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2025

CareSource® MyCare Ohio (Medicare-Medicaid Plan)
Formulary
(List of Covered Drugs)

For more recent information or other questions, contact
us at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**,
Monday – Friday, 8 a.m. – 8 p.m. or visit
[CareSource.com/MyCare](https://www.caresource.com/MyCare).

Formulary ID: 00025338
Version #: 20
Updated on 12/01/2025

CareSource[®] MyCare Ohio (Medicare-Medicaid Plan) | 2025 *List of Covered Drugs (Drug List or Formulary)*

Introduction

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

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A. Disclaimers

This is a list of drugs that members can get in CareSource MyCare Ohio.

- ❖ CareSource MyCare Ohio is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, 8 a.m. to 8 p.m., Monday through Friday. The call is free.
- ❖ You can also get this document, now and in the future, for free in other languages or other formats such as large print or audio. You only have to make this request one time. You can also change your request. Call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, 8 a.m. to 8 p.m. Monday through Friday. The call is free.

B. Frequently Asked Questions (FAQ)

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

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

The drugs on the *List of Covered Drugs* that starts on page 2 are the drugs covered by CareSource MyCare 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.”

- CareSource MyCare 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 CareSource MyCare Ohio network pharmacy.
- CareSource MyCare Ohio may have additional steps to access certain drugs (refer to question B4 below).

You can also refer to the up-to-date list of drugs that we cover on our website at **CareSource.com/MyCare** or call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**.

B2. Does the *Drug List* ever change?



If you have questions, please call CareSource MyCare Ohio at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday – Friday, 8 a.m. – 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. **For more information**, visit **CareSource.com/MyCare**.

Yes, and CareSource MyCare Ohio must follow Medicare and Medicaid rules when making changes. We may add or remove drugs on the *Drug List* during the year.

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

- Decide to require or not require prior authorization (PA) or approval for a drug. (PA is permission from CareSource MyCare 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, refer to question B4.

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

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

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

- You can always check CareSource MyCare Ohio's up to date *Drug List* online at **CareSource.com/MyCare**. Updates to the *Drug List* are posted on the website monthly.
- You can also call Member Services to check the current *Drug List* at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**.

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

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

- **Substitutions of certain new version of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain new versions of that drug but your cost for the new drug will stay the same. When we add the new generic drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.
 - We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
 - We can make these changes only if the drug we are adding:



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- Is a new generic version of a brand name drug, or
- Is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).

Some of these drug types may be new to you. For more information, refer to Section B14.

- You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to question B10 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or effective or the drug's manufacturer takes a drug off the market, we may immediately take it off the *Drug List*. If you are taking the drug, we will send you a notice after we make the change. Please contact your prescribing doctor if you are notified.

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

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We add a generic drug and replace a brand name drug currently on the *Drug List*, or
- we add a new biosimilar to replace an original biological product currently on the *Drug List*, or
- we change the coverage rules or limits for the brand name drug.

When these changes happen, we will:

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

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

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

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



If you have questions, please call CareSource MyCare Ohio at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday – Friday, 8 a.m. – 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. **For more information**, visit **CareSource.com/MyCare**.

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 Authorization (PA) or approval:** For some drugs, you or your doctor or other prescriber must get PA from CareSource MyCare Ohio before you fill your prescription. CareSource MyCare Ohio may not cover the drug if you do not get approval.
- **Quantity limits:** Sometimes CareSource MyCare Ohio limits the amount of a drug you can get.
- **Step therapy:** Sometimes CareSource MyCare 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 pages 2-231. You can also get more information by visiting our website at

CareSource.com/MyCare. We have posted online documents that explain our PA and step therapy restrictions. You may also ask us to send you a copy.

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

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

The table of drugs on page 2 has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if CareSource MyCare Ohio changes their rules about some drugs (for example, PA or approval, quantity limits, and/or step therapy restrictions)?

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

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

There are two ways to find a drug:

- You can search alphabetically by the drug's name, **or**



If you have questions, please call CareSource MyCare Ohio at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday – Friday, 8 a.m. – 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. **For more information**, visit **CareSource.com/MyCare**.

- You can search by medical condition.

To search **alphabetically**, refer to the Index of Covered Drugs section. You can find it in the Index section at the end of the document.

To search **by medical condition**, find the section labeled “Drugs Grouped by Medical Condition” on page xii. 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, HYPERTENSION/LIPIDS. That is where you will find drugs that treat heart conditions.

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

If you don’t find your drug on the *Drug List*, call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)** and ask about it. If you learn that CareSource MyCare 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. They can prescribe a drug on the *Drug List* that is like the one you want to take. **Or**
- You can ask the health plan to make an exception to cover your drug. Please refer to questions B10-B12 for more information about exceptions.

B9. What if I am a new CareSource MyCare Ohio member and can’t find my drug on the *Drug List* or have a problem getting my drug?

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

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

We will cover a 30-day supply of your 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 PA by CareSource MyCare Ohio, **or**
- you are taking a drug that is part of a step therapy restriction.

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



If you have questions, please call CareSource MyCare Ohio at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday – Friday, 8 a.m. – 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. **For more information**, visit **CareSource.com/MyCare**.

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

In the event of an unplanned transition occurs where a prescribed drug may not be on our plan formulary or may be restricted by quantity, we may cover a one-time temporary supply of your drugs up to a 31-day supply.

- An unplanned transition usually involves level of care changes where a member is changing from one treatment setting to another. If this occurs, you may need to follow the normal coverage determination processes for continued coverage. Examples of level-of-care changes include:
 - Discharge from a hospital to home.
Ending your skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and you now need to use your Part D plan.
Changing from hospice status and reverting back to standard Medicare Part A and B coverage.
 - Discharges from chronic psychiatric hospitals with highly individualized drug regimens.
 - Ending a long-term care (LTC) facility stay and returning to the community.

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

Yes. You can ask CareSource MyCare 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, CareSource MyCare 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 PA requirements.

B11. How can I ask for an exception?

To ask for an exception, call Member Services. A Member Services representative will work with you and your provider to help you ask for an exception. You can also read Chapter 9, Section F2, *What an exception is*, of the *Member Handbook* to learn more about exceptions.

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



If you have questions, please call CareSource MyCare Ohio at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday – Friday, 8 a.m. – 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. **For more information**, visit **CareSource.com/MyCare**.

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours. The prescriber's supporting statement for the exception request should be faxed to 1-877-328-9660.

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

B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and generally work just as well. They usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription—depending on state laws.

CareSource MyCare Ohio covers both brand name drugs and generic drugs.

B14. What are original biological products and how are they related to biosimilars?

When we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have forms that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilars alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For more information on drug types, refer to Chapter 5 of the *Member Handbook*.

B15. What are OTC drugs?

OTC stands for "over-the-counter." CareSource MyCare Ohio covers some OTC drugs when they are written as prescriptions by your provider.

You can read the CareSource MyCare Ohio *Drug List* to find which OTC drugs are covered.

B16. Does CareSource MyCare Ohio cover non-drug OTC products?

CareSource MyCare Ohio covers some non-drug OTC products when they are written as prescriptions by your provider.

Examples of non-drug OTC products include vitamin d2 1.25 mg (50,000 unit) capsule and folic acid 1 mg tablet.



If you have questions, please call CareSource MyCare Ohio at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday – Friday, 8 a.m. – 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. **For more information**, visit **CareSource.com/MyCare**.

You can read the CareSource MyCare Ohio Drug List to find which non-drug OTC products are covered.

B17. What is my copay?

As a CareSource MyCare Ohio member, you have no copays for prescription and OTC drugs as long as you follow CareSource MyCare Ohio's rules.

B18. What are drug tiers?

Tiers are groups of drugs on our *Drug List*.

- Tier 1 drugs are mostly generic drugs, some brand drugs.
- Tier 2 drugs are mostly brand drugs, some generic drugs.
- Tier 3 drugs are Medicaid covered drugs and over-the-counter (OTC) drugs.

You have no copays for prescription and OTC drugs as long as you follow the plan's rules. You can also read the Chapter 6, Section C, *You pay nothing for a one-month or long-term supply of drugs*, of the Member Handbook to learn more.

C. Drugs Grouped by Medical Condition

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

The following list of covered drugs gives you information about the drugs covered by CareSource MyCare Ohio. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 232. The index alphabetically lists all drugs covered by CareSource MyCare Ohio.

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

The information in the necessary actions, restrictions, or limits on use column tells you if CareSource MyCare Ohio has any rules for covering your drug.

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

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



If you have questions, please call CareSource MyCare Ohio at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday – Friday, 8 a.m. – 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. **For more information**, visit **CareSource.com/MyCare**.

Updated on 12/01/2025

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

- These drugs also have different rules for appeals. An appeal is a formal way of asking us to review a coverage decision and to change it if you think we made a 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 prescriber disagrees with our decision, you can appeal. To ask for instructions on how to appeal, call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**. You can also read the Chapter 9, Section D, *Coverage decisions and appeals* of the *Member Handbook* to learn how to appeal a decision.



If you have questions, please call CareSource MyCare Ohio at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday – Friday, 8 a.m. – 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. **For more information**, visit **CareSource.com/MyCare**.

Updated on 12/01/2025

Below is a list of abbreviations that may appear on the following pages in the Requirements/Limits column that tells you if there are any special requirements for coverage of your drug.

List of Abbreviations

ADD: Non-Part D drugs or OTC items that are covered by Medicaid only. '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).

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

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

MO: Mail-Order Drug. This prescription drug is available through our mail-order service, as well as through our retail network pharmacies. Consider using mail order for your long-term (maintenance) medications (such as high blood pressure medications). Retail network pharmacies may be more appropriate for short-term prescriptions (such as antibiotics).

NDS: NDS indicates that the drug is limited to 30 days' supply at retail or mail-order.

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

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

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

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Updated on 12/01/2025



Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
<i>amphotericin b</i>	1	B/D PA; MO
<i>caspofungin</i>	1	
<i>clotrimazole mucous membrane</i>	1	MO
CRESEMBA ORAL	2	PA; NDS
<i>fluconazole</i>	1	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	1	PA; MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	1	PA
<i>flucytosine</i>	1	MO; NDS
<i>griseofulvin microsize</i>	1	MO
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	MO
<i>itraconazole oral capsule</i>	1	MO; QL (120 per 30 days)
<i>itraconazole oral solution</i>	1	MO
<i>ketoconazole oral</i>	1	MO
<i>miconazole</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>nystatin oral</i>	1	MO
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	1	PA; MO; QL (96 per 30 days); NDS
<i>terbinafine hcl oral</i>	1	MO
<i>voriconazole intravenous</i>	1	PA; MO; NDS
<i>voriconazole oral suspension for reconstitution</i>	1	PA; MO; NDS
<i>voriconazole oral tablet</i>	1	PA; MO
<i>voriconazole-hpbc</i>	1	PA; NDS
ANTIVIRALS		
<i>abacavir</i>	1	MO
<i>abacavir-lamivudine</i>	1	MO
<i>acyclovir oral capsule</i>	1	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	MO
<i>acyclovir oral suspension 200 mg/5 ml (5 ml)</i>	1	
<i>acyclovir oral tablet</i>	1	MO
<i>acyclovir sodium intravenous solution</i>	1	B/D PA; MO
<i>adefovir</i>	1	MO
<i>amantadine hcl</i>	1	MO
APTIVUS	2	MO; NDS

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This drug list was last updated on 11/14/2025.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>atazanavir</i>	1	MO
BARACLUDE ORAL SOLUTION	2	MO; NDS
BIKTARVY	2	MO; NDS
CABENUVA	2	MO; NDS
<i>cidofovir</i>	1	B/D PA; MO; NDS
CIMDUO	2	MO; NDS
COMPLERA	2	MO; NDS
<i>darunavir</i>	1	MO; NDS
DELSTRIGO	2	MO; NDS
DESCOVY	2	MO; NDS
DOVATO	2	MO; NDS
EDURANT	2	MO; NDS
EDURANT PED	2	MO; NDS
<i>efavirenz oral tablet</i>	1	MO
<i>efavirenz-emtricitabin-tenofov</i>	1	MO; NDS
<i>efavirenz-lamivu-tenofov disop</i>	1	MO; NDS
<i>emtricitabine</i>	1	MO
<i>emtricitabine-tenofov (tdf) oral tablet 100-150 mg</i>	1	MO; NDS
<i>emtricitabine-tenofov (tdf) oral tablet 133-200 mg, 167-250 mg, 200-300 mg</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>emtricitabine-rilpivirine-tenofov</i>	1	MO; NDS
EMTRIVA ORAL SOLUTION	2	MO
<i>entecavir</i>	1	MO
<i>etravirine</i>	1	MO; NDS
EVOTAZ	2	MO; NDS
<i>famciclovir</i>	1	MO
<i>fosamprenavir</i>	1	MO
<i>ganciclovir sodium intravenous recon soln</i>	1	B/D PA; MO
<i>ganciclovir sodium intravenous solution</i>	1	B/D PA
GENVOYA	2	MO; NDS
INTELENCE ORAL TABLET 25 MG	2	MO
ISENTRESS HD	2	MO; NDS
ISENTRESS ORAL POWDER IN PACKET	2	MO; NDS
ISENTRESS ORAL TABLET	2	MO; NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	2	MO; NDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	2	MO
JULUCA	2	MO; NDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
KALETRA ORAL SOLUTION	2	MO
<i>lamivudine</i>	1	MO
<i>lamivudine-zidovudine</i>	1	MO
LEDIPASVIR-SOFOSBUVIR	2	PA; MO; QL (28 per 28 days); NDS
LIVTENCITY	2	PA; LA; QL (120 per 30 days); NDS
<i>lopinavir-ritonavir oral tablet</i>	1	MO
<i>maraviroc</i>	1	MO; NDS
MAVYRET ORAL PELLETS IN PACKET	2	PA; MO; QL (168 per 28 days); NDS
MAVYRET ORAL TABLET	2	PA; MO; QL (84 per 28 days); NDS
<i>nevirapine oral suspension</i>	1	
<i>nevirapine oral tablet</i>	1	MO
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	1	MO
NORVIR ORAL POWDER IN PACKET	2	MO
ODEFSEY	2	MO; NDS
<i>oseltamivir</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)	1	QL (20 per 30 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)- 100 MG (5)	1	QL (11 per 30 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	1	QL (30 per 30 days)
PIFELTRO	2	MO; NDS
PREVYMIS INTRAVENOUS	2	PA; NDS
PREVYMIS ORAL TABLET	2	PA; MO; QL (30 per 30 days); NDS
PREZCOBIX ORAL TABLET 675-150 MG	2	NDS
PREZCOBIX ORAL TABLET 800-150 MG-MG	2	MO; NDS
PREZISTA ORAL SUSPENSION	2	MO; NDS
PREZISTA ORAL TABLET 150 MG, 75 MG	2	MO
RELENZA DISKHALER	2	MO
RETROVIR INTRAVENOUS	2	MO

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REYATAZ ORAL POWDER IN PACKET	2	MO; NDS
<i>ribavirin oral capsule</i>	1	MO
<i>ribavirin oral tablet 200 mg</i>	1	MO
<i>rimantadine</i>	1	MO
<i>ritonavir</i>	1	MO
RUKOBIA	2	MO; NDS
SELZENTRY ORAL SOLUTION	2	MO
SOFOSBUVIR-VELPATASVIR	2	PA; MO; QL (28 per 28 days); NDS
STRIBILD	2	MO; NDS
SUNLENCA	2	NDS
SYMTUZA	2	MO; NDS
SYNAGIS	2	MO; LA; NDS
<i>tenofovir disoproxil fumarate</i>	1	MO
TIVICAY ORAL TABLET 50 MG	2	MO; NDS
TIVICAY PD	2	MO; NDS
TRIUMEQ	2	MO; NDS
TRIUMEQ PD	2	MO
TROGARZO	2	MO; LA; NDS
<i>valacyclovir oral tablet 1 gram</i>	1	MO; QL (120 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>valacyclovir oral tablet 500 mg</i>	1	MO; QL (60 per 30 days)
<i>valganciclovir oral recon soln</i>	1	MO; NDS
<i>valganciclovir oral tablet</i>	1	MO
VEMLIDY	2	MO; NDS
VIRACEPT ORAL TABLET	2	MO; NDS
VIREAD ORAL POWDER	2	MO; NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	MO
VOSEVI	2	PA; MO; QL (28 per 28 days); NDS
XOFLUZA ORAL TABLET 40 MG, 80 MG	2	MO
<i>zidovudine</i>	1	MO
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	1	MO
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml</i>	1	
<i>cefadroxil oral capsule</i>	1	MO

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<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	1	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 300 gram</i>	1	
<i>cefazolin intravenous recon soln 1 gram</i>	1	
<i>cefdinir</i>	1	MO
<i>cefepime in dextrose,iso-osm</i>	1	
<i>cefepime injection</i>	1	MO
<i>cefixime</i>	1	MO
<i>cefoxitin in dextrose, iso-osm</i>	1	PA
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	1	PA; MO
<i>cefoxitin intravenous recon soln 10 gram</i>	1	PA
<i>cefpodoxime</i>	1	MO
<i>cefprozil</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	1	PA; MO
<i>ceftazidime injection recon soln 6 gram</i>	1	PA
<i>ceftriaxone in dextrose,iso-os</i>	1	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	1	MO
<i>ceftriaxone injection recon soln 10 gram</i>	1	
<i>ceftriaxone intravenous</i>	1	MO
<i>cefuroxime axetil oral tablet</i>	1	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	PA; MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	1	PA; MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	1	PA
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	MO
<i>cephalexin oral suspension for reconstitution</i>	1	MO
<i>tazicef injection</i>	1	PA; MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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<i>tazicef intravenous</i>	1	PA
TEFLARO	2	PA; MO; NDS

ERYTHROMYCINS / OTHER MACROLIDES

<i>azithromycin intravenous</i>	1	PA; MO
<i>azithromycin oral packet</i>	1	MO
<i>azithromycin oral suspension for reconstitution</i>	1	MO
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	MO
<i>clarithromycin</i>	1	MO
DIFICID ORAL TABLET	2	MO; QL (20 per 10 days); NDS
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
<i>erythromycin ethylsuccinate oral tablet</i>	1	
<i>erythromycin oral</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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<i>fidaxomicin</i>	1	QL (20 per 10 days); NDS
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MISCELLANEOUS ANTIINFECTIVES

<i>albendazole</i>	1	MO; NDS
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	PA; MO
ARIKAYCE	2	PA; LA; NDS
<i>atovaquone</i>	1	MO
<i>atovaquone-proguanil</i>	1	MO
<i>aztreonam</i>	1	PA; MO
CAYSTON	2	PA; MO; LA; QL (84 per 56 days); NDS
<i>chloramphenicol sod succinate</i>	1	
<i>chloroquine phosphate</i>	1	MO
<i>clindamycin hcl</i>	1	MO
<i>clindamycin in 5 % dextrose</i>	1	PA; MO
<i>clindamycin phosphate injection</i>	1	PA; MO
COARTEM	2	MO
<i>colistin (colistimethate na)</i>	1	PA; MO; QL (30 per 10 days); NDS
<i>cvs pinworm treatment 50 mg/ml</i>	3	ADD

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<i>dapsone oral</i>	1	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	2	MO; NDS
<i>daptomycin intravenous recon soln 500 mg</i>	1	MO; NDS
EMVERM	2	MO; NDS
<i>ertapenem</i>	1	PA; MO; QL (14 per 14 days)
<i>ethambutol</i>	1	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	1	PA; MO
<i>gentamicin injection</i>	1	PA; MO
<i>gentamicin sulfate (ped) (pf)</i>	1	PA; MO
<i>hydroxychloroquine oral tablet 200 mg</i>	1	MO
<i>imipenem-cilastatin</i>	1	PA; MO
<i>isoniazid injection</i>	1	
<i>isoniazid oral</i>	1	MO
<i>ivermectin oral tablet 3 mg</i>	1	PA; MO; QL (20 per 30 days)
<i>ivermectin oral tablet 6 mg</i>	1	PA; QL (8 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>lincomycin</i>	1	PA
<i>linezolid in dextrose 5%</i>	1	PA; MO
<i>linezolid oral suspension for reconstitution</i>	1	MO; NDS
<i>linezolid oral tablet</i>	1	MO
<i>linezolid-0.9% sodium chloride</i>	1	PA
<i>mefloquine</i>	1	MO
<i>meropenem intravenous recon soln 1 gram, 2 gram</i>	1	PA; QL (30 per 10 days)
<i>meropenem intravenous recon soln 500 mg</i>	1	PA; QL (10 per 10 days)
<i>metro i.v.</i>	1	PA; MO
<i>metronidazole in nacl (iso-os)</i>	1	PA; MO
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	MO
<i>neomycin</i>	1	MO
<i>nitazoxanide</i>	1	MO; QL (12 per 30 days); NDS
<i>pentamidine inhalation</i>	1	B/D PA; MO; QL (1 per 28 days)
<i>pentamidine injection</i>	1	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>pinaway 50 mg/ml suspension</i>	3	ADD
<i>pinworm medicine 144 mg/ml</i>	3	ADD
<i>praziquantel</i>	1	MO
PRIFTIN	2	MO
PRIMAQUINE	2	MO
<i>pyrazinamide</i>	1	MO
<i>pyrimethamine</i>	1	PA; MO; NDS
<i>quinine sulfate</i>	1	MO
<i>reese's pinworm 144 mg/ml susp</i>	3	MO; ADD
<i>rifabutin</i>	1	MO
<i>rifampin</i>	1	MO
SIRTURO	2	PA; LA; NDS
STREPTOMYCIN	2	PA; MO; QL (60 per 30 days); NDS
<i>tigecycline</i>	1	PA; MO; NDS
<i>tinidazole</i>	1	MO
TOBI PODHALER	2	MO; QL (224 per 56 days); NDS
<i>tobramycin in 0.225 % nacl</i>	1	PA; MO; QL (280 per 28 days); NDS
<i>tobramycin inhalation</i>	1	PA; MO; QL (224 per 28 days); NDS
<i>tobramycin sulfate injection recon soln</i>	1	PA; QL (9 per 14 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>tobramycin sulfate injection solution</i>	1	PA; MO
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	2	PA; QL (4000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	2	PA; QL (1000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML	2	PA; QL (4050 per 10 days)
<i>vancomycin intravenous recon soln 1,000 mg</i>	1	PA; MO; QL (20 per 10 days)
<i>vancomycin intravenous recon soln 10 gram</i>	1	PA; QL (2 per 10 days)
<i>vancomycin intravenous recon soln 5 gram</i>	1	PA; QL (4 per 10 days)
<i>vancomycin intravenous recon soln 500 mg</i>	1	PA; MO; QL (10 per 10 days)
<i>vancomycin intravenous recon soln 750 mg</i>	1	PA; MO; QL (27 per 10 days)

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<i>vancomycin oral capsule 125 mg</i>	1	PA; MO; QL (40 per 10 days)
<i>vancomycin oral capsule 250 mg</i>	1	PA; MO; QL (80 per 10 days)
VIBATIV INTRAVENOUS RECON SOLN 750 MG	2	PA; NDS
XIFAXAN ORAL TABLET 200 MG	2	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	2	PA; MO; QL (90 per 30 days); NDS
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	MO
<i>amoxicillin oral suspension for reconstitution</i>	1	MO
<i>amoxicillin oral tablet</i>	1	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	MO
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	1	PA; MO
<i>ampicillin sodium intravenous</i>	1	PA
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	1	PA; MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	1	PA
<i>ampicillin-sulbactam intravenous</i>	1	PA
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	MO
BICILLIN L-A	2	PA
<i>dicloxacillin</i>	1	MO

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<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	1	PA
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	1	PA; MO
<i>nafcillin injection recon soln 10 gram</i>	1	PA; NDS
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	1	PA
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	1	PA
<i>oxacillin injection recon soln 2 gram</i>	1	PA; MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	2	PA
<i>penicillin g potassium</i>	1	PA; MO
<i>penicillin g sodium</i>	1	PA; MO
<i>penicillin v potassium</i>	1	MO
<i>pfizerpen-g</i>	1	PA

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram, 40.5 gram</i>	1	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	1	MO
QUINOLONES		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	MO
<i>ciprofloxacin in 5 % dextrose</i>	1	PA; MO
<i>ciprofloxacin oral suspension, microcapsule recon 500 mg/5 ml</i>	1	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	1	PA
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	1	PA; MO
<i>levofloxacin intravenous</i>	1	PA
<i>levofloxacin oral</i>	1	MO
<i>moxifloxacin oral</i>	1	MO

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<i>moxifloxacin-sod.chloride(iso)</i>	1	PA; MO
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SULFA'S / RELATED AGENTS

<i>sulfadiazine</i>	1	MO
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<i>sulfamethoxazole-trimethoprim intravenous</i>	1	PA; MO
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<i>sulfamethoxazole-trimethoprim oral</i>	1	MO
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TETRACYCLINES

<i>demeclocycline</i>	1	MO
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<i>doxy-100</i>	1	PA; MO
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<i>doxycycline hyclate intravenous</i>	1	PA
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<i>doxycycline hyclate oral capsule</i>	1	MO
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<i>doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg</i>	1	MO
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<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	MO
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<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	MO
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<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	1	MO
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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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<i>minocycline oral capsule</i>	1	MO
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<i>minocycline oral tablet</i>	1	MO
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<i>monodoxine nl oral capsule 100 mg</i>	1	
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<i>tetracycline oral capsule</i>	1	MO
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URINARY TRACT AGENTS

<i>methenamine hippurate</i>	1	MO
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<i>methenamine mandelate</i>	1	MO
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<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1	MO
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<i>nitrofurantoin monohyd/m-cryst</i>	1	MO
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<i>trimethoprim</i>	1	MO
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ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

ADJUNCTIVE AGENTS

BOMYNTRA	2	B/D PA; MO; NDS
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<i>dexrazoxane hcl</i>	1	B/D PA; MO; NDS
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ELITEK	2	MO; NDS
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KHAPZORY INTRAVENOUS RECON SOLN 175 MG	2	B/D PA; NDS
<i>leucovorin calcium oral</i>	1	MO
<i>levoleucovorin calcium intravenous recon soln</i>	1	B/D PA; MO; NDS
<i>levoleucovorin calcium intravenous solution</i>	1	B/D PA; NDS
<i>mesna intravenous</i>	1	B/D PA; MO
<i>mesna oral</i>	1	MO; NDS
MESNEX ORAL	2	MO; NDS
WYOST	2	B/D PA; MO; NDS
XGEVA	2	B/D PA; MO; NDS
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	1	PA; MO; QL (120 per 30 days); NDS
<i>abiraterone oral tablet 500 mg</i>	1	PA; MO; QL (60 per 30 days); NDS
<i>abirtega</i>	1	PA; QL (120 per 30 days)
ABRAXANE	2	B/D PA; MO; NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ADCETRIS	2	B/D PA; MO; NDS
ADSTILADRIN	2	PA; NDS
AKEEGA	2	PA; LA; QL (60 per 30 days); NDS
ALECENSA	2	PA; MO; QL (240 per 30 days); NDS
ALIQOPA	2	B/D PA; LA; NDS
ALUNBRIG ORAL TABLET 180 MG, 90 MG	2	PA; QL (30 per 30 days); NDS
ALUNBRIG ORAL TABLET 30 MG	2	PA; QL (60 per 30 days); NDS
ALUNBRIG ORAL TABLETS,DOSE PACK	2	PA; QL (30 per 180 days); NDS
<i>anastrozole</i>	1	MO
ANKTIVA	2	PA; MO; NDS
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	1	B/D PA; NDS
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	1	B/D PA; MO; NDS
ASPARLAS	2	PA; NDS
AUGTYRO ORAL CAPSULE 160 MG	2	PA; QL (60 per 30 days); NDS

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AUGTYRO ORAL CAPSULE 40 MG	2	PA; QL (240 per 30 days); NDS
AVMAPKI-FAKZYNJA	2	PA; QL (66 per 28 days); NDS
AYVAKIT	2	PA; LA; QL (30 per 30 days); NDS
<i>azacitidine</i>	1	B/D PA; MO; NDS
<i>azathioprine oral tablet 50 mg</i>	1	B/D PA; MO
<i>azathioprine sodium</i>	1	B/D PA; MO
BALVERSA	2	PA; LA; NDS
BAVENCIO	2	B/D PA; LA; NDS
BELEODAQ	2	B/D PA; NDS
<i>bendamustine intravenous recon soln</i>	1	B/D PA; MO; NDS
BENDEKA	2	B/D PA; MO; NDS
BESPONSA	2	B/D PA; MO; LA; NDS
<i>bexarotene</i>	1	PA; MO; NDS
<i>bicalutamide</i>	1	MO
BIZENGRI	2	PA; NDS
BLNREP INTRAVENOUS RECON SOLN 70 MG	2	PA; NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>bleomycin</i>	1	B/D PA; MO
BLINCYTO INTRAVENOUS KIT	2	B/D PA; NDS
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	2	B/D PA; NDS
<i>bortezomib injection recon soln 3.5 mg</i>	1	B/D PA; MO; NDS
BOSULIF ORAL CAPSULE 100 MG	2	PA; MO; QL (180 per 30 days); NDS
BOSULIF ORAL CAPSULE 50 MG	2	PA; MO; QL (330 per 30 days); NDS
BOSULIF ORAL TABLET 100 MG	2	PA; MO; QL (90 per 30 days); NDS
BOSULIF ORAL TABLET 400 MG, 500 MG	2	PA; MO; QL (30 per 30 days); NDS
BRAFTOVI	2	PA; MO; LA; QL (180 per 30 days); NDS
BRUKINSA ORAL CAPSULE	2	PA; LA; QL (120 per 30 days); NDS
BRUKINSA ORAL TABLET	2	PA; LA; QL (60 per 30 days); NDS
<i>busulfan</i>	1	B/D PA; NDS

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CABOMETYX	2	PA; MO; LA; QL (30 per 30 days); NDS
CALQUENCE (ACALABRUTINIB MAL)	2	PA; LA; QL (60 per 30 days); NDS
CAPRELSA ORAL TABLET 100 MG	2	PA; LA; QL (60 per 30 days); NDS
CAPRELSA ORAL TABLET 300 MG	2	PA; LA; QL (30 per 30 days); NDS
<i>carboplatin intravenous solution</i>	1	B/D PA; MO
<i>carmustine intravenous recon soln 100 mg</i>	1	B/D PA; MO; NDS
<i>cisplatin intravenous solution</i>	1	B/D PA; MO
<i>cladribine</i>	1	B/D PA; MO; NDS
<i>clofarabine</i>	1	B/D PA; NDS
COLUMVI	2	PA; MO; NDS
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	2	PA; MO; QL (56 per 28 days); NDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	2	PA; MO; QL (112 per 28 days); NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	2	PA; MO; QL (84 per 28 days); NDS
COPIKTRA	2	PA; LA; QL (60 per 30 days); NDS
COTELLIC	2	PA; MO; LA; QL (63 per 28 days); NDS
<i>cyclophosphamide intravenous recon soln</i>	1	B/D PA; MO
<i>cyclophosphamide oral capsule</i>	1	B/D PA; MO
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG	2	B/D PA
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	2	B/D PA; MO
<i>cyclosporine modified oral capsule</i>	1	B/D PA; MO
<i>cyclosporine modified oral solution</i>	1	B/D PA
<i>cyclosporine oral capsule</i>	1	B/D PA; MO
CYRAMZA	2	B/D PA; MO; NDS
<i>cytarabine</i>	1	B/D PA; MO

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<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	1	B/D PA; MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	1	B/D PA
<i>dacarbazine</i>	1	B/D PA; MO
<i>dactinomycin</i>	1	B/D PA; MO
DANYELZA	2	B/D PA; NDS
DANZITEN	2	PA; QL (112 per 28 days); NDS
DARZALEX	2	B/D PA; MO; LA; NDS
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg</i>	1	PA; MO; QL (30 per 30 days); NDS
<i>dasatinib oral tablet 20 mg</i>	1	PA; MO; QL (90 per 30 days); NDS
<i>dasatinib oral tablet 70 mg</i>	1	PA; MO; QL (60 per 30 days); NDS
DATROWAY	2	PA; MO; NDS
<i>daunorubicin</i>	1	B/D PA
DAURISMO ORAL TABLET 100 MG	2	PA; MO; QL (30 per 30 days); NDS
DAURISMO ORAL TABLET 25 MG	2	PA; MO; QL (60 per 30 days); NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>decitabine</i>	1	B/D PA; MO; NDS
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/8 ml (10 mg/ml)</i>	1	B/D PA; NDS
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 80 mg/4 ml (20 mg/ml)</i>	1	B/D PA; MO; NDS
<i>doxorubicin intravenous recon soln</i>	1	B/D PA; MO
<i>doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>	1	B/D PA; MO
<i>doxorubicin intravenous solution 2 mg/ml</i>	1	B/D PA
<i>doxorubicin, peg-liposomal</i>	1	B/D PA; MO; NDS
DROXIA	2	MO
ELAHERE	2	PA; LA; NDS
ELIGARD	2	PA; MO
ELIGARD (3 MONTH)	2	PA; MO
ELIGARD (4 MONTH)	2	PA; MO

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ELIGARD (6 MONTH)	2	PA; MO
ELREXFIO	2	PA; NDS
ELZONRIS	2	B/D PA; LA; NDS
EMPLICITI	2	B/D PA; MO; NDS
EMRELIS	2	PA; NDS
ENVARBUS XR	2	B/D PA; MO
<i>epirubicin intravenous solution 200 mg/100 ml</i>	1	B/D PA
EPKINLY	2	PA; NDS
ERBITUX	2	B/D PA; MO; NDS
<i>eribulin</i>	1	B/D PA; NDS
ERIVEDGE	2	PA; MO; QL (30 per 30 days); NDS
ERLEADA ORAL TABLET 240 MG	2	PA; MO; QL (30 per 30 days); NDS
ERLEADA ORAL TABLET 60 MG	2	PA; MO; QL (120 per 30 days); NDS
<i>erlotinib oral tablet 100 mg, 150 mg</i>	1	PA; MO; QL (30 per 30 days); NDS
<i>erlotinib oral tablet 25 mg</i>	1	PA; MO; QL (60 per 30 days); NDS
ERWINASE	2	B/D PA; NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ETOPOPHOS	2	B/D PA; MO
<i>etoposide intravenous</i>	1	B/D PA; MO
EULEXIN	2	NDS
<i>everolimus (antineoplastic) oral tablet</i>	1	PA; MO; QL (30 per 30 days); NDS
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	1	PA; MO; QL (330 per 30 days); NDS
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	1	PA; MO; QL (240 per 30 days); NDS
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	1	PA; MO; QL (180 per 30 days); NDS
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>	1	B/D PA; MO
<i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	1	B/D PA; MO; NDS
<i>exemestane</i>	1	MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	2	PA; MO; NDS

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FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	2	PA; MO
<i>floxuridine</i>	1	B/D PA
<i>fludarabine intravenous recon soln</i>	1	B/D PA; MO
<i>fludarabine intravenous solution</i>	1	B/D PA
<i>fluorouracil intravenous solution 1 gram/20 ml, 500 mg/10 ml</i>	1	B/D PA; MO
<i>fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml</i>	1	B/D PA
FOTIVDA	2	PA; LA; QL (21 per 28 days); NDS
FRUZAQLA ORAL CAPSULE 1 MG	2	PA; QL (84 per 28 days); NDS
FRUZAQLA ORAL CAPSULE 5 MG	2	PA; QL (21 per 28 days); NDS
<i>fulvestrant</i>	1	B/D PA; MO; NDS
FYARRO	2	PA; NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
GAVRETO	2	PA; LA; QL (120 per 30 days); NDS
GAZYVA	2	B/D PA; MO; NDS
<i>gefitinib</i>	1	PA; MO; QL (30 per 30 days); NDS
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	1	B/D PA; MO
<i>gemcitabine intravenous recon soln 2 gram</i>	1	B/D PA
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	1	B/D PA; MO
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	2	B/D PA
<i>gengraf</i>	1	B/D PA; MO
GILOTRIF	2	PA; MO; QL (30 per 30 days); NDS
GLEOSTINE ORAL CAPSULE 10 MG	2	MO
GLEOSTINE ORAL CAPSULE 100 MG, 40 MG	2	MO; NDS

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GOMEKLI ORAL CAPSULE 1 MG	2	PA; QL (126 per 28 days); NDS
GOMEKLI ORAL CAPSULE 2 MG	2	PA; QL (84 per 28 days); NDS
GOMEKLI ORAL TABLET FOR SUSPENSION	2	PA; QL (168 per 28 days); NDS
GRAFAPEX	2	B/D PA; NDS
HERNEXEOS	2	PA; MO; QL (90 per 30 days); NDS
<i>hydroxyurea</i>	1	MO
IBRANCE	2	PA; MO; QL (21 per 28 days); NDS
IBTROZI	2	PA; QL (90 per 30 days); NDS
ICLUSIG	2	PA; QL (30 per 30 days); NDS
<i>idarubicin</i>	1	B/D PA; MO
IDHIFA	2	PA; MO; LA; QL (30 per 30 days); NDS
<i>ifosfamide intravenous recon soln</i>	1	B/D PA; MO
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	1	B/D PA; MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	1	B/D PA
<i>imatinib oral tablet 100 mg</i>	1	PA; MO; QL (180 per 30 days); NDS
<i>imatinib oral tablet 400 mg</i>	1	PA; MO; QL (60 per 30 days); NDS
IMBRUVICA ORAL CAPSULE 140 MG	2	PA; QL (120 per 30 days); NDS
IMBRUVICA ORAL CAPSULE 70 MG	2	PA; QL (30 per 30 days); NDS
IMBRUVICA ORAL SUSPENSION	2	PA; QL (324 per 30 days); NDS
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	2	PA; QL (30 per 30 days); NDS
IMDELLTRA	2	PA; MO; NDS
IMFINZI	2	B/D PA; MO; LA; NDS
IMJUDO	2	PA; MO; NDS
IMKELDI	2	PA; MO; QL (280 per 28 days); NDS
INLYTA ORAL TABLET 1 MG	2	PA; MO; QL (180 per 30 days); NDS

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INLYTA ORAL TABLET 5 MG	2	PA; MO; QL (120 per 30 days); NDS
INQOVI	2	PA; MO; QL (5 per 28 days); NDS
INREBIC	2	PA; MO; LA; QL (120 per 30 days); NDS
<i>irinotecan intravenous solution 100 mg/5 ml</i>	1	B/D PA; MO
<i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i>	1	B/D PA; NDS
<i>irinotecan intravenous solution 40 mg/2 ml</i>	1	B/D PA; MO; NDS
ISTODAX	2	B/D PA; MO; NDS
ITOVEBI ORAL TABLET 3 MG	2	PA; MO; QL (60 per 30 days); NDS
ITOVEBI ORAL TABLET 9 MG	2	PA; MO; QL (30 per 30 days); NDS
IWILFIN	2	PA; LA; QL (240 per 30 days); NDS
IXEMPRA	2	B/D PA; MO; NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
JAKAFI	2	PA; MO; QL (60 per 30 days); NDS
JAYPIRCA ORAL TABLET 100 MG	2	PA; MO; QL (60 per 30 days); NDS
JAYPIRCA ORAL TABLET 50 MG	2	PA; MO; QL (30 per 30 days); NDS
JEMPERLI	2	PA; MO; NDS
JEVTANA	2	B/D PA; MO; NDS
JYLAMVO	2	B/D PA; MO
KADCYLA	2	PA; MO; NDS
KEYTRUDA	2	PA; MO; NDS
KIMMTRAK	2	B/D PA; NDS
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	2	PA; QL (70 per 28 days); NDS
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	2	PA; QL (91 per 28 days); NDS
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	2	PA; MO; QL (21 per 28 days); NDS

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KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	2	PA; MO; QL (42 per 28 days); NDS
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	2	PA; MO; QL (63 per 28 days); NDS
KOSELUGO ORAL CAPSULE	2	PA; NDS
KRAZATI	2	PA; QL (180 per 30 days); NDS
KYPROLIS	2	B/D PA; NDS
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	1	PA; MO; NDS
<i>lapatinib</i>	1	PA; MO; QL (180 per 30 days); NDS
LAZCLUZE ORAL TABLET 240 MG	2	PA; LA; QL (30 per 30 days); NDS
LAZCLUZE ORAL TABLET 80 MG	2	PA; LA; QL (60 per 30 days); NDS
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	1	PA; MO; QL (28 per 28 days); NDS
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	1	PA; QL (28 per 28 days); NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	2	PA; MO; QL (30 per 30 days); NDS
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X 2), 24 MG/DAY (10 MG X 2-4 MG X 1)	2	PA; MO; QL (90 per 30 days); NDS
LENVIMA ORAL CAPSULE 14 MG/DAY (10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	2	PA; MO; QL (60 per 30 days); NDS
<i>letrozole</i>	1	MO
LEUKERAN	2	MO; NDS
<i>leuprolide subcutaneous kit</i>	1	PA; MO
LIBTAYO	2	PA; LA; NDS
LONSURF	2	PA; MO; NDS
LOQTORZI	2	PA; MO; NDS
LORBRENA ORAL TABLET 100 MG	2	PA; MO; QL (30 per 30 days); NDS
LORBRENA ORAL TABLET 25 MG	2	PA; MO; QL (90 per 30 days); NDS
LUMAKRAS ORAL TABLET 120 MG	2	PA; MO; QL (240 per 30 days); NDS

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LUMAKRAS ORAL TABLET 240 MG	2	PA; MO; QL (120 per 30 days); NDS
LUMAKRAS ORAL TABLET 320 MG	2	PA; MO; QL (90 per 30 days); NDS
LUNSUMIO	2	PA; MO; NDS
LUPRON DEPOT	2	PA; MO; NDS
LYNOZYFIC	2	PA; NDS
LYNPARZA	2	PA; MO; QL (120 per 30 days); NDS
LYSODREN	2	NDS
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	2	PA; LA; QL (84 per 28 days); NDS
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	2	PA; LA; QL (112 per 28 days); NDS
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	2	PA; LA; QL (140 per 28 days); NDS
MATULANE	2	NDS
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	1	PA

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	PA; MO
<i>megestrol oral tablet</i>	1	PA; MO
MEKINIST ORAL RECON SOLN	2	PA; MO; QL (1260 per 30 days); NDS
MEKINIST ORAL TABLET 0.5 MG	2	PA; MO; QL (90 per 30 days); NDS
MEKINIST ORAL TABLET 2 MG	2	PA; MO; QL (30 per 30 days); NDS
MEKTOVI	2	PA; MO; LA; QL (180 per 30 days); NDS
<i>melphalan hcl</i>	1	B/D PA; NDS
<i>mercaptopurine oral suspension</i>	1	MO; NDS
<i>mercaptopurine oral tablet</i>	1	MO
<i>methotrexate sodium</i>	1	B/D PA; MO
<i>methotrexate sodium (pf) injection recon soln</i>	1	B/D PA
<i>methotrexate sodium (pf) injection solution</i>	1	B/D PA; MO
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	1	B/D PA; MO

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<i>mitomycin intravenous recon soln 40 mg</i>	1	B/D PA; MO; NDS
<i>mitoxantrone</i>	1	B/D PA; MO
MODEYSO	2	PA; QL (20 per 28 days); NDS
MONJUVI	2	PA; LA; NDS
<i>mycophenolate mofetil (hcl)</i>	1	B/D PA; MO
<i>mycophenolate mofetil oral capsule</i>	1	B/D PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	1	B/D PA; MO; NDS
<i>mycophenolate mofetil oral tablet</i>	1	B/D PA; MO
<i>mycophenolate sodium</i>	1	B/D PA; MO
MYHIBBIN	2	B/D PA; MO; NDS
MYLOTARG	2	B/D PA; MO; LA; NDS
<i>nelarabine</i>	1	B/D PA; MO; NDS
NERLYNX	2	PA; MO; LA; NDS
<i>nilotinib hcl oral capsule 150 mg, 200 mg</i>	1	PA; MO; QL (112 per 28 days); NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>nilotinib hcl oral capsule 50 mg</i>	1	PA; MO; QL (120 per 30 days); NDS
<i>nilutamide</i>	1	PA; MO; NDS
NINLARO	2	PA; MO; QL (3 per 28 days); NDS
NUBEQA	2	PA; MO; LA; QL (120 per 30 days); NDS
NULOJIX	2	B/D PA; MO; NDS
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	1	PA; MO; NDS
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	1	PA; MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	1	PA; MO
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	1	PA; MO; NDS
<i>octreotide, microspheres</i>	1	PA; NDS
ODOMZO	2	PA; MO; LA; QL (30 per 30 days); NDS

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OGSIVEO ORAL TABLET 100 MG, 150 MG	2	PA; QL (56 per 28 days); NDS
OGSIVEO ORAL TABLET 50 MG	2	PA; QL (180 per 30 days); NDS
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION	2	PA; QL (96 per 28 days); NDS
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	2	PA; QL (16 per 28 days); NDS
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	2	PA; QL (20 per 28 days); NDS
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	2	PA; QL (24 per 28 days); NDS
OJJAARA	2	PA; QL (30 per 30 days); NDS
ONCASPAR	2	B/D PA; NDS
ONIVYDE	2	B/D PA; NDS
ONUREG	2	PA; MO; QL (14 per 28 days); NDS
OPDIVO	2	PA; MO; NDS
OPDIVO QVANTIG	2	PA; MO; NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
OPDUALAG	2	PA; MO; NDS
ORGOVYX	2	PA; LA; QL (30 per 28 days); NDS
ORSERDU ORAL TABLET 345 MG	2	PA; QL (30 per 30 days); NDS
ORSERDU ORAL TABLET 86 MG	2	PA; QL (90 per 30 days); NDS
<i>oxaliplatin intravenous recon soln 100 mg</i>	1	B/D PA
<i>oxaliplatin intravenous recon soln 50 mg</i>	1	B/D PA; MO
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	1	B/D PA; MO
<i>oxaliplatin intravenous solution 200 mg/40 ml</i>	1	B/D PA
<i>paclitaxel</i>	1	B/D PA; MO
<i>paclitaxel protein-bound</i>	1	B/D PA; MO; NDS
PADCEV	2	PA; MO; NDS
<i>pazopanib oral tablet 200 mg</i>	1	PA; MO; QL (120 per 30 days); NDS
PEMAZYRE	2	PA; LA; QL (28 per 28 days); NDS

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<i>pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg</i>	1	B/D PA; MO; NDS
<i>pemetrexed disodium intravenous recon soln 100 mg</i>	1	B/D PA; MO
<i>pemetrexed disodium intravenous recon soln 750 mg</i>	1	B/D PA; NDS
PERJETA	2	B/D PA; MO; NDS
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	2	PA; QL (28 per 28 days); NDS
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	2	PA; QL (56 per 28 days); NDS
POLIVY	2	PA; MO; NDS
POMALYST	2	PA; MO; LA; QL (21 per 28 days); NDS
POTELIGEO	2	PA; NDS
PRALATREXATE	2	B/D PA; MO; NDS
PROGRAF INTRAVENOUS	2	B/D PA; MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
PROGRAF ORAL GRANULES IN PACKET	2	B/D PA; MO
PURIXAN	2	NDS
QINLOCK	2	PA; LA; QL (90 per 30 days); NDS
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	2	PA; MO; LA; QL (60 per 30 days); NDS
RETEVMO ORAL TABLET 40 MG	2	PA; MO; LA; QL (90 per 30 days); NDS
REVLIMID	2	PA; MO; LA; QL (28 per 28 days); NDS
REVUFORJ ORAL TABLET 110 MG	2	PA; QL (120 per 30 days); NDS
REVUFORJ ORAL TABLET 160 MG	2	PA; QL (60 per 30 days); NDS
REVUFORJ ORAL TABLET 25 MG	2	PA; QL (240 per 30 days); NDS
REZLIDHIA	2	PA; QL (60 per 30 days); NDS
REZUROCK	2	PA; LA; QL (30 per 30 days); NDS
<i>romidepsin intravenous recon soln</i>	1	B/D PA; NDS

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ROMVIMZA	2	PA; LA; QL (8 per 28 days); NDS
ROZLYTREK ORAL CAPSULE 100 MG	2	PA; MO; QL (150 per 30 days); NDS
ROZLYTREK ORAL CAPSULE 200 MG	2	PA; MO; QL (90 per 30 days); NDS
ROZLYTREK ORAL PELLETS IN PACKET	2	PA; MO; QL (336 per 28 days); NDS
RUBRACA	2	PA; MO; LA; QL (120 per 30 days); NDS
RUXIENCE	2	PA; MO; NDS
RYBREVANT	2	PA; MO; NDS
RYDAPT	2	PA; MO; QL (224 per 28 days); NDS
RYLAZE	2	B/D PA; NDS
RYTELO	2	PA; NDS
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	2	PA; MO; NDS
SARCLISA	2	PA; LA; NDS
SCEMBLIX ORAL TABLET 100 MG	2	PA; QL (120 per 30 days); NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
SCEMBLIX ORAL TABLET 20 MG	2	PA; QL (600 per 30 days); NDS
SCEMBLIX ORAL TABLET 40 MG	2	PA; QL (300 per 30 days); NDS
SIGNIFOR	2	PA; NDS
SIMULECT	2	B/D PA; MO
<i>sirolimus oral solution</i>	1	B/D PA; MO; NDS
<i>sirolimus oral tablet</i>	1	B/D PA; MO
SOLTAMOX	2	MO; NDS
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML	2	PA; MO; NDS
<i>sorafenib</i>	1	PA; MO; QL (120 per 30 days); NDS
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	2	PA; MO; QL (30 per 30 days); NDS
SPRYCEL ORAL TABLET 20 MG	2	PA; MO; QL (90 per 30 days); NDS
SPRYCEL ORAL TABLET 70 MG	2	PA; MO; QL (60 per 30 days); NDS

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STIVARGA	2	PA; MO; QL (84 per 28 days); NDS
<i>sunitinib malate</i>	1	PA; MO; QL (30 per 30 days); NDS
SYLVANT	2	B/D PA; MO; NDS
TABLOID	2	MO
TABRECTA	2	PA; MO; NDS
<i>tacrolimus oral capsule</i>	1	B/D PA; MO
TAFINLAR ORAL CAPSULE	2	PA; MO; QL (120 per 30 days); NDS
TAFINLAR ORAL TABLET FOR SUSPENSION	2	PA; MO; QL (840 per 28 days); NDS
TAGRISSO	2	PA; MO; LA; QL (30 per 30 days); NDS
TALVEY	2	PA; NDS
TALZENNA	2	PA; MO; QL (30 per 30 days); NDS
<i>tamoxifen</i>	1	MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	2	PA; MO; QL (112 per 28 days); NDS
TASIGNA ORAL CAPSULE 50 MG	2	PA; MO; QL (120 per 30 days); NDS
TAZVERIK	2	PA; LA; NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
TECENTRIQ	2	B/D PA; MO; LA; NDS
TECENTRIQ HYBREZA	2	B/D PA; MO; LA; NDS
TECVAYLI	2	PA; NDS
TEMODAR INTRAVENOUS	2	B/D PA; MO; NDS
<i>temsirolimus</i>	1	B/D PA; MO; NDS
TEPMETKO	2	PA; LA; NDS
TEVIMBRA	2	PA; NDS
THALOMID ORAL CAPSULE 100 MG	2	PA; MO; QL (112 per 28 days); NDS
THALOMID ORAL CAPSULE 50 MG	2	PA; MO; QL (28 per 28 days); NDS
<i>thiotepa injection recon soln 100 mg</i>	1	B/D PA; NDS
<i>thiotepa injection recon soln 15 mg</i>	1	B/D PA; MO; NDS
TIBSOVO	2	PA; NDS
TIVDAK	2	PA; MO; NDS
<i>topotecan</i>	1	B/D PA; MO; NDS
<i>toremifene</i>	1	MO; NDS
<i>torpenz</i>	1	PA; QL (30 per 30 days); NDS
TRAZIMERA	2	B/D PA; MO; NDS

