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CareSource® MyCare Ohio (Medicare-Medicaid Plan) |

Formulary

(List of Covered Drugs)

for 2021

CareSource MyCare Ohio
Member Services Department:
1-855-475-3163 (TTY: 1-800-750-0750 or 711)
CareSource.com/MyCare

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CareSource[®] MyCare Ohio (Medicare-Medicaid Plan) | 2021 *List of Covered Drugs* (Formulary)

Introduction

This document is called the *List of Covered Drugs* (also known as the Drug List). It tells you which prescription drugs and over-the-counter drugs are covered by 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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If you have questions, please call CareSource MyCare Ohio at **1-855-475-3163** (TTY: 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](https://www.Caresource.com/MyCare).

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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 always check CareSource MyCare Ohio's up-to-date List of Covered Drugs online at **CareSource.com/MyCare**.
- ❖ ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call **1-855-475-3163** (TTY: 711), Monday – Friday, 8 a.m. – 8 p.m. The call is free.
- ❖ ATENCIÓN: Si habla español, tiene disponible los servicios de asistencia de idiomas gratis. Llame al **1-855-475-3163** (TTY: 711), el lunes a viernes, 8 a.m. a 8 p.m. Llamada es gratis.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call **1-855-475-3163** (TTY: 711), Monday – Friday, 8 a.m. – 8 p.m. The call is free.
- ❖ To request this document in a language other than English or in an alternate format now and in the future, please call Member Services at **1-855-475-3163** (TTY: 1-800-750-0750 or 711), Monday – Friday, 8 a.m. – 8 p.m. The call is free.
- ❖ If you would like to receive materials in an alternate format, please let our Member Services department know. We have Member handbooks, our annual notice of change, formularies, the summary of benefits, provider/pharmacy directories, and some letters available in Spanish. We can also send these and other materials in different formats upon request. Call our Member Services department for help at **1-855-475-3163** (TTY: 711), Monday – Friday, 8 a.m. – 8 p.m. The call is free.



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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 (see question B4 below)

You can also see an up-to-date list of drugs that we cover on our website at [CareSource.com/MyCare](https://www.caresource.com/MyCare) or call Member Services at **1-855-475-3163** (TTY: 711).

B2. Does the Drug List ever change?

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 approval for a drug. (Prior approval 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, see question B4.

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

- a new, cheaper drug comes on the market that works as well as a drug on the Drug List now, **or**



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- 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**.
- You can also call Member Services to check the current Drug List at **1-855-475-3163** (TTY: 711).

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

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

- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or the drug's manufacturer takes a drug off the market, we will take it off the Drug List. If you are taking the drug, we will let you know that. 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 that is not new to the market **and**
 - Replace a brand name drug currently on the Drug List **or**
 - Change the coverage rules or limits for the brand name drug.
- We add a generic drug **and**
 - Replace a brand name drug currently on the Drug List **or**
 - Change the coverage rules or limits for the brand name drug.

When these changes happen, we will:

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

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

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



If you have questions, please call CareSource MyCare Ohio at **1-855-475-3163** (TTY: 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**.

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

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

- **Prior approval (or prior authorization):** For some drugs, you or your doctor or other prescriber must get approval from 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.
- **Indication-based coverage:** If CareSource MyCare Ohio covers a drug only for some medical conditions, we clearly identify it on the Drug List along with the specific medical conditions that are covered.

You can find out if your drug has any additional requirements or limits by looking in the tables on pages 2-269. You can also get more information by visiting our website at **CareSource.com/MyCare**. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

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

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

The *List of Covered Drugs* on page 2 has a column labeled "Necessary actions, restrictions, or limits on use."

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

In some cases, we will tell you in advance if we add or change prior approval, quantity limits, and/or step therapy restrictions on a drug. See question B3 for more information about this



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advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the Drug List change.

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

There are two ways to find a drug:

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

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

To search **by medical condition**, find the section labeled “List of drugs by medical condition” on page x. 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, Diuretics – Drugs to Treat Heart Conditions. That is where you will find drugs that treat heart conditions.

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

If you don't see your drug on the Drug List, call Member Services at **1-855-475-3163** 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. He or she can prescribe a drug on the Drug List that is like the one you want to take. **Or**
 - You can ask the health plan to make an exception to cover your drug. Please see questions B10-B12 for more information about exceptions.
-

B9. What if you are a new CareSource MyCare Ohio member and can't find your drug on the Drug List or have a problem getting your drug?

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



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- the drug requires prior approval 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:

- 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.

Below is the CareSource MyCare Ohio Transition Policy for current enrollees with level of care changes:

Level of Care Changes

- In addition to circumstances impacting new enrollees who may enroll in CareSource MyCare Ohio with a medication list that contains non-formulary Part D drugs, other circumstances exist in which unplanned transitions for current members could arise and in which prescribed drug regimens may not be on the CareSource MyCare Ohio formulary.
- These circumstances usually involve level of care changes in which a beneficiary is changing from one treatment setting to another.
 - Beneficiaries who enter Long Term Care (LTC) facilities with a discharge list of medications from the hospital formulary with very short term planning into account (often under 8 hours);
 - Beneficiaries who are admitted to or discharged from a hospital to a home;
 - Beneficiaries who end their skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and who need to revert to their Part D plan formulary;
 - Beneficiaries who give up hospice status to revert to standard Medicare Part A and B benefits;
 - Beneficiaries who end a Long Term Care (LTC) facility stay and return to the community; and
 - Beneficiaries who are discharged from psychiatric hospitals with drug regimens that are highly individualized.



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- For non-Long Term Care (LTC) residents, the pharmacy must call the Pharmacy Benefit Manager (PBM) Pharmacy Help Desk in order to obtain an override to submit a Level of Care transition fill request.
 - For Long Term Care (LTC) residents, a submission clarification code is submitted by the pharmacy to allow transition fills and to override Refill Too Soon rejects for new patient admissions.
 - When an enrollee is admitted to or discharged from a Long Term Care (LTC) facility, the Pharmacy Benefit Manager (PBM), on behalf of CareSource MyCare Ohio, allows the enrollee to access a refill upon admission or discharge.
-

B10. Can you ask for an exception to cover your 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 prior approval requirements.
-

B11. How can you ask for an exception?

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

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

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

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

B13. What are generic drugs?

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

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



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B14. 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 see what OTC drugs are covered.

B15. What is your 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.

B16. What are drug tiers?

Tiers are groups of drugs on our Drug List.

- Tier 1 drugs are generic drugs.
 - Tier 2 drugs are brand name drugs.
 - Tier 3 drugs are Medicaid covered drugs.
-

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, Diuretics – Drugs to Treat Heart Conditions. 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 270. 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., COUMADIN), and generic drugs are listed in lower-case italics (e.g., *warfarin sodium*).

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

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



If you have questions, please call CareSource MyCare Ohio at **1-855-475-3163** (TTY: 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**.

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 doctor disagrees with our decision, you can appeal. To ask for instructions on how to appeal, call Member Services at **1-855-475-3163** (TTY: 711). You can also read the Chapter 9 of the *Member Handbook* to learn how to appeal a decision.



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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

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).

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.

** Certain medications called specialty medications are limited to no more than a 30 day supply per fill.*

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| ANTI - INFECTIVES | | |
| ANTIFUNGAL AGENTS | | |
| ABELCET | 2 | B/D PA; MO |
| AMBISOME | 2 | B/D PA; MO |
| <i>amphotericin b</i> | 1 | B/D PA; MO |
| <i>caspofungin</i> | 1 | B/D PA |
| <i>clotrimazole mucous membrane</i> | 1 | MO |
| CRESEMBA | 2 | PA |
| <i>fluconazole</i> | 1 | MO |
| <i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 400 mg/200 ml</i> | 1 | PA |
| <i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i> | 1 | PA; MO |
| <i>flucytosine</i> | 1 | MO |
| <i>griseofulvin microsize</i> | 1 | MO |
| <i>griseofulvin ultramicrosize</i> | 1 | MO |
| <i>itraconazole oral capsule</i> | 1 | MO; QL (120 per 30 days) |
| <i>itraconazole oral solution</i> | 1 | MO |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <i>ketoconazole oral</i> | 1 | MO |
| <i>miconazole oral</i> | 1 | MO |
| NOXAFIL ORAL SUSPENSION | 2 | PA; MO |
| <i>nystatin oral</i> | 1 | MO |
| <i>posaconazole oral tablet, delayed release (dr/ec)</i> | 1 | PA; MO |
| <i>terbinafine hcl oral</i> | 1 | MO |
| <i>voriconazole</i> | 1 | PA; MO |
| ANTIVIRALS | | |
| <i>abacavir</i> | 1 | MO |
| <i>abacavir-lamivudine</i> | 1 | MO |
| <i>abacavir-lamivudine-zidovudine</i> | 1 | MO |
| <i>acyclovir oral capsule</i> | 1 | MO |
| <i>acyclovir oral suspension 200 mg/5 ml</i> | 1 | MO |
| <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 |
| <i>atazanavir</i> | 1 | MO |
| ATRIPLA | 2 | MO |

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This drug list was last updated on 11/17/2021.

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| BARACLUDE ORAL SOLUTION | 2 | MO |
| BIKTARVY | 2 | MO |
| CABENUVA | 2 | MO |
| <i>cidofovir</i> | 1 | B/D PA; MO |
| CIMDUO | 2 | MO |
| COMPLERA | 2 | MO |
| DELSTRIGO | 2 | MO |
| DESCOVY | 2 | MO |
| <i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i> | 1 | MO |
| DOVATO | 2 | MO |
| EDURANT | 2 | MO |
| <i>efavirenz</i> | 1 | MO |
| <i>efavirenz-emtricitabin-tenofof</i> | 1 | MO |
| <i>efavirenz-lamivu-tenofof disop</i> | 1 | MO |
| <i>emtricitabine</i> | 1 | MO |
| <i>emtricitabine-tenofovir (tdf)</i> | 1 | MO |
| EMTRIVA | 2 | MO |
| <i>entecavir</i> | 1 | MO |
| EPCLUSA ORAL TABLET 200-50 MG | 2 | PA; MO; QL (56 per 28 days) |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| EPCLUSA ORAL TABLET 400-100 MG | 2 | PA; MO; QL (28 per 28 days) |
| EPIVIR HBV ORAL SOLUTION | 2 | MO |
| <i>etravirine</i> | 1 | MO |
| EVOTAZ | 2 | MO |
| <i>famciclovir</i> | 1 | MO |
| <i>fosamprenavir</i> | 1 | MO |
| FUZEON SUBCUTANEOUS RECON SOLN | 2 | MO |
| <i>ganciclovir sodium</i> | 1 | B/D PA; MO |
| GENVOYA | 2 | MO |
| HARVONI ORAL PELLETS IN PACKET 33.75-150 MG | 2 | PA; MO; QL (28 per 28 days) |
| HARVONI ORAL PELLETS IN PACKET 45-200 MG | 2 | PA; MO; QL (56 per 28 days) |
| HARVONI ORAL TABLET 45-200 MG | 2 | PA; MO; QL (56 per 28 days) |
| HARVONI ORAL TABLET 90-400 MG | 2 | PA; MO; QL (28 per 28 days) |
| INTELENCE | 2 | MO |
| INVIRASE ORAL TABLET | 2 | MO |
| ISENTRESS | 2 | MO |

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| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| ISENTRESS HD | 2 | MO |
| JULUCA | 2 | MO |
| KALETRA ORAL TABLET | 2 | MO |
| <i>lamivudine</i> | 1 | MO |
| <i>lamivudine-zidovudine</i> | 1 | MO |
| LEXIVA ORAL SUSPENSION | 2 | MO |
| <i>lopinavir-ritonavir</i> | 1 | MO |
| <i>nevirapine oral suspension</i> | 1 | |
| <i>nevirapine oral tablet</i> | 1 | MO |
| <i>nevirapine oral tablet extended release 24 hr</i> | 1 | MO |
| NORVIR ORAL POWDER IN PACKET | 2 | MO |
| NORVIR ORAL SOLUTION | 2 | MO |
| ODEFSEY | 2 | MO |
| <i>oseltamivir</i> | 1 | MO |
| PIFELTRO | 2 | MO |
| PREVYMIS INTRAVENOUS | 2 | |
| PREVYMIS ORAL | 2 | MO; QL (30 per 30 days) |
| PREZCOBIX | 2 | MO |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| PREZISTA ORAL SUSPENSION | 2 | MO |
| PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG | 2 | MO |
| RELENZA DISKHALER | 2 | MO |
| RETROVIR INTRAVENOUS | 2 | MO |
| REYATAZ ORAL POWDER IN PACKET | 2 | MO |
| <i>ribavirin oral capsule</i> | 1 | |
| <i>ribavirin oral tablet 200 mg</i> | 1 | MO |
| <i>rimantadine</i> | 1 | MO |
| <i>ritonavir</i> | 1 | MO |
| RUKOBIA | 2 | MO |
| SELZENTRY | 2 | MO |
| <i>stavudine oral capsule</i> | 1 | MO |
| STRIBILD | 2 | MO |
| SYMFI | 2 | MO |
| SYMFI LO | 2 | MO |
| SYMTUZA | 2 | MO |
| SYNAGIS | 2 | MO; LA |
| TEMIXYS | 2 | MO |
| <i>tenofovir disoproxil fumarate</i> | 1 | MO |

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|---|--|--|
| TIVICAY | 2 | MO |
| TIVICAY PD | 2 | MO |
| TRIUMEQ | 2 | MO |
| TROGARZO | 2 | MO; LA |
| TRUVADA | 2 | MO |
| <i>valacyclovir oral tablet 1 gram</i> | 1 | MO; QL (120 per 30 days) |
| <i>valacyclovir oral tablet 500 mg</i> | 1 | MO; QL (60 per 30 days) |
| <i>valganciclovir</i> | 1 | MO |
| VEMLIDY | 2 | MO |
| VIRACEPT ORAL TABLET | 2 | MO |
| VIREAD ORAL POWDER | 2 | MO |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | 2 | MO |
| VOSEVI | 2 | PA; MO; QL (28 per 28 days) |
| XOFLUZA | 2 | MO |
| <i>zidovudine</i> | 1 | MO |
| CEPHALOSPORINS | | |
| <i>cefaclor oral capsule</i> | 1 | MO |
| <i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | 1 | MO |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <i>cefaclor oral suspension for reconstitution 375 mg/5 ml</i> | 1 | |
| <i>cefaclor oral tablet extended release 12 hr</i> | 1 | MO |
| <i>cefadroxil oral capsule</i> | 1 | MO |
| <i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i> | 1 | MO |
| <i>cefadroxil oral tablet</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 g</i> | 1 | |
| <i>cefazolin intravenous</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 |

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|--|--|--|
| <i>cefcoxitin in dextrose, iso-osm</i> | 1 | PA |
| <i>cefcoxitin intravenous recon soln 1 gram, 2 gram</i> | 1 | PA; MO |
| <i>cefcoxitin intravenous recon soln 10 gram</i> | 1 | PA |
| <i>cefpodoxime</i> | 1 | MO |
| <i>cefprozil</i> | 1 | MO |
| <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 |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <i>cefuroxime sodium intravenous recon soln 7.5 gram</i> | 1 | PA |
| <i>cephalexin</i> | 1 | MO |
| SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML | 2 | |
| SUPRAX ORAL TABLET, CHEWABLE | 2 | MO |
| <i>tazicef injection</i> | 1 | PA; MO |
| <i>tazicef intravenous</i> | 1 | PA |
| TEFLARO | 2 | PA; MO |
| 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 |
| <i>e.e.s. 400 oral tablet</i> | 1 | MO |

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|---|--|--|
| <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 | MO |
| ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG | 2 | PA; MO |
| <i>erythromycin ethylsuccinate oral suspension for reconstitution</i> | 1 | MO |
| <i>erythromycin ethylsuccinate oral tablet</i> | 1 | |
| <i>erythromycin oral</i> | 1 | MO |
| MISCELLANEOUS ANTIINFECTIVES | | |
| <i>albendazole</i> | 1 | MO |
| <i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i> | 1 | PA; MO |
| ARIKAYCE | 2 | PA; LA |
| <i>atovaquone</i> | 1 | MO |
| <i>atovaquone-proguanil</i> | 1 | MO |
| <i>aztreonam</i> | 1 | PA; MO |
| <i>bacitracin intramuscular</i> | 1 | MO |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| BENZNIDAZOLE | 2 | MO |
| BETHKIS | 2 | B/D PA; MO; QL (224 per 28 days) |
| CAYSTON | 2 | PA; MO; LA; QL (84 per 28 days) |
| <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 pediatric</i> | 1 | MO |
| <i>clindamycin phosphate injection</i> | 1 | PA; MO |
| <i>clindamycin phosphate intravenous solution 600 mg/4 ml</i> | 1 | PA; MO |
| COARTEM | 2 | MO |
| <i>colistin (colistimethate na)</i> | 1 | PA; MO |
| <i>cvs pinworm treatment 50 mg/ml</i> | 3 | ADD |
| <i>dapsone oral</i> | 1 | MO |
| DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG | 2 | MO |

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|---|--|--|
| <i>daptomycin intravenous recon soln 500 mg</i> | 1 | MO |
| EMVERM | 2 | MO |
| <i>ertapenem</i> | 1 | MO |
| <i>ethambutol</i> | 1 | MO |
| <i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i> | 1 | PA; MO |
| <i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i> | 1 | PA |
| <i>gentamicin injection solution 40 mg/ml</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 |
| IMPAVIDO | 2 | PA; MO |
| <i>isoniazid injection</i> | 1 | |
| <i>isoniazid oral</i> | 1 | MO |
| <i>ivermectin oral</i> | 1 | MO |
| <i>lincomycin</i> | 1 | PA |
| <i>linezolid</i> | 1 | MO |
| <i>linezolid in dextrose 5%</i> | 1 | PA |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---------------------------------------|--|--|
| <i>linezolid-0.9% sodium chloride</i> | 1 | PA |
| <i>mefloquine</i> | 1 | MO |
| <i>meropenem</i> | 1 | MO |
| <i>metro i.v.</i> | 1 | PA; MO |
| <i>metronidazole in nacl (iso-os)</i> | 1 | PA; MO |
| <i>metronidazole oral tablet</i> | 1 | MO |
| <i>neomycin</i> | 1 | MO |
| <i>nitazoxanide</i> | 1 | MO |
| <i>paromomycin</i> | 1 | MO |
| PASER | 2 | MO |
| <i>pentamidine inhalation</i> | 1 | B/D PA; MO; QL (1 per 28 days) |
| <i>pentamidine injection</i> | 1 | MO |
| <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 |
| <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 |

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|---|--|--|
| SIRTURO | 2 | PA; LA |
| STREPTOMYCIN | 2 | PA; MO |
| SYNERCID | 2 | PA |
| <i>tigecycline</i> | 1 | PA; MO |
| <i>tinidazole</i> | 1 | MO |
| TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE | 2 | MO; QL (224 per 28 days) |
| <i>tobramycin in 0.225 % nacl</i> | 1 | B/D PA; MO; QL (280 per 28 days) |
| <i>tobramycin inhalation</i> | 1 | B/D PA; MO; QL (224 per 28 days) |
| <i>tobramycin sulfate injection recon soln</i> | 1 | PA |
| <i>tobramycin sulfate injection solution</i> | 1 | PA; MO |
| TRECTOR | 2 | MO |
| VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK | 2 | |
| VANCOMYCIN INJECTION | 2 | |
| <i>vancomycin intravenous recon soln 1,000 mg, 500 mg, 750 mg</i> | 1 | MO |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <i>vancomycin intravenous recon soln 10 gram, 5 gram</i> | 1 | |
| <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 |
| XIFAXAN ORAL TABLET 200 MG | 2 | MO; QL (9 per 30 days) |
| XIFAXAN ORAL TABLET 550 MG | 2 | MO; QL (90 per 30 days) |
| 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</i> | 1 | MO |
| <i>ampicillin oral capsule 500 mg</i> | 1 | MO |

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|--|--|--|
| <i>ampicillin sodium injection</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 |
| BICILLIN C-R | 2 | PA; MO |
| BICILLIN L-A | 2 | PA; MO |
| <i>dicloxacillin</i> | 1 | MO |
| <i>nafcillin in dextrose iso-osm</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 |
| <i>nafcillin intravenous recon soln 1 gram</i> | 1 | PA |
| <i>nafcillin intravenous recon soln 2 gram</i> | 1 | PA; MO |
| <i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml</i> | 1 | PA |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| <i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i> | 1 | PA; MO |
| <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 | 2 | PA |
| <i>penicillin g potassium</i> | 1 | PA; MO |
| <i>penicillin g procaine</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 |
| <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 | | |

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|---|--|--|
| CIPRO ORAL SUSPENSION, MICROCAPSULE RECON | 2 | |
| <i>ciprofloxacin hcl oral</i> | 1 | MO |
| <i>ciprofloxacin in 5 % dextrose</i> | 1 | PA; MO |
| <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; MO |
| <i>levofloxacin oral</i> | 1 | MO |
| <i>moxifloxacin oral</i> | 1 | MO |
| <i>moxifloxacin-sod.chloride(iso)</i> | 1 | PA; MO |
| <i>ofloxacin oral tablet 300 mg, 400 mg</i> | 1 | MO |
| SULFA'S / RELATED AGENTS | | |
| <i>sulfadiazine</i> | 1 | MO |
| <i>sulfamethoxazole-trimethoprim intravenous</i> | 1 | PA; MO |
| <i>sulfamethoxazole-trimethoprim oral</i> | 1 | MO |

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|---|--|--|
| TETRACYCLINES | | |
| <i>demeclocycline</i> | 1 | MO |
| <i>doxy-100</i> | 1 | PA; MO |
| <i>doxycycline hyclate intravenous</i> | 1 | PA |
| <i>doxycycline hyclate oral capsule</i> | 1 | MO |
| <i>doxycycline hyclate oral tablet 20 mg, 50 mg</i> | 1 | MO |
| <i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i> | 1 | MO |
| <i>doxycycline monohydrate oral suspension for reconstitution</i> | 1 | MO |
| <i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i> | 1 | MO |
| <i>minocycline oral capsule</i> | 1 | MO |
| <i>minocycline oral tablet</i> | 1 | MO |
| <i>mondoxyne nl oral capsule 100 mg</i> | 1 | MO |
| <i>tetracycline</i> | 1 | MO |
| VIBRAMYCIN ORAL SYRUP | 2 | MO |
| URINARY TRACT AGENTS | | |

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|---------------------------------------|--|--|
| <i>methenamine hippurate</i> | 1 | MO |
| <i>methenamine mandelate</i> | 1 | MO |
| <i>nitrofurantoin</i> | 1 | MO |
| <i>nitrofurantoin macrocrystal</i> | 1 | MO |
| <i>nitrofurantoin monohyd/m-cryst</i> | 1 | MO |
| <i>trimethoprim</i> | 1 | MO |

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

ADJUNCTIVE AGENTS

| | | |
|--|---|------------|
| <i>dexrazoxane hcl</i> | 1 | B/D PA; MO |
| ELITEK | 2 | MO |
| KEPIVANCE | 2 | |
| KHAPZORY | 2 | B/D PA |
| <i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i> | 1 | B/D PA; MO |
| <i>leucovorin calcium injection recon soln 500 mg</i> | 1 | B/D PA |
| <i>leucovorin calcium oral</i> | 1 | MO |
| <i>levoleucovorin calcium intravenous recon soln 50 mg</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>levoleucovorin calcium intravenous solution</i> | 1 | B/D PA |
| <i>mesna</i> | 1 | B/D PA; MO |
| MESNEX ORAL | 2 | MO |
| VISTOGARD | 2 | PA |
| XGEVA | 2 | B/D PA; MO |

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

| | | |
|--|---|------------------------------|
| <i>abiraterone oral tablet 250 mg</i> | 1 | PA; MO; QL (120 per 30 days) |
| <i>abiraterone oral tablet 500 mg</i> | 1 | PA; MO; QL (60 per 30 days) |
| ABRAXANE | 2 | B/D PA; MO |
| ADCETRIS | 2 | B/D PA; MO |
| <i>adriamycin intravenous recon soln 10 mg</i> | 1 | B/D PA; MO |
| <i>adriamycin intravenous solution 10 mg/5 ml</i> | 1 | B/D PA; MO |
| <i>adriamycin intravenous solution 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i> | 1 | B/D PA |
| <i>adrucil intravenous solution 2.5 gram/50 ml</i> | 1 | B/D PA |
| AFINITOR DISPERZ | 2 | PA; MO |

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|--|--|--|
| AFINITOR ORAL TABLET 10 MG | 2 | PA; MO; QL (30 per 30 days) |
| ALECENSA | 2 | PA; MO; QL (240 per 30 days) |
| ALIMTA | 2 | B/D PA; MO |
| ALIQOPA | 2 | B/D PA; LA |
| ALUNBRIG ORAL TABLET 180 MG, 90 MG | 2 | PA; QL (30 per 30 days) |
| ALUNBRIG ORAL TABLET 30 MG | 2 | PA; QL (60 per 30 days) |
| ALUNBRIG ORAL TABLETS,DOSE PACK | 2 | PA; QL (30 per 30 days) |
| <i>anastrozole</i> | 1 | MO |
| ARRANON | 2 | B/D PA |
| <i>arsenic trioxide intravenous solution 1 mg/ml</i> | 1 | B/D PA |
| <i>arsenic trioxide intravenous solution 2 mg/ml</i> | 1 | B/D PA; MO |
| ARZERRA | 2 | B/D PA; MO |
| ASPARLAS | 2 | PA |
| AVASTIN | 2 | B/D PA; MO |
| AYVAKIT | 2 | PA; LA; QL (30 per 30 days) |
| <i>azacitidine</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>azathioprine oral tablet 50 mg</i> | 1 | B/D PA; MO |
| <i>azathioprine sodium</i> | 1 | B/D PA |
| BALVERSA | 2 | PA; LA |
| BAVENCIO | 2 | B/D PA; LA |
| BELEODAQ | 2 | B/D PA |
| BENDEKA | 2 | B/D PA; MO |
| BESPONSA | 2 | B/D PA; MO; LA |
| <i>bexarotene</i> | 1 | PA; MO |
| <i>bicalutamide</i> | 1 | MO |
| BLENREP | 2 | PA |
| <i>bleomycin</i> | 1 | B/D PA; MO |
| BLINCYTO INTRAVENOUS KIT | 2 | B/D PA |
| BORTEZOMIB | 2 | B/D PA |
| BOSULIF ORAL TABLET 100 MG | 2 | PA; MO; QL (90 per 30 days) |
| BOSULIF ORAL TABLET 400 MG, 500 MG | 2 | PA; MO; QL (30 per 30 days) |
| BRAFTOVI ORAL CAPSULE 75 MG | 2 | PA; MO; LA; QL (180 per 30 days) |
| BRUKINSA | 2 | PA; LA |
| <i>busulfan</i> | 1 | B/D PA |
| CABOMETYX | 2 | PA; MO; LA |

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|--|--|--|
| CALQUENCE | 2 | PA; LA; QL (60 per 30 days) |
| CAPRELSA ORAL TABLET 100 MG | 2 | PA; LA; QL (60 per 30 days) |
| CAPRELSA ORAL TABLET 300 MG | 2 | PA; LA; QL (30 per 30 days) |
| <i>carboplatin intravenous solution</i> | 1 | B/D PA; MO |
| <i>carmustine</i> | 1 | B/D PA; MO |
| <i>cisplatin intravenous solution</i> | 1 | B/D PA; MO |
| <i>cladribine</i> | 1 | B/D PA; MO |
| <i>clofarabine</i> | 1 | B/D PA |
| COMETRIQ | 2 | PA; MO |
| COPIKTRA | 2 | PA; LA; QL (60 per 30 days) |
| COSMEGEN | 2 | B/D PA; MO |
| COTELLIC | 2 | PA; MO; LA; QL (63 per 28 days) |
| <i>cyclophosphamide intravenous recon soln</i> | 1 | B/D PA; MO |
| <i>cyclophosphamide oral capsule</i> | 1 | B/D PA; MO |
| CYCLOPHOSPHA MIDE ORAL TABLET | 2 | B/D PA; MO |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <i>cyclosporine intravenous</i> | 1 | B/D PA |
| <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 |
| <i>cytarabine</i> | 1 | B/D PA; MO |
| <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 |
| DANYELZA | 2 | PA |
| DARZALEX | 2 | B/D PA; MO; LA |
| <i>daunorubicin intravenous solution</i> | 1 | B/D PA |
| DAURISMO ORAL TABLET 100 MG | 2 | PA; MO; QL (30 per 30 days) |
| DAURISMO ORAL TABLET 25 MG | 2 | PA; MO; QL (60 per 30 days) |

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|---|--|--|
| <i>decitabine</i> | 1 | B/D PA; MO |
| <i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i> | 1 | B/D PA |
| <i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i> | 1 | B/D PA; MO |
| <i>doxorubicin intravenous recon soln 10 mg</i> | 1 | B/D PA |
| <i>doxorubicin intravenous recon soln 50 mg</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 |
| DROXIA | 2 | MO |
| ELZONRIS | 2 | PA; LA |
| EMCYT | 2 | MO |
| EMPLICITI | 2 | B/D PA; MO |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| ENVARSUS XR | 2 | B/D PA; MO |
| <i>epirubicin intravenous solution</i> | 1 | B/D PA; MO |
| ERBITUX | 2 | B/D PA; MO |
| ERIVEDGE | 2 | PA; MO; QL (30 per 30 days) |
| ERLEADA | 2 | PA; MO; QL (120 per 30 days) |
| <i>erlotinib oral tablet 100 mg, 150 mg</i> | 1 | PA; MO; QL (30 per 30 days) |
| <i>erlotinib oral tablet 25 mg</i> | 1 | PA; MO; QL (60 per 30 days) |
| ETOPOPHOS | 2 | B/D PA; MO |
| <i>etoposide intravenous</i> | 1 | B/D PA; MO |
| <i>everolimus (antineoplastic) oral tablet 10 mg</i> | 1 | PA; QL (30 per 30 days) |
| <i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i> | 1 | PA; MO; QL (30 per 30 days) |
| <i>everolimus (immunosuppressive)</i> | 1 | B/D PA; MO |
| <i>exemestane</i> | 1 | MO |
| FARYDAK | 2 | PA; MO; QL (6 per 21 days) |

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|--|--|--|
| FIRMAGON KIT W DILUENT SYRINGE | 2 | B/D PA; MO |
| <i>floruridine</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 |
| <i>flutamide</i> | 1 | MO |
| FOLOTYN | 2 | B/D PA; MO |
| FOTIVDA | 2 | PA; LA; QL (21 per 28 days) |
| <i>fulvestrant</i> | 1 | B/D PA; MO |
| GAVRETO | 2 | PA; MO; LA |
| GAZYVA | 2 | B/D PA; MO |
| <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 |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| <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) |
| HALAVEN | 2 | B/D PA; MO |
| <i>hydroxyurea</i> | 1 | MO |
| IBRANCE | 2 | PA; MO; QL (21 per 28 days) |
| ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG | 2 | PA; QL (30 per 30 days) |
| ICLUSIG ORAL TABLET 15 MG | 2 | PA; QL (60 per 30 days) |
| <i>idarubicin</i> | 1 | B/D PA; MO |
| IDHIFA | 2 | PA; MO; LA; QL (30 per 30 days) |
| <i>ifosfamide intravenous recon soln</i> | 1 | B/D PA; MO |

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|---|--|--|
| <i>ifosfamide intravenous solution 1 gram/20 ml</i> | 1 | B/D PA; MO |
| <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) |
| <i>imatinib oral tablet 400 mg</i> | 1 | PA; MO; QL (60 per 30 days) |
| IMBRUVICA ORAL CAPSULE 140 MG | 2 | PA; QL (120 per 30 days) |
| IMBRUVICA ORAL CAPSULE 70 MG | 2 | PA; QL (30 per 30 days) |
| IMBRUVICA ORAL TABLET | 2 | PA; QL (30 per 30 days) |
| IMFINZI | 2 | B/D PA; MO; LA |
| INFUGEM | 2 | B/D PA |
| INLYTA ORAL TABLET 1 MG | 2 | PA; MO; QL (180 per 30 days) |
| INLYTA ORAL TABLET 5 MG | 2 | PA; MO; QL (120 per 30 days) |
| INQOVI | 2 | PA; MO; QL (5 per 28 days) |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| INREBIC | 2 | PA; MO; LA; QL (120 per 30 days) |
| IRESSA | 2 | PA; MO; QL (30 per 30 days) |
| <i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml</i> | 1 | B/D PA; MO |
| <i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i> | 1 | B/D PA |
| ISTODAX | 2 | B/D PA; MO |
| IXEMPRA | 2 | B/D PA; MO |
| JAKAFI | 2 | PA; MO; QL (60 per 30 days) |
| JEMPERLI | 2 | PA; MO |
| JEVTANA | 2 | B/D PA; MO |
| KADCYLA | 2 | PA; MO |
| KEYTRUDA | 2 | PA |
| KISQALI | 2 | PA; MO |
| KISQALI FEMARA CO-PACK | 2 | PA; MO |
| KYPROLIS | 2 | B/D PA |
| <i>lapatinib</i> | 1 | PA; MO; QL (180 per 30 days) |
| LENVIMA | 2 | PA; MO |
| <i>letrozole</i> | 1 | MO |

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|------------------------------------|--|--|
| LEUKERAN | 2 | MO |
| <i>leuprolide subcutaneous kit</i> | 1 | PA; MO |
| LIBTAYO | 2 | PA; LA |
| LONSURF | 2 | PA; MO |
| LORBRENA ORAL TABLET 100 MG | 2 | PA; MO; QL (30 per 30 days) |
| LORBRENA ORAL TABLET 25 MG | 2 | PA; MO; QL (90 per 30 days) |
| LUMAKRAS | 2 | PA; MO |
| LUMOXITI | 2 | PA; LA |
| LUPRON DEPOT | 2 | PA; MO |
| LUPRON DEPOT (3 MONTH) | 2 | PA; MO |
| LUPRON DEPOT (4 MONTH) | 2 | PA; MO |
| LUPRON DEPOT (6 MONTH) | 2 | PA; MO |
| LUPRON DEPOT-PED | 2 | PA; MO |
| LUPRON DEPOT-PED (3 MONTH) | 2 | PA; MO |
| LYNPARZA | 2 | PA; MO; QL (120 per 30 days) |
| LYSODREN | 2 | |
| MARQIBO | 2 | B/D PA |
| MATULANE | 2 | |

| 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 (10 ml)</i> | 1 | PA |
| <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 TABLET 0.5 MG | 2 | PA; MO; QL (90 per 30 days) |
| MEKINIST ORAL TABLET 2 MG | 2 | PA; MO; QL (30 per 30 days) |
| MEKTOVI | 2 | PA; MO; LA; QL (180 per 30 days) |
| <i>melphalan</i> | 1 | B/D PA; MO |
| <i>melphalan hcl</i> | 1 | B/D PA |
| <i>mercaptopurine</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</i> | 1 | B/D PA; MO |
| <i>mitoxantrone</i> | 1 | B/D PA; MO |
| MONJUVI | 2 | PA; LA |

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|------------------------------------|--|--|
| MVASI | 2 | B/D PA; MO |
| <i>mycophenolate mofetil</i> | 1 | B/D PA; MO |
| <i>mycophenolate mofetil (hcl)</i> | 1 | B/D PA |
| <i>mycophenolate sodium</i> | 1 | B/D PA; MO |
| MYLOTARG | 2 | B/D PA; MO; LA |
| NERLYNX | 2 | PA; MO; LA |
| NEXAVAR | 2 | PA; MO; LA; QL (120 per 30 days) |
| <i>nilutamide</i> | 1 | PA; MO |
| NINLARO | 2 | PA; MO; QL (3 per 28 days) |
| NUBEQA | 2 | PA; MO; LA; QL (120 per 30 days) |
| NULOJIX | 2 | B/D PA; MO |
| <i>octreotide acetate</i> | 1 | MO |
| ODOMZO | 2 | PA; MO; LA; QL (30 per 30 days) |
| ONCASPAR | 2 | B/D PA |
| ONIVYDE | 2 | B/D PA |
| ONUREG | 2 | PA; MO |
| OPDIVO | 2 | PA; MO |
| ORGOVYX | 2 | PA; LA; QL (32 per 30 days) |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| <i>oxaliplatin intravenous recon soln 100 mg</i> | 1 | B/D PA; MO |
| <i>oxaliplatin intravenous recon soln 50 mg</i> | 1 | B/D PA |
| <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 |
| PADCEV | 2 | PA; MO |
| <i>paraplatin</i> | 1 | B/D PA |
| PEMAZYRE | 2 | PA; LA; QL (14 per 21 days) |
| PERJETA | 2 | B/D PA; MO |
| PIQRAY | 2 | PA; MO |
| POLIVY | 2 | PA; MO |
| POMALYST | 2 | PA; MO; LA |
| PORTRAZZA | 2 | B/D PA; MO |
| POTELIGEO | 2 | PA |
| PROGRAF INTRAVENOUS | 2 | B/D PA; MO |
| PROGRAF ORAL GRANULES IN PACKET | 2 | B/D PA; MO |
| PURIXAN | 2 | |

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|-------------------------------|--|--|
| QINLOCK | 2 | PA; LA; QL (90 per 30 days) |
| RETEVMO ORAL CAPSULE 40 MG | 2 | PA; MO; LA; QL (180 per 30 days) |
| RETEVMO ORAL CAPSULE 80 MG | 2 | PA; MO; LA; QL (120 per 30 days) |
| REVLIMID | 2 | PA; MO; LA; QL (28 per 28 days) |
| RITUXAN | 2 | PA; MO |
| ROZLYTREK ORAL CAPSULE 100 MG | 2 | PA; MO; QL (150 per 30 days) |
| ROZLYTREK ORAL CAPSULE 200 MG | 2 | PA; MO; QL (90 per 30 days) |
| RUBRACA | 2 | PA; MO; LA; QL (120 per 30 days) |
| RUXIENCE | 2 | PA; MO |
| RYBREVANT | 2 | PA; MO |
| RYDAPT | 2 | PA; MO |
| RYLAZE | 2 | PA |
| SANDIMMUNE ORAL SOLUTION | 2 | B/D PA; MO |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON | 2 | PA; MO |
| SARCLISA | 2 | PA; LA |
| SIGNIFOR | 2 | PA |
| SIMULECT INTRAVENOUS RECON SOLN 10 MG | 2 | B/D PA |
| SIMULECT INTRAVENOUS RECON SOLN 20 MG | 2 | B/D PA; MO |
| <i>sirolimus</i> | 1 | B/D PA; MO |
| SOLTAMOX | 2 | MO |
| SOMATULINE DEPOT | 2 | PA; MO |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG | 2 | PA; MO; QL (30 per 30 days) |
| SPRYCEL ORAL TABLET 20 MG, 70 MG | 2 | PA; MO; QL (60 per 30 days) |
| STIVARGA | 2 | PA; MO; QL (84 per 28 days) |
| <i>sunitinib</i> | 1 | PA; MO; QL (30 per 30 days) |

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|-------------------------------------|--|--|
| SUTENT | 2 | PA; MO; QL (30 per 30 days) |
| SYNRIBO | 2 | B/D PA |
| TABLOID | 2 | MO |
| TABRECTA | 2 | PA; MO |
| <i>tacrolimus oral</i> | 1 | B/D PA; MO |
| TAFINLAR | 2 | PA; MO; QL (120 per 30 days) |
| TAGRISSEO | 2 | PA; MO; LA; QL (30 per 30 days) |
| TALZENNA ORAL CAPSULE 0.25 MG | 2 | PA; MO; QL (90 per 30 days) |
| TALZENNA ORAL CAPSULE 1 MG | 2 | PA; MO; QL (30 per 30 days) |
| <i>tamoxifen</i> | 1 | MO |
| TARGRETIN TOPICAL | 2 | PA; MO |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG | 2 | PA; MO; QL (112 per 28 days) |
| TASIGNA ORAL CAPSULE 50 MG | 2 | PA; MO; QL (120 per 30 days) |
| TAZVERIK | 2 | PA; LA |
| TECENTRIQ | 2 | B/D PA; MO; LA |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| TEMODAR INTRAVENOUS | 2 | B/D PA; MO |
| <i>temsirolimus</i> | 1 | B/D PA; MO |
| TEPMETKO | 2 | PA; LA |
| THALOMID | 2 | PA; MO |
| <i>thiotepa injection recon soln 100 mg</i> | 1 | B/D PA |
| <i>thiotepa injection recon soln 15 mg</i> | 1 | B/D PA; MO |
| TIBSOVO | 2 | PA |
| TIVDAK | 2 | PA; MO |
| <i>toposar</i> | 1 | B/D PA; MO |
| <i>topotecan intravenous recon soln</i> | 1 | B/D PA; MO |
| <i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i> | 1 | B/D PA; MO |
| <i>toremifene</i> | 1 | MO |
| TRAZIMERA | 2 | B/D PA; MO |
| TREANDA | 2 | B/D PA; MO |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION | 2 | B/D PA; MO |
| <i>tretinoin (antineoplastic)</i> | 1 | MO |
| TRISENOX | 2 | B/D PA; MO |
| TRODELVY | 2 | PA; LA |

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|---|--|--|
| TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1) | 2 | PA; LA; QL (21 per 21 days) |
| TRUSELTIQ ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2) | 2 | PA; LA; QL (42 per 21 days) |
| TRUSELTIQ ORAL CAPSULE 75 MG/DAY (25 MG X 3) | 2 | PA; LA; QL (63 per 21 days) |
| TRUXIMA | 2 | PA; MO |
| TUKYSA ORAL TABLET 150 MG | 2 | PA; LA; QL (120 per 30 days) |
| TUKYSA ORAL TABLET 50 MG | 2 | PA; LA; QL (300 per 30 days) |
| TURALIO | 2 | PA; LA; QL (120 per 30 days) |
| TYKERB | 2 | PA; MO; LA; QL (180 per 30 days) |
| UKONIQ | 2 | PA; LA; QL (120 per 30 days) |
| UNITUXIN | 2 | B/D PA |
| <i>valrubicin</i> | 1 | B/D PA; MO |
| VANTAS | 2 | PA; MO |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|------------------------------|--|--|
| VECTIBIX | 2 | B/D PA; MO |
| VELCADE | 2 | B/D PA; MO |
| VENCLEXTA | 2 | PA; LA |
| VENCLEXTA STARTING PACK | 2 | PA; LA; QL (42 per 30 days) |
| VERZENIO | 2 | PA; MO; LA; QL (60 per 30 days) |
| <i>vinblastine</i> | 1 | B/D PA; MO |
| <i>vincasar pfs</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) |
| VITRAKVI ORAL CAPSULE 25 MG | 2 | PA; MO; LA; QL (180 per 30 days) |
| VITRAKVI ORAL SOLUTION | 2 | PA; MO; LA; QL (300 per 30 days) |
| VIZIMPRO | 2 | PA; MO; QL (30 per 30 days) |
| VOTRIENT | 2 | PA; MO; QL (120 per 30 days) |
| VYXEOS | 2 | B/D PA |
| WELIREG | 2 | PA; LA |

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|---|--|--|
| XALKORI | 2 | PA; MO; QL (60 per 30 days) |
| XATMEP | 2 | B/D PA; MO |
| XERMELO | 2 | PA; LA; QL (90 per 30 days) |
| XOSPATA | 2 | PA; LA |
| XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK) | 2 | PA; LA |
| XTANDI ORAL CAPSULE | 2 | PA; MO; QL (120 per 30 days) |
| XTANDI ORAL TABLET 40 MG | 2 | PA; MO; QL (120 per 30 days) |
| XTANDI ORAL TABLET 80 MG | 2 | PA; MO; QL (60 per 30 days) |
| YERVOY | 2 | B/D PA; MO |
| YONDELIS | 2 | B/D PA |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| YONSA | 2 | PA; MO; QL (120 per 30 days) |
| ZALTRAP | 2 | B/D PA; MO |
| ZANOSAR | 2 | B/D PA; MO |
| ZEJULA | 2 | PA; LA; QL (90 per 30 days) |
| ZELBORAF | 2 | PA; MO; QL (240 per 30 days) |
| ZEPZELCA | 2 | PA |
| ZIRABEV | 2 | B/D PA; MO |
| ZOLADEX | 2 | PA; MO |
| ZOLINZA | 2 | PA; MO |
| ZORTRESS ORAL TABLET 1 MG | 2 | B/D PA; MO |
| ZYDELIG | 2 | PA; MO; QL (60 per 30 days) |
| ZYKADIA ORAL TABLET | 2 | PA; MO; QL (90 per 30 days) |
| ZYNLONTA | 2 | PA; LA |
| ZYTIGA ORAL TABLET 500 MG | 2 | PA; MO; QL (60 per 30 days) |
| AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH | | |
| ANTICONVULSANTS | | |
| APTIOM | 2 | MO |

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|---|--|--|
| BANZEL | 2 | PA; MO |
| BRIVIACT INTRAVENOUS | 2 | |
| BRIVIACT ORAL | 2 | MO |
| <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 200 mg/10 ml</i> | 1 | |
| <i>carbamazepine oral tablet</i> | 1 | MO |
| <i>carbamazepine oral tablet extended release 12 hr</i> | 1 | MO |
| <i>carbamazepine oral tablet, chewable</i> | 1 | MO |
| CELONTIN ORAL CAPSULE 300 MG | 2 | MO |
| <i>clobazam oral suspension</i> | 1 | PA; MO; QL (480 per 30 days) |
| <i>clobazam oral tablet</i> | 1 | PA; MO; QL (60 per 30 days) |
| <i>clonazepam oral tablet 0.5 mg, 1 mg</i> | 1 | MO; QL (90 per 30 days) |
| <i>clonazepam oral tablet 2 mg</i> | 1 | 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>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i> | 1 | MO; QL (90 per 30 days) |
| <i>clonazepam oral tablet, disintegrating 2 mg</i> | 1 | MO; QL (300 per 30 days) |
| DIACOMIT | 2 | |
| <i>diazepam rectal</i> | 1 | MO |
| DILANTIN 30 MG | 2 | MO |
| <i>divalproex oral capsule, delayed rel sprinkle</i> | 1 | |
| <i>divalproex oral tablet extended release 24 hr</i> | 1 | MO |
| <i>divalproex oral tablet, delayed release (dr/ec)</i> | 1 | MO |
| EPIDIOLEX | 2 | PA; MO; LA |
| <i>epitol</i> | 1 | MO |
| <i>ethosuximide</i> | 1 | MO |
| <i>felbamate</i> | 1 | MO |
| FINTEPLA | 2 | PA; LA |
| <i>fosphenytoin</i> | 1 | MO |
| FYCOMPA | 2 | MO |
| <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) |

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|--|--|--|
| <i>gabapentin oral solution 250 mg/5 ml</i> | 1 | MO; QL (2160 per 30 days) |
| <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) |
| GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG | 2 | PA; MO; QL (30 per 30 days) |
| GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG | 2 | PA; MO; QL (90 per 30 days) |
| <i>lamotrigine</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 |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| <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 |
| NAYZILAM | 2 | PA; MO; QL (10 per 30 days) |
| <i>oxcarbazepine</i> | 1 | MO |
| <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 100 mg/4 ml</i> | 1 | |
| <i>phenytoin oral suspension 125 mg/5 ml</i> | 1 | MO |

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|--|--|--|
| <i>phenytoin oral tablet, chewable</i> | 1 | MO |
| <i>phenytoin sodium extended</i> | 1 | MO |
| <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) |
| <i>primidone</i> | 1 | MO |
| <i>rowepra</i> | 1 | MO |
| <i>rufinamide</i> | 1 | PA; MO |
| SPRITAM | 2 | MO |
| <i>subvenite</i> | 1 | MO |
| <i>subvenite starter (blue) kit</i> | 1 | MO |
| <i>subvenite starter (green) kit</i> | 1 | MO |
| <i>subvenite starter (orange) kit</i> | 1 | MO |
| SYMPAZAN | 2 | PA; MO; QL (60 per 30 days) |
| <i>tiagabine</i> | 1 | MO |
| <i>topiramate oral capsule, sprinkle</i> | 1 | PA; MO |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <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) |
| <i>vigabatrin</i> | 1 | MO; LA |
| <i>vigadrone</i> | 1 | LA |
| VIMPAT INTRAVENOUS | 2 | MO |
| VIMPAT ORAL SOLUTION | 2 | MO |
| VIMPAT ORAL TABLET | 2 | MO |
| XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) | 2 | MO; QL (56 per 28 days) |

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|---|--|--|
| XCOPRI ORAL TABLET 100 MG | 2 | MO; QL (120 per 30 days) |
| XCOPRI ORAL TABLET 150 MG, 200 MG | 2 | MO; QL (60 per 30 days) |
| XCOPRI ORAL TABLET 50 MG | 2 | MO; QL (240 per 30 days) |
| XCOPRI TITRATION PACK | 2 | MO; QL (56 per 28 days) |
| <i>zonisamide</i> | 1 | PA; MO |
| ANTIPARKINSONISM AGENTS | | |
| APOKYN | 2 | PA; MO; LA |
| <i>benztropine injection</i> | 1 | MO |
| <i>benztropine oral</i> | 1 | PA; MO |
| <i>bromocriptine</i> | 1 | MO |
| <i>carbidopa</i> | 1 | MO |
| <i>carbidopa-levodopa</i> | 1 | MO |
| <i>carbidopa-levodopa-entacapone</i> | 1 | MO |
| <i>entacapone</i> | 1 | MO |
| KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | 2 | PA; MO |
| NEUPRO | 2 | MO |
| <i>pramipexole oral tablet</i> | 1 | MO |
| <i>rasagiline</i> | 1 | MO |
| <i>ropinirole</i> | 1 | MO |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| <i>selegiline hcl</i> | 1 | MO |
| <i>tolcapone</i> | 1 | PA |
| MIGRAINE / CLUSTER HEADACHE THERAPY | | |
| AIMOVIG AUTOINJECTOR | 2 | PA; MO; QL (1 per 30 days) |
| AJOVY AUTOINJECTOR | 2 | PA; MO; QL (1.5 per 30 days) |
| AJOVY SYRINGE | 2 | PA; MO; QL (1.5 per 30 days) |
| <i>dihydroergotamine injection</i> | 1 | |
| <i>dihydroergotamine nasal</i> | 1 | QL (8 per 28 days) |
| <i>eletriptan</i> | 1 | MO; QL (18 per 28 days) |
| EMGALITY PEN | 2 | PA; MO; QL (2 per 30 days) |
| EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML | 2 | PA; MO; QL (2 per 30 days) |
| EMGALITY SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3) | 2 | PA; MO; QL (3 per 30 days) |
| <i>ergotamine-caffeine</i> | 1 | MO |
| <i>migergot</i> | 1 | MO |

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|---|--|--|
| <i>naratriptan</i> | 1 | MO; QL (18 per 28 days) |
| NURTEC ODT | 2 | PA; QL (16 per 30 days) |
| <i>rizatriptan</i> | 1 | MO; QL (36 per 28 days) |
| <i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i> | 1 | MO; QL (18 per 28 days) |
| <i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i> | 1 | MO; QL (36 per 28 days) |
| <i>sumatriptan succinate oral</i> | 1 | MO; QL (18 per 28 days) |
| <i>sumatriptan succinate subcutaneous cartridge</i> | 1 | MO; QL (8 per 28 days) |
| <i>sumatriptan succinate subcutaneous pen injector</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) |
| <i>zolmitriptan oral</i> | 1 | MO; QL (18 per 28 days) |

**MISCELLANEOUS
NEUROLOGICAL THERAPY**

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| AUBAGIO | 2 | PA; MO; QL (30 per 30 days) |
| BAFIERTAM | 2 | PA; MO; QL (120 per 30 days) |
| COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML | 2 | PA; MO; QL (12 per 28 days) |
| <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 (14 per 30 days) |
| <i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i> | 1 | PA; MO; QL (120 per 180 days) |
| <i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i> | 1 | PA; MO; QL (60 per 30 days) |
| <i>donepezil</i> | 1 | MO |
| FIRDAPSE | 2 | PA; LA |
| <i>galantamine</i> | 1 | MO |
| GILENYA ORAL CAPSULE 0.5 MG | 2 | PA; MO; QL (30 per 30 days) |

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|---|--|--|
| <i>glatiramer subcutaneous syringe 20 mg/ml</i> | 1 | PA; QL (30 per 30 days) |
| <i>glatiramer subcutaneous syringe 40 mg/ml</i> | 1 | PA; QL (12 per 28 days) |
| <i>glatopa subcutaneous syringe 20 mg/ml</i> | 1 | PA; MO; QL (30 per 30 days) |
| <i>glatopa subcutaneous syringe 40 mg/ml</i> | 1 | PA; MO; QL (12 per 28 days) |
| KESIMPTA PEN | 2 | PA; MO; QL (1.6 per 28 days) |
| LEMTRADA | 2 | PA; MO |
| <i>memantine oral capsule,sprinkle,er 24hr</i> | 1 | PA; MO |
| <i>memantine oral solution</i> | 1 | PA; MO |
| <i>memantine oral tablet</i> | 1 | PA; MO |
| NAMZARIC | 2 | PA; MO |
| NUEDEXTA | 2 | PA; MO |
| OCREVUS | 2 | PA; MO; LA |
| RADICAVA | 2 | PA |
| <i>rivastigmine</i> | 1 | MO |
| <i>rivastigmine tartrate</i> | 1 | MO |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| TECFIDERA ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 120 MG | 2 | PA; MO; LA; QL (14 per 30 days) |
| TECFIDERA ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 120 MG (14)- 240 MG (46) | 2 | PA; MO; LA; QL (120 per 180 days) |
| TECFIDERA ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 240 MG | 2 | PA; MO; LA; QL (60 per 30 days) |
| <i>tetrabenazine oral tablet 12.5 mg</i> | 1 | PA; MO; QL (240 per 30 days) |
| <i>tetrabenazine oral tablet 25 mg</i> | 1 | PA; MO; QL (120 per 30 days) |
| TYSABRI | 2 | PA; MO; LA |
| VUMERITY | 2 | PA; MO; QL (120 per 30 days) |
| ZEPOSIA | 2 | PA; MO; QL (30 per 30 days) |
| ZEPOSIA STARTER KIT | 2 | PA; MO; QL (37 per 30 days) |
| ZEPOSIA STARTER PACK | 2 | PA; MO; QL (7 per 30 days) |

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|--|--|--|
| MUSCLE RELAXANTS / ANTISPASMODIC THERAPY | | |
| <i>baclofen oral</i> | 1 | MO |
| <i>cyclobenzaprine oral tablet</i> | 1 | PA; MO |
| <i>dantrolene intravenous</i> | 1 | |
| <i>dantrolene oral</i> | 1 | MO |
| LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML | 2 | B/D PA; MO |
| LIORESAL INTRATHECAL SOLUTION 50 MCG/ML | 2 | B/D PA |
| <i>neostigmine methylsulfate intravenous solution</i> | 1 | |
| <i>pyridostigmine bromide oral syrup</i> | 1 | MO |
| <i>pyridostigmine bromide oral tablet 60 mg</i> | 1 | MO |
| <i>pyridostigmine bromide oral tablet extended release</i> | 1 | MO |
| <i>regonol</i> | 1 | |
| <i>revonto</i> | 1 | |
| <i>tizanidine</i> | 1 | MO |
| NARCOTIC ANALGESICS | | |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| <i>acetaminophen-caff-dihydrocod oral capsule</i> | 1 | MO; QL (300 per 30 days) |
| <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</i> | 1 | MO; QL (360 per 30 days) |
| <i>fentanyl citrate (pf) injection solution</i> | 1 | QL (400 per 30 days) |

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|--|--|--|
| <i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i> | 1 | QL (400 per 30 days) |
| <i>fentanyl citrate buccal lozenge on a handle</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 bitartrate oral capsule, oral only, er 12hr</i> | 1 | PA; MO; QL (90 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 10-300 mg, 5-300 mg, 7.5-300 mg</i> | 1 | MO; QL (390 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-ibuprofen</i> | 1 | MO; QL (50 per 30 days) |
| <i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i> | 1 | QL (240 per 30 days) |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| <i>hydromorphone (pf) injection solution 2 mg/ml</i> | 1 | QL (150 per 30 days) |
| <i>hydromorphone injection solution 1 mg/ml</i> | 1 | QL (300 per 30 days) |
| <i>hydromorphone injection solution 2 mg/ml</i> | 1 | MO; QL (150 per 30 days) |
| <i>hydromorphone injection syringe 1 mg/ml</i> | 1 | MO; QL (300 per 30 days) |
| <i>hydromorphone injection syringe 2 mg/ml</i> | 1 | QL (150 per 30 days) |
| <i>hydromorphone injection syringe 4 mg/ml</i> | 1 | MO; QL (75 per 30 days) |
| <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>levorphanol tartrate oral tablet 2 mg</i> | 1 | MO; QL (120 per 30 days) |
| <i>methadone injection solution</i> | 1 | QL (150 per 30 days) |
| <i>methadone intensol</i> | 1 | PA; MO; QL (90 per 30 days) |

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| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| <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) |
| <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 | QL (4000 per 30 days) |
| <i>morphine (pf) injection solution 1 mg/ml</i> | 1 | MO; QL (2000 per 30 days) |
| <i>morphine concentrate oral solution</i> | 1 | MO; QL (900 per 30 days) |
| <i>morphine injection solution 8 mg/ml</i> | 1 | QL (250 per 30 days) |
| <i>morphine injection syringe 4 mg/ml</i> | 1 | MO; QL (500 per 30 days) |
| <i>morphine intravenous solution 10 mg/ml</i> | 1 | MO; QL (200 per 30 days) |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| <i>morphine intravenous solution 4 mg/ml</i> | 1 | MO; QL (500 per 30 days) |
| <i>morphine intravenous syringe 10 mg/ml</i> | 1 | QL (200 per 30 days) |
| <i>morphine intravenous syringe 2 mg/ml</i> | 1 | QL (1000 per 30 days) |
| <i>morphine intravenous syringe 4 mg/ml</i> | 1 | QL (500 per 30 days) |
| <i>morphine oral capsule, er multiphase 24 hr</i> | 1 | PA; MO; QL (60 per 30 days) |
| <i>morphine oral capsule, extend. release pellets</i> | 1 | PA; MO; QL (90 per 30 days) |
| <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) |
| <i>oxycodone oral concentrate</i> | 1 | MO; QL (180 per 30 days) |
| <i>oxycodone oral solution</i> | 1 | MO; QL (1200 per 30 days) |

