CareSource®

P.O. Box 8738
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2023

CareSource® MyCare Ohio (Medicare-Medicaid Plan)

Formulary

(List of Covered Drugs)

For more recent information or other questions, contact us at:
1-855-475-3163 (TTY: **1-800-750-0750** or **711**)
8 a.m. to 8 p.m., Monday through Friday
CareSource.com/MyCare

Important Message About What You Pay for Vaccines
Our plan covers most Part D vaccines at no cost to you.
Call Member Services for more information.

Formulary ID: 00023541
Version #: 16
Updated on 12/1/2023

CareSource® MyCare Ohio (Medicare-Medicaid Plan) | 2023 *List of Covered Drugs* (Formulary)

Introduction

This document is called the *List of Covered Drugs* (also known as the Drug List). It tells you which prescription drugs and over-the-counter drugs and items are covered by 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*.

Table of Contents

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: **1-800-750-0750** or **711**), 8 a.m. to 8 p.m., Monday through Friday. The call is free.
- ATENCIÓN: Si habla español, tiene disponible los servicios de asistencia de idiomagratis. Llame al **1-855-475-3163** (TTY: **1-800-750-0750** or **711**), el lunes a viernes, 8 a.m. a 8 p.m. Lallamada 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: **1-800-750-0750** or **711**), 8 a.m. to 8 p.m., Monday through Friday. 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**), 8 a.m. to 8 p.m., Monday through Friday. 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: **1-800-750-0750** or **711**), 8 a.m. to 8 p.m., Monday through Friday. The call is free.

B. Frequently Asked Questions (FAQ)

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

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

The drugs on the *List of Covered Drugs* that starts on page 2 are the drugs covered by CareSource MyCare Ohio. These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as "network pharmacies."

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

You can also refer to the up-to-date list of drugs that we cover on our website at **CareSource.com/MyCare** or call Member Services at **1-855-475-3163** (TTY: **1-800-750-0750** or **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 authorization (PA) or approval for a drug. (PA is permission from CareSource MyCare Ohio before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

For more information on these drug rules, refer to question B4.

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

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

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

- You can always check CareSource MyCare Ohio's up to date Drug List online at **CareSource.com/MyCare**.
- You can also call Member Services to check the current Drug List at **1-855-475-3163** (TTY: **1-800-750-0750** or **711**).

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

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

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

When these changes happen, we will:

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

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

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

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

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

- **Prior Authorization (PA) or approval:** For some drugs, you or your doctor or other prescriber must get PA from CareSource MyCare Ohio before you fill your prescription. CareSource MyCare Ohio may not cover the drug if you do not get approval.
- **Quantity limits:** Sometimes CareSource MyCare Ohio limits the amount of a drug you can get.
- **Step therapy:** Sometimes CareSource MyCare Ohio requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.
- **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 2-261. 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. They can help you decide if there is a similar drug on the Drug List you can take

instead or whether to ask for an exception. Please refer to questions B10-B12 for more information about exceptions.

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

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

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

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

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

There are two ways to find a drug:

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

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

To search **by medical condition**, find the section labeled "Drugs Grouped by Medical Condition" on page xi. 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 I want to take is not on the Drug List?

If you don't find your drug on the Drug List, call Member Services at **1-855-475-3163** (TTY: **1-800-750-0750** or **711**) and ask about it. If you learn that CareSource MyCare Ohio will not cover the drug, you can do one of these things:

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

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

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

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

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

- you are taking a drug that is not on our Drug List, **or**
- health plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires PA by CareSource MyCare Ohio, **or**
- you are taking a drug that is part of a step therapy restriction.

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

- 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.
    - 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.

- Beneficiaries who are discharged from psychiatric hospitals with drug regimens that are highly individualized.

- 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 I ask for an exception to cover my drug?

Yes. You can ask CareSource MyCare Ohio to make an exception to cover a drug that is not on the Drug List.

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

- For example, CareSource MyCare Ohio may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or PA requirements.

B11. How can I ask for an exception?

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

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

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

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

B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and 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.

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 find which OTC drugs are covered.

B15. Does CareSource MyCare Ohio cover non-drug OTC products?

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

Examples of non-drug OTC products include alcohol swabs or insect repellent.

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

B16. What is my copay?

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

B17. 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 and over-the-counter (OTC) drugs.

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

C. Drugs Grouped by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, 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 262. 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 ADD next to a drug means the drug is not a "Part D drug." The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage).

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

> **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: **1-800-750-0750** or **711**). You can also read the Chapter 9, Section D, *Coverage decisions and appeals* of the *Member Handbook* to learn how to appeal a decision.

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

List of Abbreviations

ADD: Non-Part D drugs or OTC items that are covered by Medicaid only. 'The amount you pay when you fill a prescription for this drug does not count towards your total drug costs' (that is, the amount you pay does not help you qualify for catastrophic coverage).

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

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

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

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
amphotericin b	1	B/D PA; MO
caspofungin	1	
clotrimazole mucous membrane	1	MO
CRESEMBA	2	PA
fluconazole	1	MO
fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 400 mg/200 ml	1	PA
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml	1	PA; MO
flucytosine	1	MO
griseofulvin microsize	1	MO
griseofulvin ultramicrosize	1	MO
itraconazole oral capsule	1	MO; QL (120 per 30 days)
itraconazole oral solution	1	MO
ketoconazole oral	1	MO
micafungin	1	MO
nystatin oral	1	MO
posaconazole oral tablet,delayed release (dr/ec)	1	PA; MO; QL (96 per 30 days)
terbinafine hcl oral	1	MO
voriconazole	1	PA; MO
ANTIVIRALS		
abacavir	1	MO
abacavir-lamivudine	1	MO
acyclovir oral capsule	1	MO
acyclovir oral suspension 200 mg/5 ml	1	MO
acyclovir oral tablet	1	MO
acyclovir sodium intravenous solution	1	B/D PA; MO
adefovir	1	MO
amantadine hcl	1	MO
APRETUDE	2	MO
APTIVUS	2	MO
atazanavir	1	MO
BARACLUDE ORAL SOLUTION	2	MO
BIKTARVY	2	MO
CABENUVA	2	MO
cidofovir	1	B/D PA; MO

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.

This drug list was last updated on 11/17/2023.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CIMDUO	2	MO
COMPLERA	2	MO
darunavir ethanolate	1	MO
DELSTRIGO	2	MO
DESCOVY	2	MO
DOVATO	2	MO
EDURANT	2	MO
efavirenz	1	MO
efavirenz-emtricitabin-tenofov	1	MO
efavirenz-lamivu-tenofov disop	1	MO
emtricitabine	1	MO
emtricitabine-tenofovir (tdf)	1	MO
EMTRIVA ORAL SOLUTION	2	MO
entecavir	1	MO
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	2	PA; MO; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	2	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	2	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG	2	PA; MO; QL (28 per 28 days)
etravirine	1	MO
EVOTAZ	2	MO
famciclovir	1	MO
fosamprenavir	1	MO
FUZEON SUBCUTANEOUS RECON SOLN	2	MO
ganciclovir sodium intravenous recon soln	1	B/D PA; MO
ganciclovir sodium intravenous solution	1	B/D PA
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 ORAL TABLET 25 MG	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
lamivudine	1	MO
lamivudine-zidovudine	1	MO
LEXIVA ORAL SUSPENSION	2	MO
lopinavir-ritonavir	1	MO
maraviroc	1	MO
nevirapine oral suspension	1	
nevirapine oral tablet	1	MO
nevirapine oral tablet extended release 24 hr	1	MO
NORVIR ORAL POWDER IN PACKET	2	MO
ODEFSEY	2	MO
oseltamivir	1	MO
PIFELTRO	2	MO
PREVYMIS INTRAVENOUS	2	
PREVYMIS ORAL	2	MO; QL (30 per 30 days)
PREZCOBIX	2	MO
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
ribavirin oral capsule	1	MO
ribavirin oral tablet 200 mg	1	MO
rimantadine	1	MO
ritonavir	1	MO
RUKOBIA	2	MO
SELZENTRY ORAL SOLUTION	2	MO
SELZENTRY ORAL TABLET 25 MG, 75 MG	2	MO
STRIBILD	2	MO
SUNLENCA	2	
SYMTUZA	2	MO
SYNAGIS	2	MO; LA
tenofovir disoproxil fumarate	1	MO
TIVICAY	2	MO
TIVICAY PD	2	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
TRIUMEQ	2	MO
TRIUMEQ PD	2	MO
TRIZIVIR	2	
TROGARZO	2	MO; LA
valacyclovir oral tablet 1 gram	1	MO; QL (120 per 30 days)
valacyclovir oral tablet 500 mg	1	MO; QL (60 per 30 days)
valganciclovir	1	MO
VEKLURY	2	
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 ORAL TABLET 40 MG, 80 MG	2	MO
zidovudine	1	MO
CEPHALOSPORINS		
cefaclor oral capsule	1	MO
cefaclor oral suspension for reconstitution 125 mg/5 ml	1	MO
cefaclor oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml	1	
cefaclor oral tablet extended release 12 hr	1	MO
cefadroxil oral capsule	1	MO
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1	MO
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	1	MO
cefazolin injection recon soln 1 gram, 500 mg	1	MO
cefazolin injection recon soln 10 gram, 100 gram, 300 g	1	
cefazolin intravenous recon soln 1 gram	1	
cefdinir	1	MO
cefepime in dextrose,iso-osm	1	
cefepime injection	1	MO
cefixime	1	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
cefoxitin in dextrose, iso-osm	1	PA
cefoxitin intravenous recon soln 1 gram, 2 gram	1	PA; MO
cefoxitin intravenous recon soln 10 gram	1	PA
cefpodoxime	1	MO
cefprozil	1	MO
ceftazidime injection recon soln 1 gram, 2 gram	1	PA; MO
ceftazidime injection recon soln 6 gram	1	PA
ceftriaxone in dextrose,iso-os	1	MO
ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg	1	MO
ceftriaxone injection recon soln 10 gram	1	
ceftriaxone intravenous	1	MO
cefuroxime axetil oral tablet	1	MO
cefuroxime sodium injection recon soln 750 mg	1	PA; MO
cefuroxime sodium intravenous recon soln 1.5 gram	1	PA; MO
cefuroxime sodium intravenous recon soln 7.5 gram	1	PA
cephalexin oral capsule 250 mg, 500 mg	1	MO
cephalexin oral suspension for reconstitution	1	MO
taticef injection	1	PA; MO
taticef intravenous	1	PA
TEFLARO	2	PA; MO
ERYTHROMYCINS / OTHER MACROLIDES		
azithromycin intravenous	1	PA; MO
azithromycin oral packet	1	MO
azithromycin oral suspension for reconstitution	1	MO
azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)	1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1	MO
clarithromycin	1	MO
DIFICID ORAL TABLET	2	MO; QL (20 per 10 days)
e.e.s. 400 oral tablet	1	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	1	MO
erythrocin (as stearate) oral tablet 250 mg	1	
erythromycin ethylsuccinate oral tablet	1	MO
erythromycin oral	1	MO
MISCELLANEOUS ANTIINFECTIVES		
albendazole	1	MO
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	1	PA; MO
ARIKAYCE	2	PA; LA
atovaquone	1	MO
atovaquone-proguanil	1	MO
aztreonam	1	PA; MO
bacitracin intramuscular	1	
CAYSTON	2	PA; MO; LA; QL (84 per 56 days)
chloramphenicol sod succinate	1	
chloroquine phosphate	1	MO
clindamycin hcl	1	MO
clindamycin in 5 % dextrose	1	PA; MO
clindamycin pediatric	1	MO
clindamycin phosphate injection	1	PA; MO
clindamycin phosphate intravenous	1	PA; MO
COARTEM	2	MO
colistin (colistimethate na)	1	PA; MO; QL (30 per 10 days)
CVS PINWORM TREATMENT 50 MG/ML	3	ADD
dapsone oral	1	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	2	MO
daptomycin intravenous recon soln 500 mg	1	MO
EMVERM	2	MO
ertapenem	1	PA; MO; QL (14 per 14 days)
ethambutol	1	MO

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gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml	1	PA; MO
gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml	1	PA
gentamicin injection solution 40 mg/ml	1	PA; MO
gentamicin sulfate (ped) (pf)	1	PA; MO
hydroxychloroquine oral tablet 200 mg	1	MO
imipenem-cilastatin	1	PA; MO
isoniazid injection	1	
isoniazid oral	1	MO
ivermectin oral	1	PA; MO; QL (20 per 30 days)
lincomycin	1	PA
linezolid	1	MO
linezolid in dextrose 5%	1	PA; MO
linezolid-0.9% sodium chloride	1	PA
mefloquine	1	MO
meropenem intravenous recon soln 1 gram	1	PA; MO; QL (30 per 10 days)
meropenem intravenous recon soln 500 mg	1	PA; MO; QL (10 per 10 days)
metro i.v.	1	PA; MO
metronidazole in nacl (iso-os)	1	PA; MO
metronidazole oral tablet	1	MO
neomycin	1	MO
nitazoxanide	1	MO
paromomycin	1	
PASER	2	
pentamidine inhalation	1	B/D PA; MO; QL (1 per 28 days)
pentamidine injection	1	MO
PINAWAY 50 MG/ML SUSPENSION	3	ADD
PINWORM MEDICINE 144 MG/ML	3	ADD
praziquantel	1	MO
PRIFTIN	2	MO
PRIMAQUINE	2	MO
pyrazinamide	1	MO
pyrimethamine	1	PA; MO
quinine sulfate	1	MO

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REESE'S PINWORM 144 MG/ML SUSP	3	MO; ADD
rifabutin	1	MO
rifampin	1	MO
SIRTURO	2	PA; LA
STREPTOMYCIN	2	PA; MO; QL (60 per 30 days)
tigecycline	1	PA; MO
tinidazole	1	MO
TOBI PODHALER	2	MO; QL (224 per 56 days)
tobramycin in 0.225 % nacl	1	PA; MO; QL (280 per 28 days)
tobramycin inhalation	1	PA; MO; QL (224 per 28 days)
tobramycin sulfate injection recon soln	1	PA; QL (9 per 14 days)
tobramycin sulfate injection solution	1	PA; MO
TRECATOR	2	MO
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	2	PA; QL (4000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	2	PA; QL (1000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML	2	PA; QL (4050 per 10 days)
VANCOMYCIN INJECTION	2	PA; QL (1 per 10 days)
vancomycin intravenous recon soln 1,000 mg	1	PA; MO; QL (20 per 10 days)
vancomycin intravenous recon soln 10 gram	1	PA; QL (2 per 10 days)
vancomycin intravenous recon soln 5 gram	1	PA; QL (4 per 10 days)
vancomycin intravenous recon soln 500 mg	1	PA; MO; QL (10 per 10 days)
vancomycin intravenous recon soln 750 mg	1	PA; MO; QL (27 per 10 days)
vancomycin oral capsule 125 mg	1	PA; MO; QL (40 per 10 days)
vancomycin oral capsule 250 mg	1	PA; MO; QL (80 per 10 days)

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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		
amoxicillin oral capsule	1	MO
amoxicillin oral suspension for reconstitution	1	MO
amoxicillin oral tablet	1	MO
amoxicillin oral tablet,chewable 125 mg, 250 mg	1	MO
amoxicillin-pot clavulanate	1	MO
ampicillin oral capsule 500 mg	1	MO
ampicillin sodium injection	1	PA; MO
ampicillin sodium intravenous	1	PA
ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram	1	PA; MO
ampicillin-sulbactam injection recon soln 15 gram	1	PA
ampicillin-sulbactam intravenous	1	PA
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	MO
BICILLIN C-R	2	PA; MO
BICILLIN L-A	2	PA; MO
dicloxacillin	1	MO
nafcillin in dextrose iso-osm	1	PA
nafcillin injection recon soln 1 gram, 2 gram	1	PA; MO
nafcillin injection recon soln 10 gram	1	PA
nafcillin intravenous recon soln 2 gram	1	PA
oxacillin in dextrose(iso-osm)	1	PA
oxacillin injection recon soln 1 gram, 10 gram	1	PA
oxacillin injection recon soln 2 gram	1	PA; MO
PENICILLIN G POT IN DEXTROSE	2	PA
penicillin g potassium	1	PA; MO
penicillin g sodium	1	PA; MO

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penicillin v potassium	1	MO
pfizerpen-g	1	PA
piperacillin-tazobactam intravenous recon soln 13.5 gram, 40.5 gram	1	
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram	1	MO
QUINOLONES		
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON	2	
ciprofloxacin hcl oral tablet 100 mg	1	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	MO
ciprofloxacin in 5 % dextrose	1	PA; MO
ciprofloxacin oral suspension,microcapsule recon 500 mg/5 ml	1	
levofloxacin in d5w intravenous piggyback 250 mg/50 ml	1	PA
levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml	1	PA; MO
levofloxacin intravenous	1	PA; MO
levofloxacin oral	1	MO
moxifloxacin oral	1	MO
moxifloxacin-sod.chloride(iso)	1	PA; MO
SULFA'S / RELATED AGENTS		
sulfadiazine	1	MO
sulfamethoxazole-trimethoprim intravenous	1	PA; MO
sulfamethoxazole-trimethoprim oral	1	MO
TETRACYCLINES		
demeclocycline	1	MO
doxy-100	1	PA; MO
doxycycline hyclate intravenous	1	PA
doxycycline hyclate oral capsule	1	MO
doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg	1	MO
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	MO

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doxycycline monohydrate oral suspension for reconstitution	1	MO
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	1	MO
minocycline oral capsule	1	MO
minocycline oral tablet	1	MO
mondoxyne nl oral capsule 100 mg	1	
tetracycline	1	MO
URINARY TRACT AGENTS		
methenamine hippurate	1	MO
methenamine mandelate	1	MO
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	1	MO
nitrofurantoin monohyd/m-cryst	1	MO
nitrofurantoin oral suspension 25 mg/5 ml	1	MO
trimethoprim	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
dexrazoxane hcl	1	B/D PA; MO
ELITEK	2	MO
KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG	2	
KHAPZORY	2	B/D PA
leucovorin calcium oral	1	MO
levoleucovorin calcium intravenous recon soln	1	B/D PA; MO
levoleucovorin calcium intravenous solution	1	B/D PA
mesna	1	B/D PA; MO
MESNEX ORAL	2	MO
VISTOGARD	2	PA
XGEVA	2	B/D PA; MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
abiraterone oral tablet 250 mg	1	PA; MO; QL (120 per 30 days)
abiraterone oral tablet 500 mg	1	PA; MO; QL (60 per 30 days)

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ABRAXANE	2	B/D PA; MO
ADCETRIS	2	B/D PA; MO
ADSTILADRIN	2	PA
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 180 days)
anastrozole	1	MO
arsenic trioxide intravenous solution 1 mg/ml	1	B/D PA
arsenic trioxide intravenous solution 2 mg/ml	1	B/D PA; MO
ASPARLAS	2	PA
AYVAKIT	2	PA; LA; QL (30 per 30 days)
azacitidine	1	B/D PA; MO
azathioprine oral tablet 50 mg	1	B/D PA; MO
azathioprine sodium	1	B/D PA; MO
BALVERSA	2	PA; LA
BAVENCIO	2	B/D PA; LA
BELEODAQ	2	B/D PA
bendamustine intravenous recon soln	1	B/D PA; MO
BENDEKA	2	B/D PA; MO
BESPONSA	2	B/D PA; MO; LA
bexarotene	1	PA; MO
bicalutamide	1	MO
bleomycin	1	B/D PA
BLINCYTO INTRAVENOUS KIT	2	B/D PA
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	2	B/D PA
bortezomib injection recon soln 3.5 mg	1	B/D PA; MO
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
busulfan	1	B/D PA

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CABOMETYX	2	PA; MO; LA; QL (30 per 30 days)
CALQUENCE	2	PA; LA; QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL)	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)
carboplatin intravenous solution	1	B/D PA; MO
carmustine intravenous recon soln 100 mg	1	B/D PA; MO
cisplatin intravenous solution	1	B/D PA; MO
cladribine	1	B/D PA; MO
clofarabine	1	B/D PA
COLUMVI	2	PA; MO
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	2	PA; MO; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	2	PA; MO; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	2	PA; MO; QL (84 per 28 days)
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)
cyclophosphamide intravenous recon soln	1	B/D PA; MO
cyclophosphamide oral capsule	1	B/D PA; MO
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG	2	B/D PA
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	2	B/D PA; MO
cyclosporine intravenous	1	B/D PA
cyclosporine modified oral capsule	1	B/D PA; MO
cyclosporine modified oral solution	1	B/D PA
cyclosporine oral capsule	1	B/D PA; MO
CYRAMZA	2	B/D PA; MO

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cytarabine	1	B/D PA; MO
cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)	1	B/D PA; MO
cytarabine (pf) injection solution 20 mg/ml	1	B/D PA
dacarbazine	1	B/D PA; MO
dactinomycin	1	B/D PA; MO
DANYELZA	2	PA
DARZALEX	2	B/D PA; MO; LA
daunorubicin intravenous solution	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)
decitabine	1	B/D PA; MO
docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)	1	B/D PA
docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)	1	B/D PA; MO
doxorubicin intravenous recon soln 10 mg	1	B/D PA
doxorubicin intravenous recon soln 50 mg	1	B/D PA; MO
doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml	1	B/D PA; MO
doxorubicin intravenous solution 2 mg/ml	1	B/D PA
doxorubicin, peg-liposomal	1	B/D PA; MO
DROXIA	2	MO
ELREXFIO	2	PA
ELZONRIS	2	PA; LA
EMCYT	2	MO
EMPLICITI	2	B/D PA; MO
ENVARSUS XR	2	B/D PA; MO
epirubicin intravenous solution 200 mg/100 ml	1	B/D PA
EPKINLY	2	PA
ERBITUX	2	B/D PA; MO

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ERIVEDGE	2	PA; MO; QL (30 per 30 days)
ERLEADA ORAL TABLET 240 MG	2	PA; MO; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	2	PA; MO; QL (120 per 30 days)
erlotinib oral tablet 100 mg, 150 mg	1	PA; MO; QL (30 per 30 days)
erlotinib oral tablet 25 mg	1	PA; MO; QL (60 per 30 days)
ERWINASE	2	B/D PA
ETOPOPHOS	2	B/D PA; MO
etoposide intravenous	1	B/D PA; MO
EULEXIN	2	
everolimus (antineoplastic) oral tablet	1	PA; MO; QL (30 per 30 days)
everolimus (antineoplastic) oral tablet for suspension 2 mg	1	PA; MO; QL (330 per 30 days)
everolimus (antineoplastic) oral tablet for suspension 3 mg	1	PA; MO; QL (240 per 30 days)
everolimus (antineoplastic) oral tablet for suspension 5 mg	1	PA; MO; QL (180 per 30 days)
everolimus (immunosuppressive)	1	B/D PA; MO
exemestane	1	MO
EXKIVITY	2	PA; LA; QL (120 per 30 days)
FIRMAGON KIT W DILUENT SYRINGE	2	B/D PA; MO
floxuridine	1	B/D PA
fludarabine intravenous recon soln	1	B/D PA; MO
fludarabine intravenous solution	1	B/D PA
fluorouracil intravenous solution 1 gram/20 ml, 500 mg/10 ml	1	B/D PA; MO
fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml	1	B/D PA
FOLOTYN	2	B/D PA; MO
FOTIVDA	2	PA; LA; QL (21 per 28 days)
fulvestrant	1	B/D PA; MO

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FYARRO	2	PA
GAVRETO	2	PA; MO; LA; QL (120 per 30 days)
GAZYVA	2	B/D PA; MO
gefitinib	1	PA; MO; QL (30 per 30 days)
gemcitabine intravenous recon soln 1 gram, 200 mg	1	B/D PA; MO
gemcitabine intravenous recon soln 2 gram	1	B/D PA
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)	1	B/D PA; MO
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	2	B/D PA
gengraf	1	B/D PA; MO
GILOTRIF	2	PA; MO; QL (30 per 30 days)
GLEOSTINE	1	MO
HALAVEN	2	B/D PA; MO
hydroxyurea	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
IBRANCE	2	PA; MO; QL (21 per 28 days)
ICLUSIG	2	PA; QL (30 per 30 days)
idarubicin	1	B/D PA; MO
IDHIFA	2	PA; MO; LA; QL (30 per 30 days)
ifosfamide intravenous recon soln	1	B/D PA; MO
ifosfamide intravenous solution 1 gram/20 ml	1	B/D PA; MO
ifosfamide intravenous solution 3 gram/60 ml	1	B/D PA
imatinib oral tablet 100 mg	1	PA; MO; QL (180 per 30 days)
imatinib oral tablet 400 mg	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 SUSPENSION	2	PA; QL (324 per 30 days)

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IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	2	PA; QL (30 per 30 days)
IMFINZI	2	B/D PA; MO; LA
IMJUDO	2	PA; MO
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)
INREBIC	2	PA; MO; LA; QL (120 per 30 days)
IRESSA	2	PA; MO; QL (30 per 30 days)
irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml	1	B/D PA; MO
irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml	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)
JAYPIRCA ORAL TABLET 100 MG	2	PA; MO; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	2	PA; MO; QL (30 per 30 days)
JEMPERLI	2	PA; MO
JEVTANA	2	B/D PA; MO
KADCYLA	2	PA; MO
KEYTRUDA	2	PA
KIMMTRAK	2	PA
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	2	PA; MO; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	2	PA; MO; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	2	PA; MO; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	2	PA; MO; QL (21 per 28 days)

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	2	PA; MO; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	2	PA; MO; QL (63 per 28 days)
KRAZATI	2	PA; QL (180 per 30 days)
KYPROLIS	2	B/D PA
lapatinib	1	PA; MO; QL (180 per 30 days)
lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg	1	PA; MO; QL (28 per 28 days)
lenalidomide oral capsule 2.5 mg, 20 mg	1	PA; QL (28 per 28 days)
LENVIMA	2	PA; MO
letrozole	1	MO
LEUKERAN	2	MO
leuprolide subcutaneous kit	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)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
LUMAKRAS	2	PA; MO
LUMOXITI	2	PA; LA
LUNSUMIO	2	PA; MO
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	
LYTGOBI	2	PA; LA
MARGENZA	2	PA
MATULANE	2	
megestrol oral suspension 400 mg/10 ml (10 ml)	1	PA
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)	1	PA; MO
megestrol oral tablet	1	PA; MO

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MEKINIST ORAL RECON SOLN	2	PA; MO; QL (1200 per 30 days)
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)
melphalan	1	B/D PA; MO
melphalan hcl	1	B/D PA
mercaptopurine	1	MO
methotrexate sodium	1	B/D PA; MO
methotrexate sodium (pf)	1	B/D PA
mitomycin intravenous	1	B/D PA; MO
mitoxantrone	1	B/D PA; MO
MONJUVI	2	PA; LA
MVASI	2	PA; MO
mycophenolate mofetil	1	B/D PA; MO
mycophenolate mofetil (hcl)	1	B/D PA; MO
mycophenolate sodium	1	B/D PA; MO
MYLOTARG	2	B/D PA; MO; LA
nelarabine	1	B/D PA; MO
NERLYNX	2	PA; MO; LA
nilutamide	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
octreotide acetate injection solution	1	PA; MO
octreotide acetate injection syringe 100 mcg/ml (1 ml), 500 mcg/ml (1 ml)	1	PA; MO
octreotide acetate injection syringe 50 mcg/ml (1 ml)	1	PA
ODOMZO	2	PA; MO; LA; QL (30 per 30 days)
OJJAARA	2	PA; QL (30 per 30 days)
ONCASPAR	2	B/D PA
ONIVYDE	2	B/D PA
ONUREG	2	PA; MO; QL (14 per 28 days)
OPDIVO	2	PA; MO
OPDUALAG	2	PA; MO

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ORGOVYX	2	PA; LA; QL (30 per 28 days)
ORSERDU ORAL TABLET 345 MG	2	PA; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	2	PA; QL (90 per 30 days)
oxaliplatin intravenous recon soln	1	B/D PA; MO
oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)	1	B/D PA; MO
oxaliplatin intravenous solution 200 mg/40 ml	1	B/D PA
paclitaxel	1	B/D PA; MO
PADCEV	2	PA; MO
paraplatin	1	B/D PA
PEMAZYRE	2	PA; LA; QL (14 per 21 days)
pemetrexed disodium intravenous recon soln 1,000 mg, 100 mg, 500 mg	1	B/D PA; MO
pemetrexed disodium intravenous recon soln 750 mg	1	B/D PA
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	
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)
REZLIDHIA	2	PA; QL (60 per 30 days)
romidepsin intravenous recon soln	1	B/D PA
ROZLYTREK ORAL CAPSULE 100 MG	2	PA; MO; QL (150 per 30 days)

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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
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	2	PA; MO
SARCLISA	2	PA; LA
SCEMBLIX ORAL TABLET 20 MG	2	PA; MO; QL (600 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	2	PA; MO; QL (300 per 30 days)
SIGNIFOR	2	PA
SIMULECT	2	B/D PA; MO
sirolimus	1	B/D PA; MO
SOLTAMOX	2	MO
SOMATULINE DEPOT	2	PA; MO
sorafenib	1	PA; MO; QL (120 per 30 days)
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)
sunitinib malate	1	PA; MO; QL (30 per 30 days)
SYNRIBO	2	B/D PA
TABLOID	2	MO
TABRECTA	2	PA; MO
tacrolimus oral	1	B/D PA; MO
TAFINLAR ORAL CAPSULE	2	PA; MO; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION	2	PA; MO; QL (840 per 28 days)
TAGRISSO	2	PA; MO; LA; QL (30 per 30 days)
TALVEY	2	PA

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TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	2	PA; MO; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	2	PA; MO; QL (90 per 30 days)
tamoxifen	1	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
TECVAYLI	2	PA
TEMODAR INTRAVENOUS	2	B/D PA; MO
temsirolimus	1	B/D PA; MO
TEPMETKO	2	PA; LA
THALOMID ORAL CAPSULE 100 MG, 50 MG	2	PA; MO; QL (28 per 28 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	2	PA; MO; QL (56 per 28 days)
thiotepa injection recon soln 100 mg	1	B/D PA
thiotepa injection recon soln 15 mg	1	B/D PA; MO
TIBSOVO	2	PA
TIVDAK	2	PA; MO
topotecan	1	B/D PA; MO
toremifene	1	MO
TRAZIMERA	2	B/D PA; MO
TREANDA	2	B/D PA; MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	2	B/D PA; MO
tretinoin (antineoplastic)	1	MO
TRODELVY	2	PA; LA
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 ORAL CAPSULE 125 MG	2	PA; LA; QL (120 per 30 days)
UNITUXIN	2	B/D PA
valrubicin	1	B/D PA; MO
VANFLYTA	2	PA; QL (56 per 28 days)
VECTIBIX	2	B/D PA; MO
VENCLEXTA ORAL TABLET 10 MG	2	PA; LA; QL (60 per 30 days)

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VENCLEXTA ORAL TABLET 100 MG	2	PA; LA; QL (120 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	2	PA; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK	2	PA; LA; QL (42 per 180 days)
VERZENIO	2	PA; MO; LA; QL (60 per 30 days)
vinblastine	1	B/D PA; MO
vincristine	1	B/D PA; MO
vinorelbine	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)
VONJO	2	PA; QL (120 per 30 days)
VOTRIENT	2	PA; MO; QL (120 per 30 days)
VYXEOS	2	B/D PA
WELIREG	2	PA; LA
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

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YONDELIS	2	B/D PA
YONSA	2	PA; MO; QL (120 per 30 days)
ZALTRAP	2	B/D PA; MO
ZANOSAR	2	B/D PA; MO
ZEJULA ORAL CAPSULE	2	PA; MO; LA; QL (90 per 30 days)
ZEJULA ORAL TABLET 100 MG	2	PA; MO; LA; QL (90 per 30 days)
ZEJULA ORAL TABLET 200 MG, 300 MG	2	PA; MO; LA; QL (30 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
ZYDELIG	2	PA; MO; QL (60 per 30 days)
ZYKADIA	2	PA; MO; QL (90 per 30 days)
ZYNLONTA	2	PA; LA
ZYNYZ	2	PA

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG	2	MO; QL (180 per 30 days)
APTIOM ORAL TABLET 400 MG	2	MO; QL (90 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	2	MO; QL (60 per 30 days)
BRIVIACT INTRAVENOUS	2	MO; QL (600 per 30 days)
BRIVIACT ORAL SOLUTION	2	MO; QL (600 per 30 days)
BRIVIACT ORAL TABLET	2	MO; QL (60 per 30 days)
carbamazepine oral capsule, er multiphase 12 hr	1	MO
carbamazepine oral suspension 100 mg/5 ml	1	MO
carbamazepine oral suspension 200 mg/10 ml	1	
carbamazepine oral tablet	1	MO
carbamazepine oral tablet extended release 12 hr	1	MO
carbamazepine oral tablet,chewable	1	MO

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CELONTIN ORAL CAPSULE 300 MG	2	MO
clobazam oral suspension	1	PA; MO; QL (480 per 30 days)
clobazam oral tablet	1	PA; MO; QL (60 per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	1	MO; QL (90 per 30 days)
clonazepam oral tablet 2 mg	1	MO; QL (300 per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	1	MO; QL (90 per 30 days)
clonazepam oral tablet,disintegrating 2 mg	1	MO; QL (300 per 30 days)
DIACOMIT	2	PA; LA
diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg	1	MO
diazepam rectal kit 2.5 mg	1	
DILANTIN 30 MG	2	MO
divalproex	1	MO
EPIDIOLEX	2	PA; MO; LA
epitol	1	MO
EPRONTIA	2	PA; MO
ethosuximide	1	MO
felbamate	1	MO
FINTEPLA	2	PA; LA; QL (360 per 30 days)
fosphenytoin	1	MO
FYCOMPA ORAL SUSPENSION	2	MO; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	2	MO; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG, 4 MG, 6 MG	2	MO; QL (60 per 30 days)
gabapentin oral capsule 100 mg, 400 mg	1	MO; QL (270 per 30 days)
gabapentin oral capsule 300 mg	1	MO; QL (360 per 30 days)
gabapentin oral solution 250 mg/5 ml	1	MO; QL (2160 per 30 days)
gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)	1	QL (2160 per 30 days)
gabapentin oral tablet 600 mg	1	MO; QL (180 per 30 days)
gabapentin oral tablet 800 mg	1	MO; QL (120 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG		PA; MO; QL (30 per 30 days)

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GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG, 900 MG	2	PA; MO; QL (60 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	2	PA; MO; QL (90 per 30 days)
lacosamide intravenous	1	MO; QL (1200 per 30 days)
lacosamide oral solution	1	MO; QL (1200 per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg	1	MO; QL (60 per 30 days)
lacosamide oral tablet 50 mg	1	MO; QL (120 per 30 days)
lamotrigine	1	MO
levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml	1	MO
levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml	1	
levetiracetam intravenous	1	MO
levetiracetam oral solution 100 mg/ml	1	MO
levetiracetam oral solution 500 mg/5 ml (5 ml)	1	
levetiracetam oral tablet	1	MO
levetiracetam oral tablet extended release 24 hr	1	MO
methsuximide	1	MO
NAYZILAM	2	PA; MO; QL (10 per 30 days)
oxcarbazepine	1	MO
phenobarbital oral elixir	1	PA; MO
phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg	1	PA
phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg	1	PA; MO
phenobarbital sodium injection solution 130 mg/ml	1	MO
phenobarbital sodium injection solution 65 mg/ml	1	
phenytoin oral suspension 100 mg/4 ml	1	

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phenytoin oral suspension 125 mg/5 ml	1	MO
phenytoin oral tablet,chewable	1	MO
phenytoin sodium extended oral capsule 100 mg	1	MO
phenytoin sodium extended oral capsule 200 mg, 300 mg	1	
phenytoin sodium intravenous solution	1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	1	MO; QL (90 per 30 days)
pregabalin oral capsule 225 mg, 300 mg	1	MO; QL (60 per 30 days)
pregabalin oral solution	1	MO; QL (900 per 30 days)
PRIMIDONE ORAL TABLET 125 MG	2	MO
primidone oral tablet 250 mg, 50 mg	1	MO
roweepra oral tablet 500 mg	1	MO
rufinamide	1	PA; MO
SPRITAM	2	MO
subvenite	1	MO
subvenite starter (blue) kit	1	MO
subvenite starter (green) kit	1	MO
subvenite starter (orange) kit	1	MO
SYMPAZAN	2	PA; MO; QL (60 per 30 days)
tiagabine	1	MO
topiramate oral capsule, sprinkle	1	PA; MO
topiramate oral tablet	1	PA; MO
valproate sodium	1	MO
valproic acid	1	MO
valproic acid (as sodium salt) oral solution 250 mg/5 ml	1	MO
valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)	1	
VALTOCO	2	PA; MO; QL (10 per 30 days)
vigabatrin	1	MO; LA
vigadrone	1	LA

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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)
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 (28 per 180 days)
ZONISADE	2	PA; MO
zonisamide	1	PA; MO
ZTALMY	2	PA; LA; QL (1080 per 30 days)
ANTIPARKINSONISM AGENTS		
APOKYN	2	PA; MO; LA; QL (90 per 30 days)
apomorphine	1	PA; QL (90 per 30 days)
benztropine injection	1	MO
benztropine oral	1	PA; MO
bromocriptine	1	MO
carbidopa	1	MO
carbidopa-levodopa oral tablet	1	MO
carbidopa-levodopa oral tablet extended release	1	MO
carbidopa-levodopa oral tablet,disintegrating	1	
carbidopa-levodopa-entacapone	1	MO
entacapone	1	MO
NEUPRO	2	MO
pramipexole oral tablet	1	MO
rasagiline oral tablet 0.5 mg	1	
rasagiline oral tablet 1 mg	1	MO
ropinirole	1	MO
selegiline hcl	1	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	2	PA; MO; QL (1 per 30 days)
dihydroergotamine injection	1	
dihydroergotamine nasal	1	QL (8 per 28 days)
eletriptan	1	MO; QL (18 per 28 days)

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EMGALITY PEN	2	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; MO; QL (2 per 30 days)
ergotamine-caffeine	1	MO
naratriptan	1	MO; QL (18 per 28 days)
NURTEC ODT	2	PA; QL (16 per 30 days)
rizatriptan	1	MO; QL (36 per 28 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation	1	MO; QL (18 per 28 days)
sumatriptan nasal spray,non-aerosol 5 mg/actuation	1	MO; QL (36 per 28 days)
sumatriptan succinate oral	1	MO; QL (18 per 28 days)
sumatriptan succinate subcutaneous cartridge	1	MO; QL (8 per 28 days)
sumatriptan succinate subcutaneous pen injector	1	MO; QL (8 per 28 days)
sumatriptan succinate subcutaneous solution	1	MO; QL (8 per 28 days)
UBRELVY	2	PA; QL (20 per 30 days)
zolmitriptan oral	1	MO; QL (18 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUBAGIO	2	PA; MO; QL (30 per 30 days)
BRIUMVI	2	PA; MO; QL (24 per 180 days)
dalfampridine	1	PA; MO; QL (60 per 30 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg	1	PA; MO; QL (14 per 30 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)	1	PA; MO; QL (120 per 180 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg	1	PA; MO; QL (60 per 30 days)
donepezil	1	MO
fingolimod	1	PA; MO; QL (30 per 30 days)
FIRDAPSE	2	PA; LA

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galantamine	1	MO
GILENYA ORAL CAPSULE 0.5 MG	2	PA; MO; QL (30 per 30 days)
glatiramer subcutaneous syringe 20 mg/ml	1	PA; QL (30 per 30 days)
glatiramer subcutaneous syringe 40 mg/ml	1	PA; QL (12 per 28 days)
glatopa subcutaneous syringe 20 mg/ml	1	PA; MO; QL (30 per 30 days)
glatopa subcutaneous syringe 40 mg/ml	1	PA; MO; QL (12 per 28 days)
INGREZZA	2	PA; LA; QL (30 per 30 days)
INGREZZA INITIATION PACK	2	PA; LA; QL (28 per 180 days)
memantine oral capsule,sprinkle,er 24hr	1	PA; MO
memantine oral solution	1	PA; MO
memantine oral tablet	1	PA; MO
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	2	PA
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR	2	PA; MO
NUEDEXTA	2	PA; MO
OCREVUS	2	PA; MO; LA; QL (20 per 180 days)
RADICAVA	2	PA
rivastigmine	1	MO
rivastigmine tartrate	1	MO
teriflunomide	1	PA; MO; QL (30 per 30 days)
tetrabenazine oral tablet 12.5 mg	1	PA; MO; QL (240 per 30 days)
tetrabenazine oral tablet 25 mg	1	PA; MO; QL (120 per 30 days)
TYSABRI	2	PA; MO; LA; QL (15 per 28 days)
VUMERITY	2	PA; MO; QL (120 per 30 days)
ZEPOSIA	2	PA; MO; QL (30 per 30 days)
ZEPOSIA STARTER KIT (28-DAY)	2	PA; MO; QL (28 per 180 days)

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ZEPOSIA STARTER PACK (7-DAY)	2	PA; MO; QL (7 per 180 days)
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
baclofen oral tablet	1	MO
cyclobenzaprine oral tablet 10 mg, 5 mg	1	PA; MO
dantrolene intravenous	1	
dantrolene oral	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
pyridostigmine bromide oral tablet 60 mg	1	MO
pyridostigmine bromide oral tablet extended release	1	MO
revonto	1	
tizanidine oral tablet	1	MO
NARCOTIC ANALGESICS		
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml)	1	QL (4500 per 30 days)
acetaminophen-codeine oral solution 120-12 mg/5 ml	1	MO; QL (4500 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	1	MO; QL (360 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	1	MO; QL (180 per 30 days)
BELBUCA	2	PA; MO; QL (60 per 30 days)
buprenorphine hcl injection syringe	1	
buprenorphine hcl sublingual	1	MO
buprenorphine transdermal patch	1	PA; MO; QL (4 per 28 days)
endocet	1	MO; QL (360 per 30 days)
fentanyl citrate (pf) injection solution	1	
fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)	1	
fentanyl citrate buccal lozenge on a handle	1	PA; MO; QL (120 per 30 days)

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fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA; MO; QL (10 per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	1	MO; QL (5550 per 30 days)
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	1	MO; QL (390 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	MO; QL (360 per 30 days)
hydrocodone-ibuprofen	1	MO; QL (50 per 30 days)
hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 2 mg/ml	1	
hydromorphone (pf) injection solution 10 mg/ml	1	MO
hydromorphone injection solution 1 mg/ml	1	
hydromorphone injection solution 2 mg/ml	1	MO
hydromorphone injection syringe 1 mg/ml, 4 mg/ml	1	MO
hydromorphone injection syringe 2 mg/ml	1	
hydromorphone oral liquid	1	MO; QL (2400 per 30 days)
hydromorphone oral tablet	1	MO; QL (180 per 30 days)
hydromorphone oral tablet extended release 24 hr	1	PA; MO; QL (60 per 30 days)
methadone injection solution	1	
methadone intensol	1	PA; MO; QL (90 per 30 days)
methadone oral concentrate	1	PA; QL (90 per 30 days)
methadone oral solution 10 mg/5 ml	1	PA; MO; QL (600 per 30 days)
methadone oral solution 5 mg/5 ml	1	PA; MO; QL (1200 per 30 days)
methadone oral tablet 10 mg	1	PA; MO; QL (120 per 30 days)
methadone oral tablet 5 mg	1	PA; MO; QL (240 per 30 days)
methadose oral concentrate	1	PA; MO; QL (90 per 30 days)

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morphine (pf) injection solution 0.5 mg/ml	1	
morphine (pf) injection solution 1 mg/ml	1	MO
morphine concentrate oral solution	1	MO; QL (900 per 30 days)
morphine injection syringe 4 mg/ml	1	MO
morphine intravenous solution 10 mg/ml, 4 mg/ml	1	MO
morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml	1	
morphine oral solution	1	MO; QL (900 per 30 days)
morphine oral tablet	1	MO; QL (180 per 30 days)
morphine oral tablet extended release	1	PA; MO; QL (120 per 30 days)
oxycodone oral capsule	1	MO; QL (360 per 30 days)
oxycodone oral concentrate	1	MO; QL (180 per 30 days)
oxycodone oral solution	1	MO; QL (1200 per 30 days)
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1	MO; QL (180 per 30 days)
oxycodone oral tablet 5 mg	1	MO; QL (360 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	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)
NON-NARCOTIC ANALGESICS		
8 HOUR ACETAMINOPHEN ER 650 MG	3	ADD
8HR ARTHRITIS PAIN ER 650 MG	3	ADD
8HR MUSCLE ACHE-PAIN ER 650 MG	3	ADD
acetaminophen 120 mg suppos	3	MO; ADD

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acetaminophen 120 mg suppos inner	3	MO; ADD
acetaminophen 120 mg suppos outer	3	MO; ADD
acetaminophen 160 mg/5 ml sol	3	ADD
acetaminophen 160 mg/5 ml sol inner	3	ADD
acetaminophen 160 mg/5 ml sol outer	3	ADD
acetaminophen 160 mg/5 ml solution cup inner	3	ADD
acetaminophen 160 mg/5 ml solution cup outer	3	ADD
acetaminophen 160 mg/5 ml suspension cup inner	3	ADD
acetaminophen 160 mg/5 ml suspension cup outer	3	ADD
acetaminophen 325 mg gelcap	3	MO; ADD
acetaminophen 325 mg tablet	3	MO; ADD
acetaminophen 325 mg/10.15 ml	3	ADD
acetaminophen 325 mg/10.15 ml cup inner	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
acetaminophen 325 mg/10.15 ml cup outer	3	ADD
ACETAMINOPHEN 325 MG/10.15 ML CUP OUTER	3	ADD
acetaminophen 325 mg/10.15 ml inner	3	ADD
acetaminophen 325 mg/10.15 ml outer	3	ADD
acetaminophen 500 mg caplet	3	MO; ADD
acetaminophen 500 mg gelcap	3	MO; ADD
acetaminophen 500 mg tablet	3	MO; ADD
acetaminophen 500 mg tablet extra strength	3	MO; ADD
acetaminophen 650 mg suppos	3	MO; ADD
acetaminophen 650 mg suppos outer	3	MO; ADD
acetaminophen 650 mg/20.3 ml	3	ADD
acetaminophen 650 mg/20.3 ml cup inner	3	ADD
ACETAMINOPHEN 650 MG/20.3 ML CUP INNER	3	ADD

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acetaminophen 650 mg/20.3 ml cup outer	3	ADD
ACETAMINOPHEN 650 MG/20.3 ML CUP OUTER	3	ADD
acetaminophen 650 mg/20.3 ml inner	3	ADD
acetaminophen 650 mg/20.3 ml outer	3	ADD
acetaminophen er 650 mg tablet inner	3	MO; ADD
acetaminophen er 650 mg tablet outer	3	MO; ADD
ACETAMINOPHEN POWDER USP (RX)	3	ADD
ADULT ASPIRIN REGIMEN EC 81 MG	3	ADD
ALL DAY PAIN RELIEF 220 MG TAB	3	ADD
ALL DAY PAIN RLF 220 MG CAPLET	3	ADD
ALL DAY PAIN RLF 220 MG CAPLET	3	ADD
ALL DAY RELIEF 220 MG CAPLET CAPLET, GLUTEN-FREE	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ALL DAY RELIEF 220 MG TABLET GLUTEN-FREE	3	MO; ADD
ARTHRITIS PAIN ER 650 MG CAPLT	3	ADD
ARTHRITIS PAIN ER 650 MG CAPLT CAPLET	3	ADD
ARTHRITIS PAIN ER 650 MG TAB INNER	3	ADD
ARTHRITIS PAIN ER 650 MG TAB OUTER	3	ADD
aspirin 300 mg suppository	3	MO; ADD
aspirin 325 mg tablet	3	MO; ADD
aspirin 325 mg tablet micro-coated	3	MO; ADD
aspirin 325 mg tablet regular strength	3	MO; ADD
aspirin 81 mg chewable tablet	3	MO; ADD
aspirin 81 mg chewable tablet adult low dose	3	MO; ADD
aspirin 81 mg chewable tablet child low dose	3	MO; ADD

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aspirin 81 mg chewable tablet gluten-free, orange	3	MO; ADD
aspirin 81 mg chewable tablet low dose	3	MO; ADD
aspirin 81 mg chewable tablet low dose, cherry	3	MO; ADD
aspirin 81 mg chewable tablet tab chew,cherry	3	MO; ADD
aspirin 81 mg chewable tablet tab chew,orange	3	MO; ADD
aspirin ec 325 mg tablet	3	MO; ADD
aspirin ec 325 mg tablet regular strength	3	MO; ADD
aspirin ec 325 mg tablet safety-coated	3	MO; ADD
aspirin ec 81 mg tablet	3	MO; ADD
aspirin ec 81 mg tablet adult low dose	3	MO; ADD
aspirin ec 81 mg tablet low dose	3	MO; ADD
buprenorphine-naloxone sublingual film 12-3 mg	1	MO; QL (60 per 30 days)
buprenorphine-naloxone sublingual film 2-0.5 mg	1	MO; QL (360 per 30 days)
buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg	1	MO; QL (90 per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg	1	MO; QL (360 per 30 days)
buprenorphine-naloxone sublingual tablet 8-2 mg	1	MO; QL (90 per 30 days)
butorphanol injection	1	MO
butorphanol nasal	1	MO; QL (10 per 28 days)
celecoxib	1	MO
CHILD ACETAMINOPHEN 160 MG	3	ADD
child ibuprofen 100 mg/5 ml syrg	3	ADD
CHILD PAIN-FEVER 160 MG/5 ML	3	MO; ADD
CHILD PAIN-FEVER 160 MG/5 ML AS, IBU/F	3	MO; ADD
CHILD PAIN-FEVER 160 MG/5 ML GLUTEN-F, GRAPE	3	MO; ADD