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TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	2	PA; MO
<i>tretinoin (antineoplastic)</i>	1	MO; NDS
TRODELVY	2	PA; LA; NDS
TRUQAP	2	PA; QL (64 per 28 days); NDS
TUKYSA ORAL TABLET 150 MG	2	PA; LA; QL (120 per 30 days); NDS
TUKYSA ORAL TABLET 50 MG	2	PA; LA; QL (300 per 30 days); NDS
TURALIO ORAL CAPSULE 125 MG	2	PA; LA; QL (120 per 30 days); NDS
UNITUXIN	2	B/D PA; NDS
<i>valrubicin</i>	1	B/D PA; MO; NDS
VANFLYTA	2	PA; QL (56 per 28 days); NDS
VECTIBIX	2	B/D PA; MO; NDS
VENCLEXTA ORAL TABLET 10 MG	2	PA; LA; QL (60 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
VENCLEXTA ORAL TABLET 100 MG	2	PA; LA; QL (180 per 30 days); NDS
VENCLEXTA ORAL TABLET 50 MG	2	PA; LA; QL (30 per 30 days); NDS
VENCLEXTA STARTING PACK	2	PA; LA; QL (42 per 180 days); NDS
VERZENIO	2	PA; MO; LA; QL (60 per 30 days); NDS
<i>vinblastine</i>	1	B/D PA; MO
<i>vincristine</i>	1	B/D PA; MO
<i>vinorelbine</i>	1	B/D PA; MO
VITRAKVI ORAL CAPSULE 100 MG	2	PA; MO; LA; QL (60 per 30 days); NDS
VITRAKVI ORAL CAPSULE 25 MG	2	PA; MO; LA; QL (180 per 30 days); NDS
VITRAKVI ORAL SOLUTION	2	PA; MO; LA; QL (300 per 30 days); NDS
VIZIMPRO	2	PA; MO; QL (30 per 30 days); NDS
VONJO	2	PA; QL (120 per 30 days); NDS
VORANIGO ORAL TABLET 10 MG	2	PA; QL (60 per 30 days); NDS

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VORANIGO ORAL TABLET 40 MG	2	PA; QL (30 per 30 days); NDS
VYLOY INTRAVENOUS RECON SOLN 100 MG	2	PA; LA; NDS
VYLOY INTRAVENOUS RECON SOLN 300 MG	2	PA; NDS
VYXEOS	2	B/D PA; NDS
WELIREG	2	PA; LA; NDS
XALKORI ORAL CAPSULE	2	PA; MO; QL (60 per 30 days); NDS
XALKORI ORAL PELLETT 150 MG	2	PA; MO; QL (180 per 30 days); NDS
XALKORI ORAL PELLETT 20 MG, 50 MG	2	PA; MO; QL (120 per 30 days); NDS
XERMELO	2	PA; LA; QL (84 per 28 days); NDS
XOSPATA	2	PA; LA; QL (90 per 30 days); NDS
XPOVIO	2	PA; LA; NDS
XTANDI ORAL CAPSULE	2	PA; MO; QL (120 per 30 days); NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
XTANDI ORAL TABLET 40 MG	2	PA; MO; QL (120 per 30 days); NDS
XTANDI ORAL TABLET 80 MG	2	PA; MO; QL (60 per 30 days); NDS
YERVOY	2	B/D PA; MO; NDS
YONDELIS	2	B/D PA; NDS
ZALTRAP	2	B/D PA; MO; NDS
ZANOSAR	2	B/D PA; MO
ZEJULA ORAL TABLET	2	PA; MO; LA; QL (30 per 30 days); NDS
ZELBORAF	2	PA; MO; QL (224 per 28 days); NDS
ZEPZELCA	2	PA; NDS
ZIIHERA	2	PA; NDS
ZIRABEV	2	B/D PA; MO; NDS
ZOLADEX	2	PA; MO
ZOLINZA	2	PA; MO; QL (120 per 30 days); NDS
ZYDELIG	2	PA; MO; QL (60 per 30 days); NDS
ZYKADIA	2	PA; MO; QL (90 per 30 days); NDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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ZYNLONTA	2	PA; LA; NDS
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ZYNYZ	2	PA; MO; NDS
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AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ANTICONVULSANTS

APTIOM ORAL TABLET 200 MG	2	MO; QL (180 per 30 days); NDS
APTIOM ORAL TABLET 400 MG	2	MO; QL (90 per 30 days); NDS
APTIOM ORAL TABLET 600 MG, 800 MG	2	MO; QL (60 per 30 days); NDS
BRIVIACT INTRAVENOUS	2	MO; QL (600 per 30 days)
BRIVIACT ORAL SOLUTION	2	MO; QL (600 per 30 days); NDS
BRIVIACT ORAL TABLET	2	MO; QL (60 per 30 days); NDS
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	MO
<i>carbamazepine oral suspension 100 mg/5 ml (5 ml), 200 mg/10 ml</i>	1	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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<i>carbamazepine oral tablet</i>	1	MO
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<i>carbamazepine oral tablet extended release 12 hr</i>	1	MO
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<i>carbamazepine oral tablet, chewable 100 mg</i>	1	MO
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<i>clobazam oral suspension</i>	1	PA; MO; QL (480 per 30 days)
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<i>clobazam oral tablet</i>	1	PA; MO; QL (60 per 30 days)
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<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
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<i>clonazepam oral tablet 2 mg</i>	1	MO; QL (300 per 30 days)
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<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
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<i>clonazepam oral tablet, disintegrating 2 mg</i>	1	MO; QL (300 per 30 days)
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DIACOMIT	2	PA; LA; NDS
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<i>diazepam rectal</i>	1	MO
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DILANTIN 30 MG	2	MO
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<i>divalproex</i>	1	MO
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EPIDIOLEX	2	PA; MO; LA; NDS
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EPRONTIA	2	PA; MO
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<i>eslicarbazepine oral tablet 200 mg</i>	1	MO; QL (180 per 30 days); NDS
<i>eslicarbazepine oral tablet 400 mg</i>	1	MO; QL (90 per 30 days); NDS
<i>eslicarbazepine oral tablet 600 mg, 800 mg</i>	1	MO; QL (60 per 30 days); NDS
<i>ethosuximide</i>	1	MO
<i>felbamate</i>	1	MO
FINTEPLA	2	PA; LA; QL (360 per 30 days); NDS
<i>fosphenytoin</i>	1	MO
FYCOMPA ORAL SUSPENSION	2	MO; QL (720 per 30 days); NDS
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	2	MO; QL (30 per 30 days); NDS
FYCOMPA ORAL TABLET 2 MG	2	MO; QL (60 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	2	MO; QL (60 per 30 days); NDS
<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	MO; QL (270 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	MO; QL (360 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	1	MO; QL (2160 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	1	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	MO; QL (120 per 30 days)
<i>gabapentin oral tablet extended release 24 hr 300 mg</i>	1	PA; MO; QL (30 per 30 days)
<i>gabapentin oral tablet extended release 24 hr 450 mg, 750 mg, 900 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>gabapentin oral tablet extended release 24 hr 600 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>lacosamide intravenous</i>	1	MO; QL (1200 per 30 days)
<i>lacosamide oral solution</i>	1	MO; QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	1	MO; QL (60 per 30 days)
<i>lacosamide oral tablet 50 mg</i>	1	MO; QL (120 per 30 days)
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	1	MO

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<i>lamotrigine oral tablet, disintegrating</i>	1	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml</i>	1	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml</i>	1	
<i>levetiracetam intravenous</i>	1	MO
<i>levetiracetam oral solution 100 mg/ml</i>	1	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	1	
<i>levetiracetam oral tablet</i>	1	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	1	MO
<i>methsuximide</i>	1	MO
NAYZILAM	2	PA; MO; QL (10 per 30 days)
<i>oxcarbazepine oral suspension</i>	1	MO
<i>oxcarbazepine oral tablet</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>perampanel oral tablet 10 mg, 12 mg, 8 mg</i>	1	MO; QL (30 per 30 days); NDS
<i>perampanel oral tablet 2 mg</i>	1	MO; QL (60 per 30 days)
<i>perampanel oral tablet 4 mg, 6 mg</i>	1	MO; QL (60 per 30 days); NDS
<i>phenobarbital oral elixir</i>	1	PA; MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	1	PA
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	1	PA; MO
<i>phenobarbital sodium injection solution 130 mg/ml</i>	1	MO
<i>phenobarbital sodium injection solution 65 mg/ml</i>	1	
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	MO
<i>phenytoin oral tablet, chewable</i>	1	MO
<i>phenytoin sodium extended oral capsule 100 mg</i>	1	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	1	
<i>phenytoin sodium intravenous solution</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	1	MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	MO; QL (60 per 30 days)
<i>pregabalin oral solution</i>	1	MO; QL (900 per 30 days)
PRIMIDONE ORAL TABLET 125 MG	2	MO
<i>primidone oral tablet 250 mg, 50 mg</i>	1	MO
<i>roweepra oral tablet 500 mg</i>	1	MO
<i>rufinamide oral suspension</i>	1	PA; MO; NDS
<i>rufinamide oral tablet 200 mg</i>	1	PA; MO
<i>rufinamide oral tablet 400 mg</i>	1	PA; MO; NDS
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 500 MG, 750 MG	2	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG	2	MO
<i>subvenite</i>	1	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	2	PA; MO; QL (60 per 30 days); NDS
SYMPAZAN ORAL FILM 5 MG	2	PA; MO; QL (60 per 30 days)
<i>tiagabine</i>	1	MO
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	PA; MO
<i>topiramate oral solution</i>	1	PA; MO
<i>topiramate oral tablet</i>	1	PA; MO
<i>valproate sodium</i>	1	MO
<i>valproic acid</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	1	
VALTOCO	2	PA; MO; QL (10 per 30 days)

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<i>vigabatin</i>	1	PA; MO; LA; NDS
<i>vigadrone</i>	1	PA; LA; NDS
<i>vigpoder</i>	1	PA; LA; NDS
XCOPRI MAINTENANCE PACK	2	MO; QL (56 per 28 days); NDS
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	2	MO; QL (30 per 30 days); NDS
XCOPRI ORAL TABLET 150 MG, 200 MG	2	MO; QL (60 per 30 days); NDS
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	2	MO; QL (28 per 180 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	2	MO; QL (28 per 180 days); NDS
ZONISADE	2	PA; MO; NDS
<i>zonisamide</i>	1	PA; MO
ZTALMY	2	PA; LA; QL (1100 per 30 days); NDS
ANTIPARKINSONISM AGENTS		

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>benztropine injection</i>	1	MO
<i>benztropine oral</i>	1	PA; MO
<i>bromocriptine oral capsule</i>	1	
<i>bromocriptine oral tablet</i>	1	MO
<i>carbidopa</i>	1	MO
<i>carbidopa-levodopa oral tablet</i>	1	MO
<i>carbidopa-levodopa oral tablet extended release</i>	1	MO
<i>carbidopa-levodopa oral tablet,disintegrating</i>	1	MO
<i>carbidopa-levodopa-entacapone</i>	1	MO
<i>entacapone</i>	1	MO
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	2	PA; QL (300 per 30 days); NDS
NEUPRO	2	MO
<i>pramipexole oral tablet</i>	1	MO
<i>rasagiline</i>	1	MO
<i>ropinirole</i>	1	MO
<i>selegiline hcl</i>	1	MO
<i>trihexyphenidyl oral tablet</i>	1	MO

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MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	2	PA; MO; QL (1 per 30 days)
<i>dihydroergotamine injection</i>	1	NDS
<i>dihydroergotamine nasal</i>	1	QL (8 per 28 days); NDS
EMGALITY PEN	2	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; MO; QL (2 per 30 days)
<i>ergotamine-caffeine</i>	1	MO
<i>naratriptan</i>	1	MO; QL (18 per 28 days)
NURTEC ODT	2	PA; QL (16 per 30 days)
QULIPTA	2	PA; MO; QL (30 per 30 days)
<i>rizatriptan</i>	1	MO; QL (24 per 28 days)
<i>sumatriptan nasal</i>	1	MO; QL (18 per 28 days)
<i>sumatriptan succinate oral</i>	1	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	1	QL (8 per 28 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i>	1	QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	1	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	1	MO; QL (8 per 28 days)
UBRELVY	2	PA; QL (20 per 30 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUSTEDO ORAL TABLET 12 MG, 9 MG	2	PA; MO; QL (120 per 30 days); NDS
AUSTEDO ORAL TABLET 6 MG	2	PA; MO; QL (60 per 30 days); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	2	PA; MO; QL (90 per 30 days); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	2	PA; MO; QL (30 per 30 days); NDS

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AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	2	PA; MO; QL (60 per 30 days); NDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	2	PA; MO; QL (210 per 30 days); NDS
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	2	PA; MO; QL (28 per 180 days); NDS
BRIUMVI	2	PA; MO; QL (24 per 180 days); NDS
<i>dalfampridine</i>	1	PA; MO; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	1	PA; MO; QL (56 per 28 days); NDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	1	PA; MO; QL (120 per 180 days); NDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	1	PA; MO; QL (60 per 30 days); NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>donepezil</i>	1	MO
<i>fingolimod</i>	1	PA; MO; QL (30 per 30 days); NDS
<i>galantamine</i>	1	MO
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	1	PA; QL (30 per 30 days); NDS
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	1	PA; QL (12 per 28 days); NDS
<i>glatopa subcutaneous syringe 20 mg/ml</i>	1	PA; MO; QL (30 per 30 days); NDS
<i>glatopa subcutaneous syringe 40 mg/ml</i>	1	PA; MO; QL (12 per 28 days); NDS
INGREZZA	2	PA; LA; QL (30 per 30 days); NDS
INGREZZA INITIATION PK(TARDIV)	2	PA; LA; QL (28 per 180 days); NDS
INGREZZA SPRINKLE	2	PA; LA; QL (30 per 30 days); NDS
KESIMPTA PEN	2	PA; MO; QL (1.6 per 28 days); NDS
<i>memantine oral capsule, sprinkle, er 24hr</i>	1	PA; MO

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<i>memantine oral solution</i>	1	PA; MO
<i>memantine oral tablet</i>	1	PA; MO
<i>memantine-donepezil</i>	1	PA; MO
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR	2	PA; MO
NUEDEXTA	2	PA; MO; NDS
RADICAVA ORS	2	PA; MO; NDS
RADICAVA ORS STARTER KIT SUSP	2	PA; MO; NDS
<i>rivastigmine</i>	1	MO
<i>rivastigmine tartrate</i>	1	MO
<i>teriflunomide</i>	1	PA; MO; QL (30 per 30 days); NDS
<i>tetrabenazine oral tablet 12.5 mg</i>	1	PA; MO; QL (240 per 30 days); NDS
<i>tetrabenazine oral tablet 25 mg</i>	1	PA; MO; QL (120 per 30 days); NDS
VUMERITY	2	PA; MO; QL (120 per 30 days); NDS
ZEPOSIA	2	PA; MO; QL (30 per 30 days); NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ZEPOSIA STARTER KIT (28-DAY)	2	PA; MO; QL (28 per 180 days); NDS
ZEPOSIA STARTER PACK (7-DAY)	2	PA; MO; QL (7 per 180 days); NDS
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral tablet</i>	1	MO
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	PA; MO
<i>dantrolene intravenous</i>	1	
<i>dantrolene oral</i>	1	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	MO
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	1	MO
<i>revonto</i>	1	
<i>tizanidine oral tablet</i>	1	MO
VYVGART	2	PA; MO; LA; NDS
VYVGART HYTRULO	2	PA; MO; LA; NDS
NARCOTIC ANALGESICS		

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<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml</i>	1	QL (4500 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	MO; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	MO; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	MO; QL (180 per 30 days)
BELBUCA	2	PA; MO; QL (60 per 30 days)
<i>buprenorphine hcl injection syringe</i>	1	
<i>buprenorphine hcl sublingual</i>	1	MO
<i>buprenorphine transdermal patch</i>	1	PA; MO; QL (4 per 28 days)
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg</i>	1	QL (360 per 30 days)
<i>endocet oral tablet 5-325 mg</i>	1	MO; QL (360 per 30 days)
<i>fentanyl citrate (pf) injection solution</i>	1	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>fentanyl citrate (pf) injection syringe 100 mcg/2 ml (50 mcg/ml)</i>	1	
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	1	PA; MO; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	PA; MO; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml</i>	1	QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	MO; QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	1	QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	1	MO; QL (50 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml, 2 mg/ml</i>	1	

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<i>hydromorphone injection solution 2 mg/ml</i>	1	MO
<i>hydromorphone injection syringe 1 mg/ml, 4 mg/ml</i>	1	MO
<i>hydromorphone injection syringe 2 mg/ml</i>	1	
<i>hydromorphone oral liquid</i>	1	MO; QL (2400 per 30 days)
<i>hydromorphone oral tablet</i>	1	MO; QL (180 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr</i>	1	PA; MO; QL (60 per 30 days)
<i>methadone injection solution</i>	1	
<i>methadone intensol</i>	1	PA; MO; QL (90 per 30 days)
<i>methadone oral concentrate</i>	1	PA; QL (90 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	1	PA; MO; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	1	PA; MO; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	1	PA; MO; QL (120 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>methadone oral tablet 5 mg</i>	1	PA; MO; QL (240 per 30 days)
<i>methadose oral concentrate</i>	1	PA; MO; QL (90 per 30 days)
<i>morphine (pf) injection solution 0.5 mg/ml</i>	1	
<i>morphine (pf) injection solution 1 mg/ml</i>	1	MO
<i>morphine concentrate oral solution</i>	1	MO; QL (900 per 30 days)
<i>morphine injection syringe 4 mg/ml</i>	1	MO
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml</i>	1	MO
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	
<i>morphine oral solution</i>	1	MO; QL (900 per 30 days)
<i>morphine oral tablet</i>	1	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release</i>	1	PA; MO; QL (120 per 30 days)
<i>oxycodone oral capsule</i>	1	MO; QL (360 per 30 days)

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<i>oxycodone oral concentrate</i>	1	MO; QL (180 per 30 days)
<i>oxycodone oral solution</i>	1	MO; QL (1200 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	1	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	1	MO; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days)
OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	2	PA; MO; QL (90 per 30 days)
OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 80 MG	2	PA; MO; QL (60 per 30 days); NDS
SUBLOCADE	2	MO; NDS
NON-NARCOTIC ANALGESICS		
<i>8 hour acetaminophen er 650 mg</i>	3	MO; ADD
<i>8hr arthritis pain er 650 mg</i>	3	MO; ADD
<i>acetaminophen 120 mg suppos</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>acetaminophen 120 mg suppos inner</i>	3	MO; ADD
<i>acetaminophen 120 mg suppos outer</i>	3	MO; ADD
<i>acetaminophen 160 mg/5 ml liq</i>	3	MO; ADD
<i>acetaminophen 160 mg/5 ml soln</i>	3	MO; ADD
<i>acetaminophen 160 mg/5 ml solution cup inner</i>	3	ADD
<i>acetaminophen 160 mg/5 ml solution cup outer</i>	3	ADD
<i>acetaminophen 160 mg/5 ml suspension cup inner</i>	3	ADD
<i>acetaminophen 160 mg/5 ml suspension cup outer</i>	3	ADD
<i>acetaminophen 160 mg/5 ml syr inner</i>	3	ADD
<i>acetaminophen 160 mg/5 ml syr outer</i>	3	ADD
<i>acetaminophen 325 mg gelcap</i>	3	MO; ADD
<i>acetaminophen 325 mg tablet</i>	3	MO; ADD
<i>acetaminophen 325 mg/10.15 ml cup inner</i>	3	ADD

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ACETAMINOPHE N 325 MG/10.15 ML CUP INNER	3	ADD
<i>acetaminophen 325 mg/10.15 ml cup outer</i>	3	ADD
ACETAMINOPHE N 325 MG/10.15 ML CUP OUTER	3	ADD
<i>acetaminophen 500 mg caplet</i>	3	MO; ADD
<i>acetaminophen 500 mg gelcap</i>	3	MO; ADD
<i>acetaminophen 500 mg tablet</i>	3	MO; ADD
<i>acetaminophen 500 mg tablet extra strength</i>	3	MO; ADD
<i>acetaminophen 650 mg suppos</i>	3	MO; ADD
<i>acetaminophen 650 mg suppos outer</i>	3	MO; ADD
<i>acetaminophen 650 mg/20.3 ml cup inner</i>	3	ADD
ACETAMINOPHE N 650 MG/20.3 ML CUP INNER	3	ADD
<i>acetaminophen 650 mg/20.3 ml cup outer</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ACETAMINOPHE N 650 MG/20.3 ML CUP OUTER	3	ADD
ACETAMINOPHE N 80 MG/2.5 ML SYR INNER	3	ADD
ACETAMINOPHE N 80 MG/2.5 ML SYR OUTER	3	ADD
<i>acetaminophen er 650 mg caplet</i>	3	ADD
<i>acetaminophen er 650 mg tablet</i>	3	ADD
ACETAMINOPHE N POWDER USP (RX)	3	ADD
<i>all day pain relief 220 mg tab</i>	3	ADD
<i>all day pain rlf 220 mg caplet</i>	3	ADD
<i>all day pain rlf 220 mg caplet</i>	3	ADD
<i>all day relief 220 mg caplet</i>	3	MO; ADD
<i>all day relief 220 mg caplet caplet, gluten-free</i>	3	MO; ADD
<i>all day relief 220 mg tablet</i>	3	MO; ADD
<i>all day relief 220 mg tablet gluten-free</i>	3	MO; ADD
<i>arthritis pain er 650 mg caplt</i>	3	ADD

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<i>arthritis pain er 650 mg tab inner</i>	3	ADD
<i>arthritis pain er 650 mg tab outer</i>	3	ADD
<i>aspirin 300 mg suppository</i>	3	MO; ADD
<i>aspirin 325 mg tablet</i>	3	MO; ADD
<i>aspirin 325 mg tablet regular strength</i>	3	MO; ADD
<i>aspirin 81 mg chewable tablet</i>	3	MO; ADD
<i>aspirin 81 mg chewable tablet adult low dose</i>	3	MO; ADD
<i>aspirin 81 mg chewable tablet child low dose</i>	3	MO; ADD
<i>aspirin 81 mg chewable tablet gluten-free, orange</i>	3	MO; ADD
<i>aspirin 81 mg chewable tablet low dose</i>	3	MO; ADD
<i>aspirin 81 mg chewable tablet low dose, cherry</i>	3	MO; ADD
<i>aspirin 81 mg chewable tablet tab chew,cherry</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>aspirin 81 mg chewable tablet tab chew,orange</i>	3	MO; ADD
<i>aspirin ec 325 mg tablet</i>	3	MO; ADD
<i>aspirin ec 325 mg tablet regular strength</i>	3	MO; ADD
<i>aspirin ec 81 mg tablet</i>	3	MO; ADD
<i>aspirin ec 81 mg tablet adult low dose</i>	3	MO; ADD
<i>aspirin regimen 81 mg ec tab</i>	3	ADD
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	MO; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	1	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	1	MO; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	MO; QL (90 per 30 days)
<i>butorphanol injection</i>	1	MO
<i>butorphanol nasal</i>	1	MO; QL (10 per 28 days)

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>celecoxib</i>	1	MO
<i>child acetaminophen 160 mg</i>	3	ADD
<i>child ibuprofen 100 mg/5 ml cup inner</i>	3	ADD
<i>child ibuprofen 100 mg/5 ml cup inner, d/f</i>	3	ADD
<i>child ibuprofen 100 mg/5 ml cup outer</i>	3	ADD
<i>child ibuprofen 100 mg/5 ml cup outer, d/f</i>	3	ADD
<i>child ibuprofen 100 mg/5 ml cup u-d</i>	3	ADD
<i>child ibuprofen 100 mg/5 ml cup u-d, 100's, hosp use</i>	3	ADD
<i>child ibuprofen 100 mg/5 ml cup u-d, 30's, hosp use</i>	3	ADD
<i>child ibuprofen 100 mg/5 ml syrg</i>	3	ADD
<i>child ibuprofen 200 mg/10 ml cup inner</i>	3	ADD
<i>child ibuprofen 200 mg/10 ml cup outer</i>	3	ADD
<i>child pain-fever 160 mg/5 ml</i>	3	MO; ADD
<i>child pain-fever 160 mg/5 ml as, ibu/f</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>child pain-fever 160 mg/5 ml gluten-f, grape</i>	3	MO; ADD
<i>children ibuprofen 100 mg/5 ml</i>	3	ADD
<i>children ibuprofen 100 mg/5 ml berry</i>	3	ADD
<i>children ibuprofen 100 mg/5 ml berry flavor</i>	3	ADD
<i>children ibuprofen 100 mg/5 ml d/f</i>	3	ADD
<i>children ibuprofen 100 mg/5 ml dye/free</i>	3	ADD
<i>children ibuprofen 100 mg/5 ml gluten/f, berry</i>	3	ADD
<i>children ibuprofen 100 mg/5 ml gluten/f, grape</i>	3	ADD
<i>children ibuprofen 100 mg/5 ml gluten/f, bubble</i>	3	ADD
<i>children ibuprofen 100 mg/5 ml grape</i>	3	ADD
<i>children's mapap 80 mg tab chw</i>	3	MO; ADD
<i>child's mapap 160 mg tab chew</i>	3	MO; ADD
<i>chld acetaminophen 160 mg/5 ml</i>	3	ADD
<i>chld acetaminophen 160 mg/5 ml</i>	3	MO; ADD

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<i>chld acetaminophen 160 mg/5 ml cup inner</i>	3	ADD
<i>chld acetaminophen 160 mg/5 ml cup outer</i>	3	ADD
<i>chld acetaminophen 160 mg/5 ml gluten/f, grape</i>	3	MO; ADD
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	1	
<i>diclofenac potassium oral tablet 50 mg</i>	1	MO
<i>diclofenac sodium oral</i>	1	MO
<i>diclofenac sodium topical gel 1 %</i>	1	MO; QL (1000 per 28 days)
<i>diclofenac sodium topical solution in metered-dose pump</i>	1	MO; QL (224 per 28 days); NDS
<i>diclofenac-misoprostol</i>	1	MO
<i>diflunisal</i>	1	MO
DOLOGESIC 500-1 MG CAPLET	3	ADD
DOLOGESIC-DF 500-1 MG CAPLET	3	ADD
<i>ed-apap 160 mg/5 ml liquid</i>	3	ADD
<i>etodolac</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>feverall 120 mg suppository childrens, outer</i>	3	MO; ADD
<i>feverall 120 mg suppository children's, outer</i>	3	MO; ADD
<i>feverall 325 mg suppository junior str, outer</i>	3	MO; ADD
<i>feverall 650 mg suppository adult, outer</i>	3	ADD
FEVERALL 80 MG SUPPOSITORY INFANT'S, INNER	3	MO; ADD
FEVERALL 80 MG SUPPOSITORY INFANT'S, OUTER	3	MO; ADD
<i>flurbiprofen oral tablet 100 mg</i>	1	MO
<i>ft 8 hour pain rlf er 650 mg</i>	3	MO; ADD
<i>ft aspirin 325 mg tablet</i>	3	MO; ADD
<i>ft aspirin ec 325 mg tablet</i>	3	MO; ADD
<i>ft aspirin ec 81 mg tablet</i>	3	MO; ADD
<i>ft child acetaminophen 160 mg</i>	3	ADD
<i>ft child ibuprofen 100 mg/5 ml</i>	3	ADD

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<i>ft ibuprofen 200 mg caplet</i>	3	MO; ADD
<i>ft ibuprofen 200 mg mini sfgl</i>	3	MO; ADD
<i>ft ibuprofen 200 mg softgel</i>	3	MO; ADD
<i>ft ibuprofen 200 mg tablet</i>	3	MO; ADD
<i>ft ibuprofen ib 100 mg chew tb</i>	3	ADD
<i>ft naproxen sodium 220 mg cap</i>	3	MO; ADD
<i>ft pain relief 325 mg tablet</i>	3	ADD
<i>ft pain relief 500 mg gelcap</i>	3	ADD
<i>ft pain relief 500 mg tablet</i>	3	ADD
<i>gnp 8 hour pain relief 650 mg</i>	3	MO; ADD
<i>gnp 8hr arthrit pain er 650 mg</i>	3	MO; ADD
<i>gnp aspirin 325 mg tablet</i>	3	MO; ADD
<i>gnp aspirin ec 81 mg tablet</i>	3	MO; ADD
<i>gnp child pain relief 160 mg</i>	3	ADD
<i>gnp ibuprofen 100 mg chew tab</i>	3	ADD
<i>gnp ibuprofen 200 mg mini sfgl</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>gnp ibuprofen 200 mg softgel</i>	3	MO; ADD
<i>gnp ibuprofen 200 mg tablet</i>	3	MO; ADD
<i>gnp naproxen sod 220 mg caplet</i>	3	ADD
<i>gnp naproxen sod 220 mg tablet</i>	3	ADD
<i>gnp pain relief 500 mg caplet</i>	3	ADD
<i>gnp pain relief 500 mg gelcap</i>	3	ADD
<i>gs arthritis pain er 650 mg</i>	3	ADD
<i>gs aspirin 81 mg chewable tab</i>	3	MO; ADD
<i>gs child fever-pain 160 mg/5 ml</i>	3	MO; ADD
<i>gs child ibuprofen 100 mg/5 ml</i>	3	ADD
<i>gs child pain-fever 160 mg/5 ml</i>	3	MO; ADD
<i>gs ibuprofen 200 mg caplet</i>	3	MO; ADD
<i>gs ibuprofen 200 mg liquid gel</i>	3	MO; ADD
<i>gs ibuprofen 200 mg tablet</i>	3	MO; ADD
<i>gs inf ibuprofen 50 mg/1.25 ml</i>	3	MO; ADD

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<i>gs infant pain-fever 160 mg/5</i>	3	ADD
<i>gs naproxen sod 220 mg caplet</i>	3	ADD
<i>gs naproxen sod 220 mg tablet</i>	3	ADD
<i>gs pain relief 325 mg tablet</i>	3	ADD
<i>gs pain relief 500 mg caplet</i>	3	ADD
<i>ibu</i>	1	MO
<i>ibuprofen 200 mg caplet</i>	3	MO; ADD
<i>ibuprofen 200 mg caplet</i>	3	MO; ADD
<i>ibuprofen 200 mg caplet caplet, coated</i>	3	MO; ADD
<i>ibuprofen 200 mg coated caplet</i>	3	MO; ADD
<i>ibuprofen 200 mg capsule</i>	3	MO; ADD
<i>ibuprofen 200 mg softgel</i>	3	MO; ADD
<i>ibuprofen 200 mg tablet</i>	3	MO; ADD
<i>ibuprofen 200 mg tablet coated</i>	3	MO; ADD
<i>ibuprofen 200 mg tablet coated caplet</i>	3	MO; ADD
<i>ibuprofen 200 mg/10 ml suspension cup 100's, u-d cups (otc)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>ibuprofen 200 mg/10 ml suspension cup 30's, u-d cups (otc)</i>	3	MO; ADD
<i>ibuprofen 200 mg/10 ml suspension cup u-d (otc)</i>	3	MO; ADD
<i>ibuprofen jr str 100 mg tb chw</i>	3	ADD
<i>ibuprofen oral suspension 100 mg/5 ml</i>	1	MO
<i>ibuprofen oral tablet 400 mg, 800 mg</i>	1	MO
<i>ibuprofen oral tablet 600 mg</i>	1	
<i>infant ibuprofen 50 mg/1.25 ml</i>	3	MO; ADD
<i>infant ibuprofen 50 mg/1.25 ml berry</i>	3	MO; ADD
<i>infant ibuprofen 50 mg/1.25 ml berry,infant</i>	3	MO; ADD
<i>infant ibuprofen 50 mg/1.25 ml d/f,berry,infant</i>	3	MO; ADD
<i>infant ibuprofen 50 mg/1.25 ml d/f,non-staining</i>	3	MO; ADD
<i>infant pain-fever 160 mg/5 ml</i>	3	ADD
<i>infant pain-fever 160 mg/5 ml grape</i>	3	ADD

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<i>infant pain-fever 160 mg/5 ml w/syringe, grape</i>	3	ADD
<i>infants pain-fever 160 mg/5 ml dye-free, cherry</i>	3	ADD
JOURNAVX	2	MO; QL (30 per 90 days)
<i>lurbiro</i>	1	
<i>mapap 500 mg capsule</i>	3	MO; ADD
<i>meloxicam oral tablet</i>	1	MO; QL (30 per 30 days)
<i>nabumetone</i>	1	MO
<i>nalbuphine</i>	1	
<i>naloxone injection solution</i>	1	MO
<i>naloxone injection syringe 0.4 mg/ml (prefilled syringe)</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	MO
<i>naloxone nasal</i>	1	MO
<i>naltrexone</i>	1	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/ec)</i>	1	MO
<i>naproxen sodium 220 mg capsule</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>naproxen sodium 220 mg tablet</i>	3	ADD
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>oxaprozin oral tablet</i>	1	MO
<i>pain relief 325 mg tablet</i>	3	ADD
<i>pain relief 500 mg caplet caplet, ex-strength</i>	3	ADD
<i>pain relief 500 mg tablet extra strength</i>	3	ADD
<i>pharbetol 325 mg tablet regular strength</i>	3	ADD
<i>pharbetol 500 mg tablet extra strength</i>	3	ADD
<i>piroxicam</i>	1	MO
<i>qc aspirin ec 325 mg tablet</i>	3	MO; ADD
<i>qc aspirin ec 81 mg tablet</i>	3	MO; ADD
<i>qc child pain rlf 160 mg/5 ml</i>	3	ADD
<i>qc infant pain-fever 160 mg/5</i>	3	ADD
<i>qc non-aspirin 500 mg gelcap gelcap, ex-str</i>	3	ADD
<i>qc pain relief 500 mg caplet</i>	3	ADD

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<i>salsalate</i>	1	MO
<i>sm aspirin 81 mg chewable tab</i>	3	MO; ADD
<i>sm child ibuprofen 100 mg/5 ml</i>	3	ADD
<i>st. joseph aspirin 81 mg chew</i>	3	MO; ADD
<i>sulindac</i>	1	MO
<i>tramadol oral tablet 50 mg</i>	1	MO; QL (240 per 30 days)
<i>tramadol-acetaminophen</i>	1	MO; QL (240 per 30 days)
VIVITROL	2	MO; NDS
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	2	MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	2	MO; QL (60 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	2	MO; QL (2.4 per 56 days); NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	2	MO; QL (3.2 per 56 days); NDS
ABILIFY MAINTENA	2	MO; QL (1 per 28 days); NDS
<i>amitriptyline</i>	1	MO
<i>amoxapine</i>	1	MO
<i>aripiprazole oral solution</i>	1	MO
<i>aripiprazole oral tablet</i>	1	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet,disintegrating</i>	1	MO; QL (60 per 30 days)
ARISTADA INITIO	2	MO; QL (4.8 per 365 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	2	MO; QL (3.9 per 56 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	2	MO; QL (1.6 per 28 days); NDS

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ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	2	MO; QL (2.4 per 28 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML	2	MO; QL (3.2 per 28 days); NDS
<i>armodafinil</i>	1	PA; MO; QL (30 per 30 days)
<i>asenapine maleate</i>	1	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	1	MO; QL (30 per 30 days)
AUVELITY	2	ST; QL (60 per 30 days); NDS
BELSOMRA	2	PA; QL (30 per 30 days)
<i>bupropion hcl oral tablet</i>	1	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	MO; QL (90 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	MO; QL (60 per 30 days)
<i>buspirone</i>	1	MO
CAPLYTA	2	MO; QL (30 per 30 days)
<i>chlorpromazine</i>	1	MO
<i>citalopram oral solution</i>	1	MO
<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)
<i>clomipramine</i>	1	MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	1	PA; MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	1	PA; MO; QL (360 per 30 days)
<i>clozapine</i>	1	
COBENFY	2	MO; QL (60 per 30 days)
COBENFY STARTER PACK	2	MO; QL (56 per 180 days)

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<i>desipramine</i>	1	MO
<i>desvenlafaxine succinate</i>	1	MO; QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	1	MO
<i>dextroamphetamine-amphetamine oral tablet</i>	1	MO
<i>diazepam injection</i>	1	PA
<i>diazepam intensol</i>	1	PA; MO; QL (240 per 30 days)
<i>diazepam oral concentrate</i>	1	PA; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	PA; MO; QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)</i>	1	PA; QL (1200 per 30 days)
<i>diazepam oral tablet</i>	1	PA; MO; QL (120 per 30 days)
<i>doxepin oral capsule</i>	1	MO
<i>doxepin oral concentrate</i>	1	MO
<i>doxepin oral tablet</i>	1	MO; QL (30 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	2	MO; QL (60 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	2	MO; QL (90 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	MO; QL (60 per 30 days)
EMSAM	2	MO; NDS
<i>escitalopram oxalate oral solution</i>	1	MO
<i>escitalopram oxalate oral tablet</i>	1	MO; QL (30 per 30 days)
<i>eszopiclone</i>	1	MO; QL (30 per 30 days)
FANAPT	2	ST; MO; QL (60 per 30 days)
FANAPT TITRATION PACK A	2	ST; MO; QL (8 per 180 days)
FANAPT TITRATION PACK B	2	ST; QL (12 per 180 days)
FANAPT TITRATION PACK C	2	ST; QL (8 per 180 days)

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FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)	2	QL (28 per 180 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	2	QL (30 per 30 days)
<i>flumazenil</i>	1	
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO; QL (120 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluoxetine oral solution</i>	1	MO
<i>fluphenazine decanoate</i>	1	MO
<i>fluphenazine hcl</i>	1	MO
<i>fluvoxamine oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	1	MO; QL (60 per 30 days)
<i>haloperidol</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)</i>	1	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	MO
<i>haloperidol lactate injection</i>	1	MO
<i>haloperidol lactate intramuscular</i>	1	
<i>haloperidol lactate oral</i>	1	MO
<i>imipramine hcl</i>	1	MO
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	2	MO; QL (3.5 per 180 days); NDS
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	2	MO; QL (5 per 180 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	2	MO; QL (0.75 per 28 days); NDS

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INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	2	MO; QL (1 per 28 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	2	MO; QL (1.5 per 28 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	2	MO; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	2	MO; QL (0.5 per 28 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	2	MO; QL (0.88 per 90 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	2	MO; QL (1.32 per 90 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	2	MO; QL (1.75 per 90 days); NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	2	MO; QL (2.63 per 90 days); NDS
<i>lithium carbonate</i>	1	MO
<i>lithium citrate</i>	1	
<i>lorazepam injection</i>	1	PA; MO
<i>lorazepam intensol</i>	1	PA; QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	1	PA; MO; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	PA; MO; QL (150 per 30 days)
<i>loxapine succinate</i>	1	MO
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	1	MO; QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i>	1	MO; QL (60 per 30 days)
MARPLAN	2	MO
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	1	MO
<i>methylphenidate hcl oral solution</i>	1	MO
<i>methylphenidate hcl oral tablet</i>	1	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	1	MO
<i>methylphenidate hcl oral tablet, chewable</i>	1	MO
<i>mirtazapine</i>	1	MO
<i>modafinil oral tablet 100 mg</i>	1	PA; MO; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	1	PA; QL (60 per 30 days)
<i>molindone oral tablet 10 mg, 25 mg</i>	1	
<i>molindone oral tablet 5 mg</i>	1	MO
<i>nefazodone</i>	1	MO
<i>nortriptyline</i>	1	MO
NUPLAZID	2	PA; MO; QL (30 per 30 days)
<i>olanzapine intramuscular</i>	1	MO
<i>olanzapine oral</i>	1	MO; QL (30 per 30 days)
OPIPZA ORAL FILM 10 MG	2	ST; MO; QL (90 per 30 days); NDS
OPIPZA ORAL FILM 2 MG	2	ST; MO; QL (30 per 30 days); NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
OPIPZA ORAL FILM 5 MG	2	ST; MO; QL (180 per 30 days); NDS
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	1	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	1	MO; QL (60 per 30 days)
<i>paroxetine hcl oral suspension</i>	1	MO
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	MO; QL (60 per 30 days)
<i>pentobarbital sodium injection solution</i>	1	
<i>perphenazine</i>	1	MO
<i>phenelzine</i>	1	MO
<i>pimozide</i>	1	MO
<i>protriptyline</i>	1	MO
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	MO; QL (60 per 30 days)

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<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	1	MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
RALDESY	2	MO; NDS
<i>ramelteon</i>	1	MO; QL (30 per 30 days)
REXULTI ORAL TABLET	2	MO; QL (30 per 30 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i>	1	MO; QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i>	1	MO; QL (2 per 28 days); NDS
<i>risperidone oral solution</i>	1	MO
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; QL (120 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	1	MO; QL (120 per 30 days)
SECUADO	2	MO; QL (30 per 30 days); NDS
<i>sertraline oral concentrate</i>	1	MO
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
SODIUM OXYBATE (PREFERRED NDCS STARTING WITH 00054)	2	PA; LA; QL (540 per 30 days); NDS
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	2	PA; MO; NDS
<i>thioridazine</i>	1	MO
<i>thiothixene</i>	1	MO
<i>tranlycypromine</i>	1	MO
<i>trazodone</i>	1	MO
<i>trifluoperazine</i>	1	MO
<i>trimipramine</i>	1	MO

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TRINTELLIX	2	QL (30 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 100 MG/0.28 ML	2	MO; QL (0.28 per 28 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 125 MG/0.35 ML	2	MO; QL (0.35 per 28 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 150 MG/0.42 ML	2	MO; QL (0.42 per 56 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 200 MG/0.56 ML	2	MO; QL (0.56 per 56 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 250 MG/0.7 ML	2	MO; QL (0.7 per 56 days); NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 50 MG/0.14 ML	2	MO; QL (0.14 per 28 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 75 MG/0.21 ML	2	MO; QL (0.21 per 28 days); NDS
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	1	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet</i>	1	MO; QL (90 per 30 days)
VERSACLOZ	2	NDS
<i>vilazodone</i>	1	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	2	MO; QL (30 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	1	MO; QL (30 per 30 days)
<i>ziprasidone hcl</i>	1	MO; QL (60 per 30 days)
<i>ziprasidone mesylate</i>	1	MO

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<i>zolpidem oral tablet</i>	1	MO; QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	2	PA; MO; QL (28 per 365 days); NDS
ZURZUVAE ORAL CAPSULE 30 MG	2	PA; MO; QL (14 per 365 days); NDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	2	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	2	QL (2 per 28 days); NDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	2	QL (1 per 28 days); NDS
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>adenosine</i>	1	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>amiodarone intravenous solution</i>	1	B/D PA; MO
<i>amiodarone oral</i>	1	MO
<i>dofetilide</i>	1	MO
<i>flecainide</i>	1	MO
<i>ibutilide fumarate</i>	1	
<i>lidocaine (pf) intravenous</i>	1	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	1	
<i>mexiletine</i>	1	MO
MULTAQ	2	MO
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	MO
<i>procainamide injection</i>	1	
<i>propafenone</i>	1	MO
<i>quinidine sulfate oral tablet</i>	1	MO
<i>sotalol af</i>	1	
<i>sotalol oral</i>	1	MO
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol</i>	1	MO
<i>aliskiren</i>	1	MO
<i>amiloride</i>	1	MO

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<i>amiloride-hydrochlorothiazide</i>	1	MO
<i>amlodipine</i>	1	MO
<i>amlodipine-benazepril</i>	1	MO
<i>amlodipine-olmesartan</i>	1	MO
<i>amlodipine-valsartan</i>	1	MO
<i>amlodipine-valsartan-hcthiazid</i>	1	MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO
<i>benazepril</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	1	MO
<i>betaxolol oral</i>	1	MO
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide</i>	1	MO
<i>candesartan</i>	1	MO
<i>candesartan-hydrochlorothiazid</i>	1	MO
<i>captopril</i>	1	MO
<i>captopril-hydrochlorothiazide</i>	1	
<i>cartia xt</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>carvedilol</i>	1	MO
<i>chlorothiazide sodium</i>	1	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
<i>clonidine transdermal patch</i>	1	MO; QL (4 per 28 days)
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	1	
<i>clonidine hcl oral tablet</i>	1	MO
<i>diltiazem hcl intravenous</i>	1	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	1	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 24 hr</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 24hr</i>	1	MO
<i>diltiazem hcl oral tablet</i>	1	MO
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 240 mg, 300 mg</i>	1	MO

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<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 360 mg, 420 mg</i>	1	
<i>dilt-xr</i>	1	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	MO; QL (60 per 30 days)
EDARBI	2	MO
EDARBYCLOR	2	MO
<i>enalapril maleate oral tablet</i>	1	MO
<i>enalaprilat intravenous solution</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	MO
<i>eplerenone</i>	1	MO
<i>esmolol intravenous solution</i>	1	
<i>ethacrynate sodium</i>	1	NDS
<i>felodipine</i>	1	MO
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	1	MO
<i>furosemide injection solution</i>	1	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>furosemide oral tablet</i>	1	MO
<i>hydralazine</i>	1	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO
<i>irbesartan</i>	1	MO
<i>irbesartan-hydrochlorothiazide</i>	1	MO
<i>isosorbide-hydralazine</i>	1	MO; QL (180 per 30 days)
<i>isradipine</i>	1	
KERENDIA	2	PA; QL (30 per 30 days)
<i>labetalol intravenous solution</i>	1	
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	MO
<i>lisinopril</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
<i>losartan</i>	1	MO
<i>losartan-hydrochlorothiazide</i>	1	MO
<i>mannitol 20 %</i>	1	
<i>mannitol 25 % intravenous solution</i>	1	MO

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<i>matzim la</i>	1	MO
<i>metolazone</i>	1	MO
<i>metoprolol succinate</i>	1	MO
<i>metoprolol ta-hydrochlorothiaz</i>	1	MO
<i>metoprolol tartrate intravenous</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>metyrosine</i>	1	PA; MO; NDS
<i>minoxidil oral</i>	1	MO
<i>moexipril</i>	1	MO
<i>nadolol</i>	1	MO
<i>nebivolol</i>	1	MO
<i>nicardipine intravenous solution</i>	1	
<i>nicardipine oral</i>	1	MO
<i>nifedipine oral tablet extended release</i>	1	MO
<i>nifedipine oral tablet extended release 24hr</i>	1	MO
<i>nimodipine oral capsule</i>	1	MO
<i>olmesartan</i>	1	MO
<i>olmesartan-amlodipin-hcthiazid</i>	1	MO
<i>olmesartan-hydrochlorothiazide</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>osmitrol 20 %</i>	1	
<i>perindopril erbumine</i>	1	MO
<i>phentolamine</i>	1	
<i>pindolol</i>	1	MO
<i>prazosin</i>	1	MO
<i>propranolol intravenous</i>	1	
<i>propranolol oral</i>	1	MO
<i>quinapril</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	1	MO
<i>ramipril</i>	1	MO
<i>spironolactone oral tablet</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	1	MO
<i>telmisartan</i>	1	MO
<i>telmisartan-amlodipine</i>	1	MO
<i>telmisartan-hydrochlorothiazid</i>	1	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>tiadylt er</i>	1	MO
<i>timolol maleate oral</i>	1	MO
<i>torseamide oral</i>	1	MO

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<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil</i>	1	MO
<i>treprostinil sodium</i>	1	PA; MO; LA; NDS
<i>triamterene-hydrochlorothiazid</i>	1	MO
UPTRAVI ORAL TABLET	2	PA; MO; LA; QL (60 per 30 days); NDS
UPTRAVI ORAL TABLETS,DOSE PACK	2	PA; MO; LA; QL (200 per 180 days); NDS
<i>valsartan oral tablet</i>	1	MO
<i>valsartan-hydrochlorothiazide</i>	1	MO
<i>veletri</i>	1	B/D PA; MO
<i>verapamil intravenous</i>	1	
<i>verapamil oral</i>	1	MO
COAGULATION THERAPY		
<i>aminocaproic acid intravenous</i>	1	MO
<i>aminocaproic acid oral</i>	1	MO; NDS
<i>aspirin-dipyridamole</i>	1	MO
BRILINTA	2	MO
CABLIVI INJECTION KIT	2	PA; LA; NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CEPROTIN (BLUE BAR)	2	PA; MO
CEPROTIN (GREEN BAR)	2	PA; MO
<i>cilostazol</i>	1	MO
<i>clopidogrel oral tablet 300 mg</i>	1	MO
<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)
<i>dabigatran etexilate</i>	1	MO; QL (60 per 30 days)
<i>dipyridamole intravenous</i>	1	
<i>dipyridamole oral</i>	1	MO
DOPTelet (10 TAB PACK)	2	PA; MO; LA; NDS
DOPTelet (15 TAB PACK)	2	PA; MO; LA; NDS
DOPTelet (30 TAB PACK)	2	PA; MO; LA; NDS
ELIQUIS DVT-PE TREAT 30D START	2	MO; QL (74 per 180 days)
ELIQUIS ORAL TABLET	2	MO; QL (60 per 30 days)
<i>eltrombopag olamine</i>	1	PA; MO; NDS
<i>enoxaparin subcutaneous solution</i>	1	MO; QL (30 per 30 days)

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<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	1	MO; QL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	1	MO; QL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	1	MO; QL (16.8 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	1	MO; QL (11.2 per 28 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	1	MO; NDS
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	1	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	1	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	1	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i>	1	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml</i>	1	
<i>heparin (porcine) injection cartridge</i>	1	
<i>heparin (porcine) injection solution</i>	1	MO
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	2	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	1	
<i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i>	1	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE	2	MO
<i>jantoven</i>	1	MO
<i>pentoxifylline</i>	1	MO
<i>phytonadione 5 mg tablet</i>	3	MO; ADD
<i>phytonadione 5 mg tablet inner</i>	3	MO; ADD
<i>phytonadione 5 mg tablet outer</i>	3	MO; ADD
<i>prasugrel hcl</i>	1	MO
PROMACTA	2	PA; MO; LA; NDS
<i>protamine</i>	1	
<i>rivaroxaban oral suspension for reconstitution</i>	1	MO; QL (775 per 28 days)
<i>rivaroxaban oral tablet</i>	1	MO; QL (60 per 30 days)
<i>ticagrelor</i>	1	MO
<i>vitamin k-1 10 mg/ml ampul suv, outer</i>	3	PA; MO; ADD
<i>warfarin</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
XARELTO DVT-PE TREAT 30D START	2	MO; QL (51 per 180 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	2	MO; QL (775 per 28 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	2	MO; QL (30 per 30 days)
XARELTO ORAL TABLET 2.5 MG	2	MO; QL (60 per 30 days)
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin</i>	1	MO; QL (30 per 30 days)
<i>atorvastatin</i>	1	MO; QL (30 per 30 days)
<i>cholestyramine (with sugar)</i>	1	MO
<i>cholestyramine light</i>	1	MO
<i>colesevelam</i>	1	MO
<i>colestipol oral granules</i>	1	MO
<i>colestipol oral packet</i>	1	
<i>colestipol oral tablet</i>	1	MO
<i>endur-acin er 250 mg tablet</i>	3	ADD
<i>endur-acin er 500 mg tablet</i>	3	ADD

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<i>endur-acin er 750 mg tablet</i>	3	ADD
<i>ezetimibe</i>	1	MO
<i>ezetimibe-simvastatin</i>	1	MO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	1	MO
<i>fenofibrate nanocrystallized</i>	1	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	MO
<i>fenofibric acid</i>	1	
<i>fenofibric acid (choline)</i>	1	MO
<i>fluvastatin oral capsule 20 mg</i>	1	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>gemfibrozil</i>	1	MO
<i>icosapent ethyl</i>	1	MO
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
NEXLETOL	2	PA; MO
NEXLIZET	2	PA; MO
<i>niacin 100 mg tablet (rx)</i>	3	MO; ADD

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<i>niacin 100 mg tablet inner (rx)</i>	3	MO; ADD
<i>niacin 100 mg tablet outer (rx)</i>	3	MO; ADD
<i>niacin 250 mg tablet (rx)</i>	3	MO; ADD
<i>niacin 50 mg tablet (rx)</i>	3	MO; ADD
<i>niacin 500 mg tablet (rx)</i>	3	MO; ADD
<i>niacin 500 mg tablet y/f,gluten/f (rx)</i>	3	MO; ADD
NIACIN ER 1,000 MG TABLET (RX)	3	MO; ADD
<i>niacin er 250 mg tablet p/f (rx)</i>	3	MO; ADD
<i>niacin er 500 mg caplet caplet,cdt,p/f (rx)</i>	3	MO; ADD
<i>niacin er 500 mg tablet (rx)</i>	3	MO; ADD
<i>niacin er 500 mg tablet inner (rx)</i>	3	MO; ADD
<i>niacin er 500 mg tablet n,p/f (rx)</i>	3	MO; ADD
<i>niacin er 500 mg tablet outer (rx)</i>	3	MO; ADD
<i>niacin oral tablet 500 mg</i>	1	MO
<i>niacin oral tablet extended release 24 hr</i>	1	MO

