



# Neighborhood **INTEGRITY** (Medicare-Medicaid Plan) **2019 Formulary: List of covered drugs**

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN**

If you have questions, please call Neighborhood INTEGRITY at 1-844-812-6896, 8AM to 8PM, Monday – Friday; 8AM to 12PM on Saturday. On Saturday afternoons, Sundays and holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. TTY: 711. For more information, visit [www.nhpri.org/INTEGRITY](http://www.nhpri.org/INTEGRITY). HPMS Approved Formulary File Submission ID: H9576, Version 15. We have made no changes to this formulary since 9/2019.

# Neighborhood INTEGRITY| 2019 *List of Covered Drugs* (Formulary)

## Introduction

This document is called the *List of Covered Drugs* (also known as the Drug List). It tells you which prescription drugs and over-the-counter drugs are covered by Neighborhood INTEGRITY. The Drug List also tells you if there are any special rules or restrictions on any drugs covered by Neighborhood INTEGRITY. Key terms and their definitions appear in the last chapter of the *Member Handbook*.

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If you have questions, please call Neighborhood INTEGRITY at 1-844-812-6896 (TTY 711), 8 am to 8 pm, Monday – Friday; 8 am to 12 pm on Saturday. The call is free. For more information, visit [www.nhpri.org/INTEGRITY](http://www.nhpri.org/INTEGRITY).

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## A. Disclaimers

This is a list of drugs that Members can get in Neighborhood INTEGRITY.

- ❖ You can always check Neighborhood INTEGRITY's up-to-date *List of Covered Drugs* online at [www.nhpri.org/INTEGRITY](http://www.nhpri.org/INTEGRITY).
- ❖ ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call Member Services at 1-844-812-6896 (TTY 711), 8 am to 8 pm, Monday – Friday; 8 am to 12 pm on Saturday. On Saturday afternoons, Sundays and holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.
- ❖ ATENCIÓN: Si usted habla Español, servicios de asistencia con el idioma, de forma gratuita, están disponibles para usted. Llame a Servicios a los Miembros al 1-844-812-6896 (TTY 711), de 8 am a 8 pm, de lunes a viernes, de 8 am a 12 pm los Sábados. En las tardes de los Sábados, domingos y feriados, se le pedirá que deje un mensaje. Su llamada será devuelta dentro del siguiente día hábil. La llamada es gratuita.
- ❖ ATENÇÃO: Se você fala Português, o idioma, os serviços de assistência gratuita, estão disponíveis para você. Os serviços de chamada em 1-844-812-6896 (TTY 711), 8 am a 8 pm, de segunda a sexta-feira; 8 am a 12 pm no sábado. Nas tardes de sábado, domingos e feriados, você pode ser convidado a deixar uma mensagem. A sua chamada será devolvida no próximo dia útil. A ligação é gratuita.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Please call Member Services at 1-844-812-6896 (TTY 711), Hours of operation are 8 am to 8 pm, Monday – Friday; 8 am to 12 pm on Saturday. TTY users should call TTY 711. The call is free.
- ❖ Our plan can also give you materials in Spanish and Portuguese and in formats such as large print, braille, or audio. Call Member Services to make a standing request to receive your materials now and in the future, in your requested language or alternative format.

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## B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this List of Covered Drugs. You can read all of the FAQ to learn more, or look for a question and answer.

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

The drugs on the *List of Covered Drugs* that starts on page 1 are the drugs covered by Neighborhood INTEGRITY. These drugs are available at pharmacies within our network. A

**If you have questions**, please call Neighborhood INTEGRITY at 1-844-812-6896 (TTY 711), 8 am to 8 pm, Monday – Friday; 8 am to 12 pm on Saturday. The call is free. **For more information**, visit [www.nhpri.org/INTEGRITY](http://www.nhpri.org/INTEGRITY).

pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies”.

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

You can also see an up-to-date list of drugs that we cover on our website at [www.nhpri.org/INTEGRITY](http://www.nhpri.org/INTEGRITY) or call Member Services at 1-844-812-6896 (TTY 711).

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## B2. Does the Drug List ever change?

Yes. Neighborhood INTEGRITY may add or remove drugs on the Drug List during the year. We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior approval for a drug. (Prior approval is permission from Neighborhood INTEGRITY before you can get a drug.)
- Add or change the amount of drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

For more information on these drug rules, see question B4.

If you are taking a drug that was covered at the **beginning** of the year, we will generally not remove or change coverage of that drug **during the rest of the year** unless:

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

Questions B3 and B6 below have more information on what happens when the Drug List changes.

- You can always check Neighborhood INTEGRITY’s up to date Drug List online at [www.nhpri.org/INTEGRITY](http://www.nhpri.org/INTEGRITY).
- You can also call Member Services to check the current Drug List at 1-844-812-6896 (TTY 711).

**If you have questions**, please call Neighborhood INTEGRITY at 1-844-812-6896 (TTY 711), 8 am to 8 pm, Monday – Friday; 8 am to 12 pm on Saturday. The call is free. **For more information**, visit [www.nhpri.org/INTEGRITY](http://www.nhpri.org/INTEGRITY).

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### B3. What happens when there is a change to the Drug List?

Some changes to the Drug List will happen **immediately**. For example:

- **A new generic drug becomes available.** Sometimes, a new and cheaper drug comes along that works as well as a drug on the Drug List now. When that happens, we may remove the current drug, but your cost for the new drug will stay the same. When we add the new generic drug, we may also decide to keep the current drug on the list but change its coverage rules or limits.
  - We may not tell you before we make this change, but we will send you information about the specific change or changes we made.
  - You or your provider can ask for an exception if these changes occur. We will send you a notice with the steps you can take to ask for an exception.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or the drug's manufacturer takes a drug off the market, we will take it off the Drug List. If you are taking the drug, we will let you know. We will send you a letter and the letter will provide you with advice on how to follow up with your provider and pharmacist.

**We may make other changes that affect the drugs you take.** We will tell you in advance about these other changes to the Drug List. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We add a generic drug that is not new to the market **and**
  - Replace a brand name drug currently on the Drug List **or**
  - Change the coverage rules or limits for the brand name drug.

When these changes happen, we will tell you at least 30 days before we make the change to the Drug List **or** when you ask for a refill. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception. Then you can:

- Get a 30 day supply of the drug before the change to the Drug List is made, or
- Ask for an exception from these changes. Please see question B10 for more information about exceptions.

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**B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?**

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

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

You can find out if your drug has any additional requirements or limits by looking in the tables on pages 1-155. You can also get more information by visiting our web site at [www.nhpri.org/INTEGRITY](http://www.nhpri.org/INTEGRITY). We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send us a copy.

You can ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception. Please see questions B10 – B12 for more information about exceptions.

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**B5. How will you know if the drug you want has limitations or if there are required actions to take to get the drug?**

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

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**B6. What happens if we change our rules about some drugs (for example, prior authorization (approval), quantity limits, and/or step therapy restrictions?)**

In some cases, we will tell you in advance if we add or change prior approval, quantity limits, and/or step therapy restrictions on a drug. See question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the Drug List change.

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## B7. How can you find a drug on the Drug List?

There are two ways to find a drug:

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

To search **alphabetically**, go to the Index of Covered Drugs section. You can find it at [www.nhpri.org/INTEGRITY](http://www.nhpri.org/INTEGRITY) by clicking on the link to the Searchable List of Covered Drugs.

To search **by medical condition**, find the section labeled “List of drugs by medical condition” on page 1. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular – Drugs to Treat Heart and Circulation Conditions. That is where you will find drugs that treat heart conditions.

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

If you don't see your drug on the Drug List, call Member Services at 1-844-812-6896 (TTY711) and ask about it. If you learn that Neighborhood INTEGRITY will not cover the drug, you can do one of these things:

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

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## B9. What if you are a new Neighborhood INTEGRITY member and can't find your drug on the Drug List or have a problem getting your drug?

We can help. We may cover a temporary 30-day supply of your Part D drug or 90-day supply of your Medicaid-covered drug during the first 90 days you are a Member of Neighborhood INTEGRITY. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we will allow multiple fills to provide up to a maximum of 30 days of a Part D medication and 90 days of a Medicaid-covered medication.

We will cover a 30-day supply of your Part D drug or 90-day supply of your Medicaid-covered drug if:

- you are taking a drug that is not on our Drug List, **or**
- health plan rules do not let you get the amount ordered by your prescriber, **or**

**If you have questions**, please call Neighborhood INTEGRITY at 1-844-812-6896 (TTY 711), 8 am to 8 pm, Monday – Friday; 8 am to 12 pm on Saturday. The call is free. **For more information**, visit [www.nhpri.org/INTEGRITY](http://www.nhpri.org/INTEGRITY).

- the drug requires prior approval by Neighborhood INTEGRITY, **or**
- you are taking a drug that is part of a step therapy restriction.

If you are in a nursing home or other long-term care facility and need a drug that is not on the Drug List or if you cannot easily get the drug you need, we can help. If you have been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Neighborhood INTEGRITY member.
- This is in addition to the temporary supply during the first 90 days you are a member of Neighborhood INTEGRITY.

If level of care changes then the member is able to receive a 30-day supply if non-long-term care and 31-day supply if in long-term care.

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### **B10. Can you ask for an exception to cover your drug?**

Yes. You can ask Neighborhood INTEGRITY to make an exception to cover a drug that is not on the Drug List.

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

- For example, Neighborhood INTEGRITY may limit the amount of drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
  - Other examples: You can ask us to drop step therapy restrictions or prior approval requirements.
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### **B11. How can you ask for an exception?**

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

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

First, we must get a statement from your prescriber supporting your request for an exception. After we get the statement, we will give you a decision on your exception request within 72 hours.

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

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### B13. What are generic drugs?

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

Neighborhood INTEGRITY covers both generic drugs and some brand name drugs.

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### B14. What are OTC drugs?

OTC stands for "over-the-counter." Neighborhood INTEGRITY covers some OTC drugs when they are written as prescriptions by your provider at no cost to you.

You can read the Neighborhood INTEGRITY Drug List to see what OTC drugs are covered.

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### B15. What is your copay?

As a Neighborhood INTEGRITY member, you have no copays for prescription and OTC drugs as long as you follow Neighborhood INTEGRITY's rules.

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### B16. What are drug tiers?

Tiers are groups of drugs on our Drug List.

- Tier 1 drugs are generic drugs.
- Tier 2 drugs are brand name drugs.
- Tier 3 drugs are OTC drugs

All tiers have no copay.

## C. Overview of the *List of Covered Drugs*

The List of Covered Drugs gives you information about the drugs covered by Neighborhood INTEGRITY. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page 156. The index alphabetically lists all drugs covered by Neighborhood INTEGRITY.

**Note:** The **DP** next to a drug means the drug is not a “Part D drug.” The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage).

- In addition, if you are getting Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs. For more information on Extra Help, please see the call-out box below.
- These drugs also have different rules for appeals. An appeal is a formal way of asking us to review a coverage decision and to change it if you think we made a mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Medicaid.
- If you or your doctor disagrees with our decision, you can appeal. To ask for instructions on how to appeal, call Member Services at 1-844-812-6896 (TTY 711). You can also read Chapter 9 of the *Member Handbook* to learn how to appeal a decision.

**Extra Help** is a Medicare program that helps people with limited incomes and resources reduce Medicare Part D prescription drug costs, such as premiums, deductibles, and copays. Extra Help is also called the “Low-Income Subsidy,” or “LIS.”

### C1. List of Drugs by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular – Drugs to Treat Heart and Circulation Conditions. That is where you will find drugs that treat heart conditions.

If you have questions, please call Neighborhood INTEGRITY at 1-844-812-6896 (TTY 711), 8 am to 8 pm, Monday – Friday; 8 am to 12 pm on Saturday. The call is free. For more information, visit [www.nhpri.org/INTEGRITY](http://www.nhpri.org/INTEGRITY).

X

Here are the meanings of the codes used in the “Necessary actions, restrictions, or limits on use” column:

**B/D** =This prescription drug has a Part B versus D administrative prior authorization requirement.

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

**DP** =The drug is not a Part D drug.

**QL**=Quantity Limit. For certain drugs, Neighborhood INTEGRITY limits the amount of the drug that Neighborhood INTEGRITY will cover.

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

**PA**=Prior authorization. Neighborhood INTEGRITY requires you or your physician to get prior authorization for certain drugs. This means you will need to get approval before Neighborhood INTEGRITY before you fill your prescriptions. If you don't get approval, Neighborhood INTEGRITY may not cover the drug.

**NDS** =Non Extended Day Supply. This drug is not available for more than a 30-day supply.

**LA** =Limited Access. This drug is only available through certain specialty pharmacies.

# **RI\_CY19\_2T\_MMP eff 10/01/2019**

Last Updated 9/2019

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Version 15

## **Drug Name**

## **WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU**

### **List of Covered Drugs by Medical Condition (TIER LEVEL)**

## **ANALGESICS - DRUGS TO TREAT PAIN AND INFLAMMATION**

### **GOUT - DRUGS TO TREAT GOUT**

<i>allopurinol tab 100 mg</i>	Tier 1	
<i>allopurinol tab 300 mg</i>	Tier 1	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	Tier 1	
<i>COLCRYS TAB 0.6MG</i>	Tier 2	QL (120 tabs / 30 days)
<i>febuxostat tab 40 mg</i>	Tier 1	ST
<i>febuxostat tab 80 mg</i>	Tier 1	ST
<i>MITIGARE CAP 0.6MG</i>	Tier 2	QL (60 caps / 30 days)
<i>probenecid tab 500 mg</i>	Tier 1	
<i>ULORIC TAB 40MG</i>	Tier 2	ST
<i>ULORIC TAB 80MG</i>	Tier 2	ST

### **MISCELLANEOUS**

<i>acephen sup 120mg</i>	Tier 3	DP
<i>acephen sup 325mg</i>	Tier 3	DP
<i>acephen sup 650mg</i>	Tier 3	DP
<i>acetaminophen suppos 120 mg</i>	Tier 3	DP
<i>acetaminophen suppos 650 mg</i>	Tier 3	DP
<i>acetaminophen tab 325 mg</i>	Tier 3	DP
<i>acetaminophen tab 500 mg</i>	Tier 3	DP
<i>acetaminophen tab er 650 mg</i>	Tier 3	DP
<i>acetaminophn sus 160/5ml</i>	Tier 3	DP
<i>arthrts pain tab 650mg</i>	Tier 3	DP
<i>aspirin low tab 81mg ec</i>	Tier 3	DP
<i>ASPIRIN POW</i>	Tier 3	DP
<i>ASPIRIN SUP 600MG</i>	Tier 3	DP
<i>aspirin tab 325 mg</i>	Tier 3	DP
<i>aspirin tab 325mg</i>	Tier 3	DP
<i>aspirin tab 325mg ec</i>	Tier 3	DP
<i>aspirin tab delayed release 325 mg</i>	Tier 3	DP
<i>betatemp sus 160/5ml</i>	Tier 3	DP
<i>chld silapap liq 160/5ml</i>	Tier 3	DP
<i>ecpirin tab 325mg ec</i>	Tier 3	DP
<i>ed-apap liq 80mg/2.5</i>	Tier 3	DP

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>
	<b>COST YOU (TIER LEVEL)</b>
eql menstrua tab complete	Tier 3 DP
eql menstrua tab relief	Tier 3 DP
FEVERALL INF SUP 80MG	Tier 3 DP
feverall sup 120mg	Tier 3 DP
feverall sup 325mg	Tier 3 DP
feverall sup 650mg	Tier 3 DP
gnp aspirin tab 325mg ec	Tier 3 DP
hm aspirin tab 325mg	Tier 3 DP
8 hour pain tab 650mg	Tier 3 DP
mapap cap 500mg	Tier 3 DP
mapap chw 80mg	Tier 3 DP
mapap liq 160/5ml	Tier 3 DP
mapap tab 325mg	Tier 3 DP
mapap tab 500mg	Tier 3 DP
mapap tab 500mg/rr	Tier 3 DP
medi-tabs tab 500mg	Tier 3 DP
menstrual tab complete	Tier 3 DP
menstrual tab max st	Tier 3 DP
menstrual tab relief	Tier 3 DP
MIDOL MAX ST TAB MENSTRA	Tier 3 DP
MIDOL TAB COMPLETE	Tier 3 DP
non-aspirin sus 160/5ml	Tier 3 DP
non-aspirin tab 325mg	Tier 3 DP
non-aspirin tab 500mg	Tier 3 DP
non-aspirin tab 500mg/rr	Tier 3 DP
pain & fever chw 80mg	Tier 3 DP
pain & fever sol 160/5ml	Tier 3 DP
pain & fever sus 160/5ml	Tier 3 DP
pain & fever tab 325mg	Tier 3 DP
pain & fever tab 500mg	Tier 3 DP
pain relief sus 160/5ml	Tier 3 DP
pain relief tab 500mg	Tier 3 DP
pain relief tab 500mg/rr	Tier 3 DP
pain relief tab 650mg	Tier 3 DP
pain relieve sus 160/5ml	Tier 3 DP
pain relieve tab 325mg	Tier 3 DP
pain relieve tab 500mg	Tier 3 DP
pain relieve tab 500mg/rr	Tier 3 DP
pharbetol tab 325mg	Tier 3 DP
pharbetol tab 500mg	Tier 3 DP

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>
	<b>COST YOU (TIER LEVEL)</b>
<i>qc aspirin tab 325mg</i>	Tier 3 DP
<i>qc aspirin tab 325mg ec</i>	Tier 3 DP
<i>ra menstrual tab complete</i>	Tier 3 DP
<i>ra menstrual tab relief</i>	Tier 3 DP
<i>sm aspirin tab 325mg</i>	Tier 3 DP
<i>sm aspirin tab 325mg ec</i>	Tier 3 DP
<i>tactinal chw children</i>	Tier 3 DP
<i>tactinal tab 325mg</i>	Tier 3 DP
<i>tactinal tab 500mg</i>	Tier 3 DP
<i>tri-buff asa tab 325mg</i>	Tier 3 DP
<b>NSAIDS - DRUGS TO TREAT PAIN AND INFLAMMATION</b>	
<i>celecoxib cap 50 mg</i>	Tier 1 QL (240 caps / 30 days)
<i>celecoxib cap 100 mg</i>	Tier 1 QL (120 caps / 30 days)
<i>celecoxib cap 200 mg</i>	Tier 1 QL (60 caps / 30 days)
<i>celecoxib cap 400 mg</i>	Tier 1 QL (30 caps / 30 days)
<i>diclofenac potassium tab 50 mg</i>	Tier 1 QL (120 tabs / 30 days)
<i>diclofenac sodium tab delayed release 25 mg</i>	Tier 1
<i>diclofenac sodium tab delayed release 50 mg</i>	Tier 1
<i>diclofenac sodium tab delayed release 75 mg</i>	Tier 1
<i>diclofenac sodium tab er 24hr 100 mg</i>	Tier 1
<i>diflunisal tab 500 mg</i>	Tier 1
<i>etodolac cap 200 mg</i>	Tier 1
<i>etodolac cap 300 mg</i>	Tier 1
<i>etodolac tab 400 mg</i>	Tier 1
<i>etodolac tab 500 mg</i>	Tier 1
<i>etodolac tab er 24hr 400 mg</i>	Tier 1
<i>etodolac tab er 24hr 500 mg</i>	Tier 1
<i>etodolac tab er 24hr 600 mg</i>	Tier 1
<i>flurbiprofen tab 50 mg</i>	Tier 1
<i>flurbiprofen tab 100 mg</i>	Tier 1
<i>ibu-drops dro 50/1.25</i>	Tier 3 DP
<i>ibuprofen dro 50/1.25</i>	Tier 3 DP
<i>ibuprofen ib chw 100mg</i>	Tier 3 DP
<i>ibuprofen jr chw 100mg</i>	Tier 3 DP
<i>ibuprofen sus 100/5ml</i>	Tier 3 DP
<i>ibuprofen susp 100 mg/5ml</i>	Tier 1
<i>ibuprofen tab 400 mg</i>	Tier 1

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>	<b>COST YOU (TIER LEVEL)</b>
<i>ibuprofen tab 600 mg</i>		Tier 1
<i>ibuprofen tab 800 mg</i>		Tier 1
<i>medi-profen sus 40mg/ml</i>		Tier 3 DP
<i>meloxicam tab 7.5 mg</i>		Tier 1
<i>meloxicam tab 15 mg</i>		Tier 1
<i>nabumetone tab 500 mg</i>		Tier 1
<i>nabumetone tab 750 mg</i>		Tier 1
<i>naproxen dr tab 375mg</i>		Tier 1
<i>naproxen dr tab 500mg</i>		Tier 1
<i>naproxen sodium tab 275 mg</i>		Tier 1
<i>naproxen sodium tab 550 mg</i>		Tier 1
<i>naproxen tab 250 mg</i>		Tier 1
<i>naproxen tab 375 mg</i>		Tier 1
<i>naproxen tab 500 mg</i>		Tier 1
<i>piroxicam cap 10 mg</i>		Tier 1
<i>piroxicam cap 20 mg</i>		Tier 1
<i>sm ibuprofen tab 100mg jr</i>		Tier 3 DP
<i>sulindac tab 150 mg</i>		Tier 1
<i>sulindac tab 200 mg</i>		Tier 1

#### **OPIOID ANALGESICS - DRUGS TO TREAT PAIN**

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	Tier 1	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	Tier 1	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	Tier 1	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	Tier 1	QL (180 tabs / 30 days)
<i>buprenorphine td patch weekly 5 mcg/hr</i>	Tier 1	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	Tier 1	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 10 mcg/hr</i>	Tier 1	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 15 mcg/hr</i>	Tier 1	QL (4 patches / 28 days), PA
<i>buprenorphine td patch weekly 20 mcg/hr</i>	Tier 1	QL (4 patches / 28 days), PA
<i>butorphanol tartrate inj 1 mg/ml</i>	Tier 2	
<i>butorphanol tartrate inj 2 mg/ml</i>	Tier 2	
<i>BUTRANS DIS 5MCG/HR</i>	Tier 2	QL (4 patches / 28 days), PA
<i>BUTRANS DIS 7.5/HR</i>	Tier 2	QL (4 patches / 28 days), PA

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**ST** - Step Therapy    **B/D** - Covered  
**NDS** - Non-Extended Days Supply    **DP**

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>		
	<b>COST YOU (TIER LEVEL)</b>		
BUTRANS DIS 10MCG/HR	Tier 2	QL (4 patches / 28 days), PA	
BUTRANS DIS 15MCG/HR	Tier 2	QL (4 patches / 28 days), PA	
BUTRANS DIS 20MCG/HR	Tier 2	QL (4 patches / 28 days), PA	
<i>nalbuphine hcl inj 10 mg/ml</i>	Tier 2		
<i>nalbuphine hcl inj 20 mg/ml</i>	Tier 2		
<i>tramadol hcl tab 50 mg</i>	Tier 1	QL (240 tabs / 30 days)	
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	Tier 1	QL (240 tabs / 30 days)	
<b>OPIOID ANALGESICS, CII - DRUGS TO TREAT PAIN</b>			
<i>fentanyl citrate buccal tab 200 mcg (base equiv)</i>	Tier 2	QL (120 tabs / 30 days), PA	
<i>fentanyl citrate buccal tab 400 mcg (base equiv)</i>	Tier 2	QL (120 tabs / 30 days), PA	
<i>fentanyl citrate buccal tab 600 mcg (base equiv)</i>	Tier 2	QL (120 tabs / 30 days), PA	
<i>fentanyl citrate buccal tab 800 mcg (base equiv)</i>	Tier 2	QL (120 tabs / 30 days), PA	
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	Tier 2	QL (120 lozenges / 30 days), PA	
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	Tier 2	QL (120 lozenges / 30 days), PA	
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	Tier 2	QL (120 lozenges / 30 days), PA	
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	Tier 2	QL (120 lozenges / 30 days), PA	
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	Tier 2	QL (120 lozenges / 30 days), PA	
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	Tier 2	QL (120 lozenges / 30 days), PA	
<i>fentanyl td patch 72hr 12 mcg/hr</i>	Tier 1	QL (10 patches / 30 days), PA	
<i>fentanyl td patch 72hr 25 mcg/hr</i>	Tier 1	QL (10 patches / 30 days), PA	
<i>fentanyl td patch 72hr 50 mcg/hr</i>	Tier 1	QL (10 patches / 30 days), PA	
<i>fentanyl td patch 72hr 75 mcg/hr</i>	Tier 1	QL (10 patches / 30 days), PA	
<i>fentanyl td patch 72hr 100 mcg/hr</i>	Tier 1	QL (10 patches / 30 days), PA	

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>		
	<b>COST YOU (TIER LEVEL)</b>		
FENTORA TAB 100MCG	Tier 2	QL (120 tabs / 30 days), PA	
FENTORA TAB 200MCG	Tier 2	QL (120 tabs / 30 days), PA	
FENTORA TAB 400MCG	Tier 2	QL (120 tabs / 30 days), PA	
FENTORA TAB 600MCG	Tier 2	QL (120 tabs / 30 days), PA	
FENTORA TAB 800MCG	Tier 2	QL (120 tabs / 30 days), PA	
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	Tier 1	QL (2700 mL / 30 days)	
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	Tier 1	QL (240 tabs / 30 days)	
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	Tier 1	QL (180 tabs / 30 days)	
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	Tier 1	QL (180 tabs / 30 days)	
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	Tier 1	QL (150 tabs / 30 days)	
<i>hydromorphone hcl liqd 1 mg/ml</i>	Tier 1	QL (600 mL / 30 days)	
<i>hydromorphone hcl preservative free (pf) inj 10 mg/ml</i>	Tier 2	B/D	
<i>hydromorphone hcl tab 2 mg</i>	Tier 1	QL (180 tabs / 30 days)	
<i>hydromorphone hcl tab 4 mg</i>	Tier 1	QL (180 tabs / 30 days)	
<i>hydromorphone hcl tab 8 mg</i>	Tier 1	QL (180 tabs / 30 days)	
HYSINGLA ER TAB 20 MG	Tier 2	QL (30 tabs / 30 days), PA	
HYSINGLA ER TAB 30 MG	Tier 2	QL (30 tabs / 30 days), PA	
HYSINGLA ER TAB 40 MG	Tier 2	QL (30 tabs / 30 days), PA	
HYSINGLA ER TAB 60 MG	Tier 2	QL (30 tabs / 30 days), PA	
HYSINGLA ER TAB 80 MG	Tier 2	QL (30 tabs / 30 days), PA	
HYSINGLA ER TAB 100 MG	Tier 2	QL (30 tabs / 30 days), PA	
HYSINGLA ER TAB 120 MG	Tier 2	QL (30 tabs / 30 days), PA	
<i>methadone con 10mg/ml</i>	Tier 1	QL (90 mL / 30 days), PA	
<i>methadone hcl soln 5 mg/5ml</i>	Tier 1	QL (450 mL / 30 days), PA	

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<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>		
	<b>COST YOU (TIER LEVEL)</b>		
<i>methadone hcl soln 10 mg/5ml</i>	Tier 1	QL (450 mL / 30 days), PA	
<i>methadone hcl tab 5 mg</i>	Tier 1	QL (90 tabs / 30 days), PA	
<i>methadone hcl tab 10 mg</i>	Tier 1	QL (90 tabs / 30 days), PA	
MORPHINE SUL INJ 2MG/ML	Tier 2	B/D	
MORPHINE SUL INJ 4MG/ML	Tier 2	B/D	
MORPHINE SUL INJ 5MG/ML	Tier 2	B/D	
MORPHINE SUL INJ 8MG/ML	Tier 2	B/D	
MORPHINE SUL INJ 10MG/ML	Tier 2	B/D	
MORPHINE SUL INJ 150/30ML	Tier 2	B/D	
<i>morphine sulfate inj 8 mg/ml</i>	Tier 2	B/D	
<i>morphine sulfate inj 10 mg/ml</i>	Tier 2	B/D	
<i>morphine sulfate iv soln 1 mg/ml</i>	Tier 2	B/D	
<i>morphine sulfate iv soln pf 4 mg/ml</i>	Tier 2	B/D	
<i>morphine sulfate iv soln pf 8 mg/ml</i>	Tier 2	B/D	
<i>morphine sulfate iv soln pf 10 mg/ml</i>	Tier 2	B/D	
<i>morphine sulfate oral soln 10 mg/5ml</i>	Tier 1	QL (900 mL / 30 days)	
<i>morphine sulfate oral soln 20 mg/5ml</i>	Tier 1	QL (750 mL / 30 days)	
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	Tier 1	QL (180 mL / 30 days)	
<i>morphine sulfate tab 15 mg</i>	Tier 1	QL (180 tabs / 30 days)	
<i>morphine sulfate tab 30 mg</i>	Tier 1	QL (90 tabs / 30 days)	
<i>morphine sulfate tab er 15 mg</i>	Tier 1	QL (90 tabs / 30 days), PA	
<i>morphine sulfate tab er 30 mg</i>	Tier 1	QL (90 tabs / 30 days), PA	
<i>morphine sulfate tab er 60 mg</i>	Tier 1	QL (90 tabs / 30 days), PA	
<i>morphine sulfate tab er 100 mg</i>	Tier 1	QL (90 tabs / 30 days), PA	
<i>morphine sulfate tab er 200 mg</i>	Tier 1	QL (60 tabs / 30 days), PA	
NUCYNTA ER TAB 50MG	Tier 2	QL (60 tabs / 30 days), PA	
NUCYNTA ER TAB 100MG	Tier 2	QL (60 tabs / 30 days), PA	
NUCYNTA ER TAB 150MG	Tier 2	QL (90 tabs / 30 days), PA	
NUCYNTA ER TAB 200MG	Tier 2	QL (60 tabs / 30 days), PA	

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<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>		
NUCYNTA ER TAB 250MG	Tier 2	QL (60 tabs / 30 days), PA	
<i>oxycodone hcl cap 5 mg</i>	Tier 1	QL (180 caps / 30 days)	
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	Tier 1	QL (180 mL / 30 days)	
<i>oxycodone hcl soln 5 mg/5ml</i>	Tier 1	QL (900 mL / 30 days)	
<i>oxycodone hcl tab 5 mg</i>	Tier 1	QL (180 tabs / 30 days)	
<i>oxycodone hcl tab 10 mg</i>	Tier 1	QL (180 tabs / 30 days)	
<i>oxycodone hcl tab 15 mg</i>	Tier 1	QL (180 tabs / 30 days)	
<i>oxycodone hcl tab 20 mg</i>	Tier 1	QL (180 tabs / 30 days)	
<i>oxycodone hcl tab 30 mg</i>	Tier 1	QL (180 tabs / 30 days)	
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	Tier 1	QL (360 tabs / 30 days)	
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	Tier 1	QL (360 tabs / 30 days)	
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	Tier 1	QL (240 tabs / 30 days)	
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	Tier 1	QL (180 tabs / 30 days)	
OXYCONTIN TAB 10MG CR	Tier 2	QL (60 tabs / 30 days), PA	
OXYCONTIN TAB 15MG CR	Tier 2	QL (60 tabs / 30 days), PA	
OXYCONTIN TAB 20MG CR	Tier 2	QL (60 tabs / 30 days), PA	
OXYCONTIN TAB 30MG CR	Tier 2	QL (60 tabs / 30 days), PA	
OXYCONTIN TAB 40MG CR	Tier 2	QL (60 tabs / 30 days), PA	
OXYCONTIN TAB 60MG CR	Tier 2	QL (60 tabs / 30 days), PA	
OXYCONTIN TAB 80MG CR	Tier 2	QL (60 tabs / 30 days), PA	

## **ANESTHETICS - DRUGS FOR NUMBING**

### **LOCAL ANESTHETICS**

<i>lidocaine hcl local inj 0.5%</i>	Tier 1	B/D
<i>lidocaine hcl local inj 1%</i>	Tier 1	B/D
<i>lidocaine hcl local inj 2%</i>	Tier 1	B/D
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	Tier 1	B/D

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>
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*lidocaine hcl local preservative free (pf) inj 1%* Tier 1 B/D

*lidocaine hcl local preservative free (pf) inj 1.5%* Tier 1 B/D

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

### **ANTI-BACTERIALS - MISCELLANEOUS**

<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	Tier 1
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	Tier 1
<i>gentamicin in saline inj 0.8 mg/ml</i>	Tier 1
<i>gentamicin in saline inj 1 mg/ml</i>	Tier 1
<i>gentamicin in saline inj 1.2 mg/ml</i>	Tier 1
<i>gentamicin in saline inj 1.6 mg/ml</i>	Tier 1
<i>gentamicin in saline inj 2 mg/ml</i>	Tier 1
<i>gentamicin sulfate inj 10 mg/ml</i>	Tier 1
<i>gentamicin sulfate inj 40 mg/ml</i>	Tier 1
<i>neomycin sulfate tab 500 mg</i>	Tier 1
<i>paromomycin sulfate cap 250 mg</i>	Tier 1
<i>streptomycin sulfate for inj 1 gm</i>	Tier 2
<i>SULFADIAZINE TAB 500MG</i>	Tier 2
<i>tobramycin nebu soln 300 mg/5ml</i>	Tier 2 PA
<i>tobramycin sulfate for inj 1.2 gm</i>	Tier 2
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	Tier 1
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	Tier 1
<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	Tier 1
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	Tier 1

### **ANTI-INFECTIVES - MISCELLANEOUS**

<i>albendazole tab 200 mg</i>	Tier 2
<i>ALINIA SUS 100/5ML</i>	Tier 2
<i>ALINIA TAB 500MG</i>	Tier 2
<i>atovaquone susp 750 mg/5ml</i>	Tier 2
<i>AZACTAM INJ 1GM</i>	Tier 2
<i>AZACTAM INJ 2GM</i>	Tier 2
<i>aztreonam for inj 1 gm</i>	Tier 1
<i>aztreonam for inj 2 gm</i>	Tier 1
<i>CAYSTON INH 75MG</i>	Tier 2 LA, PA

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>
	<b>COST YOU (TIER LEVEL)</b>
<i>clindamycin hcl cap 75 mg</i>	Tier 1
<i>clindamycin hcl cap 150 mg</i>	Tier 1
<i>clindamycin hcl cap 300 mg</i>	Tier 1
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	Tier 1
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	Tier 1
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	Tier 1
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	Tier 1
<i>clindamycin phosphate inj 9 gm/60ml</i>	Tier 1
<i>clindamycin phosphate inj 300 mg/2ml</i>	Tier 1
<i>clindamycin phosphate inj 600 mg/4ml</i>	Tier 1
<i>clindamycin phosphate inj 900 mg/6ml</i>	Tier 1
<i>clindamycin phosphate iv soln 300 mg/2ml</i>	Tier 1
<i>clindamycin phosphate iv soln 900 mg/6ml</i>	Tier 1
<i>CLINDMYC/NAC INJ 300/50ML</i>	Tier 2
<i>CLINDMYC/NAC INJ 600/50ML</i>	Tier 2
<i>CLINDMYC/NAC INJ 900/50ML</i>	Tier 2
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	Tier 1
<i>dapsone tab 25 mg</i>	Tier 1
<i>dapsone tab 100 mg</i>	Tier 1
<i>DAPTOMYCIN FOR IV SOLN 350 MG</i>	Tier 2
<i>daptomycin for iv soln 500 mg</i>	Tier 2
<i>DAPTOMYCIN SOL 350MG</i>	Tier 2
<i>EMVERM CHW 100MG</i>	Tier 2
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	Tier 1
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	Tier 1
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	Tier 1
<i>ivermectin tab 3 mg</i>	Tier 1
<i>linezolid for susp 100 mg/5ml</i>	Tier 2
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	Tier 2
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	Tier 1
<i>linezolid tab 600 mg</i>	Tier 2
<i>meropenem iv for soln 1 gm</i>	Tier 1

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>		
	<b>COST YOU (TIER LEVEL)</b>		
<i>meropenem iv for soln 500 mg</i>	Tier 1		
<i>methenamine hippurate tab 1 gm</i>	Tier 1		
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	Tier 1		
<i>metronidazole tab 250 mg</i>	Tier 1		
<i>metronidazole tab 500 mg</i>	Tier 1		
<i>NEBUPENT INH 300MG</i>	Tier 2	B/D	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	Tier 2	PA; PA applies if 70 years and older after a 90 day supply in a calendar year	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	Tier 2	PA; PA applies if 70 years and older after a 90 day supply in a calendar year	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	Tier 2	PA; PA applies if 70 years and older after a 90 day supply in a calendar year	
<i>PENTAM 300 INJ 300MG</i>	Tier 2		
<i>pentamidine isethionate for soln 300 mg</i>	Tier 1		
<i>PINWORM TAB MEDICINE</i>	Tier 3	DP	
<i>praziquantel tab 600 mg</i>	Tier 1		
<i>reeses med sus pinworm</i>	Tier 3	DP	
<i>SIVEXTRO INJ 200MG</i>	Tier 2		
<i>SIVEXTRO TAB 200MG</i>	Tier 2		
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	Tier 1		
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Tier 1		
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	Tier 1		
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	Tier 1		
<i>SYNERCID INJ 500MG</i>	Tier 2	NDS	
<i>tigecycline for iv soln 50 mg</i>	Tier 2		
<i>trimethoprim tab 100 mg</i>	Tier 1		
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	Tier 1		
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	Tier 2		

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>
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<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	Tier 1
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	Tier 1
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	Tier 1
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	Tier 1
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	Tier 1
VANCOMYCIN INJ 1 GM	Tier 2
VANCOMYCIN INJ 500MG	Tier 2
VANCOMYCIN INJ 750MG	Tier 2

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

ABELCET INJ 5MG/ML	Tier 2	B/D
AMBISOME INJ 50MG	Tier 2	B/D
<i>amphotericin b for iv soln 50 mg</i>	Tier 1	B/D
<i>caspofungin acetate for iv soln 50 mg</i>	Tier 2	
<i>caspofungin acetate for iv soln 70 mg</i>	Tier 2	
<i>fluconazole for susp 10 mg/ml</i>	Tier 1	
<i>fluconazole for susp 40 mg/ml</i>	Tier 1	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	Tier 1	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	Tier 1	
<i>fluconazole tab 50 mg</i>	Tier 1	
<i>fluconazole tab 100 mg</i>	Tier 1	
<i>fluconazole tab 150 mg</i>	Tier 1	
<i>fluconazole tab 200 mg</i>	Tier 1	
<i>flucytosine cap 250 mg</i>	Tier 2	
<i>flucytosine cap 500 mg</i>	Tier 2	
<i>griseofulvin microsize susp 125 mg/5ml</i>	Tier 1	
<i>griseofulvin microsize tab 500 mg</i>	Tier 1	
<i>griseofulvin ultramicrosize tab 125 mg</i>	Tier 1	
<i>griseofulvin ultramicrosize tab 250 mg</i>	Tier 1	
<i>itraconazole cap 100 mg</i>	Tier 1	PA
<i>ketoconazole tab 200 mg</i>	Tier 1	PA
MYCAMINE INJ 50MG	Tier 2	
MYCAMINE INJ 100MG	Tier 2	
NOXAFIL SUS 40MG/ML	Tier 2	QL (630 mL / 30 days)
NOXAFIL TAB 100MG	Tier 2	QL (93 tabs / 30 days)
<i>nystatin tab 500000 unit</i>	Tier 1	

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>
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<i>terbinafine hcl tab 250 mg</i>	Tier 1    QL (90 tabs / year)
<i>voriconazole for inj 200 mg</i>	Tier 1
<i>voriconazole for susp 40 mg/ml</i>	Tier 2
<i>voriconazole tab 50 mg</i>	Tier 2
<i>voriconazole tab 200 mg</i>	Tier 2

#### **ANTIMALARIALS - DRUGS TO TREAT MALARIA**

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	Tier 1
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	Tier 1
<i>chloroquine phosphate tab 250 mg</i>	Tier 1
<i>chloroquine phosphate tab 500 mg</i>	Tier 1
<i>COARTEM TAB 20-120MG</i>	Tier 2
<i>mefloquine hcl tab 250 mg</i>	Tier 1
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	Tier 1
<i>PRIMAQUINE TAB 26.3MG</i>	Tier 2
<i>quinine sulfate cap 324 mg</i>	Tier 1    PA

#### **ANTIRETROVIRAL AGENTS - DRUGS TO SUPPRESS HIV/AIDS**

##### **INFECTION**

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	Tier 1
<i>abacavir sulfate tab 300 mg (base equiv)</i>	Tier 1
<i>APTVUS CAP 250MG</i>	Tier 2
<i>APTVUS SOL</i>	Tier 2
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	Tier 2
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	Tier 2
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	Tier 2
<i>CRIXIVAN CAP 200MG</i>	Tier 2
<i>CRIXIVAN CAP 400MG</i>	Tier 2
<i>didanosine delayed release capsule 200 mg</i>	Tier 1
<i>didanosine delayed release capsule 250 mg</i>	Tier 1
<i>didanosine delayed release capsule 400 mg</i>	Tier 1
<i>EDURANT TAB 25MG</i>	Tier 2
<i>efavirenz cap 50 mg</i>	Tier 1
<i>efavirenz cap 200 mg</i>	Tier 2
<i>efavirenz tab 600 mg</i>	Tier 2
<i>EMTRIVA CAP 200MG</i>	Tier 2
<i>EMTRIVA SOL 10MG/ML</i>	Tier 2
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	Tier 2
<i>FUZEON INJ 90MG</i>	Tier 2

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>
	<b>COST YOU (TIER LEVEL)</b>
INTELENCE TAB 25MG	Tier 2
INTELENCE TAB 100MG	Tier 2
INTELENCE TAB 200MG	Tier 2
INVIRASE TAB 500MG	Tier 2
ISENTRESS CHW 25MG	Tier 2
ISENTRESS CHW 100MG	Tier 2
ISENTRESS HD TAB 600MG	Tier 2
ISENTRESS POW 100MG	Tier 2
ISENTRESS TAB 400MG	Tier 2
<i>lamivudine oral soln 10 mg/ml</i>	Tier 1
<i>lamivudine tab 150 mg</i>	Tier 1
<i>lamivudine tab 300 mg</i>	Tier 1
LEXIVA SUS 50MG/ML	Tier 2
<i>nevirapine susp 50 mg/5ml</i>	Tier 1
<i>nevirapine tab 200 mg</i>	Tier 1
<i>nevirapine tab er 24hr 100 mg</i>	Tier 1
<i>nevirapine tab er 24hr 400 mg</i>	Tier 1
NORVIR POW 100MG	Tier 2
NORVIR SOL 80MG/ML	Tier 2
PIFELTRO TAB 100MG	Tier 2
PREZISTA SUS 100MG/ML	Tier 2      QL (400 mL / 30 days)
PREZISTA TAB 75MG	Tier 2      QL (480 tabs / 30 days)
PREZISTA TAB 150MG	Tier 2      QL (240 tabs / 30 days)
PREZISTA TAB 600MG	Tier 2      QL (60 tabs / 30 days)
PREZISTA TAB 800MG	Tier 2      QL (30 tabs / 30 days)
RESCRIPTOR TAB 200MG	Tier 2
REYATAZ POW 50MG	Tier 2
<i>ritonavir tab 100 mg</i>	Tier 1
SELZENTRY SOL 20MG/ML	Tier 2
SELZENTRY TAB 25MG	Tier 2
SELZENTRY TAB 75MG	Tier 2
SELZENTRY TAB 150MG	Tier 2
SELZENTRY TAB 300MG	Tier 2
<i>stavudine cap 15 mg</i>	Tier 1
<i>stavudine cap 20 mg</i>	Tier 1
<i>stavudine cap 30 mg</i>	Tier 1
<i>stavudine cap 40 mg</i>	Tier 1
<i>tenofovir disoproxil fumarate tab 300 mg</i>	Tier 2
TIVICAY TAB 10MG	Tier 2
TIVICAY TAB 25MG	Tier 2

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>
TIVICAY TAB 50MG	Tier 2
TROGARZO INJ 150MG/ML	Tier 2 LA
TYBOST TAB 150MG	Tier 2
VIDEX EC CAP 125MG	Tier 2
VIDEX SOL 2GM	Tier 2
VIDEX SOL 4GM	Tier 2
VIRACEPT TAB 250MG	Tier 2
VIRACEPT TAB 625MG	Tier 2
VIRAMUNE SUS 50MG/5ML	Tier 2
VIREAD POW 40MG/GM	Tier 2
VIREAD TAB 150MG	Tier 2
VIREAD TAB 200MG	Tier 2
VIREAD TAB 250MG	Tier 2
<i>zidovudine cap 100 mg</i>	Tier 1
<i>zidovudine syrup 10 mg/ml</i>	Tier 1
<i>zidovudine tab 300 mg</i>	Tier 1

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

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	Tier 1 NDS
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	Tier 2
ATRIPLA TAB	Tier 2
BIKTARVY TAB	Tier 2
CIMDUO TAB 300-300	Tier 2
COMPLERA TAB	Tier 2
DELSTRIGO TAB	Tier 2
DESCOVY TAB 200/25	Tier 2
DOVATO TAB 50-300MG	Tier 2
EVOTAZ TAB 300-150	Tier 2
GENVOYA TAB	Tier 2
JULUCA TAB 50-25MG	Tier 2
KALETRA TAB 100-25MG	Tier 2
KALETRA TAB 200-50MG	Tier 2
<i>lamivudine-zidovudine tab 150-300 mg</i>	Tier 1
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	Tier 1
ODEFSEY TAB	Tier 2
PREZCOBIX TAB 800-150	Tier 2
STRIBILD TAB	Tier 2

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>
SYMFI LO TAB	Tier 2
SYMFI TAB	Tier 2
SYMTUZA TAB	Tier 2
TRIUMEQ TAB	Tier 2
TRUVADA TAB 100-150	Tier 2 QL (60 tabs / 30 days)
TRUVADA TAB 133-200	Tier 2 QL (30 tabs / 30 days)
TRUVADA TAB 167-250	Tier 2 QL (30 tabs / 30 days)
TRUVADA TAB 200-300	Tier 2 QL (30 tabs / 30 days)

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

cycloserine cap 250 mg	Tier 2
ethambutol hcl tab 100 mg	Tier 1
ethambutol hcl tab 400 mg	Tier 1
isoniazid syrup 50 mg/5ml	Tier 1
isoniazid tab 100 mg	Tier 1
isoniazid tab 300 mg	Tier 1
PASER GRA 4GM	Tier 2
PRIFTIN TAB 150MG	Tier 2
pyrazinamide tab 500 mg	Tier 1
rifabutin cap 150 mg	Tier 1
rifampin cap 150 mg	Tier 1
rifampin cap 300 mg	Tier 1
rifampin for inj 600 mg	Tier 1
RIFATER TAB	Tier 2
SIRTURO TAB 100MG	Tier 2 LA, PA
TRECATOR TAB 250MG	Tier 2

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

acyclovir cap 200 mg	Tier 1
acyclovir sodium iv soln 50 mg/ml	Tier 1 B/D
acyclovir susp 200 mg/5ml	Tier 1
acyclovir tab 400 mg	Tier 1
acyclovir tab 800 mg	Tier 1
adefovir dipivoxil tab 10 mg	Tier 2
BARACLUDE SOL .05MG/ML	Tier 2
entecavir tab 0.5 mg	Tier 2
entecavir tab 1 mg	Tier 2
EPCLUSA TAB 400-100	Tier 2 PA
EPIVIR HBV SOL 5MG/ML	Tier 2
famciclovir tab 125 mg	Tier 1
famciclovir tab 250 mg	Tier 1
famciclovir tab 500 mg	Tier 1

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **B/D** - Covered  
under Medicare B or D    **LA** - Limited Access    **NDS** - Non-Extended Days Supply    **DP**  
- The drug is not a Part D drug.

