



# Anthem Blue Cross Cal MediConnect Plan (Medicare-Medicaid Plan) 2019 List of Covered Drugs (Formulary)

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

This formulary was updated on 11/19/2019.

**Have Questions?**

Call us toll-free at 1-855-817-5785 (TTY 711)  
Monday through Friday from 8 a.m. to 8 p.m.  
or visit [duals.anthem.com](https://duals.anthem.com)



# Anthem Blue Cross Cal MediConnect Plan (Medicare-Medicaid Plan)

## 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 and items are covered by Anthem Blue Cross Cal MediConnect Plan. The Drug List also tells you if there are any special rules or restrictions on any drugs covered by Anthem Blue Cross Cal MediConnect Plan. Key terms and their definitions appear in the last chapter of the *Member Handbook*.

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## A. Disclaimers

This is a list of drugs that members can get in Anthem Blue Cross Cal MediConnect Plan.

- ❖ Anthem Blue Cross Cal MediConnect Plan is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees.
- ❖ You can always check Anthem Blue Cross Cal MediConnect Plan's up-to-date List of Covered Drugs online at [duals.anthem.com](https://duals.anthem.com) or by calling 1-855-817-5785 (TTY 711) Monday through Friday from 8 a.m. to 8 p.m.
- ❖ Limitations, copays, and restrictions may apply. For more information, call Anthem Blue Cross Cal MediConnect Plan Member Services or read the Anthem Blue Cross Cal MediConnect Plan Member Handbook.
- ❖ You can get this document for free in other formats, such as large print, braille or audio. Call 1-855-817-5785 (TTY 711), Monday through Friday from 8 a.m. to 8 p.m.. The call is free.
- ❖ You can make a standing request to get this and future information for free in other languages and formats. Call 1-855-817-5785 (TTY 711), Monday through Friday from 8 a.m. to 8 p.m.. The call is free.

**ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call 1-855-817-5785 (TTY: 711), Monday through Friday from 8:00 a.m. to 8:00 p.m. The call is free.

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե դուք խոսում եք Հայերենի լեզվով, լեզվական օգնության ծառայությունները, անվճար, մատչելի են ձեզ համար: Ջանգախաբեք 1-855-817-5785 (TTY: 711) Երկուշաբթիից ուրբեկոսխոսհամարովաթ օրերին ժամը 8:00-ից 20:00-ին: Այս գանգն անվճար է:

Armenian

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-817-5785 (TTY:711)，週一至週五上午8：00-晚上8：00。通話免費。

Chinese

تنبيه: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوفر لك مجاناً. اتصل على الرقم 1-855-817-5785 (الهاتف النصي: 711)، من الاثنين حتى الجمعة من الساعة 8:00 صباحاً حتى 8:00 مساءً. وتكون المكالمة مجانية.

Arabic

توجه: اگر به زبان فارسی صحبت می کنید، خدمات کمک در زمینه زبان، به صورت رایگان، برای شما در دسترس می باشد. دوشنبه تا جمعه، از 8:00 صبح تا 8:00 شب با شماره 1-855-817-5785 (TTY: 711) تماس بگیرید. این تماس رایگان می باشد.

Farsi

안내: 한국어를 사용할 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 월요일부터 금요일까지 오전8시에서 오후 8시 사이에 1-855-817-5785 (TTY: 711)번으로 전화하십시오. 통화료는 무료입니다.

Korean

ВНИМАНИЕ: если вы говорите по-русски, вам могут предоставить бесплатные услуги перевода. Звоните по тел. 1-855-817-5785 (TTY: 711) с понедельника по пятницу с 8:00 до 20:00. Звонок бесплатный.

Russian



**If you have questions**, please call Anthem Blue Cross Cal MediConnect Plan at 1-855-817-5785 (TTY 711), Monday through Friday from 8 a.m. to 8 p.m. The call is free. **For more information**, visit [duals.anthem.com](https://duals.anthem.com).



注意: 日本語話者の方は無料の言語支援サービスをご利用いただけます。  
1-855-817-5785 (TTY: 711)、月曜から金曜の午前8時～午後8時にお電話ください。この通話は無料です。

Japanese

ATENCIÓN: Si usted habla español, tiene a su disposición servicios gratuitos de asistencia de idiomas. Llame al 1-855-817-5785 (TTY: 711), de lunes a viernes, de 8:00 a. m. a 8:00 p. m. La llamada es gratuita.

Spanish

ਧਿਆਨ ਧਰੋ: ਜੇ ਤੁਸੀ ਪੰਜਾਬ ਬੋਲੀ ਹੋ, ਤੁਹਾਡੇ ਲਈ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਮੁਫਤ ਉਪਲਬਧ ਹਨ।  
1-855-817-5785 (TTY: 711) 'ਤੇ ਸੋਮਵਾਰ ਤੋਂ ਸ਼ੁੱਕਰਵਾਰ, ਸਵੇਰੇ 8:00 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 8:00 ਵਜੇ ਤੱਕ ਕਾਲ ਕਰੋ।

Punjabi

សូមជ្រាប: ប្រសិនបើលោកអ្នកនិយាយភាសាខ្មែរ សេវាកម្មជំនួយភាសា  
មានផ្តល់ជូនលោកអ្នកដោយឥតគិតថ្លៃ។ សូមទូរសព្ទមកលេខ  
1-855-817-5785 (TTY: 711) ពីថ្ងៃច័ន្ទ ដល់ថ្ងៃសុក្រ ពីម៉ោង 8:00 ព្រឹក  
ដល់ម៉ោង 8:00 ល្ងាច។ ទូរសព្ទមកលេខនេះ គឺឥតគិតថ្លៃ។

Cambodian

LUS CEEV: Yog koj hais lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-855-817-5785 (TTY: 711), hnub Monday txog Friday thaum 8:00 teev sawv ntxov txog 8:00 teev tsaus ntuj. Tus xov tooj no hu dawb xwb.

Hmong

ध्यान दें: यदि आप हिन्दी बोलते हैं, आपके लिए भाषा सहायता सेवाएं नगि शुल्क उपलब्ध हैं।  
1-855-817-5785 (TTY: 711) पर सोमवार से शुक्रवार, सुबह 8:00 बजे से शाम 8:00 बजे तक कॉल करें। यह कॉल नगिशुल्क है।

Hindi

ระวัง: หากคุณพูดภาษาอังกฤษ เรามีบริการช่วยเหลือด้านภาษาโดยไม่คิดค่าใช้จ่ายใด ๆ โดยติดต่อไปที่ 1-855-817-5785(TTY: 711) วันจันทร์ถึงวันศุกร์เวลา 8:00 – 20:00 น. ไม่มีค่าใช้จ่ายใด ๆ ทั้งสิ้น

Thai

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo nang walang bayad ang mga serbisyo ng tulong sa wika. Tumawag sa 1-855-817-5785 (TTY: 711), Lunes hanggang Biyernes, 8:00 a.m. hanggang 8:00 p.m. Libre ang tawag.

Tagalog

CHU Ý: Nếu quý vị nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ, miễn phí, cho quý vị. Xin gọi số 1-855-817-5785 (TTY: 711), Thứ Hai đến Thứ Sáu từ 8:00 sáng đến 8:00 tối. Cuộc gọi được miễn tính cước phí.

Vietnamese

ສິ່ງທີ່ຄວນເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າພາສາລາວ,  
ທາງເຮົາມີການບໍລິການຊ່ວຍເຫຼືອທາງພາສາ ໂດຍບໍ່ເສຍຄ່າໃຫ້ແກ່ທ່ານ.  
ໂທຫາໝາຍເລກ 1-855-817-5785 (TTY: 711), ວັນຈັນຫາວັນສຸກ ຕັ້ງແຕ່  
8:00 ໂມງເຊົ້າຫາ 8:00 ໂມງແລງ. ການໂທແມ່ນໂທພຣີ.

Laotian

- ❖ You can get this document for free in other formats, such as large print, braille or audio. Call 1-855-817-5785 (TTY 711), Monday through Friday from 8 a.m. to 8 p.m. The call is free.
- ❖ You can make a standing request to get this and future information for free in other languages and formats. Call 1-855-817-5785 (TTY 711), Monday through Friday from 8 a.m. to 8 p.m. The call is free.



**If you have questions**, please call Anthem Blue Cross Cal MediConnect Plan at 1-855-817-5785 (TTY 711), Monday through Friday from 8 a.m. to 8 p.m. The call is free. **For more information**, visit [duals.anthem.com](https://duals.anthem.com).

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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 Drug List are the drugs covered by Anthem Blue Cross Cal MediConnect Plan. The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

- Anthem Blue Cross Cal MediConnect Plan 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 an Anthem Blue Cross Cal MediConnect Plan network pharmacy.
- In some cases, you have to do something before you can get a drug (see question B4 below).

You can also see an up-to-date list of drugs that we cover on our website at [duals.anthem.com](https://duals.anthem.com) or call Member Services at 1-855-817-5785 (TTY 711) Monday through Friday from 8 a.m. to 8 p.m.

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### B2. Does the Drug List ever change?

Yes. Anthem Blue Cross Cal MediConnect Plan 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 Anthem Blue Cross Cal MediConnect Plan before you can get a drug.)
- Add or change the amount of a 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.

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**If you have questions**, please call Anthem Blue Cross Cal MediConnect Plan at 1-855-817-5785 (TTY 711), Monday through Friday from 8 a.m. to 8 p.m. The call is free. **For more information**, visit [duals.anthem.com](https://duals.anthem.com).

- You can always check Anthem Blue Cross Cal MediConnect Plan's up to date Drug List online at [duals.anthem.com](https://duals.anthem.com).
- You can also call Member Services to check the current Drug List at 1-855-817-5785 (TTY 711) Monday through Friday from 8 a.m. to 8 p.m.

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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 from these changes. We will send you a notice with the steps you can take to ask for an exception. Please see question B10 for more information on exceptions.
- **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. Please contact your prescribing doctor as soon as you get the letter

**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 31-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.



**If you have questions**, please call Anthem Blue Cross Cal MediConnect Plan at 1-855-817-5785 (TTY 711), Monday through Friday from 8 a.m. to 8 p.m. The call is free. **For more information**, visit [duals.anthem.com](https://duals.anthem.com).

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#### **B4. Are there any restrictions or limits on drug coverage or any required actions to be taken 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 Anthem Blue Cross Cal MediConnect Plan before you fill your prescription. Anthem Blue Cross Cal MediConnect Plan may not cover the drug if you do not get approval.
- **Quantity limits:** Sometimes Anthem Blue Cross Cal MediConnect Plan limits the amount of a drug you can get.
- **Step therapy:** Sometimes Anthem Blue Cross Cal MediConnect Plan requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables on pages 12 - 113. You can also get more information by visiting our web site at [duals.anthem.com](http://duals.anthem.com). We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can ask for an exception from these limits. 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 12 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:



**If you have questions**, please call Anthem Blue Cross Cal MediConnect Plan at 1-855-817-5785 (TTY 711), Monday through Friday from 8 a.m. to 8 p.m. The call is free. **For more information**, visit [duals.anthem.com](http://duals.anthem.com).

- 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 that begins on page 114, then look for the name of your drug on the list.

To search **by medical condition**, find the section labeled “List of Drugs by Medical Condition” on page 12. 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, Hypertension/Lipids. 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 1-855-817-5785 (TTY 711) Monday through Friday from 8 a.m. to 8 p.m. and ask about it. If you learn that Anthem Blue Cross Cal MediConnect Plan 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 exceptions.

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## **B9. What if you are a new Anthem Blue Cross Cal MediConnect Plan 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 31-day supply of your drug during the first 90 days you are a member of Anthem Blue Cross Cal MediConnect Plan. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we will allow multiple fills to provide up to a maximum of 31 days of medication.

We will cover a 31-day supply of your drug if:

- you are taking a drug that is not on our Drug List, **or**
- health plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires prior approval by Anthem Blue Cross Cal MediConnect Plan, **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:



**If you have questions**, please call Anthem Blue Cross Cal MediConnect Plan at 1-855-817-5785 (TTY 711), Monday through Friday from 8 a.m. to 8 p.m. The call is free. **For more information**, visit [duals.anthem.com](https://duals.anthem.com).

- 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 Anthem Blue Cross Cal MediConnect Plan member.
- This is in addition to the temporary supply during the first 90 days you are a member of Anthem Blue Cross Cal MediConnect Plan.

If you experience a change in the level of care you're getting that requires you to transition from one facility or treatment center to another, you may be eligible for a one-time temporary fill of the prescription you have now. For example, if you were discharged from the hospital and given a discharge list of medications based upon the hospital formulary, you may be able to get a one-time fill of the drug. You can get the temporary one-time fill exception, regardless of whether or not you're in your first 90 days of program enrollment. Have your prescriber call us for details.

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

Yes. You can ask Anthem Blue Cross Cal MediConnect Plan to make an exception to cover a drug that is not on the Drug List.

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

- For example, Anthem Blue Cross Cal MediConnect Plan may limit the amount of a 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. Your Member Services representative 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 ingredients as brand-name drugs. They usually cost less than the brand-name drug and their names are less commonly known. Generic drugs are approved by the Food and Drug Administration (FDA).

Anthem Blue Cross Cal MediConnect Plan covers both brand-name drugs and generic drugs.



**If you have questions**, please call Anthem Blue Cross Cal MediConnect Plan at 1-855-817-5785 (TTY 711), Monday through Friday from 8 a.m. to 8 p.m. The call is free. **For more information**, visit [duals.anthem.com](https://duals.anthem.com).

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## **B14. What are OTC drugs?**

OTC stands for “over-the-counter.” Anthem Blue Cross Cal MediConnect Plan covers some OTC drugs when they are written as prescriptions by your provider.

You can read the Anthem Blue Cross Cal MediConnect Plan Drug List to see what OTC drugs are covered.

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## **B15. Does Anthem Blue Cross Cal MediConnect Plan cover OTC non-drug products?**

Anthem Blue Cross Cal MediConnect Plan covers some OTC non-drug products when they are written as prescriptions by your provider.

Examples of OTC non-drug products include masks, condoms and peak air flow meter.

You can read the Anthem Blue Cross Cal MediConnect Plan Drug List to see what OTC non-drug products are covered.

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## **B16. What is your copay?**

You can read the Anthem Blue Cross Cal MediConnect Plan Drug List to learn about the copay for each drug. Anthem Blue Cross Cal MediConnect Plan members living in nursing homes or other long-term care facilities will have no copays. Some members getting long-term care in the community will also have no copays.

Copays are listed by tiers. Tiers are groups of drugs with the same copay.

- Tier 1 – Medicare Part D preferred generic and brand-name drugs.  
The copay is \$0.  
(Up to a 93-day supply at a network retail or mail order pharmacy)
- Tier 2 – Medicare Part D preferred and non-preferred generic and brand-name drugs.  
The copay is from \$0 to \$8.50.  
(Up to 93-day supply at a network retail or mail order pharmacy)
- Tier 3 – Medi-Cal (state) approved non-Medicare generic and brand-name prescription drugs.  
The copay is \$0.  
(Up to a 31-day supply at a network retail pharmacy)
- Tier 4 – Medi-Cal (state) approved non-Medicare over-the-counter (OTC) generic drugs with a prescription from your provider.  
The copay is \$0.  
(Up to a 31-day supply at a network retail pharmacy)

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

The following list of covered drugs gives you information about the drugs covered by Anthem Blue Cross Cal MediConnect Plan. If you have trouble finding your drug in the list, turn to the Index that



**If you have questions**, please call Anthem Blue Cross Cal MediConnect Plan at 1-855-817-5785 (TTY 711), Monday through Friday from 8 a.m. to 8 p.m. The call is free. **For more information**, visit [duals.anthem.com](https://duals.anthem.com).

begins on page 114. The Index alphabetically lists all drugs covered by Anthem Blue Cross Cal MediConnect Plan.

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

The information in the “Necessary Actions, Restrictions, or Limits on Use” column tells you if Anthem Blue Cross Cal MediConnect Plan has any rules for covering your drug.

**Note:** The asterisk (\*) next to a drug means the drug is not a “Part D drug.” You will not be required to pay a copay for these drugs. These drugs also have different rules for appeals.

- An *appeal* is a formal way of asking us to review a decision we made about your coverage 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 Medi-Cal.
- If you or your doctor disagrees with our decision, you can appeal. If you ever have a question, call Member Services at 1-855-817-5785 (TTY 711) Monday through Friday from 8 a.m. to 8 p.m. You can also read Chapter 9 of the *Member Handbook* to learn how to appeal a decision.





## D. 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; Hypertension/Lipids. That is where you will find drugs that treat heart conditions.

Here are the meanings of the codes used in the “Necessary Actions, Restrictions, or Limits on Use” column:

ABBREVIATION	DESCRIPTION	EXPLANATION
<b>B/D PAR</b>	Part B vs. Part D determination	This prescription 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.
<b>LA</b>	Limited Availability	This prescription may be available only at certain pharmacies. For more information, please call Member Services at 1-855-817-5785 (TTY 711).
<b>MO</b>	Mail-Order Drug	This prescription drug is available through our mail-order service, as well as through our retail network pharmacies. Consider using mail order for your long-term (maintenance) medications (such as high blood pressure medications). Retail network pharmacies may be more appropriate for short-term prescriptions (such as antibiotics).
<b>NE</b>	Nonextended	Nonextended day supply drugs include specialty drugs. Specialty drugs fill to a 31-day supply. You can find out if specialty drugs or nonextended day supply drug fills are limited to a 31-day supply by checking the benefit chart in the front of your Member Handbook.
<b>PAR</b>	Prior Authorization Required	Anthem Blue Cross Cal MediConnect Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.
<b>QLL</b>	Quantity Limit	For certain drugs, Anthem Blue Cross Cal MediConnect Plan limits the amount of the drug that we will cover.
<b>ST</b>	Step Therapy.	In some cases, Anthem Blue Cross Cal MediConnect Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
<b>ANTI - INFECTIVES</b>		
<i>abacavir oral solution</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (960 per 30 days)
<i>abacavir oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>abacavir-lamivudine</i>	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
<i>abacavir-lamivudine-zidovudine</i>	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (60 per 30 days)
ABELCET	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
<i>acyclovir oral capsule</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>acyclovir oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>acyclovir sodium 50 mg/ml intravenous solution</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>adefovir</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>albendazole</i>	\$0.00-\$8.50 (Tier 2)	MO
ALBENZA	\$0.00-\$8.50 (Tier 2)	MO; NE
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
ALINIA ORAL TABLET	\$0.00-\$8.50 (Tier 2)	MO; QLL (6 per 30 days)
<i>amantadine hcl</i>	\$0.00-\$8.50 (Tier 2)	MO
AMBISOME	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>amoxicillin oral capsule</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>amoxicillin oral suspension for reconstitution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>amoxicillin oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>amoxicillin-pot clavulanate</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>amphotericin b</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>ampicillin oral capsule 250 mg</i>	\$0.00-\$8.50 (Tier 2)	
<i>ampicillin oral capsule 500 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ampicillin sodium injection</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ampicillin sodium intravenous</i>	\$0.00-\$8.50 (Tier 2)	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	\$0.00-\$8.50 (Tier 2)	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i>	\$0.00-\$8.50 (Tier 2)	
<i>ampicillin-sulbactam intravenous recon soln 3 gram</i>	\$0.00-\$8.50 (Tier 2)	MO
APTIVUS ORAL CAPSULE	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (120 per 30 days)
APTIVUS ORAL SOLUTION	\$0.00-\$8.50 (Tier 2)	NE; QLL (380 per 30 days)
<i>atazanavir oral capsule 150 mg, 200 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (60 per 30 days)
<i>atazanavir oral capsule 300 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
<i>atovaquone</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>atovaquone-proguanil oral tablet 250-100 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
ATRIPLA	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
AZACTAM	\$0.00-\$8.50 (Tier 2)	MO
<i>azithromycin intravenous</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>azithromycin oral suspension for reconstitution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 600 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>aztreonam</i>	\$0.00-\$8.50 (Tier 2)	MO
BARACLUDE ORAL SOLUTION	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K)	\$0.00-\$8.50 (Tier 2)	MO
BIKTARVY	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
BILTRICIDE	\$0.00-\$8.50 (Tier 2)	MO
CAPASTAT	\$0.00-\$8.50 (Tier 2)	
CAYSTON	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
<i>cefaclor oral capsule</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cefaclor oral suspension for reconstitution 125 mg/ 5 ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cefaclor oral suspension for reconstitution 250 mg/ 5 ml, 375 mg/5 ml</i>	\$0.00-\$8.50 (Tier 2)	
<i>cefaclor oral tablet extended release 12 hr</i>	\$0.00-\$8.50 (Tier 2)	MO

You can find information on what the symbols and abbreviations in this table mean by going to page 12.

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions or Limits on Use</b>
<i>cefadroxil oral capsule</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cefadroxil oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 20 gram, 300 g</i>	\$0.00-\$8.50 (Tier 2)	
<i>cefazolin intravenous</i>	\$0.00-\$8.50 (Tier 2)	
<i>cefdinir</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cefepime injection</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cefoxitin in dextrose, iso-osm</i>	\$0.00-\$8.50 (Tier 2)	
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cefoxitin intravenous recon soln 10 gram</i>	\$0.00-\$8.50 (Tier 2)	
<i>cefpodoxime</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cefprozil</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ceftazidime injection recon soln 6 gram</i>	\$0.00-\$8.50 (Tier 2)	
<i>ceftriaxone in dextrose, iso-os</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ceftriaxone intravenous solution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ceftriaxone intravenous solution injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ceftriaxone intravenous solution injection recon soln 10 gram, 100 gram</i>	\$0.00-\$8.50 (Tier 2)	
<i>cefuroxime axetil oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	\$0.00-\$8.50 (Tier 2)	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cephalexin oral suspension for reconstitution</i>	\$0.00-\$8.50 (Tier 2)	MO

You can find information on what the symbols and abbreviations in this table mean by going to page 12.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
<i>chloramphenicol sod succinate</i>	\$0.00-\$8.50 (Tier 2)	
<i>chloroquine phosphate</i>	\$0.00-\$8.50 (Tier 2)	MO
CIMDUO	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>clarithromycin</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>clindamycin hcl</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>clindamycin phosphate injection solution 150 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>clotrimazole mucous membrane</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>colistin (colistimethate na)</i>	\$0.00-\$8.50 (Tier 2)	MO
COMPLERA	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
CRIXIVAN ORAL CAPSULE 200 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (360 per 30 days)
CRIXIVAN ORAL CAPSULE 400 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
DAPSONE ORAL	\$0.00-\$8.50 (Tier 2)	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	\$0.00-\$8.50 (Tier 2)	MO; NE
<i>daptomycin intravenous recon soln 500 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; NE
DARAPRIM	\$0.00-\$8.50 (Tier 2)	NE
DELSTRIGO	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
<i>demeclocycline</i>	\$0.00-\$8.50 (Tier 2)	MO
DESCOVY	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
<i>dicloxacillin</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>didanosine oral capsule, delayed release(dr/ec) 200 mg</i>	\$0.00-\$8.50 (Tier 2)	QLL (60 per 30 days)
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
DOVATO	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
<i>doxy-100</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>doxycycline hyclate intravenous</i>	\$0.00-\$8.50 (Tier 2)	

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
<i>doxycycline hyclate oral capsule</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
EDURANT	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
<i>efavirenz oral capsule 200 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>efavirenz oral capsule 50 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (360 per 30 days)
<i>efavirenz oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
EMTRIVA ORAL CAPSULE	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
EMTRIVA ORAL SOLUTION	\$0.00-\$8.50 (Tier 2)	MO; QLL (850 per 30 days)
<i>entecavir</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
EPCLUSA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
EPIVIR HBV ORAL SOLUTION	\$0.00-\$8.50 (Tier 2)	MO
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>ertapenem</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	\$0.00-\$8.50 (Tier 2)	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	\$0.00-\$8.50 (Tier 2)	MO
<i>erythromycin ethylsuccinate oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>erythromycin oral tablet, delayed release (dr/ec)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ethambutol</i>	\$0.00-\$8.50 (Tier 2)	MO
EVOTAZ	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
<i>famciclovir oral tablet 125 mg, 250 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>famciclovir oral tablet 500 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (21 per 7 days)
<i>fluconazole</i>	\$0.00-\$8.50 (Tier 2)	MO

You can find information on what the symbols and abbreviations in this table mean by going to page 12.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	\$0.00-\$8.50 (Tier 2)	
<i>flucytosine oral capsule 250 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>flucytosine oral capsule 500 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; NE
<i>fosamprenavir</i>	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (120 per 30 days)
FUZEON SUBCUTANEOUS RECON SOLN	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (60 per 30 days)
<i>ganciclovir sodium intravenous recon soln</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>gentamicin injection</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>gentamicin sulfate (ped) (pf) 20 mg/2 ml injection</i>	\$0.00-\$8.50 (Tier 2)	MO
GENVOYA	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
<i>griseofulvin microsize oral suspension</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>griseofulvin ultramicrosize</i>	\$0.00-\$8.50 (Tier 2)	MO
HARVONI ORAL TABLET 90-400 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (28 per 28 days)
<i>hydroxychloroquine</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>imipenem-cilastatin</i>	\$0.00-\$8.50 (Tier 2)	MO
INTELENCE ORAL TABLET 100 MG	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (120 per 30 days)
INTELENCE ORAL TABLET 200 MG	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (60 per 30 days)
INTELENCE ORAL TABLET 25 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (480 per 30 days)
INVANZ INJECTION	\$0.00-\$8.50 (Tier 2)	MO
INVIRASE ORAL TABLET	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (120 per 30 days)
ISENTRESS HD	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (60 per 30 days)
ISENTRESS ORAL POWDER IN PACKET	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (180 per 30 days)
ISENTRESS ORAL TABLET	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (120 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (180 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (720 per 30 days)
<i>isoniazid oral</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>itraconazole oral capsule</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
<i>ivermectin oral</i>	\$0.00-\$8.50 (Tier 2)	MO
JULUCA	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
KALETRA ORAL TABLET 100-25 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (300 per 30 days)
KALETRA ORAL TABLET 200-50 MG	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (120 per 30 days)
<i>ketoconazole oral</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>lamivudine oral solution</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (960 per 30 days)
<i>lamivudine oral tablet 100 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>lamivudine oral tablet 150 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>lamivudine oral tablet 300 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>lamivudine-zidovudine</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>levofloxacin in d5w intravenous piggyback 250 mg/ 50 ml</i>	\$0.00-\$8.50 (Tier 2)	
<i>levofloxacin in d5w intravenous piggyback 500 mg/ 100 ml, 750 mg/150 ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>levofloxacin intravenous</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>levofloxacin oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
LEXIVA ORAL SUSPENSION	\$0.00-\$8.50 (Tier 2)	MO; QLL (1800 per 30 days)
LEXIVA ORAL TABLET	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (120 per 30 days)
<i>linezolid in dextrose 5%</i>	\$0.00-\$8.50 (Tier 2)	
<i>linezolid oral suspension for reconstitution</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (1800 per 30 days)
<i>linezolid oral tablet</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (56 per 28 days)
<i>linezolid-0.9% sodium chloride</i>	\$0.00-\$8.50 (Tier 2)	
<i>lopinavir-ritonavir</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (480 per 30 days)
<i>mefloquine</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>meropenem</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>methenamine hippurate</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>metro i.v.</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>metronidazole in nacl (iso-os)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>metronidazole oral</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>minocycline oral capsule</i>	\$0.00-\$8.50 (Tier 2)	MO



Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
<i>minocycline oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
MONUROL	\$0.00-\$8.50 (Tier 2)	MO
<i>morgidox oral capsule 50 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>moxifloxacin oral</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>nafcillin injection recon soln 10 gram</i>	\$0.00-\$8.50 (Tier 2)	MO; NE
<i>nafcillin intravenous recon soln 2 gram</i>	\$0.00-\$8.50 (Tier 2)	MO
NEBUPENT	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>neomycin</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>nevirapine oral suspension</i>	\$0.00-\$8.50 (Tier 2)	QLL (1200 per 30 days)
<i>nevirapine oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>nitrofurantoin monohyd/m-cryst</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
NORVIR ORAL POWDER IN PACKET	\$0.00-\$8.50 (Tier 2)	MO; QLL (360 per 30 days)
NORVIR ORAL SOLUTION	\$0.00-\$8.50 (Tier 2)	MO; QLL (480 per 30 days)
NORVIR ORAL TABLET	\$0.00-\$8.50 (Tier 2)	MO; QLL (360 per 30 days)
NOXAFIL ORAL SUSPENSION	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>nystatin oral suspension</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>nystatin oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
ODEFSEY	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
<i>ofloxacin oral tablet 300 mg</i>	\$0.00-\$8.50 (Tier 2)	
<i>ofloxacin oral tablet 400 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>okebo oral capsule 75 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>oseltamivir</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	\$0.00-\$8.50 (Tier 2)	
<i>oxacillin injection recon soln 2 gram</i>	\$0.00-\$8.50 (Tier 2)	MO

