

2017

List of Covered Drugs (Formulary)



RiverSpring FIDA Plan

(Medicare-Medicaid Plan)

To contact Participant Services, please call 1-800-950-9000 (TTY 711). We are available to take your call 7 days a week from 8 a.m. to 8 p.m. EST.

PLEASE READ: This document contains information about the drugs we cover in this plan.

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RiverSpring FIDA Plan | 2017 List of Covered Drugs (Formulary)

This is a list of drugs that Participants can get in RiverSpring FIDA Plan.

- ❖ RiverSpring FIDA Plan is a managed care plan that contracts with both Medicare and the New York State Department of Health (Medicaid) to provide benefits of both programs to Participants through the Fully Integrated Duals Advantage (FIDA) Demonstration.
- ❖ The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
- ❖ Benefits may change on January 1 of each year.
- ❖ You can always check RiverSpring FIDA Plan's up-to-date List of Covered Drugs online at RiverSpringFIDA.org or by calling RiverSpring FIDA Plan Participant Services at 1-800-950-9000.
- ❖ Limitations and restrictions may apply. For more information, call RiverSpring FIDA Plan Participant Services or read the RiverSpring FIDA Plan Participant Handbook. This means that you need to follow certain rules to have RiverSpring FIDA Plan pay for your services.
- ❖ There are no copays for any covered drugs.
- ❖ You can get this information for free in other languages. Call 1-800-950-9000 (TTY 711) 7 days a week from 8 a.m. to 8 p.m. EST. The call is free.
- ❖ Ou ka jwenn enfòmasyon sa a gratis nan lòt lang. Rele nan 1-800-950-9000 ak nan TTY/TDD: 711 ant 8:00 am ak 8:00 pm., Lè Zòn Lès, 7 jou pa semèn. Kouffil la gratis.
- ❖ Vous pouvez obtenir ces informations gratuitement dans d'autres langues. Appelez le 1-800-950-9000 ou notre numéro TTY/TDD: 711 - 7 jours sur 7 de 8 a.m. à 8 p.m. EST. L'appel est gratuit.
- ❖ Usted puede obtener esta informacion en otros idiomas de forma gratuita. Llame al 1-800-950-9000 y TTY/TDD: 711 8:00 am a 8:00 pm Hora del Este, los 7 días de la semana. La llamada es gratuita.
- ❖ 이 정보는 다른 언어로도 제공됩니다(무료). 주 7일 8:00 am – 8:00 pm(EST) 중 1-800-950-9000 나 TTY/TDD: 711 으로 전화 주십시오. 통화료는 무료입니다.
- ❖ 您可免費取得以其他語言撰寫的資訊。請於週一至週日美國東部標準時間上午 8 時至下午 8 時致電：1-800-950-9000，TTY/TDD 使用者：711。每週 7 天服務。此為免付費電話。
- ❖ Данная информация доступна бесплатно на других языках. Звоните по номеру 1-800-950-9000 или 711 (линия TTY/TDD) с 8:00 до 20:00 по восточному поясному времени 7 дней в неделю. Звонок бесплатный.



If you have questions, please call RiverSpring FIDA Plan at 1-800-950-9000 (TTY 711) 7 days a week from 8 a.m. to 8 p.m. EST. The call is free. **For more information**, visit RiverSpringFIDA.org |

- ❖ È possibile ricevere queste informazioni in altre lingue gratuitamente. Contatta il 1-800-950-9000 e TTY/TDD: 711 dalle ore 8:00 alle ore 20:00 EST (ora standard orientale degli Stati Uniti), 7 giorni su 7. Il servizio è gratuito.
- ❖ You can get this information for free in other formats, such as large print, braille, or audio. Call 1-800-950-9000 (TTY 711) 7 days a week from 8 a.m. to 8 p.m. EST. The call is free.
- ❖ If you require any of the Plan materials, now or in the future, in your preferred language or alternative format, please call Participant Services at 1-800-950-9000 (TTY 711)—we'd be happy to help you.
- ❖ The State of New York has created a participant ombudsman program called the Independent Consumer Advocacy Network (ICAN) to provide Participants free, confidential assistance on any services offered by RiverSpring FIDA Plan. ICAN may be reached toll-free at 1-844-614-8800 or online at icannys.org. (TTY users call 711, then follow the prompts to dial 844-614-8800.)



If you have questions, please call RiverSpring FIDA Plan at 1-800-950-9000 (TTY 711) 7 days a week from 8 a.m. to 8 p.m. EST. The call is free. **For more information**, visit RiverSpringFIDA.org II

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.

1. 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 1 are the drugs covered by RiverSpring FIDA Plan. 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.”

→ RiverSpring FIDA Plan will cover all drugs on the Drug List if:

- your doctor or other prescriber says you need them to get better or stay healthy,
- the drug is medically necessary for your condition, **and**
- you fill the prescription at a RiverSpring FIDA Plan network pharmacy.

→ RiverSpring FIDA Plan may have additional steps to access certain drugs (see question #5 below). In some cases, you may have to do something before you can get a drug, like try other drugs first.

You can also see an up-to-date list of drugs that we cover on our website at RiverSpringFIDA.org or call Participant Services at 1-800-950-9000.

2. Does the Drug List ever change?

Yes. RiverSpring FIDA Plan may add or remove drugs on the Drug List during the year. Generally, the Drug List will only change if:

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

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

- Decide to require or not require prior approval for a drug. (*Prior approval* is permission from RiverSpring FIDA Plan or your Interdisciplinary Team (IDT) before you can get a drug.)
 - Add or change the amount of a drug you can get (called “quantity limits”).
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If you have questions, please call RiverSpring FIDA Plan at 1-800-950-9000 (TTY 711) 7 days a week from 8 a.m. to 8 p.m. EST. The call is free. **For more information**, visit RiverSpringFIDA.org

- Add or change step therapy restrictions on a drug. (*Step therapy* means you must try one drug before we will cover another drug.)

(For more information on these drug rules, see page V.)

We will tell you when a drug you are taking is removed from the Drug List. We will also tell you when we change our rules for covering a drug. Questions 3, 4, and 7 below have more information on what happens when the Drug List changes.

→ You can always check RiverSpring FIDA Plan's up to date Drug List online at RiverSpringFIDA.org. You can also call Participant Services to check the current Drug List at 1-800-950-9000.

3. What happens when a cheaper drug comes along that works as well as a drug on the Drug List now?

If a cheaper drug becomes available that works as well as a drug on the Drug List now:

- Your pharmacist may give you the cheaper drug the next time you fill your prescription. If you and your provider decide that the cheaper drug is not right for you, your provider can tell the pharmacist to continue to give you the drug you take now.
- RiverSpring FIDA Plan may decide to take the more expensive drug off of the Drug List. If you are taking a drug that we remove from the Drug List because a cheaper drug that works just as well comes along, we will tell you at least 60 days before we remove it from the Drug List **or** when you ask for a refill. Then you can get a 60-day supply of the drug before the change to the Drug List is made. We will tell you when this happens by mailing you a letter.

4. What happens when we find out a drug is not safe?

If the Food and Drug Administration (FDA) says a drug you are taking is not safe, we will take it off the Drug List right away. We will also send you a letter and call you to tell you that the unsafe drug was taken off the Drug List. After you receive this letter, you should contact the doctor who prescribed the drug for you.



If you have questions, please call RiverSpring FIDA Plan at 1-800-950-9000 (TTY 711) 7 days a week from 8 a.m. to 8 p.m. EST. The call is free. **For more information**, visit RiverSpringFIDA.org

5. Are there any restrictions or limits on drug coverage? Or are there any required actions to take in order to get certain drugs?

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

- **Prior approval (or prior authorization):** For some drugs, you or your doctor or other prescriber must get approval from RiverSpring FIDA Plan or your Interdisciplinary Team (IDT) before you fill your prescription. If you don't get approval, RiverSpring FIDA Plan may not cover the drug.
- **Quantity limits:** Sometimes RiverSpring FIDA Plan limits the amount of a drug you can get.
- **Step therapy:** Sometimes RiverSpring FIDA Plan requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables beginning on page 1. You can also get more information by visiting our web site at RiverSpringFIDA.org. 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. Please see question 11 for more information on exceptions.

- If you are in a nursing facility 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. We will cover a 31-day emergency supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new RiverSpring FIDA Plan Participant. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception. Please see question 11 for more information about exceptions.

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

The List of Covered Drugs on page 1 has a column labeled "Necessary actions, restrictions, or limits on use."



If you have questions, please call RiverSpring FIDA Plan at 1-800-950-9000 (TTY 711) 7 days a week from 8 a.m. to 8 p.m. EST. The call is free. **For more information**, visit RiverSpringFIDA.org 5

7. What happens if we change our rules on how we cover some drugs? For example, if we add prior authorization (approval), quantity limits, and/or step therapy restrictions on a drug.

We will tell you if we add prior approval, quantity limits, and/or step therapy restrictions on a drug. We will tell you at least 60 days before the restriction is added or when you next ask for a refill. Then, you can get a 60-day supply of the drug before the change to the Drug List is made. This gives you time to talk to your doctor or other prescriber about what to do next.

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

There are two ways to find a drug:

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

To search **alphabetically**, go to the Alphabetical Listing section on page 127. Then look for the name of your drug in the list.

To search **by medical condition**, find the section labeled “List of drugs by medical condition” on page 2. 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, Cardiac Drugs. That is where you will find drugs that treat heart conditions.

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

If you don't see your drug on the Drug List, call Participant Services at 1-800-950-9000 and ask about it. If you learn that RiverSpring FIDA Plan will not cover the drug, you can do one of these things:

- Ask Participant Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. He or she can prescribe a drug on the Drug List that is like the one you want to take. **Or**
- You can ask the plan or your Interdisciplinary Team (IDT) to make an exception to cover your drug. Please see question 11 for more information about exceptions.



10. What if you are a new RiverSpring FIDA Plan Participant and can't find your drug on the Drug List or have a problem getting your drug?

We can help. We must cover up to 90 days of temporary supplies of your drug, as needed, during the first 90 days you are a Participant of RiverSpring FIDA Plan. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception.

We will cover up to 90 days of temporary supplies 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 prior approval by RiverSpring FIDA Plan or your Interdisciplinary Team (IDT), **or**
- you are taking a drug that is part of a step therapy restriction.

If you live in a nursing facility or other long-term care facility, you may refill your prescription for as long as 90 days. You may refill the drug multiple times during your first 90 days in the plan. This gives your prescriber time to change your drugs to ones on the Drug List or ask for an exception.

If you are a current participant being admitted to or discharged from a long-term care facility, you will be able to get an early refill on your medications, if needed.

11. Can you ask for an exception to cover your drug?

Yes. You can ask RiverSpring FIDA Plan or your Interdisciplinary Team (IDT) to make an exception to cover a drug that is not on the Drug List.

You can also ask RiverSpring FIDA Plan or your IDT to change the rules on your drug.

- For example, RiverSpring FIDA Plan may limit the amount of a drug we will cover. If your drug has a limit, you can ask us or your IDT to change the limit and cover more.
- Other examples: You can ask us or your IDT to drop step therapy restrictions or prior approval requirements.



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

First, RiverSpring FIDA Plan or your Interdisciplinary Team (IDT) must receive a statement from your prescriber supporting your request for an exception. After we get the statement, you will get a decision on your exception request within 72 hours.

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

13. How can you ask for an exception?

To ask for an exception, call your Care Manager. Your Care Manager will work with you and your provider to help you ask for an exception.

14. What are generic drugs?

Generic drugs are made up of the same 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).

RiverSpring FIDA Plan covers both brand name drugs and generic drugs.

15. What are OTC drugs?

OTC stands for "over-the-counter". RiverSpring FIDA Plan covers some OTC drugs when they are written as prescriptions by your provider.

You can read the RiverSpring FIDA Plan Drug List to see what OTC drugs are covered.

16. Does RiverSpring FIDA Plan cover OTC non-drug products?

RiverSpring FIDA Plan covers some OTC non-drug products when they are written as prescriptions by your provider, such as Band-Aids.

You can read the RiverSpring FIDA Plan Drug List to see what OTC non-drug products are covered.



If you have questions, please call RiverSpring FIDA Plan at 1-800-950-9000 (TTY 711) 7 days a week from 8 a.m. to 8 p.m. EST. The call is free. **For more information**, visit RiverSpringFIDA.org

As a member of our plan, you are also covered for up to \$25 a month for over-the-counter products. OTC items may only be purchased for the Participant. Please contact the plan for specific instructions on how to use this benefit. You can also find additional information in Chapter 4 of your Participant Handbook.

17. What is your copay?

You will not be charged a copay for drugs on the Drug List.

18. What are drug tiers?

Tiers are groups of drugs on our Drug List.

You pay nothing for drugs in any tier. The tiers of drugs are listed below.

Tier 1 – Generic drugs

Tier 2 – Brand drugs

Tier 3 – OTC Drugs and Products



List of Covered Drugs

The list of covered drugs that begins on the next page gives you information about the drugs covered by RiverSpring FIDA Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 177.

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

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

Note: The * next to a drug means the drug is not a “Part D drug.” These drugs have different rules for appeals. An *appeal* is a formal way of asking for a review of and change to a coverage decision if you think there was a mistake. For example, RiverSpring FIDA Plan or your Interdisciplinary Team (IDT) 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 or other prescriber disagrees with the decision, you can appeal. To ask for instructions on how to appeal, call Participant Services at 1-800-950-9000 (TTY 711) or the Independent Consumer Advocacy Network (ICAN) at 1-844-614-8800. (TTY users call 711, then follow the prompts to dial 844-614-8800.) You can also read the Participant Handbook to learn how to appeal a decision.

List of Drugs 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, Cardiac Drugs. That is where you will find drugs that treat heart conditions.



Legend

Tier	Description
1	Generics (\$0)
2	Brands (\$0)
3	Non-Medicare Rx/OTC Drugs (\$0)

Symbol	Description
QL	Quantity limit, dispense limit for 30 days, unless otherwise noted
PA	You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
ST	Step therapy exception required
LA	Limited access, This prescription may be available only at certain pharmacies
MO	This prescription may also be available via mail.
NDS	Non-Extended Day Supply. These drugs are not available as an extended day supply.
BD	Covered under Medicare Part B or D
*	Non-Part D drugs or OTC items that are covered by Medicaid
(g)	Only the generic version of this drug is covered. The brand name version is not covered.
M	The brand name version of this drug is in Tier 2. The generic version is in Tier 1



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**2017 RiverSpring FIDA Plan
List of Covered Drugs**

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2017 RiverSpring FIDA Plan

List of Covered Drugs

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cetirizine hcl 1 mg/ml soln (otc) 1 mg/ml</i>	\$0 (Tier 3)	*
<i>cetirizine hcl 1 mg/ml soln children, s/f, grape (otc) 1 mg/ml</i>	\$0 (Tier 3)	*
<i>cetirizine hcl 1 mg/ml soln children's (otc) 1 mg/ml</i>	\$0 (Tier 3)	*
<i>cimetidine 200 mg tablet blister pack (otc) 200 mg</i>	\$0 (Tier 3)	MO; *
<i>clotrimazole 1% cream (otc) 1 %</i>	\$0 (Tier 3)	*
<i>hm hydrocortisone 1% cream max str, w/aloe (otc) 1 %</i>	\$0 (Tier 3)	*
<i>hm hydrocortisone 1% cream plus 12 moisturizers (otc) 1 %</i>	\$0 (Tier 3)	*
<i>hm lansoprazole dr 15 mg cap gluten-free, 1 bottle (otc) 15 mg</i>	\$0 (Tier 3)	MO; *
<i>hm lansoprazole dr 15 mg cap gluten-free, 2 bottle (otc) 15 mg</i>	\$0 (Tier 3)	MO; *
<i>hm lansoprazole dr 15 mg cap gluten-free, 3 bottle (otc) 15 mg</i>	\$0 (Tier 3)	MO; *
<i>hydrocortisone 1% cream (otc) 1 %</i>	\$0 (Tier 3)	*
<i>hydrocortisone 1% cream carton (otc) 1 %</i>	\$0 (Tier 3)	*
<i>hydrocortisone 1% cream maximum strength (otc) 1 %</i>	\$0 (Tier 3)	*
<i>hydrocortisone 1% cream u-d, 48's, foil 1 %</i>	\$0 (Tier 3)	*
<i>hydrocortisone 1% cream w/aloe (otc) 1 %</i>	\$0 (Tier 3)	*
<i>hydrocortisone 1% ointment (otc) 1 %</i>	\$0 (Tier 3)	*
<i>hydrocortisone 1% ointment carton (otc) 1 %</i>	\$0 (Tier 3)	*
<i>hydrocortisone 1% ointment maximum strength (otc) 1 %</i>	\$0 (Tier 3)	*
<i>hydrocortisone plus 1% cream moisturizer, max. str (otc) 1 %</i>	\$0 (Tier 3)	*
<i>ibuprofen 100 mg/5 ml susp children's (otc) 100 mg/5 ml</i>	\$0 (Tier 3)	MO; *
<i>ibuprofen 200 mg/10 ml susp 100's, u-d cups (otc) 100 mg/5 ml</i>	\$0 (Tier 3)	MO; *



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page 1.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ibuprofen 200 mg/10 ml susp 30's, u-d cups (otc) 100 mg/5 ml</i>	\$0 (Tier 3)	MO; *
<i>ibuprofen 200 mg/10 ml susp u-d (otc) 100 mg/5 ml</i>	\$0 (Tier 3)	MO; *
<i>lansoprazole dr 15 mg capsule 1x14 day course (otc) 15 mg</i>	\$0 (Tier 3)	MO; *
<i>lansoprazole dr 15 mg capsule 1x14 day course,na/f (otc) 15 mg</i>	\$0 (Tier 3)	MO; *
<i>lansoprazole dr 15 mg capsule 24hr, 3 bottles (otc) 15 mg</i>	\$0 (Tier 3)	MO; *
<i>lansoprazole dr 15 mg capsule 2x14 day course (otc) 15 mg</i>	\$0 (Tier 3)	MO; *
<i>lansoprazole dr 15 mg capsule 3x14 day course,na/f (otc) 15 mg</i>	\$0 (Tier 3)	MO; *
<i>meclizine 12.5 mg caplet caplet (otc) 12.5 mg</i>	\$0 (Tier 3)	*
<i>meclizine 12.5 mg tablet (otc) 12.5 mg</i>	\$0 (Tier 3)	*
<i>meclizine 25 mg tablet (otc) 25 mg</i>	\$0 (Tier 3)	*
<i>polyethylene glycol 3350 powd 14 once-daily doses (otc) 17 gram/dose</i>	\$0 (Tier 3)	*
<i>polyethylene glycol 3350 powd 30 once-daily doses (otc) 17 gram/dose</i>	\$0 (Tier 3)	*
<i>polyethylene glycol 3350 powd 7 once-daily doses (otc) 17 gram/dose</i>	\$0 (Tier 3)	*
<i>qc ibuprofen 100 mg/5 ml susp children's (otc) 100 mg/5 ml</i>	\$0 (Tier 3)	MO; *
<i>ranitidine 150 mg tablet maximum strength (otc) 150 mg</i>	\$0 (Tier 3)	MO; *
<i>sb hydrocortisone 1% ointment maximum strength (otc) 1 %</i>	\$0 (Tier 3)	*
<i>sm hydrocortisone 1% ointment maximum strength (otc) 1 %</i>	\$0 (Tier 3)	*
<i>sm ibuprofen 100 mg/5 ml susp (otc) 100 mg/5 ml</i>	\$0 (Tier 3)	MO; *
<i>sm ibuprofen 100 mg/5 ml susp a/f (otc) 100 mg/5 ml</i>	\$0 (Tier 3)	MO; *
<i>sm ibuprofen 100 mg/5 ml susp children's (otc) 100 mg/5 ml</i>	\$0 (Tier 3)	MO; *



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page 1.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Analgesics		
Analgesics		
ENDOCET ORAL TABLET 10-325 MG	\$0 (Tier 1)	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg</i>	\$0 (Tier 1)	
Nonsteroidal Anti-Inflammatory Drugs		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	\$0 (Tier 1)	MO; QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	\$0 (Tier 1)	NDS
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	\$0 (Tier 1)	NDS
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	NDS
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	\$0 (Tier 1)	NDS
<i>diflunisal oral tablet 500 mg</i>	\$0 (Tier 1)	NDS
<i>etodolac oral capsule 200 mg, 300 mg</i>	\$0 (Tier 1)	MO
<i>etodolac oral tablet 400 mg, 500 mg</i>	\$0 (Tier 1)	MO
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	\$0 (Tier 1)	MO
<i>fenoprofen oral tablet 600 mg</i>	\$0 (Tier 1)	NDS
FIORINAL ORAL CAPSULE 50-325-40 MG	\$0 (Tier 1)	NDS
<i>flurbiprofen oral tablet 100 mg</i>	\$0 (Tier 1)	NDS
<i>flurbiprofen oral tablet 50 mg</i>	\$0 (Tier 1)	NDS; MO
<i>ibuprofen oral suspension 100 mg/5 ml</i>	\$0 (Tier 1)	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	\$0 (Tier 1)	MO
<i>indomethacin oral capsule 25 mg, 50 mg</i>	\$0 (Tier 1)	NDS
<i>indomethacin oral capsule, extended release 75 mg</i>	\$0 (Tier 1)	NDS
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	\$0 (Tier 1)	NDS
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	\$0 (Tier 1)	NDS; MO
<i>ketorolac oral tablet 10 mg</i>	\$0 (Tier 1)	NDS
<i>meclofenamate oral capsule 100 mg</i>	\$0 (Tier 1)	NDS
<i>meclofenamate oral capsule 50 mg</i>	\$0 (Tier 1)	NDS; MO
<i>mefenamic acid oral capsule 250 mg</i>	\$0 (Tier 1)	NDS



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	\$0 (Tier 1)	MO
<i>nabumetone oral tablet 500 mg, 750 mg</i>	\$0 (Tier 1)	NDS
<i>naproxen oral suspension 125 mg/5 ml</i>	\$0 (Tier 1)	MO
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	\$0 (Tier 1)	MO
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	\$0 (Tier 1)	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	\$0 (Tier 1)	MO
<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg</i>	\$0 (Tier 1)	MO
<i>oxaprozin oral tablet 600 mg</i>	\$0 (Tier 1)	NDS
<i>piroxicam oral capsule 10 mg, 20 mg</i>	\$0 (Tier 1)	NDS
<i>sulindac oral tablet 150 mg, 200 mg</i>	\$0 (Tier 1)	NDS
<i>tolmetin oral capsule 400 mg</i>	\$0 (Tier 1)	NDS
<i>tolmetin oral tablet 600 mg</i>	\$0 (Tier 1)	NDS; MO
Opioid Analgesics, Long-Acting		
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i>	\$0 (Tier 1)	NDS; QL (10 per 30 days)
<i>levorphanol tartrate oral tablet 2 mg</i>	\$0 (Tier 1)	NDS
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	\$0 (Tier 1)	NDS
<i>methadone oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	NDS; QL (180 per 30 days)
<i>morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	\$0 (Tier 1)	NDS; QL (90 per 30 days)
<i>morphine oral capsule, extend. release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	\$0 (Tier 1)	NDS; QL (90 per 30 days)
<i>morphine oral tablet extended release 100 mg, 30 mg, 60 mg</i>	\$0 (Tier 1)	NDS; QL (90 per 30 days)
<i>oxycodone oral tablet, oral only, ext. rel. 12 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	NDS; QL (60 per 30 days)
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	\$0 (Tier 2)	NDS; QL (60 per 30 days)