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|--|--|--|
| <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 TABLET,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 TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG | 2 | PA; MO; QL (60 per 30 days) |
| <i>oxymorphone oral tablet 10 mg</i> | 1 | MO; QL (360 per 30 days) |
| <i>oxymorphone oral tablet 5 mg</i> | 1 | MO; QL (180 per 30 days) |
| NON-NARCOTIC ANALGESICS | | |
| <i>8 hour acetaminophen er 650 mg</i> | 3 | ADD |
| <i>8 hour acetaminophen er 650 mg muscle aches & pain</i> | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| <i>8hr arthritis pain er 650 mg</i> | 3 | ADD |
| <i>8hr muscle ache-pain er 650 mg</i> | 3 | ADD |
| <i>acetaminophen 120 mg suppos</i> | 3 | MO; ADD |
| <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 sol</i> | 3 | ADD |
| <i>acetaminophen 160 mg/5 ml sol inner</i> | 3 | ADD |
| <i>acetaminophen 160 mg/5 ml sol 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 tablet u-d,25x30,uncoated</i> | 3 | MO; ADD |
| <i>acetaminophen 325 mg/10.15 ml</i> | 3 | ADD |
| <i>acetaminophen 325 mg/10.15 ml inner</i> | 3 | ADD |
| <i>acetaminophen 325 mg/10.15 ml outer</i> | 3 | ADD |
| <i>acetaminophen 500 mg caplet</i> | 3 | MO; ADD |

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|---|--|--|
| <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</i> | 3 | ADD |
| <i>acetaminophen 650 mg/20.3 ml inner</i> | 3 | ADD |
| ACETAMINOPHEN 650 MG/20.3 ML INNER | 3 | ADD |
| <i>acetaminophen 650 mg/20.3 ml outer</i> | 3 | ADD |
| ACETAMINOPHEN 650 MG/20.3 ML OUTER | 3 | ADD |
| <i>acetaminophen er 650 mg tablet inner</i> | 3 | MO; ADD |
| <i>acetaminophen er 650 mg tablet outer</i> | 3 | MO; ADD |
| ACETAMINOPHEN POWDER USP (RX) | 3 | ADD |
| <i>adult aspirin regimen ec 81 mg</i> | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| <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 caplet, gluten-free</i> | 3 | MO; ADD |
| <i>all day relief 220 mg tablet gluten-free</i> | 3 | MO; ADD |
| <i>arthritis pain er 650 mg caplt caplet</i> | 3 | ADD |
| <i>arthritis pain er 650 mg caplt caplet, 8 hour</i> | 3 | ADD |
| <i>arthritis pain er 650 mg tab inner</i> | 3 | ADD |
| <i>arthritis pain er 650 mg tab outer</i> | 3 | ADD |
| <i>arthritis pain relief er 650 mg caplet caplet</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 coated</i> | 3 | MO; ADD |
| <i>aspirin 325 mg tablet micro-coated</i> | 3 | MO; ADD |

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|---|--|--|
| <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 low strength, orange</i> | 3 | MO; ADD |
| <i>aspirin 81 mg chewable tablet tab chew, cherry</i> | 3 | MO; ADD |
| <i>aspirin 81 mg chewable tablet tab chew, orange</i> | 3 | MO; ADD |
| <i>aspirin 81 mg chewable tablet u-d</i> | 3 | MO; ADD |
| <i>aspirin ec 325 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>aspirin ec 325 mg tablet 25x30</i> | 3 | MO; ADD |
| <i>aspirin ec 325 mg tablet reg-str, safe coated</i> | 3 | MO; ADD |
| <i>aspirin ec 325 mg tablet regular strength</i> | 3 | MO; ADD |
| <i>aspirin ec 325 mg tablet safety-coated</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 ec 81 mg tablet adult low strength</i> | 3 | MO; ADD |
| <i>aspirin ec 81 mg tablet low dose</i> | 3 | MO; ADD |
| <i>aspirin ec 81 mg tablet low dose sfty coated</i> | 3 | MO; ADD |
| <i>aspirin ec 81 mg tablet u-d, 10x10</i> | 3 | MO; ADD |
| <i>aspirin ec 81 mg tablet u-d, 25x30</i> | 3 | MO; ADD |
| <i>aspirin oral tablet, delayed release (dr/ec) 325 mg</i> | 3 | MO; ADD |
| <i>buprenorphine-naloxone sublingual film 12-3 mg</i> | 1 | MO; QL (60 per 30 days) |

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|--|--|--|
| <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 solution 1 mg/ml</i> | 1 | MO; QL (857 per 30 days) |
| <i>butorphanol injection solution 2 mg/ml</i> | 1 | MO; QL (428 per 30 days) |
| <i>butorphanol nasal</i> | 1 | MO; QL (10 per 28 days) |
| <i>cataflam</i> | 1 | |
| <i>celecoxib</i> | 1 | MO |
| <i>child acetaminophen 160 mg</i> | 3 | ADD |
| CHILD ACETAMINOPHEN 80 MG/2.5 ML ORAL SYRINGE | 3 | ADD |
| <i>child aspirin 81 mg chew tab children's</i> | 3 | ADD |
| <i>child pain-fever 160 mg/5 ml</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 a/f</i> | 3 | MO; ADD |
| <i>child pain-fever 160 mg/5 ml a/f, asa/f, ibu/f</i> | 3 | MO; ADD |
| <i>child pain-fever 160 mg/5 ml a/f, gluten-f, grape</i> | 3 | MO; ADD |
| <i>children ibuprofen 100 mg/5 ml</i> | 3 | ADD |
| <i>children ibuprofen 100 mg/5 ml a/f</i> | 3 | ADD |
| <i>children ibuprofen 100 mg/5 ml a/f, berry</i> | 3 | ADD |
| <i>children ibuprofen 100 mg/5 ml a/f, d/f</i> | 3 | ADD |
| <i>children ibuprofen 100 mg/5 ml a/f, dye/free</i> | 3 | ADD |
| <i>children ibuprofen 100 mg/5 ml a/f, gluten/f, berry</i> | 3 | ADD |
| <i>children ibuprofen 100 mg/5 ml a/f, gluten/f, grape</i> | 3 | ADD |
| <i>children ibuprofen 100 mg/5 ml a/f, grape</i> | 3 | ADD |
| <i>children ibuprofen 100 mg/5 ml a/f, d/f, berry</i> | 3 | ADD |

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|--|--|--|
| <i>children ibuprofen 100 mg/5 ml a/f,gluten/f,bubble</i> | 3 | ADD |
| <i>children ibuprofen 100 mg/5 ml berry flavor</i> | 3 | ADD |
| <i>children ibuprofen 100 mg/5 ml inner, d/f</i> | 3 | ADD |
| <i>children ibuprofen 100 mg/5 ml outer, d/f</i> | 3 | ADD |
| <i>children ibuprofen 100 mg/5 ml u-d</i> | 3 | ADD |
| <i>children ibuprofen 100 mg/5 ml u-d,100's,hosp use</i> | 3 | ADD |
| <i>children ibuprofen 100 mg/5 ml u-d,30's,hosp use</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 a/f, gluten/f, grape</i> | 3 | ADD |
| <i>chld acetaminophen 160 mg/5 ml a/f,gluten/f,cherry</i> | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| <i>chld acetaminophen 160 mg/5 ml inner</i> | 3 | ADD |
| <i>chld acetaminophen 160 mg/5 ml u-d, oral syringe</i> | 3 | ADD |
| <i>chld acetaminophen 160 mg/5 ml outer</i> | 3 | 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 drops</i> | 1 | MO; QL (300 per 28 days) |
| <i>diclofenac sodium topical gel 1 %</i> | 1 | MO; QL (1000 per 28 days) |
| <i>diclofenac-misoprostol</i> | 1 | MO |
| <i>diflunisal</i> | 1 | MO |
| <i>ec-naproxen oral tablet,delayed release (dr/ec) 375 mg</i> | 1 | |
| <i>ec-naproxen oral tablet,delayed release (dr/ec) 500 mg</i> | 1 | MO |
| <i>ed-apap 160 mg/5 ml liquid</i> | 3 | ADD |
| <i>etodolac</i> | 1 | MO |

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|--|--|--|
| <i>fenoprofen oral tablet</i> | 1 | MO |
| <i>feverall 120 mg suppository childrens, outer</i> | 3 | ADD |
| <i>feverall 120 mg suppository children's, outer</i> | 3 | 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, OUTER | 3 | MO; ADD |
| <i>flurbiprofen oral tablet 100 mg</i> | 1 | MO |
| <i>gnp pain relief 500 mg caplet</i> | 3 | ADD |
| <i>gnp pain relief 500 mg caplet</i> | 3 | ADD |
| <i>gs arthritis pain er 650 mg</i> | 3 | ADD |
| <i>gs arthritis pain er 650 mg caplet</i> | 3 | ADD |
| <i>gs aspirin 325 mg tablet</i> | 3 | MO; 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 |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| <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 tablet</i> | 3 | MO; ADD |
| <i>gs inf ibuprofen 50 mg/1.25 ml</i> | 3 | MO; ADD |
| <i>gs infant pain-fever 160 mg/5</i> | 3 | ADD |
| <i>gs infant pain-fever 160 mg/5 cherry, dye-free</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>gs pain relief 500 mg tablet</i> | 3 | ADD |
| <i>gs pain relief er 650 mg cplt</i> | 3 | MO; ADD |
| <i>hm arthrit pain rlf er 650 mg</i> | 3 | ADD |
| <i>hm arthritis pain er 650 mg caplet, 8 hour</i> | 3 | ADD |

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|---|--|--|
| <i>hm aspirin 325 mg tablet</i> | 3 | MO; ADD |
| <i>hm aspirin 325 mg tablet adult, gluten-free</i> | 3 | MO; ADD |
| <i>hm aspirin 81 mg chewable tab</i> | 3 | MO; ADD |
| <i>hm aspirin 81 mg chewable tab adlt low dose,orange</i> | 3 | MO; ADD |
| <i>hm aspirin ec 325 mg tablet reg strength</i> | 3 | MO; ADD |
| <i>hm aspirin ec 81 mg tablet</i> | 3 | MO; ADD |
| <i>hm aspirin ec 81 mg tablet low dose</i> | 3 | MO; ADD |
| <i>hm child acetaminophen 160 mg</i> | 3 | ADD |
| <i>hm child ibuprofen 100 mg/5 ml</i> | 3 | ADD |
| <i>hm child ibuprofen 100 mg/5 ml a/f, berry</i> | 3 | ADD |
| <i>hm child ibuprofen 100 mg/5 ml a/f, bubble gum</i> | 3 | ADD |
| <i>hm child ibuprofen 100 mg/5 ml a/f, grape</i> | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <i>hm child ibuprofen 100 mg/5 ml a/f,gluten/f,berry</i> | 3 | ADD |
| <i>hm chld pain-fever 160 mg/5 ml</i> | 3 | MO; ADD |
| <i>hm chld pain-fever 160 mg/5 ml a/f, dye-free</i> | 3 | MO; ADD |
| <i>hm chld pain-fever 160 mg/5 ml gluten-f,a/f,asa/f</i> | 3 | MO; ADD |
| <i>hm ibuprofen 200 mg caplet</i> | 3 | MO; ADD |
| <i>hm ibuprofen 200 mg caplet</i> | 3 | MO; ADD |
| <i>hm ibuprofen 200 mg capsule liquid filled sftgel</i> | 3 | MO; ADD |
| <i>hm ibuprofen 200 mg tablet</i> | 3 | MO; ADD |
| <i>hm ibuprofen 200 mg tablet coated,gluten-free</i> | 3 | MO; ADD |
| <i>hm ibuprofen ib 100 mg chew tb</i> | 3 | ADD |
| <i>hm ibuprofen ib 200 mg caplet coated, gluten-free</i> | 3 | ADD |
| <i>hm ibuprofen ib 200 mg tablet coated. gluten-free</i> | 3 | ADD |
| <i>hm ibuprofen jr str 100 mg chw</i> | 3 | ADD |

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|--|--|--|
| <i>hm inf ibuprofen 50 mg/1.25 ml a/f, berry flavor</i> | 3 | MO; ADD |
| <i>hm inf ibuprofen 50 mg/1.25 ml d/f,a/f,berry flavor</i> | 3 | MO; ADD |
| <i>hm infant pain-fever 160 mg/5 a/f,cherry,w/syringe</i> | 3 | ADD |
| <i>hm infant pain-fever 160 mg/5 a/f,grape,w/syringe</i> | 3 | ADD |
| <i>hm naproxen sod 220 mg caplet caplet, gluten-free</i> | 3 | ADD |
| <i>hm naproxen sodium 220 mg cap</i> | 3 | ADD |
| <i>hm naproxen sodium 220 mg cap liquidgel</i> | 3 | ADD |
| <i>hm pain relief 500 mg caplet</i> | 3 | ADD |
| <i>hm pain relief 500 mg caplet caplet, ex-strength</i> | 3 | ADD |
| <i>hm pain relief 500 mg tablet ex-str, gluten-free</i> | 3 | ADD |
| <i>hm pain reliever 325 mg tablet regular strength</i> | 3 | ADD |
| <i>hm pain reliever 500 mg tablet extra strength</i> | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| <i>ibu</i> | 1 | MO |
| <i>ibu-200 200 mg tablet</i> | 3 | ADD |
| <i>ibuprofen 100 mg/5 ml susp u-d,50's,hosp use (otc)</i> | 3 | MO; ADD |
| <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 softgel 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 susp 100's, u-d cups (otc)</i> | 3 | MO; ADD |
| <i>ibuprofen 200 mg/10 ml susp 30's, u-d cups (otc)</i> | 3 | MO; ADD |

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|--|--|--|
| <i>ibuprofen 200 mg/10 ml susp u-d (otc)</i> | 3 | MO; ADD |
| <i>ibuprofen jr str 100 mg chew</i> | 3 | ADD |
| <i>ibuprofen jr str 100 mg chew chewable tablet</i> | 3 | ADD |
| <i>ibuprofen jr str 100 mg tb chw</i> | 3 | ADD |
| <i>ibuprofen jr str 100 mg tb chw tab chew,orange</i> | 3 | ADD |
| <i>ibuprofen oral suspension 100 mg/5 ml</i> | 1 | MO |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> | 1 | MO |
| <i>inf acetaminophen 160 mg/5 ml</i> | 3 | ADD |
| <i>infant ibuprofen 50 mg/1.25 ml</i> | 3 | MO; ADD |
| <i>infant ibuprofen 50 mg/1.25 ml a/f, berry</i> | 3 | MO; ADD |
| <i>infant ibuprofen 50 mg/1.25 ml a/f, d/f, berry</i> | 3 | MO; ADD |
| <i>infant ibuprofen 50 mg/1.25 ml a/f, gluten/f, berry</i> | 3 | MO; ADD |
| <i>infant ibuprofen 50 mg/1.25 ml a/f,berry,infant</i> | 3 | MO; ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <i>infant ibuprofen 50 mg/1.25 ml a/f,d/f,berry,infant</i> | 3 | MO; ADD |
| <i>infant ibuprofen 50 mg/1.25 ml d/f, a/f, w/syringe</i> | 3 | MO; ADD |
| <i>infant ibuprofen 50 mg/1.25 ml d/f,a/f,non-staining</i> | 3 | MO; ADD |
| <i>infant pain relief 160 mg/5 ml</i> | 3 | ADD |
| <i>infant pain relief susp grape</i> | 3 | ADD |
| <i>infant pain-fever 160 mg/5 ml</i> | 3 | ADD |
| <i>infant pain-fever 160 mg/5 ml a/f, grape</i> | 3 | ADD |
| <i>infant pain-fever 160 mg/5 ml w/syringe, cherry</i> | 3 | ADD |
| <i>infant pain-fever 160 mg/5 ml w/syringe, grape</i> | 3 | ADD |
| <i>infants pain-fever 160 mg/5 ml a/f,dye-free, cherry</i> | 3 | ADD |
| <i>ketoprofen oral capsule 25 mg</i> | 1 | MO |
| <i>ketoprofen oral capsule 50 mg, 75 mg</i> | 1 | |

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|---|--|--|
| <i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i> | 1 | MO |
| KLOXXADO | 2 | MO |
| <i>mapap 325 mg tablet</i> | 3 | ADD |
| <i>mapap 325 mg tablet boxed</i> | 3 | ADD |
| <i>mapap 325 mg tablet regular strength</i> | 3 | ADD |
| <i>mapap 500 mg capsule</i> | 3 | MO; ADD |
| <i>mapap 500 mg/15 ml liquid</i> | 3 | MO; ADD |
| <i>mapap arthritis er 650 mg cplt</i> | 3 | MO; ADD |
| <i>meclofenamate</i> | 1 | MO |
| <i>mefenamic acid</i> | 1 | MO |
| <i>meloxicam oral tablet 15 mg</i> | 1 | MO |
| <i>meloxicam oral tablet 7.5 mg</i> | 1 | MO; QL (30 per 30 days) |
| <i>m-pap 160 mg/5 ml liquid</i> | 3 | ADD |
| <i>nabumetone</i> | 1 | MO |
| <i>nalbuphine injection solution 10 mg/ml</i> | 1 | MO; QL (200 per 30 days) |
| <i>nalbuphine injection solution 20 mg/ml</i> | 1 | MO; QL (100 per 30 days) |
| <i>naloxone injection solution</i> | 1 | MO |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| <i>naloxone injection syringe</i> | 1 | MO |
| <i>naltrexone</i> | 1 | MO |
| <i>naproxen oral suspension</i> | 1 | MO |
| <i>naproxen oral tablet</i> | 1 | MO |
| <i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i> | 1 | MO |
| <i>naproxen oral tablet, delayed release (dr/ec) 500 mg</i> | 1 | |
| <i>naproxen sodium 220 mg caplet</i> | 3 | ADD |
| <i>naproxen sodium 220 mg capsule</i> | 3 | ADD |
| <i>naproxen sodium 220 mg capsule liquidgel</i> | 3 | ADD |
| <i>naproxen sodium 220 mg capsule liquidgels</i> | 3 | ADD |
| <i>naproxen sodium 220 mg tablet</i> | 3 | ADD |
| <i>naproxen sodium oral tablet 275 mg, 550 mg</i> | 1 | MO |
| NARCAN | 2 | MO |
| <i>oxaprozin</i> | 1 | MO |
| <i>pain relief 325 mg tablet</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 |
|--|--|--|
| <i>pain relief 500 mg caplet caplet, ex-strength</i> | 3 | ADD |
| <i>pain relief 500 mg tablet ex-strength</i> | 3 | ADD |
| <i>pain relief 500 mg tablet extra strength</i> | 3 | ADD |
| <i>pain relief er 650 mg caplet arthritis pain</i> | 3 | MO; ADD |
| <i>pain relief er 650 mg caplet caplet, 8 hour</i> | 3 | MO; ADD |
| <i>pain reliever 500 mg caplet caplet, ex-strength</i> | 3 | ADD |
| <i>pain reliever 500 mg caplet caplet, ex-strength</i> | 3 | ADD |
| <i>pain reliever 500 mg tablet ex-str, easy tab</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 acetaminophen 8-hr 650 mg</i> | 3 | MO; ADD |
| <i>qc arthritis pain er 650 mg caplet</i> | 3 | ADD |
| <i>qc aspirin 325 mg tablet</i> | 3 | MO; ADD |
| <i>qc aspirin 81 mg chewable tab</i> | 3 | MO; ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| <i>qc aspirin 81 mg chewable tab low dose, orange</i> | 3 | MO; ADD |
| <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 ibuprofen 100 mg/5 ml</i> | 3 | ADD |
| <i>qc child pain rlf 160 mg/5 ml</i> | 3 | ADD |
| <i>qc child pain rlf 160 mg/5 ml a/f, bubble gum</i> | 3 | ADD |
| <i>qc child pain rlf 160 mg/5 ml a/f, cherry</i> | 3 | ADD |
| <i>qc ibuprofen 200 mg softgel</i> | 3 | MO; ADD |
| <i>qc ibuprofen ib 200 mg caplet</i> | 3 | ADD |
| <i>qc ibuprofen ib 200 mg tablet</i> | 3 | ADD |
| <i>qc inf ibuprofen 50 mg/1.25 ml</i> | 3 | MO; ADD |
| <i>qc infnt pain rlf 160 mg/5 ml</i> | 3 | ADD |
| <i>qc jr. non-aspirin 160 mg tab</i> | 3 | ADD |
| <i>qc naproxen sod 220 mg tablet</i> | 3 | ADD |
| <i>qc non-aspirin 500 mg caplet xtra strength, caplet</i> | 3 | ADD |

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|---|--|--|
| <i>qc non-aspirin 500 mg gelcap gelcap, ex-str</i> | 3 | ADD |
| <i>qc non-aspirin pain relief tb extra strength</i> | 3 | ADD |
| <i>qc pain relief 325 mg tablet</i> | 3 | ADD |
| <i>qc pain relief 500 mg caplet</i> | 3 | ADD |
| <i>salsalate</i> | 1 | MO |
| <i>sb aspirin 325 mg tablet</i> | 3 | MO; ADD |
| <i>sb aspirin 325 mg tablet na/f, caffeine-free</i> | 3 | MO; ADD |
| <i>sb aspirin ec 81 mg tablet adult low strength</i> | 3 | MO; ADD |
| <i>sb aspirin ec 81 mg tablet low dose, sfty coated</i> | 3 | MO; ADD |
| <i>sb child aspirin 81 mg chw tab</i> | 3 | ADD |
| <i>sb ex-strength non-aspirin tab safety sealed</i> | 3 | ADD |
| <i>sb ibuprofen 200 mg caplet caplet</i> | 3 | MO; ADD |
| <i>sb ibuprofen 200 mg tablet</i> | 3 | MO; ADD |
| <i>sb ibuprofen 200 mg tablet safety sealed</i> | 3 | MO; ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| <i>sb naproxen sod 220 mg caplet 12 hours</i> | 3 | ADD |
| <i>sb naproxen sod 220 mg caplet</i> | 3 | ADD |
| <i>sb non-aspirin 325 mg tablet regular str</i> | 3 | ADD |
| <i>sb non-aspirin 325 mg tablet regular strength</i> | 3 | ADD |
| <i>sb non-aspirin 500 mg caplet caplet</i> | 3 | ADD |
| <i>sb pain reliever 500 mg caplet extra-str, non-asa</i> | 3 | ADD |
| <i>sb pain reliever 500 mg gelcap ex-strength, gelcap</i> | 3 | ADD |
| <i>silapap 160 mg/5 ml liquid</i> | 3 | MO; ADD |
| <i>sm 8 hour pain relief 650 mg caplet</i> | 3 | ADD |
| <i>sm arthrit pain rlf er 650 mg</i> | 3 | ADD |
| <i>sm arthritis pain er 650 mg caplet</i> | 3 | ADD |
| <i>sm aspirin 325 mg tablet</i> | 3 | MO; ADD |
| <i>sm aspirin 81 mg chewable tab adult low strength</i> | 3 | MO; ADD |
| <i>sm aspirin ec 325 mg tablet reg-str, gluten-free</i> | 3 | MO; ADD |

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|--|--|--|
| <i>sm aspirin ec 81 mg tablet adult low strength</i> | 3 | MO; ADD |
| <i>sm child aspirin 81 mg chw tab children's</i> | 3 | ADD |
| <i>sm chld pain-fever 160 mg/5 ml</i> | 3 | MO; ADD |
| <i>sm chld pain-fever 160 mg/5 ml a/f, asa/f, gluten-f</i> | 3 | MO; ADD |
| <i>sm ibuprofen 100 mg/5 ml susp (otc)</i> | 3 | MO; ADD |
| <i>sm ibuprofen 100 mg/5 ml susp a/f (otc)</i> | 3 | MO; ADD |
| <i>sm ibuprofen 100 mg/5 ml susp children's (otc)</i> | 3 | MO; ADD |
| <i>sm ibuprofen 200 mg caplet</i> | 3 | MO; ADD |
| <i>sm ibuprofen 200 mg softgel</i> | 3 | MO; ADD |
| <i>sm ibuprofen 200 mg tablet</i> | 3 | MO; ADD |
| <i>sm ibuprofen ib 100 mg chew tb</i> | 3 | ADD |
| <i>sm ibuprofen ib 200 mg caplet</i> | 3 | ADD |
| <i>sm ibuprofen ib 200 mg caplet caplet, gluten-free</i> | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| <i>sm ibuprofen ib 200 mg tablet coated</i> | 3 | ADD |
| <i>sm inf ibuprofen 50 mg/1.25 ml a/f, d/f</i> | 3 | MO; ADD |
| <i>sm inf ibuprofen 50 mg/1.25 ml w/dropper</i> | 3 | MO; ADD |
| <i>sm infant pain-fever 160 mg/5 a/f,gluten-f,cherry</i> | 3 | ADD |
| <i>sm infant pain-fever 160 mg/5 a/f,gluten-f,grape</i> | 3 | ADD |
| <i>sm naproxen sod 220 mg gluten free, caplet</i> | 3 | ADD |
| <i>sm pain reliever 325 mg tablet</i> | 3 | ADD |
| <i>sm pain reliever 500 mg caplet caplet, extra str</i> | 3 | ADD |
| <i>sm pain reliever 500 mg caplet caplet, extra str</i> | 3 | ADD |
| <i>sm pain reliever 500 mg gelcap gelcap,ex strength</i> | 3 | ADD |
| <i>sm pain reliever 500 mg tablet ex-str, gluten-free</i> | 3 | ADD |
| <i>sm pain reliever 500 mg tablet extra strength</i> | 3 | ADD |

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|--|--|--|
| <i>sm pain reliever er 650 mg</i> | 3 | MO; ADD |
| <i>st. joseph aspirin 81 mg chew</i> | 3 | MO; ADD |
| <i>sulindac</i> | 1 | MO |
| <i>tactinal 325 mg tablet</i> | 3 | ADD |
| <i>tolmetin oral capsule</i> | 1 | MO |
| <i>tolmetin oral tablet 600 mg</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 |
| 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 MAINTENA | 2 | MO |
| ADASUVE | 2 | LA |
| <i>amitriptyline</i> | 1 | MO |
| <i>amoxapine</i> | 1 | MO |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <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 | 2 | MO |
| ARISTADA INITIO | 2 | MO |
| <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) |
| <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) |
| <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) |

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|---|--|--|
| <i>chlorpromazine injection</i> | 1 | MO |
| <i>chlorpromazine oral concentrate</i> | 1 | |
| <i>chlorpromazine oral tablet</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 oral tablet</i> | 1 | |
| <i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i> | 1 | |
| <i>clozapine oral tablet, disintegrating 150 mg, 200 mg</i> | 2 | |
| <i>desipramine</i> | 1 | MO |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| <i>desvenlafaxine succinate</i> | 1 | MO; QL (30 per 30 days) |
| <i>dextroamphetamine oral solution</i> | 1 | MO |
| <i>dextroamphetamine-amphetamine</i> | 1 | MO |
| <i>diazepam injection</i> | 1 | PA |
| <i>diazepam oral concentrate</i> | 1 | PA; MO; 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 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) |
| 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) |

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|--|--|--|
| <i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i> | 1 | MO; QL (60 per 30 days) |
| <i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i> | 1 | MO; QL (90 per 30 days) |
| EMSAM | 2 | MO |
| <i>ergoloid</i> | 1 | MO |
| <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 ORAL TABLET | 2 | MO; QL (60 per 30 days) |
| FANAPT ORAL TABLETS, DOSE PACK | 2 | MO; QL (8 per 28 days) |
| FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK | 2 | MO; QL (28 per 28 days) |
| FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR | 2 | MO; QL (30 per 30 days) |
| <i>flumazenil</i> | 1 | |
| <i>fluoxetine (pmd) oral tablet 10 mg</i> | 1 | QL (30 per 30 days) |
| <i>fluoxetine (pmd) oral tablet 20 mg</i> | 1 | |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <i>fluoxetine oral capsule 10 mg</i> | 1 | MO; QL (30 per 30 days) |
| <i>fluoxetine oral capsule 20 mg</i> | 1 | MO |
| <i>fluoxetine oral capsule 40 mg</i> | 1 | MO; QL (60 per 30 days) |
| <i>fluoxetine oral capsule, delayed release(dr/ec)</i> | 1 | MO; QL (4 per 28 days) |
| <i>fluoxetine oral solution</i> | 1 | MO |
| <i>fluoxetine oral tablet 10 mg</i> | 1 | MO; QL (30 per 30 days) |
| <i>fluoxetine oral tablet 20 mg, 60 mg</i> | 1 | MO |
| <i>fluphenazine decanoate</i> | 1 | MO |
| <i>fluphenazine hcl</i> | 1 | MO |
| <i>fluvoxamine oral capsule, extended release 24hr</i> | 1 | MO; QL (60 per 30 days) |
| <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) |
| FORFIVO XL | 2 | MO; QL (30 per 30 days) |
| GEODON INTRAMUSCULAR | 2 | MO |

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| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <i>haloperidol</i> | 1 | MO |
| <i>haloperidol decanoate</i> | 1 | MO |
| <i>haloperidol lactate injection</i> | 1 | MO |
| <i>haloperidol lactate intramuscular</i> | 1 | |
| <i>haloperidol lactate oral</i> | 1 | MO |
| HETLIOZ | 2 | PA; MO; QL (30 per 30 days) |
| <i>imipramine hcl</i> | 1 | MO |
| <i>imipramine pamoate</i> | 1 | MO |
| INVEGA SUSTENNA | 2 | MO |
| INVEGA TRINZA | 2 | MO |
| LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG | 2 | MO; QL (30 per 30 days) |
| LATUDA ORAL TABLET 80 MG | 2 | MO; QL (60 per 30 days) |
| <i>lithium carbonate</i> | 1 | MO |
| <i>lorazepam injection solution</i> | 1 | PA; MO |
| <i>lorazepam injection syringe 2 mg/ml</i> | 1 | PA; MO |
| <i>lorazepam intensol</i> | 1 | PA; QL (150 per 30 days) |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <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>maprotiline</i> | 1 | MO |
| 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 |
| <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; MO; QL (60 per 30 days) |
| <i>molindone</i> | 1 | MO |

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|--|--|--|
| <i>nefazodone</i> | 1 | MO |
| <i>nortriptyline</i> | 1 | MO |
| NUPLAZID ORAL CAPSULE | 2 | PA; MO; QL (30 per 30 days) |
| NUPLAZID ORAL TABLET 10 MG | 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) |
| <i>olanzapine-fluoxetine</i> | 1 | MO |
| <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 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) |
| PAXIL ORAL SUSPENSION | 2 | MO |
| <i>perphenazine</i> | 1 | MO |
| PERSERIS | 2 | MO |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <i>phenelzine</i> | 1 | MO |
| <i>pimozide</i> | 1 | MO |
| <i>procentra</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) |
| <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) |
| <i>ramelteon</i> | 1 | MO; QL (30 per 30 days) |
| REXULTI | 2 | MO; QL (30 per 30 days) |
| RISPERDAL CONSTA | 2 | MO |
| <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) |

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| 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) |
| SAPHRIS | 2 | MO; QL (60 per 30 days) |
| SECUADO | 2 | MO; QL (30 per 30 days) |
| <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) |
| <i>thioridazine</i> | 1 | MO |
| <i>thiothixene</i> | 1 | MO |
| <i>tranylcypromine</i> | 1 | MO |
| <i>trazodone</i> | 1 | MO |
| <i>trifluoperazine</i> | 1 | MO |
| <i>trimipramine</i> | 1 | MO |
| TRINTELLIX | 2 | MO; QL (30 per 30 days) |
| <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) |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <i>venlafaxine oral tablet</i> | 1 | MO; QL (90 per 30 days) |
| <i>venlafaxine oral tablet extended release 24hr</i> | 1 | MO; QL (30 per 30 days) |
| VERSACLOZ | 2 | |
| VIIBRYD ORAL TABLET | 2 | MO; QL (30 per 30 days) |
| VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)-20 MG (23) | 2 | MO; QL (30 per 30 days) |
| VRAYLAR ORAL CAPSULE | 2 | MO; QL (30 per 30 days) |
| VRAYLAR ORAL CAPSULE, DOSE PACK | 2 | MO; QL (7 per 30 days) |
| XYREM | 2 | PA; LA; QL (540 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 | |
| <i>zolpidem oral tablet</i> | 1 | MO; QL (30 per 30 days) |
| ZYPREXA RELPREVV | 2 | MO |

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|--|--|--|
| CARDIOVASCULAR, HYPERTENSION / LIPIDS | | |
| ANTIARRHYTHMIC AGENTS | | |
| <i>adenosine</i> | 1 | |
| <i>amiodarone intravenous solution</i> | 1 | B/D PA; MO |
| <i>amiodarone oral tablet 100 mg, 400 mg</i> | 1 | |
| <i>amiodarone oral tablet 200 mg</i> | 1 | MO |
| <i>dofetilide</i> | 1 | MO |
| <i>flecainide</i> | 1 | MO |
| <i>ibutilide fumarate</i> | 1 | |
| <i>lidocaine (pf) in d7.5w</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 |
| <i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i> | 1 | MO |
| <i>procainamide injection</i> | 1 | |
| <i>propafenone</i> | 1 | MO |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| <i>quinidine gluconate oral</i> | 1 | MO |
| <i>quinidine sulfate oral tablet</i> | 1 | MO |
| <i>sorine oral tablet 120 mg, 160 mg, 80 mg</i> | 1 | MO |
| <i>sorine oral tablet 240 mg</i> | 1 | |
| <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 |
| <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 |

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|--|--|--|
| <i>benazepril-hydrochlorothiazide</i> | 1 | MO |
| <i>betaxolol oral</i> | 1 | MO |
| BIDIL | 2 | MO |
| <i>bisoprolol fumarate</i> | 1 | MO |
| <i>bisoprolol-hydrochlorothiazide</i> | 1 | MO |
| <i>bumetanide</i> | 1 | MO |
| BYSTOLIC | 2 | MO |
| <i>candesartan</i> | 1 | MO |
| <i>candesartan-hydrochlorothiazid</i> | 1 | MO |
| <i>captopril</i> | 1 | MO |
| <i>captopril-hydrochlorothiazide</i> | 1 | MO |
| <i>cartia xt</i> | 1 | MO |
| <i>carvedilol</i> | 1 | MO |
| <i>chlorothiazide sodium</i> | 1 | MO |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i> | 1 | MO |
| <i>clonidine</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 |
| DEMSER | 2 | PA; MO |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <i>diltiazem hcl intravenous</i> | 1 | |
| <i>diltiazem hcl oral capsule,ext.rel 24h degradable</i> | 1 | MO |
| <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</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 |

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|--|--|--|
| <i>eplerenone</i> | 1 | MO |
| <i>epoprostenol (glycine)</i> | 1 | B/D PA; MO |
| <i>esmolol intravenous solution</i> | 1 | |
| <i>ethacrynate sodium</i> | 1 | |
| <i>ethacrynic acid</i> | 1 | MO |
| <i>felodipine</i> | 1 | MO |
| <i>fosinopril</i> | 1 | MO |
| <i>fosinopril-hydrochlorothiazide</i> | 1 | MO |
| <i>furosemide injection</i> | 1 | MO |
| <i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i> | 1 | MO |
| <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>isradipine</i> | 1 | MO |
| <i>labetalol intravenous solution</i> | 1 | |
| <i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i> | 1 | |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <i>labetalol oral</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 |
| <i>matzim la</i> | 1 | MO |
| <i>methyldopa</i> | 1 | MO |
| <i>metolazone</i> | 1 | MO |
| <i>metoprolol succinate</i> | 1 | MO |
| <i>metoprolol tartrate hydrochlorothiazide</i> | 1 | MO |
| <i>metoprolol tartrate intravenous solution</i> | 1 | |
| <i>metoprolol tartrate oral</i> | 1 | MO |
| <i>metyrosine</i> | 1 | PA; MO |
| <i>minoxidil oral</i> | 1 | MO |
| <i>moexipril</i> | 1 | MO |
| <i>nadolol</i> | 1 | MO |
| <i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i> | 1 | MO |
| <i>nebivolol</i> | 1 | |
| <i>nicardipine intravenous solution</i> | 1 | |

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|---|--|--|
| <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</i> | 1 | MO |
| <i>nisoldipine</i> | 1 | MO |
| <i>olmesartan</i> | 1 | MO |
| <i>olmesartan-amlodipin-hcthiazid</i> | 1 | MO |
| <i>olmesartan-hydrochlorothiazide</i> | 1 | MO |
| <i>osmitrol 15 %</i> | 1 | |
| <i>osmitrol 20 %</i> | 1 | |
| <i>perindopril erbumine</i> | 1 | MO |
| <i>phenoxybenzamine</i> | 1 | PA; 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>propranolol-hydrochlorothiazid</i> | 1 | MO |
| <i>quinapril</i> | 1 | MO |
| <i>quinapril-hydrochlorothiazide</i> | 1 | MO |
| <i>ramipril</i> | 1 | MO |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| <i>spironolactone</i> | 1 | MO |
| <i>spironolacton-hydrochlorothiaz</i> | 1 | MO |
| <i>taztia xt</i> | 1 | MO |
| TEKTURNA HCT | 2 | 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 |
| <i>trandolapril</i> | 1 | MO |
| <i>trandolapril-verapamil</i> | 1 | MO |
| <i>treprostinil sodium</i> | 1 | PA; MO; LA |
| <i>triamterene</i> | 1 | MO |
| <i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i> | 1 | MO |
| <i>triamterene-hydrochlorothiazid oral tablet</i> | 1 | MO |
| UPTRAVI ORAL | 2 | PA; MO; LA |

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|---------------------------------------|--|--|
| <i>valsartan</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</i> | 1 | MO |
| <i>aspirin-dipyridamole</i> | 1 | MO |
| BRILINTA | 2 | MO |
| CABLIVI INJECTION KIT | 2 | PA; LA |
| 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>dipyridamole intravenous</i> | 1 | PA |
| <i>dipyridamole oral</i> | 1 | MO |
| DOPTELET (10 TAB PACK) | 2 | PA; MO; LA |
| DOPTELET (15 TAB PACK) | 2 | PA; MO; LA |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| DOPTELET (30 TAB PACK) | 2 | PA; MO; LA |
| ELIQUIS | 2 | MO |
| ELIQUIS DVT-PE TREAT 30D START | 2 | MO |
| <i>enoxaparin subcutaneous solution</i> | 1 | MO; QL (30 per 30 days) |
| <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</i> | 1 | MO |
| <i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i> | 1 | |

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|--|--|--|
| <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)</i> | 1 | |
| <i>heparin (porcine) injection cartridge</i> | 1 | MO |
| <i>heparin (porcine) injection solution</i> | 1 | MO |
| <i>heparin (porcine) injection syringe 5,000 unit/ml</i> | 1 | MO |
| 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 |
| <i>heparin, porcine (pf) injection solution 1,000 unit/ml</i> | 1 | |
| <i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i> | 1 | MO |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML | 2 | |
| HEPARIN, PORCINE (PF) SUBCUTANEOUS | 2 | MO |
| <i>jantoven</i> | 1 | MO |
| MEPHYTON 5 MG TABLET | 3 | MO; ADD |
| MULPLETA | 2 | PA; MO |
| NPLATE | 2 | 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</i> | 1 | MO |
| PROMACTA | 2 | PA; MO; LA |
| <i>protamine</i> | 1 | |
| <i>vitamin k-1 10 mg/ml ampul sub, l/f, outer</i> | 3 | MO; ADD |
| <i>warfarin</i> | 1 | MO |
| XARELTO | 2 | MO |
| XARELTO DVT-PE TREAT 30D START | 2 | MO |

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|--------------|--|--|
|--------------|--|--|

| | | |
|-----------|---|----|
| ZONTIVITY | 2 | MO |
|-----------|---|----|

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 oral powder</i> | 1 | |
| <i>cholestyramine light oral powder in packet</i> | 1 | MO |
| <i>colesevelam</i> | 1 | MO |
| <i>colestipol</i> | 1 | MO |
| <i>endur-acin er 250 mg tablet</i> | 3 | MO; ADD |
| <i>endur-acin er 500 mg tablet</i> | 3 | ADD |
| <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 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i> | 1 | MO |

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

| | | |
|---|---|----|
| <i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> | 1 | MO |
|---|---|----|

| | | |
|---|---|-------------------------|
| <i>fenofibrate oral tablet 160 mg, 54 mg</i> | 1 | MO |
| <i>fenofibric acid</i> | 1 | MO |
| <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>fluvastatin oral tablet extended release 24 hr</i> | 1 | MO; QL (30 per 30 days) |
| <i>gemfibrozil</i> | 1 | MO |
| <i>gnp niacin 250 mg tablet w/calcium (rx)</i> | 3 | MO; ADD |
| <i>hm niacin tr 250 mg tablet gluten-free (rx)</i> | 3 | MO; ADD |
| <i>icosapent ethyl</i> | 1 | MO |
| JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG | 2 | PA; MO; LA |
| JUXTAPID ORAL CAPSULE 40 MG, 60 MG | 2 | PA; MO |
| LIVALO | 2 | MO; QL (30 per 30 days) |

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|---|--|--|
| <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</i> | 3 | MO; ADD |
| <i>niacin 100 mg tablet (otc)</i> | 3 | MO; ADD |
| <i>niacin 100 mg tablet (rx)</i> | 3 | MO; ADD |
| <i>niacin 100 mg tablet inner (rx)</i> | 3 | MO; ADD |
| <i>niacin 100 mg tablet outer (rx)</i> | 3 | MO; ADD |
| <i>niacin 100 mg tablet s/f,p/f,na/f (otc)</i> | 3 | MO; ADD |
| <i>niacin 250 mg capsule sa (otc)</i> | 3 | MO; ADD |
| <i>niacin 250 mg tablet (rx)</i> | 3 | MO; ADD |
| <i>niacin 250 mg tablet mfg unresponsive</i> | 3 | MO; ADD |
| <i>niacin 250 mg tablet s/f,d/f,p/f,na/f (rx)</i> | 3 | MO; ADD |
| <i>niacin 250 mg tablet sa mfg no response</i> | 3 | MO; ADD |
| <i>niacin 50 mg tablet</i> | 3 | MO; ADD |
| <i>niacin 50 mg 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>niacin 500 mg capsule sa (rx)</i> | 3 | MO; ADD |
| <i>niacin 500 mg tablet (otc)</i> | 3 | MO; ADD |
| <i>niacin 500 mg tablet (rx)</i> | 3 | MO; ADD |
| <i>niacin 500 mg tablet s/f,l/f,y/f,gluten/f (rx)</i> | 3 | MO; ADD |
| <i>niacin 750 mg tablet sa</i> | 3 | MO; ADD |
| NIACIN ER 1,000 MG TABLET (OTC) | 3 | MO; ADD |
| NIACIN ER 1,000 MG TABLET (RX) | 3 | MO; ADD |
| <i>niacin er 250 mg capsule (rx)</i> | 3 | MO; ADD |
| <i>niacin er 250 mg tablet s/f, p/f (rx)</i> | 3 | MO; ADD |
| <i>niacin er 500 mg caplet (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 capsule (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 na/f,p/f,s/f (rx)</i> | 3 | MO; ADD |

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|---|--|--|
| <i>niacin er 500 mg tablet outer (rx)</i> | 3 | MO; ADD |
| <i>niacin oral tablet 100 mg</i> | 3 | MO; ADD |
| <i>niacin oral tablet 500 mg</i> | 1 | MO |
| <i>niacin oral tablet extended release 24 hr 1,000 mg</i> | 1 | MO |
| <i>niacin oral tablet extended release 24 hr 500 mg, 750 mg</i> | 1 | |
| <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,na/f,gluten/f (rx)</i> | 3 | MO; ADD |
| <i>niacin tr 250 mg tablet (rx)</i> | 3 | MO; ADD |
| <i>niacin tr 250 mg tablet natural</i> | 3 | MO; ADD |
| <i>niacin tr 250 mg tablet p/f,s/f (rx)</i> | 3 | MO; ADD |
| <i>niacin tr 500 mg caplet (rx)</i> | 3 | MO; ADD |
| <i>niacin tr 500 mg capsule (rx)</i> | 3 | MO; ADD |
| <i>niacin tr 500 mg tablet (rx)</i> | 3 | MO; ADD |
| <i>omega-3 1,000 mg 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>omega-3 acid ethyl esters</i> | 1 | MO |
| <i>plain niacin 250 mg tablet (rx)</i> | 3 | MO; ADD |
| <i>plain niacin 500 mg tablet (rx)</i> | 3 | MO; ADD |
| PRALUENT PEN | 2 | PA; QL (2 per 28 days) |
| <i>pravastatin</i> | 1 | MO; QL (30 per 30 days) |
| <i>prevalite</i> | 1 | MO |
| <i>pub niacin 100 mg tablet</i> | 3 | MO; ADD |
| <i>ra niacin 100 mg tablet p/f (rx)</i> | 3 | MO; ADD |
| <i>ra niacin 500 mg tablet (rx)</i> | 3 | MO; ADD |
| RA NIACIN 500 MG TABLET NO FLUSH (RX) | 3 | ADD |
| REPATHA | 2 | PA; QL (3 per 28 days) |
| REPATHA PUSHTRONEX | 2 | PA; QL (3.5 per 28 days) |
| REPATHA SURECLICK | 2 | PA; QL (3 per 28 days) |
| <i>rosuvastatin</i> | 1 | MO; QL (30 per 30 days) |
| <i>simvastatin oral tablet</i> | 1 | MO; QL (30 per 30 days) |
| SLO-NIACIN 250 MG TABLET | 3 | MO; ADD |

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|--|--|--|
| <i>slo-niacin 500 mg tablet (rx)</i> | 3 | MO; ADD |
| SLO-NIACIN 750 MG TABLET | 3 | MO; ADD |
| <i>sm fish oil concentrate sfg</i> | 3 | ADD |
| <i>sm niacin tr 250 mg tablet gluten-free (rx)</i> | 3 | MO; ADD |
| <i>super omega-3 softgel</i> | 3 | ADD |
| SUPER TWIN EPA-DHA 1,250 MG | 3 | ADD |
| VASCEPA | 2 | MO |
| MISCELLANEOUS CARDIOVASCULAR AGENTS | | |
| <i>cardioplegic soln</i> | 1 | |
| CORLANOR ORAL SOLUTION | 2 | |
| CORLANOR ORAL TABLET | 2 | MO |
| <i>digitek</i> | 1 | MO |
| <i>digox</i> | 1 | MO |
| <i>digoxin oral</i> | 1 | MO |
| <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 |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| <i>dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml)</i> | 1 | B/D PA |
| <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 | MO; QL (60 per 30 days) |
| LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG) | 2 | MO |
| <i>milrinone</i> | 1 | B/D PA |
| <i>milrinone in 5 % dextrose</i> | 1 | B/D PA |

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|--|--|--|
| <i>norepinephrine bitartrate</i> | 1 | |
| <i>ranolazine</i> | 1 | MO |
| <i>sodium nitroprusside</i> | 1 | B/D PA |
| VECAMYL | 2 | |
| VERQUVO | 2 | MO; QL (30 per 30 days) |
| VYNDAMAX | 2 | PA; MO |
| VYND AQEL | 2 | PA; MO |
| NITRATES | | |
| <i>isosorbide dinitrate oral tablet</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 |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| DERMATOLOGICALS/TOPICAL THERAPY | | |
| 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) |
| <i>calcipotriene-betamethasone</i> | 1 | MO; QL (400 per 30 days) |
| <i>calcitriol topical</i> | 1 | |
| <i>selenium sulfide topical lotion</i> | 1 | MO |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR | 2 | PA; MO; QL (2 per 28 days) |
| SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML | 2 | PA; MO; QL (2 per 28 days) |
| SKYRIZI SUBCUTANEOUS SYRINGE KIT | 2 | PA; MO; QL (2 per 28 days) |
| STELARA INTRAVENOUS | 2 | PA; MO; QL (104 per 28 days) |

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|---|--|--|
| STELARA SUBCUTANEOUS SOLUTION | 2 | PA; MO; QL (0.5 per 28 days) |
| STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML | 2 | PA; MO; QL (0.5 per 28 days) |
| STELARA SUBCUTANEOUS SYRINGE 90 MG/ML | 2 | PA; MO; QL (1 per 28 days) |
| TALTZ AUTOINJECTOR | 2 | PA; MO; QL (1 per 28 days) |
| TALTZ AUTOINJECTOR (2 PACK) | 2 | PA; MO; QL (4 per 28 days) |
| TALTZ AUTOINJECTOR (3 PACK) | 2 | PA; MO; QL (3 per 28 days) |
| TALTZ SYRINGE | 2 | PA; MO; QL (1 per 28 days) |

| 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 |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|------------------------------------|--|--|
| SALICYLIC ACID (BULK) POWDER | 3 | ADD |
| SALICYLIC ACID POWDER (RX) | 3 | ADD |
| SALICYLIC ACID POWDER USP (RX) | 3 | ADD |
| SALICYLIC ACID POWDER USP/NF (OTC) | 3 | ADD |
| <i>sal-plant 17% gel</i> | 3 | MO; ADD |
| SCALP RELIEF LIQUID | 3 | ADD |
| <i>sebex shampoo</i> | 3 | MO; ADD |
| <i>wart remover 17% liquid</i> | 3 | ADD |
| <i>wart remover clear strip</i> | 3 | ADD |
| <i>wart remover solution</i> | 3 | ADD |

| MISCELLANEOUS DERMATOLOGICALS | | |
|--|---|---------|
| ALOE VESTA 43% PROTECTIVE OINT | 3 | MO; ADD |
| ALOE VESTA 43% PROTECTIVE OINT 24'S,FRAGRANCE FREE | 3 | MO; ADD |
| 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% cream extra strength</i> | 3 | ADD |
| <i>anti-itch 2%-0.1% cream</i> | 3 | ADD |
| <i>aqua glycolic face cream</i> | 3 | MO; ADD |
| <i>aquaphilic ointment</i> | 3 | MO; 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 |

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|---|--|--|
| AQUAPHOR 41% ORIGINAL OINTMENT | 3 | MO; ADD |
| AQUAPHOR HEALING OINTMENT | 3 | ADD |
| ARBEM H-COSMETIC CREAM | 3 | ADD |
| ARBEM LIPOPEN BASE | 3 | ADD |
| ARTHRITIS PAIN RLF 0.075% CRM | 3 | MO; ADD |
| 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 compound tincture usp/nf</i> | 3 | ADD |
| <i>benzoin tincture (otc)</i> | 3 | ADD |
| <i>benzoin tincture (rx)</i> | 3 | ADD |
| <i>benzoin tincture plain (rx)</i> | 3 | ADD |
| <i>beta care cream</i> | 3 | MO; ADD |
| BETA XMA CREAM | 3 | ADD |

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|--|--|--|
| <i>capsaicin 0.025% cream</i> | 3 | MO; ADD; QL (60 per 30 days) |
| CAPSAICIN 0.15% LIQUID | 3 | ADD; QL (60 per 30 days) |
| <i>carbocaine (pf) injection solution 15 mg/ml (1.5 %)</i> | 1 | |
| CARRINGTON MOIST BARRIER CREAM | 3 | ADD |
| CARRINGTON MOIST BARRIER CREAM | 3 | MO; ADD |
| CASTELLANI PAINT MODIFIED | 3 | MO; ADD |
| CERAVE MOISTURIZING CREAM | 3 | MO; ADD |
| CETAPHIL CREAM | 3 | MO; ADD |
| <i>cetaphil moisturizing cream</i> | 3 | MO; ADD |
| <i>chloroprocaine (pf)</i> | 1 | |
| COCONUT OIL CREAM | 3 | ADD |
| CONDYLOX TOPICAL GEL | 2 | MO |
| CRITIC-AID CLEAR OINTMENT 12'S | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---------------------------------------|--|--|
| CRITIC-AID CLEAR OINTMENT 300'S | 3 | ADD |
| CUTTER BACKWOODS 25% SPRAY | 3 | ADD |
| CUTTER BACKWOODS DRY 25% 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 |
| <i>cv's advanced healing 41% oint</i> | 3 | ADD |
| CVS INSECT REPELLENT 15% SPRAY | 3 | ADD |
| <i>cv's moisturizing cream (rx)</i> | 3 | ADD |
| CVS TOTAL HOME INSECT 30% SPR | 3 | ADD |

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|--|--|--|
| <i>daylogic advanced healing oint</i> | 3 | ADD |
| <i>dermabase cream (rx)</i> | 3 | MO; ADD |
| <i>dermacerin cream (rx)</i> | 3 | MO; ADD |
| DERMAGRAN 0.275% OINTMENT LATEX FREE, DG-4 | 3 | ADD |
| DERMAGRAN 0.275% OINTMENT LATEX FREE, DT-4 | 3 | ADD |
| DERMAMED OINTMENT 24'S, JAR | 3 | ADD |
| <i>dermamed ointment 24's, tube</i> | 3 | ADD |
| <i>dermaphor ointment</i> | 3 | MO; ADD |
| DERMAPHOR OINTMENT | 3 | ADD |
| <i>diclofenac sodium topical gel 3 %</i> | 1 | PA; MO; QL (100 per 28 days) |
| DML FORTE CREAM W-PANTHENOL | 3 | MO; ADD |
| <i>doxepin topical</i> | 1 | MO; QL (45 per 30 days) |
| <i>dry skin treatment</i> | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML | 2 | PA; MO; QL (4.56 per 28 days) |
| DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML | 2 | PA; MO; QL (8 per 28 days) |
| DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML | 2 | PA; MO; QL (4.56 per 28 days) |
| DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML | 2 | PA; MO; QL (8 per 28 days) |
| EMOLLIA CREME | 3 | ADD |
| <i>emollient cream base</i> | 3 | MO; ADD |
| EUCERIN CREME (RX) | 3 | MO; ADD |
| EUCERIN CREME ORIGINAL (RX) | 3 | MO; ADD |
| EUCERIN CREME ORIGINAL, UNSCENTED (RX) | 3 | MO; ADD |
| EUCERIN INTENSIVE REPAIR CREAM | 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 |
| EUCERIN TOPICAL CREAM | 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 usp, anhydrous (otc)</i> | 3 | MO; ADD |
| GLYCERIN 99.5% SKIN PROTECT LQ USP (OTC) | 3 | MO; ADD |
| <i>glycerin 99.5% skin protect lq vegetable based, usp (otc)</i> | 3 | MO; ADD |
| <i>glycerin 99.7% liquid (rx)</i> | 3 | ADD |
| <i>glycerin emollient usp</i> | 3 | ADD |
| <i>glycerin liquid (rx)</i> | 3 | ADD |
| <i>glycerin liquid anhydrous synthetic (otc)</i> | 3 | ADD |
| <i>glycerin liquid usp (rx)</i> | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| <i>glycerin liquid usp, ep (rx)</i> | 3 | ADD |
| <i>glycerin liquid usp, natural (rx)</i> | 3 | ADD |
| <i>glycerin liquid usp/nf, synthetic</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>gs itch relief cream</i> | 3 | MO; ADD |
| HYDRASYN25 CREAM | 3 | ADD |
| <i>hydrolatum ointment 12's, a/f</i> | 3 | ADD |
| <i>hydrolatum ointment 57 gm x 24, a/f</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 |

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|--|--|--|
| ITCH RELIEF 2%-0.1% SPRAY | 3 | ADD |
| ITCH RELIEF 2%-0.1% SPRAY EXTRA STRENGTH | 3 | ADD |
| <i>itch relief cream</i> | 3 | MO; ADD |
| KERADAN CREAM | 3 | ADD |
| <i>leader fingers skin cream (rx)</i> | 3 | ADD |
| <i>lidocaine (pf) injection solution</i> | 1 | |
| LIDOCAINE 4% CREAM | 3 | MO; ADD; QL (30 per 30 days) |
| LIDOCAINE 4% CREAM OUTER | 3 | MO; ADD; QL (30 per 30 days) |
| <i>lidocaine hcl injection solution</i> | 1 | |
| <i>lidocaine hcl laryngotracheal</i> | 1 | MO |
| <i>lidocaine hcl mucous membrane jelly</i> | 1 | MO; QL (60 per 30 days) |
| <i>lidocaine hcl mucous membrane jelly in applicator</i> | 1 | MO; QL (60 per 30 days) |
| <i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i> | 1 | MO |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <i>lidocaine topical adhesive patch, medicated 5 %</i> | 1 | PA; MO; QL (90 per 30 days) |
| <i>lidocaine topical ointment</i> | 1 | MO; QL (36 per 30 days) |
| <i>lidocaine viscous</i> | 1 | MO |
| <i>lidocaine-epinephrine</i> | 1 | |
| <i>lidocaine-epinephrine (pf)</i> | 1 | |
| <i>lidocaine-prilocaine topical cream</i> | 1 | MO; QL (30 per 30 days) |
| LIP BALM BASE (RX) | 3 | ADD |
| <i>methoxsalen</i> | 1 | MO |
| MICRODERM BASE CREAM | 3 | ADD |
| MICROSOME BASE CREAM | 3 | ADD |
| <i>minerin creme</i> | 3 | MO; ADD |
| MOISTURIZING CREAM (RX) | 3 | ADD |
| NATRAPEL 20% SPRAY | 3 | ADD |
| NEUTROGENA NORWEGIAN FORMULA FRAGRANCE-FREE (RX) | 3 | MO; ADD |
| NIVEA CREAM | 3 | ADD |
| NIVEA SOFT CREAM | 3 | ADD |

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|--------------------------------|--|--|
| OFF ACTIVE 15% SPRAY | 3 | ADD |
| OFF DEEP WOODS 25% SPRAY | 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 |
| PCCA EMOLLIENT CREAM BASE | 3 | ADD |
| PEN-KERA CREAM | 3 | MO; ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|-------------------------------------|--|--|
| <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 |
| PICATO | 2 | MO |
| <i>pimecrolimus</i> | 1 | PA; MO; QL (100 per 30 days) |
| PNA-HRT BASE CREAM | 3 | ADD |
| <i>podofilox</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 |
| PROSHIELD PLUS 1% OINTMENT | 3 | MO; ADD |
| <i>prudoxin</i> | 1 | MO; QL (45 per 30 days) |
| <i>qc anti-itch cream extra strength</i> | 3 | ADD |
| Q-DERM BASE CREAM | 3 | ADD |
| <i>ra moisturizing therapy cream (otc)</i> | 3 | ADD |
| REGRANEX | 2 | MO |
| REMEDY DIMETHICONE 5% CREAM | 3 | ADD |
| REMEDY NUTRASHIELD PROTECTANT | 3 | ADD |
| REMEDY SKIN REPAIR CREAM W/OLIVAMINE | 3 | MO; ADD |
| REPEL 100 98.11% SPRAY | 3 | ADD |
| REPEL FAMILY 10% SPRAY | 3 | ADD |
| REPEL FAMILY 15% SPRAY | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--------------------------------|--|--|
| REPEL HUNTER'S 25% SPRAY | 3 | ADD |
| REPEL LEMON EUCALYPTUS 30% SPR | 3 | ADD |
| REPEL SPORTSMEN 25% SPRAY | 3 | ADD |
| 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 |
| SALTSTABLE LO CREAM BASE | 3 | ADD |
| SANTYL | 2 | MO |
| S-C MEDSEPTIC SKIN PROTECTANT | 3 | ADD |
| S-C MEDSEPTIC SKIN PROTECTANT | 3 | ADD |
| S-C MOIST BARRIER OINT-ALOE | 3 | ADD |