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>		
<i>ganciclovir sodium for inj 500 mg</i>	Tier 1	B/D	
HARVONI TAB 90-400MG	Tier 2	PA	
<i>lamivudine tab 100 mg (hbv)</i>	Tier 1		
MAVYRET TAB 100-40MG	Tier 2	PA	
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	Tier 1	QL (168 caps / year)	
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	Tier 1	QL (84 caps / year)	
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	Tier 1	QL (84 caps / year)	
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	Tier 1	QL (1080 mL / year)	
PEGASYS INJ	Tier 2	PA	
PEGASYS INJ 180MCG/M	Tier 2	PA	
PEGASYS INJ PROCLICK	Tier 2	PA	
REBETOL SOL 40MG/ML	Tier 2		
RELENZA MIS DISKHALE	Tier 2	QL (6 inhalers / year)	
<i>ribasphere cap 200mg</i>	Tier 1		
<i>ribasphere tab 200mg</i>	Tier 1		
<i>ribasphere tab 600mg</i>	Tier 2		
<i>ribavirin cap 200 mg</i>	Tier 1		
<i>ribavirin tab 200 mg</i>	Tier 1		
<i>rimantadine hydrochloride tab 100 mg</i>	Tier 1		
<i>valacyclovir hcl tab 1 gm</i>	Tier 1		
<i>valacyclovir hcl tab 500 mg</i>	Tier 1		
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	Tier 2	NDS	
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	Tier 2		
VEMLIDY TAB 25MG	Tier 2		
VOSEVI TAB	Tier 2	PA	
ZEPATIER TAB 50-100MG	Tier 2	PA	

#### **CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS**

<i>cefaclor cap 250 mg</i>	Tier 1		
<i>cefaclor cap 500 mg</i>	Tier 1		
CEFACLOR ER TAB 500MG	Tier 2		
<i>cefaclor for susp 125 mg/5ml</i>	Tier 1		
<i>cefaclor for susp 250 mg/5ml</i>	Tier 1		
<i>cefaclor for susp 375 mg/5ml</i>	Tier 1		
<i>cefadroxil cap 500 mg</i>	Tier 1		
<i>cefadroxil for susp 250 mg/5ml</i>	Tier 1		

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under Medicare B or D    **LA** - Limited Access    **NDS** - Non-Extended Days Supply    **DP**  
- The drug is not a Part D drug.

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>
	<b>COST YOU (TIER LEVEL)</b>
<i>cefadroxil for susp 500 mg/5ml</i>	Tier 1
<i>cefadroxil tab 1 gm</i>	Tier 1
<i>CEFAZOLIN INJ 1GM/50ML</i>	Tier 2
<i>cefazolin sodium for inj 1 gm</i>	Tier 1
<i>cefazolin sodium for inj 10 gm</i>	Tier 1
<i>cefazolin sodium for inj 20 gm</i>	Tier 1
<i>cefazolin sodium for inj 500 mg</i>	Tier 1
<i>cefazolin sodium for iv soln 1 gm</i>	Tier 1
<i>CEFAZOLIN SOL</i>	Tier 2
<i>cefdinir cap 300 mg</i>	Tier 1
<i>cefdinir for susp 125 mg/5ml</i>	Tier 1
<i>cefdinir for susp 250 mg/5ml</i>	Tier 1
<i>cefepime hcl for inj 1 gm</i>	Tier 1
<i>cefepime hcl for inj 2 gm</i>	Tier 1
<i>cefixime cap 400 mg</i>	Tier 1
<i>cefixime for susp 100 mg/5ml</i>	Tier 1
<i>cefixime for susp 200 mg/5ml</i>	Tier 1
<i>cefotaxime sodium for inj 1 gm</i>	Tier 1
<i>cefotaxime sodium for inj 500 mg</i>	Tier 1
<i>cefoxitin sodium for inj 10 gm</i>	Tier 1
<i>cefoxitin sodium for iv soln 1 gm</i>	Tier 1
<i>cefoxitin sodium for iv soln 2 gm</i>	Tier 1
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	Tier 1
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	Tier 1
<i>cefpodoxime proxetil tab 100 mg</i>	Tier 1
<i>cefpodoxime proxetil tab 200 mg</i>	Tier 1
<i>cefprozil for susp 125 mg/5ml</i>	Tier 1
<i>cefprozil for susp 250 mg/5ml</i>	Tier 1
<i>cefprozil tab 250 mg</i>	Tier 1
<i>cefprozil tab 500 mg</i>	Tier 1
<i>ceftazidime for inj 1 gm</i>	Tier 1
<i>ceftazidime for inj 2 gm</i>	Tier 1
<i>ceftazidime for inj 6 gm</i>	Tier 1
<i>CEFTAZIDIME/ SOL D5W 1GM</i>	Tier 2
<i>CEFTAZIDIME/ SOL D5W 2GM</i>	Tier 2
<i>ceftriaxone sodium for inj 1 gm</i>	Tier 1
<i>ceftriaxone sodium for inj 2 gm</i>	Tier 1
<i>ceftriaxone sodium for inj 10 gm</i>	Tier 1
<i>ceftriaxone sodium for inj 250 mg</i>	Tier 1
<i>ceftriaxone sodium for inj 500 mg</i>	Tier 1

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>
	<b>COST YOU (TIER LEVEL)</b>
<i>ceftriaxone sodium for iv soln 1 gm</i>	Tier 1
<i>ceftriaxone sodium for iv soln 2 gm</i>	Tier 1
<i>cefuroxime axetil tab 250 mg</i>	Tier 1
<i>cefuroxime axetil tab 500 mg</i>	Tier 1
<i>cefuroxime sodium for inj 7.5 gm</i>	Tier 1
<i>cefuroxime sodium for inj 750 mg</i>	Tier 1
<i>cefuroxime sodium for iv soln 1.5 gm</i>	Tier 1
<i>cephalexin cap 250 mg</i>	Tier 1
<i>cephalexin cap 500 mg</i>	Tier 1
<i>cephalexin for susp 125 mg/5ml</i>	Tier 1
<i>cephalexin for susp 250 mg/5ml</i>	Tier 1
SUPRAX CHW 100MG	Tier 2
SUPRAX CHW 200MG	Tier 2
SUPRAX SUS 500/5ML	Tier 2
<i>tazicef inj 1gm</i>	Tier 1
<i>tazicef inj 2gm</i>	Tier 1
<i>tazicef inj 6gm</i>	Tier 1
TEFLARO INJ 400MG	Tier 2
TEFLARO INJ 600MG	Tier 2
<b>ERYTHROMYCINS/MACROLIDES - DRUGS TO TREAT INFECTIONS</b>	
<i>azithromycin for susp 100 mg/5ml</i>	Tier 1
<i>azithromycin for susp 200 mg/5ml</i>	Tier 1
<i>azithromycin iv for soln 500 mg</i>	Tier 1
<i>azithromycin powd pack for susp 1 gm</i>	Tier 1
<i>azithromycin tab 250 mg</i>	Tier 1
<i>azithromycin tab 500 mg</i>	Tier 1
<i>azithromycin tab 600 mg</i>	Tier 1
<i>clarithromycin for susp 125 mg/5ml</i>	Tier 1
<i>clarithromycin for susp 250 mg/5ml</i>	Tier 1
<i>clarithromycin tab 250 mg</i>	Tier 1
<i>clarithromycin tab 500 mg</i>	Tier 1
<i>clarithromycin tab er 24hr 500 mg</i>	Tier 1
DIFICID TAB 200MG	Tier 2
<i>ery-tab tab 250mg ec</i>	Tier 1
<i>ery-tab tab 333mg ec</i>	Tier 1
<i>ery-tab tab 500mg ec</i>	Tier 1
ERYTHROCIN INJ 500MG	Tier 2
<i>erythrocin tab 250mg</i>	Tier 1
<i>erythromycin ethylsuccinate tab 400 mg</i>	Tier 1
<i>erythromycin tab 250 mg</i>	Tier 1

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>
<i>erythromycin tab 500 mg</i>	Tier 1
<i>erythromycin tab delayed release 250 mg</i>	Tier 1
<i>erythromycin tab delayed release 333 mg</i>	Tier 1
<i>erythromycin tab delayed release 500 mg</i>	Tier 1
<i>erythromycin w/ delayed release particles cap 250 mg</i>	Tier 1

#### **FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS**

<i>ciprofloxacin 200 mg/100ml in d5w</i>	Tier 1
<i>ciprofloxacin 400 mg/200ml in d5w</i>	Tier 1
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>	Tier 1
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	Tier 1
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	Tier 1
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	Tier 1
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	Tier 1
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	Tier 1
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	Tier 1
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	Tier 1
<i>levofloxacin iv soln 25 mg/ml</i>	Tier 1
<i>levofloxacin oral soln 25 mg/ml</i>	Tier 1
<i>levofloxacin tab 250 mg</i>	Tier 1
<i>levofloxacin tab 500 mg</i>	Tier 1
<i>levofloxacin tab 750 mg</i>	Tier 1
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	Tier 1

#### **PENICILLINS - DRUGS TO TREAT INFECTIONS**

<i>amoxicillin &amp; k clavulanate chew tab 200- 28.5 mg</i>	Tier 1
<i>amoxicillin &amp; k clavulanate chew tab 400- 57 mg</i>	Tier 1
<i>amoxicillin &amp; k clavulanate for susp 200- 28.5 mg/5ml</i>	Tier 1
<i>amoxicillin &amp; k clavulanate for susp 250- 62.5 mg/5ml</i>	Tier 1
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	Tier 1
<i>amoxicillin &amp; k clavulanate for susp 600- 42.9 mg/5ml</i>	Tier 1
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	Tier 1
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>	Tier 1
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	Tier 1

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>
	<b>COST YOU (TIER LEVEL)</b>
<i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i>	Tier 1
<i>amoxicillin (trihydrate) cap 250 mg</i>	Tier 1
<i>amoxicillin (trihydrate) cap 500 mg</i>	Tier 1
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	Tier 1
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	Tier 1
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	Tier 1
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	Tier 1
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	Tier 1
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	Tier 1
<i>amoxicillin (trihydrate) tab 500 mg</i>	Tier 1
<i>amoxicillin (trihydrate) tab 875 mg</i>	Tier 1
<i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm</i>	Tier 1
<i>ampicillin &amp; sulbactam sodium for inj 3 (2- 1) gm</i>	Tier 1
<i>ampicillin &amp; sulbactam sodium for inj 15 (10-5) gm</i>	Tier 1
<i>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm</i>	Tier 1
<i>ampicillin cap 500 mg</i>	Tier 1
<i>ampicillin sodium for inj 1 gm</i>	Tier 1
<i>ampicillin sodium for inj 2 gm</i>	Tier 1
<i>ampicillin sodium for inj 10 gm</i>	Tier 1
<i>ampicillin sodium for inj 125 mg</i>	Tier 1
<i>ampicillin sodium for inj 250 mg</i>	Tier 1
<i>ampicillin sodium for inj 500 mg</i>	Tier 1
<i>ampicillin sodium for iv soln 1 gm</i>	Tier 1
<i>ampicillin sodium for iv soln 2 gm</i>	Tier 1
<i>ampicillin sodium for iv soln 10 gm</i>	Tier 1
<i>BICILLIN L-A INJ 600000</i>	Tier 2
<i>BICILLIN L-A INJ 1200000</i>	Tier 2
<i>BICILLIN L-A INJ 2400000</i>	Tier 2
<i>dicloxacillin sodium cap 250 mg</i>	Tier 1
<i>dicloxacillin sodium cap 500 mg</i>	Tier 1
<i>NAFCILLIN INJ 10GM</i>	Tier 2
<i>nafcillin sodium for inj 1 gm</i>	Tier 1

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>
<i>nafcillin sodium for inj 2 gm</i>	Tier 1
<i>nafcillin sodium for iv soln 1 gm</i>	Tier 1
<i>nafcillin sodium for iv soln 2 gm</i>	Tier 1
<i>nafcillin sodium for iv soln 10 gm</i>	Tier 2
<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	Tier 1
<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	Tier 1
<i>oxacillin sodium for inj 10 gm (base equivalent)</i>	Tier 2
PEN G PROC INJ 600000	Tier 2
PENICILL GK/ INJ DEX 2MU	Tier 2
PENICILL GK/ INJ DEX 3MU	Tier 2
<i>penicillin g potassium for inj 5000000 unit</i>	Tier 1
<i>penicillin g potassium for inj 20000000 unit</i>	Tier 1
<i>penicillin g sodium for inj 5000000 unit</i>	Tier 1
<i>penicillin v potassium for soln 125 mg/5ml</i>	Tier 1
<i>penicillin v potassium for soln 250 mg/5ml</i>	Tier 1
<i>penicillin v potassium tab 250 mg</i>	Tier 1
<i>penicillin v potassium tab 500 mg</i>	Tier 1
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	Tier 1
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	Tier 1
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	Tier 1
PIPERACILLIN SOD-TAZOBACTAM SOD FOR INJ 13.5 GM (12-1.5 GM)	Tier 2
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	Tier 1

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

<i>doxy 100 inj 100mg</i>	Tier 1
<i>doxycycline hyclate cap 50 mg</i>	Tier 1
<i>doxycycline hyclate cap 100 mg</i>	Tier 1
<i>doxycycline hyclate for inj 100 mg</i>	Tier 1
<i>doxycycline hyclate tab 20 mg</i>	Tier 1
<i>doxycycline hyclate tab 100 mg</i>	Tier 1
<i>doxycycline monohydrate cap 50 mg</i>	Tier 1
<i>doxycycline monohydrate cap 100 mg</i>	Tier 1
<i>doxycycline monohydrate tab 50 mg</i>	Tier 1
<i>doxycycline monohydrate tab 75 mg</i>	Tier 1

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>
<i>doxycycline monohydrate tab 100 mg</i>	Tier 1
<i>doxycycline monohydrate tab 150 mg</i>	Tier 1
<i>minocycline hcl cap 50 mg</i>	Tier 1
<i>minocycline hcl cap 75 mg</i>	Tier 1
<i>minocycline hcl cap 100 mg</i>	Tier 1
<i>tetracycline hcl cap 250 mg</i>	Tier 1
<i>tetracycline hcl cap 500 mg</i>	Tier 1

## **ANTINEOPLASTIC AGENTS - DRUGS TO TREAT CANCER**

### **ALKYLATING AGENTS**

<i>BENDEKA INJ 100/4ML</i>	Tier 2	B/D
<i>cyclophosphamide cap 25 mg</i>	Tier 1	B/D
<i>cyclophosphamide cap 50 mg</i>	Tier 1	B/D
<i>cyclophosphamide for inj 1 gm</i>	Tier 2	B/D
<i>cyclophosphamide for inj 2 gm</i>	Tier 2	B/D
<i>cyclophosphamide for inj 500 mg</i>	Tier 2	B/D
<i>dacarbazine for inj 100 mg</i>	Tier 1	B/D
<i>EMCYT CAP 140MG</i>	Tier 2	
<i>GLEOSTINE CAP 10MG</i>	Tier 2	
<i>GLEOSTINE CAP 40MG</i>	Tier 2	
<i>GLEOSTINE CAP 100MG</i>	Tier 2	
<i>IFEX INJ 3GM</i>	Tier 2	B/D
<i>IFOSFAMIDE INJ 3GM</i>	Tier 2	B/D
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	Tier 1	B/D
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	Tier 1	B/D
<i>LEUKERAN TAB 2MG</i>	Tier 2	

### **ANTHRACYCLINES**

<i>adriamycin inj 20mg</i>	Tier 1	B/D
<i>doxorubicin hcl for inj 50 mg</i>	Tier 1	B/D
<i>doxorubicin hcl inj 2 mg/ml</i>	Tier 1	B/D
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	Tier 2	B/D
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>	Tier 1	B/D
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>	Tier 1	B/D

### **ANTIBIOTICS**

<i>bleomycin sulfate for inj 15 unit</i>	Tier 1	B/D
<i>bleomycin sulfate for inj 30 unit</i>	Tier 1	B/D
<i>mitomycin for iv soln 5 mg</i>	Tier 2	B/D
<i>mitomycin for iv soln 20 mg</i>	Tier 2	B/D

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>
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<i>mitomycin for iv soln 40 mg</i>	Tier 2 B/D
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**ANTIMETABOLITES**

<i>adrucil inj 2.5g/50m</i>	Tier 1 B/D
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<i>adrucil inj 5gm/100m</i>	Tier 1 B/D
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<i>adrucil inj 500/10ml</i>	Tier 1 B/D
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<i>ALIMTA INJ 100MG</i>	Tier 2 B/D
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<i>ALIMTA INJ 500MG</i>	Tier 2 B/D
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<i>azacitidine for inj 100 mg</i>	Tier 2 B/D
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<i>cytarabine inj 20 mg/ml</i>	Tier 1 B/D
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<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	Tier 1 B/D
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<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	Tier 1 B/D
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<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	Tier 1 B/D
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<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	Tier 1 B/D
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<i>gemcitabine hcl for inj 1 gm</i>	Tier 1 B/D
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<i>gemcitabine hcl for inj 2 gm</i>	Tier 1 B/D
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<i>gemcitabine hcl for inj 200 mg</i>	Tier 1 B/D
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<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	Tier 1 B/D
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<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	Tier 1 B/D
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<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	Tier 1 B/D
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<i>mercaptopurine tab 50 mg</i>	Tier 1
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<i>methotrexate sodium for inj 1 gm</i>	Tier 1 B/D
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<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	Tier 1 B/D
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<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	Tier 1 B/D
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<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	Tier 1 B/D
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<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	Tier 1 B/D
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<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	Tier 1 B/D
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<i>PURIXAN SUS 20MG/ML</i>	Tier 2
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<i>TABLOID TAB 40MG</i>	Tier 2
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**ANTIMITOTIC, TAXOIDS**

<i>ABRAXANE INJ 100MG</i>	Tier 2 B/D
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<i>docetaxel for inj conc 20 mg/ml</i>	Tier 2 B/D
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<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>		
	<b>COST YOU (TIER LEVEL)</b>		
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	Tier 2	B/D	
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	Tier 2	B/D	
DOCETAXEL INJ 20MG/2ML	Tier 2	B/D	
DOCETAXEL INJ 80MG/4ML	Tier 2	B/D	
DOCETAXEL INJ 80MG/8ML	Tier 2	B/D	
DOCETAXEL INJ 160/8ML	Tier 2	B/D	
DOCETAXEL INJ 160/16ML	Tier 2	B/D	
DOCETAXEL INJ 200/10	Tier 2	B/D	
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	Tier 2	B/D	
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	Tier 2	B/D	
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	Tier 2	B/D	
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	Tier 1	B/D	
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	Tier 1	B/D	
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	Tier 1	B/D	
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	Tier 1	B/D	
TAXOTERE INJ 80MG/4ML	Tier 2	B/D	
<b>ANTIMITOTIC, VINCA ALKALOIDS</b>			
<i>vinblastine sulfate inj 1 mg/ml</i>	Tier 1	B/D	
<i>vincasar pfs inj 1mg/ml</i>	Tier 1	B/D	
<i>vincristine sulfate iv soln 1 mg/ml</i>	Tier 1	B/D	
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	Tier 1	B/D	
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	Tier 1	B/D	
<b>BIOLOGIC RESPONSE MODIFIERS</b>			
AVASTIN INJ	Tier 2	LA, PA	
AVASTIN INJ 400/16ML	Tier 2	LA, PA	
BORTEZOMIB INJ 3.5MG	Tier 2	PA	
DAURISMO TAB 25MG	Tier 2	LA, PA	
DAURISMO TAB 100MG	Tier 2	LA, PA	
ERIVEDGE CAP 150MG	Tier 2	LA, PA	
FARYDAK CAP 10MG	Tier 2	LA, PA	
FARYDAK CAP 15MG	Tier 2	LA, PA	
FARYDAK CAP 20MG	Tier 2	LA, PA	
HERCEP HYLEC SOL 60-10000	Tier 2	PA	
HERCEPTIN INJ 150MG	Tier 2	PA	
HERCEPTIN INJ 440MG	Tier 2	PA	

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<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>		
	<b>COST YOU (TIER LEVEL)</b>		
IBRANCE CAP 75MG	Tier 2	LA, PA	
IBRANCE CAP 100MG	Tier 2	LA, PA	
IBRANCE CAP 125MG	Tier 2	LA, PA	
IDHIFA TAB 50MG	Tier 2	LA, PA	
IDHIFA TAB 100MG	Tier 2	LA, PA	
KADCYLA INJ 100MG	Tier 2	B/D	
KADCYLA INJ 160MG	Tier 2	B/D	
KEYTRUDA INJ 100MG/4M	Tier 2	PA	
KEYTRUDA SOL 50MG	Tier 2	PA	
KISQALI 200 PAK FEMARA	Tier 2	PA	
KISQALI 400 PAK FEMARA	Tier 2	PA	
KISQALI 600 PAK FEMARA	Tier 2	PA	
KISQALI TAB 200DOSE	Tier 2	PA	
KISQALI TAB 400DOSE	Tier 2	PA	
KISQALI TAB 600DOSE	Tier 2	PA	
LYNPARZA TAB 100MG	Tier 2	LA, PA	
LYNPARZA TAB 150MG	Tier 2	LA, PA	
MYLOTARG INJ 4.5MG	Tier 2	LA, PA	
NINLARO CAP 2.3MG	Tier 2	PA	
NINLARO CAP 3MG	Tier 2	PA	
NINLARO CAP 4MG	Tier 2	PA	
ODOMZO CAP 200MG	Tier 2	LA, PA	
RITUXAN INJ 100MG	Tier 2	LA, PA	
RITUXAN INJ 500MG	Tier 2	LA, PA	
RITUXAN INJ HYCELA	Tier 2	LA, PA	
RUBRACA TAB 200MG	Tier 2	LA, PA	
RUBRACA TAB 250MG	Tier 2	LA, PA	
RUBRACA TAB 300MG	Tier 2	LA, PA	
TALZENNA CAP 0.25MG	Tier 2	LA, PA	
TALZENNA CAP 1MG	Tier 2	LA, PA	
TECENTRIQ INJ 840/14	Tier 2	LA, PA	
TECENTRIQ INJ 1200/20	Tier 2	LA, PA	
TIBSOVO TAB 250MG	Tier 2	LA, PA	
VELCADE INJ 3.5MG	Tier 2	PA	
VENCLEXTA TAB 10MG	Tier 2	LA, PA	
VENCLEXTA TAB 50MG	Tier 2	LA, PA	
VENCLEXTA TAB 100MG	Tier 2	LA, PA	
VENCLEXTA TAB START PK	Tier 2	LA, PA	
VERZENIO TAB 50MG	Tier 2	LA, PA	
VERZENIO TAB 100MG	Tier 2	LA, PA	

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VERZENIO TAB 150MG	Tier 2 LA, PA
VERZENIO TAB 200MG	Tier 2 LA, PA
ZEJULA CAP 100MG	Tier 2 LA, PA
ZOLINZA CAP 100MG	Tier 2 PA

#### **HORMONAL ANTINEOPLASTIC AGENTS**

<i>abiraterone acetate tab 250 mg</i>	Tier 2 PA
<i>anastrozole tab 1 mg</i>	Tier 1
<i>bicalutamide tab 50 mg</i>	Tier 1
DEPO-PROVERA INJ 400/ML	Tier 2 B/D
ERLEADA TAB 60MG	Tier 2 LA, PA
<i>exemestane tab 25 mg</i>	Tier 1
FASLODEX INJ 250/5ML	Tier 2 B/D
<i>flutamide cap 125 mg</i>	Tier 1
<i>fulvestrant inj 250 mg/5ml</i>	Tier 2 B/D
<i>letrozole tab 2.5 mg</i>	Tier 1
<i>leuprolide acetate inj kit 5 mg/ml</i>	Tier 1 PA
LUPRON DEPOT INJ 3.75MG	Tier 2 PA
LUPRON DEPOT INJ 11.25MG	Tier 2 PA
LYSODREN TAB 500MG	Tier 2
<i>megestrol acetate susp 40 mg/ml</i>	Tier 2
<i>megestrol acetate susp 625 mg/5ml</i>	Tier 2 PA
<i>megestrol acetate tab 20 mg</i>	Tier 2
<i>megestrol acetate tab 40 mg</i>	Tier 2
<i>nilutamide tab 150 mg</i>	Tier 2
SOLTAMOX SOL 10MG/5ML	Tier 2
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	Tier 1
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	Tier 1
<i>toremifene citrate tab 60 mg (base equivalent)</i>	Tier 2
TRELSTAR MIX INJ 3.75MG	Tier 2 PA
TRELSTAR MIX INJ 11.25MG	Tier 2 PA
XTANDI CAP 40MG	Tier 2 LA, PA
ZYTIGA TAB 500MG	Tier 2 LA, PA

#### **IMMUNOMODULATORS**

POMALYST CAP 1MG	Tier 2 LA, PA
POMALYST CAP 2MG	Tier 2 LA, PA
POMALYST CAP 3MG	Tier 2 LA, PA
POMALYST CAP 4MG	Tier 2 LA, PA

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<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>
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REVLIMID CAP 2.5MG	Tier 2	QL (28 caps / 28 days), LA, PA
REVLIMID CAP 5MG	Tier 2	QL (28 caps / 28 days), LA, PA
REVLIMID CAP 10MG	Tier 2	QL (28 caps / 28 days), LA, PA
REVLIMID CAP 15MG	Tier 2	QL (28 caps / 28 days), LA, PA
REVLIMID CAP 20MG	Tier 2	QL (28 caps / 28 days), LA, PA
REVLIMID CAP 25MG	Tier 2	QL (28 caps / 28 days), LA, PA
THALOMID CAP 50MG	Tier 2	QL (30 caps / 30 days), PA
THALOMID CAP 100MG	Tier 2	QL (30 caps / 30 days), PA
THALOMID CAP 150MG	Tier 2	QL (60 caps / 30 days), PA
THALOMID CAP 200MG	Tier 2	QL (60 caps / 30 days), PA

### **KINASE INHIBITORS**

AFINITOR DIS TAB 2MG	Tier 2	NDS, QL (150 tabs / 30 days), PA
AFINITOR DIS TAB 3MG	Tier 2	NDS, QL (90 tabs / 30 days), PA
AFINITOR DIS TAB 5MG	Tier 2	NDS, QL (60 tabs / 30 days), PA
AFINITOR TAB 2.5MG	Tier 2	QL (30 tabs / 30 days), PA
AFINITOR TAB 5MG	Tier 2	QL (30 tabs / 30 days), PA
AFINITOR TAB 7.5MG	Tier 2	QL (30 tabs / 30 days), PA
AFINITOR TAB 10MG	Tier 2	QL (30 tabs / 30 days), PA
ALECENSA CAP 150MG	Tier 2	LA, PA
ALUNBRIG PAK	Tier 2	LA, PA
ALUNBRIG TAB 30MG	Tier 2	LA, PA
ALUNBRIG TAB 90MG	Tier 2	LA, PA
ALUNBRIG TAB 180MG	Tier 2	LA, PA
BALVERSA TAB 3MG	Tier 2	LA, PA
BALVERSA TAB 4MG	Tier 2	LA, PA

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	<b>COST YOU (TIER LEVEL)</b>		
BALVERSA TAB 5MG	Tier 2	LA, PA	
BOSULIF TAB 100MG	Tier 2	PA	
BOSULIF TAB 400MG	Tier 2	PA	
BOSULIF TAB 500MG	Tier 2	PA	
BRAFTOVI CAP 75MG	Tier 2	LA, PA	
CABOMETYX TAB 20MG	Tier 2	QL (30 tabs / 30 days), LA, PA	
CABOMETYX TAB 40MG	Tier 2	QL (30 tabs / 30 days), LA, PA	
CABOMETYX TAB 60MG	Tier 2	QL (30 tabs / 30 days), LA, PA	
CALQUENCE CAP 100MG	Tier 2	LA, PA	
CAPRELSA TAB 100MG	Tier 2	LA, PA	
CAPRELSA TAB 300MG	Tier 2	LA, PA	
COMETRIQ KIT 60MG	Tier 2	LA, PA	
COMETRIQ KIT 100MG	Tier 2	LA, PA	
COMETRIQ KIT 140MG	Tier 2	LA, PA	
COPIKTRA CAP 15MG	Tier 2	LA, PA	
COPIKTRA CAP 25MG	Tier 2	LA, PA	
COTELLIC TAB 20MG	Tier 2	LA, PA	
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	Tier 2	QL (90 tabs / 30 days), PA	
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	Tier 2	QL (30 tabs / 30 days), PA	
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	Tier 2	QL (30 tabs / 30 days), PA	
GILOTrif TAB 20MG	Tier 2	LA, PA	
GILOTrif TAB 30MG	Tier 2	LA, PA	
GILOTrif TAB 40MG	Tier 2	LA, PA	
ICLUSIG TAB 15MG	Tier 2	LA, PA	
ICLUSIG TAB 45MG	Tier 2	LA, PA	
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	Tier 2	QL (90 tabs / 30 days), PA	
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	Tier 2	QL (60 tabs / 30 days), PA	
IMBRUvICA CAP 70MG	Tier 2	LA, PA	
IMBRUvICA CAP 140MG	Tier 2	LA, PA	
IMBRUvICA TAB 140MG	Tier 2	LA, PA	
IMBRUvICA TAB 280MG	Tier 2	LA, PA	
IMBRUvICA TAB 420MG	Tier 2	LA, PA	
IMBRUvICA TAB 560MG	Tier 2	LA, PA	

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<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>		
	<b>COST YOU (TIER LEVEL)</b>		
INLYTA TAB 1MG	Tier 2	QL (180 tabs / 30 days), LA, PA	
INLYTA TAB 5MG	Tier 2	QL (120 tabs / 30 days), LA, PA	
IRESSA TAB 250MG	Tier 2	LA, PA	
JAKAFI TAB 5MG	Tier 2	QL (60 tabs / 30 days), LA, PA	
JAKAFI TAB 10MG	Tier 2	QL (60 tabs / 30 days), LA, PA	
JAKAFI TAB 15MG	Tier 2	QL (60 tabs / 30 days), LA, PA	
JAKAFI TAB 20MG	Tier 2	QL (60 tabs / 30 days), LA, PA	
JAKAFI TAB 25MG	Tier 2	QL (60 tabs / 30 days), LA, PA	
LENVIMA CAP 4MG	Tier 2	LA, PA	
LENVIMA CAP 8 MG	Tier 2	LA, PA	
LENVIMA CAP 10 MG	Tier 2	LA, PA	
LENVIMA CAP 12MG	Tier 2	LA, PA	
LENVIMA CAP 14 MG	Tier 2	LA, PA	
LENVIMA CAP 18 MG	Tier 2	LA, PA	
LENVIMA CAP 20 MG	Tier 2	LA, PA	
LENVIMA CAP 24 MG	Tier 2	LA, PA	
LORBRENA TAB 25MG	Tier 2	LA, PA	
LORBRENA TAB 100MG	Tier 2	LA, PA	
MEKINIST TAB 0.5MG	Tier 2	LA, PA	
MEKINIST TAB 2MG	Tier 2	LA, PA	
MEKTOVI TAB 15MG	Tier 2	LA, PA	
NERLYNX TAB 40MG	Tier 2	LA, PA	
NEXAVAR TAB 200MG	Tier 2	LA, PA	
PIQRAY 200MG TAB DOSE	Tier 2	PA	
PIQRAY 250MG TAB DOSE	Tier 2	PA	
PIQRAY 300MG TAB DOSE	Tier 2	PA	
RYDAPT CAP 25MG	Tier 2	PA	
SPRYCEL TAB 20MG	Tier 2	PA	
SPRYCEL TAB 50MG	Tier 2	PA	
SPRYCEL TAB 70MG	Tier 2	PA	
SPRYCEL TAB 80MG	Tier 2	PA	
SPRYCEL TAB 100MG	Tier 2	PA	
SPRYCEL TAB 140MG	Tier 2	PA	
STIVARGA TAB 40MG	Tier 2	LA, PA	

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SUTENT CAP 12.5MG	Tier 2	PA	
SUTENT CAP 25MG	Tier 2	PA	
SUTENT CAP 37.5MG	Tier 2	PA	
SUTENT CAP 50MG	Tier 2	PA	
TAFINLAR CAP 50MG	Tier 2	LA, PA	
TAFINLAR CAP 75MG	Tier 2	LA, PA	
TAGRISSO TAB 40MG	Tier 2	LA, PA	
TAGRISSO TAB 80MG	Tier 2	LA, PA	
TARCEVA TAB 25MG	Tier 2	QL (90 tabs / 30 days), LA, PA	
TARCEVA TAB 100MG	Tier 2	QL (30 tabs / 30 days), LA, PA	
TARCEVA TAB 150MG	Tier 2	QL (30 tabs / 30 days), LA, PA	
TASIGNA CAP 50MG	Tier 2	PA	
TASIGNA CAP 150MG	Tier 2	PA	
TASIGNA CAP 200MG	Tier 2	PA	
TYKERB TAB 250MG	Tier 2	LA, PA	
VITRAKVI CAP 25MG	Tier 2	LA, PA	
VITRAKVI CAP 100MG	Tier 2	LA, PA	
VITRAKVI SOL 20MG/ML	Tier 2	LA, PA	
VIZIMPRO TAB 15MG	Tier 2	LA, PA	
VIZIMPRO TAB 30MG	Tier 2	LA, PA	
VIZIMPRO TAB 45MG	Tier 2	LA, PA	
VOTRIENT TAB 200MG	Tier 2	LA, PA	
XALKORI CAP 200MG	Tier 2	LA, PA	
XALKORI CAP 250MG	Tier 2	LA, PA	
XOSPATA TAB 40MG	Tier 2	LA, PA	
ZELBORAF TAB 240MG	Tier 2	LA, PA	
ZYDELIG TAB 100MG	Tier 2	LA, PA	
ZYDELIG TAB 150MG	Tier 2	LA, PA	
ZYKADIA CAP 150MG	Tier 2	LA, PA	
ZYKADIA TAB 150MG	Tier 2	LA, PA	

#### **MISCELLANEOUS**

bexarotene cap 75 mg	Tier 2	PA	
hydroxyurea cap 500 mg	Tier 1		
LONSURF TAB 15-6.14	Tier 2	PA	
LONSURF TAB 20-8.19	Tier 2	PA	
MATULANE CAP 50MG	Tier 2	LA	
SYLATRON KIT 200MCG	Tier 2	PA	

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SYLATRON KIT 300MCG	Tier 2	PA
SYLATRON KIT 600MCG	Tier 2	PA
SYNRIBO INJ 3.5MG	Tier 2	PA
<i>tretinoin cap 10 mg</i>	Tier 2	
XPOVIO PAK 60MG	Tier 2	LA, PA
XPOVIO PAK 80MG	Tier 2	LA, PA
XPOVIO PAK 100MG	Tier 2	LA, PA

#### **PLATINUM-BASED AGENTS**

<i>carboplatin iv soln 50 mg/5ml</i>	Tier 1	B/D
<i>carboplatin iv soln 150 mg/15ml</i>	Tier 1	B/D
<i>carboplatin iv soln 450 mg/45ml</i>	Tier 1	B/D
<i>carboplatin iv soln 600 mg/60ml</i>	Tier 1	B/D
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	Tier 1	B/D
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	Tier 1	B/D
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	Tier 1	B/D
<i>oxaliplatin for iv inj 50 mg</i>	Tier 2	B/D
<i>oxaliplatin for iv inj 100 mg</i>	Tier 2	B/D
<i>oxaliplatin iv soln 50 mg/10ml</i>	Tier 1	B/D
<i>oxaliplatin iv soln 100 mg/20ml</i>	Tier 1	B/D

#### **PROTECTIVE AGENTS**

<i>dexrazoxane hcl for inj 500 mg (base equivalent)</i>	Tier 2	B/D
<i>leucovorin calcium for inj 50 mg</i>	Tier 1	B/D
<i>leucovorin calcium for inj 100 mg</i>	Tier 1	B/D
<i>leucovorin calcium for inj 200 mg</i>	Tier 1	B/D
<i>leucovorin calcium for inj 350 mg</i>	Tier 1	B/D
<i>leucovorin calcium for inj 500 mg</i>	Tier 1	B/D
<i>leucovorin calcium inj 500 mg/50ml (10 mg/ml)</i>	Tier 1	B/D
<i>leucovorin calcium tab 5 mg</i>	Tier 1	
<i>leucovorin calcium tab 10 mg</i>	Tier 1	
<i>leucovorin calcium tab 15 mg</i>	Tier 1	
<i>leucovorin calcium tab 25 mg</i>	Tier 1	
MESNEX TAB 400MG	Tier 2	

#### **TOPOISOMERASE INHIBITORS**

<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	Tier 1	B/D
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	Tier 1	B/D
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	Tier 1	B/D
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	Tier 1	B/D
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	Tier 1	B/D

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>
<i>toposar inj 1gm/50ml</i>	Tier 1 B/D
<i>toposar inj 100/5ml</i>	Tier 1 B/D
<i>topotecan hcl for inj 4 mg (base equiv)</i>	Tier 2 B/D
<i>topotecan hcl inj 4 mg/4ml (base equiv) (for infusion)</i>	Tier 2 B/D
<b>TOPOTECAN INJ 4MG/4ML</b>	Tier 2 B/D

## **CARDIOVASCULAR - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS**

### **ACE INHIBITOR COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE**

<i>amlodipine besylate-benazepril hcl cap 2.5- 10 mg</i>	Tier 1
<i>amlodipine besylate-benazepril hcl cap 5- 10 mg</i>	Tier 1
<i>amlodipine besylate-benazepril hcl cap 5- 20 mg</i>	Tier 1
<i>amlodipine besylate-benazepril hcl cap 5- 40 mg</i>	Tier 1
<i>amlodipine besylate-benazepril hcl cap 10- 20 mg</i>	Tier 1
<i>amlodipine besylate-benazepril hcl cap 10- 40 mg</i>	Tier 1
<i>benazepril &amp; hydrochlorothiazide tab 5- 6.25 mg</i>	Tier 1
<i>benazepril &amp; hydrochlorothiazide tab 10- 12.5 mg</i>	Tier 1
<i>benazepril &amp; hydrochlorothiazide tab 20- 12.5 mg</i>	Tier 1
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i>	Tier 1
<i>captopril &amp; hydrochlorothiazide tab 25-15 mg</i>	Tier 1
<i>captopril &amp; hydrochlorothiazide tab 25-25 mg</i>	Tier 1
<i>captopril &amp; hydrochlorothiazide tab 50-15 mg</i>	Tier 1
<i>captopril &amp; hydrochlorothiazide tab 50-25 mg</i>	Tier 1
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>	Tier 1

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>
	<b>COST YOU (TIER LEVEL)</b>
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i>	Tier 1
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i>	Tier 1
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	Tier 1
<b>ACE INHIBITORS - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>	
<i>benazepril hcl tab 5 mg</i>	Tier 1
<i>benazepril hcl tab 10 mg</i>	Tier 1
<i>benazepril hcl tab 20 mg</i>	Tier 1
<i>benazepril hcl tab 40 mg</i>	Tier 1
<i>captopril tab 12.5 mg</i>	Tier 1
<i>captopril tab 25 mg</i>	Tier 1
<i>captopril tab 50 mg</i>	Tier 1
<i>captopril tab 100 mg</i>	Tier 1
<i>enalapril maleate tab 2.5 mg</i>	Tier 1
<i>enalapril maleate tab 5 mg</i>	Tier 1
<i>enalapril maleate tab 10 mg</i>	Tier 1
<i>enalapril maleate tab 20 mg</i>	Tier 1
<i>fosinopril sodium tab 10 mg</i>	Tier 1
<i>fosinopril sodium tab 20 mg</i>	Tier 1
<i>fosinopril sodium tab 40 mg</i>	Tier 1
<i>lisinopril tab 2.5 mg</i>	Tier 1
<i>lisinopril tab 5 mg</i>	Tier 1
<i>lisinopril tab 10 mg</i>	Tier 1
<i>lisinopril tab 20 mg</i>	Tier 1
<i>lisinopril tab 30 mg</i>	Tier 1
<i>lisinopril tab 40 mg</i>	Tier 1
<i>moexipril hcl tab 7.5 mg</i>	Tier 1
<i>moexipril hcl tab 15 mg</i>	Tier 1

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>
<i>perindopril erbumine tab 2 mg</i>	Tier 1
<i>perindopril erbumine tab 4 mg</i>	Tier 1
<i>perindopril erbumine tab 8 mg</i>	Tier 1
<i>quinapril hcl tab 5 mg</i>	Tier 1
<i>quinapril hcl tab 10 mg</i>	Tier 1
<i>quinapril hcl tab 20 mg</i>	Tier 1
<i>quinapril hcl tab 40 mg</i>	Tier 1
<i>ramipril cap 1.25 mg</i>	Tier 1
<i>ramipril cap 2.5 mg</i>	Tier 1
<i>ramipril cap 5 mg</i>	Tier 1
<i>ramipril cap 10 mg</i>	Tier 1
<i>trandolapril tab 1 mg</i>	Tier 1
<i>trandolapril tab 2 mg</i>	Tier 1
<i>trandolapril tab 4 mg</i>	Tier 1

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

<i>eplerenone tab 25 mg</i>	Tier 1
<i>eplerenone tab 50 mg</i>	Tier 1
<i>spironolactone tab 25 mg</i>	Tier 1
<i>spironolactone tab 50 mg</i>	Tier 1
<i>spironolactone tab 100 mg</i>	Tier 1

**ALPHA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE**

<i>doxazosin mesylate tab 1 mg</i>	Tier 1
<i>doxazosin mesylate tab 2 mg</i>	Tier 1
<i>doxazosin mesylate tab 4 mg</i>	Tier 1
<i>doxazosin mesylate tab 8 mg</i>	Tier 1
<i>prazosin hcl cap 1 mg</i>	Tier 1
<i>prazosin hcl cap 2 mg</i>	Tier 1
<i>prazosin hcl cap 5 mg</i>	Tier 1
<i>terazosin hcl cap 1 mg (base equivalent)</i>	Tier 1
<i>terazosin hcl cap 2 mg (base equivalent)</i>	Tier 1
<i>terazosin hcl cap 5 mg (base equivalent)</i>	Tier 1
<i>terazosin hcl cap 10 mg (base equivalent)</i>	Tier 1

**ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS - DRUGS TO TREAT HIGH BLOOD PRESSURE**

<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	Tier 1
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	Tier 1

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>
	<b>COST YOU (TIER LEVEL)</b>
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	Tier 1
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	Tier 1
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	Tier 1
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	Tier 1
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	Tier 1
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	Tier 1
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	Tier 1
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	Tier 1
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	Tier 1
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	Tier 1
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	Tier 1
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	Tier 1
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	Tier 1
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	Tier 1
<i>ENTRESTO TAB 24-26MG</i>	Tier 2
<i>ENTRESTO TAB 49-51MG</i>	Tier 2
<i>ENTRESTO TAB 97-103MG</i>	Tier 2
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	Tier 1
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	Tier 1
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>	Tier 1
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i>	Tier 1
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>	Tier 1

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	Tier 1
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	Tier 1
<i>olmesartan-amldipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	Tier 1
<i>olmesartan-amldipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	Tier 1
<i>olmesartan-amldipine-hydrochlorothiazide tab 40-5-25 mg</i>	Tier 1
<i>olmesartan-amldipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	Tier 1
<i>olmesartan-amldipine-hydrochlorothiazide tab 40-10-25 mg</i>	Tier 1
<i>telmisartan-amldipine tab 40-5 mg</i>	Tier 1
<i>telmisartan-amldipine tab 40-10 mg</i>	Tier 1
<i>telmisartan-amldipine tab 80-5 mg</i>	Tier 1
<i>telmisartan-amldipine tab 80-10 mg</i>	Tier 1
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	Tier 1
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	Tier 1
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	Tier 1
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	Tier 1
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	Tier 1
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	Tier 1
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	Tier 1
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	Tier 1

### **ANGIOTENSIN II RECEPTOR ANTAGONISTS - DRUGS TO TREAT**

#### **HIGH BLOOD PRESSURE**

<i>candesartan cilexetil tab 4 mg</i>	Tier 1
<i>candesartan cilexetil tab 8 mg</i>	Tier 1
<i>candesartan cilexetil tab 16 mg</i>	Tier 1
<i>candesartan cilexetil tab 32 mg</i>	Tier 1

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>
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<i>eprosartan mesylate tab 600 mg</i>	Tier 1
<i>irbesartan tab 75 mg</i>	Tier 1
<i>irbesartan tab 150 mg</i>	Tier 1
<i>irbesartan tab 300 mg</i>	Tier 1
<i>losartan potassium tab 25 mg</i>	Tier 1
<i>losartan potassium tab 50 mg</i>	Tier 1
<i>losartan potassium tab 100 mg</i>	Tier 1
<i>olmesartan medoxomil tab 5 mg</i>	Tier 1
<i>olmesartan medoxomil tab 20 mg</i>	Tier 1
<i>olmesartan medoxomil tab 40 mg</i>	Tier 1
<i>telmisartan tab 20 mg</i>	Tier 1
<i>telmisartan tab 40 mg</i>	Tier 1
<i>telmisartan tab 80 mg</i>	Tier 1
<i>valsartan tab 40 mg</i>	Tier 1
<i>valsartan tab 80 mg</i>	Tier 1
<i>valsartan tab 160 mg</i>	Tier 1
<i>valsartan tab 320 mg</i>	Tier 1

#### **ANTIARRHYTHMICS - DRUGS TO CONTROL HEART RHYTHM**

<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	Tier 1
<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	Tier 1
<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i>	Tier 1
<i>amiodarone hcl tab 100 mg</i>	Tier 1
<i>amiodarone hcl tab 200 mg</i>	Tier 1
<i>amiodarone hcl tab 400 mg</i>	Tier 1
<i>disopyramide phosphate cap 100 mg</i>	Tier 2
<i>disopyramide phosphate cap 150 mg</i>	Tier 2
<i>dofetilide cap 125 mcg (0.125 mg)</i>	Tier 1
<i>dofetilide cap 250 mcg (0.25 mg)</i>	Tier 1
<i>dofetilide cap 500 mcg (0.5 mg)</i>	Tier 1
<i>flecainide acetate tab 50 mg</i>	Tier 1
<i>flecainide acetate tab 100 mg</i>	Tier 1
<i>flecainide acetate tab 150 mg</i>	Tier 1
<i>mexiletine hcl cap 150 mg</i>	Tier 1
<i>mexiletine hcl cap 200 mg</i>	Tier 1
<i>mexiletine hcl cap 250 mg</i>	Tier 1
<i>MULTAQ TAB 400MG</i>	Tier 2
<i>NORPACE CAP 100MG CR</i>	Tier 2

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>
NORPACE CAP 150MG CR	Tier 2
pacerone tab 100mg	Tier 1
pacerone tab 200mg	Tier 1
pacerone tab 400mg	Tier 1
propafenone hcl cap er 12hr 225 mg	Tier 1
propafenone hcl cap er 12hr 325 mg	Tier 1
propafenone hcl cap er 12hr 425 mg	Tier 1
propafenone hcl tab 150 mg	Tier 1
propafenone hcl tab 225 mg	Tier 1
propafenone hcl tab 300 mg	Tier 1
quinidine gluconate tab er 324 mg	Tier 1
quinidine sulfate tab 200 mg	Tier 1
quinidine sulfate tab 300 mg	Tier 1
sorine tab 80mg	Tier 1
sorine tab 120mg	Tier 1
sorine tab 160mg	Tier 1
sorine tab 240mg	Tier 1
sotalol hcl (afib/afl) tab 80 mg	Tier 1
sotalol hcl (afib/afl) tab 120 mg	Tier 1
sotalol hcl (afib/afl) tab 160 mg	Tier 1
sotalol hcl tab 80 mg	Tier 1
sotalol hcl tab 120 mg	Tier 1
sotalol hcl tab 160 mg	Tier 1
sotalol hcl tab 240 mg	Tier 1

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

atorvastatin calcium tab 10 mg (base equivalent)	Tier 1
atorvastatin calcium tab 20 mg (base equivalent)	Tier 1
atorvastatin calcium tab 40 mg (base equivalent)	Tier 1
atorvastatin calcium tab 80 mg (base equivalent)	Tier 1
lovastatin tab 10 mg	Tier 1
lovastatin tab 20 mg	Tier 1
lovastatin tab 40 mg	Tier 1
pravastatin sodium tab 10 mg	Tier 1
pravastatin sodium tab 20 mg	Tier 1
pravastatin sodium tab 40 mg	Tier 1

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>	<b>COST YOU (TIER LEVEL)</b>
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<i>pravastatin sodium tab 80 mg</i>	Tier 1	
<i>rosuvastatin calcium tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium tab 40 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>simvastatin tab 5 mg</i>	Tier 1	
<i>simvastatin tab 10 mg</i>	Tier 1	
<i>simvastatin tab 20 mg</i>	Tier 1	
<i>simvastatin tab 40 mg</i>	Tier 1	
<i>simvastatin tab 80 mg</i>	Tier 1	QL (30 tabs / 30 days)

**ANTI-LIPEMICS, MISCELLANEOUS - DRUGS TO TREAT HIGH  
CHOLESTEROL**

<i>cholestyramine light powder 4 gm/dose</i>	Tier 1	
<i>cholestyramine light powder packets 4 gm</i>	Tier 1	
<i>cholestyramine powder 4 gm/dose</i>	Tier 1	
<i>cholestyramine powder packets 4 gm</i>	Tier 1	
<i>colesevelam hcl packet for susp 3.75 gm</i>	Tier 1	
<i>colesevelam hcl tab 625 mg</i>	Tier 1	
<i>colestipol hcl granule packets 5 gm</i>	Tier 1	
<i>colestipol hcl granules 5 gm</i>	Tier 1	
<i>colestipol hcl tab 1 gm</i>	Tier 1	
<i>ezetimibe tab 10 mg</i>	Tier 1	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	Tier 1	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	Tier 1	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	Tier 1	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	Tier 1	
<i>fenofibrate micronized cap 67 mg</i>	Tier 1	
<i>fenofibrate micronized cap 134 mg</i>	Tier 1	
<i>fenofibrate micronized cap 200 mg</i>	Tier 1	
<i>fenofibrate tab 48 mg</i>	Tier 1	
<i>fenofibrate tab 54 mg</i>	Tier 1	
<i>fenofibrate tab 145 mg</i>	Tier 1	
<i>fenofibrate tab 160 mg</i>	Tier 1	
<i>gemfibrozil tab 600 mg</i>	Tier 1	
<i>JUXTAPID CAP 5MG</i>	Tier 2	LA, PA
<i>JUXTAPID CAP 10MG</i>	Tier 2	LA, PA
<i>JUXTAPID CAP 20MG</i>	Tier 2	LA, PA
<i>JUXTAPID CAP 30MG</i>	Tier 2	LA, PA
<i>JUXTAPID CAP 40MG</i>	Tier 2	LA, PA
<i>JUXTAPID CAP 60MG</i>	Tier 2	LA, PA

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **B/D** - Covered  
under Medicare B or D    **LA** - Limited Access    **NDS** - Non-Extended Days Supply    **DP**  
- The drug is not a Part D drug.

