

Humana Gold Plus Integrated (Medicare-Medicaid Plan) | 2014 List of Covered Drugs (Formulary)

This is a list of drugs that members can get in Humana Gold Plus Integrated (Medicare-Medicaid Plan).

- ❖ Humana Gold Plus Integrated H0336-001 (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.
- ❖ Benefits, List of Covered Drugs, pharmacy and provider networks, and/or copayments may change from time to time throughout the year and on January 1 of each year.
- ❖ You can always check Humana Gold Plus Integrated (Medicare-Medicaid Plan)'s up-to-date List of Covered Drugs online at www.humana.com.
- ❖ You can ask for this information in other formats, such as Braille or large print. Call 1-800-787-3311 (TTY: 711). The call is free.
- ❖ Limitations, copays, and restrictions may apply. For more information, call Humana Gold Plus Integrated (Medicare-Medicaid Plan) Customer Care or read the Humana Gold Plus Integrated (Medicare-Medicaid Plan) Member Handbook.
- ❖ Copays for prescription drugs may vary based on the level of Extra Help you receive. Please contact the plan for more details.
- ❖ You can get this document in Spanish, or speak with someone about this information in other languages for free. Call 1-800-787-3311 (TTY: 711). We're available 7 days a week, from 8 a.m. - 8 p.m. However, please note that our automated phone system may answer your call during weekends and holidays from February 15 - September 30. You may leave your name and telephone number, and we'll call you back by the end of the next business day. The call is free. For 24 hour access to information such as claims history, eligibility, Humana's drug list, physician finder or health news and information, please visit www.humana.com.

Nuestro horario de atención es de 8 a.m. a 8 p.m., los 7 días de la semana. No obstante, tenga en cuenta que del 15 de febrero al 30 de septiembre nuestro sistema telefónico automatizado podría responder su llamada los fines de semana y días festivos. Puede dejar

If you have questions, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311, 8 a.m. to 8 p.m. seven days a week. The call is free. **For more information**, visit humana.com.



su nombre y número de teléfono y le llamaremos en el transcurso del siguiente día hábil. La llamada es gratuita. Visite **www.humana.com**, donde tendrá acceso las 24 horas a información como la historia de reclamaciones, la elegibilidad, la lista de medicamentos de Humana, el localizador de médicos e información y noticias sobre la salud.



If you have questions, please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311, 8 a.m. to 8 p.m. seven days a week. The call is free. **For more information**, visit humana.com.

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.

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

The drugs on the List of Covered Drugs that starts on page 11 are the drugs covered by Humana Gold Plus Integrated (Medicare-Medicaid Plan). These 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.”

→ Humana Gold Plus Integrated (Medicare-Medicaid 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 a Humana Gold Plus Integrated (Medicare-Medicaid Plan) network pharmacy.
- Humana Gold Plus Integrated (Medicare-Medicaid Plan) may have additional steps to access certain drugs (see question #5 below).

You can also see an up-to-date list of drugs that we cover on our website at www.humana.com or call Customer Care at 1-800-787-3311 (TTY: 711).

2. Does the Drug List ever change?

Yes. Humana Gold Plus Integrated (Medicare-Medicaid Plan) may add or remove drugs on the Drug List during the year. Generally, the Drug List will only change if:

- a 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.

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 Humana Gold Plus Integrated (Medicare-Medicaid 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.)
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(For more information on these drug rules, see page 11.)

We will tell you when a drug you are taking is removed from the Drug List. We will also tell you when we change our rules for covering a drug. Questions 3, 4, and 7 below have more information on what happens when the Drug List changes.

- ❖ You can always check Humana Gold Plus Integrated (Medicare-Medicaid Plan)'s up to date Drug List online at www.humana.com. You can also call Customer Care to check the current Drug List at 1-800-787-3311 (TTY: 711).

3. What happens when a cheaper drug comes along that works as well as a drug on the Drug List now?

If you are taking a drug that is removed because a cheaper drug that works just as well comes along, we will tell you. We will tell you at least 60 days before we remove it from the Drug List **or** when you ask for a refill. Then you can get a 60-day supply of the drug before the change to the Drug List is made. You will be notified by mail of any changes.

4. What happens when we find out a drug is not safe?

If the Food and Drug Administration (FDA) says a drug you are taking is not safe, we will take it off the Drug List right away. We will also send you a letter telling you that. Talk to your doctor about other alternative medicines that could be used to treat your medical conditions.

5. Are there any restrictions or limits on drug coverage? Or are there any required actions to take in order to get certain drugs?

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

- **Prior approval (or prior authorization):** For some drugs, you or your doctor must get approval from Humana Gold Plus Integrated (Medicare-Medicaid Plan) before you fill your prescription. If you don't get approval, Humana Gold Plus Integrated (Medicare-Medicaid Plan) may not cover the drug.
- **Quantity limits:** Sometimes Humana Gold Plus Integrated (Medicare-Medicaid Plan) limits the amount of a drug you can get.

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- **Step therapy:** Sometimes Humana Gold Plus Integrated (Medicare-Medicaid 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 page 11. You can also get more information by visiting our web site at www.humana.com.

You can also ask for an "exception" from these limits. Please see question 10 for more information on exceptions.

→ 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. We will cover a 31-day emergency supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Humana Gold Plus Integrated (Medicare-Medicaid Plan) member. 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 request an exception. Please see question 10 for more information about exceptions.

6. 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 11 has a column labeled "Necessary actions, restrictions, or limits on use."

7. What happens if we change our rules on how we cover some drugs? For example, if we add prior authorization (approval), quantity limits, and/or step therapy restrictions on a drug.

We will tell you if we add prior approval, quantity limits, and/or step therapy restrictions on a drug. We will tell you at least 60 days before the restriction is added or when you next ask for a refill. Then, you can get a 60-day supply of the drug before the change to the Drug List is made. This gives you time to talk to your doctor about what to do next.

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

There are two ways to find a drug:

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

To search **alphabetically**, go to the Alphabetical Listing section. “You can find it by going to www.humana.com/medicare/pharmacy/tools and search Medicare Drug List.”

To search **by medical condition**, find the section labeled “List of drugs by medical condition” on page 11. Then find your medical condition. For example, if you have a heart condition, you should look in that category. That is where you will find drugs that treat heart conditions.

9. 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 1-800-787-311 (TTY:711) and ask about it. If you learn that Humana Gold Plus Integrated (Medicare-Medicaid 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 question 10 for more information about exceptions.

10. What if you are a new Humana Gold Plus Integrated (Medicare-Medicaid 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 30-day supply of your drug during the first 90 days you are a member of Humana Gold Plus Integrated (Medicare-Medicaid 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 request an exception.

We will cover a 30-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**

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- the drug requires prior approval by Humana Gold Plus Integrated (Medicare-Medicaid Plan),
or
- you are taking a drug that is part of a step therapy restriction.

If you live in a nursing home or other long-term care facility, you may refill your prescription for as long as 91 days. You may refill the drug multiple times during the 91 days. This gives your prescriber time to change your drugs to ones on the Drug List or ask for an exception.

In addition to circumstances impacting new enrollees who may enter a plan with a medication list that contains non-formulary Part D drugs, other circumstances exist in which unplanned transitions for current enrollees could arise and in which prescribed drug regimens may not be on sponsor formularies. These circumstances usually involve level of care changes in which a beneficiary is changing from one treatment setting to another. For example, beneficiaries who enter LTC facilities from hospitals are sometimes accompanied by a discharge list of medications from the hospital formulary with very short term planning taken into account (often under 8 hours). Similar situations may exist, for example, for beneficiaries who are discharged from a hospital to a home; for beneficiaries who end their skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and who need to revert to their Part D plan formulary; for beneficiaries who give up hospice status to revert to standard Medicare Part A and B benefits; for beneficiaries who end an LTC facility stay and return to the community; and for beneficiaries who are discharged from psychiatric hospitals with drug regimens that are highly individualized.

For these unplanned transitions, beneficiaries and providers must clearly avail themselves of sponsor exceptions and appeals processes. CMS has streamlined the grievance, coverage determination, and appeals process requirements in order to ensure that beneficiaries receive quick determinations regarding the medications they need. In all cases, CMS makes it clear that a Part D sponsor is required to make coverage determinations and redeterminations as expeditiously as the enrollee's health condition requires.

Effective transition of care at time of discharge to home is a major concern in LTC. Ensuring appropriate medication reconciliation in the community is a safety issue, and requires pre-discharge planning. This optimally involves prescriptions being written and transmitted to the patients' families in the week before discharge, to assure that the medications are obtained in advance of community discharge, to prevent a gap in care. The billing date may appear to overlap the skilled nursing home stay, but the medications, which may be dispensed by either the LTC or a retail pharmacy, are to be used in the home setting. While Part A does provide reimbursement for "a limited supply" to facilitate beneficiary discharge, beneficiaries must be permitted to have a full outpatient supply available to continue therapy once this limited supply is exhausted. This is particularly true for beneficiaries using mail-order pharmacy, home infusion therapy, or residing in

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rural areas where obtaining a continuing supply of drugs may involve certain delays. The current standard of care promotes caregivers receiving outpatient Part D prescriptions in advance of discharge from a Part A stay.

When an enrollee is admitted to or discharged from an LTC facility, he or she will not have access to the remainder of the previously dispensed prescription (through no fault of his or her own) and, therefore, sponsors must allow the enrollee to access a refill upon admission or discharge. An early refill edit is a utilization management tool used to promote compliance and to prevent waste. An early refill edit cannot be used to limit appropriate and necessary access to an enrollee's Part D benefit. For example, if a patient gets a prescription for 30 tablets for a 30 day supply (i.e., 1 tablet daily), but the prescriber changes the dose to 2 tablets daily after only 10 days, it would be inappropriate for a sponsor to deny as "too soon" a claim for a new prescription with the new dosage because the enrollee will not have enough medication to last until the originally scheduled refill date.

However, even with these protections, there may exist some period of time in which beneficiaries with level of care changes have a temporary gap in coverage while an exception is processed. For this reason, CMS strongly encourages Part D sponsors to incorporate processes in their transition plans that allow for transition supplies to be provided to current enrollees with level of care changes.

11. Can you ask for an exception to cover your drug?

Yes. You can ask Humana Gold Plus Integrated (Medicare-Medicaid 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, Humana Gold Plus Integrated (Medicare-Medicaid 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.

12. How long does it take to get an exception?

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

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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 receiving your prescriber's supporting statement.

13. How can you ask for an exception?

To ask for an exception, call Humana Clinical Pharmacy Review (HCPR) at 1-800-555-CLIN (2546). Humana Clinical Pharmacy Review will work with you and your provider to help you ask for an exception.

14. 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 usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA).

Humana Gold Plus Integrated (Medicare-Medicaid Plan) covers both brand name drugs and generic drugs.

15. What are OTC drugs?

OTC stands for "over-the-counter". You can buy OTC drugs without a prescription.

Humana Gold Plus Integrated (Medicare-Medicaid Plan) covers some OTC drugs.

You can read the Humana Gold Plus Integrated (Medicare-Medicaid Plan) Drug List to see what OTC drugs are covered.

16. Does Humana Gold Plus Integrated (Medicare-Medicaid Plan) cover OTC non-drug products?

Humana Gold Plus Integrated (Medicare-Medicaid Plan) covers some OTC non-drug products.

You can read the Humana Gold Plus Integrated (Medicare-Medicaid Plan) Drug List to see what OTC non-drug products are covered.

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17. What is your copay?

You can read the Humana Gold Plus Integrated (Medicare-Medicaid Plan) Drug List to learn about the copay for each drug.

Humana Gold Plus Integrated (Medicare-Medicaid 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.

- Tier 1 drugs have the lowest copay. They are generic drugs. The copay will be from \$0 to \$2.55, depending on your level of Medicaid eligibility.
- Tier 2 drugs have a medium copay. They are brand name drugs. The copay will be from \$0 to \$6.35, depending on your level of Medicaid eligibility.
- Tier 3 drugs have a copay of \$0.
- Tier 4 drugs have a copay of \$0 and require a prescription from your doctor.

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List of Covered Drugs

The list of covered drugs that begins on the next page gives you information about the drugs covered by Humana Gold Plus Integrated (Medicare-Medicaid Plan). If you have trouble finding your drug in the list, turn to the Index that begins on page 73.

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

The information in the necessary actions, restrictions, or limits on use column tells you if Humana Gold Plus Integrated (Medicare-Medicaid Plan) has any rules for covering your drug.

Note: The (OTC) next to a drug means the drug is not a “Part D drug.” The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for these drugs. These drugs also have different rules for appeals. An *appeal* is a formal way of asking us to review a coverage decision and to change it if you think we made a mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Medicaid. If you or your doctor disagrees with our decision, you can appeal. To ask for instructions on how to appeal, call Member Services at 1-800-787-3311 (TTY: 711). You can also read the Member Handbook to learn how to appeal a decision.