You can find information on what the symbols and abbreviations in this table mean by going to page 12.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
<i>paromomycin</i>	\$0.00-\$8.50 (Tier 2)	MO
PASER	\$0.00-\$8.50 (Tier 2)	MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 1 MILLION UNIT/50 ML, 2 MILLION UNIT/50 ML	\$0.00-\$8.50 (Tier 2)	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 3 MILLION UNIT/50 ML	\$0.00-\$8.50 (Tier 2)	MO
<i>penicillin g potassium</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>penicillin g procaine intramuscular syringe 600,000 unit/ml</i>	\$0.00-\$8.50 (Tier 2)	
<i>penicillin g sodium</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>penicillin v potassium</i>	\$0.00-\$8.50 (Tier 2)	MO
PENTAM	\$0.00-\$8.50 (Tier 2)	MO
<i>pentamidine injection</i>	\$0.00-\$8.50 (Tier 2)	
PIFELTRO	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>praziquantel</i>	\$0.00-\$8.50 (Tier 2)	MO
PREZCOBIX	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
PREZISTA ORAL SUSPENSION	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (400 per 30 days)
PREZISTA ORAL TABLET 150 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
PREZISTA ORAL TABLET 600 MG, 800 MG	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (60 per 30 days)
PREZISTA ORAL TABLET 75 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (300 per 30 days)
PRIFTIN	\$0.00-\$8.50 (Tier 2)	MO
PRIMAQUINE	\$0.00-\$8.50 (Tier 2)	MO
<i>pyrazinamide</i>	\$0.00-\$8.50 (Tier 2)	MO
REESE'S PINWORM MEDICINE	\$0 (Tier 4)	[*]
RELENZA DISKHALER	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 180 days)
RESCRIPTOR ORAL TABLET	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 12.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
RETROVIR INTRAVENOUS	\$0.00-\$8.50 (Tier 2)	MO
REYATAZ ORAL POWDER IN PACKET	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
<i>ribasphere oral capsule</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ribavirin oral capsule</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ribavirin oral tablet 200 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; NE
<i>rifabutin</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>rifampin</i>	\$0.00-\$8.50 (Tier 2)	MO
RIFATER	\$0.00-\$8.50 (Tier 2)	MO
<i>rimantadine</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ritonavir</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (360 per 30 days)
SELZENTRY ORAL SOLUTION	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (1840 per 30 days)
SELZENTRY ORAL TABLET 150 MG, 300 MG	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (120 per 30 days)
SELZENTRY ORAL TABLET 25 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
SELZENTRY ORAL TABLET 75 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
SIRTURO	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
<i>stavudine oral capsule 15 mg, 20 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>stavudine oral capsule 30 mg, 40 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
STREPTOMYCIN	\$0.00-\$8.50 (Tier 2)	MO
STRIBILD	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
<i>sulfadiazine</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>sulfamethoxazole-trimethoprim</i>	\$0.00-\$8.50 (Tier 2)	MO
SYMFI	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
SYMFI LO	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
SYMTUZA	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
SYNAGIS	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
SYNERCID	\$0.00-\$8.50 (Tier 2)	NE
TEFLARO	\$0.00-\$8.50 (Tier 2)	MO; NE
TEMIXYS	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
<i>tenofovir disoproxil fumarate</i>	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
<i>terbinafine hcl oral</i>	\$0.00-\$8.50 (Tier 2)	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
<i>tetracycline</i>	\$0.00-\$8.50 (Tier 2)	MO
TIGECYCLINE	\$0.00-\$8.50 (Tier 2)	NE
TIVICAY ORAL TABLET 10 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (60 per 30 days)
<i>tobramycin in 0.225% nacl for nebulization</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE; QLL (280 per 28 days)
<i>tobramycin sulfate injection recon soln</i>	\$0.00-\$8.50 (Tier 2)	NE
<i>tobramycin sulfate injection solution</i>	\$0.00-\$8.50 (Tier 2)	MO
TRECATOR	\$0.00-\$8.50 (Tier 2)	MO
<i>trimethoprim</i>	\$0.00-\$8.50 (Tier 2)	MO
TRIUMEQ	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
TROGARZO	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (10.64 per 28 days)
TRUVADA	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
TYBOST	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>valacyclovir oral tablet 1 gram</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>valganciclovir oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO; NE
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK	\$0.00-\$8.50 (Tier 2)	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	\$0.00-\$8.50 (Tier 2)	MO
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 500 MG/100 ML, 750 MG/150 ML	\$0.00-\$8.50 (Tier 2)	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM, 250 MG	\$0.00-\$8.50 (Tier 2)	
VANCOMYCIN INTRAVENOUS RECON SOLN 750 MG	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>vancomycin oral capsule 125 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (40 per 10 days)
<i>vancomycin oral capsule 250 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (80 per 10 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
VEMLIDY	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
VIDEX 2 GRAM PEDIATRIC	\$0.00-\$8.50 (Tier 2)	MO; QLL (1200 per 30 days)
VIDEX EC ORAL CAPSULE, DELAYED RELEASE (DR/EC) 125 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (90 per 30 days)
VIRACEPT ORAL TABLET 250 MG	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (300 per 30 days)
VIRACEPT ORAL TABLET 625 MG	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (120 per 30 days)
VIRAMUNE ORAL SUSPENSION	\$0.00-\$8.50 (Tier 2)	MO; QLL (1200 per 30 days)
VIREAD ORAL POWDER	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (240 per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
<i>voriconazole intravenous</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>voriconazole oral suspension for reconstitution</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>voriconazole oral tablet 200 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>voriconazole oral tablet 50 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
VOSEVI	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
XOFLUZA	\$0.00-\$8.50 (Tier 2)	MO
ZIAGEN ORAL SOLUTION	\$0.00-\$8.50 (Tier 2)	MO; QLL (960 per 30 days)
<i>zidovudine oral capsule</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>zidovudine oral syrup</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (1920 per 30 days)
<i>zidovudine oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
<i>abiraterone</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (120 per 30 days)
ABRAXANE	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>adriamycin intravenous recon soln 10 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
AFINITOR	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
AFINITOR DISPERZ	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
ALECENSA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (240 per 30 days)
ALIMTA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
ALIQOPA	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
ALUNBRIG ORAL TABLET 180 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
ALUNBRIG ORAL TABLET 30 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (180 per 30 days)
ALUNBRIG ORAL TABLET 90 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 180 days)
<i>anastrozole</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
ARRANON	\$0.00-\$8.50 (Tier 2)	B/D PAR
ARSENIC TRIOXIDE INTRAVENOUS SOLUTION 1 MG/ML	\$0.00-\$8.50 (Tier 2)	NE
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; NE
ARZERRA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
AVASTIN	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>azacitidine</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>azathioprine</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>azathioprine sodium solution for injection</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR
BALVERSA ORAL TABLET 3 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (90 per 30 days)
BALVERSA ORAL TABLET 4 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (60 per 30 days)
BALVERSA ORAL TABLET 5 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (30 per 30 days)
BAVENCIO	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
BELEODAQ	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
BENDEKA	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
BESPONSA	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
<i>bexarotene</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (300 per 30 days)
<i>bicalutamide</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
BICNU	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
<i>bleomycin</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
BLINCYTO INTRAVENOUS KIT	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
BORTEZOMIB	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
BOSULIF ORAL TABLET 100 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (120 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
BRAFTOVI ORAL CAPSULE 50 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (120 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (180 per 30 days)
<i>busulfan</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR
BUSULFEX	\$0.00-\$8.50 (Tier 2)	B/D PAR
CABOMETYX	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (30 per 30 days)
CALQUENCE	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
CAPRELSA ORAL TABLET 100 MG	\$0.00-\$8.50 (Tier 2)	PAR; LA; NE; QLL (90 per 30 days)
CAPRELSA ORAL TABLET 300 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (30 per 30 days)
<i>carboplatin intravenous solution</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>carmustine</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
CELLCEPT INTRAVENOUS	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>cisplatin intravenous solution</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>cladribine</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
<i>clofarabine</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; NE
CLOLAR	\$0.00-\$8.50 (Tier 2)	B/D PAR; NE
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (84 per 28 days)
COPIKTRA	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (60 per 30 days)
COTELLIC	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (90 per 30 days)
CYCLOPHOSPHAMIDE ORAL CAPSULE	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>cyclosporine intravenous</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR
<i>cyclosporine modified</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>cyclosporine oral capsule</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO

You can find information on what the symbols and abbreviations in this table mean by going to page 12.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
CYRAMZA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR
<i>cytarabine injection solution 20mg/ml</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>dacarbazine</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>dactinomycin</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; NE
DARZALEX	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
<i>daunorubicin intravenous solution</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR
DAURISMO ORAL TABLET 100 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
<i>decitabine</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
<i>dexrazoxane hcl intravenous recon soln 250 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; NE
<i>dexrazoxane hcl intravenous recon soln 500 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml)</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; NE
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
DOCETAXEL INTRAVENOUS SOLUTION 20 MG/ML	\$0.00-\$8.50 (Tier 2)	B/D PAR; NE
<i>doxorubicin intravenous recon soln 50 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>doxorubicin intravenous solution 2 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
<i>doxorubicin, peg-liposomal</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
DROXIA	\$0.00-\$8.50 (Tier 2)	MO
ELITEK	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
EMCYT	\$0.00-\$8.50 (Tier 2)	MO
EMPLICITI	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>epirubicin intravenous solution</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
ERBITUX	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE



Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
ERIVEDGE	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
ERLEADA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>erlotinib oral tablet 100 mg, 150 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (90 per 30 days)
ERWINAZE	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
ETOPOPHOS	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
<i>etoposide intravenous</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
EVOMELA	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
<i>exemestane</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
FARESTON	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
FARYDAK ORAL CAPSULE 10 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
FARYDAK ORAL CAPSULE 15 MG, 20 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
FASLODEX	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (4 per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (1 per 28 days)
<i>fludarabine intravenous recon soln</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>fludarabine intravenous solution</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; NE
<i>fluorouracil intravenous</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>flutamide</i>	\$0.00-\$8.50 (Tier 2)	MO
FOLOTYN	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
<i>fulvestrant</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
GAZYVA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>gemcitabine intravenous recon soln 2 gram</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; NE
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	\$0.00-\$8.50 (Tier 2)	B/D PAR; NE

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
<i>gemcitabine intravenous solution 2 gram/52.6 ml (38 mg/ml)</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; NE
<i>gengraf oral capsule 100 mg, 25 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>gengraf oral solution</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
GILOTRIF	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
GLEOSTINE	\$0.00-\$8.50 (Tier 2)	PAR; MO
HALAVEN	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
HERCEPTIN HYLECTA	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
<i>hydroxyurea</i>	\$0.00-\$8.50 (Tier 2)	MO
IBRANCE	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
ICLUSIG ORAL TABLET 15 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
<i>idarubicin</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; NE
IDHIFA ORAL TABLET 100 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (30 per 30 days)
IDHIFA ORAL TABLET 50 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (60 per 30 days)
<i>ifosfamide intravenous recon soln</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR
<i>imatinib oral tablet 100 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (240 per 30 days)
<i>imatinib oral tablet 400 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (90 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
IMBRUVICA ORAL TABLET 140 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (90 per 30 days)
IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
IMFINZI	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
INLYTA ORAL TABLET 1 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (240 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
INLYTA ORAL TABLET 5 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (120 per 30 days)
INREBIC	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (120 per 30 days)
IRESSA	\$0.00-\$8.50 (Tier 2)	MO; NE
<i>irinotecan intravenous solution 100 mg/5 ml</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>irinotecan intravenous solution 40 mg/2 ml</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
<i>irinotecan intravenous solution 500 mg/25 ml</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR
ISTODAX	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
IXEMPRA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
JAKAFI ORAL TABLET 10 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (150 per 30 days)
JAKAFI ORAL TABLET 15 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (100 per 30 days)
JAKAFI ORAL TABLET 20 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (75 per 30 days)
JAKAFI ORAL TABLET 25 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
JAKAFI ORAL TABLET 5 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (300 per 30 days)
JEVTANA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
KADCYLA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
KEPIVANCE	\$0.00-\$8.50 (Tier 2)	MO
KEYTRUDA INTRAVENOUS SOLUTION	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
KHAPZORY	\$0.00-\$8.50 (Tier 2)	PAR; NE
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (21 per 21 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (42 per 21 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (63 per 21 days)
KYPROLIS	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (90 per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
<i>letrozole</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>leucovorin calcium injection recon soln 500 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR
<i>leucovorin calcium oral</i>	\$0.00-\$8.50 (Tier 2)	MO
LEUKERAN	\$0.00-\$8.50 (Tier 2)	MO
<i>leuprolide subcutaneous kit</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; NE
LIBTAYO	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
LONSURF	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
LORBRENA ORAL TABLET 100 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (90 per 30 days)
LUMOXITI	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
LUPRON DEPOT	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (1 per 28 days)
LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED)	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (1 per 28 days)
LYNPARZA ORAL TABLET	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (120 per 30 days)
LYSODREN	\$0.00-\$8.50 (Tier 2)	MO
MARQIBO	\$0.00-\$8.50 (Tier 2)	MO; NE
MATULANE	\$0.00-\$8.50 (Tier 2)	MO; NE
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 800 mg/20 ml (20 ml)</i>	\$0.00-\$8.50 (Tier 2)	PAR
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO

You can find information on what the symbols and abbreviations in this table mean by going to page 12.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
<i>megestrol oral tablet</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
MEKINIST ORAL TABLET 0.5 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
MEKTOVI	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (180 per 30 days)
<i>melphalan hcl</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR
<i>mercaptopurine</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>mesna</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
MESNEX ORAL	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>methotrexate sodium</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>methotrexate sodium (pf) injection recon soln</i>	\$0.00-\$8.50 (Tier 2)	
<i>methotrexate sodium (pf) injection solution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>mitomycin intravenous recon soln 40 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
<i>mitoxantrone</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>mycophenolate mofetil hcl</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR
<i>mycophenolate mofetil oral capsule</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
<i>mycophenolate mofetil oral tablet</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>mycophenolate sodium</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
MYLOTARG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
NERLYNX	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (180 per 30 days)
NEXAVAR	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (120 per 30 days)
<i>nilutamide</i>	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
NINLARO	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (3 per 28 days)
NIPENT	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
NUBEQA	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (120 per 30 days)

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions or Limits on Use</b>
NULOJIX	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>octreotide acetate injection solution</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
ODOMZO	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (30 per 30 days)
OPDIVO	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>oxaliplatin intravenous recon soln 100 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
<i>oxaliplatin intravenous recon soln 50 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; NE
<i>oxaliplatin intravenous solution</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>paclitaxel</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
PERJETA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (56 per 28 days)
POLIVY	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
POMALYST ORAL CAPSULE 1 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (120 per 30 days)
POMALYST ORAL CAPSULE 2 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (60 per 30 days)
POMALYST ORAL CAPSULE 3 MG, 4 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (30 per 30 days)
PORTRAZZA	\$0.00-\$8.50 (Tier 2)	MO; NE
POTELIGEO	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
PROGRAF INTRAVENOUS	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
PROGRAF ORAL GRANULES IN PACKET	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
PURIXAN	\$0.00-\$8.50 (Tier 2)	PAR; NE
RAPAMUNE ORAL SOLUTION	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
REVLIMID ORAL CAPSULE 10 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (60 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 12.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
REVLIMID ORAL CAPSULE 15 MG, 2.5 MG, 20 MG, 25 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (30 per 30 days)
REVLIMID ORAL CAPSULE 5 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (150 per 30 days)
RITUXAN	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
RITUXAN HYCELA	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
ROMIDEPSIN	\$0.00-\$8.50 (Tier 2)	PAR; NE
ROZLYTREK ORAL CAPSULE 100 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (30 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (90 per 30 days)
RUBRACA ORAL TABLET 200 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (180 per 30 days)
RUBRACA ORAL TABLET 250 MG, 300 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (120 per 30 days)
RYDAPT	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (240 per 30 days)
SIGNIFOR	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
SIMULECT INTRAVENOUS RECON SOLN 10 MG	\$0.00-\$8.50 (Tier 2)	B/D PAR; NE
SIMULECT INTRAVENOUS RECON SOLN 20 MG	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
<i>sirolimus oral solution</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
<i>sirolimus oral tablet</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
SOLTAMOX	\$0.00-\$8.50 (Tier 2)	MO; NE
SOMATULINE DEPOT	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
SPRYCEL	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
STIVARGA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (120 per 30 days)
SUTENT ORAL CAPSULE 12.5 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (90 per 30 days)
SUTENT ORAL CAPSULE 25 MG, 37.5 MG, 50 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
SYNRIBO	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
TABLOID	\$0.00-\$8.50 (Tier 2)	MO
<i>tacrolimus oral capsule 0.5 mg, 1 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO

You can find information on what the symbols and abbreviations in this table mean by going to page 12.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
<i>tacrolimus oral capsule 5 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
TAFINLAR	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (120 per 30 days)
TAGRISSO ORAL TABLET 40 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (60 per 30 days)
TAGRISSO ORAL TABLET 80 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (180 per 30 days)
TALZENNA ORAL CAPSULE 1 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
<i>tamoxifen</i>	\$0.00-\$8.50 (Tier 2)	MO
TARCEVA ORAL TABLET 100 MG, 150 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
TARCEVA ORAL TABLET 25 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (90 per 30 days)
TARGRETIN TOPICAL	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (56 per 28 days)
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML)	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (20 per 21 days)
TECENTRIQ INTRAVENOUS SOLUTION 840 MG/14 ML (60 MG/ML)	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (28 per 30 days)
<i>temsirolimus</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
THALOMID ORAL CAPSULE 100 MG, 50 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
<i>thiotepa</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
TIBSOVO	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
<i>toposar</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>topotecan intravenous recon soln</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; NE
<i>topotecan intravenous solution</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
<i>toremifene</i>	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (30 per 30 days)
TORISEL	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
TREANDA INTRAVENOUS RECON SOLN	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (1 per 84 days)



Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (1 per 168 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (1 per 28 days)
<i>tretinoin (chemotherapy)</i>	\$0.00-\$8.50 (Tier 2)	MO; NE
Trexall	\$0.00-\$8.50 (Tier 2)	MO
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
TURALIO	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (120 per 30 days)
TYKERB	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (180 per 30 days)
UNITUXIN	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
VECTIBIX	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
VELCADE	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
VENCLEXTA ORAL TABLET 10 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; QLL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (30 per 30 days)
VENCLEXTA STARTING PACK	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (84 per 365 days)
VERZENIO	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (60 per 30 days)
<i>vinblastine intravenous solution</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>vincristine</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>vinorelbine</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
VITRAKVI ORAL CAPSULE 100 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (180 per 30 days)
VITRAKVI ORAL SOLUTION	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (300 per 30 days)
VIZIMPRO ORAL TABLET 15 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (90 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 12.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
VIZIMPRO ORAL TABLET 30 MG, 45 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
VOTRIENT	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (120 per 30 days)
VYXEOS	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
XALKORI	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
XATMEP	\$0.00-\$8.50 (Tier 2)	MO
XGEVA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (1.7 per 28 days)
XOSPATA	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5)	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (20 per 28 days)
XPOVIO ORAL TABLET 160 MG/WEEK (20 MG X 8)	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (32 per 28 days)
XPOVIO ORAL TABLET 60 MG/WEEK (20 MG X 3)	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (12 per 28 days)
XTANDI	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (120 per 30 days)
YERVOY	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
YONDELIS	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
YONSA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (120 per 30 days)
ZALTRAP	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
ZANOSAR	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
ZEJULA	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (90 per 30 days)
ZELBORAF	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (240 per 30 days)
ZOLINZA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (120 per 30 days)
ZORTRESS	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
ZYDELIG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
ZYKADIA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (90 per 30 days)
ZYTIGA ORAL TABLET 250 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (120 per 30 days)
ZYTIGA ORAL TABLET 500 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
<b>AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH</b>		
ABILIFY MAINTENA	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (1 per 28 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 240 mg-24 mg /10 ml (10 ml), 300 mg-30 mg /12.5 ml</i>	\$0.00-\$8.50 (Tier 2)	QLL (900 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (900 per 30 days)
<i>acetaminophen-codeine oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
ADASUVE	\$0.00-\$8.50 (Tier 2)	QLL (30 per 30 days)
<i>all day pain relief</i>	\$0 (Tier 4)	[*]
<i>all day relief</i>	\$0 (Tier 4)	[*]
<i>alprazolam oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>amitriptyline</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>amoxapine</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
AMPYRA	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (60 per 30 days)
APOKYN	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
APTIOM	\$0.00-\$8.50 (Tier 2)	ST; MO; NE
<i>aripiprazole oral solution</i>	\$0 (Tier 1)	MO; QLL (900 per 30 days)
<i>aripiprazole oral tablet 10 mg</i>	\$0 (Tier 1)	MO; QLL (90 per 30 days)
<i>aripiprazole oral tablet 15 mg</i>	\$0 (Tier 1)	MO; QLL (60 per 30 days)
<i>aripiprazole oral tablet 2 mg</i>	\$0 (Tier 1)	MO; QLL (450 per 30 days)
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	\$0 (Tier 1)	MO; NE; QLL (30 per 30 days)
<i>aripiprazole oral tablet 5 mg</i>	\$0 (Tier 1)	MO; QLL (180 per 30 days)
<i>aripiprazole oral tablet, disintegrating 10 mg</i>	\$0 (Tier 1)	MO; NE; QLL (90 per 30 days)
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	\$0 (Tier 1)	MO; NE; QLL (60 per 30 days)
<i>aspir-81</i>	\$0 (Tier 4)	[*]
<i>aspir-low</i>	\$0 (Tier 4)	[*]
<i>aspirin oral tablet</i>	\$0 (Tier 4)	[*]
<i>aspirin oral tablet, chewable</i>	\$0 (Tier 4)	[*]
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg</i>	\$0 (Tier 4)	[*]
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (60 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 12.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (30 per 30 days)
AUBAGIO	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
<i>baclofen oral</i>	\$0.00-\$8.50 (Tier 2)	MO
BANZEL ORAL SUSPENSION	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (2400 per 30 days)
BANZEL ORAL TABLET 200 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (480 per 30 days)
BANZEL ORAL TABLET 400 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (240 per 30 days)
<i>benztropine oral</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
BRIVIACT INTRAVENOUS	\$0.00-\$8.50 (Tier 2)	PAR
BRIVIACT ORAL SOLUTION	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (600 per 30 days)
BRIVIACT ORAL TABLET 100 MG, 75 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
BRIVIACT ORAL TABLET 25 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (240 per 30 days)
BRIVIACT ORAL TABLET 50 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (120 per 30 days)
<i>bromocriptine</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>buprenorphine hcl injection solution</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (90 per 30 days)
<i>buprenorphine hcl injection syringe</i>	\$0.00-\$8.50 (Tier 2)	QLL (90 per 30 days)
<i>buprenorphine hcl sublingual tablet 2 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
<i>buprenorphine hcl sublingual tablet 8 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (90 per 30 days)
<i>bupropion hcl oral tablet 100 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (135 per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg, 200 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>buspirone</i>	\$0.00-\$8.50 (Tier 2)	MO

You can find information on what the symbols and abbreviations in this table mean by going to page 12.

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions or Limits on Use</b>
<i>butorphanol tartrate injection solution 1 mg/ml vial</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
<i>butorphanol tartrate injection solution 2 mg/ml vial</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>butorphanol tartrate injection solution nasal spray, non-aerosol 10 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (5 per 28 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>carbamazepine oral suspension 200 mg/10 ml</i>	\$0.00-\$8.50 (Tier 2)	
<i>carbamazepine oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>carbamazepine oral tablet, chewable</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>carbidopa-levodopa</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>carbidopa-levodopa-entacapone</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>carisoprodol oral tablet 350 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>celecoxib</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
CELONTIN ORAL CAPSULE 300 MG	\$0.00-\$8.50 (Tier 2)	MO
<i>children's acetaminophen oral suspension 160 mg/5 ml, 160 mg/5 ml (5 ml)</i>	\$0 (Tier 4)	[*]
<i>children's aspirin</i>	\$0 (Tier 4)	[*]
<i>children's pain relief oral suspension</i>	\$0 (Tier 4)	[*]
<i>children's pain reliever oral suspension</i>	\$0 (Tier 4)	[*]
<i>children's pain-fever relief oral suspension</i>	\$0 (Tier 4)	[*]
<i>chlorpromazine</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>citalopram oral solution</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (600 per 30 days)
<i>citalopram oral tablet 10 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>citalopram oral tablet 20 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>citalopram oral tablet 40 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>clobazam oral suspension</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (480 per 30 days)
<i>clobazam oral tablet 10 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (120 per 30 days)
<i>clobazam oral tablet 20 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
<i>clomipramine</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
<i>clonazepam oral tablet 0.5 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (1200 per 30 days)
<i>clonazepam oral tablet 1 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (600 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (300 per 30 days)
<i>clonazepam oral tablet,disintegrating 0.125 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (4800 per 30 days)
<i>clonazepam oral tablet,disintegrating 0.25 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (2400 per 30 days)
<i>clonazepam oral tablet,disintegrating 0.5 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (1200 per 30 days)
<i>clonazepam oral tablet,disintegrating 1 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (600 per 30 days)
<i>clonazepam oral tablet,disintegrating 2 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (300 per 30 days)
<i>clorazepate dipotassium</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>clozapine oral tablet 100 mg</i>	\$0 (Tier 1)	MO; QLL (270 per 30 days)
<i>clozapine oral tablet 200 mg</i>	\$0 (Tier 1)	MO; QLL (120 per 30 days)
<i>clozapine oral tablet 25 mg</i>	\$0 (Tier 1)	MO; QLL (1080 per 30 days)
<i>clozapine oral tablet 50 mg</i>	\$0 (Tier 1)	MO; QLL (540 per 30 days)
<i>clozapine oral tablet,disintegrating 100 mg</i>	\$0 (Tier 1)	QLL (270 per 30 days)
<i>clozapine oral tablet,disintegrating 12.5 mg</i>	\$0 (Tier 1)	QLL (2160 per 30 days)
CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG	\$0 (Tier 1)	NE; QLL (180 per 30 days)
CLOZAPINE ORAL TABLET, DISINTEGRATING 200 MG	\$0 (Tier 1)	NE; QLL (120 per 30 days)
<i>clozapine oral tablet,disintegrating 25 mg</i>	\$0 (Tier 1)	QLL (1080 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (12 per 28 days)
<i>cyclobenzaprine oral tablet</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>dalfampridine</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
<i>dantrolene oral</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>desipramine</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 100 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 50 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 25 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (480 per 30 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 50 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
<i>dextroamphetamine oral capsule, extended release 10 mg, 5 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>dextroamphetamine oral capsule, extended release 15 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>dextroamphetamine oral tablet 10 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>dextroamphetamine oral tablet 5 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (90 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (90 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (60 per 30 days)
DIASTAT	\$0.00-\$8.50 (Tier 2)	MO
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG	\$0.00-\$8.50 (Tier 2)	MO; NE
DIASTAT ACUDIAL RECTAL KIT 5-7.5-10 MG	\$0.00-\$8.50 (Tier 2)	MO
<i>diazepam injection solution</i>	\$0.00-\$8.50 (Tier 2)	
<i>diazepam injection syringe</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>diazepam intensol</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
<i>diazepam oral concentrate</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)</i>	\$0.00-\$8.50 (Tier 2)	QLL (1200 per 30 days)
<i>diazepam oral tablet 10 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>diazepam oral tablet 2 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (600 per 30 days)
<i>diazepam oral tablet 5 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
<i>diazepam rectal</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>diclofenac potassium</i>	\$0.00-\$8.50 (Tier 2)	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
<i>diclofenac sodium oral</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>diclofenac sodium topical gel 1 %</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (1000 per 30 days)
<i>diflunisal</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>dihydroergotamine nasal</i>	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (8 per 28 days)
DILANTIN EXTENDED ORAL CAPSULE 100 MG	\$0.00-\$8.50 (Tier 2)	MO
DILANTIN INFATABS	\$0.00-\$8.50 (Tier 2)	MO
DILANTIN ORAL CAPSULE 30 MG	\$0.00-\$8.50 (Tier 2)	MO
<i>divalproex</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>donepezil oral tablet 10 mg, 5 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>donepezil oral tablet, disintegrating</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>doxepin oral</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (90 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 60 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>duramorph (pf) injection solution 1 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	QLL (180 per 30 days)
<i>e.c. prin</i>	\$0 (Tier 4)	[*]
<i>ec-naproxen</i>	\$0.00-\$8.50 (Tier 2)	
EMSAM	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>entacapone</i>	\$0.00-\$8.50 (Tier 2)	MO
EPIDIOLEX	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
<i>epitol</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ergoloid</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
ERGOMAR	\$0.00-\$8.50 (Tier 2)	MO

You can find information on what the symbols and abbreviations in this table mean by going to page 12.



Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
<i>escitalopram oxalate oral solution</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (600 per 30 days)
<i>escitalopram oxalate oral tablet 10 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>escitalopram oxalate oral tablet 5 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>ethosuximide</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>etodolac oral capsule</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>etodolac oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
FANAPT ORAL TABLET 1 MG	\$0.00-\$8.50 (Tier 2)	ST; MO; QLL (720 per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG	\$0.00-\$8.50 (Tier 2)	ST; MO; NE; QLL (60 per 30 days)
FANAPT ORAL TABLET 2 MG	\$0.00-\$8.50 (Tier 2)	ST; MO; QLL (360 per 30 days)
FANAPT ORAL TABLET 4 MG	\$0.00-\$8.50 (Tier 2)	ST; MO; NE; QLL (180 per 30 days)
FANAPT ORAL TABLET 6 MG	\$0.00-\$8.50 (Tier 2)	ST; MO; NE; QLL (120 per 30 days)
FANAPT ORAL TABLET 8 MG	\$0.00-\$8.50 (Tier 2)	ST; MO; NE; QLL (90 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	\$0.00-\$8.50 (Tier 2)	ST; MO; QLL (16 per 365 days)
<i>felbamate</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>fenoprofen oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>fentanyl citrate buccal lozenge on a handle</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (15 per 30 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (56 per 365 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 80 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (30 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 20 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (180 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 40 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (90 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>fluoxetine oral solution</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (600 per 30 days)

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions or Limits on Use</b>
<i>fluphenazine decanoate</i>	\$0 (Tier 1)	MO
<i>fluphenazine hcl</i>	\$0 (Tier 1)	MO
<i>flurbiprofen</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>fluvoxamine oral tablet 100 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (360 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>fosphenytoin</i>	\$0.00-\$8.50 (Tier 2)	MO
FYCOMPA ORAL SUSPENSION	\$0.00-\$8.50 (Tier 2)	MO; QLL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
FYCOMPA ORAL TABLET 4 MG	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (90 per 30 days)
FYCOMPA ORAL TABLET 6 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
FYCOMPA ORAL TABLET 8 MG	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (45 per 30 days)
<i>gabapentin oral capsule 100 mg</i>	\$0 (Tier 1)	MO; QLL (1080 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	\$0 (Tier 1)	MO; QLL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i>	\$0 (Tier 1)	MO; QLL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (2160 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	\$0.00-\$8.50 (Tier 2)	QLL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	\$0 (Tier 1)	MO; QLL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	\$0 (Tier 1)	MO; QLL (120 per 30 days)
GEODON INTRAMUSCULAR	\$0.00-\$8.50 (Tier 2)	MO; QLL (6 per 28 days)
GILENYA ORAL CAPSULE 0.5 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (12 per 28 days)
<i>guanfacine oral tablet extended release 24 hr</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (30 per 30 days)
<i>guanidine</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>haloperidol</i>	\$0 (Tier 1)	MO

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions or Limits on Use</b>
<i>haloperidol decanoate</i>	\$0 (Tier 1)	MO
<i>haloperidol lactate injection</i>	\$0 (Tier 1)	MO
<i>haloperidol lactate intramuscular</i>	\$0 (Tier 1)	
<i>haloperidol lactate oral</i>	\$0 (Tier 1)	MO
HETLIOZ	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (50 per 10 days)
<i>hydromorphone oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>ibu</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ibu-200</i>	\$0 (Tier 4)	[*]
<i>ibuprofen ib oral tablet</i>	\$0 (Tier 4)	[*]
<i>ibuprofen oral capsule</i>	\$0 (Tier 4)	[*]
<i>ibuprofen oral suspension</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ibuprofen oral tablet 200 mg</i>	\$0 (Tier 4)	[*]
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>imipramine hcl</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>indomethacin oral</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>infant pain reliever</i>	\$0 (Tier 4)	[*]
<i>infants' pain and fever</i>	\$0 (Tier 4)	[*]
<i>infants' pain relief</i>	\$0 (Tier 4)	[*]
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	\$0.00-\$8.50 (Tier 2)	MO; QLL (0.25 per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 12.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (0.875 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (1.315 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (2.625 per 90 days)
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 100 MG	\$0.00-\$8.50 (Tier 2)	ST; MO; QLL (120 per 30 days)
KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 50 MG	\$0.00-\$8.50 (Tier 2)	ST; MO; QLL (240 per 30 days)
<i>lamotrigine oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	\$0.00-\$8.50 (Tier 2)	MO
LATUDA ORAL TABLET 120 MG, 60 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
LATUDA ORAL TABLET 20 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (240 per 30 days)
LATUDA ORAL TABLET 40 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (120 per 30 days)
LATUDA ORAL TABLET 80 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
LEVETIRACETAM IN NAACL (ISO-OS) INTRAVENOUS PIGGYBACK 1,000 MG/100 ML, 1,500 MG/100 ML	\$0.00-\$8.50 (Tier 2)	
LEVETIRACETAM IN NAACL (ISO-OS) INTRAVENOUS PIGGYBACK 500 MG/100 ML	\$0.00-\$8.50 (Tier 2)	MO; NE
<i>levetiracetam intravenous</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>levetiracetam oral solution 100 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	\$0.00-\$8.50 (Tier 2)	
<i>levetiracetam oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>levetiracetam oral tablet extended release 24 hr 500 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>levetiracetam oral tablet extended release 24 hr 750 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>levorphanol tartrate oral tablet 2 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (180 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
<i>lithium carbonate</i>	\$0 (Tier 1)	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>lorazepam intensol</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>lorazepam oral</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>loxapine succinate</i>	\$0.00-\$8.50 (Tier 2)	MO
LYRICA ORAL CAPSULE 100 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (180 per 30 days)
LYRICA ORAL CAPSULE 150 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (120 per 30 days)
LYRICA ORAL CAPSULE 200 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (90 per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (60 per 30 days)
LYRICA ORAL CAPSULE 25 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (720 per 30 days)
LYRICA ORAL CAPSULE 50 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (360 per 30 days)
LYRICA ORAL CAPSULE 75 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (240 per 30 days)
LYRICA ORAL SOLUTION	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (900 per 30 days)
<i>maprotiline oral tablet 25 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (270 per 30 days)
<i>maprotiline oral tablet 50 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (135 per 30 days)
<i>maprotiline oral tablet 75 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
MARPLAN	\$0.00-\$8.50 (Tier 2)	MO
<i>meclofenamate</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>meloxicam oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>memantine oral capsule, sprinkle, er 24hr</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (30 per 30 days)
<i>memantine oral solution</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (300 per 30 days)
<i>memantine oral tablet 10 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (60 per 30 days)
<i>memantine oral tablet 5 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (90 per 30 days)
MESTINON ORAL SYRUP	\$0.00-\$8.50 (Tier 2)	MO; NE
<i>methadone injection solution</i>	\$0.00-\$8.50 (Tier 2)	QLL (30 per 30 days)
<i>methadone intensol</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>methadone oral concentrate</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>methadone oral solution</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (900 per 30 days)
<i>methadone oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>methocarbamol oral</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO

You can find information on what the symbols and abbreviations in this table mean by going to page 12.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
<i>methylphenidate hcl oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (90 per 30 days)
<i>mirtazapine oral tablet 15 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (90 per 30 days)
<i>mirtazapine oral tablet 30 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (45 per 30 days)
<i>mirtazapine oral tablet 45 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>mirtazapine oral tablet 7.5 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>mirtazapine oral tablet,disintegrating 15 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (90 per 30 days)
<i>mirtazapine oral tablet,disintegrating 30 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (45 per 30 days)
<i>mirtazapine oral tablet,disintegrating 45 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>modafinil oral tablet 100 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (60 per 30 days)
<i>molindone</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>morphine (pf) injection solution 0.5 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	QLL (180 per 30 days)
<i>morphine (pf) injection solution 1 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>morphine (pf) intravenous patient control.analgesia soln 150 mg/30 ml</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml</i>	\$0.00-\$8.50 (Tier 2)	QLL (180 per 30 days)
<i>morphine concentrate oral solution</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
MORPHINE INJECTION SOLUTION 4 MG/ML	\$0.00-\$8.50 (Tier 2)	QLL (180 per 30 days)
<i>morphine injection solution 8 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	QLL (180 per 30 days)
<i>morphine injection syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>morphine injection syringe 5 mg/ml, 8 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	QLL (180 per 30 days)
<i>morphine intravenous solution 10 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	QLL (180 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (900 per 30 days)
<i>morphine oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>morphine oral tablet extended release 100 mg, 200 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 12.

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions or Limits on Use</b>
<i>morphine oral tablet extended release 15 mg, 30 mg, 60 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (90 per 30 days)
<i>nabumetone</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>nalbuphine injection solution 10 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>nalbuphine injection solution 20 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (90 per 30 days)
<i>naloxone</i>	\$0 (Tier 1)	MO
<i>naltrexone</i>	\$0.00-\$8.50 (Tier 2)	MO
NAMZARIC	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>naproxen oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>naproxen oral tablet, delayed release (dr/ec)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>naproxen sodium oral capsule</i>	\$0 (Tier 4)	[*]
<i>naproxen sodium oral tablet 220 mg</i>	\$0 (Tier 4)	[*]
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	\$0.00-\$8.50 (Tier 2)	MO
NAYZILAM	\$0.00-\$8.50 (Tier 2)	NE
<i>nefazodone oral tablet 100 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>nefazodone oral tablet 150 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>nefazodone oral tablet 200 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (90 per 30 days)
<i>nefazodone oral tablet 250 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (72 per 30 days)
<i>nefazodone oral tablet 50 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (360 per 30 days)
NEUPRO	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (30 per 30 days)
<i>nortriptyline oral capsule</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
NORTRIPTYLINE ORAL SOLUTION	\$0.00-\$8.50 (Tier 2)	PAR; MO
NUEDEXTA	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (60 per 30 days)
NUPLAZID ORAL CAPSULE	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
<i>olanzapine intramuscular</i>	\$0 (Tier 1)	MO; QLL (60 per 30 days)
<i>olanzapine oral tablet 10 mg</i>	\$0 (Tier 1)	MO; QLL (60 per 30 days)
<i>olanzapine oral tablet 15 mg</i>	\$0 (Tier 1)	MO; QLL (40 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
<i>olanzapine oral tablet 2.5 mg</i>	\$0 (Tier 1)	MO; QLL (240 per 30 days)
<i>olanzapine oral tablet 20 mg</i>	\$0 (Tier 1)	MO; QLL (30 per 30 days)
<i>olanzapine oral tablet 5 mg</i>	\$0 (Tier 1)	MO; QLL (120 per 30 days)
<i>olanzapine oral tablet 7.5 mg</i>	\$0 (Tier 1)	MO; QLL (80 per 30 days)
<i>olanzapine oral tablet,disintegrating 10 mg</i>	\$0 (Tier 1)	MO; QLL (60 per 30 days)
<i>olanzapine oral tablet,disintegrating 15 mg</i>	\$0 (Tier 1)	MO; QLL (40 per 30 days)
<i>olanzapine oral tablet,disintegrating 20 mg</i>	\$0 (Tier 1)	MO; QLL (30 per 30 days)
<i>olanzapine oral tablet,disintegrating 5 mg</i>	\$0 (Tier 1)	MO; QLL (120 per 30 days)
ONFI ORAL SUSPENSION	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (480 per 30 days)
ONFI ORAL TABLET 10 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (120 per 30 days)
ONFI ORAL TABLET 20 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
<i>oxaprozin</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>oxcarbazepine</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>oxycodone oral capsule</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>oxycodone oral concentrate</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>oxycodone oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>oxycodone-aspirin</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	\$0 (Tier 1)	MO; QLL (240 per 30 days)
<i>paliperidone oral tablet extended release 24hr 3 mg</i>	\$0 (Tier 1)	MO; QLL (120 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	\$0 (Tier 1)	MO; NE; QLL (60 per 30 days)
<i>paliperidone oral tablet extended release 24hr 9 mg</i>	\$0 (Tier 1)	MO; NE; QLL (30 per 30 days)
<i>paroxetine hcl oral tablet 10 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>paroxetine hcl oral tablet 20 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (90 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>paroxetine hcl oral tablet 40 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (45 per 30 days)



Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
PAXIL ORAL SUSPENSION	\$0.00-\$8.50 (Tier 2)	MO; QLL (900 per 30 days)
PEGANONE	\$0.00-\$8.50 (Tier 2)	MO
<i>perphenazine</i>	\$0 (Tier 1)	MO
PERSERIS	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (1 per 28 days)
<i>phenelzine</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>phenobarbital oral elixir</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (3000 per 30 days)
<i>phenobarbital oral tablet 100 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (120 per 30 days)
<i>phenobarbital oral tablet 15 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (800 per 30 days)
<i>phenobarbital oral tablet 16.2 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (741 per 30 days)
<i>phenobarbital oral tablet 30 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (400 per 30 days)
<i>phenobarbital oral tablet 32.4 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (370 per 30 days)
<i>phenobarbital oral tablet 60 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (200 per 30 days)
<i>phenobarbital oral tablet 64.8 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (185 per 30 days)
<i>phenobarbital oral tablet 97.2 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (123 per 30 days)
PHENYTEK	\$0.00-\$8.50 (Tier 2)	MO
<i>phenytoin oral suspension 100 mg/4 ml</i>	\$0.00-\$8.50 (Tier 2)	
<i>phenytoin oral suspension 125 mg/5 ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>phenytoin oral tablet, chewable</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>phenytoin sodium extended</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>phenytoin sodium intravenous solution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>pimozide</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>piroxicam</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>pramipexole oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>pregabalin oral capsule 100 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (180 per 30 days)
<i>pregabalin oral capsule 150 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (120 per 30 days)
<i>pregabalin oral capsule 200 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (60 per 30 days)
<i>pregabalin oral capsule 25 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (720 per 30 days)
<i>pregabalin oral capsule 50 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (360 per 30 days)
<i>pregabalin oral capsule 75 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (240 per 30 days)

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions or Limits on Use</b>
<i>pregabalin oral solution</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (900 per 30 days)
<i>primidone</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>protriptyline</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>provil</i>	\$0 (Tier 4)	[*]
<i>pyridostigmine bromide oral syrup</i>	\$0.00-\$8.50 (Tier 2)	MO; NE
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	\$0.00-\$8.50 (Tier 2)	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>quetiapine oral tablet 100 mg</i>	\$0 (Tier 1)	MO; QLL (240 per 30 days)
<i>quetiapine oral tablet 200 mg</i>	\$0 (Tier 1)	MO; QLL (120 per 30 days)
<i>quetiapine oral tablet 25 mg</i>	\$0 (Tier 1)	MO; QLL (960 per 30 days)
<i>quetiapine oral tablet 300 mg</i>	\$0 (Tier 1)	MO; QLL (80 per 30 days)
<i>quetiapine oral tablet 400 mg</i>	\$0 (Tier 1)	MO; QLL (60 per 30 days)
<i>quetiapine oral tablet 50 mg</i>	\$0 (Tier 1)	MO; QLL (480 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (150 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 200 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (120 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (80 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 400 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 50 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (480 per 30 days)
<i>rasagiline</i>	\$0.00-\$8.50 (Tier 2)	MO
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
REXULTI ORAL TABLET 3 MG, 4 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	\$0.00-\$8.50 (Tier 2)	MO; QLL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (2 per 28 days)
<i>risperidone oral solution</i>	\$0 (Tier 1)	MO; QLL (480 per 30 days)

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions or Limits on Use</b>
<i>risperidone oral tablet 0.25 mg</i>	\$0 (Tier 1)	MO; QLL (1920 per 30 days)
<i>risperidone oral tablet 0.5 mg</i>	\$0 (Tier 1)	MO; QLL (960 per 30 days)
<i>risperidone oral tablet 1 mg</i>	\$0 (Tier 1)	MO; QLL (480 per 30 days)
<i>risperidone oral tablet 2 mg</i>	\$0 (Tier 1)	MO; QLL (240 per 30 days)
<i>risperidone oral tablet 3 mg</i>	\$0 (Tier 1)	MO; QLL (150 per 30 days)
<i>risperidone oral tablet 4 mg</i>	\$0 (Tier 1)	MO; QLL (120 per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg</i>	\$0 (Tier 1)	MO; QLL (1920 per 30 days)
<i>risperidone oral tablet, disintegrating 0.5 mg</i>	\$0 (Tier 1)	MO; QLL (960 per 30 days)
<i>risperidone oral tablet, disintegrating 1 mg</i>	\$0 (Tier 1)	MO; QLL (480 per 30 days)
<i>risperidone oral tablet, disintegrating 2 mg</i>	\$0 (Tier 1)	MO; QLL (240 per 30 days)
<i>risperidone oral tablet, disintegrating 3 mg</i>	\$0 (Tier 1)	MO; QLL (150 per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	\$0 (Tier 1)	MO; QLL (120 per 30 days)
<i>rivastigmine tartrate</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>rivastigmine transdermal</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>rizatriptan</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (12 per 30 days)
<i>ropinirole oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>roweepra oral tablet 500 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
SABRIL ORAL POWDER IN PACKET	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; QLL (180 per 30 days)
SABRIL ORAL TABLET	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (180 per 30 days)
SAPHRIS SUBLINGUAL TABLET 10 MG	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (60 per 30 days)
SAPHRIS SUBLINGUAL TABLET 2.5 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
SAPHRIS SUBLINGUAL TABLET 5 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>selegiline hcl</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>sertraline oral concentrate</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (300 per 30 days)
<i>sertraline oral tablet 100 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
<i>sertraline oral tablet 50 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (60 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 12.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
SPRITAM ORAL TABLET FOR SUSPENSION 750 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (120 per 30 days)
<i>sulindac</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>sumatriptan nasal spray</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>sumatriptan succinate oral</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (9 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	\$0.00-\$8.50 (Tier 2)	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (30 per 30 days)
TECFIDERA	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
<i>temazepam oral capsule 15 mg, 30 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (120 per 30 days)
<i>thioridazine</i>	\$0 (Tier 1)	ST; MO
<i>thiothixene</i>	\$0 (Tier 1)	MO
<i>tiagabine</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>tizanidine oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>tolcapone</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (180 per 30 days)
<i>topiramate oral capsule, sprinkle</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>topiramate oral tablet 100 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (480 per 30 days)
<i>topiramate oral tablet 200 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (240 per 30 days)
<i>topiramate oral tablet 25 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (1920 per 30 days)
<i>topiramate oral tablet 50 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (960 per 30 days)
<i>tramadol oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
<i>tramadol-acetaminophen</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (40 per 5 days)
<i>tranylcypromine</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>trazodone</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>trifluoperazine</i>	\$0 (Tier 1)	MO
<i>trihexyphenidyl</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>trimipramine</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
TRINTELLIX ORAL TABLET 10 MG	\$0.00-\$8.50 (Tier 2)	ST; MO; QLL (60 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 12.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
TRINTELLIX ORAL TABLET 20 MG	\$0.00-\$8.50 (Tier 2)	ST; MO; QLL (30 per 30 days)
TRINTELLIX ORAL TABLET 5 MG	\$0.00-\$8.50 (Tier 2)	ST; MO; QLL (120 per 30 days)
TYSABRI	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
<i>valproate sodium</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>valproic acid</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	\$0.00-\$8.50 (Tier 2)	
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (113 per 30 days)
<i>venlafaxine oral tablet 25 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (450 per 30 days)
<i>venlafaxine oral tablet 37.5 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (300 per 30 days)
<i>venlafaxine oral tablet 50 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (225 per 30 days)
<i>venlafaxine oral tablet 75 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (150 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 150 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 37.5 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 75 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (90 per 30 days)
VERSACLOZ	\$0.00-\$8.50 (Tier 2)	QLL (600 per 30 days)
<i>vigabatrin oral powder in packet</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (180 per 30 days)
<i>vigabatrin oral tablet</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (180 per 30 days)
VIIBRYD ORAL TABLET 10 MG	\$0.00-\$8.50 (Tier 2)	ST; MO; QLL (120 per 30 days)
VIIBRYD ORAL TABLET 20 MG	\$0.00-\$8.50 (Tier 2)	ST; MO; QLL (60 per 30 days)
VIIBRYD ORAL TABLET 40 MG	\$0.00-\$8.50 (Tier 2)	ST; MO; QLL (30 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 12.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
VIMPAT INTRAVENOUS	\$0.00-\$8.50 (Tier 2)	MO; QLL (1200 per 30 days)
VIMPAT ORAL SOLUTION	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
VIMPAT ORAL TABLET 150 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
VIMPAT ORAL TABLET 200 MG	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (60 per 30 days)
VIMPAT ORAL TABLET 50 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
VRAYLAR ORAL CAPSULE	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (14 per 365 days)
XPOVIO ORAL TABLET 80 MG/WEEK (20 MG X 4)	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (16 per 28 days)
XYREM	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (540 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (30 per 30 days)
<i>zenzedi oral tablet 10 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (180 per 30 days)
<i>zenzedi oral tablet 5 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (90 per 30 days)
<i>ziprasidone hcl oral capsule 20 mg</i>	\$0 (Tier 1)	MO; QLL (240 per 30 days)
<i>ziprasidone hcl oral capsule 40 mg</i>	\$0 (Tier 1)	MO; QLL (120 per 30 days)
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	\$0 (Tier 1)	MO; QLL (60 per 30 days)
<i>zolmitriptan</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (9 per 30 days)
<i>zolpidem oral tablet</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (30 per 30 days)
<i>zonisamide</i>	\$0.00-\$8.50 (Tier 2)	MO
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG, 405 MG	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (2 per 28 days)
<b>CARDIOVASCULAR, HYPERTENSION / LIPIDS</b>		
<i>acebutolol</i>	\$0 (Tier 1)	MO
<i>aliskiren</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>amiloride</i>	\$0.00-\$8.50 (Tier 2)	MO

You can find information on what the symbols and abbreviations in this table mean by going to page 12.

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions or Limits on Use</b>
<i>amiloride-hydrochlorothiazide</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>amiodarone intravenous solution</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>amiodarone intravenous syringe</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR
<i>amiodarone oral</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>amlodipine besylate tablet</i>	\$0 (Tier 1)	MO
<i>amlodipine-benazepril</i>	\$0 (Tier 1)	MO
<i>amlodipine-olmesartan</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>amlodipine-valsartan</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>amlodipine-valsartan-hydrochlorothiazide</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>aspirin-dipyridamole</i>	\$0.00-\$8.50 (Tier 2)	ST; MO; QLL (60 per 30 days)
<i>atenolol</i>	\$0 (Tier 1)	MO
<i>atenolol-chlorthalidone</i>	\$0 (Tier 1)	MO
<i>atorvastatin</i>	\$0 (Tier 1)	MO
<i>benazepril</i>	\$0 (Tier 1)	MO
<i>benazepril-hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>betaxolol oral</i>	\$0 (Tier 1)	MO
<i>bisoprolol fumarate</i>	\$0 (Tier 1)	MO
<i>bisoprolol-hydrochlorothiazide</i>	\$0 (Tier 1)	MO
BRILINTA	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>bumetanide</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>candesartan</i>	\$0 (Tier 1)	MO
<i>candesartan-hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>cartia xt</i>	\$0 (Tier 1)	MO
<i>carvedilol</i>	\$0 (Tier 1)	MO
<i>chlorothiazide oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cholestyramine (with sugar)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cholestyramine light</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cilostazol</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>clonidine hcl oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO

You can find information on what the symbols and abbreviations in this table mean by going to page 12.

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions or Limits on Use</b>
<i>clonidine transdermal patch</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (4 per 28 days)
<i>clopidogrel oral tablet 300 mg</i>	\$0 (Tier 1)	MO; QLL (1 per 30 days)
<i>clopidogrel oral tablet 75 mg</i>	\$0 (Tier 1)	MO; QLL (30 per 30 days)
<i>colestipol</i>	\$0.00-\$8.50 (Tier 2)	MO
CORLANOR ORAL SOLUTION	\$0.00-\$8.50 (Tier 2)	PAR; QLL (560 per 28 days)
CORLANOR ORAL TABLET	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (60 per 30 days)
COUMADIN ORAL	\$0.00-\$8.50 (Tier 2)	MO
DEMSER	\$0.00-\$8.50 (Tier 2)	MO; NE
<i>digitek oral tablet 125 mcg (0.125 mg)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>digitek oral tablet 250 mcg (0.25 mg)</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>digox oral tablet 125 mcg (0.125 mg)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>digox oral tablet 250 mcg (0.25 mg)</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>digoxin oral tablet 125 mcg (0.125 mg)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>digoxin oral tablet 250 mcg (0.25 mg)</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>dilt-xr</i>	\$0 (Tier 1)	MO
<i>diltiazem hcl intravenous solution</i>	\$0 (Tier 1)	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg</i>	\$0.00-\$8.50 (Tier 2)	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	\$0 (Tier 1)	MO
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 240 mg, 300 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 360 mg</i>	\$0 (Tier 1)	MO
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	\$0 (Tier 1)	MO
<i>diltiazem hcl oral capsule,extended release 24hr 360 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>diltiazem hcl oral tablet</i>	\$0 (Tier 1)	MO
<i>dofetilide</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>doxazosin</i>	\$0 (Tier 1)	MO



Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
ELIQUIS ORAL TABLET 2.5 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (74 per 30 days)
ELIQUIS ORAL TABLETS,DOSE PACK	\$0.00-\$8.50 (Tier 2)	MO; QLL (74 per 180 days)
<i>enalapril maleate</i>	\$0 (Tier 1)	MO
<i>enalapril-hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>enoxaparin subcutaneous solution</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (84 per 28 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (8.4 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (11.2 per 28 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (16.8 per 28 days)
ENTRESTO	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>eplerenone</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>eprosartan</i>	\$0 (Tier 1)	MO
<i>ezetimibe</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>felodipine</i>	\$0 (Tier 1)	MO
<i>fenofibrate micronized</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 45 mg, 135 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>flecainide</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (24 per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (12 per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (18 per 30 days)
<i>fosinopril</i>	\$0 (Tier 1)	MO
<i>fosinopril-hydrochlorothiazide</i>	\$0 (Tier 1)	MO

You can find information on what the symbols and abbreviations in this table mean by going to page 12.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
<i>furosemide injection</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>furosemide oral tablet</i>	\$0 (Tier 1)	MO
<i>gemfibrozil</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	\$0.00-\$8.50 (Tier 2)	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>heparin (porcine) injection solution</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12, 500 UNIT/250 ML	\$0.00-\$8.50 (Tier 2)	B/D PAR
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/500 ml</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>heparin, porcine (pf) injection solution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>heparin, porcine (pf) injection syringe 5,000 unit/ 0.5 ml</i>	\$0.00-\$8.50 (Tier 2)	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	\$0.00-\$8.50 (Tier 2)	
<i>hydralazine</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>indapamide</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>irbesartan</i>	\$0 (Tier 1)	MO
<i>irbesartan-hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>isosorbide dinitrate oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>isosorbide dinitrate oral tablet extended release</i>	\$0.00-\$8.50 (Tier 2)	
<i>isosorbide mononitrate</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>jantoven</i>	\$0.00-\$8.50 (Tier 2)	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
JUXTAPID	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (30 per 30 days)
<i>labetalol intravenous solution</i>	\$0 (Tier 1)	MO
<i>labetalol oral</i>	\$0 (Tier 1)	MO
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	\$0.00-\$8.50 (Tier 2)	MO
<i>lidocaine (pf) intravenous solution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %)</i>	\$0.00-\$8.50 (Tier 2)	
<i>lisinopril</i>	\$0 (Tier 1)	MO
<i>lisinopril-hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>losartan</i>	\$0 (Tier 1)	MO
<i>losartan-hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>lovastatin</i>	\$0 (Tier 1)	MO
MEPHYTON	\$0 (Tier 3)	[*]
<i>methyclothiazide</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>metolazone</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>metoprolol succinate</i>	\$0 (Tier 1)	MO
<i>metoprolol tartrate intravenous solution</i>	\$0 (Tier 1)	MO
<i>metoprolol tartrate intravenous syringe</i>	\$0.00-\$8.50 (Tier 2)	
<i>metoprolol tartrate oral</i>	\$0 (Tier 1)	MO
<i>metoprolol tartrate-hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>mexiletine</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>minoxidil oral</i>	\$0.00-\$8.50 (Tier 2)	MO
MULTAQ	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>nadolol</i>	\$0 (Tier 1)	MO
<i>nadolol-bendroflumethiazide oral tablet 40-5 mg</i>	\$0 (Tier 1)	
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	\$0 (Tier 1)	MO
<i>niacin oral capsule, extended release 250 mg, 500 mg</i>	\$0 (Tier 4)	[*]
<i>niacin oral tablet</i>	\$0 (Tier 4)	[*]

You can find information on what the symbols and abbreviations in this table mean by going to page 12.

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions or Limits on Use</b>
<i>niacin oral tablet 500 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>niacin oral tablet extended release 24 hr</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>niacin oral tablet extended release 250 mg, 750 mg</i>	\$0 (Tier 4)	[*]
NIACOR	\$0.00-\$8.50 (Tier 2)	MO
<i>nicardipine oral</i>	\$0 (Tier 1)	MO
<i>nifedipine oral tablet extended release</i>	\$0 (Tier 1)	MO
<i>nifedipine oral tablet extended release 24hr</i>	\$0 (Tier 1)	MO
<i>nimodipine</i>	\$0 (Tier 1)	MO
<i>nitro-bid</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>nitroglycerin intravenous</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR
<i>nitroglycerin sublingual</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>nitroglycerin transdermal patch 24 hour</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>olmesartan-amlodipine-hydrochlorothiazide</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>omega-3 acid ethyl esters</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>omega-3 fatty acids oral capsule</i>	\$0 (Tier 4)	[*]
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>pentoxifylline</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>pindolol</i>	\$0 (Tier 1)	MO
PRADAXA	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
PRALUENT PEN	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (2 per 28 days)
<i>prasugrel</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>pravastatin</i>	\$0 (Tier 1)	MO
<i>prazosin</i>	\$0 (Tier 1)	MO
<i>prevalite</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>procainamide injection solution 100 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>procainamide injection solution 500 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	
PROMACTA ORAL POWDER IN PACKET	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (90 per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 75 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (30 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 12.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
PROMACTA ORAL TABLET 50 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (90 per 30 days)
<i>propafenone oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>propranolol intravenous</i>	\$0 (Tier 1)	
<i>propranolol oral</i>	\$0 (Tier 1)	MO
<i>quinapril</i>	\$0 (Tier 1)	MO
<i>quinapril-hydrochlorothiazide</i>	\$0 (Tier 1)	MO
<i>quinidine sulfate oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ramipril</i>	\$0 (Tier 1)	MO
RANEXA	\$0.00-\$8.50 (Tier 2)	ST; MO
<i>ranolazine</i>	\$0.00-\$8.50 (Tier 2)	ST; MO
REPATHA PUSHTRONEX	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (3.5 per 28 days)
REPATHA SURECLICK	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (3 per 28 days)
REPATHA SYRINGE	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (3 per 28 days)
<i>rosuvastatin</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>simvastatin</i>	\$0 (Tier 1)	MO
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	\$0 (Tier 1)	MO
<i>sorine oral tablet 240 mg</i>	\$0 (Tier 1)	
<i>sotalol af oral tablet 120 mg</i>	\$0 (Tier 1)	MO
<i>sotalol af oral tablet 160 mg, 80 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>sotalol oral tablet 120 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>sotalol oral tablet 160 mg, 240 mg, 80 mg</i>	\$0 (Tier 1)	MO
<i>spironolactone</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>spironolactone-hydrochlorothiazide</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>taztia xt</i>	\$0 (Tier 1)	MO
TEKTURNA	\$0.00-\$8.50 (Tier 2)	MO
<i>telmisartan</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>telmisartan-amlodipine oral tablet 80-5 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>telmisartan-hydrochlorothiazide</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>terazosin capsule</i>	\$0 (Tier 1)	MO

You can find information on what the symbols and abbreviations in this table mean by going to page 12.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
<i>timolol maleate oral</i>	\$0 (Tier 1)	MO
<i>toremide oral</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>trandolapril</i>	\$0 (Tier 1)	MO
<i>triamterene-hydrochlorothiazide oral capsule 37.5-25 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>triamterene-hydrochlorothiazide oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
UPTRAVI ORAL TABLET	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (60 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (400 per 365 days)
<i>valsartan</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>valsartan-hydrochlorothiazide</i>	\$0 (Tier 1)	MO
VASCEPA	\$0.00-\$8.50 (Tier 2)	MO
VECAMYL	\$0.00-\$8.50 (Tier 2)	
<i>verapamil intravenous solution</i>	\$0 (Tier 1)	MO
<i>verapamil oral capsule, 24 hr er pellet ct</i>	\$0 (Tier 1)	MO
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	\$0 (Tier 1)	MO
<i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>verapamil oral tablet</i>	\$0 (Tier 1)	MO
<i>verapamil oral tablet extended release</i>	\$0 (Tier 1)	MO
<i>warfarin</i>	\$0 (Tier 1)	MO
XARELTO ORAL TABLET 10 MG, 20 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
XARELTO ORAL TABLET 15 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (42 per 30 days)
XARELTO ORAL TABLET 2.5 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
XARELTO ORAL TABLETS,DOSE PACK	\$0.00-\$8.50 (Tier 2)	MO; QLL (102 per 365 days)
<b>DERMATOLOGICALS/TOPICAL THERAPY</b>		
ABREVA	\$0 (Tier 4)	[*]
<i>acitretin oral capsule 10 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>acitretin oral capsule 17.5 mg, 25 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; NE
ACNE MEDICATION TOPICAL GEL 10 %	\$0 (Tier 4)	[*]

You can find information on what the symbols and abbreviations in this table mean by going to page 12.