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<i>niacin sa 250 mg capsule (rx)</i>	3	MO; ADD
<i>niacin tr 250 mg capsule (rx)</i>	3	MO; ADD
<i>niacin tr 250 mg capsule p/f,n,gluten/f (rx)</i>	3	MO; ADD
<i>niacin tr 250 mg tablet (rx)</i>	3	MO; ADD
<i>niacin tr 250 mg tablet p/f (rx)</i>	3	MO; ADD
<i>niacin tr 500 mg tablet (rx)</i>	3	MO; ADD
<i>niavasc sr 500 mg tablet</i>	3	ADD
<i>niavasc sr 750 mg tablet</i>	3	ADD
<i>omega-3 acid ethyl esters</i>	1	MO
<i>pitavastatin calcium</i>	1	MO; QL (30 per 30 days)
<i>plain niacin 250 mg tablet (rx)</i>	3	MO; ADD
<i>plain niacin 500 mg tablet (rx)</i>	3	MO; ADD
<i>pravastatin</i>	1	MO; QL (30 per 30 days)
<i>prevalite</i>	1	MO
REPATHA	2	PA; QL (6 per 28 days)
REPATHA PUSHTRONEX	2	PA; QL (7 per 28 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
REPATHA SURECLICK	2	PA; QL (6 per 28 days)
<i>rosuvastatin</i>	1	MO; QL (30 per 30 days)
<i>simvastatin</i>	1	MO; QL (30 per 30 days)
SLO-NIACIN 250 MG TABLET	3	MO; ADD
<i>slo-niacin 500 mg tablet (rx)</i>	3	MO; ADD
SLO-NIACIN 750 MG TABLET	3	MO; ADD
<i>super omega-3 softgel</i>	3	ADD
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CAMZYOS	2	PA; MO; QL (30 per 30 days); NDS
<i>digoxin oral solution</i>	1	MO
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	MO
<i>dobutamine</i>	1	B/D PA
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i>	1	B/D PA

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<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	1	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	1	B/D PA; MO
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	1	B/D PA
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	1	B/D PA; MO
ENTRESTO	2	QL (60 per 30 days)
ENTRESTO SPRINKLE	2	QL (240 per 30 days)
<i>ivabradine</i>	1	MO; QL (60 per 30 days)
<i>milrinone</i>	1	B/D PA
<i>milrinone in 5 % dextrose</i>	1	B/D PA
<i>norepinephrine bitartrate</i>	1	
<i>ranolazine</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sacubitril-valsartan</i>	1	MO; QL (60 per 30 days)
<i>sodium nitroprusside</i>	1	B/D PA
VERQUVO	2	MO; QL (30 per 30 days)
VYNDAMAX	2	PA; MO; NDS
VYNDAQEL	2	PA; MO
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	MO
<i>isosorbide mononitrate</i>	1	MO
<i>nitro-bid</i>	1	MO
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i>	1	B/D PA
<i>nitroglycerin intravenous</i>	1	B/D PA
<i>nitroglycerin sublingual</i>	1	MO
<i>nitroglycerin transdermal patch 24 hour</i>	1	MO
<i>nitroglycerin translingual</i>	1	MO

DERMATOLOGICALS/TOPICAL THERAPY

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ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin</i>	1	MO
<i>anti-dandruff 1% shampoo</i>	3	MO; ADD
<i>calcipotriene scalp</i>	1	MO; QL (120 per 30 days)
<i>calcipotriene topical cream</i>	1	MO; QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	1	MO; QL (120 per 30 days)
COSENTYX (2 SYRINGES)	2	PA; MO; QL (10 per 28 days); NDS
COSENTYX INTRAVENOUS	2	PA; QL (20 per 28 days); NDS
COSENTYX PEN	2	PA; MO; QL (5 per 28 days); NDS
COSENTYX PEN (2 PENS)	2	PA; MO; QL (10 per 28 days); NDS
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	2	PA; MO; QL (5 per 28 days); NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	2	PA; MO; QL (2.5 per 28 days); NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
COSENTYX UNOREADY PEN	2	PA; MO; QL (10 per 28 days); NDS
<i>medicated dandruff 1% shampoo</i>	3	ADD
SELARSDI INTRAVENOUS	2	PA; MO; QL (104 per 180 days); NDS
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	2	PA; MO; QL (0.5 per 28 days)
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML	2	PA; MO; QL (1 per 28 days); NDS
<i>selenium sulfide topical lotion</i>	1	MO
SKYRIZI SUBCUTANEOUS PEN INJECTOR	2	PA; MO; QL (2 per 28 days); NDS
SKYRIZI SUBCUTANEOUS SYRINGE	2	PA; MO; QL (2 per 28 days); NDS
SOTYKTU	2	PA; MO; QL (30 per 30 days); NDS
STELARA INTRAVENOUS	2	PA; MO; QL (104 per 180 days); NDS
STELARA SUBCUTANEOUS SOLUTION	2	PA; MO; QL (0.5 per 28 days); NDS

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STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	2	PA; MO; QL (0.5 per 28 days); NDS
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	2	PA; MO; QL (1 per 28 days); NDS
TREMFYA INTRAVENOUS	2	PA; MO; QL (20 per 28 days); NDS
TREMFYA ONE-PRESS	2	PA; MO; QL (2 per 28 days); NDS
TREMFYA PEN	2	PA; MO; QL (2 per 28 days); NDS
TREMFYA PEN INDUCTION PK(2PEN)	2	PA; MO; QL (12 per 180 days); NDS
TREMFYA SUBCUTANEOUS SYRINGE	2	PA; MO; QL (2 per 28 days); NDS
YESINTEK INTRAVENOUS	2	PA; MO; QL (104 per 180 days); NDS
YESINTEK SUBCUTANEOUS SOLUTION	2	PA; MO; QL (0.5 per 28 days)
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	2	PA; MO; QL (0.5 per 28 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	2	PA; QL (1 per 28 days); NDS
KERATOLYTICS		
<i>callus removers patch</i>	3	ADD
<i>corn remover 40% patch</i>	3	ADD
DHS SAL 3% SHAMPOO	3	MO; ADD
<i>liquid corn-callus remover</i>	3	ADD
<i>liquid wart remover 17%</i>	3	ADD
SALICYLIC ACID POWDER (RX)	3	ADD
SALICYLIC ACID POWDER USP (RX)	3	ADD
<i>sebex shampoo</i>	3	MO; ADD
<i>therapeutic 3% dandruff shmp</i>	3	ADD
<i>wart remover 17% liquid</i>	3	ADD
MISCELLANEOUS DERMATOLOGICALS		
ADBRY	2	PA; MO; QL (6 per 28 days); NDS
AMERICERIN MOIST CREAM	3	ADD

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<i>ammonium lactate 12% cream (otc)</i>	3	MO; ADD
<i>ammonium lactate 12% lotion (otc)</i>	3	MO; ADD
<i>ammonium lactate topical cream 12 %</i>	1	MO
<i>ammonium lactate topical lotion 12 %</i>	1	MO
<i>anti-itch 2%-0.1% cream</i>	3	ADD
AQUAPHOR 41% HEALING OINTMENT	3	MO; ADD
AQUAPHOR 41% HEALING OINTMENT ADV THERAPY,2 PACK	3	MO; ADD
AQUAPHOR 41% HEALING OINTMENT ADVANCED THERAPY	3	MO; ADD
AQUAPHOR 41% HEALING OINTMENT BABY, ADV THERAPY	3	MO; ADD
AQUAPHOR 41% ORIGINAL OINTMENT	3	MO; ADD
AQUAPHOR BABY 41% HEALING OINT	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ARBEM H-COSMETIC CREAM	3	ADD
ARBEM LIOPEN BASE	3	ADD
ARTHRITIS PAIN RLF 0.075% CRM	3	MO; ADD; QL (57 per 30 days)
AZ CREAM (RX)	3	ADD
<i>banophen anti-itch 2% cream</i>	3	MO; ADD
BASE 7542 CREAM	3	ADD
<i>benzoin compound tincture</i>	3	ADD
<i>benzoin tincture (otc)</i>	3	ADD
<i>benzoin tincture plain (rx)</i>	3	ADD
<i>beta care cream</i>	3	MO; ADD
BETA XMA CREAM	3	ADD
<i>capsaicin 0.025% cream</i>	3	MO; ADD; QL (60 per 30 days)
CAPSAICIN 0.025% HEAT PATCH	3	ADD; QL (28 per 30 days)
<i>capsaicin 0.075% cream</i>	3	ADD; QL (57 per 30 days)
<i>capsaicin 0.1% cream</i>	3	MO; ADD; QL (43 per 30 days)

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<i>capsaicin 0.1% cream</i>	3	MO; ADD; QL (57 per 30 days)
CAPSIMIDE 0.025% PATCH	3	ADD; QL (28 per 30 days)
CERAVE HEALING 46.5% OINTMENT	3	MO; ADD
CERAVE MOISTURIZING CREAM	3	MO; ADD
CERAVE SA CREAM	3	ADD
<i>cetaphil moisturizing cream</i>	3	MO; ADD
CETAPHIL MOISTURIZING CREAM	3	MO; ADD
<i>chloroprocaine (pf)</i>	1	
CIBINQO	2	PA; MO; QL (30 per 30 days); NDS
CLEODERM CLARIFYING CREAM BASE	3	ADD
COCONUT OIL CREAM	3	ADD
CUTTER 10% SPRAY	3	ADD
CUTTER ALL FAMILY 7% SPRAY	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CUTTER ALL FAMILY 7.15% WIPE	3	ADD
CUTTER BACKWOODS 25% SPRAY	3	ADD
CUTTER BACKWOODS DRY 25% SPRAY	3	ADD
CUTTER DRY 10% SPRAY	3	ADD
CUTTER LEMON EUCALYPTUS SPRAY	3	ADD
CUTTER NATURAL REPELLENT SPRAY	3	ADD
CUTTER NATURAL REPELLENT2 SPRY	3	ADD
CUTTER SKINSATIONS 7% SPRAY	3	ADD
CUTTER SPORT 15% SPRAY	3	ADD
<i>cvs advanced healing 41% oint</i>	3	ADD
CVS DRY SKIN THERAPY CREAM (RX)	3	ADD

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CVS INSECT REPELLENT 15% SPRAY	3	ADD
CVS MOISTURIZING CREAM	3	ADD
CVS MOISTURIZING CREAM (RX)	3	ADD
CVS TOTAL HOME INSECT 30% SPR	3	ADD
D-CERIN 33% CREAM INNER	3	ADD
D-CERIN 33% CREAM OUTER	3	ADD
<i>dermabase cream (rx)</i>	3	MO; ADD
<i>dermacinrx lidocan</i>	1	PA; QL (90 per 30 days)
<i>diclofenac sodium topical gel 3 %</i>	1	PA; MO; QL (100 per 28 days)
DML FORTE CREAM W- PANTHENOL	3	MO; ADD
<i>dry skin treatment</i>	3	ADD
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	2	PA; MO; QL (4.56 per 28 days); NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	2	PA; MO; QL (8 per 28 days); NDS
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	2	PA; MO; QL (4.56 per 28 days); NDS
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	2	PA; MO; QL (8 per 28 days); NDS
EMOLLIA CREME	3	ADD
<i>emollient cream base</i>	3	MO; ADD
EQL THERAPEUTIC MOISTURIZ CRM	3	ADD
EUCERIN ADVANC REPAIR HAND CRM	3	MO; ADD
EUCERIN ADVANCED REPAIR CREAM	3	ADD
EUCERIN CREAM (RX)	3	MO; ADD
EUCERIN CREME (RX)	3	MO; ADD
EUCERIN SKIN CALMING CREAM CREME	3	MO; ADD

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EUCERIN SKIN CALMING CREAM CREME,FRAGRANCE-FREE	3	MO; ADD
FLANDERS BUTTOCKS OINTMENT	3	ADD
<i>fluorouracil topical cream 5 %</i>	1	MO
<i>fluorouracil topical solution</i>	1	MO
<i>glycerin 99.5% liquid (otc)</i>	3	MO; ADD
GLYCERIN 99.5% LIQUID (RX)	3	MO; ADD
<i>glycerin 99.5% liquid usp, anhydrous (otc)</i>	3	MO; ADD
<i>glycerin 99.7% liquid (rx)</i>	3	ADD
<i>glycerin liquid usp (rx)</i>	3	ADD
<i>glycerin liquid usp, natural (rx)</i>	3	ADD
<i>glycerin skin protectant liq anhydrous synthetic (otc)</i>	3	MO; ADD
<i>glydo</i>	1	MO; QL (60 per 30 days)
<i>gnp anti-itch 2%-0.1% cream extra strength</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
GNP CAPSAICIN 0.025% PATCH	3	ADD; QL (28 per 30 days)
GNP ITCH RELIEF 2%-0.1% SPRAY	3	ADD
GOLD BOND ADV HEALING 45% OINT	3	ADD
<i>gs itch relief 2%-0.1% cream</i>	3	MO; ADD
HYDRASYN25 CREAM	3	ADD
<i>hydrolatum ointment 12's</i>	3	ADD
<i>hydrolatum ointment 57 gm x 24</i>	3	ADD
HYDROPHILIC PETROLATUM (RX)	3	ADD
HYDROPHOR 42% OINTMENT	3	MO; ADD
HYDROUS EMULSIFIED BASE CREAM	3	ADD
<i>imiquimod topical cream in packet 5 %</i>	1	MO
INSECT REPELLENT 20% SPRAY	3	ADD
<i>itch relief 2%-0.1% cream</i>	3	MO; ADD
ITCH RELIEF 2%-0.1% SPRAY	3	ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
KERADAN CREAM	3	ADD
LANOLIN CREAM	3	ADD
leader fingers skin cream (rx)	3	ADD
lidocaine (pf) injection solution	1	
lidocaine 4% cream	3	MO; ADD
lidocaine 4% cream	3	MO; ADD; QL (30 per 30 days)
lidocaine hcl injection solution	1	
lidocaine hcl laryngotracheal	1	
lidocaine hcl mucous membrane jelly	1	MO; QL (60 per 30 days)
lidocaine hcl mucous membrane jelly in applicator	1	MO; QL (60 per 30 days)
lidocaine hcl mucous membrane solution	1	MO
lidocaine topical adhesive patch, medicated 5 %	1	PA; MO; QL (90 per 30 days)
lidocaine topical ointment	1	MO; QL (36 per 30 days)
lidocaine viscous	1	
lidocaine-epinephrine	1	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000, 2 %-1:200,000	1	
lidocaine-prilocaine topical cream	1	MO; QL (30 per 30 days)
lidocan iii	1	PA; QL (90 per 30 days)
lidocan iv	1	PA; QL (90 per 30 days)
lidocan v	1	PA; QL (90 per 30 days)
LIP BALM BASE (RX)	3	ADD
MAXI-DEET 98.11% SPRAY	3	ADD
methoxsalen	1	MO; NDS
MICRODERM BASE CREAM	3	ADD
MICROSOME BASE CREAM	3	ADD
minerin creme	3	MO; ADD
MINERIN CREME	3	MO; ADD
MOISTURIZING CREAM (RX)	3	ADD
NATRAPEL 20% SPRAY	3	ADD
NEUTROGENA NORWEGIAN FORMULA FRAGRANCE-FREE (RX)	3	MO; ADD

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<i>numbcream 5% cream</i>	3	ADD
OFF ACTIVE 15% SPRAY	3	ADD
OFF DEEP WOODS 25% SPRAY	3	ADD
OFF DEEP WOODS 25% TOWELETTE	3	ADD
OFF DEEP WOODS DRY 25% SPRAY	3	ADD
OFF DEEP WOODS SPORTMN 25% SPR	3	ADD
OFF DEEP WOODS SPORTMN 30% SPR	3	ADD
OFF DEEP WOODS SPORTMN 98.25%	3	ADD
OFF FAMILYCARE 15% RPLNT I SPR	3	ADD
OFF FAMILYCARE 5% REPELLNT III	3	ADD
OFF FAMILYCARE 5% RPLNT II SPR	3	ADD
OFF FAMILYCARE 7% RPLNT SPRAY	3	ADD
PANRETIN	2	PA; MO; NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
PCCA EMOLLIENT CREAM BASE	3	ADD
<i>pentravan cream base (rx)</i>	3	ADD
PENTRAVAN PLUS CREAM BASE	3	ADD
<i>petrolatum base ointment</i>	3	ADD
PFCB CREAM BASE	3	ADD
PHARMABASE ANTIOXIDANT CREAM (RX)	3	ADD
PHARMABASE COSMETIC CR NATURAL (RX)	3	ADD
PHARMABASE COSMETIC CREAM	3	ADD
PHARMABASE COSMETIC CRM LIGHT (RX)	3	ADD
PHARMABASE VAGINAL CREAM	3	ADD
PHYTOBASE CREAM (RX)	3	ADD
<i>pimecrolimus</i>	1	PA; MO; QL (100 per 30 days)
<i>podofilox topical solution</i>	1	MO

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<i>polocaine injection solution 1 % (10 mg/ml)</i>	1	
<i>polocaine-mpf</i>	1	
PRETTY FEET & HANDS CREAM	3	ADD
PROPYLENE GLYCOL LIQUID USP (RX)	3	MO; ADD
<i>qc anti-itch 2%-0.1% cream</i>	3	ADD
RANGER READY REPELLENT 20% SPR	3	ADD
REPEL 100 98.11% SPRAY	3	ADD
REPEL 30% WIPE	3	ADD
REPEL FAMILY 10% SPRAY	3	ADD
REPEL FAMILY 15% SPRAY	3	ADD
REPEL HUNTER'S 25% SPRAY	3	ADD
REPEL LEMON EUCALYPTUS 30% SPR	3	ADD
REPEL SPORTSMEN 25% SPRAY	3	ADD
REPEL SPORTSMEN 29% SPRAY	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
REPEL SPORTSMEN DRY 25% SPRAY	3	ADD
REPEL SPORTSMEN MAX 40% LOTION	3	ADD
REPEL SPORTSMEN MAX 40% SPRAY	3	ADD
REPEL TICK DEFENSE 15% SPRAY	3	ADD
SANTYL	2	MO; QL (180 per 30 days)
SAWYER CONTROL RELEASE 20% LOT	3	ADD
<i>silver sulfadiazine</i>	1	MO
<i>sm benzoin tincture</i>	3	ADD
<i>sorbidon hydrate cream (rx)</i>	3	ADD
<i>sorbidon hydrate cream 12's (rx)</i>	3	ADD
<i>ssd</i>	1	MO
STUDIO 35 MOIST SKIN CREAM	3	ADD
<i>tacrolimus topical</i>	1	PA; MO; QL (100 per 30 days)
TENDER CARE LANOLIN CREAM	3	ADD

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<i>therapeutic moisturizing cream fragrance free</i>	3	ADD
<i>therapeutic moisturizing cream fragrance-free</i>	3	ADD
<i>tridacaine ii</i>	1	PA; QL (90 per 30 days)
U-BASE CREAM BASE	3	ADD
ULTRATHON 25% REPELLENT SPRAY (RX)	3	ADD
ULTRATHON 34.34% REPEL LOTION	3	ADD
VALCHLOR	2	PA; MO; NDS
VANIBASE MOISTURIZING CREAM (RX)	3	ADD
VANIBASE TRADITIONAL FORMULA (RX)	3	ADD
<i>vanicream skin cream (rx)</i>	3	MO; ADD
<i>vanicream skin cream 40lb pail (rx)</i>	3	MO; ADD
<i>vanicream skin cream no dye / fragrance (rx)</i>	3	MO; ADD
<i>vanicream skin cream w/pump dispenser (rx)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
VERSATILE CREAM BASE (RX)	3	ADD
VERSIGEL CREAM BASE	3	ADD
VITAMIN E OINTMENT	3	ADD
XCEL 100 CREAM	3	ADD
XERAC AC 6.25% SOLUTION	3	MO; ADD
ZIKS ARTHRITIS PAIN RELIEF	3	MO; ADD; QL (57 per 30 days)
<i>zinc oxide 20% ointment (otc)</i>	3	MO; ADD
THERAPY FOR ACNE		
<i>accutane</i>	1	
<i>acne medication 10% gel</i>	3	ADD
ACNE MEDICATION 5% GEL	3	ADD
<i>amnesteam</i>	1	
<i>azelaic acid</i>	1	MO
<i>benzoyl peroxide 10% gel (otc)</i>	3	MO; ADD
<i>benzoyl peroxide 10% gel aqueous (otc)</i>	3	MO; ADD
<i>benzoyl peroxide 10% wash (otc)</i>	3	MO; ADD

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<i>benzoyl peroxide 2.5% gel (otc)</i>	3	MO; ADD
<i>benzoyl peroxide 5% gel (otc)</i>	3	MO; ADD
<i>benzoyl peroxide 5% gel aqueous (otc)</i>	3	MO; ADD
<i>benzoyl peroxide 5% wash (otc)</i>	3	MO; ADD
<i>bpo 6% foaming cloths outer (otc)</i>	3	MO; ADD
<i>claravis</i>	1	
<i>clindamycin phosphate topical gel</i>	1	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical gel, once daily</i>	1	MO; QL (150 per 30 days)
<i>clindamycin phosphate topical lotion</i>	1	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution</i>	1	MO; QL (120 per 30 days)
<i>ery pads</i>	1	MO
<i>erythromycin with ethanol topical solution</i>	1	MO
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>metronidazole topical</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>tazarotene topical cream</i>	1	PA; MO
<i>tazarotene topical gel</i>	1	PA; MO
<i>tretinoin topical</i>	1	PA; MO
<i>zenatane</i>	1	
TOPICAL ANTIBACTERIALS		
<i>bacitracin 500 unit/gm ointmnt</i>	3	MO; ADD
<i>bacitracin 500 unit/gm ointmnt inner</i>	3	MO; ADD
<i>bacitracin 500 unit/gm ointmnt outer</i>	3	MO; ADD
<i>bacitracin zn 500 unit/gm oint</i>	3	ADD
<i>bacitracin zn 500 unit/gm oint</i>	3	MO; ADD
<i>bacitracin zn 500 unit/gm oint usp</i>	3	MO; ADD
BETADINE 10% SOLUTION	3	MO; ADD
BETADINE 10% SOLUTION ANTISEPTIC	3	MO; ADD
BETADINE 10% SOLUTION HOSP.SIZE, ANTISEPTIC	3	MO; ADD
BETADINE 5% SPRAY	3	ADD

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BETADINE 7.5% SURGICAL SCRUB	3	ADD
BETADINE SURGICAL SCRUB	3	ADD
DOUBLE ANTIBIOTIC OINTMENT	3	MO; ADD
FIRST AID ANTISEPTIC 10% OINT	3	MO; ADD
<i>gentamicin topical</i>	1	MO; QL (60 per 30 days)
GNP ANTIBIOTIC-PAIN RELIEF CRM	3	ADD
<i>gnp povidone-iodine 10% soln</i>	3	ADD
GS FIRST AID ANTIBIOTIC OINT	3	ADD
<i>mupirocin</i>	1	MO; QL (44 per 30 days)
POLY BACITRACIN OINTMENT	3	ADD
<i>povidone-iodine 10% solution</i>	3	ADD
<i>sm antibiotic 500 unit/gm oint</i>	3	ADD
<i>sm antibiotic plus cream maximum strength</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sm double antibiotic oint</i>	3	MO; ADD
<i>sulfacetamide sodium (acne)</i>	1	MO
<i>triple antibiotic ointment</i>	3	MO; ADD
TRIPLE ANTIBIOTIC OINTMENT PKT (OTC)	3	ADD
<i>triple antibiotic ointment pkt outer (otc)</i>	3	ADD
<i>triple antibiotic plus oint maximum strength</i>	3	MO; ADD
<i>triple antibiotic plus ointmnt</i>	3	MO; ADD
<i>triple antibiotic-pain oint</i>	3	ADD
TOPICAL ANTIFUNGALS		
ALEVAZOL 1% OINTMENT	3	MO; ADD
<i>antifungal 1% topical cream</i>	3	ADD
<i>antifungal 2% powder</i>	3	ADD
ATHLETE'S FOOT 1% CREAM	3	ADD
<i>athlete's foot 1% powder spray</i>	3	ADD

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<i>athlete's foot 2% powder spray</i>	3	ADD
<i>baza antifungal 2% cream</i>	3	MO; ADD
<i>butenafine hcl 1% cream</i>	3	MO; ADD
<i>ciclodan topical solution</i>	1	QL (6.6 per 28 days)
<i>ciclopirox topical cream</i>	1	MO; QL (90 per 28 days)
<i>ciclopirox topical gel</i>	1	MO; QL (100 per 28 days)
<i>ciclopirox topical shampoo</i>	1	MO; QL (120 per 28 days)
<i>ciclopirox topical solution</i>	1	MO; QL (6.6 per 28 days)
<i>ciclopirox topical suspension</i>	1	MO; QL (60 per 28 days)
<i>clotrimazole 1% solution (otc)</i>	3	MO; ADD
<i>clotrimazole 1% topical cream (otc)</i>	3	MO; ADD
<i>clotrimazole topical cream 1 %</i>	1	MO; QL (45 per 28 days)
<i>clotrimazole topical solution 1 %</i>	1	MO; QL (30 per 28 days)
<i>clotrimazole-betamethasone topical cream</i>	1	MO; QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion</i>	1	MO; QL (60 per 28 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>critic-aid clear af 2% oint 12's, w/ antifungal</i>	3	MO; ADD
<i>cvs jock itch 1% cream</i>	3	ADD
<i>econazole nitrate topical cream</i>	1	MO; QL (85 per 28 days)
<i>ft antifungal 1% cream</i>	3	ADD
<i>ft antifungal 2% topical cream</i>	3	ADD
<i>ft athlete's foot 1% cream</i>	3	ADD
FT ATHLETE'S FOOT 1% CREAM	3	ADD
<i>fungoid 2% tincture</i>	3	MO; ADD
<i>gentian violet 1% solution</i>	3	MO; ADD
<i>gnp athlete's foot 1% cream</i>	3	ADD
<i>gnp miconazorb af 2% powder</i>	3	ADD
<i>ketoconazole topical cream</i>	1	MO; QL (60 per 28 days)
<i>ketoconazole topical shampoo</i>	1	MO; QL (120 per 28 days)
<i>klayesta</i>	1	MO; QL (180 per 30 days)
<i>miconazole 2% topical cream</i>	3	MO; ADD

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MICONAZOLE NITRATE 2% SOLUTION	3	ADD
<i>naftifine topical gel</i>	1	MO; QL (60 per 28 days)
<i>nyamyc</i>	1	MO; QL (180 per 30 days)
<i>nystatin topical cream</i>	1	MO; QL (30 per 28 days)
<i>nystatin topical ointment</i>	1	MO; QL (30 per 28 days)
<i>nystatin topical powder</i>	1	MO; QL (180 per 30 days)
<i>nystatin-triamcinolone</i>	1	MO; QL (60 per 28 days)
<i>nystop</i>	1	MO; QL (180 per 30 days)
<i>qc antifungal 1% cream</i>	3	ADD
<i>sm antifungal 1% cream</i>	3	ADD
<i>sm miconazole 2% topical cream</i>	3	MO; ADD
<i>terbinafine 1% cream</i>	3	MO; ADD
<i>terbinafine 1% cream antifungal</i>	3	MO; ADD
<i>tolnafti-al 1% liquid</i>	3	ADD
<i>tolnaftate 1% cream</i>	3	MO; ADD

TOPICAL ANTIVIRALS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>acyclovir topical ointment</i>	1	PA; MO; QL (30 per 30 days)
<i>penciclovir</i>	1	MO; QL (5 per 30 days)

TOPICAL CORTICOSTEROIDS

<i>ala-cort topical cream 1 %</i>	1	MO
<i>alclometasone</i>	1	MO
<i>betamethasone dipropionate</i>	1	MO
<i>betamethasone valerate topical cream</i>	1	MO
<i>betamethasone valerate topical lotion</i>	1	MO
<i>betamethasone valerate topical ointment</i>	1	MO
<i>betamethasone, augmented</i>	1	MO
<i>clobetasol scalp</i>	1	MO; QL (100 per 28 days)
<i>clobetasol topical cream 0.05 %</i>	1	MO; QL (120 per 28 days)
<i>clobetasol topical foam</i>	1	MO; QL (100 per 28 days)
<i>clobetasol topical gel</i>	1	MO; QL (120 per 28 days)
<i>clobetasol topical lotion</i>	1	MO; QL (118 per 28 days)

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<i>clobetasol topical ointment</i>	1	MO; QL (120 per 28 days)
<i>clobetasol topical shampoo</i>	1	MO; QL (236 per 28 days)
<i>clobetasol-emollient topical cream</i>	1	MO; QL (120 per 28 days)
<i>desonide topical cream</i>	1	MO
<i>desonide topical ointment</i>	1	MO
<i>fluocinolone</i>	1	MO
<i>fluocinolone and shower cap</i>	1	MO
<i>fluocinonide topical cream 0.05 %</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide topical gel</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide topical ointment</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide topical solution</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide-emollient</i>	1	MO; QL (120 per 30 days)
<i>fluticasone propionate topical cream</i>	1	MO
<i>fluticasone propionate topical ointment</i>	1	MO
<i>gs anti-itch 1% cream</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>halobetasol propionate topical cream</i>	1	MO
<i>halobetasol propionate topical ointment</i>	1	MO
<i>hydrocortisone 0.5% cream</i>	3	ADD
<i>hydrocortisone 0.5% cream (otc)</i>	3	MO; ADD
<i>hydrocortisone 1% cream</i>	3	ADD
<i>hydrocortisone 1% cream (otc)</i>	3	MO; ADD
<i>hydrocortisone 1% cream max str, w/aloe (otc)</i>	3	MO; ADD
<i>hydrocortisone 1% cream maximum strength (otc)</i>	3	MO; ADD
<i>hydrocortisone 1% cream moisturizer,max. str (otc)</i>	3	MO; ADD
<i>hydrocortisone 1% ointment</i>	3	ADD
<i>hydrocortisone 1% ointment (otc)</i>	3	MO; ADD
<i>hydrocortisone 1% ointment maximum strength (otc)</i>	3	MO; ADD

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<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone topical lotion 2.5 %</i>	1	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone-aloe 1% cream</i>	3	MO; ADD
<i>mometasone topical</i>	1	MO
<i>qc anti-itch with aloe 1% crm</i>	3	ADD
<i>sm hydrocortisone 1% ointment maximum strength (otc)</i>	3	MO; ADD
<i>sm hydrocortisone plus 1% crm</i>	3	ADD
<i>sm hydrocortisone-aloe 1% crm</i>	3	MO; ADD
<i>triamcinolone acetonide topical cream</i>	1	MO
<i>triamcinolone acetonide topical lotion</i>	1	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	MO
<i>triderm topical cream 0.5 %</i>	1	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
TOPICAL SCABICIDES / PEDICULICIDES		
<i>dandruff 1% shampoo</i>	3	ADD
<i>gs lice killing 1 % crm rinse</i>	3	ADD
<i>ivermectin 0.5% lotion (otc)</i>	3	MO; ADD
<i>lice killing shampoo</i>	3	MO; ADD
<i>lice treatment 1% creme rinse 1 nit removal comb</i>	3	ADD
<i>malathion</i>	1	MO
<i>permethrin</i>	1	MO; QL (60 per 30 days)
VANALICE GEL	3	ADD
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANTIDOTES		
<i>acetylcysteine intravenous</i>	1	
ENZYMES		
<i>co q-10 100 mg capsule (rx)</i>	3	MO; ADD
<i>co q-10 100 mg softgel (rx)</i>	3	MO; ADD
<i>co q-10 100 mg softgel p/f (rx)</i>	3	ADD
<i>co q-10 100 mg softgel (rx)</i>	3	MO; ADD

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<i>co q-10 100 mg softgel softgel,n,p/f (rx)</i>	3	ADD
<i>co q-10 100 mg softgel softgel,p/f (rx)</i>	3	MO; ADD
<i>co q-10 100 mg softgel softgel,p/f,gluten/f (rx)</i>	3	ADD
<i>co q-10 100 mg softgel softgel,p/f,gluten-f (rx)</i>	3	ADD
<i>co q-10 200 mg capsule (rx)</i>	3	MO; ADD
<i>co q-10 200 mg capsule bonus size, p/f (rx)</i>	3	ADD
<i>co q-10 200 mg softgel (rx)</i>	3	MO; ADD
<i>co q-10 200 mg softgel p/f, no lactose (rx)</i>	3	MO; ADD
<i>co q-10 200 mg softgel (rx)</i>	3	ADD
<i>co q-10 30 mg capsule inner (rx)</i>	3	MO; ADD
<i>co q-10 30 mg capsule outer (rx)</i>	3	MO; ADD
<i>co q-10 30 mg capsule p/f,y/f (rx)</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CO Q-10 300 MG SOFTGEL SOFTGEL,P/F (RX)	3	ADD
CO Q-10 400 MG SOFTGEL GLUTEN-FREE,SOFTGEL (RX)	3	MO; ADD
CO Q-10 400 MG SOFTGEL Y/F,P/F,SFTGEL (RX)	3	MO; ADD
<i>co q-10 50 mg capsule (rx)</i>	3	ADD
<i>co q-10 50 mg p/f,lact/f, softgel (rx)</i>	3	ADD
<i>co q-10 50 mg softgel (rx)</i>	3	ADD
<i>coenzyme q10 10 mg capsule (rx)</i>	3	MO; ADD
<i>coenzyme q-10 100 mg capsule (rx)</i>	3	MO; ADD
<i>coenzyme q10 100 mg capsule p/f,gluten-free (rx)</i>	3	MO; ADD
<i>coenzyme q10 200 mg capsule (rx)</i>	3	MO; ADD
<i>coenzyme q10 50 mg softgel (rx)</i>	3	MO; ADD
<i>coenzyme q10 60 mg capsule gluten-free (rx)</i>	3	ADD

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COENZYME Q-10 POWDER (RX)	3	ADD
<i>cvs co q-10 100 mg softgel (rx)</i>	3	MO; ADD
<i>cvs co q-10 200 mg softgel (rx)</i>	3	MO; ADD
CVS CO Q-10 400 MG SOFTGEL (RX)	3	ADD
<i>gnp co q-10 100 mg capsule (rx)</i>	3	MO; ADD
<i>gnp co q-10 100 mg softgel (rx)</i>	3	MO; ADD
<i>gnp co q-10 200 mg capsule (rx)</i>	3	MO; ADD
<i>gnp co q-10 60 mg capsule (rx)</i>	3	ADD
NEOQ10 SOFTGEL	3	ADD
<i>sv co q-10 100 mg softgel softgel, p/f (rx)</i>	3	ADD
<i>sv co q-10 50 mg softgel softgel,p/f,gluten-f (rx)</i>	3	ADD
<i>sv q-sorb co q-10 100 mg sftgl softgel , p/f</i>	3	ADD
<i>sv q-sorb co q-10 200 mg sftgl p/f,gluten-free</i>	3	ADD
<i>sv q-sorb co q-10 200 mg sftgl softgel</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation</i>	1	
<i>neomycin-polymyxin b gu</i>	1	
<i>ringer's irrigation</i>	1	MO
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	1	MO
<i>acetic acid irrigation</i>	1	MO
ALPHA LIPOIC ACID 100 MG CAP	3	MO; ADD
ALPHA LIPOIC ACID 200 MG CAP P/F	3	MO; ADD
ALPHA LIPOIC ACID 200 MG CAP P/F,D/F,GLUTEN/F	3	MO; ADD
ALPHA LIPOIC ACID 300 MG CAP	3	ADD
ALPHA LIPOIC ACID 300 MG SFTGL	3	ADD
<i>alpha lipoic acid 600 mg cap gluten-free, ex str (rx)</i>	3	MO; ADD
<i>alpha lipoic acid 600 mg cap p/f,gluten-free (rx)</i>	3	MO; ADD
<i>anagrelide</i>	1	MO
BENZYL ALCOHOL LIQUID NF (RX)	3	ADD

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BENZYL BENZOATE LIQUID (RX)	3	ADD
<i>caffeine citrate intravenous</i>	1	
<i>caffeine citrate oral</i>	1	MO
CAFFEINE POWDER USP, ANHYDROUS (RX)	3	ADD
CAPSULE #0 BACON FLAVOR (RX)	3	ADD
CAPSULE #0 BLUE/BLUE (RX)	3	ADD
CAPSULE #0 BLUE/WHITE (RX)	3	ADD
CAPSULE #0 BUBBLE GUM FLAVOR (RX)	3	ADD
CAPSULE #0 CLEAR LOCKING (RX)	3	ADD
CAPSULE #0 CLEAR/CLEAR (RX)	3	ADD
CAPSULE #0 FUN CAPS LOCKING (RX)	3	ADD
CAPSULE #0 GREEN TRANS/CLEAR (RX)	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CAPSULE #0 GREEN, MINT FLAVOR (RX)	3	ADD
CAPSULE #0 GREEN/CLEAR LOCKING (RX)	3	ADD
CAPSULE #0 MAROON-OPAQUE (RX)	3	ADD
CAPSULE #0 ORANGE/ORANGE (RX)	3	ADD
CAPSULE #0 ORANGE-OPAQUE (RX)	3	ADD
CAPSULE #0 PINK LOCKING (RX)	3	ADD
CAPSULE #0 PURPLE-OPAQUE (RX)	3	ADD
CAPSULE #0 RED TRANS/WHITE (RX)	3	ADD
CAPSULE #0 RED/RED (RX)	3	ADD
CAPSULE #0 RED/WHITE (RX)	3	ADD
CAPSULE #0 RED/WHITE LOCKING (RX)	3	ADD
CAPSULE #0 WHITE (RX)	3	ADD

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CAPSULE #0 WHITE/CLEAR (RX)	3	ADD
CAPSULE #0 WHITE/WHITE (RX)	3	ADD
CAPSULE #0 WHITE-OPAQUE LOCKING (RX)	3	ADD
CAPSULE #0 YELLOW/YELLOW (RX)	3	ADD
CAPSULE #0 YELLOW-OPAQUE (RX)	3	ADD
CAPSULE #00 BLACK/RED (RX)	3	ADD
CAPSULE #00 BLUE/WHITE (RX)	3	ADD
CAPSULE #00 BLUE-OPAQUE LOCKING (RX)	3	ADD
CAPSULE #00 CLEAR LOCKING (RX)	3	ADD
CAPSULE #00 CLEAR/CLEAR (RX)	3	ADD
CAPSULE #00 DARK GREEN (RX)	3	ADD
CAPSULE #00 GREEN-OPAQUE LOCKING (RX)	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CAPSULE #00 ORANGE/ORANGE (RX)	3	ADD
CAPSULE #00 ORANGE-OPAQUE (RX)	3	ADD
CAPSULE #00 PINK/PINK (RX)	3	ADD
CAPSULE #00 PURPLE/PURPLE (RX)	3	ADD
CAPSULE #00 PURPLE/WHITE (RX)	3	ADD
CAPSULE #00 RED/RED (RX)	3	ADD
CAPSULE #00 RED/WHITE (RX)	3	ADD
CAPSULE #00 WHITE/WHITE (RX)	3	ADD
CAPSULE #00 WHITE-OPAQUE LOCKING (RX)	3	ADD
CAPSULE #00 YELLOW/YELLOW (RX)	3	ADD
CAPSULE #000 CLEAR LOCKING (RX)	3	ADD
CAPSULE #000 CLEAR/CLEAR (RX)	3	ADD

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CAPSULE #000 WHITE-OPAQUE (RX)	3	ADD
CAPSULE #1 (RX)	3	ADD
CAPSULE #1 AQUA BLUE TRANSLUCEN (RX)	3	ADD
CAPSULE #1 BLUE BLUE OPAQUE/PINK (RX)	3	ADD
CAPSULE #1 BLUE TRAN/PINK TRANS (RX)	3	ADD
CAPSULE #1 BLUE/BLEU (RX)	3	ADD
CAPSULE #1 BLUE/CLEAR (RX)	3	ADD
CAPSULE #1 BLUE/PINK LOCKING (RX)	3	ADD
CAPSULE #1 BLUE/PINK TRANSLUCEN (RX)	3	ADD
CAPSULE #1 BLUE/POWDER BLUE (RX)	3	ADD
CAPSULE #1 BLUE/RED-OPAQUE (RX)	3	ADD
CAPSULE #1 BLUE/WHITE (RX)	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CAPSULE #1 BLUE-OPAQUE LOCKING (RX)	3	ADD
CAPSULE #1 BLUE-PWD BLUE (RX)	3	ADD
CAPSULE #1 CLEAR (RX)	3	ADD
CAPSULE #1 CLEAR/CLEAR,SL S-FREE (RX)	3	ADD
CAPSULE #1 DARK BROWN/IVORY (RX)	3	ADD
CAPSULE #1 DARK GREEN/WHITE (RX)	3	ADD
CAPSULE #1 GREEN CLEAR/YELLOW (RX)	3	ADD
CAPSULE #1 GREEN/GREEN (RX)	3	ADD
CAPSULE #1 GREEN/YELLOW (RX)	3	ADD
CAPSULE #1 LIGHT BLUE OPAQUE (RX)	3	ADD

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CAPSULE #1 ORANGE/ORANGE (RX)	3	ADD
CAPSULE #1 ORANGE/WHITE (RX)	3	ADD
CAPSULE #1 ORANGE-OPAQUE LOCK (RX)	3	ADD
CAPSULE #1 PINK, LACTOSE (RX)	3	ADD
CAPSULE #1 PINK/PINK (RX)	3	ADD
CAPSULE #1 PINK/POWDER BLUE (RX)	3	ADD
CAPSULE #1 PINK/WHITE (RX)	3	ADD
CAPSULE #1 PINK/YELLOW-OPAQUE (RX)	3	ADD
CAPSULE #1 PINK-OPAQUE LOCKING (RX)	3	ADD
CAPSULE #1 POWDER BLUE (RX)	3	ADD
CAPSULE #1 POWDER BLUE-OPAQUE (RX)	3	ADD
CAPSULE #1 PURPLE (RX)	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CAPSULE #1 PURPLE/PURPLE (RX)	3	ADD
CAPSULE #1 PURPLE-OPAQUE (RX)	3	ADD
CAPSULE #1 RED/RED (RX)	3	ADD
CAPSULE #1 RED-OPAQUE (RX)	3	ADD
CAPSULE #1 RED-WHITE (RX)	3	ADD
CAPSULE #1 WHITE (RX)	3	ADD
CAPSULE #1 WHITE/CLEAR (RX)	3	ADD
CAPSULE #1 WHITE-OPAQUE LOCKING (RX)	3	ADD
CAPSULE #1 WHITE-OPAQUE/CLEAR (RX)	3	ADD
CAPSULE #10 CLEAR, 2-1/2 X 3/4" (RX)	3	ADD
CAPSULE #11 (RX)	3	ADD
CAPSULE #13 CLEAR, 1-1/4" X 1/2" (RX)	3	ADD
CAPSULE #2 BLUE (RX)	3	ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CAPSULE #2 CLEAR LOCKING (RX)	3	ADD
CAPSULE #2 CLEAR/CLEAR (RX)	3	ADD
CAPSULE #2 GREEN (RX)	3	ADD
CAPSULE #2 WHITE-OPAQUE LOCKING (RX)	3	ADD
CAPSULE #3 BLUE OPAQUE/CLEAR (RX)	3	ADD
CAPSULE #3 BLUE/BLUE (RX)	3	ADD
CAPSULE #3 CLEAR LOCKING (RX)	3	ADD
CAPSULE #3 CLEAR,BEEF FLAVOR (RX)	3	ADD
CAPSULE #3 CLEAR/CLEAR (RX)	3	ADD
CAPSULE #3 GRAY/PINK- OPAQUE (RX)	3	ADD
CAPSULE #3 GRAY/YELLOW- OPAQUE (RX)	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CAPSULE #3 GREEN/BLUE LOCKING (RX)	3	ADD
CAPSULE #3 GREEN/GREEN (RX)	3	ADD
CAPSULE #3 GRN/BLUE TRANSLUCENT (RX)	3	ADD
CAPSULE #3 MAROON/BABY BLUE (RX)	3	ADD
CAPSULE #3 OLIVE-OPAQUE (RX)	3	ADD
CAPSULE #3 ORANGE OPAQUE (RX)	3	ADD
CAPSULE #3 PINK OPAQUE/CLEAR (RX)	3	ADD
CAPSULE #3 PINK/CLEAR (RX)	3	ADD
CAPSULE #3 PINK/PINK (RX)	3	ADD
CAPSULE #3 PINK-OPAQUE LOCKING (RX)	3	ADD
CAPSULE #3 RED OPAQUE/CLEAR (RX)	3	ADD
CAPSULE #3 RED/CLEAR (RX)	3	ADD

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CAPSULE #3 RED-OPAQUE LOCKING (RX)	3	ADD
CAPSULE #3 WHITE/CLEAR (RX)	3	ADD
CAPSULE #3 WHITE/WHITE (RX)	3	ADD
CAPSULE #3 WHITE-OPAQUE LOCKING (RX)	3	ADD
CAPSULE #3 WHITE-OPAQUE/CLEAR (RX)	3	ADD
CAPSULE #3 YELLOW OPAQUE/CLEAR (RX)	3	ADD
CAPSULE #3 YELLOW-OPAQUE (RX)	3	ADD
CAPSULE #4 BLACK/GREEN-OPAQUE (RX)	3	ADD
CAPSULE #4 BLUE/WHITE (RX)	3	ADD
CAPSULE #4 CLEAR (RX)	3	ADD
CAPSULE #4 CLEAR LOCKING (RX)	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CAPSULE #4 DARK BLUE-OPAQUE (RX)	3	ADD
CAPSULE #4 PURPLE OPAQUE (RX)	3	ADD
CAPSULE #4 WHITE-OPAQUE LOCKING (RX)	3	ADD
CAPSULE #5 CLEAR (RX)	3	ADD
CAPSULE #5 CLEAR/CLEAR (RX)	3	ADD
CAPSULE #7 CLEAR, 3" X 3/4" (RX)	3	ADD
<i>carglumic acid</i>	1	PA; MO; NDS
<i>cevimeline</i>	1	MO
CHEMET	2	PA
CLINIMIX 4.25%/D5W SULFIT FREE	2	B/D PA
CVS DISTILLED WATER (RX)	3	ADD
<i>cvs glucose 4 gram tablet chew assorted fruit (rx)</i>	3	ADD
<i>cvs glucose 40% gel</i>	3	ADD
<i>cvs glucose 40% gel 3's (rx)</i>	3	ADD
<i>d10 %-0.45 % sodium chloride</i>	1	

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<i>d2.5 %-0.45 % sodium chloride</i>	1	
<i>d5 % and 0.9 % sodium chloride</i>	1	MO
<i>d5 %-0.45 % sodium chloride</i>	1	MO
<i>deferasirox oral granules in packet</i>	1	PA; MO; NDS
<i>deferasirox oral tablet</i>	1	PA; MO
<i>deferasirox oral tablet, dispersible 125 mg</i>	1	PA; MO
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i>	1	PA; MO; NDS
<i>deferiprone</i>	1	PA; MO; NDS
<i>deferoxamine</i>	1	B/D PA; MO
<i>dex4 glucose 4 gm tablet chew assorted flavors (rx)</i>	3	ADD
<i>dex4 glucose 4 gm tablet chew grape flavor (rx)</i>	3	ADD
<i>dex4 glucose 4 gm tablet chew orange flavor (rx)</i>	3	ADD
<i>dex4 glucose 4 gm tablet chew raspberry flavor (rx)</i>	3	ADD
<i>dex4 glucose 4 gm tablet chew sour apple (rx)</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>dex4 glucose 4 gm tablet chew watermelon flavor (rx)</i>	3	ADD
<i>dex4 glucose tab pouch pack</i>	3	ADD
<i>dex4 quick dissolve tab chew</i>	3	ADD
<i>dextrose 10 % and 0.2 % nacl</i>	1	
<i>dextrose 10 % in water (d10w)</i>	1	
<i>dextrose 25 % in water (d25w)</i>	1	
<i>dextrose 5 % in water (d5w)</i>	1	MO
<i>dextrose 5 %-lactated ringers</i>	1	MO
<i>dextrose 5%-0.2 % sod chloride</i>	1	
<i>dextrose 5%-0.3 % sod.chloride</i>	1	
<i>dextrose 50 % in water (d50w)</i>	1	
<i>dextrose 70 % in water (d70w)</i>	1	
<i>disulfiram oral tablet 250 mg</i>	1	MO
<i>disulfiram oral tablet 500 mg</i>	1	
<i>droxidopa</i>	1	PA; MO; NDS

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FERRLECIT 62.5 MG/5 ML VIAL OUTER, SUV	3	PA; MO; ADD
FERRLECIT 62.5 MG/5 ML VIAL SUV, OUTER	3	PA; MO; ADD
FLAVOR SWEET-SF SYRUP	3	ADD
FRUCTOSE GRANULES USP (RX)	3	ADD
<i>glucose 4 gram tablet chew (rx)</i>	3	ADD
<i>glucose 4 gram tablet chew assort fruit flavor (rx)</i>	3	ADD
<i>glucose 4 gram tablet chew n (rx)</i>	3	ADD
<i>glucose 4 gram tablet chew n,caffeine free (rx)</i>	3	ADD
<i>glucose 4 gram tablet chew n,raspberry (rx)</i>	3	ADD
<i>glucose 4 gram tablet chew nree (rx)</i>	3	ADD
<i>glucose 4 gram tablet chew raspberry flavor (rx)</i>	3	ADD
<i>glutamine (sickle cell)</i>	1	PA; MO; NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>gnp glucose 4 gram tablet chew grape (rx)</i>	3	ADD
<i>gnp glucose 4 gram tablet chew orange (rx)</i>	3	ADD
<i>gnp glucose 4 gram tablet chew raspberry (rx)</i>	3	ADD
<i>gnp quick dissolve glucose tab n,caffeine free (rx)</i>	3	ADD
GREAT VALUE DISTILLED WATER (RX)	3	ADD
INCRELEX	2	LA; NDS
<i>kionex (with sorbitol)</i>	1	
<i>croger glucose 4 gram tab chew orange (rx)</i>	3	ADD
<i>croger glucose 4 gram tab chew raspberry (rx)</i>	3	ADD
<i>croger glucose 4 gram tab chew watermelon (rx)</i>	3	ADD
LACTOSE ANHYDROUS POWDER NF (RX)	3	ADD
LACTOSE MONOHYDRATE POWDER NF (RX)	3	ADD

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LACTOSE MONOHYDRATE POWDER NF, SPRAY DRIED (RX)	3	ADD
L-CARNITINE POWDER (RX)	3	ADD
<i>leader glucose 4 gm tab chew orange flavor (rx)</i>	3	ADD
<i>leader glucose 4 gm tab chew raspberry flavor (rx)</i>	3	ADD
<i>leader glucose 4 gm tab chew watermelon flavor (rx)</i>	3	ADD
<i>leader quick dissolve gluc tab (rx)</i>	3	ADD
<i>levocarnitine (with sugar)</i>	1	MO
<i>levocarnitine oral solution 100 mg/ml</i>	1	MO
<i>levocarnitine oral tablet</i>	1	MO
L-GLUTAMINE 4 GRAM/SCOOP POWDR (RX)	3	ADD
L-GLUTAMINE POWDER FCC	3	ADD
L-GLUTAMINE POWDER USP (RX)	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
L-GLUTATHIONE POWDER USP (RX)	3	ADD
LOKELMA	2	MO
LOLLIBASE POWDER	3	ADD
<i>longs glucose 4 gram tab chew orange flavor (rx)</i>	3	ADD
<i>longs glucose 4 gram tab chew raspberry flavor (rx)</i>	3	ADD
<i>methylcellulose 1,500 cps pwd (rx)</i>	3	ADD
METHYLCELLULOSE 4,000 CPS PWD	3	ADD
<i>midodrine</i>	1	MO
MX-SOL SF SYRUP	3	ADD
MX-SOL SYRUP	3	ADD
NICE DISTILLED WATER (RX)	3	ADD
<i>nitisinone</i>	1	PA; MO; NDS
ORA-BLEND SF SUSPENSION	3	ADD
ORAL MIX VEHICLE	3	ADD
ORAL SUSPEND VEHICLE	3	ADD
ORAL SYRUP SF VEHICLE	3	ADD

