

CCA One Care (Medicare-Medicaid Plan)

Lista de medicamentos cubiertos para 2025 (Formulario)



**LEA ESTO: ESTE DOCUMENTO CONTIENE
INFORMACIÓN SOBRE LOS MEDICAMENTOS QUE
CUBRIMOS EN ESTE PLAN.**

Para obtener información más reciente o si tiene otras preguntas, comuníquese con Servicios para los Miembros de CCA One Care al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana, o visite ccama.org.

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CCA One Care (Medicare-Medicaid Plan) | Lista de medicamentos cubiertos para 2025 (Drug List or Formulary)

Introducción

Este documento se llama *Lista de medicamentos cubiertos* (también conocida como Lista de medicamentos). En este documento se explica qué medicamentos con receta y productos no farmacológicos están cubiertos por CCA One Care. En la *Lista de medicamentos* también se informa si existen normas o restricciones especiales sobre los medicamentos cubiertos por CCA One Care. Los términos clave y sus definiciones aparecen en el último capítulo del *Manual del miembro*.

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Si tiene preguntas, llame a CCA One Care al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita. **Para obtener más información**, visite ccama.org.

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Se actualizó el 06/01/2025

A.Descargos de responsabilidad

Esta es una lista de medicamentos que los miembros pueden obtener en CCA One Care.

- ❖ CCA One Care (Medicare-Medicaid Plan) es un plan de salud que tiene contratos con Medicare y MassHealth para proporcionar los beneficios de ambos programas a los inscritos. La inscripción depende de la renovación del contrato.
- ❖ Cuando en este documento se dice “nosotros”, “nos” o “nuestro/a”, se hace referencia a Commonwealth Care Alliance, Inc. Cuando se dice “plan” o “nuestro plan”, se hace referencia a CCA One Care.
- ❖ En la Mancomunidad de Massachusetts, Commonwealth Care Alliance, Inc. opera como Commonwealth Care Alliance Massachusetts (CCA).
- ❖ **Concientización sobre la recuperación del patrimonio:** la ley federal exige que MassHealth recupere dinero de los patrimonios de determinados miembros de MassHealth que sean mayores de 55 años y miembros de cualquier edad que estén recibiendo atención a largo plazo en un hogar de convalecencia u otra institución médica. Para obtener más información sobre la recuperación del patrimonio de MassHealth, visite www.mass.gov/estaterecovery.
- ❖ La Lista de medicamentos cubiertos puede cambiar en cualquier momento. Recibirá un aviso cuando sea necesario.



Si tiene preguntas, llame a CCA One Care al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita. **Para obtener más información**, visite ccama.org.

Se actualizó el 06/01/2025.

- ❖ Los beneficios pueden cambiar el 1 de enero de cada año.
- ❖ Siempre puede consultar la Lista de medicamentos cubiertos actualizada de CCA One Care en línea en ccama.org o llamando al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana.
- ❖ Se pueden aplicar limitaciones y restricciones. Para obtener más información, llame a Servicios para los Miembros de CCA o lea el **Manual del miembro de CCA One Care**.
- ❖ Puede obtener este documento de forma gratuita en otros formatos, como letra grande, braille o audio. Llame al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita.
- ❖ Este documento está disponible de forma gratuita en inglés.
- ❖ **ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call 866-610-2273 (**TTY 711**), 8 am to 8 pm, 7 days a week. The call is free.
- ❖ Para las comunicaciones futuras, conservaremos en nuestros registros su solicitud de formatos alternativos e idiomas especiales. Comuníquese con Servicios para los Miembros para cambiar su solicitud por un idioma o formato preferido.



Servicios de intérprete en varios idiomas

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-610-2273 (TTY 711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-610-2273 (TTY 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-866-610-2273 (TTY 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-866-610-2273 (TTY 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-610-

2273 (TTY 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-610-2273 (TTY 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-866-610-2273 (TTY 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-610-2273 (TTY 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-610-2273 (TTY 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами

переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-610-2273 (телетайп 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Árabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-866-610-2273 (رقم هاتف الصم والبكم 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-610-2273 (TTY 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-610-2273 (TTY 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-610-2273 (TTY 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-610-2273 (TTY 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-610-2273 (TTY 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、
1-866-610-2273 (TTY 711) にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

Gujarati: અમારી આરોગ્ય અથવા દવાની યોજના વિશે તમને હોય તેવા કોઈપણ પ્રશ્નોના જવાબ આપવા માટે અમારી પાસે મફત દુભાષિયા સેવાઓ છે. દુભાષિયા મેળવવા માટે, અમને ફક્ત 1-866-610-2273 (TTY 711) પર કોલ કરો. અંગ્રેજી/ગુજરાતી બોલતી વ્યક્તિ તમને મદદ કરી શકે છે. આ એક મફત સેવા છે.

Lao/Laotian:

ພວກເຮົາມີບໍລິການລ່າມແປພາສາໂດຍບໍ່ເສຍຄ່າເພື່ອຕອບທຸກຄໍາຖາມທີ່ທ່ານອາດມີກ່ຽວກັບແຜນສຸຂະພາບ ຫຼື ແຜນຢາຂອງພວກເຮົາ. ເພື່ອຂໍລ່າມແປພາສາ, ພຽງໃຫຫາພວກເຮົາທີ່ເບີ 1-866-610-2273

(TTY 711). ຈະມີຜູ້ທີ່ເວົ້າພາສາອັງກິດ/ລາວຊ່ວຍທ່ານໄດ້.
ນີ້ແມ່ນການບໍລິການບໍ່ເສັຍຄ່າ.

Cambodian: ເພີ່ມມາສາຍພົວພັນກັບບັນດາຜູ້ທີ່ມີຄວາມສ່ຽງສູງ
ເພື່ອຊ່ວຍສູນເສຍສິດທິມະນຸດໃນລະຫວ່າງການກວດກາ ຫຼື
ຜ່ານການສູນເສຍສິດທິມະນຸດ. ເພື່ອຮຽນຮູ້ເພີ່ມເຕີມກ່ຽວກັບ
ການສູນເສຍສິດທິມະນຸດ ຫຼື ການກວດກາ ຫຼື ການສູນເສຍສິດທິມະນຸດ
ສູນເສຍສິດທິມະນຸດ ເພີ່ມເຕີມຕາມເລຂາ 1-866-610-2273 (TTY
711) ຯ

ສາຍພົວພັນທີ່ມີຄວາມສ່ຽງສູງ/ການກວດກາ ຫຼື ການສູນເສຍສິດທິມະນຸດ
ຯ ນີ້ແມ່ນການບໍລິການບໍ່ເສັຍຄ່າ.

Aviso de no discriminación

Commonwealth Care Alliance, Inc. cumple con las leyes federales de derechos civiles aplicables y no discrimina ni excluye a las personas ni las trata de manera diferente por cuestiones relacionadas con afecciones médicas, estado de salud, recepción de servicios de salud, experiencia con reclamaciones, antecedentes médicos, discapacidad (incluido el deterioro mental), estado civil, edad, sexo (incluidos los estereotipos sexuales y la identidad de género), orientación sexual, nacionalidad, raza, color, religión, credo, asistencia pública o lugar de residencia.

Commonwealth Care Alliance, Inc.:

- Proporciona recursos y servicios gratuitos a personas con discapacidades para que puedan comunicarse de forma eficaz con nosotros, como los siguientes:
 - Intérpretes calificados de lenguaje de señas
 - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)
- Proporciona servicios de idioma gratuitos para personas cuya lengua materna no es el inglés, como los siguientes:
 - Intérpretes calificados
 - Información escrita en otros idiomas

Si necesita estos servicios, comuníquese con Servicios para los Miembros.

Si considera que Commonwealth Care Alliance, Inc. no ha proporcionado estos servicios o lo ha discriminado de otra manera por cuestiones relacionadas con afecciones médicas, estado de salud, recepción de servicios de salud, experiencia con reclamaciones, antecedentes médicos, discapacidad (incluido el deterioro conductual), estado civil, edad, sexo (incluidos los estereotipos sexuales y la identidad de género), orientación sexual, nacionalidad, raza, color, religión, credo,

asistencia pública o lugar de residencia, puede presentar un reclamo en la siguiente dirección:

Commonwealth Care Alliance, Inc.
Civil Rights Coordinator
30 Winter Street, 11th Floor
Boston, MA 02108
Teléfono: 617-960-0474, ext. 3932 (TTY: 711) fax: 857-453-4517
Correo electrónico:
civilrightscordinator@commonwealthcare.org

Puede presentar un reclamo en persona o por correo, fax o correo electrónico. Si necesita ayuda para presentar un reclamo, el coordinador de derechos civiles está disponible para ayudarlo.

También puede presentar una queja de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los Estados Unidos, de manera electrónica a través del Portal de quejas de la Oficina de Derechos Civiles, disponible en

ocrportal.hhs.gov/ocr/portal/lobby.jsf, o por correo o teléfono a:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Teléfono: 800-368-1019, 800-537-7697 (TDD)

Los formularios de quejas están disponibles en
www.hhs.gov/ocr/office/file/index.html.

B.Preguntas frecuentes (FAQ)

En este documento encontrará las respuestas a las preguntas que tenga sobre esta Lista de medicamentos cubiertos. Para obtener más información o para buscar una pregunta y su respuesta, puede leer todas las preguntas frecuentes.

B1. ¿Qué medicamentos con receta aparecen en la *Lista de medicamentos cubiertos*? (Para abreviarla, denominamos a la *Lista de medicamentos cubiertos* “*Lista de medicamentos*”).

Los medicamentos que aparecen en la *Lista de medicamentos cubiertos* en la sección D son los medicamentos cubiertos por CCA One Care. Estos medicamentos están disponibles en las farmacias dentro de nuestra red. Una farmacia pertenece a nuestra red si tenemos un acuerdo con ella para que trabaje con nosotros y le proporcione servicios. Nos referimos a estas farmacias como “farmacias de la red”.

- CCA One Care cubrirá todos los medicamentos de la Lista de medicamentos en los siguientes casos:
 - Si su médico u otra persona autorizada a emitir recetas indica que los necesita para sentirse mejor o mantenerse sano.
 - Si CCA One Care acepta que el medicamento es médicamente necesario para usted.
 - Si usted obtiene el medicamento con receta en una farmacia de la red de CCA One Care.



Si tiene preguntas, llame a CCA One Care al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita. **Para obtener más información**, visite ccama.org.

- En algunos casos, debe cumplir una serie de requisitos antes de poder obtener un medicamento (consulte la pregunta B4 a continuación).

También puede consultar una lista actualizada de los medicamentos que cubrimos en nuestro sitio web ccama.org o llamando a Servicios para los Miembros al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana.

B2. ¿Se modifica la Lista de medicamentos en algún momento?

Sí, y CCA One Care debe seguir las normas de Medicare y MassHealth cuando se llevan a cabo los cambios. Podemos agregar o eliminar medicamentos de la Lista de medicamentos durante el año.

También podemos modificar nuestras normas sobre los medicamentos. Por ejemplo, podríamos realizar lo siguiente:

- Decidir solicitar o no solicitar la autorización previa (PA) para un medicamento. (La PA es el permiso que otorga CCA One Care antes de que pueda obtener un medicamento).
- Incorporar o modificar la cantidad de medicamento que puede obtener (lo que se denomina límites de cantidad).
- Incorporar o modificar restricciones de tratamiento escalonado respecto de un medicamento. (El tratamiento escalonado significa que debe probar un medicamento antes de que cubramos otro).



Si tiene preguntas, llame a CCA One Care al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita. **Para obtener más información**, visite ccama.org.

Para obtener más información sobre estas normas de medicamentos, consulte la pregunta B4.

Si toma un medicamento que estaba cubierto al **comienzo** del año, por lo general, no eliminaremos ni modificaremos la cobertura de ese medicamento **durante el resto del año**, a menos que se trate de alguno de los siguientes casos:

- Si aparece en el mercado un medicamento nuevo y más económico que sea igual de eficaz que el medicamento que actualmente aparece en la *Lista de medicamentos*.
- Si nos enteramos de que un medicamento no es seguro.
- Si un medicamento se retira del mercado.

Las preguntas B3 y B6 a continuación incluyen más información sobre lo que sucede cuando se modifica la *Lista de medicamentos*.

- Siempre puede consultar *la Lista de medicamentos* actualizada de CCA One Care en línea en ccama.org.
- Las actualizaciones de la Lista de medicamentos se publican en el sitio web todos los meses.
- También puede llamar a Servicios para los Miembros para consultar la Lista de medicamentos actual al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana.



Si tiene preguntas, llame a CCA One Care al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita. **Para obtener más información**, visite ccama.org.

B3. ¿Qué sucede cuando se modifica la *Lista de medicamentos*?

Algunos cambios de la Lista de medicamentos sucederán **de forma inmediata**. Por ejemplo:

- **Sustituciones por nuevas versiones de medicamentos.** Podemos eliminar inmediatamente los medicamentos de la Lista de medicamentos si los reemplazamos con ciertas versiones de ese medicamento, pero el costo del nuevo medicamento seguirá siendo el mismo.

Cuando agregamos una nueva versión de un medicamento, también podríamos decidir mantener el medicamento de marca o el producto biológico original en la lista, pero modificar sus límites o normas de cobertura.

- Es posible que no le informemos antes de realizar este cambio, pero le enviaremos información sobre el cambio específico que hayamos realizado una vez que ocurra.
- Podemos realizar estos cambios solo si el medicamento que estamos agregando reúne alguna de las siguientes características:
 - Es una nueva versión genérica de un medicamento de marca.
 - Es una determinada versión biosimilar nueva de productos biológicos originales de la Lista de medicamentos (por ejemplo, agregar un biosimilar



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intercambiable que puede sustituir a un producto biológico original sin una nueva receta).

- Algunos de estos tipos de medicamentos pueden ser nuevos para usted. Para obtener más información, consulte la sección B14.
- Usted o su proveedor pueden solicitar una excepción a estos cambios. Le enviaremos un aviso con los pasos que puede seguir para solicitar una excepción. Consulte la pregunta B10 para obtener más información sobre las excepciones.
- **Retiro de un medicamento del mercado.** Si la Administración de Alimentos y Medicamentos (FDA) determina que un medicamento que usted toma no es seguro o eficaz, o si el fabricante del medicamento retira un medicamento del mercado, podemos retirarlo inmediatamente de la Lista de medicamentos. Si toma el medicamento, le enviaremos un aviso después de que realicemos el cambio. Su proveedor emitirá una receta para un nuevo medicamento para reemplazar al que se retira del mercado.

Podríamos realizar otros cambios que afecten los medicamentos que usted toma. Le informaremos con anticipación sobre estos otros cambios en la *Lista de medicamentos*. Estos cambios podrían suceder en los siguientes casos:

- La FDA proporciona nuevas instrucciones o hay nuevas pautas clínicas sobre un medicamento.



Si tiene preguntas, llame a CCA One Care al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita. **Para obtener más información**, visite ccama.org.

- Eliminamos un medicamento de marca de la *Lista de medicamentos* cuando agregamos un medicamento genérico que no es nuevo en el mercado.
- Eliminamos un producto biológico original cuando agregamos un biosimilar.
- O bien, cambiamos los límites o las normas de cobertura del medicamento de marca.
- Cuando se produzcan estos cambios, haremos lo siguiente:
 - Le informaremos al menos 30 días antes de realizar el cambio en la Lista de medicamentos.
 - O bien, le avisaremos y le daremos un suministro de 31 días del medicamento después de que solicite un resurtido.

Esto le dará tiempo para consultar con su médico u otra persona autorizada a emitir recetas. Pueden ayudarlo a decidir lo siguiente:

- Si hay un medicamento similar en la *Lista de medicamentos* que pueda tomar en su lugar.
- O bien, si debe solicitar una excepción a estos cambios. Consulte la pregunta B10 para obtener más información sobre las excepciones.



Si tiene preguntas, llame a CCA One Care al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita. **Para obtener más información**, visite ccama.org.

B4. ¿Hay alguna restricción o limitación en la cobertura de los medicamentos, o se debe tomar alguna medida para obtener ciertos medicamentos?

Sí, algunos medicamentos tienen normas de cobertura o tienen límites en la cantidad que puede obtener. En algunos casos, usted, su médico u otra persona autorizada a emitir recetas deben cumplir una serie de requisitos antes de que usted pueda obtener el medicamento. Por ejemplo

- **Aprobación o autorización previa (PA):** para algunos medicamentos, usted, su médico u otra persona autorizada a emitir recetas deben conseguir la PA de CCA One Care antes de obtener su medicamento con receta. Es posible que CCA One Care no cubra el medicamento si no se obtiene la aprobación.
- **Límites de cantidad:** en ocasiones, CCA One Care limita la cantidad de un medicamento que puede obtener.
- **Terapia escalonada:** en ocasiones, CCA One Care requiere que usted realice una terapia escalonada. Esto significa que tendrá que probar medicamentos en un determinado orden para su afección médica. Es posible que deba probar un medicamento antes de que cubramos otro. Si su proveedor considera que el primer medicamento no le da ningún resultado, cubriremos el segundo.



Si tiene preguntas, llame a CCA One Care al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita. **Para obtener más información**, visite ccama.org.

- **Cobertura según las indicaciones:** si CCA One Care cubre un medicamento solo para algunas afecciones médicas, lo indicamos expresamente en la Lista de medicamentos junto con las afecciones médicas específicas que están cubiertas.

Para averiguar si su medicamento está sujeto a requisitos o límites adicionales, consulte las tablas que comienzan en la sección C1. Para obtener también más información, visite nuestro sitio web ccama.org. Hemos publicado documentos en línea en los que se explican nuestras restricciones de PA y terapia escalonada. También puede solicitar que le enviemos una copia.

Puede solicitar una excepción a estos límites. Esto le dará tiempo para consultar con su médico u otra persona autorizada a emitir recetas. Podrán ayudarlo a decidir si hay un medicamento similar en la Lista de medicamentos que pueda tomar en su lugar o si debe solicitar una excepción. Consulte las preguntas B10 a B12 para obtener más información sobre las excepciones.

B5. ¿Cómo sabré si el medicamento que deseo tiene límites o si debo tomar alguna medida para obtenerlo?

La tabla de medicamentos en la sección C1 tiene una columna titulada “Medidas necesarias, restricciones o límites de uso”.



Si tiene preguntas, llame a CCA One Care al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita. **Para obtener más información**, visite ccama.org.

B6. ¿Qué sucede si CCA One Care modifica sus normas sobre algunos medicamentos (por ejemplo, aprobación o autorización previa [PA], límites de cantidad o restricciones de terapia escalonada)?

En algunos casos, le informaremos con antelación si agregamos o modificamos la PA, los límites de cantidad o las restricciones de terapia escalonada en un medicamento. Consulte la pregunta B3 para obtener más información sobre este aviso anticipado y cuáles son las situaciones en las que es posible que no le podamos avisar con antelación cuando cambien nuestras normas respecto de los medicamentos en la *Lista de medicamentos*.

B7. ¿Cómo puedo buscar un medicamento en la Lista de medicamentos?

Hay dos formas de buscar un medicamento:

- Puede buscar por orden alfabético según el nombre del medicamento.
- Puede buscar por afección médica.

Para buscar **por orden alfabético**, busque su medicamento en la sección Índice de medicamentos cubiertos. Podrá encontrarlo en la sección D. Tanto los medicamentos de marca como los genéricos se incluyen en el Índice. Junto con el medicamento, verá el número de la sección en la que puede encontrar información sobre la cobertura. Vaya a la sección que se indica en el Índice y busque el nombre del medicamento en la primera columna de la lista.



Si tiene preguntas, llame a CCA One Care al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita. **Para obtener más información**, visite ccama.org.

Para buscar **por afección médica**, busque la sección titulada “Medicamentos agrupados por afección médica” en la sección C1. Los medicamentos en esta sección están agrupados en categorías según el tipo de afecciones médicas para cuyo tratamiento se usan. Por ejemplo, si tiene una afección cardíaca, debe buscar en la categoría Medicamentos cardiovasculares. En esta categoría encontrará medicamentos que tratan las afecciones cardíacas.

B8. ¿Qué sucede si el medicamento que deseo tomar no está en la Lista de medicamentos?

Si no encuentra su medicamento en la *Lista de medicamentos*, llame a Servicios para los Miembros al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana, y pregunte al respecto. Si le informan que CCA One Care no cubrirá el medicamento, puede hacer lo siguiente:

- Solicite a Servicios para los Miembros una lista de medicamentos como el que desea tomar. Luego, muéstrole la lista a su médico u otra persona autorizada a emitir recetas. Pueden recetarle un medicamento de la *Lista de medicamentos* que sea similar al que desea tomar. **O**
- Puede solicitarle al plan de salud que haga una excepción y cubra su medicamento. Consulte las preguntas B10 a B12 para obtener más información sobre las excepciones.



Si tiene preguntas, llame a CCA One Care al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita. **Para obtener más información**, visite ccama.org.

B9. ¿Qué sucede si soy un nuevo miembro de CCA One Care y no puedo encontrar mi medicamento en la Lista de medicamentos o tengo algún problema para obtener mi medicamento?

Podemos ayudarlo. Podemos cubrir un suministro temporal de 31 días de su medicamento durante los primeros 90 días como miembro de CCA One Care. Esto le dará tiempo para consultar con su médico u otra persona autorizada a emitir recetas. Podrán ayudarlo a decidir si hay un medicamento similar en la Lista de medicamentos que pueda tomar en su lugar o si debe solicitar una excepción.

Si su medicamento con receta está indicado para menos días, le permitiremos obtener varios resurtidos hasta llegar a un suministro para un máximo de 31 días del medicamento.



Si tiene preguntas, llame a CCA One Care al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita. **Para obtener más información**, visite ccama.org.

Cubriremos un suministro de 31 días de su medicamento en los siguientes casos:

- Si toma un medicamento que no se encuentra en nuestra Lista de medicamentos.
- Si las normas del plan de salud no le permiten obtener la cantidad solicitada por la persona autorizada a emitir recetas.
- Si el medicamento requiere PA de CCA One Care.
- O bien, si toma un medicamento que forma parte de una restricción de terapia escalonada.

Si toma un medicamento que CCA One Care no considera que sea un medicamento de la Parte D, usted tiene derecho a obtener un único suministro para 72 horas del medicamento. Encontrará más información sobre cómo obtener un suministro temporal de un medicamento en el capítulo 5 de su *Manual del miembro*.

Si se encuentra en un hogar de convalecencia u otro centro de atención a largo plazo y necesita un medicamento que no está en la *Lista de medicamentos* o si no puede obtener con facilidad el medicamento que necesita, podemos ayudarlo. Si ha sido miembro del plan por más de 90 días, vive en un centro de atención a largo plazo y necesita un suministro de inmediato, haremos lo siguiente:

- Cubriremos un suministro de 31 días del medicamento que necesita (a menos que tenga una receta por menos días), independientemente de que sea o no un miembro nuevo de CCA One Care.



Si tiene preguntas, llame a CCA One Care al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita. **Para obtener más información**, visite ccama.org.

- Esto se suma al suministro temporal durante los primeros 90 días como miembro de CCA One Care.

Para los inscritos actuales con cambios en el nivel de atención, proporcionaremos un suministro de emergencia de 31 días como mínimo (a menos que su receta esté indicada para menos días) de todos los medicamentos que no se encuentran en el formulario, incluidos aquellos que pueden tener requisitos de autorización previa o terapia escalonada. Una transición no planificada en el nivel de atención podría ser cualquiera de los siguientes casos:

- el alta o la admisión en un centro de atención a largo plazo
- el alta o la admisión en un hospital, o
- un cambio en el nivel del centro de atención de enfermería especializada.

B10. ¿Puedo solicitar una excepción para que se cubra mi medicamento?

Sí. Puede solicitar a CCA One Care una excepción para cubrir un medicamento que no esté en la Lista de medicamentos.

También puede solicitarnos que cambiemos las normas para su medicamento.

- Por ejemplo, CCA One Care puede limitar la cantidad de un medicamento que cubriremos. Si su medicamento tiene un límite, puede solicitarnos que cambiemos dicho límite y cubramos más.



Si tiene preguntas, llame a CCA One Care al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita. **Para obtener más información**, visite ccama.org.

- Otros ejemplos: puede solicitarnos que omitamos las restricciones de terapia escalonada o los requisitos de PA.

B11. ¿Cómo puedo solicitar una excepción?

Para solicitar una excepción, llame a Servicios para los Miembros. Servicios para los Miembros trabajará con usted y su proveedor para ayudarlo a solicitar una excepción. También puede leer el capítulo 9 del *Manual del miembro* para obtener más información sobre las excepciones.

B12. ¿Cuánto tiempo lleva obtener una excepción?

Después de que recibamos una declaración de la persona autorizada a emitir recetas en la que se respalde su solicitud de excepción, le informaremos nuestra decisión dentro de las 72 horas.

Un miembro, la persona autorizada a emitir recetas de un miembro o el representante designado (con consentimiento por escrito) pueden solicitar la excepción completando el formulario Solicitud de determinación de cobertura de medicamentos con receta disponible en nuestro sitio web ccama.org. El formulario se puede enviar por correo o fax:

CVS Caremark Part D Appeals and Exceptions
PO Box 52000, MC109
Phoenix, AZ 85072-2000
Fax: 855-633-7673

Si usted o la persona autorizada a emitir recetas consideran que su salud podría verse perjudicada si debe esperar 72 horas para la decisión, puede solicitar una excepción acelerada. Esta es una decisión más rápida. Si



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la persona autorizada a emitir recetas respalda su solicitud, le notificaremos nuestra decisión dentro de las 24 horas después de haber recibido la declaración de respaldo de la persona autorizada a emitir recetas.

B13. ¿Qué son los medicamentos genéricos?

Los medicamentos genéricos están compuestos por los mismos ingredientes activos que los medicamentos de marca. Suelen ser más económicos que los medicamentos de marca y, por lo general, son igualmente eficaces. Generalmente, no tienen nombres muy conocidos. Los medicamentos genéricos están aprobados por la Administración de Alimentos y Medicamentos (FDA). Hay medicamentos genéricos disponibles para muchos medicamentos de marca. Generalmente, en la farmacia se puede sustituir a los medicamentos de marca por los medicamentos genéricos sin necesidad de una nueva receta, dependiendo de las leyes estatales.

CCA One Care cubre tanto medicamentos de marca como medicamentos genéricos.

B14. ¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?

Cuando nos referimos a medicamentos, podría tratarse de un medicamento o de un producto biológico. Los productos biológicos son medicamentos más complejos que los medicamentos típicos. Dado que los productos biológicos son más complejos que los medicamentos típicos, en lugar de tener una forma genérica, tienen formas llamadas biosimilares. Por lo general, los biosimilares son tan eficaces como el producto biológico original y pueden ser



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más económicos. Existen alternativas biosimilares para algunos productos biológicos originales. Algunos biosimilares son biosimilares intercambiables y, dependiendo de las leyes estatales, pueden sustituir al producto biológico original en la farmacia sin necesidad de una nueva receta, al igual que los medicamentos genéricos pueden sustituir a los medicamentos de marca.

Para obtener más información sobre los tipos de medicamentos, consulte el capítulo 5 del *Manual del miembro*.

B15. ¿Qué son los medicamentos OTC?

OTC significa “de venta libre”. CCA One Care cubre algunos medicamentos OTC cuando los receta su proveedor.

Puede leer la Lista de medicamentos de CCA One Care para saber qué medicamentos OTC están cubiertos.

B16. ¿CCA One Care cubre productos OTC no farmacológicos?

CCA One Care cubre algunos productos OTC no farmacológicos cuando los receta su proveedor.

Entre algunos ejemplos de productos OTC no farmacológicos se incluyen los apósitos de gasas y los vendajes, los paños pequeños con alcohol y ciertas agujas/jeringas.

Puede leer la Lista de medicamentos de CCA One Care para saber qué productos OTC no farmacológicos están cubiertos.



Si tiene preguntas, llame a CCA One Care al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita. **Para obtener más información**, visite ccama.org.

B17. ¿CCA One Care cubre los suministros a largo plazo de los medicamentos con receta?

- **Programas de pedido por correo.** Ofrecemos un programa de pedido por correo que le permite recibir directamente en su hogar un suministro para un máximo de 90 días de sus medicamentos con receta. No hay copago para los medicamentos de pedido por correo.
- **Programas de farmacias minoristas para suministros de 90 días.** Algunas farmacias minoristas también pueden ofrecer un suministro para un máximo de 90 días de medicamentos con receta cubiertos. No hay copago para los medicamentos con receta en farmacias minoristas.

B18. ¿Puedo recibir en mi hogar medicamentos con receta de mi farmacia local?

Es posible que su farmacia local pueda enviarle su medicamento con receta a su hogar. Puede llamar a la farmacia para saber si ofrecen entrega a domicilio.

B19. ¿Cuál es mi copago?

Los miembros de CCA One Care no tienen copagos para medicamentos con receta ni OTC, siempre y cuando el miembro siga las normas del plan. Si tiene preguntas, llame a Servicios para los Miembros al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana.



Si tiene preguntas, llame a CCA One Care al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita. **Para obtener más información**, visite ccama.org.

B20. ¿Qué son los niveles de medicamentos?

Los niveles son grupos de medicamentos en nuestra Lista de medicamentos.

- Los medicamentos del Nivel 1 son medicamentos genéricos preferidos.
- Los medicamentos del Nivel 2 son medicamentos genéricos.
- Los medicamentos del Nivel 3 son medicamentos de marca/especialidad preferidos.
- Los medicamentos del Nivel 4 son medicamentos de marca no preferidos.
- Los medicamentos del Nivel 5 son medicamentos no cubiertos por Medicare/medicamentos OTC.

Los cinco niveles constan de medicamentos de la Parte D y medicamentos no cubiertos por Medicare o medicamentos OTC no cubiertos por Medicare.

Ningún nivel tiene copago. Como miembro de nuestro plan, usted no paga nada por todos los medicamentos cubiertos, independientemente del nivel en el que se encuentren.

C.Descripción general de la Lista de medicamentos cubiertos

En la siguiente lista de medicamentos cubiertos se brinda información sobre los medicamentos que cubre CCA One Care. Si tiene problemas para encontrar su medicamento en la lista, consulte el Índice de medicamentos cubiertos que comienza en la sección D. En el índice se detallan por



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orden alfabético todos los medicamentos cubiertos por CCA One Care.

En la primera columna de la tabla se indica el nombre del medicamento. Los medicamentos de marca se indican en letra mayúscula (p. ej., MYRBETRIQ) y los medicamentos genéricos se indican en letra minúscula y cursiva (p. ej., *cefalexina*).

La información en la columna “Medidas necesarias, restricciones o límites de uso” indica si CCA One Care tiene alguna norma para cubrir su medicamento.

Nota: El código DP junto a un medicamento significa que no es un “medicamento de la Parte D”. El monto que usted paga cuando obtiene este tipo de medicamento no cuenta para los costos totales de los medicamentos (es decir, el monto que usted paga no le ayuda a reunir los requisitos para tener una cobertura en caso de catástrofe).

- Además, si recibe Ayuda adicional para pagar sus medicamentos con receta, no recibirá ninguna Ayuda adicional para pagar estos medicamentos. Para obtener más información sobre la Ayuda adicional, consulte el cuadro destacado a continuación.



Si tiene preguntas, llame a CCA One Care al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita. **Para obtener más información**, visite ccama.org.

Ayuda adicional es un programa de Medicare que ayuda a las personas con ingresos y recursos limitados a reducir los costos de los medicamentos con receta de la Parte D de Medicare, como las primas, los deducibles y los copagos. También se le llama “Subsidio por bajos ingresos” o “LIS”.

- Estos medicamentos tienen diferentes normas de apelación. Una apelación es una manera formal de solicitarnos que revisemos una decisión que tomamos sobre su cobertura y que la cambiemos si cree que cometimos un error. Por ejemplo, podríamos decidir que un medicamento que usted desea no está cubierto o ya no está cubierto por Medicare o MassHealth.
- Si usted o la persona autorizada a emitir recetas no están de acuerdo con nuestra decisión, puede apelar.
- Si en algún momento tiene alguna pregunta, llame a Servicios para los Miembros al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. También puede leer el capítulo 9 del *Manual del miembro* para saber cómo apelar una decisión.



Si tiene preguntas, llame a CCA One Care al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita. **Para obtener más información**, visite ccama.org.

C1. Medicamentos agrupados por afección médica

Los medicamentos en esta sección están agrupados en categorías según el tipo de afecciones médicas para cuyo tratamiento se usan. Por ejemplo, si tiene una afección cardíaca, debe buscar en la categoría Medicamentos cardiovasculares. En esta categoría encontrará medicamentos que tratan las afecciones cardíacas.



Si tiene preguntas, llame a CCA One Care al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita. **Para obtener más información**, visite ccama.org.

A continuación, se detallan los significados de los códigos que se utilizan en la columna “Medidas necesarias, restricciones o límites de uso”:

(g)= solo se cubre la versión genérica de este medicamento. La versión de marca no está cubierta.

M = la versión de marca de este medicamento pertenece al Nivel 3. La versión genérica pertenece al Nivel 1.

EA = cada uno.

GM = gramos.

ML = mililitros.

NDS = suministro de días no prolongado. Puede recibir un suministro para más de 1 mes de la mayoría de los medicamentos en su Formulario a través de farmacias minoristas o con la opción de pedidos por correo. Los medicamentos con la abreviatura “NDS” se limitan a un suministro de 1 mes tanto para las farmacias minoristas como para aquellas con la opción de pedidos por correo.

PA = aprobación previa (o autorización previa). Para algunos medicamentos, usted, su médico u otra persona autorizada a emitir recetas deben conseguir la aprobación de CCA One Care antes de obtener su medicamento con receta. Si no obtiene la aprobación, es posible que CCA One Care no cubra el medicamento.

B/D = restricción de autorización previa para la determinación de la Parte B frente a la Parte D. Este medicamento puede ser elegible para el pago según la Parte B o la Parte D de Medicare. Antes de surtir su receta de este medicamento, usted o su proveedor de atención



Si tiene preguntas, llame a CCA One Care al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita. **Para obtener más información**, visite ccama.org.

médica deben conseguir la autorización previa de CCA One Care para determinar si dicho medicamento tiene cobertura de la parte D de Medicare. Sin la aprobación previa, es posible que CCA no cubra este medicamento. La autorización previa para la determinación de la Parte B frente a la Parte D (PA_BVD) no se aplica a miembros de Medicaid Only.

PA_NSO = restricción de autorización previa solo para nuevos usuarios. Si este medicamento es nuevo para usted, antes de surtir su receta de este medicamento, usted (o su proveedor de atención médica) debe conseguir la autorización previa de CCA One Care. Sin la aprobación previa, es posible que CCA One Care no cubra este medicamento. La autorización previa solo para nuevos usuarios (PA_NSO) no se aplica a miembros de Medicaid Only.

QL = límite de cantidad. En ocasiones, CCA One Care limita la cantidad de un medicamento que puede obtener.

ST = terapia escalonada. En ocasiones, CCA One Care requiere que usted realice una terapia escalonada. Esto significa que tendrá que probar medicamentos en un determinado orden para sus afecciones médicas. Es posible que deba probar un medicamento antes de que cubramos otro. Si su proveedor de atención médica considera que el primer medicamento no le da ningún resultado, cubriremos el segundo.

ST_NSO = terapia escalonada solo para nuevos usuarios. Si este es un medicamento nuevo para el miembro, primero

 Si tiene preguntas, llame a CCA One Care al 866-610-2273 (TTY 711), de 8:00 a. m. a 8:00 p. m., los 7 días de la semana. La llamada es gratuita. **Para obtener más información,** visite ccama.org.

deberá probar determinados medicamentos para tratar su afección médica antes de que cubramos otro medicamento para esa afección. La terapia escalonada solo para nuevos usuarios (ST_NSO) no se aplica a miembros de Medicaid Only.

VAC = vacuna. Vacunas de la Parte D de Medicare (usted paga \$0).



Si tiene preguntas, llame a CCA One Care al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita. **Para obtener más información**, visite ccama.org.

Se actualizó el 06/01/2025

CCA_MA_MMP_CY25_4T_CORE eff

06/01/2025

NAME OF DRUG

WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)

ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION

GOUT - DRUGS TO TREAT GOUT

<i>allopurinol tab 100 mg</i>	\$0 (Tier 1)
<i>allopurinol tab 300 mg</i>	\$0 (Tier 1)
<i>colchicine cap 0.6 mg</i>	\$0 QL (60 caps / (Tier 30 days) 2)
<i>colchicine tab 0.6 mg</i>	\$0 QL (120 tabs / (Tier 30 days) 2)

NAME OF DRUG**WHAT NECESSARY
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*colchicine w/ probenecid
tab 0.5-500 mg*

\$0
(Tier
2)

febuxostat tab 40 mg

\$0 PA
(Tier
2)

febuxostat tab 80 mg

\$0 PA
(Tier
2)

MITIGARE CAP 0.6MG

\$0 QL (60 caps /
(Tier 30 days)
3)

probenecid tab 500 mg

\$0
(Tier
2)

MISCELLANEOUS

*acetaminophen chew tab
160 mg*

\$0
(Tier
5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>acetaminophen er 8 hour</i>	\$0 (Tier 5)
<i>acetaminophen liquid 160 mg/5ml</i>	\$0 (Tier 5)
<i>acetaminophen soln 160 mg/5ml</i>	\$0 (Tier 5)
<i>acetaminophen suppos 120 mg</i>	\$0 (Tier 5)
<i>acetaminophen suppos 650 mg</i>	\$0 (Tier 5)
<i>acetaminophen susp 160 mg/5ml</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>acetaminophen tab 325 mg</i>	\$0 (Tier 5)
<i>acetaminophen tab 500 mg</i>	\$0 (Tier 5)
<i>acetaminophen tab er 650 mg</i>	\$0 (Tier 5)
ANACIN TAB 400-32MG	\$0 (Tier 5)
<i>aphen</i>	\$0 (Tier 5)
<i>arthritis pain relief</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>aspirin adult low dose</i>	\$0 (Tier 5)
<i>aspirin adult low strengt</i>	\$0 (Tier 5)
<i>aspirin chew tab 81 mg</i>	\$0 (Tier 5)
<i>aspirin childrens</i>	\$0 (Tier 5)
<i>aspirin ec adult low dose</i>	\$0 (Tier 5)
<i>aspirin enteric coated ad</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>aspirin low dose</i>	\$0 (Tier 5)
<i>aspirin low strength</i>	\$0 (Tier 5)
<i>aspirin regimen</i>	\$0 (Tier 5)
ASPIRIN SUP 300MG	\$0 (Tier 5)
<i>aspirin tab 325 mg</i>	\$0 (Tier 5)
<i>aspirin tab delayed release 81 mg</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>aspirin tab delayed release 325 mg</i>	\$0 (Tier 5)
<i>back & body extra strengt</i>	\$0 (Tier 5)
BC FAST PAIN POW RLF ARTH	\$0 (Tier 5)
BC FAST PAIN POW RLF MAX	\$0 (Tier 5)
BC MAX STR POW LEMONADE	\$0 (Tier 5)
<i>childrens acetaminophen</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>childrens apap</i>	\$0 (Tier 5)
<i>childrens aspirin</i>	\$0 (Tier 5)
<i>ecotrin low strength</i>	\$0 (Tier 5)
<i>ed-apap</i>	\$0 (Tier 5)
<i>eql migraine formula</i>	\$0 (Tier 5)
<i>extraprin extra strength</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>feverall adults</i>	\$0 (Tier 5)
<i>feverall childrens</i>	\$0 (Tier 5)
FEVERALL INF SUP 80MG	\$0 (Tier 5)
FEVERALL SUP 325MG	\$0 (Tier 5)
<i>ft aspirin</i>	\$0 (Tier 5)
<i>ft aspirin low dose</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>ft children's chewables p</i>	\$0 (Tier 5)
<i>ft enteric coated aspirin</i>	\$0 (Tier 5)
<i>gnp 8 hour arthritis reli</i>	\$0 (Tier 5)
<i>gnp 8 hour pain relief</i>	\$0 (Tier 5)
<i>gnp 8 hour pain reliever</i>	\$0 (Tier 5)
<i>gnp acetaminophen</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gnp adult aspirin low str</i>	\$0 (Tier 5)
<i>gnp aspirin</i>	\$0 (Tier 5)
<i>gnp aspirin low dose</i>	\$0 (Tier 5)
<i>gnp children's pain & fev</i>	\$0 (Tier 5)
<i>gnp headache relief extra</i>	\$0 (Tier 5)
<i>gnp infants pain/fever</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gnp migraine relief</i>	\$0 (Tier 5)
<i>gnp pain & fever children</i>	\$0 (Tier 5)
<i>gnp pain & fever infants</i>	\$0 (Tier 5)
<i>gnp pain relief</i>	\$0 (Tier 5)
<i>gnp pain relief extra str</i>	\$0 (Tier 5)
<i>goodsense arthritis pain</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>goodsense aspirin</i>	\$0 (Tier 5)
<i>goodsense aspirin adults</i>	\$0 (Tier 5)
<i>goodsense aspirin low dos</i>	\$0 (Tier 5)
<i>goodsense migraine formul</i>	\$0 (Tier 5)
<i>goodsense pain & fever ch</i>	\$0 (Tier 5)
<i>goodsense pain & fever in</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>goodsense pain relief</i>	\$0 (Tier 5)
<i>goodsense pain relief ext</i>	\$0 (Tier 5)
GOODYS POW EX ST	\$0 (Tier 5)
<i>headache relief</i>	\$0 (Tier 5)
<i>headache relief/extra str</i>	\$0 (Tier 5)
<i>healthy mama shake that a</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>8 hr arthritis pain relie</i>	\$0 (Tier 5)
<i>lidocaine hcl local inj 0.5%</i>	\$0 B/D (Tier 2)
<i>lidocaine hcl local inj 1%</i>	\$0 B/D (Tier 2)
<i>lidocaine hcl local inj 2%</i>	\$0 B/D (Tier 2)
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	\$0 B/D (Tier 2)
<i>lidocaine hcl local preservative free (pf) inj 1%</i>	\$0 B/D (Tier 2)

NAME OF DRUG**WHAT NECESSARY
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)**

<i>lidocaine hcl local preservative free (pf) inj 1.5%</i>	\$0 B/D (Tier 2)
<i>liquid acetaminophen</i>	\$0 (Tier 5)
<i>liquid pain relief</i>	\$0 (Tier 5)
<i>m-pap</i>	\$0 (Tier 5)
<i>mapap</i>	\$0 (Tier 5)
<i>mapap childrens</i>	\$0 (Tier 5)

NAME OF DRUG**WHAT NECESSARY
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<i>max relief junior</i>	\$0 (Tier 5)
<i>medi-seltzer</i>	\$0 (Tier 5)
<i>menstrual pain relief mul</i>	\$0 (Tier 5)
<i>migraine relief</i>	\$0 (Tier 5)
<i>non-aspirin</i>	\$0 (Tier 5)
<i>non-aspirin extra strengt</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>pain & fever childrens</i>	\$0 (Tier 5)
<i>pain & fever infants</i>	\$0 (Tier 5)
<i>pain relief childrens</i>	\$0 (Tier 5)
<i>pain relief extra strengt</i>	\$0 (Tier 5)
<i>pain relief regular stren</i>	\$0 (Tier 5)
<i>pain reliever extra stren</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>pain reliever plus</i>	\$0 (Tier 5)
PERCOGESIC TAB 580MG	\$0 (Tier 5)
<i>pharbetol</i>	\$0 (Tier 5)
<i>pharbetol extra strength</i>	\$0 (Tier 5)
<i>qc acetaminophen infants</i>	\$0 (Tier 5)
<i>qc antacid & pain relief</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>qc aspirin</i>	\$0 (Tier 5)
<i>qc aspirin low dose</i>	\$0 (Tier 5)
<i>qc effervescent antacid/p</i>	\$0 (Tier 5)
<i>qc enteric aspirin</i>	\$0 (Tier 5)
<i>qc headache relief</i>	\$0 (Tier 5)
<i>qc non-aspirin extra stre</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>qc pain relief</i>	\$0 (Tier 5)
<i>qc pain relief childrens</i>	\$0 (Tier 5)
<i>qc pain relief extra stre</i>	\$0 (Tier 5)
<i>qc pain relief powders</i>	\$0 (Tier 5)
<i>sm aspirin adult low stre</i>	\$0 (Tier 5)
<i>sm aspirin low dose</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>sm pain & fever childrens</i>	\$0 (Tier 5)
<i>sm pain reliever extra st</i>	\$0 (Tier 5)
<i>st joseph low dose aspiri</i>	\$0 (Tier 5)
<i>tension headache</i>	\$0 (Tier 5)
<i>tri-buffered aspirin</i>	\$0 (Tier 5)
VANQUISH TAB	\$0 (Tier 5)

NAME OF DRUG**WHAT NECESSARY
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DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)*****NSAIDS - DRUGS TO TREAT PAIN AND
INFLAMMATION***

<i>all day pain relief</i>	\$0 (Tier 5)
<i>all day relief</i>	\$0 (Tier 5)
<i>celecoxib cap 50 mg</i>	\$0 QL (60 caps / (Tier 30 days) 2)
<i>celecoxib cap 100 mg</i>	\$0 QL (60 caps / (Tier 30 days) 2)
<i>celecoxib cap 200 mg</i>	\$0 QL (60 caps / (Tier 30 days) 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>celecoxib cap 400 mg</i>	\$0 QL (30 caps / (Tier 30 days) 2)
<i>childrens ibuprofen</i>	\$0 (Tier 5)
<i>diclofenac potassium tab 50 mg</i>	\$0 QL (120 tabs / (Tier 30 days) 2)
<i>diclofenac sodium tab delayed release 25 mg</i>	\$0 (Tier 2)
<i>diclofenac sodium tab delayed release 50 mg</i>	\$0 (Tier 2)
<i>diclofenac sodium tab delayed release 75 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>diclofenac sodium tab er 24hr 100 mg</i>	\$0 (Tier 2)
<i>diclofenac w/ misoprostol tab delayed release 50- 0.2 mg</i>	\$0 (Tier 2)
<i>diclofenac w/ misoprostol tab delayed release 75- 0.2 mg</i>	\$0 (Tier 2)
<i>diflunisal tab 500 mg</i>	\$0 (Tier 2)
<i>ec-naproxen</i>	\$0 QL (90 tabs / (Tier 30 days) 2)
<i>etodolac cap 200 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>etodolac cap 300 mg</i>	\$0 (Tier 2)
<i>etodolac tab 400 mg</i>	\$0 (Tier 2)
<i>etodolac tab 500 mg</i>	\$0 (Tier 2)
<i>etodolac tab er 24hr 400 mg</i>	\$0 (Tier 2)
<i>etodolac tab er 24hr 500 mg</i>	\$0 (Tier 2)
<i>etodolac tab er 24hr 600 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>flurbiprofen tab 100 mg</i>	\$0 (Tier 2)
<i>ft ibuprofen</i>	\$0 (Tier 5)
<i>ft ibuprofen childrens</i>	\$0 (Tier 5)
<i>ft ibuprofen ib childrens</i>	\$0 (Tier 5)
<i>ft ibuprofen minis</i>	\$0 (Tier 5)
<i>ft naproxen sodium</i>	\$0 (Tier 5)

NAME OF DRUG**WHAT NECESSARY
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(TIER
LEVEL
)**

<i>gnp childrens ibuprofen</i>	\$0 (Tier 5)
<i>gnp ibuprofen</i>	\$0 (Tier 5)
<i>gnp ibuprofen childrens</i>	\$0 (Tier 5)
<i>gnp ibuprofen infants</i>	\$0 (Tier 5)
<i>gnp naproxen</i>	\$0 (Tier 5)
<i>gnp naproxen sodium</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>goodsense ibuprofen</i>	\$0 (Tier 5)
<i>goodsense ibuprofen child</i>	\$0 (Tier 5)
<i>goodsense ibuprofen infan</i>	\$0 (Tier 5)
<i>goodsense naproxen sodium</i>	\$0 (Tier 5)
<i>hm ibuprofen childrens</i>	\$0 (Tier 5)
<i>ibu</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>ibuprofen cap 200 mg</i>	\$0 (Tier 5)
<i>ibuprofen childrens</i>	\$0 (Tier 5)
<i>ibuprofen infants</i>	\$0 (Tier 5)
<i>ibuprofen junior strength</i>	\$0 (Tier 5)
<i>ibuprofen susp 100 mg/5ml</i>	\$0 (Tier 2)
<i>ibuprofen tab 200 mg</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>ibuprofen tab 400 mg</i>	\$0 (Tier 1)
<i>ibuprofen tab 600 mg</i>	\$0 (Tier 1)
<i>ibuprofen tab 800 mg</i>	\$0 (Tier 1)
<i>infants ibuprofen</i>	\$0 (Tier 5)
<i>ketorolac tromethamine tab 10 mg</i>	\$0 (Tier 2) QL (20 tabs / 30 days), PA; PA applies if 70 years and older
<i>mediproxen</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>meijer ibuprofen</i>	\$0 (Tier 5)
<i>meloxicam tab 7.5 mg</i>	\$0 (Tier 1)
<i>meloxicam tab 15 mg</i>	\$0 (Tier 1)
<i>nabumetone tab 500 mg</i>	\$0 (Tier 1)
<i>nabumetone tab 750 mg</i>	\$0 (Tier 1)
<i>naproxen sodium tab 220 mg</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>naproxen sodium tab 275 mg</i>	\$0 (Tier 2)
<i>naproxen sodium tab 550 mg</i>	\$0 (Tier 2)
<i>naproxen tab 250 mg</i>	\$0 (Tier 1)
<i>naproxen tab 375 mg</i>	\$0 (Tier 1)
<i>naproxen tab 500 mg</i>	\$0 (Tier 1)
<i>naproxen tab ec 375 mg</i>	\$0 QL (120 tabs / (Tier 30 days) 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>oxaprozin tab 600 mg</i>	\$0 (Tier 2)
<i>piroxicam cap 10 mg</i>	\$0 (Tier 2)
<i>piroxicam cap 20 mg</i>	\$0 (Tier 2)
<i>qc ibuprofen</i>	\$0 (Tier 5)
<i>qc ibuprofen childrens</i>	\$0 (Tier 5)
<i>qc naproxen sodium</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>sm childrens ibuprofen</i>	\$0 (Tier 5)
<i>sm ibuprofen</i>	\$0 (Tier 5)
<i>sm ibuprofen ib</i>	\$0 (Tier 5)
<i>sm ibuprofen ib childrens</i>	\$0 (Tier 5)
<i>sm infants ibuprofen</i>	\$0 (Tier 5)
<i>sm naproxen sodium</i>	\$0 (Tier 5)

NAME OF DRUG**WHAT NECESSARY
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sulindac tab 150 mg\$0
(Tier
2)

sulindac tab 200 mg\$0
(Tier
2)

OPIOID ANALGESICS, LONG-ACTING

*buprenorphine td patch
weekly 5 mcg/hr*\$0 QL (4 patches /
(Tier 28 days)
2)

*buprenorphine td patch
weekly 7.5 mcg/hr*\$0 QL (4 patches /
(Tier 28 days)
2)

*buprenorphine td patch
weekly 10 mcg/hr*\$0 QL (4 patches /
(Tier 28 days)
2)

*buprenorphine td patch
weekly 15 mcg/hr*\$0 QL (4 patches /
(Tier 28 days)
2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>buprenorphine td patch weekly 20 mcg/hr</i>	\$0 QL (4 patches / (Tier 28 days) 2)
<i>fentanyl td patch 72hr 12 mcg/hr</i>	\$0 QL (10 patches (Tier / 30 days), PA 2)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	\$0 QL (10 patches (Tier / 30 days), PA 2)
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	\$0 QL (10 patches (Tier / 30 days), PA 2)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	\$0 QL (10 patches (Tier / 30 days), PA 2)
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	\$0 QL (10 patches (Tier / 30 days), PA 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>fentanyl td patch 72hr 75 mcg/hr</i>	\$0 QL (10 patches / 30 days), PA 2)
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	\$0 QL (10 patches / 30 days), PA 2)
<i>fentanyl td patch 72hr 100 mcg/hr</i>	\$0 QL (10 patches / 30 days), PA 2)
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	\$0 QL (30 tabs / 30 days), PA 2)
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	\$0 QL (30 tabs / 30 days), PA 2)
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	\$0 QL (30 tabs / 30 days), PA 2)

NAME OF DRUG**WHAT NECESSARY
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<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	\$0 (Tier 2)	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	\$0 (Tier 2)	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	\$0 (Tier 3)	NDS, QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	\$0 (Tier 3)	NDS, QL (30 tabs / 30 days), PA
<i>methadone hcl soln 5 mg/5ml</i>	\$0 (Tier 2)	QL (450 mL / 30 days), PA
<i>methadone hcl soln 10 mg/5ml</i>	\$0 (Tier 2)	QL (450 mL / 30 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>methadone hcl tab 5 mg</i>	\$0 QL (90 tabs / (Tier 30 days), PA 2)
<i>methadone hcl tab 10 mg</i>	\$0 QL (90 tabs / (Tier 30 days), PA 2)
<i>methadone hydrochloride i</i>	\$0 QL (90 mL / 30 (Tier days), PA 2)
<i>morphine sulfate tab er 15 mg</i>	\$0 QL (90 tabs / (Tier 30 days), PA 2)
<i>morphine sulfate tab er 30 mg</i>	\$0 QL (90 tabs / (Tier 30 days), PA 2)
<i>morphine sulfate tab er 60 mg</i>	\$0 QL (90 tabs / (Tier 30 days), PA 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>morphine sulfate tab er 100 mg</i>	\$0 QL (90 tabs / (Tier 30 days), PA 2)
<i>morphine sulfate tab er 200 mg</i>	\$0 QL (90 tabs / (Tier 30 days), PA 2)
OXYCONTIN TAB 10MG ER	\$0 QL (60 tabs / (Tier 30 days), PA 4)
OXYCONTIN TAB 15MG ER	\$0 QL (60 tabs / (Tier 30 days), PA 4)
OXYCONTIN TAB 20MG ER	\$0 QL (60 tabs / (Tier 30 days), PA 4)
OXYCONTIN TAB 30MG ER	\$0 QL (60 tabs / (Tier 30 days), PA 4)

NAME OF DRUG**WHAT NECESSARY
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DRUG RESTRICTION
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COST ON USE
YOU
(TIER
LEVEL
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OXYCONTIN TAB 40MG ER	\$0 (Tier 3)	NDS, QL (60 tabs / 30 days), PA
OXYCONTIN TAB 60MG ER	\$0 (Tier 3)	NDS, QL (60 tabs / 30 days), PA
OXYCONTIN TAB 80MG ER	\$0 (Tier 3)	NDS, QL (60 tabs / 30 days), PA

OPIOID ANALGESICS, SHORT-ACTING

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	\$0 (Tier 2)	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	\$0 (Tier 2)	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	\$0 (Tier 2)	QL (360 tabs / 30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	\$0 QL (180 tabs / (Tier 30 days) 2)
<i>butorphanol tartrate inj 1 mg/ml</i>	\$0 (Tier 4)
<i>butorphanol tartrate inj 2 mg/ml</i>	\$0 (Tier 4)
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	\$0 QL (10 mL / 30 (Tier days) 2)
<i>endocet tab 2.5-325mg</i>	\$0 QL (360 tabs / (Tier 30 days) 2)
<i>endocet tab 5-325mg</i>	\$0 QL (360 tabs / (Tier 30 days) 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>endocet tab 7.5-325mg</i>	\$0 QL (240 tabs / (Tier 30 days) 2)
<i>endocet tab 10-325mg</i>	\$0 QL (180 tabs / (Tier 30 days) 2)
<i>hydrocodone- acetaminophen soln 7.5- 325 mg/15ml</i>	\$0 QL (2700 mL / (Tier 30 days) 2)
<i>hydrocodone- acetaminophen tab 5-325 mg</i>	\$0 QL (240 tabs / (Tier 30 days) 2)
<i>hydrocodone- acetaminophen tab 7.5- 325 mg</i>	\$0 QL (180 tabs / (Tier 30 days) 2)
<i>hydrocodone- acetaminophen tab 10- 325 mg</i>	\$0 QL (180 tabs / (Tier 30 days) 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	\$0 QL (150 tabs / (Tier 30 days) 2)
<i>hydromorphone hcl liqd 1 mg/ml</i>	\$0 QL (600 mL / (Tier 30 days) 2)
<i>hydromorphone hcl tab 2 mg</i>	\$0 QL (180 tabs / (Tier 30 days) 2)
<i>hydromorphone hcl tab 4 mg</i>	\$0 QL (180 tabs / (Tier 30 days) 2)
<i>hydromorphone hcl tab 8 mg</i>	\$0 QL (180 tabs / (Tier 30 days) 2)
<i>morphine sulfate iv soln 4 mg/ml</i>	\$0 B/D (Tier 4)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>morphine sulfate iv soln 8 mg/ml</i>	\$0 B/D (Tier 4)
<i>morphine sulfate iv soln 10 mg/ml</i>	\$0 B/D (Tier 4)
<i>morphine sulfate oral soln 10 mg/5ml</i>	\$0 QL (900 mL / (Tier 30 days) 2)
<i>morphine sulfate oral soln 20 mg/5ml</i>	\$0 QL (900 mL / (Tier 30 days) 2)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	\$0 QL (180 mL / (Tier 30 days) 2)
<i>morphine sulfate tab 15 mg</i>	\$0 QL (180 tabs / (Tier 30 days) 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>morphine sulfate tab 30 mg</i>	\$0 QL (180 tabs / (Tier 30 days) 2)
<i>nalbuphine hcl inj 10 mg/ml</i>	\$0 (Tier 4)
<i>nalbuphine hcl inj 20 mg/ml</i>	\$0 (Tier 4)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	\$0 QL (180 mL / (Tier 30 days) 2)
<i>oxycodone hcl soln 5 mg/5ml</i>	\$0 QL (900 mL / (Tier 30 days) 2)
<i>oxycodone hcl tab 5 mg</i>	\$0 QL (180 tabs / (Tier 30 days) 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>oxycodone hcl tab 10 mg</i>	\$0 QL (180 tabs / (Tier 30 days) 2)
<i>oxycodone hcl tab 15 mg</i>	\$0 QL (180 tabs / (Tier 30 days) 2)
<i>oxycodone hcl tab 20 mg</i>	\$0 QL (180 tabs / (Tier 30 days) 2)
<i>oxycodone hcl tab 30 mg</i>	\$0 QL (180 tabs / (Tier 30 days) 2)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	\$0 QL (360 tabs / (Tier 30 days) 2)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	\$0 QL (360 tabs / (Tier 30 days) 2)

NAME OF DRUG**WHAT NECESSARY
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)**

<i>oxycodone w/ acetaminophen tab 7.5- 325 mg</i>	\$0 QL (240 tabs / (Tier 30 days) 2)
<i>oxycodone w/ acetaminophen tab 10- 325 mg</i>	\$0 QL (180 tabs / (Tier 30 days) 2)
<i>tramadol hcl tab 50 mg</i>	\$0 QL (240 tabs / (Tier 30 days) 2)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	\$0 QL (240 tabs / (Tier 30 days) 2)

**ANTI-INFECTIVES - DRUGS TO TREAT
INFECTIONS*****ANTI-INFECTIVES - MISCELLANEOUS***

<i>albendazole tab 200 mg</i>	\$0 NDS, QL (672 (Tier tabs / year), 3) PA
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NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	\$0 (Tier 2)
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	\$0 (Tier 2)
ARIKAYCE SUS	\$0 NDS, PA (Tier 3)
<i>atovaquone susp 750 mg/5ml</i>	\$0 QL (300 mL / (Tier 30 days), PA 2)
<i>aztreonam for inj 1 gm</i>	\$0 (Tier 2)
<i>aztreonam for inj 2 gm</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
BINAXNOW COV KIT HOME TES	\$0 QL (2 kits / 28 (Tier days) 5)
CARESTART KIT COVID- 19	\$0 QL (2 kits / 28 (Tier days) 5)
CAYSTON INH 75MG	\$0 NDS, PA (Tier 3)
<i>clindamycin hcl cap 75 mg</i>	\$0 (Tier 1)
<i>clindamycin hcl cap 150 mg</i>	\$0 (Tier 1)
<i>clindamycin hcl cap 300 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	\$0 (Tier 2)
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	\$0 (Tier 2)
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	\$0 (Tier 2)
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	\$0 (Tier 2)
<i>clindamycin phosphate inj 300 mg/2ml</i>	\$0 (Tier 2)
<i>clindamycin phosphate inj 600 mg/4ml</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>clindamycin phosphate inj 900 mg/6ml</i>	\$0 (Tier 2)
CLINDMYC/NAC INJ 300/50ML	\$0 (Tier 4)
CLINDMYC/NAC INJ 600/50ML	\$0 (Tier 4)
CLINDMYC/NAC INJ 900/50ML	\$0 (Tier 4)
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	\$0 (Tier 2)
COVID-19 RAP KIT 1- PACK	\$0 QL (2 kits / 28 (Tier days) 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
COVID-19 RAP KIT 2- PACK	\$0 QL (2 kits / 28 (Tier days) 5)
CVS COVID-19 KIT HOME 2PK	\$0 QL (2 kits / 28 (Tier days) 5)
<i>dapsone tab 25 mg</i>	\$0 (Tier 2)
<i>dapsone tab 100 mg</i>	\$0 (Tier 2)
<i>daptomycin for iv soln 350 mg</i>	\$0 NDS (Tier 3)
<i>daptomycin for iv soln 500 mg</i>	\$0 NDS (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
DAPTOMYCIN INJ 350MG	\$0 NDS (Tier 3)
EMVERM CHW 100MG	\$0 NDS, QL (12 (Tier tabs / year) 3)
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	\$0 (Tier 2)
FLOWFLEX KIT TEST	\$0 QL (2 kits / 28 (Tier days) 5)
<i>gentamicin in saline inj 0.8 mg/ml</i>	\$0 (Tier 2)
<i>gentamicin in saline inj 1 mg/ml</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gentamicin in saline inj 1.2 mg/ml</i>	\$0 (Tier 2)
<i>gentamicin in saline inj 1.6 mg/ml</i>	\$0 (Tier 2)
<i>gentamicin in saline inj 2 mg/ml</i>	\$0 (Tier 2)
<i>gentamicin sulfate inj 10 mg/ml</i>	\$0 (Tier 2)
<i>gentamicin sulfate inj 40 mg/ml</i>	\$0 (Tier 2)
IHEALTH 2-PK KIT COVID- 19	\$0 QL (2 kits / 28 (Tier days) 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	\$0 (Tier 2)
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	\$0 (Tier 2)
IMPAVIDO CAP 50MG	\$0 NDS, PA (Tier 3)
INTELISWAB KIT COVID-19	\$0 QL (2 kits / 28 days) (Tier 5)
<i>ivermectin tab 3 mg</i>	\$0 QL (12 tabs / 90 days), PA (Tier 2)
<i>linezolid for susp 100 mg/5ml</i>	\$0 NDS, QL (1800 mL / 30 days) (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
LINEZOLID INJ 2MG/ML	\$0 (Tier 4)
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	\$0 (Tier 2)
<i>linezolid tab 600 mg</i>	\$0 QL (60 tabs / 30 days) (Tier 2)
<i>meropenem iv for soln 1 gm</i>	\$0 (Tier 2)
<i>meropenem iv for soln 500 mg</i>	\$0 (Tier 2)
<i>methenamine hippurate tab 1 gm</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>metronidazole iv soln 500 mg/100ml</i>	\$0 (Tier 2)
<i>metronidazole tab 250 mg</i>	\$0 (Tier 1)
<i>metronidazole tab 500 mg</i>	\$0 (Tier 1)
<i>neomycin sulfate tab 500 mg</i>	\$0 (Tier 2)
<i>nitazoxanide tab 500 mg</i>	\$0 NDS, QL (6 (Tier tabs / 30 days) 3)
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	\$0 (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	\$0 (Tier 3)
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	\$0 (Tier 3)
ON/GO COVID KIT ANTIGEN	\$0 QL (2 kits / 28 (Tier days) 5)
<i>pentamidine isethionate inh</i>	\$0 B/D (Tier 2)
<i>pentamidine isethionate inj</i>	\$0 (Tier 2)
<i>polymyxin b sulfate for inj 500000 unit</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>praziquantel tab 600 mg</i>	\$0 (Tier 2)
<i>pyrimethamine tab 25 mg</i>	\$0 NDS, QL (90 (Tier tabs / 30 3) days), PA
QUICKVUE HOM KIT COVID-19	\$0 QL (2 kits / 28 (Tier days) 5)
<i>reeses pinworm medicine</i>	\$0 (Tier 5)
<i>streptomycin sulfate for inj 1 gm</i>	\$0 NDS (Tier 3)
<i>sulfadiazine tab 500 mg</i>	\$0 NDS (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>sulfamethoxazole- trimethoprim iv soln 400- 80 mg/5ml</i>	\$0 (Tier 2)
<i>sulfamethoxazole- trimethoprim susp 200-40 mg/5ml</i>	\$0 (Tier 2)
<i>sulfamethoxazole- trimethoprim tab 400-80 mg</i>	\$0 (Tier 1)
<i>sulfamethoxazole- trimethoprim tab 800-160 mg</i>	\$0 (Tier 1)
<i>tinidazole tab 250 mg</i>	\$0 (Tier 2)
<i>tinidazole tab 500 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
TOBI PODHALR CAP 28MG	\$0 NDS, PA (Tier 3)
<i>tobramycin nebu soln 300 mg/5ml</i>	\$0 NDS, PA (Tier 3)
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	\$0 (Tier 2)
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	\$0 (Tier 2)
<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	\$0 (Tier 2)
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>trimethoprim tab 100 mg</i>	\$0 (Tier 2)
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	\$0 QL (80 caps / 180 days) (Tier 2)
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	\$0 QL (160 caps / 180 days) (Tier 2)
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	\$0 (Tier 2)
<i>vancomycin hcl for iv soln 1.5 gm (base equivalent)</i>	\$0 (Tier 2)
<i>vancomycin hcl for iv soln 1.25 gm (base equivalent)</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	\$0 (Tier 2)
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	\$0 (Tier 2)
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	\$0 (Tier 2)
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	\$0 (Tier 2)
VANCOMYCIN INJ 1 GM	\$0 (Tier 4)
VANCOMYCIN INJ 500MG	\$0 (Tier 4)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
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VANCOMYCIN INJ 750MG	\$0 (Tier 4)
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ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS

ABELCET INJ 5MG/ML	\$0 B/D (Tier 4)
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<i>amphotericin b for iv soln 50 mg</i>	\$0 B/D (Tier 2)
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<i>amphotericin b liposome iv for susp 50 mg</i>	\$0 NDS, B/D (Tier 3)
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<i>caspofungin acetate for iv soln 50 mg</i>	\$0 (Tier 2)
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NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>caspofungin acetate for iv soln 70 mg</i>	\$0 (Tier 2)
<i>fluconazole for susp 10 mg/ml</i>	\$0 (Tier 2)
<i>fluconazole for susp 40 mg/ml</i>	\$0 (Tier 2)
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	\$0 (Tier 2)
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	\$0 (Tier 2)
<i>fluconazole tab 50 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>fluconazole tab 100 mg</i>	\$0 (Tier 2)
<i>fluconazole tab 150 mg</i>	\$0 (Tier 2)
<i>fluconazole tab 200 mg</i>	\$0 (Tier 2)
<i>flucytosine cap 250 mg</i>	\$0 NDS, PA (Tier 3)
<i>flucytosine cap 500 mg</i>	\$0 NDS, PA (Tier 3)
<i>griseofulvin microsize susp 125 mg/5ml</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>griseofulvin microsize tab 500 mg</i>	\$0 (Tier 2)
<i>griseofulvin ultramicrosize tab 125 mg</i>	\$0 (Tier 2)
<i>griseofulvin ultramicrosize tab 250 mg</i>	\$0 (Tier 2)
<i>itraconazole cap 100 mg</i>	\$0 PA (Tier 2)
<i>ketoconazole tab 200 mg</i>	\$0 PA (Tier 2)
<i>micafungin sodium for iv soln 50 mg</i>	\$0 NDS (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>micafungin sodium for iv soln 100 mg</i>	\$0 NDS (Tier 2)
<i>nystatin tab 500000 unit</i>	\$0 (Tier 2)
<i>posaconazole susp 40 mg/ml</i>	\$0 NDS, QL (630 (Tier mL / 30 days), 3) PA
<i>posaconazole tab delayed release 100 mg</i>	\$0 NDS, QL (93 (Tier tabs / 30 3) days), PA
<i>terbinafine hcl tab 250 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 1)
<i>voriconazole for inj 200 mg</i>	\$0 PA (Tier 2)

NAME OF DRUG**WHAT NECESSARY
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(TIER
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)**

<i>voriconazole for susp 40 mg/ml</i>	\$0 (Tier 3)	NDS, QL (600 mL / 28 days), PA
<i>voriconazole tab 50 mg</i>	\$0 (Tier 2)	QL (480 tabs / 30 days)
<i>voriconazole tab 200 mg</i>	\$0 (Tier 2)	QL (120 tabs / 30 days)

**ANTIMALARIALS - DRUGS TO TREAT
MALARIA**

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	\$0 (Tier 2)	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	\$0 (Tier 2)	

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>chloroquine phosphate tab 250 mg</i>	\$0 (Tier 2)
<i>chloroquine phosphate tab 500 mg</i>	\$0 (Tier 2)
COARTEM TAB 20-120MG	\$0 (Tier 4)
<i>mefloquine hcl tab 250 mg</i>	\$0 (Tier 2)
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	\$0 (Tier 2)
PRIMAQUINE TAB 26.3MG	\$0 (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
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<i>quinine sulfate cap 324 mg</i>	\$0 PA (Tier 2)
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ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	\$0 (Tier 2)
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<i>abacavir sulfate tab 300 mg (base equiv)</i>	\$0 (Tier 2)
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APTIVUS CAP 250MG	\$0 NDS (Tier 3)
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<i>atazanavir sulfate cap 150 mg (base equiv)</i>	\$0 (Tier 2)
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NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	\$0 (Tier 2)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	\$0 (Tier 2)
<i>darunavir tab 600 mg</i>	\$0 NDS, QL (60 (Tier tabs / 30 days) 3)
<i>darunavir tab 800 mg</i>	\$0 NDS, QL (30 (Tier tabs / 30 days) 3)
EDURANT TAB 25MG	\$0 NDS (Tier 3)
<i>efavirenz tab 600 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>emtricitabine caps 200 mg</i>	\$0 (Tier 2)
EMTRIVA SOL 10MG/ML	\$0 (Tier 4)
<i>etravirine tab 100 mg</i>	\$0 NDS (Tier 3)
<i>etravirine tab 200 mg</i>	\$0 NDS (Tier 3)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	\$0 NDS (Tier 3)
FUZEON INJ 90MG	\$0 NDS (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
INTELENCE TAB 25MG	\$0 (Tier 4)
ISENTRESS CHW 25MG	\$0 (Tier 4)
ISENTRESS CHW 100MG	\$0 NDS (Tier 3)
ISENTRESS HD TAB 600MG	\$0 NDS (Tier 3)
ISENTRESS POW 100MG	\$0 NDS (Tier 3)
ISENTRESS TAB 400MG	\$0 NDS (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>lamivudine oral soln 10 mg/ml</i>	\$0 (Tier 2)
<i>lamivudine tab 150 mg</i>	\$0 (Tier 2)
<i>lamivudine tab 300 mg</i>	\$0 (Tier 2)
<i>maraviroc tab 150 mg</i>	\$0 NDS (Tier 3)
<i>maraviroc tab 300 mg</i>	\$0 NDS (Tier 3)
<i>nevirapine susp 50 mg/5ml</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>nevirapine tab 200 mg</i>	\$0 (Tier 2)
<i>nevirapine tab er 24hr 400 mg</i>	\$0 (Tier 2)
NORVIR POW 100MG	\$0 (Tier 4)
PIFELTRO TAB 100MG	\$0 NDS (Tier 3)
PREZISTA SUS 100MG/ML	\$0 NDS, QL (400 (Tier mL / 30 days) 3)
PREZISTA TAB 75MG	\$0 QL (480 tabs / (Tier 30 days) 4)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
PREZISTA TAB 150MG	\$0 NDS, QL (240 (Tier tabs / 30 days) 3)
REYATAZ POW 50MG	\$0 NDS (Tier 3)
<i>ritonavir tab 100 mg</i>	\$0 (Tier 2)
RUKOBIA TAB 600MG ER	\$0 NDS (Tier 3)
SELZENTRY SOL 20MG/ML	\$0 NDS (Tier 3)
SUNLENCA TAB 300MG	\$0 NDS (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	\$0 (Tier 2)
TIVICAY PD TAB 5MG	\$0 NDS (Tier 3)
TIVICAY TAB 10MG	\$0 (Tier 3)
TIVICAY TAB 25MG	\$0 NDS (Tier 3)
TIVICAY TAB 50MG	\$0 NDS (Tier 3)
TROGARZO INJ 150MG/ML	\$0 NDS (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
TYBOST TAB 150MG	\$0 (Tier 3)
VIRACEPT TAB 250MG	\$0 NDS (Tier 3)
VIRACEPT TAB 625MG	\$0 NDS (Tier 3)
VIREAD POW 40MG/GM	\$0 NDS (Tier 3)
VIREAD TAB 150MG	\$0 NDS (Tier 3)
VIREAD TAB 200MG	\$0 NDS (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
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VIREAD TAB 250MG	\$0 NDS (Tier 3)
<i>zidovudine cap 100 mg</i>	\$0 (Tier 2)
<i>zidovudine syrup 10 mg/ml</i>	\$0 (Tier 2)
<i>zidovudine tab 300 mg</i>	\$0 (Tier 2)

**ANTIRETROVIRAL COMBINATION AGENTS
- DRUGS TO SUPPRESS HIV/AIDS
INFECTION**

<i>abacavir sulfate- lamivudine tab 600-300 mg</i>	\$0 (Tier 2)
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NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
BIKTARVY TAB 30-120-15 MG	\$0 NDS (Tier 3)
BIKTARVY TAB 50-200-25 MG	\$0 NDS (Tier 3)
CIMDUO TAB 300-300	\$0 NDS (Tier 3)
COMPLERA TAB	\$0 NDS (Tier 3)
DELSTRIGO TAB	\$0 NDS (Tier 3)
DESCOVY TAB 120-15MG	\$0 NDS (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
DESCOVY TAB 200/25MG	\$0 NDS (Tier 3)
DOVATO TAB 50-300MG	\$0 NDS (Tier 3)
<i>efavirenz-emtricitabine- tenofovir df tab 600-200- 300 mg</i>	\$0 NDS (Tier 3)
<i>efavirenz-lamivudine- tenofovir df tab 400-300- 300 mg</i>	\$0 NDS (Tier 3)
<i>efavirenz-lamivudine- tenofovir df tab 600-300- 300 mg</i>	\$0 NDS (Tier 3)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	\$0 NDS (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	\$0 NDS (Tier 3)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	\$0 NDS (Tier 3)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	\$0 (Tier 2)
EVOTAZ TAB 300-150	\$0 NDS (Tier 3)
GENVOYA TAB	\$0 NDS (Tier 3)
JULUCA TAB 50-25MG	\$0 NDS (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>lamivudine-zidovudine tab 150-300 mg</i>	\$0 (Tier 2)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	\$0 (Tier 2)
<i>lopinavir-ritonavir tab 100-25 mg</i>	\$0 (Tier 2)
<i>lopinavir-ritonavir tab 200-50 mg</i>	\$0 (Tier 2)
ODEFSEY TAB	\$0 NDS (Tier 3)
PREZCOBIX TAB 800-150	\$0 NDS (Tier 3)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)**

STRIBILD TAB	\$0 NDS (Tier 3)
SYMTUZA TAB	\$0 NDS (Tier 3)
TRIUMEQ PD TAB	\$0 NDS (Tier 3)
TRIUMEQ TAB	\$0 NDS (Tier 3)

***ANTITUBERCULAR AGENTS - DRUGS TO
TREAT TUBERCULOSIS***

<i>cycloserine cap 250 mg</i>	\$0 NDS (Tier 3)
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NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>ethambutol hcl tab 100 mg</i>	\$0 (Tier 2)
<i>ethambutol hcl tab 400 mg</i>	\$0 (Tier 2)
<i>isoniazid syrup 50 mg/5ml</i>	\$0 (Tier 2)
<i>isoniazid tab 100 mg</i>	\$0 (Tier 1)
<i>isoniazid tab 300 mg</i>	\$0 (Tier 1)
PRIFTIN TAB 150MG	\$0 (Tier 4)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>pyrazinamide tab 500 mg</i>	\$0 (Tier 2)
<i>rifabutin cap 150 mg</i>	\$0 (Tier 2)
<i>rifampin cap 150 mg</i>	\$0 (Tier 2)
<i>rifampin cap 300 mg</i>	\$0 (Tier 2)
<i>rifampin for inj 600 mg</i>	\$0 (Tier 2)
SIRTURO TAB 20MG	\$0 NDS, PA (Tier 3)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)**

SIRTURO TAB 100MG

\$0 NDS, PA
(Tier
3)

TRECATOR TAB 250MG

\$0
(Tier
4)

***ANTIVIRALS - DRUGS TO TREAT VIRAL
INFECTIONS***

acyclovir cap 200 mg

\$0
(Tier
1)

*acyclovir sodium iv soln
50 mg/ml*

\$0 B/D
(Tier
2)

*acyclovir susp 200
mg/5ml*

\$0
(Tier
2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>acyclovir tab 400 mg</i>	\$0 (Tier 1)
<i>acyclovir tab 800 mg</i>	\$0 (Tier 1)
<i>adefovir dipivoxil tab 10 mg</i>	\$0 (Tier 2)
BARACLUDE SOL	\$0 NDS, ST (Tier 3)
<i>entecavir tab 0.5 mg</i>	\$0 (Tier 2)
<i>entecavir tab 1 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
EPCLUSA PAK 150-37.5	\$0 NDS, PA (Tier 3)
EPCLUSA PAK 200-50MG	\$0 NDS, PA (Tier 3)
EPCLUSA TAB 200-50MG	\$0 NDS, PA (Tier 3)
EPCLUSA TAB 400-100	\$0 NDS, PA (Tier 3)
<i>famciclovir tab 125 mg</i>	\$0 (Tier 2)
<i>famciclovir tab 250 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>famciclovir tab 500 mg</i>	\$0 (Tier 2)
<i>ganciclovir sodium for inj 500 mg</i>	\$0 B/D (Tier 2)
HARVONI PAK 33.75- 150MG	\$0 NDS, PA (Tier 3)
HARVONI PAK 45-200MG	\$0 NDS, PA (Tier 3)
HARVONI TAB 45-200MG	\$0 NDS, PA (Tier 3)
HARVONI TAB 90-400MG	\$0 NDS, PA (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>lamivudine tab 100 mg (hbv)</i>	\$0 (Tier 2)
LIVTENCITY TAB 200MG	\$0 NDS, QL (336 (Tier tabs / 28 3) days), PA
MAVYRET PAK 50-20MG	\$0 NDS, PA (Tier 3)
MAVYRET TAB 100-40MG	\$0 NDS, PA (Tier 3)
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	\$0 QL (168 caps / (Tier year) 2)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	\$0 QL (84 caps / (Tier year) 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	\$0 QL (84 caps / (Tier year) 2)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	\$0 QL (1080 mL / (Tier year) 2)
PAXLOVID TAB 150-100	\$0 QL (40 tabs / (Tier 90 days) 2)
PAXLOVID TAB 300-100	\$0 QL (60 tabs / (Tier 90 days) 2)
PEGASYS INJ	\$0 NDS, PA (Tier 3)
PEGASYS INJ 180MCG/M	\$0 NDS, PA (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
PREVYMIS TAB 240MG	\$0 NDS, QL (28 (Tier tabs / 28 3) days), PA
PREVYMIS TAB 480MG	\$0 NDS, QL (28 (Tier tabs / 28 3) days), PA
RELENZA MIS DISKHALE	\$0 QL (6 inhalers / (Tier year) 3)
<i>ribavirin cap 200 mg</i>	\$0 (Tier 2)
<i>ribavirin tab 200 mg</i>	\$0 (Tier 2)
<i>rimantadine hydrochloride tab 100 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>valacyclovir hcl tab 1 gm</i>	\$0 (Tier 2)
<i>valacyclovir hcl tab 500 mg</i>	\$0 (Tier 2)
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	\$0 NDS (Tier 3)
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	\$0 (Tier 2)
VOSEVI TAB	\$0 NDS, PA (Tier 3)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)*****CEPHALOSPORINS - DRUGS TO TREAT
INFECTIONS***