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page 1.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	\$0 (Tier 1)	NDS; QL (60 per 30 days)
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg</i>	\$0 (Tier 1)	NDS; QL (90 per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr 300 mg</i>	\$0 (Tier 1)	NDS
Opioid Analgesics, Short-Acting		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	\$0 (Tier 1)	NDS; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>	\$0 (Tier 1)	NDS; QL (240 per 30 days)
<i>acetaminophen-codeine oral tablet 300-30 mg</i>	\$0 (Tier 1)	NDS; QL (400 per 30 days)
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	\$0 (Tier 1)	NDS
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i>	\$0 (Tier 1)	NDS; QL (180 per 30 days)
<i>butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml</i>	\$0 (Tier 1)	NDS
<i>butorphanol tartrate nasal spray, non-aerosol 10 mg/ml</i>	\$0 (Tier 1)	NDS; QL (2.5 per 14 days)
<i>carisoprodol-asa-codeine oral tablet 200-325-16 mg</i>	\$0 (Tier 1)	NDS; QL (120 per 30 days)
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	\$0 (Tier 1)	NDS
DURAMORPH (PF) INJECTION SOLUTION 1 MG/ML	\$0 (Tier 1)	NDS
ENDOCET ORAL TABLET 5-325 MG, 7.5-325 MG	\$0 (Tier 1)	NDS; QL (360 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	\$0 (Tier 1)	PA; NDS
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	\$0 (Tier 1)	NDS; QL (240 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	\$0 (Tier 1)	NDS; QL (150 per 30 days)
<i>hydromorphone oral liquid 1 mg/ml</i>	\$0 (Tier 1)	NDS
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	NDS



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<i>ibuprofen-oxycodone oral tablet 400-5 mg</i>	\$0 (Tier 1)	NDS; QL (300 per 30 days)
LAZANDA NASAL SPRAY, NON-AEROSOL 100 MCG/SPRAY, 400 MCG/SPRAY	\$0 (Tier 2)	PA; NDS
LORCET (HYDROCODONE) ORAL TABLET 5-325 MG	\$0 (Tier 1)	NDS; QL (240 per 30 days)
LORCET PLUS ORAL TABLET 7.5-325 MG	\$0 (Tier 1)	NDS; QL (240 per 30 days)
<i>meperidine oral tablet 100 mg, 50 mg</i>	\$0 (Tier 1)	NDS
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	\$0 (Tier 1)	NDS
<i>morphine intravenous syringe 2 mg/ml, 8 mg/ml</i>	\$0 (Tier 1)	NDS
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	\$0 (Tier 1)	NDS
<i>morphine oral tablet 15 mg, 30 mg</i>	\$0 (Tier 1)	NDS; QL (120 per 30 days)
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	\$0 (Tier 1)	PA BvD; NDS
<i>oxycodone oral solution 5 mg/5 ml</i>	\$0 (Tier 1)	NDS; QL (2400 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	\$0 (Tier 1)	NDS; QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	\$0 (Tier 1)	NDS; QL (360 per 30 days)
<i>tramadol oral tablet 50 mg</i>	\$0 (Tier 1)	NDS; QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	\$0 (Tier 1)	NDS; QL (240 per 30 days)
Anesthetics		
Local Anesthetics		
<i>lidocaine (pf) injection solution 5 mg/ml (0.5 %)</i>	\$0 (Tier 1)	NDS
<i>lidocaine hcl injection solution 20 mg/ml (2 %)</i>	\$0 (Tier 1)	NDS
<i>lidocaine hcl mucous membrane jelly 2 %</i>	\$0 (Tier 1)	NDS
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	\$0 (Tier 1)	NDS
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	\$0 (Tier 1)	NDS
<i>lidocaine hcl urethral gel 2 %</i>	\$0 (Tier 1)	NDS
<i>lidocaine topical adhesive patch, medicated 5 %</i>	\$0 (Tier 1)	PA; NDS



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>lidocaine topical ointment 5 %</i>	\$0 (Tier 1)	NDS
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	\$0 (Tier 1)	NDS
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-Craving		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	\$0 (Tier 1)	MO
<i>disulfiram oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	MO
<i>naltrexone oral tablet 50 mg</i>	\$0 (Tier 1)	NDS
Opioid Dependence Treatments		
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	\$0 (Tier 1)	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	\$0 (Tier 1)	NDS
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	\$0 (Tier 1)	MO; QL (120 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	\$0 (Tier 1)	MO; QL (90 per 30 days)
Opioid Reversal Agents		
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	\$0 (Tier 2)	NDS
Smoking Cessation Agents		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	\$0 (Tier 1)	
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	\$0 (Tier 2)	NDS
CHANTIX ORAL TABLET 0.5 MG, 1 MG	\$0 (Tier 2)	ST; NDS
CHANTIX STARTING MONTH BOX ORAL TABLETS, DOSE PACK 0.5 MG (11)- 1 MG (42)	\$0 (Tier 2)	NDS
NICOTROL INHALATION CARTRIDGE 10 MG	\$0 (Tier 2)	NDS
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	\$0 (Tier 2)	ST; NDS
Antibacterials		
Aminoglycosides		
<i>amikacin injection solution 500 mg/2 ml</i>	\$0 (Tier 1)	PA BvD; NDS



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GENTAK OPHTHALMIC (EYE) OINTMENT 0.3 % (3 MG/GRAM)	\$0 (Tier 1)	NDS
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 80 mg/50 ml</i>	\$0 (Tier 1)	NDS
<i>gentamicin injection solution 40 mg/ml</i>	\$0 (Tier 1)	NDS
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	\$0 (Tier 1)	NDS
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml</i>	\$0 (Tier 1)	NDS
<i>gentamicin topical cream 0.1 %</i>	\$0 (Tier 1)	NDS
<i>gentamicin topical ointment 0.1 %</i>	\$0 (Tier 1)	NDS
<i>neomycin oral tablet 500 mg</i>	\$0 (Tier 1)	NDS
<i>paromomycin oral capsule 250 mg</i>	\$0 (Tier 1)	NDS
<i>streptomycin intramuscular recon soln 1 gram</i>	\$0 (Tier 1)	NDS
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	\$0 (Tier 1)	NDS
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	\$0 (Tier 1)	NDS
TOBREX OPHTHALMIC (EYE) DROPS 0.3 %	\$0 (Tier 2)	NDS
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	\$0 (Tier 2)	NDS
Antibacterials, Other		
BACIIM INTRAMUSCULAR RECON SOLN 50,000 UNIT	\$0 (Tier 1)	NDS
<i>bacitracin intramuscular recon soln 50,000 unit</i>	\$0 (Tier 1)	NDS
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	\$0 (Tier 1)	NDS
BACTROBAN NASAL NASAL OINTMENT 2 %	\$0 (Tier 2)	NDS
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	\$0 (Tier 1)	NDS
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	\$0 (Tier 1)	NDS
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	\$0 (Tier 1)	NDS



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	\$0 (Tier 1)	NDS
<i>clindamycin phosphate topical gel 1 %</i>	\$0 (Tier 1)	NDS
<i>clindamycin phosphate topical lotion 1 %</i>	\$0 (Tier 1)	NDS
<i>clindamycin phosphate topical solution 1 %</i>	\$0 (Tier 1)	NDS
<i>clindamycin phosphate vaginal cream 2 %</i>	\$0 (Tier 1)	NDS
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	\$0 (Tier 1)	NDS
CUBICIN INTRAVENOUS RECON SOLN 500 MG	\$0 (Tier 2)	PA; NDS
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	\$0 (Tier 1)	NDS
<i>linezolid intravenous parenteral solution 600 mg/300 ml</i>	\$0 (Tier 1)	NDS
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	\$0 (Tier 1)	NDS; QL (840 per 14 days)
<i>linezolid oral tablet 600 mg</i>	\$0 (Tier 1)	NDS; QL (28 per 14 days)
<i>methenamine hippurate oral tablet 1 gram</i>	\$0 (Tier 1)	NDS
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	\$0 (Tier 1)	NDS
<i>metronidazole oral capsule 375 mg</i>	\$0 (Tier 1)	NDS
<i>metronidazole oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	NDS
<i>metronidazole vaginal gel 0.75 %</i>	\$0 (Tier 1)	NDS
<i>mupirocin calcium topical cream 2 %</i>	\$0 (Tier 1)	NDS
<i>mupirocin topical ointment 2 %</i>	\$0 (Tier 1)	NDS
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	\$0 (Tier 1)	NDS
<i>nitrofurantoin macrocrystal oral capsule 100 mg</i>	\$0 (Tier 1)	NDS; QL (180 per 365 days)
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	\$0 (Tier 1)	NDS
<i>nitrofurantoin macrocrystal oral capsule 50 mg</i>	\$0 (Tier 1)	NDS; QL (720 per 365 days)
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	\$0 (Tier 1)	NDS; QL (180 per 365 days)
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	\$0 (Tier 1)	NDS
SYNERCID INTRAVENOUS RECON SOLN 500 MG	\$0 (Tier 2)	NDS



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<i>tigecycline intravenous recon soln 50 mg</i>	\$0 (Tier 1)	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	NDS
<i>trimethoprim oral tablet 100 mg</i>	\$0 (Tier 1)	NDS
TYGACIL INTRAVENOUS RECON SOLN 50 MG	\$0 (Tier 2)	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg</i>	\$0 (Tier 1)	NDS
<i>vancomycin oral capsule 125 mg, 250 mg</i>	\$0 (Tier 1)	NDS; QL (112 per 4 days)
ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM	\$0 (Tier 2)	NDS
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	\$0 (Tier 2)	PA; NDS; QL (840 per 14 days)
Beta-Lactam, Cephalosporins		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	NDS
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	\$0 (Tier 1)	NDS
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	\$0 (Tier 1)	NDS
<i>cefadroxil oral capsule 500 mg</i>	\$0 (Tier 1)	NDS
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	\$0 (Tier 1)	NDS
<i>cefadroxil oral tablet 1 gram</i>	\$0 (Tier 1)	NDS
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	\$0 (Tier 1)	NDS
<i>cefdinir oral capsule 300 mg</i>	\$0 (Tier 1)	NDS
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (Tier 1)	NDS
<i>cefepime injection recon soln 1 gram, 2 gram</i>	\$0 (Tier 1)	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	\$0 (Tier 1)	NDS
<i>cefotaxime injection recon soln 1 gram, 2 gram, 500 mg</i>	\$0 (Tier 1)	NDS
<i>cefotetan injection recon soln 1 gram, 2 gram</i>	\$0 (Tier 1)	NDS
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	\$0 (Tier 1)	NDS
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	\$0 (Tier 1)	NDS
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	\$0 (Tier 1)	NDS



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<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (Tier 1)	NDS
<i>cefprozil oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	NDS
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	\$0 (Tier 1)	NDS
<i>ceftriaxone injection recon soln 10 gram, 250 mg, 500 mg</i>	\$0 (Tier 1)	NDS
<i>ceftriaxone intravenous recon soln 1 gram, 2 gram</i>	\$0 (Tier 1)	NDS
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	NDS
<i>cefuroxime sodium injection recon soln 750 mg</i>	\$0 (Tier 1)	NDS
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	\$0 (Tier 1)	NDS
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	\$0 (Tier 1)	NDS
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (Tier 1)	NDS
<i>cephalexin oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	NDS
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	\$0 (Tier 2)	NDS
TAZICEF INJECTION RECON SOLN 1 GRAM, 2 GRAM, 6 GRAM	\$0 (Tier 1)	NDS
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	\$0 (Tier 2)	NDS
Beta-Lactam, Other		
AZACTAM IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	\$0 (Tier 2)	NDS
<i>aztreonam injection recon soln 1 gram</i>	\$0 (Tier 1)	NDS
DORIBAX INTRAVENOUS RECON SOLN 500 MG	\$0 (Tier 2)	PA; NDS
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	\$0 (Tier 1)	PA; NDS
INVANZ INJECTION RECON SOLN 1 GRAM	\$0 (Tier 2)	NDS
<i>meropenem intravenous recon soln 500 mg</i>	\$0 (Tier 1)	NDS



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Beta-Lactam, Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	NDS
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	\$0 (Tier 1)	NDS
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	\$0 (Tier 1)	NDS
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	\$0 (Tier 1)	NDS
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	\$0 (Tier 1)	NDS
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	\$0 (Tier 1)	NDS
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	\$0 (Tier 1)	NDS
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	\$0 (Tier 1)	NDS
<i>ampicillin oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	NDS
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	\$0 (Tier 1)	NDS
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	\$0 (Tier 1)	NDS
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	\$0 (Tier 2)	NDS
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	NDS
<i>nafcillin injection recon soln 1 gram, 10 gram</i>	\$0 (Tier 1)	NDS
<i>oxacillin injection recon soln 10 gram</i>	\$0 (Tier 1)	NDS
<i>penicillin g sodium injection recon soln 5 million unit</i>	\$0 (Tier 1)	NDS
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (Tier 1)	NDS
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	NDS
<i>piperacillin-tazobactam intravenous recon soln 3.375 gram, 4.5 gram</i>	\$0 (Tier 1)	PA; NDS
<i>piperacillin-tazobactam intravenous recon soln 40.5 gram</i>	\$0 (Tier 1)	NDS



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Macrolides		
AZASITE OPHTHALMIC (EYE) DROPS 1 %	\$0 (Tier 2)	NDS
<i>azithromycin intravenous recon soln 500 mg</i>	\$0 (Tier 1)	NDS
<i>azithromycin oral packet 1 gram</i>	\$0 (Tier 1)	NDS
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	\$0 (Tier 1)	NDS
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	\$0 (Tier 1)	NDS
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	\$0 (Tier 1)	NDS
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	NDS
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	\$0 (Tier 1)	NDS
E.E.S. 400 ORAL TABLET 400 MG	\$0 (Tier 1)	NDS
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	\$0 (Tier 1)	NDS
ERY PADS TOPICAL SWAB 2 %	\$0 (Tier 1)	NDS
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	\$0 (Tier 1)	NDS
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	\$0 (Tier 2)	NDS
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	\$0 (Tier 1)	NDS
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	\$0 (Tier 1)	NDS
<i>erythromycin with ethanol topical gel 2 %</i>	\$0 (Tier 1)	NDS
<i>erythromycin with ethanol topical solution 2 %</i>	\$0 (Tier 1)	NDS
PCE ORAL TABLET, PARTICLES/CRYSTALS 333 MG, 500 MG	\$0 (Tier 2)	NDS
ZITHROMAX ORAL TABLET 250 MG	\$0 (Tier 1)	NDS
ZMAX ORAL SUSPENSION,EXTENDED REL RECON 2 GRAM/60 ML	\$0 (Tier 2)	NDS
Quinolones		
<i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 1,000 mg, 500 mg</i>	\$0 (Tier 1)	NDS
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	\$0 (Tier 1)	NDS



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	\$0 (Tier 1)	NDS
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	\$0 (Tier 1)	NDS
<i>ciprofloxacin lactate intravenous solution 400 mg/40 ml</i>	\$0 (Tier 1)	NDS
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	\$0 (Tier 1)	NDS
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	\$0 (Tier 1)	NDS
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	\$0 (Tier 1)	NDS
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	\$0 (Tier 1)	NDS
<i>levofloxacin oral solution 250 mg/10 ml</i>	\$0 (Tier 1)	NDS
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	\$0 (Tier 1)	NDS
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	\$0 (Tier 1)	
<i>moxifloxacin oral tablet 400 mg</i>	\$0 (Tier 1)	NDS; QL (14 per 14 days)
<i>moxifloxacin-sod.ace,sul-water intravenous piggyback 400 mg/250 ml</i>	\$0 (Tier 1)	NDS
<i>ofloxacin oral tablet 400 mg</i>	\$0 (Tier 1)	NDS
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 %	\$0 (Tier 2)	NDS
Sulfonamides		
<i>silver sulfadiazine topical cream 1 %</i>	\$0 (Tier 1)	NDS
SSD TOPICAL CREAM 1 %	\$0 (Tier 1)	NDS
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	\$0 (Tier 1)	NDS
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	\$0 (Tier 1)	NDS
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	\$0 (Tier 1)	NDS
<i>sulfadiazine oral tablet 500 mg</i>	\$0 (Tier 1)	NDS
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	\$0 (Tier 1)	NDS
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	\$0 (Tier 1)	NDS
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	\$0 (Tier 1)	NDS



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Tetracyclines		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	\$0 (Tier 1)	NDS
DOXY-100 INTRAVENOUS RECON SOLN 100 MG	\$0 (Tier 1)	NDS
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	\$0 (Tier 1)	NDS
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	\$0 (Tier 1)	NDS
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	\$0 (Tier 1)	NDS
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg</i>	\$0 (Tier 1)	NDS
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	NDS
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	NDS
<i>minocycline oral tablet extended release 24 hr 135 mg, 45 mg, 90 mg</i>	\$0 (Tier 1)	NDS
<i>tetracycline oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	NDS
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT ORAL SOLUTION 10 MG/ML	\$0 (Tier 2)	MO
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	\$0 (Tier 2)	MO
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	\$0 (Tier 2)	MO
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	\$0 (Tier 2)	MO
KEPPRA ORAL SOLUTION 100 MG/ML	\$0 (Tier 2)	MO
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG	\$0 (Tier 2)	MO
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	\$0 (Tier 2)	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml</i>	\$0 (Tier 1)	NDS
<i>levetiracetam intravenous solution 500 mg/5 ml</i>	\$0 (Tier 1)	
<i>levetiracetam oral solution 100 mg/ml</i>	\$0 (Tier 1)	MO



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	\$0 (Tier 1)	MO
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	\$0 (Tier 1)	MO
ROWEEPRA ORAL TABLET 1,000 MG, 500 MG, 750 MG	\$0 (Tier 2)	MO
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	\$0 (Tier 2)	MO
Calcium Channel Modifying Agents		
CELONTIN ORAL CAPSULE 300 MG	\$0 (Tier 2)	MO
<i>ethosuximide oral capsule 250 mg</i>	\$0 (Tier 1)	MO
<i>ethosuximide oral solution 250 mg/5 ml</i>	\$0 (Tier 1)	MO
ZARONTIN ORAL CAPSULE 250 MG	\$0 (Tier 2)	MO
ZARONTIN ORAL SOLUTION 250 MG/5 ML	\$0 (Tier 2)	MO
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	\$0 (Tier 2)	MO
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	MO
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
DEPACON INTRAVENOUS SOLUTION 500 MG/5 ML (100 MG/ML)	\$0 (Tier 2)	
DEPAKENE ORAL CAPSULE 250 MG	\$0 (Tier 2)	MO
DEPAKENE ORAL SOLUTION 250 MG/5 ML	\$0 (Tier 2)	MO
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	\$0 (Tier 2)	MO
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	\$0 (Tier 2)	MO
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	\$0 (Tier 2)	MO
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG	\$0 (Tier 2)	
DIASTAT RECTAL KIT 2.5 MG	\$0 (Tier 2)	
<i>diazepam rectal kit 2.5 mg, 5-7.5-10 mg</i>	\$0 (Tier 1)	NDS



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	\$0 (Tier 1)	MO
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	\$0 (Tier 1)	MO
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	\$0 (Tier 1)	MO
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	\$0 (Tier 1)	MO
<i>gabapentin oral solution 250 mg/5 ml</i>	\$0 (Tier 1)	MO
<i>gabapentin oral tablet 600 mg, 800 mg</i>	\$0 (Tier 1)	MO
GABITRIL ORAL TABLET 12 MG, 16 MG, 2 MG, 4 MG	\$0 (Tier 2)	MO
MYSOLINE ORAL TABLET 250 MG	\$0 (Tier 2)	MO
MYSOLINE ORAL TABLET 50 MG	\$0 (Tier 1)	MO
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG	\$0 (Tier 2)	MO
NEURONTIN ORAL SOLUTION 250 MG/5 ML	\$0 (Tier 2)	MO
NEURONTIN ORAL TABLET 600 MG, 800 MG	\$0 (Tier 2)	MO
ONFI ORAL SUSPENSION 2.5 MG/ML	\$0 (Tier 2)	MO
ONFI ORAL TABLET 10 MG, 20 MG	\$0 (Tier 2)	MO
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	\$0 (Tier 1)	MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	\$0 (Tier 1)	MO
<i>primidone oral tablet 250 mg, 50 mg</i>	\$0 (Tier 1)	MO
SABRIL ORAL POWDER IN PACKET 500 MG	\$0 (Tier 2)	PA NSO; LA; NDS; MO
SABRIL ORAL TABLET 500 MG	\$0 (Tier 2)	PA NSO; LA; NDS
<i>tiagabine oral tablet 2 mg, 4 mg</i>	\$0 (Tier 1)	MO
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	\$0 (Tier 1)	NDS
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	\$0 (Tier 1)	MO
<i>valproic acid oral capsule 250 mg</i>	\$0 (Tier 1)	MO
<i>vigabatrin oral powder in packet 500 mg</i>	\$0 (Tier 1)	MO



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Glutamate Reducing Agents		
<i>felbamate oral suspension 600 mg/5 ml</i>	\$0 (Tier 1)	MO
<i>felbamate oral tablet 400 mg, 600 mg</i>	\$0 (Tier 1)	MO
FELBATOL ORAL SUSPENSION 600 MG/5 ML	\$0 (Tier 2)	MO
FELBATOL ORAL TABLET 400 MG, 600 MG	\$0 (Tier 2)	MO
LAMICTAL ODT ORAL TABLET, DISINTEGRATING 100 MG, 200 MG, 25 MG, 50 MG	\$0 (Tier 2)	MO
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	\$0 (Tier 2)	MO
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	\$0 (Tier 2)	MO
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 250 MG, 300 MG	\$0 (Tier 2)	MO
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	\$0 (Tier 1)	MO
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	\$0 (Tier 1)	MO
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	\$0 (Tier 1)	MO
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	MO
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	\$0 (Tier 1)	MO
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	MO
Sodium Channel Agents		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	\$0 (Tier 2)	MO
BANZEL ORAL SUSPENSION 40 MG/ML	\$0 (Tier 2)	MO
BANZEL ORAL TABLET 200 MG, 400 MG	\$0 (Tier 2)	MO
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	\$0 (Tier 1)	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	\$0 (Tier 1)	MO
<i>carbamazepine oral tablet 200 mg</i>	\$0 (Tier 1)	MO



