\$0 (3) *	
<i>senna tabs 8.6mg</i>	\$0 (3) *	
<i>senno</i>	\$0 (3) *	
<i>sennosides/docusate sodium</i>	\$0 (3) *	
SESAME OIL	\$0 (3) *	
<i>silace</i>	\$0 (3) *	
<i>simethicone chew 80mg</i>	\$0 (3) *	
<i>simethicone susp</i>	\$0 (3) *	
<i>sm antacid advanced maximum strength</i>	\$0 (3) *	
<i>sm antacid anti-gas</i>	\$0 (3) *	
<i>sm antacid maximum strength</i>	\$0 (3) *	
<i>sm antacid/antigas</i>	\$0 (3) *	
<i>sm anti-diarrheal liqd, tabs</i>	\$0 (3) *	
<i>sm castor oil</i>	\$0 (3) *	
<i>sm clearlax</i>	\$0 (3) *	
<i>sm docusate calcium</i>	\$0 (3) *	
<i>sm enema</i>	\$0 (3) *	
<i>sm fiber</i>	\$0 (3) *	
<i>sm fiber laxative</i>	\$0 (3) *	
<i>sm foaming antacid</i>	\$0 (3) *	
<i>sm gas relief</i>	\$0 (3) *	
<i>sm gas relief drops infants</i>	\$0 (3) *	
<i>sm gas relief infants drops</i>	\$0 (3) *	
<i>sm gentle laxative</i>	\$0 (3) *	
<i>sm laxative</i>	\$0 (3) *	
<i>sm loperamide hcl</i>	\$0 (3) *	
<i>sm milk of magnesia</i>	\$0 (3) *	
<i>sm natural laxative plus stool softener</i>	\$0 (3) *	
<i>sm oral saline laxative</i>	\$0 (3) *	
<i>sm stomach relief maximum strength</i>	\$0 (3) *	
<i>sm stomach relief susp</i>	\$0 (3) *	
<i>sm stool softener</i>	\$0 (3) *	
<i>sm stool softener plus laxative</i>	\$0 (3) *	
<i>sm womans laxative</i>	\$0 (3) *	
<i>sodium bicarbonate tabs 325mg, 650mg</i>	\$0 (3) *	
<i>stimulant laxative</i>	\$0 (3) *	
<i>stomach relief maximum strength</i>	\$0 (3) *	

PA – Prior Authorization QL – Quantity Limit ST – Step Therapy MO – Available at Mail Order

B/D – Covered under Medicare B or D LA – Limited Access \* - Non Part D drugs or OTC drugs covered under Medicaid

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>stomach relief susp 262mg/15ml</i>	\$0 (3) *	
<i>stool softener</i>	\$0 (3) *	
<i>stool softener extra strength</i>	\$0 (3) *	
<i>stool softener laxative dc</i>	\$0 (3) *	
<i>tgt loperamide hcl</i>	\$0 (3) *	
<i>travel sickness</i>	\$0 (3) *	
<i>ursodiol caps, tabs</i>	\$0 (1) MO	
<i>womans laxative</i>	\$0 (3) *	
<b>Histamine2 (H2) receptor Antagonists</b>		
<i>acid reducer tabs 10mg, 150mg</i>	\$0 (3) *	
<i>cimetidine hcl</i>	\$0 (1) MO	
<i>cimetidine tabs</i>	\$0 (1) MO	
<i>famotidine premixed</i>	\$0 (1)	
<i>famotidine inj 200mg/20ml</i>	\$0 (1)	
<i>famotidine inj 20mg/2ml, 40mg/4ml</i>	\$0 (1) MO	
<i>famotidine susr 40mg/5ml</i>	\$0 (1) MO	
<i>famotidine tabs 20mg, 40mg</i>	\$0 (1) MO	
<i>famotidine tabs 10mg</i>	\$0 (3) *	
<i>gnp acid reducer tabs 10mg</i>	\$0 (3) *	
<i>heartburn relief tabs 10mg</i>	\$0 (3) *	
<i>hm famotidine tabs 10mg</i>	\$0 (3) *	
<i>qc acid controller</i>	\$0 (3) *	
<i>ranitidine hcl caps 150mg, 300mg</i>	\$0 (1) MO	
<i>ranitidine hcl inj 150mg/6ml</i>	\$0 (1)	
<i>ranitidine hcl inj 50mg/2ml</i>	\$0 (1) MO	
<i>ranitidine hcl syrp 15mg/ml</i>	\$0 (1) MO	
<i>ranitidine hcl tabs 150mg, 300mg</i>	\$0 (1) MO	
<i>sm acid reducer tabs 10mg</i>	\$0 (3) *	
<b>Irritable Bowel Syndrome Agents</b>		
<i>alosetron hydrochloride</i>	\$0 (1)	QL (60 EA per 30 days) MO
AMITIZA	\$0 (2)	QL (60 EA per 30 days) MO
LINZESS	\$0 (2)	QL (30 EA per 30 days) MO
<b>Laxatives</b>		
<i>constulose</i>	\$0 (1)	
<i>enulose</i>	\$0 (1)	
<i>gavilyte-c</i>	\$0 (1)	MO
<i>gavilyte-g</i>	\$0 (1)	MO
<i>gavilyte-n/flavor pack</i>	\$0 (1)	MO
<i>generlac</i>	\$0 (1)	MO
<i>lactulose soln</i>	\$0 (1)	MO
MOVIPREP	\$0 (2)	MO
<i>peg 3350/electrolytes</i>	\$0 (1)	MO

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B/D – Covered under Medicare B or D LA – Limited Access \* - Non Part D drugs or OTC drugs covered under Medicaid

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>peg-3350/electrolytes</i>	\$0 (1) MO	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	\$0 (1) MO	
<i>polyethylene glycol 3350 pack, powd</i>	\$0 (1) MO	
PREPOPIK	\$0 (2) MO	
SUPREP BOWEL PREP	\$0 (2) MO	
<i>trilyte</i>	\$0 (1) MO	
<b>Protectants</b>		
<i>misoprostol</i>	\$0 (1) MO	
<i>sucralfate susp, tabs</i>	\$0 (1) MO	
<b>Proton Pump Inhibitors</b>		
<i>esomeprazole magnesium</i>	\$0 (1) QL (30 EA per 30 days) MO	
<i>esomeprazole sodium</i>	\$0 (1)	
GNP OMEPRAZOLE	\$0 (3) *	
HM OMEPRAZOLE	\$0 (3) *	
<i>omeprazole cpdr 20mg</i>	\$0 (1) MO	
<i>omeprazole cpdr 10mg</i>	\$0 (1) QL (30 EA per 30 days) MO	
<i>omeprazole cpdr 40mg</i>	\$0 (1) QL (60 EA per 30 days) MO	
OMEPRAZOLE TBEC 20MG	\$0 (3) *	
<i>omeprazole tbec 20mg</i>	\$0 (3) *	
<i>pantoprazole sodium inj</i>	\$0 (1)	
<i>pantoprazole sodium tbec 20mg</i>	\$0 (1) QL (30 EA per 30 days) MO	
<i>pantoprazole sodium tbec 40mg</i>	\$0 (1) QL (60 EA per 30 days) MO	
PRILOSEC OTC	\$0 (3) *	
SM OMEPRAZOLE	\$0 (3) *	
<b>GENITOURINARY- VAGINAL ANTI-INFECTIVES</b>		
<b>Antispasmodics, Urinary</b>		
MYRBETRIQ	\$0 (2) QL (30 EA per 30 days) MO	
<i>oxybutynin chloride er tb24 5mg</i>	\$0 (1) QL (30 EA per 30 days) MO	
<i>oxybutynin chloride er tb24 10mg, 15mg</i>	\$0 (1) QL (60 EA per 30 days) MO	
<i>oxybutynin chloride tabs</i>	\$0 (1) QL (120 EA per 30 days) MO	
<i>oxybutynin chloride syrp</i>	\$0 (1) QL (600 ML per 30 days) MO	
<i>tolterodine tartrate</i>	\$0 (1) QL (60 EA per 30 days) MO	
VESICARE	\$0 (2) QL (30 EA per 30 days) MO	
<b>Benign Prostatic Hypertrophy Agents</b>		
<i>dutasteride</i>	\$0 (1) QL (30 EA per 30 days) MO	
<i>dutasteride/tamsulosin hydrochloride</i>	\$0 (1) QL (30 EA per 30 days)	
<i>finasteride tabs 5mg</i>	\$0 (1) MO	
<i>tamsulosin hcl</i>	\$0 (1) MO	
<b>Genitourinary Agents, Other</b>		
<i>3 day vaginal</i>	\$0 (3) *	
<i>bethanechol chloride</i>	\$0 (1) MO	
<i>clotrimazole 3 day</i>	\$0 (3) *	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clotrimazole vaginal crea 1%</i>	\$0 (3) *	
<i>gnp clotrimazole 3</i>	\$0 (3) *	
<i>gnp miconazole 1</i>	\$0 (3) *	
<i>gnp miconazole 3</i>	\$0 (3) *	
<i>gnp tioconazole 1</i>	\$0 (3) *	
<i>methylethergonovine maleate</i>	\$0 (1) MO	
<i>miconazole</i>	\$0 (3) *	
<i>miconazole 1</i>	\$0 (3) *	
<i>miconazole 3 combo pack</i>	\$0 (3) *	
<i>miconazole 7</i>	\$0 (3) *	
<i>miconazole nitrate vaginal crea 2%</i>	\$0 (3) *	
<i>miconazole nitrate supp 100mg</i>	\$0 (3) *	
<i>qc 3 day vaginal cream</i>	\$0 (3) *	
<i>qc azo</i>	\$0 (3) *	
<i>sm 3-day vaginal</i>	\$0 (3) *	
<i>sm clotrimazole vaginal</i>	\$0 (3) *	
<i>sm miconazole 7</i>	\$0 (3) *	
<i>sm tioconazole-1</i>	\$0 (3) *	
<i>sodium chloride 0.9%</i>	\$0 (1) MO	
THIOLA	\$0 (2)	
<i>tioconazole-1</i>	\$0 (3) *	
VAGISTAT-1	\$0 (3) *	
<i>vagistat-3</i>	\$0 (3) *	
<b>Phosphate Binders</b>		
AURYXIA	\$0 (2) MO	
<i>calcium acetate caps</i>	\$0 (1) MO	
<i>calcium acetate tabs 667mg</i>	\$0 (1) MO	
FOSRENOL CHEW	\$0 (2) MO	
FOSRENOL PACK 750MG	\$0 (2)	
FOSRENOL PACK 1000MG	\$0 (2) MO	
RENVELA	\$0 (2) MO	
VELPHORO	\$0 (2) MO	
<b>HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)-CORTICOSTEROID DRUGS THAT CAN BE USED FOR A VARIETY OF CONDITIONS SUCH AS INFLAMMATION</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<i>a-hydrocort</i>	\$0 (1) MO	
<i>ala cort</i>	\$0 (1)	
<i>alclometasone dipropionate</i>	\$0 (1) MO	
<i>amcinonide</i>	\$0 (1) MO	
<i>augmented betamethasone dipropionate</i>	\$0 (1) MO	

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B/D – Covered under Medicare B or D LA – Limited Access \* - Non Part D drugs or OTC drugs covered under Medicaid

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<i>baycadron</i>	\$0 (1)	
<i>betamethasone dipropionate crea, lotn, oint</i>	\$0 (1)	MO
<i>betamethasone valerate crea, foam, lotn, oint</i>	\$0 (1)	MO
<i>budesonide cp24 3mg</i>	\$0 (1)	MO
<i>clobetasol propionate e</i>	\$0 (1)	MO
<i>clobetasol propionate emollient foam</i>	\$0 (1)	MO
<i>clobetasol propionate crea, foam, gel, liqd, lotn, oint, sham, soln</i>	\$0 (1)	MO
<i>colocort</i>	\$0 (1)	
<i>cormax scalp application</i>	\$0 (1)	
<i>cortisone acetate tabs</i>	\$0 (1)	MO
<i>deltasone</i>	\$0 (1)	
<i>desonide crea, lotn, oint</i>	\$0 (1)	MO
<i>desoximetasone crea, gel, oint</i>	\$0 (1)	MO
<b>DEXAMETHASONE INTENSOL</b>	\$0 (2)	MO
<i>dexamethasone sodium phosphate inj 10mg/ml, 120mg/30ml</i>	\$0 (1)	
<i>dexamethasone sodium phosphate inj 100mg/10ml, 10mg/ml, 20mg/5ml, 4mg/ml</i>	\$0 (1)	MO
<i>dexamethasone elix, soln, tabs</i>	\$0 (1)	MO
<i>diflorasone diacetate</i>	\$0 (1)	MO
<i>fludrocortisone acetate tabs</i>	\$0 (1)	MO
<i>fluocinolone acetonide body</i>	\$0 (1)	MO
<i>fluocinolone acetonide scalp</i>	\$0 (1)	MO
<i>fluocinolone acetonide crea 0.01%, 0.025%</i>	\$0 (1)	MO
<i>fluocinolone acetonide oint 0.025%</i>	\$0 (1)	MO
<i>fluocinolone acetonide soln 0.01%</i>	\$0 (1)	MO
<i>fluocinonide-e</i>	\$0 (1)	MO
<i>fluocinonide crea, gel, oint, soln</i>	\$0 (1)	MO
<i>fluticasone propionate crea 0.05%</i>	\$0 (1)	MO
<i>fluticasone propionate lotn 0.05%</i>	\$0 (1)	MO
<i>fluticasone propionate oint 0.005%</i>	\$0 (1)	MO
<i>halobetasol propionate</i>	\$0 (1)	MO
<i>hydrocortisone butyrate (lipophilic)</i>	\$0 (1)	MO
<i>hydrocortisone butyrate crea, oint, soln</i>	\$0 (1)	MO
<i>hydrocortisone in absorbase</i>	\$0 (1)	MO
<i>hydrocortisone valerate</i>	\$0 (1)	MO
<i>hydrocortisone crea 1%, 2.5%</i>	\$0 (1)	MO
<i>hydrocortisone enem 100mg/60ml</i>	\$0 (1)	MO
<i>hydrocortisone lotn 2.5%</i>	\$0 (1)	MO
<i>hydrocortisone oint 1%, 2.5%</i>	\$0 (1)	MO
<i>hydrocortisone tabs 10mg, 20mg, 5mg</i>	\$0 (1)	MO
<i>methylprednisolone acetate inj</i>	\$0 (1)	MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>methylprednisolone dose pack</i>	\$0 (1) MO	
<i>methylprednisolone sodiumsuccinate inj 1000mg, 125mg, 40mg</i>	\$0 (1) MO	
<i>methylprednisolone tabs</i>	\$0 (1) MO	
MILLIPRED	\$0 (2) MO	
MILLIPRED DP	\$0 (2) MO	
<i>mometasone furoate crea, oint, soln</i>	\$0 (1) MO	
<i>prednicarbate</i>	\$0 (1) MO	
<i>prednisolone sodium phosphate oral soln 15mg/5ml, 25mg/5ml, 5mg/5ml</i>	\$0 (1) MO	
<i>prednisolone soln, syrp</i>	\$0 (1) MO	
PREDNISON INTENSOL	\$0 (2) MO	
<i>prednisone soln, tabs</i>	\$0 (1) MO	
<i>procto-pak</i>	\$0 (1) MO	
<i>proctosol hc</i>	\$0 (1) MO	
<i>proctozone-hc</i>	\$0 (1) MO	
<i>triamcinolone acetamide aers 0.147mg/gm</i>	\$0 (1) MO	
<i>triamcinolone acetamide crea 0.025%, 0.1%, 0.5%</i>	\$0 (1) MO	
<i>triamcinolone acetamide lotn 0.025%, 0.1%</i>	\$0 (1) MO	
<i>triamcinolone acetamide oint 0.025%, 0.1%, 0.5%</i>	\$0 (1) MO	
<i>triderm</i>	\$0 (1)	

**HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)-DRUGS USED TO REGULATE PITUITARY HORMONES, GROWTH HORMONES**

***Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)***

<i>desmopressin acetate inj, nasal soln, tabs</i>	\$0 (1) MO	
EGRIFTA INJ 2MG	\$0 (2) QL (30 EA per 30 days) PA LA	
EGRIFTA INJ 1MG	\$0 (2) QL (60 EA per 30 days) PA LA	
INCRELEX	\$0 (2) PA LA	
NORDITROPIN FLEXPRO	\$0 (2) PA	
VASOSTRICT	\$0 (2)	

**HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)- BIRTH CONTROL, ENDOMETRIOSIS, ESTROGENS, MALE HORMONES**

***Anabolic Steroids***

ANADROL-50	\$0 (2) MO	
<i>oxandrolone tabs 2.5mg</i>	\$0 (1) QL (120 EA per 30 days) PA MO	
<i>oxandrolone tabs 10mg</i>	\$0 (1) QL (60 EA per 30 days) PA MO	

***Androgens***

ANDROGEL PUMP GEL 1.62%	\$0 (2) PA MO	
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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANDROGEL PUMP GEL 1%	\$0 (2)	QL (300 GM per 30 days) PA MO
ANDROGEL GEL 20.25MG/1.25GM, 40.5MG/2.5GM	\$0 (2)	PA MO
ANDROGEL GEL 25MG/2.5GM; 50MG/5GM	\$0 (2)	QL (300 GM per 30 days) PA MO
<i>danazol caps</i>	\$0 (1)	MO
<i>testosterone cypionate inj</i>	\$0 (1)	PA MO
<i>testosterone enanthate inj</i>	\$0 (1)	PA MO
<i>testosterone gel 1%, 25mg/2.5gm</i>	\$0 (1)	QL (300 GM per 30 days) PA MO
<b>Estrogens</b>		
<i>altavera</i>	\$0 (1)	
<i>alyacen 1/35</i>	\$0 (1)	
<i>alyacen 7/7/7</i>	\$0 (1)	
<i>amethia</i>	\$0 (1)	
<i>amethia lo</i>	\$0 (1)	
<i>amethyst</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>azurette</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>blisovi fe 1/20</i>	\$0 (1)	
<i>briellyn</i>	\$0 (1)	
<i>camrese</i>	\$0 (1)	
<i>camrese lo</i>	\$0 (1)	
<i>caziant</i>	\$0 (1)	
<i>chateal</i>	\$0 (1)	
<i>cryselle-28</i>	\$0 (1)	MO
<i>cyclafem 1/35</i>	\$0 (1)	MO
<i>cyclafem 7/7/7</i>	\$0 (1)	MO
<i>cyred</i>	\$0 (1)	
<i>dasetta 1/35</i>	\$0 (1)	
<i>dasetta 7/7/7</i>	\$0 (1)	
<i>daysee</i>	\$0 (1)	MO
<i>delyla</i>	\$0 (1)	
DEPO-ESTRADIOL	\$0 (2)	MO
<i>desogestrel/ethinyl estradiol</i>	\$0 (1)	MO
<i>drospirenone/ethinyl estradiol tabs 3mg; 0.02mg</i>	\$0 (1)	
<i>drospirenone/ethinyl estradiol tabs 3mg; 0.03mg</i>	\$0 (1)	MO