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>
KYNAMRO INJ 200MG/ML	Tier 2 PA
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	Tier 1 QL (90 tabs / 30 days)
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	Tier 1
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	Tier 1
<i>niacor tab 500mg</i>	Tier 1
PRALUENT INJ 75MG/ML	Tier 2 PA
PRALUENT INJ 150MG/ML	Tier 2 PA
<i>prevalite pow 4gm</i>	Tier 1
<i>prevalite pow 4gm pk</i>	Tier 1
VASCEPA CAP 0.5GM	Tier 2
VASCEPA CAP 1GM	Tier 2

#### **BETA-BLOCKER/DIURETIC COMBINATIONS - DRUGS TO TREAT**

#### **HIGH BLOOD PRESSURE AND HEART CONDITIONS**

<i>atenolol &amp; chlorthalidone tab 50-25 mg</i>	Tier 1
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i>	Tier 1
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>	Tier 1
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	Tier 1
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>	Tier 1
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>	Tier 1
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	Tier 1
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>	Tier 1
<i>propranolol &amp; hydrochlorothiazide tab 40-25 mg</i>	Tier 1
<i>propranolol &amp; hydrochlorothiazide tab 80-25 mg</i>	Tier 1

#### **BETA-BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND**

#### **HEART CONDITIONS**

<i>acebutolol hcl cap 200 mg</i>	Tier 1
<i>acebutolol hcl cap 400 mg</i>	Tier 1
<i>atenolol tab 25 mg</i>	Tier 1
<i>atenolol tab 50 mg</i>	Tier 1
<i>atenolol tab 100 mg</i>	Tier 1
<i>betaxolol hcl tab 10 mg</i>	Tier 1
<i>betaxolol hcl tab 20 mg</i>	Tier 1

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>
	<b>COST YOU (TIER LEVEL)</b>
bisoprolol fumarate tab 5 mg	Tier 1
bisoprolol fumarate tab 10 mg	Tier 1
BYSTOLIC TAB 2.5MG	Tier 2 QL (30 tabs / 30 days)
BYSTOLIC TAB 5MG	Tier 2 QL (30 tabs / 30 days)
BYSTOLIC TAB 10MG	Tier 2 QL (30 tabs / 30 days)
BYSTOLIC TAB 20MG	Tier 2 QL (60 tabs / 30 days)
carvedilol tab 3.125 mg	Tier 1
carvedilol tab 6.25 mg	Tier 1
carvedilol tab 12.5 mg	Tier 1
carvedilol tab 25 mg	Tier 1
labetalol hcl tab 100 mg	Tier 1
labetalol hcl tab 200 mg	Tier 1
labetalol hcl tab 300 mg	Tier 1
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	Tier 1
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	Tier 1
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	Tier 1
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	Tier 1
metoprolol tartrate iv soln 5 mg/5ml	Tier 1
metoprolol tartrate iv soln cart inj 5 mg/5ml (1 mg/ml)	Tier 1
metoprolol tartrate tab 25 mg	Tier 1
metoprolol tartrate tab 50 mg	Tier 1
metoprolol tartrate tab 100 mg	Tier 1
nadolol tab 20 mg	Tier 1
nadolol tab 40 mg	Tier 1
nadolol tab 80 mg	Tier 1
pindolol tab 5 mg	Tier 1
pindolol tab 10 mg	Tier 1
propranolol hcl cap er 24hr 60 mg	Tier 1
propranolol hcl cap er 24hr 80 mg	Tier 1
propranolol hcl cap er 24hr 120 mg	Tier 1
propranolol hcl cap er 24hr 160 mg	Tier 1
propranolol hcl oral soln 20 mg/5ml	Tier 1
propranolol hcl oral soln 40 mg/5ml	Tier 1
propranolol hcl tab 10 mg	Tier 1
propranolol hcl tab 20 mg	Tier 1
propranolol hcl tab 40 mg	Tier 1

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>
<i>propranolol hcl tab 60 mg</i>	Tier 1
<i>propranolol hcl tab 80 mg</i>	Tier 1
<i>timolol maleate tab 5 mg</i>	Tier 1
<i>timolol maleate tab 10 mg</i>	Tier 1
<i>timolol maleate tab 20 mg</i>	Tier 1

**CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS**

<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	Tier 1
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	Tier 1
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	Tier 1
<i>diltiazem hcl cap er 12hr 60 mg</i>	Tier 1
<i>diltiazem hcl cap er 12hr 90 mg</i>	Tier 1
<i>diltiazem hcl cap er 12hr 120 mg</i>	Tier 1
<i>diltiazem hcl cap er 24hr 120 mg</i>	Tier 1
<i>diltiazem hcl cap er 24hr 180 mg</i>	Tier 1
<i>diltiazem hcl cap er 24hr 240 mg</i>	Tier 1
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	Tier 1
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	Tier 1
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	Tier 1
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	Tier 1
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	Tier 1
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	Tier 1
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	Tier 1
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	Tier 1
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	Tier 1
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	Tier 1
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	Tier 1

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>
	<b>COST YOU (TIER LEVEL)</b>
diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)	Tier 1
diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)	Tier 1
diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)	Tier 1
diltiazem hcl tab 30 mg	Tier 1
diltiazem hcl tab 60 mg	Tier 1
diltiazem hcl tab 90 mg	Tier 1
diltiazem hcl tab 120 mg	Tier 1
felodipine tab er 24hr 2.5 mg	Tier 1
felodipine tab er 24hr 5 mg	Tier 1
felodipine tab er 24hr 10 mg	Tier 1
isradipine cap 2.5 mg	Tier 1
isradipine cap 5 mg	Tier 1
nicardipine hcl cap 20 mg	Tier 1
nicardipine hcl cap 30 mg	Tier 1
nifedipine tab er 24hr 30 mg	Tier 1
nifedipine tab er 24hr 60 mg	Tier 1
nifedipine tab er 24hr 90 mg	Tier 1
nifedipine tab er 24hr osmotic release 30 mg	Tier 1
nifedipine tab er 24hr osmotic release 60 mg	Tier 1
nifedipine tab er 24hr osmotic release 90 mg	Tier 1
nimodipine cap 30 mg	Tier 2
NYMALIZE SOL 30/10ML	Tier 2
taztia xt cap 120mg/24	Tier 1
taztia xt cap 180mg/24	Tier 1
taztia xt cap 240mg/24	Tier 1
taztia xt cap 300mg er	Tier 1
taztia xt cap 360mg/24	Tier 1
verapamil hcl cap er 24hr 100 mg	Tier 1
verapamil hcl cap er 24hr 120 mg	Tier 1
verapamil hcl cap er 24hr 180 mg	Tier 1
verapamil hcl cap er 24hr 200 mg	Tier 1
verapamil hcl cap er 24hr 240 mg	Tier 1
verapamil hcl cap er 24hr 300 mg	Tier 1
verapamil hcl cap er 24hr 360 mg	Tier 1
verapamil hcl iv soln 2.5 mg/ml	Tier 1
verapamil hcl tab 40 mg	Tier 1

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>
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<i>verapamil hcl tab 80 mg</i>	Tier 1
<i>verapamil hcl tab 120 mg</i>	Tier 1
<i>verapamil hcl tab er 120 mg</i>	Tier 1
<i>verapamil hcl tab er 180 mg</i>	Tier 1
<i>verapamil hcl tab er 240 mg</i>	Tier 1

#### ***DIGITALIS GLYCOSIDES - DRUGS TO TREAT HEART CONDITIONS***

<i>digitek tab 0.25mg</i>	Tier 1	PA; PA if 70 years and older
<i>digitek tab 0.125mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>digoxin inj 0.25 mg/ml</i>	Tier 1	
<i>digoxin oral soln 0.05 mg/ml</i>	Tier 1	PA; PA if 70 years and older
<i>digoxin tab 125 mcg (0.125 mg)</i>	Tier 1	QL (30 tabs / 30 days)
<i>digoxin tab 250 mcg (0.25 mg)</i>	Tier 1	PA; PA if 70 years and older

#### ***DIRECT RENIN INHIBITORS/COMBINATIONS - DRUGS TO TREAT HEART CONDITIONS***

<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	Tier 1
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	Tier 1
<i>TEKTURN HCT TAB 150-12.5</i>	Tier 2
<i>TEKTURN HCT TAB 150-25MG</i>	Tier 2
<i>TEKTURN HCT TAB 300-12.5</i>	Tier 2
<i>TEKTURN HCT TAB 300-25MG</i>	Tier 2
<i>TEKTURN TAB 150MG</i>	Tier 2
<i>TEKTURN TAB 300MG</i>	Tier 2

#### ***DIURETICS - DRUGS TO TREAT HEART CONDITIONS***

<i>acetazolamide cap er 12hr 500 mg</i>	Tier 1
<i>acetazolamide tab 125 mg</i>	Tier 1
<i>acetazolamide tab 250 mg</i>	Tier 1
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	Tier 1
<i>amiloride hcl tab 5 mg</i>	Tier 1
<i>bumetanide inj 0.25 mg/ml</i>	Tier 1
<i>bumetanide tab 0.5 mg</i>	Tier 1
<i>bumetanide tab 1 mg</i>	Tier 1
<i>bumetanide tab 2 mg</i>	Tier 1
<i>chlorothiazide tab 250 mg</i>	Tier 1
<i>chlorothiazide tab 500 mg</i>	Tier 1

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>
	<b>COST YOU (TIER LEVEL)</b>
chlorthalidone tab 25 mg	Tier 1
chlorthalidone tab 50 mg	Tier 1
furosemide inj 10 mg/ml	Tier 1
furosemide oral soln 8 mg/ml	Tier 1
furosemide oral soln 10 mg/ml	Tier 1
furosemide tab 20 mg	Tier 1
furosemide tab 40 mg	Tier 1
furosemide tab 80 mg	Tier 1
hydrochlorothiazide cap 12.5 mg	Tier 1
hydrochlorothiazide tab 12.5 mg	Tier 1
hydrochlorothiazide tab 25 mg	Tier 1
hydrochlorothiazide tab 50 mg	Tier 1
indapamide tab 1.25 mg	Tier 1
indapamide tab 2.5 mg	Tier 1
methazolamide tab 25 mg	Tier 1
methazolamide tab 50 mg	Tier 1
methyclothiazide tab 5 mg	Tier 1
metolazone tab 2.5 mg	Tier 1
metolazone tab 5 mg	Tier 1
metolazone tab 10 mg	Tier 1
spironolactone & hydrochlorothiazide tab 25-25 mg	Tier 1
torsemide tab 5 mg	Tier 1
torsemide tab 10 mg	Tier 1
torsemide tab 20 mg	Tier 1
torsemide tab 100 mg	Tier 1
triamterene & hydrochlorothiazide cap 37.5-25 mg	Tier 1
triamterene & hydrochlorothiazide tab 37.5-25 mg	Tier 1
triamterene & hydrochlorothiazide tab 75-50 mg	Tier 1
<b>MISCELLANEOUS</b>	
clonidine hcl tab 0.1 mg	Tier 1
clonidine hcl tab 0.2 mg	Tier 1
clonidine hcl tab 0.3 mg	Tier 1
clonidine td patch weekly 0.1 mg/24hr	Tier 1
clonidine td patch weekly 0.2 mg/24hr	Tier 1
clonidine td patch weekly 0.3 mg/24hr	Tier 1
CORLANOR TAB 5MG	Tier 2

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>
CORLANOR TAB 7.5MG	Tier 2
DEM SER CAP 250MG	Tier 2 PA
hydralazine hcl inj 20 mg/ml	Tier 1
hydralazine hcl tab 10 mg	Tier 1
hydralazine hcl tab 25 mg	Tier 1
hydralazine hcl tab 50 mg	Tier 1
hydralazine hcl tab 100 mg	Tier 1
midodrine hcl tab 2.5 mg	Tier 1
midodrine hcl tab 5 mg	Tier 1
midodrine hcl tab 10 mg	Tier 1
minoxidil tab 2.5 mg	Tier 1
minoxidil tab 10 mg	Tier 1
NORTHERA CAP 100MG	Tier 2 LA, PA
NORTHERA CAP 200MG	Tier 2 LA, PA
NORTHERA CAP 300MG	Tier 2 LA, PA
ranolazine tab er 12hr 500 mg	Tier 1
ranolazine tab er 12hr 1000 mg	Tier 1

#### ***NITRATES - DRUGS TO TREAT HEART CONDITIONS***

isosorbide dinitrate tab 5 mg	Tier 1
isosorbide dinitrate tab 10 mg	Tier 1
isosorbide dinitrate tab 20 mg	Tier 1
isosorbide dinitrate tab 30 mg	Tier 1
isosorbide dinitrate tab er 40 mg	Tier 1
isosorbide mononitrate tab 10 mg	Tier 1
isosorbide mononitrate tab 20 mg	Tier 1
isosorbide mononitrate tab er 24hr 30 mg	Tier 1
isosorbide mononitrate tab er 24hr 60 mg	Tier 1
isosorbide mononitrate tab er 24hr 120 mg	Tier 1
minitran dis 0.1mg/hr	Tier 1
minitran dis 0.2mg/hr	Tier 1
minitran dis 0.4mg/hr	Tier 1
minitran dis 0.6mg/hr	Tier 1
NITRO-BID OIN 2%	Tier 2
NITRO-DUR DIS 0.3MG/HR	Tier 2
NITRO-DUR DIS 0.8MG/HR	Tier 2
nitroglycerin sl tab 0.3 mg	Tier 1
nitroglycerin sl tab 0.4 mg	Tier 1
nitroglycerin sl tab 0.6 mg	Tier 1
nitroglycerin td patch 24hr 0.1 mg/hr	Tier 1
nitroglycerin td patch 24hr 0.2 mg/hr	Tier 1

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>	<b>COST YOU (TIER LEVEL)</b>
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<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	Tier 1
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	Tier 1
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	Tier 1

**PULMONARY ARTERIAL HYPERTENSION - DRUGS TO TREAT  
PULMONARY HYPERTENSION**

ADEMPAS TAB 0.5MG	Tier 2	QL (90 tabs / 30 days), LA, PA
ADEMPAS TAB 1.5MG	Tier 2	QL (90 tabs / 30 days), LA, PA
ADEMPAS TAB 1MG	Tier 2	QL (90 tabs / 30 days), LA, PA
ADEMPAS TAB 2.5MG	Tier 2	QL (90 tabs / 30 days), LA, PA
ADEMPAS TAB 2MG	Tier 2	QL (90 tabs / 30 days), LA, PA
<i>ambrisentan tab 5 mg</i>	Tier 2	QL (30 tabs / 30 days), LA, PA
<i>ambrisentan tab 10 mg</i>	Tier 2	QL (30 tabs / 30 days), LA, PA
<i>bosentan tab 62.5 mg</i>	Tier 2	QL (120 tabs / 30 days), LA, PA
<i>bosentan tab 125 mg</i>	Tier 2	QL (60 tabs / 30 days), LA, PA
OPSUMIT TAB 10MG	Tier 2	QL (30 tabs / 30 days), LA, PA
REMODULIN INJ 1MG/ML	Tier 2	LA, PA
REMODULIN INJ 2.5MG/ML	Tier 2	LA, PA
REMODULIN INJ 5MG/ML	Tier 2	LA, PA
REMODULIN INJ 10MG/ML	Tier 2	LA, PA
<i>sildenafil citrate tab 20 mg</i>	Tier 1	QL (90 tabs / 30 days), PA
TRACLEER TAB 62.5MG	Tier 2	QL (120 tabs / 30 days), LA, PA
TRACLEER TAB 125MG	Tier 2	QL (60 tabs / 30 days), LA, PA
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	Tier 2	LA, PA
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	Tier 2	LA, PA
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	Tier 2	LA, PA

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	Tier 2 LA, PA
VENTAVIS SOL 10MCG/ML	Tier 2 PA
VENTAVIS SOL 20MCG/ML	Tier 2 PA

## **CENTRAL NERVOUS SYSTEM - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS**

### **ANTIANXIETY - DRUGS TO TREAT ANXIETY**

<i>alprazolam tab 0.5 mg</i>	Tier 1	QL (150 tabs / 30 days)
<i>alprazolam tab 0.25 mg</i>	Tier 1	QL (150 tabs / 30 days)
<i>alprazolam tab 1 mg</i>	Tier 1	QL (150 tabs / 30 days)
<i>alprazolam tab 2 mg</i>	Tier 1	QL (150 tabs / 30 days)
<i>buspirone hcl tab 5 mg</i>	Tier 1	
<i>buspirone hcl tab 7.5 mg</i>	Tier 1	
<i>buspirone hcl tab 10 mg</i>	Tier 1	
<i>buspirone hcl tab 15 mg</i>	Tier 1	
<i>buspirone hcl tab 30 mg</i>	Tier 1	
<i>fluvoxamine maleate tab 25 mg</i>	Tier 1	
<i>fluvoxamine maleate tab 50 mg</i>	Tier 1	
<i>fluvoxamine maleate tab 100 mg</i>	Tier 1	
<i>lorazepam conc 2 mg/ml</i>	Tier 1	QL (150 mL / 30 days)
<i>lorazepam inj 2 mg/ml</i>	Tier 1	
<i>lorazepam inj 4 mg/ml</i>	Tier 1	
<i>lorazepam tab 0.5 mg</i>	Tier 1	QL (150 tabs / 30 days)
<i>lorazepam tab 1 mg</i>	Tier 1	QL (150 tabs / 30 days)
<i>lorazepam tab 2 mg</i>	Tier 1	QL (150 tabs / 30 days)

### **ANTICONVULSANTS - DRUGS TO TREAT SEIZURES**

<i>APTIOM TAB 200MG</i>	Tier 2	QL (180 tabs / 30 days)
<i>APTIOM TAB 400MG</i>	Tier 2	QL (90 tabs / 30 days)
<i>APTIOM TAB 600MG</i>	Tier 2	QL (60 tabs / 30 days)
<i>APTIOM TAB 800MG</i>	Tier 2	QL (60 tabs / 30 days)
<i>BANZEL SUS 40MG/ML</i>	Tier 2	PA
<i>BANZEL TAB 200MG</i>	Tier 2	PA
<i>BANZEL TAB 400MG</i>	Tier 2	PA
<i>BRIVIACT INJ 50MG/5ML</i>	Tier 2	PA
<i>BRIVIACT SOL 10MG/ML</i>	Tier 2	PA
<i>BRIVIACT TAB 10MG</i>	Tier 2	PA
<i>BRIVIACT TAB 25MG</i>	Tier 2	PA
<i>BRIVIACT TAB 50MG</i>	Tier 2	PA
<i>BRIVIACT TAB 75MG</i>	Tier 2	PA
<i>BRIVIACT TAB 100MG</i>	Tier 2	PA

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**ST** - Step Therapy    **B/D** - Covered  
**NDS** - Non-Extended Days Supply    **DP**

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>		
	<b>COST YOU (TIER LEVEL)</b>		
<i>carbamazepine cap er 12hr 100 mg</i>	Tier 1		
<i>carbamazepine cap er 12hr 200 mg</i>	Tier 1		
<i>carbamazepine cap er 12hr 300 mg</i>	Tier 1		
<i>carbamazepine chew tab 100 mg</i>	Tier 1		
<i>carbamazepine susp 100 mg/5ml</i>	Tier 1		
<i>carbamazepine tab 200 mg</i>	Tier 1		
<i>carbamazepine tab er 12hr 100 mg</i>	Tier 1		
<i>carbamazepine tab er 12hr 200 mg</i>	Tier 1		
<i>carbamazepine tab er 12hr 400 mg</i>	Tier 1		
<i>CELONTIN CAP 300MG</i>	Tier 2		
<i>clobazam suspension 2.5 mg/ml</i>	Tier 1	PA	
<i>clobazam tab 10 mg</i>	Tier 1	PA	
<i>clobazam tab 20 mg</i>	Tier 1	PA	
<i>clonazepam orally disintegrating tab 0.5 mg</i>	Tier 1	QL (90 tabs / 30 days)	
<i>clonazepam orally disintegrating tab 0.25 mg</i>	Tier 1	QL (90 tabs / 30 days)	
<i>clonazepam orally disintegrating tab 0.125 mg</i>	Tier 1	QL (90 tabs / 30 days)	
<i>clonazepam orally disintegrating tab 1 mg</i>	Tier 1	QL (90 tabs / 30 days)	
<i>clonazepam orally disintegrating tab 2 mg</i>	Tier 1	QL (300 tabs / 30 days)	
<i>clonazepam tab 0.5 mg</i>	Tier 1	QL (90 tabs / 30 days)	
<i>clonazepam tab 1 mg</i>	Tier 1	QL (90 tabs / 30 days)	
<i>clonazepam tab 2 mg</i>	Tier 1	QL (300 tabs / 30 days)	
<i>clorazepate dipotassium tab 3.75 mg</i>	Tier 1	QL (180 tabs / 30 days), PA; PA if 65 years and older	
<i>clorazepate dipotassium tab 7.5 mg</i>	Tier 1	QL (180 tabs / 30 days), PA; PA if 65 years and older	
<i>clorazepate dipotassium tab 15 mg</i>	Tier 1	QL (180 tabs / 30 days), PA; PA if 65 years and older	
<i>DIASTAT ACDL GEL 5-10MG</i>	Tier 2		
<i>DIASTAT ACDL GEL 12.5-20</i>	Tier 2		
<i>DIASTAT PED GEL 2.5M GEL</i>	Tier 2		
<i>diazepam con 5mg/ml</i>	Tier 1	QL (240 mL / 30 days), PA; PA if 65 years and older	
<i>diazepam inj 5 mg/ml</i>	Tier 1		

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>		
<i>diazepam oral soln 1 mg/ml</i>	Tier 1	QL (1200 mL / 30 days), PA; PA if 65 years and older	
<i>diazepam rectal gel delivery system 2.5 mg</i>	Tier 1		
<i>diazepam rectal gel delivery system 10 mg</i>	Tier 1		
<i>diazepam rectal gel delivery system 20 mg</i>	Tier 1		
<i>diazepam tab 2 mg</i>	Tier 1	QL (120 tabs / 30 days), PA; PA if 65 years and older	
<i>diazepam tab 5 mg</i>	Tier 1	QL (120 tabs / 30 days), PA; PA if 65 years and older	
<i>diazepam tab 10 mg</i>	Tier 1	QL (120 tabs / 30 days), PA; PA if 65 years and older	
DILANTIN CAP 30MG	Tier 2		
DILANTIN CAP 100MG	Tier 2		
DILANTIN CHW 50MG	Tier 2		
DILANTIN-125 SUS 125/5ML	Tier 2		
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	Tier 1		
<i>divalproex sodium tab delayed release 125 mg</i>	Tier 1		
<i>divalproex sodium tab delayed release 250 mg</i>	Tier 1		
<i>divalproex sodium tab delayed release 500 mg</i>	Tier 1		
<i>divalproex sodium tab er 24 hr 250 mg</i>	Tier 1		
<i>divalproex sodium tab er 24 hr 500 mg</i>	Tier 1		
EPIDIOLEX SOL 100MG/ML	Tier 2	QL (600 mL / 30 days), LA, PA	
<i>epitol tab 200mg</i>	Tier 1		
<i>ethosuximide cap 250 mg</i>	Tier 1		
<i>ethosuximide soln 250 mg/5ml</i>	Tier 1		
<i>felbamate susp 600 mg/5ml</i>	Tier 2		
<i>felbamate tab 400 mg</i>	Tier 1		
<i>felbamate tab 600 mg</i>	Tier 1		
FYCOMPA SUS 0.5MG/ML	Tier 2	QL (720 mL / 30 days), PA	
FYCOMPA TAB 2MG	Tier 2	QL (60 tabs / 30 days), PA	

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>		
	<b>COST YOU (TIER LEVEL)</b>		
FYCOMPA TAB 4MG	Tier 2	QL (60 tabs / 30 days), PA	
FYCOMPA TAB 6MG	Tier 2	QL (60 tabs / 30 days), PA	
FYCOMPA TAB 8MG	Tier 2	QL (30 tabs / 30 days), PA	
FYCOMPA TAB 10MG	Tier 2	QL (30 tabs / 30 days), PA	
FYCOMPA TAB 12MG	Tier 2	QL (30 tabs / 30 days), PA	
<i>gabapentin cap 100 mg</i>	Tier 1	QL (1080 caps / 30 days)	
<i>gabapentin cap 300 mg</i>	Tier 1	QL (360 caps / 30 days)	
<i>gabapentin cap 400 mg</i>	Tier 1	QL (270 caps / 30 days)	
<i>gabapentin oral soln 250 mg/5ml</i>	Tier 1	QL (2160 mL / 30 days)	
<i>gabapentin tab 600 mg</i>	Tier 1	QL (180 tabs / 30 days)	
<i>gabapentin tab 800 mg</i>	Tier 1	QL (120 tabs / 30 days)	
<i>lamotrigine tab 25 mg</i>	Tier 1		
<i>lamotrigine tab 100 mg</i>	Tier 1		
<i>lamotrigine tab 150 mg</i>	Tier 1		
<i>lamotrigine tab 200 mg</i>	Tier 1		
<i>lamotrigine tab chewable dispersible 5 mg</i>	Tier 1		
<i>lamotrigine tab chewable dispersible 25 mg</i>	Tier 1		
<i>lamotrigine tab er 24hr 25 mg</i>	Tier 1		
<i>lamotrigine tab er 24hr 50 mg</i>	Tier 1		
<i>lamotrigine tab er 24hr 100 mg</i>	Tier 1		
<i>lamotrigine tab er 24hr 200 mg</i>	Tier 1		
<i>lamotrigine tab er 24hr 250 mg</i>	Tier 1		
<i>lamotrigine tab er 24hr 300 mg</i>	Tier 1		
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	Tier 1		
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	Tier 1		
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	Tier 1		
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	Tier 1		
<i>levetiracetam oral soln 100 mg/ml</i>	Tier 1		
<i>levetiracetam tab 250 mg</i>	Tier 1		
<i>levetiracetam tab 500 mg</i>	Tier 1		
<i>levetiracetam tab 750 mg</i>	Tier 1		
<i>levetiracetam tab 1000 mg</i>	Tier 1		

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>
	<b>COST YOU (TIER LEVEL)</b>
<i>levetiracetam tab er 24hr 500 mg</i>	Tier 1
<i>levetiracetam tab er 24hr 750 mg</i>	Tier 1
LYRICA CAP 25MG	Tier 2 QL (120 caps / 30 days)
LYRICA CAP 50MG	Tier 2 QL (120 caps / 30 days)
LYRICA CAP 75MG	Tier 2 QL (120 caps / 30 days)
LYRICA CAP 100MG	Tier 2 QL (120 caps / 30 days)
LYRICA CAP 150MG	Tier 2 QL (120 caps / 30 days)
LYRICA CAP 200MG	Tier 2 QL (90 caps / 30 days)
LYRICA CAP 225MG	Tier 2 QL (60 caps / 30 days)
LYRICA CAP 300MG	Tier 2 QL (60 caps / 30 days)
LYRICA SOL 20MG/ML	Tier 2 QL (946 mL / 30 days)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	Tier 1
<i>oxcarbazepine tab 150 mg</i>	Tier 1
<i>oxcarbazepine tab 300 mg</i>	Tier 1
<i>oxcarbazepine tab 600 mg</i>	Tier 1
PEGANONE TAB 250MG	Tier 2
PHENOBARB INJ 65MG/ML	Tier 2 PA; PA if 70 years and older
<i>phenobarbital elixir 20 mg/5ml</i>	Tier 2 PA; PA if 70 years and older
<i>phenobarbital sodium inj 130 mg/ml</i>	Tier 2 PA; PA if 70 years and older
<i>phenobarbital tab 15 mg</i>	Tier 2 PA; PA if 70 years and older
<i>phenobarbital tab 16.2 mg</i>	Tier 2 PA; PA if 70 years and older
<i>phenobarbital tab 30 mg</i>	Tier 2 PA; PA if 70 years and older
<i>phenobarbital tab 32.4 mg</i>	Tier 2 PA; PA if 70 years and older
<i>phenobarbital tab 60 mg</i>	Tier 2 PA; PA if 70 years and older
<i>phenobarbital tab 64.8 mg</i>	Tier 2 PA; PA if 70 years and older
<i>phenobarbital tab 97.2 mg</i>	Tier 2 PA; PA if 70 years and older
<i>phenobarbital tab 100 mg</i>	Tier 2 PA; PA if 70 years and older
PHENYTEK CAP 200MG	Tier 2
PHENYTEK CAP 300MG	Tier 2

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<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>		
	<b>COST YOU (TIER LEVEL)</b>		
<i>phenytoin chew tab 50 mg</i>	Tier 1		
<i>phenytoin sodium extended cap 100 mg</i>	Tier 1		
<i>phenytoin sodium extended cap 200 mg</i>	Tier 1		
<i>phenytoin sodium extended cap 300 mg</i>	Tier 1		
<i>phenytoin sodium inj 50 mg/ml</i>	Tier 1		
<i>phenytoin susp 125 mg/5ml</i>	Tier 1		
<i>pregabalin cap 25 mg</i>	Tier 1	QL (120 caps / 30 days)	
<i>pregabalin cap 50 mg</i>	Tier 1	QL (120 caps / 30 days)	
<i>pregabalin cap 75 mg</i>	Tier 1	QL (120 caps / 30 days)	
<i>pregabalin cap 100 mg</i>	Tier 1	QL (120 caps / 30 days)	
<i>pregabalin cap 150 mg</i>	Tier 1	QL (120 caps / 30 days)	
<i>pregabalin cap 200 mg</i>	Tier 1	QL (90 caps / 30 days)	
<i>pregabalin cap 225 mg</i>	Tier 1	QL (60 caps / 30 days)	
<i>pregabalin cap 300 mg</i>	Tier 1	QL (60 caps / 30 days)	
<i>pregabalin soln 20 mg/ml</i>	Tier 1	QL (946 mL / 30 days)	
<i>primidone tab 50 mg</i>	Tier 1		
<i>primidone tab 250 mg</i>	Tier 1		
<i>roweepra tab 500mg</i>	Tier 1		
<i>roweepra tab 750mg</i>	Tier 1		
<i>roweepra tab 1000mg</i>	Tier 1		
<i>roweepra xr tab 500mg xr</i>	Tier 1		
<i>roweepra xr tab 750mg xr</i>	Tier 1		
<i>SPRITAM TAB 250MG</i>	Tier 2		
<i>SPRITAM TAB 500MG</i>	Tier 2		
<i>SPRITAM TAB 750MG</i>	Tier 2		
<i>SPRITAM TAB 1000MG</i>	Tier 2		
<i>SYMPAZAN MIS 5MG</i>	Tier 2	PA	
<i>SYMPAZAN MIS 10MG</i>	Tier 2	PA	
<i>SYMPAZAN MIS 20MG</i>	Tier 2	PA	
<i>tiagabine hcl tab 2 mg</i>	Tier 1		
<i>tiagabine hcl tab 4 mg</i>	Tier 1		
<i>tiagabine hcl tab 12 mg</i>	Tier 1		
<i>tiagabine hcl tab 16 mg</i>	Tier 1		
<i>topiramate sprinkle cap 15 mg</i>	Tier 1		
<i>topiramate sprinkle cap 25 mg</i>	Tier 1		
<i>topiramate tab 25 mg</i>	Tier 1		
<i>topiramate tab 50 mg</i>	Tier 1		
<i>topiramate tab 100 mg</i>	Tier 1		
<i>topiramate tab 200 mg</i>	Tier 1		
<i>valproate sodium inj 100 mg/ml</i>	Tier 1		

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<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>		
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	Tier 1		
<i>valproic acid cap 250 mg</i>	Tier 1		
<i>vigabatrin powd pack 500 mg</i>	Tier 2	QL (180 packets / 30 days), LA, PA	
<i>vigabatrin tab 500 mg</i>	Tier 2	QL (180 tabs / 30 days), LA, PA	
<i>vigadroner powder 500mg</i>	Tier 2	QL (180 packets / 30 days), LA, PA	
<i>VIMPAT INJ 200MG/20</i>	Tier 2		
<i>VIMPAT SOL 10MG/ML</i>	Tier 2	QL (1200 mL / 30 days)	
<i>VIMPAT TAB 50MG</i>	Tier 2	QL (120 tabs / 30 days)	
<i>VIMPAT TAB 100MG</i>	Tier 2	QL (60 tabs / 30 days)	
<i>VIMPAT TAB 150MG</i>	Tier 2	QL (60 tabs / 30 days)	
<i>VIMPAT TAB 200MG</i>	Tier 2	QL (60 tabs / 30 days)	
<i>zonisamide cap 25 mg</i>	Tier 1		
<i>zonisamide cap 50 mg</i>	Tier 1		
<i>zonisamide cap 100 mg</i>	Tier 1		

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

<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days)	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	Tier 1		
<i>donepezil hydrochloride tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days)	
<i>donepezil hydrochloride tab 10 mg</i>	Tier 1		
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	Tier 1	QL (30 caps / 30 days)	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	Tier 1	QL (30 caps / 30 days)	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	Tier 1	QL (30 caps / 30 days)	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	Tier 1		
<i>galantamine hydrobromide tab 4 mg</i>	Tier 1	QL (60 tabs / 30 days)	
<i>galantamine hydrobromide tab 8 mg</i>	Tier 1	QL (60 tabs / 30 days)	
<i>galantamine hydrobromide tab 12 mg</i>	Tier 1	QL (60 tabs / 30 days)	
<i>memantine hcl cap er 24hr 7 mg</i>	Tier 1	PA; PA if < 30 yrs	
<i>memantine hcl cap er 24hr 14 mg</i>	Tier 1	PA; PA if < 30 yrs	
<i>memantine hcl cap er 24hr 21 mg</i>	Tier 1	PA; PA if < 30 yrs	
<i>memantine hcl cap er 24hr 28 mg</i>	Tier 1	PA; PA if < 30 yrs	
<i>memantine hcl oral solution 2 mg/ml</i>	Tier 1	PA; PA if < 30 yrs	

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<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>
<i>memantine hcl tab 5 mg</i>	Tier 1 PA; PA if < 30 yrs
<i>memantine hcl tab 5 mg (28) &amp; 10 mg (21) titration pak</i>	Tier 2 PA; PA if < 30 yrs
<i>memantine hcl tab 10 mg</i>	Tier 1 PA; PA if < 30 yrs
<i>NAMZARIC CAP</i>	Tier 2
<i>NAMZARIC CAP 7-10MG</i>	Tier 2
<i>NAMZARIC CAP 14-10MG</i>	Tier 2
<i>NAMZARIC CAP 21-10MG</i>	Tier 2
<i>NAMZARIC CAP 28-10MG</i>	Tier 2
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	Tier 1 QL (90 caps / 30 days)
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	Tier 1 QL (90 caps / 30 days)
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	Tier 1 QL (60 caps / 30 days)
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	Tier 1 QL (60 caps / 30 days)
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	Tier 1 QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	Tier 1 QL (30 patches / 30 days)
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	Tier 1 QL (30 patches / 30 days)

#### **ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION**

<i>amitriptyline hcl tab 10 mg</i>	Tier 2
<i>amitriptyline hcl tab 25 mg</i>	Tier 2
<i>amitriptyline hcl tab 50 mg</i>	Tier 2
<i>amitriptyline hcl tab 75 mg</i>	Tier 2
<i>amitriptyline hcl tab 100 mg</i>	Tier 2
<i>amitriptyline hcl tab 150 mg</i>	Tier 2
<i>amoxapine tab 25 mg</i>	Tier 2
<i>amoxapine tab 50 mg</i>	Tier 2
<i>amoxapine tab 100 mg</i>	Tier 2
<i>amoxapine tab 150 mg</i>	Tier 2
<i>bupropion hcl tab 75 mg</i>	Tier 1
<i>bupropion hcl tab 100 mg</i>	Tier 1
<i>bupropion hcl tab er 12hr 100 mg</i>	Tier 1
<i>bupropion hcl tab er 12hr 150 mg</i>	Tier 1
<i>bupropion hcl tab er 12hr 200 mg</i>	Tier 1
<i>bupropion hcl tab er 24hr 150 mg</i>	Tier 1
<i>bupropion hcl tab er 24hr 300 mg</i>	Tier 1

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<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>
	<b>COST YOU (TIER LEVEL)</b>
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	Tier 1
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	Tier 1
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	Tier 1
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	Tier 1
<i>clomipramine hcl cap 25 mg</i>	Tier 2 PA
<i>clomipramine hcl cap 50 mg</i>	Tier 2 PA
<i>clomipramine hcl cap 75 mg</i>	Tier 2 PA
<i>desipramine hcl tab 10 mg</i>	Tier 2
<i>desipramine hcl tab 25 mg</i>	Tier 2
<i>desipramine hcl tab 50 mg</i>	Tier 2
<i>desipramine hcl tab 75 mg</i>	Tier 2
<i>desipramine hcl tab 100 mg</i>	Tier 2
<i>desipramine hcl tab 150 mg</i>	Tier 2
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	Tier 1 QL (30 tabs / 30 days), PA
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	Tier 1 QL (30 tabs / 30 days), PA
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	Tier 1 QL (30 tabs / 30 days), PA
<i>doxepin hcl cap 10 mg</i>	Tier 2
<i>doxepin hcl cap 25 mg</i>	Tier 2
<i>doxepin hcl cap 50 mg</i>	Tier 2
<i>doxepin hcl cap 75 mg</i>	Tier 2
<i>doxepin hcl cap 100 mg</i>	Tier 2
<i>doxepin hcl cap 150 mg</i>	Tier 2
<i>doxepin hcl conc 10 mg/ml</i>	Tier 2
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	Tier 1 QL (180 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	Tier 1 QL (120 caps / 30 days)
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	Tier 1 QL (60 caps / 30 days)
<i>EMSAM DIS 6MG/24HR</i>	Tier 2 QL (30 patches / 30 days), PA
<i>EMSAM DIS 9MG/24HR</i>	Tier 2 QL (30 patches / 30 days), PA
<i>EMSAM DIS 12MG/24H</i>	Tier 2 QL (30 patches / 30 days), PA

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<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>		
	<b>COST YOU (TIER LEVEL)</b>		
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	Tier 1		
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	Tier 1		
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	Tier 1		
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	Tier 1		
FETZIMA CAP 20MG	Tier 2	QL (180 caps / 30 days), PA	
FETZIMA CAP 40MG	Tier 2	QL (90 caps / 30 days), PA	
FETZIMA CAP 80MG	Tier 2	QL (30 caps / 30 days), PA	
FETZIMA CAP 120MG	Tier 2	QL (30 caps / 30 days), PA	
FETZIMA CAP TITRATIO	Tier 2	PA	
<i>fluoxetine hcl cap 10 mg</i>	Tier 1		
<i>fluoxetine hcl cap 20 mg</i>	Tier 1		
<i>fluoxetine hcl cap 40 mg</i>	Tier 1		
<i>fluoxetine hcl solution 20 mg/5ml</i>	Tier 1		
<i>imipramine hcl tab 10 mg</i>	Tier 2		
<i>imipramine hcl tab 25 mg</i>	Tier 2		
<i>imipramine hcl tab 50 mg</i>	Tier 2		
<i>maprotiline hcl tab 25 mg</i>	Tier 1		
<i>maprotiline hcl tab 50 mg</i>	Tier 1		
<i>maprotiline hcl tab 75 mg</i>	Tier 1		
MARPLAN TAB 10MG	Tier 2	QL (180 tabs / 30 days)	
<i>mirtazapine orally disintegrating tab 15 mg</i>	Tier 1		
<i>mirtazapine orally disintegrating tab 30 mg</i>	Tier 1		
<i>mirtazapine orally disintegrating tab 45 mg</i>	Tier 1		
<i>mirtazapine tab 7.5 mg</i>	Tier 1		
<i>mirtazapine tab 15 mg</i>	Tier 1		
<i>mirtazapine tab 30 mg</i>	Tier 1		
<i>mirtazapine tab 45 mg</i>	Tier 1		
<i>nefazodone hcl tab 50 mg</i>	Tier 1		
<i>nefazodone hcl tab 100 mg</i>	Tier 1		
<i>nefazodone hcl tab 150 mg</i>	Tier 1		
<i>nefazodone hcl tab 200 mg</i>	Tier 1		
<i>nefazodone hcl tab 250 mg</i>	Tier 1		
<i>nortriptyline hcl cap 10 mg</i>	Tier 2		

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	<b>COST YOU (TIER LEVEL)</b>		
<i>nortriptyline hcl cap 25 mg</i>	Tier 2		
<i>nortriptyline hcl cap 50 mg</i>	Tier 2		
<i>nortriptyline hcl cap 75 mg</i>	Tier 2		
<i>nortriptyline hcl soln 10 mg/5ml</i>	Tier 2		
<i>paroxetine hcl tab 10 mg</i>	Tier 2		
<i>paroxetine hcl tab 20 mg</i>	Tier 2		
<i>paroxetine hcl tab 30 mg</i>	Tier 2		
<i>paroxetine hcl tab 40 mg</i>	Tier 2		
<i>PAXIL SUS 10MG/5ML</i>	Tier 2	QL (900 mL / 30 days)	
<i>phenelzine sulfate tab 15 mg</i>	Tier 1		
<i>protriptyline hcl tab 5 mg</i>	Tier 2		
<i>protriptyline hcl tab 10 mg</i>	Tier 2		
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	Tier 1		
<i>sertraline hcl tab 25 mg</i>	Tier 1		
<i>sertraline hcl tab 50 mg</i>	Tier 1		
<i>sertraline hcl tab 100 mg</i>	Tier 1		
<i>tranylcypromine sulfate tab 10 mg</i>	Tier 1		
<i>trazodone hcl tab 50 mg</i>	Tier 1		
<i>trazodone hcl tab 100 mg</i>	Tier 1		
<i>trazodone hcl tab 150 mg</i>	Tier 1		
<i>trimipramine maleate cap 25 mg</i>	Tier 2	QL (240 caps / 30 days)	
<i>trimipramine maleate cap 50 mg</i>	Tier 2	QL (120 caps / 30 days)	
<i>trimipramine maleate cap 100 mg</i>	Tier 2	QL (60 caps / 30 days)	
<i>TRINTELLIX TAB 5MG</i>	Tier 2	QL (120 tabs / 30 days)	
<i>TRINTELLIX TAB 10MG</i>	Tier 2	QL (60 tabs / 30 days)	
<i>TRINTELLIX TAB 20MG</i>	Tier 2	QL (30 tabs / 30 days)	
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	Tier 1		
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	Tier 1		
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	Tier 1		
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	Tier 1		
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	Tier 1		
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	Tier 1		
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	Tier 1		