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>carbamazepine oral tablet extended release 12 hr 200 mg, 400 mg</i>	\$0 (Tier 1)	MO
<i>carbamazepine oral tablet, chewable 100 mg</i>	\$0 (Tier 1)	MO
CEREBYX INJECTION SOLUTION 500 MG PE/10 ML	\$0 (Tier 2)	NDS
DILANTIN ORAL CAPSULE 30 MG	\$0 (Tier 2)	MO
EPITOL ORAL TABLET 200 MG	\$0 (Tier 1)	MO
<i>fosphenytoin injection solution 100 mg pe/2 ml</i>	\$0 (Tier 1)	NDS
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	\$0 (Tier 1)	MO
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	\$0 (Tier 1)	MO
PEGANONE ORAL TABLET 250 MG	\$0 (Tier 2)	MO
<i>phenytoin oral suspension 125 mg/5 ml</i>	\$0 (Tier 1)	MO
<i>phenytoin oral tablet, chewable 50 mg</i>	\$0 (Tier 1)	MO
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	\$0 (Tier 1)	MO
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	\$0 (Tier 1)	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG	\$0 (Tier 2)	MO
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML	\$0 (Tier 2)	NDS
VIMPAT ORAL SOLUTION 10 MG/ML	\$0 (Tier 2)	MO
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	\$0 (Tier 2)	MO; QL (60 per 30 days)
Antidementia Agents		
Antidementia Agents, Other		
<i>ergoloid oral tablet 1 mg</i>	\$0 (Tier 1)	MO
Cholinesterase Inhibitors		
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i>	\$0 (Tier 1)	MO
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	\$0 (Tier 1)	MO
EXELON TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HR, 9.5 MG/24 HR	\$0 (Tier 2)	MO



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	\$0 (Tier 1)	MO
<i>galantamine oral solution 4 mg/ml</i>	\$0 (Tier 1)	MO
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	MO
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	\$0 (Tier 1)	MO; QL (60 per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr</i>	\$0 (Tier 1)	MO
N-Methyl-D-Aspartate (Nmda) Receptor Antagonist		
<i>memantine oral solution 2 mg/ml</i>	\$0 (Tier 1)	MO
<i>memantine oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	MO
<i>memantine oral tablets, dose pack 5-10 mg</i>	\$0 (Tier 1)	NDS
NAMENDA ORAL TABLET 10 MG, 5 MG	\$0 (Tier 2)	MO
NAMENDA TITRATION PAK ORAL TABLETS, DOSE PACK 5-10 MG	\$0 (Tier 2)	NDS
Antidepressants		
Antidepressants, Other		
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	\$0 (Tier 1)	MO
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG	\$0 (Tier 2)	MO
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	\$0 (Tier 1)	MO
<i>bupropion hcl oral tablet extended release 12 hr 100 mg, 200 mg</i>	\$0 (Tier 1)	MO
<i>bupropion hcl oral tablet extended release 12 hr 150 mg</i>	\$0 (Tier 1)	NDS; MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	\$0 (Tier 1)	MO
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	\$0 (Tier 1)	MO
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	\$0 (Tier 1)	MO
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-50 mg</i>	\$0 (Tier 1)	MO; QL (30 per 30 days)
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	\$0 (Tier 1)	MO



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	\$0 (Tier 2)	MO
MARPLAN ORAL TABLET 10 MG	\$0 (Tier 2)	MO
<i>phenelzine oral tablet 15 mg</i>	\$0 (Tier 1)	MO
<i>tranylcypromine oral tablet 10 mg</i>	\$0 (Tier 1)	MO
Ssris/ Snris		
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	MO
Ssris/Snris (Selective Serotonin Reuptake Inhibitors/Serotonin And Norepinephrine Reuptake Inhibitor		
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	MO
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	\$0 (Tier 1)	MO
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	MO; QL (30 per 30 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	\$0 (Tier 2)	NDS
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	\$0 (Tier 2)	MO
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	MO
<i>fluoxetine oral capsule, delayed release(dr/ec) 90 mg</i>	\$0 (Tier 1)	MO
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	\$0 (Tier 1)	MO
<i>fluoxetine oral tablet 10 mg, 20 mg, 60 mg</i>	\$0 (Tier 1)	MO
<i>fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg</i>	\$0 (Tier 1)	MO
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	MO
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 50 MG	\$0 (Tier 2)	MO
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	MO
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	\$0 (Tier 1)	MO
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 1)	MO



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	\$0 (Tier 1)	MO
PAXIL ORAL SUSPENSION 10 MG/5 ML	\$0 (Tier 2)	MO
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	\$0 (Tier 2)	MO
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 25 MG, 50 MG	\$0 (Tier 2)	MO
<i>sertraline oral concentrate 20 mg/ml</i>	\$0 (Tier 1)	MO
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	MO
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	\$0 (Tier 1)	MO
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	\$0 (Tier 2)	MO
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	\$0 (Tier 1)	MO
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	MO
<i>venlafaxine oral tablet extended release 24hr 225 mg</i>	\$0 (Tier 1)	MO
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	\$0 (Tier 2)	MO
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	\$0 (Tier 2)	NDS
Tricyclics		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	MO
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	MO
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	MO
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	MO
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	MO
<i>doxepin oral concentrate 10 mg/ml</i>	\$0 (Tier 1)	MO
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	MO
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	\$0 (Tier 1)	MO



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	MO
<i>nortriptyline oral solution 10 mg/5 ml</i>	\$0 (Tier 1)	MO
<i>protriptyline oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	MO
SURMONTIL ORAL CAPSULE 100 MG, 25 MG, 50 MG	\$0 (Tier 2)	MO
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	MO
Antiemetics		
Antiemetics, Other		
COMPRO RECTAL SUPPOSITORY 25 MG	\$0 (Tier 1)	NDS
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	\$0 (Tier 1)	NDS
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	\$0 (Tier 1)	NDS
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	NDS
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	MO
PHENADOZ RECTAL SUPPOSITORY 12.5 MG	\$0 (Tier 1)	NDS
PHENERGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	\$0 (Tier 1)	NDS
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	\$0 (Tier 1)	NDS
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	NDS
<i>prochlorperazine rectal suppository 25 mg</i>	\$0 (Tier 1)	NDS
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	\$0 (Tier 1)	PA NSO; NDS
<i>promethazine rectal suppository 50 mg</i>	\$0 (Tier 1)	NDS
PROMETHEGAN RECTAL SUPPOSITORY 25 MG, 50 MG	\$0 (Tier 1)	NDS
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	\$0 (Tier 2)	NDS
Emetogenic Therapy Adjuncts		
ANZEMET ORAL TABLET 100 MG, 50 MG	\$0 (Tier 2)	PA BvD; NDS; QL (3 per 21 days)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	PA BvD; NDS
EMEND ORAL CAPSULE 125 MG, 40 MG, 80 MG	\$0 (Tier 2)	PA BvD; NDS; QL (6 per 30 days)



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<i>granisetron (pf) intravenous solution 100 mcg/ml</i>	\$0 (Tier 1)	PA BvD; NDS
<i>granisetron hcl intravenous solution 1 mg/ml</i>	\$0 (Tier 1)	NDS
<i>granisetron hcl intravenous solution 1 mg/ml (1 ml)</i>	\$0 (Tier 1)	PA BvD; NDS
<i>granisetron hcl oral tablet 1 mg</i>	\$0 (Tier 1)	PA BvD; NDS
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	\$0 (Tier 1)	PA BvD; NDS
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	\$0 (Tier 1)	NDS
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	\$0 (Tier 1)	PA BvD; NDS
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	PA BvD; NDS
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	\$0 (Tier 1)	PA BvD; NDS

Antifungals

Antifungals

ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	\$0 (Tier 2)	PA NSO; NDS
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	\$0 (Tier 2)	PA NSO; NDS
<i>amphotericin b injection recon soln 50 mg</i>	\$0 (Tier 1)	PA BvD; NDS
CANCIDAS INTRAVENOUS RECON SOLN 50 MG, 70 MG	\$0 (Tier 2)	PA NSO; NDS
<i>caspofungin intravenous recon soln 50 mg, 70 mg</i>	\$0 (Tier 1)	PA NSO
<i>ciclopirox topical cream 0.77 %</i>	\$0 (Tier 1)	NDS
<i>ciclopirox topical gel 0.77 %</i>	\$0 (Tier 1)	NDS
<i>ciclopirox topical shampoo 1 %</i>	\$0 (Tier 1)	NDS
<i>ciclopirox topical solution 8 %</i>	\$0 (Tier 1)	NDS
<i>ciclopirox topical suspension 0.77 %</i>	\$0 (Tier 1)	NDS
<i>clotrimazole mucous membrane troche 10 mg</i>	\$0 (Tier 1)	NDS
<i>clotrimazole topical cream 1 %</i>	\$0 (Tier 1)	NDS
<i>clotrimazole topical solution 1 %</i>	\$0 (Tier 1)	NDS
<i>econazole topical cream 1 %</i>	\$0 (Tier 1)	NDS



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG	\$0 (Tier 2)	NDS
EXELDERM TOPICAL CREAM 1 %	\$0 (Tier 2)	NDS
EXELDERM TOPICAL SOLUTION 1 %	\$0 (Tier 2)	NDS
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	\$0 (Tier 1)	PA NSO; NDS
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	\$0 (Tier 1)	NDS
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	\$0 (Tier 1)	NDS
<i>flucytosine oral capsule 250 mg, 500 mg</i>	\$0 (Tier 1)	NDS
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	\$0 (Tier 1)	NDS
<i>griseofulvin microsize oral tablet 500 mg</i>	\$0 (Tier 1)	NDS
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	\$0 (Tier 1)	NDS
<i>itraconazole oral capsule 100 mg</i>	\$0 (Tier 1)	NDS
KERYDIN TOPICAL SOLUTION WITH APPLICATOR 5 %	\$0 (Tier 2)	NDS
<i>ketoconazole oral tablet 200 mg</i>	\$0 (Tier 1)	NDS
<i>ketoconazole topical cream 2 %</i>	\$0 (Tier 1)	NDS
<i>ketoconazole topical foam 2 %</i>	\$0 (Tier 1)	NDS
<i>ketoconazole topical shampoo 2 %</i>	\$0 (Tier 1)	NDS
MENTAX TOPICAL CREAM 1 %	\$0 (Tier 2)	NDS
<i>miconazole-3 vaginal suppository 200 mg</i>	\$0 (Tier 1)	NDS
MYCAMINE INTRAVENOUS RECON SOLN 100 MG, 50 MG	\$0 (Tier 2)	NDS
<i>naftifine topical cream 1 %</i>	\$0 (Tier 1)	NDS
NAFTIN TOPICAL CREAM 2 %	\$0 (Tier 2)	NDS
NAFTIN TOPICAL GEL 1 %, 2 %	\$0 (Tier 2)	NDS
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	\$0 (Tier 2)	NDS
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	\$0 (Tier 2)	NDS
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG	\$0 (Tier 2)	NDS



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NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM	\$0 (Tier 1)	NDS
<i>nystatin oral suspension 100,000 unit/ml</i>	\$0 (Tier 1)	NDS
<i>nystatin oral tablet 500,000 unit</i>	\$0 (Tier 1)	NDS
<i>nystatin topical cream 100,000 unit/gram</i>	\$0 (Tier 1)	NDS
<i>nystatin topical ointment 100,000 unit/gram</i>	\$0 (Tier 1)	NDS
<i>nystatin topical powder 100,000 unit/gram</i>	\$0 (Tier 1)	NDS
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	\$0 (Tier 1)	NDS
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	\$0 (Tier 1)	NDS
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM	\$0 (Tier 1)	NDS
OXISTAT TOPICAL CREAM 1 %	\$0 (Tier 2)	NDS
OXISTAT TOPICAL LOTION 1 %	\$0 (Tier 2)	NDS
<i>terbinafine hcl oral tablet 250 mg</i>	\$0 (Tier 1)	NDS
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	\$0 (Tier 1)	NDS
<i>terconazole vaginal suppository 80 mg</i>	\$0 (Tier 1)	NDS
<i>voriconazole intravenous solution 200 mg</i>	\$0 (Tier 1)	PA NSO; NDS
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	\$0 (Tier 1)	NDS
<i>voriconazole oral tablet 200 mg, 50 mg</i>	\$0 (Tier 1)	NDS
Antigout Agents		
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	\$0 (Tier 1)	MO
ALOPRIM INTRAVENOUS RECON SOLN 500 MG	\$0 (Tier 1)	NDS
<i>colchicine oral tablet 0.6 mg</i>	\$0 (Tier 1)	MO
<i>probenecid oral tablet 500 mg</i>	\$0 (Tier 1)	MO
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	\$0 (Tier 1)	NDS; MO
ULORIC ORAL TABLET 40 MG, 80 MG	\$0 (Tier 2)	MO
Antimigraine Agents		
Ergot Alkaloids		
<i>dihydroergotamine injection solution 1 mg/ml</i>	\$0 (Tier 1)	NDS
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	\$0 (Tier 1)	NDS



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	\$0 (Tier 1)	NDS
Serotonin (5-Ht) 1B/1D Receptor Agonists		
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	\$0 (Tier 1)	NDS; QL (18 per 30 days)
<i>rizatriptan oral tablet 10 mg</i>	\$0 (Tier 1)	NDS; QL (18 per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	\$0 (Tier 1)	NDS; QL (180 per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg</i>	\$0 (Tier 1)	NDS; QL (18 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>	\$0 (Tier 1)	NDS; QL (12 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	NDS; QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	\$0 (Tier 1)	NDS; QL (9 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	\$0 (Tier 1)	NDS; QL (9 per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
<i>guanidine oral tablet 125 mg</i>	\$0 (Tier 1)	NDS
MESTINON ORAL SYRUP 60 MG/5 ML	\$0 (Tier 2)	MO
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE 180 MG	\$0 (Tier 2)	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	\$0 (Tier 1)	MO
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	\$0 (Tier 1)	MO
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone oral tablet 100 mg, 25 mg</i>	\$0 (Tier 1)	MO
<i>rifabutin oral capsule 150 mg</i>	\$0 (Tier 1)	NDS
Antituberculars		
CAPASTAT INJECTION RECON SOLN 1 GRAM	\$0 (Tier 2)	NDS
<i>ethambutol oral tablet 100 mg, 400 mg</i>	\$0 (Tier 1)	NDS; MO
<i>isoniazid injection solution 100 mg/ml</i>	\$0 (Tier 1)	NDS
<i>isoniazid oral solution 50 mg/5 ml</i>	\$0 (Tier 1)	NDS; MO
<i>isoniazid oral tablet 100 mg, 300 mg</i>	\$0 (Tier 1)	NDS
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	\$0 (Tier 2)	NDS; MO



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PRIFTIN ORAL TABLET 150 MG	\$0 (Tier 2)	NDS
<i>pyrazinamide oral tablet 500 mg</i>	\$0 (Tier 1)	NDS
<i>rifampin intravenous recon soln 600 mg</i>	\$0 (Tier 1)	NDS
<i>rifampin oral capsule 150 mg, 300 mg</i>	\$0 (Tier 1)	NDS
RIFATER ORAL TABLET 50-120-300 MG	\$0 (Tier 2)	NDS
SIRTURO ORAL TABLET 100 MG	\$0 (Tier 2)	PA NSO; NDS
TRECTOR ORAL TABLET 250 MG	\$0 (Tier 2)	NDS
Antineoplastics		
Alkylating Agents		
BICNU INTRAVENOUS RECON SOLN 100 MG	\$0 (Tier 2)	PA NSO; NDS
<i>busulfan intravenous solution 60 mg/10 ml</i>	\$0 (Tier 1)	
BUSULFEX INTRAVENOUS SOLUTION 60 MG/10 ML	\$0 (Tier 2)	PA NSO; NDS
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	\$0 (Tier 1)	PA NSO; NDS
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG, 5 MG	\$0 (Tier 2)	NDS
HEXALEN ORAL CAPSULE 50 MG	\$0 (Tier 2)	PA NSO; NDS
<i>ifosfamide intravenous recon soln 1 gram</i>	\$0 (Tier 1)	PA NSO; NDS
LEUKERAN ORAL TABLET 2 MG	\$0 (Tier 2)	NDS
MATULANE ORAL CAPSULE 50 MG	\$0 (Tier 2)	PA NSO; LA; NDS
<i>melphalan hcl intravenous recon soln 50 mg</i>	\$0 (Tier 1)	PA NSO; NDS
MUSTARGEN INJECTION RECON SOLN 10 MG	\$0 (Tier 2)	PA NSO; NDS
TREANDA INTRAVENOUS RECON SOLN 100 MG	\$0 (Tier 2)	PA NSO; NDS
VALCHLOR TOPICAL GEL 0.016 %	\$0 (Tier 2)	MO
Antiandrogens		
<i>bicalutamide oral tablet 50 mg</i>	\$0 (Tier 1)	MO
<i>flutamide oral capsule 125 mg</i>	\$0 (Tier 1)	MO
NILANDRON ORAL TABLET 150 MG	\$0 (Tier 2)	MO
<i>nilutamide oral tablet 150 mg</i>	\$0 (Tier 1)	MO
XTANDI ORAL CAPSULE 40 MG	\$0 (Tier 2)	PA NSO; LA; 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 limits on use
ZYTIGA ORAL TABLET 250 MG	\$0 (Tier 2)	PA NSO; LA; MO; QL (120 per 30 days)
ZYTIGA ORAL TABLET 500 MG	\$0 (Tier 2)	MO
Antiangiogenic Agents		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	\$0 (Tier 2)	PA NSO; LA; MO
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 25 MG, 5 MG	\$0 (Tier 2)	PA NSO; LA; MO
REVLIMID ORAL CAPSULE 20 MG	\$0 (Tier 2)	MO
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	\$0 (Tier 2)	PA NSO; MO
Antiestrogens/Modifiers		
EMCYT ORAL CAPSULE 140 MG	\$0 (Tier 2)	PA NSO; NDS
FARESTON ORAL TABLET 60 MG	\$0 (Tier 2)	PA NSO; MO
FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML	\$0 (Tier 2)	PA NSO; MO
SOLTAMOX ORAL SOLUTION 10 MG/5 ML	\$0 (Tier 2)	PA NSO; MO
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	MO
Antimetabolites		
ADRUCIL INTRAVENOUS SOLUTION 500 MG/10 ML	\$0 (Tier 1)	PA BvD; NDS
ALIMTA INTRAVENOUS RECON SOLN 500 MG	\$0 (Tier 2)	PA NSO; NDS
<i>cladribine intravenous solution 10 mg/10 ml</i>	\$0 (Tier 1)	PA NSO; NDS
<i>clofarabine intravenous solution 20 mg/20 ml</i>	\$0 (Tier 1)	
CLOLAR INTRAVENOUS SOLUTION 20 MG/20 ML	\$0 (Tier 2)	PA NSO; NDS
<i>cytarabine injection solution 20 mg/ml</i>	\$0 (Tier 1)	PA NSO; NDS
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	\$0 (Tier 2)	MO
ELITEK INTRAVENOUS RECON SOLN 1.5 MG	\$0 (Tier 2)	PA BvD; NDS
<i>fluorouracil intravenous solution 2.5 gram/50 ml</i>	\$0 (Tier 1)	PA BvD; NDS
<i>fluorouracil topical cream 5 %</i>	\$0 (Tier 1)	NDS
<i>fluorouracil topical solution 2 %, 5 %</i>	\$0 (Tier 1)	NDS



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FOLOTYN INTRAVENOUS SOLUTION 40 MG/2 ML (20 MG/ML)	\$0 (Tier 2)	PA NSO; NDS
<i>gemcitabine intravenous recon soln 1 gram</i>	\$0 (Tier 1)	PA NSO; NDS
<i>hydroxyurea oral capsule 500 mg</i>	\$0 (Tier 1)	MO
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	\$0 (Tier 2)	NDS
<i>mercaptopurine oral tablet 50 mg</i>	\$0 (Tier 1)	NDS
<i>methotrexate sodium injection solution 25 mg/ml</i>	\$0 (Tier 1)	
NIPENT INTRAVENOUS RECON SOLN 10 MG	\$0 (Tier 2)	
PURIXAN ORAL SUSPENSION 20 MG/ML	\$0 (Tier 2)	NDS
TABLOID ORAL TABLET 40 MG	\$0 (Tier 2)	PA NSO; NDS
XATMEP ORAL SOLUTION 2.5 MG/ML	\$0 (Tier 2)	MO
Antineoplastics, Other		
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	\$0 (Tier 2)	PA NSO; NDS
ADRIAMYCIN INTRAVENOUS SOLUTION 20 MG/10 ML	\$0 (Tier 2)	
ARRANON INTRAVENOUS SOLUTION 250 MG/50 ML	\$0 (Tier 2)	
<i>azacitidine injection recon soln 100 mg</i>	\$0 (Tier 1)	PA NSO; NDS
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	\$0 (Tier 2)	MO
<i>bleomycin injection recon soln 30 unit</i>	\$0 (Tier 1)	PA NSO; NDS
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	\$0 (Tier 2)	
<i>carboplatin intravenous solution 10 mg/ml</i>	\$0 (Tier 1)	PA NSO; NDS
<i>cisplatin intravenous solution 1 mg/ml</i>	\$0 (Tier 1)	PA NSO; NDS
COSMEGEN INTRAVENOUS RECON SOLN 0.5 MG	\$0 (Tier 2)	
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	\$0 (Tier 2)	MO
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML (50 ML)	\$0 (Tier 2)	
<i>dacarbazine intravenous recon soln 200 mg</i>	\$0 (Tier 1)	PA NSO; NDS
<i>daunorubicin intravenous solution 5 mg/ml</i>	\$0 (Tier 1)	



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>decitabine intravenous recon soln 50 mg</i>	\$0 (Tier 1)	PA NSO; NDS
<i>dexrazoxane hcl intravenous recon soln 250 mg</i>	\$0 (Tier 1)	PA NSO; NDS
<i>docetaxel intravenous solution 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	\$0 (Tier 1)	PA NSO; NDS
DOXIL INTRAVENOUS SUSPENSION 2 MG/ML	\$0 (Tier 2)	
<i>doxorubicin intravenous solution 50 mg/25 ml</i>	\$0 (Tier 1)	PA NSO; NDS
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i>	\$0 (Tier 1)	
ELLENCE INTRAVENOUS SOLUTION 200 MG/100 ML	\$0 (Tier 2)	
<i>epirubicin intravenous solution 200 mg/100 ml</i>	\$0 (Tier 1)	
ERWINAZE INJECTION RECON SOLN 10,000 UNIT	\$0 (Tier 2)	PA NSO; NDS
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	\$0 (Tier 2)	PA NSO; NDS
<i>fludarabine intravenous recon soln 50 mg</i>	\$0 (Tier 1)	PA NSO; NDS
FUSILEV INTRAVENOUS RECON SOLN 50 MG	\$0 (Tier 2)	NDS
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML)	\$0 (Tier 2)	PA NSO; NDS
<i>idarubicin intravenous solution 1 mg/ml</i>	\$0 (Tier 1)	PA NSO; NDS
<i>irinotecan intravenous solution 100 mg/5 ml</i>	\$0 (Tier 1)	PA NSO; NDS
ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML	\$0 (Tier 2)	PA NSO; NDS
JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION)	\$0 (Tier 2)	PA NSO; NDS
<i>leucovorin calcium injection recon soln 100 mg, 350 mg</i>	\$0 (Tier 1)	PA BvD; NDS
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	\$0 (Tier 1)	NDS
<i>levoleucovorin intravenous recon soln 50 mg</i>	\$0 (Tier 1)	
<i>levoleucovorin intravenous solution 10 mg/ml</i>	\$0 (Tier 1)	NDS
LYNPARZA ORAL CAPSULE 50 MG	\$0 (Tier 2)	NDS
LYSODREN ORAL TABLET 500 MG	\$0 (Tier 2)	NDS
<i>mesna intravenous solution 100 mg/ml</i>	\$0 (Tier 1)	NDS