PA – Prior Authorization QL – Quantity Limit ST – Step Therapy MO – Available at Mail Order

B/D – Covered under Medicare B or D LA – Limited Access \* - Non Part D drugs or OTC drugs covered under Medicaid

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>elinest</i>	\$0 (1)	
<i>emoquette</i>	\$0 (1)	
<i>enpresse-28</i>	\$0 (1)	
<i>enskyce</i>	\$0 (1)	MO
<i>estarylla</i>	\$0 (1)	
<b>ESTRACE CREA</b>	\$0 (2)	MO
<i>estradiol/norethindrone acetate</i>	\$0 (1)	PA MO
<i>estradiol tabs</i>	\$0 (1)	PA MO
<i>estradiol ptwk</i>	\$0 (1)	QL (4 EA per 28 days) PA MO
<i>estradiol pttw</i>	\$0 (1)	QL (8 EA per 28 days) PA MO
<i>falmina</i>	\$0 (1)	
<i>gianvi</i>	\$0 (1)	
<i>gildagia</i>	\$0 (1)	
<i>gildess 1.5/30</i>	\$0 (1)	MO
<i>gildess 1/20</i>	\$0 (1)	MO
<i>gildess 24 fe</i>	\$0 (1)	
<i>gildess fe 1.5/30</i>	\$0 (1)	
<i>gildess fe 1/20</i>	\$0 (1)	
<i>introvale</i>	\$0 (1)	
<b>JINTELI</b>	\$0 (2)	PA MO
<i>jolessa</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)	MO
<i>junel fe 1/20</i>	\$0 (1)	MO
<i>junel fe 24</i>	\$0 (1)	
<i>kariva</i>	\$0 (1)	
<i>kelnor 1/35</i>	\$0 (1)	MO
<i>kimidess</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 24 fe</i>	\$0 (1)	
<i>larin fe 1.5/30</i>	\$0 (1)	
<i>larin fe 1/20</i>	\$0 (1)	
<i>layolis fe</i>	\$0 (1)	
<i>leena</i>	\$0 (1)	MO
<i>lessina</i>	\$0 (1)	
<i>levonest</i>	\$0 (1)	
<i>levonorgestrel and ethinyl estradiol</i>	\$0 (1)	MO
<i>levonorgestrel/ethinyl estradiol tabs 0; 0</i>	\$0 (1)	

PA – Prior Authorization QL – Quantity Limit ST – Step Therapy MO – Available at Mail Order

B/D – Covered under Medicare B or D LA – Limited Access \* - Non Part D drugs or OTC drugs covered under Medicaid



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>levonorgestrel/ethinyl estradiol tabs 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	\$0 (1) MO	
<i>levora 0.15/30-28</i>	\$0 (1)	
<i>lomedica 24 fe</i>	\$0 (1) MO	
<i>lopreeza</i>	\$0 (1) PA	
<i>loryna</i>	\$0 (1) MO	
<i>low-ogestrel</i>	\$0 (1)	
<i>lutera</i>	\$0 (1)	
<i>marlissa</i>	\$0 (1) MO	
<b>MENEST</b>	\$0 (2) PA MO	
<i>microgestin 1.5/30</i>	\$0 (1)	
<i>microgestin 1/20</i>	\$0 (1)	
<i>microgestin 24 fe</i>	\$0 (1)	
<i>microgestin fe</i>	\$0 (1)	
<i>microgestin fe 1.5/30</i>	\$0 (1)	
<i>mimvey</i>	\$0 (1) PA MO	
<i>mimvey lo</i>	\$0 (1) PA MO	
<i>mono-linyah</i>	\$0 (1)	
<i>mononessa</i>	\$0 (1)	
<i>myzilra</i>	\$0 (1) MO	
<i>necon 0.5/35-28</i>	\$0 (1)	
<i>necon 1/35</i>	\$0 (1)	
<b>NECON 1/50-28</b>	\$0 (2) MO	
<b>NECON 10/11-28</b>	\$0 (2) MO	
<i>necon 7/7/7</i>	\$0 (1)	
<i>nikki</i>	\$0 (1)	
<i>norethindrone &amp; ethinyl estradiol ferrous fumarate</i>	\$0 (1) MO	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	\$0 (1) MO	
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg</i>	\$0 (1) MO	
<i>norethindrone acetate/ethinyl estradiol tabs 5mcg; 1mg</i>	\$0 (1) PA MO	
<i>norgestimate/ethinyl estradiol tabs 0; 0</i>	\$0 (1)	
<i>norgestimate/ethinyl estradiol tabs 0; 0, 35mcg; 0.25mg</i>	\$0 (1) MO	
<b>NORINYL 1+50</b>	\$0 (2) MO	
<i>nortrel 0.5/35 (28)</i>	\$0 (1) MO	
<i>nortrel 1/35</i>	\$0 (1)	
<i>nortrel 7/7/7</i>	\$0 (1)	
<i>ocella</i>	\$0 (1)	
<b>OGESTREL</b>	\$0 (2) MO	
<i>orsythia</i>	\$0 (1)	
<i>philith</i>	\$0 (1)	
<i>pimtrea</i>	\$0 (1)	
<i>pirmella 1/35</i>	\$0 (1)	

**PA** – Prior Authorization **QL** – Quantity Limit **ST** – Step Therapy **MO** – Available at Mail Order

**B/D** – Covered under Medicare B or D **LA** – Limited Access \* - Non Part D drugs or OTC drugs covered under Medicaid

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>pirmella 7/7/7</i>	\$0 (1)	
<i>portia-28</i>	\$0 (1)	
<i>previfem</i>	\$0 (1)	MO
<i>quasense</i>	\$0 (1)	
<i>reclipsen</i>	\$0 (1)	
<i>setlakin</i>	\$0 (1)	
<i>sprintec 28</i>	\$0 (1)	
<i>sronyx</i>	\$0 (1)	MO
<i>syeda</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)	MO
<i>tri-lynyah</i>	\$0 (1)	
<i>tri-lo-estarylla</i>	\$0 (1)	
<i>tri-lo-sprintec</i>	\$0 (1)	
<i>tri-previfem</i>	\$0 (1)	
<i>tri-sprintec</i>	\$0 (1)	MO
<i>trinessa</i>	\$0 (1)	
<i>trinessa lo</i>	\$0 (1)	
<i>trivora-28</i>	\$0 (1)	
VAGIFEM	\$0 (2)	MO
<i>velivet</i>	\$0 (1)	MO
<i>vestura</i>	\$0 (1)	
<i>viorele</i>	\$0 (1)	MO
<i>vyfemla</i>	\$0 (1)	MO
<i>wera</i>	\$0 (1)	
<i>wymzya fe</i>	\$0 (1)	MO
<i>zarah</i>	\$0 (1)	
<i>zenchent</i>	\$0 (1)	
<i>zenchent fe</i>	\$0 (1)	
<i>zovia 1/35e</i>	\$0 (1)	
<i>zovia 1/50e</i>	\$0 (1)	MO
<b>Progesterone Agonists/Antagonists</b>		
ELLA	\$0 (2)	
<b>Progestins</b>		
<i>camila</i>	\$0 (1)	
<i>deblitane</i>	\$0 (1)	
DEPO-PROVERA	\$0 (2)	MO
<i>econtra ez</i>	\$0 (1)	
<i>errin</i>	\$0 (1)	
<i>fallback solo</i>	\$0 (3)	*

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B/D – Covered under Medicare B or D LA – Limited Access \* - Non Part D drugs or OTC drugs covered under Medicaid

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>heather</i>	\$0 (1) MO	
<i>jencycla</i>	\$0 (1)	
<i>jolivette</i>	\$0 (1)	
<i>levonorgestrel tabs 0.75mg, 1.5mg</i>	\$0 (1)	
<i>levonorgestrel tabs 1.5mg</i>	\$0 (3) *	
<i>lyza</i>	\$0 (1)	
<i>medroxyprogesterone acetate inj, tabs</i>	\$0 (1) MO	
<i>megestrol acetate tabs</i>	\$0 (1) PA MO	
<i>megestrol acetate susp 40mg/ml</i>	\$0 (1) PA MO	
<i>next choice one dose</i>	\$0 (3) *	
<i>nora-be</i>	\$0 (1)	
<i>norethindrone acetate tabs</i>	\$0 (1) MO	
<i>norethindrone tabs</i>	\$0 (1) MO	
<i>norlyroc</i>	\$0 (1)	
<i>opcicon one-step</i>	\$0 (3) *	
PLAN B ONE-STEP	\$0 (3) *	
<i>progesterone caps, inj</i>	\$0 (1) MO	
<i>sharobel</i>	\$0 (1)	
<i>take action</i>	\$0 (3) *	
<b>Selective Estrogen Receptor Modifying Agents</b>		
<i>raloxifene hydrochloride</i>	\$0 (1) MO	

**HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) - DRUGS USED TO REGULATE THYROID LEVELS**

***Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)***

<i>levothyroxine sodium inj, tabs</i>	\$0 (1) MO	
<i>levoxyl</i>	\$0 (1) MO	
<i>liothyronine sodium tabs</i>	\$0 (1) MO	
SYNTHROID	\$0 (2) MO	
THYROLAR-1	\$0 (2) MO	
THYROLAR-1/2	\$0 (2) MO	
THYROLAR-1/4	\$0 (2) MO	
THYROLAR-2	\$0 (2) MO	
THYROLAR-3	\$0 (2) MO	
<i>unithroid</i>	\$0 (1)	

**HORMONAL AGENTS, SUPPRESSANT (ADRENAL) - DRUG(S) USED TO TREAT ADRENAL CORTICAL CANCER**

***Hormonal Agents, Suppressant (Adrenal)***

LYSODREN	\$0 (2) MO	
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**HORMONAL AGENTS, SUPPRESSANT (PARATHYROID) - DRUGS USED TO TREAT HIGH CALCIUM LEVELS IN PEOPLE WITH CHRONIC KIDNEY DISEASE**

PA – Prior Authorization QL – Quantity Limit ST – Step Therapy MO – Available at Mail Order

B/D – Covered under Medicare B or D LA – Limited Access \* - Non Part D drugs or OTC drugs covered under Medicaid

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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***Hormonal Agents, Suppressant (Parathyroid)***

SENSIPAR TABS 90MG	\$0 (2)	QL (120 EA per 30 days)
SENSIPAR TABS 30MG, 60MG	\$0 (2)	QL (60 EA per 30 days)

**HORMONAL AGENTS, SUPPRESSANT (PITUITARY)- DRUGS USED TO TREAT PROSTATE CANCER AND OTHER CONDITIONS ASSOCIATED WITH AN OVERACTIVE PITUITARY GLAND**

***Hormonal Agents, Suppressant (Pituitary)***

<i>cabergoline</i>	\$0 (1)	MO
FIRMAGON	\$0 (2)	PA
<i>leuprolide acetate inj</i>	\$0 (1)	PA
LUPRON DEPOT	\$0 (2)	PA
LUPRON DEPOT-PED	\$0 (2)	PA
<i>octreotide acetate</i>	\$0 (1)	PA
SIGNIFOR	\$0 (2)	QL (60 ML per 30 days) PA
SOMATULINE DEPOT INJ 60MG/0.2ML	\$0 (2)	QL (0.2 ML per 28 days) PA
SOMATULINE DEPOT INJ 90MG/0.3ML	\$0 (2)	QL (0.3 ML per 28 days) PA
SOMATULINE DEPOT INJ 120MG/0.5ML	\$0 (2)	QL (0.5 ML per 28 days) PA
SOMAVERT	\$0 (2)	PA LA
SYNAREL	\$0 (2)	MO
TRELSTAR MIXJECT	\$0 (2)	PA
VANTAS	\$0 (2)	
ZOLADEX	\$0 (2)	

**HORMONAL AGENTS, SUPPRESSANT (THYROID) - DRUGS USED TO LOWER THYROID LEVELS**

***Antithyroid Agents***

<i>methimazole tabs</i>	\$0 (1)	MO
<i>propylthiouracil tabs</i>	\$0 (1)	MO

**IMMUNOLOGICAL AGENTS- VACCINES, RHEUMATOID ARTHRITIS , IMMUNOGLOBULINS, IMMUNOMODULATORS, IMMUNOSUPPRESSANTS**

***Angioedema (HAE) Agents***

CINRYZE	\$0 (2)	PA LA
FIRAZYR	\$0 (2)	QL (270 ML per 30 days) PA LA

***Immune Suppressants***

<i>azathioprine tabs</i>	\$0 (1)	B/D MO
CELLCEPT INTRAVENOUS	\$0 (2)	PA
CELLCEPT SUSR	\$0 (2)	PA MO
CIMZIA	\$0 (2)	QL (6 EA per 28 days) PA
CIMZIA STARTER KIT	\$0 (2)	QL (6 EA per 28 days) PA
<i>cyclosporine modified</i>	\$0 (1)	PA MO
<i>cyclosporine inj</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>cyclosporine caps</i>	\$0 (1)	PA MO
ENVARUSUS XR	\$0 (2)	PA
<i>gengraf caps</i>	\$0 (1)	PA
<i>gengraf soln</i>	\$0 (1)	PA MO
<i>hecoria</i>	\$0 (1)	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	\$0 (2)	QL (6 EA per 28 days) PA
HUMIRA PEN	\$0 (2)	QL (6 EA per 28 days) PA
HUMIRA PEN-CROHNS DISEASESTARTER	\$0 (2)	QL (6 EA per 28 days) PA
HUMIRA PEN-PSORIASIS STARTER	\$0 (2)	QL (6 EA per 28 days) PA
HUMIRA INJ 10MG/0.2ML, 20MG/0.4ML	\$0 (2)	QL (2 EA per 28 days) PA
HUMIRA INJ 40MG/0.8ML	\$0 (2)	QL (6 EA per 28 days) PA
<i>methotrexate sodium</i>	\$0 (1)	
<i>methotrexate tabs</i>	\$0 (1)	MO
<i>mycophenolate mofetil</i>	\$0 (1)	PA MO
NULOJIX	\$0 (2)	PA
PROGRAF INJ	\$0 (2)	PA
RAPAMUNE SOLN	\$0 (2)	PA MO
REMICADE	\$0 (2)	PA
SANDIMMUNE SOLN	\$0 (2)	PA MO
SIMULECT	\$0 (2)	B/D
<i>sirolimus tabs</i>	\$0 (1)	PA MO
<i>tacrolimus caps</i>	\$0 (1)	PA MO
ZORTRESS	\$0 (2)	PA MO
<b><i>Immunizing Agents, Passive</i></b>		
ATGAM	\$0 (2)	PA
GAMASTAN S/D	\$0 (2)	PA
GAMMAPLEX INJ 10GM/200ML	\$0 (2)	PA
GAMMAPLEX INJ 2.5GM/50ML, 20GM/400ML, 5GM/100ML	\$0 (2)	PA LA
THYMOGLOBULIN	\$0 (2)	B/D
<b><i>Immunomodulators</i></b>		
ACTIMMUNE	\$0 (2)	PA LA
ARCALYST	\$0 (2)	PA LA
BENLYSTA	\$0 (2)	PA
ILARIS	\$0 (2)	QL (2 EA per 28 days) PA LA
<i>leflunomide</i>	\$0 (1)	MO
SYNAGIS	\$0 (2)	PA
<b><i>Vaccines</i></b>		
ACTHIB	\$0 (2)	
ADACEL	\$0 (2)	
<i>bcg vaccine</i>	\$0 (1)	

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B/D – Covered under Medicare B or D LA – Limited Access \* - Non Part D drugs or OTC drugs covered under Medicaid

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BEXSERO	\$0 (2)	
BOOSTRIX	\$0 (2)	
CERVARIX	\$0 (2)	
COMVAX	\$0 (2)	
DAPTACEL	\$0 (2)	
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	\$0 (1)	
ENGERIX-B	\$0 (2)	B/D
GARDASIL	\$0 (2)	
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)	
MENACTRA	\$0 (2)	
MENOMUNE-A/C/Y/W-135	\$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)	
TENIVAC	\$0 (2)	
<i>tetanus/diphtheria toxoids-adsorbed adult</i>	\$0 (1)	
TRUMENBA	\$0 (2)	
TWINRIX	\$0 (2)	
TYPHIM VI	\$0 (2)	
VAQTA	\$0 (2)	
VARIVAX	\$0 (2)	
YF-VAX	\$0 (2)	
ZOSTAVAX	\$0 (2)	QL (1 EA per 365 days)

**INFLAMMATORY BOWEL DISEASE AGENTS DRUGS USED TO MANAGE DISORDERS IN THE COLON AND/OR INTESTINES**

*Aminosalicylates*

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B/D – Covered under Medicare B or D LA – Limited Access \* - Non Part D drugs or OTC drugs covered under Medicaid

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
APRISO	\$0 (2)	MO
ASACOL HD	\$0 (2)	MO
<i>balsalazide disodium</i>	\$0 (1)	MO
DELZICOL	\$0 (2)	MO
LIALDA	\$0 (2)	MO
<i>mesalamine enem, kit</i>	\$0 (1)	MO
PENTASA	\$0 (2)	MO
<b><i>Sulfonamides</i></b>		
<i>sulfasalazine tabs, tbec</i>	\$0 (1)	MO
<i>sulfazine</i>	\$0 (1)	
<i>sulfazine ec</i>	\$0 (1)	
<b>METABOLIC BONE DISEASE AGENTS- DRUGS USED TO TREAT BONE LOSS</b>		
<b><i>Metabolic Bone Disease Agents</i></b>		
<i>alendronate sodium soln</i>	\$0 (1)	MO
<i>alendronate sodium tabs 10mg, 40mg, 5mg</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>alendronate sodium tabs 35mg, 70mg</i>	\$0 (1)	QL (4 EA per 28 days) MO
<i>calcitonin-salmon</i>	\$0 (1)	MO
<i>calcitriol inj</i>	\$0 (1)	
<i>calcitriol caps, oral soln</i>	\$0 (1)	MO
<i>doxercalciferol caps</i>	\$0 (1)	MO
<i>etidronate disodium</i>	\$0 (1)	MO
FORTEO	\$0 (2)	QL (2.4 ML per 28 days) PA
MIACALCIN INJ	\$0 (2)	MO
<i>pamidronate disodium</i>	\$0 (1)	
<i>paricalcitol inj</i>	\$0 (1)	
<i>paricalcitol caps</i>	\$0 (1)	MO
PROLIA	\$0 (2)	QL (1 ML per 180 days)
<i>risedronate sodium dr</i>	\$0 (1)	QL (4 EA per 28 days) MO
<i>risedronate sodium tabs 150mg</i>	\$0 (1)	QL (1 EA per 28 days) MO
<i>risedronate sodium tabs 35mg</i>	\$0 (1)	QL (12 EA per 84 days) MO
<i>risedronate sodium tabs 30mg, 5mg</i>	\$0 (1)	QL (30 EA per 30 days) MO
XGEVA	\$0 (2)	PA
<i>zoledronic acid inj 4mg/5ml, 4mg, 5mg/100ml</i>	\$0 (1)	
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
<b><i>Miscellaneous Therapeutic Agents</i></b>		
AIMSCO LUBRICATED	\$0 (3)	*
AIRZONE PEAK FLOW METER	\$0 (3)	*
ALCOHOL PREP PADS	\$0 (2)	MO
ASSESS FULL RANGE PEAK FLOW METER	\$0 (3)	*
ASTHMA CHECK METER-ZONE SYSTEM	\$0 (3)	*
ASTHMAMENTOR	\$0 (3)	*

