



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

**2024**

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

**Important Message About What You Pay for Vaccines** – Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. Our plan covers most Part D vaccines at no cost to you. -

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

Formulary ID: 00024248  
Version #: 9  
Updated on 03/01/2024

# CareSource® MyCare Ohio (Medicare-Medicaid Plan) | 2024 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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If you have questions, please call CareSource MyCare Ohio at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday – Friday, 8 a.m. – 8 p.m. If you need to speak to your care manager, please call 1-866-206-7861, 24 hours a day, 7 days a week. These calls are free. For more information, visit [CareSource.com/MyCare](http://CareSource.com/MyCare).

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## A. Disclaimers

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

- ❖ CareSource MyCare Ohio is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees.
- ❖ You can always check CareSource MyCare Ohio's up-to-date List of Covered Drugs online at [CareSource.com/MyCare](http://CareSource.com/MyCare).
- ❖ ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call **1-855-475-3163 (TTY: 1-833-711-4711 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 idioma gratis. Llame al **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, el lunes a viernes, 8 a.m. a 8 p.m. La 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: 1-833-711-4711 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: 1-833-711-4711 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: 1-833-711-4711 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.

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

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

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

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

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### 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](http://CareSource.com/MyCare).
- You can also call Member Services to check the current Drug List at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**.

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### 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.

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#### **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 2-254. 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.

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## **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.*”

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## **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.

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## **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.

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

If you don’t find your drug on the Drug List, call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)** and ask about it. If you learn that CareSource MyCare Ohio will not cover the drug, you can do one of these things:

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



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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.

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

- An unplanned transition usually involves level of care changes where a member is changing from one treatment setting to another. If this occurs, you may need to follow the normal coverage determination processes for continued coverage.  
Examples of level-of-care changes include:

- Discharge from a hospital to home.
- Ending your skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and you now need to use your Part D plan.



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- Changing from hospice status and reverting back to standard Medicare Part A and B coverage.
  - Discharges from chronic psychiatric hospitals with highly individualized drug regimens.
  - Ending a long-term care (LTC) facility stay and returning to the community.
- 

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

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

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

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

## B11. How can I ask for an exception?

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

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

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

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

## B13. What are generic drugs?

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

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

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## **B14. What are OTC drugs?**

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

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

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## **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.

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## **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.

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## **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 255. The index alphabetically lists all drugs covered by CareSource MyCare Ohio.

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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: 1-833-711-4711 or 711)**. You can also read the Chapter 9, Section D, *Coverage decisions and appeals* of the *Member Handbook* of the *Member Handbook* to learn how to appeal a decision.



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

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

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**ADD:** Additional Dual Demonstration. 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).

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

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

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

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

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

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

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

**V:** This vaccine is provided to adults at no cost when used based on recommendations by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP).

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<b>ANTI - INFECTIVES</b>		
<b>ANTIFUNGAL AGENTS</b>		
ABELCET	2	B/D PA
<i>amphotericin b</i>	1	B/D PA; MO
<i>caspofungin</i>	1	
<i>clotrimazole mucous membrane</i>	1	MO
CRESEMBA ORAL	2	PA; NDS
<i>fluconazole</i>	1	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 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; NDS
<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; NDS
<i>nystatin oral</i>	1	MO
<i>posaconazole oral tablet,delayed release (dr/ec)</i>	1	PA; MO; QL (96 per 30 days); NDS
<i>terbinafine hcl oral</i>	1	MO
<i>voriconazole intravenous</i>	1	PA; MO; NDS
<i>voriconazole oral suspension for reconstitution</i>	1	PA; MO; NDS
<i>voriconazole oral tablet</i>	1	PA; MO
<b>ANTIVIRALS</b>		
<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
<i>APRETUDE</i>	2	MO; NDS
<i>APTIVUS</i>	2	MO; NDS
<i>atazanavir</i>	1	MO

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This drug list was last updated on 02/19/2024.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
BARACLUDE ORAL SOLUTION	2	MO; NDS
BIKTARVY	2	MO; NDS
CABENUVA	2	MO; NDS
<i>cidofovir</i>	1	B/D PA; MO; NDS
CIMDUO	2	MO; NDS
COMPLERA	2	MO; NDS
<i>darunavir</i>	1	MO; NDS
DELSTRIGO	2	MO; NDS
DESCOVY	2	MO; NDS
DOVATO	2	MO; NDS
EDURANT	2	MO; NDS
<i>efavirenz</i>	1	MO
<i>efavirenz-emtricitabine-tenofov</i>	1	MO; NDS
<i>efavirenz-lamivu-tenofov disop</i>	1	MO; NDS
<i>emtricitabine</i>	1	MO
<i>emtricitabine-tenofovir (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); NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	2	PA; MO; QL (56 per 28 days); NDS
EPCLUSA ORAL TABLET 200-50 MG	2	PA; MO; QL (56 per 28 days); NDS
EPCLUSA ORAL TABLET 400-100 MG	2	PA; MO; QL (28 per 28 days); NDS
<i>etravirine</i>	1	MO; NDS
EVOTAZ	2	MO; NDS
<i>famciclovir</i>	1	MO
<i>fosamprenavir</i>	1	MO
FUZEON SUBCUTANEOUS RECON SOLN	2	MO; NDS
<i>ganciclovir sodium intravenous recon soln</i>	1	B/D PA; MO
<i>ganciclovir sodium intravenous solution</i>	1	B/D PA
GENVOYA	2	MO; NDS
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	2	PA; MO; QL (28 per 28 days); NDS
HARVONI ORAL PELLETS IN PACKET 45-200 MG	2	PA; MO; QL (56 per 28 days); NDS

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HARVONI ORAL TABLET 45-200 MG	2	PA; MO; QL (56 per 28 days); NDS
HARVONI ORAL TABLET 90-400 MG	2	PA; MO; QL (28 per 28 days); NDS
INTELENCE ORAL TABLET 25 MG	2	MO
ISENTRESS HD	2	MO; NDS
ISENTRESS ORAL POWDER IN PACKET	2	MO; NDS
ISENTRESS ORAL TABLET	2	MO; NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	2	MO; NDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	2	MO
JULUCA	2	MO; NDS
LAGEVRIO (EUA)	1	QL (40 per 180 days)
<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; NDS
<i>nevirapine oral suspension</i>	1	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<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; NDS
<i>oseltamivir</i>	1	MO
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	1	QL (20 per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	1	QL (30 per 180 days)
PIFELTRO	2	MO; NDS
PREVYMIS INTRAVENOUS	2	PA; NDS
PREVYMIS ORAL	2	PA; MO; QL (30 per 30 days); NDS
PREZCOBIX	2	MO; NDS
PREZISTA ORAL SUSPENSION	2	MO; NDS
PREZISTA ORAL TABLET 150 MG, 75 MG	2	MO
RELENZA DISKHALER	2	MO
RETROVIR INTRAVENOUS	2	MO

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REYATAZ ORAL POWDER IN PACKET	2	MO; NDS
<i>ribavirin oral capsule</i>	1	MO
<i>ribavirin oral tablet 200 mg</i>	1	MO
<i>rimantadine</i>	1	MO
<i>ritonavir</i>	1	MO
RUKOBIA	2	MO; NDS
SELZENTRY ORAL SOLUTION	2	MO
SELZENTRY ORAL TABLET 25 MG, 75 MG	2	MO
STRIBILD	2	MO; NDS
SUNLENCA	2	NDS
SYMTUZA	2	MO; NDS
SYNAGIS	2	MO; LA; NDS
<i>tenofovir disoproxil fumarate</i>	1	MO
TIVICAY ORAL TABLET 10 MG	2	
TIVICAY ORAL TABLET 25 MG, 50 MG	2	MO; NDS
TIVICAY PD	2	MO; NDS
TRIUMEQ	2	MO; NDS
TRIUMEQ PD	2	MO; NDS
TRIZIVIR	2	NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
TROGARZO	2	MO; LA; NDS
<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 oral recon soln</i>	1	MO; NDS
<i>valganciclovir oral tablet</i>	1	MO
VEKLURY	2	NDS
VEMLIDY	2	MO; NDS
VIRACEPT ORAL TABLET	2	MO; NDS
VIREAD ORAL POWDER	2	MO; NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	MO
VOSEVI	2	PA; MO; QL (28 per 28 days); NDS
XOFLUZA ORAL TABLET 40 MG, 80 MG	2	MO
<i>zidovudine</i>	1	MO
<b>CEPHALOSPORINS</b>		
<i>cefaclor oral capsule</i>	1	MO
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml</i>	1	MO

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<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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>cefoxitin in dextrose, iso-osm</i>	1	PA
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	1	PA; MO
<i>cefoxitin intravenous recon soln 10 gram</i>	1	PA
<i>cefodoxime</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

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<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; NDS
<b>ERYTHROMYCINS / OTHER MACROLIDES</b>		
<i>azithromycin intravenous</i>	1	PA; MO
<i>azithromycin oral packet</i>	1	MO
<i>azithromycin oral suspension for reconstitution</i>	1	MO
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	MO
<i>clarithromycin</i>	1	MO
DIFICID ORAL TABLET	2	MO; QL (20 per 10 days); NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>e.e.s. 400 oral tablet</i>	1	MO
<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
<b>MISCELLANEOUS ANTIINFECTIVES</b>		
<i>albendazole</i>	1	MO; NDS
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	PA; MO
ARIKAYCE	2	PA; LA; NDS
<i>atovaquone</i>	1	MO
<i>atovaquone-proguanil</i>	1	MO
<i>aztreonam</i>	1	PA; MO
<i>bacitracin intramuscular</i>	1	
CAYSTON	2	PA; MO; LA; QL (84 per 56 days); NDS
<i>chloramphenicol sod succinate</i>	1	
<i>chloroquine phosphate</i>	1	MO

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<i>clindamycin hcl</i>	1	MO	<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	1	PA
<i>clindamycin in 5 % dextrose</i>	1	PA; MO	<i>gentamicin injection solution 40 mg/ml</i>	1	PA; MO
<i>clindamycin phosphate injection</i>	1	PA; MO	<i>gentamicin sulfate (ped) (pf)</i>	1	PA; MO
<i>clindamycin phosphate intravenous</i>	1	PA; MO	<i>hydroxychloroquine oral tablet 200 mg</i>	1	MO
COARTEM	2	MO	<i>imipenem-cilastatin</i>	1	PA; MO
<i>colistin (colistimethate na)</i>	1	PA; MO; QL (30 per 10 days)	<i>isoniazid injection</i>	1	
<i>cvs pinworm treatment 50 mg/ml</i>	3	ADD	<i>isoniazid oral</i>	1	MO
<i>dapsone oral</i>	1	MO	<i>ivermectin oral</i>	1	PA; MO; QL (20 per 30 days)
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	2	MO; NDS	<i>lincomycin</i>	1	PA
<i>daptomycin intravenous recon soln 500 mg</i>	1	MO; NDS	<i>linezolid in dextrose 5%</i>	1	PA; MO
EMVERM	2	MO; NDS	<i>linezolid oral suspension for reconstitution</i>	1	MO; NDS
<i>ertapenem</i>	1	PA; MO; QL (14 per 14 days)	<i>linezolid oral tablet</i>	1	MO
<i>ethambutol</i>	1	MO	<i>linezolid-0.9% sodium chloride</i>	1	PA
<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>mefloquine</i>	1	MO
			<i>meropenem intravenous recon soln 1 gram</i>	1	PA; QL (30 per 10 days)

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<i>meropenem intravenous recon soln 500 mg</i>	1	PA; QL (10 per 10 days)
<i>metro i.v.</i>	1	PA; MO
<i>metronidazole in nacl (iso-os)</i>	1	PA; MO
<i>metronidazole oral tablet</i>	1	MO
<i>neomycin</i>	1	MO
<i>nitazoxanide</i>	1	MO; NDS
<i>paromomycin</i>	1	
<i>pentamidine inhalation</i>	1	B/D PA; MO; QL (1 per 28 days)
<i>pentamidine injection</i>	1	MO
<i>pinaway 50 mg/ml suspension</i>	3	ADD
<i>pinworm medicine 144 mg/ml</i>	3	ADD
<i>praziquantel</i>	1	MO
<i>PRIFTIN</i>	2	MO
<i>PRIMAQUINE</i>	2	MO
<i>pyrazinamide</i>	1	MO
<i>pyrimethamine</i>	1	PA; MO; NDS
<i>quinine sulfate</i>	1	MO
<i>reese's pinworm 144 mg/ml susp</i>	3	MO; ADD
<i>rifabutin</i>	1	MO
<i>rifampin</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>SIRTURO</i>	2	PA; LA; NDS
<i>STREPTOMYCIN</i>	2	PA; MO; QL (60 per 30 days); NDS
<i>tigecycline</i>	1	PA; MO; NDS
<i>tinidazole</i>	1	MO
<i>TOBI PODHALER</i>	2	MO; QL (224 per 56 days); NDS
<i>tobramycin in 0.225 % nacl</i>	1	PA; MO; QL (280 per 28 days); NDS
<i>tobramycin inhalation</i>	1	PA; MO; QL (224 per 28 days); NDS
<i>tobramycin sulfate injection recon soln</i>	1	PA; QL (9 per 14 days)
<i>tobramycin sulfate injection solution</i>	1	PA; MO
<i>TRECATOR</i>	2	MO
<i>VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML</i>	2	PA; QL (4000 per 10 days)
<i>VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML</i>	2	PA; QL (1000 per 10 days)

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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)
VIBATIV INTRAVENOUS RECON SOLN 750 MG	2	PA; NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
XIFAXAN ORAL TABLET 200 MG	2	QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	2	MO; QL (90 per 30 days); NDS
<b>PENICILLINS</b>		
<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
<i>ampicillin-sulbactam intravenous</i>	1	PA

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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; NDS
<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
<i>penicillin v potassium</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>pfizerpen-g</i>	1	PA
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram, 40.5 gram</i>	1	
<b>QUINOLONES</b>		
<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
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	1	PA; MO

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<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
<b>SULFA'S / RELATED AGENTS</b>		
<i>sulfadiazine</i>	1	MO
<i>sulfamethoxazole-trimethoprim intravenous</i>	1	PA; MO
<i>sulfamethoxazole-trimethoprim oral</i>	1	MO
<b>TETRACYCLINES</b>		
<i>demeclacycline</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
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<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>monodoxyne nl oral capsule 100 mg</i>	1	
<i>tetracycline oral capsule</i>	1	MO
<b>URINARY TRACT AGENTS</b>		
<i>methenamine hippurate</i>	1	MO
<i>methenamine mandelate oral tablet 0.5 g</i>	1	MO
<i>methenamine mandelate oral tablet 1 gram</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1	MO
<i>nitrofurantoin monohyd/m-cryst</i>	1	MO
<i>trimethoprim</i>	1	MO
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
<b>ADJUNCTIVE AGENTS</b>		

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<i>dexrazoxane hcl</i>	1	B/D PA; MO; NDS
ELITEK	2	MO; NDS
KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG	2	NDS
KHAPZORY INTRAVENOUS RECON SOLN 175 MG	2	B/D PA; NDS
<i>leucovorin calcium oral</i>	1	MO
<i>levoleucovorin calcium intravenous recon soln</i>	1	B/D PA; MO; NDS
<i>levoleucovorin calcium intravenous solution</i>	1	B/D PA; NDS
mesna	1	B/D PA; MO
MESNEX ORAL	2	MO; NDS
VISTOGARD	2	PA; NDS
XGEVA	2	B/D PA; MO; NDS

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	1	PA; MO; QL (120 per 30 days); NDS
<i>abiraterone oral tablet 500 mg</i>	1	PA; MO; QL (60 per 30 days); NDS

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

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AYVAKIT	2	PA; LA; QL (30 per 30 days); NDS
<i>azacitidine</i>	1	B/D PA; MO; NDS
<i>azathioprine oral tablet 50 mg</i>	1	B/D PA; MO
<i>azathioprine sodium</i>	1	B/D PA; MO
BALVERSA	2	PA; LA; NDS
BAVENCIO	2	B/D PA; LA; NDS
BELEODAQ	2	B/D PA; NDS
<i>bendamustine intravenous recon soln</i>	1	B/D PA; MO; NDS
BENDEKA	2	B/D PA; MO; NDS
BESPONSA	2	B/D PA; MO; LA; NDS
<i>bexarotene</i>	1	PA; MO; NDS
<i>bicalutamide</i>	1	MO
<i>bleomycin</i>	1	B/D PA
BLINCYTO INTRAVENOUS KIT	2	B/D PA; NDS
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	2	B/D PA; NDS
<i>bortezomib injection recon soln 3.5 mg</i>	1	B/D PA; MO; NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
BOSULIF ORAL CAPSULE 100 MG	2	PA; QL (90 per 30 days); NDS
BOSULIF ORAL CAPSULE 50 MG	2	PA; QL (30 per 30 days); NDS
BOSULIF ORAL TABLET 100 MG	2	PA; MO; QL (90 per 30 days); NDS
BOSULIF ORAL TABLET 400 MG, 500 MG	2	PA; MO; QL (30 per 30 days); NDS
BRAFTOVI	2	PA; MO; LA; QL (180 per 30 days); NDS
BRUKINSA	2	PA; LA; QL (120 per 30 days); NDS
<i>busulfan</i>	1	B/D PA; NDS
CABOMETYX	2	PA; MO; LA; QL (30 per 30 days); NDS
CALQUENCE	2	PA; LA; QL (60 per 30 days); NDS
CALQUENCE (ACALABRUTINIB MAL)	2	PA; LA; QL (60 per 30 days); NDS
CAPRELSA ORAL TABLET 100 MG	2	PA; LA; QL (60 per 30 days); NDS
CAPRELSA ORAL TABLET 300 MG	2	PA; LA; QL (30 per 30 days); NDS

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<i>carboplatin intravenous solution</i>	1	B/D PA; MO	<i>cyclophosphamide intravenous recon soln</i>	1	B/D PA; MO
<i>carmustine intravenous recon soln 100 mg</i>	1	B/D PA; MO; NDS	<i>cyclophosphamide oral capsule</i>	1	B/D PA; MO
<i>cisplatin intravenous solution</i>	1	B/D PA; MO	<b>CYCLOPHOSPHA MIDE ORAL TABLET 25 MG</b>	2	B/D PA
<i>cladribine</i>	1	B/D PA; MO; NDS	<b>CYCLOPHOSPHA MIDE ORAL TABLET 50 MG</b>	2	B/D PA; MO
<i>clofarabine</i>	1	B/D PA; NDS	<i>cyclosporine intravenous</i>	1	B/D PA
<b>COLUMVI</b>	2	PA; MO; NDS	<i>cyclosporine modified oral capsule</i>	1	B/D PA; MO
<b>COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)</b>	2	PA; MO; QL (56 per 28 days); NDS	<i>cyclosporine modified oral solution</i>	1	B/D PA
<b>COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)</b>	2	PA; MO; QL (112 per 28 days); NDS	<i>cyclosporine oral capsule</i>	1	B/D PA; MO
<b>COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)</b>	2	PA; MO; QL (84 per 28 days); NDS	<b>CYRAMZA</b>	2	B/D PA; MO; NDS
<b>COPIKTRA</b>	2	PA; LA; QL (60 per 30 days); NDS	<i>cytarabine</i>	1	B/D PA; MO
<b>COSMEGEN</b>	2	B/D PA; MO; NDS	<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
<b>COTELLIC</b>	2	PA; MO; LA; QL (63 per 28 days); NDS	<i>cytarabine (pf) injection solution 20 mg/ml</i>	1	B/D PA
			<i>dacarbazine</i>	1	B/D PA; MO

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<i>dactinomycin</i>	1	B/D PA; MO
DANYELZA	2	PA; NDS
DARZALEX	2	B/D PA; MO; LA; NDS
<i>daunorubicin</i>	1	B/D PA
DAURISMO ORAL TABLET 100 MG	2	PA; MO; QL (30 per 30 days); NDS
DAURISMO ORAL TABLET 25 MG	2	PA; MO; QL (60 per 30 days); NDS
<i>decitabine</i>	1	B/D PA; MO; NDS
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	1	B/D PA; NDS
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	1	B/D PA; MO; NDS
<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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>	1	B/D PA; MO
<i>doxorubicin intravenous solution 2 mg/ml</i>	1	B/D PA
<i>doxorubicin, peg-liposomal</i>	1	B/D PA; MO; NDS
DROXIA	2	MO
ELIGARD	2	PA; MO
ELIGARD (3 MONTH)	2	PA; MO
ELIGARD (4 MONTH)	2	PA; MO
ELIGARD (6 MONTH)	2	PA; MO
ELREXFIO	2	PA; NDS
ELZONRIS	2	PA; LA; NDS
EMCYT	2	MO; NDS
EMPLICITI	2	B/D PA; MO; NDS
ENVARSUS XR	2	B/D PA; MO
<i>epirubicin intravenous solution 200 mg/100 ml</i>	1	B/D PA
EPKINLY	2	PA; NDS
ERBITUX	2	B/D PA; MO; NDS

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ERIVEDGE	2	PA; MO; QL (30 per 30 days); NDS
ERLEADA ORAL TABLET 240 MG	2	PA; MO; QL (30 per 30 days); NDS
ERLEADA ORAL TABLET 60 MG	2	PA; MO; QL (120 per 30 days); NDS
<i>erlotinib oral tablet 100 mg, 150 mg</i>	1	PA; MO; QL (30 per 30 days); NDS
<i>erlotinib oral tablet 25 mg</i>	1	PA; MO; QL (60 per 30 days); NDS
ERWINASE	2	B/D PA; NDS
ETOPOPHOS	2	B/D PA; MO
<i>etoposide intravenous</i>	1	B/D PA; MO
<i>everolimus (antineoplastic) oral tablet</i>	1	PA; MO; QL (30 per 30 days); NDS
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	1	PA; MO; QL (330 per 30 days); NDS
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	1	PA; MO; QL (240 per 30 days); NDS
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	1	PA; MO; QL (180 per 30 days); NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>	1	B/D PA; MO
<i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	1	B/D PA; MO; NDS
<i>exemestane</i>	1	MO
EXKIVITY	2	PA; LA; QL (120 per 30 days); NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	2	PA; MO; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	2	PA; MO
<i>floxuridine</i>	1	B/D PA
<i>fludarabine intravenous recon soln</i>	1	B/D PA; MO
<i>fludarabine intravenous solution</i>	1	B/D PA
<i>fluorouracil intravenous solution 1 gram/20 ml, 500 mg/10 ml</i>	1	B/D PA; MO

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<i>fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml</i>	1	B/D PA
FOLOTYN	2	B/D PA; MO; NDS
FOTIVDA	2	PA; LA; QL (21 per 28 days); NDS
FRUZAQLA ORAL CAPSULE 1 MG	2	PA; QL (84 per 28 days); NDS
FRUZAQLA ORAL CAPSULE 5 MG	2	PA; QL (21 per 28 days); NDS
<i>fulvestrant</i>	1	B/D PA; MO; NDS
FYARRO	2	PA; NDS
GAVRETO	2	PA; MO; LA; QL (120 per 30 days); NDS
GAZYVA	2	B/D PA; MO; NDS
<i>gefitinib</i>	1	PA; MO; QL (30 per 30 days); NDS
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	1	B/D PA; MO
<i>gemcitabine intravenous recon soln 2 gram</i>	1	B/D PA

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	1	B/D PA; MO
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	2	B/D PA
<i>genraf</i>	1	B/D PA; MO
GILOTRIF	2	PA; MO; QL (30 per 30 days); NDS
GLEOSTINE	2	MO; NDS
HALAVEN	2	B/D PA; MO; NDS
<i>hydroxyurea</i>	1	MO
IBRANCE	2	PA; MO; QL (21 per 28 days); NDS
ICLUSIG	2	PA; QL (30 per 30 days); NDS
<i>idarubicin</i>	1	B/D PA; MO
IDHIFA	2	PA; MO; LA; QL (30 per 30 days); NDS
<i>ifosfamide intravenous recon soln</i>	1	B/D PA; MO

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<i>ifosfamide intravenous solution 1 gram/20 ml</i>	1	B/D PA; MO	INQOVI	2	PA; MO; QL (5 per 28 days); NDS
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	1	B/D PA	INREBIC	2	PA; MO; LA; QL (120 per 30 days); NDS
<i>imatinib oral tablet 100 mg</i>	1	PA; MO; QL (180 per 30 days); NDS	<i>irinotecan intravenous solution 100 mg/5 ml</i>	1	B/D PA; MO
<i>imatinib oral tablet 400 mg</i>	1	PA; MO; QL (60 per 30 days); NDS	<i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i>	1	B/D PA; NDS
IMBRUVICA ORAL CAPSULE 140 MG	2	PA; QL (120 per 30 days); NDS	<i>irinotecan intravenous solution 40 mg/2 ml</i>	1	B/D PA; MO; NDS
IMBRUVICA ORAL CAPSULE 70 MG	2	PA; QL (30 per 30 days); NDS	ISTODAX	2	B/D PA; MO; NDS
IMBRUVICA ORAL SUSPENSION	2	PA; QL (324 per 30 days); NDS	IXEMPRA	2	B/D PA; MO; NDS
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	2	PA; QL (30 per 30 days); NDS	JAKAFI	2	PA; MO; QL (60 per 30 days); NDS
IMFINZI	2	B/D PA; MO; LA; NDS	JAYPIRCA ORAL TABLET 100 MG	2	PA; MO; QL (60 per 30 days); NDS
IMJUDO	2	PA; MO; NDS	JAYPIRCA ORAL TABLET 50 MG	2	PA; MO; QL (30 per 30 days); NDS
INLYTA ORAL TABLET 1 MG	2	PA; MO; QL (180 per 30 days); NDS	JEMPERLI	2	PA; MO; NDS
INLYTA ORAL TABLET 5 MG	2	PA; MO; QL (120 per 30 days); NDS	JEVTANA	2	B/D PA; MO; NDS
			KADCYLA	2	PA; MO; NDS

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<i>kemoplat</i>	1	B/D PA
KEYTRUDA	2	PA; NDS
KIMMTRAK	2	PA; NDS
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	2	PA; MO; QL (49 per 28 days); NDS
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	2	PA; MO; QL (70 per 28 days); NDS
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	2	PA; MO; QL (91 per 28 days); NDS
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	2	PA; MO; QL (21 per 28 days); NDS
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	2	PA; MO; QL (42 per 28 days); NDS
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	2	PA; MO; QL (63 per 28 days); NDS
KOSELUGO	2	PA; NDS
KRAZATI	2	PA; QL (180 per 30 days); NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
KYPROLIS	2	B/D PA; NDS
<i>lapatinib</i>	1	PA; MO; QL (180 per 30 days); NDS
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	1	PA; MO; QL (28 per 28 days); NDS
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	1	PA; QL (28 per 28 days); NDS
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	2	PA; MO; QL (30 per 30 days); NDS
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	2	PA; MO; QL (90 per 30 days); NDS
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	2	PA; MO; QL (60 per 30 days); NDS
<i>letrozole</i>	1	MO
LEUKERAN	2	MO; NDS
<i>leuprolide subcutaneous kit</i>	1	PA; MO; NDS
LIBTAYO	2	PA; LA; NDS
LONSURF	2	PA; MO; NDS

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LORBRENA ORAL TABLET 100 MG	2	PA; MO; QL (30 per 30 days); NDS	MEKINIST ORAL TABLET 2 MG	2	PA; MO; QL (30 per 30 days); NDS
LORBRENA ORAL TABLET 25 MG	2	PA; MO; QL (90 per 30 days); NDS	MEKTOVI	2	PA; MO; LA; QL (180 per 30 days); NDS
LUMAKRAS	2	PA; MO; NDS	<i>melphalan</i>	1	B/D PA; MO
LUNSUMIO	2	PA; MO; NDS	<i>melphalan hcl</i>	1	B/D PA; NDS
LUPRON DEPOT	2	PA; MO; NDS	<i>mercaptopurine</i>	1	MO
LYNPARZA	2	PA; MO; QL (120 per 30 days); NDS	<i>methotrexate sodium</i>	1	B/D PA; MO
LYSODREN	2	NDS	<i>methotrexate sodium (pf) injection recon soln</i>	1	B/D PA
LYTGOBI	2	PA; LA; NDS	<i>methotrexate sodium (pf) injection solution</i>	1	B/D PA; MO
MARGENZA	2	PA; NDS	<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	1	B/D PA; MO
MATULANE	2	NDS	<i>mitomycin intravenous recon soln 40 mg</i>	1	B/D PA; MO; NDS
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	1	PA	<i>mitoxantrone</i>	1	B/D PA; MO
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	PA; MO	MONJUVI	2	PA; LA; NDS
<i>megestrol oral tablet</i>	1	PA; MO	<i>mycophenolate mofetil (hcl)</i>	1	B/D PA; MO
MEKINIST ORAL RECON SOLN	2	PA; MO; QL (1200 per 30 days); NDS	<i>mycophenolate mofetil oral capsule</i>	1	B/D PA; MO
MEKINIST ORAL TABLET 0.5 MG	2	PA; MO; QL (90 per 30 days); NDS	<i>mycophenolate mofetil oral suspension for reconstitution</i>	1	B/D PA; MO; NDS

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<i>mycophenolate mofetil oral tablet</i>	1	B/D PA; MO
<i>mycophenolate sodium</i>	1	B/D PA; MO
MYLOTARG	2	B/D PA; MO; LA; NDS
<i>nelarabine</i>	1	B/D PA; MO; NDS
NERLYNX	2	PA; MO; LA; NDS
<i>nilutamide</i>	1	PA; MO; NDS
NINLARO	2	PA; MO; QL (3 per 28 days); NDS
NUBEQA	2	PA; MO; LA; QL (120 per 30 days); NDS
NULOJIX	2	B/D PA; MO; NDS
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	1	PA; MO; NDS
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	1	PA; MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml)</i>	1	PA; MO
<i>octreotide acetate injection syringe 50 mcg/ml (1 ml)</i>	1	PA

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	1	PA; MO; NDS
ODOMZO	2	PA; MO; LA; QL (30 per 30 days); NDS
OJJAARA	2	PA; QL (30 per 30 days); NDS
ONCASPAR	2	B/D PA; NDS
ONIVYDE	2	B/D PA; NDS
ONUREG	2	PA; MO; QL (14 per 28 days); NDS
OPDIVO	2	PA; MO; NDS
OPDUALAG	2	PA; MO; NDS
ORGOVYX	2	PA; LA; QL (30 per 28 days); NDS
ORSERDU ORAL TABLET 345 MG	2	PA; QL (30 per 30 days); NDS
ORSERDU ORAL TABLET 86 MG	2	PA; QL (90 per 30 days); NDS
<i>oxaliplatin intravenous recon soln</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

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<i>oxaliplatin intravenous solution 200 mg/40 ml</i>	1	B/D PA
<i>paclitaxel</i>	1	B/D PA; MO
<i>PADCEV</i>	2	PA; MO; NDS
<i>paraplatin</i>	1	B/D PA
<i>pazopanib</i>	1	PA; MO; QL (120 per 30 days); NDS
<i>PEMAZYRE</i>	2	PA; LA; QL (28 per 28 days); NDS
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg</i>	1	B/D PA; MO; NDS
<i>pemetrexed disodium intravenous recon soln 100 mg</i>	1	B/D PA; MO
<i>pemetrexed disodium intravenous recon soln 750 mg</i>	1	B/D PA; NDS
<i>PERJETA</i>	2	B/D PA; MO; NDS
<i>PIQRAY</i>	2	PA; MO; NDS
<i>POLIVY</i>	2	PA; MO; NDS
<i>POMALYST</i>	2	PA; MO; LA; NDS
<i>PORTRAZZA</i>	2	B/D PA; MO; NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>POTELIGEO</i>	2	PA; NDS
<i>PROGRAF INTRAVENOUS</i>	2	B/D PA; MO
<i>PROGRAF ORAL GRANULES IN PACKET</i>	2	B/D PA; MO
<i>PURIXAN</i>	2	NDS
<i>QINLOCK</i>	2	PA; LA; QL (90 per 30 days); NDS
<i>RETEVMO ORAL CAPSULE 40 MG</i>	2	PA; MO; LA; QL (180 per 30 days); NDS
<i>RETEVMO ORAL CAPSULE 80 MG</i>	2	PA; MO; LA; QL (120 per 30 days); NDS
<i>REZLIDHIA</i>	2	PA; QL (60 per 30 days); NDS
<i>REZUROCK</i>	2	PA; LA; QL (30 per 30 days); NDS
<i>romidepsin intravenous recon soln</i>	1	B/D PA; NDS
<i>ROZLYTREK ORAL CAPSULE 100 MG</i>	2	PA; MO; QL (150 per 30 days); NDS
<i>ROZLYTREK ORAL CAPSULE 200 MG</i>	2	PA; MO; QL (90 per 30 days); NDS

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ROZLYTREK ORAL PELLETS IN PACKET	2	PA; QL (336 per 28 days); NDS
RUBRACA	2	PA; MO; LA; QL (120 per 30 days); NDS
RUXIENCE	2	PA; MO; NDS
RYBREVANT	2	PA; MO; NDS
RYDAPT	2	PA; MO; QL (224 per 28 days); NDS
RYLAZE	2	PA; NDS
SANDIMMUNE ORAL SOLUTION	2	B/D PA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE RECON	2	PA; MO; NDS
SARCLISA	2	PA; LA; NDS
SCEMBLIX ORAL TABLET 20 MG	2	PA; MO; QL (600 per 30 days); NDS
SCEMBLIX ORAL TABLET 40 MG	2	PA; MO; QL (300 per 30 days); NDS
SIGNIFOR	2	PA; NDS
SIMULECT	2	B/D PA; MO
<i>sirolimus oral solution</i>	1	B/D PA; MO; NDS
<i>sirolimus oral tablet</i>	1	B/D PA; MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
SOLTAMOX	2	MO; NDS
SOMATULINE DEPOT	2	PA; MO; NDS
<i>sorafenib</i>	1	PA; MO; QL (120 per 30 days); NDS
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	2	PA; MO; QL (30 per 30 days); NDS
SPRYCEL ORAL TABLET 20 MG, 70 MG	2	PA; MO; QL (60 per 30 days); NDS
STIVARGA	2	PA; MO; QL (84 per 28 days); NDS
<i>sunitinib malate</i>	1	PA; MO; QL (30 per 30 days); NDS
TABLOID	2	MO
TABRECTA	2	PA; MO; NDS
<i>tacrolimus oral</i>	1	B/D PA; MO
TAFINLAR ORAL CAPSULE	2	PA; MO; QL (120 per 30 days); NDS
TAFINLAR ORAL TABLET FOR SUSPENSION	2	PA; MO; QL (840 per 28 days); NDS
TAGRISSO	2	PA; MO; LA; QL (30 per 30 days); NDS
TALVEY	2	PA; NDS

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TALZENNA	2	PA; MO; QL (30 per 30 days); NDS
<i>tamoxifen</i>	1	MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	2	PA; MO; QL (112 per 28 days); NDS
TASIGNA ORAL CAPSULE 50 MG	2	PA; MO; QL (120 per 30 days); NDS
TAZVERIK	2	PA; LA; NDS
TECENTRIQ	2	B/D PA; MO; LA; NDS
TECVAYLI	2	PA; NDS
TEMODAR INTRAVENOUS	2	B/D PA; MO; NDS
<i>temsirolimus</i>	1	B/D PA; MO; NDS
TEPMETKO	2	PA; LA; NDS
THALOMID ORAL CAPSULE 100 MG, 50 MG	2	PA; MO; QL (28 per 28 days); NDS
THALOMID ORAL CAPSULE 150 MG, 200 MG	2	PA; MO; QL (56 per 28 days); NDS
<i>thiotepa injection recon soln 100 mg</i>	1	B/D PA; NDS
<i>thiotepa injection recon soln 15 mg</i>	1	B/D PA; MO; NDS
TIBSOVO	2	PA; NDS
TIVDAK	2	PA; MO; NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>topotecan</i>	1	B/D PA; MO; NDS
<i>toremifene</i>	1	MO; NDS
TRAZIMERA	2	B/D PA; MO; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	2	PA; MO
<i>tretinoin (antineoplastic)</i>	1	MO; NDS
TRODELVY	2	PA; LA; NDS
TRUQAP	2	PA; QL (64 per 28 days); NDS
TUKYSA ORAL TABLET 150 MG	2	PA; LA; QL (120 per 30 days); NDS
TUKYSA ORAL TABLET 50 MG	2	PA; LA; QL (300 per 30 days); NDS
TURALIO ORAL CAPSULE 125 MG	2	PA; LA; QL (120 per 30 days); NDS
UNITUXIN	2	B/D PA; NDS
<i>valrubicin</i>	1	B/D PA; MO; NDS
VANFLYTA	2	PA; QL (56 per 28 days); NDS

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VECTIBIX	2	B/D PA; MO; NDS
VENCLEXTA ORAL TABLET 10 MG	2	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	2	PA; LA; QL (120 per 30 days); NDS
VENCLEXTA ORAL TABLET 50 MG	2	PA; LA; QL (30 per 30 days); NDS
VENCLEXTA STARTING PACK	2	PA; LA; QL (42 per 180 days); NDS
VERZENIO	2	PA; MO; LA; QL (60 per 30 days); NDS
<i>vinblastine</i>	1	B/D PA; MO
<i>vincristine</i>	1	B/D PA; MO
<i>vinorelbine</i>	1	B/D PA; MO
VITRAKVI ORAL CAPSULE 100 MG	2	PA; MO; LA; QL (60 per 30 days); NDS
VITRAKVI ORAL CAPSULE 25 MG	2	PA; MO; LA; QL (180 per 30 days); NDS
VITRAKVI ORAL SOLUTION	2	PA; MO; LA; QL (300 per 30 days); NDS
VIZIMPRO	2	PA; MO; QL (30 per 30 days); NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
VONJO	2	PA; QL (120 per 30 days); NDS
VOTRIENT	2	PA; MO; QL (120 per 30 days); NDS
VYXEOS	2	B/D PA; NDS
WELIREG	2	PA; LA; NDS
XALKORI ORAL CAPSULE	2	PA; MO; QL (60 per 30 days); NDS
XALKORI ORAL PELLET	2	PA; QL (60 per 30 days); NDS
XATMEP	2	B/D PA; MO
XERMELO	2	PA; LA; QL (84 per 28 days); NDS
XOSPATA	2	PA; LA; QL (90 per 30 days); NDS

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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; NDS
XTANDI ORAL CAPSULE	2	PA; MO; QL (120 per 30 days); NDS
XTANDI ORAL TABLET 40 MG	2	PA; MO; QL (120 per 30 days); NDS
XTANDI ORAL TABLET 80 MG	2	PA; MO; QL (60 per 30 days); NDS
YERVOY	2	B/D PA; MO; NDS
YONDELIS	2	B/D PA; NDS
ZALTRAP	2	B/D PA; MO; NDS
ZANOSAR	2	B/D PA; MO
ZEJULA ORAL CAPSULE	2	PA; MO; LA; QL (90 per 30 days); NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ZEJULA ORAL TABLET 100 MG	2	PA; MO; LA; QL (90 per 30 days); NDS
ZEJULA ORAL TABLET 200 MG, 300 MG	2	PA; MO; LA; QL (30 per 30 days); NDS
ZELBORAF	2	PA; MO; QL (240 per 30 days); NDS
ZEPZELCA	2	PA; NDS
ZIRABEV	2	B/D PA; MO; NDS
ZOLADEX	2	PA; MO
ZOLINZA	2	PA; MO; QL (120 per 30 days); NDS
ZYDELIG	2	PA; MO; QL (60 per 30 days); NDS
ZYKADIA	2	PA; MO; QL (90 per 30 days); NDS
ZYNLONTA	2	PA; LA; NDS
ZYNYZ	2	PA; NDS
<b>AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH</b>		
<b>ANTICONVULSANTS</b>		
APTIOM ORAL TABLET 200 MG	2	MO; QL (180 per 30 days); NDS

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<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; NDS
<i>diazepam rectal</i>	1	MO
DILANTIN 30 MG	2	MO
<i>divalproex</i>	1	MO
EPIDIOLEX	2	PA; MO; LA; NDS
<i>epitol</i>	1	MO
EPRONTIA	2	PA; MO
<i>ethosuximide</i>	1	MO
<i>felbamate oral suspension</i>	1	MO; NDS
<i>felbamate oral tablet</i>	1	MO
FINTEPLA	2	PA; LA; QL (360 per 30 days); NDS
<i>fosphénytoïn</i>	1	MO
FYCOMPA ORAL SUSPENSION	2	MO; QL (720 per 30 days); NDS

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FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	2	MO; QL (30 per 30 days); NDS
FYCOMPA ORAL TABLET 2 MG	2	MO; QL (60 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	2	MO; QL (60 per 30 days); NDS
<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	MO; QL (270 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	MO; QL (360 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	1	MO; QL (2160 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	1	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	MO; QL (120 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	2	PA; MO; QL (30 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG, 900 MG	2	PA; MO; QL (60 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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	QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	1	MO; QL (60 per 30 days)
<i>lacosamide oral tablet 50 mg</i>	1	MO; QL (120 per 30 days)
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet disintegrating, dose pk</i>	1	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	1	MO
<i>lamotrigine oral tablet,disintegrating</i>	1	MO
<i>lamotrigine oral tablets,dose pack</i>	1	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml</i>	1	MO

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<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml</i>	1		<i>phenobarbital sodium injection solution 65 mg/ml</i>	1	
<i>levetiracetam intravenous</i>	1	MO	<i>phenytoin oral suspension 100 mg/4 ml</i>	1	
<i>levetiracetam oral solution 100 mg/ml</i>	1	MO	<i>phenytoin oral suspension 125 mg/5 ml</i>	1	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	1		<i>phenytoin oral tablet, chewable</i>	1	MO
<i>levetiracetam oral tablet</i>	1	MO	<i>phenytoin sodium extended oral capsule 100 mg</i>	1	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	1	MO	<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	1	
<i>methsuximide</i>	1	MO	<i>phenytoin sodium intravenous solution</i>	1	
<i>NAYZILAM</i>	2	PA; MO; QL (10 per 30 days); NDS	<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>oxcarbazepine</i>	1	MO	<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	MO; QL (60 per 30 days)
<i>phenobarbital oral elixir</i>	1	PA; MO	<i>pregabalin oral solution</i>	1	MO; QL (900 per 30 days)
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	1	PA	<i>PRIMIDONE ORAL TABLET 125 MG</i>	2	MO
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	1	PA; MO	<i>primidone oral tablet 250 mg, 50 mg</i>	1	MO
<i>phenobarbital sodium injection solution 130 mg/ml</i>	1	MO			

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<i>roweepra oral tablet 500 mg</i>	1	MO
<i>rufinamide oral suspension</i>	1	PA; MO; NDS
<i>rufinamide oral tablet 200 mg</i>	1	PA; MO
<i>rufinamide oral tablet 400 mg</i>	1	PA; MO; NDS
<b>SPRITAM</b>	2	MO
<i>subvenite</i>	1	MO
<i>subvenite starter (blue) kit</i>	1	MO
<i>subvenite starter (green) kit</i>	1	MO
<i>subvenite starter (orange) kit</i>	1	MO
<b>SYMPAZAN ORAL FILM 10 MG, 20 MG</b>	2	PA; MO; QL (60 per 30 days); NDS
<b>SYMPAZAN ORAL FILM 5 MG</b>	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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	1	
<b>VALTOCO</b>	2	PA; MO; QL (10 per 30 days); NDS
<i>vigabatrin</i>	1	PA; MO; LA; NDS
<i>vigadron</i>	1	PA; LA; NDS
<i>vigpoder</i>	1	PA; LA; NDS
<b>XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)</b>	2	MO; QL (56 per 28 days); NDS
<b>XCOPRI ORAL TABLET 100 MG</b>	2	MO; QL (120 per 30 days); NDS
<b>XCOPRI ORAL TABLET 150 MG, 200 MG</b>	2	MO; QL (60 per 30 days); NDS
<b>XCOPRI ORAL TABLET 50 MG</b>	2	MO; QL (240 per 30 days); NDS

