



P.O. Box 8738
Dayton, OH 45401-8738

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](https://www.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.

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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*.

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A. Disclaimers

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

- ❖ CareSource MyCare Ohio is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees.
- ❖ You can always check CareSource MyCare Ohio's up-to-date List of Covered Drugs online at **CareSource.com/MyCare**.
- ❖ ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call **1-855-475-3163** (TTY: **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 idiomas gratis. Llame al **1-855-475-3163** (TTY: **1-800-750-0750** or **711**), el lunes a viernes, 8 a.m. a 8 p.m. Llamada es gratis.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call **1-855-475-3163** (TTY: **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.



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B. Frequently Asked Questions (FAQ)

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

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

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

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



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- 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**



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- 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



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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.



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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.



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- 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.



If you have questions, please call CareSource MyCare Ohio at **1-855-475-3163** (TTY: **1-800-750-0750** or **711**), 8 a.m. to 8 p.m., Monday through Friday. 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**.

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.



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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.



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

List of Abbreviations

ADD: Non-Part D drugs or OTC items that are covered by Medicaid only. '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
<i>amphotericin b</i>	1	B/D PA; MO
<i>casprofungin</i>	1	
<i>clotrimazole mucous membrane</i>	1	MO
CRESEMBA	2	PA
<i>fluconazole</i>	1	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 400 mg/200 ml</i>	1	PA
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	1	PA; MO
<i>flucytosine</i>	1	MO
<i>griseofulvin microsize</i>	1	MO
<i>griseofulvin ultramicrosize</i>	1	MO
<i>itraconazole oral capsule</i>	1	MO; QL (120 per 30 days)
<i>itraconazole oral solution</i>	1	MO
<i>ketoconazole oral</i>	1	MO

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

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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
<i>darunavir ethanolate</i>	1	MO
DELSTRIGO	2	MO
DESCOVY	2	MO
DOVATO	2	MO
EDURANT	2	MO
<i>efavirenz</i>	1	MO
<i>efavirenz-emtricitabin-tenofov</i>	1	MO
<i>efavirenz-lamivu-tenofov disop</i>	1	MO
<i>emtricitabine</i>	1	MO
<i>emtricitabine-tenofov (tdf)</i>	1	MO
EMTRIVA ORAL SOLUTION	2	MO
<i>entecavir</i>	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)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
EPCLUSA ORAL TABLET 400-100 MG	2	PA; MO; QL (28 per 28 days)
<i>etravirine</i>	1	MO
EVOTAZ	2	MO
<i>famciclovir</i>	1	MO
<i>fosamprenavir</i>	1	MO
FUZEON SUBCUTANEOUS RECON SOLN	2	MO
<i>ganciclovir sodium intravenous recon soln</i>	1	B/D PA; MO
<i>ganciclovir sodium intravenous solution</i>	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
<i>lamivudine</i>	1	MO
<i>lamivudine-zidovudine</i>	1	MO
LEXIVA ORAL SUSPENSION	2	MO
<i>lopinavir-ritonavir</i>	1	MO
<i>maraviroc</i>	1	MO
<i>nevirapine oral suspension</i>	1	
<i>nevirapine oral tablet</i>	1	MO
<i>nevirapine oral tablet extended release 24 hr</i>	1	MO
NORVIR ORAL POWDER IN PACKET	2	MO
ODEFSEY	2	MO
<i>oseltamivir</i>	1	MO
PIFELTRO	2	MO
PREVYMIS INTRAVENOUS	2	
PREVYMIS ORAL	2	MO; QL (30 per 30 days)
PREZCOBIX	2	MO
PREZISTA ORAL SUSPENSION	2	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	MO
RELENZA DISKHALER	2	MO
RETROVIR INTRAVENOUS	2	MO
REYATAZ ORAL POWDER IN PACKET	2	MO
<i>ribavirin oral capsule</i>	1	MO
<i>ribavirin oral tablet 200 mg</i>	1	MO
<i>rimantadine</i>	1	MO
<i>ritonavir</i>	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
<i>tenofovir disoproxil fumarate</i>	1	MO
TIVICAY	2	MO
TIVICAY PD	2	MO

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TRIUMEQ	2	MO
TRIUMEQ PD	2	MO
TRIZIVIR	2	
TROGARZO	2	MO; LA
<i>valacyclovir oral tablet 1 gram</i>	1	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	1	MO; QL (60 per 30 days)
<i>valganciclovir</i>	1	MO
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
<i>zidovudine</i>	1	MO
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	1	MO
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	1	MO
<i>cefadroxil oral capsule</i>	1	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	1	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 300 g</i>	1	
<i>cefazolin intravenous recon soln 1 gram</i>	1	
<i>cefdinir</i>	1	MO
<i>cefepime in dextrose, iso-osm</i>	1	
<i>cefepime injection</i>	1	MO
<i>cefixime</i>	1	MO

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<i>cefodoxitin in dextrose, iso-osm</i>	1	PA
<i>cefodoxitin intravenous recon soln 1 gram, 2 gram</i>	1	PA; MO
<i>cefodoxitin intravenous recon soln 10 gram</i>	1	PA
<i>cefprozime</i>	1	MO
<i>cefprozil</i>	1	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	1	PA; MO
<i>ceftazidime injection recon soln 6 gram</i>	1	PA
<i>ceftriaxone in dextrose, iso-os</i>	1	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	1	MO
<i>ceftriaxone injection recon soln 10 gram</i>	1	
<i>ceftriaxone intravenous</i>	1	MO
<i>cefuroxime axetil oral tablet</i>	1	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	PA; MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	1	PA; MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	1	PA
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	MO
<i>cephalexin oral suspension for reconstitution</i>	1	MO
<i>tazicef injection</i>	1	PA; MO
<i>tazicef intravenous</i>	1	PA
TEFLARO	2	PA; MO
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous</i>	1	PA; MO
<i>azithromycin oral packet</i>	1	MO
<i>azithromycin oral suspension for reconstitution</i>	1	MO
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	MO
<i>clarithromycin</i>	1	MO
DIFICID ORAL TABLET	2	MO; QL (20 per 10 days)
<i>e.e.s. 400 oral tablet</i>	1	MO

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<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
<i>erythromycin ethylsuccinate oral tablet</i>	1	MO
<i>erythromycin oral</i>	1	MO
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	1	MO
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	PA; MO
ARIKAYCE	2	PA; LA
<i>atovaquone</i>	1	MO
<i>atovaquone-proguanil</i>	1	MO
<i>aztreonam</i>	1	PA; MO
<i>bacitracin intramuscular</i>	1	
CAYSTON	2	PA; MO; LA; QL (84 per 56 days)
<i>chloramphenicol sod succinate</i>	1	
<i>chloroquine phosphate</i>	1	MO
<i>clindamycin hcl</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>clindamycin in 5 % dextrose</i>	1	PA; MO
<i>clindamycin pediatric</i>	1	MO
<i>clindamycin phosphate injection</i>	1	PA; MO
<i>clindamycin phosphate intravenous</i>	1	PA; MO
COARTEM	2	MO
<i>colistin (colistimethate na)</i>	1	PA; MO; QL (30 per 10 days)
CVS PINWORM TREATMENT 50 MG/ML	3	ADD
<i>dapsone oral</i>	1	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	2	MO
<i>daptomycin intravenous recon soln 500 mg</i>	1	MO
EMVERM	2	MO
<i>ertapenem</i>	1	PA; MO; QL (14 per 14 days)
<i>ethambutol</i>	1	MO

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<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	1	PA; MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	1	PA
<i>gentamicin injection solution 40 mg/ml</i>	1	PA; MO
<i>gentamicin sulfate (ped) (pf)</i>	1	PA; MO
<i>hydroxychloroquine oral tablet 200 mg</i>	1	MO
<i>imipenem-cilastatin</i>	1	PA; MO
<i>isoniazid injection</i>	1	
<i>isoniazid oral</i>	1	MO
<i>ivermectin oral</i>	1	PA; MO; QL (20 per 30 days)
<i>lincomycin</i>	1	PA
<i>linezolid</i>	1	MO
<i>linezolid in dextrose 5%</i>	1	PA; MO
<i>linezolid-0.9% sodium chloride</i>	1	PA
<i>mefloquine</i>	1	MO
<i>meropenem intravenous recon soln 1 gram</i>	1	PA; MO; QL (30 per 10 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>meropenem intravenous recon soln 500 mg</i>	1	PA; MO; QL (10 per 10 days)
<i>metro i.v.</i>	1	PA; MO
<i>metronidazole in nacl (iso-os)</i>	1	PA; MO
<i>metronidazole oral tablet</i>	1	MO
<i>neomycin</i>	1	MO
<i>nitazoxanide</i>	1	MO
<i>paromomycin</i>	1	
PASER	2	
<i>pentamidine inhalation</i>	1	B/D PA; MO; QL (1 per 28 days)
<i>pentamidine injection</i>	1	MO
PINAWAY 50 MG/ML SUSPENSION	3	ADD
PINWORM MEDICINE 144 MG/ML	3	ADD
<i>praziquantel</i>	1	MO
PRIFTIN	2	MO
PRIMAQUINE	2	MO
<i>pyrazinamide</i>	1	MO
<i>pyrimethamine</i>	1	PA; MO
<i>quinine sulfate</i>	1	MO

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REESE'S PINWORM 144 MG/ML SUSP	3	MO; ADD
<i>rifabutin</i>	1	MO
<i>rifampin</i>	1	MO
SIRTURO	2	PA; LA
STREPTOMYCIN	2	PA; MO; QL (60 per 30 days)
<i>tigecycline</i>	1	PA; MO
<i>tinidazole</i>	1	MO
TOBI PODHALER	2	MO; QL (224 per 56 days)
<i>tobramycin in 0.225 % nacl</i>	1	PA; MO; QL (280 per 28 days)
<i>tobramycin inhalation</i>	1	PA; MO; QL (224 per 28 days)
<i>tobramycin sulfate injection recon soln</i>	1	PA; QL (9 per 14 days)
<i>tobramycin sulfate injection solution</i>	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)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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)
<i>vancomycin intravenous recon soln 1,000 mg</i>	1	PA; MO; QL (20 per 10 days)
<i>vancomycin intravenous recon soln 10 gram</i>	1	PA; QL (2 per 10 days)
<i>vancomycin intravenous recon soln 5 gram</i>	1	PA; QL (4 per 10 days)
<i>vancomycin intravenous recon soln 500 mg</i>	1	PA; MO; QL (10 per 10 days)
<i>vancomycin intravenous recon soln 750 mg</i>	1	PA; MO; QL (27 per 10 days)
<i>vancomycin oral capsule 125 mg</i>	1	PA; MO; QL (40 per 10 days)
<i>vancomycin oral capsule 250 mg</i>	1	PA; MO; QL (80 per 10 days)

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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		
<i>amoxicillin oral capsule</i>	1	MO
<i>amoxicillin oral suspension for reconstitution</i>	1	MO
<i>amoxicillin oral tablet</i>	1	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	MO
<i>amoxicillin-pot clavulanate</i>	1	MO
<i>ampicillin oral capsule 500 mg</i>	1	MO
<i>ampicillin sodium injection</i>	1	PA; MO
<i>ampicillin sodium intravenous</i>	1	PA
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	1	PA; MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	1	PA

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>ampicillin-sulbactam intravenous</i>	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
<i>dicloxacillin</i>	1	MO
<i>nafcillin in dextrose iso-osm</i>	1	PA
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	1	PA; MO
<i>nafcillin injection recon soln 10 gram</i>	1	PA
<i>nafcillin intravenous recon soln 2 gram</i>	1	PA
<i>oxacillin in dextrose(iso-osm)</i>	1	PA
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	1	PA
<i>oxacillin injection recon soln 2 gram</i>	1	PA; MO
PENICILLIN G POT IN DEXTROSE	2	PA
<i>penicillin g potassium</i>	1	PA; MO
<i>penicillin g sodium</i>	1	PA; MO

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<i>penicillin v potassium</i>	1	MO
<i>pfizerpen-g</i>	1	PA
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram, 40.5 gram</i>	1	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	1	MO
QUINOLONES		
CIPRO ORAL SUSPENSION,MIC ROCAPSULE RECON	2	
<i>ciprofloxacin hcl oral tablet 100 mg</i>	1	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	MO
<i>ciprofloxacin in 5 % dextrose</i>	1	PA; MO
<i>ciprofloxacin oral suspension,microcapsule recon 500 mg/5 ml</i>	1	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	1	PA

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	1	PA; MO
<i>levofloxacin intravenous</i>	1	PA; MO
<i>levofloxacin oral</i>	1	MO
<i>moxifloxacin oral</i>	1	MO
<i>moxifloxacin-sod.chloride(iso)</i>	1	PA; MO
SULFA'S / RELATED AGENTS		
<i>sulfadiazine</i>	1	MO
<i>sulfamethoxazole-trimethoprim intravenous</i>	1	PA; MO
<i>sulfamethoxazole-trimethoprim oral</i>	1	MO
TETRACYCLINES		
<i>demeclocycline</i>	1	MO
<i>doxy-100</i>	1	PA; MO
<i>doxycycline hyclate intravenous</i>	1	PA
<i>doxycycline hyclate oral capsule</i>	1	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg</i>	1	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	MO

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<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	MO
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	1	MO
<i>minocycline oral capsule</i>	1	MO
<i>minocycline oral tablet</i>	1	MO
<i>mondoxylene nl oral capsule 100 mg</i>	1	
<i>tetracycline</i>	1	MO
URINARY TRACT AGENTS		
<i>methenamine hippurate</i>	1	MO
<i>methenamine mandelate</i>	1	MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1	MO
<i>nitrofurantoin monohyd/m-cryst</i>	1	MO
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1	MO
<i>trimethoprim</i>	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		
<i>dexrazoxane hcl</i>	1	B/D PA; MO
ELITEK	2	MO
KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG	2	
KHAPZORY	2	B/D PA
<i>leucovorin calcium oral</i>	1	MO
<i>levoleucovorin calcium intravenous recon soln</i>	1	B/D PA; MO
<i>levoleucovorin calcium intravenous solution</i>	1	B/D PA
<i>mesna</i>	1	B/D PA; MO
MESNEX ORAL	2	MO
VISTOGARD	2	PA
XGEVA	2	B/D PA; MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	1	PA; MO; QL (120 per 30 days)
<i>abiraterone oral tablet 500 mg</i>	1	PA; MO; QL (60 per 30 days)

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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)
<i>anastrozole</i>	1	MO
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	1	B/D PA
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	1	B/D PA; MO
ASPARLAS	2	PA
AYVAKIT	2	PA; LA; QL (30 per 30 days)
<i>azacitidine</i>	1	B/D PA; MO
<i>azathioprine oral tablet 50 mg</i>	1	B/D PA; MO
<i>azathioprine sodium</i>	1	B/D PA; MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
BALVERSA	2	PA; LA
BAVENCIO	2	B/D PA; LA
BELEODAQ	2	B/D PA
<i>bendamustine intravenous recon soln</i>	1	B/D PA; MO
BENDEKA	2	B/D PA; MO
BESPONSA	2	B/D PA; MO; LA
<i>bexarotene</i>	1	PA; MO
<i>bicalutamide</i>	1	MO
<i>bleomycin</i>	1	B/D PA
BLINCYTO INTRAVENOUS KIT	2	B/D PA
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	2	B/D PA
<i>bortezomib injection recon soln 3.5 mg</i>	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
<i>busulfan</i>	1	B/D PA

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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)
<i>carboplatin intravenous solution</i>	1	B/D PA; MO
<i>carmustine intravenous recon soln 100 mg</i>	1	B/D PA; MO
<i>cisplatin intravenous solution</i>	1	B/D PA; MO
<i>cladribine</i>	1	B/D PA; MO
<i>clofarabine</i>	1	B/D PA
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)

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

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<i>cytarabine</i>	1	B/D PA; MO
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	1	B/D PA; MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	1	B/D PA
<i>dacarbazine</i>	1	B/D PA; MO
<i>dactinomycin</i>	1	B/D PA; MO
DANYELZA	2	PA
DARZALEX	2	B/D PA; MO; LA
<i>daunorubicin intravenous solution</i>	1	B/D PA
DAURISMO ORAL TABLET 100 MG	2	PA; MO; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	2	PA; MO; QL (60 per 30 days)
<i>decitabine</i>	1	B/D PA; MO
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	1	B/D PA

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	1	B/D PA; MO
<i>doxorubicin intravenous recon soln 10 mg</i>	1	B/D PA
<i>doxorubicin intravenous recon soln 50 mg</i>	1	B/D PA; MO
<i>doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>	1	B/D PA; MO
<i>doxorubicin intravenous solution 2 mg/ml</i>	1	B/D PA
<i>doxorubicin, peg-liposomal</i>	1	B/D PA; MO
DROXIA	2	MO
ELREXFIO	2	PA
ELZONRIS	2	PA; LA
EMCYT	2	MO
EMPLICITI	2	B/D PA; MO
ENVARUSUS XR	2	B/D PA; MO
<i>epirubicin intravenous solution 200 mg/100 ml</i>	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)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	1	PA; MO; QL (30 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	1	PA; MO; QL (60 per 30 days)
ERWINASE	2	B/D PA
ETOPOPHOS	2	B/D PA; MO
<i>etoposide intravenous</i>	1	B/D PA; MO
EULEXIN	2	
<i>everolimus (antineoplastic) oral tablet</i>	1	PA; MO; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	1	PA; MO; QL (330 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	1	PA; MO; QL (240 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	1	PA; MO; QL (180 per 30 days)
<i>everolimus (immunosuppressive)</i>	1	B/D PA; MO
<i>exemestane</i>	1	MO
EXKIVITY	2	PA; LA; QL (120 per 30 days)
FIRMAGON KIT W DILUENT SYRINGE	2	B/D PA; MO
<i>floxuridine</i>	1	B/D PA
<i>fludarabine intravenous recon soln</i>	1	B/D PA; MO
<i>fludarabine intravenous solution</i>	1	B/D PA
<i>fluorouracil intravenous solution 1 gram/20 ml, 500 mg/10 ml</i>	1	B/D PA; MO
<i>fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml</i>	1	B/D PA
FOLOTYN	2	B/D PA; MO
FOTIVDA	2	PA; LA; QL (21 per 28 days)
<i>fulvestrant</i>	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
<i>gefitinib</i>	1	PA; MO; QL (30 per 30 days)
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	1	B/D PA; MO
<i>gemcitabine intravenous recon soln 2 gram</i>	1	B/D PA
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	1	B/D PA; MO
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	2	B/D PA
<i>gengraf</i>	1	B/D PA; MO
GILOTRIF	2	PA; MO; QL (30 per 30 days)
GLEOSTINE	1	MO
HALAVEN	2	B/D PA; MO
<i>hydroxyurea</i>	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)
<i>idarubicin</i>	1	B/D PA; MO
IDHIFA	2	PA; MO; LA; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln</i>	1	B/D PA; MO
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	1	B/D PA; MO
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	1	B/D PA
<i>imatinib oral tablet 100 mg</i>	1	PA; MO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	1	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	2	PA; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	2	PA; QL (30 per 30 days)
IMBRUVICA ORAL 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)
<i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml</i>	1	B/D PA; MO
<i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i>	1	B/D PA
ISTODAX	2	B/D PA; MO
IXEMPRA	2	B/D PA; MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
JAKAFI	2	PA; MO; QL (60 per 30 days)
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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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
<i>lapatinib</i>	1	PA; MO; QL (180 per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	1	PA; MO; QL (28 per 28 days)
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	1	PA; QL (28 per 28 days)
LENVIMA	2	PA; MO
<i>letrozole</i>	1	MO
LEUKERAN	2	MO
<i>leuprolide subcutaneous kit</i>	1	PA; MO
LIBTAYO	2	PA; LA
LONSURF	2	PA; MO
LORBRENA ORAL TABLET 100 MG	2	PA; MO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	2	PA; MO; QL (90 per 30 days)

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	
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	1	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	PA; MO
<i>megestrol oral tablet</i>	1	PA; MO

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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)
<i>melphalan</i>	1	B/D PA; MO
<i>melphalan hcl</i>	1	B/D PA
<i>mercaptopurine</i>	1	MO
<i>methotrexate sodium</i>	1	B/D PA; MO
<i>methotrexate sodium (pf)</i>	1	B/D PA
<i>mitomycin intravenous</i>	1	B/D PA; MO
<i>mitoxantrone</i>	1	B/D PA; MO
MONJUVI	2	PA; LA
MVASI	2	PA; MO
<i>mycophenolate mofetil</i>	1	B/D PA; MO
<i>mycophenolate mofetil (hcl)</i>	1	B/D PA; MO
<i>mycophenolate sodium</i>	1	B/D PA; MO
MYLOTARG	2	B/D PA; MO; LA

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>nelarabine</i>	1	B/D PA; MO
NERLYNX	2	PA; MO; LA
<i>nilutamide</i>	1	PA; MO
NINLARO	2	PA; MO; QL (3 per 28 days)
NUBEQA	2	PA; MO; LA; QL (120 per 30 days)
NULOJIX	2	B/D PA; MO
<i>octreotide acetate injection solution</i>	1	PA; MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	1	PA; MO
<i>octreotide acetate injection syringe 50 mcg/ml (1 ml)</i>	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)
<i>oxaliplatin intravenous recon soln</i>	1	B/D PA; MO
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	1	B/D PA; MO
<i>oxaliplatin intravenous solution 200 mg/40 ml</i>	1	B/D PA
<i>paclitaxel</i>	1	B/D PA; MO
PADCEV	2	PA; MO
<i>paraplatin</i>	1	B/D PA
PEMAZYRE	2	PA; LA; QL (14 per 21 days)
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 100 mg, 500 mg</i>	1	B/D PA; MO
<i>pemetrexed disodium intravenous recon soln 750 mg</i>	1	B/D PA
PERJETA	2	B/D PA; MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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)
<i>romidepsin intravenous recon soln</i>	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
<i>sirolimus</i>	1	B/D PA; MO
SOLTAMOX	2	MO
SOMATULINE DEPOT	2	PA; MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sorafenib</i>	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)
<i>sunitinib malate</i>	1	PA; MO; QL (30 per 30 days)
SYNRIBO	2	B/D PA
TABLOID	2	MO
TABRECTA	2	PA; MO
<i>tacrolimus oral</i>	1	B/D PA; MO
TAFINLAR ORAL CAPSULE	2	PA; MO; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION	2	PA; MO; QL (840 per 28 days)
TAGRISSE	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)
<i>tamoxifen</i>	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
<i>temsirolimus</i>	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)
<i>thiotepa injection recon soln 100 mg</i>	1	B/D PA
<i>thiotepa injection recon soln 15 mg</i>	1	B/D PA; MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
TIBSOVO	2	PA
TIVDAK	2	PA; MO
<i>topotecan</i>	1	B/D PA; MO
<i>toremifene</i>	1	MO
TRAZIMERA	2	B/D PA; MO
TREANDA	2	B/D PA; MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	2	B/D PA; MO
<i>tretinoin (antineoplastic)</i>	1	MO
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
<i>valrubicin</i>	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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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
VENCLEXTA ORAL TABLET 100 MG	2	PA; LA; QL (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)
<i>vinblastine</i>	1	B/D PA; MO
<i>vincristine</i>	1	B/D PA; MO
<i>vinorelbine</i>	1	B/D PA; MO
VITRAKVI ORAL CAPSULE 100 MG	2	PA; MO; LA; QL (60 per 30 days)
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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	MO
<i>carbamazepine oral suspension 200 mg/10 ml</i>	1	
<i>carbamazepine oral tablet</i>	1	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	1	MO
<i>carbamazepine oral tablet, chewable</i>	1	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CELONTIN ORAL CAPSULE 300 MG	2	MO
<i>clobazam oral suspension</i>	1	PA; MO; QL (480 per 30 days)
<i>clobazam oral tablet</i>	1	PA; MO; QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	MO; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	1	MO; QL (300 per 30 days)
DIACOMIT	2	PA; LA
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg</i>	1	MO
<i>diazepam rectal kit 2.5 mg</i>	1	
DILANTIN 30 MG	2	MO
<i>divalproex</i>	1	MO
EPIDIOLEX	2	PA; MO; LA
<i>epitol</i>	1	MO
EPRONTIA	2	PA; MO
<i>ethosuximide</i>	1	MO
<i>felbamate</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
FINTEPLA	2	PA; LA; QL (360 per 30 days)
<i>fosphenytoin</i>	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)
<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	MO; QL (270 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	MO; QL (360 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	1	MO; QL (2160 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	1	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	MO; QL (120 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG		PA; MO; 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
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)
<i>lacosamide intravenous</i>	1	MO; QL (1200 per 30 days)
<i>lacosamide oral solution</i>	1	MO; QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	1	MO; QL (60 per 30 days)
<i>lacosamide oral tablet 50 mg</i>	1	MO; QL (120 per 30 days)
<i>lamotrigine</i>	1	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml</i>	1	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml</i>	1	
<i>levetiracetam intravenous</i>	1	MO
<i>levetiracetam oral solution 100 mg/ml</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	1	
<i>levetiracetam oral tablet</i>	1	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	1	MO
<i>methsuximide</i>	1	MO
NAYZILAM	2	PA; MO; QL (10 per 30 days)
<i>oxcarbazepine</i>	1	MO
<i>phenobarbital oral elixir</i>	1	PA; MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	1	PA
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	1	PA; MO
<i>phenobarbital sodium injection solution 130 mg/ml</i>	1	MO
<i>phenobarbital sodium injection solution 65 mg/ml</i>	1	
<i>phenytoin oral suspension 100 mg/4 ml</i>	1	