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	Tier 1
VIIBRYD KIT STARTER	Tier 2
VIIBRYD TAB 10MG	Tier 2 QL (30 tabs / 30 days)
VIIBRYD TAB 20MG	Tier 2 QL (30 tabs / 30 days)
VIIBRYD TAB 40MG	Tier 2 QL (30 tabs / 30 days)

### **ANTIPARKINSONIAN AGENTS - DRUGS TO TREAT PARKINSONS**

#### **DISEASE**

<i>amantadine hcl cap 100 mg</i>	Tier 1 QL (120 caps / 30 days)
<i>amantadine hcl syrup 50 mg/5ml</i>	Tier 1
<i>amantadine hcl tab 100 mg</i>	Tier 1
APOKYN INJ 10MG/ML	Tier 2 QL (20 cartridges / 30 days), LA, PA
<i>benztropine mesylate inj 1 mg/ml</i>	Tier 1
<i>benztropine mesylate tab 0.5 mg</i>	Tier 2 PA; PA if 70 years and older
<i>benztropine mesylate tab 1 mg</i>	Tier 2 PA; PA if 70 years and older
<i>benztropine mesylate tab 2 mg</i>	Tier 2 PA; PA if 70 years and older
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	Tier 1
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	Tier 1
<i>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</i>	Tier 1
<i>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</i>	Tier 1
<i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</i>	Tier 1
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	Tier 1
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	Tier 1
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	Tier 1
<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	Tier 1
<i>carbidopa &amp; levodopa tab er 50-200 mg</i>	Tier 1
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	Tier 1
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	Tier 1
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	Tier 1

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>
	<b>COST YOU (TIER LEVEL)</b>
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	Tier 1
<i>carbidopa-levodopa-entacapone tabs 37.5- 150-200 mg</i>	Tier 1
<i>carbidopa-levodopa-entacapone tabs 50- 200-200 mg</i>	Tier 1
<i>entacapone tab 200 mg</i>	Tier 1
<i>NEUPRO DIS 1MG/24HR</i>	Tier 2
<i>NEUPRO DIS 2MG/24HR</i>	Tier 2
<i>NEUPRO DIS 3MG/24HR</i>	Tier 2
<i>NEUPRO DIS 4MG/24HR</i>	Tier 2
<i>NEUPRO DIS 6MG/24HR</i>	Tier 2
<i>NEUPRO DIS 8MG/24HR</i>	Tier 2
<i>pramipexole dihydrochloride tab 0.5 mg</i>	Tier 1
<i>pramipexole dihydrochloride tab 0.25 mg</i>	Tier 1
<i>pramipexole dihydrochloride tab 0.75 mg</i>	Tier 1
<i>pramipexole dihydrochloride tab 0.125 mg</i>	Tier 1
<i>pramipexole dihydrochloride tab 1 mg</i>	Tier 1
<i>pramipexole dihydrochloride tab 1.5 mg</i>	Tier 1
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	Tier 1
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	Tier 1
<i>ropinirole hydrochloride tab 0.5 mg</i>	Tier 1
<i>ropinirole hydrochloride tab 0.25 mg</i>	Tier 1
<i>ropinirole hydrochloride tab 1 mg</i>	Tier 1
<i>ropinirole hydrochloride tab 2 mg</i>	Tier 1
<i>ropinirole hydrochloride tab 3 mg</i>	Tier 1
<i>ropinirole hydrochloride tab 4 mg</i>	Tier 1
<i>ropinirole hydrochloride tab 5 mg</i>	Tier 1
<i>selegiline hcl cap 5 mg</i>	Tier 1
<i>selegiline hcl tab 5 mg</i>	Tier 1
<i>trihexyphenidyl hcl elixir 0.4 mg/ml</i>	Tier 2 PA; PA if 70 years and older
<i>trihexyphenidyl hcl tab 2 mg</i>	Tier 2 PA; PA if 70 years and older
<i>trihexyphenidyl hcl tab 5 mg</i>	Tier 2 PA; PA if 70 years and older
<b>ANTIPSYCHOTICS - DRUGS TO TREAT PSYCHOSES</b>	
<i>ABILIFY MAIN INJ 300MG</i>	Tier 2 QL (1 injection / 28 days)

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	<b>COST YOU (TIER LEVEL)</b>		
ABILIFY MAIN INJ 400MG	Tier 2	QL (1 injection / 28 days)	
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 2	QL (900 mL / 30 days)	
<i>aripiprazole orally disintegrating tab 10 mg</i>	Tier 2	QL (60 tabs / 30 days)	
<i>aripiprazole orally disintegrating tab 15 mg</i>	Tier 2	QL (60 tabs / 30 days)	
<i>aripiprazole tab 2 mg</i>	Tier 1	QL (30 tabs / 30 days)	
<i>aripiprazole tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days)	
<i>aripiprazole tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days)	
<i>aripiprazole tab 15 mg</i>	Tier 1	QL (30 tabs / 30 days)	
<i>aripiprazole tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days)	
<i>aripiprazole tab 30 mg</i>	Tier 1	QL (30 tabs / 30 days)	
ARISTADA INJ 441MG/1.	Tier 2	QL (1 injection / 28 days)	
ARISTADA INJ 662MG/2	Tier 2	QL (1 injection / 28 days)	
ARISTADA INJ 882MG/3	Tier 2	QL (1 injection / 28 days)	
ARISTADA INJ 1064MG	Tier 2	QL (1 injection / 56 days)	
ARISTADA INJ INITIO	Tier 2		
CHLORPROMAZ INJ 25MG/ML	Tier 2		
CHLORPROMAZ INJ 50MG/2ML	Tier 2		
<i>chlorpromazine hcl tab 10 mg</i>	Tier 1		
<i>chlorpromazine hcl tab 25 mg</i>	Tier 1		
<i>chlorpromazine hcl tab 50 mg</i>	Tier 1		
<i>chlorpromazine hcl tab 100 mg</i>	Tier 1		
<i>chlorpromazine hcl tab 200 mg</i>	Tier 1		
<i>clozapine orally disintegrating tab 12.5 mg</i>	Tier 1	PA	
<i>clozapine orally disintegrating tab 25 mg</i>	Tier 1	PA	
<i>clozapine orally disintegrating tab 100 mg</i>	Tier 1	NDS, QL (270 tabs / 30 days), PA	
<i>clozapine orally disintegrating tab 150 mg</i>	Tier 1	QL (180 tabs / 30 days), PA	
<i>clozapine orally disintegrating tab 200 mg</i>	Tier 2	QL (135 tabs / 30 days), PA	
<i>clozapine tab 25 mg</i>	Tier 1		
<i>clozapine tab 50 mg</i>	Tier 1		
<i>clozapine tab 100 mg</i>	Tier 1	QL (270 tabs / 30 days)	
<i>clozapine tab 200 mg</i>	Tier 1	QL (135 tabs / 30 days)	
FANAPT PAK	Tier 2		
FANAPT TAB 1MG	Tier 2	QL (60 tabs / 30 days)	

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<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>
	<b>COST YOU (TIER LEVEL)</b>
FANAPT TAB 2MG	Tier 2 QL (60 tabs / 30 days)
FANAPT TAB 4MG	Tier 2 QL (60 tabs / 30 days)
FANAPT TAB 6MG	Tier 2 QL (60 tabs / 30 days)
FANAPT TAB 8MG	Tier 2 QL (60 tabs / 30 days)
FANAPT TAB 10MG	Tier 2 QL (60 tabs / 30 days)
FANAPT TAB 12MG	Tier 2 QL (60 tabs / 30 days)
<i>fluphenazine decanoate inj 25 mg/ml</i>	Tier 1
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	Tier 1
<i>fluphenazine hcl inj 2.5 mg/ml</i>	Tier 1
<i>fluphenazine hcl oral conc 5 mg/ml</i>	Tier 1
<i>fluphenazine hcl tab 1 mg</i>	Tier 1
<i>fluphenazine hcl tab 2.5 mg</i>	Tier 1
<i>fluphenazine hcl tab 5 mg</i>	Tier 1
<i>fluphenazine hcl tab 10 mg</i>	Tier 1
GEODON INJ 20MG	Tier 2 QL (6 mL / 3 days)
<i>haloperidol decanoate im soln 50 mg/ml</i>	Tier 1
<i>haloperidol decanoate im soln 100 mg/ml</i>	Tier 1
<i>haloperidol lactate inj 5 mg/ml</i>	Tier 1
<i>haloperidol lactate oral conc 2 mg/ml</i>	Tier 1
<i>haloperidol tab 0.5 mg</i>	Tier 1
<i>haloperidol tab 1 mg</i>	Tier 1
<i>haloperidol tab 2 mg</i>	Tier 1
<i>haloperidol tab 5 mg</i>	Tier 1
<i>haloperidol tab 10 mg</i>	Tier 1
<i>haloperidol tab 20 mg</i>	Tier 1
INVEGA SUST INJ 39/0.25	Tier 2 QL (1 injection / 28 days)
INVEGA SUST INJ 78/0.5ML	Tier 2 QL (1 injection / 28 days)
INVEGA SUST INJ 117/0.75	Tier 2 QL (1 injection / 28 days)
INVEGA SUST INJ 156MG/ML	Tier 2 QL (1 injection / 28 days)
INVEGA SUST INJ 234/1.5	Tier 2 QL (1 injection / 28 days)
INVEGA TRINZ INJ 273MG	Tier 2 QL (1 injection / 90 days)
INVEGA TRINZ INJ 410MG	Tier 2 QL (1 injection / 90 days)
INVEGA TRINZ INJ 546MG	Tier 2 QL (1 injection / 90 days)

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>		
	<b>COST YOU (TIER LEVEL)</b>		
INVEGA TRINZ INJ 819MG	Tier 2	QL (1 injection / 90 days)	
LATUDA TAB 20MG	Tier 2	QL (60 tabs / 30 days)	
LATUDA TAB 40MG	Tier 2	QL (30 tabs / 30 days)	
LATUDA TAB 60MG	Tier 2	QL (60 tabs / 30 days)	
LATUDA TAB 80MG	Tier 2	QL (60 tabs / 30 days)	
LATUDA TAB 120MG	Tier 2	QL (30 tabs / 30 days)	
<i>loxapine succinate cap 5 mg</i>	Tier 1		
<i>loxapine succinate cap 10 mg</i>	Tier 1		
<i>loxapine succinate cap 25 mg</i>	Tier 1		
<i>loxapine succinate cap 50 mg</i>	Tier 1		
<i>molindone hcl tab 5 mg</i>	Tier 1		
<i>molindone hcl tab 10 mg</i>	Tier 1		
<i>molindone hcl tab 25 mg</i>	Tier 1		
NUPLAZID CAP 34MG	Tier 2	QL (30 caps / 30 days), LA, PA	
NUPLAZID TAB 10MG	Tier 2	QL (30 tabs / 30 days), LA, PA	
NUPLAZID TAB 17MG	Tier 2	QL (60 tabs / 30 days), LA, PA	
<i>olanzapine for im inj 10 mg</i>	Tier 1	QL (3 vials / 1 day)	
<i>olanzapine orally disintegrating tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days)	
<i>olanzapine orally disintegrating tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days)	
<i>olanzapine orally disintegrating tab 15 mg</i>	Tier 1	QL (30 tabs / 30 days)	
<i>olanzapine orally disintegrating tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days)	
<i>olanzapine tab 2.5 mg</i>	Tier 1	QL (240 tabs / 30 days)	
<i>olanzapine tab 5 mg</i>	Tier 1	QL (120 tabs / 30 days)	
<i>olanzapine tab 7.5 mg</i>	Tier 1	QL (30 tabs / 30 days)	
<i>olanzapine tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days)	
<i>olanzapine tab 15 mg</i>	Tier 1	QL (30 tabs / 30 days)	
<i>olanzapine tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days)	
<i>paliperidone tab er 24hr 1.5 mg</i>	Tier 2	QL (30 tabs / 30 days)	
<i>paliperidone tab er 24hr 3 mg</i>	Tier 2	QL (30 tabs / 30 days)	
<i>paliperidone tab er 24hr 6 mg</i>	Tier 2	QL (60 tabs / 30 days)	
<i>paliperidone tab er 24hr 9 mg</i>	Tier 2	QL (30 tabs / 30 days)	
<i>perphenazine tab 2 mg</i>	Tier 1		
<i>perphenazine tab 4 mg</i>	Tier 1		
<i>perphenazine tab 8 mg</i>	Tier 1		
<i>perphenazine tab 16 mg</i>	Tier 1		
PERSERIS INJ 90MG	Tier 2	QL (1 injection / 30 days)	

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>		
	<b>COST YOU (TIER LEVEL)</b>		
PERSERIS INJ 120MG	Tier 2	QL (1 injection / 30 days)	
<i>pimozide tab 1 mg</i>	Tier 1		
<i>pimozide tab 2 mg</i>	Tier 1		
<i>quetiapine fumarate tab 25 mg</i>	Tier 1		
<i>quetiapine fumarate tab 50 mg</i>	Tier 1		
<i>quetiapine fumarate tab 100 mg</i>	Tier 1		
<i>quetiapine fumarate tab 200 mg</i>	Tier 1		
<i>quetiapine fumarate tab 300 mg</i>	Tier 1		
<i>quetiapine fumarate tab 400 mg</i>	Tier 1		
<i>quetiapine fumarate tab er 24hr 50 mg</i>	Tier 1	QL (60 tabs / 30 days)	
<i>quetiapine fumarate tab er 24hr 150 mg</i>	Tier 1	QL (30 tabs / 30 days)	
<i>quetiapine fumarate tab er 24hr 200 mg</i>	Tier 1	QL (30 tabs / 30 days)	
<i>quetiapine fumarate tab er 24hr 300 mg</i>	Tier 1	QL (60 tabs / 30 days)	
<i>quetiapine fumarate tab er 24hr 400 mg</i>	Tier 1	QL (60 tabs / 30 days)	
REXULTI TAB 0.5MG	Tier 2	QL (180 tabs / 30 days)	
REXULTI TAB 0.25MG	Tier 2	QL (360 tabs / 30 days)	
REXULTI TAB 1MG	Tier 2	QL (90 tabs / 30 days)	
REXULTI TAB 2MG	Tier 2	QL (60 tabs / 30 days)	
REXULTI TAB 3MG	Tier 2	QL (30 tabs / 30 days)	
REXULTI TAB 4MG	Tier 2	QL (30 tabs / 30 days)	
RISPERDAL INJ 12.5MG	Tier 2	QL (2 injections / 28 days)	
RISPERDAL INJ 25MG	Tier 2	QL (2 injections / 28 days)	
RISPERDAL INJ 37.5MG	Tier 2	QL (2 injections / 28 days)	
RISPERDAL INJ 50MG	Tier 2	QL (2 injections / 28 days)	
<i>risperidone orally disintegrating tab 0.5 mg</i>	Tier 1	QL (90 tabs / 30 days)	
<i>risperidone orally disintegrating tab 0.25 mg</i>	Tier 1	QL (60 tabs / 30 days)	
<i>risperidone orally disintegrating tab 1 mg</i>	Tier 1	QL (60 tabs / 30 days)	
<i>risperidone orally disintegrating tab 2 mg</i>	Tier 1	QL (60 tabs / 30 days)	
<i>risperidone orally disintegrating tab 3 mg</i>	Tier 1	QL (60 tabs / 30 days)	
<i>risperidone orally disintegrating tab 4 mg</i>	Tier 1	QL (60 tabs / 30 days)	
<i>risperidone soln 1 mg/ml</i>	Tier 1	QL (240 mL / 30 days)	
<i>risperidone tab 0.5 mg</i>	Tier 1		
<i>risperidone tab 0.25 mg</i>	Tier 1		
<i>risperidone tab 1 mg</i>	Tier 1		
<i>risperidone tab 2 mg</i>	Tier 1		

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>		
	<b>COST YOU (TIER LEVEL)</b>		
<i>risperidone tab 3 mg</i>	Tier 1		
<i>risperidone tab 4 mg</i>	Tier 1		
SAPHRIS SUB 2.5MG	Tier 2	QL (240 tabs / 30 days)	
SAPHRIS SUB 5MG	Tier 2	QL (120 tabs / 30 days)	
SAPHRIS SUB 10MG	Tier 2	QL (60 tabs / 30 days)	
<i>thioridazine hcl tab 10 mg</i>	Tier 1		
<i>thioridazine hcl tab 25 mg</i>	Tier 1		
<i>thioridazine hcl tab 50 mg</i>	Tier 1		
<i>thioridazine hcl tab 100 mg</i>	Tier 1		
<i>thiothixene cap 1 mg</i>	Tier 1		
<i>thiothixene cap 2 mg</i>	Tier 1		
<i>thiothixene cap 5 mg</i>	Tier 1		
<i>thiothixene cap 10 mg</i>	Tier 1		
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	Tier 1		
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	Tier 1		
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	Tier 1		
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	Tier 1		
VERSACLOZ SUS 50MG/ML	Tier 2	QL (600 mL / 30 days), PA	
VRAYLAR CAP 1.5-3MG	Tier 2	PA	
VRAYLAR CAP 1.5MG	Tier 2	QL (60 caps / 30 days), PA	
VRAYLAR CAP 3MG	Tier 2	QL (30 caps / 30 days), PA	
VRAYLAR CAP 4.5MG	Tier 2	QL (30 caps / 30 days), PA	
VRAYLAR CAP 6MG	Tier 2	QL (30 caps / 30 days), PA	
<i>ziprasidone hcl cap 20 mg</i>	Tier 1	QL (60 caps / 30 days)	
<i>ziprasidone hcl cap 40 mg</i>	Tier 1	QL (60 caps / 30 days)	
<i>ziprasidone hcl cap 60 mg</i>	Tier 1	QL (60 caps / 30 days)	
<i>ziprasidone hcl cap 80 mg</i>	Tier 1	QL (60 caps / 30 days)	
ZYPREXA RELP INJ 210MG	Tier 2	QL (2 vials / 28 days), PA	
ZYPREXA RELP INJ 300MG	Tier 2	QL (2 vials / 28 days), PA	
ZYPREXA RELP INJ 405MG	Tier 2	QL (1 vial / 28 days), PA	

**PA** - Prior Authorization    **QL** - Quantity Limits  
 under Medicare B or D    **LA** - Limited Access  
 - The drug is not a Part D drug.

**ST** - Step Therapy    **B/D** - Covered  
**NDS** - Non-Extended Days Supply    **DP**

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>
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**ATTENTION DEFICIT HYPERACTIVITY DISORDER - DRUGS TO TREAT ADHD**

amphetamine-dextroamphetamine cap er 24hr 5 mg	Tier 1    QL (90 caps / 30 days)
amphetamine-dextroamphetamine cap er 24hr 10 mg	Tier 1    QL (90 caps / 30 days)
amphetamine-dextroamphetamine cap er 24hr 15 mg	Tier 1    QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap er 24hr 20 mg	Tier 1    QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap er 24hr 25 mg	Tier 1    QL (30 caps / 30 days)
amphetamine-dextroamphetamine cap er 24hr 30 mg	Tier 1    QL (30 caps / 30 days)
amphetamine-dextroamphetamine tab 5 mg	Tier 1    QL (360 tabs / 30 days)
amphetamine-dextroamphetamine tab 7.5 mg	Tier 1    QL (240 tabs / 30 days)
amphetamine-dextroamphetamine tab 10 mg	Tier 1    QL (180 tabs / 30 days)
amphetamine-dextroamphetamine tab 12.5 mg	Tier 1    QL (90 tabs / 30 days)
amphetamine-dextroamphetamine tab 15 mg	Tier 1    QL (120 tabs / 30 days)
amphetamine-dextroamphetamine tab 20 mg	Tier 1    QL (90 tabs / 30 days)
amphetamine-dextroamphetamine tab 30 mg	Tier 1    QL (60 tabs / 30 days)
atomoxetine hcl cap 10 mg (base equiv)	Tier 1    QL (120 caps / 30 days)
atomoxetine hcl cap 18 mg (base equiv)	Tier 1    QL (120 caps / 30 days)
atomoxetine hcl cap 25 mg (base equiv)	Tier 1    QL (120 caps / 30 days)
atomoxetine hcl cap 40 mg (base equiv)	Tier 1    QL (60 caps / 30 days)
atomoxetine hcl cap 60 mg (base equiv)	Tier 1    QL (30 caps / 30 days)
atomoxetine hcl cap 80 mg (base equiv)	Tier 1    QL (30 caps / 30 days)
atomoxetine hcl cap 100 mg (base equiv)	Tier 1    QL (30 caps / 30 days)
dexmethylphenidate hcl tab 2.5 mg	Tier 1    QL (120 tabs / 30 days)
dexmethylphenidate hcl tab 5 mg	Tier 1    QL (120 tabs / 30 days)
dexmethylphenidate hcl tab 10 mg	Tier 1    QL (60 tabs / 30 days)
guanfacine hcl tab er 24hr 1 mg (base equiv)	Tier 2    PA; PA if 70 years and older

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>	<b>COST YOU (TIER LEVEL)</b>
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<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	Tier 2	PA; PA if 70 years and older
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	Tier 2	PA; PA if 70 years and older
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	Tier 2	PA; PA if 70 years and older
<i>methylphenidate hcl soln 5 mg/5ml</i>	Tier 1	QL (1800 mL / 30 days)
<i>methylphenidate hcl soln 10 mg/5ml</i>	Tier 1	QL (900 mL / 30 days)
<i>methylphenidate hcl tab 5 mg</i>	Tier 1	QL (180 tabs / 30 days)
<i>methylphenidate hcl tab 10 mg</i>	Tier 1	QL (180 tabs / 30 days)
<i>methylphenidate hcl tab 20 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>methylphenidate hcl tab er 10 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>methylphenidate hcl tab er 20 mg</i>	Tier 1	QL (90 tabs / 30 days)

#### **HYPNOTICS - DRUGS TO TREAT INSOMNIA**

<i>eszopiclone tab 1 mg</i>	Tier 2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>eszopiclone tab 2 mg</i>	Tier 2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>eszopiclone tab 3 mg</i>	Tier 2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>HETLIOZ CAP 20MG</i>	Tier 2	LA, PA
<i>SILENOR TAB 3MG</i>	Tier 2	QL (60 tabs / 30 days)
<i>SILENOR TAB 6MG</i>	Tier 2	QL (30 tabs / 30 days)
<i>temazepam cap 7.5 mg</i>	Tier 1	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>temazepam cap 15 mg</i>	Tier 1	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>	<b>COST YOU (TIER LEVEL)</b>
<i>zaleplon cap 5 mg</i>	Tier 2	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zaleplon cap 10 mg</i>	Tier 2	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate tab 5 mg</i>	Tier 2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate tab 10 mg</i>	Tier 2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

#### ***MIGRAINE - DRUGS TO TREAT SEVERE HEADACHES***

<i>AIMOVIG INJ 70MG/ML</i>	Tier 2	QL (1 pen / 30 days), PA
<i>AIMOVIG INJ 140MG/ML</i>	Tier 2	QL (1 pen / 30 days), PA
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	Tier 2	
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	Tier 2	QL (8 mL / 30 days)
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	Tier 1	QL (12 tabs / 30 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	Tier 1	QL (12 tabs / 30 days)
<i>EMGALITY INJ 120MG/ML</i>	Tier 2	QL (2 pens / 30 days), PA
<i>EMGALITY INJ 120MG/ML</i>	Tier 2	QL (2 syringes / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	Tier 1	
<i>naratriptan hcl tab 1 mg (base equiv)</i>	Tier 1	QL (12 tabs / 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	Tier 1	QL (12 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	Tier 1	QL (18 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	Tier 1	QL (18 tabs / 30 days)

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>		
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	Tier 1	QL (18 tabs / 30 days)	
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	Tier 1	QL (18 tabs / 30 days)	
<i>sumatriptan nasal spray 5 mg/act</i>	Tier 1	QL (24 inhalers / 30 days)	
<i>sumatriptan nasal spray 20 mg/act</i>	Tier 1	QL (12 inhalers / 30 days)	
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	Tier 1	QL (12 injections / 30 days)	
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	Tier 1	QL (18 injections / 30 days)	
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	Tier 1	QL (12 injections / 30 days)	
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	Tier 1	QL (18 injections / 30 days)	
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	Tier 1	QL (12 injections / 30 days)	
<i>sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</i>	Tier 1	QL (12 injections / 30 days)	
<i>sumatriptan succinate tab 25 mg</i>	Tier 1	QL (12 tabs / 30 days)	
<i>sumatriptan succinate tab 50 mg</i>	Tier 1	QL (12 tabs / 30 days)	
<i>sumatriptan succinate tab 100 mg</i>	Tier 1	QL (12 tabs / 30 days)	
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	Tier 1	QL (12 tabs / 30 days)	
<i>zolmitriptan orally disintegrating tab 5 mg</i>	Tier 1	QL (12 tabs / 30 days)	
<i>zolmitriptan tab 2.5 mg</i>	Tier 1	QL (12 tabs / 30 days)	
<i>zolmitriptan tab 5 mg</i>	Tier 1	QL (12 tabs / 30 days)	

#### **MISCELLANEOUS**

AUSTEDO TAB 6MG	Tier 2	QL (60 tabs / 30 days), LA, PA
AUSTEDO TAB 9MG	Tier 2	QL (120 tabs / 30 days), LA, PA
AUSTEDO TAB 12MG	Tier 2	QL (120 tabs / 30 days), LA, PA
<i>lithium carbonate cap 150 mg</i>	Tier 1	
<i>lithium carbonate cap 300 mg</i>	Tier 1	
<i>lithium carbonate cap 600 mg</i>	Tier 1	
<i>lithium carbonate tab 300 mg</i>	Tier 1	
<i>lithium carbonate tab er 300 mg</i>	Tier 1	
<i>lithium carbonate tab er 450 mg</i>	Tier 1	

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>	<b>COST YOU (TIER LEVEL)</b>
LITHIUM SOL 8MEQ/5ML	Tier 2	
LYRICA CR TAB 82.5MG	Tier 2	QL (90 tabs / 30 days), PA
LYRICA CR TAB 165MG	Tier 2	QL (90 tabs / 30 days), PA
LYRICA CR TAB 330MG	Tier 2	QL (60 tabs / 30 days), PA
NUEDEXTA CAP 20-10MG	Tier 2	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide tab 60 mg</i>	Tier 1	
<i>riluzole tab 50 mg</i>	Tier 1	
<i>tetrabenazine tab 12.5 mg</i>	Tier 2	QL (240 tabs / 30 days), PA
<i>tetrabenazine tab 25 mg</i>	Tier 2	QL (120 tabs / 30 days), PA

#### **MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS**

BETASERON INJ 0.3MG	Tier 2	QL (14 syringes / 28 days), PA
<i>dalfampridine tab er 12hr 10 mg</i>	Tier 2	PA
GILENYA CAP 0.5MG	Tier 2	QL (28 caps / 28 days), PA
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	Tier 2	QL (30 syringes / 30 days), PA
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	Tier 2	QL (12 syringes / 28 days), PA
<i>glatopa inj 20mg/ml</i>	Tier 2	QL (30 syringes / 30 days), PA
<i>glatopa inj 40mg/ml</i>	Tier 2	QL (12 syringes / 28 days), PA

#### **MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS**

<i>baclofen tab 10 mg</i>	Tier 1	
<i>baclofen tab 20 mg</i>	Tier 1	
<i>carisoprodol tab 350 mg</i>	Tier 2	QL (120 tabs / 30 days), PA; PA if 70 years and older
<i>cyclobenzaprine hcl tab 5 mg</i>	Tier 2	PA; PA if 70 years and older
<i>cyclobenzaprine hcl tab 10 mg</i>	Tier 2	PA; PA if 70 years and older

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>	<b>COST YOU (TIER LEVEL)</b>
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<i>dantrolene sodium cap 25 mg</i>	Tier 1	
<i>dantrolene sodium cap 50 mg</i>	Tier 1	
<i>dantrolene sodium cap 100 mg</i>	Tier 1	
<i>methocarbamol tab 500 mg</i>	Tier 2	PA; PA if 70 years and older
<i>methocarbamol tab 750 mg</i>	Tier 2	PA; PA if 70 years and older
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	Tier 1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	Tier 1	

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

<i>armodafinil tab 50 mg</i>	Tier 1	QL (90 tabs / 30 days), PA
<i>armodafinil tab 150 mg</i>	Tier 1	QL (30 tabs / 30 days), PA
<i>armodafinil tab 200 mg</i>	Tier 1	QL (30 tabs / 30 days), PA
<i>armodafinil tab 250 mg</i>	Tier 1	QL (30 tabs / 30 days), PA
<i>XYREM SOL 500MG/ML</i>	Tier 2	QL (540 mL / 30 days), LA, PA

#### **PSYCHOTHERAPEUTIC-MISC**

<i>acamprosate calcium tab delayed release 333 mg</i>	Tier 1	
<i>ADIPEX-P CAP 37.5MG</i>	Tier 3	DP
<i>ADIPEX-P TAB 37.5MG</i>	Tier 3	DP
<i>benzphetamine hcl tab 50 mg</i>	Tier 3	DP
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	Tier 1	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	Tier 1	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	Tier 1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	Tier 1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	Tier 1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	Tier 1	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	Tier 1	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	Tier 1	QL (90 tabs / 30 days)

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>		
	<b>COST YOU (TIER LEVEL)</b>		
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	Tier 1		
CAFFEINE POW ANHYDROU	Tier 3	DP	
CHANTIX PAK 0.5& 1MG	Tier 2	PA	
CHANTIX PAK 1MG	Tier 2	PA	
CHANTIX TAB 0.5MG	Tier 2	PA	
CHANTIX TAB 1MG	Tier 2	PA	
diethylpropion hcl tab 25 mg	Tier 3	DP	
diethylpropion hcl tab er 24hr 75 mg	Tier 3	DP	
disulfiram tab 250 mg	Tier 1		
disulfiram tab 500 mg	Tier 1		
gnp nicotine gum 2mg mint	Tier 3	DP	
gnp nicotine gum 2mg orig	Tier 3	DP	
gnp nicotine gum 4mg mint	Tier 3	DP	
gnp nicotine loz 2mg mint	Tier 3	DP	
gnp nicotine loz 4mg mint	Tier 3	DP	
gnp nicotine loz mini 2mg	Tier 3	DP	
hm nicotine dis 14mg/24h	Tier 3	DP	
hm nicotine dis 21mg/24h	Tier 3	DP	
hm nicotine gum 2mg mint	Tier 3	DP	
hm nicotine gum 4mg mint	Tier 3	DP	
hm nicotine loz 2mg mint	Tier 3	DP	
hm nicotine loz 4mg mint	Tier 3	DP	
naloxone hcl inj 0.4 mg/ml	Tier 1		
naloxone hcl inj 4 mg/10ml	Tier 1		
naloxone hcl soln cartridge 0.4 mg/ml	Tier 1		
naloxone hcl soln prefilled syringe 2 mg/2ml	Tier 1		
naltrexone hcl tab 50 mg	Tier 1		
NARCAN SPR	Tier 2	NDS	
nicorelief gum 2mg mint	Tier 3	DP	
nicorelief gum 2mg orig	Tier 3	DP	
nicorelief gum 4mg mint	Tier 3	DP	
nicorelief gum 4mg orig	Tier 3	DP	
nicotine pol loz 4mg mint	Tier 3	DP	
nicotine polacrilex gum 2 mg	Tier 3	DP	
nicotine polacrilex gum 4 mg	Tier 3	DP	
nicotine polacrilex lozenge 2 mg	Tier 3	DP	
nicotine polacrilex lozenge 4 mg	Tier 3	DP	
nicotine td dis 7mg/24hr	Tier 3	DP	

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>
<i>nicotine td patch 24hr 7 mg/24hr</i>	Tier 3 DP
<i>nicotine td patch 24hr 14 mg/24hr</i>	Tier 3 DP
<i>nicotine td patch 24hr 21 mg/24hr</i>	Tier 3 DP
NICOTROL INH	Tier 2
NICOTROL NS SPR 10MG/ML	Tier 2
<i>phendimetrazine tartrate cap er 24hr 105 mg</i>	Tier 3 DP
<i>phendimetrazine tartrate tab 35 mg</i>	Tier 3 DP
<i>phentermine hcl cap 15 mg</i>	Tier 3 DP
<i>phentermine hcl cap 30 mg</i>	Tier 3 DP
<i>phentermine hcl cap 37.5 mg</i>	Tier 3 DP
<i>phentermine hcl tab 37.5 mg</i>	Tier 3 DP
QSYMIA CAP 3.75-23	Tier 3 DP
QSYMIA CAP 7.5-46MG	Tier 3 DP
QSYMIA CAP 11.25-69	Tier 3 DP
QSYMIA CAP 15-92MG	Tier 3 DP
<i>sm nicotine gum 2mg</i>	Tier 3 DP
<i>sm nicotine gum 2mg mint</i>	Tier 3 DP
<i>sm nicotine gum 4mg</i>	Tier 3 DP
<i>sm nicotine gum 4mg mint</i>	Tier 3 DP
<i>sm nicotine loz 2mg mint</i>	Tier 3 DP
<i>sm nicotine loz 4mg mint</i>	Tier 3 DP
<i>thrive gum 2mg mint</i>	Tier 3 DP
VIVITROL INJ 380MG	Tier 2

## **ENDOCRINE AND METABOLIC - DRUGS TO TREAT DIABETES AND REGULATE HORMONES**

### **ANDROGENS - DRUGS TO REGULATE MALE HORMONES**

ANADROL-50 TAB 50MG	Tier 2	PA
ANDRODERM DIS 2MG/24HR	Tier 2	QL (30 patches / 30 days), PA
ANDRODERM DIS 4MG/24HR	Tier 2	QL (30 patches / 30 days), PA
<i>oxandrolone tab 2.5 mg</i>	Tier 1	PA
<i>oxandrolone tab 10 mg</i>	Tier 1	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	Tier 1	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	Tier 1	PA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	Tier 1	PA

**PA** - Prior Authorization    **QL** - Quantity Limits  
 under Medicare B or D    **LA** - Limited Access  
 - The drug is not a Part D drug.

**ST** - Step Therapy    **B/D** - Covered  
**NDS** - Non-Extended Days Supply    **DP**

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>		
<i>testosterone td gel 12.5 mg/act (1%)</i>	Tier 1	QL (300 grams / 30 days), PA	
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	Tier 1	QL (300 grams / 30 days), PA	
<i>testosterone td gel 50 mg/5gm (1%)</i>	Tier 1	QL (300 grams / 30 days), PA	

#### **ANTIDIABETICS, INJECTABLE - DRUGS TO TREAT DIABETES**

ALCOHOL SWABS	Tier 2		
BASAGLAR INJ 100UNIT	Tier 2		
BD ULTRAFINE INSULIN SYRINGE	Tier 2		
BD ULTRAFINE/NANO PEN NEEDLES	Tier 2		
BYDUREON BC INJ 2/0.85ML	Tier 2	QL (4 pens / 28 days)	
BYDUREON INJ 2MG	Tier 2	QL (4 vials / 28 days)	
BYDUREON PEN INJ 2MG	Tier 2	QL (4 pens / 28 days)	
BYETTA INJ 5MCG	Tier 2	QL (1 pen / 30 days)	
BYETTA INJ 10MCG	Tier 2	QL (1 pen / 30 days)	
FIASP FLEX INJ TOUCH	Tier 2		
FIASP INJ 100/ML	Tier 2		
GAUZE PADS 2" X 2"	Tier 2		
HUMULIN R INJ U-500	Tier 2		
HUMULIN R INJ U-500	Tier 2	B/D	
INSULIN PEN NEEDLE	Tier 2		
INSULIN SAFETY NEEDLES	Tier 2		
INSULIN SYRINGE	Tier 2		
LEVEMIR INJ	Tier 2		
LEVEMIR INJ FLEXTOUCH	Tier 2		
NOVOLIN INJ 70/30	Tier 2	(brand RELION not covered)	
NOVOLIN INJ FLEXPEN	Tier 2	(brand RELION not covered)	
NOVOLIN N INJ U-100	Tier 2	(brand RELION not covered)	
NOVOLIN R INJ U-100	Tier 2	(brand RELION not covered)	
NOVOLOG INJ 100/ML	Tier 2		
NOVOLOG INJ FLEXPEN	Tier 2		
NOVOLOG INJ PENFILL	Tier 2		
NOVOLOG MIX INJ 70/30	Tier 2		
NOVOLOG MIX INJ FLEXPEN	Tier 2		
OZEMPIC INJ 2/1.5ML	Tier 2	QL (1 pen / 28 days)	
OZEMPIC INJ 2/1.5ML	Tier 2	QL (2 pens / 28 days)	

**PA** - Prior Authorization    **QL** - Quantity Limits  
 under Medicare B or D    **LA** - Limited Access  
 - The drug is not a Part D drug.

**ST** - Step Therapy    **B/D** - Covered  
**NDS** - Non-Extended Days Supply    **DP**

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>	<b>COST YOU (TIER LEVEL)</b>
SOLIQUA INJ 100/33	Tier 2	QL (10 pens / 30 days)
TRESIBA FLEX INJ 100UNIT	Tier 2	
TRESIBA FLEX INJ 200UNIT	Tier 2	
TRESIBA INJ 100UNIT	Tier 2	
TRULICITY INJ 0.75/0.5	Tier 2	QL (4 pens / 28 days)
TRULICITY INJ 1.5/0.5	Tier 2	QL (4 pens / 28 days)
VICTOZA INJ 18MG/3ML	Tier 2	QL (3 pens / 30 days)
XULTOPHY INJ 100/3.6	Tier 2	QL (5 pens / 30 days)

***ANTIDIABETICS, ORAL - DRUGS TO TREAT DIABETES***

acarbose tab 25 mg	Tier 1	
acarbose tab 50 mg	Tier 1	
acarbose tab 100 mg	Tier 1	
FARXIGA TAB 5MG	Tier 2	QL (60 tabs / 30 days)
FARXIGA TAB 10MG	Tier 2	QL (30 tabs / 30 days)
glimepiride tab 1 mg	Tier 1	QL (240 tabs / 30 days)
glimepiride tab 2 mg	Tier 1	QL (120 tabs / 30 days)
glimepiride tab 4 mg	Tier 1	QL (60 tabs / 30 days)
glipizide tab 5 mg	Tier 1	QL (240 tabs / 30 days)
glipizide tab 10 mg	Tier 1	QL (120 tabs / 30 days)
glipizide tab er 24hr 2.5 mg	Tier 1	QL (240 tabs / 30 days)
glipizide tab er 24hr 5 mg	Tier 1	QL (120 tabs / 30 days)
glipizide tab er 24hr 10 mg	Tier 1	QL (60 tabs / 30 days)
glipizide xl tab 2.5mg	Tier 1	QL (240 tabs / 30 days)
glipizide xl tab 5mg	Tier 1	QL (120 tabs / 30 days)
glipizide xl tab 10mg	Tier 1	QL (60 tabs / 30 days)
glipizide-metformin hcl tab 2.5-250 mg	Tier 1	QL (240 tabs / 30 days)
glipizide-metformin hcl tab 2.5-500 mg	Tier 1	QL (120 tabs / 30 days)
glipizide-metformin hcl tab 5-500 mg	Tier 1	QL (120 tabs / 30 days)
glyburide micronized tab 1.5 mg	Tier 2	QL (240 tabs / 30 days), PA; PA if 70 years and older
glyburide micronized tab 3 mg	Tier 2	QL (120 tabs / 30 days), PA; PA if 70 years and older
glyburide micronized tab 6 mg	Tier 2	QL (60 tabs / 30 days), PA; PA if 70 years and older
glyburide tab 1.25 mg	Tier 2	QL (480 tabs / 30 days), PA; PA if 70 years and older

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>		
	<b>COST YOU (TIER LEVEL)</b>		
<i>glyburide tab 2.5 mg</i>	Tier 2	QL (240 tabs / 30 days), PA; PA if 70 years and older	
<i>glyburide tab 5 mg</i>	Tier 2	QL (120 tabs / 30 days), PA; PA if 70 years and older	
<i>glyburide-metformin tab 1.25-250 mg</i>	Tier 2	QL (240 tabs / 30 days), PA; PA if 70 years and older	
<i>glyburide-metformin tab 2.5-500 mg</i>	Tier 2	QL (120 tabs / 30 days), PA; PA if 70 years and older	
<i>glyburide-metformin tab 5-500 mg</i>	Tier 2	QL (120 tabs / 30 days), PA; PA if 70 years and older	
JANUMET TAB 50-500MG	Tier 2	QL (60 tabs / 30 days)	
JANUMET TAB 50-1000	Tier 2	QL (60 tabs / 30 days)	
JANUMET XR TAB 50-500MG	Tier 2	QL (60 tabs / 30 days)	
JANUMET XR TAB 50-1000	Tier 2	QL (60 tabs / 30 days)	
JANUMET XR TAB 100-1000	Tier 2	QL (30 tabs / 30 days)	
JANUVIA TAB 25MG	Tier 2	QL (30 tabs / 30 days)	
JANUVIA TAB 50MG	Tier 2	QL (30 tabs / 30 days)	
JANUVIA TAB 100MG	Tier 2	QL (30 tabs / 30 days)	
JARDIANCE TAB 10MG	Tier 2	QL (60 tabs / 30 days)	
JARDIANCE TAB 25MG	Tier 2	QL (30 tabs / 30 days)	
JENTADUETO TAB 2.5-500	Tier 2	QL (60 tabs / 30 days)	
JENTADUETO TAB 2.5-850	Tier 2	QL (60 tabs / 30 days)	
JENTADUETO TAB 2.5-1000	Tier 2	QL (60 tabs / 30 days)	
JENTADUETO TAB XR	Tier 2	QL (30 tabs / 30 days)	
JENTADUETO TAB XR	Tier 2	QL (60 tabs / 30 days)	
<i>metformin hcl tab 500 mg</i>	Tier 1	QL (150 tabs / 30 days)	
<i>metformin hcl tab 850 mg</i>	Tier 1	QL (90 tabs / 30 days)	
<i>metformin hcl tab 1000 mg</i>	Tier 1	QL (75 tabs / 30 days)	
<i>metformin hcl tab er 24hr 500 mg</i>	Tier 1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)	
<i>metformin hcl tab er 24hr 750 mg</i>	Tier 1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)	
<i>nateglinide tab 60 mg</i>	Tier 1	QL (90 tabs / 30 days)	
<i>nateglinide tab 120 mg</i>	Tier 1	QL (90 tabs / 30 days)	

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>		
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<i>pioglitazone hcl tab 15 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days)
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days)
<i>repaglinide tab 0.5 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>repaglinide tab 1 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>repaglinide tab 2 mg</i>	Tier 1	QL (240 tabs / 30 days)
<i>SYNJARDY TAB</i>	Tier 2	QL (60 tabs / 30 days)
<i>SYNJARDY TAB 5-500MG</i>	Tier 2	QL (120 tabs / 30 days)
<i>SYNJARDY TAB 5-1000MG</i>	Tier 2	QL (60 tabs / 30 days)
<i>SYNJARDY TAB 12.5-500</i>	Tier 2	QL (60 tabs / 30 days)
<i>SYNJARDY XR TAB</i>	Tier 2	QL (60 tabs / 30 days)
<i>SYNJARDY XR TAB 5-1000MG</i>	Tier 2	QL (60 tabs / 30 days)
<i>SYNJARDY XR TAB 10-1000</i>	Tier 2	QL (60 tabs / 30 days)
<i>SYNJARDY XR TAB 25-1000</i>	Tier 2	QL (30 tabs / 30 days)
<i>TRADJENTA TAB 5MG</i>	Tier 2	QL (30 tabs / 30 days)
<i>XIGDUO XR TAB 2.5-1000</i>	Tier 2	QL (60 tabs / 30 days)
<i>XIGDUO XR TAB 5-500MG</i>	Tier 2	QL (60 tabs / 30 days)
<i>XIGDUO XR TAB 5-1000MG</i>	Tier 2	QL (60 tabs / 30 days)
<i>XIGDUO XR TAB 10-500MG</i>	Tier 2	QL (30 tabs / 30 days)
<i>XIGDUO XR TAB 10-1000</i>	Tier 2	QL (30 tabs / 30 days)

#### **BISPHOSPHONATES - DRUGS TO TREAT BONE LOSS**

<i>alendronate sodium oral soln 70 mg/75ml</i>	Tier 1	
<i>alendronate sodium tab 5 mg</i>	Tier 1	
<i>alendronate sodium tab 10 mg</i>	Tier 1	
<i>alendronate sodium tab 35 mg</i>	Tier 1	
<i>alendronate sodium tab 40 mg</i>	Tier 1	
<i>alendronate sodium tab 70 mg</i>	Tier 1	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	Tier 1	B/D
<i>pamidronate disodium for inj 30 mg</i>	Tier 1	B/D
<i>pamidronate disodium for inj 90 mg</i>	Tier 1	B/D
<i>pamidronate disodium iv soln 3 mg/ml</i>	Tier 1	B/D
<i>pamidronate disodium iv soln 9 mg/ml</i>	Tier 1	B/D
<i>PAMIDRONATE INJ 6MG/ML</i>	Tier 2	B/D
<i>risedronate sodium tab 5 mg</i>	Tier 1	
<i>risedronate sodium tab 35 mg</i>	Tier 1	
<i>risedronate sodium tab 150 mg</i>	Tier 1	
<i>risedronate sodium tab delayed release 35 mg</i>	Tier 1	

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU RESTRICTIONS OR LIMITS ON USE (TIER LEVEL)</b>
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<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	Tier 1 B/D
<i>zoledronic acid iv soln 5 mg/100ml</i>	Tier 1 B/D

#### **CALCIUM RECEPTOR AGONISTS**

<i>cinacalcet hcl tab 30 mg (base equiv)</i>	Tier 2 B/D, QL (120 tabs / 30 days)
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	Tier 2 B/D, QL (60 tabs / 30 days)
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	Tier 2 B/D, QL (120 tabs / 30 days)
<i>SENSIPAR TAB 30MG</i>	Tier 2 NDS, B/D, QL (120 tabs / 30 days)
<i>SENSIPAR TAB 60MG</i>	Tier 2 NDS, B/D, QL (60 tabs / 30 days)
<i>SENSIPAR TAB 90MG</i>	Tier 2 NDS, B/D, QL (120 tabs / 30 days)