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XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	2	MO; QL (28 per 180 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	2	MO; QL (28 per 180 days); NDS
ZONISADE	2	PA; MO; NDS
<i>zonisamide</i>	1	PA; MO
ZTALMY	2	PA; LA; QL (1080 per 30 days); NDS
<b>ANTIPARKINSONISM AGENTS</b>		
APOKYN	2	PA; MO; LA; QL (90 per 30 days); NDS
<i>apomorphine</i>	1	PA; QL (90 per 30 days); NDS
<i>benztropine injection</i>	1	MO
<i>benztropine oral</i>	1	PA; MO
<i>bromocriptine</i>	1	MO
<i>carbidopa</i>	1	MO
<i>carbidopa-levodopa oral tablet</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<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</i>	1	MO
<i>ropinirole</i>	1	MO
<i>selegiline hcl</i>	1	MO
<b>MIGRAINE / CLUSTER HEADACHE THERAPY</b>		
AIMOVIG AUTOINJECTOR	2	PA; MO; QL (1 per 30 days)
<i>dihydroergotamine injection</i>	1	NDS
<i>dihydroergotamine nasal</i>	1	QL (8 per 28 days); NDS
<i>eletriptan</i>	1	MO; QL (18 per 28 days)
EMGALITY PEN	2	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; MO; QL (2 per 30 days)

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<i>ergotamine-caffeine</i>	1	MO
<i>naratriptan</i>	1	MO; QL (18 per 28 days)
<i>NURTEC ODT</i>	2	PA; QL (16 per 30 days)
<i>QULIPTA</i>	2	PA; MO; QL (30 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)
<i>UBRELVY</i>	2	PA; QL (20 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>zolmitriptan oral</i>	1	MO; QL (18 per 28 days)
<b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>		
<i>BRIUMVI</i>	2	PA; MO; QL (24 per 180 days); NDS
<i>dalfampridine</i>	1	PA; MO; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	1	PA; MO; QL (14 per 30 days); NDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	1	PA; MO; QL (120 per 180 days); NDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	1	PA; MO; QL (60 per 30 days); NDS
<i>donepezil</i>	1	MO
<i>fingolimod</i>	1	PA; MO; QL (30 per 30 days); NDS
<i>FIRDAPSE</i>	2	PA; LA; NDS
<i>galantamine</i>	1	MO
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	1	PA; QL (30 per 30 days); NDS

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<i>glatiramer subcutaneous syringe 40 mg/ml</i>	1	PA; QL (12 per 28 days); NDS
<i>glatopa subcutaneous syringe 20 mg/ml</i>	1	PA; MO; QL (30 per 30 days); NDS
<i>glatopa subcutaneous syringe 40 mg/ml</i>	1	PA; MO; QL (12 per 28 days); NDS
INGREZZA	2	PA; LA; QL (30 per 30 days); NDS
INGREZZA INITIATION PACK	2	PA; LA; QL (28 per 180 days); NDS
KESIMPTA PEN	2	PA; MO; QL (1.6 per 28 days); NDS
<i>memantine oral capsule,sprinkle,er 24hr</i>	1	PA; MO
<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
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR	2	PA; MO
NUEDEXTA	2	PA; MO; NDS
RADICAVA ORS	2	PA; MO; NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
RADICAVA ORS STARTER KIT SUSP	2	PA; MO; NDS
<i>rivastigmine</i>	1	MO
<i>rivastigmine tartrate</i>	1	MO
<i>teriflunomide</i>	1	PA; MO; QL (30 per 30 days); NDS
<i>tetrabenazine oral tablet 12.5 mg</i>	1	PA; MO; QL (240 per 30 days); NDS
<i>tetrabenazine oral tablet 25 mg</i>	1	PA; MO; QL (120 per 30 days); NDS
VUMERTY	2	PA; MO; QL (120 per 30 days); NDS
ZEPOSIA	2	PA; MO; QL (30 per 30 days); NDS
ZEPOSIA STARTER KIT (28-DAY)	2	PA; MO; QL (28 per 180 days); NDS
ZEPOSIA STARTER PACK (7-DAY)	2	PA; MO; QL (7 per 180 days); NDS
<b>MUSCLE RELAXANTS / ANTISPASMODIC THERAPY</b>		
<i>baclofen oral tablet</i>	1	MO
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	PA; MO
<i>dantrolene intravenous</i>	1	

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<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
<b>NARCOTIC ANALGESICS</b>		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	MO; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	MO; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	MO; QL (180 per 30 days)
<i>BELBUCA</i>	2	PA; MO; QL (60 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>buprenorphine hcl injection syringe</i>	1	
<i>buprenorphine hcl sublingual</i>	1	MO
<i>buprenorphine transdermal patch</i>	1	PA; MO; QL (4 per 28 days)
<i>endocet</i>	1	MO; QL (360 per 30 days)
<i>fentanyl citrate (pf) injection solution</i>	1	
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	1	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	PA; MO; QL (120 per 30 days); NDS
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	1	PA; MO; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	PA; MO; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	MO; QL (5550 per 30 days)

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hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	1	MO; QL (390 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	MO; QL (360 per 30 days)
hydrocodone-ibuprofen	1	MO; QL (50 per 30 days)
hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 2 mg/ml	1	
hydromorphone (pf) injection solution 10 mg/ml	1	MO
hydromorphone injection solution 1 mg/ml	1	
hydromorphone injection solution 2 mg/ml	1	MO
hydromorphone injection syringe 1 mg/ml, 4 mg/ml	1	MO
hydromorphone injection syringe 2 mg/ml	1	
hydromorphone oral liquid	1	MO; QL (2400 per 30 days)
hydromorphone oral tablet	1	MO; QL (180 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
hydromorphone oral tablet extended release 24 hr	1	PA; MO; QL (60 per 30 days)
methadone injection solution	1	
methadone intensol	1	PA; MO; QL (90 per 30 days)
methadone oral concentrate	1	PA; QL (90 per 30 days)
methadone oral solution 10 mg/5 ml	1	PA; MO; QL (600 per 30 days)
methadone oral solution 5 mg/5 ml	1	PA; MO; QL (1200 per 30 days)
methadone oral tablet 10 mg	1	PA; MO; QL (120 per 30 days)
methadone oral tablet 5 mg	1	PA; MO; QL (240 per 30 days)
methadose oral concentrate	1	PA; MO; QL (90 per 30 days)
morphine (pf) injection solution 0.5 mg/ml	1	
morphine (pf) injection solution 1 mg/ml	1	MO
morphine concentrate oral solution	1	MO; QL (900 per 30 days)

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morphine injection syringe 4 mg/ml	1	MO
morphine intravenous solution 10 mg/ml, 4 mg/ml	1	MO
morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml	1	
morphine oral solution	1	MO; QL (900 per 30 days)
morphine oral tablet	1	MO; QL (180 per 30 days)
morphine oral tablet extended release	1	PA; MO; QL (120 per 30 days)
oxycodone oral capsule	1	MO; QL (360 per 30 days)
oxycodone oral concentrate	1	MO; QL (180 per 30 days)
oxycodone oral solution	1	MO; QL (1200 per 30 days)
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1	MO; QL (180 per 30 days)
oxycodone oral tablet 5 mg	1	MO; QL (360 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	MO; QL (360 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	2	PA; MO; QL (90 per 30 days)
OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 80 MG	2	PA; MO; QL (60 per 30 days); NDS
<b>NON-NARCOTIC ANALGESICS</b>		
8 hour acetaminophen er 650 mg	3	ADD
8hr arthritis pain er 650 mg	3	ADD
acetaminophen 120 mg suppos	3	MO; ADD
acetaminophen 120 mg suppos inner	3	MO; ADD
acetaminophen 120 mg suppos outer	3	MO; ADD
acetaminophen 160 mg/5 ml liq	3	MO; ADD
acetaminophen 160 mg/5 ml solution cup inner	3	ADD
acetaminophen 160 mg/5 ml solution cup outer	3	ADD
acetaminophen 160 mg/5 ml suspension cup inner	3	ADD

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acetaminophen 160 mg/5 ml suspension cup outer	3	ADD	acetaminophen 650 mg/20.3 ml cup inner	3	ADD
acetaminophen 325 mg gelcap	3	MO; ADD	ACETAMINOPHEN 650 MG/20.3 ML CUP INNER	3	ADD
acetaminophen 325 mg tablet	3	MO; ADD	acetaminophen 650 mg/20.3 ml cup outer	3	ADD
acetaminophen 325 mg/10.15 ml cup inner	3	ADD	ACETAMINOPHEN 650 MG/20.3 ML CUP OUTER	3	ADD
ACETAMINOPHEN 325 MG/10.15 ML CUP INNER	3	ADD	acetaminophen er 650 mg caplet	3	MO; ADD
acetaminophen 325 mg/10.15 ml cup outer	3	ADD	acetaminophen er 650 mg tablet	3	MO; ADD
ACETAMINOPHEN 325 MG/10.15 ML CUP OUTER	3	ADD	acetaminophen er 650 mg tablet inner	3	MO; ADD
acetaminophen 500 mg caplet	3	MO; ADD	acetaminophen er 650 mg tablet outer	3	MO; ADD
acetaminophen 500 mg gelcap	3	MO; ADD	ACETAMINOPHEN N POWDER USP (RX)	3	ADD
acetaminophen 500 mg tablet	3	MO; ADD	adult aspirin regimen ec 81 mg	3	ADD
acetaminophen 500 mg tablet extra strength	3	MO; ADD	all day pain relief 220 mg tab	3	ADD
acetaminophen 650 mg suppos	3	MO; ADD	all day pain rlf 220 mg caplet	3	ADD
acetaminophen 650 mg suppos outer	3	MO; ADD	all day pain rlf 220 mg caplet	3	ADD
			all day relief 220 mg caplet	3	MO; ADD

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all day relief 220 mg caplet caplet, gluten-free	3	MO; ADD	aspirin 81 mg chewable tablet low dose	3	MO; ADD
all day relief 220 mg tablet	3	MO; ADD	aspirin 81 mg chewable tablet low dose, cherry	3	MO; ADD
all day relief 220 mg tablet gluten-free	3	MO; ADD	aspirin 81 mg chewable tablet tab chew, cherry	3	MO; ADD
arthritis pain er 650 mg caplt caplet	3	ADD	aspirin 81 mg chewable tablet tab chew, orange	3	MO; ADD
arthritis pain er 650 mg caplt caplet	3	ADD	aspirin ec 325 mg tablet	3	MO; ADD
arthritis pain er 650 mg tab inner	3	ADD	aspirin ec 325 mg tablet regular strength	3	MO; ADD
arthritis pain er 650 mg tab outer	3	ADD	aspirin ec 81 mg tablet	3	MO; ADD
aspirin 300 mg suppository	3	MO; ADD	aspirin ec 81 mg tablet adult low dose	3	MO; ADD
aspirin 325 mg tablet	3	MO; ADD	aspirin regimen 81 mg ec tab	3	ADD
aspirin 325 mg tablet regular strength	3	MO; ADD	buprenorphine-naloxone sublingual film 12-3 mg	1	MO; QL (60 per 30 days)
aspirin 81 mg chewable tablet	3	MO; ADD	buprenorphine-naloxone sublingual film 2-0.5 mg	1	MO; QL (360 per 30 days)
aspirin 81 mg chewable tablet adult low dose	3	MO; ADD	buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg	1	MO; QL (90 per 30 days)
aspirin 81 mg chewable tablet child low dose	3	MO; ADD			
aspirin 81 mg chewable tablet gluten-free, orange	3	MO; ADD			

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buprenorphine-naloxone sublingual tablet 2-0.5 mg	1	MO; QL (360 per 30 days)	children ibuprofen 100 mg/5 ml berry flavor	3	ADD
buprenorphine-naloxone sublingual tablet 8-2 mg	1	MO; QL (90 per 30 days)	children ibuprofen 100 mg/5 ml cup inner	3	ADD
butorphanol injection	1	MO	children ibuprofen 100 mg/5 ml cup inner, d/f	3	ADD
butorphanol nasal	1	MO; QL (10 per 28 days)	children ibuprofen 100 mg/5 ml cup outer	3	ADD
celecoxib	1	MO	children ibuprofen 100 mg/5 ml cup outer, d/f	3	ADD
child acetaminophen 160 mg	3	ADD	children ibuprofen 100 mg/5 ml cup u-d	3	ADD
child ibuprofen 100 mg/5 ml syrg inner	3	ADD	children ibuprofen 100 mg/5 ml cup u-d,100's,hosp use	3	ADD
child ibuprofen 100 mg/5 ml syrg outer	3	ADD	children ibuprofen 100 mg/5 ml cup u-d,30's,hosp use	3	ADD
child ibuprofen 200 mg/10 ml cup inner	3	ADD	children ibuprofen 100 mg/5 ml d/f	3	ADD
child ibuprofen 200 mg/10 ml cup outer	3	ADD	children ibuprofen 100 mg/5 ml dye/free	3	ADD
child pain-fever 160 mg/5 ml	3	MO; ADD	children ibuprofen 100 mg/5 ml gluten/f, berry	3	ADD
child pain-fever 160 mg/5 ml as, ibu/f	3	MO; ADD	children ibuprofen 100 mg/5 ml gluten/f, grape	3	ADD
child pain-fever 160 mg/5 ml gluten-f, grape	3	MO; ADD			
children ibuprofen 100 mg/5 ml	3	ADD			
children ibuprofen 100 mg/5 ml berry	3	ADD			

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children ibuprofen 100 mg/5 ml gluten/f,bubble	3	ADD
children ibuprofen 100 mg/5 ml grape	3	ADD
children's mapap 80 mg tab chw	3	MO; ADD
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
clonidine (pf) epidural solution 5,000 mcg/10 ml	1	
diclofenac potassium oral tablet 50 mg	1	MO
diclofenac sodium oral	1	MO
diclofenac sodium topical gel 1 %	1	MO; QL (1000 per 28 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
diclofenac-misoprostol	1	MO
diflunisal	1	MO
DOLOGESIC 500-1 MG CAPLET	3	ADD
DOLOGESIC-DF 500-1 MG CAPLET	3	ADD
ec-naproxen	1	
ed-apap 160 mg/5 ml liquid	3	ADD
etodolac	1	MO
feverall 120 mg suppository childrens, outer	3	ADD
feverall 120 mg suppository children's, outer	3	ADD
feverall 325 mg suppository junior str, outer	3	MO; ADD
feverall 650 mg suppository adult, outer	3	ADD
FEVERALL 80 MG SUPPOSITORY INFANT'S, INNER	3	MO; ADD
FEVERALL 80 MG SUPPOSITORY INFANT'S, OUTER	3	MO; ADD
flurbiprofen oral tablet 100 mg	1	MO
gnp 8 hour pain relief 650 mg	3	ADD

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gnp 8hr arthrit pain er 650 mg	3	ADD
gnp aspirin 325 mg tablet	3	MO; ADD
gnp aspirin ec 81 mg tablet	3	MO; ADD
gnp child pain relief 160 mg	3	ADD
gnp ibuprofen 100 mg chew tab	3	ADD
gnp ibuprofen 200 mg mini sfgl	3	MO; ADD
gnp ibuprofen 200 mg softgel	3	MO; ADD
gnp ibuprofen 200 mg tablet	3	MO; ADD
gnp naproxen sod 220 mg caplet	3	ADD
gnp naproxen sod 220 mg tablet	3	ADD
gnp pain relief 500 mg caplet	3	ADD
gnp pain relief 500 mg caplet	3	ADD
gnp pain relief 500 mg gelcap	3	ADD
gs arthritis pain er 650 mg	3	ADD
gs aspirin 325 mg tablet	3	MO; ADD
gs aspirin 81 mg chewable tab	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
gs child fever-pain 160 mg/5 ml	3	MO; ADD
gs child ibuprofen 100 mg/5 ml	3	ADD
gs child pain-fever 160 mg/5 ml	3	MO; ADD
gs ibuprofen 200 mg caplet	3	MO; ADD
gs ibuprofen 200 mg liquid gel	3	MO; ADD
gs ibuprofen 200 mg tablet	3	MO; ADD
gs inf ibuprofen 50 mg/1.25 ml	3	MO; ADD
gs infant pain-fever 160 mg/5	3	ADD
gs infant pain-fever 160 mg/5 cherry, dye-free	3	ADD
gs naproxen sod 220 mg caplet	3	ADD
gs naproxen sod 220 mg tablet	3	ADD
gs pain relief 325 mg tablet	3	ADD
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

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hm arthrit pain rlf er 650 mg	3	ADD
hm aspirin 325 mg tablet	3	MO; ADD
hm aspirin ec 325 mg tablet	3	MO; ADD
hm aspirin ec 81 mg tablet	3	MO; ADD
hm child acetaminophen 160 mg	3	ADD
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 dye-free	3	MO; ADD
hm ibuprofen 200 mg tablet	3	MO; ADD
hm naproxen sodium 220 mg cap	3	ADD
hm pain relief er 650 mg cplt	3	MO; ADD
hm pain reliever 325 mg tablet regular strength	3	ADD
ibu	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ibuprofen 200 mg caplet	3	MO; ADD
ibuprofen 200 mg caplet	3	MO; ADD
ibuprofen 200 mg caplet caplet, coated	3	MO; ADD
ibuprofen 200 mg coated caplet	3	MO; ADD
ibuprofen 200 mg capsule	3	MO; ADD
ibuprofen 200 mg softgel	3	MO; ADD
ibuprofen 200 mg tablet	3	MO; ADD
ibuprofen 200 mg tablet coated	3	MO; ADD
ibuprofen 200 mg tablet coated caplet	3	MO; ADD
ibuprofen 200 mg/10 ml suspension cup 100's, u-d cups (otc)	3	MO; ADD
ibuprofen 200 mg/10 ml suspension cup 30's, u-d cups (otc)	3	MO; ADD
ibuprofen 200 mg/10 ml suspension cup u-d (otc)	3	MO; ADD
ibuprofen jr str 100 mg tb chw	3	ADD
ibuprofen oral suspension 100 mg/5 ml	1	MO

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<i>ibuprofen oral tablet 400 mg, 800 mg</i>	1	MO
<i>ibuprofen oral tablet 600 mg</i>	1	
<i>inf acetaminophen 160 mg/5 ml</i>	3	ADD
<i>infant ibuprofen 50 mg/1.25 ml</i>	3	MO; ADD
<i>infant ibuprofen 50 mg/1.25 ml berry</i>	3	MO; ADD
<i>infant ibuprofen 50 mg/1.25 ml berry, infant</i>	3	MO; ADD
<i>infant ibuprofen 50 mg/1.25 ml d/f,berry,infant</i>	3	MO; ADD
<i>infant ibuprofen 50 mg/1.25 ml d/f,non-staining</i>	3	MO; ADD
<i>infant ibuprofen 50 mg/1.25 ml gluten/f, berry</i>	3	MO; ADD
<i>infant pain-fever 160 mg/5 ml</i>	3	ADD
<i>infant pain-fever 160 mg/5 ml grape</i>	3	ADD
<i>infant pain-fever 160 mg/5 ml w/syringe, cherry</i>	3	ADD
<i>infant pain-fever 160 mg/5 ml w/syringe, grape</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>infants pain-fever 160 mg/5 ml dye-free, cherry</i>	3	ADD
<i>mapap 500 mg capsule</i>	3	MO; ADD
<i>meloxicam oral tablet</i>	1	MO; QL (30 per 30 days)
<i>m-pap 160 mg/5 ml liquid</i>	3	ADD
<i>nabumetone</i>	1	MO
<i>nalbuphine</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)</i>	1	MO
<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 oral tablet</i>	1	MO
<i>pain relief 325 mg tablet</i>	3	ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
pain relief 500 mg caplet caplet, ex-strength	3	ADD
pain relief 500 mg tablet extra strength	3	ADD
pharbetol 325 mg tablet regular strength	3	ADD
pharbetol 500 mg tablet extra strength	3	ADD
piroxicam	1	MO
qc acetaminophen 8-hr 650 mg	3	MO; ADD
qc arthritis pain er 650 mg caplet	3	ADD
qc aspirin 325 mg tablet	3	MO; ADD
qc aspirin 81 mg chewable tab	3	MO; ADD
qc aspirin ec 325 mg tablet	3	MO; ADD
qc aspirin ec 81 mg tablet	3	MO; ADD
qc child ibuprofen 100 mg/5 ml	3	ADD
qc child pain rlf 160 mg/5 ml	3	ADD
qc child pain rlf 160 mg/5 ml bubble gum	3	ADD
qc ibuprofen 200 mg caplet	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
qc ibuprofen 200 mg mini sfgl	3	MO; ADD
qc ibuprofen 200 mg tablet	3	MO; ADD
qc infant pain-fever 160 mg/5	3	ADD
qc naproxen sod 220 mg caplet	3	ADD
qc naproxen sod 220 mg tablet	3	ADD
qc non-aspirin 500 mg caplet xtra strength,caplet	3	ADD
qc non-aspirin 500 mg gelcap gelcap, ex-str	3	ADD
qc non-aspirin pain relief tb extra strength	3	ADD
qc pain relief 325 mg tablet	3	ADD
qc pain relief 500 mg caplet	3	ADD
salsalate	1	MO
sm 8 hour pain relief 650 mg caplet	3	ADD
sm arthritis pain er 650 mg caplet	3	ADD
sm aspirin 325 mg tablet	3	MO; ADD
sm aspirin ec 325 mg tablet	3	MO; ADD

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sm aspirin ec 81 mg tablet	3	MO; ADD
sm aspirin ec 81 mg tablet adult low strength	3	MO; ADD
sm child aspirin 81 mg chw tab children's	3	ADD
sm child's pain reliever susp	3	ADD
sm chld pain-fever 160 mg/5 ml	3	MO; ADD
sm chld pain-fever 160 mg/5 ml as, gluten-f	3	MO; ADD
sm ibuprofen 200 mg caplet	3	MO; ADD
sm ibuprofen 200 mg softgel	3	MO; ADD
sm ibuprofen 200 mg tablet	3	MO; ADD
sm ibuprofen ib 100 mg chew tb	3	ADD
sm inf ibuprofen 50 mg/1.25 ml d/f	3	MO; ADD
sm inf ibuprofen 50 mg/1.25 ml w/dropper	3	MO; ADD
sm infant pain-fever 160 mg/5 gluten-f.grape	3	ADD
sm naproxen sod 220 mg caplet	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
sm naproxen sod 220 mg gluten free, caplet	3	ADD
sm naproxen sodium 220 mg tab	3	ADD
sm pain reliever 325 mg tablet	3	ADD
sm pain reliever 500 mg caplet	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	3	ADD
sm pain reliever 500 mg tablet extra strength	3	ADD
st. joseph aspirin 81 mg chew	3	MO; ADD
sulindac	1	MO
tramadol oral tablet 50 mg	1	MO; QL (240 per 30 days)
tramadol-acetaminophen	1	MO; QL (240 per 30 days)
VIVITROL	2	MO; NDS

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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)
<b>PSYCHOTHERAPEUTIC DRUGS</b>		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 1,064 MG/3.9 ML	2	MO; QL (2.4 per 56 days); NDS
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 720 MG/2.4 ML	2	MO; QL (3.2 per 56 days); NDS
ABILIFY MAINTENA	2	MO; QL (1 per 28 days); NDS
<i>amitriptyline</i>	1	MO
<i>amoxapine</i>	1	MO
<i>ariPIPRAZOLE ORAL solution</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>ariPIPRAZOLE ORAL tablet</i>	1	MO; QL (30 per 30 days)
<i>ariPIPRAZOLE ORAL tablet,disintegrating</i>	1	MO; QL (60 per 30 days)
ARISTADA INITIO	2	MO; QL (4.8 per 365 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 441 MG/1.6 ML	2	MO; QL (3.9 per 56 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 441 MG/1.6 ML	2	MO; QL (1.6 per 28 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 662 MG/2.4 ML	2	MO; QL (2.4 per 28 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 882 MG/3.2 ML	2	MO; QL (3.2 per 28 days); NDS

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<i>armodafinil</i>	1	PA; MO; QL (30 per 30 days)	<i>clomipramine</i>	1	MO
<i>asenapine maleate</i>	1	MO; QL (60 per 30 days)	<i>clonidine hcl oral tablet extended release 12 hr</i>	1	MO
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	MO; QL (60 per 30 days)	<i>clorazepate dipotassium oral tablet 15 mg</i>	1	PA; MO; QL (180 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	1	MO; QL (30 per 30 days)	<i>clorazepate dipotassium oral tablet 3.75 mg</i>	1	PA; MO; QL (90 per 30 days)
AUVELITY	2	ST; MO; QL (60 per 30 days); NDS	<i>clorazepate dipotassium oral tablet 7.5 mg</i>	1	PA; MO; QL (360 per 30 days)
<i>bupropion hcl oral tablet</i>	1	MO	<i>clozapine</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	MO; QL (90 per 30 days)	<i>desipramine</i>	1	MO
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	MO; QL (30 per 30 days)	<i>desvenlafaxine succinate</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>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i>	1	MO
<i>buspirone</i>	1	MO	<i>dextroamphetamine-amphetamine oral tablet</i>	1	MO
CAPLYTA	2	MO; QL (30 per 30 days)	<i>diazepam injection</i>	1	PA
<i>chlorpromazine</i>	1	MO	<i>diazepam intensol</i>	1	PA; MO; QL (240 per 30 days)
<i>citalopram oral solution</i>	1	MO	<i>diazepam oral concentrate</i>	1	PA; QL (240 per 30 days)
<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)	<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	PA; MO; QL (1200 per 30 days)

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diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)	1	PA; QL (1200 per 30 days)
diazepam oral tablet	1	PA; MO; QL (120 per 30 days)
doxepin oral capsule	1	MO
doxepin oral concentrate	1	MO
doxepin oral tablet	1	MO; QL (30 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	2	QL (60 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	2	QL (90 per 30 days)
duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg	1	MO; QL (60 per 30 days)
EMSAM	2	MO; NDS
escitalopram oxalate oral solution	1	MO
escitalopram oxalate oral tablet	1	MO; QL (30 per 30 days)
eszopiclone	1	MO; QL (30 per 30 days)
FANAPT ORAL TABLET	2	MO; QL (60 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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,EXTEN DED RELEASE 24 HR	2	MO; QL (30 per 30 days)
flumazenil	1	
fluoxetine (pmdd) oral tablet 10 mg	1	QL (240 per 30 days)
fluoxetine (pmdd) oral tablet 20 mg	1	QL (120 per 30 days)
fluoxetine oral capsule 10 mg	1	MO; QL (30 per 30 days)
fluoxetine oral capsule 20 mg	1	MO; QL (90 per 30 days)
fluoxetine oral capsule 40 mg	1	MO; QL (60 per 30 days)
fluoxetine oral capsule, delayed release(dr/ec)	1	MO; QL (4 per 28 days)
fluoxetine oral solution	1	MO
fluoxetine oral tablet 10 mg	1	MO; QL (240 per 30 days)
fluoxetine oral tablet 20 mg	1	MO; QL (120 per 30 days)
fluphenazine decanoate	1	MO

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<i>fluphenazine hcl</i>	1	MO	INVEGA	2	MO; QL (3.5 per 180 days); NDS
<i>fluvoxamine oral capsule,extended release 24hr</i>	1	MO; QL (60 per 30 days)	HAFYERA		
<i>fluvoxamine oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)	INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML		
<i>fluvoxamine oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)	INVEGA	2	MO; QL (5 per 180 days); NDS
<i>fluvoxamine oral tablet 50 mg</i>	1	MO; QL (60 per 30 days)	HAFYERA		
<i>haloperidol</i>	1	MO	INTRAMUSCULAR SYRINGE 1,560 MG/5 ML		
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)</i>	1		INVEGA	2	MO; QL (0.75 per 28 days); NDS
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	MO	SUSTENNA		
<i>haloperidol lactate injection</i>	1	MO	INTRAMUSCULAR SYRINGE 117 MG/0.75 ML		
<i>haloperidol lactate intramuscular</i>	1		INVEGA	2	MO; QL (1 per 28 days); NDS
<i>haloperidol lactate oral</i>	1	MO	SUSTENNA		
<i>imipramine hcl</i>	1	MO	INTRAMUSCULAR SYRINGE 156 MG/ML		
<i>imipramine pamoate</i>	1	MO	INVEGA	2	MO; QL (1.5 per 28 days); NDS
			SUSTENNA		
			INTRAMUSCULAR SYRINGE 234 MG/1.5 ML		
			INVEGA	2	MO; QL (0.25 per 28 days)
			SUSTENNA		
			INTRAMUSCULAR SYRINGE 39 MG/0.25 ML		
			INVEGA	2	MO; QL (0.5 per 28 days); NDS
			SUSTENNA		
			INTRAMUSCULAR SYRINGE 78 MG/0.5 ML		

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INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	2	MO; QL (0.88 per 90 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	2	MO; QL (1.32 per 90 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	2	MO; QL (1.75 per 90 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	2	MO; QL (2.63 per 90 days); NDS
<i>lithium carbonate</i>	1	MO
<i>lithium citrate</i>	1	
<i>lorazepam injection 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)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<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); NDS
<i>lurasidone oral tablet 80 mg</i>	1	MO; QL (60 per 30 days); NDS
<b>MARPLAN</b>	2	MO
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	1	MO
<i>methylphenidate hcl oral solution</i>	1	MO
<i>methylphenidate hcl oral tablet</i>	1	MO
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	1	MO
<i>methylphenidate hcl oral tablet,chewable</i>	1	MO
<i>mirtazapine</i>	1	MO
<i>modafinil oral tablet 100 mg</i>	1	PA; MO; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>molindone oral tablet 10 mg, 25 mg</i>	1	
<i>molindone oral tablet 5 mg</i>	1	MO
<i>nefazodone</i>	1	MO

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<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
<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); NDS
<i>phenelzine</i>	1	MO
<i>pimozide</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<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)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	2	MO; QL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	2	MO; QL (2 per 28 days); NDS

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<i>risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i>	1	MO; QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i>	1	MO; QL (2 per 28 days); NDS
<i>risperidone oral solution</i>	1	MO
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; QL (120 per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	1	MO; QL (120 per 30 days)
SECUADO	2	MO; QL (30 per 30 days); NDS
<i>sertraline oral concentrate</i>	1	MO
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
SODIUM OXYBATE	2	PA; LA; QL (540 per 30 days); NDS
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	2	PA; MO; NDS
<i>thioridazine</i>	1	MO
<i>thiothixene</i>	1	MO
<i>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,EXT ENDED REL SYRING 100 MG/0.28 ML	2	MO; QL (0.28 per 28 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 125 MG/0.35 ML	2	MO; QL (0.35 per 28 days); NDS

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UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 150 MG/0.42 ML	2	MO; QL (0.42 per 56 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 200 MG/0.56 ML	2	MO; QL (0.56 per 56 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 250 MG/0.7 ML	2	MO; QL (0.7 per 56 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 50 MG/0.14 ML	2	MO; QL (0.14 per 28 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 75 MG/0.21 ML	2	MO; QL (0.21 per 28 days); NDS
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	1	MO; QL (30 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet</i>	1	MO; QL (90 per 30 days)
VERSACLOZ	2	NDS
<i>vilazodone</i>	1	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	2	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	2	MO; QL (7 per 180 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)
ZURZUVAE	2	PA; MO; NDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	2	MO; QL (2 per 28 days)

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ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	2	MO; QL (2 per 28 days); NDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	2	MO; QL (1 per 28 days); NDS
<b>CARDIOVASCULAR, HYPERTENSION / LIPIDS</b>		
<b>ANTIARRHYTHMIC AGENTS</b>		
adenosine	1	
amiodarone intravenous solution	1	B/D PA; MO
amiodarone intravenous syringe	1	B/D PA
amiodarone oral tablet 100 mg, 200 mg	1	MO
amiodarone oral tablet 400 mg	1	
dofetilide	1	MO
flecainide	1	MO
ibutilide fumarate	1	
lidocaine (pf) intravenous	1	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<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
<i>sorine oral tablet 120 mg, 160 mg</i>	1	MO
<i>sorine oral tablet 80 mg</i>	1	
<i>sotalol af</i>	1	
<i>sotalol oral</i>	1	MO
<b>ANTIHYPERTENSIVE THERAPY</b>		
<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

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<i>amlodipine-olmesartan</i>	1	MO
<i>amlodipine-valsartan</i>	1	MO
<i>amlodipine-valsartan-hcthiazid</i>	1	MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO
<i>benazepril</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	1	MO
<i>betaxolol oral</i>	1	MO
<i>bisoprolol fumarate</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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>clonidine transdermal patch</i>	1	MO; QL (4 per 28 days)
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	1	
<i>clonidine hcl oral tablet</i>	1	MO
<i>diltiazem hcl intravenous</i>	1	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 24 hr</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 24hr</i>	1	MO
<i>diltiazem hcl oral tablet</i>	1	MO
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 420 mg</i>	1	MO
<i>diltiazem hcl oral tablet extended release 24 hr 300 mg, 360 mg</i>	1	
<i>dilt-xr</i>	1	MO

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<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)
<i>EDARBI</i>	2	MO
<i>EDARBYCLOR</i>	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	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	MO
<i>eplerenone</i>	1	MO
<i>esmolol intravenous solution</i>	1	
<i>ethacrynat e sodium</i>	1	NDS
<i>felodipine</i>	1	MO
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	1	MO
<i>furosemide injection solution</i>	1	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	MO
<i>furosemide oral tablet</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<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
<i>KERENDIA</i>	2	PA; QL (30 per 30 days)
<i>labetalol intravenous solution</i>	1	
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	1	
<i>labetalol oral</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

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<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; NDS
<i>minoxidil oral</i>	1	MO
<i>moexipril</i>	1	MO
<i>nadolol</i>	1	MO
<i>nebivolol</i>	1	MO
<i>nicardipine intravenous solution</i>	1	
<i>nicardipine oral</i>	1	MO
<i>nifedipine oral tablet extended release</i>	1	MO
<i>nifedipine oral tablet extended release 24hr</i>	1	MO
<i>nimodipine</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	

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

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<i>treprostinil sodium</i>	1	PA; MO; LA; NDS
<i>triamterene-hydrochlorothiazide</i>	1	MO
<b>UPTRAVI ORAL</b>	2	PA; MO; LA; NDS
<i>valsartan oral tablet</i>	1	MO
<i>valsartan-hydrochlorothiazide</i>	1	MO
<i>veletri</i>	1	B/D PA; MO
<i>verapamil intravenous</i>	1	
<i>verapamil oral</i>	1	MO
<b>COAGULATION THERAPY</b>		
<i>aminocaproic acid intravenous</i>	1	MO
<i>aminocaproic acid oral</i>	1	MO; NDS
<i>aspirin-dipyridamole</i>	1	MO
<b>BRILINTA</b>	2	MO
<b>CABLIVI INJECTION KIT</b>	2	PA; LA; NDS
<b>CEPROTIN (BLUE BAR)</b>	2	PA; MO
<b>CEPROTIN (GREEN BAR)</b>	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)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>dabigatran etexilate oral capsule 150 mg, 75 mg</i>	1	MO
<i>dipyridamole intravenous</i>	1	
<i>dipyridamole oral</i>	1	MO
<b>DOPTELET (10 TAB PACK)</b>	2	PA; MO; LA; NDS
<b>DOPTELET (15 TAB PACK)</b>	2	PA; MO; LA; NDS
<b>DOPTELET (30 TAB PACK)</b>	2	PA; MO; LA; NDS
<b>ELIQUIS</b>	2	MO
<b>ELIQUIS DVT-PE TREAT 30D START</b>	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)

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<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	1	MO; QL (11.2 per 28 days)	<i>heparin (porcine) injection solution</i>	1	MO
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	1	MO; NDS	<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	MO
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	1	MO	<i>HEPARIN(PORCIN E) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML</i>	2	
<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		<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) in 5 % dex intravenous parenteral solution 25,000 unit/500 ml (50 unit/ml)</i>	1	MO	<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	1	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i>	1	MO	<i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i>	1	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml</i>	1		<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	MO
<i>heparin (porcine) injection cartridge</i>	1	MO	<i>HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML</i>	2	
			<i>HEPARIN, PORCINE (PF) SUBCUTANEOUS</i>	2	MO
			<i>jantoven</i>	1	MO

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<i>pentoxifylline</i>	1	MO
PHYTONADIONE 1 MG/0.5 ML SYR P/F,SDV	3	MO; ADD
PHYTONADIONE 1 MG/0.5 ML VIAL INNER, SUV	3	ADD
PHYTONADIONE 1 MG/0.5 ML VIAL OUTER, SUV	3	ADD
<i>phytonadione 10 mg/ml ampul suv,inner</i>	3	ADD
<i>phytonadione 10 mg/ml ampul suv,outer</i>	3	ADD
<i>phytonadione 10 mg/ml vial inner, suv</i>	3	ADD
<i>phytonadione 10 mg/ml vial outer, suv</i>	3	ADD
<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; NDS
<i>protamine</i>	1	
<i>vitamin k-1 1 mg/0.5 ml ampul suv, inner</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>vitamin k-1 1 mg/0.5 ml ampul suv, outer</i>	3	MO; ADD
<i>vitamin k-1 10 mg/ml ampul suv, inner</i>	3	MO; ADD
<i>vitamin k-1 10 mg/ml ampul suv, outer</i>	3	MO; ADD
<i>warfarin</i>	1	MO
XARELTO	2	MO
XARELTO DVT-PE TREAT 30D START	2	MO
<b>LIPID/CHOLESTEROL LOWERING AGENTS</b>		
<i>amlodipine- atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	MO; QL (30 per 30 days)
<i>amlodipine- atorvastatin oral tablet 2.5-10 mg</i>	1	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>colesevelam</i>	1	MO

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colestipol oral granules	1	MO
colestipol oral packet	1	
colestipol oral tablet	1	MO
endur-acin er 250 mg tablet	3	MO; ADD
endur-acin er 500 mg tablet	3	ADD
endur-acin er 750 mg tablet	3	ADD
ezetimibe	1	MO
ezetimibe-simvastatin	1	MO; QL (30 per 30 days)
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	1	MO
fenofibrate nanocrystallized	1	MO
fenofibrate oral tablet 160 mg, 54 mg	1	MO
fenofibric acid	1	
fenofibric acid (choline)	1	MO
fluvastatin oral capsule 20 mg	1	MO; QL (30 per 30 days)
fluvastatin oral capsule 40 mg	1	MO; QL (60 per 30 days)
gemfibrozil	1	MO
icosapent ethyl	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
JUXTAPID	2	PA; MO; LA; NDS
lovastatin oral tablet 10 mg	1	MO; QL (30 per 30 days)
lovastatin oral tablet 20 mg, 40 mg	1	MO; QL (60 per 30 days)
NEXLETOL	2	PA; MO
NEXLIZET	2	PA; MO
niacin 100 mg tablet (rx)	3	MO; ADD
niacin 100 mg tablet inner (rx)	3	MO; ADD
niacin 100 mg tablet outer (rx)	3	MO; ADD
niacin 250 mg tablet (rx)	3	MO; ADD
niacin 250 mg tablet d/f,p/f,n (rx)	3	MO; ADD
niacin 50 mg tablet (rx)	3	MO; ADD
niacin 500 mg tablet (rx)	3	MO; ADD
niacin 500 mg tablet y/f,gluten/f (rx)	3	MO; ADD
NIACIN ER 1,000 MG TABLET (RX)	3	MO; ADD
niacin er 250 mg tablet p/f (rx)	3	MO; ADD
niacin er 500 mg caplet caplet,cdt,p/f (rx)	3	MO; ADD

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niacin er 500 mg tablet (rx)	3	MO; ADD	omega-3 acid ethyl esters	1	MO
niacin er 500 mg tablet inner (rx)	3	MO; ADD	pitavastatin calcium	1	MO; QL (30 per 30 days)
niacin er 500 mg tablet n,p/f(rx)	3	MO; ADD	plain niacin 250 mg tablet (rx)	3	MO; ADD
niacin er 500 mg tablet outer (rx)	3	MO; ADD	plain niacin 500 mg tablet (rx)	3	MO; ADD
niacin oral tablet 500 mg	1	MO	pravastatin	1	MO; QL (30 per 30 days)
niacin oral tablet extended release 24 hr	1	MO	prevalite	1	MO
niacin sa 250 mg capsule (rx)	3	MO; ADD	ra niacin 100 mg tablet p/f (rx)	3	MO; ADD
niacin tr 250 mg capsule (rx)	3	MO; ADD	ra niacin 500 mg tablet (rx)	3	MO; ADD
niacin tr 250 mg capsule p/f,n,gluten/f (rx)	3	MO; ADD	RA NIACIN 500 MG TABLET NO FLUSH (RX)	3	ADD
niacin tr 250 mg tablet (rx)	3	MO; ADD	REPATHA	2	PA; QL (6 per 28 days)
niacin tr 250 mg tablet p/f(rx)	3	MO; ADD	REPATHA PUSHTRONEX	2	PA; QL (7 per 28 days)
niacin tr 500 mg tablet (rx)	3	MO; ADD	REPATHA SURECLICK	2	PA; QL (6 per 28 days)
niavasc sr 500 mg tablet	3	ADD	rosuvastatin	1	MO; QL (30 per 30 days)
niavasc sr 750 mg tablet	3	ADD	simvastatin	1	MO; QL (30 per 30 days)
omega-3 1,000 mg softgel (rx)	3	MO; ADD	SLO-NIACIN 250 MG TABLET	3	MO; ADD
			slo-niacin 500 mg tablet (rx)	3	MO; ADD

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SLO-NIACIN 750 MG TABLET	3	MO; ADD
super omega-3 softgel	3	ADD
<b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>		
CORLANOR ORAL SOLUTION	2	QL (450 per 30 days)
CORLANOR ORAL TABLET	2	MO; QL (60 per 30 days)
digoxin oral	1	MO
dobutamine	1	B/D PA
<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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<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
<b>ENTRESTO</b>		
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	NDS
VERQUVO	2	MO; QL (30 per 30 days)
VYNDAMAX	2	PA; MO; NDS
<b>NITRATES</b>		
<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

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<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
<b>DERMATOLOGICALS/TOPICAL THERAPY</b>		
<b>ANTIPSORIATIC / ANTISEBORRHEIC</b>		
<i>acitretin</i>	1	MO
<i>anti-dandruff 1% shampoo</i>	3	MO; ADD
<i>calcipotriene scalp</i>	1	MO; QL (120 per 30 days)
<i>calcipotriene topical cream</i>	1	MO; QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	1	MO; QL (120 per 30 days)
<i>calcitriol topical</i>	1	
<i>medicated dandruff 1% shampoo</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>selenium sulfide topical lotion</i>	1	MO
<i>SKYRIZI SUBCUTANEOUS PEN INJECTOR</i>	2	PA; MO; QL (2 per 28 days); NDS
<i>SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML</i>	2	PA; MO; QL (2 per 28 days); NDS
<i>STELARA INTRAVENOUS</i>	2	PA; MO; QL (104 per 180 days); NDS
<i>STELARA SUBCUTANEOUS SOLUTION</i>	2	PA; MO; QL (0.5 per 28 days); NDS
<i>STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML</i>	2	PA; MO; QL (0.5 per 28 days); NDS
<i>STELARA SUBCUTANEOUS SYRINGE 90 MG/ML</i>	2	PA; MO; QL (1 per 28 days); NDS
<i>TALTZ AUTOINJECTOR</i>	2	PA; MO; QL (1 per 28 days); NDS
<i>TALTZ AUTOINJECTOR (2 PACK)</i>	2	PA; MO; QL (4 per 28 days); NDS
<i>TALTZ AUTOINJECTOR (3 PACK)</i>	2	PA; MO; QL (3 per 180 days); NDS

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TALTZ SYRINGE	2	PA; MO; QL (1 per 28 days); NDS
<b>KERATOLYTICS</b>		
<i>callus removers</i>	3	ADD
<i>patch</i>		
<i>corn remover 40% patch</i>	3	ADD
DERMACINRX ATRIX 2% CREAM	3	ADD
DERMACINRX ATRIX 2% WASH	3	ADD
DERMACINRX ATRIX SYSTEM 1 PACK	3	ADD
<i>liquid corn-callus remover</i>	3	ADD
<i>liquid wart remover 17%</i>	3	ADD
SALICYLIC ACID POWDER (RX)	3	ADD
SALICYLIC ACID POWDER USP (RX)	3	ADD
<i>sebex shampoo</i>	3	MO; ADD
<i>therapeutic 3% dandruff shmp</i>	3	ADD
<i>wart remover 17% liquid</i>	3	ADD
<i>wart remover clear strip</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<b>MISCELLANEOUS DERMATOLOGICALS</b>		
ADBRY	2	PA; MO; QL (6 per 28 days); NDS
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
<i>anti-itch 2% cream extra strength</i>	3	ADD
<i>anti-itch 2%-0.1% cream</i>	3	ADD
<i>aquaphilic ointment</i>	3	MO; ADD
AQUAPHOR 41% HEALING OINTMENT	3	MO; ADD
AQUAPHOR 41% HEALING OINTMENT ADV THERAPY,2 PACK	3	MO; ADD
AQUAPHOR 41% HEALING OINTMENT ADVANCED THERAPY	3	MO; ADD