ANTI-INFECTIVE AGENTS

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
abacavir 300 mg tablet	\$2.55 (Tier 1)	QL (60 per 30 days)
acyclovir 200 mg capsule	\$2.55 (Tier 1)	
acyclovir 400 mg tablet	\$2.55 (Tier 1)	
acyclovir sodium 500 mg vial	\$2.55 (Tier 1)	
bacitracin 50,000 units vial	\$2.55 (Tier 1)	
ciprofloxacin hcl 250 mg tab	\$2.55 (Tier 1)	
ciprofloxacin hcl 500 mg tab	\$2.55 (Tier 1)	
ciprofloxacin hcl 750 mg tab	\$2.55 (Tier 1)	
clarithromycin 250 mg tablet	\$2.55 (Tier 1)	
clarithromycin 500 mg tablet	\$2.55 (Tier 1)	
clindamycin hcl 75 mg capsule	\$2.55 (Tier 1)	
CRIXIVAN 200 MG CAPSULE	\$6.35 (Tier 2)	QL (450 per 30 days)
CRIXIVAN 400 MG CAPSULE	\$6.35 (Tier 2)	QL (270 per 30 days)
doxycycline hyc dr 100 mg tab	\$2.55 (Tier 1)	
doxycycline hyc dr 75 mg tab	\$2.55 (Tier 1)	
EPIVIR 300 MG TABLET	\$6.35 (Tier 2)	QL (30 per 30 days)
EPIVIR HBV 100 MG TABLET	\$6.35 (Tier 2)	
famciclovir 125 mg tablet	\$2.55 (Tier 1)	QL (60 per 30 days)
famciclovir 250 mg tablet	\$2.55 (Tier 1)	QL (60 per 30 days)

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

QL = Quantity Limit: only a specific quantity of a drug is allowed per a given period of days

PA = Prior authorization (approval): you must have approval from the plan before you can get this drug.

ST = Step therapy: you must try another drug before you can get this one.

BvsD = Medicare Part B or Part D review (approval): administration location of the drug is reviewed and must be approved before the plan will cover the cost of this drug

(OTC) = Over-the-counter drug

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ANTI-INFECTIVE AGENTS (continued)

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
famciclovir 500 mg tablet	\$2.55 (Tier 1)	QL (60 per 30 days)
isoniazid 100 mg/ml vial	\$2.55 (Tier 1)	
levofloxacin 250 mg tablet	\$2.55 (Tier 1)	
levofloxacin 500 mg tablet	\$2.55 (Tier 1)	
MEPRON 750 MG/5 ML ORAL SUSPENSION	\$6.35 (Tier 2)	
NORVIR 100 MG TABLET	\$6.35 (Tier 2)	QL (360 per 30 days)
PEGINTRON 50 MCG/0.5 ML SUBCUTANEOUS KIT	\$6.35 (Tier 2)	PA,QL (4 per 28 days)
PEGINTRON REDIPEN 120 MCG/0.5 ML SUBCUTANEOUS KIT	\$6.35 (Tier 2)	PA,QL (4 per 28 days)
PEGINTRON REDIPEN 150 MCG/0.5 ML SUBCUTANEOUS KIT	\$6.35 (Tier 2)	PA,QL (4 per 28 days)
PEGINTRON REDIPEN 50 MCG/0.5 ML SUBCUTANEOUS KIT	\$6.35 (Tier 2)	PA,QL (4 per 28 days)
PEGINTRON REDIPEN 80 MCG/0.5 ML SUBCUTANEOUS KIT	\$6.35 (Tier 2)	PA,QL (4 per 28 days)
primaquine 26.3 mg tablet	\$6.35 (Tier 2)	
quinine sulfate 324 mg capsule	\$2.55 (Tier 1)	PA,QL (42 per 7 days)
sulfamethoxazole-tmp ds tablet	\$2.55 (Tier 1)	
sulfamethoxazole-tmp ss tablet	\$2.55 (Tier 1)	
SUSTIVA 200 MG CAPSULE	\$6.35 (Tier 2)	QL (120 per 30 days)
SUSTIVA 50 MG CAPSULE	\$6.35 (Tier 2)	QL (480 per 30 days)

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ST = Step therapy: you must try another drug before you can get this one.

BvsD = Medicare Part B or Part D review (approval): administration location of the drug is reviewed and must be approved before the plan will cover the cost of this drug

(OTC) = Over-the-counter drug

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ANTI-INFECTIVE AGENTS (continued)

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
SUSTIVA 600 MG TABLET	\$6.35 (Tier 2)	QL (30 per 30 days)
tinidazole 250 mg tablet	\$2.55 (Tier 1)	
tinidazole 500 mg tablet	\$2.55 (Tier 1)	
TRIZIVIR 300 MG-150 MG-300 MG TABLET	\$6.35 (Tier 2)	QL (60 per 30 days)
VIREAD 150 MG TABLET	\$6.35 (Tier 2)	QL (30 per 30 days)
VIREAD 200 MG TABLET	\$6.35 (Tier 2)	QL (30 per 30 days)
VIREAD 250 MG TABLET	\$6.35 (Tier 2)	QL (30 per 30 days)
VIREAD 300 MG TABLET	\$6.35 (Tier 2)	QL (30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM) ORAL POWDER	\$6.35 (Tier 2)	QL (240 per 30 days)

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QL = Quantity Limit: only a specific quantity of a drug is allowed per a given period of days

PA = Prior authorization (approval): you must have approval from the plan before you can get this drug.

ST = Step therapy: you must try another drug before you can get this one.

BvsD = Medicare Part B or Part D review (approval): administration location of the drug is reviewed and must be approved before the plan will cover the cost of this drug

(OTC) = Over-the-counter drug

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ANTI-HISTAMINE DRUGS

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
levocetirizine 5 mg tablet	\$2.55 (Tier 1)	QL (30 per 30 days)

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QL = Quantity Limit: only a specific quantity of a drug is allowed per a given period of days

PA = Prior authorization (approval): you must have approval from the plan before you can get this drug.

ST = Step therapy: you must try another drug before you can get this one.

BvsD = Medicare Part B or Part D review (approval): administration location of the drug is reviewed and must be approved before the plan will cover the cost of this drug

(OTC) = Over-the-counter drug

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ANTINEOPLASTIC AGENTS

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
anastrozole 1 mg tablet	\$2.55 (Tier 1)	QL (30 per 30 days)
bicalutamide 50 mg tablet	\$2.55 (Tier 1)	QL (30 per 30 days)
letrozole 2.5 mg tablet	\$2.55 (Tier 1)	QL (30 per 30 days)
methotrexate 2.5 mg tablet	\$2.55 (Tier 1)	B vs D
tamoxifen 10 mg tablet	\$2.55 (Tier 1)	
tamoxifen 20 mg tablet	\$2.55 (Tier 1)	
TRELSTAR 22.5 MG INTRAMUSCULAR SUSPENSION	\$6.35 (Tier 2)	PA
ZYTIGA 250 MG TABLET	\$6.35 (Tier 2)	PA,QL (120 per 30 days)

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

QL = Quantity Limit: only a specific quantity of a drug is allowed per a given period of days

PA = Prior authorization (approval): you must have approval from the plan before you can get this drug.

ST = Step therapy: you must try another drug before you can get this one.

BvsD = Medicare Part B or Part D review (approval): administration location of the drug is reviewed and must be approved before the plan will cover the cost of this drug

(OTC) = Over-the-counter drug

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AUTONOMIC DRUGS

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
albuterol 5 mg/ml solution	\$2.55 (Tier 1)	B vs D
albuterol sul 1.25 mg/3 ml sol	\$2.55 (Tier 1)	B vs D
albuterol sulf 2 mg/5 ml syrup	\$2.55 (Tier 1)	
albuterol sulfate 2 mg tab	\$2.55 (Tier 1)	
donepezil hcl 10 mg tablet	\$2.55 (Tier 1)	QL (60 per 30 days)
donepezil hcl 5 mg tablet	\$2.55 (Tier 1)	QL (30 per 30 days)
donepezil hcl odt 10 mg tablet	\$2.55 (Tier 1)	QL (30 per 30 days)
donepezil hcl odt 5 mg tablet	\$2.55 (Tier 1)	QL (30 per 30 days)
EXELON 4.6 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH	\$6.35 (Tier 2)	QL (30 per 30 days)
EXELON 9.5 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH	\$6.35 (Tier 2)	QL (30 per 30 days)
galantamine er 16 mg capsule	\$2.55 (Tier 1)	QL (30 per 30 days)
galantamine er 24 mg capsule	\$2.55 (Tier 1)	QL (30 per 30 days)
galantamine er 8 mg capsule	\$2.55 (Tier 1)	QL (30 per 30 days)
galantamine hbr 12 mg tablet	\$2.55 (Tier 1)	QL (60 per 30 days)
galantamine hbr 4 mg tablet	\$2.55 (Tier 1)	QL (60 per 30 days)
galantamine hbr 8 mg tablet	\$2.55 (Tier 1)	QL (60 per 30 days)
PROAIR HFA 90 MCG/ACTUATION AEROSOL INHALER	\$6.35 (Tier 2)	QL (36 per 30 days)

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ST = Step therapy: you must try another drug before you can get this one.

BvsD = Medicare Part B or Part D review (approval): administration location of the drug is reviewed and must be approved before the plan will cover the cost of this drug

(OTC) = Over-the-counter drug

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AUTONOMIC DRUGS (continued)

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
rivastigmine 1.5 mg capsule	\$2.55 (Tier 1)	QL (90 per 30 days)
rivastigmine 3 mg capsule	\$2.55 (Tier 1)	QL (90 per 30 days)
rivastigmine 4.5 mg capsule	\$2.55 (Tier 1)	QL (60 per 30 days)
rivastigmine 6 mg capsule	\$2.55 (Tier 1)	QL (60 per 30 days)
SPIRIVA WITH HANDIHALER 18 MCG & INHALATION CAPSULES	\$6.35 (Tier 2)	QL (30 per 30 days)
tamsulosin hcl 0.4 mg capsule	\$2.55 (Tier 1)	QL (60 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
cilostazol 100 mg tablet	\$2.55 (Tier 1)	
cilostazol 50 mg tablet	\$2.55 (Tier 1)	
clopidogrel 300 mg tablet	\$2.55 (Tier 1)	QL (1 per 30 days)
clopidogrel 75 mg tablet	\$2.55 (Tier 1)	QL (30 per 30 days)
EFFIENT 10 MG TABLET	\$6.35 (Tier 2)	QL (30 per 30 days)
EFFIENT 5 MG TABLET	\$6.35 (Tier 2)	QL (30 per 30 days)
enoxaparin 100 mg/ml syringe	\$2.55 (Tier 1)	QL (28 per 30 days)
enoxaparin 120 mg/0.8 ml syr	\$2.55 (Tier 1)	QL (28 per 30 days)
enoxaparin 150 mg/ml syringe	\$2.55 (Tier 1)	QL (28 per 30 days)
enoxaparin 30 mg/0.3 ml syr	\$2.55 (Tier 1)	QL (28 per 30 days)
enoxaparin 300 mg/3 ml vial	\$2.55 (Tier 1)	QL (14 per 30 days)
enoxaparin 40 mg/0.4 ml syr	\$2.55 (Tier 1)	QL (28 per 30 days)
enoxaparin 60 mg/0.6 ml syr	\$2.55 (Tier 1)	QL (28 per 30 days)
enoxaparin 80 mg/0.8 ml syr	\$2.55 (Tier 1)	QL (28 per 30 days)
fondaparinux 2.5 mg/0.5 ml syr	\$2.55 (Tier 1)	QL (14 per 30 days)
fondaparinux 5 mg/0.4 ml syr	\$2.55 (Tier 1)	QL (14 per 30 days)
fondaparinux 7.5 mg/0.6 ml syr	\$2.55 (Tier 1)	QL (14 per 30 days)
PRADAXA 150 MG CAPSULE	\$6.35 (Tier 2)	QL (60 per 30 days)
PRADAXA 75 MG CAPSULE	\$6.35 (Tier 2)	QL (60 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
PROCRIT 10,000 UNIT/ML INJECTION SOLUTION	\$6.35 (Tier 2)	PA, QL (14 per 30 days)
PROCRIT 2,000 UNIT/ML INJECTION SOLUTION	\$6.35 (Tier 2)	PA, QL (14 per 30 days)
PROCRIT 20,000 UNIT/ML INJECTION SOLUTION	\$6.35 (Tier 2)	PA, QL (14 per 30 days)
PROCRIT 3,000 UNIT/ML INJECTION SOLUTION	\$6.35 (Tier 2)	PA, QL (14 per 30 days)
PROCRIT 4,000 UNIT/ML INJECTION SOLUTION	\$6.35 (Tier 2)	PA, QL (14 per 30 days)
PROCRIT 40,000 UNIT/ML INJECTION SOLUTION	\$6.35 (Tier 2)	PA, QL (14 per 30 days)
warfarin sodium 1 mg tablet	\$2.55 (Tier 1)	
warfarin sodium 2 mg tablet	\$2.55 (Tier 1)	
warfarin sodium 2.5 mg tablet	\$2.55 (Tier 1)	
warfarin sodium 3 mg tablet	\$2.55 (Tier 1)	
warfarin sodium 4 mg tablet	\$2.55 (Tier 1)	
warfarin sodium 5 mg tablet	\$2.55 (Tier 1)	
warfarin sodium 6 mg tablet	\$2.55 (Tier 1)	
warfarin sodium 7.5 mg tablet	\$2.55 (Tier 1)	
XARELTO 10 MG TABLET	\$6.35 (Tier 2)	QL (35 per 60 days)
XARELTO 15 MG TABLET	\$6.35 (Tier 2)	QL (60 per 30 days)
XARELTO 20 MG TABLET	\$6.35 (Tier 2)	QL (30 per 30 days)

