

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 08/01/2025.

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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 08/01/2025.

- ❖ 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, ພຽງໃຫ້ຫາພວກເຮົາທີ່ເບີ 1-866-610-2273

(TTY 711). ຈະມີຜູ້ທີ່ເວົ້າພາສາອັງກິດ/ລາວຊ່ວຍທ່ານໄດ້.
ນີ້ແມ່ນການບໍລິການບໍ່ເສັຍຄ່າ.

Cambodian: ເພີ່ມມາສາຍພົວພັນກັບບັນດາຜູ້ທີ່ມີຄວາມສ່ຽງສູງ
ເຊິ່ງເຮົາສາມາດຊ່ວຍເຫຼືອທ່ານໄດ້ ຫຼື ສາມາດຊ່ວຍທ່ານ
ຊຶ່ງເຮົາສາມາດຊ່ວຍທ່ານໄດ້ ຫຼື ສາມາດຊ່ວຍທ່ານໄດ້
ສູ່ກັບການກະທຳຜິດພາດຕາມກົດໝາຍ: ເລຂ 1-866-610-2273 (TTY
711) ຯ

ສາມາດຊ່ວຍທ່ານໄດ້ ຫຼື ສາມາດຊ່ວຍທ່ານໄດ້
ຯ ເຮົາສາມາດຊ່ວຍທ່ານໄດ້ ຫຼື ສາມາດຊ່ວຍທ່ານໄດ້

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.



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- 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.



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- 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.



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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.



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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



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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 08/01/2025

CCA_MA_MMP_CY25_4T_CORE eff

08/01/2025

NAME OF DRUG

WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL BE 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
THE ACTIONS
DRUG RESTRICTION
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YOU
(TIER
LEVEL
)**

<i>colchicine w/ probenecid tab 0.5-500 mg</i>	\$0 (Tier 2)	
<i>febuxostat tab 40 mg</i>	\$0 (Tier 2)	PA
<i>febuxostat tab 80 mg</i>	\$0 (Tier 2)	PA
MITIGARE CAP 0.6MG	\$0 (Tier 3)	QL (60 caps / 30 days)
<i>probenecid tab 500 mg</i>	\$0 (Tier 2)	
MISCELLANEOUS		
<i>acetaminophen chew tab 160 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>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
THE ACTIONS
DRUG RESTRICTION
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COST ON USE
YOU
(TIER
LEVEL
)**

<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 THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<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
THE ACTIONS
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 / 30 days) (Tier 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 THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (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 QL (20 tabs / (Tier 2) 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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DRUG RESTRICTION
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YOU
(TIER
LEVEL
)**

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 THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	\$0 QL (30 tabs / (Tier 30 days), PA 2)
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	\$0 QL (30 tabs / (Tier 30 days), PA 2)
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
<i>methadone hcl soln 5 mg/5ml</i>	\$0 QL (450 mL / (Tier 30 days), PA 2)
<i>methadone hcl soln 10 mg/5ml</i>	\$0 QL (450 mL / (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>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
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)**

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 2 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 4 mg/ml</i>	\$0 B/D (Tier 4)
<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)

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

<i>morphine sulfate tab 15 mg</i>	\$0 (Tier 2)	QL (180 tabs / 30 days)
<i>morphine sulfate tab 30 mg</i>	\$0 (Tier 2)	QL (180 tabs / 30 days)
<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 (Tier 2)	QL (180 mL / 30 days)
<i>oxycodone hcl soln 5 mg/5ml</i>	\$0 (Tier 2)	QL (900 mL / 30 days)

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

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

<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	\$0 (Tier 2)	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5- 325 mg</i>	\$0 (Tier 2)	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10- 325 mg</i>	\$0 (Tier 2)	QL (180 tabs / 30 days)
<i>tramadol hcl tab 50 mg</i>	\$0 (Tier 2)	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	\$0 (Tier 2)	QL (240 tabs / 30 days)

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

<i>albendazole tab 200 mg</i>	\$0 (Tier 3)	NDS, QL (672 tabs / year), PA
<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 (Tier 3)	NDS, PA
<i>atovaquone susp 750 mg/5ml</i>	\$0 (Tier 2)	QL (300 mL / 30 days), PA

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

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>clindamycin phosphate inj 300 mg/2ml</i>	\$0 (Tier 2)
<i>clindamycin phosphate inj 600 mg/4ml</i>	\$0 (Tier 2)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<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 days) (Tier 5)
COVID-19 RAP KIT 2-PACK	\$0 QL (2 kits / 28 days) (Tier 5)
CVS COVID-19 KIT HOME 2PK	\$0 QL (2 kits / 28 days) (Tier 5)
<i>dapsone tab 25 mg</i>	\$0 (Tier 2)
<i>dapsone 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>daptomycin for iv soln 350 mg</i>	\$0 NDS (Tier 3)
<i>daptomycin for iv soln 500 mg</i>	\$0 NDS (Tier 3)
DAPTOMYCIN INJ 350MG	\$0 NDS (Tier 3)
EMVERM CHW 100MG	\$0 NDS, QL (12 tabs / year) (Tier 3)
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	\$0 (Tier 2)
FLOWFLEX KIT TEST	\$0 QL (2 kits / 28 days) (Tier 5)

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

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gentamicin sulfate inj 40 mg/ml</i>	\$0 (Tier 2)
IHEALTH 2-PK KIT COVID-19	\$0 (Tier 5) QL (2 kits / 28 days)
<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 (Tier 3) NDS, PA
INTELISWAB KIT COVID-19	\$0 (Tier 5) QL (2 kits / 28 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>ivermectin tab 3 mg</i>	\$0 QL (12 tabs / (Tier 90 days), PA 2)
<i>ivermectin tab 6 mg</i>	\$0 QL (10 tabs / (Tier 90 days), PA 2)
<i>linezolid for susp 100 mg/5ml</i>	\$0 NDS, QL (1800 (Tier mL / 30 days) 3)
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 / (Tier 30 days) 2)

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

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

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

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

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

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

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 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)
<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)

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

<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)
VANCOMYCIN INJ 750MG	\$0 (Tier 4)

***ANTIFUNGALS - DRUGS TO TREAT FUNGAL
INFECTIONS***

ABELCET INJ 5MG/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)
<i>amphotericin b for iv soln 50 mg</i>	\$0 B/D (Tier 2)
<i>amphotericin b liposome iv for susp 50 mg</i>	\$0 NDS, B/D (Tier 3)
<i>caspofungin acetate for iv soln 50 mg</i>	\$0 (Tier 2)
<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)

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

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

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

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

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

<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)
<i>quinine sulfate cap 324 mg</i>	\$0 PA (Tier 2)

ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS INFECTION

<i>abacavir sulfate soln 20 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>abacavir sulfate tab 300 mg (base equiv)</i>	\$0 (Tier 2)
APTIVUS CAP 250MG	\$0 NDS (Tier 3)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	\$0 (Tier 2)
<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 tabs / 30 days) (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>darunavir tab 800 mg</i>	\$0 NDS, QL (30 (Tier tabs / 30 days) 3)
EDURANT PED TAB 2.5MG	\$0 NDS (Tier 3)
EDURANT TAB 25MG	\$0 NDS (Tier 3)
<i>efavirenz tab 600 mg</i>	\$0 (Tier 2)
<i>emtricitabine caps 200 mg</i>	\$0 (Tier 2)
EMTRIVA SOL 10MG/ML	\$0 (Tier 4)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<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)
INTELENCE TAB 25MG	\$0 (Tier 4)
ISENTRESS CHW 25MG	\$0 (Tier 4)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
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)
<i>lamivudine oral soln 10 mg/ml</i>	\$0 (Tier 2)
<i>lamivudine tab 150 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>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)
<i>nevirapine tab 200 mg</i>	\$0 (Tier 2)
<i>nevirapine tab er 24hr 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)
NORVIR POW 100MG	\$0 (Tier 4)
PIFELTRO TAB 100MG	\$0 NDS (Tier 3)
PREZISTA SUS 100MG/ML	\$0 NDS, QL (400 mL / 30 days) (Tier 3)
PREZISTA TAB 75MG	\$0 QL (480 tabs / 30 days) (Tier 4)
PREZISTA TAB 150MG	\$0 NDS, QL (240 tabs / 30 days) (Tier 3)
REYATAZ POW 50MG	\$0 NDS (Tier 3)

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

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

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
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)
VIREAD TAB 250MG	\$0 NDS (Tier 3)
<i>zidovudine cap 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)

zidovudine syrup 10 mg/ml

\$0
(Tier 2)

zidovudine tab 300 mg

\$0
(Tier 2)

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

abacavir sulfate-lamivudine tab 600-300 mg

\$0
(Tier 2)

BIKTARVY TAB 30-120-15 MG

\$0 NDS
(Tier 3)

BIKTARVY TAB 50-200-25 MG

\$0 NDS
(Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
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)
DESCOVY TAB 200/25MG	\$0 NDS (Tier 3)
DOVATO TAB 50-300MG	\$0 NDS (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>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-rilpivirine- tenofovir df tab 200-25- 300 mg</i>	\$0 NDS (Tier 3)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	\$0 NDS (Tier 3)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 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 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)
KALETRA SOL	\$0 (Tier 4)

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)

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 tabs / 28 days), PA (Tier 3)
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 / year) (Tier 2)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	\$0 QL (84 caps / year) (Tier 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 PAK	\$0 QL (22 tabs / (Tier 90 days) 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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
PEGASYS INJ 180MCG/M	\$0 NDS, PA (Tier 3)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>rimantadine hydrochloride tab 100 mg</i>	\$0 (Tier 2)
<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
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DRUG RESTRICTION
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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
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DRUG RESTRICTION
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COST ON USE
YOU
(TIER
LEVEL
)**

TEFLARO INJ 400MG	\$0 NDS (Tier 3)
TEFLARO INJ 600MG	\$0 NDS (Tier 3)

***ERYTHROMYCINS/MACROLIDES - DRUGS
TO TREAT INFECTIONS***

<i>azithromycin for susp 100 mg/5ml</i>	\$0 (Tier 2)
<i>azithromycin for susp 200 mg/5ml</i>	\$0 (Tier 2)
<i>azithromycin iv for soln 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>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 tab 250mg ec</i>	\$0 (Tier 2)
<i>ery-tab tab 333mg ec</i>	\$0 (Tier 2)
<i>ery-tab tab 500mg ec</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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>erythromycin tab 250 mg</i>	\$0 (Tier 2)
<i>erythromycin tab 500 mg</i>	\$0 (Tier 2)
<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)

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

CIPRO (10%) SUS 500MG/5	\$0 (Tier 4)
<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)

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

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>levofloxacin tab 250 mg</i>	\$0 (Tier 1)
<i>levofloxacin tab 500 mg</i>	\$0 (Tier 1)
<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)

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

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

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

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

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

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<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)
BICILLIN L-A INJ 600000	\$0 (Tier 4)
BICILLIN L-A INJ 1200000	\$0 (Tier 4)
BICILLIN L-A INJ 2400000	\$0 (Tier 4)

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

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

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

NAME OF DRUG**WHAT NECESSARY
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<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)

***TETRACYCLINES - DRUGS TO TREAT
INFECTIONS***

<i>doxy 100</i>	\$0 (Tier 2)
<i>doxycycline hyclate 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>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)
<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)

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

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

NAME OF DRUG

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

ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER

ALKYLATING AGENTS

BENDAMUSTINE SOL 100/4ML	\$0 (Tier 3)	NDS, B/D
BENDEKA INJ 100/4ML	\$0 (Tier 3)	NDS, B/D
<i>carboplatin iv soln 50 mg/5ml</i>	\$0 (Tier 2)	B/D
<i>carboplatin iv soln 150 mg/15ml</i>	\$0 (Tier 2)	B/D
<i>carboplatin iv soln 450 mg/45ml</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>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)
<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)

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

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)	
CYCLOPHOSPH TAB 50MG	\$0 (Tier 4)	B/D
CYCLOPHOSPHA INJ 2GM/10ML	\$0 (Tier 3)	NDS, B/D
CYCLOPHOSPHA INJ 500MG	\$0 (Tier 3)	NDS, B/D
<i>cyclophosphamide cap 25 mg</i>	\$0 (Tier 2)	B/D
<i>cyclophosphamide cap 50 mg</i>	\$0 (Tier 2)	B/D
<i>cyclophosphamide for inj 1 gm</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>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)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
GLEOSTINE CAP 40MG	\$0 (Tier 4)
GLEOSTINE CAP 100MG	\$0 NDS (Tier 3)
LEUKERAN TAB 2MG	\$0 NDS (Tier 3)
<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)

NAME OF DRUG**WHAT NECESSARY
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<i>oxaliplatin iv soln 100 mg/20ml</i>	\$0 (Tier 2)	B/D
<i>oxaliplatin iv soln 200 mg/40ml</i>	\$0 (Tier 2)	B/D
VIVIMUSTA INJ 100/4ML	\$0 (Tier 3)	NDS, B/D

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

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	\$0 B/D (Tier 2)
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	\$0 B/D (Tier 2)
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	\$0 B/D (Tier 2)
<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)

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

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

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<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 tabs / 28 days), PA (Tier 3)
ONUREG TAB 300MG	\$0 NDS, QL (14 tabs / 28 days), PA (Tier 3)
<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)

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

<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)
TABLOID TAB 40MG	\$0 NDS (Tier 3)

HORMONAL ANTINEOPLASTIC AGENTS

<i>abiraterone acetate tab 250 mg</i>	\$0 NDS, QL (120 (Tier tabs / 30 3) days), PA
<i>abiraterone acetate tab 500 mg</i>	\$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>abirtega tab 250mg</i>	\$0 QL (120 tabs / (Tier 2) 30 days), PA
AKEEGA TAB 50/500MG	\$0 NDS, QL (60 (Tier 3) tabs / 30 days), PA
AKEEGA TAB 100/500	\$0 NDS, QL (60 (Tier 3) tabs / 30 days), PA
<i>anastrozole tab 1 mg</i>	\$0 (Tier 1)
<i>bicalutamide tab 50 mg</i>	\$0 (Tier 2)
ELIGARD INJ 7.5MG	\$0 PA (Tier 4)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
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
ERLEADA TAB 240MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
EULEXIN CAP 125MG	\$0 NDS (Tier 3)

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

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
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)
<i>megestrol acetate tab 40 mg</i>	\$0 (Tier 3)
<i>nilutamide tab 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)
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
SOLTAMOX SOL 10MG/5ML	\$0 NDS (Tier 3)
<i>tamoxifen citrate tab 10 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>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
XTANDI TAB 80MG	\$0 NDS, QL (60 (Tier tabs / 30 3) days), PA
YONSA TAB 125MG	\$0 NDS, QL (120 (Tier tabs / 30 3) days), PA

NAME OF DRUG**WHAT NECESSARY
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<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
<i>lenalidomide caps 2.5 mg</i>	\$0 (Tier 3)	NDS, QL (28 caps / 28 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
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
THALOMID CAP 100MG	\$0 NDS, QL (112 (Tier caps / 28 3) days), PA

NAME OF DRUG**WHAT NECESSARY
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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
<i>doxorubicin hcl liposomal susp (for iv infusion) 2 mg/ml</i>	\$0 (Tier 3)	NDS, B/D

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<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)
IWILFIN TAB 192MG	\$0 NDS, QL (240 (Tier tabs / 30 3) days), PA

NAME OF DRUG**WHAT NECESSARY
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MATULANE CAP 50MG	\$0 (Tier 3)	NDS
<i>tretinoin cap 10 mg</i>	\$0 (Tier 3)	NDS
WELIREG TAB 40MG	\$0 (Tier 3)	NDS, QL (90 tabs / 30 days), PA
MITOTIC INHIBITORS		
<i>docetaxel for inj conc 20 mg/ml</i>	\$0 (Tier 2)	B/D
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	\$0 (Tier 3)	NDS, B/D
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	\$0 (Tier 3)	NDS, B/D

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

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 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)
<i>etoposide inj 1 gm/50ml (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)
<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)
<i>paclitaxel iv conc 150 mg/25ml (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 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
ALUNBRIG PAK	\$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)
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
AYVAKIT TAB 25MG	\$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)
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
BALVERSA TAB 4MG	\$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)
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
BOSULIF CAP 100MG	\$0 NDS, QL (150 (Tier caps / 25 3) days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
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
CABOMETYX TAB 20MG	\$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)
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
CAPRELSA TAB 300MG	\$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)
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
COTELLIC TAB 20MG	\$0 NDS, QL (63 (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)
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
<i>dasatinib tab 80 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 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
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	\$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)
<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
<i>everolimus tab 10 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 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
FRUZAQLA CAP 1MG	\$0 NDS, QL (84 (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 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
GILOTRIF TAB 40MG	\$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)
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)
HERZUMA 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 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
IBRANCE TAB 100MG	\$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 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
IDHIFA TAB 50MG	\$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 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
IMBRUVICA SUS 70MG/ML	\$0 NDS, QL (216 (Tier mL / 27 days), 3) PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
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
INLYTA TAB 5MG	\$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)
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
JAKAFI TAB 15MG	\$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 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)
KADCYLA INJ 160MG	\$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)
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
KISQALI 400 DOSE	\$0 NDS, QL (42 (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 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
KRAZATI TAB 200MG	\$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)
<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
LENVIMA CAP 10 MG	\$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)
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
LORBRENA TAB 25MG	\$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)
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
LYNPARZA TAB 150MG	\$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)
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
MEKINIST TAB 2MG	\$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)
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
<i>nilotinib hcl cap 50 mg (base equivalent)</i>	\$0 NDS, QL (120 (Tier caps / 30 3) days), PA
<i>nilotinib hcl cap 150 mg (base equivalent)</i>	\$0 NDS, QL (112 (Tier caps / 28 3) days), PA
<i>nilotinib hcl cap 200 mg (base equivalent)</i>	\$0 NDS, QL (112 (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 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
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)

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

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

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

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
QINLOCK TAB 50MG	\$0 NDS, QL (90 (Tier tabs / 30 3) days), PA
RETEVMO CAP 40MG	\$0 NDS, QL (240 (Tier caps / 30 3) days), PA
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

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
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
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
ROMVIMZA CAP 14MG	\$0 NDS, QL (8 (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)
ROMVIMZA CAP 20MG	\$0 NDS, QL (8 (Tier caps / 28 3) days), PA
ROMVIMZA CAP 30MG	\$0 NDS, QL (8 (Tier caps / 28 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
RUBRACA TAB 200MG	\$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)
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
SCEMBLIX 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)
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	\$0 NDS, QL (120 tabs / 30 days), PA (Tier 3)
STIVARGA TAB 40MG	\$0 NDS, QL (84 tabs / 28 days), PA (Tier 3)
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	\$0 NDS, QL (30 caps / 30 days), PA (Tier 3)
<i>sunitinib malate cap 25 mg (base equivalent)</i>	\$0 NDS, QL (30 caps / 30 days), PA (Tier 3)
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	\$0 NDS, QL (30 caps / 30 days), PA (Tier 3)
<i>sunitinib malate cap 50 mg (base equivalent)</i>	\$0 NDS, QL (30 caps / 30 days), PA (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
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
TAGRISSE TAB 40MG	\$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)
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
TALZENNA CAP 0.75MG	\$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 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
TECENTRIQ INJ 840/14	\$0 NDS, PA (Tier 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
TECENTRIQ INJ 1200/20	\$0 NDS, PA (Tier 3)
TECENTRIQ INJ HYBREZA	\$0 NDS, QL (1 vial (Tier / 21 days), PA 3)
TEPMETKO TAB 225MG	\$0 NDS, QL (60 (Tier tabs / 30 3) days), PA
TIBSOVO TAB 250MG	\$0 NDS, QL (60 (Tier tabs / 30 3) days), PA
<i>torpenz tab 2.5mg</i>	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
<i>torpenz tab 5mg</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>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
TRUQAP PAK 200MG	\$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 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
TUKYSA TAB 150MG	\$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)
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
VENCLEXTA TAB 100MG	\$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)
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
VITRAKVI CAP 25MG	\$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)
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
VONJO 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)
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
XALKORI CAP 200MG	\$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)
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
XPOVIO PAK (60 MG ONCE WEEKLY)	\$0 NDS, QL (4 (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 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
ZEJULA 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)
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
ZYDELIG 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
)**

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

PROTECTIVE AGENTS

<i>leucovorin calcium for inj 50 mg</i>	\$0 (Tier 2)	B/D
<i>leucovorin calcium for inj 100 mg</i>	\$0 (Tier 2)	B/D
<i>leucovorin calcium for inj 200 mg</i>	\$0 (Tier 2)	B/D
<i>leucovorin calcium for inj 350 mg</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>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)
<i>leucovorin calcium tab 25 mg</i>	\$0 (Tier 2)

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

<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 / (Tier 30 days) 1)
<i>amlodipine besylate- benazepril hcl cap 5-10 mg</i>	\$0 QL (30 caps / (Tier 30 days) 1)
<i>amlodipine besylate- benazepril hcl cap 5-20 mg</i>	\$0 QL (30 caps / (Tier 30 days) 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 5-40 mg</i>	\$0 (Tier 1)	QL (30 caps / 30 days)
<i>amlodipine besylate- benazepril hcl cap 10-20 mg</i>	\$0 (Tier 1)	QL (30 caps / 30 days)
<i>amlodipine besylate- benazepril hcl cap 10-40 mg</i>	\$0 (Tier 1)	QL (30 caps / 30 days)
<i>benazepril & hydrochlorothiazide tab 5- 6.25mg</i>	\$0 (Tier 1)	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	\$0 (Tier 1)	
<i>benazepril & 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)
<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)
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 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>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)
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	\$0 (Tier 1)

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

<i>benazepril hcl tab 5 mg</i>	\$0 (Tier 1)
<i>benazepril hcl tab 10 mg</i>	\$0 (Tier 1)
<i>benazepril hcl tab 20 mg</i>	\$0 (Tier 1)
<i>benazepril hcl tab 40 mg</i>	\$0 (Tier 1)
<i>captopril tab 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>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)
<i>enalapril maleate 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>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)
<i>lisinopril 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>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)
<i>moexipril hcl tab 15 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>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)
<i>quinapril hcl tab 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>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)
<i>trandolapril 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>trandolapril tab 2 mg</i>	\$0 (Tier 1)
<i>trandolapril tab 4 mg</i>	\$0 (Tier 1)
<i>ALDOSTERONE RECEPTOR ANTAGONISTS - DRUGS TO TREAT HIGH BLOOD PRESSURE</i>	
<i>eplerenone tab 25 mg</i>	\$0 (Tier 2)
<i>eplerenone tab 50 mg</i>	\$0 (Tier 2)
KERENDIA TAB 10MG	\$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)
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)
ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE	
<i>doxazosin mesylate 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>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)
<i>prazosin hcl cap 2 mg</i>	\$0 (Tier 2)
<i>prazosin hcl cap 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>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)

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)

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

<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)
<i>amlodipine besylate- valsartan tab 5-320 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>amlodipine besylate- valsartan tab 10-160 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 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)
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)

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

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

<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<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)	
<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)

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

<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)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 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>telmisartan-amlodipine tab 40-5 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>telmisartan- hydrochlorothiazide tab 40-12.5 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>telmisartan- hydrochlorothiazide tab 80-12.5 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>telmisartan- hydrochlorothiazide tab 80-25 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>valsartan- hydrochlorothiazide tab 80-12.5 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>valsartan- hydrochlorothiazide tab 160-12.5 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>valsartan- hydrochlorothiazide tab 160-25 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<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)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)****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)
<i>candesartan cilexetil tab 32 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
EDARBI TAB 40MG	\$0 (Tier 4)	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)
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)
<i>losartan potassium tab 25 mg</i>	\$0 (Tier 1)
<i>losartan potassium 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>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)
<i>telmisartan tab 20 mg</i>	\$0 QL (30 tabs / 30 days) (Tier 1)
<i>telmisartan 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 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)
<i>valsartan tab 320 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
)*****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)
<i>amiodarone hcl tab 200 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>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)
<i>dofetilide cap 500 mcg (0.5 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>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)
<i>pacerone</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 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)
<i>propafenone 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>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)
<i>sotalol hcl 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
)**

sotalol hcl tab 120 mg\$0
(Tier
1)

sotalol hcl tab 160 mg\$0
(Tier
1)

sotalol hcl tab 240 mg\$0
(Tier
1)

ANTILIPEMICS, FIBRATES

*choline fenofibrate cap dr
45 mg (fenofibric acid
equiv)*\$0
(Tier
2)

*choline fenofibrate cap dr
135 mg (fenofibric acid
equiv)*\$0
(Tier
2)

*fenofibrate micronized cap
67 mg*\$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 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)
<i>fenofibrate 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)

<i>gemfibrozil tab 600 mg</i>	\$0 (Tier 1)

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

<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)

<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)

<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)

<i>atorvastatin calcium tab 80 mg (base equivalent)</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)
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)
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)

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

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

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

<i>rosuvastatin calcium tab 10 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 20 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 40 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>simvastatin tab 5 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>simvastatin tab 10 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>simvastatin tab 20 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>simvastatin tab 40 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>simvastatin tab 80 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
ZYPITAMAG TAB 2MG	\$0 (Tier 4)	QL (30 tabs / 30 days), ST
ZYPITAMAG TAB 4MG	\$0 (Tier 4)	QL (30 tabs / 30 days), ST

**ANTILIPEMICS, MISCELLANEOUS - DRUGS
TO TREAT HIGH CHOLESTEROL**

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

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)	
<i>colestipol hcl granules 5 gm</i>	\$0 (Tier 2)	
<i>colestipol hcl tab 1 gm</i>	\$0 (Tier 2)	
<i>ezetimibe tab 10 mg</i>	\$0 (Tier 2)	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	\$0 (Tier 1)	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 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>ezetimibe-simvastatin tab 10-80 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 1)
NEXLETOL TAB 180MG	\$0 QL (30 tabs / (Tier 30 days) 3)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>omega-3-acid ethyl esters cap 1 gm</i>	\$0 PA (Tier 2)
<i>prevalite</i>	\$0 (Tier 2)
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)

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

VASCEPA CAP 1GM	\$0 (Tier 3)

***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)

NAME OF DRUG

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

<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	\$0 (Tier 1)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>acebutolol hcl cap 400 mg</i>	\$0 (Tier 2)
<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)

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

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

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>metoprolol tartrate tab 25 mg</i>	\$0 (Tier 1)
<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)

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

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 60 mg</i>	\$0 (Tier 2)
<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)

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

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

<i>timolol maleate tab 10 mg</i>	\$0 (Tier 2)

<i>timolol maleate tab 20 mg</i>	\$0 (Tier 2)

**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)

<i>amlodipine besylate tab 5 mg (base equivalent)</i>	\$0 (Tier 1)

<i>amlodipine besylate 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>cartia xt</i>	\$0 (Tier 2)
<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)

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 180 mg</i>	\$0 (Tier 2)
<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)

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 240 mg</i>	\$0 (Tier 2)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	\$0 (Tier 2)
<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)

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 180 mg</i>	\$0 (Tier 2)
<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)

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

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>nicardipine hcl cap 30 mg</i>	\$0 (Tier 2)
<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)

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

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

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 180 mg</i>	\$0 (Tier 2)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>verapamil hcl tab 40 mg</i>	\$0 (Tier 1)
<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
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<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	\$0 (Tier 1)

MISCELLANEOUS

<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	\$0 (Tier 1)

<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	\$0 (Tier 1)

<i>amlodipine besylate- atorvastatin calcium tab 2.5-10 mg</i>	\$0 (Tier 1)

<i>amlodipine besylate- atorvastatin calcium tab 2.5-20 mg</i>	\$0 (Tier 1)

<i>amlodipine besylate- atorvastatin calcium tab 2.5-40 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>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 / 30 days) (Tier 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 / 30 days) (Tier 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 2) 30 days)
<i>droxidopa cap 100 mg</i>	\$0 NDS, QL (90 (Tier 3) caps / 30 days), PA
<i>droxidopa cap 200 mg</i>	\$0 NDS, QL (180 (Tier 3) caps / 30 days), PA
<i>droxidopa cap 300 mg</i>	\$0 NDS, QL (180 (Tier 3) caps / 30 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 3) 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 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
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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
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<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	\$0 (Tier 3)	NDS, PA

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

<i>alprazolam tab 0.5 mg</i>	\$0 (Tier 2)	QL (150 tabs / 30 days)
<i>alprazolam tab 0.25 mg</i>	\$0 (Tier 2)	QL (150 tabs / 30 days)
<i>alprazolam tab 1 mg</i>	\$0 (Tier 2)	QL (150 tabs / 30 days)
<i>alprazolam tab 2 mg</i>	\$0 (Tier 2)	QL (150 tabs / 30 days)

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 / 30 days) (Tier 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 / 30 days) (Tier 2)

NAME OF DRUG**WHAT NECESSARY
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<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 QL (30 tabs / (Tier 30 days) 1)
<i>donepezil hydrochloride tab 10 mg</i>	\$0 (Tier 1)
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	\$0 QL (30 caps / (Tier 30 days) 2)
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	\$0 QL (30 caps / (Tier 30 days) 2)
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	\$0 QL (30 caps / (Tier 30 days) 2)
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	\$0 QL (200 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>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 / 30 days) (Tier 2)
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	\$0 QL (60 caps / 30 days) (Tier 2)
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	\$0 QL (60 caps / 30 days) (Tier 2)
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	\$0 QL (60 caps / 30 days) (Tier 2)
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	\$0 QL (30 patches / 30 days) (Tier 2)
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	\$0 QL (30 patches / 30 days) (Tier 2)

NAME OF DRUG**WHAT NECESSARY
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<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	\$0 (Tier 2)	QL (30 patches / 30 days)

ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION

<i>amitriptyline hcl tab 10 mg</i>	\$0 (Tier 3)

<i>amitriptyline hcl tab 25 mg</i>	\$0 (Tier 3)

<i>amitriptyline hcl tab 50 mg</i>	\$0 (Tier 3)

<i>amitriptyline hcl tab 75 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>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 / 30 days) (Tier 4)
<i>paroxetine hcl tab er 24hr 25 mg</i>	\$0 QL (60 tabs / 30 days) (Tier 4)
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	\$0 QL (60 tabs / 30 days) (Tier 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 / 30 days) (Tier 2)
<i>vilazodone hcl tab 20 mg</i>	\$0 QL (30 tabs / 30 days) (Tier 2)
<i>vilazodone hcl tab 40 mg</i>	\$0 QL (30 tabs / 30 days) (Tier 2)
ZURZUVAE CAP 20MG	\$0 NDS, QL (28 caps / 14 days), PA (Tier 3)
ZURZUVAE CAP 25MG	\$0 NDS, QL (28 caps / 14 days), PA (Tier 3)

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

ZURZUVAE CAP 30MG	\$0 NDS, QL (14 caps / 14 days), PA (Tier 3)

ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS DISEASE

<i>amantadine hcl cap 100 mg</i>	\$0 QL (120 caps / 30 days) (Tier 2)
<i>amantadine hcl soln 50 mg/5ml</i>	\$0 (Tier 2)
<i>amantadine hcl tab 100 mg</i>	\$0 (Tier 2)
<i>benztropine mesylate 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>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 / (Tier 30 days) 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 (Tier 3) PA; PA applies if 70 years and older
<i>trihexyphenidyl hcl tab 2 mg</i>	\$0 (Tier 2) PA; PA applies if 70 years and older
<i>trihexyphenidyl hcl tab 5 mg</i>	\$0 (Tier 2) 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
)*****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 syringe / 28 days) (Tier 3)
<i>aripiprazole oral solution 1 mg/ml</i>	\$0 QL (900 mL / 30 days) (Tier 2)
<i>aripiprazole orally disintegrating tab 10 mg</i>	\$0 QL (60 tabs / 30 days), ST (Tier 2)
<i>aripiprazole orally disintegrating tab 15 mg</i>	\$0 QL (60 tabs / 30 days), ST (Tier 2)
<i>aripiprazole tab 2 mg</i>	\$0 QL (30 tabs / 30 days) (Tier 2)
<i>aripiprazole tab 5 mg</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>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 syringe / 28 days) (Tier 3)
ARISTADA INJ 1064MG	\$0 NDS, QL (1 syringe / 56 days) (Tier 3)
ARISTADA INJ INITIO	\$0 NDS (Tier 3)
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	\$0 QL (60 tabs / 30 days) (Tier 2)
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	\$0 QL (60 tabs / 30 days) (Tier 2)
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	\$0 QL (60 tabs / 30 days) (Tier 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 / 30 days) (Tier 2)
<i>clozapine tab 200 mg</i>	\$0 QL (120 tabs / 30 days) (Tier 2)
COBENFY CAP 50-20MG	\$0 NDS, QL (60 caps / 30 days), PA (Tier 3)
COBENFY CAP 100-20MG	\$0 NDS, QL (60 caps / 30 days), PA (Tier 3)
COBENFY CAP 125-30MG	\$0 NDS, QL (60 caps / 30 days), PA (Tier 3)

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 PACK A	\$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 injection / 180 days) (Tier 3)
INVEGA HAFYE INJ 1560MG	\$0 NDS, QL (1 injection / 180 days) (Tier 3)
INVEGA SUST INJ 39/0.25	\$0 QL (1 syringe / 28 days) (Tier 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 syringe / 28 days) (Tier 3)
INVEGA SUST INJ 117/0.75	\$0 NDS, QL (1 syringe / 28 days) (Tier 3)
INVEGA SUST INJ 156MG/ML	\$0 NDS, QL (1 syringe / 28 days) (Tier 3)
INVEGA SUST INJ 234/1.5	\$0 NDS, QL (1 syringe / 28 days) (Tier 3)
INVEGA TRINZ INJ 273MG	\$0 NDS, QL (1 syringe / 90 days) (Tier 3)
INVEGA TRINZ INJ 410MG	\$0 NDS, QL (1 syringe / 90 days) (Tier 3)