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MESNEX ORAL TABLET 400 MG	\$0 (Tier 2)	NDS
<i>mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg</i>	\$0 (Tier 1)	
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	\$0 (Tier 1)	PA NSO; MO
<i>oxaliplatin intravenous solution 100 mg/20 ml</i>	\$0 (Tier 1)	PA NSO; NDS
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	\$0 (Tier 1)	PA NSO; NDS
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	\$0 (Tier 2)	PA NSO; NDS
RUBRACA ORAL TABLET 200 MG, 300 MG	\$0 (Tier 2)	
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	\$0 (Tier 2)	MO
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	\$0 (Tier 2)	PA NSO; MO
<i>thiotepa injection recon soln 15 mg</i>	\$0 (Tier 1)	NDS
TRISENOX INTRAVENOUS SOLUTION 10 MG/10 ML	\$0 (Tier 2)	PA NSO; NDS
VELCADE INJECTION RECON SOLN 3.5 MG	\$0 (Tier 2)	PA NSO; NDS
<i>vinblastine intravenous solution 1 mg/ml</i>	\$0 (Tier 1)	PA NSO; NDS
VINCASAR PFS INTRAVENOUS SOLUTION 1 MG/ML	\$0 (Tier 1)	PA NSO; NDS
<i>vincristine intravenous solution 1 mg/ml</i>	\$0 (Tier 1)	PA NSO; NDS
<i>vinorelbine intravenous solution 50 mg/5 ml</i>	\$0 (Tier 1)	PA NSO; NDS
YONDELIS INTRAVENOUS RECON SOLN 1 MG	\$0 (Tier 2)	MO
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML)	\$0 (Tier 2)	PA NSO; MO
ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM	\$0 (Tier 2)	PA NSO; NDS
ZOLINZA ORAL CAPSULE 100 MG	\$0 (Tier 2)	PA NSO; NDS; QL (120 per 30 days)
Antineoplastics		
LYNPARZA ORAL TABLET 100 MG, 150 MG	\$0 (Tier 2)	MO
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	\$0 (Tier 2)	
ZEJULA ORAL CAPSULE 100 MG	\$0 (Tier 2)	MO



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Aromatase Inhibitors, 3Rd Generation		
<i>anastrozole oral tablet 1 mg</i>	\$0 (Tier 1)	MO; QL (30 per 30 days)
<i>exemestane oral tablet 25 mg</i>	\$0 (Tier 1)	MO
<i>letrozole oral tablet 2.5 mg</i>	\$0 (Tier 1)	MO
Enzyme Inhibitors		
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	\$0 (Tier 2)	NDS
<i>etoposide intravenous solution 20 mg/ml</i>	\$0 (Tier 1)	NDS
IDHIFA ORAL TABLET 100 MG, 50 MG	\$0 (Tier 2)	MO
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	\$0 (Tier 2)	MO
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	\$0 (Tier 2)	MO
KYPROLIS INTRAVENOUS RECON SOLN 30 MG, 60 MG	\$0 (Tier 2)	
TOPOSAR INTRAVENOUS SOLUTION 20 MG/ML	\$0 (Tier 1)	NDS
<i>topotecan intravenous recon soln 4 mg</i>	\$0 (Tier 1)	PA NSO; NDS
Molecular Target Inhibitors		
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	\$0 (Tier 2)	PA NSO; MO
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	\$0 (Tier 2)	PA NSO; MO
ALECENSA ORAL CAPSULE 150 MG	\$0 (Tier 2)	MO
ALUNBRIG ORAL TABLET 30 MG	\$0 (Tier 2)	MO
BOSULIF ORAL TABLET 100 MG	\$0 (Tier 2)	PA NSO; MO; QL (150 per 30 days)
BOSULIF ORAL TABLET 500 MG	\$0 (Tier 2)	PA NSO; MO; QL (30 per 30 days)
CAPRELSA ORAL TABLET 100 MG	\$0 (Tier 2)	PA NSO; NDS; MO; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	\$0 (Tier 2)	PA NSO; NDS; MO; QL (30 per 30 days)



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	\$0 (Tier 2)	PA NSO; LA; NDS; MO
COTELLIC ORAL TABLET 20 MG	\$0 (Tier 2)	NDS
ERIVEDGE ORAL CAPSULE 150 MG	\$0 (Tier 2)	PA NSO; LA; MO; QL (30 per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	\$0 (Tier 2)	PA NSO; LA; MO; QL (30 per 30 days)
GLEEVEC ORAL TABLET 100 MG, 400 MG	\$0 (Tier 2)	PA NSO; MO
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	\$0 (Tier 2)	MO
ICLUSIG ORAL TABLET 15 MG	\$0 (Tier 2)	MO
ICLUSIG ORAL TABLET 45 MG	\$0 (Tier 2)	PA NSO; MO
<i>imatinib oral tablet 100 mg, 400 mg</i>	\$0 (Tier 1)	MO
IMBRUVICA ORAL CAPSULE 140 MG	\$0 (Tier 2)	PA NSO; LA; NDS; QL (120 per 30 days)
INLYTA ORAL TABLET 1 MG	\$0 (Tier 2)	PA NSO; LA; NDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	\$0 (Tier 2)	PA NSO; LA; NDS; QL (120 per 30 days)
IRESSA ORAL TABLET 250 MG	\$0 (Tier 2)	NDS; QL (60 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	\$0 (Tier 2)	PA NSO; LA; MO; QL (60 per 30 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1/DAY), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1)	\$0 (Tier 2)	PA NSO; MO
MEKINIST ORAL TABLET 0.5 MG	\$0 (Tier 2)	PA NSO; LA; MO; QL (120 per 30 days)
MEKINIST ORAL TABLET 2 MG	\$0 (Tier 2)	PA NSO; LA; MO; QL (30 per 30 days)
NERLYNX ORAL TABLET 40 MG	\$0 (Tier 2)	MO
NEXAVAR ORAL TABLET 200 MG	\$0 (Tier 2)	PA NSO; LA; NDS; QL (120 per 30 days)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	\$0 (Tier 2)	NDS
ODOMZO ORAL CAPSULE 200 MG	\$0 (Tier 2)	MO
RYDAPT ORAL CAPSULE 25 MG	\$0 (Tier 2)	MO



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SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	\$0 (Tier 2)	PA NSO; MO
STIVARGA ORAL TABLET 40 MG	\$0 (Tier 2)	PA NSO; LA; NDS; QL (120 per 30 days)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	\$0 (Tier 2)	PA NSO; NDS
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	\$0 (Tier 2)	PA NSO; LA; NDS
TAGRISSO ORAL TABLET 40 MG, 80 MG	\$0 (Tier 2)	NDS
TARCEVA ORAL TABLET 100 MG, 25 MG	\$0 (Tier 2)	PA NSO; LA; MO
TARCEVA ORAL TABLET 150 MG	\$0 (Tier 2)	PA NSO; LA; MO; QL (30 per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG	\$0 (Tier 2)	PA NSO; MO; QL (120 per 30 days)
TORISEL INTRAVENOUS RECON SOLN 30 MG/3 ML (10 MG/ML) (FIRST)	\$0 (Tier 2)	PA NSO; NDS
TYKERB ORAL TABLET 250 MG	\$0 (Tier 2)	PA NSO; LA; MO; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	\$0 (Tier 2)	MO
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	\$0 (Tier 2)	
VOTRIENT ORAL TABLET 200 MG	\$0 (Tier 2)	PA NSO; LA; NDS; MO; QL (120 per 30 days)
XALKORI ORAL CAPSULE 200 MG	\$0 (Tier 2)	PA NSO; LA; MO; QL (60 per 30 days)
ZELBORAF ORAL TABLET 240 MG	\$0 (Tier 2)	PA NSO; LA; MO; QL (240 per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	\$0 (Tier 2)	NDS
ZYKADIA ORAL CAPSULE 150 MG	\$0 (Tier 2)	NDS
Monoclonal Antibodies		
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML, 25 MG/ML (16 ML)	\$0 (Tier 2)	PA NSO; NDS
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	\$0 (Tier 2)	MO
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	\$0 (Tier 2)	NDS
EMPLICITI INTRAVENOUS RECON SOLN 300 MG	\$0 (Tier 2)	NDS



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ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML	\$0 (Tier 2)	PA BvD; NDS
HERCEPTIN INTRAVENOUS RECON SOLN 440 MG	\$0 (Tier 2)	PA BvD; NDS
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	\$0 (Tier 2)	MO
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML (10 ML)	\$0 (Tier 2)	
KADCYLA INTRAVENOUS RECON SOLN 100 MG	\$0 (Tier 2)	PA NSO; LA; NDS
KEYTRUDA INTRAVENOUS RECON SOLN 50 MG	\$0 (Tier 2)	
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	\$0 (Tier 2)	MO
OPDIVO INTRAVENOUS SOLUTION 40 MG/4 ML	\$0 (Tier 2)	MO
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	\$0 (Tier 2)	PA BvD; NDS
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	\$0 (Tier 2)	PA NSO; LA; NDS
SYLVANT INTRAVENOUS RECON SOLN 100 MG	\$0 (Tier 2)	MO
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML)	\$0 (Tier 2)	MO
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML)	\$0 (Tier 2)	PA BvD; NDS
YERVOY INTRAVENOUS SOLUTION 50 MG/10 ML (5 MG/ML)	\$0 (Tier 2)	PA NSO; LA; NDS
Retinoids		
<i>bexarotene oral capsule 75 mg</i>	\$0 (Tier 1)	MO
PANRETIN TOPICAL GEL 0.1 %	\$0 (Tier 2)	PA NSO; NDS
TARGRETIN ORAL CAPSULE 75 MG	\$0 (Tier 2)	PA NSO; MO
TARGRETIN TOPICAL GEL 1 %	\$0 (Tier 2)	PA NSO; NDS
<i>tretinoin (chemotherapy) oral capsule 10 mg</i>	\$0 (Tier 1)	NDS
Antiparasitics		
Antihelminthics		
ALBENZA ORAL TABLET 200 MG	\$0 (Tier 2)	NDS
BILTRICIDE ORAL TABLET 600 MG	\$0 (Tier 2)	NDS



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<i>ivermectin oral tablet 3 mg</i>	\$0 (Tier 1)	NDS
Antiprotozoals		
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	\$0 (Tier 2)	NDS; QL (150 per 3 days)
ALINIA ORAL TABLET 500 MG	\$0 (Tier 2)	NDS; QL (6 per 3 days)
<i>atovaquone oral suspension 750 mg/5 ml</i>	\$0 (Tier 1)	NDS
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	\$0 (Tier 1)	NDS
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	MO
COARTEM ORAL TABLET 20-120 MG	\$0 (Tier 2)	NDS
DARAPRIM ORAL TABLET 25 MG	\$0 (Tier 2)	NDS
<i>hydroxychloroquine oral tablet 200 mg</i>	\$0 (Tier 1)	MO
<i>mefloquine oral tablet 250 mg</i>	\$0 (Tier 1)	NDS
NEBUPENT INHALATION RECON SOLN 300 MG	\$0 (Tier 2)	PA BvD; NDS; MO
PENTAM INJECTION RECON SOLN 300 MG	\$0 (Tier 1)	NDS
<i>primaquine oral tablet 26.3 mg</i>	\$0 (Tier 1)	
<i>quinine sulfate oral capsule 324 mg</i>	\$0 (Tier 1)	NDS
Pediculicides/Scabicides		
<i>lindane topical shampoo 1 %</i>	\$0 (Tier 1)	NDS
<i>malathion topical lotion 0.5 %</i>	\$0 (Tier 1)	NDS
<i>permethrin topical cream 5 %</i>	\$0 (Tier 1)	NDS
Antiparkinson Agents		
Anticholinergics		
<i>benztropine injection solution 2 mg/2 ml</i>	\$0 (Tier 1)	NDS
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	MO
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	\$0 (Tier 1)	MO
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	\$0 (Tier 1)	MO
Antiparkinson Agents, Other		
<i>amantadine hcl oral capsule 100 mg</i>	\$0 (Tier 1)	MO
<i>amantadine hcl oral solution 50 mg/5 ml</i>	\$0 (Tier 1)	MO
<i>amantadine hcl oral tablet 100 mg</i>	\$0 (Tier 1)	MO



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	\$0 (Tier 1)	MO
<i>entacapone oral tablet 200 mg</i>	\$0 (Tier 1)	MO
<i>tolcapone oral tablet 100 mg</i>	\$0 (Tier 1)	MO
Dopamine Agonists		
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	\$0 (Tier 2)	NDS; MO
<i>bromocriptine oral capsule 5 mg</i>	\$0 (Tier 1)	MO
<i>bromocriptine oral tablet 2.5 mg</i>	\$0 (Tier 1)	MO
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	\$0 (Tier 2)	MO
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	\$0 (Tier 1)	MO
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 4.5 mg</i>	\$0 (Tier 1)	MO
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	\$0 (Tier 1)	MO
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	\$0 (Tier 1)	MO
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	\$0 (Tier 1)	MO
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	\$0 (Tier 1)	MO
Monoamine Oxidase B (Mao-B) Inhibitors		
AZILECT ORAL TABLET 0.5 MG, 1 MG	\$0 (Tier 2)	MO
<i>selegiline hcl oral capsule 5 mg</i>	\$0 (Tier 1)	MO
<i>selegiline hcl oral tablet 5 mg</i>	\$0 (Tier 1)	MO
ZELAPAR ORAL TABLET, DISINTEGRATING 1.25 MG	\$0 (Tier 2)	MO



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Antipsychotics		
1St Generation/Typical		
<i>chlorpromazine injection solution 25 mg/ml</i>	\$0 (Tier 1)	NDS
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	MO
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	\$0 (Tier 1)	NDS; MO
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	\$0 (Tier 1)	NDS
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	\$0 (Tier 1)	NDS
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	\$0 (Tier 1)	MO
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	\$0 (Tier 1)	MO
<i>haloperidol lactate injection solution 5 mg/ml</i>	\$0 (Tier 1)	NDS
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	\$0 (Tier 1)	MO
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	MO
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	\$0 (Tier 1)	MO
ORAP ORAL TABLET 1 MG	\$0 (Tier 2)	MO
<i>pimozide oral tablet 1 mg, 2 mg</i>	\$0 (Tier 1)	MO
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	PA NSO; MO
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg</i>	\$0 (Tier 1)	MO
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	MO
2Nd Generation/ Atypical		
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	\$0 (Tier 2)	MO
2Nd Generation/Atypical		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG	\$0 (Tier 2)	MO
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	\$0 (Tier 2)	MO



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	\$0 (Tier 1)	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet, disintegrating 10 mg, 15 mg</i>	\$0 (Tier 1)	MO
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRINGE 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	\$0 (Tier 2)	MO
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	\$0 (Tier 2)	MO
FANAPT ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	\$0 (Tier 2)	NDS
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	\$0 (Tier 2)	NDS; QL (60 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG, 3 MG, 6 MG, 9 MG	\$0 (Tier 2)	MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	\$0 (Tier 2)	PA NSO; MO
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML, 410 MG/1.315 ML, 546 MG/1.75 ML, 819 MG/2.625 ML	\$0 (Tier 2)	MO
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	\$0 (Tier 2)	MO
NUPLAZID ORAL TABLET 17 MG	\$0 (Tier 2)	MO
<i>olanzapine intramuscular recon soln 10 mg</i>	\$0 (Tier 1)	NDS
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	\$0 (Tier 1)	MO; QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg</i>	\$0 (Tier 1)	MO
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	\$0 (Tier 1)	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	\$0 (Tier 1)	MO
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	\$0 (Tier 2)	MO



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	\$0 (Tier 2)	PA NSO; MO
RISPERDAL M-TAB ORAL TABLET,DISINTEGRATING 0.5 MG, 1 MG, 3 MG, 4 MG	\$0 (Tier 1)	PA NSO; MO
RISPERDAL M-TAB ORAL TABLET,DISINTEGRATING 2 MG	\$0 (Tier 1)	PA NSO
<i>risperidone oral solution 1 mg/ml</i>	\$0 (Tier 1)	MO
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	\$0 (Tier 1)	MO
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	\$0 (Tier 1)	MO
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	\$0 (Tier 2)	MO
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG	\$0 (Tier 2)	MO; QL (60 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	\$0 (Tier 2)	MO
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	\$0 (Tier 2)	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	\$0 (Tier 1)	MO; QL (60 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	\$0 (Tier 2)	MO
Treatment-Resistant		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	MO
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	\$0 (Tier 1)	MO; QL (270 per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	\$0 (Tier 2)	MO
Antivirals		
Anti-Cytomegalovirus (Cmv) Agents		
<i>cidofovir intravenous solution 75 mg/ml</i>	\$0 (Tier 1)	PA; NDS
<i>ganciclovir sodium intravenous recon soln 500 mg</i>	\$0 (Tier 1)	PA; NDS



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VALCYTE ORAL RECON SOLN 50 MG/ML	\$0 (Tier 2)	MO
<i>valganciclovir oral tablet 450 mg</i>	\$0 (Tier 1)	MO
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	\$0 (Tier 2)	NDS
Anti-Hepatitis B (Hbv) Agents		
<i>adefovir oral tablet 10 mg</i>	\$0 (Tier 1)	NDS
BARACLUDE ORAL SOLUTION 0.05 MG/ML	\$0 (Tier 2)	MO
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	\$0 (Tier 1)	MO
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	\$0 (Tier 2)	MO
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML	\$0 (Tier 2)	
<i>lamivudine oral tablet 100 mg</i>	\$0 (Tier 1)	MO
Anti-Hepatitis C (Hcv) Agents		
DAKLINZA ORAL TABLET 30 MG, 60 MG	\$0 (Tier 2)	PA; NDS
HARVONI ORAL TABLET 90-400 MG	\$0 (Tier 2)	PA; NDS
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	\$0 (Tier 2)	PA NSO; NDS
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	\$0 (Tier 2)	PA NSO; NDS
MAVYRET ORAL TABLET 100-40 MG	\$0 (Tier 2)	PA
MODERIBA DOSE PACK ORAL TABLETS,DOSE PACK 400 MG (7)- 400 MG (7), 600 MG (7)- 600 MG (7)	\$0 (Tier 1)	NDS
MODERIBA ORAL TABLET 200 MG	\$0 (Tier 1)	NDS
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 135 MCG/0.5 ML, 180 MCG/0.5 ML	\$0 (Tier 2)	NDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	\$0 (Tier 2)	PA; NDS
PEGINTRON REDIPEN SUBCUTANEOUS PEN INJECTOR KIT 120 MCG/0.5 ML	\$0 (Tier 2)	PA; NDS
REBETOL ORAL SOLUTION 40 MG/ML	\$0 (Tier 2)	PA; NDS
RIBASPHERE ORAL CAPSULE 200 MG	\$0 (Tier 1)	NDS
RIBASPHERE ORAL TABLET 200 MG	\$0 (Tier 1)	NDS
RIBASPHERE ORAL TABLET 400 MG, 600 MG	\$0 (Tier 1)	PA; NDS



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RIBASPHERE RIBAPAK ORAL TABLETS,DOSE PACK 400-400 MG (28)-MG (28), 600-400 MG (28)-MG (28), 600-600 MG (28)-MG (28)	\$0 (Tier 1)	NDS
<i>ribavirin oral capsule 200 mg</i>	\$0 (Tier 1)	PA; NDS
<i>ribavirin oral tablet 200 mg</i>	\$0 (Tier 1)	PA; NDS
SOVALDI ORAL TABLET 400 MG	\$0 (Tier 2)	PA; MO
TECHNIVIE ORAL TABLET 12.5-75-50 MG	\$0 (Tier 2)	PA; NDS
Antiherpetic Agents		
<i>acyclovir oral capsule 200 mg</i>	\$0 (Tier 1)	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	\$0 (Tier 1)	MO
<i>acyclovir oral tablet 400 mg, 800 mg</i>	\$0 (Tier 1)	MO
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	\$0 (Tier 1)	PA BvD; NDS
<i>acyclovir topical ointment 5 %</i>	\$0 (Tier 1)	NDS
DENAVIR TOPICAL CREAM 1 %	\$0 (Tier 2)	NDS
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	\$0 (Tier 1)	NDS; MO
<i>trifluridine ophthalmic (eye) drops 1 %</i>	\$0 (Tier 1)	NDS
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	\$0 (Tier 1)	MO
ZOVIRAX TOPICAL CREAM 5 %	\$0 (Tier 2)	NDS
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
GENVOYA ORAL TABLET 150-150-200-10 MG	\$0 (Tier 2)	MO
ISENTRESS HD ORAL TABLET 600 MG	\$0 (Tier 2)	MO
ISENTRESS ORAL POWDER IN PACKET 100 MG	\$0 (Tier 2)	MO
ISENTRESS ORAL TABLET 400 MG	\$0 (Tier 2)	MO; QL (60 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	\$0 (Tier 2)	MO
STRIBILD ORAL TABLET 150-150-200-300 MG	\$0 (Tier 2)	MO; QL (30 per 30 days)
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	\$0 (Tier 2)	MO