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CARDIOVASCULAR DRUGS

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
acebutolol 200 mg capsule	\$2.55 (Tier 1)	
acebutolol 400 mg capsule	\$2.55 (Tier 1)	
amiodarone hcl 200 mg tablet	\$2.55 (Tier 1)	
amiodarone hcl 400 mg tablet	\$2.55 (Tier 1)	
amlodipine besylate 10 mg tab	\$2.55 (Tier 1)	
amlodipine besylate 2.5 mg tab	\$2.55 (Tier 1)	
amlodipine besylate 5 mg tab	\$2.55 (Tier 1)	
amlodipine-benazepril 10-20 mg	\$2.55 (Tier 1)	QL (60 per 30 days)
amlodipine-benazepril 10-40 mg	\$2.55 (Tier 1)	QL (30 per 30 days)
amlodipine-benazepril 2.5-10	\$2.55 (Tier 1)	QL (60 per 30 days)
amlodipine-benazepril 5-10 mg	\$2.55 (Tier 1)	QL (60 per 30 days)
amlodipine-benazepril 5-20 mg	\$2.55 (Tier 1)	QL (60 per 30 days)
amlodipine-benazepril 5-40 mg	\$2.55 (Tier 1)	QL (30 per 30 days)
atenolol 100 mg tablet	\$2.55 (Tier 1)	
atenolol 25 mg tablet	\$2.55 (Tier 1)	
atenolol 50 mg tablet	\$2.55 (Tier 1)	
atorvastatin 10 mg tablet	\$2.55 (Tier 1)	QL (30 per 30 days)
atorvastatin 20 mg tablet	\$2.55 (Tier 1)	QL (30 per 30 days)

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CARDIOVASCULAR DRUGS (continued)

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
atorvastatin 40 mg tablet	\$2.55 (Tier 1)	QL (30 per 30 days)
atorvastatin 80 mg tablet	\$2.55 (Tier 1)	QL (30 per 30 days)
benazepril hcl 10 mg tablet	\$2.55 (Tier 1)	
benazepril hcl 40 mg tablet	\$2.55 (Tier 1)	
benazepril hcl 5 mg tablet	\$2.55 (Tier 1)	
benazepril-hctz 10-12.5 mg tab	\$2.55 (Tier 1)	
benazepril-hctz 20-12.5 mg tab	\$2.55 (Tier 1)	
benazepril-hctz 20-25 mg tab	\$2.55 (Tier 1)	
benazepril-hctz 5-6.25 mg tab	\$2.55 (Tier 1)	
candesartan-hctz 16-12.5 mg tb	\$2.55 (Tier 1)	QL (30 per 30 days)
candesartan-hctz 32-12.5 mg tb	\$2.55 (Tier 1)	QL (30 per 30 days)
candesartan-hctz 32-25 mg tab	\$2.55 (Tier 1)	QL (30 per 30 days)
captopril 100 mg tablet	\$2.55 (Tier 1)	
captopril 12.5 mg tablet	\$2.55 (Tier 1)	
captopril 25 mg tablet	\$2.55 (Tier 1)	
captopril 50 mg tablet	\$2.55 (Tier 1)	
captopril-hctz 25-15 mg tablet	\$2.55 (Tier 1)	
captopril-hctz 25-25 mg tablet	\$2.55 (Tier 1)	

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CARDIOVASCULAR DRUGS (continued)

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
captopril-hctz 50-15 mg tablet	\$2.55 (Tier 1)	
captopril-hctz 50-25 mg tablet	\$2.55 (Tier 1)	
cartia xt 120 mg capsule,extended release	\$2.55 (Tier 1)	QL (60 per 30 days)
cartia xt 240 mg capsule,extended release	\$2.55 (Tier 1)	QL (60 per 30 days)
cartia xt 300 mg capsule,extended release	\$2.55 (Tier 1)	QL (30 per 30 days)
carvedilol 12.5 mg tablet	\$2.55 (Tier 1)	
carvedilol 25 mg tablet	\$2.55 (Tier 1)	
carvedilol 3.125 mg tablet	\$2.55 (Tier 1)	
carvedilol 6.25 mg tablet	\$2.55 (Tier 1)	
digoxin 125 mcg tablet	\$2.55 (Tier 1)	QL (30 per 30 days)
digoxin 250 mcg tablet	\$2.55 (Tier 1)	PA
dilt-xr 180 mg capsule, extended release	\$2.55 (Tier 1)	QL (60 per 30 days)
diltiazem 120 mg tablet	\$2.55 (Tier 1)	
doxazosin mesylate 1 mg tab	\$2.55 (Tier 1)	
doxazosin mesylate 2 mg tab	\$2.55 (Tier 1)	
doxazosin mesylate 4 mg tab	\$2.55 (Tier 1)	
doxazosin mesylate 8 mg tab	\$2.55 (Tier 1)	
enalapril maleate 10 mg tab	\$2.55 (Tier 1)	

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CARDIOVASCULAR DRUGS (continued)

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
enalapril-hctz 10-25 mg tablet	\$2.55 (Tier 1)	
felodipine er 10 mg tablet	\$2.55 (Tier 1)	QL (30 per 30 days)
felodipine er 2.5 mg tablet	\$2.55 (Tier 1)	QL (30 per 30 days)
felodipine er 5 mg tablet	\$2.55 (Tier 1)	QL (30 per 30 days)
fenofibrate 134 mg capsule	\$2.55 (Tier 1)	QL (30 per 30 days)
fenofibrate 200 mg capsule	\$2.55 (Tier 1)	QL (30 per 30 days)
fenofibrate 54 mg tablet	\$2.55 (Tier 1)	QL (60 per 30 days)
fenofibrate 67 mg capsule	\$2.55 (Tier 1)	QL (60 per 30 days)
fosinopril sodium 10 mg tab	\$2.55 (Tier 1)	
hydralazine 10 mg tablet	\$2.55 (Tier 1)	
hydralazine 100 mg tablet	\$2.55 (Tier 1)	
hydralazine 25 mg tablet	\$2.55 (Tier 1)	
hydralazine 50 mg tablet	\$2.55 (Tier 1)	
irbesartan 150 mg tablet	\$2.55 (Tier 1)	QL (30 per 30 days)
irbesartan 300 mg tablet	\$2.55 (Tier 1)	QL (30 per 30 days)
irbesartan 75 mg tablet	\$2.55 (Tier 1)	QL (30 per 30 days)
irbesartan-hctz 150-12.5 mg tb	\$2.55 (Tier 1)	QL (30 per 30 days)
irbesartan-hctz 300-12.5 mg tb	\$2.55 (Tier 1)	QL (30 per 30 days)

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CARDIOVASCULAR DRUGS (continued)

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
labetalol hcl 100 mg tablet	\$2.55 (Tier 1)	
labetalol hcl 200 mg tablet	\$2.55 (Tier 1)	
labetalol hcl 300 mg tablet	\$2.55 (Tier 1)	
LETAIRIS 10 MG TABLET	\$6.35 (Tier 2)	PA,QL (30 per 30 days)
LETAIRIS 5 MG TABLET	\$6.35 (Tier 2)	PA,QL (30 per 30 days)
lisinopril 10 mg tablet	\$2.55 (Tier 1)	
lisinopril 20 mg tablet	\$2.55 (Tier 1)	
lisinopril 30 mg tablet	\$2.55 (Tier 1)	
lisinopril 40 mg tablet	\$2.55 (Tier 1)	
lisinopril-hctz 10-12.5 mg tab	\$2.55 (Tier 1)	
lisinopril-hctz 20-12.5 mg tab	\$2.55 (Tier 1)	
lisinopril-hctz 20-25 mg tab	\$2.55 (Tier 1)	
losartan potassium 100 mg tab	\$2.55 (Tier 1)	QL (60 per 30 days)
losartan potassium 25 mg tab	\$2.55 (Tier 1)	QL (60 per 30 days)
losartan potassium 50 mg tab	\$2.55 (Tier 1)	QL (60 per 30 days)
losartan-hctz 100-12.5 mg tab	\$2.55 (Tier 1)	QL (60 per 30 days)
losartan-hctz 100-25 mg tab	\$2.55 (Tier 1)	QL (60 per 30 days)
losartan-hctz 50-12.5 mg tab	\$2.55 (Tier 1)	QL (60 per 30 days)

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CARDIOVASCULAR DRUGS (continued)

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
lovastatin 10 mg tablet	\$2.55 (Tier 1)	QL (60 per 30 days)
lovastatin 20 mg tablet	\$2.55 (Tier 1)	QL (60 per 30 days)
lovastatin 40 mg tablet	\$2.55 (Tier 1)	QL (60 per 30 days)
LOVAZA 1 GRAM CAPSULE	\$6.35 (Tier 2)	QL (120 per 30 days)
metoprolol succ er 200 mg tab	\$2.55 (Tier 1)	QL (60 per 30 days)
metoprolol succ er 25 mg tab	\$2.55 (Tier 1)	QL (60 per 30 days)
metoprolol tartrate 100 mg tab	\$2.55 (Tier 1)	
metoprolol tartrate 25 mg tab	\$2.55 (Tier 1)	
metoprolol tartrate 50 mg tab	\$2.55 (Tier 1)	
metoprolol-hctz 100-25 mg tab	\$2.55 (Tier 1)	
metoprolol-hctz 100-50 mg tab	\$2.55 (Tier 1)	
metoprolol-hctz 50-25 mg tab	\$2.55 (Tier 1)	
minoxidil 10 mg tablet	\$2.55 (Tier 1)	
minoxidil 2.5 mg tablet	\$2.55 (Tier 1)	
nifedipine er 30 mg tablet	\$2.55 (Tier 1)	QL (60 per 30 days)
nifedipine er 60 mg tablet	\$2.55 (Tier 1)	QL (60 per 30 days)
nitroglycerin 0.2 mg/hr patch	\$2.55 (Tier 1)	QL (30 per 30 days)
nitroglycerin 0.4 mg/hr patch	\$2.55 (Tier 1)	QL (60 per 30 days)
nitroglycerin 0.6 mg/hr patch	\$2.55 (Tier 1)	QL (30 per 30 days)

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CARDIOVASCULAR DRUGS (continued)

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
pravastatin sodium 10 mg tab	\$2.55 (Tier 1)	QL (30 per 30 days)
pravastatin sodium 20 mg tab	\$2.55 (Tier 1)	QL (30 per 30 days)
pravastatin sodium 40 mg tab	\$2.55 (Tier 1)	QL (60 per 30 days)
pravastatin sodium 80 mg tab	\$2.55 (Tier 1)	QL (30 per 30 days)
propafenone hcl er 225 mg cap	\$2.55 (Tier 1)	
propafenone hcl sr 325 mg cap	\$2.55 (Tier 1)	
propafenone hcl sr 425 mg cap	\$2.55 (Tier 1)	
propranolol 40 mg tablet	\$2.55 (Tier 1)	
propranolol 60 mg tablet	\$2.55 (Tier 1)	
propranolol 80 mg tablet	\$2.55 (Tier 1)	
ramipril 1.25 mg capsule	\$2.55 (Tier 1)	
ramipril 10 mg capsule	\$2.55 (Tier 1)	
ramipril 2.5 mg capsule	\$2.55 (Tier 1)	
ramipril 5 mg capsule	\$2.55 (Tier 1)	
sildenafil 20 mg tablet	\$2.55 (Tier 1)	PA,QL (90 per 30 days)
simvastatin 10 mg tablet	\$2.55 (Tier 1)	QL (30 per 30 days)
simvastatin 20 mg tablet	\$2.55 (Tier 1)	QL (30 per 30 days)
simvastatin 40 mg tablet	\$2.55 (Tier 1)	QL (30 per 30 days)
simvastatin 5 mg tablet	\$2.55 (Tier 1)	QL (30 per 30 days)

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CARDIOVASCULAR DRUGS (continued)