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<i>phenytoin oral suspension 125 mg/5 ml</i>	1	MO
<i>phenytoin oral tablet, chewable</i>	1	MO
<i>phenytoin sodium extended oral capsule 100 mg</i>	1	MO
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	1	
<i>phenytoin sodium intravenous solution</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	1	MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	MO; QL (60 per 30 days)
<i>pregabalin oral solution</i>	1	MO; QL (900 per 30 days)
PRIMIDONE ORAL TABLET 125 MG	2	MO
<i>primidone oral tablet 250 mg, 50 mg</i>	1	MO
<i>roweepra oral tablet 500 mg</i>	1	MO
<i>rufinamide</i>	1	PA; MO
SPRITAM	2	MO
<i>subvenite</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>subvenite starter (blue) kit</i>	1	MO
<i>subvenite starter (green) kit</i>	1	MO
<i>subvenite starter (orange) kit</i>	1	MO
SYMPAZAN	2	PA; MO; QL (60 per 30 days)
<i>tiagabine</i>	1	MO
<i>topiramate oral capsule, sprinkle</i>	1	PA; MO
<i>topiramate oral tablet</i>	1	PA; MO
<i>valproate sodium</i>	1	MO
<i>valproic acid</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	1	
VALTOCO	2	PA; MO; QL (10 per 30 days)
<i>vigabatrin</i>	1	MO; LA
<i>vigadrone</i>	1	LA

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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
<i>zonisamide</i>	1	PA; MO
ZTALMY	2	PA; LA; QL (1080 per 30 days)
ANTIPARKINSONISM AGENTS		
APOKYN	2	PA; MO; LA; QL (90 per 30 days)
<i>apomorphine</i>	1	PA; QL (90 per 30 days)
<i>benztropine injection</i>	1	MO
<i>benztropine oral</i>	1	PA; MO
<i>bromocriptine</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>carbidopa</i>	1	MO
<i>carbidopa-levodopa oral tablet</i>	1	MO
<i>carbidopa-levodopa oral tablet extended release</i>	1	MO
<i>carbidopa-levodopa oral tablet,disintegrating</i>	1	
<i>carbidopa-levodopa- entacapone</i>	1	MO
<i>entacapone</i>	1	MO
NEUPRO	2	MO
<i>pramipexole oral tablet</i>	1	MO
<i>rasagiline oral tablet 0.5 mg</i>	1	
<i>rasagiline oral tablet 1 mg</i>	1	MO
<i>ropinirole</i>	1	MO
<i>selegiline hcl</i>	1	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	2	PA; MO; QL (1 per 30 days)
<i>dihydroergotamine injection</i>	1	
<i>dihydroergotamine nasal</i>	1	QL (8 per 28 days)
<i>eletriptan</i>	1	MO; QL (18 per 28 days)

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
UBRELVY	2	PA; QL (20 per 30 days)
<i>zolmitriptan oral</i>	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)
<i>dalfampridine</i>	1	PA; MO; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg</i>	1	PA; MO; QL (14 per 30 days)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	1	PA; MO; QL (120 per 180 days)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>donepezil</i>	1	MO
<i>fingolimod</i>	1	PA; MO; QL (30 per 30 days)
FIRDAPSE	2	PA; LA

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<i>galantamine</i>	1	MO
GILENYA ORAL CAPSULE 0.5 MG	2	PA; MO; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	1	PA; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	1	PA; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	1	PA; MO; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	1	PA; MO; QL (12 per 28 days)
INGREZZA	2	PA; LA; QL (30 per 30 days)
INGREZZA INITIATION PACK	2	PA; LA; QL (28 per 180 days)
<i>memantine oral capsule,sprinkle,er 24hr</i>	1	PA; MO
<i>memantine oral solution</i>	1	PA; MO
<i>memantine oral tablet</i>	1	PA; MO
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	2	PA

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR	2	PA; MO
NUDEXTA	2	PA; MO
OCREVUS	2	PA; MO; LA; QL (20 per 180 days)
RADICAVA	2	PA
<i>rivastigmine</i>	1	MO
<i>rivastigmine tartrate</i>	1	MO
<i>teriflunomide</i>	1	PA; MO; QL (30 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	1	PA; MO; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	1	PA; MO; QL (120 per 30 days)
TYSABRI	2	PA; MO; LA; 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)
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MUSCLE RELAXANTS / ANTISPASMODIC THERAPY

<i>baclofen oral tablet</i>	1	MO
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	PA; MO
<i>dantrolene intravenous</i>	1	
<i>dantrolene oral</i>	1	MO
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	2	B/D PA; MO
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	2	B/D PA
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	MO
<i>pyridostigmine bromide oral tablet extended release</i>	1	MO
<i>revonto</i>	1	
<i>tizanidine oral tablet</i>	1	MO

NARCOTIC ANALGESICS

<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml)</i>	1	QL (4500 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
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<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	MO; QL (4500 per 30 days)
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<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	MO; QL (360 per 30 days)
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<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	MO; QL (180 per 30 days)
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BELBUCA	2	PA; MO; QL (60 per 30 days)
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<i>buprenorphine hcl injection syringe</i>	1	
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<i>buprenorphine hcl sublingual</i>	1	MO
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<i>buprenorphine transdermal patch</i>	1	PA; MO; QL (4 per 28 days)
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<i>endocet</i>	1	MO; QL (360 per 30 days)
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<i>fentanyl citrate (pf) injection solution</i>	1	
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<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	1	
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<i>fentanyl citrate buccal lozenge on a handle</i>	1	PA; MO; QL (120 per 30 days)
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<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	PA; MO; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	MO; QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	1	MO; QL (390 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days)
<i>hydrocodone-ibuprofen</i>	1	MO; QL (50 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 2 mg/ml</i>	1	
<i>hydromorphone (pf) injection solution 10 mg/ml</i>	1	MO
<i>hydromorphone injection solution 1 mg/ml</i>	1	
<i>hydromorphone injection solution 2 mg/ml</i>	1	MO
<i>hydromorphone injection syringe 1 mg/ml, 4 mg/ml</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>hydromorphone injection syringe 2 mg/ml</i>	1	
<i>hydromorphone oral liquid</i>	1	MO; QL (2400 per 30 days)
<i>hydromorphone oral tablet</i>	1	MO; QL (180 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr</i>	1	PA; MO; QL (60 per 30 days)
<i>methadone injection solution</i>	1	
<i>methadone intensol</i>	1	PA; MO; QL (90 per 30 days)
<i>methadone oral concentrate</i>	1	PA; QL (90 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	1	PA; MO; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	1	PA; MO; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	1	PA; MO; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	1	PA; MO; QL (240 per 30 days)
<i>methadose oral concentrate</i>	1	PA; MO; QL (90 per 30 days)

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>morphine (pf) injection solution 0.5 mg/ml</i>	1	
<i>morphine (pf) injection solution 1 mg/ml</i>	1	MO
<i>morphine concentrate oral solution</i>	1	MO; QL (900 per 30 days)
<i>morphine injection syringe 4 mg/ml</i>	1	MO
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml</i>	1	MO
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	
<i>morphine oral solution</i>	1	MO; QL (900 per 30 days)
<i>morphine oral tablet</i>	1	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release</i>	1	PA; MO; QL (120 per 30 days)
<i>oxycodone oral capsule</i>	1	MO; QL (360 per 30 days)
<i>oxycodone oral concentrate</i>	1	MO; QL (180 per 30 days)
<i>oxycodone oral solution</i>	1	MO; QL (1200 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	1	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	1	MO; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	2	PA; MO; QL (90 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	2	PA; MO; QL (60 per 30 days)
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
<i>acetaminophen 120 mg suppos</i>	3	MO; ADD

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

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

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>acetaminophen 650 mg/20.3 ml cup outer</i>	3	ADD
ACETAMINOPHEN 650 MG/20.3 ML CUP OUTER	3	ADD
<i>acetaminophen 650 mg/20.3 ml inner</i>	3	ADD
<i>acetaminophen 650 mg/20.3 ml outer</i>	3	ADD
<i>acetaminophen er 650 mg tablet inner</i>	3	MO; ADD
<i>acetaminophen er 650 mg tablet outer</i>	3	MO; ADD
ACETAMINOPHEN POWDER USP (RX)	3	ADD
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
<i>aspirin 300 mg suppository</i>	3	MO; ADD
<i>aspirin 325 mg tablet</i>	3	MO; ADD
<i>aspirin 325 mg tablet micro-coated</i>	3	MO; ADD
<i>aspirin 325 mg tablet regular strength</i>	3	MO; ADD
<i>aspirin 81 mg chewable tablet</i>	3	MO; ADD
<i>aspirin 81 mg chewable tablet adult low dose</i>	3	MO; ADD
<i>aspirin 81 mg chewable tablet child low dose</i>	3	MO; ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>aspirin 81 mg chewable tablet gluten-free, orange</i>	3	MO; ADD
<i>aspirin 81 mg chewable tablet low dose</i>	3	MO; ADD
<i>aspirin 81 mg chewable tablet low dose, cherry</i>	3	MO; ADD
<i>aspirin 81 mg chewable tablet tab chew, cherry</i>	3	MO; ADD
<i>aspirin 81 mg chewable tablet tab chew, orange</i>	3	MO; ADD
<i>aspirin ec 325 mg tablet</i>	3	MO; ADD
<i>aspirin ec 325 mg tablet regular strength</i>	3	MO; ADD
<i>aspirin ec 325 mg tablet safety-coated</i>	3	MO; ADD
<i>aspirin ec 81 mg tablet</i>	3	MO; ADD
<i>aspirin ec 81 mg tablet adult low dose</i>	3	MO; ADD
<i>aspirin ec 81 mg tablet low dose</i>	3	MO; ADD
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	MO; QL (60 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	1	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	1	MO; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	MO; QL (90 per 30 days)
<i>butorphanol injection</i>	1	MO
<i>butorphanol nasal</i>	1	MO; QL (10 per 28 days)
<i>celecoxib</i>	1	MO
CHILD ACETAMINOPHEN 160 MG	3	ADD
<i>child ibuprofen 100 mg/5 ml syrg</i>	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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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,BUBBL E	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
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	1	

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

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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
<i>flurbiprofen oral tablet 100 mg</i>	1	MO
<i>gnp aspirin ec 81 mg tablet</i>	3	MO; ADD
<i>gnp ibuprofen 200 mg softgel</i>	3	MO; ADD
<i>gnp ibuprofen 200 mg tablet</i>	3	MO; ADD
<i>gnp naproxen sod 220 mg caplet</i>	3	ADD
<i>gnp naproxen sod 220 mg tablet</i>	3	ADD
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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>gs aspirin 325 mg tablet</i>	3	MO; ADD
<i>gs aspirin 81 mg chewable tab</i>	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
<i>gs ibuprofen 200 mg caplet</i>	3	MO; ADD
<i>gs ibuprofen 200 mg liquid gel</i>	3	MO; ADD
<i>gs ibuprofen 200 mg tablet</i>	3	MO; ADD
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
<i>gs naproxen sod 220 mg caplet</i>	3	ADD
<i>gs naproxen sod 220 mg tablet</i>	3	ADD
GS PAIN RELIEF 325 MG TABLET	3	ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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
<i>hm aspirin 325 mg tablet</i>	3	MO; ADD
<i>hm aspirin 81 mg chewable tab</i>	3	MO; ADD
<i>hm aspirin 81 mg chewable tab adlt low dose,orange</i>	3	MO; ADD
<i>hm aspirin ec 325 mg tablet reg strength</i>	3	MO; ADD
<i>hm aspirin ec 81 mg tablet</i>	3	MO; ADD
<i>hm aspirin ec 81 mg tablet low dose</i>	3	MO; ADD
HM CHILD ACETAMINOPHE N 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
<i>hm ibuprofen 200 mg caplet</i>	3	MO; ADD
<i>hm ibuprofen 200 mg capsule liquid filled sftgel</i>	3	MO; ADD
<i>hm ibuprofen 200 mg tablet</i>	3	MO; ADD
<i>hm ibuprofen 200 mg tablet coated,gluten-free</i>	3	MO; ADD
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/SYRI NGE	3	ADD
HM INFANT PAIN- FEVER 160 MG/5 GRAPE,W/SYRING E	3	ADD
<i>hm naproxen sod 220 mg caplet caplet, gluten-free</i>	3	ADD
<i>hm naproxen sodium 220 mg cap</i>	3	ADD
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 RELIEF ER 650 MG CPLT	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
HM PAIN RELIEVER 325 MG TABLET REGULAR STRENGTH	3	ADD
HM PAIN RELIEVER 500 MG TABLET EXTRA STRENGTH	3	ADD
<i>ibu</i>	1	MO
IBU-200 200 MG TABLET	3	ADD
<i>ibuprofen 200 mg caplet</i>	3	MO; ADD
<i>ibuprofen 200 mg caplet</i>	3	MO; ADD
<i>ibuprofen 200 mg caplet caplet, coated</i>	3	MO; ADD
<i>ibuprofen 200 mg coated caplet</i>	3	MO; ADD
<i>ibuprofen 200 mg capsule</i>	3	MO; ADD
<i>ibuprofen 200 mg softgel</i>	3	MO; ADD
<i>ibuprofen 200 mg tablet</i>	3	MO; ADD
<i>ibuprofen 200 mg tablet coated</i>	3	MO; ADD
<i>ibuprofen 200 mg tablet coated caplet</i>	3	MO; ADD
<i>ibuprofen 200 mg/10 ml suspension cup 100's, u-d cups (otc)</i>	3	MO; ADD

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<i>ibuprofen 200 mg/10 ml suspension cup 30's, u-d cups (otc)</i>	3	MO; ADD
<i>ibuprofen 200 mg/10 ml suspension cup u-d (otc)</i>	3	MO; ADD
<i>ibuprofen jr str 100 mg tb chw</i>	3	ADD
<i>ibuprofen oral suspension 100 mg/5 ml</i>	1	MO
<i>ibuprofen oral tablet 400 mg, 800 mg</i>	1	MO
<i>ibuprofen oral tablet 600 mg</i>	1	
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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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
<i>meloxicam oral tablet 15 mg</i>	1	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>meloxicam oral tablet 7.5 mg</i>	1	MO; QL (30 per 30 days)
M-PAP 160 MG/5 ML LIQUID	3	MO; ADD
<i>nabumetone</i>	1	MO
<i>nalbuphine</i>	1	MO
<i>naloxone injection solution</i>	1	MO
<i>naloxone injection syringe</i>	1	MO
<i>naloxone nasal</i>	1	MO
<i>naltrexone</i>	1	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	1	
<i>naproxen sodium 220 mg capsule</i>	3	ADD
<i>naproxen sodium 220 mg tablet</i>	3	ADD
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>oxaprozin</i>	1	MO
PAIN RELIEF 325 MG TABLET	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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
<i>piroxicam</i>	1	MO
<i>qc acetaminophen 8-hr 650 mg</i>	3	MO; ADD
QC ARTHRITIS PAIN ER 650 MG CAPLET	3	ADD
<i>qc aspirin 325 mg tablet</i>	3	MO; ADD
<i>qc aspirin 81 mg chewable tab</i>	3	MO; ADD
<i>qc aspirin ec 325 mg tablet</i>	3	MO; ADD
<i>qc aspirin ec 81 mg tablet</i>	3	MO; ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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
<i>qc ibuprofen 200 mg softgel</i>	3	MO; ADD
<i>qc naproxen sod 220 mg tablet</i>	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
<i>salsalate</i>	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
<i>sm aspirin 325 mg tablet</i>	3	MO; ADD
<i>sm aspirin 81 mg chewable tab adult low strength</i>	3	MO; ADD
<i>sm aspirin ec 325 mg tablet</i>	3	MO; ADD
<i>sm aspirin ec 325 mg tablet reg-str, gluten-free</i>	3	MO; ADD
<i>sm aspirin ec 81 mg tablet adult low strength</i>	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
<i>sm ibuprofen 100 mg/5 ml susp (otc)</i>	3	MO; ADD
<i>sm ibuprofen 100 mg/5 ml susp children's (otc)</i>	3	MO; ADD

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<i>sm ibuprofen 200 mg caplet</i>	3	MO; ADD
<i>sm ibuprofen 200 mg softgel</i>	3	MO; ADD
<i>sm ibuprofen 200 mg tablet</i>	3	MO; ADD
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
<i>sm naproxen sod 220 mg caplet</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sm naproxen sod 220 mg gluten free, caplet</i>	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
<i>sulindac</i>	1	MO

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<i>tramadol oral tablet 50 mg</i>	1	MO; QL (240 per 30 days)
<i>tramadol-acetaminophen</i>	1	MO; QL (240 per 30 days)
VIVITROL	2	MO
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9- 0.71 MG, 5.7-1.4 MG	2	MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	2	MO; QL (60 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 720 MG/2.4 ML	2	MO; QL (2.4 per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 960 MG/3.2 ML	2	MO; QL (3.2 per 56 days)
ABILIFY MAINTENA	2	MO; QL (1 per 28 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>amitriptyline</i>	1	MO
<i>amoxapine</i>	1	MO
<i>aripiprazole oral solution</i>	1	MO
<i>aripiprazole oral tablet</i>	1	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet, disintegrating</i>	1	MO; QL (60 per 30 days)
ARISTADA INITIO	2	MO; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 1,064 MG/3.9 ML	2	MO; QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 441 MG/1.6 ML	2	MO; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 662 MG/2.4 ML	2	MO; QL (2.4 per 28 days)

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ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE SYRING 882 MG/3.2 ML	2	MO; QL (3.2 per 28 days)
<i>armodafinil</i>	1	PA; MO; QL (30 per 30 days)
<i>asenapine maleate</i>	1	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	1	MO; QL (30 per 30 days)
AUVELITY	2	ST; MO; QL (60 per 30 days)
<i>bupropion hcl oral tablet</i>	1	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	MO; QL (60 per 30 days)
<i>bupirone</i>	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)
<i>chlorpromazine</i>	1	MO
<i>citalopram oral solution</i>	1	MO
<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)
<i>clomipramine</i>	1	MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	1	PA; MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	1	PA; MO; QL (360 per 30 days)
<i>clozapine</i>	1	
<i>desipramine</i>	1	MO
<i>desvenlafaxine succinate</i>	1	MO; QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	1	MO
<i>dextroamphetamine-amphetamine oral tablet</i>	1	MO
<i>diazepam injection</i>	1	PA

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<i>diazepam intensol</i>	1	PA; MO; QL (240 per 30 days)
<i>diazepam oral concentrate</i>	1	PA; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	PA; MO; QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)</i>	1	PA; QL (1200 per 30 days)
<i>diazepam oral tablet</i>	1	PA; MO; QL (120 per 30 days)
<i>doxepin oral capsule</i>	1	MO
<i>doxepin oral concentrate</i>	1	MO
<i>doxepin oral tablet</i>	1	MO; QL (30 per 30 days)
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)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	MO; QL (60 per 30 days)
EMSAM	2	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>escitalopram oxalate oral solution</i>	1	MO
<i>escitalopram oxalate oral tablet</i>	1	MO; QL (30 per 30 days)
<i>eszopiclone</i>	1	MO; QL (30 per 30 days)
FANAPT ORAL TABLET	2	MO; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	2	MO; QL (8 per 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)
<i>flumazenil</i>	1	
<i>fluoxetine (pmdd) oral tablet 10 mg</i>	1	QL (240 per 30 days)
<i>fluoxetine (pmdd) oral tablet 20 mg</i>	1	QL (120 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO; QL (90 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	1	MO; QL (4 per 28 days)

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<i>fluoxetine oral solution</i>	1	MO
<i>fluoxetine oral tablet 10 mg</i>	1	MO; QL (240 per 30 days)
<i>fluoxetine oral tablet 20 mg</i>	1	MO; QL (120 per 30 days)
<i>fluphenazine decanoate</i>	1	MO
<i>fluphenazine hcl</i>	1	MO
<i>fluvoxamine oral capsule, extended release 24hr</i>	1	MO; QL (60 per 30 days)
<i>fluvoxamine oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	1	MO; QL (60 per 30 days)
<i>haloperidol</i>	1	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)</i>	1	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	MO
<i>haloperidol lactate injection</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>haloperidol lactate intramuscular</i>	1	
<i>haloperidol lactate oral</i>	1	MO
HETLIOZ	2	PA; MO; QL (30 per 30 days)
<i>imipramine hcl</i>	1	MO
<i>imipramine pamoate</i>	1	MO
INVEGA 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)
<i>lithium carbonate</i>	1	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>lorazepam injection solution</i>	1	PA; MO
<i>lorazepam injection syringe 2 mg/ml</i>	1	PA; MO
<i>lorazepam intensol</i>	1	PA; QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	1	PA; MO; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	PA; MO; QL (150 per 30 days)
<i>loxapine succinate</i>	1	MO
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	1	MO; QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i>	1	MO; QL (60 per 30 days)
MARPLAN	2	MO
<i>methylphenidate hcl oral capsule, er biphasic 50-50</i>	1	MO
<i>methylphenidate hcl oral solution</i>	1	MO
<i>methylphenidate hcl oral tablet</i>	1	MO
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	1	MO

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<i>methylphenidate hcl oral tablet, chewable</i>	1	MO
<i>mirtazapine</i>	1	MO
<i>modafinil oral tablet 100 mg</i>	1	PA; MO; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>molindone oral tablet 10 mg, 25 mg</i>	1	
<i>molindone oral tablet 5 mg</i>	1	MO
<i>nefazodone</i>	1	MO
<i>nortriptyline</i>	1	MO
NUPLAZID	2	PA; MO; QL (30 per 30 days)
<i>olanzapine intramuscular</i>	1	MO
<i>olanzapine oral</i>	1	MO; QL (30 per 30 days)
<i>olanzapine-fluoxetine</i>	1	MO
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	1	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	1	MO; QL (60 per 30 days)
<i>paroxetine hcl oral suspension</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	MO; QL (60 per 30 days)
<i>perphenazine</i>	1	MO
PERSERIS	2	MO; QL (1 per 30 days)
<i>phenelzine</i>	1	MO
<i>pimozide</i>	1	MO
<i>protriptyline</i>	1	MO
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	1	MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>ramelteon</i>	1	MO; QL (30 per 30 days)
REXULTI ORAL TABLET	2	MO; QL (30 per 30 days)

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RISPERDAL CONSTA	2	MO; QL (2 per 28 days)
<i>risperidone oral solution</i>	1	MO
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; QL (120 per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	1	MO; QL (120 per 30 days)
SECUADO	2	MO; QL (30 per 30 days)
<i>sertraline oral concentrate</i>	1	MO
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
SODIUM OXYBATE	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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>tasimelteon</i>	1	PA; QL (30 per 30 days)
<i>thioridazine</i>	1	MO
<i>thiothixene</i>	1	MO
<i>tranylcypromine</i>	1	MO
<i>trazodone</i>	1	MO
<i>trifluoperazine</i>	1	MO
<i>trimipramine</i>	1	MO
TRINTELLIX	2	MO; QL (30 per 30 days)
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)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	1	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet</i>	1	MO; QL (90 per 30 days)
VERSACLOZ	2	
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	2	QL (30 per 180 days)
<i>vilazodone</i>	1	MO; QL (30 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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)
<i>zaleplon oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	1	MO; QL (30 per 30 days)
<i>ziprasidone hcl</i>	1	MO; QL (60 per 30 days)
<i>ziprasidone mesylate</i>	1	MO
<i>zolpidem oral tablet</i>	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		
<i>adenosine</i>	1	
<i>amiodarone intravenous solution</i>	1	B/D PA; MO
<i>amiodarone intravenous syringe</i>	1	B/D PA
<i>amiodarone oral tablet 100 mg, 200 mg</i>	1	MO
<i>amiodarone oral tablet 400 mg</i>	1	
<i>dofetilide</i>	1	MO
<i>flecainide</i>	1	MO
<i>ibutilide fumarate</i>	1	
<i>lidocaine (pf) intravenous</i>	1	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	1	
<i>mexiletine</i>	1	MO
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	MO
<i>procainamide injection</i>	1	
<i>propafenone</i>	1	MO
<i>quinidine sulfate oral tablet</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	1	MO
<i>sorine oral tablet 240 mg</i>	1	
<i>sotalol af</i>	1	
<i>sotalol oral</i>	1	MO
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol</i>	1	MO
<i>aliskiren</i>	1	MO
<i>amiloride</i>	1	MO
<i>amiloride-hydrochlorothiazide</i>	1	MO
<i>amlodipine</i>	1	MO
<i>amlodipine-benazepril</i>	1	MO
<i>amlodipine-olmesartan</i>	1	MO
<i>amlodipine-valsartan</i>	1	MO
<i>amlodipine-valsartan-hcthiacid</i>	1	MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO
<i>benazepril</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	1	MO
<i>betaxolol oral tablet 10 mg</i>	1	MO