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
ATRIPLA ORAL TABLET 600-200-300 MG	\$0 (Tier 2)	MO
COMPLERA ORAL TABLET 200-25-300 MG	\$0 (Tier 2)	MO
EDURANT ORAL TABLET 25 MG	\$0 (Tier 2)	MO
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG	\$0 (Tier 2)	MO
<i>nevirapine oral suspension 50 mg/5 ml</i>	\$0 (Tier 1)	MO
<i>nevirapine oral tablet 200 mg</i>	\$0 (Tier 1)	MO
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	\$0 (Tier 1)	MO
ODEFSEY ORAL TABLET 200-25-25 MG	\$0 (Tier 2)	MO
RESCRIPTOR ORAL TABLET 200 MG	\$0 (Tier 2)	MO
RESCRIPTOR ORAL TABLET, DISPERSIBLE 100 MG	\$0 (Tier 2)	MO
SUSTIVA ORAL CAPSULE 200 MG, 50 MG	\$0 (Tier 2)	MO
SUSTIVA ORAL TABLET 600 MG	\$0 (Tier 2)	MO
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	\$0 (Tier 2)	MO
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
<i>abacavir oral tablet 300 mg</i>	\$0 (Tier 1)	MO
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	\$0 (Tier 1)	MO
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	\$0 (Tier 1)	MO
DESCOVY ORAL TABLET 200-25 MG	\$0 (Tier 2)	MO
<i>didanosine oral capsule, delayed release(dr/ec) 125 mg, 200 mg, 250 mg, 400 mg</i>	\$0 (Tier 1)	MO
EMTRIVA ORAL CAPSULE 200 MG	\$0 (Tier 2)	MO
EMTRIVA ORAL SOLUTION 10 MG/ML	\$0 (Tier 2)	MO
EPZICOM ORAL TABLET 600-300 MG	\$0 (Tier 2)	MO
<i>lamivudine oral solution 10 mg/ml</i>	\$0 (Tier 1)	MO
<i>lamivudine oral tablet 150 mg, 300 mg</i>	\$0 (Tier 1)	MO
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	\$0 (Tier 1)	MO



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RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	\$0 (Tier 2)	NDS
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (Tier 1)	MO
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	\$0 (Tier 2)	MO
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)	\$0 (Tier 2)	MO
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	\$0 (Tier 2)	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG	\$0 (Tier 2)	MO
ZERIT ORAL RECON SOLN 1 MG/ML	\$0 (Tier 2)	MO
ZIAGEN ORAL SOLUTION 20 MG/ML	\$0 (Tier 2)	MO
<i>zidovudine oral capsule 100 mg</i>	\$0 (Tier 1)	MO
<i>zidovudine oral syrup 10 mg/ml</i>	\$0 (Tier 1)	MO
<i>zidovudine oral tablet 300 mg</i>	\$0 (Tier 1)	MO
Anti-Hiv Agents, Other		
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	\$0 (Tier 2)	MO
PREZCOBIX ORAL TABLET 800-150 MG-MG	\$0 (Tier 2)	MO; QL (30 per 30 days)
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG	\$0 (Tier 2)	MO
TRIUMEQ ORAL TABLET 600-50-300 MG	\$0 (Tier 2)	MO
TYBOST ORAL TABLET 150 MG	\$0 (Tier 2)	MO
Anti-Hiv Agents, Protease Inhibitors		
APTIVUS ORAL CAPSULE 250 MG	\$0 (Tier 2)	MO
APTIVUS ORAL SOLUTION 100 MG/ML	\$0 (Tier 2)	MO
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	\$0 (Tier 2)	MO
EVOTAZ ORAL TABLET 300-150 MG	\$0 (Tier 2)	MO; QL (30 per 30 days)
INVIRASE ORAL CAPSULE 200 MG	\$0 (Tier 2)	MO
INVIRASE ORAL TABLET 500 MG	\$0 (Tier 2)	MO
KALETRA ORAL SOLUTION 400-100 MG/5 ML	\$0 (Tier 2)	MO



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	\$0 (Tier 2)	MO
LEXIVA ORAL SUSPENSION 50 MG/ML	\$0 (Tier 2)	MO
LEXIVA ORAL TABLET 700 MG	\$0 (Tier 2)	MO
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	\$0 (Tier 1)	MO
NORVIR ORAL CAPSULE 100 MG	\$0 (Tier 2)	MO
NORVIR ORAL SOLUTION 80 MG/ML	\$0 (Tier 2)	MO
NORVIR ORAL TABLET 100 MG	\$0 (Tier 2)	MO
PREZISTA ORAL SUSPENSION 100 MG/ML	\$0 (Tier 2)	MO
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	\$0 (Tier 2)	MO
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	\$0 (Tier 2)	MO
REYATAZ ORAL POWDER IN PACKET 50 MG	\$0 (Tier 2)	MO
VIRACEPT ORAL TABLET 250 MG, 625 MG	\$0 (Tier 2)	MO
Anti-Influenza Agents		
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	\$0 (Tier 2)	NDS
<i>rimantadine oral tablet 100 mg</i>	\$0 (Tier 1)	NDS
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG	\$0 (Tier 2)	NDS
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	\$0 (Tier 2)	NDS
Anxiolytics		
Anxiolytics, Other		
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	\$0 (Tier 1)	MO
<i>meprobamate oral tablet 200 mg, 400 mg</i>	\$0 (Tier 1)	
Benzodiazepines		
<i>alprazolam oral tablet 0.25 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	NDS
<i>alprazolam oral tablet 0.5 mg</i>	\$0 (Tier 1)	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	\$0 (Tier 1)	NDS



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<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	NDS
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	MO
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	MO
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	\$0 (Tier 1)	NDS
<i>diazepam intensol oral concentrate 5 mg/ml</i>	\$0 (Tier 1)	PA NSO; NDS
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	\$0 (Tier 1)	NDS
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	NDS
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	NDS
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	\$0 (Tier 1)	NDS
Bipolar Agents		
Mood Stabilizers		
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	\$0 (Tier 2)	MO
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	\$0 (Tier 1)	MO
<i>lithium carbonate oral tablet 300 mg</i>	\$0 (Tier 1)	MO
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	\$0 (Tier 1)	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	\$0 (Tier 1)	MO
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	MO
AVANDIA ORAL TABLET 2 MG, 4 MG	\$0 (Tier 2)	MO
BYDUREON SUBCUTANEOUS PEN INJECTOR 2 MG/0.65 ML	\$0 (Tier 2)	ST; MO
BYDUREON SUBCUTANEOUS SUSPENSION, EXTENDED REL RECON 2 MG	\$0 (Tier 2)	ST; MO
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE (250 MCG/ML) 2.4 ML, 5 MCG/DOSE (250 MCG/ML) 1.2 ML	\$0 (Tier 2)	ST; MO
FARXIGA ORAL TABLET 10 MG, 5 MG	\$0 (Tier 2)	MO
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	\$0 (Tier 1)	MO



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<i>glipizide oral tablet 10 mg</i>	\$0 (Tier 1)	MO; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	\$0 (Tier 1)	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	\$0 (Tier 1)	MO; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	\$0 (Tier 1)	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	\$0 (Tier 1)	MO; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	\$0 (Tier 1)	MO
<i>glyburide micronized oral tablet 1.5 mg</i>	\$0 (Tier 1)	MO; QL (240 per 30 days)
<i>glyburide micronized oral tablet 3 mg</i>	\$0 (Tier 1)	MO; QL (120 per 30 days)
<i>glyburide micronized oral tablet 6 mg</i>	\$0 (Tier 1)	MO; QL (60 per 30 days)
<i>glyburide oral tablet 1.25 mg</i>	\$0 (Tier 1)	MO; QL (480 per 30 days)
<i>glyburide oral tablet 2.5 mg</i>	\$0 (Tier 1)	MO; QL (240 per 30 days)
<i>glyburide oral tablet 5 mg</i>	\$0 (Tier 1)	MO; QL (120 per 30 days)
GLYSET ORAL TABLET 100 MG, 25 MG, 50 MG	\$0 (Tier 2)	MO
INVOKANA ORAL TABLET 100 MG, 300 MG	\$0 (Tier 2)	ST; MO
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	\$0 (Tier 2)	ST; MO; QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	\$0 (Tier 2)	MO
<i>metformin oral tablet 1,000 mg</i>	\$0 (Tier 1)	MO; QL (60 per 30 days)
<i>metformin oral tablet 500 mg</i>	\$0 (Tier 1)	MO; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	\$0 (Tier 1)	MO; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	\$0 (Tier 1)	MO; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	\$0 (Tier 1)	MO; QL (60 per 30 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	\$0 (Tier 1)	MO
ONGLYZA ORAL TABLET 2.5 MG, 5 MG	\$0 (Tier 2)	ST; MO
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	\$0 (Tier 1)	MO; QL (30 per 30 days)
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	\$0 (Tier 1)	MO



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<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	\$0 (Tier 1)	MO
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	MO
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	\$0 (Tier 2)	PA; MO
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	\$0 (Tier 2)	PA; MO
<i>tolazamide oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	MO
<i>tolbutamide oral tablet 500 mg</i>	\$0 (Tier 1)	MO
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	\$0 (Tier 2)	MO
Glycemic Agents		
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	\$0 (Tier 2)	NDS
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION KIT 1 MG	\$0 (Tier 2)	NDS
PROGLYCEM ORAL SUSPENSION 50 MG/ML	\$0 (Tier 2)	MO
Insulins		
APIDRA SOLOSTAR SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	\$0 (Tier 2)	MO
APIDRA SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (Tier 2)	MO
HUMALOG KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	\$0 (Tier 2)	MO
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	\$0 (Tier 2)	MO
HUMALOG MIX 50-50 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	\$0 (Tier 2)	MO
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	\$0 (Tier 2)	MO
HUMALOG MIX 75-25 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	\$0 (Tier 2)	MO
HUMALOG SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	\$0 (Tier 2)	MO



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HUMALOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (Tier 2)	MO
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	\$0 (Tier 2)	MO
HUMULIN N KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (Tier 2)	MO
HUMULIN R U-100 INJECTION SOLUTION 100 UNIT/ML	\$0 (Tier 2)	MO
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	\$0 (Tier 2)	MO
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	\$0 (Tier 2)	ST; MO
LANTUS SOLOSTAR SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (Tier 2)	MO
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (Tier 2)	MO
LEVEMIR FLEXTOUCH SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	\$0 (Tier 2)	MO
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (Tier 2)	MO
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	\$0 (Tier 2)	MO
NOVOLOG FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	\$0 (Tier 2)	MO
NOVOLOG MIX 70-30 FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	\$0 (Tier 2)	MO
NOVOLOG MIX 70-30 SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	\$0 (Tier 2)	MO
NOVOLOG PENFILL SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	\$0 (Tier 2)	MO
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (Tier 2)	MO



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Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
COUMADIN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	\$0 (Tier 2)	MO
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	\$0 (Tier 2)	MO
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	\$0 (Tier 1)	NDS; QL (15 per 5 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	\$0 (Tier 1)	NDS; QL (10 per 5 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	\$0 (Tier 1)	NDS; QL (8 per 5 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	\$0 (Tier 1)	NDS; QL (3 per 5 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	\$0 (Tier 1)	NDS; QL (4 per 5 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	\$0 (Tier 1)	NDS; QL (6 per 5 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	\$0 (Tier 1)	NDS; QL (4 per 5 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	\$0 (Tier 1)	NDS; QL (2.5 per 5 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	\$0 (Tier 1)	NDS; QL (2 per 5 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	\$0 (Tier 1)	NDS; QL (3 per 5 days)
<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), 25,000 unit/500 ml (50 unit/ml)</i>	\$0 (Tier 1)	NDS
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	\$0 (Tier 1)	NDS
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	\$0 (Tier 1)	MO
PRADAXA ORAL CAPSULE 150 MG, 75 MG	\$0 (Tier 2)	MO
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	\$0 (Tier 1)	MO



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XARELTO ORAL TABLET 10 MG	\$0 (Tier 2)	NDS
XARELTO ORAL TABLET 15 MG, 20 MG	\$0 (Tier 2)	MO
Blood Formation Modifiers		
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	\$0 (Tier 1)	MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	\$0 (Tier 2)	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	\$0 (Tier 2)	PA; MO
EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	\$0 (Tier 2)	PA BvD; MO
LEUKINE INJECTION RECON SOLN 250 MCG	\$0 (Tier 2)	PA; NDS
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	\$0 (Tier 2)	PA; NDS
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6ML	\$0 (Tier 2)	PA; NDS
NEUPOGEN INJECTION SOLUTION 300 MCG/ML	\$0 (Tier 2)	PA; NDS; QL (7 per 7 days)
NEUPOGEN INJECTION SOLUTION 480 MCG/1.6 ML	\$0 (Tier 2)	PA; NDS; QL (11.2 per 7 days)
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML	\$0 (Tier 2)	PA; NDS; QL (3.5 per 7 days)
NEUPOGEN INJECTION SYRINGE 480 MCG/0.8 ML	\$0 (Tier 2)	PA; NDS; QL (5.6 per 7 days)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	\$0 (Tier 2)	PA BvD; MO
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	\$0 (Tier 2)	PA; MO
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	\$0 (Tier 2)	MO



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Coagulants		
<i>tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)</i>	\$0 (Tier 1)	NDS
<i>tranexamic acid oral tablet 650 mg</i>	\$0 (Tier 1)	MO
Platelet Modifying Agents		
AGGRENOX ORAL CAPSULE, ER MULTIPHASE 12 HR 25-200 MG	\$0 (Tier 2)	MO; QL (60 per 30 days)
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	\$0 (Tier 1)	MO; QL (60 per 30 days)
BRILINTA ORAL TABLET 60 MG	\$0 (Tier 2)	MO
<i>cilostazol oral tablet 100 mg, 50 mg</i>	\$0 (Tier 1)	MO
<i>clopidogrel oral tablet 75 mg</i>	\$0 (Tier 1)	MO; QL (30 per 30 days)
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	\$0 (Tier 1)	MO
Cardiovascular Agents		
Alpha-Adrenergic Agonists		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	\$0 (Tier 1)	MO
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	\$0 (Tier 1)	MO
<i>methyldopate intravenous solution 250 mg/5 ml</i>	\$0 (Tier 1)	NDS
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	NDS
Alpha-Adrenergic Blocking Agents		
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	MO
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	MO
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (Tier 1)	MO
Angiotensin II Receptor Antagonists		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	MO
<i>eprosartan oral tablet 600 mg</i>	\$0 (Tier 1)	MO
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	\$0 (Tier 1)	MO
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	MO
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	MO



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Angiotensin-Converting Enzyme (Ace) Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (Tier 1)	MO
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	MO
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	MO
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	MO
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	\$0 (Tier 1)	MO
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	\$0 (Tier 1)	MO
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	MO
<i>quinapril oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	MO
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	MO
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	\$0 (Tier 1)	MO
Antiarrhythmics		
<i>amiodarone intravenous solution 50 mg/ml</i>	\$0 (Tier 1)	NDS
<i>amiodarone oral tablet 200 mg, 400 mg</i>	\$0 (Tier 1)	MO
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	\$0 (Tier 1)	MO
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	\$0 (Tier 1)	MO
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	\$0 (Tier 1)	MO
MULTAQ ORAL TABLET 400 MG	\$0 (Tier 2)	PA; MO
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	\$0 (Tier 1)	MO
<i>procainamide injection solution 100 mg/ml, 500 mg/ml</i>	\$0 (Tier 1)	NDS
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	\$0 (Tier 1)	MO
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	\$0 (Tier 1)	MO
<i>quinidine gluconate injection solution 80 mg/ml</i>	\$0 (Tier 1)	NDS



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>quinidine gluconate oral tablet extended release 324 mg</i>	\$0 (Tier 1)	MO
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	\$0 (Tier 1)	MO
<i>sotalol af oral tablet 120 mg</i>	\$0 (Tier 1)	MO
<i>sotalol oral tablet 160 mg, 240 mg, 80 mg</i>	\$0 (Tier 1)	MO
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG	\$0 (Tier 2)	MO
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	\$0 (Tier 1)	MO
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	MO
<i>betaxolol oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	MO
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	MO
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	\$0 (Tier 1)	MO
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	\$0 (Tier 1)	MO
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	MO
<i>metoprolol tartrate intravenous solution 5 mg/5 ml</i>	\$0 (Tier 1)	NDS
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	MO
<i>nadolol oral tablet 40 mg, 80 mg</i>	\$0 (Tier 1)	MO
<i>pindolol oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	MO
<i>propranolol intravenous solution 1 mg/ml</i>	\$0 (Tier 1)	NDS
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	\$0 (Tier 1)	MO
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	\$0 (Tier 1)	MO
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	\$0 (Tier 1)	MO
TENORMIN ORAL TABLET 100 MG	\$0 (Tier 1)	MO
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	MO
Calcium Channel Blocking Agents		
AFEDITAB CR ORAL TABLET EXTENDED RELEASE 30 MG, 60 MG	\$0 (Tier 1)	MO
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	MO



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	\$0 (Tier 1)	MO
<i>diltiazem hcl intravenous recon soln 100 mg</i>	\$0 (Tier 1)	NDS
<i>diltiazem hcl intravenous solution 5 mg/ml</i>	\$0 (Tier 1)	NDS
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	\$0 (Tier 1)	MO
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 360 mg, 420 mg</i>	\$0 (Tier 1)	MO
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 240 mg, 300 mg</i>	\$0 (Tier 1)	MO
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	\$0 (Tier 1)	MO
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	\$0 (Tier 1)	MO
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	MO
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	\$0 (Tier 1)	MO
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	\$0 (Tier 1)	MO
<i>nicardipine oral capsule 20 mg, 30 mg</i>	\$0 (Tier 1)	MO
<i>nifedipine oral capsule 10 mg, 20 mg</i>	\$0 (Tier 1)	MO
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	\$0 (Tier 1)	MO
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	\$0 (Tier 1)	MO
<i>nimodipine oral capsule 30 mg</i>	\$0 (Tier 1)	NDS
<i>verapamil intravenous solution 2.5 mg/ml</i>	\$0 (Tier 1)	NDS
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	\$0 (Tier 1)	MO
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	\$0 (Tier 1)	MO
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	MO
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	\$0 (Tier 1)	MO



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Cardiovascular Agents, Other		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	\$0 (Tier 1)	MO
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	\$0 (Tier 1)	MO
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	\$0 (Tier 1)	MO
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	\$0 (Tier 1)	MO
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	\$0 (Tier 1)	MO
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	\$0 (Tier 1)	MO
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	\$0 (Tier 1)	MO
CORLANOR ORAL TABLET 5 MG, 7.5 MG	\$0 (Tier 2)	MO
DEMSEER ORAL CAPSULE 250 MG	\$0 (Tier 2)	NDS
DIGITEK ORAL TABLET 125 MCG, 250 MCG	\$0 (Tier 1)	MO
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	\$0 (Tier 1)	MO
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	\$0 (Tier 1)	MO
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	\$0 (Tier 2)	MO
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	\$0 (Tier 1)	MO
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	\$0 (Tier 1)	MO
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	\$0 (Tier 2)	MO
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	\$0 (Tier 1)	MO
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	\$0 (Tier 1)	MO
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	\$0 (Tier 1)	MO
<i>moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg</i>	\$0 (Tier 1)	MO



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	\$0 (Tier 2)	PA NSO; MO
<i>pentoxifylline oral tablet extended release 400 mg</i>	\$0 (Tier 1)	MO
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	\$0 (Tier 1)	MO
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	\$0 (Tier 1)	MO
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 1,000 MG, 500 MG	\$0 (Tier 2)	PA; MO
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	\$0 (Tier 1)	MO
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	\$0 (Tier 2)	ST; MO
TEKTURNA ORAL TABLET 150 MG, 300 MG	\$0 (Tier 2)	MO
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg, 50-25 mg</i>	\$0 (Tier 1)	MO
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	\$0 (Tier 1)	MO
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	\$0 (Tier 1)	MO; QL (30 per 30 days)
Diuretics, Carbonic Anhydrase Inhibitors		
<i>acetazolamide oral capsule, extended release 500 mg</i>	\$0 (Tier 1)	MO
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	\$0 (Tier 1)	MO
<i>acetazolamide sodium injection recon soln 500 mg</i>	\$0 (Tier 1)	NDS
KEVEYIS ORAL TABLET 50 MG	\$0 (Tier 2)	MO
Diuretics, Loop		
<i>bumetanide injection solution 0.25 mg/ml</i>	\$0 (Tier 1)	NDS
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	MO
EDECRIN ORAL TABLET 25 MG	\$0 (Tier 2)	MO
<i>furosemide injection solution 10 mg/ml</i>	\$0 (Tier 1)	NDS
<i>furosemide injection syringe 10 mg/ml</i>	\$0 (Tier 1)	NDS
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	\$0 (Tier 1)	MO



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<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	MO
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	MO
Diuretics, Potassium-Sparing		
<i>amiloride oral tablet 5 mg</i>	\$0 (Tier 1)	MO
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	\$0 (Tier 2)	MO
<i>eplerenone oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)	MO
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	MO
Diuretics, Thiazide		
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	MO
<i>chlorothiazide sodium intravenous recon soln 500 mg</i>	\$0 (Tier 1)	NDS
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)	MO
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	\$0 (Tier 1)	MO
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	MO
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	\$0 (Tier 1)	MO
<i>methyclothiazide oral tablet 5 mg</i>	\$0 (Tier 1)	MO
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	MO
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	\$0 (Tier 1)	MO
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	\$0 (Tier 1)	MO
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	\$0 (Tier 1)	MO
<i>fenofibrate oral tablet 120 mg, 160 mg, 54 mg</i>	\$0 (Tier 1)	MO
<i>gemfibrozil oral tablet 600 mg</i>	\$0 (Tier 1)	MO
Dyslipidemics, Hmg Coa Reductase Inhibitors		
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	MO
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	\$0 (Tier 2)	ST; MO
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	MO



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0 (Tier 1)	MO
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (Tier 1)	MO
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	\$0 (Tier 1)	MO
Dyslipidemics, Other		
<i>cholestyramine light oral powder in packet 4 gram</i>	\$0 (Tier 1)	MO
<i>colestipol oral granules 5 gram</i>	\$0 (Tier 1)	MO
<i>colestipol oral tablet 1 gram</i>	\$0 (Tier 1)	MO
<i>ezetimibe oral tablet 10 mg</i>	\$0 (Tier 1)	MO
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 5 MG	\$0 (Tier 2)	PA NSO; MO
JUXTAPID ORAL CAPSULE 30 MG, 40 MG, 60 MG	\$0 (Tier 2)	PA; MO
KYNAMRO SUBCUTANEOUS SYRINGE 200 MG/ML	\$0 (Tier 2)	PA NSO; MO
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	\$0 (Tier 1)	MO
NIACOR ORAL TABLET 500 MG	\$0 (Tier 1)	MO
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	\$0 (Tier 1)	MO
PREVALITE ORAL POWDER 4 GRAM	\$0 (Tier 1)	MO
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	\$0 (Tier 2)	PA; MO
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	\$0 (Tier 2)	PA; MO
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	\$0 (Tier 2)	MO
WELCHOL ORAL TABLET 625 MG	\$0 (Tier 2)	MO
ZETIA ORAL TABLET 10 MG	\$0 (Tier 2)	MO
Vasodilators, Direct-Acting Arterial/Venous		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	\$0 (Tier 1)	MO
<i>isosorbide dinitrate oral tablet extended release 40 mg</i>	\$0 (Tier 1)	MO