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 / 30 days) (Tier 2)
<i>quetiapine fumarate tab 50 mg</i>	\$0 QL (90 tabs / 30 days) (Tier 2)
<i>quetiapine fumarate tab 100 mg</i>	\$0 QL (90 tabs / 30 days) (Tier 2)
<i>quetiapine fumarate tab 150 mg</i>	\$0 QL (90 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>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 (Tier 3) NDS, QL (600 mL / 30 days), PA
VRAYLAR CAP 1.5MG	\$0 (Tier 3) NDS, QL (60 caps / 30 days)

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 caps / 30 days) (Tier 3)
VRAYLAR CAP 4.5MG	\$0 NDS, QL (30 caps / 30 days) (Tier 3)
VRAYLAR CAP 6MG	\$0 NDS, QL (30 caps / 30 days) (Tier 3)
<i>ziprasidone hcl cap 20 mg</i>	\$0 QL (60 caps / 30 days) (Tier 2)
<i>ziprasidone hcl cap 40 mg</i>	\$0 QL (60 caps / 30 days) (Tier 2)
<i>ziprasidone hcl cap 60 mg</i>	\$0 QL (60 caps / 30 days) (Tier 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

APTOM TAB 200MG	\$0 (Tier 3)	NDS, QL (30 tabs / 30 days)

APTOM TAB 400MG	\$0 (Tier 3)	NDS, QL (30 tabs / 30 days)

APTOM TAB 600MG	\$0 (Tier 3)	NDS, QL (60 tabs / 30 days)

APTOM 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

NAME OF DRUG**WHAT NECESSARY
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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 (Tier 2) QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam tab 5 mg</i>	\$0 (Tier 2) QL (120 tabs / 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 mL / 30 days), PA (Tier 3)
<i>epitol</i>	\$0 (Tier 2)
EPRONTIA SOL 25MG/ML	\$0 QL (480 mL / 30 days), PA (Tier 4)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>eslicarbazepine acetate tab 200 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 2)
<i>eslicarbazepine acetate tab 400 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 2)
<i>eslicarbazepine acetate tab 600 mg</i>	\$0 QL (60 tabs / (Tier 30 days) 2)
<i>eslicarbazepine acetate tab 800 mg</i>	\$0 QL (60 tabs / (Tier 30 days) 2)
<i>ethosuximide cap 250 mg</i>	\$0 (Tier 2)
<i>ethosuximide soln 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>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 mL / 30 days), PA (Tier 3)
FYCOMPA SUS 0.5MG/ML	\$0 NDS, QL (720 mL / 30 days), PA (Tier 3)
FYCOMPA TAB 2MG	\$0 QL (60 tabs / 30 days), PA (Tier 4)

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

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

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

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<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)
<i>lamotrigine tab 100 mg</i>	\$0 (Tier 1)
<i>lamotrigine tab 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>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)
<i>lamotrigine tab er 24hr 50 mg</i>	\$0 ST (Tier 2)
<i>lamotrigine tab er 24hr 100 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 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)
<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)

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 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)
<i>levetiracetam tab 500 mg</i>	\$0 (Tier 2)
<i>levetiracetam tab 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>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)
<i>methsuximide cap 300 mg</i>	\$0 (Tier 2)
NAYZILAM SPR 5MG	\$0 QL (10 nasal units per 30 days) (Tier 4)
<i>oxcarbazepine susp 300 mg/5ml (60 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>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>perampanel tab 2 mg</i>	\$0 (Tier 2)	QL (60 tabs / 30 days), PA
<i>perampanel tab 4 mg</i>	\$0 (Tier 3)	NDS, QL (30 tabs / 30 days), PA
<i>perampanel tab 6 mg</i>	\$0 (Tier 3)	NDS, QL (30 tabs / 30 days), PA

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<i>perampanel tab 8 mg</i>	\$0 (Tier 3)	NDS, QL (30 tabs / 30 days), PA
<i>perampanel tab 10 mg</i>	\$0 (Tier 3)	NDS, QL (30 tabs / 30 days), PA
<i>perampanel tab 12 mg</i>	\$0 (Tier 3)	NDS, QL (30 tabs / 30 days), PA
<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
<i>phenobarbital sodium inj 130 mg/ml</i>	\$0 (Tier 4)	PA; PA applies if 70 years and older

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<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
<i>phenobarbital tab 60 mg</i>	\$0 (Tier 3)	QL (120 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>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)
<i>phenytoin chew 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>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)
<i>pregabalin cap 25 mg</i>	\$0 QL (120 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 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)
<i>pregabalin cap 225 mg</i>	\$0 QL (60 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 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)
<i>roweepra</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<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)
SPRITAM TAB 750MG	\$0 QL (120 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 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
<i>tiagabine hcl 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>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)
<i>topiramate sprinkle 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>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)
<i>valproate sodium oral soln 250 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>valproic acid cap 250 mg</i>	\$0 (Tier 2)
VALTOCO SPR 5MG	\$0 QL (10 blister packs per 30 days) (Tier 4)
VALTOCO SPR 10MG	\$0 QL (10 blister packs per 30 days) (Tier 4)
VALTOCO SPR 15MG	\$0 QL (10 blister packs per 30 days) (Tier 4)
VALTOCO SPR 20MG	\$0 QL (10 blister packs per 30 days) (Tier 4)
<i>vigabatrin powd pack 500 mg</i>	\$0 NDS, QL (180 packets / 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>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
XCOPRI PAK 12.5-25	\$0 QL (28 tabs / (Tier 28 days) 4)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
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)
XCOPRI TAB 50MG	\$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 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)
<i>zonisamide cap 50 mg</i>	\$0 (Tier 2)

NAME OF DRUG**WHAT NECESSARY
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LEVEL
)**

<i>zonisamide cap 100 mg</i>	\$0 (Tier 2)
ZTALMY SUS 50MG/ML	\$0 NDS, QL (1100 (Tier mL / 30 days), 3) PA

**ATTENTION DEFICIT HYPERACTIVITY
DISORDER - DRUGS TO TREAT ADHD**

<i>amphetamine- dextroamphetamine cap er 24hr 5 mg</i>	\$0 QL (30 caps / (Tier 30 days) 2)
<i>amphetamine- dextroamphetamine cap er 24hr 10 mg</i>	\$0 QL (30 caps / (Tier 30 days) 2)
<i>amphetamine- dextroamphetamine cap er 24hr 15 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)
<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)
<i>amphetamine- dextroamphetamine tab 10 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 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)
<i>atomoxetine hcl cap 18 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 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)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	\$0 QL (120 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>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
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	\$0 (Tier 3)	QL (60 tabs / 30 days), PA; PA applies if 70 years and older

NAME OF DRUG**WHAT NECESSARY
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)**

<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	\$0 (Tier 3)	QL (30 tabs / 30 days), PA; PA applies if 70 years and older
<i>lisdexamfetamine dimesylate cap 10 mg</i>	\$0 (Tier 2)	QL (60 caps / 30 days), PA
<i>lisdexamfetamine dimesylate cap 20 mg</i>	\$0 (Tier 2)	QL (60 caps / 30 days), PA
<i>lisdexamfetamine dimesylate cap 30 mg</i>	\$0 (Tier 2)	QL (60 caps / 30 days), PA
<i>lisdexamfetamine dimesylate cap 40 mg</i>	\$0 (Tier 2)	QL (30 caps / 30 days), PA
<i>lisdexamfetamine dimesylate cap 50 mg</i>	\$0 (Tier 2)	QL (30 caps / 30 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<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)
<i>lisdexamfetamine dimesylate chew tab 40 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>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)
<i>methylphenidate hcl soln 5 mg/5ml</i>	\$0 QL (1800 mL / (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 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)
<i>methylphenidate hcl tab er 20 mg</i>	\$0 QL (90 tabs / (Tier 30 days), PA 2)

NAME OF DRUG**WHAT NECESSARY
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DRUG RESTRICTION
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COST ON USE
YOU
(TIER
LEVEL
)*****HYPNOTICS - DRUGS TO TREAT INSOMNIA***

DAYVIGO TAB 5MG	\$0 (Tier 3)	QL (30 tabs / 30 days)
DAYVIGO TAB 10MG	\$0 (Tier 3)	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	\$0 (Tier 2)	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	\$0 (Tier 2)	QL (30 tabs / 30 days)
<i>tasimelteon capsule 20 mg</i>	\$0 (Tier 3)	NDS, QL (30 caps / 30 days), PA

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

<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 WILL S OR LIMITS 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

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 / 30 days) (Tier 2)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	\$0 QL (18 tabs / 30 days) (Tier 2)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	\$0 QL (18 tabs / 30 days) (Tier 2)
<i>sumatriptan nasal spray 5 mg/act</i>	\$0 QL (24 units / 30 days) (Tier 2)
<i>sumatriptan nasal spray 20 mg/act</i>	\$0 QL (12 units / 30 days) (Tier 2)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	\$0 QL (12 injections / 30 days) (Tier 2)

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
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)**

<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 tabs / 30 days), PA (Tier 3)
AUSTEDO XR TAB 48MG ER	\$0 NDS, QL (30 tabs / 30 days), PA (Tier 3)
AUSTEDO XR TAB TITR KIT	\$0 NDS, QL (2 packs / year), PA (Tier 3)
<i>gabapentin (once-daily) tab 300 mg</i>	\$0 QL (180 tabs / 30 days), PA (Tier 2)
<i>gabapentin (once-daily) tab 600 mg</i>	\$0 QL (90 tabs / 30 days), PA (Tier 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	NDS, QL (120 (Tier caps / 30 3) days), PA
BETASERON INJ 0.3MG	\$0	NDS, QL (14 (Tier syringes / 28 3) days), PA
COPAXONE INJ 20MG/ML	\$0	NDS, QL (30 (Tier syringes / 30 3) days), PA
COPAXONE INJ 40MG/ML	\$0	NDS, QL (12 (Tier syringes / 28 3) days), PA
<i>dalfampridine tab er 12hr 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>fingolimod hcl cap 0.5 mg (base equiv)</i>	\$0 (Tier 3)	NDS, QL (30 caps / 30 days), PA
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	\$0 (Tier 3)	NDS, QL (30 syringes / 30 days), PA
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	\$0 (Tier 3)	NDS, QL (12 syringes / 28 days), PA
<i>glatopa</i>	\$0 (Tier 3)	NDS, QL (12 syringes / 28 days), PA
<i>glatopa</i>	\$0 (Tier 3)	NDS, QL (30 syringes / 30 days), PA
KESIMPTA INJ 20/.4ML	\$0 (Tier 3)	NDS, QL (16 pens / 365 days), PA

NAME OF DRUG**WHAT NECESSARY
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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 WILL S OR LIMITS 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
)**

*tizanidine hcl tab 4 mg
(base equivalent)*

\$0
(Tier
2)

***NARCOLEPSY/CATAPLEXY - DRUGS FOR
SLEEP DISORDERS***

armodafinil tab 50 mg\$0 QL (60 tabs /
(Tier 30 days), PA
2)

armodafinil tab 150 mg\$0 QL (30 tabs /
(Tier 30 days), PA
2)

armodafinil tab 200 mg\$0 QL (30 tabs /
(Tier 30 days), PA
2)

armodafinil tab 250 mg\$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 (Tier 2)	QL (30 tabs / 30 days), PA
<i>modafinil tab 200 mg</i>	\$0 (Tier 2)	QL (60 tabs / 30 days), PA
SOD OXYBATE SOL 500MG/ML	\$0 (Tier 3)	NDS, QL (540 mL / 30 days), 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 / 30 days) (Tier 2)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	\$0 QL (90 tabs / 30 days) (Tier 2)
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	\$0 QL (60 tabs / 30 days) (Tier 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 COST ON USE 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 / 28 days) (Tier 2)
<i>varenicline tartrate tab 1 mg (base equiv)</i>	\$0 QL (56 tabs / 28 days) (Tier 2)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	\$0 QL (2 packs / year) (Tier 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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YOU
(TIER
LEVEL
)**

<i>testosterone td gel 25 mg/2.5gm (1%)</i>	\$0 (Tier 2)	QL (300 gm / 30 days), PA

<i>testosterone td gel 50 mg/5gm (1%)</i>	\$0 (Tier 2)	QL (300 gm / 30 days), PA

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 (Tier 3)	QL (30 tabs / 30 days)

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 / 30 days) (Tier 3)
<i>liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)</i>	\$0 QL (3 pens / 30 days), PA (Tier 2)
<i>metformin hcl oral soln 500 mg/5ml</i>	\$0 QL (765 mL / 30 days) (Tier 2)
<i>metformin hcl tab 500 mg</i>	\$0 QL (150 tabs / 30 days) (Tier 1)
<i>metformin hcl tab 850 mg</i>	\$0 QL (90 tabs / 30 days) (Tier 1)
<i>metformin hcl tab 1000 mg</i>	\$0 QL (75 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>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 (Tier days), PA 3)
OZEMPIC (1MG/DOSE)	\$0 QL (1 pen / 28 (Tier days), PA 3)
OZEMPIC (2MG/DOSE)	\$0 QL (1 pen / 28 (Tier days), PA 3)
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	\$0 QL (30 tabs / (Tier 30 days) 1)
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	\$0 QL (30 tabs / (Tier 30 days) 1)
<i>pioglitazone hcl tab 45 mg (base equiv)</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>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	\$0 QL (90 tabs / 30 days) (Tier 1)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	\$0 QL (90 tabs / 30 days) (Tier 1)
<i>repaglinide tab 0.5 mg</i>	\$0 QL (120 tabs / 30 days) (Tier 1)
<i>repaglinide tab 1 mg</i>	\$0 QL (120 tabs / 30 days) (Tier 1)
<i>repaglinide tab 2 mg</i>	\$0 QL (240 tabs / 30 days) (Tier 1)
RYBELSUS TAB 3MG	\$0 QL (30 tabs / 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 / year), PA (Tier 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 L2 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
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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
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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 injection / 90 days) (Tier 2)
<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 560/2.24	\$0 NDS, PA; (Tier 3) (ALVOGEN product)
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
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<i>zoledronic acid iv soln 5 mg/100ml</i>	\$0 (Tier 2)	B/D

CHELATING AGENTS

CHEMET CAP 100MG	\$0 (Tier 3)	NDS
<i>deferasirox granules packet 90 mg</i>	\$0 (Tier 3)	NDS, PA
<i>deferasirox granules packet 180 mg</i>	\$0 (Tier 3)	NDS, PA
<i>deferasirox granules packet 360 mg</i>	\$0 (Tier 3)	NDS, PA
<i>deferasirox tab 90 mg</i>	\$0 (Tier 2)	PA

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
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<i>trientine hcl cap 250 mg</i>	\$0 NDS, PA (Tier 3)

CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL

<i>afirmelle</i>	\$0 (Tier 2)

<i>aftera</i>	\$0 (Tier 5)

<i>altavera</i>	\$0 (Tier 2)

<i>alyacen 1/35</i>	\$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 THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS 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>dolishale</i>	\$0 (Tier 2)
<i>drospirenone-ethinyl estradiol-levomefolate tab 3-0.02-0.451 mg</i>	\$0 (Tier 2)
<i>drospirenone-ethinyl estradiol-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)
<i>econtra one-step</i>	\$0 (Tier 5)

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

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

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

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

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>jaimiess tab</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 THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE 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 WILL S OR LIMITS COST ON USE 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 THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>larin fe 1/20</i>	\$0 (Tier 2)
<i>layolis fe chw</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 THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER 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>lojaimiess tab</i>	\$0 (Tier 2)
<i>loryna</i>	\$0 (Tier 2)
<i>low-ogestrel</i>	\$0 (Tier 2)
<i>lutra</i>	\$0 (Tier 2)
<i>lyleq</i>	\$0 (Tier 2)

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

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>microgestin 1/20</i>	\$0 (Tier 2)
<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)

NAME OF DRUG**WHAT NECESSARY
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)**

<i>my way</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	\$0 (Tier 2)
<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-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>rosyrah tab</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)

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

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

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>tri-vylibra lo</i>	\$0 (Tier 2)
<i>trivora-28</i>	\$0 (Tier 2)
<i>turqoz</i>	\$0 (Tier 2)
<i>tydemy tab</i>	\$0 (Tier 2)
<i>valtya 1/50 tab</i>	\$0 (Tier 2)
<i>velivet</i>	\$0 (Tier 2)

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

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>wymzya fe</i>	\$0 (Tier 2)
<i>xarah fe tab</i>	\$0 (Tier 2)
<i>xelria fe chw 0.4mg-35</i>	\$0 (Tier 2)
<i>xulane</i>	\$0 (Tier 2)
<i>zafemy</i>	\$0 (Tier 2)
<i>zovia 1/35</i>	\$0 (Tier 2)

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

zumandimine\$0
(Tier
2)

***ESTROGENS - DRUGS TO REGULATE
FEMALE HORMONES***

dotti\$0
(Tier
3)

*estradiol & norethindrone
acetate tab 0.5-0.1 mg*\$0
(Tier
3)

*estradiol & norethindrone
acetate tab 1-0.5 mg*\$0
(Tier
3)

estradiol tab 0.5 mg\$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 1 mg</i>	\$0 (Tier 2)
<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)

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

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

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

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

<i>norethindrone acetate- ethinyl estradiol tab 1 mg- 5 mcg</i>	\$0 (Tier 3)

<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 phos inj sol pref syr 10 mg/ml (pf)</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 sod phosphate preservative free inj 10 mg/ml</i>	\$0 (Tier 2)
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	\$0 (Tier 2)
<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)

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

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

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>hydrocortisone tab 10 mg</i>	\$0 (Tier 2)
<i>hydrocortisone tab 20 mg</i>	\$0 (Tier 2)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>methyprednisolone sod succ for inj 1000 mg (base equiv)</i>	\$0 B/D (Tier 2)
<i>methyprednisolone tab 4 mg</i>	\$0 B/D (Tier 2)
<i>methyprednisolone tab 8 mg</i>	\$0 B/D (Tier 2)
<i>methyprednisolone tab 16 mg</i>	\$0 B/D (Tier 2)
<i>methyprednisolone tab 32 mg</i>	\$0 B/D (Tier 2)
<i>methyprednisolone tab therapy pack 4 mg (21)</i>	\$0 (Tier 2)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<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)
<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)
PREDNISONONE CON 5MG/ML	\$0 B/D (Tier 4)
<i>prednisone oral soln 5 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>prednisone tab 1 mg</i>	\$0 B/D (Tier 1)
<i>prednisone tab 2.5 mg</i>	\$0 B/D (Tier 1)
<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)

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

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

SOLU-CORTEF INJ 500MG\$0
(Tier
4)

SOLU-CORTEF INJ
1000MG\$0
(Tier
4)

***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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
DEX4 GLUCOSE CHW	\$0 (Tier 5)
DEX4 GLUCOSE GEL	\$0 (Tier 5)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
GLUCOSE CHW 4GM	\$0 (Tier 5)
GLUCOSE CHW GRAPE	\$0 (Tier 5)
GLUCOSE CHW ORANGE	\$0 (Tier 5)
GLUCOSE CHW RASPBERRY	\$0 (Tier 5)
GLUCOSE CHW TROP FRT	\$0 (Tier 5)
<i>glutose 5</i>	\$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 GRAPE	\$0 (Tier 5)
GNP GLUCOSE CHW ORANGE	\$0 (Tier 5)
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)

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

SMART SENSE CHW 4GM	\$0 (Tier 5)
TGT GLUCOSE CHW RASPBERRY	\$0 (Tier 5)
ZEGALOGUE INJ 0.6/0.6	\$0 (Tier 3)

MISCELLANEOUS

ALDURAZYME INJ 2.9MG/5M	\$0 NDS, PA (Tier 3)
<i>betaine powder for oral solution</i>	\$0 NDS (Tier 3)
<i>cabergoline tab 0.5 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>carglumic acid soluble tab 200 mg</i>	\$0 NDS, PA (Tier 3)
CERDELGA CAP 84MG	\$0 NDS, PA (Tier 3)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
CHEMSTRIP 9 TES STRIPS	\$0 (Tier 5)
CHEMSTRIP 10 TES MD	\$0 (Tier 5)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
CYSTAGON CAP 50MG	\$0 PA (Tier 4)
CYSTAGON CAP 150MG	\$0 PA (Tier 4)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>desmopressin acetate tab 0.1 mg</i>	\$0 (Tier 2)
<i>desmopressin acetate tab 0.2 mg</i>	\$0 (Tier 2)
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)

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

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

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

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
LUPR DEP-PED INJ 7.5MG	\$0 NDS, PA (Tier 3)
LUPR DEP-PED INJ 11.25MG	\$0 NDS, PA (Tier 3)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>nitisinone cap 2 mg</i>	\$0 NDS, PA (Tier 3)
<i>nitisinone cap 5 mg</i>	\$0 NDS, PA (Tier 3)
<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)

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

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>raloxifene hcl tab 60 mg</i>	\$0 (Tier 2)
<i>sapropterin dihydrochloride powder packet 100 mg</i>	\$0 NDS, PA (Tier 3)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
SEROSTIM INJ 6MG	\$0 PA (Tier 5)
SIGNIFOR INJ 0.3MG/ML	\$0 NDS, PA (Tier 3)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
SOMATULINE INJ 60/0.2ML	\$0 NDS, PA (Tier 3)
SOMATULINE INJ 90/0.3ML	\$0 NDS, PA (Tier 3)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
SOMAVERT INJ 25MG	\$0 NDS, PA (Tier 3)
SOMAVERT INJ 30MG	\$0 NDS, PA (Tier 3)
SYNAREL SOL 2MG/ML	\$0 NDS, PA (Tier 3)
VEOZAH TAB 45MG	\$0 PA (Tier 4)
ZOMACTON INJ 5MG	\$0 PA (Tier 5)

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

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

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

<i>euthyrox</i>	\$0 (Tier 1)
<i>levo-t</i>	\$0 (Tier 1)
<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)

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

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

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<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)
<i>propylthiouracil tab 50 mg</i>	\$0 (Tier 2)
SYNTHROID TAB 25MCG	\$0 (Tier 4)
SYNTHROID TAB 50MCG	\$0 (Tier 4)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
SYNTHROID TAB 75MCG	\$0 (Tier 4)
SYNTHROID TAB 88MCG	\$0 (Tier 4)
SYNTHROID TAB 100MCG	\$0 (Tier 4)
SYNTHROID TAB 112MCG	\$0 (Tier 4)
SYNTHROID TAB 125MCG	\$0 (Tier 4)
SYNTHROID TAB 137MCG	\$0 (Tier 4)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
SYNTHROID TAB 150MCG	\$0 (Tier 4)
SYNTHROID TAB 175MCG	\$0 (Tier 4)
SYNTHROID TAB 200MCG	\$0 (Tier 4)
SYNTHROID TAB 300MCG	\$0 (Tier 4)
<i>unithroid</i>	\$0 (Tier 1)
VITAMIN D ANALOGS	
<i>calcitriol (oral)</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>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)
<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)

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

paricalcitol cap 2 mcg

\$0 B/D
(Tier
2)

paricalcitol cap 4 mcg

\$0 B/D
(Tier
2)

**GASTROINTESTINAL - DRUGS TO TREAT
STOMACH AND INTESTINAL DISORDERS
*ANTACIDS***

acid gone

\$0
(Tier
5)

ACID GONE

\$0
(Tier
5)

almacone double strength

\$0
(Tier
5)

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

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>antacid extra strength</i>	\$0 (Tier 5)
<i>antacid maximum strength</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>calcium antacid</i>	\$0 (Tier 5)
<i>calcium antacid extra str</i>	\$0 (Tier 5)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>geri-lanta</i>	\$0 (Tier 5)
<i>geri-lanta maximum streng</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gnp antacid & anti-gas/re</i>	\$0 (Tier 5)
<i>gnp antacid and anti-gas/</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gnp magnesium</i>	\$0 (Tier 5)
<i>goodsense advanced antaci</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>goodsense antacid/ultra s</i>	\$0 (Tier 5)
<i>healthy mama tame the fla</i>	\$0 (Tier 5)
<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)

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

<i>magnesium oxide tab 250 mg</i>	\$0 (Tier 5)
<i>magnesium oxide tab 400 mg</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
MYLANTA COAT SUS & COOL	\$0 (Tier 5)
<i>mylanta maximum strength</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>sm antacid</i>	\$0 (Tier 5)
<i>sm antacid extra strength</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
URO MAG CAP 140MG	\$0 (Tier 5)
<i>ANTI-DIARRHEAL</i>	
<i>align</i>	\$0 (Tier 5)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
CULTR ULTIMA CAP STRENGTH	\$0 (Tier 5)
CULTUR DIGES CAP DAILY	\$0 (Tier 5)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
CULTURE KIDS PAK PROB FIB	\$0 (Tier 5)
CULTURELLE CAP	\$0 (Tier 5)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
CULTURELLE CHW KIDS	\$0 (Tier 5)
<i>culturelle health & welln</i>	\$0 (Tier 5)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>culturelle womens wellnes</i>	\$0 (Tier 5)
<i>diamode</i>	\$0 (Tier 5)
FLORASTOR BA POW 250MG	\$0 (Tier 5)
FLORASTOR CAP	\$0 (Tier 5)
FLORASTOR CAP 250MG	\$0 (Tier 5)
FLORASTOR CAP SELECT	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
FLORASTOR KI PAK 250MG	\$0 (Tier 5)
FLORASTOR PAK KIDS	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gnp pink bismuth ultra st</i>	\$0 (Tier 5)
<i>gnp stomach relief</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>loperamide hcl soln 1 mg/7.5ml</i>	\$0 (Tier 5)
<i>loperamide hcl tab 2 mg</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>sm anti-diarrheal</i>	\$0 (Tier 5)
<i>sm stomach relief</i>	\$0 (Tier 5)
<i>stomach relief</i>	\$0 (Tier 5)
<i>stomach relief extra stre</i>	\$0 (Tier 5)
<i>stomach relief ultra</i>	\$0 (Tier 5)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)****ANTIEMETICS - DRUGS FOR NAUSEA AND
VOMITING**

<i>aprepitant capsule 40 mg</i>	\$0 B/D (Tier 2)
<i>aprepitant capsule 80 mg</i>	\$0 B/D (Tier 2)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<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)
<i>dronabinol cap 2.5 mg</i>	\$0 PA (Tier 5)
<i>dronabinol cap 5 mg</i>	\$0 B/D, QL (60 caps / 30 days) (Tier 2)
<i>dronabinol cap 5 mg</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>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)
<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)

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

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

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

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<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)
<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 PA; PA applies if 70 years and older after a 30 day supply in a calendar year (Tier 3)

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

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

<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
<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
<i>travel-ease</i>	\$0 (Tier 5)	

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)*****ANTISPASMODICS - DRUGS FOR STOMACH
SPASMS***

<i>dicyclomine hcl cap 10 mg</i>	\$0 (Tier 3)	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	\$0 (Tier 4)	
<i>dicyclomine hcl tab 20 mg</i>	\$0 (Tier 3)	
<i>glycopyrrolate tab 1 mg</i>	\$0 (Tier 2)	QL (90 tabs / 30 days)
<i>glycopyrrolate tab 2 mg</i>	\$0 (Tier 2)	QL (120 tabs / 30 days)

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

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

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<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)
<i>gnp acid reducer</i>	\$0 (Tier 5)
<i>gnp acid reducer maximum</i>	\$0 (Tier 5)
<i>heartburn 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>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)
<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)

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

<i>balsalazide disodium cap 750 mg</i>	\$0 (Tier 2)	
<i>budesonide delayed release particles cap 3 mg</i>	\$0 (Tier 2)	QL (90 caps / 30 days), PA
<i>budesonide tab er 24hr 9 mg</i>	\$0 (Tier 3)	NDS, QL (30 tabs / 30 days), PA
<i>hydrocortisone enema 100 mg/60ml</i>	\$0 (Tier 2)	
<i>mesalamine cap dr 400 mg</i>	\$0 (Tier 2)	QL (180 caps / 30 days)
<i>mesalamine cap er 24hr 0.375 gm</i>	\$0 (Tier 2)	QL (120 caps / 30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<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)
<i>mesalamine tab delayed release 1.2 gm</i>	\$0 QL (120 tabs / (Tier 30 days) 2)
<i>sulfasalazine tab 500 mg</i>	\$0 (Tier 2)
<i>sulfasalazine tab delayed release 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
)*****LAXATIVES***

<i>bisacodyl ec</i>	\$0 (Tier 5)
<i>bisacodyl laxative</i>	\$0 (Tier 5)
<i>bisacodyl suppos 10 mg</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>clearlax</i>	\$0 (Tier 5)
<i>constulose</i>	\$0 (Tier 2)
<i>docusate calcium cap 240 mg</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<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)
ENEMEEZ KIDS ENE 100/5ML	\$0 (Tier 5)
<i>enemeez mini</i>	\$0 (Tier 5)
<i>enemeez 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>enulose</i>	\$0 (Tier 2)
<i>epsom salt</i>	\$0 (Tier 5)
<i>evac-u-gen</i>	\$0 (Tier 5)
<i>fiber laxative</i>	\$0 (Tier 5)
<i>fiber-lax</i>	\$0 (Tier 5)
FIBER/D3 CHW 2.5-500	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
FIBERCEL POW	\$0 (Tier 5)
FIBEREX F15 LIQ 15/30ML	\$0 (Tier 5)
FLEET BISACO ENE 10/30ML	\$0 (Tier 5)
FLEET ENE PED	\$0 (Tier 5)
FLEET LIQUID ENE GLYCERIN	\$0 (Tier 5)
<i>ft clearlax</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 magnesium citrate</i>	\$0 (Tier 5)
<i>ft mineral oil</i>	\$0 (Tier 5)
<i>gavilax</i>	\$0 (Tier 5)
GAVILAX	\$0 (Tier 5)
<i>gavilyte-c</i>	\$0 (Tier 1)
<i>gavilyte-g</i>	\$0 (Tier 1)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gavilyte-n sol flav pk</i>	\$0 (Tier 1)
<i>generlac</i>	\$0 (Tier 2)
<i>gentle laxative</i>	\$0 (Tier 5)
<i>gentlelax</i>	\$0 (Tier 5)
<i>geri-kot</i>	\$0 (Tier 5)
<i>glycerin 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>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)
<i>gnp clearlax</i>	\$0 (Tier 5)
<i>gnp epsom salt</i>	\$0 (Tier 5)
<i>gnp fiber powder</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 fiber therapy</i>	\$0 (Tier 5)
<i>gnp fiber-caps</i>	\$0 (Tier 5)
<i>gnp gentle laxative</i>	\$0 (Tier 5)
<i>gnp glycerin adult</i>	\$0 (Tier 5)
<i>gnp glycerin child</i>	\$0 (Tier 5)
<i>gnp magnesium citrate</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 milk of magnesia</i>	\$0 (Tier 5)
<i>gnp mineral oil</i>	\$0 (Tier 5)
<i>gnp natural fiber</i>	\$0 (Tier 5)
<i>gnp senna lax</i>	\$0 (Tier 5)
<i>gnp senna plus</i>	\$0 (Tier 5)
<i>gnp stool softener</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 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)
<i>goodsense bisacodyl laxat</i>	\$0 (Tier 5)
<i>goodsense clearlax</i>	\$0 (Tier 5)
<i>goodsense epsom salt</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 gentle stool so</i>	\$0 (Tier 5)
<i>goodsense magnesium citra</i>	\$0 (Tier 5)
<i>goodsense milk of magnesi</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<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)
<i>hm enema saline laxative</i>	\$0 (Tier 5)
KONSYL DAILY POW 100%	\$0 (Tier 5)
<i>kp bisacodyl</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 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)
<i>laxacin</i>	\$0 (Tier 5)
<i>laxative</i>	\$0 (Tier 5)
<i>laxative regular strength</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
MILK OF MAGN SUS 2400/10	\$0 (Tier 5)
<i>milk of magnesia</i>	\$0 (Tier 5)
<i>mineral oil</i>	\$0 (Tier 5)
<i>mineral oil enema</i>	\$0 (Tier 5)
MINERAL OIL HEAVY	\$0 (Tier 5)
<i>natural psyllium seed ind</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>natural senna laxative</i>	\$0 (Tier 5)
NUTRISOURCE POW FIBER	\$0 (Tier 5)
<i>onelax</i>	\$0 (Tier 5)
ONELAX DAILY POW 83%	\$0 (Tier 5)
<i>onelax docusate sodium</i>	\$0 (Tier 5)
<i>onelax magnesium citrate</i>	\$0 (Tier 5)

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

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

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>qc enema</i>	\$0 (Tier 5)
<i>qc fiber laxative</i>	\$0 (Tier 5)
<i>qc gentle laxative</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>qc stool softener</i>	\$0 (Tier 5)
<i>qc vegetable laxative</i>	\$0 (Tier 5)
<i>reguloid</i>	\$0 (Tier 5)
<i>reguloid pow 51.7%</i>	\$0 (Tier 5)
<i>senexon-s</i>	\$0 (Tier 5)
<i>senna 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>senna plus</i>	\$0 (Tier 5)
SENNA PLUS CAP 8.6- 50MG	\$0 (Tier 5)
<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)

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)
<i>senna-tabs</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>sennosides tab 8.6 mg</i>	\$0 (Tier 5)
<i>sennosides-docusate sodium tab 8.6-50 mg</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>sm magnesium citrate</i>	\$0 (Tier 5)
<i>sm milk of magnesia</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
SORBITOL SOL 70%	\$0 (Tier 5)
<i>stimulant laxative</i>	\$0 (Tier 5)
<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)

NAME OF DRUG

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

<i>stool softener extra stre</i>	\$0 (Tier 5)
<i>stool softener plus laxat</i>	\$0 (Tier 5)
<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 QL (60 tabs / (Tier 30 days), PA 2)