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AQUAPHOR 41% HEALING OINTMENT BABY, ADV THERAPY	3	MO; ADD	<i>capsaicin 0.025% cream</i>	3	MO; ADD; QL (60 per 30 days)
AQUAPHOR BABY 41% HEALING OINT	3	ADD	CAPSAICIN 0.025% HEAT PATCH	3	ADD
AQUAPHOR HEALING OINTMENT	3	ADD	<i>capsaicin 0.075% cream</i>	3	ADD
ARBEM H-COSMETIC CREAM	3	ADD	<i>capsaicin 0.1% cream</i>	3	MO; ADD
ARBEM LIOPEN BASE	3	ADD	CAPSIMIDE 0.025% PATCH	3	ADD
ARTHRITIS PAIN RLF 0.075% CRM	3	MO; ADD	CERAVE HEALING 46.5% OINTMENT	3	MO; ADD
AZ CREAM (RX)	3	ADD	CERAVE MOISTURIZING CREAM	3	MO; ADD
<i>banophen anti-itch 2% cream</i>	3	MO; ADD	CERAVE SA CREAM	3	ADD
BASE 7542 CREAM	3	ADD	<i>cetaphil moisturizing cream</i>	3	MO; ADD
<i>benzoin compound tincture</i>	3	ADD	CETAPHIL MOISTURIZING CREAM	3	MO; ADD
<i>benzoin tincture (otc)</i>	3	ADD	<i>chloroprocaine (pf)</i>	1	
<i>benzoin tincture plain (rx)</i>	3	ADD	CIBINQO	2	PA; MO; QL (30 per 30 days); NDS
<i>beta care cream</i>	3	MO; ADD	COCONUT OIL CREAM	3	ADD
BETA XMA CREAM	3	ADD	CUTTER 10% SPRAY	3	ADD
<i>capsaicin 0.025% cream</i>	3	MO; ADD			

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CUTTER ALL FAMILY 7% SPRAY	3	ADD
CUTTER ALL FAMILY 7.15% WIPE	3	ADD
CUTTER BACKWOODS 25% SPRAY	3	ADD
CUTTER BACKWOODS DRY 25% SPRAY	3	ADD
CUTTER DRY 10% SPRAY	3	ADD
CUTTER LEMON EUCALYPTUS SPRAY	3	ADD
CUTTER NATURAL REPELLENT SPRAY	3	ADD
CUTTER NATURAL REPELLENT2 SPRY	3	ADD
CUTTER SKINSATIONS 7% SPRAY	3	ADD
CUTTER SPORT 15% SPRAY	3	ADD
cvs advanced healing 41% oint	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CVS INSECT REPELLENT 15% SPRAY	3	ADD
CVS TOTAL HOME INSECT 30% SPR	3	ADD
<i>daylogic advanced healing oint</i>	3	ADD
<i>dermabase cream (rx)</i>	3	MO; ADD
DERMACINRX CIRCATA 0.05% CREAM	3	ADD
DERMACINRX CIRCATRIX 0.05% CRM	3	ADD
<i>dermacinrx lidocan</i>	1	PA; QL (90 per 30 days)
DERMACINRX PENETRAL 0.025% CRM	3	ADD
DERMACINRX SKIN REPAIR 5% CRM	3	ADD
<i>diclofenac sodium topical gel 3 %</i>	1	PA; MO; QL (100 per 28 days)
DML FORTE CREAM W-PANTHENOL	3	MO; ADD
<i>dry skin treatment</i>	3	ADD

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DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	2	PA; MO; QL (4.56 per 28 days); NDS
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	2	PA; MO; QL (8 per 28 days); NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	2	PA; QL (1.34 per 28 days); NDS
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	2	PA; MO; QL (4.56 per 28 days); NDS
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	2	PA; MO; QL (8 per 28 days); NDS
EMOLLIA CREME	3	ADD
<i>emollient cream base</i>	3	MO; ADD
EQL THERAPEUTIC MOISTURIZ CRM	3	ADD
EUCERIN ADVANC REPAIR HAND CRM	3	MO; ADD
EUCERIN CREAM (RX)	3	MO; ADD
EUCERIN CREME (RX)	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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
GLYCERIN 99.5% LIQUID (RX)	3	MO; ADD
<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 anhydrous synthetic (otc)</i>	3	ADD
<i>glycerin liquid usp (rx)</i>	3	ADD

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glycerin liquid usp, ep (rx)	3	ADD
glycerin liquid usp, natural (rx)	3	ADD
glycerin skin protectant liq anhydrous synthetic (otc)	3	MO; ADD
glydo	1	MO; QL (60 per 30 days)
GNP ITCH RELIEF 2%-0.1% SPRAY	3	ADD
gs itch relief 2%-0.1% cream	3	MO; ADD
HYDRASYN25 CREAM	3	ADD
hydrolatum ointment 12's	3	ADD
hydrolatum ointment 57 gm x 24	3	ADD
HYDROPHILIC PETROLATUM (RX)	3	ADD
HYDROPHOR 42% OINTMENT	3	MO; ADD
HYDROUS EMULSIFIED BASE CREAM	3	ADD
imiquimod topical cream in packet 5 %	1	MO
INSECT REPELLENT 20% SPRAY	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
itch relief 2%-0.1% cream	3	MO; ADD
ITCH RELIEF 2%-0.1% SPRAY	3	ADD
KERADAN CREAM	3	ADD
LANOLIN CREAM	3	ADD
leader fingers skin cream (rx)	3	ADD
lidocaine (pf) injection solution	1	
LIDOCAINE 4% CREAM	3	ADD
LIDOCAINE 4% CREAM	3	ADD; QL (30 per 30 days)
LIDOCAINE 4% CREAM OUTER	3	ADD; QL (30 per 30 days)
lidocaine hcl injection solution	1	
lidocaine hcl laryngotracheal	1	MO
lidocaine hcl mucous membrane jelly in applicator	1	MO; QL (60 per 30 days)
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	1	MO
lidocaine topical adhesive patch,medicated 5 %	1	PA; MO; QL (90 per 30 days)
lidocaine topical ointment	1	MO; QL (36 per 30 days)

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<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
MAXI-DEET 98.11% SPRAY	3	ADD
<i>methoxsalen</i>	1	MO; NDS
MICRODERM BASE CREAM	3	ADD
MICROSOME BASE CREAM	3	ADD
<i>minerin creme</i>	3	MO; ADD
MINERIN CREME	3	MO; ADD
MOISTURIZING CREAM (RX)	3	ADD
NATRAPEL 20% SPRAY	3	ADD
NEUTROGENA NORWEGIAN FORMULA FRAGRANCE-FREE (RX)	3	MO; ADD
<i>numbcream 5% cream</i>	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% SPRAY	3	ADD
OFF DEEP WOODS 25% TOWELETTE	3	ADD
OFF DEEP WOODS DRY 25% SPRAY	3	ADD
OFF DEEP WOODS SPORTMN 25% SPR	3	ADD
OFF DEEP WOODS SPORTMN 30% SPR	3	ADD
OFF DEEP WOODS SPORTMN 98.25%	3	ADD
OFF FAMILYCARE 15% RPLNT I SPR	3	ADD
OFF FAMILYCARE 5% REPELLNT III	3	ADD
OFF FAMILYCARE 5% RPLNT II SPR	3	ADD
OFF FAMILYCARE 7% RPLNT SPRAY	3	ADD
OFF FAMILYCARE(WITH PICARIDIN) TOPICAL SPRAY WITH PUMP 5 %	3	ADD

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PANRETIN	2	PA; MO; NDS	<i>podofilox topical solution</i>	1	MO
PCCA EMOLlient CREAM BASE	3	ADD	<i>polocaine injection solution 1 % (10 mg/ml)</i>	1	
<i>pentravan cream base (rx)</i>	3	ADD	<i>polocaine-mpf</i>	1	
PENTRAVAN PLUS CREAM BASE	3	ADD	PRETTY FEET & HANDS CREAM	3	ADD
<i>petrolatum base ointment</i>	3	ADD	PROPYLENE GLYCOL LIQUID (RX)	3	MO; ADD
PFBC CREAM BASE	3	ADD	PROPYLENE GLYCOL LIQUID USP (RX)	3	MO; ADD
PHARMABASE ANTIOXIDANT CREAM (RX)	3	ADD	<i>qc anti-itch 2%-0.1% cream</i>	3	ADD
PHARMABASE COSMETIC CR NATURAL (RX)	3	ADD	RANGER READY REPELLENT 20% SPR	3	ADD
PHARMABASE COSMETIC CREAM	3	ADD	REGRANEX	2	QL (15 per 30 days); NDS
PHARMABASE COSMETIC CRM LIGHT (RX)	3	ADD	REPEL 100 98.11% SPRAY	3	ADD
PHARMABASE VAGINAL CREAM	3	ADD	REPEL 30% WIPE	3	ADD
PHYTOBASE CREAM (RX)	3	ADD	REPEL FAMILY 10% SPRAY	3	ADD
<i>pimecrolimus</i>	1	PA; MO; QL (100 per 30 days)	REPEL FAMILY 15% SPRAY	3	ADD
			REPEL FAMILY TOPICAL AEROSOL POWDER 15 %	3	ADD

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REPEL HUNTER'S 25% SPRAY	3	ADD
REPEL LEMON EUCALYPTUS 30% SPR	3	ADD
REPEL SPORTSMEN 25% SPRAY	3	ADD
REPEL SPORTSMEN 29% SPRAY	3	ADD
REPEL SPORTSMEN DRY 25% SPRAY	3	ADD
REPEL SPORTSMEN MAX 40% LOTION	3	ADD
REPEL SPORTSMEN MAX 40% SPRAY	3	ADD
REPEL TICK DEFENSE 15% SPRAY	3	ADD
SANTYL	2	MO; QL (180 per 30 days)
SAWYER CONTROL RELEASE 20% LOT	3	ADD
<i>silver sulfadiazine</i>	1	MO
<i>sm anti-itch 2% cream extra strength</i>	3	ADD
<i>sm benzoin tincture</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sm benzoin tincture nxft</i>	3	ADD
<i>sorbidon hydrate cream (rx)</i>	3	ADD
<i>sorbidon hydrate cream 12's (rx)</i>	3	ADD
SORBOLENE CREAM	3	ADD
<i>ssd</i>	1	MO
STUDIO 35 MOIST SKIN CREAM	3	ADD
<i>tacrolimus topical</i>	1	PA; MO; QL (100 per 30 days)
TENDER CARE LANOLIN CREAM	3	ADD
<i>therapeutic moisturizing cream fragrance free</i>	3	ADD
<i>therapeutic moisturizing cream fragrance-free</i>	3	ADD
U-BASE CREAM BASE	3	ADD
ULTRATHON 25% REPELLENT SPRAY (RX)	3	ADD
ULTRATHON 34.34% REPEL LOTION	3	ADD
VALCHLOR	2	PA; MO; NDS

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VANIBASE MOISTURIZING CREAM (RX)	3	ADD	<i>acne medication 10% gel</i>	3	MO; ADD
VANIBASE TRADITIONAL FORMULA (RX)	3	ADD	ACNE MEDICATION 10% LOTION	3	MO; ADD
<i>vanicream skin cream (rx)</i>	3	MO; ADD	<i>acne medication 2.5% gel</i>	3	MO; ADD
<i>vanicream skin cream 40lb pail (rx)</i>	3	MO; ADD	ACNE MEDICATION 5% GEL	3	MO; ADD
<i>vanicream skin cream no dye / fragrance (rx)</i>	3	MO; ADD	ACNE MEDICATION 5% LOTION	3	MO; ADD
<i>vanicream skin cream w/pump dispenser (rx)</i>	3	MO; ADD	<i>adapalene 0.1% gel (otc)</i>	3	ADD
VERSATILE CREAM BASE (RX)	3	ADD	<i>amnesteem</i>	1	
VERSIGEL CREAM BASE	3	ADD	<i>azelaic acid</i>	1	MO
VITAMIN E OINTMENT	3	ADD	BENZEFOAM 5.3% EMOLLIENT FOAM (OTC)	3	ADD
XCEL 100 CREAM	3	ADD	<i>benzoyl peroxide 10% gel (otc)</i>	3	MO; ADD
XERAC AC 6.25% SOLUTION	3	MO; ADD	<i>benzoyl peroxide 10% gel aqueous (otc)</i>	3	MO; ADD
ZIKS ARTHRITIS PAIN RELIEF	3	MO; ADD	<i>benzoyl peroxide 10% wash (otc)</i>	3	MO; ADD
<i>zinc oxide 20% ointment (otc)</i>	3	MO; ADD	<i>benzoyl peroxide 2.5% gel (otc)</i>	3	ADD
<b>THERAPY FOR ACNE</b>			<i>benzoyl peroxide 5% gel aqueous (otc)</i>	3	MO; ADD
<i>accutane</i>	1		<i>benzoyl peroxide 5% wash (otc)</i>	3	MO; ADD

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bpo 6% foaming cloths (otc)	3	MO; ADD
bpo 6% foaming cloths outer (otc)	3	MO; ADD
claravis	1	
clindamycin phosphate topical gel	1	MO; QL (120 per 30 days)
clindamycin phosphate topical gel, once daily	1	MO; QL (150 per 30 days)
clindamycin phosphate topical lotion	1	MO; QL (120 per 30 days)
clindamycin phosphate topical solution	1	MO; QL (120 per 30 days)
DERMACINRX ATRIX 2% TONER	3	ADD
DIFFERIN 0.1% GEL (OTC)	3	MO; ADD
ery pads	1	MO
erythromycin with ethanol topical solution	1	MO
isotretinoin	1	
ivermectin topical cream	1	MO; QL (90 per 30 days)
metronidazole topical	1	MO
tazarotene topical cream	1	PA; MO

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

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
BETADINE 7.5% SCRUB	3	ADD
SCRUB,W/O PUMP		
BETADINE 7.5% SCRUB	3	ADD
SCRUB,W/PUMP		
BETADINE 7.5% SURGICAL SCRUB	3	ADD
SURGICAL SCRUB		
BETADINE SURGICAL SCRUB	3	ADD
SURGICAL SCRUB		
BETADINE SWABSTICKS 200'S	3	ADD
SWABSTICKS 200'S		
BETADINE SWABSTICKS 50'S	3	ADD
SWABSTICKS 50'S		
DOUBLE ANTIBIOTIC OINTMENT	3	MO; ADD
ANTIBIOTIC OINTMENT		
FIRST AID ANTISEPTIC 10% OINT	3	MO; ADD
ANTISEPTIC 10% OINT		
<i>gentamicin topical</i>	1	MO; QL (60 per 30 days)
<i>gentamicin topical</i>		
GNP ANTIBIOTIC-PAIN RELIEF CRM	3	ADD
PAIN RELIEF CRM		
GS FIRST AID ANTIBIOTIC OINT	3	ADD
ANTIBIOTIC OINT		
<i>hm bacitracin zn 500 unit/gm</i>	3	MO; ADD
<i>hm bacitracin zn 500 unit/gm</i>		
<i>hm double antibiotic ointment</i>	3	MO; ADD
<i>hm double antibiotic ointment</i>		

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>hm triple antibiotic ointment</i>	3	MO; ADD
<i>hm triple antibiotic plus oint maximum strength</i>	3	MO; ADD
<i>mupirocin</i>	1	MO; QL (44 per 30 days)
POLY BACITRACIN OINTMENT	3	ADD
BACITRACIN OINTMENT		
<i>povidone-iodine 10% solution</i>	3	ADD
<i>povidone-iodine 10% soln</i>	3	ADD
<i>qc povidone-iodine 10% soln</i>	3	ADD
<i>qc triple antibiotic-pain oint</i>	3	ADD
<i>qc triple antibiotic-pain oint</i>		
<i>sm antibiotic 500 unit/gm oint</i>	3	ADD
<i>sm antibiotic 500 unit/gm oint</i>		
<i>sm antibiotic plus cream maximum strength</i>	3	ADD
<i>sm antibiotic plus cream maximum strength</i>		
<i>sm double antibiotic oint</i>	3	MO; ADD
<i>sm double antibiotic oint</i>		
<i>sm povidone-iodine 10% soln</i>	3	ADD
<i>sm povidone-iodine 10% soln</i>		
<i>sm triple antibiotic ointment</i>	3	MO; ADD
<i>sm triple antibiotic ointment</i>		
<i>sm triple antibiotic plus oint maximum strength</i>	3	MO; ADD
<i>sm triple antibiotic plus oint maximum strength</i>		
<i>sulfacetamide sodium (acne)</i>	1	MO
<i>sulfacetamide sodium (acne)</i>		

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<i>triple antibiotic ointment</i>	3	MO; ADD
TRIPLE ANTIBIOTIC OINTMENT PKT (OTC)	3	ADD
<i>triple antibiotic ointment pkt outer (otc)</i>	3	ADD
<i>triple antibiotic plus oint maximum strength</i>	3	MO; ADD
<i>triple antibiotic plus ointmnt</i>	3	MO; ADD
<i>triple antibiotic-pain oint</i>	3	ADD
<b>TOPICAL ANTIFUNGALS</b>		
ALEVAZOL 1% OINTMENT	3	MO; ADD
<i>antifungal 1% cream</i>	3	ADD
<i>antifungal 1% topical cream</i>	3	ADD
<i>antifungal 2% powder</i>	3	ADD
<i>athlete's foot 1% cream</i>	3	ADD
ATHLETE'S FOOT 1% CREAM	3	ADD
<i>athlete's foot 1% powder spray</i>	3	ADD
<i>athlete's foot 2% powder spray</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>baza antifungal 2% cream</i>	3	MO; ADD
<i>butenafine hcl 1% cream</i>	3	MO; ADD
<i>cyclodan 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
<i>clotrimazole topical cream 1 %</i>	1	MO; QL (45 per 28 days)
<i>clotrimazole topical solution 1 %</i>	1	MO; QL (30 per 28 days)
<i>clotrimazole- betamethasone topical cream</i>	1	MO; QL (45 per 28 days)
<i>clotrimazole- betamethasone topical lotion</i>	1	MO; QL (60 per 28 days)
<i>cvs jock itch 1% cream</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
econazole	1	MO; QL (85 per 28 days)
fungoid 2% tincture	3	MO; ADD
gnp athlete's foot 1% cream	3	ADD
gnp miconazrb af 2% powder	3	ADD
ketoconazole topical cream	1	MO; QL (60 per 28 days)
ketoconazole topical shampoo	1	MO; QL (120 per 28 days)
lamisil at 1% cream	3	MO; ADD
lamisil at 1% cream athlete's foot	3	MO; ADD
miconazole 2% topical cream	3	MO; ADD
micotrin ac 1% topical cream	3	ADD
micotrin al 1% liquid	3	ADD
micotrin ap 2% powder	3	ADD
mycozyl ac 1% topical cream	3	ADD
mycozyl al 1% liquid	3	ADD
mycozyl ap 2% powder	3	ADD
naftifine topical cream	1	MO; QL (60 per 28 days)
naftifine topical gel 2 %	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
nyamyc	1	QL (180 per 30 days)
nystatin topical cream	1	MO; QL (30 per 28 days)
nystatin topical ointment	1	MO; QL (30 per 28 days)
nystatin topical powder	1	MO; QL (180 per 30 days)
nystatin-triamcinolone	1	MO; QL (60 per 28 days)
nystop	1	QL (180 per 30 days)
qc antifungal 1% cream	3	ADD
qc tolnaftate 1% cream	3	MO; ADD
sm antifungal 1% cream	3	ADD
sm antifungal 1% topical cream	3	ADD
sm athlete's 1% foot cream	3	ADD
sm miconazole 2% topical cream	3	MO; ADD
terbinafine 1% cream	3	MO; ADD
terbinafine 1% cream antifungal	3	MO; ADD
tolnaftate 1% cream	3	MO; ADD
tolnaftate 1% powder	3	MO; ADD

## TOPICAL ANTIVIRALS

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<i>acyclovir topical ointment</i>	1	PA; MO; QL (30 per 30 days)
<i>penciclovir</i>	1	MO; QL (5 per 30 days)
<b>TOPICAL CORTICOSTEROIDS</b>		
<i>ala-cort topical cream 1 %</i>	1	MO
<i>ala-cort topical cream 2.5 %</i>	1	
<i>alclometasone</i>	1	MO
<i>betamethasone dipropionate</i>	1	MO
<i>betamethasone valerate 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)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<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)
<i>clodan</i>	1	MO; QL (236 per 28 days)
<i>desonide</i>	1	MO
<i>fluocinolone and shower cap</i>	1	MO
<i>fluocinolone topical cream 0.01 %</i>	1	MO
<i>fluocinolone topical cream 0.025 %</i>	1	
<i>fluocinolone topical oil</i>	1	MO
<i>fluocinolone topical ointment</i>	1	MO
<i>fluocinolone topical solution</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)

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>fluocinonide-emollient</i>	1	MO; QL (120 per 30 days)
<i>gs anti-itch 1% cream</i>	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
<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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<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
<i>mometasone topical</i>	1	MO
<i>prednicarbate topical ointment</i>	1	
<i>qc anti-itch with aloe 1% crm</i>	3	ADD
<i>sm hydrocortisone 1% ointment maximum strength (otc)</i>	3	MO; ADD
<i>sm hydrocortisone plus 1% crm</i>	3	ADD

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<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	
<i>dandruff 1% shampoo</i>	3	ADD
<i>gs lice killing 1 % crm rinse</i>	3	ADD
<i>gs lice killing shampoo w/nit comb</i>	3	MO; ADD
<i>ivermectin 0.5% lotion (otc)</i>	3	MO; ADD
<i>lice killing shampoo</i>	3	MO; ADD
<i>lice killing shampoo w/nit comb</i>	3	MO; ADD
<i>lice treatment 1% creme rinse</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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<i>lice treatment 1% creme rinse 1 nit removal comb</i>	3	ADD
<i>lice treatment shampoo 1 nit comb included</i>	3	ADD
<i>malathion</i>	1	MO
<i>permethrin</i>	1	MO; QL (60 per 30 days)
<i>sb lice killing shampoo maximum strength</i>	3	MO; ADD

<i>sm lice treatment 1% crm rinse</i>	3	ADD
<i>VANALICE GEL</i>	3	ADD

#### DIAGNOSTICS / MISCELLANEOUS AGENTS

##### ANTIDOTES

<i>acetylcysteine intravenous</i>	1	
<b>ENZYMES</b>		
<i>co q-10 100 mg softgel (rx)</i>	3	MO; ADD
<i>co q-10 10 mg capsule (rx)</i>	3	ADD
<i>co q-10 100 mg capsule (rx)</i>	3	MO; ADD
<i>co q-10 100 mg capsule p/f</i>	3	ADD
<i>co q-10 100 mg capsule p/f(rx)</i>	3	MO; ADD

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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	MO; ADD
co q-10 100 mg softgel softgel,n,p/f (rx)	3	ADD
co q-10 100 mg softgel softgel,p/f (rx)	3	MO; ADD
co q-10 100 mg softgel softgel,p/f,gluten/f (rx)	3	ADD
co q-10 100 mg softgel softgel,p/f,gluten-f (rx)	3	ADD
co q-10 200 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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
co q-10 200 mg softgel (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 q10 30 mg softgel softgel, p/f (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 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
coenzyme q-10 30 mg softgel (rx)	3	MO; ADD

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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 q10 200 mg capsule (rx)	3	MO; ADD
coenzyme q-10 200 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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
cvs co q-10 50 mg softgel (rx)	3	MO; ADD
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-10 100 mg softgel (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
NEOQ10 SOFTGEL	3	ADD
q-sorb co q-10 100 mg softgel	3	ADD
q-sorb co q-10 200 mg softgel p/f,gluten-free	3	ADD
ra coenzyme q-10 100 mg softgl (rx)	3	MO; ADD
ra coenzyme q-10 100 mg softgl softgel (rx)	3	MO; ADD
ra coenzyme q10 200 mg softgel softgel,p/f,d/f (rx)	3	MO; ADD
sm co q-10 100 mg softgel (rx)	3	MO; ADD
sm co q-10 200 mg softgel (rx)	3	MO; ADD

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<i>sm coenzyme q-10 100 mg sftgl softgel (rx)</i>	3	MO; ADD
<i>sm coenzyme q-10 100 mg sftgl softgel, gluten-free (rx)</i>	3	MO; ADD
<i>sv co q-10 100 mg softgel softgel, p/f (rx)</i>	3	ADD
<i>sv co q-10 50 mg softgel softgel,p/f,gluten-f (rx)</i>	3	ADD
<i>sv q-sorb co q-10 100 mg sftgl softgel , p/f</i>	3	ADD
<i>sv q-sorb co q-10 200 mg sftgl p/f,gluten-free</i>	3	ADD
<i>sv q-sorb co q-10 200 mg sftgl softgel</i>	3	ADD
<b>IRRIGATING SOLUTIONS</b>		
<i>lactated ringers irrigation</i>	1	
<i>neomycin-polymyxin b gu</i>	1	
<i>ringer's irrigation</i>	1	
<b>MISCELLANEOUS AGENTS</b>		
<i>acamprosate</i>	1	MO
<i>acetic acid irrigation</i>	1	MO
<i>ALPHA LIPOIC ACID 100 MG CAP</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>ALPHA LIPOIC ACID 200 MG CAP P/F</i>	3	MO; ADD
<i>ALPHA LIPOIC ACID 200 MG CAP P/F,D/F,GLUTEN/F</i>	3	MO; ADD
<i>ALPHA LIPOIC ACID 200 MG CAP P/F,GLUTEN-FREE</i>	3	MO; ADD
<i>ALPHA LIPOIC ACID 300 MG CAP</i>	3	MO; ADD
<i>ALPHA LIPOIC ACID 300 MG SFTGL</i>	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
<i>BENZYL ALCOHOL LIQUID NF (RX)</i>	3	ADD
<i>BENZYL BENZOATE LIQUID (RX)</i>	3	ADD
<i>caffeine citrate intravenous</i>	1	
<i>caffeine citrate oral</i>	1	MO

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CAFFEINE POWDER USP,ANHYDROUS (RX)	3	ADD
CAPSULE #0 BACON FLAVOR (RX)	3	ADD
CAPSULE #0 BLUE/BLUE (RX)	3	ADD
CAPSULE #0 BLUE/WHITE (RX)	3	ADD
CAPSULE #0 BUBBLE GUM FLAVOR (RX)	3	ADD
CAPSULE #0 CLEAR LOCKING (RX)	3	ADD
CAPSULE #0 CLEAR/CLEAR (RX)	3	ADD
CAPSULE #0 FUN CAPS LOCKING (RX)	3	ADD
CAPSULE #0 GREEN TRANS/CLEAR (RX)	3	ADD
CAPSULE #0 GREEN,MINT FLAVOR (RX)	3	ADD
CAPSULE #0 GREEN/CLEAR LOCKING (RX)	3	ADD

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

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

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

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

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

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

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

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CAPSULE #2 CLEAR/CLEAR (RX)	3	ADD	CAPSULE #3 GREEN/GREEN (RX)	3	ADD
CAPSULE #2 GREEN (RX)	3	ADD	CAPSULE #3 GRN/BLUE TRANSLUCENT (RX)	3	ADD
CAPSULE #2 WHITE-OPAQUE LOCKING (RX)	3	ADD	CAPSULE #3 MAROON/BABY BLUE (RX)	3	ADD
CAPSULE #3 BLUE OPAQUE/CLEAR (RX)	3	ADD	CAPSULE #3 OLIVE-OPAQUE (RX)	3	ADD
CAPSULE #3 BLUE/BLUE (RX)	3	ADD	CAPSULE #3 ORANGE OPAQUE (RX)	3	ADD
CAPSULE #3 CLEAR LOCKING (RX)	3	ADD	CAPSULE #3 PINK OPAQUE/CLEAR (RX)	3	ADD
CAPSULE #3 CLEAR,BEEF FLAVOR (RX)	3	ADD	CAPSULE #3 PINK/CLEAR (RX)	3	ADD
CAPSULE #3 CLEAR/CLEAR (RX)	3	ADD	CAPSULE #3 PINK/PINK (RX)	3	ADD
CAPSULE #3 GRAY/PINK-OPAQUE (RX)	3	ADD	CAPSULE #3 PINK-OPAQUE LOCKING (RX)	3	ADD
CAPSULE #3 GRAY/YELLOW-OPAQUE (RX)	3	ADD	CAPSULE #3 RED OPAQUE/CLEAR (RX)	3	ADD
CAPSULE #3 GREEN/BLUE LOCKING (RX)	3	ADD	CAPSULE #3 RED/CLEAR (RX)	3	ADD
			CAPSULE #3 RED-OPAQUE LOCKING (RX)	3	ADD

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CAPSULE #4 PURPLE OPAQUE (RX)	3	ADD
CAPSULE #4 WHITE-OPAQUE LOCKING (RX)	3	ADD
CAPSULE #5 CLEAR (RX)	3	ADD
CAPSULE #5 CLEAR/CLEAR (RX)	3	ADD
CAPSULE #7 CLEAR, 3" X 3/4" (RX)	3	ADD
<i>carglumic acid</i>	1	PA; NDS
<i>cevimeline</i>	1	MO
CHEMET	2	PA
CLINIMIX 4.25%/D5W SULFIT FREE	2	B/D PA
CVS DISTILLED WATER (RX)	3	ADD
<i>cvs glucose 4 gram tablet chew assorted fruit (rx)</i>	3	MO; ADD
<i>cvs glucose 40% gel</i>	3	ADD
<i>cvs glucose 40% gel 3's (rx)</i>	3	ADD
<i>d10 %-0.45 % sodium chloride</i>	1	
<i>d2.5 %-0.45 % sodium chloride</i>	1	

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<i>d5 % and 0.9 % sodium chloride</i>	1	MO	<i>dex4 glucose 4 gm tablet chew (rx)</i>	3	ADD
<i>d5 %-0.45 % sodium chloride</i>	1	MO	<i>dex4 glucose 4 gm tablet chew assorted flavors (rx)</i>	3	ADD
<i>deferasirox oral granules in packet</i>	1	PA; MO; NDS	<i>dex4 glucose 4 gm tablet chew citrus punch (rx)</i>	3	ADD
<i>deferasirox oral tablet 180 mg, 360 mg</i>	1	PA; MO; NDS	<i>dex4 glucose 4 gm tablet chew gluten-f, tropical (rx)</i>	3	ADD
<i>deferasirox oral tablet 90 mg</i>	1	PA; MO	<i>dex4 glucose 4 gm tablet chew gluten-free (rx)</i>	3	ADD
<i>deferasirox oral tablet, dispersible 125 mg</i>	1	PA; MO	<i>dex4 glucose 4 gm tablet chew grape flavor (rx)</i>	3	ADD
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i>	1	PA; MO; NDS	<i>dex4 glucose 4 gm tablet chew grape, gluten-free (rx)</i>	3	ADD
<i>deferiprone</i>	1	PA; MO; NDS	<i>dex4 glucose 4 gm tablet chew orange flavor (rx)</i>	3	ADD
<i>deferoxamine</i>	1	B/D PA; MO	<i>dex4 glucose 4 gm tablet chew orange, gluten-free (rx)</i>	3	ADD
<i>DEX4 GLUCOSE 15 GM GEL PACKET FRUIT PUNCH,GO-POUCH</i>	3	ADD	<i>dex4 glucose 4 gm tablet chew orange,gluten-free (rx)</i>	3	ADD
<i>DEX4 GLUCOSE 15 GM GEL PACKET MANGO TWIST,GO-POUCH</i>	3	ADD	<i>dex4 glucose 4 gm tablet chew raspberry flavor (rx)</i>	3	ADD
<i>DEX4 GLUCOSE 15 GM GEL PACKET TROPICAL, GO-POUCH</i>	3	ADD			

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dex4 glucose 4 gm tablet chew raspberry,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
DEX4 GLUCOSE LIQUID BERRY TWIST (RX)	3	ADD
DEX4 GLUCOSE LIQUID GRAPE (RX)	3	ADD
DEX4 GLUCOSE LIQUID MANGO TWIST (RX)	3	ADD
dex4 glucose tab pouch pack	3	ADD
dex4 quick dissolve tab chew	3	ADD
dextrose 10 % and 0.2 % nacl	1	
dextrose 10 % in water (d10w)	1	
dextrose 25 % in water (d25w)	1	
dextrose 5 % in water (d5w)	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
dextrose 5 %-lactated ringers	1	MO
dextrose 5%-0.2 % sod chloride	1	
dextrose 5%-0.3 % sod.chloride	1	
dextrose 50 % in water (d50w)	1	
dextrose 70 % in water (d70w)	1	
disulfiram oral tablet 250 mg	1	MO
disulfiram oral tablet 500 mg	1	
droxidopa	1	PA; MO; NDS
ENDARI	2	PA; MO; NDS
FERRLECIT 62.5 MG/5 ML VIAL OUTER, SUV	3	MO; ADD
FERRLECIT 62.5 MG/5 ML VIAL SUV, OUTER	3	MO; ADD
FLAVOR SWEET-SF SYRUP	3	ADD
FRUCTOSE GRANULES USP (RX)	3	ADD
glucose 3.75 gram tablet chew (rx)	3	MO; ADD
glucose 4 gram tablet chew (rx)	3	MO; ADD

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glucose 4 gram tablet chew assort fruit flavor (rx)	3	MO; ADD
glucose 4 gram tablet chew n (rx)	3	MO; ADD
glucose 4 gram tablet chew n,caffeine free (rx)	3	MO; ADD
glucose 4 gram tablet chew n,raspberry (rx)	3	MO; ADD
glucose 4 gram tablet chew nree (rx)	3	MO; ADD
glucose 4 gram tablet chew raspberry flavor (rx)	3	MO; ADD
glutose-5 gel outer	3	ADD
gnp glucose 3.75 gram tab chew (rx)	3	MO; ADD
gnp glucose 3.75 gram tab chew orange, gluten-free (rx)	3	MO; ADD
gnp glucose 4 gram tablet chew grape (rx)	3	MO; ADD
gnp glucose 4 gram tablet chew orange (rx)	3	MO; ADD
gnp glucose 4 gram tablet chew raspberry (rx)	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
gnp quick dissolve glucose tab n,caffeine free (rx)	3	MO; ADD
GREAT VALUE DISTILLED WATER (RX)	3	ADD
gs glucose 4 gram tablet chew (rx)	3	MO; ADD
gs glucose 4 gram tablet chew gluten-f,n, fruit (rx)	3	MO; ADD
gs glucose 4 gram tablet chew gluten-f,n, grape (rx)	3	MO; ADD
gs glucose 4 gram tablet chew gluten-f,n, citrus (rx)	3	MO; ADD
gs glucose 4 gram tablet chew gluten-f,n,orange (rx)	3	MO; ADD
gs glucose 4 gram tablet chew gluten-f,n,tropic (rx)	3	MO; ADD
gs glucose 4 gram tablet chew gluten-f,na-f,rasp (rx)	3	MO; ADD
INCRELEX	2	MO; LA; NDS
kro glucose 4 gram tablet chew (rx)	3	MO; ADD
kro glucose 4 gram tablet chew gluten-f,n,grape (rx)	3	MO; ADD

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kro glucose 4 gram tablet chew gluten-f,n,orange (rx)	3	MO; ADD	leader glucose 4 gm tab chew orange flavor (rx)	3	MO; ADD
kroger glucose 4 gram tab chew orange (rx)	3	MO; ADD	leader glucose 4 gm tab chew raspberry flavor (rx)	3	MO; ADD
kroger glucose 4 gram tab chew raspberry (rx)	3	MO; ADD	leader glucose 4 gm tab chew watermelon flavor (rx)	3	MO; ADD
kroger glucose 4 gram tab chew watermelon (rx)	3	MO; ADD	leader quick dissolve gluc tab (rx)	3	MO; ADD
LACTOSE ANHYDROUS POWDER NF (RX)	3	ADD	levocarnitine (with sugar)	1	MO
LACTOSE MONOHYDRATE POWDER NF (RX)	3	ADD	levocarnitine oral solution 100 mg/ml	1	MO
LACTOSE MONOHYDRATE POWDER NF, HYDROUS (RX)	3	ADD	levocarnitine oral tablet	1	MO
LACTOSE MONOHYDRATE POWDER NF, SPRAY DRIED (RX)	3	ADD	L-GLUTAMINE POWDER FCC	3	ADD
LACTOSE POWDER USP/NF, ANHYDROUS	3	ADD	L-GLUTAMINE POWDER MFG NO RESPONSE	3	ADD
L-CARNITINE POWDER (RX)	3	ADD	L-GLUTAMINE POWDER USP (RX)	3	ADD
			L-GLUTATHIONE POWDER REDUCED FORM (RX)	3	ADD
			L-GLUTATHIONE POWDER USP (RX)	3	ADD

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LOKELMA	2	MO	ORAL SYRUP VEHICLE	3	ADD
LOLLIBASE POWDER	3	ADD	ORAPENN SD SWEETENED LIQUID	3	ADD
<i>longs glucose 4 gram tab chew orange flavor (rx)</i>	3	MO; ADD	ORAPENN SD UNSWEETENED LIQUID	3	ADD
<i>longs glucose 4 gram tab chew raspberry flavor (rx)</i>	3	MO; ADD	<i>ora-sweet oral syrup</i>	3	ADD
<i>methylcellulose 1,500 cps pwd (rx)</i>	3	ADD	ORA-SWEET-SF SYRUP	3	ADD
<i>methylcellulose 4,000 cps pwd</i>	3	ADD	PEGBLEND WAX (RX)	3	ADD
METHYLCELLULOSE 4,000 CPS PWD	3	ADD	<i>pilocarpine hcl oral</i>	1	MO
<i>midodrine</i>	1	MO	<i>polyethylene glycol 1000 pd nf (rx)</i>	3	ADD
MX-SOL SF SYRUP	3	ADD	POLYETHYLENE GLYCOL 3350 POWD NF (RX)	3	ADD
MX-SOL SYRUP	3	ADD	POLYETHYLENE GLYCOL 8000 POWD (RX)	3	ADD
NICE DISTILLED WATER (RX)	3	ADD	<i>preferred plus glucose tab chw grape (rx)</i>	3	MO; ADD
<i>nitisinone</i>	1	PA; MO; NDS	<i>preferred plus glucose tab chw orange flavor (rx)</i>	3	MO; ADD
ORA-BLEND SF SUSPENSION	3	ADD	<i>preferred plus glucose tab chw raspberry flavor (rx)</i>	3	MO; ADD
ORAL MIX VEHICLE	3	ADD			
ORAL SUSPEND VEHICLE	3	ADD			
ORAL SYRUP SF VEHICLE	3	ADD			

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<i>preferred plus glucose tab chw watermelon flavor (rx)</i>	3	MO; ADD	<i>sm glucose 4 gram tab chew (rx)</i>	3	MO; ADD
PROLASTIN-C	2	PA; LA; NDS	<i>sm glucose 4 gram tab chew 12's (rx)</i>	3	MO; ADD
<i>pub glucose 4 gram tablet chew assorted fruit (rx)</i>	3	MO; ADD	<i>smart sense glucose 4 gram tab assorted fruit (rx)</i>	3	MO; ADD
<i>pub glucose 4 gram tablet chew orange (rx)</i>	3	MO; ADD	<i>smart sense glucose 4 gram tab grape, gluten-free (rx)</i>	3	MO; ADD
<i>pub glucose 4 gram tablet chew raspberry flavor (rx)</i>	3	MO; ADD	<i>smart sense glucose 4 gram tab orange, gluten-free (rx)</i>	3	MO; ADD
<i>pub glucose 4 gram tablet chew sour apple flavor (rx)</i>	3	MO; ADD	<i>smart sense glucose 4 gram tab raspberry (rx)</i>	3	MO; ADD
RA TRUEPLUS GLUCOSE 3.75 G CHW	3	MO; ADD	<i>sod fer gluc cplx 62.5 mg/5 ml inner, p/f, sdv</i>	3	MO; ADD
RA TRUEPLUS GLUCOSE 4 G TB CHW	3	MO; ADD	<i>sod fer gluc cplx 62.5 mg/5 ml outer, p/f, sdv</i>	3	MO; ADD
<i>reliion glucose 4 gram tab chew hri, gluten-free (rx)</i>	3	MO; ADD	<i>sod fer gluc cplx 62.5 mg/5 ml sdv,inner</i>	3	MO; ADD
REVCOVI	2	PA; LA; NDS	<i>sod fer gluc cplx 62.5 mg/5 ml sdv,outer</i>	3	MO; ADD
<i>riluzole</i>	1	PA; MO	<i>sodium benzoate-sod phenylacet</i>	1	NDS
<i>risedronate oral tablet 30 mg</i>	1	QL (30 per 30 days)	SODIUM BROMIDE GRANULES (RX)	3	ADD
<i>sesame oil nf (rx)</i>	3	ADD			
<i>sevelamer carbonate oral tablet</i>	1	MO; QL (270 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
sodium chloride 0.9 % intravenous	1	MO
sodium chloride irrigation	1	MO
sodium phenylbutyrate oral powder	1	PA; MO; NDS
sodium phenylbutyrate oral tablet	1	PA; NDS
sodium polystyrene sulfonate oral powder	1	MO
sorbitol 70% solution (otc)	3	MO; ADD
SOSWEET SYRUP VEHICLE	3	ADD
sps (with sorbitol) oral	1	MO
sps (with sorbitol) rectal	1	
SV ALPHA LIPOIC ACID 200 MG CP P/F	3	MO; ADD
SYRPALTA SYRUP	3	ADD
trientine oral capsule 250 mg	1	PA; MO; NDS
TRUEPLUS GLUCOSE 15 GRAM GEL	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
TRUEPLUS GLUCOSE 3.75 G TB CHW	3	MO; ADD
UNISPEND ANHYDROUS SWEET SUSP	3	ADD
up&up glucose 4 gram tab chew orange (rx)	3	MO; ADD
up&up glucose 4 gram tab chew raspberry (rx)	3	MO; ADD
up&up glucose 4 gram tab chew tropical fruit (rx)	3	MO; ADD
value plus glucose 40% gel 3's, tropical fruit (rx)	3	ADD
value plus glucose tablet chew assorted fruit (otc)	3	MO; ADD
value plus glucose tablet chew grape (otc)	3	MO; ADD
VELPHORO	2	MO; QL (180 per 30 days); NDS
VELTASSA	2	MO
water for irrigation, sterile	1	MO
XIAFLEX	2	PA; NDS

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ORAL MIX SF VEHICLE	3	ADD
ORA-PLUS SUSPENDING VEHICLE	3	ADD
PCCA CLARIFYING BASE	3	ADD
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
<b>SMOKING DETERRENTS</b>		
<i>bupropion hcl (smoking deter)</i>	1	
<i>gnp nicotine 2 mg chewing gum</i>	3	MO; ADD
GNP NICOTINE 2 MG MINI LOZENGE	3	MO; ADD
<i>gnp nicotine 21 mg/24hr patch (otc)</i>	3	MO; ADD

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gnp nicotine 4 mg chewing gum	3	MO; ADD
gnp nicotine 4 mg mini lozenge	3	MO; ADD
gs nicotine 2 mg chewing gum	3	MO; ADD
gs nicotine 2 mg lozenge	3	MO; ADD
gs nicotine 2 mg mini lozenge	3	MO; ADD
gs nicotine 4 mg chewing gum	3	MO; ADD
gs nicotine 4 mg chewing gum original	3	MO; ADD
gs nicotine 4 mg lozenge	3	MO; ADD
gs nicotine 4 mg mini lozenge	3	MO; ADD
hm nicotine 2 mg chewing gum	3	MO; ADD
hm nicotine 2 mg lozenge	3	MO; ADD
hm nicotine 2 mg mini lozenge	3	MO; ADD
HM NICOTINE 2 MG MINI LOZENGE	3	MO; ADD
hm nicotine 21 mg/24hr patch (otc)	3	MO; ADD
hm nicotine 4 mg chewing gum	3	MO; ADD

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

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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
<i>nicotine 2 mg chewing gum mint</i>	3	MO; ADD