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page 1.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	MO
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	\$0 (Tier 1)	MO
MINITRAN TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	\$0 (Tier 1)	MO
NITRO-BID TRANSDERMAL OINTMENT 2 %	\$0 (Tier 2)	MO
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	\$0 (Tier 2)	MO
<i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	\$0 (Tier 1)	NDS
<i>nitroglycerin sublingual tablet 0.4 mg</i>	\$0 (Tier 1)	MO
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	\$0 (Tier 1)	MO
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	\$0 (Tier 1)	MO
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG	\$0 (Tier 2)	NDS; MO
NITROSTAT SUBLINGUAL TABLET 0.6 MG	\$0 (Tier 2)	MO
Vasodilators, Direct-Acting Arterial		
<i>hydralazine injection solution 20 mg/ml</i>	\$0 (Tier 1)	NDS
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	MO
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	\$0 (Tier 1)	MO
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
<i>methylphenidate hcl oral capsule, er biphasic 30-70 20 mg, 40 mg</i>	\$0 (Tier 1)	MO
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
ADDERALL ORAL TABLET 20 MG, 5 MG, 7.5 MG	\$0 (Tier 1)	MO; QL (90 per 30 days)
ADDERALL XR ORAL CAPSULE, EXTENDED RELEASE 24HR 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	\$0 (Tier 1)	MO; QL (60 per 30 days)



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ADDERALL XR ORAL CAPSULE, EXTENDED RELEASE 24HR 30 MG	\$0 (Tier 2)	MO; QL (60 per 30 days)
<i>dextroamphetamine oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	PA NSO; MO; QL (180 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	\$0 (Tier 1)	MO; QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	\$0 (Tier 1)	MO; QL (60 per 30 days)
VYVANSE ORAL CAPSULE 10 MG	\$0 (Tier 2)	MO
VYVANSE ORAL CAPSULE 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	\$0 (Tier 2)	PA NSO; MO
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	\$0 (Tier 1)	MO
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	\$0 (Tier 1)	MO
<i>dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	MO; QL (30 per 30 days)
<i>dexmethylphenidate oral capsule, er biphasic 50-50 15 mg, 30 mg, 40 mg</i>	\$0 (Tier 1)	PA NSO; MO; QL (30 per 30 days)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	PA NSO; MO
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	\$0 (Tier 1)	MO
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	\$0 (Tier 1)	MO
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 30 mg, 50 mg, 60 mg</i>	\$0 (Tier 1)	PA NSO; MO
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	\$0 (Tier 1)	PA NSO; MO
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	PA NSO; MO
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	\$0 (Tier 1)	PA NSO; MO
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	\$0 (Tier 1)	PA NSO; MO



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<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	MO
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	\$0 (Tier 2)	MO
Central Nervous System, Other		
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	\$0 (Tier 1)	NDS
ESGIC ORAL TABLET 50-325-40 MG	\$0 (Tier 1)	NDS
NUDEXTA ORAL CAPSULE 20-10 MG	\$0 (Tier 2)	PA NSO; NDS
<i>riluzole oral tablet 50 mg</i>	\$0 (Tier 1)	MO
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	\$0 (Tier 1)	MO
XENAZINE ORAL TABLET 12.5 MG, 25 MG	\$0 (Tier 2)	PA NSO; MO
Fibromyalgia Agents		
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 40 mg, 60 mg</i>	\$0 (Tier 1)	MO
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	\$0 (Tier 2)	MO
LYRICA ORAL SOLUTION 20 MG/ML	\$0 (Tier 2)	MO
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	\$0 (Tier 2)	MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS, DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	\$0 (Tier 2)	NDS
Multiple Sclerosis Agents		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	\$0 (Tier 2)	PA; MO
AUBAGIO ORAL TABLET 14 MG, 7 MG	\$0 (Tier 2)	MO
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT 30 MCG	\$0 (Tier 2)	PA; MO
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	\$0 (Tier 2)	PA; MO
BETASERON SUBCUTANEOUS KIT 0.3 MG	\$0 (Tier 2)	PA; MO
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	\$0 (Tier 2)	PA; MO
GILENYA ORAL CAPSULE 0.5 MG	\$0 (Tier 2)	PA; MO
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML	\$0 (Tier 2)	MO



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	\$0 (Tier 2)	PA; MO
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	\$0 (Tier 2)	MO
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	\$0 (Tier 2)	MO
TECFIDERA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 120 MG, 240 MG	\$0 (Tier 2)	MO
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	\$0 (Tier 2)	PA; MO

Dental And Oral Agents

Dental And Oral Agents

<i>cevimeline oral capsule 30 mg</i>	\$0 (Tier 1)	MO
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	\$0 (Tier 1)	NDS
KEPIVANCE INTRAVENOUS RECON SOLN 6.25 MG	\$0 (Tier 2)	NDS
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 %	\$0 (Tier 1)	NDS
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	\$0 (Tier 1)	MO
<i>triamcinolone acetonide dental paste 0.1 %</i>	\$0 (Tier 1)	NDS

Dermatological Agents

Dermatological Agents

<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	\$0 (Tier 1)	NDS
<i>adapalene topical cream 0.1 %</i>	\$0 (Tier 1)	NDS
<i>adapalene topical gel 0.1 %</i>	\$0 (Tier 1)	NDS
<i>ammonium lactate topical cream 12 %</i>	\$0 (Tier 1)	NDS
<i>ammonium lactate topical lotion 12 %</i>	\$0 (Tier 1)	NDS
AVITA TOPICAL CREAM 0.025 %	\$0 (Tier 1)	NDS
AVITA TOPICAL GEL 0.025 %	\$0 (Tier 1)	NDS
AZELEX TOPICAL CREAM 20 %	\$0 (Tier 2)	NDS
<i>calcipotriene scalp solution 0.005 %</i>	\$0 (Tier 1)	NDS
<i>calcipotriene topical cream 0.005 %</i>	\$0 (Tier 1)	NDS
<i>calcipotriene topical ointment 0.005 %</i>	\$0 (Tier 1)	NDS



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<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	\$0 (Tier 1)	NDS
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	\$0 (Tier 1)	NDS
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	\$0 (Tier 1)	NDS
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	\$0 (Tier 1)	NDS
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	\$0 (Tier 1)	NDS
CORTISPORIN TOPICAL CREAM 3.5-10,000-0.5 MG/G-UNIT/G-%	\$0 (Tier 2)	NDS
CORTISPORIN TOPICAL OINTMENT 1 %	\$0 (Tier 2)	NDS
<i>diclofenac sodium topical drops 1.5 %</i>	\$0 (Tier 1)	MO
<i>diclofenac sodium topical gel 1 %</i>	\$0 (Tier 1)	MO
<i>diclofenac sodium topical gel 3 %</i>	\$0 (Tier 1)	NDS
ELIDEL TOPICAL CREAM 1 %	\$0 (Tier 2)	NDS; QL (30 per 30 days)
FINACEA TOPICAL FOAM 15 %	\$0 (Tier 2)	NDS
FINACEA TOPICAL GEL 15 %	\$0 (Tier 2)	NDS
<i>fluorouracil topical cream 0.5 %</i>	\$0 (Tier 1)	NDS
<i>imiquimod topical cream in packet 5 %</i>	\$0 (Tier 1)	NDS
<i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>	\$0 (Tier 1)	PA NSO; NDS
<i>metronidazole topical cream 0.75 %</i>	\$0 (Tier 1)	NDS
<i>metronidazole topical gel 0.75 %, 1 %</i>	\$0 (Tier 1)	NDS
<i>metronidazole topical lotion 0.75 %</i>	\$0 (Tier 1)	NDS
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	\$0 (Tier 1)	NDS
NEUAC TOPICAL GEL 1.2 %(1 % BASE) -5 %	\$0 (Tier 1)	NDS
OXSORALEN ULTRA ORAL CAPSULE,LIQD-FILLED,RAPID REL 10 MG	\$0 (Tier 2)	PA NSO; NDS
PICATO TOPICAL GEL 0.015 %, 0.05 %	\$0 (Tier 2)	PA; NDS
<i>podofilox topical solution 0.5 %</i>	\$0 (Tier 1)	NDS
RECTIV RECTAL OINTMENT 0.4 % (W/W)	\$0 (Tier 2)	NDS
REGRANEX TOPICAL GEL 0.01 %	\$0 (Tier 2)	NDS



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SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	\$0 (Tier 2)	NDS
<i>selenium sulfide topical lotion 2.5 %</i>	\$0 (Tier 1)	NDS
<i>tacrolimus topical ointment 0.03 %</i>	\$0 (Tier 1)	NDS; QL (30 per 30 days)
<i>tacrolimus topical ointment 0.1 %</i>	\$0 (Tier 1)	NDS; QL (30 per 31 days)
<i>tazarotene topical cream 0.1 %</i>	\$0 (Tier 1)	
TAZORAC TOPICAL CREAM 0.05 %, 0.1 %	\$0 (Tier 2)	NDS
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	\$0 (Tier 2)	NDS
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	\$0 (Tier 1)	NDS
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	\$0 (Tier 1)	NDS
VOLTAREN TOPICAL GEL 1 %	\$0 (Tier 2)	MO
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	\$0 (Tier 1)	NDS
Enzyme Replacement/Modifiers		
Enzyme Replacement/Modifiers		
ADAGEN INTRAMUSCULAR SOLUTION 250 UNIT/ML	\$0 (Tier 2)	NDS
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	\$0 (Tier 2)	NDS
CERDELGA ORAL CAPSULE 84 MG	\$0 (Tier 2)	MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	\$0 (Tier 2)	PA BvD; MO
CREON ORAL CAPSULE, DELAYED RELEASE (DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000-180,000 UNIT, 6,000-19,000 -30,000 UNIT	\$0 (Tier 2)	MO
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	\$0 (Tier 2)	PA NSO; MO
ELELYSO INTRAVENOUS RECON SOLN 200 UNIT	\$0 (Tier 2)	MO
FABRAZYME INTRAVENOUS RECON SOLN 35 MG	\$0 (Tier 2)	
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	\$0 (Tier 2)	MO
KUVAN ORAL TABLET, SOLUBLE 100 MG	\$0 (Tier 2)	PA NSO; MO



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	\$0 (Tier 2)	PA; MO
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	\$0 (Tier 2)	MO
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	\$0 (Tier 2)	MO
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	\$0 (Tier 2)	MO
RAVICTI ORAL LIQUID 1.1 GRAM/ML	\$0 (Tier 2)	PA NSO; MO
STRENSIQ SUBCUTANEOUS SOLUTION 100 MG/ML, 40 MG/ML	\$0 (Tier 2)	MO
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	\$0 (Tier 2)	MO
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	\$0 (Tier 2)	PA NSO; MO
ZAVESCA ORAL CAPSULE 100 MG	\$0 (Tier 2)	MO
ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,000-34,000 -55,000 UNIT, 15,000-51,000 -82,000 UNIT, 20,000-68,000 -109,000 UNIT, 25,000-85,000-136,000 UNIT, 3,000-10,000- 16,000 UNIT, 40,000-136,000- 218,000 UNIT, 5,000-17,000 -27,000 UNIT	\$0 (Tier 2)	MO
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
<i>atropine injection syringe 0.05 mg/ml</i>	\$0 (Tier 1)	NDS
<i>dicyclomine oral capsule 10 mg</i>	\$0 (Tier 1)	NDS; MO
<i>dicyclomine oral solution 10 mg/5 ml</i>	\$0 (Tier 1)	NDS
<i>dicyclomine oral tablet 20 mg</i>	\$0 (Tier 1)	NDS; MO
<i>glycopyrrolate injection solution 0.2 mg/ml</i>	\$0 (Tier 1)	NDS
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	\$0 (Tier 1)	NDS; MO
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	\$0 (Tier 1)	NDS
Gastrointestinal Agents, Other		
CHENODAL ORAL TABLET 250 MG	\$0 (Tier 2)	NDS
<i>cromolyn oral concentrate 100 mg/5 ml</i>	\$0 (Tier 1)	NDS
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	\$0 (Tier 1)	NDS
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	\$0 (Tier 1)	NDS



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GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	\$0 (Tier 2)	PA NSO; MO
<i>loperamide oral capsule 2 mg</i>	\$0 (Tier 1)	MO
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	\$0 (Tier 2)	NDS
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	\$0 (Tier 2)	NDS
<i>ursodiol oral capsule 300 mg</i>	\$0 (Tier 1)	MO
<i>ursodiol oral tablet 250 mg, 500 mg</i>	\$0 (Tier 1)	MO
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	\$0 (Tier 1)	MO
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	\$0 (Tier 1)	MO
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	\$0 (Tier 1)	NDS
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	\$0 (Tier 1)	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	\$0 (Tier 1)	MO
<i>nizatidine oral capsule 150 mg, 300 mg</i>	\$0 (Tier 1)	MO
<i>ranitidine hcl oral syrup 15 mg/ml</i>	\$0 (Tier 1)	MO
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	\$0 (Tier 1)	MO
Irritable Bowel Syndrome Agents		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	\$0 (Tier 1)	NDS
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	\$0 (Tier 2)	MO
LINZESS ORAL CAPSULE 145 MCG, 290 MCG	\$0 (Tier 2)	MO
Laxatives		
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML	\$0 (Tier 1)	MO
ENULOSE ORAL SOLUTION 10 GRAM/15 ML	\$0 (Tier 1)	MO
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	\$0 (Tier 1)	NDS
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	\$0 (Tier 1)	NDS
GAVILYTE-N ORAL RECON SOLN 420 GRAM	\$0 (Tier 1)	NDS



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GENERLAC ORAL SOLUTION 10 GRAM/15 ML	\$0 (Tier 1)	MO
<i>lactulose oral solution 10 gram/15 ml</i>	\$0 (Tier 1)	MO
OSMOPREP ORAL TABLET 1.5 GRAM	\$0 (Tier 2)	NDS
<i>peg-electrolyte soln oral recon soln 420 gram</i>	\$0 (Tier 1)	NDS
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i>	\$0 (Tier 1)	NDS
Protectants		
CARAFATE ORAL SUSPENSION 100 MG/ML	\$0 (Tier 2)	MO
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	\$0 (Tier 1)	MO
<i>sucralfate oral tablet 1 gram</i>	\$0 (Tier 1)	MO
Proton Pump Inhibitors		
<i>esomeprazole magnesium oral capsule, delayed release (dr/ec) 20 mg, 40 mg</i>	\$0 (Tier 1)	MO
<i>esomeprazole sodium intravenous recon soln 20 mg, 40 mg</i>	\$0 (Tier 1)	NDS
<i>lansoprazole oral capsule, delayed release (dr/ec) 15 mg, 30 mg</i>	\$0 (Tier 1)	MO
<i>omeprazole oral capsule, delayed release (dr/ec) 10 mg, 20 mg, 40 mg</i>	\$0 (Tier 1)	MO
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i>	\$0 (Tier 1)	MO
Genitourinary Agents		
Antispasmodics, Urinary		
<i>flavoxate oral tablet 100 mg</i>	\$0 (Tier 1)	MO
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	\$0 (Tier 2)	ST; MO
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	\$0 (Tier 1)	MO
<i>oxybutynin chloride oral tablet 5 mg</i>	\$0 (Tier 1)	MO
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	\$0 (Tier 1)	MO
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	\$0 (Tier 1)	MO
<i>tolterodine oral tablet 1 mg, 2 mg</i>	\$0 (Tier 1)	MO
<i>tropium oral capsule, extended release 24hr 60 mg</i>	\$0 (Tier 1)	MO



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>tropium oral tablet 20 mg</i>	\$0 (Tier 1)	MO
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	\$0 (Tier 1)	MO
AVODART ORAL CAPSULE 0.5 MG	\$0 (Tier 2)	MO
<i>dutasteride oral capsule 0.5 mg</i>	\$0 (Tier 1)	MO
<i>finasteride oral tablet 5 mg</i>	\$0 (Tier 1)	MO
<i>tamsulosin oral capsule, extended release 24hr 0.4 mg</i>	\$0 (Tier 1)	MO
Genitourinary Agents, Other		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	\$0 (Tier 1)	NDS
CUPRIMINE ORAL CAPSULE 250 MG	\$0 (Tier 2)	MO
DEPEN TITRATABS ORAL TABLET 250 MG	\$0 (Tier 2)	MO
ELMIRON ORAL CAPSULE 100 MG	\$0 (Tier 2)	NDS
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	\$0 (Tier 1)	MO
Phosphate Binders		
<i>calcium acetate oral capsule 667 mg</i>	\$0 (Tier 1)	MO
FOSRENOL ORAL TABLET, CHEWABLE 1,000 MG, 500 MG, 750 MG	\$0 (Tier 2)	MO
RENAGEL ORAL TABLET 400 MG, 800 MG	\$0 (Tier 2)	MO
RENVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM	\$0 (Tier 2)	MO; QL (540 per 30 days)
RENVELA ORAL TABLET 800 MG	\$0 (Tier 2)	MO; QL (540 per 30 days)
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	\$0 (Tier 1)	MO
<i>sevelamer carbonate oral tablet 800 mg</i>	\$0 (Tier 1)	MO
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Progestins		
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	\$0 (Tier 1)	MO



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>alclometasone topical cream 0.05 %</i>	\$0 (Tier 1)	NDS
<i>alclometasone topical ointment 0.05 %</i>	\$0 (Tier 1)	NDS
<i>amcinonide topical cream 0.1 %</i>	\$0 (Tier 1)	NDS
<i>amcinonide topical lotion 0.1 %</i>	\$0 (Tier 1)	NDS
<i>amcinonide topical ointment 0.1 %</i>	\$0 (Tier 1)	NDS
<i>betamethasone dipropionate topical cream 0.05 %</i>	\$0 (Tier 1)	NDS
<i>betamethasone dipropionate topical lotion 0.05 %</i>	\$0 (Tier 1)	NDS
<i>betamethasone dipropionate topical ointment 0.05 %</i>	\$0 (Tier 1)	NDS
<i>betamethasone valerate topical cream 0.1 %</i>	\$0 (Tier 1)	NDS
<i>betamethasone valerate topical foam 0.12 %</i>	\$0 (Tier 1)	NDS
<i>betamethasone valerate topical lotion 0.1 %</i>	\$0 (Tier 1)	NDS
<i>betamethasone valerate topical ointment 0.1 %</i>	\$0 (Tier 1)	NDS
<i>betamethasone, augmented topical cream 0.05 %</i>	\$0 (Tier 1)	NDS
<i>betamethasone, augmented topical gel 0.05 %</i>	\$0 (Tier 1)	NDS
<i>betamethasone, augmented topical lotion 0.05 %</i>	\$0 (Tier 1)	NDS
<i>clobetasol scalp solution 0.05 %</i>	\$0 (Tier 1)	NDS
<i>clobetasol topical foam 0.05 %</i>	\$0 (Tier 1)	NDS
<i>clobetasol topical gel 0.05 %</i>	\$0 (Tier 1)	NDS
<i>clobetasol topical lotion 0.05 %</i>	\$0 (Tier 1)	NDS
<i>clobetasol topical ointment 0.05 %</i>	\$0 (Tier 1)	NDS
<i>clobetasol topical shampoo 0.05 %</i>	\$0 (Tier 1)	NDS
<i>clobetasol-emollient topical cream 0.05 %</i>	\$0 (Tier 1)	NDS
CLODAN TOPICAL SHAMPOO 0.05 %	\$0 (Tier 1)	NDS



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	\$0 (Tier 2)	NDS
CORMAX SCALP SOLUTION 0.05 %	\$0 (Tier 1)	NDS
<i>cortisone oral tablet 25 mg</i>	\$0 (Tier 1)	PA BvD; NDS
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	\$0 (Tier 2)	NDS
<i>desonide topical lotion 0.05 %</i>	\$0 (Tier 1)	NDS
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	\$0 (Tier 1)	NDS
<i>desoximetasone topical gel 0.05 %</i>	\$0 (Tier 1)	NDS
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	\$0 (Tier 1)	NDS
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	\$0 (Tier 2)	NDS
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	\$0 (Tier 1)	PA BvD; NDS
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	\$0 (Tier 1)	PA BvD; NDS
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	\$0 (Tier 1)	NDS
<i>diflorasone topical cream 0.05 %</i>	\$0 (Tier 1)	NDS
<i>diflorasone topical ointment 0.05 %</i>	\$0 (Tier 1)	NDS
<i>fludrocortisone oral tablet 0.1 mg</i>	\$0 (Tier 1)	MO
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	\$0 (Tier 1)	NDS
<i>fluocinolone topical oil 0.01 %</i>	\$0 (Tier 1)	NDS
<i>fluocinolone topical ointment 0.025 %</i>	\$0 (Tier 1)	NDS
<i>fluocinolone topical solution 0.01 %</i>	\$0 (Tier 1)	NDS
<i>fluocinonide topical cream 0.05 %, 0.1 %</i>	\$0 (Tier 1)	NDS
<i>fluocinonide topical gel 0.05 %</i>	\$0 (Tier 1)	NDS
<i>fluocinonide topical ointment 0.05 %</i>	\$0 (Tier 1)	NDS
<i>fluocinonide topical solution 0.05 %</i>	\$0 (Tier 1)	NDS
<i>fluticasone topical cream 0.05 %</i>	\$0 (Tier 1)	NDS
<i>fluticasone topical ointment 0.005 %</i>	\$0 (Tier 1)	NDS
<i>halobetasol propionate topical cream 0.05 %</i>	\$0 (Tier 1)	NDS
HALOG TOPICAL CREAM 0.1 %	\$0 (Tier 2)	NDS
HALOG TOPICAL OINTMENT 0.1 %	\$0 (Tier 2)	NDS



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (Tier 1)	PA BvD; MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	\$0 (Tier 1)	NDS
<i>hydrocortisone topical lotion 2.5 %</i>	\$0 (Tier 1)	NDS
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	\$0 (Tier 1)	NDS
KORLYM ORAL TABLET 300 MG	\$0 (Tier 2)	PA; MO
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	\$0 (Tier 1)	NDS
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	\$0 (Tier 1)	PA BvD; NDS
<i>methylprednisolone oral tablets, dose pack 4 mg</i>	\$0 (Tier 1)	NDS
<i>methylprednisolone sodium succ injection recon soln 40 mg</i>	\$0 (Tier 1)	NDS
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i>	\$0 (Tier 1)	NDS
<i>mometasone topical cream 0.1 %</i>	\$0 (Tier 1)	NDS
<i>mometasone topical ointment 0.1 %</i>	\$0 (Tier 1)	NDS
<i>mometasone topical solution 0.1 %</i>	\$0 (Tier 1)	NDS
<i>prednicarbate topical cream 0.1 %</i>	\$0 (Tier 1)	NDS
<i>prednicarbate topical ointment 0.1 %</i>	\$0 (Tier 1)	NDS
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	\$0 (Tier 1)	PA BvD; NDS
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	\$0 (Tier 2)	PA BvD; NDS
<i>prednisone oral solution 5 mg/5 ml</i>	\$0 (Tier 1)	PA BvD; NDS
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	\$0 (Tier 1)	PA BvD; NDS
PROCTO-PAK TOPICAL CREAM WITH PERINEAL APPLICATOR 1 %	\$0 (Tier 1)	NDS
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	\$0 (Tier 1)	NDS
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	\$0 (Tier 1)	NDS
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	\$0 (Tier 1)	NDS