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<i>betaxolol oral tablet 20 mg</i>	1	
<i>bisoprolol fumarate</i>	1	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide</i>	1	MO
<i>candesartan</i>	1	MO
<i>candesartan-hydrochlorothiazid</i>	1	MO
<i>captopril</i>	1	MO
<i>captopril-hydrochlorothiazide</i>	1	
<i>cartia xt</i>	1	MO
<i>carvedilol</i>	1	MO
<i>chlorothiazide sodium</i>	1	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
<i>clonidine</i>	1	MO; QL (4 per 28 days)
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	1	
<i>clonidine hcl oral tablet</i>	1	MO
<i>diltiazem hcl intravenous</i>	1	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 24 hr</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 24hr</i>	1	MO
<i>diltiazem hcl oral tablet</i>	1	MO
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg</i>	1	MO
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>dilt-xr</i>	1	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	MO; QL (60 per 30 days)
EDARBI	2	MO
EDARBYCLOR	2	MO
<i>enalapril maleate oral tablet</i>	1	MO
<i>enalaprilat intravenous solution</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>	1	

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<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	MO
<i>eplerenone</i>	1	MO
<i>esmolol intravenous solution</i>	1	
<i>ethacrynate sodium</i>	1	
<i>felodipine</i>	1	MO
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	1	MO
<i>furosemide injection solution</i>	1	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	MO
<i>furosemide oral tablet</i>	1	MO
<i>hydralazine</i>	1	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO
<i>irbesartan</i>	1	MO
<i>irbesartan-hydrochlorothiazide</i>	1	MO
<i>isosorbide-hydralazine</i>	1	MO; QL (180 per 30 days)
<i>isradipine</i>	1	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
<i>labetalol intravenous solution</i>	1	
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	1	
<i>labetalol oral</i>	1	MO
<i>lisinopril</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
<i>losartan</i>	1	MO
<i>losartan-hydrochlorothiazide</i>	1	MO
<i>mannitol 20 %</i>	1	
<i>mannitol 25 % intravenous solution</i>	1	MO
<i>matzim la</i>	1	MO
<i>metolazone</i>	1	MO
<i>metoprolol succinate</i>	1	MO
<i>metoprolol ta-hydrochlorothiaz</i>	1	MO
<i>metoprolol tartrate intravenous</i>	1	
<i>metoprolol tartrate oral</i>	1	MO
<i>metyrosine</i>	1	PA; MO
<i>minoxidil oral</i>	1	MO
<i>moexipril</i>	1	MO
<i>nadolol</i>	1	MO
<i>nebivolol</i>	1	MO

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<i>nicardipine intravenous solution</i>	1	
<i>nicardipine oral</i>	1	MO
<i>nifedipine oral tablet extended release</i>	1	MO
<i>nifedipine oral tablet extended release 24hr</i>	1	MO
<i>nimodipine</i>	1	MO
<i>nisoldipine</i>	1	MO
<i>olmesartan</i>	1	MO
<i>olmesartan-amlodipin-hcthiazid</i>	1	MO
<i>olmesartan-hydrochlorothiazide</i>	1	MO
<i>osmitrol 20 %</i>	1	
<i>perindopril erbumine</i>	1	MO
<i>phentolamine</i>	1	
<i>pindolol</i>	1	MO
<i>prazosin</i>	1	MO
<i>propranolol intravenous</i>	1	
<i>propranolol oral</i>	1	MO
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO
<i>quinapril oral tablet 5 mg</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>ramipril</i>	1	MO
<i>spironolactone oral tablet</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	1	MO
<i>taztia xt</i>	1	MO
TEKTURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG	2	
<i>telmisartan</i>	1	MO
<i>telmisartan-amlodipine</i>	1	MO
<i>telmisartan-hydrochlorothiazid</i>	1	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>tiadylt er</i>	1	MO
<i>timolol maleate oral</i>	1	MO
<i>torseamide oral</i>	1	MO
<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil</i>	1	MO
<i>treprostinil sodium</i>	1	PA; MO; LA
<i>triamterene-hydrochlorothiazid</i>	1	MO
UPTRAVI ORAL	2	PA; MO; LA
<i>valsartan oral tablet</i>	1	MO

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<i>valsartan-hydrochlorothiazide</i>	1	MO
<i>veletri</i>	1	B/D PA; MO
<i>verapamil intravenous</i>	1	
<i>verapamil oral</i>	1	MO
COAGULATION THERAPY		
<i>aminocaproic acid</i>	1	MO
<i>aspirin-dipyridamole</i>	1	MO
BRILINTA	2	MO
CABLIVI INJECTION KIT	2	PA; LA
CEPROTIN (BLUE BAR)	2	PA; MO
CEPROTIN (GREEN BAR)	2	PA; MO
<i>cilostazol</i>	1	MO
<i>clopidogrel oral tablet 300 mg</i>	1	MO
<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)
<i>dabigatran etexilate</i>	1	MO
<i>dipyridamole intravenous</i>	1	
<i>dipyridamole oral</i>	1	MO
DOPTELET (10 TAB PACK)	2	PA; MO; LA
DOPTELET (15 TAB PACK)	2	PA; MO; LA

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
DOPTELET (30 TAB PACK)	2	PA; MO; LA
ELIQUIS	2	MO
ELIQUIS DVT-PE TREAT 30D START	2	MO
<i>enoxaparin subcutaneous solution</i>	1	MO; QL (30 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	1	MO; QL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	1	MO; QL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	1	MO; QL (16.8 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	1	MO; QL (11.2 per 28 days)
<i>fondaparinux</i>	1	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml)</i>	1	

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<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/500 ml (50 unit/ml)</i>	1	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i>	1	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml</i>	1	
<i>heparin (porcine) injection cartridge</i>	1	MO
<i>heparin (porcine) injection solution</i>	1	MO
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	MO
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	2	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	MO
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	1	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i>	1	MO
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	2	
HEPARIN, PORCINE (PF) SUBCUTANEOUS	2	MO
<i>jantoven</i>	1	MO
MEPHYTON 5 MG TABLET	3	ADD
<i>pentoxifylline</i>	1	MO
<i>phytonadione 5 mg tablet</i>	3	MO; ADD
<i>phytonadione 5 mg tablet inner</i>	3	MO; ADD
<i>phytonadione 5 mg tablet outer</i>	3	MO; ADD
<i>prasugrel</i>	1	MO
PROMACTA	2	PA; MO; LA
<i>protamine</i>	1	
<i>vitamin k-1 10 mg/ml ampul sub, outer</i>	3	MO; ADD
<i>warfarin</i>	1	MO
XARELTO	2	MO

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XARELTO DVT-PE TREAT 30D START	2	MO
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin</i>	1	MO; QL (30 per 30 days)
<i>atorvastatin</i>	1	MO; QL (30 per 30 days)
<i>cholestyramine (with sugar)</i>	1	MO
<i>cholestyramine light</i>	1	
<i>colexevelam</i>	1	MO
<i>colestipol</i>	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
<i>ezetimibe</i>	1	MO
<i>ezetimibe-simvastatin</i>	1	MO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	1	MO
<i>fenofibrate nanocrystallized</i>	1	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>fenofibric acid</i>	1	
<i>fenofibric acid (choline)</i>	1	MO
<i>fluvastatin oral capsule 20 mg</i>	1	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>gemfibrozil</i>	1	MO
<i>gnp niacin 250 mg tablet w/calcium (rx)</i>	3	MO; ADD
<i>hm niacin tr 250 mg tablet gluten-free (rx)</i>	3	MO; ADD
<i>icosapent ethyl</i>	1	MO
JUXTAPID	2	PA; MO; LA
LIVALO	2	ST; MO; QL (30 per 30 days)
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
NEXLETOL	2	PA; MO
NEXLIZET	2	PA; MO
<i>niacin 100 mg tablet (rx)</i>	3	MO; ADD
<i>niacin 100 mg tablet inner (rx)</i>	3	MO; ADD
<i>niacin 100 mg tablet outer (rx)</i>	3	MO; ADD

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

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

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<i>prevalite</i>	1	MO
<i>ra niacin 100 mg tablet p/f (rx)</i>	3	MO; ADD
<i>ra niacin 500 mg tablet (rx)</i>	3	MO; ADD
RA NIACIN 500 MG TABLET NO FLUSH (RX)	3	ADD
REPATHA	2	PA; QL (6 per 28 days)
REPATHA PUSHTRONEX	2	PA; QL (7 per 28 days)
REPATHA SURECLICK	2	PA; QL (6 per 28 days)
<i>rosuvastatin</i>	1	MO; QL (30 per 30 days)
<i>simvastatin</i>	1	MO; QL (30 per 30 days)
SLO-NIACIN 250 MG TABLET	3	MO; ADD
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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
MISCELLANEOUS CARDIOVASCULAR AGENTS		
<i>cardioplegic soln</i>	1	
CORLANOR ORAL SOLUTION	2	QL (450 per 30 days)
CORLANOR ORAL TABLET	2	MO; QL (60 per 30 days)
<i>digoxin oral</i>	1	MO
<i>dobutamine</i>	1	B/D PA
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i>	1	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	1	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	1	B/D PA; MO

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<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	1	B/D PA
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	1	B/D PA; MO
ENTRESTO	2	MO; QL (60 per 30 days)
<i>milrinone</i>	1	B/D PA
<i>milrinone in 5 % dextrose</i>	1	B/D PA
<i>norepinephrine bitartrate</i>	1	
<i>ranolazine</i>	1	MO
<i>sodium nitroprusside</i>	1	B/D PA
VECAMYL	2	
VERQUVO	2	MO; QL (30 per 30 days)
VYNDAMAX	2	PA; MO
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	MO
<i>isosorbide mononitrate</i>	1	MO
<i>nitro-bid</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i>	1	B/D PA
<i>nitroglycerin intravenous</i>	1	B/D PA
<i>nitroglycerin sublingual</i>	1	MO
<i>nitroglycerin transdermal patch 24 hour</i>	1	MO
<i>nitroglycerin translingual</i>	1	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin</i>	1	MO
ANTI-DANDRUFF 1% SHAMPOO	3	MO; ADD
<i>calcipotriene scalp</i>	1	MO; QL (120 per 30 days)
<i>calcipotriene topical cream</i>	1	MO; QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	1	MO; QL (120 per 30 days)
<i>calcitriol topical</i>	1	

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
MEDICATED DANDRUFF 1% SHAMPOO	3	ADD
<i>selenium sulfide topical lotion</i>	1	MO
SKYRIZI SUBCUTANEOUS PEN INJECTOR	2	PA; MO; QL (2 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	2	PA; MO; QL (2 per 28 days)
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)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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WART REMOVER CLEAR STRIP	3	ADD
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MISCELLANEOUS DERMATOLOGICALS

ADBRY	2	PA; MO; QL (6 per 28 days)
AMERICERIN MOIST CREAM	3	ADD
<i>ammonium lactate 12% cream (otc)</i>	3	MO; ADD
<i>ammonium lactate 12% lotion (otc)</i>	3	MO; ADD
<i>ammonium lactate topical cream 12 %</i>	1	MO
<i>ammonium lactate topical lotion 12 %</i>	1	MO
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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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AQUAPHOR 41% HEALING OINTMENT ADVANCED THERAPY	3	MO; ADD
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AQUAPHOR 41% HEALING OINTMENT BABY, ADV THERAPY	3	MO; ADD
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AQUAPHOR HEALING OINTMENT	3	ADD
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ARBEM H-COSMETIC CREAM	3	ADD
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ARBEM LIOPEN BASE	3	ADD
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ARTHRITIS PAIN RLF 0.075% CRM	3	MO; ADD
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AZ CREAM (RX)	3	ADD
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BANOPHEN ANTI-ITCH 2% CREAM	3	MO; ADD
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BASE 7542 CREAM	3	ADD
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<i>benzoin compound tincture</i>	3	ADD
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<i>benzoin tincture (otc)</i>	3	ADD
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<i>benzoin tincture plain (rx)</i>	3	ADD
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<i>beta care cream</i>	3	MO; ADD
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BETA XMA CREAM	3	ADD
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<i>capsaicin 0.025% cream</i>	3	MO; ADD; QL (60 per 30 days)
CAPSAICIN 0.025% HEAT PATCH	3	ADD
<i>capsaicin 0.1% cream</i>	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
<i>chloroprocaine (pf)</i>	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
<i>diclofenac sodium topical gel 3 %</i>	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
<i>fluorouracil topical cream 5 %</i>	1	MO
<i>fluorouracil topical solution</i>	1	MO
<i>glycerin 99.5% liquid usp, anhydrous (otc)</i>	3	MO; ADD
GLYCERIN 99.5% SKIN PROTECT LQ USP (OTC)	3	MO; ADD
<i>glycerin 99.5% skin protect lq vegetable based, usp (otc)</i>	3	MO; ADD
<i>glycerin 99.7% liquid (rx)</i>	3	ADD
<i>glycerin liquid (rx)</i>	3	ADD
<i>glycerin liquid anhydrous synthetic (otc)</i>	3	ADD
<i>glycerin liquid usp (rx)</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>glycerin liquid usp, ep (rx)</i>	3	ADD
<i>glycerin liquid usp, natural (rx)</i>	3	ADD
<i>glycerin skin protectant liq anhydrous synthetic (otc)</i>	3	MO; ADD
<i>glydo</i>	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
<i>imiquimod topical cream in packet 5 %</i>	1	MO
INSECT REPELLENT 20% SPRAY	3	ADD

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ITCH RELIEF 2%-0.1% 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
<i>lidocaine (pf) injection solution</i>	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)
<i>lidocaine hcl injection solution</i>	1	
<i>lidocaine hcl laryngotracheal</i>	1	MO
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	MO
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	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
<i>lidocaine topical ointment</i>	1	MO; QL (36 per 30 days)
<i>lidocaine viscous</i>	1	MO
<i>lidocaine-epinephrine</i>	1	
<i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000, 2 %-1:200,000</i>	1	
<i>lidocaine-prilocaine topical cream</i>	1	MO; QL (30 per 30 days)
LIP BALM BASE (RX)	3	ADD
<i>methoxsalen</i>	1	MO
MICRODERM BASE CREAM	3	ADD
MICROSOME BASE CREAM	3	ADD
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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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
<i>pimecrolimus</i>	1	PA; MO; QL (100 per 30 days)
PNA-HRT BASE CREAM	3	ADD
<i>podofilox</i>	1	MO
<i>polocaine injection solution 1 % (10 mg/ml)</i>	1	
<i>polocaine-mpf</i>	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

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

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SM ANTI-ITCH 2% CREAM EXTRA STRENGTH	3	ADD
<i>sm benzoin tincture nxfi</i>	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
<i>ssd</i>	1	MO
STUDIO 35 MOIST SKIN CREAM	3	ADD
<i>tacrolimus topical</i>	1	PA; MO; QL (100 per 30 days)
TENDER CARE LANOLIN CREAM	3	ADD
THERAPEUTIC MOISTURIZING CREAM FRAGRANCE FREE	3	ADD
THERAPEUTIC MOISTURIZING CREAM FRAGRANCE-FREE	3	ADD

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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		
<i>accutane</i>	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
<i>adapalene 0.1% gel (otc)</i>	3	ADD
ADAPALENE 0.1% GEL (OTC)	3	ADD
<i>amnesteem</i>	1	
<i>azelaic acid</i>	1	MO
BENZEFOAM 5.3% EMOLLIENT FOAM (OTC)	3	ADD
<i>benzoyl peroxide 10% gel (otc)</i>	3	MO; ADD
<i>benzoyl peroxide 10% gel aqueous (otc)</i>	3	MO; ADD
<i>benzoyl peroxide 10% wash (otc)</i>	3	MO; ADD
<i>benzoyl peroxide 2.5% gel (otc)</i>	3	ADD
<i>benzoyl peroxide 5% gel aqueous (otc)</i>	3	MO; ADD
<i>benzoyl peroxide 5% wash (otc)</i>	3	MO; ADD
<i>benzoyl peroxide 6% cleanser (otc)</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
BPO 6% FOAMING CLOTHS (OTC)	3	MO; ADD
<i>claravis</i>	1	
<i>clindamycin phosphate topical gel</i>	1	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical gel, once daily</i>	1	MO; QL (150 per 30 days)
<i>clindamycin phosphate topical lotion</i>	1	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution</i>	1	MO; QL (120 per 30 days)
DERMACINRX ATRIX 2% TONER	3	ADD
DIFFERIN 0.1% GEL (OTC)	3	MO; ADD
<i>ery pads</i>	1	MO
<i>erythromycin with ethanol topical solution</i>	1	MO
<i>isotretinoin</i>	1	
<i>ivermectin topical cream</i>	1	MO; QL (60 per 30 days)
<i>metronidazole topical</i>	1	MO
<i>tazarotene topical cream</i>	1	PA; MO
<i>tazarotene topical gel</i>	1	PA; MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>tretinoin topical</i>	1	PA; MO
<i>zenatane</i>	1	
TOPICAL ANTIBACTERIALS		
<i>bacitracin 500 unit/gm ointmnt</i>	3	MO; ADD
<i>bacitracin 500 unit/gm ointmnt outer</i>	3	MO; ADD
<i>bacitracin zn 500 unit/gm oint</i>	3	ADD
<i>bacitracin zn 500 unit/gm oint</i>	3	MO; ADD
BACITRACIN ZN 500 UNIT/GM OINT	3	ADD
<i>bacitracin zn 500 unit/gm oint usp</i>	3	MO; ADD
BETADINE 10% SOLUTION	3	MO; ADD
BETADINE 10% SOLUTION ANTISEPTIC	3	MO; ADD
BETADINE 10% SOLUTION HOSP.SIZE,ANTISEPTIC	3	MO; ADD
BETADINE 5% SPRAY	3	ADD
BETADINE 7.5% SCRUB SCRUB,W/O PUMP	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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
<i>gentamicin topical</i>	1	MO; QL (60 per 30 days)
GS FIRST AID ANTIBIOTIC OINT	3	ADD
<i>hm bacitracin zn 500 unit/gm</i>	3	MO; ADD
HM DOUBLE ANTIBIOTIC OINTMENT	3	MO; ADD
<i>hm povidone-iodine 10% soln</i>	3	ADD
HM TRIPLE ANTIBIOTIC OINTMENT	3	MO; ADD

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HM TRIPLE ANTIBIOTIC PLUS OINT MAXIMUM STRENGTH	3	MO; ADD
<i>mupirocin</i>	1	MO; QL (44 per 30 days)
POLY BACITRACIN OINTMENT	3	ADD
<i>povidone-iodine 10% solution</i>	3	ADD
<i>qc povidone-iodine 10% soln</i>	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
<i>sm povidone-iodine 10% soln</i>	3	ADD
SM TRIPLE ANTIBIOTIC OINTMENT	3	MO; ADD
SM TRIPLE ANTIBIOTIC PLUS OINT MAXIMUM STRENGTH	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sulfacetamide sodium (acne)</i>	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
<i>butenafine hcl 1% cream</i>	3	MO; ADD
CARRINGTON ANTIFUNGAL 2% CREAM	3	ADD
<i>ciclodan topical solution</i>	1	MO; QL (6.6 per 28 days)
<i>ciclopirox topical cream</i>	1	MO; QL (90 per 28 days)
<i>ciclopirox topical gel</i>	1	MO; QL (100 per 28 days)
<i>ciclopirox topical shampoo</i>	1	MO; QL (120 per 28 days)
<i>ciclopirox topical solution</i>	1	MO; QL (6.6 per 28 days)
<i>ciclopirox topical suspension</i>	1	MO; QL (60 per 28 days)
<i>clotrimazole 1% solution (otc)</i>	3	MO; ADD
<i>clotrimazole 1% topical cream (otc)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>clotrimazole topical cream 1 %</i>	1	MO; QL (45 per 28 days)
<i>clotrimazole topical solution 1 %</i>	1	MO; QL (30 per 28 days)
<i>clotrimazole-betamethasone topical cream</i>	1	MO; QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion</i>	1	MO; QL (60 per 28 days)
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
<i>econazole</i>	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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<i>ketoconazole topical cream</i>	1	MO; QL (60 per 28 days)
<i>ketoconazole topical shampoo</i>	1	MO; QL (120 per 28 days)
LAMISIL AT 1% CREAM	3	MO; ADD
LAMISIL AT 1% CREAM ATHLETE'S FOOT	3	MO; ADD
<i>miconazole 2% topical cream</i>	3	MO; ADD
MICOTRIN AL 1% LIQUID	3	ADD
MICRO-GUARD 2% POWDER 12'S,ANTIFUNGAL	3	MO; ADD
<i>naftifine topical cream</i>	1	MO; QL (60 per 28 days)
<i>naftifine topical gel 2 %</i>	1	MO; QL (60 per 28 days)
NAFTIN TOPICAL GEL 2 %	2	MO; QL (60 per 28 days)
<i>nyamyc</i>	1	QL (180 per 30 days)
<i>nystatin topical cream</i>	1	MO; QL (30 per 28 days)
<i>nystatin topical ointment</i>	1	MO; QL (30 per 28 days)
<i>nystatin topical powder</i>	1	MO; QL (180 per 30 days)
<i>nystatin-triamcinolone</i>	1	MO; QL (60 per 28 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>nystop</i>	1	QL (180 per 30 days)
<i>qc tolnaftate 1% cream</i>	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
<i>sm miconazole 2% topical cream</i>	3	MO; ADD
<i>terbinafine 1% cream</i>	3	MO; ADD
<i>terbinafine 1% cream antifungal</i>	3	MO; ADD
<i>tolnaftate 1% cream</i>	3	MO; ADD
TOPICAL ANTIVIRALS		
<i>acyclovir topical ointment</i>	1	PA; MO; QL (30 per 30 days)
DENAVIR	2	MO; QL (5 per 30 days)
<i>penciclovir</i>	1	MO; QL (5 per 30 days)
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	1	MO

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<i>ala-cort topical cream 2.5 %</i>	1	
<i>alclometasone</i>	1	MO
<i>betamethasone dipropionate</i>	1	MO
<i>betamethasone valerate topical cream</i>	1	MO
<i>betamethasone valerate topical lotion</i>	1	MO
<i>betamethasone valerate topical ointment</i>	1	MO
<i>betamethasone, augmented</i>	1	MO
<i>clobetasol scalp</i>	1	MO; QL (100 per 28 days)
<i>clobetasol topical cream</i>	1	MO; QL (120 per 28 days)
<i>clobetasol topical foam</i>	1	MO; QL (100 per 28 days)
<i>clobetasol topical gel</i>	1	MO; QL (120 per 28 days)
<i>clobetasol topical lotion</i>	1	MO; QL (118 per 28 days)
<i>clobetasol topical ointment</i>	1	MO; QL (120 per 28 days)
<i>clobetasol topical shampoo</i>	1	MO; QL (236 per 28 days)
<i>clobetasol-emollient topical cream</i>	1	MO; QL (120 per 28 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>clodan</i>	1	MO; QL (236 per 28 days)
<i>desonide</i>	1	MO
<i>fluocinolone</i>	1	MO
<i>fluocinolone and shower cap</i>	1	MO
<i>fluocinonide topical cream 0.05 %</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide topical gel</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide topical ointment</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide topical solution</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide-emollient</i>	1	MO; QL (120 per 30 days)
GS ANTI-ITCH 1% CREAM	3	ADD
<i>halobetasol propionate topical cream</i>	1	MO
<i>halobetasol propionate topical ointment</i>	1	MO
<i>hm hydrocortisone 1% cream max str, w/aloe (otc)</i>	3	MO; ADD
<i>hm hydrocortisone 1% cream plus 12 moisturizers (otc)</i>	3	MO; ADD
<i>hydrocortisone 0.5% cream</i>	3	ADD

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<i>hydrocortisone 0.5% cream (otc)</i>	3	MO; ADD
<i>hydrocortisone 1% cream</i>	3	ADD
<i>hydrocortisone 1% cream (otc)</i>	3	MO; ADD
<i>hydrocortisone 1% cream max str, w/aloe (otc)</i>	3	MO; ADD
<i>hydrocortisone 1% cream maximum strength (otc)</i>	3	MO; ADD
<i>hydrocortisone 1% cream moisturizer, max. str (otc)</i>	3	MO; ADD
<i>hydrocortisone 1% ointment</i>	3	ADD
<i>hydrocortisone 1% ointment (otc)</i>	3	MO; ADD
<i>hydrocortisone 1% ointment maximum strength (otc)</i>	3	MO; ADD
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone topical lotion 2.5 %</i>	1	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone-aloe 1% cream</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>mometasone topical</i>	1	MO
<i>prednicarbate topical ointment</i>	1	
<i>sm hydrocortisone 1% ointment maximum strength (otc)</i>	3	MO; ADD
<i>sm hydrocortisone plus 1% crm</i>	3	ADD
<i>sm hydrocortisone-aloe 1% crm</i>	3	MO; ADD
<i>triamcinolone acetonide topical cream</i>	1	MO
<i>triamcinolone acetonide topical lotion</i>	1	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	MO
<i>triderm topical cream</i>	1	
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan</i>	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
<i>malathion</i>	1	MO
<i>permethrin</i>	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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>acetylcysteine intravenous</i>	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, 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, GLU TEN/F (RX)	3	ADD

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CO Q-10 100 MG SOFTGEL SOFTGEL,P/F,GLU TEN-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