#### **CHELATING AGENTS**

<i>CHEMET CAP 100MG</i>	Tier 2
<i>DEPEN TITRA TAB 250MG</i>	Tier 2
<i>JADENU SPRKL GRA 90MG</i>	Tier 2 LA, PA
<i>JADENU SPRKL GRA 180MG</i>	Tier 2 LA, PA
<i>JADENU SPRKL GRA 360MG</i>	Tier 2 LA, PA
<i>JADENU TAB 90MG</i>	Tier 2 LA, PA
<i>JADENU TAB 180MG</i>	Tier 2 LA, PA
<i>JADENU TAB 360MG</i>	Tier 2 LA, PA
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	Tier 1
<i>sodium polystyrene sulfonate powder</i>	Tier 1
<i>trientine hcl cap 250 mg</i>	Tier 2 PA

#### **CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL**

<i>AIMSCO MIS LUBRICAT</i>	Tier 3 DP
<i>alyacen tab 1/35</i>	Tier 1
<i>amethia lo tab</i>	Tier 1
<i>amethia tab</i>	Tier 1
<i>apri tab</i>	Tier 1
<i>aranelle tab</i>	Tier 1
<i>ashlyna tab</i>	Tier 1
<i>ATLAS CONDOM MIS COLR/SPM</i>	Tier 3 DP
<i>ATLAS CONDOM MIS LUB/COLR</i>	Tier 3 DP
<i>ATLAS CONDOM MIS LUB/SPMC</i>	Tier 3 DP

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>		
	<b>COST YOU (TIER LEVEL)</b>		
ATLAS CONDOM MIS LUBRICAT	Tier 3	DP	
<i>aubra tab 0.1-0.02</i>	Tier 1		
<i>aviane tab</i>	Tier 1		
<i>balziva tab</i>	Tier 1		
<i>bekyree tab</i>	Tier 1		
<i>blisovi 24 tab fe 1/20</i>	Tier 1		
<i>blisovi fe tab 1.5/30</i>	Tier 1		
<i>briellyn tab</i>	Tier 1		
<i>camila tab 0.35mg</i>	Tier 1		
<i>camrese lo tab</i>	Tier 1		
CLASS ACT MIS LUBRICAT	Tier 3	DP	
COLOR CONDOM MIS + LUBE	Tier 3	DP	
CONDOMS MIS	Tier 3	DP	
CONDOMS MIS LUBRICAT	Tier 3	DP	
<i>cryselle-28 tab 28 tabs</i>	Tier 1		
<i>cyclafem tab 1/35</i>	Tier 1		
<i>cyclafem tab 7/7/7</i>	Tier 1		
<i>dasetta tab 1/35</i>	Tier 1		
<i>dasetta tab 7/7/7</i>	Tier 1		
<i>deblitane tab 0.35mg</i>	Tier 1		
<i>delyla tab 0.1-0.02</i>	Tier 1		
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	Tier 1		
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	Tier 1		
<i>desogestrel &amp; ethynodiol-diol tab 0.15 mg-30 mcg</i>	Tier 1		
<i>drospirenone-ethynodiol-diol tab 3-0.02-0.451 mg</i>	Tier 1		
<i>drospirenone-ethynodiol-diol tab 3-0.03-0.451 mg</i>	Tier 1		
<i>drospirenone-ethynodiol-diol tab 3-0.02 mg</i>	Tier 1		
<i>drospirenone-ethynodiol-diol tab 3-0.03 mg</i>	Tier 1		
DUREX EXTRA MIS SENSITIV	Tier 3	DP	
DUREX MIS REALFEEL	Tier 3	DP	
ELEXA MIS STIMULAT	Tier 3	DP	
ELEXA NATURL MIS FEEL	Tier 3	DP	
ELEXA ULTRA MIS SENSITIV	Tier 3	DP	
ELLA TAB 30MG	Tier 2		

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>		
	<b>COST YOU (TIER LEVEL)</b>		
<i>emoquette tab</i>	Tier 1		
<i>enpresse-28 tab</i>	Tier 1		
<i>enskyce tab</i>	Tier 1		
<i>errin tab 0.35mg</i>	Tier 1		
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	Tier 1		
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	Tier 1		
<i>EXTRA SENSIT MIS SPERMICI</i>	Tier 3	DP	
<i>falmina tab</i>	Tier 1		
<i>FANTASY LUBR MIS</i>	Tier 3	DP	
<i>FANTASY LUBR MIS COLORS</i>	Tier 3	DP	
<i>FANTASY LUBR MIS SPERMICI</i>	Tier 3	DP	
<i>FANTASY MIS LUBRICAT</i>	Tier 3	DP	
<i>fayosim tab</i>	Tier 1		
<i>FC2 FEMALE MIS CONDOM</i>	Tier 3	DP	
<i>FC FEMALE MIS CONDOM</i>	Tier 3	DP	
<i>femynor tab 0.25-35</i>	Tier 1	NDS	
<i>hailey 24 tab fe</i>	Tier 1		
<i>heather tab 0.35mg</i>	Tier 1		
<i>HIGH SENSATI MIS SPERMICI</i>	Tier 3	DP	
<i>incassia tab 0.35mg</i>	Tier 1		
<i>INTENSE SENS MIS</i>	Tier 3	DP	
<i>introvale tab</i>	Tier 1		
<i>isibloom tab</i>	Tier 1		
<i>jasmiel tab 3-0.02mg</i>	Tier 1		
<i>jolivette tab 0.35mg</i>	Tier 1		
<i>juleber tab</i>	Tier 1		
<i>junel 1.5/30 tab</i>	Tier 1		
<i>junel 1/20 tab</i>	Tier 1		
<i>junel fe 24 tab 1/20</i>	Tier 1		
<i>junel fe tab 1.5/30</i>	Tier 1		
<i>junel fe tab 1/20</i>	Tier 1		
<i>kaitlib fe chw</i>	Tier 1		
<i>KAMELEON LUB MIS COLORS</i>	Tier 3	DP	
<i>KAMELEON MIS TRI-COLR</i>	Tier 3	DP	
<i>kariva tab 28 day</i>	Tier 1		
<i>kelnor 1/50 tab</i>	Tier 1		
<i>kelnor tab 1/35</i>	Tier 1		
<i>KIMONO COLOR MIS</i>	Tier 3	DP	

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>
	<b>COST YOU (TIER LEVEL)</b>
KIMONO MICRO MIS THIN	Tier 3 DP
KIMONO MICRO MIS THIN +	Tier 3 DP
KIMONO MICRO MIS THIN PLS	Tier 3 DP
KIMONO MIS LUBRICAT	Tier 3 DP
KIMONO MIS SENSATIO	Tier 3 DP
KIMONO PLUS MIS LUBRICAT	Tier 3 DP
KIMONO PLUS MIS SPERMICI	Tier 3 DP
KIMONO PS MIS LUBRICAT	Tier 3 DP
KIMONO PS MIS PLUS	Tier 3 DP
KIMONO SENSA MIS PLUS	Tier 3 DP
KIMONO SPEC MIS	Tier 3 DP
<i>kurvelo tab 0.15/30</i>	Tier 1
<i>larin fe tab 1.5/30</i>	Tier 1
<i>larin fe tab 1/20</i>	Tier 1
<i>larin tab 1.5/30</i>	Tier 1
<i>larin tab 1/20</i>	Tier 1
<i>layolis fe chw</i>	Tier 1
<i>lessina tab</i>	Tier 1
<i>levonest tab</i>	Tier 1
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp;eth est 0.01 mg</i>	Tier 1
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>	Tier 1
<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>	Tier 1
<i>levonorgestrel &amp; ethynodiolide (91-day) tab 0.15-0.03 mg</i>	Tier 1
<i>levonorgestrel &amp; ethynodiolide tab 0.1 mg-20 mcg</i>	Tier 1
<i>levonorgestrel &amp; ethynodiolide tab 0.15 mg-30 mcg</i>	Tier 1
<i>levonorgestrel-eth estra tab 0.05- 30/0.075-40/0.125-30mg-mcg</i>	Tier 1
<i>levora-28 tab 0.15/30</i>	Tier 1
LIFESTYLES MIS COLORS	Tier 3 DP
LIFESTYLES MIS EXT STR	Tier 3 DP
LIFESTYLES MIS FORM FIT	Tier 3 DP
LIFESTYLES MIS LUBRICAT	Tier 3 DP
LIFESTYLES MIS RIBBED	Tier 3 DP
LIFESTYLES MIS SKYN	Tier 3 DP
LIFESTYLES MIS SPERM/LU	Tier 3 DP

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>
	<b>COST YOU (TIER LEVEL)</b>
LIFESTYLES MIS STUDDED	Tier 3 DP
LIFESTYLES MIS ULT/SENS	Tier 3 DP
LIFESTYLES MIS VIBRA-RI	Tier 3 DP
LIFESTYLES MIS XPLEASUR	Tier 3 DP
<i>lomedia 24 tab fe</i>	Tier 1
<i>loryna tab 3-0.02mg</i>	Tier 1
<i>lutera tab</i>	Tier 1
<i>lyza tab 0.35mg</i>	Tier 1
<i>marlissa tab 0.15/30</i>	Tier 1
MAXX MIS LUBRICAT	Tier 3 DP
MAXX PLUS MIS SPERMICI	Tier 3 DP
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	Tier 1
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	Tier 1
<i>melodetta chw 24 fe</i>	Tier 1
<i>mibelas 24 chw fe</i>	Tier 1
<i>mili tab 0.25/35</i>	Tier 1
<i>myzilra tab</i>	Tier 1
NATURAL COND MIS + LUBE	Tier 3 DP
<i>necon tab 0.5/35</i>	Tier 1
<i>necon tab 7/7/7</i>	Tier 1
<i>nikki tab 3-0.02mg</i>	Tier 1
<i>norelgestromin-ethynodiol dihydrochloride 150-35 mcg/24hr</i>	Tier 1
<i>norethindrone &amp; ethynodiol dihydrochloride chew tab 0.4 mg-35 mcg</i>	Tier 1
<i>norethindrone &amp; ethynodiol dihydrochloride chew tab 0.8 mg-25 mcg</i>	Tier 1
<i>norethindrone ac-ethynodiol dihydrochloride tab 1-20/1-30/1-35 mcg-mcg</i>	Tier 1
<i>norethindrone ace &amp; ethynodiol dihydrochloride tab 1 mg-20 mcg</i>	Tier 1
<i>norethindrone ace &amp; ethynodiol dihydrochloride tab 1.5 mg-30 mcg</i>	Tier 1
<i>norethindrone ace &amp; ethynodiol dihydrochloride tab 1 mg-20 mcg</i>	Tier 1
<i>norethindrone ace &amp; ethynodiol dihydrochloride tab 1.5 mg-30 mcg</i>	Tier 1
<i>norethindrone ace-ethynodiol dihydrochloride chew tab 1 mg-20 mcg (24)</i>	Tier 1

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>
	<b>COST YOU (TIER LEVEL)</b>
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	Tier 1
<i>norethindrone tab 0.35 mg</i>	Tier 1
<i>norethindrone-eth estradiol tab 0.5-35/1- 35/0.5-35 mg-mcg</i>	Tier 1
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	Tier 1 NDS
<i>norgestimate-eth estrad tab 0.18- 25/0.215-25/0.25-25 mg-mcg</i>	Tier 1
<i>norgestimate-eth estrad tab 0.18- 35/0.215-35/0.25-35 mg-mcg</i>	Tier 1
<i>norgestrel &amp; ethinyl estradiol tab 0.3 mg- 30 mcg</i>	Tier 1
<i>norlyroc tab 0.35mg</i>	Tier 1
<i>nortrel tab 0.5/35</i>	Tier 1
<i>nortrel tab 1/35</i>	Tier 1
<i>nortrel tab 7/7/7</i>	Tier 1
<i>NUVARING MIS</i>	Tier 2
<i>orsythia tab</i>	Tier 1
<i>philith tab 0.4-35</i>	Tier 1
<i>pimtrea tab</i>	Tier 1
<i>pirmella tab 1/35</i>	Tier 1
<i>portia-28 tab</i>	Tier 1
<i>previfem tab</i>	Tier 1 NDS
<i>quasense tab</i>	Tier 1
<i>REALITY MIS LUBRICAT</i>	Tier 3 DP
<i>REALITY ULTR MIS TEXTURED</i>	Tier 3 DP
<i>REALITY ULTR MIS THIN</i>	Tier 3 DP
<i>reclipsen tab</i>	Tier 1
<i>rivelsa tab</i>	Tier 1
<i>sharobel tab 0.35mg</i>	Tier 1
<i>sprintec 28 tab 28 day</i>	Tier 1 NDS
<i>tarina 24 fe tab</i>	Tier 1
<i>tarina fe tab 1/20</i>	Tier 1
<i>tri-estarryll tab</i>	Tier 1
<i>tri-legest tab fe</i>	Tier 1
<i>tri-lo- tab sprintec</i>	Tier 1
<i>tri-mili tab</i>	Tier 1
<i>tri-previfem tab</i>	Tier 1
<i>tri-sprintec tab</i>	Tier 1
<i>tri-vylibra tab</i>	Tier 1

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<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>		
	<b>COST YOU</b>	<b>(TIER LEVEL)</b>	
<i>tri-vylibra tab lo</i>	Tier 1		
<i>trinessa lo tab</i>	Tier 1		
<i>trinessa tab</i>	Tier 1		
<i>trivora-28 tab</i>	Tier 1		
TROJAN EXTEN MIS LUBRICAT	Tier 3	DP	
TROJAN MAGN MIS	Tier 3	DP	
TROJAN MAGN MIS WARM SEN	Tier 3	DP	
TROJAN MAGN MIS XL/LUBE	Tier 3	DP	
TROJAN MIS	Tier 3	DP	
TROJAN MIS ENZ-LUB	Tier 3	DP	
TROJAN MIS NAT LAMB	Tier 3	DP	
TROJAN MIS NATULAMB	Tier 3	DP	
TROJAN MIS REGULAR	Tier 3	DP	
TROJAN MIS RIBBED	Tier 3	DP	
TROJAN MIS VERY SEN	Tier 3	DP	
TROJAN MIS VERY THN	Tier 3	DP	
TROJAN PLEAS MIS SPERMICI	Tier 3	DP	
TROJAN PLUS MIS	Tier 3	DP	
TROJAN RIB MIS	Tier 3	DP	
TROJAN SHARE MIS LUBRICAT	Tier 3	DP	
TROJAN SUPRA MIS SPERMICI	Tier 3	DP	
TROJAN TWIST MIS PLEASURE	Tier 3	DP	
TROJAN ULTRA MIS LUBRICAT	Tier 3	DP	
TROJAN-ASSRT MIS PACK	Tier 3	DP	
TROJAN-ENZ MIS LARGE	Tier 3	DP	
TROJAN-ENZ MIS LUBRICAT	Tier 3	DP	
TROJAN-ENZ MIS W/SPERMI	Tier 3	DP	
TROJAN/SPERM MIS VERY SEN	Tier 3	DP	
TROJAN/SPERM MIS VERY THN	Tier 3	DP	
TRUSTEX LUBR MIS ASSORTED	Tier 3	DP	
TRUSTEX LUBR MIS BANANA	Tier 3	DP	
TRUSTEX LUBR MIS CHOC	Tier 3	DP	
TRUSTEX LUBR MIS COLA	Tier 3	DP	
TRUSTEX LUBR MIS COLORS	Tier 3	DP	
TRUSTEX LUBR MIS EX LARGE	Tier 3	DP	
TRUSTEX LUBR MIS EX STR	Tier 3	DP	
TRUSTEX LUBR MIS GRAPE	Tier 3	DP	
TRUSTEX LUBR MIS MINT	Tier 3	DP	
TRUSTEX LUBR MIS RIB/STUD	Tier 3	DP	
TRUSTEX LUBR MIS SPERMICI	Tier 3	DP	

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>
TRUSTEX LUBR MIS STRWBRY	Tier 3 DP
TRUSTEX LUBR MIS VANILLA	Tier 3 DP
TRUSTEX MIS BANANA	Tier 3 DP
TRUSTEX MIS CHOCOLAT	Tier 3 DP
TRUSTEX MIS FLAVORS	Tier 3 DP
TRUSTEX MIS MINT	Tier 3 DP
TRUSTEX MIS STRWBRY	Tier 3 DP
TRUSTEX MIS VANILLA	Tier 3 DP
TRUSTEX/RIA MIS LUBRICAT	Tier 3 DP
TRUSTEX/RIA MIS NON-LUB	Tier 3 DP
TRUSTEX/RIA MIS SPERMICI	Tier 3 DP
TRUSTX NON-9 MIS RIB/STUD	Tier 3 DP
<i>tulana tab 0.35mg</i>	Tier 1
<i>tydemy tab</i>	Tier 1
ULTIMATE FEE MIS	Tier 3 DP
<i>velvet pak</i>	Tier 1
<i>vienna tab 0.1-20</i>	Tier 1
<i>viorele tab</i>	Tier 1
<i>vyfemla tab 0.4-35</i>	Tier 1
<i>vylibra tab 0.25-35</i>	Tier 1 NDS
<i>wymzya fe chw 0.4mg-35</i>	Tier 1
<i>zarah tab 3-0.03mg</i>	Tier 1
<i>zovia 1/35e tab</i>	Tier 1

#### ***ENDOMETRIOSIS***

<i>danazol cap 50 mg</i>	Tier 1
<i>danazol cap 100 mg</i>	Tier 1
<i>danazol cap 200 mg</i>	Tier 1
SYNAREL SOL 2MG/ML	Tier 2

#### ***ENZYME REPLACEMENTS - DRUGS TO TREAT ENZYME DEFICIENCIES***

ALDURAZYME INJ 2.9MG/5M	Tier 2	LA, PA
CARBAGLU TAB 200MG	Tier 2	LA, PA
CERDELGA CAP 84MG	Tier 2	PA
CEREZYME INJ 400UNIT	Tier 2	LA, PA
CYSTADANE POW	Tier 2	LA
CYSTAGON CAP 50MG	Tier 2	LA, PA
CYSTAGON CAP 150MG	Tier 2	LA, PA
FABRAZYME INJ 5MG	Tier 2	LA, PA
FABRAZYME INJ 35MG	Tier 2	LA, PA
KUVAN POW 100MG	Tier 2	LA, PA
KUVAN POW 500MG	Tier 2	LA, PA

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<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>
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KUVAN TAB 100MG	Tier 2 LA, PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	Tier 1 B/D
<i>levocarnitine tab 330 mg</i>	Tier 1 B/D
LUMIZYME INJ 50MG	Tier 2 NDS, LA, PA
<i>miglustat cap 100 mg</i>	Tier 2 PA
NAGLAZYME INJ 1MG/ML	Tier 2 LA, PA
NITYR TAB 2MG	Tier 2 LA, PA
NITYR TAB 5MG	Tier 2 LA, PA
NITYR TAB 10MG	Tier 2 LA, PA
ORFADIN CAP 2MG	Tier 2 LA, PA
ORFADIN CAP 5MG	Tier 2 LA, PA
ORFADIN CAP 10MG	Tier 2 LA, PA
ORFADIN CAP 20MG	Tier 2 LA, PA
ORFADIN SUS 4MG/ML	Tier 2 LA, PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	Tier 2 PA
<i>sodium phenylbutyrate tab 500 mg</i>	Tier 2 PA

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

DELESTROGEN INJ 10MG/ML	Tier 2
<i>estradiol tab 0.5 mg</i>	Tier 2
<i>estradiol tab 1 mg</i>	Tier 2
<i>estradiol tab 2 mg</i>	Tier 2
<i>estradiol td patch weekly 0.1 mg/24hr</i>	Tier 2
<i>estradiol td patch weekly 0.05 mg/24hr</i>	Tier 2
<i>estradiol td patch weekly 0.06 mg/24hr</i>	Tier 2
<i>estradiol td patch weekly 0.025 mg/24hr</i>	Tier 2
<i>estradiol td patch weekly 0.075 mg/24hr</i>	Tier 2
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	Tier 2
<i>estradiol vaginal cream 0.1 mg/gm</i>	Tier 1
<i>estradiol vaginal tab 10 mcg</i>	Tier 1
<i>estradiol valerate im in oil 20 mg/ml</i>	Tier 1
<i>estradiol valerate im in oil 40 mg/ml</i>	Tier 1 NDS
<i>fyavolv tab 0.5-2.5</i>	Tier 2
<i>jinteli tab 1mg-5mcg</i>	Tier 2
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	Tier 2
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	Tier 2

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>
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**GLUCOCORTICOIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE**

cortisone acetate tab 25 mg	Tier 1
DEXAMETHASON CON 1MG/ML	Tier 2
dexamethasone elixir 0.5 mg/5ml	Tier 1
dexamethasone sod phosphate preservative free inj 10 mg/ml	Tier 1
dexamethasone sodium phosphate inj 4 mg/ml	Tier 1
dexamethasone sodium phosphate inj 10 mg/ml	Tier 1
dexamethasone sodium phosphate inj 20 mg/5ml	Tier 1
dexamethasone sodium phosphate inj 100 mg/10ml	Tier 1
dexamethasone sodium phosphate inj 120 mg/30ml	Tier 1
dexamethasone soln 0.5 mg/5ml	Tier 1
dexamethasone tab 0.5 mg	Tier 1
dexamethasone tab 0.75 mg	Tier 1
dexamethasone tab 1 mg	Tier 1
dexamethasone tab 1.5 mg	Tier 1
dexamethasone tab 2 mg	Tier 1
dexamethasone tab 4 mg	Tier 1
dexamethasone tab 6 mg	Tier 1
fludrocortisone acetate tab 0.1 mg	Tier 1
hydrocortisone tab 5 mg	Tier 1
hydrocortisone tab 10 mg	Tier 1
hydrocortisone tab 20 mg	Tier 1
methylprednisolone acetate inj susp 40 mg/ml	Tier 1 B/D
methylprednisolone acetate inj susp 80 mg/ml	Tier 1 B/D
methylprednisolone sod succ for inj 40 mg (base equiv)	Tier 1 B/D
methylprednisolone sod succ for inj 125 mg (base equiv)	Tier 1 B/D
methylprednisolone sod succ for inj 1000 mg (base equiv)	Tier 1 B/D
methylprednisolone tab 4 mg	Tier 1 B/D
methylprednisolone tab 8 mg	Tier 1 B/D
methylprednisolone tab 16 mg	Tier 1 B/D

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>		
<i>methylprednisolone tab 32 mg</i>	Tier 1	B/D	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	Tier 1	NDS	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	Tier 1	B/D	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	Tier 1	B/D	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	Tier 1	B/D	
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	Tier 1	B/D	
<i>PREDNISONE CON 5MG/ML</i>	Tier 2	B/D	
<i>prednisone oral soln 5 mg/5ml</i>	Tier 1	B/D	
<i>prednisone tab 1 mg</i>	Tier 1	B/D	
<i>prednisone tab 2.5 mg</i>	Tier 1	B/D	
<i>prednisone tab 5 mg</i>	Tier 1	B/D	
<i>prednisone tab 10 mg</i>	Tier 1	B/D	
<i>prednisone tab 20 mg</i>	Tier 1	B/D	
<i>prednisone tab 50 mg</i>	Tier 1	B/D	
<i>prednisone tab therapy pack 5 mg (21)</i>	Tier 1		
<i>prednisone tab therapy pack 5 mg (48)</i>	Tier 1		
<i>prednisone tab therapy pack 10 mg (21)</i>	Tier 1		
<i>prednisone tab therapy pack 10 mg (48)</i>	Tier 1		
<i>SOLU-CORTEF INJ 100MG</i>	Tier 2		
<i>SOLU-CORTEF INJ 250MG</i>	Tier 2		
<i>SOLU-CORTEF INJ 500MG</i>	Tier 2		
<i>SOLU-CORTEF INJ 1000MG</i>	Tier 2		

### **GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR**

<i>GLUCAGEN INJ HYPOKIT</i>	Tier 2		
<i>GLUCAGON KIT 1MG</i>	Tier 2		
<i>PROGLYCEM SUS 50MG/ML</i>	Tier 2		

### **MISCELLANEOUS**

<i>cabergoline tab 0.5 mg</i>	Tier 1		
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	Tier 1	B/D	
<i>CHARCOAL POW</i>	Tier 3	DP	
<i>CHEMSTRIP TES UGK</i>	Tier 3	DP	
<i>D-XYLOSE POW</i>	Tier 3	DP	
<i>DIASCREEN 3 MIS</i>	Tier 3	DP	
<i>DIASCREEN 5 MIS</i>	Tier 3	DP	

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>
	<b>COST YOU (TIER LEVEL)</b>
DIASCREEN 6 MIS	Tier 3 DP
DIASCREEN 7 MIS	Tier 3 DP
DIASCREEN 8 MIS	Tier 3 DP
DIASCREEN 9 MIS	Tier 3 DP
DIASCREEN 10 MIS	Tier 3 DP
DIASCREEN MIS 1G	Tier 3 DP
DIASCREEN MIS 2GK	Tier 3 DP
DIASCREEN MIS 4OBL	Tier 3 DP
DIASTIX TES STRIPS	Tier 3 DP
FORTEO SOL 600/2.4	Tier 2 PA
GENOTROPIN INJ 0.2MG	Tier 2 PA
GENOTROPIN INJ 0.4MG	Tier 2 PA
GENOTROPIN INJ 0.6MG	Tier 2 PA
GENOTROPIN INJ 0.8MG	Tier 2 PA
GENOTROPIN INJ 1.2MG	Tier 2 PA
GENOTROPIN INJ 1.4MG	Tier 2 PA
GENOTROPIN INJ 1.6MG	Tier 2 PA
GENOTROPIN INJ 1.8MG	Tier 2 PA
GENOTROPIN INJ 1MG	Tier 2 PA
GENOTROPIN INJ 2MG	Tier 2 PA
GENOTROPIN INJ 5MG	Tier 2 PA
GENOTROPIN INJ 12MG	Tier 2 PA
INCRELEX INJ 40MG/4ML	Tier 2 LA, PA
KETO-DIASTIX TES	Tier 3 DP
KORLYM TAB 300MG	Tier 2 LA, PA
LUPR DEP-PED INJ 3M 30MG	Tier 2 PA
LUPR DEP-PED INJ 7.5MG	Tier 2 PA
LUPR DEP-PED INJ 11.25MG	Tier 2 PA
LUPR DEP-PED INJ 15MG	Tier 2 PA
NATPARA INJ 25MCG	Tier 2 PA
NATPARA INJ 50MCG	Tier 2 PA
NATPARA INJ 75MCG	Tier 2 PA
NATPARA INJ 100MCG	Tier 2 PA
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	Tier 1 PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	Tier 1 PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	Tier 1 PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	Tier 2 PA

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<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	Tier 2 PA
PROLIA SOL 60MG/ML	Tier 2 QL (1 injection / 180 days)
<i>raloxifene hcl tab 60 mg</i>	Tier 1
SIGNIFOR INJ 0.3MG/ML	Tier 2 LA, PA
SIGNIFOR INJ 0.6MG/ML	Tier 2 LA, PA
SIGNIFOR INJ 0.9MG/ML	Tier 2 LA, PA
SOMATULINE INJ 60/0.2ML	Tier 2 PA
SOMATULINE INJ 90/0.3ML	Tier 2 PA
SOMATULINE INJ 120/.5ML	Tier 2 PA
SOMAVERT INJ 10MG	Tier 2 LA, PA
SOMAVERT INJ 15MG	Tier 2 LA, PA
SOMAVERT INJ 20MG	Tier 2 LA, PA
SOMAVERT INJ 25MG	Tier 2 LA, PA
SOMAVERT INJ 30MG	Tier 2 LA, PA
TYMLOS INJ	Tier 2 PA
XENICAL CAP 120MG	Tier 3 DP
XGEVA INJ	Tier 2 PA

**PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS**

AURYXIA TAB 210MG	Tier 2	QL (360 tabs / 30 days), PA
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	Tier 1	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder) tab 667 mg</i>	Tier 1	QL (360 tabs / 30 days)
<i>sevelamer carbonate packet 0.8 gm</i>	Tier 2	QL (540 packets / 30 days)
<i>sevelamer carbonate packet 2.4 gm</i>	Tier 2	QL (180 packets / 30 days)
<i>sevelamer carbonate tab 800 mg</i>	Tier 1	QL (540 tabs / 30 days)

**PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES**

<i>medroxyprogesterone acetate tab 2.5 mg</i>	Tier 1
<i>medroxyprogesterone acetate tab 5 mg</i>	Tier 1
<i>medroxyprogesterone acetate tab 10 mg</i>	Tier 1
<i>norethindrone acetate tab 5 mg</i>	Tier 1

**THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS**

<i>levo-t tab 25mcg</i>	Tier 1
<i>levo-t tab 50mcg</i>	Tier 1

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>
	<b>COST YOU (TIER LEVEL)</b>
<i>levo-t tab 75mcg</i>	Tier 1
<i>levo-t tab 88mcg</i>	Tier 1
<i>levo-t tab 100mcg</i>	Tier 1
<i>levo-t tab 112mcg</i>	Tier 1
<i>levo-t tab 125mcg</i>	Tier 1
<i>levo-t tab 137mcg</i>	Tier 1
<i>levo-t tab 150mcg</i>	Tier 1
<i>levo-t tab 175mcg</i>	Tier 1
<i>levo-t tab 200 mcg</i>	Tier 1
<i>levo-t tab 300 mcg</i>	Tier 1
<i>levothyroxine sodium tab 25 mcg</i>	Tier 1
<i>levothyroxine sodium tab 50 mcg</i>	Tier 1
<i>levothyroxine sodium tab 75 mcg</i>	Tier 1
<i>levothyroxine sodium tab 88 mcg</i>	Tier 1
<i>levothyroxine sodium tab 100 mcg</i>	Tier 1
<i>levothyroxine sodium tab 112 mcg</i>	Tier 1
<i>levothyroxine sodium tab 125 mcg</i>	Tier 1
<i>levothyroxine sodium tab 137 mcg</i>	Tier 1
<i>levothyroxine sodium tab 150 mcg</i>	Tier 1
<i>levothyroxine sodium tab 175 mcg</i>	Tier 1
<i>levothyroxine sodium tab 200 mcg</i>	Tier 1
<i>levothyroxine sodium tab 300 mcg</i>	Tier 1
<i>levoxyl tab 25mcg</i>	Tier 1
<i>levoxyl tab 50mcg</i>	Tier 1
<i>levoxyl tab 75mcg</i>	Tier 1
<i>levoxyl tab 88mcg</i>	Tier 1
<i>levoxyl tab 100mcg</i>	Tier 1
<i>levoxyl tab 112mcg</i>	Tier 1
<i>levoxyl tab 125mcg</i>	Tier 1
<i>levoxyl tab 137mcg</i>	Tier 1
<i>levoxyl tab 150mcg</i>	Tier 1
<i>levoxyl tab 175mcg</i>	Tier 1
<i>levoxyl tab 200mcg</i>	Tier 1
<i>liothyronine sodium tab 5 mcg</i>	Tier 1
<i>liothyronine sodium tab 25 mcg</i>	Tier 1
<i>liothyronine sodium tab 50 mcg</i>	Tier 1
<i>methimazole tab 5 mg</i>	Tier 1
<i>methimazole tab 10 mg</i>	Tier 1
<i>propylthiouracil tab 50 mg</i>	Tier 1
<b>SYNTHROID TAB 25MCG</b>	Tier 2

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>
SYNTHROID TAB 50MCG	Tier 2
SYNTHROID TAB 75MCG	Tier 2
SYNTHROID TAB 88MCG	Tier 2
SYNTHROID TAB 100MCG	Tier 2
SYNTHROID TAB 112MCG	Tier 2
SYNTHROID TAB 125MCG	Tier 2
SYNTHROID TAB 137MCG	Tier 2
SYNTHROID TAB 150MCG	Tier 2
SYNTHROID TAB 175MCG	Tier 2
SYNTHROID TAB 200MCG	Tier 2
SYNTHROID TAB 300MCG	Tier 2
<i>unithroid tab 25mcg</i>	Tier 1
<i>unithroid tab 50mcg</i>	Tier 1
<i>unithroid tab 75mcg</i>	Tier 1
<i>unithroid tab 88mcg</i>	Tier 1
<i>unithroid tab 100mcg</i>	Tier 1
<i>unithroid tab 112mcg</i>	Tier 1
<i>unithroid tab 125mcg</i>	Tier 1
<i>unithroid tab 137mcg</i>	Tier 1
<i>unithroid tab 150mcg</i>	Tier 1
<i>unithroid tab 175mcg</i>	Tier 1
<i>unithroid tab 200mcg</i>	Tier 1
<i>unithroid tab 300mcg</i>	Tier 1

#### **VASOPRESSINS - DRUGS TO REGULATE PITUITARY HORMONES**

<i>desmopressin acetate inj 4 mcg/ml</i>	Tier 1
<i>desmopressin acetate nasal spray soln 0.01%</i>	Tier 1
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	Tier 1
<i>desmopressin acetate tab 0.1 mg</i>	Tier 1
<i>desmopressin acetate tab 0.2 mg</i>	Tier 1
<i>STIMATE SOL 1.5MG/ML</i>	Tier 2

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

##### **ANTACIDS**

<i>advanced sus antacid</i>	Tier 3	DP
<i>almacone chw</i>	Tier 3	DP
<i>almacone dbl sus strength</i>	Tier 3	DP
<i>almacone sus</i>	Tier 3	DP
<i>ALUM HYDROX SUS 320/5ML</i>	Tier 3	DP

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>
	<b>COST YOU (TIER LEVEL)</b>
<i>antacid fast sus acting</i>	Tier 3 DP
<i>antacid fast sus relief</i>	Tier 3 DP
<i>antacid plus sus anti-gas</i>	Tier 3 DP
<i>antacid plus sus gas rel</i>	Tier 3 DP
<i>antacid sus</i>	Tier 3 DP
<i>antacid sus anti-gas</i>	Tier 3 DP
<i>antacid sus max st</i>	Tier 3 DP
<i>antacid sus mint crm</i>	Tier 3 DP
<i>antacid sus reg st</i>	Tier 3 DP
<i>antacid/sime sus ds</i>	Tier 3 DP
CALCIUM CARB TAB 648MG	Tier 3 DP
GELUSIL CHW	Tier 3 DP
<i>gnp antacid sus anti-gas</i>	Tier 3 DP
<i>gnp antacid sus cherry</i>	Tier 3 DP
<i>gnp masanti sus max st</i>	Tier 3 DP
<i>gnp masanti sus reg st</i>	Tier 3 DP
<i>hm antacid sus anti-gas</i>	Tier 3 DP
<i>mag-al plus liq</i>	Tier 3 DP
<i>mag-al plus liq xs</i>	Tier 3 DP
MAGN OXIDE POW HEAVY	Tier 3 DP
MAGN OXIDE POW LIGHT	Tier 3 DP
<i>magnesium oxide tab 400 mg</i>	Tier 3 DP
<i>magnesium oxide tab 420 mg</i>	Tier 3 DP
<i>mi-acid sus</i>	Tier 3 DP
<i>mi-acid sus max st</i>	Tier 3 DP
<i>milantex sus ex st</i>	Tier 3 DP
<i>milantex sus original</i>	Tier 3 DP
<i>mintox plus chw</i>	Tier 3 DP
<i>mintox sus</i>	Tier 3 DP
<i>mintox sus max st</i>	Tier 3 DP
<i>qc antacid sus</i>	Tier 3 DP
<i>qc antacid sus anti-gas</i>	Tier 3 DP
<i>rulox sus</i>	Tier 3 DP
<i>sb antacid sus anti-gas</i>	Tier 3 DP
<i>sm antacid sus advanced</i>	Tier 3 DP
<i>sm antacid sus anti-gas</i>	Tier 3 DP
<i>sm antacid/ sus antigas</i>	Tier 3 DP
SODIUM POW BICARBON	Tier 3 DP
URO-MAG CAP 140MG	Tier 3 DP

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>
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### **ANTI-DIARRHEAL**

<i>anti-diarrhe cap 2mg</i>	Tier 3 DP
<i>anti-diarrhe tab 2mg</i>	Tier 3 DP
<i>bismatrol chw 262mg</i>	Tier 3 DP
<i>bismatrol sus 262/15ml</i>	Tier 3 DP
<i>BISMUTH POW SUBGALLA</i>	Tier 3 DP
<i>bismuth subsalicylate chew tab 262 mg</i>	Tier 3 DP
<i>diarrhea rel sus 262/15ml</i>	Tier 3 DP
<i>gnp k-pec sus 262/15ml</i>	Tier 3 DP
<i>kao-tin sus 262/15ml</i>	Tier 3 DP
<i>KAOLIN POW COLLOID</i>	Tier 3 DP
<i>loperamide cap 2mg</i>	Tier 3 DP
<i>loperamide hcl liq 1 mg/5ml (0.2 mg/ml)</i>	Tier 3 DP
<i>medi-bismuth chw 262mg</i>	Tier 3 DP
<i>PECTIN POW</i>	Tier 3 DP
<i>peptic relf chw 262mg</i>	Tier 3 DP
<i>peptic relf sus 262/15ml</i>	Tier 3 DP
<i>pink bismuth chw 262mg</i>	Tier 3 DP
<i>pink bismuth tab 262mg</i>	Tier 3 DP
<i>sm anti-diar tab 2mg</i>	Tier 3 DP
<i>sm stomach sus 262/15ml</i>	Tier 3 DP
<i>stomach relf chw 262mg</i>	Tier 3 DP
<i>stomach relf sus 262/15ml</i>	Tier 3 DP
<i>stomach relf tab 262mg</i>	Tier 3 DP

### **ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING**

<i>aprepitant capsule 40 mg</i>	Tier 1 B/D
<i>aprepitant capsule 80 mg</i>	Tier 1 B/D
<i>aprepitant capsule 125 mg</i>	Tier 1 B/D
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	Tier 1 B/D
<i>compro sup 25mg</i>	Tier 1
<i>dronabinol cap 2.5 mg</i>	Tier 1 B/D, QL (60 caps / 30 days)
<i>dronabinol cap 5 mg</i>	Tier 1 B/D, QL (60 caps / 30 days)
<i>dronabinol cap 10 mg</i>	Tier 1 B/D, QL (60 caps / 30 days)
<i>EMEND SUS 125MG</i>	Tier 2 B/D
<i>granisetron hcl inj 1 mg/ml</i>	Tier 1
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	Tier 1

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>
	<b>COST YOU (TIER LEVEL)</b>
<i>granisetron hcl tab 1 mg</i>	Tier 1 B/D
<i>meclizine hcl tab 12.5 mg</i>	Tier 2
<i>meclizine hcl tab 25 mg</i>	Tier 2
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	Tier 1
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	Tier 1
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	Tier 1
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	Tier 1
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	Tier 1
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	Tier 1
<i>ondansetron hcl oral soln 4 mg/5ml</i>	Tier 1 B/D
<i>ondansetron hcl tab 4 mg</i>	Tier 1 B/D
<i>ondansetron hcl tab 8 mg</i>	Tier 1 B/D
<i>ondansetron hcl tab 24 mg</i>	Tier 1 B/D
<i>ondansetron orally disintegrating tab 4 mg</i>	Tier 1 B/D
<i>ondansetron orally disintegrating tab 8 mg</i>	Tier 1 B/D
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	Tier 1
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	Tier 1
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	Tier 1
<i>prochlorperazine suppos 25 mg</i>	Tier 1
<i>promethazine hcl inj 25 mg/ml</i>	Tier 2 PA; PA if 70 years and older
<i>promethazine hcl inj 50 mg/ml</i>	Tier 2 PA; PA if 70 years and older
<i>promethazine hcl syrup 6.25 mg/5ml</i>	Tier 2 PA; PA if 70 years and older
<i>promethazine hcl tab 12.5 mg</i>	Tier 2 PA; PA if 70 years and older
<i>promethazine hcl tab 25 mg</i>	Tier 2 PA; PA if 70 years and older
<i>promethazine hcl tab 50 mg</i>	Tier 2 PA; PA if 70 years and older
<i>scopolamine td patch 72hr 1 mg/3days</i>	Tier 2 QL (10 patches / 30 days), PA; PA if 70 years and older

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>
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TRANSDERM-SC DIS 1.5MG	Tier 2      QL (10 patches / 30 days), PA; PA if 70 years and older
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#### **ANTISPASMODICS - DRUGS FOR STOMACH SPASMS**

<i>dicyclomine hcl cap 10 mg</i>	Tier 2
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	Tier 2
<i>dicyclomine hcl tab 20 mg</i>	Tier 2
<i>glycopyrrolate tab 1 mg</i>	Tier 1
<i>glycopyrrolate tab 2 mg</i>	Tier 1

#### **H2-RECEPTOR ANTAGONISTS - DRUGS FOR ULCERS AND STOMACH ACID**

<i>famotidine for susp 40 mg/5ml</i>	Tier 1
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	Tier 1
<i>famotidine inj 20 mg/2ml</i>	Tier 1
<i>famotidine inj 40 mg/4ml</i>	Tier 1
<i>famotidine inj 200 mg/20ml</i>	Tier 1
<i>famotidine tab 20 mg</i>	Tier 1
<i>famotidine tab 40 mg</i>	Tier 1
<i>ranitidine hcl inj 50 mg/2ml (25 mg/ml)</i>	Tier 1
<i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i>	Tier 1
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	Tier 1
<i>ranitidine hcl tab 150 mg</i>	Tier 1
<i>ranitidine hcl tab 300 mg</i>	Tier 1

#### **INFLAMMATORY BOWEL DISEASE**

<i>APRISO CAP 0.375GM</i>	Tier 2      QL (120 caps / 30 days)
<i>balsalazide disodium cap 750 mg</i>	Tier 1
<i>budesonide delayed release particles cap 3 mg</i>	Tier 2
<i>DELZICOL CAP 400MG</i>	Tier 2
<i>hydrocortisone enema 100 mg/60ml</i>	Tier 1
<i>mesalamine cap dr 400 mg</i>	Tier 1
<i>mesalamine enema 4 gm</i>	Tier 1
<i>mesalamine rectal enema 4 gm &amp; cleanser wipe kit</i>	Tier 1
<i>mesalamine suppos 1000 mg</i>	Tier 1
<i>mesalamine tab delayed release 800 mg</i>	Tier 1
<i>sulfasalazine tab 500 mg</i>	Tier 1
<i>sulfasalazine tab delayed release 500 mg</i>	Tier 1

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>
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### **LAXATIVES**

<i>bisac-evac sup 10mg</i>	Tier 3 DP
<i>bisacodyl suppos 10 mg</i>	Tier 3 DP
<i>bisacodyl tab 5mg ec</i>	Tier 3 DP
<i>biscolax sup 10mg</i>	Tier 3 DP
<i>constulose sol 10gm/15</i>	Tier 1
<i>docqlace cap 100mg</i>	Tier 3 DP
<i>docu liq 50mg/5ml</i>	Tier 3 DP
<i>docu soft cap 100mg</i>	Tier 3 DP
<i>docusate cal cap 240mg</i>	Tier 3 DP
<i>docusate sod cap 100mg</i>	Tier 3 DP
<i>docusate sod liq 50mg/5ml</i>	Tier 3 DP
<i>docusate sodium cap 100 mg</i>	Tier 3 DP
<i>docusate sodium liquid 150 mg/15ml</i>	Tier 3 DP
<i>docusil cap 100mg</i>	Tier 3 DP
<i>DOCUSOL MINI ENE</i>	Tier 3 DP
<i>dok plus tab 8.6-50mg</i>	Tier 3 DP
<i>ducodyl tab 5mg ec</i>	Tier 3 DP
<i>ENEMEEZ MINI ENE</i>	Tier 3 DP
<i>ENEMEEZ PLUS ENE 20-283</i>	Tier 3 DP
<i>enulose sol 10gm/15</i>	Tier 1
<i>epsom salt gra</i>	Tier 3 DP
<i>EPSOM SALT POW</i>	Tier 3 DP
<i>gavilyte-c sol</i>	Tier 1
<i>gavilyte-g sol</i>	Tier 1
<i>gavilyte-n sol flav pk</i>	Tier 1
<i>generlac sol 10gm/15</i>	Tier 1
<i>gentle laxat sup 10mg</i>	Tier 3 DP
<i>gentle laxat tab 5mg ec</i>	Tier 3 DP
<i>glycerin suppos 1 gm</i>	Tier 3 DP
<i>gnp bisa-lax tab 5mg ec</i>	Tier 3 DP
<i>gnp glycerin sup 1.2gm</i>	Tier 3 DP
<i>gnp laxative sup 10mg</i>	Tier 3 DP
<i>gnp laxative tab 5mg ec</i>	Tier 3 DP
<i>gnp laxative tab 25mg</i>	Tier 3 DP
<i>GOLYTELY SOL</i>	Tier 2
<i>hm epsom gra salt</i>	Tier 3 DP
<i>hm laxative tab 5mg ec</i>	Tier 3 DP
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	Tier 1

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>		
	<b>COST YOU (TIER LEVEL)</b>		
<i>lactulose solution 10 gm/15ml</i>	Tier 1		
<i>lax/stl soft tab 8.6-50mg</i>	Tier 3	DP	
<i>laxative sup 10mg</i>	Tier 3	DP	
<i>laxative tab 25mg</i>	Tier 3	DP	
<i>medi-natural tab 8.6-50mg</i>	Tier 3	DP	
<i>medi-natural tab 8.6mg</i>	Tier 3	DP	
<i>MINERAL OIL</i>	Tier 3	DP	
<i>MINERAL OIL HEAVY</i>	Tier 3	DP	
<i>MINERAL OIL LIGHT</i>	Tier 3	DP	
<i>MOVIPREP SOL</i>	Tier 2		
<i>nat fiber pow therapy</i>	Tier 3	DP	
<i>nat veg lax tab 8.6mg</i>	Tier 3	DP	
<i>naturl fiber pow 28.3%</i>	Tier 3	DP	
<i>NULYTELY SOL FLAV PKS</i>	Tier 2		
<i>PEDIA-LAX LIQ 50MG</i>	Tier 3	DP	
<i>PEDIA-LAX SUP 1GM</i>	Tier 3	DP	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	Tier 1		
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	Tier 1		
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	Tier 1		
<i>qc epsom gra salt</i>	Tier 3	DP	
<i>qc laxative sup 10mg</i>	Tier 3	DP	
<i>qc natural pow vegetabl</i>	Tier 3	DP	
<i>qc senna tab 8.6mg</i>	Tier 3	DP	
<i>ra epsom gra salt</i>	Tier 3	DP	
<i>RA EPSOM GRA SALT/LVN</i>	Tier 3	DP	
<i>ra glycerin sup 80.7%</i>	Tier 3	DP	
<i>reguloid pow 28.3%</i>	Tier 3	DP	
<i>reguloid pow 48.57%</i>	Tier 3	DP	
<i>reguloid pow 58.6%</i>	Tier 3	DP	
<i>sani-supp sup pediatri</i>	Tier 3	DP	
<i>sb docusate tab 8.6-50mg</i>	Tier 3	DP	
<i>sb fib lax pow 33%</i>	Tier 3	DP	
<i>sb laxative sup 10mg</i>	Tier 3	DP	
<i>sb senna-lax tab 8.6mg</i>	Tier 3	DP	
<i>senexon tab 8.6mg</i>	Tier 3	DP	
<i>senexon-s tab 8.6-50mg</i>	Tier 3	DP	
<i>senna plus tab 8.6-50mg</i>	Tier 3	DP	

