

# 2018

## Lista de fármacos cubiertos (Formulario)



## RiverSpring FIDA Plan (Medicare-Medicaid Plan)

Para comunicarse con Servicios para el participante, llame al  
1-800-950-9000 (TTY: 711).

Brindamos atención telefónica los 7 días de la semana, de 8:00 a. m. a 8:00 p. m. hora  
del Este (Eastern Standard Time, EST).

**IMPORTANTE:** este documento contiene información sobre los fármacos que cubrimos en este plan.

No hemos hecho cambios en este formulario integral desde el 08/19/2017. N.º de ID 0018451  
de presentación del archivo del formulario aprobado por el HPMS, versión n.º 4. Vigente  
desde el 08/19/2017.



- ❖ 您可免費取得以其他語言撰寫的資訊。請於週一至週日美國東部標準時間上午 8 時至下午 8 時致電：1-800-950-9000，TTY/TDD 使用者：711。每週 7 天服務。此為免付費電話。
- ❖ Данная информация доступна бесплатно на других языках. Звоните по номеру 1-800-950-9000 или 711 (линия TTY/TDD) с 8:00 до 20:00 по восточному поясному времени 7 дней в неделю. Звонок бесплатный. È possibile ricevere queste informazioni in altre lingue gratuitamente. Contatta il 1-800-950-9000 e TTY/TDD: 711 dalle ore 8:00 alle ore 20:00 EST (ora standard orientale degli Stati Uniti), 7 giorni su 7. Il servizio è gratuito.
- ❖ También podemos brindarle este documento sin costo en otros formatos, como en letra grande, braille o audio. Llame al 1-800-950-9000 (TTY: 711), los 7 días de la semana, de 8:00 a. m. a 8:00 p. m., EST. La llamada es gratuita.
- ❖ Si necesita alguno de los materiales del Plan, ahora o posteriormente, en su idioma preferido o en un formato alternativo, llame a Servicios para el participante al 1-800-950-9000 (TTY: 711); con gusto lo ayudaremos.
- ❖ ElderServe Health, Inc. cumple con las leyes federales de derechos civiles vigentes y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.
- ❖ El estado de Nueva York ha creado un programa de defensores del participante denominado Red de Defensoría del Consumidor Independiente (Independent Consumer Advocacy Network, ICAN) para brindar a los participantes asistencia gratuita y confidencial sobre todos los servicios ofrecidos por el Plan RiverSpring FIDA. Puede comunicarse con la ICAN al número gratuito 1-844-614-8800 o en línea en [icannys.org](http://icannys.org). (Los usuarios de TTY deben llamar al 711 y seguir las instrucciones para marcar 844-614-8800).

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## Preguntas frecuentes (FAQ)

Encuentre aquí las respuestas a las preguntas que tenga acerca de esta Lista de fármacos cubiertos. Para obtener más información, puede leer todas las preguntas frecuentes (Frequently Asked Questions, FAQ) o buscar una pregunta y su respuesta.

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### 1. ¿Qué fármacos con receta se encuentran en la Lista de fármacos cubiertos? (De forma abreviada, llamaremos “Lista de fármacos” a la Lista de fármacos cubiertos).

Los fármacos de la Lista de fármacos cubiertos que comienza en la página 1 son los fármacos que cubre el Plan RiverSpring FIDA. Estos fármacos se encuentran disponibles en farmacias dentro de nuestra red. Una farmacia se encuentra en nuestra red si tenemos un acuerdo con ella para que trabaje con nosotros y le brinde a usted sus servicios. Nos referiremos a estas farmacias como “farmacias de la red”.

→ El Plan RiverSpring FIDA cubrirá todos los fármacos de la Lista de fármacos en los siguientes casos:

- Su médico o el médico que emite recetas indica que usted los necesita para mejorarse o mantenerse sano.
- El fármaco es médicamente necesario para su afección.
- Usted surte la receta en una farmacia de la red del Plan RiverSpring FIDA.

→ Es posible que el Plan RiverSpring FIDA requiera que se realicen pasos adicionales para acceder a ciertos fármacos (ver pregunta n.º 5 más abajo). En algunos casos, es posible que usted tenga que realizar cierta acción antes de obtener un fármaco, como probar con otros fármacos primero.

También puede ver una lista de fármacos actualizada ingresando en nuestro sitio web en [RiverSpringFIDA.org](http://RiverSpringFIDA.org) o llamando a Servicios para participantes al 1-800-950-9000.

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### 2. ¿Alguna vez cambia la Lista de fármacos?

Sí. Es posible que el Plan RiverSpring FIDA agregue fármacos a la Lista de fármacos o los elimine de ella durante el año. En general, la Lista de fármacos cambiará solamente en los siguientes casos:

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- Si surge un nuevo fármaco que funciona tan bien como un fármaco de la Lista de fármacos actual.
- Si descubrimos que un fármaco no es seguro.

Es posible que también cambiemos nuestras normas acerca de los fármacos. Por ejemplo, podemos hacer lo siguiente:

- Decidir que se requiera o no la aprobación previa para un fármaco. (*La aprobación previa* es un permiso que otorga el Plan RiverSpring FIDA o su equipo interdisciplinario (Interdisciplinary Team, IDT) antes de que obtenga un fármaco).
- Agregar o cambiar la cantidad de un fármaco que puede obtener (esto se conoce como “límites de cantidad”).
- Agregar o cambiar las restricciones de terapia escalonada de un fármaco. (*Terapia escalonada* significa que debe probar un fármaco antes de que el plan cubra otro fármaco).

(Para obtener más información acerca de estas normas de fármacos, consulte la página V).

Le informaremos cuándo un fármaco que está tomando se elimine de la Lista de fármacos. También le informaremos cuando cambiemos nuestras normas de cobertura de un fármaco. En las preguntas 3, 4 y 7 que se encuentran más abajo, encontrará información acerca de qué sucede cuando se realizan cambios en la Lista de fármacos.

→ Siempre puede consultar la Lista de fármacos actualizada del Plan RiverSpringFIDA.org en línea en RiverSpringFIDA.org. También puede llamar a Servicios para el participante para consultar la Lista de fármacos actual al 1-800-950-9000.

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### 3. ¿Qué sucede cuando surge un nuevo fármaco que funciona tan bien como un fármaco de la Lista de fármacos actual?

Si se encuentra disponible un fármaco más barato que funciona tan bien como un fármaco de la Lista de fármacos actual:

- Es posible que su farmacéutico le proporcione el fármaco más barato la próxima vez que surta una receta. Si usted y su proveedor deciden que el fármaco más barato no es el correcto para usted, su proveedor puede solicitarle al farmacéutico que continúe proporcionándole el fármaco que está tomando ahora.

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- Es posible que el Plan RiverSpring FIDA decida quitar el fármaco más caro de la Lista de fármacos. Si está tomando un fármaco que eliminamos de la Lista de fármacos porque surgió uno más barato que funciona tan bien como el que está tomando, le informaremos al menos 60 días antes de que lo eliminemos de la Lista de fármacos o cuando realice una solicitud de resurtido. Entonces, puede obtener un suministro del fármaco para 60 días, antes de que se realice el cambio en la Lista de fármacos. Le informaremos cuando esto suceda enviándole una carta por correo.

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#### 4. ¿Qué sucede cuando descubrimos que un fármaco no es seguro?

Si la Administración de Alimentos y Medicamentos (Food and Drug Administration, FDA) indica que un fármaco que usted está tomando no es seguro, lo eliminaremos de la Lista de fármacos de inmediato. También le enviaremos una carta y lo llamaremos para informarle que el fármaco que resultó inseguro se eliminó de la Lista de fármacos. Después de recibir esta carta, debe comunicarse con el médico que le recetó el fármaco.

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#### 5. ¿Existe alguna restricción o límite en la cobertura del fármaco? ¿O existen acciones necesarias que deben realizarse para obtener ciertos fármacos?

Sí, algunos fármacos se rigen por normas de cobertura o tienen límites en la cantidad que puede obtener. En algunos casos, usted, su médico o el médico que emite las recetas debe seguir ciertos pasos para que pueda obtener el fármaco. Por ejemplo:

- **Aprobación previa (o autorización previa):** para algunos fármacos, usted, su médico o el médico que emite las recetas debe obtener la aprobación del Plan RiverSpring FIDA o de su equipo interdisciplinario (IDT) antes de que surta su receta. Si no obtiene la aprobación, es posible que el Plan RiverSpring FIDA no cubra el fármaco.
- **Límites de cantidad:** algunas veces, el Plan RiverSpring FIDA limita la cantidad de fármaco que puede obtener.
- **Terapia escalonada:** en ocasiones, el Plan RiverSpring FIDA le exige que reciba una terapia escalonada. Esto significa que deberá probar fármacos en cierto orden debido a su afección médica. Es posible que deba probar un fármaco antes de que el plan cubra otro. Si su médico considera que el primer fármaco no funciona, entonces el plan cubrirá el segundo.

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Puede verificar si su fármaco tiene requisitos o límites adicionales en los cuadros que comienzan en la página 1. También puede visitar nuestro sitio web para obtener más información en [RiverSpringFIDA.org](http://RiverSpringFIDA.org). Hemos publicado documentos en línea en donde se explican nuestras restricciones de autorización previa y de terapia escalonada. También puede solicitarnos que le enviemos una copia.

Puede solicitar una “excepción” en estos límites. Consulte la pregunta 11 para obtener más información acerca de las excepciones.

- Si se encuentra en un centro de enfermería u otro centro de atención a largo plazo y necesita un fármaco que no se encuentra en la Lista de fármacos o si no puede obtener fácilmente el que necesita, podemos ayudarlo. Cubriremos un suministro de emergencia de 31 días del fármaco que necesita (a menos que tenga una receta por menos días), sea o no un nuevo participante del Plan RiverSpring FIDA. Esto le dará tiempo para hablar con su médico u otro médico que emita recetas. Él o ella podrá ayudarlo a decidir si existe un fármaco similar en la Lista de fármacos que pueda tomar en lugar de solicitar una excepción. Consulte la pregunta 11 para obtener más información acerca de las excepciones.

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## **6. ¿Cómo sabrá si el fármaco que necesita tiene límites o si existen acciones necesarias que deban realizarse para obtener el fármaco?**

La Lista de fármacos cubiertos en la página 1 tiene una columna llamada “Acciones necesarias, restricciones o límites en el uso”.

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## **7. ¿Qué sucede si cambiamos nuestras normas acerca de la cobertura de algunos fármacos? Por ejemplo, si agregamos restricciones de autorizaciones previas (aprobación), de límites de cantidad o de terapia escalonada en un fármaco.**

Le informaremos si agregamos restricciones de autorizaciones previas (aprobación), de límites de cantidad o de terapia escalonada en un fármaco. Le informaremos al menos 60 días antes de que se agregue la restricción o la próxima vez que solicite un resurtido. Entonces, puede obtener un suministro del fármaco para 60 días, antes de que se realice el cambio en la Lista de fármacos. Esto le dará tiempo para hablar con su médico u otro médico que emita recetas acerca de cuál será el próximo paso.

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## 8. ¿Cómo puede encontrar un fármaco en la Lista de fármacos?

Existen dos maneras de encontrar un fármaco:

- Puede buscar alfabéticamente (si sabe cómo se deletrea el fármaco).
- Puede buscar por afección médica.

Para buscar **alfabéticamente**, diríjase a la sección Lista por orden alfabético en la página 125. Luego busque el nombre del fármaco en la lista.

Para buscar **por afección médica**, diríjase a la sección llamada “Lista de fármacos por afección médica” en la página 1. Los fármacos de esta sección se agrupan en categorías dependiendo del tipo de afección médica que tratan. Por ejemplo, si tiene una afección cardíaca, debe buscar en la categoría Fármacos cardíacos. Allí encontrará fármacos para tratar afecciones cardíacas.

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## 9. ¿Qué sucede si el fármaco que necesita tomar no se encuentra en la Lista de fármacos?

Si no encuentra su fármaco en la Lista de fármacos, llame a Servicios para el participante al 1-800-950-9000 y pregunte al respecto. Si le informan que el Plan RiverSpring FIDA no cubre el fármaco, puede hacer una de las siguientes cosas:

- Solicítele a Servicios para el participante una lista de fármacos como el que necesita tomar. Luego, muéstrole la lista a su médico u otro médico que emita recetas. Él o ella puede recetarle un fármaco de la Lista de fármacos como el que necesita tomar.
- O bien puede solicitarle al plan o al equipo interdisciplinario (IDT) que hagan una excepción para cubrir el fármaco. Consulte la pregunta 11 para obtener más información acerca de las excepciones.

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## 10. ¿Qué sucede si usted es un nuevo participante del Plan RiverSpring FIDA y no puede encontrar el fármaco en la Lista de fármacos o tiene problemas para obtenerlo?

Podemos ayudarlo. Debemos cubrir suministros temporales de hasta 90 días de su fármaco, según sea necesario, durante los primeros 90 días desde que usted es participante del Plan RiverSpring FIDA. Esto le dará tiempo para hablar con su médico u otro médico que emita recetas. Él o ella podrá

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ayudarlo a decidir si existe un fármaco similar en la Lista de fármacos que pueda tomar en lugar de solicitar una excepción.

Cubriremos suministros temporales de hasta 90 días de su fármaco en los siguientes casos:

- Si está tomando un fármaco que no se encuentra en nuestra Lista de fármacos.
- Si las normas del plan de salud no le permiten obtener la cantidad que recetó el médico.
- Si el fármaco requiere la aprobación previa del Plan RiverSpring FIDA o su equipo interdisciplinario (IDT).
- Si está tomando un fármaco que es parte de una restricción de terapia escalonada.

Si vive en un centro de enfermería u otro centro de atención a largo plazo, puede surtir su receta para un máximo de 98 días. Podrá volver a surtir la receta del fármaco muchas veces durante los primeros 90 días desde que ingresa en el plan. Esto le proporciona a su médico que emite recetas tiempo para cambiar los fármacos por otros de la Lista de fármacos o solicitar una excepción.

Si actualmente es un participante al que admitieron en un centro de atención a largo plazo o al que le dieron el alta hospitalaria de este centro, podrá obtener un resurtido anticipado de sus medicamentos, si fuera necesario.

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## 11. ¿Puede solicitar una excepción para cubrir su fármaco?

Sí. Puede solicitarle al Plan RiverSpring FIDA o a su equipo interdisciplinario (IDT) que realice una excepción para cubrir un fármaco que no se encuentra en la Lista de fármacos.

También puede solicitarle al Plan RiverSpring FIDA o a su IDT que cambie las normas que rigen su fármaco.

- Por ejemplo, es posible que el Plan RiverSpring FIDA limite la cantidad de fármaco que cubrirá. Si su fármaco tiene un límite, puede solicitarle al Plan o a su IDT que cambie el límite y que aumente la cobertura.

Otros ejemplos: puede solicitarle al Plan o a su IDT que cancele las restricciones de terapia escalonada o los requisitos de aprobación previa.

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## 12. ¿Cuánto tiempo lleva obtener una excepción?

Primero, el Plan RiverSpring FIDA o su equipo interdisciplinario (IDT) debe obtener una declaración por parte de su médico que emite recetas que respalde su solicitud de excepción. Luego de que el Plan reciba la declaración, se le informará sobre la decisión sobre su solicitud de excepción dentro de las 72 horas.

Si usted o el médico que emite recetas considera que su salud puede ponerse en peligro si tiene que esperar 72 horas para conocer la decisión, puede solicitar una excepción rápida. Esta es una decisión que se toma con mayor rapidez. Si el médico que emite recetas respalda su solicitud, obtendrá una decisión dentro de las 24 horas desde que el plan reciba la declaración de respaldo de su médico.

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## 13. ¿Cómo puede solicitar una excepción?

Para solicitar una excepción, llame a su administrador de atención. Su administrador de atención trabajará con usted y su proveedor para ayudarlo a solicitar una excepción.

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## 14. ¿Qué son los fármacos genéricos?

Los *fármacos genéricos* tienen los mismos ingredientes que los fármacos de marca. Normalmente, cuestan menos que los fármacos de marca y no tienen nombres reconocidos. La Administración de Alimentos y Medicamentos (FDA) aprobó estos fármacos genéricos.

El Plan RiverSpring FIDA cubre tanto fármacos genéricos como de marca.

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## 15. ¿Qué son los fármacos de venta libre?

Los *fármacos de venta libre* se venden sin receta. El Plan RiverSpring FIDA cubre algunos de los fármacos de venta libre (over-the-counter, OTC) cuando su proveedor los receta.

Puede leer la Lista de fármacos del Plan RiverSpring FIDA para conocer qué fármacos de venta libre están cubiertos.

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## 16. ¿El Plan RiverSpring FIDA cubre los productos no farmacológicos de venta libre?

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**Si tiene preguntas**, llame al Plan RiverSpring FIDA al 1-800-950-9000 (TTY: 711), los 7 días de la semana, de 8:00 a. m. a 8:00 p. m., hora del Este (Eastern Standard Time, EST). La llamada es gratuita. **Para obtener más información**, visite [RiverSpringFIDA.org](http://RiverSpringFIDA.org).



El Plan RiverSpring FIDA cubre algunos de los productos no farmacológicos de venta libre cuando su proveedor los receta, por ejemplo, curitas.

Puede leer la Lista de fármacos del Plan RiverSpring FIDA para conocer qué productos no farmacológicos de venta libre están cubiertos.

Como miembro de nuestro plan, también tendrá cobertura de hasta \$25 al mes para productos de venta libre. Estos productos solo pueden comprarse para el participante. Comuníquese con el plan para obtener instrucciones específicas sobre cómo usar este beneficio. También puede encontrar información adicional en el Capítulo 4 de su Manual del participante.

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## 17. ¿Qué copago le corresponde?

No deberá pagar un copago por los fármacos de la Lista de fármacos.

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## 18. ¿Qué son los niveles de fármacos?

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

No tendrá que pagar nada por los fármacos de ningún nivel. Los niveles de fármacos se muestran a continuación.

Nivel 1: fármacos genéricos

Nivel 2: fármacos de marca

Nivel 3: fármacos y productos de venta libre

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## Lista de fármacos cubiertos

La Lista de fármacos cubiertos que comienza en la página siguiente le ofrece información sobre los fármacos que cubre el Plan RiverSpring FIDA. Si tiene dificultades para encontrar su fármaco en la lista, diríjase al Índice, que comienza en la página 125.

En la primera columna del cuadro se enumeran los nombres de los fármacos. Los fármacos de marca se encuentran en mayúscula (por ejemplo, VYTORIN) y los fármacos genéricos se enumeran en minúscula y cursiva (por ejemplo, simvastatina).

Mediante la información en las columnas de acciones necesarias, las restricciones o los límites en el uso, podrá saber si su Plan RiverSpring FIDA tiene alguna norma para la cobertura de su fármaco.

**Nota:** El \* junto a un fármaco significa que este no es un “fármaco de la Parte D”. Estos fármacos tienen diferentes normas de apelación. Una *apelación* es una manera formal de solicitarnos que revisemos la decisión de cobertura y la cambiemos si cree que se ha cometido un error. Por ejemplo, el Plan RiverSpring FIDA o su equipo interdisciplinario (IDT) puede decidir que un fármaco que necesita no se encuentra cubierto o que Medicare o Medicaid ya no lo cubre. Si usted, su médico o el médico que emite recetas no está de acuerdo con la decisión, puede apelarla. Para solicitar instrucciones acerca de cómo apelar una decisión, llame a Servicios para el participante al <toll-free number> o a la Red de Defensoría del Consumidor Independiente (ICAN) al 1-844-614-8800. (Los usuarios de TTY deben llamar al 711 y luego seguir las instrucciones para marcar 844-614-8800). También puede leer el Manual del participante para informarse sobre cómo apelar una decisión.

## Lista de fármacos por afección médica

Los fármacos de esta sección se agrupan en categorías dependiendo del tipo de afección médica que tratan. Por ejemplo, si tiene una afección cardíaca, debe buscar en la categoría Fármacos cardíacos. Allí encontrará fármacos para tratar afecciones cardíacas.



## Leyenda

Nivel	Descripción
1	Fármacos genéricos (\$0).
2	Fármacos de marca (\$0).
3	Fármacos de venta libre/con receta no cubiertos por Medicare (\$0).

  

Símbolo	Descripción
QL	Límite de cantidad, límite para dispensar fármacos durante 30 días, a menos que se indique lo contrario.
PA	Usted (o su médico) deben obtener autorización previa antes de que surta su receta para este fármaco. Sin autorización previa, es posible que no cubramos este fármaco.
ST	Excepción de terapia escalonada requerida.
LA	Acceso limitado. Este fármaco con receta puede estar disponible solo en ciertas farmacias.
MO	Este fármaco con receta también puede estar disponible por correo.
NDS	Suministro diario no extendido. Estos fármacos no están disponibles para el suministro diario extendido.
BD	Cubierto por la Parte B o D de Medicare.
*	Fármacos no cubiertos por la Parte D o productos de venta libre cubiertos por Medicaid.
(g)	Solo se cubre la versión genérica de este fármaco. No se cubre la versión de marca.
M	La versión de marca de este fármaco está en el Nivel 2. La versión genérica está en el Nivel 1.

**2018 RS FIDA**  
**List of Covered Drugs**

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List of Covered Drugs

Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<b>Analgesics</b>			
<b>Analgesics</b>			
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	Tier 1	\$0	NDS; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>	Tier 1	\$0	NDS; QL (240 per 30 days)
<i>acetaminophen-codeine oral tablet 300-30 mg</i>	Tier 1	\$0	NDS; QL (400 per 30 days)
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	Tier 2	\$0	NDS
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i>	Tier 1	\$0	NDS; QL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	Tier 1	\$0	NDS
<i>carisoprodol-asa-codeine oral tablet 200-325-16 mg</i>	Tier 1	\$0	NDS; QL (120 per 30 days)
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	Tier 1	\$0	NDS; QL (240 per 30 days)
ENDOCET ORAL TABLET 10-325 MG	Tier 2	\$0	
ENDOCET ORAL TABLET 5-325 MG, 7.5-325 MG	Tier 2	\$0	NDS; QL (360 per 30 days)
ESGIC ORAL TABLET 50-325-40 MG	Tier 2	\$0	NDS
FIORINAL ORAL CAPSULE 50-325-40 MG	Tier 2	\$0	NDS
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	\$0	NDS; QL (240 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	Tier 1	\$0	NDS; QL (150 per 30 days)
LORCET (HYDROCODONE) ORAL TABLET 5-325 MG	Tier 2	\$0	NDS; QL (240 per 30 days)
LORCET PLUS ORAL TABLET 7.5-325 MG	Tier 2	\$0	NDS; QL (240 per 30 days)



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<b>Name of Drug</b>	<b>Tier Level</b>	<b>WHAT THE DRUG WILL COST YOU</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg</i>	Tier 1	\$0	
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	Tier 1	\$0	NDS; QL (360 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Tier 1	\$0	NDS; QL (240 per 30 days)
<b>Nonsteroidal Anti-Inflammatory Drugs</b>			
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	Tier 1	\$0	MO; QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 1	\$0	NDS
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	Tier 1	\$0	NDS
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	Tier 1	\$0	NDS
<i>diclofenac sodium topical drops 1.5 %</i>	Tier 1	\$0	MO
<i>diclofenac sodium topical gel 3 %</i>	Tier 1	\$0	NDS
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	Tier 1	\$0	NDS
<i>diflunisal oral tablet 500 mg</i>	Tier 1	\$0	NDS
<i>etodolac oral capsule 200 mg, 300 mg</i>	Tier 1	\$0	MO
<i>etodolac oral tablet 400 mg, 500 mg</i>	Tier 1	\$0	MO
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	Tier 1	\$0	MO
<i>fenoprofen oral tablet 600 mg</i>	Tier 1	\$0	NDS
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	Tier 1	\$0	NDS; MO
<i>ibuprofen 100 mg/5 ml susp children's (otc) 100 mg/5 ml</i>	Tier 3	\$0	MO; *
<i>ibuprofen 200 mg/10 ml susp 100's, u-d cups (otc) 100 mg/5 ml</i>	Tier 3	\$0	MO; *



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<b>Name of Drug</b>	<b>Tier Level</b>	<b>WHAT THE DRUG WILL COST YOU</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>ibuprofen 200 mg/10 ml susp 30's, u-d cups (otc) 100 mg/5 ml</i>	Tier 3	\$0	MO; *
<i>ibuprofen 200 mg/10 ml susp u-d (otc) 100 mg/5 ml</i>	Tier 3	\$0	MO; *
<i>ibuprofen oral suspension 100 mg/5 ml</i>	Tier 2	\$0	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier 1	\$0	MO
<i>ibuprofen-oxycodone oral tablet 400-5 mg</i>	Tier 1	\$0	NDS; QL (300 per 30 days)
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 1	\$0	NDS
<i>indomethacin oral capsule, extended release 75 mg</i>	Tier 1	\$0	NDS
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	Tier 1	\$0	NDS
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	Tier 1	\$0	NDS; MO
<i>ketorolac oral tablet 10 mg</i>	Tier 1	\$0	NDS
<i>meclofenamate oral capsule 100 mg</i>	Tier 1	\$0	NDS
<i>meclofenamate oral capsule 50 mg</i>	Tier 1	\$0	NDS; MO
<i>mefenamic acid oral capsule 250 mg</i>	Tier 1	\$0	NDS
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Tier 1	\$0	MO
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Tier 1	\$0	NDS
<i>naproxen oral suspension 125 mg/5 ml</i>	Tier 1	\$0	MO
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	Tier 1	\$0	MO
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	Tier 1	\$0	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier 1	\$0	MO
<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg</i>	Tier 1	\$0	MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<i>oxaprozin oral tablet 600 mg</i>	Tier 1	\$0	NDS
<i>piroxicam oral capsule 10 mg, 20 mg</i>	Tier 1	\$0	NDS
<i>qc ibuprofen 100 mg/5 ml susp children's (otc) 100 mg/5 ml</i>	Tier 3	\$0	MO; *
<i>sm ibuprofen 100 mg/5 ml susp (otc) 100 mg/5 ml</i>	Tier 3	\$0	MO; *
<i>sm ibuprofen 100 mg/5 ml susp a/f (otc) 100 mg/5 ml</i>	Tier 3	\$0	MO; *
<i>sm ibuprofen 100 mg/5 ml susp children's (otc) 100 mg/5 ml</i>	Tier 3	\$0	MO; *
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 1	\$0	NDS
<i>tolmetin oral capsule 400 mg</i>	Tier 1	\$0	NDS
<i>tolmetin oral tablet 600 mg</i>	Tier 1	\$0	NDS; MO
VOLTAREN TOPICAL GEL 1 %	Tier 2	\$0	MO
<b>Opioid Analgesics, Long-Acting</b>			
DURAMORPH (PF) INJECTION SOLUTION 1 MG/ML	Tier 2	\$0	NDS
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	Tier 1	\$0	PA; NDS
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i>	Tier 1	\$0	NDS; QL (10 per 30 days)
<i>levorphanol tartrate oral tablet 2 mg</i>	Tier 1	\$0	NDS
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	Tier 1	\$0	NDS
<i>methadone oral tablet 10 mg, 5 mg</i>	Tier 1	\$0	NDS; QL (180 per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	Tier 1	\$0	NDS
<i>morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	Tier 1	\$0	NDS; QL (90 per 30 days)



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<b>Name of Drug</b>	<b>Tier Level</b>	<b>WHAT THE DRUG WILL COST YOU</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>morphine oral capsule, extend. release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	Tier 1	\$0	NDS; QL (90 per 30 days)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	Tier 1	\$0	NDS
<i>morphine oral tablet 15 mg, 30 mg</i>	Tier 1	\$0	NDS; QL (120 per 30 days)
<i>morphine oral tablet extended release 100 mg, 30 mg, 60 mg</i>	Tier 1	\$0	NDS; QL (90 per 30 days)
<i>morphine oral tablet extended release 15 mg</i>	Tier 1	\$0	QL (90 per 30 days)
<i>oxycodone oral tablet, oral only, ext. rel. 12 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1	\$0	NDS; QL (60 per 30 days)
<b>OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG</b>	Tier 2	\$0	NDS; QL (60 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	Tier 1	\$0	NDS; QL (60 per 30 days)
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg</i>	Tier 1	\$0	NDS; QL (90 per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr 300 mg</i>	Tier 1	\$0	NDS
<b>Opioid Analgesics, Short-Acting</b>			
<i>butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml</i>	Tier 1	\$0	NDS
<i>butorphanol tartrate nasal spray, non-aerosol 10 mg/ml</i>	Tier 1	\$0	NDS; QL (2.5 per 14 days)
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	Tier 2	\$0	NDS
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	Tier 1	\$0	PA; NDS
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	Tier 1	\$0	NDS; QL (10 per 30 days)