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions or Limits on Use</b>
<i>acyclovir topical ointment</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>adapalene topical gel 0.3 %</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ala-cort topical cream</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>alclometasone</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>amcinonide topical cream</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>amcinonide topical lotion</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>amcinonide topical ointment</i>	\$0.00-\$8.50 (Tier 2)	
<i>amlactin topical lotion</i>	\$0 (Tier 4)	[*]
<i>ammonium lactate</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ammonium lactate topical lotion</i>	\$0 (Tier 4)	[*]
<i>anti-dandruff</i>	\$0 (Tier 4)	[*]
<i>anti-itch (hc) topical cream</i>	\$0 (Tier 4)	[*]
<i>antifungal (clotrimazole)</i>	\$0 (Tier 4)	[*]
<i>antifungal (tolnaftate) topical cream</i>	\$0 (Tier 4)	[*]
<i>antifungal cream (miconazole)</i>	\$0 (Tier 4)	[*]
<i>athlete's foot (terbinafine)</i>	\$0 (Tier 4)	[*]
<i>athlete's foot (tolnaftate) topical aerosol,spray</i>	\$0 (Tier 4)	[*]
<i>bacitracin topical</i>	\$0 (Tier 4)	[*]
<i>bacitracin zinc topical packet</i>	\$0 (Tier 4)	[*]
<i>baza antifungal</i>	\$0 (Tier 4)	[*]
<i>benzoyl peroxide topical gel 10 %, 5 %</i>	\$0 (Tier 4)	[*]
<i>betamethasone dipropionate</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>betamethasone valerate topical cream</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>betamethasone valerate topical lotion</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>betamethasone valerate topical ointment</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>betamethasone, augmented topical cream</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>betamethasone, augmented topical lotion</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>betamethasone, augmented topical ointment</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>calamine-zinc oxide topical lotion 8-8 %</i>	\$0 (Tier 4)	[*]
<i>calcipotriene scalp</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 12.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
<i>calcipotriene topical</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
CAPEX	\$0.00-\$8.50 (Tier 2)	MO
<i>ciclodan topical solution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ciclopirox</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>claravis</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>clindamycin phosphate topical foam</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>clindamycin phosphate topical gel</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>clindamycin phosphate topical lotion</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>clindamycin phosphate topical solution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>clindamycin phosphate topical swab</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>clobetasol scalp</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>clobetasol topical cream</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>clobetasol-emollient topical cream</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>clotrimazole topical</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>clotrimazole topical</i>	\$0 (Tier 4)	[*]
<i>clotrimazole-betamethasone topical cream</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>complete lice treatment</i>	\$0 (Tier 4)	[*]
DENAVIR	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (5 per 30 days)
<i>desenex topical powder</i>	\$0 (Tier 4)	[*]
<i>desoximetasone topical cream</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>desoximetasone topical gel</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>desoximetasone topical ointment</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>double antibiotic</i>	\$0 (Tier 4)	[*]
ELIDEL	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (100 per 90 days)
<i>ery pads</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>erythromycin with ethanol topical gel</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>erythromycin with ethanol topical solution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>erythromycin-benzoyl peroxide</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>fluocinolone and shower cap</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>fluocinolone topical cream 0.01 %</i>	\$0.00-\$8.50 (Tier 2)	MO

You can find information on what the symbols and abbreviations in this table mean by going to page 12.



Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
<i>fluocinolone topical cream 0.025 %</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>fluocinolone topical oil</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>fluocinolone topical ointment</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>fluocinolone topical solution</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>fluocinonide topical cream 0.05 %</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
<i>fluocinonide topical gel</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
<i>fluocinonide topical ointment</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
<i>fluocinonide topical solution</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
<i>fluocinonide-e</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
FLUOCINONIDE-EMOLLIENT	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
<i>fluorouracil topical cream 5 %</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>fluorouracil topical solution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>fluticasone propionate topical</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>fungoid-d</i>	\$0 (Tier 4)	[*]
<i>gentamicin topical</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>halobetasol propionate topical cream</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>halobetasol propionate topical ointment</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>hydrocortisone acetate topical cream</i>	\$0 (Tier 4)	[*]
<i>hydrocortisone topical cream 0.5 %, 1 %</i>	\$0 (Tier 4)	[*]
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>hydrocortisone topical lotion 2.5 %</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>hydrocortisone topical ointment 0.5 %, 1 %</i>	\$0 (Tier 4)	[*]
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>hydrocortisone valerate</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>hydrocortisone-aloe vera topical cream 1 %</i>	\$0 (Tier 4)	[*]
<i>imiquimod topical cream in packet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>inzo antifungal</i>	\$0 (Tier 4)	[*]
<i>jock itch</i>	\$0 (Tier 4)	[*]
<i>ketoconazole topical cream</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ketoconazole topical shampoo</i>	\$0.00-\$8.50 (Tier 2)	MO

You can find information on what the symbols and abbreviations in this table mean by going to page 12.

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions or Limits on Use</b>
<i>lamisil af topical aerosol powder</i>	\$0 (Tier 4)	[*]
<i>lamisil at topical cream</i>	\$0 (Tier 4)	[*]
<i>lice bedding spray</i>	\$0 (Tier 4)	[*]
<i>lice complete kit 1-2-3</i>	\$0 (Tier 4)	[*]
<i>lice killing</i>	\$0 (Tier 4)	[*]
<i>lice killing (permethrin)</i>	\$0 (Tier 4)	[*]
<i>lice pyrinyl shampoo</i>	\$0 (Tier 4)	[*]
<i>lice solution</i>	\$0 (Tier 4)	[*]
<i>lice treatment (permethrin)</i>	\$0 (Tier 4)	[*]
<i>lice treatment topical liquid 1 %</i>	\$0 (Tier 4)	[*]
<i>lice treatment topical shampoo</i>	\$0 (Tier 4)	[*]
<i>lidocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	\$0.00-\$8.50 (Tier 2)	
<i>lidocaine (pf) injection solution 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>lidocaine hcl laryngotracheal</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (300 per 30 days)
<i>lidocaine hcl mucous membrane jelly</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>lidocaine hcl mucous membrane jelly in applicator</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (300 per 30 days)
<i>lidocaine topical adhesive patch,medicated</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (90 per 30 days)
<i>lidocaine topical ointment</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (150 per 30 days)
<i>lidocaine viscous</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>lidocaine-prilocaine topical cream</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>lindane topical shampoo</i>	\$0.00-\$8.50 (Tier 2)	MO
LOTRIMIN AF (CLOTRIMAZOLE) TOPICAL CREAM	\$0 (Tier 4)	[*]
<i>mafenide acetate</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>methoxsalen</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>metronidazole topical cream</i>	\$0.00-\$8.50 (Tier 2)	MO

You can find information on what the symbols and abbreviations in this table mean by going to page 12.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
<i>metronidazole topical gel 0.75 %</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>metronidazole topical lotion</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>miconazole nitrate topical cream</i>	\$0 (Tier 4)	[*]
<i>miconazorb af</i>	\$0 (Tier 4)	[*]
<i>micro-guard</i>	\$0 (Tier 4)	[*]
<i>mometasone topical</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>mupirocin topical cream</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>mupirocin topical ointment</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>myorisan</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>nyamyc</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>nystatin topical</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>nystatin-triamcinolone topical cream</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>nystop</i>	\$0.00-\$8.50 (Tier 2)	MO
PANRETIN	\$0.00-\$8.50 (Tier 2)	MO; NE
<i>permethrin topical cream</i>	\$0.00-\$8.50 (Tier 2)	MO
PICATO	\$0.00-\$8.50 (Tier 2)	MO; NE
<i>pimecrolimus</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (100 per 90 days)
<i>podofilox</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>remedy phytoplex antifungal topical powder</i>	\$0 (Tier 4)	[*]
<i>rid complete lice elim kit topical</i>	\$0 (Tier 4)	[*]
<i>rosadan topical cream</i>	\$0.00-\$8.50 (Tier 2)	MO
SANTYL	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>scalpicin anti-itch</i>	\$0 (Tier 4)	[*]
<i>selenium sulfide topical lotion</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>silver sulfadiazine</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ssd</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>sulfacetamide sodium (acne)</i>	\$0.00-\$8.50 (Tier 2)	MO
SULFAMYLON TOPICAL CREAM	\$0.00-\$8.50 (Tier 2)	MO
<i>tacrolimus topical</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (100 per 90 days)
<i>tazarotene</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
TAZORAC TOPICAL CREAM 0.05 %	\$0.00-\$8.50 (Tier 2)	PAR; MO
TAZORAC TOPICAL GEL	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>terbinafine hcl topical</i>	\$0 (Tier 4)	[*]
<i>tolnaftate topical cream</i>	\$0 (Tier 4)	[*]
<i>tretinoin topical cream</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (45 per 30 days)
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (45 per 30 days)
<i>triamcinolone acetonide topical cream</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>triamcinolone acetonide topical lotion</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>triderm topical cream</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>triple antibiotic topical ointment</i>	\$0 (Tier 4)	[*]
<i>triple antibiotic topical ointment in packet</i>	\$0 (Tier 4)	[*]
UVADEX	\$0.00-\$8.50 (Tier 2)	B/D PAR
VALCHLOR	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>zenatane</i>	\$0.00-\$8.50 (Tier 2)	MO

## DIAGNOSTICS / MISCELLANEOUS AGENTS

<i>acamprosate</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (180 per 30 days)
<i>acetylcysteine intravenous</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>alendronate oral tablet 40 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
ALLI	\$0 (Tier 4)	[*]
<i>anagrelide</i>	\$0.00-\$8.50 (Tier 2)	MO
ARALAST NP	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
<i>benzphetamine oral tablet 50 mg</i>	\$0 (Tier 3)	PAR; [*]
BUPHENYL ORAL TABLET	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>bupropion hcl (smoking deter)</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
CARBAGLU	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
CHANTIX	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (60 per 30 days)
CHANTIX CONTINUING MONTH BOX	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (56 per 28 days)
CHANTIX STARTING MONTH BOX	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (106 per 365 days)

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions or Limits on Use</b>
CLINIMIX 4.25%/D5W SULFIT FREE	\$0.00-\$8.50 (Tier 2)	B/D PAR
CLINIMIX E 2.75%/D5W SULF FREE	\$0.00-\$8.50 (Tier 2)	B/D PAR
CLINIMIX N9G20E 2.75%-D10W(SF)	\$0.00-\$8.50 (Tier 2)	B/D PAR
<i>d10 %-0.45 % sodium chloride</i>	\$0.00-\$8.50 (Tier 2)	
<i>d2.5 %-0.45 % sodium chloride</i>	\$0.00-\$8.50 (Tier 2)	
<i>d5 % and 0.9 % sodium chloride</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>d5 %-0.45 % sodium chloride</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>deferasirox</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>dex4 glucose oral gel</i>	\$0 (Tier 4)	[*]
<i>dex4 glucose oral tablet, chewable</i>	\$0 (Tier 4)	[*]
<i>dex4 glucose pouch pack</i>	\$0 (Tier 4)	[*]
<i>dex4 glucose quick dissolve</i>	\$0 (Tier 4)	[*]
<i>dextrose 10 % and 0.2 % nacl</i>	\$0.00-\$8.50 (Tier 2)	
<i>dextrose 10 % in water (d10w)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>dextrose 20 % in water (d20w)</i>	\$0.00-\$8.50 (Tier 2)	
<i>dextrose 25 % in water (d25w)</i>	\$0.00-\$8.50 (Tier 2)	
<i>dextrose 30 % in water (d30w)</i>	\$0.00-\$8.50 (Tier 2)	
<i>dextrose 40 % in water (d40w)</i>	\$0.00-\$8.50 (Tier 2)	
<i>dextrose 5 % in water (d5w)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>dextrose 5 %-lactated ringers</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>dextrose 5%-0.2 % sod chloride</i>	\$0.00-\$8.50 (Tier 2)	
<i>dextrose 5%-0.3 % sod.chloride</i>	\$0.00-\$8.50 (Tier 2)	
<i>dextrose 50 % in water (d50w)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>dextrose 70 % in water (d70w)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>dextrose oral gel</i>	\$0 (Tier 4)	[*]
<i>dextrose with sodium chloride</i>	\$0.00-\$8.50 (Tier 2)	
<i>disulfiram</i>	\$0.00-\$8.50 (Tier 2)	MO
EXJADE	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
<i>gluco burst</i>	\$0 (Tier 4)	[*]
<i>glucose gel</i>	\$0 (Tier 4)	[*]

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions or Limits on Use</b>
<i>glucose oral tablet, chewable 4 gram</i>	\$0 (Tier 4)	[*]
INCRELEX	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
<i>kionex (with sorbitol)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>lactated ringers irrigation</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>levocarnitine (with sugar)</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>levocarnitine oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>midodrine</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>neomycin-polymyxin b gu irrigation solution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>nicorelief</i>	\$0 (Tier 4)	[*]
NICORETTE BUCCAL LOZENGE	\$0 (Tier 4)	[*]; QLL (20 per 1 day)
NICORETTE BUCCAL MINI LOZENGE	\$0 (Tier 4)	[*]; QLL (20 per 1 day)
<i>nicotine (polacrilex) buccal gum</i>	\$0 (Tier 4)	[*]
<i>nicotine (polacrilex) buccal lozenge</i>	\$0 (Tier 4)	[*]; QLL (20 per 1 day)
<i>nicotine (polacrilex) buccal mini lozenge</i>	\$0 (Tier 4)	[*]; QLL (20 per 1 day)
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	\$0 (Tier 4)	[*]; QLL (30 per 30 days)
<i>nicotine transdermal patch, td daily, sequential</i>	\$0 (Tier 4)	[*]; QLL (30 per 30 days)
NICOTROL NS	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>nitisinone</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
NORTHERA ORAL CAPSULE 100 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (540 per 30 days)
NORTHERA ORAL CAPSULE 200 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (270 per 30 days)
NORTHERA ORAL CAPSULE 300 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (180 per 30 days)
ORFADIN	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
<i>phentermine</i>	\$0 (Tier 3)	PAR; [*]
<i>pilocarpine hcl oral</i>	\$0.00-\$8.50 (Tier 2)	MO
PROLASTIN-C INTRAVENOUS SOLUTION	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
RAVICTI	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (525 per 30 days)
<i>riluzole</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ringer's irrigation</i>	\$0.00-\$8.50 (Tier 2)	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (540 per 30 days)
<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (180 per 30 days)
<i>sevelamer carbonate oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (540 per 30 days)
<i>sodium chloride 0.9 % intravenous</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>sodium chloride irrigation</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>sodium phenylbutyrate oral tablet</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>sodium polystyrene sulfonate oral</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>sodium polystyrene sulfonate rectal enema 30 gram/120 ml</i>	\$0.00-\$8.50 (Tier 2)	
SODIUM POLYSTYRENE SULFONATE RECTAL ENEMA 50 GRAM/200 ML	\$0.00-\$8.50 (Tier 2)	
<i>sps (with sorbitol) oral</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>sps (with sorbitol) rectal</i>	\$0.00-\$8.50 (Tier 2)	
<i>trientine</i>	\$0.00-\$8.50 (Tier 2)	MO; NE
VELPHORO	\$0.00-\$8.50 (Tier 2)	MO; NE; QLL (180 per 30 days)
<i>water for irrigation, sterile</i>	\$0.00-\$8.50 (Tier 2)	MO

## EAR, NOSE / THROAT MEDICATIONS

<i>acetic acid otic (ear)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>azelastine nasal</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 25 days)
<i>chlorhexidine gluconate mucous membrane</i>	\$0.00-\$8.50 (Tier 2)	MO
CIPRODEX	\$0.00-\$8.50 (Tier 2)	MO
COLY-MYCIN S	\$0.00-\$8.50 (Tier 2)	MO
<i>ear drops (carbamide peroxide)</i>	\$0 (Tier 4)	[*]
<i>fluocinolone acetonide oil otic (ear)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>hydrocortisone-acetic acid</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ipratropium bromide nasal</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>nasal mist</i>	\$0 (Tier 4)	[*]
<i>neomycin-polymyxin-hc otic (ear)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ofloxacin otic (ear)</i>	\$0.00-\$8.50 (Tier 2)	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
<i>paroex oral rinse</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>periogard</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>sterile saline nasal</i>	\$0 (Tier 4)	[*]
<i>triamcinolone acetonide dental</i>	\$0.00-\$8.50 (Tier 2)	MO

## ENDOCRINE/DIABETES

<i>acarbose oral tablet 100 mg</i>	\$0 (Tier 1)	MO; QLL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	\$0 (Tier 1)	MO; QLL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	\$0 (Tier 1)	MO; QLL (180 per 30 days)
ACCU-CHEK AVIVA PLUS TEST STRP	\$0 (Tier 4)	[*]
ACCU-CHEK COMPACT PLUS TEST	\$0 (Tier 4)	[*]
ACCU-CHEK FASTCLIX LANCET DRUM	\$0 (Tier 4)	[*]
ACCU-CHEK MULTICLIX LANCET	\$0 (Tier 4)	[*]
ACCU-CHEK SMARTVIEW TEST STRIP	\$0 (Tier 4)	[*]
ACCU-CHEK SOFTCLIX LANCETS	\$0 (Tier 4)	[*]
ACTHAR	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>alcohol pads</i>	\$0 (Tier 1)	MO
ALDURAZYME	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
ANADROL-50	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (150 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM)	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (112.5 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM)	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (150 per 30 days)
BYDUREON BCISE	\$0.00-\$8.50 (Tier 2)	MO; QLL (4 per 28 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR	\$0.00-\$8.50 (Tier 2)	MO; QLL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	\$0.00-\$8.50 (Tier 2)	MO; QLL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	\$0.00-\$8.50 (Tier 2)	MO; QLL (1.2 per 30 days)



Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
<i>cabergoline</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>calcitonin (salmon)</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (4 per 30 days)
<i>calcitriol intravenous solution 1 mcg/ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>calcitriol oral capsule</i>	\$0.00-\$8.50 (Tier 2)	MO
CERDELGA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE; QLL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE; QLL (120 per 30 days)
CONDOMS-PREM LUBRICATED	\$0 (Tier 4)	[*]
<i>cortisone tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
CYCLOSET	\$0.00-\$8.50 (Tier 2)	ST; MO; QLL (180 per 30 days)
<i>danazol</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>desmopressin injection</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>desmopressin nasal spray with pump</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>desmopressin nasal spray,non-aerosol</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>desmopressin oral</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>dexamethasone oral elixir</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>dexamethasone oral solution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>dexamethasone oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>dexamethasone sodium phos (pf)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>dexamethasone sodium phosphate injection</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>doxercalciferol oral capsule 0.5 mcg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
ELAPRASE	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
FABRAZYME	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
FANTASY CONDOM	\$0 (Tier 4)	[*]
FC2 FEMALE CONDOM	\$0 (Tier 4)	[*]
<i>fludrocortisone</i>	\$0.00-\$8.50 (Tier 2)	MO
GAUZE PADS 2 X 2	\$0 (Tier 1)	MO; QLL (200 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 12.

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions or Limits on Use</b>
<i>glimepiride oral tablet 1 mg</i>	\$0 (Tier 1)	MO; QLL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	\$0 (Tier 1)	MO; QLL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	\$0 (Tier 1)	MO; QLL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	\$0 (Tier 1)	MO; QLL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	\$0 (Tier 1)	MO; QLL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	\$0 (Tier 1)	MO; QLL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	\$0 (Tier 1)	MO; QLL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	\$0 (Tier 1)	MO; QLL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	\$0 (Tier 1)	MO; QLL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	\$0 (Tier 1)	MO; QLL (120 per 30 days)
GLUCAGEN HYPOKIT	\$0 (Tier 1)	MO
GLUCAGON EMERGENCY KIT (HUMAN)	\$0 (Tier 1)	MO
<i>glyburide oral tablet 1.25 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (480 per 30 days)
<i>glyburide oral tablet 2.5 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (240 per 30 days)
<i>glyburide oral tablet 5 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (120 per 30 days)
HUMALOG JUNIOR KWIKPEN U-100	\$0 (Tier 1)	MO
HUMALOG KWIKPEN INSULIN	\$0 (Tier 1)	MO
HUMALOG MIX 50-50 INSULN U-100	\$0 (Tier 1)	MO
HUMALOG MIX 50-50 KWIKPEN	\$0 (Tier 1)	MO
HUMALOG MIX 75-25 KWIKPEN	\$0 (Tier 1)	MO
HUMALOG MIX 75-25(U-100)INSULN	\$0 (Tier 1)	MO
HUMALOG U-100 INSULIN	\$0 (Tier 1)	MO
HUMULIN 70/30 U-100 INSULIN	\$0 (Tier 1)	MO
HUMULIN 70/30 U-100 KWIKPEN	\$0 (Tier 1)	MO
HUMULIN N NPH INSULIN KWIKPEN	\$0 (Tier 1)	MO
HUMULIN N NPH U-100 INSULIN	\$0 (Tier 1)	MO
HUMULIN R REGULAR U-100 INSULN	\$0 (Tier 1)	MO
HUMULIN R U-500 (CONC) INSULIN	\$0 (Tier 1)	PAR; MO; NE
HUMULIN R U-500 (CONC) KWIKPEN	\$0 (Tier 1)	PAR; MO; NE

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions or Limits on Use</b>
<i>hydrocortisone oral</i>	\$0.00-\$8.50 (Tier 2)	MO
INSTA-GLUCOSE (WITH DEXTRIN)	\$0 (Tier 4)	[*]
INSULIN LISPRO	\$0 (Tier 1)	MO
<i>insulin pen needle</i>	\$0 (Tier 1)	MO; QLL (200 per 30 days)
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	\$0 (Tier 1)	MO; QLL (200 per 30 days)
JANUMET	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
JANUVIA ORAL TABLET 25 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
JANUVIA ORAL TABLET 50 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
JARDIANCE	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
JENTADUETO	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
KIMONO MICROTHIN AQUA LUBE CON	\$0 (Tier 4)	[*]
KIMONO MICROTHIN LARGE CONDOMS	\$0 (Tier 4)	[*]
KIMONO TEXTURED CONDOMS	\$0 (Tier 4)	[*]
KORLYM	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
KUVAN ORAL TABLET,SOLUBLE	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
LANCETS 26 GAUGE	\$0 (Tier 4)	[*]
LANCETS,ULTRA THIN 26 GAUGE	\$0 (Tier 4)	[*]
LANTUS SOLOSTAR U-100 INSULIN	\$0 (Tier 1)	MO
LANTUS U-100 INSULIN	\$0 (Tier 1)	MO
LEVEMIR FLEXTOUCH U-100 INSULN	\$0 (Tier 1)	MO
LEVEMIR U-100 INSULIN	\$0 (Tier 1)	MO

You can find information on what the symbols and abbreviations in this table mean by going to page 12.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
<i>levothyroxine oral</i>	\$0 (Tier 1)	MO
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>liothyronine oral</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>metformin oral tablet 1,000 mg</i>	\$0 (Tier 1)	MO; QLL (60 per 30 days)
<i>metformin oral tablet 500 mg</i>	\$0 (Tier 1)	MO; QLL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	\$0 (Tier 1)	MO; QLL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	\$0 (Tier 1)	MO; QLL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	\$0 (Tier 1)	MO; QLL (60 per 30 days)
<i>methimazole oral tablet 10 mg, 5 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>methylpred dp</i>	\$0.00-\$8.50 (Tier 2)	
<i>methylprednisolone</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>methylprednisolone acetate</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
MIACALCIN INJECTION	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
MICRO THIN LANCETS	\$0 (Tier 4)	[*]
<i>miglustat</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
NAGLAZYME	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
<i>nateglinide oral tablet 120 mg</i>	\$0 (Tier 1)	MO; QLL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	\$0 (Tier 1)	MO; QLL (180 per 30 days)
NATPARA	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (2 per 28 days)
NEEDLES, INSULIN DISP.,SAFETY	\$0 (Tier 1)	MO; QLL (200 per 30 days)
ONETOUCH DELICA LANCETS	\$0 (Tier 4)	[*]
ONETOUCH ULTRA BLUE TEST STRIP	\$0 (Tier 4)	[*]
ONETOUCH VERIO	\$0 (Tier 4)	[*]
<i>oxandrolone oral tablet 10 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (60 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 12.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
<i>oxandrolone oral tablet 2.5 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (240 per 30 days)
OZEMPIC	\$0.00-\$8.50 (Tier 2)	MO
<i>pamidronate intravenous recon soln</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>pamidronate intravenous solution 60 mg/10 ml (6 mg/ml)</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>paricalcitol oral capsule 4 mcg</i>	\$0.00-\$8.50 (Tier 2)	MO; NE
PEAK AIR PEAK FLOW METER	\$0 (Tier 4)	[*]
<i>pioglitazone oral tablet 15 mg</i>	\$0 (Tier 1)	MO; QLL (90 per 30 days)
<i>pioglitazone oral tablet 30 mg</i>	\$0 (Tier 1)	MO; QLL (45 per 30 days)
<i>pioglitazone oral tablet 45 mg</i>	\$0 (Tier 1)	MO; QLL (30 per 30 days)
<i>prednisolone oral solution 15 mg/5 ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>prednisone</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>prednisone intensol</i>	\$0.00-\$8.50 (Tier 2)	MO
PRODIGY TWIST TOP LANCET	\$0 (Tier 4)	[*]
PROGLYCEM	\$0.00-\$8.50 (Tier 2)	MO; NE
<i>propylthiouracil</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>repaglinide oral tablet 0.5 mg</i>	\$0 (Tier 1)	MO; QLL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	\$0 (Tier 1)	MO; QLL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	\$0 (Tier 1)	MO; QLL (240 per 30 days)
SENSIPAR ORAL TABLET 30 MG, 60 MG	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE; QLL (60 per 30 days)
SENSIPAR ORAL TABLET 90 MG	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE; QLL (120 per 30 days)
SMART SENSE LANCETS 26 GAUGE, 33 GAUGE	\$0 (Tier 4)	[*]
SOFT TOUCH LANCETS	\$0 (Tier 4)	[*]
SOMAVERT	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE

You can find information on what the symbols and abbreviations in this table mean by going to page 12.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
STIMATE	\$0.00-\$8.50 (Tier 2)	MO; NE
SUPER THIN LANCETS 30 GAUGE	\$0 (Tier 4)	[*]
SYMLINPEN 120	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (11 per 30 days)
SYMLINPEN 60	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (6 per 30 days)
SYNAREL	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
SYNJARDY	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
SYNTHROID	\$0.00-\$8.50 (Tier 2)	MO
<i>testosterone cypionate</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>testosterone enanthate</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (300 per 30 days)
TESTOSTERONE TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (112.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (150 per 30 days)
THIN LANCETS	\$0 (Tier 4)	[*]
TOPCARE UNIVERSAL1 LANCET	\$0 (Tier 4)	[*]
TOUJEO MAX U-300 SOLOSTAR	\$0.00-\$8.50 (Tier 2)	MO
TOUJEO SOLOSTAR U-300 INSULIN	\$0.00-\$8.50 (Tier 2)	MO
TRADJENTA	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>triamcinolone acetonide injection</i>	\$0.00-\$8.50 (Tier 2)	MO
TRULICITY	\$0.00-\$8.50 (Tier 2)	MO; QLL (2 per 28 days)
TRUSTEX LATEX CONDOM	\$0 (Tier 4)	[*]

You can find information on what the symbols and abbreviations in this table mean by going to page 12.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
TRUSTEX LUBRICATED CONDOMS	\$0 (Tier 4)	[*]
TRUSTEX-RIA LUB/SPERMICIDE	\$0 (Tier 4)	[*]
TRUSTEX-RIA LUBRICATED CONDOMS	\$0 (Tier 4)	[*]
ULTRA THIN LANCETS 30 GAUGE, 33 GAUGE	\$0 (Tier 4)	[*]
UNILET COMFORTOUCH LANCET	\$0 (Tier 4)	[*]
UNILET GP LANCET	\$0 (Tier 4)	[*]
UNILET LANCET 28 GAUGE, 33 GAUGE	\$0 (Tier 4)	[*]
UNILET SUPER THIN LANCETS	\$0 (Tier 4)	[*]
<i>unithroid</i>	\$0.00-\$8.50 (Tier 2)	MO
VICTOZA 2-PAK	\$0.00-\$8.50 (Tier 2)	MO; QLL (9 per 30 days)
VICTOZA 3-PAK	\$0.00-\$8.50 (Tier 2)	MO; QLL (9 per 30 days)
VPRIV	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<b>GASTROENTEROLOGY</b>		
<i>acid control (ranitidine) oral tablet 150 mg</i>	\$0 (Tier 4)	[*]
<i>acid controller</i>	\$0 (Tier 4)	[*]
<i>acid gone antacid</i>	\$0 (Tier 4)	[*]
<i>acid gone antacid e.strength</i>	\$0 (Tier 4)	[*]
<i>acid reducer (famotidine)</i>	\$0 (Tier 4)	[*]
<i>acid reducer (ranitidine)</i>	\$0 (Tier 4)	[*]
<i>advanced antacid-antigas</i>	\$0 (Tier 4)	[*]
<i>almacone oral suspension</i>	\$0 (Tier 4)	[*]
<i>almacone-2</i>	\$0 (Tier 4)	[*]
<i>alosetron</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
<i>aluminum hydroxide gel oral suspension 320 mg/5 ml</i>	\$0 (Tier 4)	[*]
AMITIZA	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>antacid</i>	\$0 (Tier 4)	[*]

You can find information on what the symbols and abbreviations in this table mean by going to page 12.