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>	<b>COST YOU (TIER LEVEL)</b>
senna-lax tab 8.6mg	Tier 3	DP
senna-s tab 8.6-50mg	Tier 3	DP
senna-tabs tab 8.6mg	Tier 3	DP
senna-time s tab 8.6-50mg	Tier 3	DP
senna-time tab 8.6mg	Tier 3	DP
senno tab 8.6mg	Tier 3	DP
sennosides syrup 8.8 mg/5ml	Tier 3	DP
sennosides-docusate sodium tab 8.6-50 mg	Tier 3	DP
silace liq 10mg/ml	Tier 3	DP
silace syp 60/15ml	Tier 3	DP
sm fiber pow 28.3%	Tier 3	DP
sm fiber pow 48.57%	Tier 3	DP
sm fiber pow 58.6%	Tier 3	DP
sm laxative sup 10mg	Tier 3	DP
sm laxative tab 5mg ec	Tier 3	DP
sm senna lax tab 8.6mg	Tier 3	DP
sm senna lax tab max str	Tier 3	DP
stim laxat tab 5mg ec	Tier 3	DP
stool softnr cap 100mg	Tier 3	DP
stool softnr cap 250mg	Tier 3	DP
stool softnr syp 60/15ml	Tier 3	DP
stool softnr tab 8.6-50mg	Tier 3	DP
SUPREP BOWEL SOL PREP KIT	Tier 2	
trilyte sol	Tier 1	
womans laxat tab 5mg ec	Tier 3	DP

#### **MISCELLANEOUS**

alosetron hcl tab 0.5 mg (base equiv)	Tier 2	PA
alosetron hcl tab 1 mg (base equiv)	Tier 2	PA
AMITIZA CAP 8MCG	Tier 2	QL (180 caps / 30 days)
AMITIZA CAP 24MCG	Tier 2	QL (60 caps / 30 days)
cromolyn sodium oral conc 100 mg/5ml	Tier 2	
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	Tier 2	
diphenoxylate w/ atropine tab 2.5-0.025 mg	Tier 2	
GATTEX KIT 5MG	Tier 2	LA, PA
LINZESS CAP 72MCG	Tier 2	QL (30 caps / 30 days)
LINZESS CAP 145MCG	Tier 2	QL (30 caps / 30 days)
LINZESS CAP 290MCG	Tier 2	QL (30 caps / 30 days)

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>
	<b>COST YOU (TIER LEVEL)</b>

<i>loperamide hcl cap 2 mg</i>	Tier 1
<i>misoprostol tab 100 mcg</i>	Tier 1
<i>misoprostol tab 200 mcg</i>	Tier 1
<i>MOVANTIK TAB 12.5MG</i>	Tier 2 QL (60 tabs / 30 days)
<i>MOVANTIK TAB 25MG</i>	Tier 2 QL (30 tabs / 30 days)
<i>RELISTOR INJ 8/0.4ML</i>	Tier 2 PA
<i>RELISTOR INJ 12/0.6ML</i>	Tier 2 PA
<i>SIMETHICONE LIQ</i>	Tier 3 DP
<i>sucralfate tab 1 gm</i>	Tier 1
<i>SYMPROIC TAB 0.2MG</i>	Tier 2
<i>ursodiol cap 300 mg</i>	Tier 1
<i>ursodiol tab 250 mg</i>	Tier 1
<i>ursodiol tab 500 mg</i>	Tier 1
<i>XIFAXAN TAB 550MG</i>	Tier 2 PA

#### **PANCREATIC ENZYMES**

<i>CREON CAP 3000UNIT</i>	Tier 2
<i>CREON CAP 6000UNIT</i>	Tier 2
<i>CREON CAP 12000UNT</i>	Tier 2
<i>CREON CAP 24000UNT</i>	Tier 2
<i>CREON CAP 36000UNT</i>	Tier 2
<i>ZENPEP CAP 3000UNIT</i>	Tier 2
<i>ZENPEP CAP 5000UNIT</i>	Tier 2
<i>ZENPEP CAP 10000UNT</i>	Tier 2
<i>ZENPEP CAP 15000UNT</i>	Tier 2
<i>ZENPEP CAP 20000UNT</i>	Tier 2
<i>ZENPEP CAP 25000</i>	Tier 2
<i>ZENPEP CAP 40000</i>	Tier 2

#### **PROTON PUMP INHIBITORS - DRUGS FOR ULCERS AND STOMACH ACID**

<i>DEXILANT CAP 30MG DR</i>	Tier 2	QL (30 caps / 30 days)
<i>DEXILANT CAP 60MG DR</i>	Tier 2	QL (30 caps / 30 days)
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	Tier 1	QL (30 caps / 30 days)
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	Tier 1	QL (30 caps / 30 days)
<i>esomeprazole sodium for intravenous soln 20 mg (base equiv)</i>	Tier 1	
<i>esomeprazole sodium for intravenous soln 40 mg (base equiv)</i>	Tier 1	
<i>lansoprazole cap delayed release 15 mg</i>	Tier 1	QL (30 caps / 30 days)

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>		
<i>lansoprazole cap delayed release 30 mg</i>	Tier 1	QL (30 caps / 30 days)	
<i>omeprazole cap delayed release 10 mg</i>	Tier 1		
<i>omeprazole cap delayed release 20 mg</i>	Tier 1		
<i>omeprazole cap delayed release 40 mg</i>	Tier 1		
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	Tier 1		
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	Tier 1		
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	Tier 1		
<i>rabeprazole sodium ec tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days)	

## **GENITOURINARY - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS**

### **BENIGN PROSTATIC HYPERPLASIA - DRUGS TO TREAT ENLARGED PROSTATE**

<i>alfuzosin hcl tab er 24hr 10 mg</i>	Tier 1	QL (30 tabs / 30 days)	
<i>dutasteride cap 0.5 mg</i>	Tier 1	QL (30 caps / 30 days)	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	Tier 1	QL (30 caps / 30 days)	
<i>finasteride tab 5 mg</i>	Tier 1		
<i>tamsulosin hcl cap 0.4 mg</i>	Tier 1		

### **MISCELLANEOUS**

<i>bethanechol chloride tab 5 mg</i>	Tier 1		
<i>bethanechol chloride tab 10 mg</i>	Tier 1		
<i>bethanechol chloride tab 25 mg</i>	Tier 1		
<i>bethanechol chloride tab 50 mg</i>	Tier 1		
<i>GLYCINE POW</i>	Tier 3	DP	
<i>POT CITRATE GRA</i>	Tier 3	DP	
<i>potassium citrate tab er 5 meq (540 mg)</i>	Tier 1		
<i>potassium citrate tab er 10 meq (1080 mg)</i>	Tier 1		
<i>potassium citrate tab er 15 meq (1620 mg)</i>	Tier 1		

### **URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE**

<i>MYRBETRIQ TAB 25MG</i>	Tier 2	QL (60 tabs / 30 days)	
<i>MYRBETRIQ TAB 50MG</i>	Tier 2	QL (30 tabs / 30 days)	
<i>oxybutynin chloride syrup 5 mg/5ml</i>	Tier 1		
<i>oxybutynin chloride tab 5 mg</i>	Tier 1		
<i>oxybutynin chloride tab er 24hr 5 mg</i>	Tier 1	QL (30 tabs / 30 days)	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	Tier 1	QL (60 tabs / 30 days)	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	Tier 1	QL (60 tabs / 30 days)	
<i>solifenacin succinate tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days)	

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>		
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<i>solifenacin succinate tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days)	
<i>tolterodine tartrate cap er 24hr 2 mg</i>	Tier 1	QL (30 caps / 30 days), ST	
<i>tolterodine tartrate cap er 24hr 4 mg</i>	Tier 1	QL (30 caps / 30 days), ST	
<i>tolterodine tartrate tab 1 mg</i>	Tier 1	ST	
<i>tolterodine tartrate tab 2 mg</i>	Tier 1	ST	
<i>TOVIAZ TAB 4MG</i>	Tier 2	QL (30 tabs / 30 days)	
<i>TOVIAZ TAB 8MG</i>	Tier 2	QL (30 tabs / 30 days)	
<i>trospium chloride tab 20 mg</i>	Tier 1	QL (60 tabs / 30 days)	

### **VAGINAL ANTI-INFECTIVES**

<i>clindamycin phosphate vaginal cream 2%</i>	Tier 1		
<i>clotrimazole cre 1% vag</i>	Tier 3	DP	
<i>clotrimazole cre 3 day</i>	Tier 3	DP	
<i>clotrimazole vaginal cream 1%</i>	Tier 3	DP	
<i>3 day vaginl cre 2%</i>	Tier 3	DP	
<i>metronidazole vaginal gel 0.75%</i>	Tier 1		
<i>miconazole 3 kit combinat</i>	Tier 3	DP	
<i>miconazole 3 kit combo pk</i>	Tier 3	DP	
<i>miconazole 7 cre 2%</i>	Tier 3	DP	
<i>miconazole 7 cre tube/kit</i>	Tier 3	DP	
<i>miconazole 7 sup 100mg</i>	Tier 3	DP	
<i>miconazole nitrate vaginal cream 2%</i>	Tier 3	DP	
<i>miconazole nitrate vaginal suppos 100 mg</i>	Tier 3	DP	
<i>sm micon 7 sup 100mg</i>	Tier 3	DP	
<i>terconazole vaginal cream 0.4%</i>	Tier 1		
<i>terconazole vaginal cream 0.8%</i>	Tier 1		
<i>terconazole vaginal suppos 80 mg</i>	Tier 1		
<i>vandazole gel 0.75%</i>	Tier 1		

### **HEMATOLOGIC - DRUGS TO TREAT BLOOD DISORDERS**

#### **ANTICOAGULANTS - BLOOD THINNERS**

<i>COUMADIN TAB 1MG</i>	Tier 2		
<i>COUMADIN TAB 2.5MG</i>	Tier 2		
<i>COUMADIN TAB 2MG</i>	Tier 2		
<i>COUMADIN TAB 3MG</i>	Tier 2		
<i>COUMADIN TAB 4MG</i>	Tier 2		
<i>COUMADIN TAB 5MG</i>	Tier 2		
<i>COUMADIN TAB 6MG</i>	Tier 2		
<i>COUMADIN TAB 7.5MG</i>	Tier 2		
<i>COUMADIN TAB 10MG</i>	Tier 2		

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>
	<b>COST YOU (TIER LEVEL)</b>
ELIQUIS ST P TAB 5MG	Tier 2
ELIQUIS TAB 2.5MG	Tier 2
ELIQUIS TAB 5MG	Tier 2
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	Tier 1
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	Tier 1
<i>enoxaparin sodium inj 60 mg/0.6ml</i>	Tier 1
<i>enoxaparin sodium inj 80 mg/0.8ml</i>	Tier 1
<i>enoxaparin sodium inj 100 mg/ml</i>	Tier 1
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	Tier 1
<i>enoxaparin sodium inj 150 mg/ml</i>	Tier 1
<i>enoxaparin sodium inj 300 mg/3ml</i>	Tier 1
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	Tier 1
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	Tier 2
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	Tier 2
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	Tier 2
HEP SOD/NACL INJ 25000UNT	Tier 2
<i>heparin sodium (porcine) 100 unit/ml in d5w</i>	Tier 2
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	Tier 1
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	B/D
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	B/D
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	B/D
<i>heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%</i>	Tier 2
<i>heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%</i>	Tier 2
HEPARIN/NACL INJ 25000UNT	Tier 2
<i>jantoven tab 1mg</i>	Tier 1
<i>jantoven tab 2.5mg</i>	Tier 1
<i>jantoven tab 2mg</i>	Tier 1
<i>jantoven tab 3mg</i>	Tier 1
<i>jantoven tab 4mg</i>	Tier 1
<i>jantoven tab 5mg</i>	Tier 1
<i>jantoven tab 6mg</i>	Tier 1
<i>jantoven tab 7.5mg</i>	Tier 1
<i>jantoven tab 10mg</i>	Tier 1
PRADAXA CAP 75MG	Tier 2

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>	<b>COST YOU (TIER LEVEL)</b>
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PRADAXA CAP 110MG	Tier 2	
PRADAXA CAP 150MG	Tier 2	
<i>warfarin sodium tab 1 mg</i>	Tier 1	
<i>warfarin sodium tab 2 mg</i>	Tier 1	
<i>warfarin sodium tab 2.5 mg</i>	Tier 1	
<i>warfarin sodium tab 3 mg</i>	Tier 1	
<i>warfarin sodium tab 4 mg</i>	Tier 1	
<i>warfarin sodium tab 5 mg</i>	Tier 1	
<i>warfarin sodium tab 6 mg</i>	Tier 1	
<i>warfarin sodium tab 7.5 mg</i>	Tier 1	
<i>warfarin sodium tab 10 mg</i>	Tier 1	
XARELTO STAR TAB 15/20MG	Tier 2	
XARELTO TAB 2.5MG	Tier 2	
XARELTO TAB 10MG	Tier 2	
XARELTO TAB 15MG	Tier 2	
XARELTO TAB 20MG	Tier 2	

#### **HEMATOPOIETIC GROWTH FACTORS**

GRANIX INJ 300/0.5	Tier 2	PA
GRANIX INJ 300/1ML	Tier 2	PA
GRANIX INJ 480/0.8	Tier 2	PA
GRANIX INJ 480/1.6	Tier 2	PA
NEUPOGEN INJ 300/0.5	Tier 2	PA
NEUPOGEN INJ 300MCG	Tier 2	PA
NEUPOGEN INJ 480/0.8	Tier 2	PA
NEUPOGEN INJ 480MCG	Tier 2	PA
PROCRIT INJ 2000/ML	Tier 2	PA
PROCRIT INJ 3000/ML	Tier 2	PA
PROCRIT INJ 4000/ML	Tier 2	PA
PROCRIT INJ 10000/ML	Tier 2	PA
PROCRIT INJ 20000/ML	Tier 2	PA
PROCRIT INJ 40000/ML	Tier 2	PA

#### **IRON**

DUOFER TAB 28MG	Tier 3	DP
EZFE 200 CAP 200MG	Tier 3	DP
FE SULFATE POW	Tier 3	DP
FERAHHEME INJ 510/17ML	Tier 3	DP
<i>ferate tab 27mg</i>	Tier 3	DP
FERGON TAB 27MG	Tier 3	DP
<i>ferosul elx 220/5ml</i>	Tier 3	DP
<i>ferosul tab 325mg</i>	Tier 3	DP

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>		
	<b>COST YOU (TIER LEVEL)</b>		
FERRETTS IPS SOL	Tier 3	DP	
FERRETTS TAB 325MG	Tier 3	DP	
<i>ferrex 150 cap 150mg</i>	Tier 3	DP	
FERRIMIN 150 TAB	Tier 3	DP	
FERRLECIT INJ 12.5MG/M	Tier 3	DP	
<i>ferrous fumarate tab 324 mg (106 mg elemental fe)</i>	Tier 3	DP	
FERROUS GLUC TAB 324MG	Tier 3	DP	
<i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i>	Tier 3	DP	
<i>ferrous gluconate tab 324 mg (37.5 mg elemental iron)</i>	Tier 3	DP	
FERROUS SUL LIQ 220/5ML	Tier 3	DP	
FERROUS SULF SYP 300/5ML	Tier 3	DP	
FERROUS SULF TAB 140MG	Tier 3	DP	
FERROUS SULF TAB 324MG EC	Tier 3	DP	
<i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i>	Tier 3	DP	
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	Tier 3	DP	
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	Tier 3	DP	
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	Tier 3	DP	
<i>ferrousul tab 325mg</i>	Tier 3	DP	
FOLITAB 500 TAB	Tier 3	DP	
FUSION CAP	Tier 3	DP	
<i>gnp iron tab 45mg</i>	Tier 3	DP	
<i>gnp iron tab 65mg</i>	Tier 3	DP	
HEMOCYTE TAB 324MG	Tier 3	DP	
<i>hm iron tab 65mg</i>	Tier 3	DP	
ICAR PEDS SUS GRAPE	Tier 3	DP	
ICAR-C TAB	Tier 3	DP	
<i>ifex 150 cap</i>	Tier 3	DP	
INFED INJ 50MG/ML	Tier 3	DP	
INTEGRA CAP	Tier 3	DP	
<i>iron 100 tab plus</i>	Tier 3	DP	
<i>iron 100/c tab 100-250</i>	Tier 3	DP	
NOVAFERRUM CAP 50MG	Tier 3	DP	
NOVAFERRUM DRO 15MG/ML	Tier 3	DP	
NOVAFERRUM LIQ 125	Tier 3	DP	

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>		
	<b>COST YOU (TIER LEVEL)</b>		
<i>nu-iron 150 cap 150mg</i>	Tier 3	DP	
<i>poly-iron cap 150mg</i>	Tier 3	DP	
PROFE CAP 180MG	Tier 3	DP	
SLOW REL FE TAB 143MG CR	Tier 3	DP	
<i>slow release tab 47.5mg</i>	Tier 3	DP	
<i>sm iron slow tab 160mg cr</i>	Tier 3	DP	
<i>sm iron tab 325mg</i>	Tier 3	DP	
TANDEM CAP	Tier 3	DP	
VENOFER INJ 20MG/ML	Tier 3	DP	
<i>wee care sus 15/1.25</i>	Tier 3	DP	
<b>MISCELLANEOUS</b>			
<i>anagrelide hcl cap 0.5 mg</i>	Tier 1		
<i>anagrelide hcl cap 1 mg</i>	Tier 1		
BERINERT INJ 500UNIT	Tier 2	QL (24 boxes / 30 days), LA, PA	
<i>cilostazol tab 50 mg</i>	Tier 1		
<i>cilostazol tab 100 mg</i>	Tier 1		
DROXIA CAP 200MG	Tier 2		
DROXIA CAP 300MG	Tier 2		
DROXIA CAP 400MG	Tier 2		
ENDARI POW 5GM	Tier 2	LA, PA	
FIRAZYR INJ 30MG/3ML	Tier 2	QL (9 syringes / 30 days), PA	
HAEGARDA INJ 2000UNIT	Tier 2	QL (30 vials / 30 days), LA, PA	
HAEGARDA INJ 3000UNIT	Tier 2	QL (20 vials / 30 days), LA, PA	
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	Tier 2	QL (9 syringes / 30 days), PA	
<i>pentoxifylline tab er 400 mg</i>	Tier 1		
PROMACTA POW 12.5MG	Tier 2	QL (360 packets / 30 days), LA, PA	
PROMACTA TAB 12.5MG	Tier 2	QL (360 tabs / 30 days), LA, PA	
PROMACTA TAB 25MG	Tier 2	QL (180 tabs / 30 days), LA, PA	
PROMACTA TAB 50MG	Tier 2	QL (90 tabs / 30 days), LA, PA	
PROMACTA TAB 75MG	Tier 2	QL (60 tabs / 30 days), LA, PA	

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>
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<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	Tier 1
<i>tranexamic acid tab 650 mg</i>	Tier 1

### **PLATELET AGGREGATION INHIBITORS**

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	Tier 1
<i>BRILINTA TAB 60MG</i>	Tier 2
<i>BRILINTA TAB 90MG</i>	Tier 2
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	Tier 1
<i>prasugrel hcl tab 5 mg (base equiv)</i>	Tier 1
<i>prasugrel hcl tab 10 mg (base equiv)</i>	Tier 1
<i>ZONTIVITY TAB 2.08MG</i>	Tier 2

### **IMMUNOLOGIC AGENTS - DRUGS TO TREAT DISORDERS OF THE IMMUNE SYSTEM**

#### **DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs) - DRUGS TO TREAT RHEUMATOID ARTHRITIS**

<i>HUMIRA INJ 10/0.1ML</i>	Tier 2	QL (2 injections / 28 days), PA
<i>HUMIRA INJ 10MG/0.2</i>	Tier 2	QL (2 syringes / 28 days), PA
<i>HUMIRA INJ 20/0.2ML</i>	Tier 2	QL (2 injections / 28 days), PA
<i>HUMIRA INJ 40/0.4ML</i>	Tier 2	QL (6 injections / 28 days), PA
<i>HUMIRA KIT 20MG/0.4</i>	Tier 2	QL (2 syringes / 28 days), PA
<i>HUMIRA KIT 40MG/0.8</i>	Tier 2	QL (6 syringes / 28 days), PA
<i>HUMIRA PEDIA INJ CROHNS</i>	Tier 2	PA
<i>HUMIRA PEN INJ 40/0.4ML</i>	Tier 2	QL (6 pens / 28 days), PA
<i>HUMIRA PEN INJ 40MG/0.8</i>	Tier 2	QL (6 pens / 28 days), PA
<i>HUMIRA PEN INJ CD/UC/HS</i>	Tier 2	PA
<i>HUMIRA PEN INJ PS/UV</i>	Tier 2	PA
<i>HUMIRA PEN KIT CD/UC/HS</i>	Tier 2	PA
<i>HUMIRA PEN KIT PS/UV</i>	Tier 2	PA
<i>hydroxychloroquine sulfate tab 200 mg</i>	Tier 1	
<i>leflunomide tab 10 mg</i>	Tier 1	
<i>leflunomide tab 20 mg</i>	Tier 1	

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>		
	<b>COST YOU (TIER LEVEL)</b>		
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	Tier 1		
REMICADE INJ 100MG	Tier 2	PA	
XATMEP SOL 2.5MG/ML	Tier 2	B/D	
XELJANZ TAB 5MG	Tier 2	QL (60 tabs / 30 days), PA	
XELJANZ TAB 10MG	Tier 2	QL (60 tabs / 30 days), PA	
XELJANZ XR TAB 11MG	Tier 2	QL (30 tabs / 30 days), PA	
<b>IMMUNOGLOBULINS</b>			
BIVIGAM INJ 10%	Tier 2	PA	
CARIMUNE NF INJ 12GM	Tier 2	PA	
FLEBOGAMMA INJ 5GM/50ML	Tier 2	PA	
FLEBOGAMMA INJ 10/100ML	Tier 2	PA	
FLEBOGAMMA INJ 10/200ML	Tier 2	PA	
FLEBOGAMMA INJ 20/200ML	Tier 2	PA	
FLEBOGAMMA INJ 20/400ML	Tier 2	PA	
FLEBOGAMMA INJ DIF 5%	Tier 2	PA	
GAMASTAN S/D INJ	Tier 2	B/D	
GAMMAGARD INJ 1GM/10ML	Tier 2	PA	
GAMMAGARD INJ 2.5GM/25	Tier 2	PA	
GAMMAGARD INJ 5GM/50ML	Tier 2	PA	
GAMMAGARD INJ 10GM/100	Tier 2	PA	
GAMMAGARD INJ 20GM/200	Tier 2	PA	
GAMMAGARD INJ 30GM/300	Tier 2	PA	
GAMMAGARD SD INJ 5GM HU	Tier 2	PA	
GAMMAGARD SD INJ 10GM HU	Tier 2	PA	
GAMMAKED INJ 1GM/10ML	Tier 2	PA	
GAMMAKED INJ 2.5GM/25	Tier 2	PA	
GAMMAKED INJ 5GM/50ML	Tier 2	PA	
GAMMAKED INJ 10GM/100	Tier 2	PA	
GAMMAKED INJ 20GM/200	Tier 2	PA	
GAMMAPLEX INJ 5%	Tier 2	PA	
GAMMAPLEX INJ 10%	Tier 2	PA	
GAMUNEX-C INJ 1GM/10ML	Tier 2	PA	
GAMUNEX-C INJ 2.5GM/25	Tier 2	PA	
GAMUNEX-C INJ 5GM/50ML	Tier 2	PA	
GAMUNEX-C INJ 10GM/100	Tier 2	PA	
GAMUNEX-C INJ 20GM/200	Tier 2	PA	

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>	
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GAMUNEX-C INJ 40/400ML	Tier 2	PA
OCTAGAM INJ 1GM	Tier 2	PA
OCTAGAM INJ 2.5GM	Tier 2	PA
OCTAGAM INJ 2GM/20ML	Tier 2	PA
OCTAGAM INJ 5GM	Tier 2	PA
OCTAGAM INJ 5GM/50ML	Tier 2	PA
OCTAGAM INJ 10/100ML	Tier 2	PA
OCTAGAM INJ 10GM	Tier 2	PA
OCTAGAM INJ 20/200ML	Tier 2	PA
OCTAGAM INJ 25GM	Tier 2	PA
PANZYGA SOL 1GM/10ML	Tier 2	PA
PANZYGA SOL 2.5/25ML	Tier 2	PA
PANZYGA SOL 5GM/50ML	Tier 2	PA
PANZYGA SOL 10/100ML	Tier 2	PA
PANZYGA SOL 20/200ML	Tier 2	PA
PANZYGA SOL 30/300ML	Tier 2	PA
PRIVIGEN INJ 5 GRAMS	Tier 2	PA
PRIVIGEN INJ 10GRAMS	Tier 2	PA
PRIVIGEN INJ 20GRAMS	Tier 2	PA
PRIVIGEN INJ 40GRAMS	Tier 2	PA

#### **IMMUNOMODULATORS**

ACTIMMUNE INJ 2MU/0.5	Tier 2	LA, PA
ARCALYST INJ 220MG	Tier 2	PA
INTRON A INJ 10MU	Tier 2	B/D
INTRON A INJ 18MU	Tier 2	B/D
INTRON A INJ 25MU	Tier 2	B/D
INTRON A INJ 50MU	Tier 2	B/D

#### **IMMUNOSUPPRESSANTS**

<i>azathioprine tab 50 mg</i>	Tier 1	B/D
<i>BENLYSTA INJ 120MG</i>	Tier 2	PA
<i>BENLYSTA INJ 200MG/ML</i>	Tier 2	PA
<i>BENLYSTA INJ 400MG</i>	Tier 2	PA
<i>cyclosporine cap 25 mg</i>	Tier 1	B/D
<i>cyclosporine cap 100 mg</i>	Tier 1	B/D
<i>cyclosporine iv soln 50 mg/ml</i>	Tier 1	B/D
<i>cyclosporine modified cap 25 mg</i>	Tier 1	B/D
<i>cyclosporine modified cap 50 mg</i>	Tier 1	B/D
<i>cyclosporine modified cap 100 mg</i>	Tier 1	B/D
<i>cyclosporine modified oral soln 100 mg/ml</i>	Tier 1	B/D
<i>genraf cap 25mg</i>	Tier 1	B/D

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>
<i>gengraf cap 100mg</i>	Tier 1 B/D
<i>gengraf sol 100mg/ml</i>	Tier 1 B/D
<i>mycophenolate mofetil cap 250 mg</i>	Tier 1 B/D
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	Tier 2 B/D
<i>mycophenolate mofetil tab 500 mg</i>	Tier 1 B/D
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	Tier 1 B/D
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	Tier 1 B/D
<i>NULOJIX INJ 250MG</i>	Tier 2 B/D
<i>PROGRAF GRA 0.2MG</i>	Tier 2 B/D
<i>PROGRAF GRA 1MG</i>	Tier 2 B/D
<i>RAPAMUNE SOL 1MG/ML</i>	Tier 2 B/D
<i>SANDIMMUNE SOL 100MG/ML</i>	Tier 2 B/D
<i>sirolimus oral soln 1 mg/ml</i>	Tier 2 B/D
<i>sirolimus tab 0.5 mg</i>	Tier 1 B/D
<i>sirolimus tab 1 mg</i>	Tier 1 B/D
<i>sirolimus tab 2 mg</i>	Tier 2 B/D
<i>tacrolimus cap 0.5 mg</i>	Tier 1 B/D
<i>tacrolimus cap 1 mg</i>	Tier 1 B/D
<i>tacrolimus cap 5 mg</i>	Tier 1 B/D
<i>ZORTRESS TAB 0.5MG</i>	Tier 2 B/D
<i>ZORTRESS TAB 0.25MG</i>	Tier 2 B/D
<i>ZORTRESS TAB 0.75MG</i>	Tier 2 B/D
<i>ZORTRESS TAB 1MG</i>	Tier 2 B/D

### **VACCINES**

<i>ACTHIB INJ</i>	Tier 2
<i>ADACEL INJ</i>	Tier 2
<i>BCG VACCINE INJ</i>	Tier 2
<i>BEXSERO INJ</i>	Tier 2
<i>BOOSTRIX INJ</i>	Tier 2
<i>DAPTACEL INJ</i>	Tier 2
<i>DIP/TET PED INJ 25-5LFU</i>	Tier 2 B/D
<i>ENGERIX-B INJ 10/0.5ML</i>	Tier 2 B/D
<i>ENGERIX-B INJ 20MCG/ML</i>	Tier 2 B/D
<i>GARDASIL 9 INJ</i>	Tier 2
<i>HAVRIX INJ 720UNIT</i>	Tier 2
<i>HAVRIX INJ 1440UNIT</i>	Tier 2
<i>HIBERIX SOL 10MCG</i>	Tier 2

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>		
IMOVAX RABIE INJ 2.5/ML	Tier 2	B/D	
INFANRIX INJ	Tier 2		
IPOL INJ INACTIVE	Tier 2		
IXIARO INJ	Tier 2		
KINRIX INJ	Tier 2		
M-M-R II INJ	Tier 2		
MENACTRA INJ	Tier 2		
MENVEO INJ	Tier 2		
PEDIARIX INJ 0.5ML	Tier 2		
PEDVAX HIB INJ	Tier 2		
PENTACEL INJ	Tier 2		
PROQUAD INJ	Tier 2		
QUADRACEL INJ	Tier 2		
RABAVERT INJ	Tier 2	B/D	
RECOMBIVA HB INJ 5MCG/0.5	Tier 2	B/D	
RECOMBIVA HB INJ 10MCG/ML	Tier 2	B/D	
RECOMBIVA-HB INJ 40MCG/ML	Tier 2	B/D	
ROTARIX SUS	Tier 2		
ROTATEQ SOL	Tier 2		
SHINGRIX INJ 50MCG	Tier 2	QL (2 vials per lifetime)	
TDVAX INJ 2-2 LF	Tier 2	B/D	
TENIVAC INJ 5-2LF	Tier 2	B/D	
TRUMENBA INJ	Tier 2		
TWINRIX INJ	Tier 2		
TYPHIM VI INJ	Tier 2		
VAQTA INJ 25/0.5ML	Tier 2		
VAQTA INJ 50UNT/ML	Tier 2		
VARIVAX INJ	Tier 2		
YF-VAX INJ	Tier 2		
ZOSTAVAX INJ	Tier 2	QL (1 vial per lifetime)	

## **NUTRITIONAL/SUPPLEMENTS - VITAMINS AND SUPPLEMENTS**

### **ELECTROLYTES**

gnp pedatri sol electrol	Tier 3	DP
klor-con 8 tab 8meq er	Tier 1	
klor-con 10 tab 10meq er	Tier 1	
MAGNESIUM SU INJ 2GM/50ML	Tier 2	
MAGNESIUM SU INJ 4G/100ML	Tier 2	
MAGNESIUM SU INJ 20/500ML	Tier 2	
MAGNESIUM SU INJ 40G/1000	Tier 2	
MAGNESIUM SU INJ 80MG/ML	Tier 2	

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<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>
	<b>COST YOU (TIER LEVEL)</b>
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	Tier 2
<i>magnesium sulfate inj 50%</i>	Tier 2
<i>magnesium sulfate iv soln 2 gm/50ml (40 mg/ml)</i>	Tier 2
<i>magnesium sulfate iv soln 4 gm/50ml (80 mg/ml)</i>	Tier 2
<i>magnesium sulfate iv soln 4 gm/100ml (40 mg/ml)</i>	Tier 2
<i>magnesium sulfate iv soln 20 gm/500ml (40 mg/ml)</i>	Tier 2
<i>magnesium sulfate iv soln 40 gm/1000ml (40 mg/ml)</i>	Tier 2
<i>MG SO4/D5W INJ 10MG/ML</i>	Tier 2
<i>oral electrolyte solution</i>	Tier 3 DP
<i>oralyte sol</i>	Tier 3 DP
<i>oralyte sol freeze</i>	Tier 3 DP
<i>ped elctrlyt sol freezer</i>	Tier 3 DP
<i>ped elctrlyt sol fruit</i>	Tier 3 DP
<i>ped elctrlyt sol grape</i>	Tier 3 DP
<i>ped elctrlyt sol unflavrd</i>	Tier 3 DP
<i>potassium chloride cap er 8 meq</i>	Tier 1
<i>potassium chloride cap er 10 meq</i>	Tier 1
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	Tier 1
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	Tier 2
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	Tier 1
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	Tier 1
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	Tier 1
<i>potassium chloride powder packet 20 meq</i>	Tier 1
<i>potassium chloride tab er 8 meq (600 mg)</i>	Tier 1
<i>potassium chloride tab er 10 meq</i>	Tier 1
<i>potassium chloride tab er 20 meq (1500 mg)</i>	Tier 1
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	Tier 1
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	Tier 1
<i>tpn electrol inj</i>	Tier 2 B/D

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>	
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#### **IV NUTRITION**

<i>amino acid infusion 6%</i>	Tier 1	B/D
AMINOSYN II INJ 10%	Tier 2	B/D
AMINOSYN-PF INJ 7%	Tier 2	B/D
AMINOSYN-PF INJ 10%	Tier 2	B/D
<i>chromic chloride inj 40 mcg/10ml (4 mcg/ml) (elemental cr)</i>	Tier 3	DP
CLINIMIX INJ 4.25/D5W	Tier 2	B/D
CLINIMIX INJ 4.25/D10	Tier 2	B/D
CLINIMIX INJ 4.25/D25	Tier 2	B/D
CLINIMIX INJ 5%/D15W	Tier 2	B/D
CLINIMIX INJ 5%/D20W	Tier 2	B/D
CLINIMIX INJ 5%/D25W	Tier 2	B/D
CLINOLIPID EMU 20%	Tier 2	B/D
COPPER SULF CRY	Tier 3	DP
<i>cupric chloride inj 0.4 mg/ml</i>	Tier 3	DP
FAT EMULSION PLANT BASED IV EMULSION 20%	Tier 2	B/D
FREAMINE HBC INJ 6.9%	Tier 2	B/D
FREAMINE III INJ 10%	Tier 2	B/D
<i>hepatamine sol 8%</i>	Tier 2	B/D
INTRALIPID INJ 30%	Tier 2	B/D
NEPHRAMINE INJ 5.4%	Tier 2	B/D
PREMASOL SOL 10%	Tier 2	B/D
PROCALAMINE INJ 3%	Tier 2	B/D
PROSOL INJ 20%	Tier 2	B/D
TRAVASOL INJ 10%	Tier 2	B/D
TROPHAMINE INJ 10%	Tier 2	B/D
<i>zinc chloride inj 1 mg/ml</i>	Tier 3	DP

#### **IV REPLACEMENT SOLUTIONS**

D5W/LYTES INJ #48	Tier 2	
D5W/NACL INJ 0.3%	Tier 2	
D10W/NACL INJ 0.2%	Tier 2	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	Tier 1	
<i>dextrose 5% in lactated ringers</i>	Tier 1	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	Tier 1	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	Tier 1	
<i>dextrose 5% w/ sodium chloride 0.33%</i>	Tier 1	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	Tier 1	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	Tier 1	

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>
	<b>COST YOU (TIER LEVEL)</b>
dextrose 10% w/ sodium chloride 0.45%	Tier 1
dextrose inj 5%	Tier 1
dextrose inj 10%	Tier 1
dextrose inj 50%	Tier 1
dextrose inj 70%	Tier 1
IONOSOL-MB INJ D5W	Tier 2
ISOLYTE-P INJ /D5W	Tier 2
ISOLYTE-S INJ	Tier 2
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	Tier 1
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	Tier 1
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	Tier 1
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.33% inj	Tier 1
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	Tier 1
kcl 20 meq/l (0.15%) in nacl 0.9% inj	Tier 1
kcl 20 meq/l (0.15%) in nacl 0.45% inj	Tier 1
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	Tier 1
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	Tier 1
kcl 40 meq/l (0.3%) in nacl 0.9% inj	Tier 1
KCL/D5W/NACL INJ 0.3/0.9%	Tier 2
KCL/D5W/NACL INJ 0.15/0.2	Tier 2
lactated ringer's solution	Tier 1
NORMOSOL -M INJ /D5W	Tier 2
NORMOSOL -R INJ /D5W	Tier 2
NORMOSOL-R INJ PH 7.4	Tier 2
PLASMA-LYTE INJ -148	Tier 2
PLASMA-LYTE INJ -A	Tier 2
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	Tier 1
potassium chloride 40 meq/l (0.3%) in dextrose 5% inj	Tier 1
potassium chloride inj 2 meq/ml	Tier 1
potassium chloride inj 10 meq/50ml	Tier 1
potassium chloride inj 10 meq/100ml	Tier 1
potassium chloride inj 20 meq/50ml	Tier 1

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>
<i>potassium chloride inj 20 meq/100ml</i>	Tier 1
<i>potassium chloride inj 40 meq/100ml</i>	Tier 1
<i>sodium chloride iv soln 0.9%</i>	Tier 1
<i>sodium chloride iv soln 0.45%</i>	Tier 1
<i>sodium chloride iv soln 3%</i>	Tier 1
<i>sodium chloride iv soln 5%</i>	Tier 1

## **MINERALS**

<i>BEELITH TAB</i>	Tier 3	DP
<i>CA PHOS DIHY POW DIBASIC</i>	Tier 3	DP
<i>CALCET CHW BITES</i>	Tier 3	DP
<i>CALCET PETIT TAB 200-250</i>	Tier 3	DP
<i>CALCI-CHEW CHW 1250MG</i>	Tier 3	DP
<i>CALCI-MIX CAP 1250MG</i>	Tier 3	DP
<i>calcitrat tab</i>	Tier 3	DP
<i>calcitrat tab 950mg</i>	Tier 3	DP
<i>calcium 600 chw +d/miner</i>	Tier 3	DP
<i>calcium 600 tab</i>	Tier 3	DP
<i>calcium 600 tab + d</i>	Tier 3	DP
<i>calcium 600 tab +d/mnrls</i>	Tier 3	DP
<i>calcium 600 tab -d</i>	Tier 3	DP
<i>calcium +d tab maximum</i>	Tier 3	DP
<i>CALCIUM CARB POW</i>	Tier 3	DP
<i>CALCIUM CARB POW EX-LIGHT</i>	Tier 3	DP
<i>CALCIUM CARB POW HEAVY</i>	Tier 3	DP
<i>calcium carb-vit d w/ minerals chew tab 600 mg-400 unit</i>	Tier 3	DP
<i>calcium carbonate (antacid) susp 1250 mg/5ml</i>	Tier 3	DP
<i>calcium carbonate tab 1250 mg (500 mg elemental ca)</i>	Tier 3	DP
<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i>	Tier 3	DP
<i>calcium carbonate-cholecalciferol chew tab 500 mg-100 unit</i>	Tier 3	DP
<i>calcium carbonate-cholecalciferol tab 250 mg-125 unit</i>	Tier 3	DP
<i>calcium carbonate-cholecalciferol tab 500 mg-200 unit</i>	Tier 3	DP
<i>calcium carbonate-cholecalciferol tab 500 mg-400 unit</i>	Tier 3	DP

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>
	<b>COST YOU (TIER LEVEL)</b>
calcium carbonate-cholecalciferol tab 600 mg-200 unit	Tier 3 DP
calcium carbonate-cholecalciferol tab 600 mg-400 unit	Tier 3 DP
calcium carbonate-vitamin d tab 500 mg-200 unit	Tier 3 DP
calcium carbonate-vitamin d tab 500 mg-400 unit	Tier 3 DP
calcium carbonate-vitamin d tab 600 mg-125 unit	Tier 3 DP
calcium chloride inj 10%	Tier 3 DP
calcium citr tab w/vit d3	Tier 3 DP
calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)	Tier 3 DP
CALCIUM GLUC POW	Tier 3 DP
CALCIUM GLUC TAB 500MG	Tier 3 DP
CALCIUM LACT POW PENTAHYD	Tier 3 DP
CALCIUM LACT TAB 648MG	Tier 3 DP
CALCIUM PHOS POW TRIBASIC	Tier 3 DP
calcium plus tab 600 +d	Tier 3 DP
calcium soft chw mlk choc	Tier 3 DP
calcium tab 500/d	Tier 3 DP
calcium tab 600mg	Tier 3 DP
calcium tab vit d	Tier 3 DP
calcium-magnesium-zinc tab 333-133-5 mg	Tier 3 DP
calcium-magnesium-zinc tab 334-134-5 mg	Tier 3 DP
calcium/d3 tab	Tier 3 DP
calcium/d chw 500-400	Tier 3 DP
cit calc/d tab 315-250	Tier 3 DP
gnp ca/mg/zn tab	Tier 3 DP
gnp ca/vit d chw minerals	Tier 3 DP
gnp calcium tab 500/d	Tier 3 DP
gnp calcium tab 600/d	Tier 3 DP
gnp calcium tab cit +d3	Tier 3 DP
gnp magnesi tab 250mg	Tier 3 DP
gnp zinc tab 50mg	Tier 3 DP
MAG CARBONAT POW HEAVY	Tier 3 DP
mag-g tab 500mg	Tier 3 DP
MAG-TAB SR TAB 84MG	Tier 3 DP

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>		
	<b>COST YOU (TIER LEVEL)</b>		
MAGDELAY TAB 70MG	Tier 3	DP	
MAGN CHLORID POW	Tier 3	DP	
MAGNEBIND TAB 200	Tier 3	DP	
MAGNEBIND TAB 300	Tier 3	DP	
<i>magnesium gluconate tab 500 mg (27 mg elemental mg)</i>	Tier 3	DP	
<i>magnesium lactate tab er 84 mg (elemental mg) (7 meq)</i>	Tier 3	DP	
<i>magnesium oxide tab 400 mg (240 mg elemental mg)</i>	Tier 3	DP	
<i>magnesium oxide tab 400 mg (241.3 mg elemental mg)</i>	Tier 3	DP	
<i>magnesium oxide tab 500 mg (mg supplement)</i>	Tier 3	DP	
<i>magnesium tab 250 mg</i>	Tier 3	DP	
<i>magnesium tab 250mg</i>	Tier 3	DP	
MAGONATE LIQ 1000/5ML	Tier 3	DP	
<i>magonate tab 500mg</i>	Tier 3	DP	
<i>manganese chloride inj 0.1 mg/ml</i>	Tier 3	DP	
<i>oysco 500 tab 500mg</i>	Tier 3	DP	
<i>oysco 500+d chw</i>	Tier 3	DP	
<i>oysco 500+d tab</i>	Tier 3	DP	
<i>oyst cal/d tab 500mg</i>	Tier 3	DP	
<i>oyst shell/d tab 500mg</i>	Tier 3	DP	
<i>oyst-cal d tab 250mg</i>	Tier 3	DP	
<i>oyster shell calcium tab 500 mg</i>	Tier 3	DP	
<i>oyster shell tab 500mg</i>	Tier 3	DP	
PHOS-NAK POW CONCENTR	Tier 3	DP	
RISACAL-D TAB	Tier 3	DP	
<i>sm ca/mg/zn tab</i>	Tier 3	DP	
<i>sm calcium chw</i>	Tier 3	DP	
<i>sm calcium/d tab 600-400</i>	Tier 3	DP	
SM CORAL CAL TAB 1000MG	Tier 3	DP	
<i>sm zinc tab 50mg</i>	Tier 3	DP	
SOD ACETATE POW ANHYDR	Tier 3	DP	
SOD CHLORIDE GRA	Tier 3	DP	
<i>sodium chloride tab 1 gm</i>	Tier 3	DP	
VITAMIN D TAB 400UNIT	Tier 3	DP	
<i>zinc gluconate tab 50 mg (elemental zn)</i>	Tier 3	DP	
<i>zinc sulfate cap 50mg</i>	Tier 3	DP	
ZINC SULFATE POW GRANULAR	Tier 3	DP	

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<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>	<b>COST YOU (TIER LEVEL)</b>
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ZINC SULFATE POW MONOHYD	Tier 3	DP
<i>zinc sulfate tab 220 mg (50 mg zinc equivalent)</i>	Tier 3	DP
<i>zinc tab 50 mg</i>	Tier 3	DP

#### **MISCELLANEOUS**

ACACIA POW	Tier 3	DP
APPLE FLAVOR LIQ	Tier 3	DP
ASPARTAME POW	Tier 3	DP
AZ CREAM CRE	Tier 3	DP
BANANA LIQ FLAVOR	Tier 3	DP
BENZYL ALC LIQ	Tier 3	DP
BITTERNESS POW NATURAL	Tier 3	DP
BUFFER CREAM POW	Tier 3	DP
BUTTER RUM LIQ FLAVOR	Tier 3	DP
BUTYLPARABEN POW	Tier 3	DP
CARBOGEL GEL 940	Tier 3	DP
CARBOHOL GEL 940	Tier 3	DP
CETYL ALCOHO GRA	Tier 3	DP
CHERRY CON	Tier 3	DP
CHERRY SYP	Tier 3	DP
CHERRY SYP CONCENTR	Tier 3	DP
CHOCOLATE CON FLAVOR	Tier 3	DP
CINNAMON OIL FLAVOR	Tier 3	DP
CLOVE FLAVOR OIL	Tier 3	DP
CO-ENZYME WAF Q10/E	Tier 3	DP
COCOA BUTTER MIS	Tier 3	DP
<i>coenzyme q10 cap 10 mg</i>	Tier 3	DP
<i>coenzyme q10 cap 30 mg</i>	Tier 3	DP
<i>coenzyme q10 cap 30mg</i>	Tier 3	DP
<i>coenzyme q10 cap 50 mg</i>	Tier 3	DP
<i>coenzyme q10 cap 50mg</i>	Tier 3	DP
<i>coenzyme q10 cap 60 mg</i>	Tier 3	DP
<i>coenzyme q10 cap 75 mg</i>	Tier 3	DP
<i>coenzyme q10 cap 100 mg</i>	Tier 3	DP
<i>coenzyme q10 cap 100mg</i>	Tier 3	DP
<i>coenzyme q10 cap 150 mg</i>	Tier 3	DP
COENZYME Q10 CHW 60MG	Tier 3	DP
COENZYME Q10 LIQ 30MG/5ML	Tier 3	DP
COENZYME Q10 TAB 25MG	Tier 3	DP
<i>coenzyme q10 tab 60 mg</i>	Tier 3	DP