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	\$0 (Tier 1)	NDS
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	\$0 (Tier 1)	NDS
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	\$0 (Tier 1)	NDS
TRIDERM TOPICAL CREAM 0.1 %	\$0 (Tier 1)	NDS
VERIPRED 20 ORAL SOLUTION 20 MG/5 ML (4 MG/ML)	\$0 (Tier 2)	NDS
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>desmopressin injection solution 4 mcg/ml</i>	\$0 (Tier 1)	PA; NDS
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	\$0 (Tier 1)	MO
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	\$0 (Tier 1)	MO
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	\$0 (Tier 2)	PA NSO; NDS
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	\$0 (Tier 2)	PA; MO
NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT	\$0 (Tier 2)	PA; NDS
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 5 MG/2 ML (2.5 MG/ML)	\$0 (Tier 2)	PA; MO
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT	\$0 (Tier 2)	PA; NDS
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
ANADROL-50 ORAL TABLET 50 MG	\$0 (Tier 2)	NDS
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	\$0 (Tier 1)	NDS



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	\$0 (Tier 1)	MO
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	\$0 (Tier 1)	MO
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	\$0 (Tier 1)	NDS
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	\$0 (Tier 1)	MO
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	\$0 (Tier 1)	MO
Estrogens		
ALORA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	\$0 (Tier 2)	MO
AMETHIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	\$0 (Tier 1)	MO
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	\$0 (Tier 2)	MO
APRI ORAL TABLET 0.15-0.03 MG	\$0 (Tier 1)	MO
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	\$0 (Tier 1)	MO
ASHLYNA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	\$0 (Tier 1)	MO
AUBRA ORAL TABLET 0.1-20 MG-MCG	\$0 (Tier 1)	MO
AVIANE ORAL TABLET 0.1-20 MG-MCG	\$0 (Tier 1)	MO
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG	\$0 (Tier 1)	MO
BEKYREE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	\$0 (Tier 1)	MO
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	\$0 (Tier 1)	MO
BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	\$0 (Tier 1)	MO
BRIELLYN ORAL TABLET 0.4-35 MG-MCG	\$0 (Tier 1)	MO
CRYSSELLE (28) ORAL TABLET 0.3-30 MG-MCG	\$0 (Tier 1)	MO
CYCLAFEM 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$0 (Tier 1)	MO
CYCLAFEM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	\$0 (Tier 1)	MO



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	\$0 (Tier 2)	NDS
DELYLA (28) ORAL TABLET 0.1-20 MG-MCG	\$0 (Tier 1)	MO
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	\$0 (Tier 2)	NDS
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	\$0 (Tier 1)	MO
DUAVEE ORAL TABLET 0.45-20 MG	\$0 (Tier 2)	MO
EMOQUETTE ORAL TABLET 0.15-0.03 MG	\$0 (Tier 1)	MO
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	\$0 (Tier 1)	MO
ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM)	\$0 (Tier 2)	MO
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	MO
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	\$0 (Tier 1)	MO
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	\$0 (Tier 1)	NDS
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	\$0 (Tier 1)	MO
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	\$0 (Tier 2)	MO
<i>estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg</i>	\$0 (Tier 1)	MO
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	\$0 (Tier 1)	MO
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	\$0 (Tier 2)	MO
GIANVI (28) ORAL TABLET 3-0.02 MG	\$0 (Tier 1)	MO
GILDAGIA ORAL TABLET 0.4-35 MG-MCG	\$0 (Tier 1)	MO
INTROVALE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG	\$0 (Tier 1)	MO
JINTELI ORAL TABLET 1-5 MG-MCG	\$0 (Tier 1)	MO
JULEBER ORAL TABLET 0.15-0.03 MG	\$0 (Tier 1)	MO
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	\$0 (Tier 1)	MO



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	\$0 (Tier 1)	MO
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	\$0 (Tier 1)	MO
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	\$0 (Tier 1)	MO
JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	\$0 (Tier 1)	MO
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	\$0 (Tier 1)	MO
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$0 (Tier 1)	MO
KIMIDESS (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	\$0 (Tier 1)	MO
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	\$0 (Tier 1)	MO
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	\$0 (Tier 1)	MO
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	\$0 (Tier 1)	MO
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	\$0 (Tier 1)	MO
LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	\$0 (Tier 1)	MO
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG	\$0 (Tier 1)	MO
LESSINA ORAL TABLET 0.1-20 MG-MCG	\$0 (Tier 1)	MO
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	\$0 (Tier 1)	MO
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	\$0 (Tier 1)	MO
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg</i>	\$0 (Tier 1)	MO
LEVORA-28 ORAL TABLET 0.15-0.03 MG	\$0 (Tier 1)	MO
LOMEDIA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	\$0 (Tier 1)	MO
LORYNA (28) ORAL TABLET 3-0.02 MG	\$0 (Tier 1)	MO
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	\$0 (Tier 1)	MO



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MARLISSA ORAL TABLET 0.15-0.03 MG	\$0 (Tier 1)	MO
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	\$0 (Tier 2)	MO
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	\$0 (Tier 2)	PA NSO; MO
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	\$0 (Tier 1)	MO
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	\$0 (Tier 1)	MO
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	\$0 (Tier 1)	MO
MIMVEY LO ORAL TABLET 0.5-0.1 MG	\$0 (Tier 1)	MO
MIMVEY ORAL TABLET 1-0.5 MG	\$0 (Tier 1)	MO
MINASTRIN 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	\$0 (Tier 2)	MO
MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	\$0 (Tier 2)	MO
MONONESSA (28) ORAL TABLET 0.25-35 MG-MCG	\$0 (Tier 1)	MO
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	\$0 (Tier 1)	MO
NECON 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	\$0 (Tier 1)	MO
NIKKI (28) ORAL TABLET 3-0.02 MG	\$0 (Tier 1)	MO
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	\$0 (Tier 1)	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	\$0 (Tier 1)	MO
<i>norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	\$0 (Tier 1)	MO
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	\$0 (Tier 1)	MO
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	\$0 (Tier 1)	MO



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	\$0 (Tier 1)	MO
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	\$0 (Tier 1)	MO
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	\$0 (Tier 1)	MO
OGESTREL (28) ORAL TABLET 0.5-50 MG-MCG	\$0 (Tier 1)	MO
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	\$0 (Tier 1)	MO
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	\$0 (Tier 1)	MO
PIRMELLA ORAL TABLET 1-35 MG-MCG	\$0 (Tier 1)	MO
PORTIA ORAL TABLET 0.15-0.03 MG	\$0 (Tier 1)	MO
PREMARIN INJECTION RECON SOLN 25 MG	\$0 (Tier 2)	NDS
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	\$0 (Tier 2)	MO
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	\$0 (Tier 2)	MO
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	\$0 (Tier 2)	MO
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	\$0 (Tier 2)	MO
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	\$0 (Tier 1)	MO
QUARTETTE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	\$0 (Tier 2)	MO
QUASENSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG	\$0 (Tier 1)	MO
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	\$0 (Tier 1)	MO
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG	\$0 (Tier 1)	MO
SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG	\$0 (Tier 1)	MO
SRONYX ORAL TABLET 0.1-20 MG-MCG	\$0 (Tier 1)	MO
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	\$0 (Tier 1)	MO



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	\$0 (Tier 1)	MO
TRINESSA (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	\$0 (Tier 1)	MO
TRI-PREVIFEM (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	\$0 (Tier 1)	MO
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	\$0 (Tier 1)	MO
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	\$0 (Tier 1)	MO
VAGIFEM VAGINAL TABLET 10 MCG	\$0 (Tier 2)	MO
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	\$0 (Tier 1)	MO
VESTURA (28) ORAL TABLET 3-0.02 MG	\$0 (Tier 1)	MO
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	\$0 (Tier 2)	MO
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG	\$0 (Tier 1)	MO
WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)	\$0 (Tier 1)	MO
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	\$0 (Tier 1)	MO
<i>yuvafem vaginal tablet 10 mcg</i>	\$0 (Tier 1)	MO
ZENCHENT (28) ORAL TABLET 0.4-35 MG-MCG	\$0 (Tier 1)	MO
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	\$0 (Tier 1)	MO
ZOVIA 1/50E (28) ORAL TABLET 1-50 MG-MCG	\$0 (Tier 1)	MO
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	\$0 (Tier 1)	MO
Progestins		
CAMILA ORAL TABLET 0.35 MG	\$0 (Tier 1)	MO
DEBLITANE ORAL TABLET 0.35 MG	\$0 (Tier 1)	MO



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DEPO-PROVERA INTRAMUSCULAR SOLUTION 400 MG/ML	\$0 (Tier 2)	MO
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	\$0 (Tier 2)	MO
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	\$0 (Tier 2)	MO
ERRIN ORAL TABLET 0.35 MG	\$0 (Tier 1)	MO
JOLIVETTE ORAL TABLET 0.35 MG	\$0 (Tier 1)	MO
LYZA ORAL TABLET 0.35 MG	\$0 (Tier 1)	MO
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (Tier 1)	MO
MEGACE ES ORAL SUSPENSION 625 MG/5 ML	\$0 (Tier 2)	MO
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml</i>	\$0 (Tier 1)	MO
<i>megestrol oral tablet 20 mg, 40 mg</i>	\$0 (Tier 1)	NDS
NORA-BE ORAL TABLET 0.35 MG	\$0 (Tier 1)	MO
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	\$0 (Tier 1)	MO
<i>norethindrone acetate oral tablet 5 mg</i>	\$0 (Tier 1)	MO
NORLYROC ORAL TABLET 0.35 MG	\$0 (Tier 1)	MO
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	\$0 (Tier 1)	MO
SHAROBEL ORAL TABLET 0.35 MG	\$0 (Tier 1)	MO
Selective Estrogen Receptor Modifying Agents		
<i>raloxifene oral tablet 60 mg</i>	\$0 (Tier 1)	MO
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	\$0 (Tier 1)	MO



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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	\$0 (Tier 2)	MO
<i>liothyronine intravenous solution 10 mcg/ml</i>	\$0 (Tier 1)	NDS
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	\$0 (Tier 1)	MO
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	\$0 (Tier 2)	MO
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG	\$0 (Tier 2)	MO
Hormonal Agents, Suppressant (Parathyroid)		
Hormonal Agents, Suppressant (Parathyroid)		
SENSIPAR ORAL TABLET 30 MG	\$0 (Tier 2)	MO; QL (360 per 30 days)
SENSIPAR ORAL TABLET 60 MG	\$0 (Tier 2)	MO; QL (1892 per 30 days)
SENSIPAR ORAL TABLET 90 MG	\$0 (Tier 2)	MO; QL (120 per 30 days)
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline oral tablet 0.5 mg</i>	\$0 (Tier 1)	MO
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	\$0 (Tier 2)	MO
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	\$0 (Tier 2)	PA NSO; NDS
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	\$0 (Tier 2)	PA NSO; NDS
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	\$0 (Tier 2)	PA NSO; NDS
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	\$0 (Tier 2)	PA NSO; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	\$0 (Tier 2)	PA NSO; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	\$0 (Tier 2)	PA NSO; MO
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	\$0 (Tier 1)	PA; NDS



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	\$0 (Tier 2)	PA NSO; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	\$0 (Tier 2)	PA NSO; NDS; MO
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	\$0 (Tier 2)	PA NSO; NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	\$0 (Tier 2)	PA NSO; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	\$0 (Tier 2)	PA NSO; NDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG	\$0 (Tier 2)	PA BvD; NDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT 15 MG	\$0 (Tier 2)	PA NSO; NDS
<i>octreotide acetate injection solution 1,000 mcg/ml</i>	\$0 (Tier 1)	PA; MO
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 20 MG, 40 MG, 60 MG	\$0 (Tier 2)	PA NSO; MO
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	\$0 (Tier 2)	PA NSO; MO
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 90 MG/0.3 ML	\$0 (Tier 2)	PA NSO; MO
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	\$0 (Tier 2)	PA NSO; MO; QL (0.2 per 28 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG	\$0 (Tier 2)	PA NSO
SOMAVERT SUBCUTANEOUS RECON SOLN 15 MG, 20 MG	\$0 (Tier 2)	PA NSO; MO
SOMAVERT SUBCUTANEOUS RECON SOLN 25 MG, 30 MG	\$0 (Tier 2)	MO
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	\$0 (Tier 2)	NDS
TRELSTAR INTRAMUSCULAR SYRINGE 11.25 MG/2 ML, 22.5 MG/2 ML, 3.75 MG/2 ML	\$0 (Tier 2)	PA NSO; NDS; MO



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Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	MO
<i>propylthiouracil oral tablet 50 mg</i>	\$0 (Tier 1)	MO
Immunological Agents		
Angioedema (Hae) Agents		
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	\$0 (Tier 2)	PA; MO
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	\$0 (Tier 2)	PA; NDS
Immune Suppressants		
ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	\$0 (Tier 2)	PA BvD; MO
AZASAN ORAL TABLET 100 MG, 75 MG	\$0 (Tier 2)	PA BvD; MO
<i>azathioprine oral tablet 50 mg</i>	\$0 (Tier 1)	PA BvD; MO
<i>azathioprine sodium injection recon soln 100 mg</i>	\$0 (Tier 1)	
CELLCEPT INTRAVENOUS INTRAVENOUS RECON SOLN 500 MG	\$0 (Tier 2)	PA NSO; NDS
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML	\$0 (Tier 2)	PA NSO; MO
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	\$0 (Tier 2)	MO
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	\$0 (Tier 2)	MO
<i>cyclosporine intravenous solution 250 mg/5 ml</i>	\$0 (Tier 1)	PA BvD; NDS
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	PA BvD; MO
<i>cyclosporine modified oral solution 100 mg/ml</i>	\$0 (Tier 1)	PA BvD; MO
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	\$0 (Tier 1)	PA BvD; MO
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	\$0 (Tier 2)	PA; MO
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51), 50 MG/ML (0.98 ML)	\$0 (Tier 2)	PA; MO



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (0.98 ML)	\$0 (Tier 2)	PA; MO
GENGRAF ORAL CAPSULE 100 MG, 25 MG	\$0 (Tier 1)	PA BvD; MO
GENGRAF ORAL CAPSULE 50 MG	\$0 (Tier 2)	MO
GENGRAF ORAL SOLUTION 100 MG/ML	\$0 (Tier 1)	PA BvD; MO
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	\$0 (Tier 2)	MO
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (6 PACK)	\$0 (Tier 2)	
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0 (Tier 2)	PA; MO
HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0 (Tier 2)	MO
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	\$0 (Tier 2)	PA; MO
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML	\$0 (Tier 2)	MO
HUMIRA SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML	\$0 (Tier 2)	PA; MO
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	\$0 (Tier 2)	PA; MO
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	\$0 (Tier 1)	PA BvD; NDS
<i>methotrexate sodium oral tablet 2.5 mg</i>	\$0 (Tier 1)	PA BvD; MO
<i>mycophenolate mofetil hcl intravenous recon soln 500 mg</i>	\$0 (Tier 1)	
<i>mycophenolate mofetil oral capsule 250 mg</i>	\$0 (Tier 1)	PA BvD; MO
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	\$0 (Tier 1)	PA BvD; MO
<i>mycophenolate mofetil oral tablet 500 mg</i>	\$0 (Tier 1)	PA BvD; MO
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	\$0 (Tier 1)	PA BvD; MO
MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC) 180 MG, 360 MG	\$0 (Tier 2)	PA BvD; MO



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NEORAL ORAL CAPSULE 100 MG, 25 MG	\$0 (Tier 2)	PA BvD; MO
NEORAL ORAL SOLUTION 100 MG/ML	\$0 (Tier 2)	PA BvD; MO
NULOJIX INTRAVENOUS RECON SOLN 250 MG	\$0 (Tier 2)	PA; MO
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	\$0 (Tier 2)	MO
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	\$0 (Tier 2)	PA; MO
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	\$0 (Tier 2)	PA BvD; NDS
RAPAMUNE ORAL SOLUTION 1 MG/ML	\$0 (Tier 2)	PA BvD; MO
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	\$0 (Tier 2)	PA BvD; MO
REMICADE INTRAVENOUS RECON SOLN 100 MG	\$0 (Tier 2)	PA; MO
SANDIMMUNE INTRAVENOUS SOLUTION 250 MG/5 ML	\$0 (Tier 2)	PA BvD; NDS
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	\$0 (Tier 2)	PA BvD; MO
SANDIMMUNE ORAL SOLUTION 100 MG/ML	\$0 (Tier 2)	PA BvD; MO
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	\$0 (Tier 2)	PA; MO
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (Tier 1)	PA BvD; MO
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	\$0 (Tier 1)	PA BvD; MO
TREXALL ORAL TABLET 10 MG, 5 MG, 7.5 MG	\$0 (Tier 2)	PA BvD; MO
XELJANZ ORAL TABLET 5 MG	\$0 (Tier 2)	MO
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG	\$0 (Tier 2)	MO
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	\$0 (Tier 2)	PA NSO; MO
Immunizing Agents, Passive		
ATGAM INTRAVENOUS SOLUTION 50 MG/ML	\$0 (Tier 2)	PA BvD; NDS
BIVIGAM INTRAVENOUS SOLUTION 10 %	\$0 (Tier 2)	PA; MO
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 6 GRAM	\$0 (Tier 2)	PA; MO



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FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %	\$0 (Tier 2)	PA BvD; MO
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE	\$0 (Tier 2)	PA BvD; NDS
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	\$0 (Tier 2)	PA; MO
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	\$0 (Tier 2)	PA BvD; MO
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	\$0 (Tier 2)	PA BvD; MO
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	\$0 (Tier 2)	PA BvD; MO
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	\$0 (Tier 2)	PA BvD; MO
PRIVIGEN INTRAVENOUS SOLUTION 10 %	\$0 (Tier 2)	PA; MO
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG	\$0 (Tier 2)	NDS
Immunomodulators		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	\$0 (Tier 2)	
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	\$0 (Tier 2)	MO
BENLYSTA INTRAVENOUS RECON SOLN 120 MG	\$0 (Tier 2)	PA; MO
ILARIS (PF) SUBCUTANEOUS RECON SOLN 180 MG/1.2 ML (150 MG/ML)	\$0 (Tier 2)	MO
<i>leflunomide oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	MO
OTEZLA ORAL TABLET 30 MG	\$0 (Tier 2)	MO
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	\$0 (Tier 2)	NDS
RIDAURA ORAL CAPSULE 3 MG	\$0 (Tier 2)	MO
SIMULECT INTRAVENOUS RECON SOLN 20 MG	\$0 (Tier 2)	PA; NDS
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML	\$0 (Tier 2)	PA; NDS
Vaccines		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	\$0 (Tier 2)	NDS



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ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	\$0 (Tier 2)	NDS
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	\$0 (Tier 2)	NDS
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	\$0 (Tier 2)	NDS
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	\$0 (Tier 2)	NDS
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	\$0 (Tier 2)	NDS
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	\$0 (Tier 2)	PA BvD; NDS
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.5 ML	\$0 (Tier 2)	PA BvD; NDS
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	\$0 (Tier 2)	PA BvD
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	\$0 (Tier 2)	NDS
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	\$0 (Tier 2)	NDS
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	\$0 (Tier 2)	NDS
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	\$0 (Tier 2)	NDS
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	\$0 (Tier 2)	PA BvD; NDS
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML	\$0 (Tier 2)	NDS
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	\$0 (Tier 2)	NDS
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	\$0 (Tier 2)	NDS
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	\$0 (Tier 2)	NDS
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	\$0 (Tier 2)	NDS



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M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	\$0 (Tier 2)	NDS
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	\$0 (Tier 2)	NDS
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	\$0 (Tier 2)	NDS
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	\$0 (Tier 2)	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	\$0 (Tier 2)	NDS
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	\$0 (Tier 2)	PA BvD; NDS
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	\$0 (Tier 2)	PA BvD; NDS
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	\$0 (Tier 2)	NDS
ROTATEQ VACCINE ORAL SOLUTION 2 ML	\$0 (Tier 2)	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	\$0 (Tier 2)	NDS
<i>tetanus, diphtheria tox ped(pf) intramuscular suspension 5-25 lf unit/0.5 ml</i>	\$0 (Tier 2)	NDS
<i>tetanus-diphtheria toxoids-td intramuscular suspension 2-2 lf unit/0.5 ml</i>	\$0 (Tier 1)	
TWINRIX (PF) INTRAMUSCULAR SUSPENSION 720 ELISA UNIT -20 MCG/ML	\$0 (Tier 2)	NDS
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	\$0 (Tier 2)	NDS
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	\$0 (Tier 2)	NDS
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	\$0 (Tier 2)	NDS
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	\$0 (Tier 2)	NDS



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YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	\$0 (Tier 2)	NDS
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	\$0 (Tier 2)	NDS; QL (1 per 999 days)
Inflammatory Bowel Disease Agents		
Aminosalicylates		
APRISO ORAL CAPSULE, EXTENDED RELEASE 24HR 0.375 GRAM	\$0 (Tier 2)	MO
ASACOL HD ORAL TABLET, DELAYED RELEASE (DR/EC) 800 MG	\$0 (Tier 2)	MO
<i>balsalazide oral capsule 750 mg</i>	\$0 (Tier 1)	NDS
CANASA RECTAL SUPPOSITORY 1,000 MG	\$0 (Tier 2)	MO
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG	\$0 (Tier 2)	MO
DIPENTUM ORAL CAPSULE 250 MG	\$0 (Tier 2)	MO
GIAZO ORAL TABLET 1.1 GRAM	\$0 (Tier 2)	NDS
LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2 GRAM	\$0 (Tier 2)	MO
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram, 800 mg</i>	\$0 (Tier 1)	MO
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	\$0 (Tier 1)	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	\$0 (Tier 2)	MO
Glucocorticoids		
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	\$0 (Tier 1)	NDS
COLOCORT RECTAL ENEMA 100 MG/60 ML	\$0 (Tier 1)	NDS
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	\$0 (Tier 1)	NDS
UCERIS ORAL TABLET, DELAYED AND EXT. RELEASE 9 MG	\$0 (Tier 2)	NDS
Sulfonamides		
<i>sulfasalazine oral tablet 500 mg</i>	\$0 (Tier 1)	MO