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions or Limits on Use</b>
<i>antacid anti-gas</i>	\$0 (Tier 4)	[*]
<i>antacid exst (mag carb-al hyd)</i>	\$0 (Tier 4)	[*]
<i>antacid extra-strength oral suspension 200-200-20 mg/5 ml</i>	\$0 (Tier 4)	[*]
<i>antacid maximum strength</i>	\$0 (Tier 4)	[*]
<i>antacid plus anti-gas</i>	\$0 (Tier 4)	[*]
<i>antacid-antigas</i>	\$0 (Tier 4)	[*]
<i>antacid-simethicone</i>	\$0 (Tier 4)	[*]
<i>anti-diarrheal</i>	\$0 (Tier 4)	[*]
<i>anti-gas ultra strength</i>	\$0 (Tier 4)	[*]
<i>aprepitant oral capsule 125 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; QLL (5 per 30 days)
<i>aprepitant oral capsule 40 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; QLL (1 per 28 days)
<i>aprepitant oral capsule 80 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; QLL (10 per 30 days)
APRISO	\$0.00-\$8.50 (Tier 2)	MO
<i>atropine injection syringe 0.05 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	
<i>atropine injection syringe 0.1 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>balsalazide</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>bisa-lax</i>	\$0 (Tier 4)	[*]
<i>bisacodyl</i>	\$0 (Tier 4)	[*]
<i>bismatrol</i>	\$0 (Tier 4)	[*]
<i>bismuth oral tablet</i>	\$0 (Tier 4)	[*]
<i>bismuth oral tablet, chewable</i>	\$0 (Tier 4)	[*]
<i>bismuth subsalicylate oral tablet, chewable</i>	\$0 (Tier 4)	[*]
<i>budesonide oral capsule, delayed, extend. release</i>	\$0.00-\$8.50 (Tier 2)	MO; NE
CANASA	\$0.00-\$8.50 (Tier 2)	MO; NE
<i>citrate of magnesia</i>	\$0 (Tier 4)	[*]
<i>clearlax oral powder</i>	\$0 (Tier 4)	[*]
<i>colocort</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>compro</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>constulose</i>	\$0.00-\$8.50 (Tier 2)	MO

You can find information on what the symbols and abbreviations in this table mean by going to page 12.



<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions or Limits on Use</b>
CREON	\$0.00-\$8.50 (Tier 2)	MO
CYSTADANE	\$0.00-\$8.50 (Tier 2)	MO; NE
<i>diarrhea relief (bismuth subs)</i>	\$0 (Tier 4)	[*]
<i>dicyclomine oral capsule</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>dicyclomine oral solution</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>dicyclomine oral tablet</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
DIPENTUM	\$0.00-\$8.50 (Tier 2)	MO; NE
<i>diphenoxylate-atropine</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>docu</i>	\$0 (Tier 4)	[*]
<i>docusate sodium oral capsule 100 mg</i>	\$0 (Tier 4)	[*]
<i>docusate sodium oral liquid</i>	\$0 (Tier 4)	[*]
<i>docusate sodium oral tablet</i>	\$0 (Tier 4)	[*]
<i>docusil</i>	\$0 (Tier 4)	[*]
<i>dok</i>	\$0 (Tier 4)	[*]
<i>dronabinol oral capsule 10 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE; QLL (120 per 30 days)
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; QLL (120 per 30 days)
<i>ducodyl</i>	\$0 (Tier 4)	[*]
<i>enulose</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>famotidine (pf)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>famotidine (pf)-nacl (iso-os)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>famotidine intravenous solution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>famotidine oral tablet 10 mg, 20 mg</i>	\$0 (Tier 4)	[*]
<i>famotidine oral tablet 20 mg, 40 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>fleet glycerin (adult)</i>	\$0 (Tier 4)	[*]
<i>foaming antacid</i>	\$0 (Tier 4)	[*]
<i>gas relief 80</i>	\$0 (Tier 4)	[*]
<i>gas relief extra strength</i>	\$0 (Tier 4)	[*]
<i>gas relief oral capsule</i>	\$0 (Tier 4)	[*]
<i>gas relief oral tablet, chewable</i>	\$0 (Tier 4)	[*]

You can find information on what the symbols and abbreviations in this table mean by going to page 12.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
<i>gas relief ultra strength</i>	\$0 (Tier 4)	[*]
GAS-X ULTRA-STRENGTH	\$0 (Tier 4)	[*]
GATTEX 30-VIAL	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
GATTEX ONE-VIAL	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>gavilax oral powder</i>	\$0 (Tier 4)	[*]
<i>gavilyte-c</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>gavilyte-g</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>gavilyte-n</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>generlac</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>gentle laxative rectal</i>	\$0 (Tier 4)	[*]
<i>geri-pectate</i>	\$0 (Tier 4)	[*]
<i>glycerin (adult)</i>	\$0 (Tier 4)	[*]
<i>glycolax oral powder</i>	\$0 (Tier 4)	[*]
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>healthylax</i>	\$0 (Tier 4)	[*]
<i>heartburn antacid</i>	\$0 (Tier 4)	[*]
<i>heartburn relief (famotidine)</i>	\$0 (Tier 4)	[*]
<i>heartburn relief (ranitidine) oral tablet 150 mg</i>	\$0 (Tier 4)	[*]
<i>heartburn relief oral tablet, chewable</i>	\$0 (Tier 4)	[*]
<i>hydrocortisone rectal</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>k-pec antidiarrheal (bism sub)</i>	\$0 (Tier 4)	[*]
<i>kao-tin (docusate calcium)</i>	\$0 (Tier 4)	[*]
<i>kaopectate (bismuth subsalicy) oral suspension</i>	\$0 (Tier 4)	[*]
<i>kaopectate ex str (bismuth ss)</i>	\$0 (Tier 4)	[*]
<i>lactulose oral solution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>lansoprazole oral capsule, delayed release(dr/ec)</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	\$0 (Tier 4)	[*]

You can find information on what the symbols and abbreviations in this table mean by going to page 12.

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions or Limits on Use</b>
<i>laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i>	\$0 (Tier 4)	[*]
<i>laxative (bisacodyl) rectal</i>	\$0 (Tier 4)	[*]
LINZESS	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>liquid antacid oral suspension 200-200-20 mg/5 ml</i>	\$0 (Tier 4)	[*]
<i>loperamide oral capsule</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>mag-al plus</i>	\$0 (Tier 4)	[*]
<i>mag-al plus extra strength</i>	\$0 (Tier 4)	[*]
<i>magnesium citrate oral solution</i>	\$0 (Tier 4)	[*]
<i>masanti double strength</i>	\$0 (Tier 4)	[*]
<i>meclizine oral tablet 12.5 mg</i>	\$0 (Tier 4)	[*]
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>meclizine oral tablet, chewable</i>	\$0 (Tier 4)	[*]
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>mesalamine rectal enema</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>mesalamine rectal suppository</i>	\$0.00-\$8.50 (Tier 2)	MO; NE
<i>mesalamine with cleansing wipe</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>metoclopramide hcl injection solution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>metoclopramide hcl injection syringe</i>	\$0.00-\$8.50 (Tier 2)	
<i>metoclopramide hcl oral solution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>metoclopramide hcl oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>mi-acid</i>	\$0 (Tier 4)	[*]
<i>mi-acid gas relief</i>	\$0 (Tier 4)	[*]
<i>milk of magnesia</i>	\$0 (Tier 4)	[*]
<i>milk of magnesia concentrated</i>	\$0 (Tier 4)	[*]
<i>mineral oil extra heavy</i>	\$0 (Tier 4)	[*]
<i>mineral oil heavy oral</i>	\$0 (Tier 4)	[*]
<i>mineral oil oral</i>	\$0 (Tier 4)	[*]
<i>mineral oil rectal</i>	\$0 (Tier 4)	[*]

You can find information on what the symbols and abbreviations in this table mean by going to page 12.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
<i>mintox</i>	\$0 (Tier 4)	[*]
<i>mintox maximum strength</i>	\$0 (Tier 4)	[*]
<i>misoprostol</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>motion relief (meclizine)</i>	\$0 (Tier 4)	[*]
<i>motion sickness (meclizine)</i>	\$0 (Tier 4)	[*]
<i>motion-time</i>	\$0 (Tier 4)	[*]
MOVANTIK	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
MOVIPREP	\$0.00-\$8.50 (Tier 2)	MO
<i>omeprazole oral capsule, delayed release (dr/ec)</i>	\$0 (Tier 1)	MO; QLL (30 per 30 days)
<i>omeprazole oral tablet, delayed release (dr/ec)</i>	\$0 (Tier 4)	[*]
<i>ondansetron disintegrating tablet</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; QLL (90 per 30 days)
<i>ondansetron hcl (pf)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ondansetron hcl intravenous</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ondansetron hcl oral tablet 24 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; QLL (30 per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; QLL (90 per 30 days)
<i>pantoprazole intravenous</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>pantoprazole oral</i>	\$0 (Tier 1)	MO; QLL (30 per 30 days)
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram</i>	\$0.00-\$8.50 (Tier 2)	
<i>peg-electrolyte soln</i>	\$0.00-\$8.50 (Tier 2)	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	\$0.00-\$8.50 (Tier 2)	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	\$0.00-\$8.50 (Tier 2)	MO; NE
<i>peptic relief oral tablet, chewable</i>	\$0 (Tier 4)	[*]
<i>pepto-bismol oral tablet, chewable</i>	\$0 (Tier 4)	[*]
<i>pepto-bismol to-go</i>	\$0 (Tier 4)	[*]
PHAZYME ORAL CAPSULE 180 MG	\$0 (Tier 4)	[*]
<i>pink bismuth</i>	\$0 (Tier 4)	[*]

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions or Limits on Use</b>
<i>pink bismuth maximum strength</i>	\$0 (Tier 4)	[*]
<i>polyethylene glycol 3350</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>polyethylene glycol 3350</i>	\$0 (Tier 4)	[*]
<i>prochlorperazine</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>prochlorperazine edisylate</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>prochlorperazine maleate</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>procto-med hc</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>procto-pak</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>proctosol hc topical</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>proctozone-hc</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ranitidine hcl injection</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ranitidine hcl oral syrup</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ranitidine hcl oral tablet 150 mg, 75 mg</i>	\$0 (Tier 4)	[*]
<i>ready-to-use enema (min oil)</i>	\$0 (Tier 4)	[*]
RELISTOR SUBCUTANEOUS SOLUTION	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (12 per 30 days)
REMICADE	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>scopolamine transdermal</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (10 per 28 days)
<i>silace</i>	\$0 (Tier 4)	[*]
<i>simethicone oral capsule</i>	\$0 (Tier 4)	[*]
<i>simethicone oral tablet, chewable</i>	\$0 (Tier 4)	[*]
<i>soothe (bismuth subsalicylate)</i>	\$0 (Tier 4)	[*]
<i>soothe regular strength</i>	\$0 (Tier 4)	[*]
<i>stomach relief max strength</i>	\$0 (Tier 4)	[*]
<i>stomach relief oral suspension 262 mg/15 ml</i>	\$0 (Tier 4)	[*]
<i>stomach relief oral tablet</i>	\$0 (Tier 4)	[*]

You can find information on what the symbols and abbreviations in this table mean by going to page 12.

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions or Limits on Use</b>
<i>stomach relief oral tablet, chewable</i>	\$0 (Tier 4)	[*]
<i>stomach relief original</i>	\$0 (Tier 4)	[*]
<i>stool softener (docusate cal)</i>	\$0 (Tier 4)	[*]
<i>stool softener oral capsule 100 mg, 250 mg</i>	\$0 (Tier 4)	[*]
<i>stool softener oral liquid</i>	\$0 (Tier 4)	[*]
<i>stool softener oral syrup</i>	\$0 (Tier 4)	[*]
<i>sucralfate oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>sulfasalazine</i>	\$0.00-\$8.50 (Tier 2)	MO
TRANSDERM-SCOP	\$0.00-\$8.50 (Tier 2)	MO; QLL (10 per 28 days)
<i>travel sickness (meclizine)</i>	\$0 (Tier 4)	[*]
<i>ursodiol</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>zantac maximum strength</i>	\$0 (Tier 4)	[*]
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	\$0.00-\$8.50 (Tier 2)	ST; MO
<b>IMMUNOLOGY, VACCINES / BIOTECHNOLOGY</b>		
ACTHIB (PF)	\$0 (Tier 1)	MO
ACTIMMUNE	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
ADACEL(TDAP ADOLESN/ADULT)(PF)	\$0 (Tier 1)	MO
ARCALYST	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
ATGAM	\$0.00-\$8.50 (Tier 2)	B/D PAR
AVONEX (WITH ALBUMIN)	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (4 per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (4 per 28 days)
BCG VACCINE, LIVE (PF)	\$0.00-\$8.50 (Tier 2)	MO
BETASERON SUBCUTANEOUS KIT	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
BEXSERO	\$0.00-\$8.50 (Tier 2)	MO

You can find information on what the symbols and abbreviations in this table mean by going to page 12.

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions or Limits on Use</b>
BOOSTRIX TDAP	\$0 (Tier 1)	MO
DAPTACEL (DTAP PEDIATRIC) (PF)	\$0 (Tier 1)	MO
ENGERIX-B (PF)	\$0 (Tier 1)	B/D PAR; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	\$0 (Tier 1)	B/D PAR; MO
FULPHILA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (1.2 per 28 days)
GAMUNEX-C	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
GARDASIL 9 (PF)	\$0.00-\$8.50 (Tier 2)	MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION	\$0 (Tier 1)	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1, 440 ELISA UNIT/ML	\$0 (Tier 1)	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	\$0 (Tier 1)	
HIBERIX (PF)	\$0 (Tier 1)	MO
ILARIS (PF) SUBCUTANEOUS SOLUTION	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
IMOVAX RABIES VACCINE (PF)	\$0.00-\$8.50 (Tier 2)	MO
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	\$0.00-\$8.50 (Tier 2)	MO
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML)	\$0.00-\$8.50 (Tier 2)	MO
INTRON A INJECTION RECON SOLN 50 MILLION UNIT (1 ML)	\$0.00-\$8.50 (Tier 2)	MO; NE
INTRON A INJECTION SOLUTION	\$0.00-\$8.50 (Tier 2)	MO; NE
IPOL	\$0 (Tier 1)	MO
IXIARO (PF)	\$0.00-\$8.50 (Tier 2)	MO
KINRIX (PF) INTRAMUSCULAR SUSPENSION	\$0.00-\$8.50 (Tier 2)	
KINRIX (PF) INTRAMUSCULAR SYRINGE	\$0.00-\$8.50 (Tier 2)	MO
M-M-R II (PF)	\$0 (Tier 1)	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	\$0.00-\$8.50 (Tier 2)	MO
MENVEO A-C-Y-W-135-DIP (PF)	\$0.00-\$8.50 (Tier 2)	MO

You can find information on what the symbols and abbreviations in this table mean by going to page 12.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
MOZOBIL	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
NEULASTA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (1.2 per 28 days)
NEUPOGEN	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
NORDITROPIN FLEXPRO	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
OCTAGAM	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
OMNITROPE	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
PEDIARIX (PF)	\$0.00-\$8.50 (Tier 2)	MO
PEDVAX HIB (PF)	\$0 (Tier 1)	MO
PEGASYS	\$0.00-\$8.50 (Tier 2)	MO; NE
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	\$0.00-\$8.50 (Tier 2)	MO; NE
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	\$0.00-\$8.50 (Tier 2)	MO; NE
PENTACEL (PF)	\$0.00-\$8.50 (Tier 2)	MO
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	\$0.00-\$8.50 (Tier 2)	PAR; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
PROLEUKIN	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
PROQUAD (PF)	\$0.00-\$8.50 (Tier 2)	MO
QUADRACEL (PF)	\$0.00-\$8.50 (Tier 2)	MO
RABAVERT (PF)	\$0.00-\$8.50 (Tier 2)	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	\$0 (Tier 1)	B/D PAR; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	\$0 (Tier 1)	B/D PAR; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	\$0 (Tier 1)	B/D PAR
ROTARIX	\$0.00-\$8.50 (Tier 2)	
ROTATEQ VACCINE	\$0 (Tier 1)	MO
SHINGRIX (PF)	\$0.00-\$8.50 (Tier 2)	MO

You can find information on what the symbols and abbreviations in this table mean by going to page 12.



Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
STAMARIL (PF)	\$0.00-\$8.50 (Tier 2)	
SYLATRON	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
TDVAX	\$0 (Tier 1)	MO
TENIVAC (PF) INTRAMUSCULAR SYRINGE	\$0.00-\$8.50 (Tier 2)	MO
TETANUS,DIPHThERIA TOX PED(PF)	\$0.00-\$8.50 (Tier 2)	MO
THYMOGLOBULIN	\$0.00-\$8.50 (Tier 2)	B/D PAR; NE
TICE BCG	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
TRUMENBA	\$0.00-\$8.50 (Tier 2)	MO
TWINRIX (PF) INTRAMUSCULAR SYRINGE	\$0 (Tier 1)	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	\$0.00-\$8.50 (Tier 2)	
TYPHIM VI INTRAMUSCULAR SYRINGE	\$0.00-\$8.50 (Tier 2)	MO
VAQTA (PF)	\$0.00-\$8.50 (Tier 2)	MO
VARIVAX (PF)	\$0.00-\$8.50 (Tier 2)	MO
VARIZIG INTRAMUSCULAR SOLUTION	\$0.00-\$8.50 (Tier 2)	MO
YF-VAX (PF)	\$0.00-\$8.50 (Tier 2)	MO
ZOSTAVAX (PF)	\$0.00-\$8.50 (Tier 2)	MO

## MUSCULOSKELETAL / RHEUMATOLOGY

<i>alendronate oral solution</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (300 per 28 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (4 per 28 days)
<i>allopurinol</i>	\$0.00-\$8.50 (Tier 2)	MO
BENLYSTA	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
COLCRYS	\$0.00-\$8.50 (Tier 2)	MO
DEPEN TITRATABS	\$0.00-\$8.50 (Tier 2)	MO; NE
ENBREL MINI	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (8 per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/ 0.5 ML (0.5)	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (4.08 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ ML (1 ML)	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (8 per 28 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
ENBREL SURECLICK	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (8 per 28 days)
<i>febuxostat</i>	\$0.00-\$8.50 (Tier 2)	MO
FORTEO	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (3 per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (6 per 365 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (6 PACK)	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (12 per 365 days)
HUMIRA PEN	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (4 per 28 days)
HUMIRA PEN CROHNS-UC-HS START	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (12 per 365 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (8 per 365 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (4 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (6 per 365 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (4 per 365 days)
HUMIRA(CF) PEN CROHNS-UC-HS	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (6 per 365 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (6 per 365 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (4 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (4 per 28 days)
<i>ibandronate oral</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (1 per 28 days)
<i>leflunomide</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>probenecid</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>probenecid-colchicine</i>	\$0.00-\$8.50 (Tier 2)	MO
PROLIA	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (2 per 365 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 12.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
<i>raloxifene</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
RIDAURA	\$0.00-\$8.50 (Tier 2)	MO; NE
SAVELLA ORAL TABLET 100 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
SAVELLA ORAL TABLET 12.5 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (480 per 30 days)
SAVELLA ORAL TABLET 25 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
SAVELLA ORAL TABLET 50 MG	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	\$0.00-\$8.50 (Tier 2)	MO; QLL (110 per 365 days)
ULORIC	\$0.00-\$8.50 (Tier 2)	ST; MO
XELJANZ	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)

## OBSTETRICS / GYNECOLOGY

<i>3 day vaginal</i>	\$0 (Tier 4)	[*]
<i>3-day vaginal</i>	\$0 (Tier 4)	[*]
AFTERA	\$0 (Tier 4)	[*]
<i>altavera (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>alyacen 1/35 (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>alyacen 7/7/7 (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>apri</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>aranelle (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>aviane</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>azurette (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>blisovi fe 1.5/30 (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>camila</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>caziant (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>clindamycin phosphate vaginal</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>clotrimazole vaginal cream</i>	\$0 (Tier 4)	[*]
<i>clotrimazole-3</i>	\$0 (Tier 4)	[*]
<i>cryselle (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cyclafem 1/35 (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>cyclafem 7/7/7 (28)</i>	\$0.00-\$8.50 (Tier 2)	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	\$0.00-\$8.50 (Tier 2)	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>econtra ez</i>	\$0 (Tier 4)	[*]
<i>elinest</i>	\$0.00-\$8.50 (Tier 2)	MO
ELLA	\$0.00-\$8.50 (Tier 2)	
<i>enpresse</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>errin</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>estradiol oral</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>estradiol transdermal patch weekly</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (4 per 28 days)
<i>estradiol vaginal cream</i>	\$0.00-\$8.50 (Tier 2)	MO
ESTRING	\$0.00-\$8.50 (Tier 2)	MO; QLL (1 per 90 days)
<i>falmina (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>hydroxyprogesterone caproate</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (25 per 147 days)
<i>junel 1.5/30 (21)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>junel 1/20 (21)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>junel fe 1.5/30 (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>junel fe 1/20 (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>kariva (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>kelnor 1/35 (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>larin 1/20 (21)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>larin fe 1.5/30 (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>larin fe 1/20 (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>lessina</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>levonest (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>levonorg-eth estrad triphasic</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month</i>	\$0.00-\$8.50 (Tier 2)	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
<i>low-ogestrel (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>lutra (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>lyza</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>marlissa (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>medroxyprogesterone</i>	\$0.00-\$8.50 (Tier 2)	MO
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>metronidazole vaginal</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>miconazole 7</i>	\$0 (Tier 4)	[*]
<i>miconazole nitrate vaginal cream</i>	\$0 (Tier 4)	[*]
<i>miconazole-3 vaginal kit</i>	\$0 (Tier 4)	[*]
<i>miconazole-3 vaginal suppository</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>microgestin 1.5/30 (21)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>microgestin 1/20 (21)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>microgestin fe 1.5/30 (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>microgestin fe 1/20 (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>mono-linyah</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>necon 0.5/35 (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>nora-be</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>norethindrone (contraceptive)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>norethindrone acetate</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>nortrel 0.5/35 (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>nortrel 1/35 (21)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>nortrel 1/35 (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>nortrel 7/7/7 (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
NUVARING	\$0.00-\$8.50 (Tier 2)	MO
<i>ocella</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ogestrel (28)</i>	\$0.00-\$8.50 (Tier 2)	MO

You can find information on what the symbols and abbreviations in this table mean by going to page 12.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
<i>opcicon one-step</i>	\$0 (Tier 4)	[*]
PLAN B ONE-STEP	\$0 (Tier 4)	[*]
<i>portia 28</i>	\$0.00-\$8.50 (Tier 2)	MO
PREMARIN ORAL	\$0.00-\$8.50 (Tier 2)	PAR; MO
PREMARIN VAGINAL	\$0.00-\$8.50 (Tier 2)	MO
PREMPRO	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>previfem</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>progesterone micronized</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>reclipsen (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>sprintec (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>syeda</i>	\$0.00-\$8.50 (Tier 2)	MO
TAKE ACTION	\$0 (Tier 4)	[*]
<i>terconazole</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>tranexamic acid oral</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>tri-previfem (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>tri-sprintec (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>trivora (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>vaginal contraceptive foam</i>	\$0 (Tier 4)	[*]
<i>velivet triphasic regimen (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>viorele (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>zarah</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>zovia 1/35e (28)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>zumandimine (28)</i>	\$0.00-\$8.50 (Tier 2)	
<b>OPHTHALMOLOGY</b>		
<i>acetazolamide</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>acetazolamide sodium solution for injection</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ak-poly-bac</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>alaway</i>	\$0 (Tier 4)	[*]
ALPHAGAN P OPTHALMIC (EYE) DROPS 0.1 %	\$0.00-\$8.50 (Tier 2)	MO

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
<i>apraclonidine</i>	\$0.00-\$8.50 (Tier 2)	MO
ARTIFICIAL TEARS (PETRO/MIN)	\$0 (Tier 4)	[*]
<i>artificial tears (polyvin alc)</i>	\$0 (Tier 4)	[*]
<i>artificial tears(pvalch-povid)</i>	\$0 (Tier 4)	[*]
ATROPINE OPHTHALMIC (EYE) DROPS	\$0.00-\$8.50 (Tier 2)	MO
<i>azelastine ophthalmic (eye)</i>	\$0.00-\$8.50 (Tier 2)	MO
AZOPT	\$0.00-\$8.50 (Tier 2)	MO
<i>bacitracin ophthalmic (eye)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>betaxolol ophthalmic (eye)</i>	\$0.00-\$8.50 (Tier 2)	MO
BETIMOL	\$0.00-\$8.50 (Tier 2)	MO
<i>bimatoprost ophthalmic (eye)</i>	\$0.00-\$8.50 (Tier 2)	MO
BLEPHAMIDE S.O.P.	\$0.00-\$8.50 (Tier 2)	MO
<i>brimonidine</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>carteolol</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>children's alaway</i>	\$0 (Tier 4)	[*]
<i>ciprofloxacin hcl ophthalmic (eye)</i>	\$0.00-\$8.50 (Tier 2)	MO
COMBIGAN	\$0.00-\$8.50 (Tier 2)	MO
<i>cromolyn ophthalmic (eye)</i>	\$0.00-\$8.50 (Tier 2)	MO
CYSTARAN	\$0.00-\$8.50 (Tier 2)	MO; NE
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>diclofenac sodium ophthalmic (eye)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>dorzolamide</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>dorzolamide-timolol</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>erythromycin ophthalmic (eye)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>eye itch relief</i>	\$0 (Tier 4)	[*]
EYE STREAM	\$0 (Tier 4)	[*]
<i>eye wash</i>	\$0 (Tier 4)	[*]
<i>fluorometholone</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>flurbiprofen ophthalmic (eye)</i>	\$0.00-\$8.50 (Tier 2)	MO

You can find information on what the symbols and abbreviations in this table mean by going to page 12.

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions or Limits on Use</b>
FOR STY RELIEF	\$0 (Tier 4)	[*]
<i>gentak ophthalmic (eye) ointment</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>gentamicin ophthalmic (eye) drops</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>gentamicin ophthalmic (eye) ointment</i>	\$0.00-\$8.50 (Tier 2)	
ILEVRO	\$0.00-\$8.50 (Tier 2)	MO
<i>ketorolac ophthalmic (eye)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ketotifen fumarate</i>	\$0 (Tier 4)	[*]
<i>latanoprost</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>liquitears</i>	\$0 (Tier 4)	[*]
LUBRICANT EYE (PG-PEG 400)	\$0 (Tier 4)	[*]
<i>lubricant eye drops ophthalmic (eye) dropperette</i>	\$0 (Tier 4)	[*]
<i>lubricant eye drops ophthalmic (eye) drops 0.5 %</i>	\$0 (Tier 4)	[*]
<i>lubricating plus</i>	\$0 (Tier 4)	[*]
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	\$0.00-\$8.50 (Tier 2)	MO
<i>methazolamide</i>	\$0.00-\$8.50 (Tier 2)	MO
MOXIFLOXACIN OPHTHALMIC (EYE)	\$0.00-\$8.50 (Tier 2)	MO
NATACYN	\$0.00-\$8.50 (Tier 2)	MO
<i>neo-polycin</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>neo-polycin hc</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>neomycin-bacitracin-poly-hc</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>neomycin-bacitracin-polymyxin</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>neomycin-polymyxin b-dexameth</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>neomycin-polymyxin-gramicidin</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>ofloxacin ophthalmic (eye)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>olopatadine ophthalmic (eye)</i>	\$0.00-\$8.50 (Tier 2)	MO
PAZEO	\$0.00-\$8.50 (Tier 2)	MO
PHOSPHOLINE IODIDE	\$0.00-\$8.50 (Tier 2)	MO

You can find information on what the symbols and abbreviations in this table mean by going to page 12.



Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>polycin</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>polymyxin b sulf-trimethoprim</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>prednisolone acetate</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	\$0.00-\$8.50 (Tier 2)	MO
RETAINÉ PM	\$0 (Tier 4)	[*]
SIMBRINZA	\$0.00-\$8.50 (Tier 2)	MO
<i>sodium chloride ophthalmic (eye)</i>	\$0 (Tier 4)	[*]
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>sulfacetamide-prednisolone</i>	\$0.00-\$8.50 (Tier 2)	MO
SYSTANE NIGHTTIME	\$0 (Tier 4)	[*]
<i>timolol maleate ophthalmic (eye)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>tobramycin</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>tobramycin-dexamethasone ophthalmic (eye)</i>	\$0.00-\$8.50 (Tier 2)	MO
TRAVATAN Z	\$0.00-\$8.50 (Tier 2)	MO
<i>trifluridine</i>	\$0.00-\$8.50 (Tier 2)	MO
XIIDRA	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (60 per 30 days)
ZIRGAN	\$0.00-\$8.50 (Tier 2)	MO

## RESPIRATORY AND ALLERGY

<i>acetylcysteine</i>	\$0 (Tier 1)	B/D PAR; MO
ADEMPAS	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE
ADVAIR DISKUS	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
ADVAIR HFA	\$0.00-\$8.50 (Tier 2)	MO; QLL (12 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/3 ml (0.083 %)</i>	\$0 (Tier 1)	B/D PAR; MO; QLL (360 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml, 5 mg/ml</i>	\$0 (Tier 1)	B/D PAR; MO; QLL (60 per 30 days)
<i>albuterol sulfate oral</i>	\$0 (Tier 1)	MO
<i>all day allergy (cetirizine) oral tablet</i>	\$0 (Tier 4)	[*]
<i>aller-g-time</i>	\$0 (Tier 4)	[*]

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions or Limits on Use</b>
<i>allergy (diphenhydramine) oral capsule</i>	\$0 (Tier 4)	[*]
<i>allergy (diphenhydramine) oral tablet</i>	\$0 (Tier 4)	[*]
<i>allergy relief (clemastine)</i>	\$0 (Tier 4)	[*]
<i>allergy relief (loratadine) oral tablet</i>	\$0 (Tier 4)	[*]
<i>allergy relief (loratadine) oral tablet, disintegrating</i>	\$0 (Tier 4)	[*]
<i>allergy relief (diphenhydramin)</i>	\$0 (Tier 4)	[*]
<i>ambrisentan</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (30 per 30 days)
ANORO ELLIPTA	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>aprodine</i>	\$0 (Tier 4)	[*]
ARNUITY ELLIPTA	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
ATROVENT HFA	\$0.00-\$8.50 (Tier 2)	MO; QLL (26 per 30 days)
<i>banophen oral capsule</i>	\$0 (Tier 4)	[*]
<i>banophen oral tablet</i>	\$0 (Tier 4)	[*]
<i>benzonatate oral capsule 100 mg, 200 mg</i>	\$0 (Tier 3)	[*]
<i>bosentan</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (60 per 30 days)
BREO ELLIPTA	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; QLL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; QLL (60 per 30 days)
<i>cetirizine oral tablet 10 mg</i>	\$0 (Tier 4)	[*]
CETIRIZINE ORAL TABLET 5 MG	\$0 (Tier 4)	[*]
<i>children's allergy (diphenhyd) oral liquid</i>	\$0 (Tier 4)	[*]
<i>children's silfedrine</i>	\$0 (Tier 4)	[*]
CINRYZE	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>clemastine oral tablet 2.68 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>codeine-guaifenesin</i>	\$0 (Tier 4)	[*]
<i>cold and allergy</i>	\$0 (Tier 4)	[*]
<i>cold and allergy pe</i>	\$0 (Tier 4)	[*]

You can find information on what the symbols and abbreviations in this table mean by going to page 12.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
COMBIVENT RESPIMAT	\$0.00-\$8.50 (Tier 2)	MO; QLL (8 per 30 days)
<i>complete allergy medicine</i>	\$0 (Tier 4)	[*]
<i>complete allergy oral capsule</i>	\$0 (Tier 4)	[*]
<i>complete allergy oral tablet</i>	\$0 (Tier 4)	[*]
<i>cromolyn inhalation</i>	\$0 (Tier 1)	B/D PAR; MO; QLL (240 per 30 days)
<i>cromolyn nasal</i>	\$0 (Tier 4)	[*]
<i>cyproheptadine oral tablet</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
DALIRESP	\$0.00-\$8.50 (Tier 2)	PAR; MO; QLL (30 per 30 days)
<i>dayhist allergy</i>	\$0 (Tier 4)	[*]
<i>diphedryl</i>	\$0 (Tier 4)	[*]
<i>diphenhist oral capsule</i>	\$0 (Tier 4)	[*]
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>diphenhydramine hcl injection syringe</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>diphenhydramine hcl oral capsule</i>	\$0 (Tier 4)	[*]
DULERA	\$0.00-\$8.50 (Tier 2)	MO; QLL (13 per 30 days)
<i>ed a-hist oral tablet</i>	\$0 (Tier 4)	[*]
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	\$0 (Tier 1)	MO; QLL (2 per 28 days)
ESBRIET ORAL CAPSULE	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (90 per 30 days)
FIRAZYR	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
FLONASE ALLERGY RELIEF	\$0 (Tier 4)	[*]
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ ACTUATION	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	\$0.00-\$8.50 (Tier 2)	MO; QLL (240 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	\$0.00-\$8.50 (Tier 2)	MO; QLL (12 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	\$0.00-\$8.50 (Tier 2)	MO; QLL (24 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to page 12.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	\$0.00-\$8.50 (Tier 2)	MO; QLL (11 per 30 days)
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (75 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>fluticasone propionate nasal</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (16 per 30 days)
<i>fluticasone propionate nasal</i>	\$0 (Tier 4)	[*]
<i>guaifenesin ac</i>	\$0 (Tier 4)	[*]
<i>guaifenesin ac</i>	\$0 (Tier 4)	[*]
<i>hydrocodone-chlorpheniramine</i>	\$0 (Tier 3)	[*]
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	\$0 (Tier 3)	[*]
HYDROCODONE-HOMATROPINE ORAL SYRUP 5-1.5 MG/5 ML (5 ML)	\$0 (Tier 3)	[*]
<i>hydrocodone-homatropine oral tablet</i>	\$0 (Tier 3)	[*]
<i>hydromet</i>	\$0 (Tier 3)	[*]
<i>hydroxyzine hcl oral tablet</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>icatibant</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE
<i>ipratropium bromide inhalation</i>	\$0 (Tier 1)	B/D PAR; MO
<i>ipratropium-albuterol inhalation</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; QLL (540 per 30 days)
KALYDECO ORAL TABLET	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
LETAIRIS	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (30 per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	\$0 (Tier 1)	B/D PAR; MO; QLL (270 per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.63 mg/3 ml</i>	\$0 (Tier 1)	B/D PAR; MO; QLL (540 per 30 days)
LEVALBUTEROL HFA	\$0.00-\$8.50 (Tier 2)	MO; QLL (45 per 30 days)
<i>levocetirizine oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>loratadine oral tablet</i>	\$0 (Tier 4)	[*]

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions or Limits on Use</b>
<i>m-clear wc</i>	\$0 (Tier 4)	[*]
<i>metaproterenol oral syrup</i>	\$0 (Tier 1)	MO
<i>montelukast</i>	\$0 (Tier 1)	MO
NASACORT	\$0 (Tier 4)	[*]
<i>nasal decongestant (pseudoeph) oral tablet</i>	\$0 (Tier 4)	[*]
OFEV	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (60 per 30 days)
ORKAMBI ORAL TABLET	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (120 per 30 days)
<i>pharbedryl</i>	\$0 (Tier 4)	[*]
PROAIR HFA	\$0.00-\$8.50 (Tier 2)	MO; QLL (18 per 30 days)
PROAIR RESPICLICK	\$0.00-\$8.50 (Tier 2)	MO; QLL (2 per 30 days)
<i>promethazine oral tablet</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>promethazine-codeine</i>	\$0 (Tier 3)	[*]
<i>promethazine-dm</i>	\$0 (Tier 3)	[*]
<i>promethazine-phenyleph-codeine</i>	\$0 (Tier 3)	[*]
<i>promethegan rectal suppository 12.5 mg</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO
<i>pseudoephedrine hcl oral tablet 30 mg</i>	\$0 (Tier 4)	[*]
PULMOZYME	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO; NE
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	\$0.00-\$8.50 (Tier 2)	MO; QLL (11 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	\$0.00-\$8.50 (Tier 2)	MO; QLL (22 per 30 days)
SEREVENT DISKUS	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>siladryl sa</i>	\$0 (Tier 4)	[*]
<i>sildenafil (pulm.hypertension) oral tablet</i>	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (90 per 30 days)
SPIRIVA RESPIMAT	\$0.00-\$8.50 (Tier 2)	MO; QLL (4 per 30 days)
SPIRIVA WITH HANDIHALER	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
STIOLTO RESPIMAT	\$0.00-\$8.50 (Tier 2)	MO; QLL (4 per 30 days)
<i>sudogest</i>	\$0 (Tier 4)	[*]
<i>sudogest cold and allergy</i>	\$0 (Tier 4)	[*]

You can find information on what the symbols and abbreviations in this table mean by going to page 12.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
<i>sudogest sinus and allergy</i>	\$0 (Tier 4)	[*]
<i>suphedrin</i>	\$0 (Tier 4)	[*]
SYMJEPI	\$0.00-\$8.50 (Tier 2)	MO; QLL (2 per 28 days)
<i>terbutaline</i>	\$0 (Tier 1)	MO
<i>theophylline oral tablet extended release 12 hr</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>theophylline oral tablet extended release 24 hr</i>	\$0.00-\$8.50 (Tier 2)	MO
TRACLEER ORAL TABLET	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (60 per 30 days)
TRACLEER ORAL TABLET FOR SUSPENSION	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (120 per 30 days)
<i>valu-dryl allergy oral capsule</i>	\$0 (Tier 4)	[*]
VENTAVIS	\$0.00-\$8.50 (Tier 2)	PAR; MO; NE; QLL (270 per 30 days)
VENTOLIN HFA	\$0.00-\$8.50 (Tier 2)	MO; QLL (36 per 30 days)
<i>virtussin ac</i>	\$0 (Tier 4)	[*]
<i>wixela inhub</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN	\$0.00-\$8.50 (Tier 2)	PAR; MO; LA; NE; QLL (6 per 28 days)
<i>zafirlukast</i>	\$0 (Tier 1)	MO

## UROLOGICALS

<i>alfuzosin</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>bethanechol chloride</i>	\$0.00-\$8.50 (Tier 2)	MO
CYSTAGON	\$0.00-\$8.50 (Tier 2)	MO; LA
<i>dutasteride</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>dutasteride-tamsulosin</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>finasteride oral tablet 5 mg</i>	\$0.00-\$8.50 (Tier 2)	MO
MYRBETRIQ	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>oxybutynin chloride oral syrup</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (600 per 30 days)
<i>oxybutynin chloride oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (120 per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 5 mg</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
<i>potassium citrate</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>solifenacin</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>tamsulosin</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>tolterodine oral capsule, extended release 24hr</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>tolterodine oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO; QLL (60 per 30 days)
TOVIAZ	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)
<i>urinary pain relief oral tablet 95 mg</i>	\$0 (Tier 4)	[*]
VESICARE	\$0.00-\$8.50 (Tier 2)	MO; QLL (30 per 30 days)

## VITAMINS, HEMATINICS / ELECTROLYTES

AMINOSYN 7 % WITH ELECTROLYTES	\$0.00-\$8.50 (Tier 2)	B/D PAR
AMINOSYN 8.5 %	\$0.00-\$8.50 (Tier 2)	B/D PAR
AMINOSYN 8.5 %-ELECTROLYTES	\$0.00-\$8.50 (Tier 2)	B/D PAR
AMINOSYN II 10 %	\$0.00-\$8.50 (Tier 2)	B/D PAR
AMINOSYN II 15 %	\$0.00-\$8.50 (Tier 2)	B/D PAR
AMINOSYN II 8.5 %	\$0.00-\$8.50 (Tier 2)	B/D PAR
AMINOSYN II 8.5 %-ELECTROLYTES	\$0.00-\$8.50 (Tier 2)	B/D PAR
AMINOSYN M 3.5 %	\$0.00-\$8.50 (Tier 2)	B/D PAR
AMINOSYN-HBC 7%	\$0.00-\$8.50 (Tier 2)	B/D PAR
AMINOSYN-PF 10 %	\$0.00-\$8.50 (Tier 2)	B/D PAR
AMINOSYN-PF 7 % (SULFITE-FREE)	\$0.00-\$8.50 (Tier 2)	B/D PAR
<i>antacid (calcium carbonate) oral tablet, chewable 200 mg calcium (500 mg), 215 mg calcium (500 mg)</i>	\$0 (Tier 4)	[*]
<i>antacid ext str (calcium carb)</i>	\$0 (Tier 4)	[*]
<i>antacid extra-strength oral tablet, chewable 300 mg (750 mg)</i>	\$0 (Tier 4)	[*]
<i>antacid ultra strength oral tablet, chewable 400 mg calcium (1,000 mg)</i>	\$0 (Tier 4)	[*]
<i>ascorbate calcium (vitamin c)</i>	\$0 (Tier 4)	[*]
<i>ascorbic acid (vitamin c) oral tablet 1,000 mg, 500 mg</i>	\$0 (Tier 4)	[*]

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
<i>b-12 dots</i>	\$0 (Tier 4)	[*]
<i>c-1000 oral tablet</i>	\$0 (Tier 4)	[*]
<i>c-1000 with rose hips</i>	\$0 (Tier 4)	[*]
<i>c-500 oral tablet</i>	\$0 (Tier 4)	[*]
<i>cal-gest antacid</i>	\$0 (Tier 4)	[*]
<i>calci-chew</i>	\$0 (Tier 4)	[*]
<i>calcitrate</i>	\$0 (Tier 4)	[*]
<i>calcium 500 + d (d3)</i>	\$0 (Tier 4)	[*]
<i>calcium 500 + d oral tablet 500 mg(1,250mg) -200 unit</i>	\$0 (Tier 4)	[*]
<i>calcium 500 + d oral tablet,chewable</i>	\$0 (Tier 4)	[*]
<i>calcium 500 oral tablet,chewable</i>	\$0 (Tier 4)	[*]
<i>calcium 500 with d</i>	\$0 (Tier 4)	[*]
<i>calcium 600</i>	\$0 (Tier 4)	[*]
<i>calcium 600 + d(3) oral tablet 600 mg(1,500mg) -200 unit, 600 mg(1,500mg) -400 unit</i>	\$0 (Tier 4)	[*]
<i>calcium acetate oral capsule</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>calcium antacid oral tablet,chewable 200 mg calcium (500 mg), 300 mg (750 mg), 400 mg calcium (1,000 mg)</i>	\$0 (Tier 4)	[*]
<i>calcium antacid ultra max st</i>	\$0 (Tier 4)	[*]
<i>calcium carbonate oral suspension</i>	\$0 (Tier 4)	[*]
<i>calcium carbonate oral tablet 500 mg calcium (1,250 mg), 600 mg calcium (1,500 mg)</i>	\$0 (Tier 4)	[*]
<i>calcium carbonate oral tablet,chewable 300 mg (750 mg), 500 mg calcium (1,250 mg)</i>	\$0 (Tier 4)	[*]
<i>calcium carbonate-vitamin d3 oral tablet 250-125 mg-unit, 500 mg(1,250mg) -125 unit, 500 mg(1,250mg) -200 unit, 500mg (1,250mg) -600 unit, 600 mg(1,500mg) -400 unit</i>	\$0 (Tier 4)	[*]
CALCIUM CARBONATE-VITAMIN D3 ORAL TABLET 600 MG(1,500MG) -200 UNIT, 600 MG(1,500MG) -800 UNIT	\$0 (Tier 4)	[*]



Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
<i>calcium carbonate-vitamin d3 oral tablet, chewable 500 mg(1,250mg) -400 unit</i>	\$0 (Tier 4)	[*]
CALCIUM CARBONATE-VITAMIN D3 ORAL TABLET,CHEWABLE 500-100 MG-UNIT	\$0 (Tier 4)	[*]
<i>calcium citrate + d</i>	\$0 (Tier 4)	[*]
<i>calcium citrate oral tablet</i>	\$0 (Tier 4)	[*]
CALCIUM CITRATE-VITAMIN D3 ORAL TABLET 200 MG CALCIUM -250 UNIT, 315 MG- 250 UNIT	\$0 (Tier 4)	[*]
<i>calcium citrate-vitamin d3 oral tablet 250 mg calcium- 200 unit, 315-200 mg-unit</i>	\$0 (Tier 4)	[*]
<i>calcium gluconate oral tablet 45 mg (500 mg)</i>	\$0 (Tier 4)	[*]
<i>calcium with vitamin d</i>	\$0 (Tier 4)	[*]
CALTRATE WITH VITAMIN D3	\$0 (Tier 4)	[*]
<i>cholecalciferol (vitamin d3) oral capsule 25 mcg (1,000 unit), 400 unit, 5,000 unit, 50 mcg (2,000 unit)</i>	\$0 (Tier 4)	[*]
<i>cholecalciferol (vitamin d3) oral drops 10 mcg/ml (400 unit/ml)</i>	\$0 (Tier 4)	[*]
<i>cholecalciferol (vitamin d3) oral tablet 10 mcg (400 unit), 125 mcg (5,000 unit), 2,000 unit, 25 mcg (1,000 unit)</i>	\$0 (Tier 4)	[*]
<i>classic prenatal</i>	\$0 (Tier 4)	[*]
CLINIMIX 5%/D15W SULFITE FREE	\$0.00-\$8.50 (Tier 2)	B/D PAR
CLINIMIX 5%/D25W SULFITE-FREE	\$0.00-\$8.50 (Tier 2)	B/D PAR
CLINIMIX 4.25%-D25W SULF-FREE	\$0.00-\$8.50 (Tier 2)	B/D PAR
CLINIMIX 4.25%/D10W SULF FREE	\$0.00-\$8.50 (Tier 2)	B/D PAR
CLINIMIX 5%-D20W(SULFITE-FREE)	\$0.00-\$8.50 (Tier 2)	B/D PAR
CLINIMIX E 4.25%/D10W SUL FREE	\$0.00-\$8.50 (Tier 2)	B/D PAR
CLINIMIX E 4.25%/D5W SULF FREE	\$0.00-\$8.50 (Tier 2)	B/D PAR
CLINIMIX E 5%/D15W SULFIT FREE	\$0.00-\$8.50 (Tier 2)	B/D PAR
CLINIMIX E 5%/D20W SULFIT FREE	\$0.00-\$8.50 (Tier 2)	B/D PAR
CLINIMIX E 5%/D25W SULFIT FREE	\$0.00-\$8.50 (Tier 2)	B/D PAR

You can find information on what the symbols and abbreviations in this table mean by going to page 12.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
CLINIMIX N14G30E 4.25%-D15W SF	\$0.00-\$8.50 (Tier 2)	B/D PAR
<i>cyanocobalamin (vitamin b-12) injection</i>	\$0 (Tier 3)	[*]
<i>cyanocobalamin (vitamin b-12) oral tablet 1,000 mcg, 100 mcg, 500 mcg</i>	\$0 (Tier 4)	[*]
<i>d-vi-sol</i>	\$0 (Tier 4)	[*]
<i>delta d3</i>	\$0 (Tier 4)	[*]
<i>dialyvite vitamin d</i>	\$0 (Tier 4)	[*]
<i>ergocalciferol (vitamin d2) oral tablet 400 unit</i>	\$0 (Tier 4)	[*]
<i>ezfe 200</i>	\$0 (Tier 4)	[*]
<i>ferate oral tablet 240 mg (27 mg iron)</i>	\$0 (Tier 4)	[*]
<i>ferosul oral tablet</i>	\$0 (Tier 4)	[*]
<i>ferretts</i>	\$0 (Tier 4)	[*]
<i>ferrex 150</i>	\$0 (Tier 4)	[*]
<i>ferric x-150</i>	\$0 (Tier 4)	[*]
<i>ferro-time</i>	\$0 (Tier 4)	[*]
<i>ferrous gluconate oral tablet 240 mg (27 mg iron), 256 mg (28 mg iron), 324 mg (37.5 mg iron), 324 mg (38 mg iron)</i>	\$0 (Tier 4)	[*]
<i>ferrous sulfate oral tablet 325 mg (65 mg iron)</i>	\$0 (Tier 4)	[*]
<i>ferrous sulfate oral tablet, delayed release (dr/ec)</i>	\$0 (Tier 4)	[*]
<i>ferrousul</i>	\$0 (Tier 4)	[*]
<i>flavor chews antacid</i>	\$0 (Tier 4)	[*]
<i>fluoride (sodium) oral tablet</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>folic acid oral tablet</i>	\$0 (Tier 4)	[*]
<i>freamine iii 10 %</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR
<i>HEPATAMINE 8%</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR
<i>hi-cal plus vit d</i>	\$0 (Tier 4)	[*]
<i>high potency iron oral tablet 134 mg (27 mg iron)</i>	\$0 (Tier 4)	[*]
<i>iferex 150</i>	\$0 (Tier 4)	[*]

You can find information on what the symbols and abbreviations in this table mean by going to page 12.

Name of Drug	What the Drug Will Cost You (Tier Level)	Necessary Actions, Restrictions or Limits on Use
<i>intralipid intravenous emulsion 20 %</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR
INTRALIPID INTRAVENOUS EMULSION 30 %	\$0.00-\$8.50 (Tier 2)	B/D PAR
<i>iron (dried)</i>	\$0 (Tier 4)	[*]
<i>iron (ferrous sulfate)</i>	\$0 (Tier 4)	[*]
<i>iron oral tablet 325 mg (65 mg iron)</i>	\$0 (Tier 4)	[*]
<i>klor-con 10</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>klor-con 8</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>klor-con m10</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>klor-con m15</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>klor-con m20</i>	\$0.00-\$8.50 (Tier 2)	MO
KPN ORAL TABLET 9 MG IRON- 267 MCG	\$0 (Tier 4)	[*]
<i>lactated ringers intravenous</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>magnesium oxide oral capsule 500 mg</i>	\$0 (Tier 4)	[*]
<i>magnesium sulfate in water intravenous parenteral solution</i>	\$0.00-\$8.50 (Tier 2)	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/50 ml (8 %)</i>	\$0.00-\$8.50 (Tier 2)	
<i>magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %)</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>magnesium sulfate injection solution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>magnesium sulfate injection syringe</i>	\$0.00-\$8.50 (Tier 2)	
<i>myferon 150</i>	\$0 (Tier 4)	[*]
NORMOSOL-M IN 5 % DEXTROSE	\$0.00-\$8.50 (Tier 2)	
NORMOSOL-R	\$0.00-\$8.50 (Tier 2)	MO
NORMOSOL-R PH 7.4	\$0.00-\$8.50 (Tier 2)	
<i>oysco 500/d oral tablet</i>	\$0 (Tier 4)	[*]
<i>oysco-500</i>	\$0 (Tier 4)	[*]
<i>oyster shell + d3</i>	\$0 (Tier 4)	[*]
<i>oyster shell calcium</i>	\$0 (Tier 4)	[*]
<i>oyster shell calcium 500</i>	\$0 (Tier 4)	[*]

You can find information on what the symbols and abbreviations in this table mean by going to page 12.

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions or Limits on Use</b>
<i>oyster shell calcium-vit d3 oral tablet</i>	\$0 (Tier 4)	[*]
<i>oystercal-d</i>	\$0 (Tier 4)	[*]
PHOSLYRA	\$0.00-\$8.50 (Tier 2)	MO
PLASMA-LYTE 148	\$0.00-\$8.50 (Tier 2)	
<i>poly-iron</i>	\$0 (Tier 4)	[*]
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	\$0.00-\$8.50 (Tier 2)	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l</i>	\$0.00-\$8.50 (Tier 2)	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	\$0.00-\$8.50 (Tier 2)	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l</i>	\$0.00-\$8.50 (Tier 2)	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>potassium chloride in water intravenous piggyback 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml</i>	\$0.00-\$8.50 (Tier 2)	
<i>potassium chloride intravenous solution 2 meq/ml</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>potassium chloride oral capsule, extended release</i>	\$0 (Tier 1)	MO
<i>potassium chloride oral liquid</i>	\$0 (Tier 1)	MO
<i>potassium chloride oral tablet extended release</i>	\$0 (Tier 1)	MO
<i>potassium chloride oral tablet,er particles/crystals</i>	\$0 (Tier 1)	MO
<i>potassium chloride-0.45 % nacl</i>	\$0.00-\$8.50 (Tier 2)	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 30 meq/l, 40 meq/l</i>	\$0.00-\$8.50 (Tier 2)	
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	\$0.00-\$8.50 (Tier 2)	

You can find information on what the symbols and abbreviations in this table mean by going to page 12.

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions or Limits on Use</b>
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	\$0.00-\$8.50 (Tier 2)	
<i>prenatal one daily</i>	\$0 (Tier 4)	[*]
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	\$0 (Tier 4)	[*]
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	\$0 (Tier 4)	[*]
<i>prenatal vitamin plus low iron</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>pyridoxine (vitamin b6) oral tablet 25 mg, 50 mg</i>	\$0 (Tier 4)	[*]
<i>ringer's intravenous</i>	\$0.00-\$8.50 (Tier 2)	
<i>risacal-d</i>	\$0 (Tier 4)	[*]
<i>slow release iron oral tablet extended release 160 mg (50 mg iron)</i>	\$0 (Tier 4)	[*]
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>sodium chloride 0.45 % intravenous piggyback</i>	\$0.00-\$8.50 (Tier 2)	
<i>sodium chloride 3% intravenous injection solution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>sodium chloride 5% intravenous injection solution</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>sodium chloride intravenous</i>	\$0.00-\$8.50 (Tier 2)	MO
<i>soothing pureway-c</i>	\$0 (Tier 4)	[*]
<i>thera-d</i>	\$0 (Tier 4)	[*]
<i>thiamine hcl (vitamin b1) oral tablet 100 mg</i>	\$0 (Tier 4)	[*]
<i>thiamine mononitrate (vit b1)</i>	\$0 (Tier 4)	[*]
<i>travasol 10 %</i>	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
TROPHAMINE 10 %	\$0.00-\$8.50 (Tier 2)	B/D PAR; MO
TROPHAMINE 6%	\$0.00-\$8.50 (Tier 2)	B/D PAR
<i>tums ultra oral tablet,chewable 400 mg calcium (1,000 mg)</i>	\$0 (Tier 4)	[*]
<i>ultra strength antacid</i>	\$0 (Tier 4)	[*]
VITAMIN A PALMITATE ORAL TABLET	\$0 (Tier 4)	[*]
<i>vitamin b-1</i>	\$0 (Tier 4)	[*]

<b>Name of Drug</b>	<b>What the Drug Will Cost You (Tier Level)</b>	<b>Necessary Actions, Restrictions or Limits on Use</b>
<i>vitamin b-1 (mononitrate)</i>	\$0 (Tier 4)	[*]
<i>vitamin b-12 oral tablet 1,000 mcg, 100 mcg, 250 mcg, 500 mcg</i>	\$0 (Tier 4)	[*]
<i>vitamin b-2</i>	\$0 (Tier 4)	[*]
<i>vitamin b-6 oral tablet 100 mg, 50 mg</i>	\$0 (Tier 4)	[*]
<i>vitamin c oral tablet 1,000 mg, 250 mg, 500 mg</i>	\$0 (Tier 4)	[*]
<i>vitamin c with rose hips oral tablet</i>	\$0 (Tier 4)	[*]
<i>vitamin d2</i>	\$0 (Tier 3)	[*]
<i>vitamin d3 oral capsule 25 mcg (1,000 unit), 400 unit, 50 mcg (2,000 unit)</i>	\$0 (Tier 4)	[*]
<i>vitamin d3 oral tablet 10 mcg (400 unit), 2,000 unit, 25 mcg (1,000 unit)</i>	\$0 (Tier 4)	[*]
<i>vitamin e (dl, acetate) oral capsule 100 unit, 200 unit</i>	\$0 (Tier 4)	[*]
<i>vitamin e oral capsule 1,000 unit, 200 unit, 400 unit</i>	\$0 (Tier 4)	[*]

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<i>allergy (diphenhydramine)</i>	<i>amiloride-</i>	<i>ampicillin oral capsule 500</i>
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<i>benzonatate oral capsule 100 mg, 200 mg</i> .....	101	<i>bismuth subsalicylate oral tablet, chewable</i> .....	83	<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i> .....	39
<i>benzoyl peroxide topical gel 10 %, 5 %</i> .....	66	<i>bisoprolol fumarate</i> .....	58	<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i> ....	39
<i>benzphetamine oral tablet 50 mg</i> .....	71	<i>bisoprolol-hydrochlorothiazide</i> .....	58	<i>bupropion hcl (smoking deterrent)</i> .....	71
<i>benztropine oral</i> .....	39	<i>bleomycin</i> .....	25		
BESPONSA .....	25	BLEPHAMIDE S.O.P. ....	98		
<i>betamethasone dipropionate</i> .....	66	BLINCYTO INTRAVENOUS KIT .....	25		
<i>betamethasone valerate topical cream</i> .....	66	<i>blisovi fe 1.5/30 (28)</i> .....	94		
<i>betamethasone valerate topical lotion</i> .....	66	BOOSTRIX TDAP .....	90		
<i>betamethasone valerate topical ointment</i> .....	66	BORTEZOMIB .....	25		
		<i>bosentan</i> .....	101		
		BOSULIF ORAL TABLET 100 MG .....	25		
		BOSULIF ORAL TABLET 400 MG, 500 MG .....	25		