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BACTERIOSTATIC WATER FOR INJECTION/BENZYL ALCOHOL	\$0 (3) *	
CONDOMS	\$0 (3) *	
FANTASY LUBRICATED	\$0 (3) *	
FANTASY LUBRICATED/SPERMICIDE	\$0 (3) *	
FERRIPROX SOLN 100MG/ML	\$0 (2) PA	
GAUZE PADS 2"X2"	\$0 (2) MO	
INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	\$0 (2) MO	
INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	\$0 (2) MO	
INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	\$0 (2) MO	
INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	\$0 (2) MO	
INSUPEN 33GX4MM	\$0 (2) MO	
KIMONO LUBRICATED	\$0 (3) *	
KIMONO MICRO THIN	\$0 (3) *	
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED	\$0 (3) *	
KIMONO SENSATION LUBRICATED	\$0 (3) *	
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED	\$0 (3) *	
MAXX LUBRICATED	\$0 (3) *	
MICROLIFE DIGITAL PEAK FLOW METER	\$0 (3) *	
NATPARA	\$0 (2) QL (2 EA per 28 days) PA	
PEAK AIR PEAK FLOW METER ADULT/PEDIATRIC	\$0 (3) *	
PEDIATRIC MEDIUM MASK	\$0 (3) *	
<i>pediatric small mask</i>	\$0 (3) *	
PEN NEEDLE/ULTRAFINE/29G X 12.7MM	\$0 (2) MO	
PERSONAL BEST FULL RANGE	\$0 (3) *	
PERSONAL BEST LOW RANGE	\$0 (3) *	
PIKO 1 ELECTRONIC	\$0 (3) *	
POCKET PEAK FLOW METER	\$0 (3) *	
PREMIUM CONDOMS LUBRICATED	\$0 (3) *	
SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE	\$0 (3) *	
<i>sterile water for injection</i>	\$0 (3) *	
TRUSTEX LUBRICATED	\$0 (3) *	
TRUSTEX LUBRICATED EXTRA LARGE	\$0 (3) *	
TRUSTEX LUBRICATED EXTRA STRENGTH	\$0 (3) *	
TRUSTEX LUBRICATED/RIBBED/STUDDERED	\$0 (3) *	
TRUSTEX LUBRICATED/SPERMICIDE	\$0 (3) *	
TRUSTEX LUBRICATED/SPERMICIDE EXTRA LARGE	\$0 (3) *	
TRUSTEX LUBRICATED/SPERMICIDE EXTRA STRENGTH	\$0 (3) *	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TRUSTEX NON-LUBRICATED	\$0 (3) *	
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDED	\$0 (3) *	
TRUSTEX/RIA LUBRICATED	\$0 (3) *	
TRUSTEX/RIA LUBRICATED SPERMICIDE	\$0 (3) *	
TRUSTEX/RIA LUBRICATED/SPERMICIDE	\$0 (3) *	
TRUSTEX/RIA NON-LUBRICATED	\$0 (3) *	
V-GO 20	\$0 (2) MO	
V-GO 30	\$0 (2) MO	
V-GO 40	\$0 (2) MO	
VORTEX HOLDING CHAMBER/MASK/CHILDS	\$0 (3) *	

**OPHTHALMIC AGENTS- DRUGS USED TO TREAT EYE ALLERGIES, INFECTIONS, INFLAMMATION, AND GLAUCOMA**

***Ophthalmic Prostaglandin and Prostamide Analogs***

COMBIGAN	\$0 (2) MO	
<i>latanoprost</i>	\$0 (1) MO	
LUMIGAN	\$0 (2) MO	
TRAVATAN Z	\$0 (2) MO	
<i>travoprost</i>	\$0 (1) MO	

***Ophthalmic Agents, Other***

<i>ak-poly-bac</i>	\$0 (1)	
<i>akwa tears</i>	\$0 (3) *	
<i>artificial tears oint</i>	\$0 (3) *	
<i>artificial tears soln 1.4%</i>	\$0 (3) *	
<i>atropine sulfate soln</i>	\$0 (1) MO	
AZASITE	\$0 (2) MO	
<i>bacitracin/neomycin/polymyxin ophthalmic oint 400unit/gm; 5mg/gm; 10000unit/gm</i>	\$0 (1) MO	
<i>bacitracin/polymyxin b</i>	\$0 (1) MO	
<i>bacitracin ophthalmic oint 500unit/gm</i>	\$0 (1) MO	
BESIVANCE	\$0 (2) MO	
<i>bion tears</i>	\$0 (3) *	
<i>ciprofloxacin hcl soln 0.3%</i>	\$0 (1) MO	
CYSTARAN	\$0 (2) QL (60 ML per 28 days)	
<i>erythromycin oint 5mg/gm</i>	\$0 (1) MO	
FRESHKOTE	\$0 (3) *	
<i>gentak</i>	\$0 (1) MO	
<i>gentamicin sulfate ophthalmic oint 0.3%</i>	\$0 (1) MO	
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	\$0 (1) MO	
GENTEAL MILD	\$0 (3) *	
GENTEAL MILD TO MODERATE	\$0 (3) *	
<i>gentaal pm</i>	\$0 (3) *	

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GENTEAL SEVERE	\$0 (3) *	
<i>gnp artificial tears soln 0.5%; 0.6%</i>	\$0 (3) *	
<i>gnp lubricant eye drops</i>	\$0 (3) *	
<i>gnp lubricating plus eye drops</i>	\$0 (3) *	
<i>gnp ultra lubricant eye drops</i>	\$0 (3) *	
<i>hm artificial tears</i>	\$0 (3) *	
<i>hm lubricating plus</i>	\$0 (3) *	
ISOPTO TEARS	\$0 (3) *	
<i>levofloxacin ophthalmic soln 0.5%</i>	\$0 (1) MO	
<i>lubricant eye drops dry eye therapy</i>	\$0 (3) *	
<i>lubricating plus eye drops</i>	\$0 (3) *	
MOXEZA	\$0 (2) MO	
MURO 128 OINT	\$0 (3) *	
MURO 128 SOLN 5%	\$0 (3) *	
<i>naphazoline hcl</i>	\$0 (1) MO	
<i>neo-polycin</i>	\$0 (1)	
<i>neomycin/bacitracin/polymyxin</i>	\$0 (1) MO	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	\$0 (1) MO	
<i>neomycin/polymyxin/dexamethasone</i>	\$0 (1) MO	
<i>neomycin/polymyxin/gramicidin</i>	\$0 (1) MO	
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml</i>	\$0 (1) MO	
<i>ofloxacin ophthalmic soln 0.3%</i>	\$0 (1) MO	
<i>opti-clear</i>	\$0 (3) *	
<i>polycin</i>	\$0 (1)	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	\$0 (1) MO	
<i>proparacaine hcl</i>	\$0 (1) MO	
<i>purallube</i>	\$0 (3) *	
<i>pure &amp; gentle lubricant</i>	\$0 (3) *	
REFRESH CELLUVISC	\$0 (3) *	
<i>refresh p.m.</i>	\$0 (3) *	
REFRESH PLUS	\$0 (3) *	
RESTASIS	\$0 (2) MO	
<i>sm artificial tears</i>	\$0 (3) *	
<i>sm lubricant eye drops</i>	\$0 (3) *	
<i>sodium chloride oint 5%</i>	\$0 (3) *	
<i>sodium chloride ophthalmic soln 5%</i>	\$0 (3) *	
<i>sodium sulfacetamide soln 10%</i>	\$0 (1) MO	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	\$0 (1) MO	
<i>sulfacetamide sodium oint 10%</i>	\$0 (1) MO	
<i>sulfacetamide sodium soln 10%</i>	\$0 (1) MO	
SYSTANE	\$0 (3) *	

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SYSTANE BALANCE RESTORATIVE FORMULA	\$0 (3) *	
SYSTANE GEL	\$0 (3) *	
<i>systane nighttime</i>	\$0 (3) *	
SYSTANE OVERNIGHT THERAPY LUBRICANT EYE	\$0 (3) *	
SYSTANE ULTRA	\$0 (3) *	
<i>tears naturale</i>	\$0 (3) *	
<i>tears naturale forte</i>	\$0 (3) *	
<i>tears naturale ii</i>	\$0 (3) *	
<i>tears pure</i>	\$0 (3) *	
TOBRADEX	\$0 (2) MO	
TOBRADEX ST	\$0 (2) MO	
<i>tobramycin sulfate ophthalmic soln 0.3%</i>	\$0 (1) MO	
<i>tobramycin/dexamethasone</i>	\$0 (1) MO	
TOBREX	\$0 (2) MO	
<i>trifluridine</i>	\$0 (1) MO	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	\$0 (1) MO	
<i>triple antibiotic ophthalmic oint 400unit/gm; 5mg/gm; 10000unit/gm</i>	\$0 (1)	
VIGAMOX	\$0 (2) MO	
ZIRGAN	\$0 (2) MO	
<b>Ophthalmic Anti-allergy Agents</b>		
<i>alaway</i>	\$0 (3) *	
<i>alaway childrens allergy eye itch relief</i>	\$0 (3) *	
<i>allergy eye drops soln 0.025%</i>	\$0 (3) *	
<i>azelastine hcl ophthalmic soln 0.05%</i>	\$0 (1) MO	
<i>cromolyn sodium soln 4%</i>	\$0 (1) MO	
<i>epinastine hcl</i>	\$0 (1) MO	
<i>eye drops allergy relief</i>	\$0 (3) *	
<i>gnp eye itch relief</i>	\$0 (3) *	
<i>gnp itchy eye</i>	\$0 (3) *	
<i>hm eye itch relief</i>	\$0 (3) *	
<i>ketotifen fumarate</i>	\$0 (3) *	
<i>olopatadine hcl ophthalmic soln 0.1%</i>	\$0 (1)	
PATADAY	\$0 (2) MO	
PATANOL	\$0 (2) MO	
PAZEO	\$0 (2) MO	
<i>sm eye itch relief</i>	\$0 (3) *	
ZADITOR	\$0 (3) *	
<b>Ophthalmic Anti-inflammatories</b>		
ACUVAIL	\$0 (2) MO	
<i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i>	\$0 (1) MO	
DUREZOL	\$0 (2) MO	

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<i>fluorometholone</i>	\$0 (1) MO	
<i>flurbiprofen sodium</i>	\$0 (1) MO	
ILEVRO	\$0 (2) MO	
<i>ketorolac tromethamine</i>	\$0 (1) MO	
NEVANAC	\$0 (2) MO	
<i>prednisolone acetate</i>	\$0 (1) MO	
<i>prednisolone sodium phosphate ophthalmic soln 1%</i>	\$0 (1) MO	
PROLENSA	\$0 (2) MO	
<b><i>Ophthalmic Antiglaucoma Agents</i></b>		
ALPHAGAN P SOLN 0.1%	\$0 (2) MO	
<i>apraclonidine</i>	\$0 (1) MO	
AZOPT	\$0 (2) MO	
<i>betaxolol hcl soln 0.5%</i>	\$0 (1) MO	
BETIMOL	\$0 (2) MO	
BETOPTIC-S	\$0 (2) MO	
<i>brimonidine tartrate</i>	\$0 (1) MO	
<i>carteolol hcl</i>	\$0 (1) MO	
<i>dorzolamide hcl</i>	\$0 (1) MO	
<i>dorzolamide hcl/timolol maleate</i>	\$0 (1) MO	
ISOPTO CARPINE	\$0 (2) MO	
<i>levobunolol hcl</i>	\$0 (1) MO	
<i>metipranolol</i>	\$0 (1) MO	
PHOSPHOLINE IODIDE	\$0 (2)	
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	\$0 (1) MO	
SIMBRINZA	\$0 (2) MO	
<i>timolol maleate ophthalmic gel forming</i>	\$0 (1) MO	
<i>timolol maleate soln 0.25%, 0.5%</i>	\$0 (1) MO	

## OTIC AGENTS- DRUGS USED TO TREAT CONDITIONS OF THE EAR

<b><i>Otic Agents</i></b>		
<i>acetasol hc</i>	\$0 (1)	
<i>acetic acid</i>	\$0 (1) MO	
<i>acetic acid/aluminum acetate</i>	\$0 (1) MO	
<i>antibiotic ear</i>	\$0 (1)	
<i>ear drops</i>	\$0 (3) *	
<i>ear wax removal drops</i>	\$0 (3) *	
<i>ear wax removal kit</i>	\$0 (3) *	
<i>ear wax removal system</i>	\$0 (3) *	
<i>fluocinolone acetonide oil 0.01%</i>	\$0 (1) MO	
<i>gnp ear drops</i>	\$0 (3) *	
<i>gnp ear systems</i>	\$0 (3) *	
<i>hm earwax removal aid</i>	\$0 (3) *	

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<i>hm earwax removal kit</i>	\$0 (3) *	
<i>hydrocortisone/acetic acid</i>	\$0 (1) MO	
<i>neomycin/polymyxin/hc</i>	\$0 (1) MO	
<i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i>	\$0 (1) MO	
<i>ofloxacin otic soln 0.3%</i>	\$0 (1) MO	
<i>qc ear wax removal drops</i>	\$0 (3) *	

**RESPIRATORY TRACT/PULMONARY AGENTS- DRUGS USED TO TREAT ALLERGIES, ASTHMA, COPD, PULMONARY HYPERTENSION**

***Anti-inflammatories, Inhaled Corticosteroids***

ADVAIR DISKUS	\$0 (2)	QL (60 EA per 30 days) MO
ADVAIR HFA	\$0 (2)	QL (12 GM per 30 days) MO
ASMANEX HFA	\$0 (2)	QL (13 GM per 30 days) MO
ASMANEX TWISTHALER 120 METERED DOSES	\$0 (2)	QL (1 EA per 30 days) MO
ASMANEX TWISTHALER 14 METERED DOSES	\$0 (2)	QL (2 EA per 28 days) MO
ASMANEX TWISTHALER 30 METERED DOSES	\$0 (2)	QL (1 EA per 30 days) MO
ASMANEX TWISTHALER 60 METERED DOSES	\$0 (2)	QL (1 EA per 30 days) MO
ASMANEX TWISTHALER 7 METERED DOSES	\$0 (2)	QL (4 EA per 28 days) MO
BREO ELLIPTA	\$0 (2)	QL (60 EA per 30 days) MO
<i>budesonide inhalation susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	\$0 (1)	B/D MO
<i>budesonide nasal susp 32mcg/act</i>	\$0 (1)	MO
<i>flunisolide</i>	\$0 (1)	MO
<i>fluticasone propionate susp 50mcg/act</i>	\$0 (1)	MO
NASONEX	\$0 (2)	QL (34 GM per 30 days) MO
QVAR	\$0 (2)	QL (17.4 GM per 30 days) MO
<i>triamcinolone acetonide aero 55mcg/act</i>	\$0 (1)	MO

***Antihistamines***

<i>alavert tbdp</i>	\$0 (3)	*
<i>all day allergy childrens chew 10mg</i>	\$0 (3)	*
<i>all day allergy tabs</i>	\$0 (3)	*
<i>aller-chlor</i>	\$0 (3)	*
<i>aller-ease</i>	\$0 (3)	*
<i>allergy relief child</i>	\$0 (3)	*
<i>allergy relief tbdp</i>	\$0 (3)	*
<i>allergy relief tabs 10mg, 25mg</i>	\$0 (3)	*
<i>allergy tablets</i>	\$0 (3)	*
<i>allergy-time</i>	\$0 (3)	*
<i>allergy caps, tabs, tbdp</i>	\$0 (3)	*
<i>allerhist-1</i>	\$0 (3)	*
<i>azelastine hcl nasal soln 0.15%</i>	\$0 (1)	MO
<i>azelastine hcl nasal soln 0.1%</i>	\$0 (1)	QL (30 ML per 25 days) MO

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>banophen caps 25mg, 50mg</i>	\$0 (3) *	
<i>banophen liqd 12.5mg/5ml</i>	\$0 (3) *	
<i>banophen tabs 25mg</i>	\$0 (3) *	
<i>cetirizine hcl chew, tabs</i>	\$0 (3) *	
<i>childrens loratadine</i>	\$0 (3) *	
<i>chlorpheniramine maleate tabs, tbc</i>	\$0 (3) *	
CLARITIN	\$0 (3) *	
CLARITIN REDITABS	\$0 (3) *	
<i>clemastine fumarate syrp</i>	\$0 (1)	PA
<i>clemastine fumarate tabs 2.68mg</i>	\$0 (1)	PA MO
<i>clemastine fumarate tabs 1.34mg</i>	\$0 (3) *	
<i>complete allergy medicine caps</i>	\$0 (3) *	
DALLERGY LIQD 1MG/ML; 2.5MG/ML	\$0 (3) *	
<i>dayhist allergy 12 hour relief</i>	\$0 (3) *	
<i>diphenhist</i>	\$0 (3) *	
<i>diphenhydramine hcl inj</i>	\$0 (1)	PA MO
<i>diphenhydramine hcl caps</i>	\$0 (3) *	
<i>diphenhydramine hcl tabs 25mg</i>	\$0 (3) *	
<i>ed chlorped jr</i>	\$0 (3) *	
ED CHLORPED LIQD	\$0 (3) *	
<i>ed-chlortan</i>	\$0 (3) *	
<i>fexofenadine hcl</i>	\$0 (3) *	
<i>gnp all day allergy</i>	\$0 (3) *	
<i>gnp allergy</i>	\$0 (3) *	
<i>gnp allergy relief</i>	\$0 (3) *	
<i>gnp allergy relief for kids tbdp</i>	\$0 (3) *	
<i>gnp dayhist allergy</i>	\$0 (3) *	
<i>gnp loratadine</i>	\$0 (3) *	
<i>gnp loratadine childrens</i>	\$0 (3) *	
<i>goodsense all day allergy</i>	\$0 (3) *	
<i>hm all day allergy</i>	\$0 (3) *	
<i>hm allergy</i>	\$0 (3) *	
<i>hm allergy relief</i>	\$0 (3) *	
<i>hm allgery multi symptom</i>	\$0 (3) *	
<i>hm fexofenadine hcl</i>	\$0 (3) *	
<i>hm loratadine childrens</i>	\$0 (3) *	
<i>hydroxyzine hcl inj</i>	\$0 (1)	PA MO
<i>levocetirizine dihydrochloride tabs</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>levocetirizine dihydrochloride soln</i>	\$0 (1)	QL (300 ML per 30 days) MO
<i>loratadine childrens</i>	\$0 (3) *	
<i>loratadine hives relief</i>	\$0 (3) *	
<i>loratadine tabs</i>	\$0 (3) *	