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
simvastatin 80 mg tablet	\$2.55 (Tier 1)	QL (30 per 30 days)
sotalol 160 mg tablet	\$2.55 (Tier 1)	
sotalol 240 mg tablet	\$2.55 (Tier 1)	
sotalol 80 mg tablet	\$2.55 (Tier 1)	
spironolactone 100 mg tablet	\$2.55 (Tier 1)	
spironolactone 25 mg tablet	\$2.55 (Tier 1)	
spironolactone 50 mg tablet	\$2.55 (Tier 1)	
TEKTURN 150 MG TABLET	\$6.35 (Tier 2)	QL (30 per 30 days)
TEKTURN 300 MG TABLET	\$6.35 (Tier 2)	QL (30 per 30 days)
timolol maleate 10 mg tablet	\$2.55 (Tier 1)	
timolol maleate 20 mg tablet	\$2.55 (Tier 1)	
timolol maleate 5 mg tablet	\$2.55 (Tier 1)	
valsartan-hctz 160-12.5 mg tab	\$2.55 (Tier 1)	QL (30 per 30 days)
valsartan-hctz 160-25 mg tab	\$2.55 (Tier 1)	QL (30 per 30 days)
valsartan-hctz 320-12.5 mg tab	\$2.55 (Tier 1)	QL (30 per 30 days)
valsartan-hctz 320-25 mg tab	\$2.55 (Tier 1)	QL (30 per 30 days)
valsartan-hctz 80-12.5 mg tab	\$2.55 (Tier 1)	QL (30 per 30 days)

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CARDIOVASCULAR DRUGS (continued)

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
verapamil 120 mg tablet	\$2.55 (Tier 1)	
verapamil 80 mg tablet	\$2.55 (Tier 1)	
WELCHOL 625 MG TABLET	\$6.35 (Tier 2)	
ZETIA 10 MG TABLET	\$6.35 (Tier 2)	QL (30 per 30 days)

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CENTRAL NERVOUS SYSTEM AGENTS

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
ABILIFY 10 MG TABLET	\$6.35 (Tier 2)	QL (30 per 30 days)
ABILIFY 15 MG TABLET	\$6.35 (Tier 2)	QL (30 per 30 days)
ABILIFY 2 MG TABLET	\$6.35 (Tier 2)	QL (30 per 30 days)
ABILIFY 20 MG TABLET	\$6.35 (Tier 2)	QL (30 per 30 days)
ABILIFY 30 MG TABLET	\$6.35 (Tier 2)	QL (30 per 30 days)
ABILIFY 5 MG TABLET	\$6.35 (Tier 2)	QL (30 per 30 days)
ABILIFY DISCMELT 10 MG DISINTEGRATING TABLET	\$6.35 (Tier 2)	QL (60 per 30 days)
ABILIFY DISCMELT 15 MG DISINTEGRATING TABLET	\$6.35 (Tier 2)	QL (60 per 30 days)
acetaminophen-cod #2 tablet	\$2.55 (Tier 1)	QL (390 per 30 days)
alprazolam 0.25 mg tablet	\$2.55 (Tier 1)	QL (120 per 30 days)
alprazolam 0.5 mg tablet	\$2.55 (Tier 1)	QL (120 per 30 days)
alprazolam 1 mg tablet	\$2.55 (Tier 1)	QL (240 per 30 days)
alprazolam 2 mg tablet	\$2.55 (Tier 1)	QL (150 per 30 days)
amantadine 100 mg tablet	\$2.55 (Tier 1)	
amitriptyline hcl 10 mg tab	\$2.55 (Tier 1)	PA
amitriptyline hcl 100 mg tab	\$2.55 (Tier 1)	PA
amitriptyline hcl 25 mg tab	\$2.55 (Tier 1)	PA
amitriptyline hcl 50 mg tab	\$2.55 (Tier 1)	PA

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CENTRAL NERVOUS SYSTEM AGENTS (continued)

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
amoxapine 100 mg tablet	\$2.55 (Tier 1)	
amoxapine 150 mg tablet	\$2.55 (Tier 1)	
amoxapine 25 mg tablet	\$2.55 (Tier 1)	
amoxapine 50 mg tablet	\$2.55 (Tier 1)	
budeprion sr 100 mg tablet	\$2.55 (Tier 1)	QL (120 per 30 days)
budeprion sr 150 mg tablet, extended release	\$2.55 (Tier 1)	QL (90 per 30 days)
bupropion hcl sr 200 mg tab	\$2.55 (Tier 1)	QL (60 per 30 days)
bupropion hcl xl 150 mg tablet	\$2.55 (Tier 1)	QL (90 per 30 days)
bupropion hcl xl 300 mg tablet	\$2.55 (Tier 1)	QL (90 per 30 days)
bupropion sr 150 mg tablet	\$2.55 (Tier 1)	QL (90 per 30 days)
buspirone hcl 15 mg tablet	\$2.55 (Tier 1)	
buspirone hcl 7.5 mg tablet	\$2.55 (Tier 1)	
BUTISOL 30 MG TABLET	\$6.35 (Tier 2)	PA
BUTISOL 50 MG TABLET	\$6.35 (Tier 2)	PA
carbamazepine 100 mg tab chew	\$2.55 (Tier 1)	
carbamazepine 200 mg tablet	\$2.55 (Tier 1)	
carbamazepine xr 200 mg tablet	\$2.55 (Tier 1)	
carbamazepine xr 400 mg tablet	\$2.55 (Tier 1)	

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CENTRAL NERVOUS SYSTEM AGENTS (continued)

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
carbidopa-levo 10-100 mg odt	\$2.55 (Tier 1)	
carbidopa-levo 25-100 mg odt	\$2.55 (Tier 1)	
carbidopa-levo 25-250 mg odt	\$2.55 (Tier 1)	
carbidopa-levo er 25-100 tab	\$2.55 (Tier 1)	
carbidopa-levo er 50-200 tab	\$2.55 (Tier 1)	
carbidopa-levodopa 10-100 tab	\$2.55 (Tier 1)	
carbidopa-levodopa 25-100 tab	\$2.55 (Tier 1)	
carbidopa-levodopa 25-250 tab	\$2.55 (Tier 1)	
citalopram hbr 10 mg tablet	\$2.55 (Tier 1)	QL (30 per 30 days)
citalopram hbr 20 mg tablet	\$2.55 (Tier 1)	QL (60 per 30 days)
citalopram hbr 40 mg tablet	\$2.55 (Tier 1)	QL (30 per 30 days)
clonazepam 0.125 mg dis tab	\$2.55 (Tier 1)	
clonazepam 0.25 mg odt	\$2.55 (Tier 1)	
clonazepam 0.5 mg dis tablet	\$2.55 (Tier 1)	
clonazepam 0.5 mg tablet	\$2.55 (Tier 1)	
clonazepam 1 mg dis tablet	\$2.55 (Tier 1)	
clonazepam 1 mg tablet	\$2.55 (Tier 1)	
clonazepam 2 mg odt	\$2.55 (Tier 1)	
clonazepam 2 mg tablet	\$2.55 (Tier 1)	

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CENTRAL NERVOUS SYSTEM AGENTS (continued)

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
clorazepate 15 mg tablet	\$2.55 (Tier 1)	
clorazepate 3.75 mg tablet	\$2.55 (Tier 1)	
clorazepate 7.5 mg tablet	\$2.55 (Tier 1)	
clozapine 100 mg tablet	\$2.55 (Tier 1)	
clozapine 200 mg tablet	\$2.55 (Tier 1)	
clozapine 25 mg tablet	\$2.55 (Tier 1)	
clozapine 50 mg tablet	\$2.55 (Tier 1)	
CYMBALTA 20 MG CAPSULE, DELAYED RELEASE	\$6.35 (Tier 2)	PA, QL (60 per 30 days)
CYMBALTA 30 MG CAPSULE, DELAYED RELEASE	\$6.35 (Tier 2)	PA, QL (60 per 30 days)
CYMBALTA 60 MG CAPSULE, DELAYED RELEASE	\$6.35 (Tier 2)	PA, QL (60 per 30 days)
desipramine 10 mg tablet	\$2.55 (Tier 1)	
desipramine 100 mg tablet	\$2.55 (Tier 1)	
desipramine 25 mg tablet	\$2.55 (Tier 1)	
desipramine 50 mg tablet	\$2.55 (Tier 1)	
desipramine 75 mg tablet	\$2.55 (Tier 1)	
dextroamp-amphet er 10 mg cap	\$2.55 (Tier 1)	QL (30 per 30 days)
dextroamp-amphet er 15 mg cap	\$2.55 (Tier 1)	QL (30 per 30 days)
dextroamp-amphet er 20 mg cap	\$2.55 (Tier 1)	QL (60 per 30 days)
dextroamp-amphet er 25 mg cap	\$2.55 (Tier 1)	QL (60 per 30 days)

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CENTRAL NERVOUS SYSTEM AGENTS (continued)

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
dextroamp-amphet er 30 mg cap	\$2.55 (Tier 1)	QL (60 per 30 days)
dextroamp-amphet er 5 mg cap	\$2.55 (Tier 1)	QL (30 per 30 days)
diazepam 10 mg tablet	\$2.55 (Tier 1)	QL (120 per 30 days)
diazepam 2 mg tablet	\$2.55 (Tier 1)	QL (90 per 30 days)
diazepam 5 mg tablet	\$2.55 (Tier 1)	QL (90 per 30 days)
endocet 10 mg-325 mg tablet	\$2.55 (Tier 1)	QL (360 per 30 days)
endocet 10 mg-650 mg tablet	\$2.55 (Tier 1)	QL (180 per 30 days)
endocet 5 mg-325 mg tablet	\$2.55 (Tier 1)	QL (360 per 30 days)
endocet 7.5 mg-325 mg tablet	\$2.55 (Tier 1)	QL (360 per 30 days)
endocet 7.5 mg-500 mg tablet	\$2.55 (Tier 1)	QL (240 per 30 days)
entacapone 200 mg tablet	\$2.55 (Tier 1)	QL (300 per 30 days)
escitalopram 10 mg tablet	\$2.55 (Tier 1)	QL (45 per 30 days)
escitalopram 20 mg tablet	\$2.55 (Tier 1)	QL (30 per 30 days)
escitalopram 5 mg tablet	\$2.55 (Tier 1)	QL (30 per 30 days)
escitalopram oxalate 5 mg/5 ml	\$2.55 (Tier 1)	QL (600 per 30 days)
fentanyl 100 mcg/hr patch	\$2.55 (Tier 1)	QL (20 per 30 days)
fluoxetine hcl 10 mg capsule	\$2.55 (Tier 1)	QL (60 per 30 days)
fluoxetine hcl 20 mg capsule	\$2.55 (Tier 1)	QL (120 per 30 days)
fluoxetine hcl 40 mg capsule	\$2.55 (Tier 1)	QL (60 per 30 days)

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CENTRAL NERVOUS SYSTEM AGENTS (continued)

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
fluoxetine hcl 60 mg tablet	\$2.55 (Tier 1)	QL (30 per 30 days)
gabapentin 300 mg capsule	\$2.55 (Tier 1)	QL (270 per 30 days)
gabapentin 400 mg capsule	\$2.55 (Tier 1)	QL (270 per 30 days)
gabapentin 600 mg tablet	\$2.55 (Tier 1)	QL (180 per 30 days)
gabapentin 800 mg tablet	\$2.55 (Tier 1)	QL (180 per 30 days)
haloperidol 1 mg tablet	\$2.55 (Tier 1)	
haloperidol 2 mg tablet	\$2.55 (Tier 1)	
ibuprofen 600 mg tablet	\$2.55 (Tier 1)	
ibuprofen 800 mg tablet	\$2.55 (Tier 1)	
INVEGA SUSTENNA 117 MG/0.75 ML INTRAMUSCULAR SYRINGE	\$6.35 (Tier 2)	QL (2 per 30 days)
INVEGA SUSTENNA 156 MG/ML INTRAMUSCULAR SYRINGE	\$6.35 (Tier 2)	QL (2 per 30 days)
INVEGA SUSTENNA 234 MG/1.5 ML INTRAMUSCULAR SYRINGE	\$6.35 (Tier 2)	QL (2 per 30 days)
INVEGA SUSTENNA 39 MG/0.25 ML INTRAMUSCULAR SYRINGE	\$6.35 (Tier 2)	QL (2 per 30 days)
INVEGA SUSTENNA 78 MG/0.5 ML INTRAMUSCULAR SYRINGE	\$6.35 (Tier 2)	QL (2 per 30 days)
lamotrigine 100 mg tablet	\$2.55 (Tier 1)	
lamotrigine 150 mg tablet	\$2.55 (Tier 1)	
lamotrigine 200 mg tablet	\$2.55 (Tier 1)	

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CENTRAL NERVOUS SYSTEM AGENTS (continued)