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<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	\$0 (Tier 1)	MO
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
ACTONEL ORAL TABLET 30 MG	\$0 (Tier 2)	ST; NDS
<i>alendronate oral tablet 10 mg, 40 mg, 5 mg</i>	\$0 (Tier 1)	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	\$0 (Tier 1)	MO; QL (4 per 28 days)
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	\$0 (Tier 1)	MO
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	\$0 (Tier 1)	MO
<i>calcitriol oral solution 1 mcg/ml</i>	\$0 (Tier 1)	PA BvD; MO
<i>doxercalciferol intravenous solution 4 mcg/2 ml</i>	\$0 (Tier 1)	MO
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	\$0 (Tier 1)	MO
<i>etidronate disodium oral tablet 200 mg, 400 mg</i>	\$0 (Tier 1)	MO
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML	\$0 (Tier 2)	PA; MO; QL (2.4 per 28 days)
FOSAMAX PLUS D ORAL TABLET 70 MG-2,800 UNIT, 70 MG- 5,600 UNIT	\$0 (Tier 2)	MO; QL (4 per 28 days)
<i>ibandronate intravenous solution 3 mg/3 ml</i>	\$0 (Tier 1)	MO
<i>ibandronate oral tablet 150 mg</i>	\$0 (Tier 1)	MO
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	\$0 (Tier 2)	NDS
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	\$0 (Tier 2)	MO
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	\$0 (Tier 1)	NDS
<i>paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml</i>	\$0 (Tier 1)	MO
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	\$0 (Tier 1)	MO
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	\$0 (Tier 2)	PA; MO
<i>risedronate oral tablet 150 mg</i>	\$0 (Tier 1)	MO; QL (1 per 28 days)



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<i>risedronate oral tablet 30 mg</i>	\$0 (Tier 1)	NDS; QL (30 per 30 days)
<i>risedronate oral tablet 35 mg</i>	\$0 (Tier 1)	MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	\$0 (Tier 1)	MO; QL (30 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	\$0 (Tier 2)	PA; NDS
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	\$0 (Tier 1)	PA BvD; NDS; MO
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	\$0 (Tier 1)	PA; NDS

Miscellaneous Therapeutic Agents

Miscellaneous Therapeutic Agents

<i>alcohol pads topical pads, medicated</i>	\$0 (Tier 1)	NDS
<i>assure id insulin safety syringe 1 ml 29 gauge x 1/2"</i>	\$0 (Tier 1)	MO
<i>fomepizole intravenous solution 1 gram/ml</i>	\$0 (Tier 1)	NDS
<i>gauze pad topical bandage 2 x 2 "</i>	\$0 (Tier 1)	NDS; QL (100 per 30 days)
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 1 ml 29 gauge x 1/2", 1/2 ml 28 gauge</i>	\$0 (Tier 1)	NDS; MO; QL (200 per 30 days)
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	\$0 (Tier 2)	MO
<i>pen needle, diabetic needle 29 gauge x 1/2"</i>	\$0 (Tier 1)	NDS; MO; QL (200 per 30 days)
<i>water for irrigation, sterile irrigation solution</i>	\$0 (Tier 1)	NDS

Ophthalmic Agents

Ophthalmic Agents, Other

<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	\$0 (Tier 1)	NDS
BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION 10-0.2 %	\$0 (Tier 2)	NDS
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	\$0 (Tier 2)	NDS
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	\$0 (Tier 2)	MO
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG	\$0 (Tier 2)	NDS
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	\$0 (Tier 1)	NDS



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<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	\$0 (Tier 1)	NDS
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	\$0 (Tier 1)	NDS
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	\$0 (Tier 1)	NDS
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	\$0 (Tier 1)	NDS
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	\$0 (Tier 1)	NDS
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	\$0 (Tier 1)	NDS
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	\$0 (Tier 2)	MO
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	\$0 (Tier 2)	NDS
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	\$0 (Tier 1)	NDS
Ophthalmic Anti-Allergy Agents		
ALOCRILOPHTHALMIC (EYE) DROPS 2 %	\$0 (Tier 2)	NDS
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	\$0 (Tier 1)	NDS
<i>cromolyn ophthalmic (eye) drops 4 %</i>	\$0 (Tier 1)	NDS
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	\$0 (Tier 1)	NDS
<i>olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %</i>	\$0 (Tier 1)	
PATADAY OPHTHALMIC (EYE) DROPS 0.2 %	\$0 (Tier 2)	NDS
PATANOL OPHTHALMIC (EYE) DROPS 0.1 %	\$0 (Tier 2)	NDS
Ophthalmic Antiglaucoma Agents		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	\$0 (Tier 2)	MO
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	\$0 (Tier 2)	MO
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	\$0 (Tier 1)	MO
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	\$0 (Tier 2)	MO



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BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	\$0 (Tier 2)	MO
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	\$0 (Tier 1)	MO
<i>carteolol ophthalmic (eye) drops 1 %</i>	\$0 (Tier 1)	MO
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	\$0 (Tier 2)	MO
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	\$0 (Tier 1)	MO
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	\$0 (Tier 1)	MO
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	\$0 (Tier 2)	NDS
IOPIDINE OPHTHALMIC (EYE) DROPS 0.5 %	\$0 (Tier 1)	NDS
ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY 0.5 %	\$0 (Tier 1)	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	\$0 (Tier 1)	MO
<i>methazolamide oral tablet 25 mg, 50 mg</i>	\$0 (Tier 1)	MO
<i>metipranolol ophthalmic (eye) drops 0.3 %</i>	\$0 (Tier 1)	MO
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	\$0 (Tier 1)	MO
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	\$0 (Tier 1)	MO
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	\$0 (Tier 1)	MO
Ophthalmic Anti-Inflammatories		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	\$0 (Tier 2)	NDS
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	\$0 (Tier 1)	NDS
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	\$0 (Tier 1)	NDS
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	\$0 (Tier 2)	NDS
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	\$0 (Tier 1)	NDS
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	\$0 (Tier 1)	NDS



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FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	\$0 (Tier 2)	NDS
FML S.O.P. OPHTHALMIC (EYE) OINTMENT 0.1 %	\$0 (Tier 2)	NDS
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	\$0 (Tier 2)	NDS
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	\$0 (Tier 1)	NDS
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	\$0 (Tier 2)	NDS
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 %	\$0 (Tier 2)	NDS
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	\$0 (Tier 2)	NDS
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	\$0 (Tier 2)	NDS
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	\$0 (Tier 2)	NDS
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	\$0 (Tier 2)	NDS
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	\$0 (Tier 1)	NDS
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	\$0 (Tier 1)	NDS
Ophthalmic Prostaglandin And Prostamide Analogs		
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	\$0 (Tier 1)	MO
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	\$0 (Tier 1)	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	\$0 (Tier 2)	MO
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	\$0 (Tier 2)	MO
Otic Agents		
Otic Agents		
<i>acetic acid otic (ear) solution 2 %</i>	\$0 (Tier 1)	NDS
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	\$0 (Tier 2)	NDS
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %	\$0 (Tier 2)	NDS



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	\$0 (Tier 1)	NDS
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	\$0 (Tier 1)	NDS
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	\$0 (Tier 1)	NDS
Respiratory Tract/Pulmonary Agents		
Antihistamines		
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	\$0 (Tier 1)	MO
<i>azelastine nasal spray,non-aerosol 0.15 % (205.5 mcg)</i>	\$0 (Tier 1)	MO
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	\$0 (Tier 1)	NDS
<i>carbinoxamine maleate oral tablet 4 mg</i>	\$0 (Tier 1)	NDS
<i>cetirizine oral solution 1 mg/ml</i>	\$0 (Tier 1)	NDS
<i>clemastine oral tablet 2.68 mg</i>	\$0 (Tier 1)	NDS
<i>cyproheptadine oral tablet 4 mg</i>	\$0 (Tier 1)	
<i>desloratadine oral tablet 5 mg</i>	\$0 (Tier 1)	MO
<i>desloratadine oral tablet,disintegrating 2.5 mg, 5 mg</i>	\$0 (Tier 1)	MO
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	\$0 (Tier 1)	NDS
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	\$0 (Tier 1)	NDS
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	\$0 (Tier 1)	PA NSO; NDS
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	PA NSO; NDS
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	PA NSO; NDS
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	\$0 (Tier 1)	MO
<i>levocetirizine oral tablet 5 mg</i>	\$0 (Tier 1)	MO
<i>promethazine oral syrup 6.25 mg/5 ml</i>	\$0 (Tier 1)	PA NSO; NDS
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	PA NSO; NDS



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
Anti-Inflammatories, Inhaled Corticosteroids		
BECONASE AQ NASAL SPRAY, NON-AEROSOL 42 MCG (0.042 %)	\$0 (Tier 2)	MO
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	\$0 (Tier 1)	PA BvD; MO
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION	\$0 (Tier 2)	MO
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	\$0 (Tier 1)	MO
<i>fluticasone nasal spray, suspension 50 mcg/actuation</i>	\$0 (Tier 1)	MO
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	\$0 (Tier 2)	MO
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML	\$0 (Tier 2)	PA BvD; MO
QVAR INHALATION AEROSOL 40 MCG/ACTUATION, 80 MCG/ACTUATION	\$0 (Tier 2)	MO
Antileukotrienes		
<i>montelukast oral granules in packet 4 mg</i>	\$0 (Tier 1)	MO
<i>montelukast oral tablet 10 mg</i>	\$0 (Tier 1)	MO
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	\$0 (Tier 1)	MO
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	MO
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	\$0 (Tier 2)	MO
<i>ipratropium bromide inhalation solution 0.02 %</i>	\$0 (Tier 1)	PA BvD; MO
<i>ipratropium bromide nasal spray, non-aerosol 0.03 %</i>	\$0 (Tier 1)	MO
<i>ipratropium bromide nasal spray, non-aerosol 0.06 %</i>	\$0 (Tier 1)	NDS; MO
SPIRIVA RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	\$0 (Tier 2)	MO



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SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	\$0 (Tier 2)	MO
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	\$0 (Tier 2)	MO
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION (30 ACTUAT)	\$0 (Tier 2)	
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)</i>	\$0 (Tier 1)	PA BvD; MO
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	\$0 (Tier 1)	MO
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	\$0 (Tier 1)	MO
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	\$0 (Tier 1)	MO
ARCAPTA NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 75 MCG	\$0 (Tier 2)	MO
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	\$0 (Tier 2)	PA BvD; MO
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i>	\$0 (Tier 1)	NDS
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i>	\$0 (Tier 1)	
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	\$0 (Tier 2)	NDS
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	\$0 (Tier 2)	NDS
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	\$0 (Tier 1)	PA BvD; MO
<i>metaproterenol oral syrup 10 mg/5 ml</i>	\$0 (Tier 1)	MO
<i>metaproterenol oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	MO
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	\$0 (Tier 2)	PA BvD; MO
PROAIR HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	\$0 (Tier 2)	MO



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PROVENTIL HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	\$0 (Tier 2)	MO
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	\$0 (Tier 2)	MO
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	\$0 (Tier 1)	MO
<i>terbutaline subcutaneous solution 1 mg/ml</i>	\$0 (Tier 1)	NDS
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	\$0 (Tier 2)	MO
XOPENEX HFA INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	\$0 (Tier 2)	MO
Cystic Fibrosis Agents		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	\$0 (Tier 2)	NDS
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	\$0 (Tier 2)	MO
KALYDECO ORAL TABLET 150 MG	\$0 (Tier 2)	PA; MO
ORKAMBI ORAL TABLET 200-125 MG	\$0 (Tier 2)	MO
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	\$0 (Tier 1)	PA NSO; MO
Phosphodiesterase Inhibitors, Airways Disease		
<i>aminophylline intravenous solution 250 mg/10 ml</i>	\$0 (Tier 1)	NDS
DALIRESP ORAL TABLET 500 MCG	\$0 (Tier 2)	PA; MO
<i>theophylline oral solution 80 mg/15 ml</i>	\$0 (Tier 1)	MO
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	\$0 (Tier 1)	MO
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	\$0 (Tier 1)	MO
Pulmonary Antihypertensives		
ADCIRCA ORAL TABLET 20 MG	\$0 (Tier 2)	PA; MO
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	\$0 (Tier 2)	PA; MO
LETAIRIS ORAL TABLET 10 MG, 5 MG	\$0 (Tier 2)	PA; MO
OPSUMIT ORAL TABLET 10 MG	\$0 (Tier 2)	PA; MO
<i>sildenafil (antihypertensive) oral tablet 20 mg</i>	\$0 (Tier 1)	PA; NDS; MO
TRACLEER ORAL TABLET 125 MG, 62.5 MG	\$0 (Tier 2)	PA; LA; MO



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UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	\$0 (Tier 2)	MO
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	\$0 (Tier 2)	PA BvD; MO
Respiratory Tract Agents, Other		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	\$0 (Tier 1)	PA BvD; NDS
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	\$0 (Tier 2)	MO
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	\$0 (Tier 2)	MO
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	\$0 (Tier 2)	MO
ARALAST NP INTRAVENOUS RECON SOLN 500 MG	\$0 (Tier 2)	MO
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	\$0 (Tier 2)	MO
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	\$0 (Tier 2)	MO
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	\$0 (Tier 1)	PA BvD; MO
ESBRIET ORAL CAPSULE 267 MG	\$0 (Tier 2)	PA NSO; MO
<i>fluticasone-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	\$0 (Tier 1)	MO
GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %)	\$0 (Tier 2)	MO
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	\$0 (Tier 1)	PA BvD; MO
OFEV ORAL CAPSULE 100 MG, 150 MG	\$0 (Tier 2)	MO
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	\$0 (Tier 2)	PA; MO
<i>promethazine vc oral syrup 6.25-5 mg/5 ml</i>	\$0 (Tier 1)	NDS



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PULMOZYME INHALATION SOLUTION 1 MG/ML	\$0 (Tier 2)	PA BvD; MO
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	\$0 (Tier 2)	ST; MO
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	\$0 (Tier 2)	PA; MO
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	\$0 (Tier 2)	PA; MO

Skeletal Muscle Relaxants

Skeletal Muscle Relaxants

<i>baclofen oral tablet 10 mg, 20 mg</i>	\$0 (Tier 1)	MO
<i>carisoprodol oral tablet 350 mg</i>	\$0 (Tier 1)	PA NSO; NDS; QL (120 per 30 days)
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	\$0 (Tier 1)	NDS; QL (240 per 30 days)
<i>chlorzoxazone oral tablet 500 mg</i>	\$0 (Tier 1)	NDS
<i>cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg</i>	\$0 (Tier 1)	PA NSO; NDS
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (Tier 1)	MO
METAXALL ORAL TABLET 800 MG	\$0 (Tier 1)	NDS
<i>metaxalone oral tablet 400 mg, 800 mg</i>	\$0 (Tier 1)	NDS
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	\$0 (Tier 1)	PA NSO; NDS
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	\$0 (Tier 1)	PA NSO; NDS
<i>tizanidine oral tablet 2 mg, 4 mg</i>	\$0 (Tier 1)	MO

Sleep Disorder Agents

Gaba Receptor Modulators

<i>estazolam oral tablet 1 mg, 2 mg</i>	\$0 (Tier 1)	NDS
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	\$0 (Tier 1)	NDS
<i>triazolam oral tablet 0.125 mg</i>	\$0 (Tier 1)	NDS
<i>zaleplon oral capsule 10 mg, 5 mg</i>	\$0 (Tier 1)	NDS
<i>zolpidem oral tablet 10 mg, 5 mg</i>	\$0 (Tier 1)	PA NSO; NDS
<i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i>	\$0 (Tier 1)	PA NSO; NDS



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Sleep Disorders, Other		
HETLIOZ ORAL CAPSULE 20 MG	\$0 (Tier 2)	PA NSO; MO
<i>modafinil oral tablet 100 mg, 200 mg</i>	\$0 (Tier 1)	PA; MO
ROZEREM ORAL TABLET 8 MG	\$0 (Tier 2)	NDS; QL (30 per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	\$0 (Tier 2)	LA; NDS
Therapeutic Nutrients/Minerals/Electrolytes		
Electrolyte/Mineral Modifiers		
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	\$0 (Tier 2)	PA; LA; MO
FERRIPROX ORAL TABLET 500 MG	\$0 (Tier 2)	PA; NDS
KIONEX ORAL POWDER	\$0 (Tier 1)	NDS
<i>sodium polystyrene (sorb free) oral suspension 15 gram/60 ml</i>	\$0 (Tier 1)	NDS
SYPRINE ORAL CAPSULE 250 MG	\$0 (Tier 2)	NDS
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	\$0 (Tier 2)	MO
Electrolyte/Mineral Replacement		
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	\$0 (Tier 2)	PA NSO; MO
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	\$0 (Tier 1)	PA BvD; NDS
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	\$0 (Tier 1)	PA BvD; NDS
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	\$0 (Tier 1)	PA BvD; NDS
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	\$0 (Tier 1)	PA BvD; NDS
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	\$0 (Tier 1)	PA BvD; NDS
<i>dextrose 5 %-lactated ringers intravenous parenteral solution</i>	\$0 (Tier 1)	PA BvD; NDS
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	\$0 (Tier 1)	PA BvD; NDS
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	\$0 (Tier 1)	PA BvD; NDS
<i>dextrose with sodium chloride intravenous parenteral solution 5-0.2 %</i>	\$0 (Tier 1)	PA BvD; NDS



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<i>dextrose-kcl-nacl intravenous solution 5-0.224-0.225 %</i>	\$0 (Tier 1)	NDS
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 (Tier 2)	NDS
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	\$0 (Tier 2)	NDS
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	\$0 (Tier 1)	MO
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	\$0 (Tier 1)	MO
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ	\$0 (Tier 1)	MO
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ	\$0 (Tier 1)	MO
KLOR-CON SPRINKLE ORAL CAPSULE, EXTENDED RELEASE 10 MEQ, 8 MEQ	\$0 (Tier 1)	MO
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ, 8 MEQ	\$0 (Tier 1)	MO
<i>magnesium sulfate injection solution 4 meq/ml (50 %)</i>	\$0 (Tier 1)	NDS
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	\$0 (Tier 2)	NDS
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 (Tier 2)	NDS
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	\$0 (Tier 2)	NDS
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i>	\$0 (Tier 1)	NDS
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	\$0 (Tier 1)	NDS
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 40 meq/l</i>	\$0 (Tier 1)	NDS
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	\$0 (Tier 1)	NDS
<i>potassium chloride intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml</i>	\$0 (Tier 1)	NDS



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>potassium chloride intravenous solution 2 meq/ml</i>	\$0 (Tier 1)	NDS
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	\$0 (Tier 1)	MO
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	\$0 (Tier 1)	MO
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	\$0 (Tier 1)	MO
<i>potassium chloride oral tablet, er particles/crystals 10 meq, 20 meq</i>	\$0 (Tier 1)	MO
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	\$0 (Tier 1)	NDS
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	\$0 (Tier 1)	NDS
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	\$0 (Tier 1)	NDS
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	\$0 (Tier 1)	NDS
<i>ringer's intravenous parenteral solution</i>	\$0 (Tier 1)	NDS
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	\$0 (Tier 1)	PA BvD; NDS
<i>sodium chloride 0.9 % intravenous parenteral solution 0.9 %</i>	\$0 (Tier 1)	PA BvD; NDS
<i>sodium chloride 3 % intravenous parenteral solution 3 %</i>	\$0 (Tier 1)	PA BvD; NDS
<i>sodium chloride 5 % intravenous parenteral solution 5 %</i>	\$0 (Tier 1)	PA BvD; NDS
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml</i>	\$0 (Tier 1)	PA BvD; NDS
<i>sodium chloride irrigation solution 0.9 %</i>	\$0 (Tier 1)	NDS
<i>sodium lactate intravenous solution 5 meq/ml</i>	\$0 (Tier 1)	NDS
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	\$0 (Tier 2)	
TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML	\$0 (Tier 2)	NDS
Therapeutic Nutrients/Minerals/Electrolytes		
AMINO ACIDS 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	\$0 (Tier 1)	PA BvD; NDS



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 7 %	\$0 (Tier 1)	PA BvD; NDS
AMINOSYN 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	\$0 (Tier 1)	PA BvD; NDS
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	\$0 (Tier 1)	PA BvD; NDS
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	\$0 (Tier 1)	PA BvD; NDS
AMINOSYN II 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	\$0 (Tier 1)	PA BvD; NDS
AMINOSYN II 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	\$0 (Tier 1)	PA BvD; NDS
AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION 7 %	\$0 (Tier 1)	PA BvD; NDS
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	\$0 (Tier 1)	PA BvD; NDS
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	\$0 (Tier 1)	PA BvD; NDS
AMINOSYN-RF 5.2 % INTRAVENOUS PARENTERAL SOLUTION 5.2 %	\$0 (Tier 1)	PA BvD; NDS
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 (Tier 2)	PA BvD; NDS
CLINIMIX 5%/D25W SULFITE-FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 (Tier 2)	PA BvD; NDS
CLINIMIX 2.75%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	\$0 (Tier 2)	PA BvD; NDS
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	\$0 (Tier 2)	PA BvD; NDS
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	\$0 (Tier 2)	PA BvD; NDS



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CLINIMIX 4.25%-D20W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	\$0 (Tier 2)	PA BvD; NDS
CLINIMIX 4.25%-D25W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	\$0 (Tier 2)	PA BvD; NDS
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 (Tier 2)	PA BvD; NDS
CLINIMIX E 2.75%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	\$0 (Tier 2)	PA BvD; NDS
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	\$0 (Tier 2)	PA BvD; NDS
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	\$0 (Tier 2)	PA BvD; NDS
CLINIMIX E 4.25%/D25W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	\$0 (Tier 2)	PA BvD; NDS
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	\$0 (Tier 2)	PA BvD; NDS
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 (Tier 2)	PA BvD; NDS
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 (Tier 2)	PA BvD; NDS
CLINIMIX E 5%/D25W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	\$0 (Tier 2)	PA BvD; NDS
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	\$0 (Tier 2)	PA BvD; NDS
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	\$0 (Tier 1)	PA BvD; NDS
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	\$0 (Tier 1)	PA BvD; NDS
FREAMINE HBC 6.9 % INTRAVENOUS PARENTERAL SOLUTION 6.9 %	\$0 (Tier 2)	PA BvD; NDS



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HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 %	\$0 (Tier 2)	PA BvD; NDS
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	\$0 (Tier 1)	PA BvD; MO
<i>levocarnitine oral tablet 330 mg</i>	\$0 (Tier 1)	PA BvD; MO
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION 5.4 %	\$0 (Tier 2)	PA BvD; NDS
NUTRILIPID INTRAVENOUS EMULSION 20 %	\$0 (Tier 1)	PA BvD; NDS
PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	\$0 (Tier 2)	PA BvD; NDS
PREMASOL 6 % INTRAVENOUS PARENTERAL SOLUTION 6 %	\$0 (Tier 2)	PA BvD; NDS
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	\$0 (Tier 2)	MO
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	\$0 (Tier 2)	PA BvD; NDS
<i>ringer's irrigation solution</i>	\$0 (Tier 1)	NDS
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	\$0 (Tier 2)	PA BvD; NDS
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	\$0 (Tier 2)	PA BvD; NDS
TROPHAMINE 6% INTRAVENOUS PARENTERAL SOLUTION 6 %	\$0 (Tier 2)	PA BvD; NDS



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<i>cevimeline</i>	78	CLINIMIX 5%/D25W	<i>colestipol</i>	74	
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<i>dantrolene</i>	115	<i>dextrose 5 % in water (d5w)</i> 120	<i>doxycycline monohydrate</i>	29
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