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<i>mucinex allergy</i>	\$0 (3) *	
<i>multi-symptom allergy</i>	\$0 (3) *	
<i>olopatadine hcl nasal soln 0.6%</i>	\$0 (1)	QL (30.5 GM per 30 days) MO
<i>pharbechlor</i>	\$0 (3) *	
<i>pharbedryl</i>	\$0 (3) *	
<i>promethazine hcl tabs 12.5mg, 25mg, 50mg</i>	\$0 (1)	PA MO
<i>q-dryl caps</i>	\$0 (3) *	
<i>qc all day allergy</i>	\$0 (3) *	
<i>qc allergy relief</i>	\$0 (3) *	
<i>qc chlor-pheniramine</i>	\$0 (3) *	
<i>qc complete allergy medicine tabs</i>	\$0 (3) *	
<i>qc loratadine allergy relief</i>	\$0 (3) *	
<i>sb allergy tabs</i>	\$0 (3) *	
<i>sb loratadine tabs</i>	\$0 (3) *	
<i>siladryl allergy</i>	\$0 (3) *	
<i>sm all day allergy</i>	\$0 (3) *	
<i>sm allergy 4 hour</i>	\$0 (3) *	
<i>sm allergy relief loratadine</i>	\$0 (3) *	
<i>sm allergy relief caps, tabs, tbdp</i>	\$0 (3) *	
<i>sm childrens loratadine</i>	\$0 (3) *	
<i>sm fexofenadine hcl</i>	\$0 (3) *	
<i>sm loratadine allergy relief</i>	\$0 (3) *	
<i>sm loratadine syrp</i>	\$0 (3) *	
VANAHIST PD	\$0 (3) *	
<b>Antileukotrienes</b>		
<i>montelukast sodium</i>	\$0 (1)	QL (30 EA per 30 days) MO
<i>zafirlukast</i>	\$0 (1)	QL (60 EA per 30 days) MO
<b>Bronchodilators, Anticholinergic</b>		
ANORO ELLIPTA	\$0 (2)	QL (60 EA per 30 days) MO
COMBIVENT RESPIMAT	\$0 (2)	QL (8 GM per 30 days) MO
INCRUSE ELLIPTA	\$0 (2)	QL (30 EA per 30 days) MO
<i>ipratropium bromide/albuterol sulfate</i>	\$0 (1)	B/D MO
<i>ipratropium bromide inhalation soln</i>	\$0 (1)	B/D MO
<i>ipratropium bromide nasal soln</i>	\$0 (1)	MO
SPIRIVA HANDIHALER	\$0 (2)	QL (30 EA per 30 days) MO
SPIRIVA RESPIMAT	\$0 (2)	QL (4 GM per 30 days) MO
<b>Bronchodilators, Sympathomimetic</b>		
<i>albuterol sulfate er</i>	\$0 (1)	MO
<i>albuterol sulfate nebu</i>	\$0 (1)	B/D MO
<i>albuterol sulfate syrp, tabs</i>	\$0 (1)	MO
ARCAPTA NEOHALER	\$0 (2)	QL (30 EA per 30 days) MO
EPIPEN 2-PAK	\$0 (2)	QL (2 EA per 30 days) MO

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EPIPEN-JR 2-PAK	\$0 (2)	QL (2 EA per 30 days) MO
FORADIL AEROLIZER	\$0 (2)	QL (60 EA per 30 days) MO
<i>levalbuterol hcl nebu</i>	\$0 (1)	B/D MO
<i>levalbuterol nebu</i>	\$0 (1)	B/D MO
<i>metaproterenol sulfate syrpf, tabs</i>	\$0 (1)	MO
PROAIR HFA	\$0 (2)	QL (17 GM per 30 days) MO
PROAIR RESPICLICK	\$0 (2)	QL (2 EA per 30 days) MO
STRIVERDI RESPIMAT	\$0 (2)	QL (4 GM per 30 days) MO
<i>terbutaline sulfate tabs</i>	\$0 (1)	MO
VENTOLIN HFA	\$0 (2)	QL (36 GM per 30 days) MO
<b><i>Cystic Fibrosis Agents</i></b>		
CAYSTON	\$0 (2)	QL (84 ML per 56 days)
KALYDECO PACK	\$0 (2)	QL (56 EA per 28 days) PA
KALYDECO TABS	\$0 (2)	QL (60 EA per 30 days) PA
ORKAMBI	\$0 (2)	QL (112 EA per 28 days) PA
PULMOZYME	\$0 (2)	B/D
TOBI PODHALER	\$0 (2)	QL (224 EA per 56 days)
<i>tobramycin</i>	\$0 (1)	QL (280 ML per 56 days) B/D
<b><i>Mast Cell Stabilizers</i></b>		
<i>cromolyn sodium nebu 20mg/2ml</i>	\$0 (1)	B/D MO
<b><i>Phosphodiesterase Inhibitors, Airways Disease</i></b>		
<i>aminophylline</i>	\$0 (1)	MO
DALIRESP	\$0 (2)	QL (30 EA per 30 days) MO
<i>theophylline</i>	\$0 (1)	MO
<i>theophylline cr tb12 100mg, 200mg</i>	\$0 (1)	MO
<i>theophylline er</i>	\$0 (1)	MO
<b><i>Pulmonary Antihypertensives</i></b>		
ADEMPAS	\$0 (2)	QL (90 EA per 30 days) PA LA
<i>epoprostenol sodium</i>	\$0 (1)	PA LA
OPSUMIT	\$0 (2)	QL (30 EA per 30 days) PA LA
REMODULIN	\$0 (2)	PA LA
<i>sildenafil tabs</i>	\$0 (1)	QL (90 EA per 30 days) PA
TRACLEER	\$0 (2)	QL (60 EA per 30 days) PA LA
<b><i>Respiratory Tract Agents, Other</i></b>		
<i>12 hour decongestant</i>	\$0 (3)	*
<i>12 hour nasal spray</i>	\$0 (3)	*
<i>acetylcysteine inj</i>	\$0 (1)	
<i>acetylcysteine inhalation soln</i>	\$0 (1)	B/D MO
<i>alavert allergy/sinus</i>	\$0 (3)	*
<i>all day allergy d</i>	\$0 (3)	*
<i>all day allergy d-12</i>	\$0 (3)	*
<i>all day allergy-d</i>	\$0 (3)	*

PA – Prior Authorization QL – Quantity Limit ST – Step Therapy MO – Available at Mail Order

B/D – Covered under Medicare B or D LA – Limited Access \* - Non Part D drugs or OTC drugs covered under Medicaid



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>all-nite multi-symptom cold/flu relief liqd 325mg/15ml; 15mg/15ml; 6.25mg/15ml</i>	\$0 (3) *	
<i>allergy &amp; congestion relief</i>	\$0 (3) *	
<i>allergy multi-symptom</i>	\$0 (3) *	
<i>allergy relief d-24</i>	\$0 (3) *	
<i>allergy relief/nasal decongestant</i>	\$0 (3) *	
ALLFEN	\$0 (3) *	
<i>aprodine</i>	\$0 (3) *	
<i>benzonatate caps 100mg, 200mg</i>	\$0 (3) *	
<i>bromfed dm</i>	\$0 (3) *	
<i>bromphen/pseudoephedrine hcl/dextromethorphan hbr</i>	\$0 (3) *	
<i>brotapp</i>	\$0 (3) *	
<i>brotapp dm</i>	\$0 (3) *	
BROVEX PEB	\$0 (3) *	
BROVEX PSB	\$0 (3) *	
CAPCOF	\$0 (3) *	
CAPMIST DM	\$0 (3) *	
CAPRON DM	\$0 (3) *	
<i>cetirizine hcl/pseudoephedrine hcl er</i>	\$0 (3) *	
<i>cheratussin ac syrup</i>	\$0 (3) *	
<i>cheratussin dac</i>	\$0 (3) *	
<i>chest congestion relief</i>	\$0 (3) *	
<i>childrens cold &amp; allergy</i>	\$0 (3) *	
<i>childrens mucus relief cough</i>	\$0 (3) *	
<i>childrens mucus relief expectorant</i>	\$0 (3) *	
<i>childrens pain relief plus multi-symptom cold</i>	\$0 (3) *	
CLARITIN-D 12 HOUR	\$0 (3) *	
CLARITIN-D 24 HOUR	\$0 (3) *	
CODITUSS DM	\$0 (3) *	
<i>cold head congestion daytime</i>	\$0 (3) *	
<i>cold head congestion nighttime</i>	\$0 (3) *	
<i>cold head congestion severe daytime</i>	\$0 (3) *	
<i>cold multi-symptom daytime</i>	\$0 (3) *	
<i>cold multi-symptom nighttime</i>	\$0 (3) *	
<i>cold multi-symptom severe daytime</i>	\$0 (3) *	
<i>cold/allergy childrens</i>	\$0 (3) *	
<i>cold/cough childrens</i>	\$0 (3) *	
<i>cold/cough dm childrens</i>	\$0 (3) *	
<i>cold/cough/sore throat childrens</i>	\$0 (3) *	
CONEX COLD/ALLERGY	\$0 (3) *	
<i>coricidin hbp nighttime multi-symptom cold liqd 325mg/15ml; 15mg/15ml; 6.25mg/15ml</i>	\$0 (3) *	

PA – Prior Authorization QL – Quantity Limit ST – Step Therapy MO – Available at Mail Order

B/D – Covered under Medicare B or D LA – Limited Access \* - Non Part D drugs or OTC drugs covered under Medicaid

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cough &amp; cold</i>	\$0 (3) *	
<i>cough &amp; sore throat day time</i>	\$0 (3) *	
<i>cough dm</i>	\$0 (3) *	
<i>cough syrup</i>	\$0 (3) *	
<i>cough tab</i>	\$0 (3) *	
CREO-TERPIN	\$0 (3) *	
<i>cromolyn sodium aers 5.2mg/act</i>	\$0 (3) *	
<i>day time cold/flu relief</i>	\$0 (3) *	
<i>day time cough</i>	\$0 (3) *	
DAY TIME MULTI-SYMPTOM COLD/FLU RELIEF CAPS	\$0 (3) *	
<i>decongestant 12hour maximum strength</i>	\$0 (3) *	
<i>deep sea nasal spray</i>	\$0 (3) *	
DELSYM	\$0 (3) *	
<i>delsym cough + chest congestion dm</i>	\$0 (3) *	
<i>delsym cough + chest congestion dm childrens</i>	\$0 (3) *	
<i>delsym cough + cold daytime</i>	\$0 (3) *	
<i>delsym cough + cold nighttime</i>	\$0 (3) *	
<i>delsym cough + cold nightttime childrens</i>	\$0 (3) *	
<i>delsym night time cough/cold childrens</i>	\$0 (3) *	
<i>delsym night time cough/cold liqd 6.25mg/5ml; 2.5mg/5ml</i>	\$0 (3) *	
<i>delsym night time multi-symptom liqd 325mg/15ml; 15mg/15ml; 6.25mg/15ml</i>	\$0 (3) *	
<i>dextromethorphan polistirex</i>	\$0 (3) *	
<i>dextromethorphan/guaiifenesin soln</i>	\$0 (3) *	
<i>diabetic siltussin das-na</i>	\$0 (3) *	
<i>diabetic siltussin-dm</i>	\$0 (3) *	
<i>diabetic siltussin-dm maximum strength</i>	\$0 (3) *	
<i>diabetic tussin</i>	\$0 (3) *	
<i>diabetic tussin dm</i>	\$0 (3) *	
<i>diabetic tussin maximum strength</i>	\$0 (3) *	
<i>dimaphen childrens</i>	\$0 (3) *	
<i>dimaphen dm cold/cough childrens</i>	\$0 (3) *	
DIMETAPP COLD & ALLERGY ELIX	\$0 (3) *	
DIMETAPP DM COLD & COUGH	\$0 (3) *	
DIMETAPP LONG ACTING COUGH PLUS COLD	\$0 (3) *	
DIMETAPP MULTI-SYMPTOM COLD & FLU LIQD 160MG/5ML; 1MG/5ML; 5MG/5ML; 2.5MG/5ML	\$0 (3) *	
<i>dimetapp nighttime cold &amp; congestion</i>	\$0 (3) *	
<i>dristan cold</i>	\$0 (3) *	
<i>ed a-hist dm liqd</i>	\$0 (3) *	
<i>ed a-hist pse</i>	\$0 (3) *	
ED A-HIST LIQD	\$0 (3) *	

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B/D – Covered under Medicare B or D LA – Limited Access \* - Non Part D drugs or OTC drugs covered under Medicaid

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<i>ed bron gp</i>	\$0 (3) *	
ED CHLORPED D	\$0 (3) *	
<i>endacof-dm</i>	\$0 (3) *	
ENDACON	\$0 (3) *	
ESBRIET	\$0 (2)	QL (270 EA per 30 days) PA LA
<i>exefen-ir</i>	\$0 (3) *	
<i>extra action cough</i>	\$0 (3) *	
<i>gnp 12 hour nasal spray</i>	\$0 (3) *	
<i>gnp all day allergy-d</i>	\$0 (3) *	
<i>gnp allergy &amp; congestion relief</i>	\$0 (3) *	
<i>gnp allergy multi-symptom</i>	\$0 (3) *	
<i>gnp allergy plus severe sinus headache maximum strength</i>	\$0 (3) *	
<i>gnp childrens pain relief plus cold</i>	\$0 (3) *	
<i>gnp childrens plus cough &amp; sore throat</i>	\$0 (3) *	
<i>gnp childrens plus multi-symptom cold</i>	\$0 (3) *	
<i>gnp cold &amp; allergy childrens</i>	\$0 (3) *	
<i>gnp cold &amp; allergy maximum strength</i>	\$0 (3) *	
<i>gnp cold &amp; cough childrens</i>	\$0 (3) *	
<i>gnp cold head congestion night time</i>	\$0 (3) *	
<i>gnp cold head congestion severe daytime</i>	\$0 (3) *	
<i>gnp cold multi-symptom daytime</i>	\$0 (3) *	
<i>gnp cold multi-symptom nighttime</i>	\$0 (3) *	
<i>gnp cold relief head congestion severe daytime</i>	\$0 (3) *	
<i>gnp cold relief multi-symptom daytime</i>	\$0 (3) *	
<i>gnp cold relief multi-symptom severe daytime</i>	\$0 (3) *	
<i>gnp cold severe congestion/daytime</i>	\$0 (3) *	
<i>gnp cough dm er</i>	\$0 (3) *	
<i>gnp cough relief</i>	\$0 (3) *	
<i>gnp day time cold &amp; flu</i>	\$0 (3) *	
<i>gnp day time cold/flu</i>	\$0 (3) *	
<i>gnp day time cold/flu relief</i>	\$0 (3) *	
<i>gnp day time sinus</i>	\$0 (3) *	
<i>gnp flu relief therapy seere cold daytime</i>	\$0 (3) *	
<i>gnp flu relief therapy severe cold nighttime</i>	\$0 (3) *	
<i>gnp loratadine-d 12hr</i>	\$0 (3) *	
<i>gnp loratadine-d 24 hour</i>	\$0 (3) *	
<i>gnp mucus relief</i>	\$0 (3) *	
<i>gnp mucus relief cold &amp; sinus</i>	\$0 (3) *	
<i>gnp mucus relief cold flu &amp; sore throat</i>	\$0 (3) *	
<i>gnp mucus relief cough childrens</i>	\$0 (3) *	
<i>gnp mucus relief dm</i>	\$0 (3) *	
<i>gnp mucus relief severe congestion &amp; cold</i>	\$0 (3) *	

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B/D – Covered under Medicare B or D LA – Limited Access \* - Non Part D drugs or OTC drugs covered under Medicaid

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<i>gnp mucus-er</i>	\$0 (3) *	
<i>gnp multi-symptom cold nighttime</i>	\$0 (3) *	
<i>gnp nasal decongestant</i>	\$0 (3) *	
<i>gnp nasal decongestant pemaximum strength</i>	\$0 (3) *	
<i>gnp nasal spray</i>	\$0 (3) *	
<i>gnp nasal spray extra moisturizing</i>	\$0 (3) *	
<i>gnp night time cold &amp; flu</i>	\$0 (3) *	
<i>gnp night time cold &amp; flu multi-symptom</i>	\$0 (3) *	
<i>gnp night time cold &amp; flu multisymptom</i>	\$0 (3) *	
<i>gnp night time cold/flu relief</i>	\$0 (3) *	
<i>gnp night time cough</i>	\$0 (3) *	
<i>gnp night time sinus</i>	\$0 (3) *	
<i>gnp no drip nasal spray</i>	\$0 (3) *	
<i>gnp nose drops extra strength</i>	\$0 (3) *	
<i>gnp pseudoephedrine hcl 12 hour</i>	\$0 (3) *	
<i>gnp pseudoephedrine hcl er</i>	\$0 (3) *	
<i>gnp sinus congestion &amp; pain daytime</i>	\$0 (3) *	
<i>gnp sinus congestion/pain nighttime</i>	\$0 (3) *	
<i>gnp sinus relief congestion &amp; pain daytime/nighttime</i>	\$0 (3) *	
<i>gnp sinus relief congestion &amp; pain nighttime</i>	\$0 (3) *	
<i>gnp suphedrin</i>	\$0 (3) *	
<i>gnp tab tussin</i>	\$0 (3) *	
<i>gnp tab tussin dm</i>	\$0 (3) *	
<i>gnp triacting night time cold &amp; cough childrens</i>	\$0 (3) *	
<i>gnp tussin</i>	\$0 (3) *	
<i>gnp tussin cf cough &amp; cold</i>	\$0 (3) *	
<i>gnp tussin cf max multi-symptom cold</i>	\$0 (3) *	
<i>gnp tussin cough long acting</i>	\$0 (3) *	
<i>gnp tussin dm</i>	\$0 (3) *	
<i>gnp tussin dm cough</i>	\$0 (3) *	
<i>gnp tussin dm max</i>	\$0 (3) *	
<i>gnp tussin dm max cough &amp; chest congestion</i>	\$0 (3) *	
<i>gnp tussin night time</i>	\$0 (3) *	
<i>guaifenesin ac</i>	\$0 (3) *	
<i>guaifenesin ac</i>	\$0 (3) *	
<i>guaifenesin dac</i>	\$0 (3) *	
<i>guaifenesin er tb12 600mg</i>	\$0 (3) *	
<i>guaifenesin-dm</i>	\$0 (3) *	
<i>guaifenesin/codeine</i>	\$0 (3) *	
<i>guaifenesin/phenylephrine</i>	\$0 (3) *	
<i>guaifenesin soln</i>	\$0 (3) *	
<i>guaifenesin tabs 200mg</i>	\$0 (3) *	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>hm allergy &amp; congestion</i>	\$0 (3) *	
<i>hm allergy complete-d</i>	\$0 (3) *	
<i>hm allergy relief &amp; nasaldecongestant</i>	\$0 (3) *	
<i>hm chest congestion relief</i>	\$0 (3) *	
<i>hm chest congestion relief dm</i>	\$0 (3) *	
<i>hm cold &amp; allergy childrens</i>	\$0 (3) *	
<i>hm cold &amp; cough childrens</i>	\$0 (3) *	
<i>hm cold &amp; sinus relief</i>	\$0 (3) *	
<i>hm cough dm</i>	\$0 (3) *	
<i>hm cough relief</i>	\$0 (3) *	
<i>hm day time</i>	\$0 (3) *	
<i>hm mucus er</i>	\$0 (3) *	
<i>hm nasal decongestant</i>	\$0 (3) *	
<i>hm nasal decongestant 12 hour</i>	\$0 (3) *	
<i>hm nasal decongestant pe</i>	\$0 (3) *	
<i>hm nasal spray</i>	\$0 (3) *	
<i>hm night time cold &amp; flu</i>	\$0 (3) *	
<i>hm night time multi symptom cold &amp; flu</i>	\$0 (3) *	
<i>hm nose drops extra strength</i>	\$0 (3) *	
<i>hm saline nasal spray</i>	\$0 (3) *	
<i>hm sinus nasal spray</i>	\$0 (3) *	
<i>hm tussin adult</i>	\$0 (3) *	
<i>hm tussin adult cough &amp; chest congestion dm</i>	\$0 (3) *	
<i>hm tussin adult multi-symptom cold</i>	\$0 (3) *	
<i>hydrocodone bitartrate/homatropine methylbromide</i>	\$0 (3) *	
<i>hydrocodone polistirex/chlorpheniramine polistirex</i>	\$0 (3) *	
<i>hydromet</i>	\$0 (3) *	
<i>intense cough reliever extra strength</i>	\$0 (3) *	
<i>iophen c-nr</i>	\$0 (3) *	
<i>iophen dm-nr</i>	\$0 (3) *	
<i>iophen-nr</i>	\$0 (3) *	
J-TAN D PD	\$0 (3) *	
<i>kidkare cough/cold</i>	\$0 (3) *	
<i>liquituss gg</i>	\$0 (3) *	
LOHIST-D	\$0 (3) *	
<i>lohist-dm</i>	\$0 (3) *	
<i>lohist-peb</i>	\$0 (3) *	
<i>long acting nasal spray</i>	\$0 (3) *	
<i>loratadine-d 12hr</i>	\$0 (3) *	
<i>loratadine-d 24hr</i>	\$0 (3) *	
LORTUSS EX LIQD 10MG/5ML; 100MG/5ML; 30MG/5ML	\$0 (3) *	
<i>m-clear wc</i>	\$0 (3) *	