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<b>Name of Drug</b>	<b>Tier Level</b>	<b>WHAT THE DRUG WILL COST YOU</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	Tier 1	\$0	NDS; QL (240 per 30 days)
<i>hydromorphone oral liquid 1 mg/ml</i>	Tier 1	\$0	NDS
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	\$0	NDS
LAZANDA NASAL SPRAY, NON-AEROSOL 100 MCG/SPRAY, 400 MCG/SPRAY	Tier 2	\$0	PA; NDS
<i>meperidine oral tablet 100 mg, 50 mg</i>	Tier 1	\$0	NDS
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	Tier 1	\$0	NDS
<i>morphine intravenous syringe 2 mg/ml, 8 mg/ml</i>	Tier 1	\$0	NDS
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	Tier 1	\$0	NDS
<i>morphine oral tablet 15 mg, 30 mg</i>	Tier 1	\$0	NDS; QL (120 per 30 days)
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	Tier 1	\$0	PA BvD; NDS
<i>oxycodone oral solution 5 mg/5 ml</i>	Tier 1	\$0	NDS; QL (2400 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	\$0	NDS; QL (180 per 30 days)
<i>tramadol oral tablet 50 mg</i>	Tier 1	\$0	NDS; QL (240 per 30 days)
<b>Anesthetics</b>			
<b>Local Anesthetics</b>			
<i>lidocaine (pf) injection solution 5 mg/ml (0.5 %)</i>	Tier 1	\$0	NDS
<i>lidocaine hcl injection solution 20 mg/ml (2 %)</i>	Tier 1	\$0	NDS
<i>lidocaine hcl mucous membrane jelly 2 %</i>	Tier 1	\$0	NDS
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	Tier 1	\$0	NDS
<i>lidocaine topical adhesive patch, medicated 5 %</i>	Tier 1	\$0	PA; NDS
<i>lidocaine topical ointment 5 %</i>	Tier 1	\$0	NDS
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	Tier 1	\$0	NDS



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<b>Anti-Addiction/ Substance Abuse Treatment Agents</b>			
<b>Alcohol Deterrents/Anti-Craving</b>			
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	Tier 1	\$0	MO
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Tier 1	\$0	MO
<i>naltrexone oral tablet 50 mg</i>	Tier 1	\$0	NDS
<b>Opioid Dependence Treatments</b>			
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	Tier 1	\$0	NDS
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	Tier 1	\$0	MO; QL (120 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	Tier 1	\$0	MO; QL (90 per 30 days)
<i>naltrexone oral tablet 50 mg</i>	Tier 1	\$0	NDS
<b>Opioid Reversal Agents</b>			
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	Tier 2	\$0	NDS
<b>Smoking Cessation Agents</b>			
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	Tier 1	\$0	
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	Tier 2	\$0	ST; NDS
CHANTIX ORAL TABLET 0.5 MG, 1 MG	Tier 2	\$0	ST; NDS
CHANTIX STARTING MONTH BOX ORAL TABLETS, DOSE PACK 0.5 MG (11)- 1 MG (42)	Tier 2	\$0	ST; NDS
NICOTROL INHALATION CARTRIDGE 10 MG	Tier 2	\$0	NDS
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	Tier 2	\$0	ST; NDS



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<b>Antibacterials</b>			
<b>Aminoglycosides</b>			
<i>amikacin injection solution 500 mg/2 ml</i>	Tier 2	\$0	PA BvD; NDS
GENTAK OPHTHALMIC OINTMENT 0.3 % (3 MG/GRAM)	Tier 2	\$0	NDS
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 80 mg/50 ml</i>	Tier 2	\$0	NDS
<i>gentamicin injection solution 40 mg/ml</i>	Tier 1	\$0	NDS
<i>gentamicin ophthalmic drops 0.3 %</i>	Tier 1	\$0	NDS
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml</i>	Tier 2	\$0	NDS
<i>gentamicin topical cream 0.1 %</i>	Tier 1	\$0	NDS
<i>gentamicin topical ointment 0.1 %</i>	Tier 1	\$0	NDS
<i>neomycin oral tablet 500 mg</i>	Tier 1	\$0	NDS
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	Tier 1	\$0	NDS
<i>paromomycin oral capsule 250 mg</i>	Tier 1	\$0	NDS
<i>streptomycin intramuscular recon soln 1 gram</i>	Tier 2	\$0	NDS
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	Tier 2	\$0	NDS
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	Tier 1	\$0	PA NSO; MO
<i>tobramycin ophthalmic drops 0.3 %</i>	Tier 1	\$0	NDS
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	Tier 1	\$0	NDS
TOBREX OPHTHALMIC DROPS 0.3 %	Tier 2	\$0	NDS
TOBREX OPHTHALMIC OINTMENT 0.3 %	Tier 2	\$0	NDS
ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM	Tier 2	\$0	PA NSO; NDS



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<b>Antibacterials, Other</b>			
<i>acetic acid otic solution 2 %</i>	Tier 1	\$0	NDS
<i>alcohol pads topical pads, medicated</i>	Tier 2	\$0	NDS
BACIIM INTRAMUSCULAR RECON SOLN 50,000 UNIT	Tier 2	\$0	NDS
<i>bacitracin intramuscular recon soln 50,000 unit</i>	Tier 1	\$0	NDS
<i>bacitracin ophthalmic ointment 500 unit/gram</i>	Tier 1	\$0	NDS
BACTROBAN NASAL NASAL OINTMENT 2 %	Tier 2	\$0	NDS
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	Tier 1	\$0	NDS
<i>clindamax topical gel 1 %</i>	Tier 2	\$0	NDS
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	Tier 1	\$0	NDS
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	Tier 1	\$0	NDS
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	Tier 1	\$0	NDS
<i>clindamycin phosphate topical gel 1 %</i>	Tier 1	\$0	NDS
<i>clindamycin phosphate topical lotion 1 %</i>	Tier 1	\$0	NDS
<i>clindamycin phosphate topical solution 1 %</i>	Tier 1	\$0	NDS
<i>clindamycin phosphate vaginal cream 2 %</i>	Tier 1	\$0	NDS
CUBICIN INTRAVENOUS RECON SOLN 500 MG	Tier 2	\$0	PA; NDS
<i>linezolid intravenous parenteral solution 600 mg/300 ml</i>	Tier 1	\$0	NDS
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	Tier 1	\$0	PA; NDS; QL (840 per 14 days)
<i>linezolid oral tablet 600 mg</i>	Tier 1	\$0	PA; NDS; QL (28 per 14 days)



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<b>Name of Drug</b>	<b>Tier Level</b>	<b>WHAT THE DRUG WILL COST YOU</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>methenamine hippurate oral tablet 1 gram</i>	Tier 1	\$0	NDS
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	Tier 1	\$0	NDS
<i>metronidazole oral capsule 375 mg</i>	Tier 1	\$0	NDS
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Tier 1	\$0	NDS
<i>metronidazole topical cream 0.75 %</i>	Tier 1	\$0	NDS
<i>metronidazole topical gel 0.75 %, 1 %</i>	Tier 1	\$0	NDS
<i>metronidazole topical lotion 0.75 %</i>	Tier 1	\$0	NDS
<i>metronidazole vaginal gel 0.75 %</i>	Tier 1	\$0	NDS
<i>mupirocin calcium topical cream 2 %</i>	Tier 1	\$0	NDS
<i>mupirocin topical ointment 2 %</i>	Tier 1	\$0	NDS
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg</i>	Tier 1	\$0	NDS
<i>nitrofurantoin macrocrystal oral capsule 50 mg</i>	Tier 1	\$0	NDS; QL (720 per 365 days)
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	Tier 1	\$0	NDS
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	Tier 1	\$0	NDS
<i>tigecycline intravenous recon soln 50 mg</i>	Tier 1	\$0	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Tier 1	\$0	NDS
<i>trimethoprim oral tablet 100 mg</i>	Tier 1	\$0	NDS
TYGACIL INTRAVENOUS RECON SOLN 50 MG	Tier 2	\$0	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg</i>	Tier 1	\$0	NDS
<i>vancomycin oral capsule 125 mg, 250 mg</i>	Tier 1	\$0	NDS; QL (112 per 4 days)
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	Tier 2	\$0	PA; NDS; QL (840 per 14 days)



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<b>Antibacterials</b>			
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	Tier 1	\$0	NDS
SYNERCID INTRAVENOUS RECON SOLN 500 MG	Tier 2	\$0	NDS
<b>Beta-Lactam, Cephalosporins</b>			
<i>cefaclor oral capsule 250 mg, 500 mg</i>	Tier 1	\$0	NDS
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	Tier 1	\$0	NDS
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	Tier 1	\$0	NDS
<i>cefadroxil oral capsule 500 mg</i>	Tier 1	\$0	NDS
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	Tier 1	\$0	NDS
<i>cefadroxil oral tablet 1 gram</i>	Tier 1	\$0	NDS
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	Tier 1	\$0	NDS
<i>cefdinir oral capsule 300 mg</i>	Tier 1	\$0	NDS
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	\$0	NDS
<i>cefepime injection recon soln 1 gram, 2 gram</i>	Tier 1	\$0	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	Tier 1	\$0	NDS
<i>cefotaxime injection recon soln 1 gram, 2 gram, 500 mg</i>	Tier 1	\$0	NDS
<i>cefotetan injection recon soln 1 gram, 2 gram</i>	Tier 1	\$0	NDS
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	Tier 1	\$0	NDS
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	Tier 1	\$0	NDS



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<b>Name of Drug</b>	<b>Tier Level</b>	<b>WHAT THE DRUG WILL COST YOU</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>cefepodoxime oral tablet 100 mg, 200 mg</i>	Tier 1	\$0	NDS
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	\$0	NDS
<i>cefprozil oral tablet 250 mg, 500 mg</i>	Tier 1	\$0	NDS
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	Tier 1	\$0	NDS
<i>ceftriaxone injection recon soln 10 gram, 250 mg, 500 mg</i>	Tier 1	\$0	NDS
<i>ceftriaxone intravenous recon soln 1 gram, 2 gram</i>	Tier 1	\$0	NDS
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	Tier 1	\$0	NDS
<i>cefuroxime sodium injection recon soln 750 mg</i>	Tier 1	\$0	NDS
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	Tier 1	\$0	NDS
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	Tier 1	\$0	NDS
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	\$0	NDS
<i>cephalexin oral tablet 250 mg, 500 mg</i>	Tier 1	\$0	NDS
SUPRAX ORAL CAPSULE 400 MG	Tier 2	\$0	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML, 500 MG/5 ML	Tier 2	\$0	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	Tier 2	\$0	NDS
TAZICEF INJECTION RECON SOLN 1 GRAM, 2 GRAM, 6 GRAM	Tier 2	\$0	NDS
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	Tier 2	\$0	NDS



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM	Tier 2	\$0	NDS
<b>Beta-Lactam, Other</b>			
AZACTAM IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	Tier 2	\$0	NDS
<i>aztreonam injection recon soln 1 gram</i>	Tier 1	\$0	NDS
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	Tier 2	\$0	NDS
DORIBAX INTRAVENOUS RECON SOLN 500 MG	Tier 2	\$0	PA; NDS
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	Tier 1	\$0	PA; NDS
INVANZ INJECTION RECON SOLN 1 GRAM	Tier 2	\$0	NDS
<i>meropenem intravenous recon soln 500 mg</i>	Tier 1	\$0	NDS
<b>Beta-Lactam, Penicillins</b>			
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Tier 1	\$0	NDS
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	Tier 1	\$0	NDS
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Tier 1	\$0	NDS
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	Tier 1	\$0	NDS
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	Tier 1	\$0	NDS
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	Tier 1	\$0	NDS



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<b>Name of Drug</b>	<b>Tier Level</b>	<b>WHAT THE DRUG WILL COST YOU</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	Tier 1	\$0	NDS
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	Tier 1	\$0	NDS
<i>ampicillin oral capsule 250 mg, 500 mg</i>	Tier 1	\$0	NDS
<i>ampicillin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	\$0	NDS
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	Tier 1	\$0	NDS
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	Tier 1	\$0	NDS
<b>BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML</b>	Tier 2	\$0	NDS
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	Tier 1	\$0	NDS
<i>nafcillin injection recon soln 1 gram, 10 gram</i>	Tier 1	\$0	NDS
<i>oxacillin injection recon soln 10 gram</i>	Tier 1	\$0	NDS
<i>oxacillin intravenous recon soln 2 gram</i>	Tier 1		NDS
<i>penicillin g sodium injection recon soln 5 million unit</i>	Tier 1	\$0	NDS
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	\$0	NDS
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Tier 1	\$0	NDS
<i>piperacillin-tazobactam intravenous recon soln 3.375 gram, 4.5 gram</i>	Tier 1	\$0	PA; NDS
<i>piperacillin-tazobactam intravenous recon soln 40.5 gram</i>	Tier 1	\$0	NDS



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<b>Macrolides</b>			
AZASITE OPHTHALMIC DROPS 1 %	Tier 2	\$0	NDS
<i>azithromycin intravenous recon soln 500 mg</i>	Tier 1	\$0	NDS
<i>azithromycin oral packet 1 gram</i>	Tier 1	\$0	NDS
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	Tier 1	\$0	NDS
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	Tier 1	\$0	NDS
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	Tier 1	\$0	NDS
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	Tier 1	\$0	NDS
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	Tier 1	\$0	NDS
E.E.S. 400 ORAL TABLET 400 MG	Tier 2	\$0	NDS
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	Tier 2	\$0	NDS
ERY PADS TOPICAL SWAB 2 %	Tier 2	\$0	NDS
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	Tier 2	\$0	NDS
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	Tier 2	\$0	NDS
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	Tier 1	\$0	NDS
<i>erythromycin ophthalmic ointment 5 mg/gram (0.5 %)</i>	Tier 1	\$0	NDS
<i>erythromycin with ethanol topical gel 2 %</i>	Tier 1	\$0	NDS
<i>erythromycin with ethanol topical solution 2 %</i>	Tier 1	\$0	NDS
PCE ORAL TABLET, PARTICLES/CRYSTALS 333 MG, 500 MG	Tier 2	\$0	NDS



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
ZITHROMAX ORAL TABLET 250 MG	Tier 2	\$0	NDS
ZMAX ORAL SUSPENSION,EXTENDED REL RECON 2 GRAM/60 ML	Tier 2	\$0	NDS
<b>Quinolones</b>			
<i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 1,000 mg, 500 mg</i>	Tier 1	\$0	NDS
<i>ciprofloxacin hcl ophthalmic drops 0.3 %</i>	Tier 1	\$0	NDS
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	Tier 1	\$0	NDS
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	Tier 1	\$0	NDS
<i>ciprofloxacin lactate intravenous solution 400 mg/40 ml</i>	Tier 1	\$0	NDS
<i>ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	Tier 1	\$0	NDS
<i>gatifloxacin ophthalmic drops 0.5 %</i>	Tier 1	\$0	NDS
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	Tier 1	\$0	NDS
<i>levofloxacin ophthalmic drops 0.5 %</i>	Tier 1	\$0	NDS
<i>levofloxacin oral solution 250 mg/10 ml</i>	Tier 1	\$0	NDS
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	Tier 1	\$0	NDS
<i>moxifloxacin oral tablet 400 mg</i>	Tier 1	\$0	NDS; QL (14 per 14 days)
<i>moxifloxacin-sod.ace,sul-water intravenous piggyback 400 mg/250 ml</i>	Tier 1	\$0	NDS
<i>ofloxacin oral tablet 400 mg</i>	Tier 1	\$0	NDS
VIGAMOX OPHTHALMIC DROPS 0.5 %	Tier 2	\$0	NDS



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<b>Sulfonamides</b>			
<i>silver sulfadiazine topical cream 1 %</i>	Tier 1	\$0	NDS
SSD TOPICAL CREAM 1 %	Tier 2	\$0	NDS
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	Tier 1	\$0	NDS
<i>sulfacetamide sodium ophthalmic drops 10 %</i>	Tier 1	\$0	NDS
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	Tier 1	\$0	NDS
<i>sulfadiazine oral tablet 500 mg</i>	Tier 1	\$0	NDS
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	Tier 1	\$0	NDS
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	Tier 1	\$0	NDS
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	Tier 1	\$0	NDS
<b>Tetracyclines</b>			
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	Tier 1	\$0	NDS
DOXY-100 INTRAVENOUS RECON SOLN 100 MG	Tier 2	\$0	NDS
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	Tier 1	\$0	NDS
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	Tier 1	\$0	NDS
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	Tier 1	\$0	NDS
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg</i>	Tier 1	\$0	NDS
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	\$0	NDS
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	\$0	NDS
<i>minocycline oral tablet extended release 24 hr 135 mg, 45 mg, 90 mg</i>	Tier 1	\$0	NDS



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<i>tetracycline oral capsule 250 mg, 500 mg</i>	Tier 1	\$0	NDS
<b>Anticonvulsants</b>			
<b>Anticonvulsants, Other</b>			
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	Tier 2	\$0	
BRIVIACT ORAL SOLUTION 10 MG/ML	Tier 2	\$0	MO
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	Tier 2	\$0	MO
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG	Tier 2	\$0	
DIASTAT RECTAL KIT 2.5 MG	Tier 2	\$0	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	Tier 1	\$0	PA NSO; NDS
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	Tier 1	\$0	NDS
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Tier 1	\$0	NDS
KEPPRA ORAL SOLUTION 100 MG/ML	Tier 2	\$0	MO
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG	Tier 2	\$0	MO
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	Tier 2	\$0	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml</i>	Tier 1	\$0	NDS
<i>levetiracetam intravenous solution 500 mg/5 ml</i>	Tier 1	\$0	
<i>levetiracetam oral solution 100 mg/ml</i>	Tier 1	\$0	MO
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	Tier 1	\$0	MO
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	Tier 1	\$0	MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
ROWEEPRA ORAL TABLET 1,000 MG, 500 MG, 750 MG	Tier 2	\$0	MO
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	Tier 2	\$0	MO
<b>Calcium Channel Modifying Agents</b>			
CELONTIN ORAL CAPSULE 300 MG	Tier 2	\$0	MO
<i>ethosuximide oral capsule 250 mg</i>	Tier 1	\$0	MO
<i>ethosuximide oral solution 250 mg/5 ml</i>	Tier 1	\$0	MO
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	Tier 2	\$0	MO
LYRICA ORAL SOLUTION 20 MG/ML	Tier 2	\$0	MO
ZARONTIN ORAL CAPSULE 250 MG	Tier 2	\$0	MO
ZARONTIN ORAL SOLUTION 250 MG/5 ML	Tier 2	\$0	MO
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	Tier 2	\$0	MO
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	\$0	MO
<b>Gamma-Aminobutyric Acid (Gaba) Augmenting Agents</b>			
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	\$0	MO
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	\$0	MO
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	Tier 1	\$0	NDS
DEPACON INTRAVENOUS SOLUTION 500 MG/5 ML (100 MG/ML)	Tier 2	\$0	
DEPAKENE ORAL CAPSULE 250 MG	Tier 2	\$0	MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
DEPAKENE ORAL SOLUTION 250 MG/5 ML	Tier 2	\$0	MO
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	Tier 2	\$0	MO
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	Tier 2	\$0	MO
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	Tier 2	\$0	MO
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG	Tier 2	\$0	
DIASTAT RECTAL KIT 2.5 MG	Tier 2	\$0	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	Tier 1	\$0	PA NSO; NDS
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	Tier 1	\$0	NDS
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Tier 1	\$0	NDS
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	Tier 1	\$0	MO
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	Tier 1	\$0	MO
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	Tier 1	\$0	MO
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	Tier 1	\$0	MO
<i>gabapentin oral solution 250 mg/5 ml</i>	Tier 1	\$0	MO
<i>gabapentin oral tablet 600 mg, 800 mg</i>	Tier 1	\$0	MO
GABITRIL ORAL TABLET 12 MG, 16 MG, 2 MG, 4 MG	Tier 2	\$0	MO
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG	Tier 2	\$0	MO



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<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	\$0	MO
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	\$0	NDS
MYSOLINE ORAL TABLET 250 MG, 50 MG	Tier 2	\$0	MO
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG	Tier 2	\$0	MO
NEURONTIN ORAL SOLUTION 250 MG/5 ML	Tier 2	\$0	MO
NEURONTIN ORAL TABLET 600 MG, 800 MG	Tier 2	\$0	MO
ONFI ORAL SUSPENSION 2.5 MG/ML	Tier 2	\$0	MO
ONFI ORAL TABLET 10 MG, 20 MG	Tier 2	\$0	MO
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	Tier 1	\$0	MO
<i>phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 97.2 mg</i>	Tier 2	\$0	MO
<i>phenobarbital oral tablet 15 mg, 30 mg, 60 mg, 64.8 mg</i>	Tier 1	\$0	MO
<i>primidone oral tablet 250 mg, 50 mg</i>	Tier 1	\$0	MO
SABRIL ORAL POWDER IN PACKET 500 MG	Tier 2	\$0	PA NSO; LA; NDS
SABRIL ORAL TABLET 500 MG	Tier 2	\$0	PA NSO; LA; NDS
<i>tiagabine oral tablet 2 mg, 4 mg</i>	Tier 1	\$0	MO
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	Tier 1	\$0	NDS
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	Tier 1	\$0	MO
<i>valproic acid oral capsule 250 mg</i>	Tier 1	\$0	MO
<b>Glutamate Reducing Agents</b>			
<i>felbamate oral suspension 600 mg/5 ml</i>	Tier 1	\$0	MO
<i>felbamate oral tablet 400 mg, 600 mg</i>	Tier 1	\$0	MO



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<b>Name of Drug</b>	<b>Tier Level</b>	<b>WHAT THE DRUG WILL COST YOU</b>	<b>Necessary actions, restrictions, or limits on use</b>
FELBATOL ORAL SUSPENSION 600 MG/5 ML	Tier 2	\$0	MO
FELBATOL ORAL TABLET 400 MG, 600 MG	Tier 2	\$0	MO
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	Tier 2	\$0	MO
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 2	\$0	MO
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG, 200 MG, 25 MG, 50 MG	Tier 2	\$0	MO
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	Tier 2	\$0	MO
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	Tier 2	\$0	MO
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35)	Tier 2	\$0	
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14)	Tier 2	\$0	
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7)	Tier 2	\$0	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG	Tier 2	\$0	MO
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)	Tier 2	\$0	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	Tier 2	\$0	



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	Tier 2	\$0	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	\$0	MO
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	Tier 1	\$0	MO
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	Tier 1	\$0	MO
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	Tier 2	\$0	MO
TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG	Tier 2	\$0	MO
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	Tier 2	\$0	MO
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	Tier 1	\$0	MO
<i>topiramate oral capsule,sprinkle,er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	\$0	MO
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	\$0	MO
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 50 MG	Tier 2	\$0	MO
<b>Sodium Channel Agents</b>			
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	Tier 2	\$0	MO
BANZEL ORAL SUSPENSION 40 MG/ML	Tier 2	\$0	MO
BANZEL ORAL TABLET 200 MG, 400 MG	Tier 2	\$0	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	Tier 1	\$0	MO



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<i>carbamazepine oral tablet 200 mg</i>	Tier 1	\$0	MO
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	Tier 1	\$0	MO
<i>carbamazepine oral tablet, chewable 100 mg</i>	Tier 1	\$0	MO
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	Tier 2	\$0	MO
CEREBYX INJECTION SOLUTION 500 MG PE/10 ML	Tier 2	\$0	NDS
DILANTIN EXTENDED ORAL CAPSULE 100 MG	Tier 2	\$0	MO
DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG	Tier 2	\$0	MO
DILANTIN ORAL CAPSULE 30 MG	Tier 2	\$0	MO
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	Tier 2	\$0	MO
EPITOL ORAL TABLET 200 MG	Tier 2	\$0	MO
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	Tier 2	\$0	MO
<i>fosphenytoin injection solution 100 mg pe/2 ml</i>	Tier 1	\$0	NDS
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	Tier 1	\$0	MO
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	Tier 1	\$0	MO
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG	Tier 2	\$0	MO
PEGANONE ORAL TABLET 250 MG	Tier 2	\$0	MO
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	Tier 2	\$0	MO
<i>phenytoin oral suspension 125 mg/5 ml</i>	Tier 1	\$0	MO
<i>phenytoin oral tablet, chewable 50 mg</i>	Tier 1	\$0	MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	Tier 1	\$0	MO
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	Tier 1	\$0	
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	Tier 2	\$0	MO
TEGRETOL ORAL TABLET 200 MG	Tier 2	\$0	MO
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	Tier 2	\$0	MO
TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML)	Tier 2	\$0	MO
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG	Tier 2	\$0	MO
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML	Tier 2	\$0	NDS
VIMPAT ORAL SOLUTION 10 MG/ML	Tier 2	\$0	MO
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Tier 2	\$0	MO; QL (60 per 30 days)
<b>Antidementia Agents</b>			
<b>Antidementia Agents, Other</b>			
<i>ergoloid oral tablet 1 mg</i>	Tier 1	\$0	MO
<b>Cholinesterase Inhibitors</b>			
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i>	Tier 1	\$0	MO
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	Tier 1	\$0	MO
EXELON TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HR, 9.5 MG/24 HR	Tier 2	\$0	MO
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	Tier 1	\$0	MO
<i>galantamine oral solution 4 mg/ml</i>	Tier 1	\$0	MO
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	Tier 1	\$0	MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	Tier 1	\$0	MO; QL (60 per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr</i>	Tier 1	\$0	MO
<b>N-Methyl-D-Aspartate (Nmda) Receptor Antagonist</b>			
<i>memantine oral solution 2 mg/ml</i>	Tier 1	\$0	MO
<i>memantine oral tablet 10 mg, 5 mg</i>	Tier 1	\$0	MO
<i>memantine oral tablets,dose pack 5-10 mg</i>	Tier 1	\$0	NDS
NAMENDA ORAL SOLUTION 2 MG/ML	Tier 2	\$0	
NAMENDA ORAL TABLET 10 MG, 5 MG	Tier 2	\$0	MO
NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK 5-10 MG	Tier 2	\$0	NDS
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG	Tier 2	\$0	
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR 14 MG, 21 MG, 28 MG, 7 MG	Tier 2	\$0	MO
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	Tier 2	\$0	
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	Tier 2	\$0	MO
<b>Antidepressants</b>			
<b>Antidepressants, Other</b>			
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG	Tier 2	\$0	MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 300 MG, 400 MG	Tier 2	\$0	MO
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	Tier 2	\$0	MO
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG	Tier 2	\$0	MO
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	\$0	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet, disintegrating 10 mg, 15 mg</i>	Tier 1	\$0	MO
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	Tier 1	\$0	MO
<i>bupropion hcl oral tablet extended release 12 hr 100 mg, 200 mg</i>	Tier 1	\$0	MO
<i>bupropion hcl oral tablet extended release 12 hr 150 mg</i>	Tier 1	\$0	NDS; MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	Tier 1	\$0	MO
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	Tier 2	\$0	MO
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	\$0	MO
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 1	\$0	MO
<i>mirtazapine oral tablet 7.5 mg</i>	Tier 2	\$0	MO
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	Tier 1	\$0	MO
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	Tier 1	\$0	MO
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	\$0	MO; QL (60 per 30 days)