<i>cefaclor cap 250 mg</i>	\$0 (Tier 2)
<i>cefaclor cap 500 mg</i>	\$0 (Tier 2)
<i>cefadroxil cap 500 mg</i>	\$0 (Tier 1)
<i>cefadroxil for susp 250 mg/5ml</i>	\$0 (Tier 2)
<i>cefadroxil for susp 500 mg/5ml</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
CEFAZOLIN INJ 1GM/50ML	\$0 (Tier 4)
CEFAZOLIN INJ 2GM	\$0 (Tier 4)
CEFAZOLIN INJ 3GM	\$0 (Tier 4)
<i>cefazolin sodium for inj 1 gm</i>	\$0 (Tier 2)
<i>cefazolin sodium for inj 2 gm</i>	\$0 (Tier 2)
<i>cefazolin sodium for inj 3 gm</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>cefazolin sodium for inj 10 gm</i>	\$0 (Tier 2)
<i>cefazolin sodium for inj 500 mg</i>	\$0 (Tier 2)
<i>cefazolin sodium for iv soln 1 gm</i>	\$0 (Tier 2)
CEFAZOLIN SOLN 2GM/100ML-4%	\$0 (Tier 4)
CEFAZOLIN/DEX SOL 1GM/50ML-4%	\$0 (Tier 4)
CEFAZOLIN/DEX SOL 2GM/50ML-3%	\$0 (Tier 4)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
CEFAZOLIN/DEX SOL 3GM/50ML-2%	\$0 (Tier 4)
CEFAZOLIN/DEX SOL 3GM/150ML-4%	\$0 (Tier 4)
<i>cefdinir cap 300 mg</i>	\$0 (Tier 2)
<i>cefdinir for susp 125 mg/5ml</i>	\$0 (Tier 2)
<i>cefdinir for susp 250 mg/5ml</i>	\$0 (Tier 2)
<i>cefepime hcl for inj 1 gm</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>cefepime hcl for iv soln 2 gm</i>	\$0 (Tier 2)
<i>cefixime cap 400 mg</i>	\$0 (Tier 2)
<i>cefixime for susp 100 mg/5ml</i>	\$0 (Tier 2)
<i>cefixime for susp 200 mg/5ml</i>	\$0 (Tier 2)
<i>cefotetan disodium for inj 1 gm</i>	\$0 (Tier 2)
<i>cefotetan disodium for inj 2 gm</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>cefoxitin sodium for iv soln 1 gm</i>	\$0 (Tier 2)
<i>cefoxitin sodium for iv soln 2 gm</i>	\$0 (Tier 2)
<i>cefoxitin sodium for iv soln 10 gm</i>	\$0 (Tier 2)
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	\$0 (Tier 2)
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	\$0 (Tier 2)
<i>cefpodoxime proxetil tab 100 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>cefpodoxime proxetil tab 200 mg</i>	\$0 (Tier 2)
<i>cefprozil for susp 125 mg/5ml</i>	\$0 (Tier 2)
<i>cefprozil for susp 250 mg/5ml</i>	\$0 (Tier 2)
<i>cefprozil tab 250 mg</i>	\$0 (Tier 2)
<i>cefprozil tab 500 mg</i>	\$0 (Tier 2)
<i>ceftazidime for inj 1 gm</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>ceftazidime for inj 6 gm</i>	\$0 (Tier 2)
<i>ceftazidime for iv soln 2 gm</i>	\$0 (Tier 2)
<i>ceftriaxone sodium for inj 1 gm</i>	\$0 (Tier 2)
<i>ceftriaxone sodium for inj 2 gm</i>	\$0 (Tier 2)
<i>ceftriaxone sodium for inj 10 gm</i>	\$0 (Tier 2)
<i>ceftriaxone sodium for inj 250 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>ceftriaxone sodium for inj 500 mg</i>	\$0 (Tier 2)
<i>ceftriaxone sodium for iv soln 1 gm</i>	\$0 (Tier 2)
<i>ceftriaxone sodium for iv soln 2 gm</i>	\$0 (Tier 2)
<i>cefuroxime axetil tab 250 mg</i>	\$0 (Tier 2)
<i>cefuroxime axetil tab 500 mg</i>	\$0 (Tier 2)
<i>cefuroxime sodium for inj 750 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>cefuroxime sodium for iv soln 1.5 gm</i>	\$0 (Tier 2)
<i>cephalexin cap 250 mg</i>	\$0 (Tier 1)
<i>cephalexin cap 500 mg</i>	\$0 (Tier 1)
<i>cephalexin for susp 125 mg/5ml</i>	\$0 (Tier 2)
<i>cephalexin for susp 250 mg/5ml</i>	\$0 (Tier 2)
<i>tazicef</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
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TEFLARO INJ 400MG	\$0 NDS (Tier 3)
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TEFLARO INJ 600MG	\$0 NDS (Tier 3)
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ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS

<i>azithromycin for susp 100 mg/5ml</i>	\$0 (Tier 2)
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<i>azithromycin for susp 200 mg/5ml</i>	\$0 (Tier 2)
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<i>azithromycin iv for soln 500 mg</i>	\$0 (Tier 2)
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NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>azithromycin powd pack for susp 1 gm</i>	\$0 (Tier 2)
<i>azithromycin tab 250 mg</i>	\$0 (Tier 1)
<i>azithromycin tab 500 mg</i>	\$0 (Tier 1)
<i>azithromycin tab 600 mg</i>	\$0 (Tier 1)
<i>clarithromycin for susp 125 mg/5ml</i>	\$0 (Tier 2)
<i>clarithromycin for susp 250 mg/5ml</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>clarithromycin tab 250 mg</i>	\$0 (Tier 2)
<i>clarithromycin tab 500 mg</i>	\$0 (Tier 2)
<i>clarithromycin tab er 24hr 500 mg</i>	\$0 (Tier 2)
DIFICID SUS	\$0 NDS (Tier 3)
DIFICID TAB 200MG	\$0 NDS (Tier 3)
<i>e.e.s. 400</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>ery-tab</i>	\$0 (Tier 2)
ERYTHROCIN INJ 500MG	\$0 (Tier 4)
<i>erythromycin ethylsuccinate tab 400 mg</i>	\$0 (Tier 2)
<i>erythromycin lactobionate for inj 500 mg</i>	\$0 (Tier 2)
<i>erythromycin tab 250 mg</i>	\$0 (Tier 2)
<i>erythromycin tab 500 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>erythromycin tab delayed release 250 mg</i>	\$0 (Tier 2)
<i>erythromycin tab delayed release 333 mg</i>	\$0 (Tier 2)
<i>erythromycin tab delayed release 500 mg</i>	\$0 (Tier 2)
<i>erythromycin w/ delayed release particles cap 250 mg</i>	\$0 (Tier 2)
<i>FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS</i>	
CIPRO (10%) SUS 500MG/5	\$0 (Tier 4)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>ciprofloxacin 200 mg/100ml in d5w</i>	\$0 (Tier 2)
<i>ciprofloxacin 400 mg/200ml in d5w</i>	\$0 (Tier 2)
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	\$0 (Tier 1)
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	\$0 (Tier 1)
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	\$0 (Tier 1)
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	\$0 (Tier 2)
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	\$0 (Tier 2)
<i>levofloxacin iv soln 25 mg/ml</i>	\$0 (Tier 2)
<i>levofloxacin oral soln 25 mg/ml</i>	\$0 (Tier 2)
<i>levofloxacin tab 250 mg</i>	\$0 (Tier 1)
<i>levofloxacin tab 500 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
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<i>levofloxacin tab 750 mg</i>	\$0 (Tier 1)
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	\$0 (Tier 2)
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	\$0 (Tier 2)

PENICILLINS - DRUGS TO TREAT INFECTIONS

<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	\$0 (Tier 2)
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	\$0 (Tier 2)
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	\$0 (Tier 2)
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	\$0 (Tier 2)
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	\$0 (Tier 2)
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	\$0 (Tier 2)
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>amoxicillin (trihydrate) cap 250 mg</i>	\$0 (Tier 1)
<i>amoxicillin (trihydrate) cap 500 mg</i>	\$0 (Tier 1)
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	\$0 (Tier 2)
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	\$0 (Tier 2)
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	\$0 (Tier 1)
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	\$0 (Tier 1)
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	\$0 (Tier 1)
<i>amoxicillin (trihydrate) tab 500 mg</i>	\$0 (Tier 1)
<i>amoxicillin (trihydrate) tab 875 mg</i>	\$0 (Tier 1)
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	\$0 (Tier 2)
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1- 0.5) gm</i>	\$0 (Tier 2)
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	\$0 (Tier 2)
<i>ampicillin & sulbactam sodium for iv soln 15 (10- 5) gm</i>	\$0 (Tier 2)
<i>ampicillin cap 500 mg</i>	\$0 (Tier 1)
<i>ampicillin sodium for inj 1 gm</i>	\$0 (Tier 2)
<i>ampicillin sodium for inj 2 gm</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>ampicillin sodium for inj 125 mg</i>	\$0 (Tier 2)
<i>ampicillin sodium for inj 250 mg</i>	\$0 (Tier 2)
<i>ampicillin sodium for inj 500 mg</i>	\$0 (Tier 2)
<i>ampicillin sodium for iv soln 1 gm</i>	\$0 (Tier 2)
<i>ampicillin sodium for iv soln 2 gm</i>	\$0 (Tier 2)
<i>ampicillin sodium for iv soln 10 gm</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
BICILLIN L-A INJ 600000	\$0 (Tier 4)
BICILLIN L-A INJ 1200000	\$0 (Tier 4)
BICILLIN L-A INJ 2400000	\$0 (Tier 4)
<i>dicloxacillin sodium cap 250 mg</i>	\$0 (Tier 2)
<i>dicloxacillin sodium cap 500 mg</i>	\$0 (Tier 2)
<i>nafcillin sodium for inj 1 gm</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>nafcillin sodium for inj 2 gm</i>	\$0 (Tier 2)
<i>nafcillin sodium for iv soln 10 gm</i>	\$0 NDS (Tier 3)
<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	\$0 (Tier 2)
<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	\$0 (Tier 2)
<i>oxacillin sodium for iv soln 10 gm (base equivalent)</i>	\$0 (Tier 2)
<i>penicillin g potassium for inj 5000000 unit</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>penicillin g potassium for inj 20000000 unit</i>	\$0 (Tier 2)
<i>penicillin g sodium for inj 5000000 unit</i>	\$0 (Tier 2)
<i>penicillin v potassium for soln 125 mg/5ml</i>	\$0 (Tier 2)
<i>penicillin v potassium for soln 250 mg/5ml</i>	\$0 (Tier 2)
<i>penicillin v potassium tab 250 mg</i>	\$0 (Tier 1)
<i>penicillin v potassium tab 500 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>pfizerpen</i>	\$0 (Tier 2)
<i>piperacillin sod- tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	\$0 (Tier 2)
<i>piperacillin sod- tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	\$0 (Tier 2)
<i>piperacillin sod- tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	\$0 (Tier 2)
<i>piperacillin sod- tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	\$0 (Tier 2)
<i>piperacillin sod- tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	\$0 (Tier 2)

NAME OF DRUG**WHAT NECESSARY
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YOU
(TIER
LEVEL
)*****TETRACYCLINES - DRUGS TO TREAT
INFECTIONS***

<i>doxy 100</i>	\$0 (Tier 2)
<i>doxycycline hyclate cap 50 mg</i>	\$0 (Tier 2)
<i>doxycycline hyclate cap 100 mg</i>	\$0 (Tier 2)
<i>doxycycline hyclate for inj 100 mg</i>	\$0 (Tier 2)
<i>doxycycline hyclate tab 20 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>doxycycline hyclate tab 100 mg</i>	\$0 (Tier 2)
<i>doxycycline monohydrate cap 50 mg</i>	\$0 (Tier 2)
<i>doxycycline monohydrate cap 100 mg</i>	\$0 (Tier 2)
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	\$0 (Tier 2)
<i>doxycycline monohydrate tab 50 mg</i>	\$0 (Tier 2)
<i>doxycycline monohydrate tab 75 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>doxycycline monohydrate tab 100 mg</i>	\$0 (Tier 2)
<i>minocycline hcl cap 50 mg</i>	\$0 (Tier 2)
<i>minocycline hcl cap 75 mg</i>	\$0 (Tier 2)
<i>minocycline hcl cap 100 mg</i>	\$0 (Tier 2)
NUZYRA INJ 100MG	\$0 NDS (Tier 3)
NUZYRA TAB 150MG	\$0 NDS, QL (30 (Tier tabs / 14 days) 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
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<i>tetracycline hcl cap 250 mg</i>	\$0 (Tier 2)
<i>tetracycline hcl cap 500 mg</i>	\$0 (Tier 2)
<i>tigecycline for iv soln 50 mg</i>	\$0 NDS (Tier 3)

ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER

ALKYLATING AGENTS

BENDAMUSTINE SOL 100/4ML	\$0 NDS, B/D (Tier 3)
BENDEKA INJ 100/4ML	\$0 NDS, B/D (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>carboplatin iv soln 50 mg/5ml</i>	\$0 B/D (Tier 2)
<i>carboplatin iv soln 150 mg/15ml</i>	\$0 B/D (Tier 2)
<i>carboplatin iv soln 450 mg/45ml</i>	\$0 B/D (Tier 2)
<i>carboplatin iv soln 600 mg/60ml</i>	\$0 B/D (Tier 2)
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	\$0 B/D (Tier 2)
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	\$0 B/D (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	\$0 B/D (Tier 2)
CYCLOPHOSPH INJ 1GM	\$0 NDS, B/D (Tier 3)
CYCLOPHOSPH INJ 1GM/2ML	\$0 NDS, B/D (Tier 3)
CYCLOPHOSPH INJ 2GM/4ML	\$0 NDS, B/D (Tier 3)
CYCLOPHOSPH INJ 500/5ML	\$0 NDS, B/D (Tier 3)
CYCLOPHOSPH INJ 500MG/ML	\$0 NDS, B/D (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
CYCLOPHOSPH INJ 1000MG	\$0 NDS, B/D (Tier 3)
CYCLOPHOSPH INJ 2000MG	\$0 NDS, B/D (Tier 3)
CYCLOPHOSPH TAB 25MG	\$0 B/D (Tier 4)
CYCLOPHOSPH TAB 50MG	\$0 B/D (Tier 4)
CYCLOPHOSPHA INJ 2GM/10ML	\$0 NDS, B/D (Tier 3)
CYCLOPHOSPHA INJ 500MG	\$0 NDS, B/D (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>cyclophosphamide cap 25 mg</i>	\$0 B/D (Tier 2)
<i>cyclophosphamide cap 50 mg</i>	\$0 B/D (Tier 2)
<i>cyclophosphamide for inj 1 gm</i>	\$0 B/D (Tier 2)
<i>cyclophosphamide for inj 2 gm</i>	\$0 NDS, B/D (Tier 3)
<i>cyclophosphamide for inj 500 mg</i>	\$0 B/D (Tier 2)
FRINDOVYX INJ 1GM/2ML	\$0 NDS, B/D (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
FRINDOVYX INJ 2GM/4ML	\$0 NDS, B/D (Tier 3)
FRINDOVYX INJ 500MG/ML	\$0 NDS, B/D (Tier 3)
GLEOSTINE CAP 10MG	\$0 (Tier 4)
GLEOSTINE CAP 40MG	\$0 (Tier 4)
GLEOSTINE CAP 100MG	\$0 NDS (Tier 3)
LEUKERAN TAB 2MG	\$0 NDS (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>oxaliplatin for iv inj 50 mg</i>	\$0 B/D (Tier 2)
<i>oxaliplatin for iv inj 100 mg</i>	\$0 NDS, B/D (Tier 3)
<i>oxaliplatin iv soln 50 mg/10ml</i>	\$0 B/D (Tier 2)
<i>oxaliplatin iv soln 100 mg/20ml</i>	\$0 B/D (Tier 2)
<i>oxaliplatin iv soln 200 mg/40ml</i>	\$0 B/D (Tier 2)
VIVIMUSTA INJ 100/4ML	\$0 NDS, B/D (Tier 3)

NAME OF DRUG**WHAT NECESSARY
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LEVEL
)*****ANTIMETABOLITES***

<i>azacitidine for inj 100 mg</i>	\$0 (Tier 3)	NDS, B/D
<i>cytarabine inj 20 mg/ml</i>	\$0 (Tier 2)	B/D
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	\$0 (Tier 2)	B/D
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	\$0 (Tier 2)	B/D
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	\$0 (Tier 2)	B/D
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	\$0 (Tier 2)	B/D

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gemcitabine hcl for inj 1 gm</i>	\$0 B/D (Tier 2)
<i>gemcitabine hcl for inj 2 gm</i>	\$0 B/D (Tier 2)
<i>gemcitabine hcl for inj 200 mg</i>	\$0 B/D (Tier 2)
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	\$0 B/D (Tier 2)
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	\$0 B/D (Tier 2)
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	\$0 B/D (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
INQOVI TAB 35-100MG	\$0 NDS, QL (5 (Tier tabs / 28 3) days), PA
LONSURF TAB 15-6.14	\$0 NDS, QL (100 (Tier tabs / 28 3) days), PA
LONSURF TAB 20-8.19	\$0 NDS, QL (80 (Tier tabs / 28 3) days), PA
<i>mercaptopurine susp 2000 mg/100ml (20 mg/ml)</i>	\$0 NDS (Tier 3)
<i>mercaptopurine tab 50 mg</i>	\$0 (Tier 2)
<i>methotrexate sodium for inj 1 gm</i>	\$0 B/D (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	\$0 B/D (Tier 2)
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	\$0 B/D (Tier 2)
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	\$0 B/D (Tier 2)
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	\$0 B/D (Tier 2)
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	\$0 B/D (Tier 2)
ONUREG TAB 200MG	\$0 NDS, QL (14 (Tier tabs / 28 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
ONUREG TAB 300MG	\$0 NDS, QL (14 (Tier tabs / 28 3) days), PA
<i>pemetrexed disodium for iv soln 100 mg (base equiv)</i>	\$0 NDS, B/D (Tier 3)
<i>pemetrexed disodium for iv soln 500 mg (base equiv)</i>	\$0 NDS, B/D (Tier 3)
<i>pemetrexed disodium for iv soln 750 mg (base equiv)</i>	\$0 NDS, B/D (Tier 3)
<i>pemetrexed disodium for iv soln 1000 mg (base equiv)</i>	\$0 NDS, B/D (Tier 3)
PURIXAN SUS 20MG/ML	\$0 NDS (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
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TABLOID TAB 40MG	\$0 NDS (Tier 3)
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HORMONAL ANTINEOPLASTIC AGENTS

<i>abiraterone acetate tab 250 mg</i>	\$0 NDS, QL (120 (Tier tabs / 30 3) days), PA
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<i>abiraterone acetate tab 500 mg</i>	\$0 NDS, QL (60 (Tier tabs / 30 3) days), PA
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AKEEGA TAB 50/500MG	\$0 NDS, QL (60 (Tier tabs / 30 3) days), PA
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AKEEGA TAB 100/500	\$0 NDS, QL (60 (Tier tabs / 30 3) days), PA
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<i>anastrozole tab 1 mg</i>	\$0 (Tier 1)
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NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>bicalutamide tab 50 mg</i>	\$0 (Tier 2)
ELIGARD INJ 7.5MG	\$0 PA (Tier 4)
ELIGARD INJ 22.5MG	\$0 PA (Tier 4)
ELIGARD INJ 30MG	\$0 PA (Tier 4)
ELIGARD INJ 45MG	\$0 PA (Tier 4)
ERLEADA TAB 60MG	\$0 NDS, QL (120 (Tier tabs / 30 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
ERLEADA TAB 240MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
EULEXIN CAP 125MG	\$0 NDS (Tier 3)
<i>exemestane tab 25 mg</i>	\$0 (Tier 2)
FIRMAGON INJ 80MG	\$0 PA (Tier 4)
FIRMAGON INJ 120MG	\$0 NDS, PA (Tier 3)
<i>fulvestrant inj soln pref syr 250 mg/5ml</i>	\$0 NDS, B/D (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>letrozole tab 2.5 mg</i>	\$0 (Tier 1)
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	\$0 PA (Tier 2)
LUPRON DEPOT INJ 3.75MG	\$0 NDS, PA (Tier 3)
LUPRON DEPOT INJ 11.25MG	\$0 NDS, PA (Tier 3)
LYSODREN TAB 500MG	\$0 NDS (Tier 3)
<i>megestrol acetate tab 20 mg</i>	\$0 (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>megestrol acetate tab 40 mg</i>	\$0 (Tier 3)
<i>nilutamide tab 150 mg</i>	\$0 NDS (Tier 3)
NUBEQA TAB 300MG	\$0 NDS, QL (120 (Tier tabs / 30 3) days), PA
ORGOVYX TAB 120MG	\$0 NDS, PA (Tier 3)
ORSERDU TAB 86MG	\$0 NDS, QL (90 (Tier tabs / 30 3) days), PA
ORSERDU TAB 345MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
SOLTAMOX SOL 10MG/5ML	\$0 NDS (Tier 3)
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	\$0 (Tier 2)
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	\$0 (Tier 2)
<i>toremifene citrate tab 60 mg (base equivalent)</i>	\$0 PA (Tier 2)
XTANDI CAP 40MG	\$0 NDS, QL (120 (Tier caps / 30 3) days), PA
XTANDI TAB 40MG	\$0 NDS, QL (120 (Tier tabs / 30 3) days), PA

NAME OF DRUG**WHAT NECESSARY
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XTANDI TAB 80MG	\$0 (Tier 3)	NDS, QL (60 tabs / 30 days), PA
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IMMUNOMODULATORS

<i>lenalidomide cap 5 mg</i>	\$0 (Tier 3)	NDS, QL (28 caps / 28 days), PA
<i>lenalidomide cap 10 mg</i>	\$0 (Tier 3)	NDS, QL (28 caps / 28 days), PA
<i>lenalidomide cap 15 mg</i>	\$0 (Tier 3)	NDS, QL (28 caps / 28 days), PA
<i>lenalidomide cap 20 mg</i>	\$0 (Tier 3)	NDS, QL (21 caps / 28 days), PA
<i>lenalidomide cap 25 mg</i>	\$0 (Tier 3)	NDS, QL (21 caps / 28 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>lenalidomide caps 2.5 mg</i>	\$0 NDS, QL (28 (Tier caps / 28 3) days), PA
POMALYST CAP 1MG	\$0 NDS, QL (21 (Tier caps / 28 3) days), PA
POMALYST CAP 2MG	\$0 NDS, QL (21 (Tier caps / 28 3) days), PA
POMALYST CAP 3MG	\$0 NDS, QL (21 (Tier caps / 28 3) days), PA
POMALYST CAP 4MG	\$0 NDS, QL (21 (Tier caps / 28 3) days), PA
THALOMID CAP 50MG	\$0 NDS, QL (84 (Tier caps / 28 3) days), PA

NAME OF DRUG**WHAT NECESSARY
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YOU
(TIER
LEVEL
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THALOMID CAP 100MG	\$0 (Tier 3)	NDS, QL (112 caps / 28 days), PA
THALOMID CAP 150MG	\$0 (Tier 3)	NDS, QL (56 caps / 28 days), PA
THALOMID CAP 200MG	\$0 (Tier 3)	NDS, QL (56 caps / 28 days), PA
MISCELLANEOUS		
BESREMI SOL 500MCG	\$0 (Tier 3)	NDS, QL (2 syringes / 28 days), PA
<i>bexarotene cap 75 mg</i>	\$0 (Tier 3)	NDS, QL (300 caps / 30 days), PA
<i>doxorubicin hcl inj 2 mg/ml</i>	\$0 (Tier 2)	B/D

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>doxorubicin hcl liposomal susp (for iv infusion) 2 mg/ml</i>	\$0 NDS, B/D (Tier 3)
<i>hydroxyurea cap 500 mg</i>	\$0 (Tier 2)
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	\$0 B/D (Tier 2)
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	\$0 B/D (Tier 2)
<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	\$0 B/D (Tier 2)
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	\$0 B/D (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
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IWILFIN TAB 192MG	\$0 NDS, QL (240 (Tier tabs / 30 3) days), PA
MATULANE CAP 50MG	\$0 NDS (Tier 3)
<i>tretinoin cap 10 mg</i>	\$0 NDS (Tier 3)
WELIREG TAB 40MG	\$0 NDS, QL (90 (Tier tabs / 30 3) days), PA

MITOTIC INHIBITORS

<i>docetaxel for inj conc 20 mg/ml</i>	\$0 B/D (Tier 2)
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	\$0 NDS, B/D (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	\$0 NDS, B/D (Tier 3)
DOCETAXEL INJ 20MG/2ML	\$0 NDS, B/D (Tier 3)
DOCETAXEL INJ 80MG/4ML	\$0 NDS, B/D (Tier 3)
DOCETAXEL INJ 80MG/8ML	\$0 NDS, B/D (Tier 3)
DOCETAXEL INJ 160/8ML	\$0 NDS, B/D (Tier 3)
DOCETAXEL INJ 160/16ML	\$0 NDS, B/D (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	\$0 NDS, B/D (Tier 3)
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	\$0 NDS, B/D (Tier 3)
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	\$0 NDS, B/D (Tier 3)
DOCIVYX INJ 20MG/2ML	\$0 NDS, B/D (Tier 3)
DOCIVYX INJ 80MG/8ML	\$0 NDS, B/D (Tier 3)
DOCIVYX INJ 160/16ML	\$0 NDS, B/D (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>etoposide inj 1 gm/50ml (20 mg/ml)</i>	\$0 B/D (Tier 2)
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	\$0 B/D (Tier 2)
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	\$0 B/D (Tier 2)
<i>paclitaxel inj 100mg</i>	\$0 NDS, B/D (Tier 3)
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	\$0 B/D (Tier 2)
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	\$0 B/D (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	\$0 B/D (Tier 2)
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	\$0 B/D (Tier 2)
<i>vincristine sulfate iv soln 1 mg/ml</i>	\$0 B/D (Tier 2)
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	\$0 B/D (Tier 2)
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	\$0 B/D (Tier 2)
MOLECULAR TARGET AGENTS	
ALECENSA CAP 150MG	\$0 NDS, QL (240 (Tier caps / 30 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
ALUNBRIG PAK	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
ALUNBRIG TAB 30MG	\$0 NDS, QL (120 (Tier tabs / 30 3) days), PA
ALUNBRIG TAB 90MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
ALUNBRIG TAB 180MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
AUGTYRO CAP 40MG	\$0 NDS, QL (240 (Tier caps / 30 3) days), PA
AUGTYRO CAP 160MG	\$0 NDS, QL (60 (Tier caps / 30 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
AYVAKIT TAB 25MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
AYVAKIT TAB 50MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
AYVAKIT TAB 100MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
AYVAKIT TAB 200MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
AYVAKIT TAB 300MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
BALVERSA TAB 3MG	\$0 NDS, QL (84 (Tier tabs / 28 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
BALVERSA TAB 4MG	\$0 NDS, QL (56 (Tier tabs / 28 3) days), PA
BALVERSA TAB 5MG	\$0 NDS, QL (28 (Tier tabs / 28 3) days), PA
<i>bortezomib for inj 3.5 mg</i>	\$0 NDS, PA (Tier 3)
BORTEZOMIB INJ 1MG	\$0 PA (Tier 4)
BORTEZOMIB INJ 2.5MG	\$0 PA (Tier 4)
BOSULIF CAP 50MG	\$0 NDS, QL (360 (Tier caps / 30 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
BOSULIF CAP 100MG	\$0 NDS, QL (150 (Tier caps / 25 3) days), PA
BOSULIF TAB 100MG	\$0 NDS, QL (180 (Tier tabs / 30 3) days), PA
BOSULIF TAB 400MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
BOSULIF TAB 500MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
BRAFTOVI CAP 75MG	\$0 NDS, QL (180 (Tier caps / 30 3) days), PA
BRUKINSA CAP 80MG	\$0 NDS, QL (120 (Tier caps / 30 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
CABOMETYX TAB 20MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
CABOMETYX TAB 40MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
CABOMETYX TAB 60MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
CALQUENCE CAP 100MG	\$0 NDS, QL (60 (Tier caps / 30 3) days), PA
CALQUENCE TAB 100MG	\$0 NDS, QL (60 (Tier tabs / 30 3) days), PA
CAPRELSA TAB 100MG	\$0 NDS, QL (60 (Tier tabs / 30 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
CAPRELSA TAB 300MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
COMETRIQ (60MG DOSE)	\$0 NDS, QL (84 (Tier caps / 28 3) days), PA
COMETRIQ KIT 100MG	\$0 NDS, QL (56 (Tier caps / 28 3) days), PA
COMETRIQ KIT 140MG	\$0 NDS, QL (112 (Tier caps / 28 3) days), PA
COPIKTRA CAP 15MG	\$0 NDS, QL (56 (Tier caps / 28 3) days), PA
COPIKTRA CAP 25MG	\$0 NDS, QL (56 (Tier caps / 28 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
COTELLIC TAB 20MG	\$0 NDS, QL (63 (Tier tabs / 28 3) days), PA
DANZITEN TAB 71MG	\$0 NDS, QL (112 (Tier tabs / 28 3) days), PA
DANZITEN TAB 95MG	\$0 NDS, QL (112 (Tier tabs / 28 3) days), PA
<i>dasatinib tab 20 mg</i>	\$0 NDS, QL (90 (Tier tabs / 30 3) days), PA
<i>dasatinib tab 50 mg</i>	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
<i>dasatinib tab 70 mg</i>	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>dasatinib tab 80 mg</i>	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
<i>dasatinib tab 100 mg</i>	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
<i>dasatinib tab 140 mg</i>	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
DAURISMO TAB 25MG	\$0 NDS, QL (60 (Tier tabs / 30 3) days), PA
DAURISMO TAB 100MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
ERIVEDGE CAP 150MG	\$0 NDS, QL (30 (Tier caps / 30 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	\$0 NDS, QL (90 (Tier tabs / 30 3) days), PA
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
<i>everolimus tab 2.5 mg</i>	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
<i>everolimus tab 5 mg</i>	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
<i>everolimus tab 7.5 mg</i>	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>everolimus tab 10 mg</i>	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
<i>everolimus tab for oral susp 2 mg</i>	\$0 NDS, QL (150 (Tier tabs / 30 3) days), PA
<i>everolimus tab for oral susp 3 mg</i>	\$0 NDS, QL (90 (Tier tabs / 30 3) days), PA
<i>everolimus tab for oral susp 5 mg</i>	\$0 NDS, QL (60 (Tier tabs / 30 3) days), PA
FOTIVDA CAP 0.89MG	\$0 NDS, QL (21 (Tier caps / 28 3) days), PA
FOTIVDA CAP 1.34MG	\$0 NDS, QL (21 (Tier caps / 28 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
FRUZAQLA CAP 1MG	\$0 NDS, QL (84 (Tier caps / 28 3) days), PA
FRUZAQLA CAP 5MG	\$0 NDS, QL (21 (Tier caps / 28 3) days), PA
GAVRETO CAP 100MG	\$0 NDS, QL (120 (Tier caps / 30 3) days), PA
<i>gefitinib tab 250 mg</i>	\$0 NDS, QL (60 (Tier tabs / 30 3) days), PA
GILOTRIF TAB 20MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
GILOTRIF TAB 30MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
GILOTRIF TAB 40MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
GOMEKLI CAP 1MG	\$0 NDS, QL (168 (Tier caps / 28 3) days), PA
GOMEKLI CAP 2MG	\$0 NDS, QL (84 (Tier caps / 28 3) days), PA
GOMEKLI TAB 1MG	\$0 NDS, QL (168 (Tier tabs / 28 3) days), PA
HERCEP HYLEC SOL 60- 10000	\$0 NDS, PA (Tier 3)
HERCEPTIN INJ 150MG	\$0 NDS, PA (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
HERZUMA INJ 150MG	\$0 NDS, PA (Tier 3)
HERZUMA INJ 420MG	\$0 NDS, PA (Tier 3)
IBRANCE CAP 75MG	\$0 NDS, QL (21 (Tier caps / 28 3) days), PA
IBRANCE CAP 100MG	\$0 NDS, QL (21 (Tier caps / 28 3) days), PA
IBRANCE CAP 125MG	\$0 NDS, QL (21 (Tier caps / 28 3) days), PA
IBRANCE TAB 75MG	\$0 NDS, QL (21 (Tier tabs / 28 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
IBRANCE TAB 100MG	\$0 NDS, QL (21 (Tier tabs / 28 3) days), PA
IBRANCE TAB 125MG	\$0 NDS, QL (21 (Tier tabs / 28 3) days), PA
ICLUSIG TAB 10MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
ICLUSIG TAB 15MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
ICLUSIG TAB 30MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
ICLUSIG TAB 45MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
IDHIFA TAB 50MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
IDHIFA TAB 100MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	\$0 NDS, QL (90 (Tier tabs / 30 3) days), PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	\$0 NDS, QL (60 (Tier tabs / 30 3) days), PA
IMBRUVICA CAP 70MG	\$0 NDS, QL (30 (Tier caps / 30 3) days), PA
IMBRUVICA CAP 140MG	\$0 NDS, QL (120 (Tier caps / 30 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
IMBRUVICA SUS 70MG/ML	\$0 NDS, QL (216 (Tier mL / 27 days), 3) PA
IMBRUVICA TAB 140MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
IMBRUVICA TAB 280MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
IMBRUVICA TAB 420MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
IMKELDI SOL 80MG/ML	\$0 NDS, QL (280 (Tier mL / 28 days), 3) PA
INLYTA TAB 1MG	\$0 NDS, QL (180 (Tier tabs / 30 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
INLYTA TAB 5MG	\$0 NDS, QL (120 (Tier tabs / 30 3) days), PA
INREBIC CAP 100MG	\$0 NDS, QL (120 (Tier caps / 30 3) days), PA
ITOVEBI TAB 3MG	\$0 NDS, QL (56 (Tier tabs / 28 3) days), PA
ITOVEBI TAB 9MG	\$0 NDS, QL (28 (Tier tabs / 28 3) days), PA
JAKAFI TAB 5MG	\$0 NDS, QL (60 (Tier tabs / 30 3) days), PA
JAKAFI TAB 10MG	\$0 NDS, QL (60 (Tier tabs / 30 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
JAKAFI TAB 15MG	\$0 NDS, QL (60 (Tier tabs / 30 3) days), PA
JAKAFI TAB 20MG	\$0 NDS, QL (60 (Tier tabs / 30 3) days), PA
JAKAFI TAB 25MG	\$0 NDS, QL (60 (Tier tabs / 30 3) days), PA
JAYPIRCA TAB 50MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
JAYPIRCA TAB 100MG	\$0 NDS, QL (60 (Tier tabs / 30 3) days), PA
KADCYLA INJ 100MG	\$0 NDS, B/D (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
KADCYLA INJ 160MG	\$0 NDS, B/D (Tier 3)
KANJINTI INJ 420MG	\$0 NDS, PA (Tier 3)
KANJINTI SOL 150MG	\$0 NDS, PA (Tier 3)
KEYTRUDA INJ 100MG/4M	\$0 NDS, PA (Tier 3)
KISQALI 200 DOSE	\$0 NDS, QL (21 (Tier tabs / 28 3) days), PA
KISQALI 200 PAK FEMARA	\$0 NDS, QL (49 (Tier tabs / 28 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
KISQALI 400 DOSE	\$0 NDS, QL (42 (Tier tabs / 28 3) days), PA
KISQALI 400 PAK FEMARA	\$0 NDS, QL (70 (Tier tabs / 28 3) days), PA
KISQALI 600 DOSE	\$0 NDS, QL (63 (Tier tabs / 28 3) days), PA
KISQALI 600 PAK FEMARA	\$0 NDS, QL (91 (Tier tabs / 28 3) days), PA
KOSELUGO CAP 10MG	\$0 NDS, QL (240 (Tier caps / 30 3) days), PA
KOSELUGO CAP 25MG	\$0 NDS, QL (120 (Tier caps / 30 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
KRAZATI TAB 200MG	\$0 NDS, QL (180 (Tier tabs / 30 3) days), PA
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	\$0 NDS, QL (180 (Tier tabs / 30 3) days), PA
LAZCLUZE TAB 80MG	\$0 NDS, QL (60 (Tier tabs / 30 3) days), PA
LAZCLUZE TAB 240MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
LENVIMA CAP 4MG	\$0 NDS, QL (30 (Tier caps / 30 3) days), PA
LENVIMA CAP 8 MG	\$0 NDS, QL (60 (Tier caps / 30 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
LENVIMA CAP 10 MG	\$0 NDS, QL (30 (Tier caps / 30 3) days), PA
LENVIMA CAP 12MG	\$0 NDS, QL (90 (Tier caps / 30 3) days), PA
LENVIMA CAP 14 MG	\$0 NDS, QL (60 (Tier caps / 30 3) days), PA
LENVIMA CAP 18 MG	\$0 NDS, QL (90 (Tier caps / 30 3) days), PA
LENVIMA CAP 20 MG	\$0 NDS, QL (60 (Tier caps / 30 3) days), PA
LENVIMA CAP 24 MG	\$0 NDS, QL (90 (Tier caps / 30 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
LORBRENA TAB 25MG	\$0 NDS, QL (90 (Tier tabs / 30 3) days), PA
LORBRENA TAB 100MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
LUMAKRAS TAB 120MG	\$0 NDS, QL (240 (Tier tabs / 30 3) days), PA
LUMAKRAS TAB 240MG	\$0 NDS, QL (120 (Tier tabs / 30 3) days), PA
LUMAKRAS TAB 320MG	\$0 NDS, QL (90 (Tier tabs / 30 3) days), PA
LYNPARZA TAB 100MG	\$0 NDS, QL (120 (Tier tabs / 30 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
LYNPARZA TAB 150MG	\$0 NDS, QL (120 (Tier tabs / 30 3) days), PA
LYTGOBI (12 MG DAILY DOSE)	\$0 NDS, QL (84 (Tier tabs / 28 3) days), PA
LYTGOBI (16 MG DAILY DOSE)	\$0 NDS, QL (112 (Tier tabs / 28 3) days), PA
LYTGOBI (20 MG DAILY DOSE)	\$0 NDS, QL (140 (Tier tabs / 28 3) days), PA
MEKINIST SOL 0.05/ML	\$0 NDS, QL (1260 (Tier mL / 30 days), 3) PA
MEKINIST TAB 0.5MG	\$0 NDS, QL (90 (Tier tabs / 30 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
MEKINIST TAB 2MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
MEKTOVI TAB 15MG	\$0 NDS, QL (180 (Tier tabs / 30 3) days), PA
MONJUVI INJ 200MG	\$0 NDS, PA (Tier 3)
NERLYNX TAB 40MG	\$0 NDS, QL (180 (Tier tabs / 30 3) days), PA
NINLARO CAP 2.3MG	\$0 NDS, QL (3 (Tier caps / 28 3) days), PA
NINLARO CAP 3MG	\$0 NDS, QL (3 (Tier caps / 28 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
NINLARO CAP 4MG	\$0 NDS, QL (3 (Tier caps / 28 3) days), PA
ODOMZO CAP 200MG	\$0 NDS, QL (30 (Tier caps / 30 3) days), PA
OGIVRI INJ 150MG	\$0 NDS, PA (Tier 3)
OGIVRI INJ 420MG	\$0 NDS, PA (Tier 3)
OGSIVEO TAB 50MG	\$0 NDS, QL (180 (Tier tabs / 30 3) days), PA
OGSIVEO TAB 100MG	\$0 NDS, QL (56 (Tier tabs / 28 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
OGSIVEO TAB 150MG	\$0 NDS, QL (56 (Tier tabs / 28 3) days), PA
OJEMDA SUS 25MG/ML	\$0 NDS, QL (96 (Tier mL / 28 days), 3) PA
OJEMDA TAB 100MG	\$0 NDS, QL (24 (Tier tabs / 28 3) days), PA
OJJAARA TAB 100MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
OJJAARA TAB 150MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
OJJAARA TAB 200MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
ONTRUZANT INJ 150MG	\$0 NDS, PA (Tier 3)
ONTRUZANT INJ 420MG	\$0 NDS, PA (Tier 3)
<i>pazopanib hcl tab 200 mg (base equiv)</i>	\$0 NDS, QL (120 (Tier tabs / 30 3) days), PA
PEMAZYRE TAB 4.5MG	\$0 NDS, QL (28 (Tier tabs / 28 3) days), PA
PEMAZYRE TAB 9MG	\$0 NDS, QL (28 (Tier tabs / 28 3) days), PA
PEMAZYRE TAB 13.5MG	\$0 NDS, QL (28 (Tier tabs / 28 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
PHESGO SOL	\$0 NDS, PA (Tier 3)
PIQRAY 200MG TAB DOSE	\$0 NDS, QL (28 (Tier tabs / 28 3) days), PA
PIQRAY 250MG TAB DOSE	\$0 NDS, QL (56 (Tier tabs / 28 3) days), PA
PIQRAY 300MG TAB DOSE	\$0 NDS, QL (56 (Tier tabs / 28 3) days), PA
QINLOCK TAB 50MG	\$0 NDS, QL (90 (Tier tabs / 30 3) days), PA
RETEVMO CAP 40MG	\$0 NDS, QL (180 (Tier caps / 30 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
RETEVMO CAP 80MG	\$0 NDS, QL (120 (Tier caps / 30 3) days), PA
RETEVMO TAB 40MG	\$0 NDS, QL (90 (Tier tabs / 30 3) days), PA
RETEVMO TAB 80MG	\$0 NDS, QL (60 (Tier tabs / 30 3) days), PA
RETEVMO TAB 120MG	\$0 NDS, QL (60 (Tier tabs / 30 3) days), PA
RETEVMO TAB 160MG	\$0 NDS, QL (60 (Tier tabs / 30 3) days), PA
REVUFORJ TAB 25MG	\$0 NDS, QL (240 (Tier tabs / 30 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
REVUFORJ TAB 110MG	\$0 NDS, QL (120 (Tier tabs / 30 3) days), PA
REVUFORJ TAB 160MG	\$0 NDS, QL (60 (Tier tabs / 30 3) days), PA
REZLIDHIA CAP 150MG	\$0 NDS, QL (60 (Tier caps / 30 3) days), PA
ROZLYTREK CAP 100MG	\$0 NDS, QL (180 (Tier caps / 30 3) days), PA
ROZLYTREK CAP 200MG	\$0 NDS, QL (90 (Tier caps / 30 3) days), PA
ROZLYTREK PAK 50MG	\$0 NDS, QL (336 (Tier packets / 28 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
RUBRACA TAB 200MG	\$0 NDS, QL (120 (Tier tabs / 30 3) days), PA
RUBRACA TAB 250MG	\$0 NDS, QL (120 (Tier tabs / 30 3) days), PA
RUBRACA TAB 300MG	\$0 NDS, QL (120 (Tier tabs / 30 3) days), PA
RYDAPT CAP 25MG	\$0 NDS, QL (224 (Tier caps / 28 3) days), PA
SCEMBLIX TAB 20MG	\$0 NDS, QL (60 (Tier tabs / 30 3) days), PA
SCEMBLIX TAB 40MG	\$0 NDS, QL (300 (Tier tabs / 30 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
SCSEMBLIX TAB 100MG	\$0 NDS, QL (120 (Tier tabs / 30 3) days), PA
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	\$0 NDS, QL (120 (Tier tabs / 30 3) days), PA
STIVARGA TAB 40MG	\$0 NDS, QL (84 (Tier tabs / 28 3) days), PA
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	\$0 NDS, QL (30 (Tier caps / 30 3) days), PA
<i>sunitinib malate cap 25 mg (base equivalent)</i>	\$0 NDS, QL (30 (Tier caps / 30 3) days), PA
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	\$0 NDS, QL (30 (Tier caps / 30 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>sunitinib malate cap 50 mg (base equivalent)</i>	\$0 NDS, QL (30 (Tier caps / 30 3) days), PA
TABRECTA TAB 150MG	\$0 NDS, QL (112 (Tier tabs / 28 3) days), PA
TABRECTA TAB 200MG	\$0 NDS, QL (112 (Tier tabs / 28 3) days), PA
TAFINLAR CAP 50MG	\$0 NDS, QL (120 (Tier caps / 30 3) days), PA
TAFINLAR CAP 75MG	\$0 NDS, QL (120 (Tier caps / 30 3) days), PA
TAFINLAR TAB 10MG	\$0 NDS, QL (900 (Tier tabs / 30 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
TAGRISSE TAB 40MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
TAGRISSE TAB 80MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
TALZENNA CAP 0.1MG	\$0 NDS, QL (30 (Tier caps / 30 3) days), PA
TALZENNA CAP 0.5MG	\$0 NDS, QL (30 (Tier caps / 30 3) days), PA
TALZENNA CAP 0.25MG	\$0 NDS, QL (90 (Tier caps / 30 3) days), PA
TALZENNA CAP 0.35MG	\$0 NDS, QL (30 (Tier caps / 30 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
TALZENNA CAP 0.75MG	\$0 NDS, QL (30 (Tier caps / 30 3) days), PA
TALZENNA CAP 1MG	\$0 NDS, QL (30 (Tier caps / 30 3) days), PA
TASIGNA CAP 50MG	\$0 NDS, QL (120 (Tier caps / 30 3) days), PA
TASIGNA CAP 150MG	\$0 NDS, QL (112 (Tier caps / 28 3) days), PA
TASIGNA CAP 200MG	\$0 NDS, QL (112 (Tier caps / 28 3) days), PA
TAZVERIK TAB 200MG	\$0 NDS, QL (240 (Tier tabs / 30 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
TECENTRIQ INJ 840/14	\$0 NDS, PA (Tier 3)
TECENTRIQ INJ 1200/20	\$0 NDS, PA (Tier 3)
TECENTRIQ INJ HYBREZA	\$0 NDS, QL (1 vial / 21 days), PA (Tier 3)
TEPMETKO TAB 225MG	\$0 NDS, QL (60 tabs / 30 days), PA (Tier 3)
TIBSOVO TAB 250MG	\$0 NDS, QL (60 tabs / 30 days), PA (Tier 3)
<i>torpenz tab 2.5mg</i>	\$0 NDS, QL (30 tabs / 30 days), PA (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>torpenz tab 5mg</i>	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
<i>torpenz tab 7.5mg</i>	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
<i>torpenz tab 10mg</i>	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
TRAZIMERA INJ 150MG	\$0 NDS, PA (Tier 3)
TRAZIMERA INJ 420MG	\$0 NDS, PA (Tier 3)
TRUQAP PAK 160MG	\$0 NDS, QL (4 (Tier packs / 28 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
TRUQAP PAK 200MG	\$0 NDS, QL (4 (Tier packs / 28 3) days), PA
TRUQAP TAB 160MG	\$0 NDS, QL (64 (Tier tabs / 28 3) days), PA
TRUQAP TAB 200MG	\$0 NDS, QL (64 (Tier tabs / 28 3) days), PA
TRUXIMA INJ 100/10ML	\$0 NDS, PA (Tier 3)
TRUXIMA INJ 500/50ML	\$0 NDS, PA (Tier 3)
TUKYSA TAB 50MG	\$0 NDS, QL (120 (Tier tabs / 30 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
TUKYSA TAB 150MG	\$0 NDS, QL (120 (Tier tabs / 30 3) days), PA
TURALIO CAP 125MG	\$0 NDS, QL (120 (Tier caps / 30 3) days), PA
VANFLYTA TAB 17.7MG	\$0 NDS, QL (56 (Tier tabs / 28 3) days), PA
VANFLYTA TAB 26.5MG	\$0 NDS, QL (56 (Tier tabs / 28 3) days), PA
VENCLEXTA TAB 10MG	\$0 QL (112 tabs / (Tier 28 days), PA 3)
VENCLEXTA TAB 50MG	\$0 NDS, QL (112 (Tier tabs / 28 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
VENCLEXTA TAB 100MG	\$0 NDS, QL (180 (Tier tabs / 30 3) days), PA
VENCLEXTA TAB START PK	\$0 NDS, QL (42 (Tier tabs / 28 3) days), PA
VERZENIO TAB 50MG	\$0 NDS, QL (56 (Tier tabs / 28 3) days), PA
VERZENIO TAB 100MG	\$0 NDS, QL (56 (Tier tabs / 28 3) days), PA
VERZENIO TAB 150MG	\$0 NDS, QL (56 (Tier tabs / 28 3) days), PA
VERZENIO TAB 200MG	\$0 NDS, QL (56 (Tier tabs / 28 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
VITRAKVI CAP 25MG	\$0 NDS, QL (180 (Tier caps / 30 3) days), PA
VITRAKVI CAP 100MG	\$0 NDS, QL (60 (Tier caps / 30 3) days), PA
VITRAKVI SOL 20MG/ML	\$0 NDS, QL (300 (Tier mL / 30 days), 3) PA
VIZIMPRO TAB 15MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
VIZIMPRO TAB 30MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
VIZIMPRO TAB 45MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
VONJO CAP 100MG	\$0 NDS, QL (120 (Tier caps / 30 3) days), PA
VORANIGO TAB 10MG	\$0 NDS, QL (60 (Tier tabs / 30 3) days), PA
VORANIGO TAB 40MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
XALKORI CAP 20MG	\$0 NDS, QL (240 (Tier caps / 30 3) days), PA
XALKORI CAP 50MG	\$0 NDS, QL (120 (Tier caps / 30 3) days), PA
XALKORI CAP 150MG	\$0 NDS, QL (180 (Tier caps / 30 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
XALKORI CAP 200MG	\$0 NDS, QL (120 (Tier caps / 30 3) days), PA
XALKORI CAP 250MG	\$0 NDS, QL (120 (Tier caps / 30 3) days), PA
XOSPATA TAB 40MG	\$0 NDS, QL (90 (Tier tabs / 30 3) days), PA
XPOVIO PAK (40 MG ONCE WEEKLY)	\$0 NDS, QL (16 (Tier tabs / 28 3) days), PA
XPOVIO PAK (40 MG ONCE WEEKLY)	\$0 NDS, QL (4 (Tier tabs / 28 3) days), PA
XPOVIO PAK (40 MG TWICE WEEKLY)	\$0 NDS, QL (8 (Tier tabs / 28 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
XPOVIO PAK (60 MG ONCE WEEKLY)	\$0 NDS, QL (4 (Tier tabs / 28 3) days), PA
XPOVIO PAK (60 MG TWICE WEEKLY)	\$0 NDS, QL (24 (Tier tabs / 28 3) days), PA
XPOVIO PAK (80 MG ONCE WEEKLY)	\$0 NDS, QL (8 (Tier tabs / 28 3) days), PA
XPOVIO PAK (80 MG TWICE WEEKLY)	\$0 NDS, QL (32 (Tier tabs / 28 3) days), PA
XPOVIO PAK (100 MG ONCE WEEKLY)	\$0 NDS, QL (8 (Tier tabs / 28 3) days), PA
ZEJULA TAB 100MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
ZEJULA TAB 200MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
ZEJULA TAB 300MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
ZELBORAF TAB 240MG	\$0 NDS, QL (240 (Tier tabs / 30 3) days), PA
ZIRABEV INJ 100/4ML	\$0 NDS, PA (Tier 3)
ZIRABEV INJ 400/16ML	\$0 NDS, PA (Tier 3)
ZOLINZA CAP 100MG	\$0 NDS, QL (120 (Tier caps / 30 3) days), PA

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)**

ZYDELIG TAB 100MG	\$0 NDS, QL (60 (Tier tabs / 30 3) days), PA
ZYDELIG TAB 150MG	\$0 NDS, QL (60 (Tier tabs / 30 3) days), PA
ZYKADIA TAB 150MG	\$0 NDS, QL (84 (Tier tabs / 28 3) days), PA

PROTECTIVE AGENTS

<i>leucovorin calcium for inj 50 mg</i>	\$0 B/D (Tier 2)
<i>leucovorin calcium for inj 100 mg</i>	\$0 B/D (Tier 2)
<i>leucovorin calcium for inj 200 mg</i>	\$0 B/D (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>leucovorin calcium for inj 350 mg</i>	\$0 B/D (Tier 2)
<i>leucovorin calcium for inj 500 mg</i>	\$0 B/D (Tier 2)
<i>leucovorin calcium inj 500 mg/50ml (10 mg/ml)</i>	\$0 B/D (Tier 2)
<i>leucovorin calcium tab 5 mg</i>	\$0 (Tier 2)
<i>leucovorin calcium tab 10 mg</i>	\$0 (Tier 2)
<i>leucovorin calcium tab 15 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
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<i>leucovorin calcium tab 25 mg</i>	\$0 (Tier 2)
<i>mesna tab 400 mg</i>	\$0 NDS (Tier 3)
MESNEX TAB 400MG	\$0 NDS (Tier 3)

CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS
ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	\$0 QL (30 caps / 30 days) (Tier 1)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	\$0 QL (30 caps / 30 days) (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>amlodipine besylate- benazepril hcl cap 5-20 mg</i>	\$0 QL (30 caps / (Tier 30 days) 1)
<i>amlodipine besylate- benazepril hcl cap 5-40 mg</i>	\$0 QL (30 caps / (Tier 30 days) 1)
<i>amlodipine besylate- benazepril hcl cap 10-20 mg</i>	\$0 QL (30 caps / (Tier 30 days) 1)
<i>amlodipine besylate- benazepril hcl cap 10-40 mg</i>	\$0 QL (30 caps / (Tier 30 days) 1)
<i>benazepril & hydrochlorothiazide tab 5- 6.25mg</i>	\$0 (Tier 1)
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	\$0 (Tier 1)
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	\$0 (Tier 1)
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	\$0 (Tier 1)
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	\$0 (Tier 1)
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	\$0 (Tier 1)
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>enalapril maleate & hydrochlorothiazide tab 5- 12.5 mg</i>	\$0 (Tier 1)
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	\$0 (Tier 1)
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	\$0 (Tier 1)
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	\$0 (Tier 1)
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	\$0 (Tier 1)
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	\$0 (Tier 1)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)**

*lisinopril &
hydrochlorothiazide tab
20-25 mg*

\$0
(Tier
1)

***ACE INHIBITORS - DRUGS TO TREAT HIGH
BLOOD PRESSURE***

benazepril hcl tab 5 mg\$0
(Tier
1)

benazepril hcl tab 10 mg\$0
(Tier
1)

benazepril hcl tab 20 mg\$0
(Tier
1)

benazepril hcl tab 40 mg\$0
(Tier
1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>captopril tab 12.5 mg</i>	\$0 (Tier 1)
<i>captopril tab 25 mg</i>	\$0 (Tier 1)
<i>captopril tab 50 mg</i>	\$0 (Tier 1)
<i>captopril tab 100 mg</i>	\$0 (Tier 1)
<i>enalapril maleate tab 2.5 mg</i>	\$0 (Tier 1)
<i>enalapril maleate tab 5 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>enalapril maleate tab 10 mg</i>	\$0 (Tier 1)
<i>enalapril maleate tab 20 mg</i>	\$0 (Tier 1)
<i>fosinopril sodium tab 10 mg</i>	\$0 (Tier 1)
<i>fosinopril sodium tab 20 mg</i>	\$0 (Tier 1)
<i>fosinopril sodium tab 40 mg</i>	\$0 (Tier 1)
<i>lisinopril tab 2.5 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>lisinopril tab 5 mg</i>	\$0 (Tier 1)
<i>lisinopril tab 10 mg</i>	\$0 (Tier 1)
<i>lisinopril tab 20 mg</i>	\$0 (Tier 1)
<i>lisinopril tab 30 mg</i>	\$0 (Tier 1)
<i>lisinopril tab 40 mg</i>	\$0 (Tier 1)
<i>moexipril hcl tab 7.5 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>moexipril hcl tab 15 mg</i>	\$0 (Tier 1)
<i>perindopril erbumine tab 2 mg</i>	\$0 (Tier 1)
<i>perindopril erbumine tab 4 mg</i>	\$0 (Tier 1)
<i>perindopril erbumine tab 8 mg</i>	\$0 (Tier 1)
<i>quinapril hcl tab 5 mg</i>	\$0 (Tier 1)
<i>quinapril hcl tab 10 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>quinapril hcl tab 20 mg</i>	\$0 (Tier 1)
<i>quinapril hcl tab 40 mg</i>	\$0 (Tier 1)
<i>ramipril cap 1.25 mg</i>	\$0 (Tier 1)
<i>ramipril cap 2.5 mg</i>	\$0 (Tier 1)
<i>ramipril cap 5 mg</i>	\$0 (Tier 1)
<i>ramipril cap 10 mg</i>	\$0 (Tier 1)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
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COST ON USE
YOU
(TIER
LEVEL
)**

trandolapril tab 1 mg

\$0
(Tier
1)

trandolapril tab 2 mg

\$0
(Tier
1)

trandolapril tab 4 mg

\$0
(Tier
1)

***ALDOSTERONE RECEPTOR ANTAGONISTS -
DRUGS TO TREAT HIGH BLOOD PRESSURE***

eplerenone tab 25 mg

\$0
(Tier
2)

eplerenone tab 50 mg

\$0
(Tier
2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
KERENDIA TAB 10MG	\$0 QL (30 tabs / (Tier 30 days) 3)
KERENDIA TAB 20MG	\$0 QL (30 tabs / (Tier 30 days) 3)
<i>spironolactone tab 25 mg</i>	\$0 (Tier 1)
<i>spironolactone tab 50 mg</i>	\$0 (Tier 1)
<i>spironolactone tab 100 mg</i>	\$0 (Tier 1)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)*****ALPHA BLOCKERS - DRUGS TO TREAT HIGH
BLOOD PRESSURE***

<i>doxazosin mesylate tab 1 mg</i>	\$0 (Tier 1)
<i>doxazosin mesylate tab 2 mg</i>	\$0 (Tier 1)
<i>doxazosin mesylate tab 4 mg</i>	\$0 (Tier 1)
<i>doxazosin mesylate tab 8 mg</i>	\$0 (Tier 1)
<i>prazosin hcl cap 1 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>prazosin hcl cap 2 mg</i>	\$0 (Tier 2)
<i>prazosin hcl cap 5 mg</i>	\$0 (Tier 2)
<i>terazosin hcl cap 1 mg (base equivalent)</i>	\$0 (Tier 1)
<i>terazosin hcl cap 2 mg (base equivalent)</i>	\$0 (Tier 1)
<i>terazosin hcl cap 5 mg (base equivalent)</i>	\$0 (Tier 1)
<i>terazosin hcl cap 10 mg (base equivalent)</i>	\$0 (Tier 1)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)****ANGIOTENSIN II RECEPTOR ANTAGONIST
COMBINATIONS - DRUGS TO TREAT HIGH
BLOOD PRESSURE**

<i>amlodipine besylate- olmesartan medoxomil tab 5-20 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>amlodipine besylate- olmesartan medoxomil tab 5-40 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>amlodipine besylate- olmesartan medoxomil tab 10-20 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>amlodipine besylate- olmesartan medoxomil tab 10-40 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>amlodipine besylate- valsartan tab 5-160 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>amlodipine besylate- valsartan tab 5-320 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 1)
<i>amlodipine besylate- valsartan tab 10-160 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 1)
<i>amlodipine besylate- valsartan tab 10-320 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 1)
<i>candesartan cilexetil- hydrochlorothiazide tab 16-12.5 mg</i>	\$0 QL (60 tabs / (Tier 30 days) 1)
<i>candesartan cilexetil- hydrochlorothiazide tab 32-12.5 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 1)
<i>candesartan cilexetil- hydrochlorothiazide tab 32-25 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
EDARBYCLOR TAB 40-12.5	\$0 QL (30 tabs / (Tier 30 days), ST 4)
EDARBYCLOR TAB 40-25MG	\$0 QL (30 tabs / (Tier 30 days), ST 4)
ENTRESTO CAP 6-6MG	\$0 QL (240 caps / (Tier 30 days) 3)
ENTRESTO CAP 15-16MG	\$0 QL (240 caps / (Tier 30 days) 3)
ENTRESTO TAB 24-26MG	\$0 QL (60 tabs / (Tier 30 days) 3)
ENTRESTO TAB 49-51MG	\$0 QL (60 tabs / (Tier 30 days) 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
ENTRESTO TAB 97-103MG	\$0 QL (60 tabs / (Tier 30 days) 3)
<i>irbesartan- hydrochlorothiazide tab 150-12.5 mg</i>	\$0 QL (60 tabs / (Tier 30 days) 1)
<i>irbesartan- hydrochlorothiazide tab 300-12.5 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 1)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	\$0 (Tier 1)
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	\$0 (Tier 1)
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	\$0 (Tier 1)

NAME OF DRUG**WHAT NECESSARY
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DRUG RESTRICTION
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YOU
(TIER
LEVEL
)**

<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-12.5 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 1)
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-25 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 1)
<i>telmisartan-amlodipine tab 40-5 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 1)
<i>telmisartan-amlodipine tab 40-10 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 1)
<i>telmisartan-amlodipine tab 80-5 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 1)
<i>telmisartan-amlodipine tab 80-10 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>telmisartan- hydrochlorothiazide tab 40-12.5 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 1)
<i>telmisartan- hydrochlorothiazide tab 80-12.5 mg</i>	\$0 QL (60 tabs / (Tier 30 days) 1)
<i>telmisartan- hydrochlorothiazide tab 80-25 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 1)
<i>valsartan- hydrochlorothiazide tab 80-12.5 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 1)
<i>valsartan- hydrochlorothiazide tab 160-12.5 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 1)
<i>valsartan- hydrochlorothiazide tab 160-25 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 1)

NAME OF DRUG**WHAT NECESSARY
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DRUG RESTRICTION
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YOU
(TIER
LEVEL
)**

<i>valsartan- hydrochlorothiazide tab 320-12.5 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>valsartan- hydrochlorothiazide tab 320-25 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)

**ANGIOTENSIN II RECEPTOR ANTAGONISTS
- DRUGS TO TREAT HIGH BLOOD
PRESSURE**

<i>candesartan cilexetil tab 4 mg</i>	\$0 (Tier 1)	QL (60 tabs / 30 days)
<i>candesartan cilexetil tab 8 mg</i>	\$0 (Tier 1)	QL (60 tabs / 30 days)
<i>candesartan cilexetil tab 16 mg</i>	\$0 (Tier 1)	QL (60 tabs / 30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>candesartan cilexetil tab 32 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 1)
EDARBI TAB 40MG	\$0 QL (30 tabs / (Tier 30 days), ST 4)
EDARBI TAB 80MG	\$0 QL (30 tabs / (Tier 30 days), ST 4)
<i>irbesartan tab 75 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 1)
<i>irbesartan tab 150 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 1)
<i>irbesartan tab 300 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>losartan potassium tab 25 mg</i>	\$0 (Tier 1)
<i>losartan potassium tab 50 mg</i>	\$0 (Tier 1)
<i>losartan potassium tab 100 mg</i>	\$0 (Tier 1)
<i>olmesartan medoxomil tab 5 mg</i>	\$0 QL (60 tabs / 30 days) (Tier 1)
<i>olmesartan medoxomil tab 20 mg</i>	\$0 QL (30 tabs / 30 days) (Tier 1)
<i>olmesartan medoxomil tab 40 mg</i>	\$0 QL (30 tabs / 30 days) (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>telmisartan tab 20 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 1)
<i>telmisartan tab 40 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 1)
<i>telmisartan tab 80 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 1)
<i>valsartan tab 40 mg</i>	\$0 QL (60 tabs / (Tier 30 days) 1)
<i>valsartan tab 80 mg</i>	\$0 QL (60 tabs / (Tier 30 days) 1)
<i>valsartan tab 160 mg</i>	\$0 QL (60 tabs / (Tier 30 days) 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>valsartan tab 320 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 1)

ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM

<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	\$0 (Tier 2)
<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	\$0 (Tier 2)
<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i>	\$0 (Tier 2)
<i>amiodarone hcl tab 100 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>amiodarone hcl tab 200 mg</i>	\$0 (Tier 1)
<i>amiodarone hcl tab 400 mg</i>	\$0 (Tier 2)
<i>disopyramide phosphate cap 100 mg</i>	\$0 (Tier 4)
<i>disopyramide phosphate cap 150 mg</i>	\$0 (Tier 4)
<i>dofetilide cap 125 mcg (0.125 mg)</i>	\$0 (Tier 2)
<i>dofetilide cap 250 mcg (0.25 mg)</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>dofetilide cap 500 mcg (0.5 mg)</i>	\$0 (Tier 2)
<i>flecainide acetate tab 50 mg</i>	\$0 (Tier 2)
<i>flecainide acetate tab 100 mg</i>	\$0 (Tier 2)
<i>flecainide acetate tab 150 mg</i>	\$0 (Tier 2)
MULTAQ TAB 400MG	\$0 QL (60 tabs / (Tier 30 days) 4)
<i>pacerone</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>pacerone</i>	\$0 (Tier 2)
<i>propafenone hcl cap er 12hr 225 mg</i>	\$0 (Tier 2)
<i>propafenone hcl cap er 12hr 325 mg</i>	\$0 (Tier 2)
<i>propafenone hcl cap er 12hr 425 mg</i>	\$0 (Tier 2)
<i>propafenone hcl tab 150 mg</i>	\$0 (Tier 2)
<i>propafenone hcl tab 225 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>propafenone hcl tab 300 mg</i>	\$0 (Tier 2)
<i>quinidine sulfate tab 200 mg</i>	\$0 (Tier 2)
<i>quinidine sulfate tab 300 mg</i>	\$0 (Tier 2)
<i>sotalol hcl (afib/afl) tab 80 mg</i>	\$0 (Tier 2)
<i>sotalol hcl (afib/afl) tab 120 mg</i>	\$0 (Tier 2)
<i>sotalol hcl (afib/afl) tab 160 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
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<i>sotalol hcl tab 80 mg</i>	\$0 (Tier 1)
<i>sotalol hcl tab 120 mg</i>	\$0 (Tier 1)
<i>sotalol hcl tab 160 mg</i>	\$0 (Tier 1)
<i>sotalol hcl tab 240 mg</i>	\$0 (Tier 1)

ANTILIPEMICS, FIBRATES

<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	\$0 (Tier 2)
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>fenofibrate micronized cap 67 mg</i>	\$0 (Tier 2)
<i>fenofibrate micronized cap 134 mg</i>	\$0 (Tier 2)
<i>fenofibrate micronized cap 200 mg</i>	\$0 (Tier 2)
<i>fenofibrate tab 48 mg</i>	\$0 (Tier 2)
<i>fenofibrate tab 54 mg</i>	\$0 (Tier 2)
<i>fenofibrate tab 145 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
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<i>fenofibrate tab 160 mg</i>	\$0 (Tier 2)
<i>gemfibrozil tab 600 mg</i>	\$0 (Tier 1)

**ANTILIPEMICS, HMG-CoA REDUCTASE
INHIBITORS - DRUGS TO TREAT HIGH
CHOLESTEROL**

ALTOPREV TAB 20MG ER	\$0 (Tier 3)	NDS, QL (30 tabs / 30 days), ST
ALTOPREV TAB 40MG ER	\$0 (Tier 3)	NDS, QL (30 tabs / 30 days), ST
ALTOPREV TAB 60MG ER	\$0 (Tier 3)	NDS, QL (30 tabs / 30 days), ST

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	\$0 QL (30 tabs / (Tier 30 days) 1)
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	\$0 QL (30 tabs / (Tier 30 days) 1)
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	\$0 QL (30 tabs / (Tier 30 days) 1)
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	\$0 QL (30 tabs / (Tier 30 days) 1)
EZALLOR SPR CAP 5MG	\$0 QL (30 caps / (Tier 30 days), ST 4)
EZALLOR SPR CAP 10MG	\$0 QL (30 caps / (Tier 30 days), ST 4)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
EZALLOR SPR CAP 20MG	\$0 QL (30 caps / (Tier 30 days), ST 4)
EZALLOR SPR CAP 40MG	\$0 QL (30 caps / (Tier 30 days), ST 4)
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	\$0 QL (60 caps / (Tier 30 days), ST 1)
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	\$0 QL (60 caps / (Tier 30 days), ST 1)
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	\$0 QL (30 tabs / (Tier 30 days), ST 1)
<i>lovastatin tab 10 mg</i>	\$0 QL (60 tabs / (Tier 30 days) 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>lovastatin tab 20 mg</i>	\$0 QL (60 tabs / (Tier 30 days) 1)
<i>lovastatin tab 40 mg</i>	\$0 QL (60 tabs / (Tier 30 days) 1)
<i>pitavastatin calcium tab 1 mg</i>	\$0 QL (30 tabs / (Tier 30 days), ST 1)
<i>pitavastatin calcium tab 2 mg</i>	\$0 QL (30 tabs / (Tier 30 days), ST 1)
<i>pitavastatin calcium tab 4 mg</i>	\$0 QL (30 tabs / (Tier 30 days), ST 1)
<i>pravastatin sodium tab 10 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>pravastatin sodium tab 20 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 1)
<i>pravastatin sodium tab 40 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 1)
<i>pravastatin sodium tab 80 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 1)
<i>rosuvastatin calcium tab 5 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 1)
<i>rosuvastatin calcium tab 10 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 1)
<i>rosuvastatin calcium tab 20 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>rosuvastatin calcium tab 40 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 1)
<i>simvastatin tab 5 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 1)
<i>simvastatin tab 10 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 1)
<i>simvastatin tab 20 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 1)
<i>simvastatin tab 40 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 1)
<i>simvastatin tab 80 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
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ZYPITAMAG TAB 2MG	\$0 QL (30 tabs / (Tier 30 days), ST 4)
ZYPITAMAG TAB 4MG	\$0 QL (30 tabs / (Tier 30 days), ST 4)

ANTILIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH CHOLESTEROL

<i>cholestyramine light powder 4 gm/dose</i>	\$0 (Tier 2)
<i>cholestyramine light powder packets 4 gm</i>	\$0 (Tier 2)
<i>cholestyramine powder 4 gm/dose</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>cholestyramine powder packets 4 gm</i>	\$0 (Tier 2)
<i>colesevelam hcl packet for susp 3.75 gm</i>	\$0 (Tier 2)
<i>colesevelam hcl tab 625 mg</i>	\$0 (Tier 2)
<i>colestipol hcl granule packets 5 gm</i>	\$0 (Tier 2)
<i>colestipol hcl granules 5 gm</i>	\$0 (Tier 2)
<i>colestipol hcl tab 1 gm</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>ezetimibe tab 10 mg</i>	\$0 (Tier 2)
<i>ezetimibe-simvastatin tab 10-10 mg</i>	\$0 QL (30 tabs / 30 days) (Tier 1)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	\$0 QL (30 tabs / 30 days) (Tier 1)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	\$0 QL (30 tabs / 30 days) (Tier 1)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	\$0 QL (30 tabs / 30 days) (Tier 1)
NEXLETOL TAB 180MG	\$0 QL (30 tabs / 30 days) (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
NEXLIZET TAB 180/10MG	\$0 QL (30 tabs / (Tier 30 days) 3)
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	\$0 QL (60 tabs / (Tier 30 days) 2)
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	\$0 QL (60 tabs / (Tier 30 days) 2)
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	\$0 QL (60 tabs / (Tier 30 days) 2)
<i>omega-3-acid ethyl esters cap 1 gm</i>	\$0 PA (Tier 2)
<i>prevalite</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
REPATHA INJ 140MG/ML	\$0 PA (Tier 3)
REPATHA PUSH INJ 420/3.5	\$0 PA (Tier 3)
REPATHA SURE INJ 140MG/ML	\$0 PA (Tier 3)
VASCEPA CAP 0.5GM	\$0 (Tier 3)
VASCEPA CAP 1GM	\$0 (Tier 3)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)*****BETA-BLOCKER/DIURETIC COMBINATIONS
- DRUGS TO TREAT HIGH BLOOD
PRESSURE AND HEART CONDITIONS***

<i>atenolol & chlorthalidone tab 50-25 mg</i>	\$0 (Tier 1)
<i>atenolol & chlorthalidone tab 100-25 mg</i>	\$0 (Tier 1)
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	\$0 (Tier 1)
<i>bisoprolol & hydrochlorothiazide tab 5- 6.25 mg</i>	\$0 (Tier 1)
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
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<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	\$0 (Tier 2)
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	\$0 (Tier 2)
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	\$0 (Tier 2)

BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

<i>acebutolol hcl cap 200 mg</i>	\$0 (Tier 2)
<i>acebutolol hcl cap 400 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>atenolol tab 25 mg</i>	\$0 (Tier 1)
<i>atenolol tab 50 mg</i>	\$0 (Tier 1)
<i>atenolol tab 100 mg</i>	\$0 (Tier 1)
<i>bisoprolol fumarate tab 5 mg</i>	\$0 (Tier 1)
<i>bisoprolol fumarate tab 10 mg</i>	\$0 (Tier 1)
<i>carvedilol tab 3.125 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>carvedilol tab 6.25 mg</i>	\$0 (Tier 1)
<i>carvedilol tab 12.5 mg</i>	\$0 (Tier 1)
<i>carvedilol tab 25 mg</i>	\$0 (Tier 1)
<i>labetalol hcl tab 100 mg</i>	\$0 (Tier 2)
<i>labetalol hcl tab 200 mg</i>	\$0 (Tier 2)
<i>labetalol hcl tab 300 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	\$0 (Tier 1)
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	\$0 (Tier 1)
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	\$0 (Tier 1)
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	\$0 (Tier 1)
<i>metoprolol tartrate iv soln 5 mg/5ml</i>	\$0 (Tier 2)
<i>metoprolol tartrate tab 25 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>metoprolol tartrate tab 50 mg</i>	\$0 (Tier 1)
<i>metoprolol tartrate tab 100 mg</i>	\$0 (Tier 1)
<i>nadolol tab 20 mg</i>	\$0 (Tier 2)
<i>nadolol tab 40 mg</i>	\$0 (Tier 2)
<i>nadolol tab 80 mg</i>	\$0 (Tier 2)
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	\$0 QL (30 tabs / 30 days) (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	\$0 QL (30 tabs / (Tier 30 days) 2)
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	\$0 QL (30 tabs / (Tier 30 days) 2)
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	\$0 QL (60 tabs / (Tier 30 days) 2)
<i>pindolol tab 5 mg</i>	\$0 (Tier 2)
<i>pindolol tab 10 mg</i>	\$0 (Tier 2)
<i>propranolol hcl cap er 24hr 60 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>propranolol hcl cap er 24hr 80 mg</i>	\$0 (Tier 2)
<i>propranolol hcl cap er 24hr 120 mg</i>	\$0 (Tier 2)
<i>propranolol hcl cap er 24hr 160 mg</i>	\$0 (Tier 2)
<i>propranolol hcl oral soln 20 mg/5ml</i>	\$0 (Tier 2)
<i>propranolol hcl oral soln 40 mg/5ml</i>	\$0 (Tier 2)
<i>propranolol hcl tab 10 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>propranolol hcl tab 20 mg</i>	\$0 (Tier 2)
<i>propranolol hcl tab 40 mg</i>	\$0 (Tier 2)
<i>propranolol hcl tab 60 mg</i>	\$0 (Tier 2)
<i>propranolol hcl tab 80 mg</i>	\$0 (Tier 2)
<i>timolol maleate tab 5 mg</i>	\$0 (Tier 2)
<i>timolol maleate tab 10 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
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<i>timolol maleate tab 20 mg</i>	\$0 (Tier 2)
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***CALCIUM CHANNEL BLOCKERS - DRUGS TO
TREAT HIGH BLOOD PRESSURE AND HEART
CONDITIONS***

<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	\$0 (Tier 1)
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<i>amlodipine besylate tab 5 mg (base equivalent)</i>	\$0 (Tier 1)
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<i>amlodipine besylate tab 10 mg (base equivalent)</i>	\$0 (Tier 1)
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<i>cartia xt</i>	\$0 (Tier 2)
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NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>dilt-xr</i>	\$0 (Tier 2)
<i>diltiazem hcl cap er 12hr 60 mg</i>	\$0 (Tier 2)
<i>diltiazem hcl cap er 12hr 90 mg</i>	\$0 (Tier 2)
<i>diltiazem hcl cap er 12hr 120 mg</i>	\$0 (Tier 2)
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	\$0 (Tier 2)
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	\$0 (Tier 2)
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	\$0 (Tier 2)
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	\$0 (Tier 2)
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	\$0 (Tier 2)
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	\$0 (Tier 2)
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	\$0 (Tier 2)
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	\$0 (Tier 2)
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	\$0 (Tier 2)
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	\$0 (Tier 2)
<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	\$0 (Tier 2)
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>diltiazem hcl tab 30 mg</i>	\$0 (Tier 1)
<i>diltiazem hcl tab 60 mg</i>	\$0 (Tier 1)
<i>diltiazem hcl tab 90 mg</i>	\$0 (Tier 1)
<i>diltiazem hcl tab 120 mg</i>	\$0 (Tier 1)
<i>diltiazem hcl tab er 24hr 120 mg</i>	\$0 (Tier 2)
<i>diltiazem hcl tab er 24hr 180 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>diltiazem hcl tab er 24hr 240 mg</i>	\$0 (Tier 2)
<i>diltiazem hcl tab er 24hr 300 mg</i>	\$0 (Tier 2)
<i>diltiazem hcl tab er 24hr 360 mg</i>	\$0 (Tier 2)
<i>diltiazem hcl tab er 24hr 420 mg</i>	\$0 (Tier 2)
<i>felodipine tab er 24hr 2.5 mg</i>	\$0 (Tier 2)
<i>felodipine tab er 24hr 5 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>felodipine tab er 24hr 10 mg</i>	\$0 (Tier 2)
<i>isradipine cap 2.5 mg</i>	\$0 (Tier 2)
<i>isradipine cap 5 mg</i>	\$0 (Tier 2)
<i>matzim la</i>	\$0 (Tier 2)
<i>nicardipine hcl cap 20 mg</i>	\$0 (Tier 2)
<i>nicardipine hcl cap 30 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>nifedipine tab er 24hr 30 mg</i>	\$0 (Tier 2)
<i>nifedipine tab er 24hr 60 mg</i>	\$0 (Tier 2)
<i>nifedipine tab er 24hr 90 mg</i>	\$0 (Tier 2)
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	\$0 (Tier 2)
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	\$0 (Tier 2)
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>nimodipine cap 30 mg</i>	\$0 (Tier 2)
<i>nisoldipine tab er 24hr 8.5 mg</i>	\$0 (Tier 2)
<i>nisoldipine tab er 24hr 17 mg</i>	\$0 (Tier 2)
<i>nisoldipine tab er 24hr 20 mg</i>	\$0 (Tier 2)
<i>nisoldipine tab er 24hr 25.5 mg</i>	\$0 (Tier 2)
<i>nisoldipine tab er 24hr 30 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>nisoldipine tab er 24hr 34 mg</i>	\$0 (Tier 2)
<i>nisoldipine tab er 24hr 40 mg</i>	\$0 (Tier 2)
<i>tiadylt er</i>	\$0 (Tier 2)
<i>verapamil hcl cap er 24hr 100 mg</i>	\$0 (Tier 2)
<i>verapamil hcl cap er 24hr 120 mg</i>	\$0 (Tier 2)
<i>verapamil hcl cap er 24hr 180 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>verapamil hcl cap er 24hr 200 mg</i>	\$0 (Tier 2)
<i>verapamil hcl cap er 24hr 240 mg</i>	\$0 (Tier 2)
<i>verapamil hcl cap er 24hr 300 mg</i>	\$0 (Tier 2)
<i>verapamil hcl cap er 24hr 360 mg</i>	\$0 (Tier 2)
<i>verapamil hcl iv soln 2.5 mg/ml</i>	\$0 (Tier 2)
<i>verapamil hcl tab 40 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>verapamil hcl tab 80 mg</i>	\$0 (Tier 1)
<i>verapamil hcl tab 120 mg</i>	\$0 (Tier 1)
<i>verapamil hcl tab er 120 mg</i>	\$0 (Tier 1)
<i>verapamil hcl tab er 180 mg</i>	\$0 (Tier 1)
<i>verapamil hcl tab er 240 mg</i>	\$0 (Tier 1)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)*****DIURETICS - DRUGS TO TREAT HEART
CONDITIONS***

<i>acetazolamide cap er 12hr 500 mg</i>	\$0 (Tier 2)
<i>acetazolamide tab 125 mg</i>	\$0 (Tier 2)
<i>acetazolamide tab 250 mg</i>	\$0 (Tier 2)
<i>amiloride & hydrochlorothiazide tab 5- 50 mg</i>	\$0 (Tier 1)
<i>amiloride hcl tab 5 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>bumetanide inj 0.25 mg/ml</i>	\$0 (Tier 2)
<i>bumetanide tab 0.5 mg</i>	\$0 (Tier 2)
<i>bumetanide tab 1 mg</i>	\$0 (Tier 2)
<i>bumetanide tab 2 mg</i>	\$0 (Tier 2)
<i>chlorthalidone tab 25 mg</i>	\$0 (Tier 2)
<i>chlorthalidone tab 50 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>furosemide inj</i>	\$0 (Tier 2)
<i>furosemide oral soln 8 mg/ml</i>	\$0 (Tier 1)
<i>furosemide oral soln 10 mg/ml</i>	\$0 (Tier 1)
<i>furosemide tab 20 mg</i>	\$0 (Tier 1)
<i>furosemide tab 40 mg</i>	\$0 (Tier 1)
<i>furosemide tab 80 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>hydrochlorothiazide cap 12.5 mg</i>	\$0 (Tier 1)
<i>hydrochlorothiazide tab 12.5 mg</i>	\$0 (Tier 1)
<i>hydrochlorothiazide tab 25 mg</i>	\$0 (Tier 1)
<i>hydrochlorothiazide tab 50 mg</i>	\$0 (Tier 1)
<i>indapamide tab 1.25 mg</i>	\$0 (Tier 1)
<i>indapamide tab 2.5 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>methazolamide tab 25 mg</i>	\$0 (Tier 2)
<i>methazolamide tab 50 mg</i>	\$0 (Tier 2)
<i>metolazone tab 2.5 mg</i>	\$0 (Tier 2)
<i>metolazone tab 5 mg</i>	\$0 (Tier 2)
<i>metolazone tab 10 mg</i>	\$0 (Tier 2)
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>torsemide tab 5 mg</i>	\$0 (Tier 1)
<i>torsemide tab 10 mg</i>	\$0 (Tier 1)
<i>torsemide tab 20 mg</i>	\$0 (Tier 1)
<i>torsemide tab 100 mg</i>	\$0 (Tier 1)
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	\$0 (Tier 1)
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
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<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	\$0 (Tier 1)
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MISCELLANEOUS