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|--|--|--|
| SENSI-CARE MOISTURIZING 2 CRM | 3 | ADD |
| <i>silver sulfadiazine</i> | 1 | MO |
| <i>sm anti-itch 2% cream extra strength</i> | 3 | ADD |
| <i>sm benzoin tincture nxfi</i> | 3 | ADD |
| SOOTHE AND COOL MOIST BARRIER OUTER | 3 | ADD |
| <i>sorbidon hydrate cream (rx)</i> | 3 | ADD |
| <i>sorbidon hydrate cream 12's (rx)</i> | 3 | ADD |
| SORBOLENE CREAM | 3 | ADD |
| <i>ssd</i> | 1 | MO |
| STUDIO 35 MOIST SKIN CREAM | 3 | ADD |
| SWEEN 24 CREAM | 3 | ADD |
| <i>tacrolimus topical</i> | 1 | PA; MO; QL (100 per 30 days) |
| TENDER CARE LANOLIN CREAM | 3 | ADD |
| <i>therapeutic moisturizing cream fragrance free</i> | 3 | ADD |
| <i>therapeutic moisturizing cream fragrance-free</i> | 3 | ADD |

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|---|--|--|
| U-BASE CREAM BASE | 3 | ADD |
| ULTRATHON 25% REPELLENT SPRAY (RX) | 3 | ADD |
| ULTRATHON 34.34% REPEL LOTION | 3 | ADD |
| UVADEX | 2 | B/D PA |
| VALCHLOR | 2 | PA; MO |
| VANIBASE MOISTURIZING CREAM (RX) | 3 | ADD |
| VANIBASE TRADITIONAL FORMULA (RX) | 3 | ADD |
| <i>vanicream norm/sensitive skin</i> | 3 | MO; 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 |
| VELVACHOL CREAM | 3 | MO; ADD |
| VERSATILE CREAM BASE (RX) | 3 | ADD |

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|---|--|--|
| VERSIGEL CREAM BASE | 3 | ADD |
| VITAMIN E OINTMENT | 3 | ADD |
| V-MAX BASE CREAM | 3 | ADD |
| XCEL 100 CREAM | 3 | ADD |
| XERAC AC 6.25% SOLUTION | 3 | MO; ADD |
| ZIKS ARTHRITIS PAIN RELIEF | 3 | MO; ADD |
| THERAPY FOR ACNE | | |
| ACNE MEDICATION 10% GEL | 3 | MO; ADD |
| ACNE MEDICATION 10% LOTION | 3 | MO; ADD |
| ACNE MEDICATION 5% GEL | 3 | MO; ADD |
| ACNE MEDICATION 5% LOTION | 3 | MO; ADD |
| <i>avita topical cream</i> | 1 | PA; MO |
| <i>azelaic acid</i> | 1 | MO |
| <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 aqueous (otc)</i> | 3 | MO; ADD |
| <i>benzoyl peroxide 5% wash (otc)</i> | 3 | MO; ADD |
| <i>benzoyl peroxide 6% cleanser (otc)</i> | 3 | MO; ADD |
| <i>bpo 6% foaming cloths (otc)</i> | 3 | MO; ADD |
| <i>claravis oral capsule 10 mg, 20 mg, 30 mg</i> | 1 | |
| <i>clindamycin phosphate topical gel</i> | 1 | MO; QL (120 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>dapsone topical gel</i> | 1 | MO |
| DIFFERIN 0.1% GEL (OTC) | 3 | MO; ADD |
| <i>ery pads</i> | 1 | MO |
| <i>erythromycin with ethanol topical solution</i> | 1 | MO |
| <i>ivermectin topical cream</i> | 1 | MO |
| <i>metronidazole topical</i> | 1 | MO |

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|---|--|--|
| <i>myorisan</i> | 1 | |
| <i>panoxyl 10% acne foaming wash</i> | 3 | MO; ADD |
| <i>panoxyl 4% acne creamy wash</i> | 3 | MO; ADD |
| <i>rosadan topical cream</i> | 1 | MO |
| <i>rosadan topical gel</i> | 1 | MO |
| <i>tazarotene topical cream</i> | 1 | PA; MO |
| TAZORAC TOPICAL CREAM 0.05 % | 2 | PA; MO |
| TAZORAC TOPICAL GEL | 2 | PA; MO |
| <i>tretinoin topical</i> | 1 | PA; MO |
| TOPICAL ANTIBACTERIALS | | |
| <i>bacitracin 500 unit/gm ointmnt</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 5 panel carton</i> | 3 | MO; ADD |
| <i>bacitracin zn 500 unit/gm oint u-d,144x.94gm pkt</i> | 3 | ADD |

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|--|--|--|
| <i>bacitracin zn 500 unit/gm oint usp</i> | 3 | MO; ADD |
| <i>bacitracin-polymyxin ointment</i> | 3 | ADD |
| BETADINE 10% SOLUTION ANTISEPTIC | 3 | MO; ADD |
| BETADINE 10% SOLUTION HOSP.SIZE,ANTISEPTIC | 3 | MO; ADD |
| BETADINE 5% SPRAY | 3 | ADD |
| BETADINE 7.5% SCRUB SCRUB,W/O PUMP | 3 | ADD |
| BETADINE 7.5% SCRUB SCRUB,W/PUMP | 3 | ADD |
| BETADINE 7.5% SURGICAL SCRUB | 3 | ADD |
| BETADINE SURGICAL SCRUB | 3 | ADD |
| BETADINE SWABSTICKS 200'S | 3 | ADD |
| BETADINE SWABSTICKS 50'S | 3 | ADD |
| DOUBLE ANTIBIOTIC OINTMENT | 3 | MO; ADD |

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|--|--|--|
| <i>gentamicin topical</i> | 1 | MO |
| <i>hm bacitracin zn 500 unit/gm</i> | 3 | MO; ADD |
| <i>hm double antibiotic ointment</i> | 3 | MO; ADD |
| <i>hm povidone-iodine 10% soln</i> | 3 | ADD |
| <i>hm triple antibiotic ointment</i> | 3 | MO; ADD |
| <i>hm triple antibiotic plus oint maximum strength</i> | 3 | MO; ADD |
| <i>mafenide acetate</i> | 1 | MO |
| <i>mupirocin</i> | 1 | MO; QL (44 per 30 days) |
| POLY BACITRACIN OINTMENT | 3 | ADD |
| <i>povidone-iodine 10% ointment</i> | 3 | ADD |
| <i>povidone-iodine 10% solution</i> | 3 | ADD |
| <i>qc povidone-iodine 10% soln</i> | 3 | ADD |
| <i>sb povidone-iodine 10% soln</i> | 3 | ADD |
| <i>sm antibiotic 500 unit/gm oint</i> | 3 | ADD |
| <i>sm antibiotic plus cream maximum strength</i> | 3 | ADD |

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|--|--|--|
| <i>sm double antibiotic oint</i> | 3 | MO; ADD |
| <i>sm povidone-iodine 10% soln</i> | 3 | ADD |
| <i>sm triple antibiotic ointment</i> | 3 | MO; ADD |
| <i>sm triple antibiotic plus oint maximum strength</i> | 3 | MO; ADD |
| <i>sulfacetamide sodium (acne)</i> | 1 | MO |
| SULFAMYLON TOPICAL CREAM | 2 | MO |
| <i>triple antibiotic ointment</i> | 3 | MO; ADD |
| <i>triple antibiotic ointment carton</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 |
| TOPICAL ANTIFUNGALS | | |
| ALEVAZOL 1% OINTMENT | 3 | MO; ADD |

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|---------------------------------------|--|--|
| <i>antifungal 1% cream</i> | 3 | ADD |
| <i>anti-fungal 1% powder</i> | 3 | MO; ADD |
| <i>antifungal 2% powder</i> | 3 | ADD |
| <i>antifungal 2% topical cream</i> | 3 | ADD |
| ATHLETE'S FOOT 1% CREAM | 3 | ADD |
| <i>athlete's foot 1% powder spray</i> | 3 | ADD |
| <i>athlete's foot 2% powder spray</i> | 3 | ADD |
| <i>baza antifungal 2% cream</i> | 3 | MO; ADD |
| BUTENAFINE HCL 1% CREAM | 3 | MO; ADD |
| <i>carrington antifungal 2% cream</i> | 3 | ADD |
| <i>ciclodan topical solution</i> | 1 | MO |
| <i>ciclopirox topical cream</i> | 1 | MO; QL (90 per 28 days) |
| <i>ciclopirox topical gel</i> | 1 | MO; QL (45 per 28 days) |
| <i>ciclopirox topical shampoo</i> | 1 | MO; QL (120 per 28 days) |
| <i>ciclopirox topical solution</i> | 1 | MO |
| <i>ciclopirox topical suspension</i> | 1 | MO; QL (60 per 28 days) |

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|---|--|--|
| <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) |
| <i>critic-aid clear af 2% oint 12's, w/ antifungal</i> | 3 | MO; ADD |
| <i>critic-aid clear af 2% oint 300's, w/ antifungal</i> | 3 | MO; ADD |
| <i>cvs jock itch 1% cream</i> | 3 | ADD |
| <i>desenex 2% powder</i> | 3 | MO; ADD |
| <i>econazole</i> | 1 | MO; QL (85 per 28 days) |
| <i>fungoid 2% tincture</i> | 3 | MO; ADD |
| <i>gnp athlete's foot 1% cream</i> | 3 | ADD |
| <i>gs athlete's foot 1% lq spray</i> | 3 | ADD |
| <i>inzo antifungal 2% cream</i> | 3 | ADD |

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|---|--|--|
| <i>jock itch 1% powder spray powder spray</i> | 3 | ADD |
| KERYDIN | 2 | MO |
| <i>ketconazole topical cream</i> | 1 | MO; QL (60 per 28 days) |
| <i>ketconazole topical foam</i> | 1 | MO; QL (100 per 28 days) |
| <i>ketconazole topical shampoo</i> | 1 | MO; QL (120 per 28 days) |
| <i>ketodan</i> | 1 | MO; QL (100 per 28 days) |
| <i>lamisil af defens 1% spray pwd</i> | 3 | MO; ADD |
| <i>lamisil at 1% cream</i> | 3 | MO; ADD |
| <i>lamisil at 1% cream athlete's foot</i> | 3 | MO; ADD |
| <i>miconazole 2% topical cream</i> | 3 | MO; ADD |
| <i>micro-guard 2% powder 12's,antifungal</i> | 3 | MO; ADD |
| <i>naftifine</i> | 1 | MO; QL (60 per 28 days) |
| NAFTIN TOPICAL GEL 2 % | 2 | MO; QL (60 per 28 days) |
| <i>nyamyc</i> | 1 | MO |
| <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 | |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <i>nystatin-triamcinolone</i> | 1 | MO; QL (60 per 28 days) |
| <i>nystop</i> | 1 | MO |
| <i>oxiconazole</i> | 1 | MO; QL (60 per 28 days) |
| <i>qc tolnaftate 1% cream</i> | 3 | MO; ADD |
| <i>remedy antifungal 2% cream</i> | 3 | ADD |
| <i>sm antifungal 1% cream</i> | 3 | ADD |
| <i>sm antifungal 1% topical cream</i> | 3 | ADD |
| <i>sm athlete's 1% foot cream</i> | 3 | ADD |
| <i>sm miconazole 2% topical cream</i> | 3 | MO; ADD |
| <i>tavaborole</i> | 1 | MO |
| <i>terbinafine 1% cream</i> | 3 | MO; ADD |
| <i>terbinafine 1% cream antifungal</i> | 3 | MO; ADD |
| <i>tolnaftate 1% cream</i> | 3 | MO; ADD |
| <i>tolnaftate 1% powder</i> | 3 | ADD |
| <i>zeasorb af 2% powder</i> | 3 | MO; ADD |
| TOPICAL ANTIVIRALS | | |
| <i>acyclovir topical cream</i> | 1 | PA; MO; QL (5 per 30 days) |

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|-------------------------------------|--|--|
| <i>acyclovir topical ointment</i> | 1 | PA; MO; QL (30 per 30 days) |
| DENAVIR | 2 | MO |
| XERESE | 2 | MO |
| TOPICAL CORTICOSTEROIDS | | |
| <i>ala-cort topical cream 1 %</i> | 1 | MO |
| <i>ala-cort topical cream 2.5 %</i> | 1 | |
| <i>alclometasone</i> | 1 | MO |
| <i>betamethasone dipropionate</i> | 1 | MO |
| <i>betamethasone valerate</i> | 1 | MO |
| <i>betamethasone, augmented</i> | 1 | MO |
| CAPEX | 2 | MO |
| <i>clobetasol scalp</i> | 1 | MO; QL (100 per 28 days) |
| <i>clobetasol topical cream</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) |
| <i>clobetasol topical ointment</i> | 1 | MO; QL (120 per 28 days) |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <i>clobetasol topical shampoo</i> | 1 | MO; QL (236 per 28 days) |
| <i>clobetasol topical spray, non-aerosol</i> | 1 | MO; QL (125 per 28 days) |
| <i>clobetasol-emollient topical cream</i> | 1 | MO; QL (120 per 28 days) |
| <i>clobetasol-emollient topical foam</i> | 1 | MO; QL (100 per 28 days) |
| <i>clodan</i> | 1 | MO; QL (236 per 28 days) |
| <i>desonide</i> | 1 | MO |
| <i>desrx</i> | 1 | |
| <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-e</i> | 1 | QL (120 per 30 days) |
| <i>gs anti-itch 1% cream</i> | 3 | ADD |
| <i>halobetasol propionate topical cream</i> | 1 | MO |

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|--|--|--|
| <i>halobetasol propionate topical ointment</i> | 1 | MO |
| <i>hm hydrocortisone 1% cream max str, w/aloe (otc)</i> | 3 | MO; ADD |
| <i>hm hydrocortisone 1% cream plus 12 moisturizers (otc)</i> | 3 | MO; ADD |
| <i>hydrocortisone 0.5% cream</i> | 3 | ADD |
| <i>hydrocortisone 0.5% cream (otc)</i> | 3 | MO; ADD |
| <i>hydrocortisone 0.5% ointment</i> | 3 | ADD |
| <i>hydrocortisone 1% cream</i> | 3 | ADD |
| <i>hydrocortisone 1% cream (otc)</i> | 3 | MO; ADD |
| <i>hydrocortisone 1% cream carton (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 u-d, 48's, foil</i> | 3 | ADD |
| <i>hydrocortisone 1% ointment</i> | 3 | ADD |
| <i>hydrocortisone 1% ointment (otc)</i> | 3 | MO; ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| <i>hydrocortisone 1% ointment carton (otc)</i> | 3 | MO; ADD |
| <i>hydrocortisone 1% ointment maximum strength (otc)</i> | 3 | MO; ADD |
| <i>hydrocortisone butyrate topical lotion</i> | 1 | MO; QL (118 per 30 days) |
| <i>hydrocortisone plus 1% cream moisturizer, max. str (otc)</i> | 3 | MO; ADD |
| <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>prednicarbate</i> | 1 | MO |
| <i>scalpicin 1% anti-itch liquid</i> | 3 | MO; ADD |
| <i>sm hydrocortisone 1% ointment maximum strength (otc)</i> | 3 | MO; ADD |
| <i>sm hydrocortisone plus 1% crm</i> | 3 | ADD |

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|--|--|--|
| <i>sm hydrocortisone-aloe 1% crm</i> | 3 | MO; ADD |
| <i>tovet emollient</i> | 1 | MO; QL (100 per 28 days) |
| <i>triamcinolone acetonide topical aerosol</i> | 1 | MO; QL (126 per 28 days) |
| <i>triamcinolone acetonide topical cream</i> | 1 | MO |
| <i>triamcinolone acetonide topical lotion</i> | 1 | MO |
| <i>triamcinolone acetonide topical ointment</i> | 1 | MO |
| <i>triderm topical cream</i> | 1 | MO |
| TOPICAL SCABICIDES / PEDICULICIDES | | |
| <i>crotan</i> | 1 | MO |
| <i>gs lice killing shampoo w/nit comb</i> | 3 | ADD |
| <i>hm lice killing shampoo 1 nit comb included</i> | 3 | ADD |
| <i>hm lice treatment 1% crm rinse</i> | 3 | ADD |
| <i>ivermectin topical lotion</i> | 1 | MO |
| <i>lice killing shampoo</i> | 3 | ADD |

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|---|--|--|
| <i>lice killing shampoo w/nit comb</i> | 3 | ADD |
| <i>lice treatment 1% creme rinse</i> | 3 | ADD |
| <i>lice treatment 1% creme rinse 1 nit removal comb</i> | 3 | ADD |
| <i>lice treatment shampoo 1 nit comb included</i> | 3 | ADD |
| <i>lindane topical shampoo</i> | 1 | MO |
| <i>malathion</i> | 1 | MO |
| <i>permethrin</i> | 1 | MO |
| <i>sb lice killing shampoo maximum strength</i> | 3 | ADD |
| <i>sm lice solution kit</i> | 3 | ADD |
| <i>sm lice treatment 1% crm rinse</i> | 3 | ADD |
| VANALICE GEL | 3 | ADD |
| DIAGNOSTICS / MISCELLANEOUS AGENTS | | |
| ANTIDOTES | | |
| <i>acetylcysteine intravenous</i> | 1 | |
| ENZYMES | | |
| <i>co q-10 10 mg capsule (rx)</i> | 3 | ADD |
| <i>co q-10 100 mg capsule (rx)</i> | 3 | MO; ADD |

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|---|--|--|
| <i>co q-10 100 mg capsule s/f, p/f (rx)</i> | 3 | MO; ADD |
| <i>co q-10 100 mg capsule s/f,p/f</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,s/f (rx)</i> | 3 | ADD |
| <i>co q-10 100 mg softgel softgel (otc)</i> | 3 | ADD |
| <i>co q-10 100 mg softgel (rx)</i> | 3 | ADD |
| <i>co q-10 100 mg softgel (rx)</i> | 3 | MO; 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-10 100 mg softgel softgel,s/f,na/f,p/f (rx)</i> | 3 | ADD |
| <i>co q-10 150 mg softgel p/f,s/f,softgel (rx)</i> | 3 | MO; ADD |

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|---|--|--|
| <i>co q10 200 mg capsule</i> | 3 | ADD |
| <i>co q10 200 mg capsule (rx)</i> | 3 | MO; ADD |
| <i>co q-10 200 mg capsule bonus size, s/f, p/f (rx)</i> | 3 | ADD |
| <i>co q-10 200 mg capsule s/f, p/f, milk-free (rx)</i> | 3 | ADD |
| <i>co q10 200 mg softgel (rx)</i> | 3 | MO; 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-10 200 mg softgel softgel, extra str (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 |
| <i>co q-10 30 mg softgel mfg unresponsive</i> | 3 | MO; ADD |
| <i>co q-10 30 mg softgel (rx)</i> | 3 | ADD |

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|---|--|--|
| <i>co q10 30 mg softgel softgel, p/f (rx)</i> | 3 | ADD |
| CO Q-10 300 MG SOFTGEL (RX) | 3 | MO; ADD |
| CO Q-10 300 MG SOFTGEL SOFTGEL,P/F (RX) | 3 | MO; ADD |
| CO Q-10 400 MG SOFTGEL GLUTEN-FREE,SOFTGEL (RX) | 3 | MO; ADD |
| CO Q-10 400 MG SOFTGEL SOFTGEL, S/F, P/F (RX) | 3 | MO; ADD |
| CO Q-10 400 MG SOFTGEL Y/F,S/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>co q-10 50 mg softgel softgel,s/f (rx)</i> | 3 | ADD |
| <i>co q10 60 mg capsule (rx)</i> | 3 | MO; ADD |
| <i>co q10 60 mg capsule p/f,s/f (rx)</i> | 3 | MO; ADD |

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|--|--|--|
| CO Q-10 ORAL CAPSULE 50 MG | 3 | ADD |
| <i>coenzyme q10 10 mg capsule (otc)</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,s/f (rx)</i> | 3 | MO; ADD |
| <i>coenzyme q-10 100 mg softgel lac-gluten-free,s/f (rx)</i> | 3 | MO; ADD |
| <i>coenzyme q-10 100 mg softgel s/f,p/f, gluten-free (otc)</i> | 3 | MO; ADD |
| <i>coenzyme q-10 100 mg softgel s/f,p/f,na/f (rx)</i> | 3 | MO; ADD |
| <i>coenzyme q-10 100 mg softgel softgel</i> | 3 | MO; ADD |
| <i>coenzyme q-10 100 mg softgel softgel,l/f,s/f,p/f (rx)</i> | 3 | MO; ADD |
| <i>coenzyme q10 200 mg capsule (rx)</i> | 3 | MO; ADD |
| COENZYME Q10 200 MG CAPSULE GLUTEN-FREE,S/F,P/F (RX) | 3 | MO; ADD |
| <i>coenzyme q-10 200 mg softgel s/f,p/f (otc)</i> | 3 | MO; ADD |

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|--|--|--|
| <i>coenzyme q-10 200 mg softgel softgel,l/f,s/f,p/f (rx)</i> | 3 | MO; ADD |
| <i>coenzyme q10 30 mg softgel (rx)</i> | 3 | MO; ADD |
| COENZYME Q-10 400 MG SOFTGEL SOFTGEL, S/F, P/F (OTC) | 3 | ADD |
| <i>coenzyme q10 50 mg capsule (rx)</i> | 3 | MO; ADD |
| <i>coenzyme q10 50 mg capsule p/f,s/f (rx)</i> | 3 | MO; ADD |
| <i>coenzyme q10 50 mg softgel softgel (otc)</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 | MO; ADD |
| COENZYME Q-10 POWDER (RX) | 3 | ADD |
| <i>coq-10 100 mg capsule s/f, p/f</i> | 3 | ADD |
| COQ10 150 MG CAPSULE D/F,P/F,S/F | 3 | MO; ADD |
| <i>coq10 30 mg capsule</i> | 3 | ADD |
| <i>coq-10 30 mg capsule</i> | 3 | ADD |
| <i>cvs co q-10 100 mg softgel (rx)</i> | 3 | MO; ADD |

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|--|--|--|
| <i>cvs co q-10 200 mg softgel (rx)</i> | 3 | MO; ADD |
| CVS CO Q-10 400 MG SOFTGEL (RX) | 3 | ADD |
| <i>eql co q-10 100 mg softgel (rx)</i> | 3 | ADD |
| <i>eql co q-10 200 mg softgel (rx)</i> | 3 | ADD |
| <i>gnp co q-10 100 mg capsule (rx)</i> | 3 | MO; ADD |
| <i>gnp co q-10 200 mg capsule (rx)</i> | 3 | MO; ADD |
| <i>gnp co q10 60 mg capsule (rx)</i> | 3 | MO; ADD |
| <i>h2q 100 mg capsule vegacaspule</i> | 3 | ADD |
| <i>hm co q-10 100 mg softgel softgel, gluten-free (rx)</i> | 3 | ADD |
| <i>hm co q-10 50 mg softgel softgel, gluten-free (otc)</i> | 3 | ADD |
| LIQ-10 100 MG/5 ML SYRUP | 3 | ADD |
| NEOQ10 SOFTGEL | 3 | ADD |
| <i>q-sorb co q-10 100 mg softgel</i> | 3 | MO; ADD |
| <i>q-sorb co q-10 200 mg softgel s/f, p/f,gluten-free</i> | 3 | MO; ADD |
| <i>ra coenzyme q-10 100 mg softgl (rx)</i> | 3 | MO; ADD |

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| <i>ra coenzyme q-10 100 mg softgl 30+10 free (otc)</i> | 3 | MO; ADD |
| <i>ra coenzyme q-10 100 mg softgl 30+10, softgel</i> | 3 | MO; ADD |
| <i>ra coenzyme q-10 100 mg softgl softgel</i> | 3 | MO; ADD |
| <i>ra coenzyme q-10 100 mg softgl softgel (rx)</i> | 3 | MO; ADD |
| <i>ra coenzyme q10 200 mg softgel softgel,s/f,p/f,d/f (rx)</i> | 3 | MO; ADD |
| <i>sm co q-10 100 mg softgel (rx)</i> | 3 | MO; ADD |
| <i>sm co q-10 50 mg softgel softgel, gluten-free (rx)</i> | 3 | ADD |
| <i>sm coenzyme q-10 100 mg sftgl softgel (rx)</i> | 3 | MO; ADD |
| <i>sm coenzyme q-10 100 mg sftgl softgel, gluten-free (rx)</i> | 3 | MO; ADD |
| <i>sv co q-10 100 mg softgel softgel, s/f, p/f (rx)</i> | 3 | ADD |
| SV CO Q-10 400 MG SOFTGEL SOFTGEL,P/F, GLUTEN-F (RX) | 3 | MO; ADD |

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|--|--|--|
| <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, s/f, p/f</i> | 3 | MO; ADD |
| <i>sv q-sorb co q-10 200 mg sftgl s/f, p/f,gluten-free</i> | 3 | MO; ADD |
| <i>sv q-sorb co q-10 200 mg sftgl softgel</i> | 3 | MO; ADD |
| <i>yl coenzyme q10 30 mg sftgl softgel</i> | 3 | MO; ADD |
| IRRIGATING SOLUTIONS | | |
| <i>lactated ringers irrigation</i> | 1 | MO |
| <i>neomycin-polymyxin b gu</i> | 1 | MO |
| <i>ringer's irrigation</i> | 1 | MO |
| MISCELLANEOUS AGENTS | | |
| <i>acamprosate</i> | 1 | MO |
| <i>acetic acid irrigation</i> | 1 | MO |
| AEROCHAMBER MINI 10'S, LATEX-FREE | 3 | MO; ADD; QL (2 per 365 days) |
| AEROCHAMBER MV HOLD CHAMBER | 3 | MO; ADD; QL (2 per 365 days) |
| AEROCHAMBER PLUS FLOW-VU | 3 | MO; ADD; QL (2 per 365 days) |

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| AEROCHAMBER PLUS FLOW-VU LARGE | 3 | MO; ADD; QL (2 per 365 days) |
| AEROCHAMBER PLUS FLOW-VU MED | 3 | MO; ADD; QL (2 per 365 days) |
| AEROCHAMBER PLUS FLOW-VU MED WITH MASK | 3 | MO; ADD; QL (2 per 365 days) |
| AEROCHAMBER PLUS FLOW-VU SMALL | 3 | MO; ADD; QL (2 per 365 days) |
| AEROCHAMBER PLUS W-FLOWSIGNAL | 3 | ADD; QL (2 per 365 days) |
| AEROCHAMBER Z-STAT PLUS W/MASK, LARGE | 3 | MO; ADD; QL (2 per 365 days) |
| AEROCHAMBER Z-STAT PLUS W-FLOW | 3 | ADD; QL (2 per 365 days) |
| AEROCHAMBER Z-STAT PLUS W-FLOW W/FLOWSIGNAL | 3 | MO; ADD; QL (2 per 365 days) |
| AEROCHAMBER Z-STAT PLUS-MED W/MASK-MED,CMFT SEAL | 3 | MO; ADD; QL (2 per 365 days) |
| AEROCHAMBER Z-STAT PLUS-SMALL W/MASK-SM,CMFT SEAL | 3 | 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 |
|---|--|--|
| AEROVENT PLUS HOLDING CHAMBER | 3 | MO; ADD; QL (2 per 365 days) |
| AIMSCO LATEX CONDOM | 3 | ADD; QL (24 per 30 days) |
| AIRZONE PEAK FLOW METER ADULTS & CHILDREN | 3 | ADD; QL (2 per 365 days) |
| <i>alpha lipoic acid 100 mg cap</i> | 3 | MO; ADD |
| ALPHA LIPOIC ACID 100 MG CAP | 3 | MO; ADD |
| ALPHA LIPOIC ACID 200 MG CAP P/F, S/F, GLUTEN-FREE | 3 | MO; ADD |
| ALPHA LIPOIC ACID 200 MG CAP P/F,S/F,D/F, GLUTE N/F | 3 | MO; ADD |
| ALPHA LIPOIC ACID 200 MG CAP S/F,P/F | 3 | MO; ADD |
| ALPHA LIPOIC ACID 300 MG CAP | 3 | MO; ADD |
| ALPHA LIPOIC ACID 300 MG SFTGL | 3 | MO; ADD |
| ALPHA LIPOIC ACID 50 MG CAP (RX) | 3 | ADD |

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|--|--|--|
| ALPHA LIPOIC ACID 50 MG CAP S/F, P/F (RX) | 3 | ADD |
| <i>alpha lipoic acid 600 mg cap gluten-free (rx)</i> | 3 | MO; 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,s/f,gluten-free (rx)</i> | 3 | MO; ADD |
| ALPHA LIPOIC ACID ORAL CAPSULE 100 MG | 3 | MO; ADD |
| <i>anagrelide</i> | 1 | MO |
| ARALAST NP | 2 | MO; LA |
| ASTHMA CHECK PEAK FLOW MTR | 3 | ADD; QL (2 per 365 days) |
| ASTHMAPACK CHILDREN'S CARE KIT | 3 | ADD; QL (2 per 365 days) |
| BENZYL ALCOHOL LIQUID NF (RX) | 3 | ADD |
| BENZYL BENZOATE LIQUID (OTC) | 3 | ADD |
| BENZYL BENZOATE LIQUID (RX) | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|-------------------------------------|--|--|
| <i>caffeine citrate intravenous</i> | 1 | |
| <i>caffeine citrate oral</i> | 1 | MO |
| CAFFEINE POWDER USP, ANHYDROUS (RX) | 3 | ADD |
| CARBAGLU | 2 | PA; MO; LA |
| <i>cevimeline</i> | 1 | MO |
| CHEMET | 2 | PA |
| CLEVER CHOICE CHAMBER-LRG MASK | 3 | ADD; QL (2 per 365 days) |
| CLEVER CHOICE CHAMBER-MED MASK | 3 | ADD; QL (2 per 365 days) |
| CLEVER CHOICE CHAMBER-SM MASK | 3 | ADD; QL (2 per 365 days) |
| CLEVER CHOICE PEAK FLOW METER | 3 | ADD; QL (2 per 365 days) |
| CLINIMIX 4.25%/D5W SULFIT FREE | 2 | B/D PA |
| COMPACT SPACE CHAMBER | 3 | MO; ADD; QL (2 per 365 days) |
| COMPACT SPACE CHAMBER-LRG MASK | 3 | MO; ADD; QL (2 per 365 days) |

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|--|--|--|
| COMPACT SPACE CHAMBER-MED MASK | 3 | MO; ADD; QL (2 per 365 days) |
| COMPACT SPACE CHAMBER-SM MASK | 3 | MO; ADD; QL (2 per 365 days) |
| CONDOMS LUBRICATED | 3 | MO; ADD; QL (24 per 30 days) |
| <i>cvs glucose 4 gram tablet chew assorted fruit (rx)</i> | 3 | MO; ADD |
| <i>cvs glucose 4 gram tablet chew na/f, no caffeine (rx)</i> | 3 | MO; 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 | |
| <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</i> | 1 | PA; MO |
| <i>deferiprone</i> | 1 | PA; MO |
| <i>deferoxamine</i> | 1 | B/D PA; MO |
| <i>dex4 glucose 4 gm tablet chew assorted flavors (rx)</i> | 3 | MO; 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 grape flavor (rx)</i> | 3 | MO; ADD |
| <i>dex4 glucose 4 gm tablet chew orange flavor (rx)</i> | 3 | MO; ADD |
| <i>dex4 glucose 4 gm tablet chew raspberry flavor (rx)</i> | 3 | MO; ADD |
| <i>dex4 glucose 4 gm tablet chew sour apple (rx)</i> | 3 | MO; ADD |
| <i>dex4 glucose 4 gm tablet chew watermelon flavor (rx)</i> | 3 | MO; 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 30 % in water (d30w)</i> | 1 | |
| <i>dextrose 5 % in water (d5w)</i> | 1 | MO |
| <i>dextrose 5 %-lactated ringers</i> | 1 | MO |

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|---|--|--|
| <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 | MO |
| <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 |
| <i>drug mart glucose 4 gm tab chw orange flavor (rx)</i> | 3 | MO; ADD |
| <i>drug mart glucose 4 gm tab chw raspberry flavor (rx)</i> | 3 | MO; ADD |
| DUREX AVANTI REAL FEEL CONDOM | 3 | MO; ADD; QL (24 per 30 days) |
| EASIVENT HOLDING CHAMBER HOSPITAL PACK | 3 | MO; ADD; QL (2 per 365 days) |
| EASIVENT HOLDING CHAMBER RETAIL PACK | 3 | MO; ADD; QL (2 per 365 days) |
| EASIVENT MASK-LARGE | 3 | 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-MEDIUM | 3 | MO; ADD; QL (2 per 365 days) |
| EASIVENT MASK-SMALL | 3 | MO; 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) |
| FERRIPROX | 2 | PA |
| FERRIPROX (2 TIMES A DAY) | 2 | PA |
| FERRLECIT 62.5 MG/5 ML VIAL L/F, SUV, OUTER | 3 | MO; ADD |
| FERRLECIT 62.5 MG/5 ML VIAL OUTER, SUV, L/F | 3 | MO; ADD |
| FLEXICHAMBER | 3 | ADD; QL (2 per 365 days) |
| FLEXICHAMBER-LG CHILD MASK | 3 | ADD; QL (2 per 365 days) |
| FLEXICHAMBER-SM ADULT MASK | 3 | ADD; QL (2 per 365 days) |
| FLEXICHAMBER-SM CHILD MASK | 3 | ADD; QL (2 per 365 days) |
| FRUCTOSE GRANULES USP (OTC) | 3 | ADD |

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|--|--|--|
| FRUCTOSE GRANULES USP (RX) | 3 | ADD |
| <i>gluco burst 40% gel</i> | 3 | ADD |
| <i>glucose 4 gram tablet chew (rx)</i> | 3 | MO; ADD |
| <i>glucose 4 gram tablet chew assort fruit flavor (rx)</i> | 3 | MO; ADD |
| <i>glucose 4 gram tablet chew grape</i> | 3 | MO; ADD |
| <i>glucose 4 gram tablet chew na/f (rx)</i> | 3 | MO; ADD |
| <i>glucose 4 gram tablet chew na/f,caffeine free (rx)</i> | 3 | MO; ADD |
| <i>glucose 4 gram tablet chew na/f,raspberry (rx)</i> | 3 | MO; ADD |
| <i>glucose 4 gram tablet chew na/free (rx)</i> | 3 | MO; ADD |
| <i>glucose 4 gram tablet chew raspberry flavor (rx)</i> | 3 | MO; ADD |
| <i>glucose 4 gram tablet chew sour apple</i> | 3 | MO; ADD |
| <i>glucose oral tablet,chewable 4 gram</i> | 3 | MO; ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| GLUTOSE-15 GEL 3 PAK, INNER, U-D | 3 | MO; ADD |
| GLUTOSE-15 GEL 3 PAK, OUTER, U-D | 3 | MO; ADD |
| GLUTOSE-45 GEL | 3 | MO; ADD |
| <i>gnp glucose 4 gram tablet chew grape (rx)</i> | 3 | MO; ADD |
| <i>gnp glucose 4 gram tablet chew orange (rx)</i> | 3 | MO; ADD |
| <i>gnp glucose 4 gram tablet chew raspberry (rx)</i> | 3 | MO; ADD |
| <i>gnp glucose 4 gram tablet chew watermelon flavor (rx)</i> | 3 | MO; ADD |
| <i>gnp glucose tablet chew wrong ndc per mfg</i> | 3 | MO; ADD |
| <i>gnp quick dissolve glucose tab na/f,caffeine free (rx)</i> | 3 | MO; ADD |
| <i>gnp watermelon glucose tab na/f,fat free,no caf</i> | 3 | MO; ADD |
| <i>hy-vee glucose tab</i> | 3 | MO; ADD |
| INCRELEX | 2 | MO; LA |

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|---|--|--|
| INSPIRACHAMBER | 3 | MO; ADD; QL (2 per 365 days) |
| INSPIRACHAMBER WITH MASK-LARGE | 3 | MO; ADD; QL (2 per 365 days) |
| INSPIRACHAMBER WITH MASK-MED | 3 | MO; ADD; QL (2 per 365 days) |
| INSPIRACHAMBER WITH MASK-SMALL | 3 | MO; ADD; QL (2 per 365 days) |
| KIMONO CONDOMS | 3 | ADD; QL (24 per 30 days) |
| KIMONO MAXX CONDOM | 3 | ADD; QL (24 per 30 days) |
| KIMONO MICROTHIN AQUA LUBE | 3 | 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) |
| <i> Kroger glucose 4 gram tab chew orange (rx)</i> | 3 | MO; ADD |
| <i> Kroger glucose 4 gram tab chew raspberry (rx)</i> | 3 | MO; ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| <i> Kroger glucose 4 gram tab chew watermelon (rx)</i> | 3 | MO; ADD |
| LACTOSE ANHYDROUS POWDER NF (RX) | 3 | ADD |
| LACTOSE MONOHYDRATE POWDER NF (RX) | 3 | ADD |
| LACTOSE MONOHYDRATE POWDER NF, HYDROUS (RX) | 3 | ADD |
| LACTOSE MONOHYDRATE POWDER NF, SPRAY DRIED (RX) | 3 | ADD |
| LACTOSE POWDER USP/NF, ANHYDROUS | 3 | ADD |
| <i> lanthanum</i> | 1 | MO |
| <i> leader glucose 4 gm tab chew orange flavor (rx)</i> | 3 | MO; ADD |
| <i> leader glucose 4 gm tab chew raspberry flavor (rx)</i> | 3 | MO; ADD |
| <i> leader glucose 4 gm tab chew watermelon flavor (rx)</i> | 3 | MO; ADD |
| <i> leader quick dissolve gluc tab (rx)</i> | 3 | MO; ADD |

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|--|--|--|
| <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 POWDER FCC | 3 | ADD |
| L-GLUTAMINE POWDER USP (OTC) | 3 | ADD |
| L-GLUTAMINE POWDER USP (RX) | 3 | ADD |
| L-GLUTATHIONE POWDER REDUCED FORM (RX) | 3 | ADD |
| 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 | MO; ADD |
| <i>longs glucose 4 gram tab chew raspberry flavor (rx)</i> | 3 | MO; ADD |
| <i>methylcellulose 1,500 cps pwd (rx)</i> | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <i>methylcellulose 4,000 cps pwd</i> | 3 | ADD |
| METHYLCELLULOSE 4,000 CPS PWD | 3 | ADD |
| METHYLCELLULOSE 400 CP POWDER | 3 | ADD |
| MICROCHAMBER LATEX/F | 3 | MO; ADD; QL (2 per 365 days) |
| MICROLIFE PEAK FLOW METER | 3 | MO; ADD; QL (2 per 365 days) |
| MICROSPACER FOR AEROSOL DEVICE LATEX/F | 3 | MO; ADD; QL (2 per 365 days) |
| <i>midodrine</i> | 1 | MO |
| MINI WRIGHT PEAK FLOW METER AFS, (30-400) | 3 | ADD; QL (2 per 365 days) |
| MINI WRIGHT PEAK FLOW METER STANDARD, (60-800) | 3 | ADD; QL (2 per 365 days) |
| <i>ms quick dissolve glucose tab (rx)</i> | 3 | MO; ADD |
| MX-SOL SYRUP | 3 | ADD |
| NATRAPEL TOPICAL AEROSOL, SPRAY 20 % | 3 | ADD |

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|--|--|--|
| <i>nitisinone</i> | 1 | PA; MO |
| NORTHERA | 2 | PA; MO |
| OFF ACTIVE TOPICAL AEROSOL,SPRAY 15 % | 3 | ADD |
| OFF FAMILYCARE(WITH PICARIDIN) TOPICAL SPRAY WITH PUMP 5 % | 3 | ADD |
| OPTICHAMBER DIAMOND VHC | 3 | MO; ADD; QL (2 per 365 days) |
| OPTICHAMBER DIAMOND W-LRG MASK | 3 | MO; ADD; QL (2 per 365 days) |
| OPTICHAMBER DIAMOND W-MED MASK | 3 | MO; ADD; QL (2 per 365 days) |
| OPTICHAMBER DIAMOND W-SML MASK | 3 | MO; ADD; QL (2 per 365 days) |
| ORA-BLEND SF SUSPENSION | 3 | ADD |
| ORAL MIX VEHICLE | 3 | ADD |
| ORAL SUSPEND VEHICLE | 3 | ADD |
| ORAL SYRUP SF VEHICLE | 3 | ADD |
| ORAL SYRUP VEHICLE | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|-----------------------------|--|--|
| <i>ora-sweet oral syrup</i> | 3 | ADD |
| ORA-SWEET-SF SYRUP | 3 | ADD |
| ORFADIN ORAL CAPSULE 20 MG | 2 | PA; LA |
| ORFADIN ORAL SUSPENSION | 2 | PA; LA |
| PANDA MASK LARGE | 3 | ADD; QL (2 per 365 days) |
| PANDA MASK MEDIUM | 3 | ADD; QL (2 per 365 days) |
| PANDA MASK SMALL | 3 | ADD; QL (2 per 365 days) |
| PEAK-AIR PEAK FLOW METER | 3 | MO; ADD; QL (2 per 365 days) |
| PEDIATRIC PANDA MASK | 3 | ADD; QL (2 per 365 days) |
| PEGBLEND WAX (RX) | 3 | ADD |
| PERSONAL BEST PEAK FLOW MTR | 3 | MO; ADD; QL (2 per 365 days) |
| PERSONAL BEST PEAK FLOW MTR | 3 | MO; ADD; QL (2 per 365 days) |
| PIKO 1 FLOW METER | 3 | ADD; QL (2 per 365 days) |
| <i>pilocarpine hcl oral</i> | 1 | MO |
| POCKET CHAMBER | 3 | MO; ADD; QL (2 per 365 days) |

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|--|--|--|
| POCKET PEAK FLOW METER 12'S | 3 | ADD; QL (2 per 365 days) |
| <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 |
| PRECISION XTR B-KETONE STRIP BETA-KETONE | 3 | MO; ADD |
| <i>preferred plus glucose tab chw grape (rx)</i> | 3 | MO; ADD |
| <i>preferred plus glucose tab chw orange flavor (rx)</i> | 3 | MO; ADD |
| <i>preferred plus glucose tab chw raspberry flavor (rx)</i> | 3 | MO; ADD |
| <i>preferred plus glucose tab chw watermelon flavor (rx)</i> | 3 | MO; ADD |
| PRO COMFORT SPACER-ADULT MASK | 3 | MO; ADD; QL (2 per 365 days) |
| PRO COMFORT SPACER-CHILD MASK | 3 | 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 |
|--|--|--|
| PROCARE SPACER WITH ADULT MASK | 3 | MO; ADD; QL (2 per 365 days) |
| PROCARE SPACER WITH CHILD MASK | 3 | ADD; QL (2 per 365 days) |
| PROLASTIN-C | 2 | LA |
| <i>pub glucose 4 gram tablet chew assorted fruit (rx)</i> | 3 | MO; ADD |
| <i>pub glucose 4 gram tablet chew orange (rx)</i> | 3 | MO; ADD |
| <i>pub glucose 4 gram tablet chew raspberry flavor (rx)</i> | 3 | MO; ADD |
| <i>pub glucose 4 gram tablet chew sour apple flavor (rx)</i> | 3 | MO; ADD |
| <i>ra glucose 4 gram tablet chew tropical fruit (otc)</i> | 3 | MO; ADD |
| <i>ra glucose 40% gel 3's</i> | 3 | ADD |
| RAVICTI | 2 | PA; MO |
| <i>reality glucose tablet chew</i> | 3 | MO; ADD |
| REPEL FAMILY TOPICAL AEROSOL POWDER 15 % | 3 | ADD |

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|--|--|--|
| REPEL SPORTSMEN TOPICAL AEROSOL, SPRAY 25 % | 3 | ADD |
| REVCOVI | 2 | PA; LA |
| <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>sesame oil usp/nf</i> | 3 | ADD |
| <i>sevelamer carbonate</i> | 1 | MO |
| <i>sevelamer hcl oral tablet 400 mg</i> | 1 | MO |
| <i>sevelamer hcl oral tablet 800 mg</i> | 1 | |
| <i>sm glucose 4 gram tab chew (rx)</i> | 3 | MO; ADD |
| <i>sm glucose 4 gram tab chew 12's (rx)</i> | 3 | MO; ADD |
| <i>sm glucose 4 gram tab chew 6's (rx)</i> | 3 | MO; ADD |
| <i>sod fer gluc cplx 62.5 mg/5 ml inner, l/f, p/f, sdv</i> | 3 | MO; ADD |
| <i>sod fer gluc cplx 62.5 mg/5 ml outer, l/f, p/f, sdv</i> | 3 | MO; ADD |
| <i>sod fer gluc cplx 62.5 mg/5 ml sdv, inner</i> | 3 | MO; ADD |

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|---|--|--|
| <i>sod fer gluc cplx 62.5 mg/5 ml sdv, outer</i> | 3 | MO; ADD |
| <i>sodium benzoate-sodium phenylacet</i> | 1 | |
| 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 oral powder</i> | 1 | PA; MO |
| <i>sodium phenylbutyrate oral tablet</i> | 1 | PA |
| <i>sodium polystyrene sulfonate oral powder</i> | 1 | MO |
| <i>sorbitol 70% solution (otc)</i> | 3 | MO; ADD |
| <i>sorbitol 70% solution u-d (otc)</i> | 3 | MO; ADD |
| <i>sorbitol 70% solution usp, s/f, a/f, d/f (otc)</i> | 3 | MO; ADD |
| SOSWEET SYRUP VEHICLE | 3 | ADD |
| <i>sps (with sorbitol) oral</i> | 1 | MO |

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|--|--|--|
| <i>sps (with sorbitol) rectal</i> | 1 | |
| SV ALPHA LIPOIC ACID 200 MG CP S/F,P/F | 3 | MO; ADD |
| SYRPALTA SYRUP | 3 | ADD |
| THIOLA | 2 | |
| THIOLA EC | 2 | |
| <i>trientine</i> | 1 | PA; MO |
| TRUEPLUS GLUCOSE 15 GRAM GEL | 3 | MO; ADD |
| 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) |
| 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) |

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

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|--|--|--|
| TRUZONE PEAK FLOW METER ADULT/PEDIATRIC | 3 | MO; ADD; QL (2 per 365 days) |
| ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML | 2 | PA; MO |
| <i>value plus glucose 40% gel 3's, tropical fruit (rx)</i> | 3 | ADD |
| <i>value plus glucose tablet chew assorted fruit (otc)</i> | 3 | MO; ADD |
| <i>value plus glucose tablet chew grape (otc)</i> | 3 | MO; ADD |
| VELTASSA | 2 | MO |
| VORTEX HOLDING CHAMBER HRI | 3 | MO; ADD; QL (2 per 365 days) |
| VORTEX HOLDING CHAMBER NON-ELECTROSTATIC | 3 | MO; ADD; QL (2 per 365 days) |
| VORTEX VHC FROG CHILD MASK HRI | 3 | MO; ADD; QL (2 per 365 days) |
| <i>water for irrigation, sterile</i> | 1 | MO |
| XIAFLEX | 2 | PA |
| XURIDEN | 2 | PA |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| 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 |
| NEUTRACEUTICALS | | |
| <i>sm complete premium vitamin tb</i> | 3 | ADD |
| PHARMACEUTICAL ADJUVANTS | | |
| FATTIBASE WAX | 3 | MO; ADD |
| GRAPE FLAVOR SYRUP (RX) | 3 | ADD |
| MX-SOL BLEND | 3 | ADD |
| MX-SOL BLEND SF | 3 | ADD |
| MX-SOL SF SYRUP | 3 | ADD |
| MX-SOL SUSPEND | 3 | ADD |
| ORA-BLEND SUSPENSION | 3 | ADD |
| ORAL MIX SF VEHICLE | 3 | ADD |

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|--|--|--|
| ORA-PLUS SUSPENDING VEHICLE | 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 |
| CHANTIX | 2 | MO |
| CHANTIX CONTINUING MONTH BOX | 2 | MO |
| CHANTIX STARTING MONTH BOX | 2 | MO |
| <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 |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <i>gs nicotine 4 mg chewing gum</i> | 3 | MO; ADD |
| <i>gs nicotine 4 mg chewing gum original</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 |
| <i>hm nicotine 14 mg/24hr patch (otc)</i> | 3 | MO; ADD |
| <i>hm nicotine 2 mg chewing gum mint</i> | 3 | MO; ADD |
| <i>hm nicotine 2 mg lozenge mint, 3 quittube</i> | 3 | MO; ADD |
| <i>hm nicotine 2 mg mini lozenge</i> | 3 | MO; ADD |
| <i>hm nicotine 21 mg/24hr patch (otc)</i> | 3 | MO; ADD |
| <i>hm nicotine 4 mg chewing gum mint</i> | 3 | MO; ADD |
| <i>hm nicotine 4 mg lozenge mint</i> | 3 | MO; ADD |
| <i>hm nicotine 4 mg lozenge mint, 3 quittube</i> | 3 | MO; ADD |
| <i>hm nicotine 7 mg/24hr patch (otc)</i> | 3 | MO; ADD |
| NICODERM CQ 14 MG/24HR PATCH | 3 | MO; ADD |

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|--|--|--|
| 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 | 3 | MO; ADD |
| NICORETTE 2 MG CHEWING GUM CINNAMON SURGE | 3 | MO; ADD |
| NICORETTE 2 MG CHEWING GUM FRESH MINT | 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 |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| NICORETTE 2 MG CHEWING GUM STARTER KIT | 3 | MO; ADD |
| NICORETTE 2 MG CHEWING GUM WHITE ICE MINT | 3 | MO; ADD |
| NICORETTE 2 MG LOZENGE | 3 | MO; ADD |
| NICORETTE 2 MG LOZENGE CHERRY, 72+9 FREE | 3 | MO; ADD |
| NICORETTE 2 MG LOZENGE MINT, BONUS PACK | 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 | 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 |

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|---|--|--|
| 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 |
| NICORETTE 4 MG LOZENGE | 3 | MO; ADD |
| NICORETTE 4 MG LOZENGE CHERRY, 72+9 FREE | 3 | MO; ADD |
| NICORETTE 4 MG LOZENGE MINT, BONUS PACK | 3 | MO; ADD |
| NICORETTE 4 MG MINI 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 |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <i>nicotine 2 mg chewing gum</i> | 3 | MO; ADD |
| <i>nicotine 2 mg chewing gum coated,cinnamon,s/f</i> | 3 | MO; ADD |
| <i>nicotine 2 mg chewing gum cool mint/coated</i> | 3 | MO; ADD |
| <i>nicotine 2 mg chewing gum fruit wave, 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 refill</i> | 3 | MO; ADD |
| <i>nicotine 2 mg chewing gum s/f</i> | 3 | MO; ADD |
| <i>nicotine 2 mg chewing gum s/f,coated</i> | 3 | MO; ADD |
| <i>nicotine 2 mg chewing gum s/f,coated fruit</i> | 3 | MO; ADD |
| <i>nicotine 2 mg chewing gum starter kit</i> | 3 | MO; ADD |
| <i>nicotine 2 mg chewing gum sugar free</i> | 3 | MO; ADD |

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|---|--|--|
| NICOTINE 2 MG LOZENGE | 3 | MO; ADD |
| NICOTINE 2 MG LOZENGE INNER | 3 | MO; ADD |
| NICOTINE 2 MG LOZENGE MINT | 3 | MO; ADD |
| <i>nicotine 2 mg lozenge mint, 3 quittube</i> | 3 | MO; ADD |
| <i>nicotine 2 mg lozenge outer</i> | 3 | MO; ADD |
| <i>nicotine 2 mg mini lozenge</i> | 3 | MO; ADD |
| <i>nicotine 2 mg mini lozenge inner</i> | 3 | MO; ADD |
| <i>nicotine 2 mg mini lozenge mini,mint,3 quittube</i> | 3 | MO; ADD |
| <i>nicotine 2 mg mini lozenge outer</i> | 3 | MO; ADD |
| NICOTINE 2 MG MINI LOZENGE OUTER | 3 | MO; ADD |
| <i>nicotine 21 mg/24hr patch (otc)</i> | 3 | MO; ADD |
| <i>nicotine 21 mg/24hr patch outer, clear, step 1 (otc)</i> | 3 | MO; ADD |
| <i>nicotine 21 mg/24hr patch step 1 (otc)</i> | 3 | MO; ADD |
| <i>nicotine 4 mg chewing gum</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 coated, mint</i> | 3 | MO; ADD |
| <i>nicotine 4 mg chewing gum coated,cinnamon,s/f</i> | 3 | MO; ADD |
| <i>nicotine 4 mg chewing gum cool mint/coated</i> | 3 | MO; ADD |
| <i>nicotine 4 mg chewing gum fruit wave/coated</i> | 3 | MO; ADD |
| <i>nicotine 4 mg chewing gum mint</i> | 3 | MO; ADD |
| <i>nicotine 4 mg chewing gum original</i> | 3 | MO; ADD |
| <i>nicotine 4 mg chewing gum refill</i> | 3 | MO; ADD |
| <i>nicotine 4 mg chewing gum refill kit,s/f</i> | 3 | MO; ADD |
| <i>nicotine 4 mg chewing gum s/f,coated</i> | 3 | MO; ADD |
| <i>nicotine 4 mg chewing gum s/f,coated fruit</i> | 3 | MO; ADD |
| <i>nicotine 4 mg chewing gum starter kit</i> | 3 | MO; ADD |
| <i>nicotine 4 mg lozenge</i> | 3 | MO; ADD |

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|--|--|--|
| NICOTINE 4 MG LOZENGE | 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 mini lozenge</i> | 3 | MO; ADD |
| <i>nicotine 4 mg mini lozenge inner</i> | 3 | MO; ADD |
| <i>nicotine 4 mg mini lozenge mini,mint,3 quittube</i> | 3 | MO; ADD |
| <i>nicotine 4 mg mini lozenge outer</i> | 3 | MO; ADD |
| NICOTINE 4 MG MINI LOZENGE OUTER | 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 |
| <i>nicotine transdermal system step 1,2,3</i> | 3 | MO; ADD |
| NICOTROL | 2 | MO |
| NICOTROL NS | 2 | MO |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <i>sm nicotine 14 mg/24hr patch (otc)</i> | 3 | MO; ADD |
| <i>sm nicotine 14 mg/24hr patch step 2 (otc)</i> | 3 | MO; ADD |
| <i>sm nicotine 2 mg chewing gum</i> | 3 | MO; ADD |
| <i>sm nicotine 2 mg lozenge</i> | 3 | MO; ADD |
| <i>sm nicotine 21 mg/24hr patch (otc)</i> | 3 | MO; ADD |
| <i>sm nicotine 21 mg/24hr patch outer (otc)</i> | 3 | MO; ADD |
| <i>sm nicotine 4 mg chewing gum</i> | 3 | MO; ADD |
| <i>sm nicotine 4 mg lozenge</i> | 3 | MO; ADD |
| <i>sm nicotine 7 mg/24hr patch (otc)</i> | 3 | MO; ADD |
| <i>sm nicotine 7 mg/24hr patch step 3 (otc)</i> | 3 | MO; ADD |
| VARENICLINE | 2 | 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 |

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|--|--|--|
| 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 |
| AYR SALINE NASAL GEL | 3 | MO; ADD |
| AYR SALINE NASAL GEL SPRAY | 3 | MO; ADD |
| <i>azelastine nasal</i> | 1 | MO; QL (60 per 30 days) |
| <i>baby ayr saline 0.65% drops</i> | 3 | MO; ADD |
| BENZEDREX INHALER | 3 | ADD |
| <i>child saline 0.65% nasal spray</i> | 3 | ADD |
| <i>chlorhexidine gluconate mucous membrane</i> | 1 | MO |
| <i>cvs saline 0.65% nasal spray</i> | 3 | ADD |
| <i>deep sea 0.65% nose spray</i> | 3 | ADD |
| <i>denta 5000 plus cream</i> | 3 | MO; ADD; QL (2 per 50 days) |
| <i>denta 5000 plus cream</i> | 3 | MO; ADD; QL (2 per 90 days) |

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|---|--|--|
| <i>denta 5000 plus dental cream 1.1 %</i> | 1 | MO |
| <i>dentagel 1.1% gel</i> | 3 | MO; ADD; QL (2 per 50 days) |
| <i>dentagel dental gel 1.1 %</i> | 1 | MO |
| <i>eq nasal 0.65% spray</i> | 3 | ADD |
| <i>eql saline 0.65% nasal spray</i> | 3 | ADD |
| <i>fluoride (sodium) dental cream</i> | 1 | |
| <i>fluoride (sodium) dental gel 1.1 %</i> | 1 | MO |
| <i>fluoride (sodium) dental paste</i> | 1 | MO |
| <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>hm nose drops</i> | 3 | ADD |

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|---|--|--|
| <i>hm original nasal spray 0.05% 12 hour, gluten-free</i> | 3 | ADD |
| <i>hm saline 0.65% nasal spray gluten-free</i> | 3 | ADD |
| <i>hm sinus nasal spray 0.05%</i> | 3 | ADD |
| <i>ipratropium bromide nasal</i> | 1 | MO; QL (30 per 30 days) |
| <i>little remedies 0.65% spray for noses</i> | 3 | MO; ADD |
| LITTLE REMEDIES SALINE MIST | 3 | ADD |
| <i>little remedies stuffy nose kt w/ nasal aspirator</i> | 3 | MO; ADD |
| <i>mucinex sinus-max nasal spray</i> | 3 | ADD |
| NASADROPS SALINE ON THE GO AMP | 3 | ADD |
| <i>nasal 0.65% spray</i> | 3 | ADD |
| <i>nasal decongestant 0.05% spray</i> | 3 | MO; ADD |
| <i>nasal decongestant 0.05% spray 12hr, maximum str.</i> | 3 | ADD |
| <i>nasal four 1% spray</i> | 3 | ADD |
| <i>nasal mist 0.9% spray</i> | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| <i>nasal spray 0.05% 12 hour relief</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 |
| <i>nasal spray 0.05% extra moisturizing</i> | 3 | ADD |
| NASAL SPRAY 1% | 3 | ADD |
| <i>nasal spray original 0.05% 1 oz + 0.25 oz free</i> | 3 | ADD |
| <i>nasal spray original 0.05% 12 hr relief</i> | 3 | ADD |
| <i>nasal spray original 0.05% 12 hr, 25% more</i> | 3 | ADD |
| NASOGEL NASAL SPRAY | 3 | MO; ADD |
| NASOGEL SALINE NOSE GEL | 3 | MO; ADD |
| <i>no drip 0.05% nasal spray</i> | 3 | ADD |
| <i>nose drops</i> | 3 | ADD |
| <i>ocean 0.65% nasal spray</i> | 3 | MO; ADD |