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	\$0	MO
REMERON ORAL TABLET 15 MG, 30 MG, 45 MG	Tier 2	\$0	MO
REMERON SOLTAB ORAL TABLET,DISINTEGRATING 15 MG, 30 MG, 45 MG	Tier 2	\$0	MO
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG	Tier 2	\$0	MO
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG	Tier 2	\$0	MO; QL (60 per 30 days)
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	Tier 1	\$0	MO
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG	Tier 2	\$0	MO
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	Tier 2	\$0	MO
<b>Antidepressants</b>			
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Tier 1	\$0	MO
<i>fluoxetine oral tablet 60 mg</i>	Tier 1	\$0	MO
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-50 mg</i>	Tier 1	\$0	MO; QL (30 per 30 days)
<i>olanzapine-fluoxetine oral capsule 6-25 mg</i>	Tier 1	\$0	MO
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	Tier 1	\$0	MO
SYMBYAX ORAL CAPSULE 12-25 MG, 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG	Tier 2	\$0	MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<b>Monoamine Oxidase Inhibitors</b>			
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	Tier 2	\$0	MO
MARPLAN ORAL TABLET 10 MG	Tier 2	\$0	MO
NARDIL ORAL TABLET 15 MG	Tier 2	\$0	MO
PARNATE ORAL TABLET 10 MG	Tier 2	\$0	MO
<i>phenelzine oral tablet 15 mg</i>	Tier 1	\$0	MO
<i>tranylcypromine oral tablet 10 mg</i>	Tier 1	\$0	MO
<b>Ssris/ Snris</b>			
BRISDELLE ORAL CAPSULE 7.5 MG	Tier 2	\$0	
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 2	\$0	MO
<i>citalopram oral solution 10 mg/5 ml</i>	Tier 1	\$0	MO
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	\$0	MO
CYMBALTA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 20 MG, 30 MG, 60 MG	Tier 2	\$0	MO
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	Tier 1	\$0	MO
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	Tier 1	\$0	MO
<i>duloxetine oral capsule, delayed release (dr/ec) 20 mg, 30 mg, 40 mg, 60 mg</i>	Tier 1	\$0	MO
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG, 37.5 MG, 75 MG	Tier 2	\$0	MO
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	Tier 1	\$0	MO
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	\$0	MO; QL (30 per 30 days)



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	Tier 2	\$0	NDS
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	Tier 2	\$0	MO
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	Tier 1	\$0	MO
<i>fluoxetine oral capsule, delayed release(dr/ec) 90 mg</i>	Tier 1	\$0	MO
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	Tier 1	\$0	MO
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	Tier 1	\$0	MO
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	Tier 1	\$0	MO
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	\$0	MO
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 50 MG	Tier 2	\$0	MO
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 2	\$0	MO
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	\$0	MO
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	Tier 1	\$0	MO
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG	Tier 2	\$0	MO
PAXIL ORAL SUSPENSION 10 MG/5 ML	Tier 2	\$0	MO
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	Tier 2	\$0	MO
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	Tier 2	\$0	MO



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PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 25 MG, 50 MG	Tier 2	\$0	MO
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG	Tier 2	\$0	MO
SARAFEM ORAL TABLET 10 MG, 20 MG	Tier 2	\$0	MO
<i>sertraline oral concentrate 20 mg/ml</i>	Tier 1	\$0	MO
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	\$0	MO
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 2	\$0	MO
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	Tier 1	\$0	MO
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1	\$0	MO
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	Tier 1	\$0	MO
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	Tier 2	\$0	MO
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	Tier 2	\$0	NDS
ZOLOFT ORAL CONCENTRATE 20 MG/ML	Tier 2	\$0	MO
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 2	\$0	MO
<b>Tricyclics</b>			
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	\$0	MO
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Tier 1	\$0	MO
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG	Tier 2	\$0	MO
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	Tier 1	\$0	MO



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<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	\$0	MO
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	\$0	MO
<i>doxepin oral concentrate 10 mg/ml</i>	Tier 1	\$0	MO
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	\$0	MO
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	Tier 1	\$0	MO
NORPRAMIN ORAL TABLET 10 MG, 25 MG	Tier 2	\$0	MO
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	\$0	MO
<i>nortriptyline oral solution 10 mg/5 ml</i>	Tier 1	\$0	MO
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG	Tier 2	\$0	MO
<i>protriptyline oral tablet 10 mg, 5 mg</i>	Tier 1	\$0	MO
SILENOR ORAL TABLET 3 MG, 6 MG	Tier 2	\$0	
SURMONTIL ORAL CAPSULE 100 MG, 25 MG, 50 MG	Tier 2	\$0	MO
TOFRANIL ORAL TABLET 10 MG, 25 MG, 50 MG	Tier 2	\$0	MO
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	\$0	MO
<b>Antiemetics</b>			
<b>Antiemetics, Other</b>			
<i>chlorpromazine injection solution 25 mg/ml</i>	Tier 1	\$0	NDS
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	\$0	MO
COMPRO RECTAL SUPPOSITORY 25 MG	Tier 2	\$0	NDS
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	Tier 1	\$0	NDS
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	Tier 1	\$0	NDS



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<b>Name of Drug</b>	<b>Tier Level</b>	<b>WHAT THE DRUG WILL COST YOU</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	Tier 1	\$0	PA NSO; NDS
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	\$0	PA NSO; NDS
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	\$0	PA NSO; NDS
<i>meclizine 12.5 mg caplet caplet (otc) 12.5 mg</i>	Tier 3	\$0	*
<i>meclizine 12.5 mg tablet (otc) 12.5 mg</i>	Tier 3	\$0	*
<i>meclizine oral tablet 12.5 mg</i>	Tier 1	\$0	NDS
<i>meclizine oral tablet 25 mg</i>	Tier 2	\$0	NDS
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	Tier 1	\$0	NDS
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Tier 1	\$0	NDS
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	\$0	MO
PHENADOZ RECTAL SUPPOSITORY 12.5 MG	Tier 2	\$0	NDS
PHENERGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	Tier 2	\$0	NDS
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	Tier 1	\$0	NDS
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	Tier 1	\$0	NDS
<i>prochlorperazine rectal suppository 25 mg</i>	Tier 1	\$0	NDS
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Tier 1	\$0	PA NSO; NDS
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	\$0	PA NSO; NDS
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	Tier 1	\$0	PA NSO; NDS
<i>promethazine rectal suppository 50 mg</i>	Tier 1	\$0	NDS



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
PROMETHEGAN RECTAL SUPPOSITORY 25 MG, 50 MG	Tier 2	\$0	NDS
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1.5 MG (1 MG OVER 3 DAYS)	Tier 2	\$0	NDS
<b>Emetogenic Therapy Adjuncts</b>			
ANZEMET ORAL TABLET 100 MG, 50 MG	Tier 2	\$0	PA BvD; NDS; QL (3 per 21 days)
CELLCEPT INTRAVENOUS INTRAVENOUS RECON SOLN 500 MG	Tier 2	\$0	PA BvD; NDS
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Tier 1	\$0	PA BvD; NDS
EMEND ORAL CAPSULE 125 MG, 40 MG, 80 MG	Tier 2	\$0	PA BvD; NDS; QL (6 per 30 days)
<i>granisetron (pf) intravenous solution 100 mcg/ml</i>	Tier 1	\$0	PA BvD; NDS
<i>granisetron hcl intravenous solution 1 mg/ml</i>	Tier 1	\$0	NDS
<i>granisetron hcl intravenous solution 1 mg/ml (1 ml)</i>	Tier 1	\$0	PA BvD; NDS
<i>granisetron hcl oral tablet 1 mg</i>	Tier 1	\$0	PA BvD; NDS
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	Tier 1	\$0	PA BvD; NDS
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	Tier 2	\$0	NDS
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	Tier 1	\$0	PA BvD; NDS
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	Tier 1	\$0	PA BvD; NDS
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	Tier 1	\$0	PA BvD; NDS
<b>Antifungals</b>			
<b>Antifungals</b>			
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	Tier 2	\$0	PA NSO; NDS



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	Tier 2	\$0	PA NSO; NDS
<i>amphotericin b injection recon soln 50 mg</i>	Tier 1	\$0	PA BvD; NDS
CANCIDAS INTRAVENOUS RECON SOLN 50 MG, 70 MG	Tier 2	\$0	PA NSO; NDS
<i>ciclopirox topical cream 0.77 %</i>	Tier 2	\$0	NDS
<i>ciclopirox topical gel 0.77 %</i>	Tier 1	\$0	NDS
<i>ciclopirox topical shampoo 1 %</i>	Tier 1	\$0	NDS
<i>ciclopirox topical solution 8 %</i>	Tier 1	\$0	NDS
<i>ciclopirox topical suspension 0.77 %</i>	Tier 1	\$0	NDS
<i>clotrimazole 1% cream (otc) 1 %</i>	Tier 3	\$0	*
<i>clotrimazole mucous membrane troche 10 mg</i>	Tier 1	\$0	NDS
<i>clotrimazole topical cream 1 %</i>	Tier 2	\$0	NDS
<i>clotrimazole topical solution 1 %</i>	Tier 1	\$0	NDS
<i>econazole topical cream 1 %</i>	Tier 1	\$0	NDS
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG	Tier 2	\$0	NDS
EXELDERM TOPICAL CREAM 1 %	Tier 2	\$0	NDS
EXELDERM TOPICAL SOLUTION 1 %	Tier 2	\$0	NDS
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	Tier 1	\$0	PA NSO; NDS
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	Tier 1	\$0	NDS
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	Tier 1	\$0	NDS
<i>flucytosine oral capsule 250 mg, 500 mg</i>	Tier 1	\$0	NDS
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	Tier 1	\$0	NDS



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<i>griseofulvin microsize oral tablet 500 mg</i>	Tier 1	\$0	NDS
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	Tier 1	\$0	NDS
<i>itraconazole oral capsule 100 mg</i>	Tier 1	\$0	NDS
<i>ketoconazole oral tablet 200 mg</i>	Tier 1	\$0	NDS
<i>ketoconazole topical cream 2 %</i>	Tier 1	\$0	NDS
<i>ketoconazole topical foam 2 %</i>	Tier 1	\$0	NDS
<i>ketoconazole topical shampoo 2 %</i>	Tier 1	\$0	NDS
MENTAX TOPICAL CREAM 1 %	Tier 2	\$0	NDS
<i>miconazole-3 vaginal suppository 200 mg</i>	Tier 1	\$0	NDS
MYCAMINE INTRAVENOUS RECON SOLN 100 MG, 50 MG	Tier 2	\$0	NDS
<i>naftifine topical cream 1 %</i>	Tier 1	\$0	NDS
NAFTIN TOPICAL CREAM 2 %	Tier 2	\$0	NDS
NAFTIN TOPICAL GEL 1 %, 2 %	Tier 2	\$0	NDS
NATACYN OPHTHALMIC DROPS,SUSPENSION 5 %	Tier 2	\$0	NDS
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	Tier 2	\$0	NDS
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG	Tier 2	\$0	NDS
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM	Tier 2	\$0	NDS
<i>nystatin oral suspension 100,000 unit/ml</i>	Tier 1	\$0	NDS
<i>nystatin oral tablet 500,000 unit</i>	Tier 1	\$0	NDS
<i>nystatin topical cream 100,000 unit/gram</i>	Tier 1	\$0	NDS
<i>nystatin topical ointment 100,000 unit/gram</i>	Tier 1	\$0	NDS
<i>nystatin topical powder 100,000 unit/gram</i>	Tier 1	\$0	NDS
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM	Tier 2	\$0	NDS



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
OXISTAT TOPICAL CREAM 1 %	Tier 2	\$0	NDS
OXISTAT TOPICAL LOTION 1 %	Tier 2	\$0	NDS
<i>terbinafine hcl oral tablet 250 mg</i>	Tier 1	\$0	NDS
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Tier 1	\$0	NDS
<i>terconazole vaginal suppository 80 mg</i>	Tier 1	\$0	NDS
<i>voriconazole intravenous solution 200 mg</i>	Tier 1	\$0	PA NSO; NDS
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	Tier 1	\$0	NDS
<i>voriconazole oral tablet 200 mg, 50 mg</i>	Tier 1	\$0	NDS
ZOLINZA ORAL CAPSULE 100 MG	Tier 2	\$0	PA NSO; NDS; QL (120 per 30 days)
<b>Antigout Agents</b>			
<b>Antigout Agents</b>			
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Tier 1	\$0	MO
ALOPRIM INTRAVENOUS RECON SOLN 500 MG	Tier 2	\$0	NDS
<i>colchicine oral tablet 0.6 mg</i>	Tier 2	\$0	MO
<i>probenecid oral tablet 500 mg</i>	Tier 1	\$0	MO
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	Tier 1	\$0	NDS; MO
ULORIC ORAL TABLET 40 MG, 80 MG	Tier 2	\$0	MO
<b>Anti-Inflammatory Agents</b>			
<b>Glucocorticoids</b>			
<i>betamethasone dipropionate topical cream 0.05 %</i>	Tier 1	\$0	NDS
<i>betamethasone dipropionate topical lotion 0.05 %</i>	Tier 1	\$0	NDS
<i>betamethasone dipropionate topical ointment 0.05 %</i>	Tier 1	\$0	NDS



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<i>betamethasone valerate topical cream 0.1 %</i>	Tier 1	\$0	NDS
<i>betamethasone valerate topical foam 0.12 %</i>	Tier 1	\$0	NDS
<i>betamethasone valerate topical lotion 0.1 %</i>	Tier 1	\$0	NDS
<i>betamethasone valerate topical ointment 0.1 %</i>	Tier 1	\$0	NDS
<i>betamethasone, augmented topical cream 0.05 %</i>	Tier 1	\$0	NDS
<i>betamethasone, augmented topical gel 0.05 %</i>	Tier 1	\$0	NDS
<i>betamethasone, augmented topical lotion 0.05 %</i>	Tier 1	\$0	NDS
BLEPHAMIDE OPHTHALMIC DROPS,SUSPENSION 10-0.2 %	Tier 2	\$0	NDS
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	Tier 2	\$0	NDS
<i>cortisone oral tablet 25 mg</i>	Tier 1	\$0	PA BvD; NDS
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	Tier 2	\$0	NDS
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	Tier 2	\$0	NDS
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	Tier 1	\$0	PA BvD; NDS
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	Tier 1	\$0	PA BvD; NDS
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	Tier 1	\$0	NDS
<i>hydrocortisone oral tablet 20 mg, 5 mg</i>	Tier 1	\$0	PA BvD; MO
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	Tier 1	\$0	NDS
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 1	\$0	PA BvD; NDS



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<i>methylprednisolone sodium succ injection recon soln 125 mg</i>	Tier 1	\$0	
<i>methylprednisolone sodium succ injection recon soln 40 mg</i>	Tier 1	\$0	NDS
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i>	Tier 1	\$0	NDS
PRED MILD OPHTHALMIC DROPS,SUSPENSION 0.12 %	Tier 2	\$0	NDS
<i>prednisolone acetate ophthalmic drops,suspension 1 %</i>	Tier 1	\$0	NDS
<i>prednisolone sodium phosphate ophthalmic drops 1 %</i>	Tier 1	\$0	NDS
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	Tier 1	\$0	PA BvD; NDS
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 2	\$0	PA BvD; NDS
<i>prednisone oral solution 5 mg/5 ml</i>	Tier 2	\$0	PA BvD; NDS
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Tier 1	\$0	PA BvD; NDS
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	Tier 1	\$0	NDS
VERIPRED 20 ORAL SOLUTION 20 MG/5 ML (4 MG/ML)	Tier 2	\$0	NDS
<b>Nonsteroidal Anti-Inflammatory Drugs</b>			
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	Tier 1	\$0	MO; QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 1	\$0	NDS
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	Tier 1	\$0	NDS
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	Tier 1	\$0	NDS
<i>diflunisal oral tablet 500 mg</i>	Tier 1	\$0	NDS
<i>etodolac oral capsule 200 mg</i>	Tier 1	\$0	MO



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<b>Name of Drug</b>	<b>Tier Level</b>	<b>WHAT THE DRUG WILL COST YOU</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>etodolac oral tablet 400 mg, 500 mg</i>	Tier 1	\$0	MO
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	Tier 1	\$0	MO
<i>fenoprofen oral tablet 600 mg</i>	Tier 1	\$0	NDS
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	Tier 1	\$0	NDS; MO
<i>ibuprofen 100 mg/5 ml susp children's (otc) 100 mg/5 ml</i>	Tier 3	\$0	MO; *
<i>ibuprofen 200 mg/10 ml susp 100's, u-d cups (otc) 100 mg/5 ml</i>	Tier 3	\$0	MO; *
<i>ibuprofen 200 mg/10 ml susp 30's, u-d cups (otc) 100 mg/5 ml</i>	Tier 3	\$0	MO; *
<i>ibuprofen 200 mg/10 ml susp u-d (otc) 100 mg/5 ml</i>	Tier 3	\$0	MO; *
<i>ibuprofen oral suspension 100 mg/5 ml</i>	Tier 2	\$0	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	Tier 1	\$0	MO
<i>ibuprofen-oxycodone oral tablet 400-5 mg</i>	Tier 1	\$0	NDS; QL (300 per 30 days)
<i>indomethacin oral capsule 25 mg, 50 mg</i>	Tier 1	\$0	NDS
<i>indomethacin oral capsule, extended release 75 mg</i>	Tier 1	\$0	NDS
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	Tier 1	\$0	NDS
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	Tier 1	\$0	NDS; MO
<i>ketorolac oral tablet 10 mg</i>	Tier 1	\$0	NDS
<i>meclofenamate oral capsule 100 mg</i>	Tier 1	\$0	NDS
<i>meclofenamate oral capsule 50 mg</i>	Tier 1	\$0	NDS; MO
<i>mefenamic acid oral capsule 250 mg</i>	Tier 1	\$0	NDS
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	Tier 1	\$0	MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<i>nabumetone oral tablet 500 mg, 750 mg</i>	Tier 1	\$0	NDS
<i>naproxen oral suspension 125 mg/5 ml</i>	Tier 1	\$0	MO
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	Tier 1	\$0	MO
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	Tier 1	\$0	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	Tier 1	\$0	MO
<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg</i>	Tier 1	\$0	MO
<i>oxaprozin oral tablet 600 mg</i>	Tier 1	\$0	NDS
<i>piroxicam oral capsule 10 mg, 20 mg</i>	Tier 1	\$0	NDS
<i>qc ibuprofen 100 mg/5 ml susp children's (otc) 100 mg/5 ml</i>	Tier 3	\$0	MO; *
<i>sm ibuprofen 100 mg/5 ml susp (otc) 100 mg/5 ml</i>	Tier 3	\$0	MO; *
<i>sm ibuprofen 100 mg/5 ml susp a/f (otc) 100 mg/5 ml</i>	Tier 3	\$0	MO; *
<i>sm ibuprofen 100 mg/5 ml susp children's (otc) 100 mg/5 ml</i>	Tier 3	\$0	MO; *
<i>sulindac oral tablet 150 mg, 200 mg</i>	Tier 1	\$0	NDS
<i>tolmetin oral capsule 400 mg</i>	Tier 1	\$0	NDS
<i>tolmetin oral tablet 600 mg</i>	Tier 1	\$0	NDS; MO
<b>Antimigraine Agents</b>			
<b>Ergot Alkaloids</b>			
<i>dihydroergotamine injection solution 1 mg/ml</i>	Tier 1	\$0	NDS
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	Tier 1	\$0	NDS
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	Tier 2	\$0	NDS



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<b>Prophylactic</b>			
DEPAKENE ORAL CAPSULE 250 MG	Tier 2	\$0	MO
DEPAKENE ORAL SOLUTION 250 MG/5 ML	Tier 2	\$0	MO
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	Tier 2	\$0	MO
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	Tier 2	\$0	MO
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	Tier 2	\$0	MO
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	Tier 1	\$0	MO
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	Tier 1	\$0	MO
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	Tier 1	\$0	MO
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	\$0	MO
TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG	Tier 2	\$0	MO
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	Tier 2	\$0	MO
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	Tier 1	\$0	MO
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	\$0	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	Tier 1	\$0	MO
<i>valproic acid oral capsule 250 mg</i>	Tier 1	\$0	MO
<b>Serotonin (5-Ht) 1B/1D Receptor Agonists</b>			
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	Tier 1	\$0	NDS; QL (18 per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	Tier 1	\$0	NDS; QL (18 per 30 days)



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<i>rizatriptan oral tablet, disintegrating 10 mg</i>	Tier 1	\$0	NDS; QL (18 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>	Tier 1	\$0	NDS; QL (12 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	\$0	NDS; QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	Tier 1	\$0	NDS; QL (9 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	Tier 1	\$0	NDS; QL (9 per 30 days)
<b>Antimyasthenic Agents</b>			
<b>Parasympathomimetics</b>			
<i>guanidine oral tablet 125 mg</i>	Tier 1	\$0	NDS
MESTINON ORAL SYRUP 60 MG/5 ML	Tier 2	\$0	MO
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE 180 MG	Tier 2	\$0	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	Tier 1	\$0	MO
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	Tier 1	\$0	MO
<b>Antimycobacterials</b>			
<b>Antimycobacterials, Other</b>			
<i>dapsone oral tablet 100 mg, 25 mg</i>	Tier 1	\$0	MO
PRIFTIN ORAL TABLET 150 MG	Tier 2	\$0	NDS
<i>rifabutin oral capsule 150 mg</i>	Tier 1	\$0	NDS
<b>Antituberculars</b>			
CAPASTAT INJECTION RECON SOLN 1 GRAM	Tier 2	\$0	NDS
<i>ethambutol oral tablet 100 mg, 400 mg</i>	Tier 1	\$0	NDS; MO
<i>isoniazid injection solution 100 mg/ml</i>	Tier 1	\$0	NDS
<i>isoniazid oral solution 50 mg/5 ml</i>	Tier 1	\$0	NDS; MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Tier 1	\$0	NDS
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	Tier 2	\$0	NDS; MO
<i>pyrazinamide oral tablet 500 mg</i>	Tier 2	\$0	NDS
<i>rifampin intravenous recon soln 600 mg</i>	Tier 1	\$0	NDS
<i>rifampin oral capsule 150 mg, 300 mg</i>	Tier 1	\$0	NDS
RIFATER ORAL TABLET 50-120-300 MG	Tier 2	\$0	NDS
SIRTURO ORAL TABLET 100 MG	Tier 2	\$0	PA NSO; NDS
TRECATOR ORAL TABLET 250 MG	Tier 2	\$0	NDS
<b>Antineoplastics</b>			
<b>Alkylating Agents</b>			
ALKERAN INTRAVENOUS RECON SOLN 50 MG	Tier 2	\$0	
<i>busulfan intravenous solution 60 mg/10 ml</i>	Tier 1	\$0	
BUSULFEX INTRAVENOUS SOLUTION 60 MG/10 ML	Tier 2	\$0	PA NSO; NDS
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Tier 1	\$0	PA NSO; NDS
HEXALEN ORAL CAPSULE 50 MG	Tier 2	\$0	PA NSO; NDS
LEUKERAN ORAL TABLET 2 MG	Tier 2	\$0	NDS
MATULANE ORAL CAPSULE 50 MG	Tier 2	\$0	PA NSO; LA; NDS
<i>melphalan hcl intravenous recon soln 50 mg</i>	Tier 1	\$0	PA NSO; NDS
<i>thiotepa injection recon soln 15 mg</i>	Tier 1	\$0	NDS
VALCHLOR TOPICAL GEL 0.016 %	Tier 2	\$0	MO
<b>Antiandrogens</b>			
<i>bicalutamide oral tablet 50 mg</i>	Tier 1	\$0	MO
CASODEX ORAL TABLET 50 MG	Tier 2	\$0	MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<i>flutamide oral capsule 125 mg</i>	Tier 1	\$0	MO
NILANDRON ORAL TABLET 150 MG	Tier 2	\$0	MO
<i>nilutamide oral tablet 150 mg</i>	Tier 1	\$0	MO
XTANDI ORAL CAPSULE 40 MG	Tier 2	\$0	PA NSO; LA; MO; QL (120 per 30 days)
ZYTIGA ORAL TABLET 250 MG	Tier 2	\$0	PA NSO; LA; MO; QL (120 per 30 days)
<b>Antiangiogenic Agents</b>			
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Tier 2	\$0	PA NSO; LA; MO
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 25 MG, 5 MG	Tier 2	\$0	PA NSO; LA; MO
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	Tier 2	\$0	PA NSO; MO
<b>Antiestrogens/Modifiers</b>			
EMCYT ORAL CAPSULE 140 MG	Tier 2	\$0	PA NSO; NDS
FARESTON ORAL TABLET 60 MG	Tier 2	\$0	PA NSO; MO
SOLTAMOX ORAL SOLUTION 10 MG/5 ML	Tier 2	\$0	PA NSO; MO
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	Tier 1	\$0	MO
<b>Antimetabolites</b>			
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	Tier 2	\$0	MO
<i>gemcitabine intravenous recon soln 1 gram</i>	Tier 1	\$0	PA NSO; NDS
HYDREA ORAL CAPSULE 500 MG	Tier 2	\$0	MO
<i>hydroxyurea oral capsule 500 mg</i>	Tier 1	\$0	MO
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Tier 2	\$0	NDS
PURIXAN ORAL SUSPENSION 20 MG/ML	Tier 2	\$0	NDS
TABLOID ORAL TABLET 40 MG	Tier 2	\$0	PA NSO; NDS



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<b>Antineoplastics, Other</b>			
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	Tier 2	\$0	PA NSO; NDS
<i>fludarabine intravenous recon soln 50 mg</i>	Tier 1	\$0	PA NSO; NDS
FUSILEV INTRAVENOUS RECON SOLN 50 MG	Tier 2	\$0	NDS
<i>leucovorin calcium injection recon soln 100 mg</i>	Tier 1	\$0	PA BvD; NDS
<i>leucovorin calcium injection recon soln 350 mg</i>	Tier 2	\$0	PA BvD; NDS
<i>leucovorin calcium oral tablet 10 mg, 15 mg</i>	Tier 2	\$0	NDS
<i>leucovorin calcium oral tablet 25 mg, 5 mg</i>	Tier 1	\$0	NDS
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	Tier 1	\$0	PA NSO; MO
REVLIMID ORAL CAPSULE 2.5 MG	Tier 2	\$0	PA NSO; LA; MO
REVLIMID ORAL CAPSULE 20 MG	Tier 2	\$0	MO
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	Tier 2	\$0	MO
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	Tier 2	\$0	PA NSO; MO
YERVOY INTRAVENOUS SOLUTION 50 MG/10 ML (5 MG/ML)	Tier 2	\$0	PA NSO; LA; NDS
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML)	Tier 2	\$0	PA NSO; MO
<b>Antineoplastics</b>			
ADRIAMYCIN INTRAVENOUS SOLUTION 20 MG/10 ML	Tier 2	\$0	
ADRUCIL INTRAVENOUS SOLUTION 500 MG/10 ML	Tier 2	\$0	PA BvD; NDS
ALIMTA INTRAVENOUS RECON SOLN 500 MG	Tier 2	\$0	PA NSO; NDS



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
ARRANON INTRAVENOUS SOLUTION 250 MG/50 ML	Tier 2	\$0	
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML, 25 MG/ML (16 ML)	Tier 2	\$0	PA NSO; NDS
<i>azacitidine injection recon soln 100 mg</i>	Tier 1	\$0	PA NSO; NDS
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	Tier 2	\$0	MO
BICNU INTRAVENOUS RECON SOLN 100 MG	Tier 2	\$0	PA NSO; NDS
<i>bleomycin injection recon soln 30 unit</i>	Tier 1	\$0	PA NSO; NDS
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5 ML	Tier 2	\$0	
<i>carboplatin intravenous solution 10 mg/ml</i>	Tier 1	\$0	PA NSO; NDS
<i>cisplatin intravenous solution 1 mg/ml</i>	Tier 1	\$0	PA NSO; NDS
<i>cladribine intravenous solution 10 mg/10 ml</i>	Tier 1	\$0	PA NSO; NDS
<i>clofarabine intravenous solution 20 mg/20 ml</i>	Tier 1	\$0	
CLOLAR INTRAVENOUS SOLUTION 20 MG/20 ML	Tier 2	\$0	PA NSO; NDS
COSMEGEN INTRAVENOUS RECON SOLN 0.5 MG	Tier 2	\$0	
<i>cytarabine (pf) injection solution 2 gram/20 ml (100 mg/ml)</i>	Tier 2	\$0	PA NSO
<i>cytarabine injection solution 20 mg/ml</i>	Tier 1	\$0	PA NSO; NDS
<i>dacarbazine intravenous recon soln 200 mg</i>	Tier 1	\$0	PA NSO; NDS
DACOGEN INTRAVENOUS RECON SOLN 50 MG	Tier 2	\$0	
<i>daunorubicin intravenous solution 5 mg/ml</i>	Tier 2	\$0	
<i>decitabine intravenous recon soln 50 mg</i>	Tier 1	\$0	PA NSO; NDS