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

<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)	
<i>calphron</i>	\$0 (Tier 5)	
CREON CAP 3000UNIT	\$0 (Tier 3)	
CREON CAP 6000UNIT	\$0 (Tier 3)	
CREON CAP 12000UNT	\$0 (Tier 3)	

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
CREON CAP 24000UNT	\$0 (Tier 3)
CREON CAP 36000UNT	\$0 (Tier 3)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	\$0 (Tier 3)
<i>gas relief</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gnp anti-gas ultra streng</i>	\$0 (Tier 5)
<i>gnp dairy relief</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>infants gas relief</i>	\$0 (Tier 5)
<i>lactase enzyme</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>loperamide hcl cap 2 mg</i>	\$0 (Tier 2)
<i>misoprostol tab 100 mcg</i>	\$0 (Tier 2)
<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

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
RELISTOR INJ 12/0.6ML	\$0 NDS, QL (28 (Tier syringes / 28 3) days), PA
<i>simethicone cap 125 mg</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>simethicone ultra strengt</i>	\$0 (Tier 5)
<i>sm gas relief</i>	\$0 (Tier 5)
<i>sm gas relief drops infan</i>	\$0 (Tier 5)
<i>sucralfate susp 1 gm/10ml</i>	\$0 QL (1200 mL / 30 days) (Tier 2)
<i>sucralfate tab 1 gm</i>	\$0 (Tier 2)
<i>teeny tummy gas relief dr</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
TRULANCE TAB 3MG	\$0 QL (30 tabs / (Tier 30 days) 4)
<i>ursodiol cap 300 mg</i>	\$0 (Tier 2)
<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

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
XIFAXAN TAB 550MG	\$0 NDS, PA (Tier 3)
ZENPEP CAP 3000UNIT	\$0 (Tier 4)
ZENPEP CAP 5000UNIT	\$0 (Tier 4)
ZENPEP CAP 10000UNT	\$0 (Tier 4)
ZENPEP CAP 15000UNT	\$0 (Tier 4)
ZENPEP CAP 20000UNT	\$0 (Tier 4)

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

ZENPEP CAP 25000UNT	\$0 (Tier 4)
ZENPEP CAP 40000UNT	\$0 (Tier 4)
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

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 10 mg</i>	\$0 QL (30 packets / 30 days) (Tier 2)
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	\$0 QL (30 packets / 30 days) (Tier 2)
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	\$0 QL (30 packets / 30 days) (Tier 2)
<i>lansoprazole cap delayed release 15 mg</i>	\$0 QL (60 caps / 30 days) (Tier 2)
<i>lansoprazole cap delayed release 30 mg</i>	\$0 QL (60 caps / 30 days) (Tier 2)
<i>lansoprazole tab delayed release orally disintegrating 15 mg</i>	\$0 QL (60 tabs / 30 days), ST (Tier 2)

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

NAME OF DRUG**WHAT NECESSARY
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)**

<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	\$0 (Tier 2)	
<i>rabeprazole sodium ec tab 20 mg</i>	\$0 (Tier 2)	QL (30 tabs / 30 days)

**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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	\$0 QL (30 caps / (Tier 30 days) 2)
<i>finasteride tab 5 mg</i>	\$0 QL (30 tabs / (Tier 30 days) 1)
<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)

NAME OF DRUG**WHAT NECESSARY
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)****MISCELLANEOUS**

<i>acetic acid irrigation soln 0.25%</i>	\$0 (Tier 2)
<i>bethanechol chloride tab 5 mg</i>	\$0 (Tier 2)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
MONIST CARE CRE CARE 1%	\$0 (Tier 5)
<i>potassium citrate tab er 5 meq (540 mg)</i>	\$0 (Tier 2)
<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)

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)*****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
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	\$0 (Tier 2)	QL (30 tabs / 30 days)
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	\$0 (Tier 2)	QL (30 tabs / 30 days)
GEMTESA TAB 75MG	\$0 (Tier 4)	QL (30 tabs / 30 days)

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

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

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

<i>tolterodine tartrate tab 1 mg</i>	\$0 (Tier 2)	QL (60 tabs / 30 days)
<i>tolterodine tartrate tab 2 mg</i>	\$0 (Tier 2)	QL (60 tabs / 30 days)
<i>trospium chloride cap er 24hr 60 mg</i>	\$0 (Tier 2)	QL (30 caps / 30 days)
<i>trospium chloride tab 20 mg</i>	\$0 (Tier 2)	QL (60 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal cream 2%</i>	\$0 (Tier 2)	
<i>clotrimazole 3</i>	\$0 (Tier 5)	

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

<i>clotrimazole vaginal cream 1%</i>	\$0 (Tier 5)
<i>7 day vagina cre 2%</i>	\$0 (Tier 5)
<i>3 day vaginal</i>	\$0 (Tier 5)
<i>gnp clotrimazole 3</i>	\$0 (Tier 5)
<i>gnp miconazole 1 combinat</i>	\$0 (Tier 5)
<i>gnp miconazole 3</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 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)
<i>miconazole nitrate vaginal supp 1200 mg & 2% cream kit</i>	\$0 (Tier 5)
MONISTAT 3 CRE 4%	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
MONISTAT 7 KIT COMBO PK	\$0 (Tier 5)
<i>qc clotrimazole</i>	\$0 (Tier 5)
<i>qc miconazole 7</i>	\$0 (Tier 5)
<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)

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

<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)
<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 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>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i>	\$0 QL (120 caps / (Tier 30 days) 2)
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	\$0 QL (60 caps / (Tier 30 days) 2)
ELIQUIS ST P TAB 5MG	\$0 QL (74 tabs / (Tier 30 days) 3)
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)

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 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)
<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)

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 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)
<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)

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

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>jantoven</i>	\$0 (Tier 1)
<i>rivaroxaban tab 2.5 mg</i>	\$0 QL (60 tabs / 30 days) (Tier 3)
<i>warfarin sodium tab 1 mg</i>	\$0 (Tier 1)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<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)
<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 / (Tier 30 days) 3)

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

XARELTO SUS 1MG/ML	\$0 (Tier 3)	QL (620 mL / 30 days)
XARELTO TAB 2.5MG	\$0 (Tier 3)	QL (60 tabs / 30 days)
XARELTO TAB 10MG	\$0 (Tier 3)	QL (30 tabs / 30 days)
XARELTO TAB 15MG	\$0 (Tier 3)	QL (30 tabs / 30 days)
XARELTO TAB 20MG	\$0 (Tier 3)	QL (30 tabs / 30 days)
<i>HEMATOPOIETIC GROWTH FACTORS</i>		
FULPHILA INJ 6/0.6ML	\$0 (Tier 3)	NDS, QL (2 syringes / 28 days), PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
PROCRIT INJ 2000/ML	\$0 PA (Tier 3)
PROCRIT INJ 3000/ML	\$0 PA (Tier 3)
PROCRIT INJ 4000/ML	\$0 PA (Tier 3)
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)

NAME OF DRUG

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

ZARXIO INJ 300/0.5	\$0 NDS, PA (Tier 3)
ZARXIO INJ 480/0.8	\$0 NDS, PA (Tier 3)

IRON

BENTIVITE TAB 35-1MG	\$0 (Tier 5)
<i>bprotected pedia iron</i>	\$0 (Tier 5)
CENTRATEX CAP	\$0 (Tier 5)
CHEWABLE CHW IRON	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>corvita 150</i>	\$0 (Tier 5)
EZFE 200 CAP 200MG	\$0 (Tier 5)
<i>fe c tab</i>	\$0 (Tier 5)
<i>fe c tab plus</i>	\$0 (Tier 5)
<i>fe-vite iron</i>	\$0 (Tier 5)
<i>ferate</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>fergon</i>	\$0 (Tier 5)
<i>ferocon</i>	\$0 (Tier 5)
<i>ferosul</i>	\$0 (Tier 5)
FERRETTS IPS CAP 18MG	\$0 (Tier 5)
FERRETTS IPS SOL	\$0 (Tier 5)
FERRETTS TAB 325MG	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>ferrex 150</i>	\$0 (Tier 5)
<i>ferric x-150</i>	\$0 (Tier 5)
FERRIMIN 150 TAB	\$0 (Tier 5)
FERRO-SEQUEL TAB 65- 25MG	\$0 (Tier 5)
<i>ferrocite plus</i>	\$0 (Tier 5)
FERROUS FUM TAB 29MG	\$0 (Tier 5)

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

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

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
FOLIVANE-F CAP	\$0 (Tier 5)
FOLIVANE-PLS CAP	\$0 (Tier 5)
FUSION CAP	\$0 (Tier 5)
FUSION PLUS CAP	\$0 (Tier 5)
<i>gnp iron</i>	\$0 (Tier 5)
HEMATEX IRON TAB 150MG	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
HEMATEX LIQ 100/5ML	\$0 (Tier 5)
HEMATINIC PLUS VITAMINS/M	\$0 (Tier 5)
HEMATINIC/FA TAB	\$0 (Tier 5)
HEMATOGEN FA CAP	\$0 (Tier 5)
<i>hematogen forte</i>	\$0 (Tier 5)
HEMOCYTE PLS CAP	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
ICAR PEDS SUS GRAPE	\$0 (Tier 5)
<i>iferex 150</i>	\$0 (Tier 5)
<i>iferex 150 forte</i>	\$0 (Tier 5)
INTEGRA CAP	\$0 (Tier 5)
INTEGRA F CAP	\$0 (Tier 5)
INTEGRA PLUS CAP	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
IRO-PLEX LIQ	\$0 (Tier 5)
<i>iron 100 plus</i>	\$0 (Tier 5)
<i>iron 100/c</i>	\$0 (Tier 5)
IRON CHW PEDIATRI	\$0 (Tier 5)
IRON GLYCINA CAP 29MG	\$0 (Tier 5)
<i>iron infant/toddler</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>iron slow release</i>	\$0 (Tier 5)
<i>iron supplement</i>	\$0 (Tier 5)
IRON UP LIQ	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>kp ferrous sulfate</i>	\$0 (Tier 5)
MULTIGEN PLS TAB	\$0 (Tier 5)
MULTIGEN TAB	\$0 (Tier 5)
MULTIGEN TAB FOLIC	\$0 (Tier 5)
NEPHRON FA TAB	\$0 (Tier 5)
NOVAFERRUM CAP 50MG	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
NOVAFERRUM DRO 15MG/ML	\$0 (Tier 5)
NOVAFERRUM LIQ 125	\$0 (Tier 5)
<i>nu-iron 150</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<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)
PROFERRIN- TAB FORTE	\$0 (Tier 5)
<i>purevit dualfe plus</i>	\$0 (Tier 5)
<i>se-tan 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>slow iron</i>	\$0 (Tier 5)
<i>slow release iron</i>	\$0 (Tier 5)
TANDEM CAP	\$0 (Tier 5)
<i>tandem plus</i>	\$0 (Tier 5)
TARON FORTE CAP	\$0 (Tier 5)
<i>tricon</i>	\$0 (Tier 5)

NAME OF DRUG

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

<i>trigels-f forte</i>	\$0 (Tier 5)
<i>true ferrous sulfate</i>	\$0 (Tier 5)
VITRON-C TAB 65-125MG	\$0 (Tier 5)
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

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

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
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
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	\$0 NDS, QL (9 (Tier syringes / 30 3) days), PA
<i>l-glutamine (sickle cell)</i>	\$0 NDS, PA (Tier 3)
<i>pentoxifylline tab er 400 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>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)
TAVNEOS CAP 10MG	\$0 NDS, QL (180 caps / 30 days), PA (Tier 3)
<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)

NAME OF DRUG

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

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)	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	\$0 (Tier 1)	
<i>dipyridamole tab 25 mg</i>	\$0 (Tier 3)	PA; PA applies if 70 years and older
<i>dipyridamole tab 50 mg</i>	\$0 (Tier 3)	PA; PA applies if 70 years and older

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

<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)
<i>ticagrelor tab 60 mg</i>	\$0 (Tier 2)
<i>ticagrelor tab 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
)****IMMUNOLOGIC AGENTS - DRUGS TO TREAT
DISORDERS OF THE IMMUNE SYSTEM*****AUTOIMMUNE AGENTS***

ADALIMU-AACF INJ 40/0.8ML	\$0 (Tier 3)	NDS, QL (2 packs / year), PA
ADALIMU-AACF INJ 40/0.8ML	\$0 (Tier 3)	NDS, QL (56 pens / 365 days), PA
ADALIMU-AACF KIT 40/0.8ML	\$0 (Tier 3)	NDS, QL (56 syringes / 365 days), PA
COSENTYX INJ 75MG/0.5	\$0 (Tier 3)	NDS, QL (16 syringes / 365 days), PA
COSENTYX INJ 125/5ML	\$0 (Tier 3)	NDS, PA

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
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
DUPIXENT INJ 200/1.14	\$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)
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
ENBREL INJ 50MG/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)
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
HUMIRA KIT 40MG/0.8	\$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 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
HUMIRA PEN KIT PS/UV	\$0 NDS, QL (3 (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)
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)
PYZCHIVA INJ 45/0.5ML	\$0 QL (1 syringe / (Tier 28 days), PA 3)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
PYZCHIVA INJ 90MG/ML	\$0 NDS, QL (1 (Tier syringe / 28 3) days), PA
PYZCHIVA INJ 130/26ML	\$0 NDS, PA (Tier 3)
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

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

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
SKYRIZI SOL 60MG/ML	\$0 NDS, PA (Tier 3)
SOTYKTU TAB 6MG	\$0 NDS, QL (30 (Tier tabs / 30 3) days), PA
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

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

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
TYENNE INJ 80MG/4ML	\$0 NDS, PA (Tier 3)
TYENNE INJ 162/0.9	\$0 NDS, QL (4 (Tier pens / 28 3) days), PA
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

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
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
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
YESINTEK INJ 45/0.5ML	\$0 QL (1 syringe / (Tier 28 days), PA 3)

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

YESINTEK INJ 45/0.5ML	\$0 QL (1 vial / 28 (Tier days), PA 3)
YESINTEK INJ 90MG/ML	\$0 NDS, QL (1 (Tier syringe / 28 3) days), PA
YESINTEK INJ 130/26ML	\$0 PA (Tier 3)

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
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DRUG RESTRICTION
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COST ON USE
YOU
(TIER
LEVEL
)**

<i>leflunomide tab 10 mg</i>	\$0 (Tier 2)	QL (30 tabs / 30 days)
<i>leflunomide tab 20 mg</i>	\$0 (Tier 2)	QL (30 tabs / 30 days)
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	\$0 (Tier 2)	
XATMEP SOL 2.5MG/ML	\$0 (Tier 4)	B/D

IMMUNOGLOBULINS

ALYGLO INJ 5GM/50ML	\$0 (Tier 3)	NDS, PA
ALYGLO INJ 10/100ML	\$0 (Tier 3)	NDS, PA

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)	
PRIVIGEN INJ 10GRAMS	\$0 (Tier 3)	NDS, PA
PRIVIGEN INJ 20GRAMS	\$0 (Tier 3)	NDS, PA
PRIVIGEN INJ 40GRAMS	\$0 (Tier 3)	NDS, PA
<i>IMMUNOMODULATORS</i>		
ACTIMMUNE INJ 2MU/0.5	\$0 (Tier 3)	NDS, PA
ARCALYST INJ 220MG	\$0 (Tier 3)	NDS, PA

NAME OF DRUG**WHAT NECESSARY
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(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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)**

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 THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE 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)
VIMKUNYA INJ 40/0.8ML	\$0 (Tier 1)
VIVOTIF CAP EC	\$0 (Tier 1)
YF-VAX INJ	\$0 (Tier 1)
MISCELLANEOUS <i>MISCELLANEOUS</i>	
COLOX CAP	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
FLAVOR SWEET SYP S/F	\$0 (Tier 5)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>hm isopropyl rubbing alco</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>isopropyl alcohol 99%</i>	\$0 (Tier 5)
<i>isopropyl alcohol, rubbing 70%</i>	\$0 (Tier 5)
METHOCEL E4M POW PREMIUM	\$0 (Tier 5)
NARCOSOFT CAP HERB LAX	\$0 (Tier 5)
ORA-BLEND SF SUS	\$0 (Tier 5)
ORA-BLEND SUS	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
ORA-PLUS LIQ	\$0 (Tier 5)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
ORAL SYP FLAVORED	\$0 (Tier 5)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
RASPBERRY SYP	\$0 (Tier 5)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
SORBITOL SOL 70%	\$0 (Tier 5)
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)

NAME OF DRUG**WHAT NECESSARY
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)**

WHITE PETROL OIN 100%	\$0 (Tier 5)
<i>white petrolatum topical gel</i>	\$0 (Tier 5)

**NUTRITIONAL/SUPPLEMENTS - VITAMINS
AND SUPPLEMENTS
*ELECTROLYTES***

<i>ceralyte 70</i>	\$0 (Tier 5)
CERASPORT POW ENDURANC	\$0 (Tier 5)
CERASPORT POW PLUS	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
ELECTROLYTE POW	\$0 (Tier 5)
GNP ELECTROLYTE SOLUTION	\$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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
NORMALYTE POW PURE	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	\$0 (Tier 2)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>dextrose 5% w/ sodium chloride 0.225%</i>	\$0 (Tier 2)
<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)

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 0.9% inj</i>	\$0 (Tier 2)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	\$0 (Tier 2)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
MAGNESIUM SU INJ 4G/100ML	\$0 (Tier 3)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	\$0 (Tier 3)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>multiple electrolytes ph 7.4</i>	\$0 (Tier 2)
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)

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/50ml</i>	\$0 (Tier 2)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>sodium chloride iv soln</i> <i>0.9%</i>	\$0 (Tier 2)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>	

<i>klor-con</i>	\$0 (Tier 2)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>klor-con m20</i>	\$0 (Tier 1)
M-NATAL PLUS TAB	\$0 (Tier 3)
<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)

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

NAME OF DRUG**WHAT NECESSARY
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<i>potassium chloride tab er 20 meq (1500 mg)</i>	\$0 (Tier 1)
PRENATAL TAB 27-1MG	\$0 (Tier 3)
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)
<i>IV NUTRITION</i>	
CLINIMIX INJ 4.25/D5W	\$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 4.25/D10	\$0 B/D (Tier 4)
CLINIMIX INJ 5%/D15W	\$0 B/D (Tier 4)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>clinisol sf 15%</i>	\$0 B/D (Tier 2)
CLINOLIPID EMU 20%	\$0 B/D (Tier 4)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
INTRALIPID INJ 20%	\$0 B/D (Tier 4)
INTRALIPID INJ 30%	\$0 B/D (Tier 4)
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)

NAME OF DRUG**WHAT NECESSARY
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TRAVASOL INJ 10%

\$0 B/D
(Tier
4)

TROPHAMINE INJ 10%

\$0 B/D
(Tier
4)**MINERALS**ALIVE CALCIU CHW VIT
D3\$0
(Tier
5)*bd posiflush*\$0
(Tier
5)

BONE ESSENTI CAP

\$0
(Tier
5)

CA CITRATE TAB 250MG

\$0
(Tier
5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
CA LACTATE TAB 100MG	\$0 (Tier 5)
CAL CIT MAL/ TAB VITAMIND	\$0 (Tier 5)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
CAL/MAG TAB CHEW	\$0 (Tier 5)
CALC ACETATE TAB 668MG	\$0 (Tier 5)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>calcium 600 tab + d</i>	\$0 (Tier 5)
<i>calcium 600 with vitamin</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>calcium 600/vitamin d3</i>	\$0 (Tier 5)
CALCIUM 1000 TAB + D	\$0 (Tier 5)
CALCIUM + D3 TAB	\$0 (Tier 5)
<i>calcium + vitamin d3</i>	\$0 (Tier 5)
CALCIUM CARB CHW 260MG	\$0 (Tier 5)
CALCIUM CARB CHW 500MG	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
CALCIUM CARB POW 800/2GM	\$0 (Tier 5)
<i>calcium carb- cholecalciferol tab 500 mg-10 mcg (400 unit)</i>	\$0 (Tier 5)
<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)

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

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

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>calcium citrate+d3 petite</i>	\$0 (Tier 5)
CALCIUM GLUC CAP 50MG	\$0 (Tier 5)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>calcium plus vitamin d3</i>	\$0 (Tier 5)
CALCIUM TAB FORMULA	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
CALCIUM/C/D CHW 500MG	\$0 (Tier 5)
CALCIUM/D3 CAP 600- 2500	\$0 (Tier 5)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
CORAL CALCIU CAP 1000MG	\$0 (Tier 5)
CORAL CAP CALCIUM	\$0 (Tier 5)
600+d3	\$0 (Tier 5)
FEM-CAL TAB CITRATE	\$0 (Tier 5)
GALZIN CAP 25MG	\$0 (Tier 5)
GALZIN CAP 50MG	\$0 (Tier 5)

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GNP CAL MAG ZINC +D3	\$0 (Tier 5)
<i>gnp calcium</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gnp calcium citrate +d3</i>	\$0 (Tier 5)
<i>gnp calcium citrate+d3 ma</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>kp mag-oxide magnesium</i>	\$0 (Tier 5)
LIQUID CALCI CAP WITH D3	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
MAG OXIDE TAB 420MG	\$0 (Tier 5)
MAG-G TAB 500MG	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
MAGNESIUM ES CAP 400MG	\$0 (Tier 5)
<i>magnesium gluconate tab 27.5 mg (elemental mg)</i>	\$0 (Tier 5)
<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)

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

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>mgo</i>	\$0 (Tier 5)
<i>monoject pharma grade flu</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>oyster shell calcium plus</i>	\$0 (Tier 5)
<i>oyster shell calcium tab 500 mg</i>	\$0 (Tier 5)
<i>oyster shell calcium+d</i>	\$0 (Tier 5)
<i>oyster shell calcium/d3</i>	\$0 (Tier 5)
OYSTER SHELL CALCIUM/VITA	\$0 (Tier 5)
PARVA-CAL TAB 250-100	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
PARVA-CAL TAB 500MG	\$0 (Tier 5)
POSTURE-D TAB CALC/MAG	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>sodium chloride flush iv soln 0.9%</i>	\$0 (Tier 5)
<i>sodium chloride tab 1 gm</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>super cal/mag</i>	\$0 (Tier 5)
<i>super calcium</i>	\$0 (Tier 5)
<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)

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UPCAL D POW	\$0 (Tier 5)
VIActiv CALC CHW PLUS D	\$0 (Tier 5)
YUMVS MAGNES CHW 83MG	\$0 (Tier 5)
MISCELLANEOUS	
ENDUR-THINE TAB 500- 200	\$0 (Tier 5)
ENLYTE CAP	\$0 (Tier 5)
<i>gnp melatonin</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 melatonin maximum str</i>	\$0 (Tier 5)
KELP/LEC/B6 CAP	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>melatonin chew tab 2.5 mg</i>	\$0 (Tier 5)
<i>melatonin chew tab 5 mg</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
MELATONIN LIQ 1MG/4ML	\$0 (Tier 5)
MELATONIN LIQ 2.5MG	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
MELATONIN TAB 1-10MG	\$0 (Tier 5)
MELATONIN TAB 1MG	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>melatonin tablet disintegrating 5 mg</i>	\$0 (Tier 5)
<i>melatonin tr/vitamin b-6</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
TYR COOLER LIQ	\$0 (Tier 5)
<i>vitajoy gummies</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
ABC COMPLETE TAB WOMEN	\$0 (Tier 5)
<i>acerola c-500</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
ALIVE MENS TAB COMPLETE	\$0 (Tier 5)
ALIVE WOMENS CHW 50+	\$0 (Tier 5)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
ARKALIOX CAP 200MG	\$0 (Tier 5)
ASCORBIC ACD POW	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>ascorbic acid liquid 500 mg/5ml</i>	\$0 (Tier 5)
<i>ascorbic acid tab 250 mg</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>b-12 fast dissolve</i>	\$0 (Tier 5)
B-12 LIQ 5000/ML	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
B-COMPLEX CAP VEGGIE	\$0 (Tier 5)
<i>b-complex formula 1</i>	\$0 (Tier 5)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>b-complex w/ c & folic acid tab</i>	\$0 (Tier 5)
<i>b-complex w/ c cap</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>b-stress</i>	\$0 (Tier 5)
BACMIN TAB	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
BP VIT 3 CAP	\$0 (Tier 5)
BPROTECT PED DRO TRI- VITE	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
C 1000/BIOFL CAP /R HIPS	\$0 (Tier 5)
<i>c complex</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>c-1000</i>	\$0 (Tier 5)
<i>c-1000 prolonged release</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>centravites</i>	\$0 (Tier 5)
<i>centravites 50 plus</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>certavite/antioxidants</i>	\$0 (Tier 5)
<i>childrens chewable multiv</i>	\$0 (Tier 5)
<i>childrens chewable vitamini</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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>cholecalciferol cap 50 mcg (2000 unit)</i>	\$0 (Tier 5)
<i>cholecalciferol cap 125 mcg (5000 unit)</i>	\$0 (Tier 5)
<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)

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

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>cobalamin combination sl tab</i>	\$0 (Tier 5)
COD LIVER OIL	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>corvita</i>	\$0 (Tier 5)
CULTURELLE CHW MULTIVIT	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>cyanocobalamin orally disintegrating tab 5000 mcg</i>	\$0 (Tier 5)
<i>cyanocobalamin sl tab 500 mcg</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>cyanocobalamin tab 50 mcg</i>	\$0 (Tier 5)
<i>cyanocobalamin tab 100 mcg</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>d3</i>	\$0 (Tier 5)
D3 BABY DROP LIQ 10MCG	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>d3-1000</i>	\$0 (Tier 5)
<i>d2000 ultra strength</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>d-400</i>	\$0 (Tier 5)
<i>d-1000 extra strength</i>	\$0 (Tier 5)
<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)

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</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
DEKAS CHW BARIATRI	\$0 (Tier 5)
DEKAS LIQ ESSENTIA	\$0 (Tier 5)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
DIALYVIT 800 TAB ZINC 15	\$0 (Tier 5)
<i>dialyvite</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
DIALYVITE TAB 3000	\$0 (Tier 5)
DIALYVITE TAB 5000	\$0 (Tier 5)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
DIALYVITE/ TAB ZINC	\$0 (Tier 5)
<i>dodex</i>	\$0 (Tier 5)
DOSOKAP TAB	\$0 (Tier 5)
<i>e200</i>	\$0 (Tier 5)
<i>e400</i>	\$0 (Tier 5)
<i>e-200</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>e-400</i>	\$0 (Tier 5)
<i>e-oil</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>endur-b</i>	\$0 (Tier 5)
<i>endur-c/rose hips</i>	\$0 (Tier 5)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>ester-c</i>	\$0 (Tier 5)
<i>fa-8</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
FOLBIC TAB	\$0 (Tier 5)
<i>folic acid cap 0.8 mg</i>	\$0 (Tier 5)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>folic acid tab 800 mcg</i>	\$0 (Tier 5)
<i>folplex 2.2</i>	\$0 (Tier 5)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>fruit c-100</i>	\$0 (Tier 5)
<i>fruity c</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gnp b-complex plus vitami</i>	\$0 (Tier 5)
<i>gnp childrens chewables/e</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gnp little ones childrens</i>	\$0 (Tier 5)
<i>gnp mega multi for men</i>	\$0 (Tier 5)
<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 health</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
GNP PRENATAL TAB 28- 0.8MG	\$0 (Tier 5)
<i>gnp vitamin a</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gnp vitamin c</i>	\$0 (Tier 5)
<i>gnp vitamin c drops</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>gnp vitamin d3</i>	\$0 (Tier 5)
<i>gnp vitamin d3 extra stre</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>hair/skin/nails</i>	\$0 (Tier 5)
<i>healthy kids cod liver oi</i>	\$0 (Tier 5)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
HYLAZINC TAB	\$0 (Tier 5)
IMMUNERX CAP	\$0 (Tier 5)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>kp adults daily formula</i>	\$0 (Tier 5)
<i>kp b complex/c</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>kp niacin</i>	\$0 (Tier 5)
KP PRENATAL TAB MULTIVIT	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
KP WOMENS PAK DAILY	\$0 (Tier 5)
KPN PRENATAL TAB	\$0 (Tier 5)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
L-METHYLFOLA TAB 15MG	\$0 (Tier 5)
<i>l-methylfolate tab 7.5 mg</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>meijer c</i>	\$0 (Tier 5)
MENS 50+ TAB MULTIVIT	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>methycobalamin orally disintegrating tab 5000 mcg</i>	\$0 (Tier 5)
MG PLUS TAB PROTEIN	\$0 (Tier 5)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>multi-vit/iron/fluoride</i>	\$0 (Tier 5)
MULTI-VITAMI TAB MONOCAPS	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>multi-vitamin/minerals</i>	\$0 (Tier 5)
MULTI-VITE LIQ	\$0 (Tier 5)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>multiple vitamins w/ minerals tab</i>	\$0 (Tier 5)
<i>multipro</i>	\$0 (Tier 5)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
MULTIVIT/FL CHW 1MG	\$0 (Tier 5)
MULTIVIT/FL DRO 0.25MG	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>multivitamin/fluoride</i>	\$0 (Tier 5)
<i>multivitamin/multimineral</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>nephro vitamins</i>	\$0 (Tier 5)
<i>nephro-vite</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>niacin flush free</i>	\$0 (Tier 5)
<i>niacin tab 50 mg</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>niacin tab er 500 mg</i>	\$0 (Tier 5)
NIACIN TR TAB 1000MG	\$0 (Tier 5)
<i>niacinamide tab 500 mg</i>	\$0 (Tier 5)
<i>niacinamide tab er 500 mg</i>	\$0 (Tier 5)
<i>niacinamide w/ zn-cu- methyfol-se-cr tab 750- 27-2-0.5 mg</i>	\$0 (Tier 5)
NIVA-FOL TAB	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>no flush niacin</i>	\$0 (Tier 5)
<i>norwegian cod liver oil</i>	\$0 (Tier 5)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>one daily maximum</i>	\$0 (Tier 5)
<i>one daily mens health/lyc</i>	\$0 (Tier 5)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
ONE VITE TAB DAILY MV	\$0 (Tier 5)
<i>one-daily multi-vitamin</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
OPTIMAL D3 M CAP	\$0 (Tier 5)
<i>optimal d3 pack</i>	\$0 (Tier 5)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
PARVLEX TAB	\$0 (Tier 5)
<i>pc pediatric tri-vitamin</i>	\$0 (Tier 5)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i>	\$0 (Tier 5)
<i>pharmacist choice d-vitam</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
POLY-VI-FLOR SUS /IRON	\$0 (Tier 5)
POLY-VI-SOL SOL 50MG/ML	\$0 (Tier 5)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
POLY-VITE SOL 50MG/ML	\$0 (Tier 5)
POLY-VITE SOL /IRON	\$0 (Tier 5)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
PRENATAL ONE TAB DAILY	\$0 (Tier 5)
PRENATAL TAB	\$0 (Tier 5)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
PRENATAL VIT TAB MINERALS	\$0 (Tier 5)
PRENATAL/FE TAB	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>pyridoxine hcl tab 100 mg</i>	\$0 (Tier 5)
<i>pyridoxine hcl tab 250 mg</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>rena-vite</i>	\$0 (Tier 5)
<i>rena-vite rx</i>	\$0 (Tier 5)
<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)

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

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
SENTRY TAB	\$0 (Tier 5)
SENTRY TAB SENIOR	\$0 (Tier 5)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>stress formula/iron</i>	\$0 (Tier 5)
<i>stress formula/zinc</i>	\$0 (Tier 5)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>super quints b-50</i>	\$0 (Tier 5)
<i>super thera vite m</i>	\$0 (Tier 5)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
TAB-A-VITE TAB IRON/BET	\$0 (Tier 5)
<i>tab-a-vite w/beta caroten</i>	\$0 (Tier 5)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>therapeutic-m</i>	\$0 (Tier 5)
<i>theratrum complete</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>thiamine hcl tab 250 mg</i>	\$0 (Tier 5)
<i>thiamine mononitrate tab 100 mg</i>	\$0 (Tier 5)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>triphrocaps</i>	\$0 (Tier 5)
<i>tropical liquid nutrition</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>true vitamin b12</i>	\$0 (Tier 5)
<i>true vitamin c</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
ULTRA PRENAT CAP VITAMINS	\$0 (Tier 5)
<i>v-c forte</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
VIT B12/FA TAB	\$0 (Tier 5)
VITA-C CRY	\$0 (Tier 5)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>vitajoy daily c gummies</i>	\$0 (Tier 5)
<i>vitajoy daily d gummies</i>	\$0 (Tier 5)
VITAJOY 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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>vitamin a cap 3 mg (10000 unit)</i>	\$0 (Tier 5)
<i>vitamin a cap 2400 mcg (8000 unit)</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>vitamin b complex/vitamin</i>	\$0 (Tier 5)
VITAMIN B-12 DRO 3000MCG	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>vitamin c plus wild rose</i>	\$0 (Tier 5)
VITAMIN C POW	\$0 (Tier 5)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
VITAMIN D2 CAP 2000UNIT	\$0 (Tier 5)
VITAMIN D2 TAB 400UNIT	\$0 (Tier 5)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>vitamin d3 extra strength</i>	\$0 (Tier 5)
<i>vitamin d3 gummies</i>	\$0 (Tier 5)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
VITAMIN D3 TAB 5000UNIT	\$0 (Tier 5)
<i>vitamin d3 ultra potency</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>vitamin e cap 90 mg (200 unit)</i>	\$0 (Tier 5)
<i>vitamin e cap 180 mg (400 unit)</i>	\$0 (Tier 5)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>vitamins a & d tab</i>	\$0 (Tier 5)
VITAMINS A/C/D/FLUORIDE	\$0 (Tier 5)
VITREXYL TAB	\$0 (Tier 5)
VITREXYL TAB IRON	\$0 (Tier 5)
<i>weekly-d</i>	\$0 (Tier 5)
<i>wescaps</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
WESTAB MAX	\$0 (Tier 5)
<i>westab one</i>	\$0 (Tier 5)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
YOUR LIFE CHW GUMMIES	\$0 (Tier 5)
YUMVS D3 ZER CHW 62.5MCG	\$0 (Tier 5)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>yumvs vitamin d3 zero</i>	\$0 (Tier 5)
<i>yumvskids vitamin d3 zero</i>	\$0 (Tier 5)
ZINC LOZ	\$0 (Tier 5)
<i>zoo friends/extra c</i>	\$0 (Tier 5)