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M-END PE	\$0 (3) *	
<i>m-end wc</i>	\$0 (3) *	
<i>mapap sinus maximum strength congestion and pain</i>	\$0 (3) *	
MUCINEX	\$0 (3) *	
<i>mucinex chest congestion childrens</i>	\$0 (3) *	
MUCINEX CHILDRENS COLD COUGH & SORE THROAT	\$0 (3) *	
MUCINEX CHILDRENS MULTI-SYMPTOM COLD	\$0 (3) *	
MUCINEX CHILDRENS MULTI-SYMPTOM COLD & FEVER	\$0 (3) *	
MUCINEX COLD FOR KIDS	\$0 (3) *	
MUCINEX CONGESTION & COUGH CHILDRENS	\$0 (3) *	
<i>mucinex cough childrens</i>	\$0 (3) *	
<i>mucinex cough for kids liqd</i>	\$0 (3) *	
MUCINEX D	\$0 (3) *	
MUCINEX DM	\$0 (3) *	
MUCINEX DM MAXIMUM STRENGTH	\$0 (3) *	
<i>mucinex fast-max cold &amp; sinus tabs</i>	\$0 (3) *	
MUCINEX FAST-MAX COLD FLU& SORE THROAT LIQD	\$0 (3) *	
<i>mucinex fast-max cold flu&amp; sore throat tabs</i>	\$0 (3) *	
<i>mucinex fast-max dm max</i>	\$0 (3) *	
<i>mucinex fast-max night time cold &amp; flu liqd, tabs</i>	\$0 (3) *	
MUCINEX FAST-MAX SEVERE COLD LIQD	\$0 (3) *	
<i>mucinex fast-max severe cold tabs</i>	\$0 (3) *	
<i>mucinex fast-max severe congestion &amp; cold</i>	\$0 (3) *	
MUCINEX FAST-MAX SEVERE CONGESTION & COUGH LIQD	\$0 (3) *	
<i>mucinex for kids liqd</i>	\$0 (3) *	
MUCINEX FOR KIDS PACK 100MG	\$0 (3) *	
MUCINEX MAXIMUM STRENGTH	\$0 (3) *	
<i>mucinex multi-symptom cold night time childrens</i>	\$0 (3) *	
<i>mucinex nasal spray full force</i>	\$0 (3) *	
<i>mucinex nasal spray moisture smart</i>	\$0 (3) *	
<i>mucinex sinus-max full force</i>	\$0 (3) *	
<i>mucinex sinus-max pressure &amp; pain tabs</i>	\$0 (3) *	
<i>mucinex sinus-max severe congestion relief tabs</i>	\$0 (3) *	
MUCINEX STUFFY NOSE & COLD CHILDRENS	\$0 (3) *	
<i>mucosa</i>	\$0 (3) *	
<i>mucosa dm</i>	\$0 (3) *	
<i>mucus relief</i>	\$0 (3) *	
<i>mucus relief childrens</i>	\$0 (3) *	
<i>mucus relief cold/sinus maximum strength</i>	\$0 (3) *	

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<i>mucus relief cough childrens</i>	\$0 (3) *	
<i>mucus relief dm</i>	\$0 (3) *	
<i>mucus relief severe congestion/cough</i>	\$0 (3) *	
<i>mucus-dm</i>	\$0 (3) *	
<i>mucus-dm max</i>	\$0 (3) *	
<i>mucus-er</i>	\$0 (3) *	
<i>nasal decongestant pe</i>	\$0 (3) *	
<i>nasal decongestant pe maximum strength</i>	\$0 (3) *	
<i>nasal decongestant spray</i>	\$0 (3) *	
NASAL DECONGESTANT LIQD, SYRP	\$0 (3) *	
<i>nasal decongestant soln</i>	\$0 (3) *	
<i>nasal decongestant tabs 30mg</i>	\$0 (3) *	
<i>nasal moist</i>	\$0 (3) *	
<i>nasal spray 12 hour</i>	\$0 (3) *	
<i>nasal spray anti-drip</i>	\$0 (3) *	
<i>nasal spray x-moist</i>	\$0 (3) *	
<i>night time multi-symptom cold/flu relief</i>	\$0 (3) *	
<i>nighttime sinus congestion &amp; pain</i>	\$0 (3) *	
<i>nite time cough</i>	\$0 (3) *	
<i>nite time multi-symptom cold/flu relief liqd</i>	\$0 (3) *	
<i>nite-time cold/flu</i>	\$0 (3) *	
NITE-TIME MULTI-SYMPTOM COLD/FLU RELIEF LIQD 500MG/15ML; 15MG/15ML; 6.25MG/15ML	\$0 (3) *	
<i>nite-time multi-symptom cold/flu relief liqd 325mg/15ml; 15mg/15ml; 6.25mg/15ml, 500mg/15ml; 15mg/15ml; 6.25mg/15ml, 650mg/30ml; 30mg/30ml; 12.5mg/30ml</i>	\$0 (3) *	
<i>nohist-dm</i>	\$0 (3) *	
<i>nohist-lq</i>	\$0 (3) *	
<i>nrs nasal relief</i>	\$0 (3) *	
<i>ocean for kids</i>	\$0 (3) *	
OCEAN NASAL SPRAY	\$0 (3) *	
<i>organ-i nr</i>	\$0 (3) *	
<i>pain relief cold severe congestion</i>	\$0 (3) *	
<i>pain relief sinus pe daytime</i>	\$0 (3) *	
<i>pedia relief cough/cold</i>	\$0 (3) *	
<i>pediatric cough/cold</i>	\$0 (3) *	
PHENYLHISTINE DH	\$0 (3) *	
PRO-CLEAR AC	\$0 (3) *	
PRO-RED AC	\$0 (3) *	
PROLASTIN-C	\$0 (2) PA MO	
PROMETHAZINE VC/CODEINE SYRP 10MG/5ML; 5MG/5ML; 6.25MG/5ML	\$0 (3) *	

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<i>promethazine vc/codeine syrp 10mg/5ml; 5mg/5ml; 6.25mg/5ml</i>	\$0 (3) *	
<i>promethazine-dm</i>	\$0 (3) *	
<i>promethazine/codeine</i>	\$0 (3) *	
<i>promethazine/dextromethorphan</i>	\$0 (3) *	
<i>pseudoephedrine hcl er</i>	\$0 (3) *	
<i>pseudoephedrine hcl tabs</i>	\$0 (3) *	
<i>q-tapp</i>	\$0 (3) *	
<i>q-tapp dm</i>	\$0 (3) *	
<i>q-tussin</i>	\$0 (3) *	
<i>q-tussin dm</i>	\$0 (3) *	
<i>qc allergy relief multi-symptom daytime</i>	\$0 (3) *	
<i>qc cold relief plus multi-symptom childrens</i>	\$0 (3) *	
<i>qc cough relief</i>	\$0 (3) *	
<i>qc cough/sore throat nighttime</i>	\$0 (3) *	
<i>qc loratadine-d</i>	\$0 (3) *	
<i>qc medifin mucus relief childrens</i>	\$0 (3) *	
<i>qc nighttime cold/flu relief</i>	\$0 (3) *	
<i>qc nighttime cough</i>	\$0 (3) *	
<i>qc no drip nasal relief</i>	\$0 (3) *	
<i>qc sinus pain relief</i>	\$0 (3) *	
<i>qc suphedrine</i>	\$0 (3) *	
<i>qc suphedrine maximum strength</i>	\$0 (3) *	
<i>qc suphedrine pe</i>	\$0 (3) *	
<i>qc tussin cf</i>	\$0 (3) *	
<i>relcof c</i>	\$0 (3) *	
RESCON DM	\$0 (3) *	
RESCON-GG	\$0 (3) *	
RESPAIRE-30	\$0 (3) *	
RHINARIS GEL	\$0 (3) *	
RITIFED	\$0 (3) *	
<i>robafen</i>	\$0 (3) *	
<i>robafen cf cough &amp; cold</i>	\$0 (3) *	
<i>robafen dm</i>	\$0 (3) *	
<i>robafen dm cough clear</i>	\$0 (3) *	
ROBITUSSIN CHILDRENS COUGH & COLD CF	\$0 (3) *	
<i>robitussin childrens cough long-acting</i>	\$0 (3) *	
ROBITUSSIN CHILDRENS COUGH/COLD LONG-ACTING	\$0 (3) *	
<i>robitussin cold+flu daytime</i>	\$0 (3) *	
<i>robitussin cold+flu nighttime</i>	\$0 (3) *	
<i>robitussin lingering coldlong-acting cough</i>	\$0 (3) *	

PA – Prior Authorization QL – Quantity Limit ST – Step Therapy MO – Available at Mail Order

B/D – Covered under Medicare B or D LA – Limited Access \* - Non Part D drugs or OTC drugs covered under Medicaid



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>robitussin mucus+chest congestion</i>	\$0 (3)	*
<i>robitussin peak cold cough+ chest congestion dm</i>	\$0 (3)	*
ROBITUSSIN PEAK COLD COUGH+ CHEST CONGESTION DM MAX STRENGTH	\$0 (3)	*
ROBITUSSIN PEAK COLD DM	\$0 (3)	*
ROBITUSSIN PEAK COLD MULTI-SYMPTOM COLD	\$0 (3)	*
<i>robitussin peak cold multi-symptom cold maximum strength</i>	\$0 (3)	*
<i>robitussin peak cold nasal relief</i>	\$0 (3)	*
ROBITUSSIN PEAK COLD NIGHTTIME MULTI-SYMPTOM COLD LIQD 160MG/5ML; 6.25MG/5ML; 2.5MG/5ML	\$0 (3)	*
<i>robitussin peak cold nighttime multi-symptom cold liqd 160mg/5ml; 6.25mg/5ml; 2.5mg/5ml</i>	\$0 (3)	*
<i>robitussin peak cold nighttime nasal relief</i>	\$0 (3)	*
RYDEX	\$0 (3)	*
<i>rynex dm</i>	\$0 (3)	*
<i>rynex pe</i>	\$0 (3)	*
<i>rynex pse</i>	\$0 (3)	*
<i>safe tussin 30</i>	\$0 (3)	*
<i>saline mist</i>	\$0 (3)	*
<i>saline nasal mist</i>	\$0 (3)	*
<i>saline nasal spray</i>	\$0 (3)	*
<i>sb cold &amp; cough hbp</i>	\$0 (3)	*
<i>sb cold &amp; flu hbp</i>	\$0 (3)	*
<i>sb cold head congestion severe daytime</i>	\$0 (3)	*
<i>sb cold multi-symptom severe daytime</i>	\$0 (3)	*
<i>sb cough control cf</i>	\$0 (3)	*
<i>sb cough control dm</i>	\$0 (3)	*
<i>sb cough control dm max</i>	\$0 (3)	*
<i>sb cough relief</i>	\$0 (3)	*
<i>sb cough tab</i>	\$0 (3)	*
<i>sb flu maximum strength hbp</i>	\$0 (3)	*
<i>sb sinus &amp; allergy maximum strength</i>	\$0 (3)	*
<i>sb sinus congestion &amp; pain daytime</i>	\$0 (3)	*
<i>sb sinus congestion &amp; pain daytime/nighttime</i>	\$0 (3)	*
<i>sb sinus congestion &amp; pain severe daytime</i>	\$0 (3)	*
<i>sea soft nasal mist</i>	\$0 (3)	*
<i>siltussin sa</i>	\$0 (3)	*
<i>siltussin-dm</i>	\$0 (3)	*
<i>sinus congestion &amp; pain daytime</i>	\$0 (3)	*
<i>sinus nasal spray</i>	\$0 (3)	*
<i>sm 12 hour sinus decongestant</i>	\$0 (3)	*

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<i>sm 12-hour no drip</i>	\$0 (3) *	
<i>sm all day allergy-d</i>	\$0 (3) *	
<i>sm allergy multi-symptom</i>	\$0 (3) *	
<i>sm childrens pain relief plus multi-symptom cold</i>	\$0 (3) *	
<i>sm cold &amp; allergy childrens elix 1mg/5ml; 2.5mg/5ml</i>	\$0 (3) *	
<i>sm cold &amp; cough dm childrens</i>	\$0 (3) *	
<i>sm cold head congestion severe day time</i>	\$0 (3) *	
<i>sm cough relief</i>	\$0 (3) *	
<i>sm day time cold &amp; flu relief</i>	\$0 (3) *	
<i>sm day time pe cold &amp; flurelief</i>	\$0 (3) *	
<i>sm flu relief therapy severe cold nighttime</i>	\$0 (3) *	
<i>sm lorata-dine d</i>	\$0 (3) *	
<i>sm loratadine d 12hr</i>	\$0 (3) *	
<i>sm mucus er</i>	\$0 (3) *	
<i>sm mucus relief cough childrens</i>	\$0 (3) *	
<i>sm nasal decongestant maximum strength</i>	\$0 (3) *	
<i>sm nasal decongestant pe</i>	\$0 (3) *	
<i>sm nasal spray moisturizing</i>	\$0 (3) *	
<i>sm nasal spray saline</i>	\$0 (3) *	
<i>sm nasal spray sinus</i>	\$0 (3) *	
<i>sm nite time cold &amp; flu</i>	\$0 (3) *	
<i>sm nite time cold &amp; flu relief</i>	\$0 (3) *	
<i>sm nite time cough</i>	\$0 (3) *	
<i>sm nose drops nasal decongestant extra strength</i>	\$0 (3) *	
<i>sm tussin</i>	\$0 (3) *	
<i>sm tussin cf liqd 10mg/5ml; 100mg/5ml; 5mg/5ml</i>	\$0 (3) *	
<i>sm tussin dm</i>	\$0 (3) *	
<i>sm tussin dm cough/chest congestion</i>	\$0 (3) *	
<i>sm tussin dm max cough/chest congestion</i>	\$0 (3) *	
<i>sodium chloride nebu 0.9%</i>	\$0 (3) *	
STIOLTO RESPIMAT	\$0 (2)	QL (4 GM per 30 days) MO
<i>sudogest</i>	\$0 (3) *	
<i>sudogest 12 hour</i>	\$0 (3) *	
<i>sudogest pe</i>	\$0 (3) *	
<i>sudogest sinus &amp; allergy</i>	\$0 (3) *	
TESSALON PERLES	\$0 (3) *	
TGQ 15DM/5PEH/2CPM	\$0 (3) *	
<i>triaacting nighttime cold&amp; cough childrens</i>	\$0 (3) *	
TRIAMINIC COLD & ALLERGY	\$0 (3) *	
TRIAMINIC COLD & COUGH DAY TIME CHILDRENS SYRP	\$0 (3) *	
TRIAMINIC COUGH & CONGESTION CHILDRENS	\$0 (3) *	

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TRIAMINIC COUGH & SORE THROAT SUSP	\$0 (3) *	
TRIAMINIC MULTI-SYMPTOM FEVER	\$0 (3) *	
TRIAMINIC NIGHT TIME COLD & COUGH	\$0 (3) *	
<i>tusnel diabetic</i>	\$0 (3) *	
TUSNEL PEDIATRIC LIQD 5MG/5ML; 50MG/5ML; 15MG/5ML	\$0 (3) *	
TUSNEL LIQD	\$0 (3) *	
<i>tussi-pres pe pediatric</i>	\$0 (3) *	
<i>tussigon</i>	\$0 (3) *	
<i>tussin</i>	\$0 (3) *	
<i>tussin cf cough &amp; cold</i>	\$0 (3) *	
<i>tussin cf max multi-symptom</i>	\$0 (3) *	
<i>tussin cf liqd 10mg/5ml; 100mg/5ml; 5mg/5ml</i>	\$0 (3) *	
<i>tussin chest congestion</i>	\$0 (3) *	
<i>tussin cough syrup</i>	\$0 (3) *	
<i>tussin dm</i>	\$0 (3) *	
<i>tussin dm max</i>	\$0 (3) *	
<i>tussin mucus + chest congestion syrup</i>	\$0 (3) *	
TUSSIONEX PENNKINETIC EXTENDED RELEASE	\$0 (3) *	
TYZINE PEDIATRIC NASAL DROPS	\$0 (2)	
<i>vicks dayquil mucus control dm</i>	\$0 (3) *	
<i>vicks dayquil severe cold &amp; flu liqd</i>	\$0 (3) *	
<i>virtussin a/c</i>	\$0 (3) *	
<i>virtussin dac</i>	\$0 (3) *	
XOLAIR	\$0 (2)	QL (6 EA per 28 days) PA LA
ZONATUSS	\$0 (3) *	

### SKELETAL MUSCLE RELAXANTS- DRUGS USED TO TREAT MUSCLE SPASMS

#### *Skeletal Muscle Relaxants*

<i>chlorzoxazone</i>	\$0 (1)	QL (180 EA per 30 days) PA MO
<i>cyclobenzaprine hcl tabs</i>	\$0 (1)	QL (90 EA per 30 days) PA MO