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<b>Name of Drug</b>	<b>Tier Level</b>	<b>WHAT THE DRUG WILL COST YOU</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>dexrazoxane hcl intravenous recon soln 250 mg</i>	Tier 1	\$0	PA NSO; NDS
<i>docetaxel intravenous solution 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	Tier 1	\$0	PA NSO; NDS
DOXIL INTRAVENOUS SUSPENSION 2 MG/ML	Tier 2	\$0	
<i>doxorubicin intravenous solution 50 mg/25 ml</i>	Tier 1	\$0	PA NSO; NDS
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i>	Tier 1	\$0	
ELITEK INTRAVENOUS RECON SOLN 1.5 MG	Tier 2	\$0	PA BvD; NDS
ELLECE INTRAVENOUS SOLUTION 200 MG/100 ML	Tier 2	\$0	
<i>epirubicin intravenous solution 200 mg/100 ml</i>	Tier 1	\$0	
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML	Tier 2	\$0	PA BvD; NDS
ERWINAZE INJECTION RECON SOLN 10,000 UNIT	Tier 2	\$0	PA NSO; NDS
FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML	Tier 2	\$0	PA NSO; MO
FOLOTYN INTRAVENOUS SOLUTION 40 MG/2 ML (20 MG/ML)	Tier 2	\$0	PA NSO; NDS
GEMZAR INTRAVENOUS RECON SOLN 1 GRAM	Tier 2	\$0	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG, 5 MG	Tier 2	\$0	NDS
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML)	Tier 2	\$0	PA NSO; NDS
HERCEPTIN INTRAVENOUS RECON SOLN 440 MG	Tier 2	\$0	PA BvD; NDS
IDAMYCIN PFS INTRAVENOUS SOLUTION 1 MG/ML	Tier 2	\$0	
<i>idarubicin intravenous solution 1 mg/ml</i>	Tier 1	\$0	PA NSO; NDS



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
IFEX INTRAVENOUS RECON SOLN 1 GRAM	Tier 2	\$0	
<i>ifosfamide intravenous recon soln 1 gram</i>	Tier 1	\$0	PA NSO; NDS
<i>irinotecan intravenous solution 100 mg/5 ml</i>	Tier 1	\$0	PA NSO; NDS
ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML	Tier 2	\$0	PA NSO; NDS
JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION)	Tier 2	\$0	PA NSO; NDS
KADCYLA INTRAVENOUS RECON SOLN 100 MG	Tier 2	\$0	PA NSO; LA; NDS
<i>levoleucovorin intravenous solution 10 mg/ml</i>	Tier 1	\$0	NDS
LYNPARZA ORAL CAPSULE 50 MG	Tier 2	\$0	NDS
<i>mesna intravenous solution 100 mg/ml</i>	Tier 1	\$0	NDS
MESNEX INTRAVENOUS SOLUTION 100 MG/ML	Tier 2	\$0	
MESNEX ORAL TABLET 400 MG	Tier 2	\$0	NDS
<i>mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg</i>	Tier 1	\$0	
MUSTARGEN INJECTION RECON SOLN 10 MG	Tier 2	\$0	PA NSO; NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Tier 2	\$0	NDS
NIPENT INTRAVENOUS RECON SOLN 10 MG	Tier 2	\$0	
<i>oxaliplatin intravenous solution 100 mg/20 ml</i>	Tier 1	\$0	PA NSO; NDS
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	Tier 1	\$0	PA NSO; NDS
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	Tier 2	\$0	PA BvD; NDS
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	Tier 2	\$0	PA NSO; NDS



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
RUBRACA ORAL TABLET 200 MG, 300 MG	Tier 2	\$0	
TAXOTERE INTRAVENOUS SOLUTION 80 MG/4 ML (20 MG/ML)	Tier 2	\$0	
TREANDA INTRAVENOUS RECON SOLN 100 MG	Tier 2	\$0	PA NSO; NDS
TRISENOX INTRAVENOUS SOLUTION 10 MG/10 ML	Tier 2	\$0	PA NSO; NDS
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML)	Tier 2	\$0	PA BvD; NDS
VELCADE INJECTION RECON SOLN 3.5 MG	Tier 2	\$0	PA NSO; NDS
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Tier 2	\$0	MO
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	Tier 2	\$0	
VIDAZA INJECTION RECON SOLN 100 MG	Tier 2	\$0	
<i>vinblastine intravenous solution 1 mg/ml</i>	Tier 1	\$0	PA NSO; NDS
VINCASAR PFS INTRAVENOUS SOLUTION 1 MG/ML	Tier 2	\$0	PA NSO; NDS
<i>vincristine intravenous solution 1 mg/ml</i>	Tier 1	\$0	PA NSO; NDS
<i>vinorelbine intravenous solution 50 mg/5 ml</i>	Tier 1	\$0	PA NSO; NDS
YONDELIS INTRAVENOUS RECON SOLN 1 MG	Tier 2	\$0	MO
ZEJULA ORAL CAPSULE 100 MG	Tier 2	\$0	MO
ZINECARD (AS HCL) INTRAVENOUS RECON SOLN 250 MG	Tier 2	\$0	
<b>Aromatase Inhibitors, 3Rd Generation</b>			
<i>anastrozole oral tablet 1 mg</i>	Tier 1	\$0	MO; QL (30 per 30 days)
ARIMIDEX ORAL TABLET 1 MG	Tier 2	\$0	MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
AROMASIN ORAL TABLET 25 MG	Tier 2	\$0	MO
<i>exemestane oral tablet 25 mg</i>	Tier 1	\$0	MO
FEMARA ORAL TABLET 2.5 MG	Tier 2	\$0	MO
<i>letrozole oral tablet 2.5 mg</i>	Tier 1	\$0	MO
<b>Enzyme Inhibitors</b>			
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	Tier 2	\$0	NDS
<i>etoposide intravenous solution 20 mg/ml</i>	Tier 1	\$0	NDS
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	Tier 2	\$0	PA NSO; NDS
HYCAMTIN INTRAVENOUS RECON SOLN 4 MG	Tier 2	\$0	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Tier 2	\$0	MO
KISQALI FEMARA CO-PACK ORAL TABLET (200 MG X 1)-2.5 MG, 400 MG/DAY (200 MG X 2)-2.5 MG, 600 MG/DAY (200 MG X 3)-2.5 MG	Tier 2	\$0	MO
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	Tier 2	\$0	MO
TOPOSAR INTRAVENOUS SOLUTION 20 MG/ML	Tier 2	\$0	NDS
<i>topotecan intravenous recon soln 4 mg</i>	Tier 1	\$0	PA NSO; NDS
ZOLINZA ORAL CAPSULE 100 MG	Tier 2	\$0	PA NSO; NDS; QL (120 per 30 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	Tier 2	\$0	NDS
<b>Molecular Target Inhibitors</b>			
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Tier 2	\$0	PA NSO; MO
ALECENSA ORAL CAPSULE 150 MG	Tier 2	\$0	MO
ALUNBRIG ORAL TABLET 30 MG	Tier 2	\$0	MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
BOSULIF ORAL TABLET 100 MG	Tier 2	\$0	PA NSO; MO; QL (150 per 30 days)
BOSULIF ORAL TABLET 500 MG	Tier 2	\$0	PA NSO; MO; QL (30 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Tier 2	\$0	
CAPRELSA ORAL TABLET 100 MG	Tier 2	\$0	PA NSO; NDS; MO; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	Tier 2	\$0	PA NSO; NDS; MO; QL (30 per 30 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	Tier 2	\$0	PA NSO; LA; NDS; MO
COTELLIC ORAL TABLET 20 MG	Tier 2	\$0	NDS
ERIVEDGE ORAL CAPSULE 150 MG	Tier 2	\$0	PA NSO; LA; MO; QL (30 per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Tier 2	\$0	PA NSO; LA; MO; QL (30 per 30 days)
GLEEVEC ORAL TABLET 100 MG, 400 MG	Tier 2	\$0	PA NSO; MO
ICLUSIG ORAL TABLET 15 MG	Tier 2	\$0	MO
ICLUSIG ORAL TABLET 45 MG	Tier 2	\$0	PA NSO; MO
<i>imatinib oral tablet 100 mg, 400 mg</i>	Tier 1	\$0	MO
IMBRUVICA ORAL CAPSULE 140 MG	Tier 2	\$0	PA NSO; LA; NDS; QL (120 per 30 days)
INLYTA ORAL TABLET 1 MG	Tier 2	\$0	PA NSO; LA; NDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	Tier 2	\$0	PA NSO; LA; NDS; QL (120 per 30 days)
IRESSA ORAL TABLET 250 MG	Tier 2	\$0	NDS; QL (60 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Tier 2	\$0	PA NSO; LA; MO; QL (60 per 30 days)
KYPROLIS INTRAVENOUS RECON SOLN 30 MG, 60 MG	Tier 2	\$0	



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<b>Name of Drug</b>	<b>Tier Level</b>	<b>WHAT THE DRUG WILL COST YOU</b>	<b>Necessary actions, restrictions, or limits on use</b>
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1/DAY), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1)	Tier 2	\$0	PA NSO; MO
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 8 MG/DAY (4 MG X 2)	Tier 2	\$0	MO
MEKINIST ORAL TABLET 0.5 MG	Tier 2	\$0	PA NSO; LA; MO; QL (120 per 30 days)
MEKINIST ORAL TABLET 2 MG	Tier 2	\$0	PA NSO; LA; MO; QL (30 per 30 days)
NEXAVAR ORAL TABLET 200 MG	Tier 2	\$0	PA NSO; LA; NDS; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	Tier 2	\$0	MO
OFEV ORAL CAPSULE 100 MG, 150 MG	Tier 2	\$0	MO
RYDAPT ORAL CAPSULE 25 MG	Tier 2	\$0	MO
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	Tier 2	\$0	PA NSO; MO
STIVARGA ORAL TABLET 40 MG	Tier 2	\$0	PA NSO; LA; NDS; QL (120 per 30 days)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	Tier 2	\$0	PA NSO; NDS
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Tier 2	\$0	PA NSO; LA; NDS
TAGRISSE ORAL TABLET 40 MG, 80 MG	Tier 2	\$0	NDS
TARCEVA ORAL TABLET 100 MG, 25 MG	Tier 2	\$0	PA NSO; LA; MO
TARCEVA ORAL TABLET 150 MG	Tier 2	\$0	PA NSO; LA; MO; QL (30 per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG	Tier 2	\$0	PA NSO; MO; QL (120 per 30 days)
TYKERB ORAL TABLET 250 MG	Tier 2	\$0	PA NSO; LA; MO; QL (180 per 30 days)



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
VOTRIENT ORAL TABLET 200 MG	Tier 2	\$0	PA NSO; LA; NDS; MO; QL (120 per 30 days)
XALKORI ORAL CAPSULE 200 MG	Tier 2	\$0	PA NSO; LA; MO; QL (60 per 30 days)
XALKORI ORAL CAPSULE 250 MG	Tier 2	\$0	MO
ZELBORAF ORAL TABLET 240 MG	Tier 2	\$0	PA NSO; LA; MO; QL (240 per 30 days)
ZYKADIA ORAL CAPSULE 150 MG	Tier 2	\$0	NDS
<b>Monoclonal Antibody/Antibody-Drug Conjugate</b>			
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	Tier 2	\$0	MO
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	Tier 2	\$0	MO
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML (50 ML)	Tier 2	\$0	
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	Tier 2	\$0	NDS
EMPLICITI INTRAVENOUS RECON SOLN 300 MG	Tier 2	\$0	NDS
EMPLICITI INTRAVENOUS RECON SOLN 400 MG	Tier 2	\$0	
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	Tier 2	\$0	MO
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML (10 ML)	Tier 2	\$0	
KEYTRUDA INTRAVENOUS RECON SOLN 50 MG	Tier 2	\$0	MO
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML)	Tier 2	\$0	MO
OPDIVO INTRAVENOUS SOLUTION 40 MG/4 ML	Tier 2	\$0	MO
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	Tier 2	\$0	PA NSO; LA; NDS
SYLVANT INTRAVENOUS RECON SOLN 100 MG	Tier 2	\$0	MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML)	Tier 2	\$0	MO
<b>Retinoids</b>			
AVITA TOPICAL CREAM 0.025 %	Tier 2	\$0	NDS
AVITA TOPICAL GEL 0.025 %	Tier 2	\$0	NDS
<i>bexarotene oral capsule 75 mg</i>	Tier 1	\$0	MO
PANRETIN TOPICAL GEL 0.1 %	Tier 2	\$0	PA NSO; NDS
TARGRETIN ORAL CAPSULE 75 MG	Tier 2	\$0	PA NSO; MO
TARGRETIN TOPICAL GEL 1 %	Tier 2	\$0	PA NSO; NDS
<i>tretinoin (chemotherapy) oral capsule 10 mg</i>	Tier 1	\$0	NDS
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	Tier 1	\$0	NDS
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	Tier 1	\$0	NDS
<b>Antiparasitics</b>			
<b>Anthelmintics</b>			
ALBENZA ORAL TABLET 200 MG	Tier 2	\$0	NDS
BILTRICIDE ORAL TABLET 600 MG	Tier 2	\$0	NDS
<i>ivermectin oral tablet 3 mg</i>	Tier 1	\$0	NDS
<b>Antiprotozoals</b>			
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	Tier 2	\$0	NDS; QL (150 per 3 days)
ALINIA ORAL TABLET 500 MG	Tier 2	\$0	NDS; QL (6 per 3 days)
<i>atovaquone oral suspension 750 mg/5 ml</i>	Tier 1	\$0	NDS
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	Tier 1	\$0	NDS
<i>chloroquine phosphate oral tablet 250 mg</i>	Tier 2	\$0	MO
<i>chloroquine phosphate oral tablet 500 mg</i>	Tier 1	\$0	MO
COARTEM ORAL TABLET 20-120 MG	Tier 2	\$0	NDS



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
DARAPRIM ORAL TABLET 25 MG	Tier 2	\$0	NDS
<i>hydroxychloroquine oral tablet 200 mg</i>	Tier 1	\$0	MO
<i>mefloquine oral tablet 250 mg</i>	Tier 1	\$0	NDS
NEBUPENT INHALATION RECON SOLN 300 MG	Tier 2	\$0	PA BvD; NDS; MO
PENTAM INJECTION RECON SOLN 300 MG	Tier 2	\$0	NDS
<i>primaquine oral tablet 26.3 mg</i>	Tier 1	\$0	
<i>quinine sulfate oral capsule 324 mg</i>	Tier 1	\$0	NDS
<b>Pediculicides/Scabicides</b>			
<i>lindane topical shampoo 1 %</i>	Tier 1	\$0	NDS
<i>malathion topical lotion 0.5 %</i>	Tier 1	\$0	NDS
<i>permethrin topical cream 5 %</i>	Tier 1	\$0	NDS
<b>Antiparkinson Agents</b>			
<b>Anticholinergics</b>			
<i>benztropine injection solution 2 mg/2 ml</i>	Tier 1	\$0	NDS
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	\$0	PA NSO; MO
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	Tier 1	\$0	NDS
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	Tier 1	\$0	MO
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	Tier 1	\$0	MO
<b>Antiparkinson Agents, Other</b>			
<i>amantadine hcl oral capsule 100 mg</i>	Tier 1	\$0	MO
<i>amantadine hcl oral solution 50 mg/5 ml</i>	Tier 1	\$0	MO
<i>amantadine hcl oral tablet 100 mg</i>	Tier 1	\$0	MO
<i>entacapone oral tablet 200 mg</i>	Tier 1	\$0	MO
<i>tolcapone oral tablet 100 mg</i>	Tier 1	\$0	MO



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



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<i>selegiline hcl oral tablet 5 mg</i>	Tier 1	\$0	MO
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG	Tier 2	\$0	MO
<b>Antipsychotics</b>			
<b>1St Generation/Typical</b>			
<i>chlorpromazine injection solution 25 mg/ml</i>	Tier 1	\$0	NDS
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	\$0	MO
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	Tier 1	\$0	NDS; MO
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	Tier 1	\$0	NDS
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	Tier 1	\$0	NDS
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	Tier 1	\$0	MO
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	\$0	MO
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML	Tier 2	\$0	MO
HALDOL INJECTION SOLUTION 5 MG/ML	Tier 2	\$0	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	Tier 1	\$0	MO
<i>haloperidol lactate injection solution 5 mg/ml</i>	Tier 1	\$0	NDS
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Tier 1	\$0	MO
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	Tier 1	\$0	MO
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	\$0	MO
ORAP ORAL TABLET 1 MG	Tier 2	\$0	MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	\$0	MO
<i>pimozide oral tablet 1 mg, 2 mg</i>	Tier 1	\$0	MO
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	Tier 1	\$0	NDS
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	Tier 1	\$0	NDS
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	\$0	PA NSO; MO
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	\$0	MO
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	\$0	MO
<b>2Nd Generation/Atypical</b>			
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG	Tier 2	\$0	MO
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	Tier 2	\$0	MO
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	Tier 2	\$0	MO
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	\$0	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	Tier 1	\$0	MO
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML, 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	Tier 2	\$0	MO
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	Tier 2	\$0	MO
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	Tier 2	\$0	NDS



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	Tier 2	\$0	NDS; QL (60 per 30 days)
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG	Tier 2	\$0	MO
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG, 3 MG, 6 MG, 9 MG	Tier 2	\$0	MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	Tier 2	\$0	PA NSO; MO
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML, 410 MG/1.315 ML, 546 MG/1.75 ML, 819 MG/2.625 ML	Tier 2	\$0	PA NSO; MO
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	Tier 2	\$0	MO
NUPLAZID ORAL TABLET 17 MG	Tier 2	\$0	MO
<i>olanzapine intramuscular recon soln 10 mg</i>	Tier 1	\$0	NDS
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	\$0	MO; QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	Tier 1	\$0	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg</i>	Tier 1	\$0	MO
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	\$0	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	\$0	MO
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 2	\$0	MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	Tier 2	\$0	PA NSO; MO
RISPERDAL M-TAB ORAL TABLET,DISINTEGRATING 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 2	\$0	PA NSO; MO
RISPERDAL ORAL SOLUTION 1 MG/ML	Tier 2	\$0	MO
RISPERDAL ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 2	\$0	MO
<i>risperidone oral solution 1 mg/ml</i>	Tier 1	\$0	MO
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	\$0	MO
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	\$0	MO
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 2	\$0	MO
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG	Tier 2	\$0	MO
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG	Tier 2	\$0	MO; QL (60 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 2	\$0	MO
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	Tier 2	\$0	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	\$0	MO; QL (60 per 30 days)
ZYPREXA INTRAMUSCULAR RECON SOLN 10 MG	Tier 2	\$0	
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG	Tier 2	\$0	MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	Tier 2	\$0	MO
ZYPREXA ZYDIS ORAL TABLET, DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG	Tier 2	\$0	MO
<b>Treatment-Resistant</b>			
<i>clozapine oral tablet 100 mg, 25 mg</i>	Tier 1	\$0	MO
<i>clozapine oral tablet 200 mg, 50 mg</i>	Tier 2	\$0	MO
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	\$0	MO; QL (270 per 30 days)
CLOZARIL ORAL TABLET 100 MG, 25 MG	Tier 2	\$0	MO
FAZACLO ORAL TABLET, DISINTEGRATING 100 MG, 12.5 MG, 150 MG, 200 MG, 25 MG	Tier 2	\$0	MO
VERSACLOZ ORAL SUSPENSION 50 MG/ML	Tier 2	\$0	MO
<b>Antispasticity Agents</b>			
<b>Antispasticity Agents</b>			
<i>baclofen oral tablet 10 mg, 20 mg</i>	Tier 1	\$0	MO
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	\$0	MO
<i>tizanidine oral tablet 2 mg, 4 mg</i>	Tier 1	\$0	MO
<b>Antivirals</b>			
<b>Anti-Cytomegalovirus (Cmv) Agents</b>			
<i>cidofovir intravenous solution 75 mg/ml</i>	Tier 1	\$0	PA; NDS
<i>ganciclovir sodium intravenous recon soln 500 mg</i>	Tier 1	\$0	PA; NDS
VALCYTE ORAL RECON SOLN 50 MG/ML	Tier 2	\$0	MO
<i>valganciclovir oral tablet 450 mg</i>	Tier 1	\$0	MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
ZIRGAN OPHTHALMIC GEL 0.15 %	Tier 2	\$0	NDS
<b>Anti-Hepatitis B (Hbv) Agents</b>			
<i>adefovir oral tablet 10 mg</i>	Tier 1	\$0	NDS
BARACLUDE ORAL SOLUTION 0.05 MG/ML	Tier 2	\$0	MO
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	Tier 1	\$0	MO
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	Tier 2	\$0	MO
EPIVIR ORAL SOLUTION 10 MG/ML	Tier 2	\$0	MO
EPIVIR ORAL TABLET 150 MG, 300 MG	Tier 2	\$0	MO
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML)	Tier 2	\$0	PA NSO; NDS
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	Tier 2	\$0	PA NSO; NDS
<i>lamivudine oral solution 10 mg/ml</i>	Tier 1	\$0	MO
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	Tier 1	\$0	MO
REBETOL ORAL SOLUTION 40 MG/ML	Tier 2	\$0	PA; NDS
RIBASPHERE ORAL CAPSULE 200 MG	Tier 2	\$0	NDS
RIBASPHERE ORAL TABLET 200 MG	Tier 2	\$0	NDS
RIBASPHERE ORAL TABLET 400 MG, 600 MG	Tier 2	\$0	PA; NDS
<i>ribavirin oral capsule 200 mg</i>	Tier 1	\$0	PA; NDS
<i>ribavirin oral tablet 200 mg</i>	Tier 1	\$0	PA; NDS
VIRAZOLE INHALATION RECON SOLN 6 GRAM	Tier 2	\$0	NDS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	Tier 2	\$0	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG	Tier 2	\$0	MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<b>Anti-Hepatitis C (Hcv) Agents, Direct Acting</b>			
DAKLINZA ORAL TABLET 30 MG, 60 MG	Tier 2	\$0	PA; NDS
HARVONI ORAL TABLET 90-400 MG	Tier 2	\$0	PA; NDS
SOVALDI ORAL TABLET 400 MG	Tier 2	\$0	PA; MO
TECHNIVIE ORAL TABLET 12.5-75-50 MG	Tier 2	\$0	PA; NDS
<b>Anti-Hepatitis C (Hcv) Agents, Others</b>			
DAKLINZA ORAL TABLET 30 MG, 60 MG	Tier 2	\$0	PA; NDS
HARVONI ORAL TABLET 90-400 MG	Tier 2	\$0	PA; NDS
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	Tier 2	\$0	PA NSO; NDS
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	Tier 2	\$0	PA NSO; NDS
MODERIBA DOSE PACK ORAL TABLETS,DOSE PACK 400 MG (7)- 400 MG (7), 600 MG (7)- 600 MG (7)	Tier 2	\$0	NDS
MODERIBA ORAL TABLET 200 MG	Tier 2	\$0	NDS
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 135 MCG/0.5 ML, 180 MCG/0.5 ML	Tier 2	\$0	NDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	Tier 2	\$0	PA; NDS
REBETOL ORAL SOLUTION 40 MG/ML	Tier 2	\$0	PA; NDS
RIBASPHERE ORAL CAPSULE 200 MG	Tier 2	\$0	NDS
RIBASPHERE ORAL TABLET 200 MG	Tier 2	\$0	NDS



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
RIBASPHERE ORAL TABLET 400 MG, 600 MG	Tier 2	\$0	PA; NDS
RIBASPHERE RIBAPAK ORAL TABLETS,DOSE PACK 400-400 MG (28)-MG (28), 600-400 MG (28)-MG (28), 600-600 MG (28)-MG (28)	Tier 2	\$0	NDS
<i>ribavirin oral capsule 200 mg</i>	Tier 1	\$0	PA; NDS
<i>ribavirin oral tablet 200 mg</i>	Tier 1	\$0	PA; NDS
SOVALDI ORAL TABLET 400 MG	Tier 2	\$0	PA; MO
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	Tier 2	\$0	MO
TECHNIVIE ORAL TABLET 12.5-75-50 MG	Tier 2	\$0	PA; NDS
VIRAZOLE INHALATION RECON SOLN 6 GRAM	Tier 2	\$0	NDS
<b>Antiherpetic Agents</b>			
<i>acyclovir oral capsule 200 mg</i>	Tier 1	\$0	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	Tier 1	\$0	MO
<i>acyclovir oral tablet 400 mg, 800 mg</i>	Tier 1	\$0	MO
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	Tier 1	\$0	PA BvD; NDS
<i>acyclovir topical ointment 5 %</i>	Tier 1	\$0	NDS
DENAVIR TOPICAL CREAM 1 %	Tier 2	\$0	NDS
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	Tier 1	\$0	NDS; MO
<i>trifluridine ophthalmic drops 1 %</i>	Tier 1	\$0	NDS
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	Tier 1	\$0	MO
ZOVIRAX TOPICAL CREAM 5 %	Tier 2	\$0	NDS
<b>Anti-Hiv Agents, Integrase Inhibitors (Insti)</b>			
GENVOYA ORAL TABLET 150-150-200-10 MG	Tier 2	\$0	MO
ISENTRESS ORAL POWDER IN PACKET 100 MG	Tier 2	\$0	MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
ISENTRESS ORAL TABLET 400 MG	Tier 2	\$0	MO; QL (60 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	Tier 2	\$0	MO
STRIBILD ORAL TABLET 150-150-200-300 MG	Tier 2	\$0	MO; QL (30 per 30 days)
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	Tier 2	\$0	MO
<b>Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)</b>			
COMPLERA ORAL TABLET 200-25-300 MG	Tier 2	\$0	MO
EDURANT ORAL TABLET 25 MG	Tier 2	\$0	MO
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG	Tier 2	\$0	MO
<i>nevirapine oral suspension 50 mg/5 ml</i>	Tier 1	\$0	MO
<i>nevirapine oral tablet 200 mg</i>	Tier 1	\$0	MO
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	Tier 1	\$0	MO
RESCRIPTOR ORAL TABLET 200 MG	Tier 2	\$0	MO
RESCRIPTOR ORAL TABLET, DISPERSIBLE 100 MG	Tier 2	\$0	MO
SUSTIVA ORAL CAPSULE 200 MG, 50 MG	Tier 2	\$0	MO
SUSTIVA ORAL TABLET 600 MG	Tier 2	\$0	MO
VIRAMUNE ORAL SUSPENSION 50 MG/5 ML	Tier 2	\$0	MO
VIRAMUNE ORAL TABLET 200 MG	Tier 2	\$0	MO
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 400 MG	Tier 2	\$0	MO