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|--|--|--|
| <i>ocean 0.65% nasal spray include travel size</i> | 3 | MO; ADD |
| <i>ocean 0.65% nasal spray premium</i> | 3 | MO; ADD |
| <i>ocean 0.65% nose spray</i> | 3 | MO; ADD |
| <i>olopatadine nasal</i> | 1 | MO; QL (30.5 per 30 days) |
| <i>oralone</i> | 1 | MO |
| <i>paroex oral rinse</i> | 1 | MO |
| <i>perio gard</i> | 1 | MO |
| PREVIDENT 5000 BOOSTER PLUS | 2 | MO |
| <i>pub saline 0.65% nasal spray</i> | 3 | ADD |
| <i>ra nasal mist 0.9% spray</i> | 3 | ADD |
| <i>ra saline 0.65% nasal spray</i> | 3 | ADD |
| <i>ra saline 0.65% nose spray</i> | 3 | ADD |
| <i>saline 0.65% nasal spray</i> | 3 | ADD |
| <i>saline 0.65% nasal spray a/f, infant, child</i> | 3 | ADD |
| <i>saline 0.65% nasal spray moisturizing</i> | 3 | ADD |
| <i>saline mist 0.65% nose spry</i> | 3 | MO; ADD |
| SALINE NASAL GEL | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <i>sb 12hr nasal spray 0.05%</i> | 3 | ADD |
| <i>sb saline 0.65% nose spray</i> | 3 | ADD |
| <i>sf 1.1% gel</i> | 3 | MO; ADD; QL (2 per 50 days) |
| <i>sf 5000 plus cream</i> | 3 | MO; ADD; QL (2 per 50 days) |
| <i>sf 5000 plus dental cream 1.1 %</i> | 1 | MO |
| <i>sf dental gel 1.1 %</i> | 1 | MO |
| SINUS RELIEF 1% NASAL SPRAY | 3 | ADD |
| <i>sm nasal 0.05% spray 12 hour, original</i> | 3 | ADD |
| <i>sm nasal spray 0.05%</i> | 3 | ADD |
| <i>sm nasal spray 0.05% extra moisturizing</i> | 3 | ADD |
| <i>sm nasal spray sinus</i> | 3 | ADD |
| <i>sm nose drops</i> | 3 | ADD |
| <i>sm saline 0.65% nasal spray</i> | 3 | ADD |
| SODIUM BENZOATE POWDER NF (RX) | 3 | ADD |
| <i>sodium fluoride 1.1% gel</i> | 3 | MO; ADD; QL (2 per 50 days) |

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|--------------|--|--|
|--------------|--|--|

| | | |
|---|---|-------------------------|
| <i>sodium fluoride 5000 dry mouth</i> | 1 | |
| <i>sodium fluoride 5000 plus crm</i> | 3 | ADD; QL (1 per 90 days) |
| <i>sodium fluoride 5000 plus dental cream 1.1 %</i> | 1 | |
| <i>sodium fluoride-pot nitrate</i> | 1 | MO |
| <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 drops 6.5%</i> | 3 | ADD |
| <i>ear wax removal 6.5% drop</i> | 3 | ADD |
| <i>flac otic oil</i> | 1 | |
| <i>fluocinolone acetonide oil</i> | 1 | MO |
| <i>hm ear wax removal 6.5% drops</i> | 3 | ADD |
| <i>hm ear wax removal kit w/ear syringe</i> | 3 | ADD |
| <i>hydrocortisone-acetic acid</i> | 1 | MO |
| <i>ofloxacin otic (ear)</i> | 1 | MO |
| <i>sm ear drops 6.5%</i> | 3 | ADD |

OTIC STEROID / ANTIBIOTIC

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

| | | |
|---|---|----|
| <i>ciprofloxacin-dexamethasone</i> | 1 | MO |
| <i>neomycin-polymyxin-hc otic (ear)</i> | 1 | MO |

ENDOCRINE/DIABETES

ADRENAL HORMONES

| | | |
|--|---|------------|
| <i>decadron oral tablet 0.5 mg</i> | 1 | |
| <i>dexamethasone</i> | 1 | MO |
| <i>dexamethasone intensol</i> | 1 | MO |
| <i>dexamethasone sodium phos (pf) injection solution</i> | 1 | MO |
| <i>dexamethasone sodium phosphate injection</i> | 1 | MO |
| <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 |

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|---|--|--|
| <i>methylprednisolone sodium succ intravenous</i> | 1 | MO |
| <i>millipred oral tablet</i> | 1 | B/D PA; MO |
| <i>prednisolone oral solution</i> | 1 | MO |
| <i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i> | 1 | MO |
| <i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)</i> | 1 | |
| <i>prednisone intensol</i> | 1 | B/D PA; MO |
| <i>prednisone oral solution</i> | 1 | MO |
| <i>prednisone oral tablet</i> | 1 | B/D PA; MO |
| <i>prednisone oral tablets, dose pack</i> | 1 | MO |
| <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>propylthiouracil</i> | 1 | MO |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| 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) |
| AIRZONE PEAK FLOW METER 31F06 | 3 | ADD; QL (2 per 365 days) |
| ALCOHOL PADS | 2 | |
| APIDRA SOLOSTAR U-100 INSULIN | 2 | ST; MO |
| APIDRA U-100 INSULIN | 2 | ST; MO |
| BAQSIMI | 2 | MO |
| BD AUTOSHIELD DUO PEN NEEDLE | 2 | MO |
| BD INSULIN SYRINGE (HALF UNIT) | 2 | MO |
| BD INSULIN SYRINGE U-500 | 2 | MO |
| BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2" | 2 | MO |

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|---|--|--|
| BD NANO 2ND GEN PEN NEEDLE | 2 | MO |
| BD ULTRA-FINE MICRO PEN NEEDLE | 2 | MO |
| BD ULTRA-FINE MINI PEN NEEDLE | 2 | MO |
| BD ULTRA-FINE NANO PEN NEEDLE | 2 | MO |
| BD ULTRA-FINE SHORT PEN NEEDLE | 2 | MO |
| BD VEO INSULIN SYR (HALF UNIT) | 2 | MO |
| BD VEO INSULIN SYRINGE UF | 2 | MO |
| BYDUREON BCISE | 2 | PA; MO; QL (4 per 28 days) |
| BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML | 2 | PA; MO; QL (2.4 per 30 days) |
| BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML | 2 | PA; MO; QL (1.2 per 30 days) |
| CHEMSTRIP 10 MD | 3 | ADD; QL (200 per 365 days) |
| CHEMSTRIP 50B | 3 | ADD; QL (200 per 365 days) |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| CHEMSTRIP 7 | 3 | ADD; QL (200 per 365 days) |
| COMBISTIX REAGENT STRIPS | 3 | ADD; QL (200 per 365 days) |
| CVS KETONE CARE TEST STRIP | 3 | ADD; QL (200 per 365 days) |
| CYCLOSET | 2 | MO; QL (180 per 30 days) |
| <i>diazoxide</i> | 1 | MO |
| DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5ML 30 GAUGE X 15/64" | 2 | |
| DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.5 ML 31 GAUGE X 5/16" | 2 | MO |

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| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64" | 2 | |
| DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16 | 2 | MO |
| DROPLET MICRON PEN NEEDLE | 2 | MO |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| DROPLET PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32" | 2 | MO |
| DROPSAFE PEN NEEDLE | 2 | MO |
| FARXIGA ORAL TABLET 10 MG | 2 | MO; QL (30 per 30 days) |
| FARXIGA ORAL TABLET 5 MG | 2 | MO; QL (60 per 30 days) |
| GAUZE PADS 2 X 2 | 2 | |
| <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) |

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|---|--|--|
| <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) |
| <i>glucagon emergency kit (human)</i> | 2 | MO |
| GVOKE HYPOPEN 1-PACK | 2 | MO |
| GVOKE HYPOPEN 2-PACK | 2 | MO |
| GVOKE PFS 1-PACK SYRINGE | 2 | MO |
| GVOKE PFS 2-PACK SYRINGE | 2 | MO |
| HEMA-COMBISTIX REAGENT STRIPS | 3 | ADD; QL (200 per 365 days) |
| HUMALOG JUNIOR KWIKPEN U-100 | 2 | MO |
| HUMALOG KWIKPEN INSULIN | 2 | MO |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--------------------------------|--|--|
| HUMALOG MIX 50-50 INSULN U-100 | 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 |
| 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 | MO |
| HUMULIN R U-500 (CONC) KWIKPEN | 2 | MO |
| <i>insta-glucose gel</i> | 3 | MO; ADD |
| INSTA-GLUCOSE GEL | 3 | MO; ADD |
| INSULIN PEN NEEDLE | 2 | MO |

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|--|--|--|
| INSULIN SYRINGE (DISP) U-100 0.3 ML, 1/2 ML | 2 | |
| INSULIN SYRINGE (DISP) U-100 1 ML | 2 | MO |
| INVOKAMET | 2 | MO; QL (60 per 30 days) |
| INVOKAMET XR | 2 | MO; QL (60 per 30 days) |
| INVOKANA | 2 | MO; QL (30 per 30 days) |
| 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) |
| 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) |
| JENTADUETO | 2 | ST; MO; QL (60 per 30 days) |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG | 2 | ST; MO; QL (60 per 30 days) |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG | 2 | ST; MO; QL (30 per 30 days) |
| KAZANO | 2 | ST; MO; QL (60 per 30 days) |
| KETO-DIASTIX REAGENT STRIPS | 3 | MO; ADD; QL (200 per 365 days) |
| KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG | 2 | MO; QL (60 per 30 days) |
| KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG | 2 | MO; QL (30 per 30 days) |
| LABSTIX REAGENT STRIPS | 3 | MO; ADD; QL (200 per 365 days) |
| 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 |

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|--|--|--|
| LYUMJEV U-100 INSULIN | 2 | MO |
| <i>metformin oral solution</i> | 1 | MO; QL (765 per 30 days) |
| <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) |
| <i>miglitol oral tablet 100 mg</i> | 1 | MO; QL (90 per 30 days) |
| <i>miglitol oral tablet 25 mg</i> | 1 | MO; QL (360 per 30 days) |
| <i>miglitol oral tablet 50 mg</i> | 1 | MO; QL (180 per 30 days) |
| MULTISTIX 10 SG REAGENT STRIPS | 3 | MO; ADD; QL (200 per 365 days) |
| MULTISTIX 5 STRIPS | 3 | ADD; QL (200 per 365 days) |
| MULTISTIX 7 REAGENT STRIPS | 3 | ADD; QL (200 per 365 days) |
| MULTISTIX 8 SG REAGENT STRIPS | 3 | ADD; QL (200 per 365 days) |
| MULTISTIX 9 REAGENT STRIPS | 3 | ADD; QL (200 per 365 days) |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---------------------------------------|--|--|
| MULTISTIX 9 SG REAGENT STRIPS | 3 | ADD; QL (200 per 365 days) |
| MULTISTIX REAGENT STRIPS | 3 | ADD; QL (200 per 365 days) |
| <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) |
| NEEDLES, INSULIN DISP.,SAFETY | 2 | MO |
| NESINA | 2 | ST; MO; QL (30 per 30 days) |
| NOVOFINE 32 | 2 | MO |
| NOVOFINE PLUS | 2 | MO |
| NOVOLOG FLEXPEN U-100 INSULIN | 2 | ST; MO |
| NOVOLOG MIX 70-30 U-100 INSULIN | 2 | ST; MO |
| NOVOLOG MIX 70-30FLEXPEN U-100 | 2 | ST; MO |
| NOVOLOG PENFILL U-100 INSULIN | 2 | ST; MO |
| NOVOLOG U-100 INSULIN ASPART | 2 | ST; MO |
| NOVOTWIST | 2 | MO |
| OMNIPOD DASH 5 PACK POD | 2 | MO |

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|--|--|--|
| OMNIPOD INSULIN MANAGEMENT | 2 | MO |
| OMNIPOD INSULIN REFILL | 2 | MO |
| ONGLYZA | 2 | MO; QL (30 per 30 days) |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML) | 2 | PA; MO; QL (1.5 per 28 days) |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML) | 2 | PA; QL (3 per 28 days) |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (4 MG/3 ML) | 2 | PA; MO; QL (3 per 28 days) |
| PANDA MASK LARGE | 3 | ADD; QL (2 per 365 days) |
| PANDA MASK MEDIUM | 3 | ADD; QL (2 per 365 days) |
| PANDA MASK SMALL | 3 | ADD; QL (2 per 365 days) |
| PEDIATRIC PANDA MASK | 3 | ADD; QL (2 per 365 days) |
| PIKO 1 FLOW METER | 3 | ADD; QL (2 per 365 days) |
| <i>pioglitazone</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>pioglitazone-glimepiride</i> | 1 | MO; QL (30 per 30 days) |
| <i>pioglitazone-metformin</i> | 1 | MO; QL (90 per 30 days) |
| POCKET CHAMBER | 3 | MO; ADD; QL (2 per 365 days) |
| POCKET PEAK FLOW METER | 3 | ADD; QL (2 per 365 days) |
| QTERN | 2 | MO; QL (30 per 30 days) |
| <i>repaglinide oral tablet 0.5 mg</i> | 1 | MO; QL (960 per 30 days) |
| <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) |
| 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) |
| SOLIQUA 100/33 | 2 | MO; QL (90 per 30 days) |
| STEGLATRO | 2 | MO; QL (30 per 30 days) |

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|--|--|--|
| SYMLINPEN 120 | 2 | PA; MO; QL (10.8 per 30 days) |
| SYMLINPEN 60 | 2 | PA; MO; QL (6 per 30 days) |
| TECHLITE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2" | 2 | |
| TECHLITE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16 | 2 | MO |
| TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" | 2 | |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64" | 2 | MO |
| TECHLITE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32" | 2 | MO |
| TOUJEO MAX U-300 SOLOSTAR | 2 | MO |
| TOUJEO SOLOSTAR U-300 INSULIN | 2 | MO |
| TRADJENTA | 2 | ST; MO; QL (30 per 30 days) |
| TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" | 2 | |

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| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| TRUEPLUS INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 | 2 | MO |
| TRUEPLUS PEN NEEDLE | 2 | MO |
| TRULICITY | 2 | PA; MO; QL (2 per 28 days) |
| URISTIX 4 REAGENT STRIPS | 3 | MO; ADD; QL (200 per 365 days) |
| URISTIX REAGENT STRIPS | 3 | MO; ADD; QL (200 per 365 days) |
| V-GO 20 | 2 | MO |
| V-GO 30 | 2 | MO |
| V-GO 40 | 2 | MO |
| VICTOZA 2-PAK | 2 | PA; MO; QL (9 per 30 days) |
| VICTOZA 3-PAK | 2 | PA; MO; QL (9 per 30 days) |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| 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) |
| XULTOPHY 100/3.6 | 2 | MO; QL (15 per 30 days) |
| MISCELLANEOUS HORMONES | | |
| ALDURAZYME | 2 | PA; MO |
| ANDRODERM | 2 | PA; MO; QL (30 per 30 days) |
| <i>cabergoline</i> | 1 | MO |
| <i>calcitonin (salmon)</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 | |
| CERDELGA | 2 | PA; MO |
| CEREZYME INTRAVENOUS RECON SOLN 400 UNIT | 2 | PA; MO |
| <i>cinacalcet</i> | 1 | MO |

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|--|--|--|
| <i>clomiphene citrate</i> | 1 | PA; MO |
| CRYSVITA | 2 | PA; MO; LA |
| <i>danazol</i> | 1 | MO |
| DDAVP NASAL SOLUTION | 2 | 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 intravenous</i> | 1 | |
| <i>doxercalciferol oral</i> | 1 | MO |
| ELAPRASE | 2 | PA; MO |
| FABRAZYME | 2 | PA; MO |
| KANUMA | 2 | PA; MO |
| KORLYM | 2 | PA |
| KUVAN | 2 | PA; MO |
| LUMIZYME | 2 | PA; MO |
| MEPSEVII | 2 | PA; MO |
| <i>methyltestosterone oral capsule</i> | 1 | MO |
| MIACALCIN INJECTION | 2 | MO |
| <i>miglustat</i> | 1 | PA; MO; LA |
| MYALEPT | 2 | PA; MO; LA |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| NAGLAZYME | 2 | PA; MO; LA |
| NATPARA | 2 | PA; MO; LA |
| OVIDREL 250 MCG/0.5 ML SYRG | 3 | MO; ADD |
| <i>oxandrolone</i> | 1 | PA; MO |
| PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML | 2 | PA; MO; LA; QL (15 per 30 days) |
| PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML | 2 | PA; MO; LA; QL (4 per 30 days) |
| PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML | 2 | PA; MO; LA; QL (60 per 30 days) |
| <i>pamidronate intravenous solution</i> | 1 | MO |
| <i>paricalcitol intravenous solution 2 mcg/ml</i> | 1 | |
| <i>paricalcitol intravenous solution 5 mcg/ml</i> | 1 | MO |
| <i>paricalcitol oral</i> | 1 | MO |
| SAMSCA ORAL TABLET 15 MG | 2 | PA; MO |
| <i>sapropterin</i> | 1 | PA; MO |
| SOMAVERT | 2 | PA; MO |
| STRENSIQ | 2 | PA; LA |
| SYNAREL | 2 | MO |

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|---|--|--|
| <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 10 mg/0.5 gram /actuation</i> | 1 | PA; MO; QL (120 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) |
| <i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i> | 1 | PA; MO; QL (37.5 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 % (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 oral tablet 30 mg</i> | 1 | PA; MO |
| VIMIZIM | 2 | PA; MO; LA |
| <i>zoledronic acid intravenous solution</i> | 1 | B/D PA; MO |
| <i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i> | 1 | B/D PA; MO |
| THYROID HORMONES | | |
| <i>euthyrox</i> | 1 | MO |
| <i>levo-t</i> | 1 | |
| <i>levothyroxine intravenous recon soln</i> | 1 | MO |
| <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 |
| <i>liothyronine</i> | 1 | MO |

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|--------------|--|--|
|--------------|--|--|

| | | |
|------------------|---|----|
| <i>unithroid</i> | 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 |
| ACIDOPHILUS W-BIFIDUS WAFER MFG UNRESPONSIVE | 3 | ADD |
| ACIDOPHILUS X-STR CAPTAB | 3 | MO; ADD |
| <i>acidophilus-pectin capsule</i> | 3 | MO; ADD |
| ACIDOPHILUS-PECTIN CAPSULE | 3 | ADD |
| ACIDOPHILUS-PECTIN CAPTAB (RX) | 3 | MO; ADD |
| ACIDOPHILUS-PECTIN CAPTAB CAPLET (RX) | 3 | MO; 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 |

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

| | | |
|------------------------------------|---|-----|
| <i>anti-diarrheal 2 mg softgel</i> | 3 | ADD |
|------------------------------------|---|-----|

| | | |
|--|---|-----|
| <i>anti-diarrheal 2 mg softgel softgel</i> | 3 | ADD |
|--|---|-----|

| | | |
|-----------------------------------|---|---------|
| <i>anti-diarrheal 2 mg tablet</i> | 3 | MO; ADD |
|-----------------------------------|---|---------|

| | | |
|--|---|--|
| <i>atropine injection solution 0.4 mg/ml</i> | 1 | |
|--|---|--|

| | | |
|---|---|--|
| <i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i> | 1 | |
|---|---|--|

| | | |
|------------------------------|---|---------|
| <i>bismatrol tablet chew</i> | 3 | MO; ADD |
|------------------------------|---|---------|

| | | |
|-----------------------------------|---|-----|
| <i>bismuth 262 mg tablet chew</i> | 3 | 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</i> | 1 | MO |
|--------------------------------|---|----|

| | | |
|-------------------------------|---|----|
| <i>diphenoxylate-atropine</i> | 1 | MO |
|-------------------------------|---|----|

| | | |
|--------------------------------|---|---------|
| EQL PROBIOTIC ACIDOPHIL-PECTIN | 3 | MO; ADD |
|--------------------------------|---|---------|

| | | |
|---|---|--|
| <i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i> | 1 | |
|---|---|--|

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|--|--|--|
| <i>glycopyrrolate injection</i> | 1 | MO |
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i> | 1 | MO |
| <i>gs anti-diarrheal 2 mg caplet</i> | 3 | MO; ADD |
| <i>gs stomach relief 525 mg/30 ml</i> | 3 | MO; ADD |
| <i>gs stomach rlf 262 mg chew tab</i> | 3 | ADD |
| <i>hm anti-diarrheal 2 mg caplet caplet, gluten-free</i> | 3 | MO; ADD |
| <i>hm loperamide 1 mg/7.5 ml liq mint</i> | 3 | MO; ADD |
| <i>hm loperamide 1 mg/7.5 ml liq mint, gluten-free</i> | 3 | MO; ADD |
| <i>hm loperamide 2 mg softgel softgel (otc)</i> | 3 | MO; ADD |
| <i>hm stomach relief 262 mg/15 ml original, reg str</i> | 3 | MO; ADD |
| <i>hm stomach relief 525 mg/15 ml</i> | 3 | ADD |
| <i>hm stomach relief 525 mg/15 ml original, max str</i> | 3 | ADD |
| <i>hm stomach relief 525 mg/30 ml</i> | 3 | MO; ADD |
| <i>hm stomach rlf 262 mg chew tab</i> | 3 | ADD |
| KALA TABLET | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| <i>lactobacillus capsule extra strength</i> | 3 | ADD |
| <i>loperamide 1 mg/7.5 ml liquid mint</i> | 3 | MO; ADD |
| <i>loperamide 1 mg/7.5 ml soln</i> | 3 | MO; ADD |
| LOPERAMIDE 1 MG/7.5 ML SOLN | 3 | MO; ADD |
| <i>loperamide 1 mg/7.5 ml susp mint</i> | 3 | MO; ADD |
| <i>loperamide oral capsule 2 mg</i> | 1 | MO |
| <i>opium tincture</i> | 1 | MO |
| <i>pink bismuth caplet</i> | 3 | ADD |
| <i>pink bismuth tablet chew</i> | 3 | ADD |
| PROBIOTIC 15 BILLION CELL CAP | 3 | ADD |
| PROBIOTIC ACIDOPHIL-PECTIN CAP | 3 | MO; ADD |
| <i>qc anti-diarrheal 2 mg caplet</i> | 3 | MO; ADD |
| <i>qc anti-diarrheal 2 mg softgel</i> | 3 | ADD |
| RA DIGESTIVE HEALTH PROBIOTIC | 3 | ADD |
| <i>sm anti-diarrheal 1 mg/7.5 ml</i> | 3 | ADD |

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|--|--|--|
| <i>sm anti-diarrheal 2 mg caplet</i> | 3 | MO; ADD |
| <i>sm anti-diarrheal 2 mg caplet</i> | 3 | MO; ADD |
| <i>sm anti-diarrheal 2 mg softgel</i> | 3 | ADD |
| <i>sm anti-diarrheal 2 mg softgel easy to swallow,sfgl</i> | 3 | ADD |
| <i>sm loperamide 1 mg/7.5 ml liq mint</i> | 3 | MO; ADD |
| <i>sm stomach relief 525 mg/30 ml</i> | 3 | MO; ADD |
| <i>sm stomach relief caplet</i> | 3 | ADD |
| <i>sm stomach rlf 262 mg chew tab</i> | 3 | ADD |
| <i>stomach relief 262 mg/15 ml original strength</i> | 3 | MO; ADD |
| <i>stomach relief max str liquid max. strength</i> | 3 | ADD |
| <i>stomach relief max str liquid max-strength</i> | 3 | ADD |
| <i>stomach rlf 262 mg/15 ml susp original strength</i> | 3 | ADD |
| MISCELLANEOUS GASTROINTESTINAL AGENTS | | |
| <i>acid gone antacid liquid</i> | 3 | MO; ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <i>acid gone tablet chew</i> | 3 | MO; ADD |
| <i>almacone-2 liquid</i> | 3 | MO; ADD |
| <i>alose tron</i> | 1 | MO |
| <i>aluminum hydroxide gel sugar-free</i> | 3 | MO; ADD |
| <i>antacid anti-gas liquid</i> | 3 | MO; ADD |
| <i>antacid anti-gas liquid</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 |
| <i>antacid liquid</i> | 3 | ADD |
| <i>antacid plus anti-gas relf liq mint,reg-strength</i> | 3 | ADD |
| <i>antacid plus anti-gas relf liq regular str,original</i> | 3 | ADD |
| <i>antacid plus anti-gas susp cherry,max-strength</i> | 3 | ADD |
| <i>antacid suspension</i> | 3 | ADD |
| <i>antacid suspension max str, fast acting</i> | 3 | ADD |
| <i>antacid-antigas 1000-60 mg chw</i> | 3 | ADD |
| <i>antacid-antigas liquid</i> | 3 | ADD |

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|---|--|--|
| <i>antacid-antigas suspension</i> | 3 | MO; ADD |
| <i>aprepitant</i> | 1 | B/D PA; MO |
| <i>balsalazide</i> | 1 | MO |
| <i>bisacodyl 10 mg suppository</i> | 3 | MO; ADD |
| <i>bisacodyl ec 5 mg tablet</i> | 3 | MO; ADD |
| <i>bisa-lax ec 5 mg tablet</i> | 3 | ADD |
| <i>budesonide oral capsule, delayed, extended release</i> | 1 | MO |
| <i>budesonide oral tablet, delayed and extended release</i> | 1 | |
| <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>castor oil usp/nf</i> | 3 | ADD |
| CHENODAL | 2 | PA; LA |
| <i>chocolated laxative</i> | 3 | ADD |
| CHOLBAM ORAL CAPSULE 250 MG | 2 | PA |
| CHOLBAM ORAL CAPSULE 50 MG | 2 | PA; QL (120 per 30 days) |
| CIMZIA | 2 | PA; MO; QL (2 per 28 days) |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| CIMZIA POWDER FOR RECONST | 2 | PA; MO; QL (2 per 28 days) |
| CIMZIA STARTER KIT | 2 | PA; MO; QL (3 per 28 days) |
| CINVANTI | 2 | MO |
| <i>citrate of magnesia soln</i> | 3 | ADD |
| <i>citrucel 500 mg caplet</i> | 3 | MO; ADD |
| CITRUCEL POWDER | 3 | MO; ADD |
| CITRUCEL POWDER S-F S/F | 3 | MO; ADD |
| CITRUCEL POWDER S-F 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 |
| COLACE 2-IN-1 TABLET | 3 | MO; ADD |
| COLACE CLEAR 50 MG SOFTGEL | 3 | MO; ADD |

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| COLACE-T 100 MG CAPSULE | 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 |
| CYSTADANE | 2 | |
| <i>dimenhydrinate injection solution</i> | 1 | MO |
| DIPENTUM | 2 | MO |
| <i>docu liquid 100 mg/10 ml inner</i> | 3 | ADD |
| <i>docu liquid 100 mg/10 ml outer</i> | 3 | ADD |
| <i>docu liquid 50 mg/5 ml</i> | 3 | 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 inner</i> | 3 | MO; ADD |
| <i>docusate sodium 250 mg softgel outer</i> | 3 | MO; ADD |
| <i>docusate sodium 50 mg/5 ml liq 100's, u-d</i> | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| DOCUSATE SODIUM MINI ENEMA | 3 | ADD |
| DOCUSOL KIDS 100 MG MINI-ENEMA 5ML MINI-ENEMA, OUTER | 3 | ADD |
| DOCUSOL MINI-ENEMA OUTER | 3 | ADD |
| DOCUSOL PLUS MINI-ENEMA 5ML MINI-ENEMA, OUTER | 3 | ADD |
| <i>dok 100 mg softgel</i> | 3 | MO; ADD |
| <i>dok 100 mg tablet</i> | 3 | MO; ADD |
| <i>doxylamine-pyridoxine (vit b6)</i> | 1 | MO |
| <i>driminate 50 mg tablet</i> | 3 | MO; ADD |
| <i>dronabinol</i> | 1 | B/D PA; MO |
| <i>droperidol injection solution</i> | 1 | MO |
| EMEND ORAL SUSPENSION FOR RECONSTITUTION | 2 | B/D PA |
| <i>enema disposable</i> | 3 | MO; ADD |
| <i>enema ready to use</i> | 3 | ADD |
| <i>enema ready to use 2x133ml, latex free</i> | 3 | ADD |
| <i>enema ready to use latex free</i> | 3 | ADD |

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|--|--|--|
| <i>enema ready to use latex-free</i> | 3 | ADD |
| ENEMEEZ MINI ENEMA 5CC TUBES, OUTER | 3 | MO; ADD |
| ENEMEEZ PLUS MINI ENEMA OUTER | 3 | MO; ADD |
| ENTYVIO | 2 | PA; MO; QL (2 per 28 days) |
| <i>enulose</i> | 1 | MO |
| <i>epsom salt</i> | 3 | ADD |
| <i>eql castor oil</i> | 3 | ADD |
| <i>fiber laxative 625 mg caplet</i> | 3 | ADD |
| <i>fiber laxative 625 mg tablet</i> | 3 | ADD |
| <i>fiber tablet unboxed</i> | 3 | MO; 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 captabs 500mg polycarbophil</i> | 3 | MO; ADD |
| FLEET BISACODYL 10 MG ENEMA | 3 | MO; ADD |
| <i>fleet enema 2x133ml, twin pack</i> | 3 | MO; ADD |
| <i>fleet enema 4x133ml, latex-free</i> | 3 | MO; ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <i>fleet enema latex-free</i> | 3 | MO; ADD |
| FLEET MINERAL OIL ENEMA | 3 | MO; ADD |
| FLEET PEDIA-LAX ENEMA | 3 | MO; ADD |
| FLEET PEDIA-LAX STOOL SOFTENER | 3 | ADD |
| FLEET PEDIA-LAX TABLET CHEW | 3 | MO; ADD |
| <i>fosaprepitant</i> | 1 | MO |
| <i>gas relief (simeth) 80 mg chew</i> | 3 | ADD |
| <i>gas relief 125 mg chew tablet extra str, cherry crm</i> | 3 | MO; ADD |
| <i>gas relief 125 mg softgel</i> | 3 | ADD |
| <i>gas relief 125 mg softgel</i> | 3 | MO; ADD |
| <i>gas relief 125 mg softgel softgel, extra-str</i> | 3 | ADD |
| GAS RELIEF 180 MG SOFTGEL | 3 | ADD |
| <i>gas relief 180 mg softgel ultra str, sftgel</i> | 3 | ADD |

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|---|--|--|
| GAS RELIEF 180 MG SOFTGEL ULTRA STRENGTH | 3 | ADD |
| <i>gas relief 20 mg/0.3 ml drops dye-free</i> | 3 | MO; 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 |
| GATTEX ONE-VIAL | 2 | PA; MO |
| <i>gavilax powder 14 day</i> | 3 | MO; ADD |
| <i>gavilax powder 30 day</i> | 3 | MO; ADD |
| <i>gavilyte-c</i> | 1 | MO |
| <i>gavilyte-g</i> | 1 | MO |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| <i>gavilyte-n</i> | 1 | MO |
| GAVISCON 80-14.2 MG TAB CHEW | 3 | MO; ADD |
| GAVISCON ES TABLET CHEW EXTRA STRENGTH | 3 | MO; ADD |
| GAVISCON EXTRA STRENGTH LIQUID | 3 | MO; ADD |
| GAVISCON LIQUID | 3 | MO; ADD |
| <i>generlac</i> | 1 | MO |
| <i>gentle laxative 10 mg supp</i> | 3 | MO; ADD |
| <i>gentle laxative 10 mg supposit</i> | 3 | MO; ADD |
| <i>gentle laxative ec 5 mg tablet</i> | 3 | ADD |
| <i>gnp gas rlf(simeth) 80 mg chew</i> | 3 | ADD |
| <i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i> | 1 | MO |
| <i>granisetron hcl intravenous</i> | 1 | MO |
| <i>granisetron hcl oral</i> | 1 | B/D PA; MO |
| <i>gs adv antacid-antigas liquid</i> | 3 | ADD |
| <i>gs antacid plus anti-gas liq</i> | 3 | ADD |

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|---|--|--|
| <i>gs antacid plus anti-gas susp</i> | 3 | ADD |
| <i>gs antacid-simethicone liquid</i> | 3 | ADD |
| <i>gs clearlax powder</i> | 3 | MO; ADD |
| <i>gs gas relief 125 mg softgel</i> | 3 | ADD |
| <i>gs gas relief 180 mg softgel</i> | 3 | ADD |
| GS HEMORRHOIDAL OINTMENT | 3 | MO; ADD |
| <i>gs milk of magnesia suspension</i> | 3 | MO; ADD |
| <i>gs simethicone 20 mg/0.3 ml</i> | 3 | ADD |
| <i>gs stool softener 100 mg sftgl</i> | 3 | ADD |
| HEARTBURN RELIEF LIQUID | 3 | ADD |
| <i>hm adv antacid-antigas susp max-strength, cherry</i> | 3 | ADD |
| <i>hm antacid anti-gas suspension original, max str</i> | 3 | MO; ADD |
| <i>hm antacid-antigas suspension</i> | 3 | MO; ADD |
| <i>hm antacid-antigas suspension reg str, mint</i> | 3 | ADD |
| <i>hm castor oil odorless-tasteless</i> | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <i>hm clearlax powder</i> | 3 | MO; ADD |
| <i>hm clearlax powder 14 once-daily doses</i> | 3 | MO; ADD |
| <i>hm clearlax powder 30 once-daily doses</i> | 3 | MO; ADD |
| <i>hm clearlax powder 7 once-daily doses</i> | 3 | MO; ADD |
| <i>hm enema ready to use</i> | 3 | ADD |
| <i>hm enema ready to use twin pak</i> | 3 | ADD |
| <i>hm enema ready to use twin pak latex-free</i> | 3 | ADD |
| <i>hm epsom salt (otc)</i> | 3 | MO; ADD |
| <i>hm fiber 500 mg caplet</i> | 3 | MO; ADD |
| <i>hm fiber powder</i> | 3 | ADD |
| <i>hm fiber powder</i> | 3 | ADD |
| <i>hm fiber powder (otc)</i> | 3 | ADD |
| <i>hm gas relief(simeth) 80 mg chw</i> | 3 | ADD |
| <i>hm inf gas relief 20 mg/0.3 ml</i> | 3 | ADD |
| <i>hm laxative ec 5 mg tablet</i> | 3 | ADD |
| <i>hm magnesium citrate solution pasteurized, cherry</i> | 3 | MO; ADD |

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|--|--|--|
| <i>hm magnesium citrate solution pasteurized, lemon</i> | 3 | MO; ADD |
| <i>hm milk of magnesia suspension mint</i> | 3 | MO; ADD |
| <i>hm milk of magnesia suspension original</i> | 3 | MO; ADD |
| <i>hm motion relief 25 mg tablet</i> | 3 | ADD |
| HM READY TO USE MIN OIL ENEMA | 3 | ADD |
| HM READY TO USE MIN OIL ENEMA LATEX-FREE, NA/F | 3 | ADD |
| <i>hm senna 8.6 mg tablet</i> | 3 | ADD |
| <i>hm senna-s tablet</i> | 3 | MO; ADD |
| <i>hm stool softener 100 mg sftgl</i> | 3 | ADD |
| <i>hm stool softener 100 mg sftgl softgel</i> | 3 | ADD |
| <i>hm stool softener 100 mg tab</i> | 3 | ADD |
| <i>hm stool softener 250 mg sftgl softgel,max strength</i> | 3 | ADD |
| <i>hm stool softener-stim lax tab</i> | 3 | ADD |
| <i>hydrocortisone rectal</i> | 1 | MO |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <i>hydrocortisone topical cream with perineal applicator</i> | 1 | MO |
| <i>hydrocortisone-pramoxine rectal cream 1-1 %</i> | 1 | MO |
| <i>inf gas rel 20 mg/0.3 ml drop</i> | 3 | ADD |
| <i>infant gas relief drops 20mg/0.3ml, d/f, a/f</i> | 3 | ADD |
| <i>infants' gas rlf 20 mg/0.3 ml</i> | 3 | ADD |
| <i>infants' gas rlf 20 mg/0.3 ml a/f,infant</i> | 3 | ADD |
| <i>konsyl 6 gm packet s/f, gluten-f, outer (otc)</i> | 3 | MO; ADD |
| KONSYL FORMULA-D FIBER POWDER GLUTEN FREE | 3 | MO; ADD |
| KONSYL ORIGINAL FIBER POWDER S/F, GLUTEN FREE | 3 | MO; ADD |
| KONSYL ORIGINAL FIBER POWDER S/F, GLUTEN-F,75 DOSES | 3 | MO; ADD |
| <i>konsyl psyllium fiber packet orange, gluten free</i> | 3 | MO; ADD |

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|---|--|--|
| <i>konsyl psyllium fiber powder orange, gluten free</i> | 3 | MO; ADD |
| <i>lactulose oral solution 10 gram/15 ml</i> | 1 | MO |
| <i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i> | 1 | |
| <i>laxative 15 mg tablet</i> | 3 | ADD |
| <i>laxative 25 mg pill</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) |
| MAG-AL LIQUID | 3 | ADD |
| <i>mag-al plus suspension</i> | 3 | ADD |
| <i>mag-al plus xs suspension</i> | 3 | ADD |
| <i>magnesium citrate solution</i> | 3 | MO; ADD |
| MAGNESIUM LACTATE SR 84 MG CPT | 3 | MO; ADD |
| <i>magnesium oxide 400 mg tablet (otc)</i> | 3 | MO; ADD |
| MAGNESIUM OXIDE 400 MG TABLET (OTC) | 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 u-d (otc)</i> | 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 25 mg tablet chew</i> | 3 | MO; ADD |
| <i>meclizine 25 mg tablet chew raspberry</i> | 3 | MO; ADD |
| <i>meclizine oral tablet 12.5 mg, 25 mg</i> | 1 | MO |
| <i>mesalamine</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</i> | 1 | MO |
| <i>mi-acid gas 80 mg tab chew</i> | 3 | MO; ADD |

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|--|--|--|
| <i>milk of magnesia concentrated</i> | 3 | ADD |
| <i>milk of magnesia concentrated</i> | 3 | MO; ADD |
| <i>milk of magnesia suspension</i> | 3 | ADD |
| <i>milk of magnesia suspension</i> | 3 | MO; ADD |
| <i>milk of magnesia suspension 100's, u-d</i> | 3 | MO; ADD |
| <i>milk of magnesia suspension cherry</i> | 3 | MO; ADD |
| <i>milk of magnesia suspension na/f</i> | 3 | MO; ADD |
| <i>milk of magnesia suspension outer</i> | 3 | MO; ADD |
| <i>milk of magnesia suspension regular</i> | 3 | MO; ADD |
| <i>milk of magnesia suspension s/f, mint</i> | 3 | MO; ADD |
| <i>milk of magnesia suspension s/f, original</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>mintox suspension</i> | 3 | MO; ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| MOTTEGRITY | 2 | ST; MO; QL (30 per 30 days) |
| <i>motion sickness 25 mg tablet</i> | 3 | ADD |
| <i>motion sickness 50 mg tablet</i> | 3 | ADD |
| <i>motion-time 25 mg tablet chew</i> | 3 | ADD |
| MOVANTIK | 2 | MO; QL (30 per 30 days) |
| <i>natural fiber lax powder original texture</i> | 3 | ADD |
| <i>natural fiber powder regular</i> | 3 | ADD |
| OCALIVA | 2 | PA; MO; LA; QL (30 per 30 days) |
| <i>ondansetron</i> | 1 | B/D PA; MO |
| <i>ondansetron hcl (pf)</i> | 1 | MO |
| <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>palonosetron intravenous solution 0.25 mg/5 ml</i> | 1 | MO |
| <i>palonosetron intravenous syringe</i> | 1 | |

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|--|--|--|
| <i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> | 1 | MO |
| <i>peg3350-sod sul-nacl-kcl-asb-c</i> | 1 | MO |
| <i>peg-electrolyte</i> | 1 | MO |
| PENTASA | 2 | MO |
| <i>polyethylene glycol 3350 oral powder 17 gram/dose</i> | 1 | MO |
| <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 |
| <i>polyethylene glycol 3350 powd inner (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 outer (otc)</i> | 3 | MO; ADD |
| <i>prochlorperazine</i> | 1 | MO |
| <i>prochlorperazine edisylate</i> | 1 | MO |
| <i>prochlorperazine maleate oral</i> | 1 | MO |
| <i>procto-med hc</i> | 1 | MO |
| <i>procto-pak</i> | 1 | MO |
| <i>proctosol hc topical</i> | 1 | MO |
| <i>proctozone-hc</i> | 1 | MO |
| <i>qc antacid suspension regular strength</i> | 3 | ADD |
| <i>qc antacid-antigas max str</i> | 3 | ADD |
| <i>qc antacid-antigas suspension regular strength</i> | 3 | MO; ADD |
| <i>qc castor oil odorless-tasteless</i> | 3 | ADD |
| <i>qc gentle laxative 10 mg supp</i> | 3 | MO; ADD |
| <i>qc magnesium citrate solution</i> | 3 | MO; ADD |
| <i>qc magnesium citrate solution cherry flavor</i> | 3 | MO; ADD |
| <i>qc magnesium citrate solution lemon flavor</i> | 3 | MO; ADD |

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|---|--|--|
| <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 |
| <i>qc mineral oil heavy</i> | 3 | MO; ADD |
| <i>qc natural veg laxative tablet</i> | 3 | ADD |
| <i>qc natura-lax 17 gm powder</i> | 3 | ADD |
| <i>qc ready to use enema latex-free</i> | 3 | ADD |
| <i>qc ready to use enema twin pack</i> | 3 | ADD |
| <i>qc stool softener-laxative tab</i> | 3 | ADD |
| READY TO USE MINERAL OIL ENEMA | 3 | ADD |
| RECTIV | 2 | MO |
| RELISTOR SUBCUTANEOUS SOLUTION | 2 | MO |
| RELISTOR SUBCUTANEOUS SYRINGE | 2 | MO |
| REMICADE | 2 | PA; MO; QL (20 per 28 days) |
| SANCUSO | 2 | MO |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---------------------------------------|--|--|
| <i>sb bisacodyl ec 5 mg tablet</i> | 3 | MO; ADD |
| <i>sb motion sickness 50 mg tab</i> | 3 | ADD |
| <i>scopolamine base</i> | 1 | MO |
| <i>senexon-s 50-8.6 mg tablet</i> | 3 | MO; ADD |
| SENNA 8.6 MG SOFTGEL | 3 | ADD |
| <i>senna 8.6 mg tablet</i> | 3 | ADD |
| <i>senna 8.8 mg/5 ml liquid</i> | 3 | MO; ADD |
| <i>senna 8.8 mg/5 ml syrup</i> | 3 | MO; ADD |
| <i>senna 8.8 mg/5 ml syrup grx</i> | 3 | MO; ADD |
| <i>senna lax 8.6 mg tablet</i> | 3 | ADD |
| <i>senna laxative 8.6 mg tablet</i> | 3 | ADD |
| SENNA PLUS 8.6-50 MG SOFTGEL | 3 | ADD |
| <i>senna plus tablet</i> | 3 | MO; ADD |
| <i>senna-lax 8.6 mg tablet</i> | 3 | ADD |
| <i>senna-s tablet</i> | 3 | MO; ADD |
| <i>senna-time 8.6 mg tablet</i> | 3 | ADD |
| <i>senna-time s tablet</i> | 3 | ADD |
| <i>sennosides-docusate sodium tab</i> | 3 | ADD |

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|---|--|--|
| SEKOT 8.6 MG TABLET | 3 | MO; ADD |
| SEKOT EXTRA STR 17.2 MG TAB | 3 | MO; ADD |
| SEKOT-S TABLET | 3 | MO; ADD |
| <i>silace 50 mg/5 ml liquid</i> | 3 | MO; ADD |
| <i>silace 60 mg/15 ml syrup</i> | 3 | MO; ADD |
| <i>simethicone 125 mg tab chew</i> | 3 | ADD |
| <i>simethicone 180 mg softgel</i> | 3 | MO; ADD |
| <i>simethicone 180 mg softgel ultra str,softgel</i> | 3 | MO; ADD |
| <i>simethicone 40 mg/0.6 ml drop</i> | 3 | ADD |
| <i>simethicone 80 mg tab chew</i> | 3 | MO; ADD |
| <i>sm adv antacid-antigas liquid</i> | 3 | ADD |
| <i>sm adv antacid-antigas susp max strength, cherry</i> | 3 | ADD |
| <i>sm antacid suspension</i> | 3 | ADD |
| <i>sm castor oil stimulant laxative</i> | 3 | ADD |
| <i>sm clearlax powder 14 once-daily doses</i> | 3 | MO; ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <i>sm clearlax powder 30 once-daily doses</i> | 3 | MO; ADD |
| <i>sm clearlax powder 7 once-daily doses</i> | 3 | MO; ADD |
| <i>sm enema ready to use</i> | 3 | ADD |
| <i>sm enema ready to use twin pak</i> | 3 | ADD |
| <i>sm epsom salt granules</i> | 3 | ADD |
| <i>sm fiber 625 mg caplet</i> | 3 | MO; ADD |
| <i>sm fiber laxative 500 mg cplt</i> | 3 | MO; ADD |
| <i>sm gas rel antflatuent 180 mg softgel</i> | 3 | ADD |
| <i>sm gas relief 125 mg chew tab</i> | 3 | MO; ADD |
| <i>sm gas relief 125 mg softgel</i> | 3 | MO; ADD |
| <i>sm gas relief(simeth) 80 mg chw</i> | 3 | ADD |
| <i>sm gentle laxative ec 5 mg tab</i> | 3 | ADD |
| <i>sm inf gas relief 20 mg/0.3 ml af, non-staining</i> | 3 | ADD |
| <i>sm laxative 25 mg tablet</i> | 3 | ADD |
| <i>sm magnesium 250 mg tablet gluten-free (rx)</i> | 3 | ADD |

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|--|--|--|
| <i>sm magnesium citrate solution</i> | 3 | MO; ADD |
| <i>sm milk of magnesia suspension</i> | 3 | ADD |
| <i>sm milk of magnesia suspension</i> | 3 | MO; ADD |
| <i>sm milk of magnesia suspension original, s/f</i> | 3 | MO; ADD |
| <i>sm milk of magnesia suspension s/f, mint</i> | 3 | MO; ADD |
| <i>sm motion sickness 25 mg tab</i> | 3 | ADD |
| <i>sm motion sickness 50 mg tab</i> | 3 | ADD |
| <i>sm motion sickness 50 mg tab</i> | 3 | ADD |
| <i>sm nat lax plus stool softener</i> | 3 | ADD |
| SM READY TO USE ENEMA | 3 | ADD |
| <i>sm senna laxative 8.6 mg tab</i> | 3 | ADD |
| <i>sm senna-s tablet</i> | 3 | MO; ADD |
| <i>sm stool softener 100 mg sftgl</i> | 3 | ADD |
| <i>sm stool softener 100 mg sftgl gluten-free, softgel</i> | 3 | ADD |
| <i>sm stool softener 100 mg sftgl softgel</i> | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| <i>sm stool softener 240 mg sftgl softgel,gluten-free</i> | 3 | ADD |
| <i>sm stool softener 250 mg sftgl softgel</i> | 3 | ADD |
| <i>sm stool softener 250 mg sftgl softgel, ex-str</i> | 3 | ADD |
| <i>sm stool softener-laxative tab</i> | 3 | ADD |
| <i>sm stool softener-stim lax tab</i> | 3 | ADD |
| <i>sodium bicarb 10 grain tablet</i> | 3 | MO; ADD |
| <i>sodium bicarb 325 mg (5 gr) tb</i> | 3 | MO; ADD |
| <i>sodium bicarb 325 mg tablet</i> | 3 | MO; ADD |
| <i>sodium bicarb 650 mg tablet 10 gr</i> | 3 | MO; ADD |
| <i>stool softener 100 mg capsule original</i> | 3 | ADD |
| <i>stool softener 100 mg softgel</i> | 3 | ADD |
| <i>stool softener 100 mg softgel</i> | 3 | ADD |
| <i>stool softener 240 mg softgel softgel</i> | 3 | ADD |
| <i>stool softener 250 mg softgel</i> | 3 | ADD |
| <i>stool softener 250 mg ex-str, softgel</i> | 3 | ADD |

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|--|--|--|
| <i>stool softener 250 mg softgel softgel</i> | 3 | ADD |
| <i>stool softener 250 mg softgel softgel, ex-str</i> | 3 | ADD |
| <i>stool softener 60 mg/15 ml syr</i> | 3 | ADD |
| STOOL SOFTENER-STIM LAX SOFTGL | 3 | ADD |
| <i>stool softener-stim lax tablet</i> | 3 | ADD |
| SUCRAID | 2 | PA |
| <i>sulfasalazine</i> | 1 | MO |
| SUPREP BOWEL PREP KIT | 2 | MO |
| SYMPROIC | 2 | MO |
| <i>travel sickness 50 mg tablet</i> | 3 | ADD |
| TRULANCE | 2 | MO |
| <i>tums ultra str chewy delights</i> | 3 | ADD |
| <i>ursodiol oral capsule 300 mg</i> | 1 | MO |
| <i>ursodiol oral tablet</i> | 1 | MO |
| VARUBI ORAL | 2 | B/D PA |
| VIBERZI | 2 | MO; QL (60 per 30 days) |
| VIOKACE | 2 | MO |
| <i>v-r gas relief 80 mg tab chew</i> | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| <i>women's gentle lax ec 5 mg tab</i> | 3 | ADD |
| <i>women's laxative 5 mg tablet</i> | 3 | ADD |
| <i>women's laxative ec 5 mg tab</i> | 3 | ADD |
| <i>women's laxative tablet blister pack</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 |
| ULCER THERAPY | | |
| <i>acid controller 20 mg tablet maximum strength</i> | 3 | ADD |
| <i>acid reducer 10 mg tablet</i> | 3 | ADD |
| <i>acid reducer 10 mg tablet original strength</i> | 3 | ADD |

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|---|--|--|
| <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>cimetidine 200 mg tablet blister pack (otc)</i> | 3 | MO; ADD |
| <i>cimetidine hcl oral</i> | 1 | MO |
| <i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i> | 1 | MO |
| DEXILANT ORAL CAPSULE,BIPHAS E DELAYED RELEAS 30 MG | 2 | MO; QL (30 per 30 days) |
| DEXILANT ORAL CAPSULE,BIPHAS E DELAYED RELEAS 60 MG | 2 | MO |
| <i>esomeprazole mag dr 20 mg cap (otc)</i> | 3 | MO; ADD |
| <i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i> | 1 | MO; QL (30 per 30 days) |
| <i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i> | 1 | MO |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i> | 1 | MO; QL (30 per 30 days) |
| <i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i> | 1 | MO |
| <i>esomeprazole sodium intravenous recon soln 40 mg</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 | ADD |
| <i>famotidine intravenous solution</i> | 1 | MO |
| <i>famotidine oral suspension</i> | 1 | MO |
| <i>famotidine oral tablet 20 mg, 40 mg</i> | 1 | MO |
| <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 cap (otc)</i> | 3 | MO; ADD |
| <i>gs omeprazole dr 20 mg tablet</i> | 3 | MO; ADD |

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|---|--|--|
| <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>heartburn relief 200 mg tablet</i> | 3 | ADD |
| <i>hm esomeprazole mag dr 20 mg (otc)</i> | 3 | MO; ADD |
| <i>hm famotidine 10 mg tablet original strength</i> | 3 | ADD |
| <i>hm famotidine 20 mg tablet maximum strength (otc)</i> | 3 | MO; ADD |
| <i>hm lansoprazole dr 15 mg cap gluten-free, 1 bottle (otc)</i> | 3 | MO; ADD |
| <i>hm lansoprazole dr 15 mg cap gluten-free, 3 bottle (otc)</i> | 3 | MO; ADD |
| <i>hm omeprazole dr 20 mg tablet 1x14 day course</i> | 3 | MO; ADD |
| <i>hm omeprazole dr 20 mg tablet 2x14 day course</i> | 3 | MO; ADD |
| <i>hm omeprazole dr 20 mg tablet 3x14 day course</i> | 3 | MO; ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| <i>lansoprazole dr 15 mg capsule (otc)</i> | 3 | MO; ADD |
| <i>lansoprazole dr 15 mg capsule 1x14 day course (otc)</i> | 3 | MO; ADD |
| <i>lansoprazole dr 15 mg capsule 24hr, 3 bottles (otc)</i> | 3 | MO; ADD |
| <i>lansoprazole dr 15 mg capsule 2x14 day course (otc)</i> | 3 | MO; ADD |
| <i>lansoprazole dr 15 mg capsule 3x14 day course (otc)</i> | 3 | MO; ADD |
| <i>lansoprazole dr 15 mg capsule outer (otc)</i> | 3 | MO; ADD |
| <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 |
| <i>misoprostol</i> | 1 | MO |
| NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG | 2 | MO; QL (30 per 30 days) |
| <i>nizatidine oral capsule</i> | 1 | |
| <i>nizatidine oral solution</i> | 1 | MO |

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|---|--|--|
| <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 20.6 mg cap one 14-day course</i> | 3 | ADD |
| <i>omeprazole mag dr 20.6 mg cap three 14-day course</i> | 3 | ADD |
| <i>omeprazole mag dr 20.6 mg cap two 14-day course</i> | 3 | 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 |
| <i>pantoprazole intravenous</i> | 1 | MO |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <i>pantoprazole oral granules dr for susp in packet</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 |
| PREVACID 24HR DR 15 MG CAPSULE NA/F | 3 | MO; ADD |
| PREVACID 24HR DR 15 MG CAPSULE NA/F, 2 BOTTLES | 3 | MO; ADD |
| PREVACID 24HR DR 15 MG CAPSULE NA/F, 3 BOTTLES | 3 | MO; ADD |
| <i>qc acid controller 10 mg tab</i> | 3 | ADD |
| <i>qc omeprazole mag dr 20.6 mg three 14-day course</i> | 3 | ADD |
| <i>sb acid reducer tablet</i> | 3 | ADD |
| <i>sm acid reducer 10 mg tablet</i> | 3 | ADD |
| <i>sm acid reducer 20 mg tablet</i> | 3 | ADD |

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|---|--|--|
| <i>sm acid reducer 20 mg tablet maximum strength</i> | 3 | ADD |
| <i>sm acid reducer 200 mg tablet</i> | 3 | ADD |
| <i>sm esomeprazole mag dr 20 mg (otc)</i> | 3 | MO; ADD |
| <i>sm lansoprazole dr 15 mg cap gluten-free, 1 bottle (otc)</i> | 3 | MO; ADD |
| <i>sm lansoprazole dr 15 mg cap gluten-free, 3 bottle (otc)</i> | 3 | MO; ADD |
| <i>sm omeprazole dr 20 mg tablet 14 day course</i> | 3 | MO; ADD |
| <i>sm omeprazole dr 20 mg tablet 2x14 day course</i> | 3 | MO; ADD |
| <i>sm omeprazole dr 20 mg tablet 3x14 day course</i> | 3 | MO; ADD |
| <i>sucralfate</i> | 1 | MO |

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

| | | |
|--------------------------|---|------------|
| ACTIMMUNE | 2 | B/D PA; MO |
| ARANESP (IN POLYSORBATE) | 2 | PA; MO |
| ARCALYST | 2 | PA; MO |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT | 2 | PA; MO; QL (4 per 28 days) |
| AVONEX INTRAMUSCULAR SYRINGE KIT | 2 | PA; MO; QL (4 per 28 days) |
| BETASERON SUBCUTANEOUS KIT | 2 | PA; MO; QL (14 per 28 days) |
| EPOGEN 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 |
| ILARIS (PF) | 2 | PA; MO; LA; QL (2 per 28 days) |
| INTRON A INJECTION | 2 | B/D PA; MO |
| LEUKINE INJECTION RECON SOLN | 2 | PA; MO |
| MOZOBIL | 2 | B/D PA; MO |
| NIVESTYM | 2 | PA; MO |
| NYVEPRIA | 2 | PA; MO |
| OMNITROPE | 2 | PA; MO |
| PEGASYS SUBCUTANEOUS SOLUTION | 2 | MO; QL (4 per 28 days) |

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|---|--|--|
| PEGASYS SUBCUTANEOUS SYRINGE | 2 | MO; QL (2 per 28 days) |
| PLEGRIDY INTRAMUSCULAR | 2 | PA; MO; QL (1 per 28 days) |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML | 2 | PA; MO; QL (1 per 28 days) |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML | 2 | PA; MO; QL (1 per 180 days) |
| PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML | 2 | PA; MO; QL (1 per 28 days) |
| PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML | 2 | PA; MO; QL (1 per 180 days) |
| PROCRIT | 2 | PA; MO |
| REBIF (WITH ALBUMIN) | 2 | PA; MO; QL (6 per 28 days) |
| REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML | 2 | PA; MO; QL (6 per 28 days) |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6) | 2 | PA; MO; QL (4.2 per 180 days) |
| REBIF TITRATION PACK | 2 | PA; MO; QL (4.2 per 180 days) |
| RETACRIT | 2 | PA; MO |
| ZARXIO | 2 | PA; MO |
| ZIEXTENZO | 2 | PA; MO |
| VACCINES / MISCELLANEOUS IMMUNOLOGICALS | | |
| ACTHIB (PF) | 2 | MO |
| ADACEL(TDAP ADOLESN/ADULT)(PF) | 2 | MO |
| BCG VACCINE, LIVE (PF) | 2 | MO |
| BEXSERO | 2 | MO |
| BOOSTRIX TDAP | 2 | MO |
| BOTOX | 2 | PA; MO |
| DAPTACEL (DTAP PEDIATRIC) (PF) | 2 | MO |
| ENGERIX-B (PF) | 2 | B/D PA; MO |
| ENGERIX-B PEDIATRIC (PF) | 2 | B/D PA; MO |
| <i>fomepizole</i> | 1 | |
| GAMASTAN | 2 | MO |
| GAMASTAN S/D | 2 | |
| GARDASIL 9 (PF) | 2 | MO |

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|---|--|--|
| HAVRIX (PF) INTRAMUSCULAR SYRINGE | 2 | MO |
| HIBERIX (PF) | 2 | MO |
| HIZENTRA | 2 | B/D PA; MO |
| HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML | 2 | |
| HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML (5 ML) | 2 | MO |
| HYPERHEP B INTRAMUSCULAR SYRINGE | 2 | |
| HYPERHEP B NEONATAL | 2 | |
| HYQVIA | 2 | B/D PA; MO |
| IMOVAX RABIES VACCINE (PF) | 2 | |
| INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE | 2 | MO |
| IPOL | 2 | |
| IXIARO (PF) | 2 | |
| KINRIX (PF) INTRAMUSCULAR SYRINGE | 2 | MO |
| MENACTRA (PF) INTRAMUSCULAR SOLUTION | 2 | MO |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| MENQUADFI (PF) | 2 | MO |
| MENVEO A-C-Y-W-135-DIP (PF) | 2 | MO |
| M-M-R II (PF) | 2 | MO |
| ODACTRA | 2 | PA; MO |
| PEDIARIX (PF) | 2 | MO |
| PEDVAX HIB (PF) | 2 | |
| PENTACEL (PF) | 2 | |
| PRIVIGEN | 2 | PA; MO |
| PROQUAD (PF) | 2 | |
| QUADRACEL (PF) | 2 | |
| RABAVERT (PF) | 2 | MO |
| RAGWITEK | 2 | MO |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION | 2 | B/D PA; MO |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML | 2 | B/D PA; MO |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML | 2 | B/D PA |
| ROTARIX | 2 | |
| ROTATEQ VACCINE | 2 | MO |
| SHINGRIX (PF) | 2 | MO |

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|---|--|--|
| STAMARIL (PF) | 2 | |
| TDVAX | 2 | MO |
| TENIVAC (PF) | 2 | MO |
| TETANUS,DIPHTE RIA TOX PED(PF) | 2 | MO |
| TICE BCG | 2 | B/D PA; MO |
| TRUMENBA | 2 | MO |
| TWINRIX (PF) | 2 | MO |
| TYPHIM VI INTRAMUSCULA R SOLUTION | 2 | |
| TYPHIM VI INTRAMUSCULA R SYRINGE | 2 | MO |
| VAQTA (PF) | 2 | MO |
| VARIVAX (PF) | 2 | |
| VARIZIG | 2 | MO |
| YF-VAX (PF) | 2 | |
| ZOSTAVAX (PF) | 2 | |