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ORAL SYRUP VEHICLE	3	ADD
ORAPENN SD SWEETENED LIQUID	3	ADD
ORAPENN SD UNSWEETENED LIQUID	3	ADD
<i>ora-sweet oral syrup</i>	3	ADD
ORA-SWEET-SF SYRUP	3	ADD
PEGBLEND WAX (RX)	3	ADD
<i>pilocarpine hcl oral</i>	1	MO
<i>polyethylene glycol 1000 pd nf (rx)</i>	3	ADD
POLYETHYLENE GLYCOL 3350 POWD NF (RX)	3	ADD
POLYETHYLENE GLYCOL 8000 POWD (RX)	3	ADD
<i>preferred plus glucose tab chw grape (rx)</i>	3	ADD
<i>preferred plus glucose tab chw orange flavor (rx)</i>	3	ADD
<i>preferred plus glucose tab chw raspberry flavor (rx)</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>preferred plus glucose tab chw watermelon flavor (rx)</i>	3	ADD
PROLASTIN-C INTRAVENOUS SOLUTION	2	PA; MO; LA; NDS
<i>pub glucose 4 gram tablet chew assorted fruit (rx)</i>	3	ADD
<i>pub glucose 4 gram tablet chew orange (rx)</i>	3	ADD
<i>pub glucose 4 gram tablet chew raspberry flavor (rx)</i>	3	ADD
<i>pub glucose 4 gram tablet chew sour apple flavor (rx)</i>	3	ADD
RA TRUEPLUS GLUCOSE 3.75 G CHW	3	MO; ADD
REZDIFFRA	2	PA; MO; QL (30 per 30 days); NDS
<i>riluzole</i>	1	PA; MO
<i>risedronate oral tablet 30 mg</i>	1	MO; QL (30 per 30 days)
<i>sesame oil nf (rx)</i>	3	ADD
<i>sevelamer carbonate oral tablet</i>	1	PA; MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sod fer gluc cplx 62.5 mg/5 ml inner, p/f, sdv</i>	3	PA; MO; ADD
<i>sod fer gluc cplx 62.5 mg/5 ml outer, p/f, sdv</i>	3	PA; MO; ADD
<i>sod fer gluc cplx 62.5 mg/5 ml sdv,inner</i>	3	PA; MO; ADD
<i>sod fer gluc cplx 62.5 mg/5 ml sdv,outer</i>	3	PA; MO; ADD
<i>sodium benzoate-sod phenylacet</i>	1	NDS
SODIUM BROMIDE GRANULES (RX)	3	ADD
<i>sodium chloride 0.9 % intravenous</i>	1	MO
<i>sodium chloride irrigation</i>	1	MO
<i>sodium phenylbutyrate</i>	1	PA; MO; NDS
<i>sodium polystyrene sulfonate oral powder</i>	1	MO
<i>sorbitol 70% solution (otc)</i>	3	MO; ADD
SOSWEET SYRUP VEHICLE	3	ADD
<i>sps (with sorbitol) oral</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sps (with sorbitol) rectal</i>	1	
SV ALPHA LIPOIC ACID 200 MG CP P/F	3	MO; ADD
<i>trientine oral capsule 250 mg</i>	1	PA; MO; NDS
TRUEPLUS GLUCOSE 15 GRAM GEL	3	MO; ADD
TRUEPLUS GLUCOSE 3.75 G TB CHW	3	MO; ADD
UNISPEND ANHYDROUS SWEET SUSP	3	ADD
<i>value plus glucose 40% gel 3's, tropical fruit (rx)</i>	3	ADD
VELPHORO	2	PA; MO; NDS
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 8.4 GRAM	2	MO
VELTASSA ORAL POWDER IN PACKET 25.2 GRAM	2	
<i>water for irrigation, sterile</i>	1	MO
XIAFLEX	2	PA; NDS

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ZINC SULFATE HEPTAHYDRATE POWD USP (RX)	3	ADD
ZINC SULFATE HEPTAHYDRATE POWD USP, GRANULAR (RX)	3	ADD
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	1	PA; MO
PHARMACEUTICAL ADJUVANTS		
CAPSULE #00 VEGETABLE CLEAR (RX)	3	ADD
GRAPE FLAVOR SYRUP (RX)	3	ADD
MICROCRYSTAL CELLULOSE POWDER MICROCRYSTALLINE,NF (RX)	3	ADD
MICROCRYSTALLINE CELLULOSE AVICEL PH 105, NF (RX)	3	ADD
MX-SOL BLEND	3	ADD
MX-SOL BLEND SF	3	ADD
MX-SOL SUSPEND	3	ADD
ORA-BLEND SUSPENSION	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ORAL MIX SF VEHICLE	3	ADD
ORA-PLUS SUSPENDING VEHICLE	3	ADD
PCCA CLARIFYING BASE	3	ADD
PCCA SUSPENDIT ANHYDROUS	3	ADD
SYRSPEND SF ALKA POWDER	3	ADD
SYRSPEND SF LIQUID (RX)	3	ADD
SYRSPEND SF LIQUID CHERRY (RX)	3	ADD
SYRSPEND SF LIQUID GRAPE (RX)	3	ADD
SYRSPEND SF POWDER DRY & UNFLAVORED (RX)	3	ADD
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	1	MO
<i>gnp nicotine 2 mg chewing gum</i>	3	MO; ADD
GNP NICOTINE 2 MG LOZENGE OUTER	3	MO; ADD

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<i>gnp nicotine 2 mg mini lozenge</i>	3	MO; ADD
GNP NICOTINE 2 MG MINI LOZENGE	3	MO; ADD
GNP NICOTINE 2 MG MINI LOZENGE OUTER	3	MO; ADD
<i>gnp nicotine 21 mg/24hr patch (otc)</i>	3	MO; ADD
<i>gnp nicotine 4 mg chewing gum</i>	3	MO; ADD
GNP NICOTINE 4 MG LOZENGE OUTER	3	MO; ADD
<i>gnp nicotine 4 mg mini lozenge</i>	3	MO; ADD
GNP NICOTINE 4 MG MINI LOZENGE	3	MO; ADD
<i>gs nicotine 2 mg chewing gum</i>	3	MO; ADD
<i>gs nicotine 2 mg lozenge</i>	3	MO; ADD
<i>gs nicotine 2 mg mini lozenge</i>	3	MO; ADD
<i>gs nicotine 4 mg chewing gum</i>	3	MO; ADD
<i>gs nicotine 4 mg lozenge</i>	3	MO; ADD
<i>gs nicotine 4 mg mini lozenge</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
NICODERM CQ 14 MG/24HR PATCH	3	MO; ADD
NICODERM CQ 14 MG/24HR PATCH OUTER	3	MO; ADD
NICODERM CQ 21 MG/24HR PATCH	3	MO; ADD
NICODERM CQ 21 MG/24HR CLEAR PATCH	3	MO; ADD
NICODERM CQ 21 MG/24HR PATCH OUTER	3	MO; ADD
NICODERM CQ 7 MG/24HR PATCH OUTER	3	MO; ADD
NICORETTE 2 MG CHEWING GUM CINNAMON SURGE	3	MO; ADD
NICORETTE 2 MG CHEWING GUM FRUIT CHILL	3	MO; ADD
NICORETTE 2 MG CHEWING GUM MINT	3	MO; ADD
NICORETTE 2 MG CHEWING GUM ORIGINAL FLAVOR	3	MO; ADD
NICORETTE 2 MG CHEWING GUM STARTER KIT	3	MO; ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
NICORETTE 2 MG CHEWING GUM WHITE ICE MINT	3	MO; ADD
NICORETTE 2 MG LOZENGE	3	MO; ADD
NICORETTE 2 MG MINI LOZENGE	3	MO; ADD
NICORETTE 2 MG MINI LOZENGE MINT	3	MO; ADD
NICORETTE 4 MG CHEWING GUM CINNAMON SURGE	3	MO; ADD
NICORETTE 4 MG CHEWING GUM FRESH MINT	3	MO; ADD
NICORETTE 4 MG CHEWING GUM FRUIT CHILL	3	MO; ADD
NICORETTE 4 MG CHEWING GUM MINT	3	MO; ADD
NICORETTE 4 MG CHEWING GUM ORIGINAL	3	MO; ADD
NICORETTE 4 MG CHEWING GUM ORIGINAL FLAVOR	3	MO; ADD
NICORETTE 4 MG CHEWING GUM WHITE ICE MINT	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
NICORETTE 4 MG LOZENGE	3	MO; ADD
<i>nicotine 14 mg/24hr patch (otc)</i>	3	MO; ADD
<i>nicotine 14 mg/24hr patch clear, step 2, outer (otc)</i>	3	MO; ADD
<i>nicotine 14 mg/24hr patch outer (otc)</i>	3	MO; ADD
<i>nicotine 14 mg/24hr patch step 2 (otc)</i>	3	MO; ADD
<i>nicotine 2 mg chewing gum</i>	3	MO; ADD
<i>nicotine 2 mg chewing gum coated fruit</i>	3	MO; ADD
<i>nicotine 2 mg chewing gum coated, outer</i>	3	MO; ADD
<i>nicotine 2 mg chewing gum cool mint/coated</i>	3	MO; ADD
<i>nicotine 2 mg chewing gum mint</i>	3	MO; ADD
<i>nicotine 2 mg chewing gum original</i>	3	MO; ADD
<i>nicotine 2 mg chewing gum outer</i>	3	MO; ADD
<i>nicotine 2 mg lozenge</i>	3	MO; ADD
<i>nicotine 2 mg lozenge inner</i>	3	MO; ADD

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<i>nicotine 2 mg lozenge outer</i>	3	MO; ADD
NICOTINE 2 MG MINI LOZENGE	3	MO; ADD
<i>nicotine 2 mg mini lozenge inner</i>	3	MO; ADD
<i>nicotine 2 mg mini lozenge outer</i>	3	MO; ADD
<i>nicotine 21 mg/24hr patch (otc)</i>	3	MO; ADD
<i>nicotine 21 mg/24hr patch outer (otc)</i>	3	MO; ADD
<i>nicotine 21 mg/24hr patch outer, clear, step 1 (otc)</i>	3	MO; ADD
<i>nicotine 4 mg chewing gum</i>	3	MO; ADD
<i>nicotine 4 mg chewing gum coated</i>	3	MO; ADD
<i>nicotine 4 mg chewing gum coated fruit</i>	3	MO; ADD
<i>nicotine 4 mg chewing gum cool mint/coated</i>	3	MO; ADD
<i>nicotine 4 mg chewing gum original</i>	3	MO; ADD
<i>nicotine 4 mg chewing gum outer</i>	3	MO; ADD
<i>nicotine 4 mg chewing gum refill. outer</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>nicotine 4 mg chewing gum starter kit, outer</i>	3	MO; ADD
<i>nicotine 4 mg lozenge</i>	3	MO; ADD
NICOTINE 4 MG LOZENGE	3	MO; ADD
<i>nicotine 4 mg lozenge inner</i>	3	MO; ADD
<i>nicotine 4 mg lozenge mint</i>	3	MO; ADD
<i>nicotine 4 mg lozenge mint, 3 quittube</i>	3	MO; ADD
<i>nicotine 4 mg lozenge outer</i>	3	MO; ADD
<i>nicotine 4 mg mini lozenge</i>	3	MO; ADD
NICOTINE 4 MG MINI LOZENGE	3	MO; ADD
<i>nicotine 4 mg mini lozenge inner</i>	3	MO; ADD
<i>nicotine 4 mg mini lozenge outer</i>	3	MO; ADD
<i>nicotine 7 mg/24hr patch (otc)</i>	3	MO; ADD
<i>nicotine 7 mg/24hr patch outer (otc)</i>	3	MO; ADD
<i>nicotine 7 mg/24hr patch outer, clear, step 3 (otc)</i>	3	MO; ADD
<i>nicotine 7 mg/24hr patch step 3 (otc)</i>	3	MO; ADD

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<i>nicotine transdermal system step 1,2,3</i>	3	MO; ADD
NICOTROL NS	2	MO
<i>sm nicotine 14 mg/24hr patch (otc)</i>	3	MO; ADD
<i>sm nicotine 21 mg/24hr patch (otc)</i>	3	MO; ADD
<i>sm nicotine 7 mg/24hr patch (otc)</i>	3	MO; ADD
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	1	MO
<i>varenicline tartrate oral tablet 1 mg (56 pack)</i>	1	
<i>varenicline tartrate oral tablets,dose pack</i>	1	MO

EAR, NOSE / THROAT MEDICATIONS

MISCELLANEOUS AGENTS

<i>4 way 1% nasal spray</i>	3	ADD
<i>altamist 0.65% nose spray</i>	3	ADD
AYR ALLERGY & SINUS NASAL MIST	3	MO; ADD
<i>ayr saline 0.65% nose drops</i>	3	MO; ADD
<i>ayr saline 0.65% nose spray</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
AYR SALINE NASAL GEL	3	MO; ADD
AYR SALINE NASAL GEL SPRAY	3	MO; ADD
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	1	MO; QL (60 per 30 days)
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i>	1	QL (60 per 30 days)
<i>baby ayr saline 0.65% drops</i>	3	MO; ADD
<i>child saline 0.65% nasal spray</i>	3	ADD
<i>chlorhexidine gluconate mucous membrane</i>	1	MO
CVS NASAL MIST 0.9% SPRAY	3	ADD
<i>cvs saline 0.65% nasal spray</i>	3	MO; ADD
<i>deep sea 0.65% nose spray</i>	3	MO; ADD
<i>denta 5000 plus</i>	1	MO
<i>dentagel</i>	1	MO
<i>eq nasal 0.65% spray</i>	3	ADD
<i>eql saline 0.65% nasal spray</i>	3	MO; ADD
<i>fluoride (sodium) dental cream</i>	1	

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<i>fluoride (sodium) dental gel</i>	1	
<i>fluoride (sodium) dental paste</i>	1	MO
<i>fraiche 5000</i>	1	
GNP NASAL FOUR 1% NASAL SPRAY	3	ADD
<i>gnp nasal moist 0.65% spray</i>	3	ADD
<i>gnp saline 0.65% nose spray</i>	3	ADD
<i>gs nasal four 1% spray</i>	3	ADD
<i>gs nasal moist 0.65% spray</i>	3	ADD
<i>gs nasal spray 0.05%</i>	3	ADD
<i>gs no drip 0.05% nasal spray</i>	3	ADD
<i>gs sinus nasal spray 0.05%</i>	3	ADD
<i>ipratropium bromide nasal</i>	1	MO; QL (30 per 30 days)
<i>kourzeq</i>	1	MO
<i>little remedies 0.65% spray for noses</i>	3	MO; ADD
<i>mucinex sinus-max nasal spray</i>	3	ADD
NASADROPS SALINE ON THE GO AMP	3	PA; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>nasal four 1% spray</i>	3	ADD
<i>nasal mist 0.9% spray</i>	3	ADD
<i>nasal spray 0.05% 12 hour, no drip</i>	3	ADD
<i>nasal spray 0.05% 12 hour, original</i>	3	ADD
<i>nasal spray 0.05% 12 hour, sinus</i>	3	ADD
<i>nasal spray 0.05% 12hr, original</i>	3	ADD
NASAL SPRAY 1%	3	ADD
<i>nasal spray original 0.05% 12 hr relief</i>	3	ADD
NASOGEL NASAL SPRAY	3	MO; ADD
NASOGEL SALINE NOSE GEL	3	MO; ADD
NEO-SYNEPHRINE 0.5% SPRAY	3	MO; ADD
<i>no drip 0.05% nasal spray</i>	3	ADD
<i>oralone</i>	1	
<i>periogard</i>	1	MO
<i>saline 0.65% nasal spray</i>	3	MO; ADD
<i>saline 0.65% nasal spray moisturizing</i>	3	MO; ADD
<i>saline mist 0.65% nose spry</i>	3	MO; ADD

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SALINE NASAL GEL	3	ADD
<i>sf</i>	1	MO
<i>sf 5000 plus</i>	1	MO
SINUS RELIEF 1% NASAL SPRAY	3	ADD
<i>sm nasal spray 0.05%</i>	3	ADD
<i>sm saline 0.65% nasal spray</i>	3	MO; ADD
SODIUM BENZOATE POWDER NF (RX)	3	ADD
<i>sodium fluoride 5000 dry mouth</i>	1	MO
<i>sodium fluoride 5000 plus</i>	1	
<i>sodium fluoride-pot nitrate</i>	1	MO
SOOTHING SALINE-ALOE MIST	3	ADD
<i>triamcinolone acetonide dental</i>	1	MO
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	1	MO
<i>ciprofloxacin hcl otic (ear)</i>	1	MO
<i>ear wax removal 6.5% drop</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>ear wax removal 6.5% kit</i>	3	ADD
<i>flac otic oil</i>	1	
<i>fluocinolone acetonide oil</i>	1	MO
<i>ft ear wax removal 6.5% drop</i>	3	MO; ADD
<i>ft ear wax removal 6.5% kit</i>	3	ADD
<i>hydrocortisone-acetic acid</i>	1	MO
<i>ofloxacin otic (ear)</i>	1	MO
OTIC STEROID / ANTIBIOTIC		
<i>ciprofloxacin-dexamethasone</i>	1	MO; QL (7.5 per 7 days)
<i>neomycin-polymyxin-hc otic (ear)</i>	1	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>cortisone</i>	1	
<i>dexamethasone intensol</i>	1	
<i>dexamethasone oral elixir</i>	1	MO
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	MO

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<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	MO
<i>dexamethasone sodium phosphate injection solution</i>	1	MO
<i>dexamethasone sodium phosphate injection syringe</i>	1	
<i>fludrocortisone</i>	1	MO
<i>hydrocortisone oral</i>	1	MO
<i>methylprednisolone acetate</i>	1	MO
<i>methylprednisolone oral tablet</i>	1	B/D PA; MO
<i>methylprednisolone oral tablets,dose pack</i>	1	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	1	MO
<i>methylprednisolone sodium succ intravenous</i>	1	MO
<i>prednisolone oral solution</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)</i>	1	
<i>prednisone intensol</i>	1	MO
<i>prednisone oral solution</i>	1	MO
<i>prednisone oral tablet</i>	1	MO
<i>prednisone oral tablets,dose pack 10 mg (48 pack), 5 mg (48 pack)</i>	1	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	1	MO
<i>triamcinolone acetonide injection suspension 10 mg/ml</i>	1	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	MO
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>potassium iodide 1 gm/ml sol</i>	3	MO; ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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<i>propylthiouracil</i>	1	MO
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DIABETES THERAPY

<i>acarbose oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	1	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	1	MO; QL (180 per 30 days)
<i>alcohol pads</i>	2	PA; MO
BAQSIMI	2	MO
BYDUREON BCISE	2	PA; QL (4 per 28 days)
CHEMSTRIP 10 MD	3	PA; ADD
CHEMSTRIP 50B	3	PA; ADD
CHEMSTRIP 7	3	PA; ADD
CVS KETONE CARE TEST STRIP	3	PA; ADD
<i>diazoxide</i>	1	MO; NDS
DROPSAFE ALCOHOL PREP PADS	2	PA
<i>exenatide subcutaneous pen injector 10 mcg/dose(250 mcg/ml) 2.4 ml</i>	1	PA; QL (2.4 per 30 days)
<i>exenatide subcutaneous pen injector 5 mcg/dose (250 mcg/ml) 1.2 ml</i>	1	PA; QL (1.2 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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FARXIGA ORAL TABLET 10 MG	2	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	2	MO; QL (60 per 30 days)
<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	MO; QL (120 per 30 days)
GLYXAMBI	2	MO; QL (30 per 30 days)
GVOKE	2	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	2	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	2	MO
GVOKE HYPOPEN 2-PACK	2	MO
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	MO
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	MO
HUMALOG JUNIOR KWIKPEN U-100	2	MO
HUMALOG KWIKPEN INSULIN	2	MO
HUMALOG MIX 50-50 KWIKPEN	2	MO
HUMALOG MIX 75-25 KWIKPEN	2	MO
HUMALOG MIX 75-25(U-100)INSULN	2	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
HUMALOG U-100 INSULIN	2	MO
HUMULIN 70/30 U-100 INSULIN	2	MO
HUMULIN 70/30 U-100 KWIKPEN	2	MO
HUMULIN N NPH INSULIN KWIKPEN	2	MO
HUMULIN N NPH U-100 INSULIN	2	MO
HUMULIN R REGULAR U-100 INSULN	2	MO
HUMULIN R U-500 (CONC) INSULIN	2	
HUMULIN R U-500 (CONC) KWIKPEN	2	MO
INPEFA	2	PA; MO; QL (30 per 30 days)
INSULIN LISPRO SUBCUTANEOUS SOLUTION	2	MO
JANUMET	2	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	MO; QL (30 per 30 days)

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JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	MO; QL (60 per 30 days)
JANUVIA	2	MO; QL (30 per 30 days)
JARDIANCE	2	MO; QL (30 per 30 days)
JENTADUETO	2	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	2	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	2	MO; QL (30 per 30 days)
KETO-DIASTIX REAGENT STRIPS	3	PA; MO; ADD
LANTUS SOLOSTAR U-100 INSULIN	2	MO
LANTUS U-100 INSULIN	2	MO
LYUMJEV KWIKPEN U-100 INSULIN	2	MO
LYUMJEV KWIKPEN U-200 INSULIN	2	MO
LYUMJEV U-100 INSULIN	2	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (60 per 30 days)
MOUNJARO	2	PA; QL (2 per 28 days)
MULTISTIX 10 SG REAGENT STRIPS	3	PA; MO; ADD
<i>nateglinide oral tablet 120 mg</i>	1	MO; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	1	MO; QL (180 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; QL (3 per 28 days)
<i>pioglitazone</i>	1	MO; QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	1	MO; QL (960 per 30 days)

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<i>repaglinide oral tablet 1 mg</i>	1	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	MO; QL (240 per 30 days)
RYBELSUS	2	PA; MO; QL (30 per 30 days)
<i>saxagliptin</i>	1	MO; QL (30 per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	1	MO; QL (60 per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	1	MO; QL (30 per 30 days)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	2	MO; QL (60 per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG	2	MO; QL (120 per 30 days)
SOLQUA 100/33	2	QL (90 per 30 days)
STEGLATRO	2	MO; QL (30 per 30 days)
SYMLINPEN 120	2	PA; QL (10.8 per 30 days); NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
SYMLINPEN 60	2	PA; QL (6 per 30 days); NDS
SYNJARDY	2	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	2	MO; QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	2	MO; QL (60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR	2	MO
TOUJEO SOLOSTAR U-300 INSULIN	2	MO
TRADJENTA	2	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	2	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	2	MO; QL (60 per 30 days)
TRULICITY	2	PA; QL (2 per 28 days)

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XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	2	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	2	MO; QL (60 per 30 days)
MISCELLANEOUS HORMONES		
ALDURAZYME	2	PA; MO; NDS
<i>cabergoline</i>	1	MO
<i>calcitonin (salmon) injection</i>	1	MO; NDS
<i>calcitonin (salmon) nasal</i>	1	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	
<i>calcitriol oral capsule</i>	1	MO
<i>calcitriol oral solution</i>	1	
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	1	PA; MO
<i>cinacalcet oral tablet 90 mg</i>	1	PA; MO; NDS
<i>clomid</i>	1	PA; MO
<i>clomiphene citrate</i>	1	PA; MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CRYSVITA	2	PA; MO; LA; NDS
<i>danazol</i>	1	MO
<i>desmopressin injection</i>	1	MO
<i>desmopressin nasal spray with pump</i>	1	MO
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin oral</i>	1	MO
<i>doxercalciferol</i>	1	MO
ELAPRASE	2	PA; MO; NDS
FABRAZYME	2	PA; MO; NDS
KANUMA	2	PA; MO; NDS
LUMIZYME	2	PA; MO; NDS
MEPSEVII	2	PA; MO; NDS
<i>mifepristone oral tablet 300 mg</i>	1	PA; MO; NDS
<i>milophene</i>	1	PA
NAGLAZYME	2	PA; MO; LA; NDS
OVIDREL 250 MCG/0.5 ML SYRG	3	PA; MO; ADD
<i>pamidronate intravenous solution</i>	1	MO
<i>paricalcitol intravenous</i>	1	
<i>paricalcitol oral</i>	1	MO

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<i>sapropterin</i>	1	PA; MO; NDS
SOMAVERT	2	PA; MO; NDS
STRENSIQ	2	PA; LA; NDS
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	PA; MO
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	1	PA
<i>testosterone enanthate</i>	1	PA; MO
<i>testosterone transdermal gel</i>	1	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	1	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	1	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	1	PA; MO; QL (300 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	1	PA; MO; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	1	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal solution in metered pump w/app</i>	1	PA; MO; QL (180 per 30 days)
<i>tolvaptan</i>	1	PA; MO; NDS
<i>tolvaptan (polycys kidney dis) oral tablet</i>	1	PA; NDS
VIMIZIM	2	PA; MO; LA; NDS
<i>zoledronic acid intravenous solution</i>	1	B/D PA; MO
THYROID HORMONES		
<i>levo-t</i>	1	
<i>levothyroxine intravenous recon soln</i>	1	
<i>levothyroxine oral tablet</i>	1	MO
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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liothyronine

1

MO

unithroid

1

MO

GASTROENTEROLOGY

ANTIDIARRHEALS / ANTISPASMODICS

<i>acidophilus 16 mg capsule extra strength (rx)</i>	3	ADD
<i>acidophilus 16 mg capsule p/f, extra strength (rx)</i>	3	ADD
<i>acidophilus 30 million capsule</i>	3	ADD
<i>acidophilus probiotic tablet</i>	3	ADD
<i>acidophilus-pectin capsule</i>	3	MO; ADD
ACIDOPHILUS-PECTIN CAPSULE	3	ADD
<i>anti-diarrheal 1 mg/7.5 ml sol</i>	3	ADD
<i>anti-diarrheal 2 mg caplet</i>	3	MO; ADD
<i>anti-diarrheal 2 mg caplet</i>	3	MO; ADD
<i>anti-diarrheal 2 mg softgel</i>	3	ADD
<i>anti-diarrheal 2 mg tablet</i>	3	MO; ADD
<i>atropine injection solution 0.4 mg/ml</i>	1	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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atropine injection syringe 0.1 mg/ml

1

atropine intravenous solution 0.4 mg/ml

1

atropine intravenous syringe 0.25 mg/5 ml (0.05 mg/ml)

1

AZO COMPLETE FEMININE BALANCE

3

MO; ADD

AZO DUAL PROTECTN 150-15 MG CP

3

ADD

BIO-K PLUS DR 50 BILLION CAP

3

ADD

BIOMEPRO 100 BILLION CFU LIQ OUTER

3

ADD

BIOMEPRO DR 50 BILLION CFU CAP

3

ADD

BIOMEPRO DR 50 BILLION CFU CAP OUTER

3

ADD

bismuth 262 mg tablet chew

3

MO; ADD

CULTURELLE ADV REG 11B CFU CAP

3

ADD

CULTURELLE WOMEN'S 12B CHEW TB

3

ADD

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CULTURELLE WOMEN'S 4-IN-1 CAP	3	MO; ADD
<i>dicyclomine intramuscular</i>	1	MO
<i>dicyclomine oral capsule</i>	1	MO
<i>dicyclomine oral solution</i>	1	MO
<i>dicyclomine oral tablet 20 mg</i>	1	MO
<i>diphenoxylate-atropine</i>	1	MO
EQL PROBIOTIC ACIDOPHIL-PECTIN	3	MO; ADD
FLORAJEN WOMEN 15 B CELL CAP	3	MO; ADD
<i>ft anti-diarrheal 2 mg caplet</i>	3	MO; ADD
<i>ft anti-diarrheal 2 mg softgel</i>	3	ADD
<i>ft stomach relief 525 mg/30 ml</i>	3	MO; ADD
<i>ft stomach rlf 262 mg chew tab</i>	3	ADD
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	1	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>glycopyrrolate (pf) injection syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	1	MO
<i>glycopyrrolate injection</i>	1	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	MO
<i>gnp anti-diarrheal 2 mg tablet</i>	3	MO; ADD
<i>gnp pink bismuth 262 mg tb chw</i>	3	ADD
<i>gnp pink bismuth 525 mg/15 ml</i>	3	ADD
GNP PROBIOTIC DIGEST 20B CFU	3	MO; ADD
<i>gnp stomach rlf 525 mg/30 ml</i>	3	MO; ADD
GS ANTI-DIARRHEAL 1 MG/7.5 ML	3	ADD
<i>gs anti-diarrheal 2 mg caplet</i>	3	MO; ADD
IDEAL BOWEL SUPPORT 10B CFU CP	3	ADD
KALA TABLET	3	ADD
<i>loperamide 1 mg/7.5 ml soln</i>	3	MO; ADD
LOPERAMIDE 1 MG/7.5 ML SOLN	3	MO; ADD

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LOPERAMIDE 2 MG/15 ML SOLUTION CUP INNER	3	MO; ADD
LOPERAMIDE 2 MG/15 ML SOLUTION CUP OUTER	3	MO; ADD
<i>loperamide oral capsule</i>	1	MO
<i>opium tincture</i>	1	MO
<i>pink bismuth caplet</i>	3	ADD
PRIMADOPHILUS ORIG DR 5B CFU	3	ADD
PROBIOTIC 15 BILLION CELL CAP	3	ADD
PROBIOTIC ACIDOPHIL-PECTIN CAP	3	MO; ADD
<i>qc anti-diarrheal 2 mg softgel</i>	3	ADD
<i>stomach relief 262 mg caplet</i>	3	ADD
<i>stomach relief 262 mg chew tab</i>	3	ADD
<i>stomach relief 525 mg/15 ml</i>	3	MO; ADD
<i>stomach rlf 525 mg/30 ml susp</i>	3	MO; ADD
MISCELLANEOUS GASTROINTESTINAL AGENTS		

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>acid gone antacid liquid</i>	3	MO; ADD
<i>acid gone tablet chew</i>	3	MO; ADD
<i>almacone-2 liquid</i>	3	MO; ADD
<i>alosetron oral tablet 0.5 mg</i>	1	PA; MO
<i>alosetron oral tablet 1 mg</i>	1	PA; MO; NDS
<i>aluminum hydroxide gel</i>	3	MO; ADD
<i>alum-mag hydroxide-simeth 1,200-1,200-120 mg/30 ml cup inner</i>	3	ADD
<i>alum-mag hydroxide-simeth 1,200-1,200-120 mg/30 ml cup outer</i>	3	ADD
<i>alum-mag hydroxide-simeth 2,400-2,400-240 mg/30 ml cup outer</i>	3	ADD
<i>antacid anti-gas liquid</i>	3	ADD
<i>antacid anti-gas max str liq</i>	3	ADD
<i>antacid ex-str tablet chew</i>	3	ADD
<i>antacid extra strength chw tab</i>	3	ADD
<i>antacid liquid</i>	3	ADD

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<i>antacid-antigas liquid</i>	3	MO; ADD
ANTACID-ANTIGAS LIQUID	3	MO; ADD
<i>antacid-antigas suspension</i>	3	MO; ADD
<i>aprepitant</i>	1	B/D PA; MO
<i>balsalazide</i>	1	MO
<i>betaine</i>	1	MO; NDS
<i>bisacodyl 10 mg suppository</i>	3	ADD
<i>bisacodyl ec 5 mg tablet</i>	3	MO; ADD
<i>budesonide oral capsule, delayed, extended release</i>	1	MO
<i>budesonide oral tablet, delayed and extended release</i>	1	MO; NDS
<i>castor oil</i>	3	ADD
<i>castor oil stimulant laxative</i>	3	ADD
<i>castor oil usp</i>	3	ADD
<i>castor oil usp (rx)</i>	3	ADD
<i>chocolated laxative</i>	3	ADD
<i>chocolated laxative gluten-free, reg str</i>	3	ADD
CIMZIA POWDER FOR RECONST	2	PA; MO; QL (2 per 28 days); NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CIMZIA STARTER KIT	2	PA; MO; QL (3 per 180 days); NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML	2	PA; QL (2 per 28 days); NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	2	PA; MO; QL (2 per 28 days); NDS
CINVANTI	2	MO
<i>citrucel 500 mg caplet</i>	3	MO; ADD
CITRUCEL POWDER	3	MO; ADD
CITRUCEL POWDER S-F	3	MO; ADD
CITRUCEL POWDER S-F ORANGE	3	MO; ADD
<i>clearlax powder</i>	3	MO; ADD
<i>clearlax powder 14 once-daily doses</i>	3	MO; ADD
<i>clearlax powder 30 once-daily doses</i>	3	MO; ADD
<i>clearlax powder 7 once-daily doses</i>	3	MO; ADD
<i>clearlax powder packet</i>	3	ADD
COLACE 100 MG CAPSULE	3	MO; ADD

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COLACE 2-IN-1 TABLET	3	MO; ADD
COLACE CLEAR 50 MG SOFTGEL	3	MO; ADD
<i>compro</i>	1	MO
<i>constulose</i>	1	MO
CORTIFOAM	2	MO
CREON	2	MO
<i>cromolyn oral</i>	1	MO
<i>cvs castor oil</i>	3	ADD
<i>cvs chocolate laxative 15 mg</i>	3	ADD
<i>dimenhydrinate injection solution</i>	1	MO
<i>docusate sod 100 mg/10 ml cup inner</i>	3	MO; ADD
<i>docusate sod 100 mg/10 ml cup outer</i>	3	MO; ADD
<i>docusate sodium 100 mg softgel</i>	3	MO; ADD
<i>docusate sodium 100 mg inner, softgel</i>	3	MO; ADD
<i>docusate sodium 100 mg outer, softgel</i>	3	MO; ADD
<i>docusate sodium 100 mg softgel</i>	3	MO; ADD
<i>docusate sodium 250 mg softgel</i>	3	MO; ADD
<i>docusate sodium 250 mg softgel inner</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>docusate sodium 250 mg softgel outer</i>	3	MO; ADD
<i>docusate sodium 50 mg/5 ml cup inner</i>	3	MO; ADD
<i>docusate sodium 50 mg/5 ml cup outer</i>	3	MO; ADD
<i>docusate sodium 50 mg/5 ml liq</i>	3	MO; ADD
DOCUSATE SODIUM MINI ENEMA	3	ADD; QL (15 per 30 days)
DOCUSOL KIDS 100 MG MINI-ENEMA 5ML MINI-ENEMA, OUTER	3	MO; ADD; QL (15 per 30 days)
<i>dok 100 mg tablet</i>	3	MO; ADD
<i>driminate 50 mg tablet</i>	3	MO; ADD
<i>dronabinol</i>	1	B/D PA
<i>droperidol injection solution</i>	1	MO
<i>enema ready to use</i>	3	MO; ADD; QL (399 per 30 days)
ENEMEEZ MINI ENEMA	3	MO; ADD; QL (15 per 30 days)
ENEMEEZ MINI ENEMA 5CC TUBES, OUTER	3	MO; ADD; QL (15 per 30 days)

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ENEMEEZ PLUS MINI ENEMA	3	MO; ADD; QL (15 per 30 days)
ENEMEEZ PLUS MINI ENEMA OUTER	3	MO; ADD; QL (15 per 30 days)
ENTYVIO	2	PA; MO; QL (2 per 28 days); NDS
<i>enulose</i>	1	MO
<i>epsom salt</i>	3	ADD
<i>epsom salt granules</i>	3	ADD
<i>eql castor oil</i>	3	ADD
<i>eql chocolated laxative</i>	3	ADD
<i>fiber 625 mg caplet</i>	3	MO; ADD
<i>fiber laxative 625 mg caplet</i>	3	ADD
<i>fiber powder</i>	3	ADD
<i>fiber tabs</i>	3	ADD
<i>fiber therapy 500 mg caplet</i>	3	ADD
<i>fiber therapy powder</i>	3	MO; ADD
<i>fiber-lax 625 mg caplet</i>	3	MO; ADD
<i>fiber-lax 625 mg tablet 500mg polycarbophil</i>	3	MO; ADD
FLEET BISACODYL 10 MG ENEMA	3	MO; ADD; QL (111 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>fleet enema</i>	3	MO; ADD; QL (399 per 30 days)
<i>fleet enema 2x133ml, twin pack</i>	3	MO; ADD; QL (798 per 30 days)
<i>fleet enema 4x133ml</i>	3	MO; ADD; QL (399 per 30 days)
FLEET MINERAL OIL ENEMA	3	MO; ADD; QL (399 per 30 days)
FLEET PEDIA-LAX ENEMA	3	MO; ADD; QL (198 per 30 days)
FLEET PEDIA-LAX STOOL SOFTENER	3	ADD
FLEET PEDIA-LAX SUPPOSITORIES	3	MO; ADD
<i>fosaprepitant</i>	1	MO
<i>ft antacid-antigas liquid</i>	3	MO; ADD
<i>ft antacid-antigas max str</i>	3	ADD
<i>ft castor oil usp</i>	3	ADD
<i>ft clearlax powder</i>	3	MO; ADD
<i>ft fiber laxative 625 mg cplt</i>	3	ADD
<i>ft gas relief 125 mg chew tab</i>	3	MO; ADD

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<i>ft gas relief 125 mg softgel</i>	3	MO; ADD
FT GAS RELIEF 180 MG SOFTGEL	3	MO; ADD
<i>ft gentle laxative 10 mg supp</i>	3	MO; ADD
<i>ft inft gas rlf 20 mg/0.3 ml</i>	3	MO; ADD
<i>ft laxative ec 5 mg tablet</i>	3	ADD
<i>ft magnesium citrate solution</i>	3	MO; ADD
<i>ft mineral oil</i>	3	MO; ADD
<i>ft motion sickness 25 mg tab</i>	3	ADD
<i>ft motion sickness 50 mg tab</i>	3	ADD
<i>ft senna laxative 8.6 mg tab</i>	3	ADD
<i>ft senna-s 8.6-50 mg tablet</i>	3	MO; ADD
<i>ft stool softener 100 mg sftgl</i>	3	ADD
<i>ft stool softener 250 mg sftgl</i>	3	ADD
<i>ft stool softener-stim lax tab</i>	3	ADD
<i>gas relief (simeth) 80 mg chew</i>	3	ADD
<i>gas relief 125 mg chew tablet</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>gas relief 125 mg chew tablet extra str,cherry crm</i>	3	MO; ADD
<i>gas relief 125 mg softgel</i>	3	MO; ADD
<i>gas relief 180 mg softgel</i>	3	ADD
GAS-X EX-STR 125 MG TAB CHEW	3	MO; ADD
GAS-X EX-STR 125 MG TAB CHEW CHERRY CREME	3	MO; ADD
GAS-X EXTRA STRENGTH SOFTGEL	3	MO; ADD
GAS-X EXTRA STRENGTH SOFTGEL, EX-STRENGTH	3	MO; ADD
GAS-X ULTRA STRENGTH SOFTGEL	3	MO; ADD
GATTEX 30-VIAL	2	PA; MO; NDS
GATTEX ONE-VIAL	2	PA; MO; NDS
<i>gavilax powder 14 day</i>	3	MO; ADD
<i>gavilax powder 30 day</i>	3	MO; ADD
<i>gavilyte-c</i>	1	MO

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<i>gavilyte-g</i>	1	MO
<i>gavilyte-n</i>	1	
GAVISCON ES TABLET CHEW EXTRA STRENGTH	3	MO; ADD
GAVISCON EXTRA STRENGTH LIQUID	3	MO; ADD
<i>generlac</i>	1	MO
<i>gentle laxative 10 mg supposit</i>	3	MO; ADD
<i>gentle laxative ec 5 mg tablet</i>	3	ADD
GNP ANTI-GAS 180 MG SOFTGEL	3	ADD
<i>gnp gas rlf(simeth) 80 mg chew</i>	3	ADD
<i>gnp gentle laxative 10 mg supp</i>	3	MO; ADD
<i>gnp gentle laxative ec 5 mg tb</i>	3	ADD
<i>gnp magnesium citrate solution</i>	3	MO; ADD
<i>gnp senna lax 8.6 mg tablet</i>	3	ADD
<i>gnp senna plus 8.6-50 mg tab</i>	3	MO; ADD
<i>gnp stool softener 100 mg sfgl</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>gnp stool softener 240 mg sfgl</i>	3	ADD
<i>gnp stool softener 250 mg sfgl</i>	3	ADD
<i>gnp stool softener-stim lax tb</i>	3	ADD
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	1	MO
<i>granisetron hcl intravenous solution 1 mg/ml</i>	1	MO
<i>granisetron hcl intravenous solution 1 mg/ml (1 ml)</i>	1	
<i>granisetron hcl oral</i>	1	B/D PA; MO
<i>gs clearlax powder</i>	3	MO; ADD
<i>gs gas relief 180 mg softgel</i>	3	ADD
GS HEMORRHOIDAL OINTMENT	3	MO; ADD
<i>healthylax powder packet outer</i>	3	MO; ADD
HEARTBURN RELIEF LIQUID	3	ADD
<i>hydrocortisone rectal</i>	1	MO
<i>hydrocortisone topical cream with perineal applicator 1 %</i>	1	MO

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<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	1	
<i>infant gas rlf 20 mg/0.3 ml</i>	3	MO; ADD
<i>infants' gas rlf 20 mg/0.3 ml</i>	3	MO; ADD
<i>infants' simethicone drops</i>	3	MO; ADD
<i>lactulose oral solution</i>	1	MO
<i>laxative 15 mg tablet</i>	3	ADD
<i>laxative 25 mg tablet</i>	3	ADD
<i>laxative ec 5 mg tablet</i>	3	ADD
LINZESS	2	MO; QL (30 per 30 days)
<i>lubiprostone</i>	1	MO; QL (60 per 30 days)
MAG-AL LIQUID 30 ML CUP	3	ADD
<i>mag-al plus suspens 30 ml cup 100's,u-d,10x10</i>	3	ADD
<i>mag-al plus suspens 30 ml cup outer</i>	3	ADD
<i>mag-al plus xs susp 30 ml cup</i>	3	ADD
MAGNESIUM LACTATE SR 84 MG CPT	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>magnesium oxide 400 mg tablet (otc)</i>	3	MO; ADD
MAGNESIUM OXIDE 400 MG TABLET (OTC)	3	MO; ADD
MAG-TAB SR 84 MG CAPLET	3	MO; ADD
MAG-TAB SR 84 MG CAPLET	3	MO; ADD
MAG-TAB SR 84 MG CAPLET U/D,CAPLET	3	MO; ADD
<i>meclizine 12.5 mg caplet (otc)</i>	3	MO; ADD
<i>meclizine 12.5 mg caplet (otc)</i>	3	MO; ADD
<i>meclizine 12.5 mg tablet (otc)</i>	3	MO; ADD
<i>meclizine 25 mg tablet chew</i>	3	MO; ADD
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	MO
<i>mesalamine oral capsule (with del rel tablets)</i>	1	MO
<i>mesalamine oral capsule, extended release</i>	1	
<i>mesalamine oral capsule,extended release 24hr</i>	1	MO

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<i>mesalamine oral tablet, delayed release (dr/ec)</i>	1	MO
<i>mesalamine rectal</i>	1	MO
<i>mesalamine with cleansing wipe</i>	1	MO
<i>metoclopramide hcl injection solution</i>	1	MO
<i>metoclopramide hcl injection syringe</i>	1	
<i>metoclopramide hcl oral solution</i>	1	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
<i>milk of magnesia concentrated 2,400 mg/10 ml cup inner</i>	3	ADD
<i>milk of magnesia concentrated 2,400 mg/10 ml cup outer</i>	3	ADD
<i>milk of magnesia susp 2,400 mg/30 ml cup inner</i>	3	ADD
<i>milk of magnesia susp 2,400 mg/30 ml cup inner</i>	3	MO; ADD
<i>milk of magnesia susp 2,400 mg/30 ml cup outer</i>	3	ADD
<i>milk of magnesia susp 2,400 mg/30 ml cup outer</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>milk of magnesia suspension</i>	3	MO; ADD
<i>milk of magnesia suspension 100's, u-d</i>	3	MO; ADD
<i>mineral oil</i>	3	MO; ADD
<i>mintox maximum strength susp max str, lemon creme</i>	3	MO; ADD
<i>mintox plus tablet chewable</i>	3	MO; ADD
<i>motion sickness 50 mg tablet</i>	3	ADD
<i>motion sickness rlf 25 mg tab</i>	3	ADD
<i>motion-time 25 mg tablet chew</i>	3	ADD
<i>nitroglycerin rectal</i>	1	MO
<i>ondansetron hcl (pf) injection solution</i>	1	MO
<i>ondansetron hcl (pf) injection syringe</i>	1	
<i>ondansetron hcl intravenous</i>	1	MO
<i>ondansetron hcl oral solution</i>	1	B/D PA; MO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	B/D PA; MO
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	B/D PA; MO

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<i>onelax senna 8.8 mg/5 ml syrup</i>	3	ADD
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	1	MO
<i>palonosetron intravenous syringe</i>	1	
<i>peg 3350-electrolytes</i>	1	
<i>peg-electrolyte</i>	1	MO
PHAZYME 250 MG SOFTGEL MAX-STRENGTH,SOFT GEL	3	MO; ADD
<i>polyethylene glycol 3350 powd (otc)</i>	3	MO; ADD
<i>polyethylene glycol 3350 powd 14 once-daily doses (otc)</i>	3	MO; ADD
<i>polyethylene glycol 3350 powd 17 grams pkt,inner (otc)</i>	3	MO; ADD
<i>polyethylene glycol 3350 powd 17 grams pkts,outer (otc)</i>	3	MO; ADD
<i>polyethylene glycol 3350 powd 30 once-daily doses (otc)</i>	3	MO; ADD
<i>polyethylene glycol 3350 powd 7 once-daily doses (otc)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>polyethylene glycol 3350 powd inner (otc)</i>	3	MO; ADD
<i>polyethylene glycol 3350 powd outer (otc)</i>	3	MO; ADD
<i>prochlorperazine</i>	1	MO
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	1	MO
<i>prochlorperazine maleate oral</i>	1	MO
<i>procto-med hc</i>	1	MO
<i>proctosol hc topical</i>	1	MO
<i>proctozone-hc</i>	1	
<i>qc antacid-antigas suspension regular strength</i>	3	MO; ADD
<i>qc castor oil odorless-tasteless</i>	3	ADD
<i>qc chocolated laxative</i>	3	ADD
<i>qc gentle laxative 10 mg supp</i>	3	MO; ADD
<i>qc milk of magnesia suspension</i>	3	MO; ADD
<i>qc milk of magnesia suspension mint flavor</i>	3	MO; ADD
<i>qc milk of magnesia suspension original flavor</i>	3	MO; ADD

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<i>qc natura-lax 17 gm powder</i>	3	ADD
<i>qc stool softener 100 mg sftgl</i>	3	ADD
<i>qc vegetable laxative 8.6 mg tb</i>	3	ADD
READY TO USE MINERAL OIL ENEMA	3	ADD; QL (399 per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION	2	ST; MO; QL (18 per 30 days); NDS
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	2	ST; MO; QL (18 per 30 days); NDS
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	2	ST; MO; QL (12 per 30 days); NDS
REMICADE	2	PA; MO; QL (20 per 28 days); NDS
SANCUSO	2	MO; NDS
<i>scopolamine base</i>	1	MO
<i>senexon-s 50-8.6 mg tablet</i>	3	MO; ADD
<i>senna 26.4 mg/15 ml syrup cup inner</i>	3	MO; ADD
<i>senna 26.4 mg/15 ml syrup cup outer</i>	3	MO; ADD
<i>senna 8.6 mg tablet</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>senna 8.8 mg/5 ml liquid</i>	3	ADD
<i>senna 8.8 mg/5 ml syrup</i>	3	ADD
<i>senna 8.8 mg/5 ml syrup</i>	3	MO; ADD
<i>senna 8.8 mg/5 ml syrup cup</i>	3	MO; ADD
<i>senna 8.8 mg/5 ml syrup cup inner</i>	3	MO; ADD
<i>senna 8.8 mg/5 ml syrup cup outer</i>	3	MO; ADD
<i>senna laxative 8.6 mg tablet</i>	3	ADD
<i>senna plus 8.6-50 mg tablet</i>	3	MO; ADD
<i>senna-lax 8.6 mg tablet</i>	3	ADD
<i>senna-time 8.6 mg tablet</i>	3	MO; ADD
<i>senna-time s tablet</i>	3	ADD
<i>sennosides-docusate sodium tab</i>	3	ADD
<i>sennosides-docusate sodium tab inner</i>	3	ADD
<i>sennosides-docusate sodium tab outer</i>	3	ADD
SENOKOT 8.6 MG TABLET	3	MO; ADD
SENOKOT EXTRA STR 17.2 MG TAB	3	MO; ADD

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SENOKOT-S TABLET	3	MO; ADD
<i>simethicone 125 mg tab chew</i>	3	ADD
<i>simethicone 80 mg tab chew</i>	3	MO; ADD
SKYRIZI INTRAVENOUS	2	PA; MO; QL (30 per 180 days); NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	2	PA; MO; QL (1.2 per 56 days); NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	2	PA; MO; QL (2.4 per 56 days); NDS
<i>sm enema ready to use</i>	3	MO; ADD; QL (399 per 30 days)
SM READY TO USE MIN OIL ENEMA	3	ADD; QL (399 per 30 days)
<i>sodium bicarb 10 grain tablet</i>	3	MO; ADD
<i>sodium bicarb 325 mg tablet</i>	3	MO; ADD
<i>sodium bicarb 650 mg tablet</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sodium bicarb 650 mg tablet 10 gr</i>	3	MO; ADD
SODIUM BICARBONATE POWDER USP (RX)	3	ADD
SODIUM BICARBONATE POWDER USP,EP,JP (RX)	3	ADD
SODIUM BICARBONATE POWDER USP,FOOD GRADE (RX)	3	ADD
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	1	MO
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)</i>	1	
<i>stimulant laxative plus tablet</i>	3	MO; ADD
<i>stool softener 100 mg softgel</i>	3	ADD
<i>stool softener-stim lax tablet</i>	3	ADD
SUCRAID	2	PA; NDS
<i>sulfasalazine</i>	1	MO
SYMPROIC	2	MO; QL (30 per 30 days)

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TRULANCE	2	QL (30 per 30 days)
<i>tums ultra str chewy delights</i>	3	MO; ADD
<i>ursodiol oral capsule 300 mg</i>	1	MO
<i>ursodiol oral tablet</i>	1	MO
VARUBI	2	B/D PA
VIBERZI	2	MO; QL (60 per 30 days); NDS
VOWST	2	PA; LA; NDS
<i>women's gentle lax ec 5 mg tab</i>	3	ADD
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT	2	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 60,000-189,600-252,600 UNIT	2	MO; NDS
ZYMFENTRA	2	PA; MO; QL (2 per 28 days); NDS
ULCER THERAPY		
<i>acid reducer 10 mg tablet</i>	3	ADD
<i>acid reducer 10 mg tablet original strength</i>	3	ADD
<i>acid reducer 20 mg tablet</i>	3	ADD
<i>acid reducer 20 mg tablet maximum strength</i>	3	ADD
<i>acid reducer 20 mg tablet max-str</i>	3	ADD
<i>acid reducer dr 20 mg cap</i>	3	ADD
<i>esomeprazole mag dr 20 mg cap (otc)</i>	3	MO; ADD
<i>esomeprazole mag dr 20 mg cap outer (otc)</i>	3	MO; ADD
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)