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CHILDREN IBUPROFEN 100 MG/5 ML	3	ADD
CHILDREN IBUPROFEN 100 MG/5 ML BERRY	3	ADD
CHILDREN IBUPROFEN 100 MG/5 ML BERRY FLAVOR	3	ADD
CHILDREN IBUPROFEN 100 MG/5 ML CUP INNER, D/F	3	ADD
CHILDREN IBUPROFEN 100 MG/5 ML CUP OUTER, D/F	3	ADD
CHILDREN IBUPROFEN 100 MG/5 ML CUP U-D	3	ADD
CHILDREN IBUPROFEN 100 MG/5 ML CUP U-D,100'S,HOSP USE	3	ADD
CHILDREN IBUPROFEN 100 MG/5 ML CUP U-D,30'S,HOSP USE	3	ADD
CHILDREN IBUPROFEN 100 MG/5 ML D/F	3	ADD
CHILDREN IBUPROFEN 100 MG/5 ML D/F,BERRY	3	ADD
CHILDREN IBUPROFEN 100 MG/5 ML DYE/FREE	3	ADD
CHILDREN IBUPROFEN 100 MG/5 ML GLUTEN/F, BERRY	3	ADD
CHILDREN IBUPROFEN 100 MG/5 ML GLUTEN/F, GRAPE	3	ADD
CHILDREN IBUPROFEN 100 MG/5 ML GLUTEN/F,BUBBLE	3	ADD
CHILDREN IBUPROFEN 100 MG/5 ML GRAPE	3	ADD
CHILDREN IBUPROFEN 100 MG/5 ML INNER	3	ADD
CHILDREN IBUPROFEN 100 MG/5 ML OUTER	3	ADD
CHILDREN'S MAPAP 80 MG TAB CHW	3	MO; ADD

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CHILD'S MAPAP 160 MG TAB CHEW	3	MO; ADD
CHLD ACETAMINOPHEN 160 MG/5 ML	3	ADD
CHLD ACETAMINOPHEN 160 MG/5 ML CUP INNER	3	ADD
CHLD ACETAMINOPHEN 160 MG/5 ML CUP OUTER	3	ADD
CHLD ACETAMINOPHEN 160 MG/5 ML GLUTEN/F, GRAPE	3	ADD
CHLD ACETAMINOPHEN 160 MG/5 ML GLUTEN/F,CHERRY	3	ADD
CHLD ACETAMINOPHEN 160 MG/5 ML INNER	3	ADD
CHLD ACETAMINOPHEN 160 MG/5 ML OUTER	3	ADD
clonidine (pf) epidural solution 5,000 mcg/10 ml	1	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
diclofenac potassium oral tablet 50 mg	1	MO
diclofenac sodium oral	1	MO
diclofenac sodium topical gel 1 %	1	MO; QL (1000 per 28 days)
diclofenac-misoprostol	1	MO
diflunisal	1	MO
ec-naproxen oral tablet,delayed release (dr/ec) 375 mg	1	
ec-naproxen oral tablet,delayed release (dr/ec) 500 mg	1	MO
ED-APAP 160 MG/5 ML LIQUID	3	ADD
etodolac	1	MO
FEVERALL 120 MG SUPPOSITORY CHILDRENS, OUTER	3	ADD
FEVERALL 120 MG SUPPOSITORY CHILDREN'S, OUTER	3	ADD

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FEVERALL 325 MG SUPPOSITORY JUNIOR STR, OUTER	3	MO; ADD
FEVERALL 650 MG SUPPOSITORY ADULT, OUTER	3	ADD
FEVERALL 80 MG SUPPOSITORY INFANT'S, OUTER	3	MO; ADD
flurbiprofen oral tablet 100 mg	1	MO
gnp aspirin ec 81 mg tablet	3	MO; ADD
gnp ibuprofen 200 mg softgel	3	MO; ADD
gnp ibuprofen 200 mg tablet	3	MO; ADD
gnp naproxen sod 220 mg caplet	3	ADD
gnp naproxen sod 220 mg tablet	3	ADD
GNP PAIN RELIEF 500 MG CAPLET	3	ADD
GNP PAIN RELIEF 500 MG CAPLET	3	ADD
GS ARTHRITIS PAIN ER 650 MG	3	ADD
GS ARTHRITIS PAIN ER 650 MG CAPLET	3	ADD
gs aspirin 325 mg tablet	3	MO; ADD
gs aspirin 81 mg chewable tab	3	MO; ADD
GS CHILD FEVER-PAIN 160 MG/5 ML	3	MO; ADD
GS CHILD IBUPROFEN 100 MG/5 ML	3	ADD
GS CHILD PAIN-FEVER 160 MG/5 ML	3	MO; ADD
gs ibuprofen 200 mg caplet	3	MO; ADD
gs ibuprofen 200 mg liquid gel	3	MO; ADD
gs ibuprofen 200 mg tablet	3	MO; ADD
GS INF IBUPROFEN 50 MG/1.25 ML	3	MO; ADD
GS INFANT PAIN-FEVER 160 MG/5	3	ADD
GS INFANT PAIN-FEVER 160 MG/5 CHERRY, DYE-FREE	3	ADD
gs naproxen sod 220 mg caplet	3	ADD
gs naproxen sod 220 mg tablet	3	ADD
GS PAIN RELIEF 325 MG TABLET	3	ADD

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GS PAIN RELIEF 500 MG CAPLET	3	ADD
GS PAIN RELIEF 500 MG TABLET	3	ADD
GS PAIN RELIEF ER 650 MG CPLT	3	MO; ADD
HM ARTHRIT PAIN RLF ER 650 MG	3	ADD
hm aspirin 325 mg tablet	3	MO; ADD
hm aspirin 81 mg chewable tab	3	MO; ADD
hm aspirin 81 mg chewable tab adlt low dose,orange	3	MO; ADD
hm aspirin ec 325 mg tablet reg strength	3	MO; ADD
hm aspirin ec 81 mg tablet	3	MO; ADD
hm aspirin ec 81 mg tablet low dose	3	MO; ADD
HM CHILD ACETAMINOPHEN 160 MG	3	ADD
HM CHILD IBUPROFEN 100 MG/5 ML	3	ADD
HM CHILD IBUPROFEN 100 MG/5 ML BERRY	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
HM CHILD IBUPROFEN 100 MG/5 ML BUBBLE GUM	3	ADD
HM CHILD IBUPROFEN 100 MG/5 ML GLUTEN/F,BERRY	3	ADD
HM CHILD IBUPROFEN 100 MG/5 ML GRAPE	3	ADD
HM CHLD PAIN-FEVER 160 MG/5 ML	3	MO; ADD
HM CHLD PAIN-FEVER 160 MG/5 ML DYE-FREE	3	MO; ADD
hm ibuprofen 200 mg caplet	3	MO; ADD
hm ibuprofen 200 mg capsule liquid filled sftgel	3	MO; ADD
hm ibuprofen 200 mg tablet	3	MO; ADD
hm ibuprofen 200 mg tablet coated,gluten-free	3	MO; ADD
HM IBUPROFEN IB 200 MG TABLET COATED. GLUTEN-FREE	3	ADD

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HM INF IBUPROFEN 50 MG/1.25 ML BERRY FLAVOR	3	MO; ADD
HM INF IBUPROFEN 50 MG/1.25 ML D/F,BERRY FLAVOR	3	MO; ADD
HM INFANT PAIN-FEVER 160 MG/5 CHERRY,W/SYRINGE	3	ADD
HM INFANT PAIN-FEVER 160 MG/5 GRAPE,W/SYRINGE	3	ADD
hm naproxen sod 220 mg caplet caplet, gluten-free	3	ADD
hm naproxen sodium 220 mg cap	3	ADD
HM PAIN RELIEF 325 MG TABLET	3	ADD
HM PAIN RELIEF 500 MG CAPLET	3	ADD
HM PAIN RELIEF 500 MG CAPLET CAPLET, EX-STRENGTH	3	ADD
HM PAIN RELIEFER 650 MG CPLT	3	MO; ADD
HM PAIN RELIEVER 325 MG TABLET REGULAR STRENGTH	3	ADD
HM PAIN RELIEVER 500 MG TABLET EXTRA STRENGTH	3	ADD
ibu	1	MO
IBU-200 200 MG TABLET	3	ADD
ibuprofen 200 mg caplet	3	MO; ADD
ibuprofen 200 mg caplet	3	MO; ADD
ibuprofen 200 mg caplet caplet, coated	3	MO; ADD
ibuprofen 200 mg coated caplet	3	MO; ADD
ibuprofen 200 mg capsule	3	MO; ADD
ibuprofen 200 mg softgel	3	MO; ADD
ibuprofen 200 mg tablet	3	MO; ADD
ibuprofen 200 mg tablet coated	3	MO; ADD
ibuprofen 200 mg tablet coated caplet	3	MO; ADD
ibuprofen 200 mg/10 ml suspension cup 100's, u-d cups (otc)	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
ibuprofen 200 mg/10 ml suspension cup 30's, u-d cups (otc)	3	MO; ADD
ibuprofen 200 mg/10 ml suspension cup u-d (otc)	3	MO; ADD
ibuprofen jr str 100 mg tb chw	3	ADD
ibuprofen oral suspension 100 mg/5 ml	1	MO
ibuprofen oral tablet 400 mg, 800 mg	1	MO
ibuprofen oral tablet 600 mg	1	
INF ACETAMINOPHEN 160 MG/5 ML	3	ADD
INFANT IBUPROFEN 50 MG/1.25 ML	3	MO; ADD
INFANT IBUPROFEN 50 MG/1.25 ML BERRY	3	MO; ADD
INFANT IBUPROFEN 50 MG/1.25 ML BERRY,INFANT	3	MO; ADD
INFANT IBUPROFEN 50 MG/1.25 ML D/F,BERRY,INFANT	3	MO; ADD
INFANT IBUPROFEN 50 MG/1.25 ML D/F,NON-STAINING	3	MO; ADD
INFANT IBUPROFEN 50 MG/1.25 ML GLUTEN/F, BERRY	3	MO; ADD
INFANT PAIN-FEVER 160 MG/5 ML	3	ADD
INFANT PAIN-FEVER 160 MG/5 ML GRAPE	3	ADD
INFANT PAIN-FEVER 160 MG/5 ML W/SYRINGE, CHERRY	3	ADD
INFANT PAIN-FEVER 160 MG/5 ML W/SYRINGE, GRAPE	3	ADD
INFANTS PAIN-FEVER 160 MG/5 ML DYE-FREE, CHERRY	3	ADD
MAPAP 500 MG CAPSULE	3	MO; ADD
MAPAP 500 MG/15 ML LIQUID	3	MO; ADD
meloxicam oral tablet 15 mg	1	MO

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meloxicam oral tablet 7.5 mg	1	MO; QL (30 per 30 days)
M-PAP 160 MG/5 ML LIQUID	3	MO; ADD
nabumetone	1	MO
nalbuphine	1	MO
naloxone injection solution	1	MO
naloxone injection syringe	1	MO
naloxone nasal	1	MO
naltrexone	1	MO
naproxen oral tablet	1	MO
naproxen oral tablet,delayed release (dr/ec) 375 mg	1	MO
naproxen oral tablet,delayed release (dr/ec) 500 mg	1	
naproxen sodium 220 mg capsule	3	ADD
naproxen sodium 220 mg tablet	3	ADD
naproxen sodium oral tablet 275 mg, 550 mg	1	MO
oxaprozin	1	MO
PAIN RELIEF 325 MG TABLET	3	ADD
PAIN RELIEF 500 MG CAPLET CAPLET,EX-STRENGTH	3	ADD
PAIN RELIEF 500 MG TABLET EXTRA STRENGTH	3	ADD
PAIN RELIEVER 500 MG TABLET EX-STR,EASY TAB	3	ADD
PHARBETOL 325 MG TABLET REGULAR STRENGTH	3	ADD
PHARBETOL 500 MG TABLET EXTRA STRENGTH	3	ADD
piroxicam	1	MO
qc acetaminophen 8-hr 650 mg	3	MO; ADD
QC ARTHRITIS PAIN ER 650 MG CAPLET	3	ADD
qc aspirin 325 mg tablet	3	MO; ADD
qc aspirin 81 mg chewable tab	3	MO; ADD
qc aspirin ec 325 mg tablet	3	MO; ADD
qc aspirin ec 81 mg tablet	3	MO; ADD

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QC CHILD IBUPROFEN 100 MG/5 ML	3	ADD
QC CHILD PAIN RLF 160 MG/5 ML	3	ADD
QC CHILD PAIN RLF 160 MG/5 ML BUBBLE GUM	3	ADD
qc ibuprofen 200 mg softgel	3	MO; ADD
qc naproxen sod 220 mg tablet	3	ADD
QC NON-ASPIRIN 500 MG CAPLET XTRA STRENGTH,CAPLET	3	ADD
QC NON-ASPIRIN 500 MG GELCAP GELCAP, EX-STR	3	ADD
QC NON-ASPIRIN PAIN RELIEF TB EXTRA STRENGTH	3	ADD
QC PAIN RELIEF 325 MG TABLET	3	ADD
QC PAIN RELIEF 500 MG CAPLET	3	ADD
salsalate	1	MO
SM 8 HOUR PAIN RELIEF 650 MG CAPLET	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
SM ARTHRITIS PAIN ER 650 MG CAPLET	3	ADD
SM ARTHRITIS PAIN ER 650 MG TB	3	ADD
sm aspirin 325 mg tablet	3	MO; ADD
sm aspirin 81 mg chewable tab adult low strength	3	MO; ADD
sm aspirin ec 325 mg tablet	3	MO; ADD
sm aspirin ec 325 mg tablet reg-str, gluten-free	3	MO; ADD
sm aspirin ec 81 mg tablet adult low strength	3	MO; ADD
SM CHILD ASPIRIN 81 MG CHW TAB CHILDREN'S	3	ADD
SM CHLD PAIN-FEVER 160 MG/5 ML	3	MO; ADD
SM CHLD PAIN-FEVER 160 MG/5 ML AS, GLUTEN-F	3	MO; ADD
sm ibuprofen 100 mg/5 ml susp (otc)	3	MO; ADD
sm ibuprofen 100 mg/5 ml susp children's (otc)	3	MO; ADD

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sm ibuprofen 200 mg caplet	3	MO; ADD
sm ibuprofen 200 mg softgel	3	MO; ADD
sm ibuprofen 200 mg tablet	3	MO; ADD
SM IBUPROFEN IB 100 MG CHEW TB	3	ADD
SM IBUPROFEN IB 200 MG CAPLET	3	ADD
SM IBUPROFEN IB 200 MG CAPLET CAPLET, GLUTEN-FREE	3	ADD
SM IBUPROFEN IB 200 MG TABLET	3	ADD
SM IBUPROFEN IB 200 MG TABLET COATED	3	ADD
SM INF IBUPROFEN 50 MG/1.25 ML D/F	3	MO; ADD
SM INF IBUPROFEN 50 MG/1.25 ML W/DROPPER	3	MO; ADD
SM INFANT PAIN-FEVER 160 MG/5 GLUTEN-F,GRAPE	3	ADD
sm naproxen sod 220 mg caplet	3	ADD
sm naproxen sod 220 mg gluten free, caplet	3	ADD
SM PAIN RELIEVER 325 MG TABLET	3	ADD
SM PAIN RELIEVER 500 MG CAPLET CAPLET, EXTRA STR	3	ADD
SM PAIN RELIEVER 500 MG CAPLET CAPLET, EXTRA STR	3	ADD
SM PAIN RELIEVER 500 MG GELCAP GELCAP,EX STRENGTH	3	ADD
SM PAIN RELIEVER 500 MG TABLET EX-STR, GLUTEN-FREE	3	ADD
SM PAIN RELIEVER 500 MG TABLET EXTRA STRENGTH	3	ADD
SM PAIN RELIEVER ER 650 MG	3	MO; ADD
ST. JOSEPH ASPIRIN 81 MG CHEW	3	MO; ADD
sulindac	1	MO

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tramadol oral tablet 50 mg	1	MO; QL (240 per 30 days)
tramadol-acetaminophen	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 ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	2	MO; QL (2.4 per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	2	MO; QL (3.2 per 56 days)
ABILIFY MAINTENA	2	MO; QL (1 per 28 days)
amitriptyline	1	MO
amoxapine	1	MO
aripiprazole oral solution	1	MO
aripiprazole oral tablet	1	MO; QL (30 per 30 days)
aripiprazole oral tablet,disintegrating	1	MO; QL (60 per 30 days)
ARISTADA INITIO	2	MO; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	2	MO; QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	2	MO; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	2	MO; QL (2.4 per 28 days)

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ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	2	MO; QL (3.2 per 28 days)
armodafinil	1	PA; MO; QL (30 per 30 days)
asenapine maleate	1	MO; QL (60 per 30 days)
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	1	MO; QL (60 per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	1	MO; QL (30 per 30 days)
AUVELITY	2	ST; MO; QL (60 per 30 days)
bupropion hcl oral tablet	1	MO
bupropion hcl oral tablet extended release 24 hr 150 mg	1	MO; QL (90 per 30 days)
bupropion hcl oral tablet extended release 24 hr 300 mg	1	MO; QL (30 per 30 days)
bupropion hcl oral tablet sustained-release 12 hr	1	MO; QL (60 per 30 days)
buspirone	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CAPLYTA	2	MO; QL (30 per 30 days)
chlorpromazine	1	MO
citalopram oral solution	1	MO
citalopram oral tablet	1	MO; QL (30 per 30 days)
clomipramine	1	MO
clonidine hcl oral tablet extended release 12 hr	1	MO
clorazepate dipotassium oral tablet 15 mg	1	PA; MO; QL (180 per 30 days)
clorazepate dipotassium oral tablet 3.75 mg	1	PA; MO; QL (90 per 30 days)
clorazepate dipotassium oral tablet 7.5 mg	1	PA; MO; QL (360 per 30 days)
clozapine	1	
desipramine	1	MO
desvenlafaxine succinate	1	MO; QL (30 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr	1	MO
dextroamphetamine-amphetamine oral tablet	1	MO
diazepam injection	1	PA

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diazepam intensol	1	PA; MO; QL (240 per 30 days)
diazepam oral concentrate	1	PA; QL (240 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml)	1	PA; MO; QL (1200 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)	1	PA; QL (1200 per 30 days)
diazepam oral tablet	1	PA; MO; QL (120 per 30 days)
doxepin oral capsule	1	MO
doxepin oral concentrate	1	MO
doxepin oral tablet	1	MO; QL (30 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	2	QL (60 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	2	QL (90 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	1	MO; QL (60 per 30 days)
EMSAM	2	MO
escitalopram oxalate oral solution	1	MO
escitalopram oxalate oral tablet	1	MO; QL (30 per 30 days)
eszopiclone	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 180 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	2	QL (28 per 180 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	2	MO; QL (30 per 30 days)
flumazenil	1	
fluoxetine (pmdd) oral tablet 10 mg	1	QL (240 per 30 days)
fluoxetine (pmdd) oral tablet 20 mg	1	QL (120 per 30 days)
fluoxetine oral capsule 10 mg	1	MO; QL (30 per 30 days)
fluoxetine oral capsule 20 mg	1	MO; QL (90 per 30 days)
fluoxetine oral capsule 40 mg	1	MO; QL (60 per 30 days)
fluoxetine oral capsule,delayed release(dr/ec)	1	MO; QL (4 per 28 days)

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fluoxetine oral solution	1	MO
fluoxetine oral tablet 10 mg	1	MO; QL (240 per 30 days)
fluoxetine oral tablet 20 mg	1	MO; QL (120 per 30 days)
fluphenazine decanoate	1	MO
fluphenazine hcl	1	MO
fluvoxamine oral capsule,extended release 24hr	1	MO; QL (60 per 30 days)
fluvoxamine oral tablet 100 mg	1	MO; QL (90 per 30 days)
fluvoxamine oral tablet 25 mg	1	MO; QL (30 per 30 days)
fluvoxamine oral tablet 50 mg	1	MO; QL (60 per 30 days)
haloperidol	1	MO
haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)	1	
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	1	MO
haloperidol lactate injection	1	MO
haloperidol lactate intramuscular	1	
haloperidol lactate oral	1	MO
HETLIOZ	2	PA; MO; QL (30 per 30 days)
imipramine hcl	1	MO
imipramine pamoate	1	MO
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	2	MO; QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	2	MO; QL (5 per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	2	MO; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	2	MO; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	2	MO; QL (1.5 per 28 days)

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INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	2	MO; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	2	MO; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	2	MO; QL (0.88 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	2	MO; QL (1.32 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	2	MO; QL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	2	MO; QL (2.63 per 90 days)
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)
lithium carbonate	1	MO
lithium citrate oral solution 8 meq/5 ml	1	
lorazepam injection solution	1	PA; MO
lorazepam injection syringe 2 mg/ml	1	PA; MO
lorazepam intensol	1	PA; QL (150 per 30 days)
lorazepam oral concentrate	1	PA; MO; QL (150 per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	1	PA; MO; QL (90 per 30 days)
lorazepam oral tablet 2 mg	1	PA; MO; QL (150 per 30 days)
loxapine succinate	1	MO
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	1	MO; QL (30 per 30 days)
lurasidone oral tablet 80 mg	1	MO; QL (60 per 30 days)
MARPLAN	2	MO
methylphenidate hcl oral capsule,er biphasic 50-50	1	MO
methylphenidate hcl oral solution	1	MO
methylphenidate hcl oral tablet	1	MO
methylphenidate hcl oral tablet extended release 10 mg, 20 mg	1	MO

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methylphenidate hcl oral tablet,chewable	1	MO
mirtazapine	1	MO
modafinil oral tablet 100 mg	1	PA; MO; QL (30 per 30 days)
modafinil oral tablet 200 mg	1	PA; MO; QL (60 per 30 days)
molindone oral tablet 10 mg, 25 mg	1	
molindone oral tablet 5 mg	1	MO
nefazodone	1	MO
nortriptyline	1	MO
NUPLAZID	2	PA; MO; QL (30 per 30 days)
olanzapine intramuscular	1	MO
olanzapine oral	1	MO; QL (30 per 30 days)
olanzapine-fluoxetine	1	MO
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	1	MO; QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	1	MO; QL (60 per 30 days)
paroxetine hcl oral suspension	1	MO
paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg	1	MO; QL (30 per 30 days)
paroxetine hcl oral tablet 30 mg	1	MO; QL (60 per 30 days)
paroxetine hcl oral tablet extended release 24 hr	1	MO; QL (60 per 30 days)
perphenazine	1	MO
PERSERIS	2	MO; QL (1 per 30 days)
phenelzine	1	MO
pimozide	1	MO
protriptyline	1	MO
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	MO; QL (90 per 30 days)
quetiapine oral tablet 300 mg, 400 mg	1	MO; QL (60 per 30 days)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	1	MO; QL (30 per 30 days)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	1	MO; QL (60 per 30 days)
ramelteon	1	MO; QL (30 per 30 days)
REXULTI ORAL TABLET	2	MO; QL (30 per 30 days)

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RISPERDAL CONSTA	2	MO; QL (2 per 28 days)
risperidone oral solution	1	MO
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	1	MO; QL (60 per 30 days)
risperidone oral tablet 4 mg	1	MO; QL (120 per 30 days)
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	1	MO; QL (60 per 30 days)
risperidone oral tablet,disintegrating 4 mg	1	MO; QL (120 per 30 days)
SECUADO	2	MO; QL (30 per 30 days)
sertraline oral concentrate	1	MO
sertraline oral tablet 100 mg, 50 mg	1	MO; QL (60 per 30 days)
sertraline oral tablet 25 mg	1	MO; QL (30 per 30 days)
SODIUM OXYBATE	2	PA; LA; QL (540 per 30 days)
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	2	PA
tasimelteon	1	PA; QL (30 per 30 days)
thioridazine	1	MO
thiothixene	1	MO
tranylcypromine	1	MO
trazodone	1	MO
trifluoperazine	1	MO
trimipramine	1	MO
TRINTELLIX	2	MO; QL (30 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	2	MO; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	2	MO; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	2	MO; QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	2	MO; QL (0.56 per 56 days)

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UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	2	MO; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	2	MO; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	2	MO; QL (0.21 per 28 days)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg	1	MO; QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 75 mg	1	MO; QL (90 per 30 days)
venlafaxine oral tablet	1	MO; QL (90 per 30 days)
VERSACLOZ	2	
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	2	QL (30 per 180 days)
vilazodone	1	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 180 days)
XYREM	2	PA; LA; QL (540 per 30 days)
zaleplon oral capsule 10 mg	1	MO; QL (60 per 30 days)
zaleplon oral capsule 5 mg	1	MO; QL (30 per 30 days)
ziprasidone hcl	1	MO; QL (60 per 30 days)
ziprasidone mesylate	1	MO
zolpidem oral tablet	1	MO; QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	2	MO; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	2	MO; QL (1 per 28 days)

CARDIOVASCULAR, HYPERTENSION / LIPIDS

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ANTIARRHYTHMIC AGENTS		
adenosine	1	
amiodarone intravenous solution	1	B/D PA; MO
amiodarone intravenous syringe	1	B/D PA
amiodarone oral tablet 100 mg, 200 mg	1	MO
amiodarone oral tablet 400 mg	1	
dofetilide	1	MO
flecainide	1	MO
ibutilide fumarate	1	
lidocaine (pf) intravenous	1	
lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)	1	
mexiletine	1	MO
pacerone oral tablet 100 mg, 200 mg, 400 mg	1	MO
procainamide injection	1	
propafenone	1	MO
quinidine sulfate oral tablet	1	MO
sorine oral tablet 120 mg, 160 mg, 80 mg	1	MO
sorine oral tablet 240 mg	1	
sotalol af	1	
sotalol oral	1	MO
ANTIHYPERTENSIVE THERAPY		
acebutolol	1	MO
aliskiren	1	MO
amiloride	1	MO
amiloride-hydrochlorothiazide	1	MO
amlodipine	1	MO
amlodipine-benazepril	1	MO
amlodipine-olmesartan	1	MO
amlodipine-valsartan	1	MO
amlodipine-valsartan-hcthiazid	1	MO
atenolol	1	MO
atenolol-chlorthalidone	1	MO
benazepril	1	MO
benazepril-hydrochlorothiazide	1	MO
betaxolol oral tablet 10 mg	1	MO

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betaxolol oral tablet 20 mg	1	
bisoprolol fumarate	1	MO
bisoprolol-hydrochlorothiazide	1	MO
bumetanide	1	MO
candesartan	1	MO
candesartan-hydrochlorothiazid	1	MO
captopril	1	MO
captopril-hydrochlorothiazide	1	
cartia xt	1	MO
carvedilol	1	MO
chlorothiazide sodium	1	MO
chlorthalidone oral tablet 25 mg, 50 mg	1	MO
clonidine	1	MO; QL (4 per 28 days)
clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)	1	
clonidine hcl oral tablet	1	MO
diltiazem hcl intravenous	1	
diltiazem hcl oral capsule,ext.rel 24h degradable	1	MO
diltiazem hcl oral capsule,extended release 12 hr	1	MO
diltiazem hcl oral capsule,extended release 24 hr	1	MO
diltiazem hcl oral capsule,extended release 24hr	1	MO
diltiazem hcl oral tablet	1	MO
diltiazem hcl oral tablet extended release 24 hr 120 mg	1	MO
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
dilt-xr	1	MO
doxazosin oral tablet 1 mg, 2 mg, 4 mg	1	MO; QL (30 per 30 days)
doxazosin oral tablet 8 mg	1	MO; QL (60 per 30 days)
EDARBI	2	MO
EDARBYCLOR	2	MO
enalapril maleate oral tablet	1	MO
enalaprilat intravenous solution	1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg	1	

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enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	1	MO
eplerenone	1	MO
esmolol intravenous solution	1	
ethacrynate sodium	1	
felodipine	1	MO
fosinopril	1	MO
fosinopril-hydrochlorothiazide	1	MO
furosemide injection solution	1	MO
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	MO
furosemide oral tablet	1	MO
hydralazine	1	MO
hydrochlorothiazide	1	MO
indapamide	1	MO
irbesartan	1	MO
irbesartan-hydrochlorothiazide	1	MO
isosorbide-hydralazine	1	MO; QL (180 per 30 days)
isradipine	1	MO
KERENDIA	2	PA; QL (30 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
labetalol intravenous solution	1	
labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)	1	
labetalol oral	1	MO
lisinopril	1	MO
lisinopril-hydrochlorothiazide	1	MO
losartan	1	MO
losartan-hydrochlorothiazide	1	MO
mannitol 20 %	1	
mannitol 25 % intravenous solution	1	MO
matzim la	1	MO
metolazone	1	MO
metoprolol succinate	1	MO
metoprolol ta-hydrochlorothiaz	1	MO
metoprolol tartrate intravenous	1	
metoprolol tartrate oral	1	MO
metyrosine	1	PA; MO
minoxidil oral	1	MO
moexipril	1	MO
nadolol	1	MO
nebivolol	1	MO

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nicardipine intravenous solution	1	
nicardipine oral	1	MO
nifedipine oral tablet extended release	1	MO
nifedipine oral tablet extended release 24hr	1	MO
nimodipine	1	MO
nisoldipine	1	MO
olmesartan	1	MO
olmesartan-amlodipin-hcthiazid	1	MO
olmesartan-hydrochlorothiazide	1	MO
osmitrol 20 %	1	
perindopril erbumine	1	MO
phentolamine	1	
pindolol	1	MO
prazosin	1	MO
propranolol intravenous	1	
propranolol oral	1	MO
quinapril oral tablet 10 mg, 20 mg, 40 mg	1	MO
quinapril oral tablet 5 mg	1	
quinapril-hydrochlorothiazide	1	
ramipril	1	MO
spironolactone oral tablet	1	MO
spironolacton-hydrochlorothiaz	1	MO
taztia xt	1	MO
TEKTURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG	2	
telmisartan	1	MO
telmisartan-amlodipine	1	MO
telmisartan-hydrochlorothiazid	1	MO
terazosin oral capsule 1 mg, 2 mg, 5 mg	1	MO; QL (30 per 30 days)
terazosin oral capsule 10 mg	1	MO; QL (60 per 30 days)
tiadylt er	1	MO
timolol maleate oral	1	MO
torsemide oral	1	MO
trandolapril	1	MO
trandolapril-verapamil	1	MO
treprostinil sodium	1	PA; MO; LA
triamterene-hydrochlorothiazid	1	MO
UPTRAVI ORAL	2	PA; MO; LA
valsartan oral tablet	1	MO

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valsartan-hydrochlorothiazide	1	MO
veletri	1	B/D PA; MO
verapamil intravenous	1	
verapamil oral	1	MO
COAGULATION THERAPY		
aminocaproic acid	1	MO
aspirin-dipyridamole	1	MO
BRILINTA	2	MO
CABLIVI INJECTION KIT	2	PA; LA
CEPROTIN (BLUE BAR)	2	PA; MO
CEPROTIN (GREEN BAR)	2	PA; MO
cilostazol	1	MO
clopidogrel oral tablet 300 mg	1	MO
clopidogrel oral tablet 75 mg	1	MO; QL (30 per 30 days)
dabigatran etexilate	1	MO
dipyridamole intravenous	1	
dipyridamole oral	1	MO
DOPTELET (10 TAB PACK)	2	PA; MO; LA
DOPTELET (15 TAB PACK)	2	PA; MO; LA
DOPTELET (30 TAB PACK)	2	PA; MO; LA
ELIQUIS	2	MO
ELIQUIS DVT-PE TREAT 30D START	2	MO
enoxaparin subcutaneous solution	1	MO; QL (30 per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	1	MO; QL (28 per 28 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	1	MO; QL (22.4 per 28 days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml	1	MO; QL (16.8 per 28 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml	1	MO; QL (11.2 per 28 days)
fondaparinux	1	MO
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml)	1	

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heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/500 ml (50 unit/ml)	1	MO
heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml	1	MO
heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml	1	
heparin (porcine) injection cartridge	1	MO
heparin (porcine) injection solution	1	MO
heparin (porcine) injection syringe 5,000 unit/ml	1	MO
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	2	
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	1	MO
heparin, porcine (pf) injection solution 1,000 unit/ml	1	
heparin, porcine (pf) injection solution 5,000 unit/0.5 ml	1	MO
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml	1	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	2	
HEPARIN, PORCINE (PF) SUBCUTANEOUS	2	MO
jantoven	1	MO
MEPHYTON 5 MG TABLET	3	ADD
pentoxifylline	1	MO
phytonadione 5 mg tablet	3	MO; ADD
phytonadione 5 mg tablet inner	3	MO; ADD
phytonadione 5 mg tablet outer	3	MO; ADD
prasugrel	1	MO
PROMACTA	2	PA; MO; LA
protamine	1	
vitamin k-1 10 mg/ml ampul suv, outer	3	MO; ADD
warfarin	1	MO
XARELTO	2	MO

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XARELTO DVT-PE TREAT 30D START	2	MO
LIPID/CHOLESTEROL LOWERING AGENTS		
amlodipine-atorvastatin	1	MO; QL (30 per 30 days)
atorvastatin	1	MO; QL (30 per 30 days)
cholestyramine (with sugar)	1	MO
cholestyramine light	1	
colesevelam	1	MO
colestipol	1	MO
ENDUR-ACIN ER 250 MG TABLET	3	MO; ADD
ENDUR-ACIN ER 500 MG TABLET	3	ADD
ENDUR-ACIN ER 750 MG TABLET	3	ADD
ezetimibe	1	MO
ezetimibe-simvastatin	1	MO; QL (30 per 30 days)
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	1	MO
fenofibrate nanocrystallized	1	MO
fenofibrate oral tablet 160 mg, 54 mg	1	MO
fenofibric acid	1	
fenofibric acid (choline)	1	MO
fluvastatin oral capsule 20 mg	1	MO; QL (30 per 30 days)
fluvastatin oral capsule 40 mg	1	MO; QL (60 per 30 days)
gemfibrozil	1	MO
gnp niacin 250 mg tablet w/calcium (rx)	3	MO; ADD
hm niacin tr 250 mg tablet gluten-free (rx)	3	MO; ADD
icosapent ethyl	1	MO
JUXTAPID	2	PA; MO; LA
LIVALO	2	ST; MO; QL (30 per 30 days)
lovastatin oral tablet 10 mg	1	MO; QL (30 per 30 days)
lovastatin oral tablet 20 mg, 40 mg	1	MO; QL (60 per 30 days)
NEXLETOL	2	PA; MO
NEXLIZET	2	PA; MO
niacin 100 mg tablet (rx)	3	MO; ADD
niacin 100 mg tablet inner (rx)	3	MO; ADD
niacin 100 mg tablet outer (rx)	3	MO; ADD

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niacin 250 mg tablet (rx)	3	MO; ADD
niacin 250 mg tablet d/f,p/f,n (rx)	3	MO; ADD
niacin 50 mg tablet (rx)	3	MO; ADD
niacin 500 mg capsule sa (rx)	3	ADD
niacin 500 mg tablet (rx)	3	MO; ADD
niacin 500 mg tablet y/f,gluten/f (rx)	3	MO; ADD
NIACIN ER 1,000 MG TABLET (RX)	3	MO; ADD
niacin er 250 mg capsule (rx)	3	MO; ADD
niacin er 250 mg tablet p/f (rx)	3	MO; ADD
niacin er 500 mg caplet caplet,cdt,p/f (rx)	3	MO; ADD
niacin er 500 mg capsule (rx)	3	ADD
niacin er 500 mg tablet (rx)	3	MO; ADD
niacin er 500 mg tablet inner (rx)	3	MO; ADD
niacin er 500 mg tablet n,p/f (rx)	3	MO; ADD
niacin er 500 mg tablet outer (rx)	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
niacin oral tablet 500 mg	1	MO
niacin oral tablet extended release 24 hr	1	MO
niacin sa 250 mg capsule (rx)	3	MO; ADD
niacin tr 250 mg capsule (rx)	3	MO; ADD
niacin tr 250 mg capsule p/f,n,gluten/f (rx)	3	MO; ADD
niacin tr 250 mg tablet (rx)	3	MO; ADD
niacin tr 250 mg tablet p/f (rx)	3	MO; ADD
niacin tr 500 mg caplet (rx)	3	MO; ADD
niacin tr 500 mg capsule (rx)	3	ADD
niacin tr 500 mg tablet (rx)	3	MO; ADD
omega-3 1,000 mg softgel (rx)	3	MO; ADD
omega-3 acid ethyl esters	1	MO
PLAIN NIACIN 250 MG TABLET (RX)	3	MO; ADD
PLAIN NIACIN 500 MG TABLET (RX)	3	MO; ADD
pravastatin	1	MO; QL (30 per 30 days)

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prevalite	1	MO
ra niacin 100 mg tablet p/f (rx)	3	MO; ADD
ra niacin 500 mg tablet (rx)	3	MO; ADD
RA NIACIN 500 MG TABLET NO FLUSH (RX)	3	ADD
REPATHA	2	PA; QL (6 per 28 days)
REPATHA PUSHTRONEX	2	PA; QL (7 per 28 days)
REPATHA SURECLICK	2	PA; QL (6 per 28 days)
rosuvastatin	1	MO; QL (30 per 30 days)
simvastatin	1	MO; QL (30 per 30 days)
SLO-NIACIN 250 MG TABLET	3	MO; ADD
SLO-NIACIN 500 MG TABLET (RX)	3	MO; ADD
SLO-NIACIN 750 MG TABLET	3	MO; ADD
SUPER OMEGA-3 SOFTGEL	3	ADD
SUPER TWIN EPA-DHA 1,250 MG	3	ADD
VASCEPA ORAL CAPSULE 0.5 GRAM	2	MO

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MISCELLANEOUS CARDIOVASCULAR AGENTS		
cardioplegic soln	1	
CORLANOR ORAL SOLUTION	2	QL (450 per 30 days)
CORLANOR ORAL TABLET	2	MO; QL (60 per 30 days)
digoxin oral	1	MO
dobutamine	1	B/D PA
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)	1	B/D PA
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)	1	B/D PA
dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)	1	B/D PA; MO

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dopamine intravenous solution 200 mg/5 ml (40 mg/ml)	1	B/D PA
dopamine intravenous solution 400 mg/10 ml (40 mg/ml)	1	B/D PA; MO
ENTRESTO	2	MO; QL (60 per 30 days)
milrinone	1	B/D PA
milrinone in 5 % dextrose	1	B/D PA
norepinephrine bitartrate	1	
ranolazine	1	MO
sodium nitroprusside	1	B/D PA
VECAMYL	2	
VERQUVO	2	MO; QL (30 per 30 days)
VYNDAMAX	2	PA; MO
NITRATES		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	MO
isosorbide mononitrate	1	MO
nitro-bid	1	MO
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)	1	B/D PA
nitroglycerin intravenous	1	B/D PA
nitroglycerin sublingual	1	MO
nitroglycerin transdermal patch 24 hour	1	MO
nitroglycerin translingual	1	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin	1	MO
ANTI-DANDRUFF 1% SHAMPOO	3	MO; ADD
calcipotriene scalp	1	MO; QL (120 per 30 days)
calcipotriene topical cream	1	MO; QL (120 per 30 days)
calcipotriene topical ointment	1	MO; QL (120 per 30 days)
calcitriol topical	1	

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MEDICATED DANDRUFF 1% SHAMPOO	3	ADD
selenium sulfide topical lotion	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)
STELARA INTRAVENOUS	2	PA; MO; QL (104 per 180 days)
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 180 days)
TALTZ SYRINGE	2	PA; MO; QL (1 per 28 days)
KERATOLYTICS		
CALLUS REMOVERS PATCH	3	ADD
CORN REMOVER 40% PATCH	3	ADD
DERMACINRX ATRIX 2% CREAM	3	ADD
DERMACINRX ATRIX 2% WASH	3	ADD
DERMACINRX ATRIX SYSTEM 1 PACK	3	ADD
LIQUID CORN-CALLUS REMOVER	3	ADD
LIQUID WART REMOVER 17%	3	ADD
SALICYLIC ACID POWDER (RX)	3	ADD
SALICYLIC ACID POWDER USP (RX)	3	ADD
SCALP RELIEF 3% LIQUID	3	ADD
SEBEX SHAMPOO	3	MO; ADD
THERAPEUTIC 3% DANDRUFF SHMP	3	ADD
WART REMOVER 17% LIQUID	3	ADD

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WART REMOVER CLEAR STRIP	3	ADD
MISCELLANEOUS DERMATOLOGICALS		
ADBRY	2	PA; MO; QL (6 per 28 days)
AMERICERIN MOIST CREAM	3	ADD
ammonium lactate 12% cream (otc)	3	MO; ADD
ammonium lactate 12% lotion (otc)	3	MO; ADD
ammonium lactate topical cream 12 %	1	MO
ammonium lactate topical lotion 12 %	1	MO
ANTI-ITCH 2% CREAM EXTRA STRENGTH	3	ADD
ANTI-ITCH 2%-0.1% CREAM	3	ADD
AQUAPHILIC OINTMENT	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
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
BANOPHEN ANTI-ITCH 2% CREAM	3	MO; ADD
BASE 7542 CREAM	3	ADD
benzoin compound tincture	3	ADD
benzoin tincture (otc)	3	ADD
benzoin tincture plain (rx)	3	ADD
beta care cream	3	MO; ADD
BETA XMA CREAM	3	ADD

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capsaicin 0.025% cream	3	MO; ADD; QL (60 per 30 days)
CAPSAICIN 0.025% HEAT PATCH	3	ADD
capsaicin 0.1% cream	3	MO; ADD
CAPSAICIN 0.15% LIQUID	3	ADD; QL (60 per 30 days)
CARRINGTON MOIST BARRIER CREAM	3	ADD
CARRINGTON MOIST BARRIER CREAM	3	MO; ADD
CERAVE HEALING 46.5% OINTMENT	3	MO; ADD
CERAVE MOISTURIZING CREAM	3	MO; ADD
CERAVE SA CREAM	3	ADD
CETAPHIL CREAM	3	MO; ADD
CETAPHIL MOISTURIZING CREAM	3	MO; ADD
chloroprocaine (pf)	1	
CIBINQO	2	PA; MO; QL (30 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
COCONUT OIL CREAM	3	ADD
CRITIC-AID CLEAR OINTMENT 12'S	3	ADD
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
CVS DRY SKIN THERAPY CREME	3	ADD
CVS INSECT REPELLENT 15% SPRAY	3	ADD

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CVS MOISTURIZING CREAM (RX)	3	ADD
CVS TOTAL HOME INSECT 30% SPR	3	ADD
DAYLOGIC ADVANCED HEALING OINT	3	ADD
DERMABASE CREAM (RX)	3	MO; ADD
DERMACERIN CREAM (RX)	3	ADD
DERMACINRX SKIN REPAIR 5% CRM	3	ADD
DERMAGRAN 0.275% OINTMENT DG-4	3	ADD
DERMAGRAN 0.275% OINTMENT DT-4	3	ADD
DERMAMED OINTMENT 24'S, TUBE	3	ADD
DERMAPHOR OINTMENT	3	ADD
DERMAPHOR OINTMENT	3	MO; ADD
diclofenac sodium topical gel 3 %	1	PA; MO; QL (100 per 28 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
DML FORTE CREAM W-PANTHENOL	3	MO; ADD
DRY SKIN TREATMENT	3	ADD
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 SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	2	PA; QL (1.34 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
EMOLLIENT CREAM BASE	3	MO; ADD
EUCERIN ADVANC REPAIR HAND CRM	3	MO; ADD
EUCERIN CREAM (RX)	3	MO; ADD

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EUCERIN CREME (RX)	3	MO; ADD
EUCERIN SKIN CALMING CREAM CREME	3	MO; ADD
EUCERIN SKIN CALMING CREAM CREME,FRAGRANCE-FREE	3	MO; ADD
FLANDERS BUTTOCKS OINTMENT	3	ADD
fluorouracil topical cream 5 %	1	MO
fluorouracil topical solution	1	MO
glycerin 99.5% liquid usp, anhydrous (otc)	3	MO; ADD
GLYCERIN 99.5% SKIN PROTECT LQ USP (OTC)	3	MO; ADD
glycerin 99.5% skin protect lq vegetable based, usp (otc)	3	MO; ADD
glycerin 99.7% liquid (rx)	3	ADD
glycerin liquid (rx)	3	ADD
glycerin liquid anhydrous synthetic (otc)	3	ADD
glycerin liquid usp (rx)	3	ADD
glycerin liquid usp, ep (rx)	3	ADD
glycerin liquid usp, natural (rx)	3	ADD
glycerin skin protectant liq anhydrous synthetic (otc)	3	MO; ADD
glydo	1	MO; QL (60 per 30 days)
GS ITCH RELIEF 2%-0.1% CREAM	3	MO; ADD
HYDRASYN25 CREAM	3	ADD
HYDROLATUM OINTMENT 12'S	3	ADD
HYDROLATUM OINTMENT 57 GM X 24	3	ADD
HYDROPHILIC PETROLATUM (RX)	3	ADD
HYDROPHOR 42% OINTMENT	3	MO; ADD
HYDROUS EMULSIFIED BASE CREAM	3	ADD
imiquimod topical cream in packet 5 %	1	MO
INSECT REPELLENT 20% SPRAY	3	ADD

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ITCH RELIEF 2%-0.1% CREAM	3	MO; ADD
ITCH RELIEF 2%-0.1% SPRAY	3	ADD
ITCH RELIEF 2%-0.1% SPRAY EXTRA STRENGTH	3	ADD
KERADAN CREAM	3	ADD
LEADER FINGERS SKIN CREAM (RX)	3	ADD
lidocaine (pf) injection solution	1	
LIDOCAINE 4% CREAM	3	ADD
LIDOCAINE 4% CREAM	3	ADD; QL (30 per 30 days)
LIDOCAINE 4% CREAM OUTER	3	ADD; QL (30 per 30 days)
lidocaine hcl injection solution	1	
lidocaine hcl laryngotracheal	1	MO
lidocaine hcl mucous membrane jelly in applicator	1	MO; QL (60 per 30 days)
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	1	MO
lidocaine topical adhesive patch,medicated 5 %	1	PA; MO; QL (90 per 30 days)
lidocaine topical ointment	1	MO; QL (36 per 30 days)
lidocaine viscous	1	MO
lidocaine-epinephrine	1	
lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000, 2 %-1:200,000	1	
lidocaine-prilocaine topical cream	1	MO; QL (30 per 30 days)
LIP BALM BASE (RX)	3	ADD
methoxsalen	1	MO
MICRODERM BASE CREAM	3	ADD
MICROSOME BASE CREAM	3	ADD
MINERIN CREME	3	MO; ADD
MOISTURIZING CREAM (RX)	3	ADD
NATRAPEL 20% SPRAY	3	ADD
NEUTROGENA NORWEGIAN FORMULA FRAGRANCE-FREE (RX)	3	MO; ADD
OFF ACTIVE 15% SPRAY	3	ADD
OFF DEEP WOODS 25% SPRAY	3	ADD

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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
PENTRAVAN CREAM BASE (RX)	3	ADD
PENTRAVAN PLUS CREAM BASE	3	ADD
PETROLATUM BASE OINTMENT	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
PICODERM CREAM	3	ADD
pimecrolimus	1	PA; MO; QL (100 per 30 days)
PNA-HRT BASE CREAM	3	ADD
podofilox	1	MO
polocaine injection solution 1 % (10 mg/ml)	1	
polocaine-mpf	1	

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PRETTY FEET & HANDS CREAM	3	ADD
PROPYLENE GLYCOL LIQUID (RX)	3	MO; ADD
PROPYLENE GLYCOL LIQUID USP (RX)	3	MO; ADD
QC ANTI-ITCH CREAM EXTRA STRENGTH	3	ADD
Q-DERM BASE CREAM	3	ADD
RANGER READY REPELLENT 20% SPR	3	ADD
REGRANEX	2	
REJUVACARE PLUS CREAM	3	ADD
REMEDY DIMETHICONE 5% CREAM	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
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; QL (180 per 30 days)
S-C MEDSEPTIC SKIN PROTECTANT	3	ADD
S-C MEDSEPTIC SKIN PROTECTANT	3	ADD
S-C MOIST BARRIER OINT-ALOE	3	ADD
silver sulfadiazine	1	MO

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SM ANTI-ITCH 2% CREAM EXTRA STRENGTH	3	ADD
sm benzoin tincture nxfi	3	ADD
SOOTHE AND COOL MOIST BARRIER OUTER	3	ADD
SORBIDON HYDRATE CREAM (RX)	3	ADD
SORBIDON HYDRATE CREAM 12'S (RX)	3	ADD
SORBOLENE CREAM	3	ADD
ssd	1	MO
STUDIO 35 MOIST SKIN CREAM	3	ADD
tacrolimus topical	1	PA; MO; QL (100 per 30 days)
TENDER CARE LANOLIN CREAM	3	ADD
THERAPEUTIC MOISTURIZING CREAM FRAGRANCE FREE	3	ADD
THERAPEUTIC MOISTURIZING CREAM FRAGRANCE-FREE	3	ADD
U-BASE CREAM BASE	3	ADD
ULTRATHON 25% REPELLENT SPRAY (RX)	3	ADD
ULTRATHON 34.34% REPEL LOTION	3	ADD
VALCHLOR	2	PA; MO
VANIBASE MOISTURIZING CREAM (RX)	3	ADD
VANIBASE TRADITIONAL FORMULA (RX)	3	ADD
VANICREAM SKIN CREAM (RX)	3	MO; ADD
VANICREAM SKIN CREAM 40LB PAIL (RX)	3	MO; ADD
VANICREAM SKIN CREAM NO DYE / FRAGRANCE (RX)	3	MO; ADD
VANICREAM SKIN CREAM W/PUMP DISPENSER (RX)	3	MO; ADD
VERSATILE CREAM BASE (RX)	3	ADD
VERSIGEL CREAM BASE	3	ADD