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

| | | |
|-----------------------------------|---|----|
| <i>allopurinol</i> | 1 | MO |
| <i>allopurinol sodium</i> | 1 | |
| <i>aloprim</i> | 1 | |
| <i>colchicine oral tablet</i> | 1 | MO |
| <i>febuxostat</i> | 1 | MO |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| KRYSTEXXA | 2 | MO |
| MITIGARE | 2 | MO |
| <i>probenecid</i> | 1 | MO |
| <i>probenecid- colchicine</i> | 1 | MO |
| OSTEOPOROSIS THERAPY | | |
| <i>alendronate oral solution</i> | 1 | MO; QL (1286 per 30 days) |
| <i>alendronate oral tablet 10 mg, 5 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) |
| FOSAMAX PLUS D | 2 | ST; MO; QL (4 per 28 days) |
| <i>ibandronate intravenous</i> | 1 | PA; MO |
| <i>ibandronate oral</i> | 1 | MO; QL (1 per 30 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 (4 pack)</i> | 1 | QL (4 per 28 days) |
| <i>risedronate oral tablet 35 mg, 35 mg (12 pack)</i> | 1 | MO; QL (4 per 28 days) |
| <i>risedronate oral tablet 5 mg</i> | 1 | MO; QL (30 per 30 days) |

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|---|--|--|
| <i>risedronate oral tablet, delayed release (dr/ec)</i> | 1 | MO; QL (4 per 28 days) |
| TERIPARATIDE | 2 | PA; MO; QL (2.48 per 28 days) |
| OTHER RHEUMATOLOGICALS | | |
| ACTEMRA ACTPEN | 2 | PA; MO; QL (3.6 per 28 days) |
| ACTEMRA INTRAVENOUS | 2 | PA; MO; QL (160 per 28 days) |
| ACTEMRA SUBCUTANEOUS | 2 | PA; MO; QL (3.6 per 28 days) |
| BENLYSTA | 2 | PA; MO |
| ENBREL MINI | 2 | PA; MO; QL (8 per 28 days) |
| ENBREL SUBCUTANEOUS RECON SOLN | 2 | PA; MO; QL (16 per 28 days) |
| ENBREL SUBCUTANEOUS SOLUTION | 2 | PA; MO; QL (8 per 28 days) |
| ENBREL SUBCUTANEOUS SYRINGE | 2 | PA; MO; QL (8 per 28 days) |
| ENBREL SURECLICK | 2 | PA; MO; QL (8 per 28 days) |
| HUMIRA PEN | 2 | PA; MO; QL (4 per 28 days) |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| HUMIRA PEN CROHNS-UC-HS START | 2 | PA; MO; QL (6 per 180 days) |
| HUMIRA PEN PSOR-UVEITS- ADOL HS | 2 | PA; MO; QL (4 per 180 days) |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML | 2 | PA; MO; QL (4 per 28 days) |
| HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML | 2 | PA; MO; QL (3 per 180 days) |
| HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML | 2 | PA; MO; QL (2 per 180 days) |
| HUMIRA(CF) PEN CROHNS-UC-HS | 2 | PA; MO; QL (3 per 180 days) |
| HUMIRA(CF) PEN PEDIATRIC UC | 2 | PA; MO; QL (4 per 28 days) |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS | 2 | PA; MO; QL (3 per 180 days) |
| HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML | 2 | PA; MO; QL (4 per 28 days) |

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|--|--|--|
| HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML | 2 | PA; MO; QL (2 per 28 days) |
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML | 2 | PA; MO; QL (2 per 28 days) |
| HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML | 2 | PA; MO; QL (4 per 28 days) |
| <i>leflunomide</i> | 1 | MO; QL (30 per 30 days) |
| ORENCIA (WITH MALTOSE) | 2 | PA; MO; QL (12 per 28 days) |
| ORENCIA CLICKJECT | 2 | PA; MO; QL (4 per 28 days) |
| ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML | 2 | PA; MO; QL (4 per 28 days) |
| ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML | 2 | PA; MO; QL (1.6 per 28 days) |
| ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML | 2 | PA; MO; QL (2.8 per 28 days) |
| OTEZLA | 2 | PA; MO; QL (60 per 30 days) |

| 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 (4)-30 MG (47) | 2 | PA; MO; QL (55 per 28 days) |
| <i>penicillamine</i> | 1 | PA; MO |
| RIDAURA | 2 | MO |
| RINVOQ | 2 | PA; MO; QL (30 per 30 days) |
| SAVELLA ORAL TABLET | 2 | MO; QL (60 per 30 days) |
| SAVELLA ORAL TABLETS,DOSE PACK | 2 | MO; QL (55 per 30 days) |
| SIMPONI ARIA | 2 | PA; MO; QL (64 per 28 days) |
| SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML | 2 | PA; MO; QL (3 per 28 days) |
| SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML | 2 | PA; MO; QL (0.5 per 28 days) |
| SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML | 2 | PA; MO; QL (3 per 28 days) |

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|---|--|--|
| SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML | 2 | PA; MO; QL (0.5 per 28 days) |
| XELJANZ ORAL SOLUTION | 2 | PA; MO; QL (300 per 30 days) |
| XELJANZ ORAL TABLET | 2 | PA; MO; QL (60 per 30 days) |
| XELJANZ XR | 2 | PA; MO; QL (30 per 30 days) |

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

| | | |
|-------------------------|---|----------------------------|
| <i>amabelz</i> | 1 | PA; MO |
| <i>camila</i> | 1 | MO |
| CRINONE VAGINAL GEL 4 % | 2 | MO |
| CRINONE VAGINAL GEL 8 % | 2 | PA; MO |
| <i>deblitane</i> | 1 | MO |
| DEPO-SUBQ PROVERA 104 | 2 | MO |
| <i>dotti</i> | 1 | PA; MO; QL (8 per 28 days) |
| DUAVEE | 2 | MO |
| <i>errin</i> | 1 | MO |
| <i>estradiol oral</i> | 1 | PA; MO |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <i>estradiol transdermal patch semiweekly</i> | 1 | PA; MO; QL (8 per 28 days) |
| <i>estradiol transdermal patch weekly</i> | 1 | PA; QL (4 per 28 days) |
| <i>estradiol vaginal</i> | 1 | MO |
| <i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i> | 1 | MO |
| <i>estradiol-norethindrone acet</i> | 1 | PA; MO |
| ESTRING | 2 | MO |
| <i>fyavolv</i> | 1 | PA; MO |
| <i>heather</i> | 1 | MO |
| <i>hydroxyprogesterone caproate</i> | 1 | |
| <i>incassia</i> | 1 | MO |
| <i>jencycla</i> | 1 | MO |
| <i>jinteli</i> | 1 | PA; MO |
| <i>lyllana</i> | 1 | PA; MO; QL (8 per 28 days) |
| <i>lyza</i> | 1 | |
| <i>medroxyprogesterone</i> | 1 | MO |
| MENEST | 2 | PA; MO |
| <i>mimvey</i> | 1 | PA; MO |
| <i>nora-be</i> | 1 | MO |
| <i>norethindrone (contraceptive)</i> | 1 | |

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|--|--|--|
| <i>norethindrone acetate</i> | 1 | MO |
| <i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg</i> | 1 | PA |
| <i>norethindrone ac-eth estradiol oral tablet 1-5 mg-mcg</i> | 1 | PA; MO |
| <i>norlyda</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</i> | 1 | MO |
| <i>sharobel</i> | 1 | MO |
| <i>tulana</i> | 1 | MO |
| <i>yuvafem</i> | 1 | MO |
| MISCELLANEOUS OB/GYN | | |
| <i>3-day vaginal cream</i> | 3 | MO; ADD |
| CLEOCIN VAGINAL SUPPOSITORY | 2 | MO |
| <i>clindamycin phosphate vaginal</i> | 1 | MO |
| <i>clotrimazole 1% vaginal cream</i> | 3 | MO; ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| <i>clotrimazole 1% vaginal cream w/7 applicators</i> | 3 | MO; ADD |
| <i>clotrimazole 1% vaginal cream w/single applicator</i> | 3 | MO; ADD |
| <i>clotrimazole-3 2% cream</i> | 3 | ADD |
| <i>eluryng</i> | 1 | MO |
| <i>etonogestrel-ethinyl estradiol</i> | 1 | |
| <i>gs miconazole 3 combo pack</i> | 3 | ADD |
| <i>gs miconazole 7 cream</i> | 3 | MO; ADD |
| <i>metronidazole vaginal</i> | 1 | MO |
| MICONAZOLE 1 COMBINATION PACK | 3 | ADD |
| <i>miconazole 1 combination pack sftgl insert/9gm crm</i> | 3 | ADD |
| <i>miconazole 2% vaginal cream</i> | 3 | ADD |
| <i>miconazole 2% vaginal cream w/7 disp applicators</i> | 3 | ADD |
| <i>miconazole 2% vaginal cream w/applicator</i> | 3 | ADD |
| <i>miconazole 3 4% cream</i> | 3 | ADD |

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|--|--|--|
| <i>miconazole 3 combo pack</i> | 3 | ADD |
| <i>miconazole 3 combo pack</i> | 3 | ADD |
| <i>miconazole 3 combo pack 3 sup,9gm crm w/app</i> | 3 | ADD |
| <i>miconazole 3 combo pack 3 supp w/9gm cream</i> | 3 | ADD |
| <i>miconazole 7 100 mg vag supp</i> | 3 | MO; 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</i> | 1 | LA |
| MIRENA | 2 | LA |
| NEXPLANON | 2 | |
| <i>qc 3 day vaginal 4% cream</i> | 3 | ADD |
| <i>qc miconazole-7 cream 1 applicator</i> | 3 | ADD |
| <i>sm 3-day vaginal cream</i> | 3 | MO; ADD |
| <i>sm clotrimazole 1% vag cream</i> | 3 | MO; ADD |
| <i>sm miconazole 2% vaginal cream w/disp applicators</i> | 3 | ADD |
| <i>sm miconazole 3 combo pack</i> | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <i>sm miconazole 3 combo pack w/disposable applica</i> | 3 | ADD |
| <i>sm miconazole 7 100 mg vag sup</i> | 3 | MO; ADD |
| <i>sm miconazole 7 cream w/reusable applic</i> | 3 | MO; ADD |
| <i>terconazole</i> | 1 | MO |
| <i>tranexamic acid oral</i> | 1 | MO |
| TRIMO-SAN JELLY | 3 | MO; ADD |
| <i>vandazole</i> | 1 | MO |
| <i>xulane</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</i> | 1 | |
| <i>aubra eq</i> | 1 | MO |
| <i>aviane</i> | 1 | MO |
| <i>azurette (28)</i> | 1 | MO |
| <i>camrese</i> | 1 | MO |

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|--|--|--|
| <i>caziant (28)</i> | 1 | MO |
| <i>cryselle (28)</i> | 1 | MO |
| <i>cyclafem 1/35 (28)</i> | 1 | MO |
| <i>cyclafem 7/7/7 (28)</i> | 1 | MO |
| <i>cyred</i> | 1 | |
| <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 |
| <i>desog-e.estradiol/e.estradiol</i> | 1 | |
| <i>desogestrel-ethinyl estradiol</i> | 1 | |
| <i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i> | 1 | |
| <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 ez 1.5 mg tablet inner</i> | 3 | ADD |
| <i>econtra ez 1.5 mg tablet outer</i> | 3 | ADD |
| <i>econtra one-step 1.5 mg tablet inner</i> | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <i>econtra one-step 1.5 mg tablet outer</i> | 3 | ADD |
| <i>elinest</i> | 1 | MO |
| <i>emoquette</i> | 1 | MO |
| <i>enpresse</i> | 1 | MO |
| <i>enskyce</i> | 1 | MO |
| <i>estarylla</i> | 1 | MO |
| <i>ethynodiol diac-eth estradiol</i> | 1 | |
| <i>falmina (28)</i> | 1 | MO |
| <i>femynor</i> | 1 | MO |
| <i>introvale</i> | 1 | MO |
| <i>isibloom</i> | 1 | MO |
| <i>jasmiel (28)</i> | 1 | MO |
| <i>jolessa</i> | 1 | MO |
| <i>juleber</i> | 1 | MO |
| <i>kalliga</i> | 1 | |
| <i>kariva (28)</i> | 1 | MO |
| <i>kelnor 1/35 (28)</i> | 1 | MO |
| <i>kelnor 1-50 (28)</i> | 1 | MO |
| <i>kurvelo (28)</i> | 1 | MO |
| <i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i> | 1 | |

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|--|--|--|
| <i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i> | 1 | MO |
| <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>larissia</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 estrad oral tablet 0.1-20 mg-mcg</i> | 1 | MO |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg, 90-20 mcg (28)</i> | 1 | |
| <i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i> | 1 | MO |
| <i>levonorg-eth estrad triphasic</i> | 1 | |
| <i>levora-28</i> | 1 | MO |
| <i>lillow (28)</i> | 1 | MO |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| <i>loryna (28)</i> | 1 | MO |
| <i>low-ogestrel (28)</i> | 1 | MO |
| <i>lo-zumandimine (28)</i> | 1 | MO |
| <i>lutura (28)</i> | 1 | MO |
| <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 |

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|---|--|--|
| <i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | 1 | |
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg</i> | 1 | |
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> | 1 | MO |
| <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 |
| <i>opcicon one-step 1.5 mg tablet</i> | 3 | ADD |
| <i>option 2 1.5 mg tablet</i> | 3 | ADD |
| <i>orsythia</i> | 1 | MO |
| <i>philith</i> | 1 | MO |
| <i>pimtreea (28)</i> | 1 | MO |
| <i>pirmella</i> | 1 | MO |
| PLAN B ONE-STEP 1.5 MG TABLET (OTC) | 3 | ADD |
| <i>portia 28</i> | 1 | MO |
| <i>previfem</i> | 1 | MO |
| <i>reclipsen (28)</i> | 1 | MO |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---------------------------------------|--|--|
| <i>setlakin</i> | 1 | MO |
| <i>sprintec (28)</i> | 1 | MO |
| <i>sronyx</i> | 1 | MO |
| <i>syeda</i> | 1 | MO |
| TAKE ACTION 1.5 MG TABLET | 3 | ADD |
| <i>tarina 24 fe</i> | 1 | MO |
| <i>tarina fe 1/20 (28)</i> | 1 | |
| <i>tarina fe 1-20 eq (28)</i> | 1 | MO |
| <i>tilia fe</i> | 1 | MO |
| <i>tri femynor</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 | MO |
| <i>tri-previfem (28)</i> | 1 | MO |
| <i>tri-sprintec (28)</i> | 1 | MO |
| <i>trivora (28)</i> | 1 | MO |
| <i>velivet triphasic regimen (28)</i> | 1 | MO |
| <i>vestura (28)</i> | 1 | MO |
| <i>vienna</i> | 1 | MO |
| <i>vioarele (28)</i> | 1 | MO |
| <i>wera (28)</i> | 1 | MO |
| <i>zarah</i> | 1 | MO |

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|--|--|--|
| <i>zovia 1/35e (28)</i> | 1 | |
| <i>zovia 1-35 (28)</i> | 1 | MO |
| <i>zumandimine (28)</i> | 1 | MO |
| OXYTOCICS | | |
| <i>methergine</i> | 1 | PA |
| <i>methylergonovine oral</i> | 1 | PA |
| OPHTHALMOLOGY | | |
| ANTIBIOTICS | | |
| <i>ak-poly-bac</i> | 1 | MO |
| AZASITE | 2 | MO |
| <i>bacitracin ophthalmic (eye)</i> | 1 | MO |
| <i>bacitracin-polymyxin b ophthalmic (eye)</i> | 1 | MO |
| BESIVANCE | 2 | MO |
| <i>ciprofloxacin hcl ophthalmic (eye)</i> | 1 | MO |
| <i>erythromycin ophthalmic (eye)</i> | 1 | MO |
| <i>gatifloxacin</i> | 1 | MO |
| <i>gentak ophthalmic (eye) ointment</i> | 1 | MO |
| <i>gentamicin ophthalmic (eye) drops</i> | 1 | MO; QL (15 per 30 days) |
| <i>levofloxacin ophthalmic (eye)</i> | 1 | MO |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| <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 | MO |
| <i>ofloxacin ophthalmic (eye)</i> | 1 | MO |
| <i>polycin</i> | 1 | MO |
| <i>polymyxin b sulf-trimethoprim</i> | 1 | MO |
| <i>tobramycin ophthalmic (eye)</i> | 1 | MO |
| ANTIVIRALS | | |
| <i>trifluridine</i> | 1 | MO |
| ZIRGAN | 2 | MO |
| BETA-BLOCKERS | | |
| <i>betaxolol ophthalmic (eye)</i> | 1 | MO |
| <i>carteolol</i> | 1 | MO |
| <i>levobunolol ophthalmic (eye) drops 0.5 %</i> | 1 | MO |

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|---|--|--|
| <i>timolol maleate ophthalmic (eye)</i> | 1 | MO |
| MISCELLANEOUS OPHTHALMOLOGICS | | |
| <i>alaway 0.025% eye drops</i> | 3 | MO; ADD |
| <i>artificial tears 1.4% drops</i> | 3 | MO; ADD |
| <i>artificial tears drops</i> | 3 | ADD |
| <i>artificial tears eye ointment</i> | 3 | MO; ADD |
| <i>atropine ophthalmic (eye) drops</i> | 1 | MO |
| <i>azelastine ophthalmic (eye)</i> | 1 | MO |
| <i>balanced salt</i> | 1 | |
| <i>bepotastine besilate</i> | 1 | MO |
| BEPREVE | 2 | MO |
| <i>bion tears eye drop</i> | 3 | MO; ADD |
| BLEPHAMIDE | 2 | MO |
| BLEPHAMIDE S.O.P. | 2 | MO |
| <i>bss</i> | 1 | |
| <i>child's alaway 0.025% eye drop</i> | 3 | ADD |
| <i>cromolyn ophthalmic (eye)</i> | 1 | MO |
| CYSTARAN | 2 | PA |
| <i>epinastine</i> | 1 | MO |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| <i>eye itch relief 0.025% drops</i> | 3 | MO; ADD |
| EYLEA | 2 | PA; MO |
| GENTEAL TEARS 0.1%-0.2%-0.3% | 3 | MO; ADD |
| GENTEAL TEARS 0.1%-0.3% DROP | 3 | ADD |
| GENTEAL TEARS 0.1%-0.3% DROP | 3 | MO; ADD |
| GENTEAL TEARS SEVERE 0.3% GEL INNER | 3 | MO; ADD |
| <i>gs lubricat plus 0.5% eye drps p/f, 30x0.4ml</i> | 3 | MO; ADD |
| HM DRY EYE RELIEF DROPS | 3 | ADD |
| <i>hm eye itch relief 0.025% drop</i> | 3 | MO; ADD |
| <i>hm lubricat plus 0.5% eye drps p/f, suv, sterile</i> | 3 | MO; ADD |
| HM LUBRICATING TEARS EYE DROPS | 3 | MO; ADD |
| ISOPTO TEARS 0.5% EYE DROPS | 3 | MO; ADD |
| <i>ketotifen fum 0.025% eye drops (otc)</i> | 3 | MO; ADD |
| LUBRICANT 0.5% EYE DROP | 3 | ADD |

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|---|--|--|
| LUBRICANT 0.5-0.9% EYE DROPS | 3 | ADD |
| LUBRICANT EYE DROPS | 3 | MO; ADD |
| LUBRICANT PM EYE OINTMENT P/F | 3 | ADD |
| LUBRICATING EYE DROP | 3 | MO; ADD |
| <i>lubricating plus 0.5% eye drps p/f, 30x0.4ml</i> | 3 | MO; ADD |
| <i>lubricating plus 0.5% eye drps p/f, 50x0.4ml</i> | 3 | MO; ADD |
| <i>lubrifresh pm eye ointment</i> | 3 | MO; ADD |
| LUCENTIS | 2 | PA; MO |
| METHOCEL E 4 M PREMIUM POWDER (RX) | 3 | ADD |
| METHOCEL E 4 M PREMIUM POWDER USP (RX) | 3 | ADD |
| MURO-128 2% EYE DROPS | 3 | MO; ADD |
| MURO-128 5% EYE DROPS | 3 | MO; ADD |
| MURO-128 5% EYE OINTMENT | 3 | MO; ADD |
| <i>olopatadine ophthalmic (eye)</i> | 1 | MO |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| OXERVATE | 2 | PA; MO |
| <i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i> | 1 | MO |
| REFRESH CELLUVISC 1% EYE DROPS | 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 LACRI-LUBE OINTMENT | 3 | MO; 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 | 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 P.M. OINTMENT | 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 TEARS 0.5% EYE DROP | 3 | MO; ADD |
| RESTASIS | 2 | MO; QL (60 per 30 days) |
| RESTASIS MULTIDOSE | 2 | MO; QL (5.5 per 30 days) |
| <i>sm eye itch relief 0.025% drop up to 12 hrs,sterile</i> | 3 | MO; ADD |
| <i>sm lubricant eye drops strl</i> | 3 | MO; ADD |
| <i>sm lubricat plus 0.5% eye drps</i> | 3 | MO; ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| SM LUBRICATING TEARS EYE DROPS STERILE | 3 | MO; ADD |
| <i>sodium chloride 5% eye drop</i> | 3 | MO; ADD |
| <i>sodium chloride 5% eye oint</i> | 3 | MO; ADD |
| <i>sulfacetamide sodium ophthalmic (eye)</i> | 1 | MO |
| <i>sulfacetamide-prednisolone</i> | 1 | MO |
| SYSTANE 0.3% EYE GEL | 3 | MO; ADD |
| SYSTANE 0.3-0.4% EYE DROP P/F | 3 | MO; ADD |
| SYSTANE 0.3-0.4% EYE DROPS | 3 | MO; ADD |
| SYSTANE 0.3-0.4% EYE DROPS POCKET PACK, 2X5ML | 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 |

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|---|--|--|
| SYSTANE GEL EYE DROPS | 3 | MO; ADD |
| SYSTANE NIGHTTIME EYE OINTMENT | 3 | MO; ADD |
| SYSTANE ULTRA 0.4-0.3% EYE DRP | 3 | MO; ADD |
| SYSTANE ULTRA 0.4-0.3% EYE DRP | 3 | ADD |
| 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 |
| ULTRA LUBRICANT EYE DROPS | 3 | ADD |
| ZADITOR 0.025% (0.035%) DROPS UP TO 12 HRS (OTC) | 3 | MO; ADD |
| NON-STEROIDAL ANTI-INFLAMMATORY AGENTS | | |
| <i>bromfenac</i> | 1 | MO |
| BROMSITE | 2 | MO |
| <i>diclofenac sodium ophthalmic (eye)</i> | 1 | MO |
| <i>flurbiprofen sodium</i> | 1 | MO |
| ILEVRO | 2 | 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 |
| PROLENSA | 2 | 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>bimatoprost ophthalmic (eye)</i> | 1 | MO |
| COMBIGAN | 2 | MO |
| <i>dorzolamide</i> | 1 | MO |
| <i>dorzolamide-timolol</i> | 1 | MO |
| <i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i> | 1 | MO |
| <i>latanoprost</i> | 1 | MO |
| LUMIGAN OPTHALMIC (EYE) DROPS 0.01 % | 2 | MO |
| <i>miostat</i> | 1 | |
| RHOPRESSA | 2 | MO |
| ROCKLATAN | 2 | MO |
| SIMBRINZA | 2 | MO |
| <i>travoprost</i> | 1 | MO |
| STEROID-ANTIBIOTIC COMBINATIONS | | |

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|--|--|--|
| <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 | MO |
| TOBRADEX OPHTHALMIC (EYE) OINTMENT | 2 | MO |
| <i>tobramycin-dexamethasone</i> | 1 | MO |
| STERIODS | | |
| ALREX | 2 | MO |
| <i>dexamethasone sodium phosphate ophthalmic (eye)</i> | 1 | MO |
| EYSUVIS | 2 | PA; MO; QL (8.3 per 14 days) |
| <i>fluorometholone</i> | 1 | MO |
| INVELTYS | 2 | MO |
| LOTEMAX OPHTHALMIC (EYE) DROPS,GEL | 2 | MO |
| LOTEMAX OPHTHALMIC (EYE) OINTMENT | 2 | MO |
| LOTEMAX SM | 2 | MO |
| <i>loteprednol etabonate</i> | 1 | MO |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| OZURDEX | 2 | MO |
| <i>prednisolone acetate</i> | 1 | MO |
| <i>prednisolone sodium phosphate ophthalmic (eye)</i> | 1 | MO |
| SYMPATHOMIMETICS | | |
| ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 % | 2 | MO |
| <i>apraclonidine</i> | 1 | MO |
| <i>brimonidine ophthalmic (eye) drops 0.15 %</i> | 1 | |
| <i>brimonidine ophthalmic (eye) drops 0.2 %</i> | 1 | MO |
| IOPIDINE OPHTHALMIC (EYE) DROPPERETTE | 2 | MO |
| RESPIRATORY AND ALLERGY | | |
| ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS | | |
| <i>12-hr decongest 120 mg caplet caplet,12hr,max-str</i> | 3 | ADD |
| <i>12hr nasal decongest er 120 mg</i> | 3 | ADD |

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|---|--|--|
| 24hr allergy(levocetirzn) 5 mg | 3 | ADD |
| adrenalin injection solution 1 mg/ml | 1 | |
| adrenalin injection solution 1 mg/ml (1 ml) | 1 | MO |
| ALAHIST CF TABLET | 3 | MO; ADD |
| ALAHIST DM 2-15-7.5 MG/5 ML LQ | 3 | ADD |
| ala-hist ir 2 mg tablet | 3 | MO; ADD |
| all day allergy 10 mg tablet | 3 | MO; ADD |
| all day allergy 10 mg tablet indoor/outdoor 24 hr | 3 | MO; ADD |
| all day allergy-d tablet | 3 | ADD |
| all day allergy-d tablet 12 hour | 3 | ADD |
| aller-chlor 4 mg tablet | 3 | MO; ADD |
| aller-g-time 25 mg caplet | 3 | ADD |
| allergy (loratadine) 10 mg tab | 3 | ADD |
| allergy 25 mg capsule | 3 | ADD |
| allergy 25 mg tablet | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| allergy 4 mg tablet | 3 | ADD |
| allergy 4 mg tablet u-d | 3 | ADD |
| allergy multi-symptom caplet | 3 | ADD |
| allergy multi-symptom caplet caplet | 3 | ADD |
| allergy multi-symptom caplet cool ice caplet | 3 | ADD |
| ALLERGY PLUS-SINUS HA CAPLET | 3 | ADD |
| allergy relief 10 mg odt melteez | 3 | ADD |
| allergy relief 10 mg odt non-drowsy | 3 | ADD |
| allergy relief 10 mg tablet | 3 | ADD |
| allergy relief 10 mg tablet non-drowsy, 24 hour | 3 | ADD |
| allergy relief 180 mg tablet | 3 | MO; ADD |
| allergy relief 25 mg capsule | 3 | ADD |
| allergy relief 25 mg softgel | 3 | ADD |
| allergy relief 25 mg softgel | 3 | ADD |
| allergy relief 25 mg tablet | 3 | ADD |

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|---|--|--|
| <i>allergy relief 4 mg tablet</i> | 3 | ADD |
| <i>allergy relief 5 mg/5 ml soln a/f</i> | 3 | ADD |
| <i>allergy relief d-24hr tablet</i> | 3 | ADD |
| <i>allergy relief d-24hr tablet inner</i> | 3 | ADD |
| <i>allergy relief d-24hr tablet outer</i> | 3 | ADD |
| <i>allergy relief syrup a/f</i> | 3 | ADD |
| <i>allergy relief-d tablet</i> | 3 | ADD |
| <i>allergy rlf (cetrzn) 10 mg tab</i> | 3 | ADD |
| <i>allergy rlf(cetrzn) 10 mg sfgl</i> | 3 | ADD |
| <i>allergy-conges relief tablet</i> | 3 | ADD |
| <i>allergy-conges relief tablet non-drowsy, 24 hr rlf</i> | 3 | ADD |
| <i>allergy-congestion rlf 12h tab</i> | 3 | ADD |
| <i>allergy-time 4 mg tablet</i> | 3 | ADD |
| ALL-NITE COLD-FLU RELIEF LIQ | 3 | ADD |
| <i>aprodine tablet</i> | 3 | MO; ADD |
| AQUANAZ TABLET | 3 | MO; ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| <i>banophen 25 mg capsule</i> | 3 | MO; 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 150 mg capsule</i> | 3 | MO; ADD |
| <i>benzonatate 200 mg capsule</i> | 3 | MO; ADD |
| <i>benzonatate perle 100 mg cap</i> | 3 | MO; ADD |
| BROMFED DM 2-30-10 MG/5 ML SYR | 3 | MO; ADD |
| <i>bromphen-pse-dm 2-30-10 mg/5 ml (rx)</i> | 3 | MO; ADD |
| BRONKAID DUAL ACTION CAPLET | 3 | ADD |
| <i>brotapp dm 1-15-5 mg/5 ml liq</i> | 3 | MO; ADD |
| CAPCOF LIQUID | 3 | MO; ADD |
| CAPMIST DM TABLET | 3 | MO; ADD |
| CAPRON DM LIQUID | 3 | MO; ADD |

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|---|--|--|
| CAPRON DMT TABLET | 3 | MO; ADD |
| <i>cetirizine hcl 1 mg/ml soln (otc)</i> | 3 | MO; ADD |
| <i>cetirizine hcl 1 mg/ml soln children, s/f, 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 inner</i> | 3 | ADD |
| <i>cetirizine hcl 10 mg chew tab outer</i> | 3 | 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 24 hr</i> | 3 | MO; ADD |
| <i>cetirizine hcl 10 mg tablet indoor-outdoor,24hr</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 5 mg chew tab children's, inner</i> | 3 | ADD |
| <i>cetirizine hcl 5 mg chew tab children's,outer,u-d</i> | 3 | 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 soln inner</i> | 3 | ADD |
| <i>cetirizine hcl 5 mg/5 ml soln 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>cetirizine-pse er 5-120 mg tab 12 hr relief</i> | 3 | MO; ADD |
| <i>chest congest rlf 400 mg tab</i> | 3 | MO; ADD |
| <i>chest congest-cough relief tab</i> | 3 | ADD |
| <i>chest-sinus congest rlf tablet</i> | 3 | ADD |
| <i>child all day allergy 1 mg/ml</i> | 3 | ADD |
| <i>child all day allergy 1 mg/ml</i> | 3 | ADD |

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|---|--|--|
| <i>child all day allergy 1 mg/ml bubble gum</i> | 3 | ADD |
| <i>child allergy 5 mg/5 ml soln</i> | 3 | ADD |
| <i>child allergy relief 1 mg/ml</i> | 3 | ADD |
| <i>child allergy rlf 12.5 mg/5 ml</i> | 3 | ADD |
| CHILD CETIRIZINE 10 MG CHEW TB | 3 | MO; ADD |
| <i>child cetirizine 10 mg chew tb chewable, allergy</i> | 3 | MO; ADD |
| <i>child cetirizine 5 mg chew tab</i> | 3 | MO; ADD |
| <i>child cetirizine hcl 1 mg/ml</i> | 3 | ADD |
| <i>child cetirizine hcl 1 mg/ml a/f,s/f,children's</i> | 3 | ADD |
| <i>child cold-allergy liquid</i> | 3 | ADD |
| CHILD COUGH DM ER 30 MG/5 ML | 3 | ADD |
| CHILD DELSYM COUGH 30 MG/5 ML AGE 4+,A/F,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+,A/F,ORANGE | 3 | ADD |
| <i>child diphenhydramin 12.5 mg/5 inner</i> | 3 | ADD |
| <i>child diphenhydramin 12.5 mg/5 outer</i> | 3 | ADD |
| <i>child diphenhydramin 25 mg/10 ml inner</i> | 3 | ADD |
| <i>child diphenhydramin 25 mg/10 ml outer</i> | 3 | ADD |
| CHILD LORATADINE 10 MG/10 ML OUTER | 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, s/f</i> | 3 | MO; ADD |
| <i>child loratadine 5 mg/5 ml syr s/f, a/f, gluten/f</i> | 3 | MO; ADD |
| CHILD MUCINEX CHEST 100 MG PKT | 3 | MO; ADD |

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|---|--|--|
| CHILD MUCINEX COUGH 5-100 MG PK | 3 | MO; ADD |
| CHILD MUCINEX M-S COLD DAY-NTE | 3 | ADD |
| CHILD MUCINEX MULTI-SYMPTOM LQ | 3 | ADD |
| CHILD MUCINEX NIGHT TIME LIQ | 3 | ADD |
| <i>child mucus relief cough liq a/f,cherry,child</i> | 3 | ADD |
| <i>child mucus relief cough liq children, a/f</i> | 3 | ADD |
| CHILD MUCUS RELIEF M-S COLD LQ | 3 | ADD |
| <i>child mucus-cough relief liq</i> | 3 | ADD |
| CHILD TRIAMINIC M-S FEVER-COLD | 3 | ADD |
| <i>children's cold-allergy elixir a/f,grape,child</i> | 3 | ADD |
| <i>children's cold-cough elixir a/f,red grape,child</i> | 3 | ADD |
| <i>children's cold-cough liquid</i> | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <i>children's mucinex cough liq</i> | 3 | ADD |
| <i>children's mucinex cough liq a/f</i> | 3 | ADD |
| <i>children's mucus relief liq a/f</i> | 3 | ADD |
| <i>children's mucus relief liq a/f,grape,child</i> | 3 | ADD |
| <i>children's plus m-s cold susp grape,multi-symptom</i> | 3 | ADD |
| <i>children's silfedrine liq</i> | 3 | ADD |
| <i>child's allergy 12.5 mg/5 ml</i> | 3 | ADD |
| <i>child's allergy 12.5 mg/5 ml a/f,cherry,child</i> | 3 | ADD |
| CHILD'S MUCINEX COLD-CGH-SORE MIXED BERRY | 3 | ADD |
| CHILD'S MUCINEX COLD-FEVER LIQ MULTI-SYMPTON, BERRY | 3 | ADD |
| <i>childs triacting cold-cough liq a/f,grape,child</i> | 3 | ADD |

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|---|--|--|
| <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 4 mg tablet</i> | 3 | ADD |
| <i>chlorpheniramine er 12 mg tab</i> | 3 | ADD |
| <i>codeine-guaifin 10-100 mg/5 ml (otc)</i> | 3 | MO; ADD |
| <i>codeine-guaifin 10-100 mg/5 ml a/f,d/f,s/f (otc)</i> | 3 | MO; ADD |
| COLD HEAD CONGESTION CAPLET | 3 | ADD |
| <i>cold head congestion caplet day, non-drowsy,</i> | 3 | ADD |
| COLD RELIEF HEAD CONGEST CPLT CPLT,12 DAY,8 NIGHT | 3 | ADD |
| COLD RELIEF MULTI-SYMPTOM CPLT CAPLET,DAYTIME | 3 | ADD |
| <i>cold relief multi-symptom cplt severe, daytime</i> | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| COLD RLF HEAD CONGESTION CPLT SEVERE, DAYTIME | 3 | ADD |
| <i>cold-allergy tablet pse free, max strgth</i> | 3 | ADD |
| <i>cold-cough elixir</i> | 3 | ADD |
| CONEX SOLUTION | 3 | ADD |
| <i>conex tablet</i> | 3 | ADD |
| <i>cough & sore throat liquid cool blast</i> | 3 | ADD |
| <i>cough dm er 30 mg/5 ml susp</i> | 3 | ADD |
| COUGH DM ER 30 MG/5 ML SUSP | 3 | ADD |
| <i>cough dm er 30 mg/5 ml susp 12 hour</i> | 3 | ADD |
| <i>cough dm er 30 mg/5 ml susp 12hr,a/f,gluten-free</i> | 3 | ADD |
| <i>cough dm er 30 mg/5 ml susp a/f,gluten-free,12hr</i> | 3 | ADD |
| <i>cough dm syrup</i> | 3 | 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 LIQUID NON-DROWSY, A/F | 3 | ADD |
| DAY TIME COLD-FLU SOFTGEL SOFTGEL, A/F | 3 | ADD |
| DAYCLEAR ALLERGY 25-50 MG TAB | 3 | ADD |
| <i>dayhist allergy 1.34 mg tablet 12 hr relief</i> | 3 | ADD |
| DAYTIME COLD-FLU RELIEF LIQUID | 3 | ADD |
| DAYTIME SEVERE COLD-FLU LIQUID | 3 | ADD |
| DECONEX DMX 17.5-400-10 MG TAB | 3 | MO; ADD |
| DECONEX IR 385-10 MG TABLET | 3 | MO; ADD |
| DELSYM 30 MG/5 ML SUSPENSION A/F | 3 | MO; ADD |
| DELSYM 30 MG/5 ML SUSPENSION A/F, FOR ADULT | 3 | MO; ADD |
| DELSYM 30 MG/5 ML SUSPENSION A/F, GRAPE | 3 | MO; ADD |
| <i>delsym cough+chest cngst dm lq</i> | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| DELSYM COUGH-COLD NIGHTTIME LQ | 3 | MO; ADD |
| DEXBROMPHENIR-PHENYLEPH 2-10 MG | 3 | ADD |
| <i>dextromethorphan er 30 mg/5 ml</i> | 3 | ADD |
| <i>diabetic siltussin-dm max-str</i> | 3 | ADD |
| <i>dimaphen dm elixir grape, a/f,gluten-f</i> | 3 | MO; ADD |
| <i>diphenhydramine 12.5 mg/5 ml elixir</i> | 3 | MO; ADD |
| <i>diphenhydramine 25 mg capsule</i> | 3 | MO; ADD |
| <i>diphenhydramine 12.5 mg/5 ml</i> | 3 | ADD |
| <i>diphenhydramine 25 mg caplet</i> | 3 | MO; ADD |
| <i>diphenhydramine 25 mg capsule (otc)</i> | 3 | ADD |
| <i>diphenhydramine 25 mg capsule u-d, 10x10 (otc)</i> | 3 | 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</i> | 3 | ADD |

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|--|--|--|
| <i>diphenhydramine 50 mg capsule (otc)</i> | 3 | ADD |
| <i>diphenhydramine 50 mg capsule u-d, 10x10 (otc)</i> | 3 | ADD |
| DIPHENHYDRAMINE 6.25 MG/ML DRP | 3 | ADD |
| <i>diphenhydramine hcl injection solution 50 mg/ml</i> | 1 | MO |
| <i>diphenhydramine hcl injection syringe</i> | 1 | MO |
| <i>diphenhydramine hcl oral elixir</i> | 1 | PA |
| DM-GUAIF-PE 17.5-385-10 MG TAB | 3 | ADD |
| DM-GUAIF-PE 18-200-10 MG/15 ML | 3 | ADD |
| DOXYLAMINE-PHENYLEPH 7.5-10 MG | 3 | ADD |
| DURAFLU 325-20-200-60 MG TAB | 3 | MO; 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 |
| <i>ed-a-hist 4 mg-10 mg tablet</i> | 3 | MO; ADD |

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|--|--|--|
| <i>ed-a-hist dm liquid (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 (2 per 30 days) |
| <i>epinephrine injection solution 1 mg/ml</i> | 1 | |
| <i>fexofenadine hcl 180 mg tablet (otc)</i> | 3 | MO; ADD |
| <i>fexofenadine hcl 180 mg tablet 24 hour, non-drowsy (otc)</i> | 3 | MO; ADD |
| <i>fexofenadine hcl 180 mg tablet 24-hour (otc)</i> | 3 | MO; ADD |
| <i>fexofenadine hcl 180 mg tablet 24hr, original str (otc)</i> | 3 | MO; ADD |
| <i>fexofenadine hcl 180 mg tablet allergy, 24hr (otc)</i> | 3 | MO; ADD |
| <i>fexofenadine hcl 180 mg tablet f/c, 10x10,u-d,inner (otc)</i> | 3 | MO; ADD |

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|--|--|--|
| <i>fexofenadine hcl 180 mg tablet f/c, 10x10,u-d,outer (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 hcl 60 mg tablet 12 hour, non-drowsy (otc)</i> | 3 | MO; ADD |
| <i>fexofenadine hcl 60 mg tablet allergy (otc)</i> | 3 | MO; ADD |
| <i>fexofenadine hcl 60 mg tablet indoor/outdoor (otc)</i> | 3 | MO; ADD |
| <i>fexofenadine hcl 60 mg tablet inner,u-d (otc)</i> | 3 | MO; ADD |
| <i>fexofenadine hcl 60 mg tablet u-d, 10x10,outer (otc)</i> | 3 | MO; ADD |
| <i>fexofenadine-pse er 60-120 tab allergy/congest,12hr (otc)</i> | 3 | MO; ADD |
| <i>flu hbp 500-2-15 mg tablet</i> | 3 | ADD |
| FLU-SEVERE COLD-COUGH DAY PKT | 3 | ADD |

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|--|--|--|
| FLU-SEVERE COLD-COUGH POWD PKT | 3 | ADD |
| <i>gnp all day allergy-d tablet</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 aller-ease 60 mg tablet</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 allergy relief 25 mg cap</i> | 3 | ADD |
| <i>gs allergy relief 25 mg tablet</i> | 3 | ADD |
| <i>gs allergy relief 4 mg tablet</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 cold-allergy solution</i> | 3 | ADD |
| GS CHILD MUCUS RELIEF M-S COLD | 3 | ADD |

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|--|--|--|
| <i>gs child mucus rlf cough liq</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 | ADD |
| GS DAY TIME COLD-FLU LIQUID A/F, GLUTEN-FREE | 3 | ADD |
| GS DAYTIME COLD-FLU SOFTGEL | 3 | ADD |
| GS FLU-SEV COLD-COUGH DAY PKT | 3 | ADD |
| <i>gs nasal decong pe 10 mg tab</i> | 3 | 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 DAY COLD-FLU CAPLET | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| GS SEVERE DAY COLD-FLU CAPLET CPLT,A/F, NON-DROWSY | 3 | ADD |
| GS SEVERE DAYTIME COLD-FLU LIQ | 3 | ADD |
| <i>gs sinus congestion-pain cplt</i> | 3 | MO; ADD |
| <i>gs suphedrine 12hr 120 mg cplt</i> | 3 | ADD |
| <i>gs tussin cf liquid</i> | 3 | MO; ADD |
| <i>gs tussin dm cough syrup</i> | 3 | ADD |
| <i>gs tussin dm cough-chest soln</i> | 3 | ADD |
| <i>gs tussin dm liquid</i> | 3 | ADD |
| <i>gs tussin dm max liquid</i> | 3 | ADD |
| <i>gs tussin mucus-cong 100 mg/5</i> | 3 | ADD |
| <i>gs tussin mucus-cong 200 mg/10</i> | 3 | ADD |
| <i>guaiaatussin ac liquid</i> | 3 | MO; ADD |
| <i>guaiaatussin ac liquid inner</i> | 3 | MO; ADD |
| <i>guaiaatussin ac liquid outer</i> | 3 | MO; ADD |
| <i>guaifen-codeine 100-10 mg/5 ml (otc)</i> | 3 | MO; ADD |

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|--|--|--|
| GUAIFEN-CODEINE 100-10 MG/5 ML INNER (OTC) | 3 | MO; ADD |
| GUAIFEN-CODEINE 100-10 MG/5 ML OUTER (OTC) | 3 | MO; ADD |
| GUAIFEN-CODEINE 200-20 MG/10 ML INNER (OTC) | 3 | MO; ADD |
| GUAIFEN-CODEINE 200-20 MG/10 ML OUTER (OTC) | 3 | MO; ADD |
| <i>guaifenesin 100 mg/5 ml liquid</i> | 3 | ADD |
| <i>guaifenesin 100 mg/5 ml soln inner</i> | 3 | ADD |
| <i>guaifenesin 100 mg/5 ml soln outer</i> | 3 | ADD |
| <i>guaifenesin 100 mg/5 ml syrup 100's,u-d,s/f,af</i> | 3 | ADD |
| <i>guaifenesin 200 mg tablet (otc)</i> | 3 | MO; ADD |
| <i>guaifenesin 200 mg/10 ml soln inner</i> | 3 | ADD |
| <i>guaifenesin 200 mg/10 ml soln outer</i> | 3 | ADD |
| <i>guaifenesin 300 mg/15 ml soln 100's,u-d,outer, af</i> | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <i>guaifenesin 300 mg/15 ml soln inner</i> | 3 | ADD |
| <i>guaifenesin 300 mg/15 ml soln outer</i> | 3 | ADD |
| <i>guaifenesin ac cough syrup (otc)</i> | 3 | ADD |
| <i>guaifenesin dm syrup (otc)</i> | 3 | ADD |
| <i>guaifenesin dm syrup inner (otc)</i> | 3 | ADD |
| <i>guaifenesin dm syrup outer (otc)</i> | 3 | ADD |
| <i>guaifenesin-codeine syrup (otc)</i> | 3 | MO; ADD |
| <i>guaifenesin-dm 100-10 mg/5 ml</i> | 3 | ADD |
| <i>guaifenesin-dm 200-20 mg/10 ml</i> | 3 | ADD |
| <i>guaifenesin-pse er 600-60 mg (otc)</i> | 3 | MO; ADD |
| HISTEX 2.5 MG/5 ML SYRUP | 3 | ADD |
| HISTEX PD 0.938 MG/ML DROP | 3 | MO; ADD |
| HISTEX-AC SYRUP | 3 | ADD |
| HISTEX-DM SYRUP | 3 | MO; ADD |
| <i>hm adt tussin cough cong dm lq</i> | 3 | ADD |
| <i>hm adt tussin m-s cold liquid</i> | 3 | ADD |

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|--|--|--|
| <i>hm adult tussin chest cong liq a/f,cherry,no-drowsy</i> | 3 | ADD |
| <i>hm adult tussin chest cong liq a/f,gluten-free</i> | 3 | ADD |
| <i>hm adult tussin dm syrup</i> | 3 | ADD |
| <i>hm all day allergy 10 mg tab</i> | 3 | MO; ADD |
| <i>hm all day allergy 10 mg tab indoor/outdoor 24 hr</i> | 3 | MO; ADD |
| <i>hm allergy 25 mg tablet minitabs</i> | 3 | ADD |
| <i>hm allergy complete-d tablet</i> | 3 | ADD |
| <i>hm allergy relief 10 mg odt non-drowsy</i> | 3 | ADD |
| <i>hm allergy relief 10 mg tablet</i> | 3 | ADD |
| <i>hm allergy relief 25 mg cap</i> | 3 | ADD |
| <i>hm allergy relief 25 mg tablet</i> | 3 | ADD |
| <i>hm allergy relief 4 mg tablet 4 hour, gluten-free</i> | 3 | ADD |
| <i>hm allergy rlf-nasal decong tb</i> | 3 | MO; ADD |
| <i>hm allergy rlf-nasal decong tb non-drowsy,24 hr rlf</i> | 3 | MO; ADD |

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|---|--|--|
| <i>hm chest congest rlf 400 mg tb caplet,d/f</i> | 3 | MO; ADD |
| <i>hm chest congest rlf dm caplet caplet,d/f</i> | 3 | ADD |
| <i>hm child all day aller 1 mg/ml</i> | 3 | ADD |
| <i>hm child allergy 12.5 mg/5 ml</i> | 3 | ADD |
| <i>hm child cetirizine 1 mg/ml d/f, grape</i> | 3 | ADD |
| <i>hm child cetirizine 1 mg/ml d/f, s/f, bubblegum</i> | 3 | ADD |
| <i>hm child cetirizine 1 mg/ml d/f,grape,s/f,glut-f</i> | 3 | ADD |
| <i>hm child cold-allergy elixir a/f, grape</i> | 3 | ADD |
| <i>hm child loratadine 5 mg/5 ml</i> | 3 | MO; ADD |
| <i>hm child loratadine 5 mg/5 ml a/f, grape</i> | 3 | MO; ADD |
| <i>hm child loratadine 5 mg/5 ml a/f, s/f, grape</i> | 3 | MO; ADD |
| <i>hm child's cold-cough elixir a/f, red grape</i> | 3 | ADD |
| <i>hm cold-sinus 200-30 mg coated caplet</i> | 3 | ADD |

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|--|--|--|
| <i>hm cough dm er 30 mg/5 ml susp a/f, gluten-free</i> | 3 | ADD |
| HM COUGH DM ER 30 MG/5 ML SUSP GRAPE, GLUTEN-F, A/F | 3 | ADD |
| HM DAY TIME LIQUID CAP SOFTGEL | 3 | ADD |
| <i>hm fexofenadine hcl 180 mg tab (otc)</i> | 3 | MO; ADD |
| <i>hm fexofenadine hcl 180 mg tab 24 hour, gluten-free (otc)</i> | 3 | MO; ADD |
| <i>hm fexofenadine hcl 60 mg tab (otc)</i> | 3 | MO; ADD |
| <i>hm loratadine 10 mg tablet</i> | 3 | MO; ADD |
| HM MUCUS ER 1,200 MG TABLET | 3 | ADD |
| <i>hm mucus rlf d er 600-60 mg tb</i> | 3 | ADD |
| <i>hm nasal decong pe 10 mg tab non-drowsy, max-str</i> | 3 | ADD |
| <i>hm nasal decongest 30 mg tab</i> | 3 | ADD |
| <i>hm nasal decongest 30 mg tab non-drowsy, max str</i> | 3 | ADD |

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|---|--|--|
| <i>hm nasal decongest er 120 mg</i> | 3 | ADD |
| HM NIGHT TIME COLD-FLU LIQ GLUTEN-FREE | 3 | ADD |
| HM NIGHT TIME COLD-FLU LIQ GLUTEN-FREE, CHERRY | 3 | ADD |
| <i>hm night time liquid cap sftgel, multi-symptom</i> | 3 | ADD |
| <i>hm night time liquid cap softgel</i> | 3 | ADD |
| HM SEVERE COLD-COUGH-FLU PCKT GLUTEN-FREE, BERRY | 3 | ADD |
| HM SINUS AND COLD-D CAPLET | 3 | ADD |
| <i>hm tussin dm max liquid</i> | 3 | ADD |
| <i>hydrocodone-chlorphen er susp</i> | 3 | MO; ADD |
| <i>hydrocodone-homatropine 5-1.5 mg tablet</i> | 3 | MO; ADD |
| <i>hydrocodone-homatropine soln</i> | 3 | ADD |
| HYDROCODONE-HOMATROPINE SYRUP INNER | 3 | ADD |

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|--|--|--|
| HYDROCODONE-HOMATROPINE SYRUP OUTER | 3 | 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) |
| LODRANE D CAPSULE | 3 | MO; ADD |
| <i>lohist-d liquid</i> | 3 | MO; ADD |
| <i>lohist-dm syrup</i> | 3 | MO; ADD |
| <i>loratadine 10 mg tablet</i> | 3 | MO; ADD |
| <i>loratadine 10 mg tablet 10x10, outer</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 24 hour, non-drowsy</i> | 3 | MO; ADD |
| <i>loratadine 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>loratadine 10 mg tablet non-drowsy</i> | 3 | MO; ADD |
| <i>loratadine 10 mg tablet non-drowsy, 24hr</i> | 3 | MO; ADD |
| <i>loratadine 10 mg tablet outer</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, a/f, d/f</i> | 3 | MO; ADD |
| <i>loratadine allergy 5 mg/5 ml d/f, a/f, s/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 BP LIQUID | 3 | ADD |
| MAR-COF CG LIQUID | 3 | MO; ADD |
| MAXICHLOR PEH DM TABLET | 3 | ADD |
| MAXIFED TABLET | 3 | ADD |
| MAXI-TUSS CD LIQUID | 3 | ADD |

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|--|--|--|
| <i>m-clear wc liquid</i> | 3 | MO; ADD |
| <i>m-dryl 12.5 mg/5 ml solution</i> | 3 | ADD |
| M-END DMX LIQUID | 3 | MO; ADD |
| M-END PE LIQUID | 3 | MO; ADD |
| MUCINEX COLD-FLU-SORETHROAT LQ | 3 | 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 |
| 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 |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---------------------------------------|--|--|
| <i>mucinex er 600 mg tablet outer</i> | 3 | MO; ADD |
| <i>mucinex fast-max cold-flu cplt</i> | 3 | ADD |
| MUCINEX FAST-MAX COLD-FLU LIQ | 3 | ADD |
| MUCINEX FAST-MAX COLD-FLU-THRT | 3 | ADD |
| MUCINEX FAST-MAX COLD-SINUS TB | 3 | ADD |
| MUCINEX FAST-MAX CONGEST-COUGH | 3 | ADD |
| MUCINEX FAST-MAX CONGEST-COUGH | 3 | MO; ADD |
| MUCINEX FAST-MAX CONGEST-HEAD | 3 | ADD |
| MUCINEX FAST-MAX DAY-NITE COLD | 3 | ADD |
| MUCINEX FAST-MAX DAY-NITE COLD | 3 | ADD |
| MUCINEX FAST-MAX DAY-NITE CONG | 3 | ADD |
| MUCINEX FAST-MAX DAY-NITE LIQ | 3 | ADD |

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|--|--|--|
| <i>mucinex fast-max dm max liquid maximum strength</i> | 3 | ADD |
| MUCINEX FAST-MAX DY-NT CLD-FLU | 3 | ADD |
| MUCINEX FAST-MAX NITE COLD-FLU | 3 | ADD |
| MUCINEX FAST-MAX SEV COLD LIQ | 3 | ADD |
| MUCINEX SINUS-MAX DY-NT LIQGEL | 3 | ADD |
| MUCINEX SINUS-MAX NITE CONGEST | 3 | ADD |
| MUCINEX SINUS-MAX SEVERE CPLT | 3 | ADD |
| MUCINEX SINUS-MAX SEVERE LIQ | 3 | ADD |
| <i>mucosa 400 mg tablet</i> | 3 | ADD |
| <i>mucosa dm 400-20 mg tablet</i> | 3 | ADD |
| <i>mucus d er 600-60 mg tablet</i> | 3 | ADD |
| <i>mucus dm max er 1,200-60 mg tb</i> | 3 | MO; ADD |
| <i>mucus er 600 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>mucus relief 400 mg tablet</i> | 3 | MO; ADD |
| MUCUS RELIEF COLD-SINUS CAPLET CAPLET, MAX STRENGTH | 3 | ADD |
| <i>mucus relief d er 600-60 mg tb</i> | 3 | ADD |
| <i>mucus relief dm 20-400 mg tab</i> | 3 | MO; ADD |
| <i>mucus relief dm cough tablet</i> | 3 | MO; ADD |
| <i>mucus relief dm max liquid</i> | 3 | ADD |
| MUCUS RELIEF ER 1,200 MG TAB | 3 | ADD |
| <i>mucus relief er 600 mg tablet</i> | 3 | MO; ADD |
| <i>mucus relief pe tablet</i> | 3 | ADD |
| <i>mucus relief sinus tablet</i> | 3 | ADD |
| MUCUS RLF COLD-FLU-THROAT CPLT CAPLET | 3 | ADD |
| <i>mucus rlf dm er 600-30 mg tab</i> | 3 | MO; ADD |
| <i>mucus rlf dm max er 1200-60 mg</i> | 3 | MO; ADD |
| MUCUS-CHEST CONG 200 MG/10 ML | 3 | ADD |

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|---|--|--|
| MUCUS-ER MAX 1,200 MG TABLET | 3 | 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 | ADD |
| <i>nasal decongestant pe 10 mg tb max-str</i> | 3 | ADD |
| <i>nasal decongestant pe 10 mg tb non-drowsy,mx-str</i> | 3 | ADD |
| NASOPEN PE LIQUID | 3 | ADD |
| <i>night cold-flu relief liq gel</i> | 3 | ADD |
| NIGHT SEVERE COLD-COUGH PKT | 3 | ADD |
| NIGHT TIME COLD-FLU LIQUID | 3 | ADD |
| <i>night time cold-flu liquid mlti-sympt,mix berry</i> | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| 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 softgel alf</i> | 3 | ADD |
| <i>night time cold-flu gluten-free, softgel</i> | 3 | ADD |
| <i>night time cough liquid cherry flavor</i> | 3 | ADD |
| <i>night time cough liquid multi sympt, cherry</i> | 3 | ADD |
| NIGHTTIME COLD AND FLU LIQUID | 3 | ADD |
| NIGHTTIME COLD-FLU LIQUID | 3 | ADD |
| <i>nighttime cough liquid</i> | 3 | ADD |
| NIGHTTIME SEVERE COLD-FLU LIQ | 3 | ADD |
| NINJACOF LIQUID | 3 | MO; ADD |
| NINJACOF-A LIQUID | 3 | ADD |
| NINJACOF-XG LIQUID | 3 | MO; ADD |

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|------------------------------------|--|--|
| NIVANEX DMX TABLET | 3 | ADD |
| <i>nohist-dm liquid</i> | 3 | MO; ADD |
| <i>nohist-lq liquid</i> | 3 | ADD |
| NOREL AD TABLET | 3 | MO; ADD |
| PEDIACLEAR ALLERGY 0.313 MG/ML | 3 | ADD |
| PEDIACLEAR COUGH 6.25 MG/ML | 3 | ADD |
| PEDIACLEAR PD 0.625 MG/ML DROP | 3 | ADD |
| <i>pediatric cough-cold liquid</i> | 3 | ADD |
| PEDIAVENT 2 MG/5 ML SYRUP | 3 | ADD |
| <i>pharbedryl 25 mg capsule</i> | 3 | ADD |
| <i>pharbedryl 50 mg capsule</i> | 3 | ADD |
| POLY HIST FORTE 10.5-10 MG TAB | 3 | MO; ADD |
| POLY HIST FORTE 7.5-10 MG TAB | 3 | ADD |
| POLY-HIST DM LIQUID | 3 | ADD |
| POLY-HIST PD LIQUID | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| POLY-TUSSIN AC LIQUID | 3 | MO; ADD |
| POLYTUSSIN DM SYRUP | 3 | ADD |
| POLY-VENT DM TABLET | 3 | ADD |
| POLY-VENT IR TABLET | 3 | MO; 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-codeine syrup</i> | 3 | MO; ADD |
| <i>promethazine-dm 6.25-15 mg/5 ml</i> | 3 | MO; ADD |
| <i>promethazine-pe-codeine syrup</i> | 3 | MO; ADD |
| <i>promethazine-phenylephrine syr</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 |