<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	\$0 (Tier 1)
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<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	\$0 (Tier 1)
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<i>amlodipine besylate- atorvastatin calcium tab 2.5-10 mg</i>	\$0 (Tier 1)
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<i>amlodipine besylate- atorvastatin calcium tab 2.5-20 mg</i>	\$0 (Tier 1)
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<i>amlodipine besylate- atorvastatin calcium tab 2.5-40 mg</i>	\$0 (Tier 1)
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NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>amlodipine besylate- atorvastatin calcium tab 5-10 mg</i>	\$0 (Tier 1)
<i>amlodipine besylate- atorvastatin calcium tab 5-20 mg</i>	\$0 (Tier 1)
<i>amlodipine besylate- atorvastatin calcium tab 5-40 mg</i>	\$0 (Tier 1)
<i>amlodipine besylate- atorvastatin calcium tab 5-80 mg</i>	\$0 (Tier 1)
<i>amlodipine besylate- atorvastatin calcium tab 10-10 mg</i>	\$0 (Tier 1)
<i>amlodipine besylate- atorvastatin calcium tab 10-20 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>amlodipine besylate- atorvastatin calcium tab 10-40 mg</i>	\$0 (Tier 1)
<i>amlodipine besylate- atorvastatin calcium tab 10-80 mg</i>	\$0 (Tier 1)
<i>clonidine hcl tab 0.1 mg</i>	\$0 (Tier 1)
<i>clonidine hcl tab 0.2 mg</i>	\$0 (Tier 1)
<i>clonidine hcl tab 0.3 mg</i>	\$0 (Tier 1)
<i>clonidine td patch weekly 0.1 mg/24hr</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>clonidine td patch weekly 0.2 mg/24hr</i>	\$0 (Tier 2)
<i>clonidine td patch weekly 0.3 mg/24hr</i>	\$0 (Tier 2)
CORLANOR SOL 5MG/5ML	\$0 QL (450 mL / (Tier 30 days) 4)
<i>digoxin inj 0.25 mg/ml</i>	\$0 (Tier 2)
<i>digoxin oral soln 0.05 mg/ml</i>	\$0 (Tier 2)
<i>digoxin tab 125 mcg (0.125 mg)</i>	\$0 QL (30 tabs / (Tier 30 days) 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>digoxin tab 250 mcg (0.25 mg)</i>	\$0 QL (30 tabs / (Tier 30 days) 2)
<i>droxidopa cap 100 mg</i>	\$0 NDS, QL (90 (Tier caps / 30 3) days), PA
<i>droxidopa cap 200 mg</i>	\$0 NDS, QL (180 (Tier caps / 30 3) days), PA
<i>droxidopa cap 300 mg</i>	\$0 NDS, QL (180 (Tier caps / 30 3) days), PA
<i>epinephrine inj 1 mg/ml (1:1000)</i>	\$0 (Tier 2)
<i>guanfacine hcl tab 1 mg</i>	\$0 PA; PA applies (Tier if 70 years and 3) older

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>guanfacine hcl tab 2 mg</i>	\$0 PA; PA applies (Tier if 70 years and 3) older
<i>hydralazine hcl inj 20 mg/ml</i>	\$0 (Tier 2)
<i>hydralazine hcl tab 10 mg</i>	\$0 (Tier 1)
<i>hydralazine hcl tab 25 mg</i>	\$0 (Tier 1)
<i>hydralazine hcl tab 50 mg</i>	\$0 (Tier 1)
<i>hydralazine hcl tab 100 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>ivabradine hcl tab 5 mg (base equiv)</i>	\$0 QL (60 tabs / (Tier 30 days) 2)
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	\$0 QL (60 tabs / (Tier 30 days) 2)
<i>metirosine cap 250 mg</i>	\$0 NDS, PA (Tier 3)
<i>midodrine hcl tab 2.5 mg</i>	\$0 (Tier 2)
<i>midodrine hcl tab 5 mg</i>	\$0 (Tier 2)
<i>midodrine hcl tab 10 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>minoxidil tab 2.5 mg</i>	\$0 (Tier 2)
<i>minoxidil tab 10 mg</i>	\$0 (Tier 2)
<i>ranolazine tab er 12hr 500 mg</i>	\$0 (Tier 2)
<i>ranolazine tab er 12hr 1000 mg</i>	\$0 (Tier 2)
VERQUVO TAB 2.5MG	\$0 QL (30 tabs / (Tier 30 days), PA 3)
VERQUVO TAB 5MG	\$0 QL (30 tabs / (Tier 30 days), PA 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
VERQUVO TAB 10MG	\$0 QL (30 tabs / (Tier 30 days), PA 3)

NITRATES - DRUGS TO TREAT HEART CONDITIONS

<i>isosorbide dinitrate tab 5 mg</i>	\$0 (Tier 2)
<i>isosorbide dinitrate tab 10 mg</i>	\$0 (Tier 2)
<i>isosorbide dinitrate tab 20 mg</i>	\$0 (Tier 2)
<i>isosorbide dinitrate tab 30 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	\$0 (Tier 1)
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	\$0 (Tier 1)
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	\$0 (Tier 1)
NITRO-BID OIN 2%	\$0 (Tier 3)
<i>nitroglycerin sl tab 0.3 mg</i>	\$0 (Tier 2)
<i>nitroglycerin sl tab 0.4 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>nitroglycerin sl tab 0.6 mg</i>	\$0 (Tier 2)
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	\$0 (Tier 2)
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	\$0 (Tier 2)
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	\$0 (Tier 2)
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	\$0 (Tier 2)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)*****PULMONARY ARTERIAL HYPERTENSION -
DRUGS TO TREAT PULMONARY
HYPERTENSION***

<i>alyq</i>	\$0 (Tier 3)	NDS, QL (60 tabs / 30 days), PA
<i>ambrisentan tab 5 mg</i>	\$0 (Tier 3)	NDS, QL (30 tabs / 30 days), PA
<i>ambrisentan tab 10 mg</i>	\$0 (Tier 3)	NDS, QL (30 tabs / 30 days), PA
<i>bosentan tab 62.5 mg</i>	\$0 (Tier 3)	NDS, QL (60 tabs / 30 days), PA
<i>bosentan tab 125 mg</i>	\$0 (Tier 3)	NDS, QL (60 tabs / 30 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
OPSUMIT TAB 10MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
<i>sildenafil citrate tab 20 mg</i>	\$0 QL (360 tabs / (Tier 30 days), PA 2)
<i>tadalafil tab 20 mg (pah)</i>	\$0 NDS, QL (60 (Tier tabs / 30 3) days), PA
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	\$0 NDS, PA (Tier 3)
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	\$0 NDS, PA (Tier 3)
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	\$0 NDS, PA (Tier 3)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)**

*treprostinil inj soln 200
mg/20ml (10 mg/ml)*

\$0 NDS, PA
(Tier
3)

**CENTRAL NERVOUS SYSTEM - DRUGS TO
TREAT NERVOUS SYSTEM DISORDERS*****ANTIANXIETY - DRUGS TO TREAT ANXIETY***

alprazolam tab 0.5 mg

\$0 QL (150 tabs /
(Tier 30 days)
2)

alprazolam tab 0.25 mg

\$0 QL (150 tabs /
(Tier 30 days)
2)

alprazolam tab 1 mg

\$0 QL (150 tabs /
(Tier 30 days)
2)

alprazolam tab 2 mg

\$0 QL (150 tabs /
(Tier 30 days)
2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>buspirone hcl tab 5 mg</i>	\$0 (Tier 1)
<i>buspirone hcl tab 7.5 mg</i>	\$0 (Tier 2)
<i>buspirone hcl tab 10 mg</i>	\$0 (Tier 1)
<i>buspirone hcl tab 15 mg</i>	\$0 (Tier 1)
<i>buspirone hcl tab 30 mg</i>	\$0 (Tier 2)
<i>fluvoxamine maleate tab 25 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>fluvoxamine maleate tab 50 mg</i>	\$0 (Tier 2)
<i>fluvoxamine maleate tab 100 mg</i>	\$0 (Tier 2)
<i>lorazepam conc 2 mg/ml</i>	\$0 QL (150 mL / (Tier 30 days) 2)
<i>lorazepam inj 2 mg/ml</i>	\$0 (Tier 2)
<i>lorazepam inj 4 mg/ml</i>	\$0 (Tier 2)
<i>lorazepam intensol</i>	\$0 QL (150 mL / (Tier 30 days) 2)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)**

<i>lorazepam tab 0.5 mg</i>	\$0 QL (150 tabs / (Tier 30 days) 2)
<i>lorazepam tab 1 mg</i>	\$0 QL (150 tabs / (Tier 30 days) 2)
<i>lorazepam tab 2 mg</i>	\$0 QL (150 tabs / (Tier 30 days) 2)

**ANTIDEMENTIA - DRUGS TO TREAT
DEMENTIA AND MEMORY LOSS**

<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 1)
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	\$0 (Tier 1)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)**

<i>donepezil hydrochloride tab 5 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>donepezil hydrochloride tab 10 mg</i>	\$0 (Tier 1)	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	\$0 (Tier 2)	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	\$0 (Tier 2)	QL (30 caps / 30 days)
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	\$0 (Tier 2)	QL (30 caps / 30 days)
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	\$0 (Tier 2)	QL (200 mL / 30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>galantamine hydrobromide tab 4 mg</i>	\$0 QL (60 tabs / (Tier 30 days) 2)
<i>galantamine hydrobromide tab 8 mg</i>	\$0 QL (60 tabs / (Tier 30 days) 2)
<i>galantamine hydrobromide tab 12 mg</i>	\$0 QL (60 tabs / (Tier 30 days) 2)
<i>memantine hcl cap er 24hr 7 mg</i>	\$0 PA; PA applies (Tier if 29 years and 2) younger
<i>memantine hcl cap er 24hr 14 mg</i>	\$0 PA; PA applies (Tier if 29 years and 2) younger
<i>memantine hcl cap er 24hr 21 mg</i>	\$0 PA; PA applies (Tier if 29 years and 2) younger

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>memantine hcl cap er 24hr 28 mg</i>	\$0 PA; PA applies (Tier if 29 years and 2) younger
<i>memantine hcl oral solution 2 mg/ml</i>	\$0 PA; PA applies (Tier if 29 years and 2) younger
<i>memantine hcl tab 5 mg</i>	\$0 PA; PA applies (Tier if 29 years and 2) younger
<i>memantine hcl tab 10 mg</i>	\$0 PA; PA applies (Tier if 29 years and 2) younger
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>	\$0 (Tier 2)
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>	\$0 (Tier 2)
NAMZARIC CAP 7-10MG	\$0 (Tier 4)
NAMZARIC CAP 14-10MG	\$0 (Tier 4)
NAMZARIC CAP 21-10MG	\$0 (Tier 4)
NAMZARIC CAP 28-10MG	\$0 (Tier 4)
NAMZARIC CAP PACK	\$0 (Tier 4)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	\$0 QL (60 caps / (Tier 30 days) 2)
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	\$0 QL (60 caps / (Tier 30 days) 2)
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	\$0 QL (60 caps / (Tier 30 days) 2)
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	\$0 QL (60 caps / (Tier 30 days) 2)
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	\$0 QL (30 patches (Tier / 30 days) 2)
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	\$0 QL (30 patches (Tier / 30 days) 2)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)**

<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	\$0 QL (30 patches (Tier / 30 days) 2)
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**ANTIDEPRESSANTS - DRUGS TO TREAT
DEPRESSION**

<i>amitriptyline hcl tab 10 mg</i>	\$0 (Tier 3)
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<i>amitriptyline hcl tab 25 mg</i>	\$0 (Tier 3)
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<i>amitriptyline hcl tab 50 mg</i>	\$0 (Tier 3)
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<i>amitriptyline hcl tab 75 mg</i>	\$0 (Tier 3)
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NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>amitriptyline hcl tab 100 mg</i>	\$0 (Tier 3)
<i>amitriptyline hcl tab 150 mg</i>	\$0 (Tier 3)
<i>amoxapine tab 25 mg</i>	\$0 (Tier 3)
<i>amoxapine tab 50 mg</i>	\$0 (Tier 3)
<i>amoxapine tab 100 mg</i>	\$0 (Tier 3)
<i>amoxapine tab 150 mg</i>	\$0 (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
AUVELITY TAB 45-105MG	\$0 QL (60 tabs / (Tier 30 days), PA 4)
<i>bupropion hcl tab 75 mg</i>	\$0 (Tier 2)
<i>bupropion hcl tab 100 mg</i>	\$0 (Tier 2)
<i>bupropion hcl tab er 12hr 100 mg</i>	\$0 QL (60 tabs / (Tier 30 days) 2)
<i>bupropion hcl tab er 12hr 150 mg</i>	\$0 QL (60 tabs / (Tier 30 days) 2)
<i>bupropion hcl tab er 12hr 200 mg</i>	\$0 QL (60 tabs / (Tier 30 days) 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>bupropion hcl tab er 24hr 150 mg</i>	\$0 QL (60 tabs / (Tier 30 days) 2)
<i>bupropion hcl tab er 24hr 300 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 2)
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	\$0 (Tier 2)
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	\$0 (Tier 1)
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	\$0 (Tier 1)
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>clomipramine hcl cap 25 mg</i>	\$0 PA (Tier 4)
<i>clomipramine hcl cap 50 mg</i>	\$0 PA (Tier 4)
<i>clomipramine hcl cap 75 mg</i>	\$0 PA (Tier 4)
<i>desipramine hcl tab 10 mg</i>	\$0 (Tier 4)
<i>desipramine hcl tab 25 mg</i>	\$0 (Tier 4)
<i>desipramine hcl tab 50 mg</i>	\$0 (Tier 4)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>desipramine hcl tab 75 mg</i>	\$0 (Tier 4)
<i>desipramine hcl tab 100 mg</i>	\$0 (Tier 4)
<i>desipramine hcl tab 150 mg</i>	\$0 (Tier 4)
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	\$0 QL (30 tabs / 30 days) (Tier 2)
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	\$0 QL (30 tabs / 30 days) (Tier 2)
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	\$0 QL (30 tabs / 30 days) (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>doxepin hcl cap 10 mg</i>	\$0 (Tier 3)
<i>doxepin hcl cap 25 mg</i>	\$0 (Tier 3)
<i>doxepin hcl cap 50 mg</i>	\$0 (Tier 3)
<i>doxepin hcl cap 75 mg</i>	\$0 (Tier 3)
<i>doxepin hcl cap 100 mg</i>	\$0 (Tier 3)
<i>doxepin hcl cap 150 mg</i>	\$0 (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>doxepin hcl conc 10 mg/ml</i>	\$0 (Tier 3)
DRIZALMA CAP 20MG DR	\$0 QL (60 caps / (Tier 30 days), PA 4)
DRIZALMA CAP 30MG DR	\$0 QL (60 caps / (Tier 30 days), PA 4)
DRIZALMA CAP 40MG DR	\$0 QL (60 caps / (Tier 30 days), PA 4)
DRIZALMA CAP 60MG DR	\$0 QL (60 caps / (Tier 30 days), PA 4)
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	\$0 QL (60 caps / (Tier 30 days) 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	\$0 QL (60 caps / 30 days) (Tier 2)
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	\$0 QL (60 caps / 30 days) (Tier 2)
EMSAM DIS 6MG/24HR	\$0 NDS, QL (30 patches / 30 days), PA (Tier 3)
EMSAM DIS 9MG/24HR	\$0 NDS, QL (30 patches / 30 days), PA (Tier 3)
EMSAM DIS 12MG/24H	\$0 NDS, QL (30 patches / 30 days), PA (Tier 3)
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	\$0 (Tier 1)
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	\$0 (Tier 1)
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	\$0 (Tier 1)
FETZIMA CAP 20MG	\$0 QL (60 caps / (Tier 30 days), PA 4)
FETZIMA CAP 40MG	\$0 QL (60 caps / (Tier 30 days), PA 4)
FETZIMA CAP 80MG	\$0 QL (30 caps / (Tier 30 days), PA 4)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
FETZIMA CAP 120MG	\$0 QL (30 caps / (Tier 30 days), PA 4)
FETZIMA CAP TITRATIO	\$0 QL (2 packs / (Tier year), PA 4)
<i>fluoxetine hcl cap 10 mg</i>	\$0 (Tier 1)
<i>fluoxetine hcl cap 20 mg</i>	\$0 (Tier 1)
<i>fluoxetine hcl cap 40 mg</i>	\$0 (Tier 1)
<i>fluoxetine hcl solution 20 mg/5ml</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>imipramine hcl tab 10 mg</i>	\$0 (Tier 2)
<i>imipramine hcl tab 25 mg</i>	\$0 (Tier 2)
<i>imipramine hcl tab 50 mg</i>	\$0 (Tier 2)
MARPLAN TAB 10MG	\$0 QL (180 tabs / (Tier 30 days) 4)
<i>mirtazapine orally disintegrating tab 15 mg</i>	\$0 (Tier 2)
<i>mirtazapine orally disintegrating tab 30 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>mirtazapine orally disintegrating tab 45 mg</i>	\$0 (Tier 2)
<i>mirtazapine tab 7.5 mg</i>	\$0 (Tier 2)
<i>mirtazapine tab 15 mg</i>	\$0 (Tier 1)
<i>mirtazapine tab 30 mg</i>	\$0 (Tier 1)
<i>mirtazapine tab 45 mg</i>	\$0 (Tier 1)
<i>nefazodone hcl tab 50 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>nefazodone hcl tab 100 mg</i>	\$0 (Tier 2)
<i>nefazodone hcl tab 150 mg</i>	\$0 (Tier 2)
<i>nefazodone hcl tab 200 mg</i>	\$0 (Tier 2)
<i>nefazodone hcl tab 250 mg</i>	\$0 (Tier 2)
<i>nortriptyline hcl cap 10 mg</i>	\$0 (Tier 2)
<i>nortriptyline hcl cap 25 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>nortriptyline hcl cap 50 mg</i>	\$0 (Tier 2)
<i>nortriptyline hcl cap 75 mg</i>	\$0 (Tier 2)
<i>nortriptyline hcl soln 10 mg/5ml</i>	\$0 (Tier 4)
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	\$0 QL (900 mL / (Tier 30 days), PA 4)
<i>paroxetine hcl tab 10 mg</i>	\$0 (Tier 2)
<i>paroxetine hcl tab 20 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>paroxetine hcl tab 30 mg</i>	\$0 (Tier 2)
<i>paroxetine hcl tab 40 mg</i>	\$0 (Tier 2)
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	\$0 QL (60 tabs / (Tier 30 days) 4)
<i>paroxetine hcl tab er 24hr 25 mg</i>	\$0 QL (60 tabs / (Tier 30 days) 4)
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	\$0 QL (60 tabs / (Tier 30 days) 4)
<i>phenelzine sulfate tab 15 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>protriptyline hcl tab 5 mg</i>	\$0 (Tier 4)
<i>protriptyline hcl tab 10 mg</i>	\$0 (Tier 4)
RALDESY SOL 10MG/ML	\$0 QL (1800 mL / (Tier 30 days), PA 4)
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	\$0 (Tier 2)
<i>sertraline hcl tab 25 mg</i>	\$0 (Tier 1)
<i>sertraline hcl tab 50 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>sertraline hcl tab 100 mg</i>	\$0 (Tier 1)
<i>tranylcypromine sulfate tab 10 mg</i>	\$0 (Tier 2)
<i>trazodone hcl tab 50 mg</i>	\$0 (Tier 1)
<i>trazodone hcl tab 100 mg</i>	\$0 (Tier 1)
<i>trazodone hcl tab 150 mg</i>	\$0 (Tier 1)
<i>trimipramine maleate cap 25 mg</i>	\$0 QL (120 caps / (Tier 30 days) 4)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>trimipramine maleate cap 50 mg</i>	\$0 QL (120 caps / (Tier 30 days) 4)
<i>trimipramine maleate cap 100 mg</i>	\$0 QL (60 caps / (Tier 30 days) 4)
TRINTELLIX TAB 5MG	\$0 QL (30 tabs / (Tier 30 days), PA 4)
TRINTELLIX TAB 10MG	\$0 QL (30 tabs / (Tier 30 days), PA 4)
TRINTELLIX TAB 20MG	\$0 QL (30 tabs / (Tier 30 days), PA 4)
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	\$0 (Tier 1)
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	\$0 (Tier 1)
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	\$0 (Tier 2)
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	\$0 (Tier 2)
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	\$0 (Tier 2)
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	\$0 (Tier 2)
<i>vilazodone hcl tab 10 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 2)
<i>vilazodone hcl tab 20 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 2)
<i>vilazodone hcl tab 40 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 2)
ZURZUVAE CAP 20MG	\$0 NDS, QL (28 (Tier caps / 14 3) days), PA
ZURZUVAE CAP 25MG	\$0 NDS, QL (28 (Tier caps / 14 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
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ZURZUVAE CAP 30MG	\$0 NDS, QL (14 (Tier caps / 14 3) days), PA
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***ANTIPARKINSONIAN AGENTS - DRUGS TO
TREAT PARKINSONS DISEASE***

<i>amantadine hcl cap 100 mg</i>	\$0 QL (120 caps / (Tier 30 days) 2)
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<i>amantadine hcl soln 50 mg/5ml</i>	\$0 (Tier 2)
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<i>amantadine hcl tab 100 mg</i>	\$0 (Tier 2)
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<i>benztropine mesylate inj 1 mg/ml</i>	\$0 (Tier 2)
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NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>benztropine mesylate tab 0.5 mg</i>	\$0 PA; PA applies (Tier if 70 years and 2) older
<i>benztropine mesylate tab 1 mg</i>	\$0 PA; PA applies (Tier if 70 years and 2) older
<i>benztropine mesylate tab 2 mg</i>	\$0 PA; PA applies (Tier if 70 years and 2) older
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	\$0 (Tier 2)
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	\$0 (Tier 2)
<i>carb/levo orally disintegrating tab 10- 100mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>carb/levo orally disintegrating tab 25- 100mg</i>	\$0 (Tier 2)
<i>carb/levo orally disintegrating tab 25- 250mg</i>	\$0 (Tier 2)
<i>carbidopa & levodopa tab 10-100 mg</i>	\$0 (Tier 2)
<i>carbidopa & levodopa tab 25-100 mg</i>	\$0 (Tier 2)
<i>carbidopa & levodopa tab 25-250 mg</i>	\$0 (Tier 2)
<i>carbidopa & levodopa tab er 25-100 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>carbidopa & levodopa tablet 50-200 mg</i>	\$0 (Tier 2)
<i>carbidopa tablet 25 mg</i>	\$0 (Tier 2)
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	\$0 (Tier 2)
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	\$0 (Tier 2)
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	\$0 (Tier 2)
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>carbidopa-levodopa- entacapone tabs 37.5- 150-200 mg</i>	\$0 (Tier 2)
<i>carbidopa-levodopa- entacapone tabs 50-200- 200 mg</i>	\$0 (Tier 2)
<i>entacapone tab 200 mg</i>	\$0 (Tier 2)
INBRIJA CAP 42MG	\$0 NDS, QL (300 (Tier caps / 30 3) days), PA
NEUPRO DIS 1MG/24HR	\$0 (Tier 4)
NEUPRO DIS 2MG/24HR	\$0 (Tier 4)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
NEUPRO DIS 3MG/24HR	\$0 (Tier 4)
NEUPRO DIS 4MG/24HR	\$0 (Tier 4)
NEUPRO DIS 6MG/24HR	\$0 (Tier 4)
NEUPRO DIS 8MG/24HR	\$0 (Tier 4)
<i>pramipexole dihydrochloride tab 0.5 mg</i>	\$0 (Tier 1)
<i>pramipexole dihydrochloride tab 0.25 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>pramipexole dihydrochloride tab 0.75 mg</i>	\$0 (Tier 1)
<i>pramipexole dihydrochloride tab 0.125 mg</i>	\$0 (Tier 1)
<i>pramipexole dihydrochloride tab 1 mg</i>	\$0 (Tier 1)
<i>pramipexole dihydrochloride tab 1.5 mg</i>	\$0 (Tier 1)
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	\$0 (Tier 2)
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	\$0 (Tier 2)
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	\$0 (Tier 2)
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	\$0 (Tier 2)
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	\$0 (Tier 2)
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	\$0 (Tier 2)
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	\$0 QL (30 tabs / 30 days) (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	\$0 QL (30 tabs / (Tier 30 days) 2)
<i>ropinirole hydrochloride tab 0.5 mg</i>	\$0 (Tier 1)
<i>ropinirole hydrochloride tab 0.25 mg</i>	\$0 (Tier 1)
<i>ropinirole hydrochloride tab 1 mg</i>	\$0 (Tier 1)
<i>ropinirole hydrochloride tab 2 mg</i>	\$0 (Tier 1)
<i>ropinirole hydrochloride tab 3 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>ropinirole hydrochloride tab 4 mg</i>	\$0 (Tier 1)
<i>ropinirole hydrochloride tab 5 mg</i>	\$0 (Tier 1)
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	\$0 (Tier 2)
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	\$0 (Tier 2)
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	\$0 (Tier 2)
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	\$0 (Tier 2)
<i>selegiline hcl cap 5 mg</i>	\$0 (Tier 2)
<i>selegiline hcl tab 5 mg</i>	\$0 (Tier 2)
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	\$0 PA; PA applies (Tier if 70 years and 3) older
<i>trihexyphenidyl hcl tab 2 mg</i>	\$0 PA; PA applies (Tier if 70 years and 2) older
<i>trihexyphenidyl hcl tab 5 mg</i>	\$0 PA; PA applies (Tier if 70 years and 2) older

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)*****ANTIPSYCHOTICS - DRUGS TO TREAT
PSYCHOSES***

ABILIFY ASIM INJ 720MG	\$0 (Tier 3)	NDS, QL (1 syringe / 56 days)
ABILIFY ASIM INJ 960MG	\$0 (Tier 3)	NDS, QL (1 syringe / 56 days)
ABILIFY MAIN INJ 300MG	\$0 (Tier 3)	NDS, QL (1 injection / 28 days)
ABILIFY MAIN INJ 300MG	\$0 (Tier 3)	NDS, QL (1 syringe / 28 days)
ABILIFY MAIN INJ 400MG	\$0 (Tier 3)	NDS, QL (1 injection / 28 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
ABILIFY MAIN INJ 400MG	\$0 NDS, QL (1 (Tier syringe / 28 3) days)
<i>aripiprazole oral solution 1 mg/ml</i>	\$0 QL (900 mL / (Tier 30 days) 2)
<i>aripiprazole orally disintegrating tab 10 mg</i>	\$0 QL (60 tabs / (Tier 30 days), ST 2)
<i>aripiprazole orally disintegrating tab 15 mg</i>	\$0 QL (60 tabs / (Tier 30 days), ST 2)
<i>aripiprazole tab 2 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 2)
<i>aripiprazole tab 5 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>aripiprazole tab 10 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 2)
<i>aripiprazole tab 15 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 2)
<i>aripiprazole tab 20 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 2)
<i>aripiprazole tab 30 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 2)
ARISTADA INJ 441MG/1.	\$0 NDS, QL (1 (Tier syringe / 28 3) days)
ARISTADA INJ 662MG/2	\$0 NDS, QL (1 (Tier syringe / 28 3) days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
ARISTADA INJ 882MG/3	\$0 NDS, QL (1 (Tier syringe / 28 3) days)
ARISTADA INJ 1064MG	\$0 NDS, QL (1 (Tier syringe / 56 3) days)
ARISTADA INJ INITIO	\$0 NDS (Tier 3)
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	\$0 QL (60 tabs / (Tier 30 days) 2)
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	\$0 QL (60 tabs / (Tier 30 days) 2)
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	\$0 QL (60 tabs / (Tier 30 days) 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
CAPLYTA CAP 10.5MG	\$0 NDS, QL (30 (Tier caps / 30 days) 3)
CAPLYTA CAP 21MG	\$0 NDS, QL (30 (Tier caps / 30 days) 3)
CAPLYTA CAP 42MG	\$0 NDS, QL (30 (Tier caps / 30 days) 3)
<i>chlorpromazine hcl conc 30 mg/ml</i>	\$0 (Tier 2)
<i>chlorpromazine hcl conc 100 mg/ml</i>	\$0 (Tier 2)
<i>chlorpromazine hcl inj 25 mg/ml</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>chlorpromazine hcl inj 50 mg/2ml</i>	\$0 (Tier 2)
<i>chlorpromazine hcl tab 10 mg</i>	\$0 (Tier 2)
<i>chlorpromazine hcl tab 25 mg</i>	\$0 (Tier 2)
<i>chlorpromazine hcl tab 50 mg</i>	\$0 (Tier 2)
<i>chlorpromazine hcl tab 100 mg</i>	\$0 (Tier 2)
<i>chlorpromazine hcl tab 200 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>clozapine orally disintegrating tab 12.5 mg</i>	\$0 PA (Tier 2)
<i>clozapine orally disintegrating tab 25 mg</i>	\$0 PA (Tier 2)
<i>clozapine orally disintegrating tab 100 mg</i>	\$0 QL (270 tabs / 30 days), PA (Tier 2)
<i>clozapine orally disintegrating tab 150 mg</i>	\$0 QL (180 tabs / 30 days), PA (Tier 2)
<i>clozapine orally disintegrating tab 200 mg</i>	\$0 NDS, QL (120 tabs / 30 days), PA (Tier 2)
<i>clozapine tab 25 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>clozapine tab 50 mg</i>	\$0 (Tier 2)
<i>clozapine tab 100 mg</i>	\$0 QL (270 tabs / (Tier 30 days) 2)
<i>clozapine tab 200 mg</i>	\$0 QL (120 tabs / (Tier 30 days) 2)
COBENFY CAP 50-20MG	\$0 NDS, QL (60 (Tier caps / 30 3) days), PA
COBENFY CAP 100-20MG	\$0 NDS, QL (60 (Tier caps / 30 3) days), PA
COBENFY CAP 125-30MG	\$0 NDS, QL (60 (Tier caps / 30 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
COBENFY STRT CAP PACK	\$0 NDS, QL (2 (Tier packs / year), 3) PA
FANAPT PAK	\$0 QL (2 packs / (Tier year), PA 4)
FANAPT TAB 1MG	\$0 NDS, QL (60 (Tier tabs / 30 3) days), PA
FANAPT TAB 2MG	\$0 NDS, QL (60 (Tier tabs / 30 3) days), PA
FANAPT TAB 4MG	\$0 NDS, QL (60 (Tier tabs / 30 3) days), PA
FANAPT TAB 6MG	\$0 NDS, QL (60 (Tier tabs / 30 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
FANAPT TAB 8MG	\$0 NDS, QL (60 (Tier tabs / 30 3) days), PA
FANAPT TAB 10MG	\$0 NDS, QL (60 (Tier tabs / 30 3) days), PA
FANAPT TAB 12MG	\$0 NDS, QL (60 (Tier tabs / 30 3) days), PA
<i>fluphenazine decanoate inj 25 mg/ml</i>	\$0 (Tier 2)
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	\$0 (Tier 2)
<i>fluphenazine hcl inj 2.5 mg/ml</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>fluphenazine hcl oral conc 5 mg/ml</i>	\$0 (Tier 2)
<i>fluphenazine hcl tab 1 mg</i>	\$0 (Tier 2)
<i>fluphenazine hcl tab 2.5 mg</i>	\$0 (Tier 2)
<i>fluphenazine hcl tab 5 mg</i>	\$0 (Tier 2)
<i>fluphenazine hcl tab 10 mg</i>	\$0 (Tier 2)
<i>haloperidol decanoate im soln 50 mg/ml</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>haloperidol decanoate im soln 100 mg/ml</i>	\$0 (Tier 2)
<i>haloperidol lactate inj 5 mg/ml</i>	\$0 (Tier 2)
<i>haloperidol lactate oral conc 2 mg/ml</i>	\$0 (Tier 2)
<i>haloperidol tab 0.5 mg</i>	\$0 (Tier 2)
<i>haloperidol tab 1 mg</i>	\$0 (Tier 2)
<i>haloperidol tab 2 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>haloperidol tab 5 mg</i>	\$0 (Tier 2)
<i>haloperidol tab 10 mg</i>	\$0 (Tier 2)
<i>haloperidol tab 20 mg</i>	\$0 (Tier 2)
INVEGA HAFYE INJ 1092MG	\$0 NDS, QL (1 (Tier injection / 180 3) days)
INVEGA HAFYE INJ 1560MG	\$0 NDS, QL (1 (Tier injection / 180 3) days)
INVEGA SUST INJ 39/0.25	\$0 QL (1 syringe / (Tier 28 days) 4)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
INVEGA SUST INJ 78/0.5ML	\$0 NDS, QL (1 (Tier syringe / 28 3) days)
INVEGA SUST INJ 117/0.75	\$0 NDS, QL (1 (Tier syringe / 28 3) days)
INVEGA SUST INJ 156MG/ML	\$0 NDS, QL (1 (Tier syringe / 28 3) days)
INVEGA SUST INJ 234/1.5	\$0 NDS, QL (1 (Tier syringe / 28 3) days)
INVEGA TRINZ INJ 273MG	\$0 NDS, QL (1 (Tier syringe / 90 3) days)
INVEGA TRINZ INJ 410MG	\$0 NDS, QL (1 (Tier syringe / 90 3) days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
INVEGA TRINZ INJ 546MG	\$0 NDS, QL (1 (Tier syringe / 90 3) days)
INVEGA TRINZ INJ 819MG	\$0 NDS, QL (1 (Tier syringe / 90 3) days)
<i>loxapine succinate cap 5 mg</i>	\$0 (Tier 2)
<i>loxapine succinate cap 10 mg</i>	\$0 (Tier 2)
<i>loxapine succinate cap 25 mg</i>	\$0 (Tier 2)
<i>loxapine succinate cap 50 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>lurasidone hcl tab 20 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 2)
<i>lurasidone hcl tab 40 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 2)
<i>lurasidone hcl tab 60 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 2)
<i>lurasidone hcl tab 80 mg</i>	\$0 QL (60 tabs / (Tier 30 days) 2)
<i>lurasidone hcl tab 120 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 2)
LYBALVI TAB 5-10MG	\$0 NDS, QL (30 (Tier tabs / 30 days) 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
LYBALVI TAB 10-10MG	\$0 NDS, QL (30 (Tier tabs / 30 days) 3)
LYBALVI TAB 15-10MG	\$0 NDS, QL (30 (Tier tabs / 30 days) 3)
LYBALVI TAB 20-10MG	\$0 NDS, QL (30 (Tier tabs / 30 days) 3)
<i>molindone hcl tab 5 mg</i>	\$0 (Tier 2)
<i>molindone hcl tab 10 mg</i>	\$0 (Tier 2)
<i>molindone hcl tab 25 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
NUPLAZID CAP 34MG	\$0 NDS, QL (30 (Tier caps / 30 3) days), PA
NUPLAZID TAB 10MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
<i>olanzapine for im inj 10 mg</i>	\$0 QL (3 vials / 1 (Tier day) 2)
<i>olanzapine orally disintegrating tab 5 mg</i>	\$0 QL (30 tabs / (Tier 30 days), ST 2)
<i>olanzapine orally disintegrating tab 10 mg</i>	\$0 QL (60 tabs / (Tier 30 days), ST 2)
<i>olanzapine orally disintegrating tab 15 mg</i>	\$0 QL (30 tabs / (Tier 30 days), ST 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>olanzapine orally disintegrating tab 20 mg</i>	\$0 QL (30 tabs / (Tier 30 days), ST 2)
<i>olanzapine tab 2.5 mg</i>	\$0 QL (60 tabs / (Tier 30 days) 2)
<i>olanzapine tab 5 mg</i>	\$0 QL (60 tabs / (Tier 30 days) 2)
<i>olanzapine tab 7.5 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 2)
<i>olanzapine tab 10 mg</i>	\$0 QL (60 tabs / (Tier 30 days) 2)
<i>olanzapine tab 15 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>olanzapine tab 20 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 2)
OPIPZA MIS 2MG	\$0 NDS, QL (30 (Tier films / 30 3) days), PA
OPIPZA MIS 5MG	\$0 NDS, QL (30 (Tier films / 30 3) days), PA
OPIPZA MIS 10MG	\$0 NDS, QL (90 (Tier films / 30 3) days), PA
<i>paliperidone tab er 24hr 1.5 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 2)
<i>paliperidone tab er 24hr 3 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>paliperidone tab er 24hr 6 mg</i>	\$0 QL (60 tabs / (Tier 30 days) 2)
<i>paliperidone tab er 24hr 9 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 2)
<i>perphenazine tab 2 mg</i>	\$0 (Tier 2)
<i>perphenazine tab 4 mg</i>	\$0 (Tier 2)
<i>perphenazine tab 8 mg</i>	\$0 (Tier 2)
<i>perphenazine tab 16 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>pimozide tab 1 mg</i>	\$0 (Tier 2)
<i>pimozide tab 2 mg</i>	\$0 (Tier 2)
<i>quetiapine fumarate tab 25 mg</i>	\$0 QL (180 tabs / (Tier 30 days) 2)
<i>quetiapine fumarate tab 50 mg</i>	\$0 QL (90 tabs / (Tier 30 days) 2)
<i>quetiapine fumarate tab 100 mg</i>	\$0 QL (90 tabs / (Tier 30 days) 2)
<i>quetiapine fumarate tab 150 mg</i>	\$0 QL (90 tabs / (Tier 30 days) 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>quetiapine fumarate tab 200 mg</i>	\$0 QL (90 tabs / (Tier 30 days) 2)
<i>quetiapine fumarate tab 300 mg</i>	\$0 QL (60 tabs / (Tier 30 days) 2)
<i>quetiapine fumarate tab 400 mg</i>	\$0 QL (60 tabs / (Tier 30 days) 2)
<i>quetiapine fumarate tab er 24hr 50 mg</i>	\$0 QL (60 tabs / (Tier 30 days), PA 2)
<i>quetiapine fumarate tab er 24hr 150 mg</i>	\$0 QL (30 tabs / (Tier 30 days), PA 2)
<i>quetiapine fumarate tab er 24hr 200 mg</i>	\$0 QL (30 tabs / (Tier 30 days), PA 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>quetiapine fumarate tablet 24hr 300 mg</i>	\$0 QL (60 tabs / (Tier 30 days), PA 2)
<i>quetiapine fumarate tablet 24hr 400 mg</i>	\$0 QL (60 tabs / (Tier 30 days), PA 2)
REXULTI TAB 0.5MG	\$0 NDS, QL (60 (Tier tabs / 30 days) 3)
REXULTI TAB 0.25MG	\$0 NDS, QL (60 (Tier tabs / 30 days) 3)
REXULTI TAB 1MG	\$0 NDS, QL (60 (Tier tabs / 30 days) 3)
REXULTI TAB 2MG	\$0 NDS, QL (60 (Tier tabs / 30 days) 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
REXULTI TAB 3MG	\$0 NDS, QL (30 (Tier tabs / 30 days 3)
REXULTI TAB 4MG	\$0 NDS, QL (30 (Tier tabs / 30 days 3)
<i>risperidone microspheres for im extended rel susp 12.5 mg</i>	\$0 QL (2 (Tier injections / 28 2) days)
<i>risperidone microspheres for im extended rel susp 25 mg</i>	\$0 QL (2 (Tier injections / 28 2) days)
<i>risperidone microspheres for im extended rel susp 37.5 mg</i>	\$0 NDS, QL (2 (Tier injections / 28 3) days)
<i>risperidone microspheres for im extended rel susp 50 mg</i>	\$0 NDS, QL (2 (Tier injections / 28 3) days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>risperidone orally disintegrating tab 0.5 mg</i>	\$0 QL (90 tabs / (Tier 30 days), ST 2)
<i>risperidone orally disintegrating tab 0.25 mg</i>	\$0 QL (90 tabs / (Tier 30 days), ST 2)
<i>risperidone orally disintegrating tab 1 mg</i>	\$0 QL (60 tabs / (Tier 30 days), ST 2)
<i>risperidone orally disintegrating tab 2 mg</i>	\$0 QL (60 tabs / (Tier 30 days), ST 2)
<i>risperidone orally disintegrating tab 3 mg</i>	\$0 QL (60 tabs / (Tier 30 days), ST 2)
<i>risperidone orally disintegrating tab 4 mg</i>	\$0 QL (120 tabs / (Tier 30 days), ST 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>risperidone soln 1 mg/ml</i>	\$0 QL (240 mL / (Tier 30 days) 2)
<i>risperidone tab 0.5 mg</i>	\$0 (Tier 1)
<i>risperidone tab 0.25 mg</i>	\$0 (Tier 1)
<i>risperidone tab 1 mg</i>	\$0 (Tier 1)
<i>risperidone tab 2 mg</i>	\$0 (Tier 1)
<i>risperidone tab 3 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>risperidone tab 4 mg</i>	\$0 (Tier 1)
SECUADO DIS 3.8MG	\$0 NDS, QL (30 (Tier patches / 30 3) days)
SECUADO DIS 5.7MG	\$0 NDS, QL (30 (Tier patches / 30 3) days)
SECUADO DIS 7.6MG	\$0 NDS, QL (30 (Tier patches / 30 3) days)
<i>thioridazine hcl tab 10 mg</i>	\$0 (Tier 2)
<i>thioridazine hcl tab 25 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>thioridazine hcl tab 50 mg</i>	\$0 (Tier 2)
<i>thioridazine hcl tab 100 mg</i>	\$0 (Tier 2)
<i>thiothixene cap 1 mg</i>	\$0 (Tier 2)
<i>thiothixene cap 2 mg</i>	\$0 (Tier 2)
<i>thiothixene cap 5 mg</i>	\$0 (Tier 2)
<i>thiothixene cap 10 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	\$0 (Tier 2)
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	\$0 (Tier 2)
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	\$0 (Tier 2)
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	\$0 (Tier 2)
VERSACLOZ SUS 50MG/ML	\$0 NDS, QL (600 (Tier mL / 30 days), 3) PA
VRAYLAR CAP 1.5MG	\$0 NDS, QL (60 (Tier caps / 30 days) 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
VRAYLAR CAP 3MG	\$0 NDS, QL (30 (Tier caps / 30 days) 3)
VRAYLAR CAP 4.5MG	\$0 NDS, QL (30 (Tier caps / 30 days) 3)
VRAYLAR CAP 6MG	\$0 NDS, QL (30 (Tier caps / 30 days) 3)
<i>ziprasidone hcl cap 20 mg</i>	\$0 QL (60 caps / (Tier 30 days) 2)
<i>ziprasidone hcl cap 40 mg</i>	\$0 QL (60 caps / (Tier 30 days) 2)
<i>ziprasidone hcl cap 60 mg</i>	\$0 QL (60 caps / (Tier 30 days) 2)

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<i>ziprasidone hcl cap 80 mg</i>	\$0 (Tier 2)	QL (60 caps / 30 days)
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	\$0 (Tier 2)	QL (6 injections / 3 days)

ANTISEIZURE AGENTS

APTiom TAB 200MG	\$0 (Tier 3)	NDS, QL (30 tabs / 30 days)
APTiom TAB 400MG	\$0 (Tier 3)	NDS, QL (30 tabs / 30 days)
APTiom TAB 600MG	\$0 (Tier 3)	NDS, QL (60 tabs / 30 days)
APTiom TAB 800MG	\$0 (Tier 3)	NDS, QL (60 tabs / 30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
BRIVIACT SOL 10MG/ML	\$0 NDS, QL (600 (Tier mL / 30 days), 3) PA
BRIVIACT TAB 10MG	\$0 NDS, QL (60 (Tier tabs / 30 3) days), PA
BRIVIACT TAB 25MG	\$0 NDS, QL (60 (Tier tabs / 30 3) days), PA
BRIVIACT TAB 50MG	\$0 NDS, QL (60 (Tier tabs / 30 3) days), PA
BRIVIACT TAB 75MG	\$0 NDS, QL (60 (Tier tabs / 30 3) days), PA
BRIVIACT TAB 100MG	\$0 NDS, QL (60 (Tier tabs / 30 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>carbamazepine cap er 12hr 100 mg</i>	\$0 (Tier 2)
<i>carbamazepine cap er 12hr 200 mg</i>	\$0 (Tier 2)
<i>carbamazepine cap er 12hr 300 mg</i>	\$0 (Tier 2)
<i>carbamazepine chew tab 100 mg</i>	\$0 (Tier 2)
<i>carbamazepine chew tab 200 mg</i>	\$0 (Tier 2)
<i>carbamazepine susp 100 mg/5ml</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>carbamazepine tab 200 mg</i>	\$0 (Tier 2)
<i>carbamazepine tab er 12hr 100 mg</i>	\$0 (Tier 2)
<i>carbamazepine tab er 12hr 200 mg</i>	\$0 (Tier 2)
<i>carbamazepine tab er 12hr 400 mg</i>	\$0 (Tier 2)
<i>clobazam suspension 2.5 mg/ml</i>	\$0 QL (480 mL / (Tier 30 days), PA 2)
<i>clobazam tab 10 mg</i>	\$0 QL (60 tabs / (Tier 30 days), PA 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>clobazam tab 20 mg</i>	\$0 QL (60 tabs / (Tier 30 days), PA 2)
<i>clonazepam orally disintegrating tab 0.5 mg</i>	\$0 QL (90 tabs / (Tier 30 days) 2)
<i>clonazepam orally disintegrating tab 0.25 mg</i>	\$0 QL (90 tabs / (Tier 30 days) 2)
<i>clonazepam orally disintegrating tab 0.125 mg</i>	\$0 QL (90 tabs / (Tier 30 days) 2)
<i>clonazepam orally disintegrating tab 1 mg</i>	\$0 QL (90 tabs / (Tier 30 days) 2)
<i>clonazepam orally disintegrating tab 2 mg</i>	\$0 QL (300 tabs / (Tier 30 days) 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>clonazepam tab 0.5 mg</i>	\$0 QL (90 tabs / (Tier 30 days) 2)
<i>clonazepam tab 1 mg</i>	\$0 QL (90 tabs / (Tier 30 days) 2)
<i>clonazepam tab 2 mg</i>	\$0 QL (300 tabs / (Tier 30 days) 2)
<i>clorazepate dipotassium tab 3.75 mg</i>	\$0 QL (180 tabs / (Tier 30 days), PA; 2) PA applies if 65 years and older
<i>clorazepate dipotassium tab 7.5 mg</i>	\$0 QL (180 tabs / (Tier 30 days), PA; 2) PA applies if 65 years and older

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<i>clorazepate dipotassium tab 15 mg</i>	\$0 (Tier 2)	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DIACOMIT CAP 250MG	\$0 (Tier 3)	NDS, QL (360 caps / 30 days), PA
DIACOMIT CAP 500MG	\$0 (Tier 3)	NDS, QL (180 caps / 30 days), PA
DIACOMIT PAK 250MG	\$0 (Tier 3)	NDS, QL (360 packets / 30 days), PA
DIACOMIT PAK 500MG	\$0 (Tier 3)	NDS, QL (180 packets / 30 days), PA
<i>diazepam inj</i>	\$0 (Tier 2)	

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>diazepam intensol</i>	\$0 QL (240 mL / (Tier 30 days), PA; 2) PA applies if 65 years and older when greater than 5 day supply
<i>diazepam oral soln 1 mg/ml</i>	\$0 QL (1200 mL / (Tier 30 days), PA; 2) PA applies if 65 years and older when greater than 5 day supply
<i>diazepam rectal gel delivery system 2.5 mg</i>	\$0 (Tier 2)
<i>diazepam rectal gel delivery system 10 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>diazepam rectal gel delivery system 20 mg</i>	\$0 (Tier 2)
<i>diazepam tab 2 mg</i>	\$0 QL (120 tabs / (Tier 2) 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam tab 5 mg</i>	\$0 QL (120 tabs / (Tier 2) 30 days), PA; PA applies if 65 years and older when greater than 5 day supply

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>diazepam tab 10 mg</i>	\$0 QL (120 tabs / (Tier 30 days), PA; 2) PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAP 30MG	\$0 (Tier 4)
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	\$0 (Tier 2)
<i>divalproex sodium tab delayed release 125 mg</i>	\$0 (Tier 2)
<i>divalproex sodium tab delayed release 250 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>divalproex sodium tab delayed release 500 mg</i>	\$0 (Tier 2)
<i>divalproex sodium tab er 24 hr 250 mg</i>	\$0 (Tier 2)
<i>divalproex sodium tab er 24 hr 500 mg</i>	\$0 (Tier 2)
EPIDIOLEX SOL 100MG/ML	\$0 NDS, QL (600 (Tier mL / 30 days), 3) PA
<i>epitol</i>	\$0 (Tier 2)
EPRONTIA SOL 25MG/ML	\$0 QL (480 mL / (Tier 30 days), PA 4)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>ethosuximide cap 250 mg</i>	\$0 (Tier 2)
<i>ethosuximide soln 250 mg/5ml</i>	\$0 (Tier 2)
<i>felbamate susp 600 mg/5ml</i>	\$0 (Tier 2)
<i>felbamate tab 400 mg</i>	\$0 (Tier 2)
<i>felbamate tab 600 mg</i>	\$0 (Tier 2)
FINTEPLA SOL 2.2MG/ML	\$0 NDS, QL (360 (Tier mL / 30 days), 3) PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
FYCOMPA SUS 0.5MG/ML	\$0 NDS, QL (720 (Tier mL / 30 days), 3) PA
FYCOMPA TAB 2MG	\$0 QL (60 tabs / (Tier 30 days), PA 4)
FYCOMPA TAB 4MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
FYCOMPA TAB 6MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
FYCOMPA TAB 8MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
FYCOMPA TAB 10MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
FYCOMPA TAB 12MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
<i>gabapentin cap 100 mg</i>	\$0 QL (360 caps / (Tier 30 days) 1)
<i>gabapentin cap 300 mg</i>	\$0 QL (360 caps / (Tier 30 days) 1)
<i>gabapentin cap 400 mg</i>	\$0 QL (270 caps / (Tier 30 days) 1)
<i>gabapentin oral soln 250 mg/5ml</i>	\$0 QL (2160 mL / (Tier 30 days) 2)
<i>gabapentin tab 600 mg</i>	\$0 QL (180 tabs / (Tier 30 days) 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gabapentin tab 800 mg</i>	\$0 QL (120 tabs / (Tier 30 days) 2)
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	\$0 (Tier 2)
<i>lacosamide oral</i>	\$0 QL (1200 mL / (Tier 30 days) 2)
<i>lacosamide tab 50 mg</i>	\$0 QL (120 tabs / (Tier 30 days) 2)
<i>lacosamide tab 100 mg</i>	\$0 QL (60 tabs / (Tier 30 days) 2)
<i>lacosamide tab 150 mg</i>	\$0 QL (60 tabs / (Tier 30 days) 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>lacosamide tab 200 mg</i>	\$0 QL (60 tabs / (Tier 30 days) 2)
<i>lamotrigine orally disintegrating tab 25 mg</i>	\$0 ST (Tier 2)
<i>lamotrigine orally disintegrating tab 50 mg</i>	\$0 ST (Tier 2)
<i>lamotrigine orally disintegrating tab 100 mg</i>	\$0 ST (Tier 2)
<i>lamotrigine orally disintegrating tab 200 mg</i>	\$0 ST (Tier 2)
<i>lamotrigine tab 25 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>lamotrigine tab 100 mg</i>	\$0 (Tier 1)
<i>lamotrigine tab 150 mg</i>	\$0 (Tier 1)
<i>lamotrigine tab 200 mg</i>	\$0 (Tier 1)
<i>lamotrigine tab chewable dispersible 5 mg</i>	\$0 (Tier 2)
<i>lamotrigine tab chewable dispersible 25 mg</i>	\$0 (Tier 2)
<i>lamotrigine tab er 24hr 25 mg</i>	\$0 ST (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>lamotrigine tab er 24hr 50 mg</i>	\$0 ST (Tier 2)
<i>lamotrigine tab er 24hr 100 mg</i>	\$0 ST (Tier 2)
<i>lamotrigine tab er 24hr 200 mg</i>	\$0 ST (Tier 2)
<i>lamotrigine tab er 24hr 250 mg</i>	\$0 ST (Tier 2)
<i>lamotrigine tab er 24hr 300 mg</i>	\$0 ST (Tier 2)
LEVETIRACETA TAB 250MG	\$0 QL (360 tabs / (Tier 30 days) 4)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	\$0 (Tier 2)
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	\$0 (Tier 2)
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	\$0 (Tier 2)
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	\$0 (Tier 2)
<i>levetiracetam oral soln 100 mg/ml</i>	\$0 (Tier 2)
<i>levetiracetam tab 250 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>levetiracetam tab 500 mg</i>	\$0 (Tier 2)
<i>levetiracetam tab 750 mg</i>	\$0 (Tier 2)
<i>levetiracetam tab 1000 mg</i>	\$0 (Tier 2)
<i>levetiracetam tab er 24hr 500 mg</i>	\$0 (Tier 2)
<i>levetiracetam tab er 24hr 750 mg</i>	\$0 (Tier 2)
LIBERVANT MIS 5MG	\$0 QL (10 buccal (Tier films / 30 4) days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
LIBERVANT MIS 7.5MG	\$0 QL (10 buccal (Tier films / 30 4) days)
LIBERVANT MIS 10MG	\$0 QL (10 buccal (Tier films / 30 4) days)
LIBERVANT MIS 12.5MG	\$0 QL (10 buccal (Tier films / 30 4) days)
LIBERVANT MIS 15MG	\$0 QL (10 buccal (Tier films / 30 4) days)
<i>methsuximide cap 300 mg</i>	\$0 (Tier 2)
NAYZILAM SPR 5MG	\$0 QL (10 nasal (Tier units per 30 4) days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)	
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	\$0 (Tier 2)	
<i>oxcarbazepine tab 150 mg</i>	\$0 (Tier 2)	
<i>oxcarbazepine tab 300 mg</i>	\$0 (Tier 2)	
<i>oxcarbazepine tab 600 mg</i>	\$0 (Tier 2)	
<i>phenobarbital elixir 20 mg/5ml</i>	\$0 (Tier 4)	QL (1500 mL / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital sodium inj 65 mg/ml</i>	\$0 (Tier 4)	PA; PA applies if 70 years and older

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<i>phenobarbital sodium inj 130 mg/ml</i>	\$0 (Tier 4)	PA; PA applies if 70 years and older
<i>phenobarbital tab 15 mg</i>	\$0 (Tier 3)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital tab 16.2 mg</i>	\$0 (Tier 3)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital tab 30 mg</i>	\$0 (Tier 3)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital tab 32.4 mg</i>	\$0 (Tier 3)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older

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<i>phenobarbital tab 60 mg</i>	\$0 (Tier 3)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital tab 64.8 mg</i>	\$0 (Tier 3)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital tab 97.2 mg</i>	\$0 (Tier 3)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital tab 100 mg</i>	\$0 (Tier 3)	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
<i>phenytek</i>	\$0 (Tier 2)	

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>phenytoin chew tab 50 mg</i>	\$0 (Tier 2)
<i>phenytoin sodium extended cap 100 mg</i>	\$0 (Tier 2)
<i>phenytoin sodium extended cap 200 mg</i>	\$0 (Tier 2)
<i>phenytoin sodium extended cap 300 mg</i>	\$0 (Tier 2)
<i>phenytoin sodium inj 50 mg/ml</i>	\$0 (Tier 2)
<i>phenytoin susp 125 mg/5ml</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>pregabalin cap 25 mg</i>	\$0 QL (120 caps / (Tier 30 days), PA 2)
<i>pregabalin cap 50 mg</i>	\$0 QL (120 caps / (Tier 30 days), PA 2)
<i>pregabalin cap 75 mg</i>	\$0 QL (120 caps / (Tier 30 days), PA 2)
<i>pregabalin cap 100 mg</i>	\$0 QL (120 caps / (Tier 30 days), PA 2)
<i>pregabalin cap 150 mg</i>	\$0 QL (120 caps / (Tier 30 days), PA 2)
<i>pregabalin cap 200 mg</i>	\$0 QL (90 caps / (Tier 30 days), PA 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>pregabalin cap 225 mg</i>	\$0 QL (60 caps / (Tier 30 days), PA 2)
<i>pregabalin cap 300 mg</i>	\$0 QL (60 caps / (Tier 30 days), PA 2)
<i>pregabalin soln 20 mg/ml</i>	\$0 QL (900 mL / (Tier 30 days), PA 2)
<i>primidone tab 50 mg</i>	\$0 (Tier 1)
<i>primidone tab 125 mg</i>	\$0 (Tier 1)
<i>primidone tab 250 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>roweepra</i>	\$0 (Tier 2)
<i>rufinamide susp 40 mg/ml</i>	\$0 NDS, QL (2400 (Tier mL / 30 days), 3) PA
<i>rufinamide tab 200 mg</i>	\$0 QL (480 tabs / (Tier 30 days), PA 2)
<i>rufinamide tab 400 mg</i>	\$0 NDS, QL (240 (Tier tabs / 30 3) days), PA
SPRITAM TAB 250MG	\$0 QL (360 tabs / (Tier 30 days) 4)
SPRITAM TAB 500MG	\$0 QL (180 tabs / (Tier 30 days) 4)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
SPRITAM TAB 750MG	\$0 QL (120 tabs / (Tier 30 days) 4)
SPRITAM TAB 1000MG	\$0 QL (90 tabs / (Tier 30 days) 4)
<i>subvenite</i>	\$0 (Tier 1)
SYMPAZAN MIS 5MG	\$0 NDS, QL (60 (Tier films / 30 3) days), PA
SYMPAZAN MIS 10MG	\$0 NDS, QL (60 (Tier films / 30 3) days), PA
SYMPAZAN MIS 20MG	\$0 NDS, QL (60 (Tier films / 30 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>tiagabine hcl tab 2 mg</i>	\$0 (Tier 2)
<i>tiagabine hcl tab 4 mg</i>	\$0 (Tier 2)
<i>tiagabine hcl tab 12 mg</i>	\$0 (Tier 2)
<i>tiagabine hcl tab 16 mg</i>	\$0 (Tier 2)
<i>topiramate sprinkle cap 15 mg</i>	\$0 (Tier 2)
<i>topiramate sprinkle cap 25 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>topiramate sprinkle cap 50 mg</i>	\$0 (Tier 2)
<i>topiramate tab 25 mg</i>	\$0 (Tier 1)
<i>topiramate tab 50 mg</i>	\$0 (Tier 1)
<i>topiramate tab 100 mg</i>	\$0 (Tier 1)
<i>topiramate tab 200 mg</i>	\$0 (Tier 1)
<i>valproate sodium inj 100 mg/ml</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	\$0 (Tier 2)
<i>valproic acid cap 250 mg</i>	\$0 (Tier 2)
VALTOCO SPR 5MG	\$0 QL (10 blister (Tier packs per 30 4) days)
VALTOCO SPR 10MG	\$0 QL (10 blister (Tier packs per 30 4) days)
VALTOCO SPR 15MG	\$0 QL (10 blister (Tier packs per 30 4) days)
VALTOCO SPR 20MG	\$0 QL (10 blister (Tier packs per 30 4) days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>vigabatrin powd pack 500 mg</i>	\$0 NDS, QL (180 (Tier packets / 30 3) days), PA
<i>vigabatrin tab 500 mg</i>	\$0 NDS, QL (180 (Tier tabs / 30 3) days), PA
<i>vigadrone</i>	\$0 NDS, QL (180 (Tier packets / 30 3) days), PA
<i>vigadrone</i>	\$0 NDS, QL (180 (Tier tabs / 30 3) days), PA
VIGAFYDE SOL 100MG/ML	\$0 NDS, QL (900 (Tier mL / 30 days), 3) PA
<i>vigpoder</i>	\$0 NDS, QL (180 (Tier packets / 30 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
XCOPRI PAK 12.5-25	\$0 QL (28 tabs / (Tier 28 days) 4)
XCOPRI PAK 50-100MG	\$0 NDS, QL (28 (Tier tabs / 28 days) 3)
XCOPRI PAK 100-150	\$0 NDS, QL (56 (Tier tabs / 28 days) 3)
XCOPRI PAK 150-200MG (MAINTENANCE)	\$0 NDS, QL (56 (Tier tabs / 28 days) 3)
XCOPRI PAK 150-200MG (TITRATION)	\$0 NDS, QL (28 (Tier tabs / 28 days) 3)
XCOPRI TAB 25MG	\$0 NDS, QL (30 (Tier tabs / 30 days) 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
XCOPRI TAB 50MG	\$0 NDS, QL (30 (Tier tabs / 30 days) 3)
XCOPRI TAB 100MG	\$0 NDS, QL (30 (Tier tabs / 30 days) 3)
XCOPRI TAB 150MG	\$0 NDS, QL (60 (Tier tabs / 30 days) 3)
XCOPRI TAB 200MG	\$0 NDS, QL (60 (Tier tabs / 30 days) 3)
ZONISADE SUS 100MG/5	\$0 NDS, QL (900 (Tier mL / 30 days), 3) PA
<i>zonisamide cap 25 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
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<i>zonisamide cap 50 mg</i>	\$0 (Tier 2)
<i>zonisamide cap 100 mg</i>	\$0 (Tier 2)
ZTALMY SUS 50MG/ML	\$0 NDS, QL (1100 mL / 30 days), (Tier 3) PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	\$0 QL (30 caps / 30 days) (Tier 2)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	\$0 QL (30 caps / 30 days) (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>amphetamine- dextroamphetamine cap er 24hr 15 mg</i>	\$0 QL (30 caps / (Tier 30 days) 2)
<i>amphetamine- dextroamphetamine cap er 24hr 20 mg</i>	\$0 QL (30 caps / (Tier 30 days) 2)
<i>amphetamine- dextroamphetamine cap er 24hr 25 mg</i>	\$0 QL (30 caps / (Tier 30 days) 2)
<i>amphetamine- dextroamphetamine cap er 24hr 30 mg</i>	\$0 QL (30 caps / (Tier 30 days) 2)
<i>amphetamine- dextroamphetamine tab 5 mg</i>	\$0 QL (60 tabs / (Tier 30 days) 2)
<i>amphetamine- dextroamphetamine tab 7.5 mg</i>	\$0 QL (60 tabs / (Tier 30 days) 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>amphetamine- dextroamphetamine tab 10 mg</i>	\$0 QL (60 tabs / (Tier 30 days) 2)
<i>amphetamine- dextroamphetamine tab 12.5 mg</i>	\$0 QL (60 tabs / (Tier 30 days) 2)
<i>amphetamine- dextroamphetamine tab 15 mg</i>	\$0 QL (60 tabs / (Tier 30 days) 2)
<i>amphetamine- dextroamphetamine tab 20 mg</i>	\$0 QL (90 tabs / (Tier 30 days) 2)
<i>amphetamine- dextroamphetamine tab 30 mg</i>	\$0 QL (60 tabs / (Tier 30 days) 2)
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	\$0 QL (120 caps / (Tier 30 days) 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	\$0 QL (120 caps / (Tier 30 days) 2)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	\$0 QL (120 caps / (Tier 30 days) 2)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	\$0 QL (60 caps / (Tier 30 days) 2)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	\$0 QL (30 caps / (Tier 30 days) 2)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	\$0 QL (30 caps / (Tier 30 days) 2)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	\$0 QL (30 caps / (Tier 30 days) 2)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)**

<i>dexmethylphenidate hcl tab 2.5 mg</i>	\$0 (Tier 2)	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl tab 5 mg</i>	\$0 (Tier 2)	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl tab 10 mg</i>	\$0 (Tier 2)	QL (60 tabs / 30 days), PA
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	\$0 (Tier 3)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	\$0 (Tier 3)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	\$0 QL (60 tabs / (Tier 30 days), PA; 3) PA applies if 70 years and older
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	\$0 QL (30 tabs / (Tier 30 days), PA; 3) PA applies if 70 years and older
<i>lisdexamfetamine dimesylate cap 10 mg</i>	\$0 QL (60 caps / (Tier 30 days), PA 2)
<i>lisdexamfetamine dimesylate cap 20 mg</i>	\$0 QL (60 caps / (Tier 30 days), PA 2)
<i>lisdexamfetamine dimesylate cap 30 mg</i>	\$0 QL (60 caps / (Tier 30 days), PA 2)
<i>lisdexamfetamine dimesylate cap 40 mg</i>	\$0 QL (30 caps / (Tier 30 days), PA 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>lisdexamfetamine dimesylate cap 50 mg</i>	\$0 QL (30 caps / (Tier 30 days), PA 2)
<i>lisdexamfetamine dimesylate cap 60 mg</i>	\$0 QL (30 caps / (Tier 30 days), PA 2)
<i>lisdexamfetamine dimesylate cap 70 mg</i>	\$0 QL (30 caps / (Tier 30 days), PA 2)
<i>lisdexamfetamine dimesylate chew tab 10 mg</i>	\$0 QL (60 tabs / (Tier 30 days), PA 2)
<i>lisdexamfetamine dimesylate chew tab 20 mg</i>	\$0 QL (60 tabs / (Tier 30 days), PA 2)
<i>lisdexamfetamine dimesylate chew tab 30 mg</i>	\$0 QL (60 tabs / (Tier 30 days), PA 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>lisdexamfetamine dimesylate chew tab 40 mg</i>	\$0 QL (30 tabs / (Tier 30 days), PA 2)
<i>lisdexamfetamine dimesylate chew tab 50 mg</i>	\$0 QL (30 tabs / (Tier 30 days), PA 2)
<i>lisdexamfetamine dimesylate chew tab 60 mg</i>	\$0 QL (30 tabs / (Tier 30 days), PA 2)
<i>methylphenidate hcl chew tab 2.5 mg</i>	\$0 QL (180 tabs / (Tier 30 days), PA 2)
<i>methylphenidate hcl chew tab 5 mg</i>	\$0 QL (180 tabs / (Tier 30 days), PA 2)
<i>methylphenidate hcl chew tab 10 mg</i>	\$0 QL (180 tabs / (Tier 30 days), PA 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>methylphenidate hcl soln 5 mg/5ml</i>	\$0 QL (1800 mL / (Tier 30 days), PA 2)
<i>methylphenidate hcl soln 10 mg/5ml</i>	\$0 QL (900 mL / (Tier 30 days), PA 2)
<i>methylphenidate hcl tab 5 mg</i>	\$0 QL (180 tabs / (Tier 30 days), PA 2)
<i>methylphenidate hcl tab 10 mg</i>	\$0 QL (180 tabs / (Tier 30 days), PA 2)
<i>methylphenidate hcl tab 20 mg</i>	\$0 QL (90 tabs / (Tier 30 days), PA 2)
<i>methylphenidate hcl tab er 10 mg</i>	\$0 QL (90 tabs / (Tier 30 days), PA 2)

NAME OF DRUG

WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

<i>methylphenidate hcl tab er 20 mg</i>	\$0 QL (90 tabs / (Tier 30 days), PA 2)
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HYPNOTICS - DRUGS TO TREAT INSOMNIA

DAYVIGO TAB 5MG	\$0 QL (30 tabs / (Tier 30 days) 3)
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DAYVIGO TAB 10MG	\$0 QL (30 tabs / (Tier 30 days) 3)
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<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	\$0 QL (30 tabs / (Tier 30 days) 2)
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<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	\$0 QL (30 tabs / (Tier 30 days) 2)
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<i>tasimelteon capsule 20 mg</i>	\$0 NDS, QL (30 (Tier caps / 30 3) days), PA
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NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
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<i>temazepam cap 7.5 mg</i>	\$0 (Tier 2)	QL (30 caps / 30 days), PA; PA applies if 65 years and older
<i>temazepam cap 15 mg</i>	\$0 (Tier 2)	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>temazepam cap 30 mg</i>	\$0 (Tier 2)	QL (30 caps / 30 days), PA; PA applies if 65 years and older
<i>zolpidem tartrate tab 5 mg</i>	\$0 (Tier 2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)**

<i>zolpidem tartrate tab 10 mg</i>	\$0 (Tier 2)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate tab er 6.25 mg</i>	\$0 (Tier 3)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
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COST ON USE
YOU
(TIER
LEVEL
)**

<i>zolpidem tartrate tab er 12.5 mg</i>	\$0 (Tier 3)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
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***MIGRAINE - DRUGS TO TREAT SEVERE
HEADACHES***

AIMOVIG INJ 70MG/ML	\$0 (Tier 3)	QL (1 pen / 30 days), PA
AIMOVIG INJ 140MG/ML	\$0 (Tier 3)	QL (1 pen / 30 days), PA
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	\$0 (Tier 3)	NDS

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	\$0 NDS, QL (8 mL (Tier / 30 days), PA 3)
EMGALITY INJ 100MG/ML	\$0 QL (3 syringes (Tier / 30 days), PA 3)
EMGALITY INJ 120MG/ML	\$0 QL (2 pens / (Tier 30 days), PA 3)
EMGALITY INJ 120MG/ML	\$0 QL (2 syringes (Tier / 30 days), PA 3)
<i>ergotamine w/ caffeine tab 1-100 mg</i>	\$0 QL (40 tabs / (Tier 28 days), PA 2)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	\$0 QL (12 tabs / (Tier 30 days) 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	\$0 QL (12 tabs / (Tier 30 days / 2)
NURTEC TAB 75MG ODT	\$0 QL (16 tabs / (Tier 30 days), PA 3)
QULIPTA TAB 10MG	\$0 QL (30 tabs / (Tier 30 days), PA 3)
QULIPTA TAB 30MG	\$0 QL (30 tabs / (Tier 30 days), PA 3)
QULIPTA TAB 60MG	\$0 QL (30 tabs / (Tier 30 days), PA 3)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	\$0 QL (18 tabs / (Tier 30 days) 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	\$0 QL (18 tabs / (Tier 30 days) 2)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	\$0 QL (18 tabs / (Tier 30 days) 2)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	\$0 QL (18 tabs / (Tier 30 days) 2)
<i>sumatriptan nasal spray 5 mg/act</i>	\$0 QL (24 units / (Tier 30 days) 2)
<i>sumatriptan nasal spray 20 mg/act</i>	\$0 QL (12 units / (Tier 30 days) 2)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	\$0 QL (12 (Tier injections / 30 2) days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	\$0 QL (18 (Tier injections / 30 2) days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	\$0 QL (12 (Tier injections / 30 2) days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	\$0 QL (18 (Tier injections / 30 2) days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	\$0 QL (12 (Tier injections / 30 2) days)
<i>sumatriptan succinate tab 25 mg</i>	\$0 QL (12 tabs / (Tier 30 days) 2)
<i>sumatriptan succinate tab 50 mg</i>	\$0 QL (12 tabs / (Tier 30 days) 2)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
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COST ON USE
YOU
(TIER
LEVEL
)**

<i>sumatriptan succinate tab 100 mg</i>	\$0 (Tier 2)	QL (12 tabs / 30 days)
UBRELVY TAB 50MG	\$0 (Tier 3)	QL (16 tabs / 30 days), PA
UBRELVY TAB 100MG	\$0 (Tier 3)	QL (16 tabs / 30 days), PA

MISCELLANEOUS

AUSTEDO TAB 6MG	\$0 (Tier 3)	NDS, QL (60 tabs / 30 days), PA
AUSTEDO TAB 9MG	\$0 (Tier 3)	NDS, QL (120 tabs / 30 days), PA
AUSTEDO TAB 12MG	\$0 (Tier 3)	NDS, QL (120 tabs / 30 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
AUSTEDO XR TAB 6MG	\$0 NDS, QL (90 (Tier tabs / 30 3) days), PA
AUSTEDO XR TAB 12MG	\$0 NDS, QL (120 (Tier tabs / 30 3) days), PA
AUSTEDO XR TAB 18MG	\$0 NDS, QL (60 (Tier tabs / 30 3) days), PA
AUSTEDO XR TAB 24MG	\$0 NDS, QL (60 (Tier tabs / 30 3) days), PA
AUSTEDO XR TAB 30MG ER	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
AUSTEDO XR TAB 36MG ER	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
AUSTEDO XR TAB 42MG ER	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
AUSTEDO XR TAB 48MG ER	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
AUSTEDO XR TAB TITR KIT	\$0 NDS, QL (2 (Tier packs / year), 3) PA
<i>gabapentin (once-daily) tab 300 mg</i>	\$0 QL (180 tabs / (Tier 30 days), PA 2)
<i>gabapentin (once-daily) tab 600 mg</i>	\$0 QL (90 tabs / (Tier 30 days), PA 2)
<i>lithium carbonate cap 150 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>lithium carbonate cap 300 mg</i>	\$0 (Tier 1)
<i>lithium carbonate cap 600 mg</i>	\$0 (Tier 1)
<i>lithium carbonate tab 300 mg</i>	\$0 (Tier 1)
<i>lithium carbonate tab er 300 mg</i>	\$0 (Tier 2)
<i>lithium carbonate tab er 450 mg</i>	\$0 (Tier 2)
<i>lithium oral solution 8 meq/5ml</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
NUEDEXTA CAP 20-10MG	\$0 NDS, QL (60 (Tier caps / 30 3) days), PA
<i>pyridostigmine bromide tab 60 mg</i>	\$0 (Tier 2)
<i>riluzole tab 50 mg</i>	\$0 (Tier 2)
<i>tetrabenazine tab 12.5 mg</i>	\$0 NDS, QL (90 (Tier tabs / 30 3) days), PA
<i>tetrabenazine tab 25 mg</i>	\$0 NDS, QL (120 (Tier tabs / 30 3) days), PA

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)*****MULTIPLE SCLEROSIS AGENTS - DRUGS TO
TREAT MULTIPLE SCLEROSIS***

BAFIERTAM CAP 95MG	\$0 (Tier 3)	NDS, QL (120 caps / 30 days), PA
BETASERON INJ 0.3MG	\$0 (Tier 3)	NDS, QL (14 syringes / 28 days), PA
COPAXONE INJ 20MG/ML	\$0 (Tier 3)	NDS, QL (30 syringes / 30 days), PA
COPAXONE INJ 40MG/ML	\$0 (Tier 3)	NDS, QL (12 syringes / 28 days), PA
<i>dalfampridine tab er 12hr 10 mg</i>	\$0 (Tier 2)	QL (60 tabs / 30 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	\$0 NDS, QL (30 (Tier caps / 30 3) days), PA
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	\$0 NDS, QL (30 (Tier syringes / 30 3) days), PA
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	\$0 NDS, QL (12 (Tier syringes / 28 3) days), PA
<i>glatopa</i>	\$0 NDS, QL (12 (Tier syringes / 28 3) days), PA
<i>glatopa</i>	\$0 NDS, QL (30 (Tier syringes / 30 3) days), PA
KESIMPTA INJ 20/.4ML	\$0 NDS, QL (16 (Tier pens / 365 3) days), PA

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)*****MUSCULOSKELETAL THERAPY AGENTS -
DRUGS TO TREAT MUSCLE SPASMS***

<i>baclofen tab 5 mg</i>	\$0 (Tier 2)	QL (90 tabs / 30 days)
<i>baclofen tab 10 mg</i>	\$0 (Tier 2)	
<i>baclofen tab 20 mg</i>	\$0 (Tier 2)	
<i>cyclobenzaprine hcl tab 5 mg</i>	\$0 (Tier 3)	QL (90 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
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COST ON USE
YOU
(TIER
LEVEL
)**

<i>cyclobenzaprine hcl tab 10 mg</i>	\$0 (Tier 3)	QL (90 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>dantrolene sodium cap 25 mg</i>	\$0 (Tier 2)	
<i>dantrolene sodium cap 50 mg</i>	\$0 (Tier 2)	
<i>dantrolene sodium cap 100 mg</i>	\$0 (Tier 2)	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	\$0 (Tier 2)	

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
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<i>tizanidine hcl tab 4 mg (base equivalent)</i>	\$0 (Tier 2)
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NARCOLEPSY/CATAPLEXY - DRUGS FOR SLEEP DISORDERS

<i>armodafinil tab 50 mg</i>	\$0 QL (60 tabs / (Tier 30 days), PA 2)
<i>armodafinil tab 150 mg</i>	\$0 QL (30 tabs / (Tier 30 days), PA 2)
<i>armodafinil tab 200 mg</i>	\$0 QL (30 tabs / (Tier 30 days), PA 2)
<i>armodafinil tab 250 mg</i>	\$0 QL (30 tabs / (Tier 30 days), PA 2)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)**

<i>modafinil tab 100 mg</i>	\$0 QL (30 tabs / (Tier 30 days), PA 2)
<i>modafinil tab 200 mg</i>	\$0 QL (60 tabs / (Tier 30 days), PA 2)
SOD OXYBATE SOL 500MG/ML	\$0 NDS, QL (540 (Tier mL / 30 days), 3) PA
<i>PSYCHOTHERAPEUTIC-MISC</i>	
<i>acamprosate calcium tab delayed release 333 mg</i>	\$0 (Tier 2)
<i>acetaminophen pm</i>	\$0 (Tier 5)
<i>acetaminophen pm extra st</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	\$0 QL (90 tabs / (Tier 30 days) 2)
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	\$0 QL (90 tabs / (Tier 30 days) 2)
<i>buprenorphine hcl- naloxone hcl sl film 2-0.5 mg (base equiv)</i>	\$0 QL (90 films / (Tier 30 days) 2)
<i>buprenorphine hcl- naloxone hcl sl film 4-1 mg (base equiv)</i>	\$0 QL (90 films / (Tier 30 days) 2)
<i>buprenorphine hcl- naloxone hcl sl film 8-2 mg (base equiv)</i>	\$0 QL (90 films / (Tier 30 days) 2)
<i>buprenorphine hcl- naloxone hcl sl film 12-3 mg (base equiv)</i>	\$0 QL (60 films / (Tier 30 days) 2)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)**

<i>buprenorphine hcl- naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	\$0 QL (90 tabs / (Tier 30 days) 2)
<i>buprenorphine hcl- naloxone hcl sl tab 8-2 mg (base equiv)</i>	\$0 QL (90 tabs / (Tier 30 days) 2)
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	\$0 QL (60 tabs / (Tier 30 days) 2)
<i>disulfiram tab 250 mg</i>	\$0 (Tier 2)
<i>disulfiram tab 500 mg</i>	\$0 (Tier 2)
<i>ft sleep aid</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gnp nicotine gum</i>	\$0 (Tier 5)
<i>gnp nicotine mini lozenge</i>	\$0 (Tier 5)
<i>gnp nicotine polacrilex</i>	\$0 (Tier 5)
<i>gnp nicotine polacrilex m</i>	\$0 (Tier 5)
<i>gnp nicotine transdermal</i>	\$0 (Tier 5)
<i>gnp nighttime sleep-aid m</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gnp pain relief extra str</i>	\$0 (Tier 5)
<i>gnp pain relief pm extra</i>	\$0 (Tier 5)
<i>gnp sleep aid</i>	\$0 (Tier 5)
<i>gnp sleep aid nighttime</i>	\$0 (Tier 5)
<i>goodsense nicotine</i>	\$0 (Tier 5)
<i>goodsense nicotine gum</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>goodsense nicotine polacr</i>	\$0 (Tier 5)
<i>goodsense pain relief pm</i>	\$0 (Tier 5)
<i>goodsense sleeptime</i>	\$0 (Tier 5)
<i>healthy mama eazzze the p</i>	\$0 (Tier 5)
<i>hm nicotine polacrilex</i>	\$0 (Tier 5)
<i>naloxone hcl inj 0.4 mg/ml</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>naloxone hcl inj 4 mg/10ml</i>	\$0 (Tier 2)
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	\$0 (Tier 2)
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	\$0 (Tier 5)
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	\$0 (Tier 2)
<i>naloxone hcl soln prefilled syringe 0.4 mg/ml</i>	\$0 (Tier 2)
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>naltrexone hcl tab 50 mg</i>	\$0 (Tier 2)
<i>nicotine mini lozenge</i>	\$0 (Tier 5)
<i>nicotine polacrilex gum 2 mg</i>	\$0 (Tier 5)
<i>nicotine polacrilex gum 4 mg</i>	\$0 (Tier 5)
<i>nicotine polacrilex lozenge 2 mg</i>	\$0 (Tier 5)
<i>nicotine polacrilex lozenge 4 mg</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>nicotine polacrilex mini</i>	\$0 (Tier 5)
NICOTINE SYS KIT TRANSDER	\$0 (Tier 5)
<i>nicotine td patch 24hr 7 mg/24hr</i>	\$0 (Tier 5)
<i>nicotine td patch 24hr 14 mg/24hr</i>	\$0 (Tier 5)
<i>nicotine td patch 24hr 21 mg/24hr</i>	\$0 (Tier 5)
<i>nicotine transdermal syst</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
NICOTROL INH	\$0 (Tier 4)
NICOTROL NS SPR 10MG/ML	\$0 (Tier 4)
<i>night time pain medicine</i>	\$0 (Tier 5)
<i>nighttime sleep aid</i>	\$0 (Tier 5)
<i>nighttime sleep-aid</i>	\$0 (Tier 5)
<i>nytol quickcaps</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>pain relief pm extra stre</i>	\$0 (Tier 5)
PAIN RELIEF TAB NIGHTTIME	\$0 (Tier 5)
<i>pain reliever pm</i>	\$0 (Tier 5)
<i>qc pain reliever pm extra</i>	\$0 (Tier 5)
<i>qc rest simply</i>	\$0 (Tier 5)
<i>sleep aid</i>	\$0 (Tier 5)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
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YOU
(TIER
LEVEL
)**