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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
MOSQUITO REPELLANTS		
CUTTER 10% SPRAY	3	ADD
CUTTER ALL FAMILY 7% SPRAY	3	ADD
CUTTER ALL FAMILY 7.15% WIPE	3	ADD
CUTTER BACKWOODS DRY 25% SPRAY	3	ADD
CUTTER DRY 10% SPRAY	3	ADD
CUTTER SKINSATIONS 7% SPRAY	3	ADD
CUTTER SPORT 15% SPRAY	3	ADD
MAXI-DEET 98.11% SPRAY	3	ADD
NATRAPEL 20% SPRAY	3	ADD
OFF ACTIVE 15% SPRAY	3	ADD
OFF DEEP WOODS 25% TOWELETTE	3	ADD
OFF FAMILYCARE(WITH PICARIDIN) TOPICAL SPRAY WITH PUMP 5 %	3	ADD
OYSTER SHELL CALCIUM 500 MG TB (RX)	3	ADD
REPEL 30% WIPE	3	ADD
REPEL FAMILY TOPICAL AEROSOL POWDER 15 %	3	ADD
REPEL SPORTSMEN 29% SPRAY	3	ADD
SAWYER CONTROL RELEASE 20% LOT	3	ADD
THERAPY FOR ACNE		
accutane	1	
ACNE MEDICATION 10% GEL	3	MO; ADD
ACNE MEDICATION 10% LOTION	3	MO; ADD

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ACNE MEDICATION 2.5% GEL	3	MO; ADD
ACNE MEDICATION 5% GEL	3	MO; ADD
ACNE MEDICATION 5% LOTION	3	MO; ADD
adapalene 0.1% gel (otc)	3	ADD
ADAPALENE 0.1% GEL (OTC)	3	ADD
amnesteem	1	
azelaic acid	1	MO
BENZEFOAM 5.3% EMOLLIENT FOAM (OTC)	3	ADD
benzoyl peroxide 10% gel (otc)	3	MO; ADD
benzoyl peroxide 10% gel aqueous (otc)	3	MO; ADD
benzoyl peroxide 10% wash (otc)	3	MO; ADD
benzoyl peroxide 2.5% gel (otc)	3	ADD
benzoyl peroxide 5% gel aqueous (otc)	3	MO; ADD
benzoyl peroxide 5% wash (otc)	3	MO; ADD
benzoyl peroxide 6% cleanser (otc)	3	ADD
BPO 6% FOAMING CLOTHS (OTC)	3	MO; ADD
claravis	1	
clindamycin phosphate topical gel	1	MO; QL (120 per 30 days)
clindamycin phosphate topical gel, once daily	1	MO; QL (150 per 30 days)
clindamycin phosphate topical lotion	1	MO; QL (120 per 30 days)
clindamycin phosphate topical solution	1	MO; QL (120 per 30 days)
DERMACINRX ATRIX 2% TONER	3	ADD
DIFFERIN 0.1% GEL (OTC)	3	MO; ADD
ery pads	1	MO
erythromycin with ethanol topical solution	1	MO
isotretinoin	1	
ivermectin topical cream	1	MO; QL (60 per 30 days)
metronidazole topical	1	MO
tazarotene topical cream	1	PA; MO
tazarotene topical gel	1	PA; MO

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tretinoin topical	1	PA; MO
zenatane	1	
TOPICAL ANTIBACTERIALS		
bacitracin 500 unit/gm ointmnt	3	MO; ADD
bacitracin 500 unit/gm ointmnt outer	3	MO; ADD
bacitracin zn 500 unit/gm oint	3	ADD
bacitracin zn 500 unit/gm oint	3	MO; ADD
BACITRACIN ZN 500 UNIT/GM OINT	3	ADD
bacitracin zn 500 unit/gm oint usp	3	MO; ADD
BETADINE 10% SOLUTION	3	MO; ADD
BETADINE 10% SOLUTION ANTISEPTIC	3	MO; ADD
BETADINE 10% SOLUTION HOSP.SIZE,ANTISEPTIC	3	MO; ADD
BETADINE 5% SPRAY	3	ADD
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
FIRST AID ANTISEPTIC 10% OINT	3	MO; ADD
gentamicin topical	1	MO; QL (60 per 30 days)
GS FIRST AID ANTIBIOTIC OINT	3	ADD
hm bacitracin zn 500 unit/gm	3	MO; ADD
HM DOUBLE ANTIBIOTIC OINTMENT	3	MO; ADD
hm povidone-iodine 10% soln	3	ADD
HM TRIPLE ANTIBIOTIC OINTMENT	3	MO; ADD

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HM TRIPLE ANTIBIOTIC PLUS OINT MAXIMUM STRENGTH	3	MO; ADD
mupirocin	1	MO; QL (44 per 30 days)
POLY BACITRACIN OINTMENT	3	ADD
povidone-iodine 10% solution	3	ADD
qc povidone-iodine 10% soln	3	ADD
QC TRIPLE ANTIBIOTIC-PAIN OINT	3	ADD
SM ANTIBIOTIC 500 UNIT/GM OINT	3	ADD
SM ANTIBIOTIC PLUS CREAM MAXIMUM STRENGTH	3	ADD
SM DOUBLE ANTIBIOTIC OINT	3	MO; ADD
sm povidone-iodine 10% soln	3	ADD
SM TRIPLE ANTIBIOTIC OINTMENT	3	MO; ADD
SM TRIPLE ANTIBIOTIC PLUS OINT MAXIMUM STRENGTH	3	MO; ADD
sulfacetamide sodium (acne)	1	MO
TRIPLE ANTIBIOTIC OINTMENT	3	MO; ADD
TRIPLE ANTIBIOTIC OINTMENT PKT (OTC)	3	ADD
TRIPLE ANTIBIOTIC OINTMENT PKT OUTER (OTC)	3	ADD
TRIPLE ANTIBIOTIC PLUS OINT MAXIMUM STRENGTH	3	MO; ADD
TRIPLE ANTIBIOTIC PLUS OINTMNT	3	MO; ADD
TRIPLE ANTIBIOTIC-PAIN OINT	3	ADD
TOPICAL ANTIFUNGALS		
ALEVAZOL 1% OINTMENT	3	MO; ADD
ANTIFUNGAL 1% CREAM	3	ADD
ANTIFUNGAL 1% TOPICAL CREAM	3	ADD
ANTIFUNGAL 2% POWDER	3	ADD

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ATHLETE'S FOOT 1% CREAM	3	ADD
ATHLETE'S FOOT 1% POWDER SPRAY	3	ADD
ATHLETE'S FOOT 2% POWDER SPRAY	3	ADD
BAZA ANTIFUNGAL 2% CREAM	3	MO; ADD
butenafine hcl 1% cream	3	MO; ADD
CARRINGTON ANTIFUNGAL 2% CREAM	3	ADD
ciclodan topical solution	1	MO; QL (6.6 per 28 days)
ciclopirox topical cream	1	MO; QL (90 per 28 days)
ciclopirox topical gel	1	MO; QL (100 per 28 days)
ciclopirox topical shampoo	1	MO; QL (120 per 28 days)
ciclopirox topical solution	1	MO; QL (6.6 per 28 days)
ciclopirox topical suspension	1	MO; QL (60 per 28 days)
clotrimazole 1% solution (otc)	3	MO; ADD
clotrimazole 1% topical cream (otc)	3	MO; ADD
clotrimazole topical cream 1 %	1	MO; QL (45 per 28 days)
clotrimazole topical solution 1 %	1	MO; QL (30 per 28 days)
clotrimazole-betamethasone topical cream	1	MO; QL (45 per 28 days)
clotrimazole-betamethasone topical lotion	1	MO; QL (60 per 28 days)
CRITIC-AID CLEAR AF 2% OINT 12'S, W/ ANTIFUNGAL	3	MO; ADD
CRITIC-AID CLEAR AF 2% OINT 300'S, W/ ANTIFUNGAL	3	MO; ADD
CVS JOCK ITCH 1% CREAM	3	ADD
econazole	1	MO; QL (85 per 28 days)
FUNGOID 2% TINCTURE	3	MO; ADD
GNP ATHLETE'S FOOT 1% CREAM	3	ADD
GS ATHLETE'S FOOT 1% LQ SPRAY	3	ADD
INZO ANTIFUNGAL 2% CREAM	3	ADD

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ketoconazole topical cream	1	MO; QL (60 per 28 days)
ketoconazole topical shampoo	1	MO; QL (120 per 28 days)
LAMISIL AT 1% CREAM	3	MO; ADD
LAMISIL AT 1% CREAM ATHLETE'S FOOT	3	MO; ADD
miconazole 2% topical cream	3	MO; ADD
MICOTRIN AL 1% LIQUID	3	ADD
MICRO-GUARD 2% POWDER 12'S,ANTIFUNGAL	3	MO; ADD
naftifine topical cream	1	MO; QL (60 per 28 days)
naftifine topical gel 2 %	1	MO; QL (60 per 28 days)
NAFTIN TOPICAL GEL 2 %	2	MO; QL (60 per 28 days)
nyamyc	1	QL (180 per 30 days)
nystatin topical cream	1	MO; QL (30 per 28 days)
nystatin topical ointment	1	MO; QL (30 per 28 days)
nystatin topical powder	1	MO; QL (180 per 30 days)
nystatin-triamcinolone	1	MO; QL (60 per 28 days)
nystop	1	QL (180 per 30 days)
qc tolnaftate 1% cream	3	MO; ADD
REMEDY ANTIFUNGAL 2% CREAM	3	ADD
SM ANTIFUNGAL 1% CREAM	3	ADD
SM ANTIFUNGAL 1% TOPICAL CREAM	3	ADD
SM ATHLETE'S 1% FOOT CREAM	3	ADD
sm miconazole 2% topical cream	3	MO; ADD
terbinafine 1% cream	3	MO; ADD
terbinafine 1% cream antifungal	3	MO; ADD
tolnaftate 1% cream	3	MO; ADD
TOPICAL ANTIVIRALS		
acyclovir topical ointment	1	PA; MO; QL (30 per 30 days)
DENAVIR	2	MO; QL (5 per 30 days)
penciclovir	1	MO; QL (5 per 30 days)
TOPICAL CORTICOSTEROIDS		
ala-cort topical cream 1 %	1	MO

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ala-cort topical cream 2.5 %	1	
alclometasone	1	MO
betamethasone dipropionate	1	MO
betamethasone valerate topical cream	1	MO
betamethasone valerate topical lotion	1	MO
betamethasone valerate topical ointment	1	MO
betamethasone, augmented	1	MO
clobetasol scalp	1	MO; QL (100 per 28 days)
clobetasol topical cream	1	MO; QL (120 per 28 days)
clobetasol topical foam	1	MO; QL (100 per 28 days)
clobetasol topical gel	1	MO; QL (120 per 28 days)
clobetasol topical lotion	1	MO; QL (118 per 28 days)
clobetasol topical ointment	1	MO; QL (120 per 28 days)
clobetasol topical shampoo	1	MO; QL (236 per 28 days)
clobetasol-emollient topical cream	1	MO; QL (120 per 28 days)
clodan	1	MO; QL (236 per 28 days)
desonide	1	MO
fluocinolone	1	MO
fluocinolone and shower cap	1	MO
fluocinonide topical cream 0.05 %	1	MO; QL (120 per 30 days)
fluocinonide topical gel	1	MO; QL (120 per 30 days)
fluocinonide topical ointment	1	MO; QL (120 per 30 days)
fluocinonide topical solution	1	MO; QL (120 per 30 days)
fluocinonide-emollient	1	MO; QL (120 per 30 days)
GS ANTI-ITCH 1% CREAM	3	ADD
halobetasol propionate topical cream	1	MO
halobetasol propionate topical ointment	1	MO
hm hydrocortisone 1% cream max str, w/aloe (otc)	3	MO; ADD
hm hydrocortisone 1% cream plus 12 moisturizers (otc)	3	MO; ADD
hydrocortisone 0.5% cream	3	ADD

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hydrocortisone 0.5% cream (otc)	3	MO; ADD
hydrocortisone 1% cream	3	ADD
hydrocortisone 1% cream (otc)	3	MO; ADD
hydrocortisone 1% cream max str, w/aloe (otc)	3	MO; ADD
hydrocortisone 1% cream maximum strength (otc)	3	MO; ADD
hydrocortisone 1% cream moisturizer,max. str (otc)	3	MO; ADD
hydrocortisone 1% ointment	3	ADD
hydrocortisone 1% ointment (otc)	3	MO; ADD
hydrocortisone 1% ointment maximum strength (otc)	3	MO; ADD
hydrocortisone topical cream 1 %, 2.5 %	1	MO
hydrocortisone topical lotion 2.5 %	1	MO
hydrocortisone topical ointment 1 %, 2.5 %	1	MO
hydrocortisone-aloe 1% cream	3	MO; ADD
mometasone topical	1	MO
prednicarbate topical ointment	1	
sm hydrocortisone 1% ointment maximum strength (otc)	3	MO; ADD
sm hydrocortisone plus 1% crm	3	ADD
sm hydrocortisone-aloe 1% crm	3	MO; ADD
triamcinolone acetonide topical cream	1	MO
triamcinolone acetonide topical lotion	1	MO
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	1	MO
triderm topical cream	1	
TOPICAL SCABICIDES / PEDICULICIDES		
crotan	1	
DANDRUFF 1% SHAMPOO	3	ADD
DHS ZINC 2% SHAMPOO	3	MO; ADD
GS LICE KILLING SHAMPOO W/NIT COMB	3	ADD

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HM LICE KILLING SHAMPOO 1 NIT COMB INCLUDED	3	ADD
HM LICE TREATMENT 1% CRM RINSE	3	ADD
LICE KILLING SHAMPOO	3	ADD
LICE KILLING SHAMPOO W/NIT COMB	3	ADD
LICE TREATMENT 1% CREME RINSE 1 NIT REMOVAL COMB	3	ADD
LICE TREATMENT SHAMPOO 1 NIT COMB INCLUDED	3	ADD
malathion	1	MO
permethrin	1	MO
SB LICE KILLING SHAMPOO MAXIMUM STRENGTH	3	ADD
SM LICE TREATMENT 1% CRM RINSE	3	ADD
VANALICE GEL	3	ADD
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANTIDOTES		
acetylcysteine intravenous	1	
ENZYMES		
CO Q-10 10 MG CAPSULE (RX)	3	ADD
CO Q-10 100 MG CAPSULE (RX)	3	MO; ADD
CO Q-10 100 MG CAPSULE P/F	3	ADD
CO Q-10 100 MG CAPSULE P/F (RX)	3	MO; ADD
CO Q-10 100 MG SOFTGEL (RX)	3	ADD
CO Q-10 100 MG SOFTGEL (RX)	3	MO; ADD
CO Q-10 100 MG SOFTGEL P/F (RX)	3	ADD
CO Q-10 100 MG SOFTGEL (RX)	3	ADD
CO Q-10 100 MG SOFTGEL (RX)	3	MO; ADD
CO Q-10 100 MG SOFTGEL SOFTGEL,N,P/F (RX)	3	ADD
CO Q-10 100 MG SOFTGEL SOFTGEL,P/F (RX)	3	MO; ADD
CO Q-10 100 MG SOFTGEL SOFTGEL,P/F,GLUTEN/F (RX)	3	ADD

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CO Q-10 100 MG SOFTGEL SOFTGEL,P/F,GLUTEN-F (RX)	3	ADD
CO Q10 200 MG CAPSULE (RX)	3	MO; ADD
CO Q-10 200 MG CAPSULE BONUS SIZE, P/F (RX)	3	ADD
CO Q-10 200 MG CAPSULE P/F, MILK-FREE (RX)	3	ADD
CO Q-10 200 MG SOFTGEL (RX)	3	MO; ADD
CO Q-10 200 MG SOFTGEL P/F, NO LACTOSE (RX)	3	MO; ADD
CO Q-10 200 MG SOFTGEL (RX)	3	ADD
CO Q-10 200 MG SOFTGEL SOFTGEL, EXTRA STR (RX)	3	ADD
CO Q-10 30 MG CAPSULE INNER (RX)	3	MO; ADD
CO Q-10 30 MG CAPSULE OUTER (RX)	3	MO; ADD
CO Q-10 30 MG CAPSULE P/F,Y/F (RX)	3	ADD
CO Q-10 30 MG SOFTGEL (RX)	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CO Q10 30 MG SOFTGEL SOFTGEL, P/F (RX)	3	ADD
CO Q-10 300 MG SOFTGEL (RX)	3	ADD
CO Q-10 300 MG SOFTGEL SOFTGEL,P/F (RX)	3	ADD
CO Q-10 400 MG SOFTGEL GLUTEN-FREE,SOFTGEL (RX)	3	MO; ADD
CO Q-10 400 MG SOFTGEL SOFTGEL, P/F (RX)	3	MO; ADD
CO Q-10 400 MG SOFTGEL Y/F,P/F,SFTGEL (RX)	3	MO; ADD
CO Q-10 50 MG CAPSULE (RX)	3	ADD
CO Q-10 50 MG SOFTGEL (RX)	3	MO; ADD
CO Q-10 50 MG P/F,LACT/F, SOFTGEL (RX)	3	ADD
CO Q-10 50 MG SOFTGEL (RX)	3	ADD
CO Q10 60 MG CAPSULE (RX)	3	MO; ADD

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CO Q10 60 MG CAPSULE P/F (RX)	3	MO; ADD
COENZYME Q10 10 MG CAPSULE (RX)	3	MO; ADD
COENZYME Q-10 100 MG CAPSULE (RX)	3	MO; ADD
COENZYME Q10 100 MG CAPSULE P/F,GLUTEN-FREE (RX)	3	MO; ADD
COENZYME Q-10 100 MG SOFTGEL (RX)	3	MO; ADD
COENZYME Q-10 100 MG SOFTGEL LAC-GLUTEN-FREE (RX)	3	MO; ADD
COENZYME Q-10 100 MG SOFTGEL P/F,N (RX)	3	MO; ADD
COENZYME Q-10 100 MG SOFTGEL SOFTGEL,P/F (RX)	3	MO; ADD
COENZYME Q10 200 MG CAPSULE (RX)	3	MO; ADD
COENZYME Q10 200 MG CAPSULE GLUTEN-FREE,P/F (RX)	3	MO; ADD
COENZYME Q-10 200 MG SOFTGEL (RX)	3	MO; ADD
COENZYME Q-10 200 MG SOFTGEL SOFTGEL,P/F (RX)	3	MO; ADD
COENZYME Q10 30 MG SOFTGEL (RX)	3	MO; ADD
COENZYME Q10 50 MG CAPSULE (RX)	3	MO; ADD
COENZYME Q10 50 MG SOFTGEL (RX)	3	MO; ADD
COENZYME Q10 60 MG CAPSULE GLUTEN-FREE (RX)	3	MO; ADD
COENZYME Q-10 POWDER (RX)	3	ADD
CVS CO Q-10 100 MG SOFTGEL (RX)	3	MO; ADD
CVS CO Q-10 200 MG SOFTGEL (RX)	3	MO; ADD
CVS CO Q-10 400 MG SOFTGEL (RX)	3	ADD
CVS CO Q-10 50 MG SOFTGEL (RX)	3	MO; ADD

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EQL CO Q-10 100 MG SOFTGEL (RX)	3	ADD
EQL CO Q-10 200 MG SOFTGEL (RX)	3	ADD
GNP CO Q-10 100 MG CAPSULE (RX)	3	MO; ADD
GNP CO Q-10 200 MG CAPSULE (RX)	3	MO; ADD
GNP CO Q-10 60 MG CAPSULE (RX)	3	MO; ADD
H2Q 100 MG CAPSULE VEGACASPULE	3	ADD
HM CO Q-10 100 MG SOFTGEL SOFTGEL, GLUTEN-FREE (RX)	3	ADD
LIQ-10 100 MG/5 ML SYRUP	3	ADD
NEOQ10 SOFTGEL	3	ADD
Q-SORB CO Q-10 100 MG SOFTGEL	3	ADD
Q-SORB CO Q-10 200 MG SOFTGEL P/F,GLUTEN-FREE	3	ADD
RA COENZYME Q-10 100 MG SOFTGL (RX)	3	MO; ADD
RA COENZYME Q-10 100 MG SOFTGL SOFTGEL (RX)	3	MO; ADD
RA COENZYME Q10 200 MG SOFTGEL SOFTGEL,P/F,D/F (RX)	3	MO; ADD
SM CO Q-10 100 MG SOFTGEL (RX)	3	MO; ADD
SM COENZYME Q-10 100 MG SFTGL SOFTGEL (RX)	3	MO; ADD
SM COENZYME Q-10 100 MG SFTGL SOFTGEL, GLUTEN-FREE (RX)	3	MO; ADD
SV CO Q-10 100 MG SOFTGEL SOFTGEL, P/F (RX)	3	ADD
SV CO Q-10 400 MG SOFTGEL SOFTGEL,P/F,GLUTEN-F (RX)	3	MO; ADD
SV CO Q-10 50 MG SOFTGEL SOFTGEL,P/F,GLUTEN-F (RX)	3	ADD

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SV Q-SORB CO Q-10 100 MG SFTGL SOFTGEL , P/F	3	ADD
SV Q-SORB CO Q-10 200 MG SFTGL P/F,GLUTEN-FREE	3	ADD
SV Q-SORB CO Q-10 200 MG SFTGL SOFTGEL	3	ADD
IRRIGATING SOLUTIONS		
lactated ringers irrigation	1	
neomycin-polymyxin b gu	1	
ringer's irrigation	1	
MISCELLANEOUS AGENTS		
acamprosate	1	MO
acetic acid irrigation	1	MO
alpha lipoic acid 100 mg cap	3	MO; ADD
ALPHA LIPOIC ACID 100 MG CAP	3	MO; ADD
ALPHA LIPOIC ACID 200 MG CAP P/F	3	MO; ADD
ALPHA LIPOIC ACID 200 MG CAP P/F,D/F,GLUTEN/F	3	MO; ADD
ALPHA LIPOIC ACID 200 MG CAP P/F,GLUTEN-FREE	3	MO; ADD
ALPHA LIPOIC ACID 300 MG CAP	3	MO; ADD
ALPHA LIPOIC ACID 300 MG SFTGL	3	MO; ADD
alpha lipoic acid 600 mg cap gluten-free (rx)	3	MO; ADD
alpha lipoic acid 600 mg cap gluten-free, ex str (rx)	3	MO; ADD
alpha lipoic acid 600 mg cap p/f,gluten-free (rx)	3	MO; ADD
anagrelide	1	MO
BENZYL ALCOHOL LIQUID NF (RX)	3	ADD
BENZYL BENZOATE LIQUID (RX)	3	ADD
caffeine citrate intravenous	1	
caffeine citrate oral	1	MO
CAFFEINE POWDER USP,ANHYDROUS (RX)	3	ADD
carglumic acid	1	PA
cevimeline	1	MO
CHEMET	2	PA

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CLINIMIX 4.25%/D5W SULFIT FREE	2	B/D PA
cvs glucose 4 gram tablet chew assorted fruit (rx)	3	MO; ADD
cvs glucose 4 gram tablet chew n, no caffeine (rx)	3	MO; ADD
CVS GLUCOSE 40% GEL	3	ADD
CVS GLUCOSE 40% GEL 3'S (RX)	3	ADD
d10 %-0.45 % sodium chloride	1	MO
d2.5 %-0.45 % sodium chloride	1	
d5 % and 0.9 % sodium chloride	1	MO
d5 %-0.45 % sodium chloride	1	MO
deferasirox	1	PA; MO
deferiprone	1	PA; MO
deferoxamine	1	B/D PA; MO
DEX4 GLUCOSE 15 GM GEL PACKET FRUIT PUNCH,GO-POUCH	3	ADD
DEX4 GLUCOSE 15 GM GEL PACKET MANGO TWIST,GO-POUCH	3	ADD
DEX4 GLUCOSE 15 GM GEL PACKET TROPICAL, GO-POUCH	3	ADD
DEX4 GLUCOSE 4 GM TABLET CHEW (RX)	3	ADD
DEX4 GLUCOSE 4 GM TABLET CHEW ASSORTED FLAVORS (RX)	3	ADD
DEX4 GLUCOSE 4 GM TABLET CHEW CITRUS PUNCH (RX)	3	ADD
DEX4 GLUCOSE 4 GM TABLET CHEW GLUTEN-F, TROPICAL (RX)	3	ADD
DEX4 GLUCOSE 4 GM TABLET CHEW GLUTEN-FREE (RX)	3	ADD
DEX4 GLUCOSE 4 GM TABLET CHEW GRAPE FLAVOR (RX)	3	ADD
DEX4 GLUCOSE 4 GM TABLET CHEW GRAPE, GLUTEN-FREE (RX)	3	ADD

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DEX4 GLUCOSE 4 GM TABLET CHEW ORANGE FLAVOR (RX)	3	ADD
DEX4 GLUCOSE 4 GM TABLET CHEW ORANGE, GLUTEN-FREE (RX)	3	ADD
DEX4 GLUCOSE 4 GM TABLET CHEW ORANGE,GLUTEN -FREE (RX)	3	ADD
DEX4 GLUCOSE 4 GM TABLET CHEW RASPBERRY FLAVOR (RX)	3	ADD
DEX4 GLUCOSE 4 GM TABLET CHEW RSPBERRY,GLUT EN-FREE (RX)	3	ADD
DEX4 GLUCOSE 4 GM TABLET CHEW SOUR APPLE (RX)	3	ADD
DEX4 GLUCOSE 4 GM TABLET CHEW WATERMELON FLAVOR (RX)	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
DEX4 GLUCOSE LIQUID BERRY TWIST (RX)	3	ADD
DEX4 GLUCOSE LIQUID GRAPE (RX)	3	ADD
DEX4 GLUCOSE LIQUID MANGO TWIST (RX)	3	ADD
DEX4 GLUCOSE TAB POUCH PACK	3	ADD
DEX4 QUICK DISSOLVE TAB CHEW	3	ADD
dextrose 10 % and 0.2 % nacl	1	
dextrose 10 % in water (d10w)	1	
dextrose 25 % in water (d25w)	1	
dextrose 5 % in water (d5w)	1	MO
dextrose 5 %- lactated ringers	1	MO
dextrose 5%-0.2 % sod chloride	1	
dextrose 5%-0.3 % sod.chloride	1	
dextrose 50 % in water (d50w)	1	MO
dextrose 70 % in water (d70w)	1	

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disulfiram oral tablet 250 mg	1	MO
disulfiram oral tablet 500 mg	1	
droxidopa	1	PA; MO
drug mart glucose 4 gm tab chw orange flavor (rx)	3	MO; ADD
drug mart glucose 4 gm tab chw raspberry flavor (rx)	3	MO; ADD
FERRLECIT 62.5 MG/5 ML VIAL OUTER, SUV	3	MO; ADD
FERRLECIT 62.5 MG/5 ML VIAL SUV, OUTER	3	MO; ADD
FRUCTOSE GRANULES USP (RX)	3	ADD
GLUCO BURST 40% GEL	3	ADD
glucose 4 gram tablet chew (rx)	3	MO; ADD
glucose 4 gram tablet chew assort fruit flavor (rx)	3	MO; ADD
glucose 4 gram tablet chew n (rx)	3	MO; ADD
glucose 4 gram tablet chew n,caffeine free (rx)	3	MO; ADD
glucose 4 gram tablet chew n,raspberry (rx)	3	MO; ADD
glucose 4 gram tablet chew nree (rx)	3	MO; ADD
glucose 4 gram tablet chew raspberry flavor (rx)	3	MO; ADD
GLUTOSE-5 GEL OUTER	3	ADD
gnp glucose 3.75 gram tab chew orange, gluten-free (rx)	3	MO; ADD
gnp glucose 4 gram tablet chew (rx)	3	MO; ADD
gnp glucose 4 gram tablet chew 6x10's, orange (rx)	3	MO; ADD
gnp glucose 4 gram tablet chew 6x10's, raspberry (rx)	3	MO; ADD
gnp glucose 4 gram tablet chew grape (rx)	3	MO; ADD
gnp glucose 4 gram tablet chew orange (rx)	3	MO; ADD
gnp glucose 4 gram tablet chew raspberry (rx)	3	MO; ADD
gnp glucose 4 gram tablet chew watermelon (rx)	3	MO; ADD

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gnp glucose 4 gram tablet chew watermelon flavor (rx)	3	MO; ADD
gnp quick dissolve glucose tab n,caffeine free (rx)	3	MO; ADD
gs glucose 4 gram tablet chew (rx)	3	MO; ADD
gs glucose 4 gram tablet chew gluten-f,n, fruit (rx)	3	MO; ADD
gs glucose 4 gram tablet chew gluten-f,n, grape (rx)	3	MO; ADD
gs glucose 4 gram tablet chew gluten-f,n,citrus (rx)	3	MO; ADD
gs glucose 4 gram tablet chew gluten-f,n,orange (rx)	3	MO; ADD
gs glucose 4 gram tablet chew gluten-f,n,tropic (rx)	3	MO; ADD
gs glucose 4 gram tablet chew gluten-f,na-f,rasp (rx)	3	MO; ADD
INCRELEX	2	MO; LA
kro glucose 4 gram tablet chew (rx)	3	MO; ADD
kro glucose 4 gram tablet chew gluten-f,n,grape (rx)	3	MO; ADD
kro glucose 4 gram tablet chew gluten-f,n,orange (rx)	3	MO; ADD
kroger glucose 4 gram tab chew orange (rx)	3	MO; ADD
kroger glucose 4 gram tab chew raspberry (rx)	3	MO; ADD
kroger glucose 4 gram tab chew watermelon (rx)	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
L-CARNITINE POWDER (RX)	3	ADD

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leader glucose 4 gm tab chew orange flavor (rx)	3	MO; ADD
leader glucose 4 gm tab chew raspberry flavor (rx)	3	MO; ADD
leader glucose 4 gm tab chew watermelon flavor (rx)	3	MO; ADD
leader quick dissolve gluc tab (rx)	3	MO; ADD
levocarnitine (with sugar)	1	MO
levocarnitine oral solution 100 mg/ml	1	MO
levocarnitine oral tablet	1	MO
L-GLUTAMINE POWDER FCC	3	ADD
L-GLUTAMINE POWDER USP (RX)	3	ADD
L-GLUTATHIONE POWDER USP (RX)	3	ADD
LOKELMA	2	MO
LOLLIBASE POWDER	3	ADD
longs glucose 4 gram tab chew orange flavor (rx)	3	MO; ADD
longs glucose 4 gram tab chew raspberry flavor (rx)	3	MO; ADD
methylcellulose 1,500 cps pwd (rx)	3	ADD
methylcellulose 4,000 cps pwd	3	ADD
METHYLCELLULOSE 4,000 CPS PWD	3	ADD
METHYLCELLULOSE 400 CP POWDER	3	ADD
midodrine	1	MO
ms quick dissolve glucose tab (rx)	3	MO; ADD
MX-SOL SYRUP	3	ADD
nitisinone	1	PA; MO
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
ORA-SWEET ORAL SYRUP	3	ADD
ORA-SWEET-SF SYRUP	3	ADD

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PEGBLEND WAX (RX)	3	ADD
pilocarpine hcl oral	1	MO
polyethylene glycol 1000 pd nf (rx)	3	ADD
POLYETHYLENE GLYCOL 3350 POWD NF (RX)	3	ADD
polyethylene glycol 8000 powd (rx)	3	ADD
preferred plus glucose tab chw grape (rx)	3	MO; ADD
preferred plus glucose tab chw orange flavor (rx)	3	MO; ADD
preferred plus glucose tab chw raspberry flavor (rx)	3	MO; ADD
preferred plus glucose tab chw watermelon flavor (rx)	3	MO; ADD
PROLASTIN-C	2	PA; LA
pub glucose 4 gram tablet chew assorted fruit (rx)	3	MO; ADD
pub glucose 4 gram tablet chew orange (rx)	3	MO; ADD
pub glucose 4 gram tablet chew raspberry flavor (rx)	3	MO; ADD
pub glucose 4 gram tablet chew sour apple flavor (rx)	3	MO; ADD
RAVICTI	2	PA; MO
relion glucose 4 gram tab chew hri, gluten-free (rx)	3	MO; ADD
REVCOVI	2	PA; LA
riluzole	1	PA; MO
risedronate oral tablet 30 mg	1	QL (30 per 30 days)
sesame oil nf (rx)	3	ADD
sevelamer carbonate oral tablet	1	MO; QL (270 per 30 days)
sm glucose 4 gram tab chew (rx)	3	MO; ADD
sm glucose 4 gram tab chew 12's (rx)	3	MO; ADD
smart sense glucose 4 gram tab assorted fruit (rx)	3	MO; ADD
smart sense glucose 4 gram tab grape, gluten-free (rx)	3	MO; ADD
smart sense glucose 4 gram tab orange, gluten-free (rx)	3	MO; ADD
smart sense glucose 4 gram tab raspberry (rx)	3	MO; ADD
sod fer gluc cplx 62.5 mg/5 ml inner, p/f, sdv	3	MO; ADD

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sod fer gluc cplx 62.5 mg/5 ml outer, p/f, sdv	3	MO; ADD
sod fer gluc cplx 62.5 mg/5 ml sdv,inner	3	MO; ADD
sod fer gluc cplx 62.5 mg/5 ml sdv,outer	3	MO; ADD
sodium benzoate-sod phenylacet	1	
SODIUM BROMIDE GRANULES (RX)	3	ADD
sodium chloride 0.9 % intravenous	1	MO
sodium chloride irrigation	1	MO
sodium phenylbutyrate oral powder	1	PA; MO
sodium phenylbutyrate oral tablet	1	PA
sodium polystyrene sulfonate oral powder	1	MO
SORBITOL 70% SOLUTION (OTC)	3	MO; ADD
SOSWEET SYRUP VEHICLE	3	ADD
sps (with sorbitol) oral	1	MO
sps (with sorbitol) rectal	1	
SV ALPHA LIPOIC ACID 200 MG CP P/F	3	MO; ADD
SYRPALTA SYRUP	3	ADD
trientine oral capsule 250 mg	1	PA; MO
TRUEPLUS GLUCOSE 15 GRAM GEL	3	MO; ADD
UNISPEND ANHYDROUS SWEET SUSP	3	ADD
up&up glucose 4 gram tab chew orange (rx)	3	MO; ADD
up&up glucose 4 gram tab chew raspberry (rx)	3	MO; ADD
up&up glucose 4 gram tab chew tropical fruit (rx)	3	MO; ADD
VALUE PLUS GLUCOSE 40% GEL 3'S, TROPICAL FRUIT (RX)	3	ADD
value plus glucose tablet chew assorted fruit (otc)	3	MO; ADD

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value plus glucose tablet chew grape (otc)	3	MO; ADD
VELPHORO	2	MO; QL (180 per 30 days)
VELTASSA	2	MO
water for irrigation, sterile	1	MO
XIAFLEX	2	PA
ZINC SULFATE HEPTAHYDRATE POWD USP (RX)	3	ADD
ZINC SULFATE HEPTAHYDRATE POWD USP, GRANULAR (RX)	3	ADD
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	1	PA; MO
PHARMACEUTICAL ADJUVANTS		
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
ORA-PLUS SUSPENDING VEHICLE	3	ADD
PCCA CLARIFYING BASE	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		
bupropion hcl (smoking deter)	1	
gs nicotine 2 mg chewing gum	3	MO; ADD
gs nicotine 2 mg lozenge	3	MO; ADD
gs nicotine 2 mg mini lozenge	3	MO; ADD

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gs nicotine 4 mg chewing gum	3	MO; ADD
gs nicotine 4 mg chewing gum original	3	MO; ADD
gs nicotine 4 mg lozenge	3	MO; ADD
gs nicotine 4 mg mini lozenge	3	MO; ADD
hm nicotine 14 mg/24hr patch (otc)	3	MO; ADD
hm nicotine 2 mg chewing gum	3	MO; ADD
hm nicotine 2 mg chewing gum mint	3	MO; ADD
hm nicotine 2 mg lozenge	3	MO; ADD
hm nicotine 2 mg lozenge mint, 3 quittube	3	MO; ADD
hm nicotine 2 mg mini lozenge	3	MO; ADD
HM NICOTINE 2 MG MINI LOZENGE	3	MO; ADD
hm nicotine 21 mg/24hr patch (otc)	3	MO; ADD
hm nicotine 4 mg chewing gum	3	MO; ADD
hm nicotine 4 mg chewing gum mint	3	MO; ADD
HM NICOTINE 4 MG LOZENGE	3	MO; ADD
hm nicotine 4 mg lozenge mint, 3 quittube	3	MO; ADD
hm nicotine 4 mg mini lozenge	3	MO; ADD
hm nicotine 7 mg/24hr patch (otc)	3	MO; ADD
NICODERM CQ 14 MG/24HR PATCH	3	MO; ADD
NICODERM CQ 14 MG/24HR PATCH OUTER	3	MO; ADD
NICODERM CQ 21 MG/24HR PATCH	3	MO; ADD
NICODERM CQ 21 MG/24HR CLEAR PATCH	3	MO; ADD
NICODERM CQ 21 MG/24HR PATCH OUTER	3	MO; ADD
NICODERM CQ 7 MG/24HR PATCH OUTER	3	MO; ADD
NICORETTE 2 MG CHEWING GUM CINNAMON SURGE	3	MO; ADD
NICORETTE 2 MG CHEWING GUM FRUIT CHILL	3	MO; ADD
NICORETTE 2 MG CHEWING GUM MINT	3	MO; ADD

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NICORETTE 2 MG CHEWING GUM ORIGINAL FLAVOR	3	MO; ADD
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	ADD
NICORETTE 2 MG MINI LOZENGE	3	MO; ADD
NICORETTE 2 MG MINI LOZENGE MINT	3	MO; ADD
NICORETTE 4 MG CHEWING GUM CINNAMON SURGE	3	MO; ADD
NICORETTE 4 MG CHEWING GUM FRESH MINT	3	MO; ADD
NICORETTE 4 MG CHEWING GUM FRUIT CHILL	3	MO; ADD
NICORETTE 4 MG CHEWING GUM MINT	3	MO; ADD
NICORETTE 4 MG CHEWING GUM ORIGINAL	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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 MINI LOZENGE	3	MO; ADD
nicotine 14 mg/24hr patch (otc)	3	MO; ADD
nicotine 14 mg/24hr patch clear, step 2, outer (otc)	3	MO; ADD
nicotine 14 mg/24hr patch outer (otc)	3	MO; ADD
nicotine 14 mg/24hr patch step 2 (otc)	3	MO; ADD
nicotine 2 mg chewing gum	3	MO; ADD
nicotine 2 mg chewing gum coated	3	MO; ADD
nicotine 2 mg chewing gum coated fruit	3	MO; ADD
nicotine 2 mg chewing gum coated,cinnamon	3	MO; ADD
nicotine 2 mg chewing gum cool mint/coated	3	MO; ADD

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nicotine 2 mg chewing gum mint	3	MO; ADD
nicotine 2 mg chewing gum original	3	MO; ADD
nicotine 2 mg chewing gum refill	3	MO; ADD
nicotine 2 mg chewing gum starter kit	3	MO; ADD
nicotine 2 mg lozenge inner	3	MO; ADD
nicotine 2 mg lozenge mint, 3 quittube	3	MO; ADD
nicotine 2 mg lozenge outer	3	MO; ADD
nicotine 2 mg mini lozenge	3	MO; ADD
nicotine 2 mg mini lozenge inner	3	MO; ADD
nicotine 2 mg mini lozenge mini,mint,3 quittube	3	MO; ADD
nicotine 2 mg mini lozenge outer	3	MO; ADD
nicotine 21 mg/24hr patch (otc)	3	MO; ADD
nicotine 21 mg/24hr patch outer (otc)	3	MO; ADD
nicotine 21 mg/24hr patch outer, clear, step 1 (otc)	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
nicotine 4 mg chewing gum	3	MO; ADD
nicotine 4 mg chewing gum coated	3	MO; ADD
nicotine 4 mg chewing gum coated fruit	3	MO; ADD
nicotine 4 mg chewing gum coated, mint	3	MO; ADD
nicotine 4 mg chewing gum coated,cinnamon	3	MO; ADD
nicotine 4 mg chewing gum cool mint/coated	3	MO; ADD
nicotine 4 mg chewing gum mint	3	MO; ADD
nicotine 4 mg chewing gum original	3	MO; ADD
nicotine 4 mg chewing gum refill	3	MO; ADD
nicotine 4 mg chewing gum refill kit	3	MO; ADD
nicotine 4 mg chewing gum starter kit	3	MO; ADD
nicotine 4 mg lozenge	3	MO; ADD
nicotine 4 mg lozenge mint	3	MO; ADD

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nicotine 4 mg lozenge mint, 3 quittube	3	MO; ADD
nicotine 4 mg lozenge outer	3	MO; ADD
nicotine 4 mg mini lozenge	3	MO; ADD
nicotine 4 mg mini lozenge inner	3	MO; ADD
nicotine 4 mg mini lozenge mini,mint,3 quittube	3	MO; ADD
nicotine 4 mg mini lozenge outer	3	MO; ADD
nicotine 7 mg/24hr patch (otc)	3	MO; ADD
nicotine 7 mg/24hr patch outer (otc)	3	MO; ADD
nicotine 7 mg/24hr patch outer, clear, step 3 (otc)	3	MO; ADD
nicotine 7 mg/24hr patch step 3 (otc)	3	MO; ADD
nicotine transdermal system step 1,2,3	3	MO; ADD
NICOTROL	2	
NICOTROL NS	2	MO
sm nicotine 14 mg/24hr patch (otc)	3	MO; ADD
sm nicotine 2 mg chewing gum	3	MO; ADD
sm nicotine 2 mg lozenge	3	MO; ADD
sm nicotine 21 mg/24hr patch (otc)	3	MO; ADD
sm nicotine 4 mg chewing gum	3	MO; ADD
sm nicotine 4 mg lozenge	3	MO; ADD
sm nicotine 7 mg/24hr patch (otc)	3	MO; ADD
varenicline	1	MO
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
4 WAY 1% NASAL SPRAY	3	ADD
ALTAMIST 0.65% NOSE SPRAY	3	ADD
AYR ALLERGY & SINUS NASAL MIST	3	MO; ADD
AYR SALINE 0.65% NOSE DROPS	3	MO; ADD
AYR SALINE 0.65% NOSE SPRAY	3	MO; ADD
AYR SALINE NASAL GEL	3	MO; ADD
AYR SALINE NASAL GEL SPRAY	3	MO; ADD

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azelastine nasal aerosol,spray	1	MO; QL (60 per 30 days)
azelastine nasal spray,non-aerosol	1	QL (60 per 30 days)
BABY AYR SALINE 0.65% DROPS	3	MO; ADD
BENZEDREX INHALER	3	ADD
CHILD MUCINEX STUFFY NOSE SPRAY	3	ADD
CHILD SALINE 0.65% NASAL SPRAY	3	ADD
chlorhexidine gluconate mucous membrane	1	MO
CVS NASAL MIST 0.9% SPRAY	3	ADD
CVS SALINE 0.65% NASAL SPRAY	3	ADD
DEEP SEA 0.65% NOSE SPRAY	3	MO; ADD
DENTA 5000 PLUS CREAM	3	ADD; QL (2 per 50 days)
DENTA 5000 PLUS CREAM	3	ADD; QL (2 per 90 days)
denta 5000 plus dental cream 1.1 %	1	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
DENTAGEL 1.1% GEL	3	MO; ADD; QL (2 per 50 days)
dentagel dental gel 1.1 %	1	MO
EQ NASAL 0.65% SPRAY	3	ADD
EQL SALINE 0.65% NASAL SPRAY	3	ADD
fluoride (sodium) dental cream	1	
fluoride (sodium) dental gel	1	
fluoride (sodium) dental paste	1	MO
GNP NASAL MOIST 0.65% SPRAY	3	ADD
GNP SALINE 0.65% NOSE SPRAY	3	ADD
GS NASAL FOUR 1% SPRAY	3	ADD
GS NASAL MOIST 0.65% SPRAY	3	ADD
GS NASAL SPRAY 0.05%	3	MO; ADD
GS NO DRIP 0.05% NASAL SPRAY	3	ADD
GS SINUS NASAL SPRAY 0.05%	3	ADD
HM NOSE DROPS	3	ADD

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HM ORIGINAL NASAL SPRAY 0.05% 12 HOUR, GLUTEN-FREE	3	ADD
HM SALINE 0.65% NASAL SPRAY GLUTEN-FREE	3	ADD
HM SINUS NASAL SPRAY 0.05%	3	ADD
ipratropium bromide nasal	1	MO; QL (30 per 30 days)
kourzeq	1	
LITTLE REMEDIES 0.65% SPRAY FOR NOSES	3	MO; ADD
LITTLE REMEDIES SALINE MIST	3	ADD
MUCINEX SINUS-MAX NASAL SPRAY	3	ADD
NASADROPS SALINE ON THE GO AMP	3	ADD
NASAL DECONGESTANT 0.05% SPRAY	3	MO; ADD
NASAL FOUR 1% SPRAY	3	ADD
NASAL MIST 0.9% SPRAY	3	ADD
NASAL SPRAY 0.05%	3	MO; ADD
NASAL SPRAY 0.05% 12 HOUR RELIEF	3	ADD
NASAL SPRAY 0.05% 12 HOUR,NO DRIP	3	ADD
NASAL SPRAY 0.05% 12 HOUR,ORIGINAL	3	ADD
NASAL SPRAY 0.05% 12 HOUR,SINUS	3	ADD
NASAL SPRAY 0.05% 12HR, ORIGINAL	3	MO; ADD
NASAL SPRAY 0.05% EXTRA MOISTURIZING	3	ADD
NASAL SPRAY 1%	3	ADD
NASAL SPRAY ORIGINAL 0.05% 12 HR RELIEF	3	MO; ADD
NASOGEL NASAL SPRAY	3	MO; ADD
NASOGEL SALINE NOSE GEL	3	MO; ADD
NO DRIP 0.05% NASAL SPRAY	3	ADD
oralone	1	
periogard	1	MO

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PREVIDENT 5000 BOOSTER PLUS	2	MO
PREVIDENT 5000 DRY MOUTH	2	MO
PUB SALINE 0.65% NASAL SPRAY	3	ADD
RA NASAL MIST 0.9% SPRAY	3	ADD
RA SALINE 0.65% NASAL SPRAY	3	ADD
RA SALINE 0.65% NOSE SPRAY	3	ADD
SALINE 0.65% NASAL SPRAY	3	ADD
SALINE 0.65% NASAL SPRAY MOISTURIZING	3	ADD
SALINE MIST 0.65% NOSE SPRY	3	MO; ADD
SALINE NASAL GEL	3	ADD
SF 1.1% GEL	3	MO; ADD; QL (2 per 50 days)
SF 5000 PLUS CREAM	3	MO; ADD; QL (2 per 50 days)
sf 5000 plus dental cream 1.1 %	1	MO
sf dental gel 1.1 %	1	MO
SINUS RELIEF 1% NASAL SPRAY	3	ADD
SM NASAL 0.05% SPRAY 12 HOUR, ORIGINAL	3	ADD
SM NASAL SPRAY 0.05%	3	MO; ADD
SM NASAL SPRAY 0.05% EXTRA MOISTURIZING	3	ADD
SM NASAL SPRAY SINUS	3	ADD
SM NOSE DROPS	3	ADD
SM SALINE 0.65% NASAL SPRAY	3	ADD
SODIUM BENZOATE POWDER NF (RX)	3	ADD
sodium fluoride 5000 dry mouth	1	MO
sodium fluoride 5000 plus	1	
sodium fluoride-pot nitrate	1	MO
triamcinolone acetonide dental	1	MO
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid otic (ear)	1	MO
ciprofloxacin hcl otic (ear)	1	MO
EAR DROPS 6.5%	3	MO; ADD

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EAR WAX REMOVAL 6.5% DROP	3	ADD
EAR WAX REMOVAL 6.5% KIT	3	ADD
flac otic oil	1	
fluocinolone acetonide oil	1	MO
hydrocortisone-acetic acid	1	MO
ofloxacin otic (ear)	1	MO
OTIC STEROID / ANTIBIOTIC		
ciprofloxacin-dexamethasone	1	MO
neomycin-polymyxin-hc otic (ear)	1	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
cortisone	1	
dexamethasone intensol	1	MO
dexamethasone oral elixir	1	MO
dexamethasone oral solution	1	MO
dexamethasone oral tablet	1	MO
dexamethasone sodium phos (pf) injection solution	1	MO
dexamethasone sodium phosphate injection	1	MO
fludrocortisone	1	MO
hydrocortisone oral	1	MO
methylprednisolone acetate	1	MO
methylprednisolone oral tablet	1	B/D PA; MO
methylprednisolone oral tablets,dose pack	1	MO
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	1	MO
methylprednisolone sodium succ intravenous	1	MO
prednisolone oral solution	1	MO
prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	1	MO

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prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)	1	
prednisone	1	MO
prednisone intensol	1	MO
triamcinolone acetonide injection suspension 40 mg/ml	1	MO
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	1	MO
propylthiouracil	1	MO
DIABETES THERAPY		
acarbose oral tablet 100 mg	1	MO; QL (90 per 30 days)
acarbose oral tablet 25 mg	1	MO; QL (360 per 30 days)
acarbose oral tablet 50 mg	1	MO; QL (180 per 30 days)
alcohol pads	2	
BAQSIMI	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
CHEMSTRIP 50B	3	ADD
CHEMSTRIP 7	3	ADD
COMBISTIX REAGENT STRIPS	3	ADD
CVS KETONE CARE TEST STRIP	3	ADD
diazoxide	1	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)
glimepiride oral tablet 1 mg	1	MO; QL (240 per 30 days)
glimepiride oral tablet 2 mg	1	MO; QL (120 per 30 days)
glimepiride oral tablet 4 mg	1	MO; QL (60 per 30 days)
glipizide oral tablet 10 mg	1	MO; QL (120 per 30 days)
glipizide oral tablet 5 mg	1	MO; QL (240 per 30 days)
glipizide oral tablet extended release 24hr 10 mg	1	MO; QL (60 per 30 days)