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|---|--|--|
| <i>pseudoephedrine er 120 mg tab coated cplt, max str</i> | 3 | MO; ADD |
| <i>qc all day allergy 10 mg tab</i> | 3 | MO; ADD |
| QC ALLERGY & SINUS HA CAPLET | 3 | ADD |
| <i>qc allergy relief 10 mg odt non-drowsy</i> | 3 | ADD |
| <i>qc allergy relief mul-sym cplt</i> | 3 | ADD |
| <i>qc child allergy 12.5 mg/5 ml</i> | 3 | ADD |
| <i>qc children's allergy 1 mg/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 complete allergy 25 mg cap</i> | 3 | ADD |
| <i>qc fexofenadine hcl 180 mg tab (otc)</i> | 3 | MO; ADD |
| <i>qc ibuprofen cld-sinus cplt non-drowsy, caplet</i> | 3 | ADD |
| <i>qc loratadine 10 mg tablet non-drowsy</i> | 3 | MO; ADD |
| <i>qc loratadine-d 24hr tablet non-drowsy</i> | 3 | MO; ADD |
| <i>qc mucus relief 400 mg caplet</i> | 3 | MO; ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <i>qc mucus relief dm tablet</i> | 3 | ADD |
| QC MUCUS RELIEF ER 1,200 MG TB | 3 | ADD |
| <i>qc mucus relief er 600 mg tab</i> | 3 | MO; ADD |
| <i>qc sinus pain relief caplet</i> | 3 | ADD |
| <i>qc suphedrine 12hr 120 mg cplt non-drowsy, 12hr</i> | 3 | ADD |
| <i>qc suphedrine 30 mg tablet non-drowsy, max str</i> | 3 | ADD |
| <i>qc tussin cf liquid</i> | 3 | MO; ADD |
| <i>qc tussin dm liquid</i> | 3 | MO; ADD |
| <i>qc tussin mucus-cong 200 mg/10</i> | 3 | ADD |
| RESCON TABLET | 3 | MO; ADD |
| RESCON-DM LIQUID | 3 | MO; ADD |
| <i>rescon-gg liquid</i> | 3 | MO; ADD |
| <i>robafen 200 mg/10 ml syrup</i> | 3 | MO; ADD |
| <i>robafen cf liquid a/f, multi-cld symptm</i> | 3 | MO; ADD |
| <i>robafen dm cgh-chest cong syrnp</i> | 3 | MO; ADD |
| <i>robafen dm cough liquid</i> | 3 | MO; ADD |

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|--|--|--|
| <i>robafen dm cough syrup</i> | 3 | MO; ADD |
| RONDEC-D 12.5-30 MG/5 ML LIQ | 3 | ADD |
| RU-HIST D 10-4 MG TABLET | 3 | MO; ADD |
| <i>rydex liquid</i> | 3 | ADD |
| RYMED TABLET | 3 | MO; ADD |
| <i>rynex dm liquid a/f, prof use only</i> | 3 | MO; ADD |
| <i>rynex dm liquid s/f, a/f, gluten/f</i> | 3 | MO; ADD |
| <i>rynex pe liquid</i> | 3 | ADD |
| <i>rynex pse liquid</i> | 3 | ADD |
| <i>sb allergy 10 mg tablet original strength</i> | 3 | ADD |
| <i>sb allergy med 25 mg tablet minitabs</i> | 3 | ADD |
| <i>sb chlorpheniramine 4 mg tab</i> | 3 | ADD |
| SB COLD HEAD CONGESTION CAPLET SEVERE, DAYTIME | 3 | ADD |
| SB COLD MULTI-SYMP SEVERE CPLT DAYTIME, COOL BLAST | 3 | ADD |
| <i>sb loratadine 10 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>sb loratadine 10 mg tablet non-drowsy</i> | 3 | MO; ADD |
| <i>sb mucus relief dm tablet dye-free</i> | 3 | ADD |
| <i>sb mucus relief pe caplet</i> | 3 | ADD |
| SB SINUS CONGESTION-PAIN CPLT DAYTIME, NON DROWSY | 3 | MO; ADD |
| SB SINUS CONGESTION-PAIN CPLT SEVERE, DAYTIME | 3 | ADD |
| SB SINUS CONG-PAIN DAY-NIGHT CPLT,12 DAY 12 NIGHT | 3 | ADD |
| <i>sb sinus-allergy tablet pse free, max str</i> | 3 | ADD |
| SEVERE COLD-FLU CAPLET | 3 | ADD |
| <i>siladryl 12.5 mg/5 ml liquid a/f, s/f</i> | 3 | MO; ADD |
| <i>siltussin dm cough syrup</i> | 3 | MO; ADD |
| <i>siltussin dm das 100-10 mg/5 ml</i> | 3 | ADD |
| <i>siltussin sa 100 mg/5 ml syr</i> | 3 | MO; ADD |

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|--|--|--|
| <i>sinus 12 hour 120 mg caplet</i> | 3 | ADD |
| SINUS AND COLD-D CAPLET CAPLET, GLUTEN-FREE | 3 | ADD |
| <i>sinus congestion-pain caplet caplet, daytime</i> | 3 | MO; ADD |
| SINUS CONGST-PAIN 325-200-5 MG | 3 | ADD |
| SINUS PRESSURE-PAIN CAPLET | 3 | ADD |
| SINUS RELIEF PRESS-PAIN CAPLET | 3 | ADD |
| SINUS-HEADACHE CAPLET | 3 | ADD |
| <i>sm all day allergy 10 mg tab</i> | 3 | MO; ADD |
| <i>sm all day allergy 10 mg tab indoor/outdoor 24 hr</i> | 3 | MO; ADD |
| <i>sm all day allergy-d tablet</i> | 3 | ADD |
| <i>sm allergy 4 mg tablet</i> | 3 | ADD |
| <i>sm allergy relief 1.34 mg tab</i> | 3 | ADD |
| <i>sm allergy relief 12.5 mg/5 ml</i> | 3 | MO; ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <i>sm allergy relief 12.5 mg/5 ml children's, cherry</i> | 3 | MO; ADD |
| <i>sm allergy relief 25 mg cap</i> | 3 | ADD |
| <i>sm allergy relief 25 mg cap gluten free</i> | 3 | ADD |
| <i>sm allergy relief 25 mg tablet</i> | 3 | ADD |
| <i>sm chest cong relief pe caplet</i> | 3 | ADD |
| <i>sm chest congest rlf dm caplet caplet, d/f</i> | 3 | ADD |
| <i>sm chest congestion 400 mg cplt caplet, d/f</i> | 3 | MO; ADD |
| <i>sm child all day aller 1 mg/ml</i> | 3 | ADD |
| <i>sm child all day aller 1 mg/ml cherry</i> | 3 | ADD |
| <i>sm child all day aller 1 mg/ml d/f, s/f, a/f bubble</i> | 3 | ADD |
| <i>sm child all day aller 1 mg/ml s/f, grape</i> | 3 | ADD |
| <i>sm child allergy 5 mg/5 ml sol</i> | 3 | ADD |
| <i>sm child loratadine 5 mg/5 ml s/f, a/f, gluten/f</i> | 3 | MO; ADD |
| <i>sm cold-cough dm liquid children's</i> | 3 | ADD |

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|---|--|--|
| SM COLD-FLU SEVERE CAPLET GLUTEN-FREE | 3 | ADD |
| <i>sm cold-sinus relief caplet</i> | 3 | ADD |
| SM DAY TIME COLD-FLU LIQUID A/F, GLUTEN-FREE | 3 | ADD |
| SM DAY TIME PE COLD-FLU SFTGEL SFTGEL,MULTI-SYMP TOM | 3 | ADD |
| <i>sm fexofenadine hcl 180 mg tab (otc)</i> | 3 | MO; ADD |
| <i>sm fexofenadine hcl 180 mg tab 24hr, gluten-free (otc)</i> | 3 | MO; ADD |
| <i>sm fexofenadine hcl 180 mg tab 24hr,original str (otc)</i> | 3 | MO; ADD |
| <i>sm fexofenadine hcl 60 mg tab (otc)</i> | 3 | MO; ADD |
| <i>sm loratadine 10 mg odt non-drowsy, 24hr</i> | 3 | ADD |
| <i>sm loratadine 10 mg tablet</i> | 3 | MO; ADD |
| <i>sm loratadine 10 mg tablet non-drowsy</i> | 3 | MO; ADD |

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|---|--|--|
| <i>sm loratadine 10 mg tablet non-drowsy,gluten-f</i> | 3 | MO; ADD |
| <i>sm loratadine 5 mg/5 ml syrup</i> | 3 | MO; ADD |
| <i>sm lorata-dine d 24hr tablet</i> | 3 | ADD |
| <i>sm loratadine-d 12 hour tablet</i> | 3 | MO; ADD |
| <i>sm mucus relief cough liquid childrens, a/f</i> | 3 | ADD |
| <i>sm mucus relief d er 600-60 mg</i> | 3 | ADD |
| <i>sm mucus relief er 600 mg tab</i> | 3 | MO; ADD |
| SM MUCUS-ER MAX 1,200 MG TAB | 3 | ADD |
| <i>sm nasal decong pe 10 mg tab</i> | 3 | ADD |
| <i>sm nasal decongest 30 mg tab</i> | 3 | ADD |
| <i>sm nasal decongest 30 mg tab maximum strength</i> | 3 | ADD |
| <i>sm nasal decongest er 120 mg</i> | 3 | ADD |
| <i>sm nighttime cold-flu sftgl softgel</i> | 3 | ADD |
| SM NITE TIME COLD-FLU LIQUID | 3 | ADD |

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|---|--|--|
| SM NITE TIME COLD-FLU LIQUID GLUTEN-FREE,CHERRY | 3 | ADD |
| SM SINUS AND COLD-D CAPLET CAPLET, GLUTEN-FREE | 3 | ADD |
| <i>sm tussin cf syrup a/f</i> | 3 | MO; ADD |
| <i>sm tussin dm 400-20 mg/20 ml</i> | 3 | ADD |
| <i>sm tussin dm liquid</i> | 3 | MO; ADD |
| <i>sm tussin dm syrup</i> | 3 | ADD |
| <i>sm tussin dm syrup a/f</i> | 3 | ADD |
| <i>sm tussin mucus-cong 200 mg/10 a/f,adult,non-drows</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 |
| <i>sudogest 60 mg tablet</i> | 3 | MO; ADD |
| <i>sudogest cold and allergy tab</i> | 3 | MO; ADD |
| <i>sudogest sinus and allergy tab</i> | 3 | ADD |

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|---|--|--|
| <i>suphedrin 30 mg tablet</i> | 3 | ADD |
| <i>suphedrine sinus cong 30 mg tb</i> | 3 | ADD |
| SYMJEPI | 2 | MO; QL (2 per 30 days) |
| THERAFLU EXPRESSMAX COLD NT LQ | 3 | ADD |
| THERAFLU EXPRESSMAX COLD-COUGH | 3 | ADD |
| THERAFLU EXPRESSMAX DAY CAPLET | 3 | ADD |
| THERAFLU EXPRESSMAX NIGHT CPLT | 3 | ADD |
| THERAFLU FLU & SORE THROAT | 3 | ADD |
| THERAFLU MS SEVERE COLD PCKT | 3 | ADD |
| THERAFLU NIGHTTIME POWERPOD | 3 | ADD |
| THERAFLU NT SEVERE CLD-CGH PKT NIGHTTIME | 3 | ADD |
| TRIAMINIC DAYTIME COLD-COUGH CHILDREN'S, CHERRY | 3 | ADD |

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|---|--|--|
| TRIAMINIC NIGHTTIME COLD-COUGH CHILDREN'S, GRAPE | 3 | ADD |
| TRIPROLIDINE 0.625 MG/ML DROP | 3 | ADD |
| TUSNEL CAPLET | 3 | ADD |
| <i>tusnel diabetic liquid</i> | 3 | MO; ADD |
| TUSNEL DM PEDIATRIC DROPS | 3 | ADD |
| TUSNEL LIQUID A/F,A/F,D/F | 3 | ADD |
| TUSNEL LIQUID A/F,D/F,S/F | 3 | ADD |
| TUSNEL LIQUID S/F,A/F,D/F | 3 | ADD |
| <i>tusnel pediatric drops</i> | 3 | ADD |
| TUSNEL PEDIATRIC LIQUID (OTC) | 3 | ADD |
| TUSSICAPS 10 MG-8 MG CAPSULE | 3 | MO; ADD |
| <i>tussin 400 mg tablet</i> | 3 | ADD |
| <i>tussin cf cough-cold liquid a/f,non-drowsy</i> | 3 | ADD |
| <i>tussin cf cough-cold syrup a/f,non-drowsy</i> | 3 | MO; ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <i>tussin cf max m-s cold liquid gluten-free</i> | 3 | ADD |
| TUSSIN CF MAX SEVERE M-S COLD | 3 | ADD |
| <i>tussin cf multi-symptom cold</i> | 3 | MO; ADD |
| <i>tussin cough liquid long-acting</i> | 3 | ADD |
| <i>tussin cough liquid maximum strength</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 clear syrup a/f, d/f, s/f</i> | 3 | ADD |
| <i>tussin dm liquid</i> | 3 | MO; ADD |
| <i>tussin dm liquid a/f</i> | 3 | MO; ADD |
| <i>tussin dm liquid s/f,a/f</i> | 3 | MO; ADD |
| <i>tussin dm max liquid a/f</i> | 3 | ADD |
| <i>tussin dm max liquid a/f, non-drowsy</i> | 3 | ADD |
| <i>tussin dm syrup</i> | 3 | ADD |
| <i>tussin mucus-cong 200 mg/10</i> | 3 | ADD |
| VANACOF DM 18-200-10 MG/15 ML | 3 | MO; ADD |

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|--|--|--|
| VANACOF LIQUID | 3 | MO; ADD |
| VANATAB DM CAPLET | 3 | ADD |
| <i>virtussin ac 10-100 mg/5 ml lq</i> | 3 | MO; ADD |
| <i>virtussin dac liquid</i> | 3 | MO; ADD |
| Z-TUSS AC 2 MG-9 MG/5 ML LIQ (OTC) | 3 | ADD |
| PULMONARY AGENTS | | |
| <i>acetylcysteine</i> | 1 | B/D PA; MO |
| ADEMPAS | 2 | PA; MO; LA |
| ADVAIR DISKUS | 2 | MO; QL (60 per 30 days) |
| ADVAIR HFA | 2 | MO; QL (12 per 30 days) |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i> | 1 | QL (17 per 30 days) |
| <i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i> | 1 | QL (13.4 per 30 days) |
| <i>albuterol sulfate inhalation solution for nebulization</i> | 1 | B/D PA; MO |
| <i>albuterol sulfate oral</i> | 1 | MO |
| ALLERGY RELIEF 50 MCG SPRAY | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| 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; QL (60 per 30 days) |
| <i>ambriasantan</i> | 1 | PA; MO; LA |
| ANORO ELLIPTA | 2 | MO; QL (60 per 30 days) |
| <i>arformoterol</i> | 1 | B/D PA; MO |
| ARNUITY ELLIPTA | 2 | MO; QL (30 per 30 days) |
| ASMANEX HFA | 2 | MO; QL (13 per 30 days) |
| 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) |

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|---|--|--|
| 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) |
| <i>azelastine-fluticasone</i> | 1 | MO; QL (23 per 30 days) |
| <i>bosentan</i> | 1 | PA; MO; LA |
| BREO ELLIPTA | 2 | MO; QL (60 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) |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|------------------------------------|--|--|
| CHILD FLONASE ALLER RLF 50 MCG | 3 | MO; ADD |
| CINRYZE | 2 | PA; MO |
| COMBIVENT RESPIMAT | 2 | MO; QL (8 per 30 days) |
| <i>cromolyn inhalation</i> | 1 | B/D PA; MO |
| <i>cromolyn sodium nasal spray</i> | 3 | MO; ADD |
| DALIRESP ORAL TABLET 250 MCG | 2 | PA; MO; QL (30 per 30 days) |
| DALIRESP ORAL TABLET 500 MCG | 2 | PA; MO |
| DULERA | 2 | MO; QL (13 per 30 days) |
| ELIXOPHYLLIN | 2 | MO |
| ESBRIET ORAL CAPSULE | 2 | PA; MO; QL (270 per 30 days) |
| ESBRIET ORAL TABLET 267 MG | 2 | PA; MO; QL (270 per 30 days) |
| ESBRIET ORAL TABLET 801 MG | 2 | PA; MO; QL (90 per 30 days) |
| FASENRA | 2 | PA; MO; QL (1 per 28 days) |
| FASENRA PEN | 2 | PA; MO; QL (1 per 28 days) |
| FLONASE ALLERGY RLF 50 MCG SPR | 3 | MO; ADD |

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|--|--|--|
| FLONASE ALLERGY RLF 50 MCG SPR 120 METERED SPRAYS | 3 | MO; ADD |
| FLONASE ALLERGY RLF 50 MCG SPR 3X120 METERED SPRAYS | 3 | MO; ADD |
| FLONASE ALLERGY RLF 50 MCG SPR 60 METERED SPRAYS | 3 | MO; ADD |
| FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 50 MCG/ACTUATION | 2 | MO; QL (60 per 30 days) |
| FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION | 2 | MO; QL (240 per 30 days) |
| FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION | 2 | MO; QL (12 per 30 days) |
| FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATION | 2 | MO; QL (24 per 30 days) |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION | 2 | MO; QL (10.6 per 30 days) |
| <i>flunisolide</i> | 1 | MO; QL (50 per 30 days) |
| FLUTICASONE PROP 50 MCG SPRAY (OTC) | 3 | MO; ADD |
| <i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i> | 1 | MO; QL (16 per 30 days) |
| <i>formoterol fumarate</i> | 1 | B/D PA; MO |
| HAEGARDA | 2 | PA; MO; LA |
| HM ALLERGY RELIEF 50 MCG SPRAY | 3 | ADD |
| <i>icatibant</i> | 1 | PA; MO |
| INCRUSE ELLIPTA | 2 | MO; QL (30 per 30 days) |
| <i>ipratropium bromide inhalation</i> | 1 | B/D PA; MO |
| <i>ipratropium-albuterol</i> | 1 | B/D PA; MO |
| KALYDECO ORAL GRANULES IN PACKET | 2 | PA; MO; QL (56 per 28 days) |
| KALYDECO ORAL TABLET | 2 | PA; MO; QL (60 per 30 days) |
| <i>levalbuterol hcl</i> | 1 | B/D PA; MO |

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|---|--|--|
| <i>metaproterenol oral syrup</i> | 1 | MO |
| <i>mometasone nasal</i> | 1 | MO; QL (34 per 30 days) |
| <i>montelukast</i> | 1 | MO |
| NUCALA | 2 | PA; MO; LA; QL (3 per 28 days) |
| OFEV | 2 | PA; MO; QL (60 per 30 days) |
| OPSUMIT | 2 | PA; MO; LA |
| ORKAMBI ORAL GRANULES IN PACKET | 2 | PA; MO; QL (56 per 28 days) |
| ORKAMBI ORAL TABLET | 2 | PA; MO; QL (112 per 28 days) |
| ORLADEYO | 2 | PA; LA |
| PERFOROMIST | 2 | B/D PA; MO |
| PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION | 2 | MO; QL (2 per 30 days) |
| PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION | 2 | MO; QL (1 per 30 days) |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| PULMOZYME | 2 | B/D PA; MO |
| QC ALLERGY RELIEF 50 MCG SPRAY | 3 | ADD |
| QC FLUTICASONE PROP 50 MCG SPR (OTC) | 3 | MO; ADD |
| QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION | 2 | MO; QL (4.9 per 30 days) |
| QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION | 2 | MO; QL (8.7 per 30 days) |
| QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION | 2 | MO; QL (10.6 per 30 days) |
| QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION | 2 | MO; QL (21.2 per 30 days) |
| <i>sajazir</i> | 1 | PA |
| SEREVENT DISKUS | 2 | MO; QL (60 per 30 days) |

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|---|--|--|
| <i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i> | 1 | PA |
| <i>sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml</i> | 1 | PA; MO; QL (224 per 30 days) |
| <i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i> | 1 | PA; MO; QL (90 per 30 days) |
| SM ALLERGY RELIEF 50 MCG SPRAY | 3 | ADD |
| SPIRIVA RESPIMAT | 2 | MO; QL (4 per 30 days) |
| SPIRIVA WITH HANDIHALER | 2 | MO; QL (90 per 90 days) |
| STIOLTO RESPIMAT | 2 | MO; QL (4 per 30 days) |
| STRIVERDI RESPIMAT | 2 | MO; QL (4 per 30 days) |
| SYMBICORT | 2 | MO; QL (10.2 per 30 days) |
| SYMDEKO | 2 | PA; MO; QL (56 per 28 days) |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| <i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i> | 1 | PA; QL (60 per 30 days) |
| <i>terbutaline</i> | 1 | MO |
| THEO-24 | 2 | MO |
| THEOPHYLLINE ANHYDROUS PWD USP/NF (RX) | 3 | ADD |
| <i>theophylline oral elixir</i> | 1 | |
| <i>theophylline oral solution</i> | 1 | MO |
| <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 | MO |
| TRELEGY ELLIPTA | 2 | MO; QL (60 per 30 days) |
| TRIKAFTA | 2 | PA; MO |
| TYVASO | 2 | B/D PA; MO |
| TYVASO INSTITUTIONAL START KIT | 2 | B/D PA |
| TYVASO REFILL KIT | 2 | B/D PA; MO |
| TYVASO STARTER KIT | 2 | B/D PA; MO |

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|--|--|--|
| XOLAIR SUBCUTANEOUS RECON SOLN | 2 | PA; MO; LA; QL (8 per 28 days) |
| XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML | 2 | PA; MO; LA; QL (8 per 28 days) |
| XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML | 2 | PA; MO; LA; QL (1 per 28 days) |
| <i>zafirlukast</i> | 1 | MO |
| ZYFLO | 2 | MO |

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

| | | |
|---|---|---------|
| <i>flavoxate</i> | 1 | MO |
| MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON | 2 | |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR | 2 | MO |
| <i>oxybutynin chloride</i> | 1 | MO |
| OXYTROL FOR WOMEN 3.9 MG/24HR OUTER | 3 | MO; ADD |
| <i>tolterodine</i> | 1 | MO |
| TOVIAZ | 2 | MO |

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

BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

| | | |
|-------------------------------------|---|----|
| <i>alfuzosin</i> | 1 | MO |
| <i>dutasteride</i> | 1 | MO |
| <i>dutasteride-tamsulosin</i> | 1 | MO |
| <i>finasteride oral tablet 5 mg</i> | 1 | MO |
| <i>silodosin</i> | 1 | MO |
| <i>tamsulosin</i> | 1 | MO |

MISCELLANEOUS UROLOGICALS

| | | |
|--|---|---------|
| <i>alprostadil</i> | 1 | |
| <i>bethanechol chloride</i> | 1 | MO |
| CYSTAGON | 2 | PA; LA |
| ELMIRON | 2 | MO |
| <i>glycine urologic</i> | 1 | |
| <i>glycine urologic solution</i> | 1 | |
| K-PHOS NO 2 | 2 | MO |
| K-PHOS ORIGINAL | 2 | MO |
| ORACIT ORAL SOLUTION | 3 | MO; ADD |
| <i>potassium citrate</i> | 1 | MO |
| RENACIDIN | 2 | MO |
| <i>sod citrate-citric acid soln (rx)</i> | 3 | MO; ADD |

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|--|--|--|
| <i>sod citrate-citric acid soln inner (rx)</i> | 3 | MO; ADD |
| <i>sod citrate-citric acid soln outer (rx)</i> | 3 | MO; ADD |
| <i>tadalafil oral tablet 2.5 mg, 5 mg</i> | 1 | PA; MO; QL (30 per 30 days) |

URINARY ANESTHETICS

| | | |
|---|---|-----|
| SM URINARY PAIN REL 97.5 MG TB MAX-STRENGTH | 3 | ADD |
| <i>sm urinary pain rlf 95 mg tab</i> | 3 | ADD |
| <i>urinary pain relief 95 mg tab</i> | 3 | ADD |

VITAMINS, HEMATINICS / ELECTROLYTES

BLOOD DERIVATIVES

| | | |
|----------------------------|---|--|
| <i>albumin, human 25 %</i> | 1 | |
| <i>albuminar 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 | |
| <i>plasbumin 25 %</i> | 1 | |
| <i>plasbumin 5 %</i> | 1 | |

ELECTROLYTES

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <i>antacid 500 mg chewable tablet inner</i> | 3 | ADD |
| <i>antacid 500 mg chewable tablet na/f</i> | 3 | ADD |
| <i>antacid 500 mg chewable tablet outer</i> | 3 | ADD |
| <i>antacid 750 mg chewable tablet</i> | 3 | ADD |
| <i>antacid ex-str 750 mg tab chew</i> | 3 | ADD |
| <i>antacid ex-str tablet chew extra-strength</i> | 3 | MO; ADD |
| <i>antacid ultra str 1,000 mg chw</i> | 3 | ADD |
| <i>antacid xtra strength chew tab</i> | 3 | ADD |
| <i>antacid xtra strength chew tab extra-strength</i> | 3 | ADD |
| CAL-CITRATE PLUS VITAMIN D TAB | 3 | ADD |
| CALCIUM 1,000 + D3 CAPLET | 3 | MO; ADD |
| <i>calcium 250-d tablet oyster shell (rx)</i> | 3 | ADD |
| <i>calcium 250-vit d3 125 tablet</i> | 3 | MO; ADD |
| <i>calcium 500 + vit d 200 caplet caplt,p/f,no lactose</i> | 3 | ADD |

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|---|--|--|
| <i>calcium 500 + vit d 200 tablet</i> | 3 | ADD |
| <i>calcium 500 + vit d 200 tablet p/f</i> | 3 | ADD |
| <i>calcium 500 + vit d 400 tablet p/f, no lactose</i> | 3 | MO; ADD |
| <i>calcium 500 mg chewable tablet (rx)</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 |
| <i>calcium 500 mg chewable tablet p/f,s/f,gluten-f (rx)</i> | 3 | MO; ADD |
| <i>calcium 500 mg chewable tablet tab chew,p/f (rx)</i> | 3 | MO; ADD |
| <i>calcium 500 mg tablet (rx)</i> | 3 | MO; ADD |
| <i>calcium 500 mg tablet 500mg elemental (otc)</i> | 3 | MO; ADD |
| <i>calcium 500 mg tablet federal supply</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 tablet oyster shell,s/f,p/f (rx)</i> | 3 | MO; ADD |
| <i>calcium 500 mg tablet p/f</i> | 3 | ADD |
| <i>calcium 500 mg tablet u-d (otc)</i> | 3 | MO; ADD |
| CALCIUM 500 MG-VIT D3 600 UNIT | 3 | MO; ADD |
| <i>calcium 500+d tablet chew</i> | 3 | 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,s/f,p/f (rx)</i> | 3 | ADD |
| <i>calcium 500-vit d3 200 tablet (otc)</i> | 3 | ADD |
| <i>calcium 500-vit d3 200 tablet (rx)</i> | 3 | ADD |
| <i>calcium 500-vit d3 200 tablet 10x10, u-d (rx)</i> | 3 | ADD |
| <i>calcium 500-vit d3 200 tablet lactose free, p/f (rx)</i> | 3 | ADD |

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|--|--|--|
| <i>calcium 500-vit d3 200 tablet p/f,na/f (rx)</i> | 3 | ADD |
| <i>calcium 500-vit d3 200 tablet u-d (rx)</i> | 3 | ADD |
| <i>calcium 500-vit d3 400 chew tb</i> | 3 | MO; 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 easy absorption, p/f (rx)</i> | 3 | MO; ADD |
| <i>calcium 500-vit d3 400 tablet natural oyster shell (rx)</i> | 3 | MO; ADD |
| <i>calcium 500-vit d3 400 tablet oyster shell (rx)</i> | 3 | MO; ADD |
| <i>calcium 500-vit d3 400 tablet p/f (rx)</i> | 3 | MO; ADD |
| <i>calcium 500-vit d3 400 tablet p/f,na/f,no lactose (rx)</i> | 3 | ADD |
| <i>calcium 500-vit d3 400 tablet s/f, p/f (otc)</i> | 3 | ADD |
| <i>calcium 500-vit d3 400 tablet s/f,p/f,gluten-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>calcium 500-vit d3 400 tablet s/f,p/f,gluten-free (rx)</i> | 3 | MO; ADD |
| <i>calcium 500-vit d3 400 tablet s/f,sodium/f,yeast/f (otc)</i> | 3 | ADD |
| CALCIUM 500-VIT D3 600 CAPLET | 3 | MO; ADD |
| CALCIUM 500-VIT D3 600 TABLET | 3 | MO; ADD |
| <i>calcium 600 + vit d 400 tablet</i> | 3 | MO; ADD |
| CALCIUM 600 + VIT D SOFTGEL (OTC) | 3 | ADD |
| <i>calcium 600 + vit d tablet</i> | 3 | ADD |
| <i>calcium 600 mg caplet p/f (otc)</i> | 3 | MO; ADD |
| <i>calcium 600 mg tablet</i> | 3 | ADD |
| <i>calcium 600 mg tablet (otc)</i> | 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 10x10 u-d,600mg elem (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 600 mg tablet 600mg elemental (rx)</i> | 3 | ADD |
| <i>calcium 600 mg tablet gluten-free,s/f,p/f (rx)</i> | 3 | MO; ADD |
| <i>calcium 600 mg tablet no lactose</i> | 3 | MO; ADD |
| <i>calcium 600 mg tablet p/f</i> | 3 | ADD |
| <i>calcium 600 mg tablet p/f (otc)</i> | 3 | ADD |
| <i>calcium 600 mg tablet p/f, na/f</i> | 3 | MO; ADD |
| <i>calcium 600 mg tablet p/f, na/f (rx)</i> | 3 | ADD |
| <i>calcium 600 mg tablet s/f, p/f (rx)</i> | 3 | ADD |
| <i>calcium 600 mg-d3 400 unit sfgl</i> | 3 | MO; ADD |
| <i>calcium 600 with vit d chew tb coffe mocha flavor</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 |
| CALCIUM 600-VIT D3 2,500 SFTGL | 3 | ADD |
| <i>calcium 600-vit d3 200 tablet (rx)</i> | 3 | ADD |
| <i>calcium 600-vit d3 200 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>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 |
| <i>calcium 600-vit d3 200 tablet p/f, s/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,s/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 caplet caplet, s/f, p/f (otc)</i> | 3 | ADD |
| <i>calcium 600-vit d3 400 tablet (otc)</i> | 3 | ADD |
| <i>calcium 600-vit d3 400 tablet (rx)</i> | 3 | ADD |

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|--|--|--|
| <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 federal supply (rx)</i> | 3 | MO; 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 |
| <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, na/f (rx)</i> | 3 | ADD |
| <i>calcium 600-vit d3 400 tablet p/f, no yeast (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 600-vit d3 400 tablet p/f, lactose-free (rx)</i> | 3 | ADD |
| <i>calcium 600-vit d3 400 tablet s/f (rx)</i> | 3 | ADD |
| <i>calcium 600-vit d3 400 tablet s/f, l/f (rx)</i> | 3 | MO; ADD |
| <i>calcium 600-vit d3 400 tablet s/f, p/f, sodium/f (otc)</i> | 3 | MO; ADD |
| CALCIUM 600-VIT D3 500 SOFTGEL RAPID RELEASE, SFTGL (RX) | 3 | MO; ADD |
| CALCIUM 600-VIT D3 500 SOFTGEL (RX) | 3 | ADD |
| CALCIUM 600-VIT D3 500 SOFTGEL (RX) | 3 | MO; ADD |
| CALCIUM 600-VIT D3 800 CAPLET (RX) | 3 | MO; ADD |
| CALCIUM 600-VIT D3 800 TABLET (RX) | 3 | MO; ADD |
| CALCIUM 600-VIT D3 800 TABLET COATED, GLUTEN-FREE (RX) | 3 | MO; ADD |

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|--|--|--|
| CALCIUM 600-VIT D3 800 TABLET GLUTEN-FREE (RX) | 3 | MO; ADD |
| CALCIUM 600-VIT D3 800 TABLET INNER (RX) | 3 | MO; ADD |
| CALCIUM 600-VIT D3 800 TABLET OUTER (RX) | 3 | MO; ADD |
| <i>calcium 600-vit d3 800 tablet p/f, s/f,gluten-free (rx)</i> | 3 | MO; ADD |
| <i>calcium 600-vit d3 800 tablet s/f, p/f (otc)</i> | 3 | MO; ADD |
| CALCIUM 600-VIT D3 800 TABLET S/F,P/F (RX) | 3 | MO; ADD |
| <i>calcium acetate(phosphat bind)</i> | 1 | MO |
| <i>calcium antacid 1,000 mg tab ultra str,tab chew</i> | 3 | ADD |
| <i>calcium antacid 1,000 mg tab ultra, chew, max str</i> | 3 | ADD |
| <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 |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <i>calcium antacid 500 mg chw tab reg str, peppermint</i> | 3 | MO; ADD |
| <i>calcium antacid 750 mg tb chew</i> | 3 | ADD |
| <i>calcium antacid 750 mg tb chew</i> | 3 | MO; ADD |
| <i>calcium antacid 750 mg tb chew ex-str, berries</i> | 3 | ADD |
| <i>calcium antacid 750 mg tb chew ex-str, fruit</i> | 3 | ADD |
| <i>calcium antacid ex-str tablet extra-strength</i> | 3 | MO; ADD |
| <i>calcium carb 1,250 mg/5 ml sus (otc)</i> | 3 | MO; ADD |
| <i>calcium carb 1,250 mg/5 ml sus (rx)</i> | 3 | MO; ADD |
| <i>calcium carb 1,250 mg/5 ml sus 40's,u-d,a/f (otc)</i> | 3 | MO; ADD |
| <i>calcium carb 1,250 mg/5 ml sus s/f, a/f, na/f (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 648 mg tab</i> | 3 | MO; ADD |

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|--|--|--|
| <i>calcium carbonate oral tablet 500 mg calcium (1,250 mg)</i> | 3 | MO; ADD |
| CALCIUM CARBONATE POWDER | 3 | ADD |
| <i>calcium chloride</i> | 1 | |
| <i>calcium cit 200 mg-d3 125 unit (rx)</i> | 3 | ADD |
| CALCIUM CIT 200-VIT D3 250 TAB (RX) | 3 | ADD |
| <i>calcium cit 250 mg-d3 200 unit (rx)</i> | 3 | ADD |
| <i>calcium cit 315 mg-d3 250 unit (rx)</i> | 3 | MO; ADD |
| <i>calcium cit 315-vit d3 200 cpt (rx)</i> | 3 | MO; ADD |
| <i>calcium cit 315-vit d3 200 tab (rx)</i> | 3 | MO; ADD |
| CALCIUM CIT 315-VIT D3 250 CPT (RX) | 3 | MO; ADD |
| CALCIUM CIT 315-VIT D3 250 TAB (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 |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| <i>calcium citrate - vit d caplet (otc)</i> | 3 | MO; ADD |
| <i>calcium citrate - vit d caplet (rx)</i> | 3 | ADD |
| <i>calcium citrate - vit d caplet caplet</i> | 3 | MO; ADD |
| <i>calcium citrate - vit d caplet caplet, coated (rx)</i> | 3 | MO; ADD |
| <i>calcium citrate - vit d caplet caplet,s/f,p/f (rx)</i> | 3 | MO; ADD |
| <i>calcium citrate - vit d caplet coated (otc)</i> | 3 | MO; ADD |
| <i>calcium citrate - vit d caplet coated caplet (rx)</i> | 3 | MO; ADD |
| <i>calcium citrate - vit d p/f, caplet (rx)</i> | 3 | MO; ADD |
| <i>calcium citrate - vit d caplet p/f,s/f,yeast/f (otc)</i> | 3 | MO; ADD |
| <i>calcium citrate - vit d tablet p/f</i> | 3 | MO; ADD |
| <i>calcium citrate - vit d tablet p/f,coated (rx)</i> | 3 | MO; ADD |
| CALCIUM CITRATE - VIT D3 TAB (RX) | 3 | MO; ADD |
| <i>calcium citrate 200 mg caplet caplet, p/f (rx)</i> | 3 | MO; ADD |

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|---|--|--|
| <i>calcium citrate 200 mg caplet s/f (otc)</i> | 3 | MO; ADD |
| <i>calcium citrate 200 mg tablet coated, p/f (rx)</i> | 3 | MO; ADD |
| <i>calcium citrate 200 mg tablet s/f, 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 |
| <i>calcium citrate-vit d caplet coated</i> | 3 | MO; ADD |
| <i>calcium citrate-vit d caplet maximum (rx)</i> | 3 | MO; ADD |
| CALCIUM CITRATE-VIT D3 CAPLET (RX) | 3 | MO; ADD |
| CALCIUM CITRATE-VIT D3 CAPLET S/F, 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 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| CALCIUM CITRATE-VIT D3 TABLET INNER (RX) | 3 | MO; ADD |
| CALCIUM CITRATE-VIT D3 TABLET OUTER (RX) | 3 | MO; ADD |
| <i>calcium citrate-vit d3 tablet p/f,s/f,gluten-free (rx)</i> | 3 | MO; ADD |
| CALCIUM CITRATE-VIT D3 TABLET PETITES (RX) | 3 | ADD |
| <i>calcium citrate-vitamin d3 liq</i> | 3 | MO; ADD |
| CALCIUM CIT-VIT D 250-200 CPLT (OTC) | 3 | 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>calcium w/vit d tablet s/f,p/f,na/f</i> | 3 | MO; ADD |

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|--|--|--|
| CALCIUM-500 MG TABLET CHEWABLE SOY FREE, YEAST FREE (RX) | 3 | MO; 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 + D SOFT CHEW TAB VANILLA CREME | 3 | MO; ADD |
| CALTRATE 600 PLUS D3 TABLET | 3 | MO; ADD |
| CERALYTE-70 ELECTROLYTE DRINK (RX) | 3 | ADD |
| CERASPORT EX1 LIQUID (RX) | 3 | ADD |
| CERASPORT LIQUID | 3 | ADD |
| CITRACAL + D MAXIMUM CAPLET (RX) | 3 | MO; ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| CITRACAL-D3 200 MG-250 UNIT TAB COATED, PETITES (RX) | 3 | MO; ADD |
| CITRACAL-D3 200 MG-250 UNIT TAB PETITES (RX) | 3 | MO; ADD |
| CITRACAL-D3 250 MG-200 UNIT TAB | 3 | MO; ADD |
| CITRACAL-D3 MAXIMUM PLUS CAPLT | 3 | ADD |
| <i>citrus calcium 200-vit d3 250</i> | 3 | MO; ADD |
| CVS CAL CIT 315 MG-D3 250 UNIT (RX) | 3 | MO; ADD |
| <i>cvs calcium 500 mg tablet 500mg elemental ca (otc)</i> | 3 | MO; ADD |
| CVS CALCIUM 600 MG-D3 20 MCG TAB (RX) | 3 | MO; ADD |
| <i>cvs calcium 600-vit d3 400 tab (otc)</i> | 3 | ADD |
| <i>cvs calcium 600-vit d3 400 tab s/f, p/f (otc)</i> | 3 | ADD |
| CVS CALCIUM 600-VIT D3 800 TAB P/F, S/F, GLUTEN-FREE (RX) | 3 | MO; ADD |

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|---|--|--|
| CVS CALCIUM 600-VIT D3 800 TAB P/F,S/F, GLUTEN-FREE (RX) | 3 | MO; ADD |
| <i>cvs calcium citrate-vit d3 tab coated (rx)</i> | 3 | ADD |
| <i>cvs magnesium 500 mg tablet coated (rx)</i> | 3 | MO; ADD |
| <i>cvs pediatric electrolyte 16's, freezer pops (rx)</i> | 3 | ADD |
| <i>cvs pediatric electrolyte soln (rx)</i> | 3 | ADD |
| <i>cvs pediatric electrolyte soln dye/free, strawberry (rx)</i> | 3 | ADD |
| CVS TRIPLE MAGNESIUM COMPLEX | 3 | ADD |
| <i>effe-k oral tablet, effervescent 25 meq</i> | 1 | MO |
| ENFAMIL ENFALYTE SOLUTION RTU, LIGHT CHERRY (RX) | 3 | ADD |
| ENFAMIL ENFALYTE SOLUTION RTU, UNFLAVORED (RX) | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <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 |
| EQ CALCIUM CITRATE-D TABLET S/F,P/F, GLUTEN-FREE (RX) | 3 | MO; ADD |
| <i>eq calcium 600-vit d3 800 tab (otc)</i> | 3 | MO; ADD |
| <i>eq calcium 600-vit d3 800 tab (rx)</i> | 3 | MO; ADD |
| EQL CALCIUM 600-VIT D3 800 TAB (RX) | 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 |
| GALZIN 25 MG CAPSULE | 3 | MO; ADD |
| GALZIN 50 MG CAPSULE | 3 | MO; 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 s/f,p/f,gluten-free (rx)</i> | 3 | MO; ADD |
| <i>gnp calcium citrate-vit d3 tab (rx)</i> | 3 | MO; ADD |
| <i>gs antacid 500 mg chewable tab</i> | 3 | ADD |
| <i>gs cal antacid 500 mg chew tab</i> | 3 | MO; ADD |
| <i>gs pediatric electrolyte soln (rx)</i> | 3 | ADD |
| <i>heb pediatric electrolyte soln (rx)</i> | 3 | ADD |
| <i>hm cal antacid 1,000 mg chew tb</i> | 3 | ADD |
| HM CAL ANTACID 500 MG CHEW TAB | 3 | ADD |
| <i>hm cal antacid 750 mg chew tab</i> | 3 | ADD |
| <i>hm cal antacid 750 mg chew tab s/f,ex-str, orange</i> | 3 | MO; ADD |
| HM CAL CIT 315 MG-D3 250 UNIT CAPLET (RX) | 3 | MO; ADD |
| <i>hm calcium 500-vit d3 200 cplt (rx)</i> | 3 | ADD |
| <i>hm calcium 500-vit d3 200 cplt caplet, gluten-free (otc)</i> | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <i>hm calcium 500-vit d3 200 cplt caplet, gluten-free (rx)</i> | 3 | ADD |
| <i>hm calcium 600-vit d3 400 tab gluten-free (otc)</i> | 3 | ADD |
| <i>hm calcium 600-vit d3 400 tab gluten-free (rx)</i> | 3 | ADD |
| <i>hm calcium 600-vit d3 800 tab (rx)</i> | 3 | MO; ADD |
| HM CALCIUM 600-VIT D3 800 TAB (RX) | 3 | MO; ADD |
| <i>hm calcium citrate-vit d cplt caplet, gluten-free (otc)</i> | 3 | MO; ADD |
| HM CALCIUM CITRATE-VIT D3 TAB COATED, PETITES (RX) | 3 | ADD |
| <i>hm pediatric electrolyte soln fruit flavor (rx)</i> | 3 | ADD |
| <i>hm pediatric electrolyte soln grape flavor (rx)</i> | 3 | ADD |
| <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 |

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|---|--|--|
| <i>klor-con oral packet 20</i> | 1 | MO |
| <i>klor-con/ef</i> | 1 | MO |
| <i>k-tab oral tablet extended release 8 meq</i> | 1 | MO |
| <i>lactated ringers intravenous</i> | 1 | MO |
| <i>liquid calcium 600-vit d3 sfgl softgel,p/f,gluten-f (rx)</i> | 3 | ADD |
| LIQUID CALCIUM WITH VITAMIN D SOFTGEL, S/F, 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 |
| <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 capsule s/f,na/f (otc)</i> | 3 | MO; ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| <i>magnesium 500 mg tablet p/f, s/f, gluten/f (rx)</i> | 3 | MO; ADD |
| MAGNESIUM CHLORIDE CRYSTALS USP, HEXAHYDRATE (RX) | 3 | ADD |
| MAGNESIUM CHLORIDE EC 64 MG TB (RX) | 3 | ADD |
| MAGNESIUM CHLORIDE EC 70 MG TB | 3 | MO; ADD |
| <i>magnesium chloride injection</i> | 1 | |
| MAGNESIUM CITRATE 100 MG TAB | 3 | MO; ADD |
| <i>magnesium gluc 27 mg tablet</i> | 3 | MO; ADD |
| <i>magnesium gluc 500 mg tablet</i> | 3 | MO; ADD |
| <i>magnesium gluconate tablet s/f,l/f,y/f,gluten/f (rx)</i> | 3 | ADD |
| <i>magnesium oxide 250 mg caplet mfg unresponsive</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 |

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|--|--|--|
| <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 241.3mg elemen,outer (rx)</i> | 3 | MO; ADD |
| <i>magnesium oxide 400 mg tablet 241.3mg elemental (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 400 mg tablet s/f, gluten-free (rx)</i> | 3 | MO; ADD |
| <i>magnesium oxide 400 mg tablet s/f, p/f,gluten-free (rx)</i> | 3 | MO; ADD |
| <i>magnesium oxide 400 mg tablet s/f,gluten free (rx)</i> | 3 | MO; ADD |
| <i>magnesium oxide 400 mg tablet s/f,gluten-free (rx)</i> | 3 | MO; ADD |
| MAGNESIUM OXIDE 400 PACKET | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <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,s/f,lactose-free (rx)</i> | 3 | MO; ADD |
| 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 | |
| MAGONATE 54 MG/5 ML LIQUID (RX) | 3 | MO; ADD |
| MAGOX 400 TABLET (RX) | 3 | MO; ADD |
| MAGOX 400 TABLET S/F, GLUTEN FREE (RX) | 3 | MO; ADD |
| MAG-OXIDE 200 MG TAB | 3 | ADD |

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|--|--|--|
| <i>mag-oxide magnesium 200 mg tab</i> | 3 | ADD |
| MEDI-LYTE TABLET | 3 | ADD |
| <i>mgo 400 mg tablet</i> | 3 | ADD |
| NU-MAG 71.5 MG TABLET | 3 | MO; ADD |
| <i>oralyte freezer pops</i> | 3 | MO; ADD |
| <i>oralyte solution</i> | 3 | MO; ADD |
| ORAZINC 220 MG CAPSULE | 3 | MO; ADD |
| OS-CAL 500+D CAPLET CAPLET | 3 | MO; ADD |
| OS-CAL 500-VIT D3 200 CAPLET (RX) | 3 | MO; ADD |
| OS-CAL 500-VIT D3 200 COATED CAPLET (RX) | 3 | MO; ADD |
| OS-CAL 500-VIT D3 600 CAPLET | 3 | MO; ADD |
| <i>oysco 500-vit d3 200 tablet</i> | 3 | MO; ADD |
| <i>oyster shell 250 mg-vit d 125 (rx)</i> | 3 | ADD |
| OYSTER SHELL 250-VIT D3 125 TB (RX) | 3 | ADD |
| <i>oyster shell 500 mg-vit d3 5 mcg (rx)</i> | 3 | MO; ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| OYSTER SHELL 500-VIT D3 200 PK | 3 | ADD |
| <i>oyster shell 500-vit d3 200 tb (rx)</i> | 3 | MO; ADD |
| <i>oyster shell 500-vit d3 200 tb caplet (rx)</i> | 3 | MO; ADD |
| <i>oyster shell 500-vit d3 200 tb u-d, 10x10 (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</i> | 3 | MO; ADD |
| <i>oyster shell calcium 500 mg tb 500mg elemental ca (rx)</i> | 3 | MO; ADD |
| <i>oyster shell calcium 500 mg tb 500mg elemntl,natural (otc)</i> | 3 | MO; ADD |
| <i>oyster shell calcium 500 mg tb caplet,p/f,soy-free (rx)</i> | 3 | MO; ADD |
| <i>oyster shell calcium 500 mg tb (rx)</i> | 3 | ADD |
| <i>oyster shell calcium 500 mg tb p/f (rx)</i> | 3 | MO; ADD |

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|--|--|--|
| <i>oyster shell calcium 500 mg tb u-d, 10x10 (rx)</i> | 3 | MO; ADD |
| <i>oyster shell calcium-vit d tab (otc)</i> | 3 | ADD |
| <i>oyster shell calcium-vit d tab (otc)</i> | 3 | MO; ADD |
| <i>oyster shell calcium-vit d tab caplet (otc)</i> | 3 | MO; ADD |
| <i>oyster shell calcium-vit d tab natural (otc)</i> | 3 | MO; ADD |
| <i>oyster shell calcium-vit d tab p/f</i> | 3 | ADD |
| <i>oyster shell calcium-vit d tab p/f (rx)</i> | 3 | MO; ADD |
| <i>oyster shell calcium-vit d tab p/f, s/f (otc)</i> | 3 | MO; ADD |
| <i>oyster shell calcium-vit d tab p/f,s/f,gluten-free (rx)</i> | 3 | MO; ADD |
| <i>oyster shell-d 250 mg tablet u-d, 10x10 (rx)</i> | 3 | ADD |
| <i>oystercal-d 500 mg-400 unit tb</i> | 3 | ADD |
| <i>pedi electrolyte freezer pop 16's, a/f (otc)</i> | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <i>pedi electrolyte freezer pop 16'sx62.5ml pops (rx)</i> | 3 | ADD |
| <i>pedi electrolyte freezer pop 16x62.1ml pops (rx)</i> | 3 | ADD |
| PEDIALYTE ADVANCED CARE SOLN BLUE RASPBERRY | 3 | MO; ADD |
| PEDIALYTE ADVANCED CARE SOLN CHERRY PUNCH | 3 | MO; ADD |
| PEDIALYTE ADVANCED CARE SOLN STRAWBERRY LEMONADE | 3 | MO; ADD |
| PEDIALYTE ADVANCED CARE SOLN TROPICAL FRUIT | 3 | MO; ADD |
| <i>pedialyte electrolyte singles 4's</i> | 3 | ADD |
| <i>pedialyte electrolyte singles 4's (rx)</i> | 3 | ADD |
| <i>pedialyte electrolyte singles inner, apple, rtu (rx)</i> | 3 | ADD |
| <i>pedialyte electrolyte singles inner, cherry, rtu (rx)</i> | 3 | ADD |

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|--|--|--|
| <i>pedialyte electrolyte singles inner, fruit, rtu</i> | 3 | ADD |
| <i>pedialyte electrolyte singles outer, 4's, apple (rx)</i> | 3 | ADD |
| <i>pedialyte electrolyte singles outer, 4's, cherry (rx)</i> | 3 | ADD |
| <i>pedialyte electrolyte singles outer, 4's, fruit</i> | 3 | ADD |
| <i>pedialyte freezer pops</i> | 3 | ADD |
| <i>pedialyte freezer pops 16's (rx)</i> | 3 | MO; ADD |
| <i>pedialyte singles solution 4's</i> | 3 | MO; ADD |
| <i>pedialyte solution (rx)</i> | 3 | MO; ADD |
| PEDIALYTE SOLUTION 6'S | 3 | MO; ADD |
| <i>pedialyte solution ready-to-use (rx)</i> | 3 | MO; ADD |
| <i>pedialyte solution strawberry, rtu (rx)</i> | 3 | MO; ADD |
| <i>pedialyte solution unflavored (rx)</i> | 3 | MO; ADD |
| <i>pediatric electrolyte solution (otc)</i> | 3 | ADD |
| <i>pediatric electrolyte solution (rx)</i> | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| <i>pediatric electrolyte solution (rx)</i> | 3 | ADD |
| <i>pediatric electrolyte solution 4's, a/f (otc)</i> | 3 | ADD |
| <i>pediatric electrolyte solution a/f</i> | 3 | ADD |
| <i>pediatric electrolyte solution apple, 4x237ml (rx)</i> | 3 | ADD |
| <i>pediatric electrolyte solution cherry punch (rx)</i> | 3 | ADD |
| <i>pediatric electrolyte solution fruit flavor</i> | 3 | ADD |
| <i>pediatric electrolyte solution mango, p/f (rx)</i> | 3 | ADD |
| <i>pediatric electrolyte solution p/f, a/f, fruit (rx)</i> | 3 | ADD |
| <i>pediatric electrolyte solution p/f, a/f, unflavored (rx)</i> | 3 | ADD |
| <i>pediatric electrolyte solution strawberry, w/zinc (rx)</i> | 3 | ADD |
| PEDIAVANCE LIQUID STICK APPLE, 10X120ML | 3 | ADD |
| <i>phos-nak packet inner</i> | 3 | MO; ADD |

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|---|--|--|
| <i>phos-nak packet outer</i> | 3 | MO; ADD |
| <i>phosphorous powder packet inner</i> | 3 | MO; ADD |
| <i>phosphorous powder packet outer</i> | 3 | MO; 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 | |
| <i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 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</i> | 1 | |
| <i>potassium chloride intravenous</i> | 1 | |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <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 | |
| <i>potassium chloride oral tablet,er particles/crystals 10 meq</i> | 1 | MO |
| <i>potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq</i> | 1 | |
| <i>potassium chloride-0.45 % nacl</i> | 1 | |
| <i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i> | 1 | |
| <i>potassium chloride-d5-0.9%nacl</i> | 1 | |

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|--|--|--|
| <i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i> | 1 | |
| <i>qc antacid 500 mg chew tablet</i> | 3 | ADD |
| <i>qc calcium 600 mg tablet (otc)</i> | 3 | MO; ADD |
| <i>qc calcium 600-vit d3 400 tab high potency (rx)</i> | 3 | MO; ADD |
| <i>ra calcium 600 + vit d 400 tab p/f, no lactose</i> | 3 | MO; ADD |
| <i>ra calcium 600 mg tablet p/f (rx)</i> | 3 | ADD |
| <i>ra calcium 600-vit d3 400 tab (rx)</i> | 3 | ADD |
| <i>ra calcium citrate - vit d tab p/f, d/f (rx)</i> | 3 | MO; ADD |
| <i>ra calcium citrate + d tablet</i> | 3 | ADD |
| <i>ra calcium citrate-vit d3 tab petites (rx)</i> | 3 | ADD |
| <i>ra calcium plus vit d tab p/f</i> | 3 | MO; ADD |
| <i>ra hi-cal plus vitamin d tab (otc)</i> | 3 | ADD |
| <i>ra hi-cal plus vitamin d tab (rx)</i> | 3 | ADD |
| <i>ra magnesium 500 mg capsule (rx)</i> | 3 | MO; ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <i>ra oyster shell calcium tab natural, p/f</i> | 3 | MO; ADD |
| <i>ra oyster shell w/vit d tab natural, p/f</i> | 3 | MO; ADD |
| <i>ra pediatric electrolyte soln (rx)</i> | 3 | ADD |
| <i>ra pediatric electrolyte soln 4's, a/f</i> | 3 | ADD |
| <i>ra pediatric electrolyte soln a/f (otc)</i> | 3 | ADD |
| <i>ra pediatric electrolyte soln a/f (rx)</i> | 3 | ADD |
| <i>ra pediatric electrolyte soln a/f, bubble gum (otc)</i> | 3 | ADD |
| <i>ra pediatric electrolyte soln a/f, cherry (otc)</i> | 3 | ADD |
| <i>ra pediatric electrolyte soln apple (rx)</i> | 3 | ADD |
| <i>ra pediatric electrolyte soln strawberry (rx)</i> | 3 | ADD |
| <i>ra pediatric freezer pops</i> | 3 | ADD |
| <i>ringer's intravenous</i> | 1 | |
| <i>sb antacid 500 mg chew tablet</i> | 3 | ADD |

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|---|--|--|
| <i>sb antacid xtra str chew tab extra strength</i> | 3 | ADD |
| <i>sb oyster shell cal 500 mg tb p/f,s/f, gluten-free (otc)</i> | 3 | ADD |
| <i>sb pediatric electrolyte soln (otc)</i> | 3 | ADD |
| SLOW-MAG 71.5 MG TABLET | 3 | MO; ADD |
| SM CAL ANTACID 500 MG CHEW TAB | 3 | ADD |
| <i>sm cal antacid 500 mg chew tab reg-str, fruit</i> | 3 | MO; ADD |
| <i>sm cal antacid 750 mg chew tab</i> | 3 | ADD |
| SM CAL CIT 315 MG-D3 250 UNIT CAPLET, GLUTEN-FREE (RX) | 3 | MO; ADD |
| <i>sm calcium 500-vit d3 200 cplt (rx)</i> | 3 | ADD |
| <i>sm calcium 500-vit d3 200 cplt caplet, gluten-free (otc)</i> | 3 | ADD |
| <i>sm calcium 500-vit d3 200 cplt caplet, gluten-free (rx)</i> | 3 | ADD |
| <i>sm calcium 500-vit d3 400 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>sm calcium 500-vit d3 400 tab p/f, no lactose (rx)</i> | 3 | ADD |
| <i>sm calcium 600-vit d3 400 tab (rx)</i> | 3 | ADD |
| <i>sm calcium 600-vit d3 800 tab (otc)</i> | 3 | MO; ADD |
| <i>sm calcium 600-vit d3 800 tab (rx)</i> | 3 | MO; ADD |
| SM CALCIUM 600-VIT D3 800 TAB (RX) | 3 | MO; ADD |
| SM CALCIUM CITRATE-VIT D3 TAB GLUTEN-FREE, COATED (OTC) | 3 | ADD |
| <i>sm magnesium 250 mg tablet (rx)</i> | 3 | MO; ADD |
| <i>sm pediatric electrolyte soln (rx)</i> | 3 | ADD |
| <i>sodium acetate</i> | 1 | |
| <i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %)</i> | 1 | |
| <i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml), 8.4 % (1 meq/ml)</i> | 1 | |
| <i>sodium chloride 0.45 % intravenous parenteral solution</i> | 1 | MO |

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|---|--|--|
| <i>sodium chloride 3 %</i> | 1 | |
| <i>sodium chloride 5 %</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>super calcium 600-vit d3 400 s/f, p/f (rx)</i> | 3 | MO; 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 |
| SV CALCIUM CITRATE-VIT D3 TAB P/F,S/F, GLUTEN-FREE (RX) | 3 | MO; ADD |
| <i>thermotabs tablet</i> | 3 | MO; ADD |
| TUMS 750 MG CHEWY BITES | 3 | MO; ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| 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 E-X, SINGLE ROLL | 3 | ADD |
| TUMS E-X TABLET CHEWABLE E-X,3-ROLL | 3 | MO; ADD |
| TUMS E-X TABLET CHEWABLE S/F, ORANGE CREAM | 3 | MO; ADD |
| TUMS SMOOTHIES CHEW TABLET | 3 | MO; ADD |
| TUMS SMOOTHIES CHEW TABLET ASSTD TROPICAL FRUIT | 3 | MO; ADD |
| TUMS SMOOTHIES CHEW TABLET BERRY FUSION, EX-STR | 3 | MO; ADD |

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|---|--|--|
| TUMS SMOOTHIES CHEW TABLET PEPPERMINT, EX-STR | 3 | MO; ADD |
| TUMS TABLET CHEWABLE | 3 | MO; ADD |
| TUMS TABLET CHEWABLE 3-ROLL, PEPPERMINT | 3 | MO; ADD |
| TUMS TABLET CHEWABLE ASSORTED FRUIT | 3 | MO; ADD |
| TUMS TABLET CHEWABLE PEPPERMINT | 3 | MO; ADD |
| <i>tums ultra tablet chewable</i> | 3 | MO; ADD |
| <i>tums ultra tablet chewable assorted berries</i> | 3 | MO; ADD |
| <i>tums ultra tablet chewable assorted fruit</i> | 3 | MO; ADD |
| <i>tums ultra tablet chewable maximum strength</i> | 3 | MO; ADD |
| <i>tums ultra tablet chewable trop fruit,gluten-f</i> | 3 | MO; ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| TUMS X-STR 750 TABLET CHEWABLE ASST'D FRUIT FLAVOR | 3 | ADD |
| UPCAL D POWDER | 3 | ADD |
| UPCAL D POWDER PACKET | 3 | ADD |
| <i>zinc 50 mg capsule (rx)</i> | 3 | MO; ADD |
| <i>zinc sulfate 220 mg capsule (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 (OTC) | 3 | ADD |
| ZINC SULFATE POWDER FCC, DRIED (OTC) | 3 | ADD |
| ZINC SULFATE POWDER FCC, DRIED (RX) | 3 | ADD |
| ZINC SULFATE POWDER USP, MONOHYDRATE (RX) | 3 | ADD |
| <i>zinc-220 capsule</i> | 3 | ADD |
| <i>zinc-220 capsule (rx)</i> | 3 | ADD |