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

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nicotine 4 mg lozenge inner	3	MO; ADD
nicotine 4 mg lozenge mint	3	MO; ADD
nicotine 4 mg lozenge mint, 3 quittube	3	MO; ADD
nicotine 4 mg lozenge outer	3	MO; ADD
nicotine 4 mg mini lozenge	3	MO; ADD
nicotine 4 mg mini lozenge inner	3	MO; ADD
nicotine 4 mg mini lozenge mini,mint,3 quittube	3	MO; ADD
nicotine 4 mg mini lozenge outer	3	MO; ADD
nicotine 7 mg/24hr patch (otc)	3	MO; ADD
nicotine 7 mg/24hr patch outer (otc)	3	MO; ADD
nicotine 7 mg/24hr patch outer, clear, step 3 (otc)	3	MO; ADD
nicotine 7 mg/24hr patch step 3 (otc)	3	MO; ADD
nicotine transdermal system step 1,2,3	3	MO; ADD
NICOTROL	2	
NICOTROL NS	2	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
sm nicotine 14 mg/24hr patch (otc)	3	MO; ADD
sm nicotine 2 mg chewing gum	3	MO; ADD
sm nicotine 2 mg lozenge	3	MO; ADD
sm nicotine 21 mg/24hr patch (otc)	3	MO; ADD
sm nicotine 4 mg chewing gum	3	MO; ADD
sm nicotine 4 mg lozenge	3	MO; ADD
SM NICOTINE 4 MG LOZENGE	3	MO; ADD
sm nicotine 7 mg/24hr patch (otc)	3	MO; ADD
varenicline	1	MO
<b>EAR, NOSE / THROAT MEDICATIONS</b>		
<b>MISCELLANEOUS AGENTS</b>		
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

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AYR SALINE NASAL GEL	3	MO; ADD
AYR SALINE NASAL GEL SPRAY	3	MO; ADD
<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)
<i>baby ayr saline 0.65% drops</i>	3	MO; ADD
BENZEDREX INHALER	3	ADD
<i>child mucinex stuffy nose spray</i>	3	ADD
<i>child saline 0.65% nasal spray</i>	3	ADD
<i>chlorhexidine gluconate mucous membrane</i>	1	MO
CVS NASAL MIST 0.9% SPRAY	3	ADD
<i>cvs saline 0.65% nasal spray</i>	3	ADD
<i>deep sea 0.65% nose spray</i>	3	MO; ADD
<i>denta 5000 plus</i>	1	MO
<i>dentagel</i>	1	MO
<i>eq nasal 0.65% spray</i>	3	ADD
<i>eql saline 0.65% nasal spray</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>fluoride (sodium) dental cream</i>	1	
<i>fluoride (sodium) dental gel</i>	1	
<i>fluoride (sodium) dental paste</i>	1	MO
GNP NASAL FOUR 1% NASAL SPRAY	3	ADD
<i>gnp nasal moist 0.65% spray</i>	3	ADD
<i>gnp saline 0.65% nose spray</i>	3	ADD
<i>gs nasal four 1% spray</i>	3	ADD
<i>gs nasal moist 0.65% spray</i>	3	ADD
<i>gs nasal spray 0.05%</i>	3	MO; ADD
<i>gs no drip 0.05% nasal spray</i>	3	ADD
<i>gs sinus nasal spray 0.05%</i>	3	ADD
<i>hm nose drops</i>	3	ADD
<i>ipratropium bromide nasal</i>	1	MO; QL (30 per 30 days)
<i>kourzeq</i>	1	
<i>little remedies 0.65% spray for noses</i>	3	MO; ADD
LITTLE REMEDIES SALINE MIST	3	ADD

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<i>mucinex sinus-max nasal spray</i>	3	ADD
NASADROPS SALINE ON THE GO AMP	3	ADD
<i>nasal decongestant 0.05% spray</i>	3	MO; ADD
<i>nasal four 1% spray</i>	3	ADD
<i>nasal mist 0.9% spray</i>	3	ADD
<i>nasal spray 0.05%</i>	3	MO; ADD
<i>nasal spray 0.05% 12 hour,no drip</i>	3	ADD
<i>nasal spray 0.05% 12 hour,original</i>	3	ADD
<i>nasal spray 0.05% 12 hour,sinus</i>	3	ADD
<i>nasal spray 0.05% 12hr, original</i>	3	MO; ADD
<i>nasal spray 0.05% extra moisturizing</i>	3	ADD
NASAL SPRAY 1%	3	ADD
<i>nasal spray original 0.05% 12 hr relief</i>	3	MO; ADD
NASOGEL NASAL SPRAY	3	MO; ADD
NASOGEL SALINE NOSE GEL	3	MO; ADD
NEO-SYNEPHRINE 0.5% SPRAY	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>no drip 0.05% nasal spray</i>	3	ADD
<i>oralone</i>	1	
<i>periogard</i>	1	MO
PREVIDENT 5000 BOOSTER PLUS	2	MO
PREVIDENT 5000 DRY MOUTH	2	MO
<i>pub saline 0.65% nasal spray</i>	3	ADD
<i>ra nasal mist 0.9% spray</i>	3	ADD
<i>ra saline 0.65% nasal spray</i>	3	ADD
<i>saline 0.65% nasal spray</i>	3	ADD
<i>saline 0.65% nasal spray moisturizing</i>	3	ADD
<i>saline mist 0.65% nose spry</i>	3	MO; ADD
SALINE NASAL GEL	3	ADD
<i>sf</i>	1	MO
<i>sf 5000 plus</i>	1	MO
SINUS RELIEF 1% NASAL SPRAY	3	ADD
<i>sm nasal 0.05% spray 12 hour, original</i>	3	ADD
<i>sm nasal spray 0.05%</i>	3	MO; ADD

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>flac otic oil</i>	1	
<i>fluocinolone acetonide oil</i>	1	MO
<i>hm ear wax removal 6.5% drop</i>	3	ADD
<i>hm ear wax removal 6.5% kit</i>	3	ADD
<i>hydrocortisone-acetic acid</i>	1	MO
<i>ofloxacin otic (ear)</i>	1	MO
<b>OTIC STEROID / ANTIBIOTIC</b>		
<i>ciprofloxacin-dexamethasone</i>	1	MO; QL (7.5 per 7 days)
<i>neomycin-polymyxin-hc otic (ear)</i>	1	MO
<b>ENDOCRINE/DIABETES</b>		
<b>ADRENAL HORMONES</b>		
<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
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	MO

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dexamethasone sodium phosphate injection	1	MO
fludrocortisone	1	MO
hydrocortisone oral	1	MO
methylprednisolone acetate	1	MO
methylprednisolone oral tablet	1	B/D PA; MO
methylprednisolone oral tablets,dose pack	1	MO
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	1	MO
methylprednisolone sodium succ intravenous	1	MO
prednisolone oral solution	1	MO
prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	1	MO
prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)	1	
prednisone	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
prednisone intensol	1	MO
triamcinolone acetonide injection suspension 40 mg/ml	1	MO
<b>ANTITHYROID AGENTS</b>		
methimazole oral tablet 10 mg, 5 mg	1	MO
potassium iodide 1 gm/ml sol	3	MO; ADD
propylthiouracil	1	MO
<b>DIABETES THERAPY</b>		
acarbose oral tablet 100 mg	1	MO; QL (90 per 30 days)
acarbose oral tablet 25 mg	1	MO; QL (360 per 30 days)
acarbose oral tablet 50 mg	1	MO; QL (180 per 30 days)
alcohol pads	2	
BAQSIMI	2	MO
BYDUREON BCISE	2	PA; MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	2	PA; MO; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	PA; MO; QL (1.2 per 30 days)

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CHEMSTRIP 10 MD	3	ADD
CHEMSTRIP 10 WITH SG	3	ADD
CHEMSTRIP 2 GP	3	ADD
CHEMSTRIP 50B	3	ADD
CHEMSTRIP 7	3	ADD
CHEMSTRIP-9	3	ADD
CVS KETONE CARE TEST STRIP	3	ADD
diazoxide	1	MO
DROPSAFE ALCOHOL PREP PADS	2	
FARXIGA ORAL TABLET 10 MG	2	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	2	MO; QL (60 per 30 days)
glimepiride oral tablet 1 mg	1	MO; QL (240 per 30 days)
glimepiride oral tablet 2 mg	1	MO; QL (120 per 30 days)
glimepiride oral tablet 4 mg	1	MO; QL (60 per 30 days)
glipizide oral tablet 10 mg	1	MO; QL (120 per 30 days)
glipizide oral tablet 5 mg	1	MO; QL (240 per 30 days)
glipizide oral tablet extended release 24hr 10 mg	1	MO; QL (60 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
glipizide oral tablet extended release 24hr 2.5 mg	1	MO; QL (240 per 30 days)
glipizide oral tablet extended release 24hr 5 mg	1	MO; QL (120 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg	1	MO; QL (240 per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	1	MO; QL (120 per 30 days)
GLYXAMBI	2	MO; QL (30 per 30 days)
GVOKE	2	MO
GVOKE HYPOOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	2	
GVOKE HYPOOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	2	MO
GVOKE HYPOOPEN 2-PACK	2	MO
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	MO

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	MO
HUMALOG JUNIOR KWIKPEN U-100	2	MO
HUMALOG KWIKPEN INSULIN	2	MO
HUMALOG MIX 50-50 INSULN U-100	2	
HUMALOG MIX 50-50 KWIKPEN	2	MO
HUMALOG MIX 75-25 KWIKPEN	2	MO
HUMALOG MIX 75-25(U-100)INSULN	2	MO
HUMALOG U-100 INSULIN	2	MO
HUMULIN 70/30 U-100 INSULIN	2	MO
HUMULIN 70/30 U-100 KWIKPEN	2	MO
HUMULIN N NPH INSULIN KWIKPEN	2	MO
HUMULIN N NPH U-100 INSULIN	2	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
HUMULIN R REGULAR U-100 INSULN	2	MO
HUMULIN R U-500 (CONC) INSULIN	2	MO
HUMULIN R U-500 (CONC) KWIKPEN	2	MO
INPEFA ORAL TABLET 200 MG	2	PA; MO; QL (60 per 30 days)
INPEFA ORAL TABLET 400 MG	2	PA; QL (30 per 30 days)
INSULIN GLARGINE	2	
INSULIN LISPRO SUBCUTANEOUS SOLUTION	2	MO
JANUMET	2	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	MO; QL (60 per 30 days)
JANUVIA	2	MO; QL (30 per 30 days)
JARDIANCE	2	MO; QL (30 per 30 days)

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<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
<i>nateglinide oral tablet 120 mg</i>	1	MO; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	1	MO; QL (180 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; 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)

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

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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

<b>MISCELLANEOUS HORMONES</b>		
ALDURAZYME	2	PA; MO; NDS
<i>cabergoline</i>	1	MO
<i>calcitonin (salmon) injection</i>	1	MO; NDS
<i>calcitonin (salmon) nasal</i>	1	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	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; NDS
<i>danazol</i>	1	MO
<i>desmopressin injection</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<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; NDS
FABRAZYME	2	PA; MO; NDS
KANUMA	2	PA; MO; NDS
KORLYM	2	PA; NDS
LUMIZYME	2	PA; MO; NDS
MEPSEVII	2	PA; MO; NDS
MYALEPT	2	PA; MO; LA; NDS
NAGLAZYME	2	PA; MO; LA; NDS
NATPARA	2	PA; LA; NDS
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; NDS
SOMAVERT	2	PA; MO; NDS

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	1	PA; MO; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	1	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal solution in metered pump w/app</i>	1	PA; MO; QL (180 per 30 days)
<i>tolvaptan</i>	1	PA; MO; NDS
VIMIZIM	2	PA; MO; LA; NDS
<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
<b>THYROID HORMONES</b>		
<i>euthyrox</i>	1	MO
<i>levo-t</i>	1	
<i>levothyroxine intravenous recon soln</i>	1	
<i>levothyroxine oral tablet</i>	1	

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<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
<b>GASTROENTEROLOGY</b>		
<b>ANTIDIARRHEALS / ANTISPASMODICS</b>		
<i>acidophilus 16 mg capsule extra strength (rx)</i>	3	ADD
<i>acidophilus 16 mg capsule p/f, extra strength (rx)</i>	3	ADD
<i>acidophilus probiotic tablet</i>	3	ADD
<b>ACIDOPHILUS X-STR CAPTAB</b>	3	MO; ADD
<i>acidophilus-pectin capsule</i>	3	MO; ADD
<b>ACIDOPHILUS-PECTIN CAPSULE</b>	3	ADD
<b>ACIDOPHILUS-PECTIN CAPTAB (RX)</b>	3	MO; ADD
<i>anti-diarrheal 1 mg/7.5 ml sol</i>	3	ADD
<i>anti-diarrheal 2 mg caplet</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>anti-diarrheal 2 mg caplet</i>	3	MO; ADD
<i>anti-diarrheal 2 mg softgel</i>	3	ADD
<i>anti-diarrheal 2 mg tablet</i>	3	MO; ADD
<i>atropine injection solution 0.4 mg/ml</i>	1	
<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	
<b>AZO COMPLETE FEMININE BALANCE</b>	3	ADD
<b>AZO DUAL PROTECTN 150-15 MG CP</b>	3	ADD
<b>BIO-K PLUS DR 50 BILLION CAP</b>	3	ADD
<b>BIOMEPRO 100 BILLION CFU LIQ OUTER</b>	3	ADD
<b>BIOMEPRO DR 50 BILLION CFU CAP</b>	3	ADD
<b>BIOMEPRO DR 50 BILLION CFU CAP OUTER</b>	3	ADD
<i>bismuth 262 mg tablet chew</i>	3	MO; ADD

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CULTURELLE ADV REG 11B CFU CAP	3	ADD
CULTURELLE PRENATAL PRO CHEWTB	3	ADD
CULTURELLE TOTAL BALANCE CAP	3	ADD
CULTURELLE WOMEN'S 12B CHEW TB	3	ADD
CULTURELLE WOMEN'S 4-IN-1 CAP	3	MO; ADD
<i>dicyclomine intramuscular</i>	1	MO
<i>dicyclomine oral capsule</i>	1	MO
<i>dicyclomine oral solution</i>	1	MO
<i>dicyclomine oral tablet</i>	1	MO
<i>diphenoxylate-atropine</i>	1	MO
EQL PROBIOTIC ACIDOPHIL-PECTIN	3	MO; ADD
FLORAJEN WOMEN 15 B CELL CAP	3	MO; ADD

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

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LOPERAMIDE 1 MG/7.5 ML SOLUTION CUP INNER	3	MO; ADD
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
<i>pink bismuth caplet</i>	3	ADD
PROBIOTIC 15 BILLION CELL CAP	3	ADD
PROBIOTIC ACIDOPHIL-PECTIN CAP	3	MO; ADD
<i>qc anti-diarrheal 2 mg caplet</i>	3	MO; ADD
<i>qc anti-diarrheal 2 mg caplet</i>	3	MO; ADD
<i>qc anti-diarrheal 2 mg softgel</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>qc stomach rlf 262 mg chew tab</i>	3	ADD
RA DIGESTIVE HEALTH PROBIOTIC	3	ADD
<i>sm anti-diarrheal 1 mg/7.5 ml</i>	3	ADD
<i>sm anti-diarrheal 2 mg caplet</i>	3	MO; ADD
<i>sm anti-diarrheal 2 mg softgel</i>	3	ADD
<i>sm stomach relief 525 mg/30 ml</i>	3	MO; ADD
<i>sm stomach rlf 262 mg caplet</i>	3	ADD
<i>sm stomach rlf 262 mg chew tab</i>	3	ADD
<i>stomach relief 262 mg caplet</i>	3	ADD
<i>stomach relief 262 mg chew tab</i>	3	ADD
<i>stomach relief 525 mg/15 ml</i>	3	MO; ADD
<i>stomach rlf 525 mg/30 ml susp</i>	3	MO; ADD
<b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b>		
<i>acid gone antacid liquid</i>	3	MO; ADD
<i>acid gone tablet chew</i>	3	MO; ADD
<i>almacone-2 liquid</i>	3	MO; ADD

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alosetron oral tablet 0.5 mg	1	PA; MO
alosetron oral tablet 1 mg	1	PA; MO; NDS
aluminum hydroxide gel	3	MO; ADD
antacid anti-gas liquid	3	ADD
antacid anti-gas max str liq	3	ADD
antacid ex-str tablet chew	3	ADD
antacid extra strength chw tab	3	ADD
antacid liquid	3	ADD
antacid-antigas 1000-60 mg chw	3	ADD
antacid-antigas liquid	3	MO; ADD
ANTACID-ANTIGAS LIQUID	3	MO; ADD
antacid-antigas suspension	3	MO; ADD
anti-gas 180 mg softgel	3	ADD
aprepitant	1	B/D PA; MO
balsalazide	1	MO
betaine	1	MO; NDS
bisacodyl 10 mg suppository	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
bisacodyl ec 5 mg tablet	3	MO; ADD
budesonide oral capsule,delayed,extended.release	1	MO
budesonide oral tablet,delayed and ext.release	1	MO; NDS
castor oil	3	ADD
castor oil stimulant laxative	3	ADD
castor oil usp	3	ADD
castor oil usp (rx)	3	ADD
CHENODAL	2	PA; LA; NDS
chocolated laxative	3	ADD
CHOLBAM ORAL CAPSULE 250 MG	2	PA; NDS
CHOLBAM ORAL CAPSULE 50 MG	2	PA; QL (120 per 30 days); NDS
CIMZIA	2	PA; MO; QL (2 per 28 days); NDS
CIMZIA POWDER FOR RECONST	2	PA; MO; QL (2 per 28 days); NDS
CIMZIA STARTER KIT	2	PA; MO; QL (3 per 180 days); NDS
CINVANTI	2	MO
citrucel 500 mg caplet	3	MO; ADD

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CITRUCEL POWDER	3	ADD
CITRUCEL POWDER S-F	3	MO; ADD
CITRUCEL POWDER S-F ORANGE	3	MO; ADD
<i>clearlax powder</i>	3	MO; ADD
<i>clearlax powder 14 once-daily doses</i>	3	MO; ADD
<i>clearlax powder 30 once-daily doses</i>	3	MO; ADD
<i>clearlax powder 7 once-daily doses</i>	3	MO; ADD
<i>clearlax powder packet</i>	3	ADD
COLACE 100 MG CAPSULE	3	MO; ADD
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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>dimenhydrinate injection solution</i>	1	MO
<i>docusate cal 240 mg softgel</i>	3	MO; ADD
<i>docusate cal 240 mg softgel inner</i>	3	MO; ADD
<i>docusate cal 240 mg softgel outer</i>	3	MO; ADD
<i>docusate sod 100 mg/10 ml cup inner</i>	3	MO; ADD
<i>docusate sod 100 mg/10 ml cup outer</i>	3	MO; ADD
<i>docusate sodium 100 mg softgel</i>	3	MO; ADD
<i>docusate sodium 100 mg inner, softgel</i>	3	MO; ADD
<i>docusate sodium 100 mg outer, softgel</i>	3	MO; ADD
<i>docusate sodium 100 mg softgel</i>	3	MO; ADD
<i>docusate sodium 250 mg softgel</i>	3	MO; ADD
<i>docusate sodium 250 mg softgel inner</i>	3	MO; ADD
<i>docusate sodium 250 mg softgel outer</i>	3	MO; ADD
<i>docusate sodium 50 mg/5 ml cup inner</i>	3	MO; ADD
<i>docusate sodium 50 mg/5 ml cup outer</i>	3	MO; ADD
<i>docusate sodium 50 mg/5 ml liq</i>	3	MO; ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use	Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
DOCUSATE SODIUM MINI ENEMA	3	ADD; QL (15 per 30 days)	ENEMEEZ MINI ENEMA	3	MO; ADD
DOCUSOL KIDS 100 MG MINI-ENEMA 5ML MINI-ENEMA,OUTER	3	MO; ADD; QL (15 per 30 days)	ENEMEEZ MINI ENEMA 5CC TUBES, OUTER	3	MO; ADD; QL (15 per 30 days)
DOCUSOL PLUS MINI-ENEMA 5ML MINI-ENEMA,OUTER	3	ADD; QL (15 per 30 days)	ENEMEEZ PLUS MINI ENEMA OUTER	3	MO; ADD
<i>dok 100 mg tablet</i>	3	MO; ADD	ENEMEEZ PLUS MINI ENEMA OUTER	3	MO; ADD; QL (15 per 30 days)
<i>driminate 50 mg tablet</i>	3	MO; ADD	ENTYVIO	2	PA; MO; QL (2 per 28 days); NDS
<i>dronabinol oral capsule 10 mg, 5 mg</i>	1	B/D PA; MO	<i>enulose</i>	1	MO
<i>dronabinol oral capsule 2.5 mg</i>	1	B/D PA	<i>epsom salt</i>	3	ADD
<i>droperidol injection solution</i>	1	MO	<i>epsom salt granules</i>	3	ADD
EMEND ORAL SUSPENSION FOR RECONSTITUTION	2	B/D PA	<i>eql castor oil</i>	3	ADD
<i>enema disposable</i>	3	MO; ADD; QL (399 per 30 days)	<i>fiber powder</i>	3	ADD
<i>enema ready to use</i>	3	ADD; QL (399 per 30 days)	<i>fiber tablet unboxed</i>	3	MO; ADD
<i>enema ready to use</i>	3	ADD; QL (399 per 30 days)	<i>fiber tabs</i>	3	ADD
			<i>fiber therapy 500 mg caplet</i>	3	ADD
			<i>fiber therapy powder</i>	3	MO; ADD
			<i>fiber-lax 625 mg tablet 500mg polycarbophil</i>	3	MO; ADD
			FLEET BISACODYL 10 MG ENEMA	3	MO; ADD; QL (111 per 30 days)
			<i>fleet enema</i>	3	MO; ADD; QL (399 per 30 days)

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fleet enema 2x133ml, twin pack	3	MO; ADD; QL (798 per 30 days)
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 SUPPOSITORIES	3	ADD
FLEET PEDIA-LAX TABLET CHEW	3	MO; ADD
fosaprepitant	1	MO
gas relief (simeth) 80 mg chew	3	ADD
gas relief 125 mg chew tablet	3	MO; ADD
gas relief 125 mg chew tablet extra str, cherry crm	3	MO; ADD
gas relief 125 mg softgel	3	MO; ADD
gas relief 180 mg softgel	3	ADD

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	3	MO; ADD
GAS-X EX-STR 125 MG TAB CHEW CHERRY CREME	3	MO; ADD
GAS-X EXTRA STRENGTH SOFTGEL	3	MO; ADD
GAS-X EXTRA STRENGTH SOFTGEL SOFTGEL, EX-STRENGTH	3	MO; ADD
GAS-X ULTRA STRENGTH SOFTGEL	3	MO; ADD
GATTEX 30-VIAL	2	PA; MO; NDS
GATTEX ONE-VIAL	2	PA; MO; NDS
gavilax powder 14 day	3	MO; ADD
gavilax powder 30 day	3	MO; ADD
gavilyte-c	1	MO
gavilyte-g	1	MO
GAVISCON ES TABLET CHEW EXTRA STRENGTH	3	MO; ADD

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GAVISCON EXTRA STRENGTH LIQUID	3	MO; ADD
GAVISCON LIQUID	3	ADD
generlac	1	
gentle laxative 10 mg supp	3	MO; ADD
gentle laxative ec 5 mg tablet	3	ADD
GNP ANTI-GAS 180 MG SOFTGEL	3	ADD
gnp gas rlf(simeth) 80 mg chew	3	ADD
gnp gentle laxative 10 mg supp	3	MO; ADD
gnp gentle laxative ec 5 mg tb	3	ADD
gnp senna lax 8.6 mg tablet	3	ADD
gnp senna plus 8.6-50 mg tab	3	MO; ADD
gnp stool softener 100 mg sfgl	3	ADD
gnp stool softener 240 mg sfgl	3	ADD
gnp stool softener 250 mg sfgl	3	ADD
gnp stool softener-stim lax tb	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
granisetron (pf) intravenous solution 1 mg/ml (1 ml)	1	MO
granisetron hcl intravenous	1	MO
granisetron hcl oral	1	B/D PA; MO
gs clearlax powder	3	MO; ADD
gs gas relief 180 mg softgel	3	ADD
GS HEMORRHOIDAL OINTMENT	3	MO; ADD
gs stool softener 100 mg sfgl	3	ADD
healthylax powder packet inner	3	MO; ADD
healthylax powder packet outer	3	MO; ADD
HEARTBURN RELIEF LIQUID	3	ADD
hm antacid anti-gas suspension original, max str	3	ADD
hm antacid-antigas suspension	3	MO; ADD
hm clearlax powder	3	MO; ADD
hm clearlax powder 7 once-daily doses	3	MO; ADD
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)

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hm gas relief 125 mg softgel	3	MO; ADD
hm gas relief(simeth) 80 mg chw	3	ADD
hm gentle laxative 10 mg supp	3	MO; ADD
hm inf gas relief 20 mg/0.3 ml	3	MO; ADD
hm laxative ec 5 mg tablet	3	ADD
hm magnesium citrate solution	3	ADD
hm milk of magnesia suspension mint	3	MO; ADD
hm milk of magnesia suspension original	3	MO; ADD
hm motion sickness 50 mg tab	3	ADD
HM READY TO USE MIN OIL ENEMA	3	ADD; QL (399 per 30 days)
hm senna 8.6 mg tablet	3	MO; ADD
hm stool softener 100 mg sftgl	3	ADD
hm stool softener 250 mg sftgl	3	ADD
hm stool softener-stim lax tab	3	ADD
hydrocortisone rectal	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
hydrocortisone topical cream with perineal applicator	1	MO
infant gas rlf 20 mg/0.3 ml	3	MO; ADD
infants' gas rlf 20 mg/0.3 ml	3	MO; ADD
infants' simethicone drops	3	MO; ADD
konsyl 6 gm packet gluten-f, outer (otc)	3	MO; ADD
KONSYL DAILY FIBER POWDER	3	ADD
konsyl psyllium fiber powder orange, gluten free	3	ADD
lactulose oral solution 10 gram/15 ml	1	MO
lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml	1	
laxative 15 mg tablet	3	ADD
laxative 25 mg tablet	3	ADD
laxative ec 5 mg tablet	3	ADD
LINZESS	2	MO; QL (30 per 30 days)
lubiprostone	1	MO; QL (60 per 30 days)
MAG-AL LIQUID 30 ML CUP	3	ADD

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<i>mag-al plus suspens 30 ml cup 100's,u-d,10x10</i>	3	ADD	<i>mesalamine oral capsule (with del rel tablets)</i>	1	MO
<i>mag-al plus suspension cup outer</i>	3	ADD	<i>mesalamine oral capsule, extended release</i>	1	NDS
<i>mag-al plus xs susp 30 ml cup</i>	3	ADD	<i>mesalamine oral capsule,extended release 24hr</i>	1	MO
MAGNESIUM LACTATE SR 84 MG CPT	3	MO; ADD	<i>mesalamine oral tablet,delayed release (dr/ec)</i>	1	MO
<i>magnesium oxide 400 mg tablet (otc)</i>	3	MO; ADD	<i>mesalamine rectal</i>	1	MO
MAGNESIUM OXIDE 400 MG TABLET (OTC)	3	MO; ADD	<i>mesalamine with cleansing wipe</i>	1	MO
MAG-TAB SR 84 MG CAPLET	3	MO; ADD	<i>metoclopramide hcl injection solution</i>	1	MO
MAG-TAB SR 84 MG CAPLET	3	MO; ADD	<i>metoclopramide hcl oral solution</i>	1	MO
MAG-TAB SR 84 MG CAPLET U/D,CAPLET	3	MO; ADD	<i>metoclopramide hcl oral tablet</i>	1	MO
<i>meclizine 12.5 mg caplet (otc)</i>	3	MO; ADD	<i>milk of magnesia concentrated 2,400 mg/10 ml cup inner</i>	3	ADD
<i>meclizine 12.5 mg caplet (otc)</i>	3	MO; ADD	<i>milk of magnesia concentrated 2,400 mg/10 ml cup outer</i>	3	ADD
<i>meclizine 12.5 mg tablet (otc)</i>	3	MO; ADD	<i>milk of magnesia susp 2,400 mg/30 ml cup inner</i>	3	ADD
<i>meclizine 25 mg tablet chew</i>	3	MO; ADD	<i>milk of magnesia susp 2,400 mg/30 ml cup inner</i>	3	MO; ADD
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	MO			

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milk of magnesia susp 2,400 mg/30 ml cup outer	3	ADD
milk of magnesia susp 2,400 mg/30 ml cup outer	3	MO; ADD
milk of magnesia suspension	3	MO; ADD
milk of magnesia suspension 100's, u-d	3	MO; ADD
mineral oil	3	MO; ADD
mintox maximum strength susp max str, lemon creme	3	MO; ADD
mintox plus tablet chewable	3	MO; ADD
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)
natural fiber laxative capsule	3	ADD
OCALIVA	2	PA; MO; LA; QL (30 per 30 days); NDS
ondansetron	1	B/D PA; MO
ondansetron hcl (pf) injection solution	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ondansetron hcl (pf) injection syringe	1	
ondansetron hcl intravenous	1	MO
ondansetron hcl oral solution	1	B/D PA; MO
ondansetron hcl oral tablet 4 mg, 8 mg	1	B/D PA; MO
onelax senna 8.8 mg/5 ml syrup	3	ADD
palonosetron intravenous solution 0.25 mg/5 ml	1	MO
palonosetron intravenous syringe	1	
peg 3350-electrolytes	1	
peg3350-sod sul-nacl-kcl-asb-c	1	MO
peg-electrolyte	1	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	MO
PHAZYME 250 MG SOFTGEL MAX-STRENGTH,SOFT GEL	3	MO; ADD
polyethylene glycol 3350 powd (otc)	3	MO; ADD
polyethylene glycol 3350 powd 14 once-daily doses (otc)	3	MO; ADD

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<i>polyethylene glycol 3350 powd 17 grams pkt,inner (otc)</i>	3	MO; ADD
<i>polyethylene glycol 3350 powd 17 grams pkts,outer (otc)</i>	3	MO; ADD
<i>polyethylene glycol 3350 powd 30 once-daily doses (otc)</i>	3	MO; ADD
<i>polyethylene glycol 3350 powd 7 once-daily doses (otc)</i>	3	MO; ADD
<i>polyethylene glycol 3350 powd inner (otc)</i>	3	MO; ADD
<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
<i>qc antacid suspension regular strength</i>	3	ADD
<i>qc antacid-antigas max str</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>qc antacid-antigas suspension regular strength</i>	3	MO; ADD
<i>qc castor oil odorless-tasteless</i>	3	ADD
<i>qc chocolated laxative</i>	3	ADD
<i>qc gas relief 125 mg softgel</i>	3	MO; ADD
<i>qc gentle laxative 10 mg supp</i>	3	MO; ADD
<i>qc heartburn antacid chew tab</i>	3	ADD
<i>qc magnesium citrate solution</i>	3	ADD
<i>qc magnesium citrate solution lemon flavor</i>	3	ADD
<i>qc milk of magnesia suspension</i>	3	MO; ADD
<i>qc milk of magnesia suspension mint flavor</i>	3	MO; ADD
<i>qc milk of magnesia suspension original flavor</i>	3	MO; ADD
<i>qc mineral oil heavy</i>	3	MO; ADD
<i>qc natura-lax 17 gm powder</i>	3	ADD
<i>qc ready to use enema</i>	3	ADD; QL (399 per 30 days)
<i>qc ready to use enema twin pack</i>	3	ADD; QL (798 per 30 days)

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qc stool softener 100 mg sftgl	3	ADD
qc stool softener-laxative tab	3	ADD
qc vegetable laxative 8.6 mg tb	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); NDS
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	2	MO; QL (18 per 30 days); NDS
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	2	MO; QL (12 per 30 days); NDS
REMICADE	2	PA; MO; QL (20 per 28 days); NDS
SANCUSO	2	MO; NDS
scopolamine base	1	MO
senexon-s 50-8.6 mg tablet	3	MO; ADD
senna 17.6 mg/10 ml syrup cup	3	MO; ADD
senna 26.4 mg/15 ml syrup cup inner	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
senna 26.4 mg/15 ml syrup cup outer	3	MO; ADD
SENNA 8.6 MG SOFTGEL	3	ADD
senna 8.6 mg tablet	3	MO; ADD
senna 8.8 mg/5 ml liquid	3	ADD
senna 8.8 mg/5 ml syrup	3	ADD
senna 8.8 mg/5 ml syrup	3	MO; ADD
senna 8.8 mg/5 ml syrup cup	3	MO; ADD
senna 8.8 mg/5 ml syrup cup inner	3	ADD
senna 8.8 mg/5 ml syrup cup inner	3	MO; ADD
senna 8.8 mg/5 ml syrup cup outer	3	ADD
senna 8.8 mg/5 ml syrup cup outer	3	MO; ADD
senna laxative 8.6 mg tablet	3	ADD
SENNA PLUS 8.6-50 MG SOFTGEL	3	ADD
senna plus 8.6-50 mg tablet	3	MO; ADD
senna-lax 8.6 mg tablet	3	ADD
senna-s 8.6-50 mg tablet	3	MO; ADD

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senna-time 8.6 mg tablet	3	MO; ADD
senna-time s tablet	3	ADD
sennosides-docusate sodium tab	3	ADD
sennosides-docusate sodium tab inner	3	ADD
sennosides-docusate sodium tab outer	3	ADD
SENOKOT 8.6 MG TABLET	3	MO; ADD
SENOKOT EXTRA STR 17.2 MG TAB	3	MO; ADD
SENOKOT-S TABLET	3	MO; ADD
simethicone 125 mg tab chew	3	ADD
simethicone 180 mg softgel	3	MO; ADD
simethicone 80 mg tab chew	3	MO; ADD
SKYRIZI INTRAVENOUS	2	PA; MO; QL (30 per 180 days); NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	2	PA; MO; QL (1.2 per 56 days); NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	2	PA; MO; QL (2.4 per 56 days); NDS
sm adv antacid-antigas liquid	3	ADD
sm adv antacid-antigas susp max strength, cherry	3	ADD
sm antacid max strength susp original	3	ADD
sm antacid-antigas liquid	3	MO; ADD
sm clearlax powder	3	MO; 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 relief 125 mg chew tab	3	MO; ADD
sm gas relief 125 mg softgel	3	MO; ADD
SM GAS RELIEF 180 MG SOFTGEL	3	ADD

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sm gas relief(simeth) 80 mg chw	3	ADD	sodium bicarb 325 mg tablet	3	MO; ADD
sm gentle laxative ec 5 mg tab	3	ADD	sodium bicarb 650 mg tablet	3	MO; ADD
sm inf gas relief 20 mg/0.3 ml non-staining	3	MO; ADD	sodium bicarb 650 mg tablet 10 gr	3	MO; ADD
sm magnesium citrate solution	3	ADD	SODIUM BICARBONATE POWDER USP (RX)	3	ADD
sm milk of magnesia suspension	3	MO; ADD	SODIUM BICARBONATE POWDER USP,EP,JP (RX)	3	ADD
sm milk of magnesia suspension mint	3	MO; ADD	SODIUM BICARBONATE POWDER USP,FOOD GRADE (RX)	3	ADD
sm milk of magnesia suspension original	3	MO; ADD	sodium,potassium,m ag sulfates	1	MO
sm motion sickness 25 mg tab	3	ADD	stimulant laxative plus tablet	3	MO; ADD
sm motion sickness 50 mg tab	3	ADD	stool softener 100 mg softgel	3	ADD
SM READY TO USE ENEMA	3	ADD; QL (399 per 30 days)	STOOL SOFTENER-STIM LAX SOFTGL	3	ADD
sm senna laxative 8.6 mg tab	3	ADD	stool softener-stim lax tablet	3	ADD
sm stool softener 100 mg sftgl	3	ADD	SUCRAID	2	PA; NDS
sm stool softener 100 mg tab	3	ADD	sulfasalazine	1	MO
sm stool softener-laxative tab	3	ADD			
sodium bicarb 10 grain tablet	3	MO; ADD			

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ZENPEP ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 60,000-189,600- 252,600 UNIT	2	MO; NDS
<b>ULCER THERAPY</b>		
acid controller 20 mg tablet maximum strength	3	ADD
acid reducer 10 mg tablet	3	ADD
acid reducer 10 mg tablet original strength	3	ADD
acid reducer 20 mg tablet	3	ADD
acid reducer 20 mg tablet maximum strength	3	ADD
acid reducer 20 mg tablet max-str	3	ADD
acid reducer dr 20 mg cap	3	ADD
cimetidine	1	MO
esomeprazole mag dr 20 mg cap (otc)	3	MO; ADD
esomeprazole mag dr 20 mg cap outer (otc)	3	MO; ADD
esomeprazole mag dr 20 mg tab	3	ADD

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<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; QL (60 per 30 days)
<i>esomeprazole sodium intravenous recon soln 40 mg</i>	1	MO
<i>famotidine (pf)</i>	1	MO
<i>famotidine (pf)-nacl (iso-os)</i>	1	MO
<i>famotidine 10 mg tablet</i>	3	ADD
<i>famotidine 20 mg tablet (otc)</i>	3	MO; ADD
<i>famotidine intravenous</i>	1	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>gnp esomeprazole mag dr 20 mg (otc)</i>	3	MO; ADD
<i>gnp omeprazole mag dr 20 mg cp</i>	3	MO; ADD
<i>gs acid reducer 10 mg tablet</i>	3	ADD
<i>gs acid reducer 20 mg tablet</i>	3	ADD
<i>gs esomeprazole mag dr 20 mg (otc)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<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
<i>heartburn relief 10 mg tablet</i>	3	MO; ADD
<i>heartburn relief 20 mg tablet</i>	3	MO; ADD
<i>hm esomeprazole mag dr 20 mg (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>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 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)

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<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	1	MO; QL (60 per 30 days)	<i>omeprazole mag dr 20.6 mg cap two 14-day course</i>	3	MO; ADD
<i>misoprostol</i>	1	MO	<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>nizatidine oral capsule</i>	1	MO	<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	1	MO; QL (60 per 30 days)
<i>omeprazole dr 20 mg odt</i>	3	ADD	<i>pantoprazole intravenous</i>	1	MO
<i>omeprazole dr 20 mg tablet</i>	3	MO; ADD	<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>omeprazole dr 20 mg tablet 14 day course</i>	3	MO; ADD	<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	MO; QL (60 per 30 days)
<i>omeprazole dr 20 mg tablet 1x14 day course</i>	3	MO; ADD	<i>PREVACID 24HR DR 15 MG CAPSULE</i>	3	MO; ADD
<i>omeprazole dr 20 mg tablet 2x14 day course</i>	3	MO; ADD	<i>qc acid controller 10 mg tab</i>	3	ADD
<i>omeprazole dr 20 mg tablet 3x14 day course</i>	3	MO; ADD	<i>qc esomeprazole mag dr 20 mg (otc)</i>	3	MO; ADD
<i>omeprazole mag dr 20 mg tablet</i>	3	MO; ADD	<i>qc omeprazole mag dr 20.6 mg three 14-day course</i>	3	MO; ADD
<i>omeprazole mag dr 20 mg tablet outer</i>	3	MO; ADD	<i>sm acid reducer 10 mg tablet</i>	3	ADD
<i>omeprazole mag dr 20.6 mg cap one 14-day course</i>	3	MO; ADD	<i>sm acid reducer 20 mg tablet</i>	3	ADD
<i>omeprazole mag dr 20.6 mg cap three 14-day course</i>	3	MO; ADD			

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

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	2	B/D PA; MO; NDS
ARCALYST	2	PA; NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	2	PA; MO; QL (1 per 28 days); NDS
AVONEX INTRAMUSCULAR SYRINGE KIT	2	PA; MO; QL (1 per 28 days); NDS
BESREMI	2	PA; LA; NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
BETASERON SUBCUTANEOUS KIT	2	PA; MO; QL (14 per 28 days); NDS
ILARIS (PF)	2	PA; MO; LA; QL (2 per 28 days); NDS
LEUKINE INJECTION RECON SOLN	2	PA; MO; NDS
MOZOBIL	2	B/D PA; MO; NDS
NIVESTYM	2	PA; MO; NDS
NYVEPRIA	2	PA; MO; NDS
OMNITROPE SUBCUTANEOUS CARTRIDGE	2	PA; MO; NDS
OMNITROPE SUBCUTANEOUS RECON SOLN	2	PA; NDS
PEGASYS SUBCUTANEOUS SOLUTION	2	MO; QL (4 per 28 days); NDS
PEGASYS SUBCUTANEOUS SYRINGE	2	MO; QL (2 per 28 days); NDS
PLEGRIDY INTRAMUSCULAR	2	PA; MO; QL (1 per 28 days); NDS
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	2	PA; MO; QL (1 per 28 days); NDS

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PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; MO; QL (1 per 180 days); NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	2	PA; MO; QL (1 per 28 days); NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; MO; QL (1 per 180 days); NDS
<i>plerixafor</i>	1	B/D PA; MO; NDS
PROCERIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA; MO
PROCERIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	2	PA; MO; NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA; MO
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	2	PA; MO; NDS
ZARXIO	2	PA; MO; NDS
ZIEXTENZO	2	PA; MO; NDS
<b>VACCINES / MISCELLANEOUS IMMUNOLOGICALS</b>		
ABRYSVO	1	V
ACTHIB (PF)	2	
ADACEL(TDAP ADOLESN/ADULT )(PF)	1	V
AREXVY (PF)	1	V
BCG VACCINE, LIVE (PF)	1	V
BEXSERO	1	V
BOOSTRIX TDAP	1	V
DAPTACEL (DTAP PEDIATRIC) (PF)	2	
DENGVAXIA (PF)	2	
ENGERIX-B (PF)	1	B/D PA; V

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ENGERIX-B PEDIATRIC (PF)	1	B/D PA; V
fomepizole	1	
GAMASTAN	2	MO
GAMASTAN S/D	2	
GARDASIL 9 (PF)	1	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	2	
HEPLISAV-B (PF)	1	B/D PA; V
HIBERIX (PF)	2	
HIZENTRA	2	B/D PA; MO; NDS
HYPERHEP B INTRAMUSCULAR SOLUTION	2	
HYPERHEP B NEONATAL	2	
IMOVAX RABIES VACCINE (PF)	1	V
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	2	
IPOL	1	V
IXIARO (PF)	1	V

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
JYNNEOS (PF)	1	B/D PA; V
KINRIX (PF) INTRAMUSCULAR SYRINGE	2	
MENACTRA (PF) INTRAMUSCULAR SOLUTION	1	V
MENQUADFI (PF)	1	V
MENVEO A-C-Y-W-135-DIP (PF)	1	V
M-M-R II (PF)	1	V
PEDIARIX (PF)	2	
PEDVAX HIB (PF)	2	
PENBRAYA (PF)	1	V
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	2	
PREHEVBRIOS (PF)	1	B/D PA; V
PRIORIX (PF)	1	V
PRIVIGEN	2	PA; MO; NDS
PROQUAD (PF)	2	
QUADRACEL (PF)	2	
RABAVERT (PF)	1	V
RECOMBIVAX HB (PF)	1	B/D PA; V
ROTARIX	2	
ROTATEQ VACCINE	2	

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SHINGRIX (PF)	1	V; QL (2 per 720 days)
TDVAX	1	V
TENIVAC (PF)	1	V
TETANUS,DIPHTHERIA TOX PED(PF)	2	
TICE BCG	2	B/D PA
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	2	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	2	V
TRUMENBA	1	V
TWINRIX (PF)	1	V
TYPHIM VI	1	V
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	2	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	V
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	2	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	1	V
VARIVAX (PF)	1	V
VARIZIG	2	
YF-VAX (PF)	1	V
<b>MISCELLANEOUS SUPPLIES</b>		
<b>MISCELLANEOUS SUPPLIES</b>		
AEROCHAMBER MINI	3	MO; ADD; QL (2 per 365 days)
AEROCHAMBER MV HOLD CHAMBER	3	MO; ADD; QL (2 per 365 days)
AEROCHAMBER PLUS FLOW-VU	3	MO; ADD; QL (2 per 365 days)
AEROCHAMBER PLUS FLOW-VU LARGE	3	MO; ADD; QL (2 per 365 days)
AEROCHAMBER PLUS FLOW-VU MED	3	MO; ADD; QL (2 per 365 days)
AEROCHAMBER PLUS FLOW-VU MED WITH MASK	3	MO; ADD; QL (2 per 365 days)
AEROCHAMBER PLUS FLOW-VU SMALL	3	MO; ADD; QL (2 per 365 days)
AEROCHAMBER Z-STAT PLUS W/MASK, LARGE	3	ADD; QL (2 per 365 days)