<i>sleep tabs</i>	\$0 (Tier 5)
<i>sleep-aid</i>	\$0 (Tier 5)
<i>sm nicotine</i>	\$0 (Tier 5)
<i>sm nicotine polacrilex</i>	\$0 (Tier 5)
<i>sm nicotine transdermal s</i>	\$0 (Tier 5)
<i>sominex</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>sominex maximum strength</i>	\$0 (Tier 5)
<i>sominex nighttime sleep-a</i>	\$0 (Tier 5)
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	\$0 QL (56 tabs / (Tier 28 days) 2)
<i>varenicline tartrate tab 1 mg (base equiv)</i>	\$0 QL (56 tabs / (Tier 28 days) 2)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	\$0 QL (2 packs / (Tier year) 2)
VIVITROL INJ 380MG	\$0 NDS (Tier 3)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)****ENDOCRINE AND METABOLIC - DRUGS TO
TREAT DIABETES AND REGULATE
HORMONES*****ANDROGENS - DRUGS TO REGULATE MALE
HORMONES***

<i>danazol cap 50 mg</i>	\$0 (Tier 2)
<i>danazol cap 100 mg</i>	\$0 (Tier 2)
<i>danazol cap 200 mg</i>	\$0 (Tier 2)
<i>depo-testosterone</i>	\$0 PA (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>methyltestosterone cap 10 mg</i>	\$0 NDS, QL (600 (Tier caps / 30 3) days), PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	\$0 PA (Tier 2)
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	\$0 PA (Tier 2)
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	\$0 PA (Tier 2)
<i>testosterone pump</i>	\$0 QL (150 gm / (Tier 30 days), PA 2)
<i>testosterone td gel 12.5 mg/act (1%)</i>	\$0 QL (300 gm / (Tier 30 days), PA 2)

NAME OF DRUG**WHAT NECESSARY
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<i>testosterone td gel 25 mg/2.5gm (1%)</i>	\$0 QL (300 gm / 30 days), PA (Tier 2)
<i>testosterone td gel 50 mg/5gm (1%)</i>	\$0 QL (300 gm / 30 days), PA (Tier 2)

ANTIDIABETICS

<i>acarbose tab 25 mg</i>	\$0 (Tier 2)
<i>acarbose tab 50 mg</i>	\$0 (Tier 2)
<i>acarbose tab 100 mg</i>	\$0 (Tier 2)
FARXIGA TAB 5MG	\$0 QL (30 tabs / 30 days) (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
FARXIGA TAB 10MG	\$0 QL (30 tabs / (Tier 30 days) 3)
<i>glimepiride tab 1 mg</i>	\$0 QL (90 tabs / (Tier 30 days) 1)
<i>glimepiride tab 2 mg</i>	\$0 QL (90 tabs / (Tier 30 days) 1)
<i>glimepiride tab 4 mg</i>	\$0 QL (60 tabs / (Tier 30 days) 1)
<i>glipizide tab 5 mg</i>	\$0 QL (240 tabs / (Tier 30 days) 1)
<i>glipizide tab 10 mg</i>	\$0 QL (120 tabs / (Tier 30 days) 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>glipizide tab er 24hr 2.5 mg</i>	\$0 QL (90 tabs / (Tier 30 days) 1)
<i>glipizide tab er 24hr 5 mg</i>	\$0 QL (90 tabs / (Tier 30 days) 1)
<i>glipizide tab er 24hr 10 mg</i>	\$0 QL (60 tabs / (Tier 30 days) 1)
<i>glipizide xl</i>	\$0 QL (60 tabs / (Tier 30 days) 1)
<i>glipizide xl</i>	\$0 QL (90 tabs / (Tier 30 days) 1)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	\$0 QL (240 tabs / (Tier 30 days) 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	\$0 QL (120 tabs / (Tier 30 days) 1)
<i>glipizide-metformin hcl tab 5-500 mg</i>	\$0 QL (120 tabs / (Tier 30 days) 1)
GLYXAMBI TAB 10-5 MG	\$0 QL (30 tabs / (Tier 30 days) 3)
GLYXAMBI TAB 25-5 MG	\$0 QL (30 tabs / (Tier 30 days) 3)
JANUMET TAB 50-500MG	\$0 QL (60 tabs / (Tier 30 days) 3)
JANUMET TAB 50-1000	\$0 QL (60 tabs / (Tier 30 days) 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
JANUMET XR TAB 50- 500MG	\$0 QL (60 tabs / (Tier 30 days) 3)
JANUMET XR TAB 50-1000	\$0 QL (60 tabs / (Tier 30 days) 3)
JANUMET XR TAB 100- 1000	\$0 QL (30 tabs / (Tier 30 days) 3)
JANUVIA TAB 25MG	\$0 QL (30 tabs / (Tier 30 days) 3)
JANUVIA TAB 50MG	\$0 QL (30 tabs / (Tier 30 days) 3)
JANUVIA TAB 100MG	\$0 QL (30 tabs / (Tier 30 days) 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
JARDIANCE TAB 10MG	\$0 QL (30 tabs / (Tier 30 days) 3)
JARDIANCE TAB 25MG	\$0 QL (30 tabs / (Tier 30 days) 3)
JENTADUETO TAB 2.5-500	\$0 QL (60 tabs / (Tier 30 days) 3)
JENTADUETO TAB 2.5-850	\$0 QL (60 tabs / (Tier 30 days) 3)
JENTADUETO TAB 2.5- 1000	\$0 QL (60 tabs / (Tier 30 days) 3)
JENTADUETO TAB XR 2.5- 1000MG	\$0 QL (60 tabs / (Tier 30 days) 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
JENTADUETO TAB XR 5- 1000MG	\$0 QL (30 tabs / (Tier 30 days) 3)
<i>liraglutide soln pen- injector 18 mg/3ml (6 mg/ml)</i>	\$0 QL (3 pens / (Tier 30 days), PA 2)
<i>metformin hcl oral soln 500 mg/5ml</i>	\$0 QL (765 mL / (Tier 30 days) 2)
<i>metformin hcl tab 500 mg</i>	\$0 QL (150 tabs / (Tier 30 days) 1)
<i>metformin hcl tab 850 mg</i>	\$0 QL (90 tabs / (Tier 30 days) 1)
<i>metformin hcl tab 1000 mg</i>	\$0 QL (75 tabs / (Tier 30 days) 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)	
<i>metformin hcl tab er 24hr 500 mg</i>	\$0 (Tier 1)	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl tab er 24hr 750 mg</i>	\$0 (Tier 1)	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO INJ 2.5/0.5	\$0 (Tier 3)	QL (4 pens / 28 days), PA
MOUNJARO INJ 5MG/0.5	\$0 (Tier 3)	QL (4 pens / 28 days), PA
MOUNJARO INJ 7.5/0.5	\$0 (Tier 3)	QL (4 pens / 28 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
MOUNJARO INJ 10MG/0.5	\$0 QL (4 pens / (Tier 28 days), PA 3)
MOUNJARO INJ 12.5/0.5	\$0 QL (4 pens / (Tier 28 days), PA 3)
MOUNJARO INJ 15MG/0.5	\$0 QL (4 pens / (Tier 28 days), PA 3)
<i>nateglinide tab 60 mg</i>	\$0 QL (90 tabs / (Tier 30 days) 1)
<i>nateglinide tab 120 mg</i>	\$0 QL (90 tabs / (Tier 30 days) 1)
OZEMPIC (0.25 OR 0.5 MG/DOSE)	\$0 QL (1 pen / 28 (Tier days), PA 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
OZEMPIC (0.25 OR 0.5MG/DOSE)	\$0 QL (1 pen / 28 days), PA (Tier 3)
OZEMPIC (1MG/DOSE)	\$0 QL (1 pen / 28 days), PA (Tier 3)
OZEMPIC (2MG/DOSE)	\$0 QL (1 pen / 28 days), PA (Tier 3)
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	\$0 QL (30 tabs / 30 days) (Tier 1)
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	\$0 QL (30 tabs / 30 days) (Tier 1)
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	\$0 QL (30 tabs / 30 days) (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>pioglitazone hcl- metformin hcl tab 15-500 mg</i>	\$0 QL (90 tabs / (Tier 30 days) 1)
<i>pioglitazone hcl- metformin hcl tab 15-850 mg</i>	\$0 QL (90 tabs / (Tier 30 days) 1)
<i>repaglinide tab 0.5 mg</i>	\$0 QL (120 tabs / (Tier 30 days) 1)
<i>repaglinide tab 1 mg</i>	\$0 QL (120 tabs / (Tier 30 days) 1)
<i>repaglinide tab 2 mg</i>	\$0 QL (240 tabs / (Tier 30 days) 1)
RYBELSUS TAB 3MG	\$0 QL (30 tabs / (Tier 30 days), PA 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
RYBELSUS TAB 7MG	\$0 QL (30 tabs / (Tier 30 days), PA 3)
RYBELSUS TAB 14MG	\$0 QL (30 tabs / (Tier 30 days), PA 3)
SYNJARDY TAB 5-500MG	\$0 QL (120 tabs / (Tier 30 days) 3)
SYNJARDY TAB 5-1000MG	\$0 QL (60 tabs / (Tier 30 days) 3)
SYNJARDY TAB 12.5-500	\$0 QL (60 tabs / (Tier 30 days) 3)
SYNJARDY TAB 12.5- 1000MG	\$0 QL (60 tabs / (Tier 30 days) 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
SYNJARDY XR TAB 5- 1000MG	\$0 QL (60 tabs / (Tier 30 days) 3)
SYNJARDY XR TAB 10- 1000	\$0 QL (60 tabs / (Tier 30 days) 3)
SYNJARDY XR TAB 12.5- 1000	\$0 QL (60 tabs / (Tier 30 days) 3)
SYNJARDY XR TAB 25- 1000	\$0 QL (30 tabs / (Tier 30 days) 3)
TRADJENTA TAB 5MG	\$0 QL (30 tabs / (Tier 30 days) 3)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	\$0 QL (60 tabs / (Tier 30 days) 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	\$0 QL (30 tabs / (Tier 30 days) 3)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	\$0 QL (60 tabs / (Tier 30 days) 3)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	\$0 QL (30 tabs / (Tier 30 days) 3)
TRULICITY INJ 0.75/0.5	\$0 QL (4 pens / (Tier 28 days), PA 3)
TRULICITY INJ 1.5/0.5	\$0 QL (4 pens / (Tier 28 days), PA 3)
TRULICITY INJ 3/0.5	\$0 QL (4 pens / (Tier 28 days), PA 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
TRULICITY INJ 4.5/0.5	\$0 QL (4 pens / (Tier 28 days), PA 3)
XIGDUO XR TAB 2.5-1000	\$0 QL (60 tabs / (Tier 30 days) 3)
XIGDUO XR TAB 5-500MG	\$0 QL (60 tabs / (Tier 30 days) 3)
XIGDUO XR TAB 5- 1000MG	\$0 QL (60 tabs / (Tier 30 days) 3)
XIGDUO XR TAB 10- 500MG	\$0 QL (30 tabs / (Tier 30 days) 3)
XIGDUO XR TAB 10-1000	\$0 QL (30 tabs / (Tier 30 days) 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>ANTIDIABETICS, INSULINS</i>	
ADMELOG INJ 100U/ML	\$0 (Tier 3)
ADMELOG SOLO INJ 100U/ML	\$0 (Tier 3)
AFREZZA POW 4-8 UNIT	\$0 NDS (Tier 3)
AFREZZA POW 4-8-12	\$0 NDS (Tier 3)
AFREZZA POW 4UNIT	\$0 (Tier 3)
AFREZZA POW 8 UNIT	\$0 (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
AFREZZA POW 8-12UNIT	\$0 NDS (Tier 3)
AFREZZA POW 12 UNIT	\$0 NDS (Tier 3)
ALCOHOL SWABS: BD- EMBECTA/MHC/RUGBY	\$0 PA (Tier 3)
APIDRA INJ SOLOSTAR	\$0 (Tier 3)
APIDRA INJ U-100	\$0 (Tier 3)
BASAGLAR INJ 100UNIT	\$0 (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
BASAGLAR INJ TEMPO PN	\$0 (Tier 3)
CEQUR SIMPL KIT PATCH 2U (3-DAY)	\$0 QL (10 patches (Tier / 30 days), PA 4)
CEQUR SIMPL KIT PATCH 2U (4-DAY)	\$0 QL (8 patches / (Tier 24 days), PA 4)
CEQUR SIMPL MIS INSERTER	\$0 QL (2 inserters (Tier / year), PA 4)
FIASP FLEX INJ TOUCH	\$0 (Tier 3)
FIASP INJ 100/ML	\$0 (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
FIASP PENFIL INJ U-100	\$0 (Tier 3)
FIASP PMPCRT INJ U-100	\$0 B/D (Tier 3)
GAUZE PADS 2" X 2"	\$0 PA (Tier 3)
GLARGIN YFGN INJ 100U/ML	\$0 (Tier 3)
GLARGIN YFGN SOL 100U/ML	\$0 (Tier 4)
HUMALOG INJ 100/ML	\$0 (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
HUMALOG JR INJ 100/ML	\$0 (Tier 3)
HUMALOG KWIK INJ 100/ML	\$0 (Tier 3)
HUMALOG KWIK INJ 200/ML	\$0 (Tier 3)
HUMALOG MIX INJ 50/50KWP	\$0 (Tier 3)
HUMALOG MIX INJ 75/25KWP	\$0 (Tier 3)
HUMALOG MIX SUS 75/25	\$0 (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
HUMALOG TMPO INJ 100/ML	\$0 (Tier 3)
HUMULIN INJ 70/30	\$0 (Tier 3)
HUMULIN INJ 70/30KWP	\$0 (Tier 3)
HUMULIN N INJ U-100	\$0 (Tier 3)
HUMULIN N INJ U- 100KWP	\$0 (Tier 3)
HUMULIN R INJ U-100	\$0 (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
HUMULIN R INJ U-500	\$0 NDS; KWIKPEN (Tier 3)
HUMULIN R INJ U-500	\$0 NDS, B/D (Tier 3)
INS ASP PROT INJ FLEXPEN	\$0 (Tier 4)
INS DEGL FLX INJ 100UNIT	\$0 (Tier 4)
INS DEGL FLX INJ 200UNIT	\$0 (Tier 4)
INSULIN ASPA INJ 70/30	\$0 (Tier 4)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
INSULIN ASPA INJ 100/ML	\$0 (Tier 4)
INSULIN ASPA INJ FLEXPEN	\$0 (Tier 4)
INSULIN ASPA INJ PENFILL	\$0 (Tier 4)
INSULIN DEGL INJ 100UNIT	\$0 (Tier 4)
INSULIN GLAR INJ 300/ML	\$0 (Tier 4)
INSULIN LISP INJ 100/ML	\$0 (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
INSULIN LISP INJ JUNIOR	\$0 (Tier 3)
INSULIN LISP INJ PROTAMIN	\$0 (Tier 3)
INSULIN PEN NEEDLES: BD-EMBECTA	\$0 PA (Tier 3)
INSULIN SAFETY NEEDLES: BD-EMBECTA	\$0 PA (Tier 3)
INSULIN SYRINGES: BD- EMBECTA	\$0 PA (Tier 3)
LANTUS INJ 100/ML	\$0 (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
LANTUS SOLOS INJ 100/ML	\$0 (Tier 3)
LYUMJEV INJ 100UT/ML	\$0 (Tier 3)
LYUMJEV KWPN INJ 100UT/ML	\$0 (Tier 3)
LYUMJEV KWPN INJ 200UT/ML	\$0 (Tier 3)
LYUMJEV TMPO INJ 100UT/ML	\$0 (Tier 3)
NOVOLIN70/30 INJ RELION	\$0 (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
NOVOLIN INJ 70/30	\$0 (Tier 3)
NOVOLIN INJ 70/30 FP	\$0 (Tier 3)
NOVOLIN N INJ 100 UNIT	\$0 (Tier 3)
NOVOLIN N INJ RELION	\$0 (Tier 3)
NOVOLIN N INJ U-100	\$0 (Tier 3)
NOVOLIN R INJ 100 UNIT	\$0 (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
NOVOLIN R INJ RELION	\$0 (Tier 3)
NOVOLIN R INJ U-100	\$0 (Tier 3)
NOVOLOG INJ 100/ML	\$0 (Tier 3)
NOVOLOG INJ FLEX REL	\$0 (Tier 3)
NOVOLOG INJ FLEXPEN	\$0 (Tier 3)
NOVOLOG INJ PENFILL	\$0 (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
NOVOLOG INJ RELION	\$0 (Tier 3)
NOVOLOG MIX INJ 70/30	\$0 (Tier 3)
NOVOLOG MIX INJ FLEX REL	\$0 (Tier 3)
NOVOLOG MIX INJ FLEXPEN	\$0 (Tier 3)
NOVOLOG RELI INJ 70/30	\$0 (Tier 3)
OMNIPOD 5 DX KIT INT G7G6	\$0 QL (1 kit / (Tier year), PA 4)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
OMNIPOD 5 DX MIS POD G7G6	\$0 QL (15 pods / (Tier 30 days), PA 4)
OMNIPOD 5 G7 KIT INTRO	\$0 QL (1 kit / (Tier year), PA 4)
OMNIPOD 5 G7 MIS PODS	\$0 QL (15 pods / (Tier 30 days), PA 4)
OMNIPOD 5 LB KIT INTRO G6	\$0 QL (1 kit / (Tier year), PA 4)
OMNIPOD 5 LB MIS PODS G6	\$0 QL (15 pods / (Tier 30 days), PA 4)
OMNIPOD DASH KIT INTRO	\$0 QL (1 kit / (Tier year), PA 4)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
OMNIPOD DASH MIS PODS	\$0 QL (15 pods / (Tier 30 days), PA 4)
OMNIPOD GO KIT 10UNT/DY	\$0 QL (15 pods / (Tier 30 days), PA 4)
OMNIPOD GO KIT 15UNT/DY	\$0 QL (15 pods / (Tier 30 days), PA 4)
OMNIPOD GO KIT 20UNT/DY	\$0 QL (15 pods / (Tier 30 days), PA 4)
OMNIPOD GO KIT 25UNT/DY	\$0 QL (15 pods / (Tier 30 days), PA 4)
OMNIPOD GO KIT 30UNT/DY	\$0 QL (15 pods / (Tier 30 days), PA 4)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
OMNIPOD GO KIT 35UNT/DY	\$0 QL (15 pods / (Tier 30 days), PA 4)
OMNIPOD GO KIT 40UNT/DY	\$0 QL (15 pods / (Tier 30 days), PA 4)
OMNIPOD MIS CLASSIC	\$0 QL (15 pods / (Tier 30 days), PA 4)
REZVOGLAR INJ 100UT/ML	\$0 (Tier 4)
SEMGLEE INJ 100U/ML	\$0 (Tier 3)
SOLIQUA INJ 100/33	\$0 QL (5 pens / (Tier 25 days) 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
TOUJEO MAX INJ 300/ML	\$0 (Tier 3)
TOUJEO SOLO INJ 300/ML	\$0 (Tier 3)
TRESIBA FLEX INJ 100UNIT	\$0 (Tier 3)
TRESIBA FLEX INJ 200UNIT	\$0 (Tier 3)
TRESIBA INJ 100UNIT	\$0 (Tier 3)
XULTOPHY INJ 100/3.6	\$0 QL (5 pens / (Tier 30 days) 3)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)*****ANTI OBESITY AGENTS***

<i>benzphetamine hcl tab 50 mg</i>	\$0 PA (Tier 5)
CONTRA VE TAB 8-90MG	\$0 PA (Tier 5)
<i>diethylpropion hcl tab 25 mg</i>	\$0 PA (Tier 5)
<i>diethylpropion hcl tab er 24hr 75 mg</i>	\$0 PA (Tier 5)
IMCIVREE INJ 10MG/ML	\$0 PA (Tier 5)
LOMAIRA TAB 8MG	\$0 PA (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>orlistat cap 120 mg</i>	\$0 PA (Tier 5)
PHENDIMETRAZ CAP 105MG ER	\$0 PA (Tier 5)
<i>phendimetrazine tartrate tab 35 mg</i>	\$0 PA (Tier 5)
<i>phentermine hcl cap 15 mg</i>	\$0 (Tier 5)
<i>phentermine hcl cap 30 mg</i>	\$0 (Tier 5)
<i>phentermine hcl cap 37.5 mg</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>phentermine hcl tab 37.5 mg</i>	\$0 (Tier 5)
QSYMIA CAP 3.75-23	\$0 PA (Tier 5)
QSYMIA CAP 7.5-46MG	\$0 PA (Tier 5)
QSYMIA CAP 11.25-69	\$0 PA (Tier 5)
QSYMIA CAP 15-92MG	\$0 PA (Tier 5)
ZEPBOUND INJ 2.5/0.5	\$0 PA (Tier 5)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)**

ZEPBOUND INJ 5/0.5ML	\$0 PA (Tier 5)
ZEPBOUND INJ 7.5/0.5	\$0 PA (Tier 5)
ZEPBOUND INJ 10/0.5ML	\$0 PA (Tier 5)
ZEPBOUND INJ 12.5/0.5	\$0 PA (Tier 5)
ZEPBOUND INJ 15/0.5ML	\$0 PA (Tier 5)
<i>CALCIUM REGULATORS</i>	
<i>alendronate sodium oral soln 70 mg/75ml</i>	\$0 ST (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>alendronate sodium tab 10 mg</i>	\$0 (Tier 1)
<i>alendronate sodium tab 35 mg</i>	\$0 (Tier 1)
<i>alendronate sodium tab 70 mg</i>	\$0 (Tier 1)
<i>calcitonin (salmon) spray</i>	\$0 B/D (Tier 2)
<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	\$0 B/D, QL (1 (Tier injection / 90 2) days)
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	\$0 B/D (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>pamidronate disodium iv soln 3 mg/ml</i>	\$0 B/D (Tier 2)
<i>pamidronate disodium iv soln 9 mg/ml</i>	\$0 B/D (Tier 2)
PAMIDRONATE INJ 6MG/ML	\$0 B/D (Tier 3)
PROLIA INJ 60MG/ML	\$0 QL (1 syringe / (Tier 180 days) 4)
<i>risedronate sodium tab 5 mg</i>	\$0 (Tier 2)
<i>risedronate sodium tab 30 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>risedronate sodium tab 35 mg</i>	\$0 (Tier 2)
<i>risedronate sodium tab 150 mg</i>	\$0 (Tier 2)
<i>risedronate sodium tab delayed release 35 mg</i>	\$0 ST (Tier 2)
TERIPARATIDE INJ 620/2.48	\$0 NDS, PA (Tier 3)
XGEVA INJ	\$0 NDS, PA (Tier 3)
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	\$0 B/D (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>zoledronic acid iv soln 5 mg/100ml</i>	\$0 B/D (Tier 2)
CHELATING AGENTS	
CHEMET CAP 100MG	\$0 NDS (Tier 3)
<i>deferasirox granules packet 90 mg</i>	\$0 NDS, PA (Tier 3)
<i>deferasirox granules packet 180 mg</i>	\$0 NDS, PA (Tier 3)
<i>deferasirox granules packet 360 mg</i>	\$0 NDS, PA (Tier 3)
<i>deferasirox tab 90 mg</i>	\$0 PA (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>deferasirox tab 180 mg</i>	\$0 NDS, PA (Tier 3)
<i>deferasirox tab 360 mg</i>	\$0 NDS, PA (Tier 3)
<i>deferasirox tab for oral susp 125 mg</i>	\$0 PA (Tier 2)
<i>deferasirox tab for oral susp 250 mg</i>	\$0 NDS, PA (Tier 3)
<i>deferasirox tab for oral susp 500 mg</i>	\$0 NDS, PA (Tier 3)
<i>kionex</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
LOKELMA PAK 5GM	\$0 (Tier 3)
LOKELMA PAK 10GM	\$0 (Tier 3)
<i>penicillamine tab 250 mg</i>	\$0 NDS (Tier 3)
<i>sodium polystyrene sulfonate powder</i>	\$0 (Tier 2)
<i>sps</i>	\$0 (Tier 2)
<i>sps rectal</i>	\$0 (Tier 2)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)**

trientine hcl cap 250 mg

\$0 NDS, PA
(Tier
3)

**CONTRACEPTIVES - DRUGS FOR BIRTH
CONTROL**

afirmelle\$0
(Tier
2)

aftera\$0
(Tier
5)

altavera\$0
(Tier
2)

alyacen 1/35\$0
(Tier
2)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)**

<i>alyacen 7/7/7</i>	\$0 (Tier 2)
<i>amethia tab</i>	\$0 (Tier 2)
<i>amethyst</i>	\$0 (Tier 2)
<i>apri</i>	\$0 (Tier 2)
<i>aranelle</i>	\$0 (Tier 2)
<i>ashlyna</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>aubra eq</i>	\$0 (Tier 2)
<i>aurovela 1/20</i>	\$0 (Tier 2)
<i>aurovela 24 fe</i>	\$0 (Tier 2)
<i>aurovela fe 1.5/30</i>	\$0 (Tier 2)
<i>aurovela fe 1/20</i>	\$0 (Tier 2)
<i>aviane</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>ayuna</i>	\$0 (Tier 2)
<i>azurette</i>	\$0 (Tier 2)
<i>balziva</i>	\$0 (Tier 2)
<i>blisovi 24 fe</i>	\$0 (Tier 2)
<i>blisovi fe 1.5/30</i>	\$0 (Tier 2)
<i>briellyn</i>	\$0 (Tier 2)

NAME OF DRUG**WHAT NECESSARY
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DRUG RESTRICTION
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COST ON USE
YOU
(TIER
LEVEL
)**

<i>camila</i>	\$0 (Tier 2)
<i>camrese</i>	\$0 (Tier 2)
<i>camrese lo</i>	\$0 (Tier 2)
<i>chateal eq</i>	\$0 (Tier 2)
<i>cryselle-28</i>	\$0 (Tier 2)
<i>curae</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>cyred eq</i>	\$0 (Tier 2)
<i>dasetta 1/35</i>	\$0 (Tier 2)
<i>dasetta 7/7/7</i>	\$0 (Tier 2)
<i>daysee</i>	\$0 (Tier 2)
<i>deblitane</i>	\$0 (Tier 2)
DEPO-SQ PROV INJ 104	\$0 (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	\$0 (Tier 2)
<i>dolishale</i>	\$0 (Tier 2)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	\$0 (Tier 2)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	\$0 (Tier 2)
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	\$0 (Tier 2)
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>econtra one-step</i>	\$0 (Tier 5)
<i>elinest</i>	\$0 (Tier 2)
<i>eluryng</i>	\$0 (Tier 2)
<i>emzahh</i>	\$0 (Tier 2)
<i>enilloring</i>	\$0 (Tier 2)
<i>enpresse-28</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>enskyce</i>	\$0 (Tier 2)
<i>errin</i>	\$0 (Tier 2)
<i>estarylla</i>	\$0 (Tier 2)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg- 35 mcg</i>	\$0 (Tier 2)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg- 50 mcg</i>	\$0 (Tier 2)
<i>etonogestrel-ethinyl estradiol va ring 0.12- 0.015 mg/24hr</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>falmina</i>	\$0 (Tier 2)
<i>feirza tab 1.5/30</i>	\$0 (Tier 2)
<i>feirza tab 1/20</i>	\$0 (Tier 2)
<i>finzala</i>	\$0 (Tier 2)
<i>hailey 1.5/30</i>	\$0 (Tier 2)
<i>hailey 24 fe</i>	\$0 (Tier 2)

NAME OF DRUG**WHAT NECESSARY
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YOU
(TIER
LEVEL
)**

<i>haloette</i>	\$0 (Tier 2)
<i>heather</i>	\$0 (Tier 2)
<i>her style</i>	\$0 (Tier 5)
<i>iclevia</i>	\$0 (Tier 2)
<i>incassia</i>	\$0 (Tier 2)
<i>introvale</i>	\$0 (Tier 2)

NAME OF DRUG**WHAT NECESSARY
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YOU
(TIER
LEVEL
)**

<i>isibloom</i>	\$0 (Tier 2)
<i>jasmiel</i>	\$0 (Tier 2)
<i>jolessa</i>	\$0 (Tier 2)
<i>juleber</i>	\$0 (Tier 2)
<i>junel 1.5/30</i>	\$0 (Tier 2)
<i>junel 1/20</i>	\$0 (Tier 2)

NAME OF DRUG**WHAT NECESSARY
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YOU
(TIER
LEVEL
)**

<i>junel fe 1.5/30</i>	\$0 (Tier 2)
<i>junel fe 1/20</i>	\$0 (Tier 2)
<i>junel fe 24</i>	\$0 (Tier 2)
<i>kaitlib fe</i>	\$0 (Tier 2)
<i>kariva</i>	\$0 (Tier 2)
<i>kelnor 1/35</i>	\$0 (Tier 2)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
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YOU
(TIER
LEVEL
)**

<i>kelnor 1/50</i>	\$0 (Tier 2)
<i>kurvelo</i>	\$0 (Tier 2)
<i>larin 1.5/30</i>	\$0 (Tier 2)
<i>larin 1/20</i>	\$0 (Tier 2)
<i>larin 24 fe</i>	\$0 (Tier 2)
<i>larin fe 1.5/30</i>	\$0 (Tier 2)

NAME OF DRUG**WHAT NECESSARY
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YOU
(TIER
LEVEL
)**

<i>larin fe 1/20</i>	\$0 (Tier 2)
<i>layolis fe</i>	\$0 (Tier 2)
<i>lessina</i>	\$0 (Tier 2)
<i>levonest</i>	\$0 (Tier 2)
<i>levonor-eth est tab 0.15- 0.02/0.025/0.03 mg &eth est 0.01 mg</i>	\$0 (Tier 2)
<i>levonorg-eth est tab 0.1- 0.02mg(84) & eth est tab 0.01mg(7)</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	\$0 (Tier 2)
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	\$0 (Tier 2)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	\$0 (Tier 2)
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	\$0 (Tier 2)
<i>levonorgestrel tab 1.5 mg</i>	\$0 (Tier 5)
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	\$0 (Tier 2)

NAME OF DRUG**WHAT NECESSARY
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YOU
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LEVEL
)**

<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	\$0 (Tier 2)
<i>levora 0.15/30-28</i>	\$0 (Tier 2)
LILETTA IUD 52MG	\$0 (Tier 3)
<i>loestrin 1.5/30-21</i>	\$0 (Tier 2)
<i>loestrin 1/20-21</i>	\$0 (Tier 2)
<i>loestrin fe 1.5/30</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>loestrin fe 1/20</i>	\$0 (Tier 2)
<i>loryna</i>	\$0 (Tier 2)
<i>low-ogestrel</i>	\$0 (Tier 2)
<i>luttera</i>	\$0 (Tier 2)
<i>lyleq</i>	\$0 (Tier 2)
<i>lyza</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>marlissa</i>	\$0 (Tier 2)
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	\$0 (Tier 2)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	\$0 (Tier 2)
<i>mibelas 24 fe</i>	\$0 (Tier 2)
<i>microgestin 1.5/30</i>	\$0 (Tier 2)
<i>microgestin 1/20</i>	\$0 (Tier 2)

NAME OF DRUG**WHAT NECESSARY
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DRUG RESTRICTION
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YOU
(TIER
LEVEL
)**

<i>microgestin fe 1.5/30</i>	\$0 (Tier 2)
<i>microgestin fe 1/20</i>	\$0 (Tier 2)
<i>mili</i>	\$0 (Tier 2)
<i>mono-lynyah</i>	\$0 (Tier 2)
<i>my choice</i>	\$0 (Tier 5)
<i>my way</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>necon 0.5/35-28</i>	\$0 (Tier 2)
<i>new day</i>	\$0 (Tier 5)
NEXPLANON IMP 68MG	\$0 (Tier 3)
<i>nikki</i>	\$0 (Tier 2)
<i>nora-be</i>	\$0 (Tier 2)
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	\$0 (Tier 2)
<i>norethindrone ac-ethinyl estradiol-fe tab 1-20/1- 30/1-35 mg-mcg</i>	\$0 (Tier 2)
<i>norethindrone ace & ethinyl estradiol tab 1 mg- 20 mcg</i>	\$0 (Tier 2)
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	\$0 (Tier 2)
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	\$0 (Tier 2)
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>norethindrone tab 0.35 mg</i>	\$0 (Tier 2)
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	\$0 (Tier 2)
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	\$0 (Tier 2)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	\$0 (Tier 2)
<i>norlyroc</i>	\$0 (Tier 2)
<i>nortrel 0.5/35 (28)</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>nortrel 1/35 (21)</i>	\$0 (Tier 2)
<i>nortrel 1/35 (28)</i>	\$0 (Tier 2)
<i>nortrel 7/7/7</i>	\$0 (Tier 2)
<i>nylia 1/35</i>	\$0 (Tier 2)
<i>nylia 7/7/7</i>	\$0 (Tier 2)
<i>ocella</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>opcicon one-step</i>	\$0 (Tier 5)
<i>option 2</i>	\$0 (Tier 5)
<i>philith</i>	\$0 (Tier 2)
<i>pimtrea</i>	\$0 (Tier 2)
<i>portia-28</i>	\$0 (Tier 2)
<i>reclipsen</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>rivelsa</i>	\$0 (Tier 2)
<i>setlakin</i>	\$0 (Tier 2)
<i>sharobel</i>	\$0 (Tier 2)
<i>simliya</i>	\$0 (Tier 2)
<i>simpesse</i>	\$0 (Tier 2)
<i>sprintec 28</i>	\$0 (Tier 2)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)**

<i>sronyx</i>	\$0 (Tier 2)
<i>syeda</i>	\$0 (Tier 2)
<i>take action</i>	\$0 (Tier 5)
<i>tarina 24 fe</i>	\$0 (Tier 2)
<i>tarina fe 1/20 eq</i>	\$0 (Tier 2)
<i>tilia fe</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>tri-estarylla</i>	\$0 (Tier 2)
<i>tri-legest fe</i>	\$0 (Tier 2)
<i>tri-linyah</i>	\$0 (Tier 2)
<i>tri-lo-estarylla</i>	\$0 (Tier 2)
<i>tri-lo-marzia</i>	\$0 (Tier 2)
<i>tri-lo-mili</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>tri-lo-sprintec</i>	\$0 (Tier 2)
<i>tri-mili</i>	\$0 (Tier 2)
<i>tri-nymyo tab</i>	\$0 (Tier 2)
<i>tri-sprintec</i>	\$0 (Tier 2)
<i>tri-vylibra</i>	\$0 (Tier 2)
<i>tri-vylibra lo</i>	\$0 (Tier 2)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)**

<i>trivora-28</i>	\$0 (Tier 2)
<i>turqoz</i>	\$0 (Tier 2)
<i>tydemy</i>	\$0 (Tier 2)
<i>valtya 1/50 tab</i>	\$0 (Tier 2)
<i>velivet</i>	\$0 (Tier 2)
<i>vestura</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>vienva</i>	\$0 (Tier 2)
<i>viorele</i>	\$0 (Tier 2)
<i>vyfemla</i>	\$0 (Tier 2)
<i>vylibra</i>	\$0 (Tier 2)
<i>wera</i>	\$0 (Tier 2)
<i>wymzya fe</i>	\$0 (Tier 2)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)**

<i>xarah fe tab</i>	\$0 (Tier 2)
<i>xulane</i>	\$0 (Tier 2)
<i>zafemy</i>	\$0 (Tier 2)
<i>zovia 1/35</i>	\$0 (Tier 2)
<i>zumandimine</i>	\$0 (Tier 2)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)*****ESTROGENS - DRUGS TO REGULATE
FEMALE HORMONES***

<i>dotti</i>	\$0 (Tier 3)
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	\$0 (Tier 3)
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	\$0 (Tier 3)
<i>estradiol tab 0.5 mg</i>	\$0 (Tier 2)
<i>estradiol tab 1 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>estradiol tab 2 mg</i>	\$0 (Tier 2)
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	\$0 (Tier 3)
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	\$0 (Tier 3)
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	\$0 (Tier 3)
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	\$0 (Tier 3)
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	\$0 (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>estradiol td patch weekly 0.1 mg/24hr</i>	\$0 (Tier 3)
<i>estradiol td patch weekly 0.05 mg/24hr</i>	\$0 (Tier 3)
<i>estradiol td patch weekly 0.06 mg/24hr</i>	\$0 (Tier 3)
<i>estradiol td patch weekly 0.025 mg/24hr</i>	\$0 (Tier 3)
<i>estradiol td patch weekly 0.075 mg/24hr</i>	\$0 (Tier 3)
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	\$0 (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>estradiol vaginal cream 0.1 mg/gm</i>	\$0 (Tier 2)
<i>estradiol vaginal tab 10 mcg</i>	\$0 (Tier 2)
<i>estradiol valerate im in oil 10 mg/ml</i>	\$0 (Tier 2)
<i>estradiol valerate im in oil 20 mg/ml</i>	\$0 (Tier 2)
<i>estradiol valerate im in oil 40 mg/ml</i>	\$0 (Tier 2)
<i>fyavolv tab 0.5mg-2.5mcg</i>	\$0 (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>fyavolv tab 1mg-5mcg</i>	\$0 (Tier 3)
<i>jinteli</i>	\$0 (Tier 3)
<i>lyllana</i>	\$0 (Tier 3)
<i>mimvey</i>	\$0 (Tier 3)
<i>norethindrone acetate- ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	\$0 (Tier 3)
<i>norethindrone acetate- ethinyl estradiol tab 1 mg- 5 mcg</i>	\$0 (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>yuvaferm</i>	\$0 (Tier 2)

GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE

DEXAMETHASON CON 1MG/ML	\$0 (Tier 4)
<i>dexamethasone elixir 0.5 mg/5ml</i>	\$0 (Tier 2)
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	\$0 (Tier 2)
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	\$0 (Tier 2)
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	\$0 (Tier 2)
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	\$0 (Tier 2)
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	\$0 (Tier 2)
<i>dexamethasone sodium phosphate inj soln pref syr 4 mg/ml</i>	\$0 (Tier 2)
<i>dexamethasone soln 0.5 mg/5ml</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>dexamethasone tab 0.5 mg</i>	\$0 (Tier 2)
<i>dexamethasone tab 0.75 mg</i>	\$0 (Tier 2)
<i>dexamethasone tab 1 mg</i>	\$0 (Tier 2)
<i>dexamethasone tab 1.5 mg</i>	\$0 (Tier 2)
<i>dexamethasone tab 2 mg</i>	\$0 (Tier 2)
<i>dexamethasone tab 4 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>dexamethasone tab 6 mg</i>	\$0 (Tier 2)
<i>fludrocortisone acetate tab 0.1 mg</i>	\$0 (Tier 2)
<i>hydrocortisone sodium succinate pf for inj 100 mg</i>	\$0 (Tier 2)
<i>hydrocortisone tab 5 mg</i>	\$0 (Tier 2)
<i>hydrocortisone tab 10 mg</i>	\$0 (Tier 2)
<i>hydrocortisone tab 20 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	\$0 B/D (Tier 2)
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	\$0 B/D (Tier 2)
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	\$0 B/D (Tier 2)
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	\$0 B/D (Tier 2)
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	\$0 B/D (Tier 2)
<i>methylprednisolone tab 4 mg</i>	\$0 B/D (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>methylprednisolone tab 8 mg</i>	\$0 B/D (Tier 2)
<i>methylprednisolone tab 16 mg</i>	\$0 B/D (Tier 2)
<i>methylprednisolone tab 32 mg</i>	\$0 B/D (Tier 2)
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	\$0 (Tier 2)
<i>prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)</i>	\$0 B/D (Tier 2)
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	\$0 B/D (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	\$0 B/D (Tier 2)
<i>prednisolone soln 15 mg/5ml</i>	\$0 B/D (Tier 2)
PREDNISONE CON 5MG/ML	\$0 B/D (Tier 4)
<i>prednisone oral soln 5 mg/5ml</i>	\$0 B/D (Tier 2)
<i>prednisone tab 1 mg</i>	\$0 B/D (Tier 1)
<i>prednisone tab 2.5 mg</i>	\$0 B/D (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>prednisone tab 5 mg</i>	\$0 B/D (Tier 1)
<i>prednisone tab 10 mg</i>	\$0 B/D (Tier 1)
<i>prednisone tab 20 mg</i>	\$0 B/D (Tier 1)
<i>prednisone tab 50 mg</i>	\$0 B/D (Tier 1)
<i>prednisone tab therapy pack 5 mg (21)</i>	\$0 (Tier 2)
<i>prednisone tab therapy pack 5 mg (48)</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>prednisone tab therapy pack 10 mg (21)</i>	\$0 (Tier 2)
<i>prednisone tab therapy pack 10 mg (48)</i>	\$0 (Tier 2)
SOLU-CORTEF INJ 100MG	\$0 (Tier 4)
SOLU-CORTEF INJ 250MG	\$0 (Tier 4)
SOLU-CORTEF INJ 500MG	\$0 (Tier 4)
SOLU-CORTEF INJ 1000MG	\$0 (Tier 4)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)*****GLUCOSE ELEVATING AGENTS - DRUGS TO
TREAT LOW BLOOD SUGAR***

BAQSIMI ONE POW 3MG/DOSE	\$0 (Tier 4)
DEX4 CHW ORANGE	\$0 (Tier 5)
DEX4 CHW RASPBERR	\$0 (Tier 5)
DEX4 GLUCOSE CHW	\$0 (Tier 5)
DEX4 GLUCOSE GEL	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
DEX4 GLUCOSE LIQ	\$0 (Tier 5)
<i>diazoxide susp 50 mg/ml</i>	\$0 NDS (Tier 3)
GLUCOSE CHW 4-0.006	\$0 (Tier 5)
GLUCOSE CHW 4-.006GM	\$0 (Tier 5)
GLUCOSE CHW 4GM	\$0 (Tier 5)
GLUCOSE CHW GRAPE	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
GLUCOSE CHW ORANGE	\$0 (Tier 5)
GLUCOSE CHW RASPBERRY	\$0 (Tier 5)
GLUCOSE CHW TROP FRT	\$0 (Tier 5)
<i>glucose 5</i>	\$0 (Tier 5)
GNP GLUCOSE CHW GRAPE	\$0 (Tier 5)
GNP GLUCOSE CHW ORANGE	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
GNP GLUCOSE CHW RASPBERRY	\$0 (Tier 5)
KROG GLUCOSE CHW GRAPE	\$0 (Tier 5)
KROG GLUCOSE CHW ORANGE	\$0 (Tier 5)
RELION GLUCO CHW 4GM	\$0 (Tier 5)
SMART SENSE CHW 4GM	\$0 (Tier 5)
TGT GLUCOSE CHW RASPBERRY	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
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ZEGALOGUE INJ 0.6/0.6	\$0 (Tier 3)
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MISCELLANEOUS

ALDURAZYME INJ 2.9MG/5M	\$0 NDS, PA (Tier 3)
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<i>betaine powder for oral solution</i>	\$0 NDS (Tier 3)
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<i>cabergoline tab 0.5 mg</i>	\$0 (Tier 2)
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<i>carglumic acid soluble tab 200 mg</i>	\$0 NDS, PA (Tier 3)
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CERDELGA CAP 84MG	\$0 NDS, PA (Tier 3)
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NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
CEREZYME INJ 400UNIT	\$0 NDS, PA (Tier 3)
CHEMSTRIP 2 TES GP	\$0 (Tier 5)
CHEMSTRIP 5 TES OB	\$0 (Tier 5)
CHEMSTRIP 7 TES	\$0 (Tier 5)
CHEMSTRIP 9 TES STRIPS	\$0 (Tier 5)
CHEMSTRIP 10 TES MD	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
CHEMSTRIP TES -10 SG	\$0 (Tier 5)
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	\$0 B/D, QL (60 (Tier tabs / 30 days) 2)
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	\$0 B/D, QL (60 (Tier tabs / 30 days) 2)
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	\$0 NDS, B/D, QL (Tier (120 tabs / 30 3) days)
CYSTAGON CAP 50MG	\$0 PA (Tier 4)
CYSTAGON CAP 150MG	\$0 PA (Tier 4)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>desmopressin acetate inj 4 mcg/ml</i>	\$0 NDS (Tier 3)
<i>desmopressin acetate nasal spray soln 0.01%</i>	\$0 (Tier 2)
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	\$0 (Tier 2)
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	\$0 NDS (Tier 3)
<i>desmopressin acetate tab 0.1 mg</i>	\$0 (Tier 2)
<i>desmopressin acetate tab 0.2 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
ENDOMETRIN SUP 100MG	\$0 (Tier 5)
FABRAZYME INJ 5MG	\$0 NDS, PA (Tier 3)
FABRAZYME INJ 35MG	\$0 NDS, PA (Tier 3)
GENOTROPIN INJ 0.2MG	\$0 NDS, PA (Tier 3)
GENOTROPIN INJ 0.4MG	\$0 NDS, PA (Tier 3)
GENOTROPIN INJ 0.6MG	\$0 NDS, PA (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
GENOTROPIN INJ 0.8MG	\$0 NDS, PA (Tier 3)
GENOTROPIN INJ 1.2MG	\$0 NDS, PA (Tier 3)
GENOTROPIN INJ 1.4MG	\$0 NDS, PA (Tier 3)
GENOTROPIN INJ 1.6MG	\$0 NDS, PA (Tier 3)
GENOTROPIN INJ 1.8MG	\$0 NDS, PA (Tier 3)
GENOTROPIN INJ 1MG	\$0 NDS, PA (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
GENOTROPIN INJ 2MG	\$0 NDS, PA (Tier 3)
GENOTROPIN INJ 5MG	\$0 NDS, PA (Tier 3)
GENOTROPIN INJ 12MG	\$0 NDS, PA (Tier 3)
INCRELEX INJ 40MG/4ML	\$0 NDS, PA (Tier 3)
<i>javygtor</i>	\$0 NDS, PA (Tier 3)
<i>lanreotide acetate extended release inj 120 mg/0.5ml</i>	\$0 NDS, PA (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	\$0 B/D (Tier 2)
<i>levocarnitine tab 330 mg</i>	\$0 B/D (Tier 2)
LUMIZYME INJ 50MG	\$0 NDS, PA (Tier 3)
LUPR DEP-PED INJ 3M 30MG	\$0 NDS, PA (Tier 3)
LUPR DEP-PED INJ 7.5MG	\$0 NDS, PA (Tier 3)
LUPR DEP-PED INJ 11.25MG	\$0 NDS, PA (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
LUPR DEP-PED INJ 15MG	\$0 NDS, PA (Tier 3)
LUPRON DEPOT INJ 45MG	\$0 NDS, PA (Tier 3)
<i>mifepristone tab 300 mg</i>	\$0 NDS, PA (Tier 3)
NAGLAZYME INJ 1MG/ML	\$0 NDS, PA (Tier 3)
<i>nitisinone cap 2 mg</i>	\$0 NDS, PA (Tier 3)
<i>nitisinone cap 5 mg</i>	\$0 NDS, PA (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>nitisinone cap 10 mg</i>	\$0 NDS, PA (Tier 3)
<i>nitisinone cap 20 mg</i>	\$0 NDS, PA (Tier 3)
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	\$0 PA (Tier 2)
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	\$0 PA (Tier 2)
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	\$0 PA (Tier 2)
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	\$0 NDS, PA (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	\$0 NDS, PA (Tier 3)
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	\$0 PA (Tier 2)
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	\$0 PA (Tier 2)
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	\$0 NDS, PA (Tier 3)
<i>raloxifene hcl tab 60 mg</i>	\$0 (Tier 2)
<i>sapropterin dihydrochloride powder packet 100 mg</i>	\$0 NDS, PA (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>sapropterin dihydrochloride powder packet 500 mg</i>	\$0 NDS, PA (Tier 3)
<i>sapropterin dihydrochloride tab 100 mg</i>	\$0 NDS, PA (Tier 3)
SEROSTIM INJ 4MG	\$0 PA (Tier 5)
SEROSTIM INJ 5MG	\$0 PA (Tier 5)
SEROSTIM INJ 6MG	\$0 PA (Tier 5)
SIGNIFOR INJ 0.3MG/ML	\$0 NDS, PA (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
SIGNIFOR INJ 0.6MG/ML	\$0 NDS, PA (Tier 3)
SIGNIFOR INJ 0.9MG/ML	\$0 NDS, PA (Tier 3)
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	\$0 NDS, PA (Tier 3)
<i>sodium phenylbutyrate tab 500 mg</i>	\$0 NDS, PA (Tier 3)
SOMATULINE INJ 60/0.2ML	\$0 NDS, PA (Tier 3)
SOMATULINE INJ 90/0.3ML	\$0 NDS, PA (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
SOMATULINE INJ 120/.5ML	\$0 NDS, PA (Tier 3)
SOMAVERT INJ 10MG	\$0 NDS, PA (Tier 3)
SOMAVERT INJ 15MG	\$0 NDS, PA (Tier 3)
SOMAVERT INJ 20MG	\$0 NDS, PA (Tier 3)
SOMAVERT INJ 25MG	\$0 NDS, PA (Tier 3)
SOMAVERT INJ 30MG	\$0 NDS, PA (Tier 3)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)**

SYNAREL SOL 2MG/ML	\$0 NDS, PA (Tier 3)
VEOZAH TAB 45MG	\$0 PA (Tier 4)
ZOMACTON INJ 5MG	\$0 PA (Tier 5)

***PROGESTINS - DRUGS TO REGULATE
FEMALE HORMONES***

<i>gallifrey tab 5mg</i>	\$0 (Tier 2)
<i>medroxyprogesterone acetate tab 2.5 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>medroxyprogesterone acetate tab 5 mg</i>	\$0 (Tier 1)
<i>medroxyprogesterone acetate tab 10 mg</i>	\$0 (Tier 1)
<i>megestrol acetate susp 40 mg/ml</i>	\$0 (Tier 3)
<i>megestrol acetate susp 40 mg/ml</i>	\$0 PA (Tier 5)
<i>megestrol acetate susp 625 mg/5ml</i>	\$0 PA (Tier 4)
<i>megestrol acetate susp 625 mg/5ml</i>	\$0 PA (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>norethindrone acetate tab 5 mg</i>	\$0 (Tier 2)
<i>progesterone cap 100 mg</i>	\$0 (Tier 2)
<i>progesterone cap 200 mg</i>	\$0 (Tier 2)
<i>THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS</i>	
<i>euthyrox</i>	\$0 (Tier 1)
<i>levo-t</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>levothyroxine sodium tab 25 mcg</i>	\$0 (Tier 1)
<i>levothyroxine sodium tab 50 mcg</i>	\$0 (Tier 1)
<i>levothyroxine sodium tab 75 mcg</i>	\$0 (Tier 1)
<i>levothyroxine sodium tab 88 mcg</i>	\$0 (Tier 1)
<i>levothyroxine sodium tab 100 mcg</i>	\$0 (Tier 1)
<i>levothyroxine sodium tab 112 mcg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>levothyroxine sodium tab 125 mcg</i>	\$0 (Tier 1)
<i>levothyroxine sodium tab 137 mcg</i>	\$0 (Tier 1)
<i>levothyroxine sodium tab 150 mcg</i>	\$0 (Tier 1)
<i>levothyroxine sodium tab 175 mcg</i>	\$0 (Tier 1)
<i>levothyroxine sodium tab 200 mcg</i>	\$0 (Tier 1)
<i>levothyroxine sodium tab 300 mcg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>levoxyl</i>	\$0 (Tier 1)
<i>liothyronine sodium tab 5 mcg</i>	\$0 (Tier 2)
<i>liothyronine sodium tab 25 mcg</i>	\$0 (Tier 2)
<i>liothyronine sodium tab 50 mcg</i>	\$0 (Tier 2)
<i>methimazole tab 5 mg</i>	\$0 (Tier 1)
<i>methimazole tab 10 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>propylthiouracil tab 50 mg</i>	\$0 (Tier 2)
SYNTHROID TAB 25MCG	\$0 (Tier 4)
SYNTHROID TAB 50MCG	\$0 (Tier 4)
SYNTHROID TAB 75MCG	\$0 (Tier 4)
SYNTHROID TAB 88MCG	\$0 (Tier 4)
SYNTHROID TAB 100MCG	\$0 (Tier 4)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
SYNTHROID TAB 112MCG	\$0 (Tier 4)
SYNTHROID TAB 125MCG	\$0 (Tier 4)
SYNTHROID TAB 137MCG	\$0 (Tier 4)
SYNTHROID TAB 150MCG	\$0 (Tier 4)
SYNTHROID TAB 175MCG	\$0 (Tier 4)
SYNTHROID TAB 200MCG	\$0 (Tier 4)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
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SYNTHROID TAB 300MCG	\$0 (Tier 4)
<i>unithroid</i>	\$0 (Tier 1)

VITAMIN D ANALOGS

<i>calcitriol (oral)</i>	\$0 B/D (Tier 2)
<i>calcitriol cap 0.5 mcg</i>	\$0 B/D (Tier 2)
<i>calcitriol cap 0.25 mcg</i>	\$0 B/D (Tier 2)
<i>doxercalciferol cap 0.5 mcg</i>	\$0 B/D (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>doxercalciferol cap 1 mcg</i>	\$0 B/D (Tier 2)
<i>doxercalciferol cap 2.5 mcg</i>	\$0 B/D (Tier 2)
<i>paricalcitol cap 1 mcg</i>	\$0 B/D (Tier 2)
<i>paricalcitol cap 2 mcg</i>	\$0 B/D (Tier 2)
<i>paricalcitol cap 4 mcg</i>	\$0 B/D (Tier 2)

NAME OF DRUG

WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)

GASTROINTESTINAL - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

ANTACIDS

<i>acid gone</i>	\$0 (Tier 5)
ACID GONE	\$0 (Tier 5)
<i>almacone double strength</i>	\$0 (Tier 5)
<i>alum & mag hydroxide- simethicone susp 200- 200-20 mg/5ml</i>	\$0 (Tier 5)
<i>alum & mag hydroxide- simethicone susp 400- 400-40 mg/5ml</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
ALUM HYDROX SUS 320/5ML	\$0 (Tier 5)
<i>antacid</i>	\$0 (Tier 5)
<i>antacid calcium regular s</i>	\$0 (Tier 5)
<i>antacid calcium rich</i>	\$0 (Tier 5)
<i>antacid extra strength</i>	\$0 (Tier 5)
<i>antacid maximum strength</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>antacid regular strength</i>	\$0 (Tier 5)
<i>antacid ultra strength</i>	\$0 (Tier 5)
<i>antacid/antigas liquid</i>	\$0 (Tier 5)
<i>cal-gest antacid</i>	\$0 (Tier 5)
<i>calcium antacid</i>	\$0 (Tier 5)
<i>calcium antacid extra str</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
CALCIUM CARB SUS 1250/5ML	\$0 (Tier 5)
CALCIUM CARB TAB 648MG	\$0 (Tier 5)
<i>calcium carbonate (antacid) chew tab 500 mg</i>	\$0 (Tier 5)
DEWEES CARM SUS 250/5ML	\$0 (Tier 5)
<i>geri-lanta</i>	\$0 (Tier 5)
<i>geri-lanta maximum streng</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>geri-lanta supreme</i>	\$0 (Tier 5)
<i>geri-mox</i>	\$0 (Tier 5)
<i>gnp antacid</i>	\$0 (Tier 5)
<i>gnp antacid & anti-gas ma</i>	\$0 (Tier 5)
<i>gnp antacid & anti-gas/re</i>	\$0 (Tier 5)
<i>gnp antacid and anti-gas/</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gnp antacid anti-gas/maxi</i>	\$0 (Tier 5)
<i>gnp antacid extra strengt</i>	\$0 (Tier 5)
<i>gnp antacid ultra strengt</i>	\$0 (Tier 5)
<i>gnp antacid/regular stren</i>	\$0 (Tier 5)
<i>gnp magnesium</i>	\$0 (Tier 5)
<i>goodsense advanced antaci</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>goodsense antacid & gas r</i>	\$0 (Tier 5)
<i>goodsense antacid/extra s</i>	\$0 (Tier 5)
<i>goodsense antacid/gas rel</i>	\$0 (Tier 5)
<i>goodsense antacid/regular</i>	\$0 (Tier 5)
<i>goodsense antacid/ultra s</i>	\$0 (Tier 5)
<i>healthy mama tame the fla</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>hm antacid extra strength</i>	\$0 (Tier 5)
MAG-AL LIQ	\$0 (Tier 5)
<i>mag-al plus</i>	\$0 (Tier 5)
<i>mag-al plus xs</i>	\$0 (Tier 5)
<i>magnesium oxide tab 250 mg</i>	\$0 (Tier 5)
<i>magnesium oxide tab 400 mg</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>magnesium oxide tab 420 mg</i>	\$0 (Tier 5)
<i>mintox</i>	\$0 (Tier 5)
<i>mintox maximum strength</i>	\$0 (Tier 5)
<i>mintox plus</i>	\$0 (Tier 5)
MYLANTA COAT SUS & COOL	\$0 (Tier 5)
<i>mylanta maximum strength</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>qc antacid</i>	\$0 (Tier 5)
<i>qc antacid/anti-gas</i>	\$0 (Tier 5)
<i>qc antacid/anti-gas maxim</i>	\$0 (Tier 5)
<i>qc heartburn antacid</i>	\$0 (Tier 5)
<i>sm antacid</i>	\$0 (Tier 5)
<i>sm antacid extra strength</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>sm calcium antacid extra</i>	\$0 (Tier 5)
<i>smooth antacid extra stre</i>	\$0 (Tier 5)
<i>sodium bicarbonate tab 325 mg</i>	\$0 (Tier 5)
<i>sodium bicarbonate tab 650 mg</i>	\$0 (Tier 5)
URO MAG CAP 140MG	\$0 (Tier 5)
ANTI-DIARRHEAL	
<i>align</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
ALIGN CAP 10MG	\$0 (Tier 5)
<i>align jr for kids</i>	\$0 (Tier 5)
<i>anti-diarrheal</i>	\$0 (Tier 5)
<i>bismuth subsalicylate chew tab 262 mg</i>	\$0 (Tier 5)
CULTR ULTIMA CAP STRENGTH	\$0 (Tier 5)
CULTUR DIGES CAP DAILY	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
CULTUR DIGES CAP DLY PRO	\$0 (Tier 5)
CULTUR KIDS CHW PURELY	\$0 (Tier 5)
CULTUR KIDS POW PURELY	\$0 (Tier 5)
CULTURE BABY DRO IMM+DGST	\$0 (Tier 5)
CULTURE KIDS PAK PROB FIB	\$0 (Tier 5)
CULTURELLE CAP	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
CULTURELLE CAP ADV REG	\$0 (Tier 5)
CULTURELLE CAP DIGESTIV	\$0 (Tier 5)
CULTURELLE CAP HLTH/WEL	\$0 (Tier 5)
CULTURELLE CHW DIGESTIV	\$0 (Tier 5)
CULTURELLE CHW KIDS	\$0 (Tier 5)
<i>culturelle health & welln</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
CULTURELLE PAK KIDS	\$0 (Tier 5)
CULTURELLE PAK PROBIOT	\$0 (Tier 5)
<i>culturelle prenatal welln</i>	\$0 (Tier 5)
<i>culturelle total balance</i>	\$0 (Tier 5)
<i>culturelle womens wellnes</i>	\$0 (Tier 5)
<i>diamode</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
FLORASTOR BA POW 250MG	\$0 (Tier 5)
FLORASTOR CAP	\$0 (Tier 5)
FLORASTOR CAP 250MG	\$0 (Tier 5)
FLORASTOR CAP SELECT	\$0 (Tier 5)
FLORASTOR KI PAK 250MG	\$0 (Tier 5)
FLORASTOR PAK KIDS	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gnp anti-diarrheal</i>	\$0 (Tier 5)
<i>gnp anti-diarrheal/anti-g</i>	\$0 (Tier 5)
<i>gnp loperamide hydrochlor</i>	\$0 (Tier 5)
<i>gnp pink bismuth</i>	\$0 (Tier 5)
<i>gnp pink bismuth ultra st</i>	\$0 (Tier 5)
<i>gnp stomach relief</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>goodsense anti-diarrheal</i>	\$0 (Tier 5)
<i>goodsense anti-diarrheal/</i>	\$0 (Tier 5)
<i>goodsense stomach relief</i>	\$0 (Tier 5)
KIDS PROBIOT PAK FIBER	\$0 (Tier 5)
<i>loperamide hcl soln 1 mg/7.5ml</i>	\$0 (Tier 5)
<i>loperamide hcl tab 2 mg</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>loperamide-simethicone tab 2-125 mg</i>	\$0 (Tier 5)
<i>qc anti-diarrheal</i>	\$0 (Tier 5)
<i>qc diarrhea relief</i>	\$0 (Tier 5)
<i>qc stomach relief</i>	\$0 (Tier 5)
<i>sm anti-diarrheal</i>	\$0 (Tier 5)
<i>sm stomach relief</i>	\$0 (Tier 5)

NAME OF DRUG**WHAT NECESSARY
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YOU
(TIER
LEVEL
)**

stomach relief\$0
(Tier
5)

stomach relief extra stre\$0
(Tier
5)

stomach relief ultra\$0
(Tier
5)

**ANTIEMETICS - DRUGS FOR NAUSEA AND
VOMITING**

aprepitant capsule 40 mg\$0 B/D
(Tier
2)

aprepitant capsule 80 mg\$0 B/D
(Tier
2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>aprepitant capsule 125 mg</i>	\$0 B/D (Tier 2)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	\$0 B/D (Tier 2)
<i>compro</i>	\$0 (Tier 2)
<i>dramamine</i>	\$0 (Tier 5)
<i>dramamine motion sickness</i>	\$0 (Tier 5)
<i>dronabinol cap 2.5 mg</i>	\$0 B/D, QL (60 caps / 30 days) (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>dronabinol cap 2.5 mg</i>	\$0 PA (Tier 5)
<i>dronabinol cap 5 mg</i>	\$0 B/D, QL (60 (Tier caps / 30 days) 2)
<i>dronabinol cap 5 mg</i>	\$0 PA (Tier 5)
<i>dronabinol cap 10 mg</i>	\$0 B/D, QL (60 (Tier caps / 30 days) 2)
<i>dronabinol cap 10 mg</i>	\$0 PA (Tier 5)
<i>gnp motion sickness relie</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>granisetron hcl inj 1 mg/ml</i>	\$0 (Tier 2)
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	\$0 (Tier 2)
<i>granisetron hcl tab 1 mg</i>	\$0 B/D (Tier 2)
<i>meclizine hcl chew tab 25 mg</i>	\$0 (Tier 5)
<i>meclizine hcl tab 12.5 mg</i>	\$0 (Tier 2)
<i>meclizine hcl tab 12.5 mg</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>meclizine hcl tab 25 mg</i>	\$0 (Tier 2)
<i>meclizine hcl tab 25 mg</i>	\$0 (Tier 5)
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	\$0 (Tier 2)
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	\$0 (Tier 2)
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	\$0 (Tier 1)
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>motion sickness relief/le</i>	\$0 (Tier 5)
<i>motion-time</i>	\$0 (Tier 5)
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	\$0 (Tier 2)
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	\$0 (Tier 2)
<i>ondansetron hcl inj soln pref syr 4 mg/2ml</i>	\$0 (Tier 2)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	\$0 B/D (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>ondansetron hcl tab 4 mg</i>	\$0 B/D (Tier 2)
<i>ondansetron hcl tab 8 mg</i>	\$0 B/D (Tier 2)
<i>ondansetron orally disintegrating tab 4 mg</i>	\$0 B/D (Tier 2)
<i>ondansetron orally disintegrating tab 8 mg</i>	\$0 B/D (Tier 2)
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	\$0 (Tier 2)
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	\$0 (Tier 2)	
<i>prochlorperazine suppos 25 mg</i>	\$0 (Tier 2)	
<i>promethazine hcl inj 25 mg/ml</i>	\$0 (Tier 3)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>promethazine hcl inj 50 mg/ml</i>	\$0 (Tier 3)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
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YOU
(TIER
LEVEL
)**

<i>promethazine hcl oral soln 6.25 mg/5ml</i>	\$0 (Tier 2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>promethazine hcl tab 12.5 mg</i>	\$0 (Tier 2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>promethazine hcl tab 25 mg</i>	\$0 (Tier 2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>promethazine hcl tab 50 mg</i>	\$0 (Tier 2)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year

NAME OF DRUG**WHAT NECESSARY
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YOU
(TIER
LEVEL
)**

<i>scopolamine td patch 72hr 1 mg/3days</i>	\$0 (Tier 4)	QL (10 patches / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
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<i>travel-ease</i>	\$0 (Tier 5)
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**ANTISPASMODICS - DRUGS FOR STOMACH
SPASMS**

<i>dicyclomine hcl cap 10 mg</i>	\$0 (Tier 3)
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<i>dicyclomine hcl oral soln 10 mg/5ml</i>	\$0 (Tier 4)
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NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
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<i>dicyclomine hcl tab 20 mg</i>	\$0 (Tier 3)
<i>glycopyrrolate tab 1 mg</i>	\$0 QL (90 tabs / (Tier 30 days) 2)
<i>glycopyrrolate tab 2 mg</i>	\$0 QL (120 tabs / (Tier 30 days) 2)

H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID

<i>acid reducer</i>	\$0 (Tier 5)
<i>acid reducer maximum stre</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>acid reducer original str</i>	\$0 (Tier 5)
<i>famotidine for susp 40 mg/5ml</i>	\$0 (Tier 2)
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	\$0 (Tier 2)
<i>famotidine inj 40 mg/4ml</i>	\$0 (Tier 2)
<i>famotidine inj 200 mg/20ml</i>	\$0 (Tier 2)
<i>famotidine maximum streng</i>	\$0 (Tier 5)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)**

<i>famotidine original stren</i>	\$0 (Tier 5)
<i>famotidine preservative free inj 20 mg/2ml</i>	\$0 (Tier 2)
<i>famotidine tab 10 mg</i>	\$0 (Tier 5)
<i>famotidine tab 20 mg</i>	\$0 (Tier 1)
<i>famotidine tab 20 mg</i>	\$0 (Tier 5)
<i>famotidine tab 40 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gnp acid reducer</i>	\$0 (Tier 5)
<i>gnp acid reducer maximum</i>	\$0 (Tier 5)
<i>heartburn relief</i>	\$0 (Tier 5)
<i>heartburn relief maximum</i>	\$0 (Tier 5)
<i>nizatidine cap 150 mg</i>	\$0 (Tier 2)
<i>nizatidine cap 300 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
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<i>sm acid reducer</i>	\$0 (Tier 5)
<i>sm acid reducer maximum s</i>	\$0 (Tier 5)
TAGAMET HB TAB 200MG	\$0 (Tier 5)

INFLAMMATORY BOWEL DISEASE

<i>balsalazide disodium cap 750 mg</i>	\$0 (Tier 2)
<i>budesonide delayed release particles cap 3 mg</i>	\$0 QL (90 caps / (Tier 30 days), PA 2)
<i>budesonide tab er 24hr 9 mg</i>	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>hydrocortisone enema 100 mg/60ml</i>	\$0 (Tier 2)
<i>mesalamine cap dr 400 mg</i>	\$0 QL (180 caps / (Tier 30 days) 2)
<i>mesalamine cap er 24hr 0.375 gm</i>	\$0 QL (120 caps / (Tier 30 days) 2)
<i>mesalamine enema 4 gm</i>	\$0 QL (1680 mL / (Tier 28 days) 2)
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	\$0 QL (28 bottles (Tier / 28 days) 2)
<i>mesalamine suppos 1000 mg</i>	\$0 QL (30 (Tier suppositories / 2) 30 days)

NAME OF DRUG**WHAT NECESSARY
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YOU
(TIER
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)**

<i>mesalamine tab delayed release 1.2 gm</i>	\$0 QL (120 tabs / (Tier 30 days) 2)
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<i>sulfasalazine tab 500 mg</i>	\$0 (Tier 2)
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<i>sulfasalazine tab delayed release 500 mg</i>	\$0 (Tier 2)
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LAXATIVES

<i>bisacodyl ec</i>	\$0 (Tier 5)
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<i>bisacodyl laxative</i>	\$0 (Tier 5)
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<i>bisacodyl suppos 10 mg</i>	\$0 (Tier 5)
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NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>bisacodyl tab delayed release 5 mg</i>	\$0 (Tier 5)
<i>calcium polycarbophil tab 625 mg</i>	\$0 (Tier 5)
<i>chocolated laxative regul</i>	\$0 (Tier 5)
<i>clearlax</i>	\$0 (Tier 5)
<i>constulose</i>	\$0 (Tier 2)
<i>docusate calcium cap 240 mg</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>docusate mini</i>	\$0 (Tier 5)
<i>docusate sodium cap 100 mg</i>	\$0 (Tier 5)
<i>docusate sodium cap 250 mg</i>	\$0 (Tier 5)
<i>docusate sodium liquid 150 mg/15ml</i>	\$0 (Tier 5)
<i>dok</i>	\$0 (Tier 5)
<i>enema ready-to-use</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
ENEMEEZ KIDS ENE 100/5ML	\$0 (Tier 5)
<i>enemeez mini</i>	\$0 (Tier 5)
<i>enemeez plus</i>	\$0 (Tier 5)
<i>enulose</i>	\$0 (Tier 2)
<i>epsom salt</i>	\$0 (Tier 5)
<i>evac-u-gen</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>fiber laxative</i>	\$0 (Tier 5)
<i>fiber-lax</i>	\$0 (Tier 5)
FIBER/D3 CHW 2.5-500	\$0 (Tier 5)
FIBERCEL POW	\$0 (Tier 5)
FIBEREX F15 LIQ 15/30ML	\$0 (Tier 5)
FLEET BISACO ENE 10/30ML	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
FLEET ENE PED	\$0 (Tier 5)
FLEET LIQUID ENE GLYCERIN	\$0 (Tier 5)
<i>ft clearlax</i>	\$0 (Tier 5)
<i>ft magnesium citrate</i>	\$0 (Tier 5)
<i>ft mineral oil</i>	\$0 (Tier 5)
<i>gavilax</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
GAVILAX	\$0 (Tier 5)
<i>gavilyte-c</i>	\$0 (Tier 1)
<i>gavilyte-g</i>	\$0 (Tier 1)
<i>gavilyte-n sol flav pk</i>	\$0 (Tier 1)
<i>generlac</i>	\$0 (Tier 2)
<i>gentle laxative</i>	\$0 (Tier 5)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)**

<i>gentlelax</i>	\$0 (Tier 5)
<i>geri-kot</i>	\$0 (Tier 5)
<i>glycerin childrens</i>	\$0 (Tier 5)
<i>glycerin suppos 1 gm</i>	\$0 (Tier 5)
<i>glycerin suppos 2 gm</i>	\$0 (Tier 5)
<i>gnp best fiber</i>	\$0 (Tier 5)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)**

<i>gnp clearlax</i>	\$0 (Tier 5)
<i>gnp epsom salt</i>	\$0 (Tier 5)
<i>gnp fiber powder</i>	\$0 (Tier 5)
<i>gnp fiber therapy</i>	\$0 (Tier 5)
<i>gnp fiber-caps</i>	\$0 (Tier 5)
<i>gnp gentle laxative</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gnp glycerin adult</i>	\$0 (Tier 5)
<i>gnp glycerin child</i>	\$0 (Tier 5)
<i>gnp magnesium citrate</i>	\$0 (Tier 5)
<i>gnp milk of magnesia</i>	\$0 (Tier 5)
<i>gnp mineral oil</i>	\$0 (Tier 5)
<i>gnp natural fiber</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gnp senna lax</i>	\$0 (Tier 5)
<i>gnp senna plus</i>	\$0 (Tier 5)
<i>gnp stool softener</i>	\$0 (Tier 5)
<i>gnp stool softener extra</i>	\$0 (Tier 5)
<i>gnp stool softener/stimul</i>	\$0 (Tier 5)
<i>gnp womens gentle laxativ</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>goodsense bisacodyl laxat</i>	\$0 (Tier 5)
<i>goodsense clearlax</i>	\$0 (Tier 5)
<i>goodsense epsom salt</i>	\$0 (Tier 5)
<i>goodsense gentle stool so</i>	\$0 (Tier 5)
<i>goodsense magnesium citra</i>	\$0 (Tier 5)
<i>goodsense milk of magnesi</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>goodsense mineral oil lub</i>	\$0 (Tier 5)
<i>goodsense ready to use en</i>	\$0 (Tier 5)
<i>goodsense senna laxative</i>	\$0 (Tier 5)
<i>healthy mama move it alon</i>	\$0 (Tier 5)
<i>healthylax</i>	\$0 (Tier 5)
<i>hm enema mineral oil</i>	\$0 (Tier 5)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)**

<i>hm enema saline laxative</i>	\$0 (Tier 5)
KONSYL DAILY POW 100%	\$0 (Tier 5)
<i>kp bisacodyl</i>	\$0 (Tier 5)
<i>kp senna</i>	\$0 (Tier 5)
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	\$0 (Tier 2)
<i>lactulose solution 10 gm/15ml</i>	\$0 (Tier 2)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)**

<i>laxacin</i>	\$0 (Tier 5)
<i>laxative</i>	\$0 (Tier 5)
<i>laxative regular strength</i>	\$0 (Tier 5)
MILK OF MAGN SUS 2400/10	\$0 (Tier 5)
<i>milk of magnesia</i>	\$0 (Tier 5)
<i>mineral oil</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>mineral oil enema</i>	\$0 (Tier 5)
MINERAL OIL HEAVY	\$0 (Tier 5)
<i>natural psyllium seed ind</i>	\$0 (Tier 5)
<i>natural senna laxative</i>	\$0 (Tier 5)
NUTRISOURCE POW FIBER	\$0 (Tier 5)
<i>onelax</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
ONELAX DAILY POW 83%	\$0 (Tier 5)
<i>onelax docusate sodium</i>	\$0 (Tier 5)
<i>onelax magnesium citrate</i>	\$0 (Tier 5)
<i>onelax senna</i>	\$0 (Tier 5)
<i>peg 3350-kcl-na bicarb- nacl-na sulfate for soln 236 gm</i>	\$0 (Tier 1)
<i>peg 3350-kcl-sod bicarb- nacl for soln 420 gm</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
PLENVU SOL	\$0 (Tier 4)
<i>polyethylene glycol 3350 oral packet 4 gm</i>	\$0 (Tier 5)
<i>polyethylene glycol 3350 oral packet 4.25 gm</i>	\$0 (Tier 5)
<i>polyethylene glycol 3350 oral packet 8.5 gm</i>	\$0 (Tier 5)
<i>polyethylene glycol 3350 oral packet 17 gm</i>	\$0 (Tier 5)
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>psyllium cap 0.52 gm</i>	\$0 (Tier 5)
<i>psyllium powder 28.3%</i>	\$0 (Tier 5)
<i>qc chocolated laxative</i>	\$0 (Tier 5)
<i>qc enema</i>	\$0 (Tier 5)
<i>qc fiber laxative</i>	\$0 (Tier 5)
<i>qc gentle laxative</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>qc milk of magnesia</i>	\$0 (Tier 5)
<i>qc natura-lax</i>	\$0 (Tier 5)
<i>qc psyllium fiber</i>	\$0 (Tier 5)
<i>qc stool softener</i>	\$0 (Tier 5)
<i>qc vegetable laxative</i>	\$0 (Tier 5)
<i>reguloid</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
REGULOID POW ORANGE	\$0 (Tier 5)
REGULOID POW ORIGINAL	\$0 (Tier 5)
<i>senexon-s</i>	\$0 (Tier 5)
<i>senna laxative</i>	\$0 (Tier 5)
<i>senna plus</i>	\$0 (Tier 5)
SENNAPLUS CAP 8.6- 50MG	\$0 (Tier 5)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)**

<i>senna s</i>	\$0 (Tier 5)
SENNA SYP	\$0 (Tier 5)
<i>senna-lax</i>	\$0 (Tier 5)
<i>senna-plus</i>	\$0 (Tier 5)
<i>senna-s</i>	\$0 (Tier 5)
<i>senna-tabs</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>senna-time</i>	\$0 (Tier 5)
<i>senna-time s</i>	\$0 (Tier 5)
<i>sennosides cap 8.6 mg</i>	\$0 (Tier 5)
<i>sennosides syrup 8.8 mg/5ml</i>	\$0 (Tier 5)
<i>sennosides tab 8.6 mg</i>	\$0 (Tier 5)
<i>sennosides-docusate sodium tab 8.6-50 mg</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>sm clearlax</i>	\$0 (Tier 5)
<i>sm epsom salt</i>	\$0 (Tier 5)
<i>sm fiber</i>	\$0 (Tier 5)
<i>sm fiber laxative</i>	\$0 (Tier 5)
<i>sm magnesium citrate</i>	\$0 (Tier 5)
<i>sm milk of magnesia</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>sm stool softener</i>	\$0 (Tier 5)
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	\$0 (Tier 2)
<i>sodium phosphates - enema</i>	\$0 (Tier 5)
<i>soluble fiber</i>	\$0 (Tier 5)
SORBITOL SOL 70%	\$0 (Tier 5)
<i>stimulant laxative</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>stimulant laxative plus s</i>	\$0 (Tier 5)
STL SOFT/LAX CAP 8.6- 50MG	\$0 (Tier 5)
<i>stool softener</i>	\$0 (Tier 5)
<i>stool softener + stimulan</i>	\$0 (Tier 5)
<i>stool softener extra stre</i>	\$0 (Tier 5)
<i>stool softener plus laxat</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
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<i>stool softener/laxative</i>	\$0 (Tier 5)
<i>the magic bullet</i>	\$0 (Tier 5)
<i>vegetable laxative+stool</i>	\$0 (Tier 5)

MISCELLANEOUS

<i>alosetron hcl tab 0.5 mg (base equiv)</i>	\$0 (Tier 2)	QL (60 tabs / 30 days), PA
<i>alosetron hcl tab 1 mg (base equiv)</i>	\$0 (Tier 3)	NDS, QL (60 tabs / 30 days), PA
<i>calcium acetate (phosphate binder) tab 667 mg</i>	\$0 (Tier 5)	

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
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COST ON USE
YOU
(TIER
LEVEL
)**

<i>calphron</i>	\$0 (Tier 5)
CREON CAP 3000UNIT	\$0 (Tier 3)
CREON CAP 6000UNIT	\$0 (Tier 3)
CREON CAP 12000UNT	\$0 (Tier 3)
CREON CAP 24000UNT	\$0 (Tier 3)
CREON CAP 36000UNT	\$0 (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>cromolyn sodium oral conc 100 mg/5ml</i>	\$0 (Tier 2)
<i>dairy aid lactase enzyme</i>	\$0 (Tier 5)
<i>dairy relief</i>	\$0 (Tier 5)
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	\$0 (Tier 4)
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	\$0 (Tier 3)
<i>gas relief</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gas relief extra strength</i>	\$0 (Tier 5)
<i>gas relief infants</i>	\$0 (Tier 5)
<i>gas relief ultra strength</i>	\$0 (Tier 5)
GATTEX KIT 5MG	\$0 NDS, PA (Tier 3)
<i>gnp anti-gas ultra streng</i>	\$0 (Tier 5)
<i>gnp dairy relief</i>	\$0 (Tier 5)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)**

<i>gnp fast acting dairy rel</i>	\$0 (Tier 5)
<i>gnp gas relief</i>	\$0 (Tier 5)
<i>gnp gas relief extra stre</i>	\$0 (Tier 5)
<i>gnp infant gas relief</i>	\$0 (Tier 5)
<i>infants gas relief</i>	\$0 (Tier 5)
<i>lactase enzyme</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>lactase fast acting</i>	\$0 (Tier 5)
LINZESS CAP 72MCG	\$0 QL (30 caps / (Tier 30 days) 3)
LINZESS CAP 145MCG	\$0 QL (30 caps / (Tier 30 days) 3)
LINZESS CAP 290MCG	\$0 QL (30 caps / (Tier 30 days) 3)
<i>loperamide hcl cap 2 mg</i>	\$0 (Tier 2)
<i>misoprostol tab 100 mcg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>misoprostol tab 200 mcg</i>	\$0 (Tier 2)
MOVANTIK TAB 12.5MG	\$0 QL (30 tabs / (Tier 30 days) 3)
MOVANTIK TAB 25MG	\$0 QL (30 tabs / (Tier 30 days) 3)
RELISTOR INJ 8/0.4ML	\$0 NDS, QL (28 (Tier syringes / 28 3) days), PA
RELISTOR INJ 12/0.6ML	\$0 NDS, QL (28 (Tier syringes / 28 3) days), PA
<i>simethicone cap 125 mg</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>simethicone cap 180 mg</i>	\$0 (Tier 5)
<i>simethicone chew tab 80 mg</i>	\$0 (Tier 5)
<i>simethicone chew tab 125 mg</i>	\$0 (Tier 5)
<i>simethicone drops infants</i>	\$0 (Tier 5)
<i>simethicone ultra strengt</i>	\$0 (Tier 5)
<i>sm gas relief</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>sm gas relief drops infan</i>	\$0 (Tier 5)
<i>sucralfate susp 1 gm/10ml</i>	\$0 QL (1200 mL / (Tier 30 days) 2)
<i>sucralfate tab 1 gm</i>	\$0 (Tier 2)
<i>teeny tummy gas relief dr</i>	\$0 (Tier 5)
TRULANCE TAB 3MG	\$0 QL (30 tabs / (Tier 30 days) 4)
<i>ursodiol cap 300 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>ursodiol tab 250 mg</i>	\$0 (Tier 2)
<i>ursodiol tab 500 mg</i>	\$0 (Tier 2)
VOWST CAP	\$0 NDS, QL (12 (Tier caps / 30 3) days), PA
XERMELO TAB 250MG	\$0 NDS, QL (84 (Tier tabs / 28 3) days), PA
XIFAXAN TAB 550MG	\$0 NDS, PA (Tier 3)
ZENPEP CAP 3000UNIT	\$0 (Tier 4)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
ZENPEP CAP 5000UNIT	\$0 (Tier 4)
ZENPEP CAP 10000UNIT	\$0 (Tier 4)
ZENPEP CAP 15000UNIT	\$0 (Tier 4)
ZENPEP CAP 20000UNIT	\$0 (Tier 4)
ZENPEP CAP 25000UNIT	\$0 (Tier 4)
ZENPEP CAP 40000UNIT	\$0 (Tier 4)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
ZENPEP CAP 60000UNT	\$0 (Tier 4)