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|---|--|--|
| MISCELLANEOUS NUTRITION PRODUCTS | | |
| ABATINEX CAPSULE | 3 | ADD |
| ACIDOPHILUS 1 MG WAFER | 3 | ADD |
| ACIDOPHILUS 100 MG CAPSULE | 3 | MO; ADD |
| <i>acidophilus 300 mg capsule milk free,s/f (otc)</i> | 3 | MO; ADD |
| <i>acidophilus capsule</i> | 3 | MO; ADD |
| <i>acidophilus capsule</i> | 3 | ADD |
| <i>acidophilus capsule na/f,starch/f (rx)</i> | 3 | MO; ADD |
| ACIDOPHILUS LACTBACLLI 500 MIL INNER | 3 | ADD |
| ACIDOPHILUS LACTBACLLI 500 MIL OUTER | 3 | ADD |
| <i>acidophilus probiotic tablet</i> | 3 | MO; ADD |
| ACIDOPHILUS PROBIOTICS TABLET | 3 | MO; ADD |
| <i>acidophilus tablet p/f,no-gluten</i> | 3 | ADD |
| AIRBORNE EFFERVESCENT TABLET P/F, GLUTEN/F | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| AIRBORNE EFFERVESCENT TABLET P/F, GLUTEN/F, BERRY | 3 | ADD |
| AIRBORNE EFFERVESCENT TABLET P/F, GLUTEN/F, OR ANGE | 3 | ADD |
| AMINOSYN II 15 % | 2 | B/D PA |
| AMINOSYN-PF 7 % (SULFITE-FREE) | 2 | B/D PA |
| ARGININE 2000 POWDER PACKET | 3 | ADD |
| <i>arginine 500 mg tablet</i> | 3 | MO; ADD |
| ARGININE PACKET | 3 | ADD |
| ARGININE-L POWDER FCC (RX) | 3 | ADD |
| BD LACTINEX 12 PKTS,1 PKT+1G (RX) | 3 | MO; ADD |
| <i>biotect plus liquid</i> | 3 | ADD |
| CHLOROCAPS CAPSULE | 3 | ADD |
| CHOLESTEROL POWDER | 3 | ADD |

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|---|--|--|
| 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 |
| CLINIMIX 8%-D14W(SULFITE-FREE) | 2 | B/D PA |
| <i>co q-10 100 mg softgel (rx)</i> | 3 | ADD |
| <i>co q-10 50 mg softgel</i> | 3 | ADD |
| <i>co q-10 50 mg softgel (rx)</i> | 3 | ADD |
| CO-ENZYME Q10 100 MG SOFTGEL | 3 | ADD |
| COROMEGA OMEGA-3 SQUEEZE PACK KIDS (RX) | 3 | ADD |
| COROMEGA OMEGA-3 SQUEEZE PACK S/F (RX) | 3 | MO; ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| COROMEGA OMEGA-3 SQUEEZE PACK S/F,LEMON-LIME FLAV (RX) | 3 | MO; ADD |
| COROMEGA OMEGA-3 SQUEEZE PACK S/F,ORANGE-CHOCOLATE (RX) | 3 | MO; ADD |
| <i>cvs acidophilus tablet probiotic formula</i> | 3 | ADD |
| CVS AIRSHIELD EFFERVESCENT TAB | 3 | ADD |
| <i>cvs coenzyme q-10 100 mg sftgl (rx)</i> | 3 | ADD |
| CVS FISH OIL 1,000 MG SOFTGEL | 3 | ADD |
| <i>cvs fish oil 1,000 mg softgel (rx)</i> | 3 | MO; ADD |
| <i>cvs fish oil 1,000 mg softgel (rx)</i> | 3 | MO; ADD |
| <i>cvs fish oil 1,000 mg softgel softgel, natural (rx)</i> | 3 | MO; ADD |
| CVS FISH OIL 1,200 MG SOFTGEL P/F,S/F,LACTOSE-FREE (RX) | 3 | MO; ADD |

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|---|--|--|
| <i>cvs fish oil 1,200 mg softgel (rx)</i> | 3 | MO; ADD |
| <i>cvs fish oil 1,200 mg softgel softgel, natural (rx)</i> | 3 | MO; ADD |
| <i>cvs fish oil 1,200 mg softgel softgel, odorless (rx)</i> | 3 | MO; ADD |
| CYTO-Q 80 MG/10 ML LIQUID | 3 | ADD |
| CYTO-Q 80 MG/10 ML LIQUID (RX) | 3 | 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-48 in d5w</i> | 1 | |
| EQL DIGESTIVE PROBIOTIC CAP (RX) | 3 | ADD |
| EQL FISH OIL 1,200 MG SOFTGEL (RX) | 3 | MO; ADD |
| EQL FISH OIL EC 1,200 MG SFTGL | 3 | ADD |
| <i>eql omega-3 fish oil 1,000 mg softgel (rx)</i> | 3 | MO; ADD |
| <i>fish oil 1,000 mg capsule</i> | 3 | MO; ADD |
| <i>fish oil 1,000 mg softgel</i> | 3 | MO; ADD |
| FISH OIL 1,000 MG SOFTGEL | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| FISH OIL 1,000 MG SOFTGEL | 3 | 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 |
| <i>fish oil 1,000 mg softgel cholesterol-free (rx)</i> | 3 | MO; ADD |
| <i>fish oil 1,000 mg softgel concentrate,softgel</i> | 3 | ADD |
| FISH OIL 1,000 MG SOFTGEL INNER | 3 | ADD |
| <i>fish oil 1,000 mg softgel no burp,sftgl,s/f (rx)</i> | 3 | MO; ADD |
| FISH OIL 1,000 MG SOFTGEL OUTER | 3 | ADD |
| <i>fish oil 1,000 mg softgel p/f,s/f,no lactose (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 s/f, p/f (rx)</i> | 3 | MO; ADD |
| <i>fish oil 1,000 mg softgel s/f, p/f,sodium/f (rx)</i> | 3 | MO; ADD |

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|--|--|--|
| <i>fish oil 1,000 mg softgel s/f,na/f, yeast free (rx)</i> | 3 | MO; ADD |
| <i>fish oil 1,000 mg softgel softgel (otc)</i> | 3 | ADD |
| <i>fish oil 1,000 mg softgel softgel (otc)</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, gluten-free (rx)</i> | 3 | MO; ADD |
| <i>fish oil 1,000 mg softgel softgel, s/f, p/f (otc)</i> | 3 | MO; ADD |
| <i>fish oil 1,000 mg softgel softgel,s/f,p/f,na/f (rx)</i> | 3 | MO; 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 |
| <i>fish oil 1,200 mg softgel enteric coated (rx)</i> | 3 | MO; ADD |
| <i>fish oil 1,200 mg softgel odorless, omega-3</i> | 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 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, s/f (rx)</i> | 3 | MO; ADD |
| FISH OIL 1,200 MG SOFTGEL P/F,S/F,LACTOSE-FREE (RX) | 3 | MO; ADD |
| <i>fish oil 1,200 mg softgel p/f,s/f,no lactose (rx)</i> | 3 | MO; ADD |
| <i>fish oil 1,200 mg softgel p/f,s/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 1,200 MG SOFTGEL SOFTGEL,P/F, GLUTEN/F (RX) | 3 | MO; ADD |
| FISH OIL 1,200 MG SOFTGEL WITH OMEGA-3, P/F (RX) | 3 | MO; ADD |
| FISH OIL 1,200 MG SOFTGEL XTRA STR, SOFTGEL (RX) | 3 | MO; ADD |

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|---|--|--|
| FISH OIL 1,360 MG SOFTGEL | 3 | 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 | 3 | ADD |
| FISH OIL 500 MG SOFTGEL INNER | 3 | MO; ADD |
| FISH OIL 500 MG SOFTGEL OUTER | 3 | MO; ADD |
| FISH OIL 500 MG SOFTGEL | 3 | MO; ADD |
| <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</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 |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| 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 |
| <i>fish oil ec 1,000 mg softgel inner</i> | 3 | ADD |
| <i>fish oil ec 1,000 mg softgel outer</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 |
| FISH OIL EC 1,200 MG SOFTGEL (RX) | 3 | ADD |
| <i>fish oil extra strength softgl softgel (otc)</i> | 3 | ADD |
| FISH OIL GUMMIES | 3 | ADD |

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|---|--|--|
| FISH OIL OMEGA-3 SOFTGEL | 3 | MO; ADD |
| FISH OIL PEARLS SOFTGEL | 3 | ADD |
| <i>fish oil softgel extra strength</i> | 3 | ADD |
| <i>fish oil softgel softgel,natural</i> | 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 | ADD |
| <i>gnp fish oil ec 1,000 mg sftgl softgel</i> | 3 | ADD |
| GNP FISH OIL SOFTGEL | 3 | ADD |
| <i>hm acidophilus tablet gluten-free</i> | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <i>hm fish oil 1,000 mg softgel softgel, gluten-free (otc)</i> | 3 | MO; ADD |
| HM FISH OIL 1,200 MG SOFTGEL GLUTEN-FREE (RX) | 3 | MO; ADD |
| <i>hm fish oil 1,200 mg softgel softgel, gluten-free (otc)</i> | 3 | MO; ADD |
| <i>hm fish oil ec 1,000 mg sftgl softgel, gluten-free</i> | 3 | ADD |
| IMMUNE SUPPORT CHEWABLE TABLET | 3 | ADD |
| INTESTINEX CAPSULE | 3 | ADD |
| <i>intralipid intravenous emulsion 20 %</i> | 1 | B/D PA |
| IONOSOL-MB IN D5W | 2 | |
| ISOLYTE S PH 7.4 | 2 | |
| ISOLYTE-P IN 5 % DEXTROSE | 2 | |
| ISOLYTE-S | 2 | |
| KIDS OMEGA-3 WITH DHA GUMMIES | 3 | MO; ADD |

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|---|--|--|
| LACTINEX CHEWABLE TABLET (RX) | 3 | MO; ADD |
| LACTOBACILLUS 100 MIL CFU PKT OUTER | 3 | ADD |
| LACTOBACILLUS TABLET | 3 | MO; ADD |
| L-ARGININE 1,000 MG TABLET MAXIMUM STRENGTH | 3 | MO; ADD |
| L-ARGININE 1,000 MG TABLET S/F,P/F | 3 | MO; ADD |
| L-ARGININE 500 MG CAPSULE S/F, GLUTEN FREE | 3 | ADD |
| L-ARGININE 500 MG CAPSULE S/F, P/F (RX) | 3 | ADD |
| L-ARGININE 500 MG CAPSULE S/F,D/F,NA/F (RX) | 3 | ADD |
| L-ARGININE POWDER | 3 | ADD |
| L-ARGININE POWDER USP (RX) | 3 | ADD |
| L-CITRULLINE POWDER | 3 | ADD |
| L-CITRULLINE POWDER (OTC) | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| L-CITRULLINE POWDER (RX) | 3 | ADD |
| LIQ-10 SYRUP | 3 | ADD |
| L-ISOLEUCINE CRYSTAL (RX) | 3 | ADD |
| L-ISOLEUCINE POWDER | 3 | ADD |
| L-ISOLEUCINE POWDER USP (RX) | 3 | ADD |
| L-ISOLEUCINE POWDER USP/NF (RX) | 3 | ADD |
| LYSINE HCL POWDER | 3 | ADD |
| LYSINE HCL POWDER (RX) | 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 |
| OMEGA ESSENTIALS BASIC LIQUID | 3 | ADD |
| <i>omega-3 1,000 mg softgel softgel,l/f,s/f (rx)</i> | 3 | MO; ADD |
| OMEGA-3 1,050 MG SOFTGEL | 3 | MO; ADD |
| OMEGA-3 2100 SOFTGEL | 3 | ADD |

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|---|--|--|
| OMEGA-3 EC SOFTGEL | 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 s/f,p/f,y/f,sod/f (rx)</i> | 3 | ADD |
| <i>omega-3 fish oil 1,000 mg sfgl softgel (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, s/f (rx)</i> | 3 | ADD |
| <i>omega-3 fish oil 1,000 mg sfgl softgel,p/f,s/f,na/f (rx)</i> | 3 | ADD |
| <i>omega-3 fish oil 1,000 mg sfgl softgel,s/f,p/f (rx)</i> | 3 | ADD |
| OMEGA-3 FISH OIL 1,000 MG SFGL SOFTGEL,S/F,P/F (RX) | 3 | ADD |
| <i>omega-3 fish oil 1,000 mg sftg natural (rx)</i> | 3 | 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 1,200 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 | ADD |
| OMEGA-3 FISH OIL 1,400 MG SFGL SOFTGEL | 3 | ADD |
| OMEGA-3 FISH OIL 1,760 MG STGL | 3 | MO; ADD |
| <i>omega-3 fish oil ec 1,000 mg softgel,s/f,gluten-f</i> | 3 | ADD |
| OMEGAMINT FISH OIL 750 MG SFGL | 3 | ADD |
| OMERA CAPSULE | 3 | ADD |
| OVEGA-3 SOFTGEL | 3 | ADD |
| <i>phlexy-vits powder</i> | 3 | MO; ADD |
| PLASMA-LYTE 148 | 2 | |
| PLASMA-LYTE A | 2 | |
| <i>plasmanate</i> | 1 | |

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|--|--|--|
| <i>plenamine</i> | 1 | B/D PA |
| <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 |
| Q-GEL 15 MG SOFTSULE | 3 | ADD |
| Q-GEL FORTE SOFTSULE | 3 | ADD |
| Q-GEL MEGA 100 MG SOFTGEL | 3 | ADD |
| Q-GEL ULTRA SOFTSULE | 3 | ADD |
| Q-SORB CO Q-10 150 MG SOFTGEL | 3 | ADD |
| <i>ra acidophilus capsule milk free,s/f (rx)</i> | 3 | MO; ADD |
| <i>ra fish oil 1,000 mg softgel</i> | 3 | ADD |
| <i>ra fish oil 1,000 mg softgel s/f, p/f (otc)</i> | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| <i>ra fish oil 1,000 mg softgel softgel,s/f,p/f (rx)</i> | 3 | ADD |
| RA FISH OIL 1,400 MG SOFTGEL (OTC) | 3 | ADD |
| <i>ra fish oil 120-180 softgel softgel,natural,p/f (rx)</i> | 3 | ADD |
| RA FISH OIL 600 MG SOFTGEL | 3 | ADD |
| RA L-ARGININE 1,000 MG TABLET P/F, S/F | 3 | MO; ADD |
| <i>salmon oil-1,000 capsule</i> | 3 | MO; ADD |
| <i>sea-omega 1,000 mg softgel</i> | 3 | MO; ADD |
| <i>sm acidophilus 10 mg capsule</i> | 3 | ADD |
| <i>sm fish oil 1,000 mg softgel (rx)</i> | 3 | MO; ADD |
| <i>sm fish oil 1,000 mg softgel (rx)</i> | 3 | MO; ADD |
| <i>sm fish oil 1,000 mg softgel softgel, gluten-free (rx)</i> | 3 | MO; ADD |
| SM FISH OIL 1,200 MG SOFTGEL (RX) | 3 | MO; ADD |

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|---|--|--|
| SM FISH OIL 1,200 MG SOFTGEL (RX) | 3 | MO; ADD |
| <i>sm fish oil 1,200 mg softgel softgel, gluten-free (rx)</i> | 3 | MO; ADD |
| <i>sm fish oil 1,200 mg softgel softgel,p/f,no lac (rx)</i> | 3 | MO; ADD |
| SUPER DHA GEMS SOFTGEL | 3 | ADD |
| <i>sv acidophilus caplet</i> | 3 | ADD |
| SV ACIDOPHILUS CAPLET | 3 | ADD |
| <i>sv acidophilus tablet caplet, s/f, 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 S/F, P/F (RX) | 3 | ADD |
| SV PROBIOTIC ACIDOPHILUS CPLT | 3 | ADD |
| SV SALMON OIL 1,000 MG SOFTGEL | 3 | ADD |
| THEROMEGA SOFTGEL | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| THEROMEGA SPORT 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 |
| 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 formula</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</i> | 3 | ADD |
| <i>a thru z advanced formula tab w/lutein & lycopene (rx)</i> | 3 | ADD |
| <i>a thru z high potency caplet caplet,w-lycopene</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 caplet caplet, w-lycopene</i> | 3 | ADD |
| A THRU Z SELECT MEN 50+ TABLET | 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 |
| <i>a-25 7,500 mcg capsule</i> | 3 | ADD |
| ABC COMPLETE SENIOR WOMEN CPLT | 3 | ADD |
| <i>abc plus oral tablet 0.4-300-250 mg-mcg-mcg</i> | 3 | MO; ADD |
| <i>abc plus tablet</i> | 3 | 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 | 3 | MO; ADD |
| ADULT MULTI GUMMIES | 3 | MO; ADD |
| ADULT MULTIVITAMIN GUMMIES | 3 | MO; ADD |
| ADULT MULTIVITAMIN GUMMIES ASSORTED FLAVORS | 3 | MO; ADD |
| ADULT MULTIVITAMIN GUMMIES GLUTEN-F, LACTOSE-F | 3 | MO; ADD |
| ADULT MULTIVITAMIN GUMMIES GLUTEN-F. NA/F | 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 |

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|--|--|--|
| ADULTS MULTIVITAMIN CAPLET | 3 | ADD |
| ADULTS MULTIVITAMIN TABLET | 3 | ADD |
| ADVANCED MULTI EA CHEW TABLET | 3 | MO; ADD |
| AIRBORNE GUMMIES | 3 | ADD |
| AIRBORNE TABLET CHEWABLE P/F, GLUTEN/F, BERRY | 3 | ADD |
| AIRBORNE TABLET CHEWABLE P/F, GLUTEN/F, CITRUS | 3 | ADD |
| ALIVE ONCE DAILY WOMEN 50 PLUS | 3 | ADD |
| ALIVE WOMEN'S 50 PLUS TABLET | 3 | MO; ADD |
| ALIVE WOMEN'S ENERGY MV TABLET | 3 | ADD |
| ALIVE WOMEN'S GUMMY VITAMIN | 3 | ADD |
| <i>animal chews tablet</i> | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| <i>animal shapes w-iron tab chew children's</i> | 3 | ADD |
| ANTIOXIDANT FORMULA TABLET | 3 | MO; ADD |
| ANTIOXIDANT SOFTGEL P/F,S/F,SOFTGELS | 3 | ADD |
| <i>apatate forte liquid</i> | 3 | ADD |
| APETIGEN-PLUS TABLET | 3 | MO; ADD |
| AQUADEKS CHEWABLE TABLET | 3 | MO; ADD |
| AQUADEKS PEDIATRIC LIQUID | 3 | MO; ADD |
| AQUA-E CONCENTRATE 75 UNIT/ML | 3 | ADD |
| <i>ascorbic acid (vitamin c) oral tablet 500 mg</i> | 3 | ADD |
| <i>ascorbic acid (vitamin c) oral tablet, chewable 500 mg</i> | 3 | ADD |
| <i>ascorbic acid 250 mg tablet (otc)</i> | 3 | MO; ADD |
| <i>ascorbic acid 500 mg tablet (otc)</i> | 3 | ADD |

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|--|--|--|
| <i>ascorbic acid 500 mg tablet (rx)</i> | 3 | ADD |
| <i>ascorbic acid 500 mg tablet u-d (otc)</i> | 3 | ADD |
| B COMPLEX WITH VITAMIN C CAP S/F, P/F (RX) | 3 | MO; ADD |
| B COMPLEX WITH VITAMIN C TAB | 3 | ADD |
| <i>b-6 50 mg tablet mfg unresponsive</i> | 3 | ADD |
| BABY D3 400 UNIT/DROP CONC | 3 | ADD |
| BABY DDROPS 400 UNIT/DROP CONC | 3 | ADD |
| BABY VIT D3 400 UNIT/DROP CONC | 3 | ADD |
| BABY VIT D3 400 UNIT/DROP CONC | 3 | ADD |
| BACMIN CAPLET | 3 | MO; ADD |
| B-COMPLEX PLUS VITAMIN C CPLT | 3 | ADD |
| <i>b-complex plus vitamin c cplt (rx)</i> | 3 | MO; ADD |
| <i>b-complex plus vitamin c cplt caplet (rx)</i> | 3 | MO; ADD |
| <i>b-complex with c tablet (rx)</i> | 3 | MO; ADD |
| <i>b-complex with 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>b-complex with vit c caplet s/f,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 | MO; ADD |
| B-COMPLEX-VITAMIN C TR TABLET | 3 | MO; ADD |
| <i>bee with c capsule</i> | 3 | ADD |
| BEROCCA EFFERVESCENT TABLET MIXED BERRY (RX) | 3 | ADD |
| BEROCCA EFFERVESCENT TABLET ORANGE (RX) | 3 | ADD |
| <i>beta carotene 25,000 unit sfgl p/f, softgel</i> | 3 | MO; ADD |
| <i>beta carotene 25,000 unit sfgl p/f,softgel</i> | 3 | MO; ADD |
| <i>beta carotene 25,000 unit sfgl softgel (otc)</i> | 3 | MO; ADD |
| <i>beta carotene 25,000 unit sftg softgel,p/f</i> | 3 | MO; ADD |
| <i>beta-carotene 25,000 unit cap (rx)</i> | 3 | MO; ADD |
| <i>beta-carotene 25,000 unit sfgl softgel (rx)</i> | 3 | MO; ADD |

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|---|--|--|
| <i>beta-carotene 25,000 units cap mfg unresponsive</i> | 3 | MO; ADD |
| BIO-35 SOFTGEL | 3 | ADD |
| BIOCAL SOFTGEL | 3 | ADD |
| BIO-D-MULSION FORTE 2,000 UNIT (RX) | 3 | ADD |
| BIO-D-MULSN 400 UNIT/DROP CONC (RX) | 3 | ADD |
| BIOTIN 10,000 MCG SOFTGEL | 3 | MO; ADD |
| <i>biotin 2,500 mcg p/f, softgel</i> | 3 | MO; ADD |
| <i>biotin 5 mg capsule p/f, gluten/f (otc)</i> | 3 | MO; ADD |
| <i>biotin 5,000 mcg capsule (rx)</i> | 3 | MO; ADD |
| <i>biotin 5,000 mcg capsule mx-str (rx)</i> | 3 | MO; ADD |
| <i>biotin 5,000 mcg capsule p/f,s/f,gluten-free (rx)</i> | 3 | MO; ADD |
| <i>biotin 5,000 mcg capsule s/f (otc)</i> | 3 | MO; ADD |
| <i>biotin 5,000 mcg capsule s/f, p/f,gluten-free (rx)</i> | 3 | MO; ADD |
| <i>biotin 5,000 mcg 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>biotin 5,000 mcg softgel s/f, p/f,gluten-free (rx)</i> | 3 | MO; ADD |
| <i>biotin 5,000 mcg softgel softgel, s/f (rx)</i> | 3 | MO; ADD |
| BIOTIN PLUS-CALCIUM & VIT D3 | 3 | ADD |
| BIOTIN POWDER USP (RX) | 3 | 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 |
| <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 | MO; ADD |

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|---|--|--|
| <i>c-1,000 mg with rose hips tab p/f</i> | 3 | MO; 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 |
| CALCIUM + VITAMIN D3 GUMMIES | 3 | ADD |
| <i>calcium 600 + d tablet with minerals</i> | 3 | ADD |
| <i>calcium 600+d plus minerals tb p/f, na/f (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 CARBONATE-VITAMIN D3 ORAL TABLET 600 MG(1,500MG) - 200 UNIT | 3 | MO; ADD |
| CALCIUM GUMMIES | 3 | ADD |
| <i>calcium-folic acid plus d wfer</i> | 3 | MO; ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| CALTRATE 600+D PLUS TAB CHEW (OTC) | 3 | MO; ADD |
| CALTRATE 600+D PLUS TABLET | 3 | MO; ADD |
| CALTRATE 600-D3-MIN CHEW TAB (RX) | 3 | MO; ADD |
| CALTRATE+D3 PLUS MINERAL MINIS | 3 | MO; ADD |
| <i>centamin liquid</i> | 3 | ADD |
| CENTRAM-CARE MULTIVIT-MIN LIQ | 3 | 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 CHEWABLES ADULTS TAB | 3 | MO; ADD |

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|---|--|--|
| CENTRUM COMPLETE MULTIVIT TAB | 3 | MO; ADD |
| CENTRUM COMPLETE MULTIVIT TAB (RX) | 3 | MO; ADD |
| CENTRUM KIDS CHEWABLE TABLET | 3 | MO; ADD |
| CENTRUM MEN'S TABLET | 3 | MO; ADD |
| <i>centrum multivitamin mineral liq (otc)</i> | 3 | MO; ADD |
| CENTRUM MULTIVIT-MINERAL LIQ (RX) | 3 | MO; ADD |
| CENTRUM SILVER CHEWABLE TABLET | 3 | MO; ADD |
| CENTRUM SILVER MEN TABLET | 3 | ADD |
| CENTRUM SILVER TABLET ADULT 50+ | 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 | MO; ADD |
| CENTRUM SILVER ULTRA MEN'S TAB FOR MEN 50+ | 3 | MO; ADD |
| CENTRUM SILVER WOMEN TABLET | 3 | MO; ADD |
| CENTRUM SPECIALIST HEART TAB (OTC) | 3 | MO; ADD |
| CENTRUM SPECIALIST HEART TAB (RX) | 3 | MO; ADD |
| CENTRUM ULTRA MEN'S TABLET (RX) | 3 | MO; ADD |
| <i>centrum women tablet</i> | 3 | MO; ADD |
| <i>century adults 50 plus tablet</i> | 3 | ADD |
| <i>century cardio tablet</i> | 3 | ADD |
| <i>century mature formula tablet iron-free</i> | 3 | ADD |
| <i>century tablet adults under 50</i> | 3 | ADD |

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|--|--|--|
| CENTURY ULTIMATE MEN'S TABLET | 3 | ADD |
| <i>century ultimate women's tab</i> | 3 | ADD |
| <i>cerovite jr tablet chew</i> | 3 | MO; ADD |
| <i>cerovite senior tablet</i> | 3 | MO; ADD |
| <i>certa plus tablet</i> | 3 | ADD |
| <i>certavite senior tablet</i> | 3 | MO; ADD |
| <i>certavite-antioxidant tablet (rx)</i> | 3 | MO; ADD |
| <i>child chew + iron tab chew</i> | 3 | MO; ADD |
| <i>child ferrous sulfate 15 mg/ml (rx)</i> | 3 | MO; ADD |
| CHILD MULTIVITAMIN PLUS IRON | 3 | ADD |
| <i>children multivitamin chew tab</i> | 3 | ADD |
| CHILDREN MULTIVITAMIN CHEW TAB | 3 | MO; ADD |
| CHILDREN MULTIVITAMIN GUMMIES | 3 | ADD |
| CHILDREN MULTIVITAMIN GUMMIES | 3 | MO; ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| CHILDREN MULTIVITAMIN GUMMIES BERRY, GLUTEN-FREE | 3 | MO; ADD |
| CHILDREN MULTIVITAMIN GUMMIES GLUTEN-FREE | 3 | MO; ADD |
| <i>children's chew multivitamin</i> | 3 | ADD |
| <i>childrens chew vitamin tab (rx)</i> | 3 | ADD |
| <i>children's chewable vitamin (rx)</i> | 3 | ADD |
| <i>children's chewables</i> | 3 | ADD |
| <i>children's chewables</i> | 3 | ADD |
| CHILDREN'S CHEWABLES | 3 | ADD |
| <i>children's iron 15 mg/ml drops</i> | 3 | ADD |
| CHILDREN'S MULTI-VIT GUMMIES | 3 | ADD |
| <i>childrens multivit tab chew (otc)</i> | 3 | ADD |
| CHILD'S CHEW MULTIVIT W/IRON | 3 | ADD |
| CHILD'S CHEW VITAMIN-IRON TAB | 3 | ADD |

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|---|--|--|
| <i>child's chewable multivit tab</i> | 3 | ADD |
| CHILD'S CHEWABLE VITAMIN TAB INNER (RX) | 3 | ADD |
| 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 | MO; ADD |
| <i>companion tablet</i> | 3 | ADD |
| COMPLETE MULTIVIT-MINERAL LIQ | 3 | ADD |
| <i>complete senior tablet (rx)</i> | 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 |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| CORVITE FREE TABLET | 3 | ADD |
| <i>cvs b-complex-vit c caplet (rx)</i> | 3 | MO; ADD |
| CVS BIOTIN 10,000 MCG SOFTGEL SFTGL,S/F.P/F,GL U-F | 3 | MO; ADD |
| <i>cvs biotin 5,000 mcg capsule (rx)</i> | 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 COMPLETE ADULT VIT | 3 | ADD |
| CVS DAILY GUMMIES P/F, GLUTEN-FREE | 3 | ADD |
| CVS DAILY MULTIPLE TABLET | 3 | ADD |
| CVS EYE HEALTH AND LUTEIN TAB | 3 | ADD |

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|---|--|--|
| <i>cvs folic acid 800 mcg tablet (rx)</i> | 3 | MO; ADD |
| <i>cvs folic acid 800 mcg tablet gluten-free,s/f,p/f (rx)</i> | 3 | MO; ADD |
| <i>cvs iron 27 mg tablet (rx)</i> | 3 | ADD |
| <i>cvs iron 65 mg tablet s/f,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 P/F | 3 | ADD |
| CVS MEN'S DAILY GUMMIES P/F, GLUTEN-FREE | 3 | ADD |
| CVS ONE DAILY ESSENTIAL TABLET | 3 | ADD |
| CVS ONE DAILY MEN'S HEALTH TAB | 3 | ADD |
| CVS ONE DAILY WOMEN'S 50 PLUS | 3 | ADD |
| <i>cvs slow release iron tablet (otc)</i> | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <i>cvs slow release iron tablet (rx)</i> | 3 | ADD |
| <i>cvs spectravite adult 50 plus (rx)</i> | 3 | ADD |
| <i>cvs spectravite adult 50+ tabs</i> | 3 | ADD |
| CVS SPECTRAVITE ADULT TAB CHEW | 3 | ADD |
| <i>cvs spectravite advanced tab</i> | 3 | ADD |
| <i>cvs spectravite men's tablet</i> | 3 | ADD |
| <i>cvs stress formula-zinc tab (otc)</i> | 3 | MO; ADD |
| <i>cvs super b-complex-vit c cplt (rx)</i> | 3 | MO; 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 |
| <i>cvs vit d3 1,000 unit gummies (rx)</i> | 3 | ADD |
| <i>cvs vit d3 1,000 unit gummies p/f (rx)</i> | 3 | ADD |
| <i>cvs vit d3 1,000 unit soft chw chocolate, p/f</i> | 3 | MO; ADD |
| <i>cvs vit d3 1,000 unit tab chew (rx)</i> | 3 | ADD |
| <i>cvs vit d3 250 mcg softgel (rx)</i> | 3 | MO; ADD |

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|---|--|--|
| CVS VIT D3 400 UNIT/DROP CONC | 3 | ADD |
| <i>cv</i> s vitamin a 2,400 mcg sftgl (rx) | 3 | MO; ADD |
| <i>cv</i> s vitamin b-6 100 mg tablet (rx) | 3 | MO; ADD |
| <i>cv</i> s vitamin c 1,000 mg caplet (rx) | 3 | MO; ADD |
| <i>cv</i> s vitamin c 250 mg tablet (rx) | 3 | MO; ADD |
| <i>cv</i> s vitamin c 500 mg caplet s/f, p/f,gluten-free (rx) | 3 | MO; ADD |
| <i>cv</i> s vitamin c 500 mg tablet (rx) | 3 | ADD |
| <i>cv</i> s vitamin d3 1,000 unit sfgl softgel (rx) | 3 | ADD |
| <i>cv</i> s vitamin d3 125 mcg softgel (rx) | 3 | MO; ADD |
| <i>cv</i> s vitamin d3 2,000 unit sfgl softgel | 3 | MO; ADD |
| <i>cv</i> s vitamin d3 25 mcg softgel (rx) | 3 | ADD |
| <i>cv</i> s vitamin d3 400 unit sftgl (rx) | 3 | ADD |
| <i>cv</i> s vitamin d3 5,000 unit sfgl softgel (rx) | 3 | MO; ADD |
| <i>cv</i> s vitamin e 180 mg softgel (rx) | 3 | MO; ADD |
| <i>cv</i> s vitamin e 200 unit softgel | 3 | MO; ADD |

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|---|--|--|
| <i>cv</i> s vitamin e 268 mg softgel (rx) | 3 | ADD |
| CVS VITAMIN E 450 MG SOFTGEL (RX) | 3 | MO; ADD |
| CVS WOMEN'S DAILY GUMMIES P/F, GLUTEN-FREE | 3 | ADD |
| CVS WOMEN'S DAILY GUMMIES P/F,GUMMIES | 3 | ADD |
| <i>cy</i> anocobalamin 1,000 mcg/ml vl | 3 | MO; ADD |
| <i>cy</i> anocobalamin 1,000 mcg/ml vl inner,latex-free | 3 | MO; ADD |
| <i>cy</i> anocobalamin 1,000 mcg/ml vl inner,latex-free,suv | 3 | MO; ADD |
| <i>cy</i> anocobalamin 1,000 mcg/ml vl latex-free,mdv,inner | 3 | MO; ADD |
| <i>cy</i> anocobalamin 1,000 mcg/ml vl latex-free,outer,mdv | 3 | MO; ADD |
| <i>cy</i> anocobalamin 1,000 mcg/ml vl muv, inner | 3 | MO; ADD |
| <i>cy</i> anocobalamin 1,000 mcg/ml vl muv, outer | 3 | MO; ADD |

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|---|--|--|
| <i>cyanocobalamin 1,000 mcg/ml vl outer, latex-free</i> | 3 | MO; ADD |
| <i>cyanocobalamin 1,000 mcg/ml vl outer, latex-free</i> | 3 | MO; ADD |
| <i>cyanocobalamin 1,000 mcg/ml vl outer, latex-free, suv</i> | 3 | MO; ADD |
| <i>cyanocobalamin 10,000 mcg/10 ml inner, latex-free, mdv</i> | 3 | MO; ADD |
| <i>cyanocobalamin 10,000 mcg/10 ml inner, latex-free, muv</i> | 3 | MO; ADD |
| <i>cyanocobalamin 10,000 mcg/10 ml mdv, inner, lf</i> | 3 | MO; ADD |
| <i>cyanocobalamin 10,000 mcg/10 ml mdv, outer, lf</i> | 3 | MO; ADD |
| <i>cyanocobalamin 10,000 mcg/10 ml mdv, inner, latex-free</i> | 3 | MO; ADD |
| <i>cyanocobalamin 10,000 mcg/10 ml mdv, outer, latex-free</i> | 3 | MO; ADD |
| <i>cyanocobalamin 10,000 mcg/10 ml outer, muv</i> | 3 | MO; ADD |
| <i>cyanocobalamin 10,000 mcg/10 ml outer, latex-free, mdv</i> | 3 | MO; ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| <i>cyanocobalamin 10,000 mcg/10 ml outer, latex-free, muv</i> | 3 | MO; ADD |
| <i>cyanocobalamin 30,000 mcg/30 ml inner, latex-free, mdv</i> | 3 | MO; ADD |
| <i>cyanocobalamin 30,000 mcg/30 ml inner, muv, latex-free</i> | 3 | MO; ADD |
| <i>cyanocobalamin 30,000 mcg/30 ml mdv, inner, lf</i> | 3 | MO; ADD |
| <i>cyanocobalamin 30,000 mcg/30 ml mdv, outer, lf</i> | 3 | MO; ADD |
| <i>cyanocobalamin 30,000 mcg/30 ml muv, latex-free</i> | 3 | MO; ADD |
| <i>cyanocobalamin 30,000 mcg/30 ml outer, latex-free, mdv</i> | 3 | MO; ADD |
| <i>cyanocobalamin 30,000 mcg/30 ml outer, muv, latex-free</i> | 3 | MO; ADD |
| CYANOCOBALA MIN POWDER USP (RX) | 3 | ADD |
| CYANOCOBALA MIN POWDER USP, VITAMIN B-12 (RX) | 3 | ADD |

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|---|--|--|
| CYANOCOBALAMIN POWDER USP, VITAMIN B-12 (RX) | 3 | ADD |
| <i>d3 dots 2,000 unit tablet soy/f,wheat/f</i> | 3 | ADD |
| <i>d3-2000 unit softgel</i> | 3 | ADD |
| D3-50 50,000 UNIT CAPSULE | 3 | ADD |
| D3-50 50,000 UNIT CAPSULE S/F,D/F,P/F (RX) | 3 | MO; ADD |
| DAILY MULTIVITAMIN CAPSULE | 3 | ADD |
| <i>daily multivitamin with d3 tab</i> | 3 | ADD |
| <i>daily multivitamin-iron tablet (rx)</i> | 3 | ADD |
| <i>daily value multivitamin tab s/f</i> | 3 | ADD |
| <i>daily value multivitamin tab s/f, lactose-free</i> | 3 | ADD |
| <i>daily vitamin + iron tablet (rx)</i> | 3 | ADD |
| <i>daily vitamin formula tablet</i> | 3 | ADD |
| <i>daily vitamin formula tablet</i> | 3 | ADD |
| <i>daily vitamin formula-iron tab</i> | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <i>daily vitamin plus iron tab</i> | 3 | ADD |
| <i>daily vite tablet s/f, p/f (rx)</i> | 3 | ADD |
| <i>daily vite tablet s/f,p/f (rx)</i> | 3 | ADD |
| <i>daily vite with iron tablet</i> | 3 | MO; ADD |
| <i>daily-vite tablet</i> | 3 | MO; ADD |
| <i>daily-vites with iron tablet</i> | 3 | MO; ADD |
| D-BIOTIN POWDER USP (RX) | 3 | ADD |
| DDROPS 1,000 UNIT/DROP | 3 | ADD |
| DDROPS 2,000 UNIT/DROP | 3 | ADD |
| DECARA 25,000 UNIT VEGICAP | 3 | MO; ADD |
| DECARA 50,000 UNIT 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 |

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|--|--|--|
| DEKAS PLUS CHEWABLE TABLET | 3 | ADD |
| DEKAS PLUS LIQUID | 3 | MO; ADD |
| DEKAS PLUS SOFTGEL | 3 | MO; ADD |
| <i>delta d3 400 unit tablet s/f,l/f,y/f,gluten/f</i> | 3 | MO; ADD |
| DERMACINRX PUREFOLIX TABLET | 3 | ADD |
| DIABETES HEALTH FORMULA CAPLET | 3 | ADD |
| DIABETES HEALTH PACK | 3 | MO; 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 | MO; ADD |
| <i>dialyvite tablet</i> | 3 | MO; ADD |

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|--|--|--|
| DIALYVITE VIT D3 50,000 UNIT | 3 | MO; ADD |
| <i>dialyvite vitamin d 5,000 unit</i> | 3 | MO; ADD |
| <i>dialyvite with zinc tablet</i> | 3 | MO; ADD |
| <i>dino-life chewable tablet</i> | 3 | ADD |
| <i>dino-life extra c chew tablet</i> | 3 | ADD |
| <i>dino-life iron-zinc tab chew</i> | 3 | ADD |
| DRISDOL 1.25 MG (50,000 UNIT) | 3 | MO; ADD |
| DRY EYE FORMULA CAPSULE | 3 | ADD |
| <i>d-vi-sol 400 unit/ml liquid (rx)</i> | 3 | MO; ADD |
| <i>e-200 unit softgel</i> | 3 | ADD |
| <i>e-400 c-500 & beta caro tab</i> | 3 | ADD |
| <i>eldertonic elixir</i> | 3 | MO; ADD |
| EMERGEN-C 1,000 MG PACKET | 3 | ADD |
| EMERGEN-C 1,000 MG PACKET RASPBERRY FLAVOR | 3 | ADD |
| EMERGEN-C 1,000 MG PACKET TANGERINE FLAVOR | 3 | ADD |

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|---|--|--|
| EMERGEN-C 1,000 MG VARIETY PK | 3 | ADD |
| EMERGEN-C 500 MG CHEWABLE TAB | 3 | ADD |
| EMERGEN-C BLUE 1,000 MG PACKET | 3 | 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 |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <i>eq calcium 600-d3-minerals tab gluten-free (rx)</i> | 3 | ADD |
| EQ CHILD COMPLETE CHEW TABLET | 3 | ADD |
| 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 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 | ADD |
| EQ VISION FORMULA TABLET P/F, GLUTEN-FREE | 3 | ADD |
| <i>eql carbonyl iron 45 mg caplet (rx)</i> | 3 | ADD |

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|---|--|--|
| <i>eql century mature tablet</i> | 3 | ADD |
| EQL CENTURY MATURE TABLET | 3 | ADD |
| EQL CENTURY MEN'S TABLET | 3 | ADD |
| <i>eql eye health plus lutein tab</i> | 3 | ADD |
| <i>eql iron supplement 325 mg tab coated (otc)</i> | 3 | ADD |
| EQL ONE DAILY MENS 50 PLUS ADV | 3 | ADD |
| <i>eql one daily men's tablet (rx)</i> | 3 | ADD |
| EQL ONE DAILY WOMEN'S 50 PLUS | 3 | ADD |
| <i>eql slow release iron 50 mg tb</i> | 3 | ADD |
| EQL STRESS B-COMPLEX TABLET | 3 | ADD |
| <i>eql super b complex tablet (rx)</i> | 3 | MO; ADD |
| <i>eql vit c-rose hip 1,000 mg tb (rx)</i> | 3 | MO; ADD |
| <i>eql vit c-rose hips 500 mg tab (rx)</i> | 3 | MO; ADD |
| <i>eql vit c-rose hips 500 mg tab p/f, lactose free (otc)</i> | 3 | MO; ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| <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 1,000 unit sfgl softgel (rx)</i> | 3 | ADD |
| <i>eql vitamin d3 2,000 unit sfgl softgel</i> | 3 | MO; ADD |
| <i>eql vitamin d3 400 unit sfgl (rx)</i> | 3 | ADD |
| <i>eql vitamin d3 5,000 unit sfgl softgel (rx)</i> | 3 | MO; ADD |
| <i>eql vitamin e 1,000 unit sfgl softgel (rx)</i> | 3 | ADD |
| <i>eql vitamin e 180 mg softgel (rx)</i> | 3 | ADD |
| <i>ergocalciferol 200 mcg/ml drop (rx)</i> | 3 | MO; ADD |
| <i>ergocalciferol 8,000 unit/ml (rx)</i> | 3 | MO; ADD |
| <i>ergocalciferol 8,000 units/ml (otc)</i> | 3 | MO; ADD |
| <i>ergocalciferol 8,000 units/ml (rx)</i> | 3 | MO; ADD |
| <i>essentia tablet</i> | 3 | ADD |
| ESSENTIAL MAN 50+ TABLET | 3 | MO; ADD |
| ESSENTIAL MAN TABLET | 3 | ADD |

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|---|--|--|
| ESSENTIAL WOMAN 50+ TABLET | 3 | MO; ADD |
| EYEPROTECT TABLET | 3 | ADD |
| <i>ezfe 200 capsule</i> | 3 | MO; ADD |
| FA-8 CAPSULES | 3 | ADD |
| <i>fabb tablet</i> | 3 | MO; ADD |
| FEOSOL 45 MG CAPLET CAPLET | 3 | MO; ADD |
| FEOSOL 45 MG CAPLET CPLT,NATURAL RELEASE (RX) | 3 | MO; ADD |
| <i>feosol 65 mg tablet (rx)</i> | 3 | MO; ADD |
| FERAHEME 510 MG/17 ML VIAL SDV, P/F | 3 | MO; ADD |
| FERAHEME 510 MG/17 ML VIAL SDV, P/F, 10'S | 3 | MO; ADD |
| <i>ferate 27 mg tablet</i> | 3 | MO; ADD |
| FERGON 27 MG TABLET (RX) | 3 | MO; ADD |
| FERGON TABLET | 3 | ADD |
| FER-IN-SOL 15 MG/ML DROPS | 3 | MO; ADD |
| FERIVA 21-7 TABLET | 3 | MO; ADD |
| FERIVA FA CAPSULE | 3 | MO; ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| <i>ferosul 325 mg tablet (rx)</i> | 3 | MO; ADD |
| <i>ferosul 325 mg tablet f/c (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>ferrex 150 forte capsule</i> | 3 | MO; ADD |
| <i>ferrex 150 plus capsule</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>ferro-time 325 mg tablet f/c, red</i> | 3 | ADD |
| <i>ferrous gluconate 240 mg tab (rx)</i> | 3 | ADD |
| <i>ferrous gluconate 240 mg tab 240mg=27mg elemental (rx)</i> | 3 | ADD |
| <i>ferrous gluconate 324 mg tab (otc)</i> | 3 | ADD |
| <i>ferrous gluconate 324 mg tab (rx)</i> | 3 | ADD |

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|--|--|--|
| <i>ferrous gluconate 324 mg tab (rx)</i> | 3 | MO; ADD |
| <i>ferrous sul 12.5 mg (iron)/0.83 ml oral syringe (otc)</i> | 3 | ADD |
| <i>ferrous sulf 15 mg (iron)/ml oral syringe (rx)</i> | 3 | 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 300 mg/5 ml liq 100's, u-d</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 (otc)</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 325 mg tablet (otc)</i> | 3 | ADD |

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|---|--|--|
| <i>ferrous sulfate 325 mg tablet (rx)</i> | 3 | ADD |
| <i>ferrous sulfate 325 mg tablet f/c (otc)</i> | 3 | ADD |
| <i>ferrous sulfate 325 mg tablet f/c (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 f/c, u-d (otc)</i> | 3 | ADD |
| <i>ferrous sulfate 325 mg tablet p/f,s/f (rx)</i> | 3 | ADD |
| <i>ferrous sulfate 325 mg tablet sugar-free (rx)</i> | 3 | ADD |
| <i>ferrous sulfate 325 mg tablet u-d (rx)</i> | 3 | ADD |
| <i>ferrous sulfate 325 mg tablet u-d, 10x10, f/c (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 |

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|---|--|--|
| <i>ferrrous sulfate oral tablet 325 mg (65 mg iron)</i> | 3 | ADD |
| <i>fish oil 1,200 mg</i> | 3 | ADD |
| FISH OIL CONC 1,000 MG GLUTEN-FREE, SOFTGEL (RX) | 3 | ADD |
| FLINTSTONES + CALCIUM TAB | 3 | ADD |
| FLINTSTONES COMPLETE CHEW TAB | 3 | ADD |
| FLINTSTONES COMPLETE GUMMIES | 3 | MO; ADD |
| FLINTSTONES COMPLETE TABLET | 3 | MO; ADD |
| FLINTSTONES EXTRA C GUMMIES | 3 | ADD |
| FLINTSTONES EXTRA C TAB CHEW (RX) | 3 | MO; ADD |
| FLINTSTONES GUMMIES CHEW TAB | 3 | ADD |
| FLINTSTONES GUMMIES CHEW TAB | 3 | ADD |
| FLINTSTONES MULTIVIT CHEW TAB | 3 | ADD |

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|--|--|--|
| FLINTSTONES MULTI-VIT GUMMIES | 3 | ADD |
| FLINTSTONES SOUR-GUM CHEW TAB | 3 | ADD |
| FLINTSTONES TAB CHEW | 3 | ADD |
| FLINTSTONES TABLET CHEWABLE | 3 | MO; ADD |
| FLINTSTONES WITH IRON TAB CHEW | 3 | MO; 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 |
| FLORIVA PLUS 0.25 MG/ML DROP | 3 | MO; ADD |
| <i>fluoride (sodium) oral tablet</i> | 1 | |
| <i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i> | 1 | MO |
| <i>folic acid 0.4 mg tablet</i> | 3 | MO; ADD |

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|--|--|--|
| <i>folic acid 0.4 mg tablet (otc)</i> | 3 | MO; ADD |
| <i>folic acid 0.4 mg tablet (rx)</i> | 3 | MO; ADD |
| <i>folic acid 0.4 mg tablet na/f,p/f (rx)</i> | 3 | MO; ADD |
| <i>folic acid 0.4 mg tablet p/f,na/f (otc)</i> | 3 | MO; ADD |
| <i>folic acid 0.8 mg tablet (otc)</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 10x10, u-d, inner (rx)</i> | 3 | MO; ADD |
| <i>folic acid 1 mg tablet 10x10, u-d, outer (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 p/f,s/f (rx)</i> | 3 | MO; ADD |
| FOLIC ACID 20 MG CAPSULE | 3 | ADD |
| <i>folic acid 400 mcg tablet</i> | 3 | MO; ADD |

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|--|--|--|
| <i>folic acid 400 mcg tablet (rx)</i> | 3 | MO; ADD |
| <i>folic acid 400 mcg tablet inner (rx)</i> | 3 | MO; ADD |
| <i>folic acid 400 mcg tablet outer (rx)</i> | 3 | MO; ADD |
| <i>folic acid 400 mcg tablet p/f</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, s/f,gluten-free (rx)</i> | 3 | MO; ADD |
| <i>folic acid 400 mcg tablet p/f,s/f,gluten-free (rx)</i> | 3 | MO; ADD |
| <i>folic acid 5 mg/ml vial latex-free, mdv</i> | 3 | MO; ADD |
| FOLIC ACID 800 MCG CAPSULE | 3 | ADD |
| <i>folic acid 800 mcg tablet</i> | 3 | MO; ADD |
| <i>folic acid 800 mcg tablet (otc)</i> | 3 | MO; ADD |
| <i>folic acid 800 mcg tablet (rx)</i> | 3 | MO; ADD |
| <i>folic acid 800 mcg tablet inner (rx)</i> | 3 | MO; ADD |

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|--|--|--|
| <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 p/f, s/f, gluten-free (rx)</i> | 3 | MO; ADD |
| <i>folic acid 800 mcg tablet pure, s/f, gluten-free (rx)</i> | 3 | MO; ADD |
| <i>folic acid oral tablet 800 mcg</i> | 3 | MO; ADD |
| FOLIC ACID POWDER (RX) | 3 | ADD |
| FOLITE TABLET | 3 | ADD |
| <i>folivane-f capsule</i> | 3 | MO; ADD |
| FOLTRATE TABLET (RX) | 3 | MO; ADD |
| <i>fosfree tablet</i> | 3 | MO; ADD |
| FREEDAVITE TABLET | 3 | ADD |
| <i>full spectrum b with vit c tab</i> | 3 | MO; ADD |
| FUSION PLUS CAPSULE | 3 | MO; ADD |
| FUSION SPRINKLES POWDER PACKET | 3 | MO; ADD |
| GNP B-COMPLEX PLUS VIT C TAB | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| <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 s/f, p/f, gluten-f (rx)</i> | 3 | ADD |
| <i>gnp century mature tablet gluten-free (rx)</i> | 3 | ADD |
| <i>gnp century tablet gluten-free</i> | 3 | ADD |
| <i>gnp children's chewables</i> | 3 | ADD |
| <i>gnp children's chewables</i> | 3 | ADD |
| GNP CHILDREN'S CHEWABLES | 3 | ADD |
| GNP DIABETIC SUPPORT FORM TAB | 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 supervision</i> | 3 | ADD |
| <i>gnp healthy eyes tablet advanced antioxidant (rx)</i> | 3 | ADD |

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|---|--|--|
| <i>gnp iron 45 mg tablet</i> | 3 | ADD |
| <i>gnp iron 65 mg tablet (rx)</i> | 3 | ADD |
| <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 one daily tablet</i> | 3 | ADD |
| GNP ONE DAILY TABLET | 3 | ADD |
| <i>gnp therapeutic-m p/f, s/f, caplet</i> | 3 | MO; 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 | ADD |
| <i>gnp vitamin a 10,000 unit sfgl s/f,d/f, gluten-free (rx)</i> | 3 | MO; 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 |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <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 2,000 unit tab maximum strength (rx)</i> | 3 | 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 |
| <i>gnp vitamin e 400 unit softgel softgel, natural (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 |

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|---|--|--|
| GUMMIES CHILDREN MULTIVITAMIN & MINERAL SUPPLEMENT | 3 | ADD |
| GUMMIES CHILDREN MULTIVITAMIN GRAPE, ORANGE, CHERRY | 3 | ADD |
| HAIR FORMULA TABLET | 3 | ADD |
| <i>hair, skin and nails caplet</i> | 3 | ADD |
| HAIR, SKIN AND NAILS CAPLET | 3 | MO; 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 |
| <i>hair, skin & nails caplet caplet</i> | 3 | ADD |
| HARD NAILS 2.5 MG CAPSULE | 3 | ADD |
| <i>healthy eyes caplet (rx)</i> | 3 | ADD |
| <i>healthy eyes supervision sftgl</i> | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| HEALTHY EYES TABLET (RX) | 3 | ADD |
| <i>healthy eyes tablet advanced antioxidant (rx)</i> | 3 | ADD |
| HEMATEX 100 MG/5 ML LIQUID | 3 | ADD |
| <i>hematogen fa softgel</i> | 3 | MO; ADD |
| <i>hematogen forte softgel</i> | 3 | MO; ADD |
| HEMOCYTE PLUS CAPSULE (RX) | 3 | MO; ADD |
| HEMOCYTE-F TABLET (RX) | 3 | MO; ADD |
| <i>hi potency b-comp-c caplet caplet (otc)</i> | 3 | MO; ADD |
| <i>hm b complex with vit c tablet gluten-free (otc)</i> | 3 | MO; ADD |
| <i>hm biotin 5,000 mcg capsule (rx)</i> | 3 | MO; ADD |
| HM CALCIUM 600-D3-MIN CHEW TAB GLUTEN-FREE (OTC) | 3 | ADD |
| <i>hm calcium 600-d3-minerals tab (rx)</i> | 3 | ADD |
| <i>hm complete 50 plus tablet (otc)</i> | 3 | ADD |
| <i>hm complete 50 plus tablet (rx)</i> | 3 | ADD |

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|---|--|--|
| <i>hm complete multi-vit-mineral gluten-free</i> | 3 | ADD |
| <i>hm folic acid 400 mcg tablet gluten-free (rx)</i> | 3 | MO; ADD |
| <i>hm hair, skin and nails caplet caplet, gluten-free (otc)</i> | 3 | ADD |
| HM HAIR, SKIN AND NAILS TABLET | 3 | ADD |
| <i>hm iron 65 mg tablet gluten-free (rx)</i> | 3 | ADD |
| HM MENS 50 PLUS ADV ONE DAILY | 3 | ADD |
| HM MEN'S ONE DAILY TABLET GLUTEN-FREE | 3 | ADD |
| <i>hm one daily with iron tablet gluten-free (otc)</i> | 3 | ADD |
| HM ONE DAILY WOMEN'S 50 PLUS | 3 | ADD |
| <i>hm slow release iron 45 mg tab gluten-free (otc)</i> | 3 | ADD |
| <i>hm slow release iron tablet (rx)</i> | 3 | ADD |
| <i>hm super vitamin b complex gluten-free (rx)</i> | 3 | MO; ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| <i>hm vit c-rose hip 1,000 mg tab gluten-free (rx)</i> | 3 | MO; ADD |
| <i>hm vit c-rose hips 500 mg cplt gluten-free, caplet (rx)</i> | 3 | MO; ADD |
| <i>hm vitamin b-6 100 mg tablet gluten-free (rx)</i> | 3 | ADD |
| <i>hm vitamin c 1,000 mg tablet gluten-free (otc)</i> | 3 | ADD |
| <i>hm vitamin c 500 mg caplet caplet, gluten-free (otc)</i> | 3 | MO; ADD |
| <i>hm vitamin d3 1,000 unit tab gluten-free (rx)</i> | 3 | ADD |
| <i>hm vitamin d3 2,000 unit sftgl softgel, gluten-free (rx)</i> | 3 | ADD |
| <i>hm vitamin d3 400 unit tablet gluten-free (otc)</i> | 3 | MO; ADD |
| HM VITAMIN E 1,000 UNIT SFTGEL SOFTGEL, GLUTEN-FREE (OTC) | 3 | MO; ADD |
| <i>hm vitamin e 180 mg softgel (rx)</i> | 3 | MO; ADD |

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|---|--|--|
| <i>hm vitamin e 200 unit softgel softgel, gluten-free</i> | 3 | MO; ADD |
| <i>hm vitamin e 400 unit softgel gluten-free (rx)</i> | 3 | MO; ADD |
| <i>hm vitamin e 400 unit softgel softgel, gluten-free (otc)</i> | 3 | ADD |
| <i>hm women's one daily tablet gluten-free</i> | 3 | ADD |
| <i>honey bears chewable tablet</i> | 3 | ADD |
| <i>honey bears-iron-zinc tab chew</i> | 3 | ADD |
| <i>hydroxocobalamin 1,000 mcg/ml</i> | 3 | MO; ADD |
| HYDROXOCOBAL AMIN POWDER USP (RX) | 3 | ADD |
| ICAPS AREDS FORMULA DR TABLET | 3 | MO; ADD |
| <i>icaps areds softgel softgel, l/f (rx)</i> | 3 | MO; ADD |
| ICAPS MV TABLET (RX) | 3 | MO; ADD |
| I-CAPS WITH LUTEIN-OMEGA 3 SFG | 3 | MO; ADD |
| ICAR 15 MG/1.25 ML SUSPENSION | 3 | MO; ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| <i>iferex 150 capsule</i> | 3 | MO; ADD |
| <i>iferex 150 forte capsule</i> | 3 | MO; ADD |
| INFED 100 MG/2 ML VIAL LATEX-FREE,INNER,SUV | 3 | MO; ADD |
| INFED 100 MG/2 ML VIAL LATEX-FREE,OUTER,SUV | 3 | MO; ADD |
| INFUVITE ADULT BULK VIAL P/F, L/F, MDV, OUTER | 3 | MO; ADD |
| INFUVITE ADULT VIAL 2X5ML, L/F, SUV | 3 | MO; ADD |
| INFUVITE ADULT VIAL P/F, L/F, SDV, OUTER | 3 | MO; ADD |
| INFUVITE PEDIATRIC BULK VIAL P/F, L/F, MDV, OUTER | 3 | ADD |
| INFUVITE PEDIATRIC VIAL P/F, L/F, SDV, OUTER | 3 | ADD |
| INJECTAFER 750 MG/15 ML VIAL | 3 | MO; ADD |
| INTEGRA F CAPSULE | 3 | MO; ADD |
| INTEGRA PLUS CAPSULE | 3 | MO; ADD |