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AEROCHAMBER Z-STAT PLUS W-FLOW	3	ADD; QL (2 per 365 days)	BD INSULIN SYRINGE	2	MO
AEROCHAMBER Z-STAT PLUS W-FLOW W/FLowsignal	3	ADD; QL (2 per 365 days)	SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 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", 0.5 ML 31 GAUGE X 5/16", 1		
AEROCHAMBER Z-STAT PLUS-MED W/MASK-MED,CMFT SEAL	3	ADD; QL (2 per 365 days)	ML 27 GAUGE X 5/8", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"		
AEROCHAMBER Z-STAT PLUS-SMALL W/MASK-SM,CMFT SEAL	3	ADD; QL (2 per 365 days)	ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"		
AEROVENT PLUS HOLDING CHAMBER	3	MO; ADD; QL (2 per 365 days)	BD PEN NEEDLE	2	MO
AIMSCO LATEX CONDOM	3	ADD; QL (24 per 30 days)	BD PEN NEEDLE	2	
AIRZONE PEAK FLOW METER ADULTS & CHILDREN	3	ADD; QL (2 per 365 days)	BINAXNOW COVD AG CARD HOME TEST (EUA)	3	ADD; QL (8 per 30 days)
			BINAXNOW COVID-19 AG SELF TEST (EUA)	3	ADD; QL (8 per 30 days)
			CARESTART COVID-19 AG HOME TEST (EUA)	3	ADD; QL (8 per 30 days)

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CELLTRION DIATRUST COV-19 HOME (EUA)	3	ADD; QL (4 per 30 days)
CELLTRION DIATRUST COV-19 HOME (EUA)	3	ADD; QL (8 per 30 days)
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)
CLINITEST COVID-19 HOME TEST (EUA)	3	ADD; QL (8 per 30 days)
COMPACT SPACE CHAMBER	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-LRG MASK	3	MO; ADD
COMPACT SPACE CHAMBER-LRG MASK	3	MO; ADD; QL (2 per 365 days)
COMPACT SPACE CHAMBER-MED MASK	3	MO; ADD
COMPACT SPACE CHAMBER-MED MASK	3	MO; ADD; QL (2 per 365 days)
COMPACT SPACE CHAMBER-SM MASK	3	MO; ADD
COMPACT SPACE CHAMBER-SM MASK	3	MO; ADD; QL (2 per 365 days)
COVID-19 AT-HOME TEST (EUA)	3	ADD; QL (8 per 30 days)
COVID-19 TEST SPECIMEN COLLECTION NCPDP	3	ADD
CVS COVID-19 AT-HOME TEST (EUA)	3	ADD; QL (8 per 30 days)
DUREX AVANTI REAL FEEL CONDOM	3	MO; ADD; QL (24 per 30 days)

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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)
ELLUME COVID-19 HOME TEST (EUA)	3	ADD; QL (8 per 30 days)
EQ SPACE CHAMBER	3	ADD
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)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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)
FLOWFLEX COVID-19 AG HOME TEST (EUA)	3	MO; ADD; QL (8 per 30 days)
GAUZE PADS 2 X 2	2	
GENABIO COVID-19 RAPID AT-HOME (EUA)	3	ADD; QL (8 per 30 days)
IHEALTH COVID-19 AG HOME TEST (EUA)	3	ADD; QL (8 per 30 days)
INDICAID COVID-19 AG HOME TEST (EUA)	3	ADD; QL (8 per 30 days)
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2"	2	MO

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INSULIN SYRINGE- NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1/2 ML 28 GAUGE	2	
INSULIN SYRINGE- NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2"	2	MO
INSULIN SYRINGES (NON-PREFERRED BRANDS) SYRINGE 1 ML 29 GAUGE X 1/2"	2	MO
INTELISWAB COVID-19 HOME TEST (EUA)	3	ADD; QL (8 per 30 days)
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)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
LUCIRA CHECK-IT COVID-19 HOME TEST (EUA)	3	ADD; QL (8 per 30 days)
MICROCHAMBER	3	MO; ADD; QL (2 per 365 days)
MICROLIFE PEAK FLOW METER	3	MO; ADD; QL (2 per 365 days)
MICROSPACER FOR AEROSOL DEVICE	3	MO; ADD; QL (2 per 365 days)
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)
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)

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OMNIPOD DASH PODS (GEN 4)	2	MO
ON-GO COVID-19 AG AT HOME TEST (EUA)	3	ADD; QL (8 per 30 days)
OPTICHAMBER DIAMOND VHC	3	MO; ADD; QL (2 per 365 days)
OPTICHAMBER DIAMOND W-LRG MASK	3	MO; ADD; QL (2 per 365 days)
OPTICHAMBER DIAMOND W-MED MASK	3	MO; ADD; QL (2 per 365 days)
OPTICHAMBER DIAMOND W-SML MASK	3	MO; ADD; QL (2 per 365 days)
PANDA MASK LARGE	3	ADD; QL (2 per 365 days)
PANDA MASK MEDIUM	3	ADD; QL (2 per 365 days)
PANDA MASK SMALL	3	ADD; QL (2 per 365 days)
PEAK-AIR PEAK FLOW METER	3	MO; ADD; QL (2 per 365 days)
PEDIATRIC PANDA MASK	3	ADD; QL (2 per 365 days)
PEN NEEDLES (NON-PREFERRED BRANDS) NEEDLE 29 GAUGE X 1/2"	2	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
PERSONAL BEST PEAK FLOW MTR	3	ADD; QL (2 per 365 days)
PIKO 1 FLOW METER	3	ADD; QL (2 per 365 days)
PILOT COVID-19 AT-HOME TEST (EUA)	3	ADD; QL (8 per 30 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)
PRO COMFORT SPACER-INFANT 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)
PURE COMFORT SPACER-ADULT MASK	3	ADD; QL (2 per 365 days)

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PURECOMFORT PEAK FLOW MTR ADLT	3	ADD
PURECOMFORT PEAK FLOW MTR CHLD	3	ADD
QUICKVUE AT-HOME COVID-19 TEST (EUA)	3	MO; ADD; QL (8 per 30 days)
RITEFLO SPACER	3	ADD; QL (2 per 365 days)
SPEEDYSWAB COVID-19 HOME TEST (EUA)	3	ADD; QL (8 per 30 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)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
TRUSTEX CONDOM 12'S,LUBRICATED	3	ADD; QL (24 per 30 days)
TRUSTEX CONDOM 12'S,W/NONOXYNOL-9	3	ADD; QL (24 per 30 days)
TRUSTEX CONDOM 12'S,W-NONOXYNOL-9	3	ADD; QL (24 per 30 days)
TRUSTEX LATEX CONDOM 12'S	3	ADD; QL (24 per 30 days)
TRUSTEX LATEX CONDOM 48'S	3	ADD; QL (24 per 30 days)
TRUSTEX-RIA CONDOM 12'S	3	ADD; QL (24 per 30 days)
TRUSTEX-RIA CONDOM 12'S,NON-LUBRICATED	3	ADD; QL (24 per 30 days)
TRUSTEX-RIA CONDOM 12'S,W/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)

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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
VORTEX HOLDING CHAMBER HRI	3	MO; ADD; QL (2 per 365 days)
VORTEX VHC FROG CHILD MASK HRI	3	MO; ADD; QL (2 per 365 days)
<b>MUSCULOSKELETAL / RHEUMATOLOGY</b>		
<b>GOUT THERAPY</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
<i>allopurinol sodium</i>	1	
<i>aloprim</i>	1	
<i>colchicine oral tablet</i>	1	MO
<i>febuxostat</i>	1	MO
<i>probenecid</i>	1	MO
<i>probenecid-colchicine</i>	1	MO
<b>OSTEOPOROSIS THERAPY</b>		
<i>alendronate oral solution</i>	1	MO; QL (300 per 28 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>alendronate oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)
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 SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	2	PA; QL (2.48 per 28 days); NDS
<b>OTHER RHEUMATOLOGICALS</b>		

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ACTEMRA	2	PA; MO; QL (3.6 per 28 days); NDS
ACTPEN		
ACTEMRA INTRAVENOUS	2	PA; MO; QL (160 per 28 days); NDS
ACTEMRA SUBCUTANEOUS	2	PA; MO; QL (3.6 per 28 days); NDS
ADALIMUMAB-ADAZ	2	PA; MO; QL (1.6 per 28 days); NDS
ADALIMUMAB-ADBM SUBCUTANEOUS PEN INJECTOR KIT	2	PA; MO; QL (4 per 28 days); NDS
ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	2	PA; MO; QL (2 per 28 days); NDS
ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	2	PA; MO; QL (4 per 28 days); NDS
ADALIMUMAB-ADBM(CF) PEN CROHNS	2	PA; QL (6 per 180 days); NDS
ADALIMUMAB-ADBM(CF) PEN PS-UV	2	PA; QL (4 per 180 days); NDS
BENLYSTA	2	PA; MO; NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CYLTEZO(CF) PEN	2	PA; MO; QL (4 per 28 days); NDS
CYLTEZO(CF) PEN CROHN'S-UC-HS	2	PA; QL (6 per 180 days); NDS
CYLTEZO(CF) PEN PSORIASIS-UV	2	PA; QL (4 per 180 days); NDS
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	2	PA; MO; QL (2 per 28 days); NDS
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	2	PA; MO; QL (4 per 28 days); NDS
ENBREL MINI	2	PA; MO; QL (8 per 28 days); NDS
ENBREL SUBCUTANEOUS SOLUTION	2	PA; MO; QL (8 per 28 days); NDS
ENBREL SUBCUTANEOUS SYRINGE	2	PA; MO; QL (8 per 28 days); NDS
ENBREL SURECLICK	2	PA; MO; QL (8 per 28 days); NDS
HUMIRA PEN	2	PA; MO; QL (4 per 28 days); NDS

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HUMIRA PEN CROHNS-UC-HS START	2	PA; QL (6 per 180 days); NDS	HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	2	PA; MO; QL (4 per 28 days); NDS
HUMIRA PEN PSOR-UVEITS-ADOL HS	2	PA; QL (4 per 180 days); NDS	HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	2	PA; MO; QL (2 per 28 days); NDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	2	PA; MO; QL (4 per 28 days); NDS	HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	2	PA; MO; QL (2 per 28 days); NDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	2	PA; MO; QL (3 per 180 days); NDS	HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	2	PA; MO; QL (4 per 28 days); NDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	2	PA; QL (2 per 180 days); NDS	HYRIMOZ CF (PREFERRED 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); NDS
HUMIRA(CF) PEN CROHNS-UC-HS	2	PA; MO; QL (3 per 180 days); NDS	HYRIMOZ CF (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML	2	PA; MO; QL (0.2 per 28 days); NDS
HUMIRA(CF) PEN PEDIATRIC UC	2	PA; MO; QL (4 per 180 days); NDS			
HUMIRA(CF) PEN PSOR-UV-ADOL HS	2	PA; MO; QL (3 per 180 days); NDS			

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HYRIMOZ CF (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML	2	PA; MO; QL (0.4 per 28 days); NDS
HYRIMOZ CF (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	2	PA; MO; QL (1.6 per 28 days); NDS
HYRIMOZ PEN CROHN'S-UC STARTER	2	PA; MO; QL (2.4 per 180 days); NDS
HYRIMOZ PEN PSORIASIS STARTER	2	PA; MO; QL (1.6 per 180 days); NDS
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML	2	PA; MO; QL (2.4 per 180 days); NDS
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); NDS
<i>leflunomide</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
ORENCIA (WITH MALTOSE)	2	PA; MO; QL (12 per 28 days); NDS
ORENCIA CLICKJECT	2	PA; MO; QL (4 per 28 days); NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	2	PA; MO; QL (4 per 28 days); NDS
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	2	PA; MO; QL (1.6 per 28 days); NDS
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	2	PA; MO; QL (2.8 per 28 days); NDS
OTEZLA	2	PA; MO; QL (60 per 30 days); NDS
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	2	PA; MO; QL (55 per 180 days); NDS
<i>penicillamine oral tablet</i>	1	PA; MO; NDS
RIDAURA	2	MO; NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	2	PA; MO; QL (30 per 30 days); NDS

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RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	2	PA; MO; QL (84 per 180 days); NDS
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); NDS
XELJANZ ORAL TABLET	2	PA; MO; QL (60 per 30 days); NDS
XELJANZ XR	2	PA; MO; QL (30 per 30 days); NDS

OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
amabelz	1	PA
camila	1	MO
deblitane	1	MO
DEPO-SUBQ PROVERA 104	2	MO
dotti	1	PA; MO; QL (8 per 28 days)
DUAVEE	2	MO
errin	1	MO
estradiol oral	1	PA; MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>estradiol transdermal patch semiweekly</i>	1	PA; MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr</i>	1	PA; MO; QL (4 per 28 days)
<i>estradiol transdermal patch weekly 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	PA; QL (4 per 28 days)
<i>estradiol vaginal</i>	1	MO
<i>estradiol valerate intramuscular oil 10 mg/ml</i>	1	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	MO
<i>estradiol-norethindrone acet</i>	1	PA; MO
<i>fyavolv</i>	1	PA; MO
<i>heather</i>	1	MO
<i>hydroxyprogesterone caproate</i>	1	NDS
<i>IMVEXXY MAINTENANCE PACK</i>	2	MO
<i>IMVEXXY STARTER PACK</i>	2	MO
<i>incassia</i>	1	MO
<i>jencyclla</i>	1	MO

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jintel	1	PA; MO
lyeq	1	MO
lyllana	1	PA; MO; QL (8 per 28 days)
lyza	1	
medroxyprogesterone	1	MO
MENEST	2	PA; MO
mimvey	1	PA; MO
nora-be	1	MO
norethindrone (contraceptive)	1	
norethindrone acetate	1	MO
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	PA; MO
PREMARIN ORAL	2	MO
PREMARIN VAGINAL	2	MO
PREMPHASE	2	MO
PREMPRO	2	MO
progesterone	1	MO
progesterone micronized	1	MO
sharobel	1	MO
yuvafem	1	MO
<b>MISCELLANEOUS OB/GYN</b>		
3-day vaginal cream	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>clindamycin phosphate vaginal</i>	1	MO
<i>clotrimazole 1% vaginal cream</i>	3	MO; ADD
<i>clotrimazole-3 2% cream</i>	3	ADD
<i>eluryng</i>	1	MO
<i>etonogestrel-ethinyl estradiol</i>	1	
GNP	3	ADD
MICONAZOLE 1 COMBO PACK		
<i>gs miconazole 3 combo pack</i>	3	MO; ADD
<i>gs miconazole 7 cream</i>	3	MO; ADD
<i>metronidazole vaginal</i>	1	MO
<i>miconazole 2% vaginal cream</i>	3	ADD
<i>miconazole 3 combo pack</i>	3	MO; ADD
<i>miconazole 3 combo pack 3 sup,9gm crm w/app</i>	3	MO; ADD
<i>miconazole 3 combo pack 3 supp w/9gm cream</i>	3	MO; ADD
<i>miconazole 7 100 mg vag supp</i>	3	MO; ADD
<i>miconazole 7 cream</i>	3	ADD
<i>miconazole 7 cream</i>	3	MO; ADD

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miconazole 7 cream w/7 disp applicators	3	MO; ADD
miconazole-7 cream	3	ADD
mifepristone oral tablet 200 mg	1	LA
MYFEMBREE	2	PA; MO; NDS
NEXPLANON	2	
qc clotrimazole 1% vag cream	3	MO; ADD
qc miconazole-7 cream 1 applicator	3	ADD
sm 3-day vaginal cream	3	MO; ADD
sm clotrimazole 1% vag cream	3	MO; ADD
sm miconazole 2% vaginal cream w/disp applicators	3	ADD
sm miconazole 3 combo pack	3	ADD
sm miconazole 3 combo pack w/disposable applica	3	MO; ADD
sm miconazole 7 100 mg vag sup	3	ADD
sm miconazole 7 cream w/reusable applic	3	MO; ADD
terconazole	1	MO
tranexamic acid oral	1	MO
vandazole	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
xulane	1	MO
zafemy	1	MO
<b>ORAL CONTRACEPTIVES / RELATED AGENTS</b>		
AFTERA 1.5 MG TABLET	3	ADD
altavera (28)	1	MO
alyacen 1/35 (28)	1	MO
alyacen 7/7/7 (28)	1	MO
amethyst (28)	1	MO
apri	1	MO
aranelle (28)	1	MO
aubra eq	1	MO
aviane	1	MO
azurette (28)	1	MO
camrese	1	MO
cryselle (28)	1	MO
cyred eq	1	
dasetta 1/35 (28)	1	MO
dasetta 7/7/7 (28)	1	MO
daysee	1	MO
desog-e.estradiol/e.estradio l	1	
desogestrel-ethinyl estradiol	1	

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<i>drospirenone-e.estriadiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	1	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	1	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	1	
<i>econtra ez 1.5 mg tablet inner</i>	3	ADD
<i>econtra ez 1.5 mg tablet outer</i>	3	ADD
<i>econtra one-step 1.5 mg tablet inner</i>	3	ADD
<i>econtra one-step 1.5 mg tablet outer</i>	3	ADD
<i>elinest</i>	1	MO
<i>enpresse</i>	1	MO
<i>enskyce</i>	1	MO
<i>estarrylla</i>	1	MO
<i>ethynodiol diac-eth estradiol</i>	1	
<i>falmina (28)</i>	1	MO
<i>her style 1.5 mg tablet</i>	3	ADD
<i>introvale</i>	1	
<i>isibloom</i>	1	MO
<i>jasmiel (28)</i>	1	MO
<i>jolessa</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>juleber</i>	1	MO
<i>kalliga</i>	1	
<i>kariva (28)</i>	1	MO
<i>kelnor 1/35 (28)</i>	1	MO
<i>kelnor 1-50 (28)</i>	1	MO
<i>kurvelo (28)</i>	1	MO
<i>l norgest/e.estriadiol-e.estriadiol 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.estriadiol-e.estriadiol 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, 90-20 mcg (28)</i>	1	MO

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levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg	1	
levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month	1	
levonorg-eth estrad triphasic	1	
levora-28	1	MO
loryna (28)	1	MO
low-ogestrel (28)	1	MO
lo-zumandimine (28)	1	MO
lutera (28)	1	MO
marlissa (28)	1	MO
microgestin 1.5/30 (21)	1	MO
microgestin 1/20 (21)	1	MO
microgestin fe 1.5/30 (28)	1	MO
microgestin fe 1/20 (28)	1	MO
mili	1	MO
mono-linyah	1	MO
my choice 1.5 mg tablet	3	ADD
my way 1.5 mg tablet (otc)	3	ADD
new day 1.5 mg tablet	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
nikki (28)	1	MO
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	MO
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg	1	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	1	MO
nortrel 0.5/35 (28)	1	MO
nortrel 1/35 (21)	1	MO
nortrel 1/35 (28)	1	MO
nortrel 7/7/7 (28)	1	MO
opcicon one-step 1.5 mg tablet	3	ADD
option 2 1.5 mg tablet	3	ADD
philith	1	MO
pimtrea (28)	1	MO
PLAN B ONE-STEP 1.5 MG TABLET (OTC)	3	ADD
portia 28	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>reclipsen</i> (28)	1	MO
<i>setlakin</i>	1	MO
<i>sprintec</i> (28)	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-estarrylla</i>	1	MO
<i>tri-legest fe</i>	1	MO
<i>tri-linyah</i>	1	MO
<i>tri-lo-estarrylla</i>	1	MO
<i>tri-lo-marzia</i>	1	MO
<i>tri-lo-sprintec</i>	1	
<i>tri-sprintec</i> (28)	1	MO
<i>trivora</i> (28)	1	MO
<i>turqoz</i> (28)	1	
<i>velivet triphasic regimen</i> (28)	1	MO
<i>vestura</i> (28)	1	MO
<i>vienva</i>	1	MO
<i>viorele</i> (28)	1	MO
<i>wera</i> (28)	1	MO
<i>zovia 1-35</i> (28)	1	MO
<i>zumandimine</i> (28)	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<b>OXYTOCICS</b>		
<i>methylergonovine oral</i>	1	PA
<b>OPHTHALMOLOGY</b>		
<b>ANTIBIOTICS</b>		
<i>AZASITE</i>	2	MO
<i>bacitracin ophthalmic (eye)</i>	1	MO
<i>bacitracin-polymyxin b</i>	1	MO
<i>BESIVANCE</i>	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
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	1	

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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)
<b>ANTIVIRALS</b>		
<i>trifluridine</i>	1	MO
ZIRGAN	2	MO
<b>BETA-BLOCKERS</b>		
<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
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<b>MISCELLANEOUS OPHTHALMOLOGICS</b>		
<i>alaway 0.025% eye drops</i>	3	MO; ADD
<i>artificial tears drops</i>	3	ADD
<i>atropine ophthalmic (eye) drops 1 %</i>	1	MO
<i>azelastine ophthalmic (eye)</i>	1	MO
<i>balanced salt</i>	1	
<i>bepotastine besilate</i>	1	MO
<i>BORIC ACID GRANULAR NF, EP (RX)</i>	3	ADD
<i>BORIC ACID GRANULES NF (RX)</i>	3	ADD
<i>BORIC ACID POWDER N.F (RX)</i>	3	ADD
<i>BORIC ACID POWDER NF (RX)</i>	3	ADD
<i>bss</i>	1	
<i>carboxymethylcell 0.5% eye drp</i>	3	ADD
<i>CARBOXYMETHYLCELL 0.5% EYE DRP</i>	3	ADD
<i>child's alaway 0.025% eye drop</i>	3	ADD
<i>CIMERLI</i>	2	PA; MO; NDS

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<i>cromolyn ophthalmic (eye)</i>	1	MO
<i>cyclosporine ophthalmic (eye)</i>	1	MO; QL (60 per 30 days)
CYSTARAN	2	PA; NDS
DRY EYE RELIEF DROPS	3	ADD
<i>epinastine</i>	1	MO
<i>eye itch relief 0.025% drops</i>	3	MO; ADD
EYLEA	2	PA; MO; NDS
FRESHKOTE EYE DROP	3	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 0.3% GEL	3	MO; ADD
GENTEAL TEARS SEVERE 3-94% OIN	3	MO; ADD
GENTEAL TEARS SEVERE GEL DROPS	3	ADD
<i>gs lubricat plus 0.5% eye drps p/f, 30x0.4ml</i>	3	MO; ADD
HM DRY EYE RELIEF DROPS	3	ADD
<i>hm lubricating tears eye drops</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
HYPROMELLOSE POWDER USP (RX)	3	ADD
<i>ketotifen fum 0.035% eye drops (otc)</i>	3	MO; ADD
LUBRICANT 0.5% EYE DROP	3	ADD
<i>lubricant 0.5% eye drops</i>	3	MO; ADD
LUBRICANT 0.6% EYE DROP	3	ADD
LUBRICANT EYE 0.4%-0.3% DROP	3	ADD
<i>lubricant eye drops</i>	3	ADD
LUBRICANT EYE OINTMENT	3	ADD
<i>lubricating eye drop</i>	3	ADD
<i>lubricating plus 0.5% eye drps p/f, 30x0.4ml</i>	3	MO; ADD
<i>lubricating plus 0.5% eye drps p/f, 50x0.4ml</i>	3	MO; ADD
<i>lubrifresh pm eye ointment</i>	3	ADD
METHOCEL E 4 M PREMIUM POWDER (RX)	3	ADD
METHOCEL E 4 M PREMIUM POWDER USP (RX)	3	ADD

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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; NDS
PHOSPHOLINE IODIDE	2	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	MO
<i>polyvinyl alcohol 1.4% eyedrop</i>	3	MO; ADD
QC BORIC ACID POWDER NF (RX)	3	ADD
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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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
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 PLUS 0.5% EYE DROPS 30X0.4ML	3	MO; ADD
REFRESH PLUS 0.5% EYE DROPS 70X0.4ML,U-D	3	MO; ADD

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REFRESH PLUS 0.5% EYE DROPS U-D,50X.4ML	3	MO; ADD
REFRESH RELIEVA 0.5-0.9% DROP	3	MO; ADD
REFRESH RELIEVA PF 0.5-0.9%	3	MO; ADD
REFRESH RELIEVA PF 0.5-1% DROP	3	ADD
REFRESH TEARS 0.5% EYE DROP	3	MO; ADD
SM BORIC ACID POWDER NF (RX)	3	ADD
SM DRY EYE RELIEF EYE DROPS	3	ADD
<i>sm eye itch relief 0.025% drop up to 12 hrs,sterile</i>	3	MO; ADD
<i>sm lubricant eye drops strl</i>	3	ADD
<i>sm lubricat plus 0.5% eye drps</i>	3	MO; ADD
<i>sm lubricating tears eye drops sterile</i>	3	ADD
<i>sodium chloride 5% eye drop</i>	3	MO; ADD
<i>sodium chloride 5% eye oint</i>	3	MO; ADD

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

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>bromfenac ophthalmic (eye) drops 0.07 %, 0.09 %</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
<b>ORAL DRUGS FOR GLAUCOMA</b>		
<i>acetazolamide</i>	1	MO
<i>acetazolamide sodium</i>	1	MO
<i>methazolamide</i>	1	MO
<b>OTHER GLAUCOMA DRUGS</b>		
<i>brimonidine-timolol</i>	1	MO
<i>dorzolamide</i>	1	MO
<i>dorzolamide-timolol</i>	1	MO
<i>latanoprost</i>	1	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	MO
<i>miostat</i>	1	
RHOPRESSA	2	MO
ROCKLATAN	2	MO
SIMBRINZA	2	MO
<i>tafluprost (pf)</i>	1	MO

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travoprost	1	MO
<b>STEROID-ANTIBIOTIC COMBINATIONS</b>		
<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)
<b>STEROIDS</b>		
ALREX	2	MO
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	MO
<i>fluorometholone</i>	1	MO
INVELTYS	2	MO
<i>loteprednol etabonate ophthalmic (eye) drops, gel</i>	1	MO
<i>loteprednol etabonate ophthalmic (eye) drops, suspension 0.5 %</i>	1	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
OZURDEX	2	MO; NDS
<i>prednisolone acetate</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	MO
<b>SYMPATHOMIMETICS</b>		
<i>apraclonidine</i>	1	MO
<i>brimonidine ophthalmic (eye)</i>	1	MO
<b>RESPIRATORY AND ALLERGY</b>		
<b>ANTIHISTAMINE / ANTIALERGENIC AGENTS</b>		
<i>12-hr decongest 120 mg caplet caplet, 12hr, max-str</i>	3	ADD
<i>12hr nasal decongest er 120 mg</i>	3	ADD
<i>24hr allergy(levocetirzn) 5 mg</i>	3	ADD
<i>24hr allergy-congst 180-240 mg</i>	3	ADD
<i>adrenalin injection solution 1 mg/ml</i>	1	
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	1	MO
ALAHOST CF TABLET	3	MO; ADD

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ALAHIST D 17.5-10 MG TABLET	3	ADD
ALAHIST DM 2-15-7.5 MG/5 ML LQ	3	ADD
<i>ala-hist ir 2 mg tablet</i>	3	MO; ADD
ALAHIST PE 2-7.5 MG TABLET	3	MO; ADD
<i>all day allergy 10 mg tablet</i>	3	MO; ADD
<i>all day allergy 10 mg tablet indoor/outdoor 24 hr</i>	3	MO; ADD
<i>all day allergy-d tablet</i>	3	ADD
ALL DAY SINUS-COLD-D 220-120 MG	3	ADD
<i>aller-chlor 4 mg tablet</i>	3	MO; ADD
<i>aller-g-time 25 mg caplet</i>	3	ADD
<i>allergy (loratadine) 10 mg tab</i>	3	ADD
<i>allergy 25 mg capsule</i>	3	ADD
<i>allergy 25 mg tablet</i>	3	ADD
<i>allergy 4 mg tablet</i>	3	ADD
<i>allergy multi-symptom caplet</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>allergy relief 10 mg tablet</i>	3	ADD
<i>allergy relief 10 mg tablet non-drowsy, 24 hour</i>	3	ADD
<i>allergy relief 180 mg tablet</i>	3	MO; ADD
<i>allergy relief 25 mg capsule</i>	3	ADD
<i>allergy relief 25 mg softgel</i>	3	ADD
<i>allergy relief 25 mg tablet</i>	3	ADD
<i>allergy relief 4 mg tablet</i>	3	ADD
<i>allergy relief 5 mg/5 ml soln</i>	3	ADD
<i>allergy relief d-12 tablet</i>	3	ADD
<i>allergy relief d-24hr tablet</i>	3	ADD
<i>allergy relief-d tablet</i>	3	ADD
<i>allergy relief-nasal decong tb</i>	3	MO; ADD
<i>allergy rlf (cetrzn) 10 mg tab</i>	3	ADD
<i>allergy rlf (cetrzn) 5 mg tab</i>	3	ADD
ALLERGY RLF (DIPHEN) 25 MG CHW	3	ADD

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allergy rlf (fexo) 60 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
ALL-NITE COLD-FLU RELIEF LIQ	3	ADD
AQUANAZ TABLET	3	ADD
banophen 25 mg capsule	3	MO; ADD
banophen 25 mg tablet	3	MO; ADD
banophen 50 mg capsule	3	MO; ADD
benzonataate 100 mg capsule	3	MO; ADD
benzonataate 100 mg capsule inner	3	MO; ADD
benzonataate 100 mg capsule outer	3	MO; ADD
benzonataate 150 mg capsule	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
benzonataate 200 mg capsule	3	MO; ADD
benzonataate perle 100 mg cap	3	MO; ADD
bromphen-pse-dm 2-30-10 mg/5 ml (rx)	3	MO; ADD
bromphen-pse-dm 2-30-10 mg/5 ml cup inner (rx)	3	MO; ADD
bromphen-pse-dm 2-30-10 mg/5 ml cup outer (rx)	3	MO; ADD
CAPMIST DM TABLET	3	MO; ADD
CAPRON DM LIQUID	3	MO; ADD
CAPRON DMT TABLET	3	MO; ADD
cetirizine hcl 1 mg/ml soln children, grape (otc)	3	MO; ADD
cetirizine hcl 1 mg/ml soln children's (otc)	3	MO; ADD
cetirizine hcl 10 mg chew tab outer	3	MO; ADD
cetirizine hcl 10 mg tablet	3	MO; ADD
cetirizine hcl 10 mg tablet f/c,u-d,10x10,inner	3	MO; ADD

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cetirizine hcl 10 mg tablet f/c,u-d,10x10,outer	3	MO; ADD
cetirizine hcl 10 mg tablet indoor & outdoor	3	MO; ADD
cetirizine hcl 10 mg tablet indoor-outdoor,24hr	3	MO; ADD
cetirizine hcl 10 mg tablet inner	3	MO; ADD
cetirizine hcl 10 mg tablet outer	3	MO; ADD
cetirizine hcl 5 mg chew tab children's,outer,u-d	3	MO; ADD
cetirizine hcl 5 mg tablet	3	MO; ADD
cetirizine hcl 5 mg tablet indoor & outdoor	3	MO; ADD
cetirizine hcl 5 mg/5 ml solution cup inner	3	ADD
cetirizine hcl 5 mg/5 ml solution cup outer	3	ADD
cetirizine oral solution 1 mg/ml	1	MO
cetirizine-pse er 5-120 mg tab	3	MO; ADD
chest cong rlf dm 400-20 mg tb	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
chest cong rlf pe 400-10 mg tb	3	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 congest-cough relief tab	3	ADD
chest-sinus congest 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 (fexo) 30 mg/5 ml	3	MO; ADD
child allergy 5 mg/5 ml soln	3	ADD
child allergy relief 1 mg/ml	3	ADD
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

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
child cetirizine 5 mg chew tab	3	ADD
child cetirizine hcl 1 mg/ml	3	MO; ADD
child cold-allergy liquid	3	ADD
CHILD COUGH DM ER 30 MG/5 ML	3	ADD
CHILD DELSYM COUGH 30 MG/5 ML AGE 4+,GRAPE	3	ADD
CHILD DELSYM COUGH 30 MG/5 ML AGE 4+,ORANGE	3	ADD
CHILD DELSYM COUGH PLUS DY- NT	3	ADD
child delsym cough- chest dm lq	3	ADD
CHILD LORATADINE 5 MG TAB CHEW	3	MO; 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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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-SYMP托M LQ	3	ADD
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 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

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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
CHLOPHEDIANOL -DEXCHLORP-PSE LQ	3	ADD
chlorpheniramine 4 mg tablet	3	ADD
chlorpheniramine er 12 mg tab	3	ADD
codeine-guaifen 10-100 mg/5 ml (otc)	3	MO; ADD
codeine-guaifen 10-100 mg/5 ml d/f(otc)	3	MO; ADD
cold-cough elixir	3	ADD
cold-sinus 200 mg-30 mg caplet	3	ADD
CONEX 2 MG-60 MG/5 ML SOLN	3	ADD
conex tablet	3	ADD
COUGH DM 20-200 MG/20 ML SYRUP	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
cough dm er 30 mg/5 ml susp	3	MO; 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
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
DECONEX DMX 17.5-400-10 MG TAB	3	MO; ADD

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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 15 MG CAPLET	3	ADD
<i>delsym cough+chest cngst dm lq</i>	3	MO; ADD
DELSYM COUGH-SORE THROAT LIQ	3	ADD
DELSYM NIGHTTIME COUGH LIQUID	3	ADD
<i>dextromethorphan 15 mg softgel</i>	3	MO; ADD
<i>dextromethorphan er 30 mg/5 ml</i>	3	ADD
<i>dimaphen dm elixir grape,gluten-f</i>	3	MO; ADD
<i>diphedryl 12.5 mg/5 ml elixir</i>	3	ADD
<i>diphenhydramine 12.5 mg/5 ml</i>	3	ADD
<i>diphenhydramine 12.5 mg/5 ml cup</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>diphenhydramine 12.5 mg/5 ml cup outer</i>	3	ADD
<i>diphenhydramine 25 mg caplet</i>	3	MO; ADD
<i>diphenhydramine 25 mg capsule (otc)</i>	3	ADD
<i>diphenhydramine 25 mg tablet</i>	3	MO; ADD
<i>diphenhydramine 25 mg tablet inner</i>	3	MO; ADD
<i>diphenhydramine 25 mg tablet outer</i>	3	MO; ADD
<i>diphenhydramine 25 mg/10 ml cup</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	ADD
ED A-HIST DM TABLET	3	MO; ADD
<i>ed a-hist liquid (otc)</i>	3	MO; ADD
<i>ed bron gp liquid</i>	3	ADD
<i>ed chlorped jr syrup</i>	3	MO; ADD
<i>ed-a-hist 4 mg-10 mg tablet</i>	3	MO; ADD
<i>ed-a-hist dm liquid banana flavor (otc)</i>	3	MO; ADD
<i>endacof-dm liquid</i>	3	MO; ADD
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)</i>	1	MO; QL (2 per 30 days)
<i>epinephrine injection solution 1 mg/ml</i>	1	
<i>sexofenadine hcl 180 mg tablet (otc)</i>	3	MO; ADD
<i>sexofenadine hcl 180 mg tablet 24 hour, non-drowsy (otc)</i>	3	MO; ADD
<i>sexofenadine hcl 180 mg tablet non-drowsy, 24hr (otc)</i>	3	MO; ADD
<i>sexofenadine hcl 60 mg tablet (otc)</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sexofenadine-pse er 180-240 tb (otc)</i>	3	ADD
<i>sexofenadine-pse er 60-120 tab (otc)</i>	3	ADD
<i>sexofenadine-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
<i>gnp all day allergy 10 mg sfgl</i>	3	ADD
<i>gnp allergy multi-symptom cplt</i>	3	ADD
<i>gnp allergy relief 180 mg tab</i>	3	MO; ADD
<i>gnp allergy relief 25 mg tab</i>	3	ADD
<i>gnp allergy relief 4 mg tablet</i>	3	ADD
<i>gnp allergy relief 5 mg tablet</i>	3	ADD
<i>gnp allergy relief 50 mg/20 ml</i>	3	ADD
<i>gnp sexofenadine-pse er 60-120 (otc)</i>	3	ADD
<i>gnp loratadine 10 mg tablet</i>	3	MO; ADD
<i>gnp mucus dm max er 1200-60 mg</i>	3	MO; ADD

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GNP MUCUS-ER MAX 1,200 MG TAB	3	MO; ADD
<i>gnp nasal decong pe 10 mg tab</i>	3	ADD
GNP SINUS PRESSURE-PAIN CAPLET	3	ADD
GNP SINUS-HEADACHE CAPLET	3	ADD
<i>gnp tussin dm 200-20 mg/20 ml</i>	3	ADD
<i>gnp tussin dm max liquid</i>	3	ADD
<i>gnp tussin mucus-con 200 mg/10</i>	3	ADD
<i>gs all day allergy 10 mg tab</i>	3	MO; ADD
<i>gs aller-ease 180 mg tablet</i>	3	ADD
<i>gs allergy relief 10 mg tablet</i>	3	ADD
<i>gs allergy relief 10 mg tablet non-drowsy</i>	3	ADD
<i>gs allergy relief 25 mg tablet</i>	3	ADD
<i>gs child all day aller 1 mg/ml</i>	3	ADD
<i>gs child allergy 12.5 mg/5 ml</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
GS CHILD MUCUS RELIEF M-S COLD	3	ADD
<i>gs child mucus rlf cough liq</i>	3	ADD
<i>gs children's cold-cough soln</i>	3	ADD
GS CHLD COUGH DM ER 30 MG/5 ML	3	ADD
GS COUGH DM ER 30 MG/5 ML SUSP	3	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
<i>gs nasal decongest 30 mg tab</i>	3	ADD
GS NIGHTTIME COLD-FLU LIQUID GLUTEN-FREE,ORIGINAL	3	ADD
<i>gs nighttime cold-flu softgel</i>	3	ADD
<i>gs nighttime cough liquid</i>	3	ADD

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GS SEVERE COLD-FLU NIGHTTME LQ	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 200-20 MG/20 ML	3	ADD
gs tussin dm cough syrup	3	ADD
gs tussin dm liquid	3	ADD
gs tussin dm max liquid	3	ADD
gs tussin mucus-cong 100 mg/5	3	ADD
gs tussin mucus-cong 200 mg/10	3	ADD
guaifen-codeine 100-10 mg/5 ml (otc)	3	MO; ADD
guaifenesin 100 mg/5 ml liquid	3	MO; ADD
guaifenesin 100 mg/5 ml solution cup inner	3	MO; ADD
guaifenesin 100 mg/5 ml solution cup outer	3	MO; ADD
guaifenesin 200 mg tablet (otc)	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
guaifenesin 200 mg/10 ml solution cup inner	3	MO; ADD
guaifenesin 200 mg/10 ml solution cup outer	3	MO; ADD
guaifenesin 300 mg/15 ml solution cup inner	3	MO; ADD
guaifenesin 300 mg/15 ml solution cup outer	3	MO; ADD
guaifenesin ac cough syrup (otc)	3	ADD
guaifenesin er 600 mg tablet	3	MO; ADD
GUAIFENESIN-CODEINE 100-10 MG/5 ML CUP (OTC)	3	MO; ADD
GUAIFENESIN-CODEINE 100-10 MG/5 ML CUP INNER (OTC)	3	MO; ADD
GUAIFENESIN-CODEINE 200-20 MG/10 ML CUP (OTC)	3	MO; ADD
GUAIFENESIN-CODEINE 200-20 MG/10 ML CUP INNER (OTC)	3	MO; ADD
guaifenesin-dm 100-10 mg/5 ml (otc)	3	MO; ADD

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guaifenesin-dm 100-10 mg/5 ml cup (otc)	3	MO; ADD
guaifenesin-dm 100-10 mg/5 ml cup inner (otc)	3	MO; ADD
guaifenesin-dm 100-10 mg/5 ml cup outer (otc)	3	MO; ADD
guaifenesin-dm 200-20 mg/10 ml cup (otc)	3	MO; ADD
guaifenesin-dm 200-20 mg/10 ml cup inner (otc)	3	MO; ADD
guaifenesin-dm 200-20 mg/10 ml cup outer (otc)	3	MO; ADD
guaifenesin-pse er 1200-120 mg (otc)	3	ADD
guaifenesin-pse er 600-60 mg (otc)	3	MO; ADD
HEAD CONGESTION-MUCUS CAPLET	3	ADD
HISTEX 2.5 MG/5 ML SYRUP	3	ADD
HISTEX PD 0.938 MG/ML DROP	3	MO; ADD
HISTEX-DM SYRUP	3	MO; ADD
hm allergy relief 10 mg tablet	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
hm allergy relief 180 mg tab	3	MO; ADD
hm allergy relief 25 mg cap	3	ADD
hm allergy relief 4 mg tablet	3	ADD
hm allergy relief 60 mg tablet	3	ADD
hm allergy rlf-nasal decong tb non-drowsy,24 hr rlf	3	MO; 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 loratadine 5 mg/5 ml	3	MO; ADD
hm child's cold-cough elixir red grape	3	ADD
hm cold-sinus 200-30 mg coated caplet	3	ADD
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

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HM DAY SEVERE COLD-FLU CAPLET	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
<i>hm mucus dm max er 1200-60 mg</i>	3	MO; ADD
<i>hm nasal decong pe 10 mg tab</i>	3	ADD
<i>hm nasal decong pe 10 mg tab non-drowsy,max-str</i>	3	ADD
<i>hm nasal decongest er 120 mg</i>	3	ADD
HM NIGHT TIME COLD-FLU LIQ GLUTEN-FREE,CHERRY	3	ADD
HYCODAN 5 MG-1.5 MG TABLET	3	MO; ADD
HYCODAN 5 MG-1.5 MG/5 ML SOLN	3	MO; ADD
HYCODAN 5 MG-1.5 MG/5 ML SOLUTION CUP INNER	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
HYCODAN 5 MG-1.5 MG/5 ML SOLUTION CUP OUTER	3	ADD
<i>hydrocodone-chlorphen er susp</i>	3	MO; ADD
<i>hydrocodone-homatropine 5-1.5 mg tablet</i>	3	MO; ADD
<i>hydrocodone-homatropine soln</i>	3	ADD
<i>hydromet 5 mg-1.5 mg/5 ml soln</i>	3	MO; ADD
<i>hydroxyzine hcl oral tablet</i>	1	PA; MO
<i>levocetirizine 5 mg tablet (otc)</i>	3	MO; ADD
<i>levocetirizine oral solution</i>	1	MO
<i>levocetirizine oral tablet 5 mg</i>	1	MO; QL (30 per 30 days)
<i>lohist-d liquid</i>	3	MO; ADD
<i>lohist-dm syrup</i>	3	MO; ADD
<i>loratadine 10 mg odt</i>	3	MO; ADD
<i>loratadine 10 mg tablet</i>	3	MO; ADD
<i>loratadine 10 mg tablet 10x10, outer</i>	3	MO; ADD
<i>loratadine 10 mg tablet 10x10,u-d,inner</i>	3	MO; ADD

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loratadine 10 mg tablet 10x10, u-d, outer	3	MO; ADD
loratadine 10 mg tablet inner	3	MO; ADD
loratadine 10 mg tablet non-drowsy	3	MO; ADD
loratadine 10 mg tablet outer	3	MO; ADD
loratadine 5 mg/5 ml solution	3	MO; ADD
loratadine 5 mg/5 ml syrup children's	3	MO; ADD
loratadine 5 mg/5 ml syrup children's, d/f	3	MO; ADD
loratadine allergy 5 mg/5 ml d/f	3	MO; ADD
loratadine-d 12 hour tablet	3	MO; ADD
loratadine-d 24hr tablet	3	MO; ADD
LORTUSS LQ 6.25-30 MG/5 ML LIQ	3	ADD
mapap cold formula caplet	3	MO; ADD
MAR-COF BP LIQUID	3	ADD
MAR-COF CG LIQUID	3	MO; ADD
MAXICHLOR PEH DM TABLET	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
MAXIFED TABLET	3	ADD
MAXIFED TR 30-1.25 MG TABLET	3	ADD
maxi-tuss ac liquid	3	ADD
MAXI-TUSS CD LIQUID	3	ADD
maxi-tuss g liquid	3	ADD
maxi-tuss gmx liquid	3	ADD
MAXI-TUSS JR LIQUID	3	ADD
MAXI-TUSS PE JR LIQUID	3	ADD
MAXI-TUSS PE LIQUID	3	ADD
maxi-tuss pe max liquid	3	ADD
maxi-tuss tr syrup	3	ADD
m-dryl 12.5 mg/5 ml solution	3	MO; ADD
M-END DMX LIQUID	3	MO; ADD
MICLARA DM LIQUID	3	ADD
MICLARA LQ 1.25 MG/5 ML SYRUP	3	ADD
MUCINEX COLD-FLU-SORETHROAT LQ	3	ADD
mucinex cough-chest cong hbp	3	MO; ADD