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<i>bupropion hcl oral tablet 100 mg</i> .....	39	<i>calcipotriene scalp</i> .....	66	TABLET 600 MG(1,500MG)	
<i>bupropion hcl oral tablet 75 mg</i> .....	39	<i>calcipotriene topical</i> .....	67	-200 UNIT, 600 MG(1,	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i> .....	39	<i>calcitonin (salmon)</i> .....	76	500MG) -800 UNIT .....	107
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i> .....	39	<i>calcitrate</i> .....	107	<i>calcium carbonate-vitamin d3 oral tablet,chewable 500 mg(1,</i>	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg</i> .....	39	<i>calcitriol intravenous solution 1 mcg/ml</i> .....	76	250mg) -400 unit .....	108
<i>bupropion hcl oral tablet sustained-release 12 hr 150 mg, 200 mg</i> .....	39	<i>calcitriol oral capsule</i> .....	76	CALCIUM CARBONATE-	
<i>buspirone</i> .....	39	<i>calcium 500 + d (d3)</i> .....	107	VITAMIN D3 ORAL	
<i>busulfan</i> .....	26	<i>calcium 500 + d oral tablet 500 mg(1,250mg) -200 unit</i> .....	107	TABLET,CHEWABLE 500-	
BUSULFEX .....	26	<i>calcium 500 + d oral tablet, chewable</i> .....	107	100 MG-UNIT .....	108
<i>butorphanol tartrate injection solution 1 mg/ml vial</i> .....	40	<i>calcium 500 oral tablet, chewable</i> .....	107	<i>calcium citrate + d</i> .....	108
<i>butorphanol tartrate injection solution 2 mg/ml vial</i> .....	40	<i>calcium 500 with d</i> .....	107	<i>calcium citrate oral tablet</i> .....	108
<i>butorphanol tartrate injection solution nasal spray,non-aerosol 10 mg/ml</i> .....	40	<i>calcium 600</i> .....	107	CALCIUM CITRATE-	
BYDUREON BCISE .....	75	<i>calcium 600 + d(3) oral tablet 600 mg(1,500mg) -200 unit,</i>		VITAMIN D3 ORAL	
BYDUREON		<i>600 mg(1,500mg) -400 unit</i> .....	107	TABLET 200 MG CALCIUM	
SUBCUTANEOUS PEN		<i>calcium acetate oral capsule</i> .....	107	-250 UNIT, 315 MG- 250	
INJECTOR .....	75	<i>calcium antacid oral tablet, chewable 200 mg calcium (500 mg), 300 mg (750 mg), 400 mg</i>		UNIT .....	108
BYETTA SUBCUTANEOUS		<i>calcium (1,000 mg)</i> .....	107	<i>calcium citrate-vitamin d3 oral tablet 250 mg calcium- 200</i>	
PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4		<i>calcium antacid ultra max st</i> .....	107	<i>unit, 315-200 mg-unit</i> .....	108
ML .....	75	<i>calcium carbonate oral suspension</i> .....	107	<i>calcium gluconate oral tablet 45 mg (500 mg)</i> .....	108
BYETTA SUBCUTANEOUS		<i>calcium carbonate oral tablet 500 mg calcium (1,250 mg),</i>		<i>calcium with vitamin d</i> ....	108
PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2		<i>600 mg calcium (1,500 mg)</i> .....	107	CALQUENCE .....	26
ML .....	75	<i>calcium carbonate oral tablet, chewable 300 mg (750 mg),</i>		CALTRATE WITH	
<b>C</b>		<i>500 mg calcium (1,250 mg)</i> .....	107	VITAMIN D3 .....	108
<i>c-1000 oral tablet</i> .....	107	<i>calcium carbonate-vitamin d3 oral tablet 250-125 mg-unit,</i>		<i>camila</i> .....	94
<i>c-1000 with rose hips</i> .....	107	<i>500 mg(1,250mg) -125 unit,</i>		CANASA .....	83
<i>c-500 oral tablet</i> .....	107	<i>500 mg(1,250mg) -200 unit,</i>		<i>candesartan</i> .....	58
<i>cabergoline</i> .....	76	<i>500mg (1,250mg) -600 unit,</i>		<i>candesartan-</i>	
CABOMETYX .....	26	<i>600 mg(1,500mg) -400 unit</i> .....	107	<i>hydrochlorothiazide</i> .....	58
<i>cal-gest antacid</i> .....	107	CALCIUM CARBONATE-		CAPASTAT .....	14
<i>calamine-zinc oxide topical lotion 8-8 %</i> .....	66	VITAMIN D3 ORAL		CAPEX .....	67
<i>calci-chew</i> .....	107			CAPRELSA ORAL TABLET	
				100 MG .....	26
				CAPRELSA ORAL TABLET	
				300 MG .....	26
				CARBAGLU .....	71
				<i>carbamazepine oral capsule,</i>	
				<i>er multiphase 12 hr</i> .....	40
				<i>carbamazepine oral</i>	
				<i>suspension 100 mg/5 ml</i> ....	40
				<i>carbamazepine oral</i>	
				<i>suspension 200 mg/10 ml</i> ...	40
				<i>carbamazepine oral</i>	
				<i>tablet</i> .....	40



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<i>carbamazepine oral tablet</i>	<i>cefpodoxime</i> .....	<i>children's acetaminophen oral</i>
<i>extended release 12 hr</i> ..... 40	<i>cefprozil</i> .....	<i>suspension 160 mg/5 ml, 160</i>
<i>carbamazepine oral tablet,</i>	<i>ceftazidime injection recon</i>	<i>mg/5 ml (5 ml)</i> ..... 40
<i>chewable</i> .....	<i>soln 1 gram, 2 gram</i> .....	<i>children's alaway</i> .....
40	15	98
<i>carbidopa-levodopa</i> .....	<i>ceftazidime injection recon</i>	<i>children's allergy (diphenhyd)</i>
40	<i>soln 6 gram</i> .....	<i>oral liquid</i> .....
<i>carbidopa-levodopa-</i>	15	101
<i>entacapone</i> .....	<i>ceftriaxone in dextrose, iso-</i>	<i>children's aspirin</i> .....
40	<i>os</i> .....	40
<i>carboplatin intravenous</i>	15	<i>children's pain relief oral</i>
<i>solution</i> .....	<i>ceftriaxone intravenous</i>	<i>suspension</i> .....
26	<i>solution</i> .....	40
<i>carisoprodol oral tablet 350</i>	<i>ceftriaxone intravenous</i>	<i>children's pain reliever oral</i>
<i>mg</i> .....	<i>solution injection recon soln 1</i>	<i>suspension</i> .....
40	<i>gram, 2 gram, 250 mg, 500</i>	40
<i>carmustine</i> .....	<i>mg</i> .....	<i>children's pain-fever relief oral</i>
26	15	<i>suspension</i> .....
<i>carteolol</i> .....	<i>ceftriaxone intravenous</i>	40
98	<i>solution injection recon soln</i>	<i>children's silfedrine</i> .....
<i>cartia xt</i> .....	<i>10 gram, 100 gram</i> .....	101
58	15	<i>chloramphenicol sod</i>
<i>carvedilol</i> .....	<i>cefuroxime axetil oral</i>	<i>succinate</i> .....
58	<i>tablet</i> .....	16
CAYSTON .....	15	<i>chlorhexidine gluconate</i>
14	<i>cefuroxime sodium injection</i>	<i>mucous membrane</i> .....
<i>caziant (28)</i> .....	<i>recon soln 750 mg</i> .....	74
94	15	<i>chloroquine phosphate</i> ....
<i>cefaclor oral capsule</i> .....	<i>cefuroxime sodium intravenous</i>	16
14	<i>recon soln 1.5 gram</i> .....	<i>chlorothiazide oral tablet ...</i>
<i>cefaclor oral suspension for</i>	15	58
<i>reconstitution 125 mg/5</i>	<i>cefuroxime sodium intravenous</i>	<i>chlorpromazine</i> .....
<i>ml</i> .....	<i>recon soln 7.5 gram</i> .....	40
14	15	<i>chlorthalidone oral tablet 25</i>
<i>cefaclor oral suspension for</i>	<i>celecoxib</i> .....	<i>mg, 50 mg</i> .....
<i>reconstitution 250 mg/5 ml,</i>	40	58
<i>375 mg/5 ml</i> .....	CELLCEPT	<i>cholecalciferol (vitamin d3)</i>
14	INTRAVENOUS .....	<i>oral capsule 25 mcg (1,000</i>
<i>cefaclor oral tablet extended</i>	26	<i>unit), 400 unit, 5,000 unit, 50</i>
<i>release 12 hr</i> .....	CELONTIN ORAL	<i>mcg (2,000 unit)</i> .....
14	CAPSULE 300 MG .....	108
<i>cefadroxil oral capsule</i> ....	40	<i>cholecalciferol (vitamin d3)</i>
15	<i>cephalexin oral capsule 250</i>	<i>oral drops 10 mcg/ml (400</i>
<i>cefadroxil oral suspension for</i>	<i>mg, 500 mg</i> .....	<i>unit/ml)</i> .....
<i>reconstitution 250 mg/5 ml,</i>	<i>cephalexin oral suspension for</i>	108
<i>500 mg/5 ml</i> .....	<i>reconstitution</i> .....	<i>cholecalciferol (vitamin d3)</i>
15	15	<i>oral tablet 10 mcg (400 unit),</i>
<i>cefadroxil oral tablet</i> .....	CERDELGA .....	<i>125 mcg (5,000 unit), 2,000</i>
15	76	<i>unit, 25 mcg (1,000</i>
<i>cefazolin in dextrose (iso-os)</i>	CEREZYME	<i>unit)</i> .....
<i>intravenous piggyback 1 gram/</i>	INTRAVENOUS RECON	108
<i>50 ml</i> .....	SOLN 400 UNIT .....	<i>cholestyramine (with</i>
15	76	<i>sugar)</i> .....
<i>cefazolin injection recon soln</i>	<i>cetirizine oral tablet 10</i>	58
<i>1 gram, 500 mg</i> .....	<i>mg</i> .....	58
15	101	<i>ciclodan topical solution ...</i>
<i>cefazolin injection recon soln</i>	CETIRIZINE ORAL TABLET	67
<i>10 gram, 100 gram, 20 gram,</i>	5 MG .....	<i>ciclopirox</i> .....
<i>300 g</i> .....	101	67
15	CHANTIX .....	<i>cilostazol</i> .....
<i>cefazolin intravenous</i> .....	71	58
15	CHANTIX CONTINUING	CIMDUO .....
<i>cefdinir</i> .....	MONTH BOX .....	16
15	71	<i>cinacalcet oral tablet 30 mg,</i>
<i>cefepime injection</i> .....	CHANTIX STARTING	<i>60 mg</i> .....
15	MONTH BOX .....	76
<i>cefoxitin in dextrose, iso-</i>	71	<i>cinacalcet oral tablet 90</i>
<i>osm</i> .....	71	<i>mg</i> .....
15	71	76
<i>cefoxitin intravenous recon</i>	CINRYZE .....	101
<i>soln 1 gram, 2 gram</i> .....	CIPRODEX .....	74
15		
<i>cefoxitin intravenous recon</i>		
<i>soln 10 gram</i> .....		
15		



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<i>ciprofloxacin hcl ophthalmic (eye)</i> .....	98	CLINIMIX 5%-D20W(SULFITE-FREE) .....	108	<i>clonazepam oral tablet, disintegrating 1 mg</i> .....	41
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i> ...	16	CLINIMIX 5%/D15W SULFITE FREE .....	108	<i>clonazepam oral tablet, disintegrating 2 mg</i> .....	41
<i>cisplatin intravenous solution</i> .....	26	CLINIMIX 5%/D25W SULFITE-FREE .....	108	<i>clonidine hcl oral tablet</i> ...	58
<i>citalopram oral solution</i> ...	40	CLINIMIX E 2.75%/D5W SULF FREE .....	72	<i>clonidine transdermal patch</i> .....	59
<i>citalopram oral tablet 10 mg</i> .....	40	CLINIMIX E 4.25%/D10W SUL FREE .....	108	<i>clopidogrel oral tablet 300 mg</i> .....	59
<i>citalopram oral tablet 20 mg</i> .....	40	CLINIMIX E 4.25%/D5W SULF FREE .....	108	<i>clopidogrel oral tablet 75 mg</i> .....	59
<i>citalopram oral tablet 40 mg</i> .....	40	CLINIMIX E 5%/D15W SULFIT FREE .....	108	<i>clorazepate dipotassium</i> ...	41
<i>citrate of magnesia</i> .....	83	CLINIMIX E 5%/D20W SULFIT FREE .....	108	<i>clotrimazole mucous membrane</i> .....	16
<i>cladribine</i> .....	26	CLINIMIX E 5%/D25W SULFIT FREE .....	108	<i>clotrimazole topical</i> .....	67
<i>claravis</i> .....	67	CLINIMIX E 5%/D25W SULFIT FREE .....	108	<i>clotrimazole topical</i> .....	67
<i>clarithromycin</i> .....	16	CLINIMIX E 5%/D25W SULFIT FREE .....	108	<i>clotrimazole vaginal cream</i> .....	94
<i>classic prenatal</i> .....	108	CLINIMIX N14G30E 4.25%-D15W SF .....	109	<i>clotrimazole-3</i> .....	94
<i>clearlax oral powder</i> .....	83	CLINIMIX N9G20E 2.75%-D10W(SF) .....	72	<i>clotrimazole-betamethasone topical cream</i> .....	67
<i>clemastine oral tablet 2.68 mg</i> .....	101	<i>clobazam oral suspension</i> .....	40	<i>clozapine oral tablet 100 mg</i> .....	41
<i>clindamycin hcl</i> .....	16	<i>clobazam oral tablet 10 mg</i> .....	40	<i>clozapine oral tablet 200 mg</i> .....	41
<i>clindamycin phosphate injection solution 150 mg/ml</i> .....	16	<i>clobazam oral tablet 20 mg</i> .....	40	<i>clozapine oral tablet 25 mg</i> .....	41
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i> .....	16	<i>clobetasol scalp</i> .....	67	<i>clozapine oral tablet 50 mg</i> .....	41
<i>clindamycin phosphate topical foam</i> .....	67	<i>clobetasol topical cream</i> ...	67	<i>clozapine oral tablet, disintegrating 100 mg</i> .....	41
<i>clindamycin phosphate topical gel</i> .....	67	<i>clobetasol-emollient topical cream</i> .....	67	<i>clozapine oral tablet, disintegrating 12.5 mg</i> .....	41
<i>clindamycin phosphate topical lotion</i> .....	67	<i>clofarabine</i> .....	26	CLOZAPINE ORAL TABLET,DISINTEGRATING 150 MG .....	41
<i>clindamycin phosphate topical solution</i> .....	67	CLOLAR .....	26	CLOZAPINE ORAL TABLET,DISINTEGRATING 200 MG .....	41
<i>clindamycin phosphate topical swab</i> .....	67	<i>clomipramine</i> .....	40	<i>clozapine oral tablet, disintegrating 25 mg</i> .....	41
<i>clindamycin phosphate vaginal</i> .....	94	<i>clonazepam oral tablet 0.5 mg</i> .....	41	<i>codeine-guaifenesin</i> .....	101
CLINIMIX 4.25%-D25W SULF-FREE .....	108	<i>clonazepam oral tablet 1 mg</i> .....	41	COLCRYS .....	92
CLINIMIX 4.25%/D10W SULF FREE .....	108	<i>clonazepam oral tablet 2 mg</i> .....	41	<i>cold and allergy</i> .....	101
CLINIMIX 4.25%/D5W SULFIT FREE .....	72	<i>clonazepam oral tablet, disintegrating 0.125 mg</i> ...	41	<i>cold and allergy pe</i> .....	101
		<i>clonazepam oral tablet, disintegrating 0.25 mg</i> .....	41	<i>colestipol</i> .....	59
		<i>clonazepam oral tablet, disintegrating 0.5 mg</i> .....	41	<i>colistin (colistimethate na)</i> .....	16



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<i>colocort</i> .....	83	<i>cyanocobalamin (vitamin b-12)</i>	DAPTACEL (DTAP
COLY-MYCIN S .....	74	<i>injection</i> .....	PEDIATRIC) (PF) .....
COMBIGAN .....	98	109	90
COMBIVENT		<i>cyanocobalamin (vitamin b-12)</i>	DAPTOMYCIN
RESPIMAT .....	102	<i>oral tablet 1,000 mcg, 100</i>	INTRAVENOUS RECON
COMETRIQ ORAL		<i>mcg, 500 mcg</i> .....	SOLN 350 MG .....
CAPSULE 100 MG/DAY(80		109	16
MG X1-20 MG X1) .....	26	<i>cyclafem 1/35 (28)</i> .....	<i>daptomycin intravenous recon</i>
COMETRIQ ORAL		94	<i>soln 500 mg</i> .....
CAPSULE 140 MG/DAY(80		<i>cyclafem 7/7/7 (28)</i> .....	16
MG X1-20 MG X3) .....	26	94	DARAPRIM .....
COMETRIQ ORAL		<i>cyclobenzaprine oral</i>	DARZALEX .....
CAPSULE 60 MG/DAY (20		<i>tablet</i> .....	27
MG X 3/DAY) .....	26	41	<i>daunorubicin intravenous</i>
COMPLERA .....	16	CYCLOPHOSPHAMIDE	<i>solution</i> .....
<i>complete allergy</i>		ORAL CAPSULE .....	27
<i>medicine</i> .....	102	26	DAURISMO ORAL TABLET
<i>complete allergy oral</i>		CYCLOSET .....	100 MG .....
<i>capsule</i> .....	102	76	27
<i>complete allergy oral</i>		<i>cyclosporine intravenous ...</i>	DAURISMO ORAL TABLET
<i>tablet</i> .....	102	26	25 MG .....
<i>complete lice treatment</i> .....	67	<i>cyclosporine modified</i> .....	27
<i>compro</i> .....	83	26	<i>dayhist allergy</i> .....
CONDOMS-PREM		<i>cyclosporine oral</i>	102
LUBRICATED .....	76	<i>capsule</i> .....	27
<i>constulose</i> .....	83	26	<i>deferasirox</i> .....
COPAXONE		<i>cyproheptadine oral</i>	72
SUBCUTANEOUS SYRINGE		<i>tablet</i> .....	DELSTRIGO .....
40 MG/ML .....	41	102	<i>delta d3</i> .....
COPIKTRA .....	26	CYRAMZA .....	109
CORLANOR ORAL		27	<i>demeclocycline</i> .....
SOLUTION .....	59	CYSTADANE .....	16
CORLANOR ORAL		84	DEMSEER .....
TABLET .....	59	CYSTAGON .....	59
<i>cortisone tablet</i> .....	76	105	DENAVIR .....
COTELLIC .....	26	98	67
COUMADIN ORAL .....	59	<i>cytarabine (pf) injection</i>	DEPEN TITRATABS .....
CREON .....	84	<i>solution 100 mg/5 ml (20 mg/</i>	92
CRIXIVAN ORAL CAPSULE		<i>ml), 2 gram/20 ml (100 mg/</i>	DEPO-PROVERA
200 MG .....	16	<i>ml)</i> .....	INTRAMUSCULAR
CRIXIVAN ORAL CAPSULE		27	SUSPENSION 400 MG/
400 MG .....	16	<i>cytarabine (pf) injection</i>	ML .....
<i>cromolyn inhalation</i> .....	102	<i>solution 20 mg/ml</i> .....	95
<i>cromolyn nasal</i> .....	102	27	DESCOVY .....
<i>cromolyn ophthalmic</i>		<i>cytarabine injection solution</i>	16
<i>(eye)</i> .....	98	<i>20mg/ml</i> .....	<i>desenex topical powder</i> .....
<i>cryselle (28)</i> .....	94	27	67
		<b>D</b>	<i>desipramine</i> .....
		<i>d-vi-sol</i> .....	41
		109	<i>desmopressin injection</i> .....
		<i>d10 %-0.45 % sodium</i>	76
		<i>chloride</i> .....	<i>desmopressin nasal spray with</i>
		72	<i>pump</i> .....
		<i>d2.5 %-0.45 % sodium</i>	76
		<i>chloride</i> .....	<i>desmopressin nasal spray, non-</i>
		72	<i>aerosol</i> .....
		<i>d5 % and 0.9 % sodium</i>	76
		<i>chloride</i> .....	<i>desmopressin oral</i> .....
		72	76
		<i>d5 %-0.45 % sodium</i>	<i>desoximetasone topical</i>
		<i>chloride</i> .....	<i>cream</i> .....
		72	67
		<i>dacarbazine</i> .....	<i>desoximetasone topical</i>
		27	<i>gel</i> .....
		<i>dactinomycin</i> .....	67
		27	<i>desoximetasone topical</i>
		<i>dalfampridine</i> .....	<i>ointment</i> .....
		41	67
		DALIRESP .....	DESVENLAFAXINE ORAL
		102	TABLET EXTENDED
		<i>danazol</i> .....	RELEASE 24 HR 100
		76	MG .....
		<i>dantrolene oral</i> .....	41
		41	
		DAPSONE ORAL .....	
		16	



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DESVENLAFAXINE ORAL  
 TABLET EXTENDED  
 RELEASE 24 HR 50  
 MG ..... 41  
 DESVENLAFAXINE ORAL  
 TABLET EXTENDED  
 RELEASE 24HR 100  
 MG ..... 41  
 DESVENLAFAXINE ORAL  
 TABLET EXTENDED  
 RELEASE 24HR 50 MG ... 42  
*desvenlafaxine succinate oral  
 tablet extended release 24 hr  
 100 mg* ..... 42  
*desvenlafaxine succinate oral  
 tablet extended release 24 hr  
 25 mg* ..... 42  
*desvenlafaxine succinate oral  
 tablet extended release 24 hr  
 50 mg* ..... 42  
*dex4 glucose oral gel* ..... 72  
*dex4 glucose oral tablet,  
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<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/500 ml</i> .....	61	HUMIRA PEN PSOR-UVEITS-ADOL HS .....	93	<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i> .....	46
<i>heparin, porcine (pf) injection solution</i> .....	61	HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML .....	93	<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i> .....	46
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i> ...	61	HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML .....	93	<i>hydrocodone-chlorpheniramine</i> .....	103
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<i>hi-cal plus vit d</i> .....	109	HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML .....	93	<i>hydrocortisone rectal</i> .....	85
HIBERIX (PF) .....	90	HUMULIN 70/30 U-100 INSULIN .....	77	<i>hydrocortisone topical cream 0.5 %, 1 %</i> .....	68
<i>high potency iron oral tablet 134 mg (27 mg iron)</i> .....	109	HUMULIN 70/30 U-100 KWIKPEN .....	77	<i>hydrocortisone topical cream 1 %, 2.5 %</i> .....	68
HUMALOG JUNIOR KWIKPEN U-100 .....	77	HUMULIN N NPH INSULIN KWIKPEN .....	77	<i>hydrocortisone topical cream with perineal applicator 2.5 %</i> .....	85
HUMALOG KWIKPEN INSULIN .....	77	HUMULIN N NPH U-100 INSULIN .....	77	<i>hydrocortisone topical lotion 2.5 %</i> .....	68
HUMALOG MIX 50-50 INSULN U-100 .....	77	HUMULIN R REGULAR U-100 INSULN .....	77	<i>hydrocortisone topical ointment 0.5 %, 1 %</i> .....	68
HUMALOG MIX 50-50 KWIKPEN .....	77	HUMULIN R U-500 (CONC) INSULIN .....	77	<i>hydrocortisone topical ointment 1 %, 2.5 %</i> .....	68
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<i>hydroxyzine hcl oral tablet</i> .....	103	IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG .....	29	INTRON A INJECTION RECON SOLN 50 MILLION UNIT (1 ML) .....	90
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i> .....	103	IMFINZI .....	29	INTRON A INJECTION SOLUTION .....	90
<b>I</b>		<i>imipenem-cilastatin</i> .....	18	INVANZ INJECTION .....	18
<i>ibandronate oral</i> .....	93	<i>imipramine hcl</i> .....	46	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML .....	46
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<i>ibu</i> .....	46	IMOVAX RABIES VACCINE (PF) .....	90	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML .....	46
<i>ibu-200</i> .....	46	INCRELEX .....	73	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML .....	46
<i>ibuprofen ib oral tablet</i> .....	46	<i>indapamide</i> .....	61	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML .....	47
<i>ibuprofen oral capsule</i> .....	46	<i>indomethacin oral</i> .....	46	INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML .....	47
<i>ibuprofen oral suspension</i> .....	46	INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION .....	90	INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML .....	47
<i>ibuprofen oral tablet 200 mg</i> .....	46	<i>infant pain reliever</i> .....	46	INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML .....	47
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> .....	46	<i>infants' pain and fever</i> .....	46	INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML .....	47
<i>icatibant</i> .....	103	<i>infants' pain relief</i> .....	46	INVIRASE ORAL TABLET .....	18
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<i>idarubicin</i> .....	29	INREBIC .....	30	<i>ipratropium bromide inhalation</i> .....	103
IDHIFA ORAL TABLET 100 MG .....	29	INSTA-GLUCOSE (WITH DEXTRIN) .....	78		
IDHIFA ORAL TABLET 50 MG .....	29	INSULIN LISPRO .....	78		
<i>iferex 150</i> .....	109	<i>insulin pen needle</i> .....	78		
<i>ifosfamide intravenous recon soln</i> .....	29	INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML .....	78		
<i>ifosfamide intravenous solution 1 gram/20 ml</i> .....	29	INTELENCE ORAL TABLET 100 MG .....	18		
<i>ifosfamide intravenous solution 3 gram/60 ml</i> .....	29	INTELENCE ORAL TABLET 200 MG .....	18		
ILARIS (PF) SUBCUTANEOUS SOLUTION .....	90	INTELENCE ORAL TABLET 25 MG .....	18		
ILEVRO .....	99	<i>intralipid intravenous emulsion 20 %</i> .....	110		
<i>imatinib oral tablet 100 mg</i> .....	29	INTRALIPID INTRAVENOUS EMULSION 30 % .....	110		
<i>imatinib oral tablet 400 mg</i> .....	29	INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML) .....	90		
IMBRUVICA ORAL CAPSULE 140 MG .....	29				
IMBRUVICA ORAL CAPSULE 70 MG .....	29				
IMBRUVICA ORAL TABLET 140 MG .....	29				



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<i>ipratropium bromide nasal</i> .....	74	JAKAFI ORAL TABLET 5 MG .....	30	<i>kapectate ex str (bismuth ss)</i> .....	85
<i>ipratropium-albuterol inhalation</i> .....	103	<i>jantoven</i> .....	61	<i>kariva (28)</i> .....	95
<i>irbesartan</i> .....	61	JANUMET .....	78	<i>kelnor 1/35 (28)</i> .....	95
<i>irbesartan-hydrochlorothiazide</i> .....	61	JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG .....	78	KEPIVANCE .....	30
IRESSA .....	30	JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG .....	78	<i>ketoconazole oral</i> .....	19
<i>irinotecan intravenous solution 100 mg/5 ml</i> .....	30	JANUVIA ORAL TABLET 100 MG .....	78	<i>ketoconazole topical cream</i> .....	68
<i>irinotecan intravenous solution 40 mg/2 ml</i> .....	30	JANUVIA ORAL TABLET 25 MG .....	78	<i>ketoconazole topical shampoo</i> .....	68
<i>irinotecan intravenous solution 500 mg/25 ml</i> .....	30	JANUVIA ORAL TABLET 50 MG .....	78	<i>ketorolac ophthalmic (eye)</i> .....	99
<i>iron (dried)</i> .....	110	JARDIANCE .....	78	<i>ketotifen fumarate</i> .....	99
<i>iron (ferrous sulfate)</i> .....	110	JENTADUETO .....	78	KEYTRUDA	
<i>iron oral tablet 325 mg (65 mg iron)</i> .....	110	JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG .....	78	INTRAVENOUS SOLUTION .....	30
ISENTRESS HD .....	18	JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG .....	78	KHAPZORY .....	30
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ISENTRESS ORAL TABLET, CHEWABLE 25 MG .....	18	<i>junel 1.5/30 (21)</i> .....	95	KIMONO MICROTHIN LARGE CONDOMS .....	78
<i>isoniazid oral</i> .....	18	<i>junel 1/20 (21)</i> .....	95	KIMONO TEXTURED CONDOMS .....	78
<i>isosorbide dinitrate oral tablet</i> .....	61	<i>junel fe 1.5/30 (28)</i> .....	95	KINRIX (PF) INTRAMUSCULAR SUSPENSION .....	90
<i>isosorbide dinitrate oral tablet extended release</i> .....	61	<i>junel fe 1/20 (28)</i> .....	95	KINRIX (PF) INTRAMUSCULAR SYRINGE .....	90
<i>isosorbide mononitrate</i> ....	61	JUXTAPID .....	62	<i>kionex (with sorbitol)</i> .....	73
ISTODAX .....	30	<b>K</b>		KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG .....	30
<i>itraconazole oral capsule</i> ...	18	<i>k-pec antidiarrheal (bism sub)</i> .....	85	KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG .....	30
<i>ivermectin oral</i> .....	19	KADCYLA .....	30	KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG .....	30
IXEMPRA .....	30	KALETRA ORAL TABLET 100-25 MG .....	19		
IXIARO (PF) .....	90	KALETRA ORAL TABLET 200-50 MG .....	19		
<b>J</b>		KALYDECO ORAL TABLET .....	103		
JAKAFI ORAL TABLET 10 MG .....	30	<i>kao-tin (docusate calcium)</i> .....	85		
JAKAFI ORAL TABLET 15 MG .....	30	<i>kapectate (bismuth subsalicy) oral suspension</i> .....	85		
JAKAFI ORAL TABLET 20 MG .....	30				
JAKAFI ORAL TABLET 25 MG .....	30				