**PROTON PUMP INHIBITORS - DRUGS FOR
ULCERS AND STOMACH ACID**

<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	\$0 (Tier 2)	QL (30 caps / 30 days), ST
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	\$0 (Tier 2)	QL (30 caps / 30 days), ST
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	\$0 (Tier 2)	QL (30 packets / 30 days)
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	\$0 (Tier 2)	QL (30 packets / 30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	\$0 QL (30 packets (Tier / 30 days) 2)
<i>lansoprazole cap delayed release 15 mg</i>	\$0 QL (60 caps / (Tier 30 days) 2)
<i>lansoprazole cap delayed release 30 mg</i>	\$0 QL (60 caps / (Tier 30 days) 2)
<i>lansoprazole tab delayed release orally disintegrating 15 mg</i>	\$0 QL (60 tabs / (Tier 30 days), ST 2)
<i>lansoprazole tab delayed release orally disintegrating 30 mg</i>	\$0 QL (60 tabs / (Tier 30 days), ST 2)
<i>omeprazole cap delayed release 10 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>omeprazole cap delayed release 20 mg</i>	\$0 (Tier 1)
<i>omeprazole cap delayed release 40 mg</i>	\$0 (Tier 1)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	\$0 (Tier 1)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	\$0 (Tier 1)
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	\$0 (Tier 2)
<i>rabeprazole sodium ec tab 20 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 2)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)****GENITOURINARY - DRUGS TO TREAT
GENITAL AND URINARY TRACT
CONDITIONS*****BENIGN PROSTATIC HYPERPLASIA -
DRUGS TO TREAT ENLARGED PROSTATE***

<i>alfuzosin hcl tab er 24hr 10 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>dutasteride cap 0.5 mg</i>	\$0 (Tier 2)	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	\$0 (Tier 2)	QL (30 caps / 30 days)
<i>finasteride tab 5 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)

NAME OF DRUG**WHAT NECESSARY
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YOU
(TIER
LEVEL
)**

<i>silodosin cap 4 mg</i>	\$0 QL (30 caps / (Tier 30 days) 2)
<i>silodosin cap 8 mg</i>	\$0 QL (30 caps / (Tier 30 days) 2)
<i>tadalafil tab 5 mg</i>	\$0 QL (30 tabs / (Tier 30 days), PA 2)
<i>tamsulosin hcl cap 0.4 mg</i>	\$0 QL (60 caps / (Tier 30 days) 1)
MISCELLANEOUS	
<i>acetic acid irrigation soln 0.25%</i>	\$0 (Tier 2)
<i>bethanechol chloride tab 5 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>bethanechol chloride tab 10 mg</i>	\$0 (Tier 2)
<i>bethanechol chloride tab 25 mg</i>	\$0 (Tier 2)
<i>bethanechol chloride tab 50 mg</i>	\$0 (Tier 2)
K-PHOS TAB NO 2	\$0 (Tier 5)
MONIST CARE CRE CARE 1%	\$0 (Tier 5)
<i>potassium citrate tab er 5 meq (540 mg)</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
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<i>potassium citrate tab er 10 meq (1080 mg)</i>	\$0 (Tier 2)
<i>potassium citrate tab er 15 meq (1620 mg)</i>	\$0 (Tier 2)
VCF VAGINAL MIS CONTRACP	\$0 (Tier 5)

URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE

<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	\$0 (Tier 2)	QL (30 tabs / 30 days), ST
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	\$0 (Tier 2)	QL (30 tabs / 30 days), ST

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 2)
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 2)
GEMTESA TAB 75MG	\$0 QL (30 tabs / (Tier 30 days) 4)
MYRBETRIQ SUS 8MG/ML	\$0 QL (300 mL / (Tier 28 days) 4)
MYRBETRIQ TAB 25MG	\$0 QL (30 tabs / (Tier 30 days) 4)
MYRBETRIQ TAB 50MG	\$0 QL (30 tabs / (Tier 30 days) 4)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>oxybutynin chloride solution 5 mg/5ml</i>	\$0 QL (600 mL / (Tier 30 days) 2)
<i>oxybutynin chloride tab 5 mg</i>	\$0 QL (120 tabs / (Tier 30 days) 2)
<i>oxybutynin chloride tab er 24hr 5 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 2)
<i>oxybutynin chloride tab er 24hr 10 mg</i>	\$0 QL (60 tabs / (Tier 30 days) 2)
<i>oxybutynin chloride tab er 24hr 15 mg</i>	\$0 QL (60 tabs / (Tier 30 days) 2)
<i>solifenacin succinate tab 5 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>solifenacin succinate tab 10 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 2)
<i>tolterodine tartrate cap er 24hr 2 mg</i>	\$0 QL (30 caps / (Tier 30 days), ST 2)
<i>tolterodine tartrate cap er 24hr 4 mg</i>	\$0 QL (30 caps / (Tier 30 days), ST 2)
<i>tolterodine tartrate tab 1 mg</i>	\$0 QL (60 tabs / (Tier 30 days) 2)
<i>tolterodine tartrate tab 2 mg</i>	\$0 QL (60 tabs / (Tier 30 days) 2)
<i>trospium chloride cap er 24hr 60 mg</i>	\$0 QL (30 caps / (Tier 30 days) 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
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<i>trospium chloride tab 20 mg</i>	\$0 QL (60 tabs / (Tier 30 days) 2)
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VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal cream 2%</i>	\$0 (Tier 2)
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<i>clotrimazole 3</i>	\$0 (Tier 5)
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<i>clotrimazole vaginal cream 1%</i>	\$0 (Tier 5)
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<i>3 day vaginal</i>	\$0 (Tier 5)
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<i>gnp clotrimazole 3</i>	\$0 (Tier 5)
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NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gnp miconazole 1 combinat</i>	\$0 (Tier 5)
<i>gnp miconazole 3</i>	\$0 (Tier 5)
<i>gnp miconazole 7</i>	\$0 (Tier 5)
<i>metronidazole vaginal gel 0.75%</i>	\$0 (Tier 2)
<i>miconazole 3 combo pack</i>	\$0 (Tier 5)
<i>miconazole 7</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>miconazole nitrate vaginal cream 2%</i>	\$0 (Tier 5)
<i>miconazole nitrate vaginal supp 1200 mg & 2% cream kit</i>	\$0 (Tier 5)
MONISTAT 3 CRE 4%	\$0 (Tier 5)
MONISTAT 7 KIT COMBO PK	\$0 (Tier 5)
<i>qc clotrimazole</i>	\$0 (Tier 5)
<i>qc miconazole 7</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>sm 3-day vaginal</i>	\$0 (Tier 5)
<i>sm clotrimazole vaginal</i>	\$0 (Tier 5)
<i>sm miconazole 3</i>	\$0 (Tier 5)
<i>sm miconazole 7</i>	\$0 (Tier 5)
<i>terconazole vaginal cream 0.4%</i>	\$0 (Tier 2)
<i>terconazole vaginal cream 0.8%</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>terconazole vaginal suppos 80 mg</i>	\$0 (Tier 2)

HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS

ANTICOAGULANTS - BLOOD THINNERS

<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	\$0 (Tier 2)	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i>	\$0 (Tier 2)	QL (120 caps / 30 days)
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	\$0 (Tier 2)	QL (60 caps / 30 days)
ELIQUIS ST P TAB 5MG	\$0 (Tier 3)	QL (74 tabs / 30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
ELIQUIS TAB 2.5MG	\$0 QL (60 tabs / (Tier 30 days) 3)
ELIQUIS TAB 5MG	\$0 QL (74 tabs / (Tier 30 days) 3)
<i>enoxaparin sodium inj 300 mg/3ml</i>	\$0 (Tier 2)
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	\$0 (Tier 2)
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	\$0 (Tier 2)
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	\$0 (Tier 2)
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	\$0 (Tier 2)
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	\$0 (Tier 2)
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	\$0 (Tier 2)
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	\$0 (Tier 2)
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	\$0 NDS (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	\$0 NDS (Tier 3)
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	\$0 NDS (Tier 3)
HEP SOD/NACL INJ 25000UNT	\$0 (Tier 3)
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	\$0 B/D (Tier 2)
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	\$0 B/D (Tier 2)
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	\$0 B/D (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	\$0 B/D (Tier 2)
<i>heparin sodium (porcine) lock flush iv soln 100 unit/ml</i>	\$0 (Tier 5)
<i>heparin sodium (porcine) pf inj 1000 unit/ml</i>	\$0 B/D (Tier 2)
<i>jantoven</i>	\$0 (Tier 1)
<i>rivaroxaban tab 2.5 mg</i>	\$0 QL (60 tabs / (Tier 30 days) 3)
<i>warfarin sodium tab 1 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>warfarin sodium tab 2 mg</i>	\$0 (Tier 1)
<i>warfarin sodium tab 2.5 mg</i>	\$0 (Tier 1)
<i>warfarin sodium tab 3 mg</i>	\$0 (Tier 1)
<i>warfarin sodium tab 4 mg</i>	\$0 (Tier 1)
<i>warfarin sodium tab 5 mg</i>	\$0 (Tier 1)
<i>warfarin sodium tab 6 mg</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>warfarin sodium tab 7.5 mg</i>	\$0 (Tier 1)
<i>warfarin sodium tab 10 mg</i>	\$0 (Tier 1)
XARELTO STAR TAB 15/20MG	\$0 QL (51 tabs / 30 days) (Tier 3)
XARELTO SUS 1MG/ML	\$0 QL (620 mL / 30 days) (Tier 3)
XARELTO TAB 2.5MG	\$0 QL (60 tabs / 30 days) (Tier 3)
XARELTO TAB 10MG	\$0 QL (30 tabs / 30 days) (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
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XARELTO TAB 15MG	\$0 QL (30 tabs / (Tier 30 days) 3)
XARELTO TAB 20MG	\$0 QL (30 tabs / (Tier 30 days) 3)

HEMATOPOIETIC GROWTH FACTORS

FULPHILA INJ 6/0.6ML	\$0 NDS, QL (2 (Tier syringes / 28 3) days), PA
PROCRIT INJ 2000/ML	\$0 PA (Tier 3)
PROCRIT INJ 3000/ML	\$0 PA (Tier 3)
PROCRIT INJ 4000/ML	\$0 PA (Tier 3)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)**

PROCRIT INJ 10000/ML	\$0 PA (Tier 3)
PROCRIT INJ 20000/ML	\$0 NDS, PA (Tier 3)
PROCRIT INJ 40000/ML	\$0 NDS, PA (Tier 3)
ZARXIO INJ 300/0.5	\$0 NDS, PA (Tier 3)
ZARXIO INJ 480/0.8	\$0 NDS, PA (Tier 3)
<i>IRON</i>	
BENTIVITE TAB 35-1MG	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>bprotected pedia iron</i>	\$0 (Tier 5)
CENTRATEX CAP	\$0 (Tier 5)
CHEWABLE CHW IRON	\$0 (Tier 5)
<i>corvita 150</i>	\$0 (Tier 5)
EZFE 200 CAP 200MG	\$0 (Tier 5)
<i>fe c tab</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>fe c tab plus</i>	\$0 (Tier 5)
<i>fe-vite iron</i>	\$0 (Tier 5)
<i>ferate</i>	\$0 (Tier 5)
<i>fergon</i>	\$0 (Tier 5)
<i>ferocon</i>	\$0 (Tier 5)
<i>ferosul</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
FERRETTS IPS CAP 18MG	\$0 (Tier 5)
FERRETTS IPS SOL	\$0 (Tier 5)
FERRETTS TAB 325MG	\$0 (Tier 5)
<i>ferrex 150</i>	\$0 (Tier 5)
<i>ferric x-150</i>	\$0 (Tier 5)
FERRIMIN 150 TAB	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
FERRO-SEQUEL TAB 65- 25MG	\$0 (Tier 5)
<i>ferrocite plus</i>	\$0 (Tier 5)
FERROUS FUM TAB 29MG	\$0 (Tier 5)
<i>ferrous fumarate tab 324 mg (106 mg elemental fe)</i>	\$0 (Tier 5)
FERROUS GLUC TAB 324MG	\$0 (Tier 5)
<i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>ferrous gluconate tab 324 mg (37.5 mg elemental iron)</i>	\$0 (Tier 5)
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	\$0 (Tier 5)
<i>ferrous sulfate soln 220 mg/5ml (44 mg/5ml elemental fe)</i>	\$0 (Tier 5)
<i>ferrous sulfate soln 300 mg/5ml (60 mg/5ml elemental fe)</i>	\$0 (Tier 5)
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	\$0 (Tier 5)
<i>ferrous sulfate tab ec 324 mg (65 mg fe equivalent)</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	\$0 (Tier 5)
<i>ferrous sulfate tab er 45 mg (elemental fe)</i>	\$0 (Tier 5)
FOLITAB 500 TAB	\$0 (Tier 5)
FOLIVANE-F CAP	\$0 (Tier 5)
FOLIVANE-PLS CAP	\$0 (Tier 5)
FUSION CAP	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
FUSION PLUS CAP	\$0 (Tier 5)
<i>gnp iron</i>	\$0 (Tier 5)
HEMATEX IRON TAB 150MG	\$0 (Tier 5)
HEMATEX LIQ 100/5ML	\$0 (Tier 5)
HEMATINIC PLUS VITAMINS/M	\$0 (Tier 5)
HEMATINIC/FA TAB	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
HEMATOGEN FA CAP	\$0 (Tier 5)
<i>hematogen forte</i>	\$0 (Tier 5)
HEMOCYTE PLS CAP	\$0 (Tier 5)
ICAR PEDS SUS GRAPE	\$0 (Tier 5)
<i>iferex 150</i>	\$0 (Tier 5)
<i>iferex 150 forte</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
INTEGRA CAP	\$0 (Tier 5)
INTEGRA F CAP	\$0 (Tier 5)
INTEGRA PLUS CAP	\$0 (Tier 5)
IRO-PLEX LIQ	\$0 (Tier 5)
<i>iron 100 plus</i>	\$0 (Tier 5)
<i>iron 100/c</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
IRON CHW PEDIATRI	\$0 (Tier 5)
IRON GLYCINA CAP 29MG	\$0 (Tier 5)
<i>iron infant/toddler</i>	\$0 (Tier 5)
<i>iron slow release</i>	\$0 (Tier 5)
<i>iron supplement</i>	\$0 (Tier 5)
IRON UP LIQ	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>iron-vitamin c tab 100-250 mg</i>	\$0 (Tier 5)
IROSPAN 24/6 MIS	\$0 (Tier 5)
<i>kp ferrous gluconate</i>	\$0 (Tier 5)
<i>kp ferrous sulfate</i>	\$0 (Tier 5)
MULTIGEN PLS TAB	\$0 (Tier 5)
MULTIGEN TAB	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
MULTIGEN TAB FOLIC	\$0 (Tier 5)
NEPHRON FA TAB	\$0 (Tier 5)
NOVAFERRUM CAP 50MG	\$0 (Tier 5)
NOVAFERRUM DRO 15MG/ML	\$0 (Tier 5)
NOVAFERRUM LIQ 125	\$0 (Tier 5)
<i>nu-iron 150</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>one vite ferrous sulfate</i>	\$0 (Tier 5)
<i>pc pediatric iron drops</i>	\$0 (Tier 5)
<i>poly-iron 150</i>	\$0 (Tier 5)
<i>poly-iron 150 forte</i>	\$0 (Tier 5)
<i>polysaccharide iron complex cap 150 mg (iron equivalent)</i>	\$0 (Tier 5)
PROFERRIN ES TAB 12 MG	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
PROFERRIN- TAB FORTE	\$0 (Tier 5)
<i>purevit dualfe plus</i>	\$0 (Tier 5)
<i>se-tan plus</i>	\$0 (Tier 5)
<i>slow iron</i>	\$0 (Tier 5)
<i>slow release iron</i>	\$0 (Tier 5)
TANDEM CAP	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>tandem plus</i>	\$0 (Tier 5)
TARON FORTE CAP	\$0 (Tier 5)
<i>tricon</i>	\$0 (Tier 5)
<i>trigels-f forte</i>	\$0 (Tier 5)
<i>true ferrous sulfate</i>	\$0 (Tier 5)
VITRON-C TAB 65-125MG	\$0 (Tier 5)

NAME OF DRUG

WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

MISCELLANEOUS

ALVAIZ TAB 9MG	\$0 NDS, QL (60 (Tier tabs / 30 3) days), PA
ALVAIZ TAB 18MG	\$0 NDS, QL (90 (Tier tabs / 30 3) days), PA
ALVAIZ TAB 36MG	\$0 NDS, QL (90 (Tier tabs / 30 3) days), PA
ALVAIZ TAB 54MG	\$0 NDS, QL (60 (Tier tabs / 30 3) days), PA
<i>anagrelide hcl cap 0.5 mg</i>	\$0 (Tier 2)
<i>anagrelide hcl cap 1 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
BERINERT INJ 500UNIT	\$0 NDS, QL (24 (Tier boxes / 30 3) days), PA
<i>cilostazol tab 50 mg</i>	\$0 (Tier 1)
<i>cilostazol tab 100 mg</i>	\$0 (Tier 1)
DOPTelet TAB 20MG	\$0 NDS, PA (Tier 3)
HAEGARDA INJ 2000UNIT	\$0 NDS, QL (30 (Tier vials / 30 3) days), PA
HAEGARDA INJ 3000UNIT	\$0 NDS, QL (20 (Tier vials / 30 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	\$0 NDS, QL (9 syringes / 30 days), PA (Tier 3)
<i>l-glutamine (sickle cell)</i>	\$0 NDS, PA (Tier 3)
<i>pentoxifylline tab er 400 mg</i>	\$0 (Tier 1)
<i>sajazir</i>	\$0 NDS, QL (9 syringes / 30 days), PA (Tier 3)
SIKLOS TAB 100MG	\$0 (Tier 4)
SIKLOS TAB 1000MG	\$0 NDS (Tier 3)

NAME OF DRUG

WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

TAVNEOS CAP 10MG	\$0 NDS, QL (180 (Tier caps / 30 3) days), PA
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	\$0 (Tier 2)
<i>tranexamic acid tab 650 mg</i>	\$0 (Tier 2)
PLATELET AGGREGATION INHIBITORS	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	\$0 (Tier 2)
BRILINTA TAB 60MG	\$0 (Tier 3)
BRILINTA TAB 90MG	\$0 (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	\$0 (Tier 1)
<i>dipyridamole tab 25 mg</i>	\$0 PA; PA applies (Tier if 70 years and 3) older
<i>dipyridamole tab 50 mg</i>	\$0 PA; PA applies (Tier if 70 years and 3) older
<i>dipyridamole tab 75 mg</i>	\$0 PA; PA applies (Tier if 70 years and 3) older
<i>prasugrel hcl tab 5 mg (base equiv)</i>	\$0 (Tier 2)
<i>prasugrel hcl tab 10 mg (base equiv)</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>ticagrelor tab 90 mg</i>	\$0 (Tier 2)

**IMMUNOLOGIC AGENTS - DRUGS TO TREAT
DISORDERS OF THE IMMUNE SYSTEM
*AUTOIMMUNE AGENTS***

ADALIMU-AACF INJ 40/0.8ML	\$0 NDS, QL (2 (Tier packs / year), 3) PA
ADALIMU-AACF INJ 40/0.8ML	\$0 NDS, QL (56 (Tier pens / 365 3) days), PA
ADALIMU-AACF KIT 40/0.8ML	\$0 NDS, QL (56 (Tier syringes / 365 3) days), PA
COSENTYX INJ 75MG/0.5	\$0 NDS, QL (16 (Tier syringes / 365 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
COSENTYX INJ 125/5ML	\$0 NDS, PA (Tier 3)
COSENTYX INJ 150MG/ML	\$0 NDS, QL (32 (Tier syringes / 365 3) days), PA
COSENTYX INJ 300DOSE	\$0 NDS, QL (32 (Tier syringes / 365 3) days), PA
COSENTYX PEN INJ 150MG/ML	\$0 NDS, QL (32 (Tier pens / 365 3) days), PA
COSENTYX PEN INJ 300DOSE	\$0 NDS, QL (32 (Tier pens / 365 3) days), PA
COSENTYX UNO INJ 300/2ML	\$0 NDS, QL (16 (Tier pens / 365 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
DUPIXENT INJ 200/1.14	\$0 NDS, QL (4 (Tier syringes / 28 3) days), PA
DUPIXENT INJ 200MG	\$0 NDS, QL (4 (Tier pens / 28 3) days), PA
DUPIXENT INJ 300/2ML	\$0 NDS, QL (4 (Tier pens / 28 3) days), PA
DUPIXENT INJ 300/2ML	\$0 NDS, QL (4 (Tier syringes / 28 3) days), PA
ENBREL INJ 25/0.5ML	\$0 NDS, QL (16 (Tier syringes / 28 3) days), PA
ENBREL INJ 25MG	\$0 NDS, QL (16 (Tier vials / 28 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
ENBREL INJ 50MG/ML	\$0 NDS, QL (8 (Tier syringes / 28 3) days), PA
ENBREL MINI INJ 50MG/ML	\$0 NDS, QL (8 (Tier cartridges / 28 3) days), PA
ENBREL SRCLK INJ 50MG/ML	\$0 NDS, QL (8 (Tier pens / 28 3) days), PA
HUMIRA INJ 10/0.1ML	\$0 NDS, QL (2 (Tier syringes / 28 3) days), PA
HUMIRA INJ 20/0.2ML	\$0 NDS, QL (4 (Tier syringes / 28 3) days), PA
HUMIRA INJ 40/0.4ML	\$0 NDS, QL (6 (Tier syringes / 28 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
HUMIRA KIT 40MG/0.8	\$0 NDS, QL (6 (Tier syringes / 28 3) days), PA
HUMIRA PEN INJ 40/0.4ML	\$0 NDS, QL (6 (Tier pens / 28 3) days), PA
HUMIRA PEN INJ 40MG/0.8	\$0 NDS, QL (6 (Tier pens / 28 3) days), PA
HUMIRA PEN INJ 80/0.8ML	\$0 NDS, QL (4 (Tier pens / 28 3) days), PA
HUMIRA PEN KIT CD/UC/HS	\$0 NDS, QL (3 (Tier pens / 28 3) days), PA
HUMIRA PEN KIT PED UC	\$0 NDS, QL (4 (Tier pens / 28 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
HUMIRA PEN KIT PS/UV	\$0 NDS, QL (3 (Tier pens / 28 3) days), PA
IDACIO 2-PEN INJ 40/0.8ML	\$0 NDS, QL (56 (Tier pens / 365 3) days), PA
IDACIO 2-SYR INJ 40/0.8ML	\$0 NDS, QL (56 (Tier syringes / 365 3) days), PA
IDACIO CROHN INJ DISEASE	\$0 NDS, QL (2 (Tier packs / year), 3) PA
IDACIO PLAQU INJ PSORIASIS	\$0 NDS, QL (2 (Tier packs / year), 3) PA
INFLIXIMAB INJ 100MG	\$0 NDS, PA (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
REMICADE INJ 100MG	\$0 NDS, PA (Tier 3)
RENFLEXIS INJ 100MG	\$0 NDS, PA (Tier 3)
RINVOQ LQ SOL 1MG/ML	\$0 NDS, QL (360 (Tier mL / 30 days), 3) PA
RINVOQ TAB 15MG ER	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
RINVOQ TAB 30MG ER	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
RINVOQ TAB 45MG ER	\$0 NDS, QL (168 (Tier tabs / year), 3) PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
SKYRIZI INJ 150MG/ML	\$0 NDS, QL (6 (Tier syringes / 365 3) days), PA
SKYRIZI INJ 180/1.2	\$0 NDS, QL (1 (Tier cartridge / 56 3) days), PA
SKYRIZI INJ 360/2.4	\$0 NDS, QL (1 (Tier cartridge / 56 3) days), PA
SKYRIZI PEN INJ 150MG/ML	\$0 NDS, QL (6 (Tier pens / 365 3) days), PA
SKYRIZI SOL 60MG/ML	\$0 NDS, PA (Tier 3)
SOTYKTU TAB 6MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
STELARA INJ 5MG/ML	\$0 NDS, PA (Tier 3)
STELARA INJ 45MG/0.5	\$0 NDS, QL (1 (Tier syringe / 28 3) days), PA
STELARA INJ 45MG/0.5	\$0 NDS, QL (1 vial (Tier / 28 days), PA 3)
STELARA INJ 90MG/ML	\$0 NDS, QL (1 (Tier syringe / 28 3) days), PA
TREMFYA CROH INJ 200/2ML	\$0 NDS, QL (2 (Tier pens / 28 3) days), PA
TREMFYA INJ 100MG/ML	\$0 NDS, QL (1 pen (Tier / 28 days), PA 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
TREMFYA INJ 100MG/ML	\$0 NDS, QL (1 (Tier syringe / 28 3) days), PA
TREMFYA INJ 200/2ML	\$0 NDS, QL (2 (Tier pens / 28 3) days), PA
TREMFYA INJ 200/2ML	\$0 NDS, QL (2 (Tier syringes / 28 3) days), PA
TREMFYA INJ 200/20ML	\$0 NDS, PA (Tier 3)
TYENNE INJ 80MG/4ML	\$0 NDS, PA (Tier 3)
TYENNE INJ 162/0.9	\$0 NDS, QL (4 (Tier pens / 28 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
TYENNE INJ 162MG	\$0 NDS, QL (4 (Tier syringes / 28 3) days), PA
TYENNE INJ 200/10ML	\$0 NDS, PA (Tier 3)
TYENNE INJ 400/20ML	\$0 NDS, PA (Tier 3)
VELSIPITY TAB 2MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
XELJANZ SOL 1MG/ML	\$0 NDS, QL (480 (Tier mL / 24 days), 3) PA
XELJANZ TAB 5MG	\$0 NDS, QL (60 (Tier tabs / 30 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
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XELJANZ TAB 10MG	\$0 NDS, QL (60 (Tier tabs / 30 3) days), PA
XELJANZ XR TAB 11MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
XELJANZ XR TAB 22MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) - DRUGS TO TREAT RHEUMATOID ARTHRITIS

<i>hydroxychloroquine sulfate tab 200 mg</i>	\$0 (Tier 2)
JYLAMVO SOL 2MG/ML	\$0 B/D (Tier 4)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
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<i>leflunomide tab 10 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 2)
<i>leflunomide tab 20 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 2)
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	\$0 (Tier 2)
XATMEP SOL 2.5MG/ML	\$0 B/D (Tier 4)

IMMUNOGLOBULINS

ALYGLO INJ 5GM/50ML	\$0 NDS, PA (Tier 3)
ALYGLO INJ 10/100ML	\$0 NDS, PA (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
ALYGLO INJ 20/200ML	\$0 NDS, PA (Tier 3)
BIVIGAM INJ 10%	\$0 NDS, PA (Tier 3)
FLEBOGAMMA INJ 10/200ML	\$0 NDS, PA (Tier 3)
FLEBOGAMMA INJ 20/400ML	\$0 NDS, PA (Tier 3)
FLEBOGAMMA INJ DIF 5%	\$0 NDS, PA (Tier 3)
GAMASTAN INJ	\$0 B/D (Tier 4)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
GAMMAGARD INJ 1GM/10ML	\$0 NDS, PA (Tier 3)
GAMMAGARD INJ 2.5GM/25	\$0 NDS, PA (Tier 3)
GAMMAGARD INJ 5GM/50ML	\$0 NDS, PA (Tier 3)
GAMMAGARD INJ 10GM/100	\$0 NDS, PA (Tier 3)
GAMMAGARD INJ 20GM/200	\$0 NDS, PA (Tier 3)
GAMMAGARD INJ 30GM/300	\$0 NDS, PA (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
GAMMAGARD SD INJ 5GM HU	\$0 NDS, PA (Tier 3)
GAMMAGARD SD INJ 10GM HU	\$0 NDS, PA (Tier 3)
GAMMAKED INJ 1GM/10ML	\$0 NDS, PA (Tier 3)
GAMMAKED INJ 5GM/50ML	\$0 NDS, PA (Tier 3)
GAMMAKED INJ 10GM/100	\$0 NDS, PA (Tier 3)
GAMMAKED INJ 20GM/200	\$0 NDS, PA (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
GAMMAPLEX INJ 5%	\$0 NDS, PA (Tier 3)
GAMMAPLEX INJ 10%	\$0 NDS, PA (Tier 3)
GAMUNEX-C INJ 1GM/10ML	\$0 NDS, PA (Tier 3)
GAMUNEX-C INJ 2.5GM/25	\$0 NDS, PA (Tier 3)
GAMUNEX-C INJ 5GM/50ML	\$0 NDS, PA (Tier 3)
GAMUNEX-C INJ 10GM/100	\$0 NDS, PA (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
GAMUNEX-C INJ 20GM/200	\$0 NDS, PA (Tier 3)
GAMUNEX-C INJ 40/400ML	\$0 NDS, PA (Tier 3)
OCTAGAM INJ 1GM	\$0 NDS, PA (Tier 3)
OCTAGAM INJ 2.5GM	\$0 NDS, PA (Tier 3)
OCTAGAM INJ 2GM/20ML	\$0 NDS, PA (Tier 3)
OCTAGAM INJ 5GM	\$0 NDS, PA (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
OCTAGAM INJ 5GM/50ML	\$0 NDS, PA (Tier 3)
OCTAGAM INJ 10/100ML	\$0 NDS, PA (Tier 3)
OCTAGAM INJ 10GM	\$0 NDS, PA (Tier 3)
OCTAGAM INJ 20/200ML	\$0 NDS, PA (Tier 3)
OCTAGAM INJ 30/300ML	\$0 NDS, PA (Tier 3)
PANZYGA SOL 1GM/10ML	\$0 NDS, PA (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
PANZYGA SOL 2.5/25ML	\$0 NDS, PA (Tier 3)
PANZYGA SOL 5GM/50ML	\$0 NDS, PA (Tier 3)
PANZYGA SOL 10/100ML	\$0 NDS, PA (Tier 3)
PANZYGA SOL 20/200ML	\$0 NDS, PA (Tier 3)
PANZYGA SOL 30/300ML	\$0 NDS, PA (Tier 3)
PRIVIGEN INJ 5 GRAMS	\$0 NDS, PA (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
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PRIVIGEN INJ 10GRAMS	\$0 NDS, PA (Tier 3)
PRIVIGEN INJ 20GRAMS	\$0 NDS, PA (Tier 3)
PRIVIGEN INJ 40GRAMS	\$0 NDS, PA (Tier 3)

IMMUNOMODULATORS

ACTIMMUNE INJ 2MU/0.5	\$0 NDS, PA (Tier 3)
ARCALYST INJ 220MG	\$0 NDS, PA (Tier 3)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)*****IMMUNOSUPPRESSANTS***

ASTAGRAF XL CAP 0.5MG	\$0 B/D (Tier 4)
ASTAGRAF XL CAP 1MG	\$0 B/D (Tier 4)
ASTAGRAF XL CAP 5MG	\$0 NDS, B/D (Tier 3)
<i>azathioprine tab 50 mg</i>	\$0 B/D (Tier 2)
BENLYSTA INJ 120MG	\$0 NDS, PA (Tier 3)
BENLYSTA INJ 200MG/ML	\$0 NDS, QL (8 (Tier syringes / 28 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
BENLYSTA INJ 400MG	\$0 NDS, PA (Tier 3)
<i>cyclosporine cap 25 mg</i>	\$0 B/D (Tier 2)
<i>cyclosporine cap 100 mg</i>	\$0 B/D (Tier 2)
<i>cyclosporine modified cap 25 mg</i>	\$0 B/D (Tier 2)
<i>cyclosporine modified cap 50 mg</i>	\$0 B/D (Tier 2)
<i>cyclosporine modified cap 100 mg</i>	\$0 B/D (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>cyclosporine modified oral soln 100 mg/ml</i>	\$0 B/D (Tier 2)
ENVARUSUS XR TAB 0.75MG	\$0 B/D (Tier 4)
ENVARUSUS XR TAB 1MG	\$0 B/D (Tier 4)
ENVARUSUS XR TAB 4MG	\$0 NDS, B/D (Tier 3)
<i>everolimus tab 0.5 mg</i>	\$0 NDS, B/D (Tier 3)
<i>everolimus tab 0.25 mg</i>	\$0 NDS, B/D (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>everolimus tab 0.75 mg</i>	\$0 NDS, B/D (Tier 3)
<i>everolimus tab 1 mg</i>	\$0 NDS, B/D (Tier 3)
<i>gengraf</i>	\$0 B/D (Tier 2)
<i>gengraf sol 100mg/ml</i>	\$0 B/D (Tier 2)
<i>mycophenolate mofetil cap 250 mg</i>	\$0 B/D (Tier 2)
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	\$0 NDS, B/D (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>mycophenolate mofetil tab 500 mg</i>	\$0 B/D (Tier 2)
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	\$0 B/D (Tier 2)
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	\$0 B/D (Tier 2)
NULOJIX INJ 250MG	\$0 NDS, B/D (Tier 3)
PROGRAF GRA 0.2MG	\$0 B/D (Tier 4)
PROGRAF GRA 1MG	\$0 B/D (Tier 4)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
REZUROCK TAB 200MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
<i>sirolimus oral soln 1 mg/ml</i>	\$0 NDS, B/D (Tier 3)
<i>sirolimus tab 0.5 mg</i>	\$0 B/D (Tier 2)
<i>sirolimus tab 1 mg</i>	\$0 B/D (Tier 2)
<i>sirolimus tab 2 mg</i>	\$0 B/D (Tier 2)
<i>tacrolimus cap 0.5 mg</i>	\$0 B/D (Tier 2)

NAME OF DRUG**WHAT NECESSARY
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YOU
(TIER
LEVEL
)**

tacrolimus cap 1 mg

\$0 B/D
(Tier
2)

tacrolimus cap 5 mg

\$0 B/D
(Tier
2)

VACCINES

ABRYSVO INJ

\$0
(Tier
1)

ACTHIB INJ

\$0
(Tier
1)

ADACEL INJ

\$0
(Tier
1)

AREXVY INJ 120MCG

\$0
(Tier
1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
BCG VACCINE INJ 50MG	\$0 (Tier 1)
BEXSERO INJ	\$0 (Tier 1)
BOOSTRIX INJ	\$0 (Tier 1)
DAPTACEL INJ	\$0 (Tier 1)
DENGVAXIA SUS	\$0 (Tier 1)
DIP/TET PED INJ 25-5LFU	\$0 B/D (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
ENGERIX-B INJ 10/0.5ML	\$0 B/D (Tier 1)
ENGERIX-B INJ 20MCG/ML	\$0 B/D (Tier 1)
GARDASIL 9 INJ	\$0 (Tier 1)
HAVRIX INJ 720UNIT	\$0 (Tier 1)
HAVRIX INJ 1440UNIT	\$0 (Tier 1)
HEPLISAV-B INJ 20/0.5ML	\$0 B/D (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
HIBERIX SOL 10MCG	\$0 (Tier 1)
IMOVAX RABIE INJ 2.5/ML	\$0 B/D (Tier 1)
INFANRIX INJ	\$0 (Tier 1)
IPOL INJ INACTIVE	\$0 (Tier 1)
IXCHIQ INJ	\$0 (Tier 1)
IXIARO INJ	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
JYNNEOS INJ	\$0 B/D (Tier 1)
KINRIX INJ	\$0 (Tier 1)
M-M-R II INJ	\$0 (Tier 1)
MENACTRA INJ	\$0 (Tier 1)
MENQUADFI INJ	\$0 (Tier 1)
MENVEO INJ	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
MENVEO SOL	\$0 (Tier 1)
MRESVIA INJ 50MCG	\$0 (Tier 1)
PEDIARIX INJ 0.5ML	\$0 (Tier 1)
PEDVAX HIB INJ	\$0 (Tier 1)
PENBRAYA INJ	\$0 (Tier 1)
PENTACEL INJ	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
PRIORIX INJ	\$0 (Tier 1)
PROQUAD INJ	\$0 (Tier 1)
QUADRACEL INJ 0.5ML	\$0 (Tier 1)
RABAVERT INJ	\$0 B/D (Tier 1)
RECOMBIVA HB INJ 5MCG/0.5	\$0 B/D (Tier 1)
RECOMBIVA HB INJ 10MCG/ML	\$0 B/D (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
RECOMBIVA-HB INJ 40MCG/ML	\$0 B/D (Tier 1)
ROTARIX SUS	\$0 (Tier 1)
ROTATEQ SOL	\$0 (Tier 1)
SHINGRIX INJ 50/0.5ML	\$0 QL (2 vials per (Tier lifetime) 1)
TENIVAC INJ 5-2LF	\$0 B/D (Tier 1)
TICOVAC INJ	\$0 (Tier 1)

NAME OF DRUG**WHAT NECESSARY
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DRUG RESTRICTION
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YOU
(TIER
LEVEL
)**

TRUMENBA INJ	\$0 (Tier 1)
TWINRIX INJ	\$0 (Tier 1)
TYPHIM VI INJ	\$0 (Tier 1)
VAQTA INJ 25/0.5ML	\$0 (Tier 1)
VAQTA INJ 50UNT/ML	\$0 (Tier 1)
VARIVAX INJ	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
VAXCHORA SUS	\$0 (Tier 1)
VIVOTIF CAP EC	\$0 (Tier 1)
YF-VAX INJ	\$0 (Tier 1)
MISCELLANEOUS <i>MISCELLANEOUS</i>	
COLOX CAP	\$0 (Tier 5)
FLAVOR SWEET SYP S/F	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
GLYCERIN LIQ	\$0 (Tier 5)
<i>gnp isopropyl alcohol</i>	\$0 (Tier 5)
<i>gnp isopropyl rubbing alc</i>	\$0 (Tier 5)
<i>gnp petroleum jelly</i>	\$0 (Tier 5)
HM ISOP ALC SOL 70%	\$0 (Tier 5)
<i>hm isopropyl rubbing alco</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>hm petroleum jelly</i>	\$0 (Tier 5)
HYDROPHILIC OIN PETROLAT	\$0 (Tier 5)
ISOP ALCOHOL SOL 70%	\$0 (Tier 5)
ISOPROPANOL SOL 70%	\$0 (Tier 5)
<i>isopropyl alcohol 91%</i>	\$0 (Tier 5)
<i>isopropyl alcohol 99%</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>isopropyl alcohol, rubbing 70%</i>	\$0 (Tier 5)
METHOCEL E4M POW PREMIUM	\$0 (Tier 5)
NARCOSOF CAP HERB LAX	\$0 (Tier 5)
ORA-BLEND SF SUS	\$0 (Tier 5)
ORA-BLEND SUS	\$0 (Tier 5)
ORA-PLUS LIQ	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
ORA-SWEET SF SYP	\$0 (Tier 5)
ORA-SWEET SYP	\$0 (Tier 5)
ORAL MIX SF SUS	\$0 (Tier 5)
ORAL MIX SUS SUSPENDI	\$0 (Tier 5)
ORAL SUSPEND LIQ	\$0 (Tier 5)
ORAL SYP FLAVORED	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
ORAL SYP SF	\$0 (Tier 5)
PETROLATUM OIN 42%	\$0 (Tier 5)
PETROLATUM OIN WHITE	\$0 (Tier 5)
PETROLATUM OIN YELLOW	\$0 (Tier 5)
<i>qc petroleum jelly</i>	\$0 (Tier 5)
RASPBERRY SYP	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
SIMPLE SYP	\$0 (Tier 5)
SIMPLE SYRUP SYP NF	\$0 (Tier 5)
SKIN PROTECT OIN 44.28%	\$0 (Tier 5)
<i>sm alcohol</i>	\$0 (Tier 5)
<i>sm isopropyl alcohol</i>	\$0 (Tier 5)
SORBITOL SOL 70%	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
SOSWEET SYP	\$0 (Tier 5)
SYRPALTA SYP	\$0 (Tier 5)
SYRSPEND SF LIQ	\$0 (Tier 5)
SYRSPEND SF SUS	\$0 (Tier 5)
SYRSPEND SF SUS ALKA	\$0 (Tier 5)
WHITE PETROL OIN 100%	\$0 (Tier 5)

NAME OF DRUG**WHAT NECESSARY
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YOU
(TIER
LEVEL
)**

*white petrolatum topical
gel*

\$0
(Tier
5)

**NUTRITIONAL/SUPPLEMENTS - VITAMINS
AND SUPPLEMENTS
*ELECTROLYTES***

ceralyte 70

\$0
(Tier
5)

CERASPORT POW
ENDURANC

\$0
(Tier
5)

CERASPORT POW PLUS

\$0
(Tier
5)

ELECTROLYTE POW

\$0
(Tier
5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gnp electrolyte solution</i>	\$0 (Tier 5)
<i>h-e-b oral electrolyte so</i>	\$0 (Tier 5)
NORMALYTE POW APPLE	\$0 (Tier 5)
NORMALYTE POW GRAPE	\$0 (Tier 5)
NORMALYTE POW ORANGE	\$0 (Tier 5)
NORMALYTE POW PURE	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>oralyte</i>	\$0 (Tier 5)
REPLACE TAB SR	\$0 (Tier 5)
TRUELYTE SOL	\$0 (Tier 5)
<i>ELECTROLYTES/MINERALS, INJECTABLE</i>	
D2.5W/NACL INJ 0.45%	\$0 (Tier 4)
D10W/NACL INJ 0.2%	\$0 (Tier 3)
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>dextrose 5% in lactated ringers</i>	\$0 (Tier 2)
<i>dextrose 5% w/ sodium chloride 0.2%</i>	\$0 (Tier 2)
<i>dextrose 5% w/ sodium chloride 0.3%</i>	\$0 (Tier 2)
<i>dextrose 5% w/ sodium chloride 0.9%</i>	\$0 (Tier 2)
<i>dextrose 5% w/ sodium chloride 0.45%</i>	\$0 (Tier 2)
<i>dextrose 5% w/ sodium chloride 0.225%</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>dextrose 10% w/ sodium chloride 0.45%</i>	\$0 (Tier 2)
ISOLYTE-P INJ /D5W	\$0 (Tier 4)
ISOLYTE-S INJ PH 7.4	\$0 (Tier 4)
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	\$0 (Tier 2)
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	\$0 (Tier 2)
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	\$0 (Tier 2)
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	\$0 (Tier 2)
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	\$0 (Tier 2)
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	\$0 (Tier 2)
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	\$0 (Tier 2)
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	\$0 (Tier 2)

NAME OF DRUG**WHAT NECESSARY
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(TIER
LEVEL
)**

<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	\$0 (Tier 2)
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	\$0 (Tier 2)
KCL/D5W/NACL INJ 0.3/0.9%	\$0 (Tier 4)
<i>lactated ringer's solution</i>	\$0 (Tier 2)
MAGNESIUM SU INJ 2GM/50ML	\$0 (Tier 3)
MAGNESIUM SU INJ 4G/100ML	\$0 (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
MAGNESIUM SU INJ 20/500ML	\$0 (Tier 3)
MAGNESIUM SU INJ 40G/1000	\$0 (Tier 3)
MAGNESIUM SU INJ 80MG/ML	\$0 (Tier 3)
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	\$0 (Tier 3)
<i>magnesium sulfate inj 50%</i>	\$0 (Tier 3)
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	\$0 (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)</i>	\$0 (Tier 3)
<i>magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)</i>	\$0 (Tier 3)
<i>magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)</i>	\$0 (Tier 3)
<i>magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)</i>	\$0 (Tier 3)
<i>multiple electrolytes ph 5.5</i>	\$0 (Tier 2)
<i>multiple electrolytes ph 7.4</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
POT CHL 20MEQ/L IN NACL 0.9% INJ	\$0 (Tier 4)
POT CHL 20MEQ/L IN NACL 0.45% INJ	\$0 (Tier 4)
POT CHL 40MEQ/L IN NACL 0.9% INJ	\$0 (Tier 4)
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	\$0 (Tier 2)
<i>potassium chloride inj 2 meq/ml</i>	\$0 (Tier 2)
<i>potassium chloride inj 10 meq/50ml</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>potassium chloride inj 10 meq/100ml</i>	\$0 (Tier 2)
<i>potassium chloride inj 20 meq/50ml</i>	\$0 (Tier 2)
<i>potassium chloride inj 20 meq/100ml</i>	\$0 (Tier 2)
<i>potassium chloride inj 40 meq/100ml</i>	\$0 (Tier 2)
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	\$0 (Tier 2)
<i>sodium chloride iv soln 0.9%</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
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<i>sodium chloride iv soln</i> <i>0.45%</i>	\$0 (Tier 2)
<i>sodium chloride iv soln</i> <i>3%</i>	\$0 (Tier 2)
<i>sodium chloride iv soln</i> <i>5%</i>	\$0 (Tier 2)
TPN ELECTROL INJ	\$0 B/D (Tier 4)

ELECTROLYTES/MINERALS/VITAMINS, ORAL

<i>klor-con</i>	\$0 (Tier 2)
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NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)**

<i>klor-con 8</i>	\$0 (Tier 1)
<i>klor-con 10</i>	\$0 (Tier 1)
<i>klor-con m10</i>	\$0 (Tier 1)
<i>klor-con m15</i>	\$0 (Tier 2)
<i>klor-con m20</i>	\$0 (Tier 1)
M-NATAL PLUS TAB	\$0 (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>potassium chloride cap er 8 meq</i>	\$0 (Tier 2)
<i>potassium chloride cap er 10 meq</i>	\$0 (Tier 2)
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	\$0 (Tier 1)
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	\$0 (Tier 2)
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	\$0 (Tier 1)
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	\$0 (Tier 2)
<i>potassium chloride powder packet 20 meq</i>	\$0 (Tier 2)
<i>potassium chloride tab er 8 meq (600 mg)</i>	\$0 (Tier 1)
<i>potassium chloride tab er 10 meq</i>	\$0 (Tier 1)
<i>potassium chloride tab er 20 meq (1500 mg)</i>	\$0 (Tier 1)
PRENATAL TAB 27-1MG	\$0 (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
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PRENATAL TAB PLUS	\$0 (Tier 3)
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	\$0 (Tier 2)
WESTAB PLUS TAB 27- 1MG	\$0 (Tier 3)

IV NUTRITION

CLINIMIX INJ 4.25/D5W	\$0 B/D (Tier 4)
CLINIMIX INJ 4.25/D10	\$0 B/D (Tier 4)
CLINIMIX INJ 5%/D15W	\$0 B/D (Tier 4)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
CLINIMIX INJ 5%/D20W	\$0 B/D (Tier 4)
CLINIMIX INJ 6/5	\$0 B/D (Tier 4)
CLINIMIX INJ 8/10	\$0 B/D (Tier 4)
CLINIMIX INJ 8/14	\$0 B/D (Tier 4)
<i>clinisol sf 15%</i>	\$0 B/D (Tier 2)
CLINOLIPID EMU 20%	\$0 B/D (Tier 4)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>dextrose inj 5%</i>	\$0 (Tier 2)
<i>dextrose inj 10%</i>	\$0 (Tier 2)
<i>dextrose inj 50%</i>	\$0 B/D (Tier 2)
<i>dextrose inj 70%</i>	\$0 B/D (Tier 2)
INTRALIPID INJ 20%	\$0 B/D (Tier 4)
INTRALIPID INJ 30%	\$0 B/D (Tier 4)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
NUTRILIPID EMU 20%	\$0 B/D (Tier 4)
<i>plenamine</i>	\$0 B/D (Tier 2)
PREMASOL SOL 10%	\$0 NDS, B/D (Tier 3)
PROSOL INJ 20%	\$0 B/D (Tier 4)
TRAVASOL INJ 10%	\$0 B/D (Tier 4)
TROPHAMINE INJ 10%	\$0 B/D (Tier 4)

NAME OF DRUG

WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

MINERALS

ALIVE CALCIU CHW VIT D3	\$0 (Tier 5)
<i>bd posiflush</i>	\$0 (Tier 5)
BONE ESSENTI CAP	\$0 (Tier 5)
CA CITRATE TAB 250MG	\$0 (Tier 5)
CA LACTATE TAB 100MG	\$0 (Tier 5)
CAL CIT MAL/ TAB VITAMIND	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
CAL-CITRATE TAB PLUS D	\$0 (Tier 5)
CAL-MAG COMP TAB	\$0 (Tier 5)
CAL-MAG-ZINC TAB -D	\$0 (Tier 5)
CAL-MINT CHW 260MG	\$0 (Tier 5)
CAL/MAG TAB CHEW	\$0 (Tier 5)
CALC ACETATE TAB 668MG	\$0 (Tier 5)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
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COST ON USE
YOU
(TIER
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)**

CALC CITRATE LIQ VIT D3	\$0 (Tier 5)
CALC/VIT D3 CHW 200- 200	\$0 (Tier 5)
<i>calcium 500 +d3</i>	\$0 (Tier 5)
<i>calcium 600</i>	\$0 (Tier 5)
<i>calcium 600 tab + d</i>	\$0 (Tier 5)
<i>calcium 600 with vitamin</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>calcium 600+d</i>	\$0 (Tier 5)
<i>calcium 600+d3</i>	\$0 (Tier 5)
<i>calcium 600+d3 plus miner</i>	\$0 (Tier 5)
<i>calcium 600/vitamin d</i>	\$0 (Tier 5)
<i>calcium 600/vitamin d3</i>	\$0 (Tier 5)
CALCIUM 1000 TAB + D	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>calcium + vitamin d3</i>	\$0 (Tier 5)
CALCIUM CARB CHW 260MG	\$0 (Tier 5)
CALCIUM CARB CHW 500MG	\$0 (Tier 5)
CALCIUM CARB POW 800/2GM	\$0 (Tier 5)
<i>calcium carb- cholecalciferol tab 250 mg-3 mcg (120 unit)</i>	\$0 (Tier 5)
<i>calcium carb- cholecalciferol tab 500 mg-10 mcg (400 unit)</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>calcium carb- cholecalciferol tab 600 mg-10 mcg (400 unit)</i>	\$0 (Tier 5)
<i>calcium carb- cholecalciferol tab 600 mg-20 mcg (800 unit)</i>	\$0 (Tier 5)
<i>calcium carbonate tab 1250 mg (500 mg elemental ca)</i>	\$0 (Tier 5)
<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i>	\$0 (Tier 5)
<i>calcium carbonate- cholecalciferol tab 500 mg-5 mcg(200 unit)</i>	\$0 (Tier 5)
<i>calcium carbonate- cholecalciferol tab 600 mg-5 mcg(200 unit)</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>calcium carbonate-vitamin d cap 600 mg-5 mcg (200 unit)</i>	\$0 (Tier 5)
<i>calcium carbonate-vitamin d tab 250 mg-3.125 mcg (125 unit)</i>	\$0 (Tier 5)
<i>calcium carbonate-vitamin d tab 600 mg-5 mcg (200 unit)</i>	\$0 (Tier 5)
CALCIUM CHW 500-10	\$0 (Tier 5)
CALCIUM CHW 500MG	\$0 (Tier 5)
<i>calcium cit-vit d tab 200 mg-6.25 mcg(250 unit) (elem ca)</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>calcium cit-vitamin d tab 315 mg-5 mcg(200 unit) (elem ca)</i>	\$0 (Tier 5)
CALCIUM CIT/ TAB VIT D	\$0 (Tier 5)
<i>calcium citrate + d3 maxi</i>	\$0 (Tier 5)
<i>calcium citrate tab 950 mg (200 mg elemental ca)</i>	\$0 (Tier 5)
<i>calcium citrate+d3 petite</i>	\$0 (Tier 5)
CALCIUM GLUC CAP 50MG	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
CALCIUM GRA CITRATE	\$0 (Tier 5)
<i>calcium high potency</i>	\$0 (Tier 5)
<i>calcium high potency + vi</i>	\$0 (Tier 5)
<i>calcium plus vitamin d</i>	\$0 (Tier 5)
<i>calcium plus vitamin d3</i>	\$0 (Tier 5)
CALCIUM TAB FORMULA	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>calcium-magnesium-zinc tab 333-133-5 mg</i>	\$0 (Tier 5)
<i>calcium-magnesium-zinc tab 333-133-8.3 mg</i>	\$0 (Tier 5)
<i>calcium-magnesium-zinc- vit d3 tab 333 mg-133 mg-5 mg-3.3 mcg</i>	\$0 (Tier 5)
<i>calcium-magnesium-zinc- vit d3 tab 333 mg-133 mg-5 mg-5 mcg</i>	\$0 (Tier 5)
CALCIUM/C/D CHW 500MG	\$0 (Tier 5)
CALCIUM/D3 CAP 600- 2500	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
CALCIUM/MAGN TAB 250- 155	\$0 (Tier 5)
<i>calcium/vitamin d3</i>	\$0 (Tier 5)
CHELATED CA TAB 200MG	\$0 (Tier 5)
CHEWABLE CHW CALCIUM	\$0 (Tier 5)
CORAL CALCIU CAP 1000MG	\$0 (Tier 5)
CORAL CAP CALCIUM	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>600+d3</i>	\$0 (Tier 5)
FEM-CAL TAB CITRATE	\$0 (Tier 5)
GALZIN CAP 25MG	\$0 (Tier 5)
GALZIN CAP 50MG	\$0 (Tier 5)
GNP CAL MAG ZINC +D3	\$0 (Tier 5)
<i>gnp calcium</i>	\$0 (Tier 5)

NAME OF DRUG**WHAT NECESSARY
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<i>gnp calcium 500 +d3</i>	\$0 (Tier 5)
<i>gnp calcium 600 +d3</i>	\$0 (Tier 5)
<i>gnp calcium 600 +d3/miner</i>	\$0 (Tier 5)
<i>gnp calcium 600 +d/minera</i>	\$0 (Tier 5)
<i>gnp calcium citrate +d3</i>	\$0 (Tier 5)
<i>gnp calcium citrate+d3 ma</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>iodine (kelp) tab 0.15 mg</i>	\$0 (Tier 5)
K-PHOS TAB	\$0 (Tier 5)
<i>kp calcium citrate+d</i>	\$0 (Tier 5)
<i>kp calcium/magnesium/zinc</i>	\$0 (Tier 5)
<i>kp mag-oxide magnesium</i>	\$0 (Tier 5)
LIQUID CALCI CAP WITH D3	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>liquid calcium/d3</i>	\$0 (Tier 5)
<i>liquid calcium/vitamin d</i>	\$0 (Tier 5)
MAG CITRATE TAB 100MG	\$0 (Tier 5)
MAG OXIDE CAP 400MG	\$0 (Tier 5)
MAG OXIDE TAB 420MG	\$0 (Tier 5)
MAG-G TAB 500MG	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>mag-oxide</i>	\$0 (Tier 5)
<i>magdelay</i>	\$0 (Tier 5)
MAGNESIUM CAP 100MG	\$0 (Tier 5)
MAGNESIUM CAP 300MG	\$0 (Tier 5)
MAGNESIUM ES CAP 400MG	\$0 (Tier 5)
<i>magnesium gluconate tab 27.5 mg (elemental mg)</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>magnesium glycinate cap 100 mg (elemental mg)</i>	\$0 (Tier 5)
<i>magnesium lactate tab er 84 mg (elemental mg) (7 meq)</i>	\$0 (Tier 5)
<i>magnesium oxide cap 500 mg (elemental mg)</i>	\$0 (Tier 5)
<i>magnesium oxide tab 250 mg (mg supplement)</i>	\$0 (Tier 5)
<i>magnesium oxide tab 400 mg (240 mg elemental mg)</i>	\$0 (Tier 5)
<i>magnesium oxide tab 500 mg (mg supplement)</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>magnesium tab 100 mg</i>	\$0 (Tier 5)
MAGNESIUM TAB 200MG	\$0 (Tier 5)
<i>magnesium-oxide</i>	\$0 (Tier 5)
MG GLUCONATE TAB 250MG	\$0 (Tier 5)
<i>mgo</i>	\$0 (Tier 5)
<i>monoject pharma grade flu</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>monoject sodium chloride</i>	\$0 (Tier 5)
<i>oysco 500+d</i>	\$0 (Tier 5)
OYST SHELL/D TAB 500MG	\$0 (Tier 5)
<i>oyster shell calcium + d3</i>	\$0 (Tier 5)
<i>oyster shell calcium plus</i>	\$0 (Tier 5)
<i>oyster shell calcium tab 500 mg</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>oyster shell calcium+d</i>	\$0 (Tier 5)
<i>oyster shell calcium/d3</i>	\$0 (Tier 5)
<i>oyster shell calcium/vita</i>	\$0 (Tier 5)
PARVA-CAL TAB 250-100	\$0 (Tier 5)
PARVA-CAL TAB 500MG	\$0 (Tier 5)
POSTURE-D TAB CALC/MAG	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>potassium & sodium phosphates powder pack 280-160-250 mg</i>	\$0 (Tier 5)
<i>pure calcium carbonate</i>	\$0 (Tier 5)
RISACAL-D TAB	\$0 (Tier 5)
SLOW MAG/CA TAB 64- 106MG	\$0 (Tier 5)
<i>sodium chloride flush iv soln 0.9%</i>	\$0 (Tier 5)
<i>sodium chloride tab 1 gm</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	\$0 (Tier 5)
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	\$0 (Tier 5)
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	\$0 (Tier 5)
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	\$0 (Tier 5)
<i>super cal/mag</i>	\$0 (Tier 5)
<i>super calcium</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>super calcium 600 + d3</i>	\$0 (Tier 5)
<i>super calcium 600+d3 400</i>	\$0 (Tier 5)
<i>true magnesium oxide</i>	\$0 (Tier 5)
<i>ultra calcium + vitamin d</i>	\$0 (Tier 5)
UPCAL D POW	\$0 (Tier 5)
VIActiv CALC CHW PLUS D	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
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YUMVS MAGNES CHW 83MG	\$0 (Tier 5)
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MISCELLANEOUS

ENDUR-THINE TAB 500- 200	\$0 (Tier 5)
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ENLYTE CAP	\$0 (Tier 5)
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<i>gnp melatonin</i>	\$0 (Tier 5)
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<i>gnp melatonin maximum str</i>	\$0 (Tier 5)
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KELP/LEC/B6 CAP	\$0 (Tier 5)
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NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>kp melatonin</i>	\$0 (Tier 5)
L-TRYPTOPHAN CAP 500MG	\$0 (Tier 5)
L-TRYPTOPHAN TAB 500MG	\$0 (Tier 5)
<i>melatonin advanced sleep</i>	\$0 (Tier 5)
<i>melatonin chew tab 2.5 mg</i>	\$0 (Tier 5)
<i>melatonin chew tab 5 mg</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>melatonin extra strength</i>	\$0 (Tier 5)
<i>melatonin fast dissolve e</i>	\$0 (Tier 5)
<i>melatonin kids</i>	\$0 (Tier 5)
<i>melatonin kids gummies</i>	\$0 (Tier 5)
MELATONIN LIQ 1MG/4ML	\$0 (Tier 5)
MELATONIN LIQ 2.5MG	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>melatonin liquid 1 mg/ml</i>	\$0 (Tier 5)
<i>melatonin maximum strengt</i>	\$0 (Tier 5)
<i>melatonin sl tab 5 mg</i>	\$0 (Tier 5)
<i>melatonin tab 1 mg</i>	\$0 (Tier 5)
MELATONIN TAB 1-10MG	\$0 (Tier 5)
MELATONIN TAB 1MG	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>melatonin tab 3 mg</i>	\$0 (Tier 5)
MELATONIN TAB 3-10MG	\$0 (Tier 5)
<i>melatonin tab 5 mg</i>	\$0 (Tier 5)
MELATONIN TAB 300MCG	\$0 (Tier 5)
<i>melatonin tablet disintegrating 5 mg</i>	\$0 (Tier 5)
<i>melatonin tr/vitamin b-6</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>melatonin-pyridoxine tab 5-10 mg</i>	\$0 (Tier 5)
<i>melatonin/vitamin b-6 ext</i>	\$0 (Tier 5)
MELATONINMAX CHW 10MG	\$0 (Tier 5)
PRELIEF TAB 340MG	\$0 (Tier 5)
TYR COOLER LIQ	\$0 (Tier 5)
<i>vitajoy gummies</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>yumvs melatonin</i>	\$0 (Tier 5)
VITAMINS	
<i>a-25</i>	\$0 (Tier 5)
<i>a-10000</i>	\$0 (Tier 5)
A/BETA CAROT TAB 25000UNT	\$0 (Tier 5)
ABC COMPLETE TAB WOMEN	\$0 (Tier 5)
<i>acerola c-500</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>actical</i>	\$0 (Tier 5)
ADEK CHW PLUS ZN	\$0 (Tier 5)
ALIVE MENS CHW GUMMY	\$0 (Tier 5)
ALIVE MENS TAB	\$0 (Tier 5)
ALIVE MENS TAB COMPLETE	\$0 (Tier 5)
ALIVE WOMENS CHW 50+	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
ALIVE WOMENS TAB 50+ COMP	\$0 (Tier 5)
AQUA-E LIQ 75/ML	\$0 (Tier 5)
<i>aqueous vitamin d infants</i>	\$0 (Tier 5)
<i>aqueous vitamin e</i>	\$0 (Tier 5)
ARKALIOX CAP 200MG	\$0 (Tier 5)
ASCORBIC ACD POW	\$0 (Tier 5)

NAME OF DRUG**WHAT NECESSARY
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<i>ascorbic acid cap er 500 mg</i>	\$0 (Tier 5)
<i>ascorbic acid chew tab 250 mg</i>	\$0 (Tier 5)
<i>ascorbic acid chew tab 500 mg</i>	\$0 (Tier 5)
<i>ascorbic acid inj 500 mg/ml</i>	\$0 (Tier 5)
<i>ascorbic acid liquid 500 mg/5ml</i>	\$0 (Tier 5)
<i>ascorbic acid tab 250 mg</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>ascorbic acid tab 500 mg</i>	\$0 (Tier 5)
<i>ascorbic acid tab 1000 mg</i>	\$0 (Tier 5)
<i>ascorbic acid tab er 500 mg</i>	\$0 (Tier 5)
B COMPLEX/FO TAB	\$0 (Tier 5)
<i>b-12 fast dissolve</i>	\$0 (Tier 5)
B-12 LIQ 5000/ML	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>b-12 microlozenge</i>	\$0 (Tier 5)
B-12 TAB 2000MCG	\$0 (Tier 5)
B-12/FOLIC TAB ACID	\$0 (Tier 5)
B-100 COMP TAB TR	\$0 (Tier 5)
B-COMPLEX CAP VEGGIE	\$0 (Tier 5)
<i>b-complex formula 1</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
B-COMPLEX TAB ENERGY	\$0 (Tier 5)
<i>b-complex vitamin cap</i>	\$0 (Tier 5)
<i>b-complex vitamin sublingual liquid</i>	\$0 (Tier 5)
<i>b-complex vitamin tab</i>	\$0 (Tier 5)
<i>b-complex w/ c & folic acid tab</i>	\$0 (Tier 5)
<i>b-complex w/ c cap</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>b-complex w/ c tab</i>	\$0 (Tier 5)
<i>b-complex w/ folic acid cap</i>	\$0 (Tier 5)
<i>b-complex w/ folic acid tab</i>	\$0 (Tier 5)
B-COMPLEX/FA TAB /VIT C	\$0 (Tier 5)
<i>b-stress</i>	\$0 (Tier 5)
BACMIN TAB	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>balance b-50</i>	\$0 (Tier 5)
<i>balance b-100</i>	\$0 (Tier 5)
<i>beta carotene cap 25000 unit</i>	\$0 (Tier 5)
<i>body/hair/skin/nails</i>	\$0 (Tier 5)
BP VIT 3 CAP	\$0 (Tier 5)
BPROTECT PED DRO TRI- VITE	\$0 (Tier 5)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)**

<i>bprotected multi-vite</i>	\$0 (Tier 5)
<i>bprotected pedia d-vite</i>	\$0 (Tier 5)
<i>c 500</i>	\$0 (Tier 5)
<i>c 1000</i>	\$0 (Tier 5)
C 1000/BIOFL CAP /R HIPS	\$0 (Tier 5)
<i>c complex</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>c-250</i>	\$0 (Tier 5)
<i>c-500</i>	\$0 (Tier 5)
<i>c-500 prolonged release</i>	\$0 (Tier 5)
<i>c-500/rose hips</i>	\$0 (Tier 5)
<i>c-1000</i>	\$0 (Tier 5)
<i>c-1000 prolonged release</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>c-1000/rose hips</i>	\$0 (Tier 5)
CALCI-MAX CAP	\$0 (Tier 5)
<i>calcidol</i>	\$0 (Tier 5)
<i>calcium ascorbate tab 500 mg</i>	\$0 (Tier 5)
<i>centravites</i>	\$0 (Tier 5)
<i>centravites 50 plus</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>cerovite jr</i>	\$0 (Tier 5)
<i>cerovite senior</i>	\$0 (Tier 5)
CERTAVITE TAB SENIOR	\$0 (Tier 5)
CERTAVITE/ TAB ANTIOXID	\$0 (Tier 5)
<i>certavite/antioxidants</i>	\$0 (Tier 5)
<i>childrens chewable multiv</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>childrens chewable vitami</i>	\$0 (Tier 5)
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	\$0 (Tier 5)
<i>cholecalciferol cap 10 mcg (400 unit)</i>	\$0 (Tier 5)
<i>cholecalciferol cap 25 mcg (1000 unit)</i>	\$0 (Tier 5)
<i>cholecalciferol cap 50 mcg (2000 unit)</i>	\$0 (Tier 5)
<i>cholecalciferol cap 125 mcg (5000 unit)</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>cholecalciferol cap 250 mcg (10000 unit)</i>	\$0 (Tier 5)
<i>cholecalciferol chew tab 10 mcg (400 unit)</i>	\$0 (Tier 5)
<i>cholecalciferol chew tab 25 mcg (1000 unit)</i>	\$0 (Tier 5)
<i>cholecalciferol chew tab 50 mcg (2000 unit)</i>	\$0 (Tier 5)
<i>cholecalciferol oral liquid 10 mcg/ml (400 unit/ml)</i>	\$0 (Tier 5)
<i>cholecalciferol tab 10 mcg (400 unit)</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>cholecalciferol tab 25 mcg (1000 unit)</i>	\$0 (Tier 5)
<i>cholecalciferol tab 50 mcg (2000 unit)</i>	\$0 (Tier 5)
<i>cholecalciferol tab 125 mcg (5000 unit)</i>	\$0 (Tier 5)
CL PRENATAL TAB 28- 0.8MG	\$0 (Tier 5)
<i>cobalamin combination sl tab</i>	\$0 (Tier 5)
COD LIVER OIL	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>cod liver oil cap</i>	\$0 (Tier 5)
<i>cod liver oil w/vitamins</i>	\$0 (Tier 5)
<i>complex b-50 prolonged re</i>	\$0 (Tier 5)
<i>complex b-100</i>	\$0 (Tier 5)
<i>corvita</i>	\$0 (Tier 5)
CULTURELLE CHW MULTIVIT	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>culturelle kids probiotic</i>	\$0 (Tier 5)
<i>cyanocobalamin inj 1000 mcg/ml</i>	\$0 (Tier 5)
<i>cyanocobalamin liquid 1000 mcg/15ml</i>	\$0 (Tier 5)
<i>cyanocobalamin lozenge 500 mcg</i>	\$0 (Tier 5)
<i>cyanocobalamin orally disintegrating tab 5000 mcg</i>	\$0 (Tier 5)
<i>cyanocobalamin sl tab 500 mcg</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>cyanocobalamin sl tab 1000 mcg</i>	\$0 (Tier 5)
<i>cyanocobalamin sl tab 2500 mcg</i>	\$0 (Tier 5)
<i>cyanocobalamin sl tab 3000 mcg</i>	\$0 (Tier 5)
<i>cyanocobalamin sl tab 5000 mcg</i>	\$0 (Tier 5)
<i>cyanocobalamin tab 50 mcg</i>	\$0 (Tier 5)
<i>cyanocobalamin tab 100 mcg</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>cyanocobalamin tab 250 mcg</i>	\$0 (Tier 5)
<i>cyanocobalamin tab 500 mcg</i>	\$0 (Tier 5)
<i>cyanocobalamin tab 1000 mcg</i>	\$0 (Tier 5)
<i>cyanocobalamin tab er 1000 mcg</i>	\$0 (Tier 5)
<i>d3</i>	\$0 (Tier 5)
D3 BABY DROP LIQ 10MCG	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>d3 high potency</i>	\$0 (Tier 5)
<i>d3 maximum strength</i>	\$0 (Tier 5)
<i>d3 super strength</i>	\$0 (Tier 5)
<i>d3-50</i>	\$0 (Tier 5)
<i>d3-1000</i>	\$0 (Tier 5)
<i>d2000 ultra strength</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>d 1000</i>	\$0 (Tier 5)
<i>d 5000</i>	\$0 (Tier 5)
<i>d 10000</i>	\$0 (Tier 5)
<i>d-3-5</i>	\$0 (Tier 5)
<i>d-400</i>	\$0 (Tier 5)
<i>d-1000 extra strength</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>d-5000</i>	\$0 (Tier 5)
<i>d-vite pediatric</i>	\$0 (Tier 5)
<i>daily multivitamin</i>	\$0 (Tier 5)
<i>daily value multivitamin</i>	\$0 (Tier 5)
<i>daily vite</i>	\$0 (Tier 5)
<i>daily vite multivitamin/i</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>daily-vite</i>	\$0 (Tier 5)
<i>daily-vite multivitamin</i>	\$0 (Tier 5)
DDROPS LIQ	\$0 (Tier 5)
DEKAS CAP ESSENTIA	\$0 (Tier 5)
DEKAS CHW BARIATRI	\$0 (Tier 5)
DEKAS LIQ ESSENTIA	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
DEKAS PLUS CAP	\$0 (Tier 5)
DEKAS PLUS CHW	\$0 (Tier 5)
DEKAS PLUS LIQ	\$0 (Tier 5)
<i>delta d3</i>	\$0 (Tier 5)
DIALYVIT 800 TAB ZINC 15	\$0 (Tier 5)
<i>dialyvite</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>dialyvite 800</i>	\$0 (Tier 5)
<i>dialyvite 800/ultra d</i>	\$0 (Tier 5)
DIALYVITE TAB 800/IRON	\$0 (Tier 5)
DIALYVITE TAB 800/ZINC	\$0 (Tier 5)
DIALYVITE TAB 3000	\$0 (Tier 5)
DIALYVITE TAB 5000	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
DIALYVITE TAB SUPREM D	\$0 (Tier 5)
<i>dialyvite vitamin d3 max</i>	\$0 (Tier 5)
<i>dialyvite vitamin d 5000</i>	\$0 (Tier 5)
DIALYVITE WAF PLUS D	\$0 (Tier 5)
DIALYVITE/ TAB ZINC	\$0 (Tier 5)
<i>dodex</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
DOSOKAP TAB	\$0 (Tier 5)
<i>e200</i>	\$0 (Tier 5)
<i>e400</i>	\$0 (Tier 5)
<i>e-200</i>	\$0 (Tier 5)
<i>e-400</i>	\$0 (Tier 5)
<i>e-oil</i>	\$0 (Tier 5)

NAME OF DRUG**WHAT NECESSARY
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<i>eldertonic</i>	\$0 (Tier 5)
<i>endur-acin</i>	\$0 (Tier 5)
<i>endur-amide</i>	\$0 (Tier 5)
ENDUR-AMIDE TAB 750MG	\$0 (Tier 5)
<i>endur-b</i>	\$0 (Tier 5)
<i>endur-c/rose hips</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
ENDUR-VM TAB	\$0 (Tier 5)
ENDUR-VM TAB IRON	\$0 (Tier 5)
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	\$0 (Tier 5)
<i>ergocalciferol soln 200 mcg/ml (8000 unit/ml)</i>	\$0 (Tier 5)
<i>ester-c</i>	\$0 (Tier 5)
<i>fa-8</i>	\$0 (Tier 5)

NAME OF DRUG**WHAT NECESSARY
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<i>folate</i>	\$0 (Tier 5)
<i>folbee</i>	\$0 (Tier 5)
<i>folbee plus</i>	\$0 (Tier 5)
<i>folbee plus cz</i>	\$0 (Tier 5)
FOLBIC TAB	\$0 (Tier 5)
<i>folic acid cap 0.8 mg</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
FOLIC ACID CAP 20MG	\$0 (Tier 5)
<i>folic acid inj 5 mg/ml</i>	\$0 (Tier 5)
<i>folic acid tab 1 mg</i>	\$0 (Tier 5)
<i>folic acid tab 400 mcg</i>	\$0 (Tier 5)
<i>folic acid tab 800 mcg</i>	\$0 (Tier 5)
<i>folplex 2.2</i>	\$0 (Tier 5)

NAME OF DRUG**WHAT NECESSARY
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FOLTABS 800 TAB	\$0 (Tier 5)
FREEDAVITE TAB	\$0 (Tier 5)
<i>fruit c 500</i>	\$0 (Tier 5)
FRUIT C CHW 200MG	\$0 (Tier 5)
<i>fruit c-100</i>	\$0 (Tier 5)
<i>fruity c</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>full spectrum b/vitamin c</i>	\$0 (Tier 5)
<i>gnp b-12</i>	\$0 (Tier 5)
<i>gnp b-50 complex prolonge</i>	\$0 (Tier 5)
<i>gnp b-100 complex prolong</i>	\$0 (Tier 5)
<i>gnp b-complex plus vitami</i>	\$0 (Tier 5)
<i>gnp childrens chewables/e</i>	\$0 (Tier 5)

NAME OF DRUG**WHAT NECESSARY
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<i>gnp d 1000</i>	\$0 (Tier 5)
<i>gnp d 2000</i>	\$0 (Tier 5)
<i>gnp essential one daily</i>	\$0 (Tier 5)
<i>gnp folic acid</i>	\$0 (Tier 5)
<i>gnp little ones childrens</i>	\$0 (Tier 5)
<i>gnp mega multi for men</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gnp mega multi for women</i>	\$0 (Tier 5)
<i>gnp niacin flush free</i>	\$0 (Tier 5)
<i>gnp one daily mens health</i>	\$0 (Tier 5)
<i>gnp one daily womens heal</i>	\$0 (Tier 5)
GNP PRENATAL TAB 28-0.8MG	\$0 (Tier 5)
<i>gnp vitamin a</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gnp vitamin b-1</i>	\$0 (Tier 5)
<i>gnp vitamin b-6</i>	\$0 (Tier 5)
<i>gnp vitamin b-12</i>	\$0 (Tier 5)
<i>gnp vitamin b-12 prolonge</i>	\$0 (Tier 5)
<i>gnp vitamin c</i>	\$0 (Tier 5)
<i>gnp vitamin c drops</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gnp vitamin c pr</i>	\$0 (Tier 5)
<i>gnp vitamin c w/rose hips</i>	\$0 (Tier 5)
<i>gnp vitamin c/rose hips</i>	\$0 (Tier 5)
<i>gnp vitamin d</i>	\$0 (Tier 5)
<i>gnp vitamin d3</i>	\$0 (Tier 5)
<i>gnp vitamin d3 extra stre</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gnp vitamin d maximum str</i>	\$0 (Tier 5)
<i>gnp vitamin d super stren</i>	\$0 (Tier 5)
<i>gnp vitamin e</i>	\$0 (Tier 5)
<i>gnp vitamin e water dispe</i>	\$0 (Tier 5)
<i>hair/skin/nails</i>	\$0 (Tier 5)
<i>healthy kids cod liver oi</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
HIGH POTENCY TAB MULTIVIT	\$0 (Tier 5)
HIGH POTENCY TAB MV/FA	\$0 (Tier 5)
HONEY BEARS CHW	\$0 (Tier 5)
<i>hydroxocobalamin acetate inj 1000 mcg/ml (base equivalent)</i>	\$0 (Tier 5)
HYLAZINC TAB	\$0 (Tier 5)
IMMUNERX CAP	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
K2 PLUS D3 TAB	\$0 (Tier 5)
KIDZ MULTVIT CHW PROBIOTI	\$0 (Tier 5)
<i>kobee</i>	\$0 (Tier 5)
<i>kp adults 50+ daily formu</i>	\$0 (Tier 5)
<i>kp adults daily formula</i>	\$0 (Tier 5)
<i>kp b complex/c</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>kp folic acid</i>	\$0 (Tier 5)
<i>kp mens 50+ daily formula</i>	\$0 (Tier 5)
<i>kp mens daily formula</i>	\$0 (Tier 5)
KP MENS MIS DAILY PK	\$0 (Tier 5)
<i>kp niacin</i>	\$0 (Tier 5)
KP PRENATAL TAB MULTIVIT	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>kp vitamin b-6</i>	\$0 (Tier 5)
<i>kp vitamin b-12</i>	\$0 (Tier 5)
<i>kp womens 50+ daily formu</i>	\$0 (Tier 5)
<i>kp womens daily formula</i>	\$0 (Tier 5)
KP WOMENS PAK DAILY	\$0 (Tier 5)
KPN PRENATAL TAB	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
L-METHYL-MC TAB	\$0 (Tier 5)
L-METHYLFOLA CAP ALGAL	\$0 (Tier 5)
L-METHYLFOLA CAP FORTE 15	\$0 (Tier 5)
L-METHYLFOLA TAB 7.5MG	\$0 (Tier 5)
L-METHYLFOLA TAB 15MG	\$0 (Tier 5)
<i>l-methylfolate tab 7.5 mg</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>l-methylfolate tab 15 mg</i>	\$0 (Tier 5)
<i>liquid c</i>	\$0 (Tier 5)
MEGA MULTI TAB MEN	\$0 (Tier 5)
<i>mega multiple w/chelated</i>	\$0 (Tier 5)
<i>meijer c</i>	\$0 (Tier 5)
MENS 50+ TAB MULTIVIT	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>mens daily formula/lycope</i>	\$0 (Tier 5)
MENS DAILY PAK PACK	\$0 (Tier 5)
MENS MULTI CHW	\$0 (Tier 5)
METHYL B-12 LOZ 1000MCG	\$0 (Tier 5)
<i>methylcobalamin orally disintegrating tab 5000 mcg</i>	\$0 (Tier 5)
MG PLUS TAB PROTEIN	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
MULTI VIT/FL DRO 0.5MG/ML	\$0 (Tier 5)
MULTI VITAMI TAB	\$0 (Tier 5)
MULTI VITAMN TAB MINERALS	\$0 (Tier 5)
MULTI ZERO CHW YUMVSKID	\$0 (Tier 5)
<i>multi-vit/iron/fluoride</i>	\$0 (Tier 5)
MULTI-VITAMI TAB MONOCAPS	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>multi-vitamin</i>	\$0 (Tier 5)
<i>multi-vitamin hp/minerals</i>	\$0 (Tier 5)
<i>multi-vitamin/fluoride dr</i>	\$0 (Tier 5)
<i>multi-vitamin/fluoride/ir</i>	\$0 (Tier 5)
<i>multi-vitamin/minerals</i>	\$0 (Tier 5)
MULTI-VITE LIQ	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
MULTI/IRON/ DRO INF/TODD	\$0 (Tier 5)
<i>multiple vitamin/minerals</i>	\$0 (Tier 5)
<i>multiple vitamins w/ iron tab</i>	\$0 (Tier 5)
<i>multiple vitamins w/ minerals liquid</i>	\$0 (Tier 5)
<i>multiple vitamins w/ minerals tab</i>	\$0 (Tier 5)
<i>multipro</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
MULTITAM TAB	\$0 (Tier 5)
MULTIV INFAN DRO /TODDLER	\$0 (Tier 5)
MULTIVIT/FL CHW 0.5MG	\$0 (Tier 5)
MULTIVIT/FL CHW 0.25MG	\$0 (Tier 5)
MULTIVIT/FL CHW 1MG	\$0 (Tier 5)
MULTIVIT/FL DRO 0.25MG	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>multivitamin childrens</i>	\$0 (Tier 5)
<i>multivitamin gummies adul</i>	\$0 (Tier 5)
MULTIVITAMIN TAB	\$0 (Tier 5)
MULTIVITAMIN TAB ZINC STR	\$0 (Tier 5)
<i>multivitamin/fluoride</i>	\$0 (Tier 5)
<i>multivitamin/multimineral</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>mynephron</i>	\$0 (Tier 5)
<i>natural vitamin d-3</i>	\$0 (Tier 5)
NEOVITE TAB	\$0 (Tier 5)
NEPHPLEX RX TAB	\$0 (Tier 5)
<i>nephro vitamins</i>	\$0 (Tier 5)
<i>nephro-vite</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>nephronex</i>	\$0 (Tier 5)
NEPHRONEX LIQ 0.9/5ML	\$0 (Tier 5)
NEURIN-SL SUB	\$0 (Tier 5)
<i>niacin cap er 250 mg</i>	\$0 (Tier 5)
<i>niacin flush free</i>	\$0 (Tier 5)
<i>niacin tab 50 mg</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>niacin tab 100 mg</i>	\$0 (Tier 5)
<i>niacin tab 250 mg</i>	\$0 (Tier 5)
<i>niacin tab 500 mg</i>	\$0 (Tier 5)
<i>niacin tab er 250 mg</i>	\$0 (Tier 5)
<i>niacin tab er 500 mg</i>	\$0 (Tier 5)
NIACIN TR TAB 1000MG	\$0 (Tier 5)