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glipizide oral tablet extended release 24hr 2.5 mg	1	MO; QL (240 per 30 days)
glipizide oral tablet extended release 24hr 5 mg	1	MO; QL (120 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg	1	MO; QL (240 per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	1	MO; QL (120 per 30 days)
GLYXAMBI	2	MO; QL (30 per 30 days)
GVOKE	2	MO
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	2	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	2	MO
GVOKE HYPOPEN 2-PACK	2	MO
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML	2	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	MO
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML	2	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	MO
HEMA-COMBISTIX REAGENT STRIPS	3	ADD
HUMALOG JUNIOR KWIKPEN U-100	2	MO
HUMALOG KWIKPEN INSULIN	2	MO
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

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HUMALOG U-100 INSULIN	2	MO
HUMULIN 70/30 U-100 INSULIN	2	MO
HUMULIN 70/30 U-100 KWIKPEN	2	
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
INPEFA	2	PA; MO; QL (60 per 30 days)
INSULIN LISPRO SUBCUTANEOUS SOLUTION	2	MO
JANUMET	2	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	MO; QL (60 per 30 days)
JANUVIA	2	MO; QL (30 per 30 days)
JARDIANCE	2	MO; QL (30 per 30 days)
KETO-DIASTIX REAGENT STRIPS	3	MO; ADD
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	ADD
LANTUS SOLOSTAR U-100 INSULIN	2	MO
LANTUS U-100 INSULIN	2	MO
LYUMJEV KWIKPEN U-100 INSULIN	2	MO
LYUMJEV KWIKPEN U-200 INSULIN	2	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
LYUMJEV U-100 INSULIN	2	MO
metformin oral tablet 1,000 mg	1	MO; QL (75 per 30 days)
metformin oral tablet 500 mg	1	MO; QL (150 per 30 days)
metformin oral tablet 850 mg	1	MO; QL (90 per 30 days)
metformin oral tablet extended release 24 hr 500 mg	1	MO; QL (120 per 30 days)
metformin oral tablet extended release 24 hr 750 mg	1	MO; QL (60 per 30 days)
MOUNJARO	2	PA; MO; QL (2 per 28 days)
MULTISTIX 10 SG REAGENT STRIPS	3	MO; ADD
MULTISTIX 5 STRIPS	3	ADD
MULTISTIX 7 REAGENT STRIPS	3	ADD
MULTISTIX 8 SG REAGENT STRIPS	3	ADD
MULTISTIX 9 REAGENT STRIPS	3	ADD
MULTISTIX 9 SG REAGENT STRIPS	3	ADD
MULTISTIX REAGENT STRIPS	3	ADD
nateglinide oral tablet 120 mg	1	MO; QL (90 per 30 days)
nateglinide oral tablet 60 mg	1	MO; QL (180 per 30 days)
ONGLYZA	2	MO; QL (30 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; MO; QL (3 per 28 days)
pioglitazone	1	MO; QL (30 per 30 days)
QTERN	2	MO; QL (30 per 30 days)
repaglinide oral tablet 0.5 mg	1	MO; QL (960 per 30 days)
repaglinide oral tablet 1 mg	1	MO; QL (480 per 30 days)
repaglinide oral tablet 2 mg	1	MO; QL (240 per 30 days)
RYBELSUS	2	PA; MO; QL (30 per 30 days)
saxagliptin	1	MO; QL (30 per 30 days)
saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg	1	MO; QL (60 per 30 days)

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saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg	1	MO; QL (30 per 30 days)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	2	MO; QL (60 per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG	2	MO; QL (120 per 30 days)
SOLIQUA 100/33	2	MO; QL (90 per 30 days)
STEGLATRO ORAL TABLET 15 MG	2	QL (30 per 30 days)
STEGLATRO ORAL TABLET 5 MG	2	MO; QL (30 per 30 days)
SYMLINPEN 120	2	PA; MO; QL (10.8 per 30 days)
SYMLINPEN 60	2	PA; MO; QL (6 per 30 days)
SYNJARDY	2	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	2	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	2	MO; QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR	2	MO
TOUJEO SOLOSTAR U-300 INSULIN	2	MO
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	2	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	2	MO; QL (60 per 30 days)
TRULICITY	2	PA; MO; QL (2 per 28 days)
URISTIX 4 REAGENT STRIPS	3	MO; ADD
URISTIX REAGENT STRIPS	3	MO; ADD
VICTOZA 2-PAK	2	PA; MO; QL (9 per 30 days)
VICTOZA 3-PAK	2	PA; MO; QL (9 per 30 days)

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XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	2	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	2	MO; QL (60 per 30 days)
ZEGALOGUE AUTOINJECTOR	2	MO
ZEGALOGUE SYRINGE	2	MO
MISCELLANEOUS HORMONES		
ALDURAZYME	2	PA; MO
ANDRODERM	2	PA; QL (30 per 30 days)
cabergoline	1	MO
calcitonin (salmon)	1	MO
calcitriol intravenous solution 1 mcg/ml	1	MO
calcitriol oral capsule	1	MO
calcitriol oral solution	1	
cinacalcet	1	PA; MO
clomid	1	PA; MO
clomiphene citrate	1	PA
CRYSVITA	2	PA; MO; LA

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

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SOMAVERT	2	PA; MO
STRENSIQ	2	PA; LA
SYNAREL	2	PA; MO
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	1	PA; MO
testosterone cypionate intramuscular oil 200 mg/ml (1 ml)	1	PA
testosterone enanthate	1	PA; MO
testosterone transdermal gel	1	PA; MO; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation	1	PA; MO; QL (120 per 30 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	1	PA; MO; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	1	PA; MO; QL (150 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	1	PA; MO; QL (300 per 30 days)
testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)	1	PA; MO; QL (37.5 per 30 days)
testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)	1	PA; MO; QL (150 per 30 days)
testosterone transdermal solution in metered pump w/app	1	PA; MO; QL (180 per 30 days)
tolvaptan	1	PA; MO
VIMIZIM	2	PA; MO; LA
zoledronic acid intravenous solution	1	B/D PA; MO
zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml	1	B/D PA; MO
THYROID HORMONES		
euthyrox	1	MO
levo-t	1	
levothyroxine intravenous recon soln	1	MO

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levothyroxine oral tablet	1	
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	1	MO
liothyronine	1	MO
unithroid	1	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
ACIDOPHILUS 16 MG CAPSULE EXTRA STRENGTH (RX)	3	ADD
ACIDOPHILUS 16 MG CAPSULE P/F, EXTRA STRENGTH (RX)	3	ADD
ACIDOPHILUS PROBIOTIC TABLET	3	ADD
ACIDOPHILUS X-STR CAPTAB	3	MO; ADD
ACIDOPHILUS-PECTIN CAPSULE	3	MO; ADD
ACIDOPHILUS-PECTIN CAPSULE	3	ADD
ACIDOPHILUS-PECTIN CAPTAB (RX)	3	MO; ADD
ACIDOPHILUS-PECTIN CAPTAB CAPLET (RX)	3	MO; ADD
ANTI-DIARRHEAL 1 MG/7.5 ML SOL	3	ADD
ANTI-DIARRHEAL 2 MG CAPLET	3	MO; ADD
ANTI-DIARRHEAL 2 MG CAPLET	3	MO; ADD
ANTI-DIARRHEAL 2 MG SOFTGEL	3	ADD
ANTI-DIARRHEAL 2 MG TABLET	3	MO; ADD
atropine injection solution 0.4 mg/ml	1	
atropine injection syringe 0.1 mg/ml	1	
atropine intravenous solution 0.4 mg/ml	1	
atropine intravenous syringe 0.25 mg/5 ml (0.05 mg/ml)	1	
AZO COMPLETE FEMININE BALANCE	3	ADD
AZO DUAL PROTECTN 150-15 MG CP	3	ADD
BIO-K PLUS DR 50 BILLION CAP	3	ADD
BIOMEPRO 100 BILLION CFU LIQ OUTER	3	ADD

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BISMUTH 262 MG TABLET CHEW	3	MO; ADD
CULTURELLE PRENATAL PRO CHEWTB	3	ADD
CULTURELLE TOTAL BALANCE CAP	3	ADD
dicyclomine intramuscular	1	MO
dicyclomine oral capsule	1	MO
dicyclomine oral solution	1	MO
dicyclomine oral tablet	1	MO
diphenoxylate-atropine oral liquid	1	
diphenoxylate-atropine oral tablet	1	MO
EQL PROBIOTIC ACIDOPHIL-PECTIN	3	MO; ADD
glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)	1	MO
glycopyrrolate injection	1	MO
glycopyrrolate oral tablet 1 mg, 2 mg	1	MO
glycopyrrolate oral tablet 1.5 mg	1	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
GS ANTI-DIARRHEAL 1 MG/7.5 ML	3	ADD
GS ANTI-DIARRHEAL 2 MG CAPLET	3	MO; ADD
GS STOMACH RLF 262 MG CHEW TAB	3	ADD
HM ANTI-DIARRHEAL 2 MG CAPLET CAPLET, GLUTEN-FREE	3	MO; ADD
HM ANTI-DIARRHEAL 2 MG SOFTGEL	3	ADD
HM STOMACH RELIEF 525 MG/15 ML	3	MO; ADD
HM STOMACH RELIEF 525 MG/30 ML	3	MO; ADD
HM STOMACH RLF 262 MG CHEW TAB	3	ADD
KALA TABLET	3	ADD
loperamide 1 mg/7.5 ml soln	3	MO; ADD
LOPERAMIDE 1 MG/7.5 ML SOLN	3	MO; ADD
LOPERAMIDE 1 MG/7.5 ML SOLUTION CUP INNER	3	MO; ADD

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LOPERAMIDE 1 MG/7.5 ML SOLUTION CUP OUTER	3	MO; ADD
LOPERAMIDE 2 MG/15 ML SOLUTION CUP INNER	3	MO; ADD
LOPERAMIDE 2 MG/15 ML SOLUTION CUP OUTER	3	MO; ADD
loperamide oral capsule	1	MO
opium tincture	1	MO
PINK BISMUTH 262 MG TAB CHEW	3	ADD
PINK BISMUTH CAPLET	3	ADD
PROBIOTIC 15 BILLION CELL CAP	3	ADD
PROBIOTIC ACIDOPHIL-PECTIN CAP	3	MO; ADD
QC ANTI-DIARRHEAL 2 MG CAPLET	3	MO; ADD
QC ANTI-DIARRHEAL 2 MG SOFTGEL	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
RA DIGESTIVE HEALTH PROBIOTIC	3	ADD
SM ANTI-DIARRHEAL 1 MG/7.5 ML	3	ADD
SM ANTI-DIARRHEAL 2 MG CAPLET	3	MO; ADD
SM ANTI-DIARRHEAL 2 MG CAPLET	3	MO; ADD
SM ANTI-DIARRHEAL 2 MG SOFTGEL	3	ADD
SM STOMACH RLF 262 MG CAPLET	3	ADD
SM STOMACH RLF 262 MG CHEW TAB	3	ADD
STOMACH RELIEF 262 MG CHEW TAB	3	ADD
STOMACH RELIEF 262 MG/15 ML ORIGINAL STRENGTH	3	MO; ADD
STOMACH RELIEF 525 MG/15 ML	3	MO; ADD
STOMACH RLF 525 MG/30 ML SUSP	3	MO; ADD

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MISCELLANEOUS GASTROINTESTINAL AGENTS		
ACID GONE ANTACID LIQUID	3	MO; ADD
ACID GONE TABLET CHEW	3	MO; ADD
ALMACONE-2 LIQUID	3	MO; ADD
al-mag hydrox-simeth max susp	3	ADD
al-mag hydrox-simeth max susp outer	3	ADD
alosetron	1	PA; MO
aluminum hydroxide gel	3	MO; ADD
alum-mag hydroxide-simeth susp	3	ADD
alum-mag hydroxide-simeth susp outer	3	ADD
ANTACID ANTI-GAS LIQUID	3	ADD
ANTACID ANTI-GAS MAX STR LIQ	3	ADD
ANTACID EX-STR TABLET CHEW	3	ADD
ANTACID EXTRA STRENGTH CHW TAB	3	ADD
ANTACID LIQUID	3	ADD
ANTACID-ANTIGAS 1000-60 MG CHW	3	ADD
ANTACID-ANTIGAS LIQUID	3	MO; ADD
ANTACID-ANTIGAS SUSPENSION	3	MO; ADD
aprepitant	1	B/D PA; MO
balsalazide	1	MO
betaine	1	MO
bisacodyl 10 mg suppository	3	MO; ADD
bisacodyl ec 5 mg tablet	3	MO; ADD
budesonide oral	1	MO
castor oil	3	ADD
castor oil stimulant laxative	3	ADD
castor oil usp	3	ADD
castor oil usp (rx)	3	ADD
CHENODAL	2	PA; LA
CHOCOLATED LAXATIVE	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)

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CIMZIA POWDER FOR RECONST	2	PA; MO; QL (2 per 28 days)
CIMZIA STARTER KIT	2	PA; MO; QL (3 per 180 days)
CINVANTI	2	MO
CITRUCEL 500 MG CAPLET	3	MO; ADD
CITRUCEL POWDER	3	MO; ADD
CITRUCEL POWDER S-F	3	MO; ADD
CITRUCEL POWDER S-F ORANGE	3	MO; ADD
CLEARLAX POWDER	3	MO; ADD
CLEARLAX POWDER 14 ONCE-DAILY DOSES	3	MO; ADD
CLEARLAX POWDER 30 ONCE-DAILY DOSES	3	MO; ADD
CLEARLAX POWDER 7 ONCE-DAILY DOSES	3	MO; ADD
CLEARLAX POWDER PACKET	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
COLACE-T 100 MG CAPSULE	3	MO; ADD
compro	1	MO
constulose	1	MO
CORTIFOAM	2	MO
CREON	2	MO
cromolyn oral	1	MO
cvs castor oil	3	ADD
dimenhydrinate injection solution	1	MO
docusate cal 240 mg softgel	3	MO; ADD
docusate sodium 100 mg inner, softgel	3	MO; ADD
docusate sodium 100 mg outer, softgel	3	MO; ADD
docusate sodium 100 mg softgel	3	MO; ADD
docusate sodium 250 mg softgel	3	MO; ADD
docusate sodium 50 mg/5 ml liq	3	MO; ADD
DOCUSATE SODIUM MINI ENEMA	3	ADD; QL (15 per 30 days)

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DOCUSOL KIDS 100 MG MINI-ENEMA 5ML MINI-ENEMA,OUTER	3	ADD; QL (15 per 30 days)
DOCUSOL PLUS MINI-ENEMA 5ML MINI-ENEMA,OUTER	3	ADD; QL (15 per 30 days)
DOK 100 MG TABLET	3	MO; ADD
DRIMINATE 50 MG TABLET	3	MO; ADD
dronabinol	1	B/D PA; MO
droperidol injection solution	1	MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	2	B/D PA
ENEMA DISPOSABLE	3	MO; ADD; QL (399 per 30 days)
ENEMA READY TO USE	3	ADD; QL (399 per 30 days)
ENEMA READY TO USE	3	ADD; QL (399 per 30 days)
ENEMEEZ MINI ENEMA 5CC TUBES, OUTER	3	MO; ADD; QL (15 per 30 days)
ENEMEEZ PLUS MINI ENEMA OUTER	3	MO; ADD; QL (15 per 30 days)
ENTYVIO	2	PA; MO; QL (2 per 28 days)
enulose	1	MO
EPSOM SALT	3	ADD
eql castor oil	3	ADD
FIBER LAXATIVE 625 MG CAPLET	3	ADD
FIBER LAXATIVE 625 MG CAPLET	3	ADD
FIBER POWDER	3	ADD
FIBER TABLET UNBOXED	3	MO; ADD
FIBER TABS	3	ADD
FIBER THERAPY 500 MG CAPLET	3	ADD
FIBER THERAPY POWDER	3	MO; ADD
FIBER-LAX 625 MG TABLET 500MG POLYCARBOPHIL	3	MO; ADD
FLEET BISACODYL 10 MG ENEMA	3	MO; ADD; QL (111 per 30 days)
FLEET ENEMA	3	MO; ADD; QL (399 per 30 days)
FLEET ENEMA 2X133ML, TWIN PACK	3	MO; ADD; QL (798 per 30 days)

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FLEET ENEMA 4X133ML	3	MO; ADD; QL (399 per 30 days)
FLEET MINERAL OIL ENEMA	3	MO; ADD; QL (399 per 30 days)
FLEET PEDIA-LAX ENEMA	3	MO; ADD; QL (198 per 30 days)
FLEET PEDIA-LAX STOOL SOFTENER	3	ADD
FLEET PEDIA-LAX TABLET CHEW	3	MO; ADD
fosaprepitant	1	MO
GAS RELIEF (SIMETH) 80 MG CHEW	3	ADD
GAS RELIEF 125 MG CHEW TABLET	3	MO; ADD
GAS RELIEF 125 MG CHEW TABLET EXTRA STR,CHERRY CRM	3	MO; ADD
GAS RELIEF 125 MG SOFTGEL	3	MO; ADD
GAS RELIEF 180 MG SOFTGEL	3	ADD
GAS-X EX-STR 125 MG TAB CHEW	3	MO; ADD
GAS-X EX-STR 125 MG TAB CHEW CHERRY CREME	3	MO; ADD
GAS-X EXTRA STRENGTH SOFTGEL	3	MO; ADD
GAS-X EXTRA STRENGTH SOFTGEL 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
GAVILAX POWDER 14 DAY	3	MO; ADD
GAVILAX POWDER 30 DAY	3	MO; ADD
gavilyte-c	1	MO
gavilyte-g	1	MO
GAVISCON ES TABLET CHEW EXTRA STRENGTH	3	MO; ADD
GAVISCON EXTRA STRENGTH LIQUID	3	MO; ADD

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GAVISCON LIQUID	3	ADD
generlac	1	
GENTLE LAXATIVE 10 MG SUPP	3	MO; ADD
GENTLE LAXATIVE EC 5 MG TABLET	3	ADD
GNP GAS RLF(SIMETH) 80 MG CHEW	3	ADD
GNP GENTLE LAXATIVE 10 MG SUPP	3	MO; ADD
granisetron (pf) intravenous solution 1 mg/ml (1 ml)	1	MO
granisetron hcl intravenous	1	MO
granisetron hcl oral	1	B/D PA; MO
GS ADV ANTACID-ANTIGAS LIQUID	3	ADD
GS ANTACID PLUS ANTI-GAS LIQ	3	ADD
GS ANTACID PLUS ANTI-GAS SUSP	3	ADD
GS CLEARLAX POWDER	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
GS GAS RELIEF 180 MG SOFTGEL	3	ADD
GS HEMORRHOIDAL OINTMENT	3	MO; ADD
GS MILK OF MAGNESIA SUSPENSION	3	MO; ADD
GS STOOL SOFTENER 100 MG SFTGL	3	ADD
HEARTBURN RELIEF LIQUID	3	ADD
HM ADV ANTACID-ANTIGAS SUSP MAX-STRENGTH, CHERRY	3	ADD
HM ANTACID ANTI-GAS SUSPENSION ORIGINAL, MAX STR	3	ADD
HM ANTACID-ANTIGAS SUSPENSION	3	MO; ADD
hm castor oil odorless-tasteless	3	ADD
HM CLEARLAX POWDER	3	MO; ADD
HM CLEARLAX POWDER 7 ONCE-DAILY DOSES	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
HM ENEMA READY TO USE	3	ADD; QL (399 per 30 days)
HM ENEMA READY TO USE TWIN PAK	3	ADD; QL (399 per 30 days)
HM FIBER 500 MG CAPLET	3	MO; ADD
HM GAS RELIEF 125 MG CHEW TAB	3	MO; ADD
HM GAS RELIEF 125 MG SOFTGEL	3	MO; ADD
HM GAS RELIEF(SIMETH) 80 MG CHW	3	ADD
HM INF GAS RELIEF 20 MG/0.3 ML	3	MO; ADD
HM LAXATIVE EC 5 MG TABLET	3	ADD
hm magnesium citrate solution	3	ADD
HM MILK OF MAGNESIA SUSPENSION MINT	3	MO; ADD
HM MILK OF MAGNESIA SUSPENSION ORIGINAL	3	MO; ADD
HM MOTION RELIEF 25 MG TABLET	3	ADD
HM MOTION SICKNESS 50 MG TAB	3	ADD
HM READY TO USE MIN OIL ENEMA	3	ADD; QL (399 per 30 days)
hm senna 8.6 mg tablet	3	MO; ADD
HM STOOL SOFTENER 100 MG SFTGL	3	ADD
HM STOOL SOFTENER-STIM LAX TAB	3	ADD
hydrocortisone rectal	1	MO
hydrocortisone topical cream with perineal applicator	1	MO
INFANTS' GAS RLF 20 MG/0.3 ML	3	MO; ADD
KONSYL 6 GM PACKET GLUTEN-F, OUTER (OTC)	3	MO; ADD
KONSYL DAILY FIBER POWDER	3	ADD
KONSYL ORIGINAL FIBER POWDER GLUTEN FREE	3	MO; ADD

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KONSYL PSYLLIUM FIBER POWDER ORANGE, GLUTEN FREE	3	ADD
lactulose oral solution 10 gram/15 ml	1	MO
lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml	1	
LAXATIVE 15 MG TABLET	3	ADD
LAXATIVE 25 MG TABLET	3	ADD
LAXATIVE EC 5 MG TABLET	3	ADD
LINZESS	2	MO; QL (30 per 30 days)
lubiprostone	1	MO; QL (60 per 30 days)
MAG-AL LIQUID 30 ML CUP	3	ADD
MAG-AL PLUS SUSPENS 30 ML CUP 100'S,U-D,10X10	3	ADD
MAG-AL PLUS XS SUSP 30 ML CUP	3	ADD
magnesium citrate solution	3	ADD

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

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mesalamine oral capsule,extended release 24hr	1	MO
mesalamine oral tablet,delayed release (dr/ec)	1	MO
mesalamine rectal	1	MO
mesalamine with cleansing wipe	1	MO
metoclopramide hcl injection solution	1	MO
metoclopramide hcl oral solution	1	MO
metoclopramide hcl oral tablet	1	MO
MILK OF MAGNESIA SUSP 2,400 MG/30 ML CUP INNER	3	MO; ADD
MILK OF MAGNESIA SUSP 2,400 MG/30 ML CUP OUTER	3	MO; ADD
MILK OF MAGNESIA SUSPENSION	3	ADD
MILK OF MAGNESIA SUSPENSION	3	MO; ADD
MILK OF MAGNESIA SUSPENSION 100'S, U-D	3	MO; ADD
MILK OF MAGNESIA SUSPENSION MINT	3	MO; ADD
MILK OF MAGNESIA SUSPENSION ORIGINAL	3	MO; ADD
mineral oil	3	MO; ADD
MINTOX MAXIMUM STRENGTH SUSP MAX STR, LEMON CREME	3	MO; ADD
MINTOX PLUS TABLET CHEWABLE	3	MO; ADD
MOTEGRITY	2	ST; MO; QL (30 per 30 days)
MOTION SICKNESS 50 MG TABLET	3	ADD
MOTION SICKNESS RLF 25 MG TAB	3	ADD
MOTION-TIME 25 MG TABLET CHEW	3	ADD
MOVANTIK	2	MO; QL (30 per 30 days)
OCALIVA	2	PA; MO; LA; QL (30 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
ondansetron	1	B/D PA; MO
ondansetron hcl (pf)	1	MO
ondansetron hcl intravenous	1	MO
ondansetron hcl oral solution	1	B/D PA; MO
ondansetron hcl oral tablet 4 mg, 8 mg	1	B/D PA; MO
palonosetron intravenous solution 0.25 mg/5 ml	1	MO
palonosetron intravenous syringe	1	
peg 3350-electrolytes	1	
peg3350-sod sul-nacl-kcl-asb-c	1	MO
peg-electrolyte	1	MO
PENTASA	2	MO
polyethylene glycol 3350 powd (otc)	3	MO; ADD
polyethylene glycol 3350 powd 14 once-daily doses (otc)	3	MO; ADD
polyethylene glycol 3350 powd 17 grams pkt,inner (otc)	3	MO; ADD
polyethylene glycol 3350 powd 17 grams pkts,outer (otc)	3	MO; ADD
polyethylene glycol 3350 powd 30 once-daily doses (otc)	3	MO; ADD
polyethylene glycol 3350 powd 7 once-daily doses (otc)	3	MO; ADD
polyethylene glycol 3350 powd inner (otc)	3	MO; ADD
polyethylene glycol 3350 powd outer (otc)	3	MO; ADD
prochlorperazine	1	MO
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)	1	MO
prochlorperazine maleate oral	1	MO
procto-med hc	1	MO
proctosol hc topical	1	MO
proctozone-hc	1	MO
QC ANTACID SUSPENSION REGULAR STRENGTH	3	ADD
QC ANTACID-ANTIGAS MAX STR	3	ADD

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QC ANTACID-ANTIGAS SUSPENSION REGULAR STRENGTH	3	MO; ADD
qc castor oil odorless-tasteless	3	ADD
QC GAS RELIEF 125 MG SOFTGEL	3	MO; ADD
QC GENTLE LAXATIVE 10 MG SUPP	3	MO; ADD
qc magnesium citrate solution	3	ADD
qc magnesium citrate solution cherry flavor	3	ADD
qc magnesium citrate solution lemon flavor	3	ADD
QC MILK OF MAGNESIA SUSPENSION	3	MO; ADD
QC MILK OF MAGNESIA SUSPENSION MINT FLAVOR	3	MO; ADD
QC MILK OF MAGNESIA SUSPENSION ORIGINAL FLAVOR	3	MO; ADD
qc mineral oil heavy	3	MO; ADD
QC NATURA-LAX 17 GM POWDER	3	ADD
QC READY TO USE ENEMA	3	ADD; QL (399 per 30 days)
QC READY TO USE ENEMA TWIN PACK	3	ADD; QL (798 per 30 days)
QC STOOL SOFTENER 100 MG SFTGL	3	ADD
QC STOOL SOFTENER-LAXATIVE TAB	3	ADD
READY TO USE MINERAL OIL ENEMA	3	ADD; QL (399 per 30 days)
RECTIV	2	MO
RELISTOR SUBCUTANEOUS SOLUTION	2	MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	2	MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	2	MO; QL (12 per 30 days)
REMICADE	2	PA; MO; QL (20 per 28 days)
SANCUSO	2	MO
scopolamine base	1	MO

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SENEXON-S 50-8.6 MG TABLET	3	MO; ADD
SENNA 8.6 MG SOFTGEL	3	ADD
senna 8.6 mg tablet	3	MO; ADD
senna 8.8 mg/5 ml liquid	3	ADD
senna 8.8 mg/5 ml syrup	3	ADD
SENNA 8.8 MG/5 ML SYRUP	3	MO; ADD
senna 8.8 mg/5 ml syrup cup	3	MO; ADD
senna 8.8 mg/5 ml syrup cup inner	3	ADD
senna 8.8 mg/5 ml syrup cup outer	3	ADD
senna lax 8.6 mg tablet	3	ADD
senna laxative 8.6 mg tablet	3	ADD
SENNA PLUS 8.6-50 MG SOFTGEL	3	ADD
SENNA PLUS 8.6-50 MG TABLET	3	MO; ADD
SENNA-LAX 8.6 MG TABLET	3	ADD
senna-time 8.6 mg tablet	3	MO; ADD
SENNA-TIME S TABLET	3	ADD
SENOKOT 8.6 MG TABLET	3	MO; ADD
SENOKOT EXTRA STR 17.2 MG TAB	3	MO; ADD
SENOKOT-S TABLET	3	MO; ADD
SILACE 60 MG/15 ML SYRUP	3	MO; ADD
simethicone 125 mg tab chew	3	ADD
simethicone 80 mg tab chew	3	MO; ADD
SKYRIZI INTRAVENOUS	2	PA; MO; QL (30 per 180 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	2	PA; MO; QL (1.2 per 56 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	2	PA; MO; QL (2.4 per 56 days)
SM ADV ANTACID-ANTIGAS LIQUID	3	ADD

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SM ADV ANTACID-ANTIGAS SUSP MAX STRENGTH, CHERRY	3	ADD
SM ANTACID SUSPENSION	3	ADD
sm castor oil stimulant laxative	3	ADD
SM CLEARLAX POWDER 7 ONCE-DAILY DOSES	3	MO; ADD
SM ENEMA READY TO USE	3	ADD; QL (399 per 30 days)
SM ENEMA READY TO USE TWIN PAK	3	ADD; QL (399 per 30 days)
SM FIBER 625 MG CAPLET	3	MO; ADD
SM FIBER LAXATIVE 500 MG CPLT	3	MO; ADD
SM GAS REL ANTIFLATUENT 180 MG SOFTGEL	3	ADD
SM GAS RELIEF 125 MG CHEW TAB	3	MO; ADD
SM GAS RELIEF 125 MG SOFTGEL	3	MO; ADD
SM GAS RELIEF(SIMETH) 80 MG CHW	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
SM GENTLE LAXATIVE EC 5 MG TAB	3	ADD
SM INF GAS RELIEF 20 MG/0.3 ML NON-STAINING	3	MO; ADD
sm magnesium citrate solution	3	ADD
SM MILK OF MAGNESIA SUSPENSION	3	ADD
SM MILK OF MAGNESIA SUSPENSION	3	MO; ADD
SM MILK OF MAGNESIA SUSPENSION MINT	3	MO; ADD
SM MILK OF MAGNESIA SUSPENSION ORIGINAL	3	MO; ADD
SM MOTION SICKNESS 25 MG TAB	3	ADD
SM MOTION SICKNESS 50 MG TAB	3	ADD
SM READY TO USE ENEMA	3	ADD; QL (399 per 30 days)
sm senna laxative 8.6 mg tab	3	ADD

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SM SENNA-S TABLET	3	MO; ADD
SM STOOL SOFTENER 100 MG SFTGL	3	ADD
SM STOOL SOFTENER 100 MG TAB	3	ADD
SM STOOL SOFTENER-LAXATIVE TAB	3	ADD
sodium bicarb 10 grain tablet	3	MO; ADD
sodium bicarb 325 mg tablet	3	MO; ADD
sodium bicarb 650 mg tablet 10 gr	3	MO; ADD
SODIUM BICARBONATE POWDER USP (RX)	3	ADD
SODIUM BICARBONATE POWDER USP,FOOD GRADE (RX)	3	ADD
sodium,potassium,mag sulfates	1	MO
STIMULANT LAXATIVE PLUS TABLET	3	MO; ADD
STOOL SOFTENER 100 MG CAPSULE ORIGINAL	3	ADD
STOOL SOFTENER 100 MG SOFTGEL	3	ADD
STOOL SOFTENER-STIM LAX SOFTGL	3	ADD
STOOL SOFTENER-STIM LAX TABLET	3	ADD
SUCRAID	2	PA
sulfasalazine	1	MO
TRULANCE	2	MO
TUMS ULTRA STR CHEWY DELIGHTS	3	MO; ADD
ursodiol oral capsule 300 mg	1	MO
ursodiol oral tablet	1	MO
VARUBI	2	B/D PA
VIBERZI	2	MO; QL (60 per 30 days)
VIOKACE	2	MO
WOMEN'S GENTLE LAX EC 5 MG TAB	3	ADD
WOMEN'S LAXATIVE 5 MG TABLET	3	ADD

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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		
ACID CONTROLLER 20 MG TABLET MAXIMUM STRENGTH	3	ADD
ACID REDUCER 10 MG TABLET	3	ADD
ACID REDUCER 10 MG TABLET ORIGINAL STRENGTH	3	ADD
ACID REDUCER 20 MG TABLET	3	ADD
ACID REDUCER 20 MG TABLET MAXIMUM STRENGTH	3	ADD
ACID REDUCER 20 MG TABLET MAX-STR	3	ADD
ACID REDUCER DR 20 MG CAP	3	ADD
cimetidine	1	MO
esomeprazole mag dr 20 mg cap (otc)	3	MO; ADD
esomeprazole mag dr 20 mg tab	3	ADD
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	1	MO; QL (30 per 30 days)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	1	MO
esomeprazole sodium intravenous recon soln 40 mg	1	
famotidine (pf)	1	MO
famotidine (pf)-nacl (iso-os)	1	MO
famotidine 20 mg tablet (otc)	3	MO; ADD
famotidine intravenous	1	MO
famotidine oral suspension	1	MO
famotidine oral tablet 20 mg, 40 mg	1	MO

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GS ACID REDUCER 10 MG TABLET	3	ADD
GS ACID REDUCER 20 MG TABLET	3	ADD
gs esomeprazole mag dr 20 mg (otc)	3	MO; ADD
gs lansoprazole dr 15 mg cap (otc)	3	MO; ADD
gs omeprazole dr 20 mg odt	3	ADD
gs omeprazole dr 20 mg tablet	3	MO; ADD
gs omeprazole dr 20 mg tablet 14 day course	3	MO; ADD
HEARTBURN RELIEF 10 MG TABLET	3	MO; ADD
HEARTBURN RELIEF 20 MG TABLET	3	MO; ADD
hm esomeprazole mag dr 20 mg (otc)	3	MO; ADD
hm famotidine 10 mg tablet original strength	3	ADD
hm famotidine 20 mg tablet maximum strength (otc)	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
hm lansoprazole dr 15 mg cap gluten-free,1 bottle (otc)	3	MO; ADD
hm lansoprazole dr 15 mg cap gluten-free,3 bottle (otc)	3	MO; ADD
hm omeprazole dr 20 mg tablet 1x14 day course	3	MO; ADD
hm omeprazole dr 20 mg tablet 2x14 day course	3	MO; ADD
hm omeprazole dr 20 mg tablet 3x14 day course	3	MO; ADD
lansoprazole dr 15 mg capsule (otc)	3	MO; ADD
lansoprazole dr 15 mg capsule 1x14 day course (otc)	3	MO; ADD
lansoprazole dr 15 mg capsule 2x14 day course (otc)	3	MO; ADD
lansoprazole dr 15 mg capsule 3x14 day course (otc)	3	MO; ADD
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	1	MO; QL (30 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	1	MO
misoprostol	1	MO

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nizatidine oral capsule	1	MO
omeprazole dr 20 mg odt	3	ADD
omeprazole dr 20 mg tablet	3	MO; ADD
omeprazole dr 20 mg tablet 14 day course	3	MO; ADD
omeprazole dr 20 mg tablet 1x14 day course	3	MO; ADD
omeprazole dr 20 mg tablet 2x14 day course	3	MO; ADD
omeprazole dr 20 mg tablet 3x14 day course	3	MO; ADD
omeprazole mag dr 20 mg tablet	3	MO; ADD
omeprazole mag dr 20.6 mg cap one 14-day course	3	ADD
omeprazole mag dr 20.6 mg cap three 14-day course	3	ADD
omeprazole mag dr 20.6 mg cap two 14-day course	3	ADD
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg	1	MO; QL (30 per 30 days)
omeprazole oral capsule,delayed release(dr/ec) 40 mg	1	MO
pantoprazole intravenous	1	MO
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	1	MO; QL (30 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	1	MO
QC ACID CONTROLLER 10 MG TAB	3	ADD
qc esomeprazole mag dr 20 mg (otc)	3	MO; ADD
qc omeprazole mag dr 20.6 mg three 14-day course	3	ADD
SM ACID REDUCER 10 MG TABLET	3	ADD
SM ACID REDUCER 20 MG TABLET	3	ADD
SM ACID REDUCER 20 MG TABLET MAXIMUM STRENGTH	3	ADD

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SM ACID REDUCER 200 MG TABLET	3	ADD
sm esomeprazole mag dr 20 mg (otc)	3	MO; ADD
sm lansoprazole dr 15 mg cap gluten-free,1 bottle (otc)	3	MO; ADD
sm lansoprazole dr 15 mg cap gluten-free,3 bottle (otc)	3	MO; ADD
sm omeprazole dr 20 mg tablet 14 day course	3	MO; ADD
sm omeprazole dr 20 mg tablet 2x14 day course	3	MO; ADD
sm omeprazole dr 20 mg tablet 3x14 day course	3	MO; ADD
sucralfate	1	MO
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	2	B/D PA; MO
ARCALYST	2	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	2	PA; MO; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	2	PA; MO; QL (1 per 28 days)
BESREMI	2	PA; LA
BETASERON SUBCUTANEOUS KIT	2	PA; MO; QL (14 per 28 days)
ILARIS (PF)	2	PA; MO; LA; QL (2 per 28 days)
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)
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)

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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)
plerixafor	1	B/D PA; MO
PROCRIT	2	PA; MO
RETACRIT	2	PA; MO
ZARXIO	2	PA; MO
ZIEXTENZO	2	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO	2	
ACTHIB (PF)	2	MO
ADACEL(TDAP ADOLESN/ADULT)(PF)	2	MO
AREXVY (PF)	2	
BCG VACCINE, LIVE (PF)	2	
BEXSERO	2	MO
BOOSTRIX TDAP	2	MO
BOTOX	2	PA; MO
DAPTACEL (DTAP PEDIATRIC) (PF)	2	
DENGVAXIA (PF)	2	
ENGERIX-B (PF)	2	B/D PA; MO
ENGERIX-B PEDIATRIC (PF)	2	B/D PA; MO
fomepizole	1	
GAMASTAN	2	MO
GAMASTAN S/D	2	
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	2	
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	2	MO
HAVRIX (PF)	2	MO
HEPLISAV-B (PF)	2	B/D PA; MO
HIBERIX (PF)	2	MO
HIZENTRA	2	B/D PA; MO
HYPERHEP B INTRAMUSCULAR SOLUTION	2	
HYPERHEP B NEONATAL	2	
HYQVIA	2	B/D PA; MO
IMOVAX RABIES VACCINE (PF)	2	

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INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	2	MO
IPOL	2	
IXIARO (PF)	2	
JYNNEOS (PF)(STOCKPILE)	2	B/D PA
KINRIX (PF) INTRAMUSCULAR SYRINGE	2	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	2	
MENQUADFI (PF)	2	MO
MENVEO A-C-Y-W-135-DIP (PF)	2	
M-M-R II (PF)	2	MO
PEDIARIX (PF)	2	
PEDVAX HIB (PF)	2	
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	2	
PREHEVBRIO (PF)	2	B/D PA
PRIORIX (PF)	2	
PRIVIGEN	2	PA; MO
PROQUAD (PF)	2	
QUADRACEL (PF)	2	
RABAVERT (PF)	2	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	2	B/D PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	2	B/D PA
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	2	B/D PA
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	2	B/D PA; MO
ROTARIX	2	
ROTATEQ VACCINE	2	
SHINGRIX (PF)	2	MO
TDVAX	2	MO
TENIVAC (PF)	2	MO
TETANUS,DIPHTHERIA TOX PED(PF)	2	
TICE BCG	2	B/D PA
TICOVAC	2	
TRUMENBA	2	MO

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TWINRIX (PF)	2	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	2	
TYPHIM VI INTRAMUSCULAR SYRINGE	2	MO
VAQTA (PF) INTRAMUSCULAR SUSPENSION	2	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	2	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	2	MO
VARIVAX (PF)	2	
VARIZIG	2	
YF-VAX (PF)	2	
MISCELLANEOUS SUPPLIES		
MISCELLANEOUS SUPPLIES		
AEROCHAMBER MINI	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)
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 Z-STAT PLUS W/MASK, LARGE	3	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	ADD; QL (2 per 365 days)
AEROCHAMBER Z-STAT PLUS-MED W/MASK-MED,CMFT SEAL	3	ADD; QL (2 per 365 days)
AEROCHAMBER Z-STAT PLUS-SMALL W/MASK-SM,CMFT SEAL	3	ADD; QL (2 per 365 days)
AEROVENT PLUS HOLDING CHAMBER	3	MO; ADD; QL (2 per 365 days)

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AIMSCO LATEX CONDOM	3	ADD; QL (24 per 30 days)
AIRZONE PEAK FLOW METER ADULTS & CHILDREN	3	ADD; QL (2 per 365 days)
ASTHMA CHECK PEAK FLOW MTR	3	ADD; QL (2 per 365 days)
ASTHMAPACK CHILDREN'S CARE KIT	3	ADD; QL (2 per 365 days)
BD AUTOSHIELD DUO PEN NEEDLE	2	MO
BD INSULIN SYRINGE (HALF UNIT)	2	MO
BD INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	2	
BD INSULIN SYRINGE U-500	2	MO
BD INSULIN 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
BD LO-DOSE MICRO-FINE IV	2	MO
BD NANO 2ND GEN PEN NEEDLE	2	MO
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	2	MO
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8"	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	
BD ULTRA-FINE SHORT PEN NEEDLE	2	MO
BD VEO INSULIN SYR (HALF UNIT)	2	MO

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BD VEO INSULIN SYRINGE UF	2	MO
CEQUR SIMPLICITY INSERTER	2	MO
CLEVER CHOICE CHAMBER-LRG MASK	3	ADD
CLEVER CHOICE CHAMBER-LRG MASK	3	ADD; QL (2 per 365 days)
CLEVER CHOICE CHAMBER-MED MASK	3	ADD
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)
COMPACT SPACE CHAMBER	3	MO; ADD; QL (2 per 365 days)
COMPACT SPACE CHAMBER-LRG MASK	3	MO; ADD
COMPACT SPACE CHAMBER-LRG MASK	3	MO; ADD; QL (2 per 365 days)
COMPACT SPACE CHAMBER-MED MASK	3	MO; ADD
COMPACT SPACE CHAMBER-MED MASK	3	MO; ADD; QL (2 per 365 days)
COMPACT SPACE CHAMBER-SM MASK	3	MO; ADD
COMPACT SPACE CHAMBER-SM MASK	3	MO; ADD; QL (2 per 365 days)
DUREX AVANTI REAL FEEL CONDOM	3	MO; ADD; QL (24 per 30 days)
EASIVENT HOLDING CHAMBER HOSPITAL PACK	3	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)
EASIVENT MASK-MEDIUM	3	MO; ADD; QL (2 per 365 days)
EASIVENT MASK-SMALL	3	MO; ADD; QL (2 per 365 days)
EQ SPACE CHAMBER	3	ADD

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EQ SPACE CHAMBER-LARGE MASK	3	ADD
EQ SPACE CHAMBER-MEDIUM MASK	3	ADD
EQ SPACE CHAMBER-SMALL MASK	3	ADD
FANTASY CONDOM	3	ADD; QL (24 per 30 days)
FC2 FEMALE CONDOM	3	MO; ADD; QL (20 per 30 days)
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)
GAUZE PADS 2 X 2	2	
INSULIN PEN NEEDLE	2	
INSULIN MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8"	2	MO
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2"	2	MO
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1/2 ML	2	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	2	MO
KIMONO CONDOMS	3	ADD; QL (24 per 30 days)
KIMONO MICROTHIN AQUA LUBE	3	MO; ADD; QL (24 per 30 days)
KIMONO MICROTHIN CONDOM	3	ADD; QL (24 per 30 days)
KIMONO MICROTHIN LARGE CONDOM	3	ADD; QL (24 per 30 days)
KIMONO TEXTURED CONDOM	3	ADD; QL (24 per 30 days)
MICROCHAMBER	3	MO; ADD; QL (2 per 365 days)
MICROLIFE PEAK FLOW METER	3	MO; ADD; QL (2 per 365 days)

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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)
NEEDLES, INSULIN DISP.,SAFETY	2	MO
NOVOFINE 32	2	MO
NOVOFINE PLUS	2	
OMNIPOD 5 G6 INTRO KIT (GEN 5)	2	MO; QL (1 per 720 days)
OMNIPOD 5 G6 PODS (GEN 5)	2	MO
OMNIPOD CLASSIC PODS (GEN 3)	2	MO
OMNIPOD DASH INTRO KIT (GEN 4)	2	QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4)	2	MO
OMNIPOD GO PODS	2	
OMNIPOD GO PODS 10 UNITS/DAY	2	
OMNIPOD GO PODS 15 UNITS/DAY	2	
OMNIPOD GO PODS 20 UNITS/DAY	2	
OMNIPOD GO PODS 25 UNITS/DAY	2	
OMNIPOD GO PODS 30 UNITS/DAY	2	
OMNIPOD GO PODS 40 UNITS/DAY	2	
OPTICHAMBER DIAMOND VHC	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)
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)

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PEDIATRIC PANDA MASK	3	ADD; QL (2 per 365 days)
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)
POCKET CHAMBER	3	ADD; QL (2 per 365 days)
POCKET PEAK FLOW METER 12'S	3	ADD; QL (2 per 365 days)
PRECISION XTR B-KETONE STRIP BETA-KETONE	3	MO; ADD
PRO COMFORT SPACER-ADULT MASK	3	ADD; QL (2 per 365 days)
PRO COMFORT SPACER-CHILD MASK	3	ADD; QL (2 per 365 days)
PROCARE SPACER WITH ADULT MASK	3	ADD; QL (2 per 365 days)
PROCARE SPACER WITH CHILD MASK	3	ADD; QL (2 per 365 days)
PURECOMFORT PEAK FLOW MTR ADLT	3	ADD
PURECOMFORT PEAK FLOW MTR CHLD	3	ADD
RITEFLO SPACER	3	ADD; QL (2 per 365 days)
TRUSTEX CONDOM	3	ADD; QL (24 per 30 days)
TRUSTEX CONDOM 12'S, LUBRICATED	3	ADD; QL (24 per 30 days)
TRUSTEX CONDOM 12'S, RESERVOIR TIP	3	ADD; QL (24 per 30 days)
TRUSTEX CONDOM 12'S, W/NONOXYNOL-9	3	ADD; QL (24 per 30 days)
TRUSTEX CONDOM 12'S, W-NONOXYNOL-9	3	ADD; QL (24 per 30 days)
TRUSTEX CONDOM 12'S,EXTRA STRENGTH	3	ADD; QL (24 per 30 days)
TRUSTEX CONDOM 12'S,LUBRICATED	3	ADD; QL (24 per 30 days)
TRUSTEX CONDOM 12'S,W/NONOXYNOL-9	3	ADD; QL (24 per 30 days)
TRUSTEX CONDOM 12'S,W-NONOXYNOL-9	3	ADD; QL (24 per 30 days)

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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/SPERMICIDE	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/SPERMICIDE	3	ADD; QL (24 per 30 days)
TRUZONE PEAK FLOW METER ADULT/PEDIATRIC	3	MO; ADD; QL (2 per 365 days)
V-GO 20	2	MO
V-GO 30	2	MO
V-GO 40	2	MO

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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)
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
allopurinol oral tablet 100 mg, 300 mg	1	MO
allopurinol sodium	1	
aloprim	1	
colchicine oral tablet	1	MO
febuxostat	1	MO
KRYSTEXXA	2	MO
probenecid	1	MO
probenecid-colchicine	1	MO
OSTEOPOROSIS THERAPY		
alendronate oral solution	1	MO; QL (300 per 28 days)
alendronate oral tablet 10 mg	1	MO; QL (30 per 30 days)

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alendronate oral tablet 35 mg, 70 mg	1	MO; QL (4 per 28 days)
FOSAMAX PLUS D	2	ST; MO; QL (4 per 28 days)
ibandronate intravenous solution	1	PA
ibandronate intravenous syringe	1	PA; MO
ibandronate oral	1	MO; QL (1 per 30 days)
PROLIA	2	PA; MO; QL (1 per 180 days)
raloxifene	1	MO
risedronate oral tablet 150 mg	1	MO; QL (1 per 30 days)
risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	1	MO; QL (4 per 28 days)
risedronate oral tablet 5 mg	1	MO; QL (30 per 30 days)
risedronate oral tablet,delayed release (dr/ec)	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)
ADALIMUMAB-ADAZ	2	PA; MO; QL (1.6 per 28 days)
AMJEVITA (ONLY NDCS STARTING WITH 55513) SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	2	PA; MO; QL (6 per 28 days)
AMJEVITA (ONLY NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML	2	PA; MO; QL (0.4 per 28 days)
AMJEVITA (ONLY NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE 20 MG/0.4 ML	2	PA; MO; QL (2 per 28 days)
AMJEVITA (ONLY NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	2	PA; MO; QL (6 per 28 days)
BENLYSTA	2	PA; MO

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CYLTEZO(CF) PEN	2	PA; MO; QL (4 per 28 days)
CYLTEZO(CF) PEN CROHN'S-UC-HS	2	PA; QL (6 per 180 days)
CYLTEZO(CF) PEN PSORIASIS-UV	2	PA; QL (4 per 180 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	2	PA; MO; QL (2 per 28 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	2	PA; MO; QL (4 per 28 days)
ENBREL MINI	2	PA; MO; QL (8 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)
HUMIRA PEN CROHNS-UC-HS START	2	PA; QL (6 per 180 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS	2	PA; 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 180 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)
HYRIMOZ CF (ONLY NDCS STARTING WITH 61314) SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML	2	PA; MO; QL (1.6 per 28 days)
HYRIMOZ CF (ONLY NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML	2	PA; MO; QL (0.2 per 28 days)
HYRIMOZ CF (ONLY NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML	2	PA; MO; QL (0.4 per 28 days)
HYRIMOZ CF (ONLY NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	2	PA; MO; QL (1.6 per 28 days)
HYRIMOZ PEN CROHN'S-UC STARTER	2	PA; MO; QL (2.4 per 180 days)
HYRIMOZ PEN PSORIASIS STARTER	2	PA; MO; QL (1.6 per 180 days)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML	2	PA; MO; QL (2.4 per 180 days)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML- 40 MG/0.4 ML	2	PA; MO; QL (1.2 per 180 days)
leflunomide	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)