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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		
<i>lactated ringers irrigation</i>	1	
<i>neomycin-polymyxin b gu</i>	1	
<i>ringer's irrigation</i>	1	
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	1	MO
<i>acetic acid irrigation</i>	1	MO
<i>alpha lipoic acid 100 mg cap</i>	3	MO; ADD
ALPHA LIPOIC ACID 100 MG CAP	3	MO; ADD
ALPHA LIPOIC ACID 200 MG CAP P/F	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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ALPHA LIPOIC ACID 300 MG CAP	3	MO; ADD
ALPHA LIPOIC ACID 300 MG SFTGL	3	MO; ADD
<i>alpha lipoic acid 600 mg cap gluten-free (rx)</i>	3	MO; ADD
<i>alpha lipoic acid 600 mg cap gluten-free, ex str (rx)</i>	3	MO; ADD
<i>alpha lipoic acid 600 mg cap p/f, gluten-free (rx)</i>	3	MO; ADD
<i>anagrelide</i>	1	MO
BENZYL ALCOHOL LIQUID NF (RX)	3	ADD
BENZYL BENZOATE LIQUID (RX)	3	ADD
<i>caffeine citrate intravenous</i>	1	
<i>caffeine citrate oral</i>	1	MO
CAFFEINE POWDER USP, ANHYDROUS (RX)	3	ADD
<i>carglumic acid</i>	1	PA
<i>cevimeline</i>	1	MO
CHEMET	2	PA

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CLINIMIX 4.25%/D5W SULFIT FREE	2	B/D PA
<i>cvs glucose 4 gram tablet chew assorted fruit (rx)</i>	3	MO; ADD
<i>cvs glucose 4 gram tablet chew n, no caffeine (rx)</i>	3	MO; ADD
CVS GLUCOSE 40% GEL	3	ADD
CVS GLUCOSE 40% GEL 3'S (RX)	3	ADD
<i>d10 %-0.45 % sodium chloride</i>	1	MO
<i>d2.5 %-0.45 % sodium chloride</i>	1	
<i>d5 % and 0.9 % sodium chloride</i>	1	MO
<i>d5 %-0.45 % sodium chloride</i>	1	MO
<i>deferasirox</i>	1	PA; MO
<i>deferiprone</i>	1	PA; MO
<i>deferoxamine</i>	1	B/D PA; MO
DEX4 GLUCOSE 15 GM GEL PACKET FRUIT PUNCH,GO-POUCH	3	ADD
DEX4 GLUCOSE 15 GM GEL PACKET MANGO TWIST,GO-POUCH	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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, GLUTEN-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
<i>dextrose 10 % and 0.2 % nacl</i>	1	
<i>dextrose 10 % in water (d10w)</i>	1	
<i>dextrose 25 % in water (d25w)</i>	1	
<i>dextrose 5 % in water (d5w)</i>	1	MO
<i>dextrose 5 %-lactated ringers</i>	1	MO
<i>dextrose 5%-0.2 % sod chloride</i>	1	
<i>dextrose 5%-0.3 % sod.chloride</i>	1	
<i>dextrose 50 % in water (d50w)</i>	1	MO
<i>dextrose 70 % in water (d70w)</i>	1	

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<i>disulfiram oral tablet 250 mg</i>	1	MO
<i>disulfiram oral tablet 500 mg</i>	1	
<i>droxidopa</i>	1	PA; MO
<i>drug mart glucose 4 gm tab chw orange flavor (rx)</i>	3	MO; ADD
<i>drug mart glucose 4 gm tab chw raspberry flavor (rx)</i>	3	MO; ADD
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
<i>glucose 4 gram tablet chew (rx)</i>	3	MO; ADD
<i>glucose 4 gram tablet chew assort fruit flavor (rx)</i>	3	MO; ADD
<i>glucose 4 gram tablet chew n (rx)</i>	3	MO; ADD
<i>glucose 4 gram tablet chew n,caffeine free (rx)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>glucose 4 gram tablet chew n,raspberry (rx)</i>	3	MO; ADD
<i>glucose 4 gram tablet chew nree (rx)</i>	3	MO; ADD
<i>glucose 4 gram tablet chew raspberry flavor (rx)</i>	3	MO; ADD
GLUTOSE-5 GEL OUTER	3	ADD
<i>gnp glucose 3.75 gram tab chew orange, gluten-free (rx)</i>	3	MO; ADD
<i>gnp glucose 4 gram tablet chew (rx)</i>	3	MO; ADD
<i>gnp glucose 4 gram tablet chew 6x10's, orange (rx)</i>	3	MO; ADD
<i>gnp glucose 4 gram tablet chew 6x10's, raspberry (rx)</i>	3	MO; ADD
<i>gnp glucose 4 gram tablet chew grape (rx)</i>	3	MO; ADD
<i>gnp glucose 4 gram tablet chew orange (rx)</i>	3	MO; ADD
<i>gnp glucose 4 gram tablet chew raspberry (rx)</i>	3	MO; ADD
<i>gnp glucose 4 gram tablet chew watermelon (rx)</i>	3	MO; ADD

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<i>gnp glucose 4 gram tablet chew watermelon flavor (rx)</i>	3	MO; ADD
<i>gnp quick dissolve glucose tab n,caffeine free (rx)</i>	3	MO; ADD
<i>gs glucose 4 gram tablet chew (rx)</i>	3	MO; ADD
<i>gs glucose 4 gram tablet chew gluten-f,n, fruit (rx)</i>	3	MO; ADD
<i>gs glucose 4 gram tablet chew gluten-f,n, grape (rx)</i>	3	MO; ADD
<i>gs glucose 4 gram tablet chew gluten-f,n,citrus (rx)</i>	3	MO; ADD
<i>gs glucose 4 gram tablet chew gluten-f,n,orange (rx)</i>	3	MO; ADD
<i>gs glucose 4 gram tablet chew gluten-f,n,tropic (rx)</i>	3	MO; ADD
<i>gs glucose 4 gram tablet chew gluten-f,na-f,rasp (rx)</i>	3	MO; ADD
INCRELEX	2	MO; LA
<i>kro glucose 4 gram tablet chew (rx)</i>	3	MO; ADD
<i>kro glucose 4 gram tablet chew gluten-f,n,grape (rx)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>kro glucose 4 gram tablet chew gluten-f,n,orange (rx)</i>	3	MO; ADD
<i>kruger glucose 4 gram tab chew orange (rx)</i>	3	MO; ADD
<i>kruger glucose 4 gram tab chew raspberry (rx)</i>	3	MO; ADD
<i>kruger glucose 4 gram tab chew watermelon (rx)</i>	3	MO; ADD
LACTOSE ANHYDROUS POWDER NF (RX)	3	ADD
LACTOSE MONOHYDRATE POWDER NF (RX)	3	ADD
LACTOSE MONOHYDRATE POWDER NF, HYDROUS (RX)	3	ADD
LACTOSE MONOHYDRATE POWDER NF, SPRAY DRIED (RX)	3	ADD
LACTOSE POWDER USP/NF, ANHYDROUS	3	ADD
L-CARNITINE POWDER (RX)	3	ADD

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<i>leader glucose 4 gm tab chew orange flavor (rx)</i>	3	MO; ADD
<i>leader glucose 4 gm tab chew raspberry flavor (rx)</i>	3	MO; ADD
<i>leader glucose 4 gm tab chew watermelon flavor (rx)</i>	3	MO; ADD
<i>leader quick dissolve gluc tab (rx)</i>	3	MO; ADD
<i>levocarnitine (with sugar)</i>	1	MO
<i>levocarnitine oral solution 100 mg/ml</i>	1	MO
<i>levocarnitine oral tablet</i>	1	MO
L-GLUTAMINE POWDER FCC	3	ADD
L-GLUTAMINE POWDER USP (RX)	3	ADD
L-GLUTATHIONE POWDER USP (RX)	3	ADD
LOKELMA	2	MO
LOLLIBASE POWDER	3	ADD
<i>longs glucose 4 gram tab chew orange flavor (rx)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>longs glucose 4 gram tab chew raspberry flavor (rx)</i>	3	MO; ADD
<i>methylcellulose 1,500 cps pwd (rx)</i>	3	ADD
<i>methylcellulose 4,000 cps pwd</i>	3	ADD
METHYLCELLULOSE 4,000 CPS PWD	3	ADD
METHYLCELLULOSE 400 CP POWDER	3	ADD
<i>midodrine</i>	1	MO
<i>ms quick dissolve glucose tab (rx)</i>	3	MO; ADD
MX-SOL SYRUP	3	ADD
<i>nitisinone</i>	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
<i>pilocarpine hcl oral</i>	1	MO
<i>polyethylene glycol 1000 pd nf (rx)</i>	3	ADD
POLYETHYLENE GLYCOL 3350 POWD NF (RX)	3	ADD
<i>polyethylene glycol 8000 powd (rx)</i>	3	ADD
<i>preferred plus glucose tab chw grape (rx)</i>	3	MO; ADD
<i>preferred plus glucose tab chw orange flavor (rx)</i>	3	MO; ADD
<i>preferred plus glucose tab chw raspberry flavor (rx)</i>	3	MO; ADD
<i>preferred plus glucose tab chw watermelon flavor (rx)</i>	3	MO; ADD
PROLASTIN-C	2	PA; LA
<i>pub glucose 4 gram tablet chew assorted fruit (rx)</i>	3	MO; ADD
<i>pub glucose 4 gram tablet chew orange (rx)</i>	3	MO; ADD
<i>pub glucose 4 gram tablet chew raspberry flavor (rx)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>pub glucose 4 gram tablet chew sour apple flavor (rx)</i>	3	MO; ADD
RAVICTI	2	PA; MO
<i>relion glucose 4 gram tab chew hri, gluten-free (rx)</i>	3	MO; ADD
REVCIVI	2	PA; LA
<i>riluzole</i>	1	PA; MO
<i>risedronate oral tablet 30 mg</i>	1	QL (30 per 30 days)
<i>sesame oil nf (rx)</i>	3	ADD
<i>sevelamer carbonate oral tablet</i>	1	MO; QL (270 per 30 days)
<i>sm glucose 4 gram tab chew (rx)</i>	3	MO; ADD
<i>sm glucose 4 gram tab chew 12's (rx)</i>	3	MO; ADD
<i>smart sense glucose 4 gram tab assorted fruit (rx)</i>	3	MO; ADD
<i>smart sense glucose 4 gram tab grape, gluten-free (rx)</i>	3	MO; ADD
<i>smart sense glucose 4 gram tab orange, gluten-free (rx)</i>	3	MO; ADD
<i>smart sense glucose 4 gram tab raspberry (rx)</i>	3	MO; ADD
<i>sod fer gluc cplx 62.5 mg/5 ml inner, p/f, sdv</i>	3	MO; ADD

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<i>sod fer gluc cplx 62.5 mg/5 ml outer, p/f, sdv</i>	3	MO; ADD
<i>sod fer gluc cplx 62.5 mg/5 ml sdv,inner</i>	3	MO; ADD
<i>sod fer gluc cplx 62.5 mg/5 ml sdv,outer</i>	3	MO; ADD
<i>sodium benzoate-sod phenylacet</i>	1	
SODIUM BROMIDE GRANULES (RX)	3	ADD
<i>sodium chloride 0.9 % intravenous</i>	1	MO
<i>sodium chloride irrigation</i>	1	MO
<i>sodium phenylbutyrate oral powder</i>	1	PA; MO
<i>sodium phenylbutyrate oral tablet</i>	1	PA
<i>sodium polystyrene sulfonate oral powder</i>	1	MO
SORBITOL 70% SOLUTION (OTC)	3	MO; ADD
SOSWEET SYRUP VEHICLE	3	ADD
<i>sps (with sorbitol) oral</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sps (with sorbitol) rectal</i>	1	
SV ALPHA LIPOIC ACID 200 MG CP P/F	3	MO; ADD
SYRPALTA SYRUP	3	ADD
<i>trientine oral capsule 250 mg</i>	1	PA; MO
TRUEPLUS GLUCOSE 15 GRAM GEL	3	MO; ADD
UNISPEND ANHYDROUS SWEET SUSP	3	ADD
<i>up&up glucose 4 gram tab chew orange (rx)</i>	3	MO; ADD
<i>up&up glucose 4 gram tab chew raspberry (rx)</i>	3	MO; ADD
<i>up&up glucose 4 gram tab chew tropical fruit (rx)</i>	3	MO; ADD
VALUE PLUS GLUCOSE 40% GEL 3'S, TROPICAL FRUIT (RX)	3	ADD
<i>value plus glucose tablet chew assorted fruit (otc)</i>	3	MO; ADD

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<i>value plus glucose tablet chew grape (otc)</i>	3	MO; ADD
VELPHORO	2	MO; QL (180 per 30 days)
VELTASSA	2	MO
<i>water for irrigation, sterile</i>	1	MO
XIAFLEX	2	PA
ZINC SULFATE HEPTAHYDRATE POWD USP (RX)	3	ADD
ZINC SULFATE HEPTAHYDRATE POWD USP, GRANULAR (RX)	3	ADD
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	1	PA; MO
PHARMACEUTICAL ADJUVANTS		
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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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		
<i>bupropion hcl (smoking deter)</i>	1	
<i>gs nicotine 2 mg chewing gum</i>	3	MO; ADD
<i>gs nicotine 2 mg lozenge</i>	3	MO; ADD
<i>gs nicotine 2 mg mini lozenge</i>	3	MO; ADD

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<i>gs nicotine 4 mg chewing gum</i>	3	MO; ADD
<i>gs nicotine 4 mg chewing gum original</i>	3	MO; ADD
<i>gs nicotine 4 mg lozenge</i>	3	MO; ADD
<i>gs nicotine 4 mg mini lozenge</i>	3	MO; ADD
<i>hm nicotine 14 mg/24hr patch (otc)</i>	3	MO; ADD
<i>hm nicotine 2 mg chewing gum</i>	3	MO; ADD
<i>hm nicotine 2 mg chewing gum mint</i>	3	MO; ADD
<i>hm nicotine 2 mg lozenge</i>	3	MO; ADD
<i>hm nicotine 2 mg lozenge mint, 3 quittube</i>	3	MO; ADD
<i>hm nicotine 2 mg mini lozenge</i>	3	MO; ADD
HM NICOTINE 2 MG MINI LOZENGE	3	MO; ADD
<i>hm nicotine 21 mg/24hr patch (otc)</i>	3	MO; ADD
<i>hm nicotine 4 mg chewing gum</i>	3	MO; ADD
<i>hm nicotine 4 mg chewing gum mint</i>	3	MO; ADD
HM NICOTINE 4 MG LOZENGE	3	MO; ADD

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

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

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

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>nicotine 4 mg lozenge mint, 3 quit tube</i>	3	MO; ADD
<i>nicotine 4 mg lozenge outer</i>	3	MO; ADD
<i>nicotine 4 mg mini lozenge</i>	3	MO; ADD
<i>nicotine 4 mg mini lozenge inner</i>	3	MO; ADD
<i>nicotine 4 mg mini lozenge mini, mint, 3 quit tube</i>	3	MO; ADD
<i>nicotine 4 mg mini lozenge outer</i>	3	MO; ADD
<i>nicotine 7 mg/24hr patch (otc)</i>	3	MO; ADD
<i>nicotine 7 mg/24hr patch outer (otc)</i>	3	MO; ADD
<i>nicotine 7 mg/24hr patch outer, clear, step 3 (otc)</i>	3	MO; ADD
<i>nicotine 7 mg/24hr patch step 3 (otc)</i>	3	MO; ADD
<i>nicotine transdermal system step 1,2,3</i>	3	MO; ADD
NICOTROL	2	
NICOTROL NS	2	MO
<i>sm nicotine 14 mg/24hr patch (otc)</i>	3	MO; ADD
<i>sm nicotine 2 mg chewing gum</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sm nicotine 2 mg lozenge</i>	3	MO; ADD
<i>sm nicotine 21 mg/24hr patch (otc)</i>	3	MO; ADD
<i>sm nicotine 4 mg chewing gum</i>	3	MO; ADD
<i>sm nicotine 4 mg lozenge</i>	3	MO; ADD
<i>sm nicotine 7 mg/24hr patch (otc)</i>	3	MO; ADD
<i>varenicline</i>	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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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>azelastine nasal aerosol,spray</i>	1	MO; QL (60 per 30 days)
<i>azelastine nasal spray,non-aerosol</i>	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
<i>chlorhexidine gluconate mucous membrane</i>	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)
<i>denta 5000 plus dental cream 1.1 %</i>	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)
<i>dentagel dental gel 1.1 %</i>	1	MO
EQ NASAL 0.65% SPRAY	3	ADD
EQL SALINE 0.65% NASAL SPRAY	3	ADD
<i>fluoride (sodium) dental cream</i>	1	
<i>fluoride (sodium) dental gel</i>	1	
<i>fluoride (sodium) dental paste</i>	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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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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
<i>ipratropium bromide nasal</i>	1	MO; QL (30 per 30 days)
<i>kourzeq</i>	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

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

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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 SPRAY	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)
<i>sf 5000 plus dental cream 1.1 %</i>	1	MO
<i>sf dental gel 1.1 %</i>	1	MO
SINUS RELIEF 1% NASAL SPRAY	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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
<i>sodium fluoride 5000 dry mouth</i>	1	MO
<i>sodium fluoride 5000 plus</i>	1	
<i>sodium fluoride-pot nitrate</i>	1	MO
<i>triamcinolone acetonide dental</i>	1	MO
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	1	MO
<i>ciprofloxacin hcl otic (ear)</i>	1	MO
EAR DROPS 6.5%	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
EAR WAX REMOVAL 6.5% DROP	3	ADD
EAR WAX REMOVAL 6.5% KIT	3	ADD
<i>flac otic oil</i>	1	
<i>fluocinolone acetonide oil</i>	1	MO
<i>hydrocortisone-acetic acid</i>	1	MO
<i>ofloxacin otic (ear)</i>	1	MO
OTIC STEROID / ANTIBIOTIC		
<i>ciprofloxacin-dexamethasone</i>	1	MO
<i>neomycin-polymyxin-hc otic (ear)</i>	1	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>cortisone</i>	1	
<i>dexamethasone intensol</i>	1	MO
<i>dexamethasone oral elixir</i>	1	MO
<i>dexamethasone oral solution</i>	1	MO
<i>dexamethasone oral tablet</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>dexamethasone sodium phos (pf) injection solution</i>	1	MO
<i>dexamethasone sodium phosphate injection</i>	1	MO
<i>fludrocortisone</i>	1	MO
<i>hydrocortisone oral</i>	1	MO
<i>methylprednisolone acetate</i>	1	MO
<i>methylprednisolone oral tablet</i>	1	B/D PA; MO
<i>methylprednisolone oral tablets,dose pack</i>	1	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	1	MO
<i>methylprednisolone sodium succ intravenous</i>	1	MO
<i>prednisolone oral solution</i>	1	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	MO

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<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)</i>	1	
<i>prednisone</i>	1	MO
<i>prednisone intensol</i>	1	MO
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	MO
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil</i>	1	MO
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	1	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	1	MO; QL (180 per 30 days)
<i>alcohol pads</i>	2	
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)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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
<i>diazoxide</i>	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)
<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QL (60 per 30 days)

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

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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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LYUMJEV U-100 INSULIN	2	MO
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (60 per 30 days)
MOUNJARO	2	PA; 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
<i>nateglinide oral tablet 120 mg</i>	1	MO; QL (90 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>nateglinide oral tablet 60 mg</i>	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)
<i>pioglitazone</i>	1	MO; QL (30 per 30 days)
QTERN	2	MO; QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	1	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	1	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	MO; QL (240 per 30 days)
RYBELSUS	2	PA; MO; QL (30 per 30 days)
<i>saxagliptin</i>	1	MO; QL (30 per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	1	MO; QL (60 per 30 days)

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<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	1	MO; QL (30 per 30 days)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	2	MO; QL (60 per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG	2	MO; QL (120 per 30 days)
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)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	2	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	2	MO; QL (60 per 30 days)
ZEGALOGUE AUTOINJECTOR	2	MO
ZEGALOGUE SYRINGE	2	MO
MISCELLANEOUS HORMONES		
ALDURAZYME	2	PA; MO
ANDRODERM	2	PA; QL (30 per 30 days)
<i>cabergoline</i>	1	MO
<i>calcitonin (salmon)</i>	1	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	MO
<i>calcitriol oral capsule</i>	1	MO
<i>calcitriol oral solution</i>	1	
<i>cinacalcet</i>	1	PA; MO
<i>clomid</i>	1	PA; MO
<i>clomiphene citrate</i>	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
<i>danazol</i>	1	MO
<i>desmopressin injection</i>	1	MO
<i>desmopressin nasal spray with pump</i>	1	MO
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin oral</i>	1	MO
<i>doxercalciferol intravenous</i>	1	
<i>doxercalciferol oral</i>	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
<i>pamidronate intravenous solution</i>	1	MO
<i>paricalcitol intravenous</i>	1	
<i>paricalcitol oral</i>	1	MO
<i>sapropterin</i>	1	PA; MO

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SOMAVERT	2	PA; MO
STRENSIQ	2	PA; LA
SYNAREL	2	PA; MO
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	PA; MO
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	1	PA
<i>testosterone enanthate</i>	1	PA; MO
<i>testosterone transdermal gel</i>	1	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	1	PA; MO; QL (120 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	1	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	1	PA; MO; QL (150 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	1	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	1	PA; MO; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	1	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal solution in metered pump w/app</i>	1	PA; MO; QL (180 per 30 days)
<i>tolvaptan</i>	1	PA; MO
VIMIZIM	2	PA; MO; LA
<i>zoledronic acid intravenous solution</i>	1	B/D PA; MO
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	1	B/D PA; MO
THYROID HORMONES		
<i>euthyrox</i>	1	MO
<i>levo-t</i>	1	
<i>levothyroxine intravenous recon soln</i>	1	MO

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<i>levothyroxine oral tablet</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
<i>liothyronine</i>	1	MO
<i>unithroid</i>	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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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
<i>atropine injection solution 0.4 mg/ml</i>	1	
<i>atropine injection syringe 0.1 mg/ml</i>	1	
<i>atropine intravenous solution 0.4 mg/ml</i>	1	
<i>atropine intravenous syringe 0.25 mg/5 ml (0.05 mg/ml)</i>	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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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
BISMUTH 262 MG TABLET CHEW	3	MO; ADD
CULTURELLE PRENATAL PRO CHEWTB	3	ADD
CULTURELLE TOTAL BALANCE CAP	3	ADD
<i>dicyclomine intramuscular</i>	1	MO
<i>dicyclomine oral capsule</i>	1	MO
<i>dicyclomine oral solution</i>	1	MO
<i>dicyclomine oral tablet</i>	1	MO
<i>diphenoxylate-atropine oral liquid</i>	1	
<i>diphenoxylate-atropine oral tablet</i>	1	MO
EQL PROBIOTIC ACIDOPHIL-PECTIN	3	MO; ADD
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	1	MO
<i>glycopyrrolate injection</i>	1	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	MO
<i>glycopyrrolate oral tablet 1.5 mg</i>	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
<i>loperamide 1 mg/7.5 ml soln</i>	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
<i>loperamide oral capsule</i>	1	MO
<i>opium tincture</i>	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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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
MISCELLANEOUS GASTROINTESTINAL AGENTS		
ACID GONE ANTACID LIQUID	3	MO; ADD
ACID GONE TABLET CHEW	3	MO; ADD
ALMACONE-2 LIQUID	3	MO; ADD
<i>al-mag hydrox-simeth max susp</i>	3	ADD
<i>al-mag hydrox-simeth max susp outer</i>	3	ADD
<i>alose tron</i>	1	PA; MO
<i>aluminum hydroxide gel</i>	3	MO; ADD
<i>alum-mag hydroxide-simeth susp</i>	3	ADD
<i>alum-mag hydroxide-simeth susp outer</i>	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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ANTACID LIQUID	3	ADD
ANTACID-ANTIGAS 1000-60 MG CHW	3	ADD
ANTACID-ANTIGAS LIQUID	3	MO; ADD
ANTACID-ANTIGAS SUSPENSION	3	MO; ADD
<i>aprepitant</i>	1	B/D PA; MO
<i>balsalazide</i>	1	MO
<i>betaine</i>	1	MO
<i>bisacodyl 10 mg suppository</i>	3	MO; ADD
<i>bisacodyl ec 5 mg tablet</i>	3	MO; ADD
<i>budesonide oral</i>	1	MO
<i>castor oil</i>	3	ADD
<i>castor oil stimulant laxative</i>	3	ADD
<i>castor oil usp</i>	3	ADD
<i>castor oil usp (rx)</i>	3	ADD
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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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CIMZIA POWDER FOR RECONST	2	PA; MO; QL (2 per 28 days)
CIMZIA STARTER KIT	2	PA; MO; QL (3 per 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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
COLACE 2-IN-1 TABLET	3	MO; ADD
COLACE CLEAR 50 MG SOFTGEL	3	MO; ADD
COLACE-T 100 MG CAPSULE	3	MO; ADD
<i>compro</i>	1	MO
<i>constulose</i>	1	MO
CORTIFOAM	2	MO
CREON	2	MO
<i>cromolyn oral</i>	1	MO
<i>cvs castor oil</i>	3	ADD
<i>dimenhydrinate injection solution</i>	1	MO
<i>docusate cal 240 mg softgel</i>	3	MO; ADD
<i>docusate sodium 100 mg inner, softgel</i>	3	MO; ADD
<i>docusate sodium 100 mg outer, softgel</i>	3	MO; ADD
<i>docusate sodium 100 mg softgel</i>	3	MO; ADD
<i>docusate sodium 250 mg softgel</i>	3	MO; ADD
<i>docusate sodium 50 mg/5 ml liq</i>	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
<i>dronabinol</i>	1	B/D PA; MO
<i>droperidol injection solution</i>	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)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ENTYVIO	2	PA; MO; QL (2 per 28 days)
<i>enulose</i>	1	MO
EPSOM SALT	3	ADD
<i>eql castor oil</i>	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
<i>fosaprepitant</i>	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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	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
<i>generlac</i>	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
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	1	MO
<i>granisetron hcl intravenous</i>	1	MO
<i>granisetron hcl oral</i>	1	B/D PA; MO
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
<i>hm castor oil odorless-tasteless</i>	3	ADD
HM CLEARLAX POWDER	3	MO; ADD
HM CLEARLAX POWDER 7 ONCE-DAILY DOSES	3	MO; ADD