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<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	1	MO; QL (60 per 30 days)
<i>esomeprazole sodium</i>	1	MO
<i>famotidine (pf)</i>	1	MO
<i>famotidine (pf)-nacl (iso-os)</i>	1	MO
<i>famotidine 10 mg tablet</i>	3	MO; ADD
<i>famotidine 20 mg tablet (otc)</i>	3	MO; ADD
<i>famotidine intravenous</i>	1	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>ft acid reducer 10 mg tablet</i>	3	ADD
<i>ft acid reducer 20 mg tablet</i>	3	ADD
<i>ft acid reducer dr 15 mg cap</i>	3	MO; ADD
<i>gnp acid reducer 10 mg tablet</i>	3	ADD
<i>gnp acid reducer 20 mg tablet</i>	3	ADD
<i>gnp esomeprazole mag dr 20 mg (otc)</i>	3	MO; ADD
<i>gnp lansoprazole dr 15 mg cap (otc)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>gnp omeprazole dr 20 mg tablet</i>	3	MO; ADD
<i>gnp omeprazole mag dr 20 mg cp</i>	3	MO; ADD
<i>gs acid reducer 10 mg tablet</i>	3	ADD
<i>gs acid reducer 20 mg tablet</i>	3	ADD
<i>gs esomeprazole mag dr 20 mg (otc)</i>	3	MO; ADD
<i>gs lansoprazole dr 15 mg odt (otc)</i>	3	MO; ADD
<i>gs omeprazole dr 20 mg odt</i>	3	ADD
<i>gs omeprazole dr 20 mg tablet</i>	3	MO; ADD
<i>gs omeprazole dr 20 mg tablet 14 day course</i>	3	MO; ADD
<i>heartburn relief 10 mg tablet</i>	3	MO; ADD
<i>heartburn relief 20 mg tablet</i>	3	MO; ADD
<i>lansoprazole dr 15 mg capsule (otc)</i>	3	MO; ADD
<i>lansoprazole dr 15 mg capsule inner (otc)</i>	3	MO; ADD
<i>lansoprazole dr 15 mg capsule outer (otc)</i>	3	MO; ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	1	MO; QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	1	MO; QL (60 per 30 days)
<i>misoprostol</i>	1	MO
<i>nizatidine oral capsule</i>	1	MO
<i>omeprazole dr 20 mg odt</i>	3	ADD
<i>omeprazole dr 20 mg tablet</i>	3	MO; ADD
<i>omeprazole dr 20 mg tablet 14 day course</i>	3	MO; ADD
<i>omeprazole dr 20 mg tablet 1x14 day course</i>	3	MO; ADD
<i>omeprazole dr 20 mg tablet 2x14 day course</i>	3	MO; ADD
<i>omeprazole dr 20 mg tablet 3x14 day course</i>	3	MO; ADD
<i>omeprazole mag dr 20 mg cap</i>	3	MO; ADD
<i>omeprazole mag dr 20 mg tablet</i>	3	MO; ADD
<i>omeprazole mag dr 20 mg tablet outer</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>omeprazole mag dr 20.6 mg cap one 14-day course</i>	3	MO; ADD
<i>omeprazole mag dr 20.6 mg cap three 14-day course</i>	3	MO; ADD
<i>omeprazole mag dr 20.6 mg cap two 14-day course</i>	3	MO; ADD
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	1	MO; QL (60 per 30 days)
<i>pantoprazole intravenous</i>	1	MO
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	MO; QL (60 per 30 days)
PREVACID 24HR DR 15 MG CAPSULE	3	ADD
<i>qc esomeprazole mag dr 20 mg (otc)</i>	3	MO; ADD
<i>sucralfate</i>	1	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	2	PA; MO; NDS
ARCALYST	2	PA; NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	2	PA; MO; QL (1 per 28 days); NDS
AVONEX INTRAMUSCULAR SYRINGE KIT	2	PA; MO; QL (1 per 28 days); NDS
BESREMI	2	PA; LA; NDS
BETASERON SUBCUTANEOUS KIT	2	PA; MO; QL (14 per 28 days); NDS
FULPHILA	2	PA; MO; NDS
ILARIS (PF)	2	PA; MO; LA; QL (2 per 28 days); NDS
NIVESTYM	2	PA; MO; NDS
NYVEPRIA	2	PA; MO; NDS
OMNITROPE	2	PA; MO; NDS
PEGASYS SUBCUTANEOUS SOLUTION	2	MO; QL (4 per 28 days); NDS
PEGASYS SUBCUTANEOUS SYRINGE	2	MO; QL (2 per 28 days); NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
PLEGRIDY INTRAMUSCULAR	2	PA; MO; QL (1 per 28 days); NDS
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	2	PA; MO; QL (1 per 28 days); NDS
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; MO; QL (1 per 180 days); NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	2	PA; MO; QL (1 per 28 days); NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; MO; QL (1 per 180 days); NDS
<i>plerixafor</i>	1	B/D PA; MO; NDS
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA; MO

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PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	2	PA; MO; NDS
RELEUKO SUBCUTANEOUS	2	PA; MO
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA; MO
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	2	PA; MO; NDS
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF)	1	V
ACTHIB (PF)	2	
ADACEL(TDAP ADOLESN/ADULT)(PF)	1	V
AREXVY (PF)	1	V
BCG VACCINE, LIVE (PF)	1	V
BEXSERO	1	V
BOOSTRIX TDAP	1	V

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
DAPTACEL (DTAP PEDIATRIC) (PF)	2	
DENGVAIXA (PF)	2	
ENGERIX-B (PF)	1	B/D PA; V
ENGERIX-B PEDIATRIC (PF)	1	B/D PA; V
<i>fomepizole</i>	1	
GAMASTAN	2	MO
GARDASIL 9 (PF)	1	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	2	
HEPLISAV-B (PF)	1	B/D PA; V
HIBERIX (PF)	2	
HIZENTRA	2	B/D PA; MO; NDS
HYPERHEP B	2	
HYPERHEP B NEONATAL	2	
IMOVAX RABIES VACCINE (PF)	1	V
INFANRIX (DTAP) (PF)	2	
IPOOL	1	V
IXIARO (PF)	1	V

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JYNNEOS (PF)	1	B/D PA; V
KINRIX (PF)	2	
MENQUADFI (PF)	1	V
MENVEO A-C-Y-W-135-DIP (PF)	1	V
M-M-R II (PF)	1	V
MRESVIA (PF)	1	V
PEDIARIX (PF)	2	
PEDVAX HIB (PF)	2	
PENBRAYA (PF)	1	V
PENMENVY MEN A-B-C-W-Y (PF)	1	V
PENTACEL (PF)	2	
PRIORIX (PF)	1	V
PRIVIGEN	2	PA; MO; NDS
PROQUAD (PF)	2	
QUADRACEL (PF)	2	
RABAVERT (PF)	1	V
RECOMBIVAX HB (PF)	1	B/D PA; V
ROTARIX ORAL SUSPENSION	2	
ROTATEQ VACCINE	2	
SHINGRIX (PF)	1	V; QL (2 per 720 days)
TENIVAC (PF)	1	V
TICE BCG	2	B/D PA

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	2	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	2	V
TRUMENBA	1	V
TWINRIX (PF)	1	V
TYPHIM VI	1	V
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	2	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	V
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	2	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	1	V
VARIVAX (PF)	1	V
VARIZIG	2	
VAXCHORA VACCINE	1	V
VIMKUNYA	1	V
VIVOTIF	1	MO; V

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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YF-VAX (PF)	1	V
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MISCELLANEOUS SUPPLIES

MISCELLANEOUS SUPPLIES

AEROCHAMBER MINI	3	PA; MO; ADD; QL (2 per 365 days)
AEROCHAMBER MV HOLD CHAMBER	3	PA; MO; ADD; QL (2 per 365 days)
AEROCHAMBER PLUS FLOW-VU	3	PA; MO; ADD; QL (2 per 365 days)
AEROCHAMBER PLUS FLOW-VU LARGE	3	PA; MO; ADD; QL (2 per 365 days)
AEROCHAMBER PLUS FLOW-VU MED	3	PA; MO; ADD; QL (2 per 365 days)
AEROCHAMBER PLUS FLOW-VU SMALL	3	PA; MO; ADD; QL (2 per 365 days)
AEROCHAMBER Z-STAT PLUS W/MASK, LARGE	3	PA; ADD; QL (2 per 365 days)
AEROCHAMBER Z-STAT PLUS W-FLOW	3	PA; ADD; QL (2 per 365 days)
AEROCHAMBER Z-STAT PLUS W-FLOW W/FLOWSIGNAL	3	PA; ADD; QL (2 per 365 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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AEROCHAMBER Z-STAT PLUS-MED W/MASK-MED,CMFT SEAL	3	PA; ADD; QL (2 per 365 days)
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AEROCHAMBER Z-STAT PLUS-SMALL W/MASK-SM,CMFT SEAL	3	PA; ADD; QL (2 per 365 days)
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AEROVENT PLUS HOLDING CHAMBER	3	PA; MO; ADD; QL (2 per 365 days)
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AIMSCO LATEX CONDOM	3	ADD; QL (24 per 30 days)
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AIRZONE PEAK FLOW METER ADULTS & CHILDREN	3	PA; ADD; QL (2 per 365 days)
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NOVO PEN NEEDLE	2	PA; MO
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CEQUR SIMPLICITY	2	MO
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CEQUR SIMPLICITY INSERTER	2	MO
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CLEVER CHOICE CHAMBER-LRG MASK	3	PA; ADD; QL (2 per 365 days)
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CLEVER CHOICE CHAMBER-MED MASK	3	PA; ADD; QL (2 per 365 days)
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CLEVER CHOICE CHAMBER-SM MASK	3	PA; ADD; QL (2 per 365 days)
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CLEVER CHOICE PEAK FLOW METER	3	PA; ADD; QL (2 per 365 days)
COMPACT SPACE CHAMBER	3	PA; MO; ADD; QL (2 per 365 days)
COMPACT SPACE CHAMBER-LRG MASK	3	PA; MO; ADD; QL (2 per 365 days)
COMPACT SPACE CHAMBER-MED MASK	3	PA; MO; ADD; QL (2 per 365 days)
COMPACT SPACE CHAMBER-SM MASK	3	PA; MO; ADD; QL (2 per 365 days)
DUREX AVANTI REAL FEEL CONDOM	3	MO; ADD; QL (24 per 30 days)
EASIVENT HOLDING CHAMBER HOSPITAL PACK	3	PA; MO; ADD; QL (2 per 365 days)
EASIVENT HOLDING CHAMBER RETAIL PACK	3	PA; MO; ADD; QL (2 per 365 days)
EASIVENT MASK-LARGE	3	PA; MO; ADD; QL (2 per 365 days)
EASIVENT MASK-MEDIUM	3	PA; MO; ADD; QL (2 per 365 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
EASIVENT MASK-SMALL	3	PA; MO; ADD; QL (2 per 365 days)
EQ SPACE CHAMBER	3	PA; ADD; QL (2 per 365 days)
EQ SPACE CHAMBER-LARGE MASK	3	PA; ADD; QL (2 per 365 days)
EQ SPACE CHAMBER-MEDIUM MASK	3	PA; ADD; QL (2 per 365 days)
EQ SPACE CHAMBER-SMALL MASK	3	PA; ADD; QL (2 per 365 days)
FANTASY CONDOM	3	ADD; QL (24 per 30 days)
FC2 FEMALE CONDOM	3	MO; ADD; QL (20 per 30 days)
FLEXICHAMBER	3	PA; ADD; QL (2 per 365 days)
FLEXICHAMBER-LG CHILD MASK	3	PA; ADD; QL (2 per 365 days)
FLEXICHAMBER-SM ADULT MASK	3	PA; ADD; QL (2 per 365 days)
FLEXICHAMBER-SM CHILD MASK	3	PA; ADD; QL (2 per 365 days)
GAUZE PADS 2 X 2	2	PA; MO

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EMBECTA INSULIN SYRINGE	2	PA; MO
KIMONO MAXX CONDOM	3	ADD; QL (24 per 30 days)
KIMONO MICROTHIN AQUA LUBE	3	MO; ADD; QL (24 per 30 days)
KIMONO MICROTHIN CONDOM	3	ADD; QL (24 per 30 days)
KIMONO MICROTHIN LARGE CONDOM	3	ADD; QL (24 per 30 days)
KIMONO TEXTURED CONDOM	3	ADD; QL (24 per 30 days)
KIMONO THIN LUBRICATED CONDOMS	3	ADD; QL (24 per 30 days)
MICROCHAMBER	3	PA; MO; ADD; QL (2 per 365 days)
MICROLIFE PEAK FLOW METER	3	PA; MO; ADD; QL (2 per 365 days)
MICROSPACER FOR AEROSOL DEVICE	3	PA; MO; ADD; QL (2 per 365 days)
MINI WRIGHT PEAK FLOW METER AFS, (30-400)	3	PA; ADD; QL (2 per 365 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
MINI WRIGHT PEAK FLOW METER STANDARD, (60-800)	3	PA; ADD; QL (2 per 365 days)
BD PEN NEEDLE	2	PA; MO
OMNIPOD 5 (G6/LIBRE 2 PLUS)	2	MO
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	2	MO; QL (1 per 720 days)
OMNIPOD 5 G6-G7 PODS (GEN 5)	2	MO
OMNIPOD 5 INTRO(G6/LIBRE2 PLUS)	2	MO; QL (1 per 720 days)
OMNIPOD DASH INTRO KIT (GEN 4)	2	QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4)	2	MO
OPTICHAMBER DIAMOND VHC	3	PA; MO; ADD; QL (2 per 365 days)
OPTICHAMBER DIAMOND W-LRG MASK	3	PA; MO; ADD; QL (2 per 365 days)
OPTICHAMBER DIAMOND W-MED MASK	3	PA; MO; ADD; QL (2 per 365 days)
OPTICHAMBER DIAMOND W-SML MASK	3	PA; MO; ADD; QL (2 per 365 days)

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PANDA MASK LARGE	3	PA; ADD; QL (2 per 365 days)
PANDA MASK MEDIUM	3	PA; ADD; QL (2 per 365 days)
PANDA MASK SMALL	3	PA; ADD; QL (2 per 365 days)
PEDIATRIC PANDA MASK	3	PA; ADD; QL (2 per 365 days)
EMBECTA PEN NEEDLE	2	PA; MO
PERSONAL BEST PEAK FLOW MTR	3	PA; ADD; QL (2 per 365 days)
PIKO 1 FLOW METER	3	PA; ADD; QL (2 per 365 days)
POCKET CHAMBER	3	PA; ADD; QL (2 per 365 days)
POCKET PEAK FLOW METER 12'S	3	PA; ADD; QL (2 per 365 days)
PRECISION XTR B-KETONE STRIP BETA-KETONE	3	PA; MO; ADD
PRO COMFORT SPACER-ADULT MASK	3	PA; ADD; QL (2 per 365 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
PRO COMFORT SPACER-CHILD MASK	3	PA; ADD; QL (2 per 365 days)
PRO COMFORT SPACER-INFANT MASK	3	PA; ADD; QL (2 per 365 days)
PROCARE SPACER WITH ADULT MASK	3	PA; ADD; QL (2 per 365 days)
PROCARE SPACER WITH CHILD MASK	3	PA; ADD; QL (2 per 365 days)
PURE COMFORT SPACER-ADULT MASK	3	PA; ADD; QL (2 per 365 days)
PURECOMFORT PEAK FLOW MTR ADLT	3	PA; ADD; QL (2 per 365 days)
PURECOMFORT PEAK FLOW MTR CHLD	3	PA; ADD; QL (2 per 365 days)
RITEFLO SPACER	3	PA; ADD; QL (2 per 365 days)
TRUSTEX CONDOM	3	ADD; QL (24 per 30 days)
TRUSTEX CONDOM 12'S, LUBRICATED	3	ADD; QL (24 per 30 days)
TRUSTEX CONDOM 12'S, RESERVOIR TIP	3	ADD; QL (24 per 30 days)

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TRUSTEX CONDOM 12'S, W/NONOXYNOL-9	3	ADD; QL (24 per 30 days)
TRUSTEX CONDOM 12'S, W-NONOXYNOL-9	3	ADD; QL (24 per 30 days)
TRUSTEX CONDOM 12'S,EXTRA STRENGTH	3	ADD; QL (24 per 30 days)
TRUSTEX CONDOM 12'S,LUBRICATED	3	ADD; QL (24 per 30 days)
TRUSTEX CONDOM 12'S,W/NONOXYNOL-9	3	ADD; QL (24 per 30 days)
TRUSTEX CONDOM 12'S,W-NONOXYNOL-9	3	ADD; QL (24 per 30 days)
TRUSTEX LATEX CONDOM 12'S	3	ADD; QL (24 per 30 days)
TRUSTEX LATEX CONDOM 48'S	3	ADD; QL (24 per 30 days)
TRUSTEX-RIA CONDOM 12'S	3	ADD; QL (24 per 30 days)
TRUSTEX-RIA CONDOM 12'S,NON-LUBRICATED	3	ADD; QL (24 per 30 days)
TRUSTEX-RIA CONDOM 12'S,W/SPERMICI DE	3	ADD; QL (24 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
TRUSTEX-RIA CONDOM 48'S	3	ADD; QL (24 per 30 days)
TRUSTEX-RIA CONDOM 48'S,NON-LUBRICATED	3	ADD; QL (24 per 30 days)
TRUSTEX-RIA CONDOM 48'S,W/SPERMICI DE	3	ADD; QL (24 per 30 days)
TRUZONE PEAK FLOW METER ADULT/PEDIATRIC	3	PA; MO; ADD; QL (2 per 365 days)
BD INSULIN SYRINGE	2	PA; MO

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
<i>allopurinol sodium</i>	1	
<i>aloprim</i>	1	
<i>colchicine oral tablet</i>	1	MO
<i>febuxostat</i>	1	MO
<i>probenecid</i>	1	MO
<i>probenecid-colchicine</i>	1	MO

OSTEOPOROSIS THERAPY

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<i>alendronate oral solution</i>	1	MO; QL (300 per 28 days)
<i>alendronate oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)
BONSITY	2	PA; MO; QL (2.48 per 28 days); NDS
CONEXXENCE	2	PA; MO; QL (1 per 180 days)
<i>ibandronate intravenous solution</i>	1	PA
<i>ibandronate intravenous syringe</i>	1	PA; MO
<i>ibandronate oral</i>	1	MO; QL (1 per 30 days)
JUBBONTI	2	PA; MO; QL (1 per 180 days)
PROLIA	2	PA; MO; QL (1 per 180 days)
<i>raloxifene</i>	1	MO
<i>risedronate oral tablet 150 mg</i>	1	MO; QL (1 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	1	MO; QL (30 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	MO; QL (4 per 28 days)
<i>teriparatide (only ndcs starting with 47781)</i>	2	PA; MO; QL (2.48 per 28 days); NDS
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN	2	PA; MO; QL (3.6 per 28 days); NDS
ACTEMRA INTRAVENOUS	2	PA; MO; QL (160 per 28 days); NDS
ACTEMRA SUBCUTANEOUS	2	PA; MO; QL (3.6 per 28 days); NDS
BENLYSTA	2	PA; MO; NDS
CYLTEZO(CF) PEN	2	PA; MO; QL (4 per 28 days); NDS
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; QL (6 per 180 days); NDS
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; QL (4 per 180 days); NDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	2	PA; MO; QL (2 per 28 days); NDS
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML	2	PA; MO; QL (4 per 28 days); NDS
ENBREL MINI	2	PA; MO; QL (8 per 28 days); NDS
ENBREL SUBCUTANEOUS SOLUTION	2	PA; MO; QL (8 per 28 days); NDS
ENBREL SUBCUTANEOUS SYRINGE	2	PA; MO; QL (8 per 28 days); NDS
ENBREL SURECLICK	2	PA; MO; QL (8 per 28 days); NDS
HUMIRA (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	2	PA; MO; QL (4 per 28 days); NDS
HUMIRA PEN (PREFERRED NDCS STARTING WITH 00074)	2	PA; MO; QL (4 per 28 days); NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
HUMIRA(CF) (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	2	PA; MO; QL (2 per 28 days); NDS
HUMIRA(CF) (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	2	PA; MO; QL (4 per 28 days); NDS
HUMIRA(CF) PEN (PREFERRED NDCS NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	2	PA; MO; QL (4 per 28 days); NDS
HUMIRA(CF) PEN (PREFERRED NDCS NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	2	PA; MO; QL (2 per 28 days); NDS
HUMIRA(CF) PEN CROHNS-UC-HS (PREFERRED NDCS NDCS STARTING WITH 00074)	2	PA; MO; QL (3 per 180 days); NDS

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HUMIRA(CF) PEN PSOR-UV-ADOL HS (PREFERRED NDCS NDCS STARTING WITH 00074)	2	PA; QL (3 per 180 days); NDS
<i>leflunomide</i>	1	MO; QL (30 per 30 days)
ORENCIA (WITH MALTOSE)	2	PA; MO; QL (12 per 28 days); NDS
ORENCIA CLICKJECT	2	PA; MO; QL (4 per 28 days); NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	2	PA; MO; QL (4 per 28 days); NDS
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	2	PA; MO; QL (1.6 per 28 days); NDS
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	2	PA; MO; QL (2.8 per 28 days); NDS
OTEZLA	2	PA; MO; QL (60 per 30 days); NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	2	PA; MO; QL (55 per 180 days); NDS
OTEZLA XR	2	PA; MO; QL (30 per 30 days); NDS
OTEZLA XR INITIATION	2	PA; MO; QL (41 per 180 days); NDS
<i>penicillamine oral tablet</i>	1	PA; MO; NDS
RIDAURA	2	MO; NDS
RINVOQ LQ	2	PA; MO; QL (360 per 30 days); NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	2	PA; MO; QL (30 per 30 days); NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	2	PA; MO; QL (84 per 180 days); NDS
SAVELLA ORAL TABLET	2	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	2	QL (55 per 180 days)

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TYENNE AUTOINJECTOR	2	PA; MO; QL (3.6 per 28 days); NDS
TYENNE INTRAVENOUS	2	PA; MO; QL (160 per 28 days); NDS
TYENNE SUBCUTANEOUS	2	PA; MO; QL (3.6 per 28 days); NDS
XELJANZ ORAL SOLUTION	2	PA; MO; QL (480 per 24 days); NDS
XELJANZ ORAL TABLET	2	PA; MO; QL (60 per 30 days); NDS
XELJANZ XR	2	PA; MO; QL (30 per 30 days); NDS
YUFLYMA(CF) AI CROHN'S-UC-HS	2	PA; MO; QL (3 per 180 days); NDS
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	2	PA; MO; QL (4 per 28 days); NDS
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	2	PA; MO; QL (2 per 28 days); NDS
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	2	PA; MO; QL (2 per 28 days); NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	2	PA; MO; QL (4 per 28 days); NDS

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

<i>abigale</i>	1	PA; MO
<i>abigale lo</i>	1	PA; MO
<i>camila</i>	1	MO
<i>deblitane</i>	1	MO
DEPO-SUBQ PROVERA 104	2	MO
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.05 mg/24 hr</i>	1	PA; QL (8 per 28 days)
<i>dotti transdermal patch semiweekly 0.0375 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	PA; MO; QL (8 per 28 days)
DUAVEE	2	MO
<i>emzahh</i>	1	MO
<i>errin</i>	1	MO
<i>estradiol oral</i>	1	PA; MO
<i>estradiol transdermal patch semiweekly</i>	1	PA; MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	1	PA; MO; QL (4 per 28 days)

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<i>estradiol vaginal</i>	1	MO
<i>estradiol valerate</i>	1	MO
<i>estradiol-norethindrone acet</i>	1	PA; MO
<i>fyavolv</i>	1	PA; MO
<i>gallifrey</i>	1	MO
<i>heather</i>	1	MO
IMVEXXY MAINTENANCE PACK	2	MO
IMVEXXY STARTER PACK	2	MO
<i>incassia</i>	1	MO
<i>jencycla</i>	1	MO
<i>jinteli</i>	1	PA; MO
<i>lyleq</i>	1	MO
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	PA; MO; QL (8 per 28 days)
<i>lyllana transdermal patch semiweekly 0.05 mg/24 hr</i>	1	PA; QL (8 per 28 days)
<i>lyza</i>	1	
<i>medroxyprogesterone</i>	1	MO
<i>meleya</i>	1	MO
<i>mimvey</i>	1	PA; MO
<i>nora-be</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>norethindrone (contraceptive)</i>	1	
<i>norethindrone acetate</i>	1	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	PA; MO
<i>orquidea</i>	1	MO
PREMARIN ORAL	2	MO
PREMARIN VAGINAL	2	MO
PREMPHASE	2	MO
PREMPRO	2	MO
<i>progesterone</i>	1	MO
<i>progesterone micronized oral</i>	1	MO
<i>sharobel</i>	1	MO
<i>yuvafem</i>	1	
MISCELLANEOUS OB/GYN		
<i>3-day vaginal cream</i>	3	MO; ADD
<i>clindamycin phosphate vaginal</i>	1	MO
<i>clotrimazole 1% vaginal cream</i>	3	MO; ADD
<i>clotrimazole-3 2% cream</i>	3	ADD
<i>eluryng</i>	1	MO
<i>etonogestrel-ethinyl estradiol</i>	1	

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GNP MICONAZOLE 1 COMBO PACK	3	ADD
<i>gs miconazole 3 combo pack</i>	3	MO; ADD
<i>gs miconazole 7 cream</i>	3	MO; ADD
LILETTA	2	MO
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	MO
<i>miconazole 2% vaginal cream</i>	3	ADD
<i>miconazole 3 combo pack</i>	3	MO; ADD
<i>miconazole 3 combo pack 3 supp w/9gm cream</i>	3	MO; ADD
<i>miconazole 7 cream</i>	3	ADD
<i>miconazole 7 cream</i>	3	MO; ADD
<i>miconazole 7 cream w/7 disp applicators</i>	3	MO; ADD
<i>miconazole-7 cream</i>	3	ADD
<i>mifepristone oral tablet 200 mg</i>	1	LA
MYFEMBREE	2	PA; MO; NDS
NEXPLANON	2	
<i>norelgestromin-ethin.estradiol</i>	1	
<i>qc miconazole-7 cream 1 applicator</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sm 3-day vaginal cream</i>	3	MO; ADD
<i>sm miconazole 2% vaginal cream w/disp applicators</i>	3	ADD
<i>terconazole</i>	1	MO
<i>tranexamic acid oral</i>	1	MO
<i>xulane</i>	1	
<i>zafemy</i>	1	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
AFTERA 1.5 MG TABLET	3	ADD
<i>altavera (28)</i>	1	MO
<i>alyacen 1/35 (28)</i>	1	MO
<i>alyacen 7/7/7 (28)</i>	1	MO
<i>amethyst (28)</i>	1	MO
<i>apri</i>	1	MO
<i>aranelle (28)</i>	1	MO
<i>aubra eq</i>	1	MO
<i>aviane</i>	1	MO
<i>azurette (28)</i>	1	MO
<i>camrese</i>	1	MO
<i>cryselle (28)</i>	1	MO
<i>cyred eq</i>	1	MO
<i>dasetta 1/35 (28)</i>	1	MO
<i>dasetta 7/7/7 (28)</i>	1	MO
<i>daysee</i>	1	MO

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<i>desog-e.estradiol/e.estradiol</i>	1	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	1	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	1	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	1	
<i>econtra one-step 1.5 mg tablet inner</i>	3	ADD
<i>econtra one-step 1.5 mg tablet outer</i>	3	ADD
<i>elinet</i>	1	MO
<i>enpresse</i>	1	
<i>enskyce</i>	1	MO
<i>estarylla</i>	1	MO
<i>ethynodiol diac-eth estradiol</i>	1	
<i>falmina (28)</i>	1	MO
<i>introvale</i>	1	MO
<i>isibloom</i>	1	MO
<i>jasmie (28)</i>	1	MO
<i>jolessa</i>	1	MO
<i>juleber</i>	1	MO
<i>kalliga</i>	1	
<i>kariva (28)</i>	1	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>kelnor 1/35 (28)</i>	1	MO
<i>kurvelo (28)</i>	1	MO
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	1	
<i>larin 1.5/30 (21)</i>	1	MO
<i>larin 1/20 (21)</i>	1	MO
<i>larin 24 fe</i>	1	MO
<i>larin fe 1.5/30 (28)</i>	1	MO
<i>larin fe 1/20 (28)</i>	1	MO
<i>lessina</i>	1	MO
<i>levonest (28)</i>	1	MO
<i>levonorgestrel 1.5 mg tablet (otc)</i>	3	ADD
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	1	
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month</i>	1	
<i>levonorg-eth estradiol triphasic</i>	1	MO
<i>levora-28</i>	1	
<i>loryna (28)</i>	1	MO
<i>low-ogestrel (28)</i>	1	
<i>lo-zumandimine (28)</i>	1	MO
<i>lutera (28)</i>	1	

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<i>marlissa (28)</i>	1	MO
<i>microgestin 1.5/30 (21)</i>	1	MO
<i>microgestin 1/20 (21)</i>	1	MO
<i>microgestin fe 1.5/30 (28)</i>	1	MO
<i>microgestin fe 1/20 (28)</i>	1	MO
<i>mili</i>	1	MO
<i>mono-linyah</i>	1	MO
<i>my choice 1.5 mg tablet</i>	3	ADD
<i>my way 1.5 mg tablet (otc)</i>	3	ADD
<i>new day 1.5 mg tablet</i>	3	ADD
<i>nikki (28)</i>	1	MO
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	1	MO
<i>norgestimate-ethinyl estradiol</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	MO
<i>nortrel 1/35 (21)</i>	1	MO
<i>nortrel 1/35 (28)</i>	1	MO
<i>nortrel 7/7/7 (28)</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>opcicon one-step 1.5 mg tablet</i>	3	ADD
<i>option 2 1.5 mg tablet</i>	3	ADD
<i>philith</i>	1	MO
<i>pimtrea (28)</i>	1	MO
PLAN B ONE-STEP 1.5 MG TABLET (OTC)	3	ADD
<i>portia 28</i>	1	MO
<i>reclipsen (28)</i>	1	MO
<i>setlakin</i>	1	MO
<i>sprintec (28)</i>	1	MO
<i>sronyx</i>	1	
<i>syeda</i>	1	MO
TAKE ACTION 1.5 MG TABLET	3	ADD
<i>tarina fe 1-20 eq (28)</i>	1	MO
<i>tilia fe</i>	1	MO
<i>tri-estarylla</i>	1	MO
<i>tri-legest fe</i>	1	MO
<i>tri-linyah</i>	1	MO
<i>tri-lo-estarylla</i>	1	MO
<i>tri-lo-marzia</i>	1	MO
<i>tri-lo-sprintec</i>	1	
<i>tri-sprintec (28)</i>	1	MO
<i>turqoz (28)</i>	1	MO

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<i>velivet triphasic regimen (28)</i>	1	MO
<i>vestura (28)</i>	1	MO
<i>vienva</i>	1	MO
<i>viorele (28)</i>	1	MO
<i>wera (28)</i>	1	MO
<i>zovia 1-35 (28)</i>	1	MO
<i>zumandimine (28)</i>	1	MO

OXYTOCICS

<i>methylergonovine oral</i>	1	PA
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OPHTHALMOLOGY

ANTIBIOTICS

<i>bacitracin ophthalmic (eye)</i>	1	
<i>bacitracin-polymyxin b</i>	1	MO
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	MO
<i>erythromycin ophthalmic (eye)</i>	1	MO; QL (3.5 per 14 days)
<i>gatifloxacin</i>	1	MO
<i>gentamicin ophthalmic (eye) drops</i>	1	MO; QL (70 per 30 days)
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops</i>	1	MO
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	1	
NATACYN	2	
<i>neomycin-bacitracin-polymyxin</i>	1	MO
<i>neomycin-polymyxin-gramicidin</i>	1	MO
<i>neo-polycin</i>	1	
<i>ofloxacin ophthalmic (eye)</i>	1	MO
<i>polycin</i>	1	
<i>polymyxin b sulf-trimethoprim</i>	1	MO
<i>tobramycin ophthalmic (eye)</i>	1	MO; QL (10 per 14 days)
ANTIVIRALS		
<i>trifluridine</i>	1	MO
ZIRGAN	2	MO
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	1	MO
<i>carteolol</i>	1	MO

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<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>timolol maleate ophthalmic (eye) drops (not single use)</i>	1	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	1	MO
MISCELLANEOUS OPHTHALMOLOGICS		
<i>alaway 0.025% eye drops</i>	3	MO; ADD
<i>artificial tears drops</i>	3	ADD
<i>atropine ophthalmic (eye) drops 1 %</i>	1	MO
<i>azelastine ophthalmic (eye)</i>	1	MO
BION TEARS 0.1%-0.3% DROP	3	MO; ADD
BORIC ACID GRANULES NF (RX)	3	ADD
BORIC ACID POWDER N.F (RX)	3	ADD
BORIC ACID POWDER NF (RX)	3	ADD
<i>bss</i>	1	
BYOOVIZ	2	PA; MO; NDS
<i>carboxymethylcell 0.5% eye drp</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>carboxymethylcell 0.5% eye drp inner</i>	3	ADD
<i>carboxymethylcell 0.5% eye drp outer</i>	3	ADD
<i>child's alaway 0.025% eye drop</i>	3	ADD
CIMERLI	2	PA; MO; NDS
<i>cromolyn ophthalmic (eye)</i>	1	MO
<i>cyclosporine ophthalmic (eye)</i>	1	MO; QL (60 per 30 days)
CYSTARAN	2	PA; NDS
DRY EYE RELIEF DROPS	3	ADD
<i>epinastine</i>	1	MO
<i>eye itch relief 0.025% drops</i>	3	MO; ADD
EYLEA	2	PA; MO; NDS
FRESHKOTE EYE DROP	3	ADD
GENTEAL TEARS 0.1%-0.2%-0.3%	3	MO; ADD
GENTEAL TEARS 0.1%-0.3% DROP	3	MO; ADD
GENTEAL TEARS SEVERE 0.3% GEL	3	MO; ADD
GENTEAL TEARS SEVERE 3-94% OIN	3	MO; ADD
GENTEAL TEARS SEVERE GEL DROPS	3	ADD

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<i>ketotifen 0.025% (0.035%) drop (otc)</i>	3	MO; ADD
<i>lubricant 0.5% eye drop</i>	3	MO; ADD
<i>lubricant 0.5% eye drops</i>	3	MO; ADD
LUBRICANT 0.6% EYE DROP	3	ADD
LUBRICANT EYE 0.4%-0.3% DROP	3	ADD
<i>lubricant eye drops</i>	3	MO; ADD
<i>lubricating eye drop</i>	3	MO; ADD
METHOCEL E 4 M PREMIUM POWDER (RX)	3	ADD
METHOCEL E 4 M PREMIUM POWDER USP (RX)	3	ADD
MIEBO (PF)	2	MO; QL (12 per 30 days)
MURO-128 2% EYE DROPS	3	MO; ADD
MURO-128 5% EYE DROPS	3	MO; ADD
MURO-128 5% EYE OINTMENT	3	MO; ADD
OXERVATE	2	PA; MO; NDS
PAVBLU	2	PA; MO; NDS
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
REFRESH CELLUVISC 1% EYE GEL	3	MO; ADD
REFRESH CLASSIC EYE DROPS U-D,P/F,30X.4ML	3	MO; ADD
REFRESH CLASSIC EYE DROPS U-D,P/F,50X.4ML	3	MO; ADD
REFRESH DIGITAL EYE DROPS	3	MO; ADD
REFRESH DIGITAL PF EYE DROPS	3	MO; ADD
REFRESH LACRI-LUBE OINTMENT	3	ADD
REFRESH LIQUIGEL 1% EYE DROP	3	MO; ADD
REFRESH OPTIVE ADVANCED DROPS	3	MO; ADD
REFRESH OPTIVE ADVANCED DROPS	3	MO; ADD
REFRESH OPTIVE EYE DROPS	3	MO; ADD
REFRESH OPTIVE GEL EYE DROPS	3	MO; ADD
REFRESH OPTIVE MEGA-3 DROPS	3	MO; ADD

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REFRESH OPTIVE SENSITIVE DROPS 30X0.4ML, P/F	3	MO; ADD
REFRESH OPTIVE SENSITIVE DROPS 60X0.4ML, P/F	3	MO; ADD
REFRESH PLUS 0.5% EYE DROPS 30X0.4ML	3	MO; ADD
REFRESH PLUS 0.5% EYE DROPS 70X0.4ML,U-D	3	MO; ADD
REFRESH PLUS 0.5% EYE DROPS U-D,50X.4ML	3	MO; ADD
REFRESH RELIEVA 0.5-0.9% DROP	3	MO; ADD
REFRESH RELIEVA PF 0.5-0.9% DP	3	MO; ADD
REFRESH RELIEVA PF 0.5-1% DROP	3	MO; ADD
REFRESH TEARS 0.5% EYE DROP	3	MO; ADD
SM BORIC ACID POWDER NF (RX)	3	ADD
<i>sodium chloride 5% eye drop</i>	3	MO; ADD
<i>sodium chloride 5% eye oint</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	1	MO
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	1	
<i>sulfacetamide-prednisolone</i>	1	MO
SYSTANE 0.4-0.3% EYE DROP	3	MO; ADD
SYSTANE BALANCE 0.6% EYE DROP CLINICAL STRENGTH	3	MO; ADD
SYSTANE BALANCE 0.6% EYE DROP TWIN PACK, 2 X 10ML	3	MO; ADD
SYSTANE COMPLETE 0.6% EYE DROP	3	MO; ADD
SYSTANE COMPLETE PF 0.6% DROP	3	MO; ADD
SYSTANE GEL EYE DROPS	3	MO; ADD
SYSTANE HYDRATION PF 0.4-0.3%	3	MO; ADD
SYSTANE ULTRA 0.4-0.3% EYE DRP	3	MO; ADD

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SYSTANE ULTRA 0.4-0.3% EYE DRP 2X10MLTWIN PACK,STRL	3	MO; ADD
SYSTANE ULTRA 0.4-0.3% EYE DRP 2X4ML, STERILE	3	MO; ADD
SYSTANE ULTRA PF 0.4-0.3% EYE	3	ADD
TEARS LUBRICANT 0.5% EYE DROP	3	MO; ADD
ULTRA LUBRICANT 0.4-0.3% DROP	3	ADD
<i>ultra lubricant eye drops</i>	3	ADD
XDEMVI	2	PA; QL (10 per 42 days); NDS
XIIDRA	2	MO; QL (60 per 30 days)
ZADITOR 0.025% (0.035%) DROPS UP TO 12 HRS (OTC)	3	MO; ADD
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac</i>	1	MO
<i>diclofenac sodium ophthalmic (eye)</i>	1	MO
<i>flurbiprofen sodium</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>ketorolac ophthalmic (eye)</i>	1	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	1	MO
<i>acetazolamide sodium</i>	1	MO
<i>methazolamide</i>	1	MO
OTHER GLAUCOMA DRUGS		
<i>dorzolamide</i>	1	MO
<i>dorzolamide-timolol</i>	1	MO
<i>latanoprost</i>	1	MO
LUMIGAN OPTHALMIC (EYE) DROPS 0.01 %	2	MO
<i>miostat</i>	1	
RHOPRESSA	2	
ROCKLATAN	2	
SIMBRINZA	2	MO
<i>travoprost</i>	1	MO
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc</i>	1	MO
<i>neomycin-polymyxin b-dexameth</i>	1	MO
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	1	MO
<i>neo-polycin hc</i>	1	

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TOBRADEX OPHTHALMIC (EYE) OINTMENT	2	MO; QL (3.5 per 14 days)
<i>tobramycin-dexamethasone</i>	1	MO; QL (10 per 14 days)
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	MO
<i>fluorometholone</i>	1	MO
INVELTYS	2	MO
<i>loteprednol etabonate</i>	1	MO
OZURDEX	2	MO; NDS
<i>prednisolone acetate</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	MO
SYMPATHOMIMETICS		
<i>apraclonidine</i>	1	MO
<i>brimonidine ophthalmic (eye)</i>	1	MO
RESPIRATORY AND ALLERGY		
ANTI-HISTAMINE / ANTIALLERGENIC AGENTS		
<i>12-hr decongest 120 mg caplet, 12hr, max-str</i>	3	ADD
<i>12hr nasal decongest er 120 mg</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>24hr allergy(levocetirz n) 5 mg</i>	3	ADD
<i>adrenalin injection solution 1 mg/ml</i>	1	
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	1	MO
<i>all day allergy 10 mg tablet</i>	3	MO; ADD
<i>all day allergy 10 mg tablet indoor/outdoor 24 hr</i>	3	MO; ADD
<i>all day allergy-d tablet</i>	3	ADD
ALL DAY SINUS-COLD-D 220-120 MG	3	ADD
<i>aller-chlor 4 mg tablet</i>	3	MO; ADD
<i>aller-g-time 25 mg caplet</i>	3	ADD
<i>allergy (loratadine) 10 mg tab</i>	3	ADD
<i>allergy 25 mg capsule</i>	3	ADD
<i>allergy 25 mg tablet</i>	3	ADD
<i>allergy 4 mg tablet</i>	3	ADD
<i>allergy multi-symptom caplet</i>	3	ADD
<i>allergy relief 10 mg tablet</i>	3	ADD

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<i>allergy relief 10 mg tablet non-drowsy, 24 hour</i>	3	ADD
<i>allergy relief 12.5 mg/5 ml</i>	3	ADD
<i>allergy relief 180 mg tablet</i>	3	ADD
<i>allergy relief 25 mg capsule</i>	3	ADD
<i>allergy relief 25 mg softgel</i>	3	ADD
<i>allergy relief 25 mg tablet</i>	3	ADD
<i>allergy relief 4 mg tablet</i>	3	ADD
<i>allergy relief 5 mg/5 ml soln</i>	3	ADD
<i>allergy relief d-12 tablet</i>	3	ADD
<i>allergy relief d-24hr tablet</i>	3	ADD
<i>allergy relief-d tablet</i>	3	ADD
<i>allergy relief-nasal decong tb</i>	3	MO; ADD
<i>allergy rlf (cetrzn) 10 mg tab</i>	3	ADD
<i>allergy rlf (cetrzn) 5 mg tab</i>	3	ADD
<i>allergy rlf (fexo) 60 mg tab</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>allergy-conges rlf er tablet</i>	3	ADD
<i>allergy-conges rlf er tablet non-drowsy, 24 hr rlf</i>	3	ADD
<i>allergy-congestion rlf 12h tab</i>	3	ADD
ALL-NITE COLD-FLU RELIEF LIQ	3	ADD
<i>aprodine tablet</i>	3	MO; ADD
AQUANAZ TABLET	3	ADD
<i>banophen 25 mg tablet</i>	3	MO; ADD
<i>banophen 50 mg capsule</i>	3	MO; ADD
<i>benzonatate 100 mg capsule</i>	3	MO; ADD
<i>benzonatate 100 mg capsule inner</i>	3	MO; ADD
<i>benzonatate 100 mg capsule outer</i>	3	MO; ADD
<i>benzonatate 200 mg capsule</i>	3	MO; ADD
BRANTUSSIN DM 2-15-7.5 MG/5 ML	3	ADD
<i>bromphen-pse-dm 2-30-10 mg/5 ml (rx)</i>	3	MO; ADD
<i>bromphen-pse-dm 2-30-10 mg/5 ml cup inner (rx)</i>	3	MO; ADD

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<i>bromphen-pse-dm 2-30-10 mg/5 ml cup outer (rx)</i>	3	MO; ADD
CAPMIST DM TABLET	3	MO; ADD
CAPRON DM LIQUID	3	MO; ADD
CAPRON DMT TABLET	3	MO; ADD
<i>cetirizine hcl 1 mg/ml soln children, grape (otc)</i>	3	MO; ADD
<i>cetirizine hcl 1 mg/ml soln children's (otc)</i>	3	MO; ADD
<i>cetirizine hcl 10 mg chew tab outer</i>	3	MO; ADD
<i>cetirizine hcl 10 mg tablet</i>	3	MO; ADD
<i>cetirizine hcl 10 mg tablet f/c,u-d,10x10,inner</i>	3	MO; ADD
<i>cetirizine hcl 10 mg tablet f/c,u-d,10x10,outer</i>	3	MO; ADD
<i>cetirizine hcl 10 mg tablet indoor & outdoor</i>	3	MO; ADD
<i>cetirizine hcl 10 mg tablet indoor-outdoor,24hr</i>	3	MO; ADD
<i>cetirizine hcl 10 mg tablet inner</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>cetirizine hcl 10 mg tablet outer</i>	3	MO; ADD
<i>cetirizine hcl 5 mg chew tab children's,outer,u-d</i>	3	MO; ADD
<i>cetirizine hcl 5 mg tablet</i>	3	MO; ADD
<i>cetirizine hcl 5 mg tablet indoor & outdoor</i>	3	MO; ADD
<i>cetirizine hcl 5 mg/5 ml solution cup inner</i>	3	ADD
<i>cetirizine hcl 5 mg/5 ml solution cup outer</i>	3	ADD
<i>cetirizine oral solution 1 mg/ml</i>	1	MO
<i>cetirizine-pse er 5-120 mg tab</i>	3	MO; ADD
<i>chest cong rlf dm 400-20 mg tb</i>	3	MO; ADD
<i>chest cong rlf pe 400-10 mg tb</i>	3	ADD
<i>chest congest rlf 400 mg tab</i>	3	MO; ADD
<i>chest congestion relief dm syr</i>	3	ADD
CHEST CONGESTION RELIEF SOLN	3	MO; ADD
<i>chest congst-cough relief tab</i>	3	ADD

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<i>child all day allergy 1 mg/ml</i>	3	ADD
<i>child all day allergy 1 mg/ml bubble gum</i>	3	ADD
<i>child allergy (fexo) 30 mg/5 ml</i>	3	MO; ADD
<i>child allergy 5 mg/5 ml soln</i>	3	ADD
<i>child allergy relief 1 mg/ml</i>	3	MO; ADD
<i>child allergy relief 5 mg/5 ml</i>	3	ADD
<i>child allergy rlf 12.5 mg/5 ml</i>	3	ADD
<i>child cetirizine 10 mg chew tb chewable, allergy</i>	3	ADD
<i>child cetirizine 5 mg chew tab</i>	3	ADD
<i>child cetirizine hcl 1 mg/ml</i>	3	ADD
<i>child cold-allergy liquid</i>	3	ADD
CHILD COUGH DM ER 30 MG/5 ML	3	ADD
CHILD DELSYM CGH-CLD NIGHT LIQ	3	MO; ADD
CHILD DELSYM COUGH 30 MG/5 ML AGE 4+,GRAPE	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CHILD DELSYM COUGH 30 MG/5 ML AGE 4+,ORANGE	3	ADD
CHILD DELSYM COUGH PLUS DY-NT	3	ADD
<i>child delsym cough-chest dm lq</i>	3	ADD
CHILD LORATADINE 5 MG TAB CHEW	3	MO; ADD
<i>child loratadine 5 mg/5 ml sol</i>	3	MO; ADD
<i>child loratadine 5 mg/5 ml syr</i>	3	MO; ADD
<i>child loratadine 5 mg/5 ml syr grape</i>	3	MO; ADD
CHILD MUCINEX COUGH-CONGEST LQ	3	ADD
CHILD MUCINEX FREEFROM DY COLD	3	ADD
CHILD MUCINEX FREEFROM MS D-N	3	ADD
CHILD MUCINEX M-S COLD DAY-NTE	3	ADD
CHILD MUCINEX M-S COLD NIGHT	3	ADD

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CHILD MUCINEX MULTI-SYMP TOM LQ	3	ADD
CHILD MUCINEX STUFFY NOSE-CHST	3	MO; ADD
<i>child mucus relief cough liq cherry,child</i>	3	ADD
<i>children's cold-cough elixir red grape,child</i>	3	ADD
<i>children's cold-cough liquid</i>	3	ADD
<i>children's mucinex cough liq</i>	3	ADD
CHILDREN'S MUCINEX FREEFROM LQ	3	ADD
<i>children's plus m-s cold susp grape,multi-symptom</i>	3	ADD
<i>child's allergy 12.5 mg/5 ml cherry,child</i>	3	ADD
<i>chld allrgy rlf 12.5 mg chew tb</i>	3	ADD
CHLO HIST ORAL SOLUTION	3	MO; ADD
CHLO TUSS LIQUID	3	MO; ADD
<i>chlorpheniramine er 12 mg tab</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>codeine-guaifen 10-100 mg/5 ml (otc)</i>	3	MO; ADD
<i>codeine-guaifen 10-100 mg/5 ml d/f (otc)</i>	3	MO; ADD
<i>cold-cough elixir</i>	3	ADD
COLD-SINUS RLF 200-30 MG LIQCAP	3	ADD
CONEX 2 MG-60 MG/5 ML SOLN	3	ADD
<i>conex tablet</i>	3	ADD
COUGH DM 20-200 MG/20 ML SYRUP	3	ADD
<i>cough dm er 30 mg/5 ml susp</i>	3	MO; ADD
COUGH DM ER 30 MG/5 ML SUSP	3	MO; ADD
<i>cough dm er 30 mg/5 ml susp 12 hour</i>	3	MO; ADD
<i>cough dm er 30 mg/5 ml susp 12hr,gluten-free</i>	3	MO; ADD
<i>cough dm er 30 mg/5 ml susp gluten-free,12hr</i>	3	MO; ADD
COUGH-COLD HBP TABLET	3	ADD
COUGH-COLD TABLET	3	ADD
<i>day multi-symp flu-severe cold</i>	3	ADD

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DAY TIME COLD-FLU SOFTGEL SOFTGEL	3	ADD
DAYTIME COLD-FLU RELIEF LIQUID	3	ADD
DAYTIME COLD-FLU RELIEF SFTGL	3	ADD
DELSYM 30 MG/5 ML SUSPENSION	3	MO; ADD
DELSYM 30 MG/5 ML SUSPENSION FOR ADULT	3	MO; ADD
DELSYM 30 MG/5 ML SUSPENSION GRAPE	3	MO; ADD
DELSYM COUGH 15 MG CAPLET	3	ADD
<i>delsym cough+chest cngst dm lq</i>	3	MO; ADD
DELSYM COUGH-SORE THROAT LIQ	3	ADD
DELSYM NIGHTTIME COUGH LIQUID	3	ADD
<i>dextromethorphan 15 mg softgel</i>	3	MO; ADD
<i>dextromethorphan er 30 mg/5 ml</i>	3	ADD
<i>diphedryl 12.5 mg/5 ml elixir</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>diphenhydramine 12.5 mg/5 ml</i>	3	ADD
<i>diphenhydramine 12.5 mg/5 ml cup outer</i>	3	ADD
<i>diphenhydramine 25 mg caplet</i>	3	MO; ADD
<i>diphenhydramine 25 mg capsule (otc)</i>	3	MO; ADD
<i>diphenhydramine 25 mg tablet</i>	3	MO; ADD
<i>diphenhydramine 25 mg tablet inner</i>	3	MO; ADD
<i>diphenhydramine 25 mg tablet outer</i>	3	MO; ADD
<i>diphenhydramine 25 mg/10 ml cup outer</i>	3	ADD
<i>diphenhydramine 50 mg capsule (otc)</i>	3	ADD
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	MO
<i>diphenhydramine hcl injection syringe</i>	1	MO
DM-GUAIF-PE 18-200-10 MG/15 ML	3	ADD
ED A-HIST DM TABLET	3	MO; ADD
<i>ed a-hist liquid (otc)</i>	3	MO; ADD
<i>ed bron gp liquid</i>	3	ADD
<i>ed chlorped jr syrup</i>	3	MO; ADD