NAME OF DRUG**WHAT NECESSARY
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<i>niacinamide tab 500 mg</i>	\$0 (Tier 5)
<i>niacinamide tab er 500 mg</i>	\$0 (Tier 5)
<i>niacinamide w/ zn-cu-methylfol-se-cr tab 750-27-2-0.5 mg</i>	\$0 (Tier 5)
NIVA-FOL TAB	\$0 (Tier 5)
<i>no flush niacin</i>	\$0 (Tier 5)
<i>norwegian cod liver oil</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
NOVAMV PED DRO 10MG/ML	\$0 (Tier 5)
NUTRIVIT LIQ 800-15-1	\$0 (Tier 5)
OMNICAP TAB	\$0 (Tier 5)
<i>one daily complete</i>	\$0 (Tier 5)
<i>one daily maximum</i>	\$0 (Tier 5)
<i>one daily mens health/lyc</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
ONE DAILY TAB ESSENTL	\$0 (Tier 5)
ONE DAILY TAB WOMENS	\$0 (Tier 5)
<i>one daily/iron/calcium</i>	\$0 (Tier 5)
<i>one daily/minerals</i>	\$0 (Tier 5)
ONE VITE TAB DAILY MV	\$0 (Tier 5)
<i>one-daily multi-vitamin</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>one-daily multi-vitamin/i</i>	\$0 (Tier 5)
<i>one-daily multi-vitamin/m</i>	\$0 (Tier 5)
<i>one-daily/iron</i>	\$0 (Tier 5)
<i>optimal d3</i>	\$0 (Tier 5)
OPTIMAL D3 M CAP	\$0 (Tier 5)
<i>optimal d3 pack</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
OPTISOURCE CHW BARIATRC	\$0 (Tier 5)
OSTACHOL TAB	\$0 (Tier 5)
OSTEO-VIT3 DRO 417MCG	\$0 (Tier 5)
<i>pan-c 500/bioflavonoids</i>	\$0 (Tier 5)
PARVLEX TAB	\$0 (Tier 5)
<i>pc pediatric tri-vitamin</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
PED POLY-VIT DRO	\$0 (Tier 5)
PED POLY-VIT DRO /IRON	\$0 (Tier 5)
<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i>	\$0 (Tier 5)
<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i>	\$0 (Tier 5)
<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i>	\$0 (Tier 5)
<i>pharmacist choice d-vitam</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>phytonadione inj 1 mg/0.5ml (2 mg/ml)</i>	\$0 (Tier 5)
<i>phytonadione inj 10 mg/ml</i>	\$0 (Tier 5)
<i>phytonadione tab 5 mg</i>	\$0 (Tier 5)
POLY-VI-FLOR SUS 0.25/ML	\$0 (Tier 5)
POLY-VI-FLOR SUS /IRON	\$0 (Tier 5)
POLY-VI-SOL SOL 50MG/ML	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
POLY-VI-SOL SOL IRON	\$0 (Tier 5)
POLY-VITA DRO	\$0 (Tier 5)
POLY-VITA/FE DRO	\$0 (Tier 5)
POLY-VITE DRO	\$0 (Tier 5)
POLY-VITE SOL 50MG/ML	\$0 (Tier 5)
POLY-VITE SOL /IRON	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
POLY-VITE SOL IRON	\$0 (Tier 5)
PRENATAL 19 TAB	\$0 (Tier 5)
PRENATAL CAP FORMULA	\$0 (Tier 5)
PRENATAL FRM TAB A- FREE	\$0 (Tier 5)
PRENATAL ONE TAB DAILY	\$0 (Tier 5)
PRENATAL TAB	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
PRENATAL TAB 27-0.8MG	\$0 (Tier 5)
PRENATAL TAB 28-0.8MG	\$0 (Tier 5)
PRENATAL TAB IRON	\$0 (Tier 5)
PRENATAL VIT TAB 28- 0.8MG	\$0 (Tier 5)
PRENATAL VIT TAB MINERALS	\$0 (Tier 5)
PRENATAL/FE TAB	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>prevent</i>	\$0 (Tier 5)
<i>prosight</i>	\$0 (Tier 5)
<i>pyridoxine hcl tab 25 mg</i>	\$0 (Tier 5)
<i>pyridoxine hcl tab 50 mg</i>	\$0 (Tier 5)
<i>pyridoxine hcl tab 100 mg</i>	\$0 (Tier 5)
<i>pyridoxine hcl tab 250 mg</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>qc vitamin d3</i>	\$0 (Tier 5)
QUINTABS TAB	\$0 (Tier 5)
<i>quintabs-m</i>	\$0 (Tier 5)
QUINTABS-M TAB	\$0 (Tier 5)
<i>rena-vite</i>	\$0 (Tier 5)
<i>rena-vite rx</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>renal caps</i>	\$0 (Tier 5)
<i>renal vitamin</i>	\$0 (Tier 5)
<i>reno caps</i>	\$0 (Tier 5)
<i>riboflavin tab 25 mg</i>	\$0 (Tier 5)
<i>riboflavin tab 50 mg</i>	\$0 (Tier 5)
<i>riboflavin tab 100 mg</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
RIBOFLAVIN TAB 400MG	\$0 (Tier 5)
<i>senior tabs</i>	\$0 (Tier 5)
<i>sentry</i>	\$0 (Tier 5)
<i>sentry senior</i>	\$0 (Tier 5)
SENTRY TAB	\$0 (Tier 5)
SENTRY TAB SENIOR	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
SIDEROL TAB	\$0 (Tier 5)
<i>span c</i>	\$0 (Tier 5)
<i>stress b/zinc</i>	\$0 (Tier 5)
<i>stress formula</i>	\$0 (Tier 5)
<i>stress formula/iron</i>	\$0 (Tier 5)
<i>stress formula/zinc</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
STROVITE ONE TAB	\$0 (Tier 5)
<i>super b with c</i>	\$0 (Tier 5)
<i>super b-complex/folic aci</i>	\$0 (Tier 5)
<i>super multiple</i>	\$0 (Tier 5)
<i>super quints b-50</i>	\$0 (Tier 5)
<i>super thera vite m</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
SUPPORT LIQ	\$0 (Tier 5)
SUPPORT-500 CAP	\$0 (Tier 5)
<i>tab-a-vite</i>	\$0 (Tier 5)
<i>tab-a-vite multivitamin/i</i>	\$0 (Tier 5)
TAB-A-VITE TAB IRON/BET	\$0 (Tier 5)
<i>tab-a-vite w/beta caroten</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
THERA TAB	\$0 (Tier 5)
<i>thera-tabs</i>	\$0 (Tier 5)
THERA-TABS M TAB	\$0 (Tier 5)
THERAMILL CAP FORTE	\$0 (Tier 5)
<i>therapeutic-m</i>	\$0 (Tier 5)
<i>theratrum complete</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>theratrum complete 50 plu</i>	\$0 (Tier 5)
THEREMS TAB MULTIVIT	\$0 (Tier 5)
<i>thiamine hcl tab 50 mg</i>	\$0 (Tier 5)
<i>thiamine hcl tab 100 mg</i>	\$0 (Tier 5)
<i>thiamine hcl tab 250 mg</i>	\$0 (Tier 5)
<i>thiamine mononitrate tab 100 mg</i>	\$0 (Tier 5)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)**

TM-DAILY TAB VITE	\$0 (Tier 5)
TRI-VI-SOL SOL A/C/D	\$0 (Tier 5)
<i>tri-vite pediatric</i>	\$0 (Tier 5)
<i>tri-vite/fluoride</i>	\$0 (Tier 5)
<i>triphrocaps</i>	\$0 (Tier 5)
<i>tropical liquid nutrition</i>	\$0 (Tier 5)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)**

<i>true folic acid</i>	\$0 (Tier 5)
TRUE MULTI- TAB VITAMIN	\$0 (Tier 5)
<i>true vitamin b2</i>	\$0 (Tier 5)
<i>true vitamin b6</i>	\$0 (Tier 5)
<i>true vitamin b12</i>	\$0 (Tier 5)
<i>true vitamin c</i>	\$0 (Tier 5)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)**

<i>true vitamin d3</i>	\$0 (Tier 5)
<i>true vitamin e</i>	\$0 (Tier 5)
<i>ultra freeda</i>	\$0 (Tier 5)
<i>ultra freeda/iron</i>	\$0 (Tier 5)
ULTRA PRENAT CAP VITAMINS	\$0 (Tier 5)
<i>v-c forte</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>vic-forte</i>	\$0 (Tier 5)
<i>virt-caps</i>	\$0 (Tier 5)
<i>vision vitamins</i>	\$0 (Tier 5)
VIT A/C/D/FL DRO 0.5MG	\$0 (Tier 5)
VIT B12/FA TAB	\$0 (Tier 5)
VITA-C CRY	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
VITABEX PLUS CAP	\$0 (Tier 5)
VITACHEW CHW	\$0 (Tier 5)
VITACHEW CHW ADULT	\$0 (Tier 5)
<i>vitachew vitamin c citrus</i>	\$0 (Tier 5)
<i>vitajoy daily c gummies</i>	\$0 (Tier 5)
<i>vitajoy daily d gummies</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
VITAJLOY MULT CHW ADULT	\$0 (Tier 5)
VITAL-D RX TAB	\$0 (Tier 5)
VITALETS CHW CHILD	\$0 (Tier 5)
VITAMI A-C-D DRO INF/TODD	\$0 (Tier 5)
<i>vitamin a cap 3 mg (10000 unit)</i>	\$0 (Tier 5)
<i>vitamin a cap 2400 mcg (8000 unit)</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>vitamin a tab 3 mg (10000 unit)</i>	\$0 (Tier 5)
VITAMIN A TAB 15000UNT	\$0 (Tier 5)
VITAMIN B12 DRO 3000/ML	\$0 (Tier 5)
VITAMIN B 12 LOZ 250MCG	\$0 (Tier 5)
<i>vitamin b complex/vitamin</i>	\$0 (Tier 5)
VITAMIN B-12 DRO 3000MCG	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>vitamin b-complex 100</i>	\$0 (Tier 5)
VITAMIN B-COMPLEX 100	\$0 (Tier 5)
VITAMIN C CHW 500MG	\$0 (Tier 5)
<i>vitamin c gummies</i>	\$0 (Tier 5)
<i>vitamin c plus wild rose</i>	\$0 (Tier 5)
VITAMIN C POW	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
VITAMIN C SOL	\$0 (Tier 5)
VITAMIN C TAB 100MG	\$0 (Tier 5)
VITAMIN C TR TAB 1500MG	\$0 (Tier 5)
<i>vitamin c/bioflavonoids/w</i>	\$0 (Tier 5)
VITAMIN D2 CAP 2000UNIT	\$0 (Tier 5)
VITAMIN D2 TAB 400UNIT	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
VITAMIN D2 TAB 2000UNIT	\$0 (Tier 5)
VITAMIN D3 CAP 62.5MCG	\$0 (Tier 5)
VITAMIN D3 DRO 5000 IU	\$0 (Tier 5)
VITAMIN D3 DRO 5000UNIT	\$0 (Tier 5)
<i>vitamin d3 extra strength</i>	\$0 (Tier 5)
<i>vitamin d3 gummies</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
VITAMIN D3 LIQ 1000UNIT	\$0 (Tier 5)
<i>vitamin d3 super strength</i>	\$0 (Tier 5)
VITAMIN D3 TAB 2000UNIT	\$0 (Tier 5)
VITAMIN D3 TAB 3000UNIT	\$0 (Tier 5)
VITAMIN D3 TAB 5000UNIT	\$0 (Tier 5)
<i>vitamin d3 ultra potency</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>vitamin d3 ultra strength</i>	\$0 (Tier 5)
<i>vitamin d high potency</i>	\$0 (Tier 5)
<i>vitamin d infant</i>	\$0 (Tier 5)
<i>vitamin d-1000 maximum st</i>	\$0 (Tier 5)
<i>vitamin e cap 90 mg (200 unit)</i>	\$0 (Tier 5)
<i>vitamin e cap 180 mg (400 unit)</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
VITAMIN E DRO 6.75/0.3	\$0 (Tier 5)
<i>vitamin e high potency</i>	\$0 (Tier 5)
VITAMIN E TAB 100UNIT	\$0 (Tier 5)
<i>vitamin supplement e-400</i>	\$0 (Tier 5)
<i>vitamins a & d tab</i>	\$0 (Tier 5)
VITAMINS A/C/D/FLUORIDE	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
VITREXYL TAB	\$0 (Tier 5)
VITREXYL TAB IRON	\$0 (Tier 5)
<i>weekly-d</i>	\$0 (Tier 5)
<i>wescaps</i>	\$0 (Tier 5)
WESTAB MAX	\$0 (Tier 5)
<i>westab one</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
WMNS MULTIVI CHW +COLLAGE	\$0 (Tier 5)
WOMENS 50+ TAB MULTIVIT	\$0 (Tier 5)
<i>womens daily formula</i>	\$0 (Tier 5)
YELETS TEEN TAB FORMULA	\$0 (Tier 5)
YOUR LIFE CHW GUMMIES	\$0 (Tier 5)
YUMVS D3 ZER CHW 62.5MCG	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
YUMVS DIABET CHW MULTIVIT	\$0 (Tier 5)
YUMVS MULTI CHW ZERO	\$0 (Tier 5)
<i>yumvs vitamin c zero</i>	\$0 (Tier 5)
<i>yumvs vitamin d3</i>	\$0 (Tier 5)
<i>yumvs vitamin d3 zero</i>	\$0 (Tier 5)
<i>yumvskids vitamin d3 zero</i>	\$0 (Tier 5)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)**

ZINC LOZ\$0
(Tier
5)

zoo friends/extra c\$0
(Tier
5)

**OPHTHALMIC - DRUGS TO TREAT EYE
CONDITIONS*****ANTI-INFECTIVE/ANTI-INFLAMMATORY -
DRUGS TO TREAT INFECTIONS AND
INFLAMMATION***

*bacitracin-polymyxin-
neomycin-hc ophth oint
1%*\$0
(Tier
2)

*neo-polycin hc ophth oint
1%*\$0
(Tier
2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>neomycin-polymyxin- dexamethasone ophth oint 0.1%</i>	\$0 (Tier 1)
<i>neomycin-polymyxin- dexamethasone ophth susp 0.1%</i>	\$0 (Tier 2)
<i>neomycin-polymyxin-hc ophth susp</i>	\$0 (Tier 2)
<i>sulfacetamide sodium- prednisolone ophth soln 10-0.23(0.25)%</i>	\$0 (Tier 2)
TOBRADEX OIN 0.3-0.1%	\$0 (Tier 3)
<i>tobramycin- dexamethasone ophth susp 0.3-0.1%</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
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ZYLET SUS 0.5-0.3%	\$0 (Tier 3)
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ANTI-INFECTIVES - DRUGS TO TREAT INFECTIONS

<i>bacitracin ophth oint 500 unit/gm</i>	\$0 (Tier 2)
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<i>bacitracin-polymyxin b ophth oint</i>	\$0 (Tier 1)
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BESIVANCE SUS 0.6%	\$0 (Tier 3)
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CILOXAN OIN 0.3% OP	\$0 (Tier 3)
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NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	\$0 (Tier 1)
<i>erythromycin ophth oint 5 mg/gm</i>	\$0 (Tier 1)
<i>gatifloxacin ophth soln 0.5%</i>	\$0 (Tier 2)
<i>gentamicin sulfate ophth soln 0.3%</i>	\$0 (Tier 1)
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	\$0 QL (12 mL / 30 (Tier days) 2)
<i>neo-polycin 5(3.5)mg- 400unt-10000unt op oin</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>neomycin-bacitrac zn- polymyx 5(3.5)mg- 400unt-10000unt op oin</i>	\$0 (Tier 2)
<i>neomycin-polymy- gramicid op sol 1.75- 10000-0.025mg-unt- mg/ml</i>	\$0 (Tier 2)
<i>ofloxacin ophth soln 0.3%</i>	\$0 (Tier 2)
<i>polycin ophth oint</i>	\$0 (Tier 1)
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml- 0.1%</i>	\$0 (Tier 1)
<i>sulfacetamide sodium ophth oint 10%</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>sulfacetamide sodium ophth soln 10%</i>	\$0 (Tier 2)
<i>tobramycin ophth soln 0.3%</i>	\$0 (Tier 1)
<i>trifluridine ophth soln 1%</i>	\$0 (Tier 2)
XDEMVI DRO 0.25%	\$0 NDS, PA (Tier 3)
ZIRGAN GEL 0.15%	\$0 (Tier 4)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)*****ANTI-INFLAMMATORIES - DRUGS TO
TREAT INFLAMMATION***

<i>bromfenac sodium ophth soln 0.07% (base equivalent)</i>	\$0 (Tier 2)
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	\$0 (Tier 2)
<i>bromfenac sodium ophth soln 0.075% (base equivalent)</i>	\$0 (Tier 2)
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	\$0 (Tier 2)
<i>diclofenac sodium ophth soln 0.1%</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>difluprednate ophth emulsion 0.05%</i>	\$0 (Tier 2)
FLAREX SUS 0.1% OP	\$0 (Tier 4)
<i>fluorometholone ophth susp 0.1%</i>	\$0 (Tier 2)
<i>flurbiprofen sodium ophth soln 0.03%</i>	\$0 (Tier 2)
<i>ketorolac tromethamine ophth soln 0.4%</i>	\$0 (Tier 2)
<i>ketorolac tromethamine ophth soln 0.5%</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
LOTEMAX OIN 0.5%	\$0 (Tier 3)
<i>loteprednol etabonate ophth susp 0.2%</i>	\$0 (Tier 2)
PRED SOD PHO SOL 1% OP	\$0 (Tier 3)
<i>prednisolone acetate ophth susp 1%</i>	\$0 (Tier 2)
ANTIALLERGICS - DRUGS TO TREAT ALLERGIES	
<i>alaway</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>alaway childrens allergy</i>	\$0 (Tier 5)
<i>azelastine hcl ophth soln 0.05%</i>	\$0 (Tier 2)
<i>cromolyn sodium ophth soln 4%</i>	\$0 (Tier 1)
<i>eye itch relief</i>	\$0 (Tier 5)
<i>ketotifen fumarate ophth soln 0.035%</i>	\$0 (Tier 5)
NAPHCON-A SOL OP	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
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OPCON-A SOL OP	\$0 (Tier 5)
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ZERVIAE DRO 0.24%	\$0 (Tier 4)
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ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA

<i>betaxolol hcl ophth soln 0.5%</i>	\$0 (Tier 2)
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BETOPTIC-S SUS 0.25% OP	\$0 (Tier 4)
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<i>brimonidine tartrate ophth soln 0.2%</i>	\$0 (Tier 1)
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NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)**

<i>brimonidine tartrate ophth soln 0.15%</i>	\$0 (Tier 2)
<i>brinzolamide ophth susp 1%</i>	\$0 (Tier 2)
<i>carteolol hcl ophth soln 1%</i>	\$0 (Tier 2)
COMBIGAN SOL 0.2/0.5%	\$0 (Tier 3)
<i>dorzolamide hcl ophth soln 2%</i>	\$0 (Tier 1)
<i>dorzolamide hcl-timolol maleate ophth soln 2- 0.5%</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>latanoprost ophth soln</i> <i>0.005%</i>	\$0 (Tier 1)
<i>levobunolol hcl ophth soln</i> <i>0.5%</i>	\$0 (Tier 2)
LUMIGAN SOL 0.01% OP	\$0 (Tier 3)
<i>pilocarpine hcl ophth soln</i> <i>1%</i>	\$0 (Tier 2)
<i>pilocarpine hcl ophth soln</i> <i>2%</i>	\$0 (Tier 2)
<i>pilocarpine hcl ophth soln</i> <i>4%</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
RHOPRESSA SOL 0.02%	\$0 (Tier 4)
ROCKLATAN DRO	\$0 (Tier 4)
SIMBRINZA SUS 1-0.2%	\$0 (Tier 4)
<i>timolol maleate ophth gel forming soln 0.5%</i>	\$0 (Tier 2)
<i>timolol maleate ophth gel forming soln 0.25%</i>	\$0 (Tier 2)
<i>timolol maleate ophth soln 0.5%</i>	\$0 (Tier 1)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)**

timolol maleate ophth soln
0.25%

\$0
(Tier
1)

travoprost ophth soln
0.004% (benzalkonium
free) (bak free)

\$0
(Tier
2)

VYZULTA SOL 0.024%

\$0
(Tier
4)

MISCELLANEOUS

artificial tears

\$0
(Tier
5)

ATROPINE SUL SOL 1%
OP

\$0
(Tier
3)

atropine sulfate ophth
soln 1%

\$0
(Tier
2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>carboxymethylcellulose sodium (pf) ophth gel 1%</i>	\$0 (Tier 5)
<i>carboxymethylcellulose sodium (pf) ophth soln 0.5%</i>	\$0 (Tier 5)
<i>carboxymethylcellulose sodium ophth gel 1%</i>	\$0 (Tier 5)
<i>carboxymethylcellulose sodium ophth soln 0.5%</i>	\$0 (Tier 5)
<i>clear eyes natural tears</i>	\$0 (Tier 5)
CYSTADROPS SOL 0.37%	\$0 NDS, PA (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
CYSTARAN SOL 0.44%	\$0 NDS, PA (Tier 3)
<i>dry eye relief drops</i>	\$0 (Tier 5)
EYSUVIS DRO 0.25%	\$0 (Tier 4)
<i>for sty relief</i>	\$0 (Tier 5)
<i>gnp artificial tears</i>	\$0 (Tier 5)
<i>gnp lubricant eye drops</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gnp lubricating plus eye</i>	\$0 (Tier 5)
<i>gnp nighttime relief lubr</i>	\$0 (Tier 5)
<i>goodsense artificial tear</i>	\$0 (Tier 5)
<i>goodsense lubricating plu</i>	\$0 (Tier 5)
<i>goodsense ultra lubricant</i>	\$0 (Tier 5)
<i>lubricant eye drops</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>lubricant eye nighttime</i>	\$0 (Tier 5)
<i>lubricant pm</i>	\$0 (Tier 5)
<i>lubricating eye drops</i>	\$0 (Tier 5)
<i>lubrifresh p.m.</i>	\$0 (Tier 5)
MIEBO DRO 1.3GM/ML	\$0 (Tier 3)
<i>polyvinyl alcohol ophth soln 1.4%</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>proparacaine hcl ophth soln 0.5%</i>	\$0 (Tier 2)
PURE & GENTL DRO 0.3%	\$0 (Tier 5)
<i>qc artificial tears</i>	\$0 (Tier 5)
RESTASIS EMU 0.05% OP	\$0 (Tier 3)
RESTASIS MUL EMU 0.05% OP	\$0 (Tier 3)
RETAINÉ MGD EMU 0.5- 0.5%	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>retaine pm</i>	\$0 (Tier 5)
<i>sm dry eye relief</i>	\$0 (Tier 5)
<i>sm lubricating plus</i>	\$0 (Tier 5)
<i>soothe nighttime dry eye</i>	\$0 (Tier 5)
<i>soothe xp</i>	\$0 (Tier 5)
<i>soothe xp/xtra protection</i>	\$0 (Tier 5)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)**

STERILE LUBR DRO 0.7%	\$0 (Tier 5)
<i>stye</i>	\$0 (Tier 5)
<i>ultra fresh</i>	\$0 (Tier 5)
<i>ultra fresh pm</i>	\$0 (Tier 5)
<i>ultra lubricating eye dro</i>	\$0 (Tier 5)
XIIDRA DRO 5%	\$0 (Tier 3)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)****OTIC - DRUGS TO TREAT CONDITIONS OF
THE EAR*****OTIC AGENTS***

<i>acetic acid otic soln 2%</i>	\$0 (Tier 2)
<i>ciprofloxacin- dexamethasone otic susp 0.3-0.1%</i>	\$0 (Tier 2)
<i>flac</i>	\$0 (Tier 2)
<i>fluocinolone acetonide (otic) oil 0.01%</i>	\$0 (Tier 2)
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
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<i>neomycin-polymyxin-hc otic soln 1%</i>	\$0 (Tier 2)
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml- 10000 unit/ml-1%</i>	\$0 (Tier 2)
<i>ofloxacin otic soln 0.3%</i>	\$0 (Tier 2)

RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS

ANTICHOLINERGIC/BETA AGONIST

COMBINATIONS - DRUGS TO TREAT COPD

ANORO ELLIPT AER 62.5- 25	\$0 QL (60 blisters (Tier / 30 days) 3)
BEVESPI AER 9-4.8MCG	\$0 QL (1 inhaler / (Tier 30 days) 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
BREZTRI AERO AER SPHERE	\$0 QL (1 inhaler / (Tier 30 days) 3)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	\$0 QL (4 inhalers / (Tier 28 days) 3)
COMBIVENT AER 20-100	\$0 QL (2 inhalers / (Tier 30 days) 4)
<i>ipratropium-albuterol</i> <i>nebu soln 0.5-2.5(3)</i> <i>mg/3ml</i>	\$0 B/D (Tier 2)
TRELEGY AER ELLIPTA 100-62.5-25 MCG	\$0 QL (60 blisters (Tier / 30 days) 3)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	\$0 QL (60 blisters (Tier / 30 days) 3)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)****ANTICHOLINERGICS - DRUGS TO TREAT
COPD**

ATROVENT HFA AER 17MCG	\$0 (Tier 4)	QL (2 inhalers / 30 days)
INCRUSE ELPT INH 62.5MCG	\$0 (Tier 3)	QL (30 blisters / 30 days)
<i>ipratropium bromide inhal soln 0.02%</i>	\$0 (Tier 2)	B/D
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	\$0 (Tier 2)	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	\$0 (Tier 2)	

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)*****ANTI HISTAMINES - DRUGS TO TREAT ALLERGIES***

<i>aler-cap</i>	\$0 (Tier 5)
<i>all day allergy</i>	\$0 (Tier 5)
<i>all day allergy childrens</i>	\$0 (Tier 5)
<i>all-day allergy childrens</i>	\$0 (Tier 5)
<i>aller-chlor</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>allergy</i>	\$0 (Tier 5)
<i>allergy childrens</i>	\$0 (Tier 5)
<i>allergy relief</i>	\$0 (Tier 5)
<i>allergy relief 24hr</i>	\$0 (Tier 5)
<i>allergy relief childrens</i>	\$0 (Tier 5)
<i>allergy tablets</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	\$0 (Tier 2)
<i>banophen</i>	\$0 (Tier 5)
<i>cetirizine hcl allergy ch</i>	\$0 (Tier 5)
<i>cetirizine hcl childrens</i>	\$0 (Tier 5)
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	\$0 QL (300 mL / (Tier 30 days) 1)
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>cetirizine hcl tab 5 mg</i>	\$0 (Tier 5)
<i>cetirizine hcl tab 10 mg</i>	\$0 (Tier 5)
<i>cetirizine hydrochloride</i>	\$0 (Tier 5)
<i>childrens loratadine</i>	\$0 (Tier 5)
<i>chlorhist</i>	\$0 (Tier 5)
<i>chlorpheniramine maleate tab 4 mg</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)	
<i>chlorpheniramine maleate tab er 12 mg</i>	\$0 (Tier 5)	
<i>complete allergy medicine</i>	\$0 (Tier 5)	
<i>complete allergy relief</i>	\$0 (Tier 5)	
<i>cypheptadine hcl syrup 2 mg/5ml</i>	\$0 (Tier 3)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>cypheptadine hcl tab 4 mg</i>	\$0 (Tier 3)	PA; PA applies if 70 years and older after a 30 day supply in a calendar year

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>desloratadine tab 5 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 2)
<i>diphenhydramine hcl cap 25 mg</i>	\$0 (Tier 5)
<i>diphenhydramine hcl cap 50 mg</i>	\$0 (Tier 5)
<i>diphenhydramine hcl inj 50 mg/ml</i>	\$0 (Tier 2)
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i>	\$0 (Tier 5)
<i>diphenhydramine hcl tab 25 mg</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>ed chlorped jr</i>	\$0 (Tier 5)
<i>eql all day allergy</i>	\$0 (Tier 5)
<i>fexofenadine hcl tab 60 mg</i>	\$0 (Tier 5)
<i>fexofenadine hcl tab 180 mg</i>	\$0 (Tier 5)
<i>geri-dryl</i>	\$0 (Tier 5)
<i>geri-dryl allergy relief</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gnp all day allergy</i>	\$0 (Tier 5)
<i>gnp all day allergy child</i>	\$0 (Tier 5)
<i>gnp allergy</i>	\$0 (Tier 5)
<i>gnp allergy relief</i>	\$0 (Tier 5)
<i>gnp allergy relief maximu</i>	\$0 (Tier 5)
<i>gnp childrens allergy</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gnp loratadine</i>	\$0 (Tier 5)
<i>gnp loratadine childrens</i>	\$0 (Tier 5)
<i>goodsense all day allergy</i>	\$0 (Tier 5)
<i>goodsense aller-ease</i>	\$0 (Tier 5)
<i>goodsense allergy relief</i>	\$0 (Tier 5)
<i>hm all day allergy childr</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>hm loratadine</i>	\$0 (Tier 5)
<i>24hr allergy relief</i>	\$0 (Tier 5)
<i>hydroxyzine hcl im soln 25 mg/ml</i>	\$0 PA; PA applies (Tier if 70 years and 4) older
<i>hydroxyzine hcl im soln 50 mg/ml</i>	\$0 PA; PA applies (Tier if 70 years and 4) older
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	\$0 PA; PA applies (Tier if 70 years and 3) older after a 30 day supply in a calendar year

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>hydroxyzine hcl tab 10 mg</i>	\$0 PA; PA applies (Tier if 70 years and 3) older after a 30 day supply in a calendar year
<i>hydroxyzine hcl tab 25 mg</i>	\$0 PA; PA applies (Tier if 70 years and 3) older after a 30 day supply in a calendar year
<i>hydroxyzine hcl tab 50 mg</i>	\$0 PA; PA applies (Tier if 70 years and 3) older after a 30 day supply in a calendar year
<i>hydroxyzine pamoate cap 25 mg</i>	\$0 PA; PA applies (Tier if 70 years and 3) older after a 30 day supply in a calendar year

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>hydroxyzine pamoate cap 50 mg</i>	\$0 PA; PA applies if 70 years and older after a 30 day supply in a calendar year (Tier 3)
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	\$0 QL (300 mL / 30 days) (Tier 2)
<i>levocetirizine dihydrochloride tab 5 mg</i>	\$0 QL (30 tabs / 30 days) (Tier 2)
<i>liquid allergy relief</i>	\$0 (Tier 5)
<i>loradamed</i>	\$0 (Tier 5)
<i>loratadine childrens</i>	\$0 (Tier 5)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)**

<i>loratadine oral soln 5 mg/5ml</i>	\$0 (Tier 5)
<i>loratadine tab 10 mg</i>	\$0 (Tier 5)
<i>m-dryl</i>	\$0 (Tier 5)
<i>maxallergy kids</i>	\$0 (Tier 5)
<i>olopatadine hcl nasal soln 0.6%</i>	\$0 (Tier 2)
<i>pharbechlor</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>pharbedryl</i>	\$0 (Tier 5)
<i>qc allergy childrens</i>	\$0 (Tier 5)
<i>qc allergy relief</i>	\$0 (Tier 5)
<i>qc loratadine allergy rel</i>	\$0 (Tier 5)
<i>sm allergy childrens</i>	\$0 (Tier 5)
<i>sm fexofenadine hydrochlo</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
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<i>sm loratadine</i>	\$0 (Tier 5)
<i>total allergy</i>	\$0 (Tier 5)
<i>wal-dryl allergy</i>	\$0 (Tier 5)

BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD

<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	\$0 (Tier 2)	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	\$0 (Tier 2)	QL (2 inhalers / 30 days); (generic of Proventil HFA)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	\$0 QL (2 inhalers / (Tier 30 days); 2) (generic of Ventolin HFA)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	\$0 B/D (Tier 2)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	\$0 B/D (Tier 2)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	\$0 B/D (Tier 2)
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	\$0 B/D (Tier 2)
<i>albuterol sulfate syrup 2 mg/5ml</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>albuterol sulfate tab 2 mg</i>	\$0 (Tier 2)
<i>albuterol sulfate tab 4 mg</i>	\$0 (Tier 2)
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	\$0 B/D (Tier 2)
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	\$0 B/D (Tier 2)
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	\$0 B/D (Tier 2)
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	\$0 B/D (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	\$0 B/D (Tier 2)
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	\$0 B/D (Tier 2)
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	\$0 QL (2 inhalers / (Tier 30 days), ST 2)
SEREVENT DIS AER 50MCG	\$0 QL (60 (Tier inhalations / 30 3) days)
<i>terbutaline sulfate tab 2.5 mg</i>	\$0 (Tier 2)
<i>terbutaline sulfate tab 5 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
VENTOLIN HFA (INSTITUTIONAL PACK)	\$0 QL (6 inhalers / (Tier 30 days) 3)
VENTOLIN HFA AER	\$0 QL (2 inhalers / (Tier 30 days) 3)
COUGH AND COLD	
<i>alavert allergy/sinus</i>	\$0 (Tier 5)
<i>all day allergy-d</i>	\$0 (Tier 5)
<i>allergy & congestion reli</i>	\$0 (Tier 5)
<i>allergy relief d</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>allergy relief d-12</i>	\$0 (Tier 5)
<i>allergy relief d-24</i>	\$0 (Tier 5)
<i>allergy relief nasal deco</i>	\$0 (Tier 5)
<i>allergy relief/nasal deco</i>	\$0 (Tier 5)
<i>cetirizine- pseudoephedrine tab er 12hr 5-120 mg</i>	\$0 (Tier 5)
<i>fexofenadine- pseudoephedrine tab er 12hr 60-120 mg</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>fexofenadine- pseudoephedrine tab er 24hr 180-240 mg</i>	\$0 (Tier 5)
<i>gnp all day allergy-d</i>	\$0 (Tier 5)
<i>gnp allergy & congestion</i>	\$0 (Tier 5)
<i>gnp fexofenadine/pseudoep</i>	\$0 (Tier 5)
<i>gnp nasal decongestant</i>	\$0 (Tier 5)
<i>gnp nasal decongestant/ma</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gnp pseudoephedrine hcl</i> <i>1</i>	\$0 (Tier 5)
<i>gnp pseudoephedrine hcl</i> <i>e</i>	\$0 (Tier 5)
<i>goodsense all day allergy</i>	\$0 (Tier 5)
<i>12 hour decongestant</i>	\$0 (Tier 5)
<i>12 hour nasal decongestan</i>	\$0 (Tier 5)
<i>kls aller-tec d</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>kls allerclear d-24hr</i>	\$0 (Tier 5)
<i>kp pseudoephedrine hcl</i>	\$0 (Tier 5)
<i>loratadine-d 12hr</i>	\$0 (Tier 5)
<i>loratadine-d 24hr</i>	\$0 (Tier 5)
<i>meijer nasal decongestant</i>	\$0 (Tier 5)
<i>nasal decongestant</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>pseudoephedrine hcl tab 30 mg</i>	\$0 (Tier 5)
<i>pseudoephedrine hcl tab 60 mg</i>	\$0 (Tier 5)
<i>pseudoephedrine hcl tab er 12hr 120 mg</i>	\$0 (Tier 5)
<i>qc nasal decongestant max</i>	\$0 (Tier 5)
<i>sm 12 hour sinus deconges</i>	\$0 (Tier 5)
<i>sm lorata-dine d</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>sm loratadine d 12hr</i>	\$0 (Tier 5)
<i>sodium chloride soln nebu 7%</i>	\$0 (Tier 5)
<i>sudogest</i>	\$0 (Tier 5)
<i>sudogest 12 hour</i>	\$0 (Tier 5)
<i>sudogest maximum strength</i>	\$0 (Tier 5)
<i>suphedrine 12hour maximum</i>	\$0 (Tier 5)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)*****LEUKOTRIENE MODULATORS***

<i>montelukast sodium chew tab 4 mg (base equiv)</i>	\$0 (Tier 2)
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<i>montelukast sodium chew tab 5 mg (base equiv)</i>	\$0 (Tier 2)
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<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	\$0 (Tier 2)
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<i>montelukast sodium tab 10 mg (base equiv)</i>	\$0 (Tier 1)
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<i>zafirlukast tab 10 mg</i>	\$0 (Tier 2)
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<i>zafirlukast tab 20 mg</i>	\$0 (Tier 2)
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NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)****MISCELLANEOUS**

<i>acetylcysteine inhal soln 10%</i>	\$0 B/D (Tier 2)
<i>acetylcysteine inhal soln 20%</i>	\$0 B/D (Tier 2)
ALYFTREK TAB 4-20-50	\$0 NDS, QL (84 (Tier tabs / 28 3) days), PA
ALYFTREK TAB 10-50-125	\$0 NDS, QL (56 (Tier tabs / 28 3) days), PA
ARALAST NP INJ 500MG	\$0 NDS, PA (Tier 3)
ARALAST NP INJ 1000MG	\$0 NDS, PA (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
BRONCHITOL CAP 40MG	\$0 NDS, QL (560 (Tier caps / 28 3) days), PA
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	\$0 B/D (Tier 2)
<i>epinephrine solution auto- injector 0.3 mg/0.3ml (1:1000)</i>	\$0 (generic of (Tier Adrenaclick) 2)
<i>epinephrine solution auto- injector 0.3 mg/0.3ml (1:1000)</i>	\$0 (generic of (Tier EpiPen) 2)
<i>epinephrine solution auto- injector 0.15 mg/0.3ml (1:2000)</i>	\$0 (generic of (Tier EpiPen) 2)
<i>epinephrine solution auto- injector 0.15 mg/0.15ml (1:1000)</i>	\$0 (generic of (Tier Adrenaclick) 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
FASENRA INJ 10MG/0.5	\$0 NDS, QL (1 (Tier syringe / 28 3) days), PA
FASENRA INJ 30MG/ML	\$0 NDS, QL (1 (Tier syringe / 28 3) days), PA
FASENRA PEN INJ 30MG/ML	\$0 NDS, QL (1 pen (Tier / 28 days), PA 3)
KALYDECO GRA 5.8MG	\$0 NDS, QL (56 (Tier packets / 28 3) days), PA
KALYDECO GRA 13.4MG	\$0 NDS, QL (56 (Tier packets / 28 3) days), PA
KALYDECO PAK 25MG	\$0 NDS, QL (56 (Tier packets / 28 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
KALYDECO PAK 50MG	\$0 NDS, QL (56 (Tier packets / 28 3) days), PA
KALYDECO PAK 75MG	\$0 NDS, QL (56 (Tier packets / 28 3) days), PA
KALYDECO TAB 150MG	\$0 NDS, QL (60 (Tier tabs / 30 3) days), PA
OFEV CAP 100MG	\$0 NDS, QL (60 (Tier caps / 30 3) days), PA
OFEV CAP 150MG	\$0 NDS, QL (60 (Tier caps / 30 3) days), PA
ORKAMBI GRA 75-94MG	\$0 NDS, QL (56 (Tier packets / 28 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
ORKAMBI GRA 100-125	\$0 NDS, QL (56 (Tier packets / 28 3) days), PA
ORKAMBI GRA 150-188	\$0 NDS, QL (56 (Tier packets / 28 3) days), PA
ORKAMBI TAB 100-125	\$0 NDS, QL (112 (Tier tabs / 28 3) days), PA
ORKAMBI TAB 200-125	\$0 NDS, QL (112 (Tier tabs / 28 3) days), PA
<i>pirfenidone cap 267 mg</i>	\$0 NDS, QL (270 (Tier caps / 30 3) days), PA
<i>pirfenidone tab 267 mg</i>	\$0 NDS, QL (270 (Tier tabs / 30 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>pirfenidone tab 534 mg</i>	\$0 NDS, QL (90 (Tier tabs / 30 3) days), PA
<i>pirfenidone tab 801 mg</i>	\$0 NDS, QL (90 (Tier tabs / 30 3) days), PA
PROLASTIN-C INJ 1000MG	\$0 NDS, PA (Tier 3)
PULMOZYME SOL 1MG/ML	\$0 NDS, PA (Tier 3)
<i>roflumilast tab 250 mcg</i>	\$0 QL (56 tabs / (Tier year) 2)
<i>roflumilast tab 500 mcg</i>	\$0 QL (30 tabs / (Tier 30 days) 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
SYMDEKO TAB 50-75MG	\$0 NDS, QL (56 (Tier tabs / 28 3) days), PA
SYMDEKO TAB 100-150	\$0 NDS, QL (56 (Tier tabs / 28 3) days), PA
THEO-24 CAP 100MG CR	\$0 (Tier 4)
THEO-24 CAP 200MG CR	\$0 (Tier 4)
THEO-24 CAP 300MG CR	\$0 (Tier 4)
THEO-24 CAP 400MG ER	\$0 (Tier 4)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>theophylline elixir 80 mg/15ml</i>	\$0 (Tier 2)
<i>theophylline soln 80 mg/15ml</i>	\$0 (Tier 2)
<i>theophylline tab er 12hr 100 mg</i>	\$0 (Tier 2)
<i>theophylline tab er 12hr 200 mg</i>	\$0 (Tier 2)
<i>theophylline tab er 12hr 300 mg</i>	\$0 (Tier 2)
<i>theophylline tab er 12hr 450 mg</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>theophylline tab er 24hr 400 mg</i>	\$0 (Tier 2)
<i>theophylline tab er 24hr 600 mg</i>	\$0 (Tier 2)
TRIKAFTA PAK 59.5MG	\$0 NDS, QL (56 (Tier packs / 28 3) days), PA
TRIKAFTA PAK 75MG	\$0 NDS, QL (56 (Tier packs / 28 3) days), PA
TRIKAFTA TAB 50-25- 37.5MG & 75MG	\$0 NDS, QL (84 (Tier tabs / 28 3) days), PA
TRIKAFTA TAB 100-50- 75MG & 150MG	\$0 NDS, QL (84 (Tier tabs / 28 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
XOLAIR INJ 75/0.5	\$0 NDS, QL (4 (Tier pens / 28 3) days), PA
XOLAIR INJ 75/0.5	\$0 NDS, QL (4 (Tier syringes / 28 3) days), PA
XOLAIR INJ 150MG/ML	\$0 NDS, QL (8 (Tier pens / 28 3) days), PA
XOLAIR INJ 150MG/ML	\$0 NDS, QL (8 (Tier syringes / 28 3) days), PA
XOLAIR INJ 300/2ML	\$0 NDS, QL (4 (Tier pens / 28 3) days), PA
XOLAIR INJ 300/2ML	\$0 NDS, QL (4 (Tier syringes / 28 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
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XOLAIR SOL 150MG	\$0 NDS, QL (8 (Tier vials / 28 3) days), PA
ZEMAIRA INJ 1000MG	\$0 NDS, PA (Tier 3)
ZEMAIRA INJ 4000MG	\$0 NDS, PA (Tier 3)
ZEMAIRA INJ 5000MG	\$0 NDS, PA (Tier 3)

NASAL STEROIDS - DRUGS TO TREAT ALLERGIES

<i>budesonide nasal susp 32 mcg/act</i>	\$0 QL (1 bottle / (Tier 30 days) 5)
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NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	\$0 QL (3 bottles / (Tier 30 days) 2)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	\$0 QL (1 bottle / (Tier 30 days) 2)
<i>gnp 24 hour nasal allerg</i>	\$0 QL (1 bottle / (Tier 30 days) 5)
<i>gnp budesonide nasal spra</i>	\$0 QL (1 bottle / (Tier 30 days) 5)
<i>goodsense nasal allergy s</i>	\$0 QL (1 bottle / (Tier 30 days) 5)
<i>hm 24 hour nasal allergy</i>	\$0 QL (1 bottle / (Tier 30 days) 5)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)**

<i>mometasone furoate nasal susp 50 mcg/act</i>	\$0 (Tier 2)	QL (2 inhalers / 30 days)
<i>nasal allergy 24 hour mul</i>	\$0 (Tier 5)	QL (1 bottle / 30 days)
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	\$0 (Tier 5)	QL (1 bottle / 30 days)
XHANCE MIS 93MCG	\$0 (Tier 4)	QL (32 mL / 30 days), PA

**STEROID INHALANTS - DRUGS TO TREAT
ASTHMA**

ALVESCO AER 80MCG	\$0 (Tier 4)	QL (3 inhalers / 30 days)
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NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)**

ALVESCO AER 160MCG	\$0 QL (2 inhalers / (Tier 30 days) 4)
ARNUITY ELPT INH 50MCG	\$0 QL (30 (Tier inhalations / 30 3) days)
ARNUITY ELPT INH 100MCG	\$0 QL (30 (Tier inhalations / 30 3) days)
ARNUITY ELPT INH 200MCG	\$0 QL (30 (Tier inhalations / 30 3) days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	\$0 B/D (Tier 2)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	\$0 B/D (Tier 2)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
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YOU
(TIER
LEVEL
)**

<i>fluticasone propionate aer pow ba 50 mcg/act</i>	\$0 (Tier 3)	QL (180 inhalations / 30 days)
<i>fluticasone propionate aer pow ba 100 mcg/act</i>	\$0 (Tier 3)	QL (240 inhalations / 30 days)
<i>fluticasone propionate aer pow ba 250 mcg/act</i>	\$0 (Tier 3)	QL (240 inhalations / 30 days)
<i>fluticasone propionate hfa inhal aer 110 mcg/act</i>	\$0 (Tier 3)	QL (2 inhalers / 30 days)
<i>fluticasone propionate hfa inhal aer 220 mcg/act</i>	\$0 (Tier 3)	QL (2 inhalers / 30 days)
<i>fluticasone propionate hfa inhal aero 44 mcg/act</i>	\$0 (Tier 3)	QL (2 inhalers / 30 days)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)*****STEROID/BETA-AGONIST COMBINATIONS
- DRUGS TO TREAT ASTHMA AND COPD***

ADVAIR HFA AER 45/21	\$0 (Tier 3)	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	\$0 (Tier 3)	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	\$0 (Tier 3)	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	\$0 (Tier 3)	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50- 25MCG	\$0 (Tier 3)	QL (60 blisters / 30 days)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
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YOU
(TIER
LEVEL
)**

BREO ELLIPTA INH 100-25	\$0 (Tier 3)	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	\$0 (Tier 3)	QL (60 blisters / 30 days)
<i>breyna</i>	\$0 (Tier 2)	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	\$0 (Tier 2)	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	\$0 (Tier 2)	QL (3 inhalers / 30 days)
DULERA AER 50-5MCG	\$0 (Tier 4)	QL (3 inhalers / 30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
DULERA AER 100-5MCG	\$0 QL (3 inhalers / (Tier 30 days) 4)
DULERA AER 200-5MCG	\$0 QL (3 inhalers / (Tier 30 days) 4)
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	\$0 QL (1 inhaler / (Tier 30 days) 1)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	\$0 QL (60 (Tier inhalations / 30 2) days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	\$0 QL (1 inhaler / (Tier 30 days) 1)
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	\$0 QL (1 inhaler / (Tier 30 days) 1)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
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YOU
(TIER
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)**

<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	\$0 (Tier 2)	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	\$0 (Tier 2)	QL (60 inhalations / 30 days); (generic PRASCO not covered)
SYMBICORT AER 80-4.5	\$0 (Tier 4)	QL (3 inhalers / 30 days)
SYMBICORT AER 160-4.5	\$0 (Tier 4)	QL (3 inhalers / 30 days)
<i>wixela inhub</i>	\$0 (Tier 2)	QL (60 inhalations / 30 days)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)****TOPICAL - DRUGS TO TREAT EAR AND SKIN
CONDITIONS*****DERMATOLOGY, ACNE***

<i>acutane</i>	\$0 PA (Tier 2)
<i>acne medicat lot 5%</i>	\$0 (Tier 5)
<i>acne medicat lot 10%</i>	\$0 (Tier 5)
<i>acne medication 2.5</i>	\$0 (Tier 5)
<i>acne medication 5</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>acne medication 10</i>	\$0 (Tier 5)
<i>acne treatment cleansing</i>	\$0 (Tier 5)
<i>acne-clear</i>	\$0 (Tier 5)
<i>amnesteem</i>	\$0 PA (Tier 2)
<i>amnesteem cap 30mg</i>	\$0 PA (Tier 2)
<i>benzoyl peroxide gel 2.5%</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>benzoyl peroxide gel 5%</i>	\$0 (Tier 5)
<i>benzoyl peroxide gel 10%</i>	\$0 (Tier 5)
<i>benzoyl peroxide liq 10%</i>	\$0 (Tier 5)
<i>benzoyl peroxide topical</i>	\$0 (Tier 5)
<i>benzoyl peroxide wash</i>	\$0 (Tier 5)
<i>benzoyl peroxide- erythromycin gel 5-3%</i>	\$0 QL (46.6 gm / (Tier 30 days) 2)

NAME OF DRUG

WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)

<i>bp wash</i>	\$0 (Tier 5)	
<i>claravis</i>	\$0 (Tier 2)	PA
<i>clindamycin phosphate gel 1% (once-daily)</i>	\$0 (Tier 2)	QL (75 mL / 30 days)
<i>clindamycin phosphate lotion 1%</i>	\$0 (Tier 2)	QL (60 mL / 30 days)
<i>clindamycin phosphate soln 1%</i>	\$0 (Tier 2)	QL (60 mL / 30 days)
<i>ery</i>	\$0 (Tier 2)	QL (60 pledgets / 30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>erythromycin gel 2%</i>	\$0 QL (60 gm / 30 (Tier days) 2)
<i>erythromycin soln 2%</i>	\$0 QL (60 mL / 30 (Tier days) 2)
<i>isotretinoin cap 10 mg</i>	\$0 PA (Tier 2)
<i>isotretinoin cap 20 mg</i>	\$0 PA (Tier 2)
<i>isotretinoin cap 30 mg</i>	\$0 PA (Tier 2)
<i>isotretinoin cap 40 mg</i>	\$0 PA (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>lintera wash</i>	\$0 (Tier 5)
<i>medpura benzoyl peroxide</i>	\$0 (Tier 5)
<i>sulfacetamide sodium lotion 10% (acne)</i>	\$0 QL (118 mL / (Tier 30 days) 2)
<i>tretinoin cream 0.1%</i>	\$0 QL (45 gm / 30 (Tier days), PA 2)
<i>tretinoin cream 0.05%</i>	\$0 QL (45 gm / 30 (Tier days), PA 2)
<i>tretinoin cream 0.025%</i>	\$0 QL (45 gm / 30 (Tier days), PA 2)

NAME OF DRUG**WHAT NECESSARY
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(TIER
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)**

<i>tretinoin gel 0.01%</i>	\$0 QL (45 gm / 30 (Tier days), PA 2)
<i>tretinoin gel 0.025%</i>	\$0 QL (45 gm / 30 (Tier days), PA 2)
<i>twice-daily clindamycin phosphate (topical)</i>	\$0 QL (75 gm / 30 (Tier days) 2)
<i>zenatane</i>	\$0 PA (Tier 2)

DERMATOLOGY, ANTIBIOTICS

<i>bacitracin oint 500 unit/gm</i>	\$0 (Tier 5)
<i>bacitracin zinc oint 500 unit/gm</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>double antibiotic</i>	\$0 (Tier 5)
<i>gentamicin sulfate cream 0.1%</i>	\$0 QL (30 gm / 30 (Tier days) 2)
<i>gentamicin sulfate oint 0.1%</i>	\$0 QL (30 gm / 30 (Tier days) 2)
<i>gnp antibiotic + pain rel</i>	\$0 (Tier 5)
<i>gnp bacitracin zinc</i>	\$0 (Tier 5)
<i>gnp triple antibiotic</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gnp triple antibiotic plu</i>	\$0 (Tier 5)
<i>goodsense antibiotic/pain</i>	\$0 (Tier 5)
<i>goodsense first aid antib</i>	\$0 (Tier 5)
<i>medi-first triple antibio</i>	\$0 (Tier 5)
<i>mupirocin oint 2%</i>	\$0 QL (220 gm / (Tier 30 days) 1)
<i>poly bacitracin</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>silver sulfadiazine cream 1%</i>	\$0 (Tier 2)
<i>sm antibiotic</i>	\$0 (Tier 5)
<i>sm triple antibiotic orig</i>	\$0 (Tier 5)
<i>sm triple antibiotic plus</i>	\$0 (Tier 5)
<i>ssd</i>	\$0 (Tier 2)
SULFAMYLON CRE 85MG/GM	\$0 QL (453.6 gm / (Tier 30 days) 4)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>triple antibiotic</i>	\$0 (Tier 5)
<i>triple antibiotic + pain</i>	\$0 (Tier 5)
<i>triple antibiotic plus</i>	\$0 (Tier 5)
DERMATOLOGY, ANTIFUNGALS	
<i>antifungal</i>	\$0 (Tier 5)
<i>antifungal powder</i>	\$0 (Tier 5)
<i>athletes foot</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>athletes foot antifungal</i>	\$0 (Tier 5)
<i>athletes foot powder spra</i>	\$0 (Tier 5)
<i>baza antifungal</i>	\$0 (Tier 5)
<i>blis-to-sol</i>	\$0 (Tier 5)
<i>ciclopirox gel 0.77%</i>	\$0 QL (100 gm / (Tier 30 days) 2)
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	\$0 QL (90 gm / 30 (Tier days) 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	\$0 QL (60 mL / 30 (Tier days) 2)
<i>ciclopirox shampoo 1%</i>	\$0 QL (120 mL / (Tier 30 days) 2)
<i>clotrimazole antifungal</i>	\$0 (Tier 5)
<i>clotrimazole cream 1%</i>	\$0 QL (45 gm / 30 (Tier days) 2)
<i>clotrimazole cream 1%</i>	\$0 (Tier 5)
<i>clotrimazole soln 1%</i>	\$0 QL (60 mL / 30 (Tier days) 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>clotrimazole soln 1%</i>	\$0 (Tier 5)
<i>clotrimazole w/ betamethasone cream 1- 0.05%</i>	\$0 QL (45 gm / 30 (Tier days) 2)
<i>critic-aid clear af</i>	\$0 (Tier 5)
<i>econazole nitrate cream 1%</i>	\$0 QL (85 gm / 30 (Tier days) 2)
<i>gnp athletes foot</i>	\$0 (Tier 5)
<i>gnp miconazorb af</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gnp tolnaftate</i>	\$0 (Tier 5)
<i>goodsense athletes foot</i>	\$0 (Tier 5)
<i>ketoconazole cream 2%</i>	\$0 QL (60 gm / 30 (Tier days) 2)
<i>ketoconazole shampoo 2%</i>	\$0 QL (120 mL / (Tier 30 days) 1)
<i>klayesta</i>	\$0 QL (60 gm / 30 (Tier days) 2)
<i>micomitin</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>miconazole antifungal</i>	\$0 (Tier 5)
<i>miconazole nitrate cream 2%</i>	\$0 (Tier 5)
MICONAZOLE SOL 2%	\$0 (Tier 5)
<i>micotrin ac</i>	\$0 (Tier 5)
<i>micotrin al</i>	\$0 (Tier 5)
<i>micotrin ap</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>mycozyl ac</i>	\$0 (Tier 5)
<i>mycozyl al</i>	\$0 (Tier 5)
<i>mycozyl ap</i>	\$0 (Tier 5)
<i>nyamyc</i>	\$0 QL (60 gm / 30 (Tier days) 2)
<i>nystatin cream 100000 unit/gm</i>	\$0 QL (30 gm / 30 (Tier days) 2)
<i>nystatin oint 100000 unit/gm</i>	\$0 QL (30 gm / 30 (Tier days) 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>nystatin topical powder 100000 unit/gm</i>	\$0 QL (60 gm / 30 (Tier days) 2)
<i>nystop</i>	\$0 QL (60 gm / 30 (Tier days) 2)
<i>qc antifungal cream</i>	\$0 (Tier 5)
<i>selenium sulfide lotion 2.5%</i>	\$0 (Tier 2)
<i>sm antifungal clotrimazol</i>	\$0 (Tier 5)
<i>sm antifungal miconazole</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>sm antifungal tolnaftate</i>	\$0 (Tier 5)
<i>tm-clotrimazole</i>	\$0 (Tier 5)
<i>tm-tolnaftate</i>	\$0 (Tier 5)
<i>tm-tolnaftate lr</i>	\$0 (Tier 5)
<i>tolnafi-al</i>	\$0 (Tier 5)
<i>tolnaftate cream 1%</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
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<i>tolnaftate powder 1%</i>	\$0 (Tier 5)
<i>triple paste af</i>	\$0 (Tier 5)
VOTRIZA-AL LOT 1%	\$0 (Tier 5)

DERMATOLOGY, ANTIPSORIATICS

<i>acitretin cap 10 mg</i>	\$0 PA (Tier 2)
<i>acitretin cap 17.5 mg</i>	\$0 PA (Tier 2)
<i>acitretin cap 25 mg</i>	\$0 PA (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>calcipotriene cream 0.005%</i>	\$0 QL (120 gm / (Tier 30 days), PA 2)
<i>calcipotriene oint 0.005%</i>	\$0 QL (120 gm / (Tier 30 days), PA 2)
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	\$0 QL (120 mL / (Tier 30 days), PA 2)
<i>calcitrene</i>	\$0 QL (120 gm / (Tier 30 days), PA 2)
ENSTILAR AER	\$0 NDS, QL (120 (Tier gm / 30 days), 3) PA
<i>methoxsalen rapid cap 10 mg</i>	\$0 NDS (Tier 3)

NAME OF DRUG**WHAT NECESSARY
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(TIER
LEVEL
)**

<i>tazarotene cream 0.1%</i>	\$0 (Tier 2)	QL (60 gm / 30 days), PA
<i>tazarotene cream 0.05%</i>	\$0 (Tier 2)	QL (60 gm / 30 days), PA
TAZORAC CRE 0.05%	\$0 (Tier 4)	QL (60 gm / 30 days), PA

DERMATOLOGY, CORTICOSTEROIDS

<i>ala-cort</i>	\$0 (Tier 1)	
<i>alclometasone dipropionate cream 0.05%</i>	\$0 (Tier 2)	QL (60 gm / 30 days)
<i>alclometasone dipropionate oint 0.05%</i>	\$0 (Tier 2)	QL (60 gm / 30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>anti-itch maximum strengt</i>	\$0 (Tier 5)
<i>betamethasone dipropionate augmented cream 0.05%</i>	\$0 QL (120 gm / (Tier 30 days) 2)
<i>betamethasone dipropionate augmented gel 0.05%</i>	\$0 QL (120 gm / (Tier 30 days) 2)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	\$0 QL (120 mL / (Tier 30 days) 2)
<i>betamethasone dipropionate augmented oint 0.05%</i>	\$0 QL (120 gm / (Tier 30 days) 2)
<i>betamethasone dipropionate cream 0.05%</i>	\$0 QL (120 gm / (Tier 30 days) 2)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)**

<i>betamethasone dipropionate lotion 0.05%</i>	\$0 (Tier 2)	QL (120 mL / 30 days)
<i>betamethasone dipropionate oint 0.05%</i>	\$0 (Tier 2)	QL (120 gm / 30 days)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	\$0 (Tier 2)	QL (120 gm / 30 days)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	\$0 (Tier 2)	QL (120 mL / 30 days)
<i>betamethasone valerate ointment 0.1% (base equivalent)</i>	\$0 (Tier 2)	QL (120 gm / 30 days)
<i>clobetasol propionate cream 0.05%</i>	\$0 (Tier 2)	QL (60 gm / 30 days)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)**

<i>clobetasol propionate e</i>	\$0 (Tier 2)	QL (60 gm / 30 days)
<i>clobetasol propionate gel 0.05%</i>	\$0 (Tier 2)	QL (60 gm / 30 days)
<i>clobetasol propionate oint 0.05%</i>	\$0 (Tier 2)	QL (60 gm / 30 days)
<i>clobetasol propionate soln 0.05%</i>	\$0 (Tier 2)	QL (50 mL / 30 days)
<i>dermarest eczema</i>	\$0 (Tier 5)	
<i>eql anti-itch maximum str</i>	\$0 (Tier 5)	

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>fluocinolone acetonide cream 0.01%</i>	\$0 QL (60 gm / 30 days) (Tier 2)
<i>fluocinolone acetonide cream 0.025%</i>	\$0 QL (120 gm / 30 days) (Tier 2)
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	\$0 QL (118.28 mL / 30 days) (Tier 2)
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	\$0 QL (118.28 mL / 30 days) (Tier 2)
<i>fluocinolone acetonide oint 0.025%</i>	\$0 QL (120 gm / 30 days) (Tier 2)
<i>fluocinolone acetonide soln 0.01%</i>	\$0 QL (60 mL / 30 days) (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>fluocinonide cream 0.05%</i>	\$0 QL (120 gm / (Tier 30 days) 2)
<i>fluocinonide emulsified base cream 0.05%</i>	\$0 QL (120 gm / (Tier 30 days) 2)
<i>fluocinonide gel 0.05%</i>	\$0 QL (60 gm / 30 (Tier days) 2)
<i>fluocinonide oint 0.05%</i>	\$0 QL (60 gm / 30 (Tier days) 2)
<i>fluocinonide soln 0.05%</i>	\$0 QL (60 mL / 30 (Tier days) 2)
<i>fluticasone propionate cream 0.05%</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>fluticasone propionate oint 0.005%</i>	\$0 (Tier 2)
<i>gnp hydrocortisone</i>	\$0 (Tier 5)
<i>gnp hydrocortisone maximu</i>	\$0 (Tier 5)
<i>gnp hydrocortisone plus</i>	\$0 (Tier 5)
<i>gnp hydrocortisone/aloe</i>	\$0 (Tier 5)
<i>halobetasol propionate cream 0.05%</i>	\$0 QL (50 gm / 30 (Tier days) 2)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)**

<i>halobetasol propionate oint 0.05%</i>	\$0 QL (50 gm / 30 (Tier days) 2)
HYDROCORT CRE 1%	\$0 (Tier 5)
<i>hydrocortisone acetate oint 1%</i>	\$0 (Tier 5)
<i>hydrocortisone cream 0.5%</i>	\$0 (Tier 5)
<i>hydrocortisone cream 1%</i>	\$0 (Tier 1)
<i>hydrocortisone cream 1%</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>hydrocortisone cream 2.5%</i>	\$0 (Tier 1)
<i>hydrocortisone lotion 1%</i>	\$0 (Tier 5)
<i>hydrocortisone lotion 2.5%</i>	\$0 (Tier 2)
<i>hydrocortisone maximum st</i>	\$0 (Tier 5)
<i>hydrocortisone oint 1%</i>	\$0 QL (30 gm / 30 (Tier days) 2)
<i>hydrocortisone oint 1%</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>hydrocortisone oint 2.5%</i>	\$0 (Tier 2)
<i>hydrocortisone valerate cream 0.2%</i>	\$0 QL (60 gm / 30 (Tier days) 2)
<i>mometasone furoate cream 0.1%</i>	\$0 (Tier 2)
<i>mometasone furoate oint 0.1%</i>	\$0 (Tier 2)
<i>mometasone furoate solution 0.1% (lotion)</i>	\$0 (Tier 2)
<i>sm hydrocortisone maximum</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>triamcinolone acetonide cream 0.1%</i>	\$0 QL (454 gm / (Tier 30 days) 1)
<i>triamcinolone acetonide cream 0.5%</i>	\$0 QL (454 gm / (Tier 30 days) 1)
<i>triamcinolone acetonide cream 0.025%</i>	\$0 QL (454 gm / (Tier 30 days) 1)
<i>triamcinolone acetonide lotion 0.1%</i>	\$0 (Tier 2)
<i>triamcinolone acetonide lotion 0.025%</i>	\$0 (Tier 2)
<i>triamcinolone acetonide oint 0.1%</i>	\$0 (Tier 1)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)**

*triamcinolone acetonide
oint 0.5%*

\$0
(Tier
1)

*triamcinolone acetonide
oint 0.025%*

\$0
(Tier
1)

triderm

\$0 QL (454 gm /
(Tier 30 days)
1)

DERMATOLOGY, LOCAL ANESTHETICS

glydo

\$0 QL (60 mL / 30
(Tier days), PA
2)

lidocaine hcl soln 4%

\$0 QL (50 mL / 30
(Tier days), PA
2)

lidocaine oint 5%

\$0 QL (50 gm / 30
(Tier days), PA
2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>lidocaine patch 5%</i>	\$0 QL (3 patches / (Tier 1 day), PA 2)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	\$0 B/D, QL (30 (Tier gm / 30 days) 2)
<i>lidocan</i>	\$0 QL (3 patches / (Tier 1 day), PA 2)
<i>tridacaine dis 5% patch</i>	\$0 QL (3 patches / (Tier 1 day), PA 2)
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE	
<i>a&d</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
AMERIDERM OIN PERISHIE	\$0 (Tier 5)
<i>ameriphor</i>	\$0 (Tier 5)
<i>anti-dandruff shampoo</i>	\$0 (Tier 5)
<i>antiseptic skin cleanser</i>	\$0 (Tier 5)
<i>arthritis pain relieving</i>	\$0 (Tier 5)
<i>azelaic acid gel 15%</i>	\$0 QL (50 gm / 30 (Tier days) 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>bexarotene gel 1%</i>	\$0 NDS, QL (60 (Tier gm / 30 days), 3) PA
CALAMINE LOT	\$0 (Tier 5)
CALAMINE LOT 8-8%	\$0 (Tier 5)
CALAMINE SUS 8-8%	\$0 (Tier 5)
<i>capsaicin cream 0.1%</i>	\$0 (Tier 5)
<i>capsaicin cream 0.025%</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>capsaicin cream 0.075%</i>	\$0 (Tier 5)
<i>capsaicin hp</i>	\$0 (Tier 5)
<i>capsaicin patch 0.025%</i>	\$0 (Tier 5)
<i>capsaicin topical pain pa</i>	\$0 (Tier 5)
<i>capsimide</i>	\$0 (Tier 5)
<i>chlorhexidine gluconate soln 4%</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>corn and callus remover</i>	\$0 (Tier 5)
CRITIC-AID PST BARRIER	\$0 (Tier 5)
<i>dandruff shampoo</i>	\$0 (Tier 5)
<i>dermafix</i>	\$0 (Tier 5)
<i>desitin</i>	\$0 (Tier 5)
<i>desitin daily defense</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>desitin rapid relief</i>	\$0 (Tier 5)
<i>diclofenac sodium soln 1.5%</i>	\$0 QL (300 mL / (Tier 28 days) 2)
DY-O-DERM SOL STAIN	\$0 (Tier 5)
<i>dyna-hex 4</i>	\$0 (Tier 5)
FIRST AID OIN 10%	\$0 (Tier 5)
<i>fluorouracil cream 5%</i>	\$0 QL (40 gm / 30 (Tier days) 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>fluorouracil soln 2%</i>	\$0 QL (10 mL / 30 (Tier days) 2)
<i>fluorouracil soln 5%</i>	\$0 QL (10 mL / 30 (Tier days) 2)
<i>gnp advanced antibacteria</i>	\$0 (Tier 5)
<i>gnp antiseptic skin clean</i>	\$0 (Tier 5)
GNP CALAMINE LOT 8-8%	\$0 (Tier 5)
<i>gnp capsaicin heat patch</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gnp hydrogen peroxide</i>	\$0 (Tier 5)
GNP IODIDES TIN	\$0 (Tier 5)
GNP IODINE TIN 2% MILD	\$0 (Tier 5)
<i>gnp povidone-iodine</i>	\$0 (Tier 5)
<i>gnp wart remover</i>	\$0 (Tier 5)
<i>gnp zinc oxide</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
GOLD BOND OIN HEALING	\$0 (Tier 5)
<i>goodsense hydrogen peroxi</i>	\$0 (Tier 5)
HM EYELID PAD WIPES	\$0 (Tier 5)
<i>hm hydrogen peroxide</i>	\$0 (Tier 5)
HM IODIDES TIN	\$0 (Tier 5)
HM IODINE TIN 2% MILD	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>hydrocortisone perianal cream 1%</i>	\$0 (Tier 2)
<i>hydrocortisone perianal cream 2.5%</i>	\$0 (Tier 2)
HYDROGEN PER SOL 3%	\$0 (Tier 5)
<i>hydrogen peroxide soln 3%</i>	\$0 (Tier 5)
<i>hydrolatum</i>	\$0 (Tier 5)
<i>hydrophor</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
ILEX SKIN PST PROTECT	\$0 (Tier 5)
<i>imiquimod cream 5%</i>	\$0 QL (24 packets (Tier / 30 days) 2)
INSTACLEAN LIQ	\$0 (Tier 5)
IODINE TIN 2%	\$0 (Tier 5)
IODINE TIN 2% MILD	\$0 (Tier 5)
IODINE TIN DECOLOR	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
IODINE TIN STRONG	\$0 (Tier 5)
LAC-HYDRIN LOT FIVE	\$0 (Tier 5)
<i>lactic acid (ammonium lactate) cream 12%</i>	\$0 (Tier 2)
<i>lactic acid (ammonium lactate) cream 12%</i>	\$0 (Tier 5)
<i>lactic acid (ammonium lactate) lotion 12%</i>	\$0 (Tier 2)
<i>lansinoh lanolin</i>	\$0 (Tier 5)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)**

<i>lansinoh lanolin minis ni</i>	\$0 (Tier 5)
<i>lansinoh lanolin nipple</i>	\$0 (Tier 5)
<i>medpura vitamin a & d</i>	\$0 (Tier 5)
<i>medpura zinc oxide</i>	\$0 (Tier 5)
<i>metronidazole cream 0.75%</i>	\$0 QL (45 gm / 30 (Tier days) 2)
<i>metronidazole gel 0.75%</i>	\$0 QL (45 gm / 30 (Tier days) 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>metronidazole lotion 0.75%</i>	\$0 QL (59 mL / 30 days) (Tier 2)
MINERAL OIL LIGHT	\$0 (Tier 5)
<i>nitroglycerin oint 0.4%</i>	\$0 QL (30 gm / 30 days) (Tier 2)
PANRETIN GEL 0.1%	\$0 NDS, QL (60 gm / 30 days), PA (Tier 3)
PETROLATUM OIN	\$0 (Tier 5)
<i>pimecrolimus cream 1%</i>	\$0 QL (100 gm / 30 days), PA (Tier 2)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)**

<i>podofilox soln 0.5%</i>	\$0 QL (7 mL / 28 (Tier days) 2)
<i>povidone-iodine soln 10%</i>	\$0 (Tier 5)
<i>procto-med hc</i>	\$0 (Tier 2)
<i>proctocort</i>	\$0 (Tier 2)
<i>proctosol hc</i>	\$0 (Tier 2)
<i>proctozone-hc</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
QC IODIDES TIN	\$0 (Tier 5)
<i>qc itch stopping extra st</i>	\$0 (Tier 5)
<i>qc povidone iodine</i>	\$0 (Tier 5)
SANITIZ HAND MIS WIPES	\$0 (Tier 5)
SM CALAMINE LOT	\$0 (Tier 5)
<i>sm hydrogen peroxide</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
SM IODIDES TIN	\$0 (Tier 5)
SM IODINE TIN MILD	\$0 (Tier 5)
<i>sm povidone-iodine</i>	\$0 (Tier 5)
<i>tacrolimus oint 0.1%</i>	\$0 QL (100 gm / (Tier 30 days), PA 2)
<i>tacrolimus oint 0.03%</i>	\$0 QL (100 gm / (Tier 30 days), PA 2)
<i>thera-derm</i>	\$0 (Tier 5)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)**

VALCHLOR GEL 0.016%	\$0 NDS, QL (60 (Tier gm / 30 days), 3) PA
<i>vitamins a & d oint</i>	\$0 (Tier 5)
<i>wart remover maximum stre</i>	\$0 (Tier 5)
<i>zinc oxide oint 20%</i>	\$0 (Tier 5)
<i>zinc oxide oint 25%</i>	\$0 (Tier 5)
ZINC OXIDE PST 25%	\$0 (Tier 5)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)**

ZOSTRIX NAT CRE
0.033%

\$0
(Tier
5)

***DERMATOLOGY, SCABICIDES AND
PEDICULIDES***

gnp lice treatment

\$0
(Tier
5)

goodsense lice killing cr

\$0
(Tier
5)

lice killing maximum stre

\$0
(Tier
5)

lice killing shampoo

\$0
(Tier
5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>malathion lotion 0.5%</i>	\$0 QL (59 mL / 30 (Tier days) 2)
NIX COMPLETE KIT LICE 1%	\$0 (Tier 5)
<i>permethrin cream 5%</i>	\$0 QL (60 gm / 30 (Tier days) 2)
<i>sm lice killing maximum s</i>	\$0 (Tier 5)
<i>sm lice treatment</i>	\$0 (Tier 5)
DERMATOLOGY, WOUND CARE AGENTS	
REGRANEX GEL 0.01%	\$0 NDS, QL (30 (Tier gm / 30 days), 3) PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
SANTYL OIN 250/GM	\$0 QL (180 gm / (Tier 30 days) 4)
<i>sodium chloride irrigation soln 0.9%</i>	\$0 (Tier 2)
<i>water for irrigation, sterile irrigation soln</i>	\$0 (Tier 2)
MOUTH/THROAT/DENTAL AGENTS	
<i>cevimeline hcl cap 30 mg</i>	\$0 (Tier 2)
<i>chlorhexidine gluconate soln 0.12%</i>	\$0 (Tier 1)
<i>clotrimazole troche 10 mg</i>	\$0 QL (150 (Tier lozenges / 30 2) days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>denta 5000 plus</i>	\$0 (Tier 5)
<i>dentagel</i>	\$0 (Tier 5)
<i>gnp dry mouth mouthwash</i>	\$0 (Tier 5)
<i>kourzeq</i>	\$0 (Tier 2)
LEMON-GLYCER MIS SWABS	\$0 (Tier 5)
<i>lidocaine hcl viscous soln 2%</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
MOUTH KOTE SOL	\$0 (Tier 5)
<i>nystatin susp 100000 unit/ml</i>	\$0 (Tier 2)
ORAL RELIEF SPR DRY MOUT	\$0 (Tier 5)
<i>periogard</i>	\$0 (Tier 1)
<i>pilocarpine hcl tab 5 mg</i>	\$0 (Tier 2)
<i>pilocarpine hcl tab 7.5 mg</i>	\$0 (Tier 2)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)**

PREVDNT 5000 GEL 1.1-5%	\$0 (Tier 5)
PREVIDENT SOL 0.2%	\$0 (Tier 5)
<i>sf</i>	\$0 (Tier 5)
<i>sf 5000 plus</i>	\$0 (Tier 5)
<i>sodium fluoride 5000 plus</i>	\$0 (Tier 5)
<i>sodium fluoride 5000 ppm</i>	\$0 (Tier 5)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)**

<i>sodium fluoride cream 1.1%</i>	\$0 (Tier 5)
<i>sodium fluoride gel 1.1% (0.5% f)</i>	\$0 (Tier 5)
<i>triamcinolone acetonide dental paste 0.1%</i>	\$0 (Tier 2)
ZINC W/A&C LOZ	\$0 (Tier 5)

***OTIC - DRUGS TO TREAT CONDITIONS OF
THE EAR***

<i>ear drops</i>	\$0 (Tier 5)
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NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>earwax removal</i>	\$0 (Tier 5)
<i>earwax removal kit</i>	\$0 (Tier 5)
<i>ft earwax removal</i>	\$0 (Tier 5)
GLY-OXIDE SOL 10%	\$0 (Tier 5)
<i>gnp earwax removal drops</i>	\$0 (Tier 5)
<i>gnp earwax removal kit</i>	\$0 (Tier 5)

NAME OF DRUG

**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)**

murine ear

\$0
(Tier
5)

D.Índice de medicamentos cubiertos

Si tiene preguntas, llame a CCA One Care al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. La llamada es gratuita. **Para obtener más información**, visite ccama.org.



Se actualizó el 06/01/2025.