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>
	<b>COST YOU (TIER LEVEL)</b>
COENZYME Q10 TAB 200MG	Tier 3 DP
COLLODION LIQ	Tier 3 DP
COLLODION LIQ FLEXIBLE	Tier 3 DP
COQ-10 CAP 100MG TR	Tier 3 DP
DEXTROSE GRA ANHYDROU	Tier 3 DP
DIABETISWEET POW	Tier 3 DP
DISTILLED LIQ WATER	Tier 3 DP
<i>eql coq10 cap 100mg</i>	Tier 3 DP
ETHYL ALCOHO SOL 100%	Tier 3 DP
FATTYBLEND MIS	Tier 3 DP
FDC BLUE 1 POW	Tier 3 DP
FDC BLUE 1 POW AL LAKE	Tier 3 DP
FDC BLUE 2 POW	Tier 3 DP
FDC GREEN #3 POW	Tier 3 DP
FDC RED 40 POW	Tier 3 DP
FDC RED #3 POW	Tier 3 DP
FDC RED #40 POW AL LAKE	Tier 3 DP
FDC YELLOW 5 POW	Tier 3 DP
FDC YELLOW 5 POW AL LAKE	Tier 3 DP
FDC YELLOW 6 POW	Tier 3 DP
FLAVORX LIQ	Tier 3 DP
FRUCTOSE GRA	Tier 3 DP
<i>gnp co q10 cap 60mg</i>	Tier 3 DP
<i>gnp co q10 cap 100mg</i>	Tier 3 DP
GOWEY TIN TINCTURE	Tier 3 DP
GRAPE LIQ FLAVOR	Tier 3 DP
GRAPE SYP	Tier 3 DP
<i>h2q cap 100mg</i>	Tier 3 DP
<i>hm coq10 cap 50mg</i>	Tier 3 DP
<i>hm coq10 cap 100mg</i>	Tier 3 DP
HRT BASE CRE	Tier 3 DP
HYDROPHILIC OIN	Tier 3 DP
HYDROUS CRE EMULSIFI	Tier 3 DP
JELENE OIN	Tier 3 DP
KARAYA GUM	Tier 3 DP
L-ARGININE POW	Tier 3 DP
L-CYSTINE POW	Tier 3 DP
L-GLUTAMINE POW	Tier 3 DP
L-GLUTATHION CRY	Tier 3 DP
L-ISOLEUCINE POW	Tier 3 DP

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>
	<b>COST YOU (TIER LEVEL)</b>
L-METHIONINE POW	Tier 3 DP
L-TYROSINE POW	Tier 3 DP
L-VALINE POW	Tier 3 DP
LACTOSE POW	Tier 3 DP
LACTOSE POW ANHYDROU	Tier 3 DP
LACTOSE POW HYDROUS	Tier 3 DP
LACTOSE POW MONOHYDR	Tier 3 DP
LECITHIN GRA	Tier 3 DP
LEMON FLAVOR OIL	Tier 3 DP
LIP BALM OIN BASE	Tier 3 DP
LIP BALM OIN NATURAL	Tier 3 DP
LIPOBASE CRE	Tier 3 DP
LIPOIL OIL	Tier 3 DP
LIPOVAN BASE CRE	Tier 3 DP
LOLLIBASE POW	Tier 3 DP
LOZIBASE MIS	Tier 3 DP
METHYLCELLUL GEL 1%	Tier 3 DP
METHYLCELLUL GEL 2%	Tier 3 DP
METHYLCELLUL GEL 3%	Tier 3 DP
METHYLCELLUL POW 1500CPS	Tier 3 DP
METHYLCELLUL POW 4000CPS	Tier 3 DP
METHYLPARABE POW	Tier 3 DP
MICRODERM CRE BASE	Tier 3 DP
MICROSOME CRE BASE	Tier 3 DP
NICE DISTILL LIQ WATER	Tier 3 DP
ORA-BLEND SF SUS	Tier 3 DP
ORA-BLEND SUS	Tier 3 DP
ORA-HESIVE PST BASE	Tier 3 DP
ORA-PLUS LIQ	Tier 3 DP
ORA-SWEET SF SYP	Tier 3 DP
ORA-SWEET SYP	Tier 3 DP
ORANGE CONC LIQ	Tier 3 DP
PCCA BASE CRE 7542	Tier 3 DP
PCCA MBK MIS FAT ACID	Tier 3 DP
PEG 300 LIQ	Tier 3 DP
PEG 1000 LIQ	Tier 3 DP
PEG 3350 POW	Tier 3 DP
PEG BLEND OIN	Tier 3 DP
PEPPERMINT OIL FLAVOR	Tier 3 DP
PFCB CRE	Tier 3 DP

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>
	<b>COST YOU (TIER LEVEL)</b>
PHARMABASE CRE ANTIOXID	Tier 3 DP
PHARMABASE CRE COSMETIC	Tier 3 DP
PHARMABASE CRE LIGHT	Tier 3 DP
PHARMABASE CRE VAGINAL	Tier 3 DP
PHYTOBASE CRE	Tier 3 DP
PLO20 GEL FLOWABLE	Tier 3 DP
PLO LECITHIN GEL BASE	Tier 3 DP
PLO ULTRAMAX GEL	Tier 3 DP
PNA-HRT BASE CRE	Tier 3 DP
POLOX GEL 20%	Tier 3 DP
POLOX GEL 30%	Tier 3 DP
POLOXAMER POW 407	Tier 3 DP
POLY GLYCOL LIQ 1450	Tier 3 DP
POLY GLYCOL POW 8000	Tier 3 DP
POLYETHYLENE LIQ GLY 400	Tier 3 DP
POLYOXYL 40 POW STEARATE	Tier 3 DP
POT SORBATE CRY	Tier 3 DP
<i>prasterone (dhea) cap 25 mg</i>	Tier 3 DP
PROPYLENE GL SOL	Tier 3 DP
PROPYLENE LIQ GLYCOL	Tier 3 DP
PROPYPARABEN POW	Tier 3 DP
Q-DERM CRE	Tier 3 DP
<i>q-sorb cap 30mg</i>	Tier 3 DP
<i>q-sorb cap 75mg</i>	Tier 3 DP
<i>q-sorb cap 150mg</i>	Tier 3 DP
<i>q-sorb co-q cap 100mg</i>	Tier 3 DP
RASPBERRY LIQ FLAVOR	Tier 3 DP
RDT BASE POW	Tier 3 DP
SACCHARIN POW	Tier 3 DP
SACCHARIN POW SODIUM	Tier 3 DP
SALTSTABLE CRE	Tier 3 DP
SHEA BUTTER MIS	Tier 3 DP
SIMPLE SYP	Tier 3 DP
<i>sm coq-10 cap 50mg</i>	Tier 3 DP
SOD BENZOATE POW	Tier 3 DP
SOD LAURYL POW SULFATE	Tier 3 DP
SOD SACCHARI GRA	Tier 3 DP
SORBIC ACID POW	Tier 3 DP
SORBITOL SOL 70%	Tier 3 DP
STRAWBERRY LIQ FLAVOR	Tier 3 DP

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	<b>COST YOU (TIER LEVEL)</b>
SUPPOSIBLEND MIS	Tier 3 DP
SUSPENDIT GEL	Tier 3 DP
SYRSPEND SF SUS ALKA	Tier 3 DP
TANGERINE POW FLAVOR	Tier 3 DP
THREONINE POW	Tier 3 DP
TROCHIBASE MIS	Tier 3 DP
TROCHIBASE MIS CLASSIC	Tier 3 DP
TROCHIBASE S MIS	Tier 3 DP
TROLAMINE LIQ	Tier 3 DP
TUTTI FRUTTI CON	Tier 3 DP
U-BASE CRE	Tier 3 DP
UNIBASE CRE	Tier 3 DP
V-MAX CRE	Tier 3 DP
V-R FATIGUE TAB COMPLEX	Tier 3 DP
VANIBASE CRE	Tier 3 DP
VERSATILE CRE BASE	Tier 3 DP
VERSIGEL CRE	Tier 3 DP
WATERMELON LIQ FLAVOR	Tier 3 DP
<i>white petrolatum gel</i>	Tier 3 DP
WITEPSOL H15 MIS	Tier 3 DP
XANTHAN GUM POW	Tier 3 DP
<b>VITAMINS</b>	
ADULT 50+ CAP OCUVITE	Tier 3 DP
<i>animal shape chw</i>	Tier 3 DP
<i>animal shape chw complete</i>	Tier 3 DP
ANIMAL SHAPE CHW IRON	Tier 3 DP
ANTIOXIDANT CAP	Tier 3 DP
<i>antioxidant tab</i>	Tier 3 DP
<i>antioxidant tab vitamins</i>	Tier 3 DP
APATATE FORT LIQ	Tier 3 DP
APATATE LIQ	Tier 3 DP
AQUADEKS CHW	Tier 3 DP
<i>aquadeks dro</i>	Tier 3 DP
AQUASOL A INJ 50000/ML	Tier 3 DP
AQUASOL E DRO 15/0.3ML	Tier 3 DP
<i>aqueous e dro 15/0.3ml</i>	Tier 3 DP
<i>ascorbic acid cap er 500 mg</i>	Tier 3 DP
<i>ascorbic acid chew tab 250 mg</i>	Tier 3 DP
<i>ascorbic acid chew tab 500 mg</i>	Tier 3 DP
<i>ascorbic acid tab 250 mg</i>	Tier 3 DP

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>
	<b>COST YOU (TIER LEVEL)</b>
ascorbic acid tab 500 mg	Tier 3 DP
ascorbic acid tab 1000 mg	Tier 3 DP
B-12 DOTS TAB 500MCG	Tier 3 DP
b-complex vitamin cap	Tier 3 DP
b-complex vitamin tab	Tier 3 DP
b-complex w/ c & calcium tab	Tier 3 DP
b-complex w/ c tab	Tier 3 DP
balanc b-50 tab	Tier 3 DP
balanc b-100 tab 100mg	Tier 3 DP
bee zee tab	Tier 3 DP
biotin cap 5 mg	Tier 3 DP
biotin tab 5 mg	Tier 3 DP
biotin tab 300 mcg	Tier 3 DP
brewers yeast tab	Tier 3 DP
c 250 tab	Tier 3 DP
c-500 chw 500mg	Tier 3 DP
c-1000/rh tab 1000mg	Tier 3 DP
c/rosehip tr tab 1000mg	Tier 3 DP
ca citrate + tab	Tier 3 DP
cal-mag-zinc tab +d3	Tier 3 DP
calciferol dro 8000/ml	Tier 3 DP
calcitriol cap 0.5 mcg	Tier 1 B/D
calcitriol cap 0.25 mcg	Tier 1 B/D
calcitriol inj 1 mcg/ml	Tier 1 B/D
calcitriol oral soln 1 mcg/ml	Tier 1 B/D
centamin liq	Tier 3 DP
centavite liq	Tier 3 DP
century tab	Tier 3 DP
century tab mature	Tier 3 DP
cerovite jr chw	Tier 3 DP
cerovite tab advanced	Tier 3 DP
cerovite tab senior	Tier 3 DP
CERTAVITE TAB SENIOR	Tier 3 DP
certavite/ tab antioxidant	Tier 3 DP
chewabl vite chw childrns	Tier 3 DP
chewable c chw 500mg	Tier 3 DP
child chew chw iron	Tier 3 DP
child chew chw vitamins	Tier 3 DP
child chew/ chw extra c	Tier 3 DP
childrens chw /iron	Tier 3 DP

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>
	<b>COST YOU (TIER LEVEL)</b>
CHILDRENS CHW COMPLETE	Tier 3 DP
<i>cholecalciferol cap 400 unit</i>	Tier 3 DP
<i>cholecalciferol cap 1000 unit</i>	Tier 3 DP
<i>cholecalciferol cap 2000 unit</i>	Tier 3 DP
<i>cholecalciferol cap 5000 unit</i>	Tier 3 DP
<i>cholecalciferol cap 10000 unit</i>	Tier 3 DP
<i>cholecalciferol cap 50000 unit</i>	Tier 3 DP
<i>cholecalciferol oral liquid 400 unit/ml</i>	Tier 3 DP
<i>cholecalciferol tab 400 unit</i>	Tier 3 DP
<i>cholecalciferol tab 1000 unit</i>	Tier 3 DP
<i>cholecalciferol tab 2000 unit</i>	Tier 3 DP
CL PRENATAL TAB 28-0.8MG	Tier 3 DP
<i>cod liver cap</i>	Tier 3 DP
<i>cod liver oil cap</i>	Tier 3 DP
COD LIVER OIL OIL	Tier 3 DP
<i>compete tab</i>	Tier 3 DP
<i>complete tab</i>	Tier 3 DP
<i>complete tab senior</i>	Tier 3 DP
<i>cyanocobalamin inj 1000 mcg/ml</i>	Tier 3 DP
<i>cyanocobalamin tab 100 mcg</i>	Tier 3 DP
<i>cyanocobalamin tab 250 mcg</i>	Tier 3 DP
<i>cyanocobalamin tab 500 mcg</i>	Tier 3 DP
<i>cyanocobalamin tab 1000 mcg</i>	Tier 3 DP
<i>cyanocobalamin tab er 1000 mcg</i>	Tier 3 DP
<i>cyanocobalamin tab er 2000 mcg</i>	Tier 3 DP
<i>d3 cap 1000unit</i>	Tier 3 DP
<i>d3 super str cap 2000unit</i>	Tier 3 DP
<i>d 400 tab 400unit</i>	Tier 3 DP
<i>daily multi tab</i>	Tier 3 DP
<i>daily vit tab</i>	Tier 3 DP
<i>daily-vite tab</i>	Tier 3 DP
<i>daily-vite/ tab iron</i>	Tier 3 DP
DIALYVIT 800 TAB ZINC 15	Tier 3 DP
<i>dialyvite d cap 5000unit</i>	Tier 3 DP
<i>dialyvite tab 800</i>	Tier 3 DP
<i>dialyvite tab 800/d</i>	Tier 3 DP
DIALYVITE TAB 800/ZINC	Tier 3 DP
<i>e-400 cap 400unit</i>	Tier 3 DP
<i>ecee plus tab</i>	Tier 3 DP
ELDERTONIC LIQ	Tier 3 DP

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>
	<b>COST YOU (TIER LEVEL)</b>
<i>ergocalciferol cap 50000 unit</i>	Tier 3 DP
<i>ergocalciferol soln 8000 unit/ml</i>	Tier 3 DP
<i>essentl one tab daily</i>	Tier 3 DP
<i>ester-c tab 500mg</i>	Tier 3 DP
<i>EZFE FORTE CAP</i>	Tier 3 DP
<i>FOLGARD TAB</i>	Tier 3 DP
<i>folic acid inj 5 mg/ml</i>	Tier 3 DP
<i>folic acid tab 1 mg</i>	Tier 3 DP
<i>folic acid tab 400 mcg</i>	Tier 3 DP
<i>folic acid tab 400mcg</i>	Tier 3 DP
<i>folic acid tab 800 mcg</i>	Tier 3 DP
<i>FOSFREE TAB</i>	Tier 3 DP
<i>geriaton liq</i>	Tier 3 DP
<i>GERIATRIC LIQ VITAMIN</i>	Tier 3 DP
<i>gnp b-50 tab balanced</i>	Tier 3 DP
<i>gnp b-100 tab</i>	Tier 3 DP
<i>gnp century tab</i>	Tier 3 DP
<i>gnp century tab cardio</i>	Tier 3 DP
<i>GNP CENTURY TAB ENERGY</i>	Tier 3 DP
<i>gnp century tab mature</i>	Tier 3 DP
<i>gnp century tab senior</i>	Tier 3 DP
<i>gnp century tab ultimate</i>	Tier 3 DP
<i>gnp healthy tab eyes</i>	Tier 3 DP
<i>gnp little chw ones</i>	Tier 3 DP
<i>gnp niacin tab 250mg tr</i>	Tier 3 DP
<i>gnp one dail tab maximum</i>	Tier 3 DP
<i>gnp opti-vit tab</i>	Tier 3 DP
<i>GNP PRENATAL TAB 28-0.8MG</i>	Tier 3 DP
<i>gnp vit b1 tab 100mg</i>	Tier 3 DP
<i>gnp vit b-6 tab 100mg</i>	Tier 3 DP
<i>gnp vit b-12 tab 500mcg</i>	Tier 3 DP
<i>gnp vit b-12 tab 1000 cr</i>	Tier 3 DP
<i>gnp vit c chw 500mg</i>	Tier 3 DP
<i>gnp vit c loz 60mg</i>	Tier 3 DP
<i>gnp vit c tab 250mg</i>	Tier 3 DP
<i>gnp vit c tab 1000mg</i>	Tier 3 DP
<i>gnp vit d tab 1000unit</i>	Tier 3 DP
<i>gnp vit e cap 200unit</i>	Tier 3 DP
<i>gnp vit e cap 400unit</i>	Tier 3 DP
<i>gnp vit e cap 1000unit</i>	Tier 3 DP

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>
	<b>COST YOU (TIER LEVEL)</b>
<i>gnp zoochews chw gummies</i>	Tier 3 DP
<i>healthy eyes cap supervis</i>	Tier 3 DP
<i>healthy eyes tab</i>	Tier 3 DP
<i>hm niacin tab 250mg</i>	Tier 3 DP
<i>hm vit b1 tab 100mg</i>	Tier 3 DP
<i>hm vitamin e cap 200unit</i>	Tier 3 DP
<i>hm vitamin e cap 1000unit</i>	Tier 3 DP
<i>hydroxocobalamin acetate inj 1000 mcg/ml (base equivalent)</i>	Tier 3 DP
<i>i-vite prote tab</i>	Tier 3 DP
<i>i-vite tab</i>	Tier 3 DP
<i>ICAPS AREDS TAB FORMULA</i>	Tier 3 DP
<i>icaps cap</i>	Tier 3 DP
<i>icaps lutein cap /omega-3</i>	Tier 3 DP
<i>ICAPS LUTEIN TAB ZEAXANTH</i>	Tier 3 DP
<i>icaps mv tab</i>	Tier 3 DP
<i>ICAPS PLUS TAB</i>	Tier 3 DP
<i>INFUVITE INJ</i>	Tier 3 DP
<i>INFUVITE INJ ADULT</i>	Tier 3 DP
<i>INFUVITE INJ PEDIATRI</i>	Tier 3 DP
<i>M-NATAL PLUS TAB</i>	Tier 2
<i>M.V.I PEDIAT INJ</i>	Tier 3 DP
<i>M.V.I. ADULT INJ</i>	Tier 3 DP
<i>mega multi tab men</i>	Tier 3 DP
<i>mega multi tab women</i>	Tier 3 DP
<i>MEGA MULTIVI TAB MEN</i>	Tier 3 DP
<i>MEGA MULTIVI TAB WOMEN</i>	Tier 3 DP
<i>MEPHYTON TAB 5MG</i>	Tier 3 DP
<i>mult vitamin tab essent</i>	Tier 3 DP
<i>mult vitamin tab mens</i>	Tier 3 DP
<i>mult vitamin tab womens</i>	Tier 3 DP
<i>multi-delyn liq</i>	Tier 3 DP
<i>MULTI-DELYN LIQ /IRON</i>	Tier 3 DP
<i>multi-vitamn tab</i>	Tier 3 DP
<i>multilex tab</i>	Tier 3 DP
<i>multilex-t&amp;m tab</i>	Tier 3 DP
<i>multiple vitamins w/ minerals tab</i>	Tier 3 DP
<i>nail-ex tab 2.5mg</i>	Tier 3 DP
<i>NASCOBAL SPR 500MCG</i>	Tier 3 DP
<i>NEPHRO-VITE TAB</i>	Tier 3 DP

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>
	<b>COST YOU (TIER LEVEL)</b>
NEPHRONEX LIQ 0.9/5ML	Tier 3 DP
<i>niacin cap 500mg</i>	Tier 3 DP
<i>niacin cap er 250 mg</i>	Tier 3 DP
<i>niacin cap er 500 mg</i>	Tier 3 DP
NIACIN POW	Tier 3 DP
<i>niacin tab 100 mg</i>	Tier 3 DP
<i>niacin tab 500 mg</i>	Tier 3 DP
<i>niacin tab er 500 mg</i>	Tier 3 DP
<i>niacin tab er 750 mg</i>	Tier 3 DP
NIACIN TR TAB 1000MG	Tier 3 DP
NIACINAMIDE POW	Tier 3 DP
<i>niacinamide tab 500 mg</i>	Tier 3 DP
<i>nutr-e-sol liq 400/15ml</i>	Tier 3 DP
OCUVITE CAP ADULT	Tier 3 DP
<i>ocuvite tab lutein</i>	Tier 3 DP
<i>ocuvite xtra tab</i>	Tier 3 DP
<i>once daily tab</i>	Tier 3 DP
<i>once daily tab iron</i>	Tier 3 DP
ONCOVITE TAB	Tier 3 DP
<i>one daily tab</i>	Tier 3 DP
<i>one daily tab maximum</i>	Tier 3 DP
<i>one daily tab men 50+</i>	Tier 3 DP
<i>one daily tab mens</i>	Tier 3 DP
<i>one daily tab mens 50+</i>	Tier 3 DP
<i>one daily tab pls iron</i>	Tier 3 DP
<i>one daily tab wom 50+</i>	Tier 3 DP
<i>one daily tab womens</i>	Tier 3 DP
<i>paricalcitol cap 1 mcg</i>	Tier 1 B/D
<i>paricalcitol cap 2 mcg</i>	Tier 1 B/D
<i>paricalcitol cap 4 mcg</i>	Tier 1 B/D
<i>phytonadione inj 1 mg/0.5ml (2 mg/ml)</i>	Tier 3 DP
<i>phytonadione inj 10 mg/ml</i>	Tier 3 DP
PNV FOLIC AC TAB + IRON	Tier 2
<i>poly vitamin chw</i>	Tier 3 DP
POLY-VI-SOL DRO /IRON	Tier 3 DP
<i>polyvitamin chw /iron</i>	Tier 3 DP
PRENATAL PLUS	Tier 2
PRENATAL TAB	Tier 3 DP
PRENATAL TAB 27-0.8MG	Tier 3 DP
PRENATAL TAB 27-1MG	Tier 2

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>
	<b>COST YOU (TIER LEVEL)</b>
PRENATAL TAB 28-0.8MG	Tier 3 DP
PRENATAL TAB LOW IRON	Tier 3 DP
PRENATAL TAB PLUS	Tier 2
PRENATAL VIT TAB LOW IRON	Tier 2
PRESERVISION CAP AREDS	Tier 3 DP
PRESERVISION CAP AREDS 2	Tier 3 DP
PRESERVISION CAP LUTEIN	Tier 3 DP
PRESERVISION TAB AREDS	Tier 3 DP
PROFE FORTE CAP 155-1MG	Tier 3 DP
<i>prosight tab</i>	Tier 3 DP
<i>pyridoxine hcl inj 100 mg/ml</i>	Tier 3 DP
<i>pyridoxine hcl tab 25 mg</i>	Tier 3 DP
<i>pyridoxine hcl tab 50 mg</i>	Tier 3 DP
<i>pyridoxine hcl tab 100 mg</i>	Tier 3 DP
<i>qc therin-m tab</i>	Tier 3 DP
RAYALDEE CAP 30MCG	Tier 2
<i>rena-vite tab</i>	Tier 3 DP
<i>sentry tab</i>	Tier 3 DP
<i>sentry tab senior</i>	Tier 3 DP
<i>slo-niacin tab 250mg cr</i>	Tier 3 DP
SLO-NIACIN TAB 500MG CR	Tier 3 DP
SLO-NIACIN TAB 750MG CR	Tier 3 DP
<i>sm animal chw shapes</i>	Tier 3 DP
<i>sm balanced tab b-50</i>	Tier 3 DP
<i>sm balanced tab b-100</i>	Tier 3 DP
<i>sm complete tab</i>	Tier 3 DP
<i>sm complete tab adv form</i>	Tier 3 DP
<i>sm complete tab senior</i>	Tier 3 DP
<i>sm folic acd tab 400mcg</i>	Tier 3 DP
<i>sm multiple tab vit/iron</i>	Tier 3 DP
<i>sm multiple tab vitamins</i>	Tier 3 DP
<i>sm opti-vita tab</i>	Tier 3 DP
SM PRENATAL TAB VITAMINS	Tier 3 DP
<i>sm vit b-6 tab 100mg</i>	Tier 3 DP
<i>sm vit b-12 tab 100mcg</i>	Tier 3 DP
<i>sm vit b-12 tab 500mcg</i>	Tier 3 DP
<i>sm vit b-12 tab 1000 tr</i>	Tier 3 DP
<i>sm vit c/rh tab 1000mg</i>	Tier 3 DP
<i>sm vitamin c chw 500mg</i>	Tier 3 DP
<i>sm vitamin c tab 250mg</i>	Tier 3 DP

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>
	<b>COST YOU (TIER LEVEL)</b>
<i>sm vitamin c tab 1000mg</i>	Tier 3 DP
<i>sm vitamin e cap 200unit</i>	Tier 3 DP
<i>sm vitamin e cap 400unit</i>	Tier 3 DP
<i>sm vitamin e cap 1000unit</i>	Tier 3 DP
<i>stress form/ tab zinc</i>	Tier 3 DP
<i>stress formu tab</i>	Tier 3 DP
<i>stress formu tab w/iron</i>	Tier 3 DP
<i>STUART ONE CAP</i>	Tier 3 DP
<i>super b comp tab vit c</i>	Tier 3 DP
<i>super liq nu-thera</i>	Tier 3 DP
<i>SUPER POW NU-THERA</i>	Tier 3 DP
<i>super tab nu-thera</i>	Tier 3 DP
<i>super vikaps tab</i>	Tier 3 DP
<i>superplex-t tab</i>	Tier 3 DP
<i>tab-a-vite tab</i>	Tier 3 DP
<i>tab-a-vite tab /iron</i>	Tier 3 DP
<i>tab-a-vite tab beta car</i>	Tier 3 DP
<i>tab-a-vite tab maximum</i>	Tier 3 DP
<i>THERA M PLUS TAB</i>	Tier 3 DP
<i>thera tab</i>	Tier 3 DP
<i>THERA TAB</i>	Tier 3 DP
<i>thera-m tab</i>	Tier 3 DP
<i>THERA-M TAB</i>	Tier 3 DP
<i>TERAPEUTIC SOL</i>	Tier 3 DP
<i>therapeutic- tab m</i>	Tier 3 DP
<i>therems tab</i>	Tier 3 DP
<i>THEREMS-H TAB</i>	Tier 3 DP
<i>THEREMS-M TAB</i>	Tier 3 DP
<i>thiamine hcl inj 100 mg/ml</i>	Tier 3 DP
<i>THIAMINE HCL POW</i>	Tier 3 DP
<i>thiamine hcl tab 50 mg</i>	Tier 3 DP
<i>thiamine hcl tab 100 mg</i>	Tier 3 DP
<i>total b/c tab</i>	Tier 3 DP
<i>TRICARE TAB PRENATAL</i>	Tier 2
<i>UNICOMPLEX-M TAB</i>	Tier 3 DP
<i>vit c &amp; e cap combo</i>	Tier 3 DP
<i>vita-bee/c tab</i>	Tier 3 DP
<i>vitamin a cap 8000unit</i>	Tier 3 DP
<i>vitamin a cap 10000 unit</i>	Tier 3 DP
<i>vitamin b12 tab 1000mcg</i>	Tier 3 DP

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>
<i>vitamin c tab 500mg</i>	Tier 3 DP
<i>vitamin c tab 500mg tr</i>	Tier 3 DP
<i>vitamin d3 cap 10000unt</i>	Tier 3 DP
<i>vitamin d3 dro 400unit</i>	Tier 3 DP
<i>vitamin d3 tab 1000unit</i>	Tier 3 DP
<i>vitamin d3 tab 50000unt</i>	Tier 3 DP
<i>vitamin d tab 1000unit</i>	Tier 3 DP
<i>vitamin d-3 tab 5000unit</i>	Tier 3 DP
<i>vitamin e cap 100 unit</i>	Tier 3 DP
<i>vitamin e cap 200 unit</i>	Tier 3 DP
<i>vitamin e cap 400 unit</i>	Tier 3 DP
<i>vitamin e cap 1000 unit</i>	Tier 3 DP
<i>vite/iron chw children</i>	Tier 3 DP
<i>womens one tab daily</i>	Tier 3 DP
<i>zoo friends chw</i>	Tier 3 DP
<i>ZOO FRIENDS CHW COMPLETE</i>	Tier 3 DP
<i>zoo friends chw extra c</i>	Tier 3 DP
<i>zoo friends chw gummies</i>	Tier 3 DP

#### **OPHTHALMIC - DRUGS TO TREAT EYE CONDITIONS**

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

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	Tier 1
<i>BLEPHAMIDE OIN S.O.P.</i>	Tier 2
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	Tier 1
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	Tier 1
<i>neomycin-polymyxin-hc ophth susp</i>	Tier 1
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	Tier 1
<i>TOBRADEX OIN 0.3-0.1%</i>	Tier 2
<i>TOBRADEX ST SUS 0.3-0.05</i>	Tier 2
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	Tier 1
<i>ZYLET SUS 0.5-0.3%</i>	Tier 2

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

<i>AZASITE SOL 1%</i>	Tier 2
<i>bacitracin ophth oint 500 unit/gm</i>	Tier 1
<i>bacitracin-polymyxin b ophth oint</i>	Tier 1

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>
BESIVANCE SUS 0.6%	Tier 2
CILOXAN OIN 0.3% OP	Tier 2
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	Tier 1
erythromycin ophth oint 5 mg/gm	Tier 1
gatifloxacin ophth soln 0.5%	Tier 1
gentak oin 0.3% op	Tier 1
gentamicin sulfate ophth soln 0.3%	Tier 1
MOXEZA SOL 0.5%	Tier 2
moxifloxacin hcl ophth soln 0.5% (base equiv)	Tier 1
NATACYN SUS 5% OP	Tier 2
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	Tier 1
neomycin-polomy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	Tier 1
ofloxacin ophth soln 0.3%	Tier 1
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	Tier 1
sulfacetamide sodium ophth oint 10%	Tier 1
sulfacetamide sodium ophth soln 10%	Tier 1
tobramycin ophth soln 0.3%	Tier 1
trifluridine ophth soln 1%	Tier 1
ZIRGAN GEL 0.15%	Tier 2

#### **ANTI-INFLAMMATORIES - DRUGS TO TREAT INFLAMMATION**

ALREX SUS 0.2%	Tier 2
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	Tier 1
BROMSITE DRO 0.075%	Tier 2
dexamethasone sodium phosphate ophth soln 0.1%	Tier 1
diclofenac sodium ophth soln 0.1%	Tier 1
DUREZOL EMU 0.05%	Tier 2
fluorometholone ophth susp 0.1%	Tier 1
flurbiprofen sodium ophth soln 0.03%	Tier 1
ILEVRO DRO 0.3% OP	Tier 2
ketorolac tromethamine ophth soln 0.4%	Tier 1
ketorolac tromethamine ophth soln 0.5%	Tier 1
LOTEMAX GEL 0.5%	Tier 2
LOTEMAX OIN 0.5%	Tier 2
LOTEMAX SUS 0.5%	Tier 2

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>
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<i>loteprednol etabonate ophth susp 0.5%</i>	Tier 1
PRED SOD PHO SOL 1% OP	Tier 2
<i>prednisolone acetate ophth susp 1%</i>	Tier 1
PROLENSA SOL 0.07%	Tier 2

#### **ANTIALLERGICS - DRUGS TO TREAT ALLERGIES**

<i>allergy eye dro</i>	Tier 3	DP
<i>allergy eye dro op</i>	Tier 3	DP
<i>azelastine hcl ophth soln 0.05%</i>	Tier 1	
BEPREVE DRO 1.5%	Tier 2	
<i>cromolyn sodium ophth soln 4%</i>	Tier 1	
<i>eye allergy sol relief</i>	Tier 3	DP
LASTACAFT SOL 0.25%	Tier 2	
NAPHCON-A SOL OP	Tier 3	DP
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	Tier 1	
OPCON-A SOL OP	Tier 3	DP
PAZEO DRO 0.7%	Tier 2	
<i>visine-a sol op</i>	Tier 3	DP

#### **ANTIGLAUCOMA - DRUGS TO TREAT GLAUCOMA**

ALPHAGAN P SOL 0.1%	Tier 2
AZOPT SUS 1% OP	Tier 2
<i>betaxolol hcl ophth soln 0.5%</i>	Tier 1
BETOPTIC-S SUS 0.25% OP	Tier 2
<i>brimonidine tartrate ophth soln 0.2%</i>	Tier 1
<i>brimonidine tartrate ophth soln 0.15%</i>	Tier 1
<i>carteolol hcl ophth soln 1%</i>	Tier 1
COMBIGAN SOL 0.2/0.5%	Tier 2
<i>dorzolamide hcl ophth soln 2%</i>	Tier 1
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	Tier 1
<i>latanoprost ophth soln 0.005%</i>	Tier 1
<i>levobunolol hcl ophth soln 0.5%</i>	Tier 1
LUMIGAN SOL 0.01%	Tier 2
PHOSPHOLINE SOL 0.125%OP	Tier 2
<i>pilocarpine hcl ophth soln 1%</i>	Tier 1
<i>pilocarpine hcl ophth soln 2%</i>	Tier 1
<i>pilocarpine hcl ophth soln 4%</i>	Tier 1
RHOPRESSA SOL 0.02%	Tier 2
SIMBRINZA SUS 1-0.2%	Tier 2

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG WILL COST YOU RESTRICTIONS OR LIMITS ON USE (TIER LEVEL)</b>
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<i>timolol maleate ophth gel forming soln 0.5%</i>	Tier 1
<i>timolol maleate ophth gel forming soln 0.25%</i>	Tier 1
<i>timolol maleate ophth soln 0.5%</i>	Tier 1
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	Tier 1
<i>timolol maleate ophth soln 0.25%</i>	Tier 1
TRAVATAN Z DRO 0.004%	Tier 2

### **MISCELLANEOUS**

ATROPINE SUL SOL 1% OP	Tier 2
CYSTARAN SOL 0.44%	Tier 2 LA, PA
<i>proparacaine hcl ophth soln 0.5%</i>	Tier 1
RESTASIS EMU 0.05%	Tier 2 QL (60 single use vials / 30 days)
RESTASIS MUL EMU 0.05%	Tier 2 QL (1 bottle / 30 days)

### **RESPIRATORY - DRUGS TO TREAT BREATHING DISORDERS**

#### **ANTICHOLINERGIC/BETA AGONIST COMBINATIONS - DRUGS TO TREAT COPD**

ANORO ELLIPT AER 62.5-25	Tier 2	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	Tier 2	QL (1 inhaler / 30 days)
COMBIVENT AER 20-100	Tier 2	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Tier 1	B/D
TRELEGY AER ELLIPTA	Tier 2	QL (60 blisters / 30 days)

#### **ANTICHOLINERGICS - DRUGS TO TREAT COPD**

ATROVENT HFA AER 17MCG	Tier 2	QL (2 inhalers / 30 days)
INCRUSE ELPT INH 62.5MCG	Tier 2	QL (30 blisters / 30 days)
<i>ipratropium bromide inhal soln 0.02%</i>	Tier 1	B/D
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	Tier 1	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	Tier 1	

#### **ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES**

<i>all day allg chw 10mg</i>	Tier 3	DP
<i>all day allg sol 1mg/ml</i>	Tier 3	DP

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>		
	<b>COST YOU (TIER LEVEL)</b>		
<i>all day allg sol 5mg/5ml</i>	Tier 3	DP	
<i>all day allg tab 10mg</i>	Tier 3	DP	
<i>aller-chlor tab 4mg</i>	Tier 3	DP	
<i>aller-ease tab 60mg</i>	Tier 3	DP	
<i>aller-ease tab 180mg</i>	Tier 3	DP	
<i>aller-tec tab 10mg</i>	Tier 3	DP	
<i>aller-clear tab 10mg</i>	Tier 3	DP	
<i>allergy cap 25mg</i>	Tier 3	DP	
<i>allergy chld liq 12.5/5ml</i>	Tier 3	DP	
<i>allergy comp sol 1mg/ml</i>	Tier 3	DP	
<i>allergy liq 12.5/5ml</i>	Tier 3	DP	
<i>allergy med tab 25mg</i>	Tier 3	DP	
<i>allergy relf cap 25mg</i>	Tier 3	DP	
<i>allergy relf liq 12.5/5ml</i>	Tier 3	DP	
<i>allergy relf tab 1.34mg</i>	Tier 3	DP	
<i>allergy relf tab 10mg</i>	Tier 3	DP	
<i>allergy relf tab 25mg</i>	Tier 3	DP	
<i>allergy tab 4mg</i>	Tier 3	DP	
<i>allergy tab 10mg</i>	Tier 3	DP	
<i>allergy tab 25mg</i>	Tier 3	DP	
<i>allergy-time tab 4mg</i>	Tier 3	DP	
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	Tier 1		
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	Tier 1		
<i>banophen cap 25mg</i>	Tier 3	DP	
<i>banophen cap 50mg</i>	Tier 3	DP	
<i>banophen liq 12.5/5ml</i>	Tier 3	DP	
<i>banophen tab 25mg</i>	Tier 3	DP	
<i>cetirizine hcl chew tab 5 mg</i>	Tier 3	DP	
<i>cetirizine hcl chew tab 10 mg</i>	Tier 3	DP	
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	Tier 1		
<i>cetirizine hcl tab 5 mg</i>	Tier 3	DP	
<i>cetirizine hcl tab 10 mg</i>	Tier 3	DP	
<i>cetirizine sol 1mg/ml</i>	Tier 3	DP	
<i>cetirizine sol 5mg/5ml</i>	Tier 3	DP	
<i>chld allergy liq 12.5/5ml</i>	Tier 3	DP	
<i>chlor-phenir tab 4mg</i>	Tier 3	DP	
<i>comp allergy cap 25mg</i>	Tier 3	DP	

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>
	<b>COST YOU (TIER LEVEL)</b>
cyproheptadine hcl syrup 2 mg/5ml	Tier 2 PA; PA if 70 years and older
cyproheptadine hcl tab 4 mg	Tier 2 PA; PA if 70 years and older
dayhist alrg tab 12 hour	Tier 3 DP
diphenhist cap 25mg	Tier 3 DP
diphenhist liq 12.5/5ml	Tier 3 DP
diphenhist tab 25mg	Tier 3 DP
diphenhydramine hcl cap 25 mg	Tier 3 DP
diphenhydramine hcl cap 50 mg	Tier 3 DP
diphenhydramine hcl inj 50 mg/ml	Tier 1
diphenhydramine hcl tab 25 mg	Tier 3 DP
ed chlorped syrup jr	Tier 3 DP
fexofenadine hcl tab 60 mg	Tier 3 DP
fexofenadine hcl tab 180 mg	Tier 3 DP
fexofenadine tab 60mg	Tier 3 DP
fexofenadine tab 180mg	Tier 3 DP
gnp all day tab allergy	Tier 3 DP
gnp allergy cap 25mg	Tier 3 DP
gnp allergy tab 4mg	Tier 3 DP
gnp allergy tab 25mg	Tier 3 DP
gnp allergy tab 180mg	Tier 3 DP
gnp dayhist tab 1.34mg	Tier 3 DP
hm allergy tab 4mg	Tier 3 DP
hm allergy tab 25mg	Tier 3 DP
hydroxyzine hcl im soln 25 mg/ml	Tier 2 PA; PA if 70 years and older
hydroxyzine hcl im soln 50 mg/ml	Tier 2 PA; PA if 70 years and older
hydroxyzine hcl syrup 10 mg/5ml	Tier 2 PA; PA if 70 years and older
hydroxyzine hcl tab 10 mg	Tier 2 PA; PA if 70 years and older
hydroxyzine hcl tab 25 mg	Tier 2 PA; PA if 70 years and older
hydroxyzine hcl tab 50 mg	Tier 2 PA; PA if 70 years and older
hydroxyzine pamoate cap 25 mg	Tier 2 PA; PA if 70 years and older
hydroxyzine pamoate cap 50 mg	Tier 2 PA; PA if 70 years and older

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	Tier 1
<i>levocetirizine dihydrochloride tab 5 mg</i>	Tier 1
<i>loratadine sol 5mg/5ml</i>	Tier 3 DP
<i>loratadine syrup 5mg/5ml</i>	Tier 3 DP
<i>loratadine tab 10 mg</i>	Tier 3 DP
<i>loratadine tab 10mg</i>	Tier 3 DP
<i>medi-phedryl cap 25mg</i>	Tier 3 DP
<i>mucinex allr tab 180mg</i>	Tier 3 DP
<i>pharbechlor tab 4mg</i>	Tier 3 DP
<i>pharbedryl cap 25mg</i>	Tier 3 DP
<i>pharbedryl cap 50mg</i>	Tier 3 DP
<i>qc allergy tab 10mg</i>	Tier 3 DP
<i>sb allergy tab 10mg</i>	Tier 3 DP
<i>sb allergy tab 25mg med</i>	Tier 3 DP
<i>siladryl alr liq 12.5/5ml</i>	Tier 3 DP
<i>sm all day tab allergy</i>	Tier 3 DP
<i>sm allergy tab 4mg</i>	Tier 3 DP
<i>sm allergy tab 25mg rlf</i>	Tier 3 DP
<i>sm loratadin tab 10mg</i>	Tier 3 DP

#### **BETA AGONISTS - DRUGS TO TREAT ASTHMA AND COPD**

<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	Tier 1	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	Tier 1	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	Tier 1	B/D
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	Tier 1	B/D
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	Tier 1	B/D
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	Tier 1	B/D
<i>albuterol sulfate syrup 2 mg/5ml</i>	Tier 1	
<i>albuterol sulfate tab 2 mg</i>	Tier 1	
<i>albuterol sulfate tab 4 mg</i>	Tier 1	
<i>albuterol sulfate tab er 12hr 4 mg</i>	Tier 1	
<i>albuterol sulfate tab er 12hr 8 mg</i>	Tier 1	
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	Tier 1	B/D

**PA** - Prior Authorization    **QL** - Quantity Limits    **ST** - Step Therapy    **B/D** - Covered  
 under Medicare B or D    **LA** - Limited Access    **NDS** - Non-Extended Days Supply    **DP**  
 - The drug is not a Part D drug.