NAME OF DRUG

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

**OPHTHALMIC - DRUGS TO TREAT EYE
CONDITIONS**

**ANTI-INFECTIVE/ANTI-INFLAMMATORY -
DRUGS TO TREAT INFECTIONS AND
INFLAMMATION**

<i>bacitracin-polymyxin- neomycin-hc ophth oint 1%</i>	\$0 (Tier 2)
<i>neo-polycin hc ophth oint 1%</i>	\$0 (Tier 2)
<i>neomycin-polymyxin- dexamethasone ophth ointment 0.1%</i>	\$0 (Tier 1)
<i>neomycin-polymyxin- dexamethasone ophth susp 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>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)
ZYLET SUS 0.5-0.3%	\$0 (Tier 3)

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

<i>bacitracin ophth oint 500 unit/gm</i>	\$0 (Tier 2)
<i>bacitracin-polymyxin b ophth oint</i>	\$0 (Tier 1)
BESIVANCE SUS 0.6%	\$0 (Tier 3)
CILOXAN OIN 0.3% OP	\$0 (Tier 3)
<i>ciprofloxacin hcl ophth soln 0.3% (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>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 days) (Tier 2)
NATACYN SUS 5% OP	\$0 (Tier 4)
<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)
XDEM VY 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)

OPCON-A SOL OP	\$0 (Tier 5)

ZERVIAE DRO 0.24%	\$0 (Tier 4)

ANTI GLAUCOMA - DRUGS TO TREAT GLAUCOMA

<i>betaxolol hcl ophth soln 0.5%</i>	\$0 (Tier 2)

BETOPTIC-S SUS 0.25% OP	\$0 (Tier 4)

<i>brimonidine tartrate ophth soln 0.2%</i>	\$0 (Tier 1)

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> 0.005%	\$0 (Tier 1)
<i>levobunolol hcl ophth soln</i> 0.5%	\$0 (Tier 2)
LUMIGAN SOL 0.01% OP	\$0 (Tier 3)
<i>pilocarpine hcl ophth soln</i> 1%	\$0 (Tier 2)
<i>pilocarpine hcl ophth soln</i> 2%	\$0 (Tier 2)
<i>pilocarpine hcl ophth soln</i> 4%	\$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)

<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 / 30 days) (Tier 3)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	\$0 QL (4 inhalers / 28 days) (Tier 3)
COMBIVENT AER 20-100	\$0 QL (2 inhalers / 30 days) (Tier 4)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	\$0 B/D (Tier 2)
TRELEGY AER ELLIPTA 100-62.5-25 MCG	\$0 QL (60 blisters / 30 days) (Tier 3)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	\$0 QL (60 blisters / 30 days) (Tier 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>cyproheptadine 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>cyproheptadine 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 (Tier 4)	PA; PA applies if 70 years and older
<i>hydroxyzine hcl im soln 50 mg/ml</i>	\$0 (Tier 4)	PA; PA applies if 70 years and older
<i>hydroxyzine hcl syrup 10 mg/5ml</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>hydroxyzine hcl tab 10 mg</i>	\$0 (Tier 3) PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>hydroxyzine hcl tab 25 mg</i>	\$0 (Tier 3) PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>hydroxyzine hcl tab 50 mg</i>	\$0 (Tier 3) PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>hydroxyzine pamoate cap 25 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>hydroxyzine pamoate cap 50 mg</i>	\$0 (Tier 3) PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	\$0 (Tier 2) QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride tab 5 mg</i>	\$0 (Tier 2) QL (30 tabs / 30 days)
<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)

<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 (Tier 2)	B/D
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	\$0 (Tier 2)	B/D
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	\$0 (Tier 2)	QL (2 inhalers / 30 days), ST
SEREVENT DIS AER 50MCG	\$0 (Tier 3)	QL (60 inhalations / 30 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 1</i>	\$0 (Tier 5)
<i>gnp pseudoephedrine hcl 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)
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	\$0 (Tier 2)
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	\$0 (Tier 2)
<i>montelukast sodium tab 10 mg (base equiv)</i>	\$0 (Tier 1)
<i>zafirlukast tab 10 mg</i>	\$0 (Tier 2)
<i>zafirlukast 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
)****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 syringe / 28 days), PA (Tier 3)
FASENRA INJ 30MG/ML	\$0 NDS, QL (1 syringe / 28 days), PA (Tier 3)
FASENRA PEN INJ 30MG/ML	\$0 NDS, QL (1 pen / 28 days), PA (Tier 3)
KALYDECO GRA 5.8MG	\$0 NDS, QL (56 packets / 28 days), PA (Tier 3)
KALYDECO GRA 13.4MG	\$0 NDS, QL (56 packets / 28 days), PA (Tier 3)
KALYDECO PAK 25MG	\$0 NDS, QL (56 packets / 28 days), PA (Tier 3)

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
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YOU
(TIER
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<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)

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)

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
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)**

<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)

NAME OF DRUG

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

ALVESCO AER 160MCG	\$0 (Tier 4)	QL (2 inhalers / 30 days)
ARNUITY ELPT INH 50MCG	\$0 (Tier 3)	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 100MCG	\$0 (Tier 3)	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 200MCG	\$0 (Tier 3)	QL (30 inhalations / 30 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	\$0 (Tier 2)	B/D
<i>budesonide inhalation susp 0.25 mg/2ml</i>	\$0 (Tier 2)	B/D

NAME OF DRUG**WHAT NECESSARY
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)**

<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
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YOU
(TIER
LEVEL
)*****STEROID/BETA-AGONIST COMBINATIONS
- DRUGS TO TREAT ASTHMA AND COPD***

ADVAIR HFA AER 45/21	\$0	QL (1 inhaler / (Tier 30 days) 3)
ADVAIR HFA AER 115/21	\$0	QL (1 inhaler / (Tier 30 days) 3)
ADVAIR HFA AER 230/21	\$0	QL (1 inhaler / (Tier 30 days) 3)
AIRSUPRA AER 90-80MCG	\$0	QL (3 inhalers / (Tier 30 days) 3)
BREO ELLIPTA INH 50- 25MCG	\$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)

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 (Tier 4)	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	\$0 (Tier 4)	QL (3 inhalers / 30 days)
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	\$0 (Tier 1)	QL (1 inhaler / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	\$0 (Tier 2)	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	\$0 (Tier 1)	QL (1 inhaler / 30 days)
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	\$0 (Tier 1)	QL (1 inhaler / 30 days)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)	
<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
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)****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 / 30 days) (Tier 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 PA (Tier 2)
<i>clindamycin phosphate gel 1% (once-daily)</i>	\$0 QL (75 mL / 30 days) (Tier 2)
<i>clindamycin phosphate lotion 1%</i>	\$0 QL (60 mL / 30 days) (Tier 2)
<i>clindamycin phosphate soln 1%</i>	\$0 QL (60 mL / 30 days) (Tier 2)
<i>ery</i>	\$0 QL (60 pledgets / 30 days) (Tier 2)

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 / 30 days) (Tier 2)
<i>tretinoin cream 0.1%</i>	\$0 QL (45 gm / 30 days), PA (Tier 2)
<i>tretinoin cream 0.05%</i>	\$0 QL (45 gm / 30 days), PA (Tier 2)
<i>tretinoin cream 0.025%</i>	\$0 QL (45 gm / 30 days), PA (Tier 2)

NAME OF DRUG**WHAT NECESSARY
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<i>tretinoin gel 0.01%</i>	\$0 (Tier 2)	QL (45 gm / 30 days), PA
<i>tretinoin gel 0.025%</i>	\$0 (Tier 2)	QL (45 gm / 30 days), PA
<i>twice-daily clindamycin phosphate (topical)</i>	\$0 (Tier 2)	QL (75 gm / 30 days)
<i>zenatane</i>	\$0 (Tier 2)	PA

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 days) (Tier 2)
<i>gentamicin sulfate oint 0.1%</i>	\$0 QL (30 gm / 30 days) (Tier 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
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<i>ciclopirox olamine susp 0.77% (base equiv)</i>	\$0 (Tier 2)	QL (60 mL / 30 days)
<i>ciclopirox shampoo 1%</i>	\$0 (Tier 2)	QL (120 mL / 30 days)
<i>clotrimazole antifungal</i>	\$0 (Tier 5)	
<i>clotrimazole cream 1%</i>	\$0 (Tier 2)	QL (45 gm / 30 days)
<i>clotrimazole cream 1%</i>	\$0 (Tier 5)	
<i>clotrimazole soln 1%</i>	\$0 (Tier 2)	QL (60 mL / 30 days)

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 days) (Tier 2)
<i>ketoconazole shampoo 2%</i>	\$0 QL (120 mL / 30 days) (Tier 1)
<i>klayesta</i>	\$0 QL (60 gm / 30 days) (Tier 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 days) (Tier 2)
<i>nystop</i>	\$0 QL (60 gm / 30 days) (Tier 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
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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)
<i>DERMATOLOGY, ANTIPSORIATICS</i>	
<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
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(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 QL (120 mL / (Tier 30 days / 2)
<i>betamethasone dipropionate oint 0.05%</i>	\$0 QL (120 gm / (Tier 30 days / 2)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	\$0 QL (120 gm / (Tier 30 days / 2)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	\$0 QL (120 mL / (Tier 30 days / 2)
<i>betamethasone valerate ointment 0.1% (base equivalent)</i>	\$0 QL (120 gm / (Tier 30 days / 2)
<i>clobetasol propionate cream 0.05%</i>	\$0 QL (60 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>clobetasol propionate e</i>	\$0 QL (60 gm / 30 (Tier days) 2)
<i>clobetasol propionate gel 0.05%</i>	\$0 QL (60 gm / 30 (Tier days) 2)
<i>clobetasol propionate oint 0.05%</i>	\$0 QL (60 gm / 30 (Tier days) 2)
<i>clobetasol propionate soln 0.05%</i>	\$0 QL (50 mL / 30 (Tier days) 2)
<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 (Tier days) 2)
<i>fluocinolone acetonide cream 0.025%</i>	\$0 QL (120 gm / (Tier 30 days) 2)
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	\$0 QL (118.28 mL (Tier / 30 days) 2)
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	\$0 QL (118.28 mL (Tier / 30 days) 2)
<i>fluocinolone acetonide oint 0.025%</i>	\$0 QL (120 gm / (Tier 30 days) 2)
<i>fluocinolone acetonide soln 0.01%</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>fluocinonide cream 0.05%</i>	\$0 QL (120 gm / 30 days) (Tier 2)
<i>fluocinonide emulsified base cream 0.05%</i>	\$0 QL (120 gm / 30 days) (Tier 2)
<i>fluocinonide gel 0.05%</i>	\$0 QL (60 gm / 30 days) (Tier 2)
<i>fluocinonide oint 0.05%</i>	\$0 QL (60 gm / 30 days) (Tier 2)
<i>fluocinonide soln 0.05%</i>	\$0 QL (60 mL / 30 days) (Tier 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 days) (Tier 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 days) (Tier 2)
<i>medpura hc cre 1%</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>sm hydrocortisone maximum</i>	\$0 (Tier 5)
<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)

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

<i>triamcinolone acetonide oint 0.1%</i>	\$0 (Tier 1)
<i>triamcinolone acetonide oint 0.5%</i>	\$0 (Tier 1)
<i>triamcinolone acetonide oint 0.025%</i>	\$0 (Tier 1)
<i>triderm</i>	\$0 QL (454 gm / 30 days) (Tier 1)

DERMATOLOGY, LOCAL ANESTHETICS

<i>glydo</i>	\$0 QL (60 mL / 30 days), PA (Tier 2)
<i>lidocaine hcl soln 4%</i>	\$0 QL (50 mL / 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>lidocaine oint 5%</i>	\$0 QL (50 gm / 30 (Tier days), PA 2)
<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)

NAME OF DRUG

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

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>a&d</i>	\$0 (Tier 5)
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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>arthritis pain relieving</i>	\$0 (Tier 5)
<i>azelaic acid gel 15%</i>	\$0 QL (50 gm / 30 days) (Tier 2)
<i>bexarotene gel 1%</i>	\$0 NDS, QL (60 gm / 30 days), PA (Tier 3)
CALAMINE LOT	\$0 (Tier 5)
CALAMINE LOT 8-8%	\$0 (Tier 5)
CALAMINE SUS 8-8%	\$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 0.1%</i>	\$0 (Tier 5)
<i>capsaicin cream 0.025%</i>	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>capsimide</i>	\$0 (Tier 5)
<i>chlorhexidine gluconate soln 4%</i>	\$0 (Tier 5)
<i>corn and callus remover</i>	\$0 (Tier 5)
CRITIC-AID PST BARRIER	\$0 (Tier 5)
<i>dandruff shampoo</i>	\$0 (Tier 5)
DECOLORIZED TIN IODINE	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>dermafix</i>	\$0 (Tier 5)
<i>desitin</i>	\$0 (Tier 5)
<i>desitin daily defense</i>	\$0 (Tier 5)
<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)

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

<i>dyna-hex 4</i>	\$0 (Tier 5)	
FIRST AID OIN 10%	\$0 (Tier 5)	
<i>fluorouracil cream 5%</i>	\$0 (Tier 2)	QL (40 gm / 30 days)
<i>fluorouracil soln 2%</i>	\$0 (Tier 2)	QL (10 mL / 30 days)
<i>fluorouracil soln 5%</i>	\$0 (Tier 2)	QL (10 mL / 30 days)
<i>gnp advanced antibacteria</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 antiseptic skin clean</i>	\$0 (Tier 5)
GNP CALAMINE LOT 8-8%	\$0 (Tier 5)
<i>gnp capsaicin heat patch</i>	\$0 (Tier 5)
<i>gnp hydrogen peroxide</i>	\$0 (Tier 5)
GNP IODIDES TIN	\$0 (Tier 5)
GNP 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>gnp povidone-iodine</i>	\$0 (Tier 5)
<i>gnp wart remover</i>	\$0 (Tier 5)
<i>gnp zinc oxide</i>	\$0 (Tier 5)
GOLD BOND OIN HEALING	\$0 (Tier 5)
<i>goodsense hydrogen peroxi</i>	\$0 (Tier 5)
HM EYELID PAD WIPES	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>hm hydrogen peroxide</i>	\$0 (Tier 5)
HM IODIDES TIN	\$0 (Tier 5)
HM IODINE TIN 2% MILD	\$0 (Tier 5)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>hydrogen peroxide soln 3%</i>	\$0 (Tier 5)
<i>hydrolatum</i>	\$0 (Tier 5)
<i>hydrophor</i>	\$0 (Tier 5)
ILEX SKIN PST PROTECT	\$0 (Tier 5)
<i>imiquimod cream 5%</i>	\$0 QL (24 packets / 30 days) (Tier 2)
INSTACLEAN LIQ	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
IODINE TIN 2%	\$0 (Tier 5)
IODINE TIN 2% MILD	\$0 (Tier 5)
IODINE TIN DECOLOR	\$0 (Tier 5)
IODINE TIN STRONG	\$0 (Tier 5)
LAC-HYDRIN LOT FIVE	\$0 (Tier 5)
<i>lactic acid (ammonium lactate) cream 12%</i>	\$0 (Tier 2)

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

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>medpura zinc oxide</i>	\$0 (Tier 5)
<i>metronidazole cream 0.75%</i>	\$0 QL (45 gm / 30 days) (Tier 2)
<i>metronidazole gel 0.75%</i>	\$0 QL (45 gm / 30 days) (Tier 2)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
PANRETIN GEL 0.1%	\$0 NDS, QL (60 (Tier gm / 30 days), 3) PA
PETROLATUM OIN	\$0 (Tier 5)
<i>pimecrolimus cream 1%</i>	\$0 QL (100 gm / (Tier 30 days), PA 2)
<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)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>proctocort</i>	\$0 (Tier 2)
<i>proctosol hc</i>	\$0 (Tier 2)
<i>proctozone-hc</i>	\$0 (Tier 2)
QC IODIDES TIN	\$0 (Tier 5)
<i>qc itch stopping extra st</i>	\$0 (Tier 5)
<i>qc povidone iodine</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
SANITIZ HAND MIS WIPES	\$0 (Tier 5)
SM CALAMINE LOT	\$0 (Tier 5)
<i>sm hydrogen peroxide</i>	\$0 (Tier 5)
SM IODIDES TIN	\$0 (Tier 5)
SM IODINE TIN MILD	\$0 (Tier 5)
<i>sm povidone-iodine</i>	\$0 (Tier 5)

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

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

zinc oxide oint 20%\$0
(Tier
5)

zinc oxide oint 25%\$0
(Tier
5)

ZINC OXIDE PST 25%\$0
(Tier
5)

ZOSTRIX NAT CRE
0.033%\$0
(Tier
5)

***DERMATOLOGY, SCABICIDES AND
PEDICULIDES***

gnp lice treatment\$0
(Tier
5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>goodsense lice killing cr</i>	\$0 (Tier 5)
<i>lice killing maximum stre</i>	\$0 (Tier 5)
<i>lice killing shampoo</i>	\$0 (Tier 5)
<i>malathion lotion 0.5%</i>	\$0 QL (59 mL / 30 days) (Tier 2)
NIX COMPLETE KIT LICE 1%	\$0 (Tier 5)
<i>permethrin cream 5%</i>	\$0 QL (60 gm / 30 days) (Tier 2)

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

<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 (Tier 3)	NDS, QL (30 gm / 30 days), PA
SANTYL OIN 250/GM	\$0 (Tier 4)	QL (180 gm / 30 days)
<i>sodium chloride irrigation soln 0.9%</i>	\$0 (Tier 2)	
<i>water for irrigation, sterile irrigation soln</i>	\$0 (Tier 2)	

NAME OF DRUG**WHAT NECESSARY
THE ACTIONS
DRUG RESTRICTION
WILL S OR LIMITS
COST ON USE
YOU
(TIER
LEVEL
)*****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)
<i>denta 5000 plus</i>	\$0 (Tier 5)
<i>dentagel</i>	\$0 (Tier 5)
<i>gnp dry mouth mouthwash</i>	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<i>kourzeq</i>	\$0 (Tier 2)
LEMON-GLYCER MIS SWABS	\$0 (Tier 5)
<i>lidocaine hcl viscous soln 2%</i>	\$0 (Tier 2)
MOUTH KOTE SOL	\$0 (Tier 5)
<i>nystatin susp 100000 unit/ml</i>	\$0 (Tier 2)
ORAL RELIEF SPR DRY MOUT	\$0 (Tier 5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
<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)
PREVDNT 5000 GEL 1.1- 5%	\$0 (Tier 5)
PREVIDENT SOL 0.2%	\$0 (Tier 5)
<i>sf</i>	\$0 (Tier 5)

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

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

ZINC W/A&C LOZ

\$0
(Tier
5)

***OTIC - DRUGS TO TREAT CONDITIONS OF
THE EAR***

ear drops

\$0
(Tier
5)

earwax removal

\$0
(Tier
5)

earwax removal kit

\$0
(Tier
5)

ft earwax removal

\$0
(Tier
5)

NAME OF DRUG	WHAT NECESSARY THE ACTIONS DRUG RESTRICTION WILL S OR LIMITS COST ON USE YOU (TIER LEVEL)
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)
<i>murine ear</i>	\$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 08/01/2025.

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.....	509		265
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<i>arformoterol tartrate</i>			265
<i>soln nebu 15 mcg/2ml</i>		ARISTADA INJ INITIO	
<i>(base equiv).....</i>	639		265
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<i>aripiprazole orally</i>			332
<i>disintegrating tab 10</i>		<i>armodafinil tab 200 mg</i>	
<i>mg.....</i>	264		332
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.....	264	ARNUITY ELPT INH	
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50MCG	656
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arthritis pain relieving	
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mg	557
ascorbic acid chew tab	
250 mg	558
ascorbic acid chew tab	
500 mg	558
ascorbic acid inj 500	
mg/ml	558
ascorbic acid liquid 500	
mg/5ml	558
ascorbic acid tab 1000	
mg	558
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atazanavir sulfate cap
200 mg (base equiv) 81
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300 mg (base equiv) 81
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mg (base equiv) 314
atomoxetine hcl cap 60
mg (base equiv) 314

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equivalent) 201
atorvastatin calcium tab
20 mg (base
equivalent) 201
atorvastatin calcium tab
40 mg (base
equivalent) 201
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80 mg (base
equivalent) 201
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atropine sulfate ophth
soln 1%..... 620
ATROVENT HFA AER
17MCG 627
aubra eq 370
AUGTYRO CAP 160MG
..... 137
AUGTYRO CAP 40MG 137

<i>aurovela 1/20</i>	370	AYVAKIT TAB 200MG	138
<i>aurovela 24 fe</i>	370	AYVAKIT TAB 25MG .	137
<i>aurovela fe 1.5/30</i> ...	370	AYVAKIT TAB 300MG	138
<i>aurovela fe 1/20</i>	370	AYVAKIT TAB 50MG .	137
AUSTEDO TAB 12MG	325	<i>azacitidine for inj 100</i>	
AUSTEDO TAB 6MG..	325	<i>mg</i>	121
AUSTEDO TAB 9MG..	325	<i>azathioprine tab 50 mg</i>	
AUSTEDO XR TAB 12MG		.....	509
.....	325	<i>azelaic acid gel 15%</i>	683
AUSTEDO XR TAB 18MG		<i>azelastine hcl nasal</i>	
.....	325	<i>spray 0.1% (137</i>	
AUSTEDO XR TAB 24MG		<i>mcg/spray)</i>	629
.....	326	<i>azelastine hcl ophth soln</i>	
AUSTEDO XR TAB 30MG		<i>0.05%</i>	616
ER	326	<i>azithromycin for susp</i>	
AUSTEDO XR TAB 36MG		<i>100 mg/5ml</i>	103
ER	326	<i>azithromycin for susp</i>	
AUSTEDO XR TAB 42MG		<i>200 mg/5ml</i>	103
ER	326	<i>azithromycin iv for soln</i>	
AUSTEDO XR TAB 48MG		<i>500 mg</i>	103
ER	326	<i>azithromycin powd pack</i>	
AUSTEDO XR TAB 6MG		<i>for susp 1 gm</i>	103
.....	325	<i>azithromycin tab 250 mg</i>	
AUSTEDO XR TAB TITR		.....	103
KIT	326	<i>azithromycin tab 500 mg</i>	
AUVELITY TAB 45-		.....	103
105MG	241	<i>azithromycin tab 600 mg</i>	
<i>aviane</i>	370		104
<i>ayuna</i>	370	<i>aztreonam for inj 1 gm</i>	
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b-12 microlozenge ... 559
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 559
bacitracin oint 500
unit/gm 665
bacitracin ophth oint 500
unit/gm 612
bacitracin zinc oint 500
unit/gm 665
bacitracin-polymyxin b
ophth oint..... 612
bacitracin-polymyxin-
neomycin-hc ophth oint
1% 610
back & body extra
strengt 36
baclofen tab 10 mg .. 330
baclofen tab 20 mg .. 330
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BAFIERTAM CAP 95MG
 328
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balance b-50..... 560
balsalazide disodium cap
750 mg 438
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balziva 370
banophen 629
 BAQSIMI ONE POW
 3MG/DOSE 399
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baza antifungal 668
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 ARTH 37
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<i>b-complex vitamin cap</i>	
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<i>b-complex vitamin</i>	
<i>sublingual liquid.....</i>	559
<i>b-complex vitamin tab</i>	
.....	560
<i>b-complex w/ c & folic</i>	
<i>acid tab</i>	560
<i>b-complex w/ c cap..</i>	560
<i>b-complex w/ c tab..</i>	560
<i>b-complex w/ folic acid</i>	
<i>cap</i>	560
<i>b-complex w/ folic acid</i>	
<i>tab.....</i>	560
B-COMPLEX/FA TAB /VIT	
C	560
<i>bd posiflush</i>	537
<i>benazepril &</i>	
<i>hydrochlorothiazide tab</i>	
<i>10-12.5 mg.....</i>	180
<i>benazepril &</i>	
<i>hydrochlorothiazide tab</i>	
<i>20-12.5 mg.....</i>	180
<i>benazepril &</i>	
<i>hydrochlorothiazide tab</i>	
<i>20-25 mg</i>	180
<i>benazepril &</i>	
<i>hydrochlorothiazide tab</i>	
<i>5-6.25mg</i>	180
<i>benazepril hcl tab 10 mg</i>	
.....	182
<i>benazepril hcl tab 20 mg</i>	
.....	182
<i>benazepril hcl tab 40 mg</i>	
.....	182
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.....	182
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100/4ML.....	117
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.....	117
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.....	509
BENLYSTA INJ	
200MG/ML.....	509
BENLYSTA INJ 400MG	
.....	510
BENTIVITE TAB 35-1MG	
.....	479
<i>benzoyl peroxide gel</i>	
<i>10%</i>	662
<i>benzoyl peroxide gel</i>	
<i>2.5%</i>	662
<i>benzoyl peroxide gel 5%</i>	
.....	662

<i>benzoyl peroxide liq</i>		
10%	662	
<i>benzoyl peroxide topical</i>		
.....	662	
<i>benzoyl peroxide wash</i>		
.....	663	
<i>benzoyl peroxide-</i>		
<i>erythromycin gel 5-3%</i>		
.....	663	
<i>benzphetamine hcl tab</i>		
50 mg	362	
<i>benztropine mesylate inj</i>		
1 mg/ml	255	
<i>benztropine mesylate</i>		
<i>tab 0.5 mg</i>	255	
<i>benztropine mesylate</i>		
<i>tab 1 mg</i>	255	
<i>benztropine mesylate</i>		
<i>tab 2 mg</i>	255	
BERINERT INJ 500UNIT		
.....	489	
BESIVANCE SUS 0.6%		
.....	612	
BESREMI SOL 500MCG		
.....	132	
<i>beta carotene cap 25000</i>		
<i>unit</i>	561	
<i>betaine powder for oral</i>		
<i>solution</i>	402	
<i>betamethasone</i>		
<i>dipropionate</i>		
<i>augmented cream</i>		
0.05%.....	675	
<i>betamethasone</i>		
<i>dipropionate</i>		
<i>augmented gel 0.05%</i>		
.....	675	
<i>betamethasone</i>		
<i>dipropionate</i>		
<i>augmented lotion</i>		
0.05%.....	675	
<i>betamethasone</i>		
<i>dipropionate</i>		
<i>augmented oint 0.05%</i>		
.....	676	
<i>betamethasone</i>		
<i>dipropionate cream</i>		
0.05%.....	676	
<i>betamethasone</i>		
<i>dipropionate lotion</i>		
0.05%.....	676	
<i>betamethasone</i>		
<i>dipropionate oint</i>		
0.05%.....	676	
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<i>cream 0.1% (base</i>		
<i>equivalent)</i>	676	

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<i>bethanechol chloride tab</i> <i>5 mg</i> 466	<i>bisacodyl laxative</i> 440
<i>bethanechol chloride tab</i> <i>50 mg</i> 467	<i>bisacodyl suppos 10 mg</i> 440
BETOPTIC-S SUS 0.25% OP 617	<i>bisacodyl tab delayed</i> <i>release 5 mg</i> 440
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<i>bexarotene cap 75 mg</i> 132	<i>bisoprolol &</i> <i>hydrochlorothiazide tab</i> <i>10-6.25 mg</i> 207
<i>bexarotene gel 1%</i> .. 684	<i>bisoprolol &</i> <i>hydrochlorothiazide tab</i> <i>2.5-6.25 mg</i> 207
BEXSERO INJ 514	<i>bisoprolol &</i> <i>hydrochlorothiazide tab</i> <i>5-6.25 mg</i> 207
<i>bicalutamide tab 50 mg</i> 126	<i>bisoprolol fumarate tab</i> <i>10 mg</i> 209
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5 mg	209	
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<i>blisovi 24 fe</i>	371	
<i>blisovi fe 1.5/30</i>	371	
<i>blis-to-sol</i>	668	
<i>body/hair/skin/nails</i> .	561	
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BORTEZOMIB INJ 2.5MG	139	
<i>bosentan tab 125 mg</i>	233	
<i>bosentan tab 62.5 mg</i>	233	
BOSULIF CAP 100MG	139	
BOSULIF CAP 50MG .	139	
BOSULIF TAB 100MG	139	
BOSULIF TAB 400MG	139	
BOSULIF TAB 500MG	139	
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<i>bp wash</i>	663	
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<i>bprotected multi-vite</i>	561	
<i>bprotected pedia d-vite</i>	561	
<i>bprotected pedia iron</i>	479	
BRAFTOVI CAP 75MG	140	
BREO ELLIPTA INH 100- 25	658	
BREO ELLIPTA INH 200- 25	658	
BREO ELLIPTA INH 50- 25MCG	658	
<i>breyna</i>	659	
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BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	626	
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BRILINTA TAB 90MG	491	
<i>brimonidine tartrate</i> <i>ophth soln 0.15%</i> ..	617	
<i>brimonidine tartrate</i> <i>ophth soln 0.2%</i>	617	
<i>brinzolamide ophth susp</i> 1%	617	
BRIVIACT SOL 10MG/ML	285	
BRIVIACT TAB 100MG	286	

BRIVIACT TAB 10MG	285	<i>budesonide inhalation</i>	
BRIVIACT TAB 25MG	285	<i>susp 0.5 mg/2ml ...</i>	657
BRIVIACT TAB 50MG	285	<i>budesonide nasal susp</i>	
BRIVIACT TAB 75MG	286	<i>32 mcg/act</i>	655
<i>bromfenac sodium ophth</i>		<i>budesonide tab er 24hr</i>	
<i>soln 0.07% (base</i>		<i>9 mg.....</i>	439
<i>equivalent)</i>	614	<i>budesonide-formoterol</i>	
<i>bromfenac sodium ophth</i>		<i>fumarate dihyd aerosol</i>	
<i>soln 0.075% (base</i>		<i>160-4.5 mcg/act....</i>	659
<i>equivalent)</i>	615	<i>budesonide-formoterol</i>	
<i>bromfenac sodium ophth</i>		<i>fumarate dihyd aerosol</i>	
<i>soln 0.09% (base</i>		<i>80-4.5 mcg/act</i>	659
<i>equiv) (once-daily).</i>	614	<i>bumetanide inj 0.25</i>	
<i>bromocriptine mesylate</i>		<i>mg/ml.....</i>	221
<i>cap 5 mg (base</i>		<i>bumetanide tab 0.5 mg</i>	
<i>equivalent)</i>	255	<i>.....</i>	221
<i>bromocriptine mesylate</i>		<i>bumetanide tab 1 mg</i>	
<i>tab 2.5 mg (base</i>		<i>.....</i>	221
<i>equivalent)</i>	255	<i>bumetanide tab 2 mg</i>	
BRONCHITOL CAP 40MG		<i>.....</i>	222
<i>.....</i>	647	<i>buprenorphine hcl sl tab</i>	
BRUKINSA CAP 80MG		<i>2 mg (base equiv) .</i>	333
<i>.....</i>	140	<i>buprenorphine hcl sl tab</i>	
<i>b-stress.....</i>	560	<i>8 mg (base equiv) .</i>	333
<i>budesonide delayed</i>		<i>buprenorphine hcl-</i>	
<i>release particles cap 3</i>		<i>naloxone hcl sl film 12-</i>	
<i>mg.....</i>	438	<i>3 mg (base equiv) .</i>	334
<i>budesonide inhalation</i>		<i>buprenorphine hcl-</i>	
<i>susp 0.25 mg/2ml..</i>	657	<i>naloxone hcl sl film 2-</i>	

0.5 mg (base equiv)	333	bupropion hcl tab 75 mg	241
buprenorphine hcl- naloxone hcl sl film 4-1 mg (base equiv)	333	bupropion hcl tab er 12hr 100 mg	242
buprenorphine hcl- naloxone hcl sl film 8-2 mg (base equiv)	334	bupropion hcl tab er 12hr 150 mg	242
buprenorphine hcl- naloxone hcl sl tab 2- 0.5 mg (base equiv)	334	bupropion hcl tab er 12hr 200 mg	242
buprenorphine hcl- naloxone hcl sl tab 8-2 mg (base equiv)	334	bupropion hcl tab er 24hr 150 mg	242
buprenorphine td patch weekly 10 mcg/hr	55	bupropion hcl tab er 24hr 300 mg	242
buprenorphine td patch weekly 15 mcg/hr	55	buspirone hcl tab 10 mg	234
buprenorphine td patch weekly 20 mcg/hr	55	buspirone hcl tab 15 mg	235
buprenorphine td patch weekly 5 mcg/hr	55	buspirone hcl tab 30 mg	235
buprenorphine td patch weekly 7.5 mcg/hr ...	55	buspirone hcl tab 5 mg	234
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	334	buspirone hcl tab 7.5 mg	234
bupropion hcl tab 100 mg	242	butorphanol tartrate inj 1 mg/ml	59
		butorphanol tartrate inj 2 mg/ml	59
		butorphanol tartrate nasal soln 10 mg/ml	59
		C	
		c 1000	561