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<i>ed-a-hist 4 mg-10 mg tablet</i>	3	MO; ADD
<i>ed-a-hist dm liquid banana flavor (otc)</i>	3	MO; ADD
<i>endacof-dm liquid</i>	3	MO; ADD
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)</i>	1	MO; QL (4 per 30 days)
<i>epinephrine injection solution</i>	1	
<i>fexofenadine hcl 180 mg tablet (otc)</i>	3	MO; ADD
<i>fexofenadine hcl 180 mg tablet non-drowsy, 24hr (otc)</i>	3	MO; ADD
<i>fexofenadine hcl 60 mg tablet (otc)</i>	3	MO; ADD
<i>fexofenadine-pse er 180-240 tb (otc)</i>	3	ADD
<i>fexofenadine-pse er 60-120 tab (otc)</i>	3	ADD
<i>fexofenadine-pse er 60-120 tab allergy/congest, 12hr (otc)</i>	3	ADD
FLU HBP 325-2-10 MG CAPLET	3	ADD
FLU-SEVERE COLD-COUGH DAY PKT	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>ft ad allergy (cetrzn) 10 mg tb</i>	3	MO; ADD
<i>ft ad allergy (lorat) 10 mg tb</i>	3	ADD
<i>ft adult tussin 200 mg/10 ml</i>	3	ADD
<i>ft adult tussin cf liquid</i>	3	MO; ADD
<i>ft allergy (chlorphen) 4 mg tb</i>	3	ADD
<i>ft allergy (diphen) 25 mg cap</i>	3	ADD
<i>ft allergy (diphen) 25 mg tab</i>	3	ADD
<i>ft allergy (fexo) 180 mg tab</i>	3	ADD
<i>ft allergy (fexo) 60 mg tablet</i>	3	ADD
<i>ft allergy multi-symptom cplt</i>	3	ADD
<i>ft chest cong rlf dm 400-20 mg</i>	3	MO; ADD
<i>ft chest cong rlf pe 400-10 mg</i>	3	ADD
<i>ft chest congest 400 mg caplet</i>	3	MO; ADD
FT CHILD ALLERGY RLF 5 MG CHEW	3	ADD
FT DAYTIME SEVERE CLD-FLU CPLT	3	ADD

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FT DAYTIME SEVERE COLD-FLU LIQ	3	ADD
<i>ft daytime-nighttime cold-flu</i>	3	ADD
<i>ft mucus dm er 600-30 mg tab</i>	3	MO; ADD
<i>ft mucus dm max er 1200-60 mg</i>	3	MO; ADD
<i>ft mucus relief er 600 mg tab</i>	3	MO; ADD
<i>ft nasal decong pe 10 mg tab</i>	3	MO; ADD
<i>ft nasal decongest 30 mg tab</i>	3	ADD
FT NIGHT SEVERE COLD-FLU LIQ	3	ADD
<i>gnp all day allergy 10 mg sfgl</i>	3	ADD
<i>gnp allergy multi-symptom cplt</i>	3	ADD
<i>gnp allergy relief 180 mg tab</i>	3	ADD
<i>gnp allergy relief 25 mg tab</i>	3	ADD
<i>gnp allergy relief 4 mg tablet</i>	3	ADD
<i>gnp allergy relief 5 mg tablet</i>	3	ADD
<i>gnp allergy relief 50 mg/20 ml</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
GNP COLD HEAD CONGST SEVR CPLT	3	ADD
GNP COLD MAX DAY-NIGHT CAPLET	3	ADD
GNP COLD MAX DAYTIME CAPLET	3	ADD
GNP COLD-FLU SEVERE CAPLET	3	ADD
<i>gnp fexofenadine-pse er 60-120 (otc)</i>	3	ADD
<i>gnp loratadine 10 mg odt</i>	3	MO; ADD
<i>gnp mucus dm max er 1200-60 mg</i>	3	MO; ADD
<i>gnp mucus er 600 mg tablet</i>	3	MO; ADD
GNP MUCUS-ER MAX 1,200 MG TAB	3	ADD
<i>gnp nasal decong pe 10 mg tab</i>	3	MO; ADD
GNP SINUS PRESSURE-PAIN CAPLET	3	ADD
GNP SINUS SEVERE CAPLET	3	ADD
GNP SINUS-HEADACHE CAPLET	3	ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>gnp tussin dm 200-20 mg/20 ml</i>	3	ADD
<i>gnp tussin dm max liquid</i>	3	ADD
<i>gnp tussin mucus-con 200 mg/10</i>	3	ADD
<i>gs all day allergy 10 mg tab</i>	3	MO; ADD
<i>gs all day allergy-d tablet</i>	3	ADD
<i>gs aller-ease 180 mg tablet</i>	3	ADD
<i>gs allergy (diphen) 25 mg tab</i>	3	ADD
<i>gs allergy relief 10 mg tablet</i>	3	ADD
<i>gs allergy relief 10 mg tablet non-drowsy</i>	3	ADD
<i>gs child all day aller 1 mg/ml</i>	3	ADD
<i>gs child allergy 12.5 mg/5 ml</i>	3	ADD
<i>gs child allergy rlf 5 mg/5 ml</i>	3	ADD
<i>gs children's cold-cough soln</i>	3	ADD
GS CHLD COUGH DM ER 30 MG/5 ML	3	ADD
GS COUGH DM ER 30 MG/5 ML SUSP	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
GS DAY TIME COLD-FLU LIQUID GLUTEN-FREE	3	ADD
<i>gs mucus er 600 mg caplet</i>	3	MO; ADD
<i>gs nasal decongest 30 mg tab</i>	3	ADD
GS NIGHTTIME COLD-FLU LIQUID GLUTEN-FREE,ORIGINAL	3	ADD
<i>gs nighttime cold-flu softgel</i>	3	ADD
GS SEVERE COLD-FLU NIGHTTME LQ	3	ADD
GS SEVERE DAYTIME COLD-FLU LIQ	3	ADD
<i>gs suphedrine 12hr 120 mg cplt</i>	3	ADD
GS TUSSIN DM 200-20 MG/20 ML	3	ADD
<i>gs tussin dm max liquid</i>	3	ADD
<i>guaifen-codeine 100-10 mg/5 ml (otc)</i>	3	MO; ADD
<i>guaifenesin 100 mg/5 ml solution cup inner</i>	3	MO; ADD

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<i>guaifenesin 100 mg/5 ml solution cup outer</i>	3	MO; ADD
<i>guaifenesin 200 mg tablet (otc)</i>	3	MO; ADD
<i>guaifenesin 200 mg/10 ml solution cup inner</i>	3	MO; ADD
<i>guaifenesin 200 mg/10 ml solution cup outer</i>	3	MO; ADD
<i>guaifenesin 300 mg/15 ml solution cup inner</i>	3	MO; ADD
<i>guaifenesin 300 mg/15 ml solution cup outer</i>	3	MO; ADD
<i>guaifenesin er 600 mg tablet</i>	3	MO; ADD
<i>guaifenesin er 600 mg tablet inner</i>	3	MO; ADD
<i>guaifenesin er 600 mg tablet outer</i>	3	MO; ADD
GUAIFENESIN-CODEINE 100-10 MG/5 ML CUP INNER (OTC)	3	MO; ADD
GUAIFENESIN-CODEINE 200-20 MG/10 ML CUP INNER (OTC)	3	MO; ADD
<i>guaifenesin-dm 100-10 mg/5 ml cup inner</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>guaifenesin-dm 100-10 mg/5 ml cup inner (otc)</i>	3	MO; ADD
<i>guaifenesin-dm 100-10 mg/5 ml cup outer</i>	3	ADD
<i>guaifenesin-dm 100-10 mg/5 ml cup outer (otc)</i>	3	MO; ADD
<i>guaifenesin-dm 200-20 mg/10 ml cup inner</i>	3	ADD
<i>guaifenesin-dm 200-20 mg/10 ml cup inner (otc)</i>	3	MO; ADD
<i>guaifenesin-dm 200-20 mg/10 ml cup outer</i>	3	ADD
<i>guaifenesin-dm 200-20 mg/10 ml cup outer (otc)</i>	3	MO; ADD
<i>guaifenesin-pse er 1200-120 mg (otc)</i>	3	ADD
<i>guaifenesin-pse er 600-60 mg (otc)</i>	3	MO; ADD
HEAD CONGESTION-MUCUS CAPLET	3	ADD
HISTEX 2.5 MG/5 ML SYRUP	3	ADD
HISTEX PD 0.938 MG/ML DROP	3	MO; ADD

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HISTEX-DM SYRUP	3	MO; ADD
HYCODAN 5 MG-1.5 MG TABLET	3	PA; MO; ADD
HYCODAN 5 MG-1.5 MG/5 ML SOLN	3	MO; ADD
HYCODAN 5 MG-1.5 MG/5 ML SOLUTION CUP INNER	3	ADD
HYCODAN 5 MG-1.5 MG/5 ML SOLUTION CUP OUTER	3	ADD
<i>hydrocodone-chlorphen er susp</i>	3	PA; MO; ADD
<i>hydrocodone-homatropine 5-1.5 mg tablet</i>	3	PA; MO; ADD
<i>hydrocodone-homatropine soln</i>	3	PA; ADD
<i>hydromet 5 mg-1.5 mg/5 ml soln</i>	3	MO; ADD
<i>hydroxyzine hcl oral tablet</i>	1	PA; MO
<i>levocetirizine 5 mg tablet (otc)</i>	3	MO; ADD
<i>levocetirizine oral solution</i>	1	MO
<i>levocetirizine oral tablet 5 mg</i>	1	MO; QL (30 per 30 days)
<i>lohist-d liquid</i>	3	MO; ADD
<i>lohist-dm syrup</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>loratadine 10 mg odt</i>	3	MO; ADD
<i>loratadine 10 mg tablet</i>	3	MO; ADD
<i>loratadine 10 mg tablet 10x10,u-d,inner</i>	3	MO; ADD
<i>loratadine 10 mg tablet 10x10,u-d,outer</i>	3	MO; ADD
<i>loratadine 10 mg tablet inner</i>	3	MO; ADD
<i>loratadine 10 mg tablet outer</i>	3	MO; ADD
<i>loratadine 5 mg/5 ml solution</i>	3	MO; ADD
<i>loratadine 5 mg/5 ml syrup children's</i>	3	MO; ADD
<i>loratadine 5 mg/5 ml syrup children's, d/f</i>	3	MO; ADD
<i>loratadine-d 12 hour tablet</i>	3	MO; ADD
<i>loratadine-d 24hr tablet</i>	3	MO; ADD
LORTUSS LQ 6.25-30 MG/5 ML LIQ	3	ADD
<i>mapap cold formula caplet</i>	3	MO; ADD
MAR-COF CG LIQUID	3	MO; ADD
MAXICHLOR PEH DM TABLET	3	ADD

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MAXIFED TABLET	3	ADD
MAXIFED TR 30-1.25 MG TABLET	3	ADD
<i>maxi-tuss ac liquid</i>	3	ADD
MAXI-TUSS CD LIQUID	3	ADD
<i>maxi-tuss g liquid</i>	3	ADD
<i>maxi-tuss gmx liquid</i>	3	ADD
MAXI-TUSS JR LIQUID	3	ADD
MAXI-TUSS PE JR LIQUID	3	ADD
MAXI-TUSS PE LIQUID	3	ADD
<i>maxi-tuss pe max liquid</i>	3	ADD
<i>maxi-tuss tr syrup</i>	3	ADD
<i>m-dryl 12.5 mg/5 ml solution</i>	3	MO; ADD
M-END DMX LIQUID	3	MO; ADD
MICLARA DM LIQUID	3	ADD
MICLARA LQ 1.25 MG/5 ML SYRUP	3	ADD
MUCINEX COLD-FLU HBP LIQ GEL	3	ADD
MUCINEX COLD-FLU-SORETHROAT LQ	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>mucinex cough-chest cong hbp</i>	3	MO; ADD
<i>mucinex d er 1,200-120 mg tab</i>	3	MO; ADD
<i>mucinex d er 600-60 mg tablet</i>	3	MO; ADD
MUCINEX DM ER 1,200-60 MG TAB BI-LAYER, MAX-STR	3	MO; ADD
<i>mucinex dm er 600-30 mg tablet</i>	3	MO; ADD
<i>mucinex dm er 600-30 mg tablet bi-layer</i>	3	MO; ADD
MUCINEX ER 1,200 MG TABLET	3	MO; ADD
MUCINEX ER 1,200 MG TABLET MAX STR, BI-LAYER	3	MO; ADD
<i>mucinex er 600 mg tablet</i>	3	MO; ADD
<i>mucinex er 600 mg tablet bi-layer, 12 hours</i>	3	MO; ADD
<i>mucinex er 600 mg tablet inner</i>	3	MO; ADD
<i>mucinex er 600 mg tablet outer</i>	3	MO; ADD
MUCINEX FAST-MAX COLD-FLU CAP	3	ADD

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MUCINEX FAST-MAX COLD-FLU CPLT	3	ADD
MUCINEX FAST-MAX COLD-FLU CPLT	3	ADD
MUCINEX FAST-MAX COLD-FLU LIQ	3	ADD
MUCINEX FAST-MAX COLD-FLU LIQ	3	ADD
MUCINEX FAST-MAX COLD-FLU-THRT	3	ADD
MUCINEX FASTMAX COLD-NTSHFT LQ	3	ADD
MUCINEX FAST-MAX CONGEST-COUGH	3	MO; ADD
MUCINEX FAST-MAX CONGEST-HEAD	3	ADD
MUCINEX FASTMAX CONG-NTSHFT LQ	3	ADD
<i>mucinex fast-max dm max liquid</i>	3	ADD
<i>mucinex fast-max dm max liquid maximum strength</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
MUCINEX FAST-MAX DM NIGHTSHIFT	3	ADD
MUCINEX FAST-MAX DY-NT CLD-FLU	3	ADD
MUCINEX FASTMX CLD-NTSHFT CPLT	3	ADD
MUCINEX FASTMX CNG-NTSHFT CPLT	3	ADD
MUCINEX NIGHTSHIFT SEVR CLD-FLU	3	ADD
MUCINEX NIGHTSHIFT CLD-FLU CPT	3	ADD
MUCINEX NIGHTSHIFT COLD-FLU LQ	3	ADD
MUCINEX NIGHTSHIFT SINUS CAPLT	3	ADD
MUCINEX NIGHTSHIFT SINUS LIQ	3	ADD
MUCINEX SINUS-MAX CONG-PAIN CP	3	ADD
MUCINEX SINUS-MAX CONG-PAIN LQ	3	ADD

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MUCINEX SINUSMAX DAY-NT CAPLET	3	ADD
MUCINEX SINUS-MAX DY-NT LIQGEL	3	ADD
MUCINEX SINUS-MAX NIGHTSHFT LQ	3	ADD
MUCINEX SINUS-MAX PRESSURE-CGH	3	ADD
MUCINEX SINUS-MAX SEVERE CPLT	3	ADD
<i>mucus er 600 mg tablet</i>	3	MO; ADD
<i>mucus relief 400 mg tablet</i>	3	MO; ADD
<i>mucus relief d er 600-60 mg tb</i>	3	MO; ADD
<i>mucus relief dm cough tablet</i>	3	ADD
<i>mucus relief dm max liquid</i>	3	ADD
MUCUS RELIEF ER 1,200 MG TAB	3	MO; ADD
<i>mucus relief er 600 mg tablet</i>	3	MO; ADD
<i>mucus relief pe tablet</i>	3	ADD
<i>mucus rlf dm er 600-30 mg tab</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>mucus rlf dm er 600-30 mg tab outer</i>	3	MO; ADD
<i>mucus rlf dm max er 1200-60 mg</i>	3	MO; ADD
<i>nasal decongestant 30 mg tab</i>	3	ADD
<i>nasal decongestant 30 mg tab maximum strength</i>	3	ADD
<i>nasal decongestant 30 mg tab non-drowsy,max-str</i>	3	ADD
<i>nasal decongestant pe 10 mg tb</i>	3	MO; ADD
<i>nasal decongestant pe 10 mg tb max-str</i>	3	MO; ADD
<i>nasal decongestant pe 10 mg tb non-drowsy,mx-str</i>	3	MO; ADD
NIGHT SEVERE COLD-COUGH PKT	3	ADD
NIGHT TIME COLD-FLU LIQUID MULTI-SYMP, ORIGINAL	3	ADD
<i>night time cold-flu liquid multi-sympt, cherry</i>	3	ADD
<i>night time cold-flu gluten-free, softgel</i>	3	ADD

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<i>night time cough liquid multi sympt, cherry</i>	3	ADD
<i>nighttime cold-flu rlf sftgl</i>	3	ADD
NIGHTTIME COLD-FLU RLF SFTGL	3	ADD
NINJACOF-A LIQUID	3	ADD
NINJACOF-XG LIQUID	3	ADD
NIVANEX DMX TABLET	3	ADD
<i>nohist-dm liquid</i>	3	MO; ADD
NOREL AD TABLET	3	MO; ADD
PEDIACLEAR PD 0.625 MG/ML DROP	3	ADD
<i>pharbedryl 25 mg capsule</i>	3	ADD
<i>pharbedryl 50 mg capsule</i>	3	ADD
<i>promethazine injection solution</i>	1	MO
<i>promethazine oral</i>	1	PA; MO
<i>promethazine-codeine solution</i>	3	MO; ADD
<i>promethazine-dm 6.25-15 mg/5 ml solution</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>promethazine-dm 6.25-15 mg/5 ml syrup</i>	3	MO; ADD
<i>pseudoephedrine 30 mg tablet</i>	3	MO; ADD
<i>pseudoephedrine 60 mg tablet (otc)</i>	3	ADD
<i>pseudoephedrine er 120 mg tab</i>	3	MO; ADD
<i>pseudoephedrine er 120 mg tab 12 hour, coated</i>	3	MO; ADD
<i>pseudoephedrine er 120 mg tab coated cplt, max str</i>	3	MO; ADD
<i>qc child allergy 12.5 mg/5 ml</i>	3	ADD
<i>qc cold relief plus eff tablet</i>	3	ADD
<i>qc complete allergy 25 mg cap</i>	3	ADD
<i>qc mucus relief 400 mg caplet</i>	3	MO; ADD
<i>qc nasal decongest 30 mg tab</i>	3	ADD
<i>robafen cf liquid multi-cld symptm</i>	3	MO; ADD
<i>robafen dm 200-20 mg/20 ml liq</i>	3	MO; ADD
RU-HIST D 10-4 MG TABLET	3	MO; ADD
<i>rydex liquid</i>	3	ADD

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RYMED TABLET	3	MO; ADD
<i>rynex dm liquid gluten/f</i>	3	MO; ADD
<i>rynex dm liquid prof use only</i>	3	MO; ADD
<i>rynex pe liquid</i>	3	MO; ADD
<i>rynex pse liquid</i>	3	ADD
SEVERE COLD-FLU CAPLET	3	ADD
SINUS CONGESTION-PAIN CAPLET	3	MO; ADD
SINUS CONGST-PAIN 325-200-5 MG	3	ADD
SINUS PRESSURE-PAIN CAPLET	3	ADD
SINUS-HEADACHE 5-325 MG CAPLET	3	ADD
<i>sm child allergy 5 mg/5 ml sol</i>	3	ADD
<i>sm nasal decongest er 120 mg</i>	3	ADD
STAHIST AD TABLET	3	MO; ADD
<i>sudogest 12 hour 120 mg caplet</i>	3	MO; ADD
<i>sudogest 30 mg tablet</i>	3	MO; ADD
<i>sudogest 30 mg tablet boxed</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sudogest 60 mg tablet</i>	3	MO; ADD
<i>sudogest cold and allergy tab</i>	3	MO; ADD
<i>suphedrin 30 mg tablet</i>	3	ADD
THERAFLU EXPRESSMAX COLD-COUGH	3	ADD
THERAFLU EXPRESSMAX DAY CAPLET	3	ADD
THERAFLU EXPRESSMAX NIGHT CPLT	3	ADD
THERAFLU MS SEVERE COLD PKCT	3	ADD
THERAFLU NT SEVERE CLD-CGH PKT NIGHTTIME	3	ADD
TRIPROLIDINE 0.625 MG/ML DROP	3	ADD
TRIPROLIDINE 0.938 MG/ML DROPS	3	MO; ADD
TUSNEL CAPLET	3	ADD
<i>tusnel diabetic liquid</i>	3	MO; ADD
<i>tusnel diabetic liquid d/f</i>	3	MO; ADD
TUSNEL DM LIQUID	3	ADD

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TUSNEL DM PEDIATRIC LIQUID	3	ADD
TUSNEL LIQUID D/F	3	ADD
TUSNEL PED 5-50-15 MG/5 ML LIQ (OTC)	3	ADD
TUSNEL PEDI 25-1.25 MG/ML DROP	3	ADD
TUSNEL-DM PED 2.5-25-1.25 MG/ML	3	ADD
<i>tussin 400 mg tablet</i>	3	ADD
<i>tussin cf cough-cold liquid non-drowsy</i>	3	ADD
<i>tussin cf cough-cold syrup non-drowsy</i>	3	ADD
<i>tussin cough liquid long-acting</i>	3	ADD
<i>tussin dm 400-20 mg tablet</i>	3	ADD
<i>tussin dm 400-20 mg/20 ml liq</i>	3	ADD
<i>tussin dm liquid</i>	3	ADD
<i>tussin mucus-cong 200 mg/10 ml</i>	3	ADD
TUXARIN ER 8-54.3 MG TABLET	3	MO; ADD
VANACOF DM 18-200-10 MG/15 ML	3	MO; ADD
VANACOF LIQUID	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
WESTUSSIN DM 1-5-10 MG/5 ML SYR	3	ADD
WESTUSSIN DM NF 2-15-7.5 MG/5 ML	3	ADD
PULMONARY AGENTS		
<i>acetylcysteine</i>	1	B/D PA; MO
ADEMPAS	2	PA; MO; LA; QL (90 per 30 days); NDS
ADVAIR HFA	2	MO; QL (12 per 30 days)
<i>albuterol sulfate (only ndcs starting with 00054, 00093, 00781, 17270, 45802, 60687, 68180, 69097, 76282) inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	MO; QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm</i>	1	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	1	B/D PA; MO

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<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	1	B/D PA
<i>albuterol sulfate oral syrup</i>	1	MO
<i>albuterol sulfate oral tablet</i>	1	MO
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	2	MO; QL (12.2 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	2	MO; QL (6.1 per 30 days)
<i>alyq</i>	1	PA; MO; QL (60 per 30 days); NDS
<i>ambrisentan</i>	1	PA; MO; LA; QL (30 per 30 days); NDS
<i>arformoterol</i>	1	B/D PA; MO; QL (120 per 30 days)
ASMANEX HFA	2	MO; QL (13 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	MO; QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	2	MO; QL (2 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	2	QL (2 per 28 days)
ATROVENT HFA	2	MO; QL (25.8 per 30 days)
BEVESPI AEROSPHERE	2	MO; QL (10.7 per 30 days)
<i>bosentan oral tablet</i>	1	PA; MO; LA; QL (60 per 30 days); NDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
BREO ELLIPTA	2	MO; QL (60 per 30 days)
<i>brey-na</i>	1	MO; QL (10.3 per 30 days)
BREZTRI AEROSPHERE	2	MO; QL (10.7 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	1	B/D PA; MO; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	1	B/D PA; MO; QL (60 per 30 days)
<i>budesonide-formoterol</i>	1	QL (10.2 per 30 days)
CHILD FLONASE ALLER RLF 50 MCG	3	MO; ADD
CINRYZE	2	PA; MO; NDS
COMBIVENT RESPIMAT	2	QL (8 per 30 days)
<i>cromolyn inhalation</i>	1	B/D PA; MO
<i>cromolyn sodium nasal spray</i>	3	MO; ADD
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION	2	QL (13 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	2	MO; QL (13 per 30 days)
FASENRA PEN	2	PA; MO; QL (1 per 28 days); NDS
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	2	PA; MO; QL (0.5 per 28 days); NDS
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	2	PA; MO; QL (1 per 28 days); NDS
FLONASE ALLERGY RLF 50 MCG SPR	3	MO; ADD
FLONASE ALLERGY RLF 50 MCG SPR 120 METERED SPRAYS	3	MO; ADD
FLONASE ALLERGY RLF 50 MCG SPR 3X120 METERED SPRAYS	3	MO; ADD

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FLONASE ALLERGY RLF 50 MCG SPR 60 METERED SPRAYS	3	MO; ADD
<i>flunisolide</i>	1	MO; QL (50 per 30 days)
<i>fluticasone prop 50 mcg spray (otc)</i>	3	MO; ADD
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	2	ST; MO; QL (12 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	2	ST; MO; QL (24 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	2	ST; MO; QL (10.6 per 30 days)
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	1	MO; QL (16 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	MO; QL (60 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>formoterol fumarate</i>	1	B/D PA; MO; QL (120 per 30 days)
<i>gnp fluticasone prop 50 mcg sp (otc)</i>	3	MO; ADD
<i>gs 24 hour allergy 50 mcg spry</i>	3	ADD
<i>icatibant</i>	1	PA; MO; NDS
<i>ipratropium bromide inhalation</i>	1	B/D PA; MO
<i>ipratropium-albuterol</i>	1	B/D PA; MO
KALYDECO	2	PA; MO; QL (56 per 28 days); NDS
<i>mometasone nasal</i>	1	MO; QL (34 per 30 days)
<i>montelukast</i>	1	MO
NUCALA SUBCUTANEOUS AUTO-INJECTOR	2	PA; MO; LA; QL (3 per 28 days); NDS
NUCALA SUBCUTANEOUS RECON SOLN	2	PA; MO; LA; QL (3 per 28 days); NDS
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA; MO; LA; QL (3 per 28 days); NDS
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	2	PA; MO; LA; QL (0.4 per 28 days); NDS

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OFEV	2	PA; MO; QL (60 per 30 days); NDS
OPSUMIT	2	PA; MO; LA; QL (30 per 30 days); NDS
OPSYNVI	2	PA; MO; QL (30 per 30 days); NDS
ORKAMBI ORAL GRANULES IN PACKET	2	PA; MO; QL (56 per 28 days); NDS
ORKAMBI ORAL TABLET	2	PA; MO; QL (112 per 28 days); NDS
<i>pirfenidone oral capsule</i>	1	PA; MO; QL (270 per 30 days); NDS
<i>pirfenidone oral tablet 267 mg</i>	1	PA; MO; QL (270 per 30 days); NDS
<i>pirfenidone oral tablet 801 mg</i>	1	PA; MO; QL (90 per 30 days); NDS
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	2	MO; QL (2 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	2	MO; QL (1 per 30 days)
PULMOZYME	2	B/D PA; MO; NDS
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	2	QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	2	QL (21.2 per 30 days)
<i>roflumilast</i>	1	PA; MO; QL (30 per 30 days)
<i>sajazir</i>	1	PA; MO; NDS
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	1	NDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT	2	MO; QL (4 per 30 days)
STIOLTO RESPIMAT	2	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	2	MO; QL (4 per 30 days)
SYMDEKO	2	PA; MO; QL (56 per 28 days); NDS
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA; QL (60 per 30 days); NDS
<i>terbutaline</i>	1	MO
<i>theophylline oral elixir</i>	1	MO
<i>theophylline oral solution</i>	1	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg</i>	1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	MO
<i>theophylline oral tablet extended release 24 hr</i>	1	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>tiotropium bromide</i>	1	QL (90 per 90 days)
TRELEGY ELLIPTA	2	MO; QL (60 per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	2	PA; MO; QL (56 per 28 days); NDS
TRIKAFTA ORAL TABLETS, SEQUENTIAL	2	PA; MO; QL (84 per 28 days); NDS
TYVASO	2	B/D PA; MO; QL (81.2 per 28 days); NDS
TYVASO INSTITUTIONAL START KIT	2	B/D PA; QL (11.6 per 180 days); NDS
TYVASO REFILL KIT	2	B/D PA; MO; QL (81.2 per 28 days); NDS
TYVASO STARTER KIT	2	B/D PA; MO; QL (81.2 per 180 days); NDS
<i>wixela inhub</i>	1	QL (60 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	2	PA; MO; LA; QL (8 per 28 days); NDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	2	PA; MO; LA; QL (1 per 28 days); NDS
XOLAIR SUBCUTANEOUS RECON SOLN	2	PA; MO; LA; QL (8 per 28 days); NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	2	PA; MO; LA; QL (8 per 28 days); NDS
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	2	PA; MO; LA; QL (1 per 28 days); NDS
zafirlukast	1	MO
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
mirabegron	1	MO
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	2	MO
oxybutynin chloride oral syrup	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
oxybutynin chloride oral tablet 5 mg	1	MO
oxybutynin chloride oral tablet extended release 24hr	1	MO
OXYTROL FOR WOMEN 3.9 MG/24HR OUTER	3	MO; ADD
solifenacin	1	MO
tolterodine	1	MO
trospium oral tablet	1	MO
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
alfuzosin	1	MO
dutasteride	1	MO
dutasteride-tamsulosin	1	MO
finasteride oral tablet 5 mg	1	MO
tamsulosin	1	MO
MISCELLANEOUS UROLOGICALS		
alprostadil	1	
bethanechol chloride	1	MO
CYSTAGON	2	PA; LA
ELMIRON	2	MO
glycine urologic	1	
glycine urologic solution	1	
K-PHOS NO 2	2	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
K-PHOS ORIGINAL	2	MO
ORACIT ORAL SOLUTION	3	MO; ADD
<i>potassium citrate oral tablet extended release</i>	1	MO
RENACIDIN	2	MO
<i>sod citrate-citric acid soln (rx)</i>	3	MO; ADD
<i>sod citrate-citric acid solution 1.5-1 gm/15 ml cup inner (rx)</i>	3	MO; ADD
<i>sod citrate-citric acid solution 1.5-1 gm/15 ml cup outer (rx)</i>	3	MO; ADD
<i>sod citrate-citric acid solution 3-2 gm/30 ml cup inner (rx)</i>	3	MO; ADD
<i>sod citrate-citric acid solution 3-2 gm/30 ml cup outer (rx)</i>	3	MO; ADD
<i>tadalafil oral tablet 2.5 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>tadalafil oral tablet 5 mg</i>	1	PA; MO; QL (30 per 30 days)
URINARY ANESTHETICS		

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
GNP URINARY PAIN RLF 99.5 MG	3	ADD
<i>qc urinary pain rlf 95 mg tab</i>	3	ADD
<i>urinary pain relief 95 mg tab</i>	3	ADD
URINARY PAIN RELIEF 99.5 MG TB	3	ADD

VITAMINS, HEMATINICS / ELECTROLYTES

BLOOD DERIVATIVES

<i>albumin, human 25 %</i>	1	
<i>alburx (human) 25 %</i>	1	
<i>alburx (human) 5 %</i>	1	
<i>albutein 25 %</i>	1	
<i>albutein 5 %</i>	1	

ELECTROLYTES

<i>antacid 500 mg chewable tablet</i>	3	ADD
<i>antacid 500 mg chewable tablet inner</i>	3	ADD
<i>antacid 500 mg chewable tablet outer</i>	3	ADD
<i>antacid 750 mg chewable tablet</i>	3	ADD

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<i>antacid ex-str 750 mg tab chew</i>	3	ADD
<i>antacid ultra str 1,000 mg chw</i>	3	ADD
<i>antacid ultra tablet chew</i>	3	ADD
<i>antacid xtra strength chew tab</i>	3	ADD
BIOLYTE LIQUID BERRY, INNER	3	ADD
BIOLYTE LIQUID CITRUS, INNER	3	ADD
BIOLYTE LIQUID MELON, INNER	3	ADD
BIOLYTE LIQUID TROPICAL, INNER	3	ADD
CAL-CITRATE PLUS VITAMIN D TAB	3	ADD
CALCIUM 1,000 MG-D3 20 MCG TAB	3	MO; ADD
<i>calcium 250 mg-vit d3 3 mcg tb</i>	3	MO; ADD
CALCIUM 500 MG CHEWABLE TABLET (RX)	3	MO; ADD
<i>calcium 500 mg chewable tablet inner (rx)</i>	3	MO; ADD
<i>calcium 500 mg chewable tablet outer (rx)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>calcium 500 mg chewable tablet tab chew,p/f (rx)</i>	3	MO; ADD
<i>calcium 500 mg tablet (rx)</i>	3	ADD
<i>calcium 500 mg tablet oyster shell,p/f (rx)</i>	3	ADD
<i>calcium 500 mg-vit d3 10 mcg tab (rx)</i>	3	ADD
CALCIUM 500 MG-VIT D3 15 MCG TAB	3	MO; ADD
<i>calcium 500 mg-vit d3 5 mcg tb (rx)</i>	3	ADD
CALCIUM 500 MG-VIT D3 600 UNIT	3	MO; ADD
<i>calcium 500-vit d3 10 mcg chew</i>	3	ADD
<i>calcium 500-vit d3 10 mcg chew</i>	3	MO; ADD
<i>calcium 500-vit d3 125 caplet</i>	3	ADD
<i>calcium 500-vit d3 200 caplet caplt,p/f,no lactose (rx)</i>	3	ADD
<i>calcium 500-vit d3 200 caplet gluten-free,p/f (rx)</i>	3	ADD

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<i>calcium 500-vit d3 200 tablet lactose free, p/f (rx)</i>	3	ADD
<i>calcium 500-vit d3 200 tablet p/f,n (rx)</i>	3	ADD
<i>calcium 500-vit d3 400 tablet (rx)</i>	3	MO; ADD
<i>calcium 500-vit d3 400 tablet (rx)</i>	3	ADD
<i>calcium 500-vit d3 400 tablet p/f (rx)</i>	3	MO; ADD
<i>calcium 500-vit d3 400 tablet p/f,gluten-f (rx)</i>	3	MO; ADD
<i>calcium 500-vit d3 400 tablet p/f,gluten-free (rx)</i>	3	MO; ADD
<i>calcium 500-vit d3 400 tablet p/f,n,no lactose (rx)</i>	3	ADD
CALCIUM 500-VIT D3 600 TABLET	3	MO; ADD
<i>calcium 600 mg tablet (rx)</i>	3	ADD
<i>calcium 600 mg tablet (rx)</i>	3	MO; ADD
<i>calcium 600 mg tablet gluten-free,p/f (rx)</i>	3	MO; ADD
<i>calcium 600 mg tablet p/f (rx)</i>	3	ADD
<i>calcium 600 mg tablet p/f, n (rx)</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>calcium 600 mg-d3 20 mcg cplt (rx)</i>	3	MO; ADD
<i>calcium 600 mg-d3 20 mcg tab (rx)</i>	3	MO; ADD
<i>calcium 600 mg-d3 400 unit sfgl</i>	3	MO; ADD
<i>calcium 600 mg-vit d3 10 mcg tb (rx)</i>	3	MO; ADD
<i>calcium 600 mg-vit d3 5 mcg tb (rx)</i>	3	MO; ADD
<i>calcium 600 with vit d chew tb p/f</i>	3	MO; ADD
<i>calcium 600+d softgel</i>	3	MO; ADD
<i>calcium 600-d3 20 mcg(800 unit) (rx)</i>	3	MO; ADD
CALCIUM 600-VIT D3 2,500 SFTGL	3	MO; ADD
<i>calcium 600-vit d3 200 tablet (rx)</i>	3	MO; ADD
<i>calcium 600-vit d3 200 tablet caplet, no lactose (rx)</i>	3	ADD
<i>calcium 600-vit d3 200 tablet gluten-free (rx)</i>	3	MO; ADD
<i>calcium 600-vit d3 200 tablet lactose free, p/f (rx)</i>	3	ADD
<i>calcium 600-vit d3 200 tablet lactose free,p/f (rx)</i>	3	ADD

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<i>calcium 600-vit d3 200 tablet p/f (rx)</i>	3	MO; ADD
<i>calcium 600-vit d3 200 tablet p/f,d/f,lactose-free (rx)</i>	3	ADD
<i>calcium 600-vit d3 200 tablet p/f,high potency (rx)</i>	3	MO; ADD
<i>calcium 600-vit d3 400 caplet (rx)</i>	3	MO; ADD
<i>calcium 600-vit d3 400 caplet (rx)</i>	3	MO; ADD
<i>calcium 600-vit d3 400 tablet (rx)</i>	3	ADD
<i>calcium 600-vit d3 400 tablet (rx)</i>	3	MO; ADD
<i>calcium 600-vit d3 400 tablet (rx)</i>	3	ADD
<i>calcium 600-vit d3 400 tablet gluten-free (rx)</i>	3	MO; ADD
<i>calcium 600-vit d3 400 tablet high potency (rx)</i>	3	ADD
<i>calcium 600-vit d3 400 tablet inner (rx)</i>	3	ADD
<i>calcium 600-vit d3 400 tablet inner (rx)</i>	3	MO; ADD
<i>calcium 600-vit d3 400 tablet new formula (rx)</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>calcium 600-vit d3 400 tablet outer (rx)</i>	3	ADD
<i>calcium 600-vit d3 400 tablet outer (rx)</i>	3	MO; ADD
<i>calcium 600-vit d3 400 tablet p/f (rx)</i>	3	MO; ADD
<i>calcium 600-vit d3 400 tablet p/f, n (rx)</i>	3	ADD
<i>calcium 600-vit d3 400 tablet p/f, no yeast (rx)</i>	3	MO; ADD
<i>calcium 600-vit d3 400 tablet p/f,lactose-free (rx)</i>	3	ADD
CALCIUM 600-VIT D3 500 SOFTGEL RAPID RELEASE, SFTGL (RX)	3	MO; ADD
CALCIUM 600-VIT D3 500 SOFTGEL (RX)	3	MO; ADD
<i>calcium 600-vit d3 800 tablet (rx)</i>	3	MO; ADD
<i>calcium 600-vit d3 800 tablet gluten-free (rx)</i>	3	MO; ADD
<i>calcium 600-vit d3 800 tablet inner (rx)</i>	3	MO; ADD
<i>calcium 600-vit d3 800 tablet outer (rx)</i>	3	MO; ADD
<i>calcium 600-vit d3 800 tablet p/f (rx)</i>	3	MO; ADD

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<i>calcium 600-vit d3 800 tablet p/f,gluten-free (rx)</i>	3	MO; ADD
<i>calcium acetate(phosphat bind)</i>	1	PA; MO
<i>calcium antacid 500 mg chw tab assorted fruit</i>	3	MO; ADD
<i>calcium antacid 500 mg chw tab gluten-f, peppermint</i>	3	MO; ADD
<i>calcium carb 1,250 mg/5 ml sus n (otc)</i>	3	MO; ADD
CALCIUM CARB 260 MG TAB CHEW	3	ADD
<i>calcium carb 500 mg tab chew</i>	3	ADD
<i>calcium carbonate 1,250 mg/5 ml suspension cup (otc)</i>	3	MO; ADD
<i>calcium carbonate 1,250 mg/5 ml suspension cup 40's,u-d (otc)</i>	3	MO; ADD
<i>calcium carbonate 648 mg tab</i>	3	MO; ADD
CALCIUM CARBONATE POWDER	3	ADD
<i>calcium chloride</i>	1	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>calcium cit 200 mg-d3 6.25 mcg (rx)</i>	3	MO; ADD
<i>calcium cit 200-vit d3 250 tab (rx)</i>	3	MO; ADD
CALCIUM CIT 200-VIT D3 250 TAB (RX)	3	MO; ADD
<i>calcium cit 250 mg-d3 200 unit (rx)</i>	3	ADD
<i>calcium cit 315 mg-vit d3 5 mcg (rx)</i>	3	MO; ADD
CALCIUM CIT 315-VIT D3 250 CPT (RX)	3	MO; ADD
CALCIUM CIT 315-VIT D3 250 TAB INNER (RX)	3	MO; ADD
CALCIUM CIT 315-VIT D3 250 TAB OUTER (RX)	3	MO; ADD
<i>calcium citrate - vit d caplet (rx)</i>	3	ADD
<i>calcium citrate - vit d caplet caplet, coated (rx)</i>	3	MO; ADD
<i>calcium citrate - vit d caplet caplet,p/f (rx)</i>	3	MO; ADD
<i>calcium citrate - vit d p/f, caplet (rx)</i>	3	MO; ADD
<i>calcium citrate - vit d tablet p/f,coated (rx)</i>	3	MO; ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>calcium citrate 200 mg caplet caplet, p/f (rx)</i>	3	MO; ADD
<i>calcium citrate 200 mg tablet (rx)</i>	3	MO; ADD
<i>calcium citrate 200 mg tablet coated, p/f (rx)</i>	3	MO; ADD
<i>calcium citrate 250 mg caplet</i>	3	MO; ADD
<i>calcium citrate 250 mg tablet</i>	3	MO; ADD
CALCIUM CITRATE GRANULES	3	ADD
CALCIUM CITRATE-VIT D3 CAPLET (RX)	3	MO; ADD
CALCIUM CITRATE-VIT D3 CAPLET P/F (RX)	3	MO; ADD
<i>calcium citrate-vit d3 tablet (rx)</i>	3	MO; ADD
CALCIUM CITRATE-VIT D3 TABLET COATED, PETITES (RX)	3	MO; ADD
CALCIUM CITRATE-VIT D3 TABLET INNER (RX)	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CALCIUM CITRATE-VIT D3 TABLET OUTER (RX)	3	MO; ADD
CALCIUM CITRATE-VIT D3 TABLET PETITES (RX)	3	MO; ADD
<i>calcium citrate-vitamin d3 liq</i>	3	MO; ADD
<i>calcium cit-vit d 315-200 tab p/f, lactose-free (rx)</i>	3	MO; ADD
<i>calcium gluconate intravenous</i>	1	
CALCIUM LACTATE 100 MG TABLET	3	ADD
<i>cal-gest 500 mg tablet chew</i>	3	MO; ADD
CAL-MINT 260 MG TABLET CHEW	3	ADD
CAL-QUICK LIQUID	3	ADD
CALTRATE 600 + D SOFT CHEW TAB CHOCOLATE TRUFFLE	3	MO; ADD
CALTRATE 600 PLUS D3 TABLET	3	MO; ADD
CITRACAL + D MAXIMUM CAPLET (RX)	3	ADD

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CITRACAL-D3 200 MG-250 UNIT TAB COATED, PETITES (RX)	3	MO; ADD
CITRACAL-D3 MAXIMUM PLUS CAPLT	3	MO; ADD
CVS CAL CIT 200 MG-D3 6.25 MCG (RX)	3	MO; ADD
<i>cvx calcium 500-vit d3 125 tab</i>	3	ADD
<i>cvx calcium 600 mg-d3 20 mcg tab (rx)</i>	3	MO; ADD
<i>cvx calcium 600-vit d3 800 tab p/f,gluten-free (rx)</i>	3	MO; ADD
<i>cvx magnesium 250 mg caplet (rx)</i>	3	MO; ADD
CVS MAGNESIUM 500 MG CAPLET (RX)	3	MO; ADD
<i>cvx pediatric electrolyte 16's,freezer pops (rx)</i>	3	ADD; QL (434 per 30 days)
<i>cvx pediatric electrolyte soln (rx)</i>	3	ADD; QL (7000 per 30 days)
<i>cvx pediatric electrolyte soln dye/free, strawberry (rx)</i>	3	ADD; QL (7000 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CVS TRIPLE MAGNESIUM COMPLEX	3	ADD
<i>effe-k oral tablet, effervescent 25 meq</i>	1	MO
ENFAMIL ENFALYTE SOLUTION RTU,UNFLAVORED (RX)	3	ADD; QL (413 per 30 days)
<i>eq calcium 500-vit d3 400 tab oyster shell (rx)</i>	3	MO; ADD
<i>eq calcium 600 mg-d3 20 mcg tab (rx)</i>	3	MO; ADD
<i>eq calcium 600-vit d3 800 tab (rx)</i>	3	MO; ADD
<i>eq calcium citrate-vit d3 cpt (rx)</i>	3	MO; ADD
EQL CALCIUM CITRATE-VIT D3 CPT (RX)	3	MO; ADD
<i>ft antacid 500 mg chew tablet</i>	3	ADD
<i>ft antacid ex-str 750 mg chew</i>	3	ADD
<i>gnp antacid ex-str 750 mg chew</i>	3	ADD
<i>gnp calcium 500-vit d3 600 tab</i>	3	MO; ADD
<i>gnp calcium 600 mg tablet (rx)</i>	3	MO; ADD

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<i>gnp calcium 600 mg-d3 800 unit p/f,gluten-free (rx)</i>	3	MO; ADD
<i>gnp calcium citrate-vit d3 tab (rx)</i>	3	MO; ADD
<i>gs pediatric electrolyte soln (rx)</i>	3	ADD; QL (7000 per 30 days)
<i>heb pediatric electrolyte soln (rx)</i>	3	ADD; QL (7000 per 30 days)
<i>hydralyte electrolyte soln</i>	3	ADD; QL (7000 per 30 days)
<i>kinderlyte electrolyte soln</i>	3	ADD; QL (7000 per 30 days)
<i>kinderlyte electrolyte soln fruit punch</i>	3	ADD; QL (7000 per 30 days)
<i>kinderlyte electrolyte soln grape</i>	3	ADD; QL (7000 per 30 days)
<i>kinderlyte electrolyte soln lemon lime</i>	3	ADD; QL (7000 per 30 days)
<i>kinderlyte electrolyte soln lemonade</i>	3	ADD; QL (7000 per 30 days)
<i>kinderlyte electrolyte soln orange</i>	3	ADD; QL (7000 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>kinderlyte electrolyte soln strawberry</i>	3	ADD; QL (7000 per 30 days)
<i>kinderlyte electrolyte soln strawberry punch</i>	3	ADD; QL (7000 per 30 days)
<i>klor-con 10</i>	1	MO
<i>klor-con 8</i>	1	MO
<i>klor-con m10</i>	1	MO
<i>klor-con m15</i>	1	MO
<i>klor-con m20</i>	1	MO
<i>klor-con oral packet 20</i>	1	MO
<i>klor-con/ef</i>	1	
<i>lactated ringers intravenous</i>	1	MO
<i>liquid calcium 600-vit d3 sfgl softgel,p/f,gluten-f (rx)</i>	3	MO; ADD
LIQUID CALCIUM WITH VITAMIN D SOFTGEL, P/F (RX)	3	ADD
LIQUID CALCIUM-VIT D SOFTGEL	3	MO; ADD
MAG DELAY DR 64 MG TABLET	3	MO; ADD
<i>mag64 dr 64 mg tablet (rx)</i>	3	MO; ADD
<i>mag-g 500 mg tablet</i>	3	MO; ADD

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MAGNESIUM 200 MG CHEW TAB	3	ADD
<i>magnesium 250 mg tablet p/f, no lactose (rx)</i>	3	MO; ADD
MAGNESIUM 400 MG SOFTGEL	3	MO; ADD
<i>magnesium 500 mg tablet p/f, gluten/f (rx)</i>	3	MO; ADD
MAGNESIUM CHLORIDE 64 MG TAB	3	ADD
MAGNESIUM CHLORIDE CRYSTALS USP, HEXAHYDRATE (RX)	3	ADD
MAGNESIUM CHLORIDE EC 64 MG TB (RX)	3	MO; ADD
<i>magnesium chloride injection</i>	1	
MAGNESIUM CITRATE 100 MG TAB	3	ADD
MAGNESIUM GLUCONATE 250 MG TAB	3	MO; ADD
<i>magnesium gluconate tablet y/f,gluten/f (rx)</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>magnesium oxide 250 mg caplet p/f, gluten/f (rx)</i>	3	MO; ADD
<i>magnesium oxide 250 mg tablet (rx)</i>	3	MO; ADD
<i>magnesium oxide 250 mg tablet p/f (rx)</i>	3	MO; ADD
<i>magnesium oxide 400 mg tablet (rx)</i>	3	MO; ADD
<i>magnesium oxide 400 mg tablet 240mg elemental (rx)</i>	3	MO; ADD
<i>magnesium oxide 400 mg tablet inner (rx)</i>	3	MO; ADD
<i>magnesium oxide 400 mg tablet outer (rx)</i>	3	MO; ADD
<i>magnesium oxide 400 mg tablet p/f,soy-free (rx)</i>	3	MO; ADD
<i>magnesium oxide 420 mg tablet (rx)</i>	3	MO; ADD
<i>magnesium oxide 500 mg capsule (rx)</i>	3	MO; ADD
<i>magnesium oxide 500 mg tablet extra strength (rx)</i>	3	MO; ADD
<i>magnesium oxide 500 mg tablet p/f,lactose-free (rx)</i>	3	MO; ADD

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MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	2	
<i>magnesium sulfate in water</i>	1	
<i>magnesium sulfate injection solution</i>	1	MO
<i>magnesium sulfate injection syringe</i>	1	
MAGOX 400 TABLET (RX)	3	MO; ADD
MAGOX 400 TABLET GLUTEN FREE (RX)	3	MO; ADD
MAG-OXIDE 200 MG TAB	3	ADD
<i>mag-oxide magnesium 200 mg tab</i>	3	ADD
MEDI-LYTE TABLET	3	ADD
<i>mgo-400 tablet</i>	3	ADD
ORAZINC 220 MG CAPSULE	3	ADD
<i>oysco 500-vit d3 200 tablet</i>	3	MO; ADD
OYSTER SHELL 250 MG-D3 3.12 MCG	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
OYSTER SHELL 250-VIT D3 125 TB (RX)	3	MO; ADD
<i>oyster shell 500 mg-vit d3 5 mcg (rx)</i>	3	MO; ADD
<i>oyster shell 500 mg-vit d3 5 mcg inner (rx)</i>	3	MO; ADD
<i>oyster shell 500 mg-vit d3 5 mcg outer (rx)</i>	3	MO; ADD
<i>oyster shell 500-vit d3 200 tb (rx)</i>	3	MO; ADD
<i>oyster shell calcium 500 mg tb (rx)</i>	3	ADD
<i>oyster shell calcium 500 mg tb (rx)</i>	3	MO; ADD
<i>oyster shell calcium 500 mg tb 500mg elemental (rx)</i>	3	MO; ADD
<i>oyster shell calcium 500 mg tb 500mg elemental ca (rx)</i>	3	MO; ADD
<i>oyster shell calcium-vit d tab p/f,gluten-free (rx)</i>	3	MO; ADD
<i>pedi electrolyte freezer pop 16'sx62.5ml pops (rx)</i>	3	ADD; QL (7000 per 30 days)
<i>pedi electrolyte freezer pop 16x62.1ml pops (rx)</i>	3	ADD; QL (6955 per 30 days)

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PEDIALYTE ADVANCED CARE SOLN BLUE RASPBERRY	3	MO; ADD; QL (7000 per 30 days)
PEDIALYTE ADVANCED CARE SOLN CHERRY PUNCH	3	MO; ADD; QL (7000 per 30 days)
PEDIALYTE ADVANCED CARE SOLN STRAWBERRY LEMONADE	3	MO; ADD; QL (7000 per 30 days)
PEDIALYTE ADVANCED CARE SOLN TROPICAL FRUIT	3	MO; ADD; QL (7000 per 30 days)
<i>pedialyte electrolyte singles 4's (rx)</i>	3	ADD; QL (1659 per 30 days)
<i>pedialyte electrolyte singles inner, apple, rtu (rx)</i>	3	ADD; QL (1400 per 30 days)
<i>pedialyte electrolyte singles inner, cherry, rtu (rx)</i>	3	ADD; QL (1400 per 30 days)
<i>pedialyte electrolyte singles outer, 4's, apple (rx)</i>	3	ADD; QL (1400 per 30 days)
<i>pedialyte electrolyte singles outer, 4's, cherry (rx)</i>	3	ADD; QL (1400 per 30 days)
<i>pedialyte freezer pops</i>	3	ADD; QL (437 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>pedialyte freezer pops 16's (rx)</i>	3	MO; ADD; QL (437 per 30 days)
<i>pedialyte solution (rx)</i>	3	MO; ADD; QL (7000 per 30 days)
<i>pedialyte solution inner, grape (rx)</i>	3	MO; ADD; QL (7000 per 30 days)
<i>pedialyte solution outer, grape (rx)</i>	3	MO; ADD; QL (7000 per 30 days)
<i>pedialyte solution ready-to-use (rx)</i>	3	MO; ADD; QL (7000 per 30 days)
<i>pedialyte solution strawberry, rtu (rx)</i>	3	MO; ADD; QL (7000 per 30 days)
<i>pedialyte solution unflavored (rx)</i>	3	MO; ADD; QL (413 per 30 days)
<i>pediatric electrolyte solution (rx)</i>	3	ADD; QL (7000 per 30 days)
<i>pediatric electrolyte solution (rx)</i>	3	ADD; QL (7000 per 30 days)
<i>pediatric electrolyte solution cherry punch (rx)</i>	3	ADD; QL (7000 per 30 days)
<i>pediatric electrolyte solution mango,p/f (rx)</i>	3	ADD; QL (7000 per 30 days)