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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)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	2	PA; MO; QL (55 per 180 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG(19)	2	PA; QL (27 per 180 days)
penicillamine oral tablet	1	PA; MO
RIDAURA	2	MO
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	2	PA; MO; QL (30 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	2	PA; MO; QL (84 per 180 days)
SAVELLA ORAL TABLET	2	MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	2	QL (55 per 180 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		
amabelz oral tablet 0.5-0.1 mg	1	PA; MO
amabelz oral tablet 1-0.5 mg	1	PA
camila	1	MO
deblitane	1	MO
DEPO-SUBQ PROVERA 104	2	MO
dotti	1	PA; MO; QL (8 per 28 days)
DUAVEE	2	MO

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errin	1	MO
estradiol oral	1	PA; MO
estradiol transdermal patch semiweekly	1	PA; MO; QL (8 per 28 days)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.05 mg/24 hr, 0.1 mg/24 hr	1	PA; MO; QL (4 per 28 days)
estradiol transdermal patch weekly 0.0375 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr	1	PA; QL (4 per 28 days)
estradiol vaginal	1	MO
estradiol valerate	1	MO
estradiol-norethindrone acet	1	PA; MO
ESTRING	2	MO
fyavolv	1	PA; MO
heather	1	MO
hydroxyprogesterone caproate	1	
incassia	1	MO
jencycla	1	MO
jinteli	1	PA; MO
lyleq	1	MO
lyllana	1	PA; MO; QL (8 per 28 days)
lyza	1	
medroxyprogesterone	1	MO
MENEST	2	PA; MO
mimvey	1	PA; MO
nora-be	1	MO
norethindrone (contraceptive)	1	
norethindrone acetate	1	MO
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	PA; MO
PREMARIN ORAL	2	MO
PREMARIN VAGINAL	2	MO
PREMPHASE	2	MO
PREMPRO	2	MO
progesterone	1	MO
progesterone micronized	1	MO
sharobel	1	MO
yuvafem	1	MO
MISCELLANEOUS OB/GYN		
3-DAY VAGINAL CREAM	3	MO; ADD
clindamycin phosphate vaginal	1	MO
clotrimazole 1% vaginal cream	3	MO; ADD

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clotrimazole-3 2% cream	3	ADD
eluryng	1	MO
etonogestrel-ethinyl estradiol	1	
GNP MICONAZOLE 1 COMBO PACK	3	ADD
gs miconazole 3 combo pack	3	MO; ADD
GS MICONAZOLE 7 CREAM	3	MO; ADD
metronidazole vaginal	1	MO
miconazole 2% vaginal cream	3	ADD
MICONAZOLE 3 4% CREAM	3	ADD
MICONAZOLE 3 COMBO PACK	3	MO; ADD
MICONAZOLE 3 COMBO PACK 3 SUP,9GM CRM W/APP	3	MO; ADD
MICONAZOLE 3 COMBO PACK 3 SUPP W/9GM CREAM	3	MO; ADD
MICONAZOLE 7 CREAM	3	MO; ADD
MICONAZOLE 7 CREAM W/7 DISP APPLICATORS	3	MO; ADD
MICONAZOLE-7 CREAM	3	ADD
mifepristone	1	LA
NEXPLANON	2	
QC MICONAZOLE-7 CREAM 1 APPLICATOR	3	ADD
SM 3-DAY VAGINAL CREAM	3	MO; ADD
sm clotrimazole 1% vag cream	3	MO; ADD
sm miconazole 2% vaginal cream w/disp applicators	3	ADD
SM MICONAZOLE 3 COMBO PACK	3	ADD
SM MICONAZOLE 3 COMBO PACK W/DISPOSABLE APPLICA	3	MO; ADD
SM MICONAZOLE 7 100 MG VAG SUP	3	ADD
SM MICONAZOLE 7 CREAM W/REUSABLE APPLIC	3	MO; ADD
terconazole	1	MO
tranexamic acid oral	1	MO
vandazole	1	MO
xulane	1	MO

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zafemy	1	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
AFTERA 1.5 MG TABLET	3	ADD
altavera (28)	1	MO
alyacen 1/35 (28)	1	MO
alyacen 7/7/7 (28)	1	MO
amethyst (28)	1	MO
apri	1	MO
aranelle (28)	1	MO
aubra eq	1	MO
aviane	1	MO
azurette (28)	1	MO
camrese	1	MO
cryselle (28)	1	MO
cyred eq	1	
dasetta 1/35 (28)	1	MO
dasetta 7/7/7 (28)	1	MO
daysee	1	MO
desog-e.estradiol/e.estradiol	1	
desogestrel-ethinyl estradiol	1	
drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)	1	MO
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	1	MO
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	1	
ECONTRA EZ 1.5 MG TABLET INNER	3	ADD
ECONTRA EZ 1.5 MG TABLET OUTER	3	ADD
ECONTRA ONE-STEP 1.5 MG TABLET INNER	3	ADD
ECONTRA ONE-STEP 1.5 MG TABLET OUTER	3	ADD
elinest	1	MO
enpresse	1	MO
enskyce	1	MO
estarylla	1	MO
ethynodiol diac-eth estradiol	1	
falmina (28)	1	MO
introvale	1	
isibloom	1	MO
jasmiel (28)	1	MO
jolessa	1	MO
juleber	1	MO
kalliga	1	

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kariva (28)	1	MO
kelnor 1/35 (28)	1	MO
kelnor 1-50 (28)	1	MO
kurvelo (28)	1	MO
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)	1	
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	1	MO
larin 1.5/30 (21)	1	MO
larin 1/20 (21)	1	MO
larin 24 fe	1	MO
larin fe 1.5/30 (28)	1	MO
larin fe 1/20 (28)	1	MO
lessina	1	MO
levonest (28)	1	MO
levonorgestrel 1.5 mg tablet (otc)	3	ADD
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	1	MO
levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg, 90-20 mcg (28)	1	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month	1	
levonorg-eth estrad triphasic	1	
levora-28	1	MO
loryna (28)	1	MO
low-ogestrel (28)	1	MO
lo-zumandimine (28)	1	MO
lutera (28)	1	MO
marlissa (28)	1	MO
microgestin 1.5/30 (21)	1	MO
microgestin 1/20 (21)	1	MO
microgestin fe 1.5/30 (28)	1	MO
microgestin fe 1/20 (28)	1	MO
mili	1	MO
mono-linyah	1	MO
MY CHOICE 1.5 MG TABLET	3	ADD
MY WAY 1.5 MG TABLET (OTC)	3	ADD

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NEW DAY 1.5 MG TABLET	3	ADD
nikki (28)	1	MO
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	MO
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg	1	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	1	MO
nortrel 0.5/35 (28)	1	MO
nortrel 1/35 (21)	1	MO
nortrel 1/35 (28)	1	MO
nortrel 7/7/7 (28)	1	MO
OPCICON ONE-STEP 1.5 MG TABLET	3	ADD
OPTION 2 1.5 MG TABLET	3	ADD
philith	1	MO
pimtrea (28)	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
PLAN B ONE-STEP 1.5 MG TABLET (OTC)	3	ADD
portia 28	1	MO
reclipsen (28)	1	MO
setlakin	1	MO
sprintec (28)	1	MO
sronyx	1	MO
syeda	1	MO
TAKE ACTION 1.5 MG TABLET	3	ADD
tarina 24 fe	1	MO
tarina fe 1-20 eq (28)	1	MO
tilia fe	1	MO
tri-estarylla	1	MO
tri-legest fe	1	MO
tri-linyah	1	MO
tri-lo-estarylla	1	MO
tri-lo-marzia	1	MO
tri-lo-sprintec	1	MO
tri-sprintec (28)	1	MO
trivora (28)	1	MO
velivet triphasic regimen (28)	1	MO
vestura (28)	1	MO
vienva	1	MO
viorele (28)	1	MO
wera (28)	1	MO

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zovia 1-35 (28)	1	MO
zumandimine (28)	1	MO
OXYTOCICS		
methylergonovine oral	1	PA
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE	2	MO
bacitracin ophthalmic (eye)	1	MO
bacitracin-polymyxin b	1	MO
BESIVANCE	2	MO
ciprofloxacin hcl ophthalmic (eye)	1	MO
erythromycin ophthalmic (eye)	1	MO; QL (3.5 per 14 days)
gatifloxacin	1	MO
gentamicin ophthalmic (eye) drops	1	MO; QL (70 per 30 days)
levofloxacin ophthalmic (eye) drops 0.5 %	1	MO
levofloxacin ophthalmic (eye) drops 1.5 %	1	
moxifloxacin ophthalmic (eye) drops	1	MO
moxifloxacin ophthalmic (eye) drops, viscous	1	
NATACYN	2	
neomycin-bacitracin-polymyxin	1	MO
neomycin-polymyxin-gramicidin	1	MO
neo-polycin	1	
ofloxacin ophthalmic (eye)	1	MO
polycin	1	
polymyxin b sulf-trimethoprim	1	MO
tobramycin ophthalmic (eye)	1	MO; QL (10 per 14 days)
ANTIVIRALS		
trifluridine	1	MO
ZIRGAN	2	MO
BETA-BLOCKERS		
betaxolol ophthalmic (eye)	1	MO
carteolol	1	MO
levobunolol ophthalmic (eye) drops 0.5 %	1	MO
timolol maleate ophthalmic (eye) drops	1	MO

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timolol maleate ophthalmic (eye) gel forming solution	1	MO
MISCELLANEOUS OPHTHALMOLOGICS		
ALAWAY 0.025% EYE DROPS	3	MO; ADD
ARTIFICIAL TEARS 1.4% DROPS	3	MO; ADD
ARTIFICIAL TEARS DROPS	3	ADD
atropine ophthalmic (eye) drops	1	MO
azelastine ophthalmic (eye)	1	MO
balanced salt	1	
bepotastine besilate	1	MO
bss	1	
CHILD'S ALAWAY 0.025% EYE DROP	3	ADD
CIMERLI	2	PA; MO
cromolyn ophthalmic (eye)	1	MO
cyclosporine ophthalmic (eye)	1	MO; QL (60 per 30 days)
CYSTARAN	2	PA
DRY EYE RELIEF DROPS	3	ADD
epinastine	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
EYE ITCH RELIEF 0.025% DROPS	3	MO; ADD
EYLEA	2	PA; MO
FRESHKOTE EYE DROP	3	MO; ADD
GENTEAL TEARS 0.1%-0.2%-0.3%	3	MO; ADD
GENTEAL TEARS 0.1%-0.3% DROP	3	MO; ADD
GENTEAL TEARS SEVERE 3-94% OIN	3	MO; ADD
GS LUBRICAT PLUS 0.5% EYE DRPS P/F, 30X0.4ML	3	MO; ADD
HM DRY EYE RELIEF DROPS	3	ADD
HM LUBRICAT PLUS 0.5% EYE DRPS P/F, SUV, STERILE	3	MO; ADD
HM LUBRICATING TEARS EYE DROPS	3	MO; ADD
ISOPTO TEARS 0.5% EYE DROPS	3	MO; ADD
KETOTIFEN FUM 0.025% EYE DROPS (OTC)	3	MO; ADD
LUBRICANT 0.5% EYE DROPS	3	MO; ADD

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LUBRICANT EYE DROPS	3	MO; ADD
LUBRICANT EYE OINTMENT	3	ADD
LUBRICATING EYE DROP	3	MO; ADD
LUBRICATING PLUS 0.5% EYE DRPS P/F, 30X0.4ML	3	MO; ADD
LUBRICATING PLUS 0.5% EYE DRPS P/F, 50X0.4ML	3	MO; ADD
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
olopatadine ophthalmic (eye)	1	MO
OXERVATE	2	PA; MO
PHOSPHOLINE IODIDE	2	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	1	MO
REFRESH CELLUVISC 1% EYE GEL	3	MO; ADD
REFRESH CLASSIC EYE DROPS U-D,P/F,30X.4ML	3	MO; ADD
REFRESH CLASSIC EYE DROPS U-D,P/F,50X.4ML	3	MO; ADD
REFRESH DIGITAL EYE DROPS	3	MO; ADD
REFRESH DIGITAL PF EYE DROPS	3	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

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REFRESH OPTIVE GEL EYE DROPS	3	MO; ADD
REFRESH OPTIVE MEGA-3 DROPS	3	MO; ADD
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 RELIEVA 0.5-0.9% DROP	3	MO; ADD
REFRESH RELIEVA PF 0.5-0.9%	3	MO; ADD
REFRESH RELIEVA PF 0.5-1% DROP	3	ADD
REFRESH TEARS 0.5% EYE DROP	3	MO; ADD
SM EYE ITCH RELIEF 0.025% DROP UP TO 12 HRS,STERILE	3	MO; ADD
SM LUBRICANT EYE DROPS STRL	3	MO; ADD
SM LUBRICAT PLUS 0.5% EYE DRPS	3	MO; ADD
SM LUBRICATING TEARS EYE DROPS STERILE	3	MO; ADD
sodium chloride 5% eye drop	3	MO; ADD
sodium chloride 5% eye oint	3	MO; ADD
sulfacetamide sodium ophthalmic (eye)	1	MO
sulfacetamide-prednisolone	1	
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 BALANCE 0.6% EYE DROP CLINICAL STRENGTH	3	MO; ADD

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SYSTANE BALANCE 0.6% EYE DROP TWIN PACK, 2 X 10ML	3	MO; ADD
SYSTANE COMPLETE 0.6% EYE DROP	3	MO; ADD
SYSTANE GEL EYE DROPS	3	MO; ADD
SYSTANE HYDRATION PF 0.4-0.3%	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	MO; 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
XDEMVY	2	PA; QL (10 per 42 days)
XIIDRA	2	MO; QL (60 per 30 days)
ZADITOR 0.025% (0.035%) DROPS UP TO 12 HRS (OTC)	3	MO; ADD
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
bromfenac	1	MO
BROMSITE	2	MO
diclofenac sodium ophthalmic (eye)	1	MO
flurbiprofen sodium	1	MO
ketorolac ophthalmic (eye)	1	MO
PROLENSA	2	MO
ORAL DRUGS FOR GLAUCOMA		
acetazolamide	1	MO
acetazolamide sodium	1	MO
methazolamide	1	MO
OTHER GLAUCOMA DRUGS		
brimonidine-timolol	1	MO
dorzolamide	1	MO
dorzolamide-timolol	1	MO
latanoprost	1	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	MO
miostat	1	
RHOPRESSA	2	MO

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ROCKLATAN	2	MO
SIMBRINZA	2	MO
tafluprost (pf)	1	MO
travoprost	1	MO
STEROID-ANTIBIOTIC COMBINATIONS		
neomycin-bacitracin-poly-hc	1	MO
neomycin-polymyxin b-dexameth	1	MO
neomycin-polymyxin-hc ophthalmic (eye)	1	MO
neo-polycin hc	1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	2	MO; QL (3.5 per 14 days)
tobramycin-dexamethasone	1	MO; QL (10 per 14 days)
STEROIDS		
ALREX	2	MO
dexamethasone sodium phosphate ophthalmic (eye)	1	MO
fluorometholone	1	MO
INVELTYS	2	MO
loteprednol etabonate	1	MO
OZURDEX	2	MO
prednisolone acetate	1	MO
prednisolone sodium phosphate ophthalmic (eye)	1	MO
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	2	MO
apraclonidine	1	MO
brimonidine ophthalmic (eye)	1	MO
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
12-HR DECONGEST 120 MG CAPLET CAPLET,12HR,MAX-STR	3	ADD
12HR NASAL DECONGEST ER 120 MG	3	ADD
24HR ALLERGY(LEVOCETIRZN) 5 MG	3	ADD
adrenalin injection solution 1 mg/ml	1	
adrenalin injection solution 1 mg/ml (1 ml)	1	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ALAHIST CF TABLET	3	MO; ADD
ALAHIST D 17.5-10 MG TABLET	3	ADD
ALAHIST DM 2-15-7.5 MG/5 ML LQ	3	ADD
ALA-HIST IR 2 MG TABLET	3	MO; ADD
ALAHIST PE 2-7.5 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
ALLERGY 4 MG TABLET	3	ADD
ALLERGY MULTI-SYMPTOM CAPLET	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 TABLET	3	ADD
ALLERGY RELIEF 4 MG TABLET	3	ADD
ALLERGY RELIEF 5 MG/5 ML SOLN	3	ADD
ALLERGY RELIEF D-12 TABLET	3	ADD
ALLERGY RELIEF D-24HR TABLET	3	ADD
ALLERGY RELIEF D-24HR TABLET INNER	3	ADD

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ALLERGY RELIEF-D TABLET	3	ADD
ALLERGY RELIEF-NASAL DECONG TB	3	MO; ADD
ALLERGY RLF (CETRZN) 10 MG TAB	3	ADD
ALLERGY RLF(CETRZN) 10 MG SFGL	3	ADD
ALLERGY-CONGES RELF ER TABLET	3	ADD
ALLERGY-CONGES RELF ER TABLET NON-DROWSY,24 HR RLF	3	ADD
ALLERGY-CONGEST 12HR 60-120 MG	3	ADD
ALLERGY-CONGESTION RLF 12H TAB	3	ADD
ALLERGY-TIME 4 MG TABLET	3	ADD
ALL-NITE COLD-FLU RELIEF LIQ	3	ADD
APRODINE TABLET	3	MO; ADD
AQUANAZ TABLET	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
BANOPHEN 25 MG CAPSULE	3	MO; ADD
BANOPHEN 25 MG TABLET	3	MO; ADD
BANOPHEN 50 MG CAPSULE	3	MO; ADD
benzonatate 100 mg capsule	3	MO; ADD
benzonatate 150 mg capsule	3	ADD
benzonatate 200 mg capsule	3	MO; ADD
benzonatate perle 100 mg cap	3	MO; ADD
bromphen-pse-dm 2-30-10 mg/5 ml (rx)	3	MO; ADD
bromphen-pse-dm 2-30-10 mg/5 ml cup outer (rx)	3	MO; ADD
CAPCOF LIQUID	3	MO; ADD
CAPMIST DM TABLET	3	MO; ADD
CAPRON DM LIQUID	3	MO; ADD
CAPRON DMT TABLET	3	MO; ADD
cetirizine hcl 1 mg/ml soln children, grape (otc)	3	MO; ADD
cetirizine hcl 1 mg/ml soln children's (otc)	3	MO; ADD

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cetirizine hcl 10 mg chew tab outer	3	MO; ADD
cetirizine hcl 10 mg tablet	3	MO; ADD
cetirizine hcl 10 mg tablet f/c,u-d,10x10,inner	3	MO; ADD
cetirizine hcl 10 mg tablet f/c,u-d,10x10,outer	3	MO; ADD
cetirizine hcl 10 mg tablet indoor & outdoor	3	MO; ADD
cetirizine hcl 10 mg tablet indoor-outdoor,24hr	3	MO; ADD
cetirizine hcl 5 mg chew tab children's,outer,u-d	3	MO; ADD
cetirizine hcl 5 mg tablet	3	MO; ADD
cetirizine hcl 5 mg tablet indoor & outdoor	3	MO; ADD
cetirizine hcl 5 mg/5 ml solution cup inner	3	ADD
cetirizine hcl 5 mg/5 ml solution cup outer	3	ADD
cetirizine oral solution 1 mg/ml	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
cetirizine-pse er 5-120 mg tab	3	MO; ADD
cetirizine-pse er 5-120 mg tab 12 hr relief	3	MO; ADD
CHEST CONGEST RLF 400 MG TAB	3	MO; ADD
CHEST CONGESTION RELIEF DM SYR	3	ADD
CHEST CONGESTION RELIEF SOLN	3	MO; ADD
CHEST CONGST-COUGH RELIEF TAB	3	ADD
CHEST-SINUS CONGST RLF TABLET	3	ADD
CHILD ALL DAY ALLERGY 1 MG/ML	3	ADD
CHILD ALL DAY ALLERGY 1 MG/ML	3	ADD
CHILD ALL DAY ALLERGY 1 MG/ML BUBBLE GUM	3	ADD
CHILD ALLERGY 5 MG/5 ML SOLN	3	ADD
CHILD ALLERGY RELIEF 1 MG/ML	3	ADD

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CHILD ALLERGY RELIEF 5 MG/5 ML	3	ADD
CHILD ALLERGY RLF 12.5 MG/5 ML	3	ADD
CHILD CETIRIZINE 10 MG CHEW TB CHEWABLE, ALLERGY	3	ADD
CHILD CETIRIZINE 5 MG CHEW TAB	3	ADD
CHILD CETIRIZINE HCL 1 MG/ML	3	ADD
CHILD CETIRIZINE HCL 1 MG/ML CHILDREN'S	3	ADD
CHILD COUGH DM ER 30 MG/5 ML	3	ADD
CHILD DAYCLEAR ALLERGY CHEW TB	3	ADD
CHILD DELSYM COUGH 30 MG/5 ML AGE 4+,GRAPE	3	ADD
CHILD DELSYM COUGH 30 MG/5 ML AGE 4+,ORANGE	3	ADD
CHILD DELSYM COUGH PLUS DY-NT	3	ADD
CHILD LORATADINE 10 MG/10 ML INNER	3	MO; ADD
CHILD LORATADINE 10 MG/10 ML OUTER	3	MO; ADD
CHILD LORATADINE 5 MG TAB CHEW	3	ADD
CHILD LORATADINE 5 MG/5 ML SOL	3	MO; ADD
CHILD LORATADINE 5 MG/5 ML SYR	3	MO; ADD
CHILD LORATADINE 5 MG/5 ML SYR GRAPE	3	MO; ADD
CHILD MUCINEX FREEFROM DY COLD	3	ADD
CHILD MUCINEX FREEFROM MS D-N	3	ADD
CHILD MUCINEX M-S COLD DAY-NTE	3	ADD
CHILD MUCINEX MULTI-SYMPTOM LQ	3	ADD

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CHILD MUCINEX STUFFY NOSE-CHST	3	MO; ADD
CHILD MUCUS RELIEF COUGH LIQ CHERRY,CHILD	3	ADD
CHILD MUCUS RELIEF M-S COLD LQ	3	ADD
CHILD MUCUS-COUGH 5-100 MG/5 ML	3	ADD
CHILD MUCUS-COUGH RELIEF LIQ	3	ADD
CHILD TRIAMINIC M-S FEVER-COLD	3	ADD
CHILDREN'S COLD-COUGH ELIXIR RED GRAPE,CHILD	3	ADD
CHILDREN'S COLD-COUGH LIQUID	3	ADD
CHILDREN'S MUCINEX COUGH LIQ	3	ADD
CHILDREN'S MUCINEX FREEFROM LQ	3	ADD
CHILDREN'S PLUS M-S COLD SUSP GRAPE,MULTI-SYMPTOM	3	ADD
CHILD'S ALLERGY 12.5 MG/5 ML CHERRY,CHILD	3	ADD
CHLD ALLRGY RLF 12.5 MG CHEW TB	3	ADD
CHLO HIST ORAL SOLUTION	3	MO; ADD
CHLO TUSS LIQUID	3	MO; ADD
chlorpheniramine 4 mg tablet	3	ADD
chlorpheniramine er 12 mg tab	3	ADD
codeine-guaifen 10-100 mg/5 ml (otc)	3	MO; ADD
codeine-guaifen 10-100 mg/5 ml d/f (otc)	3	MO; ADD
COLD-COUGH ELIXIR	3	ADD
CONEX 2 MG-60 MG/5 ML SOLN	3	ADD
CONEX TABLET	3	ADD
COUGH DM ER 30 MG/5 ML SUSP	3	MO; ADD
COUGH DM ER 30 MG/5 ML SUSP 12 HOUR	3	MO; ADD

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COUGH DM ER 30 MG/5 ML SUSP 12HR,GLUTEN-FREE	3	MO; ADD
COUGH DM ER 30 MG/5 ML SUSP GLUTEN-FREE,12HR	3	MO; ADD
COUGH-COLD HBP TABLET	3	ADD
COUGH-COLD TABLET	3	ADD
DAY MULTI-SYMP FLU-SEVERE COLD	3	ADD
DAY TIME COLD-FLU SOFTGEL SOFTGEL	3	ADD
DAYCLEAR ALLERGY 25-50 MG TAB	3	ADD
DAYTIME COLD-FLU RELIEF LIQUID	3	ADD
DAYTIME COLD-FLU RELIEF SFTGL	3	ADD
DAYTIME SEVERE COLD-FLU LIQUID	3	ADD
DECONEX DMX 17.5-400-10 MG TAB	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
DECONEX IR 385-10 MG TABLET	3	MO; ADD
DELSYM 30 MG/5 ML SUSPENSION	3	MO; ADD
DELSYM 30 MG/5 ML SUSPENSION FOR ADULT	3	MO; ADD
DELSYM 30 MG/5 ML SUSPENSION GRAPE	3	MO; ADD
DELSYM COUGH+CHEST CNGST DM LQ	3	MO; ADD
DELSYM COUGH-SORE THROAT LIQ	3	ADD
dextromethorphan 15 mg liq gel	3	MO; ADD
dextromethorphan er 30 mg/5 ml	3	ADD
DIMAPHEN DM ELIXIR GRAPE,GLUTEN-F	3	MO; ADD
DIPHEDRYL 12.5 MG/5 ML ELIXIR	3	ADD
diphenhydramine 12.5 mg/5 ml	3	ADD
diphenhydramine 12.5 mg/5 ml cup outer	3	ADD
diphenhydramine 25 mg caplet	3	MO; ADD

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diphenhydramine 25 mg capsule (otc)	3	ADD
diphenhydramine 25 mg capsule u-d, 10x10 (otc)	3	ADD
diphenhydramine 25 mg tablet	3	MO; ADD
diphenhydramine 25 mg tablet inner	3	MO; ADD
diphenhydramine 25 mg tablet outer	3	MO; ADD
diphenhydramine 25 mg/10 ml	3	ADD
diphenhydramine 25 mg/10 ml cup	3	ADD
diphenhydramine 25 mg/10 ml cup outer	3	ADD
diphenhydramine 25 mg/10 ml inner	3	ADD
diphenhydramine 25 mg/10 ml outer	3	ADD
diphenhydramine 50 mg capsule (otc)	3	ADD
diphenhydramine 50 mg capsule u-d, 10x10 (otc)	3	ADD
diphenhydramine hcl injection solution 50 mg/ml	1	MO
diphenhydramine hcl injection syringe	1	MO
diphenhydramine hcl oral elixir	1	PA
DM-GUAIF-PE 18-200-10 MG/15 ML	3	ADD
DURAFLU 325-20-200-60 MG TAB	3	MO; ADD
ED A-HIST DM TABLET	3	MO; ADD
ED A-HIST LIQUID (OTC)	3	MO; ADD
ED BRON GP LIQUID	3	ADD
ED CHLORPED JR SYRUP	3	MO; ADD
ED-A-HIST 4 MG-10 MG TABLET	3	MO; ADD
ED-A-HIST DM LIQUID BANANA FLAVOR (OTC)	3	MO; ADD
ENDACOF-DM LIQUID	3	MO; ADD
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)	1	MO; QL (2 per 30 days)
epinephrine injection solution 1 mg/ml	1	
fexofenadine hcl 180 mg tablet (otc)	3	MO; ADD
fexofenadine hcl 180 mg tablet 24 hour, non-drowsy (otc)	3	MO; ADD

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fexofenadine hcl 180 mg tablet 24hr,original str (otc)	3	MO; ADD
fexofenadine hcl 180 mg tablet non-drowsy, 24hr (otc)	3	MO; ADD
fexofenadine hcl 60 mg tablet indoor/outdoor (otc)	3	MO; ADD
fexofenadine-pse er 180-240 tb (otc)	3	ADD
fexofenadine-pse er 60-120 tab (otc)	3	ADD
fexofenadine-pse er 60-120 tab allergy/congest,12hr (otc)	3	ADD
FLU HBP 325-2-10 MG CAPLET	3	ADD
FLU-SEVERE COLD-COUGH DAY PKT	3	ADD
GNP ALL DAY ALLERGY-D TABLET	3	ADD
GNP COUGH GELS 15 MG LIQUID CP	3	ADD
gnp loratadine 10 mg tablet	3	MO; ADD
GS ALL DAY ALLERGY 10 MG TAB	3	MO; ADD
GS ALL DAY ALLERGY-D TABLET	3	ADD
GS ALLER-EASE 180 MG TABLET	3	ADD
GS ALLERGY RELIEF 10 MG TABLET	3	ADD
GS ALLERGY RELIEF 10 MG TABLET NON-DROWSY	3	ADD
GS ALLERGY RELIEF 25 MG CAP	3	ADD
GS ALLERGY RELIEF 25 MG TABLET	3	ADD
GS CHILD ALL DAY ALLER 1 MG/ML	3	ADD
GS CHILD ALLERGY 12.5 MG/5 ML	3	ADD
GS CHILD MUCUS RELIEF M-S COLD	3	ADD
GS CHILD MUCUS RLF COUGH LIQ	3	ADD
GS CHILDREN'S COLD-COUGH SOLN	3	ADD
GS CHLD COUGH DM ER 30 MG/5 ML	3	ADD

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GS COUGH DM ER 30 MG/5 ML SUSP	3	MO; ADD
GS DAY TIME COLD-FLU LIQUID GLUTEN-FREE	3	ADD
GS DAYTIME COLD-FLU SOFTGEL	3	ADD
GS FLU-SEV COLD-COUGH DAY PKT	3	ADD
gs nasal decong pe 10 mg tab	3	ADD
GS NASAL DECONG PE 10 MG TAB	3	ADD
GS NASAL DECONGEST 30 MG TAB	3	ADD
GS NIGHTTIME COLD-FLU LIQUID GLUTEN-FREE,ORIGINAL	3	ADD
GS NIGHTTIME COLD-FLU SOFTGEL	3	ADD
GS NIGHTTIME COUGH LIQUID	3	ADD
GS SEVERE COLD-FLU NIGHTTME LQ	3	ADD
GS SEVERE DAY COLD-FLU CAPLET	3	ADD
GS SEVERE DAY COLD-FLU CAPLET CPLT,NON-DROWSY	3	ADD
GS SEVERE DAYTIME COLD-FLU LIQ	3	ADD
GS SUPHEDRINE 12HR 120 MG CPLT	3	ADD
GS TUSSIN CF LIQUID	3	MO; ADD
GS TUSSIN DM COUGH SYRUP	3	ADD
GS TUSSIN DM COUGH-CHEST SOLN	3	ADD
GS TUSSIN DM LIQUID	3	ADD
GS TUSSIN MUCUS-CONG 100 MG/5	3	ADD
GS TUSSIN MUCUS-CONG 200 MG/10	3	ADD
guaifen-codeine 100-10 mg/5 ml (otc)	3	MO; ADD

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GUAIFEN-CODEINE 200-20 MG/10 ML CUP INNER (OTC)	3	MO; ADD
GUAIFEN-CODEINE 200-20 MG/10 ML CUP OUTER (OTC)	3	MO; ADD
guaifenesin 100 mg/5 ml liquid	3	ADD
guaifenesin 100 mg/5 ml solution cup inner	3	ADD
guaifenesin 100 mg/5 ml solution cup outer	3	ADD
guaifenesin 200 mg tablet (otc)	3	MO; ADD
guaifenesin 200 mg/10 ml solution cup inner	3	ADD
guaifenesin 200 mg/10 ml solution cup outer	3	ADD
guaifenesin 300 mg/15 ml solution cup inner	3	ADD
guaifenesin 300 mg/15 ml solution cup outer	3	ADD
GUAIFENESIN AC COUGH SYRUP (OTC)	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
GUAIFENESIN-CODEINE 100-10 MG/5 ML CUP INNER (OTC)	3	MO; ADD
GUAIFENESIN-CODEINE 100-10 MG/5 ML CUP OUTER (OTC)	3	MO; ADD
guaifenesin-dm 100-10 mg/5 ml	3	ADD
guaifenesin-dm 100-10 mg/5 ml (otc)	3	MO; ADD
guaifenesin-dm 100-10 mg/5 ml cup inner (otc)	3	MO; ADD
guaifenesin-dm 100-10 mg/5 ml cup outer (otc)	3	MO; ADD
guaifenesin-dm 200-20 mg/10 ml	3	ADD
guaifenesin-dm 200-20 mg/10 ml cup inner (otc)	3	MO; ADD
guaifenesin-dm 200-20 mg/10 ml cup outer (otc)	3	MO; ADD
GUAIFENESIN-PSE 375-60 MG TAB	3	ADD
guaifenesin-pse er 1200-120 mg (otc)	3	ADD
guaifenesin-pse er 600-60 mg (otc)	3	MO; ADD

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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
HM ADT TUSSIN COUGH CONG DM LQ	3	ADD
HM ADULT TUSSIN CHEST CONG LIQ CHERRY,NO-DROWSY	3	ADD
HM ADULT TUSSIN CHEST CONG LIQ GLUTEN-FREE	3	ADD
HM ALLERGY RELIEF 10 MG TABLET	3	ADD
HM ALLERGY RELIEF 25 MG CAP	3	ADD
HM ALLERGY RELIEF 25 MG TABLET	3	ADD
HM ALLERGY RELIEF 4 MG TABLET	3	ADD
HM ALLERGY RLF-NASAL DECONG TB NON-DROWSY,24 HR RLF	3	MO; ADD
HM ALLERGY-CONGESTION 12HR TAB	3	ADD
HM CHEST CONGEST RLF 400 MG TB CAPLET,D/F	3	MO; ADD
HM CHEST CONGEST RLF DM CAPLET CAPLET,D/F	3	MO; ADD
HM CHILD ALL DAY ALLER 1 MG/ML	3	ADD
HM CHILD ALLERGY 12.5 MG/5 ML	3	ADD
HM CHILD LORATADINE 5 MG/5 ML	3	MO; ADD
HM CHILD MUCUS RELIEF COUGH LQ	3	ADD
HM CHILD'S COLD-COUGH ELIXIR RED GRAPE	3	ADD
HM COLD-SINUS 200-30 MG COATED CAPLET	3	ADD

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HM COUGH DM ER 30 MG/5 ML SUSP GLUTEN-FREE	3	MO; ADD
HM COUGH DM ER 30 MG/5 ML SUSP GRAPE,GLUTEN-F	3	MO; ADD
HM DAY SEVERE COLD-FLU CAPLET	3	ADD
HM DAYTIME COLD-FLU LIQUID	3	ADD
hm fexofenadine hcl 180 mg tab 24 hour, gluten-free (otc)	3	MO; ADD
hm fexofenadine hcl 60 mg tab (otc)	3	MO; ADD
hm loratadine 10 mg tablet	3	MO; ADD
HM MUCUS DM MAX ER 1200-60 MG	3	MO; ADD
HM MUCUS RELIEF ER 1,200 MG TB	3	ADD
HM MUCUS RELIEF ER 600 MG TAB	3	MO; ADD
HM NASAL DECONG PE 10 MG TAB	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
HM NASAL DECONG PE 10 MG TAB NON-DROWSY,MAX-STR	3	ADD
HM NASAL DECONGEST 30 MG TAB	3	ADD
HM NASAL DECONGEST ER 120 MG	3	ADD
HM NIGHT TIME COLD-FLU LIQ GLUTEN-FREE	3	ADD
HM NIGHT TIME COLD-FLU LIQ GLUTEN-FREE,CHERRY	3	ADD
HM SEVERE COLD-FLU CAPLET	3	ADD
HM TUSSIN DM 400-20 MG/20 ML	3	ADD
HYCODAN 5 MG-1.5 MG/5 ML SOLN	3	MO; ADD
hydrocodone-chlorphen er susp	3	MO; ADD
HYDROCODONE-HOMATROPINE 5 MG-1.5 MG/5 ML SOLUTION CUP INNER	3	ADD

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HYDROCODONE-HOMATROPINE 5 MG-1.5 MG/5 ML SOLUTION CUP OUTER	3	ADD
hydrocodone-homatropine 5-1.5 mg tablet	3	MO; ADD
hydrocodone-homatropine soln	3	ADD
HYDROMET 5 MG-1.5 MG/5 ML SOLN	3	MO; ADD
hydroxyzine hcl oral tablet	1	PA; MO
levocetirizine 5 mg tablet (otc)	3	MO; ADD
levocetirizine oral solution	1	MO
levocetirizine oral tablet 5 mg	1	MO; QL (30 per 30 days)
LOHIST-D LIQUID	3	MO; ADD
LOHIST-DM SYRUP	3	MO; ADD
loratadine 10 mg odt	3	ADD
loratadine 10 mg tablet	3	MO; ADD
loratadine 10 mg tablet 10x10, outer	3	MO; ADD
loratadine 10 mg tablet 10x10,u-d,inner	3	MO; ADD
loratadine 10 mg tablet 10x10,u-d,outer	3	MO; ADD
loratadine 10 mg tablet inner	3	MO; ADD
loratadine 10 mg tablet non-drowsy	3	MO; ADD
loratadine 10 mg tablet outer	3	MO; ADD
loratadine 5 mg/5 ml syrup children's	3	MO; ADD
loratadine 5 mg/5 ml syrup children's, d/f	3	MO; ADD
LORATADINE ALLERGY 5 MG/5 ML D/F	3	MO; ADD
LORATADINE-D 12 HOUR TABLET	3	MO; ADD
LORATADINE-D 24HR TABLET	3	MO; ADD
LORTUSS LQ 6.25-30 MG/5 ML LIQ	3	ADD
MAPAP COLD FORMULA CAPLET	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

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MAXIFED TR 30-1.25 MG TABLET	3	ADD
MAXI-TUSS AC LIQUID	3	MO; ADD
MAXI-TUSS CD LIQUID	3	ADD
MAXI-TUSS G LIQUID	3	ADD
MAXI-TUSS GMX LIQUID	3	ADD
MAXI-TUSS JR LIQUID	3	ADD
MAXI-TUSS PE JR LIQUID	3	ADD
MAXI-TUSS PE LIQUID	3	ADD
MAXI-TUSS PE MAX LIQUID	3	ADD
MAXI-TUSS TR SYRUP	3	ADD
m-dryl 12.5 mg/5 ml solution	3	MO; ADD
M-DRYL 12.5 MG/5 ML SOLUTION	3	MO; ADD
M-END DMX LIQUID	3	MO; ADD
MICLARA DM LIQUID	3	ADD
MICLARA LQ 1.25 MG/5 ML SYRUP	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
MUCINEX COLD-FLU-SORETHROAT LQ	3	ADD
MUCINEX D ER 1,200-120 MG TAB	3	MO; ADD
MUCINEX D ER 600-60 MG TABLET	3	MO; ADD
MUCINEX DM ER 1,200-60 MG TAB BI-LAYER, MAX-STR	3	MO; ADD
MUCINEX DM ER 600-30 MG TABLET	3	MO; ADD
MUCINEX DM ER 600-30 MG TABLET BI-LAYER	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
MUCINEX ER 600 MG TABLET	3	MO; ADD
MUCINEX ER 600 MG TABLET BI-LAYER, 12 HOURS	3	MO; ADD
MUCINEX ER 600 MG TABLET INNER	3	MO; ADD

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MUCINEX ER 600 MG TABLET OUTER	3	MO; ADD
MUCINEX FAST-MAX COLD-FLU CAP	3	ADD
MUCINEX FAST-MAX COLD-FLU CPLT	3	ADD
MUCINEX FAST-MAX COLD-FLU LIQ	3	ADD
MUCINEX FAST-MAX COLD-FLU LIQ	3	ADD
MUCINEX FAST-MAX COLD-FLU-THRT	3	ADD
MUCINEX FAST-MAX CONGEST-COUGH	3	ADD
MUCINEX FAST-MAX CONGEST-COUGH	3	MO; ADD
MUCINEX FAST-MAX CONGEST-HEAD	3	ADD
MUCINEX FAST-MAX DM MAX LIQUID MAXIMUM STRENGTH	3	ADD
MUCINEX FAST-MAX DY-NT CLD-FLU	3	ADD
MUCINEX FAST-MAX NITE COLD-FLU	3	ADD
MUCINEX FREEFROM COLD-FLU D-N	3	ADD
MUCINEX FREEFROM DY CLD-FLU LQ	3	ADD
MUCINEX FREEFROM NT CLD-FLU LQ	3	ADD
MUCINEX NIGHTSHFT SEVR CLD-FLU	3	ADD
MUCINEX NIGHTSHIFT COLD-FLU LQ	3	ADD
MUCINEX NIGHTSHIFT SINUS LIQ	3	ADD
MUCINEX SINUS-MAX CONG-PAIN CP	3	ADD
MUCINEX SINUS-MAX DY-NT LIQGEL	3	ADD
MUCINEX SINUS-MAX NITE CONGEST	3	ADD

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MUCINEX SINUS-MAX PRESSURE-CGH	3	ADD
MUCINEX SINUS-MAX SEVERE CPLT	3	ADD
MUCOSA 400 MG TABLET	3	ADD
MUCOSA DM 400-20 MG TABLET	3	ADD
MUCUS D ER 600-60 MG TABLET	3	ADD
MUCUS DM MAX ER 1,200-60 MG TB	3	MO; ADD
MUCUS ER 600 MG TABLET	3	MO; ADD
MUCUS RELIEF 400 MG TABLET	3	MO; ADD
MUCUS RELIEF DM COUGH TABLET	3	ADD
MUCUS RELIEF DM MAX LIQUID	3	ADD
MUCUS RELIEF ER 1,200 MG TAB	3	ADD
MUCUS RELIEF ER 600 MG TABLET	3	MO; ADD
MUCUS RELIEF PE TABLET	3	ADD
MUCUS RLF DM ER 600-30 MG TAB	3	MO; ADD
MUCUS RLF DM MAX ER 1200-60 MG	3	MO; ADD
NASAL DECONGESTANT 30 MG TAB	3	ADD
NASAL DECONGESTANT 30 MG TAB MAXIMUM STRENGTH	3	ADD
NASAL DECONGESTANT 30 MG TAB NON-DROWSY,MAX-STR	3	ADD
NASAL DECONGESTANT PE 10 MG TB	3	ADD
NASAL DECONGESTANT PE 10 MG TB MAX-STR	3	ADD
NASAL DECONGESTANT PE 10 MG TB NON-DROWSY,MX-STR	3	ADD
NASOPEN PE LIQUID	3	MO; ADD
NIGHT SEVERE COLD-COUGH PKT	3	ADD

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NIGHT TIME COLD-FLU LIQUID MULTI-SYMP, ORIGINAL	3	ADD
NIGHT TIME COLD-FLU LIQUID MULTI-SYMPT, CHERRY	3	ADD
NIGHT TIME COLD-FLU GLUTEN-FREE, SOFTGEL	3	ADD
NIGHT TIME COUGH LIQUID MULTI SYMPT, CHERRY	3	ADD
NIGHTTIME COLD AND FLU LIQUID	3	ADD
NIGHTTIME COLD-FLU LIQUID	3	ADD
NIGHTTIME COLD-FLU RLF SFTGL	3	ADD
NIGHTTIME COUGH LIQUID	3	ADD
NINJACOF LIQUID	3	MO; ADD
NINJACOF-A LIQUID	3	ADD
NINJACOF-XG LIQUID	3	ADD
NIVANEX DMX TABLET	3	ADD
NOHIST-DM LIQUID	3	MO; ADD
NOHIST-LQ LIQUID	3	ADD
NOREL AD TABLET	3	MO; ADD
PEDIACLEAR PD 0.625 MG/ML DROP	3	ADD
PEDIAVENT 2 MG/5 ML SYRUP	3	ADD
PHARBEDRYL 25 MG CAPSULE	3	ADD
PHARBEDRYL 50 MG CAPSULE	3	ADD
PHENYLEPHRINE 10 MG TABLET	3	MO; ADD
POLY HIST FORTE 10.5-10 MG TAB	3	MO; ADD
POLY-HIST DM LIQUID	3	ADD
POLY-TUSSIN AC LIQUID	3	MO; ADD
POLY-VENT DM TABLET	3	ADD
POLY-VENT IR TABLET	3	MO; ADD
promethazine injection solution	1	MO
promethazine oral	1	PA; MO

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promethazine-codeine solution	3	MO; ADD
promethazine-codeine syrup	3	MO; ADD
promethazine-dm 6.25-15 mg/5 ml	3	MO; ADD
pseudoephedrine 30 mg tablet	3	MO; ADD
pseudoephedrine 60 mg tablet (otc)	3	ADD
pseudoephedrine er 120 mg tab	3	MO; ADD
pseudoephedrine er 120 mg tab 12 hour, coated	3	MO; ADD
pseudoephedrine er 120 mg tab coated cplt, max str	3	MO; ADD
QC ALL DAY ALLERGY 10 MG TAB	3	MO; ADD
QC ALLERGY & SINUS HA CAPLET	3	ADD
QC CHILD ALLERGY 12.5 MG/5 ML	3	ADD
QC CHILDREN'S ALLERGY 1 MG/ML	3	ADD
QC COLD RELIEF PLUS EFF TABLET	3	ADD
QC COMPLETE ALLERGY 25 MG CAP	3	ADD
QC COMPLETE ALLERGY 25 MG CAP	3	ADD
qc fexofenadine hcl 180 mg tab (otc)	3	MO; ADD
QC IBUPROFEN CLD-SINUS CPLT NON-DROWSY, CAPLET	3	ADD
qc loratadine 10 mg tablet non-drowsy	3	MO; ADD
QC LORATADINE-D 24HR TABLET NON-DROWSY	3	MO; ADD
QC MUCUS RELIEF 400 MG CAPLET	3	MO; ADD
QC MUCUS RELIEF DM TABLET	3	ADD
QC MUCUS RELIEF ER 1,200 MG TB	3	ADD
QC MUCUS RELIEF ER 600 MG TAB	3	MO; ADD
QC SUPHEDRINE 12HR 120 MG CPLT NON-DROWSY, 12HR	3	ADD

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QC TUSSIN CF LIQUID	3	MO; ADD
QC TUSSIN DM LIQUID	3	ADD
QC TUSSIN MUCUS-CONG 200 MG/10	3	ADD
RESCON TABLET	3	MO; ADD
RESCON-DM LIQUID	3	MO; ADD
RESCON-GG LIQUID	3	MO; ADD
ROBAFEN CF LIQUID MULTI-CLD SYMPTM	3	MO; ADD
ROBAFEN DM CGH-CHEST CONG SYRP	3	ADD
ROBAFEN DM COUGH LIQUID	3	ADD
RU-HIST D 10-4 MG TABLET	3	MO; ADD
RYDEX LIQUID	3	ADD
RYMED TABLET	3	MO; ADD
RYNEX DM LIQUID GLUTEN/F	3	MO; ADD
RYNEX DM LIQUID PROF USE ONLY	3	MO; ADD
RYNEX PE LIQUID	3	MO; ADD
RYNEX PSE LIQUID	3	ADD
SEVERE COLD-FLU CAPLET	3	ADD
SILADRYL 12.5 MG/5 ML LIQUID	3	ADD
SILTUSSIN DM DAS 100-10 MG/5 ML	3	ADD
SILTUSSIN SA 100 MG/5 ML SYR	3	ADD
SINUS CONGESTION-PAIN CAPLET	3	MO; ADD
SINUS CONGST-PAIN 325-200-5 MG	3	ADD
SINUS PRESSURE-PAIN CAPLET	3	ADD
SM ALL DAY ALLERGY 10 MG TAB	3	MO; ADD
SM ALL DAY ALLERGY-D TABLET	3	ADD
SM ALLERGY 4 MG TABLET	3	ADD
SM ALLERGY RELIEF 12.5 MG/5 ML	3	MO; ADD

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SM ALLERGY RELIEF 12.5 MG/5 ML CHILDREN'S, CHERRY	3	MO; ADD
SM ALLERGY RELIEF 25 MG TABLET	3	ADD
SM CHEST CONG RELIEF PE CAPLET	3	ADD
SM CHEST CONGEST RLF DM CAPLET CAPLET,D/F	3	MO; ADD
SM CHEST CONGESTION 400 MG CPLT CAPLET,D/F	3	MO; ADD
SM CHILD ALL DAY ALLER 1 MG/ML	3	ADD
SM CHILD ALL DAY ALLER 1 MG/ML CHERRY	3	ADD
SM CHILD ALL DAY ALLER 1 MG/ML D/F, S/F, A/F BUBBLE	3	ADD
SM CHILD ALLERGY 5 MG/5 ML SOL	3	ADD
SM CHILD LORATADINE 5 MG/5 ML GLUTEN/F	3	MO; ADD
SM COLD-FLU SEVERE CAPLET GLUTEN-FREE	3	ADD
SM COLD-SINUS RELIEF CAPLET	3	ADD
SM COUGH DM ER 30 MG/5 ML SUSP	3	MO; ADD
SM DAY TIME COLD-FLU LIQUID GLUTEN-FREE	3	ADD
SM DAY TIME COLD-FLU RLF SFTGL	3	ADD
sm fexofenadine hcl 180 mg tab 24hr, gluten-free (otc)	3	MO; ADD
sm loratadine 10 mg tablet	3	MO; ADD
sm loratadine 10 mg tablet non-drowsy	3	MO; ADD
sm loratadine 10 mg tablet non-drowsy,gluten-f	3	MO; ADD
sm loratadine 5 mg/5 ml syrup	3	MO; ADD
SM LORATA-DINE D 24HR TABLET	3	ADD
SM LORATADINE-D 12 HOUR TABLET	3	MO; ADD