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
lamotrigine 25 mg disper tab	\$2.55 (Tier 1)	
lamotrigine 25 mg tablet	\$2.55 (Tier 1)	
lamotrigine 5 mg disper tablet	\$2.55 (Tier 1)	
lamotrigine er 100 mg tablet	\$2.55 (Tier 1)	
lamotrigine er 200 mg tablet	\$2.55 (Tier 1)	
lamotrigine er 25 mg tablet	\$2.55 (Tier 1)	
lamotrigine er 250 mg tablet	\$2.55 (Tier 1)	
lamotrigine er 300 mg tablet	\$2.55 (Tier 1)	
lamotrigine er 50 mg tablet	\$2.55 (Tier 1)	
LATUDA 20 MG TABLET	\$6.35 (Tier 2)	PA,QL (30 per 30 days)
LATUDA 40 MG TABLET	\$6.35 (Tier 2)	PA,QL (30 per 30 days)
LATUDA 80 MG TABLET	\$6.35 (Tier 2)	PA,QL (60 per 30 days)
levetiracetam 1,000 mg tablet	\$2.55 (Tier 1)	
levetiracetam 250 mg tablet	\$2.55 (Tier 1)	
levetiracetam 500 mg tablet	\$2.55 (Tier 1)	
levetiracetam 750 mg tablet	\$2.55 (Tier 1)	
lithium carbonate 150 mg cap	\$2.55 (Tier 1)	
lithium carbonate er 300 mg tb	\$2.55 (Tier 1)	
lorazepam 0.5 mg tablet	\$2.55 (Tier 1)	QL (90 per 30 days)

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CENTRAL NERVOUS SYSTEM AGENTS (continued)

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
lorazepam 1 mg tablet	\$2.55 (Tier 1)	QL (90 per 30 days)
lorazepam 2 mg tablet	\$2.55 (Tier 1)	QL (150 per 30 days)
LYRICA 100 MG CAPSULE	\$6.35 (Tier 2)	QL (90 per 30 days)
LYRICA 150 MG CAPSULE	\$6.35 (Tier 2)	QL (90 per 30 days)
LYRICA 20 MG/ML ORAL SOLUTION	\$6.35 (Tier 2)	QL (900 per 30 days)
LYRICA 200 MG CAPSULE	\$6.35 (Tier 2)	QL (90 per 30 days)
LYRICA 225 MG CAPSULE	\$6.35 (Tier 2)	QL (60 per 30 days)
LYRICA 25 MG CAPSULE	\$6.35 (Tier 2)	QL (90 per 30 days)
LYRICA 300 MG CAPSULE	\$6.35 (Tier 2)	QL (60 per 30 days)
LYRICA 50 MG CAPSULE	\$6.35 (Tier 2)	QL (90 per 30 days)
LYRICA 75 MG CAPSULE	\$6.35 (Tier 2)	QL (90 per 30 days)
meloxicam 15 mg tablet	\$2.55 (Tier 1)	QL (30 per 30 days)
meloxicam 7.5 mg tablet	\$2.55 (Tier 1)	QL (60 per 30 days)
mirtazapine 15 mg odt	\$2.55 (Tier 1)	QL (30 per 30 days)
mirtazapine 15 mg tablet	\$2.55 (Tier 1)	QL (30 per 30 days)
mirtazapine 30 mg odt	\$2.55 (Tier 1)	QL (30 per 30 days)
mirtazapine 30 mg tablet	\$2.55 (Tier 1)	QL (30 per 30 days)
mirtazapine 45 mg odt	\$2.55 (Tier 1)	QL (30 per 30 days)
mirtazapine 45 mg tablet	\$2.55 (Tier 1)	QL (30 per 30 days)

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CENTRAL NERVOUS SYSTEM AGENTS (continued)

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
mirtazapine 7.5 mg tablet	\$2.55 (Tier 1)	
modafinil 100 mg tablet	\$2.55 (Tier 1)	PA,QL (60 per 30 days)
modafinil 200 mg tablet	\$2.55 (Tier 1)	PA,QL (60 per 30 days)
morphine sulf er 100 mg tablet	\$2.55 (Tier 1)	QL (180 per 30 days)
morphine sulf er 30 mg tablet	\$2.55 (Tier 1)	QL (120 per 30 days)
NAMENDA 10 MG TABLET	\$6.35 (Tier 2)	QL (60 per 30 days)
NAMENDA 10 MG/5 ML ORAL SOLUTION	\$6.35 (Tier 2)	QL (360 per 30 days)
NAMENDA 5 MG TABLET	\$6.35 (Tier 2)	QL (60 per 30 days)
NAMENDA TITRATION PAK 5 MG-10 MG TABLETS IN A DOSE PACK	\$6.35 (Tier 2)	QL (98 per 30 days)
naproxen 250 mg tablet	\$2.55 (Tier 1)	
naproxen 375 mg tablet	\$2.55 (Tier 1)	
naproxen 500 mg tablet	\$2.55 (Tier 1)	
naratriptan hcl 1 mg tablet	\$2.55 (Tier 1)	QL (9 per 30 days)
naratriptan hcl 2.5 mg tablet	\$2.55 (Tier 1)	QL (9 per 30 days)
nortriptyline hcl 75 mg cap	\$2.55 (Tier 1)	
olanzapine 10 mg tablet	\$2.55 (Tier 1)	QL (30 per 30 days)
olanzapine 10 mg vial	\$2.55 (Tier 1)	QL (60 per 30 days)
olanzapine 15 mg tablet	\$2.55 (Tier 1)	QL (60 per 30 days)

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CENTRAL NERVOUS SYSTEM AGENTS (continued)

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
olanzapine 2.5 mg tablet	\$2.55 (Tier 1)	QL (30 per 30 days)
olanzapine 20 mg tablet	\$2.55 (Tier 1)	QL (60 per 30 days)
olanzapine 5 mg tablet	\$2.55 (Tier 1)	QL (30 per 30 days)
olanzapine 7.5 mg tablet	\$2.55 (Tier 1)	QL (30 per 30 days)
olanzapine odt 10 mg tablet	\$2.55 (Tier 1)	QL (30 per 30 days)
olanzapine odt 15 mg tablet	\$2.55 (Tier 1)	QL (60 per 30 days)
olanzapine odt 20 mg tablet	\$2.55 (Tier 1)	QL (60 per 30 days)
olanzapine odt 5 mg tablet	\$2.55 (Tier 1)	QL (30 per 30 days)
ONFI 10 MG TABLET	\$6.35 (Tier 2)	PA,QL (60 per 30 days)
ONFI 20 MG TABLET	\$6.35 (Tier 2)	PA,QL (60 per 30 days)
ONFI 5 MG TABLET	\$6.35 (Tier 2)	PA,QL (60 per 30 days)
oxazepam 10 mg capsule	\$2.55 (Tier 1)	
oxazepam 15 mg capsule	\$2.55 (Tier 1)	
oxazepam 30 mg capsule	\$2.55 (Tier 1)	
oxycodone hcl 10 mg tablet	\$2.55 (Tier 1)	QL (360 per 30 days)
oxycodone hcl 20 mg tablet	\$2.55 (Tier 1)	QL (360 per 30 days)
phenobarbital 100 mg tablet	\$2.55 (Tier 1)	PA,QL (90 per 30 days)
phenobarbital 15 mg tablet	\$2.55 (Tier 1)	PA,QL (120 per 30 days)
phenobarbital 16.2 mg tablet	\$2.55 (Tier 1)	PA,QL (90 per 30 days)

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CENTRAL NERVOUS SYSTEM AGENTS (continued)

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
phenobarbital 20 mg/5 ml elix	\$2.55 (Tier 1)	PA,QL (1500 per 30 days)
phenobarbital 30 mg tablet	\$2.55 (Tier 1)	PA,QL (300 per 30 days)
phenobarbital 32.4 mg tablet	\$2.55 (Tier 1)	PA,QL (90 per 30 days)
phenobarbital 60 mg tablet	\$2.55 (Tier 1)	PA,QL (120 per 30 days)
phenobarbital 64.8 mg tablet	\$2.55 (Tier 1)	PA,QL (90 per 30 days)
phenobarbital 97.2 mg tablet	\$2.55 (Tier 1)	PA,QL (90 per 30 days)
PHENYTEK 200 MG CAPSULE	\$6.35 (Tier 2)	
PHENYTEK 300 MG CAPSULE	\$6.35 (Tier 2)	
phenytoin 50 mg tablet chew	\$2.55 (Tier 1)	
POTIGA 200 MG TABLET	\$6.35 (Tier 2)	PA
POTIGA 300 MG TABLET	\$6.35 (Tier 2)	PA
POTIGA 400 MG TABLET	\$6.35 (Tier 2)	PA
POTIGA 50 MG TABLET	\$6.35 (Tier 2)	PA
pramipexole 0.125 mg tablet	\$2.55 (Tier 1)	
pramipexole 0.25 mg tablet	\$2.55 (Tier 1)	
pramipexole 0.5 mg tablet	\$2.55 (Tier 1)	
pramipexole 0.75 mg tablet	\$2.55 (Tier 1)	
pramipexole 1 mg tablet	\$2.55 (Tier 1)	
pramipexole 1.5 mg tablet	\$2.55 (Tier 1)	

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CENTRAL NERVOUS SYSTEM AGENTS (continued)

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
PRISTIQ 100 MG TABLET,EXTENDED RELEASE	\$6.35 (Tier 2)	ST,QL (30 per 30 days)
PRISTIQ 50 MG TABLET,EXTENDED RELEASE	\$6.35 (Tier 2)	ST,QL (30 per 30 days)
quetiapine fumarate 100 mg tab	\$2.55 (Tier 1)	QL (90 per 30 days)
quetiapine fumarate 200 mg tab	\$2.55 (Tier 1)	QL (120 per 30 days)
quetiapine fumarate 25 mg tab	\$2.55 (Tier 1)	QL (120 per 30 days)
quetiapine fumarate 300 mg tab	\$2.55 (Tier 1)	QL (90 per 30 days)
quetiapine fumarate 400 mg tab	\$2.55 (Tier 1)	QL (90 per 30 days)
quetiapine fumarate 50 mg tab	\$2.55 (Tier 1)	QL (120 per 30 days)
RISPERDAL CONSTA 12.5 MG/2 ML INTRAMUSCULAR SYRINGE	\$6.35 (Tier 2)	QL (2 per 28 days)
RISPERDAL CONSTA 25 MG/2 ML INTRAMUSCULAR SYRINGE	\$6.35 (Tier 2)	QL (2 per 28 days)
RISPERDAL CONSTA 37.5 MG/2 ML INTRAMUSCULAR SYRINGE	\$6.35 (Tier 2)	QL (4 per 28 days)
RISPERDAL CONSTA 50 MG/2 ML INTRAMUSCULAR SYRINGE	\$6.35 (Tier 2)	QL (4 per 28 days)
risperidone 0.25 mg odt	\$2.55 (Tier 1)	QL (60 per 30 days)
risperidone 0.25 mg tablet	\$2.55 (Tier 1)	QL (60 per 30 days)
risperidone 0.5 mg odt	\$2.55 (Tier 1)	QL (120 per 30 days)
risperidone 0.5 mg tablet	\$2.55 (Tier 1)	QL (120 per 30 days)
risperidone 1 mg tablet	\$2.55 (Tier 1)	QL (60 per 30 days)

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CENTRAL NERVOUS SYSTEM AGENTS (continued)

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
risperidone 2 mg odt	\$2.55 (Tier 1)	QL (60 per 30 days)
risperidone 2 mg tablet	\$2.55 (Tier 1)	QL (60 per 30 days)
risperidone 3 mg odt	\$2.55 (Tier 1)	QL (60 per 30 days)
risperidone 3 mg tablet	\$2.55 (Tier 1)	QL (60 per 30 days)
risperidone 4 mg odt	\$2.55 (Tier 1)	QL (60 per 30 days)
risperidone 4 mg tablet	\$2.55 (Tier 1)	QL (60 per 30 days)
ropinirole hcl 0.25 mg tablet	\$2.55 (Tier 1)	
ropinirole hcl 0.5 mg tablet	\$2.55 (Tier 1)	
ropinirole hcl 1 mg tablet	\$2.55 (Tier 1)	
ropinirole hcl 2 mg tablet	\$2.55 (Tier 1)	
ropinirole hcl 3 mg tablet	\$2.55 (Tier 1)	
ropinirole hcl 4 mg tablet	\$2.55 (Tier 1)	
ropinirole hcl 5 mg tablet	\$2.55 (Tier 1)	
sertraline hcl 100 mg tablet	\$2.55 (Tier 1)	QL (60 per 30 days)
sertraline hcl 25 mg tablet	\$2.55 (Tier 1)	QL (90 per 30 days)
sertraline hcl 50 mg tablet	\$2.55 (Tier 1)	QL (90 per 30 days)
sumatriptan 6 mg/0.5 ml vial	\$2.55 (Tier 1)	QL (6 per 30 days)
sumatriptan succ 100 mg tablet	\$2.55 (Tier 1)	QL (9 per 30 days)
sumatriptan succ 25 mg tablet	\$2.55 (Tier 1)	QL (9 per 30 days)