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<i>pediatric electrolyte solution p/f,fruit (rx)</i>	3	ADD; QL (7000 per 30 days)
<i>pediatric electrolyte solution p/f,unflavored (rx)</i>	3	ADD; QL (7000 per 30 days)
<i>pediatric electrolyte solution strawberry,w/zinc (rx)</i>	3	ADD; QL (7000 per 30 days)
PEDIAVANCE LIQUID STICK APPLE, 10X120ML	3	ADD
<i>phos-nak packet inner</i>	3	MO; ADD
<i>phos-nak packet outer</i>	3	MO; ADD
<i>phosphorus-sodium-potassium</i>	3	ADD
<i>potassium acetate</i>	1	
POTASSIUM BROMIDE CRYSTALS (RX)	3	ADD
<i>potassium chlorid-d5-0.45%nacl</i>	1	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l</i>	1	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i>	1	
<i>potassium chloride intravenous</i>	1	
<i>potassium chloride oral capsule, extended release</i>	1	MO
<i>potassium chloride oral liquid</i>	1	MO
<i>potassium chloride oral packet</i>	1	MO
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	1	MO
<i>potassium chloride oral tablet extended release 20 meq</i>	1	

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<i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i>	1	MO
<i>potassium chloride oral tablet,er particles/crystals 15 meq</i>	1	
<i>potassium chloride-0.45 % nacl</i>	1	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride-d5-0.9%nacl</i>	1	
<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	1	
<i>qc antacid 500 mg chew tablet</i>	3	ADD
<i>ringer's intravenous</i>	1	
SLOW-MAG 71.5 MG TABLET	3	MO; ADD
<i>smooth antacid 750 mg chew tab</i>	3	ADD
<i>sodium acetate</i>	1	
<i>sodium bicarbonate intravenous solution</i>	1	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sodium bicarbonate intravenous syringe 50 meq/50 ml (8.4 %)</i>	1	
<i>sodium chloride 0.45 % intravenous</i>	1	MO
SODIUM CHLORIDE 23.4% ORAL SOL	3	ADD
<i>sodium chloride 3 % hypertonic</i>	1	
<i>sodium chloride 5 % hypertonic</i>	1	MO
SODIUM CHLORIDE GRANULES (RX)	3	ADD
<i>sodium chloride intravenous</i>	1	
SODIUM CHLORIDE POWDER USP (RX)	3	ADD
<i>sodium phosphate</i>	1	MO
<i>sodium-potassium-phos powder</i>	3	ADD
SV CALC 600 MG-D3 12.5 MCG SFGL (RX)	3	MO; ADD
<i>sv calcium 600 mg tablet p/f, gluten-free (rx)</i>	3	MO; ADD
<i>sv calcium 600 mg-d3 20 mcg tab (rx)</i>	3	MO; ADD

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SV CALCIUM CITRATE-VIT D3 TAB P/F, GLUTEN-FREE (RX)	3	MO; ADD
<i>thermotabs tablet</i>	3	MO; ADD
TUMS 750 MG CHEWY BITES	3	MO; ADD
TUMS E-X TABLET CHEWABLE ASSORTED FRUIT	3	MO; ADD
TUMS E-X TABLET CHEWABLE	3	MO; ADD
TUMS E-X TABLET CHEWABLE	3	ADD
TUMS E-X TABLET CHEWABLE	3	ADD
TUMS E-X TABLET CHEWABLE E-X, SINGLE ROLL	3	MO; ADD
TUMS E-X TABLET CHEWABLE ORANGE CREAM	3	MO; ADD
TUMS EXTRA STR 750 MG TAB CHEW	3	MO; ADD
TUMS EXTRA STR 750 MG TAB CHEW E-X, 3-ROLL	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
TUMS SMOOTHIES 750 MG CHEW TAB	3	MO; ADD
TUMS SMOOTHIES 750 MG CHEW TAB ASSTD TROPICAL FRUIT	3	MO; ADD
TUMS SMOOTHIES 750 MG CHEW TAB BERRY FUSION, EX-STR	3	MO; ADD
TUMS SMOOTHIES 750 MG CHEW TAB PEPPERMINT, EX-STR	3	MO; ADD
TUMS TABLET CHEWABLE	3	ADD
TUMS TABLET CHEWABLE 3-ROLL, PEPPERMINT	3	ADD
TUMS TABLET CHEWABLE ASSORTED FRUIT	3	ADD
TUMS TABLET CHEWABLE PEPPERMINT	3	ADD
<i>tums ultra 1,000 mg chew tab</i>	3	MO; ADD
<i>tums ultra 1,000 mg chew tab assorted berries</i>	3	MO; ADD

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<i>tums ultra 1,000 mg chew tab assorted fruit</i>	3	MO; ADD
<i>tums ultra 1,000 mg chew tab maximum strength</i>	3	MO; ADD
<i>tums ultra 1,000 mg chew tab trop fruit,gluten-f</i>	3	MO; ADD
TUMS X-STR 750 TABLET CHEWABLE ASST'D FRUIT FLAVOR	3	ADD
<i>zinc sulfate 220 mg (50 mg) cap (rx)</i>	3	MO; ADD
<i>zinc sulfate 220 mg capsule inner (rx)</i>	3	MO; ADD
<i>zinc sulfate 220 mg capsule outer (rx)</i>	3	MO; ADD
ZINC SULFATE POWDER FCC, DRIED (RX)	3	ADD
ZINC SULFATE POWDER USP, MONOHYDRATE (RX)	3	ADD
MISCELLANEOUS NUTRITION PRODUCTS		
ABATINEX CAPSULE	3	ADD
ACIDOPHILUS 1 MG WAFER	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ACIDOPHILUS 100 MG CAPSULE	3	MO; ADD
<i>acidophilus lactbaclli 500 mil</i>	3	MO; ADD
ACIDOPHILUS LACTBACLLI 500 MIL	3	MO; ADD
ACIDOPHILUS LACTBACLLI 500 MIL INNER	3	MO; ADD
ACIDOPHILUS LACTBACLLI 500 MIL OUTER	3	MO; ADD
ACIDOPHILUS PROBIO 500M CFU CP	3	MO; ADD
<i>acidophilus probiotic tablet</i>	3	MO; ADD
<i>acidophilus tablet p/f,no-gluten</i>	3	ADD
AIRBORNE EFFERVESCENT TABLET	3	ADD
AIRBORNE EFFERVESCENT TABLET P/F, GLUTEN/F, BERRY	3	ADD
AIRBORNE EFFERVESCENT TABLET P/F,GLUTEN/F,OR ANGE	3	ADD

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APPE-CURB CAPSULE	3	ADD
<i>arginine 500 mg tablet</i>	3	MO; ADD
ARGININE-L POWDER FCC (RX)	3	ADD
BOOST BREEZE LIQUID INNER, ORANGE	3	MO; ADD
BOOST BREEZE LIQUID INNER, WILD BERRY	3	MO; ADD
CHLOROCAPS CAPSULE	3	ADD
CHOLESTEROL POWDER	3	ADD
CLINIMIX 5%/D15W SULFITE FREE	2	B/D PA
CLINIMIX 4.25%/D10W SULF FREE	2	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE)	2	B/D PA
CLINIMIX 6%-D5W (SULFITE-FREE)	2	B/D PA
CLINIMIX 8%-D10W(SULFITE-FREE)	2	B/D PA

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CLINIMIX 8%-D14W(SULFITE-FREE)	2	B/D PA
<i>co q-10 100 mg softgel (rx)</i>	3	ADD
CO-ENZYME Q10 100 MG SOFTGEL	3	ADD
COROMEGA OMEGA-3 SQUEEZE PACK (RX)	3	MO; ADD
COROMEGA OMEGA-3 SQUEEZE PACK KIDS (RX)	3	ADD
COROMEGA OMEGA-3 SQUEEZE PACK LEMON-LIME FLAV (RX)	3	MO; ADD
<i>cvs acidophilus probiotic tab</i>	3	MO; ADD
<i>cvs acidophilus tablet</i>	3	ADD
CVS AIRSHIELD EFFERVESCENT TAB	3	ADD
CVS CHILD OMEGA-3 GUMMY FISH	3	ADD
<i>cvs coenzyme q-10 100 mg sftgl (rx)</i>	3	ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CVS FISH OIL 1,000 MG SOFTGEL	3	ADD
<i>cvs fish oil 1,000 mg softgel (rx)</i>	3	MO; ADD
CVS FISH OIL 1,200 MG SOFTGEL (RX)	3	MO; ADD
CVS FISH OIL 1,200 MG SOFTGEL P/F,LACTOSE-FREE (RX)	3	MO; ADD
CVS FISH OIL 500 MG SOFTGEL (RX)	3	ADD
CYTO-Q 80 MG/10 ML LIQUID (RX)	3	PA; ADD
<i>cyto-q max 100 mg/ml liquid</i>	3	MO; ADD
CYTO-Q T-F 8 MG/ML LIQUID	3	ADD
<i>electrolyte-148</i>	1	
<i>electrolyte-48 in d5w</i>	1	
<i>electrolyte-a</i>	1	
<i>ensure clear liquid</i>	3	MO; ADD
<i>ensure clear liquid inner, mixed fruit</i>	3	MO; ADD
ENSURE CLEAR THERAPEUTIC LIQ APPLE, INNER	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ENSURE CLEAR THERAPEUTIC LIQ MIXED BERRY, INNER	3	MO; ADD
EQL DIGESTIVE PROBIOTIC CAP (RX)	3	ADD
EQL FISH OIL 1,000 MG SOFTGEL (RX)	3	ADD
EQL FISH OIL 1,200 MG SOFTGEL (RX)	3	MO; ADD
<i>eql omega-3 fish oil 1,000 mg softgel (rx)</i>	3	MO; ADD
EQL OMEGA-3 FISH OIL 1,200 MG	3	ADD
EXTREME OMEGA-3 MICROGEL SFTGL	3	ADD
FISH OIL 1,000 MG SOFTGEL	3	ADD
FISH OIL 1,000 MG SOFTGEL	3	ADD
FISH OIL 1,000 MG SOFTGEL	3	MO; ADD
<i>fish oil 1,000 mg softgel (rx)</i>	3	MO; ADD
<i>fish oil 1,000 mg softgel (rx)</i>	3	ADD
<i>fish oil 1,000 mg softgel (rx)</i>	3	MO; ADD

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FISH OIL 1,000 MG SOFTGEL INNER	3	ADD
<i>fish oil 1,000 mg softgel n, yeast free (rx)</i>	3	MO; ADD
FISH OIL 1,000 MG SOFTGEL OUTER	3	ADD
<i>fish oil 1,000 mg softgel p/f,no lactose (rx)</i>	3	MO; ADD
<i>fish oil 1,000 mg softgel p/f,sodium/f (rx)</i>	3	MO; ADD
<i>fish oil 1,000 mg softgel reflux-free, ec (rx)</i>	3	MO; ADD
<i>fish oil 1,000 mg softgel (rx)</i>	3	MO; ADD
<i>fish oil 1,000 mg softgel (rx)</i>	3	ADD
<i>fish oil 1,000 mg softgel softgel,p/f,n (rx)</i>	3	MO; ADD
FISH OIL 1,200 MG SOFTGEL	3	ADD
FISH OIL 1,200 MG SOFTGEL	3	MO; ADD
<i>fish oil 1,200 mg softgel (rx)</i>	3	MO; ADD
FISH OIL 1,200 MG SOFTGEL (RX)	3	MO; ADD
FISH OIL 1,200 MG SOFTGEL (RX)	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>fish oil 1,200 mg softgel enteric coated (rx)</i>	3	MO; ADD
<i>fish oil 1,200 mg softgel omega-3 (rx)</i>	3	MO; ADD
<i>fish oil 1,200 mg softgel omega-3, p/f (rx)</i>	3	MO; ADD
<i>fish oil 1,200 mg softgel p/f (rx)</i>	3	MO; ADD
FISH OIL 1,200 MG SOFTGEL P/F,LACTOSE-FREE (RX)	3	MO; ADD
<i>fish oil 1,200 mg softgel p/f,no lactose (rx)</i>	3	MO; ADD
<i>fish oil 1,200 mg softgel soft gel,odorless,ec (rx)</i>	3	MO; ADD
FISH OIL 1,200 MG SOFTGEL (RX)	3	MO; ADD
FISH OIL 1,400 MG SOFTGEL	3	MO; ADD
FISH OIL 1,400 MG SOFTGEL (RX)	3	ADD
FISH OIL 1,600 MG/5 ML LIQUID	3	MO; ADD
FISH OIL 500 MG SOFTGEL INNER	3	ADD
FISH OIL 500 MG SOFTGEL OUTER	3	ADD

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<i>fish oil conc 1,000 mg softgel (rx)</i>	3	ADD
<i>fish oil conc 1,000 mg softgel (rx)</i>	3	MO; ADD
<i>fish oil conc 1,000 mg softgel softgel, economy sz. (rx)</i>	3	MO; ADD
<i>fish oil concentrate softgel ec softgel,p/f (rx)</i>	3	ADD
<i>fish oil concentrate softgel softgel, ex-strength (rx)</i>	3	ADD
FISH OIL DR 1,000 MG SOFTGEL GLUTEN FREE	3	MO; ADD
FISH OIL DR 1,000 MG SOFTGEL P/F, BURP-LESS	3	MO; ADD
<i>fish oil dr 500 mg softgel</i>	3	MO; ADD
<i>fish oil ec 1,000 mg softgel</i>	3	ADD
<i>fish oil ec 1,000 mg softgel</i>	3	ADD
FISH OIL EC 1,000 MG SOFTGEL	3	ADD
FISH OIL EC 1,200 MG SOFTGEL	3	ADD
FISH OIL EC 1,200 MG SOFTGEL BURP-LESS, OMEGA-3	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
FISH OIL EC 1,200 MG SOFTGEL (RX)	3	MO; ADD
FISH OIL GUMMIES	3	ADD
FISH OIL OMEGA-3 SOFTGEL	3	ADD
FISH OIL PEARLS SOFTGEL	3	ADD
FLORAJEN ACIDOPHILUS 20 B CELL	3	MO; ADD
FLORANEX GRANULES PACKET LACTOBACILLUS, INNER	3	MO; ADD
<i>floranex granules packet lactobacillus,outer</i>	3	MO; ADD
<i>floranex tablet (rx)</i>	3	MO; ADD
<i>gnp fish oil 1,000 mg softgel omega-3 (rx)</i>	3	MO; ADD
GNP FISH OIL 1,200 MG SOFTGEL MAXIMUM STRENGTH (RX)	3	MO; ADD
<i>gnp fish oil ec 1,000 mg sftgl softgel</i>	3	ADD
GNP FISH OIL SOFTGEL	3	ADD

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IMMUNE SUPPORT CHEWABLE TABLET	3	ADD
INTESTINEX CAPSULE	3	ADD
<i>intralipid intravenous emulsion 20 %</i>	1	B/D PA
ISOLYTE S PH 7.4	2	
ISOLYTE-P IN 5 % DEXTROSE	2	
ISOLYTE-S	2	
LACTOBACILLUS 1 MILLION CFU TB	3	MO; ADD
LACTOBACILLUS 1 MILLION CFU TB INNER	3	MO; ADD
LACTOBACILLUS 1 MILLION CFU TB OUTER	3	MO; ADD
LACTOBACILLUS 100 MIL CFU PKT INNER	3	ADD
LACTOBACILLUS 100 MIL CFU PKT OUTER	3	ADD
LACTOBACILLUS TABLET	3	MO; ADD
L-ARGININE 1,000 MG TABLET	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
L-ARGININE 1,000 MG TABLET MAXIMUM STRENGTH	3	MO; ADD
L-ARGININE 500 MG CAPSULE (RX)	3	ADD
L-ARGININE POWDER	3	ADD
L-CITRULLINE POWDER	3	ADD
L-CITRULLINE POWDER (RX)	3	ADD
LIQ-10 SYRUP	3	ADD
L-ISOLEUCINE CRYSTAL (RX)	3	ADD
L-ISOLEUCINE POWDER USP (RX)	3	ADD
L-VALINE POWDER	3	ADD
LYSINE HCL POWDER (RX)	3	ADD
MOOD FOOD CAPSULE	3	ADD
MOOD FOOD ES CAPSULE	3	ADD
MORE-DOPHILUS POWDER	3	ADD
<i>omega 3 1,000 mg softgel (rx)</i>	3	MO; ADD
OMEGA 3 FISH OIL SOFTGEL	3	ADD

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OMEGA MONOPURE 1300 EC SOFTGEL	3	ADD
OMEGA MONOPURE 650 EC SOFTGEL	3	ADD
OMEGA MONOPURE DHA EC SOFTGEL	3	ADD
OMEGA-3 EC SOFTGEL	3	ADD
OMEGA-3 FISH OIL 1,000 MG SFGL	3	ADD
OMEGA-3 FISH OIL 1,000 MG SFGL	3	ADD
<i>omega-3 fish oil 1,000 mg sfgl (rx)</i>	3	ADD
<i>omega-3 fish oil 1,000 mg sfgl p/f,y/f,sod/f (rx)</i>	3	ADD
<i>omega-3 fish oil 1,000 mg sfgl softgel (rx)</i>	3	MO; ADD
<i>omega-3 fish oil 1,000 mg sfgl softgel (rx)</i>	3	MO; ADD
<i>omega-3 fish oil 1,000 mg sfgl softgel,p/f (rx)</i>	3	ADD
<i>omega-3 fish oil 1,000 mg sfgl softgel,p/f,n (rx)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
OMEGA-3 FISH OIL 1,200 MG SFGL	3	ADD
OMEGA-3 FISH OIL 1,400 MG SFGL	3	MO; ADD
OMEGA-3 FISH OIL 1,400 MG SFGL P/F, GLUTEN-FREE	3	MO; ADD
OMEGA-3 FISH OIL 1,400 MG SFGL SOFTGEL	3	MO; ADD
OMEGA-3 FISH OIL 1,760 MG STGL	3	MO; ADD
<i>omega-3 fish oil ec 1,000 mg softgel,gluten-f</i>	3	ADD
OMEGAPURE 600 EC SOFTGEL	3	ADD
OMEGAPURE 780 EC SOFTGEL	3	ADD
OMEGAPURE 900 EC SOFTGEL	3	ADD
OMEGAPURE 900-TG SOFTGEL	3	ADD
OMEGAPURE-820 SOFTGEL	3	ADD
OMERA CAPSULE	3	ADD
OVEGA-3 SOFTGEL	3	ADD
PLENAMINE	2	B/D PA

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<i>premasol 10 %</i>	1	B/D PA
PROBIOTIC ACIDOPHILUS 250 MILL	3	MO; ADD
PROBIOTIC GOLD ACIDOPHILUS CAP	3	ADD
<i>probiotic softgel p/f,gluten-f,softgel</i>	3	ADD
PURE L-ARGININE HCL 500 MG CAP	3	ADD
PURE L-CITRULLINE 600 MG CAP (RX)	3	ADD
<i>smart heart omega-3 1,000 mg</i>	3	ADD
SUPER DHA GEMS SOFTGEL	3	ADD
<i>sv acidophilus caplet</i>	3	ADD
<i>sv acidophilus tablet caplet, p/f</i>	3	ADD
<i>sv fish oil 1,000 mg softgel (rx)</i>	3	MO; ADD
SV FISH OIL EC 1,200 MG SOFTGL SOFTGEL, GLUTEN-FREE	3	ADD
SV L-ARGININE 500 MG CAPSULE P/F (RX)	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
SV PROBIOTIC ACIDOPHILUS CPLT	3	ADD
SV SALMON OIL 1,000 MG SOFTGEL	3	ADD
THEROMEGA SOFTGEL	3	ADD
<i>travasol 10 %</i>	1	B/D PA
TROPHAMINE 10 %	2	B/D PA
<i>ultra omega-3 softgel</i>	3	ADD
VEGAN OMEGA-3 275 MG SOFTGEL	3	ADD
VITAMINS / HEMATINICS		
50 PLUS ADULT EYE HEALTH SFTGL	3	ADD
<i>a thru z advanced formula tab</i>	3	ADD
<i>a thru z advanced formula tab gluten-free</i>	3	ADD
<i>a thru z advanced formula tab new (rx)</i>	3	ADD
<i>a thru z advanced formula tab w/ lutein & lycopene (rx)</i>	3	ADD
<i>a thru z advanced formula tab w/lutein & lycopene (rx)</i>	3	ADD

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A THRU Z MEN'S ULTIMATE TABLET	3	ADD
<i>a thru z select 50 plus tablet advanced formula</i>	3	ADD
<i>a thru z select men 50+ tablet</i>	3	ADD
<i>a thru z select multivit tab</i>	3	ADD
<i>a thru z select multivit tab iron-free, 50+ form</i>	3	ADD
<i>a thru z select tablet adults 50+, gluten-f</i>	3	ADD
<i>a thru z select tablet adults 50+,iron-free</i>	3	ADD
<i>a thru z select tablet new formulation (rx)</i>	3	ADD
<i>a thru z select women's tablet</i>	3	ADD
A-25 7,500 MCG CAPSULE	3	ADD
<i>abc cmplt senior 50 plus cplt</i>	3	ADD
<i>abc complete senior men's cplt</i>	3	ADD
ABC COMPLETE SENIOR WOMEN CPLT	3	ADD
ACCRUFER 30 MG CAPSULE	3	PA; MO; ADD
<i>actical softgel</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ACTIVE FE TABLET LACTOSE, GLUTEN &	3	ADD
ACTIVESSENTIAL S CAPSULES PKT	3	ADD
ACTIVESSENTIAL S FOR WOMEN PKT	3	ADD
ACTIVESSENTIAL S-ONCOPLEX-D3 PK	3	ADD
ACTIVNUTRIENT S (NO IRON) CAP	3	ADD
ACTIVNUTRIENT S CAPSULE	3	ADD
ACTIVNUTRIENT S CHEWABLE TABLET	3	ADD
ACTIVNUTRIENT S MULTIVITMN PWDR	3	ADD
ACTIVNUTRIENT S(NO COPPER-IRON)	3	ADD
ADULT MULTI GUMMIES	3	MO; ADD
ADULT MULTIVITAMIN GUMMIES	3	MO; ADD

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ADULT MULTIVITAMIN GUMMIES ASSORTED FLAVORS	3	MO; ADD
ADULT MULTIVITAMIN GUMMIES GLUTEN-F, LACTOSE-F	3	MO; ADD
ADULT MULTIVITAMIN GUMMIES GLUTEN-F. N	3	MO; ADD
ADULT ONE DAILY GUMMIES	3	ADD
<i>adults 50 plus daily formula</i>	3	ADD
<i>adults 50 plus multivitamin</i>	3	ADD
<i>adults 50 plus multivitamin tb</i>	3	ADD
ADULTS' DAILY FORMULA TABLET	3	ADD
ADULTS MULTIVITAMIN CAPLET	3	ADD
ADULTS MULTIVITAMIN TABLET	3	ADD
ADVANCED MULTI EA CHEW TABLET	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
AIRBORNE CHEWABLE TABLET	3	ADD
AIRBORNE ELDERBERRY TABLET EFF	3	ADD
AIRBORNE GUMMIES	3	ADD
AIRBORNE GUMMY	3	ADD
AIRBORNE KIDS GUMMIES	3	ADD
AIRBORNE KIDS GUMMY	3	ADD
AIRBORNE TABLET CHEWABLE P/F, GLUTEN/F, BERRY	3	ADD
AIRBORNE TABLET CHEWABLE P/F, GLUTEN/F, CITRUS	3	ADD
ALIVE DIABETIC MULTIVITAMIN TB	3	ADD
ALIVE ENERGY 50 PLUS TABLET	3	ADD
ALIVE HAIR, SKIN, NAILS GUMMY	3	ADD

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ALIVE KIDS CHEWABLE MV TABLET	3	ADD
ALIVE MAX POTENCY MULTIVIT LIQ	3	ADD
ALIVE MEN 50 PLUS MULTIVIT TB	3	ADD
ALIVE WOMEN'S 50 PLUS GUMMY	3	ADD
ALIVE WOMEN'S 50 PLUS ULTRA TB	3	ADD
ALIVE WOMEN'S ENERGY MV TABLET	3	MO; ADD
ALIVE WOMEN'S GUMMY VITAMIN	3	ADD
ALIVE WOMEN'S ULTRA POTENCY TB	3	ADD
AMLADEX TABLET	3	ADD
ANTIOXIDANT FORMULA TABLET	3	MO; ADD
APETIBEX SPRINKLE CAPSULE	3	ADD
APETIGEN-PLUS TABLET	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
AQUA-E CONCENTRATE 75 UNIT/ML	3	ADD
ASCOR 25,000 MG/50 ML BULK VL P/F, OUTER, MUV	3	PA; ADD
<i>ascorbic acid 500 mg tablet (rx)</i>	3	ADD
ATP IGNITE STICK PACK	3	ADD
B COMPLEX WITH VITAMIN C CAP P/F (RX)	3	MO; ADD
B COMPLEX WITH VITAMIN C TAB	3	ADD
BABY D3 400 UNIT/DROP CONC	3	ADD
BABY DDROPS 400 UNIT/DROP CONC	3	MO; ADD
BABY VIT D3 10 MCG/DROP CONC	3	ADD
BABY VIT D3 400 UNIT/DROP CONC	3	ADD
BACMIN CAPLET	3	ADD
BARIATRIC MV-IRON 45 MG CAP	3	ADD
<i>b-complex plus vitamin c cplt (rx)</i>	3	MO; ADD
<i>b-complex with c tablet (rx)</i>	3	ADD

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<i>b-complex with vit c caplet (rx)</i>	3	MO; ADD
<i>b-complex with vit c caplet p/f,gluten-free (rx)</i>	3	MO; ADD
<i>b-complex with vit c tablet (rx)</i>	3	MO; ADD
<i>b-complex w-vitamin c caplet caplet,p/f (rx)</i>	3	ADD
B-COMPLEX-VITAMIN C TR TABLET	3	MO; ADD
BENTIVITE BX TABLET	3	ADD
BEROCCA EFFERVESCENT TABLET MIXED BERRY (RX)	3	ADD
BEROCCA EFFERVESCENT TABLET ORANGE (RX)	3	ADD
<i>beta carotene 7,500 mcg sfgl (rx)</i>	3	MO; ADD
<i>beta-carotene 25,000 unit sfgl softgel (rx)</i>	3	MO; ADD
BIO-35 SOFTGEL	3	ADD
BIOCAL SOFTGEL	3	ADD
BIO-D-MULSION FORTE 2,000 UNIT (RX)	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
BIO-D-MULSN 400 UNIT/DROP CONC (RX)	3	ADD
BIOTIN 10,000 MCG SOFTGEL	3	MO; ADD
<i>biotin 5,000 mcg capsule mx-str (rx)</i>	3	MO; ADD
<i>biotin 5,000 mcg capsule p/f,gluten-free (rx)</i>	3	MO; ADD
<i>biotin 5,000 mcg softgel p/f,gluten-free (rx)</i>	3	MO; ADD
<i>biotin 5,000 mcg softgel softgel (rx)</i>	3	MO; ADD
BIOTIN POWDER USP (VITAMIN H) (RX)	3	ADD
BIOTIN-D POWDER (RX)	3	ADD
BIOTIN-D POWDER USP (RX)	3	ADD
BIOTIN-D POWDER USP (VITAMIN H) (RX)	3	ADD
BIOTIN-D POWDER USP, (VITAMIN H) (RX)	3	ADD
BODY, HAIR, SKIN AND NAILS CAP	3	ADD

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BONEUP 3 PER DAY CAPSULE	3	ADD
BONEUP CAPSULE	3	ADD
<i>bp vit 3 capsule</i>	3	MO; ADD
<i>c-1,000 mg tablet (rx)</i>	3	ADD
<i>c-1,000 mg with rose hips cplt caplet</i>	3	ADD
<i>c-1,000 mg with rose hips tab p/f</i>	3	ADD
<i>c-500 mg tablet (rx)</i>	3	ADD
<i>c-500 mg tablet rose hips (rx)</i>	3	ADD
<i>calcidol drops</i>	3	MO; ADD
<i>calcium 600+d plus minerals tb p/f, n (rx)</i>	3	ADD
CALCIUM 600-D3 PLUS CAPLET	3	ADD
CALCIUM 600-D3-MINERALS CHW TB (RX)	3	ADD
<i>calcium 600-vit d3-min chew tb</i>	3	ADD
CALCIUM PHOS-VIT D3 250 MG-500 UNIT GUMMY NO-GLUTEN	3	MO; ADD
CALTRATE 600+D PLUS TABLET	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CALTRATE 600-D3-MIN CHEW TAB	3	MO; ADD
CALTRATE 600-D3-MIN CHEW TAB (RX)	3	ADD
CALTRATE-D3 PLUS MINERAL MINIS	3	MO; ADD
<i>centratex capsule</i>	3	MO; ADD
<i>centravites 50 plus tablet</i>	3	MO; ADD
<i>centravites 50 plus tablet inner</i>	3	ADD
<i>centravites 50 plus tablet outer</i>	3	ADD
CENTRAVITES ADULTS TABLET INNER	3	ADD
CENTRAVITES ADULTS TABLET OUTER	3	ADD
<i>centravites tablet</i>	3	ADD
CENTRUM ADULT 50 FRESH-FRUITY	3	ADD
CENTRUM ADULTS 50 PLUS MINIS	3	ADD
CENTRUM ADULTS MULTIGUMMY	3	MO; ADD
<i>centrum adults tablet</i>	3	MO; ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CENTRUM CHEWABLES ADULTS TAB	3	ADD
CENTRUM COMPLETE MULTIVIT TAB (RX)	3	ADD
CENTRUM KIDS CHEWABLE TABLET	3	MO; ADD
CENTRUM MEN'S TABLET	3	MO; ADD
CENTRUM MULTIVIT-MINERAL LIQ (RX)	3	MO; ADD
CENTRUM SILVER CHEWABLE TABLET	3	ADD
CENTRUM SILVER MEN TABLET	3	MO; ADD
CENTRUM SILVER TABLET (RX)	3	MO; ADD
CENTRUM SILVER TABLET ADULTS 50 + (RX)	3	MO; ADD
CENTRUM SILVER TABLET ADULTS 50+ (RX)	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CENTRUM SILVER TABLET FOR ADULT 50+ (RX)	3	MO; ADD
CENTRUM SILVER ULTRA MEN'S TAB A TO ZINC	3	ADD
CENTRUM SILVER ULTRA MEN'S TAB FOR MEN 50+	3	ADD
CENTRUM SILVER WOMEN TABLET	3	MO; ADD
CENTRUM SPECIALIST HEART TAB (RX)	3	MO; ADD
CENTRUM ULTRA MEN'S TABLET (RX)	3	ADD
CENTRUM WOMEN 50 PLUS MINIS TB	3	MO; ADD
<i>centrum women tablet</i>	3	MO; ADD
<i>cerovite jr tablet chew</i>	3	MO; ADD
<i>cerovite senior tablet</i>	3	MO; ADD
<i>certavite senior tablet</i>	3	MO; ADD
<i>certavite-antioxidant tablet (rx)</i>	3	MO; ADD

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CERTAVITE-ANTIOXIDANT TABLET (RX)	3	MO; ADD
CHILD MULTIVITAMIN PLUS IRON	3	ADD
<i>children multivitamin chew tab</i>	3	MO; ADD
CHILDREN MULTIVITAMIN GUMMIES	3	ADD
CHILDREN MULTIVITAMIN GUMMIES	3	MO; ADD
CHILDREN MULTIVITAMIN GUMMIES GLUTEN-FREE	3	MO; ADD
<i>children's chew multivitamin</i>	3	ADD
<i>children's chewables</i>	3	ADD
<i>children's chewables</i>	3	ADD
CHILDREN'S MULTI-VIT GUMMIES	3	ADD
CHILDREN'S MULTIVITAMIN GUMMY	3	ADD
CHILD'S CHEWABLE VITAMIN TAB INNER (RX)	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CHILD'S CHEWABLE VITAMIN TAB OUTER (RX)	3	ADD
CHILD'S OMEGA-3 DHA MULTIVITAM	3	ADD
CHROMAGEN SOFTGEL	3	MO; ADD
CITRACAL-D3 250 MG GUMMY	3	ADD
<i>companion tablet</i>	3	ADD
COMPLETE MULTIVIT-MINERAL LIQ	3	ADD
CONCEPTIONXR MOTILITY COMBO PK	3	ADD
<i>corvita 150 tablet</i>	3	MO; ADD
<i>corvita tablet</i>	3	MO; ADD
CORVITE 150 TABLET	3	MO; ADD
CORVITE FE TABLET	3	MO; ADD
CULTURELLE KID PROB-MV 5B CHEW	3	ADD
CULTURELLE KID PRO-MV 2.5B CHW	3	ADD
CULTURELLE KID PRO-MV-LUT GMMY	3	ADD

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CULTURELLE PROBIOTIC-MV GUMMY	3	ADD
CVS ADULT 50 PLUS EYE HEALTH SOFTGEL	3	ADD
CVS AIRSHIELD CHEWABLE TABLET	3	ADD
<i>cvs b-complex-vit c caplet (rx)</i>	3	ADD
CVS BIOTIN 10,000 MCG SOFTGEL SFTGL,,P/F,GLU-F	3	MO; ADD
<i>cvs calcium 600-d3 plus tablet</i>	3	ADD
CVS CALCIUM 600-D3-MIN CHEW TB (RX)	3	ADD
CVS CHILD CHEW VITAMN COMPLETE	3	ADD
CVS CHILD GUMMY DINOS GUMMIES	3	ADD
CVS DAILY GUMMIES	3	ADD
CVS DAILY GUMMIES P/F, GLUTEN-FREE	3	ADD
CVS EYE HEALTH AND LUTEIN TAB	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>cvs folic acid 800 mcg tablet (rx)</i>	3	MO; ADD
<i>cvs iron 27 mg tablet (rx)</i>	3	ADD
<i>cvs iron 65 mg tablet (rx)</i>	3	ADD
<i>cvs iron 65 mg tablet p/f,lactose/free (rx)</i>	3	ADD
CVS KIDS' MULTIVITAMIN GUMMY	3	ADD
CVS MENS 50 PLUS ADVANCED TAB	3	ADD
CVS MEN'S DAILY GUMMIES	3	ADD
CVS MEN'S DAILY GUMMIES P/F	3	ADD
<i>cvs one daily essential tablet</i>	3	ADD
CVS ONE DAILY MEN'S HEALTH TAB	3	ADD
CVS ONE DAILY MEN'S HEALTH TAB	3	ADD
CVS ONE DAILY WOMEN'S 50 PLUS	3	ADD
CVS ONE DAILY WOMEN'S FORMULA	3	ADD

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<i>cvs slow release iron 45 mg tb (rx)</i>	3	ADD
CVS SLOW RELEASE IRON 45 MG TB (RX)	3	ADD
<i>cvs spectravite adult 50 plus (rx)</i>	3	ADD
CVS SPECTRAVITE ADULT TAB CHEW	3	ADD
<i>cvs spectravite adult tablet</i>	3	ADD
<i>cvs spectravite advanced tab</i>	3	ADD
<i>cvs spectravite men 50plus tab</i>	3	ADD
<i>cvs spectravite men's tablet</i>	3	ADD
<i>cvs spectravite women 50 plus</i>	3	ADD
<i>cvs spectravite women tablet</i>	3	ADD
<i>cvs super b-complex-vit c cplt (rx)</i>	3	MO; ADD
CVS VISION HEALTH SOFTGEL	3	ADD
<i>cvs vit c-rose hip 1,000 mg tb (rx)</i>	3	MO; ADD
<i>cvs vit c-rose hips 500 mg tab (rx)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>cvs vit d3 1,000 unit gummies p/f (rx)</i>	3	MO; ADD
CVS VIT E OIL 45 MG/0.25 ML	3	ADD
<i>cvs vitamin a 2,400 mcg sftgl (rx)</i>	3	MO; ADD
<i>cvs vitamin b-6 100 mg tablet (rx)</i>	3	MO; ADD
<i>cvs vitamin c 1,000 mg caplet (rx)</i>	3	MO; ADD
CVS VITAMIN C 1,000 MG FIZZY PKT	3	ADD
<i>cvs vitamin c 250 mg tablet (rx)</i>	3	MO; ADD
<i>cvs vitamin c 500 mg caplet p/f,gluten-free (rx)</i>	3	MO; ADD
<i>cvs vitamin c 500 mg tablet (rx)</i>	3	ADD
<i>cvs vitamin d3 10 mcg softgel (rx)</i>	3	ADD
<i>cvs vitamin d3 125 mcg softgel (rx)</i>	3	MO; ADD
<i>cvs vitamin d3 25 mcg gummies (rx)</i>	3	MO; ADD
<i>cvs vitamin d3 25 mcg softgel (rx)</i>	3	ADD
<i>cvs vitamin d3 25 mcg softgel (rx)</i>	3	ADD
<i>cvs vitamin d3 250 mcg softgel (rx)</i>	3	MO; ADD

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<i>cvx vitamin d3 50 mcg softgel</i>	3	MO; ADD
<i>cvx vitamin e 180 mg softgel (rx)</i>	3	MO; ADD
CVS VITAMIN E 450 MG SOFTGEL (RX)	3	MO; ADD
<i>cvx vitamin e 90 mg softgel</i>	3	MO; ADD
CVS WOMEN'S DAILY GUMMIES	3	ADD
CVS WOMEN'S DAILY GUMMIES P/F,GUMMIES	3	ADD
<i>cyanocobalamin 1,000 mcg/ml vl inner</i>	3	PA; MO; ADD
<i>cyanocobalamin 1,000 mcg/ml vl inner, muv</i>	3	PA; MO; ADD
<i>cyanocobalamin 1,000 mcg/ml vl mdv,inner</i>	3	PA; MO; ADD
<i>cyanocobalamin 1,000 mcg/ml vl muv</i>	3	PA; MO; ADD
<i>cyanocobalamin 1,000 mcg/ml vl muv, inner</i>	3	PA; MO; ADD
<i>cyanocobalamin 1,000 mcg/ml vl muv, outer</i>	3	PA; MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>cyanocobalamin 1,000 mcg/ml vl outer</i>	3	PA; MO; ADD
<i>cyanocobalamin 1,000 mcg/ml vl outer, muv</i>	3	PA; MO; ADD
<i>cyanocobalamin 1,000 mcg/ml vl outer,mdv</i>	3	PA; MO; ADD
<i>cyanocobalamin 10,000 mcg/10 ml inner, muv</i>	3	PA; MO; ADD
<i>cyanocobalamin 10,000 mcg/10 ml inner,mdv</i>	3	PA; MO; ADD
<i>cyanocobalamin 10,000 mcg/10 ml mdv, inner</i>	3	PA; MO; ADD
<i>cyanocobalamin 10,000 mcg/10 ml mdv, outer</i>	3	PA; MO; ADD
<i>cyanocobalamin 10,000 mcg/10 ml mdv,inner</i>	3	PA; MO; ADD
<i>cyanocobalamin 10,000 mcg/10 ml mdv,outer</i>	3	PA; MO; ADD
<i>cyanocobalamin 10,000 mcg/10 ml outer, muv</i>	3	PA; MO; ADD
<i>cyanocobalamin 10,000 mcg/10 ml outer,mdv</i>	3	PA; MO; ADD

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<i>cyanocobalamin 30,000 mcg/30 ml inner, muv</i>	3	PA; MO; ADD
<i>cyanocobalamin 30,000 mcg/30 ml inner,mdv</i>	3	PA; MO; ADD
<i>cyanocobalamin 30,000 mcg/30 ml mdv, inner</i>	3	PA; MO; ADD
<i>cyanocobalamin 30,000 mcg/30 ml mdv, outer</i>	3	PA; MO; ADD
<i>cyanocobalamin 30,000 mcg/30 ml muv</i>	3	PA; MO; ADD
<i>cyanocobalamin 30,000 mcg/30 ml muv, inner</i>	3	PA; MO; ADD
<i>cyanocobalamin 30,000 mcg/30 ml muv, outer</i>	3	PA; MO; ADD
<i>cyanocobalamin 30,000 mcg/30 ml outer, muv</i>	3	PA; MO; ADD
<i>cyanocobalamin 30,000 mcg/30 ml outer,mdv</i>	3	PA; MO; ADD
<i>cyanocobalamin 30,000 mcg/30 ml outer,muv</i>	3	PA; MO; ADD
<i>cyanocobalamin 500 mcg spray inner</i>	3	PA; MO; ADD
<i>cyanocobalamin 500 mcg spray outer</i>	3	PA; MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CYANOCOBALA MIN POWDER USP (RX)	3	ADD
CYANOCOBALA MIN POWDER USP, VITAMIN B-12 (RX)	3	ADD
CYANOCOBALA MIN POWDER USP,VITAMIN B-12 (RX)	3	ADD
D3 LIQUID 25 MCG DROP	3	ADD
<i>d3-2000 unit softgel</i>	3	ADD
D3-50 50,000 UNIT CAPSULE D/F, GLUTEN FREE (RX)	3	MO; ADD
D3-50 50,000 UNIT CAPSULE D/F,P/F (RX)	3	MO; ADD
<i>d3-5000 unit softgel</i>	3	ADD
DAILY MULTIVITAMIN CAPSULE	3	ADD
<i>daily multivitamin with d3 tab</i>	3	ADD
<i>daily value multivitamin tab</i>	3	ADD
<i>daily vite tablet (rx)</i>	3	ADD
<i>daily vite with iron tablet</i>	3	ADD
<i>daily-vite tablet</i>	3	MO; ADD

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DAILY-VITE TABLET	3	MO; ADD
D-BIOTIN POWDER USP (RX)	3	ADD
DDROPS 1,000 UNIT/DROP	3	ADD
DDROPS 2,000 UNIT/DROP	3	MO; ADD
DECARA 25,000 UNIT VEGICAP	3	MO; ADD
<i>decara 50,000 unit softgel</i>	3	MO; ADD
DECARA K 1,250-200 MCG SOFTGEL	3	MO; ADD
DECUBI VITE CAPSULE	3	ADD
DEKAS BARIATRIC CHEW TABLET	3	ADD
DEKAS ESSENTIAL CAPSULE	3	MO; ADD
DEKAS ESSENTIAL LIQUID	3	ADD
DEKAS PLUS CHEWABLE TABLET	3	MO; ADD
DEKAS PLUS LIQUID	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
DEKAS PLUS SOFTGEL	3	MO; ADD
<i>delta d3 400 unit tablet y/f,gluten/f</i>	3	ADD
DIABETES HEALTH FORMULA CAPLET	3	ADD
DIABETES HEALTH PACK	3	MO; ADD
DIABETIC MULTIVITAMIN GUMMY	3	ADD
DIALYVITE 3,000 TABLET	3	MO; ADD
DIALYVITE 5000 TABLET	3	MO; ADD
DIALYVITE 800 CHEWABLE WAFER	3	ADD
<i>dialyvite 800 tablet</i>	3	MO; ADD
DIALYVITE 800-ULTRA D TABLET	3	MO; ADD
DIALYVITE SUPREME D TABLET	3	ADD
<i>dialyvite tablet</i>	3	ADD
DIALYVITE VIT D3 50,000 UNIT	3	MO; ADD
<i>dialyvite vitamin d 5,000 unit</i>	3	ADD
<i>dialyvite with zinc tablet</i>	3	MO; ADD

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<i>dodex 1,000 mcg/ml vial muv, inner</i>	3	PA; ADD
<i>dodex 1,000 mcg/ml vial muv, outer</i>	3	PA; ADD
<i>dodex 10,000 mcg/10 ml vial muv</i>	3	PA; ADD
<i>dodex 30,000 mcg/30 ml vial muv</i>	3	PA; ADD
DRY EYE FORMULA CAPSULE	3	ADD
<i>d-vi-sol 10 mcg/ml drop (rx)</i>	3	MO; ADD
<i>e-200 unit softgel</i>	3	ADD
<i>e-400 c-500 & beta caro tab</i>	3	ADD
ELDERTONIC LIQUID	3	MO; ADD
EMERGEN-C 1,000 MG PACKET	3	MO; ADD
EMERGEN-C 1,000 MG PACKET RASPBERRY FLAVOR	3	MO; ADD
EMERGEN-C 1,000 MG PACKET TANGERINE FLAVOR	3	MO; ADD
EMERGEN-C 1,000 MG VARIETY PK	3	MO; ADD
EMERGEN-C 500 MG CHEWABLE TAB	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
EMERGEN-C BLUE 1,000 MG PACKET	3	MO; ADD
EMERGEN-C IMMUNE PLUS PACKET BLUEBERRY-ACAI FLVOR	3	ADD
EMERGEN-C IMMUNE PLUS PACKET CITRUS FLAVOR	3	ADD
EMERGEN-C KIDZ 250 MG PACKET FRUIT PUNCH	3	ADD
EMERGEN-C KIDZ 250 MG PACKET GRAPE	3	ADD
EMERGEN-C KIDZ 250 MG PACKET ORANGE	3	ADD
EMERGEN-C MSM LITE PACKET	3	ADD
ENDUR-VM IRON-FREE SR TABLET	3	ADD
ENDUR-VM WITH IRON SR TABLET	3	ADD
<i>eq calcium 600-d3-minerals tab gluten-free (rx)</i>	3	ADD
EQ CHILD COMPLETE CHEW TABLET	3	ADD

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EQ CHILD MULTIVITAMIN GUMMIES P/F	3	MO; ADD
<i>eq complete multivitamin tab gluten-free</i>	3	ADD
<i>eq complete mv adlt 50 plus tb</i>	3	ADD
EQ ONE DAILY MEN'S 50 PLUS TAB	3	ADD
EQ ONE DAILY MEN'S TABLET GLUTEN FREE	3	ADD
EQ ONE DAILY WOMEN'S HEALTH TB	3	ADD
EQ ONE DAILY WOMEN'S TABLET GLUTEN FREE	3	ADD
<i>eq slow release iron 45 mg tab gluten-free (rx)</i>	3	MO; ADD
EQ VISION FORMULA TABLET P/F, GLUTEN-FREE	3	ADD
<i>eql biotin 5,000 mcg softgel (rx)</i>	3	MO; ADD
<i>eql eye health plus lutein tab</i>	3	ADD
<i>eql iron 65 mg tablet (rx)</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>eql slow release iron 50 mg tb</i>	3	ADD
EQL STRESS B-COMPLEX TABLET	3	ADD
<i>eql vitamin b-6 100 mg tablet (rx)</i>	3	ADD
<i>eql vitamin c 1,000 mg tablet p/f, lactose free (rx)</i>	3	ADD
<i>eql vitamin d3 2,000 unit sfgl softgel</i>	3	MO; ADD
<i>eql vitamin d3 400 unit sfagl (rx)</i>	3	ADD
<i>eql vitamin e 180 mg softgel (rx)</i>	3	MO; ADD
<i>ergocalciferol 200 mcg/ml drop (rx)</i>	3	MO; ADD
<i>ergocalciferol 8,000 unit/ml (rx)</i>	3	MO; ADD
<i>essentia tablet</i>	3	ADD
ESSENTIAL MAN 50+ TABLET	3	MO; ADD
ESSENTIAL MAN TABLET	3	ADD
EYE HEALTH PLUS LUTEIN TABLET	3	ADD
EYE MULTIVITAMIN TABLET	3	MO; ADD
<i>ezfe 200 capsule</i>	3	MO; ADD

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FA-8 CAPSULES	3	ADD
FEOSOL 45 MG CAPLET CPLT,NATURAL RELEASE (RX)	3	ADD
<i>feosol 65 mg tablet (rx)</i>	3	MO; ADD
FERAHEME 510 MG/17 ML VIAL SDV, P/F	3	PA; MO; ADD
<i>ferate 27 mg tablet</i>	3	MO; ADD
FERGON 27 MG TABLET	3	MO; ADD
FER-IN-SOL 15 MG/ML DROPS	3	MO; ADD
FERIVA 21-7 TABLET	3	MO; ADD
<i>ferosul 325 mg tablet (rx)</i>	3	MO; ADD
<i>ferosul 325 mg tablet f/c,blister pack (rx)</i>	3	MO; ADD
<i>ferrex 150 capsule</i>	3	MO; ADD
<i>ferrex 150 capsule outer, u-d</i>	3	MO; ADD
<i>ferrex 150 capsule u-d,10x10</i>	3	MO; ADD
<i>ferric x-150 capsule</i>	3	ADD
<i>ferro-time 325 mg tablet f/c, green</i>	3	ADD
<i>ferrous gluconate 240 mg tab (rx)</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>ferrous gluconate 240 mg tab 240mg=27mg elemental (rx)</i>	3	ADD
<i>ferrous gluconate 324 mg tab (rx)</i>	3	ADD
<i>ferrous gluconate 324 mg tab (rx)</i>	3	MO; ADD
<i>ferrous sulf 15 mg iron/ml drp (rx)</i>	3	MO; ADD
<i>ferrous sulf 220 mg/5 ml elix (rx)</i>	3	ADD
<i>ferrous sulf 220 mg/5 ml elix (rx)</i>	3	MO; ADD
<i>ferrous sulf 220 mg/5 ml liq (rx)</i>	3	ADD
<i>ferrous sulf 44 mg iron/5 ml lq (rx)</i>	3	ADD
<i>ferrous sulf ec 324 mg tablet</i>	3	MO; ADD
<i>ferrous sulf ec 325 mg tablet (rx)</i>	3	MO; ADD
<i>ferrous sulf ec 325 mg tablet u-d, inner (rx)</i>	3	MO; ADD
<i>ferrous sulf ec 325 mg tablet u-d, outer (rx)</i>	3	MO; ADD
<i>ferrous sulfate 300 mg/5 ml cup</i>	3	ADD
<i>ferrous sulfate 300 mg/5 ml cup 100's, u-d</i>	3	ADD

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<i>ferrous sulfate 300 mg/5 ml cup inner</i>	3	ADD
<i>ferrous sulfate 300 mg/5 ml cup outer</i>	3	ADD
<i>ferrous sulfate 325 mg tablet (rx)</i>	3	ADD
<i>ferrous sulfate 325 mg tablet f/c, green (rx)</i>	3	ADD
<i>ferrous sulfate 325 mg tablet f/c, red (rx)</i>	3	ADD
<i>ferrous sulfate 325 mg tablet p/f (rx)</i>	3	ADD
<i>ferrous sulfate 325 mg tablet u-d, 10x10, film coat (rx)</i>	3	ADD
FERROUS SULFATE DRIED POWDER USP (RX)	3	ADD
<i>fish oil 1,200 mg</i>	3	ADD
FLINTSTONES + CALCIUM TAB	3	ADD
FLINTSTONES COMPLETE CHEW TAB	3	MO; ADD
FLINTSTONES COMPLETE GUMMIES	3	MO; ADD
FLINTSTONES EXTRA C GUMMIES	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
FLINTSTONES GUMMIES CHEW TAB	3	ADD
FLINTSTONES GUMMIES CHEW TAB	3	ADD
FLINTSTONES MULTIVIT CHEW TAB	3	ADD
FLINTSTONES MULTI-VIT GUMMIES	3	ADD
FLINTSTONES SOUR-GUM CHEW TAB	3	ADD
FLINTSTONES TAB CHEW	3	ADD
FLINTSTONES TABLET CHEWABLE	3	ADD
FLINTSTONES WITH EXTRA IRON	3	MO; ADD
FLINTSTONES WITH IRON TAB CHEW	3	ADD
FLORIVA 0.25 MG CHEW TABLET	3	MO; ADD
FLORIVA 0.5 MG CHEWABLE TABLET	3	MO; ADD
FLORIVA 1 MG CHEWABLE TABLET	3	MO; ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
FLORIVA PLUS 0.25 MG/ML DROP	3	MO; ADD
<i>fluoride (sodium) oral tablet</i>	1	MO
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	MO
<i>folic acid 0.4 mg tablet (rx)</i>	3	MO; ADD
<i>folic acid 0.8 mg tablet (rx)</i>	3	MO; ADD
<i>folic acid 1 mg tablet (rx)</i>	3	MO; ADD
<i>folic acid 1 mg tablet inner (rx)</i>	3	MO; ADD
<i>folic acid 1 mg tablet outer (rx)</i>	3	MO; ADD
<i>folic acid 1,000 mcg tablet (rx)</i>	3	MO; ADD
<i>folic acid 1,000 mcg tablet inner (rx)</i>	3	MO; ADD
<i>folic acid 1,000 mcg tablet outer (rx)</i>	3	MO; ADD
<i>folic acid 1,000 mcg tablet p/f (rx)</i>	3	MO; ADD
FOLIC ACID 20 MG CAPSULE	3	ADD
<i>folic acid 400 mcg tablet (rx)</i>	3	MO; ADD
<i>folic acid 400 mcg tablet inner (rx)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>folic acid 400 mcg tablet outer (rx)</i>	3	MO; ADD
<i>folic acid 400 mcg tablet p/f (rx)</i>	3	MO; ADD
<i>folic acid 400 mcg tablet p/f, lactose free (rx)</i>	3	MO; ADD
<i>folic acid 400 mcg tablet p/f, gluten-free (rx)</i>	3	MO; ADD
<i>folic acid 5 mg/ml vial mdv</i>	3	PA; MO; ADD
<i>folic acid 50 mg/10 ml vial muv</i>	3	PA; MO; ADD
FOLIC ACID 800 MCG CAPSULE	3	ADD
<i>folic acid 800 mcg tablet (rx)</i>	3	MO; ADD
<i>folic acid 800 mcg tablet inner (rx)</i>	3	MO; ADD
<i>folic acid 800 mcg tablet maximum strength (rx)</i>	3	MO; ADD
<i>folic acid 800 mcg tablet outer (rx)</i>	3	MO; ADD
<i>folic acid 800 mcg tablet pure, gluten-free (rx)</i>	3	MO; ADD
FOLIC ACID POWDER (RX)	3	ADD
<i>folivane-f capsule</i>	3	MO; ADD
FREEDAVITE TABLET	3	ADD