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<b>Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)</b>			
<i>abacavir oral tablet 300 mg</i>	Tier 1	\$0	MO
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	Tier 1	\$0	MO
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	Tier 1	\$0	MO
ATRIPLA ORAL TABLET 600-200-300 MG	Tier 2	\$0	MO
COMBIVIR ORAL TABLET 150-300 MG	Tier 2	\$0	MO
DESCOVY ORAL TABLET 200-25 MG	Tier 2	\$0	MO
<i>didanosine oral capsule, delayed release(dr/ec) 125 mg, 200 mg, 250 mg, 400 mg</i>	Tier 1	\$0	MO
EMTRIVA ORAL CAPSULE 200 MG	Tier 2	\$0	MO
EMTRIVA ORAL SOLUTION 10 MG/ML	Tier 2	\$0	MO
EPIVIR ORAL SOLUTION 10 MG/ML	Tier 2	\$0	MO
EPIVIR ORAL TABLET 150 MG, 300 MG	Tier 2	\$0	MO
EPZICOM ORAL TABLET 600-300 MG	Tier 2	\$0	MO
<i>lamivudine oral solution 10 mg/ml</i>	Tier 1	\$0	MO
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	Tier 1	\$0	MO
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Tier 1	\$0	MO
ODEFSEY ORAL TABLET 200-25-25 MG	Tier 2	\$0	MO
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	Tier 2	\$0	NDS
RETROVIR ORAL CAPSULE 100 MG	Tier 2	\$0	MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
RETROVIR ORAL SYRUP 10 MG/ML	Tier 2	\$0	MO
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	\$0	MO
TRIZIVIR ORAL TABLET 300-150-300 MG	Tier 2	\$0	MO
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	Tier 2	\$0	MO
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)	Tier 2	\$0	MO
VIDEX EC ORAL CAPSULE, DELAYED RELEASE (DR/EC) 125 MG, 200 MG, 250 MG, 400 MG	Tier 2	\$0	MO
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	Tier 2	\$0	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG	Tier 2	\$0	MO
ZERIT ORAL CAPSULE 15 MG, 20 MG, 30 MG, 40 MG	Tier 2	\$0	MO
ZERIT ORAL RECON SOLN 1 MG/ML	Tier 2	\$0	MO
ZIAGEN ORAL SOLUTION 20 MG/ML	Tier 2	\$0	MO
ZIAGEN ORAL TABLET 300 MG	Tier 2	\$0	MO
<i>zidovudine oral capsule 100 mg</i>	Tier 1	\$0	MO
<i>zidovudine oral syrup 10 mg/ml</i>	Tier 1	\$0	MO
<i>zidovudine oral tablet 300 mg</i>	Tier 1	\$0	MO
<b>Anti-Hiv Agents, Other</b>			
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	Tier 2	\$0	MO
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG	Tier 2	\$0	MO
TRIUMEQ ORAL TABLET 600-50-300 MG	Tier 2	\$0	MO
TYBOST ORAL TABLET 150 MG	Tier 2	\$0	MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<b>Anti-Hiv Agents, Protease Inhibitors</b>			
APTIVUS ORAL CAPSULE 250 MG	Tier 2	\$0	MO
APTIVUS ORAL SOLUTION 100 MG/ML	Tier 2	\$0	MO
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	Tier 2	\$0	MO
EVOTAZ ORAL TABLET 300-150 MG	Tier 2	\$0	MO; QL (30 per 30 days)
INVIRASE ORAL CAPSULE 200 MG	Tier 2	\$0	MO
INVIRASE ORAL TABLET 500 MG	Tier 2	\$0	MO
KALETRA ORAL SOLUTION 400-100 MG/5 ML	Tier 2	\$0	MO
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	Tier 2	\$0	MO
LEXIVA ORAL SUSPENSION 50 MG/ML	Tier 2	\$0	MO
LEXIVA ORAL TABLET 700 MG	Tier 2	\$0	MO
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	Tier 1	\$0	MO
NORVIR ORAL CAPSULE 100 MG	Tier 2	\$0	MO
NORVIR ORAL SOLUTION 80 MG/ML	Tier 2	\$0	MO
NORVIR ORAL TABLET 100 MG	Tier 2	\$0	MO
PREZCOBIX ORAL TABLET 800-150 MG-MG	Tier 2	\$0	MO; QL (30 per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	Tier 2	\$0	MO
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	Tier 2	\$0	MO
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	Tier 2	\$0	MO
REYATAZ ORAL POWDER IN PACKET 50 MG	Tier 2	\$0	MO
VIRACEPT ORAL TABLET 250 MG, 625 MG	Tier 2	\$0	MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<b>Anti-Influenza Agents</b>			
<i>amantadine hcl oral capsule 100 mg</i>	Tier 1	\$0	MO
<i>amantadine hcl oral solution 50 mg/5 ml</i>	Tier 1	\$0	MO
<i>amantadine hcl oral tablet 100 mg</i>	Tier 1	\$0	MO
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	Tier 2	\$0	NDS
<i>rimantadine oral tablet 100 mg</i>	Tier 1	\$0	NDS
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG	Tier 2	\$0	NDS
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	Tier 2	\$0	NDS
<b>Anxiolytics</b>			
<b>Anxiolytics, Other</b>			
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	\$0	MO
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	\$0	MO
<i>doxepin oral concentrate 10 mg/ml</i>	Tier 1	\$0	MO
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	Tier 1	\$0	NDS
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	Tier 1	\$0	PA NSO; NDS
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	\$0	PA NSO; NDS
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	\$0	PA NSO; NDS
<i>meprobamate oral tablet 200 mg, 400 mg</i>	Tier 1	\$0	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Tier 1	\$0	NDS
SILENOR ORAL TABLET 3 MG, 6 MG	Tier 2	\$0	
<i>triazolam oral tablet 0.125 mg</i>	Tier 1	\$0	NDS



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<b>Benzodiazepines</b>			
<i>alprazolam oral tablet 0.25 mg, 1 mg, 2 mg</i>	Tier 1	\$0	NDS
<i>alprazolam oral tablet 0.5 mg</i>	Tier 1	\$0	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Tier 1	\$0	NDS
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	\$0	NDS
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	\$0	MO
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Tier 1	\$0	MO
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	Tier 1	\$0	NDS
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG	Tier 2	\$0	
DIASTAT RECTAL KIT 2.5 MG	Tier 2	\$0	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	Tier 1	\$0	PA NSO; NDS
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	Tier 1	\$0	NDS
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Tier 1	\$0	NDS
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG	Tier 2	\$0	MO
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	\$0	NDS
<b>Ssris/ Snris</b>			
CYMBALTA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 20 MG, 30 MG, 60 MG	Tier 2	\$0	MO
<i>duloxetine oral capsule, delayed release (dr/ec) 20 mg, 30 mg, 40 mg, 60 mg</i>	Tier 1	\$0	MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG, 37.5 MG, 75 MG	Tier 2	\$0	MO
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	Tier 1	\$0	MO
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	\$0	MO; QL (30 per 30 days)
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG	Tier 2	\$0	MO
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	\$0	MO
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	Tier 1	\$0	MO
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG	Tier 2	\$0	MO
PAXIL ORAL SUSPENSION 10 MG/5 ML	Tier 2	\$0	MO
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	Tier 2	\$0	MO
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	Tier 2	\$0	MO
<i>sertraline oral concentrate 20 mg/ml</i>	Tier 1	\$0	MO
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	\$0	MO
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	Tier 1	\$0	MO
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1	\$0	MO
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	Tier 1	\$0	MO
ZOLOFT ORAL CONCENTRATE 20 MG/ML	Tier 2	\$0	MO
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 2	\$0	MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<b>Bipolar Agents</b>			
<b>Bipolar Agents, Other</b>			
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	Tier 2	\$0	NDS; QL (60 per 30 days)
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG	Tier 2	\$0	MO
<i>olanzapine intramuscular recon soln 10 mg</i>	Tier 1	\$0	NDS
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	Tier 1	\$0	MO; QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	Tier 1	\$0	MO; QL (30 per 30 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	\$0	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	Tier 1	\$0	MO
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	Tier 2	\$0	PA NSO; MO
RISPERDAL M-TAB ORAL TABLET, DISINTEGRATING 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 2	\$0	PA NSO; MO
RISPERDAL ORAL SOLUTION 1 MG/ML	Tier 2	\$0	MO
RISPERDAL ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	Tier 2	\$0	MO
<i>risperidone oral solution 1 mg/ml</i>	Tier 1	\$0	MO
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	\$0	MO
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	\$0	MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	Tier 2	\$0	MO
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG	Tier 2	\$0	MO
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG	Tier 2	\$0	MO; QL (60 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	Tier 2	\$0	MO
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	Tier 2	\$0	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	\$0	MO; QL (60 per 30 days)
ZYPREXA INTRAMUSCULAR RECON SOLN 10 MG	Tier 2	\$0	
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG	Tier 2	\$0	MO
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	Tier 2	\$0	MO
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG	Tier 2	\$0	MO
<b>Mood Stabilizers</b>			
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	Tier 1	\$0	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	Tier 1	\$0	MO
<i>carbamazepine oral tablet 200 mg</i>	Tier 1	\$0	MO
<i>carbamazepine oral tablet extended release 12 hr 100 mg</i>	Tier 1	\$0	MO
<i>carbamazepine oral tablet, chewable 100 mg</i>	Tier 1	\$0	MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	Tier 2	\$0	MO
DEPAKENE ORAL CAPSULE 250 MG	Tier 2	\$0	MO
DEPAKENE ORAL SOLUTION 250 MG/5 ML	Tier 2	\$0	MO
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	Tier 2	\$0	MO
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	Tier 2	\$0	MO
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	Tier 2	\$0	MO
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	Tier 1	\$0	MO
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	Tier 1	\$0	MO
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	Tier 1	\$0	MO
EPITOL ORAL TABLET 200 MG	Tier 2	\$0	MO
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	Tier 2	\$0	MO
LAMICTAL ODT ORAL TABLET, DISINTEGRATING 100 MG, 200 MG, 25 MG, 50 MG	Tier 2	\$0	MO
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	Tier 2	\$0	MO
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	Tier 2	\$0	MO
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS, DOSE PACK 25 MG (35)	Tier 2	\$0	



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14)	Tier 2	\$0	
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7)	Tier 2	\$0	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 50 MG	Tier 2	\$0	MO
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)	Tier 2	\$0	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	Tier 2	\$0	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	Tier 2	\$0	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	Tier 1	\$0	MO
<i>lamotrigine oral tablet extended release 24hr 50 mg</i>	Tier 1	\$0	MO
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	Tier 1	\$0	MO
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	\$0	MO
<i>lithium carbonate oral capsule 150 mg</i>	Tier 2	\$0	MO
<i>lithium carbonate oral capsule 300 mg, 600 mg</i>	Tier 1	\$0	MO
<i>lithium carbonate oral tablet 300 mg</i>	Tier 1	\$0	MO
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	Tier 1	\$0	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	Tier 1	\$0	MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	Tier 2	\$0	MO
TEGRETOL ORAL TABLET 200 MG	Tier 2	\$0	MO
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	Tier 2	\$0	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	Tier 1	\$0	MO
<i>valproic acid oral capsule 250 mg</i>	Tier 1	\$0	MO
<b>Blood Glucose Regulators</b>			
<b>Antidiabetic Agents</b>			
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	\$0	MO
AVANDIA ORAL TABLET 2 MG, 4 MG	Tier 2	\$0	MO
BYDUREON SUBCUTANEOUS PEN INJECTOR 2 MG/0.65 ML	Tier 2	\$0	ST; MO
BYDUREON SUBCUTANEOUS SUSPENSION,EXTENDED REL RECON 2 MG	Tier 2	\$0	ST; MO
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML, 5 MCG/DOSE (250 MCG/ML) 1.2 ML	Tier 2	\$0	ST; MO
FARXIGA ORAL TABLET 10 MG, 5 MG	Tier 2	\$0	ST; MO
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	\$0	MO
<i>glipizide oral tablet 10 mg</i>	Tier 1	\$0	MO; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	Tier 1	\$0	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	Tier 1	\$0	MO; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	Tier 1	\$0	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	Tier 1	\$0	MO; QL (120 per 30 days)



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<i>glyburide micronized oral tablet 1.5 mg</i>	Tier 1	\$0	MO; QL (240 per 30 days)
<i>glyburide micronized oral tablet 3 mg</i>	Tier 1	\$0	MO; QL (120 per 30 days)
<i>glyburide micronized oral tablet 6 mg</i>	Tier 1	\$0	MO; QL (60 per 30 days)
<i>glyburide oral tablet 1.25 mg</i>	Tier 1	\$0	MO; QL (480 per 30 days)
<i>glyburide oral tablet 2.5 mg</i>	Tier 1	\$0	MO; QL (240 per 30 days)
<i>glyburide oral tablet 5 mg</i>	Tier 1	\$0	MO; QL (120 per 30 days)
GLYSET ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 2	\$0	MO
INVOKANA ORAL TABLET 100 MG, 300 MG	Tier 2	\$0	ST; MO
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	Tier 2	\$0	MO
<i>metformin oral tablet 1,000 mg</i>	Tier 1	\$0	MO; QL (60 per 30 days)
<i>metformin oral tablet 500 mg</i>	Tier 1	\$0	MO; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	Tier 1	\$0	MO; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	Tier 1	\$0	MO; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	Tier 1	\$0	MO; QL (60 per 30 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Tier 1	\$0	MO
ONGLYZA ORAL TABLET 2.5 MG, 5 MG	Tier 2	\$0	ST; MO
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	Tier 1	\$0	MO; QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	\$0	MO
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	Tier 2	\$0	PA; MO
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	Tier 2	\$0	PA; MO
<i>tolazamide oral tablet 250 mg, 500 mg</i>	Tier 1	\$0	MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<i>tolbutamide oral tablet 500 mg</i>	Tier 1	\$0	MO
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	Tier 2	\$0	MO
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	Tier 2	\$0	MO
WELCHOL ORAL TABLET 625 MG	Tier 2	\$0	MO
<b>Blood Glucose Regulators</b>			
<i>glipizide-metformin oral tablet 2.5- 250 mg, 2.5-500 mg, 5-500 mg</i>	Tier 1	\$0	MO
JANUMET ORAL TABLET 50- 1,000 MG, 50-500 MG	Tier 2	\$0	ST; MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	Tier 2	\$0	MO
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	Tier 1	\$0	MO
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	Tier 1	\$0	MO
<b>Glycemic Agents</b>			
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	Tier 2	\$0	NDS
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION KIT 1 MG	Tier 2	\$0	NDS
KORLYM ORAL TABLET 300 MG	Tier 2	\$0	PA; MO
PROGLYCEM ORAL SUSPENSION 50 MG/ML	Tier 2	\$0	MO
<b>Insulins</b>			
APIDRA SOLOSTAR SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 2	\$0	MO
APIDRA SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	\$0	MO
<i>assure id insulin safety syringe 1 ml 29 gauge x 1/2"</i>	Tier 2	\$0	MO
<i>gauze pad topical bandage 2 x 2 "</i>	Tier 2	\$0	NDS; QL (100 per 30 days)



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
HUMALOG KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	Tier 2	\$0	MO
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	Tier 2	\$0	MO
HUMALOG MIX 50-50 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	Tier 2	\$0	MO
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	Tier 2	\$0	MO
HUMALOG MIX 75-25 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	Tier 2	\$0	MO
HUMALOG SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	Tier 2	\$0	MO
HUMALOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	\$0	MO
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 2	\$0	MO
HUMULIN N KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	\$0	MO
HUMULIN R U-100 INJECTION SOLUTION 100 UNIT/ML	Tier 2	\$0	MO
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	Tier 2	\$0	ST; MO
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	Tier 2	\$0	ST; MO
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 1 ml 29 gauge x 1/2", 1/2 ml 28 gauge</i>	Tier 1	\$0	NDS; MO; QL (200 per 30 days)
LANTUS SOLOSTAR SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	\$0	MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	\$0	MO
LEVEMIR FLEXTOUCH SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	Tier 2	\$0	MO
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	\$0	MO
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	Tier 2	\$0	MO
NOVOLOG FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	Tier 2	\$0	MO
NOVOLOG MIX 70-30 FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	Tier 2	\$0	MO
NOVOLOG MIX 70-30 SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	Tier 2	\$0	MO
NOVOLOG PENFILL SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	Tier 2	\$0	MO
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	Tier 2	\$0	MO
<i>pen needle, diabetic needle 29 gauge x 1/2"</i>	Tier 1	\$0	NDS; MO; QL (200 per 30 days)
<b>Blood Products/ Modifiers/ Volume Expanders</b>			
<b>Anticoagulants</b>			
COUMADIN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	Tier 2	\$0	MO
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	Tier 2	\$0	MO
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	Tier 1	\$0	NDS; QL (15 per 5 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	Tier 1	\$0	NDS; QL (10 per 5 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	Tier 1	\$0	NDS; QL (8 per 5 days)



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<b>Name of Drug</b>	<b>Tier Level</b>	<b>WHAT THE DRUG WILL COST YOU</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	Tier 1	\$0	NDS; QL (3 per 5 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	Tier 1	\$0	NDS; QL (4 per 5 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	Tier 1	\$0	NDS; QL (6 per 5 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	Tier 1	\$0	NDS; QL (4 per 5 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	Tier 1	\$0	NDS; QL (2.5 per 5 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	Tier 1	\$0	NDS; QL (2 per 5 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	Tier 1	\$0	NDS; QL (3 per 5 days)
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	Tier 2	\$0	NDS
<i>heparin (porcine) injection solution 1,000 unit/ml, 20,000 unit/ml</i>	Tier 1	\$0	NDS
<i>heparin (porcine) injection solution 10,000 unit/ml, 5,000 unit/ml</i>	Tier 1	\$0	PA BvD; NDS
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	Tier 2	\$0	MO
PRADAXA ORAL CAPSULE 150 MG, 75 MG	Tier 2	\$0	MO
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	Tier 1	\$0	MO
XARELTO ORAL TABLET 10 MG	Tier 2	\$0	NDS
XARELTO ORAL TABLET 15 MG, 20 MG	Tier 2	\$0	MO
<b>Blood Formation Modifiers</b>			
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	Tier 1	\$0	MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	Tier 2	\$0	PA BvD; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	Tier 2	\$0	PA BvD; MO
EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	Tier 2	\$0	PA BvD; MO
LEUKINE INJECTION RECON SOLN 250 MCG	Tier 2	\$0	PA; NDS
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	Tier 2	\$0	PA; NDS
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6ML	Tier 2	\$0	PA; NDS
NEUPOGEN INJECTION SOLUTION 300 MCG/ML	Tier 2	\$0	PA; NDS; QL (7 per 7 days)
NEUPOGEN INJECTION SOLUTION 480 MCG/1.6 ML	Tier 2	\$0	PA; NDS; QL (11.2 per 7 days)
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML	Tier 2	\$0	PA; NDS; QL (3.5 per 7 days)
NEUPOGEN INJECTION SYRINGE 480 MCG/0.8 ML	Tier 2	\$0	PA; NDS; QL (5.6 per 7 days)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	Tier 2	\$0	PA BvD; MO
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	Tier 2	\$0	PA; MO
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Tier 2	\$0	MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<b>Hemostasis Agents</b>			
<i>tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)</i>	Tier 1	\$0	NDS
<i>tranexamic acid oral tablet 650 mg</i>	Tier 1	\$0	MO
<b>Platelet Modifying Agents</b>			
AGGRENOX ORAL CAPSULE, ER MULTIPHASE 12 HR 25-200 MG	Tier 2	\$0	MO; QL (60 per 30 days)
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	Tier 1	\$0	MO; QL (60 per 30 days)
BRILINTA ORAL TABLET 60 MG	Tier 2	\$0	MO
BRILINTA ORAL TABLET 90 MG	Tier 2	\$0	MO; QL (90 per 30 days)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Tier 1	\$0	MO
<i>clopidogrel oral tablet 75 mg</i>	Tier 1	\$0	MO; QL (30 per 30 days)
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	Tier 1	\$0	MO
<b>Cardiovascular Agents</b>			
<b>Alpha-Adrenergic Agonists</b>			
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Tier 1	\$0	MO
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	Tier 1	\$0	MO
<i>methyldopate intravenous solution 250 mg/5 ml</i>	Tier 1	\$0	NDS
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	\$0	NDS
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	Tier 2	\$0	PA NSO; MO
<b>Alpha-Adrenergic Blocking Agents</b>			
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	\$0	MO
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 1	\$0	MO
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	\$0	MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<b>Angiotensin II Receptor Antagonists</b>			
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 1	\$0	MO
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	Tier 2	\$0	MO
<i>eprosartan oral tablet 600 mg</i>	Tier 1	\$0	MO
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	Tier 1	\$0	MO
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	\$0	MO
<i>olmesartan oral tablet 40 mg</i>	Tier 1	\$0	MO
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	Tier 1	\$0	MO
<b>Angiotensin-Converting Enzyme (Ace) Inhibitors</b>			
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	\$0	MO
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Tier 1	\$0	MO
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	\$0	MO
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	\$0	MO
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Tier 1	\$0	MO
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	Tier 1	\$0	MO
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	Tier 1	\$0	MO
<i>quinapril oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	\$0	MO
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	Tier 1	\$0	MO
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	\$0	MO
<b>Antiarrhythmics</b>			
<i>amiodarone intravenous solution 50 mg/ml</i>	Tier 1	\$0	NDS



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<i>amiodarone oral tablet 200 mg, 400 mg</i>	Tier 1	\$0	MO
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Tier 1	\$0	MO
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	\$0	MO
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	Tier 1	\$0	MO
MULTAQ ORAL TABLET 400 MG	Tier 2	\$0	PA; MO
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	Tier 2	\$0	MO
<i>procainamide injection solution 100 mg/ml, 500 mg/ml</i>	Tier 1	\$0	NDS
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	Tier 1	\$0	MO
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	Tier 1	\$0	MO
<i>quinidine gluconate injection solution 80 mg/ml</i>	Tier 1	\$0	NDS
<i>quinidine gluconate oral tablet extended release 324 mg</i>	Tier 1	\$0	MO
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Tier 1	\$0	MO
<i>sotalol af oral tablet 120 mg</i>	Tier 2	\$0	MO
<i>sotalol oral tablet 160 mg, 240 mg, 80 mg</i>	Tier 1	\$0	MO
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG	Tier 2	\$0	MO
<b>Beta-Adrenergic Blocking Agents</b>			
<i>acebutolol oral capsule 200 mg, 400 mg</i>	Tier 1	\$0	MO
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	\$0	MO
<i>betaxolol oral tablet 10 mg, 20 mg</i>	Tier 1	\$0	MO
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	Tier 1	\$0	MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	Tier 1	\$0	MO
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	Tier 1	\$0	MO
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	\$0	MO
<i>metoprolol tartrate intravenous solution 5 mg/5 ml</i>	Tier 1	\$0	NDS
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	Tier 1	\$0	MO
<i>metoprolol tartrate oral tablet 25 mg</i>	Tier 2	\$0	MO
<i>nadolol oral tablet 40 mg, 80 mg</i>	Tier 1	\$0	MO
<i>pindolol oral tablet 10 mg, 5 mg</i>	Tier 1	\$0	MO
<i>propranolol intravenous solution 1 mg/ml</i>	Tier 1	\$0	NDS
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	Tier 1	\$0	MO
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	Tier 1	\$0	MO
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	\$0	MO
TENORMIN ORAL TABLET 100 MG	Tier 2	\$0	MO
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	\$0	MO
<b>Calcium Channel Blocking Agents</b>			
AFEDITAB CR ORAL TABLET EXTENDED RELEASE 30 MG, 60 MG	Tier 2	\$0	MO
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	\$0	MO
CARTIA XT ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG	Tier 2	\$0	MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<i>diltiazem hcl intravenous recon soln 100 mg</i>	Tier 1	\$0	NDS
<i>diltiazem hcl intravenous solution 5 mg/ml</i>	Tier 1	\$0	NDS
<i>diltiazem hcl oral capsule, extended release 180 mg, 360 mg, 420 mg</i>	Tier 1	\$0	MO
<i>diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg</i>	Tier 1	\$0	MO
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 240 mg, 300 mg</i>	Tier 1	\$0	MO
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	Tier 1	\$0	MO
DILT-XR ORAL CAPSULE, EXT RELEASE DEGRADABLE 120 MG, 180 MG, 240 MG	Tier 2	\$0	MO
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	Tier 1	\$0	MO
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	Tier 1	\$0	MO
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	Tier 2	\$0	MO
<i>nicardipine oral capsule 20 mg, 30 mg</i>	Tier 1	\$0	MO
<i>nifedipine oral capsule 10 mg, 20 mg</i>	Tier 1	\$0	MO
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	Tier 1	\$0	MO
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	Tier 1	\$0	MO
<i>nimodipine oral capsule 30 mg</i>	Tier 1	\$0	NDS
<i>verapamil intravenous solution 2.5 mg/ml</i>	Tier 1	\$0	NDS
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	Tier 1	\$0	MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	Tier 1	\$0	MO
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	Tier 1	\$0	MO
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	Tier 1	\$0	MO
<b>Cardiovascular Agents, Other</b>			
CORLANOR ORAL TABLET 5 MG, 7.5 MG	Tier 2	\$0	MO
DIGITEK ORAL TABLET 125 MCG, 250 MCG	Tier 2	\$0	MO
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	Tier 1	\$0	MO
LANOXIN ORAL TABLET 187.5 MCG, 62.5 MCG	Tier 2	\$0	MO
<i>pentoxifylline oral tablet extended release 400 mg</i>	Tier 1	\$0	MO
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 1,000 MG, 500 MG	Tier 2	\$0	PA; MO
TEKTURNA ORAL TABLET 150 MG, 300 MG	Tier 2	\$0	MO
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Tier 2	\$0	MO
<b>Cardiovascular Agents</b>			
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Tier 1	\$0	MO
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	Tier 1	\$0	MO
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	Tier 1	\$0	MO
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	Tier 1	\$0	MO