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nebu 0.63 mg/3ml	
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<i>aurovela 24 fe</i>	516	AYVAKIT TAB 200MG	193
<i>aurovela fe 1.5/30</i> ...	516	AYVAKIT TAB 25MG.	193
<i>aurovela fe 1/20</i>	516	AYVAKIT TAB 300MG	193
AUSTEDO TAB 12MG	447	AYVAKIT TAB 50MG.	193
AUSTEDO TAB 6MG ..	447	<i>azacitidine for inj 100 mg</i>	172
AUSTEDO TAB 9MG ..	447	<i>azathioprine tab 50 mg</i>	724
AUSTEDO XR TAB 12MG	448	<i>azelaic acid gel 15%</i>	989
AUSTEDO XR TAB 18MG	448	<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	912
AUSTEDO XR TAB 24MG	448	<i>azelastine hcl ophth soln 0.05%</i>	893
AUSTEDO XR TAB 30MG ER	448	<i>azithromycin for susp 100 mg/5ml</i>	145
AUSTEDO XR TAB 36MG ER	448	<i>azithromycin for susp 200 mg/5ml</i>	145
AUSTEDO XR TAB 42MG ER	449	<i>azithromycin iv for soln 500 mg</i>	145
AUSTEDO XR TAB 48MG ER	449		

azithromycin powd pack
for susp 1 gm146
azithromycin tab 250 mg
.....146
azithromycin tab 500 mg
.....146
azithromycin tab 600 mg
.....146
aztreonam for inj 1 gm
..... 87
aztreonam for inj 2 gm
..... 87
azurette517

B

B COMPLEX/FO TAB .799
B-100 COMP TAB TR.800
b-12 fast dissolve799
B-12 LIQ 5000/ML ...799
b-12 microlozenge ...800
B-12 TAB 2000MCG..800
B-12/FOLIC TAB ACID
.....800
bacitracin oint 500
unit/gm961
bacitracin ophth oint 500
unit/gm886
bacitracin zinc oint 500
unit/gm961
bacitracin-polymyxin b
ophth oint886

bacitracin-polymyxin-
neomycin-hc ophth oint
1%..... 884
back & body extra
strengt 44
baclofen tab 10 mg . 454
baclofen tab 20 mg . 454
baclofen tab 5 mg ... 454
BACMIN TAB 802
BAFIERTAM CAP 95MG
..... 452
balance b-100 803
balance b-50 803
balsalazide disodium cap
750 mg..... 621
BALVERSA TAB 3MG 193
BALVERSA TAB 4MG 194
BALVERSA TAB 5MG 194
balziva 517
banophen 912
BAQSIMI ONE POW
3MG/DOSE 560
BARACLUDGE SOL..... 128
BASAGLAR INJ 100UNIT
..... 488
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PN..... 489
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BC FAST PAIN POW RLF MAX	44	<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	241
BC MAX STR POW LEMONADE.....	44	<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	242
BCG VACCINE INJ 50MG	731	<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	242
B-COMPLEX CAP VEGGIE	800	<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	241
<i>b-complex formula 1</i>	800	<i>benazepril hcl tab 10 mg</i>	244
B-COMPLEX TAB ENERGY	801	<i>benazepril hcl tab 20 mg</i>	244
<i>b-complex vitamin cap</i>	801	<i>benazepril hcl tab 40 mg</i>	244
<i>b-complex vitamin sublingual liquid</i>	801	<i>benazepril hcl tab 5 mg</i>	244
<i>b-complex vitamin tab</i>	801	BENDAMUSTINE SOL 100/4ML	165
<i>b-complex w/ c & folic acid tab</i>	801	BENDEKA INJ 100/4ML	165
<i>b-complex w/ c cap ..</i>	801	BENLYSTA INJ 120MG	724
<i>b-complex w/ c tab ..</i>	802	BENLYSTA INJ 200MG/ML.....	724
<i>b-complex w/ folic acid cap</i>	802	BENLYSTA INJ 400MG	725
<i>b-complex w/ folic acid tab.....</i>	802		
B-COMPLEX/FA TAB /VIT C	802		
<i>bd posiflush</i>	766		

BENTIVITE TAB 35-1MG
682
benzoyl peroxide gel
 10%.....957
benzoyl peroxide gel
 2.5%.....956
benzoyl peroxide gel 5%
957
benzoyl peroxide liq
 10%.....957
benzoyl peroxide topical
957
benzoyl peroxide wash
957
benzoyl peroxide-
erythromycin gel 5-3%
957
benzphetamine hcl tab
 50 mg504
benztropine mesylate inj
 1 mg/ml353
benztropine mesylate
 tab 0.5 mg354
benztropine mesylate
 tab 1 mg.....354
benztropine mesylate
 tab 2 mg.....354
 BERINERT INJ 500UNIT
699

BESIVANCE SUS 0.6%
 886
 BESREMI SOL 500MCG
 185
beta carotene cap 25000
unit 803
betaine powder for oral
solution 564
betamethasone
dipropionate
augmented cream
 0.05% 977
betamethasone
dipropionate
augmented gel 0.05%
 977
betamethasone
dipropionate
augmented lotion
 0.05% 977
betamethasone
dipropionate
augmented oint 0.05%
 977
betamethasone
dipropionate cream
 0.05% 977
betamethasone
dipropionate lotion
 0.05% 978

<i>betamethasone</i>		
<i>dipropionate oint</i>		
<i>0.05%</i>	.....	978
<i>betamethasone valerate</i>		
<i>cream 0.1% (base</i>		
<i>equivalent)</i>	.....	978
<i>betamethasone valerate</i>		
<i>lotion 0.1% (base</i>		
<i>equivalent)</i>	.....	978
<i>betamethasone valerate</i>		
<i>ointment 0.1% (base</i>		
<i>equivalent)</i>	.....	978
BETASERON INJ 0.3MG		
	.....	452
<i>betaxolol hcl ophth soln</i>		
<i>0.5%</i>	.....	894
<i>bethanechol chloride tab</i>		
<i>10 mg</i>	.....	665
<i>bethanechol chloride tab</i>		
<i>25 mg</i>	.....	665
<i>bethanechol chloride tab</i>		
<i>5 mg</i>	.....	664
<i>bethanechol chloride tab</i>		
<i>50 mg</i>	.....	665
BETOPTIC-S SUS 0.25%		
OP	.....	894
BEVESPI AER 9-4.8MCG		
	.....	907
<i>bexarotene cap 75 mg</i>		
	.....	185
<i>bexarotene gel 1%</i>	..	990
BEXSERO INJ	.....	731
<i>bicalutamide tab 50 mg</i>		
	.....	178
BICILLIN L-A INJ		
1200000	.....	158
BICILLIN L-A INJ		
2400000	.....	158
BICILLIN L-A INJ		
600000	.....	158
BIKTARVY TAB 30-120-		
15 MG	.....	120
BIKTARVY TAB 50-200-		
25 MG	.....	120
BINAXNOW COV KIT		
HOME TES	.....	88
<i>bisacodyl ec</i>	.....	623
<i>bisacodyl laxative</i>	....	623
<i>bisacodyl suppos 10 mg</i>		
	.....	623
<i>bisacodyl tab delayed</i>		
<i>release 5 mg</i>	.....	624
<i>bismuth subsalicylate</i>		
<i>chew tab 262 mg</i>	..	599
<i>bisoprolol &</i>		
<i>hydrochlorothiazide tab</i>		
<i>10-6.25 mg</i>	.....	283
<i>bisoprolol &</i>		
<i>hydrochlorothiazide tab</i>		
<i>2.5-6.25 mg</i>	.....	283

<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	283	<i>bp wash</i>	958
<i>bisoprolol fumarate tab 10 mg</i>	285	BPROTECT PED DRO TRI-VITE.....	803
<i>bisoprolol fumarate tab 5 mg</i>	285	<i>bprotected multi-vite</i>	804
BIVIGAM INJ 10%....	716	<i>bprotected pedia d-vite</i>	804
<i>blisovi 24 fe</i>	517	<i>bprotected pedia iron</i>	683
<i>blisovi fe 1.5/30</i>	517	BRAFTOVI CAP 75MG	195
<i>blis-to-sol</i>	966	BREO ELLIPTA INH 100-25.....	952
<i>body/hair/skin/nails</i> .	803	BREO ELLIPTA INH 200-25.....	952
BONE ESSENTI CAP..	766	BREO ELLIPTA INH 50-25MCG	951
BOOSTRIX INJ.....	731	<i>breyana</i>	952
<i>bortezomib for inj 3.5 mg</i>	194	BREZTRI AERO AER SPHERE	908
BORTEZOMIB INJ 1MG	194	BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	908
BORTEZOMIB INJ 2.5MG	194	<i>briellyn</i>	517
<i>bosentan tab 125 mg</i>	321	BRILINTA TAB 60MG	701
<i>bosentan tab 62.5 mg</i>	321	BRILINTA TAB 90MG	701
BOSULIF CAP 100MG	195	<i>brimonidine tartrate ophth soln 0.15%</i> ..	895
BOSULIF CAP 50MG .	194	<i>brimonidine tartrate ophth soln 0.2%</i> ...	894
BOSULIF TAB 100MG	195	<i>brinzolamide ophth susp 1%</i>	895
BOSULIF TAB 400MG	195		
BOSULIF TAB 500MG	195		
BP VIT 3 CAP.....	803		

BRIVIACT SOL 10MG/ML	396	<i>budesonide delayed release particles cap 3 mg</i>	621
BRIVIACT TAB 100MG	396	<i>budesonide inhalation susp 0.25 mg/2ml .</i>	949
BRIVIACT TAB 10MG	396	<i>budesonide inhalation susp 0.5 mg/2ml...</i>	949
BRIVIACT TAB 25MG	396	<i>budesonide nasal susp 32 mcg/act.....</i>	946
BRIVIACT TAB 50MG	396	<i>budesonide tab er 24hr 9 mg</i>	621
BRIVIACT TAB 75MG	396	<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act ...</i>	952
<i>bromfenac sodium ophth soln 0.07% (base equivalent).....</i>	890	<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	952
<i>bromfenac sodium ophth soln 0.075% (base equivalent).....</i>	890	<i>bumetanide inj 0.25 mg/ml</i>	305
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily).</i>	890	<i>bumetanide tab 0.5 mg</i>	305
<i>bromocriptine mesylate cap 5 mg (base equivalent).....</i>	354	<i>bumetanide tab 1 mg</i>	305
<i>bromocriptine mesylate tab 2.5 mg (base equivalent).....</i>	354	<i>bumetanide tab 2 mg</i>	305
BRONCHITOL CAP 40MG	937	<i>buprenorphine hcl sl tab 2 mg (base equiv) .</i>	458
BRUKINSA CAP 80MG	195	<i>buprenorphine hcl sl tab 8 mg (base equiv) .</i>	458
<i>b-stress.....</i>	802		

<i>buprenorphine hcl-</i> <i>naloxone hcl sl film 12-</i> <i>3 mg (base equiv) ..</i>	<i>458</i>	<i>bupropion hcl (smoking</i> <i>deterrent) tab er 12hr</i> <i>150 mg</i>	<i>459</i>
<i>buprenorphine hcl-</i> <i>naloxone hcl sl film 2-</i> <i>0.5 mg (base equiv)</i> <i>.....</i>	<i>458</i>	<i>bupropion hcl tab 100</i> <i>mg</i>	<i>334</i>
<i>buprenorphine hcl-</i> <i>naloxone hcl sl film 4-1</i> <i>mg (base equiv)</i>	<i>458</i>	<i>bupropion hcl tab 75 mg</i> <i>.....</i>	<i>334</i>
<i>buprenorphine hcl-</i> <i>naloxone hcl sl film 8-2</i> <i>mg (base equiv)</i>	<i>458</i>	<i>bupropion hcl tab er</i> <i>12hr 100 mg</i>	<i>334</i>
<i>buprenorphine hcl-</i> <i>naloxone hcl sl tab 2-</i> <i>0.5 mg (base equiv)</i> <i>.....</i>	<i>459</i>	<i>bupropion hcl tab er</i> <i>12hr 150 mg</i>	<i>334</i>
<i>buprenorphine hcl-</i> <i>naloxone hcl sl tab 8-2</i> <i>mg (base equiv)</i>	<i>459</i>	<i>bupropion hcl tab er</i> <i>12hr 200 mg</i>	<i>334</i>
<i>buprenorphine td patch</i> <i>weekly 10 mcg/hr ...</i>	<i>73</i>	<i>bupropion hcl tab er</i> <i>24hr 150 mg</i>	<i>335</i>
<i>buprenorphine td patch</i> <i>weekly 15 mcg/hr ...</i>	<i>73</i>	<i>bupropion hcl tab er</i> <i>24hr 300 mg</i>	<i>335</i>
<i>buprenorphine td patch</i> <i>weekly 20 mcg/hr ...</i>	<i>74</i>	<i>buspirone hcl tab 10 mg</i> <i>.....</i>	<i>324</i>
<i>buprenorphine td patch</i> <i>weekly 5 mcg/hr</i>	<i>73</i>	<i>buspirone hcl tab 15 mg</i> <i>.....</i>	<i>324</i>
<i>buprenorphine td patch</i> <i>weekly 7.5 mcg/hr ..</i>	<i>73</i>	<i>buspirone hcl tab 30 mg</i> <i>.....</i>	<i>324</i>
		<i>buspirone hcl tab 5 mg</i> <i>.....</i>	<i>324</i>
		<i>buspirone hcl tab 7.5 mg</i> <i>.....</i>	<i>324</i>
		<i>butorphanol tartrate inj</i> <i>1 mg/ml.....</i>	<i>80</i>

butorphanol tartrate inj
2 mg/ml 80

butorphanol tartrate
nasal soln 10 mg/ml 80

C

c 1000804

C 1000/BIOFL CAP /R
HIPS804

c 500804

c complex804

c-1000805

c-1000 prolonged
release805

c-1000/rose hips806

c-250805

c-500805

c-500 prolonged release
.....805

c-500/rose hips805

CA CITRATE TAB 250MG
.....766

CA LACTATE TAB 100MG
.....766

cabergoline tab 0.5 mg
.....564

CABOMETYX TAB 20MG
.....196

CABOMETYX TAB 40MG
.....196

CABOMETYX TAB 60MG
..... 196

CAL CIT MAL/ TAB
VITAMIND 766

CAL/MAG TAB CHEW 767

CALAMINE LOT 990

CALAMINE LOT 8-8%990

CALAMINE SUS 8-8%
..... 990

CALC ACETATE TAB
668MG..... 767

CALC CITRATE LIQ VIT
D3 768

CALC/VIT D3 CHW 200-
200 768

calcidol 806

CALCI-MAX CAP 806

calcipotriene cream
0.005% 975

calcipotriene oint
0.005% 975

calcipotriene soln
0.005% (50 mcg/ml)
..... 975

calcitonin (salmon)
spray..... 508

CAL-CITRATE TAB PLUS
D 767

calcitrene..... 975

calcitriol (oral) 586

<i>calcitriol cap 0.25 mcg</i>		CALCIUM CARB CHW	
.....586		500MG.....	770
<i>calcitriol cap 0.5 mcg</i>	586	CALCIUM CARB POW	
<i>calcium + vitamin d3</i>	770	800/2GM.....	770
CALCIUM 1000 TAB + D		CALCIUM CARB SUS	
.....769		1250/5ML.....	591
<i>calcium 500 +d3</i>	768	CALCIUM CARB TAB	
<i>calcium 600</i>	768	648MG.....	591
<i>calcium 600 tab + d</i> .	768	<i>calcium carb-</i>	
<i>calcium 600 with vitamin</i>		<i>cholecalciferol tab 250</i>	
.....768		<i>mg-3 mcg (120 unit)</i>	
<i>calcium 600/vitamin d</i>		.....	770
.....769		<i>calcium carb-</i>	
<i>calcium 600/vitamin d3</i>		<i>cholecalciferol tab 500</i>	
.....769		<i>mg-10 mcg (400 unit)</i>	
<i>calcium 600+d</i>	769	.....	770
<i>calcium 600+d3</i>	769	<i>calcium carb-</i>	
<i>calcium 600+d3 plus</i>		<i>cholecalciferol tab 600</i>	
<i>miner</i>	769	<i>mg-10 mcg (400 unit)</i>	
<i>calcium acetate</i>		.....	771
<i>(phosphate binder) tab</i>		<i>calcium carb-</i>	
<i>667 mg</i>	649	<i>cholecalciferol tab 600</i>	
<i>calcium antacid</i>	590	<i>mg-20 mcg (800 unit)</i>	
<i>calcium antacid extra str</i>		.....	771
.....590		<i>calcium carbonate</i>	
<i>calcium ascorbate tab</i>		<i>(antacid) chew tab 500</i>	
<i>500 mg</i>	806	<i>mg</i>	591
CALCIUM CARB CHW		<i>calcium carbonate tab</i>	
260MG	770	<i>1250 mg (500 mg</i>	
		<i>elemental ca)</i>	771

<i>calcium carbonate tab</i> <i>1500 mg (600 mg</i> <i>elemental ca) .....771</i>	<i>calcium citrate tab 950</i> <i>mg (200 mg elemental</i> <i>ca) 773</i>
<i>calcium carbonate-</i> <i>cholecalciferol tab 500</i> <i>mg-5 mcg(200 unit)</i> <i>.....771</i>	<i>calcium citrate+d3 petite</i> <i>..... 773</i>
<i>calcium carbonate-</i> <i>cholecalciferol tab 600</i> <i>mg-5 mcg(200 unit)</i> <i>.....771</i>	<i>calcium cit-vit d tab 200</i> <i>mg-6.25 mcg(250 unit)</i> <i>(elem ca) 772</i>
<i>calcium carbonate-</i> <i>vitamin d cap 600 mg-</i> <i>5 mcg (200 unit)....772</i>	<i>calcium cit-vitamin d tab</i> <i>315 mg-5 mcg(200</i> <i>unit) (elem ca)..... 773</i>
<i>calcium carbonate-</i> <i>vitamin d tab 250 mg-</i> <i>3.125 mcg (125 unit)</i> <i>.....772</i>	CALCIUM GLUC CAP 50MG 773
<i>calcium carbonate-</i> <i>vitamin d tab 600 mg-5</i> <i>mcg (200 unit) .....772</i>	CALCIUM GRA CITRATE 774
CALCIUM CHW 500-10.....772	<i>calcium high potency 774</i>
CALCIUM CHW 500MG.....772	<i>calcium high potency +</i> <i>vi 774</i>
CALCIUM CIT/ TAB VIT D .....773	<i>calcium plus vitamin d</i> <i>..... 774</i>
<i>calcium citrate + d3</i> <i>maxi .....773</i>	<i>calcium plus vitamin d3</i> <i>..... 774</i>
	<i>calcium polycarbophil</i> <i>tab 625 mg 624</i>
	CALCIUM TAB FORMULA 774
	CALCIUM/C/D CHW 500MG..... 775
	CALCIUM/D3 CAP 600- 2500 775

CALCIUM/MAGN TAB	
250-155	776
<i>calcium/vitamin d3...</i>	776
<i>calcium-magnesium-zinc</i>	
<i>tab 333-133-5 mg..</i>	775
<i>calcium-magnesium-zinc</i>	
<i>tab 333-133-8.3 mg</i>	
.....	775
<i>calcium-magnesium-</i>	
<i>zinc-vit d3 tab 333 mg-</i>	
<i>133 mg-5 mg-3.3 mcg</i>	
.....	775
<i>calcium-magnesium-</i>	
<i>zinc-vit d3 tab 333 mg-</i>	
<i>133 mg-5 mg-5 mcg</i>	
.....	775
<i>cal-gest antacid</i>	590
<i>callus remover</i>	
<i>and corn</i>	992
CAL-MAG COMP TAB.	767
CAL-MAG-ZINC TAB -D	
.....	767
CAL-MINT CHW 260MG	
.....	767
<i>calphron</i>	650
CALQUENCE CAP 100MG	
.....	196
CALQUENCE TAB 100MG	
.....	196
<i>camila</i>	518
<i>camrese</i>	518
<i>camrese lo</i>	518
<i>candesartan cilexetil tab</i>	
<i>16 mg</i>	261
<i>candesartan cilexetil tab</i>	
<i>32 mg</i>	262
<i>candesartan cilexetil tab</i>	
<i>4 mg</i>	261
<i>candesartan cilexetil tab</i>	
<i>8 mg</i>	261
<i>candesartan cilexetil-</i>	
<i>hydrochlorothiazide tab</i>	
<i>16-12.5 mg</i>	255
<i>candesartan cilexetil-</i>	
<i>hydrochlorothiazide tab</i>	
<i>32-12.5 mg</i>	255
<i>candesartan cilexetil-</i>	
<i>hydrochlorothiazide tab</i>	
<i>32-25 mg</i>	255
CAPLYTA CAP 10.5MG	
.....	368
CAPLYTA CAP 21MG.	368
CAPLYTA CAP 42MG.	368
CAPRELSA TAB 100MG	
.....	196
CAPRELSA TAB 300MG	
.....	197
<i>capsaicin cream 0.025%</i>	
.....	990

<i>capsaicin cream 0.075%</i>	991	<i>carb/levo orally</i> <i>disintegrating tab 25-</i> <i>100mg</i>	355
<i>capsaicin cream 0.1%</i>	990	<i>carb/levo orally</i> <i>disintegrating tab 25-</i> <i>250mg</i>	355
<i>capsaicin hp</i>	991	<i>carbamazepine cap er</i> <i>12hr 100 mg</i>	397
<i>capsaicin patch 0.025%</i>	991	<i>carbamazepine cap er</i> <i>12hr 200 mg</i>	397
<i>capsimide</i>	991	<i>carbamazepine cap er</i> <i>12hr 300 mg</i>	397
<i>captopril &</i> <i>hydrochlorothiazide tab</i> <i>25-15 mg</i>	242	<i>carbamazepine chew tab</i> <i>100 mg</i>	397
<i>captopril &</i> <i>hydrochlorothiazide tab</i> <i>25-25 mg</i>	242	<i>carbamazepine chew tab</i> <i>200 mg</i>	397
<i>captopril &</i> <i>hydrochlorothiazide tab</i> <i>50-15 mg</i>	242	<i>carbamazepine susp 100</i> <i>mg/5ml</i>	397
<i>captopril &</i> <i>hydrochlorothiazide tab</i> <i>50-25 mg</i>	242	<i>carbamazepine tab 200</i> <i>mg</i>	398
<i>captopril tab 100 mg</i>	245	<i>carbamazepine tab er</i> <i>12hr 100 mg</i>	398
<i>captopril tab 12.5 mg</i>	245	<i>carbamazepine tab er</i> <i>12hr 200 mg</i>	398
<i>captopril tab 25 mg</i> ..	245	<i>carbamazepine tab er</i> <i>12hr 400 mg</i>	398
<i>captopril tab 50 mg</i> ..	245	<i>carbidopa & levodopa</i> <i>tab 10-100 mg</i>	355
<i>carb/levo orally</i> <i>disintegrating tab 10-</i> <i>100mg</i>	354	<i>carbidopa & levodopa</i> <i>tab 25-100 mg</i>	355

<i>carbidopa & levodopa</i>		
<i>tab 25-250 mg</i>	355	
<i>carbidopa & levodopa</i>		
<i>tab er 25-100 mg...</i>	355	
<i>carbidopa & levodopa</i>		
<i>tab er 50-200 mg...</i>	356	
<i>carbidopa tab 25 mg</i>	356	
<i>carbidopa-levodopa-</i>		
<i>entacapone tabs 12.5-</i>		
<i>50-200 mg</i>	356	
<i>carbidopa-levodopa-</i>		
<i>entacapone tabs 18.75-</i>		
<i>75-200 mg</i>	356	
<i>carbidopa-levodopa-</i>		
<i>entacapone tabs 25-</i>		
<i>100-200 mg</i>	356	
<i>carbidopa-levodopa-</i>		
<i>entacapone tabs 31.25-</i>		
<i>125-200 mg</i>	356	
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<i>carboplatin iv soln 600</i>		
<i>mg/60ml.....</i>	166	
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<i>1%.....</i>	899	
<i>carboxymethylcellulose</i>		
<i>sodium (pf) ophth soln</i>		
<i>0.5%</i>	899	
<i>carboxymethylcellulose</i>		
<i>sodium ophth gel 1%</i>		
<i>.....</i>	899	
<i>carboxymethylcellulose</i>		
<i>sodium ophth soln</i>		
<i>0.5%</i>	899	
<i>CARESTART KIT COVID-</i>		
<i>19</i>	88	
<i>carglumic acid soluble</i>		
<i>tab 200 mg</i>	564	
<i>carteolol hcl ophth soln</i>		
<i>1%.....</i>	895	
<i>cartia xt.....</i>	292	
<i>carvedilol tab 12.5 mg</i>		
<i>.....</i>	286	
<i>carvedilol tab 25 mg</i>	286	
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<i>cefoxitin sodium for iv soln 2 gm</i>	<i>140</i>	<i>ceftriaxone sodium for inj 500 mg</i>	<i>143</i>
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<i>cefprozil tab 500 mg</i>	<i>141</i>	<i>celecoxib cap 200 mg</i>	<i>60</i>
<i>ceftazidime for inj 1 gm</i>	<i>141</i>	<i>celecoxib cap 400 mg</i>	<i>61</i>
<i>ceftazidime for inj 6 gm</i>	<i>142</i>	<i>celecoxib cap 50 mg ..</i>	<i>60</i>
<i>ceftazidime for iv soln 2 gm.....</i>	<i>142</i>	<i>CENTRATEX CAP</i>	<i>683</i>
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mcg (1000 unit).... 808
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<i>cholecalciferol chew tab 10 mcg (400 unit) ..</i>	<i>809</i>	<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	<i>270</i>
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<i>cholecalciferol chew tab 50 mcg (2000 unit) 809</i>		<i>ciclopirox olamine cream 0.77% (base equiv) 966</i>	
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<i>cholecalciferol tab 10 mcg (400 unit)</i>	<i>809</i>	<i>ciclopirox shampoo 1%</i>	<i>967</i>
<i>cholecalciferol tab 125 mcg (5000 unit).....</i>	<i>810</i>	<i>cilostazol tab 100 mg 699</i>	
<i>cholecalciferol tab 25 mcg (1000 unit).....</i>	<i>810</i>	<i>cilostazol tab 50 mg 699</i>	
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<i>cholestyramine light powder packets 4 gm</i>	<i>278</i>	<i>cinacalcet hcl tab 30 mg (base equiv)</i>	<i>566</i>
<i>cholestyramine powder 4 gm/dose</i>	<i>278</i>	<i>cinacalcet hcl tab 60 mg (base equiv)</i>	<i>566</i>
<i>cholestyramine powder packets 4 gm.....</i>	<i>279</i>	<i>cinacalcet hcl tab 90 mg (base equiv)</i>	<i>566</i>
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		<i>ciprofloxacin 200 mg/100ml in d5w ..</i>	<i>150</i>

<i>ciprofloxacin 400 mg/200ml in d5w ...</i>	150	<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	335
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent).....</i>	887	<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	335
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	150	<i>CL PRENATAL TAB 28-0.8MG</i>	810
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	150	<i>claravis.....</i>	958
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	150	<i>clarithromycin for susp 125 mg/5ml</i>	146
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	906	<i>clarithromycin for susp 250 mg/5ml</i>	146
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	166	<i>clarithromycin tab 250 mg</i>	147
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	167	<i>clarithromycin tab 500 mg</i>	147
<i>cisplatin inj 50 mg/50ml (1 mg/ml).....</i>	166	<i>clarithromycin tab er 24hr 500 mg</i>	147
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	335	<i>clear eyes natural tears</i>	899
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	335	<i>clearlax</i>	624
		<i>clindamycin hcl cap 150 mg</i>	88
		<i>clindamycin hcl cap 300 mg</i>	88
		<i>clindamycin hcl cap 75 mg</i>	88

<i>clindamycin palmitate</i> <i>hcl for soln 75 mg/5ml</i> <i>(base equiv).....</i>	89	CLINDMYC/NAC INJ 900/50ML.....	90
<i>clindamycin phosphate</i> <i>gel 1% (once-daily)</i>	958	CLINIMIX INJ 4.25/D10	762
<i>clindamycin phosphate</i> <i>in d5w iv soln 300</i> <i>mg/50ml.....</i>	89	CLINIMIX INJ 4.25/D5W	762
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		<i>clobetasol propionate e</i>	979
		<i>clobetasol propionate gel</i> <i>0.05%</i>	979
		<i>clobetasol propionate</i> <i>oint 0.05%</i>	979
		<i>clobetasol propionate</i> <i>soln 0.05%.....</i>	979

<i>clotrimazole vaginal cream 1%</i>	<i>670</i>	<i>COBENFY CAP 100-20MG</i>	<i>371</i>
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	<i>968</i>	<i>COBENFY CAP 125-30MG</i>	<i>371</i>
<i>clozapine orally disintegrating tab 100 mg</i>	<i>370</i>	<i>COBENFY CAP 50-20MG</i>	<i>371</i>
<i>clozapine orally disintegrating tab 12.5 mg</i>	<i>370</i>	<i>COBENFY STRT CAP PACK</i>	<i>372</i>
<i>clozapine orally disintegrating tab 150 mg</i>	<i>370</i>	<i>COD LIVER OIL</i>	<i>810</i>
<i>clozapine orally disintegrating tab 200 mg</i>	<i>370</i>	<i>cod liver oil cap</i>	<i>811</i>
<i>clozapine orally disintegrating tab 25 mg</i>	<i>370</i>	<i>cod liver oil w/vitamins</i>	<i>811</i>
<i>clozapine tab 100 mg</i>	<i>371</i>	<i>colchicine cap 0.6 mg</i>	<i>38</i>
<i>clozapine tab 200 mg</i>	<i>371</i>	<i>colchicine tab 0.6 mg.</i>	<i>38</i>
<i>clozapine tab 25 mg .</i>	<i>370</i>	<i>colchicine w/ probenecid tab 0.5-500 mg</i>	<i>39</i>
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<i>cobalamin combination sl tab</i>	<i>810</i>	<i>colestipol hcl granule packets 5 gm</i>	<i>279</i>
		<i>colestipol hcl granules 5 gm</i>	<i>279</i>
		<i>colestipol hcl tab 1 gm</i>	<i>279</i>
		<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	<i>90</i>
		<i>COLOX CAP</i>	<i>739</i>

COMBIGAN SOL		
0.2/0.5%	895	
COMBIVENT AER 20-100		
.....	908	
COMETRIQ (60MG		
DOSE)	197	
COMETRIQ KIT 100MG		
.....	197	
COMETRIQ KIT 140MG		
.....	197	
COMPLERA TAB	120	
<i>complete allergy</i>		
<i>medicine</i>	914	
<i>complete allergy relief</i>		
.....	914	
<i>complex b-100</i>	811	
<i>complex b-50 prolonged</i>		
<i>re</i>	811	
<i>compro</i>	608	
<i>constulose</i>	624	
CONTRACE TAB 8-90MG		
.....	504	
COPAXONE INJ		
20MG/ML	452	
COPAXONE INJ		
40MG/ML	452	
COPIKTRA CAP 15MG	197	
COPIKTRA CAP 25MG	197	
CORAL CALCIU CAP		
1000MG	776	
CORAL CAP CALCIUM	776	
CORLANOR SOL		
5MG/5ML	313	
<i>corn</i>		
<i>and callus remover</i>	992	
<i>corvita</i>	811	
<i>corvita 150</i>	683	
COSENTYX INJ 125/5ML		
.....	704	
COSENTYX INJ		
150MG/ML	704	
COSENTYX INJ 300DOSE		
.....	704	
COSENTYX INJ		
75MG/0.5	703	
COSENTYX PEN INJ		
150MG/ML	704	
COSENTYX PEN INJ		
300DOSE	704	
COSENTYX UNO INJ		
300/2ML	704	
COTELLIC TAB 20MG	198	
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COVID-19 RAP KIT 2-		
PACK	91	
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CREON CAP 24000UNT		
.....	650	

CREON CAP 3000UNIT
650
 CREON CAP 36000UNT
650
 CREON CAP 6000UNIT
650
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 CRITIC-AID PST
 BARRIER.....992
*cromolyn sodium ophth
 soln 4%*893
*cromolyn sodium oral
 conc 100 mg/5ml* ...651
*cromolyn sodium soln
 nebu 20 mg/2ml*937
cryselle-28.....518
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 STRENGTH599
 CULTUR DIGES CAP
 DAILY.....599
 CULTUR DIGES CAP DLY
 PRO600
 CULTUR KIDS CHW
 PURELY.....600
 CULTUR KIDS POW
 PURELY.....600
 CULTURE BABY DRO
 IMM+DGST600
 CULTURE KIDS PAK
 PROB FIB600

CULTURELLE CAP 600
 CULTURELLE CAP ADV
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 CULTURELLE CAP
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culturelle kids probiotic
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 CULTURELLE PAK KIDS
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<i>cyanocobalamin lozenge 500 mcg</i>	<i>812</i>	<i>cyclobenzaprine hcl tab 5 mg</i>	<i>454</i>
<i>cyanocobalamin orally disintegrating tab 5000 mcg</i>	<i>812</i>	<i>CYCLOPHOSPH INJ 1000MG</i>	<i>168</i>
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<i>cyanocobalamin sl tab 3000 mcg</i>	<i>813</i>	<i>CYCLOPHOSPH INJ 2000MG</i>	<i>168</i>
<i>cyanocobalamin sl tab 500 mcg</i>	<i>812</i>	<i>CYCLOPHOSPH INJ 2GM/4ML</i>	<i>167</i>
<i>cyanocobalamin sl tab 5000 mcg</i>	<i>813</i>	<i>CYCLOPHOSPH INJ 500/5ML</i>	<i>167</i>
<i>cyanocobalamin tab 100 mcg</i>	<i>813</i>	<i>CYCLOPHOSPH INJ 500MG/ML.....</i>	<i>167</i>
<i>cyanocobalamin tab 1000 mcg</i>	<i>814</i>	<i>CYCLOPHOSPH TAB 25MG</i>	<i>168</i>
<i>cyanocobalamin tab 250 mcg</i>	<i>814</i>	<i>CYCLOPHOSPH TAB 50MG</i>	<i>168</i>
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<i>cyclophosphamide cap</i>		
50 mg	169	
<i>cyclophosphamide for inj</i>		
1 gm	169	
<i>cyclophosphamide for inj</i>		
2 gm	169	
<i>cyclophosphamide for inj</i>		
500 mg.....	169	
<i>cycloserine cap 250 mg</i>		
.....	124	
<i>cyclosporine cap 100 mg</i>		
.....	725	
<i>cyclosporine cap 25 mg</i>		
.....	725	
<i>cyclosporine modified</i>		
<i>cap 100 mg</i>	725	
<i>cyclosporine modified</i>		
<i>cap 25 mg</i>	725	
<i>cyclosporine modified</i>		
<i>cap 50 mg</i>	725	
<i>cyclosporine modified</i>		
<i>oral soln 100 mg/ml</i>		
.....	726	
<i>cyproheptadine hcl syrup</i>		
2 mg/5ml.....	914	
<i>cyproheptadine hcl tab 4</i>		
<i>mg</i>	914	
<i>cyred eq</i>	519	
CYSTADROPS SOL		
0.37%	899	
CYSTAGON CAP 150MG		
.....	566	
CYSTAGON CAP 50MG		
.....	566	
CYSTARAN SOL 0.44%		
.....	900	
<i>cytarabine inj 20 mg/ml</i>		
.....	172	
D		
<i>d 1000</i>	816	
<i>d 10000</i>	816	
<i>d 5000</i>	816	
<i>d-1000 extra strength</i>		
.....	816	
D10W/NACL INJ 0.2%		
.....	749	
D2.5W/NACL INJ 0.45%		
.....	749	
<i>d2000 ultra strength</i>	815	
<i>d3</i>	814	
D3 BABY DROP LIQ		
10MCG	814	
<i>d3 high potency</i>	815	
<i>d3 maximum strength</i>		
.....	815	
<i>d3 super strength</i> ...	815	
<i>d3-1000</i>	815	
<i>d-3-5</i>	816	
<i>d3-50</i>	815	
<i>d-400</i>	816	

<i>d-5000</i>	817	<i>dantrolene sodium cap</i>	
<i>dabigatran etexilate</i>		<i>25 mg</i>	455
<i>mesylate cap 110 mg</i>		<i>dantrolene sodium cap</i>	
<i>(etexilate base eq)</i> .	674	<i>50 mg</i>	455
<i>dabigatran etexilate</i>		DANZITEN TAB 71MG	
<i>mesylate cap 150 mg</i>		.....	198
<i>(etexilate base eq)</i> .	674	DANZITEN TAB 95MG	
<i>dabigatran etexilate</i>		.....	198
<i>mesylate cap 75 mg</i>		<i>dapsone tab 100 mg</i> ..	91
<i>(etexilate base eq)</i> .	674	<i>dapsone tab 25 mg</i> ...	91
<i>daily multivitamin</i>	817	DAPTACEL INJ	731
<i>daily value multivitamin</i>		<i>daptomycin for iv soln</i>	
.....	817	<i>350 mg</i>	91
<i>daily vite</i>	817	<i>daptomycin for iv soln</i>	
<i>daily vite multivitamin/i</i>		<i>500 mg</i>	91
.....	817	DAPTOMYCIN INJ 350MG	
<i>daily-vite</i>	818	.....	92
<i>daily-vite multivitamin</i>		<i>darifenacin</i>	
.....	818	<i>hydrobromide tab er</i>	
<i>dairy aid lactase enzyme</i>		<i>24hr 15 mg (base</i>	
.....	651	<i>equiv)</i>	666
<i>dairy relief</i>	651	<i>darifenacin</i>	
<i>dalfampridine tab er</i>		<i>hydrobromide tab er</i>	
<i>12hr 10 mg</i>	452	<i>24hr 7.5 mg (base</i>	
<i>danazol cap 100 mg</i> .	470	<i>equiv)</i>	666
<i>danazol cap 200 mg</i> .	470	<i>darunavir tab 600 mg</i>	
<i>danazol cap 50 mg</i> ...	470	.....	111
<i>dandruff shampoo</i>	992	<i>darunavir tab 800 mg</i>	
<i>dantrolene sodium cap</i>		.....	111
<i>100 mg</i>	455	<i>dasatinib tab 100 mg</i>	199

<i>dasatinib tab 140 mg</i>	199	<i>deferasirox tab for oral</i>	
<i>dasatinib tab 20 mg</i>	.198	<i>susp 250 mg</i>	 512
<i>dasatinib tab 50 mg</i>	.198	<i>deferasirox tab for oral</i>	
<i>dasatinib tab 70 mg</i>	.198	<i>susp 500 mg</i>	 512
<i>dasatinib tab 80 mg</i>	.199	DEKAS CAP ESSENTIA	
<i>dasetta 1/35</i>	519	.....	818
<i>dasetta 7/7/7</i>	519	DEKAS CHW BARIATRI	
DAURISMO TAB 100MG		.....	818
.....	199	DEKAS LIQ ESSENTIA	
DAURISMO TAB 25MG		.....	818
.....	199	DEKAS PLUS CAP	819
<i>daysee</i>	519	DEKAS PLUS CHW ...	819
DAYVIGO TAB 10MG.	439	DEKAS PLUS LIQ.....	819
DAYVIGO TAB 5MG ..	439	DELSTRIGO TAB	120
DDROPS LIQ	818	<i>delta d3</i>	 819
<i>deblitane</i>	519	DENGVAXIA SUS.....	731
<i>deferasirox granules</i>		<i>denta 5000 plus</i>	1009
<i>packet 180 mg</i>	511	<i>dentagel</i>	1009
<i>deferasirox granules</i>		DEPO-SQ PROV INJ 104	
<i>packet 360 mg</i>	511	.....	519
<i>deferasirox granules</i>		<i>depo-testosterone</i> ...	470
<i>packet 90 mg</i>	511	<i>dermafix</i>	 992
<i>deferasirox tab 180 mg</i>		<i>dermarest eczema</i> ...	979
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<i>deferasirox tab 360 mg</i>		15MG	 120
.....	512	DESCOVY TAB	
<i>deferasirox tab 90 mg</i>		200/25MG	 121
.....	511	<i>desipramine hcl tab 10</i>	
<i>deferasirox tab for oral</i>		<i>mg</i>	 336
<i>susp 125 mg</i>	512		

<i>desipramine hcl tab 100 mg</i>	337
<i>desipramine hcl tab 150 mg</i>	337
<i>desipramine hcl tab 25 mg</i>	336
<i>desipramine hcl tab 50 mg</i>	336
<i>desipramine hcl tab 75 mg</i>	337
<i>desitin</i>	992
<i>desitin daily defense</i>	992
<i>desitin rapid relief</i>	993
<i>desloratadine tab 5 mg</i>	915
<i>desmopressin acetate inj 4 mcg/ml</i>	567
<i>desmopressin acetate nasal spray soln 0.01%</i>	567
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	567
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	567
<i>desmopressin acetate tab 0.1 mg</i>	567
<i>desmopressin acetate tab 0.2 mg</i>	567
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	520
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	337
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	337
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	337
<i>DEWEES CARM SUS 250/5ML</i>	591
<i>DEX4 CHW ORANGE</i>	560
<i>DEX4 CHW RASPBERR</i>	560
<i>DEX4 GLUCOSE CHW</i>	560
<i>DEX4 GLUCOSE GEL</i>	560
<i>DEX4 GLUCOSE LIQ.</i>	561
<i>DEXAMETHASON CON 1MG/ML</i>	551
<i>dexamethasone elixir 0.5 mg/5ml</i>	551
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml ..</i>	551

dexamethasone sodium phosphate inj 10 mg/ml	552	dexamethasone tab 1.5 mg	553
dexamethasone sodium phosphate inj 100 mg/10ml.....	552	dexamethasone tab 2 mg	553
dexamethasone sodium phosphate inj 120 mg/30ml.....	552	dexamethasone tab 4 mg	553
dexamethasone sodium phosphate inj 20 mg/5ml	552	dexamethasone tab 6 mg	554
dexamethasone sodium phosphate inj 4 mg/ml	551	dexamethasone tab 10 mg	434
dexamethasone sodium phosphate inj soln pref syr 4 mg/ml	552	dexamethasone tab 2.5 mg	434
dexamethasone sodium phosphate ophth soln 0.1%.....	890	dexamethasone tab 5 mg	434
dexamethasone soln 0.5 mg/5ml	552	dextrose 10% w/ sodium chloride 0.45%	751
dexamethasone tab 0.5 mg.....	553	dextrose 2.5% w/ sodium chloride 0.45%	749
dexamethasone tab 0.75 mg.....	553	dextrose 5% in lactated ringers.....	750
dexamethasone tab 1 mg.....	553	dextrose 5% w/ sodium chloride 0.2%	750
		dextrose 5% w/ sodium chloride 0.225%....	750
		dextrose 5% w/ sodium chloride 0.3%	750
		dextrose 5% w/ sodium chloride 0.45%	750

<i>dextrose 5% w/ sodium chloride 0.9%</i>	750	<i>dialyvite vitamin d3 max</i>	821
<i>dextrose inj 10%</i>	764	DIALYVITE WAF PLUS D	821
<i>dextrose inj 5%</i>	764	DIALYVITE/ TAB ZINC	821
<i>dextrose inj 50%</i>	764	<i>diamode</i>	602
<i>dextrose inj 70%</i>	764	<i>diazepam inj</i>	401
DIACOMIT CAP 250MG	401	<i>diazepam intensol ...</i>	402
DIACOMIT CAP 500MG	401	<i>diazepam oral soln 1 mg/ml</i>	402
DIACOMIT PAK 250MG	401	<i>diazepam rectal gel delivery system 10 mg</i>	402
DIACOMIT PAK 500MG	401	<i>diazepam rectal gel delivery system 2.5 mg</i>	402
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<i>dialyvite</i>	819	<i>diazepam tab 10 mg</i>	404
<i>dialyvite 800</i>	820	<i>diazepam tab 2 mg .</i>	403
<i>dialyvite 800/ultra d.</i>	820	<i>diazepam tab 5 mg .</i>	403
DIALYVITE TAB 3000	820	<i>diazoxide susp 50 mg/ml</i>	561
DIALYVITE TAB 5000	820	<i>diclofenac potassium tab 50 mg</i>	61
DIALYVITE TAB 800/IRON	820	<i>diclofenac sodium ophth soln 0.1%</i>	890
DIALYVITE TAB 800/ZINC.....	820		
DIALYVITE TAB SUPREM D	821		
<i>dialyvite vitamin d 5000</i>	821		

<i>diclofenac sodium soln</i> 1.5%.....	993	<i>diethylpropion hcl tab</i> 25 mg	504
<i>diclofenac sodium tab</i> delayed release 25 mg	61	<i>diethylpropion hcl tab er</i> 24hr 75 mg	504
<i>diclofenac sodium tab</i> delayed release 50 mg	61	DIFICID SUS	147
<i>diclofenac sodium tab</i> delayed release 75 mg	61	DIFICID TAB 200MG	147
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<i>diclofenac w/</i> <i>misoprostol tab delayed</i> <i>release 50-0.2 mg...</i>	62	<i>difluprednate ophth</i> <i>emulsion 0.05%....</i>	891
<i>diclofenac w/</i> <i>misoprostol tab delayed</i> <i>release 75-0.2 mg...</i>	62	<i>digoxin inj</i> 0.25 mg/ml	313
<i>dicloxacillin sodium cap</i> 250 mg.....	158	<i>digoxin oral soln</i> 0.05 mg/ml	313
<i>dicloxacillin sodium cap</i> 500 mg.....	158	<i>digoxin tab</i> 125 mcg (0.125 mg).....	313
<i>dicyclomine hcl cap</i> 10 mg.....	616	<i>digoxin tab</i> 250 mcg (0.25 mg)	314
<i>dicyclomine hcl oral soln</i> 10 mg/5ml	616	<i>dihydroergotamine</i> <i>mesylate inj</i> 1 mg/ml	442
<i>dicyclomine hcl tab</i> 20 mg.....	617	<i>dihydroergotamine</i> <i>mesylate nasal spray</i> 4 mg/ml	443
		DILANTIN CAP 30MG	404
		<i>diltiazem hcl cap er</i> 12hr 120 mg.....	293
		<i>diltiazem hcl cap er</i> 12hr 60 mg	293
		<i>diltiazem hcl cap er</i> 12hr 90 mg	293

<i>diltiazem hcl coated beads cap er 24hr 120 mg.....</i>	<i>293</i>	<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	<i>295</i>
<i>diltiazem hcl coated beads cap er 24hr 180 mg.....</i>	<i>293</i>	<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	<i>295</i>
<i>diltiazem hcl coated beads cap er 24hr 240 mg.....</i>	<i>294</i>	<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	<i>295</i>
<i>diltiazem hcl coated beads cap er 24hr 300 mg.....</i>	<i>294</i>	<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	<i>295</i>
<i>diltiazem hcl coated beads cap er 24hr 360 mg.....</i>	<i>294</i>	<i>diltiazem hcl tab 120 mg</i>	<i>296</i>
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	<i>294</i>	<i>diltiazem hcl tab 30 mg</i>	<i>296</i>
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	<i>294</i>	<i>diltiazem hcl tab 60 mg</i>	<i>296</i>
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	<i>294</i>	<i>diltiazem hcl tab 90 mg</i>	<i>296</i>
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	<i>295</i>	<i>diltiazem hcl tab er 24hr 120 mg.....</i>	<i>296</i>
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	<i>295</i>	<i>diltiazem hcl tab er 24hr 180 mg.....</i>	<i>296</i>
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		<i>diltiazem hcl tab er 24hr 300 mg.....</i>	<i>297</i>
		<i>diltiazem hcl tab er 24hr 360 mg.....</i>	<i>297</i>
		<i>diltiazem hcl tab er 24hr 420 mg.....</i>	<i>297</i>
		<i>dilt-xr.....</i>	<i>293</i>

DIP/TET PED INJ 25-5LFU	731	<i>disulfiram tab 500 mg</i>	459
<i>diphenhydramine hcl cap 25 mg</i>	915	<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	404
<i>diphenhydramine hcl cap 50 mg</i>	915	<i>divalproex sodium tab delayed release 125 mg</i>	404
<i>diphenhydramine hcl inj 50 mg/ml</i>	915	<i>divalproex sodium tab delayed release 250 mg</i>	404
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i>	915	<i>divalproex sodium tab delayed release 500 mg</i>	405
<i>diphenhydramine hcl tab 25 mg</i>	915	<i>divalproex sodium tab er 24 hr 250 mg</i>	405
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	651	<i>divalproex sodium tab er 24 hr 500 mg</i>	405
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	651	<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	188
<i>dipyridamole tab 25 mg</i>	702	<i>docetaxel for inj conc 20 mg/ml</i>	187
<i>dipyridamole tab 50 mg</i>	702	<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	187
<i>dipyridamole tab 75 mg</i>	702	DOCETAXEL INJ 160/16ML	188
<i>disopyramide phosphate cap 100 mg</i>	266	DOCETAXEL INJ 160/8ML	188
<i>disopyramide phosphate cap 150 mg</i>	266		
<i>disulfiram tab 250 mg</i>	459		

DOCETAXEL INJ		
20MG/2ML	188	
DOCETAXEL INJ		
80MG/4ML	188	
DOCETAXEL INJ		
80MG/8ML	188	
<i>docetaxel soln for iv</i>		
<i>infusion 160 mg/16ml</i>		
.....	189	
<i>docetaxel soln for iv</i>		
<i>infusion 20 mg/2ml</i>	189	
<i>docetaxel soln for iv</i>		
<i>infusion 80 mg/8ml</i>	189	
DOCIVYX INJ 160/16ML		
.....	189	
DOCIVYX INJ 20MG/2ML		
.....	189	
DOCIVYX INJ 80MG/8ML		
.....	189	
<i>docusate calcium cap</i>		
<i>240 mg.....</i>	624	
<i>docusate mini.....</i>	625	
<i>docusate sodium cap</i>		
<i>100 mg.....</i>	625	
<i>docusate sodium cap</i>		
<i>250 mg.....</i>	625	
<i>docusate sodium liquid</i>		
<i>150 mg/15ml</i>	625	
<i>dodex</i>	821	
<i>dofetilide cap 125 mcg</i>		
<i>(0.125 mg).....</i>	266	
<i>dofetilide cap 250 mcg</i>		
<i>(0.25 mg)</i>	266	
<i>dofetilide cap 500 mcg</i>		
<i>(0.5 mg)</i>	267	
<i>dok</i>	625	
<i>dolishale</i>	520	
<i>donepezil hydrochloride</i>		
<i>orally disintegrating tab</i>		
<i>10 mg</i>	326	
<i>donepezil hydrochloride</i>		
<i>orally disintegrating tab</i>		
<i>5 mg</i>	326	
<i>donepezil hydrochloride</i>		
<i>tab 10 mg</i>	327	
<i>donepezil hydrochloride</i>		
<i>tab 5 mg</i>	327	
DOPTelet TAB 20MG		
.....	699	
<i>dorzolamide hcl ophth</i>		
<i>soln 2%</i>	895	
<i>dorzolamide hcl-timolol</i>		
<i>maleate ophth soln 2-</i>		
<i>0.5%</i>	895	
DOSOKAP TAB	822	
<i>dotti.....</i>	546	
<i>double antibiotic</i>	962	
DOVATO TAB 50-300MG		
.....	121	

<i>doxazosin mesylate tab</i> 1 mg	252	<i>doxercalciferol cap 2.5</i> mcg	587
<i>doxazosin mesylate tab</i> 2 mg	252	<i>doxorubicin hcl inj 2</i> mg/ml	185
<i>doxazosin mesylate tab</i> 4 mg	252	<i>doxorubicin hcl</i> liposomal susp (for iv infusion) 2 mg/ml..	186
<i>doxazosin mesylate tab</i> 8 mg	252	<i>doxy 100</i>	162
<i>doxepin hcl (sleep) tab 3</i> mg (base equiv)	439	<i>doxycycline hyclate cap</i> 100 mg	162
<i>doxepin hcl (sleep) tab 6</i> mg (base equiv)	439	<i>doxycycline hyclate cap</i> 50 mg	162
<i>doxepin hcl cap 10 mg</i>	338	<i>doxycycline hyclate for</i> inj 100 mg	162
<i>doxepin hcl cap 100 mg</i>	338	<i>doxycycline hyclate tab</i> 100 mg	163
<i>doxepin hcl cap 150 mg</i>	338	<i>doxycycline hyclate tab</i> 20 mg	162
<i>doxepin hcl cap 25 mg</i>	338	<i>doxycycline</i> monohydrate cap 100 mg	163
<i>doxepin hcl cap 50 mg</i>	338	<i>doxycycline</i> monohydrate cap 50 mg	163
<i>doxepin hcl cap 75 mg</i>	338	<i>doxycycline</i> monohydrate for susp 25 mg/5ml	163
<i>doxepin hcl conc 10</i> mg/ml	339	<i>doxycycline</i> monohydrate tab 100 mg	164
<i>doxercalciferol cap 0.5</i> mcg	586		
<i>doxercalciferol cap 1</i> mcg	587		

<i>doxycycline</i>	
<i>monohydrate tab 50</i>	
<i>mg</i>	163
<i>doxycycline</i>	
<i>monohydrate tab 75</i>	
<i>mg</i>	163
<i>dramamine</i>	608
<i>dramamine motion</i>	
<i>sickness</i>	608
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DR	339
DRIZALMA CAP 30MG	
DR	339
DRIZALMA CAP 40MG	
DR	339
DRIZALMA CAP 60MG	
DR	339
<i>dronabinol cap 10 mg</i>	
.....	609
<i>dronabinol cap 2.5 mg</i>	
.....	608, 609
<i>dronabinol cap 5 mg</i>	609
<i>drospirenone-ethinyl</i>	
<i>estradiol tab 3-0.02 mg</i>	
.....	520
<i>drospirenone-ethinyl</i>	
<i>estradiol tab 3-0.03 mg</i>	
.....	520
<i>drospirenone-ethinyl</i>	
<i>estrad-levomefolate tab</i>	
<i>3-0.02-0.451 mg</i> ...	520
<i>drospirenone-ethinyl</i>	
<i>estrad-levomefolate tab</i>	
<i>3-0.03-0.451 mg</i> ...	520
<i>droxidopa cap 100 mg</i>	
.....	314
<i>droxidopa cap 200 mg</i>	
.....	314
<i>droxidopa cap 300 mg</i>	
.....	314
<i>dry eye relief drops</i> .	900
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DULERA AER 200-5MCG	
.....	953
DULERA AER 50-5MCG	
.....	952
<i>duloxetine hcl enteric</i>	
<i>coated pellets cap 20</i>	
<i>mg (base eq)</i>	339
<i>duloxetine hcl enteric</i>	
<i>coated pellets cap 30</i>	
<i>mg (base eq)</i>	340
<i>duloxetine hcl enteric</i>	
<i>coated pellets cap 60</i>	
<i>mg (base eq)</i>	340
DUPIXENT INJ 200/1.14	
.....	705

DUPIXENT INJ 200MG
 705
 DUPIXENT INJ 300/2ML
 705
dutasteride cap 0.5 mg
 663
dutasteride-tamsulosin
hcl cap 0.5-0.4 mg .663
d-vite pediatric817
dyna-hex 4993
 DY-O-DERM SOL STAIN
 993
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e.e.s. 400147
e200822
e-200822
e400822
e-400822
ear drops1012
earwax removal1013
earwax removal kit 1013
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 EDARBYCLOR TAB 40-
 25MG 256
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*efavirenz tab 600 mg*111
efavirenz-emtricitabine-
tenofovir df tab 600-
200-300 mg 121
efavirenz-lamivudine-
tenofovir df tab 400-
300-300 mg 121
efavirenz-lamivudine-
tenofovir df tab 600-
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eluryng 521
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 100MG/ML..... 443

EMGALITY INJ	
120MG/ML	443
EMSAM DIS 12MG/24H	
.....	340
EMSAM DIS 6MG/24HR	
.....	340
EMSAM DIS 9MG/24HR	
.....	340
<i>emtricitabine caps 200</i>	
<i>mg</i>	<i>112</i>
<i>emtricitabine-tenofovir</i>	
<i>disoproxil fumarate tab</i>	
<i>100-150 mg</i>	<i>121</i>
<i>emtricitabine-tenofovir</i>	
<i>disoproxil fumarate tab</i>	
<i>133-200 mg</i>	<i>122</i>
<i>emtricitabine-tenofovir</i>	
<i>disoproxil fumarate tab</i>	
<i>167-250 mg</i>	<i>122</i>
<i>emtricitabine-tenofovir</i>	
<i>disoproxil fumarate tab</i>	
<i>200-300 mg</i>	<i>122</i>
EMTRIVA SOL 10MG/ML	
.....	112
EMVERM CHW 100MG	92
<i>emzahh</i>	<i>521</i>
<i>enalapril maleate &</i>	
<i>hydrochlorothiazide tab</i>	
<i>10-25 mg</i>	<i>243</i>
<i>enalapril maleate &</i>	
<i>hydrochlorothiazide tab</i>	
<i>5-12.5 mg</i>	<i>243</i>
<i>enalapril maleate tab 10</i>	
<i>mg</i>	<i>246</i>
<i>enalapril maleate tab 2.5</i>	
<i>mg</i>	<i>245</i>
<i>enalapril maleate tab 20</i>	
<i>mg</i>	<i>246</i>
<i>enalapril maleate tab 5</i>	
<i>mg</i>	<i>245</i>
ENBREL INJ 25/0.5ML	
.....	705
ENBREL INJ 25MG ...	705
ENBREL INJ 50MG/ML	
.....	706
ENBREL MINI INJ	
50MG/ML	706
ENBREL SRCLK INJ	
50MG/ML	706
<i>endocet tab 10-325mg</i>	
<i>.....</i>	<i>81</i>
<i>endocet tab 2.5-325mg</i>	
<i>.....</i>	<i>80</i>
<i>endocet tab 5-325mg</i>	<i>80</i>
<i>endocet tab 7.5-325mg</i>	
<i>.....</i>	<i>81</i>
ENDOMETRIN SUP	
100MG	568
<i>endur-acin</i>	<i>823</i>

<i>endur-amide</i>	823	<i>enoxaparin sodium inj</i>	
ENDUR-AMIDE TAB		<i>soln pref syr 150</i>	
750MG	823	<i>mg/ml</i>	676
<i>endur-b</i>	823	<i>enoxaparin sodium inj</i>	
<i>endur-c/rose hips</i>	823	<i>soln pref syr 30</i>	
ENDUR-THINE TAB 500-		<i>mg/0.3ml</i>	675
200	789	<i>enoxaparin sodium inj</i>	
ENDUR-VM TAB	824	<i>soln pref syr 40</i>	
ENDUR-VM TAB IRON		<i>mg/0.4ml</i>	675
.....	824	<i>enoxaparin sodium inj</i>	
<i>enema ready-to-use</i> .	625	<i>soln pref syr 60</i>	
ENEMEEZ KIDS ENE		<i>mg/0.6ml</i>	675
100/5ML	626	<i>enoxaparin sodium inj</i>	
<i>enemeez mini</i>	626	<i>soln pref syr 80</i>	
<i>enemeez plus</i>	626	<i>mg/0.8ml</i>	676
ENGERIX-B INJ		<i>enpresse-28</i>	521
10/0.5ML	732	<i>enskyce</i>	522
ENGERIX-B INJ		ENSTILAR AER.....	975
20MCG/ML	732	<i>entacapone tab 200 mg</i>	
<i>enilloring</i>	521	.....	357
ENLYTE CAP	789	<i>entecavir tab 0.5 mg</i>	128
<i>enoxaparin sodium inj</i>		<i>entecavir tab 1 mg ..</i>	128
<i>300 mg/3ml</i>	675	ENTRESTO CAP 15-	
<i>enoxaparin sodium inj</i>		16MG	256
<i>soln pref syr 100</i>		ENTRESTO CAP 6-6MG	
<i>mg/ml</i>	676	.....	256
<i>enoxaparin sodium inj</i>		ENTRESTO TAB 24-	
<i>soln pref syr 120</i>		26MG	256
<i>mg/0.8ml</i>	676	ENTRESTO TAB 49-	
		51MG	256

ENTRESTO TAB 97-103MG	257	<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	937
<i>enulose</i>	626	<i>epitol</i>	405
ENVARUSUS XR TAB 0.75MG	726	<i>eplerenone tab 25 mg</i>	250
ENVARUSUS XR TAB 1MG	726	<i>eplerenone tab 50 mg</i>	250
ENVARUSUS XR TAB 4MG	726	EPRONTIA SOL 25MG/ML	405
<i>e-oil</i>	822	<i>epsom salt</i>	626
EPCLUSA PAK 150-37.5	129	<i>eql all day allergy</i>	916
EPCLUSA PAK 200-50MG	129	<i>eql anti-itch maximum str</i>	979
EPCLUSA TAB 200-50MG	129	<i>eql migraine formula</i> .	45
EPCLUSA TAB 400-100	129	<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	824
EPIDIOLEX SOL 100MG/ML	405	<i>ergocalciferol soln 200 mcg/ml (8000 unit/ml)</i>	824
<i>epinephrine inj 1 mg/ml (1:1000)</i>	314	<i>ergotamine w/ caffeine tab 1-100 mg</i>	443
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	937	ERIVEDGE CAP 150MG	199
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	937	ERLEADA TAB 240MG	179
		ERLEADA TAB 60MG	178
		<i>erlotinib hcl tab 100 mg (base equivalent)</i> ..	200

<i>erlotinib hcl tab 150 mg</i> <i>(base equivalent) ...</i>	<i>erythromycin tab</i> <i>delayed release 333</i>
<i>erlotinib hcl tab 25 mg</i> <i>(base equivalent) ...</i>	<i>mg 149</i>
<i>errin .....522</i>	<i>erythromycin tab</i> <i>delayed release 500</i>
<i>ertapenem sodium for</i> <i>inj 1 gm (base</i> <i>equivalent).....</i>	<i>mg 149</i>
<i>ery .....958</i>	<i>erythromycin w/ delayed</i> <i>release particles cap</i> <i>250 mg 149</i>
<i>ery-tab .....148</i>	<i>escitalopram oxalate</i> <i>soln 5 mg/5ml (base</i> <i>equiv).....</i>
<i>ERYTHROCIN INJ 500MG</i> <i>.....148</i>	<i>escitalopram oxalate tab</i> <i>10 mg (base equiv) 341</i>
<i>erythromycin</i> <i>ethylsuccinate tab 400</i> <i>mg .....148</i>	<i>escitalopram oxalate tab</i> <i>20 mg (base equiv) 341</i>
<i>erythromycin gel 2% 959</i>	<i>escitalopram oxalate tab</i> <i>5 mg (base equiv) . 341</i>
<i>erythromycin</i> <i>lactobionate for inj 500</i> <i>mg .....148</i>	<i>esomeprazole</i> <i>magnesium cap</i> <i>delayed release 20 mg</i> <i>(base eq) 660</i>
<i>erythromycin ophth oint</i> <i>5 mg/gm .....887</i>	<i>esomeprazole</i> <i>magnesium cap</i> <i>delayed release 40 mg</i> <i>(base eq) 660</i>
<i>erythromycin soln 2%</i> <i>.....959</i>	<i>esomeprazole</i> <i>magnesium for delayed</i> <i>release susp packet 10</i> <i>mg 660</i>
<i>erythromycin tab 250</i> <i>mg .....148</i>	
<i>erythromycin tab 500</i> <i>mg .....148</i>	
<i>erythromycin tab</i> <i>delayed release 250</i> <i>mg .....149</i>	

esomeprazole magnesium for delayed release susp packet 20 mg.....	660	estradiol td patch twice weekly 0.075 mg/24hr	547
esomeprazole magnesium for delayed release susp packet 40 mg.....	661	estradiol td patch twice weekly 0.1 mg/24hr	547
estarylla	522	estradiol td patch weekly 0.025 mg/24hr	548
ester-c	824	estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr).....	548
estradiol & norethindrone acetate tab 0.5-0.1 mg	546	estradiol td patch weekly 0.05 mg/24hr	548
estradiol & norethindrone acetate tab 1-0.5 mg	546	estradiol td patch weekly 0.06 mg/24hr	548
estradiol tab 0.5 mg.	546	estradiol td patch weekly 0.075 mg/24hr	548
estradiol tab 1 mg....	546	estradiol td patch weekly 0.1 mg/24hr.....	548
estradiol tab 2 mg....	547	estradiol vaginal cream 0.1 mg/gm.....	549
estradiol td patch twice weekly 0.025 mg/24hr	547	estradiol vaginal tab 10 mcg	549
estradiol td patch twice weekly 0.0375 mg/24hr	547	estradiol valerate im in oil 10 mg/ml.....	549
estradiol td patch twice weekly 0.05 mg/24hr	547	estradiol valerate im in oil 20 mg/ml.....	549
		estradiol valerate im in oil 40 mg/ml.....	549

<i>ethambutol hcl tab 100 mg</i>	125	<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	190
<i>ethambutol hcl tab 400 mg</i>	125	<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	190
<i>ethosuximide cap 250 mg</i>	406	<i>etravirine tab 100 mg</i>	112
<i>ethosuximide soln 250 mg/5ml</i>	406	<i>etravirine tab 200 mg</i>	112
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	522	<i>EULEXIN CAP 125MG</i>	179
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	522	<i>euthyrox</i>	580
<i>etodolac cap 200 mg</i> .	62	<i>evac-u-gen</i>	626
<i>etodolac cap 300 mg</i> .	63	<i>everolimus tab 0.25 mg</i>	726
<i>etodolac tab 400 mg</i> .	63	<i>everolimus tab 0.5 mg</i>	726
<i>etodolac tab 500 mg</i> .	63	<i>everolimus tab 0.75 mg</i>	727
<i>etodolac tab er 24hr 400 mg</i>	63	<i>everolimus tab 1 mg</i>	727
<i>etodolac tab er 24hr 500 mg</i>	63	<i>everolimus tab 10 mg</i>	201
<i>etodolac tab er 24hr 600 mg</i>	63	<i>everolimus tab 2.5 mg</i>	200
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	522	<i>everolimus tab 5 mg</i>	200
<i>etoposide inj 1 gm/50ml (20 mg/ml)</i>	190	<i>everolimus tab 7.5 mg</i>	200
		<i>everolimus tab for oral susp 2 mg</i>	201
		<i>everolimus tab for oral susp 3 mg</i>	201

*everolimus tab for oral
 susp 5 mg*201
 EVOTAZ TAB 300-150
122
exemestane tab 25 mg
179
extraprin extra strength
 45
eye itch relief893
 EYSUVIS DRO 0.25%900
 EZALLOR SPR CAP 10MG
273
 EZALLOR SPR CAP 20MG
274
 EZALLOR SPR CAP 40MG
274
 EZALLOR SPR CAP 5MG
273
ezetimibe tab 10 mg 280
*ezetimibe-simvastatin
 tab 10-10 mg*280
*ezetimibe-simvastatin
 tab 10-20 mg*280
*ezetimibe-simvastatin
 tab 10-40 mg*280
*ezetimibe-simvastatin
 tab 10-80 mg*280
 EZFE 200 CAP 200MG
683

F
fa-8 824
 FABRAZYME INJ 35MG
 568
 FABRAZYME INJ 5MG568
falmina 523
famciclovir tab 125 mg
 129
famciclovir tab 250 mg
 129
famciclovir tab 500 mg
 130
*famotidine for susp 40
 mg/5ml*..... 618
*famotidine in nacl 0.9%
 iv soln 20 mg/50ml* 618
*famotidine inj 200
 mg/20ml*..... 618
*famotidine inj 40
 mg/4ml*..... 618
*famotidine maximum
 streng*..... 618
famotidine original stren
 619
*famotidine preservative
 free inj 20 mg/2ml* 619
famotidine tab 10 mg
 619
famotidine tab 20 mg
 619

<i>famotidine tab 40 mg</i>		<i>felodipine tab er 24hr 10</i>	
.....619		<i>mg</i> 298	
FANAPT PAK.....372		<i>felodipine tab er 24hr</i>	
FANAPT TAB 10MG...373		<i>2.5 mg</i> 297	
FANAPT TAB 12MG...373		<i>felodipine tab er 24hr 5</i>	
FANAPT TAB 1MG.....372		<i>mg</i> 297	
FANAPT TAB 2MG.....372		FEM-CAL TAB CITRATE	
FANAPT TAB 4MG.....372		 777	
FANAPT TAB 6MG.....372		<i>fenofibrate micronized</i>	
FANAPT TAB 8MG.....373		<i>cap 134 mg</i> 271	
FARXIGA TAB 10MG .473		<i>fenofibrate micronized</i>	
FARXIGA TAB 5MG...472		<i>cap 200 mg</i> 271	
FASENRA INJ 10MG/0.5		<i>fenofibrate micronized</i>	
.....938		<i>cap 67 mg</i> 271	
FASENRA INJ 30MG/ML		<i>fenofibrate tab 145 mg</i>	
.....938		 271	
FASENRA PEN INJ		<i>fenofibrate tab 160 mg</i>	
30MG/ML .....938		 272	
<i>fe c tab</i> .....683		<i>fenofibrate tab 48 mg</i>	
<i>fe c tab plus</i> .....684		 271	
<i>febuxostat tab 40 mg</i> 39		<i>fenofibrate tab 54 mg</i>	
<i>febuxostat tab 80 mg</i> 39		 271	
<i>feirza tab 1.5/30</i>.....523		<i>fentanyl td patch 72hr</i>	
<i>feirza tab 1/20</i> .....523		<i>100 mcg/hr</i> 75	
<i>felbamate susp 600</i>		<i>fentanyl td patch 72hr</i>	
<i>mg/5ml</i> .....406		<i>12 mcg/hr</i> 74	
<i>felbamate tab 400 mg</i>		<i>fentanyl td patch 72hr</i>	
.....406		<i>25 mcg/hr</i> 74	
<i>felbamate tab 600 mg</i>		<i>fentanyl td patch 72hr</i>	
.....406		<i>37.5 mcg/hr</i> 74	

<i>fentanyl td patch 72hr</i> 50 mcg/hr.....	74	<i>ferrous gluconate tab</i> 240 mg (27 mg elemental fe)	686
<i>fentanyl td patch 72hr</i> 62.5 mcg/hr	74	<i>ferrous gluconate tab</i> 324 mg (37.5 mg elemental iron)	687
<i>fentanyl td patch 72hr</i> 75 mcg/hr.....	75	<i>ferrous sulfate soln 220</i> mg/5ml (44 mg/5ml elemental fe)	687
<i>fentanyl td patch 72hr</i> 87.5 mcg/hr	75	<i>ferrous sulfate soln 300</i> mg/5ml (60 mg/5ml elemental fe)	687
<i>ferate</i>	684	<i>ferrous sulfate soln 75</i> mg/ml (15 mg/ml elemental fe)	687
<i>fergon</i>	684	<i>ferrous sulfate tab 325</i> mg (65 mg elemental fe)	687
<i>ferocon</i>	684	<i>ferrous sulfate tab ec</i> 324 mg (65 mg fe equivalent).....	687
<i>ferosul</i>	684	<i>ferrous sulfate tab ec</i> 325 mg (65 mg fe equivalent).....	688
FERRETTS IPS CAP 18MG	685	<i>ferrous sulfate tab er 45</i> mg (elemental fe) .	688
FERRETTS IPS SOL...685		<i>fesoterodine fumarate</i> tab er 24hr 4 mg...	667
FERRETTS TAB 325MG	685	<i>fesoterodine fumarate</i> tab er 24hr 8 mg...	667
<i>ferrex 150</i>	685		
<i>ferric x-150</i>	685		
FERRIMIN 150 TAB ..	685		
<i>ferrocite plus</i>	686		
FERRO-SEQUEL TAB 65- 25MG	686		
FERROUS FUM TAB 29MG	686		
<i>ferrous fumarate tab</i> 324 mg (106 mg elemental fe)	686		
FERROUS GLUC TAB 324MG	686		

FETZIMA CAP 120MG	342	FIBER/D3 CHW 2.5-500	
FETZIMA CAP 20MG	.341	.....	627
FETZIMA CAP 40MG	.341	FIBERCEL POW	 627
FETZIMA CAP 80MG	.341	FIBEREX F15 LIQ	
FETZIMA CAP TITRATIO		15/30ML	 627
.....	342	<i>fiber-lax</i>	627
<i>feverall adults</i>	46	<i>finasteride tab 5 mg</i>	663
<i>feverall childrens</i>	46	<i>fingolimod hcl cap 0.5</i>	
FEVERALL INF SUP		<i>mg (base equiv)....</i>	453
80MG	46	FINTEPLA SOL 2.2MG/ML	
FEVERALL SUP 325MG	46	.....	406
<i>fe-vite iron</i>	684	<i>finzala</i>	523
<i>fexofenadine hcl tab 180</i>		FIRMAGON INJ 120MG	
<i>mg</i>	916	.....	179
<i>fexofenadine hcl tab 60</i>		FIRMAGON INJ 80MG	179
<i>mg</i>	916	FIRST AID OIN 10%	993
<i>fexofenadine-</i>		<i>flac</i>	906
<i>pseudoephedrine tab er</i>		FLAREX SUS 0.1% OP	
<i>12hr 60-120 mg</i>	929	.....	891
<i>fexofenadine-</i>		FLAVOR SWEET SYP S/F	
<i>pseudoephedrine tab er</i>		.....	739
<i>24hr 180-240 mg</i> ...	930	FLEBOGAMMA INJ	
FIASP FLEX INJ TOUCH		10/200ML.....	716
.....	489	FLEBOGAMMA INJ	
FIASP INJ 100/ML	489	20/400ML.....	716
FIASP PENFIL INJ U-100		FLEBOGAMMA INJ DIF	
.....	490	5%.....	716
FIASP PMPCRT INJ U-		<i>flecainide acetate tab</i>	
100	490	<i>100 mg</i>	267
<i>fiber laxative</i>	627		

<i>flecainide acetate tab</i> <i>150 mg.....</i>	<i>267</i>	<i>fluconazole tab 100 mg</i> <i>.....</i>	<i>105</i>
<i>flecainide acetate tab 50</i> <i>mg.....</i>	<i>267</i>	<i>fluconazole tab 150 mg</i> <i>.....</i>	<i>105</i>
FLEET BISACO ENE 10/30ML.....	627	<i>fluconazole tab 200 mg</i> <i>.....</i>	<i>105</i>
FLEET ENE PED.....	628	<i>fluconazole tab 50 mg</i> <i>.....</i>	<i>104</i>
FLEET LIQUID ENE GLYCERIN.....	628	<i>flucytosine cap 250 mg</i> <i>.....</i>	<i>105</i>
FLORASTOR BA POW 250MG	603	<i>flucytosine cap 500 mg</i> <i>.....</i>	<i>105</i>
FLORASTOR CAP.....	603	<i>fludrocortisone acetate</i> <i>tab 0.1 mg</i>	<i>554</i>
FLORASTOR CAP 250MG	603	<i>flunisolide nasal soln 25</i> <i>mcg/act (0.025%) .</i>	<i>947</i>
FLORASTOR CAP SELECT	603	<i>fluocinolone acetonide</i> <i>(otic) oil 0.01%.....</i>	<i>906</i>
FLORASTOR KI PAK 250MG	603	<i>fluocinolone acetonide</i> <i>cream 0.01%.....</i>	<i>980</i>
FLORASTOR PAK KIDS	603	<i>fluocinolone acetonide</i> <i>cream 0.025%</i>	<i>980</i>
FLOWFLEX KIT TEST..	92	<i>fluocinolone acetonide</i> <i>oil 0.01% (body oil)</i>	<i>980</i>
<i>fluconazole for susp 10</i> <i>mg/ml</i>	<i>104</i>	<i>fluocinolone acetonide</i> <i>oil 0.01% (scalp oil)</i> <i>.....</i>	<i>980</i>
<i>fluconazole for susp 40</i> <i>mg/ml</i>	<i>104</i>	<i>fluocinolone acetonide</i> <i>oint 0.025%</i>	<i>980</i>
<i>fluconazole in nacl 0.9%</i> <i>inj 200 mg/100ml ..</i>	<i>104</i>		
<i>fluconazole in nacl 0.9%</i> <i>inj 400 mg/200ml ..</i>	<i>104</i>		

<i>fluocinolone acetonide</i>		
<i>soln 0.01%</i>	<i>980</i>	
<i>fluocinonide cream</i>		
<i>0.05%</i>	<i>981</i>	
<i>fluocinonide emulsified</i>		
<i>base cream 0.05% .</i>	<i>981</i>	
<i>fluocinonide gel 0.05%</i>		
<i>.....</i>	<i>981</i>	
<i>fluocinonide oint 0.05%</i>		
<i>.....</i>	<i>981</i>	
<i>fluocinonide soln 0.05%</i>		
<i>.....</i>	<i>981</i>	
<i>fluorometholone ophth</i>		
<i>susp 0.1%</i>	<i>891</i>	
<i>fluorouracil cream 5%</i>		
<i>.....</i>	<i>993</i>	
<i>fluorouracil iv soln 1</i>		
<i>gm/20ml (50 mg/ml)</i>		
<i>.....</i>	<i>172</i>	
<i>fluorouracil iv soln 2.5</i>		
<i>gm/50ml (50 mg/ml)</i>		
<i>.....</i>	<i>172</i>	
<i>fluorouracil iv soln 5</i>		
<i>gm/100ml (50 mg/ml)</i>		
<i>.....</i>	<i>172</i>	
<i>fluorouracil iv soln 500</i>		
<i>mg/10ml (50 mg/ml)</i>		
<i>.....</i>	<i>172</i>	
<i>fluorouracil soln 2% .</i>	<i>994</i>	
<i>fluorouracil soln 5% .</i>	<i>994</i>	
<i>fluoxetine hcl cap 10 mg</i>		
<i>.....</i>	<i>342</i>	
<i>fluoxetine hcl cap 20 mg</i>		
<i>.....</i>	<i>342</i>	
<i>fluoxetine hcl cap 40 mg</i>		
<i>.....</i>	<i>342</i>	
<i>fluoxetine hcl solution 20</i>		
<i>mg/5ml.....</i>	<i>342</i>	
<i>fluphenazine decanoate</i>		
<i>inj 25 mg/ml</i>	<i>373</i>	
<i>fluphenazine hcl elixir</i>		
<i>2.5 mg/5ml</i>	<i>373</i>	
<i>fluphenazine hcl inj 2.5</i>		
<i>mg/ml</i>	<i>373</i>	
<i>fluphenazine hcl oral</i>		
<i>conc 5 mg/ml</i>	<i>374</i>	
<i>fluphenazine hcl tab 1</i>		
<i>mg</i>	<i>374</i>	
<i>fluphenazine hcl tab 10</i>		
<i>mg</i>	<i>374</i>	
<i>fluphenazine hcl tab 2.5</i>		
<i>mg</i>	<i>374</i>	
<i>fluphenazine hcl tab 5</i>		
<i>mg</i>	<i>374</i>	
<i>flurbiprofen sodium</i>		
<i>ophth soln 0.03% ..</i>	<i>891</i>	
<i>flurbiprofen tab 100 mg</i>		
<i>.....</i>	<i>64</i>	

<i>fluticasone propionate</i>		
<i>aer pow ba 100</i>		
<i>mcg/act</i>	<i>950</i>	
<i>fluticasone propionate</i>		
<i>aer pow ba 250</i>		
<i>mcg/act</i>	<i>950</i>	
<i>fluticasone propionate</i>		
<i>aer pow ba 50 mcg/act</i>		
<i>.....</i>	<i>950</i>	
<i>fluticasone propionate</i>		
<i>cream 0.05%</i>	<i>981</i>	
<i>fluticasone propionate</i>		
<i>hfa inhal aer 110</i>		
<i>mcg/act</i>	<i>950</i>	
<i>fluticasone propionate</i>		
<i>hfa inhal aer 220</i>		
<i>mcg/act</i>	<i>950</i>	
<i>fluticasone propionate</i>		
<i>hfa inhal aero 44</i>		
<i>mcg/act</i>	<i>950</i>	
<i>fluticasone propionate</i>		
<i>nasal susp 50 mcg/act</i>		
<i>.....</i>	<i>947</i>	
<i>fluticasone propionate</i>		
<i>oint 0.005%</i>	<i>982</i>	
<i>fluticasone-salmeterol</i>		
<i>aer powder ba 100-50</i>		
<i>mcg/act</i>	<i>953</i>	
<i>fluticasone-salmeterol</i>		
<i>aer powder ba 113-14</i>		
<i>mcg/act</i>	<i>953</i>	
<i>fluticasone-salmeterol</i>		
<i>aer powder ba 232-14</i>		
<i>mcg/act</i>	<i>953</i>	
<i>fluticasone-salmeterol</i>		
<i>aer powder ba 250-50</i>		
<i>mcg/act</i>	<i>954</i>	
<i>fluticasone-salmeterol</i>		
<i>aer powder ba 500-50</i>		
<i>mcg/act</i>	<i>954</i>	
<i>fluticasone-salmeterol</i>		
<i>aer powder ba 55-14</i>		
<i>mcg/act</i>	<i>953</i>	
<i>fluvastatin sodium cap</i>		
<i>20 mg (base</i>		
<i>equivalent)</i>	<i>274</i>	
<i>fluvastatin sodium cap</i>		
<i>40 mg (base</i>		
<i>equivalent)</i>	<i>274</i>	
<i>fluvastatin sodium tab er</i>		
<i>24 hr 80 mg (base</i>		
<i>equivalent)</i>	<i>274</i>	
<i>fluvoxamine maleate tab</i>		
<i>100 mg</i>	<i>325</i>	
<i>fluvoxamine maleate tab</i>		
<i>25 mg</i>	<i>324</i>	
<i>fluvoxamine maleate tab</i>		
<i>50 mg</i>	<i>325</i>	

<i>folate</i>	825	<i>fondaparinux sodium</i>	
<i>folbee</i>	825	<i>subcutaneous inj 7.5</i>	
<i>folbee plus</i>	825	<i>mg/0.6ml</i>	677
<i>folbee plus cz</i>	825	<i>for sty relief</i>	900
FOLBIC TAB	825	<i>formoterol fumarate soln</i>	
<i>folic acid cap 0.8 mg</i>	825	<i>nebu 20 mcg/2ml ..</i>	926
FOLIC ACID CAP 20MG		<i>fosamprenavir calcium</i>	
.....	826	<i>tab 700 mg (base</i>	
<i>folic acid inj 5 mg/ml</i>	826	<i>equiv)</i>	112
<i>folic acid tab 1 mg</i> ...	826	<i>fosinopril sodium &</i>	
<i>folic acid tab 400 mcg</i>		<i>hydrochlorothiazide tab</i>	
.....	826	<i>10-12.5 mg</i>	243
<i>folic acid tab 800 mcg</i>		<i>fosinopril sodium &</i>	
.....	826	<i>hydrochlorothiazide tab</i>	
FOLITAB 500 TAB	688	<i>20-12.5 mg</i>	243
FOLIVANE-F CAP	688	<i>fosinopril sodium tab 10</i>	
FOLIVANE-PLS CAP ..	688	<i>mg</i>	246
<i>folplex 2.2</i>	826	<i>fosinopril sodium tab 20</i>	
FOLTABS 800 TAB	827	<i>mg</i>	246
<i>fondaparinux sodium</i>		<i>fosinopril sodium tab 40</i>	
<i>subcutaneous inj 10</i>		<i>mg</i>	246
<i>mg/0.8ml</i>	677	FOTIVDA CAP 0.89MG	
<i>fondaparinux sodium</i>		.....	201
<i>subcutaneous inj 2.5</i>		FOTIVDA CAP 1.34MG	
<i>mg/0.5ml</i>	676	.....	201
<i>fondaparinux sodium</i>		FREEDAVITE TAB	827
<i>subcutaneous inj 5</i>		FRINDOVYX INJ	
<i>mg/0.4ml</i>	676	<i>1GM/2ML</i>	169
		FRINDOVYX INJ	
		<i>2GM/4ML</i>	170

FRINDOVYX INJ	
500MG/ML	170
<i>fruit c 500</i>	827
FRUIT C CHW 200MG	827
<i>fruit c-100</i>	827
<i>fruity c</i>	827
FRUZAQLA CAP 1MG.	202
FRUZAQLA CAP 5MG.	202
<i>ft aspirin</i>	46
<i>ft aspirin low dose</i>	46
<i>ft children's chewables p</i>	47
<i>ft clearlax</i>	628
<i>ft earwax removal</i> ..	1013
<i>ft enteric coated aspirin</i>	47
<i>ft ibuprofen</i>	64
<i>ft ibuprofen childrens</i> .	64
<i>ft ibuprofen ib childrens</i>	64
<i>ft ibuprofen minis</i>	64
<i>ft magnesium citrate</i>	628
<i>ft mineral oil</i>	628
<i>ft naproxen sodium</i> ...	64
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<i>furosemide oral soln 10</i> <i>mg/ml</i>	306
<i>furosemide oral soln 8</i> <i>mg/ml</i>	306
<i>furosemide tab 20 mg</i>	306
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<i>furosemide tab 80 mg</i>	306
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<i>fyavolv tab 1mg-5mcg</i>	550
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GALZIN CAP 50MG .. 777

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GAMMAGARD INJ
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1GM/10ML..... 717