C 1000/BIOFL CAP /R		CALAMINE SUS 8-8%	
HIPS	561	.....	684
<i>c 500</i>	561	CALC ACETATE TAB	
<i>c complex</i>	562	668MG	538
<i>c-1000</i>	562	CALC CITRATE LIQ VIT	
<i>c-1000 prolonged</i>		D3	538
<i>release</i>	562	CALC/VIT D3 CHW 200-	
<i>c-1000/rose hips</i>	562	200.....	538
<i>c-250</i>	562	<i>calcidol</i>	562
<i>c-500</i>	562	CALCI-MAX CAP	562
<i>c-500 prolonged release</i>		<i>calcipotriene cream</i>	
.....	562	0.005%	674
<i>c-500/rose hips</i>	562	<i>calcipotriene oint</i>	
CA CITRATE TAB 250MG		0.005%	674
.....	537	<i>calcipotriene soln</i>	
CA LACTATE TAB 100MG		0.005% (50 mcg/ml)	
.....	537	.....	674
<i>cabergoline tab 0.5 mg</i>		<i>calcitonin (salmon)</i>	
.....	402	<i>spray</i>	365
CABOMETYX TAB 20MG		CAL-CITRATE TAB PLUS	
.....	140	D	537
CABOMETYX TAB 40MG		<i>calcitrene</i>	674
.....	140	<i>calcitriol (oral)</i>	416
CABOMETYX TAB 60MG		<i>calcitriol cap 0.25 mcg</i>	
.....	140		416
CAL CIT MAL/ TAB		<i>calcitriol cap 0.5 mcg</i>	416
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calcium 600 538
calcium 600 tab + d . 538
calcium 600 with vitamin
 538
calcium 600/vitamin d
 539
calcium 600/vitamin d3
 539
calcium 600+d 538
calcium 600+d3 538
calcium 600+d3 plus
 miner 538
calcium acetate
 (phosphate binder) tab
 667 mg 456
calcium antacid 419
calcium antacid extra str
 419
calcium ascorbate tab
 500 mg 563
 CALCIUM CARB CHW
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 CALCIUM CARB CHW
 500MG 539
 CALCIUM CARB POW
 800/2GM 539
 CALCIUM CARB SUS
 1250/5ML 419

CALCIUM CARB TAB
 648MG 419
calcium carb-
 cholecalciferol tab 500
 mg-10 mcg (400 unit)
 539
calcium carb-
 cholecalciferol tab 600
 mg-10 mcg (400 unit)
 540
calcium carb-
 cholecalciferol tab 600
 mg-20 mcg (800 unit)
 540
calcium carbonate
 (antacid) chew tab 500
 mg 419
calcium carbonate tab
 1250 mg (500 mg
 elemental ca) 540
calcium carbonate tab
 1500 mg (600 mg
 elemental ca) 540
calcium carbonate-
 cholecalciferol tab 500
 mg-5 mcg(200 unit)
 540
calcium carbonate-
 cholecalciferol tab 600

<i>mg-5 mcg(200 unit)</i>	540
<i>calcium carbonate- vitamin d cap 600 mg- 5 mcg (200 unit) ...</i>	540
<i>calcium carbonate- vitamin d tab 250 mg- 3.125 mcg (125 unit)</i>	541
<i>calcium carbonate- vitamin d tab 600 mg-5 mcg (200 unit)</i>	541
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<i>calcium cit-vit d tab 200 mg-6.25 mcg(250 unit) (elem ca).....</i>	541
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<i>calcium high potency + vi</i>	542
<i>calcium plus vitamin d</i>	542
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<i>calcium-magnesium-zinc-vit d3 tab 333 mg-133 mg-5 mg-5 mcg</i>	543	<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	189
<i>cal-gest antacid</i>	418	<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	189
<i>callus remover and corn</i>	685	<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	189
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CAL-MAG-ZINC TAB -D	537		266
CAL-MINT CHW 260MG	537	CAPLYTA CAP 21MG	266
<i>calphron</i>	456	CAPLYTA CAP 42MG	266
CALQUENCE CAP 100MG	140	CAPRELSA TAB 100MG	141
CALQUENCE TAB 100MG	140		141
<i>camila</i>	371	<i>capsaicin cream 0.025%</i>	684
<i>camrese</i>	371	<i>capsaicin cream 0.075%</i>	684
<i>camrese lo</i>	371	<i>capsaicin cream 0.1%</i>	684
<i>candesartan cilexetil tab 16 mg</i>	194	<i>capsaicin hp</i>	684
<i>candesartan cilexetil tab 32 mg</i>	194	<i>capsaicin patch 0.025%</i>	684
<i>candesartan cilexetil tab 4 mg</i>	194	<i>capsaicin topical pain pa</i>	685

<i>capsimide</i>	685	<i>carbamazepine cap er</i>	
<i>captopril &</i>		<i>12hr 200 mg</i>	286
<i>hydrochlorothiazide tab</i>		<i>carbamazepine cap er</i>	
<i>25-15 mg</i>	180	<i>12hr 300 mg</i>	286
<i>captopril &</i>		<i>carbamazepine chew tab</i>	
<i>hydrochlorothiazide tab</i>		<i>100 mg</i>	286
<i>25-25 mg</i>	180	<i>carbamazepine chew tab</i>	
<i>captopril &</i>		<i>200 mg</i>	286
<i>hydrochlorothiazide tab</i>		<i>carbamazepine susp 100</i>	
<i>50-15 mg</i>	181	<i>mg/5ml</i>	286
<i>captopril &</i>		<i>carbamazepine tab 200</i>	
<i>hydrochlorothiazide tab</i>		<i>mg</i>	286
<i>50-25 mg</i>	181	<i>carbamazepine tab er</i>	
<i>captopril tab 100 mg</i>	183	<i>12hr 100 mg</i>	287
<i>captopril tab 12.5 mg</i>		<i>carbamazepine tab er</i>	
.....	182	<i>12hr 200 mg</i>	287
<i>captopril tab 25 mg</i>	.182	<i>carbamazepine tab er</i>	
<i>captopril tab 50 mg</i>	.183	<i>12hr 400 mg</i>	287
<i>carb/levo orally</i>		<i>carbidopa & levodopa</i>	
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<i>100mg</i>	255	<i>carbidopa & levodopa</i>	
<i>carb/levo orally</i>		<i>tab 25-100 mg</i>	256
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<i>100mg</i>	256	<i>tab 25-250 mg</i>	256
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<i>250mg</i>	256	<i>carbidopa & levodopa</i>	
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<i>12hr 100 mg</i>	286	<i>carbidopa tab 25 mg</i>	256

<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg.....</i>	<i>257</i>	<i>carboxymethylcellulose sodium (pf) ophth soln 0.5%</i>	<i>620</i>
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg.....</i>	<i>257</i>	<i>carboxymethylcellulose sodium ophth gel 1%</i>	<i>620</i>
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	<i>257</i>	<i>carboxymethylcellulose sodium ophth soln 0.5%</i>	<i>620</i>
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	<i>257</i>	<i>CARESTART KIT COVID-19</i>	<i>65</i>
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	<i>257</i>	<i>carglumic acid soluble tab 200 mg.....</i>	<i>402</i>
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	<i>257</i>	<i>carteolol hcl ophth soln 1%</i>	<i>618</i>
<i>carboplatin iv soln 150 mg/15ml</i>	<i>117</i>	<i>cartia xt</i>	<i>213</i>
<i>carboplatin iv soln 450 mg/45ml</i>	<i>117</i>	<i>carvedilol tab 12.5 mg</i>	<i>209</i>
<i>carboplatin iv soln 50 mg/5ml</i>	<i>117</i>	<i>carvedilol tab 25 mg</i>	<i>209</i>
<i>carboplatin iv soln 600 mg/60ml</i>	<i>118</i>	<i>carvedilol tab 3.125 mg</i>	<i>209</i>
<i>carboxymethylcellulose sodium (pf) ophth gel 1%</i>	<i>620</i>	<i>carvedilol tab 6.25 mg</i>	<i>209</i>
		<i>caspofungin acetate for iv soln 50 mg</i>	<i>76</i>
		<i>caspofungin acetate for iv soln 70 mg</i>	<i>76</i>
		<i>CAYSTON INH 75MG ..</i>	<i>65</i>
		<i>cefaclor cap 250 mg ..</i>	<i>97</i>
		<i>cefaclor cap 500 mg ..</i>	<i>97</i>

<i>cefadroxil cap 500 mg</i>	97	CEFAZOLIN/DEX SOL	
<i>cefadroxil for susp 250 mg/5ml</i>	97	3GM/50ML-2%	98
<i>cefadroxil for susp 500 mg/5ml</i>	97	<i>cefdinir cap 300 mg</i> ...	99
CEFAZOLIN INJ		<i>cefdinir for susp 125 mg/5ml</i>	99
1GM/50ML	97	<i>cefdinir for susp 250 mg/5ml</i>	99
CEFAZOLIN INJ 2GM ..	97	<i>cefepime hcl for inj 1 gm</i>	99
CEFAZOLIN INJ 3GM ..	97	.....	99
<i>cefazolin sodium for inj 1 gm</i>	98	<i>cefepime hcl for iv soln 2 gm</i>	99
<i>cefazolin sodium for inj 10 gm</i>	98	<i>cefixime cap 400 mg</i> ..	99
<i>cefazolin sodium for inj 2 gm</i>	98	<i>cefixime for susp 100 mg/5ml</i>	99
<i>cefazolin sodium for inj 3 gm</i>	98	<i>cefixime for susp 200 mg/5ml</i>	99
<i>cefazolin sodium for inj 500 mg</i>	98	<i>cefotetan disodium for inj 1 gm</i>	99
<i>cefazolin sodium for iv soln 1 gm</i>	98	<i>cefotetan disodium for inj 2 gm</i>	100
CEFAZOLIN SOLN		<i>cefoxitin sodium for iv soln 1 gm</i>	100
2GM/100ML-4%	98	<i>cefoxitin sodium for iv soln 10 gm</i>	100
CEFAZOLIN/DEX SOL		<i>cefoxitin sodium for iv soln 2 gm</i>	100
1GM/50ML-4%	98	<i>cefpodoxime proxetil for susp 100 mg/5ml</i> ..	100
CEFAZOLIN/DEX SOL		<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	100
2GM/50ML-3%	98		
CEFAZOLIN/DEX SOL			
3GM/150ML-4%	99		

<i>cefpodoxime proxetil tab</i>		
100 mg	100	
<i>cefpodoxime proxetil tab</i>		
200 mg	100	
<i>cefprozil for susp 125</i>		
mg/5ml	100	
<i>cefprozil for susp 250</i>		
mg/5ml	100	
<i>cefprozil tab 250 mg</i>	101	
<i>cefprozil tab 500 mg</i>	101	
<i>ceftazidime for inj 1 gm</i>		
.....	101	
<i>ceftazidime for inj 6 gm</i>		
.....	101	
<i>ceftazidime for iv soln 2</i>		
gm.....	101	
<i>ceftriaxone sodium for</i>		
<i>inj 1 gm</i>	101	
<i>ceftriaxone sodium for</i>		
<i>inj 10 gm.....</i>	101	
<i>ceftriaxone sodium for</i>		
<i>inj 2 gm</i>	101	
<i>ceftriaxone sodium for</i>		
<i>inj 250 mg</i>	101	
<i>ceftriaxone sodium for</i>		
<i>inj 500 mg</i>	101	
<i>ceftriaxone sodium for iv</i>		
<i>soln 1 gm</i>	102	
<i>ceftriaxone sodium for iv</i>		
<i>soln 2 gm</i>	102	
<i>cefuroxime axetil tab</i>		
250 mg	102	
<i>cefuroxime axetil tab</i>		
500 mg	102	
<i>cefuroxime sodium for</i>		
<i>inj 750 mg.....</i>	102	
<i>cefuroxime sodium for iv</i>		
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<i>celecoxib cap 100 mg.</i>	47	
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<i>cephalexin cap 500 mg</i>		
.....	102	
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mg/5ml	102	
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<i>cetirizine hcl childrens</i>	
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<i>cetirizine hcl oral soln 1</i>	
<i>mg/ml (5 mg/5ml)</i> .	629
<i>cetirizine hcl tab 10 mg</i>	
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<i>cetirizine hcl tab 5 mg</i>	
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<i>cetirizine hydrochloride</i>	
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<i>cetirizine-</i>	
<i>pseudoephedrine tab er</i>	
<i>12hr 5-120 mg</i>	642
<i>cevimeline hcl cap 30</i>	
<i>mg</i>	695
<i>chateal eq</i>	371
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<i>vitami</i>	<i>563</i>	
<i>childrens ibuprofen</i>	<i>47</i>	
<i>childrens loratadine .</i>	<i>630</i>	
<i>chlorhexidine gluconate</i>		
<i>soln 0.12%</i>	<i>695</i>	
<i>chlorhexidine gluconate</i>		
<i>soln 4%.....</i>	<i>685</i>	
<i>chlorhist.....</i>	<i>630</i>	
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<i>tab 250 mg</i>	<i>79</i>	
<i>chloroquine phosphate</i>		
<i>tab 500 mg</i>	<i>80</i>	
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<i>maleate tab 4 mg ..</i>	<i>630</i>	
<i>chlorpheniramine</i>		
<i>maleate tab er 12 mg</i>		
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<i>chlorpromazine hcl conc</i>		
<i>100 mg/ml.....</i>	<i>266</i>	
<i>chlorpromazine hcl conc</i>		
<i>30 mg/ml</i>	<i>266</i>	
<i>chlorpromazine hcl inj</i>		
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<i>chlorpromazine hcl inj</i>		
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<i>chlorpromazine hcl tab</i>		
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<i>chlorpromazine hcl tab</i>		
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<i>chlorpromazine hcl tab</i>		
<i>200 mg</i>	<i>267</i>	
<i>chlorpromazine hcl tab</i>		
<i>25 mg</i>	<i>266</i>	
<i>chlorpromazine hcl tab</i>		
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<i>.....</i>	<i>440</i>	
<i>cholecalciferol cap 1.25</i>		
<i>mg (50000 unit)</i>	<i>564</i>	
<i>cholecalciferol cap 10</i>		
<i>mcg (400 unit)</i>	<i>564</i>	
<i>cholecalciferol cap 125</i>		
<i>mcg (5000 unit)</i>	<i>564</i>	
<i>cholecalciferol cap 25</i>		
<i>mcg (1000 unit)</i>	<i>564</i>	
<i>cholecalciferol cap 250</i>		
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<i>cholecalciferol cap 50</i>		
<i>mcg (2000 unit)</i>	<i>564</i>	
<i>cholecalciferol chew tab</i>		
<i>10 mcg (400 unit) .</i>	<i>564</i>	
<i>cholecalciferol chew tab</i>		
<i>25 mcg (1000 unit)</i>	<i>564</i>	
<i>cholecalciferol chew tab</i>		
<i>50 mcg (2000 unit)</i>	<i>564</i>	

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10 mcg/ml (400 unit/ml).....	564
<i>cholecalciferol tab 10 mcg (400 unit)</i>	565
<i>cholecalciferol tab 125 mcg (5000 unit)</i>	565
<i>cholecalciferol tab 25 mcg (1000 unit)</i>	565
<i>cholecalciferol tab 50 mcg (2000 unit)</i>	565
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<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv).....</i>	199
<i>ciclopirox gel 0.77%</i>	668
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	668
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	669
<i>ciclopirox shampoo 1%</i>	669
<i>cilostazol tab 100 mg</i>	489
<i>cilostazol tab 50 mg.</i>	489
<i>CILOXAN OIN 0.3% OP</i>	612
<i>CIMDUO TAB 300-300</i>	87
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	403
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	403
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	403
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<i>ciprofloxacin 200 mg/100ml in d5w ..</i>	106
<i>ciprofloxacin 400 mg/200ml in d5w ..</i>	106
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	612
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	106
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	106
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	106

<i>ciprofloxacin-</i>	
<i>dexamethasone otic</i>	
<i>susp 0.3-0.1%</i>	625
<i>cisplatin inj 100</i>	
<i>mg/100ml (1 mg/ml)</i>	
<i>.....</i>	118
<i>cisplatin inj 200</i>	
<i>mg/200ml (1 mg/ml)</i>	
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<i>oral soln 10 mg/5ml</i>	
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<i>tab 10 mg (base equiv)</i>	
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<i>citalopram hydrobromide</i>	
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<i>claravis</i>	663
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<i>clarithromycin for susp</i>	
<i>250 mg/5ml</i>	104
<i>clarithromycin tab 250</i>	
<i>mg</i>	104
<i>clarithromycin tab 500</i>	
<i>mg</i>	104
<i>clarithromycin tab er</i>	
<i>24hr 500 mg</i>	104
<i>clear eyes natural tears</i>	
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<i>clearlax</i>	440
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<i>mg</i>	65
<i>clindamycin hcl cap 300</i>	
<i>mg</i>	65
<i>clindamycin hcl cap 75</i>	
<i>mg</i>	65
<i>clindamycin palmitate</i>	
<i>hcl for soln 75 mg/5ml</i>	
<i>(base equiv)</i>	65
<i>clindamycin phosphate</i>	
<i>gel 1% (once-daily)</i>	663
<i>clindamycin phosphate</i>	
<i>in d5w iv soln 300</i>	
<i>mg/50ml</i>	65
<i>clindamycin phosphate</i>	
<i>in d5w iv soln 600</i>	
<i>mg/50ml</i>	66
<i>clindamycin phosphate</i>	
<i>in d5w iv soln 900</i>	
<i>mg/50ml</i>	66

<i>clindamycin phosphate</i> <i>inj 300 mg/2ml.....</i>	66	CLINOLIPID EMU 20%	535
<i>clindamycin phosphate</i> <i>inj 600 mg/4ml.....</i>	66	<i>clobazam suspension 2.5</i> <i>mg/ml.....</i>	287
<i>clindamycin phosphate</i> <i>inj 900 mg/6ml.....</i>	66	<i>clobazam tab 10 mg</i>	287
<i>clindamycin phosphate</i> <i>lotion 1%.....</i>	663	<i>clobazam tab 20 mg</i>	287
<i>clindamycin phosphate</i> <i>soln 1%.....</i>	663	<i>clobetasol propionate</i> <i>cream 0.05%</i>	677
<i>clindamycin phosphate</i> <i>vaginal cream 2%..</i>	470	<i>clobetasol propionate e</i> <i>.....</i>	677
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CLINDMYC/NAC INJ 600/50ML	66	<i>clobetasol propionate</i> <i>oint 0.05%</i>	677
CLINDMYC/NAC INJ 900/50ML	66	<i>clobetasol propionate</i> <i>soln 0.05%</i>	677
CLINIMIX INJ 4.25/D10	534	<i>clomipramine hcl cap 25</i> <i>mg</i>	243
CLINIMIX INJ 4.25/D5W	534	<i>clomipramine hcl cap 50</i> <i>mg</i>	243
CLINIMIX INJ 5%/D15W	534	<i>clomipramine hcl cap 75</i> <i>mg</i>	243
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<i>clonazepam tab 0.5 mg</i>		
<i>.....</i>	288	
<i>clonazepam tab 1 mg</i>		
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<i>.....</i>	288	
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<i>.....</i>	227	
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<i>75 mg (base equiv) 491</i>		
<i>clorazepate dipotassium</i>		
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<i>tab 3.75 mg.....</i>	288	
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<i>.....</i>	669	
<i>clotrimazole soln 1%</i>	669	
<i>clotrimazole troche 10</i>		
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<i>betamethasone cream</i>		
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<i>disintegrating tab 100</i>		
<i>mg</i>	267	
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<i>disintegrating tab 12.5</i>		
<i>mg</i>	267	
<i>clozapine orally</i>		
<i>disintegrating tab 150</i>		
<i>mg</i>	267	

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<i>disintegrating tab 200</i>	
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<i>disintegrating tab 25</i>	
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<i>clozapine tab 200 mg</i>	
<i>.....</i>	268
<i>clozapine tab 25 mg.</i>	268
<i>clozapine tab 50 mg.</i>	268
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<i>sl tab</i>	565
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<i>colchicine tab 0.6 mg .</i>	33
<i>colchicine w/ probenecid</i>	
<i>tab 0.5-500 mg</i>	33
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<i>for susp 3.75 gm ...</i>	205
<i>colesevelam hcl tab 625</i>	
<i>mg</i>	205
<i>colestipol hcl granule</i>	
<i>packets 5 gm</i>	205
<i>colestipol hcl granules 5</i>	
<i>gm</i>	205
<i>colestipol hcl tab 1 gm</i>	
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<i>150 mg (colistin base</i>	
<i>activity).....</i>	67
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<i>0.2/0.5%.....</i>	618
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<i>DOSE).....</i>	141
<i>COMETRIQ KIT 100MG</i>	
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<i>complete allergy</i>	
<i>medicine</i>	630

<i>complete allergy relief</i>		
.....	630	
<i>complex b-100</i>		566
<i>complex b-50 prolonged</i>		
<i>re</i>		565
<i>compro</i>		429
<i>constulose</i>		441
CONTRAVE TAB 8-90MG		
.....	362	
COPAXONE INJ		
20MG/ML		329
COPAXONE INJ		
40MG/ML		329
COPIKTRA CAP 15MG	141	
COPIKTRA CAP 25MG	141	
CORAL CALCIU CAP		
1000MG		544
CORAL CAP CALCIUM	544	
CORLANOR SOL		
5MG/5ML		227
<i>corn</i>		
<i>and callus remover</i>		685
<i>corvita</i>		566
<i>corvita 150</i>		479
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COSENTYX INJ		
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<i>cromolyn sodium ophth</i>		
<i>soln 4%</i>		616
<i>cromolyn sodium oral</i>		
<i>conc 100 mg/5ml</i>		457

<i>cromolyn sodium soln</i>		<i>culturelle health & welln</i>	
<i>nebu 20 mg/2ml....</i>	647	<i>.....</i>	425
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REG	425	<i>cyanocobalamin liquid</i>	
CULTURELLE CAP		<i>1000 mcg/15ml.....</i>	566
DIGESTIV	425	<i>cyanocobalamin lozenge</i>	
CULTURELLE CAP		<i>500 mcg</i>	566
HLTH/WEL	425	<i>cyanocobalamin orally</i>	
CULTURELLE CHW		<i>disintegrating tab 5000</i>	
DIGESTIV	425	<i>mcg</i>	566
CULTURELLE CHW KIDS		<i>cyanocobalamin sl tab</i>	
<i>.....</i>	425	<i>1000 mcg</i>	567
CULTURELLE CHW		<i>cyanocobalamin sl tab</i>	
MULTIVIT	566	<i>2500 mcg</i>	567

<i>cyanocobalamin sl tab</i>		
3000 mcg	567	
<i>cyanocobalamin sl tab</i>		
500 mcg	566	
<i>cyanocobalamin sl tab</i>		
5000 mcg	567	
<i>cyanocobalamin tab 100</i>		
mcg	567	
<i>cyanocobalamin tab</i>		
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<i>cyanocobalamin tab 250</i>		
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mcg	567	
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		<i>cyclosporine cap 100 mg</i>
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		<i>cyclosporine cap 25 mg</i>
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<i>cyclosporine modified</i> <i>cap 25 mg</i>	510	D2.5W/NACL INJ 0.45%	525
<i>cyclosporine modified</i> <i>cap 50 mg</i>	510	<i>d2000 ultra strength</i>	568
<i>cyclosporine modified</i> <i>oral soln 100 mg/ml</i>	510	<i>d3</i>	568
<i>ciproheptadine hcl syrup</i> <i>2 mg/5ml</i>	631	D3 BABY DROP LIQ 10MCG	568
<i>ciproheptadine hcl tab 4</i> <i>mg</i>	631	<i>d3 high potency</i>	568
<i>cyred eq</i>	371	<i>d3 maximum strength</i>	568
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CYSTAGON CAP 50MG	403	<i>d-3-5</i>	569
CYSTARAN SOL 0.44%	621	<i>d3-50</i>	568
<i>cytarabine inj 20 mg/ml</i>	121	<i>d-400</i>	569
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<i>d 1000</i>	568	<i>dabigatran etexilate</i> <i>mesylate cap 110 mg</i> <i>(etexilate base eq).</i>	473
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<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	<i>214</i>
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<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	215	<i>diltiazem hcl tab er 24hr 120 mg</i>	216
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	215	<i>diltiazem hcl tab er 24hr 180 mg</i>	216
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	215	<i>diltiazem hcl tab er 24hr 240 mg</i>	216
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	215	<i>diltiazem hcl tab er 24hr 300 mg</i>	217
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		<i>diphenhydramine hcl liquid 12.5 mg/5ml</i>	631
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<i>docusate mini</i>	441	<i>dorzolamide hcl-timolol maleate ophth soln 2- 0.5%</i>	618
<i>docusate sodium cap 100 mg</i>	441	DOSOKAP TAB	572
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<i>dofetilide cap 250 mcg (0.25 mg)</i>	197	<i>doxazosin mesylate tab 2 mg</i>	187
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famotidine in nacl 0.9%
 iv soln 20 mg/50ml 436
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.....	648	<i>cap 67 mg</i>	200
FASENRA INJ 30MG/ML		<i>fenofibrate tab 145 mg</i>	
.....	648		200
FASENRA PEN INJ		<i>fenofibrate tab 160 mg</i>	
30MG/ML.....	648		200
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<i>fe c tab plus.....</i>	479		200
<i>febuxostat tab 40 mg.</i>	33	<i>fenofibrate tab 54 mg</i>	
<i>febuxostat tab 80 mg.</i>	33		200
<i>feirza tab 1.5/30</i>	374	<i>fentanyl td patch 72hr</i>	
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.....	294	<i>25 mcg/hr</i>	55
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.....	294	<i>37.5 mcg/hr.....</i>	55
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<i>fergon.....</i>	480	
<i>ferocon</i>	480	
<i>ferosul</i>	480	
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<i>ferrous sulfate soln 300</i>		
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<i>mg</i>	632		127
<i>fexofenadine hcl tab 60</i>		FIRMAGON INJ 80MG	127
<i>mg</i>	632	FIRST AID OIN 10%	686
<i>fexofenadine-</i>		<i>flac</i>	625
<i>pseudoephedrine tab er</i>		FLAREX SUS 0.1% OP	
<i>12hr 60-120 mg</i>	642		615
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<i>mg/ml</i>	<i>76</i>	
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<i>mg/ml</i>	<i>76</i>	
<i>fluconazole in nacl 0.9%</i>		
<i>inj 200 mg/100ml</i>	<i>76</i>	
<i>fluconazole in nacl 0.9%</i>		
<i>inj 400 mg/200ml</i>	<i>76</i>	
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<i>.....</i>	<i>77</i>	
<i>fluconazole tab 50 mg</i>	<i>77</i>	
<i>flucytosine cap 250 mg</i>		
<i>.....</i>	<i>77</i>	
<i>flucytosine cap 500 mg</i>		
<i>.....</i>	<i>77</i>	
<i>fludrocortisone acetate</i>		
<i>tab 0.1 mg.....</i>	<i>395</i>	
<i>flunisolide nasal soln 25</i>		
<i>mcg/act (0.025%) .</i>	<i>655</i>	
<i>fluocinolone acetonide</i>		
<i>(otic) oil 0.01%</i>	<i>625</i>	
<i>fluocinolone acetonide</i>		
<i>cream 0.01%</i>	<i>677</i>	
<i>fluocinolone acetonide</i>		
<i>cream 0.025%</i>	<i>677</i>	
<i>fluocinolone acetonide</i>		
<i>oil 0.01% (body oil)</i>	<i>677</i>	
<i>fluocinolone acetonide</i>		
<i>oil 0.01% (scalp oil)</i>		
<i>.....</i>	<i>678</i>	
<i>fluocinolone acetonide</i>		
<i>oint 0.025%.....</i>	<i>678</i>	
<i>fluocinolone acetonide</i>		
<i>soln 0.01%</i>	<i>678</i>	
<i>fluocinonide cream</i>		
<i>0.05%.....</i>	<i>678</i>	
<i>fluocinonide emulsified</i>		
<i>base cream 0.05%.</i>	<i>678</i>	

<i>fluocinonide gel 0.05%</i>		<i>fluoxetine hcl solution 20</i>	
.....	678	<i>mg/5ml</i>	247
<i>fluocinonide oint 0.05%</i>		<i>fluphenazine decanoate</i>	
.....	678	<i>inj 25 mg/ml</i>	270
<i>fluocinonide soln 0.05%</i>		<i>fluphenazine hcl elixir</i>	
.....	678	<i>2.5 mg/5ml</i>	270
<i>fluorometholone ophth</i>		<i>fluphenazine hcl inj 2.5</i>	
<i>susp 0.1%</i>	615	<i>mg/ml</i>	270
<i>fluorouracil cream 5%</i>		<i>fluphenazine hcl oral</i>	
.....	686	<i>conc 5 mg/ml</i>	270
<i>fluorouracil iv soln 1</i>		<i>fluphenazine hcl tab 1</i>	
<i>gm/20ml (50 mg/ml)</i>		<i>mg</i>	270
.....	121	<i>fluphenazine hcl tab 10</i>	
<i>fluorouracil iv soln 2.5</i>		<i>mg</i>	270
<i>gm/50ml (50 mg/ml)</i>		<i>fluphenazine hcl tab 2.5</i>	
.....	121	<i>mg</i>	270
<i>fluorouracil iv soln 5</i>		<i>fluphenazine hcl tab 5</i>	
<i>gm/100ml (50 mg/ml)</i>		<i>mg</i>	270
.....	121	<i>flurbiprofen sodium</i>	
<i>fluorouracil iv soln 500</i>		<i>ophth soln 0.03% ..</i>	615
<i>mg/10ml (50 mg/ml)</i>		<i>flurbiprofen tab 100 mg</i>	
.....	121	.....	49
<i>fluorouracil soln 2% .</i>	686	<i>fluticasone propionate</i>	
<i>fluorouracil soln 5% .</i>	686	<i>aer pow ba 100</i>	
<i>fluoxetine hcl cap 10 mg</i>		<i>mcg/act.....</i>	657
.....	247	<i>fluticasone propionate</i>	
<i>fluoxetine hcl cap 20 mg</i>		<i>aer pow ba 250</i>	
.....	247	<i>mcg/act.....</i>	657
<i>fluoxetine hcl cap 40 mg</i>			
.....	247		

<i>fluticasone propionate</i> <i>aer pow ba 50 mcg/act</i> 657	<i>fluticasone-salmeterol</i> <i>aer powder ba 250-50</i> <i>mcg/act</i> 660
<i>fluticasone propionate</i> <i>cream 0.05%</i> 678	<i>fluticasone-salmeterol</i> <i>aer powder ba 500-50</i> <i>mcg/act</i> 660
<i>fluticasone propionate</i> <i>hfa inhal aer 110</i> <i>mcg/act</i> 657	<i>fluticasone-salmeterol</i> <i>aer powder ba 55-14</i> <i>mcg/act</i> 659
<i>fluticasone propionate</i> <i>hfa inhal aer 220</i> <i>mcg/act</i> 657	<i>fluvastatin sodium cap</i> <i>20 mg (base</i> <i>equivalent)</i> 202
<i>fluticasone propionate</i> <i>hfa inhal aero 44</i> <i>mcg/act</i> 658	<i>fluvastatin sodium cap</i> <i>40 mg (base</i> <i>equivalent)</i> 202
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<i>fluticasone propionate</i> <i>oint 0.005%</i> 678	<i>fluvoxamine maleate tab</i> <i>100 mg</i> 235
<i>fluticasone-salmeterol</i> <i>aer powder ba 100-50</i> <i>mcg/act</i> 660	<i>fluvoxamine maleate tab</i> <i>25 mg</i> 235
<i>fluticasone-salmeterol</i> <i>aer powder ba 113-14</i> <i>mcg/act</i> 660	<i>fluvoxamine maleate tab</i> <i>50 mg</i> 235
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<i>mg/0.5ml</i>	474
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<i>subcutaneous inj 5</i>	
<i>mg/0.4ml</i>	474
<i>fondaparinux sodium</i>	
<i>subcutaneous inj 7.5</i>	
<i>mg/0.6ml</i>	475
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<i>hydrochlorothiazide tab</i>	
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<i>gm</i>	<i>122</i>		
<i>gemcitabine hcl for inj 2</i>			
<i>gm</i>	<i>122</i>		
<i>gemcitabine hcl for inj</i>			
<i>200 mg</i>	<i>122</i>		
<i>gemcitabine hcl inj 1</i>			
<i>gm/26.3ml (38 mg/ml)</i>			
<i>(base equiv)</i>	<i>122</i>		
<i>gemcitabine hcl inj 2</i>			
<i>gm/52.6ml (38 mg/ml)</i>			
<i>(base equiv)</i>	<i>122</i>		
<i>gemcitabine hcl inj 200</i>			
<i>mg/5.26ml (38 mg/ml)</i>			
<i>(base equiv)</i>	<i>122</i>		
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.....	511		
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GENOTROPIN INJ 1.4MG	405	<i>gentamicin sulfate oint</i> <i>0.1%</i>	666
GENOTROPIN INJ 1.6MG	405	<i>gentamicin sulfate ophth</i> <i>soln 0.3%</i>	612
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 mg/ml 329*
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 prefilled syringe 40
 mg/ml 329*
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<i>imipramine hcl tab 50</i> <i>mg</i>	248	<i>infants ibuprofen</i>	51
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<i>kcl 10 meq/l (0.075%)</i>	
<i>in dextrose 5% & nacl</i>	
<i>0.45% inj</i>	526
<i>kcl 20 meq/l (0.149%)</i>	
<i>in nacl 0.45% inj</i> ...	527
<i>kcl 20 meq/l (0.15%) in</i>	
<i>dextrose 5% & nacl</i>	
<i>0.2% inj</i>	527
<i>kcl 20 meq/l (0.15%) in</i>	
<i>dextrose 5% & nacl</i>	
<i>0.45% inj</i>	527
<i>kcl 20 meq/l (0.15%) in</i>	
<i>dextrose 5% & nacl</i>	
<i>0.9% inj</i>	527
<i>kcl 20 meq/l (0.15%) in</i>	
<i>nacl 0.45% inj</i>	527
<i>kcl 20 meq/l (0.15%) in</i>	
<i>nacl 0.9% inj</i>	527
<i>kcl 30 meq/l (0.224%)</i>	
<i>in dextrose 5% & nacl</i>	
<i>0.45% inj</i>	527
<i>kcl 40 meq/l (0.3%) in</i>	
<i>dextrose 5% & nacl</i>	
<i>0.45% inj</i>	528
<i>kcl 40 meq/l (0.3%) in</i>	
<i>dextrose 5% & nacl</i>	
<i>0.9% inj</i>	528
<i>kcl 40 meq/l (0.3%) in</i>	
<i>nacl 0.9% inj</i>	528
KCL/D5W/NACL INJ	
0.3/0.9%	528
kelnor 1/35	376
kelnor 1/50	377
KELP/LEC/B6 CAP	552
KERENDIA TAB 10MG	
.....	186
KERENDIA TAB 20MG	
.....	186
KESIMPTA INJ 20/.4ML	
.....	330
<i>ketoconazole cream 2%</i>	
.....	670
<i>ketoconazole shampoo</i>	
<i>2%</i>	670
<i>ketoconazole tab 200</i>	
<i>mg</i>	78
<i>ketorolac tromethamine</i>	
<i>ophth soln 0.4%</i>	615