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<b>Name of Drug</b>	<b>Tier Level</b>	<b>WHAT THE DRUG WILL COST YOU</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	Tier 1	\$0	MO
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	Tier 1	\$0	MO
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	Tier 1	\$0	MO
DEMSER ORAL CAPSULE 250 MG	Tier 2	\$0	NDS
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	Tier 1	\$0	MO
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	Tier 1	\$0	MO
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	Tier 1	\$0	MO
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	\$0	MO
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	Tier 1	\$0	MO
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	Tier 1	\$0	MO
<i>moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg</i>	Tier 1	\$0	MO
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	Tier 1	\$0	MO
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	Tier 1	\$0	MO
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	Tier 1	\$0	MO
TEKTRNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	Tier 2	\$0	ST; MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg, 50-25 mg</i>	Tier 1	\$0	MO
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	Tier 1	\$0	MO
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	Tier 1	\$0	MO; QL (30 per 30 days)
<b>Diuretics, Carbonic Anhydrase Inhibitors</b>			
<i>acetazolamide oral capsule, extended release 500 mg</i>	Tier 1	\$0	MO
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 1	\$0	MO
<i>acetazolamide sodium injection recon soln 500 mg</i>	Tier 1	\$0	NDS
KEVEYIS ORAL TABLET 50 MG	Tier 2	\$0	MO
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 1	\$0	MO
<b>Diuretics, Loop</b>			
<i>bumetanide injection solution 0.25 mg/ml</i>	Tier 1	\$0	NDS
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	\$0	MO
EDECIN ORAL TABLET 25 MG	Tier 2	\$0	MO
<i>furosemide injection solution 10 mg/ml</i>	Tier 1	\$0	NDS
<i>furosemide injection syringe 10 mg/ml</i>	Tier 1	\$0	NDS
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	Tier 1	\$0	MO
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Tier 1	\$0	MO
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	Tier 1	\$0	MO
<b>Diuretics, Potassium-Sparing</b>			
<i>amiloride oral tablet 5 mg</i>	Tier 1	\$0	MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	Tier 2	\$0	MO
<i>eplerenone oral tablet 25 mg, 50 mg</i>	Tier 1	\$0	MO
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Tier 1	\$0	MO
<b>Diuretics, Thiazide</b>			
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	Tier 1	\$0	MO
<i>chlorothiazide sodium intravenous recon soln 500 mg</i>	Tier 1	\$0	NDS
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	Tier 1	\$0	MO
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Tier 1	\$0	MO
<i>hydrochlorothiazide oral tablet 12.5 mg</i>	Tier 2	\$0	MO
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	Tier 1	\$0	MO
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Tier 1	\$0	MO
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	Tier 1	\$0	MO
<i>methyclothiazide oral tablet 5 mg</i>	Tier 1	\$0	MO
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	\$0	MO
<b>Dyslipidemics, Fibric Acid Derivatives</b>			
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	Tier 1	\$0	MO
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	Tier 1	\$0	MO
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	Tier 1	\$0	MO
<i>fenofibrate oral tablet 120 mg, 160 mg, 54 mg</i>	Tier 1	\$0	MO
<i>gemfibrozil oral tablet 600 mg</i>	Tier 1	\$0	MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<b>Dyslipidemics, Hmg Coa Reductase Inhibitors</b>			
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1	\$0	MO
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	\$0	MO
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Tier 1	\$0	MO
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	\$0	MO
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	Tier 1	\$0	MO
<b>Dyslipidemics, Other</b>			
<i>colestipol oral granules 5 gram</i>	Tier 1	\$0	MO
<i>colestipol oral tablet 1 gram</i>	Tier 1	\$0	MO
<i>ezetimibe oral tablet 10 mg</i>	Tier 1	\$0	MO
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 5 MG	Tier 2	\$0	PA NSO; MO
JUXTAPID ORAL CAPSULE 30 MG, 40 MG, 60 MG	Tier 2	\$0	PA; MO
KYNAMRO SUBCUTANEOUS SYRINGE 200 MG/ML	Tier 2	\$0	PA NSO; MO
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	Tier 1	\$0	MO
NIACOR ORAL TABLET 500 MG	Tier 2	\$0	MO
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	Tier 1	\$0	MO
PREVALITE ORAL POWDER 4 GRAM	Tier 2	\$0	MO
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	Tier 2	\$0	PA; MO
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	Tier 2	\$0	PA; MO
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	Tier 2	\$0	MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
WELCHOL ORAL TABLET 625 MG	Tier 2	\$0	MO
ZETIA ORAL TABLET 10 MG	Tier 2	\$0	MO
<b>Vasodilators, Direct-Acting Arterial/ Venous</b>			
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	\$0	MO
<i>isosorbide dinitrate oral tablet extended release 40 mg</i>	Tier 1	\$0	MO
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Tier 1	\$0	MO
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	Tier 1	\$0	MO
MINITRAN TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	Tier 2	\$0	MO
NITRO-BID TRANSDERMAL OINTMENT 2 %	Tier 2	\$0	MO
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	Tier 2	\$0	MO
<i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	Tier 2	\$0	NDS
<i>nitroglycerin sublingual tablet 0.4 mg</i>	Tier 1	\$0	MO
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	Tier 1	\$0	MO
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	Tier 1	\$0	MO
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG	Tier 2	\$0	NDS; MO
NITROSTAT SUBLINGUAL TABLET 0.6 MG	Tier 2	\$0	MO
RECTIV RECTAL OINTMENT 0.4 % (W/W)	Tier 2	\$0	NDS



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<b>Vasodilators, Direct-Acting Arterial</b>			
<i>hydralazine injection solution 20 mg/ml</i>	Tier 2	\$0	NDS
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Tier 1	\$0	MO
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	Tier 1	\$0	MO
<b>Central Nervous System Agents</b>			
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>			
ADDERALL ORAL TABLET 20 MG, 5 MG, 7.5 MG	Tier 2	\$0	MO; QL (90 per 30 days)
ADDERALL XR ORAL CAPSULE, EXTENDED RELEASE 24HR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG	Tier 2	\$0	MO; QL (60 per 30 days)
<i>dextroamphetamine oral tablet 10 mg, 5 mg</i>	Tier 1	\$0	PA NSO; MO; QL (180 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	Tier 1	\$0	MO; QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	Tier 1	\$0	MO; QL (60 per 30 days)
VYVANSE ORAL CAPSULE 10 MG	Tier 2	\$0	MO
VYVANSE ORAL CAPSULE 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	Tier 2	\$0	PA NSO; MO
<b>Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines</b>			
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	Tier 1	\$0	MO
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	Tier 1	\$0	MO



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<b>Name of Drug</b>	<b>Tier Level</b>	<b>WHAT THE DRUG WILL COST YOU</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 20 mg, 5 mg</i>	Tier 1	\$0	MO; QL (30 per 30 days)
<i>dexmethylphenidate oral capsule, er biphasic 50-50 15 mg, 30 mg, 40 mg</i>	Tier 1	\$0	PA NSO; MO; QL (30 per 30 days)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	\$0	PA NSO; MO
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	Tier 1	\$0	MO
<b>METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG</b>	Tier 2	\$0	MO
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 30 mg, 50 mg, 60 mg</i>	Tier 1	\$0	PA NSO; MO
<i>methylphenidate hcl oral capsule, er biphasic 30-70 20 mg, 40 mg</i>	Tier 1	\$0	MO
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	Tier 1	\$0	PA NSO; MO
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	\$0	PA NSO; MO
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	Tier 1	\$0	PA NSO; MO
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	Tier 1	\$0	PA NSO; MO
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	Tier 1	\$0	MO
<b>STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG</b>	Tier 2	\$0	MO
<b>Central Nervous System, Other</b>			
<i>estazolam oral tablet 1 mg, 2 mg</i>	Tier 1	\$0	NDS
<b>NUEDEXTA ORAL CAPSULE 20-10 MG</b>	Tier 2	\$0	PA NSO; NDS
<i>riluzole oral tablet 50 mg</i>	Tier 1	\$0	MO
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	Tier 1	\$0	MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
XENAZINE ORAL TABLET 12.5 MG, 25 MG	Tier 2	\$0	PA NSO; MO
<b>Fibromyalgia Agents</b>			
CYMBALTA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 20 MG, 30 MG, 60 MG	Tier 2	\$0	MO
<i>duloxetine oral capsule, delayed release (dr/ec) 20 mg, 30 mg, 40 mg, 60 mg</i>	Tier 1	\$0	MO
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	Tier 2	\$0	MO
LYRICA ORAL SOLUTION 20 MG/ML	Tier 2	\$0	MO
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	Tier 2	\$0	MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS, DOSE PACK 12.5 MG (5)-25 MG (8)-50 MG (42)	Tier 2	\$0	NDS
<b>Multiple Sclerosis Agents</b>			
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	Tier 2	\$0	PA; MO
AUBAGIO ORAL TABLET 14 MG, 7 MG	Tier 2	\$0	PA; MO
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT 30 MCG	Tier 2	\$0	PA; MO
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	Tier 2	\$0	PA; MO
BETASERON SUBCUTANEOUS KIT 0.3 MG	Tier 2	\$0	PA; MO
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	Tier 2	\$0	PA; MO
GILENYA ORAL CAPSULE 0.5 MG	Tier 2	\$0	PA; MO
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML	Tier 2	\$0	PA; MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	Tier 1	\$0	PA NSO; MO
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	Tier 2	\$0	PA; MO
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 2	\$0	PA; MO
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	Tier 2	\$0	MO
TECFIDERA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 120 MG, 240 MG	Tier 2	\$0	PA; MO
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	Tier 2	\$0	PA; MO

### Dental And Oral Agents

#### Dental And Oral Agents

<i>cevimeline oral capsule 30 mg</i>	Tier 1	\$0	MO
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	Tier 1	\$0	NDS
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	Tier 1	\$0	NDS
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	Tier 1	\$0	NDS
<i>doxycycline monohydrate oral tablet 150 mg</i>	Tier 1	\$0	NDS
KEPIVANCE INTRAVENOUS RECON SOLN 6.25 MG	Tier 2	\$0	NDS
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	\$0	NDS
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 1	\$0	NDS
<i>minocycline oral tablet extended release 24 hr 135 mg, 45 mg, 90 mg</i>	Tier 1	\$0	NDS



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 %	Tier 2	\$0	NDS
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Tier 1	\$0	MO
<i>triamcinolone acetonide dental paste 0.1 %</i>	Tier 1	\$0	NDS
<b>Dermatological Agents</b>			
<b>Dermatological Agents</b>			
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	Tier 1	\$0	NDS
<i>adapalene topical cream 0.1 %</i>	Tier 1	\$0	NDS
<i>adapalene topical gel 0.1 %</i>	Tier 1	\$0	NDS
<i>ammonium lactate topical cream 12 %</i>	Tier 1	\$0	NDS
<i>ammonium lactate topical lotion 12 %</i>	Tier 1	\$0	NDS
AVITA TOPICAL CREAM 0.025 %	Tier 2	\$0	NDS
AVITA TOPICAL GEL 0.025 %	Tier 2	\$0	NDS
AZELEX TOPICAL CREAM 20 %	Tier 2	\$0	NDS
<i>betamethasone dipropionate topical lotion 0.05 %</i>	Tier 1	\$0	NDS
<i>calcipotriene scalp solution 0.005 %</i>	Tier 1	\$0	NDS
<i>calcipotriene topical cream 0.005 %</i>	Tier 1	\$0	NDS
<i>calcipotriene topical ointment 0.005 %</i>	Tier 1	\$0	NDS
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	Tier 1	\$0	NDS
CARAC TOPICAL CREAM 0.5 %	Tier 2	\$0	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 2	\$0	NDS
<i>clindamax topical gel 1 %</i>	Tier 2	\$0	NDS
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	Tier 1	\$0	NDS
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	Tier 1	\$0	NDS



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	Tier 1	\$0	NDS
CORMAX SCALP SOLUTION 0.05 %	Tier 2	\$0	NDS
CORTISPORIN TOPICAL CREAM 3.5-10,000-0.5 MG/G-UNIT/G-%	Tier 2	\$0	NDS
CORTISPORIN TOPICAL OINTMENT 1 %	Tier 2	\$0	NDS
<i>diclofenac sodium topical gel 1 %</i>	Tier 1	\$0	MO
<i>diclofenac sodium topical gel 3 %</i>	Tier 1	\$0	NDS
<i>doxycycline hyclate oral capsule 50 mg</i>	Tier 1	\$0	NDS
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	Tier 1	\$0	NDS
<i>doxycycline monohydrate oral tablet 50 mg</i>	Tier 1	\$0	NDS
EFUDEX TOPICAL CREAM 5 %	Tier 2	\$0	
ELIDEL TOPICAL CREAM 1 %	Tier 2	\$0	NDS; QL (30 per 30 days)
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	Tier 1	\$0	NDS
FINACEA TOPICAL FOAM 15 %	Tier 2	\$0	NDS
FINACEA TOPICAL GEL 15 %	Tier 2	\$0	NDS
<i>fluocinonide topical cream 0.1 %</i>	Tier 1	\$0	NDS
<i>fluorouracil intravenous solution 2.5 gram/50 ml</i>	Tier 1	\$0	PA BvD; NDS
<i>fluorouracil topical cream 0.5 %, 5 %</i>	Tier 1	\$0	NDS
<i>fluorouracil topical solution 2 %, 5 %</i>	Tier 1	\$0	NDS
<i>fluticasone topical cream 0.05 %</i>	Tier 1	\$0	NDS
<i>fluticasone topical ointment 0.005 %</i>	Tier 1	\$0	NDS
<i>imiquimod topical cream in packet 5 %</i>	Tier 1	\$0	NDS
KERYDIN TOPICAL SOLUTION WITH APPLICATOR 5 %	Tier 2	\$0	NDS



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>	Tier 1	\$0	PA NSO; NDS
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 2	\$0	NDS
NEUAC TOPICAL GEL 1.2 %(1 % BASE) -5 %	Tier 2	\$0	NDS
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	Tier 1	\$0	NDS
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	Tier 1	\$0	NDS
OXSORALEN ULTRA ORAL CAPSULE,LIQD-FILLED,RAPID REL 10 MG	Tier 2	\$0	PA NSO; NDS
PICATO TOPICAL GEL 0.015 %, 0.05 %	Tier 2	\$0	PA; NDS
<i>podofilox topical solution 0.5 %</i>	Tier 1	\$0	NDS
<i>prednicarbate topical cream 0.1 %</i>	Tier 1	\$0	NDS
REGRANEX TOPICAL GEL 0.01 %	Tier 2	\$0	NDS
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	Tier 2	\$0	NDS
<i>selenium sulfide topical lotion 2.5 %</i>	Tier 2	\$0	NDS
SOLARAZE TOPICAL GEL 3 %	Tier 2	\$0	
<i>tacrolimus topical ointment 0.03 %</i>	Tier 1	\$0	NDS; QL (30 per 30 days)
<i>tacrolimus topical ointment 0.1 %</i>	Tier 1	\$0	NDS; QL (30 per 31 days)
<i>tazarotene topical cream 0.1 %</i>	Tier 1	\$0	
TAZORAC TOPICAL CREAM 0.05 %, 0.1 %	Tier 2	\$0	NDS
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	Tier 2	\$0	NDS
TOLAK TOPICAL CREAM 4 %	Tier 2	\$0	
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	Tier 1	\$0	NDS
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	Tier 1	\$0	NDS
UVADEX INJECTION SOLUTION 20 MCG/ML	Tier 2		NDS



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
VALCHLOR TOPICAL GEL 0.016 %	Tier 2	\$0	MO
VOLTAREN TOPICAL GEL 1 %	Tier 2	\$0	MO
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Tier 2	\$0	NDS
<b>Electrolytes/Minerals/Metals/Vitamins</b>			
<b>Electrolyte/ Mineral Replacement</b>			
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	Tier 2	\$0	PA NSO; MO
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	Tier 2	\$0	NDS
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	Tier 2	\$0	MO
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	Tier 2	\$0	MO
KLOR-CON M15 ORAL TABLET, ER PARTICLES/CRYSTALS 15 MEQ	Tier 2	\$0	MO
KLOR-CON M20 ORAL TABLET, ER PARTICLES/CRYSTALS 20 MEQ	Tier 2	\$0	MO
KLOR-CON SPRINKLE ORAL CAPSULE, EXTENDED RELEASE 10 MEQ, 8 MEQ	Tier 2	\$0	MO
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ, 8 MEQ	Tier 2	\$0	MO
<i>magnesium sulfate injection solution 4 meq/ml (50 %)</i>	Tier 2	\$0	NDS
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	Tier 2	\$0	NDS
OSMOPREP ORAL TABLET 1.5 GRAM	Tier 2	\$0	NDS
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	Tier 1	\$0	NDS



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<b>Name of Drug</b>	<b>Tier Level</b>	<b>WHAT THE DRUG WILL COST YOU</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>potassium chloride intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml</i>	Tier 1	\$0	NDS
<i>potassium chloride intravenous solution 2 meq/ml</i>	Tier 2	\$0	NDS
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	Tier 1	\$0	MO
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	Tier 1	\$0	MO
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	Tier 1	\$0	MO
<i>potassium chloride oral tablet, er particles/crystals 10 meq, 20 meq</i>	Tier 1	\$0	MO
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	Tier 1	\$0	NDS
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	Tier 2	\$0	PA BvD; NDS
<i>sodium chloride 0.9 % intravenous parenteral solution 0.9 %</i>	Tier 2	\$0	PA BvD; NDS
<i>sodium chloride 3 % intravenous parenteral solution 3 %</i>	Tier 2	\$0	PA BvD; NDS
<i>sodium chloride 5 % intravenous parenteral solution 5 %</i>	Tier 2	\$0	PA BvD; NDS
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml</i>	Tier 2	\$0	PA BvD; NDS
<i>sodium chloride irrigation solution 0.9 %</i>	Tier 1	\$0	NDS
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	Tier 2	\$0	
<b>Electrolyte/Mineral/Metal Modifiers</b>			
AMINO ACIDS 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	Tier 2	\$0	PA BvD; NDS



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 7 %	Tier 2	\$0	PA BvD; NDS
AMINOSYN-RF 5.2 % INTRAVENOUS PARENTERAL SOLUTION 5.2 %	Tier 2	\$0	PA BvD; NDS
DEPEN TITRATABS ORAL TABLET 250 MG	Tier 2	\$0	MO
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	Tier 2	\$0	PA; LA; MO
FERRIPROX ORAL TABLET 500 MG	Tier 2	\$0	PA; NDS
FREAMINE HBC 6.9 % INTRAVENOUS PARENTERAL SOLUTION 6.9 %	Tier 2	\$0	PA BvD; NDS
KIONEX ORAL POWDER	Tier 2	\$0	NDS
<i>sodium polystyrene (sorb free) oral suspension 15 gram/60 ml</i>	Tier 1	\$0	NDS
SYPRINE ORAL CAPSULE 250 MG	Tier 2	\$0	NDS
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	Tier 2	\$0	MO
<b>Electrolytes/Minerals/Metals/Vitamins</b>			
AMINO ACIDS 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	Tier 2	\$0	PA BvD; NDS
AMINOSYN 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	Tier 2	\$0	PA BvD; NDS
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	Tier 2	\$0	PA BvD; NDS
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	Tier 2	\$0	PA BvD; NDS
AMINOSYN II 7 % INTRAVENOUS PARENTERAL SOLUTION 7 %	Tier 2	\$0	PA BvD; NDS



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<b>Name of Drug</b>	<b>Tier Level</b>	<b>WHAT THE DRUG WILL COST YOU</b>	<b>Necessary actions, restrictions, or limits on use</b>
AMINOSYN II 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	Tier 2	\$0	PA BvD; NDS
AMINOSYN II 8.5 %- ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	Tier 2	\$0	PA BvD; NDS
AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION 7 %	Tier 2	\$0	PA BvD; NDS
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	Tier 2	\$0	PA BvD; NDS
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	Tier 2	\$0	PA BvD; NDS
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	Tier 2	\$0	PA BvD; NDS
CLINIMIX 5%/D25W SULFITE-FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	Tier 2	\$0	PA BvD; NDS
CLINIMIX 2.75%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	Tier 2	\$0	PA BvD; NDS
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	Tier 2	\$0	PA BvD; NDS
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	Tier 2	\$0	PA BvD; NDS
CLINIMIX 4.25%-D20W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	Tier 2	\$0	PA BvD; NDS
CLINIMIX 4.25%-D25W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	Tier 2	\$0	PA BvD; NDS
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	Tier 2	\$0	PA BvD; NDS



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<b>Name of Drug</b>	<b>Tier Level</b>	<b>WHAT THE DRUG WILL COST YOU</b>	<b>Necessary actions, restrictions, or limits on use</b>
CLINIMIX E 2.75%/D10W SULFREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	Tier 2	\$0	PA BvD; NDS
CLINIMIX E 2.75%/D5W SULFREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	Tier 2	\$0	PA BvD; NDS
CLINIMIX E 4.25%/D10W SULFREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	Tier 2	\$0	PA BvD; NDS
CLINIMIX E 4.25%/D25W SULFREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	Tier 2	\$0	PA BvD; NDS
CLINIMIX E 4.25%/D5W SULFREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	Tier 2	\$0	PA BvD; NDS
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	Tier 2	\$0	PA BvD; NDS
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	Tier 2	\$0	PA BvD; NDS
CLINIMIX E 5%/D25W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	Tier 2	\$0	PA BvD; NDS
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	Tier 2	\$0	PA BvD; NDS
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	Tier 1	\$0	PA BvD; NDS
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	Tier 1	\$0	PA BvD; NDS
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	Tier 1	\$0	PA BvD; NDS
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	Tier 1	\$0	PA BvD; NDS
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	Tier 2	\$0	PA BvD; NDS
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	Tier 2	\$0	PA BvD; NDS



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<b>Name of Drug</b>	<b>Tier Level</b>	<b>WHAT THE DRUG WILL COST YOU</b>	<b>Necessary actions, restrictions, or limits on use</b>
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	Tier 2	\$0	PA BvD; NDS
<i>dextrose 5 %-lactated ringers intravenous parenteral solution</i>	Tier 2	\$0	PA BvD; NDS
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	Tier 1	\$0	PA BvD; NDS
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	Tier 1	\$0	PA BvD; NDS
<i>fomepizole intravenous solution 1 gram/ml</i>	Tier 1	\$0	NDS
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 %	Tier 2	\$0	PA BvD; NDS
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	Tier 2	\$0	NDS
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	Tier 1	\$0	PA BvD; MO
<i>levocarnitine oral tablet 330 mg</i>	Tier 1	\$0	PA BvD; MO
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION 5.4 %	Tier 2	\$0	PA BvD; NDS
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	Tier 2	\$0	NDS
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	Tier 2	\$0	NDS
NUTRILIPID INTRAVENOUS EMULSION 20 %	Tier 2	\$0	PA BvD; NDS
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i>	Tier 1	\$0	NDS
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 40 meq/l</i>	Tier 1	\$0	NDS
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	Tier 1	\$0	NDS



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	Tier 1	\$0	NDS
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	Tier 1	\$0	NDS
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	Tier 1	\$0	NDS
PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	Tier 2	\$0	PA BvD; NDS
PREMASOL 6 % INTRAVENOUS PARENTERAL SOLUTION 6 %	Tier 2	\$0	PA BvD; NDS
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	Tier 1	\$0	MO
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	Tier 2	\$0	PA BvD; NDS
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	Tier 2	\$0	PA BvD
<i>ringer's intravenous parenteral solution</i>	Tier 1	\$0	NDS
<i>ringer's irrigation solution</i>	Tier 1	\$0	NDS
<i>sodium lactate intravenous solution 5 meq/ml</i>	Tier 2	\$0	NDS
TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML	Tier 2	\$0	NDS
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	Tier 2	\$0	PA BvD; NDS
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	Tier 2	\$0	PA BvD; NDS
TROPHAMINE 6% INTRAVENOUS PARENTERAL SOLUTION 6 %	Tier 2	\$0	PA BvD; NDS
<i>water for irrigation, sterile irrigation solution</i>	Tier 1	\$0	NDS



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<b>Vitamins</b>			
<i>doxercalciferol intravenous solution 4 mcg/2 ml</i>	Tier 1	\$0	MO
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg</i>	Tier 1	\$0	MO
<i>doxercalciferol oral capsule 2.5 mcg</i>	Tier 1	\$0	PA BvD; MO
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	Tier 2	\$0	MO
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	Tier 2	\$0	MO
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ	Tier 2	\$0	MO
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ	Tier 2	\$0	MO
KLOR-CON SPRINKLE ORAL CAPSULE, EXTENDED RELEASE 10 MEQ, 8 MEQ	Tier 2	\$0	MO
<b>Gastrointestinal Agents</b>			
<b>Antispasmodics, Gastrointestinal</b>			
<i>atropine injection syringe 0.05 mg/ml</i>	Tier 1	\$0	NDS
<i>dicyclomine oral capsule 10 mg</i>	Tier 1	\$0	NDS; MO
<i>dicyclomine oral solution 10 mg/5 ml</i>	Tier 1	\$0	NDS
<i>dicyclomine oral tablet 20 mg</i>	Tier 1	\$0	NDS; MO
<i>glycopyrrolate injection solution 0.2 mg/ml</i>	Tier 1	\$0	NDS
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 1	\$0	NDS; MO
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	Tier 1	\$0	NDS
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1.5 MG (1 MG OVER 3 DAYS)	Tier 2	\$0	NDS



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<b>Gastrointestinal Agents, Other</b>			
CHENODAL ORAL TABLET 250 MG	Tier 2	\$0	NDS
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	Tier 1	\$0	NDS
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Tier 1	\$0	NDS
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	Tier 2		PA NSO; MO
<i>loperamide oral capsule 2 mg</i>	Tier 2	\$0	MO
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	Tier 1	\$0	NDS
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Tier 1	\$0	NDS
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 2	\$0	NDS
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	Tier 2	\$0	NDS
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	Tier 2	\$0	NDS
UCERIS ORAL TABLET, DELAYED AND EXT.RELEASE 9 MG	Tier 2	\$0	NDS
<i>ursodiol oral capsule 300 mg</i>	Tier 1	\$0	MO
<i>ursodiol oral tablet 250 mg, 500 mg</i>	Tier 1	\$0	MO
<b>Gastrointestinal Agents</b>			
UCERIS ORAL TABLET, DELAYED AND EXT.RELEASE 9 MG	Tier 2	\$0	NDS
<b>Histamine2 (H2) Receptor Antagonists</b>			
<i>cimetidine 200 mg tablet blister pack (otc) 200 mg</i>	Tier 3	\$0	MO; *
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	Tier 1	\$0	MO
<i>cimetidine oral tablet 200 mg</i>	Tier 2	\$0	MO
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	Tier 1	\$0	MO



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<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	Tier 1	\$0	NDS
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	Tier 1	\$0	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	Tier 1	\$0	MO
<i>nizatidine oral capsule 150 mg, 300 mg</i>	Tier 1	\$0	MO
<i>ranitidine 150 mg tablet maximum strength (otc) 150 mg</i>	Tier 3	\$0	MO; *
<i>ranitidine hcl oral syrup 15 mg/ml</i>	Tier 1	\$0	MO
<i>ranitidine hcl oral tablet 150 mg</i>	Tier 2	\$0	MO
<i>ranitidine hcl oral tablet 300 mg</i>	Tier 1	\$0	MO
<b>Irritable Bowel Syndrome Agents</b>			
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	Tier 1	\$0	NDS
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	Tier 2	\$0	MO
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	Tier 1	\$0	NDS
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG	Tier 2	\$0	MO
GIAZO ORAL TABLET 1.1 GRAM	Tier 2	\$0	NDS
LINZESS ORAL CAPSULE 145 MCG, 290 MCG	Tier 2	\$0	MO
UCERIS ORAL TABLET, DELAYED AND EXT. RELEASE 9 MG	Tier 2	\$0	NDS
<b>Laxatives</b>			
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML	Tier 2	\$0	MO
ENULOSE ORAL SOLUTION 10 GRAM/15 ML	Tier 2	\$0	MO
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	Tier 2	\$0	NDS
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	Tier 2	\$0	NDS
GAVILYTE-N ORAL RECON SOLN 420 GRAM	Tier 2	\$0	NDS



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
GENERLAC ORAL SOLUTION 10 GRAM/15 ML	Tier 2	\$0	MO
<i>lactulose oral solution 10 gram/15 ml</i>	Tier 1	\$0	MO
<i>peg-electrolyte soln oral recon soln 420 gram</i>	Tier 1	\$0	NDS
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i>	Tier 1	\$0	NDS
<i>polyethylene glycol 3350 powd 14 once-daily doses (otc) 17 gram/dose</i>	Tier 3	\$0	*
<i>polyethylene glycol 3350 powd 30 once-daily doses (otc) 17 gram/dose</i>	Tier 3	\$0	*
<i>polyethylene glycol 3350 powd 7 once-daily doses (otc) 17 gram/dose</i>	Tier 3	\$0	*
<b>Protectants</b>			
CARAFATE ORAL SUSPENSION 100 MG/ML	Tier 2	\$0	MO
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Tier 1	\$0	MO
<i>sucralfate oral tablet 1 gram</i>	Tier 1	\$0	MO
<b>Proton Pump Inhibitors</b>			
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg, 40 mg</i>	Tier 1	\$0	MO
<i>esomeprazole sodium intravenous recon soln 20 mg, 40 mg</i>	Tier 1	\$0	NDS
<i>hm lansoprazole dr 15 mg cap gluten-free, 1 bottle (otc) 15 mg</i>	Tier 3	\$0	MO; *
<i>hm lansoprazole dr 15 mg cap gluten-free, 2 bottle (otc) 15 mg</i>	Tier 3	\$0	MO; *
<i>hm lansoprazole dr 15 mg cap gluten-free, 3 bottle (otc) 15 mg</i>	Tier 3	\$0	MO; *
<i>lansoprazole dr 15 mg capsule 1x14 day course (otc) 15 mg</i>	Tier 3	\$0	MO; *
<i>lansoprazole dr 15 mg capsule 1x14 day course, na/f (otc) 15 mg</i>	Tier 3	\$0	MO; *