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SM MUCUS RELIEF COUGH LIQUID CHILDRENS	3	ADD
SM MUCUS RELIEF ER 600 MG TAB	3	MO; ADD
SM MUCUS-ER MAX 1,200 MG TAB	3	MO; ADD
SM NASAL DECONG PE 10 MG TAB	3	ADD
SM NASAL DECONGEST 30 MG TAB	3	ADD
SM NASAL DECONGEST ER 120 MG	3	ADD
SM NITE TIME COLD-FLU LIQUID	3	ADD
SM NITE TIME COLD-FLU LIQUID GLUTEN-FREE,CHERRY	3	ADD
SM TUSSIN CF SYRUP	3	MO; ADD
SM TUSSIN DM 400-20 MG/20 ML	3	ADD
SM TUSSIN DM LIQUID	3	ADD
SM TUSSIN DM SYRUP	3	ADD
SM TUSSIN MUCUS-CONG 200 MG/10 ADULT,NON-DROWS	3	ADD
STAHIST AD TABLET	3	MO; ADD
SUDOGEST 12 HOUR 120 MG CAPLET	3	MO; ADD
SUDOGEST 30 MG TABLET	3	MO; ADD
SUDOGEST 30 MG TABLET BOXED	3	MO; ADD
SUDOGEST 60 MG TABLET	3	MO; ADD
SUDOGEST COLD AND ALLERGY TAB	3	MO; ADD
SUPHEDRIN 30 MG TABLET	3	ADD
SYMJEPI	2	QL (2 per 30 days)
THERAFLU EXPRESSMAX COLD-COUGH	3	ADD
THERAFLU EXPRESSMAX DAY CAPLET	3	ADD
THERAFLU EXPRESSMAX NIGHT CPLT	3	ADD

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THERAFLU FLU & SORE THROAT	3	ADD
THERAFLU MS SEVERE COLD PCKT	3	ADD
THERAFLU NT SEVERE CLD-CGH PKT NIGHTTIME	3	ADD
TRIAMINIC DAYTIME COLD-COUGH CHILDREN'S, CHERRY	3	ADD
TRIAMINIC NIGHTTIME COLD-COUGH CHILDREN'S, GRAPE	3	ADD
TRIPROLIDINE 0.938 MG/ML DROPS	3	ADD
TUSNEL CAPLET	3	ADD
TUSNEL DIABETIC LIQUID	3	MO; ADD
TUSNEL DIABETIC LIQUID D/F	3	MO; ADD
TUSNEL LIQUID D/F	3	ADD
TUSNEL PED 5-50-15 MG/5 ML LIQ (OTC)	3	ADD
TUSSIN 400 MG TABLET	3	ADD
TUSSIN CF COUGH-COLD LIQUID NON-DROWSY	3	ADD
TUSSIN CF COUGH-COLD SYRUP NON-DROWSY	3	MO; ADD
TUSSIN CF MAX SEVERE M-S COLD	3	ADD
TUSSIN CF MULTI-SYMPTOM COLD	3	MO; ADD
TUSSIN COUGH LIQUID LONG-ACTING	3	ADD
TUSSIN COUGH LIQUID MAXIMUM STRENGTH	3	ADD
TUSSIN DM 400-20 MG TABLET	3	ADD
TUSSIN DM 400-20 MG/20 ML LIQ	3	ADD
TUSSIN DM CLEAR SYRUP D/F	3	ADD
TUSSIN DM LIQUID	3	ADD
TUSSIN DM SYRUP	3	ADD
TUSSIN MUCUS-CONG 200 MG/10	3	ADD

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VANACOF DM 18-200-10 MG/15 ML	3	MO; ADD
VANACOF DMX 18-396-10 MG/15 ML	3	ADD
VANACOF LIQUID	3	MO; ADD
VANATAB DM CAPLET	3	ADD
PULMONARY AGENTS		
acetylcysteine	1	B/D PA; MO
ADEMPAS	2	PA; MO; LA
ADVAIR HFA	2	MO; QL (12 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	1	MO; QL (17 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm	1	QL (13.4 per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml	1	B/D PA; MO
albuterol sulfate inhalation solution for nebulization 5 mg/ml	1	B/D PA
albuterol sulfate oral syrup	1	MO
albuterol sulfate oral tablet	1	MO
ALLERGY RELIEF 50 MCG SPRAY	3	ADD
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)
alyq	1	PA; QL (60 per 30 days)
ambrisentan	1	PA; MO; LA
arformoterol	1	B/D PA; MO
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)
BEVESPI AEROSPHERE	2	MO; QL (10.7 per 30 days)
bosentan	1	PA; MO; LA
BREO ELLIPTA	2	MO; QL (60 per 30 days)
breyna	1	MO; QL (10.3 per 30 days)
BREZTRI AEROSPHERE	2	MO; QL (10.7 per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml	1	B/D PA; MO; QL (120 per 30 days)
budesonide inhalation suspension for nebulization 0.5 mg/2 ml	1	B/D PA; QL (120 per 30 days)
budesonide inhalation suspension for nebulization 1 mg/2 ml	1	B/D PA; MO; QL (60 per 30 days)
budesonide-formoterol	1	QL (10.2 per 30 days)
CHILD FLONASE ALLER RLF 50 MCG	3	MO; ADD
CINRYZE	2	PA; MO
COMBIVENT RESPIMAT	2	MO; QL (8 per 30 days)
cromolyn inhalation	1	B/D PA; MO
CROMOLYN SODIUM NASAL SPRAY	3	MO; ADD
DALIRESP	2	PA; MO; QL (30 per 30 days)
DULERA	2	MO; QL (13 per 30 days)
ELIXOPHYLLIN	2	
ESBRIET ORAL CAPSULE	2	PA; MO; QL (270 per 30 days)
FASENRA	2	PA; MO; QL (1 per 28 days)

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FASENRA PEN	2	PA; MO; QL (1 per 28 days)
FLONASE ALLERGY RLF 50 MCG SPR	3	MO; ADD
FLONASE ALLERGY RLF 50 MCG SPR 120 METERED SPRAYS	3	MO; ADD
FLONASE ALLERGY RLF 50 MCG SPR 3X120 METERED SPRAYS	3	MO; ADD
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)
FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION	2	MO; QL (10.6 per 30 days)
flunisolide	1	MO; QL (50 per 30 days)
FLUTICASONE PROP 50 MCG SPRAY (OTC)	3	MO; ADD
fluticasone propionate nasal spray,suspension 50 mcg/actuation	1	MO; QL (16 per 30 days)
fluticasone propion-salmeterol inhalation blister with device	1	MO; QL (60 per 30 days)
formoterol fumarate	1	B/D PA; MO
HM ALLERGY RELIEF 50 MCG SPRAY	3	ADD
icatibant	1	PA; MO
ipratropium bromide inhalation	1	B/D PA; MO
ipratropium-albuterol	1	B/D PA; MO

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KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 50 MG, 75 MG		PA; MO; QL (56 per 28 days)
KALYDECO ORAL GRANULES IN PACKET 5.8 MG	2	PA; QL (56 per 28 days)
KALYDECO ORAL TABLET	2	PA; MO; QL (60 per 30 days)
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml	1	B/D PA; MO
levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml	1	B/D PA
mometasone nasal	1	MO; QL (34 per 30 days)
montelukast	1	MO
NUCALA SUBCUTANEOUS AUTO-INJECTOR	2	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN	2	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	2	PA; MO; LA; QL (0.4 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
pirfenidone oral capsule	1	PA; MO; QL (270 per 30 days)
pirfenidone oral tablet 267 mg	1	PA; MO; QL (270 per 30 days)
pirfenidone oral tablet 801 mg	1	PA; MO; QL (90 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	2	MO; QL (2 per 30 days)

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PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	2	QL (1 per 30 days)
PULMOZYME	2	B/D PA; MO
QC ALLERGY RELIEF 50 MCG SPRAY	3	ADD
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)
roflumilast	1	PA; MO; QL (30 per 30 days)
sajazir	1	PA; MO
sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml	1	PA
sildenafil (pulmonary arterial hypertension) oral tablet 20 mg	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)
tadalafil (pulmonary arterial hypertension) oral tablet 20 mg	1	PA; QL (60 per 30 days)
terbutaline	1	MO
THEO-24	2	MO
theophylline oral elixir	1	MO
theophylline oral solution	1	

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theophylline oral tablet extended release 12 hr 100 mg, 200 mg	1	
theophylline oral tablet extended release 12 hr 300 mg, 450 mg	1	MO
theophylline oral tablet extended release 24 hr	1	MO
tiotropium bromide	1	QL (90 per 90 days)
TRELEGY ELLIPTA	2	MO; QL (60 per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	2	PA; MO; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	2	PA; MO; QL (84 per 28 days)
wixela inhub	1	QL (60 per 30 days)
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)
zafirlukast	1	MO
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
fesoterodine	1	MO
flavoxate	1	MO
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	2	MO
oxybutynin chloride oral syrup	1	MO
oxybutynin chloride oral tablet 5 mg	1	MO
oxybutynin chloride oral tablet extended release 24hr	1	MO
OXYTROL FOR WOMEN 3.9 MG/24HR OUTER	3	MO; ADD
tolterodine	1	MO
trospium oral tablet	1	MO

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BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
alfuzosin	1	MO
dutasteride	1	MO
dutasteride-tamsulosin	1	MO
finasteride oral tablet 5 mg	1	MO
silodosin	1	MO
tamsulosin	1	MO
MISCELLANEOUS UROLOGICALS		
bethanechol chloride	1	MO
CYSTAGON	2	PA; LA
ELMIRON	2	MO
glycine urologic	1	
glycine urologic solution	1	
K-PHOS NO 2	2	MO
K-PHOS ORIGINAL	2	MO
ORACIT ORAL SOLUTION	3	MO; ADD
potassium citrate oral tablet extended release	1	MO
RENACIDIN	2	MO
sod citrate-citric acid soln (rx)	3	MO; ADD
sod citrate-citric acid soln 100's, u-d (rx)	3	MO; ADD
sod citrate-citric acid solution 1.5-1 gm/15 ml cup inner (rx)	3	MO; ADD
sod citrate-citric acid solution 1.5-1 gm/15 ml cup outer (rx)	3	MO; ADD
sod citrate-citric acid solution 3-2 gm/30 ml cup inner (rx)	3	MO; ADD
sod citrate-citric acid solution 3-2 gm/30 ml cup outer (rx)	3	MO; ADD
URINARY ANESTHETICS		
SM URINARY PAIN REL 97.5 MG TB MAX-STRENGTH	3	ADD
SM URINARY PAIN RLF 95 MG TAB	3	ADD
URINARY PAIN RELIEF 95 MG TAB	3	ADD
URINARY PAIN RELIEF 99.5 MG TB	3	ADD

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VITAMINS, HEMATINICS / ELECTROLYTES		
BLOOD DERIVATIVES		
albumin, human 25 %	1	
alburx (human) 25 %	1	
alburx (human) 5 %	1	
albutein 25 %	1	
albutein 5 %	1	
plasbumin 25 %	1	
plasbumin 5 %	1	
ELECTROLYTES		
ANTACID 500 MG CHEW TABLET	3	ADD
ANTACID 500 MG CHEWABLE TABLET INNER	3	ADD
ANTACID 500 MG CHEWABLE TABLET OUTER	3	ADD
ANTACID 750 MG CHEWABLE TABLET	3	ADD
ANTACID EX-STR 750 MG TAB CHEW	3	ADD
ANTACID ULTRA STR 1,000 MG CHW	3	ADD
ANTACID XTRA STRENGTH CHEW TAB	3	ADD
BIOLYTE LIQUID CITRUS	3	ADD
CAL-CITRATE PLUS VITAMIN D TAB	3	ADD
CALCIUM 1,000 + D3 CAPLET	3	MO; ADD
CALCIUM 250-D TABLET OYSTER SHELL (RX)	3	ADD
calcium 250-vit d3 125 tablet	3	MO; ADD
calcium 500 mg chewable tablet (rx)	3	MO; ADD
CALCIUM 500 MG CHEWABLE TABLET (RX)	3	MO; ADD
calcium 500 mg chewable tablet inner (rx)	3	MO; ADD
calcium 500 mg chewable tablet outer (rx)	3	MO; ADD
calcium 500 mg chewable tablet p/f,gluten-f (rx)	3	MO; ADD
calcium 500 mg chewable tablet tab chew,p/f (rx)	3	MO; ADD

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calcium 500 mg tablet (rx)	3	ADD
calcium 500 mg tablet oyster shell,p/f (rx)	3	ADD
calcium 500 mg-vit d3 10 mcg tab (rx)	3	ADD
CALCIUM 500 MG-VIT D3 15 MCG TAB	3	MO; ADD
calcium 500 mg-vit d3 5 mcg tb (rx)	3	ADD
CALCIUM 500 MG-VIT D3 600 UNIT	3	MO; ADD
calcium 500-vit d3 10 mcg chew	3	MO; ADD
calcium 500-vit d3 125 caplet	3	ADD
calcium 500-vit d3 200 caplet caplt,p/f,no lactose (rx)	3	ADD
calcium 500-vit d3 200 caplet gluten-free,p/f (rx)	3	ADD
calcium 500-vit d3 200 tablet (rx)	3	ADD
calcium 500-vit d3 200 tablet 10x10, u-d (rx)	3	ADD
calcium 500-vit d3 200 tablet lactose free, p/f (rx)	3	ADD
calcium 500-vit d3 200 tablet p/f,n (rx)	3	ADD
calcium 500-vit d3 400 chew tb	3	ADD
calcium 500-vit d3 400 chew tb	3	MO; ADD
calcium 500-vit d3 400 tablet (rx)	3	MO; ADD
calcium 500-vit d3 400 tablet (rx)	3	ADD
calcium 500-vit d3 400 tablet easy absorption, p/f (rx)	3	MO; ADD
calcium 500-vit d3 400 tablet p/f (rx)	3	MO; ADD
calcium 500-vit d3 400 tablet p/f,gluten-f (rx)	3	MO; ADD
calcium 500-vit d3 400 tablet p/f,gluten-free (rx)	3	MO; ADD
calcium 500-vit d3 400 tablet p/f,n,no lactose (rx)	3	ADD
CALCIUM 500-VIT D3 600 CAPLET	3	MO; ADD
CALCIUM 500-VIT D3 600 TABLET	3	MO; ADD
calcium 600 mg caplet p/f (otc)	3	MO; ADD

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calcium 600 mg tablet (rx)	3	ADD
calcium 600 mg tablet (rx)	3	MO; ADD
calcium 600 mg tablet 10x10 u-d,600mg elem (rx)	3	MO; ADD
calcium 600 mg tablet 600mg elemental (rx)	3	ADD
calcium 600 mg tablet gluten-free,p/f (rx)	3	MO; ADD
calcium 600 mg tablet p/f (rx)	3	ADD
calcium 600 mg tablet p/f, n (rx)	3	ADD
calcium 600 mg-d3 20 mcg tab (rx)	3	MO; ADD
calcium 600 mg-d3 400 unit sfgl	3	MO; ADD
calcium 600 mg-vit d3 10 mcg tb (rx)	3	MO; ADD
calcium 600 mg-vit d3 5 mcg tb (rx)	3	MO; ADD
calcium 600 with vit d chew tb p/f	3	MO; ADD
calcium 600+d softgel	3	MO; ADD
CALCIUM 600-VIT D3 2,500 SFTGL	3	MO; ADD
calcium 600-vit d3 200 tablet (rx)	3	ADD
calcium 600-vit d3 200 tablet (rx)	3	MO; ADD
calcium 600-vit d3 200 tablet caplet, no lactose (rx)	3	ADD
calcium 600-vit d3 200 tablet gluten-free (rx)	3	MO; ADD
calcium 600-vit d3 200 tablet lactose free, p/f (rx)	3	ADD
calcium 600-vit d3 200 tablet lactose free,p/f (rx)	3	ADD
calcium 600-vit d3 200 tablet p/f (rx)	3	MO; ADD
calcium 600-vit d3 200 tablet p/f,d/f,lactose-free (rx)	3	ADD
calcium 600-vit d3 200 tablet p/f,high potency (rx)	3	MO; ADD
calcium 600-vit d3 400 caplet (rx)	3	MO; ADD
calcium 600-vit d3 400 caplet (rx)	3	MO; ADD
calcium 600-vit d3 400 caplet caplet, s/f, p/f (otc)	3	ADD
calcium 600-vit d3 400 tablet (rx)	3	ADD

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calcium 600-vit d3 400 tablet (rx)	3	MO; ADD
calcium 600-vit d3 400 tablet (rx)	3	ADD
calcium 600-vit d3 400 tablet federal supply (rx)	3	MO; ADD
calcium 600-vit d3 400 tablet gluten-free (rx)	3	MO; ADD
calcium 600-vit d3 400 tablet high potency (rx)	3	ADD
calcium 600-vit d3 400 tablet inner (rx)	3	ADD
calcium 600-vit d3 400 tablet inner (rx)	3	MO; ADD
calcium 600-vit d3 400 tablet new formula (rx)	3	ADD
calcium 600-vit d3 400 tablet outer (rx)	3	ADD
calcium 600-vit d3 400 tablet outer (rx)	3	MO; ADD
calcium 600-vit d3 400 tablet p/f (rx)	3	MO; ADD
calcium 600-vit d3 400 tablet p/f, n (rx)	3	ADD
calcium 600-vit d3 400 tablet p/f, no yeast (rx)	3	MO; ADD
calcium 600-vit d3 400 tablet p/f,lactose-free (rx)	3	ADD
calcium 600-vit d3 400 tablet s/f,p/f,sodium/f (otc)	3	MO; ADD
CALCIUM 600-VIT D3 500 SOFTGEL RAPID RELEASE, SFTGL (RX)	3	MO; 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
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
calcium 600-vit d3 800 tablet p/f (rx)	3	MO; ADD
calcium 600-vit d3 800 tablet p/f,gluten-free (rx)	3	MO; ADD

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calcium acetate(phosphat bind)	1	MO; QL (360 per 30 days)
calcium antacid 500 mg chw tab assorted fruit	3	MO; ADD
calcium antacid 500 mg chw tab gluten-f, peppermint	3	MO; ADD
calcium antacid 750 mg tb chew	3	MO; ADD
calcium carb 1,250 mg/5 ml sus (rx)	3	MO; ADD
calcium carb 1,250 mg/5 ml sus n (otc)	3	MO; ADD
CALCIUM CARB 260 MG TAB CHEW	3	ADD
calcium carb 500 mg tab chew	3	ADD
calcium carbonate 1,250 mg/5 ml suspension cup (otc)	3	MO; ADD
calcium carbonate 1,250 mg/5 ml suspension cup 40's,u-d (otc)	3	MO; ADD
calcium carbonate 648 mg tab	3	MO; ADD
CALCIUM CARBONATE POWDER	3	ADD
calcium chloride	1	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
calcium cit 200 mg-d3 3 mcg tb (rx)	3	ADD
CALCIUM CIT 200-VIT D3 250 TAB (RX)	3	ADD
calcium cit 250 mg-d3 200 unit (rx)	3	ADD
calcium cit 315 mg-d3 250 unit (rx)	3	MO; ADD
calcium cit 315 mg-vit d3 5 mcg (rx)	3	MO; ADD
calcium cit 315-vit d3 200 cpt (rx)	3	MO; ADD
calcium cit 315-vit d3 200 tab (rx)	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
calcium citrate - vit d caplet (rx)	3	ADD
calcium citrate - vit d caplet caplet, coated (rx)	3	MO; ADD

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calcium citrate - vit d caplet caplet,p/f (rx)	3	MO; ADD
calcium citrate - vit d p/f, caplet (rx)	3	MO; ADD
calcium citrate - vit d tablet p/f,coated (rx)	3	MO; ADD
CALCIUM CITRATE - VIT D3 TAB (RX)	3	MO; ADD
calcium citrate 200 mg caplet caplet, p/f (rx)	3	MO; ADD
calcium citrate 200 mg tablet coated, p/f (rx)	3	MO; ADD
calcium citrate 200 mg tablet p/f (rx)	3	MO; ADD
calcium citrate 250 mg caplet	3	MO; ADD
calcium citrate 250 mg tablet	3	MO; ADD
CALCIUM CITRATE GRANULES	3	ADD
calcium citrate-vit d caplet maximum (rx)	3	MO; ADD
CALCIUM CITRATE-VIT D3 CAPLET (RX)	3	MO; ADD
CALCIUM CITRATE-VIT D3 CAPLET P/F (RX)	3	MO; ADD
calcium citrate-vit d3 tablet (rx)	3	MO; ADD
CALCIUM CITRATE-VIT D3 TABLET COATED, PETITES (RX)	3	ADD
CALCIUM CITRATE-VIT D3 TABLET INNER (RX)	3	MO; ADD
CALCIUM CITRATE-VIT D3 TABLET OUTER (RX)	3	MO; ADD
calcium citrate-vit d3 tablet p/f,gluten-free (rx)	3	MO; ADD
CALCIUM CITRATE-VIT D3 TABLET PETITES (RX)	3	ADD
calcium citrate-vitamin d3 liq	3	MO; ADD
calcium cit-vit d 315-200 tab p/f, lactose-free (rx)	3	MO; ADD
calcium gluconate intravenous	1	
CALCIUM LACTATE 100 MG TABLET	3	ADD

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CAL-GEST 500 MG TABLET CHEW	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	ADD
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	ADD
CITRACAL-D3 MAXIMUM PLUS CAPLT	3	MO; ADD
CITRUS CALCIUM 200-VIT D3 250	3	MO; ADD
CVS CAL CIT 200 MG-D3 6.25 MCG (RX)	3	ADD
CVS CAL CIT 315 MG-D3 250 UNIT (RX)	3	MO; ADD
CVS CAL CIT 315 MG-D3 6.25 MCG (RX)	3	MO; ADD
cvs calcium 500-vit d3 125 tab	3	ADD
cvs calcium 600 mg-d3 20 mcg tab (rx)	3	MO; ADD
cvs calcium 600-vit d3 400 tab (otc)	3	ADD
cvs calcium 600-vit d3 400 tab s/f, p/f (otc)	3	ADD
cvs calcium 600-vit d3 800 tab p/f,gluten-free (rx)	3	MO; ADD
cvs calcium citrate-vit d3 tab coated (rx)	3	ADD
cvs magnesium 250 mg caplet (rx)	3	MO; ADD

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CVS MAGNESIUM 500 MG CAPLET (RX)	3	MO; ADD
cvs magnesium 500 mg tablet coated (rx)	3	MO; ADD
CVS PEDIATRIC ELECTROLYTE 16'S,FREEZER POPS (RX)	3	ADD; QL (434 per 30 days)
CVS PEDIATRIC ELECTROLYTE SOLN (RX)	3	ADD
CVS PEDIATRIC ELECTROLYTE SOLN (RX)	3	ADD; QL (7000 per 30 days)
CVS PEDIATRIC ELECTROLYTE SOLN DYE/FREE, STRAWBERRY (RX)	3	ADD; QL (7000 per 30 days)
CVS TRIPLE MAGNESIUM COMPLEX	3	ADD
effer-k oral tablet, effervescent 25 meq	1	MO
ELECTROLYTE SOLUTION (RX)	3	ADD
ENFAMIL ENFALYTE SOLUTION RTU,LIGHT CHERRY (RX)	3	ADD; QL (1239 per 30 days)
ENFAMIL ENFALYTE SOLUTION RTU,UNFLAVORED (RX)	3	ADD; QL (413 per 30 days)
eq calcium 500-vit d3 400 tab oyster shell (rx)	3	MO; ADD
eq calcium 600 mg-d3 20 mcg tab (rx)	3	MO; ADD
EQ CALCIUM CITRATE-D TABLET P/F,GLUTEN-FREE (RX)	3	MO; ADD
eql calcium 600-vit d3 800 tab (rx)	3	MO; ADD
eql calcium citrate-vit d3 cpt (rx)	3	MO; ADD
EQL CALCIUM CITRATE-VIT D3 CPT (RX)	3	MO; ADD
EQL PEDIATRIC ELECTROLYTE SOLN (RX)	3	ADD; QL (7000 per 30 days)
GALZIN 25 MG CAPSULE	3	MO; ADD
GALZIN 50 MG CAPSULE	3	MO; ADD
gnp calcium 500-vit d3 600 tab	3	MO; ADD
gnp calcium 600 mg tablet (rx)	3	MO; ADD

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gnp calcium 600 mg-d3 800 unit p/f,gluten-free (rx)	3	MO; ADD
gnp calcium citrate-vit d3 tab (rx)	3	MO; ADD
GS PEDIATRIC ELECTROLYTE SOLN (RX)	3	ADD; QL (7000 per 30 days)
HEB PEDIATRIC ELECTROLYTE SOLN (RX)	3	ADD; QL (7000 per 30 days)
HM ANTACID 500 MG CHEW TABLET	3	ADD
HM ANTACID EX-STR 750 MG CHEW	3	ADD
hm cal antacid 750 mg chew tab ex-str, orange	3	MO; ADD
HM CAL CIT 315 MG-D3 250 UNIT CAPLET (RX)	3	MO; ADD
hm calcium 500-vit d3 200 cplt caplet, gluten-free (rx)	3	ADD
hm calcium 600-vit d3 400 tab gluten-free (rx)	3	ADD
hm calcium 600-vit d3 800 tab (rx)	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
HM CALCIUM CITRATE-VIT D3 TAB COATED, PETITES (RX)	3	ADD
HM PEDIATRIC ELECTROLYTE SOLN FRUIT FLAVOR (RX)	3	ADD; QL (7000 per 30 days)
HM PEDIATRIC ELECTROLYTE SOLN GRAPE FLAVOR (RX)	3	ADD; QL (7000 per 30 days)
HYDRALYTE ELECTROLYTE SOLN	3	ADD
KINDERLYTE ELECTROLYTE SOLN	3	ADD
klor-con 10	1	MO
klor-con 8	1	MO
klor-con m10	1	MO
klor-con m15	1	MO
klor-con m20	1	MO
klor-con oral packet 20	1	MO
klor-con/ef	1	MO
lactated ringers intravenous	1	MO
LIQUID CALCIUM 600-VIT D3 SFGL SOFTGEL,P/F,GLUTEN-F (RX)	3	MO; ADD

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LIQUID CALCIUM WITH VITAMIN D SOFTGEL, P/F (RX)	3	ADD
LIQUID CALCIUM-VIT D SOFTGEL	3	MO; ADD
MAG DELAY DR 64 MG TABLET	3	MO; ADD
MAG64 DR 64 MG TABLET (RX)	3	MO; ADD
MAG-G 500 MG TABLET	3	MO; ADD
magnesium 250 mg tablet p/f, no lactose (rx)	3	MO; ADD
MAGNESIUM 400 MG SOFTGEL	3	MO; ADD
magnesium 500 mg tablet p/f, gluten/f (rx)	3	MO; ADD
MAGNESIUM CHLORIDE 64 MG TAB	3	ADD
MAGNESIUM CHLORIDE CRYSTALS USP, HEXAHYDRATE (RX)	3	ADD
MAGNESIUM CHLORIDE EC 70 MG TB	3	MO; ADD
magnesium chloride injection	1	
MAGNESIUM CITRATE 100 MG TAB	3	ADD
magnesium gluc 27 mg tablet	3	MO; ADD
magnesium gluc 500 mg tablet	3	MO; ADD
MAGNESIUM GLUCONATE 250 MG TAB	3	MO; ADD
magnesium gluconate tablet y/f,gluten/f (rx)	3	ADD
magnesium oxide 250 mg caplet mfg unresponsive	3	MO; ADD
magnesium oxide 250 mg caplet p/f, gluten/f (rx)	3	MO; ADD
magnesium oxide 250 mg tablet (rx)	3	MO; ADD
magnesium oxide 250 mg tablet p/f (rx)	3	MO; ADD
magnesium oxide 400 mg tablet (rx)	3	MO; ADD
magnesium oxide 400 mg tablet 240mg elemental (rx)	3	MO; ADD
magnesium oxide 400 mg tablet 241.3mg elemen,outer (rx)	3	MO; ADD

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magnesium oxide 400 mg tablet 241.3mg elemental (rx)	3	MO; ADD
magnesium oxide 400 mg tablet gluten free (rx)	3	MO; ADD
magnesium oxide 400 mg tablet gluten-free (rx)	3	MO; ADD
magnesium oxide 400 mg tablet inner (rx)	3	MO; ADD
magnesium oxide 400 mg tablet outer (rx)	3	MO; ADD
magnesium oxide 400 mg tablet p/f,gluten-free (rx)	3	MO; ADD
magnesium oxide 400 mg tablet p/f,soy-free (rx)	3	MO; ADD
MAGNESIUM OXIDE 400 PACKET	3	ADD
magnesium oxide 420 mg tablet (rx)	3	MO; ADD
magnesium oxide 500 mg capsule (rx)	3	MO; ADD
magnesium oxide 500 mg tablet extra strength (rx)	3	MO; ADD
magnesium oxide 500 mg tablet p/f,lactose-free (rx)	3	MO; ADD
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	2	
magnesium sulfate in water	1	
magnesium sulfate injection solution	1	MO
magnesium sulfate injection syringe	1	
MAGOX 400 TABLET (RX)	3	MO; ADD
MAGOX 400 TABLET GLUTEN FREE (RX)	3	MO; ADD
MAG-OXIDE 200 MG TAB	3	ADD
MAG-OXIDE MAGNESIUM 200 MG TAB	3	ADD
manganese 1 mg/10 ml vial p/f, suv, outer	3	ADD
MEDI-LYTE TABLET	3	ADD
MGO 400 MG TABLET	3	ADD
NU-MAG 71.5 MG TABLET	3	ADD

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ORALYTE FREEZER POPS	3	MO; ADD; QL (437 per 30 days)
ORALYTE SOLUTION	3	MO; ADD
ORALYTE SOLUTION	3	MO; ADD; QL (7000 per 30 days)
ORAZINC 220 MG CAPSULE	3	ADD
OS-CAL 500-VIT D3 200 CAPLET (RX)	3	ADD
OS-CAL 500-VIT D3 200 COATED CAPLET (RX)	3	ADD
OS-CAL 500-VIT D3 600 CAPLET	3	ADD
OYSCO 500-VIT D3 200 TABLET	3	MO; ADD
OYSTER SHELL 250 MG-D3 3.12 MCG	3	MO; ADD
OYSTER SHELL 250 MG-VIT D 125 (RX)	3	ADD
OYSTER SHELL 250-VIT D3 125 TB (RX)	3	ADD
OYSTER SHELL 500 MG-VIT D3 5 MCG (RX)	3	MO; ADD
OYSTER SHELL 500-VIT D3 200 PK	3	ADD
OYSTER SHELL 500-VIT D3 200 TB (RX)	3	MO; ADD
OYSTER SHELL 500-VIT D3 200 TB CAPLET (RX)	3	MO; ADD
OYSTER SHELL CALCIUM 500 MG TB (RX)	3	ADD
OYSTER SHELL CALCIUM 500 MG TB (RX)	3	ADD
OYSTER SHELL CALCIUM 500 MG TB (RX)	3	MO; ADD
OYSTER SHELL CALCIUM 500 MG TB 500MG ELEMENTAL (RX)	3	MO; ADD
OYSTER SHELL CALCIUM 500 MG TB 500MG ELEMENTAL CA (RX)	3	MO; ADD
OYSTER SHELL CALCIUM 500 MG TB CAPLET,P/F,SOY-FREE (RX)	3	MO; ADD
OYSTER SHELL CALCIUM 500 MG TB (RX)	3	ADD

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OYSTER SHELL CALCIUM 500 MG TB P/F (RX)	3	MO; ADD
OYSTER SHELL CALCIUM 500 MG TB U-D, 10X10 (RX)	3	MO; ADD
OYSTER SHELL CALCIUM-VIT D TAB P/F (RX)	3	MO; ADD
OYSTER SHELL CALCIUM-VIT D TAB P/F,GLUTEN-FREE (RX)	3	MO; ADD
OYSTER SHELL-D 250 MG TABLET U-D, 10X10 (RX)	3	ADD
OYSTERCAL-D 500 MG-400 UNIT TB	3	ADD
PEDI ELECTROLYTE FREEZER POP 16'SX62.5ML POPS (RX)	3	ADD; QL (7000 per 30 days)
PEDI ELECTROLYTE FREEZER POP 16X62.1ML POPS (RX)	3	ADD; QL (6955 per 30 days)
PEDIALYTE ADVANCED CARE SOLN BLUE RASPBERRY	3	MO; ADD; QL (7000 per 30 days)
PEDIALYTE ADVANCED CARE SOLN CHERRY PUNCH	3	MO; ADD; QL (7000 per 30 days)
PEDIALYTE ADVANCED CARE SOLN STRAWBERRY LEMONADE	3	MO; ADD; QL (7000 per 30 days)
PEDIALYTE ADVANCED CARE SOLN TROPICAL FRUIT	3	MO; ADD; QL (7000 per 30 days)
PEDIALYTE ELECTROLYTE SINGLES 4'S (RX)	3	ADD; QL (1659 per 30 days)
PEDIALYTE ELECTROLYTE SINGLES INNER, APPLE, RTU (RX)	3	ADD; QL (1400 per 30 days)
PEDIALYTE ELECTROLYTE SINGLES INNER, CHERRY, RTU (RX)	3	ADD; QL (1400 per 30 days)
PEDIALYTE ELECTROLYTE SINGLES OUTER, 4'S, APPLE (RX)	3	ADD; QL (1400 per 30 days)
PEDIALYTE ELECTROLYTE SINGLES OUTER, 4'S, CHERRY (RX)	3	ADD; QL (1400 per 30 days)
PEDIALYTE FREEZER POPS	3	ADD; QL (437 per 30 days)

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PEDIALYTE FREEZER POPS 16'S (RX)	3	MO; ADD; QL (437 per 30 days)
PEDIALYTE SOLUTION (RX)	3	MO; ADD; QL (7000 per 30 days)
PEDIALYTE SOLUTION INNER, GRAPE (RX)	3	MO; ADD; QL (7000 per 30 days)
PEDIALYTE SOLUTION READY-TO-USE (RX)	3	MO; ADD; QL (7000 per 30 days)
PEDIALYTE SOLUTION STRAWBERRY, RTU (RX)	3	MO; ADD; QL (7000 per 30 days)
PEDIALYTE SOLUTION UNFLAVORED (RX)	3	MO; ADD; QL (413 per 30 days)
PEDIATRIC ELECTROLYTE SOLUTION (RX)	3	ADD; QL (7000 per 30 days)
PEDIATRIC ELECTROLYTE SOLUTION (RX)	3	ADD
PEDIATRIC ELECTROLYTE SOLUTION (RX)	3	ADD; QL (7000 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
PEDIATRIC ELECTROLYTE SOLUTION APPLE, 4X237ML (RX)	3	ADD; QL (6636 per 30 days)
PEDIATRIC ELECTROLYTE SOLUTION CHERRY PUNCH (RX)	3	ADD; QL (7000 per 30 days)
PEDIATRIC ELECTROLYTE SOLUTION MANGO,P/F (RX)	3	ADD; QL (7000 per 30 days)
PEDIATRIC ELECTROLYTE SOLUTION P/F,FRUIT (RX)	3	ADD; QL (7000 per 30 days)
PEDIATRIC ELECTROLYTE SOLUTION P/F,UNFLAVORED (RX)	3	ADD; QL (7000 per 30 days)
PEDIATRIC ELECTROLYTE SOLUTION STRAWBERRY,W/ ZINC (RX)	3	ADD; QL (7000 per 30 days)
PEDIAVANCE LIQUID STICK APPLE, 10X120ML	3	ADD
PHOS-NAK PACKET INNER	3	MO; ADD
PHOS-NAK PACKET OUTER	3	MO; ADD

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PHOSPHOROUS POWDER PACKET INNER	3	MO; ADD
PHOSPHOROUS POWDER PACKET OUTER	3	MO; ADD
PHOSPHORUS-SODIUM-POTASSIUM	3	ADD
potassium acetate	1	
POTASSIUM BROMIDE CRYSTALS (RX)	3	ADD
potassium chlorid-d5-0.45%nacl	1	
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	1	
potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l	1	
potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l	1	
potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml	1	
potassium chloride intravenous	1	
potassium chloride oral capsule, extended release	1	MO
potassium chloride oral liquid	1	MO
potassium chloride oral packet	1	
potassium chloride oral tablet extended release 10 meq, 8 meq	1	MO
potassium chloride oral tablet extended release 20 meq	1	
potassium chloride oral tablet,er particles/crystals 10 meq	1	MO
potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq	1	
potassium chloride-0.45 % nacl	1	

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potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l	1	
potassium chloride-d5-0.9%nacl	1	
potassium phosphate m-/d-basic intravenous solution 3 mmol/ml	1	
QC ANTACID 500 MG CHEW TABLET	3	ADD
qc calcium 600-vit d3 400 tab high potency (rx)	3	MO; ADD
ra calcium 600 mg tablet p/f (rx)	3	ADD
ra calcium 600-vit d3 400 tab (rx)	3	ADD
ra calcium citrate - vit d tab p/f, d/f (rx)	3	MO; ADD
ra calcium citrate-vit d3 tab petites (rx)	3	ADD
RA HI-CAL PLUS VITAMIN D TAB (RX)	3	ADD
ra magnesium 500 mg capsule (rx)	3	MO; ADD
RA PEDIATRIC ELECTROLYTE SOLN (RX)	3	ADD; QL (7000 per 30 days)
RA PEDIATRIC ELECTROLYTE SOLN APPLE (RX)	3	ADD; QL (7000 per 30 days)
RA PEDIATRIC ELECTROLYTE SOLN STRAWBERRY (RX)	3	ADD; QL (7000 per 30 days)
RA PEDIATRIC FREEZER POPS	3	ADD; QL (7000 per 30 days)
ringer's intravenous	1	
SB OYSTER SHELL CAL 500 MG TB P/F,S/F, GLUTEN-FREE (OTC)	3	ADD
SB PEDIATRIC ELECTROLYTE SOLN (OTC)	3	ADD; QL (7000 per 30 days)
SLOW-MAG 71.5 MG TABLET	3	MO; ADD
SM ANTACID 500 MG CHEW TABLET	3	ADD
SM CAL CIT 315 MG-D3 250 UNIT CAPLET, GLUTEN-FREE (RX)	3	MO; ADD
sm calcium 500-vit d3 200 cplt (rx)	3	ADD

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sm calcium 500-vit d3 200 cplt caplet, gluten-free (rx)	3	ADD
sm calcium 500-vit d3 400 tab (rx)	3	MO; ADD
sm calcium 500-vit d3 400 tab p/f, no lactose (rx)	3	ADD
sm magnesium 250 mg tablet (rx)	3	MO; ADD
SM PEDIATRIC ELECTROLYTE SOLN (RX)	3	ADD; QL (7000 per 30 days)
sodium acetate	1	
sodium bicarbonate intravenous	1	
sodium chloride 0.45 % intravenous	1	MO
sodium chloride 3 % hypertonic	1	
sodium chloride 5 % hypertonic	1	MO
SODIUM CHLORIDE GRANULES (RX)	3	ADD
sodium chloride intravenous	1	
SODIUM CHLORIDE POWDER USP (RX)	3	ADD
sodium phosphate	1	MO
sodium-potassium-phos powder	3	ADD
SUPER CALCIUM 600-VIT D3 400 P/F (RX)	3	MO; ADD
SV CALC 600 MG-D3 12.5 MCG SFGL (RX)	3	MO; ADD
sv calcium 600 mg tablet p/f, gluten-free (rx)	3	MO; ADD
sv calcium 600 mg-d3 20 mcg tab (rx)	3	MO; ADD
SV CALCIUM CITRATE-VIT D3 TAB P/F,GLUTEN-FREE (RX)	3	MO; ADD
THERMOTABS TABLET	3	MO; ADD
TUMS 750 MG CHEWY BITES	3	MO; ADD
TUMS E-X TABLET CHEWABLE ASSORTED FRUIT	3	MO; ADD
TUMS E-X TABLET CHEWABLE	3	MO; ADD
TUMS E-X TABLET CHEWABLE	3	ADD

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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 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
TUMS SMOOTHIES CHEW TABLET PEPPERMINT, EX-STR	3	MO; ADD
TUMS TABLET CHEWABLE	3	ADD
TUMS TABLET CHEWABLE 3-ROLL, PEPPERMINT	3	ADD
TUMS TABLET CHEWABLE ASSORTED FRUIT	3	ADD
TUMS TABLET CHEWABLE PEPPERMINT	3	ADD
TUMS ULTRA 1,000 MG CHEW TAB	3	MO; ADD
TUMS ULTRA 1,000 MG CHEW TAB ASSORTED BERRIES	3	MO; ADD
TUMS ULTRA 1,000 MG CHEW TAB ASSORTED FRUIT	3	MO; ADD
TUMS ULTRA 1,000 MG CHEW TAB MAXIMUM STRENGTH	3	MO; ADD
TUMS ULTRA 1,000 MG CHEW TAB TROP FRUIT,GLUTEN-F	3	MO; ADD
TUMS X-STR 750 TABLET CHEWABLE ASST'D FRUIT FLAVOR	3	ADD

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UPCAL D POWDER	3	ADD
UPCAL D POWDER PACKET	3	ADD
zinc 50 mg capsule (rx)	3	MO; ADD
zinc sulfate 220 mg (50 mg) cap (rx)	3	MO; ADD
zinc sulfate 220 mg capsule (rx)	3	MO; ADD
zinc sulfate 220 mg capsule inner (rx)	3	MO; ADD
zinc sulfate 220 mg capsule outer (rx)	3	MO; ADD
ZINC SULFATE POWDER FCC, DRIED (RX)	3	ADD
zinc sulfate powder usp, monohydrate (rx)	3	ADD
ZINC SULFATE POWDER USP, MONOHYDRATE (RX)	3	ADD
ZINC-220 CAPSULE (RX)	3	ADD
MISCELLANEOUS NUTRITION PRODUCTS		
ABATINEX CAPSULE	3	ADD
ACIDOPHILUS 1 MG WAFER	3	ADD
ACIDOPHILUS 100 MG CAPSULE	3	MO; ADD
ACIDOPHILUS CAPSULE	3	ADD
ACIDOPHILUS CAPSULE N,STARCH/F (RX)	3	MO; ADD
ACIDOPHILUS LACTBACLLI 500 MIL INNER	3	ADD
ACIDOPHILUS LACTBACLLI 500 MIL OUTER	3	ADD
ACIDOPHILUS PROBIO 500M CFU CP	3	ADD
ACIDOPHILUS PROBIOTIC TABLET	3	MO; ADD
ACIDOPHILUS TABLET P/F,NO-GLUTEN	3	ADD
AIRBORNE EFFERVESCENT TABLET P/F, GLUTEN/F	3	ADD
AIRBORNE EFFERVESCENT TABLET P/F, GLUTEN/F, BERRY	3	ADD

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AIRBORNE EFFERVESCENT TABLET P/F,GLUTEN/F,ORANGE	3	ADD
ARGININE 2000 POWDER PACKET	3	ADD
arginine 500 mg tablet	3	MO; ADD
ARGININE PACKET	3	ADD
ARGININE-L POWDER FCC (RX)	3	ADD
BIOTECT PLUS LIQUID	3	ADD
BOOST BREEZE LIQUID INNER, ORANGE	3	MO; ADD
BOOST BREEZE LIQUID INNER, PEACH	3	MO; ADD
BOOST BREEZE LIQUID INNER, WILD BERRY	3	MO; ADD
BOOST BREEZE LIQUID VARIETY	3	MO; ADD
CHLOROCAPS CAPSULE	3	ADD
CHOLESTEROL POWDER	3	ADD
CITRACAL-D3 MAXIMUM PLUS CAPLT	3	MO; ADD
CLINIMIX 5%/D15W SULFITE FREE	2	B/D PA
CLINIMIX 4.25%/D10W SULF FREE	2	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE)	2	B/D PA
CLINIMIX 6%-D5W (SULFITE-FREE)	2	B/D PA
CLINIMIX 8%-D10W(SULFITE-FREE)	2	B/D PA
CLINIMIX 8%-D14W(SULFITE-FREE)	2	B/D PA
CO Q-10 100 MG SOFTGEL (RX)	3	ADD
CO-ENZYME Q10 100 MG SOFTGEL	3	ADD
COROMEGA OMEGA-3 SQUEEZE PACK (RX)	3	MO; ADD
COROMEGA OMEGA-3 SQUEEZE PACK KIDS (RX)	3	ADD

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COROMEGA OMEGA-3 SQUEEZE PACK LEMON-LIME FLAV (RX)	3	MO; ADD
COROMEGA OMEGA-3 SQUEEZE PACK ORANGE-CHOCOLATE (RX)	3	MO; ADD
CVS ACIDOPHILUS TABLET	3	ADD
CVS ACIDOPHILUS TABLET PROBIOTIC FORMULA	3	ADD
CVS AIRSHIELD EFFERVESCENT TAB	3	ADD
CVS CHILD OMEGA-3 GUMMY FISH	3	ADD
CVS COENZYME Q-10 100 MG SFTGL (RX)	3	ADD
CVS FISH OIL 1,000 MG SOFTGEL	3	ADD
CVS FISH OIL 1,000 MG SOFTGEL (RX)	3	MO; ADD
CVS FISH OIL 1,000 MG SOFTGEL (RX)	3	MO; ADD
CVS FISH OIL 1,000 MG SOFTGEL SOFTGEL, NATURAL (RX)	3	MO; ADD
CVS FISH OIL 1,200 MG SOFTGEL P/F,LACTOSE-FREE (RX)	3	MO; ADD
CVS FISH OIL 1,200 MG SOFTGEL (RX)	3	MO; ADD
CVS FISH OIL 1,200 MG SOFTGEL SOFTGEL, NATURAL (RX)	3	MO; ADD
CVS FISH OIL 1,200 MG SOFTGEL SOFTGEL, ODORLESS (RX)	3	MO; ADD
CVS FISH OIL 500 MG SOFTGEL (RX)	3	ADD
CYTO-Q 80 MG/10 ML LIQUID (RX)	3	ADD
CYTO-Q MAX 100 MG/ML LIQUID	3	MO; ADD
CYTO-Q T-F 8 MG/ML LIQUID	3	ADD

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electrolyte-48 in d5w	1	
ENSURE CLEAR LIQUID	3	MO; ADD
ENSURE CLEAR THERAPEUTIC LIQ APPLE, INNER	3	MO; ADD
ENSURE CLEAR THERAPEUTIC LIQ MIXED BERRY, INNER	3	MO; ADD
EQL DIGESTIVE PROBIOTIC CAP (RX)	3	ADD
EQL FISH OIL 1,200 MG SOFTGEL (RX)	3	MO; ADD
eql omega-3 fish oil 1,000 mg softgel (rx)	3	MO; ADD
FISH OIL 1,000 MG SOFTGEL	3	ADD
FISH OIL 1,000 MG SOFTGEL	3	ADD
FISH OIL 1,000 MG SOFTGEL (RX)	3	MO; ADD
FISH OIL 1,000 MG SOFTGEL (RX)	3	MO; ADD
FISH OIL 1,000 MG SOFTGEL CHOLESTEROL-FREE (RX)	3	MO; ADD
FISH OIL 1,000 MG SOFTGEL INNER	3	ADD
FISH OIL 1,000 MG SOFTGEL N, YEAST FREE (RX)	3	MO; ADD
FISH OIL 1,000 MG SOFTGEL NO BURP,SFTGL (RX)	3	MO; ADD
FISH OIL 1,000 MG SOFTGEL OUTER	3	ADD
FISH OIL 1,000 MG SOFTGEL P/F (RX)	3	MO; ADD
FISH OIL 1,000 MG SOFTGEL P/F,NO LACTOSE (RX)	3	MO; ADD
FISH OIL 1,000 MG SOFTGEL P/F,SODIUM/F (RX)	3	MO; ADD
FISH OIL 1,000 MG SOFTGEL REFLUX-FREE, EC (RX)	3	MO; ADD
FISH OIL 1,000 MG SOFTGEL (RX)	3	MO; ADD
FISH OIL 1,000 MG SOFTGEL (RX)	3	ADD
FISH OIL 1,000 MG SOFTGEL, GLUTEN-FREE (RX)	3	MO; ADD
FISH OIL 1,000 MG SOFTGEL SOFTGEL,P/F,N (RX)	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
FISH OIL 1,200 MG SOFTGEL	3	ADD
FISH OIL 1,200 MG SOFTGEL	3	MO; ADD
FISH OIL 1,200 MG SOFTGEL (RX)	3	MO; ADD
FISH OIL 1,200 MG SOFTGEL ENTERIC COATED (RX)	3	MO; ADD
FISH OIL 1,200 MG SOFTGEL OMEGA-3 (RX)	3	MO; ADD
FISH OIL 1,200 MG SOFTGEL OMEGA-3, P/F (RX)	3	MO; ADD
FISH OIL 1,200 MG SOFTGEL P/F (RX)	3	MO; ADD
FISH OIL 1,200 MG SOFTGEL P/F,LACTOSE-FREE (RX)	3	MO; ADD
FISH OIL 1,200 MG SOFTGEL P/F,NO LACTOSE (RX)	3	MO; ADD
FISH OIL 1,200 MG SOFTGEL P/F,NO LACTOSE (RX)	3	MO; ADD
FISH OIL 1,200 MG SOFTGEL SOFT GEL,ODORLESS,EC (RX)	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
FISH OIL 1,200 MG SOFTGEL (RX)	3	MO; ADD
FISH OIL 1,400 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	ADD
FISH OIL 500 MG SOFTGEL OUTER	3	ADD
FISH OIL 500 MG SOFTGEL	3	ADD
FISH OIL CONC 1,000 MG GLUTEN-FREE, SOFTGEL (RX)	3	ADD
FISH OIL CONC 1,000 MG SOFTGEL (RX)	3	ADD
FISH OIL CONC 1,000 MG SOFTGEL (RX)	3	MO; ADD
FISH OIL CONC 1,000 MG SOFTGEL SOFTGEL, ECONOMY SZ. (RX)	3	MO; ADD