### SLEEP DISORDER AGENTS- DRUGS USED TO TREAT INSOMNIA OR SLEEP DISORDERS

#### *GABA Receptor Modulators*

<i>zaleplon caps 5mg</i>	\$0 (1)	QL (30 EA per 30 days) PA MO
<i>zaleplon caps 10mg</i>	\$0 (1)	QL (60 EA per 30 days) PA MO
<i>zolpidem tartrate</i>	\$0 (1)	QL (30 EA per 30 days) PA MO

#### *Sleep Disorders, Other*

<i>gpn nighttime sleep aid</i>	\$0 (3)	*
HETLIOZ	\$0 (2)	QL (30 EA per 30 days) PA
<i>modafinil tabs 100mg</i>	\$0 (1)	QL (30 EA per 30 days) PA MO
<i>modafinil tabs 200mg</i>	\$0 (1)	QL (60 EA per 30 days) PA MO

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<i>nighttime sleep aid</i>	\$0 (3) *	
ROZEREM	\$0 (2)	QL (30 EA per 30 days) MO
XYREM	\$0 (2)	QL (540 ML per 30 days) PA
<b>THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES, VITAMINS AND IV NUTRITION</b>		
<i>Electrolyte/Mineral Modifiers</i>		
CUPRIMINE	\$0 (2)	MO
DEPEN TITRATABS	\$0 (2)	MO
<i>dexferrum</i>	\$0 (3)	*
DUOFER	\$0 (3)	*
EXJADE	\$0 (2)	PA LA
FER-IN-SOL	\$0 (3)	*
<i>fer-iron</i>	\$0 (3)	*
FERAHEME	\$0 (3)	*
<i>ferate</i>	\$0 (3)	*
<i>ferosul</i>	\$0 (3)	*
<i>ferrex 150</i>	\$0 (3)	*
FERRIPROX TABS 500MG	\$0 (2)	PA
FERRLECIT	\$0 (3)	*
<i>ferrous drops</i>	\$0 (3)	*
<i>ferrous gluconate</i>	\$0 (3)	*
<i>ferrous sulfate elix, liqd, soln, tabs</i>	\$0 (3)	*
FERROUS SULFATE TBCR 140MG	\$0 (3)	*
<i>ferrous sulfate tbc 140mg</i>	\$0 (3)	*
FOLITAB 500	\$0 (3)	*
<i>fomepizole</i>	\$0 (1)	
<i>gnp iron</i>	\$0 (3)	*
<i>gnp slow release iron</i>	\$0 (3)	*
<i>iferex 150</i>	\$0 (3)	*
<i>infed</i>	\$0 (3)	*
<i>iron</i>	\$0 (3)	*
IRON CHEWS PEDIATRIC	\$0 (3)	*
<i>kionex powd</i>	\$0 (1)	
<i>kionex susp</i>	\$0 (1)	MO
<i>levocarnitine</i>	\$0 (1)	MO
MYKIDZ IRON 10	\$0 (3)	*
NOVAFERRUM 125	\$0 (3)	*
NOVAFERRUM 50	\$0 (3)	*
NOVAFERRUM PEDIATRIC DROPS	\$0 (3)	*
<i>poly-iron 150</i>	\$0 (3)	*
PROFE	\$0 (3)	*
<i>qc ferrous sulfate</i>	\$0 (3)	*

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SAMSCA TABS 15MG	\$0 (2)	QL (30 EA per 30 days) PA
SAMSCA TABS 30MG	\$0 (2)	QL (60 EA per 30 days) PA
SLOW FE	\$0 (3)	*
<i>sm iron</i>	\$0 (3)	*
<i>sodium bicarbonate partial fill</i>	\$0 (1)	MO
<i>sodium bicarbonate inj 8.4%</i>	\$0 (1)	MO
<i>sodium polystyrene sulfonate rectal susp</i>	\$0 (1)	
<i>sodium polystyrene sulfonate powd, oral susp</i>	\$0 (1)	MO
<i>sps</i>	\$0 (1)	
SYPRINE	\$0 (2)	MO
VENOFER	\$0 (3)	*
<b><i>Electrolyte/Mineral Replacement</i></b>		
ACIDOPHILUS/CITRUS PECTIN	\$0 (3)	*
<i>acidophilus/l-sporogenes extra strength</i>	\$0 (3)	*
<i>alpha lipoic acid</i>	\$0 (3)	*
AMINOSYN 7%/ELECTROLYTES	\$0 (2)	B/D
<i>aminosyn 8.5%/electrolytes</i>	\$0 (1)	B/D
AMINOSYN II	\$0 (2)	B/D
<i>aminosyn ii 8.5%/electrolytes</i>	\$0 (1)	B/D
AMINOSYN M	\$0 (2)	B/D
AMINOSYN-HBC	\$0 (2)	B/D
AMINOSYN-PF	\$0 (2)	B/D
AMINOSYN-PF 7%	\$0 (2)	B/D
AMINOSYN-RF	\$0 (2)	B/D
AMINOSYN INJ 148MEQ/L; 1280MG/100ML; 980MG/100ML; 1280MG/100ML; 300MG/100ML; 720MG/100ML; 940MG/100ML; 720MG/100ML; 400MG/100ML; 440MG/100ML; 5.4MEQ/L; 860MG/100ML; 420MG/100ML; 520MG/100ML; 160MG/100ML; 44MG/100ML; 800MG/100ML, 90MEQ/L; 1100MG/100ML; 850MG/100ML; 35MEQ/L; 1100MG/100ML; 260MG/100ML; 620MG/100ML; 810MG/100ML; 624MG/100ML; 340MG/100ML; 380MG/100ML; 5.4MEQ/L; 750MG/100ML; 370MG/100ML; 460MG/100ML; 150MG/100ML; 44MG/100ML; 680MG/100ML	\$0 (2)	B/D
<i>arginine</i>	\$0 (3)	*
<i>calcarb 600</i>	\$0 (3)	*
CALCET PETITES	\$0 (3)	*
CALCI-CHEW	\$0 (3)	*
CALCI-MIX	\$0 (3)	*
CALCIONATE	\$0 (3)	*

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>calcitrate</i>	\$0 (3) *	
<i>calcium + d3</i>	\$0 (3) *	
<i>calcium 600 + d tabs 600mg; 400unit</i>	\$0 (3) *	
<i>calcium 600+d tabs 600mg; 200unit</i>	\$0 (3) *	
<i>calcium carbonate susp 1250mg/5ml</i>	\$0 (3) *	
<i>calcium carbonate tabs 1250mg</i>	\$0 (3) *	
<i>calcium chloride</i>	\$0 (1)	
<i>calcium citrate+d</i>	\$0 (3) *	
<i>calcium gluconate inj</i>	\$0 (1)	
<i>calcium high potency + vitamin d</i>	\$0 (3) *	
<b>CALCIUM LACTATE TABS 648MG</b>	\$0 (3) *	
<i>calcium lactate tabs 648mg, 650mg</i>	\$0 (3) *	
<i>calcium oyster shell tabs 1250mg</i>	\$0 (3) *	
<i>calcium plus vitamin d3</i>	\$0 (3) *	
<i>calcium/vitamin d/minerals chew</i>	\$0 (3) *	
<i>calcium/vitamin d tabs 600mg; 200unit, 600mg; 400unit</i>	\$0 (3) *	
<i>calcium tabs 600mg</i>	\$0 (3) *	
<b>CALPHRON</b>	\$0 (3) *	
<b>CALTRATE 600+D PLUS MINERALS CHEW</b>	\$0 (3) *	
<i>calvite p&amp;d</i>	\$0 (3) *	
<b>CHEW Q</b>	\$0 (3) *	
<i>chromium chloride</i>	\$0 (3) *	
<i>citrus calcium +d</i>	\$0 (3) *	
<i>citrus calcium/vitamin d</i>	\$0 (3) *	
<i>clinisol sf 15%</i>	\$0 (1) B/D	
<i>co q-10</i>	\$0 (3) *	
<b>CO Q-10 PLUS</b>	\$0 (3) *	
<i>co-enzyme q-10</i>	\$0 (3) *	
<i>copper trace metal</i>	\$0 (3) *	
<b>CYTO-Q MAX</b>	\$0 (3) *	
<i>dextrose 10%/nacl 0.45%</i>	\$0 (1)	
<i>dextrose 5%/electrolyte #48 viaflex</i>	\$0 (1)	
<i>dextrose 10% flex container</i>	\$0 (1) B/D	
<i>dextrose 10%/nacl 0.2%</i>	\$0 (1)	
<i>dextrose 2.5%/sodium chloride 0.45%</i>	\$0 (1)	
<i>dextrose 20%</i>	\$0 (1) B/D	
<i>dextrose 25%</i>	\$0 (1) B/D	
<i>dextrose 30%</i>	\$0 (1) B/D	
<i>dextrose 40%</i>	\$0 (1) B/D	
<i>dextrose 5%</i>	\$0 (1) MO	
<i>dextrose 5%/lactated ringers</i>	\$0 (1)	
<i>dextrose 5%/nacl 0.2%</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>dextrose 5%/nacl 0.225%</i>	\$0 (1)	
<i>dextrose 5%/nacl 0.3%</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 0.9%</i>	\$0 (1)	MO
<i>dextrose 5%/potassium chloride 0.15%</i>	\$0 (1)	
<i>dextrose 50%</i>	\$0 (1)	B/D
<i>dextrose 70%</i>	\$0 (1)	B/D
ENFAMIL ENFALYTE	\$0 (3)	*
<i>eql calcium/vitamin d/minerals</i>	\$0 (3)	*
<i>fish oil</i>	\$0 (3)	*
FLORIVA LIQD 0.25MG/ML; 400UNIT/ML	\$0 (2)	MO
<i>fluoride chew 1.1mg, 2.2mg</i>	\$0 (1)	MO
<i>fluoritab chew 0.5mg, 1mg</i>	\$0 (1)	
FLURA-DROPS SOLN 0.25MG/DROP	\$0 (2)	MO
<i>gnp calcium 500 +d3</i>	\$0 (3)	*
<i>gnp calcium 500/d</i>	\$0 (3)	*
<i>gnp calcium 600 +d</i>	\$0 (3)	*
<i>gnp calcium citrate +d3</i>	\$0 (3)	*
<i>gnp calcium plus 600 +d</i>	\$0 (3)	*
<i>gnp calcium/vitamin d/minerals</i>	\$0 (3)	*
<i>gnp fish oil</i>	\$0 (3)	*
<i>gnp pediatric electrolyte</i>	\$0 (3)	*
<i>hepatamine</i>	\$0 (1)	B/D
<i>hm calcium/vitamin d tabs 500mg; 200unit</i>	\$0 (3)	*
<i>hm fish oil</i>	\$0 (3)	*
<i>hm pediatric electrolyte</i>	\$0 (3)	*
INTRALIPID INJ 30GM/100ML	\$0 (2)	B/D
<i>intralipid inj 20gm/100ml</i>	\$0 (1)	B/D
<i>k-sol</i>	\$0 (1)	MO
KABIVEN	\$0 (2)	B/D
<i>kcl 0.075%/d5w/nacl 0.45%</i>	\$0 (1)	
<i>kcl 0.15%/d5w/lr</i>	\$0 (1)	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	\$0 (1)	
<i>kcl 0.15%/d5w/nacl 0.225%</i>	\$0 (1)	
<i>kcl 0.15%/d5w/nacl 0.45%</i>	\$0 (1)	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	\$0 (1)	
<i>kcl 0.3%/d5w/lr iv lac ring</i>	\$0 (1)	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	\$0 (1)	
<i>kcl 0.3%/d5w/nacl 0.9%</i>	\$0 (1)	
<i>klor-con</i>	\$0 (1)	MO
<i>klor-con 10</i>	\$0 (1)	MO

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<i>klor-con 8</i>	\$0 (1) MO	
<i>klor-con m10</i>	\$0 (1)	
<i>klor-con m20</i>	\$0 (1) MO	
<i>klor-con sprinkle</i>	\$0 (1)	
<i>klor-con/ef</i>	\$0 (1) MO	
<i>l-arginine</i>	\$0 (3) *	
L-CITRULLINE	\$0 (3) *	
L-GLUTAMINE	\$0 (3) *	
<i>lactated ringers dextrose 5% viaflex</i>	\$0 (1)	
<i>lactated ringers viaflex</i>	\$0 (1)	
LIPOSYN III	\$0 (2) B/D	
LIQ-10	\$0 (3) *	
<i>ludent chew 0.5mg, 1mg</i>	\$0 (1) MO	
<i>mag-delay</i>	\$0 (3) *	
<i>mag-g</i>	\$0 (3) *	
MAG-TAB SR	\$0 (3) *	
MAGNEBIND 300	\$0 (3) *	
<i>magnesium oxide tabs 241.3mg, 400mg</i>	\$0 (3) *	
<i>magnesium sulfate inj 20gm/500ml, 2gm/50ml, 40gm/1000ml, 4gm/100ml, 4gm/50ml</i>	\$0 (1)	
<i>magnesium sulfate inj 50%</i>	\$0 (1) MO	
MAGONATE LIQD	\$0 (3) *	
<i>magonate tabs</i>	\$0 (3) *	
<i>manganese trace metal</i>	\$0 (3) *	
<i>methylcellulose</i>	\$0 (3) *	
<i>natural coenzyme q10</i>	\$0 (3) *	
NEPHRAMINE	\$0 (2) B/D	
<i>omega-3 fish oil</i>	\$0 (3) *	
ORA-BLEND	\$0 (3) *	
ORA-BLEND SF	\$0 (3) *	
ORA-PLUS	\$0 (3) *	
ORA-SWEET SF	\$0 (3) *	
<i>oralyte</i>	\$0 (3) *	
<i>oralyte freezer pops</i>	\$0 (3) *	
<i>oysco 500+d chew</i>	\$0 (3) *	
<i>oyster shell calcium + vitamin d</i>	\$0 (3) *	
<i>oyster shell calcium 500 + d tabs 200unit; 500mg</i>	\$0 (3) *	
<i>oyster shell calcium/vitamin d tabs 200unit; 500mg, 250mg; 125unit; 0, 500mg; 400unit</i>	\$0 (3) *	
<i>oyster shell calcium tabs 250mg, 500mg</i>	\$0 (3) *	
PEDIALYTE ADVANCED CARE SOLN 35MEQ/L; 16GM/L; 20MEQ/L; 45MEQ/L; 7.8MG/L	\$0 (3) *	

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B/D – Covered under Medicare B or D LA – Limited Access \* - Non Part D drugs or OTC drugs covered under Medicaid



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PEDIALYTE FREEZER POPS	\$0 (3) *	
PEDIALYTE SOLN	\$0 (3) *	
<i>pediatric electrolyte freezer pops soln 35meq/l; 25gm/l; 20meq/l; 45meq/l</i>	\$0 (3) *	
<i>pediatric electrolyte/zinc</i>	\$0 (3) *	
<i>pediatric electrolyte soln 35meq/l; 20gm/l; 5gm/l; 20meq/l; 45meq/l, 35meq/l; 30meq/l; 25gm/l; 20meq/l; 45meq/l</i>	\$0 (3) *	
PERIKABIVEN	\$0 (2) B/D	
PHOS-NAK POWDER CONCENTRATE	\$0 (3) *	
<i>plenamine</i>	\$0 (1) B/D	
<i>potassium chloride 0.15% /nacl 0.45% viaflex</i>	\$0 (1)	
<i>potassium chloride 0.15% d5w/nacl 0.33%</i>	\$0 (1)	
<i>potassium chloride 0.15% d5w/nacl 0.45%</i>	\$0 (1)	
<i>potassium chloride 0.15% d5w/nacl 0.45% viaflex</i>	\$0 (1)	
<i>potassium chloride 0.15% nacl 0.9%</i>	\$0 (1) MO	
<i>potassium chloride 0.15%/nacl 0.9%</i>	\$0 (1) MO	
<i>potassium chloride 0.22% d5w/nacl 0.45%</i>	\$0 (1)	
<i>potassium chloride 0.224%d5w/nacl 0.45% viaflex</i>	\$0 (1)	
<i>potassium chloride 0.3%/ nacl 0.9%</i>	\$0 (1)	
<i>potassium chloride 0.3%/d5w</i>	\$0 (1)	
<i>potassium chloride cr tbcr 10meq, 20meq</i>	\$0 (1) MO	
<i>potassium chloride er</i>	\$0 (1) MO	
<i>potassium chloride sr</i>	\$0 (1) MO	
<i>potassium chloride oral soln</i>	\$0 (1) MO	
<i>potassium chloride inj 10meq/50ml, 20meq/100ml, 40meq/100ml</i>	\$0 (1)	
<i>potassium chloride inj 0.4meq/ml, 10meq/100ml, 2meq/ml</i>	\$0 (1) MO	
<i>potassium citrate er</i>	\$0 (1) MO	
PREMASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	\$0 (2) B/D	
<i>premasol inj 56meq/l; 320mg/100ml; 730mg/100ml; 190mg/100ml; 3meq/l; 20mg/100ml; 300mg/100ml; 220mg/100ml; 290mg/100ml; 490mg/100ml; 840mg/100ml; 490mg/100ml; 200mg/100ml; 290mg/100ml; 410mg/100ml; 230mg/100ml; 5meq/l; 15mg/100ml; 250mg/100ml; 120mg/100ml; 140mg/100ml; 470mg/100ml</i>	\$0 (1) B/D	
<i>q-gel mega</i>	\$0 (3) *	
<i>ringers injection</i>	\$0 (1)	