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>		
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	Tier 1	B/D	
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	Tier 1	B/D	
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	Tier 1	B/D	
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	Tier 1	QL (2 inhalers / 30 days)	
SEREVENT DIS AER 50MCG	Tier 2	QL (60 inhalations / 30 days)	
<i>terbutaline sulfate tab 2.5 mg</i>	Tier 1		
<i>terbutaline sulfate tab 5 mg</i>	Tier 1		
VENTOLIN HFA AER	Tier 2	QL (2 inhalers / 30 days)	

#### **COUGH AND COLD**

AERCHMBR PLS MIS FLOW-VU	Tier 3	DP
AERCHMBR PLS MIS LRG MASK	Tier 3	DP
AERCHMBR PLS MIS MED MASK	Tier 3	DP
AERCHMBR PLS MIS SM MASK	Tier 3	DP
AERCHMBR Z- MIS STAT PLS	Tier 3	DP
AEROCHAMBER MIS CHAMBER	Tier 3	DP
AEROCHAMBER MIS FLOSIGNA	Tier 3	DP
AEROCHAMBER MIS MV	Tier 3	DP
AEROCHAMBER MIS PLUS	Tier 3	DP
AEROVENT MIS PLUS	Tier 3	DP
<i>aller/conges tab 10-240mg</i>	Tier 3	DP
<i>allergy d tab 5-120mg</i>	Tier 3	DP
<i>allergy rel/ tab deconges</i>	Tier 3	DP
<i>allergy relf tab /nsl dec</i>	Tier 3	DP
<i>allergy relf tab d-24</i>	Tier 3	DP
<i>allergy-d tab 5-120mg</i>	Tier 3	DP
<i>allergy/cong tab 5-120mg</i>	Tier 3	DP
<i>algy comp-d tab 5-120mg</i>	Tier 3	DP
<i>ambi 10peh/ tab 400gfn</i>	Tier 3	DP
<i>ambi 40pse/ tab 400gfn</i>	Tier 3	DP
ARIAL MIS CHAMBER	Tier 3	DP
<i>benzonatate cap 100 mg</i>	Tier 3	DP
<i>benzonatate cap 200 mg</i>	Tier 3	DP
BREATHERITE MIS	Tier 3	DP
BREATHERITE MIS LG MASK	Tier 3	DP
BREATHERITE MIS MED MASK	Tier 3	DP

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>		
	<b>COST YOU (TIER LEVEL)</b>		
BREATHERITE MIS SM MASK	Tier 3	DP	
BREATHERITE MIS SPACER	Tier 3	DP	
BREATHERITE MIS W/MASK	Tier 3	DP	
bromfed dm syrup	Tier 3	DP	
CAPCOF SYP 5-2-10MG	Tier 3	DP	
cetirizine-pseudoephedrine tab er 12hr 5-120 mg	Tier 3	DP	
cheratussin syrup ac	Tier 3	DP	
child silfed liq 15mg/5ml	Tier 3	DP	
CODAR AR LIQ 2-8/5ML	Tier 3	DP	
cold/allergy elix children	Tier 3	DP	
COMPACT SPAC MIS CHAMBER	Tier 3	DP	
COMPACT SPAC MIS LG MASK	Tier 3	DP	
COMPACT SPAC MIS MD MASK	Tier 3	DP	
COMPACT SPAC MIS SM MASK	Tier 3	DP	
cough cont liq dm max	Tier 3	DP	
cough dm sus 30mg/5ml	Tier 3	DP	
cough syrup 100/5ml	Tier 3	DP	
cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)	Tier 3	DP	
cvs cough dm sus 30mg/5ml	Tier 3	DP	
decongestant tab 120mg er	Tier 3	DP	
DELSYM SUS 30MG/5ML	Tier 3	DP	
dextromethorphan polistirex extended release susp 30 mg/5ml	Tier 3	DP	
dextromethorphan-guaifenesin syrup 10-100 mg/5ml	Tier 3	DP	
diabetic tus liq 100/5ml	Tier 3	DP	
diabetic tus liq dm	Tier 3	DP	
diabetic tus liq max st	Tier 3	DP	
E-Z SPACER MIS	Tier 3	DP	
E-Z SPACER MIS BODY GRD	Tier 3	DP	
EASIVENT MIS	Tier 3	DP	
EASIVENT MIS MASK LG	Tier 3	DP	
EASIVENT MIS MASK MED	Tier 3	DP	
EASIVENT MIS MASK SM	Tier 3	DP	
eq cough dm sus 30mg/5ml	Tier 3	DP	
extra action syrup 100-10/5	Tier 3	DP	
FLEXICHAMBER MIS	Tier 3	DP	
genaphed tab 30mg	Tier 3	DP	
gnp cough dm sus 30mg/5ml	Tier 3	DP	

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>
	<b>COST YOU (TIER LEVEL)</b>
<i>gnp suphedrn liq 15mg/5ml</i>	Tier 3 DP
<i>gnp tussin liq dm</i>	Tier 3 DP
<i>gnp tussin liq dm cough</i>	Tier 3 DP
<i>gnp tussin liq dm max</i>	Tier 3 DP
<i>gnp tussin syrup cf</i>	Tier 3 DP
<i>guaiatuss ac syrup 100-10/5</i>	Tier 3 DP
<i>guaifenesin liquid 100 mg/5ml</i>	Tier 3 DP
<i>guaifenesin syrup 100-10/5</i>	Tier 3 DP
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	Tier 3 DP
<i>hm cough dm sus 30mg/5ml</i>	Tier 3 DP
<i>hm tussin liq adlt dm</i>	Tier 3 DP
HOLD CHAMBER MIS ADLT LG	Tier 3 DP
HOLD CHAMBER MIS MEDIUM	Tier 3 DP
HOLD CHAMBER MIS SMALL	Tier 3 DP
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	Tier 3 DP
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	Tier 3 DP
<i>hydrocodone w/ homatropine tab 5-1.5 mg</i>	Tier 3 DP
<i>hydromet syrup 5-1.5/5</i>	Tier 3 DP
INSPIRACHAMB MIS LARGE	Tier 3 DP
INSPIRACHAMB MIS MEDIUM	Tier 3 DP
INSPIRACHAMB MIS MOUTHPC	Tier 3 DP
INSPIRACHAMB MIS SMALL	Tier 3 DP
INSPIREASE MIS DD SYST	Tier 3 DP
LITEAIRE MIS	Tier 3 DP
LOHIST-DM SYP 5-2-10MG	Tier 3 DP
<i>lorata-dine tab d 24hr</i>	Tier 3 DP
<i>loratadine d tab 5-120mg</i>	Tier 3 DP
<i>loratadine-d tab 5-120mg</i>	Tier 3 DP
<i>loratadine-d tab 10-240mg</i>	Tier 3 DP
LORTUSS EX LIQ	Tier 3 DP
<i>m-clear wc liq 100-6.3</i>	Tier 3 DP
MAR-COF CG LIQ 225-7.5	Tier 3 DP
<i>medi-tussin syrup dm</i>	Tier 3 DP
MICROCHAMBER MIS	Tier 3 DP
MICROSPACER MIS	Tier 3 DP
<i>mucinex chld liq 100/5ml</i>	Tier 3 DP
<i>mucus relief liq 100/5ml</i>	Tier 3 DP
<i>mucus relief liq 400/20ml</i>	Tier 3 DP

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>		
	<b>COST YOU (TIER LEVEL)</b>		
<i>nasal decong tab 10mg</i>	Tier 3	DP	
<i>nasal decong tab 30mg</i>	Tier 3	DP	
<i>nasal decong tab 120mg er</i>	Tier 3	DP	
NASALCROM SPR 5.2/ACT	Tier 3	DP	
NINJACOF-XG LIQ 200-8/5	Tier 3	DP	
OPTICHAMBER MIS ADV LRG	Tier 3	DP	
OPTICHAMBER MIS ADV MED	Tier 3	DP	
OPTICHAMBER MIS ADV SM	Tier 3	DP	
OPTICHAMBER MIS DIA LG	Tier 3	DP	
OPTICHAMBER MIS DIA MD	Tier 3	DP	
OPTICHAMBER MIS DIA SM	Tier 3	DP	
OPTICHAMBER MIS DIAMOND	Tier 3	DP	
OPTICHAMBER MIS FACE MAS	Tier 3	DP	
OPTIHALER MIS	Tier 3	DP	
<i>10peh/400gfn tab /20dm</i>	Tier 3	DP	
POCKET CHAMB MIS	Tier 3	DP	
POCKET SPACE MIS	Tier 3	DP	
POLY-TUSSIN LIQ 10-4-10	Tier 3	DP	
PRO-RED AC SYP 5-1-9/5	Tier 3	DP	
<i>prometh vc/ syp codeine</i>	Tier 3	DP	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	Tier 3	DP	
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	Tier 3	DP	
<i>pseudoeph-chlorphen w/ hydrocodone soln 60-4-5 mg/5ml</i>	Tier 3	DP	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	Tier 3	DP	
<i>pseudoephedr tab 120mg er</i>	Tier 3	DP	
<i>pseudoephedrine hcl tab 30 mg</i>	Tier 3	DP	
<i>pseudoephedrine hcl tab 60 mg</i>	Tier 3	DP	
<i>pseudoephedrine hcl tab er 12hr 120 mg</i>	Tier 3	DP	
<i>qc suphedrin tab 120mg sr</i>	Tier 3	DP	
<i>ra cough dm sus 30mg/5ml</i>	Tier 3	DP	
REFENESEN TAB CHST CNG	Tier 3	DP	
RITEFLO MIS	Tier 3	DP	
<i>robafen dm syp 100-10/5</i>	Tier 3	DP	
<i>robafen syp 100/5ml</i>	Tier 3	DP	
RYDEX LIQ	Tier 3	DP	
<i>rynex pse liq</i>	Tier 3	DP	
<i>sb cgh contr liq dm</i>	Tier 3	DP	

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>
	<b>COST YOU (TIER LEVEL)</b>
siltuss das liq 100/5ml	Tier 3 DP
siltussin dm liq das	Tier 3 DP
siltussin sa syrup 100/5ml	Tier 3 DP
siltussin-dm liq diabetic	Tier 3 DP
siltussin-dm liq max st	Tier 3 DP
siltussin-dm syrup alc free	Tier 3 DP
sm nasal dec tab 30mg	Tier 3 DP
sm tussin cf liq	Tier 3 DP
sm tussin dm syrup 100-10/5	Tier 3 DP
sm tussin syrup dm	Tier 3 DP
sudogest pe tab 10mg	Tier 3 DP
sudogest tab 30mg	Tier 3 DP
sudogest tab 60mg	Tier 3 DP
sudogest tab 120mg er	Tier 3 DP
TESSALON PER CAP 100MG	Tier 3 DP
trymine cg liq 225-7.5	Tier 3 DP
TUSNEL C SYP	Tier 3 DP
tusnel diabt liq 10-100/5	Tier 3 DP
TUSSICAPS CAP 5-4MG	Tier 3 DP
TUSSICAPS CAP 10-8MG	Tier 3 DP
tussigon tab 5-1.5mg	Tier 3 DP
tussin adult liq 100/5ml	Tier 3 DP
tussin adult liq cgh/cong	Tier 3 DP
tussin adult liq cold	Tier 3 DP
tussin cf liq	Tier 3 DP
tussin cf liq cgh/cold	Tier 3 DP
tussin chest syrup 100/5ml	Tier 3 DP
tussin dm liq	Tier 3 DP
tussin dm liq 10-200/5	Tier 3 DP
tussin dm liq 100-10/5	Tier 3 DP
tussin dm liq max	Tier 3 DP
tussin dm syrup 100-10/5	Tier 3 DP
VALVD HOLDNG MIS CHAMBER	Tier 3 DP
VORTEX VALVE MIS CHAMBER	Tier 3 DP
WATCHHALER MIS	Tier 3 DP
ZUTRIPRO LIQ 60-4-5MG	Tier 3 DP
<b>LEUKOTRIENE MODULATORS</b>	
montelukast sodium chew tab 4 mg (base equiv)	Tier 1

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>
	<b>COST YOU (TIER LEVEL)</b>
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	Tier 1
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	Tier 1
<i>montelukast sodium tab 10 mg (base equiv)</i>	Tier 1
<i>zafirlukast tab 10 mg</i>	Tier 1
<i>zafirlukast tab 20 mg</i>	Tier 1
<b>MAST CELL STABILIZERS - DRUGS TO TREAT ALLERGIES</b>	
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	Tier 1 B/D
<b>MISCELLANEOUS</b>	
<i>acetylcysteine inhal soln 10%</i>	Tier 1 NDS, B/D
<i>acetylcysteine inhal soln 20%</i>	Tier 1 NDS, B/D
<i>ARALAST NP INJ 500MG</i>	Tier 2 LA, PA
<i>ARALAST NP INJ 1000MG</i>	Tier 2 NDS, LA, PA
<i>AYR SALINE KIT NETI RNS</i>	Tier 3 DP
<i>AYR SALINE KIT RINSE</i>	Tier 3 DP
<i>DALIRESP TAB 250MCG</i>	Tier 2
<i>DALIRESP TAB 500MCG</i>	Tier 2
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	Tier 1 (generic of Adrenaclick)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	Tier 1 (generic of Adrenaclick)
<i>ESBRIET CAP 267MG</i>	Tier 2 PA
<i>ESBRIET TAB 267MG</i>	Tier 2 PA
<i>ESBRIET TAB 801MG</i>	Tier 2 PA
<i>KALYDECO PAK 25MG</i>	Tier 2 PA
<i>KALYDECO PAK 50MG</i>	Tier 2 PA
<i>KALYDECO PAK 75MG</i>	Tier 2 PA
<i>KALYDECO TAB 150MG</i>	Tier 2 PA
<i>OFEV CAP 100MG</i>	Tier 2 PA
<i>OFEV CAP 150MG</i>	Tier 2 PA
<i>ORKAMBI GRA 100-125</i>	Tier 2 PA
<i>ORKAMBI GRA 150-188</i>	Tier 2 PA
<i>ORKAMBI TAB 100-125</i>	Tier 2 PA
<i>ORKAMBI TAB 200-125</i>	Tier 2 PA
<i>PROLASTIN-C INJ 1000MG</i>	Tier 2 LA, PA
<i>PROLASTIN-C INJ 1000MG</i>	Tier 2 NDS, LA, PA
<i>PULMOZYME SOL 1MG/ML</i>	Tier 2 PA
<i>SYMDEKO TAB 50-75MG</i>	Tier 2 LA, PA

**PA** - Prior Authorization    **QL** - Quantity Limits  
under Medicare B or D    **LA** - Limited Access  
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<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>
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SYMDEKO TAB 100-150	Tier 2 LA, PA
THEO-24 CAP 100MG CR	Tier 2
THEO-24 CAP 200MG CR	Tier 2
THEO-24 CAP 300MG CR	Tier 2
THEO-24 CAP 400MG ER	Tier 2
<i>theophylline soln 80 mg/15ml</i>	Tier 1
<i>theophylline tab er 12hr 100 mg</i>	Tier 1
<i>theophylline tab er 12hr 200 mg</i>	Tier 1
<i>theophylline tab er 12hr 300 mg</i>	Tier 1
<i>theophylline tab er 12hr 450 mg</i>	Tier 1
<i>theophylline tab er 24hr 400 mg</i>	Tier 1
<i>theophylline tab er 24hr 600 mg</i>	Tier 1
XOLAIR INJ 75/0.5	Tier 2 LA, PA
XOLAIR INJ 150MG/ML	Tier 2 LA, PA
XOLAIR SOL 150MG	Tier 2 LA, PA
ZEMAIRA INJ 1000MG	Tier 2 NDS, LA, PA

#### **NASAL STEROIDS - DRUGS TO TREAT ALLERGIES**

<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	Tier 1	QL (3 bottles / 30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	Tier 1	QL (1 bottle / 30 days)

#### **STEROID INHALANTS - DRUGS TO TREAT ASTHMA**

ARNUITY ELPT INH 50MCG	Tier 2	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 100MCG	Tier 2	QL (30 inhalations / 30 days)
ARNUITY ELPT INH 200MCG	Tier 2	QL (30 inhalations / 30 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	Tier 1	B/D
<i>budesonide inhalation susp 0.25 mg/2ml</i>	Tier 1	B/D
FLOVENT DISK AER 50MCG	Tier 2	QL (120 inhalations / 30 days)
FLOVENT DISK AER 100MCG	Tier 2	QL (120 inhalations / 30 days)
FLOVENT DISK AER 250MCG	Tier 2	QL (240 inhalations / 30 days)
FLOVENT HFA AER 44MCG	Tier 2	QL (2 inhalers / 30 days)
FLOVENT HFA AER 110MCG	Tier 2	QL (2 inhalers / 30 days)
FLOVENT HFA AER 220MCG	Tier 2	QL (2 inhalers / 30 days)

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>	<b>COST YOU (TIER LEVEL)</b>
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PULMICORT INH 90MCG	Tier 2	QL (2 inhalers / 30 days)
PULMICORT INH 180MCG	Tier 2	QL (2 inhalers / 30 days)

**STEROID/BETA-AGONIST COMBINATIONS - DRUGS TO TREAT ASTHMA AND COPD**

ADVAIR DISKU AER 100/50	Tier 2	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 250/50	Tier 2	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 500/50	Tier 2	QL (60 inhalations / 30 days)
ADVAIR HFA AER 45/21	Tier 2	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	Tier 2	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	Tier 2	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 100-25	Tier 2	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	Tier 2	QL (60 blisters / 30 days)
SYMBICORT AER 80-4.5	Tier 2	QL (1 inhaler / 30 days)
SYMBICORT AER 160-4.5	Tier 2	QL (1 inhaler / 30 days)

**TOPICAL - DRUGS TO TREAT EAR AND SKIN CONDITIONS**

**DERMATOLOGY, ACNE**

<i>amnesteem cap 10mg</i>	Tier 1	PA
<i>amnesteem cap 20mg</i>	Tier 1	PA
<i>amnesteem cap 40mg</i>	Tier 1	PA
<i>avita cre 0.025%</i>	Tier 1	PA
<i>avita gel 0.025%</i>	Tier 1	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	Tier 1	
<i>claravis cap 10mg</i>	Tier 1	PA
<i>claravis cap 20mg</i>	Tier 1	PA
<i>claravis cap 30mg</i>	Tier 1	PA
<i>claravis cap 40mg</i>	Tier 1	PA
<i>clindacin-p pad 1%</i>	Tier 1	
<i>clindamycin phosphate gel 1%</i>	Tier 1	
<i>clindamycin phosphate lotion 1%</i>	Tier 1	
<i>clindamycin phosphate soln 1%</i>	Tier 1	
<i>clindamycin phosphate swab 1%</i>	Tier 1	
<i>erythromycin gel 2%</i>	Tier 1	
<i>erythromycin pads 2%</i>	Tier 1	

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>	<b>COST YOU (TIER LEVEL)</b>
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<i>erythromycin soln 2%</i>	Tier 1	
<i>isotretinoin cap 10 mg</i>	Tier 1	PA
<i>isotretinoin cap 20 mg</i>	Tier 1	PA
<i>isotretinoin cap 30 mg</i>	Tier 1	PA
<i>isotretinoin cap 40 mg</i>	Tier 1	PA
<i>myorisan cap 10mg</i>	Tier 1	PA
<i>myorisan cap 20mg</i>	Tier 1	PA
<i>myorisan cap 30mg</i>	Tier 1	PA
<i>myorisan cap 40mg</i>	Tier 1	PA
<i>sulfacetamide sodium lotion 10% (acne)</i>	Tier 1	
<i>tretinoin cream 0.1%</i>	Tier 1	PA
<i>tretinoin cream 0.05%</i>	Tier 1	PA
<i>tretinoin cream 0.025%</i>	Tier 1	PA
<i>tretinoin gel 0.01%</i>	Tier 1	PA
<i>tretinoin gel 0.025%</i>	Tier 1	PA
<i>zenatane cap 10mg</i>	Tier 1	PA
<i>zenatane cap 20mg</i>	Tier 1	PA
<i>zenatane cap 30mg</i>	Tier 1	PA
<i>zenatane cap 40mg</i>	Tier 1	PA

#### **DERMATOLOGY, ANTIBIOTICS**

<i>bacitr zinc oin 500/gm</i>	Tier 3	DP
<i>bacitracin oin 500/gm</i>	Tier 3	DP
<i>bacitracin oint 500 unit/gm</i>	Tier 3	DP
<i>bacitracin zinc oint 500 unit/gm</i>	Tier 3	DP
<i>double antib oin</i>	Tier 3	DP
<i>gentamicin sulfate cream 0.1%</i>	Tier 1	
<i>gentamicin sulfate oint 0.1%</i>	Tier 1	
<i>hm triple oin antibiot</i>	Tier 3	DP
<i>mupirocin oint 2%</i>	Tier 1	
<i>neomycin-bacitracin-polymyxin oint</i>	Tier 3	DP
<i>sb triple oin antibiot</i>	Tier 3	DP
<i>silver sulfadiazine cream 1%</i>	Tier 1	
<i>sm antibioti oin 500/gm</i>	Tier 3	DP
<i>sm triple oin antibiot</i>	Tier 3	DP
<i>ssd cre 1%</i>	Tier 1	
<i>SULFAMYLYON CRE 85MG/GM</i>	Tier 2	
<i>tri-biozene oin</i>	Tier 3	DP
<i>triple antib oin</i>	Tier 3	DP
<i>triple antib oin max st</i>	Tier 3	DP
<i>triple antib oin plus</i>	Tier 3	DP

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>
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### **DERMATOLOGY, ANTIFUNGALS**

<i>anti-fungal cre 1%</i>	Tier 3 DP
<i>anti-fungal pow 1%</i>	Tier 3 DP
<i>antifungal aer 1%</i>	Tier 3 DP
<i>antifungal cre 1%</i>	Tier 3 DP
<i>antifungal cre 2%</i>	Tier 3 DP
<i>athlete foot cre 1%</i>	Tier 3 DP
<i>athlete foot cre af</i>	Tier 3 DP
<i>baza antifun cre 2%</i>	Tier 3 DP
<i>BENZOIN TIN</i>	Tier 3 DP
<i>BENZOIN TIN PLAIN</i>	Tier 3 DP
<i>castellani paint</i>	Tier 3 DP
<i>ciclopirox gel 0.77%</i>	Tier 1
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	Tier 1
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	Tier 1
<i>ciclopirox shampoo 1%</i>	Tier 1
<i>clotrimazole cre 1%</i>	Tier 3 DP
<i>clotrimazole cream 1%</i>	Tier 1
<i>clotrimazole cream 1%</i>	Tier 3 DP
<i>clotrimazole soln 1%</i>	Tier 1
<i>clotrimazole soln 1%</i>	Tier 3 DP
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	Tier 1
<i>fungoid-d cre 1%</i>	Tier 3 DP
<i>jock itch aer 1%</i>	Tier 3 DP
<i>ketoconazole cream 2%</i>	Tier 1
<i>miconazole nitrate cream 2%</i>	Tier 3 DP
<i>nyamyc pow 100000</i>	Tier 1
<i>nystatin cream 100000 unit/gm</i>	Tier 1
<i>nystatin oint 100000 unit/gm</i>	Tier 1
<i>nystatin topical powder 100000 unit/gm</i>	Tier 1
<i>nystop pow 100000</i>	Tier 1
<i>podactin pow 1%</i>	Tier 3 DP
<i>sm antifungl cre 1%</i>	Tier 3 DP
<i>sm antifungl cre 2%</i>	Tier 3 DP
<i>soothe&amp;cool cre inzo 2%</i>	Tier 3 DP
<i>terbinafine cre 1%</i>	Tier 3 DP
<i>terbinafine hcl cream 1%</i>	Tier 3 DP

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>
	<b>COST YOU (TIER LEVEL)</b>
<i>tolnaftate cre 1%</i>	Tier 3 DP
<i>tolnaftate cream 1%</i>	Tier 3 DP
<i>tolnaftate powder 1%</i>	Tier 3 DP
<b>DERMATOLOGY, ANTIPSORIATICS</b>	
<i>acitretin cap 10 mg</i>	Tier 2 PA
<i>acitretin cap 17.5 mg</i>	Tier 2 PA
<i>acitretin cap 25 mg</i>	Tier 2 PA
<i>calcipotriene cream 0.005%</i>	Tier 1 QL (120 gm / 30 days), PA
<i>calcipotriene oint 0.005%</i>	Tier 1 QL (120 gm / 30 days), PA
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	Tier 1 QL (120 mL / 30 days), PA
<i>tazarotene cream 0.1%</i>	Tier 1 PA
<i>TAZORAC CRE 0.05%</i>	Tier 2 PA
<b>DERMATOLOGY, ANTISEBORRHEICS</b>	
<i>ketoconazole shampoo 2%</i>	Tier 1
<i>selenium sulfide lotion 2.5%</i>	Tier 1
<b>DERMATOLOGY, CORTICOSTEROIDS</b>	
<i>ala-cort cre 1%</i>	Tier 1
<i>ala-cort cre 2.5%</i>	Tier 1
<i>alclometasone dipropionate cream 0.05%</i>	Tier 1
<i>alclometasone dipropionate oint 0.05%</i>	Tier 1
<i>betamethasone dipropionate augmented cream 0.05%</i>	Tier 1
<i>betamethasone dipropionate augmented gel 0.05%</i>	Tier 1
<i>betamethasone dipropionate augmented lotion 0.05%</i>	Tier 1
<i>betamethasone dipropionate augmented ointment 0.05%</i>	Tier 1
<i>betamethasone dipropionate cream 0.05%</i>	Tier 1
<i>betamethasone dipropionate lotion 0.05%</i>	Tier 1
<i>betamethasone dipropionate oint 0.05%</i>	Tier 1
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	Tier 1
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	Tier 1
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	Tier 1
<i>ENSTILAR AER</i>	Tier 2 PA

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	<b>COST YOU (TIER LEVEL)</b>
<i>fluocinolone acetonide cream 0.01%</i>	Tier 1
<i>fluocinolone acetonide cream 0.025%</i>	Tier 1
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	Tier 1
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	Tier 1
<i>fluocinolone acetonide oint 0.025%</i>	Tier 1
<i>fluocinolone acetonide soln 0.01%</i>	Tier 1
<i>fluocinonide cream 0.05%</i>	Tier 1
<i>fluocinonide emulsified base cream 0.05%</i>	Tier 1
<i>fluocinonide gel 0.05%</i>	Tier 1
<i>fluocinonide soln 0.05%</i>	Tier 1
<i>fluticasone propionate cream 0.05%</i>	Tier 1
<i>fluticasone propionate oint 0.005%</i>	Tier 1
<i>halobetasol propionate cream 0.05%</i>	Tier 1
<i>halobetasol propionate oint 0.05%</i>	Tier 1
<i>hydrocortisone butyrate cream 0.1%</i>	Tier 1
<i>hydrocortisone butyrate oint 0.1%</i>	Tier 1
<i>hydrocortisone cream 1%</i>	Tier 1
<i>hydrocortisone cream 2.5%</i>	Tier 1
<i>hydrocortisone lotion 2.5%</i>	Tier 1
<i>hydrocortisone oint 2.5%</i>	Tier 1
<i>hydrocortisone valerate cream 0.2%</i>	Tier 1
<i>hydrocortisone valerate oint 0.2%</i>	Tier 1
<i>mometasone furoate cream 0.1%</i>	Tier 1
<i>mometasone furoate oint 0.1%</i>	Tier 1
<i>mometasone furoate solution 0.1% (lotion)</i>	Tier 1
<i>TEXACORT SOL 2.5%</i>	Tier 2
<i>triamcinolone acetonide cream 0.1%</i>	Tier 1
<i>triamcinolone acetonide cream 0.5%</i>	Tier 1
<i>triamcinolone acetonide cream 0.025%</i>	Tier 1
<i>triamcinolone acetonide lotion 0.1%</i>	Tier 1
<i>triamcinolone acetonide lotion 0.025%</i>	Tier 1
<i>triamcinolone acetonide oint 0.1%</i>	Tier 1
<i>triamcinolone acetonide oint 0.5%</i>	Tier 1
<i>triamcinolone acetonide oint 0.025%</i>	Tier 1
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>	
<i>glydo gel 2%</i>	Tier 1 QL (30 mL / 30 days), PA
<i>lidocaine hcl soln 4%</i>	Tier 1 QL (50 mL / 30 days), PA

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>		
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<i>lidocaine hcl urethral/mucosal gel 2%</i>	Tier 1	QL (30 mL / 30 days), PA
<i>lidocaine oint 5%</i>	Tier 1	QL (50 grams / 30 days), PA
<i>lidocaine patch 5%</i>	Tier 1	QL (3 patches / 1 day), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	Tier 1	QL (30 grams / 30 days), PA

***DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE***

ACESULFAME POW POTASSIU	Tier 3	DP
ACETAMIN POW	Tier 3	DP
ACETIC ACID SOL 3%	Tier 3	DP
ACETIC ACID SOL GLACIAL	Tier 3	DP
ACETYL-L-CAR POW HCL	Tier 3	DP
ALLANTOIN POW	Tier 3	DP
ALMOND OIL SWEET	Tier 3	DP
ALOE VERA POW	Tier 3	DP
ALUM AMMONIU POW	Tier 3	DP
ALUMINUM CL CRY	Tier 3	DP
ALUMINUM POW HYDROXID	Tier 3	DP
<i>amlactin lot 12%</i>	Tier 3	DP
AMMONIUM GRA CHLORIDE	Tier 3	DP
AMMONIUM POW ALUMINUM	Tier 3	DP
ARGININE HCL POW	Tier 3	DP
ASCORBIC ACD GRA	Tier 3	DP
ASCORBIC ACD POW	Tier 3	DP
ASCORBYL POW PALMITAT	Tier 3	DP
BETAINE POW ANHYDROU	Tier 3	DP
BIOFLAVINOID POW LEMON	Tier 3	DP
BIOFLAVONOID POW CITRUS	Tier 3	DP
BISMUTH POW SUBNITRA	Tier 3	DP
BISMUTH SUBC POW	Tier 3	DP
BORIC ACID GRA	Tier 3	DP
BORIC ACID POW	Tier 3	DP
CALAMINE LOT	Tier 3	DP
CALAMINE LOT 8-8%	Tier 3	DP
CALAMINE LOT PHENOLAT	Tier 3	DP
CALAMINE POW	Tier 3	DP
CALCIUM POW CITRATE	Tier 3	DP
CALCIUM POW HYDROXID	Tier 3	DP

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>		
	<b>COST YOU (TIER LEVEL)</b>		
CALCIUM POW SACCHARA	Tier 3	DP	
CAMPHOR CRY	Tier 3	DP	
<i>capsaicin cre 0.1%</i>	Tier 3	DP	
<i>capsaicin cream 0.025%</i>	Tier 3	DP	
CAPSAICIN LIQ 0.15%	Tier 3	DP	
CAPSAICIN POW	Tier 3	DP	
CARBOMER POW HOMOPOLY	Tier 3	DP	
CARBOXYMETHY POW SODIUM	Tier 3	DP	
CHLOROFORM SOL	Tier 3	DP	
CHOLESTEROL POW ACETATE	Tier 3	DP	
CHRYSIN POW	Tier 3	DP	
CITRIC ACID GRA ANHYDROU	Tier 3	DP	
CITRIC ACID GRA MONOHYDR	Tier 3	DP	
CITRIC ACID POW ANHYDROU	Tier 3	DP	
CLORPACTIN POW WCS-90	Tier 3	DP	
CLOVE OIL	Tier 3	DP	
COAL TAR SOL 20%	Tier 3	DP	
COCONUT OIL	Tier 3	DP	
COENZYME Q10 POW	Tier 3	DP	
CORN STARCH POW	Tier 3	DP	
COTTONSEED OIL	Tier 3	DP	
CREATINE POW MONOHYDR	Tier 3	DP	
CROTON OIL	Tier 3	DP	
D-VITAMIN E POW SUCCINAT	Tier 3	DP	
<i>diclofenac sodium gel 1%</i>	Tier 1	PA	
ETHOXY ETHNL LIQ REAGENT	Tier 3	DP	
ETHYL ALCOHO SOL 95%	Tier 3	DP	
ETHYL ALCOHO SOL 95% USP	Tier 3	DP	
ETHYL ALCOHO SOL SDA 95%	Tier 3	DP	
ETHYL OLEATE LIQ	Tier 3	DP	
EUGENOL SOL	Tier 3	DP	
FERRIC POW SUBSULFA	Tier 3	DP	
FERRIC SUBSU SOL	Tier 3	DP	
<i>fluorouracil cream 5%</i>	Tier 1		
<i>fluorouracil soln 2%</i>	Tier 1		
<i>fluorouracil soln 5%</i>	Tier 1		
FORMALDEHYDE SOL 37%	Tier 3	DP	
FREE & CLEAR SHA	Tier 3	DP	
FULLERS POW EARTH	Tier 3	DP	
GLUCOSAMINE POW HCL	Tier 3	DP	

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	<b>COST YOU (TIER LEVEL)</b>
GLUCOSAMINE POW SULFATE	Tier 3 DP
GLYCERIN LIQ	Tier 3 DP
GLYCOLIC ACD CRY	Tier 3 DP
GLYCOLIC ACD SOL 70%	Tier 3 DP
GRAPE SEED OIL	Tier 3 DP
GREEN TEA EX LIQ 90%	Tier 3 DP
HYDROCHL ACD LIQ 37%	Tier 3 DP
<i>hydrocortisone rectal cream 2.5%</i>	Tier 1
ICHTHAMMOL POW	Tier 3 DP
<i>imiquimod cream 5%</i>	Tier 1
INDOLE-3- POW CARBINOL	Tier 3 DP
INOSITOL POW HEXANICO	Tier 3 DP
IODINE CRY RESUBLIM	Tier 3 DP
IODOFORM POW	Tier 3 DP
ISOPROPYL LIQ PALMITAT	Tier 3 DP
JESSNERS SOL	Tier 3 DP
KOJIC ACID POW	Tier 3 DP
L-CITRULLINE POW	Tier 3 DP
LAC-HYDRIN LOT 12%	Tier 3 DP
<i>lactic acid (ammonium lactate) cream 12%</i>	Tier 1
<i>lactic acid (ammonium lactate) cream 12%</i>	Tier 3 DP
<i>lactic acid (ammonium lactate) lotion 12%</i>	Tier 1
<i>lactic acid (ammonium lactate) lotion 12%</i>	Tier 3 DP
LACTIC ACID SOL	Tier 3 DP
LIPOIC ACID POW	Tier 3 DP
MAG CITRATE POW TRIBASIC	Tier 3 DP
MAGNESIUM POW HYDROXID	Tier 3 DP
MALIC ACID POW	Tier 3 DP
MANNITOL POW	Tier 3 DP
MENTHOL CRY	Tier 3 DP
MENTHOL-L CRY	Tier 3 DP
METHYL SULF CRY	Tier 3 DP
<i>metronidazole cream 0.75%</i>	Tier 1
<i>metronidazole gel 0.75%</i>	Tier 1
<i>metronidazole lotion 0.75%</i>	Tier 1
NA PHOS MONO POW ANHYDROU	Tier 3 DP
NEW SKIN AER	Tier 3 DP
OIL-ALMOND OIL SWEET	Tier 3 DP
OIL-COCONUT OIL	Tier 3 DP
ORNITHINE POW HCL	Tier 3 DP

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>		
	<b>COST YOU (TIER LEVEL)</b>		
OXALIC ACID CRY	Tier 3	DP	
PANRETIN GEL 0.1%	Tier 2		
PENTRAVAN CRE	Tier 3	DP	
PENTRAVAN CRE PLUS	Tier 3	DP	
PERUVIAN LIQ BALSAM	Tier 3	DP	
PHENOL LIQ	Tier 3	DP	
PHOSPHATIDYL POW 20%	Tier 3	DP	
PICATO GEL 0.05%	Tier 2	QL (2 tubes / 30 days)	
PICATO GEL 0.015%	Tier 2	QL (3 tubes / 30 days)	
<i>podofilox soln 0.5%</i>	Tier 1		
POLYSORBATE SOL 20	Tier 3	DP	
POT GLUCONAT POW ANHYDROU	Tier 3	DP	
POT HYDROXID SOL 10%	Tier 3	DP	
POT HYDROXID SOL 20%	Tier 3	DP	
POT NITRATE GRA	Tier 3	DP	
POT NITRATE GRA PURIFIED	Tier 3	DP	
POTASSIUM CRY BROMIDE	Tier 3	DP	
POTASSIUM CRY IODIDE	Tier 3	DP	
POTASSIUM MIS HYDROXID	Tier 3	DP	
<i>proto-med cre hc 2.5%</i>	Tier 1		
<i>proto-pak cre 1%</i>	Tier 1		
<i>protozone cre -hc 2.5%</i>	Tier 1		
PSYLLIUM POW HUSK 95%	Tier 3	DP	
PX CALAMINE LOT	Tier 3	DP	
PYRUVIC ACID LIQ	Tier 3	DP	
RA CALAMINE LOT	Tier 3	DP	
RED YEAST POW RICE	Tier 3	DP	
RESORCINOL POW	Tier 3	DP	
<i>rosadan cre 0.75%</i>	Tier 1		
SAFFLOWER OIL	Tier 3	DP	
SALICYLIC POW ACID	Tier 3	DP	
SM CALAMINE LOT	Tier 3	DP	
SM CALAMINE LOT PHENOLAT	Tier 3	DP	
SOD BROMIDE GRA	Tier 3	DP	
SOD FLUORIDE POW	Tier 3	DP	
SOD METABISU GRA ANHYDR	Tier 3	DP	
SOD PERBORAT CRY	Tier 3	DP	
SOD PHOSPHAT GRA DIBASIC	Tier 3	DP	
SOD PROPION POW	Tier 3	DP	
SOD SULFITE POW ANHYDROU	Tier 3	DP	

PA - Prior Authorization    QL - Quantity Limits  
under Medicare B or D    LA - Limited Access  
- The drug is not a Part D drug.

ST - Step Therapy    B/D - Covered  
NDS - Non-Extended Days Supply    DP

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE</b>	<b>COST YOU (TIER LEVEL)</b>
SODIUM BORAT POW	Tier 3	DP
SODIUM CITRA GRA DIHYDRAT	Tier 3	DP
SODIUM MIS HYDROXID	Tier 3	DP
SODIUM POW BICARBON	Tier 3	DP
SOYBEAN OIL	Tier 3	DP
SPERMACETI MIS	Tier 3	DP
SQUARIC ACID LIQ BUTANOL	Tier 3	DP
SQUARIC ACID POW DI-N-BUT	Tier 3	DP
STEVIA POW EXTRACT	Tier 3	DP
SULFUR POW	Tier 3	DP
SULFUR POW PRECIPIT	Tier 3	DP
<i>tacrolimus oint 0.1%</i>	Tier 1	
<i>tacrolimus oint 0.03%</i>	Tier 1	
TALC POW	Tier 3	DP
TANNIC ACID POW	Tier 3	DP
TARGETIN GEL 1%	Tier 2	PA
TARTARIC ACD GRA	Tier 3	DP
THYMOL CRY	Tier 3	DP
TURPENTINE LIQ SPIRITS	Tier 3	DP
UNDECYLENIC LIQ ACID	Tier 3	DP
UREA BEA	Tier 3	DP
UREA POW PEROXIDE	Tier 3	DP
VALCHLOR GEL 0.016%	Tier 2	LA, PA
VEEGUM MIS LUMP	Tier 3	DP
VITAMIN K-1 POW	Tier 3	DP
XYLITOL POW	Tier 3	DP
ZINC CHLORID GRA	Tier 3	DP
ZINC OXIDE POW	Tier 3	DP
<i>zostrix hp cre 0.1%</i>	Tier 3	DP
ZOSTRIX NAT CRE 0.033%	Tier 3	DP

#### **DERMATOLOGY, SCABICIDES AND PEDICULIDES**

<i>complete kit lice</i>	Tier 3	DP
<i>gnp lice kit</i>	Tier 3	DP
<i>lice killing sha</i>	Tier 3	DP
<i>lice killing sha 0.33-4%</i>	Tier 3	DP
<i>lice treatmt lot 1%</i>	Tier 3	DP
<i>lice treatmt sha 0.33-4%</i>	Tier 3	DP
<i>lice trtmnt liq</i>	Tier 3	DP
<i>lice trtmnt liq 1%</i>	Tier 3	DP
<i>licide sha 0.33-4%</i>	Tier 3	DP

<b>Drug Name</b>	<b>WHAT THE NECESSARY ACTIONS DRUG RESTRICTIONS OR WILL LIMITS ON USE COST YOU (TIER LEVEL)</b>
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<i>malathion lotion 0.5%</i>	Tier 1
<i>permethrin cream 5%</i>	Tier 1
<i>ra lice liq max st</i>	Tier 3 DP
<i>RID COMPLETE KIT LICE</i>	Tier 3 DP
<i>RID ESS LICE KIT 0.33-4%</i>	Tier 3 DP
<i>rid lice kil sha 0.33-4%</i>	Tier 3 DP
<i>rid licekill sha 0.33-4%</i>	Tier 3 DP
<i>sm lice soln kit</i>	Tier 3 DP
<i>tgt lice kit complete</i>	Tier 3 DP

#### **DERMATOLOGY, WOUND CARE AGENTS**

<i>acetic acid irrigation soln 0.25%</i>	Tier 1
<i>REGRANEX GEL 0.01%</i>	Tier 2 PA
<i>SANTYL OIN 250/GM</i>	Tier 2
<i>sodium chloride irrigation soln 0.9%</i>	Tier 1
<i>water for irrigation, sterile irrigation soln</i>	Tier 1

#### **MOUTH/THROAT/DENTAL AGENTS**

<i>cevimeline hcl cap 30 mg</i>	Tier 1
<i>chlorhexidine gluconate soln 0.12%</i>	Tier 1
<i>clotrimazole troche 10 mg</i>	Tier 1
<i>lidocaine hcl viscous soln 2%</i>	Tier 1
<i>little teeth gel 7.5%</i>	Tier 3 DP
<i>nystatin susp 100000 unit/ml</i>	Tier 1
<i>ORASEP SPR</i>	Tier 3 DP
<i>periogard sol 0.12%</i>	Tier 1
<i>periomed con 0.63%</i>	Tier 3 DP
<i>pilocarpine hcl tab 5 mg</i>	Tier 1
<i>pilocarpine hcl tab 7.5 mg</i>	Tier 1
<i>triamcinolone acetonide dental paste 0.1%</i>	Tier 1

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

<i>acetic acid otic soln 2%</i>	Tier 1
<i>CIPRODEX SUS 0.3-0.1%</i>	Tier 2
<i>flac oil 0.01%</i>	Tier 1
<i>fluocinolone acetonide (otic) oil 0.01%</i>	Tier 1
<i>neomycin-polymyxin-hc otic soln 1%</i>	Tier 1
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	Tier 1
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aspirin tab 325mg .....	1
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<i>betamethasone dipropionate augmented gel 0.05%</i> .....	148
<i>betamethasone dipropionate augmented lotion 0.05%</i> .....	148
<i>betamethasone dipropionate augmented oint 0.05%</i> .....	148
<i>betamethasone dipropionate cream 0.05%</i> .....	148
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<i>betamethasone dipropionate oint 0.05%</i> .....	148
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<i>betaxolol hcl tab 20 mg</i> .....	41
<i>bethanechol chloride tab 10 mg</i> .....	102
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<i>bosentan tab 125 mg</i> .....	48
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<i>BRIVIACT SOL 10MG/ML</i> .....	49
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<i>bromocriptine mesylate cap 5 mg (base equivalent)</i> .....	60
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<i>budesonide delayed release particles cap 3 mg</i> .....	97
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<i>bumetanide tab 0.5 mg</i> .....	45
<i>bumetanide tab 1 mg</i> .....	45
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buprenorphine td patch weekly 15 mcg/hr .....	4
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buspirone hcl tab 30 mg .....	49
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tab 500 mg-100 unit .....	116
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carbamazepine susp 100 mg/5ml .....	50
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carbamazepine tab er 12hr 100 mg ....	50
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<i>disintegrating tab 25-100 mg</i>	60
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<i>carbidopa &amp; levodopa tab 10-100 mg</i>	..60
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.....	60
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<i>carbidopa-levodopa-entacapone tabs</i>	
<i>12.5-50-200 mg</i>	60
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<i>celecoxib cap 200 mg</i>	3	<i>childrens chw /iron</i>	124
<i>celecoxib cap 400 mg</i>	3	<b>CHILDRENS CHW COMPLETE</b>	125
<i>celecoxib cap 50 mg</i>	3	<i>chld allergy liq 12.5/5ml</i>	135
<b>CELONTIN CAP 300MG</b>	50	<i>chld silapap liq 160/5ml</i>	1
<i>centamin liq</i>	124	<i>chlorhexidine gluconate soln 0.12%</i>	155
<i>centavite liq</i>	124	<b>CHLOROFORM SOL</b>	151
<i>century tab</i>	124	<i>chloroquine phosphate tab 250 mg</i>	13
<i>century tab mature</i>	124	<i>chloroquine phosphate tab 500 mg</i>	13
<i>cephalexin cap 250 mg</i>	19	<i>chlorothiazide tab 250 mg</i>	45
<i>cephalexin cap 500 mg</i>	19	<i>chlorothiazide tab 500 mg</i>	45
<i>cephalexin for susp 125 mg/5ml</i>	19	<i>chlor-phenir tab 4mg</i>	135
<i>cephalexin for susp 250 mg/5ml</i>	19	<b>CHLORPROMAZ INJ 25MG/ML</b>	62
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<b>CEREZYME INJ 400UNIT</b>	86	<i>chlorpromazine hcl tab 10 mg</i>	62
<i>cerovite jr chw</i>	124	<i>chlorpromazine hcl tab 100 mg</i>	62
<i>cerovite tab advanced</i>	124	<i>chlorpromazine hcl tab 200 mg</i>	62
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<i>cetirizine sol 1mg/ml</i>	135	<i>cholecalciferol cap 400 unit</i>	125
<i>cetirizine sol 5mg/5ml</i>	135	<i>cholecalciferol cap 5000 unit</i>	125
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	139	<i>cholecalciferol cap 50000 unit</i>	125
<b>CETYL ALCOHO GRA</b>	119	<i>cholecalciferol oral liquid 400 unit/ml</i>	125
<i>cevimeline hcl cap 30 mg</i>	155	<i>cholecalciferol tab 1000 unit</i>	125
<b>CHANTIX PAK 0.5&amp; 1MG</b>	73	<i>cholecalciferol tab 2000 unit</i>	125
<b>CHANTIX PAK 1MG</b>	73	<i>cholecalciferol tab 400 unit</i>	125
<b>CHANTIX TAB 0.5MG</b>	73	<b>CHOLESTEROL POW ACETATE</b>	151
<b>CHANTIX TAB 1MG</b>	73	<i>cholestyramine light powder 4 gm/dose</i>	40
<b>CHARCOAL POW</b>	89	<i>cholestyramine light powder packets 4 gm</i>	40
<b>CHEMET CAP 100MG</b>	79	<i>cholestyramine powder 4 gm/dose</i>	40
<b>CHEMSTRIP TES UGK</b>	89	<i>cholestyramine powder packets 4 gm</i>	40
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<i>cilostazol tab 100 mg</i> .....	107	<i>clarithromycin tab er 24hr 500 mg</i> ....	19
<i>cilostazol tab 50 mg</i> .....	107	<i>CLASS ACT MIS LUBRICAT</i> .....	80
<i>CILOXAN OIN 0.3% OP</i> .....	132	<i>clindacin-p pad 1%</i> .....	145
<i>CIMDUO TAB 300-300</i> .....	15	<i>clindamycin hcl cap 150 mg</i> .....	10
<i>cinacalcet hcl tab 30 mg (base equiv)</i> ..	79	<i>clindamycin hcl cap 300 mg</i> .....	10
<i>cinacalcet hcl tab 60 mg (base equiv)</i> ..	79	<i>clindamycin hcl cap 75 mg</i> .....	10
<i>cinacalcet hcl tab 90 mg (base equiv)</i> ..	79	<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i> .....	10
<i>CINNAMON OIL FLAVOR</i> .....	119	<i>clindamycin phosphate gel 1%</i> .....	145
<i>CIPRODEX SUS 0.3-0.1%</i> .....	155	<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i> .....	10
<i>ciprofloxacin 200 mg/100ml in d5w</i> ....	20	<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i> .....	10
<i>ciprofloxacin 400 mg/200ml in d5w</i> ....	20	<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i> .....	10
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i> .....	20	<i>clindamycin phosphate inj 300 mg/2ml/10</i>	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i> .....	132	<i>clindamycin phosphate inj 600 mg/4ml/10</i>	
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i> .....	20	<i>clindamycin phosphate inj 9 gm/60ml</i> . 10	
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<i>ciprofloxacin hcl tab 500 mg (base equiv)</i> .....	20	<i>clindamycin phosphate iv soln 300 mg/2ml</i> .....	10
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<i>citalopram hydrobromide tab 20 mg (base equiv)</i> .....	57	<i>CLINDMYC/NAC INJ 900/50ML</i> .....	10
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<i>CITRIC ACID GRA MONOHYDR</i> .....	151	<i>CLINIMIX INJ 4.25/D5W</i> .....	114
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<i>claravis cap 30mg</i> .....	145	<i>clobazam suspension 2.5 mg/ml</i> .....	50
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		<i>clonazepam orally disintegrating tab 0.125 mg</i> .....	50

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clonazepam orally disintegrating tab 0.5 mg .....	50
clonazepam orally disintegrating tab 1 mg .....	50
clonazepam orally disintegrating tab 2 mg .....	50
clonazepam tab 0.5 mg .....	50
clonazepam tab 1 mg .....	50
clonazepam tab 2 mg .....	50
clonidine hcl tab 0.1 mg .....	46
clonidine hcl tab 0.2 mg .....	46
clonidine hcl tab 0.3 mg .....	46
clonidine td patch weekly 0.1 mg/24hr .....	46
clonidine td patch weekly 0.2 mg/24hr .....	46
clonidine td patch weekly 0.3 mg/24hr .....	46
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clorazepate dipotassium tab 15 mg .....	50
clorazepate dipotassium tab 3.75 mg .....	50
clorazepate dipotassium tab 7.5 mg .....	50
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clotrimazole troche 10 mg .....	155
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colesevelam hcl tab 625 mg .....	40
colestipol hcl granule packets 5 gm .....	40
colestipol hcl granules 5 gm .....	40
colestipol hcl tab 1 gm .....	40
colistimethate sod for inj 150 mg (colistin base activity) .....	10
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constulose sol 10gm/15 .....	98
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cyanocobalamin tab 100 mcg .....	125
cyanocobalamin tab 1000 mcg .....	125
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cyclophosphamide for inj 2 gm .....	23
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<i>dapsone tab 100 mg</i> .....	10
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<i>desipramine hcl tab 10 mg</i> .....	57
<i>desipramine hcl tab 100 mg</i> .....	57
<i>desipramine hcl tab 150 mg</i> .....	57
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<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i> .....	80
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<i>etodolac tab 500 mg</i> .....	3
<i>etodolac tab er 24hr 400 mg</i> .....	3
<i>etodolac tab er 24hr 500 mg</i> .....	3
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<i>fentanyl citrate lozenge on a handle 1200 mcg</i> .....	5
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<i>fentanyl citrate lozenge on a handle 200 mcg</i> .....	5
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<i>fentanyl td patch 72hr 12 mcg/hr</i> .....	5
<i>fentanyl td patch 72hr 25 mcg/hr</i> .....	5
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<i>senna-s tab 8.6-50mg</i>	100
<i>senna-tabs tab 8.6mg</i>	100
<i>senna-time s tab 8.6-50mg</i>	100
<i>senna-time tab 8.6mg</i>	100
<i>senno tab 8.6mg</i>	100
<i>sennosides syrup 8.8 mg/5ml</i>	100

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