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<i>lansoprazole dr 15 mg capsule 24hr, 3 bottles (otc) 15 mg</i>	Tier 3	\$0	MO; *
<i>lansoprazole dr 15 mg capsule 2x14 day course (otc) 15 mg</i>	Tier 3	\$0	MO; *
<i>lansoprazole dr 15 mg capsule 3x14 day course,na/f (otc) 15 mg</i>	Tier 3	\$0	MO; *
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg, 30 mg</i>	Tier 1	\$0	MO
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	Tier 1	\$0	MO
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i>	Tier 1	\$0	MO
<b>Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment</b>			
<b>Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment</b>			
ADAGEN INTRAMUSCULAR SOLUTION 250 UNIT/ML	Tier 2	\$0	NDS
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	Tier 2	\$0	NDS
CERDELGA ORAL CAPSULE 84 MG	Tier 2	\$0	MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	Tier 2	\$0	PA BvD; MO
CREON ORAL CAPSULE, DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	Tier 2	\$0	MO
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	Tier 2	\$0	PA NSO; MO
ELELYSO INTRAVENOUS RECON SOLN 200 UNIT	Tier 2	\$0	MO
FABRAZYME INTRAVENOUS RECON SOLN 35 MG	Tier 2	\$0	



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	Tier 2	\$0	MO
KUVAN ORAL TABLET,SOLUBLE 100 MG	Tier 2	\$0	PA NSO; MO
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	Tier 2	\$0	MO
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	Tier 2	\$0	MO
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	Tier 2	\$0	MO
RAVICTI ORAL LIQUID 1.1 GRAM/ML	Tier 2	\$0	PA NSO; MO
STRENSIQ SUBCUTANEOUS SOLUTION 100 MG/ML, 40 MG/ML	Tier 2	\$0	MO
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	Tier 2	\$0	MO
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	Tier 2	\$0	PA NSO; MO
ZAVESCA ORAL CAPSULE 100 MG	Tier 2	\$0	MO
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-34,000 - 55,000 UNIT, 15,000-51,000 - 82,000 UNIT, 20,000-68,000 - 109,000 UNIT, 25,000-85,000-136,000 UNIT, 3,000-10,000-16,000 UNIT, 40,000-136,000-218,000 UNIT, 5,000-17,000 - 27,000 UNIT	Tier 2	\$0	MO
<b>Genitourinary Agents</b>			
<b>Antispasmodics, Urinary</b>			
<i>flavoxate oral tablet 100 mg</i>	Tier 1	\$0	MO
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	Tier 2	\$0	ST; MO
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	Tier 1	\$0	MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<i>oxybutynin chloride oral tablet 5 mg</i>	Tier 1	\$0	MO
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	Tier 1	\$0	MO
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	Tier 1	\$0	MO
<i>tolterodine oral tablet 1 mg, 2 mg</i>	Tier 1	\$0	MO
<i>tropium oral capsule, extended release 24hr 60 mg</i>	Tier 1	\$0	MO
<i>tropium oral tablet 20 mg</i>	Tier 1	\$0	MO
<b>Benign Prostatic Hypertrophy Agents</b>			
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	Tier 1	\$0	MO
AVODART ORAL CAPSULE 0.5 MG	Tier 2	\$0	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	Tier 1	\$0	MO
<i>dutasteride oral capsule 0.5 mg</i>	Tier 1	\$0	MO
<i>finasteride oral tablet 5 mg</i>	Tier 1	\$0	MO
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 1	\$0	MO
<i>tamsulosin oral capsule, extended release 24hr 0.4 mg</i>	Tier 1	\$0	MO
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Tier 1	\$0	MO
<b>Genitourinary Agents, Other</b>			
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Tier 1	\$0	NDS
CUPRIMINE ORAL CAPSULE 250 MG	Tier 2	\$0	MO
DEPEN TITRATABS ORAL TABLET 250 MG	Tier 2	\$0	MO
ELMIRON ORAL CAPSULE 100 MG	Tier 2	\$0	NDS
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	Tier 1	\$0	MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<b>Phosphate Binders</b>			
<i>calcium acetate oral capsule 667 mg</i>	Tier 1	\$0	MO
FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG, 500 MG, 750 MG	Tier 2	\$0	MO
RENAGEL ORAL TABLET 400 MG, 800 MG	Tier 2	\$0	MO
RENVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM	Tier 2	\$0	MO
RENVELA ORAL TABLET 800 MG	Tier 2	\$0	MO
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	Tier 1	\$0	MO
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)</b>			
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)</b>			
<i>alclometasone topical cream 0.05 %</i>	Tier 1	\$0	NDS
<i>alclometasone topical ointment 0.05 %</i>	Tier 1	\$0	NDS
<i>amcinonide topical cream 0.1 %</i>	Tier 1	\$0	NDS
<i>amcinonide topical lotion 0.1 %</i>	Tier 1	\$0	NDS
<i>amcinonide topical ointment 0.1 %</i>	Tier 1	\$0	NDS
<i>betamethasone dipropionate topical cream 0.05 %</i>	Tier 1	\$0	NDS
<i>betamethasone dipropionate topical ointment 0.05 %</i>	Tier 1	\$0	NDS
<i>betamethasone valerate topical cream 0.1 %</i>	Tier 1	\$0	NDS
<i>betamethasone valerate topical foam 0.12 %</i>	Tier 1	\$0	NDS
<i>betamethasone valerate topical lotion 0.1 %</i>	Tier 1	\$0	NDS
<i>betamethasone valerate topical ointment 0.1 %</i>	Tier 1	\$0	NDS



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<i>betamethasone, augmented topical cream 0.05 %</i>	Tier 1	\$0	NDS
<i>betamethasone, augmented topical gel 0.05 %</i>	Tier 1	\$0	NDS
<i>betamethasone, augmented topical lotion 0.05 %</i>	Tier 1	\$0	NDS
<i>clobetasol scalp solution 0.05 %</i>	Tier 1	\$0	NDS
<i>clobetasol topical foam 0.05 %</i>	Tier 1	\$0	NDS
<i>clobetasol topical gel 0.05 %</i>	Tier 1	\$0	NDS
<i>clobetasol topical lotion 0.05 %</i>	Tier 1	\$0	NDS
<i>clobetasol topical ointment 0.05 %</i>	Tier 1	\$0	NDS
<i>clobetasol topical shampoo 0.05 %</i>	Tier 1	\$0	NDS
<i>clobetasol-emollient topical cream 0.05 %</i>	Tier 1	\$0	NDS
CLODAN TOPICAL SHAMPOO 0.05 %	Tier 2	\$0	NDS
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	Tier 2	\$0	NDS
<i>cortisone oral tablet 25 mg</i>	Tier 1	\$0	PA BvD; NDS
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	Tier 2	\$0	NDS
<i>desonide topical lotion 0.05 %</i>	Tier 1	\$0	NDS
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	Tier 1	\$0	NDS
<i>desoximetasone topical gel 0.05 %</i>	Tier 1	\$0	NDS
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	Tier 1	\$0	NDS
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	Tier 2	\$0	NDS
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	Tier 1	\$0	PA BvD; NDS
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	Tier 1	\$0	PA BvD; NDS
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	Tier 1	\$0	NDS



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<i>diflorasone topical cream 0.05 %</i>	Tier 1	\$0	NDS
<i>diflorasone topical ointment 0.05 %</i>	Tier 1	\$0	NDS
<i>fludrocortisone oral tablet 0.1 mg</i>	Tier 1	\$0	MO
<i>fluocinolone acetonide oil otic drops 0.01 %</i>	Tier 1	\$0	NDS
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	Tier 1	\$0	NDS
<i>fluocinolone topical oil 0.01 %</i>	Tier 1	\$0	NDS
<i>fluocinolone topical ointment 0.025 %</i>	Tier 1	\$0	NDS
<i>fluocinolone topical solution 0.01 %</i>	Tier 1	\$0	NDS
<i>fluocinonide topical cream 0.1 %</i>	Tier 1	\$0	NDS
<i>fluocinonide topical gel 0.05 %</i>	Tier 1	\$0	NDS
<i>fluocinonide topical ointment 0.05 %</i>	Tier 1	\$0	NDS
<i>fluocinonide topical solution 0.05 %</i>	Tier 1	\$0	NDS
<i>fluocinonide-e topical cream 0.05 %</i>	Tier 1	\$0	
<i>fluticasone topical cream 0.05 %</i>	Tier 1	\$0	NDS
<i>fluticasone topical ointment 0.005 %</i>	Tier 1	\$0	NDS
<i>halobetasol propionate topical cream 0.05 %</i>	Tier 1	\$0	NDS
HALOG TOPICAL CREAM 0.1 %	Tier 2	\$0	NDS
HALOG TOPICAL OINTMENT 0.1 %	Tier 2	\$0	NDS
<i>hm hydrocortisone 1% cream max str, w/aloe (otc) 1 %</i>	Tier 3	\$0	*
<i>hm hydrocortisone 1% cream plus 12 moisturizers (otc) 1 %</i>	Tier 3	\$0	*
<i>hydrocortisone 1% cream (otc) 1 %</i>	Tier 3	\$0	*
<i>hydrocortisone 1% cream carton (otc) 1 %</i>	Tier 3	\$0	*
<i>hydrocortisone 1% cream maximum strength (otc) 1 %</i>	Tier 3	\$0	*
<i>hydrocortisone 1% cream u-d, 48's, foil 1 %</i>	Tier 3		*



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<i>hydrocortisone 1% cream w/aloe (otc) 1 %</i>	Tier 3	\$0	*
<i>hydrocortisone 1% ointment (otc) 1 %</i>	Tier 3	\$0	*
<i>hydrocortisone 1% ointment carton (otc) 1 %</i>	Tier 3	\$0	*
<i>hydrocortisone 1% ointment maximum strength (otc) 1 %</i>	Tier 3	\$0	*
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	\$0	PA BvD; MO
<i>hydrocortisone plus 1% cream moisturizer, max. str (otc) 1 %</i>	Tier 3	\$0	*
<i>hydrocortisone topical cream 1 %</i>	Tier 2	\$0	NDS
<i>hydrocortisone topical cream 2.5 %</i>	Tier 1	\$0	NDS
<i>hydrocortisone topical lotion 2.5 %</i>	Tier 1	\$0	NDS
<i>hydrocortisone topical ointment 1 %</i>	Tier 2	\$0	NDS
<i>hydrocortisone topical ointment 2.5 %</i>	Tier 1	\$0	NDS
<i>lokara topical lotion 0.05 %</i>	Tier 2	\$0	NDS
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	Tier 1	\$0	NDS
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 1	\$0	PA BvD; NDS
<i>methylprednisolone oral tablets, dose pack 4 mg</i>	Tier 1	\$0	NDS
<i>methylprednisolone sodium succ injection recon soln 125 mg</i>	Tier 1	\$0	
<i>methylprednisolone sodium succ injection recon soln 40 mg</i>	Tier 1	\$0	NDS
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i>	Tier 1	\$0	NDS
<i>mometasone topical cream 0.1 %</i>	Tier 1	\$0	NDS
<i>mometasone topical ointment 0.1 %</i>	Tier 1	\$0	NDS
<i>mometasone topical solution 0.1 %</i>	Tier 1	\$0	NDS



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<i>prednicarbate topical ointment 0.1 %</i>	Tier 1	\$0	NDS
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	Tier 1	\$0	PA BvD; NDS
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 2	\$0	PA BvD; NDS
<i>prednisone oral solution 5 mg/5 ml</i>	Tier 2	\$0	PA BvD; NDS
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Tier 1	\$0	PA BvD; NDS
PROCTO-PAK TOPICAL CREAM WITH PERINEAL APPLICATOR 1 %	Tier 2	\$0	NDS
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 2	\$0	NDS
<i>sb hydrocortisone 1% ointment maximum strength (otc) 1 %</i>	Tier 3	\$0	*
<i>sm hydrocortisone 1% ointment maximum strength (otc) 1 %</i>	Tier 3	\$0	*
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	Tier 1	\$0	NDS
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	\$0	NDS
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	Tier 1	\$0	NDS
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	Tier 1	\$0	NDS
TRIDERM TOPICAL CREAM 0.1 %	Tier 2	\$0	NDS
VERIPRED 20 ORAL SOLUTION 20 MG/5 ML (4 MG/ML)	Tier 2	\$0	NDS



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</b>			
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</b>			
<i>desmopressin injection solution 4 mcg/ml</i>	Tier 1	\$0	PA; NDS
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	Tier 1	\$0	MO
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	Tier 1	\$0	MO
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	Tier 2	\$0	MO
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	Tier 2	\$0	PA NSO; NDS
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	Tier 2	\$0	MO
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	Tier 2	\$0	PA; MO
NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT	Tier 2	\$0	PA; NDS
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 5 MG/2 ML (2.5 MG/ML)	Tier 2	\$0	PA; MO
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT	Tier 2	\$0	PA; NDS
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)</b>			
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)</b>			
<i>misoprostol oral tablet 200 mcg</i>	Tier 1	\$0	MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)</b>			
<b>Anabolic Steroids</b>			
ANADROL-50 ORAL TABLET 50 MG	Tier 2	\$0	NDS
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	Tier 1	\$0	MO
<b>Androgens</b>			
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 1	\$0	NDS
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	Tier 1	\$0	MO
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	Tier 1	\$0	NDS
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	Tier 1	\$0	MO
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	Tier 1	\$0	MO
<b>Estrogens</b>			
ALORA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Tier 2	\$0	MO
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	Tier 2	\$0	NDS
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	Tier 2	\$0	NDS
DUAVEE ORAL TABLET 0.45-20 MG	Tier 2	\$0	MO
ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM)	Tier 2	\$0	MO
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	\$0	PA NSO; MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	Tier 1	\$0	PA NSO; MO
<i>estradiol valerate intramuscular oil 20 mg/ml</i>	Tier 1	\$0	NDS
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	Tier 2	\$0	MO
<i>estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg</i>	Tier 1	\$0	MO
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	Tier 2	\$0	MO
MARLISSA ORAL TABLET 0.15-0.03 MG	Tier 2	\$0	MO
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	Tier 2	\$0	MO
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	Tier 2	\$0	PA NSO; MO
MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Tier 2	\$0	MO
PREMARIN INJECTION RECON SOLN 25 MG	Tier 2	\$0	PA NSO; NDS
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	Tier 2	\$0	PA NSO; MO
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	Tier 2	\$0	MO
VAGIFEM VAGINAL TABLET 10 MCG	Tier 2	\$0	MO
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Tier 2	\$0	MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)</b>			
AMETHIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	Tier 2	\$0	MO
AMETHYST ORAL TABLET 90-20 MCG	Tier 1		MO
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	Tier 2	\$0	MO
APRI ORAL TABLET 0.15-0.03 MG	Tier 2	\$0	MO
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	Tier 2	\$0	MO
ASHLYNA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	Tier 2	\$0	MO
AUBRA ORAL TABLET 0.1-20 MG-MCG	Tier 2	\$0	MO
AVIANE ORAL TABLET 0.1-20 MG-MCG	Tier 2	\$0	MO
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG	Tier 2	\$0	MO
BEKYREE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	Tier 2	\$0	MO
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	Tier 2	\$0	MO
BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 2	\$0	MO
BRIELLYN ORAL TABLET 0.4-35 MG-MCG	Tier 2	\$0	MO
<i>budesonide oral capsule,delayed,extend.release 3 mg</i>	Tier 1	\$0	NDS
CRYSSELLE (28) ORAL TABLET 0.3-30 MG-MCG	Tier 2	\$0	MO
CYCLAFEM 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 2	\$0	MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
CYCLAFEM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Tier 2	\$0	MO
DEBLITANE ORAL TABLET 0.35 MG	Tier 2	\$0	MO
DELYLA (28) ORAL TABLET 0.1-20 MG-MCG	Tier 2	\$0	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	Tier 1	\$0	MO
EMOQUETTE ORAL TABLET 0.15-0.03 MG	Tier 2	\$0	MO
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	Tier 2	\$0	MO
<i>estradiol valerate intramuscular oil 40 mg/ml</i>	Tier 1	\$0	NDS
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	Tier 1	\$0	MO
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	Tier 2	\$0	MO
GIANVI (28) ORAL TABLET 3-0.02 MG	Tier 2	\$0	MO
GILDAGIA ORAL TABLET 0.4-35 MG-MCG	Tier 2	\$0	MO
INTROVALE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG	Tier 2	\$0	MO
JINTELI ORAL TABLET 1-5 MG-MCG	Tier 2	\$0	MO
JULEBER ORAL TABLET 0.15-0.03 MG	Tier 2	\$0	MO
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Tier 2	\$0	MO
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	Tier 2	\$0	MO
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 2	\$0	MO
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 2	\$0	MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	Tier 2	\$0	MO
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	Tier 2	\$0	MO
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 2	\$0	MO
KIMIDESS (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	Tier 2	\$0	MO
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Tier 2	\$0	MO
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	Tier 2	\$0	MO
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 2	\$0	MO
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 2	\$0	MO
LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	Tier 2	\$0	MO
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG	Tier 2	\$0	MO
LESSINA ORAL TABLET 0.1-20 MG-MCG	Tier 2	\$0	MO
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	Tier 2	\$0	MO
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	Tier 1	\$0	MO
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg</i>	Tier 1	\$0	MO
LEVORA-28 ORAL TABLET 0.15-0.03 MG	Tier 2	\$0	MO
LOMEDIA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	Tier 2	\$0	MO
LORYNA (28) ORAL TABLET 3-0.02 MG	Tier 2	\$0	MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	Tier 2	\$0	MO
MARLISSA ORAL TABLET 0.15-0.03 MG	Tier 2	\$0	MO
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Tier 2	\$0	MO
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	Tier 2	\$0	MO
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Tier 2	\$0	MO
MIMVEY LO ORAL TABLET 0.5-0.1 MG	Tier 2	\$0	MO
MIMVEY ORAL TABLET 1-0.5 MG	Tier 2	\$0	MO
MINASTRIN 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	Tier 2	\$0	MO
MONONESSA (28) ORAL TABLET 0.25-35 MG-MCG	Tier 2	\$0	MO
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 2	\$0	MO
NECON 10/11 (28) ORAL TABLET 0.5-35/1-35 MG-MCG/MG-MCG	Tier 2	\$0	MO
NECON 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Tier 2	\$0	MO
NIKKI (28) ORAL TABLET 3-0.02 MG	Tier 2	\$0	MO
NORA-BE ORAL TABLET 0.35 MG	Tier 2	\$0	MO
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	Tier 1	\$0	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Tier 1	\$0	MO
<i>norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	Tier 1	\$0	MO
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	Tier 1	\$0	MO



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<b>Name of Drug</b>	<b>Tier Level</b>	<b>WHAT THE DRUG WILL COST YOU</b>	<b>Necessary actions, restrictions, or limits on use</b>
NORLYROC ORAL TABLET 0.35 MG	Tier 2	\$0	MO
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Tier 2	\$0	MO
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	Tier 2	\$0	MO
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	Tier 2	\$0	MO
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Tier 2	\$0	MO
OGESTREL (28) ORAL TABLET 0.5-50 MG-MCG	Tier 2	\$0	MO
ORSYTHIA ORAL TABLET 0.1-20 MG-MCG	Tier 2	\$0	MO
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	Tier 2	\$0	MO
PIRMELLA ORAL TABLET 1-35 MG-MCG	Tier 2	\$0	MO
PORTIA ORAL TABLET 0.15-0.03 MG	Tier 2	\$0	MO
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	Tier 2	\$0	MO
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	Tier 2	\$0	MO
PREVIFEM ORAL TABLET 0.25-35 MG-MCG	Tier 2	\$0	MO
QUARTETTE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	Tier 2	\$0	MO
QUASENSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG	Tier 2	\$0	MO
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	Tier 2	\$0	MO
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG	Tier 2	\$0	MO



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<b>Name of Drug</b>	<b>Tier Level</b>	<b>WHAT THE DRUG WILL COST YOU</b>	<b>Necessary actions, restrictions, or limits on use</b>
SHAROBEL ORAL TABLET 0.35 MG	Tier 2	\$0	MO
SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG	Tier 2	\$0	MO
SRONYX ORAL TABLET 0.1-20 MG-MCG	Tier 2	\$0	MO
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Tier 2	\$0	MO
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	Tier 2	\$0	MO
TRINESSA (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 2	\$0	MO
TRI-PREVIFEM (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 2	\$0	MO
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Tier 2	\$0	MO
TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	Tier 2	\$0	MO
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	Tier 2	\$0	MO
VESTURA (28) ORAL TABLET 3-0.02 MG	Tier 2	\$0	MO
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG	Tier 2	\$0	MO
WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)	Tier 2	\$0	MO
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	Tier 2	\$0	MO
ZENCHENT (28) ORAL TABLET 0.4-35 MG-MCG	Tier 2	\$0	MO
ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG	Tier 2	\$0	MO
ZOVIA 1/50E (28) ORAL TABLET 1-50 MG-MCG	Tier 2	\$0	MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<b>Progestins</b>			
CAMILA ORAL TABLET 0.35 MG	Tier 2	\$0	MO
DEPO-PROVERA INTRAMUSCULAR SOLUTION 400 MG/ML	Tier 2	\$0	MO
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	Tier 2	\$0	MO
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	Tier 2	\$0	MO
ERRIN ORAL TABLET 0.35 MG	Tier 2	\$0	MO
JOLIVETTE ORAL TABLET 0.35 MG	Tier 2	\$0	MO
LYZA ORAL TABLET 0.35 MG	Tier 2	\$0	MO
MARLISSA ORAL TABLET 0.15-0.03 MG	Tier 2	\$0	MO
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 1	\$0	MO
MEGACE ES ORAL SUSPENSION 625 MG/5 ML	Tier 2	\$0	MO
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml</i>	Tier 1	\$0	PA NSO; MO
<i>megestrol oral tablet 20 mg, 40 mg</i>	Tier 1	\$0	PA NSO; NDS
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	Tier 1	\$0	MO
<i>norethindrone acetate oral tablet 5 mg</i>	Tier 1	\$0	MO
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	Tier 1	\$0	MO
<b>Selective Estrogen Receptor Modifying Agents</b>			
<i>raloxifene oral tablet 60 mg</i>	Tier 1	\$0	MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</b>			
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</b>			
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Tier 1	\$0	MO
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 2	\$0	MO
<i>liothyronine intravenous solution 10 mcg/ml</i>	Tier 1	\$0	NDS
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	Tier 1	\$0	MO
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	Tier 2	\$0	MO
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG	Tier 2	\$0	MO
<b>Hormonal Agents, Suppressant (Adrenal)</b>			
<b>Hormonal Agents, Suppressant (Adrenal)</b>			
LYSODREN ORAL TABLET 500 MG	Tier 2	\$0	NDS
<b>Hormonal Agents, Suppressant (Pituitary)</b>			
<b>Hormonal Agents, Suppressant (Pituitary)</b>			
<i>bromocriptine oral capsule 5 mg</i>	Tier 1	\$0	MO
<i>bromocriptine oral tablet 2.5 mg</i>	Tier 1	\$0	MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<i>cabergoline oral tablet 0.5 mg</i>	Tier 1	\$0	MO
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	Tier 2	\$0	PA NSO; NDS
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	Tier 2	\$0	PA NSO; NDS
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	Tier 2	\$0	PA NSO; NDS
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	Tier 2	\$0	PA NSO; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	Tier 2	\$0	PA NSO; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	Tier 2	\$0	PA NSO; MO
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	Tier 1	\$0	PA; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	Tier 2	\$0	PA NSO; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	Tier 2	\$0	PA NSO; NDS; MO
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	Tier 2	\$0	PA NSO; NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	Tier 2	\$0	PA NSO; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	Tier 2	\$0	PA NSO; NDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG	Tier 2	\$0	PA BvD; NDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT 15 MG	Tier 2	\$0	PA NSO; NDS



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<i>octreotide acetate injection solution 1,000 mcg/ml</i>	Tier 1	\$0	PA; MO
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 20 MG, 40 MG, 60 MG	Tier 2	\$0	PA NSO; MO
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	Tier 2	\$0	PA NSO; MO
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 90 MG/0.3 ML	Tier 2	\$0	PA NSO; MO
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	Tier 2	\$0	PA NSO; MO; QL (0.2 per 28 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Tier 2	\$0	PA NSO; MO
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	Tier 2	\$0	NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	Tier 2		PA NSO; NDS; MO
TRELSTAR INTRAMUSCULAR SYRINGE 11.25 MG/2 ML, 3.75 MG/2 ML	Tier 2	\$0	PA NSO; NDS; MO
<b>Hormonal Agents, Suppressant (Thyroid)</b>			
<b>Antithyroid Agents</b>			
<i>methimazole oral tablet 10 mg, 5 mg</i>	Tier 1	\$0	MO
<i>propylthiouracil oral tablet 50 mg</i>	Tier 1	\$0	MO
<b>Immunological Agents</b>			
<b>Angioedema Agents</b>			
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	Tier 2	\$0	PA; MO
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	Tier 2	\$0	PA; NDS



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<b>Immune Suppressants</b>			
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	Tier 2	\$0	PA NSO; MO
AFINITOR ORAL TABLET 2.5 MG	Tier 2	\$0	PA NSO; MO
ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	Tier 2	\$0	PA BvD; MO
ATGAM INTRAVENOUS SOLUTION 50 MG/ML	Tier 2	\$0	PA BvD; NDS
AZASAN ORAL TABLET 100 MG, 75 MG	Tier 2	\$0	PA BvD; MO
<i>azathioprine oral tablet 50 mg</i>	Tier 1	\$0	PA BvD; MO
<i>azathioprine sodium injection recon soln 100 mg</i>	Tier 1	\$0	PA BvD
BENLYSTA INTRAVENOUS RECON SOLN 120 MG	Tier 2	\$0	PA; MO
CELLCEPT INTRAVENOUS INTRAVENOUS RECON SOLN 500 MG	Tier 2	\$0	PA BvD; NDS
CELLCEPT ORAL CAPSULE 250 MG	Tier 2	\$0	PA BvD; MO
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML	Tier 2	\$0	PA BvD; MO
CELLCEPT ORAL TABLET 500 MG	Tier 2	\$0	PA BvD; MO
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	Tier 2	\$0	MO
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	Tier 2	\$0	MO
<i>cyclosporine intravenous solution 250 mg/5 ml</i>	Tier 1	\$0	PA BvD; NDS
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	\$0	PA BvD; MO
<i>cyclosporine modified oral solution 100 mg/ml</i>	Tier 1	\$0	PA BvD; MO



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<i>cyclosporine oral capsule 100 mg, 25 mg</i>	Tier 1	\$0	PA BvD; MO
DEPEN TITRATABS ORAL TABLET 250 MG	Tier 2	\$0	MO
ELIDEL TOPICAL CREAM 1 %	Tier 2	\$0	NDS; QL (30 per 30 days)
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	Tier 2	\$0	PA; MO
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51), 50 MG/ML (0.98 ML)	Tier 2	\$0	PA; MO
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (0.98 ML)	Tier 2	\$0	PA; MO
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	Tier 2	\$0	PA BvD; MO
GENGRAF ORAL CAPSULE 100 MG, 25 MG, 50 MG	Tier 2	\$0	PA BvD; MO
GENGRAF ORAL SOLUTION 100 MG/ML	Tier 2	\$0	PA BvD; MO
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	Tier 2	\$0	PA; MO
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (6 PACK)	Tier 2	\$0	
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 2	\$0	PA; MO
HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 2	\$0	PA; MO
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	Tier 2	\$0	PA; MO
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	Tier 2	\$0	PA; MO
IMURAN ORAL TABLET 50 MG	Tier 2	\$0	PA BvD; MO