<i>ketorolac tromethamine</i>		<i>kls allerclear d-24hr.</i>	643
<i>ophth soln 0.5%</i>	615	<i>kls aller-tec d.....</i>	643
<i>ketorolac tromethamine</i>		<i>kobee</i>	580
<i>tab 10 mg.....</i>	52	KONSYL DAILY POW	
<i>ketotifen fumarate ophth</i>		100%.....	447
<i>soln 0.035%</i>	617	KOSELUGO CAP 10MG	
KEYTRUDA INJ		.....	153
100MG/4M	152	KOSELUGO CAP 25MG	
KIDS PROBIOT PAK		.....	153
FIBER.....	428	<i>kourzeq.....</i>	696
KIDZ MULTVIT CHW		<i>kp adults 50+ daily</i>	
PROBIOTI	580	<i>formu.....</i>	580
KINRIX INJ	516	<i>kp adults daily formula</i>	
<i>kionex.....</i>	368	.....	580
KISQALI 200 DOSE..	152	<i>kp b complex/c</i>	580
KISQALI 200 PAK		<i>kp bisacodyl</i>	448
FEMARA.....	152	<i>kp calcium citrate+d</i>	545
KISQALI 400 DOSE..	153	<i>kp</i>	
KISQALI 400 PAK		<i>calcium/magnesium/zin</i>	
FEMARA.....	153	<i>c</i>	545
KISQALI 600 DOSE..	153	<i>kp ferrous gluconate</i>	485
KISQALI 600 PAK		<i>kp ferrous sulfate</i>	485
FEMARA.....	153	<i>kp folic acid</i>	581
<i>klayesta</i>	670	<i>kp mag-oxide</i>	
<i>klor-con</i>	532	<i>magnesium.....</i>	545
<i>klor-con 10</i>	532	<i>kp melatonin.....</i>	553
<i>klor-con 8.....</i>	532	<i>kp mens 50+ daily</i>	
<i>klor-con m10</i>	532	<i>formula</i>	581
<i>klor-con m15</i>	532	<i>kp mens daily formula</i>	
<i>klor-con m20</i>	532	.....	581

KP MENS MIS DAILY PK
 581
kp niacin 581
 KP PRENATAL TAB
 MULTIVIT 581
kp pseudoephedrine hcl
 643
kp senna 448
kp vitamin b-12 581
kp vitamin b-6 581
kp womens 50+ daily
 formu 581
kp womens daily formula
 581
 KP WOMENS PAK DAILY
 582
 K-PHOS TAB 545
 K-PHOS TAB NO 2 ... 467
 KPN PRENATAL TAB . 582
 KRAZATI TAB 200MG 153
 KROG GLUCOSE CHW
 GRAPE 401
 KROG GLUCOSE CHW
 ORANGE 401
kurvelo 377
L
labetalol hcl tab 100 mg
 209
labetalol hcl tab 200 mg
 209

labetalol hcl tab 300 mg
 209
 LAC-HYDRIN LOT FIVE
 689
lacosamide iv inj 200
 mg/20ml (10 mg/ml)
 296
lacosamide oral 296
lacosamide tab 100 mg
 296
lacosamide tab 150 mg
 296
lacosamide tab 200 mg
 296
lacosamide tab 50 mg
 296
lactase enzyme 459
lactase fast acting ... 459
lactated ringer's solution
 528
lactic acid (ammonium
 lactate) cream 12% 689
lactic acid (ammonium
 lactate) lotion 12% 690
lactulose
 (encephalopathy)
 solution 10 gm/15ml
 448
lactulose solution 10
 gm/15ml 448

<i>lamivudine oral soln 10 mg/ml</i>	<i>83</i>	<i>lamotrigine tab chewable dispersible 25 mg ..</i>	<i>297</i>
<i>lamivudine tab 100 mg (hbv)</i>	<i>94</i>	<i>lamotrigine tab chewable dispersible 5 mg</i>	<i>297</i>
<i>lamivudine tab 150 mg</i>	<i>83</i>	<i>lamotrigine tab er 24hr 100 mg</i>	<i>298</i>
<i>lamivudine tab 300 mg</i>	<i>83</i>	<i>lamotrigine tab er 24hr 200 mg</i>	<i>298</i>
<i>lamivudine-zidovudine tab 150-300 mg</i>	<i>89</i>	<i>lamotrigine tab er 24hr 25 mg</i>	<i>297</i>
<i>lamotrigine orally disintegrating tab 100 mg.....</i>	<i>297</i>	<i>lamotrigine tab er 24hr 250 mg</i>	<i>298</i>
<i>lamotrigine orally disintegrating tab 200 mg.....</i>	<i>297</i>	<i>lamotrigine tab er 24hr 300 mg</i>	<i>298</i>
<i>lamotrigine orally disintegrating tab 25 mg.....</i>	<i>296</i>	<i>lamotrigine tab er 24hr 50 mg</i>	<i>298</i>
<i>lamotrigine orally disintegrating tab 50 mg.....</i>	<i>296</i>	<i>lanreotide acetate extended release inj 120 mg/0.5ml</i>	<i>406</i>
<i>lamotrigine tab 100 mg</i>	<i>297</i>	<i>lansinoh lanolin</i>	<i>690</i>
<i>lamotrigine tab 150 mg</i>	<i>297</i>	<i>lansinoh lanolin minis ni</i>	<i>690</i>
<i>lamotrigine tab 200 mg</i>	<i>297</i>	<i>lansinoh lanolin nipple</i>	<i>690</i>
<i>lamotrigine tab 25 mg</i>	<i>297</i>	<i>lansoprazole cap delayed release 15 mg</i>	<i>464</i>
		<i>lansoprazole cap delayed release 30 mg</i>	<i>464</i>
		<i>lansoprazole tab delayed release orally</i>	

<i>disintegrating 15 mg</i>		<i>leflunomide tab 20 mg</i>	
.....	464	.....	503
<i>lansoprazole tab delayed</i>		LEMON-GLYCER MIS	
<i>release orally</i>		SWABS.....	696
<i>disintegrating 30 mg</i>		<i>lenalidomide cap 10 mg</i>	
.....	464	.....	130
LANTUS INJ 100/ML.	357	<i>lenalidomide cap 15 mg</i>	
LANTUS SOLOS INJ		.....	130
100/ML.....	357	<i>lenalidomide cap 20 mg</i>	
<i>lapatinib ditosylate tab</i>		.....	130
<i>250 mg (base equiv)</i>		<i>lenalidomide cap 25 mg</i>	
.....	154	.....	130
<i>larin 1.5/30</i>	377	<i>lenalidomide cap 5 mg</i>	
<i>larin 1/20</i>	377	.....	130
<i>larin 24 fe</i>	377	<i>lenalidomide caps 2.5</i>	
<i>larin fe 1.5/30</i>	377	<i>mg</i>	131
<i>larin fe 1/20</i>	377	LENVIMA CAP 10 MG	154
<i>latanoprost ophth soln</i>		LENVIMA CAP 12MG.	154
<i>0.005%</i>	618	LENVIMA CAP 14 MG	155
<i>laxacin</i>	448	LENVIMA CAP 18 MG	155
<i>laxative</i>	448	LENVIMA CAP 20 MG	155
<i>laxative regular strength</i>		LENVIMA CAP 24 MG	155
.....	448	LENVIMA CAP 4MG ..	154
<i>layolis fe chw</i>	377	LENVIMA CAP 8 MG .	154
LAZCLUZE TAB 240MG		<i>lessina</i>	377
.....	154	<i>letrozole tab 2.5 mg</i>	127
LAZCLUZE TAB 80MG		<i>leucovorin calcium for inj</i>	
.....	154	<i>100 mg</i>	177
<i>leflunomide tab 10 mg</i>		<i>leucovorin calcium for inj</i>	
.....	503	<i>200 mg</i>	177

<i>leucovorin calcium for inj</i> 350 mg 177	<i>levalbuterol hcl soln</i> nebu conc 1.25 mg/0.5ml (base equiv) 640
<i>leucovorin calcium for inj</i> 50 mg 177	<i>levalbuterol tartrate</i> inhal aerosol 45 mcg/act (base equiv) 640
<i>leucovorin calcium for inj</i> 500 mg 177	<i>LEVETIRACETA TAB</i> 250MG 298
<i>leucovorin calcium inj</i> 500 mg/50ml (10 mg/ml)..... 178	<i>levetiracetam in sodium</i> chloride iv soln 1000 mg/100ml 298
<i>leucovorin calcium tab</i> 10 mg 178	<i>levetiracetam in sodium</i> chloride iv soln 1500 mg/100ml 299
<i>leucovorin calcium tab</i> 15 mg 178	<i>levetiracetam in sodium</i> chloride iv soln 500 mg/100ml 298
<i>leucovorin calcium tab</i> 25 mg 178	<i>levetiracetam inj 500</i> mg/5ml (100 mg/ml) 299
<i>leucovorin calcium tab 5</i> mg..... 178	<i>levetiracetam oral soln</i> 100 mg/ml..... 299
<i>LEUKERAN TAB 2MG</i> 120	<i>levetiracetam tab 1000</i> mg 299
<i>leuprolide acetate inj kit</i> 1 mg/0.2ml (5 mg/ml) 127	<i>levetiracetam tab 250</i> mg 299
<i>levalbuterol hcl soln</i> nebu 0.31 mg/3ml (base equiv)..... 640	<i>levetiracetam tab 500</i> mg 299
<i>levalbuterol hcl soln</i> nebu 0.63 mg/3ml (base equiv)..... 640	
<i>levalbuterol hcl soln</i> nebu 1.25 mg/3ml (base equiv)..... 640	

<i>levetiracetam tab 750 mg</i>	299	<i>levofloxacin tab 250 mg</i>	107
<i>levetiracetam tab er 24hr 500 mg</i>	299	<i>levofloxacin tab 500 mg</i>	107
<i>levetiracetam tab er 24hr 750 mg</i>	299	<i>levofloxacin tab 750 mg</i>	107
<i>levobunolol hcl ophth soln 0.5%</i>	618	<i>levonest</i>	377
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	406	<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	378
<i>levocarnitine tab 330 mg</i>	406	<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	378
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	636	<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	378
<i>levocetirizine dihydrochloride tab 5 mg</i>	636	<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	378
<i>levofloxacin in d5w iv soln 250 mg/50ml</i> ..	107	<i>levonorgestrel tab 1.5 mg</i>	378
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	107	<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	379
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	107	<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	379
<i>levofloxacin iv soln 25 mg/ml</i>	107		

<i>levonorg-eth est tab</i>	<i>levothyroxine sodium</i>
<i>0.1-0.02mg(84) & eth</i>	<i>tab 88 mcg 413</i>
<i>est tab 0.01mg(7).. 378</i>	<i>levoxyl..... 414</i>
<i>levonorg-eth est tab</i>	<i>l-glutamine (sickle cell)</i>
<i>0.15-0.03mg(84) & eth</i>	<i>..... 490</i>
<i>est tab 0.01mg(7).. 378</i>	<i>lice killing maximum stre</i>
<i>levora 0.15/30-28 ... 379</i>	<i>..... 694</i>
<i>levo-t..... 412</i>	<i>lice killing shampoo . 694</i>
<i>levothyroxine sodium</i>	<i>lidocaine hcl local inj</i>
<i>tab 100 mcg 413</i>	<i>0.5% 41</i>
<i>levothyroxine sodium</i>	<i>lidocaine hcl local inj 1%</i>
<i>tab 112 mcg 413</i>	<i>..... 41</i>
<i>levothyroxine sodium</i>	<i>lidocaine hcl local inj 2%</i>
<i>tab 125 mcg 413</i>	<i>..... 41</i>
<i>levothyroxine sodium</i>	<i>lidocaine hcl local</i>
<i>tab 137 mcg 413</i>	<i>preservative free (pf)</i>
<i>levothyroxine sodium</i>	<i>inj 0.5% 42</i>
<i>tab 150 mcg 413</i>	<i>lidocaine hcl local</i>
<i>levothyroxine sodium</i>	<i>preservative free (pf)</i>
<i>tab 175 mcg 413</i>	<i>inj 1%..... 42</i>
<i>levothyroxine sodium</i>	<i>lidocaine hcl local</i>
<i>tab 200 mcg 414</i>	<i>preservative free (pf)</i>
<i>levothyroxine sodium</i>	<i>inj 1.5% 42</i>
<i>tab 25 mcg 413</i>	<i>lidocaine hcl soln 4% 682</i>
<i>levothyroxine sodium</i>	<i>lidocaine hcl viscous soln</i>
<i>tab 300 mcg 414</i>	<i>2% 696</i>
<i>levothyroxine sodium</i>	<i>lidocaine oint 5%..... 682</i>
<i>tab 50 mcg 413</i>	<i>lidocaine patch 5% .. 682</i>
<i>levothyroxine sodium</i>	<i>lidocaine-prilocaine</i>
<i>tab 75 mcg 413</i>	<i>cream 2.5-2.5% 682</i>

<i>lidocan</i>	682	<i>liraglutide soln pen-</i>	
LILETTA IUD 52MG ..	379	<i>injector 18 mg/3ml (6</i>	
<i>linezolid for susp 100</i>		<i>mg/ml)</i>	346
<i>mg/5ml</i>	69	<i>lisdexamfetamine</i>	
LINEZOLID INJ 2MG/ML		<i>dimesylate cap 10 mg</i>	
.....	70	.....	315
<i>linezolid iv soln 600</i>		<i>lisdexamfetamine</i>	
<i>mg/300ml (2 mg/ml)</i>	70	<i>dimesylate cap 20 mg</i>	
<i>linezolid tab 600 mg</i> ..	70	.....	315
<i>lintera wash</i>	664	<i>lisdexamfetamine</i>	
LINZESS CAP 145MCG		<i>dimesylate cap 30 mg</i>	
.....	459	.....	316
LINZESS CAP 290MCG		<i>lisdexamfetamine</i>	
.....	459	<i>dimesylate cap 40 mg</i>	
LINZESS CAP 72MCG	459	.....	316
<i>liothyronine sodium tab</i>		<i>lisdexamfetamine</i>	
<i>25 mcg</i>	414	<i>dimesylate cap 50 mg</i>	
<i>liothyronine sodium tab</i>		.....	316
<i>5 mcg</i>	414	<i>lisdexamfetamine</i>	
<i>liothyronine sodium tab</i>		<i>dimesylate cap 60 mg</i>	
<i>50 mcg</i>	414	.....	316
<i>liquid acetaminophen</i> .	42	<i>lisdexamfetamine</i>	
<i>liquid allergy relief</i> ...	636	<i>dimesylate cap 70 mg</i>	
<i>liquid c</i>	582	.....	316
LIQUID CALCI CAP WITH		<i>lisdexamfetamine</i>	
D3	546	<i>dimesylate chew tab 10</i>	
<i>liquid calcium/d3</i>	546	<i>mg</i>	316
<i>liquid calcium/vitamin d</i>		<i>lisdexamfetamine</i>	
.....	546	<i>dimesylate chew tab 20</i>	
<i>liquid pain relief</i>	42	<i>mg</i>	316

<i>lisdexamfetamine</i>		<i>lithium carbonate cap</i>	
<i>dimesylate chew tab 30</i>		<i>300 mg</i>	327
<i>mg.....</i>	316	<i>lithium carbonate cap</i>	
<i>lisdexamfetamine</i>		<i>600 mg</i>	327
<i>dimesylate chew tab 40</i>		<i>lithium carbonate tab</i>	
<i>mg.....</i>	317	<i>300 mg</i>	327
<i>lisdexamfetamine</i>		<i>lithium carbonate tab er</i>	
<i>dimesylate chew tab 50</i>		<i>300 mg</i>	327
<i>mg.....</i>	317	<i>lithium carbonate tab er</i>	
<i>lisdexamfetamine</i>		<i>450 mg</i>	327
<i>dimesylate chew tab 60</i>		<i>lithium oral solution 8</i>	
<i>mg.....</i>	317	<i>meq/5ml</i>	327
<i>lisinopril &</i>		<i>LIVTENCITY TAB 200MG</i>	
<i>hydrochlorothiazide tab</i>		<i>.....</i>	94
<i>10-12.5 mg.....</i>	181	<i>L-METHYLFOLA CAP</i>	
<i>lisinopril &</i>		<i>ALGAL.....</i>	582
<i>hydrochlorothiazide tab</i>		<i>L-METHYLFOLA CAP</i>	
<i>20-12.5 mg.....</i>	182	<i>FORTE 15</i>	582
<i>lisinopril &</i>		<i>L-METHYLFOLA TAB</i>	
<i>hydrochlorothiazide tab</i>		<i>15MG.....</i>	582
<i>20-25 mg</i>	182	<i>L-METHYLFOLA TAB</i>	
<i>lisinopril tab 10 mg ..</i>	184	<i>7.5MG.....</i>	582
<i>lisinopril tab 2.5 mg .</i>	183	<i>l-methylfolate tab 15 mg</i>	
<i>lisinopril tab 20 mg ..</i>	184	<i>.....</i>	582
<i>lisinopril tab 30 mg ..</i>	184	<i>l-methylfolate tab 7.5</i>	
<i>lisinopril tab 40 mg ..</i>	184	<i>mg</i>	582
<i>lisinopril tab 5 mg....</i>	184	<i>L-METHYL-MC TAB...</i>	582
<i>lithium carbonate cap</i>		<i>loestrin 1.5/30-21 ...</i>	379
<i>150 mg</i>	327	<i>loestrin 1/20-21</i>	379
		<i>loestrin fe 1.5/30</i>	379

<i>loestrin fe 1/20</i>	379	<i>loratadine-d 24hr</i>	644
<i>lojaimiess tab</i>	379	<i>lorazepam conc 2 mg/ml</i>	
LOKELMA PAK 10GM	368	.....	235
LOKELMA PAK 5GM ..	368	<i>lorazepam inj 2 mg/ml</i>	
LOMAIRA TAB 8MG ..	363	.....	235
LONSURF TAB 15-6.14		<i>lorazepam inj 4 mg/ml</i>	
.....	123	.....	235
LONSURF TAB 20-8.19		<i>lorazepam intensol</i> ..	235
.....	123	<i>lorazepam tab 0.5 mg</i>	
<i>loperamide hcl cap 2 mg</i>		.....	235
.....	459	<i>lorazepam tab 1 mg</i> .	236
<i>loperamide hcl soln 1</i>		<i>lorazepam tab 2 mg</i> .	236
<i>mg/7.5ml</i>	428	LORBRENA TAB 100MG	
<i>loperamide hcl tab 2 mg</i>		.....	155
.....	428	LORBRENA TAB 25MG	
<i>loperamide-simethicone</i>		.....	155
<i>tab 2-125 mg</i>	428	<i>loryna</i>	380
<i>lopinavir-ritonavir soln</i>		<i>losartan potassium &</i>	
<i>400-100 mg/5ml (80-</i>		<i>hydrochlorothiazide tab</i>	
<i>20 mg/ml)</i>	89	<i>100-12.5 mg</i>	191
<i>lopinavir-ritonavir tab</i>		<i>losartan potassium &</i>	
<i>100-25 mg</i>	89	<i>hydrochlorothiazide tab</i>	
<i>lopinavir-ritonavir tab</i>		<i>100-25 mg</i>	191
<i>200-50 mg</i>	89	<i>losartan potassium &</i>	
<i>loradamed</i>	636	<i>hydrochlorothiazide tab</i>	
<i>loratadine childrens</i> .	636	<i>50-12.5 mg</i>	191
<i>loratadine oral soln 5</i>		<i>losartan potassium tab</i>	
<i>mg/5ml</i>	636	<i>100 mg</i>	195
<i>loratadine tab 10 mg</i>	636	<i>losartan potassium tab</i>	
<i>loratadine-d 12hr</i>	644	<i>25 mg</i>	195

<i>losartan potassium tab</i>		
50 mg	195	
LOTEMAX OIN 0.5%.	616	
<i>loteprednol etabonate</i>		
ophth susp 0.2% ...	616	
<i>lovastatin tab 10 mg</i>	202	
<i>lovastatin tab 20 mg</i>	202	
<i>lovastatin tab 40 mg</i>	202	
<i>low-ogestrel</i>	380	
<i>loxapine succinate cap</i>		
10 mg	273	
<i>loxapine succinate cap</i>		
25 mg	273	
<i>loxapine succinate cap 5</i>		
<i>mg</i>	273	
<i>loxapine succinate cap</i>		
50 mg	273	
L-TRYPTOPHAN CAP		
500MG	553	
L-TRYPTOPHAN TAB		
500MG	553	
<i>lubricant eye drops ..</i>	622	
<i>lubricant eye nighttime</i>		
.....	622	
<i>lubricant pm</i>	622	
<i>lubricating eye drops</i>	622	
<i>lubrifresh p.m.</i>	622	
LUMAKRAS TAB 120MG		
.....	155	
LUMAKRAS TAB 240MG		
.....	156	
LUMAKRAS TAB 320MG		
.....	156	
LUMIGAN SOL 0.01% OP		
.....	618	
LUMIZYME INJ 50MG	406	
LUPR DEP-PED INJ		
11.25MG	407	
LUPR DEP-PED INJ 15MG		
.....	407	
LUPR DEP-PED INJ 3M		
30MG	406	
LUPR DEP-PED INJ		
7.5MG	406	
LUPRON DEPOT INJ		
11.25MG	128	
LUPRON DEPOT INJ		
3.75MG	128	
LUPRON DEPOT INJ		
45MG	407	
<i>lurasidone hcl tab 120</i>		
<i>mg</i>	274	
<i>lurasidone hcl tab 20 mg</i>		
.....	274	
<i>lurasidone hcl tab 40 mg</i>		
.....	274	
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gm	70	
<i>meropenem iv for soln</i>		
500 mg	70	
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mg	439	
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0.375 gm	439	
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50 mg/2ml (25 mg/ml)
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tab 2.5 mg (base
equiv) 503
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10 mg 674
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mg 300
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<i>methylphenidate hcl tab er 20 mg</i>	<i>318</i>	<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	<i>431</i>
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<i>methylprednisolone acetate inj susp 80 mg/ml</i>	<i>396</i>		

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<i>metoprolol &</i> <i>hydrochlorothiazide tab</i> <i>50-25 mg 208</i>	<i>metronidazole iv soln</i> <i>500 mg/100ml 70</i>
<i>metoprolol succinate tab</i> <i>er 24hr 100 mg</i> <i>(tartrate equiv) 210</i>	<i>metronidazole lotion</i> <i>0.75%..... 690</i>
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<i>metoprolol succinate tab</i> <i>er 24hr 25 mg (tartrate</i> <i>equiv) 210</i>	<i>metronidazole tab 500</i> <i>mg 70</i>
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<i>mirtazapine orally</i>			184
<i>disintegrating tab 15</i>		<i>moexipril hcl tab 7.5 mg</i>	
<i>mg</i>	248		184
<i>mirtazapine orally</i>		<i>molindone hcl tab 10 mg</i>	
<i>disintegrating tab 30</i>			275
<i>mg</i>	248	<i>molindone hcl tab 25 mg</i>	
<i>mirtazapine orally</i>			275
<i>disintegrating tab 45</i>		<i>molindone hcl tab 5 mg</i>	
<i>mg</i>	248		274
<i>mirtazapine tab 15 mg</i>		<i>mometasone furoate</i>	
.....	248	<i>cream 0.1%</i>	681
<i>mirtazapine tab 30 mg</i>		<i>mometasone furoate</i>	
.....	248	<i>nasal susp 50 mcg/act</i>	
<i>mirtazapine tab 45 mg</i>			655
.....	249	<i>mometasone furoate</i>	
<i>mirtazapine tab 7.5 mg</i>		<i>oint 0.1%</i>	681
.....	248	<i>mometasone furoate</i>	
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<i>chloride</i>	<i>548</i>
<i>mono-lynyah</i>	<i>381</i>
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<i>chew tab 4 mg (base</i>	
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<i>chew tab 5 mg (base</i>	
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<i>montelukast sodium oral</i>	
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<i>morphine sulfate iv soln</i>	
<i>2 mg/ml</i>	<i>61</i>
<i>morphine sulfate iv soln</i>	
<i>4 mg/ml</i>	<i>61</i>
<i>morphine sulfate iv soln</i>	
<i>8 mg/ml</i>	<i>61</i>
<i>morphine sulfate oral</i>	
<i>soln 10 mg/5ml</i>	<i>61</i>
<i>morphine sulfate oral</i>	
<i>soln 100 mg/5ml (20</i>	
<i>mg/ml).....</i>	<i>62</i>
<i>morphine sulfate oral</i>	
<i>soln 20 mg/5ml</i>	<i>62</i>
<i>morphine sulfate tab 15</i>	
<i>mg</i>	<i>62</i>
<i>morphine sulfate tab 30</i>	
<i>mg</i>	<i>62</i>
<i>morphine sulfate tab er</i>	
<i>100 mg</i>	<i>58</i>
<i>morphine sulfate tab er</i>	
<i>15 mg</i>	<i>57</i>
<i>morphine sulfate tab er</i>	
<i>200 mg</i>	<i>58</i>
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MOVANTIK TAB 12.5MG		5.5	530
.....	459	<i>multiple electrolytes ph</i>	
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.....	459	<i>multiple</i>	
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<i>mg/250ml in sodium</i>		<i>multiple vitamins w/ iron</i>	
<i>chloride 0.8% inj ...</i>	107	<i>tab</i>	585
<i>moxifloxacin hcl ophth</i>		<i>multiple vitamins w/</i>	
<i>soln 0.5% (base equiv)</i>		<i>minerals liquid.....</i>	585
.....	613	<i>multiple vitamins w/</i>	
<i>moxifloxacin hcl tab 400</i>		<i>minerals tab.....</i>	585
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.....	83	<i>mg</i>	589
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<i>nisoldipine tab er 24hr</i>			691
20 mg	219	<i>nitroglycerin sl tab 0.3</i>	
<i>nisoldipine tab er 24hr</i>		mg	231
25.5 mg	219	<i>nitroglycerin sl tab 0.4</i>	
<i>nisoldipine tab er 24hr</i>		mg	231
30 mg	219	<i>nitroglycerin sl tab 0.6</i>	
<i>nisoldipine tab er 24hr</i>		mg	231
34 mg	219	<i>nitroglycerin td patch</i>	
<i>nisoldipine tab er 24hr</i>		24hr 0.1 mg/hr	232
40 mg	219	<i>nitroglycerin td patch</i>	
<i>nisoldipine tab er 24hr</i>		24hr 0.2 mg/hr	232
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*norethindrone & ethinyl
 estradiol-fe chew tab
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*norethindrone ace &
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*norethindrone ace &
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*norethindrone acetate-
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*nortriptyline hcl cap 25
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nystatin oint 100000
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 mg/ml) 408
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 mcg/ml (0.05 mg/ml)
 407
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 500 mcg/ml (0.5
 mg/ml) 408
octreotide acetate
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 syr 100 mcg/ml..... 408
octreotide acetate
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<i>olanzapine orally</i>	
<i>disintegrating tab 15</i>	
<i>mg</i>	275
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<i>disintegrating tab 20</i>	
<i>mg</i>	275
<i>olanzapine orally</i>	
<i>disintegrating tab 5 mg</i>	
<i>.....</i>	275
<i>olanzapine tab 10 mg</i>	
<i>.....</i>	276
<i>olanzapine tab 15 mg</i>	
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<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	192	OMNIPOD 5 L2 KIT INTRO G6	360
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<i>omega-3-acid ethyl esters cap 1 gm</i>	206	OMNIPOD DASH KIT INTRO	360
<i>omeprazole cap delayed release 10 mg</i>	464	OMNIPOD DASH MIS PODS	360
<i>omeprazole cap delayed release 20 mg</i>	464	OMNIPOD GO KIT 10UNT/DY	360
		OMNIPOD GO KIT 15UNT/DY	360
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<i>ondansetron hcl inj 40</i>		
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<i>pref syr 4 mg/2ml..</i>	432	
<i>ondansetron hcl oral</i>		
<i>soln 4 mg/5ml</i>	432	
<i>ondansetron hcl tab 4</i>		
<i>mg.....</i>	432	
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<i>health/lyc</i>	590	
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ESSENTL	590	
ONE DAILY TAB		
WOMENS	590	
<i>one daily/iron/calcium</i>		
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.....	590	
<i>one-daily multi-vitamin/i</i>		
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<i>one-daily/iron</i>	591	
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83%	449	
<i>onelax docusate sodium</i>		
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<i>onelax magnesium</i>		
<i>citrate</i>	449	
<i>onelax senna</i>	450	
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OPCON-A SOL OP	617		650
OPIPZA MIS 10MG ...	277	ORKAMBI GRA 75-94MG	
OPIPZA MIS 2MG.....	276		649
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SUSPENDI	521	<i>cap 45 mg (base equiv)</i>	
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oxacillin sodium for inj 2 gm (base equivalent)	113	oxybutynin chloride tab er 24hr 10 mg	469
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 POMALYST CAP 2MG 131
 POMALYST CAP 3MG 131
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portia-28 385
*posaconazole susp 40
 mg/ml 78*

*posaconazole tab
 delayed release 100
 mg 78*
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 POT CHL 20MEQ/L IN
 NACL 0.45% INJ.... 530
 POT CHL 20MEQ/L IN
 NACL 0.9% INJ..... 530
 POT CHL 40MEQ/L IN
 NACL 0.9% INJ..... 530
*potassium & sodium
 phosphates powder
 pack 280-160-250 mg
 550*
*potassium chloride 20
 meq/l (0.15%) in
 dextrose 5% inj..... 530*
*potassium chloride cap
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*potassium chloride cap
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*potassium chloride inj 10
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<i>pramipexole</i>	
<i>dihydrochloride tab er</i>	
24hr 1.5 mg	260
<i>pramipexole</i>	
<i>dihydrochloride tab er</i>	
24hr 2.25 mg	260
<i>pramipexole</i>	
<i>dihydrochloride tab er</i>	
24hr 3 mg	260
<i>pramipexole</i>	
<i>dihydrochloride tab er</i>	
24hr 3.75 mg	260
<i>pramipexole</i>	
<i>dihydrochloride tab er</i>	
24hr 4.5 mg	260
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<i>(base equiv).....</i>	492
<i>prasugrel hcl tab 5 mg</i>	
<i>(base equiv).....</i>	492
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10 mg	203
<i>pravastatin sodium tab</i>	
20 mg	203
<i>pravastatin sodium tab</i>	
40 mg	203
<i>pravastatin sodium tab</i>	
80 mg	203
<i>praziquantel tab 600 mg</i>	
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.....	397
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<i>phosphate oral soln 5</i>	
<i>mg/5ml (base equiv)</i>	
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<i>prednisolone sodium</i>	
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<i>mg/5ml</i>	397
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PROLIA INJ 60MG/ML		<i>propranolol hcl cap er</i>	
.....	366	24hr 160 mg.....	212
<i>promethazine hcl inj 25</i>		<i>propranolol hcl cap er</i>	
mg/ml.....	433	24hr 60 mg.....	211
<i>promethazine hcl inj 50</i>		<i>propranolol hcl cap er</i>	
mg/ml.....	434	24hr 80 mg.....	212
<i>promethazine hcl oral</i>		<i>propranolol hcl oral soln</i>	
soln 6.25 mg/5ml ..	434	20 mg/5ml.....	212
<i>promethazine hcl tab</i>		<i>propranolol hcl oral soln</i>	
12.5 mg	434	40 mg/5ml.....	212
<i>promethazine hcl tab 25</i>		<i>propranolol hcl tab 10</i>	
mg.....	434	mg	212
<i>promethazine hcl tab 50</i>		<i>propranolol hcl tab 20</i>	
mg.....	435	mg	212

propranolol hcl tab 40
mg.....212
propranolol hcl tab 60
mg.....212
propranolol hcl tab 80
mg.....212
propylthiouracil tab 50
mg.....414
 PROQUAD INJ 517
prosight 595
 PROSOL INJ 20% 536
protriptyline hcl tab 10
mg.....251
protriptyline hcl tab 5
mg.....251
pseudoephedrine hcl tab
30 mg 644
pseudoephedrine hcl tab
60 mg 644
pseudoephedrine hcl tab
er 12hr 120 mg 644
psyllium cap 0.52 gm
.....451
psyllium powder 28.3%
.....451
 PULMOZYME SOL
 1MG/ML.....651
 PURE & GENTL DRO
 0.3% 623

pure calcium carbonate
.....550
purevit dualfe plus...487
 PURIXAN SUS 20MG/ML
.....125
pyrazinamide tab 500
mg 91
pyridostigmine bromide
tab 60 mg.....328
pyridoxine hcl tab 100
mg 595
pyridoxine hcl tab 25 mg
.....595
pyridoxine hcl tab 250
mg 595
pyridoxine hcl tab 50 mg
.....595
pyrimethamine tab 25
mg 72
 PYZCHIVA INJ 130/26ML
.....498
 PYZCHIVA INJ 45/0.5ML
.....498
 PYZCHIVA INJ 90MG/ML
.....498