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CENTRAL NERVOUS SYSTEM AGENTS (continued)

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
sumatriptan succ 50 mg tablet	\$2.55 (Tier 1)	QL (9 per 30 days)
temazepam 15 mg capsule	\$2.55 (Tier 1)	QL (30 per 30 days)
temazepam 22.5 mg capsule	\$2.55 (Tier 1)	
temazepam 30 mg capsule	\$2.55 (Tier 1)	QL (30 per 30 days)
temazepam 7.5 mg capsule	\$2.55 (Tier 1)	
tiagabine hcl 2 mg tablet	\$2.55 (Tier 1)	
tiagabine hcl 4 mg tablet	\$2.55 (Tier 1)	
topiramate 100 mg tablet	\$2.55 (Tier 1)	QL (120 per 30 days)
topiramate 15 mg sprinkle cap	\$2.55 (Tier 1)	
topiramate 200 mg tablet	\$2.55 (Tier 1)	QL (120 per 30 days)
topiramate 25 mg sprinkle cap	\$2.55 (Tier 1)	
topiramate 25 mg tablet	\$2.55 (Tier 1)	QL (90 per 30 days)
topiramate 50 mg tablet	\$2.55 (Tier 1)	QL (120 per 30 days)
trazodone 150 mg tablet	\$2.55 (Tier 1)	
trazodone 300 mg tablet	\$2.55 (Tier 1)	
venlafaxine hcl 100 mg tablet	\$2.55 (Tier 1)	
venlafaxine hcl 25 mg tablet	\$2.55 (Tier 1)	
venlafaxine hcl 37.5 mg tablet	\$2.55 (Tier 1)	
venlafaxine hcl 50 mg tablet	\$2.55 (Tier 1)	

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CENTRAL NERVOUS SYSTEM AGENTS (continued)

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
venlafaxine hcl 75 mg tablet	\$2.55 (Tier 1)	
venlafaxine hcl er 150 mg cap	\$2.55 (Tier 1)	QL (60 per 30 days)
venlafaxine hcl er 150 mg tab	\$6.35 (Tier 2)	QL (30 per 30 days)
VENLAFAXINE HCL ER 225 MG TAB	\$6.35 (Tier 2)	QL (30 per 30 days)
venlafaxine hcl er 37.5 mg cap	\$2.55 (Tier 1)	QL (30 per 30 days)
venlafaxine hcl er 75 mg cap	\$2.55 (Tier 1)	QL (90 per 30 days)
venlafaxine hcl er 75 mg tab	\$6.35 (Tier 2)	QL (60 per 30 days)
VIIBRYD 10 MG (7)-20 MG (7)-40 MG(16) TABLETS IN A DOSE PACK	\$6.35 (Tier 2)	PA,QL (30 per 30 days)
VIMPAT 10 MG/ML ORAL SOLUTION	\$6.35 (Tier 2)	QL (1395 per 30 days)
ziprasidone hcl 20 mg capsule	\$2.55 (Tier 1)	QL (60 per 30 days)
ziprasidone hcl 40 mg capsule	\$2.55 (Tier 1)	QL (60 per 30 days)
ziprasidone hcl 60 mg capsule	\$2.55 (Tier 1)	QL (60 per 30 days)
ziprasidone hcl 80 mg capsule	\$2.55 (Tier 1)	QL (60 per 30 days)
zolpidem tartrate 10 mg tablet	\$2.55 (Tier 1)	QL (90 per 365 days)
zolpidem tartrate 5 mg tablet	\$2.55 (Tier 1)	QL (90 per 365 days)
zonisamide 100 mg capsule	\$2.55 (Tier 1)	
zonisamide 25 mg capsule	\$2.55 (Tier 1)	
zonisamide 50 mg capsule	\$2.55 (Tier 1)	
ZYPREXA 10 MG INTRAMUSCULAR SOLUTION	\$6.35 (Tier 2)	QL (60 per 30 days)

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ELECTROLYTIC, CALORIC, AND WATER BALANCE

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
chlorothiazide 250 mg tablet	\$2.55 (Tier 1)	
chlorothiazide 500 mg tablet	\$2.55 (Tier 1)	
furosemide 20 mg tablet	\$2.55 (Tier 1)	
furosemide 80 mg tablet	\$2.55 (Tier 1)	
hydrochlorothiazide 25 mg tab	\$2.55 (Tier 1)	
potassium citrate er 10 meq tb	\$2.55 (Tier 1)	
potassium citrate er 5 meq tab	\$2.55 (Tier 1)	
REVELA 0.8 GRAM ORAL POWDER PACKET	\$6.35 (Tier 2)	QL (540 per 30 days)
REVELA 2.4 GRAM ORAL POWDER PACKET	\$6.35 (Tier 2)	QL (180 per 30 days)
REVELA 800 MG TABLET	\$6.35 (Tier 2)	QL (540 per 30 days)
sodium lactate 1/6molar inj	\$2.55 (Tier 1)	
sodium lactate 5 meq/ml vial	\$2.55 (Tier 1)	
torseamide 10 mg tablet	\$2.55 (Tier 1)	
torseamide 100 mg tablet	\$2.55 (Tier 1)	
torseamide 20 mg tablet	\$2.55 (Tier 1)	
torseamide 5 mg tablet	\$2.55 (Tier 1)	
triamterene-hctz 37.5-25 mg cp	\$2.55 (Tier 1)	
triamterene-hctz 37.5-25 mg tb	\$2.55 (Tier 1)	
triamterene-hctz 75-50 mg tab	\$2.55 (Tier 1)	

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EYE, EAR, NOSE AND THROAT (EENT) PREPS.

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
acetazolamide 250 mg tablet	\$2.55 (Tier 1)	
dorzolamide hcl 2% eye drops	\$2.55 (Tier 1)	QL (10 per 30 days)
dorzolamide-timolol eye drops	\$2.55 (Tier 1)	QL (10 per 30 days)
LUMIGAN 0.01 % EYE DROPS	\$6.35 (Tier 2)	QL (3 per 25 days)
PATADAY 0.2 % EYE DROPS	\$6.35 (Tier 2)	
timolol 0.25% eye drops	\$2.55 (Tier 1)	
timolol 0.25% gfs gel-solution	\$2.55 (Tier 1)	
timolol 0.5% eye drops	\$2.55 (Tier 1)	
timolol 0.5% gfs gel-solution	\$2.55 (Tier 1)	
TRAVATAN Z 0.004 % EYE DROPS	\$6.35 (Tier 2)	QL (3 per 25 days)
ZYMAXID 0.5 % EYE DROPS	\$6.35 (Tier 2)	QL (3 per 25 days)

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GASTROINTESTINAL DRUGS

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
cimetidine 300 mg tablet	\$2.55 (Tier 1)	
cimetidine 400 mg tablet	\$2.55 (Tier 1)	
cimetidine 800 mg tablet	\$2.55 (Tier 1)	
CREON 3,000-9,500-15,000 UNIT CAPSULE, DELAYED RELEASE	\$6.35 (Tier 2)	
famotidine 20 mg tablet	\$2.55 (Tier 1)	
famotidine 40 mg tablet	\$2.55 (Tier 1)	
GOLYTELY 227.1 G-21.5 G-6.36 G-5.53 G ORAL POWDER PACKET	\$6.35 (Tier 2)	
GOLYTELY 236 G-22.74 G-6.74 G-5.86 G ORAL SOLUTION	\$6.35 (Tier 2)	
lansoprazole dr 30 mg capsule	\$2.55 (Tier 1)	QL (30 per 30 days)
LINZESS 145 MCG CAPSULE	\$6.35 (Tier 2)	QL (30 per 30 days)
LINZESS 290 MCG CAPSULE	\$6.35 (Tier 2)	QL (30 per 30 days)
metoclopramide 10 mg tablet	\$2.55 (Tier 1)	
metoclopramide 5 mg tablet	\$2.55 (Tier 1)	
misoprostol 100 mcg tablet	\$2.55 (Tier 1)	
NULYTELY WITH FLAVOR PACKS 420 GRAM ORAL SOLUTION	\$6.35 (Tier 2)	
omeprazole dr 20 mg capsule	\$2.55 (Tier 1)	QL (60 per 30 days)
omeprazole dr 40 mg capsule	\$2.55 (Tier 1)	QL (30 per 30 days)

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GASTROINTESTINAL DRUGS (continued)

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
PANCREAZE 10,500-25,000-43,750 UNIT CAPSULE,DELAYED RELEASE	\$6.35 (Tier 2)	
PANCREAZE 16,800-40,000-70,000 UNIT CAPSULE,DELAYED RELEASE	\$6.35 (Tier 2)	
PANCREAZE 21,000-37,000-61,000 UNIT CAPSULE,DELAYED RELEASE	\$6.35 (Tier 2)	
PANCREAZE 4,200-10,000-17,500 UNIT CAPSULE,DELAYED RELEASE	\$6.35 (Tier 2)	
pantoprazole sod dr 20 mg tab	\$2.55 (Tier 1)	QL (60 per 30 days)
pantoprazole sod dr 40 mg tab	\$2.55 (Tier 1)	QL (60 per 30 days)
prochlorperazine 25 mg supp	\$2.55 (Tier 1)	
ranitidine 150 mg capsule	\$2.55 (Tier 1)	
ranitidine 150 mg tablet	\$2.55 (Tier 1)	
ranitidine 300 mg capsule	\$2.55 (Tier 1)	
ranitidine 300 mg tablet	\$2.55 (Tier 1)	
SUPREP 17.5 GRAM-3.13 GRAM-1.6 GRAM ORAL SOLUTION	\$6.35 (Tier 2)	
ZENPEP 10,000-34,000-55,000 UNIT CAPSULE,DELAYED RELEASE	\$6.35 (Tier 2)	
ZENPEP 15,000-51,000-82,000 UNIT CAPSULE,DELAYED RELEASE	\$6.35 (Tier 2)	
ZENPEP 20,000-68,000-109,000 UNIT CAPSULE,DELAYED RELEASE	\$6.35 (Tier 2)	
ZENPEP 5,000-17,000-27,000 UNIT CAPSULE,DELAYED RELEASE	\$6.35 (Tier 2)	

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HORMONES AND SYNTHETIC SUBSTITUTES

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
acarbose 100 mg tablet	\$2.55 (Tier 1)	
acarbose 50 mg tablet	\$2.55 (Tier 1)	
ANDROGEL 1 % (50 MG/5 GRAM) TRANSDERMAL GEL PACKET	\$6.35 (Tier 2)	QL (300 per 30 days)
AVANDIA 2 MG TABLET	\$6.35 (Tier 2)	QL (60 per 30 days)
AVANDIA 4 MG TABLET	\$6.35 (Tier 2)	QL (60 per 30 days)
AVANDIA 8 MG TABLET	\$6.35 (Tier 2)	QL (30 per 30 days)
BYDUREON 2 MG SUBCUTANEOUS EXTENDED RELEASE SUSPENSION	\$6.35 (Tier 2)	ST,QL (4 per 28 days)
BYETTA 10 MCG/0.04 ML PER DOSE SUBCUTANEOUS PEN INJECTOR	\$6.35 (Tier 2)	ST,QL (3 per 30 days)
BYETTA 5 MCG/0.02 ML PER DOSE SUBCUTANEOUS PEN INJECTOR	\$6.35 (Tier 2)	ST,QL (3 per 30 days)
calcitonin-salmon 200 units sp	\$2.55 (Tier 1)	B vs D,QL (4 per 28 days)
danazol 100 mg capsule	\$2.55 (Tier 1)	
danazol 50 mg capsule	\$2.55 (Tier 1)	
dexamethasone 1 mg tablet	\$2.55 (Tier 1)	
dexamethasone 1.5 mg tablet	\$2.55 (Tier 1)	
dexamethasone 2 mg tablet	\$2.55 (Tier 1)	
dexamethasone 4 mg tablet	\$2.55 (Tier 1)	
dexamethasone 6 mg tablet	\$2.55 (Tier 1)	

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HORMONES AND SYNTHETIC SUBSTITUTES (continued)

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
EVISTA 60 MG TABLET	\$6.35 (Tier 2)	QL (30 per 30 days)
FORTEO 20 MCG/DOSE (600 MCG/2.4 ML) SUBCUTANEOUS PEN INJECTOR	\$6.35 (Tier 2)	ST,QL (2 per 28 days)
FORTICAL 200 UNIT/ACTUATION NASAL SPRAY	\$6.35 (Tier 2)	B vs D,QL (4 per 28 days)
glimepiride 1 mg tablet	\$2.55 (Tier 1)	
glimepiride 2 mg tablet	\$2.55 (Tier 1)	
glimepiride 4 mg tablet	\$2.55 (Tier 1)	
glipizide 10 mg tablet	\$2.55 (Tier 1)	
glipizide er 2.5 mg tablet	\$2.55 (Tier 1)	
glipizide-metformin 2.5-250 mg	\$2.55 (Tier 1)	
glipizide-metformin 2.5-500 mg	\$2.55 (Tier 1)	
glipizide-metformin 5-500 mg	\$2.55 (Tier 1)	
glyburid-metformin 1.25-250 mg	\$2.55 (Tier 1)	PA
glyburide 2.5 mg tablet	\$2.55 (Tier 1)	PA
glyburide micro 1.5 mg tab	\$2.55 (Tier 1)	PA
glyburide micro 3 mg tablet	\$2.55 (Tier 1)	PA
glyburide micro 6 mg tablet	\$2.55 (Tier 1)	PA
glyburide-metformin 2.5-500 mg	\$2.55 (Tier 1)	PA
glyburide-metformin 5-500 mg	\$2.55 (Tier 1)	PA