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FISH OIL CONCENTRATE SOFTGEL EC SOFTGEL,P/F (RX)	3	ADD
FISH OIL CONCENTRATE SOFTGEL SOFTGEL, EX-STRENGH (RX)	3	ADD
FISH OIL DR 1,000 MG SOFTGEL GLUTEN FREE	3	MO; ADD
FISH OIL DR 1,000 MG SOFTGEL P/F, BURP-LESS	3	MO; ADD
FISH OIL DR 500 MG SOFTGEL	3	MO; ADD
FISH OIL EC 1,000 MG SOFTGEL	3	ADD
FISH OIL EC 1,000 MG SOFTGEL	3	ADD
FISH OIL EC 1,000 MG SOFTGEL INNER	3	ADD
FISH OIL EC 1,000 MG SOFTGEL OUTER	3	ADD
FISH OIL EC 1,000 MG SOFTGEL	3	ADD
FISH OIL EC 1,200 MG SOFTGEL	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
FISH OIL EC 1,200 MG SOFTGEL BURP-LESS, OMEGA-3	3	ADD
FISH OIL EC 1,200 MG SOFTGEL (RX)	3	ADD
FISH OIL GUMMIES	3	ADD
FISH OIL OMEGA-3 SOFTGEL	3	MO; ADD
FISH OIL PEARLS SOFTGEL	3	ADD
FLORAJEN ACIDOPHILUS 20 B CELL	3	MO; ADD
FLORANEX GRANULES PACKET LACTOBACILLUS, INNER	3	MO; ADD
FLORANEX GRANULES PACKET LACTOBACILLUS, OUTER	3	MO; ADD
FLORANEX TABLET (RX)	3	MO; ADD
GNP FISH OIL 1,000 MG SOFTGEL OMEGA-3 (RX)	3	MO; ADD

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GNP FISH OIL 1,200 MG SOFTGEL MAXIMUM STRENGTH (RX)	3	ADD
GNP FISH OIL EC 1,000 MG SFTGL SOFTGEL	3	ADD
GNP FISH OIL SOFTGEL	3	ADD
HM ACIDOPHILUS TABLET GLUTEN-FREE	3	ADD
HM FISH OIL 1,200 MG SOFTGEL GLUTEN-FREE (RX)	3	MO; ADD
HM FISH OIL EC 1,000 MG SFTGL SOFTGEL, GLUTEN-FREE	3	ADD
IMMUNE SUPPORT CHEWABLE TABLET	3	ADD
INTESTINEX CAPSULE	3	ADD
intralipid intravenous emulsion 20 %	1	B/D PA
ISOLYTE S PH 7.4	2	
ISOLYTE-P IN 5 % DEXTROSE	2	
ISOLYTE-S	2	
LACTOBACILLUS 1 MILLION CFU TB	3	MO; ADD
LACTOBACILLUS 100 MIL CFU PKT INNER	3	ADD
LACTOBACILLUS 100 MIL CFU PKT OUTER	3	ADD
LACTOBACILLUS TABLET	3	MO; ADD
L-ARGININE 1,000 MG TABLET	3	MO; ADD
L-ARGININE 1,000 MG TABLET MAXIMUM STRENGTH	3	MO; ADD
L-ARGININE 1,000 MG TABLET P/F	3	MO; ADD
L-ARGININE 500 MG CAPSULE D/F,N (RX)	3	ADD
L-ARGININE 500 MG CAPSULE P/F (RX)	3	ADD
L-ARGININE POWDER	3	ADD
L-ARGININE POWDER USP (RX)	3	ADD
L-CITRULLINE POWDER	3	ADD

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L-CITRULLINE POWDER (RX)	3	ADD
LIQ-10 SYRUP	3	ADD
L-ISOLEUCINE CRYSTAL (RX)	3	ADD
L-ISOLEUCINE POWDER USP (RX)	3	ADD
L-VALINE POWDER	3	ADD
LYSINE HCL POWDER (RX)	3	ADD
MEGARED KIDS GUMMY	3	ADD
MORE-DOPHILUS POWDER	3	ADD
OMEGA 3 1,000 MG SOFTGEL (RX)	3	MO; ADD
OMEGA 3 FISH OIL SOFTGEL	3	ADD
OMEGA ESSENTIALS BASIC LIQUID	3	ADD
OMEGA-3 1,050 MG SOFTGEL	3	ADD
OMEGA-3 2100 SOFTGEL	3	ADD
OMEGA-3 EC SOFTGEL	3	ADD
OMEGA-3 FISH OIL 1,000 MG SFGL	3	ADD
omega-3 fish oil 1,000 mg sfgl (rx)	3	ADD
omega-3 fish oil 1,000 mg sfgl p/f,y/f,sod/f (rx)	3	ADD
omega-3 fish oil 1,000 mg sfgl softgel (rx)	3	ADD
omega-3 fish oil 1,000 mg sfgl softgel (rx)	3	MO; ADD
omega-3 fish oil 1,000 mg sfgl softgel,p/f (rx)	3	ADD
OMEGA-3 FISH OIL 1,000 MG SFGL SOFTGEL,P/F (RX)	3	ADD
omega-3 fish oil 1,000 mg sfgl softgel,p/f,n (rx)	3	ADD
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

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OMEGA-3 FISH OIL 1,400 MG SFGL SOFTGEL	3	ADD
OMEGA-3 FISH OIL 1,760 MG STGL	3	MO; ADD
omega-3 fish oil ec 1,000 mg softgel,gluten-f	3	ADD
OMEGAPURE 780 EC SOFTGEL	3	ADD
OMEGAPURE 900 EC SOFTGEL	3	ADD
OVEGA-3 SOFTGEL	3	ADD
PLASMA-LYTE 148	2	
PLASMA-LYTE A	2	
plasmanate	1	
PLENAMINE	2	B/D PA
premasol 10 %	1	B/D PA
PROBIOTIC ACIDOPHILUS 250 MILL	3	MO; ADD
PROBIOTIC GOLD ACIDOPHILUS CAP	3	ADD
PROBIOTIC SOFTGEL P/F,GLUTEN-F,SOFTGEL	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
RA FISH OIL 1,000 MG SOFTGEL	3	ADD
RA FISH OIL 1,000 MG SOFTGEL SOFTGEL,P/F (RX)	3	ADD
RA FISH OIL 120-180 SOFTGEL SOFTGEL,NATURAL,P/F (RX)	3	ADD
RA FISH OIL 600 MG SOFTGEL	3	ADD
RA L-ARGININE 1,000 MG TABLET P/F	3	MO; ADD
SM FISH OIL 1,000 MG SOFTGEL (RX)	3	MO; ADD

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SM FISH OIL 1,000 MG SOFTGEL SOFTGEL, GLUTEN-FREE (RX)	3	MO; ADD
SM FISH OIL 1,200 MG SOFTGEL (RX)	3	MO; ADD
SM FISH OIL 1,200 MG SOFTGEL SOFTGEL,P/F,NO LAC (RX)	3	MO; ADD
SMART HEART OMEGA-3 1,000 MG	3	ADD
SUPER DHA GEMS SOFTGEL	3	ADD
SV ACIDOPHILUS CAPLET	3	ADD
SV ACIDOPHILUS TABLET CAPLET, P/F	3	ADD
SV FISH OIL 1,000 MG SOFTGEL (RX)	3	MO; ADD
SV FISH OIL EC 1,200 MG SOFTGL SOFTGEL, GLUTEN-FREE	3	ADD
SV L-ARGININE 500 MG CAPSULE P/F (RX)	3	ADD
SV PROBIOTIC ACIDOPHILUS CPLT	3	ADD
SV SALMON OIL 1,000 MG SOFTGEL	3	ADD
THEROMEGA SOFTGEL	3	ADD
THEROMEGA SPORT SOFTGEL	3	ADD
travasol 10 %	1	B/D PA
TROPHAMINE 10 %	2	B/D PA
ULTRA OMEGA-3 SOFTGEL	3	ADD
VITAMINS / HEMATINICS		
50 PLUS ADULT EYE HEALTH SFTGL	3	ADD
A THRU Z ADVANCED FORMULA TAB	3	ADD
A THRU Z ADVANCED FORMULA TAB GLUTEN-FREE	3	ADD
A THRU Z ADVANCED FORMULA TAB NEW (RX)	3	ADD

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A THRU Z ADVANCED FORMULA TAB W/ LUTEIN & LYCOPENE (RX)	3	ADD
A THRU Z ADVANCED FORMULA TAB W/LUTEIN & LYCOPENE (RX)	3	ADD
A THRU Z MEN'S ULTIMATE TABLET	3	ADD
A THRU Z SELECT 50 PLUS TABLET ADVANCED FORMULA	3	ADD
A THRU Z SELECT MEN 50+ TABLET	3	ADD
A THRU Z SELECT MULTIVIT TAB	3	ADD
A THRU Z SELECT MULTIVIT TAB IRON-FREE, 50+ FORM	3	ADD
A THRU Z SELECT TABLET ADULTS 50+, GLUTEN-F	3	ADD
A THRU Z SELECT TABLET ADULTS 50+,IRON-FREE	3	ADD
A THRU Z SELECT TABLET NEW FORMULATION (RX)	3	ADD
A THRU Z SELECT WOMEN'S TABLET	3	ADD
A-25 7,500 MCG CAPSULE	3	ADD
ABC COMPLETE SENIOR WOMEN CPLT	3	ADD
ABC PLUS TABLET	3	ADD
ACCRUFER 30 MG CAPSULE	3	MO; ADD
ACTICAL SOFTGEL	3	MO; ADD
ACTIVE FE TABLET LACTOSE,GLUTEN &	3	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

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ADULT MULTIVITAMIN GUMMIES GLUTEN-F. N	3	MO; ADD
ADULT ONE DAILY GUMMIES	3	ADD
ADULTS 50 PLUS DAILY FORMULA	3	ADD
ADULTS 50 PLUS MULTIVITAMIN	3	ADD
ADULTS 50 PLUS MULTIVITAMIN TB	3	ADD
ADULTS' DAILY FORMULA TABLET	3	ADD
ADULTS MULTIVITAMIN CAPLET	3	ADD
ADULTS MULTIVITAMIN TABLET	3	ADD
ADVANCED MULTI EA CHEW TABLET	3	MO; ADD
AIRBORNE CHEWABLE TABLET	3	ADD
AIRBORNE EFFERVESCENT PWD PACK	3	ADD
AIRBORNE ELDERBERRY GUMMY	3	ADD
AIRBORNE ELDERBERRY TABLET EFF	3	ADD
AIRBORNE GUMMIES	3	ADD
AIRBORNE GUMMY	3	ADD
AIRBORNE KIDS CHEW TABLET	3	ADD
AIRBORNE KIDS GUMMIES	3	ADD
AIRBORNE KIDS GUMMY	3	ADD
AIRBORNE NATURAL ENERGY LIQUID	3	ADD
AIRBORNE PLUS GOOD REST GUMMY	3	ADD
AIRBORNE PLUS PROBIOTIC GUMMY	3	ADD
AIRBORNE TABLET CHEWABLE P/F,GLUTEN/F,BERRY	3	ADD
AIRBORNE TABLET CHEWABLE P/F,GLUTEN/F,CITRUS	3	ADD
ALIVE WOMEN'S 50 PLUS GUMMY	3	ADD

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ALIVE WOMEN'S 50 PLUS TABLET	3	MO; ADD
ALIVE WOMEN'S 50 PLUS ULTRA TB	3	ADD
ALIVE WOMEN'S ENERGY MV TABLET	3	ADD
ALIVE WOMEN'S GUMMY VITAMIN	3	ADD
AMLADEX TABLET	3	ADD
ANIMAL CHEWS TABLET	3	ADD
ANTIOXIDANT FORMULA TABLET	3	MO; ADD
ANTIOXIDANT SOFTGEL P/F,SOFTGELS	3	ADD
APATATE FORTE LIQUID	3	ADD
APETIGEN-PLUS TABLET	3	ADD
AQUA-E CONCENTRATE 75 UNIT/ML	3	ADD
ASCOR 25,000 MG/50 ML BULK VL P/F, OUTER, MUV	3	ADD
ascorbic acid 500 mg tablet (rx)	3	ADD
AZO HORMONAL HEALTH CYCLE CARE	3	ADD
AZO HORMONAL HLTH HAPPY CYCLE	3	ADD
B COMPLEX WITH VITAMIN C CAP P/F (RX)	3	MO; ADD
B COMPLEX WITH VITAMIN C TAB	3	ADD
BABY D3 400 UNIT/DROP CONC	3	ADD
BABY DDROPS 400 UNIT/DROP CONC	3	MO; ADD
BABY VIT D3 400 UNIT/DROP CONC	3	ADD
BABY VIT D3 400 UNIT/DROP CONC	3	ADD
BACMIN CAPLET	3	MO; ADD
BARIATRIC MV-IRON 45 MG CAP	3	ADD
B-COMPLEX 100 INJECTION	3	ADD
B-COMPLEX PLUS VITAMIN C CPLT (RX)	3	MO; ADD

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B-COMPLEX PLUS VITAMIN C CPLT CAPLET (RX)	3	ADD
B-COMPLEX WITH C TABLET (RX)	3	ADD
B-COMPLEX WITH VIT C CAPLET (RX)	3	MO; ADD
B-COMPLEX WITH VIT C CAPLET P/F,GLUTEN-FREE (RX)	3	MO; ADD
B-COMPLEX WITH VIT C TABLET (RX)	3	MO; ADD
B-COMPLEX W-VITAMIN C CAPLET CAPLET,P/F (RX)	3	ADD
B-COMPLEX-VITAMIN C TR TABLET	3	MO; ADD
BEROCCA EFFERVESCENT TABLET MIXED BERRY (RX)	3	ADD
BEROCCA EFFERVESCENT TABLET ORANGE (RX)	3	ADD
beta carotene 7,500 mcg sfgl (rx)	3	MO; ADD
beta-carotene 25,000 unit cap (rx)	3	MO; ADD
beta-carotene 25,000 unit sfgl softgel (rx)	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
biotin 2,500 mcg p/f, softgel	3	MO; ADD
biotin 5,000 mcg capsule (rx)	3	MO; ADD
biotin 5,000 mcg capsule mx-str (rx)	3	MO; ADD
biotin 5,000 mcg capsule p/f,gluten-free (rx)	3	MO; ADD
biotin 5,000 mcg softgel (rx)	3	MO; ADD
biotin 5,000 mcg softgel p/f,gluten-free (rx)	3	MO; ADD
biotin 5,000 mcg softgel softgel (rx)	3	MO; ADD
BIOTIN POWDER USP (RX)	3	ADD

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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
BP VIT 3 CAPSULE	3	MO; ADD
C-1,000 MG TABLET (RX)	3	ADD
C-1,000 MG WITH ROSE HIPS CPLT CAPLET	3	MO; ADD
C-1,000 MG WITH ROSE HIPS TAB P/F	3	MO; ADD
C-500 MG TABLET (RX)	3	ADD
C-500 MG TABLET ROSE HIPS (RX)	3	ADD
CALCIDOL DROPS	3	MO; ADD
CALCIUM + VITAMIN D3 GUMMIES	3	ADD
calcium 600+d plus minerals tb p/f, n (rx)	3	ADD
calcium 600-d3 plus caplet	3	ADD
CALCIUM 600-D3-MINERALS CHW TB (RX)	3	ADD
calcium 600-vit d3-min chew tb	3	ADD
CALCIUM PHOS-VIT D3 250 MG-500 UNIT GUMMY	3	ADD
CALTRATE 600+D PLUS TABLET	3	ADD
CALTRATE 600-D3-MIN CHEW TAB (RX)	3	ADD
CALTRATE+D3 PLUS MINERAL MINIS	3	ADD
CENTRAM-CARE MULTIVIT-MIN LIQ	3	ADD
CENTRATEX CAPSULE	3	MO; ADD
CENTRAVITES 50 PLUS TABLET	3	ADD

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CENTRAVITES 50 PLUS TABLET INNER	3	ADD
CENTRAVITES 50 PLUS TABLET OUTER	3	ADD
CENTRAVITES ADULTS TABLET INNER	3	ADD
CENTRAVITES ADULTS TABLET OUTER	3	ADD
CENTRAVITES TABLET	3	ADD
CENTRUM ADULT 50 FRESH-FRUITY	3	MO; ADD
CENTRUM CHEWABLES ADULTS TAB	3	ADD
CENTRUM CHEWABLES ADULTS TAB	3	MO; ADD
CENTRUM COMPLETE MULTIVIT TAB (RX)	3	ADD
CENTRUM KIDS CHEWABLE TABLET	3	MO; ADD
CENTRUM MEN'S TABLET	3	MO; ADD
CENTRUM MULTIVIT-MINERAL LIQ (RX)	3	MO; ADD
CENTRUM SILVER CHEWABLE TABLET	3	ADD
CENTRUM SILVER MEN TABLET	3	MO; ADD
CENTRUM SILVER TABLET ADULTS 50 + (RX)	3	MO; ADD
CENTRUM SILVER TABLET ADULTS 50+ (RX)	3	MO; ADD
CENTRUM SILVER TABLET FOR ADULT 50+ (RX)	3	MO; ADD
CENTRUM SILVER ULTRA MEN'S TAB A TO ZINC	3	ADD
CENTRUM SILVER ULTRA MEN'S TAB FOR MEN 50+	3	ADD
CENTRUM SILVER WOMEN TABLET	3	MO; ADD
CENTRUM SPECIALIST HEART TAB (RX)	3	MO; ADD

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CENTRUM ULTRA MEN'S TABLET (RX)	3	ADD
CENTRUM WOMEN TABLET	3	ADD
CEROVITE JR TABLET CHEW	3	MO; ADD
CEROVITE SENIOR TABLET	3	MO; ADD
CERTA PLUS TABLET	3	ADD
CERTAVITE SENIOR TABLET	3	MO; ADD
CERTAVITE-ANTIOXIDANT TABLET (RX)	3	MO; ADD
CHILD FERROUS SULFATE 15 MG/ML (RX)	3	MO; ADD
CHILD MULTIVITAMIN PLUS IRON	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
CHILDREN'S CHEW MULTIVITAMIN	3	ADD
CHILDRENS CHEW VITAMIN TAB (RX)	3	ADD
CHILDREN'S CHEWABLE VITAMIN (RX)	3	ADD
CHILDREN'S CHEWABLES	3	ADD
CHILDREN'S CHEWABLES	3	ADD
CHILDREN'S CHEWABLES	3	ADD
CHILDREN'S MULTI-VIT GUMMIES	3	ADD
CHILD'S CHEW MULTIVIT W/IRON	3	ADD
CHILD'S CHEW VITAMIN-IRON TAB	3	ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CHILD'S CHEWABLE MULTIVIT TAB	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	ADD
COMPANION TABLET	3	ADD
COMPLETE MULTIVIT-MINERAL LIQ	3	ADD
CONCEPTIONXR MOTILITY COMBO PK	3	ADD
CORVITA 150 TABLET	3	MO; ADD
CORVITA TABLET	3	MO; ADD
CORVITE 150 TABLET	3	MO; ADD
CORVITE FE TABLET	3	MO; ADD
CULTURELLE KID PROB-MV 5B CHEW	3	ADD
CULTURELLE KID PRO-MV 2.5B CHW	3	ADD
CULTURELLE PROBIOTIC-MV GUMMY	3	ADD
CVS ADULT 50 PLUS EYE HEALTH SOFTGEL	3	ADD
CVS AIRSHIELD CHEWABLE TABLET	3	ADD
CVS B-COMPLEX-VIT C CAPLET (RX)	3	ADD
CVS BIOTIN 10,000 MCG SOFTGEL SFTGL,.P/F,GLU-F	3	MO; ADD
cvs biotin 5,000 mcg capsule (rx)	3	MO; ADD
cvs calcium 600-d3 plus tablet	3	ADD
CVS CALCIUM 600-D3-MIN CHEW TB (RX)	3	ADD

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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
cvs folic acid 800 mcg tablet (rx)	3	MO; ADD
cvs iron 27 mg tablet (rx)	3	ADD
cvs iron 65 mg tablet (rx)	3	ADD
cvs iron 65 mg tablet p/f,lactose/free (rx)	3	ADD
CVS KIDS' MULTIVITAMIN GUMMY	3	ADD
CVS MENS 50 PLUS ADVANCED TAB	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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
CVS ONE DAILY WOMEN'S FORMULA	3	ADD
CVS SLOW RELEASE IRON 45 MG TB (RX)	3	ADD
CVS SLOW RELEASE IRON TABLET (OTC)	3	ADD
CVS SLOW RELEASE IRON TABLET (RX)	3	ADD
CVS SPECTRAVITE ADULT 50 PLUS (RX)	3	ADD
CVS SPECTRAVITE ADULT TAB CHEW	3	ADD

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CVS SPECTRAVITE ADVANCED TAB	3	ADD
CVS SPECTRAVITE MEN'S TABLET	3	ADD
CVS SPECTRAVITE WOMEN TABLET	3	ADD
CVS STRESS FORMULA-ZINC TAB (OTC)	3	MO; ADD
CVS SUPER B-COMPLEX-VIT C CPLT (RX)	3	MO; ADD
CVS VISION HEALTH SOFTGEL	3	ADD
cvs vit c-rose hip 1,000 mg tb (rx)	3	MO; ADD
cvs vit c-rose hips 500 mg tab (rx)	3	MO; ADD
CVS VIT D3 1,000 UNIT GUMMIES (RX)	3	ADD
cvs vit d3 1,000 unit gummies p/f (rx)	3	ADD
cvs vit d3 1,000 unit soft chw chocolate, p/f	3	MO; ADD
CVS VIT E OIL 45 MG/0.25 ML	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
cvs vitamin a 2,400 mcg sftgl (rx)	3	MO; ADD
cvs vitamin b-6 100 mg tablet (rx)	3	MO; ADD
cvs vitamin c 1,000 mg caplet (rx)	3	MO; ADD
CVS VITAMIN C 1,000 MG FIZZY PKT	3	ADD
cvs vitamin c 250 mg tablet (rx)	3	MO; ADD
cvs vitamin c 500 mg caplet p/f,gluten-free (rx)	3	MO; ADD
cvs vitamin c 500 mg tablet (rx)	3	ADD
cvs vitamin d3 1,000 unit sfgl softgel (rx)	3	ADD
cvs vitamin d3 10 mcg softgel (rx)	3	ADD
cvs vitamin d3 125 mcg softgel (rx)	3	MO; ADD
cvs vitamin d3 2,000 unit sfgl softgel	3	MO; ADD
cvs vitamin d3 25 mcg gummies (rx)	3	ADD
cvs vitamin d3 25 mcg softgel (rx)	3	ADD
cvs vitamin d3 25 mcg softgel (rx)	3	ADD
cvs vitamin d3 250 mcg softgel (rx)	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
cvs vitamin d3 400 unit sftgl (rx)	3	ADD
cvs vitamin d3 5,000 unit sfgl softgel (rx)	3	MO; ADD
cvs vitamin d3 50 mcg softgel	3	MO; ADD
cvs vitamin e 180 mg softgel (rx)	3	MO; ADD
cvs vitamin e 200 unit softgel	3	MO; ADD
cvs vitamin e 268 mg softgel (rx)	3	ADD
CVS VITAMIN E 450 MG SOFTGEL (RX)	3	MO; ADD
cvs vitamin e 90 mg softgel	3	MO; ADD
CVS WOMEN'S DAILY GUMMIES P/F, GLUTEN-FREE	3	ADD
CVS WOMEN'S DAILY GUMMIES P/F,GUMMIES	3	ADD
cyanocobalamin 1,000 mcg/ml vl	3	MO; ADD
cyanocobalamin 1,000 mcg/ml vl inner	3	MO; ADD
cyanocobalamin 1,000 mcg/ml vl inner,suv	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
cyanocobalamin 1,000 mcg/ml vl mdv,inner	3	MO; ADD
cyanocobalamin 1,000 mcg/ml vl muv, inner	3	MO; ADD
cyanocobalamin 1,000 mcg/ml vl muv, outer	3	MO; ADD
cyanocobalamin 1,000 mcg/ml vl outer	3	MO; ADD
cyanocobalamin 1,000 mcg/ml vl outer,mdv	3	MO; ADD
cyanocobalamin 1,000 mcg/ml vl outer,suv	3	MO; ADD
cyanocobalamin 10,000 mcg/10 ml inner,mdv	3	MO; ADD
cyanocobalamin 10,000 mcg/10 ml inner,muv	3	MO; ADD
cyanocobalamin 10,000 mcg/10 ml mdv, inner	3	MO; ADD
cyanocobalamin 10,000 mcg/10 ml mdv, outer	3	MO; ADD
cyanocobalamin 10,000 mcg/10 ml mdv,inner	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
cyanocobalamin 10,000 mcg/10 ml mdv,outer	3	MO; ADD
cyanocobalamin 10,000 mcg/10 ml outer, muv	3	MO; ADD
cyanocobalamin 10,000 mcg/10 ml outer,mdv	3	MO; ADD
cyanocobalamin 10,000 mcg/10 ml outer,muv	3	MO; ADD
cyanocobalamin 30,000 mcg/30 ml inner,mdv	3	MO; ADD
cyanocobalamin 30,000 mcg/30 ml inner,muv	3	MO; ADD
cyanocobalamin 30,000 mcg/30 ml mdv, inner	3	MO; ADD
cyanocobalamin 30,000 mcg/30 ml mdv, outer	3	MO; ADD
cyanocobalamin 30,000 mcg/30 ml muv	3	MO; ADD
cyanocobalamin 30,000 mcg/30 ml muv, outer	3	MO; ADD
cyanocobalamin 30,000 mcg/30 ml outer,mdv	3	MO; ADD
cyanocobalamin 30,000 mcg/30 ml outer,muv	3	MO; ADD
CYANOCOBALAMIN POWDER USP (RX)	3	ADD
CYANOCOBALAMIN POWDER USP, VITAMIN B-12 (RX)	3	ADD
CYANOCOBALAMIN POWDER USP,VITAMIN B-12 (RX)	3	ADD
D3-2000 UNIT SOFTGEL	3	ADD
D3-50 50,000 UNIT CAPSULE D/F,GLUTEN FREE (RX)	3	MO; ADD
D3-50 50,000 UNIT CAPSULE D/F,P/F (RX)	3	MO; ADD
DAILY MULTIVITAMIN CAPSULE	3	ADD
DAILY MULTIVITAMIN WITH D3 TAB	3	ADD
DAILY MULTIVITAMIN-IRON TABLET (RX)	3	ADD

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DAILY VALUE MULTIVITAMIN TAB	3	ADD
DAILY VITAMIN + IRON TABLET (RX)	3	ADD
DAILY VITAMIN FORMULA TABLET	3	ADD
DAILY VITAMIN FORMULA TABLET	3	ADD
DAILY VITAMIN FORMULA-IRON TAB	3	ADD
DAILY VITE TABLET (RX)	3	ADD
DAILY VITE WITH IRON TABLET	3	ADD
DAILY-VITE TABLET	3	MO; ADD
DAILY-VITES WITH IRON TABLET	3	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
DECARA K 1,250-200 MCG SOFTGEL	3	MO; ADD
DECUBI VITE CAPSULE	3	ADD
DEKAS BARIATRIC CHEW TABLET	3	ADD
DEKAS ESSENTIAL CAPSULE	3	MO; ADD
DEKAS ESSENTIAL LIQUID	3	ADD
DEKAS PLUS CHEWABLE TABLET	3	MO; ADD
DEKAS PLUS LIQUID	3	MO; ADD
DEKAS PLUS SOFTGEL	3	MO; ADD
DELTA D3 400 UNIT TABLET Y/F,GLUTEN/F	3	ADD
DERMACINRX FOLDITAM TABLET	3	ADD
DERMACINRX FOLIFLEX CAPLET	3	ADD

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DERMACINRX FOLITIN-Z CAPLET	3	ADD
DERMACINRX FOLIXAPURE TABLET	3	ADD
DERMACINRX FOLTREXYL TABLET	3	ADD
DERMACINRX RIBOTIN-E CAPLET	3	ADD
DERMACINRX ZINTREXYL-C CAPLET	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
DIALYVITE 800 TABLET	3	MO; ADD
DIALYVITE 800-ULTRA D TABLET	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
DIALYVITE SUPREME D TABLET	3	MO; ADD
DIALYVITE TABLET	3	MO; ADD
DIALYVITE VIT D3 50,000 UNIT	3	MO; ADD
DIALYVITE VITAMIN D 5,000 UNIT	3	ADD
DIALYVITE WITH ZINC TABLET	3	MO; ADD
DRISDOL 1.25 MG (50,000 UNIT)	3	ADD
DRY EYE FORMULA CAPSULE	3	ADD
D-VI-SOL 400 UNIT/ML LIQUID (RX)	3	MO; ADD
E-200 UNIT SOFTGEL	3	ADD
E-400 C-500 & BETA CARO TAB	3	ADD
ELDERTONIC LIQUID	3	ADD
EMERGEN-C 1,000 MG PACKET	3	ADD
EMERGEN-C 1,000 MG PACKET RASPBERRY FLAVOR	3	ADD

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EMERGEN-C 1,000 MG PACKET TANGERINE FLAVOR	3	ADD
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
eq calcium 600-d3-minerals tab gluten-free (rx)	3	ADD
EQ CHILD COMPLETE CHEW TABLET	3	ADD
EQ CHILD MULTIVITAMIN GUMMIES P/F	3	MO; ADD
EQ COMPLETE MULTIVITAMIN TAB GLUTEN-FREE	3	ADD
EQ COMPLETE MV ADLT 50 PLUS TB	3	ADD
EQ ONE DAILY MEN'S 50 PLUS TAB	3	ADD
EQ ONE DAILY MEN'S TABLET GLUTEN FREE	3	ADD
EQ ONE DAILY WOMEN'S HEALTH TB	3	ADD
EQ ONE DAILY WOMEN'S TABLET GLUTEN FREE	3	ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
EQ SLOW RELEASE IRON 45 MG TAB GLUTEN-FREE (RX)	3	MO; ADD
EQ VISION FORMULA TABLET P/F, GLUTEN-FREE	3	ADD
EQL EYE HEALTH PLUS LUTEIN TAB	3	ADD
EQL ONE DAILY WOMEN'S 50 PLUS	3	ADD
EQL SLOW RELEASE IRON 50 MG TB	3	ADD
EQL STRESS B-COMPLEX TABLET	3	ADD
EQL SUPER B COMPLEX TABLET (RX)	3	MO; ADD
eql vit c-rose hip 1,000 mg tb (rx)	3	MO; ADD
eql vit c-rose hips 500 mg tab (rx)	3	MO; ADD
eql vitamin b-6 100 mg tablet (rx)	3	ADD
eql vitamin c 1,000 mg tablet p/f, lactose free (rx)	3	ADD
eql vitamin d3 1,000 unit sfgl softgel (rx)	3	ADD
eql vitamin d3 2,000 unit sfgl softgel	3	MO; ADD
eql vitamin d3 400 unit sftgl (rx)	3	ADD
eql vitamin d3 5,000 unit sfgl softgel (rx)	3	MO; ADD
eql vitamin e 1,000 unit sftgl softgel (rx)	3	MO; ADD
eql vitamin e 180 mg softgel (rx)	3	MO; ADD
ergocalciferol 200 mcg/ml drop (rx)	3	MO; ADD
ergocalciferol 8,000 unit/ml (rx)	3	MO; ADD
ESSENTIA TABLET	3	ADD
ESSENTIAL MAN 50+ TABLET	3	MO; ADD
ESSENTIAL MAN TABLET	3	ADD
ESSENTIAL WOMAN 50+ TABLET	3	MO; ADD
ESTROVEN MENOPAUSE CAPLET	3	ADD
EYE HEALTH PLUS LUTEIN TABLET	3	ADD
EYEPROTECT TABLET	3	ADD
EZFE 200 CAPSULE	3	MO; ADD

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FA-8 CAPSULES	3	ADD
FABB TABLET	3	MO; ADD
FEOSOL 45 MG CAPLET CPLT,NATURAL RELEASE (RX)	3	ADD
FEOSOL 65 MG TABLET (RX)	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
FERATE 27 MG TABLET	3	MO; ADD
FERGON 27 MG TABLET	3	ADD
FERGON 27 MG TABLET (RX)	3	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
FEROSUL 325 MG TABLET (RX)	3	MO; ADD
FEROSUL 325 MG TABLET F/C (RX)	3	MO; ADD
FEROSUL 325 MG TABLET F/C,BLISTER PACK (RX)	3	MO; ADD
FERREX 150 CAPSULE	3	MO; ADD
FERREX 150 CAPSULE OUTER, U-D	3	MO; ADD
FERREX 150 CAPSULE U-D,10X10	3	MO; ADD
FERREX 150 FORTE CAPSULE	3	MO; ADD
FERRIC X-150 CAPSULE	3	ADD
FERRO-TIME 325 MG TABLET F/C, GREEN	3	ADD
FERRO-TIME 325 MG TABLET F/C, RED	3	ADD
ferrous gluconate 240 mg tab (rx)	3	ADD
ferrous gluconate 240 mg tab 240mg=27mg elemental (rx)	3	ADD
ferrous gluconate 324 mg tab (rx)	3	ADD
ferrous gluconate 324 mg tab (rx)	3	MO; ADD

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ferrous sulf 15 mg (iron)/ml oral syringe (rx)	3	ADD
ferrous sulf 15 mg iron/ml drp (rx)	3	MO; ADD
ferrous sulf 220 mg/5 ml elix (rx)	3	ADD
ferrous sulf 220 mg/5 ml elix (rx)	3	MO; ADD
ferrous sulf 220 mg/5 ml liq (rx)	3	ADD
ferrous sulf 44 mg iron/5 ml lq (rx)	3	ADD
ferrous sulf ec 324 mg tablet	3	MO; ADD
ferrous sulf ec 325 mg tablet (rx)	3	MO; ADD
ferrous sulf ec 325 mg tablet u-d, inner (rx)	3	MO; ADD
ferrous sulf ec 325 mg tablet u-d, outer (rx)	3	MO; ADD
ferrous sulfate 300 mg/5 ml cup	3	ADD
ferrous sulfate 300 mg/5 ml cup 100's, u-d	3	ADD
ferrous sulfate 325 mg tablet (rx)	3	ADD
ferrous sulfate 325 mg tablet f/c (rx)	3	ADD
ferrous sulfate 325 mg tablet f/c, green (rx)	3	ADD
ferrous sulfate 325 mg tablet f/c, red (rx)	3	ADD
ferrous sulfate 325 mg tablet p/f (rx)	3	ADD
ferrous sulfate 325 mg tablet u-d, 10x10, f/c (rx)	3	ADD
ferrous sulfate 325 mg tablet u-d,10x10, film coat (rx)	3	ADD
FERROUS SULFATE DRIED POWDER USP (RX)	3	ADD
FISH OIL 1,200 MG	3	ADD
FLINTSTONES + CALCIUM 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

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FLINTSTONES GUMMIES CHEW TAB	3	ADD
FLINTSTONES GUMMIES CHEW TAB	3	ADD
FLINTSTONES MULTIVIT CHEW TAB	3	ADD
FLINTSTONES MULTI-VIT GUMMIES	3	ADD
FLINTSTONES SOUR-GUM CHEW TAB	3	ADD
FLINTSTONES TAB CHEW	3	ADD
FLINTSTONES TABLET CHEWABLE	3	ADD
FLINTSTONES WITH IRON TAB CHEW	3	ADD
FLORIVA 0.25 MG CHEW TABLET	3	MO; ADD
FLORIVA 0.5 MG CHEWABLE TABLET	3	MO; ADD
FLORIVA 1 MG CHEWABLE TABLET	3	MO; ADD
FLORIVA PLUS 0.25 MG/ML DROP	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
fluoride (sodium) oral tablet	1	
folic acid 0.4 mg tablet (rx)	3	MO; ADD
folic acid 0.8 mg tablet (rx)	3	MO; ADD
folic acid 1 mg tablet (rx)	3	MO; ADD
folic acid 1 mg tablet 10x10, u-d, inner (rx)	3	MO; ADD
folic acid 1 mg tablet 10x10, u-d, outer (rx)	3	MO; ADD
folic acid 1 mg tablet inner (rx)	3	MO; ADD
folic acid 1 mg tablet outer (rx)	3	MO; ADD
folic acid 1,000 mcg tablet (rx)	3	MO; ADD
folic acid 1,000 mcg tablet p/f (rx)	3	MO; ADD
FOLIC ACID 20 MG CAPSULE	3	ADD
folic acid 400 mcg tablet (rx)	3	MO; ADD
folic acid 400 mcg tablet inner (rx)	3	MO; ADD
folic acid 400 mcg tablet outer (rx)	3	MO; ADD
folic acid 400 mcg tablet p/f (rx)	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
folic acid 400 mcg tablet p/f, lactose free (rx)	3	MO; ADD
folic acid 400 mcg tablet p/f,gluten-free (rx)	3	MO; ADD
folic acid 5 mg/ml vial mdv	3	MO; ADD
FOLIC ACID 800 MCG CAPSULE	3	ADD
folic acid 800 mcg tablet (otc)	3	MO; ADD
folic acid 800 mcg tablet (rx)	3	MO; ADD
folic acid 800 mcg tablet inner (rx)	3	MO; ADD
folic acid 800 mcg tablet maximum strength (rx)	3	MO; ADD
folic acid 800 mcg tablet outer (rx)	3	MO; ADD
folic acid 800 mcg tablet p/f,gluten-free (rx)	3	MO; ADD
folic acid 800 mcg tablet pure,gluten-free (rx)	3	MO; ADD
FOLIC ACID POWDER (RX)	3	ADD
FOLITE TABLET	3	ADD
FOLIVANE-F CAPSULE	3	MO; ADD
FOLTRATE TABLET (RX)	3	MO; ADD
FREEDAVITE TABLET	3	ADD
FULL SPECTRUM B WITH VIT C TAB	3	MO; ADD
FUSION PLUS CAPSULE	3	MO; ADD
GENADEK LIQUID DROPS	3	ADD
GENADEK STEP 1 MULTIVIT SFGL	3	ADD
GENADEK STEP 2 MULTIVIT SFGL	3	ADD
GNP B-COMPLEX PLUS VIT C TAB	3	ADD
gnp biotin 5,000 mcg capsule (rx)	3	MO; ADD
gnp calcium 600-d3-min chew tb p/f,gluten/f,yeast/f (rx)	3	ADD
gnp calcium 600-d3-minerals tb p/f, gluten-f (rx)	3	ADD
GNP CENTURY MATURE TABLET GLUTEN-FREE (RX)	3	ADD
GNP CENTURY TABLET GLUTEN-FREE	3	ADD

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GNP CHILDREN'S CHEWABLES	3	ADD
GNP CHILDREN'S CHEWABLES	3	ADD
GNP CHILDREN'S CHEWABLES	3	ADD
GNP DIABETIC SUPPORT FORM TAB	3	ADD
gnp folic acid 400 mcg tablet (rx)	3	MO; ADD
GNP HAIR, SKIN AND NAILS TAB VITAMINS & MINERALS	3	ADD
GNP HEALTHY EYES SUPERVISION	3	ADD
GNP HEALTHY EYES TABLET ADVANCED ANTIOXIDANT (RX)	3	ADD
gnp iron 45 mg tablet	3	ADD
gnp iron 65 mg tablet (rx)	3	ADD
GNP MEGA MULTI FOR MEN TABLET HIGH POTENCY (RX)	3	ADD
GNP MEGA MULTI FOR WOMEN TAB	3	ADD
GNP ONE DAILY TABLET	3	ADD
GNP ONE DAILY TABLET	3	ADD
GNP THERAPEUTIC-M CAPLET P/F, CAPLET	3	MO; ADD
gnp vit c-rose hips 500 mg tab (rx)	3	MO; ADD
gnp vit d3 10 mcg(400 unit) chw (rx)	3	ADD
gnp vitamin a 10,000 unit sfgl d/f, gluten-free (rx)	3	MO; ADD
gnp vitamin b-6 100 mg tablet gluten free (rx)	3	ADD
gnp vitamin c 1,000 mg tablet (rx)	3	ADD
gnp vitamin c 1,000 mg tablet with rose hips (rx)	3	ADD
gnp vitamin c 250 mg tablet (rx)	3	ADD
gnp vitamin c 500 mg tablet (rx)	3	MO; ADD
gnp vitamin d3 1,000 unit tab extra strength (rx)	3	MO; ADD

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gnp vitamin d3 2,000 unit tab maximum strength (rx)	3	MO; ADD
gnp vitamin d3 25 mcg tablet (rx)	3	MO; ADD
gnp vitamin d3 25 mcg(1000 unt) (rx)	3	ADD
gnp vitamin d3 5,000 unit tab super strength (rx)	3	ADD
gnp vitamin e 180 mg softgel (rx)	3	ADD
gnp vitamin e 400 unit softgel (rx)	3	MO; ADD
GNP VITAMIN E 450 MG SOFTGEL (RX)	3	MO; ADD
gnp vitamin e 90 mg softgel	3	MO; ADD
GUMMI BEAR MULTIVIT TAB CHEW MULTIVIT & MINERALS (RX)	3	ADD
GUMMIES CHILDREN MULTIVITAMIN & MINERAL SUPPLEMENT	3	ADD
GUMMIES CHILDREN MULTIVITAMIN GRAPE, ORANGE,CHERRY	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 SOFTGEL	3	ADD
HAIR, SKIN AND NAILS TABLET	3	ADD
HAIR, SKIN AND NAILS TABLET	3	MO; ADD
HARD NAILS 2.5 MG CAPSULE	3	ADD
HEALTHY EYES LUTEIN-ZEAXTHN CP	3	ADD
HEALTHY EYES SUPERVISION SFTGL	3	ADD
HEALTHY EYES SUPERVISION2 SFGL	3	ADD
HEALTHY EYES TABLET (RX)	3	ADD
HEALTHY EYES TABLET ADVANCED ANTIOXIDANT (RX)	3	ADD
HEMATEX 100 MG/5 ML LIQUID	3	ADD

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HEMATEX 150 MG TABLET	3	ADD
HEMATOGEN FA SOFTGEL	3	ADD
HEMATOGEN FORTE SOFTGEL	3	ADD
HEMOCYTE PLUS CAPSULE (RX)	3	ADD
HEMOCYTE-F TABLET (RX)	3	ADD
HIGH POTENCY MULTIVITAMIN TAB	3	MO; ADD
hm biotin 5,000 mcg capsule (rx)	3	MO; ADD
hm calcium 600-d3-minerals tab (rx)	3	ADD
HM COMPLETE MULTI-VIT-MINERAL GLUTEN-FREE	3	ADD
hm folic acid 400 mcg tablet gluten-free (rx)	3	MO; ADD
HM HAIR, SKIN AND NAILS TABLET	3	ADD
hm iron 65 mg tablet gluten-free (rx)	3	ADD
HM MENS 50 PLUS ADV ONE DAILY	3	ADD
HM MEN'S ONE DAILY TABLET GLUTEN-FREE	3	ADD
HM ONE DAILY WOMEN'S 50 PLUS	3	ADD
HM SLOW RELEASE IRON TABLET (RX)	3	ADD
HM SUPER VITAMIN B COMPLEX GLUTEN-FREE (RX)	3	MO; ADD
hm vit c-rose hip 1,000 mg tab gluten-free (rx)	3	MO; ADD
hm vit c-rose hips 500 mg cplt gluten-free, caplet (rx)	3	MO; ADD
hm vitamin b-6 100 mg tablet gluten-free (rx)	3	ADD
hm vitamin d3 1,000 unit tab gluten-free (rx)	3	ADD
hm vitamin d3 2,000 unit sftgl softgel, gluten-free (rx)	3	ADD
hm vitamin e 180 mg softgel (rx)	3	MO; ADD
hm vitamin e 200 unit softgel softgel, gluten-free	3	MO; ADD

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hm vitamin e 400 unit softgel gluten-free (rx)	3	MO; ADD
HM WOMEN'S ONE DAILY TABLET GLUTEN-FREE	3	ADD
HONEY BEARS CHEWABLE TABLET	3	ADD
hydroxocobalamin 1,000 mcg/ml	3	ADD
HYDROXOCOBALAMIN POWDER USP (RX)	3	ADD
ICAPS AREDS SOFTGEL SOFTGEL (RX)	3	ADD
ICAPS AREDS2 CHEWABLE TABLET	3	ADD
ICAPS AREDS2 SOFTGEL	3	MO; ADD
ICAPS AREDS2 TABLET	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
IFEREX 150 CAPSULE	3	MO; ADD
IFEREX 150 FORTE CAPSULE	3	MO; ADD
INFED 100 MG/2 ML VIAL INNER,SUV	3	MO; ADD
INFED 100 MG/2 ML VIAL OUTER,SUV	3	MO; ADD
INFUVITE ADULT BULK VIAL P/F, MDV, OUTER	3	MO; ADD
INFUVITE ADULT VIAL 2X5ML, SUV	3	MO; ADD
INFUVITE ADULT VIAL P/F, SDV, OUTER	3	MO; ADD
INFUVITE PEDIATRIC BULK VIAL P/F, MDV, OUTER	3	ADD
INFUVITE PEDIATRIC VIAL P/F, SDV, OUTER	3	ADD
INFUVITE PEDIATRIC VIAL SUV	3	ADD
INJECTAFER 750 MG/15 ML VIAL SUV	3	MO; ADD
INTEGRA F CAPSULE	3	MO; ADD

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INTEGRA PLUS CAPSULE	3	MO; ADD
IRON 18 MG TABLET	3	ADD
iron 27 mg tablet (rx)	3	ADD
iron 28 mg tablet	3	ADD
iron 45 mg tablet	3	ADD
iron 65 mg tablet (rx)	3	ADD
iron 65 mg tablet (rx)	3	ADD
iron 65 mg tablet gluten-free (rx)	3	ADD
iron 65 mg tablet p/f (rx)	3	ADD
iron 65 mg tablet p/f, gluten-free (rx)	3	ADD
IRON CHEWS 15 MG TABLET CHEW	3	MO; ADD
IRONUP 15 MG/0.5 ML DROPS	3	MO; ADD
IROSPAN 24/6 TABLET	3	MO; ADD
IS-D-10,000 250 MCG SOFTGEL	3	ADD
I-VITE TABLET	3	MO; ADD
JUST 4 KIDZ MV-PROBIOTIC GUMMY	3	ADD
KENWOOD THERAPEUTIC LIQUID	3	ADD
KIDS MULTIVIT-MINERALS GUMMIES	3	ADD
KIDS VITAMIN D3 TAB CHEW	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
LYSIPLEX PLUS LIQUID	3	MO; ADD
MACULAR BENEFITS COMBO PACK	3	ADD
MACULAR HEALTH FORMULA CAPSULE	3	ADD
MACUVITE EYE CARE TABLET	3	MO; ADD
MACUVITE WITH LUTEIN TABLET	3	ADD
MAXIMIN PACK	3	ADD
MAXIMUM D3 325 MCG(13,000 UNIT	3	MO; ADD

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MEGA BIOTIN 10,000 MCG SOFTGEL	3	ADD
MEGA MULTI FOR MEN TABLET HIGH POTENCY (RX)	3	ADD
MEGA MULTI FOR WOMEN TAB	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 50 PLUS MULTIVITAMIN TAB	3	ADD
MEN'S DAILY FORMULA CAPSULE	3	ADD
MEN'S DAILY FORMULA TABLET (RX)	3	ADD
MEN'S DAILY PACK	3	ADD
MEN'S MULTIVITAMIN GUMMIES	3	ADD
MEN'S PACK	3	ADD
MERIBIN 5 MG CAPSULE	3	MO; ADD
milltrium senior multivit tab	3	ADD
MONOCAPS TABLET (OTC)	3	ADD
MONOCAPS TABLET (RX)	3	ADD
MONOFERRIC 1,000 MG/10 ML VIAL	3	MO; ADD
MULTI COMPLETE-IRON TABLET	3	MO; ADD
MULTI FOR HER 50 PLUS SOFTGEL (RX)	3	MO; ADD
MULTI FOR HER SOFTGEL (RX)	3	ADD
MULTI FOR HER TABLET	3	ADD
MULTI-DAY PLUS IRON TABLET	3	ADD
MULTI-DAY PLUS MINERALS TABLET	3	ADD
multiple vitamin plain tab	3	ADD
multiple vitamin tablet	3	ADD
multiple vitamin with iron tab (rx)	3	ADD

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multiple vitamin w-minerals tb	3	MO; ADD
multiple vitamins tablet	3	ADD
multiple vitamins tablet one daily	3	ADD
multiple vitamins tablet p/f,n,lactose fre	3	ADD
multivit with iron tab chew	3	ADD
multi-vitamin daily tablet (rx)	3	ADD
multi-vitamin daily tablet 10x10 (rx)	3	ADD
MULTI-VITAMIN GUMMIES	3	ADD
MULTIVITAMIN LIQUID	3	ADD
multivitamin tablet (rx)	3	MO; ADD
MULTIVITAMIN WITH MINERALS TAB	3	MO; ADD
MULTIVITAMIN WOMEN 50 PLUS TAB	3	ADD
multivitamin-mineral liquid	3	ADD
multivitamin-minerals tablet	3	MO; ADD
multivitamin-minerals tablet p/f	3	MO; ADD
multivitamins tablet (rx)	3	MO; ADD
MULTIVITAMIN-ZINC-STRESS TAB	3	MO; ADD
MULTI-VITE LIQUID	3	ADD
MVW ADEK GUMMIES PLUS ZINC	3	MO; 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
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

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MYFERON 150 CAPSULE	3	ADD
MYVITALIFE SOFT-GEL CAPSULE	3	ADD
NANO VM 1-3 POWDER	3	MO; ADD
NANO VM 4-8 POWDER	3	MO; ADD
NANOVM 9-18 POWDER	3	ADD
NANOVM T-F POWDER	3	ADD
NASCOBAL 500 MCG NASAL SPRAY	3	MO; ADD
NEPHPLEX RX TABLET	3	MO; ADD
NEPHRON FA TABLET	3	MO; ADD
NEPHRONEX LIQUID	3	MO; ADD
NEPHRO-VITE TABLET (RX)	3	MO; ADD
NICOMIDE TABLET	3	MO; ADD
NIFEREX TABLET	3	ADD
NOVAFERRUM 125 MG/5 ML LIQUID	3	MO; ADD
NOVAFERRUM 15 MG/ML DROPS PEDIATRIC (RX)	3	MO; ADD
NOVAFERRUM 50 MG CAPSULE	3	MO; ADD
NOVAFERRUM PEDI MV-IRON DROPS	3	ADD
NOVAMV MULTIVITAMIN DROP	3	ADD
NUFERA TABLET	3	ADD
NU-IRON 150 CAPSULE	3	MO; ADD
OCULAR VITAMINS TABLET	3	ADD
OCUTABS TABLET (RX)	3	ADD
OCUVITE ADULT 50 PLUS SOFTGEL	3	MO; ADD
OCUVITE EYE HEALTH GUMMIES	3	ADD
OCUVITE EYE PLUS MULTI TABLET	3	ADD
OCUVITE LUTEIN-ZEAXANTHIN CAP	3	MO; ADD
OCUVITE WITH LUTEIN TABLET	3	MO; ADD
OMNICAP TABLET	3	ADD