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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
<i>hm magnesium citrate solution</i>	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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
HM MOTION SICKNESS 50 MG TAB	3	ADD
HM READY TO USE MIN OIL ENEMA	3	ADD; QL (399 per 30 days)
<i>hm senna 8.6 mg tablet</i>	3	MO; ADD
HM STOOL SOFTENER 100 MG SFTGL	3	ADD
HM STOOL SOFTENER-STIM LAX TAB	3	ADD
<i>hydrocortisone rectal</i>	1	MO
<i>hydrocortisone topical cream with perineal applicator</i>	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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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
KONSYL PSYLLIUM FIBER POWDER ORANGE, GLUTEN FREE	3	ADD
<i>lactulose oral solution 10 gram/15 ml</i>	1	MO
<i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	1	
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)
<i>lubiprostone</i>	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
<i>magnesium citrate solution</i>	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
<i>magnesium oxide 400 mg tablet (otc)</i>	3	MO; ADD
MAGNESIUM OXIDE 400 MG TABLET (OTC)	3	MO; ADD
MAG-TAB SR 84 MG CAPLET	3	MO; ADD
MAG-TAB SR 84 MG CAPLET	3	MO; ADD
MAG-TAB SR 84 MG CAPLET U/D,CAPLET	3	MO; ADD
<i>meclizine 12.5 mg caplet (otc)</i>	3	MO; ADD
<i>meclizine 12.5 mg caplet (otc)</i>	3	MO; ADD
<i>meclizine 25 mg tablet chew</i>	3	MO; ADD
<i>meclizine 25 mg tablet chew raspberry</i>	3	MO; ADD
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	MO
<i>mesalamine oral capsule (with del rel tablets)</i>	1	MO
<i>mesalamine oral capsule, extended release</i>	1	

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<i>mesalamine oral capsule,extended release 24hr</i>	1	MO
<i>mesalamine oral tablet,delayed release (dr/ec)</i>	1	MO
<i>mesalamine rectal</i>	1	MO
<i>mesalamine with cleansing wipe</i>	1	MO
<i>metoclopramide hcl injection solution</i>	1	MO
<i>metoclopramide hcl oral solution</i>	1	MO
<i>metoclopramide hcl oral tablet</i>	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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
MILK OF MAGNESIA SUSPENSION MINT	3	MO; ADD
MILK OF MAGNESIA SUSPENSION ORIGINAL	3	MO; ADD
<i>mineral oil</i>	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)
OICALIVA	2	PA; MO; LA; QL (30 per 30 days)

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<i>ondansetron</i>	1	B/D PA; MO
<i>ondansetron hcl (pf)</i>	1	MO
<i>ondansetron hcl intravenous</i>	1	MO
<i>ondansetron hcl oral solution</i>	1	B/D PA; MO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	B/D PA; MO
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	1	MO
<i>palonosetron intravenous syringe</i>	1	
<i>peg 3350-electrolytes</i>	1	
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	1	MO
<i>peg-electrolyte</i>	1	MO
PENTASA	2	MO
<i>polyethylene glycol 3350 powd (otc)</i>	3	MO; ADD
<i>polyethylene glycol 3350 powd 14 once-daily doses (otc)</i>	3	MO; ADD
<i>polyethylene glycol 3350 powd 17 grams pkt, inner (otc)</i>	3	MO; ADD
<i>polyethylene glycol 3350 powd 17 grams pkts, outer (otc)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>polyethylene glycol 3350 powd 30 once-daily doses (otc)</i>	3	MO; ADD
<i>polyethylene glycol 3350 powd 7 once-daily doses (otc)</i>	3	MO; ADD
<i>polyethylene glycol 3350 powd inner (otc)</i>	3	MO; ADD
<i>polyethylene glycol 3350 powd outer (otc)</i>	3	MO; ADD
<i>prochlorperazine</i>	1	MO
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	1	MO
<i>prochlorperazine maleate oral</i>	1	MO
<i>procto-med hc</i>	1	MO
<i>proctosol hc topical</i>	1	MO
<i>proctozone-hc</i>	1	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
<i>qc castor oil odorless-tasteless</i>	3	ADD
QC GAS RELIEF 125 MG SOFTGEL	3	MO; ADD
QC GENTLE LAXATIVE 10 MG SUPP	3	MO; ADD
<i>qc magnesium citrate solution</i>	3	ADD
<i>qc magnesium citrate solution cherry flavor</i>	3	ADD
<i>qc magnesium citrate solution lemon flavor</i>	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
<i>qc mineral oil heavy</i>	3	MO; ADD

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

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SENEXON-S 50-8.6 MG TABLET	3	MO; ADD
SENNA 8.6 MG SOFTGEL	3	ADD
<i>senna 8.6 mg tablet</i>	3	MO; ADD
<i>senna 8.8 mg/5 ml liquid</i>	3	ADD
<i>senna 8.8 mg/5 ml syrup</i>	3	ADD
SENNA 8.8 MG/5 ML SYRUP	3	MO; ADD
<i>senna 8.8 mg/5 ml syrup cup</i>	3	MO; ADD
<i>senna 8.8 mg/5 ml syrup cup inner</i>	3	ADD
<i>senna 8.8 mg/5 ml syrup cup outer</i>	3	ADD
<i>senna lax 8.6 mg tablet</i>	3	ADD
<i>senna laxative 8.6 mg tablet</i>	3	ADD
SENNA PLUS 8.6-50 MG SOFTGEL	3	ADD
SENNA PLUS 8.6-50 MG TABLET	3	MO; ADD
SENNA-LAX 8.6 MG TABLET	3	ADD
<i>senna-time 8.6 mg tablet</i>	3	MO; ADD
SENNA-TIME S TABLET	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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
<i>simethicone 125 mg tab chew</i>	3	ADD
<i>simethicone 80 mg tab chew</i>	3	MO; ADD
SKYRIZI INTRAVENOUS	2	PA; MO; QL (30 per 180 days)
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
<i>sm castor oil stimulant laxative</i>	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
<i>sm magnesium citrate solution</i>	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)
<i>sm senna laxative 8.6 mg tab</i>	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
<i>sodium bicarb 10 grain tablet</i>	3	MO; ADD
<i>sodium bicarb 325 mg tablet</i>	3	MO; ADD
<i>sodium bicarb 650 mg tablet 10 gr</i>	3	MO; ADD
SODIUM BICARBONATE POWDER USP (RX)	3	ADD
SODIUM BICARBONATE POWDER USP,FOOD GRADE (RX)	3	ADD
<i>sodium,potassium,mag sulfates</i>	1	MO
STIMULANT LAXATIVE PLUS TABLET	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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
<i>sulfasalazine</i>	1	MO
TRULANCE	2	MO
TUMS ULTRA STR CHEWY DELIGHTS	3	MO; ADD
<i>ursodiol oral capsule 300 mg</i>	1	MO
<i>ursodiol oral tablet</i>	1	MO
VARUBI	2	B/D PA
VIBERZI	2	MO; QL (60 per 30 days)
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
<i>cimetidine</i>	1	MO
<i>esomeprazole mag dr 20 mg cap (otc)</i>	3	MO; ADD
<i>esomeprazole mag dr 20 mg tab</i>	3	ADD
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	1	MO
<i>esomeprazole sodium intravenous recon soln 40 mg</i>	1	
<i>famotidine (pf)</i>	1	MO
<i>famotidine (pf)-nacl (iso-os)</i>	1	MO
<i>famotidine 20 mg tablet (otc)</i>	3	MO; ADD
<i>famotidine intravenous</i>	1	MO
<i>famotidine oral suspension</i>	1	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO

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

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

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<i>nizatidine oral capsule</i>	1	MO
<i>omeprazole dr 20 mg odt</i>	3	ADD
<i>omeprazole dr 20 mg tablet</i>	3	MO; ADD
<i>omeprazole dr 20 mg tablet 14 day course</i>	3	MO; ADD
<i>omeprazole dr 20 mg tablet 1x14 day course</i>	3	MO; ADD
<i>omeprazole dr 20 mg tablet 2x14 day course</i>	3	MO; ADD
<i>omeprazole dr 20 mg tablet 3x14 day course</i>	3	MO; ADD
<i>omeprazole mag dr 20 mg tablet</i>	3	MO; ADD
<i>omeprazole mag dr 20.6 mg cap one 14-day course</i>	3	ADD
<i>omeprazole mag dr 20.6 mg cap three 14-day course</i>	3	ADD
<i>omeprazole mag dr 20.6 mg cap two 14-day course</i>	3	ADD
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>omeprazole oral capsule,delayed release(dr/ec) 40 mg</i>	1	MO
<i>pantoprazole intravenous</i>	1	MO
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>pantoprazole oral tablet,delayed release (dr/ec) 40 mg</i>	1	MO
QC ACID CONTROLLER 10 MG TAB	3	ADD
<i>qc esomeprazole mag dr 20 mg (otc)</i>	3	MO; ADD
<i>qc omeprazole mag dr 20.6 mg three 14-day course</i>	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
<i>sm esomeprazole mag dr 20 mg (otc)</i>	3	MO; ADD
<i>sm lansoprazole dr 15 mg cap gluten-free, 1 bottle (otc)</i>	3	MO; ADD
<i>sm lansoprazole dr 15 mg cap gluten-free, 3 bottle (otc)</i>	3	MO; ADD
<i>sm omeprazole dr 20 mg tablet 14 day course</i>	3	MO; ADD
<i>sm omeprazole dr 20 mg tablet 2x14 day course</i>	3	MO; ADD
<i>sm omeprazole dr 20 mg tablet 3x14 day course</i>	3	MO; ADD
<i>sucralfate</i>	1	MO
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	2	B/D PA; MO
ARCALYST	2	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	2	PA; MO; QL (1 per 28 days)

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
BOTOX	2	PA; MO
DAPTACEL (DTAP PEDIATRIC) (PF)	2	
DENGVAIXIA (PF)	2	
ENGERIX-B (PF)	2	B/D PA; MO
ENGERIX-B PEDIATRIC (PF)	2	B/D PA; MO
<i>fomepizole</i>	1	
GAMASTAN	2	MO
GAMASTAN S/D	2	
GARDASIL 9 (PF) 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
IPOLE	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

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

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
BD NANO 2ND GEN PEN NEEDLE	2	MO
BD SAFETYGLIDE INSULIN 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 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)

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

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

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

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

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

<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
<i>allopurinol sodium</i>	1	
<i>aloprim</i>	1	
<i>colchicine oral tablet</i>	1	MO
<i>febuxostat</i>	1	MO
KRYSTEXXA	2	MO
<i>probenecid</i>	1	MO
<i>probenecid-colchicine</i>	1	MO

OSTEOPOROSIS THERAPY

<i>alendronate oral solution</i>	1	MO; QL (300 per 28 days)
<i>alendronate oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)

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<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)
FOSAMAX PLUS D	2	ST; MO; QL (4 per 28 days)
<i>ibandronate intravenous solution</i>	1	PA
<i>ibandronate intravenous syringe</i>	1	PA; MO
<i>ibandronate oral</i>	1	MO; QL (1 per 30 days)
PROLIA	2	PA; MO; QL (1 per 180 days)
<i>raloxifene</i>	1	MO
<i>risedronate oral tablet 150 mg</i>	1	MO; QL (1 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	1	MO; QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	MO; QL (4 per 28 days)
TERIPARATIDE	2	PA; MO; QL (2.48 per 28 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN	2	PA; MO; QL (3.6 per 28 days)

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

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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)
<i>leflunomide</i>	1	MO; QL (30 per 30 days)
ORENCIA (WITH MALTOSE)	2	PA; MO; QL (12 per 28 days)
ORENCIA CLICKJECT	2	PA; MO; QL (4 per 28 days)

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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)
<i>penicillamine oral tablet</i>	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)

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

<i>amabelz oral tablet 0.5-0.1 mg</i>	1	PA; MO
<i>amabelz oral tablet 1-0.5 mg</i>	1	PA
<i>camila</i>	1	MO
<i>deblitane</i>	1	MO
DEPO-SUBQ PROVERA 104	2	MO
<i>dotti</i>	1	PA; MO; QL (8 per 28 days)
DUAVEE	2	MO

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<i>errin</i>	1	MO
<i>estradiol oral</i>	1	PA; MO
<i>estradiol transdermal patch semiweekly</i>	1	PA; MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.05 mg/24 hr, 0.1 mg/24 hr</i>	1	PA; MO; QL (4 per 28 days)
<i>estradiol transdermal patch weekly 0.0375 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr</i>	1	PA; QL (4 per 28 days)
<i>estradiol vaginal</i>	1	MO
<i>estradiol valerate</i>	1	MO
<i>estradiol-norethindrone acet</i>	1	PA; MO
ESTRING	2	MO
<i>fyavolv</i>	1	PA; MO
<i>heather</i>	1	MO
<i>hydroxyprogesterone caproate</i>	1	
<i>incassia</i>	1	MO
<i>jencycla</i>	1	MO
<i>jinteli</i>	1	PA; MO
<i>lyleq</i>	1	MO
<i>lyllana</i>	1	PA; MO; QL (8 per 28 days)
<i>lyza</i>	1	

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

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>clotrimazole-3 2% cream</i>	3	ADD
<i>eluryng</i>	1	MO
<i>etonogestrel-ethinyl estradiol</i>	1	
GNP MICONAZOLE 1 COMBO PACK	3	ADD
<i>gs miconazole 3 combo pack</i>	3	MO; ADD
GS MICONAZOLE 7 CREAM	3	MO; ADD
<i>metronidazole vaginal</i>	1	MO
<i>miconazole 2% vaginal cream</i>	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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
MICONAZOLE-7 CREAM	3	ADD
<i>mifepristone</i>	1	LA
NEXPLANON	2	
QC MICONAZOLE-7 CREAM 1 APPLICATOR	3	ADD
SM 3-DAY VAGINAL CREAM	3	MO; ADD
<i>sm clotrimazole 1% vag cream</i>	3	MO; ADD
<i>sm miconazole 2% vaginal cream w/disp applicators</i>	3	ADD
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
<i>terconazole</i>	1	MO
<i>tranexamic acid oral</i>	1	MO
<i>vandazole</i>	1	MO
<i>xulane</i>	1	MO

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<i>zafemy</i>	1	MO
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ORAL CONTRACEPTIVES / RELATED AGENTS

AFTERA 1.5 MG TABLET	3	ADD
<i>altavera (28)</i>	1	MO
<i>alyacen 1/35 (28)</i>	1	MO
<i>alyacen 7/7/7 (28)</i>	1	MO
<i>amethyst (28)</i>	1	MO
<i>apri</i>	1	MO
<i>aranelle (28)</i>	1	MO
<i>aubra eq</i>	1	MO
<i>aviane</i>	1	MO
<i>azurette (28)</i>	1	MO
<i>camrese</i>	1	MO
<i>cryselle (28)</i>	1	MO
<i>cyred eq</i>	1	
<i>dasetta 1/35 (28)</i>	1	MO
<i>dasetta 7/7/7 (28)</i>	1	MO
<i>daysee</i>	1	MO
<i>desog-e.estradiol/e.estradiol</i>	1	
<i>desogestrel-ethinyl estradiol</i>	1	
<i>drospirenone-e.estradiol-lm.f.a oral tablet 3-0.03-0.451 mg (21) (7)</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	1	MO
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<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	1	
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ECONTRA EZ 1.5 MG TABLET INNER	3	ADD
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ECONTRA EZ 1.5 MG TABLET OUTER	3	ADD
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ECONTRA ONE-STEP 1.5 MG TABLET INNER	3	ADD
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ECONTRA ONE-STEP 1.5 MG TABLET OUTER	3	ADD
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<i>elinest</i>	1	MO
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<i>enpresse</i>	1	MO
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<i>enskyce</i>	1	MO
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<i>estarylla</i>	1	MO
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<i>ethynodiol diac-eth estradiol</i>	1	
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<i>falmina (28)</i>	1	MO
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<i>introvale</i>	1	
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<i>isibloom</i>	1	MO
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<i>jasmiel (28)</i>	1	MO
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<i>jolessa</i>	1	MO
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<i>juleber</i>	1	MO
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<i>kalliga</i>	1	
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<i>kariva (28)</i>	1	MO
<i>kelnor 1/35 (28)</i>	1	MO
<i>kelnor 1-50 (28)</i>	1	MO
<i>kurvelo (28)</i>	1	MO
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1	MO
<i>larin 1.5/30 (21)</i>	1	MO
<i>larin 1/20 (21)</i>	1	MO
<i>larin 24 fe</i>	1	MO
<i>larin fe 1.5/30 (28)</i>	1	MO
<i>larin fe 1/20 (28)</i>	1	MO
<i>lessina</i>	1	MO
<i>levonest (28)</i>	1	MO
<i>levonorgestrel 1.5 mg tablet (otc)</i>	3	ADD
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>levonorgestrel-ethinyl estradiol oral tablet 0.15-0.03 mg, 90-20 mcg (28)</i>	1	
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month</i>	1	
<i>levonorg-eth estradiol triphasic</i>	1	
<i>levora-28</i>	1	MO
<i>loryna (28)</i>	1	MO
<i>low-ogestrel (28)</i>	1	MO
<i>lo-zumandimine (28)</i>	1	MO
<i>luteria (28)</i>	1	MO
<i>marlissa (28)</i>	1	MO
<i>microgestin 1.5/30 (21)</i>	1	MO
<i>microgestin 1/20 (21)</i>	1	MO
<i>microgestin fe 1.5/30 (28)</i>	1	MO
<i>microgestin fe 1/20 (28)</i>	1	MO
<i>mili</i>	1	MO
<i>mono-lynyah</i>	1	MO
MY CHOICE 1.5 MG TABLET	3	ADD
MY WAY 1.5 MG TABLET (OTC)	3	ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
NEW DAY 1.5 MG TABLET	3	ADD
<i>nikki (28)</i>	1	MO
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	MO
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg</i>	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	MO
<i>nortrel 0.5/35 (28)</i>	1	MO
<i>nortrel 1/35 (21)</i>	1	MO
<i>nortrel 1/35 (28)</i>	1	MO
<i>nortrel 7/7/7 (28)</i>	1	MO
OPCICON ONE-STEP 1.5 MG TABLET	3	ADD
OPTION 2 1.5 MG TABLET	3	ADD
<i>philith</i>	1	MO
<i>pimtrea (28)</i>	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
<i>portia 28</i>	1	MO
<i>reclipsen (28)</i>	1	MO
<i>setlakin</i>	1	MO
<i>sprintec (28)</i>	1	MO
<i>sronyx</i>	1	MO
<i>syeda</i>	1	MO
TAKE ACTION 1.5 MG TABLET	3	ADD
<i>tarina 24 fe</i>	1	MO
<i>tarina fe 1-20 eq (28)</i>	1	MO
<i>tilia fe</i>	1	MO
<i>tri-estarylla</i>	1	MO
<i>tri-legest fe</i>	1	MO
<i>tri-linyah</i>	1	MO
<i>tri-lo-estarylla</i>	1	MO
<i>tri-lo-marzia</i>	1	MO
<i>tri-lo-sprintec</i>	1	MO
<i>tri-sprintec (28)</i>	1	MO
<i>trivora (28)</i>	1	MO
<i>velivet triphasic regimen (28)</i>	1	MO
<i>vestura (28)</i>	1	MO
<i>vienva</i>	1	MO
<i>viorele (28)</i>	1	MO
<i>wera (28)</i>	1	MO

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<i>zovia 1-35 (28)</i>	1	MO
<i>zumandimine (28)</i>	1	MO
OXYTOCICS		
<i>methylergonovine oral</i>	1	PA
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE	2	MO
<i>bacitracin ophthalmic (eye)</i>	1	MO
<i>bacitracin-polymyxin b</i>	1	MO
BESIVANCE	2	MO
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	MO
<i>erythromycin ophthalmic (eye)</i>	1	MO; QL (3.5 per 14 days)
<i>gatifloxacin</i>	1	MO
<i>gentamicin ophthalmic (eye) drops</i>	1	MO; QL (70 per 30 days)
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	1	
NATACYN	2	
<i>neomycin-bacitracin-polymyxin</i>	1	MO
<i>neomycin-polymyxin-gramicidin</i>	1	MO
<i>neo-polycin</i>	1	
<i>ofloxacin ophthalmic (eye)</i>	1	MO
<i>polycin</i>	1	
<i>polymyxin b sulf-trimethoprim</i>	1	MO
<i>tobramycin ophthalmic (eye)</i>	1	MO; QL (10 per 14 days)
ANTIVIRALS		
<i>trifluridine</i>	1	MO
ZIRGAN	2	MO
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	1	MO
<i>carteolol</i>	1	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>timolol maleate ophthalmic (eye) drops</i>	1	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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*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
<i>atropine ophthalmic (eye) drops</i>	1	MO
<i>azelastine ophthalmic (eye)</i>	1	MO
<i>balanced salt</i>	1	
<i>bepotastine besilate</i>	1	MO
<i>bss</i>	1	
CHILD'S ALAWAY 0.025% EYE DROP	3	ADD
CIMERLI	2	PA; MO
<i>cromolyn ophthalmic (eye)</i>	1	MO
<i>cyclosporine ophthalmic (eye)</i>	1	MO; QL (60 per 30 days)
CYSTARAN	2	PA
DRY EYE RELIEF DROPS	3	ADD
<i>epinastine</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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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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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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
<i>olopatadine ophthalmic (eye)</i>	1	MO
OXERVATE	2	PA; MO
PHOSPHOLINE IODIDE	2	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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
<i>sodium chloride 5% eye drop</i>	3	MO; ADD
<i>sodium chloride 5% eye oint</i>	3	MO; ADD
<i>sulfacetamide sodium ophthalmic (eye)</i>	1	MO
<i>sulfacetamide-prednisolone</i>	1	
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
XDEMVI	2	PA; QL (10 per 42 days)
XIIDRA	2	MO; QL (60 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ZADITOR 0.025% (0.035%) DROPS UP TO 12 HRS (OTC)	3	MO; ADD
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac</i>	1	MO
BROMSITE	2	MO
<i>diclofenac sodium ophthalmic (eye)</i>	1	MO
<i>flurbiprofen sodium</i>	1	MO
<i>ketorolac ophthalmic (eye)</i>	1	MO
PROLENSA	2	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	1	MO
<i>acetazolamide sodium</i>	1	MO
<i>methazolamide</i>	1	MO
OTHER GLAUCOMA DRUGS		
<i>brimonidine-timolol</i>	1	MO
<i>dorzolamide</i>	1	MO
<i>dorzolamide-timolol</i>	1	MO
<i>latanoprost</i>	1	MO
LUMIGAN OPTHALMIC (EYE) DROPS 0.01 %	2	MO
<i>miostat</i>	1	
RHOPRESSA	2	MO

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ROCKLATAN	2	MO
SIMBRINZA	2	MO
<i>tafluprost (pf)</i>	1	MO
<i>travoprost</i>	1	MO
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc</i>	1	MO
<i>neomycin-polymyxin b-dexameth</i>	1	MO
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	1	MO
<i>neo-polycin hc</i>	1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	2	MO; QL (3.5 per 14 days)
<i>tobramycin-dexamethasone</i>	1	MO; QL (10 per 14 days)
STERIODS		
ALREX	2	MO
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	MO
<i>fluorometholone</i>	1	MO
INVELTYS	2	MO
<i>loteprednol etabonate</i>	1	MO
OZURDEX	2	MO
<i>prednisolone acetate</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	MO
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	2	MO
<i>apraclonidine</i>	1	MO
<i>brimonidine ophthalmic (eye)</i>	1	MO
RESPIRATORY AND ALLERGY		
ANTI HISTAMINE / ANTIALLERGENIC AGENTS		
12-HR DECONGEST 120 MG CAPLET CAPLET,12HR,MAX-STR	3	ADD
12HR NASAL DECONGEST ER 120 MG	3	ADD
24HR ALLERGY(LEVOC ETIRZN) 5 MG	3	ADD
<i>adrenalin injection solution 1 mg/ml</i>	1	
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	1	MO

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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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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
<i>benzonatate 100 mg capsule</i>	3	MO; ADD
<i>benzonatate 150 mg capsule</i>	3	ADD
<i>benzonatate 200 mg capsule</i>	3	MO; ADD
<i>benzonatate perle 100 mg cap</i>	3	MO; ADD
<i>bromphen-pse-dm 2-30-10 mg/5 ml (rx)</i>	3	MO; ADD
<i>bromphen-pse-dm 2-30-10 mg/5 ml cup outer (rx)</i>	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
<i>cetirizine hcl 1 mg/ml soln children, grape (otc)</i>	3	MO; ADD
<i>cetirizine hcl 1 mg/ml soln children's (otc)</i>	3	MO; ADD