Q

qc acetaminophen
infants 44
qc allergy childrens..637
qc allergy relief 637

<i>qc antacid</i>	422	<i>qc miconazole 7</i>	471
<i>qc antacid & pain relief</i>	44	<i>qc milk of magnesia</i> .	451
<i>qc antacid/anti-gas</i> ..	423	<i>qc naproxen sodium</i> ..	54
<i>qc antacid/anti-gas</i> <i>maxim</i>	423	<i>qc nasal decongestant</i> <i>max</i>	644
<i>qc anti-diarrheal</i>	428	<i>qc natura-lax</i>	451
<i>qc antifungal cream</i> .	672	<i>qc non-aspirin extra stre</i>	45
<i>qc artificial tears</i>	623	<i>qc pain relief</i>	45
<i>qc aspirin</i>	44	<i>qc pain relief childrens</i>	45
<i>qc aspirin low dose</i>	44	<i>qc pain relief extra stre</i>	45
<i>qc chocolated laxative</i>	451	<i>qc pain relief powders</i>	45
<i>qc clotrimazole</i>	471	<i>qc pain reliever pm extra</i>	339
<i>qc diarrhea relief</i>	428	<i>qc petroleum jelly</i>	522
<i>qc effervescent</i> <i>antacid/p</i>	45	<i>qc povidone iodine</i> ...	692
<i>qc enema</i>	451	<i>qc psyllium fiber</i>	451
<i>qc enteric aspirin</i>	45	<i>qc rest simply</i>	339
<i>qc fiber laxative</i>	451	<i>qc stomach relief</i>	428
<i>qc gentle laxative</i>	451	<i>qc stool softener</i>	451
<i>qc headache relief</i>	45	<i>qc vegetable laxative</i>	452
<i>qc heartburn antacid</i>	423	<i>qc vitamin d3</i>	595
<i>qc ibuprofen</i>	53	QINLOCK TAB 50MG	161
<i>qc ibuprofen childrens</i>	53	QSYMIA CAP 11.25-69	364
QC IODIDES TIN	692	QSYMIA CAP 15-92MG	364
<i>qc itch stopping extra st</i>	692	QSYMIA CAP 3.75-23363	
<i>qc loratadine allergy rel</i>	637		

QSYMIA CAP 7.5-46MG
 363
 QUADRACEL INJ 0.5ML
 517
quetiapine fumarate tab
100 mg 278
quetiapine fumarate tab
150 mg 278
quetiapine fumarate tab
200 mg 278
quetiapine fumarate tab
25 mg 278
quetiapine fumarate tab
300 mg 278
quetiapine fumarate tab
400 mg 278
quetiapine fumarate tab
50 mg 278
quetiapine fumarate tab
er 24hr 150 mg 279
quetiapine fumarate tab
er 24hr 200 mg 279
quetiapine fumarate tab
er 24hr 300 mg 279
quetiapine fumarate tab
er 24hr 400 mg 279
quetiapine fumarate tab
er 24hr 50 mg 278
 QUICKVUE HOM KIT
 COVID-19 72

quinapril hcl tab 10 mg
 185
quinapril hcl tab 20 mg
 185
quinapril hcl tab 40 mg
 185
quinapril hcl tab 5 mg
 185
quinidine sulfate tab 200
mg 198
quinidine sulfate tab 300
mg 199
quinine sulfate cap 324
mg 80
 QUINTABS TAB 595
quintabs-m 596
 QUINTABS-M TAB.... 596
 QULIPTA TAB 10MG . 322
 QULIPTA TAB 30MG . 322
 QULIPTA TAB 60MG . 322
R
 RABAVERT INJ 517
rabeprazole sodium ec
tab 20 mg..... 465
 RALDESY SOL 10MG/ML
 251
raloxifene hcl tab 60 mg
 408
ramipril cap 1.25 mg 185
ramipril cap 10 mg .. 185

<i>ramipril cap 2.5 mg</i> . 185	RELISTOR INJ 12/0.6ML
<i>ramipril cap 5 mg</i> 185	 460
<i>ranolazine tab er 12hr</i>	RELISTOR INJ 8/0.4ML
<i>1000 mg</i> 230	 460
<i>ranolazine tab er 12hr</i>	REMICADE INJ 100MG
<i>500 mg</i> 230	 498
<i>rasagiline mesylate tab</i>	<i>renal caps</i> 596
<i>0.5 mg (base equiv)</i>	<i>renal vitamin</i> 596
..... 260	<i>rena-vite</i> 596
<i>rasagiline mesylate tab 1</i>	<i>rena-vite rx</i> 596
<i>mg (base equiv)</i> 260	RENFLEXIS INJ 100MG
RASPBERRY SYP 522	 498
<i>reclipsen</i> 385	<i>reno caps</i> 596
RECOMBIVA HB INJ	<i>repaglinide tab 0.5 mg</i>
10MCG/ML 517	 349
RECOMBIVA HB INJ	<i>repaglinide tab 1 mg</i> 349
5MCG/0.5 517	<i>repaglinide tab 2 mg</i> 349
RECOMBIVA-HB INJ	REPATHA INJ 140MG/ML
40MCG/ML 517	 206
<i>reeses pinworm</i>	REPATHA PUSH INJ
<i>medicine</i> 72	420/3.5 206
REGRANEX GEL 0.01%	REPATHA SURE INJ
..... 695	140MG/ML 206
<i>reguloid</i> 452	REPLACE TAB SR 525
<i>reguloid pow 51.7%</i> . 452	RESTASIS EMU 0.05%
RELENZA MIS DISKHALE	OP 623
..... 96	RESTASIS MUL EMU
RELION GLUCO CHW	0.05% OP 623
4GM 401	RETAINÉ MGD EMU 0.5-
	0.5% 623

<i>retaine pm</i>	623	RHOPRESSA SOL 0.02%	
RETEVMO CAP 40MG	161	.....	619
RETEVMO CAP 80MG	162	<i>ribavirin cap 200 mg</i> ..	96
RETEVMO TAB 120MG		<i>ribavirin tab 200 mg</i> ..	96
.....	162	<i>riboflavin tab 100 mg</i>	
RETEVMO TAB 160MG		.....	596
.....	162	<i>riboflavin tab 25 mg</i>	596
RETEVMO TAB 40MG	162	RIBOFLAVIN TAB 400MG	
RETEVMO TAB 80MG	162	.....	597
REVUFORJ TAB 110MG		<i>riboflavin tab 50 mg</i>	596
.....	162	<i>rifabutin cap 150 mg</i> ..	91
REVUFORJ TAB 160MG		<i>rifampin cap 150 mg</i> ..	91
.....	163	<i>rifampin cap 300 mg</i> ..	91
REVUFORJ TAB 25MG		<i>rifampin for inj 600 mg</i>	
.....	162	.....	91
REXULTI TAB 0.25MG		<i>riluzole tab 50 mg</i> ...	328
.....	279	<i>rimantadine</i>	
REXULTI TAB 0.5MG	279	<i>hydrochloride tab 100</i>	
REXULTI TAB 1MG ...	279	<i>mg</i>	96
REXULTI TAB 2MG ...	279	RINVOQ LQ SOL 1MG/ML	
REXULTI TAB 3MG ...	279	.....	498
REXULTI TAB 4MG ...	279	RINVOQ TAB 15MG ER	
REYATAZ POW 50MG..	84	.....	498
REZLIDHIA CAP 150MG		RINVOQ TAB 30MG ER	
.....	163	.....	498
REZUROCK TAB 200MG		RINVOQ TAB 45MG ER	
.....	512	.....	499
REZVOGLAR INJ		RISACAL-D TAB.....	550
100UT/ML.....	361	<i>risedronate sodium tab</i>	
		<i>150 mg</i>	366

<i>risedronate sodium tab</i> 30 mg	366	<i>risperidone orally</i> disintegrating tab 2 mg	281
<i>risedronate sodium tab</i> 35 mg	366	<i>risperidone orally</i> disintegrating tab 3 mg	281
<i>risedronate sodium tab</i> 5 mg.....	366	<i>risperidone orally</i> disintegrating tab 4 mg	281
<i>risedronate sodium tab</i> delayed release 35 mg	366	<i>risperidone soln</i> 1 mg/ml	281
<i>risperidone microspheres</i> for im extended rel		<i>risperidone tab</i> 0.25 mg	281
susp 12.5 mg	280	<i>risperidone tab</i> 0.5 mg	281
<i>risperidone microspheres</i> for im extended rel		<i>risperidone tab</i> 1 mg	281
susp 25 mg	280	<i>risperidone tab</i> 2 mg	281
<i>risperidone microspheres</i> for im extended rel		<i>risperidone tab</i> 3 mg	281
susp 37.5 mg	280	<i>risperidone tab</i> 4 mg	281
<i>risperidone microspheres</i> for im extended rel		<i>ritonavir tab</i> 100 mg..	84
susp 50 mg	280	<i>rivaroxaban tab</i> 2.5 mg	476
<i>risperidone orally</i> disintegrating tab 0.25		<i>rivastigmine tartrate cap</i> 1.5 mg (base	239
mg.....	280	equivalent)	
<i>risperidone orally</i> disintegrating tab 0.5		<i>rivastigmine tartrate cap</i> 3 mg (base equivalent)	240
mg.....	280		
<i>risperidone orally</i> disintegrating tab 1 mg			
.....	280		

<i>rivastigmine tartrate cap</i> <i>4.5 mg (base</i> <i>equivalent)</i>	240
<i>rivastigmine tartrate cap</i> <i>6 mg (base equivalent)</i> <i>.....</i>	240
<i>rivastigmine td patch</i> <i>24hr 13.3 mg/24hr</i>	240
<i>rivastigmine td patch</i> <i>24hr 4.6 mg/24hr ..</i>	240
<i>rivastigmine td patch</i> <i>24hr 9.5 mg/24hr ..</i>	240
<i>rivelsa</i>	385
<i>rizatriptan benzoate oral</i> <i>disintegrating tab 10</i> <i>mg (base eq)</i>	323
<i>rizatriptan benzoate oral</i> <i>disintegrating tab 5 mg</i> <i>(base eq).....</i>	323
<i>rizatriptan benzoate tab</i> <i>10 mg (base</i> <i>equivalent)</i>	323
<i>rizatriptan benzoate tab</i> <i>5 mg (base equivalent)</i> <i>.....</i>	323
<i>ROCKLATAN DRO.....</i>	619
<i>roflumilast tab 250 mcg</i> <i>.....</i>	651
<i>roflumilast tab 500 mcg</i> <i>.....</i>	651
<i>ROMVIMZA CAP 14MG</i> <i>.....</i>	163
<i>ROMVIMZA CAP 20MG</i> <i>.....</i>	163
<i>ROMVIMZA CAP 30MG</i> <i>.....</i>	163
<i>ropinirole hydrochloride</i> <i>tab 0.25 mg.....</i>	261
<i>ropinirole hydrochloride</i> <i>tab 0.5 mg.....</i>	261
<i>ropinirole hydrochloride</i> <i>tab 1 mg</i>	261
<i>ropinirole hydrochloride</i> <i>tab 2 mg</i>	261
<i>ropinirole hydrochloride</i> <i>tab 3 mg</i>	261
<i>ropinirole hydrochloride</i> <i>tab 4 mg</i>	261
<i>ropinirole hydrochloride</i> <i>tab 5 mg</i>	261
<i>ropinirole hydrochloride</i> <i>tab er 24hr 12 mg</i> <i>(base equivalent)...</i>	262
<i>ropinirole hydrochloride</i> <i>tab er 24hr 2 mg (base</i> <i>equivalent)</i>	261
<i>ropinirole hydrochloride</i> <i>tab er 24hr 4 mg (base</i> <i>equivalent)</i>	261

<i>ropinirole hydrochloride</i> <i>tab er 24hr 6 mg (base</i> <i>equivalent)</i>	262	<i>rufinamide susp 40</i> <i>mg/ml</i>	305
<i>ropinirole hydrochloride</i> <i>tab er 24hr 8 mg (base</i> <i>equivalent)</i>	262	<i>rufinamide tab 200 mg</i>	306
<i>rosuvastatin calcium tab</i> <i>10 mg</i>	203	<i>rufinamide tab 400 mg</i>	306
<i>rosuvastatin calcium tab</i> <i>20 mg</i>	203	RUKOBIA TAB 600MG ER	84
<i>rosuvastatin calcium tab</i> <i>40 mg</i>	203	RYBELSUS TAB 14MG	349
<i>rosuvastatin calcium tab</i> <i>5 mg</i>	203	RYBELSUS TAB 3MG	349
<i>rosyrah tab</i>	385	RYBELSUS TAB 7MG	349
ROTARIX SUS	517	RYDAPT CAP 25MG ..	164
ROTATEQ SOL	517	S	
<i>roweepra</i>	305	<i>sajazir</i>	490
ROZLYTREK CAP 100MG	163	SANITIZ HAND MIS WIPEs.....	692
ROZLYTREK CAP 200MG	163	SANTYL OIN 250/GM	695
ROZLYTREK PAK 50MG	164	<i>sapropterin</i> <i>dihydrochloride powder</i> <i>packet 100 mg</i>	409
RUBRACA TAB 200MG	164	<i>sapropterin</i> <i>dihydrochloride powder</i> <i>packet 500 mg</i>	409
RUBRACA TAB 250MG	164	<i>sapropterin</i> <i>dihydrochloride tab 100</i> <i>mg</i>	409
RUBRACA TAB 300MG	164	SCSEMBLIX TAB 100MG	165

SCSEMBLIX TAB 20MG		<i>senna-lax</i>	452
.....	164	<i>senna-plus</i>	453
SCSEMBLIX TAB 40MG		<i>senna-s</i>	453
.....	164	<i>senna-tabs</i>	453
<i>scopolamine td patch</i>		<i>senna-time</i>	453
72hr 1 mg/3days ...	435	<i>senna-time s</i>	453
SECUADO DIS 3.8MG		<i>sennosides cap 8.6 mg</i>	
.....	282	.....	453
SECUADO DIS 5.7MG		<i>sennosides syrup 8.8</i>	
.....	282	<i>mg/5ml</i>	453
SECUADO DIS 7.6MG		<i>sennosides tab 8.6 mg</i>	
.....	282	.....	453
<i>selegiline hcl cap 5 mg</i>		<i>sennosides-docusate</i>	
.....	262	<i>sodium tab 8.6-50 mg</i>	
<i>selegiline hcl tab 5 mg</i>		.....	453
.....	262	<i>sentry</i>	597
<i>selenium sulfide lotion</i>		<i>sentry senior</i>	597
2.5%	672	SENTRY TAB	597
SELZENTRY SOL		SENTRY TAB SENIOR	597
20MG/ML	84	SEREVENT DIS AER	
SEMGLEE INJ 100U/ML		50MCG	640
.....	361	SEROSTIM INJ 4MG .	409
<i>senexon-s</i>	452	SEROSTIM INJ 5MG .	409
<i>senior tabs</i>	597	SEROSTIM INJ 6MG .	409
<i>senna laxative</i>	452	<i>sertraline hcl oral</i>	
<i>senna plus</i>	452	<i>concentrate for solution</i>	
SENNA PLUS CAP 8.6-		20 mg/ml	251
50MG	452	<i>sertraline hcl tab 100</i>	
<i>senna s</i>	452	<i>mg</i>	251
SENNA SYP	452		

<i>sertraline hcl tab 25 mg</i>	<i>simethicone cap 180 mg</i>
..... 251	 460
<i>sertraline hcl tab 50 mg</i>	<i>simethicone chew tab</i>
..... 251	<i>125 mg</i> 460
<i>se-tan plus</i> 487	<i>simethicone chew tab 80</i>
<i>setlakin</i> 385	<i>mg</i> 460
<i>sf</i> 697	<i>simethicone drops</i>
<i>sf 5000 plus</i> 697	<i>infants</i> 460
<i>sharobel</i> 385	<i>simethicone ultra strengt</i>
SHINGRIX INJ 50/0.5ML	 460
..... 518	<i>simliya</i> 385
SIDEROL TAB..... 597	<i>simpesse</i> 385
SIGNIFOR INJ 0.3MG/ML	SIMPLE SYP 522
..... 409	SIMPLE SYRUP SYP NF
SIGNIFOR INJ 0.6MG/ML	 522
..... 409	<i>simvastatin tab 10 mg</i>
SIGNIFOR INJ 0.9MG/ML	 203
..... 410	<i>simvastatin tab 20 mg</i>
SIKLOS TAB 1000MG491	 204
SIKLOS TAB 100MG .490	<i>simvastatin tab 40 mg</i>
<i>sildenafil citrate tab 20</i>	 204
<i>mg</i> 233	<i>simvastatin tab 5 mg</i> 203
<i>silodosin cap 4 mg</i> ... 466	<i>simvastatin tab 80 mg</i>
<i>silodosin cap 8 mg</i> ... 466	 204
<i>silver sulfadiazine cream</i>	<i>sirolimus oral soln 1</i>
<i>1%</i> 667	<i>mg/ml</i> 512
SIMBRINZA SUS 1-0.2%	<i>sirolimus tab 0.5 mg</i> 513
..... 619	<i>sirolimus tab 1 mg</i> ... 513
<i>simethicone cap 125 mg</i>	<i>sirolimus tab 2 mg</i> ... 513
..... 460	SIRTURO TAB 100MG.91

SIRTURO TAB 20MG...	91	<i>sm anti-diarrheal</i>	428
SKIN PROTECT OIN		<i>sm antifungal</i>	
44.28%	522	<i>clotrimazol</i>	672
SKYRIZI INJ 150MG/ML		<i>sm antifungal</i>	
.....	499	<i>miconazole</i>	672
SKYRIZI INJ 180/1.2	499	<i>sm antifungal tolnaftate</i>	
SKYRIZI INJ 360/2.4	499	.....	672
SKYRIZI PEN INJ		<i>sm aspirin adult low stre</i>	
150MG/ML	499	.....	45
SKYRIZI SOL 60MG/ML		<i>sm aspirin low dose</i> ...	45
.....	499	SM CALAMINE LOT...	692
<i>sleep aid</i>	339	<i>sm calcium antacid extra</i>	
<i>sleep tabs</i>	340	.....	423
<i>sleep-aid</i>	340	<i>sm childrens ibuprofen</i>	
<i>slow iron</i>	487	.....	54
SLOW MAG/CA TAB 64-		<i>sm clearlax</i>	453
106MG	550	<i>sm clotrimazole vaginal</i>	
<i>slow release iron</i>	487	.....	472
<i>sm 12 hour sinus</i>		<i>sm dry eye relief</i>	623
<i>deconges</i>	644	<i>sm epsom salt</i>	454
<i>sm 3-day vaginal</i>	472	<i>sm fexofenadine</i>	
<i>sm acid reducer</i>	438	<i>hydrochlo</i>	637
<i>sm acid reducer</i>		<i>sm fiber</i>	454
<i>maximum s</i>	438	<i>sm fiber laxative</i>	454
<i>sm alcohol</i>	522	<i>sm gas relief</i>	460
<i>sm allergy childrens</i> .	637	<i>sm gas relief drops infan</i>	
<i>sm antacid</i>	423	.....	461
<i>sm antacid extra</i>		<i>sm hydrocortisone</i>	
<i>strength</i>	423	<i>maximum</i>	681
<i>sm antibiotic</i>	667		

<i>sm hydrogen peroxide</i>		<i>sm pain reliever extra st</i>	
.....	692	.....	46
<i>sm ibuprofen</i>	54	<i>sm povidone-iodine</i>	692
<i>sm ibuprofen ib</i>	54	<i>sm stomach relief....</i>	428
<i>sm ibuprofen ib</i>		<i>sm stool softener.....</i>	454
<i>childrens.....</i>	54	<i>sm triple antibiotic orig</i>	
<i>sm infants ibuprofen ..</i>	54	.....	667
SM IODIDES TIN	692	<i>sm triple antibiotic plus</i>	
SM IODINE TIN MILD	692	.....	667
<i>sm isopropyl alcohol</i>	523	SMART SENSE CHW 4GM	
<i>sm lice killing maximum</i>		.....	401
<i>s.....</i>	694	<i>smooth antacid extra</i>	
<i>sm lice treatment</i>	695	<i>stre</i>	423
<i>sm loratadine.....</i>	637	SOD OXYBATE SOL	
<i>sm lorata-dine d.....</i>	644	500MG/ML.....	333
<i>sm loratadine d 12hr</i>	645	<i>sod sulfate-pot sulf-mg</i>	
<i>sm lubricating plus ..</i>	623	<i>sulf oral sol 17.5-3.13-</i>	
<i>sm magnesium citrate</i>		1.6 gm/177ml.....	454
.....	454	<i>sodium bicarbonate tab</i>	
<i>sm miconazole 3</i>	472	325 mg	423
<i>sm miconazole 7</i>	472	<i>sodium bicarbonate tab</i>	
<i>sm milk of magnesia</i>	454	650 mg	423
<i>sm naproxen sodium..</i>	54	<i>sodium chloride flush iv</i>	
<i>sm nicotine.....</i>	340	<i>soln 0.9%.....</i>	550
<i>sm nicotine polacrilex</i>		<i>sodium chloride inj 2.5</i>	
.....	340	<i>meq/ml (14.6%) ...</i>	531
<i>sm nicotine transdermal</i>		<i>sodium chloride</i>	
<i>s.....</i>	340	<i>irrigation soln 0.9%</i>	695
<i>sm pain & fever</i>		<i>sodium chloride iv soln</i>	
<i>childrens.....</i>	46	0.45%.....	531

<i>sodium chloride iv soln</i> 0.9%	531	<i>sodium fluoride soln 0.5</i> <i>mg/ml f (from 1.1</i> <i>mg/ml naf)</i>	551
<i>sodium chloride iv soln</i> 3%	531	<i>sodium phenylbutyrate</i> <i>oral powder 3</i> <i>gm/teaspoonful</i>	410
<i>sodium chloride iv soln</i> 5%	531	<i>sodium phenylbutyrate</i> <i>tab 500 mg</i>	410
<i>sodium chloride soln</i> <i>nebu 7%</i>	645	<i>sodium phosphates -</i> <i>enema</i>	454
<i>sodium chloride tab 1</i> <i>gm</i>	550	<i>sodium polystyrene</i> <i>sulfonate powder ...</i>	368
<i>sodium fluoride 5000</i> <i>plus</i>	697	<i>solifenacin succinate tab</i> <i>10 mg</i>	469
<i>sodium fluoride 5000</i> <i>ppm</i>	697	<i>solifenacin succinate tab</i> <i>5 mg</i>	469
<i>sodium fluoride chew tab</i> <i>0.25 mg f (from 0.55</i> <i>mg naf)</i>	551	<i>SOLQUA INJ 100/33</i>	361
<i>sodium fluoride chew tab</i> <i>0.5 mg f (from 1.1 mg</i> <i>naf)</i>	550	<i>SOLTAMOX SOL</i> <i>10MG/5ML</i>	129
<i>sodium fluoride chew tab</i> <i>1 mg f (from 2.2 mg</i> <i>naf)</i>	551	<i>soluble fiber</i>	454
<i>sodium fluoride chew;</i> <i>tab; 1.1 (0.5 f) mg/ml</i> <i>soln</i>	534	<i>SOLU-CORTEF INJ</i> <i>1000MG</i>	399
<i>sodium fluoride cream</i> <i>1.1%</i>	697	<i>SOLU-CORTEF INJ</i> <i>100MG</i>	399
<i>sodium fluoride gel 1.1%</i> <i>(0.5% f)</i>	697	<i>SOLU-CORTEF INJ</i> <i>250MG</i>	399
		<i>SOLU-CORTEF INJ</i> <i>500MG</i>	399
		<i>SOMATULINE INJ</i> <i>120/.5ML</i>	410

SOMATULINE INJ			
60/0.2ML.....	410		
SOMATULINE INJ			
90/0.3ML.....	410		
SOMAVERT INJ 10MG			
.....	410		
SOMAVERT INJ 15MG			
.....	410		
SOMAVERT INJ 20MG			
.....	410		
SOMAVERT INJ 25MG			
.....	411		
SOMAVERT INJ 30MG			
.....	411		
sominex	340		
sominex maximum			
strength	340		
sominex nighttime			
sleep-a	340		
soothe nighttime dry eye			
.....	623		
soothe xp	624		
soothe xp/xtra			
protection	624		
sorafenib tosylate tab			
200 mg (base			
equivalent)	165		
SORBITOL SOL 70%455,			
523			
SOSWEET SYP.....	523		
sotalol hcl (afib/afl) tab			
120 mg	199		
sotalol hcl (afib/afl) tab			
160 mg	199		
sotalol hcl (afib/afl) tab			
80 mg	199		
sotalol hcl tab 120 mg			
.....	199		
sotalol hcl tab 160 mg			
.....	199		
sotalol hcl tab 240 mg			
.....	199		
sotalol hcl tab 80 mg	199		
SOTYKTU TAB 6MG..	499		
span c.....	597		
spironolactone &			
hydrochlorothiazide tab			
25-25 mg	224		
spironolactone tab 100			
mg	186		
spironolactone tab 25			
mg	186		
spironolactone tab 50			
mg	186		
sprintec 28	385		
SPRITAM TAB 1000MG			
.....	306		
SPRITAM TAB 250MG	306		
SPRITAM TAB 500MG	306		
SPRITAM TAB 750MG	306		

<i>sps</i>	368	<i>stool softener plus laxat</i>	
<i>sps rectal</i>	368	.....	455
<i>sronyx</i>	386	<i>stool softener/laxative</i>	
<i>ssd</i>	667	.....	455
<i>st joseph low dose aspi</i>		<i>streptomycin sulfate for</i>	
.....	46	<i>inj 1 gm</i>	72
STELARA INJ 45MG/0.5		<i>stress b/zinc</i>	597
.....	500	<i>stress formula</i>	597
STELARA INJ 5MG/ML		<i>stress formula/iron</i> ..	598
.....	500	<i>stress formula/zinc</i> ..	598
STELARA INJ 90MG/ML		STRIBILD TAB.....	90
.....	500	STROVITE ONE TAB .	598
STERILE LUBR DRO		<i>stye</i>	624
0.7%	624	<i>subvenite</i>	306
<i>stimulant laxative</i>	455	<i>sucrafate susp 1</i>	
<i>stimulant laxative plus s</i>		<i>gm/10ml</i>	461
.....	455	<i>sucrafate tab 1 gm</i> .	461
STIVARGA TAB 40MG		<i>sudogest</i>	645
.....	165	<i>sudogest 12 hour</i>	645
STL SOFT/LAX CAP 8.6-		<i>sudogest maximum</i>	
50MG	455	<i>strength</i>	645
<i>stomach relief</i>	429	<i>sulfacetamide sodium</i>	
<i>stomach relief extra stre</i>		<i>lotion 10% (acne)</i> ..	664
.....	429	<i>sulfacetamide sodium</i>	
<i>stomach relief ultra</i> ..	429	<i>ophth oint 10%</i>	614
<i>stool softener</i>	455	<i>sulfacetamide sodium</i>	
<i>stool softener +</i>		<i>ophth soln 10%</i>	614
<i>stimulan</i>	455	<i>sulfacetamide sodium-</i>	
<i>stool softener extra stre</i>		<i>prednisolone ophth soln</i>	
.....	455	<i>10-0.23(0.25)%</i>	611

<i>sulfadiazine tab 500 mg</i>		<i>sumatriptan succinate</i>	
.....72		<i>solution auto-injector 4</i>	
<i>sulfamethoxazole-</i>		<i>mg/0.5ml</i>	323
<i>trimethoprim iv soln</i>		<i>sumatriptan succinate</i>	
<i>400-80 mg/5ml</i>	72	<i>solution auto-injector 6</i>	
<i>sulfamethoxazole-</i>		<i>mg/0.5ml</i>	324
<i>trimethoprim susp 200-</i>		<i>sumatriptan succinate</i>	
<i>40 mg/5ml</i>	72	<i>solution cartridge 4</i>	
<i>sulfamethoxazole-</i>		<i>mg/0.5ml</i>	324
<i>trimethoprim tab 400-</i>		<i>sumatriptan succinate</i>	
<i>80 mg</i>	73	<i>solution cartridge 6</i>	
<i>sulfamethoxazole-</i>		<i>mg/0.5ml</i>	324
<i>trimethoprim tab 800-</i>		<i>sumatriptan succinate</i>	
<i>160 mg</i>	73	<i>tab 100 mg</i>	324
SULFAMYLON CRE		<i>sumatriptan succinate</i>	
85MG/GM	667	<i>tab 25 mg</i>	324
<i>sulfasalazine tab 500 mg</i>		<i>sumatriptan succinate</i>	
.....	440	<i>tab 50 mg</i>	324
<i>sulfasalazine tab delayed</i>		<i>sunitinib malate cap</i>	
<i>release 500 mg</i>	440	<i>12.5 mg (base</i>	
<i>sulindac tab 150 mg</i> ..	54	<i>equivalent)</i>	165
<i>sulindac tab 200 mg</i> ..	54	<i>sunitinib malate cap 25</i>	
<i>sumatriptan nasal spray</i>		<i>mg (base equivalent)</i>	
<i>20 mg/act</i>	323	.....	165
<i>sumatriptan nasal spray</i>		<i>sunitinib malate cap</i>	
<i>5 mg/act</i>	323	<i>37.5 mg (base</i>	
<i>sumatriptan succinate</i>		<i>equivalent)</i>	165
<i>inj 6 mg/0.5ml</i>	323	<i>sunitinib malate cap 50</i>	
		<i>mg (base equivalent)</i>	
		.....	165

SUNLENCA TAB 300MG
84
super b with c 598
super b-complex/folic aci
 598
super cal/mag 551
super calcium..... 551
super calcium 600 + d3
 551
super calcium 600+d3
400..... 551
super multiple 598
super quints b-50 598
super thera vite m ... 598
suphedrine 12hour
maximum 645
 SUPPORT LIQ 598
 SUPPORT-500 CAP... 598
syeda..... 386
 SYMBICORT AER 160-
 4.5 661
 SYMBICORT AER 80-4.5
 661
 SYMDEKO TAB 100-150
 651
 SYMDEKO TAB 50-75MG
 651
 SYMPAZAN MIS 10MG
 307

SYMPAZAN MIS 20MG
 307
 SYMPAZAN MIS 5MG 306
 SYMTUZA TAB..... 90
 SYNAREL SOL 2MG/ML
 411
 SYNJARDY TAB 12.5-
 1000MG 350
 SYNJARDY TAB 12.5-500
 350
 SYNJARDY TAB 5-
 1000MG 350
 SYNJARDY TAB 5-500MG
 349
 SYNJARDY XR TAB 10-
 1000 350
 SYNJARDY XR TAB 12.5-
 1000 350
 SYNJARDY XR TAB 25-
 1000 350
 SYNJARDY XR TAB 5-
 1000MG 350
 SYNTHROID TAB
 100MCG 415
 SYNTHROID TAB
 112MCG 415
 SYNTHROID TAB
 125MCG 415
 SYNTHROID TAB
 137MCG 415

SYNTHROID TAB		
150MCG	415	
SYNTHROID TAB		
175MCG	415	
SYNTHROID TAB		
200MCG	415	
SYNTHROID TAB 25MCG		
.....	414	
SYNTHROID TAB		
300MCG	416	
SYNTHROID TAB 50MCG		
.....	415	
SYNTHROID TAB 75MCG		
.....	415	
SYNTHROID TAB 88MCG		
.....	415	
SYRPALTA SYP	523	
SYRSPEND SF LIQ ...	523	
SYRSPEND SF SUS...	523	
SYRSPEND SF SUS ALKA		
.....	523	
T		
<i>tab-a-vite</i>	599	
<i>tab-a-vite multivitamin/i</i>		
.....	599	
TAB-A-VITE TAB		
IRON/BET	599	
<i>tab-a-vite w/beta</i>		
<i>caroten</i>	599	
TABLOID TAB 40MG .	125	
TABRECTA TAB 150MG		
.....	166	
TABRECTA TAB 200MG		
.....	166	
<i>tacrolimus cap 0.5 mg</i>		
.....	513	
<i>tacrolimus cap 1 mg</i>	513	
<i>tacrolimus cap 5 mg</i>	513	
<i>tacrolimus oint 0.03%</i>		
.....	693	
<i>tacrolimus oint 0.1%</i>	693	
<i>tadalafil tab 20 mg (pah)</i>		
.....	233	
<i>tadalafil tab 5 mg</i>	466	
TAFINLAR CAP 50MG	166	
TAFINLAR CAP 75MG	166	
TAFINLAR TAB 10MG	166	
TAGAMET HB TAB		
200MG	438	
TAGRISSO TAB 40MG		
.....	166	
TAGRISSO TAB 80MG		
.....	166	
<i>take action</i>	386	
TALZENNA CAP 0.1MG		
.....	167	
TALZENNA CAP 0.25MG		
.....	167	
TALZENNA CAP 0.35MG		
.....	167	