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mucinex d er 1,200-120 mg tab	3	MO; ADD	MUCINEX FAST-MAX COLD-FLU CAP	3	ADD
mucinex d er 600-60 mg tablet	3	MO; ADD	MUCINEX FAST-MAX COLD-FLU CPLT	3	ADD
MUCINEX DM ER 1,200-60 MG TAB BI-LAYER, MAX-STR	3	MO; ADD	MUCINEX FAST-MAX COLD-FLU LIQ	3	ADD
mucinex dm er 600-30 mg tablet	3	MO; ADD	MUCINEX FAST-MAX COLD-FLU LIQ	3	ADD
mucinex dm er 600-30 mg tablet bi-layer	3	MO; ADD	MUCINEX FAST-MAX COLD-FLU THRT	3	ADD
mucinex dm er 600-30 mg tablet inner	3	MO; ADD	MUCINEX FAST-MAX CONGEST-COUGH	3	MO; ADD
mucinex dm er 600-30 mg tablet outer	3	MO; ADD	MUCINEX FAST-MAX CONGEST-HEAD	3	ADD
MUCINEX ER 1,200 MG TABLET	3	MO; ADD	<i>mucinex fast-max dm max liquid</i>	3	ADD
MUCINEX ER 1,200 MG TABLET MAX STR, BI-LAYER	3	MO; ADD	<i>mucinex fast-max dm max liquid maximum strength</i>	3	ADD
mucinex er 600 mg tablet	3	MO; ADD	MUCINEX FAST-MAX DY-NT CLD-FLU	3	ADD
mucinex er 600 mg tablet bi-layer, 12 hours	3	MO; ADD	MUCINEX FASTMX CLD-NTSHFT CPLT	3	ADD
mucinex er 600 mg tablet inner	3	MO; ADD			
mucinex er 600 mg tablet outer	3	MO; ADD			

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MUCINEX FASTMX CNG-NTSHFT CPLT	3	ADD
MUCINEX NIGHTSHFT SEVR CLD-FLU	3	ADD
MUCINEX NIGHTSHIFT CLD-FLU CPT	3	ADD
MUCINEX NIGHTSHIFT COLD-FLU LQ	3	ADD
MUCINEX NIGHTSHIFT SINUS CAPLT	3	ADD
MUCINEX NIGHTSHIFT SINUS LIQ	3	ADD
MUCINEX SINUS-MAX CONG-PAIN CP	3	ADD
MUCINEX SINUSMAX DAY-NT CAPLET	3	ADD
MUCINEX SINUS-MAX DY-NT LIQGEL	3	ADD
MUCINEX SINUS-MAX NITE CONGEST	3	ADD
MUCINEX SINUS-MAX PRESSURE-CGH	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
MUCINEX SINUS-MAX SEVERE CPLT	3	ADD
<i>mucus dm max er 1,200-60 mg tb</i>	3	MO; ADD
<i>mucus er 600 mg tablet</i>	3	MO; ADD
<i>mucus relief 400 mg tablet</i>	3	MO; ADD
<i>mucus relief d er 1,200-120 mg</i>	3	ADD
<i>mucus relief d er 600-60 mg tb</i>	3	ADD
<i>mucus relief dm cough tablet</i>	3	ADD
<i>mucus relief dm max liquid</i>	3	ADD
MUCUS RELIEF ER 1,200 MG TAB	3	ADD
<i>mucus relief er 600 mg tablet</i>	3	MO; ADD
<i>mucus relief pe tablet</i>	3	ADD
<i>mucus rlf dm er 600-30 mg tab</i>	3	MO; ADD
<i>mucus rlf dm max er 1200-60 mg</i>	3	MO; ADD
<i>nasal decongestant 30 mg tab</i>	3	ADD
<i>nasal decongestant 30 mg tab maximum strength</i>	3	ADD

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
NIGHTTIME COLD-FLU RLF SFTGL	3	ADD
nighttime cough liquid	3	ADD
NINJACOF LIQUID	3	MO; ADD
NINJACOF-A LIQUID	3	ADD
NINJACOF-XG LIQUID	3	ADD
NIVANEX DMX TABLET	3	ADD
nohist-dm liquid	3	MO; ADD
nohist-lq liquid	3	ADD
NOREL AD TABLET	3	MO; ADD
PEDIACLEAR PD 0.625 MG/ML DROP	3	ADD
PEDIAVENT 2 MG/5 ML SYRUP	3	ADD
pharbedryl 25 mg capsule	3	ADD
pharbedryl 50 mg capsule	3	ADD
phenylephrine 10 mg tablet	3	MO; ADD
POLY HIST FORTE 10.5-10 MG TAB	3	MO; ADD
POLY-HIST DM LIQUID	3	ADD

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POLY-TUSSIN AC LIQUID	3	MO; ADD
POLYTUSSIN DM 2-15-7.5 MG/5 ML	3	ADD
POLY-VENT DM TABLET	3	ADD
POLY-VENT IR TABLET	3	MO; ADD
<i>promethazine injection solution</i>	1	MO
<i>promethazine oral</i>	1	PA; MO
<i>promethazine vc solution</i>	3	ADD
<i>promethazine vc-codeine soln</i>	3	MO; ADD
<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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>pseudoephedrine er 120 mg tab coated cplt, max str</i>	3	MO; ADD
<i>qc all day allergy 10 mg tab</i>	3	MO; ADD
<i>qc allergy (lorat) 10 mg tab</i>	3	ADD
<i>qc child allergy 12.5 mg/5 ml</i>	3	ADD
<i>qc children's allergy 1 mg/ml</i>	3	ADD
<i>qc cold relief plus eff tablet</i>	3	ADD
<i>qc complete allergy 25 mg cap</i>	3	ADD
<i>qc complete allergy 25 mg cap</i>	3	ADD
<i>qc ibuprofen cld-sinus cplt non-drowsy, caplet</i>	3	ADD
<i>qc loratadine 10 mg tablet non-drowsy</i>	3	MO; ADD
<i>qc loratadine-d 24hr tablet non-drowsy</i>	3	MO; ADD
<i>qc mucus relief 400 mg caplet</i>	3	MO; ADD
<i>qc mucus relief dm tablet</i>	3	ADD
QC MUCUS RELIEF ER 1,200 MG TB	3	ADD
<i>qc mucus relief er 600 mg tab</i>	3	MO; ADD

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qc nasal decongest 30 mg tab	3	ADD
qc suphedrine 12hr 120 mg cplt non-drowsy, 12hr	3	ADD
qc tussin 100 mg/5 ml solution	3	ADD
qc tussin cf liquid	3	MO; ADD
qc tussin dm liquid	3	ADD
qc tussin mucus-cong 200 mg/10	3	ADD
robafen cf liquid multi-cld symptm	3	MO; ADD
robafen dm 200-20 mg/20 ml liq	3	MO; ADD
RU-HIST D 10-4 MG TABLET	3	MO; ADD
rydex liquid	3	ADD
RYMED TABLET	3	MO; ADD
rynex dm liquid gluten/f	3	MO; ADD
rynex dm liquid prof use only	3	MO; ADD
rynex pe liquid	3	MO; ADD
rynex pse liquid	3	ADD
SEVERE COLD-FLU CAPLET	3	ADD
siladryl 12.5 mg/5 ml liquid	3	ADD
siltussin sa 100 mg/5 ml syr	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
SINUS CONGESTION-PAIN CAPLET	3	MO; ADD
SINUS CONGST-PAIN 325-200-5 MG	3	ADD
SINUS PRESSURE-PAIN CAPLET	3	ADD
SINUS-HEADACHE 5-325 MG CAPLET	3	ADD
sm all day allergy 10 mg tab	3	MO; ADD
sm all day allergy 10 mg tab	3	ADD
sm all day allergy-d tablet	3	ADD
sm allergy 4 mg tablet	3	ADD
sm allergy relief 25 mg tablet	3	ADD
sm allergy relief 60 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

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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 12.5 mg/5 ml	3	ADD
sm child allergy 5 mg/5 ml sol	3	ADD
sm child cold-allergy liquid	3	ADD
sm child loratadine 5 mg/5 ml gluten/f	3	MO; ADD
SM COLD-FLU SEVERE CAPLET GLUTEN-FREE	3	ADD
sm cold-sinus relief caplet	3	ADD
SM DAY TIME COLD-FLU LIQUID GLUTEN-FREE	3	ADD
sm fexofenadine hcl 180 mg tab (otc)	3	MO; ADD
sm fexofenadine hcl 180 mg tab 24hr, gluten-free (otc)	3	MO; ADD
sm fexofenadine hcl 60 mg tab (otc)	3	MO; ADD
sm guaifenesin-pse er 600-60 (otc)	3	MO; ADD
sm loratadine 10 mg tablet	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
sm loratadine 5 mg/5 ml syrup	3	MO; ADD
sm lorata-dine d 24hr tablet	3	ADD
sm loratadine-d 12 hour tablet	3	MO; ADD
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 GLUTEN-FREE	3	ADD
SM NITE TIME COLD-FLU LIQUID GLUTEN-FREE,CHERRY	3	ADD
SM SINUS SEVERE CAPLET	3	ADD
sm tussin cf syrup	3	MO; ADD
SM TUSSIN DM 200-20 MG/20 ML	3	ADD
sm tussin dm 400-20 mg/20 ml	3	ADD
sm tussin dm liquid	3	ADD

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<i>sm tussin dm syrup</i>	3	ADD	THERAFLU MS SEVERE COLD PCKT	3	ADD
<i>sm tussin mucus-cong 200 mg/10 adult,non-drows</i>	3	ADD	THERAFLU NT SEVERE CLD-CGH PKT NIGHTTIME	3	ADD
STAHISt AD TABLET	3	MO; ADD	TRIAMINIC DAYTIME COLD-COUGH CHILDREN'S, CHERRY	3	ADD
STAHISt TP 10-2.5 MG TABLET	3	ADD	TRIAMINIC NIGHTTIME COLD-COUGH CHILDREN'S, GRAPE	3	ADD
<i>sudogest 12 hour 120 mg caplet</i>	3	MO; ADD	TRIPROLIDINE 0.938 MG/ML DROPS	3	ADD
<i>sudogest 30 mg tablet</i>	3	MO; ADD	TUSNEL CAPLET	3	ADD
<i>sudogest 30 mg tablet boxed</i>	3	MO; ADD	<i>tusnel diabetic liquid</i>	3	MO; ADD
<i>sudogest 60 mg tablet</i>	3	MO; ADD	<i>tusnel diabetic liquid d/f</i>	3	MO; ADD
<i>sudogest cold and allergy tab</i>	3	MO; ADD	TUSNEL DM LIQUID	3	ADD
<i>suphedrin 30 mg tablet</i>	3	ADD	TUSNEL DM PEDIATRIC LIQUID	3	ADD
THERAFLU EXPRESSMAX COLD-COUGH	3	ADD	TUSNEL LIQUID D/F	3	ADD
THERAFLU EXPRESSMAX DAY CAPLET	3	ADD	TUSNEL PED 5-50-15 MG/5 ML LIQ (OTC)	3	ADD
THERAFLU EXPRESSMAX NIGHT CPLT	3	ADD			
THERAFLU FLU & SORE THROAT	3	ADD			

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TUSNEL PEDI 25-1.25 MG/ML DROP	3	ADD
TUSNEL-DM PED 2.5-25-1.25 MG/ML	3	ADD
<i>tusnel-ex 100 mg/5 ml liquid</i>	3	ADD
<i>tussin 400 mg tablet</i>	3	ADD
<i>tussin cf cough-cold liquid non-drowsy</i>	3	ADD
<i>tussin cf cough-cold syrup non-drowsy</i>	3	MO; ADD
TUSSIN CF MAX SEVERE M-S COLD	3	ADD
<i>tussin cf multi-symptom cold</i>	3	MO; ADD
<i>tussin cough liquid long-acting</i>	3	ADD
<i>tussin cough liquid maximum strength</i>	3	ADD
<i>tussin dm 400-20 mg tablet</i>	3	ADD
<i>tussin dm 400-20 mg/20 ml liq</i>	3	ADD
<i>tussin dm clear syrup d/f</i>	3	ADD
<i>tussin dm liquid</i>	3	ADD
<i>tussin mucus-cong 200 mg/10 ml</i>	3	ADD
VANACOF DM 18-200-10 MG/15 ML	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
VANACOF DMX 18-396-10 MG/15 ML	3	ADD
VANACOF LIQUID	3	MO; ADD
VANATAB DM CAPLET	3	ADD
WESTUSSIN DM 1-5-10 MG/5 ML SYR	3	ADD
<b>PULMONARY AGENTS</b>		
<i>acetylcysteine</i>	1	B/D PA; MO
ADEMPAS	2	PA; MO; LA; NDS
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

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<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	1	B/D PA	ASMANEX HFA INHALATION HFA AEROSOL INHALER 50 MCG/ACTUATION	2	QL (13 per 30 days)
<i>albuterol sulfate oral syrup</i>	1	MO	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)
<i>albuterol sulfate oral tablet</i>	1	MO	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)
<i>allergy relief 50 mcg spray</i>	3	ADD	ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	MO; QL (2 per 30 days)
<i>ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION</i>	2	MO; QL (12.2 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 (2 per 30 days)
<i>ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION</i>	2	MO; QL (6.1 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 (2 per 30 days)
<i>alyq</i>	1	PA; QL (60 per 30 days); NDS	ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	QL (2 per 28 days)
<i>ambrisentan</i>	1	PA; MO; LA; NDS	ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	QL (2 per 28 days)
<i>arformoterol</i>	1	B/D PA; MO; QL (120 per 30 days)	ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	QL (2 per 28 days)
<i>ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION , 200 MCG/ACTUATION</i>	2	MO; QL (13 per 30 days)	ATROVENT HFA	2	MO; QL (25.8 per 30 days)

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BEVESPI AEROSPHERE	2	MO; QL (10.7 per 30 days)
<i>bosentan</i>	1	PA; MO; LA; NDS
BREO ELLIPTA	2	MO; QL (60 per 30 days)
<i>breyyna</i>	1	MO; QL (10.3 per 30 days)
BREZTRI AEROSPHERE	2	MO; QL (10.7 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	1	B/D PA; MO; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	1	B/D PA; MO; QL (60 per 30 days)
<i>budesonide-formoterol</i>	1	QL (10.2 per 30 days)
CHILD FLONASE ALLER RLF 50 MCG	3	MO; ADD METERED SPRAYS
CINRYZE	2	PA; MO; NDS
COMBIVENT RESPIMAT	2	MO; QL (8 per 30 days)
<i>cromolyn inhalation</i>	1	B/D PA; MO
<i>cromolyn sodium nasal spray</i>	3	MO; ADD
DULERA	2	MO; QL (13 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ELIXOPHYLLIN	2	
FASENRA	2	PA; MO; QL (1 per 28 days); NDS
FASENRA PEN	2	PA; MO; QL (1 per 28 days); NDS
FLONASE ALLERGY RLF 50 MCG SPR	3	MO; ADD
FLONASE ALLERGY RLF 50 MCG SPR 120 METERED SPRAYS	3	MO; ADD
FLONASE ALLERGY RLF 50 MCG SPR 3X120 METERED SPRAYS	3	MO; ADD
FLONASE ALLERGY RLF 50 MCG SPR 60 METERED SPRAYS	3	MO; ADD
<i>flunisolide</i>	1	MO; QL (50 per 30 days)
<i>fluticasone prop 50 mcg spray (otc)</i>	3	MO; ADD
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	1	MO; QL (16 per 30 days)

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<i>fluticasone propionate-salmeterol inhalation blister with device</i>	1	MO; QL (60 per 30 days)
<i>formoterol fumarate</i>	1	B/D PA; MO; QL (120 per 30 days)
<i>gnp fluticasone prop 50 mcg sp (otc)</i>	3	MO; ADD
<i>hm allergy relief 50 mcg spray</i>	3	ADD
<i>icatibant</i>	1	PA; MO; NDS
<i>ipratropium bromide inhalation</i>	1	B/D PA; MO
<i>ipratropium-albuterol</i>	1	B/D PA; MO
KALYDECO	2	PA; MO; QL (56 per 28 days); NDS
<i>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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
NUCALA SUBCUTANEOUS AUTO-INJECTOR	2	PA; MO; LA; QL (3 per 28 days); NDS
NUCALA SUBCUTANEOUS RECON SOLN	2	PA; MO; LA; QL (3 per 28 days); NDS
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA; MO; LA; QL (3 per 28 days); NDS
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	2	PA; MO; LA; QL (0.4 per 28 days); NDS
OFEV	2	PA; MO; QL (60 per 30 days); NDS
OPSUMIT	2	PA; MO; LA; NDS
ORKAMBI ORAL GRANULES IN PACKET	2	PA; MO; QL (56 per 28 days); NDS
ORKAMBI ORAL TABLET	2	PA; MO; QL (112 per 28 days); NDS
<i>pirfenidone oral capsule</i>	1	PA; MO; QL (270 per 30 days); NDS
<i>pirfenidone oral tablet 267 mg</i>	1	PA; MO; QL (270 per 30 days); NDS
<i>pirfenidone oral tablet 801 mg</i>	1	PA; MO; QL (90 per 30 days); NDS

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PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	2	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	2	MO; QL (1 per 30 days)
PULMOZYME	2	B/D PA; MO; NDS
<i>qc allergy relief 50 mcg spray</i>	3	ADD
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	2	MO; QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	2	MO; QL (21.2 per 30 days)
roflumilast	1	PA; MO; QL (30 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>sajazir</i>	1	PA; MO; NDS
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	1	PA; NDS
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>sm allergy relief 50 mcg spray</i>	3	ADD
SPIRIVA RESPIMAT	2	MO; QL (4 per 30 days)
STIOLTO RESPIMAT	2	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	2	MO; QL (4 per 30 days)
SYMDEKO	2	PA; MO; QL (56 per 28 days); NDS
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA; QL (60 per 30 days); NDS
<i>terbutaline</i>	1	MO
THEO-24	2	MO
THEOPHYLLINE ANHYDROUS PWD USP/NF (RX)	3	ADD
<i>theophylline oral elixir</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>theophylline oral solution</i>	1	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg</i>	1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	MO
<i>theophylline oral tablet extended release 24 hr</i>	1	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); NDS
TRIKAFTA ORAL TABLETS, SEQUENTIAL	2	PA; MO; QL (84 per 28 days); NDS
TYVASO	2	B/D PA; MO; NDS
TYVASO INSTITUTIONAL START KIT	2	B/D PA; NDS
TYVASO REFILL KIT	2	B/D PA; MO; NDS
TYVASO STARTER KIT	2	B/D PA; MO; NDS

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>wixela inh</i>	1	QL (60 per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN	2	PA; MO; LA; QL (8 per 28 days); NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	2	PA; MO; LA; QL (8 per 28 days); NDS
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	2	PA; MO; LA; QL (1 per 28 days); NDS
<i>zafirlukast</i>	1	MO
<b>UROLOGICALS</b>		
<b>ANTICHOLINERGICS / ANTISPASMODICS</b>		
<i>fesoterodine</i>	1	MO
<i>flavoxate</i>	1	MO
MYRBETRIQ ORAL SUSPENSION,EXT ENDED 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

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<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	MO
<b>OXYTROL FOR WOMEN 3.9 MG/24HR OUTER</b>	3	MO; ADD
<i>solifenacina</i>	1	MO
<i>tolterodine</i>	1	MO
<i>trospium oral tablet</i>	1	MO
<b>BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY</b>		
<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
<b>MISCELLANEOUS UROLOGICALS</b>		
<i>bethanechol chloride</i>	1	MO
<b>CYSTAGON</b>	2	PA; LA
<b>ELMIRON</b>	2	MO
<i>glycine urologic</i>	1	
<i>glycine urologic solution</i>	1	
<b>K-PHOS NO 2</b>	2	MO
<b>K-PHOS ORIGINAL</b>	2	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<b>ORACIT ORAL SOLUTION</b>	3	MO; ADD
<b>PHOSPHO-TRIN K500 500 MG TAB</b>	3	ADD
<i>potassium cit-citric acid soln</i>	3	MO; ADD
<i>potassium citrate oral tablet extended release</i>	1	MO
<b>RENACIDIN</b>	2	MO
<i>sod citrate-citric acid soln (rx)</i>	3	MO; ADD
<i>sod citrate-citric acid solution 1.5-1 gm/15 ml cup inner (rx)</i>	3	MO; ADD
<i>sod citrate-citric acid solution 1.5-1 gm/15 ml cup outer (rx)</i>	3	MO; ADD
<i>sod citrate-citric acid solution 3-2 gm/30 ml cup inner (rx)</i>	3	MO; ADD
<i>sod citrate-citric acid solution 3-2 gm/30 ml cup outer (rx)</i>	3	MO; ADD
<i>tricitrates oral solution</i>	3	MO; ADD
<b>URINARY ANESTHETICS</b>		
<i>hm urinary pain rlf 95 mg tab</i>	3	ADD

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HM URINARY PAIN RLF 99.5 MG	3	ADD
<i>qc urinary pain rlf 95 mg tab</i>	3	ADD
SM URINARY PAIN REL 97.5 MG TB MAX-STRENGTH	3	ADD
<i>sm urinary pain rlf 95 mg tab</i>	3	ADD
SM URINARY PAIN RLF 99.5 MG TB	3	ADD
<i>urinary pain relief 95 mg tab</i>	3	ADD
URINARY PAIN RELIEF 99.5 MG TB	3	ADD
<b>VITAMINS, HEMATINICS / ELECTROLYTES</b>		
<b>BLOOD DERIVATIVES</b>		
<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	
<b>ELECTROLYTES</b>		

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>antacid 500 mg chew tablet</i>	3	ADD
<i>antacid 500 mg chewable tablet</i>	3	ADD
<i>antacid 500 mg chewable tablet inner</i>	3	ADD
<i>antacid 500 mg chewable tablet outer</i>	3	ADD
<i>antacid 750 mg chewable tablet</i>	3	ADD
<i>antacid ex-str 750 mg tab chew</i>	3	ADD
<i>antacid ultra str 1,000 mg chw</i>	3	ADD
<i>antacid ultra tablet chew</i>	3	ADD
<i>antacid xtra strength chew tab</i>	3	ADD
BIOLYTE LIQUID CITRUS	3	ADD
CAL-CITRATE PLUS VITAMIN D TAB	3	ADD
CALCIUM 1,000 + D3 CAPLET	3	MO; ADD
<i>calcium 250-vit d3 125 tablet</i>	3	MO; ADD
CALCIUM 500 MG CHEWABLE TABLET (RX)	3	MO; ADD

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

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calcium 600 mg tablet gluten-free,p/f (rx)	3	MO; ADD
calcium 600 mg tablet p/f (rx)	3	ADD
calcium 600 mg tablet p/f, n (rx)	3	ADD
calcium 600 mg-d3 20 mcg cplt (rx)	3	MO; ADD
calcium 600 mg-d3 20 mcg tab (rx)	3	MO; ADD
calcium 600 mg-d3 400 unit sfgl	3	MO; ADD
calcium 600 mg-vit d3 10 mcg tb (rx)	3	MO; ADD
calcium 600 mg-vit d3 5 mcg tb (rx)	3	MO; ADD
calcium 600 with vit d chew tb p/f	3	MO; ADD
calcium 600+d softgel	3	MO; ADD
calcium 600-d3 20 mcg(800 unit) (rx)	3	MO; ADD
CALCIUM 600-VIT D3 2,500 SFTGL	3	MO; ADD
calcium 600-vit d3 200 tablet (rx)	3	MO; ADD
calcium 600-vit d3 200 tablet caplet, no lactose (rx)	3	ADD
calcium 600-vit d3 200 tablet gluten-free (rx)	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
calcium 600-vit d3 200 tablet lactose free, p/f (rx)	3	ADD
calcium 600-vit d3 200 tablet lactose free,p/f(rx)	3	ADD
calcium 600-vit d3 200 tablet p/f (rx)	3	MO; ADD
calcium 600-vit d3 200 tablet p/f,d,f,lactose-free (rx)	3	ADD
calcium 600-vit d3 200 tablet p/f,high potency (rx)	3	MO; ADD
calcium 600-vit d3 400 caplet (rx)	3	MO; ADD
calcium 600-vit d3 400 caplet (rx)	3	MO; ADD
calcium 600-vit d3 400 tablet (rx)	3	ADD
calcium 600-vit d3 400 tablet (rx)	3	MO; ADD
calcium 600-vit d3 400 tablet (rx)	3	ADD
calcium 600-vit d3 400 tablet gluten-free (rx)	3	MO; ADD
calcium 600-vit d3 400 tablet high potency (rx)	3	ADD
calcium 600-vit d3 400 tablet inner (rx)	3	ADD

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
calcium 600-vit d3 800 tablet outer (rx)	3	MO; ADD
calcium 600-vit d3 800 tablet p/f (rx)	3	MO; ADD
calcium 600-vit d3 800 tablet p/f,gluten-free (rx)	3	MO; ADD
calcium acetate(phosphat bind)	1	MO; QL (360 per 30 days)
calcium antacid 500 mg chw tab assorted fruit	3	MO; ADD
calcium antacid 500 mg chw tab gluten-f, peppermint	3	MO; ADD
calcium antacid 750 mg tb chew	3	MO; ADD
calcium carb 1,250 mg/5 ml sus (rx)	3	MO; ADD
calcium carb 1,250 mg/5 ml sus n (otc)	3	MO; ADD
CALCIUM CARB 260 MG TAB CHEW	3	ADD
calcium carb 500 mg tab chew	3	ADD
calcium carbonate 1,250 mg/5 ml suspension cup (otc)	3	MO; ADD

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calcium carbonate 1,250 mg/5 ml suspension cup 40's,u-d (otc)	3	MO; ADD
calcium carbonate 648 mg tab	3	MO; ADD
CALCIUM CARBONATE POWDER	3	ADD
calcium chloride	1	
calcium cit 200 mg-d3 3 mcg tb (rx)	3	ADD
calcium cit 200-vit d3 250 tab (rx)	3	ADD
CALCIUM CIT 200-VIT D3 250 TAB (RX)	3	ADD
calcium cit 250 mg-d3 200 unit (rx)	3	ADD
calcium cit 315 mg-vit d3 5 mcg (rx)	3	MO; ADD
CALCIUM CIT 315-VIT D3 250 CPT (RX)	3	MO; ADD
CALCIUM CIT 315-VIT D3 250 TAB INNER (RX)	3	MO; ADD
CALCIUM CIT 315-VIT D3 250 TAB OUTER (RX)	3	MO; ADD
calcium citrate - vit d caplet (rx)	3	ADD

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

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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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>cal-gest 500 mg tablet chew</i>	3	MO; ADD
CAL-MINT 260 MG TABLET CHEW	3	ADD
CAL-QUICK LIQUID	3	ADD
CALTRATE 600 + D SOFT CHEW TAB CHOCOLATE TRUFFLE	3	MO; ADD
CALTRATE 600 + D SOFT CHEW TAB VANILLA CREME	3	MO; ADD
CALTRATE 600 PLUS D3 TABLET	3	MO; ADD
CERALYTE-70 ELECTROLYTE DRINK (RX)	3	ADD
CERASPORT EX1 LIQUID (RX)	3	ADD
CERASPORT LIQUID	3	ADD
<i>chromium cl 40 mcg/10 ml vial outer,sdv</i>	3	ADD
<i>chromium cl 40 mcg/10 ml vial p/f, suv, outer</i>	3	ADD
CITRACAL + D MAXIMUM CAPLET (RX)	3	ADD

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CITRACAL-D3 200 MG-250 UNIT TAB COATED, PETITES (RX)	3	MO; ADD	CVS MAGNESIUM 500 MG CAPLET (RX)	3	MO; ADD
CITRACAL-D3 200 MG-250 UNIT TAB PETITES (RX)	3	MO; ADD	<i>cvs pediatric electrolyte 16's,freezer pops (rx)</i>	3	ADD; QL (434 per 30 days)
CITRACAL-D3 MAXIMUM PLUS CAPLT	3	MO; ADD	<i>cvs pediatric electrolyte soln (rx)</i>	3	ADD
<i>citrus calcium 200-vit d3 250</i>	3	MO; ADD	<i>cvs pediatric electrolyte soln (rx)</i>	3	ADD; QL (7000 per 30 days)
<i>copper chloride 4 mg/10 ml vl p/f, suv, outer</i>	3	ADD	<i>cvs pediatric electrolyte soln dye/free, strawberry (rx)</i>	3	ADD; QL (7000 per 30 days)
CVS CAL CIT 200 MG-D3 6.25 MCG (RX)	3	ADD	CVS TRIPLE MAGNESIUM COMPLEX	3	ADD
<i>cvs calcium 500-vit d3 125 tab</i>	3	ADD	<i>effer-k oral tablet, effervescent 25 meq</i>	1	MO
<i>cvs calcium 600 mg-d3 20 mcg tab (rx)</i>	3	MO; ADD	<i>electrolyte solution (rx)</i>	3	ADD
<i>cvs calcium 600-vit d3 400 tab (otc)</i>	3	ADD	ENFAMIL ENFALYTE SOLUTION RTU,LIGHT CHERRY (RX)	3	ADD; QL (1239 per 30 days)
<i>cvs calcium 600-vit d3 400 tab s/f, p/f (otc)</i>	3	ADD	ENFAMIL ENFALYTE SOLUTION RTU,UNFLAVORED (RX)	3	ADD; QL (413 per 30 days)
<i>cvs calcium 600-vit d3 800 tab p/f,gluten-free (rx)</i>	3	MO; ADD			
<i>cvs magnesium 250 mg caplet (rx)</i>	3	MO; ADD			

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<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>eql calcium 600-vit d3 800 tab (rx)</i>	3	MO; ADD
<i>eql calcium citrate-vit d3 cpt (rx)</i>	3	MO; ADD
EQL CALCIUM CITRATE-VIT D3 CPT (RX)	3	MO; ADD
GALZIN 25 MG CAPSULE	3	MO; ADD
GALZIN 50 MG CAPSULE	3	MO; ADD
<i>gnp antacid ex-str 750 mg chew</i>	3	ADD
<i>gnp calcium 500-vit d3 600 tab</i>	3	MO; ADD
<i>gnp calcium 600 mg tablet (rx)</i>	3	MO; ADD
<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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>gs pediatric electrolyte soln (rx)</i>	3	ADD; QL (7000 per 30 days)
<i>heb pediatric electrolyte soln (rx)</i>	3	ADD; QL (7000 per 30 days)
<i>hm antacid 500 mg chew tablet</i>	3	ADD
<i>hm antacid ex-str 750 mg chew</i>	3	ADD
HM CALCIUM CITRATE-VIT D3 TAB COATED, PETITES (RX)	3	ADD
<i>hydralyte electrolyte soln</i>	3	ADD
<i>hydralyte electrolyte soln</i>	3	ADD; QL (7000 per 30 days)
<i>kinderlyte electrolyte soln</i>	3	ADD
<i>kinderlyte electrolyte soln fruit punch</i>	3	ADD; QL (7000 per 30 days)
<i>kinderlyte electrolyte soln grape</i>	3	ADD; QL (7000 per 30 days)
<i>kinderlyte electrolyte soln lemon lime</i>	3	ADD; QL (7000 per 30 days)
<i>kinderlyte electrolyte soln lemonade</i>	3	ADD; QL (7000 per 30 days)

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<i>kinderlyte electrolyte soln orange</i>	3	ADD; QL (7000 per 30 days)	MAG DELAY DR 64 MG TABLET	3	MO; ADD
<i>kinderlyte electrolyte soln strawberry</i>	3	ADD; QL (7000 per 30 days)	<i>mag64 dr 64 mg tablet (rx)</i>	3	MO; ADD
<i>kinderlyte electrolyte soln strawberry punch</i>	3	ADD; QL (7000 per 30 days)	<i>mag-g 500 mg tablet</i>	3	MO; ADD
<i>klor-con 10</i>	1	MO	MAGNESIUM 200 MG CHEW TAB	3	ADD
<i>klor-con 8</i>	1	MO	<i>magnesium 250 mg tablet p/f, no lactose (rx)</i>	3	MO; ADD
<i>klor-con m10</i>	1	MO	MAGNESIUM 400 MG SOFTGEL	3	MO; ADD
<i>klor-con m15</i>	1	MO	<i>magnesium 500 mg tablet p/f, gluten/f (rx)</i>	3	MO; ADD
<i>klor-con m20</i>	1	MO	MAGNESIUM CHLORIDE 64 MG TAB	3	ADD
<i>klor-con oral packet 20</i>	1	MO	MAGNESIUM CHLORIDE CRYSTALS USP, HEXAHYDRATE (RX)	3	ADD
<i>klor-con/ef</i>	1	MO	MAGNESIUM CHLORIDE EC 70 MG TB	3	MO; ADD
<i>k-phos neutral tablet</i>	3	MO; ADD	<i>magnesium chloride injection</i>	1	
<i>lactated ringers intravenous</i>	1	MO	MAGNESIUM CITRATE 100 MG TAB	3	ADD
<i>liquid calcium 600-vit d3 sgf softgel,p/f,gluten-f (rx)</i>	3	MO; ADD	<i>magnesium gluc 500 mg tablet</i>	3	MO; ADD
<b>LIQUID CALCIUM WITH VITAMIN D SOFTGEL, P/F (RX)</b>	3	ADD			
<b>LIQUID CALCIUM-VIT D SOFTGEL</b>	3	MO; ADD			

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MAGNESIUM GLUCONATE 250 MG TAB	3	MO; ADD	<i>magnesium oxide 500 mg capsule (rx)</i>	3	MO; ADD
<i>magnesium gluconate tablet y/f, gluten/f (rx)</i>	3	ADD	<i>magnesium oxide 500 mg tablet extra strength (rx)</i>	3	MO; ADD
<i>magnesium oxide 250 mg caplet p/f, gluten/f (rx)</i>	3	MO; ADD	<i>magnesium oxide 500 mg tablet p/f, lactose-free (rx)</i>	3	MO; ADD
<i>magnesium oxide 250 mg tablet (rx)</i>	3	MO; ADD	MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	2	
<i>magnesium oxide 250 mg tablet p/f (rx)</i>	3	MO; ADD	<i>magnesium sulfate in water</i>	1	
<i>magnesium oxide 400 mg tablet (rx)</i>	3	MO; ADD	<i>magnesium sulfate injection solution</i>	1	MO
<i>magnesium oxide 400 mg tablet 240mg elemental (rx)</i>	3	MO; ADD	<i>magnesium sulfate injection syringe</i>	1	
<i>magnesium oxide 400 mg tablet gluten free (rx)</i>	3	MO; ADD	MAGOX 400 TABLET (RX)	3	MO; ADD
<i>magnesium oxide 400 mg tablet inner (rx)</i>	3	MO; ADD	MAGOX 400 TABLET GLUTEN FREE (RX)	3	MO; ADD
<i>magnesium oxide 400 mg tablet outer (rx)</i>	3	MO; ADD	MAG-OXIDE 200 MG TAB	3	ADD
<i>magnesium oxide 400 mg tablet p/f, soy-free (rx)</i>	3	MO; ADD	<i>mag-oxide magnesium 200 mg tab</i>	3	ADD
<i>magnesium oxide 420 mg tablet (rx)</i>	3	MO; ADD	<i>manganese 1 mg/10 ml vial p/f, suv, outer</i>	3	ADD
			MEDI-LYTE TABLET	3	ADD

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mgo 400 mg tablet	3	ADD
NU-MAG 71.5 MG TABLET	3	ADD
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-VIT D3 125 TB (RX)	3	ADD
oyster shell 500 mg-vit d3 5 mcg (rx)	3	MO; ADD
oyster shell 500 mg-vit d3 5 mcg inner (rx)	3	MO; ADD
oyster shell 500 mg-vit d3 5 mcg outer (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 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 (RX)	3	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 p/f (rx)	3	MO; ADD
oyster shell calcium-vit d tab p/f,gluten-free (rx)	3	MO; 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)

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

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

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<i>pediatric electrolyte solution p/f,unflavored (rx)</i>	3	ADD; QL (7000 per 30 days)	<i>potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l</i>	1	
<i>pediatric electrolyte solution strawberry,w/zinc (rx)</i>	3	ADD; QL (7000 per 30 days)	<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	1	
PEDIAVANCE LIQUID STICK APPLE, 10X120ML	3	ADD	<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>phos-nak packet inner</i>	3	MO; ADD	<i>potassium chloride intravenous</i>	1	
<i>phos-nak packet outer</i>	3	MO; ADD	<i>potassium chloride oral capsule, extended release</i>	1	MO
<i>phosphha 250 neutral tablet</i>	3	MO; ADD	<i>potassium chloride oral liquid</i>	1	MO
<i>phosphorous powder packet inner</i>	3	MO; ADD	<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	1	MO
<i>phosphorous powder packet outer</i>	3	MO; ADD	<i>potassium chloride oral tablet extended release 20 meq</i>	1	
<i>phosphorus-sodium-potassium</i>	3	ADD			
<i>potassium acetate</i>	1				
POTASSIUM BROMIDE CRYSTALS (RX)	3	ADD			
<i>potassium chlorid-d5-0.45%nacl</i>	1				
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1				

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<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	1	MO
<i>potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq</i>	1	
<i>potassium chloride-0.45 % nacl</i>	1	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride-d5-0.9%nacl</i>	1	
<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	1	
<i>qc antacid 500 mg chew tablet</i>	3	ADD
<i>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
<i>ra hi-cal plus vitamin d tab (rx)</i>	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>ra magnesium 500 mg capsule (rx)</i>	3	MO; ADD
<i>ra pediatric electrolyte soln (rx)</i>	3	ADD; QL (7000 per 30 days)
<i>ra pediatric electrolyte soln strawberry (rx)</i>	3	ADD; QL (7000 per 30 days)
<i>ringer's intravenous</i>	1	
<i>sb oyster shell cal 500 mg tb p/f,s/f, gluten-free (otc)</i>	3	ADD
<i>sb pediatric electrolyte soln (otc)</i>	3	ADD; QL (7000 per 30 days)
<i>SELENIOUS ACID 600 MCG/10 ML P/F, MUV, OUTER</i>	3	ADD
<i>SLOW-MAG 71.5 MG TABLET</i>	3	MO; ADD
<i>sm antacid 500 mg chew tablet</i>	3	ADD
<i>sm antacid 750 mg chew tablet</i>	3	ADD
<i>sm cal antacid 750 mg chew tab ex-str, orange</i>	3	MO; ADD
<i>SM CAL CIT 315 MG-D3 250 UNIT CAPLET, GLUTEN-FREE (RX)</i>	3	MO; ADD

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sm calcium 500-vit d3 200 cplt (rx)	3	ADD
sm calcium 500-vit d3 200 cplt caplet, gluten-free (rx)	3	ADD
sm calcium 500-vit d3 400 tab (rx)	3	MO; ADD
sm calcium 500-vit d3 400 tab p/f, no lactose (rx)	3	ADD
SM CALCIUM CIT 315-D3 6.5 MCG (RX)	3	MO; ADD
sm magnesium 250 mg tablet (rx)	3	MO; ADD
sm pediatric electrolyte soln (rx)	3	ADD; QL (7000 per 30 days)
smooth antacid 750 mg chew tab	3	ADD
sodium acetate	1	
sodium bicarbonate intravenous	1	
sodium chloride 0.45 % intravenous	1	MO
sodium chloride 3 % hypertonic	1	
sodium chloride 5 % hypertonic	1	MO
SODIUM CHLORIDE GRANULES (RX)	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
sodium chloride intravenous	1	
SODIUM CHLORIDE POWDER USP (RX)	3	ADD
sodium phosphate	1	MO
sodium-potassium-phos powder	3	ADD
super calcium 600-vit d3 400 p/f (rx)	3	MO; ADD
SV CALC 600 MG-D3 12.5 MCG SFGL (RX)	3	MO; ADD
sv calcium 600 mg tablet p/f, gluten-free (rx)	3	MO; ADD
sv calcium 600 mg-d3 20 mcg tab (rx)	3	MO; ADD
SV CALCIUM CITRATE-VIT D3 TAB P/F,GLUTEN-FREE (RX)	3	MO; ADD
thermotabs tablet	3	MO; ADD
TRALEMENT VIAL OUTER, SUV	3	ADD
TUMS 750 MG CHEWY BITES	3	MO; ADD
TUMS E-X TABLET CHEWABLE ASSORTED FRUIT	3	MO; ADD

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TUMS E-X TABLET CHEWABLE	3	MO; ADD
TUMS E-X TABLET CHEWABLE	3	ADD
TUMS E-X TABLET CHEWABLE E-X, SINGLE ROLL	3	ADD
TUMS E-X TABLET CHEWABLE E-X,3-ROLL	3	MO; ADD
TUMS E-X TABLET CHEWABLE 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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
TUMS SMOOTHIES CHEW TABLET PEPPERMINT, EX-STR	3	MO; ADD
TUMS TABLET CHEWABLE	3	ADD
TUMS TABLET CHEWABLE 3-ROLL, PEPPERMINT	3	ADD
TUMS TABLET CHEWABLE ASSORTED FRUIT	3	ADD
TUMS TABLET CHEWABLE PEPPERMINT	3	ADD
<i>tums ultra 1,000 mg chew tab</i>	3	MO; ADD
<i>tums ultra 1,000 mg chew tab assorted berries</i>	3	MO; ADD
<i>tums ultra 1,000 mg chew tab assorted fruit</i>	3	MO; ADD
<i>tums ultra 1,000 mg chew tab maximum strength</i>	3	MO; ADD
<i>tums ultra 1,000 mg chew tab trop fruit,gluten-f</i>	3	MO; ADD

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TUMS X-STR 750 TABLET CHEWABLE ASST'D FRUIT FLAVOR	3	ADD
UPCAL D POWDER	3	ADD
UPCAL D POWDER PACKET	3	ADD
<i>zinc chloride 10 mg/10 ml vial outer, suv, p/f</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
ZINC SULFATE POWDER USP, MONOHYDRATE (RX)	3	ADD
<b>MISCELLANEOUS NUTRITION PRODUCTS</b>		
ABATINEX CAPSULE	3	ADD
ACIDOPHILUS 1 MG WAFER	3	ADD

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

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AIRBORNE EFFERVESCENT TABLET P/F,GLUTEN/F,OR ANGE	3	ADD
APPE-CURB CAPSULE	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
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
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) <i>co q-10 100 mg softgel (rx)</i>	3	ADD
CO-ENZYME Q10 100 MG SOFTGEL	3	ADD
COROMEGA OMEGA-3 SQUEEZE PACK (RX)	3	MO; ADD
COROMEGA OMEGA-3 SQUEEZE PACK KIDS (RX)	3	ADD

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COROMEGA OMEGA-3 SQUEEZE PACK LEMON-LIME FLAV (RX)	3	MO; ADD	CVS FISH OIL 1,200 MG SOFTGEL P/F,LACTOSE-FREE (RX)	3	MO; ADD
COROMEGA OMEGA-3 SQUEEZE PACK ORANGE-CHOCOLATE (RX)	3	MO; ADD	<i>cvs fish oil 1,200 mg softgel (rx)</i>	3	MO; ADD
<i>cvs acidophilus probiotic tab</i>	3	MO; ADD	<i>cvs fish oil 1,200 mg softgel softgel, odorless (rx)</i>	3	MO; ADD
<i>cvs acidophilus tablet</i>	3	ADD	CVS FISH OIL 500 MG SOFTGEL (RX)	3	ADD
CVS AIRSHIELD EFFERVESCENT TAB	3	ADD	CYTO-Q 80 MG/10 ML LIQUID (RX)	3	ADD
CVS CHILD OMEGA-3 GUMMY FISH	3	ADD	<i>cyto-q max 100 mg/ml liquid</i>	3	MO; ADD
<i>cvs coenzyme q-10 100 mg softgl (rx)</i>	3	ADD	CYTO-Q T-F 8 MG/ML LIQUID	3	ADD
CVS FISH OIL 1,000 MG SOFTGEL	3	ADD	<i>electrolyte-148</i>	1	
<i>cvs fish oil 1,000 mg softgel (rx)</i>	3	MO; ADD	<i>electrolyte-48 in d5w</i>	1	
<i>cvs fish oil 1,000 mg softgel softgel, natural (rx)</i>	3	MO; ADD	<i>electrolyte-a</i>	1	
CVS FISH OIL 1,200 MG SOFTGEL (RX)	3	MO; ADD	<i>ensure clear liquid</i>	3	MO; ADD
			ENSURE CLEAR THERAPEUTIC LIQ APPLE, INNER	3	MO; ADD
			ENSURE CLEAR THERAPEUTIC LIQ MIXED BERRY, INNER	3	MO; ADD