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<i>risacal-d</i>	\$0 (3) *	
<i>sea-omega 30</i>	\$0 (3) *	
<i>sea-omega 50</i>	\$0 (3) *	
<b>SLOW-MAG</b>	\$0 (3) *	
<i>sm calcium citrate w/vitamin d3</i>	\$0 (3) *	
<i>sm omega-3 fish oil</i>	\$0 (3) *	
<i>sm pediatric electrolyte</i>	\$0 (3) *	
<i>sodium chloride 0.45% viaflex</i>	\$0 (1)	
<i>sodium chloride inj 0.9%, 2.5meq/ml, 3%, 5%</i>	\$0 (1) MO	
<i>sodium fluoride chew 0.5mg, 1.1mg, 1mg</i>	\$0 (1) MO	
<i>sodium phosphate</i>	\$0 (3) *	
<i>sterile water irrigation</i>	\$0 (1) MO	
<i>tpn electrolytes</i>	\$0 (1)	
<i>vitamins a/d/c/fluoride</i>	\$0 (1)	
<i>zinc sulfate caps</i>	\$0 (3) *	
<i>zinc trace metal</i>	\$0 (3) *	
<i>zinc tabs 50mg</i>	\$0 (3) *	
<b>Vitamins</b>		
<i>a thru z advanced tabs 90mg; 0; 30mcg; 150mcg; 200mg; 10mg; 72mg; 400unit; 35mcg; 0.9mg; 6mcg; 18mg; 500mcg; 150mcg; 250mcg; 300mcg; 100mg; 2.3mg; 20mg; 5mcg; 109mg; 80mg; 2mg; 1.7mg; 2mg; 10mcg; 45mcg; 55mcg; 10mcg; 1.5mg; 30unit; 3500unit; 25mcg; 11mg</i>	\$0 (3) *	
<i>animal shapes + iron</i>	\$0 (3) *	
<i>animal shapes chew 60mg; 0; 4.5mcg; 400unit; 300mcg; 13.5mg; 1.05mg; 1.2mg; 1.05mg; 15unit; 2500unit</i>	\$0 (3) *	
<b>AQUA-E</b>	\$0 (3) *	
<b>AQUADEKS CAPS, CHEW</b>	\$0 (3) *	
<i>aquadeks liqd</i>	\$0 (3) *	
<b>AQUASOL A PARENTERAL</b>	\$0 (3) *	
<i>aqueous vitamin d infants</i>	\$0 (3) *	
<i>aqueous vitamin e</i>	\$0 (3) *	
<i>ascorbic acid tabs 250mg</i>	\$0 (3) *	
<i>b-complex plus vitamin c</i>	\$0 (3) *	
<b>BAL-CARE DHA</b>	\$0 (2) MO	
<i>biotin caps 5mg</i>	\$0 (3) *	
<i>c-500 chew 500mg; 0</i>	\$0 (3) *	
<i>calciferol</i>	\$0 (3) *	
<b>CALCIUM PNV</b>	\$0 (2) MO	
<i>centamin</i>	\$0 (3) *	
<i>centavite a-z complete multivitamin/minerals</i>	\$0 (3) *	
<b>CENTRUM ADULTS</b>	\$0 (3) *	

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CENTRUM SILVER TABS 60MG; 0; 30MCG; 220MG; 10MG; 72MG; 500UNIT; 45MCG; 0.5MG; 25MCG; 400MCG; 0; 0; 50MG; 2.3MG; 20MG; 5MCG; 20MG; 30MCG; 80MG; 150MCG; 3MG; 1.7MG; 2MG; 150MCG; 10MCG; 45MCG; 55MCG; 1.5MG; 50UNIT; 2500UNIT; 11MG	\$0 (3)	*
CENTRUM ULTRA WOMENS	\$0 (3)	*
CENTRUM LIQD	\$0 (3)	*
<i>cerovite advanced formula</i>	\$0 (3)	*
<i>cerovite jr</i>	\$0 (3)	*
<i>certa plus tabs 60mg; 0; 30mcg; 162mg; 10mg; 72mg; 400unit; 120mg; 2mg; 6mcg; 18mg; 400mcg; 250mcg; 100mg; 2mg; 20mg; 5mcg; 109mg; 25mcg; 80mg; 150mcg; 2mg; 1.7mg; 2mg; 150mcg; 10mcg; 75mcg; 20mcg; 10mcg; 1.5mg; 30unit; 5000unit; 15mg</i>	\$0 (3)	*
<i>certavite/antioxidants</i>	\$0 (3)	*
<i>chewable vite childrens</i>	\$0 (3)	*
<i>chewable vite with iron/childrens</i>	\$0 (3)	*
<i>childrens chewable vitamins</i>	\$0 (3)	*
<i>childrens chewable vitamins/iron chew 400unit; 4.5mcg; 15mg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 60mg; 1.05mg; 15unit; 2500unit, 50mg; 4mcg; 300mcg; 15mg; 13.5mg; 1.05mg; 1.2mg; 1.05mg; 2500unit; 400unit; 15unit</i>	\$0 (3)	*
CITRANATAL 90 DHA MISC 120MG; 159MG; 400UNIT; 2MG; 300MG; 50MG; 0.75MG; 0; 1MG; 90MG; 0; 20MG; 150MCG; 20MG; 3.4MG; 3MG; 30UNIT; 25MG	\$0 (2)	MO
CITRANATAL ASSURE MISC 120MG; 124MG; 400UNIT; 2MG; 300MG; 50MG; 0.75MG; 0; 1MG; 35MG; 0; 20MG; 150MCG; 25MG; 3.4MG; 3MG; 30UNIT; 25MG	\$0 (2)	MO
CITRANATAL B-CALM	\$0 (2)	MO
CITRANATAL DHA MISC 625MG; 120MG; 0; 124MG; 400UNIT; 2MG; 250MG; 50MG; 0.625MG; 0; 1MG; 27MG; 0; 20MG; 150MCG; 20MG; 3.4MG; 3MG; 30UNIT; 25MG	\$0 (2)	MO
CITRANATAL RX TABS 120MG; 125MG; 400UNIT; 2MG; 30UNIT; 50MG; 1MG; 27MG; 20MG; 150MCG; 20MG; 3.4MG; 3MG; 25MG	\$0 (2)	MO
<i>complete</i>	\$0 (3)	*
<i>complete natal dha</i>	\$0 (1)	MO
<i>completenate</i>	\$0 (1)	MO
CONCEPT DHA	\$0 (2)	MO
CONCEPT OB	\$0 (2)	MO
<i>cyanocobalamin inj</i>	\$0 (3)	*
<i>d 400 tabs</i>	\$0 (3)	*

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<i>d</i> 5000 tabs	\$0 (3) *	
D-VI-SOL	\$0 (3) *	
<i>d-vita</i>	\$0 (3) *	
<i>d3 high potency</i>	\$0 (3) *	
<i>d3 super strength</i>	\$0 (3) *	
<i>d3-50</i>	\$0 (3) *	
<i>daily multi-vitamins + iron</i>	\$0 (3) *	
<i>daily multiple vitamins tabs 50mg; 7mg; 1mcg; 400unit; 20mg; 1mg; 2.5mg; 2mg; 5000unit</i>	\$0 (3) *	
<i>daily vitamin formula</i>	\$0 (3) *	
<i>daily vitamin formula+iron tabs 60mg; 0; 10mg; 400unit; 6mcg; 18mg; 400mcg; 20mg; 2mg; 1.7mg; 1.5mg; 30unit; 5000unit</i>	\$0 (3) *	
<i>daily vitamin formula+minerals tabs 50mg; 11.6mg; 1mg; 5mcg; 1mcg; 4.5mg; 10mg; 1mg; 20mg; 9mg; 150mcg; 1mg; 2.5mg; 5mcg; 2mg; 5000unit; 400unit; 3.75mg</i>	\$0 (3) *	
<i>daily vite tabs 60mg; 0; 23mg; 10mg; 400unit; 6mcg; 400mcg; 20mg; 2mg; 1.7mg; 1.5mg; 30unit; 3000unit</i>	\$0 (3) *	
<i>daily-vite/iron/beta-carotene</i>	\$0 (3) *	
<i>dialyvite 800</i>	\$0 (3) *	
DIALYVITE VITAMIN D3 MAX TABS 50000UNIT	\$0 (3) *	
<i>dialyvite vitamin d3 max tabs 50000unit</i>	\$0 (3) *	
DRISDOL	\$0 (3) *	
ENBRACE HR	\$0 (2)	
ENFAMIL EXPECTA	\$0 (3) *	
<i>ergocalciferol soln</i>	\$0 (3) *	
ESCAVITE	\$0 (2)	
ESCAVITE D	\$0 (2)	
ESCAVITE LQ	\$0 (2)	
EXTRA-VIRT PLUS DHA	\$0 (2) MO	
EZFE FORTE	\$0 (3) *	
<i>floriva chew 75mg; 0; 40mcg; 600unit; 1mg; 6mcg; 262mcg; 0; 15mg; 1.8mg; 1.5mg; 0.25mg; 1.3mg; 20unit; 2000unit; 5mg</i>	\$0 (1)	
FOCALGIN 90 DHA	\$0 (2) MO	
FOCALGIN CA	\$0 (2) MO	
FOCALGIN-B	\$0 (2)	
FOLCAL DHA	\$0 (2) MO	
FOLCAPS OMEGA 3	\$0 (2) MO	
FOLET DHA	\$0 (2)	
FOLET ONE	\$0 (2)	
FOLIC ACID INJ 5MG/ML	\$0 (3) *	

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<i>folic acid inj 5mg/ml</i>	\$0 (3) *	
<i>folic acid tabs 1mg, 800mcg</i>	\$0 (3) *	
FOLIVANE-OB	\$0 (2) MO	
FOLIVANE-PRX DHA NF	\$0 (2) MO	
FOSFREE	\$0 (3) *	
<i>geravim</i>	\$0 (3) *	
<i>geriaton</i>	\$0 (3) *	
<i>gnp century adults 50+ senior</i>	\$0 (3) *	
<i>gnp century ultimate mens complete</i>	\$0 (3) *	
<i>gnp century ultimate mens senior formula</i>	\$0 (3) *	
<i>gnp century ultimate womens complete</i>	\$0 (3) *	
<i>gnp century ultimate womens senior formula</i>	\$0 (3) *	
<i>gnp century tabs 60mg; 0; 30mcg; 200mg; 10mg; 72mg; 400unit; 35mcg; 0.5mg; 6mcg; 18mg; 400mcg; 50mg; 2.3mg; 20mg; 5mcg; 20mg; 25mcg; 80mg; 150mcg; 2mg; 1.7mg; 2mg; 75mcg; 10mcg; 45mcg; 55mcg; 10mcg; 1.5mg; 30unit; 3500unit; 11mg</i>	\$0 (3) *	
<i>gnp childrens chewables/extra c</i>	\$0 (3) *	
<i>gnp childrens chewables/iron</i>	\$0 (3) *	
GNP DAILY PRENATAL	\$0 (3) *	
<i>gnp essential one daily tabs 60mg; 0; 75mg; 10mg; 400unit; 6mcg; 400mcg; 20mg; 2mg; 1.7mg; 1.5mg; 30unit; 5000unit</i>	\$0 (3) *	
<i>gnp little ones childrens</i>	\$0 (3) *	
<i>gnp niacin tr tbc 250mg</i>	\$0 (3) *	
<i>gnp one daily maximum</i>	\$0 (3) *	
<i>gnp one daily plus iron tabs 60mg; 75mg; 10mg; 400unit; 6mcg; 18mg; 400mcg; 20mg; 2mg; 1.7mg; 1.5mg; 30unit; 5000unit</i>	\$0 (3) *	
GNP PRENATAL	\$0 (3) *	
<i>healthy eyes tabs 60mg; 2mg; 6mg; 30unit; 15mg</i>	\$0 (3) *	
HEMENATAL OB	\$0 (2) MO	
HEMENATAL OB + DHA	\$0 (2) MO	
<i>hm complete 50+</i>	\$0 (3) *	
<i>HM COMPLETE TABS 60MG; 0; 30MCG; 200MG; 10MG; 72MG; 400UNIT; 35MCG; 0.5MG; 6MCG; 18MG; 400MCG; 50MG; 2.3MG; 20MG; 5MCG; 20MG; 25MCG; 80MG; 150MCG; 2MG; 1.7MG; 2MG; 75MCG; 10MCG; 45MCG; 55MCG; 10MCG; 1.5MG; 30UNIT; 3500UNIT; 11MG</i>	\$0 (3) *	

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<i>hm complete tabs 60mg; 0; 30mcg; 200mg; 10mg; 72mg; 400unit; 35mcg; 0.5mg; 6mcg; 18mg; 400mcg; 50mg; 2.3mg; 20mg; 5mcg; 20mg; 25mcg; 80mg; 150mcg; 2mg; 1.7mg; 2mg; 75mcg; 10mcg; 45mcg; 55mcg; 10mcg; 1.5mg; 30unit; 3500unit; 11mg</i>	\$0 (3)	*
<i>hm niacin</i>	\$0 (3)	*
<i>hm one daily/iron</i>	\$0 (3)	*
<i>hm vitamin b complex/vitamin c</i>	\$0 (3)	*
<i>hydroxocobalamin</i>	\$0 (3)	*
<i>i-vite</i>	\$0 (3)	*
<i>icaps</i>	\$0 (3)	*
<i>inatal advance</i>	\$0 (1)	
<i>inatal ultra</i>	\$0 (1)	
<i>infuvite</i>	\$0 (3)	*
<i>infuvite adult</i>	\$0 (3)	*
<i>infuvite pediatric</i>	\$0 (3)	*
<b>M.V.I. ADULT</b>	\$0 (3)	*
<b>M.V.I. PEDIATRIC</b>	\$0 (3)	*
<b>M.V.I.-12 WITHOUT VITAMIN K</b>	\$0 (3)	*
<i>maximum d3</i>	\$0 (3)	*
<b>MEPHYTON</b>	\$0 (3)	*
<i>meribin</i>	\$0 (3)	*
<i>mult-vitamin/fluoride chew 60mg; 400unit; 4.5mcg; 0.5mg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0; 1.05mg; 2500unit; 15unit</i>	\$0 (1)	MO
<i>multi vitamin/fluoride chew 60mg; 400unit; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 1mg; 1.05mg; 15unit; 2500unit</i>	\$0 (1)	MO
<i>multi-delyn</i>	\$0 (3)	*
<b>MULTI-DELYN/IRON</b>	\$0 (3)	*
<i>multi-vit/fluoride soln 35mg/ml; 400unit/ml; 2mcg/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.25mg/ml; 0.5mg/ml; 5unit/ml; 1500unit/ml</i>	\$0 (1)	MO
<i>multi-vit/iron/fluoride soln 35mg/ml; 400unit/ml; 10mg/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.25mg/ml; 0.5mg/ml; 5unit/ml; 1500unit/ml</i>	\$0 (1)	MO
<i>multi-vitamin/fluoride/iron soln 35mg/ml; 400unit/ml; 5unit/ml; 10mg/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.25mg/ml; 0.5mg/ml; 1500unit/ml</i>	\$0 (1)	MO
<i>multi-vitamin/fluoride soln 35mg/ml; 400unit/ml; 2mcg/ml; 5unit/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.5mg/ml; 0.5mg/ml; 1500unit/ml</i>	\$0 (1)	MO
<i>multi-vitamins</i>	\$0 (3)	*
<i>multilex</i>	\$0 (3)	*

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<i>multilex-t&amp;m</i>	\$0 (3) *	
<i>multivitamin with fluoride chew 60mg; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0.25mg; 1.05mg; 2500unit; 400unit; 15unit, 60mg; 4.5mcg; 0.3mg; 13.5mg; 1.05mg; 1.2mg; 0.5mg; 1.05mg; 2500unit; 400unit; 15unit</i>	\$0 (1) MO	
<i>mvc-fluoride</i>	\$0 (1) MO	
MYKIDZ IRON	\$0 (3) *	
NATACHEW CHEW 120MG; 2700UNIT; 400UNIT; 12MCG; 0; 0; 1MG; 28MG; 20MG; 10MG; 3MG; 0; 2MG; 20UNIT	\$0 (2)	
NATALVIRT 90 DHA	\$0 (2) MO	
NATALVIRT CA	\$0 (2) MO	
NATELLE ONE	\$0 (2) MO	
NEPHRO-VITE	\$0 (3) *	
NESTABS	\$0 (2) MO	
NESTABS DHA	\$0 (2) MO	
NEXA PLUS CAPS 28MG; 0; 250MCG; 660MG; 160MG; 0; 800UNIT; 350MG; 55MG; 29MG; 1.25MG; 25MG; 30UNIT	\$0 (2) MO	
<i>niacin er cpcr 125mg, 250mg, 500mg</i>	\$0 (3) *	
<i>niacin flush free formula</i>	\$0 (3) *	
<i>niacin sr cpcr</i>	\$0 (3) *	
<i>niacin tr cpcr</i>	\$0 (3) *	
<i>niacin tr tbcr 500mg, 750mg</i>	\$0 (3) *	
<i>niacin tabs 500mg</i>	\$0 (3) *	
NIVA-PLUS	\$0 (2) MO	
O-CAL PRENATAL	\$0 (2) MO	
OB COMPLETE GOLD	\$0 (2)	
OB COMPLETE ONE	\$0 (2) MO	
OB COMPLETE PETITE	\$0 (2) MO	
OB COMPLETE PREMIER	\$0 (2) MO	
OB COMPLETE/DHA	\$0 (2) MO	
OCUVITE ADULT 50+	\$0 (3) *	
<i>once daily/iron</i>	\$0 (3) *	
<i>once daily tabs 50mg; 1mcg; 20mg; 1mg; 1mg; 2.5mg; 2mg; 5000unit; 400unit</i>	\$0 (3) *	
<i>one daily mens tabs 90mg; 0; 30mcg; 210mg; 120mcg; 2mg; 3mg; 400mcg; 0.6mg; 120mg; 2mg; 16mg; 5mg; 99mg; 1.7mg; 105mcg; 1.2mg; 3500unit; 18mcg; 400unit; 45unit; 20mcg; 15mg</i>	\$0 (3) *	
<i>one daily tabs 60mg; 0; 6mcg; 400mcg; 20mg; 10mg; 2mg; 1.7mg; 1.5mg; 5000unit; 400unit; 30unit</i>	\$0 (3) *	
PAIRE OB	\$0 (2) MO	

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PNV FERROUS FUMARATE/DOCUSATE/FOLIC ACID	\$0 (2) MO	
PNV FOLIC ACID + IRON MULTIVITAMIN	\$0 (2) MO	
PNV OB+DHA	\$0 (2)	
<i>pnv prenatal plus multivitamin</i>	\$0 (1) MO	
<i>pnv tabs 29-1</i>	\$0 (1) MO	
<i>pnv-dha</i>	\$0 (1) MO	
<i>pnv-select</i>	\$0 (1) MO	
PNV-VP-U	\$0 (2) MO	
<i>poly vitamin</i>	\$0 (3) *	
<i>poly-vitamin/fluoride chew</i>	\$0 (1)	
<i>poly-vitamin/fluoride soln 35mg/ml; 50mcg/ml; 2mcg/ml; 0.25mg/ml; 8mg/ml; 3mg/ml; 0.4mg/ml; 0.6mg/ml; 0.5mg/ml; 1500unit/ml; 400unit/ml; 5unit/ml</i>	\$0 (1)	
<i>polyvitamin/iron chew</i>	\$0 (3) *	
<i>polyvitamin/iron soln 35mg/ml; 400unit/ml; 10mg/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.5mg/ml; 5unit/ml; 1500unit/ml</i>	\$0 (3) *	
<i>polyvitamin soln 35mg/ml; 400unit/ml; 2mcg/ml; 8mg/ml; 0.4mg/ml; 0.6mg/ml; 0.5mg/ml; 5unit/ml; 1500unit/ml</i>	\$0 (3) *	
<i>pr natal 400</i>	\$0 (1) MO	
<i>pr natal 400 ec</i>	\$0 (1) MO	
<i>pr natal 430</i>	\$0 (1) MO	
<i>pr natal 430 ec</i>	\$0 (1) MO	
PREFERA OB + DHA MISC 30MCG; 10MG; 400UNIT; 0.8MG; 12MCG; 200MG; 2.5MG; 1MG; 6MG; 0.5MG; 17MG; 203MG; 28MG; 250MCG; 50MG; 1.6MG; 65MCG; 1.5MG; 10UNIT; 4.5MG	\$0 (2) MO	
PREFERA OB TABS 30MCG; 10MG; 400UNIT; 0.8MG; 12MCG; 10UNIT; 1MG; 34MG; 0; 17MG; 0; 250MCG; 50MG; 1.6MG; 65MCG; 1.5MG; 4.5MG	\$0 (2)	
PREFERA OB TABS 30MCG; 10MG; 400UNIT; 0.8MG; 12MCG; 10UNIT; 1MG; 6MG; 17MG; 28MG; 250MCG; 50MG; 1.6MG; 65MCG; 1.5MG; 4.5MG	\$0 (2) MO	
PREFERAOB +DHA	\$0 (2) MO	
PREFERAOB ONE	\$0 (2) MO	
PRENAISSANCE	\$0 (2) MO	
PRENAISSANCE PLUS	\$0 (2) MO	
PRENATA	\$0 (2) MO	
<i>prenatabs fa</i>	\$0 (1) MO	
<i>prenatabs obn</i>	\$0 (1)	
<i>prenatal 19 chew 100mg; 1000unit; 200mg; 7mg; 400unit; 12mcg; 29mg; 1mg; 15mg; 20mg; 3mg; 3mg; 30unit; 20mg</i>	\$0 (1) MO	