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<i>full spectrum b with vit c tab</i>	3	MO; ADD
FUSION PLUS CAPSULE	3	MO; ADD
GENADEK STEP 1 MULTIVIT SFGL	3	ADD
GENADEK STEP 2 MULTIVIT SFGL	3	ADD
GNP B-COMPLEX PLUS VIT C TAB	3	ADD
<i>gnp biotin 5,000 mcg capsule (rx)</i>	3	MO; ADD
<i>gnp calcium 600-d3-min chew tb p/f,gluten/f,yeast/f (rx)</i>	3	ADD
<i>gnp calcium 600-d3-minerals tb p/f, gluten-f (rx)</i>	3	ADD
<i>gnp folic acid 400 mcg tablet (rx)</i>	3	MO; ADD
<i>gnp hair, skin and nails tab vitamins & minerals</i>	3	ADD
<i>gnp healthy eyes tablet advanced antioxidant (rx)</i>	3	ADD
<i>gnp iron 45 mg tablet</i>	3	ADD
<i>gnp iron 65 mg tablet (rx)</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>gnp mega multi for men tablet high potency (rx)</i>	3	ADD
<i>gnp mega multi for women tab</i>	3	ADD
<i>gnp vit c-rose hips 500 mg tab (rx)</i>	3	MO; ADD
<i>gnp vit d3 10 mcg(400 unit) chw (rx)</i>	3	MO; ADD
<i>gnp vitamin a 3,000 mcg softgl (rx)</i>	3	ADD
<i>gnp vitamin b-6 100 mg tablet gluten free (rx)</i>	3	ADD
<i>gnp vitamin c 1,000 mg tablet (rx)</i>	3	ADD
<i>gnp vitamin c 1,000 mg tablet with rose hips (rx)</i>	3	ADD
<i>gnp vitamin c 250 mg tablet (rx)</i>	3	ADD
<i>gnp vitamin c 500 mg tablet (rx)</i>	3	MO; ADD
<i>gnp vitamin d3 1,000 unit tab extra strength (rx)</i>	3	MO; ADD
<i>gnp vitamin d3 10 mcg tablet</i>	3	ADD
<i>gnp vitamin d3 2,000 unit tab maximum strength (rx)</i>	3	MO; ADD

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<i>gnp vitamin d3 25 mcg gummy (rx)</i>	3	MO; ADD
<i>gnp vitamin d3 25 mcg tablet (rx)</i>	3	MO; ADD
<i>gnp vitamin d3 25 mcg(1000 unt) (rx)</i>	3	ADD
<i>gnp vitamin d3 5,000 unit tab super strength (rx)</i>	3	ADD
<i>gnp vitamin e 180 mg softgel (rx)</i>	3	ADD
<i>gnp vitamin e 400 unit softgel (rx)</i>	3	MO; ADD
GNP VITAMIN E 450 MG SOFTGEL (RX)	3	MO; ADD
<i>gnp vitamin e 90 mg softgel</i>	3	MO; ADD
<i>gummi bear multivit tab chew multivit & minerals (rx)</i>	3	ADD
HAIR, SKIN AND NAILS CAPLET	3	ADD
HAIR, SKIN AND NAILS SOFTGEL	3	ADD
HAIR, SKIN AND NAILS SOFTGEL	3	ADD
HAIR, SKIN AND NAILS TABLET	3	ADD
HAIR, SKIN AND NAILS TABLET	3	MO; ADD
HARD NAILS 2.5 MG CAPSULE	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
HEALTHY EYES LUTEIN-ZEAXTHN CP	3	ADD
HEALTHY EYES SUPERVISION2 SFGL	3	MO; ADD
HEALTHY EYES TABLET (RX)	3	ADD
<i>healthy eyes tablet advanced antioxidant (rx)</i>	3	ADD
HEMATEX 100 MG/5 ML LIQUID	3	MO; ADD
<i>hematogen fa softgel</i>	3	ADD
HEMOCYTE PLUS CAPSULE (RX)	3	MO; ADD
HI-D ADEK GUMMIES PLUS ZINC	3	ADD
HI-D PEDIATRIC DROP	3	ADD
<i>high potency multivitamin tab</i>	3	ADD
<i>honey bears chewable tablet</i>	3	ADD
<i>hydroxocobalamin 1,000 mcg/ml</i>	3	PA; MO; ADD
HYDROXOCOBAL AMIN POWDER USP (RX)	3	ADD
ICAR 15 MG/1.25 ML SUSPENSION	3	MO; ADD
<i>iferex 150 capsule</i>	3	MO; ADD

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<i>iferex 150 forte capsule</i>	3	MO; ADD
<i>infant iron 15 mg/ml drop (rx)</i>	3	MO; ADD
<i>infant vitamin a-c-d drop</i>	3	MO; ADD
<i>infant vitamin d 10 mcg/ml drp (rx)</i>	3	MO; ADD
INFANT-TODDLER MULTIVIT DROP	3	ADD
INFANT-TODDLER MULTIVIT DROP	3	ADD
<i>infant-toddler multivit-iron</i>	3	MO; ADD
<i>infant-toddler vit a-c-d drop</i>	3	MO; ADD
INFED 100 MG/2 ML VIAL INNER,SUV	3	PA; MO; ADD
INFED 100 MG/2 ML VIAL OUTER,SUV	3	PA; MO; ADD
INFUVITE PEDIATRIC BULK VIAL P/F, MDV, OUTER	3	PA; ADD
INFUVITE PEDIATRIC VIAL P/F, SDV, OUTER	3	PA; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
INJECTAFER 750 MG/15 ML VIAL SUV	3	PA; MO; ADD
INTEGRA F CAPSULE	3	MO; ADD
INTEGRA PLUS CAPSULE	3	MO; ADD
<i>iron 27 mg tablet (rx)</i>	3	ADD
<i>iron 45 mg tablet</i>	3	ADD
<i>iron 65 mg tablet (rx)</i>	3	ADD
<i>iron 65 mg tablet (rx)</i>	3	ADD
<i>iron 65 mg tablet gluten-free (rx)</i>	3	ADD
<i>iron 65 mg tablet p/f (rx)</i>	3	ADD
<i>iron 65 mg tablet p/f, gluten-free (rx)</i>	3	ADD
<i>iron chews 15 mg tablet chew</i>	3	MO; ADD
<i>iron folate plus capsule</i>	3	MO; ADD
IRONUP 15 MG/0.5 ML DROPS	3	MO; ADD
IROSPAN 24/6 TABLET	3	MO; ADD
IS-D-10,000 250 MCG SOFTGEL	3	ADD
<i>i-vite tablet</i>	3	MO; ADD

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JUST 4 KIDZ MV-PROBIOTIC GUMMY	3	ADD
KIDS MULTI ZERO GUMMIES	3	ADD
K-PAX IMMUNE SUPPORT TABLET 30 PACKETS OF 4 TABS	3	ADD
K-PAX IMMUNE SUPPORT TABLET 60 PACKETS OF 4 TABS	3	ADD
<i>liquid multivitamin 15 ml cup inner</i>	3	ADD
<i>liquid multivitamin 15 ml cup outer</i>	3	ADD
<i>lysiplex plus liquid</i>	3	MO; ADD
MACULAR HEALTH FORMULA CAPSULE	3	ADD
<i>macuvite eye care tablet</i>	3	MO; ADD
MAXIMIN PACK	3	ADD
MAXIMUM D3 325 MCG(13,000 UNIT	3	MO; ADD
MEGA BIOTIN 10,000 MCG SOFTGEL	3	ADD
<i>mega multi for men tablet high potency (rx)</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>mega multi for women tab</i>	3	ADD
MEGAVITE CAPLET	3	ADD
<i>men 50 plus multivitamin tab</i>	3	ADD
MEN'S 50 PLUS DAILY FORMULA TB	3	ADD
MEN'S 50 PLUS MULTIVITAMIN TAB	3	ADD
MEN'S DAILY FORMULA CAPSULE	3	ADD
MEN'S DAILY FORMULA TABLET (RX)	3	ADD
MEN'S DAILY PACK	3	ADD
MEN'S MULTIVITAMIN GUMMIES	3	ADD
MERIBIN 5 MG CAPSULE	3	MO; ADD
MONOCAPS TABLET (RX)	3	ADD
MONOFERRIC 1,000 MG/10 ML VIAL	3	PA; MO; ADD
<i>multi complete-iron tablet</i>	3	MO; ADD

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MULTI FOR HER 50 PLUS SOFTGEL (RX)	3	ADD
MULTI FOR HER SOFTGEL (RX)	3	ADD
<i>multi for her tablet</i>	3	ADD
<i>multiple vitamin tablet</i>	3	ADD
<i>multiple vitamin with iron tab (rx)</i>	3	ADD
<i>multiple vitamin w-minerals tb</i>	3	MO; ADD
<i>multiple vitamins tablet</i>	3	ADD
<i>multiple vitamins tablet one daily</i>	3	ADD
<i>multiple vitamins tablet p/f,n,lactose fre</i>	3	ADD
<i>multivit with iron tab chew</i>	3	ADD
MULTIVITAMIN GUMMIES	3	ADD
MULTI-VITAMIN GUMMIES	3	ADD
MULTIVITAMIN LIQUID	3	ADD
<i>multivitamin tablet (rx)</i>	3	MO; ADD
<i>multivitamin with iron tablet (rx)</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
MULTIVITAMIN WITH MINERALS TAB	3	MO; ADD
<i>multivitamin women 50 plus tab</i>	3	ADD
MULTIVITAMIN-MINERAL GUMMY	3	ADD
<i>multivitamin-minerals tablet</i>	3	MO; ADD
<i>multivitamin-minerals tablet p/f</i>	3	MO; ADD
MULTIVITAMIN-MULTIMIN 15 ML CUP OUTER	3	ADD
<i>multivitamins tablet (rx)</i>	3	MO; ADD
MULTIVITAMIN-ZINC-STRESS TAB	3	MO; ADD
MULTI-VITE LIQUID	3	MO; ADD
MVW ADEK GUMMIES PLUS ZINC	3	MO; ADD
MVW COMPLETE FORM MULTIVI SFGL	3	MO; ADD
MVW COMPLETE FORM MULTIVIT CHW	3	MO; ADD
MVW COMPLETE FORMUL D3000 CHEW	3	MO; ADD

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MVW COMPLETE FORMUL D3000 SFGL	3	MO; ADD
MVW COMPLETE FORMUL D5000 CHEW	3	MO; ADD
MVW COMPLETE FORMUL D5000 SFGL	3	MO; ADD
MVW COMPLETE FORMUL PEDIA DRPS	3	MO; ADD
MVW MODULATR FORM MINI MULTIVT	3	ADD
MVW MODULATR FORM MULTIVT SFGL	3	ADD
NANO VM 1-3 POWDER	3	MO; ADD
NANO VM 4-8 POWDER	3	MO; ADD
NANOVM 9-18 POWDER	3	ADD
NANOVM T-F POWDER	3	ADD
NASCOBAL 500 MCG NASAL SPRAY	3	PA; MO; ADD
<i>nephplex rx tablet</i>	3	MO; ADD
NEPHRO VITAMINS TABLET	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
NEPHRON FA TABLET	3	ADD
<i>nephronex liquid</i>	3	MO; ADD
NICOMIDE TABLET	3	ADD
<i>nicotinamide tablet</i>	3	MO; ADD
NOVAFERRUM ALL GOOD 50 MG CAP	3	MO; ADD
NOVAFERRUM WOW 125 MG/5 ML LIQ	3	MO; ADD
NOVAFERRUM YUMMY PED 15 MG/ML	3	MO; ADD
NOVAMV MMM PED MULTIVIT DROP	3	ADD
NU-IRON 150 CAPSULE	3	MO; ADD
OCULAR VITAMINS TABLET	3	ADD
<i>ocutabs tablet (rx)</i>	3	ADD
OCUVITE ADULT 50 PLUS SOFTGEL	3	MO; ADD
OCUVITE EYE HEALTH GUMMIES	3	ADD
OCUVITE EYE PLUS MULTI TABLET	3	ADD

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OCUVITE LUTEIN-ZEAXANTHIN CAP	3	ADD
OCUVITE WITH LUTEIN TABLET	3	MO; ADD
ONCOVITE TABLET	3	MO; ADD
<i>one daily complete tablet</i>	3	ADD
ONE DAILY ESSENTIAL TABLET	3	ADD
<i>one daily essential tablet (rx)</i>	3	ADD
<i>one daily for men 50+ adv tab</i>	3	ADD
<i>one daily for men tablet</i>	3	MO; ADD
<i>one daily for women 50+ adv tb w/ginkgo, 50+advanced</i>	3	MO; ADD
<i>one daily for women tablet</i>	3	ADD
ONE DAILY HEALTHY WEIGHT TAB	3	ADD
<i>one daily maximum tablet (rx)</i>	3	ADD
ONE DAILY MEN'S 50 PLUS D3 TAB	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>one daily men's 50+ tablet</i>	3	ADD
ONE DAILY MEN'S HEALTH TABLET	3	MO; ADD
ONE DAILY MEN'S MULTIVITAMIN	3	ADD
<i>one daily multivitamin tablet</i>	3	ADD
ONE DAILY MULTIVITAMIN TABLET	3	ADD
<i>one daily multivitamin-iron tb</i>	3	ADD
<i>one daily multivit-mineral tab</i>	3	MO; ADD
<i>one daily tablet</i>	3	ADD
ONE DAILY TABLET	3	ADD
<i>one daily with iron-calcium tb</i>	3	ADD
ONE DAILY WOMEN 50 PLUS TAB Y/F,P/F	3	MO; ADD
<i>one daily womens 50 plus tab (rx)</i>	3	ADD
ONE DAILY WOMEN'S 50+ TABLET WOMEN'S HEALTH 50+	3	MO; ADD

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ONE DAILY WOMEN'S MULTIVITAMIN	3	ADD
ONE-A-DAY ENERGY TABLET	3	ADD
<i>one-a-day essential tablet (rx)</i>	3	ADD
ONE-A-DAY KID'S GUMMIES	3	ADD
ONE-A-DAY MEN VITACRAVES GUMMY	3	MO; ADD
ONE-A-DAY MENOPAUSE FORMULA TB	3	MO; ADD
ONE-A-DAY MEN'S 50 PLUS TABLET	3	MO; ADD
ONE-A-DAY MEN'S 50 PLUS TABLET	3	ADD
ONE-A-DAY MEN'S COMPLETE TAB	3	ADD
ONE-A-DAY MEN'S COMPLETE TAB	3	MO; ADD
ONE-A-DAY MEN'S TABLET	3	ADD
ONE-A-DAY PROACTIVE 65 PLUS TB	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>one-a-day teen advantage tab</i>	3	ADD
ONE-A-DAY TEEN HER VITACRAVES (RX)	3	ADD
ONE-A-DAY TEEN HIM VITACRAVES	3	MO; ADD
ONE-A-DAY VITACRAVES GUMMIES	3	ADD
ONE-A-DAY VITACRAVES IMMUNITY	3	ADD
ONE-A-DAY VITACRAVES OMEGA-3	3	ADD
ONE-A-DAY VITACRAVES SOUR GMMY	3	ADD
ONE-A-DAY WEIGHTSMART TABLET	3	ADD
ONE-A-DAY WOMEN VITACRAVES	3	ADD
ONE-A-DAY WOMEN'S 50 PLUS TAB	3	MO; ADD
ONE-A-DAY WOMEN'S COMPLETE TAB	3	MO; ADD

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ONE-A-DAY WOMEN'S HEALTHY SKIN	3	ADD
ONE-A-DAY WOMEN'S PETITES TAB	3	MO; ADD
ONE-A-DAY WOMEN'S TABLET	3	ADD
ONE-DAILY MULTI CAPS	3	ADD
<i>one-daily multi-vitamin tab (rx)</i>	3	ADD
ONE-DAILY MULTI-VIT-IRON TAB	3	MO; ADD
ONEVITE DAILY MULTIVITAMIN TAB	3	ADD
<i>onevite ferrous sulf 220 mg/5 ml (rx)</i>	3	ADD
<i>optimal d3 50,000 unit capsule</i>	3	ADD
OPTIMAL D3 M 14,000 UNIT CAP	3	ADD
OPTIMAL D3M 350 MCG(14,000 UNIT	3	ADD
<i>optivite p.m.t.</i>	3	ADD
OPURITY MULTIVITAMIN TAB CHEW	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
OSTEOPRIME PLUS CAL-MAG TABLET	3	ADD
PARVLEX TABLET	3	ADD
<i>pedia d-vite 400 unit/ml liq</i>	3	ADD
<i>pedia iron 15 mg/ml drop</i>	3	ADD
PEDIA POLY-VITE DROPS	3	ADD
PEDIA POLY-VITE WITH IRON DROP	3	ADD
PEDIA TRI-VITE DROP	3	ADD
<i>pediatric d-vite 10 mcg/ml liq</i>	3	MO; ADD
<i>pediatric fe-vite 15 mg/ml drp</i>	3	ADD
PEDIATRIC POLY-VITE DROPS	3	ADD
PEDIATRIC POLY-VITE-IRON DROPS	3	ADD
PEDIATRIC TRI-VITE DROPS	3	ADD
<i>pharm chc ped iron 15 mg/ml drp (rx)</i>	3	MO; ADD
<i>pharm choice d3 400 unit/ml (rx)</i>	3	MO; ADD
PHARM CHOICE POLY-VIT-IRON DRP	3	ADD

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PHARMACIST CHOICE PED POLY-VIT	3	ADD
PHARMACIST CHOICE PED TRI-VIT	3	ADD
<i>phlexy-vits powder packet</i>	3	MO; ADD
PHYTOMULTI TABLET	3	ADD
<i>poly-iron 150 mg capsule</i>	3	MO; ADD
<i>polysaccharide iron 150 mg cap (rx)</i>	3	MO; ADD
POLY-VI-FLOR 0.25 MG/ML DRP	3	ADD
POLY-VI-SOL 250 MCG-50 MG/ML DRP	3	MO; ADD
POLY-VI-SOL WITH IRON DROPS	3	MO; ADD
POLY-VITA DROPS	3	ADD
POLY-VITA WITH IRON DROPS	3	MO; ADD
<i>prenatal vitamin oral tablet</i>	1	MO
PRESERVISION AREDS 2 CHEW TAB	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
PRESERVISION AREDS 2 PLUS MV	3	MO; ADD
PRESERVISION AREDS 2 SOFTGEL	3	MO; ADD
PRESERVISION AREDS SOFTGEL (RX)	3	MO; ADD
PRESERVISION AREDS TABLET	3	ADD
PRESERVISION LUTEIN SOFTGEL	3	MO; ADD
PREVENT SOFTGELS	3	ADD
PRO FE 180 MG CAPSULE	3	MO; ADD
PRO-CAL TABLET	3	ADD
PROCERV HP TABLET	3	ADD
PRORENAL MULTIVITAMIN TABLET	3	MO; ADD
PRORENAL QD SOFTGEL	3	MO; ADD
<i>prosight tablet</i>	3	MO; ADD
PROTECT CARDIO AF SOFTGEL	3	ADD
PROTECT IRON LIQUID	3	ADD
PROTECT PLUS SO SOFTGEL	3	ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
PROCEED PLUS POWDER PACKET	3	MO; ADD
<i>pyridoxine 100 mg/ml vial muv, outer</i>	3	PA; MO; ADD
<i>pyridoxine 50 mg tablet (rx)</i>	3	MO; ADD
PYRIDOXINE HCL CRYSTALS (RX)	3	ADD
PYRIDOXINE HCL POWDER (RX)	3	ADD
<i>qc vitamin d3 25 mcg tablet (rx)</i>	3	MO; ADD
QUFLORA FE 0.25 MG CHEW TABLET	3	ADD
QUIN B STRONG WITH C & ZINC TB	3	ADD
QUINTABS TABLET	3	ADD
<i>quintabs-m iron free tablet</i>	3	ADD
QUINTABS-M TABLET (RX)	3	ADD
<i>renal caps softgel</i>	3	MO; ADD
RENAL VITAMIN TABLET	3	MO; ADD
RENAPLEX TABLET	3	ADD
RENAPLEX-D TABLET	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>rena-vite rx tablet (rx)</i>	3	MO; ADD
<i>rena-vite tablet (rx)</i>	3	MO; ADD
<i>reno caps softgel</i>	3	MO; ADD
<i>replesta 50,000 units wafer</i>	3	MO; ADD
REPLESTA NX 14,000 UNITS WAFER	3	MO; ADD
<i>risacal-d tablet</i>	3	MO; ADD
<i>senior tabs</i>	3	MO; ADD
<i>sentry senior multivitamin tab sodium/f, yeast/f (rx)</i>	3	MO; ADD
<i>sentry senior tablet</i>	3	ADD
<i>sentry senior tablet inner</i>	3	ADD
<i>sentry senior tablet outer</i>	3	ADD
<i>sentry tablet</i>	3	ADD
<i>se-tan plus capsule</i>	3	MO; ADD
SLOW FE 45 MG TABLET	3	MO; ADD
<i>slow release iron 160 mg tab p/f, gluten-free (rx)</i>	3	MO; ADD
SLOW RELEASE IRON 45 MG TABLET	3	ADD
SLOW RELEASE IRON 45 MG TABLET (RX)	3	ADD

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SLOW RELEASE IRON 45 MG TABLET (RX)	3	MO; ADD
<i>slow release iron 45 mg tablet gluten-free (rx)</i>	3	MO; ADD
SLOW RELEASE IRON TABLET	3	MO; ADD
<i>sm vitamin d3 125 mcg tablet</i>	3	MO; ADD
SOLO TABLET	3	ADD
<i>stress b with zinc tablet</i>	3	ADD
STRESS B-COMPLEX TABLET (RX)	3	MO; ADD
<i>stress formula tablet (rx)</i>	3	MO; ADD
<i>stress formula with iron tab</i>	3	MO; ADD
<i>stress formula with zinc tab (rx)</i>	3	MO; ADD
STROVITE ONE CAPLET	3	MO; ADD
<i>super antioxidant softgel sftgl,n,p/f</i>	3	ADD
<i>super b complex tablet (rx)</i>	3	MO; ADD
<i>super b complex tablet p/f (rx)</i>	3	MO; ADD
<i>super b complex-vit c caplet (rx)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>super b with vit c capsule (rx)</i>	3	MO; ADD
SUPER DAILY D3 1,000 UNIT/DROP	3	MO; ADD
SUPER DAILY D3 2,000 UNIT/DROP	3	ADD
SUPER MULTIPLE-LOW IRON TABLET	3	ADD
<i>super thera vite m tablet (rx)</i>	3	MO; ADD
SUPPORT-500 SOFTGEL	3	MO; ADD
SV BIOTIN 1,000 MCG SOFTGEL	3	ADD
<i>sv biotin 5,000 mcg softgel softgel (rx)</i>	3	MO; ADD
<i>sv folic acid 800 mcg tablet (rx)</i>	3	MO; ADD
<i>sv iron 65 mg tablet (rx)</i>	3	ADD
SV SLOW RELEASE IRON 45 MG TAB (RX)	3	MO; ADD
<i>sv vit c-rose hips 1,000 mg tb p/f,gluten-free (rx)</i>	3	MO; ADD
<i>sv vit c-rose hips 500 mg tab (rx)</i>	3	MO; ADD
<i>sv vit c-rose hips 500 mg tab p/f, gluten free (rx)</i>	3	MO; ADD

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<i>sv vitamin b-6 100 mg tablet (rx)</i>	3	MO; ADD
<i>sv vitamin d3 1,000 unit gummy (rx)</i>	3	MO; ADD
<i>sv vitamin d3 1,000 unit sftgl (rx)</i>	3	ADD
<i>sv vitamin d3 1,000 unit sftgl softgel, p/f (rx)</i>	3	MO; ADD
<i>sv vitamin d3 2,000 unit sftgl softgel, gluten-f, p/f (rx)</i>	3	ADD
<i>sv vitamin d3 25 mcg(1000 unit) (rx)</i>	3	ADD
<i>sv vitamin d3 400 unit softgel softgel , p/f (rx)</i>	3	MO; ADD
<i>sv vitamin d3 5,000 unit sftgl softgel (rx)</i>	3	MO; ADD
<i>sv vitamin d3 5,000 unit sftgl softgel, p/f (rx)</i>	3	MO; ADD
<i>sv vitamin e 180 mg softgel (rx)</i>	3	MO; ADD
<i>sv vitamin e 450 mg softgel water soluble, p/f (rx)</i>	3	MO; ADD
<i>sv vitamin e 670 mg softgel p/f, gluten-free (rx)</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
TAB-A-VITE MULTIVIT WITH IRON	3	ADD
TAB-A-VITE MULTIVIT WITH IRON	3	MO; ADD
<i>tab-a-vite tablet</i>	3	MO; ADD
TANDEM PLUS CAPSULE	3	MO; ADD
<i>taron forte capsule</i>	3	MO; ADD
<i>thera tablet</i>	3	ADD
<i>thera-d 2000 tablet</i>	3	ADD
THERA-D 4000 TABLET	3	ADD
<i>thera-d rapid repletion tablet</i>	3	ADD
THERAGRAN-M PREMIER 50+ CAPLET	3	ADD
THERA-M CAPLET	3	ADD
THERAMILL FORTE CAPSULE	3	ADD
<i>therapeutic-m caplet</i>	3	ADD
<i>therapeutic-m tablet</i>	3	MO; ADD
<i>thera-tabs caplet</i>	3	MO; ADD
<i>theratrum complete 50 plus tab</i>	3	ADD
<i>theratrum complete 50 plus tab</i>	3	MO; ADD

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<i>theratrum complete tablet mfg error (rx)</i>	3	MO; ADD
<i>therems multivitamin tablet</i>	3	MO; ADD
<i>thiamine 200 mg/2 ml vial 25's,mdv,outer</i>	3	PA; MO; ADD
<i>thiamine 200 mg/2 ml vial inner, mov</i>	3	PA; MO; ADD
<i>thiamine 200 mg/2 ml vial inner,muv</i>	3	PA; MO; ADD
<i>thiamine 200 mg/2 ml vial mdv, inner</i>	3	PA; MO; ADD
<i>thiamine 200 mg/2 ml vial mdv, outer</i>	3	PA; MO; ADD
<i>thiamine 200 mg/2 ml vial mdv,inner</i>	3	PA; MO; ADD
<i>thiamine 200 mg/2 ml vial mov</i>	3	PA; MO; ADD
<i>thiamine 200 mg/2 ml vial mov, inner</i>	3	PA; MO; ADD
<i>thiamine 200 mg/2 ml vial mov, outer</i>	3	PA; MO; ADD
<i>thiamine 200 mg/2 ml vial outer, mov</i>	3	PA; MO; ADD
<i>thiamine 200 mg/2 ml vial outer,muv</i>	3	PA; MO; ADD
<i>tricon capsule</i>	3	MO; ADD
<i>trigels-f forte softgel</i>	3	MO; ADD
<i>triphrocaps softgel (rx)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
TRI-VI-SOL DROPS	3	MO; ADD
TROPICAL LIQUID NUTRITION	3	ADD
ULTRA BONEUP TABLET	3	ADD
ULTRA FREEDA TABLET	3	ADD
ULTRA FREEDA WITH IRON TABLET	3	ADD
VEGETARIAN BONEUP TABLET	3	ADD
VENOFER 100 MG/5 ML VIAL 25'S,SDV,P/F	3	PA; MO; ADD
VENOFER 100 MG/5 ML VIAL OUTER, SUV, P/F	3	PA; MO; ADD
VENOFER 100 MG/5 ML VIAL SUV,P/F	3	PA; MO; ADD
VENOFER 100 MG/5 ML VIAL SUV,P/F, OUTER	3	PA; MO; ADD
VENOFER 200 MG/10 ML VIAL SUV,P/F,OUTER	3	PA; MO; ADD
VENOFER 50 MG/2.5 ML VIAL 10'S,SDV,P/F, OUTER	3	PA; ADD

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VENOFER 50 MG/2.5 ML VIAL 25'S,SUV,P/F	3	PA; ADD
VENOFER 50 MG/2.5 ML VIAL SUV,P/F,OUTER	3	PA; ADD
VISION FORMULA TABLET	3	ADD
VISION FORMULA WITH LUTEIN TAB	3	ADD
VISION HEALTH SOFTGEL	3	ADD
VISION PLUS LUTEIN VITAMIN TAB	3	ADD
VISTA ADVANCED AREDS2 SOFTGEL	3	ADD
VISTA ADVANCED DRY EYE SOFTGEL	3	ADD
<i>vit c-rose hips 1,000 mg cplt caplet,p/f (rx)</i>	3	MO; ADD
<i>vit c-rose hips 1,000 mg tab (rx)</i>	3	MO; ADD
<i>vit c-rose hips 500 mg tablet (rx)</i>	3	MO; ADD
<i>vit c-rose hips 500 mg tablet p/f (rx)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>vit c-rose hips 500 mg tablet with rose hips,p/f (rx)</i>	3	MO; ADD
<i>vit d3 125 mcg (5000 unit) tab</i>	3	MO; ADD
VIT D3 5,000 UNIT FAST DISSOLV	3	MO; ADD
VITABEX PLUS CAPSULE	3	ADD
<i>vitajoy daily d gummy</i>	3	MO; ADD
VITAL-D RX TABLET	3	MO; ADD
<i>vitalee tablet</i>	3	ADD
<i>vitalets tablet chewable child, orange (rx)</i>	3	ADD
<i>vitalets tablet chewable child, raspberry</i>	3	ADD
<i>vitalets tablet chewable child,unflavored</i>	3	ADD
VITAMIN A 10,000 UNIT SOFTGEL (RX)	3	ADD
VITAMIN A 10,000 UNIT SOFTGEL INNER (RX)	3	ADD
VITAMIN A 10,000 UNIT SOFTGEL OUTER (RX)	3	ADD

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<i>vitamin a 10,000 unit softgel p/f,n,softgel (rx)</i>	3	MO; ADD
<i>vitamin a 3,000 mcg softgel (rx)</i>	3	MO; ADD
<i>vitamin a 3,000 mcg softgel (rx)</i>	3	ADD
<i>vitamin a 8,000 unit capsule (rx)</i>	3	MO; ADD
VITAMIN A PALM 10,000 UNIT TAB	3	ADD
VITAMIN A PALM 15,000 UNIT TAB	3	ADD
<i>vitamin b complex-vit c cap (rx)</i>	3	ADD
<i>vitamin b complex-vit c caplet (rx)</i>	3	ADD
<i>vitamin b complex-vitamin c tb (rx)</i>	3	MO; ADD
<i>vitamin b-6 100 mg tablet (rx)</i>	3	MO; ADD
<i>vitamin b-6 100 mg tablet (rx)</i>	3	ADD
<i>vitamin b-6 100 mg tablet inner (rx)</i>	3	ADD
<i>vitamin b-6 100 mg tablet outer (rx)</i>	3	ADD
<i>vitamin b-6 100 mg tablet p/f (rx)</i>	3	ADD
<i>vitamin b-6 100 mg tablet p/f,no lactose (rx)</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>vitamin b-6 100 mg tablet p/f,no-lactose (rx)</i>	3	ADD
<i>vitamin b-6 100 mg tablet y/f,gluten/f (rx)</i>	3	ADD
<i>vitamin b-6 50 mg tablet (rx)</i>	3	MO; ADD
<i>vitamin b-6 50 mg tablet (rx)</i>	3	ADD
<i>vitamin b-6 50 mg tablet inner (rx)</i>	3	MO; ADD
<i>vitamin b-6 50 mg tablet inner (rx)</i>	3	ADD
<i>vitamin b-6 50 mg tablet outer (rx)</i>	3	MO; ADD
<i>vitamin b-6 50 mg tablet outer (rx)</i>	3	ADD
<i>vitamin b-6 50 mg tablet p/f (rx)</i>	3	ADD
<i>vitamin b-6 50 mg tablet y/f,gluten/f (rx)</i>	3	ADD
<i>vitamin b-complex & c p/f, caplet</i>	3	ADD
<i>vitamin b-complex & c caplet p/f,lactose free</i>	3	ADD
<i>vitamin b-complex & c caplet p/f,no lactose,cplt</i>	3	ADD
<i>vitamin c 1,000 mg caplet (rx)</i>	3	MO; ADD

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<i>vitamin c 1,000 mg caplet (rx)</i>	3	ADD
<i>vitamin c 1,000 mg caplet n,caplet (rx)</i>	3	ADD
<i>vitamin c 1,000 mg tablet (rx)</i>	3	MO; ADD
<i>vitamin c 1,000 mg tablet (rx)</i>	3	ADD
<i>vitamin c 1,000 mg tablet inner (rx)</i>	3	ADD
<i>vitamin c 1,000 mg tablet n,caplet (rx)</i>	3	MO; ADD
<i>vitamin c 1,000 mg tablet outer (rx)</i>	3	ADD
<i>vitamin c 1,000 mg tablet p/f (rx)</i>	3	ADD
<i>vitamin c 100 mg tablet (rx)</i>	3	ADD
<i>vitamin c 250 mg tablet (rx)</i>	3	MO; ADD
<i>vitamin c 250 mg tablet (rx)</i>	3	ADD
<i>vitamin c 250 mg tablet gluten-free (rx)</i>	3	ADD
<i>vitamin c 250 mg tablet inner (rx)</i>	3	ADD
<i>vitamin c 250 mg tablet outer (rx)</i>	3	ADD
<i>vitamin c 250 mg tablet p/f (rx)</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>vitamin c 500 mg tablet (rx)</i>	3	ADD
<i>vitamin c 500 mg tablet (rx)</i>	3	MO; ADD
<i>vitamin c 500 mg tablet gluten-free (rx)</i>	3	MO; ADD
<i>vitamin c 500 mg tablet p/f (rx)</i>	3	MO; ADD
<i>vitamin c 500 mg tablet p/f,gluten-free (rx)</i>	3	MO; ADD
<i>vitamin c 500 mg tablet u-d (rx)</i>	3	MO; ADD
<i>vitamin c 500 mg tablet y/f,gluten/f (rx)</i>	3	MO; ADD
<i>vitamin c tr 1,000 mg tablet timed release (rx)</i>	3	ADD
<i>vitamin c-rose hip 1,000 mg tb (rx)</i>	3	MO; ADD
<i>vitamin d2 1.25 mg(50,000 unit)</i>	3	MO; ADD
<i>vitamin d2 1.25 mg(50,000 unit) capsule</i>	3	ADD
<i>vitamin d2 1.25 mg(50,000 unit) inner</i>	3	MO; ADD
<i>vitamin d2 1.25 mg(50,000 unit) outer</i>	3	MO; ADD

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<i>vitamin d2 1.25 mg(50,000 unit) softgel</i>	3	MO; ADD
VITAMIN D2 2,000 UNIT TABLET	3	ADD
<i>vitamin d2 400 unit tablet y/f,gluten/f (rx)</i>	3	ADD
VITAMIN D2 50 MCG (2,000 UNIT)	3	MO; ADD
<i>vitamin d3 1,000 unit adult gummies</i>	3	MO; ADD
<i>vitamin d3 1,000 unit gummy (rx)</i>	3	MO; ADD
<i>vitamin d3 1,000 unit softgel (rx)</i>	3	ADD
<i>vitamin d3 1,000 unit softgel (rx)</i>	3	MO; ADD
<i>vitamin d3 1,000 unit softgel p/f, n,sftgl (rx)</i>	3	ADD
<i>vitamin d3 1,000 unit softgel p/f,gluten-free (rx)</i>	3	ADD
<i>vitamin d3 1,000 unit softgel sftgl,p/f,no lactose (rx)</i>	3	ADD
<i>vitamin d3 1,000 unit softgel (rx)</i>	3	ADD
<i>vitamin d3 1,000 unit softgel (rx)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>vitamin d3 1,000 unit softgel softgel, p/f (rx)</i>	3	MO; ADD
<i>vitamin d3 1,000 unit softgel softgel,p/f (rx)</i>	3	ADD
<i>vitamin d3 1,000 unit softgel softgel,p/f,n (rx)</i>	3	ADD
<i>vitamin d3 1,000 unit tab chew p/f, peach vanilla</i>	3	MO; ADD
<i>vitamin d3 1,000 unit tablet (rx)</i>	3	MO; ADD
<i>vitamin d3 1,000 unit tablet (rx)</i>	3	ADD
<i>vitamin d3 1,000 unit tablet gluten-free (rx)</i>	3	MO; ADD
<i>vitamin d3 1,000 unit tablet p/f (rx)</i>	3	ADD
<i>vitamin d3 1,000 unit tablet p/f, gluten-free (rx)</i>	3	MO; ADD
<i>vitamin d3 1,000 unit tablet p/f,gluten free (rx)</i>	3	ADD
VITAMIN D3 1,000 UNIT/10 ML LQ	3	ADD
<i>vitamin d3 1,250 mcg capsule (rx)</i>	3	MO; ADD
<i>vitamin d3 1.25 mg softgel (rx)</i>	3	MO; ADD

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<i>vitamin d3 10 mcg tablet inner</i>	3	ADD
<i>vitamin d3 10 mcg tablet outer</i>	3	ADD
<i>vitamin d3 10 mcg/ml drop (rx)</i>	3	MO; ADD
<i>vitamin d3 10 mcg/ml liquid w/dropper (rx)</i>	3	MO; ADD
VITAMIN D3 10,000 UNIT CAPSULE (RX)	3	MO; ADD
<i>vitamin d3 10,000 unit softgel (rx)</i>	3	MO; ADD
<i>vitamin d3 10,000 unit softgel (rx)</i>	3	MO; ADD
<i>vitamin d3 10,000 unit softgel softgel,p/f (rx)</i>	3	MO; ADD
VITAMIN D3 10,000 UNIT TABLET	3	MO; ADD
<i>vitamin d3 125 mcg (5000 unit) (rx)</i>	3	MO; ADD
<i>vitamin d3 125 mcg capsule (rx)</i>	3	MO; ADD
<i>vitamin d3 125 mcg softgel (rx)</i>	3	MO; ADD
<i>vitamin d3 125 mcg tablet</i>	3	MO; ADD
VITAMIN D3 125 MCG/0.5 ML DROP	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>vitamin d3 2,000 unit softgel</i>	3	MO; ADD
<i>vitamin d3 2,000 unit softgel inner</i>	3	MO; ADD
<i>vitamin d3 2,000 unit softgel outer</i>	3	MO; ADD
<i>vitamin d3 2,000 unit softgel p/f, color-free (rx)</i>	3	ADD
<i>vitamin d3 2,000 unit p/f, softgel (rx)</i>	3	ADD
<i>vitamin d3 2,000 unit softgel p/f,n,softgel</i>	3	MO; ADD
<i>vitamin d3 2,000 unit softgel p/f,n,softgel (rx)</i>	3	ADD
<i>vitamin d3 2,000 unit softgel</i>	3	MO; ADD
<i>vitamin d3 2,000 unit softgel (rx)</i>	3	ADD
<i>vitamin d3 2,000 unit softgel softgel, p/f (rx)</i>	3	ADD
<i>vitamin d3 2,000 unit softgel soy-free,softgel (rx)</i>	3	ADD
<i>vitamin d3 2,000 unit softgel ultra-str,softgel (rx)</i>	3	ADD
VITAMIN D3 2,000 UNIT TAB CHEW	3	MO; ADD

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<i>vitamin d3 2,000 unit tablet (rx)</i>	3	MO; ADD
<i>vitamin d3 2,000 unit tablet (rx)</i>	3	ADD
<i>vitamin d3 2,000 unit tablet gluten-free (rx)</i>	3	MO; ADD
<i>vitamin d3 2,000 unit tablet inner (rx)</i>	3	MO; ADD
<i>vitamin d3 2,000 unit tablet outer (rx)</i>	3	MO; ADD
<i>vitamin d3 2,000 unit tablet p/f (rx)</i>	3	ADD
<i>vitamin d3 2,000 unit tablet p/f, gluten-free (rx)</i>	3	ADD
<i>vitamin d3 2,000 unit tablet super strength (rx)</i>	3	ADD
<i>vitamin d3 2,000 unit tablet w/ calcium carbonate (rx)</i>	3	ADD
<i>vitamin d3 25 mcg (1,000 unit) (rx)</i>	3	ADD
<i>vitamin d3 25 mcg gummy (rx)</i>	3	MO; ADD
<i>vitamin d3 25 mcg softgel (rx)</i>	3	ADD
<i>vitamin d3 25 mcg tablet (rx)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>vitamin d3 25 mcg tablet bonus 10 tb,max str (rx)</i>	3	MO; ADD
<i>vitamin d3 25 mcg tablet p/f, ex-strength (rx)</i>	3	ADD
<i>vitamin d3 25 mcg tablet y/f,p/f (rx)</i>	3	ADD
VITAMIN D3 250 MCG SOFTGEL (RX)	3	MO; ADD
VITAMIN D3 250 MCG TABLET	3	MO; ADD
VITAMIN D3 3,000 UNIT TABLET	3	ADD
<i>vitamin d3 400 unit softgel (rx)</i>	3	ADD
<i>vitamin d3 400 unit softgel p/f,n,softgel (rx)</i>	3	MO; ADD
<i>vitamin d3 400 unit softgel (rx)</i>	3	MO; ADD
<i>vitamin d3 400 unit softgel softgel, p/f (rx)</i>	3	MO; ADD
<i>vitamin d3 400 unit softgel softgel,p/f (rx)</i>	3	MO; ADD
<i>vitamin d3 400 unit tab chew (rx)</i>	3	MO; ADD
<i>vitamin d3 400 unit tab chew orange, p/f (rx)</i>	3	MO; ADD

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<i>vitamin d3 400 unit tablet</i>	3	ADD
<i>vitamin d3 400 unit tablet (rx)</i>	3	MO; ADD
<i>vitamin d3 400 unit tablet gluten-free (rx)</i>	3	MO; ADD
<i>vitamin d3 400 unit tablet inner</i>	3	ADD
<i>vitamin d3 400 unit tablet outer</i>	3	ADD
<i>vitamin d3 400 unit tablet p/f (rx)</i>	3	MO; ADD
VITAMIN D3 400 UNIT/5 ML LIQ	3	ADD
<i>vitamin d3 400 unit/ml liquid (rx)</i>	3	MO; ADD
<i>vitamin d3 5,000 unit capsule gluten-free (rx)</i>	3	MO; ADD
<i>vitamin d3 5,000 unit capsule veggie caps (rx)</i>	3	MO; ADD
<i>vitamin d3 5,000 unit softgel (rx)</i>	3	MO; ADD
<i>vitamin d3 5,000 unit softgel inner (rx)</i>	3	MO; ADD
<i>vitamin d3 5,000 unit softgel outer (rx)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>vitamin d3 5,000 unit softgel p/f, softgel, glut-f (rx)</i>	3	MO; ADD
<i>vitamin d3 5,000 unit softgel (rx)</i>	3	MO; ADD
<i>vitamin d3 5,000 unit softgel softgel, p/f (rx)</i>	3	MO; ADD
<i>vitamin d3 5,000 unit softgel softgel, no lactose (rx)</i>	3	MO; ADD
<i>vitamin d3 5,000 unit softgel softgel, p/f (rx)</i>	3	MO; ADD
<i>vitamin d3 5,000 unit tablet</i>	3	MO; ADD
<i>vitamin d3 5,000 unit tablet inner</i>	3	MO; ADD
<i>vitamin d3 5,000 unit tablet outer</i>	3	MO; ADD
<i>vitamin d3 5,000 unit tablet p/f (rx)</i>	3	ADD
<i>vitamin d3 5,000 unit tablet p/f, gluten-free</i>	3	MO; ADD
<i>vitamin d3 5,000 unit tablet y/f, gluten/f</i>	3	MO; ADD
<i>vitamin d3 5,000 unit/ml drops p/f, yeast-free</i>	3	MO; ADD

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<i>vitamin d3 50 mcg (2,000 unit)</i>	3	MO; ADD
<i>vitamin d3 50 mcg capsule</i>	3	MO; ADD
<i>vitamin d3 50 mcg softgel</i>	3	MO; ADD
VITAMIN D3 50 MCG TAB CHEW	3	MO; ADD
<i>vitamin d3 50 mcg tablet (rx)</i>	3	MO; ADD
<i>vitamin d3 50,000 unit capsule (rx)</i>	3	MO; ADD
VITAMIN D3 62.5 MCG GUMMY	3	ADD
<i>vitamin d-400 tablet easy to swallow (rx)</i>	3	MO; ADD
<i>vitamin e 1,000 unit p/f, blend, softgel (rx)</i>	3	ADD
<i>vitamin e 1,000 unit softgel p/f, gluten-f,softgel (rx)</i>	3	ADD
VITAMIN E 1,000 UNIT SOFTGEL P/F,SOFTGEL (RX)	3	ADD
<i>vitamin e 1,000 unit softgel softgel, finest (rx)</i>	3	ADD
<i>vitamin e 1,000 unit softgel softgel, p/f (rx)</i>	3	MO; ADD
<i>vitamin e 100 unit softgel (rx)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
VITAMIN E 100 UNIT TABLET	3	ADD
VITAMIN E 100 UNIT TABLET Y/F, GLUTEN/F (RX)	3	ADD
VITAMIN E 15 UNIT/0.3 ML DROP	3	MO; ADD
<i>vitamin e 180 mg softgel (rx)</i>	3	MO; ADD
<i>vitamin e 180 mg softgel inner (rx)</i>	3	MO; ADD
<i>vitamin e 180 mg softgel outer (rx)</i>	3	MO; ADD
<i>vitamin e 180 mg(400 unit) sfgl (rx)</i>	3	MO; ADD
<i>vitamin e 180 mg(400 unit) sfgl inner (rx)</i>	3	MO; ADD
<i>vitamin e 180 mg(400 unit) sfgl outer (rx)</i>	3	MO; ADD
<i>vitamin e 200 unit softgel p/f, gluten-f,softgel (rx)</i>	3	ADD
<i>vitamin e 200 unit softgel p/f, no lactose (rx)</i>	3	ADD
<i>vitamin e 400 unit capsule softgel, p/f (rx)</i>	3	MO; ADD

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<i>vitamin e 400 unit softgel (rx)</i>	3	MO; ADD
<i>vitamin e 400 unit softgel economy size (rx)</i>	3	MO; ADD
<i>vitamin e 400 unit softgel p/f,softgel (rx)</i>	3	MO; ADD
<i>vitamin e 400 unit softgel p/f,softgel (rx)</i>	3	ADD
<i>vitamin e 400 unit softgel (rx)</i>	3	MO; ADD
<i>vitamin e 400 unit softgel softgel, p/f (rx)</i>	3	MO; ADD
<i>vitamin e 400 unit softgel softgel,100% natural (rx)</i>	3	MO; ADD
<i>vitamin e 45 mg softgel (rx)</i>	3	MO; ADD
VITAMIN E 45 MG SOFTGEL (RX)	3	MO; ADD
<i>vitamin e 450 mg softgel (rx)</i>	3	MO; ADD
VITAMIN E 450 MG SOFTGEL (RX)	3	MO; ADD
<i>vitamin e 90 mg softgel</i>	3	MO; ADD
VITAMIN E NATURAL OIL DROPS	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
VITAMIN E OIL DROPS	3	ADD
VITAMIN E OIL DROPS	3	ADD
<i>vitamin e-200 200 unit softgel inner</i>	3	MO; ADD
<i>vitamin e-200 200 unit softgel outer</i>	3	MO; ADD
VITAMIN E-OIL 100 UNIT/0.25 ML	3	ADD
VITAMINS A-D-E TABLET	3	ADD
<i>wee care 15 mg/1.25 ml susp</i>	3	MO; ADD
<i>weekly-d 1,250 mcg softgel</i>	3	MO; ADD
<i>wescap-pn dha</i>	1	MO
<i>wescaps capsule</i>	3	MO; ADD
<i>westab one tablet</i>	3	MO; ADD
WOMEN MULTIVIT COLLAGEN GUMMY	3	ADD
WOMEN'S 50 PLUS ADVANCED MV TB	3	ADD
WOMEN'S 50 PLUS DAILY FORMULA (RX)	3	ADD
WOMEN'S 50 PLUS MULTIVIT TAB	3	ADD

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WOMEN'S DAILY FORMULA CAPLET (RX)	3	MO; ADD
WOMEN'S DAILY FORMULA TABLET	3	ADD
WOMEN'S DAILY PACK	3	ADD
WOMEN'S MULTIVITAMIN GUMMIES GLUTEN-F, LACTOSE-F	3	ADD
WOMEN'S MULTIVITAMIN GUMMIES GLUTEN-F,N,FRUIT	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
WOMEN'S MULTIVITAMIN TABLET	3	ADD
XCELLENT A 3000 MCG CAPSULE	3	ADD
XCELLENT A 7500 MCG CAPSULE	3	ADD
XCELLENT E SOFTGEL	3	ADD
<i>yelets tablet</i>	3	ADD
ZELDANA 159 MG CAPSULE	3	ADD
<i>zinc 15 mg lozenges</i>	3	ADD
ZINC LOZENGES	3	ADD
ZOO FRIENDS TABLET CHEWABLE (RX)	3	ADD

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<i>piroxicam</i>	47	<i>0.9%nacl</i>	180	PRESERVISION LUTEIN	217
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သင့်ဘာသာစကားအတွက် စကားပြန်များနှင့် အခြားပုံနှိပ်စာရွက်များကို အခမဲ့အကူအညီရယူပါ။ သင်သည် မသန်စွမ်းသူတစ်ဦးဖြစ်ပါက အခမဲ့အကူအညီများနှင့် အထောက်အပံ့များ ရယူပါ။ ဖုန်းခေါ်ရန် - **1-855-475-3163 (TTY: 1-833-711-4711 သို့မဟုတ် 711)**.

Jwenn èd gratis nan lang ou ak entèprèt ansanm ak lòt materyèl ekri. Jwenn èd ak sipò gratis si w gen yon andikap. Rele **1-855-475-3163 (TTY: 1-833-711-4711 oubyen 711)**.

Bök jibañ ilo an ejjelok wōnāān ikkijjien kajin eo am ibbān rukok ro im wāween ko jet ilo jeje. Bök jerbalin jibañ ko ilo an ejjelok wōnāer im jibañ ko ñe ewōr am nañinmejin utamwe. Kalle **1-855-475-3163 (TTY: 1-833-711-4711 ak 711)**.



For more recent information or other questions, contact us at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday – Friday, 8 a.m. – 8 p.m. or visit **CareSource.com/MyCare**.

Formulary ID: 00025338
Version #: 20
Updated on 12/01/2025