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EQL DIGESTIVE PROBIOTIC CAP (RX)	3	ADD	<i>fish oil 1,000 mg softgel p/f,no lactose (rx)</i>	3	MO; ADD
EQL FISH OIL 1,200 MG SOFTGEL (RX)	3	MO; ADD	<i>fish oil 1,000 mg softgel p/f,sodium/f (rx)</i>	3	MO; ADD
<i>eql omega-3 fish oil 1,000 mg softgel (rx)</i>	3	MO; ADD	<i>fish oil 1,000 mg softgel reflux-free, ec (rx)</i>	3	MO; ADD
EXTREME OMEGA-3 MICROGEL SFTGL	3	ADD	<i>fish oil 1,000 mg softgel (rx)</i>	3	MO; ADD
<i>fish oil 1,000 mg softgel</i>	3	MO; ADD	<i>fish oil 1,000 mg softgel (rx)</i>	3	ADD
FISH OIL 1,000 MG SOFTGEL	3	ADD	<i>fish oil 1,000 mg softgel softgel,p/f,n (rx)</i>	3	MO; ADD
FISH OIL 1,000 MG SOFTGEL	3	ADD	FISH OIL 1,200 MG SOFTGEL	3	ADD
<i>fish oil 1,000 mg softgel (rx)</i>	3	MO; ADD	FISH OIL 1,200 MG SOFTGEL	3	MO; ADD
<i>fish oil 1,000 mg softgel (rx)</i>	3	MO; ADD	<i>fish oil 1,200 mg softgel (rx)</i>	3	MO; ADD
FISH OIL 1,000 MG SOFTGEL INNER	3	ADD	FISH OIL 1,200 MG SOFTGEL (RX)	3	ADD
<i>fish oil 1,000 mg softgel n, yeast free (rx)</i>	3	MO; ADD	FISH OIL 1,200 MG SOFTGEL (RX)	3	MO; ADD
FISH OIL 1,000 MG SOFTGEL OUTER	3	ADD	<i>fish oil 1,200 mg softgel enteric coated (rx)</i>	3	MO; ADD
<i>fish oil 1,000 mg softgel p/f(rx)</i>	3	MO; ADD	<i>fish oil 1,200 mg softgel omega-3 (rx)</i>	3	MO; ADD

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fish oil 1,200 mg softgel omega-3, p/f (rx)	3	MO; ADD	FISH OIL CONC 1,000 MG GLUTEN-FREE, SOFTGEL (RX)	3	ADD
fish oil 1,200 mg softgel p/f (rx)	3	MO; ADD	fish oil conc 1,000 mg softgel (rx)	3	ADD
FISH OIL 1,200 MG SOFTGEL P/F,LACTOSE-FREE (RX)	3	MO; ADD	fish oil conc 1,000 mg softgel (rx)	3	MO; ADD
fish oil 1,200 mg softgel p/f,no lactose (rx)	3	MO; ADD	fish oil conc 1,000 mg softgel softgel, economy sz. (rx)	3	MO; ADD
fish oil 1,200 mg softgel soft gel,odorless,ec (rx)	3	MO; ADD	fish oil concentrate softgel ec softgel,p/f (rx)	3	ADD
FISH OIL 1,200 MG SOFTGEL (RX)	3	MO; ADD	fish oil concentrate softgel softgel, ex-strength (rx)	3	ADD
FISH OIL 1,400 MG SOFTGEL	3	ADD	FISH OIL DR 1,000 MG SOFTGEL GLUTEN FREE	3	MO; ADD
FISH OIL 1,400 MG SOFTGEL (RX)	3	ADD	FISH OIL DR 1,000 MG SOFTGEL P/F, BURP-LESS	3	MO; ADD
FISH OIL 1,600 MG/5 ML LIQUID	3	MO; ADD	fish oil dr 500 mg softgel	3	MO; ADD
FISH OIL 500 MG SOFTGEL	3	ADD	fish oil ec 1,000 mg softgel	3	ADD
FISH OIL 500 MG SOFTGEL INNER	3	ADD	fish oil ec 1,000 mg softgel	3	ADD
FISH OIL 500 MG SOFTGEL OUTER	3	ADD	FISH OIL EC 1,000 MG SOFTGEL	3	ADD
FISH OIL 500 MG SOFTGEL	3	ADD	FISH OIL EC 1,000 MG SOFTGEL	3	ADD

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FISH OIL EC 1,200 MG SOFTGEL	3	ADD	<i>gnp fish oil ec 1,000 mg sftgl softgel</i>	3	ADD
FISH OIL EC 1,200 MG SOFTGEL BURP-LESS, OMEGA-3	3	ADD	GNP FISH OIL SOFTGEL	3	ADD
FISH OIL EC 1,200 MG SOFTGEL (RX)	3	ADD	IMMUNE SUPPORT CHEWABLE TABLET	3	ADD
FISH OIL GUMMIES	3	ADD	<i>intralipid intravenous emulsion 20 %</i>	1	B/D PA
FISH OIL OMEGA-3 SOFTGEL	3	MO; ADD	ISOLYTE S PH 7.4	2	
FISH OIL PEARLS SOFTGEL	3	ADD	ISOLYTE-P IN 5 % DEXTROSE	2	
FLORAJEN ACIDOPHILUS 20 B CELL	3	MO; ADD	ISOLYTE-S	2	
FLORANEX GRANULES PACKET LACTOBACILLUS, INNER	3	MO; ADD	LACTOBACILLUS 1 MILLION CFU TB	3	MO; ADD
<i>floranex granules packet lactobacillus,outer</i>	3	MO; ADD	LACTOBACILLUS 1 MILLION CFU TB INNER	3	MO; ADD
<i>floranex tablet (rx)</i>	3	MO; ADD	LACTOBACILLUS 1 MILLION CFU TB OUTER	3	MO; ADD
<i>gnp fish oil 1,000 mg softgel omega-3 (rx)</i>	3	MO; ADD	LACTOBACILLUS 100 MIL CFU PKT INNER	3	ADD
GNP FISH OIL 1,200 MG SOFTGEL MAXIMUM STRENGTH (RX)	3	ADD	LACTOBACILLUS 100 MIL CFU PKT OUTER	3	ADD
			LACTOBACILLUS TABLET	3	MO; ADD

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L-ARGININE 1,000 MG TABLET	3	MO; ADD	MORE-DOPHILUS POWDER	3	ADD
L-ARGININE 1,000 MG TABLET MAXIMUM STRENGTH	3	MO; ADD	NEWFLORA 10 BILLION CFU CAP	3	ADD
L-ARGININE 500 MG CAPSULE (RX)	3	ADD	<i>omega 3 1,000 mg softgel (rx)</i>	3	MO; ADD
L-ARGININE 500 MG CAPSULE D/F,N (RX)	3	ADD	OMEGA 3 FISH OIL SOFTGEL	3	ADD
L-ARGININE POWDER	3	ADD	OMEGA MONOPURE 1300 EC SOFTGEL	3	ADD
L-ARGININE POWDER USP (RX)	3	ADD	OMEGA-3 EC SOFTGEL	3	ADD
L-CITRULLINE POWDER	3	ADD	OMEGA-3 FISH OIL 1,000 MG SFGL	3	ADD
L-CITRULLINE POWDER (RX)	3	ADD	<i>omega-3 fish oil 1,000 mg sfgl (rx)</i>	3	ADD
LIQ-10 SYRUP	3	ADD	<i>omega-3 fish oil 1,000 mg sfgl p/f,y/f,sod/f (rx)</i>	3	ADD
L-ISOLEUCINE CRYSTAL (RX)	3	ADD	<i>omega-3 fish oil 1,000 mg sfgl softgel (rx)</i>	3	ADD
L-ISOLEUCINE POWDER USP (RX)	3	ADD	<i>omega-3 fish oil 1,000 mg sfgl softgel (rx)</i>	3	MO; ADD
L-VALINE POWDER	3	ADD	<i>omega-3 fish oil 1,000 mg sfgl softgel,p/f (rx)</i>	3	ADD
LYSINE HCL POWDER (RX)	3	ADD			
MOOD FOOD ES CAPSULE	3	ADD			

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OMEGA-3 FISH OIL 1,000 MG SFGL SOFTGEL,P/F (RX)	3	ADD	OMEGAPURE 900 EC SOFTGEL	3	ADD
<i>omega-3 fish oil 1,000 mg sfgl softgel,p/f,n (rx)</i>	3	ADD	OMERA CAPSULE	3	ADD
OMEGA-3 FISH OIL 1,200 MG SFGL	3	ADD	OVEGA-3 SOFTGEL	3	ADD
OMEGA-3 FISH OIL 1,200 MG SFGL	3	ADD	PLASMA-LYTE A	2	
OMEGA-3 FISH OIL 1,400 MG SFGL	3	MO; ADD	<i>plasmanate</i>	1	
OMEGA-3 FISH OIL 1,400 MG SFGL P/F, GLUTEN-FREE	3	ADD	PLENAMINE	2	B/D PA
OMEGA-3 FISH OIL 1,400 MG SFGL SOFTGEL	3	ADD	<i>premasol 10 %</i>	1	B/D PA
OMEGA-3 FISH OIL 1,760 MG STGL	3	MO; ADD	PROBIOTIC ACIDOPHILUS 250 MILL	3	MO; ADD
<i>omega-3 fish oil ec 1,000 mg softgel,gluten-f</i>	3	ADD	PROBIOTIC GOLD ACIDOPHILUS CAP	3	ADD
OMEGAPURE 600 EC SOFTGEL	3	ADD	<i>probiotic softgel p/f,gluten-f,softgel</i>	3	ADD
OMEGAPURE 780 EC SOFTGEL	3	ADD	PURE L-ARGININE HCL 500 MG CAP	3	ADD
			PURE L-CITRULLINE 600 MG CAP (RX)	3	ADD
			<i>ra fish oil 1,000 mg softgel</i>	3	ADD
			<i>ra fish oil 120-180 softgel softgel,natural,p/f (rx)</i>	3	ADD
			RA L-ARGININE 1,000 MG TABLET P/F	3	MO; ADD

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REJUVAFLOR 10 BILLION CFU CAP	3	ADD
<i>sm fish oil 1,000 mg softgel (rx)</i>	3	MO; ADD
SM FISH OIL 1,200 MG SOFTGEL (RX)	3	MO; ADD
<i>sm fish oil 1,200 mg softgel softgel,p/f,no lac (rx)</i>	3	MO; ADD
<i>smart heart omega-3 1,000 mg</i>	3	ADD
SUPER DHA GEMS SOFTGEL	3	ADD
<i>sv acidophilus caplet</i>	3	ADD
<i>sv acidophilus tablet caplet, p/f</i>	3	ADD
<i>sv fish oil 1,000 mg softgel (rx)</i>	3	MO; ADD
SV FISH OIL EC 1,200 MG SOFTGL SOFTGEL, GLUTEN-FREE	3	ADD
SV L-ARGININE 500 MG CAPSULE P/F (RX)	3	ADD
SV PROBIOTIC ACIDOPHILUS CPLT	3	ADD
SV SALMON OIL 1,000 MG SOFTGEL	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
THEROMEGA SOFTGEL	3	ADD
<i>travasol 10 %</i>	1	B/D PA
TROPHAMINE 10 %	2	B/D PA
<i>ultra omega-3 softgel</i>	3	ADD
<b>VITAMINS / HEMATINICS</b>		
50 PLUS ADULT EYE HEALTH SFTGL	3	ADD
<i>a thru z advanced formula tab</i>	3	ADD
<i>a thru z advanced formula tab gluten-free</i>	3	ADD
<i>a thru z advanced formula tab new (rx)</i>	3	ADD
<i>a thru z advanced formula tab w/ lutein &amp; lycopene (rx)</i>	3	ADD
<i>a thru z advanced formula tab w/lutein &amp; lycopene (rx)</i>	3	ADD
A THRU Z MEN'S ULTIMATE TABLET	3	ADD
<i>a thru z select 50 plus tablet advanced formula</i>	3	ADD
A THRU Z SELECT MEN 50+ TABLET	3	ADD

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a thru z select multivit tab	3	ADD	ADULT MULTIVITAMIN GUMMIES ASSORTED FLAVORS	3	MO; ADD
a thru z select multivit tab iron-free, 50+ form	3	ADD	ADULT MULTIVITAMIN GUMMIES GLUTEN-F, LACTOSE-F	3	MO; ADD
a thru z select tablet adults 50+, gluten-f	3	ADD	ADULT MULTIVITAMIN GUMMIES GLUTEN-F. N	3	MO; ADD
a thru z select tablet adults 50+,iron-free	3	ADD	ADULT ONE DAILY GUMMIES	3	ADD
a thru z select tablet new formulation (rx)	3	ADD	adults 50 plus daily formula	3	ADD
a thru z select women's tablet	3	ADD	adults 50 plus multivitamin	3	ADD
A-25 7,500 MCG CAPSULE	3	ADD	adults 50 plus multivitamin tb	3	ADD
ABC COMPLETE SENIOR WOMEN CPLT	3	ADD	ADULTS' DAILY FORMULA TABLET	3	ADD
ACCRUFER 30 MG CAPSULE	3	MO; ADD	ADULTS MULTIVITAMIN CAPLET	3	ADD
ACTIVE FE TABLET LACTOSE,GLUTEN &	3	ADD	ADULTS MULTIVITAMIN TABLET	3	ADD
ACTIVNUTRIENT S CHEWABLE TABLET	3	ADD	ADVANCED MULTI EA CHEW TABLET	3	MO; ADD
ADULT MULTI GUMMIES	3	MO; ADD			
ADULT MULTIVITAMIN GUMMIES	3	MO; ADD			

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AIRBORNE CHEWABLE TABLET	3	ADD
AIRBORNE ELDERBERRY TABLET EFF	3	ADD
AIRBORNE GUMMIES	3	ADD
AIRBORNE GUMMY	3	ADD
AIRBORNE KIDS GUMMIES	3	ADD
AIRBORNE KIDS GUMMY	3	ADD
AIRBORNE TABLET CHEWABLE P/F,GLUTEN/F,BERRY	3	ADD
AIRBORNE TABLET CHEWABLE P/F,GLUTEN/F,CITRUS	3	ADD
ALIVE DIABETIC MULTIVITAMIN TB	3	ADD
ALIVE HAIR, SKIN, NAILS GUMMY	3	ADD
ALIVE IMMUNE HEALTH SOFTGEL	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
ALIVE MAX POTENCY MULTIVIT LIQ	3	ADD
ALIVE WOMEN'S 50 PLUS GUMMY	3	ADD
ALIVE WOMEN'S 50 PLUS ULTRA TB	3	ADD
ALIVE WOMEN'S ENERGY MV TABLET	3	ADD
ALIVE WOMEN'S GUMMY VITAMIN	3	ADD
ALIVE WOMEN'S ULTRA POTENCY TB	3	ADD
AMLADEX TABLET	3	ADD
ANTIOXIDANT FORMULA TABLET	3	MO; ADD
ANTIOXIDANT SOFTGEL P/F,SOFTGELS	3	ADD
APETIGEN-PLUS TABLET	3	ADD
AQUA-E CONCENTRATE 75 UNIT/ML	3	ADD
AQUASOL A 100,000 UNIT/2 ML VL SUV	3	MO; ADD

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ASCOR 25,000 MG/50 ML BULK VL P/F, OUTER, MUV	3	ADD
<i>ascorbic acid 500 mg tablet (rx)</i>	3	ADD
ATP IGNITE STICK PACK	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 10 MCG/DROP CONC	3	ADD
BABY VIT D3 400 UNIT/DROP CONC	3	ADD
BABY VIT D3 400 UNIT/DROP CONC	3	ADD
BACMIN CAPLET	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
BARIATRIC MV-IRON 45 MG CAP	3	ADD
<i>b-complex 100 injection</i>	3	ADD
<i>b-complex plus vitamin c cplt (rx)</i>	3	MO; ADD
<i>b-complex with c tablet (rx)</i>	3	ADD
<i>b-complex with vit c caplet (rx)</i>	3	MO; ADD
<i>b-complex with vit c caplet p/f,gluten-free (rx)</i>	3	MO; ADD
<i>b-complex with vit c tablet (rx)</i>	3	MO; ADD
<i>b-complex w-vitamin c caplet caplet,p/f (rx)</i>	3	ADD
B-COMPLEX-VITAMIN C TR TABLET	3	MO; ADD
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

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<i>beta-carotene 25,000 unit sgel 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 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
BIOTIN POWDER USP (VITAMIN H) (RX)	3	ADD
BIOTIN-D POWDER (RX)	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
BIOTIN-D POWDER USP (RX)	3	ADD
BIOTIN-D POWDER USP (VITAMIN H) (RX)	3	ADD
BIOTIN-D POWDER USP, (VITAMIN H) (RX)	3	ADD
BODY, HAIR, SKIN AND NAILS CAP	3	ADD
<i>bp vit 3 capsule</i>	3	MO; ADD
<i>c-1,000 mg tablet (rx)</i>	3	ADD
<i>c-1,000 mg with rose hips cplt caplet</i>	3	MO; ADD
<i>c-1,000 mg with rose hips tab p/f</i>	3	MO; ADD
<i>c-500 mg tablet (rx)</i>	3	ADD
<i>c-500 mg tablet rose hips (rx)</i>	3	ADD
<i>calcidiol drops</i>	3	MO; ADD
<i>calcium 600+d plus minerals tb p/f, n (rx)</i>	3	ADD
CALCIUM 600-D3 PLUS CAPLET	3	ADD
CALCIUM 600-D3-MINERALS CHW TB (RX)	3	ADD
<i>calcium 600-vit d3-min chew tb</i>	3	ADD

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CALCIUM PHOS-VIT D3 250 MG-500 UNIT GUMMY	3	ADD	CENTRUM COMPLETE MULTIVIT TAB (RX)	3	ADD
CALTRATE 600+D PLUS TABLET	3	ADD	CENTRUM KIDS CHEWABLE TABLET	3	MO; ADD
CALTRATE 600-D3-MIN CHEW TAB (RX)	3	ADD	CENTRUM MEN'S TABLET	3	MO; ADD
CALTRATE+D3 PLUS MINERAL MINIS	3	ADD	CENTRUM MULTIVIT-MINERAL LIQ (RX)	3	MO; ADD
<i>centratex capsule</i>	3	MO; ADD	CENTRUM SILVER CHEWABLE TABLET	3	ADD
<i>centravites 50 plus tablet</i>	3	ADD	CENTRUM SILVER MEN TABLET	3	MO; ADD
<i>centravites 50 plus tablet inner</i>	3	ADD	CENTRUM SILVER TABLET (RX)	3	MO; ADD
<i>centravites 50 plus tablet outer</i>	3	ADD	CENTRUM SILVER TABLET ADULTS 50+ (RX)	3	MO; ADD
CENTRAVITES ADULTS TABLET INNER	3	ADD	CENTRUM SILVER TABLET ADULTS 50+ (RX)	3	MO; ADD
CENTRAVITES ADULTS TABLET OUTER	3	ADD	CENTRUM SILVER TABLET FOR ADULT 50+ (RX)	3	MO; ADD
<i>centravites tablet</i>	3	ADD			
CENTRUM ADULT 50 FRESH-FRUITY	3	MO; ADD			
<i>centrum adults tablet</i>	3	MO; ADD			
CENTRUM CHEWABLES ADULTS TAB	3	MO; ADD			

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CENTRUM SILVER ULTRA MEN'S TAB A TO ZINC	3	ADD
CENTRUM SILVER ULTRA MEN'S TAB FOR MEN 50+	3	ADD
CENTRUM SILVER WOMEN TABLET	3	MO; ADD
CENTRUM SPECIALIST HEART TAB (RX)	3	MO; ADD
CENTRUM ULTRA MEN'S TABLET (RX)	3	ADD
<i>centrum women tablet</i>	3	ADD
<i>cerovite jr tablet chew</i>	3	MO; ADD
<i>cerovite senior tablet</i>	3	MO; ADD
<i>certavite senior tablet</i>	3	MO; ADD
<i>certavite-antioxidant tablet (rx)</i>	3	MO; ADD
CERTAVITE-ANTIOXIDANT TABLET (RX)	3	MO; ADD
CHILD MULTIVITAMIN PLUS IRON	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>children multivitamin chew tab</i>	3	MO; ADD
CHILDREN MULTIVITAMIN GUMMIES	3	ADD
CHILDREN MULTIVITAMIN GUMMIES	3	MO; ADD
CHILDREN MULTIVITAMIN GUMMIES BERRY, GLUTEN-FREE	3	MO; ADD
CHILDREN MULTIVITAMIN GUMMIES GLUTEN-FREE	3	MO; ADD
<i>children's chew multivitamin</i>	3	ADD
<i>children's chewable vitamin (rx)</i>	3	ADD
<i>children's chewables</i>	3	ADD
<i>children's chewables</i>	3	ADD
CHILDREN'S MULTI-VIT GUMMIES	3	ADD
CHILDREN'S MULTIVITAMIN GUMMY	3	ADD
CHILD'S CHEWABLE VITAMIN TAB INNER (RX)	3	ADD

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CHILD'S CHEWABLE VITAMIN TAB OUTER (RX)	3	ADD
CHILD'S OMEGA-3 DHA MULTIVITAM	3	ADD
CHROMAGEN SOFTGEL	3	MO; ADD
CITRACAL-D3 250 MG GUMMY	3	ADD
<i>companion tablet</i>	3	ADD
COMPLETE MULTIVIT-MINERAL LIQ	3	ADD
CONCEPTIONXR MOTILITY COMBO PK	3	ADD
<i>corvita 150 tablet</i>	3	MO; ADD
<i>corvita tablet</i>	3	MO; ADD
CORVITE 150 TABLET	3	MO; ADD
CORVITE FE TABLET	3	MO; ADD
CULTURELLE KID PROB-MV 5B CHEW	3	ADD
CULTURELLE KID PRO-MV 2.5B CHW	3	ADD
CULTURELLE KID PRO-MV-LUT GMMY	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CULTURELLE PROBIOTIC-MV GUMMY	3	ADD
CVS ADULT 50 PLUS EYE HEALTH SOFTGEL	3	ADD
CVS AIRSHIELD CHEWABLE TABLET	3	ADD
<i>cvs b-complex-vit c caplet (rx)</i>	3	ADD
CVS BIOTIN 10,000 MCG SOFTGEL SFTGL,.P/F,GLU-F	3	MO; ADD
<i>cvs biotin 5,000 mcg capsule (rx)</i>	3	MO; ADD
<i>cvs calcium 600-d3 plus tablet</i>	3	ADD
CVS CALCIUM 600-D3-MIN CHEW TB (RX)	3	ADD
CVS CHILD CHEW VITAMN COMPLETE	3	ADD
CVS CHILD GUMMY DINOS GUMMIES	3	ADD
CVS DAILY GUMMIES	3	ADD

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CVS DAILY GUMMIES COMPLETE ADULT VIT	3	ADD
CVS DAILY GUMMIES P/F, GLUTEN-FREE	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
CVS MEN'S DAILY GUMMIES P/F	3	ADD
<i>cvs one daily essential tablet</i>	3	ADD
CVS ONE DAILY MEN'S HEALTH TAB	3	ADD
CVS ONE DAILY MEN'S HEALTH TAB	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
CVS ONE DAILY WOMEN'S 50 PLUS	3	ADD
CVS ONE DAILY WOMEN'S FORMULA	3	ADD
<i>cvs slow release iron 45 mg tb (rx)</i>	3	ADD
CVS SLOW RELEASE IRON 45 MG TB (RX)	3	ADD
<i>cvs slow release iron tablet (otc)</i>	3	ADD
<i>cvs spectravite adult 50 plus (rx)</i>	3	ADD
CVS SPECTRAVITE ADULT TAB CHEW	3	ADD
<i>cvs spectravite adult tablet</i>	3	ADD
<i>cvs spectravite advanced tab</i>	3	ADD
CVS SPECTRAVITE MEN 50PLUS TAB	3	ADD
<i>cvs spectravite men's tablet</i>	3	ADD
<i>cvs spectravite women 50 plus</i>	3	ADD
<i>cvs spectravite women tablet</i>	3	ADD

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cvs stress formula-zinc tab (otc)	3	MO; ADD
cvs super b-complex-vit c cplt (rx)	3	MO; ADD
CVS VISION HEALTH SOFTGEL	3	ADD
cvs vit c-rose hip 1,000 mg tb (rx)	3	MO; ADD
cvs vit c-rose hips 500 mg tab (rx)	3	MO; ADD
cvs vit d3 1,000 unit gummies p/f (rx)	3	ADD
CVS VIT E OIL 45 MG/0.25 ML	3	ADD
cvs vitamin a 2,400 mcg sftgl (rx)	3	MO; ADD
cvs vitamin b-6 100 mg tablet (rx)	3	MO; ADD
cvs vitamin c 1,000 mg caplet (rx)	3	MO; ADD
CVS VITAMIN C 1,000 MG FIZZY PKT	3	ADD
cvs vitamin c 250 mg tablet (rx)	3	MO; ADD
cvs vitamin c 500 mg caplet p/f,gluten-free (rx)	3	MO; ADD
cvs vitamin c 500 mg tablet (rx)	3	ADD
cvs vitamin d3 10 mcg softgel (rx)	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
cvs vitamin d3 125 mcg softgel (rx)	3	MO; ADD
cvs vitamin d3 25 mcg gummies (rx)	3	ADD
cvs vitamin d3 25 mcg softgel (rx)	3	ADD
cvs vitamin d3 25 mcg softgel (rx)	3	ADD
cvs vitamin d3 250 mcg softgel (rx)	3	MO; ADD
cvs vitamin d3 50 mcg softgel	3	MO; ADD
cvs vitamin e 180 mg softgel (rx)	3	MO; ADD
CVS VITAMIN E 450 MG SOFTGEL (RX)	3	MO; ADD
cvs vitamin e 90 mg softgel	3	MO; ADD
CVS WOMEN'S DAILY GUMMIES P/F,GUMMIES	3	ADD
cyanocobalamin 1,000 mcg/ml vl	3	MO; ADD
cyanocobalamin 1,000 mcg/ml vl inner	3	MO; ADD
cyanocobalamin 1,000 mcg/ml vl inner, muv	3	MO; ADD
cyanocobalamin 1,000 mcg/ml vl inner,suv	3	MO; ADD

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cyanocobalamin 1,000 mcg/ml vl mdv, inner	3	MO; ADD
cyanocobalamin 1,000 mcg/ml vl muv, inner	3	MO; ADD
cyanocobalamin 1,000 mcg/ml vl muv, outer	3	MO; ADD
cyanocobalamin 1,000 mcg/ml vl outer	3	MO; ADD
cyanocobalamin 1,000 mcg/ml vl outer, muv	3	MO; ADD
cyanocobalamin 1,000 mcg/ml vl outer, suv, p/f	3	MO; ADD
cyanocobalamin 1,000 mcg/ml vl outer, mdv	3	MO; ADD
cyanocobalamin 1,000 mcg/ml vl outer, suv	3	MO; ADD
cyanocobalamin 10,000 mcg/10 ml inner, muv	3	MO; ADD
cyanocobalamin 10,000 mcg/10 ml inner, mdv	3	MO; ADD
cyanocobalamin 10,000 mcg/10 ml inner, muv	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
cyanocobalamin 10,000 mcg/10 ml mdv, inner	3	MO; ADD
cyanocobalamin 10,000 mcg/10 ml mdv, outer	3	MO; ADD
cyanocobalamin 10,000 mcg/10 ml mdv, inner	3	MO; ADD
cyanocobalamin 10,000 mcg/10 ml muv, outer	3	MO; ADD
cyanocobalamin 10,000 mcg/10 ml outer, muv	3	MO; ADD
cyanocobalamin 10,000 mcg/10 ml outer, mdv	3	MO; ADD
cyanocobalamin 10,000 mcg/10 ml outer, suv	3	MO; ADD
cyanocobalamin 30,000 mcg/30 ml inner, muv	3	MO; ADD
cyanocobalamin 30,000 mcg/30 ml inner, mdv	3	MO; ADD
cyanocobalamin 30,000 mcg/30 ml inner, muv	3	MO; ADD
cyanocobalamin 30,000 mcg/30 ml mdv, inner	3	MO; ADD

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cyanocobalamin 30,000 mcg/30 ml mdv, outer	3	MO; ADD
cyanocobalamin 30,000 mcg/30 ml muv	3	MO; ADD
cyanocobalamin 30,000 mcg/30 ml muv, inner	3	MO; ADD
cyanocobalamin 30,000 mcg/30 ml muv, outer	3	MO; ADD
cyanocobalamin 30,000 mcg/30 ml outer, muv	3	MO; ADD
cyanocobalamin 30,000 mcg/30 ml outer,mdv	3	MO; ADD
cyanocobalamin 30,000 mcg/30 ml outer,muv	3	MO; ADD
CYANOCOBALAMIN POWDER USP (RX)	3	ADD
CYANOCOBALAMIN POWDER USP, VITAMIN B-12 (RX)	3	ADD
CYANOCOBALAMIN POWDER USP,VITAMIN B-12 (RX)	3	ADD
D3 LIQUID 25 MCG DROP	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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
d3-5000 unit softgel	3	ADD
daily multi vitamin-iron tab (rx)	3	ADD
DAILY MULTIVITAMIN CAPSULE	3	ADD
daily multivitamin with d3 tab	3	ADD
daily value multivitamin tab	3	ADD
daily vite tablet (rx)	3	ADD
daily vite with iron tablet	3	ADD
daily-vite tablet	3	MO; ADD
DAILY-VITE TABLET	3	MO; ADD
D-BIOTIN POWDER USP (RX)	3	ADD
DDROPS 1,000 UNIT/DROP	3	ADD
DDROPS 2,000 UNIT/DROP	3	ADD

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DECARA 25,000 UNIT VEGICAP	3	ADD
<i>decara 50,000 unit softgel</i>	3	MO; ADD
DECARA K 1,250-200 MCG SOFTGEL	3	MO; ADD
DECUBI VITE CAPSULE	3	ADD
DEKAS BARIATRIC CHEW TABLET	3	ADD
DEKAS ESSENTIAL CAPSULE	3	MO; ADD
DEKAS ESSENTIAL LIQUID	3	ADD
DEKAS PLUS CHEWABLE TABLET	3	MO; ADD
DEKAS PLUS LIQUID	3	MO; ADD
DEKAS PLUS OCEANCAPS	3	MO; ADD
DEKAS PLUS SOFTGEL	3	MO; ADD
<i>delta d3 400 unit tablet y/f,gluten/f</i>	3	ADD
DERMACINRX DAVIMET CHEW TABLET	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
DERMACINRX DOTREMIN TABLET	3	ADD
DERMACINRX FOLDITAM TABLET	3	ADD
DERMACINRX FOLIFLEX CAPLET	3	ADD
DERMACINRX FOLITIN-Z CAPLET	3	ADD
DERMACINRX FOLIXAPURE TABLET	3	ADD
DERMACINRX FOLTAMIN TABLET	3	ADD
DERMACINRX FOLTREXYL TABLET	3	ADD
DERMACINRX MULTITAM CAPLET	3	ADD
DERMACINRX RIBOTIN-E CAPLET	3	ADD
DERMACINRX VENEXA CAPLET	3	ADD
DERMACINRX VENEXA FE 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
DERMACINRX VENTRIXYL CAPLET	3	ADD
DERMACINRX VENTRIXYL FE CAPLET	3	ADD
DERMACINRX VITRAMYN CAPLET	3	ADD
DERMACINRX VITRANOL CAPLET	3	ADD
DERMACINRX VITRANOL FE CAPLET	3	ADD
DERMACINRX VITREXATE CAPLET	3	ADD
DERMACINRX VITREXATE FE CAPLET	3	ADD
DERMACINRX ZINTREXYL-C CAPLET	3	ADD
DIABETES HEALTH FORMULA CAPLET	3	ADD
DIALYVITE 3,000 TABLET	3	MO; ADD
DIALYVITE 5000 TABLET	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
DIALYVITE 800 CHEWABLE WAFER	3	ADD
<i>dalyvite 800 tablet</i>	3	MO; ADD
DIALYVITE 800-ULTRA D TABLET	3	MO; ADD
DIALYVITE SUPREME D TABLET	3	MO; ADD
<i>dalyvite tablet</i>	3	MO; ADD
DIALYVITE VIT D3 50,000 UNIT	3	MO; ADD
<i>dalyvite vitamin d 5,000 unit</i>	3	ADD
<i>dalyvite with zinc tablet</i>	3	MO; ADD
<i>dodex 1,000 mcg/ml vial muv, inner</i>	3	ADD
<i>dodex 1,000 mcg/ml vial muv, outer</i>	3	ADD
<i>dodex 10,000 mcg/10 ml vial muv</i>	3	ADD
<i>dodex 30,000 mcg/30 ml vial muv</i>	3	ADD
DRISDOL 1.25 MG (50,000 UNIT)	3	ADD
DRY EYE FORMULA CAPSULE	3	ADD
<i>d-vi-sol 400 unit/ml liquid (rx)</i>	3	MO; ADD
<i>e-200 unit softgel</i>	3	ADD

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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
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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
EMERGEN-C KIDZ 250 MG PACKET GRAPE	3	ADD
EMERGEN-C KIDZ 250 MG PACKET ORANGE	3	ADD
EMERGEN-C MSM LITE PACKET	3	ADD
ENDUR-VM IRON-FREE SR TABLET	3	ADD
ENDUR-VM WITH IRON SR TABLET	3	ADD
<i>eq calcium 600-d3-minerals tab gluten-free (rx)</i>	3	ADD
EQ CHILD COMPLETE CHEW TABLET	3	ADD
EQ CHILD MULTIVITAMIN GUMMIES P/F	3	MO; ADD
<i>eq complete multivitamin tab gluten-free</i>	3	ADD
<i>eq complete mv adlt 50 plus tb</i>	3	ADD
EQ ONE DAILY MEN'S 50 PLUS TAB	3	ADD
EQ ONE DAILY MEN'S TABLET GLUTEN FREE	3	ADD

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EQ ONE DAILY WOMEN'S HEALTH TB	3	ADD	<i>eql vitamin b-6 100 mg tablet (rx)</i>	3	ADD
EQ ONE DAILY WOMEN'S TABLET GLUTEN FREE	3	ADD	<i>eql vitamin c 1,000 mg tablet p/f, lactose free (rx)</i>	3	ADD
<i>eq slow release iron 45 mg tab gluten-free (rx)</i>	3	MO; ADD	<i>eql vitamin d3 1,000 unit sfgl softgel (rx)</i>	3	ADD
EQ VISION FORMULA TABLET P/F, GLUTEN-FREE	3	ADD	<i>eql vitamin d3 2,000 unit sfgl softgel</i>	3	MO; ADD
<i>eql eye health plus lutein tab</i>	3	ADD	<i>eql vitamin d3 400 unit sftgl (rx)</i>	3	ADD
<i>eql iron 65 mg tablet (rx)</i>	3	ADD	<i>eql vitamin d3 5,000 unit sfgl softgel (rx)</i>	3	MO; ADD
EQL ONE DAILY WOMEN'S 50 PLUS	3	ADD	<i>eql vitamin e 180 mg softgel (rx)</i>	3	MO; ADD
<i>eql slow release iron 50 mg tb</i>	3	ADD	<i>ergocalciferol 200 mcg/ml drop (rx)</i>	3	MO; ADD
EQL STRESS B-COMPLEX TABLET	3	ADD	<i>ergocalciferol 8,000 unit/ml (rx)</i>	3	MO; ADD
<i>eql super b complex tablet (rx)</i>	3	MO; ADD	<i>essentia tablet</i>	3	ADD
<i>eql vit c-rose hip 1,000 mg tb (rx)</i>	3	MO; ADD	ESSENTIAL MAN 50+ TABLET	3	MO; ADD
<i>eql vit c-rose hips 500 mg tab (rx)</i>	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

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EYE MULTIVITAMIN TABLET	3	ADD
<i>ezfe 200 capsule</i>	3	MO; ADD
FA-8 CAPSULES	3	ADD
FEOSOL 45 MG CAPLET CPLT,NATURAL RELEASE (RX)	3	ADD
<i>feosol 65 mg tablet (rx)</i>	3	MO; ADD
FERAHEME 510 MG/17 ML VIAL SDV, P/F	3	MO; ADD
FERAHEME 510 MG/17 ML VIAL SDV, P/F, 10'S	3	MO; ADD
<i>ferate 27 mg tablet</i>	3	MO; ADD
FERGON 27 MG TABLET	3	MO; ADD
FER-IN-SOL 15 MG/ML DROPS	3	MO; ADD
FERIVA 21-7 TABLET	3	ADD
FERIVA FA CAPSULE	3	ADD
<i>ferosul 325 mg tablet (rx)</i>	3	MO; ADD
<i>ferosul 325 mg tablet f/c,blister pack (rx)</i>	3	MO; ADD
<i>ferrex 150 capsule</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>ferrex 150 capsule outer, u-d</i>	3	MO; ADD
<i>ferrex 150 capsule u-d,10x10</i>	3	MO; ADD
<i>ferric x-150 capsule</i>	3	ADD
<i>ferro-time 325 mg tablet f/c, green</i>	3	ADD
<i>ferrous gluconate 240 mg tab (rx)</i>	3	ADD
<i>ferrous gluconate 240 mg tab 240mg=27mg elemental (rx)</i>	3	ADD
<i>ferrous gluconate 324 mg tab (rx)</i>	3	ADD
<i>ferrous gluconate 324 mg tab (rx)</i>	3	MO; ADD
<i>ferrous sulf 15 mg (iron)/ml 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 300 mg/6.8 ml soln inner (rx)</i>	3	ADD

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ferrous sulf 300 mg/6.8 ml soln outer (rx)	3	ADD	ferrous sulfate 325 mg tablet p/f (rx)	3	ADD
ferrous sulf 44 mg iron/5 ml lq (rx)	3	ADD	ferrous sulfate 325 mg tablet u-d,10x10, film coat (rx)	3	ADD
ferrous sulf ec 324 mg tablet	3	MO; ADD	FERROUS SULFATE DRIED POWDER USP (RX)	3	ADD
ferrous sulf ec 325 mg tablet (rx)	3	MO; ADD	fish oil 1,200 mg	3	ADD
ferrous sulf ec 325 mg tablet u-d, inner (rx)	3	MO; ADD	FLINTSTONES + CALCIUM TAB	3	ADD
ferrous sulf ec 325 mg tablet u-d, outer (rx)	3	MO; ADD	FLINTSTONES COMPLETE CHEW TAB	3	ADD
ferrous sulfate 300 mg/5 ml cup	3	ADD	FLINTSTONES COMPLETE GUMMIES	3	MO; ADD
ferrous sulfate 300 mg/5 ml cup 100's, u-d	3	ADD	FLINTSTONES COMPLETE TABLET	3	MO; ADD
ferrous sulfate 300 mg/5 ml cup inner	3	ADD	FLINTSTONES EXTRA C GUMMIES	3	ADD
ferrous sulfate 300 mg/5 ml cup outer	3	ADD	FLINTSTONES GUMMIES CHEW TAB	3	ADD
ferrous sulfate 325 mg tablet (rx)	3	ADD	FLINTSTONES GUMMIES CHEW TAB	3	ADD
ferrous sulfate 325 mg tablet f/c, green (rx)	3	ADD	FLINTSTONES MULTIVIT CHEW TAB	3	ADD
ferrous sulfate 325 mg tablet f/c, red (rx)	3	ADD			

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FLINTSTONES MULTI-VIT GUMMIES	3	ADD
FLINTSTONES SOUR-GUM CHEW TAB	3	ADD
FLINTSTONES TAB CHEW	3	ADD
FLINTSTONES TABLET CHEWABLE	3	ADD
FLINTSTONES WITH IRON TAB CHEW	3	ADD
FLORIVA 0.25 MG CHEW TABLET	3	MO; ADD
FLORIVA 0.25 MG/ML DROPS	3	MO; ADD
FLORIVA 0.5 MG CHEWABLE TABLET	3	MO; ADD
FLORIVA 1 MG CHEWABLE TABLET	3	MO; ADD
FLORIVA PLUS 0.25 MG/ML DROP	3	MO; ADD
<i>fluoride (sodium) oral tablet</i>	1	
<i>fluoride 0.25 mg tablet chew cherry 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>fluoride 0.5 mg tablet chew grape flavor (rx)</i>	3	MO; ADD
<i>folic acid 0.4 mg tablet (rx)</i>	3	MO; ADD
<i>folic acid 0.8 mg tablet (rx)</i>	3	MO; ADD
<i>folic acid 1 mg tablet (rx)</i>	3	MO; ADD
<i>folic acid 1 mg tablet inner (rx)</i>	3	MO; ADD
<i>folic acid 1 mg tablet outer (rx)</i>	3	MO; ADD
<i>folic acid 1,000 mcg tablet (rx)</i>	3	MO; ADD
<i>folic acid 1,000 mcg tablet outer (rx)</i>	3	MO; ADD
<i>folic acid 1,000 mcg tablet p/f (rx)</i>	3	MO; ADD
FOLIC ACID 20 MG CAPSULE	3	ADD
<i>folic acid 400 mcg tablet (rx)</i>	3	MO; ADD
<i>folic acid 400 mcg tablet inner (rx)</i>	3	MO; ADD
<i>folic acid 400 mcg tablet outer (rx)</i>	3	MO; ADD
<i>folic acid 400 mcg tablet p/f (rx)</i>	3	MO; ADD
<i>folic acid 400 mcg tablet p/f, lactose free (rx)</i>	3	MO; ADD

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
FREEDAVITE TABLET	3	ADD
full spectrum b with vit c tab	3	MO; ADD
FUSION PLUS CAPSULE	3	MO; ADD
GENADEK LIQUID DROPS	3	ADD
GENADEK STEP 1 MULTIVIT SFGL	3	ADD
GENADEK STEP 2 MULTIVIT SFGL	3	ADD
GNP B-COMPLEX PLUS VIT C TAB	3	ADD
gnp biotin 5,000 mcg capsule (rx)	3	MO; ADD
gnp calcium 600-d3-minerals tb p/f, gluten-f (rx)	3	ADD
gnp folic acid 400 mcg tablet (rx)	3	MO; ADD
gnp hair, skin and nails tab vitamins & minerals	3	ADD
gnp healthy eyes tablet advanced antioxidant (rx)	3	ADD
gnp iron 45 mg tablet	3	ADD
gnp iron 65 mg tablet (rx)	3	ADD

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gnp mega multi for men tablet high potency (rx)	3	ADD	gnp vitamin d3 25 mcg tablet (rx)	3	MO; ADD
gnp mega multi for women tab	3	ADD	gnp vitamin d3 25 mcg(1000 unt) (rx)	3	ADD
gnp therapeutic-m caplet p/f, caplet	3	MO; ADD	gnp vitamin d3 5,000 unit tab super strength (rx)	3	ADD
gnp vit c-rose hips 500 mg tab (rx)	3	MO; ADD	gnp vitamin e 180 mg softgel (rx)	3	ADD
gnp vit d3 10 mcg(400 unit) chw (rx)	3	ADD	gnp vitamin e 400 unit softgel (rx)	3	MO; ADD
gnp vitamin a 10,000 unit sfgl d/f, gluten-free (rx)	3	MO; ADD	GNP VITAMIN E 450 MG SOFTGEL (RX)	3	MO; ADD
gnp vitamin b-6 100 mg tablet gluten free (rx)	3	ADD	gnp vitamin e 90 mg softgel	3	MO; ADD
gnp vitamin c 1,000 mg tablet (rx)	3	ADD	gummi bear multivit tab chew multivit & minerals (rx)	3	ADD
gnp vitamin c 1,000 mg tablet with rose hips (rx)	3	ADD	HAIR, SKIN AND NAILS CAPLET	3	ADD
gnp vitamin c 250 mg tablet (rx)	3	ADD	HAIR, SKIN AND NAILS CAPLET	3	MO; ADD
gnp vitamin c 500 mg tablet (rx)	3	MO; ADD	HAIR, SKIN AND NAILS SOFTGEL	3	ADD
gnp vitamin d3 1,000 unit tab extra strength (rx)	3	MO; ADD	HAIR, SKIN AND NAILS SOFTGEL	3	ADD
gnp vitamin d3 2,000 unit tab maximum strength (rx)	3	MO; ADD	HAIR, SKIN AND NAILS TABLET	3	ADD
			HAIR, SKIN AND NAILS TABLET	3	MO; ADD