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HORMONES AND SYNTHETIC SUBSTITUTES (continued)

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
JANUMET 50 MG-1,000 MG TABLET	\$6.35 (Tier 2)	ST,QL (60 per 30 days)
JANUMET 50 MG-500 MG TABLET	\$6.35 (Tier 2)	ST,QL (60 per 30 days)
JANUVIA 100 MG TABLET	\$6.35 (Tier 2)	ST,QL (30 per 30 days)
JANUVIA 25 MG TABLET	\$6.35 (Tier 2)	ST,QL (30 per 30 days)
JANUVIA 50 MG TABLET	\$6.35 (Tier 2)	ST,QL (30 per 30 days)
JUVISYNC 100-10 MG TABLET	\$6.35 (Tier 2)	ST,QL (30 per 30 days)
JUVISYNC 100-20 MG TABLET	\$6.35 (Tier 2)	ST,QL (30 per 30 days)
JUVISYNC 100-40 MG TABLET	\$6.35 (Tier 2)	ST,QL (30 per 30 days)
LANTUS 100 UNIT/ML SUBCUTANEOUS SOLUTION	\$6.35 (Tier 2)	
levothyroxine 112 mcg tablet	\$2.55 (Tier 1)	
levothyroxine 88 mcg tablet	\$2.55 (Tier 1)	
LEVOXYL 100 MCG TABLET	\$6.35 (Tier 2)	
LEVOXYL 112 MCG TABLET	\$6.35 (Tier 2)	
LEVOXYL 125 MCG TABLET	\$6.35 (Tier 2)	
LEVOXYL 137 MCG TABLET	\$6.35 (Tier 2)	
LEVOXYL 150 MCG TABLET	\$6.35 (Tier 2)	
LEVOXYL 175 MCG TABLET	\$6.35 (Tier 2)	
LEVOXYL 200 MCG TABLET	\$6.35 (Tier 2)	
LEVOXYL 25 MCG TABLET	\$6.35 (Tier 2)	

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HORMONES AND SYNTHETIC SUBSTITUTES (continued)

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
LEVOXYL 50 MCG TABLET	\$6.35 (Tier 2)	
LEVOXYL 75 MCG TABLET	\$6.35 (Tier 2)	
LEVOXYL 88 MCG TABLET	\$6.35 (Tier 2)	
metformin hcl 1,000 mg tablet	\$2.55 (Tier 1)	
metformin hcl 500 mg tablet	\$2.55 (Tier 1)	
metformin hcl 850 mg tablet	\$2.55 (Tier 1)	
metformin hcl er 500 mg tablet	\$2.55 (Tier 1)	QL (120 per 30 days)
metformin hcl er 750 mg tablet	\$2.55 (Tier 1)	QL (60 per 30 days)
nateglinide 120 mg tablet	\$2.55 (Tier 1)	
nateglinide 60 mg tablet	\$2.55 (Tier 1)	
NOVOLIN 70/30 100 UNIT/ML SUBCUTANEOUS SUSPENSION	\$6.35 (Tier 2)	
NOVOLIN N 100 UNIT/ML SUBCUTANEOUS SUSPENSION	\$6.35 (Tier 2)	
NOVOLIN R 100 UNIT/ML INJECTION SOLUTION	\$6.35 (Tier 2)	
NOVOLOG 100 UNIT/ML SUBCUTANEOUS SOLUTION	\$6.35 (Tier 2)	
NOVOLOG FLEXPEN 100 UNIT/ML SUBCUTANEOUS	\$6.35 (Tier 2)	
NOVOLOG MIX 70-30 100 UNIT/ML SUBCUTANEOUS SOLUTION	\$6.35 (Tier 2)	
NOVOLOG MIX 70-30 FLEXPEN 100 UNIT/ML SUBCUTANEOUS PEN	\$6.35 (Tier 2)	

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Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
ONGLYZA 2.5 MG TABLET	\$6.35 (Tier 2)	ST,QL (30 per 30 days)
ONGLYZA 5 MG TABLET	\$6.35 (Tier 2)	ST,QL (30 per 30 days)
pioglitaz-glimepir 30-2 mg tab	\$2.55 (Tier 1)	QL (30 per 30 days)
pioglitaz-glimepir 30-4 mg tab	\$2.55 (Tier 1)	QL (30 per 30 days)
pioglitazone hcl 15 mg tablet	\$2.55 (Tier 1)	QL (30 per 30 days)
pioglitazone hcl 30 mg tablet	\$2.55 (Tier 1)	QL (30 per 30 days)
pioglitazone hcl 45 mg tablet	\$2.55 (Tier 1)	QL (30 per 30 days)
pioglitazone-metformin 15-500	\$2.55 (Tier 1)	QL (90 per 30 days)
pioglitazone-metformin 15-850	\$2.55 (Tier 1)	QL (90 per 30 days)
prednisone 1 mg tablet	\$2.55 (Tier 1)	B vs D
prednisone 10 mg tablet	\$2.55 (Tier 1)	B vs D
prednisone 2.5 mg tablet	\$2.55 (Tier 1)	B vs D
PREMARIN 0.625 MG/GRAM VAGINAL CREAM	\$6.35 (Tier 2)	

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MISCELLANEOUS THERAPEUTIC AGENTS

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
alendronate sodium 10 mg tab	\$2.55 (Tier 1)	QL (30 per 30 days)
alendronate sodium 35 mg tab	\$2.55 (Tier 1)	QL (4 per 28 days)
alendronate sodium 40 mg tab	\$2.55 (Tier 1)	QL (30 per 30 days)
alendronate sodium 5 mg tablet	\$2.55 (Tier 1)	QL (30 per 30 days)
alendronate sodium 70 mg tab	\$2.55 (Tier 1)	QL (4 per 28 days)
allopurinol 300 mg tablet	\$2.55 (Tier 1)	
AMPYRA 10 MG TABLET,EXTENDED RELEASE	\$6.35 (Tier 2)	PA,QL (60 per 30 days)
AVODART 0.5 MG CAPSULE	\$6.35 (Tier 2)	QL (30 per 30 days)
AVONEX 30 MCG INTRAMUSCULAR KIT	\$6.35 (Tier 2)	PA,QL (4 per 28 days)
AVONEX ADMINISTRATION PACK 30 MCG/0.5 ML INTRAMUSCULAR KIT	\$6.35 (Tier 2)	PA,QL (1 per 28 days)
azathioprine 50 mg tablet	\$2.55 (Tier 1)	B vs D
cyclosporine modified 25 mg	\$2.55 (Tier 1)	B vs D
ENBREL 25 MG (1 ML) SUBCUTANEOUS KIT	\$6.35 (Tier 2)	PA,QL (8 per 28 days)
ENBREL 25 MG/0.5 ML (0.51 ML) SUBCUTANEOUS SYRINGE	\$6.35 (Tier 2)	PA,QL (8 per 28 days)
ENBREL 50 MG/ML (0.98 ML) SUBCUTANEOUS SYRINGE	\$6.35 (Tier 2)	PA,QL (8 per 28 days)
finasteride 5 mg tablet	\$2.55 (Tier 1)	QL (30 per 30 days)
GILENYA 0.5 MG CAPSULE	\$6.35 (Tier 2)	PA,QL (30 per 30 days)

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MISCELLANEOUS THERAPEUTIC AGENTS (continued)

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
HUMIRA 20 MG/0.4 ML SUBCUTANEOUS KIT	\$6.35 (Tier 2)	PA,QL (6 per 28 days)
HUMIRA 40 MG/0.8 ML SUBCUTANEOUS KIT	\$6.35 (Tier 2)	PA,QL (6 per 28 days)
HUMIRA CROHN'S DISEASE STARTER PACK 40 MG/0.8 ML SUBCUTANEOUS PEN KIT	\$6.35 (Tier 2)	PA,QL (6 per 28 days)
leflunomide 10 mg tablet	\$2.55 (Tier 1)	QL (30 per 30 days)
mycophenolate 250 mg capsule	\$2.55 (Tier 1)	B vs D
mycophenolate 500 mg tablet	\$2.55 (Tier 1)	B vs D
REMICADE 100 MG INTRAVENOUS SOLUTION	\$6.35 (Tier 2)	PA
SENSIPAR 30 MG TABLET	\$6.35 (Tier 2)	QL (60 per 30 days)
SENSIPAR 60 MG TABLET	\$6.35 (Tier 2)	QL (60 per 30 days)
SENSIPAR 90 MG TABLET	\$6.35 (Tier 2)	QL (120 per 30 days)

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RESPIRATORY TRACT AGENTS

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
ASMANEX TWISTHALER 110 MCG (30 DOSES) BREATH ACTIVATED	\$6.35 (Tier 2)	QL (1 per 30 days)
ASMANEX TWISTHALER 220 MCG (120 DOSES) BREATH ACTIVATED	\$6.35 (Tier 2)	QL (1 per 30 days)
ASMANEX TWISTHALER 220 MCG (30 DOSES) BREATH ACTIVATED	\$6.35 (Tier 2)	QL (1 per 30 days)
ASMANEX TWISTHALER 220 MCG (60 DOSES) BREATH ACTIVATED	\$6.35 (Tier 2)	QL (1 per 30 days)
budesonide 0.25 mg/2 ml susp	\$2.55 (Tier 1)	B vs D
budesonide 0.5 mg/2 ml susp	\$2.55 (Tier 1)	B vs D
cromolyn 20 mg/2 ml neb soln	\$2.55 (Tier 1)	B vs D
DULERA 100 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER	\$6.35 (Tier 2)	QL (13 per 30 days)
DULERA 200 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER	\$6.35 (Tier 2)	QL (13 per 30 days)
montelukast sod 10 mg tablet	\$2.55 (Tier 1)	QL (30 per 30 days)
montelukast sod 4 mg granules	\$2.55 (Tier 1)	QL (30 per 30 days)
montelukast sod 4 mg tab chew	\$2.55 (Tier 1)	QL (30 per 30 days)
montelukast sod 5 mg tab chew	\$2.55 (Tier 1)	QL (30 per 30 days)
SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER	\$6.35 (Tier 2)	QL (11 per 30 days)
SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER	\$6.35 (Tier 2)	QL (11 per 30 days)

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RESPIRATORY TRACT AGENTS (continued)

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
zafirlukast 10 mg tablet	\$2.55 (Tier 1)	QL (60 per 30 days)
zafirlukast 20 mg tablet	\$2.55 (Tier 1)	QL (60 per 30 days)

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Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
ZOSTAVAX (PF) 19,400 UNIT SUBCUTANEOUS SUSPENSION	\$6.35 (Tier 2)	QL (1 per 365 days)

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SKIN AND MUCOUS MEMBRANE AGENTS

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
adapalene 0.1% cream	\$2.55 (Tier 1)	
adapalene 0.1% gel	\$2.55 (Tier 1)	
fluorouracil 2% topical soln	\$2.55 (Tier 1)	
fluorouracil 5% top solution	\$2.55 (Tier 1)	
hydrocortisone 0.1% soln	\$2.55 (Tier 1)	
hydrocortisone buty 0.1% cream	\$2.55 (Tier 1)	
hydrocortisone butyr 0.1% oint	\$2.55 (Tier 1)	
mupirocin 2% cream	\$2.55 (Tier 1)	
SORIATANE 17.5 MG CAPSULE	\$6.35 (Tier 2)	
STELARA 45 MG/0.5 ML SUBCUTANEOUS SYRINGE	\$6.35 (Tier 2)	PA,QL (3 per 84 days)
STELARA 90 MG/ML SUBCUTANEOUS SYRINGE	\$6.35 (Tier 2)	PA,QL (3 per 84 days)

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SMOOTH MUSCLE RELAXANTS

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
oxybutynin 5 mg tablet	\$2.55 (Tier 1)	
oxybutynin cl er 10 mg tablet	\$2.55 (Tier 1)	QL (60 per 30 days)
oxybutynin cl er 15 mg tablet	\$2.55 (Tier 1)	QL (60 per 30 days)
oxybutynin cl er 5 mg tablet	\$2.55 (Tier 1)	QL (60 per 30 days)
trospium chloride 20 mg tablet	\$2.55 (Tier 1)	