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ONCOVITE TABLET	3	ADD
ONE DAILY COMPLETE TABLET	3	ADD
ONE DAILY ESSENTIAL TABLET	3	ADD
ONE DAILY ESSENTIAL TABLET (RX)	3	ADD
ONE DAILY FOR MEN 50+ ADV TAB	3	ADD
ONE DAILY FOR MEN TABLET	3	MO; ADD
ONE DAILY FOR WOMEN 50+ ADV TB W/GINKGO,50+ADVANCED	3	MO; ADD
ONE DAILY FOR WOMEN TABLET	3	ADD
ONE DAILY HEALTHY WEIGHT TAB	3	ADD
ONE DAILY MAXIMUM TABLET (RX)	3	ADD
ONE DAILY MEN'S 50 PLUS D3 TAB	3	ADD
ONE DAILY MEN'S 50+ TABLET	3	ADD
ONE DAILY MEN'S HEALTH TABLET	3	MO; ADD
ONE DAILY MULTIVITAMIN TAB (RX)	3	ADD
ONE DAILY MULTIVITAMIN TABLET	3	ADD
ONE DAILY MULTIVITAMIN-IRON TB	3	ADD
ONE DAILY MULTIVIT-MINERAL TAB	3	MO; ADD
ONE DAILY PLUS IRON TABLET (RX)	3	ADD
ONE DAILY TABLET	3	ADD
ONE DAILY TABLET	3	ADD
ONE DAILY WITH IRON-CALCIUM TB	3	ADD
ONE DAILY WITH MINERALS TABLET (RX)	3	ADD
ONE DAILY WOMEN 50 PLUS TAB Y/F,P/F	3	MO; ADD

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ONE DAILY WOMENS 50 PLUS TAB (RX)	3	ADD
ONE DAILY WOMEN'S 50+ TABLET WOMEN'S HEALTH 50+	3	MO; ADD
ONE DAILY WOMEN'S MULTIVITAMIN	3	ADD
ONE-A-DAY ENERGY TABLET	3	ADD
ONE-A-DAY ESSENTIAL TABLET (RX)	3	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	MO; ADD
ONE-A-DAY MEN'S 50 PLUS TABLET	3	ADD
ONE-A-DAY MEN'S COMPLETE TAB	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ONE-A-DAY MEN'S TABLET	3	ADD
ONE-A-DAY PROACTIVE 65 PLUS TB	3	MO; ADD
ONE-A-DAY TEEN ADVANTAGE TAB	3	ADD
ONE-A-DAY TEEN HER VITACRAVES (RX)	3	ADD
ONE-A-DAY TEEN HIM VITACRAVES	3	MO; ADD
ONE-A-DAY VITACRAVES GUMMIES	3	ADD
ONE-A-DAY VITACRAVES IMMUNITY	3	ADD
ONE-A-DAY VITACRAVES OMEGA-3	3	ADD
ONE-A-DAY VITACRAVES SOUR GMMY	3	ADD
ONE-A-DAY WEIGHTSMART TABLET	3	ADD
ONE-A-DAY WOMEN VITACRAVES	3	ADD

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ONE-A-DAY WOMEN'S 50 PLUS TAB	3	MO; ADD
ONE-A-DAY WOMEN'S HEALTHY SKIN	3	ADD
ONE-A-DAY WOMEN'S PETITES TAB	3	MO; ADD
ONE-A-DAY WOMEN'S TABLET	3	ADD
ONE-DAILY MULTI CAPS	3	MO; ADD
ONE-DAILY MULTI-VIT POWDER PKT	3	ADD
ONE-DAILY MULTI-VITAMIN TAB (RX)	3	ADD
ONE-DAILY MULTI-VIT-IRON TAB	3	ADD
ONE-DAILY MULTIVIT-MINERAL PWD	3	ADD
OPTIFAST CHEWABLE TABLET	3	ADD
OPTIMAL D3 50,000 UNIT CAPSULE	3	ADD
OPTIMAL D3 M 14,000 UNIT CAP	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
OPTIMAL D3M 350 MCG(14,000 UNIT	3	ADD
OPTISOURCE TABLET CHEWABLE	3	MO; ADD
OPURITY MULTIVITAMIN TAB CHEW	3	ADD
ORTHO-TABS	3	ADD
PARVLEX TABLET	3	ADD
PEDIA D-VITE 400 UNIT/ML LIQ	3	ADD
PEDIA IRON 15 MG/ML DROP	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
PHARM CHC PED IRON 15 MG/ML DRP (RX)	3	MO; ADD
PHARM CHOICE D3 400 UNIT/ML (RX)	3	MO; ADD
PHARM CHOICE POLY-VIT-IRON DRP	3	ADD

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PHARMACIST CHOICE PED POLY-VIT	3	ADD
PHARMACIST CHOICE PED TRI-VIT	3	ADD
PHLEXY-VITS POWDER PACKET	3	MO; ADD
PHYTOMULTI TABLET	3	ADD
POLY-IRON 150 MG CAPSULE	3	MO; ADD
POLYSACCHARIDE IRON 150 MG CAP (RX)	3	MO; ADD
POLY-VI-SOL 0.5 ML ORAL SYRING	3	ADD
POLY-VI-SOL 250 MCG-50 MG/ML DRP	3	MO; ADD
POLY-VI-SOL WITH IRON DROPS	3	MO; ADD
POLY-VITA DROPS	3	ADD
POLY-VITA WITH IRON DROPS	3	ADD
prenatal vitamin oral tablet	1	
PRESERVISION AREDS 2 CHEW TAB	3	MO; ADD
PRESERVISION AREDS 2 SOFTGEL	3	MO; ADD
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
PROSIGHT TABLET	3	MO; ADD
PROTECT CARDIO AF SOFTGEL	3	MO; ADD
PROTECT IRON LIQUID	3	ADD

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PROTECT PLUS SO SOFTGEL	3	ADD
PROXEED PLUS POWDER PACKET	3	MO; ADD
pub multivitamin 50 plus tab	3	ADD
PUREVIT DUALFE PLUS CAPSULE	3	ADD
pyridoxine 100 mg/ml vial muv, outer	3	MO; ADD
pyridoxine 50 mg tablet (rx)	3	MO; ADD
PYRIDOXINE 50 MG TABLET (RX)	3	MO; ADD
pyridoxine 50 mg tablet federal supply (rx)	3	MO; ADD
PYRIDOXINE HCL CRYSTALS (RX)	3	ADD
PYRIDOXINE HCL POWDER (RX)	3	ADD
qc calcium 600 mg-vit d tab (rx)	3	ADD
qc ferrous sulfate 325 mg tab (otc)	3	ADD
QUFLORA FE 0.25 MG CHEW TABLET	3	ADD
QUIN B STRONG WITH C & ZINC TB	3	ADD
QUINTABS TABLET	3	ADD
QUINTABS-M IRON FREE TABLET	3	ADD
QUINTABS-M TABLET (OTC)	3	ADD
QUINTABS-M TABLET (RX)	3	ADD
RA B-COMPLEX WITH VIT C TAB SA (RX)	3	ADD
ra biotin 2,500 mcg capsule p/f, d/f	3	MO; ADD
ra calcium 600-minerals tab (rx)	3	ADD
RA CENTRAL-VITE TABLET	3	ADD
RA CENTRAL-VITE WOMEN'S TABLET	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

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ra folic acid 0.4 mg tablet p/f (rx)	3	MO; ADD
ra folic acid 800 mcg tablet p/f (rx)	3	MO; ADD
RA HIGH POTENCY IRON 27 MG TAB	3	ADD
ra iron 65 mg tablet p/f, d/f (rx)	3	ADD
RA MEN'S ONE DAILY TABLET P/F	3	ADD
RA ONE DAILY ENERGY TABLET	3	ADD
RA ONE DAILY ESSENTIAL TABLET (RX)	3	ADD
RA ONE DAILY MAXIMUM TABLET (RX)	3	ADD
RA ONE DAILY MEN'S 50 PLUS D3	3	ADD
RA ONE DAILY WOMEN'S TABLET	3	ADD
RA SLOW RELEASE IRON 45 MG TAB (RX)	3	MO; ADD
ra vit c-rose hips 500 mg tab natural,p/f (rx)	3	MO; ADD
ra vitamin a 10,000 unit sftgl p/f,softgel (rx)	3	MO; ADD
ra vitamin b-6 100 mg tablet p/f (rx)	3	ADD
ra vitamin b-6 50 mg tablet p/f (rx)	3	ADD
ra vitamin c 1,000 mg tablet p/f,natural (rx)	3	ADD
ra vitamin c 1,000 mg tablet w/rose hips,p/f (rx)	3	ADD
ra vitamin c 250 mg tablet p/f (rx)	3	ADD
ra vitamin c 500 mg tablet p/f (rx)	3	MO; ADD
ra vitamin c 500 mg tablet p/f,natural (rx)	3	MO; ADD
ra vitamin d3 1,000 unit tab (rx)	3	MO; ADD
ra vitamin d3 1,000 unit tab gluten/f,yeast/f (rx)	3	ADD
ra vitamin d3 2,000 unit sfgl (rx)	3	ADD
ra vitamin d3 2,000 unit sfgl softgel (rx)	3	ADD
ra vitamin d3 2,000 unit sftgl (rx)	3	ADD
ra vitamin d3 5,000 unit sftgl softgel (rx)	3	MO; ADD

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ra vitamin e 268 mg softgel (rx)	3	ADD
RENAL CAPS SOFTGEL	3	MO; ADD
RENAL VITAMIN TABLET	3	MO; ADD
RENAL-VITE TABLET	3	ADD
RENAPLEX TABLET	3	ADD
RENAPLEX-D TABLET	3	ADD
RENA-VITE RX TABLET (RX)	3	MO; ADD
RENA-VITE TABLET (RX)	3	MO; ADD
RENO CAPS SOFTGEL	3	MO; ADD
REPLESTA 50,000 UNITS WAFER	3	MO; ADD
REPLESTA NX 14,000 UNITS WAFER	3	MO; ADD
RISACAL-D TABLET	3	MO; ADD
SCOOBY-DOO ONE A DAY GUMMIES	3	ADD
SCOOBY-DOO ONE A DAY TABLET	3	ADD
SENIOR TABS	3	ADD
SENTRY SENIOR MULTIVITAMIN TAB SODIUM/F,YEAST /F (RX)	3	MO; ADD
SENTRY SENIOR TABLET	3	ADD
SENTRY SENIOR TABLET INNER	3	ADD
SENTRY SENIOR TABLET OUTER	3	ADD
SENTRY TABLET	3	ADD
SE-TAN PLUS CAPSULE	3	MO; ADD
SLOW FE 45 MG TABLET	3	MO; ADD
SLOW RELEASE IRON 160 MG TAB P/F,GLUTEN-FREE (RX)	3	MO; ADD
SLOW RELEASE IRON 45 MG TABLET	3	ADD
SLOW RELEASE IRON 45 MG TABLET (RX)	3	MO; ADD
SLOW RELEASE IRON 45 MG TABLET GLUTEN-FREE (RX)	3	MO; ADD
SLOW RELEASE IRON TABLET	3	MO; ADD

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SLOW RELEASE IRON TABLET (RX)	3	MO; ADD
SM B COMPLEX WITH VIT C TABLET (RX)	3	ADD
sm biotin 5,000 mcg capsule (rx)	3	MO; ADD
sm calcium 600-d3-minerals tab (rx)	3	ADD
SM COMPLETE MULTI-VIT-MINERAL ADVANCED FORMULA	3	ADD
sm folic acid 0.4 mg tablet (rx)	3	MO; ADD
sm folic acid 400 mcg tablet (rx)	3	MO; ADD
sm folic acid 400 mcg tablet gluten-free (rx)	3	MO; ADD
SM HAIR, SKIN AND NAILS CAPLET CAPLET, GLUTEN-FREE (RX)	3	ADD
sm iron 325 mg tablet p/f (rx)	3	ADD
sm iron 65 mg tablet gluten-free (rx)	3	ADD
sm multivitamins tablet (rx)	3	MO; ADD
SM SLOW RELEASE IRON 45 MG TAB	3	ADD
SM SUPER VITAMIN B COMPLEX TAB (RX)	3	MO; ADD
sm vit c-rose hips 500 mg tab (rx)	3	MO; ADD
sm vitamin b-6 100 mg tablet (rx)	3	MO; ADD
sm vitamin b-6 100 mg tablet (rx)	3	ADD
sm vitamin b-6 100 mg tablet gluten-free (rx)	3	ADD
sm vitamin c 1,000 mg tablet (rx)	3	ADD
sm vitamin c 1,000 mg tablet gluten-free (rx)	3	ADD
sm vitamin c 250 mg tablet (rx)	3	ADD
sm vitamin c with rose hips natural (rx)	3	MO; ADD
sm vitamin d3 1,000 unit tab p/f (rx)	3	ADD
sm vitamin d3 2,000 unit sftgl softgel, gluten-free (rx)	3	ADD
sm vitamin d3 25 mcg tablet (rx)	3	MO; ADD

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sm vitamin e 1,000 unit sftgel softgel (rx)	3	ADD
sm vitamin e 400 unit capsule (rx)	3	ADD
sm vitamin e 400 unit softgel sftgel,natural blend (rx)	3	ADD
sm vitamin e 400 unit softgel (rx)	3	ADD
sm vitamin e 400 unit softgel softgel,natural (rx)	3	ADD
SOLO TABLET	3	ADD
SOLUVITA-E 22.5 MG/ML DROP	3	ADD
SOOTHING PUREWAY-C 500 MG TAB	3	ADD
STRESS B WITH ZINC TABLET	3	ADD
STRESS B-COMPLEX TABLET (RX)	3	MO; ADD
STRESS FORMULA TABLET (RX)	3	MO; ADD
STRESS FORMULA WITH IRON TAB	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
STRESS FORMULA WITH IRON TAB	3	MO; ADD
STRESS FORMULA WITH ZINC TAB (RX)	3	MO; ADD
STROVITE FORTE CAPLET	3	ADD
STROVITE ONE CAPLET	3	MO; ADD
SUNVITE TABLET	3	ADD
SUPER ANTIOXIDANT CAPSULE P/F (RX)	3	ADD
SUPER ANTIOXIDANT SOFTGEL SFTGL,N,P/F	3	ADD
SUPER B COMPLEX TABLET (RX)	3	MO; ADD
SUPER B COMPLEX TABLET P/F (RX)	3	MO; ADD
SUPER B COMPLEX-VIT C CAPLET (RX)	3	MO; ADD
SUPER B WITH VIT C CAPSULE (RX)	3	ADD
SUPER DAILY D3 1,000 UNIT/DROP	3	MO; ADD

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SUPER DAILY D3 2,000 UNIT/DROP	3	ADD
SUPER MULTIPLE-LOW IRON TABLET	3	ADD
SUPER THERA VITE M TABLET (RX)	3	MO; ADD
SV BIOTIN 1,000 MCG SOFTGEL	3	ADD
sv biotin 5,000 mcg softgel softgel (rx)	3	MO; ADD
sv folic acid 800 mcg tablet (rx)	3	MO; ADD
SV HAIR, SKIN AND NAILS CAPLET	3	ADD
sv iron 65 mg tablet p/f, d/f (rx)	3	ADD
SV SLOW RELEASE IRON 45 MG TAB (RX)	3	MO; ADD
sv vit c-rose hip 1,000 mg tab p/f,gluten-free (rx)	3	MO; ADD
sv vit c-rose hips 1,000 mg tb p/f,gluten-free (rx)	3	MO; ADD
sv vit c-rose hips 500 mg tab (rx)	3	MO; ADD
sv vit c-rose hips 500 mg tab p/f, gluten free (rx)	3	MO; ADD
sv vitamin b-6 100 mg tablet (rx)	3	MO; ADD
sv vitamin d3 1,000 unit gummy (rx)	3	ADD
sv vitamin d3 1,000 unit sftgl (rx)	3	ADD
sv vitamin d3 1,000 unit sftgl softgel, p/f (rx)	3	MO; ADD
sv vitamin d3 2,000 unit sftgl softgel,gluten-f,p/f (rx)	3	ADD
sv vitamin d3 25 mcg(1000 unit) (rx)	3	ADD
sv vitamin d3 400 unit softgel softgel , p/f (rx)	3	MO; ADD
sv vitamin d3 5,000 unit sftgl softgel (rx)	3	MO; ADD
sv vitamin d3 5,000 unit sftgl softgel, p/f (rx)	3	MO; ADD
sv vitamin e 180 mg softgel (rx)	3	MO; ADD
sv vitamin e 200 unit softgel p/f, gluten-free (rx)	3	ADD
sv vitamin e 400 unit softgel p/f, gluten-free (rx)	3	ADD

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sv vitamin e 450 mg softgel water soluble, p/f (rx)	3	MO; ADD
sv vitamin e 670 mg softgel p/f, gluten-free (rx)	3	ADD
TAB-A-VITE MULTIVIT WITH IRON	3	ADD
TAB-A-VITE MULTIVIT WITH IRON	3	MO; ADD
TAB-A-VITE TABLET	3	MO; ADD
TARON FORTE CAPSULE	3	MO; ADD
THERA M PLUS TABLET	3	MO; ADD
THERA TABLET	3	ADD
THERA-D 2000 TABLET	3	ADD
THERA-D 4000 TABLET	3	ADD
THERA-D RAPID REPLETION TABLET	3	ADD
THERA-D SPORT 2,000 UNIT TAB GLUTEN-FREE	3	ADD
THERAGRAN-M PREMIER 50+ CAPLET	3	ADD
THERA-M CAPLET (RX)	3	ADD
THERA-M CAPLET CAPLET,U-D,10X10 (RX)	3	ADD
THERA-M TABLET W/BETA CAROTENE	3	MO; ADD
THERAMILL FORTE CAPSULE	3	ADD
THERANATAL LACTATION COMBO PCK	3	ADD
THERAPEUTIC-M CAPLET	3	ADD
THERAPEUTIC-M CAPLET P/F, CAPLET	3	MO; ADD
THERAPEUTIC-M TABLET	3	MO; ADD
THERA-TABS CAPLET	3	MO; ADD
THERATRUM COMPLETE 50 PLUS TAB	3	ADD
THERATRUM COMPLETE 50 PLUS TAB	3	ADD
THERATRUM COMPLETE TABLET MFG ERROR (RX)	3	MO; ADD

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THERATRUM COMPLETE TABLET W/LUTEIN, P/F (RX)	3	MO; ADD
THEREMS MULTIVITAMIN TABLET	3	MO; ADD
THEREMS-M TABLET	3	MO; ADD
thiamine 200 mg/2 ml vial 25's,mdv,outer	3	MO; ADD
thiamine 200 mg/2 ml vial mdv, inner	3	MO; ADD
thiamine 200 mg/2 ml vial mdv, outer	3	MO; ADD
thiamine 200 mg/2 ml vial mdv,inner	3	MO; ADD
thiamine 200 mg/2 ml vial muv	3	MO; ADD
thiamine 200 mg/2 ml vial muv, inner	3	MO; ADD
thiamine 200 mg/2 ml vial muv, outer	3	MO; ADD
TRICON CAPSULE	3	ADD
TRIFERIC 272 MG POWDER PACKET OUTER	3	ADD
TRIGELS-F FORTE SOFTGEL	3	MO; ADD
TRIPHROCAPS SOFTGEL (RX)	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 25'S,SDV,P/F	3	MO; ADD
VENOFER 100 MG/5 ML VIAL OUTER, SUV, P/F	3	MO; ADD
VENOFER 100 MG/5 ML VIAL SUV,P/F, OUTER	3	MO; ADD
VENOFER 200 MG/10 ML VIAL SUV,P/F,OUTER	3	MO; ADD
VENOFER 50 MG/2.5 ML VIAL 10'S,SDV,P/F, OUTER	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,OUTER	3	ADD
VIRT-CAPS SOFTGEL (RX)	3	MO; ADD

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VISION FORMULA TABLET	3	ADD
VISION FORMULA WITH LUTEIN TAB	3	ADD
VISION PLUS LUTEIN VITAMIN TAB	3	MO; ADD
VISTA ADVANCED AREDS2 SOFTGEL	3	ADD
VISTA ADVANCED DRY EYE SOFTGEL	3	ADD
vit c-rose hips 1,000 mg cplt caplet,p/f (rx)	3	MO; ADD
vit c-rose hips 1,000 mg tab (rx)	3	MO; ADD
vit c-rose hips 1,000 mg tab s/f (otc)	3	MO; ADD
vit c-rose hips 500 mg tablet (rx)	3	MO; ADD
vit c-rose hips 500 mg tablet p/f (rx)	3	MO; ADD
vit c-rose hips 500 mg tablet s/f (otc)	3	MO; ADD
vit c-rose hips 500 mg tablet with rose hips,p/f (rx)	3	MO; ADD
vit d3 125 mcg (5000 unit) tab	3	MO; ADD
VIT D3 5,000 UNIT FAST DISSOLV	3	MO; ADD
VITABEX PLUS CAPSULE	3	ADD
VITAFOL CAPLET	3	ADD
VITAJOY DAILY D GUMMY	3	MO; ADD
VITAL-D RX TABLET	3	MO; ADD
VITALEE TABLET	3	ADD
VITALETS TABLET CHEWABLE CHILD, ORANGE (RX)	3	ADD
VITALETS TABLET CHEWABLE CHILD, RASPBERRY	3	ADD
VITALETS TABLET CHEWABLE CHILD,UNFLAVORED	3	ADD
VITAMIN A 10,000 UNIT SOFTGEL (RX)	3	ADD
VITAMIN A 10,000 UNIT SOFTGEL INNER (RX)	3	ADD
VITAMIN A 10,000 UNIT SOFTGEL OUTER (RX)	3	ADD

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vitamin a 10,000 unit softgel p/f,n,softgel (rx)	3	MO; ADD
vitamin a 3,000 mcg softgel (rx)	3	MO; ADD
vitamin a 8,000 unit capsule (rx)	3	MO; ADD
vitamin a 8,000 unit softgel (rx)	3	MO; ADD
VITAMIN A PALM 10,000 UNIT TAB	3	ADD
VITAMIN A PALM 15,000 UNIT TAB	3	ADD
VITAMIN B COMPLEX-VIT C CAPLET (RX)	3	ADD
VITAMIN B COMPLEX-VITAMIN C TB (RX)	3	MO; ADD
VITAMIN B COMPLEX-VITAMIN C TB (RX)	3	ADD
vitamin b-6 100 mg tablet (rx)	3	MO; ADD
vitamin b-6 100 mg tablet (rx)	3	ADD
vitamin b-6 100 mg tablet inner (rx)	3	ADD
vitamin b-6 100 mg tablet outer (rx)	3	ADD
vitamin b-6 100 mg tablet p/f (rx)	3	ADD
vitamin b-6 100 mg tablet p/f,no lactose (rx)	3	ADD
vitamin b-6 100 mg tablet p/f,no-lactose (rx)	3	ADD
vitamin b-6 100 mg tablet y/f,gluten/f (rx)	3	ADD
vitamin b-6 50 mg tablet (rx)	3	MO; ADD
vitamin b-6 50 mg tablet (rx)	3	ADD
vitamin b-6 50 mg tablet inner (rx)	3	MO; ADD
vitamin b-6 50 mg tablet inner (rx)	3	ADD
vitamin b-6 50 mg tablet outer (rx)	3	MO; ADD
vitamin b-6 50 mg tablet outer (rx)	3	ADD
vitamin b-6 50 mg tablet p/f (rx)	3	ADD
vitamin b-6 50 mg tablet y/f,gluten/f (rx)	3	ADD
VITAMIN B-COMPLEX & C P/F, CAPLET	3	ADD

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VITAMIN B-COMPLEX & C CAPLET P/F,LACTOSE FREE	3	ADD
VITAMIN B-COMPLEX & C CAPLET P/F,NO LACTOSE,CPLT	3	ADD
vitamin c 1,000 mg caplet (rx)	3	MO; ADD
vitamin c 1,000 mg caplet (rx)	3	ADD
vitamin c 1,000 mg caplet n,caplet (rx)	3	ADD
vitamin c 1,000 mg tablet (rx)	3	MO; ADD
vitamin c 1,000 mg tablet (rx)	3	ADD
vitamin c 1,000 mg tablet inner (rx)	3	ADD
vitamin c 1,000 mg tablet n,caplet (rx)	3	MO; ADD
vitamin c 1,000 mg tablet outer (rx)	3	ADD
vitamin c 1,000 mg tablet p/f (rx)	3	ADD
vitamin c 100 mg tablet (rx)	3	ADD
vitamin c 250 mg tablet (rx)	3	MO; ADD
vitamin c 250 mg tablet (rx)	3	ADD
vitamin c 250 mg tablet gluten-free (rx)	3	ADD
vitamin c 250 mg tablet inner (rx)	3	ADD
vitamin c 250 mg tablet outer (rx)	3	ADD
vitamin c 250 mg tablet p/f (rx)	3	ADD
vitamin c 500 mg tablet (rx)	3	ADD
vitamin c 500 mg tablet (rx)	3	MO; ADD
vitamin c 500 mg tablet 10x10, u-d (rx)	3	MO; ADD
vitamin c 500 mg tablet gluten-free (rx)	3	MO; ADD
vitamin c 500 mg tablet p/f (rx)	3	MO; ADD
vitamin c 500 mg tablet p/f,gluten-free (rx)	3	MO; ADD
vitamin c 500 mg tablet u-d (rx)	3	MO; ADD
vitamin c 500 mg tablet y/f,gluten/f (rx)	3	MO; ADD
vitamin c tr 1,000 mg tablet timed release (rx)	3	ADD

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vitamin c-500 mg tablet p/f, gluten/f (rx)	3	MO; ADD
vitamin c-rose hip 1,000 mg tb (rx)	3	MO; ADD
vitamin d2 1.25 mg(50,000 unit)	3	MO; ADD
vitamin d2 1.25 mg(50,000 unit) capsule	3	ADD
vitamin d2 1.25 mg(50,000 unit) inner	3	MO; ADD
vitamin d2 1.25 mg(50,000 unit) outer	3	MO; ADD
vitamin d2 1.25 mg(50,000 unit) softgel	3	MO; ADD
VITAMIN D2 2,000 UNIT TABLET	3	ADD
vitamin d2 400 unit tablet y/f,gluten/f (rx)	3	ADD
VITAMIN D2 50 MCG (2,000 UNIT)	3	MO; ADD
vitamin d3 1,000 unit gummies (rx)	3	ADD
vitamin d3 1,000 unit adult gummies	3	MO; ADD
vitamin d3 1,000 unit gluten-free, gummies (rx)	3	ADD
vitamin d3 1,000 unit gummy (rx)	3	ADD
vitamin d3 1,000 unit softgel (rx)	3	ADD
vitamin d3 1,000 unit softgel (rx)	3	MO; ADD
vitamin d3 1,000 unit softgel p/f, n,sftgl (rx)	3	ADD
vitamin d3 1,000 unit softgel p/f,gluten-free (rx)	3	ADD
vitamin d3 1,000 unit softgel p/f,gluten-free (rx)	3	MO; ADD
vitamin d3 1,000 unit softgel sftgl,p/f,no lactose (rx)	3	ADD
vitamin d3 1,000 unit softgel (rx)	3	ADD
vitamin d3 1,000 unit softgel (rx)	3	MO; ADD
vitamin d3 1,000 unit softgel softgel, p/f (rx)	3	MO; ADD
vitamin d3 1,000 unit softgel softgel,p/f (rx)	3	ADD
vitamin d3 1,000 unit softgel softgel,p/f,n (rx)	3	ADD

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VITAMIN D3 1,000 UNIT SPRAY	3	ADD
vitamin d3 1,000 unit tab chew grape flavor	3	MO; ADD
vitamin d3 1,000 unit tab chew p/f, gluten-free	3	MO; ADD
vitamin d3 1,000 unit tab chew p/f, peach vanilla	3	MO; ADD
vitamin d3 1,000 unit tablet (rx)	3	MO; ADD
vitamin d3 1,000 unit tablet (rx)	3	ADD
vitamin d3 1,000 unit tablet gluten/f, d/f (rx)	3	MO; ADD
vitamin d3 1,000 unit tablet gluten-free (rx)	3	MO; ADD
vitamin d3 1,000 unit tablet p/f (rx)	3	ADD
vitamin d3 1,000 unit tablet p/f, gluten-free (rx)	3	MO; ADD
vitamin d3 1,000 unit tablet p/f,gluten free (rx)	3	ADD
VITAMIN D3 1,000 UNIT/10 ML LQ	3	ADD
VITAMIN D3 1,250 MCG CAPSULE (RX)	3	MO; ADD
VITAMIN D3 10 MCG(400 UNIT)/ML (RX)	3	MO; ADD
vitamin d3 10 mcg/ml liquid w/dropper (rx)	3	MO; ADD
VITAMIN D3 10,000 UNIT CAPSULE (RX)	3	MO; ADD
vitamin d3 10,000 unit softgel (rx)	3	MO; ADD
vitamin d3 10,000 unit softgel softgel (otc)	3	MO; ADD
vitamin d3 10,000 unit softgel (rx)	3	MO; ADD
vitamin d3 10,000 unit softgel softgel,p/f (rx)	3	MO; ADD
VITAMIN D3 10,000 UNIT TABLET	3	MO; ADD
vitamin d3 125 mcg (5000 unit) (rx)	3	MO; ADD
vitamin d3 125 mcg capsule (rx)	3	MO; ADD
VITAMIN D3 125 MCG/0.5 ML DROP	3	ADD
vitamin d3 2,000 unit softgel	3	MO; ADD

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vitamin d3 2,000 unit softgel (rx)	3	ADD
vitamin d3 2,000 unit softgel inner	3	MO; ADD
vitamin d3 2,000 unit softgel outer	3	MO; ADD
vitamin d3 2,000 unit softgel p/f, color-free (rx)	3	ADD
vitamin d3 2,000 unit p/f, softgel (rx)	3	ADD
vitamin d3 2,000 unit softgel p/f,n,softgel	3	MO; ADD
vitamin d3 2,000 unit softgel p/f,n,softgel (rx)	3	ADD
vitamin d3 2,000 unit softgel	3	MO; ADD
vitamin d3 2,000 unit softgel (rx)	3	ADD
vitamin d3 2,000 unit softgel softgel, p/f (rx)	3	ADD
vitamin d3 2,000 unit softgel softgel, super str (rx)	3	ADD
vitamin d3 2,000 unit softgel soy-free,softgel (rx)	3	ADD
vitamin d3 2,000 unit softgel ultra-str,softgel (rx)	3	ADD
VITAMIN D3 2,000 UNIT TAB CHEW	3	MO; ADD
vitamin d3 2,000 unit tablet (rx)	3	MO; ADD
vitamin d3 2,000 unit tablet (rx)	3	ADD
vitamin d3 2,000 unit tablet gluten-free (rx)	3	MO; ADD
vitamin d3 2,000 unit tablet inner (rx)	3	MO; ADD
vitamin d3 2,000 unit tablet outer (rx)	3	MO; ADD
vitamin d3 2,000 unit tablet outer,gluten-f (rx)	3	ADD
vitamin d3 2,000 unit tablet p/f (rx)	3	ADD
vitamin d3 2,000 unit tablet p/f, gluten-free (rx)	3	ADD
vitamin d3 2,000 unit tablet super strength (rx)	3	ADD
vitamin d3 2,000 unit tablet w/ calcium carbonate (rx)	3	ADD
vitamin d3 25 mcg (1,000 unit) (rx)	3	ADD
vitamin d3 25 mcg softgel (rx)	3	ADD

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vitamin d3 25 mcg tablet (rx)	3	MO; ADD
vitamin d3 25 mcg tablet (rx)	3	ADD
vitamin d3 25 mcg tablet bonus 10 tb,max str (rx)	3	MO; ADD
vitamin d3 25 mcg tablet p/f, ex-strength (rx)	3	ADD
vitamin d3 25 mcg tablet y/f,p/f (rx)	3	ADD
VITAMIN D3 250 MCG TABLET	3	MO; ADD
VITAMIN D3 3,000 UNIT TABLET	3	ADD
vitamin d3 400 unit softgel (rx)	3	ADD
vitamin d3 400 unit softgel p/f,n,softgel (rx)	3	MO; ADD
vitamin d3 400 unit softgel (rx)	3	MO; ADD
vitamin d3 400 unit softgel softgel, p/f (rx)	3	MO; ADD
vitamin d3 400 unit softgel softgel,p/f (rx)	3	MO; ADD
vitamin d3 400 unit tab chew (rx)	3	ADD
vitamin d3 400 unit tab chew orange, p/f (rx)	3	ADD
vitamin d3 400 unit tab chew vanilla	3	MO; ADD
vitamin d3 400 unit tablet	3	ADD
vitamin d3 400 unit tablet (rx)	3	MO; ADD
vitamin d3 400 unit tablet gluten free	3	ADD
vitamin d3 400 unit tablet gluten-free (rx)	3	MO; ADD
vitamin d3 400 unit tablet inner	3	ADD
vitamin d3 400 unit tablet n,p/f,d/f (rx)	3	MO; ADD
vitamin d3 400 unit tablet outer	3	ADD
vitamin d3 400 unit tablet p/f (rx)	3	MO; ADD
VITAMIN D3 400 UNIT/5 ML LIQ	3	ADD
vitamin d3 400 unit/ml liquid (rx)	3	MO; ADD
VITAMIN D3 400 UNIT/ML LIQUID (RX)	3	MO; ADD
vitamin d3 400 unit/ml liquid supplement drop (rx)	3	MO; ADD

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vitamin d3 5,000 unit capsule gluten-free (rx)	3	MO; ADD
vitamin d3 5,000 unit capsule p/f (rx)	3	MO; ADD
vitamin d3 5,000 unit capsule veggie caps (rx)	3	MO; ADD
vitamin d3 5,000 unit softgel (rx)	3	MO; ADD
vitamin d3 5,000 unit softgel inner (rx)	3	MO; ADD
vitamin d3 5,000 unit softgel outer (rx)	3	MO; ADD
vitamin d3 5,000 unit softgel p/f, softgel, glut-f (rx)	3	MO; ADD
vitamin d3 5,000 unit softgel (rx)	3	MO; ADD
vitamin d3 5,000 unit softgel softgel, p/f (rx)	3	MO; ADD
vitamin d3 5,000 unit softgel softgel,no lactose (rx)	3	MO; ADD
vitamin d3 5,000 unit softgel softgel,p/f (rx)	3	MO; ADD
vitamin d3 5,000 unit tablet	3	MO; ADD
vitamin d3 5,000 unit tablet inner	3	MO; ADD
vitamin d3 5,000 unit tablet outer	3	MO; ADD
vitamin d3 5,000 unit tablet p/f (rx)	3	ADD
vitamin d3 5,000 unit tablet p/f,gluten-free	3	MO; ADD
vitamin d3 5,000 unit tablet y/f,gluten/f	3	MO; ADD
vitamin d3 5,000 unit/ml drops p/f, yeast-free	3	MO; ADD
vitamin d3 5,000 unit/ml drops p/f,gluten-free	3	MO; ADD
vitamin d3 50 mcg (2,000 unit)	3	MO; ADD
vitamin d3 50 mcg softgel	3	MO; ADD
vitamin d3 50 mcg tablet (rx)	3	MO; ADD
vitamin d3 50,000 unit capsule (rx)	3	MO; ADD
VITAMIN D3 50,000 UNIT CAPSULE (RX)	3	MO; ADD
VITAMIN D3 COMPLETE CAPLET	3	ADD

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vitamin d-400 tablet easy to swallow (rx)	3	MO; ADD
vitamin e 1,000 unit p/f, blend, softgel (rx)	3	ADD
vitamin e 1,000 unit softgel p/f, gluten-f,sftgel (rx)	3	ADD
VITAMIN E 1,000 UNIT SOFTGEL P/F,SOFTGEL (RX)	3	ADD
vitamin e 1,000 unit softgel softgel, finest (rx)	3	ADD
vitamin e 1,000 unit softgel softgel, p/f (rx)	3	MO; ADD
vitamin e 100 unit softgel (rx)	3	MO; ADD
VITAMIN E 100 UNIT TABLET	3	ADD
VITAMIN E 100 UNIT TABLET Y/F,GLUTEN/F (RX)	3	ADD
vitamin e 15 unit/0.3 ml drop	3	MO; ADD
VITAMIN E 15 UNIT/0.3 ML DROP	3	MO; ADD
vitamin e 180 mg softgel (rx)	3	MO; ADD
vitamin e 180 mg(400 unit) sfgl (rx)	3	MO; ADD
vitamin e 180 mg(400 unit) sfgl inner (rx)	3	MO; ADD
vitamin e 180 mg(400 unit) sfgl outer (rx)	3	MO; ADD
vitamin e 200 unit softgel	3	MO; ADD
vitamin e 200 unit softgel p/f, gluten-f,sftgel (rx)	3	ADD
vitamin e 200 unit softgel p/f, no lactose (rx)	3	ADD
vitamin e 268 mg softgel (rx)	3	ADD
vitamin e 400 unit capsule (rx)	3	ADD
vitamin e 400 unit capsule p/f, sf, gluten-free (rx)	3	MO; ADD
vitamin e 400 unit capsule softgel, p/f (rx)	3	MO; ADD
vitamin e 400 unit capsule synthetic (rx)	3	MO; ADD
vitamin e 400 unit softgel (rx)	3	ADD

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vitamin e 400 unit softgel (rx)	3	MO; ADD
vitamin e 400 unit softgel economy size (rx)	3	ADD
vitamin e 400 unit softgel p/f,softgel (rx)	3	MO; ADD
vitamin e 400 unit softgel p/f,softgel (rx)	3	ADD
vitamin e 400 unit softgel (rx)	3	MO; ADD
vitamin e 400 unit softgel softgel, p/f (rx)	3	MO; ADD
vitamin e 400 unit softgel softgel,100% natural (rx)	3	ADD
vitamin e 400 unit softgel softgel,n,p/f (rx)	3	ADD
vitamin e 400 unit softgel softgel,p/f,n (rx)	3	MO; ADD
vitamin e 400 unit softgel water dispersible (rx)	3	ADD
vitamin e 45 mg softgel (rx)	3	MO; ADD
vitamin e 450 mg softgel (rx)	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
VITAMIN E 450 MG SOFTGEL (RX)	3	MO; ADD
vitamin e 90 mg softgel	3	MO; ADD
VITAMIN E NATURAL OIL DROPS	3	ADD
VITAMIN E OIL DROPS	3	ADD
VITAMIN E OIL DROPS	3	ADD
VITAMIN E-200 200 UNIT SOFTGEL INNER	3	MO; ADD
VITAMIN E-200 200 UNIT SOFTGEL OUTER	3	MO; ADD
VITAMINS A-D-E TABLET	3	ADD
VITATRUM TABLET	3	ADD
VITREXYL CAPLET	3	ADD
VITREXYL PLUS IRON CAPLET	3	ADD
VITRUM 50 PLUS SENIOR TABLET	3	ADD
VITRUM SENIOR TABLET F/F,P/F (RX)	3	ADD
WEE CARE 15 MG/1.25 ML SUSP	3	MO; ADD

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WEEKLY-D 1,250 MCG SOFTGEL	3	ADD
wescap-pn dha	1	MO
WESTAB ONE TABLET	3	MO; ADD
WOMEN 50 PLUS MULTIVIT ADV TAB	3	ADD
WOMEN MULTIVIT W-BIOTIN GUMMY	3	ADD
WOMEN'S 50 PLUS DAILY FORMULA (RX)	3	ADD
WOMEN'S DAILY FORMULA CAPLET	3	ADD
WOMEN'S DAILY FORMULA CAPLET (RX)	3	MO; ADD
WOMEN'S DAILY FORMULA TABLET	3	ADD
WOMEN'S DAILY PACK	3	ADD
WOMEN'S MULTIVITAMIN GUMMIES GLUTEN-F, LACTOSE-F	3	ADD
WOMEN'S MULTIVITAMIN GUMMIES GLUTEN-F,N,FRUIT	3	ADD
WOMEN'S MULTIVITAMIN TABLET	3	ADD
YELETS TABLET	3	ADD
zinc 15 mg lozenges	3	ADD
ZINC LOZENGES	3	ADD
ZOO FRIENDS TABLET CHEWABLE (RX)	3	ADD

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This drug list was last updated on 11/17/2023.

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English: We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter, just call us at **1-855-475-3163** (TTY: 1-833-711-4711 or 711), 8 a.m. - 8 p.m., Monday – Friday. Someone who speaks your language can help you. This is a free service.

Spanish: Contamos con servicios gratuitos de intérprete para responder cualquier pregunta que pueda tener acerca de nuestro plan de salud o de medicamentos. Para obtener los servicios de un intérprete, llámenos al **1-855-475-3163** (TTY: 1-833-711-4711 o 711), de 8 a. m. a 8 p. m., de lunes a viernes. Una persona que habla español puede brindarle ayuda. Este servicio es gratuito.

Chinese Mandarin: 我们提供免费口译服务，以回答您对我们的健康或药物计划的任何问题。 如要获取口译服务，请在周一至周五的上午 8:00 至晚上 8:00 致电 **1-855-475-3163** (聋哑人电传打字服务专线：1-833-711-4711 或 711) 联系我们。 届时，我们将安排会讲普通话的人员为您提供帮助。 此项服务免费提供。

Chinese Cantonese: 我們提供免費的口譯服務，以回答您可能對我們的健康或藥物計劃擁有的任何疑問。 如需口譯員，請致電 **1-855-475-3163** 聯絡我們（TTY 聽障電話專線：1-833-711-4711 或 711）；服務時間為： 週一至週五上午 8 點至晚上 8 點。 我們將安排會說繁體中文的人員為您提供幫助。 此項服務免費提供。

Tagalog: Mayroon kaming mga libreng serbisyo ng interpreter upang sagutin ang anumang mga katanungan na maaaring mayroon ka tungkol sa aming plano sa kalusugan o gamot. Upang makakuha ng interpreter, tawagan lang kami sa **1-855-475-3163** (TTY: 1-833-711-4711 o 711), 8 a.m. - 8 p.m., Lunes - Biyernes. Matutulungan ka ng isang taong nagsasalita ng Tagalog. Libreng serbisyo ito.

French: Des services d'interprétation vous sont proposés gratuitement pour répondre à toutes vos questions sur notre programme relatif à la santé ou aux médicaments. Pour obtenir un interprète, contactez-nous au **1-855-475-3163** (téléscripteur : 1-833-711-4711 ou 711) de 8 h 00 à 20 h, du lundi au vendredi. Une personne parlant français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có các dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi nào mà quý vị có thể có về chương trình sức khỏe hoặc thuốc của chúng tôi. Để có thông dịch viên, chỉ cần gọi cho chúng tôi theo số **1-855-475-3163** (TTY: 1-833-711-4711 hoặc 711), 8 giờ sáng - 8 giờ tối, từ Thứ 2 đến Thứ 6. Một người nói Tiếng Việt có thể giúp quý vị. Dịch vụ này miễn phí.

Russian: Мы бесплатно предоставляем услуги устного перевода в случае, если у вас могут возникнуть вопросы о нашем медицинском или лекарственном плане. Для получения услуг устного перевода, просто позвоните нам по номеру **1-855-475-3163** (телетайп: 1-833-711-4711 или 711) с 8:00 до 20:00 с понедельника по пятницу. Вам может помочь человек, говорящий на русском языке. Эта услуга предоставляется вам бесплатно.

Arabic: لدينا خدمات المترجمين الفوريين للإجابة على أي أسئلة قد تكون لديك حول خطتنا الصحية أو الدوائية. للحصول على مترجم فوري، فقط اتصل بنا على **1-855-475-3163** (TTY: 1-833-711-4711 أو 711)، 8 صباحًا حتى 8 مساءً، من الإثنين إلى الجمعة. يمكن لشخص يتحدث اللغة العربية تقديم المساعدة لك. هذه الخدمة مجانية.

Italian: Disponiamo di servizi gratuiti di interpretariato per rispondere a qualsiasi domanda in merito al nostro piano sanitario o farmaceutico. Per richiedere un interprete è sufficiente chiamarci al numero **1-855-475-3163** (TTY: 1-833-711-4711 o 711), dalle 8.00 alle 20.00, dal lunedì al venerdì. Potrai ricevere assistenza da qualcuno che parla italiano come te. Il servizio è gratuito.

Portuguese: Oferecemos serviços de interpretação gratuitos para responder a quaisquer perguntas que possa ter sobre o nosso plano de saúde ou medicamentos. Para obter um intérprete, basta ligar para **1-855-475-3163** (Teletipo: 1-833-711-4711 ou 711), das 8:00 às 20:00, de segunda a sexta-feira. Alguém que fale [Português] pode ajudá-lo. Este serviço é gratuito.

French Creole: Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou kapab genyen sou plan sante oswa medikaman. Pou w jwenn yon entèprèt, jis rele nou nan **1-855-475-3163** (TTY: 1-833-711-4711 oswa 711), 8 a.m. - 8 p.m., Lendi – Vandredi. Yon moun ki pale kreyòl kapab ede w. Sa se yon sèvis gratis.

Polish: Oferujemy bezpłatne usługi tłumacza, który odpowie na wszelkie pytania dotyczące naszego planu opieki zdrowotnej lub planu leczenia farmakologicznego. W celu skorzystania z usług tłumacza prosimy o kontakt pod numerem **1-855-475-3163** (TTY (dalekopis): 1-833-711-4711 lub 711), od 8:00 do 20:00, od poniedziałku do piątku. Asystent mówiący po polsku udzieli Państwu pomocy. Usługa jest bezpłatna.

German: Bei Fragen zu unserem Gesundheits- oder Arzneimittelplan steht Ihnen ein kostenloser Dolmetscherdienst zur Verfügung. Um einen Dolmetscher in Anspruch zu nehmen, rufen Sie uns einfach montags bis freitags von 8.00 Uhr bis 20.00 Uhr unter **1-855-475-3163** (TTY: 1-833-711-4711 oder 711) an. Jemand, der Deutsch spricht, wird Ihnen weiterhelfen. Dieser Dienst ist kostenlos.

Korean: 건강 플랜이나 처방약 플랜에 대하여 궁금하신 점에 대해 답을 드릴 때 무료 통역 서비스를 이용하실 수 있습니다. 통역가가 필요하시면 **1-855-475-3163** (TTY: 1-833-711-4711 또는 711)으로 월요일부터 금요일까지 오전 8시부터 오후 8시 사이에 전화 주십시오. 한국어를 구사하는 담당자가 도와드릴 수 있습니다. 본 서비스는 무료로 제공됩니다.

Hindi: हमारी स्वास्थ्य या दवा योजना के बारे में आपके हो सकने वाले किसी भी प्रश्नों का उत्तर देने के लिए हमारे पास निःशुल्क दुभाषिया सेवाएं हैं। दुभाषिया प्राप्त करने के लिए, बस हमें **1-855-475-3163** (TTY: 1-833-711-4711 या 711), 8 a.m. - 8 p.m., सोमवार - शुक्रवार, पर कॉल करें। हिंदी में बात करने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह सेवा निःशुल्क है।

Japanese: 医療保険または医薬品プランに関するご質問にお答えするため、無料の通訳サービスがあります。 通訳をご希望の方は、**1-855-475-3163** (TTY: 1-833-711-4711 または 711) までお電話下さい。 月～金曜日、午前8時～午後8時にご利用いただけます。 日本語を話す通訳者が対応いたします。 こちらは無料サービスです。

Notice of Non-Discrimination

CareSource complies with applicable state and federal civil rights laws. We do not discriminate, exclude people, or treat them differently because of age, gender, gender identity, color, race, disability, national origin, ethnicity, marital status, sexual preference, sexual orientation, religious affiliation, health status, or public assistance status. CareSource offers free aids and services to people with disabilities or those whose primary language is not English. We can get sign language interpreters or interpreters in other languages so they can communicate effectively with us or their providers. Printed materials are also available in large print, braille or audio at no charge. Please call Member Services at the number on your CareSource ID card if you need any of these services. If you believe we have not provided these services to you or discriminated in another way, you may file a grievance.

Mail: CareSource
Attn: Civil Rights Coordinator
P.O. Box 1947
Dayton, Ohio 45401

Email: CivilRightsCoordinator@CareSource.com
Phone: 1-800-488-0134 (TTY: 711)
Fax: 1-844-417-6254

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

Mail: U.S. Dept of Health and Human Services
200 Independence Ave, SW Room 509F HHH Building
Washington, D.C. 20201

Online: ocrportal.hhs.gov/ocr/portal/lobby.jsf

Phone: 1-800-368-1019 (TTY: 1-800-537-7697)

Complaint forms are found at: http://www.hhs.gov/ocr/office/file/index.html.

MyCareOhio
Connecting Medicare + Medicaid

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For more recent information or other questions, contact us at:
1-855-475-3163 (TTY: **1-800-750-0750** or **711**)
8 a.m. to 8 p.m., Monday through Friday
CareSource.com/MyCare

Important Message About What You Pay for Vaccines
Our plan covers most Part D vaccines at no cost to you.
Call Member Services for more information.

Formulary ID: 00023541
Version #: 16
Updated on 12/1/2023

H8452_OH-MYC-M-1400753-V.12 | CMS/ODM Approved: 9/13/2022