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HARD NAILS 2.5 MG CAPSULE	3	ADD
HEALTHY EYES LUTEIN-ZEAXTHN CP	3	ADD
HEALTHY EYES SUPERVISION2 SFGL	3	ADD
HEALTHY EYES TABLET (RX)	3	ADD
<i>healthy eyes tablet advanced antioxidant (rx)</i>	3	ADD
HEMATEX 100 MG/5 ML LIQUID	3	ADD
HEMATEX 150 MG TABLET	3	ADD
<i>hematogen fa softgel</i>	3	ADD
HEMOCYTE PLUS CAPSULE (RX)	3	ADD
HI-D PEDIATRIC DROP	3	ADD
<i>high potency multivitamin tab</i>	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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
HM HAIR, SKIN AND NAILS TABLET	3	ADD
HM ONE DAILY WOMEN'S 50 PLUS	3	ADD
<i>hm slow release iron tablet (rx)</i>	3	ADD
<i>hm vitamin e 180 mg softgel (rx)</i>	3	MO; ADD
<i>honey bears chewable tablet</i>	3	ADD
<i>honey bears-iron-zinc tab chew</i>	3	ADD
<i>hydroxocobalamin 1,000 mcg/ml</i>	3	ADD
HYDROXOCOBAL AMIN POWDER USP (RX)	3	ADD
<i>icaps areds softgel softgel (rx)</i>	3	ADD
ICAPS AREDS2 CHEWABLE TABLET	3	ADD
ICAPS AREDS2 SOFTGEL	3	MO; ADD
ICAPS AREDS2 TABLET	3	ADD
ICAPS MV TABLET (RX)	3	MO; ADD
I-CAPS WITH LUTEIN-OMEGA 3 SFG	3	MO; ADD

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ICAR 15 MG/1.25 ML SUSPENSION	3	MO; ADD
infant iron 15 mg/ml drop (rx)	3	MO; ADD
infant vitamin a-c-d drop	3	MO; ADD
infant vitamin d 10 mcg/ml drp (rx)	3	MO; ADD
INFANT-TODDLER MULTIVIT DROP	3	ADD
infant-toddler multivit-iron	3	MO; ADD
infant-toddler vit a-c-d drop	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 BULK VIAL P/F, MUV	3	MO; ADD
INFUVITE ADULT VIAL 2X5ML, SUV	3	MO; ADD
INFUVITE ADULT VIAL P/F, SDV, OUTER	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
INFUVITE PEDIATRIC BULK VIAL MUV	3	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
INTEGRA PLUS CAPSULE	3	MO; ADD
IRON 18 MG TABLET	3	ADD
iron 27 mg tablet (rx)	3	ADD
iron 45 mg tablet	3	ADD
iron 65 mg tablet (rx)	3	ADD
iron 65 mg tablet (rx)	3	ADD
iron 65 mg tablet gluten-free (rx)	3	ADD
iron 65 mg tablet p/f (rx)	3	ADD

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iron 65 mg tablet p/f, gluten-free (rx)	3	ADD	macuvite eye care tablet	3	MO; ADD
iron chews 15 mg tablet chew	3	MO; ADD	MACUVITE WITH LUTEIN TABLET	3	ADD
IRONUP 15 MG/0.5 ML DROPS	3	MO; ADD	MAXIMUM D3 325 MCG(13,000 UNIT	3	MO; ADD
IROSPAN 24/6 TABLET	3	MO; ADD	MEGA BIOTIN 10,000 MCG SOFTGEL	3	ADD
IS-D-10,000 250 MCG SOFTGEL	3	ADD	mega multi for men tablet high potency (rx)	3	ADD
i-vite tablet	3	MO; ADD	mega multi for women tab	3	ADD
JUST 4 KIDZ MV- PROBIOTIC GUMMY	3	ADD	MEGAVITE CAPLET	3	ADD
KIDS MULTIVIT-MINERALS GUMMIES	3	ADD	MEGAVITE GOLDEN YEARS CAPLET	3	ADD
kids vitamin d3 tab chew	3	ADD	MEN 50 PLUS MULTIVITAMIN TAB	3	ADD
K-PAX IMMUNE SUPPORT TABLET 30 PACKETS OF 4 TABS	3	ADD	MEN'S 50 PLUS DAILY FORMULA TB	3	ADD
K-PAX IMMUNE SUPPORT TABLET 60 PACKETS OF 4 TABS	3	ADD	MEN'S 50 PLUS MULTIVITAMIN TAB	3	ADD
lysiplex plus liquid	3	MO; ADD	MEN'S DAILY FORMULA CAPSULE	3	ADD
MACULAR HEALTH FORMULA CAPSULE	3	ADD			

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MEN'S DAILY FORMULA TABLET (RX)	3	ADD	<i>multiple vitamin w-minerals tb</i>	3	MO; ADD
MEN'S DAILY PACK	3	ADD	<i>multiple vitamins tablet</i>	3	ADD
MEN'S MULTIVITAMIN GUMMIES	3	ADD	<i>multiple vitamins tablet one daily</i>	3	ADD
MEN'S PACK	3	ADD	<i>multiple vitamins tablet p/f,n,lactose fre</i>	3	ADD
MERIBIN 5 MG CAPSULE	3	MO; ADD	<i>multivit with iron tab chew</i>	3	ADD
<i>milltrium senior multivit tab</i>	3	ADD	MULTIVITAMIN GUMMIES	3	ADD
MONOCAPS TABLET (OTC)	3	ADD	MULTI-VITAMIN GUMMIES	3	ADD
MONOCAPS TABLET (RX)	3	ADD	MULTIVITAMIN LIQUID	3	ADD
MONOFERRIC 1,000 MG/10 ML VIAL	3	MO; ADD	<i>multivitamin tablet (rx)</i>	3	MO; ADD
<i>multi complete-iron tablet</i>	3	MO; ADD	MULTIVITAMIN WITH MINERALS TAB	3	MO; ADD
MULTI FOR HER 50 PLUS SOFTGEL (RX)	3	MO; ADD	<i>multivitamin women 50 plus tab</i>	3	ADD
MULTI FOR HER SOFTGEL (RX)	3	ADD	<i>multivitamin-mineral liquid</i>	3	ADD
<i>multi for her tablet</i>	3	ADD	<i>multivitamin-minerals tablet</i>	3	MO; ADD
<i>multiple vitamin tablet</i>	3	ADD	<i>multivitamin-minerals tablet p/f</i>	3	MO; ADD
<i>multiple vitamin with iron tab (rx)</i>	3	ADD	<i>multivitamins tablet (rx)</i>	3	MO; ADD

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MULTIVITAMIN-ZINC-STRESS TAB	3	MO; ADD
MULTI-VITE LIQUID	3	ADD
<i>multivit-fluor 0.25 mg tab chw (rx)</i>	3	MO; ADD
<i>multivit-fluor 0.25 mg tab chw grape flavor (rx)</i>	3	MO; ADD
<i>multivit-fluor 0.25 mg/ml drop (rx)</i>	3	MO; ADD
<i>multivit-fluor 0.5 mg tab chew (rx)</i>	3	MO; ADD
<i>multivit-fluor 0.5 mg tab chew grape flavor (rx)</i>	3	MO; ADD
<i>multivit-fluor 0.5 mg/ml drop (rx)</i>	3	MO; ADD
<i>multivit-fluoride 1 mg tab chw (rx)</i>	3	MO; ADD
<i>multivit-fluor-iron 0.25 mg/ml (rx)</i>	3	MO; ADD
MVW ADEK GUMMIES PLUS ZINC	3	MO; ADD
MVW COMPLETE FORM MULTIVI SFGL	3	ADD
MVW COMPLETE FORM MULTIVI SFGL	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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	MO; ADD
MVW COMPLETE FORMUL D5000 SFGL	3	MO; ADD
MVW COMPLETE FORMUL PEDIA DRPS	3	MO; 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
<i>nephplex rx tablet</i>	3	MO; ADD
NEPHRO VITAMINS TABLET	3	ADD

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NEPHRON FA TABLET	3	MO; ADD
<i>nephronex liquid</i>	3	MO; ADD
NEPHRO-VITE TABLET (RX)	3	MO; ADD
NICOMIDE TABLET	3	MO; ADD
<i>nicotinamide tablet</i>	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
NOVAMV MULTIVITAMIN DROP	3	ADD
NUFERA TABLET	3	ADD
NU-IRON 150 CAPSULE	3	MO; ADD
OCULAR VITAMINS TABLET	3	ADD
<i>ocutabs tablet (rx)</i>	3	ADD
OCUVITE ADULT 50 PLUS SOFTGEL	3	MO; ADD
OCUVITE EYE HEALTH GUMMIES	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
OCUVITE EYE PLUS MULTI TABLET	3	ADD
OCUVITE LUTEIN-ZEAXANTHIN CAP	3	MO; ADD
OCUVITE WITH LUTEIN TABLET	3	MO; ADD
<i>omnicap tablet</i>	3	ADD
ONCOVITE TABLET	3	MO; ADD
<i>one daily complete tablet</i>	3	ADD
ONE DAILY ESSENTIAL TABLET	3	ADD
<i>one daily essential tablet (rx)</i>	3	ADD
<i>one daily for men 50+ adv tab</i>	3	ADD
<i>one daily for men tablet</i>	3	MO; ADD
<i>one daily for women 50+ adv tb w/ginkgo, 50+ advanced</i>	3	MO; ADD
<i>one daily for women tablet</i>	3	ADD
ONE DAILY HEALTHY WEIGHT TAB	3	ADD

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<i>one daily maximum tablet (rx)</i>	3	ADD	ONE DAILY WOMEN 50 PLUS TAB Y/F,P/F	3	MO; ADD
ONE DAILY MEN'S 50 PLUS D3 TAB	3	ADD	<i>one daily womens 50 plus tab (rx)</i>	3	ADD
<i>one daily men's 50+ tablet</i>	3	ADD	ONE DAILY WOMEN'S 50+ TABLET WOMEN'S HEALTH 50+	3	MO; ADD
ONE DAILY MEN'S HEALTH TABLET	3	MO; ADD	ONE DAILY WOMEN'S MULTIVITAMIN	3	ADD
ONE DAILY MEN'S MULTIVITAMIN	3	ADD	ONE-A-DAY ENERGY TABLET	3	ADD
<i>one daily multivitamin tab (rx)</i>	3	ADD	<i>one-a-day essential tablet (rx)</i>	3	ADD
<i>one daily multivitamin tablet</i>	3	ADD	ONE-A-DAY KID'S GUMMIES	3	ADD
ONE DAILY MULTIVITAMIN TABLET	3	ADD	ONE-A-DAY MEN VITACRAVES GUMMY	3	MO; ADD
<i>one daily multivitamin-iron tb</i>	3	ADD	ONE-A-DAY MENOPAUSE FORMULA TB	3	MO; ADD
<i>one daily multivit-mineral tab</i>	3	MO; ADD	ONE-A-DAY MEN'S 50 PLUS TABLET	3	MO; ADD
<i>one daily tablet</i>	3	ADD	ONE-A-DAY MEN'S 50 PLUS TABLET	3	ADD
ONE DAILY TABLET	3	ADD	ONE-A-DAY MEN'S COMPLETE TAB	3	MO; ADD
<i>one daily with iron-calcium tb</i>	3	ADD			
<i>one daily with minerals tablet (rx)</i>	3	ADD			

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ONE-A-DAY MEN'S TABLET	3	ADD
ONE-A-DAY PROACTIVE 65 PLUS TB	3	MO; ADD
<i>one-a-day teen advantage tab</i>	3	ADD
ONE-A-DAY TEEN HER VITACRAVES (RX)	3	ADD
ONE-A-DAY TEEN HIM VITACRAVES	3	MO; ADD
ONE-A-DAY VITACRAVES GUMMIES	3	ADD
ONE-A-DAY VITACRAVES IMMUNITY	3	ADD
ONE-A-DAY VITACRAVES OMEGA-3	3	ADD
ONE-A-DAY VITACRAVES SOUR GMMY	3	ADD
ONE-A-DAY WEIGHTSMART TABLET	3	ADD
ONE-A-DAY WOMEN VITACRAVES	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
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
<i>one-daily multi-vitamin tab (rx)</i>	3	ADD
ONE-DAILY MULTI-VIT-IRON TAB	3	ADD
OPTIFAST CHEWABLE TABLET	3	ADD
<i>optimal d3 50,000 unit capsule</i>	3	ADD
OPTIMAL D3 M 14,000 UNIT CAP	3	ADD
OPTIMAL D3M 350 MCG(14,000 UNIT	3	ADD
OPTISOURCE TABLET CHEWABLE	3	MO; ADD
OPURITY MULTIVITAMIN TAB CHEW	3	ADD

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OSTEO-VIT3 1,250 MCG/3 ML DROP	3	ADD
PARVLEX TABLET	3	ADD
<i>pedia d-vite 400 unit/ml liq</i>	3	ADD
<i>pedia iron 15 mg/ml drop</i>	3	ADD
PEDIA POLY-VITE DROPS	3	ADD
PEDIA POLY-VITE WITH IRON DROP	3	ADD
PEDIA TRI-VITE DROP	3	ADD
<i>pediatric d-vite 10 mcg/ml liq</i>	3	MO; ADD
<i>pediatric fe-vite 15 mg/ml drp</i>	3	ADD
PEDIATRIC POLY-VITE DROPS	3	ADD
PEDIATRIC POLY-VITE-IRON DROPS	3	ADD
PEDIATRIC TRI-VITE DROPS	3	ADD
<i>pharm chc ped iron 15 mg/ml drp (rx)</i>	3	MO; ADD
<i>pharm choice d3 400 unit/ml (rx)</i>	3	MO; ADD
PHARM CHOICE POLY-VIT-IRON DRP	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
PHARMACIST CHOICE PED POLY-VIT	3	ADD
PHARMACIST CHOICE PED TRI-VIT	3	ADD
<i>phlexy-vits powder packet</i>	3	MO; ADD
PHYTOMULTI TABLET	3	ADD
<i>poly-iron 150 mg capsule</i>	3	MO; ADD
<i>polysaccharide iron 150 mg cap (rx)</i>	3	MO; ADD
POLY-VI-FLOR 0.25 MG DROP	3	MO; ADD
<i>poly-vi-sol 0.5 ml oral syring</i>	3	ADD
POLY-VI-SOL 1 ML ENFIT SYRINGE	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	

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PRESERVISION AREDS 2 CHEW TAB	3	MO; ADD
PRESERVISION AREDS 2 SOFTGEL	3	MO; ADD
PRESERVISION AREDS SOFTGEL (RX)	3	MO; ADD
PRESERVISION AREDS TABLET	3	MO; ADD
PRESERVISION LUTEIN SOFTGEL	3	MO; ADD
PRESERVISION LUTEIN W/LUTEIN, SOFTGEL	3	MO; ADD
PRO FE 180 MG CAPSULE	3	MO; ADD
PRO-CAL TABLET	3	ADD
PROCERV HP TABLET	3	ADD
PRORENAL MULTIVITAMIN TABLET	3	MO; ADD
PRORENAL QD SOFTGEL	3	MO; ADD
<i>prosight tablet</i>	3	MO; ADD
PROTECT CARDIO AF SOFTGEL	3	MO; ADD
PROTECT IRON LIQUID	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
PROTECT PLUS SO SOFTGEL	3	ADD
PROXEED PLUS POWDER PACKET	3	MO; ADD
<i>pub multivitamin 50 plus tab</i>	3	ADD
<i>purevit dualfe plus capsule</i>	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 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 0.125 MG GUMMIES	3	ADD
QUFLORA FE 0.25 MG CHEW TABLET	3	ADD
QUFLORA FE PED 0.25 MG/ML DROP	3	ADD
QUFLORA PED 0.25 MG CHEW TAB	3	ADD
QUFLORA PED 0.25 MG/ML DROP	3	ADD

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QUFLORA PED 0.5 MG CHEW TAB	3	ADD	RA ESSENCE C 1,000 MG PACKET ORANGE FLAVOR (RX)	3	ADD
QUFLORA PED 0.5 MG/ML DROP	3	ADD	RA ESSENCE C 1,000 MG PACKET RASPBERRY FLAVOR (RX)	3	ADD
QUFLORA PED 1 MG CHEW TAB	3	ADD	RA ESSENCE C 1,000 MG PACKET TANGERINE FLAVOR (RX)	3	ADD
QUIN B STRONG WITH C & ZINC TB	3	ADD	<i>ra folic acid 0.4 mg tablet p/f (rx)</i>	3	MO; ADD
QUINTABS TABLET	3	ADD	<i>ra folic acid 800 mcg tablet p/f (rx)</i>	3	MO; ADD
<i>quintabs-m iron free tablet</i>	3	ADD	<i>ra high potency iron 27 mg tab</i>	3	ADD
QUINTABS-M TABLET (OTC)	3	ADD	RA HIGH POTENCY IRON 27 MG TAB	3	ADD
QUINTABS-M TABLET (RX)	3	ADD	RA MEN'S ONE DAILY TABLET P/F	3	ADD
<i>ra b-complex with vit c tab sa (rx)</i>	3	ADD	<i>ra one daily maximum tablet (rx)</i>	3	ADD
<i>ra biotin 2,500 mcg capsule p/f, d/f</i>	3	MO; ADD	RA ONE DAILY MEN'S 50 PLUS D3	3	ADD
<i>ra calcium 600-minerals tab (rx)</i>	3	ADD	RA SLOW RELEASE IRON 45 MG TAB (RX)	3	MO; ADD
RA CENTRAL-VITE TABLET	3	ADD	<i>ra vit c-rose hips 500 mg tab natural,p/f (rx)</i>	3	MO; ADD
RA CENTRAL-VITE WOMEN'S TABLET	3	ADD			
RA CHILD COMPLETE CHEWABLE VIT	3	ADD			

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ra vitamin a 10,000 unit sftgl p/f,softgel (rx)	3	MO; ADD
ra vitamin b-6 100 mg tablet p/f (rx)	3	ADD
ra vitamin b-6 50 mg tablet p/f (rx)	3	ADD
ra vitamin c 1,000 mg tablet p/f,natural (rx)	3	ADD
ra vitamin c 1,000 mg tablet w/rose hips,p/f (rx)	3	ADD
ra vitamin c 250 mg tablet p/f (rx)	3	ADD
ra vitamin c 500 mg tablet p/f (rx)	3	MO; ADD
ra vitamin c 500 mg tablet p/f,natural (rx)	3	MO; ADD
ra vitamin d3 1,000 unit tab (rx)	3	MO; ADD
ra vitamin d3 2,000 unit sfgl (rx)	3	ADD
ra vitamin d3 2,000 unit sfgl softgel (rx)	3	ADD
ra vitamin d3 2,000 unit sftgl (rx)	3	ADD
ra vitamin d3 5,000 unit sftgl softgel (rx)	3	MO; ADD
ra vitamin e 268 mg softgel (rx)	3	MO; ADD
renal caps softgel	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
RENAL VITAMIN TABLET	3	MO; ADD
RENAPLEX TABLET	3	ADD
RENAPLEX-D TABLET	3	ADD
rena-vite rx tablet (rx)	3	MO; ADD
rena-vite tablet (rx)	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
senior tabs	3	ADD
sentry senior multivitamin tab sodium/f,yeast/f (rx)	3	MO; ADD
sentry senior tablet	3	ADD
sentry senior tablet inner	3	ADD
sentry senior tablet outer	3	ADD
sentry tablet	3	ADD
se-tan plus capsule	3	MO; ADD
SLOW FE 45 MG TABLET	3	MO; ADD
slow release iron 160 mg tab p/f,gluten-free (rx)	3	MO; ADD

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SLOW RELEASE IRON 45 MG TABLET	3	ADD	<i>sm hair, skin and nails caplet caplet, gluten-free (rx)</i>	3	ADD
SLOW RELEASE IRON 45 MG TABLET (RX)	3	ADD	<i>sm iron 325 mg tablet p/f (rx)</i>	3	ADD
SLOW RELEASE IRON 45 MG TABLET (RX)	3	MO; ADD	<i>sm iron 65 mg tablet gluten-free (rx)</i>	3	ADD
<i>slow release iron 45 mg tablet gluten-free (rx)</i>	3	MO; ADD	<i>sm multivitamins tablet (rx)</i>	3	MO; ADD
SLOW RELEASE IRON TABLET	3	MO; ADD	SM SLOW RELEASE IRON 45 MG TAB	3	ADD
<i>slow release iron tablet (rx)</i>	3	MO; ADD	SM SLOW RELEASE IRON 45 MG TAB (RX)	3	MO; ADD
<i>sm b complex with vit c tablet (rx)</i>	3	ADD	<i>sm super vitamin b complex tab (rx)</i>	3	MO; ADD
<i>sm biotin 5,000 mcg capsule (rx)</i>	3	MO; ADD	<i>sm vit c-rose hips 500 mg tab (rx)</i>	3	MO; ADD
<i>sm calcium 600-d3-minerals tab (rx)</i>	3	ADD	<i>sm vitamin b-6 100 mg tablet (rx)</i>	3	MO; ADD
<i>sm complete multi-vit-mineral advanced formula</i>	3	ADD	<i>sm vitamin b-6 100 mg tablet (rx)</i>	3	ADD
<i>sm folic acid 0.4 mg tablet (rx)</i>	3	MO; ADD	<i>sm vitamin b-6 100 mg tablet gluten-free (rx)</i>	3	ADD
<i>sm folic acid 400 mcg tablet (rx)</i>	3	MO; ADD	<i>sm vitamin c 1,000 mg tablet (rx)</i>	3	MO; ADD
<i>sm folic acid 400 mcg tablet gluten-free (rx)</i>	3	MO; 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

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sm vitamin c 250 mg tablet (rx)	3	ADD
sm vitamin c with rose hips natural (rx)	3	MO; ADD
sm vitamin d3 1,000 unit tab p/f (rx)	3	ADD
sm vitamin d3 2,000 unit softgel, gluten-free (rx)	3	ADD
sm vitamin d3 50 mcg softgel	3	MO; ADD
sodium fluoride 0.25 (0.55) mg (rx)	3	MO; ADD
sodium fluoride 0.5 mg(1.1 mg) (rx)	3	MO; ADD
sodium fluoride 0.5 mg/ml drop (rx)	3	MO; 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	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
stress formula with zinc tab (rx)	3	MO; ADD
STROVITE ONE CAPLET	3	MO; ADD
super antioxidant capsule p/f (rx)	3	ADD
super antioxidant softgel softgl,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
SUPER DAILY D3 2,000 UNIT/DROP	3	ADD
SUPER MULTIPLE-LOW IRON TABLET	3	ADD
super thera vite m tablet (rx)	3	MO; ADD
SV BIOTIN 1,000 MCG SOFTGEL	3	ADD
sv biotin 5,000 mcg softgel softgel (rx)	3	MO; ADD
sv folic acid 800 mcg tablet (rx)	3	MO; ADD

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SV SLOW RELEASE IRON 45 MG TAB (RX)	3	MO; ADD
sv vit c-rose hips 1,000 mg tb p/f,gluten-free (rx)	3	MO; ADD
sv vit c-rose hips 500 mg tab (rx)	3	MO; ADD
sv vit c-rose hips 500 mg tab p/f, gluten free (rx)	3	MO; ADD
sv vitamin b-6 100 mg tablet (rx)	3	MO; ADD
sv vitamin d3 1,000 unit gummy (rx)	3	ADD
sv vitamin d3 1,000 unit sftgl (rx)	3	ADD
sv vitamin d3 1,000 unit sftgl softgel, p/f (rx)	3	MO; ADD
sv vitamin d3 2,000 unit sftgl softgel,gluten-f,p/f (rx)	3	ADD
sv vitamin d3 25 mcg(1000 unit) (rx)	3	ADD
sv vitamin d3 400 unit softgel softgel , p/f(rx)	3	MO; ADD
sv vitamin d3 5,000 unit sftgl softgel (rx)	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
sv vitamin d3 5,000 unit sftgl softgel, p/f (rx)	3	MO; ADD
sv vitamin e 180 mg softgel (rx)	3	MO; ADD
sv vitamin e 450 mg softgel water soluble, p/f (rx)	3	MO; ADD
sv vitamin e 670 mg softgel p/f, gluten-free (rx)	3	ADD
TAB-A-VITE MULTIVIT WITH IRON	3	ADD
TAB-A-VITE MULTIVIT WITH IRON	3	MO; ADD
tab-a-vite tablet	3	MO; ADD
TANDEM PLUS CAPSULE	3	MO; ADD
taron forte capsule	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
THERAGRAN-M PREMIER 50+ CAPLET	3	ADD
thera-m caplet	3	ADD

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THERAMIL FORTE CAPSULE	3	ADD
<i>therapeutic-m caplet</i>	3	ADD
<i>therapeutic-m tablet</i>	3	MO; ADD
<i>thera-tabs caplet</i>	3	MO; ADD
<i>theratrum complete 50 plus tab</i>	3	ADD
<i>theratrum complete 50 plus tab</i>	3	MO; ADD
<i>theratrum complete tablet mfg error (rx)</i>	3	MO; ADD
<i>theratrum complete tablet w/lutein, p/f (rx)</i>	3	MO; ADD
<i>therems multivitamin tablet</i>	3	MO; ADD
<i>thiamine 200 mg/2 ml vial 25's,mdv,outer</i>	3	MO; ADD
<i>thiamine 200 mg/2 ml vial inner, muv</i>	3	MO; ADD
<i>thiamine 200 mg/2 ml vial inner,muv</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 muv</i>	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<i>thiamine 200 mg/2 ml vial muv, inner</i>	3	MO; ADD
<i>thiamine 200 mg/2 ml vial muv, outer</i>	3	MO; ADD
<i>thiamine 200 mg/2 ml vial outer, muv</i>	3	MO; ADD
<i>thiamine 200 mg/2 ml vial outer,muv</i>	3	MO; ADD
<i>tricon capsule</i>	3	ADD
TRIFERIC 272 MG POWDER PACKET OUTER	3	ADD
<i>trigels-f forte softgel</i>	3	MO; ADD
<i>triphrocaps softgel (rx)</i>	3	MO; ADD
TRI-VI-SOL DROPS	3	MO; ADD
<i>tri-vite-fluoride 0.25 mg/ml</i>	3	MO; ADD
<i>tri-vite-fluoride 0.5 mg/ml</i>	3	MO; ADD
TROPICAL LIQUID NUTRITION	3	ADD
UDAMIN SP CAPLET (RX)	3	ADD
ULTRA FREEDA TABLET	3	ADD
ULTRA FREEDA WITH IRON TABLET	3	ADD

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VENOFER 100 MG/5 ML VIAL 25'S,SDV,P/F	3	MO; ADD	VISION HEALTH SOFTGEL	3	ADD
VENOFER 100 MG/5 ML VIAL OUTER, SUV, P/F	3	MO; ADD	VISION PLUS LUTEIN VITAMIN TAB	3	MO; ADD
VENOFER 100 MG/5 ML VIAL SUV,P/F	3	MO; ADD	VISTA ADVANCED AREDS2 SOFTGEL	3	ADD
VENOFER 100 MG/5 ML VIAL SUV,P/F, OUTER	3	MO; ADD	VISTA ADVANCED DRY EYE SOFTGEL	3	ADD
VENOFER 200 MG/10 ML VIAL SUV,P/F,OUTER	3	MO; ADD	<i>vit a,c,d-fluoride 0.25 mg/ml</i>	3	MO; ADD
VENOFER 50 MG/2.5 ML VIAL 10'S,SDV,P/F, OUTER	3	ADD	<i>vit a,c,d-fluoride 0.5 mg/ml</i>	3	MO; ADD
VENOFER 50 MG/2.5 ML VIAL 25'S,SUV,P/F	3	ADD	<i>vit c-rose hips 1,000 mg cplt caplet,p/f (rx)</i>	3	MO; ADD
VENOFER 50 MG/2.5 ML VIAL SUV,P/F,OUTER	3	ADD	<i>vit c-rose hips 1,000 mg tab (rx)</i>	3	MO; ADD
VIRT-CAPS SOFTGEL (RX)	3	MO; ADD	<i>vit c-rose hips 1,000 mg tab s/f (otc)</i>	3	MO; ADD
VISION FORMULA TABLET	3	ADD	<i>vit c-rose hips 500 mg tablet (rx)</i>	3	MO; ADD
VISION FORMULA WITH LUTEIN TAB	3	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

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VIT D3 5,000 UNIT FAST DISSOLV	3	MO; ADD
VITABEX PLUS CAPSULE	3	ADD
<i>vitajoy daily d gummy</i>	3	MO; ADD
VITAL-D RX TABLET	3	MO; ADD
<i>vitalee tablet</i>	3	ADD
<i>vitalets tablet chewable child, orange (rx)</i>	3	ADD
<i>vitalets tablet chewable child, raspberry</i>	3	ADD
<i>vitalets tablet chewable child,unflavored</i>	3	ADD
VITAMIN A 10,000 UNIT SOFTGEL (RX)	3	ADD
VITAMIN A 10,000 UNIT SOFTGEL INNER (RX)	3	ADD
VITAMIN A 10,000 UNIT SOFTGEL OUTER (RX)	3	ADD
<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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
<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
<i>vitamin b complex-vit c caplet (rx)</i>	3	ADD
<i>vitamin b complex-vitamin c tb (rx)</i>	3	MO; ADD
<i>vitamin b complex-vitamin c tb (rx)</i>	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
<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

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vitamin b-6 50 mg tablet (rx)	3	MO; ADD
vitamin b-6 50 mg tablet (rx)	3	ADD
vitamin b-6 50 mg tablet inner (rx)	3	MO; ADD
vitamin b-6 50 mg tablet inner (rx)	3	ADD
vitamin b-6 50 mg tablet outer (rx)	3	MO; ADD
vitamin b-6 50 mg tablet outer (rx)	3	ADD
vitamin b-6 50 mg tablet p/f (rx)	3	ADD
vitamin b-6 50 mg tablet y/f,gluten/f (rx)	3	ADD
vitamin b-complex & c p/f, caplet	3	ADD
vitamin b-complex & c caplet p/f,lactose free	3	ADD
vitamin b-complex & c caplet p/f,no lactose,cplt	3	ADD
vitamin c 1,000 mg caplet (rx)	3	MO; ADD
vitamin c 1,000 mg caplet (rx)	3	ADD
vitamin c 1,000 mg caplet n,caplet (rx)	3	ADD
vitamin c 1,000 mg tablet (rx)	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
vitamin c 1,000 mg tablet (rx)	3	ADD
vitamin c 1,000 mg tablet inner (rx)	3	ADD
vitamin c 1,000 mg tablet n,caplet (rx)	3	MO; ADD
vitamin c 1,000 mg tablet outer (rx)	3	ADD
vitamin c 1,000 mg tablet p/f (rx)	3	ADD
vitamin c 100 mg tablet (rx)	3	ADD
vitamin c 250 mg tablet (rx)	3	MO; ADD
vitamin c 250 mg tablet (rx)	3	ADD
vitamin c 250 mg tablet gluten-free (rx)	3	ADD
vitamin c 250 mg tablet inner (rx)	3	ADD
vitamin c 250 mg tablet outer (rx)	3	ADD
vitamin c 250 mg tablet p/f (rx)	3	ADD
vitamin c 500 mg tablet (rx)	3	ADD
vitamin c 500 mg tablet (rx)	3	MO; ADD
vitamin c 500 mg tablet gluten-free (rx)	3	MO; ADD

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vitamin c 500 mg tablet p/f (rx)	3	MO; ADD
vitamin c 500 mg tablet p/f,gluten-free (rx)	3	MO; ADD
vitamin c 500 mg tablet u-d (rx)	3	MO; ADD
vitamin c 500 mg tablet y/f,gluten/f (rx)	3	MO; ADD
vitamin c tr 1,000 mg tablet timed release (rx)	3	ADD
vitamin c-rose hip 1,000 mg tb (rx)	3	MO; ADD
vitamin d2 1.25 mg(50,000 unit)	3	MO; ADD
vitamin d2 1.25 mg(50,000 unit) capsule	3	ADD
vitamin d2 1.25 mg(50,000 unit) inner	3	MO; ADD
vitamin d2 1.25 mg(50,000 unit) outer	3	MO; ADD
vitamin d2 1.25 mg(50,000 unit) softgel	3	MO; ADD
VITAMIN D2 2,000 UNIT TABLET	3	ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
vitamin d2 400 unit tablet y/f,gluten/f (rx)	3	ADD
VITAMIN D2 50 MCG (2,000 UNIT)	3	MO; ADD
vitamin d3 1,000 unit adult gummies	3	ADD
vitamin d3 1,000 unit gluten-free, gummies (rx)	3	ADD
vitamin d3 1,000 unit gummy (rx)	3	ADD
vitamin d3 1,000 unit softgel (rx)	3	ADD
vitamin d3 1,000 unit softgel (rx)	3	MO; ADD
vitamin d3 1,000 unit softgel p/f, n,sftgl (rx)	3	ADD
vitamin d3 1,000 unit softgel p/f,gluten-free (rx)	3	ADD
vitamin d3 1,000 unit softgel p/f,gluten-free (rx)	3	MO; ADD
vitamin d3 1,000 unit softgel sftgl,p/f,no lactose (rx)	3	ADD
vitamin d3 1,000 unit softgel (rx)	3	ADD
vitamin d3 1,000 unit softgel (rx)	3	MO; ADD

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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 softgel softgel, p/f (rx)	3	MO; ADD
vitamin d3 1,000 unit softgel softgel, p/f (rx)	3	ADD
vitamin d3 1,000 unit softgel softgel, p/f, n (rx)	3	ADD
VITAMIN D3 1,000 UNIT SPRAY	3	ADD
vitamin d3 1,000 unit tab chew grape flavor	3	ADD
vitamin d3 1,000 unit tab chew p/f, gluten-free	3	ADD
vitamin d3 1,000 unit tab chew p/f, peach vanilla	3	ADD
vitamin d3 1,000 unit tablet (rx)	3	MO; ADD
vitamin d3 1,000 unit tablet (rx)	3	ADD
vitamin d3 1,000 unit tablet gluten-free (rx)	3	MO; ADD
vitamin d3 1,000 unit tablet p/f (rx)	3	ADD
vitamin d3 1,000 unit tablet p/f, gluten-free (rx)	3	MO; ADD

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
vitamin d3 1,000 unit tablet p/f, gluten free (rx)	3	ADD
VITAMIN D3 1,000 UNIT/10 ML LQ	3	ADD
vitamin d3 1,250 mcg capsule (rx)	3	MO; ADD
vitamin d3 1.25 mg softgel (rx)	3	MO; ADD
vitamin d3 10 mcg tablet inner	3	ADD
vitamin d3 10 mcg tablet outer	3	ADD
vitamin d3 10 mcg/ml drop (rx)	3	MO; ADD
vitamin d3 10 mcg/ml liquid w/dropper (rx)	3	MO; ADD
VITAMIN D3 10,000 UNIT CAPSULE (RX)	3	MO; ADD
vitamin d3 10,000 unit softgel (rx)	3	MO; ADD
vitamin d3 10,000 unit softgel softgel (otc)	3	MO; ADD
vitamin d3 10,000 unit softgel softgel, p/f (rx)	3	MO; ADD
VITAMIN D3 10,000 UNIT TABLET	3	MO; ADD

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
vitamin d3 125 mcg (5000 unit) (rx)	3	MO; ADD
vitamin d3 125 mcg capsule (rx)	3	MO; ADD
vitamin d3 125 mcg softgel (rx)	3	MO; ADD
vitamin d3 125 mcg tablet	3	MO; ADD
VITAMIN D3 125 MCG/0.5 ML DROP	3	MO; ADD
vitamin d3 2,000 unit softgel	3	MO; ADD
vitamin d3 2,000 unit softgel inner	3	MO; ADD
vitamin d3 2,000 unit softgel outer	3	MO; ADD
vitamin d3 2,000 unit softgel p/f, color-free (rx)	3	ADD
vitamin d3 2,000 unit p/f, softgel (rx)	3	ADD
vitamin d3 2,000 unit softgel p/f,n,softgel	3	MO; ADD
vitamin d3 2,000 unit softgel p/f,n,softgel (rx)	3	ADD
vitamin d3 2,000 unit softgel	3	MO; ADD
vitamin d3 2,000 unit softgel (rx)	3	ADD

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

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Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
vitamin d3 2,000 unit tablet w/ calcium carbonate (rx)	3	ADD
vitamin d3 25 mcg (1,000 unit) (rx)	3	ADD
vitamin d3 25 mcg gummy (rx)	3	ADD
vitamin d3 25 mcg softgel (rx)	3	ADD
vitamin d3 25 mcg tablet (rx)	3	MO; ADD
vitamin d3 25 mcg tablet bonus 10 tb,max str (rx)	3	MO; ADD
vitamin d3 25 mcg tablet p/f, ex-strength (rx)	3	ADD
vitamin d3 25 mcg tablet y/f,p/f(rx)	3	ADD
VITAMIN D3 250 MCG TABLET	3	MO; ADD
VITAMIN D3 3,000 UNIT TABLET	3	ADD
vitamin d3 400 unit softgel (rx)	3	ADD
vitamin d3 400 unit softgel p/f,n,softgel (rx)	3	MO; ADD
vitamin d3 400 unit softgel (rx)	3	MO; ADD

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

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

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions, or Limit On Use
vitamin d3 5,000 unit tablet outer	3	MO; ADD
vitamin d3 5,000 unit tablet p/f (rx)	3	ADD
vitamin d3 5,000 unit tablet p/f,gluten-free	3	MO; ADD
vitamin d3 5,000 unit tablet y/f,gluten/f	3	MO; ADD
vitamin d3 5,000 unit/ml drops p/f, yeast-free	3	MO; ADD
vitamin d3 50 mcg (2,000 unit)	3	MO; ADD
vitamin d3 50 mcg capsule	3	MO; ADD
vitamin d3 50 mcg softgel	3	MO; ADD
vitamin d3 50 mcg tablet (rx)	3	MO; ADD
vitamin d3 50,000 unit capsule (rx)	3	MO; ADD
VITAMIN D3 COMPLETE CAPLET	3	ADD
vitamin d-400 tablet easy to swallow (rx)	3	MO; ADD
vitamin e 1,000 unit p/f, blend, softgel (rx)	3	ADD

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vitamin e 1,000 unit softgel p/f, gluten-f,softgel (rx)	3	ADD	vitamin e 180 mg(400 unit) sfgl (rx)	3	MO; ADD
VITAMIN E 1,000 UNIT SOFTGEL P/F,SOFTGEL (RX)	3	ADD	vitamin e 180 mg(400 unit) sfgl inner (rx)	3	MO; ADD
vitamin e 1,000 unit softgel softgel, finest (rx)	3	ADD	vitamin e 180 mg(400 unit) sfgl outer (rx)	3	MO; ADD
vitamin e 1,000 unit softgel softgel, p/f (rx)	3	MO; ADD	vitamin e 200 unit softgel p/f, gluten-f,softgel (rx)	3	ADD
vitamin e 100 unit softgel (rx)	3	MO; ADD	vitamin e 200 unit softgel p/f, no lactose (rx)	3	ADD
VITAMIN E 100 UNIT TABLET	3	ADD	VITAMIN E 200 UNIT TABLET	3	ADD
VITAMIN E 100 UNIT TABLET Y/F,GLUTEN/F (RX)	3	ADD	VITAMIN E 200 UNIT TABLET S/F,L/F,Y/F,GLUTE N/F	3	ADD
vitamin e 15 unit/0.3 ml drop	3	MO; ADD	vitamin e 400 unit capsule softgel, p/f (rx)	3	MO; ADD
VITAMIN E 15 UNIT/0.3 ML DROP	3	MO; ADD	vitamin e 400 unit softgel (rx)	3	MO; ADD
vitamin e 180 mg softgel (rx)	3	MO; ADD	vitamin e 400 unit softgel economy size (rx)	3	MO; ADD
vitamin e 180 mg softgel inner (rx)	3	MO; ADD	vitamin e 400 unit softgel p/f,softgel (rx)	3	MO; ADD
vitamin e 180 mg softgel outer (rx)	3	MO; ADD			

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vitamin e 400 unit softgel p/f,softgel (rx)	3	ADD	vitamin e-200 200 unit softgel inner	3	MO; ADD
vitamin e 400 unit softgel (rx)	3	MO; ADD	vitamin e-200 200 unit softgel outer	3	MO; ADD
vitamin e 400 unit softgel softgel, p/f (rx)	3	MO; ADD	VITAMINS A-D-E TABLET	3	ADD
vitamin e 400 unit softgel softgel,100% natural (rx)	3	MO; ADD	vitatrum tablet	3	ADD
VITAMIN E 400 UNIT TABLET S/F,L/F,Y/F,GLUTE N/F	3	ADD	VITREXYL CAPLET	3	ADD
VITAMIN E 400 UNITS TABLET	3	ADD	VITREXYL PLUS IRON CAPLET	3	ADD
vitamin e 45 mg softgel (rx)	3	MO; ADD	VITRUM 50 PLUS SENIOR TABLET	3	ADD
vitamin e 450 mg softgel (rx)	3	MO; ADD	vitrum senior tablet f/f,p/f (rx)	3	ADD
VITAMIN E 450 MG SOFTGEL (RX)	3	MO; ADD	wee care 15 mg/1.25 ml susp	3	MO; ADD
vitamin e 90 mg softgel	3	MO; ADD	weekly-d 1,250 mcg softgel	3	ADD
VITAMIN E NATURAL OIL DROPS	3	ADD	wescap-pn dha	1	MO
VITAMIN E OIL DROPS	3	ADD	wescaps capsule	3	MO; ADD
VITAMIN E OIL DROPS	3	ADD	westab one tablet	3	MO; ADD
			WOMEN MULTIVIT W-BIOTIN GUMMY	3	ADD
			WOMEN'S 50 PLUS ADVANCED MV TB	3	ADD
			WOMEN'S 50 PLUS DAILY FORMULA (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
WOMEN'S 50 PLUS MULTIVIT TAB	3	ADD
<i>women's daily formula caplet</i>	3	ADD
WOMEN'S DAILY FORMULA CAPLET (RX)	3	MO; ADD
WOMEN'S DAILY FORMULA TABLET	3	ADD
WOMEN'S DAILY PACK	3	ADD
WOMEN'S MULTIVITAMIN GUMMIES GLUTEN-F, LACTOSE-F	3	ADD

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

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This drug list was last updated on 02/19/2024.

**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** (телефон: 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 للاجابة على أي أسئلة قد تكون لديك حول خطتنا الصحية أو الدوائية. للحصول على مترجم فوري، فقط اتصل بنا على **1-855-475-3163** (TTY: 1-833-711-4711 أو 711)، 8 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:** Ofereceremos 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 entèprt gratis pou reponn nenpòt kesyon ou kapab genyen sou plan sante oswa medikaman. Pou w jwenn yon entèprt, 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 कसी भी प्रश्नों का उत्तर देने के लिए हमारे पास नेशुल्क दुभाषणि सेवाएँ हैं। दुभाषणि प्राप्त करने के लिए, बस हमें **1-855-475-3163** (TTY: 1-833-711-4711 या 711), 8 a.m. - 8 p.m., सोमवार - शुक्रवार, पर कॉल करें। हिंदी में बात करने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह सेवा नेशुल्क है।

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

## Notice of Non-Discrimination

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

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

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

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

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

Online: [ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf)

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

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

**MyCareOhio**  
Connecting Medicare + Medicaid

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

H8452\_OH-MYC-M-1568751-V.3  
CMS/ODM Approved: 8/29/2023



**Important Message About What You Pay for Vaccines** – Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. Our plan covers most Part D vaccines at no cost to you.

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

Formulary ID: 00024248  
Version #: 9  
Updated on 03/01/2024