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VITAMINS

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
calcitriol 0.5 mcg capsule	\$2.55 (Tier 1)	B vs D
HECTOROL 0.5 MCG CAPSULE	\$6.35 (Tier 2)	B vs D
HECTOROL 1 MCG CAPSULE	\$6.35 (Tier 2)	B vs D
HECTOROL 2.5 MCG CAPSULE	\$6.35 (Tier 2)	B vs D
ZEMPLAR 1 MCG CAPSULE	\$6.35 (Tier 2)	B vs D
ZEMPLAR 2 MCG CAPSULE	\$6.35 (Tier 2)	B vs D
ZEMPLAR 4 MCG CAPSULE	\$6.35 (Tier 2)	B vs D

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OVER-THE-COUNTER DRUGS

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
3-day vaginal cream (OTC)	\$0 (Tier 4)	
a + d (OTC)	\$0 (Tier 4)	
acid gone antacid (OTC)	\$0 (Tier 4)	
acid reducer (OTC)	\$0 (Tier 4)	
adult glycerin (OTC)	\$0 (Tier 4)	
advanced antacid (OTC)	\$0 (Tier 4)	
akwa tears (OTC)	\$0 (Tier 4)	
akwa tears renewed (OTC)	\$0 (Tier 4)	
almacone (OTC)	\$0 (Tier 4)	
almacone-2 (OTC)	\$0 (Tier 4)	
aloe vesta (OTC)	\$0 (Tier 4)	
aloe vesta skin conditioner 2 (OTC)	\$0 (Tier 4)	
aluminum hydroxide (OTC)	\$0 (Tier 4)	
antacid (OTC)	\$0 (Tier 4)	
antacid extra strength (OTC)	\$0 (Tier 4)	
antacid plus anti-gas (OTC)	\$0 (Tier 4)	
antacid ultra strength (OTC)	\$0 (Tier 4)	
antacid with simethicone (OTC)	\$0 (Tier 4)	

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OVER-THE-COUNTER DRUGS (continued)

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
antacid-antigas (OTC)	\$0 (Tier 4)	
antibiotic-pramoxine (OTC)	\$0 (Tier 4)	
anti-diarrheal (OTC)	\$0 (Tier 4)	
antifungal (OTC)	\$0 (Tier 4)	
anti-itch (OTC)	\$0 (Tier 4)	
artificial tears (OTC)	\$0 (Tier 4)	
athlete's foot (OTC)	\$0 (Tier 4)	
ayr saline (OTC)	\$0 (Tier 4)	
bacitracin (OTC)	\$0 (Tier 4)	
bacitracin zinc (OTC)	\$0 (Tier 4)	
bacitracin-polymyxin (OTC)	\$0 (Tier 4)	
baza antifungal (OTC)	\$0 (Tier 4)	
baza protect (OTC)	\$0 (Tier 4)	
benefiber (OTC)	\$0 (Tier 4)	
betadine (OTC)	\$0 (Tier 4)	
betasept (OTC)	\$0 (Tier 4)	
bisac-evac (OTC)	\$0 (Tier 4)	
bisacodyl (OTC)	\$0 (Tier 4)	

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OVER-THE-COUNTER DRUGS (continued)

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
biscolax (OTC)	\$0 (Tier 4)	
bismatrol (OTC)	\$0 (Tier 4)	
boro-packs (OTC)	\$0 (Tier 4)	
calamine (OTC)	\$0 (Tier 4)	
calcium antacid (OTC)	\$0 (Tier 4)	
cal-gest (OTC)	\$0 (Tier 4)	
capsaicin (OTC)	\$0 (Tier 4)	
citrucel (OTC)	\$0 (Tier 4)	
clotrim antifungal (OTC)	\$0 (Tier 4)	
clotrimazole (OTC)	\$0 (Tier 4)	
clotrimazole 3 (OTC)	\$0 (Tier 4)	
clotrimazole-3 (OTC)	\$0 (Tier 4)	
cromolyn sodium (OTC)	\$0 (Tier 4)	
desenex (OTC)	\$0 (Tier 4)	
diastix reagent (OTC)	\$0 (Tier 4)	
dibucaine (OTC)	\$0 (Tier 4)	
dimenhydrinate (OTC)	\$0 (Tier 4)	
diocto (OTC)	\$0 (Tier 4)	

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OVER-THE-COUNTER DRUGS (continued)

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
doc-q-lace (OTC)	\$0 (Tier 4)	
docu liquid (OTC)	\$0 (Tier 4)	
docusate calcium (OTC)	\$0 (Tier 4)	
docusate sodium (OTC)	\$0 (Tier 4)	
docusil (OTC)	\$0 (Tier 4)	
dok (OTC)	\$0 (Tier 4)	
double antibiotic (OTC)	\$0 (Tier 4)	
dry eyes (OTC)	\$0 (Tier 4)	
earwax treatment (OTC)	\$0 (Tier 4)	
ex-lax (OTC)	\$0 (Tier 4)	
famotidine (OTC)	\$0 (Tier 4)	
ferosul (OTC)	\$0 (Tier 4)	
ferrous fumarate (OTC)	\$0 (Tier 4)	
ferrous gluconate (OTC)	\$0 (Tier 4)	
ferrous sulfate (OTC)	\$0 (Tier 4)	
fiber (OTC)	\$0 (Tier 4)	
fiber laxative (OTC)	\$0 (Tier 4)	
fiber smooth (OTC)	\$0 (Tier 4)	

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OVER-THE-COUNTER DRUGS (continued)

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
fiber therapy (OTC)	\$0 (Tier 4)	
folic acid (OTC)	\$0 (Tier 4)	
fungoid tincture (OTC)	\$0 (Tier 4)	
gaviscon (OTC)	\$0 (Tier 4)	
genteal mild to moderate (OTC)	\$0 (Tier 4)	
genteal severe (OTC)	\$0 (Tier 4)	
glucose (OTC)	\$0 (Tier 4)	
glutose 15 (OTC)	\$0 (Tier 4)	
gyne-lotrimin (OTC)	\$0 (Tier 4)	
heartburn relief (OTC)	\$0 (Tier 4)	
hemorrhoidal (OTC)	\$0 (Tier 4)	
hemorrhoidal ointment (OTC)	\$0 (Tier 4)	
hydro skin (OTC)	\$0 (Tier 4)	
hydrocortisone (OTC)	\$0 (Tier 4)	
hydrocortisone acetate (OTC)	\$0 (Tier 4)	
hydrocortisone-aloe (OTC)	\$0 (Tier 4)	
hydroskin (OTC)	\$0 (Tier 4)	
insta-glucose (OTC)	\$0 (Tier 4)	

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OVER-THE-COUNTER DRUGS (continued)

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
isopto tears (OTC)	\$0 (Tier 4)	
konsyl (OTC)	\$0 (Tier 4)	
konsyl-d (OTC)	\$0 (Tier 4)	
lice killing (OTC)	\$0 (Tier 4)	
lice solution (OTC)	\$0 (Tier 4)	
lidocream (OTC)	\$0 (Tier 4)	
liquid antacid (OTC)	\$0 (Tier 4)	
loperamide (OTC)	\$0 (Tier 4)	
lotrimin af (OTC)	\$0 (Tier 4)	
lubrifresh pm (OTC)	\$0 (Tier 4)	
maalox maximum strength (OTC)	\$0 (Tier 4)	
masanti (OTC)	\$0 (Tier 4)	
meclizine hcl (OTC)	\$0 (Tier 4)	
metamucil (OTC)	\$0 (Tier 4)	
mi acid (OTC)	\$0 (Tier 4)	
mi-acid (OTC)	\$0 (Tier 4)	
mi-acid ds (OTC)	\$0 (Tier 4)	
miconazole 3 (OTC)	\$0 (Tier 4)	

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OVER-THE-COUNTER DRUGS (continued)

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
miconazole 7 (OTC)	\$0 (Tier 4)	
miconazole nitrate (OTC)	\$0 (Tier 4)	
miconazorb af (OTC)	\$0 (Tier 4)	
micro-guard (OTC)	\$0 (Tier 4)	
milk of magnesia (OTC)	\$0 (Tier 4)	
mineral oil (OTC)	\$0 (Tier 4)	
mintox (OTC)	\$0 (Tier 4)	
mintox maximum strength (OTC)	\$0 (Tier 4)	
mintox plus (OTC)	\$0 (Tier 4)	
mitrazol (OTC)	\$0 (Tier 4)	
muro-128 (OTC)	\$0 (Tier 4)	
nasal four (OTC)	\$0 (Tier 4)	
nasal spray (OTC)	\$0 (Tier 4)	
natural balance tears (OTC)	\$0 (Tier 4)	
natural fiber (OTC)	\$0 (Tier 4)	
natural fiber powder (OTC)	\$0 (Tier 4)	
natural vegetable powder (OTC)	\$0 (Tier 4)	
nature's tears (OTC)	\$0 (Tier 4)	

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OVER-THE-COUNTER DRUGS (continued)

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
nicoderm cq (OTC)	\$0 (Tier 4)	
nicorelief (OTC)	\$0 (Tier 4)	
nicorette (OTC)	\$0 (Tier 4)	
nicotine gum (OTC)	\$0 (Tier 4)	
nicotine lozenge (OTC)	\$0 (Tier 4)	
nicotine patch (OTC)	\$0 (Tier 4)	
nupercainal (OTC)	\$0 (Tier 4)	
omeprazole (OTC)	\$0 (Tier 4)	
pedialyte (OTC)	\$0 (Tier 4)	
pedi-boro soak (OTC)	\$0 (Tier 4)	
peptic relief (OTC)	\$0 (Tier 4)	
pepto-bismol (OTC)	\$0 (Tier 4)	
periguard (OTC)	\$0 (Tier 4)	
permethrin (OTC)	\$0 (Tier 4)	
phosphate laxative (OTC)	\$0 (Tier 4)	
pink bismuth (OTC)	\$0 (Tier 4)	
povidone-iodine (OTC)	\$0 (Tier 4)	
preparation h (OTC)	\$0 (Tier 4)	

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OVER-THE-COUNTER DRUGS (continued)

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
proshield glove (OTC)	\$0 (Tier 4)	
proshield plus (OTC)	\$0 (Tier 4)	
ranitidine hcl (OTC)	\$0 (Tier 4)	
refresh celluvisc (OTC)	\$0 (Tier 4)	
refresh classic (OTC)	\$0 (Tier 4)	
refresh lacri-lube (OTC)	\$0 (Tier 4)	
refresh liquigel (OTC)	\$0 (Tier 4)	
refresh plus (OTC)	\$0 (Tier 4)	
reguloid (OTC)	\$0 (Tier 4)	
remedy antifungal (OTC)	\$0 (Tier 4)	
rulox (OTC)	\$0 (Tier 4)	
saline nasal spray (OTC)	\$0 (Tier 4)	
sea-clens (OTC)	\$0 (Tier 4)	
senexon (OTC)	\$0 (Tier 4)	
senna (OTC)	\$0 (Tier 4)	
senna s (OTC)	\$0 (Tier 4)	
silace (OTC)	\$0 (Tier 4)	
sodium bicarbonate (OTC)	\$0 (Tier 4)	

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OVER-THE-COUNTER DRUGS (continued)

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
sodium chloride (OTC)	\$0 (Tier 4)	
sodium chloride (OTC)	\$0 (Tier 4)	
sodium chloride (OTC)	\$0 (Tier 4)	
stomach relief (OTC)	\$0 (Tier 4)	
stool softener (OTC)	\$0 (Tier 4)	
surgilube (OTC)	\$0 (Tier 4)	
systane (OTC)	\$0 (Tier 4)	
tears naturale-ii (OTC)	\$0 (Tier 4)	
therapeutic t+plus (OTC)	\$0 (Tier 4)	
thrive nicotine (OTC)	\$0 (Tier 4)	
travel sickness (OTC)	\$0 (Tier 4)	
triple antibiotic (OTC)	\$0 (Tier 4)	
triple antibiotic plus (OTC)	\$0 (Tier 4)	
trixaicin (OTC)	\$0 (Tier 4)	
trixaicin hp (OTC)	\$0 (Tier 4)	
tums (OTC)	\$0 (Tier 4)	
tums ultra (OTC)	\$0 (Tier 4)	
tums x-str (OTC)	\$0 (Tier 4)	

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OVER-THE-COUNTER DRUGS (continued)

Name of Drug	What the drug will cost you (Tier level)	Necessary actions, restrictions, or limits on use
ultra strength antacid (OTC)	\$0 (Tier 4)	
vagistat-1 (OTC)	\$0 (Tier 4)	
vitamin a & d (OTC)	\$0 (Tier 4)	
vitamin k (OTC)	\$0 (Tier 4)	
wart remover (OTC)	\$0 (Tier 4)	
zeasorb-af (OTC)	\$0 (Tier 4)	
zinc oxide (OTC)	\$0 (Tier 4)	
zostrix diabetic (OTC)	\$0 (Tier 4)	
zostrix hp (OTC)	\$0 (Tier 4)	

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