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>cetirizine-pse er 5-120 mg tab</i>	3	MO; ADD
<i>cetirizine-pse er 5-120 mg tab 12 hr relief</i>	3	MO; ADD
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

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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
<i>chlorpheniramine 4 mg tablet</i>	3	ADD
<i>chlorpheniramine er 12 mg tab</i>	3	ADD
<i>codeine-guaifen 10-100 mg/5 ml (otc)</i>	3	MO; ADD
<i>codeine-guaifen 10-100 mg/5 ml d/f (otc)</i>	3	MO; ADD
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
<i>dextromethorphan 15 mg liq gel</i>	3	MO; ADD
<i>dextromethorphan er 30 mg/5 ml</i>	3	ADD
DIMAPHEN DM ELIXIR GRAPE, GLUTEN-F	3	MO; ADD
DIPHEDRYL 12.5 MG/5 ML ELIXIR	3	ADD
<i>diphenhydramine 12.5 mg/5 ml</i>	3	ADD
<i>diphenhydramine 12.5 mg/5 ml cup outer</i>	3	ADD
<i>diphenhydramine 25 mg caplet</i>	3	MO; ADD

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<i>diphenhydramine 25 mg capsule (otc)</i>	3	ADD
<i>diphenhydramine 25 mg capsule u-d, 10x10 (otc)</i>	3	ADD
<i>diphenhydramine 25 mg tablet</i>	3	MO; ADD
<i>diphenhydramine 25 mg tablet inner</i>	3	MO; ADD
<i>diphenhydramine 25 mg tablet outer</i>	3	MO; ADD
<i>diphenhydramine 25 mg/10 ml</i>	3	ADD
<i>diphenhydramine 25 mg/10 ml cup</i>	3	ADD
<i>diphenhydramine 25 mg/10 ml cup outer</i>	3	ADD
<i>diphenhydramine 25 mg/10 ml inner</i>	3	ADD
<i>diphenhydramine 25 mg/10 ml outer</i>	3	ADD
<i>diphenhydramine 50 mg capsule (otc)</i>	3	ADD
<i>diphenhydramine 50 mg capsule u-d, 10x10 (otc)</i>	3	ADD
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	MO
<i>diphenhydramine hcl injection syringe</i>	1	MO
<i>diphenhydramine hcl oral elixir</i>	1	PA

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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
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)</i>	1	MO; QL (2 per 30 days)
<i>epinephrine injection solution 1 mg/ml</i>	1	
<i>fexofenadine hcl 180 mg tablet (otc)</i>	3	MO; ADD
<i>fexofenadine hcl 180 mg tablet 24 hour, non-drowsy (otc)</i>	3	MO; ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>fexofenadine hcl 180 mg tablet 24hr,original str (otc)</i>	3	MO; ADD
<i>fexofenadine hcl 180 mg tablet non-drowsy, 24hr (otc)</i>	3	MO; ADD
<i>fexofenadine hcl 60 mg tablet indoor/outdoor (otc)</i>	3	MO; ADD
<i>fexofenadine-pse er 180-240 tb (otc)</i>	3	ADD
<i>fexofenadine-pse er 60-120 tab (otc)</i>	3	ADD
<i>fexofenadine-pse er 60-120 tab allergy/congest,12hr (otc)</i>	3	ADD
FLU HBP 325-2-10 MG CAPLET	3	ADD
FLU-SEVERE COLD-COUGH DAY PKT	3	ADD
GNP ALL DAY ALLERGY-D TABLET	3	ADD
GNP COUGH GELS 15 MG LIQUID CP	3	ADD
<i>gnp loratadine 10 mg tablet</i>	3	MO; ADD
GS ALL DAY ALLERGY 10 MG TAB	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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
<i>gs nasal decong pe 10 mg tab</i>	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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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
<i>guaifen-codeine 100-10 mg/5 ml (otc)</i>	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
<i>guaifenesin 100 mg/5 ml liquid</i>	3	ADD
<i>guaifenesin 100 mg/5 ml solution cup inner</i>	3	ADD
<i>guaifenesin 100 mg/5 ml solution cup outer</i>	3	ADD
<i>guaifenesin 200 mg tablet (otc)</i>	3	MO; ADD
<i>guaifenesin 200 mg/10 ml solution cup inner</i>	3	ADD
<i>guaifenesin 200 mg/10 ml solution cup outer</i>	3	ADD
<i>guaifenesin 300 mg/15 ml solution cup inner</i>	3	ADD
<i>guaifenesin 300 mg/15 ml solution cup outer</i>	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
<i>guaifenesin-dm 100-10 mg/5 ml</i>	3	ADD
<i>guaifenesin-dm 100-10 mg/5 ml (otc)</i>	3	MO; ADD
<i>guaifenesin-dm 100-10 mg/5 ml cup inner (otc)</i>	3	MO; ADD
<i>guaifenesin-dm 100-10 mg/5 ml cup outer (otc)</i>	3	MO; ADD
<i>guaifenesin-dm 200-20 mg/10 ml</i>	3	ADD
<i>guaifenesin-dm 200-20 mg/10 ml cup inner (otc)</i>	3	MO; ADD
<i>guaifenesin-dm 200-20 mg/10 ml cup outer (otc)</i>	3	MO; ADD
GUAIFENESIN-PSE 375-60 MG TAB	3	ADD
<i>guaifenesin-pse er 1200-120 mg (otc)</i>	3	ADD
<i>guaifenesin-pse er 600-60 mg (otc)</i>	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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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
<i>hm fexofenadine hcl 180 mg tab 24 hour, gluten-free (otc)</i>	3	MO; ADD
<i>hm fexofenadine hcl 60 mg tab (otc)</i>	3	MO; ADD
<i>hm loratadine 10 mg tablet</i>	3	MO; ADD
HM MUCUS 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
<i>hydrocodone-chlorphen er susp</i>	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
<i>hydrocodone-homatropine 5-1.5 mg tablet</i>	3	MO; ADD
<i>hydrocodone-homatropine soln</i>	3	ADD
HYDROMET 5 MG-1.5 MG/5 ML SOLN	3	MO; ADD
<i>hydroxyzine hcl oral tablet</i>	1	PA; MO
<i>levocetirizine 5 mg tablet (otc)</i>	3	MO; ADD
<i>levocetirizine oral solution</i>	1	MO
<i>levocetirizine oral tablet 5 mg</i>	1	MO; QL (30 per 30 days)
LOHIST-D LIQUID	3	MO; ADD
LOHIST-DM SYRUP	3	MO; ADD
<i>loratadine 10 mg odt</i>	3	ADD
<i>loratadine 10 mg tablet</i>	3	MO; ADD
<i>loratadine 10 mg tablet 10x10, outer</i>	3	MO; ADD
<i>loratadine 10 mg tablet 10x10,u-d,inner</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>loratadine 10 mg tablet 10x10,u-d,outer</i>	3	MO; ADD
<i>loratadine 10 mg tablet inner</i>	3	MO; ADD
<i>loratadine 10 mg tablet non-drowsy</i>	3	MO; ADD
<i>loratadine 10 mg tablet outer</i>	3	MO; ADD
<i>loratadine 5 mg/5 ml syrup children's</i>	3	MO; ADD
<i>loratadine 5 mg/5 ml syrup children's, d/f</i>	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
<i>m-dryl 12.5 mg/5 ml solution</i>	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

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

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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
<i>promethazine injection solution</i>	1	MO
<i>promethazine oral</i>	1	PA; MO

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<i>promethazine-codeine solution</i>	3	MO; ADD
<i>promethazine-codeine syrup</i>	3	MO; ADD
<i>promethazine-dm 6.25-15 mg/5 ml</i>	3	MO; ADD
<i>pseudoephedrine 30 mg tablet</i>	3	MO; ADD
<i>pseudoephedrine 60 mg tablet (otc)</i>	3	ADD
<i>pseudoephedrine er 120 mg tab</i>	3	MO; ADD
<i>pseudoephedrine er 120 mg tab 12 hour, coated</i>	3	MO; ADD
<i>pseudoephedrine er 120 mg tab coated cplt, max str</i>	3	MO; ADD
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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
QC COMPLETE ALLERGY 25 MG CAP	3	ADD
QC COMPLETE ALLERGY 25 MG CAP	3	ADD
<i>qc fexofenadine hcl 180 mg tab (otc)</i>	3	MO; ADD
QC IBUPROFEN CLD-SINUS CPLT NON-DROWSY, CAPLET	3	ADD
<i>qc loratadine 10 mg tablet non-drowsy</i>	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

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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
<i>sm fexofenadine hcl 180 mg tab 24hr, gluten-free (otc)</i>	3	MO; ADD
<i>sm loratadine 10 mg tablet</i>	3	MO; ADD
<i>sm loratadine 10 mg tablet non-drowsy</i>	3	MO; ADD
<i>sm loratadine 10 mg tablet non-drowsy,gluten-f</i>	3	MO; ADD
<i>sm loratadine 5 mg/5 ml syrup</i>	3	MO; ADD
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

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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		
<i>acetylcysteine</i>	1	B/D PA; MO
ADEMPAS	2	PA; MO; LA
ADVAIR HFA	2	MO; QL (12 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	MO; QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm</i>	1	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	1	B/D PA; MO
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	1	B/D PA

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>albuterol sulfate oral syrup</i>	1	MO
<i>albuterol sulfate oral tablet</i>	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)
<i>alyq</i>	1	PA; QL (60 per 30 days)
<i>ambrisentan</i>	1	PA; MO; LA
<i>arformoterol</i>	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)
<i>bosentan</i>	1	PA; MO; LA
BREO ELLIPTA	2	MO; QL (60 per 30 days)
<i>breyana</i>	1	MO; QL (10.3 per 30 days)
BREZTRI AEROSPHERE	2	MO; QL (10.7 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml</i>	1	B/D PA; MO; QL (120 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>budesonide inhalation suspension for nebulization 0.5 mg/2 ml</i>	1	B/D PA; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	1	B/D PA; MO; QL (60 per 30 days)
<i>budesonide-formoterol</i>	1	QL (10.2 per 30 days)
CHILD FLONASE ALLER RLF 50 MCG	3	MO; ADD
CINRYZE	2	PA; MO
COMBIVENT RESPIMAT	2	MO; QL (8 per 30 days)
<i>cromolyn inhalation</i>	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)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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)
<i>flunisolide</i>	1	MO; QL (50 per 30 days)
FLUTICASONE PROP 50 MCG SPRAY (OTC)	3	MO; ADD
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	1	MO; QL (16 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	MO; QL (60 per 30 days)
<i>formoterol fumarate</i>	1	B/D PA; MO
HM ALLERGY RELIEF 50 MCG SPRAY	3	ADD
<i>icatibant</i>	1	PA; MO
<i>ipratropium bromide inhalation</i>	1	B/D PA; MO
<i>ipratropium-albuterol</i>	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)
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml</i>	1	B/D PA; MO
<i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml</i>	1	B/D PA
<i>mometasone nasal</i>	1	MO; QL (34 per 30 days)
<i>montelukast</i>	1	MO
NUCALA SUBCUTANEOUS AUTO-INJECTOR	2	PA; MO; LA; QL (3 per 28 days)
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)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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
<i>pirfenidone oral capsule</i>	1	PA; MO; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	1	PA; MO; QL (270 per 30 days)
<i>pirfenidone oral tablet 801 mg</i>	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)
<i>roflumilast</i>	1	PA; MO; QL (30 per 30 days)
<i>sajazir</i>	1	PA; MO
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	1	PA

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA; MO; QL (90 per 30 days)
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)
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA; QL (60 per 30 days)
<i>terbutaline</i>	1	MO
THEO-24	2	MO
<i>theophylline oral elixir</i>	1	MO
<i>theophylline oral solution</i>	1	

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<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg</i>	1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	MO
<i>theophylline oral tablet extended release 24 hr</i>	1	MO
<i>tiotropium bromide</i>	1	QL (90 per 90 days)
TRELEGY ELLIPTA	2	MO; QL (60 per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	2	PA; MO; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	2	PA; MO; QL (84 per 28 days)
<i>wixela inhub</i>	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)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	2	PA; MO; LA; QL (1 per 28 days)
<i>zafirlukast</i>	1	MO

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

<i>fesoterodine</i>	1	MO
<i>flavoxate</i>	1	MO
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	2	MO
<i>oxybutynin chloride oral syrup</i>	1	MO
<i>oxybutynin chloride oral tablet 5 mg</i>	1	MO
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	MO
OXYTROL FOR WOMEN 3.9 MG/24HR OUTER	3	MO; ADD
<i>tolterodine</i>	1	MO
<i>tropium oral tablet</i>	1	MO

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BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin</i>	1	MO
<i>dutasteride</i>	1	MO
<i>dutasteride-tamsulosin</i>	1	MO
<i>finasteride oral tablet 5 mg</i>	1	MO
<i>silodosin</i>	1	MO
<i>tamsulosin</i>	1	MO
MISCELLANEOUS UROLOGICALS		
<i>bethanechol chloride</i>	1	MO
CYSTAGON	2	PA; LA
ELMIRON	2	MO
<i>glycine urologic</i>	1	
<i>glycine urologic solution</i>	1	
K-PHOS NO 2	2	MO
K-PHOS ORIGINAL	2	MO
ORACIT ORAL SOLUTION	3	MO; ADD
<i>potassium citrate oral tablet extended release</i>	1	MO
RENACIDIN	2	MO
<i>sod citrate-citric acid soln (rx)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sod citrate-citric acid soln 100's, u-d (rx)</i>	3	MO; ADD
<i>sod citrate-citric acid solution 1.5-1 gm/15 ml cup inner (rx)</i>	3	MO; ADD
<i>sod citrate-citric acid solution 1.5-1 gm/15 ml cup outer (rx)</i>	3	MO; ADD
<i>sod citrate-citric acid solution 3-2 gm/30 ml cup inner (rx)</i>	3	MO; ADD
<i>sod citrate-citric acid solution 3-2 gm/30 ml cup outer (rx)</i>	3	MO; ADD
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		
<i>albumin, human 25 %</i>	1	
<i>alburx (human) 25 %</i>	1	
<i>alburx (human) 5 %</i>	1	
<i>albutein 25 %</i>	1	
<i>albutein 5 %</i>	1	
<i>plasbumin 25 %</i>	1	
<i>plasbumin 5 %</i>	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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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
<i>calcium 250-vit d3 125 tablet</i>	3	MO; ADD
<i>calcium 500 mg chewable tablet (rx)</i>	3	MO; ADD
CALCIUM 500 MG CHEWABLE TABLET (RX)	3	MO; ADD
<i>calcium 500 mg chewable tablet inner (rx)</i>	3	MO; ADD
<i>calcium 500 mg chewable tablet outer (rx)</i>	3	MO; ADD
<i>calcium 500 mg chewable tablet p/f,gluten-f (rx)</i>	3	MO; ADD
<i>calcium 500 mg chewable tablet tab chew,p/f (rx)</i>	3	MO; ADD

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>calcium 500-vit d3 200 tablet lactose free, p/f (rx)</i>	3	ADD
<i>calcium 500-vit d3 200 tablet p/f,n (rx)</i>	3	ADD
<i>calcium 500-vit d3 400 chew tb</i>	3	ADD
<i>calcium 500-vit d3 400 chew tb</i>	3	MO; ADD
<i>calcium 500-vit d3 400 tablet (rx)</i>	3	MO; ADD
<i>calcium 500-vit d3 400 tablet (rx)</i>	3	ADD
<i>calcium 500-vit d3 400 tablet easy absorption, p/f (rx)</i>	3	MO; ADD
<i>calcium 500-vit d3 400 tablet p/f (rx)</i>	3	MO; ADD
<i>calcium 500-vit d3 400 tablet p/f,gluten-f (rx)</i>	3	MO; ADD
<i>calcium 500-vit d3 400 tablet p/f,gluten-free (rx)</i>	3	MO; ADD
<i>calcium 500-vit d3 400 tablet p/f,n,no lactose (rx)</i>	3	ADD
CALCIUM 500-VIT D3 600 CAPLET	3	MO; ADD
CALCIUM 500-VIT D3 600 TABLET	3	MO; ADD
<i>calcium 600 mg caplet p/f (otc)</i>	3	MO; ADD

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<i>calcium 600 mg tablet (rx)</i>	3	ADD
<i>calcium 600 mg tablet (rx)</i>	3	MO; ADD
<i>calcium 600 mg tablet 10x10 u-d, 600mg elem (rx)</i>	3	MO; ADD
<i>calcium 600 mg tablet 600mg elemental (rx)</i>	3	ADD
<i>calcium 600 mg tablet gluten-free, p/f (rx)</i>	3	MO; ADD
<i>calcium 600 mg tablet p/f (rx)</i>	3	ADD
<i>calcium 600 mg tablet p/f, n (rx)</i>	3	ADD
<i>calcium 600 mg-d3 20 mcg tab (rx)</i>	3	MO; ADD
<i>calcium 600 mg-d3 400 unit sfgl</i>	3	MO; ADD
<i>calcium 600 mg-vit d3 10 mcg tb (rx)</i>	3	MO; ADD
<i>calcium 600 mg-vit d3 5 mcg tb (rx)</i>	3	MO; ADD
<i>calcium 600 with vit d chew tb p/f</i>	3	MO; ADD
<i>calcium 600+d softgel</i>	3	MO; ADD
CALCIUM 600-VIT D3 2,500 SFTGL	3	MO; ADD
<i>calcium 600-vit d3 200 tablet (rx)</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>calcium 600-vit d3 200 tablet (rx)</i>	3	MO; ADD
<i>calcium 600-vit d3 200 tablet caplet, no lactose (rx)</i>	3	ADD
<i>calcium 600-vit d3 200 tablet gluten-free (rx)</i>	3	MO; ADD
<i>calcium 600-vit d3 200 tablet lactose free, p/f (rx)</i>	3	ADD
<i>calcium 600-vit d3 200 tablet lactose free, p/f (rx)</i>	3	ADD
<i>calcium 600-vit d3 200 tablet p/f (rx)</i>	3	MO; ADD
<i>calcium 600-vit d3 200 tablet p/f, d/f, lactose-free (rx)</i>	3	ADD
<i>calcium 600-vit d3 200 tablet p/f, high potency (rx)</i>	3	MO; ADD
<i>calcium 600-vit d3 400 caplet (rx)</i>	3	MO; ADD
<i>calcium 600-vit d3 400 caplet (rx)</i>	3	MO; ADD
<i>calcium 600-vit d3 400 caplet caplet, s/f, p/f (otc)</i>	3	ADD
<i>calcium 600-vit d3 400 tablet (rx)</i>	3	ADD

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<i>calcium 600-vit d3 400 tablet (rx)</i>	3	MO; ADD
<i>calcium 600-vit d3 400 tablet (rx)</i>	3	ADD
<i>calcium 600-vit d3 400 tablet federal supply (rx)</i>	3	MO; ADD
<i>calcium 600-vit d3 400 tablet gluten-free (rx)</i>	3	MO; ADD
<i>calcium 600-vit d3 400 tablet high potency (rx)</i>	3	ADD
<i>calcium 600-vit d3 400 tablet inner (rx)</i>	3	ADD
<i>calcium 600-vit d3 400 tablet inner (rx)</i>	3	MO; ADD
<i>calcium 600-vit d3 400 tablet new formula (rx)</i>	3	ADD
<i>calcium 600-vit d3 400 tablet outer (rx)</i>	3	ADD
<i>calcium 600-vit d3 400 tablet outer (rx)</i>	3	MO; ADD
<i>calcium 600-vit d3 400 tablet p/f (rx)</i>	3	MO; ADD
<i>calcium 600-vit d3 400 tablet p/f, n (rx)</i>	3	ADD
<i>calcium 600-vit d3 400 tablet p/f, no yeast (rx)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>calcium 600-vit d3 400 tablet p/f,lactose-free (rx)</i>	3	ADD
<i>calcium 600-vit d3 400 tablet s/f,p/f,sodium/f (otc)</i>	3	MO; ADD
CALCIUM 600-VIT D3 500 SOFTGEL RAPID RELEASE, SFTGL (RX)	3	MO; ADD
CALCIUM 600-VIT D3 500 SOFTGEL (RX)	3	MO; ADD
<i>calcium 600-vit d3 800 caplet (rx)</i>	3	MO; ADD
<i>calcium 600-vit d3 800 tablet (rx)</i>	3	MO; ADD
<i>calcium 600-vit d3 800 tablet coated, gluten-free (rx)</i>	3	MO; ADD
<i>calcium 600-vit d3 800 tablet gluten-free (rx)</i>	3	MO; ADD
<i>calcium 600-vit d3 800 tablet inner (rx)</i>	3	MO; ADD
<i>calcium 600-vit d3 800 tablet outer (rx)</i>	3	MO; ADD
<i>calcium 600-vit d3 800 tablet p/f (rx)</i>	3	MO; ADD
<i>calcium 600-vit d3 800 tablet p/f,gluten-free (rx)</i>	3	MO; ADD

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

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

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<i>calcium citrate - vit d caplet caplet,p/f (rx)</i>	3	MO; ADD
<i>calcium citrate - vit d p/f, caplet (rx)</i>	3	MO; ADD
<i>calcium citrate - vit d tablet p/f,coated (rx)</i>	3	MO; ADD
CALCIUM CITRATE - VIT D3 TAB (RX)	3	MO; ADD
<i>calcium citrate 200 mg caplet caplet, p/f (rx)</i>	3	MO; ADD
<i>calcium citrate 200 mg tablet coated, p/f (rx)</i>	3	MO; ADD
<i>calcium citrate 200 mg tablet p/f (rx)</i>	3	MO; ADD
<i>calcium citrate 250 mg caplet</i>	3	MO; ADD
<i>calcium citrate 250 mg tablet</i>	3	MO; ADD
CALCIUM CITRATE GRANULES	3	ADD
<i>calcium citrate-vit d caplet maximum (rx)</i>	3	MO; ADD
CALCIUM CITRATE-VIT D3 CAPLET (RX)	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CALCIUM CITRATE-VIT D3 CAPLET P/F (RX)	3	MO; ADD
<i>calcium citrate-vit d3 tablet (rx)</i>	3	MO; ADD
CALCIUM CITRATE-VIT D3 TABLET COATED, PETITES (RX)	3	ADD
CALCIUM CITRATE-VIT D3 TABLET INNER (RX)	3	MO; ADD
CALCIUM CITRATE-VIT D3 TABLET OUTER (RX)	3	MO; ADD
<i>calcium citrate-vit d3 tablet p/f,gluten-free (rx)</i>	3	MO; ADD
CALCIUM CITRATE-VIT D3 TABLET PETITES (RX)	3	ADD
<i>calcium citrate-vitamin d3 liq</i>	3	MO; ADD
<i>calcium cit-vit d 315-200 tab p/f, lactose-free (rx)</i>	3	MO; ADD
<i>calcium gluconate intravenous</i>	1	
CALCIUM LACTATE 100 MG TABLET	3	ADD

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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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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
<i>cvs calcium 500-vit d3 125 tab</i>	3	ADD
<i>cvs calcium 600 mg-d3 20 mcg tab (rx)</i>	3	MO; ADD
<i>cvs calcium 600-vit d3 400 tab (otc)</i>	3	ADD
<i>cvs calcium 600-vit d3 400 tab s/f, p/f (otc)</i>	3	ADD
<i>cvs calcium 600-vit d3 800 tab p/f,gluten-free (rx)</i>	3	MO; ADD
<i>cvs calcium citrate-vit d3 tab coated (rx)</i>	3	ADD
<i>cvs magnesium 250 mg caplet (rx)</i>	3	MO; ADD

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CVS MAGNESIUM 500 MG CAPLET (RX)	3	MO; ADD
<i>cvs magnesium 500 mg tablet coated (rx)</i>	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
<i>effe-k oral tablet, effervescent 25 meq</i>	1	MO
ELECTROLYTE SOLUTION (RX)	3	ADD
ENFAMIL ENFALYTE SOLUTION RTU,LIGHT CHERRY (RX)	3	ADD; QL (1239 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ENFAMIL ENFALYTE SOLUTION RTU,UNFLAVORED (RX)	3	ADD; QL (413 per 30 days)
<i>eq calcium 500-vit d3 400 tab oyster shell (rx)</i>	3	MO; ADD
<i>eq calcium 600 mg-d3 20 mcg tab (rx)</i>	3	MO; ADD
EQ CALCIUM CITRATE-D TABLET P/F,GLUTEN-FREE (RX)	3	MO; ADD
<i>eq calcium 600-vit d3 800 tab (rx)</i>	3	MO; ADD
<i>eq calcium citrate-vit d3 cpt (rx)</i>	3	MO; ADD
EQL CALCIUM CITRATE-VIT D3 CPT (RX)	3	MO; ADD
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
<i>gnp calcium 500-vit d3 600 tab</i>	3	MO; ADD
<i>gnp calcium 600 mg tablet (rx)</i>	3	MO; ADD