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KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1) .....	30	<i>lansoprazole oral capsule, delayed release(dr/ec) .....</i>	85	LEUKERAN .....	31
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2) .....	30	<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg .....</i>	85	<i>leuprolide subcutaneous kit .....</i>	31
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3) .....	30	LANTUS SOLOSTAR U-100 INSULIN .....	78	<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml .....</i>	103
<i>klor-con 10 .....</i>	110	LANTUS U-100 INSULIN .....	78	<i>levalbuterol hcl inhalation solution for nebulization 0.63 mg/3 ml .....</i>	103
<i>klor-con 8 .....</i>	110	<i>larin 1/20 (21) .....</i>	95	LEVALBUTEROL HFA .....	103
<i>klor-con m10 .....</i>	110	<i>larin fe 1.5/30 (28) .....</i>	95	LEVEMIR FLEXTOUCH U- 100 INSULN .....	78
<i>klor-con m15 .....</i>	110	<i>larin fe 1/20 (28) .....</i>	95	LEVEMIR U-100 INSULIN .....	78
<i>klor-con m20 .....</i>	110	<i>latanoprost .....</i>	99	LEVETIRACETAM IN NACL (ISO-OS) INTRAVENOUS PIGGYBACK 1,000 MG/100 ML, 1,500 MG/100 ML ....	47
KORLYM .....	78	LATUDA ORAL TABLET 120 MG, 60 MG .....	47	LEVETIRACETAM IN NACL (ISO-OS) INTRAVENOUS PIGGYBACK 500 MG/100 ML .....	47
KPN ORAL TABLET 9 MG IRON- 267 MCG .....	110	LATUDA ORAL TABLET 20 MG .....	47	<i>levetiracetam intravenous .....</i>	47
KUVAN ORAL TABLET, SOLUBLE .....	78	LATUDA ORAL TABLET 40 MG .....	47	<i>levetiracetam oral solution 100 mg/ml .....</i>	47
KYPROLIS .....	30	LATUDA ORAL TABLET 80 MG .....	47	<i>levetiracetam oral solution 500 mg/5 ml (5 ml) .....</i>	47
<b>L</b>		LATUDA ORAL TABLET 80 MG .....	47	<i>levetiracetam oral tablet ....</i>	47
<i>labetalol intravenous solution .....</i>	62	<i>laxative (bisacodyl) oral tablet, delayed release (dr/ec) ....</i>	86	<i>levetiracetam oral tablet extended release 24 hr 500 mg .....</i>	47
<i>labetalol oral .....</i>	62	<i>laxative (bisacodyl) rectal .....</i>	86	<i>levetiracetam oral tablet extended release 24 hr 750 mg .....</i>	47
<i>lactated ringers intravenous .....</i>	110	<i>leflunomide .....</i>	93	<i>levobunolol ophthalmic (eye) drops 0.5 % .....</i>	99
<i>lactated ringers irrigation .....</i>	73	LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG .....	31	<i>levocarnitine (with sugar) .....</i>	73
<i>lactulose oral solution .....</i>	85	LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1) .....	31	<i>levocarnitine oral tablet ....</i>	73
<i>lamisil af topical aerosol powder .....</i>	69	LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2) .....	31	<i>levocetirizine oral tablet .....</i>	103
<i>lamisil at topical cream ....</i>	69	<i>lessina .....</i>	95		
<i>lamivudine oral solution ....</i>	19	LETAIRIS .....	103		
<i>lamivudine oral tablet 100 mg .....</i>	19	<i>letrozole .....</i>	31		
<i>lamivudine oral tablet 150 mg .....</i>	19	<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg .....</i>	31		
<i>lamivudine oral tablet 300 mg .....</i>	19	<i>leucovorin calcium injection recon soln 500 mg .....</i>	31		
<i>lamivudine-zidovudine .....</i>	19	<i>leucovorin calcium oral ....</i>	31		
<i>lamotrigine oral tablet .....</i>	47				
<i>lamotrigine oral tablet, chewable dispersible .....</i>	47				
LANCETS 26 GAUGE ....	78				
LANCETS,ULTRA THIN 26 GAUGE .....	78				
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG) ....	62				



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<i>levofloxacin in d5w</i>	<i>lidocaine (pf) injection</i>	<i>loperamide oral capsule</i> .... 86
<i>intravenous piggyback 250 mg/</i>	<i>solution 20 mg/ml (2 %), 40</i>	<i>lopinavir-ritonavir</i> ..... 19
<i>50 ml</i> ..... 19	<i>mg/ml (4 %), 5 mg/ml (0.5</i>	<i>loratadine oral tablet</i> ..... 103
<i>levofloxacin in d5w</i>	<i>%)</i> ..... 69	<i>lorazepam intensol</i> ..... 48
<i>intravenous piggyback 500 mg/</i>	<i>lidocaine (pf) intravenous</i>	<i>lorazepam oral</i> ..... 48
<i>100 ml, 750 mg/150 ml</i> .... 19	<i>solution</i> ..... 62	LORBRENA ORAL TABLET
<i>levofloxacin intravenous</i> .... 19	<i>lidocaine (pf) intravenous</i>	100 MG ..... 31
<i>levofloxacin oral tablet</i> .... 19	<i>syringe 100 mg/5 ml (2</i>	LORBRENA ORAL TABLET
<i>levoleucovorin calcium</i>	<i>%)</i> ..... 62	25 MG ..... 31
<i>intravenous recon soln 50</i>	<i>lidocaine hcl injection solution</i>	<i>losartan</i> ..... 62
<i>mg</i> ..... 31	<i>10 mg/ml (1 %), 20 mg/ml (2</i>	<i>losartan-</i>
<i>levonest (28)</i> ..... 95	<i>%)</i> ..... 69	<i>hydrochlorothiazide</i> ..... 62
<i>levonorg-eth estrad</i>	<i>lidocaine hcl</i>	LOTRIMIN AF
<i>triphasic</i> ..... 95	<i>laryngotracheal</i> ..... 69	(CLOTRIMAZOLE)
<i>levonorgestrel-ethinyl estrad</i>	<i>lidocaine hcl mucous</i>	TOPICAL CREAM ..... 69
<i>oral tablet 0.15-0.03 mg</i> .... 95	<i>membrane jelly</i> ..... 69	<i>lovastatin</i> ..... 62
<i>levonorgestrel-ethinyl estrad</i>	<i>lidocaine hcl mucous</i>	<i>low-ogestrel (28)</i> ..... 96
<i>oral tablets,dose pack,3</i>	<i>membrane jelly in</i>	<i>loxapine succinate</i> ..... 48
<i>month</i> ..... 95	<i>applicator</i> ..... 69	LUBRICANT EYE (PG-PEG
<i>levorphanol tartrate oral tablet</i>	<i>lidocaine hcl mucous</i>	400) ..... 99
<i>2 mg</i> ..... 47	<i>membrane solution 4 % (40</i>	<i>lubricant eye drops ophthalmic</i>
<i>levothyroxine oral</i> ..... 79	<i>mg/ml)</i> ..... 69	<i>(eye) dropperette</i> ..... 99
<i>levoxyl oral tablet 100 mcg,</i>	<i>lidocaine topical adhesive</i>	<i>lubricant eye drops ophthalmic</i>
<i>112 mcg, 125 mcg, 137 mcg,</i>	<i>patch,medicated</i> ..... 69	<i>(eye) drops 0.5 %</i> ..... 99
<i>150 mcg, 175 mcg, 200 mcg,</i>	<i>lidocaine topical</i>	<i>lubricating plus</i> ..... 99
<i>25 mcg, 50 mcg, 75 mcg, 88</i>	<i>ointment</i> ..... 69	LUMIGAN OPHTHALMIC
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LYRICA ORAL CAPSULE		
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LYRICA ORAL SOLUTION	48	
LYSODREN	31	
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<b>M</b>		
<i>m-clear wc</i>	104	
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<i>magnesium citrate oral solution</i>	86	
<i>magnesium oxide oral capsule 500 mg</i>	110	
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<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/50 ml (8 %)</i>	110	
<i>magnesium sulfate in water intravenous piggyback 4 gram/100 ml (4 %)</i>	110	
<i>magnesium sulfate injection solution</i>	110	
<i>magnesium sulfate injection syringe</i>	110	
<i>maprotiline oral tablet 25 mg</i>	48	
<i>maprotiline oral tablet 50 mg</i>	48	
<i>maprotiline oral tablet 75 mg</i>	48	
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<i>meclizine oral tablet, chewable</i>	86	
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<i>medroxyprogesterone</i>	96	
<i>mefloquine</i>	19	
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<i>memantine oral solution</i>	48	
<i>memantine oral tablet 10 mg</i>	48	
<i>memantine oral tablet 5 mg</i>	48	
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MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	96	
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<i>meropenem</i>	19	
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<i>mesalamine rectal enema</i>	86	
<i>mesalamine rectal suppository</i>	86	
<i>mesalamine with cleansing wipe</i>	86	
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<i>metformin oral tablet 500 mg</i>	79	
<i>metformin oral tablet 850 mg</i>	79	
<i>metformin oral tablet extended release 24 hr 500 mg</i>	79	
<i>metformin oral tablet extended release 24 hr 750 mg</i>	79	
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<i>methadone intensol</i>	48	
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<i>methotrexate sodium (pf) injection solution</i>	32	
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<i>metoclopramide hcl oral solution</i>	86	



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<i>metolazone</i> .....	62	<i>mineral oil extra heavy</i> ....	86	<i>morphine (pf) intravenous patient control. analgesia soln 30 mg/30 ml</i> .....	49
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<i>metro i.v.</i> .....	19	<i>minocycline oral tablet</i> ....	20	<i>morphine intravenous solution 10 mg/ml</i> .....	49
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<i>microgestin fe 1/20 (28)</i> ....	96	<i>morgidox oral capsule 50 mg</i> .....	20		
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<i>sps (with sorbitol) oral</i> .... 74	SULFAMYLON TOPICAL CREAM ..... 70	<i>tacrolimus oral capsule 0.5 mg, 1 mg</i> ..... 34
<i>sps (with sorbitol) rectal</i> .... 74	<i>sulfasalazine</i> ..... 89	<i>tacrolimus oral capsule 5 mg</i> ..... 35
<i>ssd</i> ..... 70	<i>sulindac</i> ..... 55	<i>tacrolimus topical</i> ..... 70
STAMARIL (PF) ..... 92	<i>sumatriptan nasal spray</i> .... 55	TAFINLAR ..... 35
<i>stavudine oral capsule 15 mg, 20 mg</i> ..... 22	<i>sumatriptan succinate oral</i> ..... 55	TAGRISSO ORAL TABLET 40 MG ..... 35
<i>stavudine oral capsule 30 mg, 40 mg</i> ..... 22	<i>sumatriptan succinate subcutaneous pen injector</i> ..... 55	TAGRISSO ORAL TABLET 80 MG ..... 35
<i>sterile saline nasal</i> ..... 75	SUPER THIN LANCETS 30 GAUGE ..... 81	TAKE ACTION ..... 97
	<i>suphedrin</i> ..... 105	TALZENNA ORAL CAPSULE 0.25 MG ..... 35



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TALZENNA ORAL	<i>terbutaline</i> .....	105	TIBSOVO .....	35
CAPSULE 1 MG .....	<i>terconazole</i> .....	97	TICE BCG .....	92
<i>tamoxifen</i> .....	<i>testosterone cypionate</i> .....	81	TIGECYCLINE .....	23
<i>tamsulosin</i> .....	<i>testosterone enanthate</i> .....	81	<i>timolol maleate ophthalmic</i>	
TARCEVA ORAL TABLET	<i>testosterone transdermal gel</i>		<i>(eye)</i> .....	100
100 MG, 150 MG .....	<i>in metered-dose pump 20.25</i>		<i>timolol maleate oral</i> .....	65
TARCEVA ORAL TABLET	<i>mg/1.25 gram (1.62 %) .....</i>	81	TIVICAY ORAL TABLET 10	
25 MG .....	<i>testosterone transdermal gel</i>		MG .....	23
TARGRETIN TOPICAL ...	<i>in packet 1 % (25 mg/</i>		TIVICAY ORAL TABLET 25	
TASIGNA ORAL CAPSULE	<i>2.5gram) .....</i>	81	MG, 50 MG .....	23
150 MG, 200 MG .....	TESTOSTERONE		<i>tizanidine oral tablet</i> .....	55
TASIGNA ORAL CAPSULE	TRANSDERMAL GEL IN		<i>tobramycin</i> .....	100
50 MG .....	PACKET 1 % (50 MG/5		<i>tobramycin in 0.225% nacl for</i>	
<i>tazarotene</i> .....	GRAM) .....	81	<i>nebulization</i> .....	23
TAZORAC TOPICAL	<i>testosterone transdermal gel</i>		<i>tobramycin sulfate injection</i>	
CREAM 0.05 % .....	<i>in packet 1.62 % (20.25 mg/</i>		<i>recon soln</i> .....	23
TAZORAC TOPICAL	<i>1.25 gram) .....</i>	81	<i>tobramycin sulfate injection</i>	
GEL .....	<i>testosterone transdermal gel</i>		<i>solution</i> .....	23
<i>taztia xt</i> .....	<i>in packet 1.62 % (40.5 mg/2.5</i>		<i>tobramycin-dexamethasone</i>	
TDVAX .....	<i>gram) .....</i>	81	<i>ophthalmic (eye)</i> .....	100
TECENTRIQ	TETANUS,DIPHThERIA		<i>tolcapone</i> .....	55
INTRAVENOUS SOLUTION	TOX PED(PF) .....	92	<i>tolnaftate topical cream</i> ....	71
1,200 MG/20 ML (60 MG/	<i>tetrabenazine oral tablet 12.5</i>		<i>tolterodine oral capsule,</i>	
ML) .....	<i>mg</i> .....	55	<i>extended release 24hr</i> ....	106
TECENTRIQ	<i>tetrabenazine oral tablet 25</i>		<i>tolterodine oral tablet</i> ....	106
INTRAVENOUS SOLUTION	<i>mg</i> .....	55	TOPCARE UNIVERSAL1	
840 MG/14 ML (60 MG/	<i>tetracycline</i> .....	23	LANCET .....	81
ML) .....	THALOMID ORAL		<i>topiramate oral capsule,</i>	
TECFIDERA .....	CAPSULE 100 MG, 50		<i>sprinkle</i> .....	55
TEFLARO .....	MG .....	35	<i>topiramate oral tablet 100</i>	
TEKTURNA .....	THALOMID ORAL		<i>mg</i> .....	55
<i>telmisartan</i> .....	CAPSULE 150 MG, 200		<i>topiramate oral tablet 200</i>	
<i>telmisartan-amlodipine oral</i>	MG .....	35	<i>mg</i> .....	55
<i>tablet 80-5 mg</i> .....	<i>theophylline oral tablet</i>		<i>topiramate oral tablet 25</i>	
<i>telmisartan-</i>	<i>extended release 12 hr</i> ....	105	<i>mg</i> .....	55
<i>hydrochlorothiazide</i> .....	<i>theophylline oral tablet</i>		<i>topiramate oral tablet 50</i>	
<i>temazepam oral capsule 15</i>	<i>extended release 24 hr</i> ....	105	<i>mg</i> .....	55
<i>mg, 30 mg</i> .....	<i>thera-d</i> .....	112	<i>toposar</i> .....	35
TEMIXYS .....	<i>thiamine hcl (vitamin b1) oral</i>		<i>topotecan intravenous recon</i>	
<i>temsrolimus</i> .....	<i>tablet 100 mg</i> .....	112	<i>soln</i> .....	35
TENIVAC (PF)	<i>thiamine mononitrate (vit</i>		<i>topotecan intravenous</i>	
INTRAMUSCULAR	<i>b1)</i> .....	112	<i>solution</i> .....	35
SYRINGE .....	THIN LANCETS .....	81	<i>toremifene</i> .....	35
<i>tenofovir disoproxil</i>	<i>thioridazine</i> .....	55	TORISEL .....	35
<i>fumarate</i> .....	<i>thiotepa</i> .....	35	<i>torse mide oral</i> .....	65
<i>terazosin capsule</i> .....	<i>thiothixene</i> .....	55	TOUJEO MAX U-300	
<i>terbinafine hcl oral</i> .....	THYMOGLOBULIN .....	92	SOLOSTAR .....	81
<i>terbinafine hcl topical</i> .....	<i>tiagabine</i> .....	55		



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TOUJEO SOLOSTAR U-300		
INSULIN .....	81	
TOVIAZ .....	106	
TRACLEER ORAL		
TABLET .....	105	
TRACLEER ORAL TABLET		
FOR SUSPENSION .....	105	
TRADJENTA .....	81	
<i>tramadol oral tablet</i> .....	55	
<i>tramadol-acetaminophen</i> ...	55	
<i>trandolapril</i> .....	65	
<i>tranexamic acid oral</i> .....	97	
TRANSDERM-SCOP .....	89	
<i>tranylcypromine</i> .....	55	
<i>travasol 10 %</i> .....	112	
TRAVATAN Z .....	100	
<i>travel sickness</i>		
<i>(meclizine)</i> .....	89	
<i>trazodone</i> .....	55	
TREANDA INTRAVENOUS		
RECON SOLN .....	35	
TRECTOR .....	23	
TRELSTAR		
INTRAMUSCULAR		
SUSPENSION FOR		
RECONSTITUTION 11.25		
MG .....	35	
TRELSTAR		
INTRAMUSCULAR		
SUSPENSION FOR		
RECONSTITUTION 22.5		
MG .....	36	
TRELSTAR		
INTRAMUSCULAR		
SUSPENSION FOR		
RECONSTITUTION 3.75		
MG .....	36	
<i>tretinoin (chemotherapy)</i> ...	36	
<i>tretinoin topical cream</i> ....	71	
<i>tretinoin topical gel 0.01 %,</i>		
<i>0.025 %</i> .....	71	
TREXALL .....	36	
<i>tri-previfem (28)</i> .....	97	
<i>tri-sprintec (28)</i> .....	97	
<i>triamcinolone acetonide</i>		
<i>dental</i> .....	75	
<i>triamcinolone acetonide</i>		
<i>injection</i> .....	81	
<i>triamcinolone acetonide</i>		
<i>topical cream</i> .....	71	
<i>triamcinolone acetonide</i>		
<i>topical lotion</i> .....	71	
<i>triamcinolone acetonide</i>		
<i>topical ointment 0.025 %, 0.1</i>		
<i>%, 0.5 %</i> .....	71	
<i>triamterene-</i>		
<i>hydrochlorothiazide oral</i>		
<i>capsule 37.5-25 mg</i> .....	65	
<i>triamterene-</i>		
<i>hydrochlorothiazide oral</i>		
<i>tablet</i> .....	65	
<i>triderm topical cream</i> .....	71	
<i>trientine</i> .....	74	
<i>trifluoperazine</i> .....	55	
<i>trifluridine</i> .....	100	
<i>trihexyphenidyl</i> .....	55	
<i>trimethoprim</i> .....	23	
<i>trimipramine</i> .....	55	
TRINTELLIX ORAL		
TABLET 10 MG .....	55	
TRINTELLIX ORAL		
TABLET 20 MG .....	56	
TRINTELLIX ORAL		
TABLET 5 MG .....	56	
<i>triple antibiotic topical</i>		
<i>ointment</i> .....	71	
<i>triple antibiotic topical</i>		
<i>ointment in packet</i> .....	71	
TRISENOX INTRAVENOUS		
SOLUTION 2 MG/ML ....	36	
TRIUMEQ .....	23	
<i>trivora (28)</i> .....	97	
TROGARZO .....	23	
TROPHAMINE 10 % ....	112	
TROPHAMINE 6% .....	112	
TRULICITY .....	81	
TRUMENBA .....	92	
TRUSTEX LATEX		
CONDOM .....	81	
TRUSTEX LUBRICATED		
CONDOMS .....	82	
TRUSTEX-RIA LUB/		
SPERMICIDE .....	82	
TRUSTEX-RIA		
LUBRICATED		
CONDOMS .....	82	
TRUVADA .....	23	
<i>tums ultra oral tablet, chewable</i>		
<i>400 mg calcium (1,000</i>		
<i>mg)</i> .....	112	
TURALIO .....	36	
TWINRIX (PF)		
INTRAMUSCULAR		
SYRINGE .....	92	
TYBOST .....	23	
TYKERB .....	36	
TYPHIM VI		
INTRAMUSCULAR		
SOLUTION .....	92	
TYPHIM VI		
INTRAMUSCULAR		
SYRINGE .....	92	
TYSABRI .....	56	
<b>U</b>		
ULORIC .....	94	
<i>ultra strength antacid</i> ....	112	
ULTRA THIN LANCETS 30		
GAUGE, 33 GAUGE .....	82	
UNILET COMFORTOUCH		
LANCET .....	82	
UNILET GP LANCET ....	82	
UNILET LANCET 28		
GAUGE, 33 GAUGE .....	82	
UNILET SUPER THIN		
LANCETS .....	82	
<i>unithroid</i> .....	82	
UNITUXIN .....	36	
UPTRAVI ORAL		
TABLET .....	65	
UPTRAVIORAL TABLETS,		
DOSE PACK .....	65	
<i>urinary pain relief oral tablet</i>		
<i>95 mg</i> .....	106	
<i>ursodiol</i> .....	89	
UVADEX .....	71	
<b>V</b>		
<i>vaginal contraceptive</i>		
<i>foam</i> .....	97	
<i>valacyclovir oral tablet 1</i>		
<i>gram</i> .....	23	
<i>valacyclovir oral tablet 500</i>		
<i>mg</i> .....	23	
VALCHLOR .....	71	
<i>valganciclovir oral tablet</i> ...	23	



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<i>valproate sodium</i> .....	56	VECAMYL .....	65	<i>verapamil oral capsule, 24 hr</i>	
<i>valproic acid</i> .....	56	VECTIBIX .....	36	<i>er pellet ct</i> .....	65
<i>valproic acid (as sodium salt)</i>		VELCADE .....	36	<i>verapamil oral capsule, ext rel.</i>	
<i>oral solution 250 mg/5</i>		<i>velivet triphasic regimen</i>		<i>pellets 24 hr 120 mg, 180 mg,</i>	
<i>ml</i> .....	56	(28) .....	97	<i>240 mg</i> .....	65
<i>valproic acid (as sodium salt)</i>		VELPHORO .....	74	<i>verapamil oral capsule, ext rel.</i>	
<i>oral solution 250 mg/5 ml (5</i>		VEMLIDY .....	24	<i>pellets 24 hr 360 mg</i> .....	65
<i>ml), 500 mg/10 ml (10</i>		VENCLEXTA ORAL		<i>verapamil oral tablet</i> .....	65
<i>ml)</i> .....	56	TABLET 10 MG .....	36	<i>verapamil oral tablet extended</i>	
<i>valsartan</i> .....	65	VENCLEXTA ORAL		<i>release</i> .....	65
<i>valsartan-</i>		TABLET 100 MG .....	36	VERSACLOZ .....	56
<i>hydrochlorothiazide</i> .....	65	VENCLEXTA ORAL		VERZENIO .....	36
<i>valu-dryl allergy oral</i>		TABLET 50 MG .....	36	VESICARE .....	106
<i>capsule</i> .....	105	VENCLEXTA STARTING		VICTOZA 2-PAK .....	82
VANCOMYCIN IN 0.9 %		PACK .....	36	VICTOZA 3-PAK .....	82
SODIUM CHL		<i>venlafaxine oral capsule,</i>		VIDEX 2 GRAM	
INTRAVENOUS		<i>extended release 24hr 150</i>		PEDIATRIC .....	24
PIGGYBACK .....	23	<i>mg</i> .....	56	VIDEX EC ORAL CAPSULE,	
VANCOMYCIN IN		<i>venlafaxine oral capsule,</i>		DELAYED RELEASE(DR/	
DEXTROSE 5 %		<i>extended release 24hr 37.5</i>		EC) 125 MG .....	24
INTRAVENOUS		<i>mg</i> .....	56	<i>vigabatrin oral powder in</i>	
PIGGYBACK 1 GRAM/200		<i>venlafaxine oral capsule,</i>		<i>packet</i> .....	56
ML .....	23	<i>extended release 24hr 75</i>		<i>vigabatrin oral tablet</i> .....	56
VANCOMYCIN IN		<i>mg</i> .....	56	VIIBRYD ORAL TABLET 10	
DEXTROSE 5 %		<i>venlafaxine oral tablet 100</i>		MG .....	56
INTRAVENOUS		<i>mg</i> .....	56	VIIBRYD ORAL TABLET 20	
PIGGYBACK 500 MG/100		<i>venlafaxine oral tablet 25</i>		MG .....	56
ML, 750 MG/150 ML .....	23	<i>mg</i> .....	56	VIIBRYD ORAL TABLET 40	
<i>vancomycin intravenous recon</i>		<i>venlafaxine oral tablet 37.5</i>		MG .....	56
<i>soln 1,000 mg, 10 gram, 5</i>		<i>mg</i> .....	56	VIMPAT	
<i>gram, 500 mg</i> .....	23	<i>venlafaxine oral tablet 50</i>		INTRAVENOUS .....	57
VANCOMYCIN		<i>mg</i> .....	56	VIMPAT ORAL	
INTRAVENOUS RECON		<i>venlafaxine oral tablet 75</i>		SOLUTION .....	57
SOLN 1.25 GRAM, 1.5		<i>mg</i> .....	56	VIMPAT ORAL TABLET	
GRAM, 250 MG .....	23	<i>venlafaxine oral tablet</i>		100 MG .....	57
VANCOMYCIN		<i>extended release 24hr 150</i>		VIMPAT ORAL TABLET	
INTRAVENOUS RECON		<i>mg</i> .....	56	150 MG .....	57
SOLN 750 MG .....	23	<i>venlafaxine oral tablet</i>		VIMPAT ORAL TABLET	
<i>vancomycin oral capsule 125</i>		<i>extended release 24hr 37.5</i>		200 MG .....	57
<i>mg</i> .....	23	<i>mg</i> .....	56	VIMPAT ORAL TABLET 50	
<i>vancomycin oral capsule 250</i>		<i>venlafaxine oral tablet</i>		MG .....	57
<i>mg</i> .....	23	<i>extended release 24hr 75</i>		<i>vinblastine intravenous</i>	
VAQTA (PF) .....	92	<i>mg</i> .....	56	<i>solution</i> .....	36
VARIVAX (PF) .....	92	VENTAVIS .....	105	<i>vincristine</i> .....	36
VARIZIG		VENTOLIN HFA .....	105	<i>vinorelbine</i> .....	36
INTRAMUSCULAR		<i>verapamil intravenous</i>		<i>viorele (28)</i> .....	97
SOLUTION .....	92	<i>solution</i> .....	65	VIRACEPT ORAL TABLET	
VASCEPA .....	65			250 MG .....	24



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VIRACEPT ORAL TABLET 625 MG .....	24	<i>voriconazole oral suspension for reconstitution</i> .....	24	XPOVIO ORAL TABLET 80 MG/WEEK (20 MG X 4) .....	57
VIRAMUNE ORAL SUSPENSION .....	24	<i>voriconazole oral tablet 200 mg</i> .....	24	XTANDI .....	37
VIREAD ORAL POWDER .....	24	<i>voriconazole oral tablet 50 mg</i> .....	24	XYREM .....	57
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG .....	24	VOSEVI .....	24	<b>Y</b>	
<i>virtussin ac</i> .....	105	VOTRIENT .....	37	YERVOY .....	37
VITAMIN A PALMITATE ORAL TABLET .....	112	VPRIV .....	82	YF-VAX (PF) .....	92
<i>vitamin b-1</i> .....	112	VRAYLAR ORAL CAPSULE .....	57	YONDELIS .....	37
<i>vitamin b-1 (mononitrate)</i> .....	113	VRAYLAR ORAL CAPSULE, DOSE PACK ...	57	YONSA .....	37
<i>vitamin b-12 oral tablet 1,000 mcg, 100 mcg, 250 mcg, 500 mcg</i> .....	113	VYXEOS .....	37	<b>Z</b>	
<i>vitamin b-2</i> .....	113	<b>W</b>		<i>zafirlukast</i> .....	105
<i>vitamin b-6 oral tablet 100 mg, 50 mg</i> .....	113	<i>warfarin</i> .....	65	<i>zaleplon oral capsule 10 mg</i> .....	57
<i>vitamin c oral tablet 1,000 mg, 250 mg, 500 mg</i> .....	113	<i>water for irrigation, sterile</i> .....	74	<i>zaleplon oral capsule 5 mg</i> .....	57
<i>vitamin c with rose hips oral tablet</i> .....	113	<i>wixela inhub</i> .....	105	ZALTRAP .....	37
<i>vitamin d2</i> .....	113	<b>X</b>		ZANOSAR .....	37
<i>vitamin d3 oral capsule 25 mcg (1,000 unit), 400 unit, 50 mcg (2,000 unit)</i> .....	113	XALKORI .....	37	<i>zantac maximum strength</i> .....	89
<i>vitamin d3 oral tablet 10 mcg (400 unit), 2,000 unit, 25 mcg (1,000 unit)</i> .....	113	XARELTO ORAL TABLET 10 MG, 20 MG .....	65	<i>zarah</i> .....	97
<i>vitamin e (dl, acetate) oral capsule 100 unit, 200 unit</i> .....	113	XARELTO ORAL TABLET 15 MG .....	65	ZEJULA .....	37
<i>vitamin e oral capsule 1,000 unit, 200 unit, 400 unit</i> .....	113	XARELTO ORAL TABLET 2.5 MG .....	65	ZELBORAF .....	37
VITRAKVI ORAL CAPSULE 100 MG .....	36	XARELTO ORAL TABLETS, DOSE PACK .....	65	<i>zenatane</i> .....	71
VITRAKVI ORAL CAPSULE 25 MG .....	36	XATMEP .....	37	ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000- UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT .....	89
VITRAKVI ORAL SOLUTION .....	36	XELJANZ .....	94	<i>zenzedi oral tablet 10 mg ...</i>	57
VIZIMPRO ORAL TABLET 15 MG .....	36	XGEVA .....	37	<i>zenzedi oral tablet 5 mg</i> .....	57
VIZIMPRO ORAL TABLET 30 MG, 45 MG .....	37	XIIDRA .....	100	ZIAGEN ORAL SOLUTION .....	24
<i>voriconazole intravenous</i> ...	24	XOFLUZA .....	24	<i>zidovudine oral capsule</i> .....	24
		XOLAIR SUBCUTANEOUS RECON SOLN .....	105	<i>zidovudine oral syrup</i> .....	24
		XOSPATA .....	37	<i>zidovudine oral tablet</i> .....	24
		XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5) .....	37	<i>ziprasidone hcl oral capsule 20 mg</i> .....	57
		XPOVIO ORAL TABLET 160 MG/WEEK (20 MG X 8) .....	37	<i>ziprasidone hcl oral capsule 40 mg</i> .....	57
		XPOVIO ORAL TABLET 60 MG/WEEK (20 MG X 3) .....	37	<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i> .....	57
				ZIRGAN .....	100



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<i>zoledronic acid intravenous solution 4 mg/5 ml</i> .....	82	ZOSTAVAX (PF) .....	92	ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG, 405 MG .....	57
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i> .....	82	zovia 1/35e (28) .....	97	ZYTIGA ORAL TABLET 250 MG .....	37
ZOLINZA .....	37	zumandimine (28) .....	97	ZYTIGA ORAL TABLET 500 MG .....	37
<i>zolmitriptan</i> .....	57	ZYDELIG .....	37		
<i>zolpidem oral tablet</i> .....	57	ZYKADIA .....	37		
<i>zonisamide</i> .....	57	ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG .....	57		
ZORTRESS .....	37				







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