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|--|--|--|
| IRON 18 MG TABLET | 3 | MO; ADD |
| <i>iron 27 mg tablet (otc)</i> | 3 | ADD |
| <i>iron 27 mg tablet (rx)</i> | 3 | ADD |
| <i>iron 28 mg tablet</i> | 3 | ADD |
| <i>iron 325 mg tablet</i> | 3 | ADD |
| <i>iron 325 mg tablet (otc)</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 (rx)</i> | 3 | ADD |
| <i>iron 65 mg tablet 5gr</i> | 3 | ADD |
| <i>iron 65 mg tablet 65mg elemental iron</i> | 3 | ADD |
| <i>iron 65 mg tablet 65mg=325mg fesol (rx)</i> | 3 | ADD |
| <i>iron 65 mg tablet gluten-free (rx)</i> | 3 | ADD |
| <i>iron 65 mg tablet p/f, gluten-free (rx)</i> | 3 | ADD |
| <i>iron 65 mg tablet s/f, p/f (rx)</i> | 3 | ADD |
| <i>iron chews 15 mg tablet chew</i> | 3 | MO; ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <i>iron tablet coated (otc)</i> | 3 | ADD |
| IRONUP 15 MG/0.5 ML DROPS | 3 | MO; ADD |
| IROSPAN 24/6 TABLET | 3 | MO; ADD |
| <i>i-vite tablet</i> | 3 | MO; ADD |
| <i>kenwood therapeutic liquid</i> | 3 | ADD |
| KIDS MULTIVIT-MINERALS GUMMIES | 3 | ADD |
| <i>kids vitamin d3 tab chew</i> | 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 |
| LITTLE ANIMALS-IRON TAB CHEW | 3 | ADD |
| <i>lysiplex plus liquid</i> | 3 | MO; ADD |
| MACULAR BENEFITS COMBO PACK | 3 | ADD |
| MACULAR HEALTH FORMULA CAPSULE | 3 | ADD |

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|--|--|--|
| <i>macuvite eye care tablet</i> | 3 | MO; ADD |
| MACUVITE WITH LUTEIN TABLET | 3 | 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 |
| <i>mega multi for women tab</i> | 3 | ADD |
| <i>mega multivit for men caplet caplet (otc)</i> | 3 | ADD |
| MEGAVITE CAPLET | 3 | ADD |
| MEGAVITE GOLDEN YEARS CAPLET | 3 | ADD |
| MEN 50 PLUS MULTIVITAMIN TAB | 3 | ADD |
| MEN'S 50 PLUS DAILY FORMULA TB | 3 | ADD |
| MEN'S DAILY FORMULA CAPSULE | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--------------------------------------|--|--|
| MEN'S DAILY FORMULA TABLET (RX) | 3 | ADD |
| MEN'S DAILY PACK | 3 | ADD |
| MEN'S MULTIVITAMIN CAPLET | 3 | ADD |
| MEN'S MULTIVITAMIN GUMMIES | 3 | ADD |
| MEN'S PACK | 3 | ADD |
| MERIBIN 5 MG CAPSULE | 3 | MO; ADD |
| <i>milltrium senior multivit tab</i> | 3 | ADD |
| MONOCAPS TABLET (OTC) | 3 | ADD |
| MONOCAPS TABLET (RX) | 3 | ADD |
| <i>multi complete-iron tablet</i> | 3 | MO; ADD |
| MULTI FOR HER 50 PLUS SOFTGEL | 3 | MO; ADD |
| MULTI FOR HER 50 PLUS SOFTGEL (RX) | 3 | MO; ADD |
| MULTI FOR HER SOFTGEL | 3 | ADD |
| MULTI FOR HER SOFTGEL (RX) | 3 | ADD |
| <i>multi for her tablet</i> | 3 | ADD |

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|--|--|--|
| MULTI-BETIC TABLET | 3 | ADD |
| <i>multi-day plus iron tablet</i> | 3 | ADD |
| MULTI-DAY PLUS MINERALS TABLET | 3 | ADD |
| <i>multi-delyn with iron liquid</i> | 3 | MO; ADD |
| <i>multiple vitamin plain tab</i> | 3 | ADD |
| <i>multiple vitamin tablet</i> | 3 | ADD |
| <i>multiple vitamin with iron tab</i> | 3 | ADD |
| <i>multiple vitamin with iron tab (rx)</i> | 3 | ADD |
| <i>multiple vitamin w-minerals tb</i> | 3 | ADD |
| <i>multiple vitamins tablet</i> | 3 | ADD |
| <i>multiple vitamins tablet one daily</i> | 3 | ADD |
| <i>multiple vitamins tablet p/f,na/f,lactose fre</i> | 3 | ADD |
| <i>multivit with iron tab chew</i> | 3 | ADD |
| <i>multi-vitamin daily tablet (rx)</i> | 3 | ADD |
| <i>multi-vitamin daily tablet 10x10 (rx)</i> | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| MULTI-VITAMIN GUMMIES | 3 | ADD |
| MULTIVITAMIN LIQUID | 3 | ADD |
| <i>multivitamin women 50 plus tab</i> | 3 | ADD |
| <i>multivitamin-mineral liquid</i> | 3 | ADD |
| <i>multivitamin-minerals tablet (rx)</i> | 3 | MO; ADD |
| <i>multivitamin-minerals tablet s/f,p/f (rx)</i> | 3 | MO; ADD |
| <i>multivitamins men tablet (otc)</i> | 3 | MO; ADD |
| <i>multivitamins tablet (rx)</i> | 3 | MO; ADD |
| <i>multivitamins-iron tablet (rx)</i> | 3 | ADD |
| MULTI-VITE LIQUID | 3 | ADD |
| MVW COMPLETE FORM MULTIVI SFGL | 3 | 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 | ADD |
| MVW COMPLETE FORMUL D5000 SFGL | 3 | MO; ADD |
| MVW COMPLETE FORMUL PEDIA DRPS | 3 | MO; ADD |
| <i>myferon 150 capsule</i> | 3 | MO; ADD |
| <i>myvitalife soft-gel capsule</i> | 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 OUTER | 3 | MO; ADD |
| <i>nephplex rx tablet</i> | 3 | MO; ADD |
| NEPHRON FA TABLET | 3 | MO; ADD |
| <i>nephronex liquid</i> | 3 | ADD |
| NEPHRO-VITE TABLET (RX) | 3 | MO; ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| NICOMIDE TABLET | 3 | MO; ADD |
| NIFEREX TABLET | 3 | MO; ADD |
| NOVAFERRUM 15 MG/ML DROPS PEDIATRIC, S/F,A/F (RX) | 3 | MO; ADD |
| NOVAFERRUM 50 MG CAPSULE | 3 | MO; ADD |
| NOVAMV MULTIVITAMIN DROP | 3 | ADD |
| NUFERA TABLET | 3 | MO; ADD |
| NU-IRON 150 CAPSULE | 3 | MO; ADD |
| <i>ocutabs tablet s/f, w/lutein (rx)</i> | 3 | ADD |
| <i>ocutabs tablet w/lutein,s/f (rx)</i> | 3 | ADD |
| <i>ocutabs vision formula tablet</i> | 3 | ADD |
| OCUVITE ADULT 50 PLUS SOFTGEL (RX) | 3 | MO; ADD |
| OCUVITE ADULT 50+ SOFTGEL | 3 | MO; ADD |
| OCUVITE EYE HEALTH GUMMIES | 3 | ADD |
| OCUVITE EYE PLUS MULTI TABLET | 3 | MO; ADD |

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|--|--|--|
| OCUVITE LUTEIN-ZEAXANTHIN CAP | 3 | MO; ADD |
| OCUVITE WITH LUTEIN TABLET | 3 | MO; ADD |
| <i>omnicap tablet</i> | 3 | 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</i> | 3 | ADD |
| <i>one daily maximum tablet (rx)</i> | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| ONE DAILY MEN'S 50 PLUS D3 TAB | 3 | ADD |
| <i>one daily men's 50+ tablet</i> | 3 | ADD |
| ONE DAILY MEN'S HEALTH TABLET | 3 | MO; ADD |
| <i>one daily multivitamin tab</i> | 3 | ADD |
| <i>one daily multivitamin tab (otc)</i> | 3 | ADD |
| <i>one daily multivitamin tab (rx)</i> | 3 | ADD |
| <i>one daily multivitamin-iron tb</i> | 3 | ADD |
| <i>one daily multivitamin-mineral tab</i> | 3 | MO; ADD |
| <i>one daily plus iron tablet (rx)</i> | 3 | ADD |
| <i>one daily tablet</i> | 3 | ADD |
| ONE DAILY TABLET | 3 | ADD |
| <i>one daily with iron-calcium tb</i> | 3 | ADD |
| <i>one daily with minerals tablet (rx)</i> | 3 | ADD |
| ONE DAILY WOMEN 50 PLUS TAB S/F,Y/F,P/F | 3 | MO; ADD |
| <i>one daily womens 50 plus tab</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 |
|--|--|--|
| <i>one daily womens 50 plus tab (rx)</i> | 3 | ADD |
| ONE DAILY WOMEN'S 50+ TABLET WOMEN'S HEALTH 50+ | 3 | MO; ADD |
| <i>one daily women's tablet (rx)</i> | 3 | ADD |
| ONE-A-DAY ENERGY TABLET | 3 | ADD |
| <i>one-a-day essential tablet (rx)</i> | 3 | MO; ADD |
| ONE-A-DAY KID'S GUMMIES | 3 | ADD |
| ONE-A-DAY MEN VITACRAVES GUMMY | 3 | ADD |
| ONE-A-DAY MENOPAUSE FORMULA TB | 3 | MO; ADD |
| ONE-A-DAY MEN'S 50 PLUS TABLET | 3 | ADD |
| ONE-A-DAY MEN'S 50 PLUS TABLET (RX) | 3 | MO; ADD |
| ONE-A-DAY MEN'S TABLET | 3 | MO; ADD |
| ONE-A-DAY PROACTIVE 65 PLUS TB | 3 | 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 | 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 HEALTHY SKIN | 3 | ADD |

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|---|--|--|
| ONE-A-DAY WOMEN'S PETITES TAB | 3 | MO; ADD |
| ONE-A-DAY WOMEN'S TABLET | 3 | ADD |
| ONE-DAILY MULTI-VIT POWDER PKT | 3 | ADD |
| <i>one-daily multi-vitamin tab (rx)</i> | 3 | ADD |
| ONE-DAILY MULTI-VIT-IRON TAB | 3 | ADD |
| ONE-DAILY MULTIVIT-MINERAL PWD | 3 | ADD |
| OPTIMAL D3 50,000 UNIT CAPSULE | 3 | ADD |
| OPTIMAL D3 M 14,000 UNIT CAP | 3 | ADD |
| OPTISOURCE TABLET CHEWABLE | 3 | MO; ADD |
| OPURITY MULTIVITAMIN TAB CHEW | 3 | ADD |
| ORTHO-TABS | 3 | ADD |
| OYSTER SHELL CALCIUM 500 MG TB (RX) | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| PARVLEX TABLET | 3 | ADD |
| PEDIA D-VITE 400 UNIT/ML LIQ | 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 |
| PERFECT IRON 25 MG TABLET | 3 | ADD |
| PHYTOMULTI TABLET | 3 | ADD |
| <i>poly-iron 150 mg capsule</i> | 3 | MO; ADD |
| <i>polysaccharide iron 150 mg cap (rx)</i> | 3 | ADD |
| POLY-VI-SOL 250 MCG-50 MG/ML DRP | 3 | MO; ADD |
| POLY-VI-SOL WITH IRON DROPS | 3 | MO; ADD |
| <i>prenatal vitamin oral tablet</i> | 1 | |
| PRESERVISION AREDS 2 SOFTGEL | 3 | MO; ADD |
| PRESERVISION AREDS SOFTGEL | 3 | MO; ADD |

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|---------------------------------------|--|--|
| PRESERVISION AREDS SOFTGEL (RX) | 3 | MO; ADD |
| PRESERVISION AREDS TABLET | 3 | MO; ADD |
| PRESERVISION LUTEIN SOFTGEL | 3 | MO; ADD |
| PRESERVISION LUTEIN W/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>prosght tablet</i> | 3 | MO; ADD |
| PROTECT CARDIO AF SOFTGEL | 3 | MO; ADD |
| PROTECT PLUS SO SOFTGEL | 3 | ADD |
| <i>pub b complex-vitamin c tablet</i> | 3 | MO; ADD |
| <i>pub ferrous sulfate 325 mg tab</i> | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| <i>pub folic acid 400 mcg tablet</i> | 3 | MO; ADD |
| <i>pub men's multivitamin tablet</i> | 3 | ADD |
| <i>pub multivitamin 50 plus tab</i> | 3 | ADD |
| <i>pub vitamin a 8,000 unit cap</i> | 3 | MO; ADD |
| <i>pub vitamin c 500 mg tablet</i> | 3 | MO; ADD |
| <i>pub vitamin e 400 unit softgel softgel</i> | 3 | ADD |
| <i>purevit dualfe plus capsule</i> | 3 | MO; ADD |
| <i>pyridoxine 100 mg tablet (otc)</i> | 3 | MO; ADD |
| <i>pyridoxine 100 mg/ml vial muv, outer</i> | 3 | MO; ADD |
| <i>pyridoxine 50 mg tablet (otc)</i> | 3 | MO; ADD |
| <i>pyridoxine 50 mg tablet (rx)</i> | 3 | MO; ADD |
| PYRIDOXINE 50 MG TABLET (RX) | 3 | MO; ADD |
| <i>pyridoxine 50 mg tablet federal supply (otc)</i> | 3 | MO; ADD |
| <i>pyridoxine 50 mg tablet federal supply (rx)</i> | 3 | MO; ADD |
| <i>pyridoxine 50 mg tablet u-d (otc)</i> | 3 | MO; ADD |

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|---|--|--|
| PYRIDOXINE HCL CRYSTALS (RX) | 3 | ADD |
| PYRIDOXINE HCL POWDER (RX) | 3 | ADD |
| <i>qc calcium 600 mg-vit d tab (rx)</i> | 3 | ADD |
| <i>qc daily multivitamin-iron tab</i> | 3 | ADD |
| <i>qc ferrous sulfate 325 mg tab (otc)</i> | 3 | ADD |
| <i>qc maximum daily multivit tab</i> | 3 | ADD |
| <i>qc men's daily multivit-min tb (otc)</i> | 3 | ADD |
| QUFLORA FE 0.25 MG CHEW TABLET | 3 | MO; 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 (OTC) | 3 | ADD |
| QUINTABS-M TABLET (RX) | 3 | ADD |
| <i>ra b-complex with vit c tab sa (rx)</i> | 3 | ADD |
| <i>ra biotin 2,500 mcg capsule p/f, d/f</i> | 3 | MO; ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <i>ra calcium 600 mg-vit d tablet w/mineral</i> | 3 | ADD |
| <i>ra calcium 600-minerals tab (rx)</i> | 3 | ADD |
| RA CENTRAL-VITE TABLET | 3 | ADD |
| RA CENTRAL-VITE WOMEN'S TABLET | 3 | ADD |
| RA ESSENCE C 1,000 MG PACKET LEMON-LIME FLAVOR (OTC) | 3 | ADD |
| RA ESSENCE C 1,000 MG PACKET ORANGE FLAVOR (RX) | 3 | ADD |
| RA ESSENCE C 1,000 MG PACKET RASPBERRY FLAVOR (RX) | 3 | ADD |
| RA ESSENCE C 1,000 MG PACKET TANGERINE FLAVOR (RX) | 3 | ADD |
| <i>ra folic acid 0.4 mg tablet p/f (rx)</i> | 3 | MO; ADD |
| <i>ra folic acid 400 mcg tablet</i> | 3 | MO; ADD |
| <i>ra folic acid 800 mcg tablet p/f (rx)</i> | 3 | MO; ADD |
| <i>ra hair, skin & nails tablet</i> | 3 | ADD |

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|--|--|--|
| <i>ra high potency iron 27 mg tab</i> | 3 | ADD |
| RA HIGH POTENCY IRON 27 MG TAB | 3 | ADD |
| <i>ra iron 65 mg tablet p/f, d/f (rx)</i> | 3 | ADD |
| RA MEN'S ONE DAILY TABLET P/F | 3 | ADD |
| <i>ra one daily energy tablet</i> | 3 | ADD |
| <i>ra one daily essential tablet (rx)</i> | 3 | ADD |
| <i>ra one daily maximum tablet (rx)</i> | 3 | ADD |
| RA ONE DAILY MEN'S 50 PLUS D3 | 3 | ADD |
| <i>ra one daily women's tablet</i> | 3 | ADD |
| <i>ra slow release iron 45 mg tab (otc)</i> | 3 | MO; ADD |
| RA SLOW RELEASE IRON 45 MG TAB (RX) | 3 | ADD |
| <i>ra vit c-rose hips 500 mg tab natural,p/f,s/f (rx)</i> | 3 | MO; ADD |
| <i>ra vitamin a 10,000 unit sftgl p/f,s/f,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>ra vitamin b-6 100 mg tablet p/f,sugar free (rx)</i> | 3 | ADD |
| <i>ra vitamin b-6 50 mg tablet p/f (rx)</i> | 3 | ADD |
| <i>ra vitamin c 1,000 mg tablet p/f,s/f,natural (rx)</i> | 3 | ADD |
| <i>ra vitamin c 1,000 mg tablet w/rose hips,p/f,s/f (rx)</i> | 3 | ADD |
| <i>ra vitamin c 250 mg tablet p/f (rx)</i> | 3 | ADD |
| <i>ra vitamin c 500 mg tablet p/f (rx)</i> | 3 | MO; ADD |
| <i>ra vitamin c 500 mg tablet p/f,s/f,natural (rx)</i> | 3 | MO; ADD |
| <i>ra vitamin d3 1,000 unit tab s/f,gluten/f,yeast/f (rx)</i> | 3 | ADD |
| <i>ra vitamin d3 2,000 unit sftgl (rx)</i> | 3 | ADD |
| <i>ra vitamin d3 2,000 unit sftgl softgel (rx)</i> | 3 | ADD |
| <i>ra vitamin d3 2,000 unit sftgl (rx)</i> | 3 | ADD |
| <i>ra vitamin d3 5,000 unit sftgl softgel (rx)</i> | 3 | MO; ADD |

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|--|--|--|
| <i>ra vitamin e 1,000 unit sftgl blend,softgel,p/f (otc)</i> | 3 | ADD |
| <i>ra vitamin e 1,000 unit sftgl softgel,p/f,s/f (otc)</i> | 3 | ADD |
| <i>ra vitamin e 1,000 units sftgl softgel,p/f</i> | 3 | ADD |
| <i>ra vitamin e 200 unit softgel softgel,p/f,s/f (otc)</i> | 3 | ADD |
| <i>ra vitamin e 268 mg softgel (rx)</i> | 3 | ADD |
| <i>ra vitamin e 400 unit softgel blend,softgel,p/f</i> | 3 | ADD |
| <i>ra vitamin e 400 unit softgel p/f, sugar free (otc)</i> | 3 | MO; ADD |
| <i>ra vitamin e 400 unit softgel p/f,s/f,softgel (otc)</i> | 3 | ADD |
| <i>ra vitamin e 400 unit softgel softgel,p/f,natural</i> | 3 | ADD |
| <i>ra vitamin e 400 unit softgel softgel,p/f,s/f</i> | 3 | ADD |
| <i>ra vitamin e 400 unit softgel softgel,p/f,s/f (otc)</i> | 3 | ADD |
| <i>renal caps softgel</i> | 3 | MO; ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| RENAL VITAMIN TABLET | 3 | MO; ADD |
| RENAL-VITE TABLET | 3 | ADD |
| RENAPLEX TABLET | 3 | ADD |
| RENAPLEX-D TABLET | 3 | MO; ADD |
| <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 |
| SAVISION TABLET | 3 | ADD |
| <i>sb c-500 tablet s/f, p/f,gluteen-fre (rx)</i> | 3 | ADD |
| SCOOBY-DOO ONE A DAY GUMMIES | 3 | ADD |
| SCOOBY-DOO ONE A DAY TABLET | 3 | ADD |
| <i>senior tabs</i> | 3 | MO; ADD |
| <i>sentry senior multivit caplet caplet (otc)</i> | 3 | MO; ADD |

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|--|--|--|
| <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 142 MG TABLET | 3 | MO; ADD |
| SLOW FE 45 MG TABLET (RX) | 3 | MO; ADD |
| <i>slow release iron 160 mg tab</i> | 3 | ADD |
| <i>slow release iron 160 mg tab p/f,s/f,gluten-free (rx)</i> | 3 | ADD |
| <i>slow release iron 45 mg tab gluten-free (rx)</i> | 3 | ADD |
| SLOW RELEASE IRON 45 MG TABLET | 3 | ADD |
| SLOW RELEASE IRON 45 MG TABLET (RX) | 3 | MO; ADD |
| SLOW RELEASE IRON TABLET | 3 | MO; ADD |
| <i>slow release iron tablet (rx)</i> | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <i>sm b complex with vit c tablet gluten-free (rx)</i> | 3 | MO; ADD |
| <i>sm biotin 5,000 mcg capsule (rx)</i> | 3 | MO; ADD |
| <i>sm calcium 600-d3-minerals tab (rx)</i> | 3 | ADD |
| <i>sm calcium 600-d3-minerals tab gluten-free (otc)</i> | 3 | ADD |
| <i>sm complete 50 plus tablet (rx)</i> | 3 | ADD |
| <i>sm complete advanced tablet</i> | 3 | ADD |
| <i>sm complete multi-vit-mineral advanced formula</i> | 3 | ADD |
| <i>sm complete multi-vit-mineral gluten-free</i> | 3 | ADD |
| <i>sm complete senior formula tab</i> | 3 | MO; ADD |
| <i>sm complete senior formula tab (rx)</i> | 3 | ADD |
| <i>sm folic acid 0.4 mg tablet (rx)</i> | 3 | MO; ADD |
| <i>sm folic acid 400 mcg tablet gluten-free (rx)</i> | 3 | MO; ADD |
| <i>sm hair, skin and nails caplet caplet, gluten-free (rx)</i> | 3 | ADD |

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|--|--|--|
| <i>sm iron 160 mg tablet sa</i> | 3 | ADD |
| <i>sm iron 325 mg tablet p/f (rx)</i> | 3 | ADD |
| <i>sm iron 65 mg tablet gluten-free (rx)</i> | 3 | ADD |
| SM MEN'S ONE DAILY TABLET GLUTEN-FREE | 3 | ADD |
| <i>sm multivitamin w-iron tab (rx)</i> | 3 | ADD |
| <i>sm multivitamins tablet (rx)</i> | 3 | MO; ADD |
| SM SLOW RELEASE IRON 45 MG TAB | 3 | ADD |
| <i>sm slow release iron 45 mg tab gluten-free (rx)</i> | 3 | ADD |
| <i>sm super b complex-c caplet (rx)</i> | 3 | ADD |
| <i>sm super vitamin b complex tab (rx)</i> | 3 | MO; ADD |
| <i>sm vit c-rose hips 500 mg tab (rx)</i> | 3 | MO; ADD |
| <i>sm vitamin b-6 100 mg tablet (rx)</i> | 3 | MO; ADD |
| <i>sm vitamin b-6 100 mg tablet (rx)</i> | 3 | ADD |
| <i>sm vitamin b-6 100 mg tablet gluten-free (rx)</i> | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| <i>sm vitamin c 1,000 mg tablet (rx)</i> | 3 | ADD |
| <i>sm vitamin c 1,000 mg tablet gluten-free (rx)</i> | 3 | ADD |
| <i>sm vitamin c 250 mg tablet (rx)</i> | 3 | ADD |
| <i>sm vitamin c 500 mg caplet caplet, gluten-free (rx)</i> | 3 | MO; ADD |
| <i>sm vitamin c with rose hips natural (rx)</i> | 3 | MO; ADD |
| <i>sm vitamin d3 1,000 unit tab gluten-free (rx)</i> | 3 | ADD |
| <i>sm vitamin d3 1,000 unit tab p/f (rx)</i> | 3 | ADD |
| <i>sm vitamin d3 2,000 unit sftgl softgel, gluten-free (rx)</i> | 3 | ADD |
| <i>sm vitamin d3 400 unit tablet gluten-free (otc)</i> | 3 | MO; ADD |
| <i>sm vitamin e 1,000 unit sftgel softgel (rx)</i> | 3 | ADD |
| SM VITAMIN E 1,000 UNIT SFTGEL SOFTGEL, GLUTEN-FREE (OTC) | 3 | MO; ADD |

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|---|--|--|
| <i>sm vitamin e 200 unit softgel (rx)</i> | 3 | ADD |
| <i>sm vitamin e 200 unit softgel softgel, gluten-free</i> | 3 | MO; ADD |
| <i>sm vitamin e 400 unit capsule (rx)</i> | 3 | ADD |
| <i>sm vitamin e 400 unit softgel sftgel,natural blend (rx)</i> | 3 | ADD |
| <i>sm vitamin e 400 unit softgel (rx)</i> | 3 | ADD |
| <i>sm vitamin e 400 unit softgel softgel, gluten-free (otc)</i> | 3 | MO; ADD |
| <i>sm vitamin e 400 unit softgel softgel,natural (rx)</i> | 3 | ADD |
| SM WOMEN'S ONE DAILY TABLET GLUTEN-FREE | 3 | ADD |
| SOLO TABLET | 3 | ADD |
| SOLUVITA-E 22.5 MG/ML DROP | 3 | ADD |
| <i>soothing pureway-c 500 mg tab</i> | 3 | ADD |
| <i>stress b with zinc tablet</i> | 3 | ADD |
| STRESS B-COMPLEX TABLET (RX) | 3 | MO; ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| <i>stress formula caplet p/f</i> | 3 | MO; ADD |
| <i>stress formula oral tablet</i> | 3 | MO; ADD |
| <i>stress formula tablet (rx)</i> | 3 | MO; ADD |
| <i>stress formula with iron tab</i> | 3 | ADD |
| <i>stress formula with iron tab</i> | 3 | MO; ADD |
| <i>stress formula with zinc tab (rx)</i> | 3 | MO; ADD |
| STRESS FORMULA WITH ZINC TAB (RX) | 3 | MO; ADD |
| <i>stress formula-zinc tablet (otc)</i> | 3 | MO; ADD |
| <i>stresstabs energy tablet</i> | 3 | ADD |
| STROVITE FORTE CAPLET | 3 | MO; ADD |
| STROVITE ONE CAPLET | 3 | MO; ADD |
| <i>sunvite tablet</i> | 3 | ADD |
| <i>super antioxidant capsule s/f,p/f (rx)</i> | 3 | ADD |
| <i>super antioxidant softgel sftgl,na/f,p/f,s/f</i> | 3 | ADD |
| <i>super b complex tablet (rx)</i> | 3 | MO; ADD |

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|--|--|--|
| <i>super b complex tablet p/f (rx)</i> | 3 | MO; ADD |
| <i>super b with vit c capsule (rx)</i> | 3 | ADD |
| SUPER DAILY D3 1,000 UNIT/DROP | 3 | MO; ADD |
| SUPER DAILY D3 2,000 UNIT/DROP | 3 | ADD |
| SUPER MULTIPLE CAPSULE | 3 | ADD |
| SUPER MULTIPLE-LOW IRON TABLET | 3 | ADD |
| <i>super thera vite m tablet (rx)</i> | 3 | MO; ADD |
| SV BIOTIN 1,000 MCG SOFTGEL | 3 | ADD |
| <i>sv biotin 5,000 mcg softgel softgel, s/f (rx)</i> | 3 | MO; ADD |
| <i>sv folic acid 800 mcg tablet (rx)</i> | 3 | MO; ADD |
| SV HAIR, SKIN AND NAILS CAPLET | 3 | ADD |
| <i>sv iron 65 mg tablet p/f, d/f (rx)</i> | 3 | ADD |
| SV SLOW RELEASE IRON 45 MG TAB (RX) | 3 | ADD |
| SV ULTRA MEN'S PACKET | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| <i>sv vit c-rose hip 1,000 mg tab s/f,p/f,gluten-free (rx)</i> | 3 | MO; ADD |
| <i>sv vit c-rose hips 1,000 mg tb s/f,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 |
| <i>sv vitamin b-6 100 mg tablet (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, s/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 400 unit softgel, p/f, s/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, s/f (rx)</i> | 3 | MO; ADD |
| <i>sv vitamin e 180 mg softgel (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>sv vitamin e 200 unit softgel p/f, gluten-free (rx)</i> | 3 | ADD |
| <i>sv vitamin e 400 unit softgel p/f, gluten-free (rx)</i> | 3 | ADD |
| <i>sv vitamin e 450 mg softgel water soluble, p/f (rx)</i> | 3 | ADD |
| <i>sv vitamin e 670 mg softgel p/f, gluten-free (rx)</i> | 3 | ADD |
| <i>tab-a-vite multivit with iron</i> | 3 | MO; ADD |
| <i>tab-a-vite tablet</i> | 3 | MO; ADD |
| <i>taron forte capsule</i> | 3 | MO; ADD |
| <i>thera m plus tablet</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 |
| <i>thera-d sport 2,000 unit tab gluten-free</i> | 3 | ADD |
| THERAGRAN-M PREMIER 50+ CAPLET | 3 | ADD |
| <i>thera-m caplet (rx)</i> | 3 | ADD |
| <i>thera-m caplet caplet,u-d,10x10 (rx)</i> | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| <i>thera-m caplet with iron</i> | 3 | MO; ADD |
| <i>thera-m tablet w/beta carotene</i> | 3 | MO; ADD |
| THERANATAL LACTATION COMBO PCK | 3 | ADD |
| <i>therapeutic-m caplet</i> | 3 | ADD |
| <i>therapeutic-m p/f, s/f, caplet</i> | 3 | MO; ADD |
| <i>therapeutic-m tablet</i> | 3 | MO; ADD |
| <i>thera-tabs caplet</i> | 3 | MO; ADD |
| <i>thera-tabs m caplet</i> | 3 | ADD |
| <i>thera-tabs m caplet high potency</i> | 3 | ADD |
| <i>theratrum complete 50 plus tab</i> | 3 | ADD |
| <i>theratrum complete 50 plus tab</i> | 3 | ADD |
| <i>theratrum complete tablet mfg error (rx)</i> | 3 | MO; ADD |
| <i>theratrum complete tablet w/lutein, p/f (rx)</i> | 3 | MO; ADD |
| THERATRUM COMPLETE WITH LUTEIN TAB | 3 | MO; ADD |
| <i>therems-m tablet</i> | 3 | MO; ADD |
| <i>thiamine 200 mg/2 ml vial 25's,mdv,outer</i> | 3 | MO; ADD |

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|---|--|--|
| <i>thiamine 200 mg/2 ml vial mdv, outer</i> | 3 | MO; ADD |
| <i>thiamine 200 mg/2 ml vial mdv, inner</i> | 3 | MO; ADD |
| <i>thiamine 200 mg/2 ml vial muv, outer</i> | 3 | MO; ADD |
| <i>tricon capsule</i> | 3 | MO; ADD |
| TRIFERIC 272 MG POWDER PACKET OUTER | 3 | ADD |
| <i>trigels-f forte softgel</i> | 3 | MO; ADD |
| <i>triphrocaps softgel (rx)</i> | 3 | MO; ADD |
| TRI-VI-SOL DROPS | 3 | MO; ADD |
| TROPICAL LIQUID NUTRITION | 3 | ADD |
| ULTRA FREEDA TABLET | 3 | ADD |
| ULTRA FREEDA WITH IRON TABLET | 3 | ADD |
| VENOFER 100 MG/5 ML VIAL 10'S,SDV,P/F | 3 | MO; ADD |
| VENOFER 100 MG/5 ML VIAL 25'S,SDV,P/F | 3 | MO; ADD |
| VENOFER 100 MG/5 ML VIAL OUTER, L/F, SUV, P/F | 3 | MO; ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| VENOFER 200 MG/10 ML VIAL SUV,P/F,L/F,OUTER | 3 | MO; ADD |
| VENOFER 50 MG/2.5 ML VIAL 10'S,SDV,P/F | 3 | ADD |
| VENOFER 50 MG/2.5 ML VIAL 25'S,SUV,P/F | 3 | ADD |
| VENOFER 50 MG/2.5 ML VIAL SUV,P/F,L/F,OUTER | 3 | ADD |
| VIRT-CAPS SOFTGEL (RX) | 3 | MO; ADD |
| <i>virt-fefa plus capsule</i> | 3 | ADD |
| <i>virt-gard tablet</i> | 3 | MO; ADD |
| VISION FORMULA TABLET | 3 | ADD |
| VISION FORMULA WITH LUTEIN TAB | 3 | ADD |
| VISION PLUS LUTEIN VITAMIN TAB | 3 | ADD |
| <i>vision vitamins tablet w/lutein,p/f</i> | 3 | ADD |
| <i>vit c-rose hips 1,000 mg cplt caplet,p/f (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>vit c-rose hips 1,000 mg tab (rx)</i> | 3 | MO; ADD |
| <i>vit c-rose hips 1,000 mg tab s/f (otc)</i> | 3 | MO; ADD |
| <i>vit c-rose hips 1,000 mg tab s/f (rx)</i> | 3 | MO; ADD |
| <i>vit c-rose hips 500 mg caplet caplet,natural</i> | 3 | MO; ADD |
| <i>vit c-rose hips 500 mg tablet (otc)</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 |
| <i>vit c-rose hips 500 mg tablet s/f (otc)</i> | 3 | MO; ADD |
| <i>vit c-rose hips 500 mg tablet s/f (rx)</i> | 3 | MO; ADD |
| <i>vit c-rose hips 500 mg tablet with rose hips,p/f (rx)</i> | 3 | MO; ADD |
| <i>vit d2 1.25 mg (50,000 unit)</i> | 3 | MO; ADD |
| VIT D3 5,000 UNIT FAST DISSOLV | 3 | MO; ADD |
| VITABEX PLUS CAPSULE | 3 | ADD |
| VITAFOL CAPLET | 3 | MO; ADD |
| <i>vitajoy daily d gummy</i> | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| VITAL-D RX TABLET | 3 | MO; ADD |
| <i>vitalee tablet</i> | 3 | ADD |
| <i>vitalets tablet chewable child, orange,s/f (rx)</i> | 3 | ADD |
| <i>vitalets tablet chewable child, raspberry,s/f</i> | 3 | ADD |
| <i>vitalets tablet chewable child,unflavored,s/f</i> | 3 | ADD |
| VITAMENT POWDER PACKET (RX) | 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 |
| <i>vitamin a 10,000 unit softgel s/f,p/f,na/f,softgel (rx)</i> | 3 | MO; ADD |
| <i>vitamin a 10,000 unit softgel softgel,p/f,na/f,s/f</i> | 3 | MO; ADD |
| <i>vitamin a 10,000 units capsule</i> | 3 | MO; ADD |

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|--|--|--|
| <i>vitamin a 10,000 units capsule mfg unresponsive</i> | 3 | MO; ADD |
| <i>vitamin a 3,000 mcg softgel (rx)</i> | 3 | MO; ADD |
| <i>vitamin a 8,000 unit capsule (rx)</i> | 3 | MO; ADD |
| <i>vitamin a 8,000 unit capsule natural</i> | 3 | MO; ADD |
| <i>vitamin a 8,000 unit softgel (rx)</i> | 3 | MO; ADD |
| <i>vitamin a 8,000 units softgel softgel, p/f</i> | 3 | MO; ADD |
| <i>vitamin a oral capsule 10,000 unit</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 caplet (rx)</i> | 3 | MO; ADD |
| <i>vitamin b complex-vit c caplet caplet</i> | 3 | MO; ADD |
| <i>vitamin b complex-vit c tablet (otc)</i> | 3 | MO; ADD |
| <i>vitamin b-6 100 mg tablet</i> | 3 | ADD |
| <i>vitamin b-6 100 mg tablet (otc)</i> | 3 | ADD |
| <i>vitamin b-6 100 mg 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 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 mfg unresponsive</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 |
| <i>vitamin b-6 100 mg tablet p/f,no-lactose (rx)</i> | 3 | ADD |
| <i>vitamin b-6 100 mg tablet s/f,l/f,y/f,gluten/f (rx)</i> | 3 | ADD |
| <i>vitamin b-6 100 mg tablet synthetic (otc)</i> | 3 | ADD |
| <i>vitamin b6 50 mg tablet</i> | 3 | ADD |
| <i>vitamin b-6 50 mg tablet</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 |

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|---|--|--|
| <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</i> | 3 | ADD |
| <i>vitamin b-6 50 mg tablet p/f,s/f (rx)</i> | 3 | ADD |
| <i>vitamin b-6 50 mg tablet s/f,l/f,y/f,gluten/f (rx)</i> | 3 | ADD |
| <i>vitamin b-6 50 mg tablet s/f,p/f (rx)</i> | 3 | ADD |
| <i>vitamin b-complex & c caplet caplet, p/f</i> | 3 | MO; 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 |
| <i>vitamin c 1,000 mg caplet (rx)</i> | 3 | ADD |
| <i>vitamin c 1,000 mg caplet caplet, w/ rose hips (otc)</i> | 3 | MO; ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| <i>vitamin c 1,000 mg caplet na/f, caplet (rx)</i> | 3 | ADD |
| <i>vitamin c 1,000 mg tablet</i> | 3 | ADD |
| <i>vitamin c 1,000 mg tablet (otc)</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 na/f, 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 1,000 mg tablet pure (rx)</i> | 3 | ADD |
| <i>vitamin c 1,000 mg tablet s/f (rx)</i> | 3 | ADD |
| <i>vitamin c 1,000 mg tablet s/f,na/f,p/f (otc)</i> | 3 | ADD |
| <i>vitamin c 1,000 mg tablet with rose hips,p/f</i> | 3 | ADD |
| <i>vitamin c 100 mg tablet (rx)</i> | 3 | ADD |

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|--|--|--|
| <i>vitamin c 250 mg tablet</i> | 3 | ADD |
| <i>vitamin c 250 mg tablet (otc)</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 s/f (rx)</i> | 3 | ADD |
| <i>vitamin c 250 mg tablet s/f,p/f (rx)</i> | 3 | ADD |
| <i>vitamin c 500 mg caplet caplet</i> | 3 | MO; ADD |
| <i>vitamin c 500 mg caplet caplet,natural</i> | 3 | MO; ADD |
| <i>vitamin c 500 mg caplet coated caplet (otc)</i> | 3 | MO; ADD |
| <i>vitamin c 500 mg tablet</i> | 3 | MO; ADD |
| <i>vitamin c 500 mg tablet (otc)</i> | 3 | MO; ADD |
| <i>vitamin c 500 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>vitamin c 500 mg tablet (rx)</i> | 3 | MO; ADD |
| <i>vitamin c 500 mg tablet 10x10, u-d (rx)</i> | 3 | MO; ADD |
| <i>vitamin c 500 mg tablet gluten-free (rx)</i> | 3 | MO; ADD |
| <i>vitamin c 500 mg tablet mfg unresponsive</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,s/f</i> | 3 | MO; ADD |
| <i>vitamin c 500 mg tablet p/f,s/f,na/f (otc)</i> | 3 | MO; ADD |
| <i>vitamin c 500 mg tablet pure (rx)</i> | 3 | MO; ADD |
| <i>vitamin c 500 mg tablet s/f, p/f (rx)</i> | 3 | MO; ADD |
| <i>vitamin c 500 mg tablet s/f, p/f,gluten-free (rx)</i> | 3 | MO; ADD |
| <i>vitamin c 500 mg tablet s/f,l/f,y/f,gluten/f (rx)</i> | 3 | MO; ADD |
| <i>vitamin c 500 mg tablet synthetic (otc)</i> | 3 | MO; ADD |
| <i>vitamin c 500 mg tablet u-d (rx)</i> | 3 | MO; ADD |

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|---|--|--|
| <i>vitamin c 500 mg tablet with rose hips (otc)</i> | 3 | MO; ADD |
| <i>vitamin c oral tablet 500 mg</i> | 3 | MO; ADD |
| <i>vitamin c tr 1,000 mg tablet timed release, s/f (rx)</i> | 3 | ADD |
| <i>vitamin c with rose hips oral tablet 500 mg</i> | 3 | MO; ADD |
| <i>vitamin c-500 mg tablet p/f, s/f, gluten/f (rx)</i> | 3 | MO; ADD |
| <i>vitamin c-rose hip 1,000 mg tb (rx)</i> | 3 | MO; ADD |
| <i>vitamin d 1,000 unit tablet</i> | 3 | ADD |
| <i>vitamin d 1,000 units softgel softgel, p/f</i> | 3 | MO; ADD |
| <i>vitamin d 2,000 unit softgel softgel, no lactose</i> | 3 | ADD |
| <i>vitamin d 400 unit tab chew fruit flavor</i> | 3 | ADD |
| <i>vitamin d 400 unit tablet p/f, gluten free</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 |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <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 |
| <i>vitamin d2 1.25 mg(50,000 unit) softgel</i> | 3 | MO; ADD |
| VITAMIN D2 2,000 UNIT TABLET | 3 | MO; ADD |
| <i>vitamin d2 400 unit tablet s/f,l/f,y/f,gluten/f (rx)</i> | 3 | MO; ADD |
| VITAMIN D2 50 MCG (2,000 UNIT) | 3 | MO; ADD |
| <i>vitamin d3 1,000 unit gummies (rx)</i> | 3 | ADD |
| <i>vitamin d3 1,000 unit adult gummies</i> | 3 | MO; ADD |
| <i>vitamin d3 1,000 unit gluten-free, gummies (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 |
| <i>vitamin d3 1,000 unit softgel p/f, s/f,gluten-free (rx)</i> | 3 | MO; ADD |
| <i>vitamin d3 1,000 unit softgel s/f, p/f, na/f,sftgl (rx)</i> | 3 | ADD |

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|--|--|--|
| <i>vitamin d3 1,000 unit softgel s/f, 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 softgel (otc)</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 softgel, p/f, s/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,s/f,na/f (rx)</i> | 3 | ADD |
| VITAMIN D3 1,000 UNIT SPRAY | 3 | ADD |
| <i>vitamin d3 1,000 unit tab chew grape flavor</i> | 3 | MO; ADD |
| <i>vitamin d3 1,000 unit tab chew p/f, gluten-free</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 tab chew p/f, peach vanilla</i> | 3 | MO; ADD |
| <i>vitamin d3 1,000 unit tablet (otc)</i> | 3 | MO; ADD |
| <i>vitamin d3 1,000 unit tablet (otc)</i> | 3 | 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/f, d/f (rx)</i> | 3 | MO; 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,s/f,gluten free (rx)</i> | 3 | ADD |
| <i>vitamin d3 1,000 unit tablet s/f (rx)</i> | 3 | ADD |
| <i>vitamin d3 1,000 unit tablet s/f, p/f (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>vitamin d3 1,000 unit tablet u-d, 10x10 (rx)</i> | 3 | ADD |
| VITAMIN D3 1,000 UNIT/10 ML LQ | 3 | ADD |
| VITAMIN D3 10 MCG(400 UNIT)/ML (RX) | 3 | MO; ADD |
| <i>vitamin d3 10 mcg/ml liquid s/f,w/dropper (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 (otc)</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,s/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 2,000 unit softgel</i> | 3 | MO; ADD |
| <i>vitamin d3 2,000 unit softgel (otc)</i> | 3 | 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 (rx)</i> | 3 | ADD |
| <i>vitamin d3 2,000 unit diet supp, 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 s/f,p/f (otc)</i> | 3 | ADD |
| <i>vitamin d3 2,000 unit softgel s/f,p/f,na/f,softgel</i> | 3 | MO; ADD |
| <i>vitamin d3 2,000 unit softgel s/f,p/f,na/f,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 |

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|--|--|--|
| <i>vitamin d3 2,000 unit softgel softgel, p/f, s/f (rx)</i> | 3 | ADD |
| <i>vitamin d3 2,000 unit softgel softgel, super str (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 |
| <i>vitamin d3 2,000 unit tablet (otc)</i> | 3 | ADD |
| <i>vitamin d3 2,000 unit tablet (rx)</i> | 3 | ADD |
| <i>vitamin d3 2,000 unit tablet (rx)</i> | 3 | MO; ADD |
| <i>vitamin d3 2,000 unit tablet gluten-free (rx)</i> | 3 | ADD |
| <i>vitamin d3 2,000 unit tablet inner (rx)</i> | 3 | ADD |
| <i>vitamin d3 2,000 unit tablet outer (rx)</i> | 3 | ADD |
| <i>vitamin d3 2,000 unit tablet outer,gluten-f,s/f (rx)</i> | 3 | MO; ADD |
| <i>vitamin d3 2,000 unit 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>vitamin d3 2,000 unit tablet p/f, gluten-free (rx)</i> | 3 | MO; ADD |
| <i>vitamin d-3 2,000 unit tablet p/f, max-str</i> | 3 | MO; ADD |
| <i>vitamin d3 2,000 unit tablet super strength (rx)</i> | 3 | MO; ADD |
| <i>vitamin d3 2,000 unit tablet w/ calcium carbonate (rx)</i> | 3 | MO; ADD |
| <i>vitamin d3 25 mcg tablet (rx)</i> | 3 | MO; ADD |
| <i>vitamin d3 25 mcg tablet (rx)</i> | 3 | ADD |
| <i>vitamin d3 25 mcg tablet bonus 10 tb,max str (rx)</i> | 3 | MO; ADD |
| <i>vitamin d3 25 mcg tablet s/f,p/f, ex-strength (rx)</i> | 3 | ADD |
| <i>vitamin d3 25 mcg tablet s/f,y/f,p/f (rx)</i> | 3 | ADD |
| VITAMIN D3 3,000 UNIT TABLET | 3 | MO; ADD |
| <i>vitamin d3 400 unit softgel (rx)</i> | 3 | ADD |
| <i>vitamin d3 400 unit softgel p/f,s/f,na/f,softgel (rx)</i> | 3 | MO; ADD |

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|--|--|--|
| <i>vitamin d3 400 unit softgel softgel (otc)</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,s/f (rx)</i> | 3 | MO; ADD |
| <i>vitamin d3 400 unit tab chew (rx)</i> | 3 | ADD |
| <i>vitamin d3 400 unit tab chew chewable</i> | 3 | MO; ADD |
| <i>vitamin d3 400 unit tab chew orange, chewable (otc)</i> | 3 | ADD |
| <i>vitamin d3 400 unit tab chew orange, p/f (rx)</i> | 3 | ADD |
| <i>vitamin d3 400 unit tab chew p/f,orange, chewable</i> | 3 | ADD |
| <i>vitamin d3 400 unit tab chew vanilla</i> | 3 | MO; ADD |
| <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</i> | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| <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 outer,gluten/f,s/f</i> | 3 | ADD |
| <i>vitamin d3 400 unit tablet p/f (rx)</i> | 3 | MO; ADD |
| <i>vitamin d3 400 unit tablet s/f, p/f (rx)</i> | 3 | MO; ADD |
| <i>vitamin d3 400 unit tablet s/f,na/f,p/f,d/f (rx)</i> | 3 | MO; ADD |
| <i>vitamin d3 400 unit tablet s/f,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 |
| VITAMIN D3 400 UNIT/ML LIQUID (RX) | 3 | MO; ADD |
| <i>vitamin d3 400 unit/ml liquid supplement drop (rx)</i> | 3 | MO; ADD |
| <i>vitamin d3 5,000 unit capsule gluten-free (rx)</i> | 3 | MO; ADD |

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|--|--|--|
| <i>vitamin d3 5,000 unit capsule s/f, p/f (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 |
| <i>vitamin d3 5,000 unit softgel p/f, softgel, glut-f (rx)</i> | 3 | MO; ADD |
| <i>vitamin d3 5,000 unit softgel s/f, p/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, s/f (rx)</i> | 3 | MO; ADD |
| <i>vitamin d3 5,000 unit softgel softgel, s/f, p/f (otc)</i> | 3 | MO; ADD |
| <i>vitamin d3 5,000 unit softgel softgel, no lactose (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 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, s/f, gluten-free</i> | 3 | MO; ADD |
| <i>vitamin d3 5,000 unit tablet s/f, p/f, (rx)</i> | 3 | ADD |
| <i>vitamin d3 5,000 unit tablet s/f, l/f, y/f, gluten/f</i> | 3 | MO; ADD |
| <i>vitamin d3 5,000 unit/ml drops a/f, p/f, gluten-free</i> | 3 | MO; ADD |
| <i>vitamin d3 5,000 unit/ml drops s/f, p/f, yeast-free</i> | 3 | MO; ADD |
| <i>vitamin d3 50 mcg (2,000 unit)</i> | 3 | MO; ADD |
| <i>vitamin d3 50 mcg tablet (rx)</i> | 3 | ADD |
| <i>vitamin d3 50,000 unit capsule (rx)</i> | 3 | MO; ADD |
| <i>vitamin d3 800 unit gummy (rx)</i> | 3 | ADD |

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|---|--|--|
| VITAMIN D3 COMPLETE CAPLET | 3 | ADD |
| <i>vitamin d-400 tablet easy to swallow (rx)</i> | 3 | MO; ADD |
| <i>vitamin e 1,000 unit capsule softgel, finest (rx)</i> | 3 | ADD |
| VITAMIN E 1,000 UNIT SOFTGEL (RX) | 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, p/f (rx)</i> | 3 | ADD |
| <i>vitamin e 1,000 units capsule</i> | 3 | ADD |
| <i>vitamin e 1,000 units capsule 100% natural</i> | 3 | ADD |
| <i>vitamin e 1,000 units capsule softgel</i> | 3 | ADD |
| <i>vitamin e 1,000 units softgel softgel</i> | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <i>vitamin e 1,000 units softgel softgel, s/f, p/f, na/f</i> | 3 | ADD |
| <i>vitamin e 1,000 units softgel softgel, s/f, p/f, na/f (otc)</i> | 3 | ADD |
| <i>vitamin e 100 unit capsule</i> | 3 | ADD |
| <i>vitamin e 100 unit softgel softgel (otc)</i> | 3 | ADD |
| <i>vitamin e 100 unit softgel (rx)</i> | 3 | MO; ADD |
| VITAMIN E 100 UNIT TABLET | 3 | ADD |
| VITAMIN E 100 UNIT TABLET | 3 | ADD |
| VITAMIN E 100 UNIT TABLET (RX) | 3 | ADD |
| <i>vitamin e 15 unit/0.3 ml drop</i> | 3 | MO; 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 200 unit capsule natural oil</i> | 3 | ADD |
| <i>vitamin e 200 unit capsule softgel, p/f (rx)</i> | 3 | ADD |

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|--|--|--|
| <i>vitamin e 200 unit capsule synthetic</i> | 3 | ADD |
| <i>vitamin e 200 unit softgel</i> | 3 | MO; ADD |
| <i>vitamin e 200 unit softgel mfg unresponsive</i> | 3 | ADD |
| <i>vitamin e 200 unit softgel p/f, gluten-f, sftgel (rx)</i> | 3 | ADD |
| <i>vitamin e 200 unit softgel p/f, s/f, no lactose (rx)</i> | 3 | ADD |
| <i>vitamin e 200 unit softgel s/f, na/f, softgel</i> | 3 | ADD |
| <i>vitamin e 200 unit softgel softgel</i> | 3 | ADD |
| <i>vitamin e 200 unit softgel softgel (rx)</i> | 3 | ADD |
| VITAMIN E 200 UNIT TABLET | 3 | ADD |
| VITAMIN E 200 UNIT TABLET S/F,L/F,Y/F,GLUTEN/F | 3 | ADD |
| <i>vitamin e 200 units softgel softgel, 100% natural</i> | 3 | ADD |
| <i>vitamin e 268 mg softgel (rx)</i> | 3 | ADD |
| <i>vitamin e 400 unit capsule</i> | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <i>vitamin e 400 unit capsule (otc)</i> | 3 | ADD |
| <i>vitamin e 400 unit capsule (rx)</i> | 3 | ADD |
| <i>vitamin e 400 unit capsule (rx)</i> | 3 | ADD |
| <i>vitamin e 400 unit capsule federal supply</i> | 3 | ADD |
| <i>vitamin e 400 unit capsule p/f, sf, gluten-free (rx)</i> | 3 | MO; ADD |
| <i>vitamin e 400 unit capsule softgel, p/f (rx)</i> | 3 | ADD |
| <i>vitamin e 400 unit capsule softgel, synthetic (otc)</i> | 3 | ADD |
| <i>vitamin e 400 unit capsule synthetic (otc)</i> | 3 | ADD |
| <i>vitamin e 400 unit capsule synthetic (rx)</i> | 3 | ADD |
| <i>vitamin e 400 unit mixed sftgl softgel, p/f, s/f (rx)</i> | 3 | ADD |
| <i>vitamin e 400 unit softgel (otc)</i> | 3 | ADD |
| <i>vitamin e 400 unit softgel (rx)</i> | 3 | ADD |
| <i>vitamin e 400 unit softgel (rx)</i> | 3 | MO; ADD |

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|---|--|--|
| <i>vitamin e 400 unit softgel d-alpha (rx)</i> | 3 | ADD |
| <i>vitamin e 400 unit softgel economy size (rx)</i> | 3 | ADD |
| <i>vitamin e 400 unit softgel mfg unresponsive</i> | 3 | ADD |
| <i>vitamin e 400 unit softgel p/f,softgel (rx)</i> | 3 | MO; ADD |
| <i>vitamin e 400 unit softgel softgel</i> | 3 | ADD |
| <i>vitamin e 400 unit softgel softgel (otc)</i> | 3 | ADD |
| <i>vitamin e 400 unit 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 | ADD |
| <i>vitamin e 400 unit softgel softgel,100% natural</i> | 3 | ADD |
| <i>vitamin e 400 unit softgel softgel,100% natural (rx)</i> | 3 | ADD |
| <i>vitamin e 400 unit softgel softgel,s/f,na/f</i> | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <i>vitamin e 400 unit softgel softgel,s/f,na/f,p/f (rx)</i> | 3 | ADD |
| <i>vitamin e 400 unit softgel softgel,s/f,p/f (rx)</i> | 3 | ADD |
| <i>vitamin e 400 unit softgel softgel,s/f,p/f,na/f (otc)</i> | 3 | ADD |
| <i>vitamin e 400 unit softgel softgel,s/f,p/f,na/f (rx)</i> | 3 | MO; ADD |
| <i>vitamin e 400 unit softgel softgel,water disper</i> | 3 | ADD |
| <i>vitamin e 400 unit softgel softgel,water solubl</i> | 3 | ADD |
| <i>vitamin e 400 unit softgel softgel,water solubl (otc)</i> | 3 | ADD |
| <i>vitamin e 400 unit softgel water dispersible (rx)</i> | 3 | ADD |
| VITAMIN E 400 UNIT TABLET S/F,L/F,Y/F,GLUTE N/F | 3 | ADD |
| VITAMIN E 400 UNITS TABLET | 3 | ADD |

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|--|--|--|
| <i>vitamin e 45 mg softgel (rx)</i> | 3 | ADD |
| <i>vitamin e 450 mg softgel (rx)</i> | 3 | 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 |
| <i>vitamin e 90 mg softgel (rx)</i> | 3 | ADD |
| VITAMIN E NATURAL OIL DROPS | 3 | ADD |
| VITAMIN E OIL DROPS | 3 | ADD |
| VITAMIN E OIL DROPS | 3 | ADD |
| <i>vitamin e oral capsule 1,000 unit, 400 unit</i> | 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 |
| VITAMINS A-D-E TABLET | 3 | ADD |
| <i>vitatrum tablet</i> | 3 | ADD |
| VITRUM 50 PLUS SENIOR TABLET | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|--|--|--|
| <i>vitrum senior tablet f/f,p/f (rx)</i> | 3 | ADD |
| <i>vp-vite rx tablet</i> | 3 | MO; ADD |
| <i>wee care 15 mg/1.25 ml susp</i> | 3 | MO; ADD |
| WELLESSE MULT VITAMIN PLUS LIQ | 3 | ADD |
| <i>westab one tablet</i> | 3 | MO; ADD |
| WOMEN MULTIVIT W-BIOTIN GUMMY | 3 | ADD |
| WOMEN'S 50 PLUS DAILY FORMULA (RX) | 3 | ADD |
| <i>women's daily formula caplet</i> | 3 | ADD |
| WOMEN'S DAILY FORMULA CAPLET (RX) | 3 | ADD |
| WOMEN'S DAILY FORMULA TABLET | 3 | ADD |
| <i>women's daily formula tablet (otc)</i> | 3 | ADD |
| WOMEN'S DAILY PACK | 3 | ADD |
| WOMEN'S MULTIVITAMIN GUMMIES GLUTEN-F, LACTOSE-F | 3 | ADD |

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|---|--|--|
| WOMEN'S MULTIVITAMIN GUMMIES GLUTEN-F,NA/F,FRUIT | 3 | ADD |
| WOMEN'S MULTIVITAMIN TABLET | 3 | ADD |
| <i>yelets tablet</i> | 3 | ADD |
| <i>yl beta carotene 25,000 units softgel,s/f,p/f,na/f</i> | 3 | MO; ADD |
| <i>yl folic acid 0.4 mg tablet s/f,p/f,na/f</i> | 3 | MO; ADD |
| <i>yl vitamin b-6 100 mg tablet</i> | 3 | ADD |
| <i>yl vitamin c 1,000 mg tablet s/f,p/f,na/f</i> | 3 | ADD |

| Name of Drug | What the Drug Will Cost You (Tier Level) | Necessary Actions, Restrictions, or Limit On Use |
|---|--|--|
| <i>yl vitamin c w/rh 1,000 mg tb s/f,p/f,na/f</i> | 3 | MO; ADD |
| <i>yl vitamin c w/rh 500 mg tab s/f,p/f,na/f,rose hp</i> | 3 | MO; ADD |
| <i>yl vitamin e 400 unit softgel softgel,s/f,p/f,na/f</i> | 3 | ADD |
| <i>zinc 15 mg lozenges</i> | 3 | ADD |
| ZINC LOZENGES | 3 | ADD |
| ZOO FRIENDS COMPLETE TAB CHEW | 3 | ADD |
| ZOO FRIENDS GUMMIES (OTC) | 3 | ADD |
| ZOO FRIENDS TABLET CHEWABLE (RX) | 3 | ADD |

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SPANISH

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ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-475-3163 (ATS : 1-800-750-0750).

VIETNAMESE

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-475-3163 (TTY: 1-800-750-0750).

CUSHITE/ROMO

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-855-475-3163 (TTY: 1-800-750-0750).

KOREAN

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-475-3163 (TTY: 1-800-750-0750) 번으로 전화해 주십시오.

ITALIAN

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-475-3163 (TTY: 1-800-750-0750).

JAPANESE

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-475-3163 (TTY:1-800-750-0750) まで、お電話にてご連絡ください。

DUTCH

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-855-475-3163 (TTY: 1-800-750-0750).

UKRAINIAN

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-855-475-3163 (телетайп: 1-800-750-0750).

ROMANIAN

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-855-475-3163 (TTY: 1-800-750-0750).

NEPALI

ध्यान दिनुहोस्: तपाइंले नेपाली बोलनुहुन्छ भने तपाइंको नमिति भाषा सहायता सेवाहरु नःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-855-475-3163 (टटिवाइ:1-800-750-0750) ।

SOMALI

DIGTOONI: Haddii aad ku hadasho Af Soomaali, adeegyada caawimada luqada, oo lacag la'aan ah, ayaa lagu heli karaa adiga. Wac 1-800-475-3163 (TTY: 1-800-750-0750).


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