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<i>gnp calcium 600 mg-d3 800 unit p/f,gluten-free (rx)</i>	3	MO; ADD
<i>gnp calcium citrate-vit d3 tab (rx)</i>	3	MO; ADD
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
<i>hm cal antacid 750 mg chew tab ex-str, orange</i>	3	MO; ADD
HM CAL CIT 315 MG-D3 250 UNIT CAPLET (RX)	3	MO; ADD
<i>hm calcium 500-vit d3 200 cplt caplet, gluten-free (rx)</i>	3	ADD
<i>hm calcium 600-vit d3 400 tab gluten-free (rx)</i>	3	ADD
<i>hm calcium 600-vit d3 800 tab (rx)</i>	3	MO; ADD

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
<i>klor-con 10</i>	1	MO
<i>klor-con 8</i>	1	MO
<i>klor-con m10</i>	1	MO
<i>klor-con m15</i>	1	MO
<i>klor-con m20</i>	1	MO
<i>klor-con oral packet 20</i>	1	MO
<i>klor-con/ef</i>	1	MO
<i>lactated ringers intravenous</i>	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
<i>magnesium 250 mg tablet p/f, no lactose (rx)</i>	3	MO; ADD
MAGNESIUM 400 MG SOFTGEL	3	MO; ADD
<i>magnesium 500 mg tablet p/f, gluten/f (rx)</i>	3	MO; ADD
MAGNESIUM CHLORIDE 64 MG TAB	3	ADD
MAGNESIUM CHLORIDE CRYSTALS USP, HEXAHYDRATE (RX)	3	ADD
MAGNESIUM CHLORIDE EC 70 MG TB	3	MO; ADD
<i>magnesium chloride injection</i>	1	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
MAGNESIUM CITRATE 100 MG TAB	3	ADD
<i>magnesium gluc 27 mg tablet</i>	3	MO; ADD
<i>magnesium gluc 500 mg tablet</i>	3	MO; ADD
MAGNESIUM GLUCONATE 250 MG TAB	3	MO; ADD
<i>magnesium gluconate tablet y/f,gluten/f (rx)</i>	3	ADD
<i>magnesium oxide 250 mg caplet mfg unresponsive</i>	3	MO; ADD
<i>magnesium oxide 250 mg caplet p/f, gluten/f (rx)</i>	3	MO; ADD
<i>magnesium oxide 250 mg tablet (rx)</i>	3	MO; ADD
<i>magnesium oxide 250 mg tablet p/f (rx)</i>	3	MO; ADD
<i>magnesium oxide 400 mg tablet (rx)</i>	3	MO; ADD
<i>magnesium oxide 400 mg tablet 240mg elemental (rx)</i>	3	MO; ADD
<i>magnesium oxide 400 mg tablet 241.3mg elemen,outer (rx)</i>	3	MO; ADD

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<i>magnesium oxide 400 mg tablet 241.3mg elemental (rx)</i>	3	MO; ADD
<i>magnesium oxide 400 mg tablet gluten free (rx)</i>	3	MO; ADD
<i>magnesium oxide 400 mg tablet gluten-free (rx)</i>	3	MO; ADD
<i>magnesium oxide 400 mg tablet inner (rx)</i>	3	MO; ADD
<i>magnesium oxide 400 mg tablet outer (rx)</i>	3	MO; ADD
<i>magnesium oxide 400 mg tablet p/f,gluten-free (rx)</i>	3	MO; ADD
<i>magnesium oxide 400 mg tablet p/f,soy-free (rx)</i>	3	MO; ADD
MAGNESIUM OXIDE 400 PACKET	3	ADD
<i>magnesium oxide 420 mg tablet (rx)</i>	3	MO; ADD
<i>magnesium oxide 500 mg capsule (rx)</i>	3	MO; ADD
<i>magnesium oxide 500 mg tablet extra strength (rx)</i>	3	MO; ADD

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<i>magnesium oxide 500 mg tablet p/f,lactose-free (rx)</i>	3	MO; ADD
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	2	
<i>magnesium sulfate in water</i>	1	
<i>magnesium sulfate injection solution</i>	1	MO
<i>magnesium sulfate injection syringe</i>	1	
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
<i>manganese 1 mg/10 ml vial p/f, suv, outer</i>	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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
OYSTER SHELL 500-VIT D3 200 PK	3	ADD
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)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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
<i>potassium acetate</i>	1	
POTASSIUM BROMIDE CRYSTALS (RX)	3	ADD
<i>potassium chloride-d5-0.45%nacl</i>	1	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l</i>	1	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	1	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i>	1	
<i>potassium chloride intravenous</i>	1	
<i>potassium chloride oral capsule, extended release</i>	1	MO
<i>potassium chloride oral liquid</i>	1	MO
<i>potassium chloride oral packet</i>	1	
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	1	MO
<i>potassium chloride oral tablet extended release 20 meq</i>	1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	1	MO
<i>potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq</i>	1	
<i>potassium chloride-0.45 % nacl</i>	1	

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<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride-d5-0.9%nacl</i>	1	
<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	1	
QC ANTACID 500 MG CHEW TABLET	3	ADD
<i>qc calcium 600-vit d3 400 tab high potency (rx)</i>	3	MO; ADD
<i>ra calcium 600 mg tablet p/f (rx)</i>	3	ADD
<i>ra calcium 600-vit d3 400 tab (rx)</i>	3	ADD
<i>ra calcium citrate - vit d tab p/f, d/f (rx)</i>	3	MO; ADD
<i>ra calcium citrate-vit d3 tab petites (rx)</i>	3	ADD
RA HI-CAL PLUS VITAMIN D TAB (RX)	3	ADD
<i>ra magnesium 500 mg capsule (rx)</i>	3	MO; ADD
RA PEDIATRIC ELECTROLYTE SOLN (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
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)
<i>ringer's intravenous</i>	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
<i>sm calcium 500-vit d3 200 cplt (rx)</i>	3	ADD

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<i>sm calcium 500-vit d3 200 cplt caplet, gluten-free (rx)</i>	3	ADD
<i>sm calcium 500-vit d3 400 tab (rx)</i>	3	MO; ADD
<i>sm calcium 500-vit d3 400 tab p/f, no lactose (rx)</i>	3	ADD
<i>sm magnesium 250 mg tablet (rx)</i>	3	MO; ADD
SM PEDIATRIC ELECTROLYTE SOLN (RX)	3	ADD; QL (7000 per 30 days)
<i>sodium acetate</i>	1	
<i>sodium bicarbonate intravenous</i>	1	
<i>sodium chloride 0.45 % intravenous</i>	1	MO
<i>sodium chloride 3 % hypertonic</i>	1	
<i>sodium chloride 5 % hypertonic</i>	1	MO
SODIUM CHLORIDE GRANULES (RX)	3	ADD
<i>sodium chloride intravenous</i>	1	
SODIUM CHLORIDE POWDER USP (RX)	3	ADD
<i>sodium phosphate</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sodium-potassium-phos powder</i>	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
<i>sv calcium 600 mg tablet p/f, gluten-free (rx)</i>	3	MO; ADD
<i>sv calcium 600 mg-d3 20 mcg tab (rx)</i>	3	MO; ADD
SV CALCIUM CITRATE-VIT D3 TAB P/F, 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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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 ASSTD FRUIT FLAVOR	3	ADD

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UPCAL D POWDER	3	ADD
UPCAL D POWDER PACKET	3	ADD
<i>zinc 50 mg capsule (rx)</i>	3	MO; ADD
<i>zinc sulfate 220 mg (50 mg) cap (rx)</i>	3	MO; ADD
<i>zinc sulfate 220 mg capsule (rx)</i>	3	MO; ADD
<i>zinc sulfate 220 mg capsule inner (rx)</i>	3	MO; ADD
<i>zinc sulfate 220 mg capsule outer (rx)</i>	3	MO; ADD
ZINC SULFATE POWDER FCC, DRIED (RX)	3	ADD
<i>zinc sulfate powder usp, monohydrate (rx)</i>	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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ACIDOPHILUS 100 MG CAPSULE	3	MO; ADD
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
<i>arginine 500 mg tablet</i>	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

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CVS FISH OIL 1,000 MG SOFTGEL (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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<i>electrolyte-48 in d5w</i>	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
<i>eql omega-3 fish oil 1,000 mg softgel (rx)</i>	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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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 P/F,N (RX)	3	MO; ADD

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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,E C (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-STRENGTH (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
<i>intralipid intravenous emulsion 20 %</i>	1	B/D PA
ISOLYTE S PH 7.4	2	
ISOLYTE-P IN 5 % DEXTROSE	2	

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>omega-3 fish oil 1,000 mg sfgl (rx)</i>	3	ADD
<i>omega-3 fish oil 1,000 mg sfgl p/f,y/f,sod/f (rx)</i>	3	ADD
<i>omega-3 fish oil 1,000 mg sfgl softgel (rx)</i>	3	ADD
<i>omega-3 fish oil 1,000 mg sfgl softgel (rx)</i>	3	MO; ADD
<i>omega-3 fish oil 1,000 mg sfgl softgel,p/f (rx)</i>	3	ADD
OMEGA-3 FISH OIL 1,000 MG SFGL SOFTGEL,P/F (RX)	3	ADD
<i>omega-3 fish oil 1,000 mg sfgl softgel,p/f,n (rx)</i>	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
<i>omega-3 fish oil ec 1,000 mg softgel,gluten-f</i>	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	
<i>plasmanate</i>	1	
PLENAMINE	2	B/D PA
<i>premasol 10 %</i>	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

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
SV PROBIOTIC ACIDOPHILUS CPLT	3	ADD
SV SALMON OIL 1,000 MG SOFTGEL	3	ADD
THEROMEGA SOFTGEL	3	ADD
THEROMEGA SPORT SOFTGEL	3	ADD
<i>travasol 10 %</i>	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

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

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>ascorbic acid 500 mg tablet (rx)</i>	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
<i>beta carotene 7,500 mcg sfgl (rx)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>beta-carotene 25,000 unit cap (rx)</i>	3	MO; ADD
<i>beta-carotene 25,000 unit sfgl softgel (rx)</i>	3	MO; ADD
BIO-35 SOFTGEL	3	ADD
BIOCAL SOFTGEL	3	ADD
BIO-D-MULSION FORTE 2,000 UNIT (RX)	3	ADD
BIO-D-MULSN 400 UNIT/DROP CONC (RX)	3	ADD
BIOTIN 10,000 MCG SOFTGEL	3	MO; ADD
<i>biotin 2,500 mcg p/f, softgel</i>	3	MO; ADD
<i>biotin 5,000 mcg capsule (rx)</i>	3	MO; ADD
<i>biotin 5,000 mcg capsule mx-str (rx)</i>	3	MO; ADD
<i>biotin 5,000 mcg capsule p/f, gluten-free (rx)</i>	3	MO; ADD
<i>biotin 5,000 mcg softgel (rx)</i>	3	MO; ADD
<i>biotin 5,000 mcg softgel p/f, gluten-free (rx)</i>	3	MO; ADD
<i>biotin 5,000 mcg softgel softgel (rx)</i>	3	MO; ADD
BIOTIN POWDER USP (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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CALCIUM + VITAMIN D3 GUMMIES	3	ADD
<i>calcium 600+d plus minerals tb p/f, n (rx)</i>	3	ADD
<i>calcium 600-d3 plus caplet</i>	3	ADD
CALCIUM 600-D3-MINERALS CHW TB (RX)	3	ADD
<i>calcium 600-vit d3-min chew tb</i>	3	ADD
CALCIUM PHOS-VIT D3 250 MG-500 UNIT GUMMY	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
CENTRATLEX 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

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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	3	MO; ADD
<i>cvs biotin 5,000 mcg capsule (rx)</i>	3	MO; ADD
<i>cvs calcium 600-d3 plus tablet</i>	3	ADD
CVS CALCIUM 600-D3-MIN CHEW TB (RX)	3	ADD

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

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
<i>cvs vit c-rose hip 1,000 mg tb (rx)</i>	3	MO; ADD
<i>cvs vit c-rose hips 500 mg tab (rx)</i>	3	MO; ADD
CVS VIT D3 1,000 UNIT GUMMIES (RX)	3	ADD
<i>cvs vit d3 1,000 unit gummies p/f (rx)</i>	3	ADD
<i>cvs vit d3 1,000 unit soft chw chocolate, p/f</i>	3	MO; ADD
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
<i>cvs vitamin a 2,400 mcg sftgl (rx)</i>	3	MO; ADD
<i>cvs vitamin b-6 100 mg tablet (rx)</i>	3	MO; ADD
<i>cvs vitamin c 1,000 mg caplet (rx)</i>	3	MO; ADD
CVS VITAMIN C 1,000 MG FIZZY PKT	3	ADD
<i>cvs vitamin c 250 mg tablet (rx)</i>	3	MO; ADD
<i>cvs vitamin c 500 mg caplet p/f,gluten-free (rx)</i>	3	MO; ADD
<i>cvs vitamin c 500 mg tablet (rx)</i>	3	ADD
<i>cvs vitamin d3 1,000 unit sftgl softgel (rx)</i>	3	ADD
<i>cvs vitamin d3 10 mcg softgel (rx)</i>	3	ADD
<i>cvs vitamin d3 125 mcg softgel (rx)</i>	3	MO; ADD
<i>cvs vitamin d3 2,000 unit sftgl softgel</i>	3	MO; ADD
<i>cvs vitamin d3 25 mcg gummies (rx)</i>	3	ADD
<i>cvs vitamin d3 25 mcg softgel (rx)</i>	3	ADD
<i>cvs vitamin d3 25 mcg softgel (rx)</i>	3	ADD
<i>cvs vitamin d3 250 mcg softgel (rx)</i>	3	MO; ADD

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<i>cvs vitamin d3 400 unit sftgl (rx)</i>	3	ADD
<i>cvs vitamin d3 5,000 unit sftgl softgel (rx)</i>	3	MO; ADD
<i>cvs vitamin d3 50 mcg softgel</i>	3	MO; ADD
<i>cvs vitamin e 180 mg softgel (rx)</i>	3	MO; ADD
<i>cvs vitamin e 200 unit softgel</i>	3	MO; ADD
<i>cvs vitamin e 268 mg softgel (rx)</i>	3	ADD
CVS VITAMIN E 450 MG SOFTGEL (RX)	3	MO; ADD
<i>cvs vitamin e 90 mg softgel</i>	3	MO; ADD
CVS WOMEN'S DAILY GUMMIES P/F, GLUTEN-FREE	3	ADD
CVS WOMEN'S DAILY GUMMIES P/F,GUMMIES	3	ADD
<i>cyanocobalamin 1,000 mcg/ml vl</i>	3	MO; ADD
<i>cyanocobalamin 1,000 mcg/ml vl inner</i>	3	MO; ADD
<i>cyanocobalamin 1,000 mcg/ml vl inner,suv</i>	3	MO; ADD

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

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<i>cyanocobalamin 10,000 mcg/10 ml mdv, outer</i>	3	MO; ADD
<i>cyanocobalamin 10,000 mcg/10 ml outer, mov</i>	3	MO; ADD
<i>cyanocobalamin 10,000 mcg/10 ml outer, mdv</i>	3	MO; ADD
<i>cyanocobalamin 10,000 mcg/10 ml outer, mov</i>	3	MO; ADD
<i>cyanocobalamin 30,000 mcg/30 ml inner, mdv</i>	3	MO; ADD
<i>cyanocobalamin 30,000 mcg/30 ml inner, mov</i>	3	MO; ADD
<i>cyanocobalamin 30,000 mcg/30 ml mdv, inner</i>	3	MO; ADD
<i>cyanocobalamin 30,000 mcg/30 ml mdv, outer</i>	3	MO; ADD
<i>cyanocobalamin 30,000 mcg/30 ml mov</i>	3	MO; ADD
<i>cyanocobalamin 30,000 mcg/30 ml mov, outer</i>	3	MO; ADD
<i>cyanocobalamin 30,000 mcg/30 ml outer, mdv</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>cyanocobalamin 30,000 mcg/30 ml outer, mov</i>	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

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ENDUR-VM WITH IRON SR TABLET	3	ADD
<i>eq calcium 600-d3-minerals tab gluten-free (rx)</i>	3	ADD
EQ CHILD COMPLETE CHEW TABLET	3	ADD
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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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
<i>eql vit c-rose hip 1,000 mg tb (rx)</i>	3	MO; ADD
<i>eql vit c-rose hips 500 mg tab (rx)</i>	3	MO; ADD
<i>eql vitamin b-6 100 mg tablet (rx)</i>	3	ADD
<i>eql vitamin c 1,000 mg tablet p/f, lactose free (rx)</i>	3	ADD
<i>eql vitamin d3 1,000 unit sfgl softgel (rx)</i>	3	ADD

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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
<i>ferrous gluconate 240 mg tab (rx)</i>	3	ADD
<i>ferrous gluconate 240 mg tab 240mg=27mg elemental (rx)</i>	3	ADD
<i>ferrous gluconate 324 mg tab (rx)</i>	3	ADD
<i>ferrous gluconate 324 mg tab (rx)</i>	3	MO; ADD

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<i>ferrous sulf 15 mg (iron)/ml oral syringe (rx)</i>	3	ADD
<i>ferrous sulf 15 mg iron/ml drp (rx)</i>	3	MO; ADD
<i>ferrous sulf 220 mg/5 ml elix (rx)</i>	3	ADD
<i>ferrous sulf 220 mg/5 ml elix (rx)</i>	3	MO; ADD
<i>ferrous sulf 220 mg/5 ml liq (rx)</i>	3	ADD
<i>ferrous sulf 44 mg iron/5 ml lq (rx)</i>	3	ADD
<i>ferrous sulf ec 324 mg tablet</i>	3	MO; ADD
<i>ferrous sulf ec 325 mg tablet (rx)</i>	3	MO; ADD
<i>ferrous sulf ec 325 mg tablet u-d, inner (rx)</i>	3	MO; ADD
<i>ferrous sulf ec 325 mg tablet u-d, outer (rx)</i>	3	MO; ADD
<i>ferrous sulfate 300 mg/5 ml cup</i>	3	ADD
<i>ferrous sulfate 300 mg/5 ml cup 100's, u-d</i>	3	ADD
<i>ferrous sulfate 325 mg tablet (rx)</i>	3	ADD
<i>ferrous sulfate 325 mg tablet f/c (rx)</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>ferrous sulfate 325 mg tablet f/c, green (rx)</i>	3	ADD
<i>ferrous sulfate 325 mg tablet f/c, red (rx)</i>	3	ADD
<i>ferrous sulfate 325 mg tablet p/f (rx)</i>	3	ADD
<i>ferrous sulfate 325 mg tablet u-d, 10x10, f/c (rx)</i>	3	ADD
<i>ferrous sulfate 325 mg tablet u-d, 10x10, film coat (rx)</i>	3	ADD
FERROUS SULFATE DRIED POWDER USP (RX)	3	ADD
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
<i>fluoride (sodium) oral tablet</i>	1	
<i>folic acid 0.4 mg tablet (rx)</i>	3	MO; ADD
<i>folic acid 0.8 mg tablet (rx)</i>	3	MO; ADD
<i>folic acid 1 mg tablet (rx)</i>	3	MO; ADD
<i>folic acid 1 mg tablet 10x10, u-d, inner (rx)</i>	3	MO; ADD
<i>folic acid 1 mg tablet 10x10, u-d, outer (rx)</i>	3	MO; ADD
<i>folic acid 1 mg tablet inner (rx)</i>	3	MO; ADD
<i>folic acid 1 mg tablet outer (rx)</i>	3	MO; ADD
<i>folic acid 1,000 mcg tablet (rx)</i>	3	MO; ADD
<i>folic acid 1,000 mcg tablet p/f (rx)</i>	3	MO; ADD
FOLIC ACID 20 MG CAPSULE	3	ADD
<i>folic acid 400 mcg tablet (rx)</i>	3	MO; ADD
<i>folic acid 400 mcg tablet inner (rx)</i>	3	MO; ADD
<i>folic acid 400 mcg tablet outer (rx)</i>	3	MO; ADD
<i>folic acid 400 mcg tablet p/f (rx)</i>	3	MO; ADD

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<i>folic acid 400 mcg tablet p/f, lactose free (rx)</i>	3	MO; ADD
<i>folic acid 400 mcg tablet p/f,gluten-free (rx)</i>	3	MO; ADD
<i>folic acid 5 mg/ml vial mdv</i>	3	MO; ADD
FOLIC ACID 800 MCG CAPSULE	3	ADD
<i>folic acid 800 mcg tablet (otc)</i>	3	MO; ADD
<i>folic acid 800 mcg tablet (rx)</i>	3	MO; ADD
<i>folic acid 800 mcg tablet inner (rx)</i>	3	MO; ADD
<i>folic acid 800 mcg tablet maximum strength (rx)</i>	3	MO; ADD
<i>folic acid 800 mcg tablet outer (rx)</i>	3	MO; ADD
<i>folic acid 800 mcg tablet p/f,gluten-free (rx)</i>	3	MO; ADD
<i>folic acid 800 mcg tablet pure,gluten-free (rx)</i>	3	MO; ADD
FOLIC ACID POWDER (RX)	3	ADD
FOLITE TABLET	3	ADD
FOLIVANE-F CAPSULE	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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
<i>gnp biotin 5,000 mcg capsule (rx)</i>	3	MO; ADD
<i>gnp calcium 600-d3-min chew tb p/f,gluten/f,yeast/f (rx)</i>	3	ADD
<i>gnp calcium 600-d3-minerals tb p/f,gluten-f (rx)</i>	3	ADD
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
<i>gnp folic acid 400 mcg tablet (rx)</i>	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
<i>gnp iron 45 mg tablet</i>	3	ADD
<i>gnp iron 65 mg tablet (rx)</i>	3	ADD
GNP MEGA MULTI FOR MEN TABLET HIGH POTENCY (RX)	3	ADD
GNP MEGA MULTI FOR WOMEN TAB	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
GNP ONE DAILY TABLET	3	ADD
GNP ONE DAILY TABLET	3	ADD
GNP THERAPEUTIC-M CAPLET P/F, CAPLET	3	MO; ADD
<i>gnp vit c-rose hips 500 mg tab (rx)</i>	3	MO; ADD
<i>gnp vit d3 10 mcg(400 unit) chw (rx)</i>	3	ADD
<i>gnp vitamin a 10,000 unit sfgl d/f, gluten-free (rx)</i>	3	MO; ADD
<i>gnp vitamin b-6 100 mg tablet gluten free (rx)</i>	3	ADD
<i>gnp vitamin c 1,000 mg tablet (rx)</i>	3	ADD
<i>gnp vitamin c 1,000 mg tablet with rose hips (rx)</i>	3	ADD
<i>gnp vitamin c 250 mg tablet (rx)</i>	3	ADD
<i>gnp vitamin c 500 mg tablet (rx)</i>	3	MO; ADD
<i>gnp vitamin d3 1,000 unit tab extra strength (rx)</i>	3	MO; ADD

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<i>gnp vitamin d3 2,000 unit tab maximum strength (rx)</i>	3	MO; ADD
<i>gnp vitamin d3 25 mcg tablet (rx)</i>	3	MO; ADD
<i>gnp vitamin d3 25 mcg(1000 unt) (rx)</i>	3	ADD
<i>gnp vitamin d3 5,000 unit tab super strength (rx)</i>	3	ADD
<i>gnp vitamin e 180 mg softgel (rx)</i>	3	ADD
<i>gnp vitamin e 400 unit softgel (rx)</i>	3	MO; ADD
GNP VITAMIN E 450 MG SOFTGEL (RX)	3	MO; ADD
<i>gnp vitamin e 90 mg softgel</i>	3	MO; ADD
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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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
<i>hm biotin 5,000 mcg capsule (rx)</i>	3	MO; ADD
<i>hm calcium 600-d3-minerals tab (rx)</i>	3	ADD
HM COMPLETE MULTI-VIT-MINERAL GLUTEN-FREE	3	ADD
<i>hm folic acid 400 mcg tablet gluten-free (rx)</i>	3	MO; ADD
HM HAIR, SKIN AND NAILS TABLET	3	ADD
<i>hm iron 65 mg tablet gluten-free (rx)</i>	3	ADD
HM MENS 50 PLUS ADV ONE DAILY	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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
<i>hm vit c-rose hip 1,000 mg tab gluten-free (rx)</i>	3	MO; ADD
<i>hm vit c-rose hips 500 mg cplt gluten-free, caplet (rx)</i>	3	MO; ADD
<i>hm vitamin b-6 100 mg tablet gluten-free (rx)</i>	3	ADD
<i>hm vitamin d3 1,000 unit tab gluten-free (rx)</i>	3	ADD
<i>hm vitamin d3 2,000 unit sftgl softgel, gluten-free (rx)</i>	3	ADD
<i>hm vitamin e 180 mg softgel (rx)</i>	3	MO; ADD
<i>hm vitamin e 200 unit softgel softgel, gluten-free</i>	3	MO; ADD

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<i>hm vitamin e 400 unit softgel gluten-free (rx)</i>	3	MO; ADD
HM WOMEN'S ONE DAILY TABLET GLUTEN-FREE	3	ADD
HONEY BEARS CHEWABLE TABLET	3	ADD
<i>hydroxocobalamin 1,000 mcg/ml</i>	3	ADD
HYDROXOCOBAL AMIN 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
<i>iron 27 mg tablet (rx)</i>	3	ADD
<i>iron 28 mg tablet</i>	3	ADD
<i>iron 45 mg tablet</i>	3	ADD
<i>iron 65 mg tablet (rx)</i>	3	ADD
<i>iron 65 mg tablet (rx)</i>	3	ADD
<i>iron 65 mg tablet gluten-free (rx)</i>	3	ADD
<i>iron 65 mg tablet p/f (rx)</i>	3	ADD
<i>iron 65 mg tablet p/f, gluten-free (rx)</i>	3	ADD
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