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<b>Name of Drug</b>	<b>Tier Level</b>	<b>WHAT THE DRUG WILL COST YOU</b>	<b>Necessary actions, restrictions, or limits on use</b>
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	Tier 2	\$0	PA; MO
<i>mercaptopurine oral tablet 50 mg</i>	Tier 1	\$0	NDS
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	Tier 1	\$0	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	Tier 1	\$0	PA BvD; NDS
<i>methotrexate sodium injection solution 25 mg/ml</i>	Tier 1	\$0	
<i>methotrexate sodium oral tablet 2.5 mg</i>	Tier 1	\$0	PA BvD; MO
<i>mycophenolate mofetil hcl intravenous recon soln 500 mg</i>	Tier 1	\$0	PA BvD
<i>mycophenolate mofetil oral capsule 250 mg</i>	Tier 1	\$0	PA BvD; MO
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	Tier 1	\$0	PA BvD; MO
<i>mycophenolate mofetil oral tablet 500 mg</i>	Tier 1	\$0	PA BvD; MO
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	Tier 1	\$0	PA BvD; MO
MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC) 180 MG, 360 MG	Tier 2	\$0	PA BvD; MO
NEORAL ORAL CAPSULE 100 MG, 25 MG	Tier 2	\$0	PA BvD; MO
NEORAL ORAL SOLUTION 100 MG/ML	Tier 2	\$0	PA BvD; MO
NULOJIX INTRAVENOUS RECON SOLN 250 MG	Tier 2	\$0	PA; MO
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	Tier 2	\$0	PA; MO
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	Tier 2	\$0	PA; MO
OTEZLA ORAL TABLET 30 MG	Tier 2	\$0	MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	Tier 2	\$0	NDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	Tier 2	\$0	PA BvD; NDS
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	Tier 2	\$0	PA BvD; MO
RAPAMUNE ORAL SOLUTION 1 MG/ML	Tier 2	\$0	PA BvD; MO
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	Tier 2	\$0	PA BvD; MO
REMICADE INTRAVENOUS RECON SOLN 100 MG	Tier 2	\$0	PA; MO
SANDIMMUNE INTRAVENOUS SOLUTION 250 MG/5 ML	Tier 2	\$0	PA BvD; NDS
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	Tier 2	\$0	PA BvD; MO
SANDIMMUNE ORAL SOLUTION 100 MG/ML	Tier 2	\$0	PA BvD; MO
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	Tier 2	\$0	PA; MO
SIMULECT INTRAVENOUS RECON SOLN 20 MG	Tier 2	\$0	PA BvD
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	Tier 1	\$0	PA BvD; MO
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	Tier 1	\$0	PA BvD; MO
TORISEL INTRAVENOUS RECON SOLN 30 MG/3 ML (10 MG/ML) (FIRST)	Tier 2	\$0	PA NSO; NDS
TREXALL ORAL TABLET 10 MG, 5 MG, 7.5 MG	Tier 2	\$0	PA BvD; MO
TREXALL ORAL TABLET 15 MG	Tier 2	\$0	MO
XELJANZ ORAL TABLET 5 MG	Tier 2	\$0	MO
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG	Tier 2	\$0	MO
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	Tier 2	\$0	PA NSO; MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<b>Immunizing Agents, Passive</b>			
BIVIGAM INTRAVENOUS SOLUTION 10 %	Tier 2	\$0	PA BvD; MO
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 6 GRAM	Tier 2	\$0	PA; MO
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %	Tier 2	\$0	PA BvD; MO
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	Tier 2	\$0	PA BvD; MO
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	Tier 2	\$0	PA BvD; MO
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	Tier 2	\$0	PA BvD; MO
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	Tier 2	\$0	PA BvD; MO
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	Tier 2	\$0	PA BvD; MO
PRIVIGEN INTRAVENOUS SOLUTION 10 %	Tier 2	\$0	PA BvD; MO
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML	Tier 2	\$0	PA; NDS
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG	Tier 2	\$0	NDS
<b>Immunological Agents</b>			
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Tier 1	\$0	MO
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML	Tier 2	\$0	PA; NDS
<b>Immunomodulators</b>			
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	Tier 2	\$0	
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	Tier 2	\$0	MO
ILARIS (PF) SUBCUTANEOUS RECON SOLN 180 MG/1.2 ML (150 MG/ML)	Tier 2	\$0	MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
KEYTRUDA INTRAVENOUS RECON SOLN 50 MG	Tier 2	\$0	MO
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML)	Tier 2	\$0	MO
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Tier 1	\$0	MO
RIDAURA ORAL CAPSULE 3 MG	Tier 2	\$0	MO
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	Tier 2	\$0	PA; MO
SYLVANT INTRAVENOUS RECON SOLN 100 MG	Tier 2	\$0	MO
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	Tier 2	\$0	PA; MO
<b>Vaccines</b>			
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	Tier 2	\$0	NDS
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	Tier 2	\$0	NDS
<i>bcg vaccine, live (pf) percutaneous suspension for reconstitution 50 mg</i>	Tier 1	\$0	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	Tier 2	\$0	NDS
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	Tier 2	\$0	NDS
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	Tier 2	\$0	NDS
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	Tier 2	\$0	NDS
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	Tier 2	\$0	PA BvD; NDS



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.5 ML	Tier 2	\$0	PA BvD; NDS
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	Tier 2	\$0	PA BvD
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	Tier 2	\$0	NDS
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	Tier 2	\$0	NDS
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	Tier 2	\$0	NDS
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	Tier 2	\$0	NDS
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	Tier 2	\$0	PA BvD; NDS
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML	Tier 2	\$0	NDS
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	Tier 2	\$0	NDS
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	Tier 2	\$0	NDS
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML	Tier 2	\$0	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	Tier 2	\$0	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	Tier 2	\$0	NDS
MENHIBRIX (PF) INTRAMUSCULAR RECON SOLN 5-2.5 MCG/0.5 ML	Tier 2		



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
MENOMUNE - A/C/Y/W-135 (PF) SUBCUTANEOUS RECON SOLN 50 MCG	Tier 2	\$0	NDS
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	Tier 2	\$0	NDS
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	Tier 2	\$0	NDS
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	Tier 2	\$0	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	Tier 2	\$0	NDS
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	Tier 2	\$0	NDS
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	Tier 2	\$0	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	Tier 2	\$0	NDS
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	Tier 2	\$0	PA BvD; NDS
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	Tier 2	\$0	PA BvD; NDS
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	Tier 2	\$0	NDS
ROTATEQ VACCINE ORAL SOLUTION 2 ML	Tier 2	\$0	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	Tier 2	\$0	NDS



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<i>tetanus, diphtheria tox ped(pf) intramuscular suspension 5-25 If unit/0.5 ml</i>	Tier 1	\$0	NDS
<i>tetanus-diphtheria toxoids-td intramuscular suspension 2-2 If unit/0.5 ml</i>	Tier 1	\$0	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	Tier 2	\$0	
TWINRIX (PF) INTRAMUSCULAR SUSPENSION 720 ELISA UNIT - 20 MCG/ML	Tier 2	\$0	NDS
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	Tier 2	\$0	NDS
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	Tier 2	\$0	NDS
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	Tier 2	\$0	NDS
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	Tier 2	\$0	NDS
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	Tier 2	\$0	NDS
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	Tier 2	\$0	NDS; QL (1 per 999 days)

### Inflammatory Bowel Disease Agents

#### Aminosalicylates

APRISO ORAL CAPSULE, EXTENDED RELEASE 24HR 0.375 GRAM	Tier 2	\$0	MO
ASACOL HD ORAL TABLET, DELAYED RELEASE (DR/EC) 800 MG	Tier 2	\$0	MO
<i>balsalazide oral capsule 750 mg</i>	Tier 1	\$0	NDS



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CANASA RECTAL SUPPOSITORY 1,000 MG	Tier 2	\$0	MO
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG	Tier 2	\$0	MO
DIPENTUM ORAL CAPSULE 250 MG	Tier 2	\$0	MO
LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2 GRAM	Tier 2	\$0	MO
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	Tier 1	\$0	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	Tier 2	\$0	MO
<b>Glucocorticoids</b>			
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	Tier 1	\$0	NDS
COLOCORT RECTAL ENEMA 100 MG/60 ML	Tier 2	\$0	NDS
<i>cortisone oral tablet 25 mg</i>	Tier 1	\$0	PA BvD; NDS
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	Tier 2	\$0	NDS
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	Tier 2	\$0	NDS
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	Tier 1	\$0	PA BvD; NDS
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	Tier 1	\$0	PA BvD; NDS
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 1	\$0	PA BvD; MO
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	Tier 1	\$0	NDS
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	Tier 1	\$0	NDS
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Tier 1	\$0	PA BvD; NDS



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<i>methylprednisolone oral tablets, dose pack 4 mg</i>	Tier 1	\$0	NDS
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i>	Tier 1	\$0	NDS
<i>prednisolone acetate ophthalmic drops, suspension 1 %</i>	Tier 1	\$0	NDS
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	Tier 1	\$0	PA BvD; NDS
PREDNISONO INTENSOL ORAL CONCENTRATE 5 MG/ML	Tier 2	\$0	PA BvD; NDS
<i>prednisone oral solution 5 mg/5 ml</i>	Tier 2	\$0	PA BvD; NDS
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Tier 1	\$0	PA BvD; NDS
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Tier 2	\$0	NDS
VERIPRED 20 ORAL SOLUTION 20 MG/5 ML (4 MG/ML)	Tier 2	\$0	NDS
<b>Sulfonamides</b>			
<i>sulfasalazine oral tablet 500 mg</i>	Tier 1	\$0	MO
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	Tier 1	\$0	MO
<b>Metabolic Bone Disease Agents</b>			
<b>Metabolic Bone Disease Agents</b>			
ACTONEL ORAL TABLET 30 MG	Tier 2	\$0	ST; NDS
<i>alendronate oral tablet 10 mg, 40 mg, 5 mg</i>	Tier 1	\$0	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	Tier 1	\$0	MO; QL (4 per 28 days)
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	Tier 1	\$0	PA BvD; MO
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	Tier 1	\$0	PA BvD; MO
<i>calcitriol oral solution 1 mcg/ml</i>	Tier 1	\$0	PA BvD; MO
<i>doxercalciferol intravenous solution 4 mcg/2 ml</i>	Tier 1	\$0	MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg</i>	Tier 1	\$0	MO
<i>doxercalciferol oral capsule 2.5 mcg</i>	Tier 1	\$0	PA BvD; MO
<i>etidronate disodium oral tablet 200 mg, 400 mg</i>	Tier 1	\$0	MO
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML	Tier 2	\$0	PA; MO; QL (2.4 per 28 days)
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	Tier 2	\$0	MO; QL (4 per 28 days)
HECTOROL ORAL CAPSULE 1 MCG, 2.5 MCG	Tier 2	\$0	PA BvD; MO
<i>ibandronate intravenous solution 3 mg/3 ml</i>	Tier 1	\$0	MO
<i>ibandronate oral tablet 150 mg</i>	Tier 1	\$0	MO
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	Tier 2	\$0	NDS
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	Tier 2	\$0	MO
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	Tier 2	\$0	NDS
<i>pamidronate intravenous solution 60 mg/10 ml (6 mg/ml)</i>	Tier 1	\$0	NDS
<i>paricalcitol oral capsule 1 mcg</i>	Tier 1	\$0	PA BvD; MO
<i>paricalcitol oral capsule 2 mcg, 4 mcg</i>	Tier 1	\$0	MO
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	Tier 2	\$0	PA; MO
<i>risedronate oral tablet 150 mg</i>	Tier 1	\$0	MO; QL (1 per 28 days)
<i>risedronate oral tablet 30 mg</i>	Tier 1	\$0	NDS; QL (30 per 30 days)
<i>risedronate oral tablet 35 mg</i>	Tier 1	\$0	MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	Tier 1	\$0	MO; QL (30 per 30 days)



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SENSIPAR ORAL TABLET 30 MG	Tier 2	\$0	PA BvD; MO; QL (360 per 30 days)
SENSIPAR ORAL TABLET 60 MG	Tier 2	\$0	PA BvD; MO; QL (180 per 30 days)
SENSIPAR ORAL TABLET 90 MG	Tier 2	\$0	PA BvD; MO; QL (120 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	Tier 2	\$0	PA; NDS
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	Tier 1	\$0	PA; NDS; MO
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	Tier 1	\$0	PA; NDS
<b>Ophthalmic Agents</b>			
<b>Ophthalmic Agents, Other</b>			
CYSTARAN OPHTHALMIC DROPS 0.44 %	Tier 2	\$0	MO
LACRISERT OPHTHALMIC INSERT 5 MG	Tier 2	\$0	NDS
<i>proparacaine ophthalmic drops 0.5 %</i>	Tier 1	\$0	NDS
RESTASIS OPHTHALMIC DROPPERETTE 0.05 %	Tier 2	\$0	MO
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	Tier 1	\$0	NDS
<b>Ophthalmic Agents</b>			
<i>bacitracin-polymyxin b ophthalmic ointment 500-10,000 unit/gram</i>	Tier 1	\$0	NDS
BLEPHAMIDE OPHTHALMIC DROPS,SUSPENSION 10-0.2 %	Tier 2	\$0	NDS
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	Tier 2	\$0	NDS
<i>neomycin-bacitracin-poly-hc ophthalmic ointment 3.5-400-10,000 mg-unit/g-1%</i>	Tier 1	\$0	NDS
<i>neomycin-bacitracin-polymyxin ophthalmic ointment 3.5-400-10,000 mg-unit-unit/g</i>	Tier 1	\$0	NDS



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<i>neomycin-polymyxin b-dexameth ophthalmic drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	Tier 1	\$0	NDS
<i>neomycin-polymyxin b-dexameth ophthalmic ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	Tier 1	\$0	NDS
<i>neomycin-polymyxin-hc ophthalmic drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	Tier 1	\$0	NDS
<i>polymyxin b sulf-trimethoprim ophthalmic drops 10,000 unit- 1 mg/ml</i>	Tier 1	\$0	NDS
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	Tier 1	\$0	NDS
<i>tobramycin-dexamethasone ophthalmic drops,suspension 0.3-0.1 %</i>	Tier 1	\$0	NDS
<b>Ophthalmic Anti-Allergy Agents</b>			
ALOCRILOPHTHALMIC DROPS 2 %	Tier 2	\$0	NDS
<i>azelastine ophthalmic drops 0.05 %</i>	Tier 1	\$0	NDS
<i>cromolyn ophthalmic drops 4 %</i>	Tier 1	\$0	NDS
<i>epinastine ophthalmic drops 0.05 %</i>	Tier 1	\$0	NDS
<i>olopatadine ophthalmic drops 0.2 %</i>	Tier 1	\$0	
PATADAY OPTHALMIC DROPS 0.2 %	Tier 2	\$0	NDS
PATANOL OPTHALMIC DROPS 0.1 %	Tier 2	\$0	NDS
<b>Ophthalmic Antiglaucoma Agents</b>			
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Tier 1	\$0	MO
ALPHAGAN P OPTHALMIC DROPS 0.1 %	Tier 2	\$0	MO
AZOPT OPTHALMIC DROPS,SUSPENSION 1 %	Tier 2	\$0	MO
<i>betaxolol ophthalmic drops 0.5 %</i>	Tier 1	\$0	MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
BETIMOL OPHTHALMIC DROPS 0.25 %, 0.5 %	Tier 2	\$0	MO
BETOPTIC S OPHTHALMIC DROPS,SUSPENSION 0.25 %	Tier 2	\$0	MO
<i>bimatoprost ophthalmic drops 0.03 %</i>	Tier 1	\$0	MO
<i>brimonidine ophthalmic drops 0.15 %, 0.2 %</i>	Tier 1	\$0	MO
<i>carteolol ophthalmic drops 1 %</i>	Tier 1	\$0	MO
COMBIGAN OPHTHALMIC DROPS 0.2-0.5 %	Tier 2	\$0	MO
<i>dorzolamide ophthalmic drops 2 %</i>	Tier 1	\$0	MO
<i>dorzolamide-timolol ophthalmic drops 22.3-6.8 mg/ml</i>	Tier 1	\$0	MO
IOPIDINE OPHTHALMIC DROPPERETTE 1 %	Tier 2	\$0	NDS
IOPIDINE OPHTHALMIC DROPS 0.5 %	Tier 2	\$0	NDS
ISTALOL OPHTHALMIC DROPS, ONCE DAILY 0.5 %	Tier 2	\$0	MO
<i>levobunolol ophthalmic drops 0.5 %</i>	Tier 1	\$0	MO
<i>methazolamide oral tablet 25 mg, 50 mg</i>	Tier 1	\$0	MO
<i>metipranolol ophthalmic drops 0.3 %</i>	Tier 1	\$0	MO
<i>pilocarpine hcl ophthalmic drops 1 %, 2 %, 4 %</i>	Tier 1	\$0	MO
<i>timolol maleate ophthalmic drops 0.25 %, 0.5 %</i>	Tier 1	\$0	MO
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	Tier 1	\$0	MO
<b>Ophthalmic Anti-Inflammatories</b>			
ALREX OPHTHALMIC DROPS,SUSPENSION 0.2 %	Tier 2	\$0	NDS
<i>bromfenac ophthalmic drops 0.09 %</i>	Tier 1	\$0	NDS
<i>diclofenac sodium ophthalmic drops 0.1 %</i>	Tier 1	\$0	NDS



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
DUREZOL OPHTHALMIC DROPS 0.05 %	Tier 2	\$0	NDS
<i>fluorometholone ophthalmic drops,suspension 0.1 %</i>	Tier 1	\$0	NDS
<i>flurbiprofen sodium ophthalmic drops 0.03 %</i>	Tier 1	\$0	NDS
FML FORTE OPHTHALMIC DROPS,SUSPENSION 0.25 %	Tier 2	\$0	NDS
FML S.O.P. OPHTHALMIC OINTMENT 0.1 %	Tier 2	\$0	NDS
ILEVRO OPHTHALMIC DROPS,SUSPENSION 0.3 %	Tier 2	\$0	NDS
<i>ketorolac ophthalmic drops 0.4 %, 0.5 %</i>	Tier 1	\$0	NDS
LOTEMAX OPHTHALMIC DROPS,GEL 0.5 %	Tier 2	\$0	NDS
LOTEMAX OPHTHALMIC DROPS,SUSPENSION 0.5 %	Tier 2	\$0	NDS
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	Tier 2	\$0	NDS
MAXIDEX OPHTHALMIC DROPS,SUSPENSION 0.1 %	Tier 2	\$0	NDS
NEVANAC OPHTHALMIC DROPS,SUSPENSION 0.1 %	Tier 2	\$0	NDS
PRED MILD OPHTHALMIC DROPS,SUSPENSION 0.12 %	Tier 2	\$0	NDS
<i>prednisolone acetate ophthalmic drops,suspension 1 %</i>	Tier 1	\$0	NDS
<i>prednisolone sodium phosphate ophthalmic drops 1 %</i>	Tier 1	\$0	NDS
<b>Ophthalmic Prostaglandin And Prostanoid Analogs</b>			
<i>bimatoprost ophthalmic drops 0.03 %</i>	Tier 1	\$0	MO
<i>latanoprost ophthalmic drops 0.005 %</i>	Tier 1	\$0	MO
LUMIGAN OPHTHALMIC DROPS 0.01 %	Tier 2	\$0	MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
TRAVATAN Z OPHTHALMIC DROPS 0.004 %	Tier 2	\$0	MO
<b>Otic Agents</b>			
<b>Otic Agents</b>			
CIPRO HC OTIC DROPS,SUSPENSION 0.2-1 %	Tier 2	\$0	NDS
CIPRODEX OTIC DROPS,SUSPENSION 0.3-0.1 %	Tier 2	\$0	NDS
<i>hydrocortisone-acetic acid otic drops 1-2 %</i>	Tier 1	\$0	
<i>neomycin-polymyxin-hc otic drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1	\$0	NDS
<i>neomycin-polymyxin-hc otic solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	Tier 1	\$0	NDS
<b>Respiratory Tract/ Pulmonary Agents</b>			
<b>Antihistamines</b>			
ARBINOXA ORAL TABLET 4 MG	Tier 1		NDS
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	Tier 1	\$0	MO
<i>azelastine nasal spray,non-aerosol 0.15 % (205.5 mcg)</i>	Tier 1	\$0	MO
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	Tier 1	\$0	NDS
<i>carbinoxamine maleate oral tablet 4 mg</i>	Tier 1	\$0	NDS
<i>cetirizine hcl 1 mg/ml soln (otc) 1 mg/ml</i>	Tier 3	\$0	*
<i>cetirizine hcl 1 mg/ml soln children, s/f, grape (otc) 1 mg/ml</i>	Tier 3	\$0	*
<i>cetirizine hcl 1 mg/ml soln children's (otc) 1 mg/ml</i>	Tier 3	\$0	*
<i>cetirizine oral solution 1 mg/ml</i>	Tier 2	\$0	NDS
<i>clemastine oral tablet 2.68 mg</i>	Tier 1	\$0	NDS
<i>cyproheptadine oral tablet 4 mg</i>	Tier 1	\$0	
<i>desloratadine oral tablet 5 mg</i>	Tier 1	\$0	MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>	Tier 1	\$0	MO
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	Tier 1	\$0	NDS
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	Tier 1	\$0	PA NSO; NDS
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Tier 1	\$0	PA NSO; NDS
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	Tier 1	\$0	PA NSO; NDS
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	Tier 1	\$0	MO
<i>levocetirizine oral tablet 5 mg</i>	Tier 1	\$0	MO
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Tier 1	\$0	PA NSO; NDS
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	Tier 1	\$0	PA NSO; NDS
<b>Anti-Inflammatories, Inhaled Corticosteroids</b>			
BECONASE AQ NASAL SPRAY, NON-AEROSOL 42 MCG (0.042 %)	Tier 2	\$0	MO
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	Tier 1	\$0	PA BvD; MO
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION	Tier 2	\$0	MO
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	Tier 1	\$0	MO
<i>fluticasone nasal spray, suspension 50 mcg/actuation</i>	Tier 1	\$0	MO
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	Tier 2	\$0	MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML	Tier 2	\$0	PA BvD; MO
QVAR INHALATION AEROSOL 40 MCG/ACTUATION, 80 MCG/ACTUATION	Tier 2	\$0	MO
<b>Antileukotrienes</b>			
<i>montelukast oral granules in packet 4 mg</i>	Tier 1	\$0	MO
<i>montelukast oral tablet 10 mg</i>	Tier 1	\$0	MO
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	Tier 1	\$0	MO
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	Tier 1	\$0	MO
<b>Bronchodilators, Anticholinergic</b>			
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	Tier 2	\$0	MO
<i>ipratropium bromide inhalation solution 0.02 %</i>	Tier 1	\$0	PA BvD; MO
<i>ipratropium bromide nasal spray, non-aerosol 0.03 %</i>	Tier 1	\$0	MO
<i>ipratropium bromide nasal spray, non-aerosol 0.06 %</i>	Tier 1	\$0	NDS; MO
SPIRIVA RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	Tier 2	\$0	MO
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	Tier 2	\$0	MO
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	Tier 2	\$0	MO
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION (30 ACTUAT)	Tier 2	\$0	



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<b>Bronchodilators, Sympathomimetic</b>			
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)</i>	Tier 1	\$0	PA BvD; MO
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	Tier 1	\$0	MO
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	Tier 1	\$0	MO
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	Tier 1	\$0	MO
ARCAPTA NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 75 MCG	Tier 2	\$0	MO
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	Tier 2	\$0	MO
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	Tier 2	\$0	PA BvD; MO
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i>	Tier 1	\$0	NDS
<i>epinephrine injection auto-injector 0.3 %</i>	Tier 1	\$0	
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	Tier 2	\$0	NDS
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	Tier 2	\$0	NDS
<i>fluticasone-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	Tier 1	\$0	MO
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	Tier 1	\$0	PA BvD; MO
<i>metaproterenol oral syrup 10 mg/5 ml</i>	Tier 1	\$0	MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<i>metaproterenol oral tablet 10 mg, 20 mg</i>	Tier 1	\$0	MO
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	Tier 2	\$0	PA BvD; MO
PROAIR HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	Tier 2	\$0	MO
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	Tier 2	\$0	MO
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	Tier 1	\$0	MO
<i>terbutaline subcutaneous solution 1 mg/ml</i>	Tier 1	\$0	NDS
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	Tier 2	\$0	MO
XOPENEX HFA INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	Tier 2	\$0	MO
<b>Cystic Fibrosis Agents</b>			
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	Tier 2	\$0	NDS
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	Tier 2	\$0	PA; MO
KALYDECO ORAL TABLET 150 MG	Tier 2	\$0	PA; MO
ORKAMBI ORAL TABLET 200-125 MG	Tier 2	\$0	MO
PULMOZYME INHALATION SOLUTION 1 MG/ML	Tier 2	\$0	PA BvD; MO
<b>Mast Cell Stabilizers</b>			
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	Tier 1	\$0	PA BvD; MO
<i>cromolyn oral concentrate 100 mg/5 ml</i>	Tier 1	\$0	NDS
GASTROCROM ORAL CONCENTRATE 100 MG/5 ML	Tier 2	\$0	



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<b>Phosphodiesterase Inhibitors, Airways Disease</b>			
<i>aminophylline intravenous solution 250 mg/10 ml</i>	Tier 1	\$0	NDS
DALIRESP ORAL TABLET 500 MCG	Tier 2	\$0	PA; MO
<i>theophylline oral solution 80 mg/15 ml</i>	Tier 1	\$0	MO
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg</i>	Tier 1	\$0	MO
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	Tier 1	\$0	MO
<b>Pulmonary Antihypertensives</b>			
ADCIRCA ORAL TABLET 20 MG	Tier 2	\$0	PA; MO
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	Tier 2	\$0	PA; MO
LETAIRIS ORAL TABLET 10 MG, 5 MG	Tier 2	\$0	PA; MO
OPSUMIT ORAL TABLET 10 MG	Tier 2	\$0	PA; MO
<i>sildenafil oral tablet 20 mg</i>	Tier 1	\$0	PA; NDS; MO
TRACLEER ORAL TABLET 125 MG, 62.5 MG	Tier 2	\$0	PA; LA; MO
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	Tier 2	\$0	PA BvD; MO
<b>Respiratory Tract Agents, Other</b>			
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Tier 1	\$0	PA BvD; NDS
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	Tier 2	\$0	MO
ARALAST NP INTRAVENOUS RECON SOLN 500 MG	Tier 2	\$0	MO
GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %)	Tier 2	\$0	MO
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	Tier 2	\$0	PA; MO



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	Tier 2	\$0	PA; MO
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	Tier 2	\$0	PA; MO
<b>Respiratory Tract/ Pulmonary Agents</b>			
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	Tier 2	\$0	MO
ESBRIET ORAL CAPSULE 267 MG	Tier 2	\$0	PA NSO; MO
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	Tier 1	\$0	PA BvD; MO
OFEV ORAL CAPSULE 100 MG, 150 MG	Tier 2	\$0	MO
<i>promethazine vc oral syrup 6.25-5 mg/5 ml</i>	Tier 2	\$0	NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	Tier 2	\$0	PA BvD; MO
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	Tier 2	\$0	MO
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	Tier 2	\$0	PA; MO
<b>Skeletal Muscle Relaxants</b>			
<b>Skeletal Muscle Relaxants</b>			
<i>carisoprodol oral tablet 350 mg</i>	Tier 1	\$0	PA NSO; NDS; QL (120 per 30 days)
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	\$0	NDS
<i>cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg</i>	Tier 1	\$0	PA NSO; NDS
METAXALL ORAL TABLET 800 MG	Tier 2	\$0	NDS
<i>metaxalone oral tablet 400 mg, 800 mg</i>	Tier 1	\$0	NDS
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	Tier 1	\$0	PA NSO; NDS



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Name of Drug	Tier Level	WHAT THE DRUG WILL COST YOU	Necessary actions, restrictions, or limits on use
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	Tier 1	\$0	PA NSO; NDS
<b>Sleep Disorder Agents</b>			
<b>Gaba Receptor Modulators</b>			
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	Tier 1	\$0	NDS
<i>zaleplon oral capsule 10 mg, 5 mg</i>	Tier 1	\$0	NDS
<i>zolpidem oral tablet 10 mg, 5 mg</i>	Tier 1	\$0	PA NSO; NDS
<i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i>	Tier 1	\$0	PA NSO; NDS
<b>Sleep Disorders, Other</b>			
<i>doxepin oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	\$0	MO
<i>doxepin oral concentrate 10 mg/ml</i>	Tier 1	\$0	MO
HETLIOZ ORAL CAPSULE 20 MG	Tier 2	\$0	PA NSO; MO
<i>modafinil oral tablet 100 mg, 200 mg</i>	Tier 1	\$0	PA; MO
ROZEREM ORAL TABLET 8 MG	Tier 2	\$0	NDS; QL (30 per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	Tier 2	\$0	LA; NDS



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