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<i>prenatal 19 tabs 100mg; 1000unit; 200mg; 7mg; 400unit; 12mcg; 25mg; 29mg; 1mg; 15mg; 20mg; 3mg; 3mg; 30unit; 20mg</i>	\$0 (1) MO	
<i>prenatal plus iron tabs 120mg; 0; 200mg; 400unit; 2mg; 12mcg; 1mg; 29mg; 20mg; 10mg; 3mg; 1.84mg; 22unit; 4000unit; 25mg</i>	\$0 (1) MO	
PRENATAL PLUS TABS 120MG; 0; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 3MG; 1.84MG; 22MG; 4000UNIT; 25MG	\$0 (2) MO	
<i>prenatal plus tabs 120mg; 0; 200mg; 400unit; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 3mg; 1.84mg; 22mg; 4000unit; 25mg</i>	\$0 (1)	
PRENATAL TABS 100MG; 0; 0; 263MG; 400UNIT; 4MCG; 27MG; 0.8MG; 18MG; 2.6MG; 1.7MG; 1.5MG; 11UNIT; 4000UNIT; 25MG, 120MG; 4000UNIT; 200MG; 400UNIT; 8MCG; 28MG; 800MCG; 20MG; 2.6MG; 1.7MG; 1.8MG; 30UNIT; 25MG	\$0 (3) *	
PRENATE AM	\$0 (2) MO	
PRENATE DHA CAPS 90MG; 145MG; 220UNIT; 13MCG; 300MG; 28MG; 400MCG; 600MCG; 50MG; 26MG; 10UNIT	\$0 (2)	
PRENATE ELITE TABS 75MG; 2600UNIT; 330MCG; 100MG; 6MG; 450UNIT; 1.5MG; 13MCG; 26MG; 400MCG; 150MCG; 600MCG; 25MG; 21MG; 21MG; 3.5MG; 3MG; 10UNIT; 15MG	\$0 (2)	
PRENATE ESSENTIAL CAPS 90MG; 280MCG; 145MG; 220UNIT; 13MCG; 300MG; 40MG; 29MG; 0; 400MCG; 600MCG; 50MG; 150MCG; 26MG; 10UNIT	\$0 (2)	
PRENATE ESSENTIAL CAPS 600MCG; 90MG; 280MCG; 155MG; 220UNIT; 13MCG; 300MG; 40MG; 18MG; 400MCG; 50MG; 150MCG; 26MG; 10UNIT	\$0 (2) MO	
PRENATE MINI CAPS 60MG; 280MCG; 100MG; 220UNIT; 13MCG; 350MG; 400MCG; 29MG; 600MCG; 25MG; 150MCG; 26MG; 10UNIT; 25MG	\$0 (2)	
PRENATE MINI CAPS 600MCG; 60MG; 280MCG; 80MG; 1000UNIT; 13MCG; 350MG; 0; 400MCG; 18MG; 0; 25MG; 150MCG; 26MG; 10UNIT; 25MG	\$0 (2) MO	
PRENATE PIXIE	\$0 (2) MO	
PREPLUS TABS 120MG; 0; 200MG; 400UNIT; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 3MG; 1.84MG; 22MG; 4000UNIT; 25MG	\$0 (2) MO	
PREQUE 10	\$0 (2) MO	
PRESERVISION AREDS 2 CAPS 113MG; 0.4MG; 87.5MG; 162.5MG; 2.5MG; 250MG; 100UNIT; 0.5MG; 17.4MG	\$0 (3) *	

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PRETAB	\$0 (2)	
PROFE FORTE	\$0 (3)	*
PROVIDA DHA	\$0 (2)	
PUREFE OB PLUS	\$0 (2)	
<i>qc childrens chewable vitamins/extra c</i>	\$0 (3)	*
<i>qc childrens chewable vitamins/iron</i>	\$0 (3)	*
<i>qc daily multivitamins/iron</i>	\$0 (3)	*
<i>qc maximum daily multivitamin/multimineral</i>	\$0 (3)	*
<i>qc multi-vite</i>	\$0 (3)	*
<i>qc multi-vite 50 &amp; over</i>	\$0 (3)	*
QC PRENATAL	\$0 (3)	*
<i>qc therin-m</i>	\$0 (3)	*
<i>qc womens daily multivitamin</i>	\$0 (3)	*
QUFLORA PEDIATRIC SOLN 45MG/ML; 400UNIT/ML; 1MG/ML; 3MCG/ML; 81MCG/ML; 150MCG/ML; 12MG/ML; 2MG/ML; 1MG/ML; 1MG/ML; 0.5MG/ML; 1MG/ML; 1100UNIT/ML; 12UNIT/ML	\$0 (2)	
QUFLORA PEDIATRIC SOLN 35MG/ML; 400UNIT/ML; 1MG/ML; 2MCG/ML; 35MCG/ML; 65MCG/ML; 10MG/ML; 0.8MG/ML; 0.4MG/ML; 0.6MG/ML; 0.25MG/ML; 0.5MG/ML; 1000UNIT/ML; 5UNIT/ML	\$0 (2)	MO
RELNATE DHA	\$0 (2)	MO
<i>rena-vite</i>	\$0 (3)	*
<i>se-natal 19</i>	\$0 (1)	MO
<i>se-tan dha</i>	\$0 (1)	MO
SELECT-OB CHEW 60MG; 0; 400UNIT; 5MCG; 0.4MG; 0.6MG; 25MG; 15MG; 29MG; 2.5MG; 1.8MG; 0; 1.6MG; 30UNIT; 1700UNIT; 15MG	\$0 (2)	MO
<i>sentry senior tabs 60mg; 0; 30mcg; 150mcg; 220mg; 10mg; 20mg; 72mg; 500unit; 45mcg; 0.5mg; 25mcg; 400mcg; 250mcg; 300mcg; 50mg; 2.3mg; 20mg; 5mcg; 30mcg; 80mg; 150mcg; 3mg; 1.7mg; 2mg; 10mcg; 45mcg; 55mcg; 1.5mg; 50unit; 2500unit; 11mg</i>	\$0 (3)	*
<i>sentry tabs 90mg; 0; 30mcg; 150mcg; 200mg; 10mg; 109mg; 72mg; 400unit; 35mcg; 0.9mg; 6mcg; 18mg; 500mcg; 250mcg; 300mcg; 100mg; 2.3mg; 20mg; 5mcg; 25mcg; 80mg; 150mcg; 2mg; 1.7mg; 2mg; 10mcg; 45mcg; 55mcg; 10mcg; 1.5mg; 30unit; 3500unit; 11mg</i>	\$0 (3)	*
SLO-NIACIN TBCR 500MG, 750MG	\$0 (3)	*
<i>slo-niacin tbc 250mg</i>	\$0 (3)	*

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<i>sm complete advanced formula tabs 60mg; 0; 30mcg; 75mcg; 200mg; 10mg; 72mg; 400unit; 35mcg; 0.5mg; 6mcg; 18mg; 400mcg; 50mg; 2.3mg; 20mg; 5mcg; 20mg; 25mcg; 80mg; 150mcg; 2mg; 1.7mg; 2mg; 10mcg; 45mcg; 55mcg; 10mcg; 1.5mg; 30unit; 3500unit; 11mg</i>	\$0 (3)	*
<i>sm complete senior formula tabs 60mg; 0; 30mcg; 220mg; 10mg; 72mg; 500unit; 45mcg; 0.5mg; 25mcg; 400mcg; 250mcg; 300mcg; 50mg; 2.3mg; 20mg; 5mcg; 20mg; 30mcg; 80mg; 150mcg; 3mg; 1.7mg; 2mg; 150mcg; 10mcg; 45mcg; 55mcg; 1.5mg; 50unit; 2500unit; 11mg</i>	\$0 (3)	*
<i>stress formula w/iron</i>	\$0 (3)	*
<i>stress formula/iron tabs 600mg; 12mcg; 81mg; 0.4mg; 100mg; 20mg; 0; 15mg; 0; 30unit</i>	\$0 (3)	*
<i>stress formula/zinc tabs 600mg; 45mg; 3mg; 12mcg; 400mcg; 100mg; 20mg; 5mg; 10mg; 15mg; 30unit; 23.9mg</i>	\$0 (3)	*
<i>stress formula tabs 500mg; 45mcg; 12mcg; 400mcg; 100mg; 20mg; 3mg; 10mg; 10mg; 30unit</i>	\$0 (3)	*
STUART ONE	\$0 (3)	*
<i>superplex-t</i>	\$0 (3)	*
<i>tab-a-vite</i>	\$0 (3)	*
<i>tab-a-vite w/beta carotene</i>	\$0 (3)	*
TAB-A-VITE WOMENS	\$0 (3)	*
<i>tab-a-vite/iron</i>	\$0 (3)	*
TARON-PREX	\$0 (2)	MO
THERA M PLUS	\$0 (3)	*
<i>THERA-M TABS 90MG; 0; 30MCG; 30MG; 10MG; 50MCG; 2MG; 12MCG; 400UNIT; 9MG; 400MCG; 100MG; 2MG; 20MG; 5MCG; 23MG; 28MCG; 7.5MG; 7MG; 150MCG; 6MG; 3.4MG; 6MG; 150MCG; 10MCG; 75MCG; 70MCG; 10MCG; 3MG; 60UNIT; 5000UNIT; 15MG</i>	\$0 (3)	*
<i>thera-m tabs 120mg; 15mcg; 40mg; 10mg; 7.5mg; 400unit; 15mcg; 2mg; 9mcg; 18mg; 400mcg; 100mg; 5mg; 30mg; 31mg; 7.5mg; 150mcg; 3mg; 3.4mg; 15mcg; 10mcg; 3mg; 30unit; 5500unit; 15mg, 90mg; 0; 30mcg; 150mcg; 40mg; 7.5mg; 26mcg; 2mg; 9mcg; 400mcg; 150mcg; 18mg; 100mg; 3.5mg; 32mcg; 20mg; 5mcg; 10mg; 31mg; 7.5mg; 3mg; 3.4mg; 21mcg; 2mg; 3mg; 10mcg; 10mcg; 5000unit; 400unit; 30unit; 28mcg; 15mg</i>	\$0 (3)	*
THERA/BETA-CAROTENE	\$0 (3)	*
<i>thera tabs 90mg; 30mcg; 9mcg; 400mcg; 20mg; 10mg; 3mg; 3.4mg; 3mg; 5000unit; 400unit; 30unit</i>	\$0 (3)	*
<i>therems</i>	\$0 (3)	*
THEREMS-H	\$0 (3)	*

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THEREMS-M	\$0 (3) *	
<i>thiamine hcl inj</i>	\$0 (3) *	
<i>thrivite rx</i>	\$0 (1) MO	
TL FOLATE	\$0 (2)	
TL-CARE DHA	\$0 (2) MO	
TL-SELECT	\$0 (2) MO	
<i>tri-vit/fluoride</i>	\$0 (1) MO	
<i>tri-vit/fluoride/iron</i>	\$0 (1) MO	
<i>tri-vita</i>	\$0 (3) *	
<i>tri-vitamin</i>	\$0 (3) *	
<i>tri-vitamin/fluoride</i>	\$0 (1) MO	
<i>triadvance</i>	\$0 (1)	
<i>tricare</i>	\$0 (1) MO	
TRICARE PRENATAL COMPLEAT	\$0 (2) MO	
TRICARE PRENATAL DHA ONE	\$0 (2) MO	
TRINATAL GT	\$0 (2) MO	
<i>trinatal rx 1</i>	\$0 (1) MO	
<i>triple-vitamin/fluoride</i>	\$0 (1) MO	
TRISTART DHA	\$0 (2)	
TRIVEEN-DUO DHA	\$0 (2) MO	
TRIVEEN-PRX RNF	\$0 (2) MO	
<i>ultimatecare one nf</i>	\$0 (1) MO	
UNICOMPLEX-M	\$0 (3) *	
VEMAVITE-PRX 2	\$0 (2) MO	
VENA-BAL DHA	\$0 (2) MO	
VIRT-ADVANCE	\$0 (2) MO	
VIRT-C DHA	\$0 (2) MO	
VIRT-CARE ONE	\$0 (2) MO	
VIRT-PN	\$0 (2) MO	
VIRT-PN DHA CAPS 85MG; 140MG; 200UNIT; 12MCG; 300MG; 27MG; 400MCG; 600MCG; 45MG; 25MG; 10UNIT	\$0 (2) MO	
VIRT-PN PLUS	\$0 (2) MO	
VIRT-SELECT	\$0 (2) MO	
<i>vita-bee/c tabs 300mg; 300mcg; 400mcg; 50mg; 10mg; 5mg; 10.2mg; 15mg</i>	\$0 (3) *	
VITAFOL FE+	\$0 (2)	
VITAFOL-ONE	\$0 (2) MO	
VITAMEDMD ONE RX/QUATREFOLIC	\$0 (2) MO	
VITAMEDMD PLUS RX/QUATRE FOLIC	\$0 (2) MO	
<i>vitamin b complex-c</i>	\$0 (3) *	
<i>vitamin c tabs 500mg</i>	\$0 (3) *	
<i>vitamin d3 super strength</i>	\$0 (3) *	

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<i>vitamin d3 caps 10000unit, 50000unit, 5000unit</i>	\$0 (3) *	
<i>vitamin d3 liqd 400unit/ml, 5000unit/ml</i>	\$0 (3) *	
<i>vitamin d3 tabs 1000unit, 5000unit</i>	\$0 (3) *	
<i>vitamin d caps 1000unit, 2000unit, 50000unit</i>	\$0 (3) *	
<i>vitamin d liqd</i>	\$0 (3) *	
VITAMIN K1 INJ 10MG/ML	\$0 (3) *	
<i>vitamin k1 inj 10mg/ml, 1mg/0.5ml</i>	\$0 (3) *	
<i>vitamins a/c/d/fluoride</i>	\$0 (1) MO	
VOL-NATE	\$0 (2) MO	
VOL-PLUS	\$0 (2) MO	
VP CH ULTRA	\$0 (2) MO	
VP-CH-PNV	\$0 (2) MO	
VP-HEME OB	\$0 (2) MO	
VP-PNV-DHA	\$0 (2) MO	
ZATEAN-CH	\$0 (2) MO	
ZATEAN-PN	\$0 (2) MO	
ZATEAN-PN DHA	\$0 (2) MO	
ZATEAN-PN PLUS	\$0 (2) MO	
<i>zoo friends</i>	\$0 (3) *	
ZOO FRIENDS COMPLETE	\$0 (3) *	
<i>zoo friends gummies</i>	\$0 (3) *	
<i>zoo friends plus extra c</i>	\$0 (3) *	
<i>zoo friends plus iron</i>	\$0 (3) *	

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VERSACLOZ	24
VESICARE	48
<i>vestura</i>	55
V-GO 20	62
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<i>vicks dayquil mucus control dm</i>	80
<i>vicks dayquil severe cold &amp; flu</i>	80
<i>vicodin</i>	5
<i>vicodin es</i>	5
VICTOZA	28
VIDEX PEDIATRIC	25
VIGAMOX	64
VIIBRYD	13
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VIMPAT	11
<i>vinblastine sulfat</i>	19
<i>vincasar pfs</i>	19
<i>vincristine sulfat</i>	19
<i>vinorelbine tartrate</i>	19

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VIRAMUNE	25
VIRAMUNE XR	25
VIRAZOLE	26
VIREAD	25
VIRT-ADVANCE	97
VIRT-C DHA	97
VIRT-CARE ONE	97
VIRT-PN	97
VIRT-PN DHA	97
VIRT-PN PLUS	97
VIRT-SELECT	97
<i>virtussin a/c</i>	80
<i>virtussin dac</i>	80
<i>vita-bee/c</i>	97
VITAFOL FE+	97
VITAFOL-ONE	97
VITAMEDMD ONE RX/QUATREFOLIC	97
VITAMEDMD PLUS RX/QUATRE FOLIC	97
<i>vitamin b complex-c</i>	97
<i>vitamin c</i>	97
<i>vitamin d</i>	98
<i>vitamin d3</i>	98
<i>vitamin d3 super strength</i>	97
VITAMIN K1	98
<i>vitamins a/c/d/fluoride</i>	98
<i>vitamins a/d/c/fluoride</i>	87
VITEKTA	25
VOL-NATE	98
VOL-PLUS	98
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<i>voriconazole</i>	15
VORTEX HOLDING CHAMBER/MASK/CHILDS	62
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VP CH ULTRA	98
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<i>wymzya fe</i>	55
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XTANDI	17
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YERVOY	19
YF-VAX	59
YONDELIS	16
ZADITOR	64
<i>zafirlukast</i>	68
<i>zaleplon</i>	80
ZALTRAP	19
<i>zamicet</i>	5
ZANOSAR	19
<i>zarah</i>	55
ZATEAN-CH	98
ZATEAN-PN	98
ZATEAN-PN DHA	98
ZATEAN-PN PLUS	98
ZAVESCA	41
<i>zazole</i>	15
<i>zeasorb-af</i>	40
<i>zebutal</i>	1
ZELBORAF	20
<i>zenatane</i>	40
<i>zenchent</i>	55
<i>zenchent fe</i>	55
ZENPEP	41
ZETIA	34
ZIAGEN	25
<i>zidovudine</i>	25
ZIKS ARTHRITIS PAIN RELIEF	40
<i>zinc</i>	87
<i>zinc sulfate</i>	87
<i>zinc trace metal</i>	87
<i>ziprasidone hcl</i>	23
ZIRGAN	64
ZOLADEX	57
<i>zoledronic acid</i>	60
ZOLINZA	19
<i>zolpidem tartrate</i>	80
ZONALON	40
ZONATUSS	80
<i>zonisamide</i>	10
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<i>zoo friends plus iron</i>	98
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<i>zovia 1/35e</i>	55
<i>zovia 1/50e</i>	55
ZYDELIG	19
ZYKADIA	20
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