TALZENNA CAP 0.5MG	
.....	167
TALZENNA CAP 0.75MG	
.....	167
TALZENNA CAP 1MG	167
<i>tamoxifen citrate tab 10</i>	
<i>mg (base equivalent)</i>	
.....	129
<i>tamoxifen citrate tab 20</i>	
<i>mg (base equivalent)</i>	
.....	129
<i>tamsulosin hcl cap 0.4</i>	
<i>mg</i>	466
TANDEM CAP	488
<i>tandem plus</i>	488
<i>tarina 24 fe</i>	386
<i>tarina fe 1/20 eq</i>	386
TARON FORTE CAP ..	488
TASIGNA CAP 150MG	
.....	168
TASIGNA CAP 200MG	
.....	168
TASIGNA CAP 50MG.	167
<i>tasimelteon capsule 20</i>	
<i>mg</i>	319
TAVNEOS CAP 10MG	491
<i>tazarotene cream 0.05%</i>	
.....	674
<i>tazarotene cream 0.1%</i>	
.....	674
<i>tazicef</i>	103
TAZORAC CRE 0.05%	
.....	674
TAZVERIK TAB 200MG	
.....	168
TECENTRIQ INJ 1200/20	
.....	168
TECENTRIQ INJ 840/14	
.....	168
TECENTRIQ INJ	
HYBREZA.....	168
<i>teeny tummy gas relief</i>	
<i>dr</i>	461
TEFLARO INJ 400MG	103
TEFLARO INJ 600MG	103
<i>telmisartan tab 20 mg</i>	
.....	195
<i>telmisartan tab 40 mg</i>	
.....	195
<i>telmisartan tab 80 mg</i>	
.....	196
<i>telmisartan-amlodipine</i>	
<i>tab 40-10 mg</i>	192
<i>telmisartan-amlodipine</i>	
<i>tab 40-5 mg</i>	192
<i>telmisartan-amlodipine</i>	
<i>tab 80-10 mg</i>	192
<i>telmisartan-amlodipine</i>	
<i>tab 80-5 mg</i>	192

<i>telmisartan-</i> <i>hydrochlorothiazide tab</i> <i>40-12.5 mg.....</i>	<i>193</i>	<i>terbinafine hcl tab 250</i> <i>mg</i>	<i>79</i>
<i>telmisartan-</i> <i>hydrochlorothiazide tab</i> <i>80-12.5 mg.....</i>	<i>193</i>	<i>terbutaline sulfate tab</i> <i>2.5 mg</i>	<i>640</i>
<i>telmisartan-</i> <i>hydrochlorothiazide tab</i> <i>80-25 mg</i>	<i>193</i>	<i>terbutaline sulfate tab 5</i> <i>mg</i>	<i>641</i>
<i>temazepam cap 15 mg</i> <i>.....</i>	<i>319</i>	<i>terconazole vaginal</i> <i>cream 0.4%.....</i>	<i>472</i>
<i>temazepam cap 30 mg</i> <i>.....</i>	<i>319</i>	<i>terconazole vaginal</i> <i>cream 0.8%.....</i>	<i>472</i>
<i>temazepam cap 7.5 mg</i> <i>.....</i>	<i>319</i>	<i>terconazole vaginal</i> <i>suppos 80 mg</i>	<i>472</i>
<i>TENIVAC INJ 5-2LF ..</i>	<i>518</i>	<i>TERIPARATIDE INJ</i> <i>560/2.24</i>	<i>366</i>
<i>tenofovir disoproxil</i> <i>fumarate tab 300 mg</i>	<i>84</i>	<i>testosterone cypionate</i> <i>im inj in oil 100 mg/ml</i> <i>.....</i>	<i>342</i>
<i>tension headache</i>	<i>46</i>	<i>testosterone cypionate</i> <i>im inj in oil 200 mg/ml</i> <i>.....</i>	<i>342</i>
<i>TEPMETKO TAB 225MG</i> <i>.....</i>	<i>168</i>	<i>testosterone enanthate</i> <i>im inj in oil 200 mg/ml</i> <i>.....</i>	<i>342</i>
<i>terazosin hcl cap 1 mg</i> <i>(base equivalent)...</i>	<i>187</i>	<i>testosterone pump ..</i>	<i>342</i>
<i>terazosin hcl cap 10 mg</i> <i>(base equivalent)...</i>	<i>188</i>	<i>testosterone td gel 12.5</i> <i>mg/act (1%).....</i>	<i>342</i>
<i>terazosin hcl cap 2 mg</i> <i>(base equivalent)...</i>	<i>187</i>	<i>testosterone td gel 25</i> <i>mg/2.5gm (1%)</i>	<i>342</i>
<i>terazosin hcl cap 5 mg</i> <i>(base equivalent)...</i>	<i>188</i>	<i>testosterone td gel 50</i> <i>mg/5gm (1%).....</i>	<i>342</i>

<i>tetrabenazine tab 12.5 mg</i>	328	<i>theophylline soln 80 mg/15ml</i>	652
<i>tetrabenazine tab 25 mg</i>	328	<i>theophylline tab er 12hr 100 mg</i>	652
<i>tetracycline hcl cap 250 mg</i>	117	<i>theophylline tab er 12hr 200 mg</i>	652
<i>tetracycline hcl cap 500 mg</i>	117	<i>theophylline tab er 12hr 300 mg</i>	652
TGT GLUCOSE CHW RASPBERRY	401	<i>theophylline tab er 12hr 450 mg</i>	652
THALOMID CAP 100MG	131	<i>theophylline tab er 24hr 400 mg</i>	652
THALOMID CAP 150MG	132	<i>theophylline tab er 24hr 600 mg</i>	652
THALOMID CAP 200MG	132	THERA TAB.....	599
THALOMID CAP 50MG	131	<i>thera-derm</i>	693
<i>the magic bullet</i>	455	THERAMILL CAP FORTE	599
THEO-24 CAP 100MG CR	651	<i>therapeutic-m</i>	599
THEO-24 CAP 200MG CR	651	<i>thera-tabs</i>	599
THEO-24 CAP 300MG CR	651	THERA-TABS M TAB.	599
THEO-24 CAP 400MG ER	652	<i>theratrum complete</i> .	599
<i>theophylline elixir 80 mg/15ml</i>	652	<i>theratrum complete 50 plu</i>	600
		THEREMS TAB MULTIVIT	600
		<i>thiamine hcl tab 100 mg</i>	600
		<i>thiamine hcl tab 250 mg</i>	600

<i>thiamine hcl tab 50 mg</i>		<i>TICOVAC INJ</i>	518
.....	600	<i>tigecycline for iv soln 50</i>	
<i>thiamine mononitrate</i>		<i>mg</i>	117
<i>tab 100 mg</i>	600	<i>tilia fe</i>	386
<i>thioridazine hcl tab 10</i>		<i>timolol maleate ophth</i>	
<i>mg</i>	282	<i>gel forming soln 0.25%</i>	
<i>thioridazine hcl tab 100</i>		.....	619
<i>mg</i>	282	<i>timolol maleate ophth</i>	
<i>thioridazine hcl tab 25</i>		<i>gel forming soln 0.5%</i>	
<i>mg</i>	282	.....	619
<i>thioridazine hcl tab 50</i>		<i>timolol maleate ophth</i>	
<i>mg</i>	282	<i>soln 0.25%</i>	619
<i>thiothixene cap 1 mg</i>	282	<i>timolol maleate ophth</i>	
<i>thiothixene cap 10 mg</i>		<i>soln 0.5%</i>	619
.....	283	<i>timolol maleate tab 10</i>	
<i>thiothixene cap 2 mg</i>	283	<i>mg</i>	213
<i>thiothixene cap 5 mg</i>	283	<i>timolol maleate tab 20</i>	
<i>tiadylt er</i>	219	<i>mg</i>	213
<i>tiagabine hcl tab 12 mg</i>		<i>timolol maleate tab 5</i>	
.....	307	<i>mg</i>	213
<i>tiagabine hcl tab 16 mg</i>		<i>tinidazole tab 250 mg</i>	73
.....	307	<i>tinidazole tab 500 mg</i>	73
<i>tiagabine hcl tab 2 mg</i>		<i>TIVICAY PD TAB 5MG</i>	85
.....	307	<i>TIVICAY TAB 10MG</i>	85
<i>tiagabine hcl tab 4 mg</i>		<i>TIVICAY TAB 25MG</i>	85
.....	307	<i>TIVICAY TAB 50MG</i>	85
<i>TIBSOVO TAB 250MG</i>		<i>tizanidine hcl tab 2 mg</i>	
.....	169	<i>(base equivalent)</i> ...	332
<i>ticagrelor tab 60 mg</i>	492	<i>tizanidine hcl tab 4 mg</i>	
<i>ticagrelor tab 90 mg</i>	492	<i>(base equivalent)</i> ...	332

<i>tm-clotrimazole</i>	672	<i>tolnaftate powder 1%</i>	673
TM-DAILY TAB VITE .	600	<i>tolterodine tartrate cap</i> <i>er 24hr 2 mg</i>	469
<i>tm-tolnaftate</i>	672	<i>tolterodine tartrate cap</i> <i>er 24hr 4 mg</i>	469
<i>tm-tolnaftate lr</i>	673	<i>tolterodine tartrate tab 1</i> <i>mg</i>	469
TOBI PODHALR CAP 28MG	73	<i>tolterodine tartrate tab 2</i> <i>mg</i>	469
TOBRADEX OIN 0.3- 0.1%	611	<i>topiramate sprinkle cap</i> <i>15 mg</i>	307
<i>tobramycin nebu soln</i> <i>300 mg/5ml</i>	73	<i>topiramate sprinkle cap</i> <i>25 mg</i>	307
<i>tobramycin ophth soln</i> <i>0.3%</i>	614	<i>topiramate sprinkle cap</i> <i>50 mg</i>	307
<i>tobramycin sulfate inj</i> <i>1.2 gm/30ml (40</i> <i>mg/ml) (base equiv)</i> 73		<i>topiramate tab 100 mg</i>	308
<i>tobramycin sulfate inj 10</i> <i>mg/ml (base</i> <i>equivalent)</i>	74	<i>topiramate tab 200 mg</i>	308
<i>tobramycin sulfate inj 2</i> <i>gm/50ml (40 mg/ml)</i> <i>(base equiv)</i>	73	<i>topiramate tab 25 mg</i>	308
<i>tobramycin sulfate inj 80</i> <i>mg/2ml (40 mg/ml)</i> <i>(base equiv)</i>	74	<i>topiramate tab 50 mg</i>	308
<i>tobramycin-</i> <i>dexamethasone ophth</i> <i>susp 0.3-0.1%</i>	611	<i>toremifene citrate tab 60</i> <i>mg (base equivalent)</i>	129
<i>tolnafi-al</i>	673	<i>torpenz tab 10mg</i>	169
<i>tolnaftate cream 1%</i> 673		<i>torpenz tab 2.5mg</i> ...	169
		<i>torpenz tab 5mg</i>	169

<i>torpenz tab 7.5mg ...</i>	169
<i>torsemide tab 10 mg</i>	224
<i>torsemide tab 100 mg</i>	
.....	224
<i>torsemide tab 20 mg</i>	224
<i>torsemide tab 5 mg .</i>	224
<i>total allergy</i>	637
TOUJEO MAX INJ 300/ML	
.....	361
TOUJEO SOLO INJ	
300/ML.....	361
TPN ELECTROL INJ...	531
TRADJENTA TAB 5MG	
.....	350
<i>tramadol hcl tab 50 mg</i>	
.....	64
<i>tramadol-acetaminophen</i>	
<i>tab 37.5-325 mg</i>	64
<i>trandolapril tab 1 mg</i>	185
<i>trandolapril tab 2 mg</i>	185
<i>trandolapril tab 4 mg</i>	186
<i>tranexamic acid iv soln</i>	
<i>1000 mg/10ml (100</i>	
<i>mg/ml).....</i>	491
<i>tranexamic acid tab 650</i>	
<i>mg.....</i>	491
<i>tranylcypromine sulfate</i>	
<i>tab 10 mg.....</i>	251
TRAVASOL INJ 10% .	536
<i>travel-ease</i>	435
<i>travoprost ophth soln</i>	
<i>0.004% (benzalkonium</i>	
<i>free) (bak free)</i>	619
TRAZIMERA INJ 150MG	
.....	169
TRAZIMERA INJ 420MG	
.....	169
<i>trazodone hcl tab 100</i>	
<i>mg</i>	252
<i>trazodone hcl tab 150</i>	
<i>mg</i>	252
<i>trazodone hcl tab 50 mg</i>	
.....	251
TRECATOR TAB 250MG	
.....	91
TRELEGY AER ELLIPTA	
100-62.5-25 MCG ..	627
TRELEGY AER ELLIPTA	
200-62.5-25 MCG ..	627
TREMFYA CROH INJ	
200/2ML.....	500
TREMFYA INJ 100MG/ML	
.....	500
TREMFYA INJ 200/20ML	
.....	501
TREMFYA INJ 200/2ML	
.....	501
<i>treprostinil inj soln 100</i>	
<i>mg/20ml (5 mg/ml)</i>	233

<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	233	<i>triamcinolone acetonide lotion 0.025%</i>	681
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	234	<i>triamcinolone acetonide lotion 0.1%</i>	681
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	233	<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	656
TRESIBA FLEX INJ 100UNIT	362	<i>triamcinolone acetonide oint 0.025%</i>	682
TRESIBA FLEX INJ 200UNIT	362	<i>triamcinolone acetonide oint 0.1%</i>	681
TRESIBA INJ 100UNIT	362	<i>triamcinolone acetonide oint 0.5%</i>	682
<i>tretinoin cap 10 mg</i>	133	<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	224
<i>tretinoin cream 0.025%</i>	665	<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	224
<i>tretinoin cream 0.05%</i>	664	<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	224
<i>tretinoin cream 0.1%</i>	664	<i>tri-buffered aspirin</i>	46
<i>tretinoin gel 0.01%</i>	665	<i>tricon</i>	488
<i>tretinoin gel 0.025%</i>	665	<i>tridacaine dis 5% patch</i>	683
<i>triamcinolone acetonide cream 0.025%</i>	681	<i>triderm</i>	682
<i>triamcinolone acetonide cream 0.1%</i>	681	<i>trientine hcl cap 250 mg</i>	368
<i>triamcinolone acetonide cream 0.5%</i>	681		
<i>triamcinolone acetonide dental paste 0.1%</i>	698		

<i>tri-estarylla</i>	386	TRIJARDY XR TAB ER	
<i>trifluoperazine hcl tab 1</i>		24HR 5-2.5-1000MG	
<i>mg (base equivalent)</i>		.....	350
.....	283	TRIKAFTA PAK 59.5MG	
<i>trifluoperazine hcl tab 10</i>		.....	653
<i>mg (base equivalent)</i>		TRIKAFTA PAK 75MG	653
.....	283	TRIKAFTA TAB 100-50-	
<i>trifluoperazine hcl tab 2</i>		75MG & 150MG	653
<i>mg (base equivalent)</i>		TRIKAFTA TAB 50-25-	
.....	283	37.5MG & 75MG	653
<i>trifluoperazine hcl tab 5</i>		<i>tri-legest fe</i>	386
<i>mg (base equivalent)</i>		<i>tri-lynyah</i>	386
.....	283	<i>tri-lo-estarylla</i>	386
<i>trifluridine ophth soln</i>		<i>tri-lo-marzia</i>	387
1%	614	<i>tri-lo-mili</i>	387
<i>trigels-f forte</i>	488	<i>tri-lo-sprintec</i>	387
<i>trihexyphenidyl hcl oral</i>		<i>trimethoprim tab 100</i>	
<i>soln 0.4 mg/ml</i>	262	<i>mg</i>	74
<i>trihexyphenidyl hcl tab 2</i>		<i>tri-mili</i>	387
<i>mg</i>	262	<i>trimipramine maleate</i>	
<i>trihexyphenidyl hcl tab 5</i>		<i>cap 100 mg</i>	252
<i>mg</i>	263	<i>trimipramine maleate</i>	
TRIJARDY XR TAB ER		<i>cap 25 mg</i>	252
24HR 10-5-1000MG	350	<i>trimipramine maleate</i>	
TRIJARDY XR TAB ER		<i>cap 50 mg</i>	252
24HR 12.5-2.5-1000MG		TRINTELLIX TAB 10MG	
.....	351	.....	252
TRIJARDY XR TAB ER		TRINTELLIX TAB 20MG	
24HR 25-5-1000MG	351	.....	252

TRINTELLIX TAB 5MG	
.....	252
<i>tri-nymyo tab</i>	387
<i>triphrocaps</i>	601
<i>triple antibiotic</i>	667
<i>triple antibiotic + pain</i>	
.....	667
<i>triple antibiotic plus</i> .	667
<i>triple paste af</i>	673
<i>tri-sprintec</i>	387
TRIUMEQ PD TAB	90
TRIUMEQ TAB	90
TRI-VI-SOL SOL A/C/D	
.....	600
<i>tri-vite pediatric</i>	600
<i>tri-vite/fluoride</i>	600
<i>trivora-28</i>	387
<i>tri-vylibra</i>	387
<i>tri-vylibra lo</i>	387
TROGARZO INJ	
150MG/ML	85
TROPHAMINE INJ 10%	
.....	536
<i>tropical liquid nutrition</i>	
.....	601
<i>trospium chloride cap er</i>	
24hr 60 mg	469
<i>trospium chloride tab 20</i>	
<i>mg</i>	470
<i>true ferrous sulfate</i> ..	488
<i>true folic acid</i>	601
<i>true magnesium oxide</i>	
.....	551
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VITAMIN.....	601
<i>true vitamin b12</i>	601
<i>true vitamin b2</i>	601
<i>true vitamin b6</i>	601
<i>true vitamin c</i>	601
<i>true vitamin d3</i>	601
<i>true vitamin e</i>	601
TRUELYTE SOL.....	525
TRULANCE TAB 3MG	461
TRULICITY INJ 0.75/0.5	
.....	351
TRULICITY INJ 1.5/0.5	
.....	351
TRULICITY INJ 3/0.5	351
TRULICITY INJ 4.5/0.5	
.....	351
TRUMENBA INJ.....	518
TRUQAP PAK 160MG	170
TRUQAP PAK 200MG	170
TRUQAP TAB 160MG	170
TRUQAP TAB 200MG	170
TRUXIMA INJ 100/10ML	
.....	170
TRUXIMA INJ 500/50ML	
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TUKYSA TAB 150MG	171

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*twice-daily clindamycin
 phosphate (topical)* 665
 TWINRIX INJ..... 518
 TYBOST TAB 150MG... 85
tydemy tab 388
 TYENNE INJ 162/0.9 501
 TYENNE INJ 162MG.. 501
 TYENNE INJ 200/10ML
 501
 TYENNE INJ 400/20ML
 501
 TYENNE INJ 80MG/4ML
 501
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U
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*ultra calcium + vitamin
 d* 552
ultra freeda..... 602
ultra freeda/iron 602
ultra fresh 624
ultra fresh pm 624
*ultra lubricating eye dro
 624*

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 UPCAL D POW 552
 URO MAG CAP 140MG
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ursodiol cap 300 mg 461
ursodiol tab 250 mg. 461
ursodiol tab 500 mg. 461
V
*valacyclovir hcl tab 1 gm
 96*
*valacyclovir hcl tab 500
 mg 96*
 VALCHLOR GEL 0.016%
 693
*valganciclovir hcl for
 soln 50 mg/ml (base
 equiv) 96*
*valganciclovir hcl tab
 450 mg (base
 equivalent) 96*
*valproate sodium inj 100
 mg/ml..... 308*
*valproate sodium oral
 soln 250 mg/5ml (base
 equiv) 308*
*valproic acid cap 250 mg
 308*

<i>valsartan tab 160 mg</i>	
.....	196
<i>valsartan tab 320 mg</i>	
.....	196
<i>valsartan tab 40 mg.</i>	196
<i>valsartan tab 80 mg.</i>	196
<i>valsartan-</i>	
<i>hydrochlorothiazide tab</i>	
<i>160-12.5 mg</i>	193
<i>valsartan-</i>	
<i>hydrochlorothiazide tab</i>	
<i>160-25 mg</i>	193
<i>valsartan-</i>	
<i>hydrochlorothiazide tab</i>	
<i>320-12.5 mg</i>	193
<i>valsartan-</i>	
<i>hydrochlorothiazide tab</i>	
<i>320-25 mg</i>	194
<i>valsartan-</i>	
<i>hydrochlorothiazide tab</i>	
<i>80-12.5 mg</i>	193
VALTOCO SPR 10MG	309
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VALTOCO SPR 20MG	309
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<i>mg (base equivalent)</i>	74
<i>vancomycin hcl cap 250</i>	
<i>mg (base equivalent)</i>	74
<i>vancomycin hcl for iv</i>	
<i>soln 1 gm (base</i>	
<i>equivalent)</i>	74
<i>vancomycin hcl for iv</i>	
<i>soln 1.25 gm (base</i>	
<i>equivalent)</i>	74
<i>vancomycin hcl for iv</i>	
<i>soln 1.5 gm (base</i>	
<i>equivalent)</i>	74
<i>vancomycin hcl for iv</i>	
<i>soln 10 gm (base</i>	
<i>equivalent)</i>	75
<i>vancomycin hcl for iv</i>	
<i>soln 5 gm (base</i>	
<i>equivalent)</i>	75
<i>vancomycin hcl for iv</i>	
<i>soln 500 mg (base</i>	
<i>equivalent)</i>	75
<i>vancomycin hcl for iv</i>	
<i>soln 750 mg (base</i>	
<i>equivalent)</i>	75
VANCOMYCIN INJ 1 GM	
.....	75
VANCOMYCIN INJ	
500MG	75
VANCOMYCIN INJ	
750MG	75
VANFLYTA TAB 17.7MG	
.....	171

VANFLYTA TAB 26.5MG	
.....	171
VANQUISH TAB	46
VAQTA INJ 25/0.5ML	518
VAQTA INJ 50UNT/ML	
.....	518
<i>varenicline tartrate tab</i>	
<i>0.5 mg (base equiv)</i>	
.....	340
<i>varenicline tartrate tab 1</i>	
<i>mg (base equiv)</i>	340
<i>varenicline tartrate tab</i>	
<i>11 x 0.5 mg & 42 x 1</i>	
<i>mg start pack.....</i>	341
VARIVAX INJ.....	518
VASCEPA CAP 0.5GM	207
VASCEPA CAP 1GM ..	207
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<i>24hr 150 mg (base</i>	
<i>equivalent)</i>	253
<i>venlafaxine hcl cap er</i>	
<i>24hr 37.5 mg (base</i>	
<i>equivalent)</i>	252
<i>venlafaxine hcl cap er</i>	
<i>24hr 75 mg (base</i>	
<i>equivalent)</i>	253
<i>venlafaxine hcl tab 100</i>	
<i>mg (base equivalent)</i>	
.....	253
<i>venlafaxine hcl tab 25</i>	
<i>mg (base equivalent)</i>	
.....	253
<i>venlafaxine hcl tab 37.5</i>	
<i>mg (base equivalent)</i>	
.....	253
<i>venlafaxine hcl tab 50</i>	
<i>mg (base equivalent)</i>	
.....	253
<i>venlafaxine hcl tab 75</i>	
<i>mg (base equivalent)</i>	
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VENTOLIN HFA AER .	641	<i>verapamil hcl tab er 240 mg</i>	220
VEOZAH TAB 45MG..	411	VERQUVO TAB 10MG	230
<i>verapamil hcl cap er 24hr 100 mg</i>	219	VERQUVO TAB 2.5MG	230
<i>verapamil hcl cap er 24hr 120 mg</i>	219	VERQUVO TAB 5MG .	230
<i>verapamil hcl cap er 24hr 180 mg</i>	219	VERSACLOZ SUS 50MG/ML.....	283
<i>verapamil hcl cap er 24hr 200 mg</i>	219	VERZENIO TAB 100MG	172
<i>verapamil hcl cap er 24hr 240 mg</i>	220	VERZENIO TAB 150MG	172
<i>verapamil hcl cap er 24hr 300 mg</i>	220	VERZENIO TAB 200MG	172
<i>verapamil hcl cap er 24hr 360 mg</i>	220	VERZENIO TAB 50MG	172
<i>verapamil hcl iv soln 2.5 mg/ml</i>	220	<i>vestura</i>	388
<i>verapamil hcl tab 120 mg</i>	220	VIActiv CALC CHW PLUS D.....	552
<i>verapamil hcl tab 40 mg</i>	220	<i>vic-forte</i>	602
<i>verapamil hcl tab 80 mg</i>	220	<i>vienva</i>	388
<i>verapamil hcl tab er 120 mg</i>	220	<i>vigabatrin powd pack 500 mg</i>	309
		<i>vigabatrin tab 500 mg</i>	309
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		VIGAFYDE SOL 100MG/ML.....	310

<i>vigpoder</i>	310	VITABEX PLUS CAP ..	603
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<i>vilazodone hcl tab 20 mg</i>	253	VITACHEW CHW	603
<i>vilazodone hcl tab 40 mg</i>	254	VITACHEW CHW ADULT	603
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<i>vincristine sulfate iv soln</i> <i>1 mg/ml</i>	136	<i>vitajoy daily c gummies</i>	603
<i>vinorelbine tartrate inj</i> <i>10 mg/ml (base equiv)</i>	136	<i>vitajoy daily d gummies</i>	603
<i>vinorelbine tartrate inj</i> <i>50 mg/5ml (10 mg/ml)</i> <i>(base equiv)</i>	136	<i>vitajoy gummies</i>	555
<i>viorele</i>	388	VITAJOY MULT CHW ADULT.....	603
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VIREAD TAB 200MG...	86	<i>vitamin a cap 3 mg</i> <i>(10000 unit)</i>	604
VIREAD TAB 250MG...	86	VITAMIN A TAB 15000UNT	604
<i>virt-caps</i>	602	<i>vitamin a tab 3 mg</i> <i>(10000 unit)</i>	604
<i>vision vitamins</i>	602	VITAMIN B 12 LOZ 250MCG	604
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VIT B12/FA TAB	602		

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<i>complex/vitamin</i>	604
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3000/ML.....	604
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.....	605
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<i>vitamin c plus wild rose</i>	
.....	605
VITAMIN C POW	605
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VITAMIN C TAB 100MG	
.....	605
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<i>vitamin</i>	
<i>c/bioflavonoids/w...</i>	605
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<i>vitamin d infant.....</i>	607
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<i>maximum st.....</i>	607
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VITAMIN D3 DRO 5000	
IU.....	606
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<i>vitamin d3 extra</i>	
<i>strength</i>	606
<i>vitamin d3 gummies</i>	606
VITAMIN D3 LIQ	
1000UNIT.....	606
<i>vitamin d3 super</i>	
<i>strength</i>	606
VITAMIN D3 TAB	
2000UNIT.....	606
VITAMIN D3 TAB	
3000UNIT.....	606
VITAMIN D3 TAB	
5000UNIT.....	607
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<i>vitamin d3 ultra strength</i>	
.....	607
<i>vitamin e cap 180 mg</i>	
<i>(400 unit).....</i>	607

<i>vitamin e cap 90 mg</i> <i>(200 unit)</i>	607	VONJO CAP 100MG ..	173
VITAMIN E DRO 6.75/0.3	607	VORANIGO TAB 10MG	173
<i>vitamin e high potency</i>	607	VORANIGO TAB 40MG	173
VITAMIN E TAB 100UNIT	608	<i>voriconazole for inj 200</i> <i>mg</i>	79
<i>vitamin supplement e-</i> <i>400</i>	608	<i>voriconazole for susp 40</i> <i>mg/ml</i>	79
<i>vitamins a & d oint</i> ..	693	<i>voriconazole tab 200 mg</i>	79
<i>vitamins a & d tab</i> ...	608	<i>voriconazole tab 50 mg</i>	79
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VITREXYL TAB	608	VRAYLAR CAP 3MG ..	284
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VIVITROL INJ 380MG	341	<i>vylibra</i>	388
VIVOTIF CAP EC	519	VYZULTA SOL 0.024%	620
VIZIMPRO TAB 15MG	173	W	
VIZIMPRO TAB 30MG	173	<i>wal-dryl allergy</i>	638
VIZIMPRO TAB 45MG	173	<i>warfarin sodium tab 1</i> <i>mg</i>	476
		<i>warfarin sodium tab 10</i> <i>mg</i>	477

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<i>mg</i>	476	<i>gel</i>	523
<i>warfarin sodium tab 2.5</i>		<i>wixela inhub</i>	661
<i>mg</i>	476	WMNS MULTIVI CHW	
<i>warfarin sodium tab 3</i>		+COLLAGE.....	609
<i>mg</i>	476	WOMENS 50+ TAB	
<i>warfarin sodium tab 4</i>		MULTIVIT	609
<i>mg</i>	476	<i>womens daily formula</i>	
<i>warfarin sodium tab 5</i>		.....	609
<i>mg</i>	477	<i>wymzya fe</i>	388
<i>warfarin sodium tab 6</i>		X	
<i>mg</i>	477	XALKORI CAP 150MG	174
<i>warfarin sodium tab 7.5</i>		XALKORI CAP 200MG	174
<i>mg</i>	477	XALKORI CAP 20MG.	174
<i>wart remover maximum</i>		XALKORI CAP 250MG	174
<i>stre</i>	693	XALKORI CAP 50MG.	174
<i>water for irrigation,</i>		<i>xarah fe tab</i>	389
<i>sterile irrigation soln</i>		XARELTO STAR TAB	
.....	695	15/20MG	477
<i>weekly-d</i>	608	XARELTO SUS 1MG/ML	
WELIREG TAB 40MG	133		477
<i>wera</i>	388	XARELTO TAB 10MG	477
<i>wescaps</i>	608	XARELTO TAB 15MG	477
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<i>westab one</i>	608	XARELTO TAB 20MG	477
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1MG.....	534		504
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100%.....	523		310
		XCOPRI PAK 12.5-25	310

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XELJANZ TAB 10MG . 502	XPOVIO PAK (100 MG ONCE WEEKLY) 175
XELJANZ TAB 5MG... 502	XPOVIO PAK (40 MG ONCE WEEKLY) 174, 175
XELJANZ XR TAB 11MG 502	XPOVIO PAK (40 MG TWICE WEEKLY) 175
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<i>xelria fe chw 0.4mg-35</i> 389	XPOVIO PAK (60 MG TWICE WEEKLY) 175
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 YUMVS MAGNES CHW
 83MG 552
yumvs melatonin 556
 YUMVS MULTI CHW
 ZERO 609
yumvs vitamin c zero 609
yumvs vitamin d3 609

yumvs vitamin d3 zero
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yumvskids vitamin d3
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 ZEMAIRA INJ 1000MG
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 ZEMAIRA INJ 5000MG
 654
zenatane 665
 ZENPEP CAP 10000UNT
 462
 ZENPEP CAP 15000UNT
 462

ZENPEP CAP 20000UNT	462	<i>zidovudine tab 300 mg</i>	86
ZENPEP CAP 25000UNT	462	ZINC LOZ	610
ZENPEP CAP 3000UNIT	462	<i>zinc oxide oint 20%</i>	693
ZENPEP CAP 40000UNT	462	<i>zinc oxide oint 25%</i>	693
ZENPEP CAP 5000UNIT	462	ZINC OXIDE PST 25%	693
ZENPEP CAP 60000UNT	463	ZINC W/A&C LOZ	698
ZEPBOUND INJ		<i>ziprasidone hcl cap 20</i>	
10/0.5ML	364	<i>mg</i>	284
ZEPBOUND INJ 12.5/0.5	364	<i>ziprasidone hcl cap 40</i>	
ZEPBOUND INJ		<i>mg</i>	284
15/0.5ML	364	<i>ziprasidone hcl cap 60</i>	
ZEPBOUND INJ 2.5/0.5	364	<i>mg</i>	284
ZEPBOUND INJ 5/0.5ML	364	<i>ziprasidone hcl cap 80</i>	
ZEPBOUND INJ 7.5/0.5	364	<i>mg</i>	284
ZERVIAE DRO 0.24%	617	<i>ziprasidone mesylate for</i>	
<i>zidovudine cap 100 mg</i>	86	<i>inj 20 mg (base</i>	
<i>zidovudine syrup 10</i>		<i>equivalent)</i>	284
<i>mg/ml</i>	86	ZIRABEV INJ 100/4ML	176
		ZIRABEV INJ 400/16ML	176
		ZIRGAN GEL 0.15%	614
		<i>zoledronic acid inj conc</i>	
		<i>for iv infusion 4</i>	
		<i>mg/5ml</i>	366
		<i>zoledronic acid iv soln 5</i>	
		<i>mg/100ml</i>	367

ZOLINZA CAP 100MG	
.....	176
<i>zolpidem tartrate tab 10 mg</i>	320
<i>zolpidem tartrate tab 5 mg</i>	320
<i>zolpidem tartrate tab er 12.5 mg</i>	321
<i>zolpidem tartrate tab er 6.25 mg</i>	320
ZOMACTON INJ 5MG	411
ZONISADE SUS	
100MG/5	311
<i>zonisamide cap 100 mg</i>	311
<i>zonisamide cap 25 mg</i>	311
<i>zonisamide cap 50 mg</i>	311
<i>zoo friends/extra c...</i>	610
ZOSTRIX NAT CRE	
0.033%	694
<i>zovia 1/35</i>	389
ZTALMY SUS 50MG/ML	
.....	311
<i>zumandimine</i>	389
ZURZUVAE CAP 20MG	
.....	254
ZURZUVAE CAP 25MG	
.....	254
ZURZUVAE CAP 30MG	
.....	254
ZYDELIG TAB 100MG	177
ZYDELIG TAB 150MG	177
ZYKADIA TAB 150MG	177
ZYLET SUS 0.5-0.3%	611
ZYPITAMAG TAB 2MG	
.....	204
ZYPITAMAG TAB 4MG	
.....	204

Este formulario se actualizó el 08/01/2025. 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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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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