GAMMAGARD INJ
2.5GM/25..... 717

GAMMAGARD INJ
20GM/200 717

GAMMAGARD INJ
30GM/300 717

GAMMAGARD INJ
5GM/50ML..... 717

GAMMAGARD SD INJ
10GM HU 718

GAMMAGARD SD INJ
5GM HU 718

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10GM/100.....	718				652
GAMMAKED INJ				<i>gatifloxacin ophth soln</i>	
1GM/10ML	718			0.5%	887
GAMMAKED INJ				GATTEX KIT 5MG	652
20GM/200.....	718			GAUZE PADS 2	490
GAMMAKED INJ				<i>gavilax</i>	628
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1GM/10ML	719			<i>gemcitabine hcl for inj 1</i>	
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2.5GM/25	719			<i>gemcitabine hcl for inj 2</i>	
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40/400ML	720			<i>gemcitabine hcl inj 1</i>	
GAMUNEX-C INJ				<i>gm/26.3ml (38 mg/ml)</i>	
5GM/50ML	719			<i>(base equiv)</i>	173
<i>ganciclovir sodium for inj</i>				<i>gemcitabine hcl inj 2</i>	
500 mg.....	130			<i>gm/52.6ml (38 mg/ml)</i>	
GARDASIL 9 INJ	732			<i>(base equiv)</i>	173
<i>gas relief</i>	651			<i>gemcitabine hcl inj 200</i>	
<i>gas relief extra strength</i>				<i>mg/5.26ml (38 mg/ml)</i>	
.....	652			<i>(base equiv)</i>	173
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 GEMTESA TAB 75MG 667
generlac629
gengraf727
gengraf sol 100mg/ml
727
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568
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568
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568
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569
 GENOTROPIN INJ 1.2MG
569
 GENOTROPIN INJ 1.4MG
569
 GENOTROPIN INJ 1.6MG
569
 GENOTROPIN INJ 1.8MG
569
 GENOTROPIN INJ 12MG
570
 GENOTROPIN INJ 1MG
569
 GENOTROPIN INJ 2MG
570

GENOTROPIN INJ 5MG
 570
gentamicin in saline inj
0.8 mg/ml 92
gentamicin in saline inj 1
mg/ml 92
gentamicin in saline inj
1.2 mg/ml 93
gentamicin in saline inj
1.6 mg/ml 93
gentamicin in saline inj 2
mg/ml 93
gentamicin sulfate
cream 0.1% 962
gentamicin sulfate inj 10
mg/ml 93
gentamicin sulfate inj 40
mg/ml 93
gentamicin sulfate oint
0.1% 962
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100U/ML.....	490	
<i>glatiramer acetate soln</i>		
<i>prefilled syringe 20</i>		
<i>mg/ml</i>	453	
<i>glatiramer acetate soln</i>		
<i>prefilled syringe 40</i>		
<i>mg/ml</i>	453	
<i>glatopa</i>	453	
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.....	170	
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<i>mg</i>	474	
<i>glipizide tab er 24hr 5</i>		
<i>mg</i>	474	
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<i>glycopyrrolate tab 2 mg</i>			930
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8%	994	<i>gnp earwax removal kit</i>	
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.....	778	<i>gnp</i>	
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guanfacine hcl tab er
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H

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<i>haloperidol decanoate im</i>		
<i>soln 100 mg/ml</i>	<i>375</i>	
<i>haloperidol decanoate im</i>		
<i>soln 50 mg/ml</i>	<i>374</i>	
<i>haloperidol lactate inj 5</i>		
<i>mg/ml</i>	<i>375</i>	
<i>haloperidol lactate oral</i>		
<i>conc 2 mg/ml</i>	<i>375</i>	
<i>haloperidol tab 0.5 mg</i>		
<i>.....</i>	<i>375</i>	
<i>haloperidol tab 1 mg</i>	<i>375</i>	
<i>haloperidol tab 10 mg</i>		
<i>.....</i>	<i>376</i>	
<i>haloperidol tab 2 mg</i>	<i>375</i>	
<i>haloperidol tab 20 mg</i>		
<i>.....</i>	<i>376</i>	
<i>haloperidol tab 5 mg</i>	<i>376</i>	
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<i>150MG</i>	<i>130</i>	
<i>HARVONI PAK 45-</i>		
<i>200MG</i>	<i>130</i>	
<i>HARVONI TAB 45-</i>		
<i>200MG</i>	<i>130</i>	
<i>HARVONI TAB 90-</i>		
<i>400MG</i>	<i>130</i>	
<i>HAVRIX INJ 1440UNIT</i>		
<i>.....</i>	<i>732</i>	
<i>HAVRIX INJ 720UNIT</i>	<i>732</i>	
<i>headache relief</i>	<i>51</i>	
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<i>.....</i>	<i>51</i>	
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<i>.....</i>	<i>833</i>	
<i>healthy mama eazzze</i>		
<i>the p</i>	<i>462</i>	
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<i>alon</i>	<i>635</i>	
<i>healthy mama shake</i>		
<i>that a</i>	<i>51</i>	
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<i>fla</i>	<i>594</i>	
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<i>heather</i>	<i>524</i>	
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<i>.....</i>	<i>748</i>	
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<i>hematogen forte</i>	<i>690</i>	

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 25000UNT.....677
heparin sodium
 (porcine) inj 1000
 unit/ml677
heparin sodium
 (porcine) inj 10000
 unit/ml677
heparin sodium
 (porcine) inj 20000
 unit/ml678
heparin sodium
 (porcine) inj 5000
 unit/ml677
heparin sodium
 (porcine) lock flush iv
 soln 100 unit/ml678
heparin sodium
 (porcine) pf inj 1000
 unit/ml678
 HEPLISAV-B INJ
 20/0.5ML732
her style524
 HERCEP HYLEC SOL 60-
 10000203
 HERCEPTIN INJ 150MG
 203
 HERZUMA INJ 150MG
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HERZUMA INJ 420MG
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 947
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hm enema saline
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 MILD 996
 HM ISOP ALC SOL 70%
 740
hm isopropyl rubbing
 alco 740

<i>hm loratadine</i>	919	HUMIRA PEN INJ	
<i>hm nicotine polacrilex</i>		40/0.4ML	707
.....	462	HUMIRA PEN INJ	
<i>hm petroleum jelly</i> ...	741	40MG/0.8.....	707
HONEY BEARS CHW .	834	HUMIRA PEN INJ	
HUMALOG INJ 100/ML		80/0.8ML	707
.....	490	HUMIRA PEN KIT	
HUMALOG JR INJ		CD/UC/HS	707
100/ML.....	491	HUMIRA PEN KIT PED UC	
HUMALOG KWIK INJ			707
100/ML.....	491	HUMIRA PEN KIT PS/UV	
HUMALOG KWIK INJ			708
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50/50KWP.....	491		492
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75/25	491	100KWP.....	492
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100/ML.....	492		492
HUMIRA INJ 10/0.1ML		HUMULIN R INJ U-500	
.....	706		493
HUMIRA INJ 20/0.2ML		<i>hydralazine hcl inj 20</i>	
.....	706	<i>mg/ml</i>	315
HUMIRA INJ 40/0.4ML		<i>hydralazine hcl tab 10</i>	
.....	706	<i>mg</i>	315
HUMIRA KIT 40MG/0.8		<i>hydralazine hcl tab 100</i>	
.....	707	<i>mg</i>	315

<i>hydralazine hcl tab 25 mg</i>	315	<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	76
<i>hydralazine hcl tab 50 mg</i>	315	<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	81
<i>hydrochlorothiazide cap 12.5 mg</i>	307	<i>hydrocodone-acetaminophen tab 10-325 mg</i>	81
<i>hydrochlorothiazide tab 12.5 mg</i>	307	<i>hydrocodone-acetaminophen tab 5-325 mg</i>	81
<i>hydrochlorothiazide tab 25 mg</i>	307	<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	81
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<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	76	<i>HYDROCORT CRE 1%</i>	983
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	76	<i>hydrocortisone acetate oint 1%</i>	983
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	75	<i>hydrocortisone cream 0.5%</i>	983
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	75	<i>hydrocortisone cream 1%</i>	983
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	75	<i>hydrocortisone cream 2.5%</i>	984
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	76	<i>hydrocortisone enema 100 mg/60ml</i>	622

<i>hydrocortisone lotion 1%</i>		<i>hydrogen peroxide soln</i>	
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<i>hydrocortisone perianal</i>		PETROLAT 741	
<i>cream 2.5%</i>997		<i>hydrophor</i> 997	
<i>hydrocortisone sodium</i>		<i>hydroxocobalamin</i>	
<i>succinate pf for inj 100</i>		<i>acetate inj 1000</i>	
<i>mg</i>554		<i>mcg/ml (base</i>	
<i>hydrocortisone tab 10</i>		<i>equivalent)</i> 834	
<i>mg</i>554		<i>hydroxychloroquine</i>	
<i>hydrocortisone tab 20</i>		<i>sulfate tab 200 mg</i> 714	
<i>mg</i>554		<i>hydroxyurea cap 500 mg</i>	
<i>hydrocortisone tab 5 mg</i>		 186	
.....554		<i>hydroxyzine hcl im soln</i>	
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<i>cream 0.2%</i>985		<i>hydroxyzine hcl im soln</i>	
<i>hydrocortisone w/ acetic</i>		50 mg/ml 919	
<i>acid otic soln 1-2%</i> .906		<i>hydroxyzine hcl syrup 10</i>	
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		<i>mg</i> 920	

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<i>imipramine hcl tab 10</i> <i>mg</i>	343	<i>indapamide tab 2.5 mg</i> <i>.....</i>	307
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INSTACLEAN LIQ	998	
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100/ML	494	
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.....	493	
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FLEXPEN	494	
INSULIN ASPA INJ		
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INSULIN DEGL INJ		
100UNIT	494	
INSULIN GLAR INJ		
300/ML	494	
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100/ML	494	
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JUNIOR	495	
INSULIN LISP INJ		
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INVEGA HAFYE INJ		
1092MG	376	
INVEGA HAFYE INJ		
1560MG	376	
INVEGA SUST INJ		
117/0.75	377	
INVEGA SUST INJ		
156MG/ML	377	
INVEGA SUST INJ		
234/1.5	377	
INVEGA SUST INJ		
39/0.25	376	
INVEGA SUST INJ		
78/0.5ML	377	
INVEGA TRINZ INJ		
273MG	377	
INVEGA TRINZ INJ		
410MG	377	

INVEGA TRINZ INJ		
546MG	378	
INVEGA TRINZ INJ		
819MG	378	
<i>iodine (kelp) tab 0.15</i>		
<i>mg</i>	779	
IODINE TIN 2%	998	
IODINE TIN 2% MILD		
.....	998	
IODINE TIN DECOLOR		
.....	998	
IODINE TIN STRONG	999	
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<i>inhal soln 0.02%</i>	909	
<i>ipratropium bromide</i>		
<i>nasal soln 0.03% (21</i>		
<i>mcg/spray)</i>	909	
<i>ipratropium bromide</i>		
<i>nasal soln 0.06% (42</i>		
<i>mcg/spray)</i>	909	
<i>ipratropium-albuterol</i>		
<i>nebu soln 0.5-2.5(3)</i>		
<i>mg/3ml</i>	908	
<i>irbesartan tab 150 mg</i>		
.....	262	
<i>irbesartan tab 300 mg</i>		
.....	262	
<i>irbesartan tab 75 mg</i>	262	
<i>irbesartan-</i>		
<i>hydrochlorothiazide tab</i>		
<i>150-12.5 mg</i>	257	
<i>irbesartan-</i>		
<i>hydrochlorothiazide tab</i>		
<i>300-12.5 mg</i>	257	
<i>irinotecan hcl inj 100</i>		
<i>mg/5ml (20 mg/ml)</i>	186	
<i>irinotecan hcl inj 300</i>		
<i>mg/15ml (20 mg/ml)</i>		
.....	186	
<i>irinotecan hcl inj 40</i>		
<i>mg/2ml (20 mg/ml)</i>	186	
<i>irinotecan hcl inj 500</i>		
<i>mg/25ml (20 mg/ml)</i>		
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<i>isoniazid syrup 50</i> mg/5ml	125	<i>isotretinoin cap 30 mg</i>	959
<i>isoniazid tab 100 mg</i>	125	<i>isotretinoin cap 40 mg</i>	959
<i>isoniazid tab 300 mg</i>	125	<i>isradipine cap 2.5 mg</i>	298
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<i>isopropyl alcohol 91%</i>	741	ITOVEBI TAB 9MG...	208
<i>isopropyl alcohol 99%</i>	741	<i>itraconazole cap 100 mg</i>	106
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KADCYLA INJ 160MG	210	
<i>kaitlib fe</i>	526	
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.....	938	
KALYDECO GRA 5.8MG		
.....	938	
KALYDECO PAK 25MG		
.....	938	
KALYDECO PAK 50MG		
.....	939	
KALYDECO PAK 75MG		
.....	939	
KALYDECO TAB 150MG		
.....	939	
KANJINTI INJ 420MG	210	
KANJINTI SOL 150MG		
.....	210	
<i>kariva</i>	526	
<i>kcl 10 meq/l (0.075%)</i>		
<i>in dextrose 5% & nacl</i>		
<i>0.45% inj</i>	751	
<i>kcl 20 meq/l (0.149%)</i>		
<i>in nacl 0.45% inj</i>	752	
<i>kcl 20 meq/l (0.15%) in</i>		
<i>dextrose 5% & nacl</i>		
<i>0.2% inj</i>	751	
<i>kcl 20 meq/l (0.15%) in</i>		
<i>dextrose 5% & nacl</i>		
<i>0.45% inj</i>	752	
<i>kcl 20 meq/l (0.15%) in</i>		
<i>dextrose 5% & nacl</i>		
<i>0.9% inj</i>	751	
<i>kcl 20 meq/l (0.15%) in</i>		
<i>nacl 0.45% inj</i>	752	
<i>kcl 20 meq/l (0.15%) in</i>		
<i>nacl 0.9% inj</i>	752	
<i>kcl 30 meq/l (0.224%)</i>		
<i>in dextrose 5% & nacl</i>		
<i>0.45% inj</i>	752	
<i>kcl 40 meq/l (0.3%) in</i>		
<i>dextrose 5% & nacl</i>		
<i>0.45% inj</i>	753	
<i>kcl 40 meq/l (0.3%) in</i>		
<i>dextrose 5% & nacl</i>		
<i>0.9% inj</i>	752	
<i>kcl 40 meq/l (0.3%) in</i>		
<i>nacl 0.9% inj</i>	753	
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0.3/0.9%	753	
kelnor 1/35	526	
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.....	453	

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.....	969	
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2%	969	
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mg.....	106	
<i>ketorolac tromethamine</i>		
<i>ophth soln 0.4%</i>	891	
<i>ketorolac tromethamine</i>		
<i>ophth soln 0.5%</i>	891	
<i>ketorolac tromethamine</i>		
<i>tab 10 mg</i>	68	
<i>ketotifen fumarate ophth</i>		
<i>soln 0.035%.....</i>	893	
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100MG/4M	210	
KIDS PROBIOT PAK		
FIBER.....	605	
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PROBIOTI	835	
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<i>klor-con m20.....</i>	759	
<i>kls allerclear d-24hr</i>	932	
<i>kls aller-tec d</i>	931	
<i>kobee.....</i>	835	
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100%	636	
KOSELUGO CAP 10MG		
.....	211	
KOSELUGO CAP 25MG		
.....	211	
<i>kourzeq</i>	1009	
<i>kp adults 50+ daily</i>		
<i>formu</i>	835	
<i>kp adults daily formula</i>		
.....	835	
<i>kp b complex/c</i>	835	
<i>kp bisacodyl</i>	636	
<i>kp calcium citrate+d</i>	779	
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labetalol hcl tab 300 mg
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lacosamide tab 200 mg
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<i>lactic acid (ammonium lactate) cream 12%</i>	999
<i>lactic acid (ammonium lactate) lotion 12%</i>	.999
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	636
<i>lactulose solution 10 gm/15ml</i>	636
<i>lamivudine oral soln 10 mg/ml</i>	114
<i>lamivudine tab 100 mg (hbv)</i>	131
<i>lamivudine tab 150 mg</i>	114
<i>lamivudine tab 300 mg</i>	114
<i>lamivudine-zidovudine tab 150-300 mg</i>	123
<i>lamotrigine orally disintegrating tab 100 mg</i>	410
<i>lamotrigine orally disintegrating tab 200 mg</i>	410
<i>lamotrigine orally disintegrating tab 25 mg</i>	410
<i>lamotrigine orally disintegrating tab 50 mg</i>	410
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<i>lamotrigine orally disintegrating tab 150 mg</i>	411
<i>lamotrigine orally disintegrating tab 200 mg</i>	411
<i>lamotrigine orally disintegrating tab 25 mg</i>	410
<i>lamotrigine orally disintegrating tab chewable dispersible 25 mg</i>	411
<i>lamotrigine orally disintegrating tab chewable dispersible 5 mg</i>	411
<i>lamotrigine orally disintegrating tab er 24hr 100 mg</i>	412
<i>lamotrigine orally disintegrating tab er 24hr 200 mg</i>	412
<i>lamotrigine orally disintegrating tab er 24hr 25 mg</i>	411
<i>lamotrigine orally disintegrating tab er 24hr 250 mg</i>	412
<i>lamotrigine orally disintegrating tab er 24hr 300 mg</i>	412
<i>lamotrigine orally disintegrating tab er 24hr 50 mg</i>	412
<i>lanreotide acetate extended release inj 120 mg/0.5ml</i>	570

<i>lansinoh lanolin</i>	999	<i>laxacin</i>	637
<i>lansinoh lanolin minis ni</i>	1000	<i>laxative</i>	637
<i>lansinoh lanolin nipple</i>	1000	<i>laxative regular strength</i>	637
<i>lansoprazole cap delayed</i> <i>release 15 mg</i>	661	<i>layolis fe</i>	528
<i>lansoprazole cap delayed</i> <i>release 30 mg</i>	661	LAZCLUZE TAB 240MG	212
<i>lansoprazole tab delayed</i> <i>release orally</i> <i>disintegrating 15 mg</i>	661	LAZCLUZE TAB 80MG	212
<i>lansoprazole tab delayed</i> <i>release orally</i> <i>disintegrating 30 mg</i>	661	<i>leflunomide tab 10 mg</i>	715
LANTUS INJ 100/ML .	495	<i>leflunomide tab 20 mg</i>	715
LANTUS SOLOS INJ 100/ML.....	496	LEMON-GLYCER MIS SWABS	1009
<i>lapatinib ditosylate tab</i> <i>250 mg (base equiv)</i>	212	<i>lenalidomide cap 10 mg</i>	183
<i>larin 1.5/30</i>	527	<i>lenalidomide cap 15 mg</i>	183
<i>larin 1/20</i>	527	<i>lenalidomide cap 20 mg</i>	183
<i>larin 24 fe</i>	527	<i>lenalidomide cap 25 mg</i>	183
<i>larin fe 1.5/30</i>	527	<i>lenalidomide cap 5 mg</i>	183
<i>larin fe 1/20</i>	528	<i>lenalidomide caps 2.5</i> <i>mg</i>	184
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		LENVIMA CAP 14 MG	213

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LENVIMA CAP 20 MG	213	<i>1 mg/0.2ml (5 mg/ml)</i>	
LENVIMA CAP 24 MG	213		180
LENVIMA CAP 4MG...	212	<i>levalbuterol hcl soln</i>	
LENVIMA CAP 8 MG..	212	<i>nebu 0.31 mg/3ml</i>	
<i>lessina</i>	528	<i>(base equiv)</i>	926
<i>letrozole tab 2.5 mg</i> .	180	<i>levalbuterol hcl soln</i>	
<i>leucovorin calcium for inj</i>		<i>nebu 0.63 mg/3ml</i>	
<i>100 mg</i>	238	<i>(base equiv)</i>	926
<i>leucovorin calcium for inj</i>		<i>levalbuterol hcl soln</i>	
<i>200 mg</i>	238	<i>nebu 1.25 mg/3ml</i>	
<i>leucovorin calcium for inj</i>		<i>(base equiv)</i>	927
<i>350 mg</i>	239	<i>levalbuterol hcl soln</i>	
<i>leucovorin calcium for inj</i>		<i>nebu conc 1.25</i>	
<i>50 mg</i>	238	<i>mg/0.5ml (base equiv)</i>	
<i>leucovorin calcium for inj</i>		.....	927
<i>500 mg</i>	239	<i>levalbuterol tartrate</i>	
<i>leucovorin calcium inj</i>		<i>inhal aerosol 45</i>	
<i>500 mg/50ml (10</i>		<i>mcg/act (base equiv)</i>	
<i>mg/ml)</i>	239	.....	927
<i>leucovorin calcium tab</i>		LEVETIRACETA TAB	
<i>10 mg</i>	239	<i>250MG</i>	412
<i>leucovorin calcium tab</i>		<i>levetiracetam in sodium</i>	
<i>15 mg</i>	239	<i>chloride iv soln 1000</i>	
<i>leucovorin calcium tab</i>		<i>mg/100ml</i>	413
<i>25 mg</i>	240	<i>levetiracetam in sodium</i>	
<i>leucovorin calcium tab 5</i>		<i>chloride iv soln 1500</i>	
<i>mg</i>	239	<i>mg/100ml</i>	413
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<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	413	<i>levocetirizine dihydrochloride tab 5 mg</i>	921
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	413	<i>levofloxacin in d5w iv soln 250 mg/50ml</i> .	150
<i>levetiracetam oral soln 100 mg/ml</i>	413	<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	151
<i>levetiracetam tab 1000 mg</i>	414	<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	151
<i>levetiracetam tab 250 mg</i>	413	<i>levofloxacin iv soln 25 mg/ml</i>	151
<i>levetiracetam tab 500 mg</i>	414	<i>levofloxacin oral soln 25 mg/ml</i>	151
<i>levetiracetam tab 750 mg</i>	414	<i>levofloxacin tab 250 mg</i>	151
<i>levetiracetam tab er 24hr 500 mg</i>	414	<i>levofloxacin tab 500 mg</i>	151
<i>levetiracetam tab er 24hr 750 mg</i>	414	<i>levofloxacin tab 750 mg</i>	152
<i>levobunolol hcl ophth soln 0.5%</i>	896	<i>levonest</i>	528
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	571	<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	528
<i>levocarnitine tab 330 mg</i>	571	<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	529
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	921	<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	529

<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	529	<i>levothyroxine sodium tab 175 mcg</i>	582
<i>levonorgestrel tab 1.5 mg</i>	529	<i>levothyroxine sodium tab 200 mcg</i>	582
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	529	<i>levothyroxine sodium tab 25 mcg</i>	581
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	530	<i>levothyroxine sodium tab 300 mcg</i>	582
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i> ..	528	<i>levothyroxine sodium tab 50 mcg</i>	581
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<i>levo-t</i>	580	<i>levoxyl</i>	583
<i>levothyroxine sodium tab 100 mcg</i>	581	<i>l-glutamine (sickle cell)</i>	700
<i>levothyroxine sodium tab 112 mcg</i>	581	<i>LIBERVANT MIS 10MG</i>	415
<i>levothyroxine sodium tab 125 mcg</i>	582	<i>LIBERVANT MIS 12.5MG</i>	415
<i>levothyroxine sodium tab 137 mcg</i>	582	<i>LIBERVANT MIS 15MG</i>	415
<i>levothyroxine sodium tab 150 mcg</i>	582	<i>LIBERVANT MIS 5MG</i>	414
		<i>LIBERVANT MIS 7.5MG</i>	415
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		<i>lice killing shampoo</i>	1006

<i>lidocaine hcl local inj</i>		<i>linezolid tab 600 mg ..</i>	95
0.5%	52	<i>lintera wash</i>	960
<i>lidocaine hcl local inj 1%</i>		LINZESS CAP 145MCG	
.....	52	.....	654
<i>lidocaine hcl local inj 2%</i>		LINZESS CAP 290MCG	
.....	52	.....	654
<i>lidocaine hcl local</i>		LINZESS CAP 72MCG	654
<i>preservative free (pf)</i>		<i>liothyronine sodium tab</i>	
<i>inj 0.5%</i>	52	25 mcg	583
<i>lidocaine hcl local</i>		<i>liothyronine sodium tab</i>	
<i>preservative free (pf)</i>		5 mcg	583
<i>inj 1%</i>	52	<i>liothyronine sodium tab</i>	
<i>lidocaine hcl local</i>		50 mcg	583
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<i>lidocaine hcl viscous soln</i>		LIQUID CALCI CAP WITH	
2%	1009	D3	779
<i>lidocaine oint 5%</i>	987	<i>liquid calcium/d3.....</i>	780
<i>lidocaine patch 5%...</i>	988	<i>liquid calcium/vitamin d</i>	
<i>lidocaine-prilocaine</i>		.....	780
<i>cream 2.5-2.5%</i>	988	<i>liquid pain relief</i>	53
<i>lidocan</i>	988	<i>liraglutide soln pen-</i>	
LILETTA IUD 52MG...	530	<i>injector 18 mg/3ml (6</i>	
<i>linezolid for susp 100</i>		<i>mg/ml)</i>	478
<i>mg/5ml</i>	94	<i>lisdexamfetamine</i>	
LINEZOLID INJ 2MG/ML		<i>dimesylate cap 10 mg</i>	
.....	95	.....	435
<i>linezolid iv soln 600</i>			
<i>mg/300ml (2 mg/ml)</i>	95		

lisdexamfetamine
dimesylate cap 20 mg
.....435
lisdexamfetamine
dimesylate cap 30 mg
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<i>lithium carbonate tab er</i> <i>450 mg.....</i>	450	<i>loperamide hcl cap 2 mg</i>	654
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LIVTENCITY TAB 200MG	131	<i>loperamide hcl tab 2 mg</i>	605
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L-METHYLFOLA CAP FORTE 15.....	838	<i>lopinavir-ritonavir soln</i> <i>400-100 mg/5ml (80-</i> <i>20 mg/ml).....</i>	123
L-METHYLFOLA TAB 15MG	838	<i>lopinavir-ritonavir tab</i> <i>100-25 mg</i>	123
L-METHYLFOLA TAB 7.5MG	838	<i>lopinavir-ritonavir tab</i> <i>200-50 mg</i>	123
<i>l-methylfolate tab 15 mg</i>	839	<i>loradamed</i>	921
<i>l-methylfolate tab 7.5</i> <i>mg.....</i>	838	<i>loratadine childrens .</i>	921
L-METHYL-MC TAB ...	838	<i>loratadine oral soln 5</i> <i>mg/5ml.....</i>	922
<i>loestrin 1.5/30-21</i>	530	<i>loratadine tab 10 mg</i>	922
<i>loestrin 1/20-21</i>	530	<i>loratadine-d 12hr</i>	932
<i>loestrin fe 1.5/30</i>	530	<i>loratadine-d 24hr</i>	932
<i>loestrin fe 1/20.....</i>	531	<i>lorazepam conc 2 mg/ml</i>	325
LOKELMA PAK 10GM.	513	<i>lorazepam inj 2 mg/ml</i>	325
LOKELMA PAK 5GM ..	513	<i>lorazepam inj 4 mg/ml</i>	325
LOMAIRA TAB 8MG...	504		
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<i>lorazepam intensol</i> ...	325	<i>lovastatin tab 40 mg</i>	275
<i>lorazepam tab 0.5 mg</i>		<i>low-ogestrel</i>	531
.....	326	<i>loxapine succinate cap</i>	
<i>lorazepam tab 1 mg</i>	.326	<i>10 mg</i>	378
<i>lorazepam tab 2 mg</i>	.326	<i>loxapine succinate cap</i>	
LORBRENA TAB 100MG		<i>25 mg</i>	378
.....	214	<i>loxapine succinate cap 5</i>	
LORBRENA TAB 25MG		<i>mg</i>	378
.....	214	<i>loxapine succinate cap</i>	
<i>loryna</i>	531	<i>50 mg</i>	378
<i>losartan potassium &</i>		L-TRYPTOPHAN CAP	
<i>hydrochlorothiazide tab</i>		500MG.....	790
<i>100-12.5 mg</i>	257	L-TRYPTOPHAN TAB	
<i>losartan potassium &</i>		500MG.....	790
<i>hydrochlorothiazide tab</i>		<i>lubricant eye drops..</i>	901
<i>100-25 mg</i>	257	<i>lubricant eye nighttime</i>	
<i>losartan potassium &</i>		.....	902
<i>hydrochlorothiazide tab</i>		<i>lubricant pm</i>	902
<i>50-12.5 mg</i>	257	<i>lubricating eye drops</i>	902
<i>losartan potassium tab</i>		<i>lubrifresh p.m.</i>	902
<i>100 mg</i>	263	LUMAKRAS TAB 120MG	
<i>losartan potassium tab</i>		.....	214
<i>25 mg</i>	263	LUMAKRAS TAB 240MG	
<i>losartan potassium tab</i>		.....	214
<i>50 mg</i>	263	LUMAKRAS TAB 320MG	
LOTEMAX OIN 0.5% .	892	.....	214
<i>loteprednol etabonate</i>		LUMIGAN SOL 0.01% OP	
<i>ophth susp 0.2%</i>	892	.....	896
<i>lovastatin tab 10 mg</i>	274	LUMIZYME INJ 50MG	571
<i>lovastatin tab 20 mg</i>	275		

LUPR DEP-PED INJ		LYBALVI TAB 20-10MG	
11.25MG.....	571	.....	380
LUPR DEP-PED INJ 15MG		LYBALVI TAB 5-10MG	
.....	572	.....	379
LUPR DEP-PED INJ 3M		<i>lyleq</i>	531
30MG	571	<i>lyllana</i>	550
LUPR DEP-PED INJ		LYNPARZA TAB 100MG	
7.5MG	571	.....	214
LUPRON DEPOT INJ		LYNPARZA TAB 150MG	
11.25MG.....	180	.....	215
LUPRON DEPOT INJ		LYSODREN TAB 500MG	
3.75MG	180	.....	180
LUPRON DEPOT INJ		LYTGOBI (12 MG DAILY	
45MG	572	DOSE)	215
<i>lurasidone hcl tab 120</i>		LYTGOBI (16 MG DAILY	
<i>mg</i>	379	DOSE)	215
<i>lurasidone hcl tab 20 mg</i>		LYTGOBI (20 MG DAILY	
.....	379	DOSE)	215
<i>lurasidone hcl tab 40 mg</i>		LYUMJEV INJ 100UT/ML	
.....	379	.....	496
<i>lurasidone hcl tab 60 mg</i>		LYUMJEV KWPN INJ	
.....	379	100UT/ML	496
<i>lurasidone hcl tab 80 mg</i>		LYUMJEV KWPN INJ	
.....	379	200UT/ML	496
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		100MG.....	780

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MAG OXIDE TAB 420MG780	<i>magnesium oxide tab</i> 400 mg 595
MAG-AL LIQ595	<i>magnesium oxide tab</i> 400 mg (240 mg elemental mg) 782
<i>mag-al plus</i>.....595	<i>magnesium oxide tab</i> 420 mg 596
<i>mag-al plus xs</i>.....595	<i>magnesium oxide tab</i> 500 mg (mg supplement) 782
<i>magdelay</i>781	MAGNESIUM SU INJ 20/500ML..... 754
MAG-G TAB 500MG ..780	MAGNESIUM SU INJ 2GM/50ML..... 753
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MAGNESIUM CAP 300MG781	MAGNESIUM SU INJ 4G/100ML 753
MAGNESIUM ES CAP 400MG781	MAGNESIUM SU INJ 80MG/ML 754
<i>magnesium gluconate</i> <i>tab 27.5 mg (elemental</i> <i>mg)</i> .....781	<i>magnesium sulfate in</i> <i>dextrose 5% iv soln 1</i> <i>gm/100ml</i> 754
<i>magnesium glycinate</i> <i>cap 100 mg (elemental</i> <i>mg)</i> .....782	<i>magnesium sulfate inj</i> 50% 754
<i>magnesium lactate tab</i> <i>er 84 mg (elemental</i> <i>mg) (7 meq)</i> .....782	
<i>magnesium oxide cap</i> <i>500 mg (elemental mg)</i> .....782	
<i>magnesium oxide tab</i> 250 mg.....595	

<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	<i>754</i>	<i>MARPLAN TAB 10MG</i>	<i>343</i>
<i>magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)</i>	<i>755</i>	<i>MATULANE CAP 50MG</i>	<i>187</i>
<i>magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)</i>	<i>755</i>	<i>matzim la</i>	<i>298</i>
<i>magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)</i>	<i>755</i>	<i>MAVYRET PAK 50-20MG</i>	<i>131</i>
<i>magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)</i>	<i>755</i>	<i>MAVYRET TAB 100- 40MG</i>	<i>131</i>
<i>magnesium tab 100 mg</i>	<i>783</i>	<i>max relief junior</i>	<i>54</i>
<i>MAGNESIUM TAB 200MG</i>	<i>783</i>	<i>maxallergy kids</i>	<i>922</i>
<i>magnesium-oxide</i>	<i>783</i>	<i>m-dryl</i>	<i>922</i>
<i>mag-oxide</i>	<i>781</i>	<i>meclizine hcl chew tab 25 mg</i>	<i>610</i>
<i>malathion lotion 0.5%</i>	<i>1007</i>	<i>meclizine hcl tab 12.5 mg</i>	<i>610</i>
<i>mapap</i>	<i>53</i>	<i>meclizine hcl tab 25 mg</i>	<i>611</i>
<i>mapap childrens</i>	<i>53</i>	<i>medi-first triple antibio</i>	<i>963</i>
<i>maraviroc tab 150 mg</i>	<i>114</i>	<i>mediproxen</i>	<i>68</i>
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<i>marlissa</i>	<i>532</i>	<i>medpura benzoyl peroxide</i>	<i>960</i>
		<i>medpura vitamin a & d</i>	<i>1000</i>
		<i>medpura zinc oxide</i>	<i>1000</i>
		<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	<i>532</i>

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<i>medroxyprogesterone</i>	<i>mg</i> 790
<i>acetate tab 2.5 mg .</i>	<i>melatonin chew tab 5</i>
578	<i>mg</i> 790
<i>medroxyprogesterone</i>	<i>melatonin extra strength</i>
<i>acetate tab 5 mg</i>	 791
579	<i>melatonin fast dissolve e</i>
<i>mefloquine hcl tab 250</i>	 791
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<i>625 mg/5ml</i>	<i>strengt</i> 792
579	<i>melatonin sl tab 5 mg</i>
<i>megestrol acetate tab 20</i>	 792
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<i>meijer nasal</i>	
<i>decongestant</i>	
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<i>metformin hcl tab 850 mg</i>	478
<i>metformin hcl tab er 24hr 500 mg</i>	479
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<i>methadone hcl soln 5 mg/5ml</i>	76
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<i>methazolamide tab 50 mg</i>	308
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<i>methylprednisolone tab 32 mg</i>	<i>556</i>	<i>metolazone tab 5 mg</i>	<i>308</i>
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25 mg	287	
<i>metoprolol tartrate tab</i>		
50 mg	288	
<i>metronidazole cream</i>		
0.75%	1000	
<i>metronidazole gel 0.75%</i>		
.....	1000	
<i>metronidazole iv soln</i>		
500 mg/100ml.....	96	
<i>metronidazole lotion</i>		
0.75%	1001	
<i>metronidazole tab 250</i>		
mg.....	96	
<i>metronidazole tab 500</i>		
mg.....	96	
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<i>minocycline hcl cap 50</i>	
<i>mg</i>	164
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<i>mg</i>	164
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<i>strength</i>	596
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<i>molindone hcl tab 5 mg</i>	380	<i>montelukast sodium oral</i> <i>granules packet 4 mg</i> <i>(base equiv)</i>	935
<i>mometasone furoate</i> <i>cream 0.1%</i>	985	<i>montelukast sodium tab</i> <i>10 mg (base equiv) 935</i>	
<i>mometasone furoate</i> <i>nasal susp 50 mcg/act</i>	948	<i>morphine sulfate iv soln</i> <i>10 mg/ml</i>	83
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 polymyx 5(3.5)mg-
 400unt-10000unt op
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gramicid op sol 1.75-
10000-0.025mg-unt-
mg/ml888*
*neomycin-polymyxin-
dexamethasone ophth
oint 0.1%885*
*neomycin-polymyxin-
dexamethasone ophth
susp 0.1%885*
*neomycin-polymyxin-hc
ophth susp885*
*neomycin-polymyxin-hc
otic soln 1%907*
*neomycin-polymyxin-hc
otic susp 3.5 mg/ml-
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<i>30 mg</i>	300	
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<i>norethindrone acetate</i> <i>tab 5 mg</i>	580
<i>norethindrone acetate-</i> <i>ethinyl estradiol tab 0.5</i> <i>mg-2.5 mcg</i>	550
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<i>mg</i>	345		498
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<i>mg/5ml</i>	346		498
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nystatin oint 100000
 unit/gm 971
nystatin susp 100000
 unit/ml1010
nystatin tab 500000 unit
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 100000 unit/gm 972
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<i>release 20 mg</i>	662
<i>omeprazole cap delayed</i>	
<i>release 40 mg</i>	662
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<i>G7G6</i>	499
<i>OMNIPOD 5 DX MIS POD</i>	
<i>G7G6</i>	500

OMNIPOD 5 G7 KIT
 INTRO500
 OMNIPOD 5 G7 MIS
 PODS500
 OMNIPOD 5 LB KIT
 INTRO G6500
 OMNIPOD 5 LB MIS
 PODS G6500
 OMNIPOD DASH KIT
 INTRO500
 OMNIPOD DASH MIS
 PODS501
 OMNIPOD GO KIT
 10UNT/DY501
 OMNIPOD GO KIT
 15UNT/DY501
 OMNIPOD GO KIT
 20UNT/DY501
 OMNIPOD GO KIT
 25UNT/DY501
 OMNIPOD GO KIT
 30UNT/DY501
 OMNIPOD GO KIT
 35UNT/DY502
 OMNIPOD GO KIT
 40UNT/DY502
 OMNIPOD MIS CLASSIC
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 ANTIGEN 97

*ondansetron hcl inj 4
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*ondansetron hcl inj 40
 mg/20ml (2 mg/ml)612*
*ondansetron hcl inj soln
 pref syr 4 mg/2ml . 612*
*ondansetron hcl oral
 soln 4 mg/5ml 612*
*ondansetron hcl tab 4
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*ondansetron hcl tab 8
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*ondansetron orally
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		<i>oxybutynin chloride tab er 24hr 10 mg</i>	668
		<i>oxybutynin chloride tab er 24hr 15 mg</i>	668

<i>oxybutynin chloride tab</i>			
<i>er 24hr 5 mg</i>		668	
<i>oxycodone hcl conc 100</i>			
<i>mg/5ml (20 mg/ml)</i>	84		
<i>oxycodone hcl soln 5</i>			
<i>mg/5ml</i>		84	
<i>oxycodone hcl tab 10</i>			
<i>mg</i>		85	
<i>oxycodone hcl tab 15</i>			
<i>mg</i>		85	
<i>oxycodone hcl tab 20</i>			
<i>mg</i>		85	
<i>oxycodone hcl tab 30</i>			
<i>mg</i>		85	
<i>oxycodone hcl tab 5 mg</i>			
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<i>acetaminophen tab 10-</i>			
<i>325 mg</i>		86	
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<i>acetaminophen tab</i>			
<i>2.5-325 mg</i>		85	
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1.5 mg* 383

*paliperidone tab er 24hr
3 mg* 383

*paliperidone tab er 24hr
6 mg* 384

*paliperidone tab er 24hr
9 mg* 384

*pamidronate disodium iv
soln 3 mg/ml* 509

*pamidronate disodium iv
soln 9 mg/ml* 509

PAMIDRONATE INJ
6MG/ML..... 509

pan-c 500/bioflavonoids
..... 853

PANRETIN GEL 0.1%
.....1001

*pantoprazole sodium ec
tab 20 mg (base equiv)*
..... 662

*pantoprazole sodium ec
tab 40 mg (base equiv)*
..... 662

<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	<i>662</i>	<i>paroxetine hcl tab 40 mg</i>	<i>347</i>
<i>PANZYGA SOL 10/100ML</i>	<i>722</i>	<i>paroxetine hcl tab er 24hr 12.5 mg</i>	<i>347</i>
<i>PANZYGA SOL 1GM/10ML</i>	<i>721</i>	<i>paroxetine hcl tab er 24hr 25 mg</i>	<i>347</i>
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<i>PANZYGA SOL 30/300ML</i>	<i>722</i>	<i>PARVA-CAL TAB 500MG</i>	<i>785</i>
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<i>phentermine hcl tab 37.5 mg</i>	506	<i>pilocarpine hcl ophth soln 1%</i>	896
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<i>pramipexole</i>		<i> (base equiv)</i>	<i>702</i>
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<i> mg</i>	<i>359</i>	<i> 10 mg</i>	<i>275</i>
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<i> dihydrochloride tab er</i>		<i>prednisolone acetate</i>	
<i> 24hr 3 mg</i>	<i>360</i>	<i> ophth susp 1%</i>	<i>892</i>
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<i> dihydrochloride tab er</i>		<i> phosphate oral soln 15</i>	
<i> 24hr 3.75 mg</i>	<i>360</i>	<i> mg/5ml (base equiv)</i>	
<i>pramipexole</i>		<i> </i>	<i>556</i>
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0.5%	903
<i>retaine pm</i>	904
RETEVMO CAP 40MG	220
RETEVMO CAP 80MG	221
RETEVMO TAB 120MG	
.....	221
RETEVMO TAB 160MG	
.....	221
RETEVMO TAB 40MG	221
RETEVMO TAB 80MG	221
REVUFORJ TAB 110MG	
.....	222
REVUFORJ TAB 160MG	
.....	222
REVUFORJ TAB 25MG	
.....	221
REXULTI TAB 0.25MG	
.....	387
REXULTI TAB 0.5MG	387
REXULTI TAB 1MG...	387
REXULTI TAB 2MG...	387
REXULTI TAB 3MG...	388
REXULTI TAB 4MG...	388
REYATAZ POW 50MG	116
REZLIDHIA CAP 150MG	
.....	222
REZUROCK TAB 200MG	
.....	729
REZVOGLAR INJ	
100UT/ML	502
RHOPRESSA SOL 0.02%	
.....	897
<i>ribavirin cap 200 mg</i>	133
<i>ribavirin tab 200 mg</i>	133
<i>riboflavin tab 100 mg</i>	
.....	861
<i>riboflavin tab 25 mg</i>	861
RIBOFLAVIN TAB 400MG	
.....	862
<i>riboflavin tab 50 mg</i>	861
<i>rifabutin cap 150 mg</i>	126
<i>rifampin cap 150 mg</i>	126
<i>rifampin cap 300 mg</i>	126
<i>rifampin for inj 600 mg</i>	
.....	126
<i>riluzole tab 50 mg ...</i>	451

<i>rimantadine</i>		
<i>hydrochloride tab 100</i>		
<i>mg</i>	133	
<i>RINVOQ LQ SOL 1MG/ML</i>		
.....	709	
<i>RINVOQ TAB 15MG ER</i>		
.....	709	
<i>RINVOQ TAB 30MG ER</i>		
.....	709	
<i>RINVOQ TAB 45MG ER</i>		
.....	709	
<i>RISACAL-D TAB</i>	786	
<i>risedronate sodium tab</i>		
<i>150 mg</i>	510	
<i>risedronate sodium tab</i>		
<i>30 mg</i>	509	
<i>risedronate sodium tab</i>		
<i>35 mg</i>	510	
<i>risedronate sodium tab 5</i>		
<i>mg</i>	509	
<i>risedronate sodium tab</i>		
<i>delayed release 35 mg</i>		
.....	510	
<i>risperidone microspheres</i>		
<i>for im extended rel</i>		
<i>susp 12.5 mg</i>	388	
<i>risperidone microspheres</i>		
<i>for im extended rel</i>		
<i>susp 25 mg</i>	388	
<i>risperidone microspheres</i>		
<i>for im extended rel</i>		
<i>susp 37.5 mg</i>	388	
<i>risperidone microspheres</i>		
<i>for im extended rel</i>		
<i>susp 50 mg</i>	388	
<i>risperidone orally</i>		
<i>disintegrating tab 0.25</i>		
<i>mg</i>	389	
<i>risperidone orally</i>		
<i>disintegrating tab 0.5</i>		
<i>mg</i>	389	
<i>risperidone orally</i>		
<i>disintegrating tab 1 mg</i>		
.....	389	
<i>risperidone orally</i>		
<i>disintegrating tab 2 mg</i>		
.....	389	
<i>risperidone orally</i>		
<i>disintegrating tab 3 mg</i>		
.....	389	
<i>risperidone orally</i>		
<i>disintegrating tab 4 mg</i>		
.....	389	
<i>risperidone soln 1 mg/ml</i>		
.....	390	
<i>risperidone tab 0.25 mg</i>		
.....	390	
<i>risperidone tab 0.5 mg</i>		
.....	390	

<i>risperidone tab 1 mg</i>	390
<i>risperidone tab 2 mg</i>	390
<i>risperidone tab 3 mg</i>	390
<i>risperidone tab 4 mg</i>	391
<i>ritonavir tab 100 mg</i>	116
<i>rivaroxaban tab 2.5 mg</i>	678
<i>rivastigmine tartrate cap</i> <i>1.5 mg (base</i> <i>equivalent).....</i>	331
<i>rivastigmine tartrate cap</i> <i>3 mg (base equivalent)</i>	331
<i>rivastigmine tartrate cap</i> <i>4.5 mg (base</i> <i>equivalent).....</i>	331
<i>rivastigmine tartrate cap</i> <i>6 mg (base equivalent)</i>	331
<i>rivastigmine td patch</i> <i>24hr 13.3 mg/24hr.</i>	332
<i>rivastigmine td patch</i> <i>24hr 4.6 mg/24hr ..</i>	331
<i>rivastigmine td patch</i> <i>24hr 9.5 mg/24hr ..</i>	331
<i>rivelsa</i>	539
<i>rizatriptan benzoate oral</i> <i>disintegrating tab 10</i> <i>mg (base eq).....</i>	445
<i>rizatriptan benzoate oral</i> <i>disintegrating tab 5 mg</i> <i>(base eq)</i>	444
<i>rizatriptan benzoate tab</i> <i>10 mg (base</i> <i>equivalent).....</i>	445
<i>rizatriptan benzoate tab</i> <i>5 mg (base equivalent)</i>	445
<i>ROCKLATAN DRO</i>	897
<i>roflumilast tab 250 mcg</i>	941
<i>roflumilast tab 500 mcg</i>	941
<i>ropinirole hydrochloride</i> <i>tab 0.25 mg</i>	361
<i>ropinirole hydrochloride</i> <i>tab 0.5 mg</i>	361
<i>ropinirole hydrochloride</i> <i>tab 1 mg</i>	361
<i>ropinirole hydrochloride</i> <i>tab 2 mg</i>	361
<i>ropinirole hydrochloride</i> <i>tab 3 mg</i>	361
<i>ropinirole hydrochloride</i> <i>tab 4 mg</i>	362
<i>ropinirole hydrochloride</i> <i>tab 5 mg</i>	362

<i>ropinirole hydrochloride</i> <i>tab er 24hr 12 mg</i> <i>(base equivalent) ...</i>	363	ROZLYTREK PAK 50MG	222
<i>ropinirole hydrochloride</i> <i>tab er 24hr 2 mg (base</i> <i>equivalent).....</i>	362	RUBRACA TAB 200MG	223
<i>ropinirole hydrochloride</i> <i>tab er 24hr 4 mg (base</i> <i>equivalent).....</i>	362	RUBRACA TAB 250MG	223
<i>ropinirole hydrochloride</i> <i>tab er 24hr 6 mg (base</i> <i>equivalent).....</i>	362	RUBRACA TAB 300MG	223
<i>ropinirole hydrochloride</i> <i>tab er 24hr 8 mg (base</i> <i>equivalent).....</i>	362	<i>rufinamide susp 40</i> <i>mg/ml</i>	422
<i>rosuvastatin calcium tab</i> <i>10 mg</i>	276	<i>rufinamide tab 200 mg</i>	422
<i>rosuvastatin calcium tab</i> <i>20 mg</i>	276	<i>rufinamide tab 400 mg</i>	422
<i>rosuvastatin calcium tab</i> <i>40 mg</i>	277	RUKOBIA TAB 600MG ER	116
<i>rosuvastatin calcium tab</i> <i>5 mg</i>	276	RYBELSUS TAB 14MG	483
ROTARIX SUS.....	737	RYBELSUS TAB 3MG	482
ROTATEQ SOL	737	RYBELSUS TAB 7MG	483
<i>roweepra</i>	422	RYDAPT CAP 25MG ..	223
ROZLYTREK CAP 100MG	222	S	
ROZLYTREK CAP 200MG	222	<i>sajazir</i>	700
		SANITIZ HAND MIS WIPES	1003
		SANTYL OIN 250/GM	1008
		<i>sapropterin</i> <i>dihydrochloride powder</i> <i>packet 100 mg</i>	574

<i>sapropterin</i>		
<i>dihydrochloride powder</i>		
<i>packet 500 mg</i>	575	
<i>sapropterin</i>		
<i>dihydrochloride tab 100</i>		
<i>mg</i>	575	
SCEMBLIX TAB 100MG		
.....	224	
SCEMBLIX TAB 20MG		
.....	223	
SCEMBLIX TAB 40MG		
.....	223	
<i>scopolamine td patch</i>		
<i>72hr 1 mg/3days</i> ...	616	
SECUADO DIS 3.8MG		
.....	391	
SECUADO DIS 5.7MG		
.....	391	
SECUADO DIS 7.6MG		
.....	391	
<i>selegiline hcl cap 5 mg</i>		
.....	363	
<i>selegiline hcl tab 5 mg</i>		
.....	363	
<i>selenium sulfide lotion</i>		
<i>2.5%</i>	972	
SELZENTRY SOL		
<i>20MG/ML</i>	116	
SEMGLEE INJ 100U/ML		
.....	502	
<i>senexon-s</i>	643	
<i>senior tabs</i>	862	
<i>senna laxative</i>	643	
<i>senna plus</i>	643	
SENNAPLUS CAP 8.6-		
<i>50MG</i>	643	
<i>senna s</i>	644	
SENNAPLUS SYP	644	
<i>senna-lax</i>	644	
<i>senna-plus</i>	644	
<i>senna-s</i>	644	
<i>senna-tabs</i>	644	
<i>senna-time</i>	645	
<i>senna-time s</i>	645	
<i>sennosides cap 8.6 mg</i>		
.....	645	
<i>sennosides syrup 8.8</i>		
<i>mg/5ml</i>	645	
<i>sennosides tab 8.6 mg</i>		
.....	645	
<i>sennosides-docusate</i>		
<i>sodium tab 8.6-50 mg</i>		
.....	645	
<i>sentry</i>	862	
<i>sentry senior</i>	862	
SENTRY TAB	862	
SENTRY TAB SENIOR	862	
SEREVENT DIS AER		
<i>50MCG</i>	927	
SEROSTIM INJ 4MG	575	

SEROSTIM INJ 5MG..	575	<i>silodosin cap 8 mg ..</i>	664
SEROSTIM INJ 6MG..	575	<i>silver sulfadiazine cream</i>	
<i>sertraline hcl oral</i>		<i>1%.....</i>	964
<i>concentrate for solution</i>		SIMBRINZA SUS 1-0.2%	
<i>20 mg/ml.....</i>	348	<i>.....</i>	897
<i>sertraline hcl tab 100</i>		<i>simethicone cap 125 mg</i>	
<i>mg.....</i>	349	<i>.....</i>	655
<i>sertraline hcl tab 25 mg</i>		<i>simethicone cap 180 mg</i>	
<i>.....</i>	348	<i>.....</i>	656
<i>sertraline hcl tab 50 mg</i>		<i>simethicone chew tab</i>	
<i>.....</i>	348	<i>125 mg.....</i>	656
<i>se-tan plus</i>	696	<i>simethicone chew tab 80</i>	
<i>setlakin</i>	539	<i>mg.....</i>	656
<i>sf</i>	1011	<i>simethicone drops</i>	
<i>sf 5000 plus</i>	1011	<i>infants</i>	656
<i>sharobel</i>	539	<i>simethicone ultra strengt</i>	
SHINGRIX INJ 50/0.5ML		<i>.....</i>	656
<i>.....</i>	737	<i>simliya</i>	539
SIDEROL TAB.....	863	<i>simpesse</i>	539
SIGNIFOR INJ 0.3MG/ML		SIMPLE SYP.....	745
<i>.....</i>	575	SIMPLE SYRUP SYP NF	
SIGNIFOR INJ 0.6MG/ML		<i>.....</i>	745
<i>.....</i>	576	<i>simvastatin tab 10 mg</i>	
SIGNIFOR INJ 0.9MG/ML		<i>.....</i>	277
<i>.....</i>	576	<i>simvastatin tab 20 mg</i>	
SIKLOS TAB 1000MG	700	<i>.....</i>	277
SIKLOS TAB 100MG	700	<i>simvastatin tab 40 mg</i>	
<i>sildenafil citrate tab 20</i>		<i>.....</i>	277
<i>mg.....</i>	322	<i>simvastatin tab 5 mg</i>	277
<i>silodosin cap 4 mg ...</i>	664		

<i>simvastatin tab 80 mg</i>		<i>sm acid reducer</i>	621
.....	277	<i>sm acid reducer</i>	
<i>sirolimus oral soln 1</i>		<i>maximum s</i>	621
<i>mg/ml</i>	729	<i>sm alcohol</i>	745
<i>sirolimus tab 0.5 mg</i>	729	<i>sm allergy childrens</i>	923
<i>sirolimus tab 1 mg ...</i>	729	<i>sm antacid</i>	597
<i>sirolimus tab 2 mg ...</i>	729	<i>sm antacid extra</i>	
SIRTURO TAB 100MG		<i>strength</i>	597
.....	127	<i>sm antibiotic</i>	964
SIRTURO TAB 20MG	126	<i>sm anti-diarrheal</i>	606
SKIN PROTECT OIN		<i>sm antifungal</i>	
44.28%	745	<i>clotrimazol</i>	972
SKYRIZI INJ 150MG/ML		<i>sm antifungal</i>	
.....	710	<i>miconazole</i>	972
SKYRIZI INJ 180/1.2	710	<i>sm antifungal tolnaftate</i>	
SKYRIZI INJ 360/2.4	710	.....	973
SKYRIZI PEN INJ		<i>sm aspirin adult low stre</i>	
150MG/ML	710	.....	58
SKYRIZI SOL 60MG/ML		<i>sm aspirin low dose ...</i>	58
.....	710	SM CALAMINE LOT	1003
<i>sleep aid</i>	467	<i>sm calcium antacid extra</i>	
<i>sleep tabs</i>	468	.....	598
<i>sleep-aid</i>	468	<i>sm childrens ibuprofen</i>	
<i>slow iron</i>	696	.....	72
SLOW MAG/CA TAB 64-		<i>sm clearlax</i>	646
106MG	786	<i>sm clotrimazole vaginal</i>	
<i>slow release iron</i>	696	.....	673
<i>sm 12 hour sinus</i>		<i>sm dry eye relief</i>	904
<i>deconges</i>	933	<i>sm epsom salt</i>	646
<i>sm 3-day vaginal</i>	673		

<i>sm fexofenadine</i>	
<i>hydrochlo</i>	923
<i>sm fiber</i>	646
<i>sm fiber laxative</i>	646
<i>sm gas relief</i>	656
<i>sm gas relief drops infan</i>	657
<i>sm hydrocortisone</i>	
<i>maximum</i>	985
<i>sm hydrogen peroxide</i>	1003
<i>sm ibuprofen</i>	72
<i>sm ibuprofen ib</i>	72
<i>sm ibuprofen ib</i> <i>childrens</i>	72
<i>sm infants ibuprofen</i> .	72
SM IODIDES TIN....	1004
SM IODINE TIN MILD	1004
<i>sm isopropyl alcohol</i> .	745
<i>sm lice killing maximum</i> <i>s</i>	1007
<i>sm lice treatment</i> ...	1007
<i>sm loratadine</i>	924
<i>sm lorata-dine d</i>	933
<i>sm loratadine d 12hr</i>	934
<i>sm lubricating plus</i> ...	904
<i>sm magnesium citrate</i>	646
<i>sm miconazole 3</i>	673
<i>sm miconazole 7</i>	673
<i>sm milk of magnesia</i>	646
<i>sm naproxen sodium</i> .	72
<i>sm nicotine</i>	468
<i>sm nicotine polacrilex</i>	468
<i>sm nicotine transdermal</i> <i>s</i>	468
<i>sm pain & fever</i> <i>childrens</i>	59
<i>sm pain reliever extra st</i>	59
<i>sm povidone-iodine</i>	1004
<i>sm stomach relief</i> ...	606
<i>sm stool softener</i>	647
<i>sm triple antibiotic orig</i>	964
<i>sm triple antibiotic plus</i>	964
SMART SENSE CHW 4GM	563
<i>smooth antacid extra</i> <i>stre</i>	598
SOD OXYBATE SOL 500MG/ML.....	457
<i>sod sulfate-pot sulf-mg</i> <i>sulf oral sol 17.5-3.13-</i> <i>1.6 gm/177ml</i>	647
<i>sodium bicarbonate tab</i> 325 mg.....	598

<i>sodium bicarbonate tab</i>		
650 mg.....	598	
<i>sodium chloride flush iv</i>		
soln 0.9%	786	
<i>sodium chloride inj 2.5</i>		
meq/ml (14.6%)	757	
<i>sodium chloride</i>		
<i>irrigation soln 0.9%</i>		
.....	1008	
<i>sodium chloride iv soln</i>		
0.45%	758	
<i>sodium chloride iv soln</i>		
0.9%.....	757	
<i>sodium chloride iv soln</i>		
3%	758	
<i>sodium chloride iv soln</i>		
5%	758	
<i>sodium chloride soln</i>		
<i>nebu 7%.....</i>	934	
<i>sodium chloride tab 1</i>		
gm.....	786	
<i>sodium fluoride 5000</i>		
<i>plus</i>	1011	
<i>sodium fluoride 5000</i>		
<i>ppm</i>	1011	
<i>sodium fluoride chew tab</i>		
0.25 mg f (from 0.55		
mg naf)	787	
<i>sodium fluoride chew tab</i>		
0.5 mg f (from 1.1 mg		
naf).....	787	
<i>sodium fluoride chew tab</i>		
1 mg f (from 2.2 mg		
naf).....	787	
<i>sodium fluoride chew;</i>		
<i>tab; 1.1 (0.5 f) mg/ml</i>		
<i>soln.....</i>	762	
<i>sodium fluoride cream</i>		
1.1%	1012	
<i>sodium fluoride gel 1.1%</i>		
(0.5% f)	1012	
<i>sodium fluoride soln 0.5</i>		
<i>mg/ml f (from 1.1</i>		
<i>mg/ml naf).....</i>	787	
<i>sodium phenylbutyrate</i>		
<i>oral powder 3</i>		
<i>gm/teaspoonful.....</i>	576	
<i>sodium phenylbutyrate</i>		
<i>tab 500 mg</i>	576	
<i>sodium phosphates -</i>		
<i>enema</i>	647	
<i>sodium polystyrene</i>		
<i>sulfonate powder...</i>	513	
<i>solifenacin succinate tab</i>		
10 mg	669	
<i>solifenacin succinate tab</i>		
5 mg	668	
<i>SOLQUA INJ 100/33</i>	502	

SOLTAMOX SOL		
10MG/5ML	182	
<i>soluble fiber</i>	647	
SOLU-CORTEF INJ		
1000MG.....	559	
SOLU-CORTEF INJ		
100MG	559	
SOLU-CORTEF INJ		
250MG	559	
SOLU-CORTEF INJ		
500MG	559	
SOMATULINE INJ		
120/.5ML	577	
SOMATULINE INJ		
60/0.2ML	576	
SOMATULINE INJ		
90/0.3ML	576	
SOMAVERT INJ 10MG		
.....	577	
SOMAVERT INJ 15MG		
.....	577	
SOMAVERT INJ 20MG		
.....	577	
SOMAVERT INJ 25MG		
.....	577	
SOMAVERT INJ 30MG		
.....	577	
<i>sominex</i>	468	
<i>sominex maximum</i>		
<i>strength</i>	469	
<i>sominex nighttime</i>		
<i>sleep-a</i>	469	
<i>soothe nighttime dry eye</i>		
.....	904	
<i>soothe xp</i>	904	
<i>soothe xp/xtra</i>		
<i>protection</i>	904	
<i>sorafenib tosylate tab</i>		
<i>200 mg (base</i>		
<i>equivalent)</i>	224	
SORBITOL SOL 70% 647,		
745		
SOSWEET SYP	746	
<i>sotalol hcl (afib/afl) tab</i>		
<i>120 mg</i>	269	
<i>sotalol hcl (afib/afl) tab</i>		
<i>160 mg</i>	269	
<i>sotalol hcl (afib/afl) tab</i>		
<i>80 mg</i>	269	
<i>sotalol hcl tab 120 mg</i>		
.....	270	
<i>sotalol hcl tab 160 mg</i>		
.....	270	
<i>sotalol hcl tab 240 mg</i>		
.....	270	
<i>sotalol hcl tab 80 mg</i>	270	
SOTYKTU TAB 6MG..	710	
<i>span c</i>	863	

<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	308	<i>stimulant laxative plus s</i>	648
<i>spironolactone tab 100 mg</i>	251	STIVARGA TAB 40MG	224
<i>spironolactone tab 25 mg</i>	251	STL SOFT/LAX CAP 8.6-50MG	648
<i>spironolactone tab 50 mg</i>	251	<i>stomach relief</i>	607
<i>sprintec 28</i>	539	<i>stomach relief extra stre</i>	607
SPRITAM TAB 1000MG	423	<i>stomach relief ultra</i> .	607
SPRITAM TAB 250MG	422	<i>stool softener</i>	648
SPRITAM TAB 500MG	422	<i>stool softener + stimulan</i>	648
SPRITAM TAB 750MG	423	<i>stool softener extra stre</i>	648
<i>sps</i>	513	<i>stool softener plus laxat</i>	648
<i>sps rectal</i>	513	<i>stool softener/laxative</i>	649
<i>sronyx</i>	540	<i>streptomycin sulfate for inj 1 gm</i>	98
<i>ssd</i>	964	<i>stress b/zinc</i>	863
<i>st joseph low dose aspiri</i>	59	<i>stress formula</i>	863
STELARA INJ 45MG/0.5	711	<i>stress formula/iron</i> ..	863
STELARA INJ 5MG/ML	711	<i>stress formula/zinc</i> ..	863
STELARA INJ 90MG/ML	711	STRIBILD TAB	124
STERILE LUBR DRO 0.7%.....	905	STROVITE ONE TAB.	864
<i>stimulant laxative</i>	647	<i>stye</i>	905
		<i>subvenite</i>	423

sucralfate susp 1 gm/10ml.....657
sucralfate tab 1 gm ..657
sudogest934
sudogest 12 hour.....934
sudogest maximum strength.....934
sulfacetamide sodium lotion 10% (acne) ..960
sulfacetamide sodium ophth oint 10%.....888
sulfacetamide sodium ophth soln 10%889
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%.....885
sulfadiazine tab 500 mg 98
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml 99
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml 99
sulfamethoxazole-trimethoprim tab 400-80 mg 99
sulfamethoxazole-trimethoprim tab 800-160 mg..... 99

SULFAMYLON CRE 85MG/GM..... 964
sulfasalazine tab 500 mg 623
sulfasalazine tab delayed release 500 mg 623
sulindac tab 150 mg .. 73
sulindac tab 200 mg .. 73
sumatriptan nasal spray 20 mg/act 445
sumatriptan nasal spray 5 mg/act..... 445
sumatriptan succinate inj 6 mg/0.5ml..... 445
sumatriptan succinate solution auto-injector 4 mg/0.5ml..... 446
sumatriptan succinate solution auto-injector 6 mg/0.5ml..... 446
sumatriptan succinate solution cartridge 4 mg/0.5ml..... 446
sumatriptan succinate solution cartridge 6 mg/0.5ml..... 446
sumatriptan succinate tab 100 mg 447
sumatriptan succinate tab 25 mg 446

<i>sumatriptan succinate</i>		
<i>tab 50 mg</i>	446	
<i>sunitinib malate cap</i>		
<i>12.5 mg (base</i>		
<i>equivalent)</i>	224	
<i>sunitinib malate cap 25</i>		
<i>mg (base equivalent)</i>		
.....	224	
<i>sunitinib malate cap</i>		
<i>37.5 mg (base</i>		
<i>equivalent)</i>	224	
<i>sunitinib malate cap 50</i>		
<i>mg (base equivalent)</i>		
.....	225	
<i>SUNLENCA TAB 300MG</i>		
.....	116	
<i>super b with c</i>	864	
<i>super b-complex/folic aci</i>		
.....	864	
<i>super cal/mag</i>	787	
<i>super calcium</i>	787	
<i>super calcium 600 + d3</i>		
.....	788	
<i>super calcium 600+d3</i>		
<i>400</i>	788	
<i>super multiple</i>	864	
<i>super quints b-50</i>	864	
<i>super thera vite m</i> ...	864	
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<i>syeda</i>	540	
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.....	942	
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<i>SYMPAZAN MIS 20MG</i>		
.....	423	
<i>SYMPAZAN MIS 5MG</i>	423	
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<i>SYNJARDY TAB 12.5-500</i>		
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<i>1000MG</i>	483	
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 TABRECTA TAB 200MG
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TAGRISSO TAB 80MG			227
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.....	226	TAVNEOS CAP 10MG	701
TALZENNA CAP 0.25MG		<i>tazarotene cream 0.05%</i>	
.....	226		976
TALZENNA CAP 0.35MG		<i>tazarotene cream 0.1%</i>	
.....	226		976
TALZENNA CAP 0.5MG		<i>tazicef</i>	144
.....	226	TAZORAC CRE 0.05%	
TALZENNA CAP 0.75MG			976
.....	227	TAZVERIK TAB 200MG	
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<i>mg (base equivalent)</i>			228
.....	182	TECENTRIQ INJ 840/14	
<i>tamoxifen citrate tab 20</i>			228
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.....	182	HYBREZA	228
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<i>mg</i>	664	<i>dr</i>	657
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<i>telmisartan tab 40 mg</i>			117
.....	264	<i>tension headache</i>	59
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.....	264		228
<i>telmisartan-amlodipine</i>		<i>terazosin hcl cap 1 mg</i>	
<i>tab 40-10 mg</i>	259	(base equivalent) ..	253
<i>telmisartan-amlodipine</i>		<i>terazosin hcl cap 10 mg</i>	
<i>tab 40-5 mg</i>	259	(base equivalent) ..	253
<i>telmisartan-amlodipine</i>		<i>terazosin hcl cap 2 mg</i>	
<i>tab 80-10 mg</i>	259	(base equivalent) ..	253
<i>telmisartan-amlodipine</i>		<i>terazosin hcl cap 5 mg</i>	
<i>tab 80-5 mg</i>	259	(base equivalent) ..	253
<i>telmisartan-</i>		<i>terbinafine hcl tab 250</i>	
<i>hydrochlorothiazide tab</i>		<i>mg</i>	107
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<i>telmisartan-</i>		<i>2.5 mg</i>	927
<i>hydrochlorothiazide tab</i>		<i>terbutaline sulfate tab 5</i>	
<i>80-12.5 mg</i>	260	<i>mg</i>	927
<i>telmisartan-</i>		<i>terconazole vaginal</i>	
<i>hydrochlorothiazide tab</i>		<i>cream 0.4%</i>	673
<i>80-25 mg</i>	260	<i>terconazole vaginal</i>	
<i>temazepam cap 15 mg</i>		<i>cream 0.8%</i>	673
.....	440	<i>terconazole vaginal</i>	
<i>temazepam cap 30 mg</i>		<i>suppos 80 mg</i>	674
.....	440	TERIPARATIDE INJ	
<i>temazepam cap 7.5 mg</i>		620/2.48.....	510
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<i>tetrabenazine tab 25 mg</i>451	<i>theophylline soln 80</i> <i>mg/15ml</i> 943
<i>tetracycline hcl cap 250</i> <i>mg</i>165	<i>theophylline tab er 12hr</i> <i>100 mg</i> 943
<i>tetracycline hcl cap 500</i> <i>mg</i>165	<i>theophylline tab er 12hr</i> <i>200 mg</i> 943
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<i>thera-derm</i>	1004	<i>thiothixene cap 2 mg</i>	392
THERAMILL CAP FORTE		<i>thiothixene cap 5 mg</i>	392
.....	866	<i>tiadylt er</i>	301
<i>therapeutic-m</i>	866	<i>tiagabine hcl tab 12 mg</i>	
<i>thera-tabs</i>	866	.....	424
THERA-TABS M TAB	.866	<i>tiagabine hcl tab 16 mg</i>	
<i>theratrum complete</i>	.866	.....	424
<i>theratrum complete 50</i>		<i>tiagabine hcl tab 2 mg</i>	
<i>plu</i>	867	.....	424
THEREMS TAB MULTIVIT		<i>tiagabine hcl tab 4 mg</i>	
.....	867	.....	424
<i>thiamine hcl tab 100 mg</i>		TIBSOVO TAB 250MG	
.....	867		228
<i>thiamine hcl tab 250 mg</i>		<i>ticagrelor tab 90 mg</i>	703
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<i>thiamine hcl tab 50 mg</i>		<i>tigecycline for iv soln 50</i>	
.....	867	<i>mg</i>	165
<i>thiamine mononitrate</i>		<i>tilia fe</i>	540
<i>tab 100 mg</i>	867	<i>timolol maleate ophth</i>	
<i>thioridazine hcl tab 10</i>		<i>gel forming soln 0.25%</i>	
<i>mg</i>	391	.....	897
<i>thioridazine hcl tab 100</i>		<i>timolol maleate ophth</i>	
<i>mg</i>	392	<i>gel forming soln 0.5%</i>	
<i>thioridazine hcl tab 25</i>		.....	897
<i>mg</i>	391	<i>timolol maleate ophth</i>	
<i>thioridazine hcl tab 50</i>		<i>soln 0.25%</i>	898
<i>mg</i>	392	<i>timolol maleate ophth</i>	
<i>thiothixene cap 1 mg</i>	392	<i>soln 0.5%</i>	897
<i>thiothixene cap 10 mg</i>		<i>timolol maleate tab 10</i>	
.....	392	<i>mg</i>	291

<i>timolol maleate tab 20 mg</i>	292	<i>mg/ml) (base equiv)</i>	100
<i>timolol maleate tab 5 mg</i>	291	<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	100
<i>tinidazole tab 250 mg</i>	99	<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	100
<i>tinidazole tab 500 mg</i>	99	<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	100
<i>TIVICAY PD TAB 5MG</i>	117	<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	885
<i>TIVICAY TAB 10MG</i> ..	117	<i>tolnafi-al</i>	973
<i>TIVICAY TAB 25MG</i> ..	117	<i>tolnaftate cream 1%</i>	973
<i>TIVICAY TAB 50MG</i> ..	117	<i>tolnaftate powder 1%</i>	974
<i>tizanidine hcl tab 2 mg (base equivalent)</i> ...	455	<i>tolterodine tartrate cap er 24hr 2 mg</i>	669
<i>tizanidine hcl tab 4 mg (base equivalent)</i> ...	456	<i>tolterodine tartrate cap er 24hr 4 mg</i>	669
<i>tm-clotrimazole</i>	973	<i>tolterodine tartrate tab 1 mg</i>	669
<i>TM-DAILY TAB VITE</i> .	868	<i>tolterodine tartrate tab 2 mg</i>	669
<i>tm-tolnaftate</i>	973	<i>topiramate sprinkle cap 15 mg</i>	424
<i>tm-tolnaftate lr</i>	973	<i>topiramate sprinkle cap 25 mg</i>	424
<i>TOBI PODHALR CAP 28MG</i>	100		
<i>TOBRADEX OIN 0.3-0.1%</i>	885		
<i>tobramycin nebu soln 300 mg/5ml</i>	100		
<i>tobramycin ophth soln 0.3%</i>	889		
<i>tobramycin sulfate inj 1.2 gm/30ml (40</i>			

<i>topiramate sprinkle cap</i>	
50 mg	425
<i>topiramate tab 100 mg</i>	
.....	425
<i>topiramate tab 200 mg</i>	
.....	425
<i>topiramate tab 25 mg</i>	
.....	425
<i>topiramate tab 50 mg</i>	
.....	425
<i>toremifene citrate tab 60</i>	
<i>mg (base equivalent)</i>	
.....	182
<i>torpenz tab 10mg</i>	229
<i>torpenz tab 2.5mg ...</i>	228
<i>torpenz tab 5mg</i>	229
<i>torpenz tab 7.5mg ...</i>	229
<i>torsemide tab 10 mg</i>	309
<i>torsemide tab 100 mg</i>	
.....	309
<i>torsemide tab 20 mg</i>	309
<i>torsemide tab 5 mg..</i>	309
<i>total allergy</i>	924
<i>TOUJEO MAX INJ 300/ML</i>	
.....	503
<i>TOUJEO SOLO INJ</i>	
300/ML.....	503
<i>TPN ELECTROL INJ ...</i>	758
<i>TRADJENTA TAB 5MG</i>	
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<i>tramadol hcl tab 50 mg</i>	
.....	86
<i>tramadol-acetaminophen</i>	
<i>tab 37.5-325 mg</i>	86
<i>trandolapril tab 1 mg</i>	250
<i>trandolapril tab 2 mg</i>	250
<i>trandolapril tab 4 mg</i>	250
<i>tranexamic acid iv soln</i>	
1000 mg/10ml (100	
mg/ml)	701
<i>tranexamic acid tab 650</i>	
<i>mg</i>	701
<i>tranylcypromine sulfate</i>	
<i>tab 10 mg</i>	349
<i>TRAVASOL INJ 10%</i>	765
<i>travel-ease.....</i>	616
<i>travoprost ophth soln</i>	
0.004% (benzalkonium	
free) (bak free)	898
<i>TRAZIMERA INJ 150MG</i>	
.....	229
<i>TRAZIMERA INJ 420MG</i>	
.....	229
<i>trazodone hcl tab 100</i>	
<i>mg</i>	349
<i>trazodone hcl tab 150</i>	
<i>mg</i>	349
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 TRELEGY AER ELLIPTA
 200-62.5-25 MCG ..908
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 200/2ML711
 TREMFYA INJ 100MG/ML
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 TREMFYA INJ 200/20ML
712
 TREMFYA INJ 200/2ML
712
*treprostinil inj soln 100
 mg/20ml (5 mg/ml)*322
*treprostinil inj soln 20
 mg/20ml (1 mg/ml)*322
*treprostinil inj soln 200
 mg/20ml (10 mg/ml)*
323
*treprostinil inj soln 50
 mg/20ml (2.5 mg/ml)*
322
 TRESIBA FLEX INJ
 100UNIT503
 TRESIBA FLEX INJ
 200UNIT503
 TRESIBA INJ 100UNIT
503

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tretinoin cream 0.025%
 960
tretinoin cream 0.05%
 960
*tretinoin cream 0.1%*960
tretinoin gel 0.01% . 961
tretinoin gel 0.025% 961
*triamcinolone acetonide
 cream 0.025%* 986
*triamcinolone acetonide
 cream 0.1%* 986
*triamcinolone acetonide
 cream 0.5%* 986
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 dental paste 0.1%* 1012
*triamcinolone acetonide
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*triamcinolone acetonide
 lotion 0.1%* 986
*triamcinolone acetonide
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 suspension 55 mcg/act
* 948
*triamcinolone acetonide
 oint 0.025%* 987
*triamcinolone acetonide
 oint 0.1%.....* 986
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 oint 0.5%.....* 987

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<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	309	<i>trigels-f forte</i>	697
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	310	<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	363
<i>tri-buffered aspirin</i>	59	<i>trihexyphenidyl hcl tab 2 mg</i>	363
<i>tricon</i>	697	<i>trihexyphenidyl hcl tab 5 mg</i>	363
<i>tridacaine dis 5% patch</i>	988	TRIJARDY XR TAB ER 24HR 10-5-1000MG	485
<i>triderm</i>	987	TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	485
<i>trientine hcl cap 250 mg</i>	514	TRIJARDY XR TAB ER 24HR 25-5-1000MG	485
<i>tri-estarylla</i>	541	TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	484
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<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	393	TRIKAFTA PAK 75MG	944
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	393	TRIKAFTA TAB 100-50- 75MG & 150MG	944
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	393	TRIKAFTA TAB 50-25- 37.5MG & 75MG	944
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		<i>tri-lynah</i>	541
		<i>tri-lo-estarylla</i>	541
		<i>tri-lo-marzia</i>	541

<i>tri-lo-mili</i>	541	<i>tri-vite/fluoride</i>	868
<i>tri-lo-sprintec</i>	542	<i>trivora-28</i>	543
<i>trimethoprim tab 100</i>		<i>tri-vylibra</i>	542
<i>mg</i>	101	<i>tri-vylibra lo</i>	542
<i>tri-mili</i>	542	TROGARZO INJ	
<i>trimipramine maleate</i>		150MG/ML.....	117
<i>cap 100 mg</i>	350	TROPHAMINE INJ 10%	
<i>trimipramine maleate</i>		.....	765
<i>cap 25 mg</i>	349	<i>tropical liquid nutrition</i>	
<i>trimipramine maleate</i>		.....	868
<i>cap 50 mg</i>	350	<i>trospium chloride cap er</i>	
TRINTELLIX TAB 10MG		24hr 60 mg	669
.....	350	<i>trospium chloride tab 20</i>	
TRINTELLIX TAB 20MG		<i>mg</i>	670
.....	350	<i>true ferrous sulfate</i> ..	697
TRINTELLIX TAB 5MG		<i>true folic acid</i>	869
.....	350	<i>true magnesium oxide</i>	
<i>tri-nymyo tab</i>	542	.....	788
<i>triphrocaps</i>	868	TRUE MULTI- TAB	
<i>triple antibiotic</i>	965	VITAMIN	869
<i>triple antibiotic + pain</i>		<i>true vitamin b12</i>	869
.....	965	<i>true vitamin b2</i>	869
<i>triple antibiotic plus</i> ..	965	<i>true vitamin b6</i>	869
<i>triple paste af</i>	974	<i>true vitamin c</i>	869
<i>tri-sprintec</i>	542	<i>true vitamin d3</i>	870
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.....	868	TRULICITY INJ 0.75/0.5	
<i>tri-vite pediatric</i>	868		485

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 TRULICITY INJ 3/0.5 485
 TRULICITY INJ 4.5/0.5
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 TRUQAP PAK 160MG.229
 TRUQAP PAK 200MG.230
 TRUQAP TAB 160MG.230
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 TYENNE INJ 400/20ML
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TYENNE INJ 80MG/4ML
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U

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d..... 788
ultra freeda 870
ultra freeda/iron 870
ultra fresh..... 905
ultra fresh pm 905
ultra lubricating eye dro
 905
 ULTRA PRENAT CAP
 VITAMINS 870
unithroid..... 586
 UPCAL D POW..... 788
 URO MAG CAP 140MG

 598
ursodiol cap 300 mg 657
ursodiol tab 250 mg 658
ursodiol tab 500 mg 658

V

valacyclovir hcl tab 1 gm
 134
valacyclovir hcl tab 500
mg 134

VALCHLOR GEL 0.016%	1005	valsartan- hydrochlorothiazide tab 320-25 mg	261
valganciclovir hcl for soln 50 mg/ml (base equiv)	134	valsartan- hydrochlorothiazide tab 80-12.5 mg	260
valganciclovir hcl tab 450 mg (base equivalent).....	134	VALTOCO SPR 10MG	426
valproate sodium inj 100 mg/ml	425	VALTOCO SPR 15MG	426
valproate sodium oral soln 250 mg/5ml (base equiv)	426	VALTOCO SPR 20MG	426
valproic acid cap 250 mg	426	VALTOCO SPR 5MG .	426
valsartan tab 160 mg	264	valtya 1/50 tab	543
valsartan tab 320 mg	265	vancomycin hcl cap 125 mg (base equivalent)	101
valsartan tab 40 mg .	264	vancomycin hcl cap 250 mg (base equivalent)	101
valsartan tab 80 mg .	264	vancomycin hcl for iv soln 1 gm (base equivalent).....	101
valsartan- hydrochlorothiazide tab 160-12.5 mg	260	vancomycin hcl for iv soln 1.25 gm (base equivalent).....	101
valsartan- hydrochlorothiazide tab 160-25 mg	260	vancomycin hcl for iv soln 1.5 gm (base equivalent).....	101
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<i>vancomycin hcl for iv soln 500 mg (base equivalent).....</i>	<i>102</i>	VARIVAX INJ	738
<i>vancomycin hcl for iv soln 750 mg (base equivalent).....</i>	<i>102</i>	VASCEPA CAP 0.5GM	282
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VANCOMYCIN INJ 500MG	<i>102</i>	VAXCHORA SUS.....	739
VANCOMYCIN INJ 750MG	<i>103</i>	<i>v-c forte</i>	<i>870</i>
VANFLYTA TAB 17.7MG	<i>231</i>	VCF VAGINAL MIS CONTRACP	<i>666</i>
VANFLYTA TAB 26.5MG	<i>231</i>	<i>vegetable laxative+stool</i>	<i>649</i>
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Este formulario se actualizó el 06/01/2025. Para obtener información más reciente o si tiene otras preguntas, comuníquese con Servicios para los Miembros de CCA One Care al 866-610-2273 (TTY 711), de 8 am a 8 pm, los 7 días de la semana. O visite ccama.org.

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