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
MEN'S PACK	3	ADD
MERIBIN 5 MG CAPSULE	3	MO; ADD
<i>milltrium senior multivit tab</i>	3	ADD
MONOCAPS TABLET (OTC)	3	ADD
MONOCAPS TABLET (RX)	3	ADD
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
<i>multiple vitamin plain tab</i>	3	ADD
<i>multiple vitamin tablet</i>	3	ADD
<i>multiple vitamin with iron tab (rx)</i>	3	ADD

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>multivitamins tablet (rx)</i>	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

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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	3	MO; ADD
ONE DAILY WOMEN'S HEALTH 50+	3	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
<i>prenatal vitamin oral tablet</i>	1	
PRESERVISION AREDS 2 CHEW TAB	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
PRESERVISION AREDS 2 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
<i>pub multivitamin 50 plus tab</i>	3	ADD
PUREVIT DUALFE PLUS CAPSULE	3	ADD
<i>pyridoxine 100 mg/ml vial muv, outer</i>	3	MO; ADD
<i>pyridoxine 50 mg tablet (rx)</i>	3	MO; ADD
PYRIDOXINE 50 MG TABLET (RX)	3	MO; ADD
<i>pyridoxine 50 mg tablet federal supply (rx)</i>	3	MO; ADD
PYRIDOXINE HCL CRYSTALS (RX)	3	ADD
PYRIDOXINE HCL POWDER (RX)	3	ADD
<i>qc calcium 600 mg-vit d tab (rx)</i>	3	ADD
<i>qc ferrous sulfate 325 mg tab (otc)</i>	3	ADD
QUFLORA FE 0.25 MG CHEW TABLET	3	ADD
QUIN B STRONG WITH C & ZINC TB	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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
<i>ra biotin 2,500 mcg capsule p/f, d/f</i>	3	MO; ADD
<i>ra calcium 600-minerals tab (rx)</i>	3	ADD
RA CENTRAL-VITE TABLET	3	ADD
RA CENTRAL-VITE WOMEN'S TABLET	3	ADD
RA ESSENCE C 1,000 MG PACKET 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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<i>ra folic acid 0.4 mg tablet p/f (rx)</i>	3	MO; ADD
<i>ra folic acid 800 mcg tablet p/f (rx)</i>	3	MO; ADD
RA HIGH POTENCY IRON 27 MG TAB	3	ADD
<i>ra iron 65 mg tablet p/f, d/f (rx)</i>	3	ADD
RA MEN'S ONE DAILY TABLET P/F	3	ADD
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
<i>ra vit c-rose hips 500 mg tab natural,p/f (rx)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>ra vitamin a 10,000 unit sftgl p/f,softgel (rx)</i>	3	MO; ADD
<i>ra vitamin b-6 100 mg tablet p/f (rx)</i>	3	ADD
<i>ra vitamin b-6 50 mg tablet p/f (rx)</i>	3	ADD
<i>ra vitamin c 1,000 mg tablet p/f,natural (rx)</i>	3	ADD
<i>ra vitamin c 1,000 mg tablet w/rose hips,p/f (rx)</i>	3	ADD
<i>ra vitamin c 250 mg tablet p/f (rx)</i>	3	ADD
<i>ra vitamin c 500 mg tablet p/f (rx)</i>	3	MO; ADD
<i>ra vitamin c 500 mg tablet p/f,natural (rx)</i>	3	MO; ADD
<i>ra vitamin d3 1,000 unit tab (rx)</i>	3	MO; ADD
<i>ra vitamin d3 1,000 unit tab gluten/f,yeast/f (rx)</i>	3	ADD
<i>ra vitamin d3 2,000 unit sfgl (rx)</i>	3	ADD
<i>ra vitamin d3 2,000 unit sfgl softgel (rx)</i>	3	ADD
<i>ra vitamin d3 2,000 unit sftgl (rx)</i>	3	ADD
<i>ra vitamin d3 5,000 unit sftgl softgel (rx)</i>	3	MO; ADD

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<i>ra vitamin e 268 mg softgel (rx)</i>	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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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
<i>sm biotin 5,000 mcg capsule (rx)</i>	3	MO; ADD
<i>sm calcium 600-d3-minerals tab (rx)</i>	3	ADD
SM COMPLETE MULTI-VIT-MINERAL ADVANCED FORMULA	3	ADD
<i>sm folic acid 0.4 mg tablet (rx)</i>	3	MO; ADD
<i>sm folic acid 400 mcg tablet (rx)</i>	3	MO; ADD
<i>sm folic acid 400 mcg tablet gluten-free (rx)</i>	3	MO; ADD
SM HAIR, SKIN AND NAILS CAPLET CAPLET, GLUTEN-FREE (RX)	3	ADD
<i>sm iron 325 mg tablet p/f (rx)</i>	3	ADD
<i>sm iron 65 mg tablet gluten-free (rx)</i>	3	ADD
<i>sm multivitamins tablet (rx)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
SM SLOW RELEASE IRON 45 MG TAB	3	ADD
SM SUPER VITAMIN B COMPLEX TAB (RX)	3	MO; ADD
<i>sm vit c-rose hips 500 mg tab (rx)</i>	3	MO; ADD
<i>sm vitamin b-6 100 mg tablet (rx)</i>	3	MO; ADD
<i>sm vitamin b-6 100 mg tablet (rx)</i>	3	ADD
<i>sm vitamin b-6 100 mg tablet gluten-free (rx)</i>	3	ADD
<i>sm vitamin c 1,000 mg tablet (rx)</i>	3	ADD
<i>sm vitamin c 1,000 mg tablet gluten-free (rx)</i>	3	ADD
<i>sm vitamin c 250 mg tablet (rx)</i>	3	ADD
<i>sm vitamin c with rose hips natural (rx)</i>	3	MO; ADD
<i>sm vitamin d3 1,000 unit tab p/f (rx)</i>	3	ADD
<i>sm vitamin d3 2,000 unit sftgl softgel, gluten-free (rx)</i>	3	ADD
<i>sm vitamin d3 25 mcg tablet (rx)</i>	3	MO; ADD

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<i>sm vitamin e 1,000 unit sftgel softgel (rx)</i>	3	ADD
<i>sm vitamin e 400 unit capsule (rx)</i>	3	ADD
<i>sm vitamin e 400 unit softgel sftgel,natural blend (rx)</i>	3	ADD
<i>sm vitamin e 400 unit softgel (rx)</i>	3	ADD
<i>sm vitamin e 400 unit softgel softgel,natural (rx)</i>	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
<i>sv biotin 5,000 mcg softgel softgel (rx)</i>	3	MO; ADD
<i>sv folic acid 800 mcg tablet (rx)</i>	3	MO; ADD
SV HAIR, SKIN AND NAILS CAPLET	3	ADD
<i>sv iron 65 mg tablet p/f, d/f (rx)</i>	3	ADD
SV SLOW RELEASE IRON 45 MG TAB (RX)	3	MO; ADD
<i>sv vit c-rose hip 1,000 mg tab p/f,gluten-free (rx)</i>	3	MO; ADD
<i>sv vit c-rose hips 1,000 mg tb p/f,gluten-free (rx)</i>	3	MO; ADD
<i>sv vit c-rose hips 500 mg tab (rx)</i>	3	MO; ADD
<i>sv vit c-rose hips 500 mg tab p/f, gluten free (rx)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sv vitamin b-6 100 mg tablet (rx)</i>	3	MO; ADD
<i>sv vitamin d3 1,000 unit gummy (rx)</i>	3	ADD
<i>sv vitamin d3 1,000 unit sftgl (rx)</i>	3	ADD
<i>sv vitamin d3 1,000 unit sftgl softgel, p/f (rx)</i>	3	MO; ADD
<i>sv vitamin d3 2,000 unit sftgl softgel,gluten-f,p/f (rx)</i>	3	ADD
<i>sv vitamin d3 25 mcg(1000 unit) (rx)</i>	3	ADD
<i>sv vitamin d3 400 unit softgel softgel , p/f (rx)</i>	3	MO; ADD
<i>sv vitamin d3 5,000 unit sftgl softgel (rx)</i>	3	MO; ADD
<i>sv vitamin d3 5,000 unit sftgl softgel, p/f (rx)</i>	3	MO; ADD
<i>sv vitamin e 180 mg softgel (rx)</i>	3	MO; ADD
<i>sv vitamin e 200 unit softgel p/f, gluten-free (rx)</i>	3	ADD
<i>sv vitamin e 400 unit softgel p/f, gluten-free (rx)</i>	3	ADD

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<i>sv vitamin e 450 mg softgel water soluble, p/f (rx)</i>	3	MO; ADD
<i>sv vitamin e 670 mg softgel p/f, gluten-free (rx)</i>	3	ADD
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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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
<i>thiamine 200 mg/2 ml vial 25's,mdv,outer</i>	3	MO; ADD
<i>thiamine 200 mg/2 ml vial mdv, inner</i>	3	MO; ADD
<i>thiamine 200 mg/2 ml vial mdv, outer</i>	3	MO; ADD
<i>thiamine 200 mg/2 ml vial mdv,inner</i>	3	MO; ADD
<i>thiamine 200 mg/2 ml vial mov</i>	3	MO; ADD
<i>thiamine 200 mg/2 ml vial mov, inner</i>	3	MO; ADD
<i>thiamine 200 mg/2 ml vial mov, outer</i>	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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
TRI-VI-SOL DROPS	3	MO; ADD
TROPICAL LIQUID NUTRITION	3	ADD
ULTRA 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
<i>vit c-rose hips 1,000 mg cplt caplet,p/f (rx)</i>	3	MO; ADD
<i>vit c-rose hips 1,000 mg tab (rx)</i>	3	MO; ADD
<i>vit c-rose hips 1,000 mg tab s/f (otc)</i>	3	MO; ADD
<i>vit c-rose hips 500 mg tablet (rx)</i>	3	MO; ADD
<i>vit c-rose hips 500 mg tablet p/f (rx)</i>	3	MO; ADD
<i>vit c-rose hips 500 mg tablet s/f (otc)</i>	3	MO; ADD
<i>vit c-rose hips 500 mg tablet with rose hips,p/f (rx)</i>	3	MO; ADD
<i>vit d3 125 mcg (5000 unit) tab</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>vitamin a 10,000 unit softgel p/f,n,softgel (rx)</i>	3	MO; ADD
<i>vitamin a 3,000 mcg softgel (rx)</i>	3	MO; ADD
<i>vitamin a 8,000 unit capsule (rx)</i>	3	MO; ADD
<i>vitamin a 8,000 unit softgel (rx)</i>	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
<i>vitamin b-6 100 mg tablet (rx)</i>	3	MO; ADD
<i>vitamin b-6 100 mg tablet (rx)</i>	3	ADD
<i>vitamin b-6 100 mg tablet inner (rx)</i>	3	ADD
<i>vitamin b-6 100 mg tablet outer (rx)</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>vitamin b-6 100 mg tablet p/f (rx)</i>	3	ADD
<i>vitamin b-6 100 mg tablet p/f,no lactose (rx)</i>	3	ADD
<i>vitamin b-6 100 mg tablet p/f,no-lactose (rx)</i>	3	ADD
<i>vitamin b-6 100 mg tablet y/f,gluten/f (rx)</i>	3	ADD
<i>vitamin b-6 50 mg tablet (rx)</i>	3	MO; ADD
<i>vitamin b-6 50 mg tablet (rx)</i>	3	ADD
<i>vitamin b-6 50 mg tablet inner (rx)</i>	3	MO; ADD
<i>vitamin b-6 50 mg tablet inner (rx)</i>	3	ADD
<i>vitamin b-6 50 mg tablet outer (rx)</i>	3	MO; ADD
<i>vitamin b-6 50 mg tablet outer (rx)</i>	3	ADD
<i>vitamin b-6 50 mg tablet p/f (rx)</i>	3	ADD
<i>vitamin b-6 50 mg tablet y/f,gluten/f (rx)</i>	3	ADD
VITAMIN B-COMPLEX & C P/F, CAPLET	3	ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
VITAMIN B-COMPLEX & C CAPLET P/F,LACTOSE FREE	3	ADD
VITAMIN B-COMPLEX & C CAPLET P/F,NO LACTOSE,CPLT	3	ADD
<i>vitamin c 1,000 mg caplet (rx)</i>	3	MO; ADD
<i>vitamin c 1,000 mg caplet (rx)</i>	3	ADD
<i>vitamin c 1,000 mg caplet n,caplet (rx)</i>	3	ADD
<i>vitamin c 1,000 mg tablet (rx)</i>	3	MO; ADD
<i>vitamin c 1,000 mg tablet (rx)</i>	3	ADD
<i>vitamin c 1,000 mg tablet inner (rx)</i>	3	ADD
<i>vitamin c 1,000 mg tablet n,caplet (rx)</i>	3	MO; ADD
<i>vitamin c 1,000 mg tablet outer (rx)</i>	3	ADD
<i>vitamin c 1,000 mg tablet p/f (rx)</i>	3	ADD
<i>vitamin c 100 mg tablet (rx)</i>	3	ADD
<i>vitamin c 250 mg tablet (rx)</i>	3	MO; ADD
<i>vitamin c 250 mg tablet (rx)</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>vitamin c 250 mg tablet gluten-free (rx)</i>	3	ADD
<i>vitamin c 250 mg tablet inner (rx)</i>	3	ADD
<i>vitamin c 250 mg tablet outer (rx)</i>	3	ADD
<i>vitamin c 250 mg tablet p/f (rx)</i>	3	ADD
<i>vitamin c 500 mg tablet (rx)</i>	3	ADD
<i>vitamin c 500 mg tablet (rx)</i>	3	MO; ADD
<i>vitamin c 500 mg tablet 10x10, u-d (rx)</i>	3	MO; ADD
<i>vitamin c 500 mg tablet gluten-free (rx)</i>	3	MO; ADD
<i>vitamin c 500 mg tablet p/f (rx)</i>	3	MO; ADD
<i>vitamin c 500 mg tablet p/f,gluten-free (rx)</i>	3	MO; ADD
<i>vitamin c 500 mg tablet u-d (rx)</i>	3	MO; ADD
<i>vitamin c 500 mg tablet y/f,gluten/f (rx)</i>	3	MO; ADD
<i>vitamin c tr 1,000 mg tablet timed release (rx)</i>	3	ADD

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<i>vitamin c-500 mg tablet p/f, gluten/f (rx)</i>	3	MO; ADD
<i>vitamin c-rose hip 1,000 mg tb (rx)</i>	3	MO; ADD
<i>vitamin d2 1.25 mg(50,000 unit)</i>	3	MO; ADD
<i>vitamin d2 1.25 mg(50,000 unit) capsule</i>	3	ADD
<i>vitamin d2 1.25 mg(50,000 unit) inner</i>	3	MO; ADD
<i>vitamin d2 1.25 mg(50,000 unit) outer</i>	3	MO; ADD
<i>vitamin d2 1.25 mg(50,000 unit) softgel</i>	3	MO; ADD
VITAMIN D2 2,000 UNIT TABLET	3	ADD
<i>vitamin d2 400 unit tablet y/f,gluten/f (rx)</i>	3	ADD
VITAMIN D2 50 MCG (2,000 UNIT)	3	MO; ADD
<i>vitamin d3 1,000 unit gummies (rx)</i>	3	ADD
<i>vitamin d3 1,000 unit adult gummies</i>	3	MO; ADD
<i>vitamin d3 1,000 unit gluten-free, gummies (rx)</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>vitamin d3 1,000 unit gummy (rx)</i>	3	ADD
<i>vitamin d3 1,000 unit softgel (rx)</i>	3	ADD
<i>vitamin d3 1,000 unit softgel (rx)</i>	3	MO; ADD
<i>vitamin d3 1,000 unit softgel p/f, n,sftgl (rx)</i>	3	ADD
<i>vitamin d3 1,000 unit softgel p/f,gluten-free (rx)</i>	3	ADD
<i>vitamin d3 1,000 unit softgel p/f,gluten-free (rx)</i>	3	MO; ADD
<i>vitamin d3 1,000 unit softgel sftgl,p/f,no lactose (rx)</i>	3	ADD
<i>vitamin d3 1,000 unit softgel (rx)</i>	3	ADD
<i>vitamin d3 1,000 unit softgel (rx)</i>	3	MO; ADD
<i>vitamin d3 1,000 unit softgel softgel, p/f (rx)</i>	3	MO; ADD
<i>vitamin d3 1,000 unit softgel softgel,p/f (rx)</i>	3	ADD
<i>vitamin d3 1,000 unit softgel softgel,p/f,n (rx)</i>	3	ADD

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
VITAMIN D3 1,250 MCG CAPSULE (RX)	3	MO; ADD
VITAMIN D3 10 MCG(400 UNIT)/ML (RX)	3	MO; ADD
<i>vitamin d3 10 mcg/ml liquid w/dropper (rx)</i>	3	MO; ADD
VITAMIN D3 10,000 UNIT CAPSULE (RX)	3	MO; ADD
<i>vitamin d3 10,000 unit softgel (rx)</i>	3	MO; ADD
<i>vitamin d3 10,000 unit softgel softgel (otc)</i>	3	MO; ADD
<i>vitamin d3 10,000 unit softgel (rx)</i>	3	MO; ADD
<i>vitamin d3 10,000 unit softgel softgel,p/f (rx)</i>	3	MO; ADD
VITAMIN D3 10,000 UNIT TABLET	3	MO; ADD
<i>vitamin d3 125 mcg (5000 unit) (rx)</i>	3	MO; ADD
<i>vitamin d3 125 mcg capsule (rx)</i>	3	MO; ADD
VITAMIN D3 125 MCG/0.5 ML DROP	3	ADD
<i>vitamin d3 2,000 unit softgel</i>	3	MO; ADD

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<i>vitamin d3 2,000 unit softgel (rx)</i>	3	ADD
<i>vitamin d3 2,000 unit softgel inner</i>	3	MO; ADD
<i>vitamin d3 2,000 unit softgel outer</i>	3	MO; ADD
<i>vitamin d3 2,000 unit softgel p/f, color-free (rx)</i>	3	ADD
<i>vitamin d3 2,000 unit p/f, softgel (rx)</i>	3	ADD
<i>vitamin d3 2,000 unit softgel p/f,n,softgel</i>	3	MO; ADD
<i>vitamin d3 2,000 unit softgel p/f,n,softgel (rx)</i>	3	ADD
<i>vitamin d3 2,000 unit softgel</i>	3	MO; ADD
<i>vitamin d3 2,000 unit softgel (rx)</i>	3	ADD
<i>vitamin d3 2,000 unit softgel softgel, p/f (rx)</i>	3	ADD
<i>vitamin d3 2,000 unit softgel softgel, super str (rx)</i>	3	ADD
<i>vitamin d3 2,000 unit softgel soy-free,softgel (rx)</i>	3	ADD
<i>vitamin d3 2,000 unit softgel ultra-str,softgel (rx)</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
VITAMIN D3 2,000 UNIT TAB CHEW	3	MO; ADD
<i>vitamin d3 2,000 unit tablet (rx)</i>	3	MO; ADD
<i>vitamin d3 2,000 unit tablet (rx)</i>	3	ADD
<i>vitamin d3 2,000 unit tablet gluten-free (rx)</i>	3	MO; ADD
<i>vitamin d3 2,000 unit tablet inner (rx)</i>	3	MO; ADD
<i>vitamin d3 2,000 unit tablet outer (rx)</i>	3	MO; ADD
<i>vitamin d3 2,000 unit tablet outer,gluten-f (rx)</i>	3	ADD
<i>vitamin d3 2,000 unit tablet p/f (rx)</i>	3	ADD
<i>vitamin d3 2,000 unit tablet p/f, gluten-free (rx)</i>	3	ADD
<i>vitamin d3 2,000 unit tablet super strength (rx)</i>	3	ADD
<i>vitamin d3 2,000 unit tablet w/ calcium carbonate (rx)</i>	3	ADD
<i>vitamin d3 25 mcg (1,000 unit) (rx)</i>	3	ADD
<i>vitamin d3 25 mcg softgel (rx)</i>	3	ADD

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<i>vitamin d3 25 mcg tablet (rx)</i>	3	MO; ADD
<i>vitamin d3 25 mcg tablet (rx)</i>	3	ADD
<i>vitamin d3 25 mcg tablet bonus 10 tb,max str (rx)</i>	3	MO; ADD
<i>vitamin d3 25 mcg tablet p/f, ex-strength (rx)</i>	3	ADD
<i>vitamin d3 25 mcg tablet y/f,p/f (rx)</i>	3	ADD
VITAMIN D3 250 MCG TABLET	3	MO; ADD
VITAMIN D3 3,000 UNIT TABLET	3	ADD
<i>vitamin d3 400 unit softgel (rx)</i>	3	ADD
<i>vitamin d3 400 unit softgel p/f,n,softgel (rx)</i>	3	MO; ADD
<i>vitamin d3 400 unit softgel (rx)</i>	3	MO; ADD
<i>vitamin d3 400 unit softgel softgel, p/f (rx)</i>	3	MO; ADD
<i>vitamin d3 400 unit softgel softgel,p/f (rx)</i>	3	MO; ADD
<i>vitamin d3 400 unit tab chew (rx)</i>	3	ADD

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

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>vitamin d3 5,000 unit tablet inner</i>	3	MO; ADD
<i>vitamin d3 5,000 unit tablet outer</i>	3	MO; ADD
<i>vitamin d3 5,000 unit tablet p/f (rx)</i>	3	ADD
<i>vitamin d3 5,000 unit tablet p/f, gluten-free</i>	3	MO; ADD
<i>vitamin d3 5,000 unit tablet y/f, gluten/f</i>	3	MO; ADD
<i>vitamin d3 5,000 unit/ml drops p/f, yeast-free</i>	3	MO; ADD
<i>vitamin d3 5,000 unit/ml drops p/f, gluten-free</i>	3	MO; ADD
<i>vitamin d3 50 mcg (2,000 unit)</i>	3	MO; ADD
<i>vitamin d3 50 mcg softgel</i>	3	MO; ADD
<i>vitamin d3 50 mcg tablet (rx)</i>	3	MO; ADD
<i>vitamin d3 50,000 unit capsule (rx)</i>	3	MO; ADD
VITAMIN D3 50,000 UNIT CAPSULE (RX)	3	MO; ADD
VITAMIN D3 COMPLETE CAPLET	3	ADD

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<i>vitamin d-400 tablet easy to swallow (rx)</i>	3	MO; ADD
<i>vitamin e 1,000 unit p/f, blend, softgel (rx)</i>	3	ADD
<i>vitamin e 1,000 unit softgel p/f, gluten-f,softgel (rx)</i>	3	ADD
VITAMIN E 1,000 UNIT SOFTGEL P/F,SOFTGEL (RX)	3	ADD
<i>vitamin e 1,000 unit softgel softgel, finest (rx)</i>	3	ADD
<i>vitamin e 1,000 unit softgel softgel, p/f (rx)</i>	3	MO; ADD
<i>vitamin e 100 unit softgel (rx)</i>	3	MO; ADD
VITAMIN E 100 UNIT TABLET	3	ADD
VITAMIN E 100 UNIT TABLET Y/F, GLUTEN/F (RX)	3	ADD
<i>vitamin e 15 unit/0.3 ml drop</i>	3	MO; ADD
VITAMIN E 15 UNIT/0.3 ML DROP	3	MO; ADD
<i>vitamin e 180 mg softgel (rx)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>vitamin e 180 mg(400 unit) sfgl (rx)</i>	3	MO; ADD
<i>vitamin e 180 mg(400 unit) sfgl inner (rx)</i>	3	MO; ADD
<i>vitamin e 180 mg(400 unit) sfgl outer (rx)</i>	3	MO; ADD
<i>vitamin e 200 unit softgel</i>	3	MO; ADD
<i>vitamin e 200 unit softgel p/f, gluten-f,softgel (rx)</i>	3	ADD
<i>vitamin e 200 unit softgel p/f, no lactose (rx)</i>	3	ADD
<i>vitamin e 268 mg softgel (rx)</i>	3	ADD
<i>vitamin e 400 unit capsule (rx)</i>	3	ADD
<i>vitamin e 400 unit capsule p/f, sf, gluten-free (rx)</i>	3	MO; ADD
<i>vitamin e 400 unit capsule softgel, p/f (rx)</i>	3	MO; ADD
<i>vitamin e 400 unit capsule synthetic (rx)</i>	3	MO; ADD
<i>vitamin e 400 unit softgel (rx)</i>	3	ADD

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
VITAMIN E 450 MG SOFTGEL (RX)	3	MO; ADD
<i>vitamin e 90 mg softgel</i>	3	MO; ADD
VITAMIN E NATURAL OIL DROPS	3	ADD
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
<i>wescap-pn dha</i>	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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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
<i>zinc 15 mg lozenges</i>	3	ADD
ZINC LOZENGES	3	ADD
ZOO FRIENDS TABLET CHEWABLE (RX)	3	ADD

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

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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)، من صباحاً 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। हृदि 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。

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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>.

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Connecting Medicare + Medicaid



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.

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Formulary ID: 00023541

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