2021

List of Covered Drugs (Formulary)

Humana Gold Plus Integrated (Medicare-Medicaid Plan)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN. THIS FORMULARY WAS UPDATED ON 12/03/2021. FOR MORE RECENT INFORMATION OR OTHER QUESTIONS, CONTACT US AT 1-800-787-3311 (TTY: 711), 8 A.M. to 8 P.M., MONDAY THROUGH FRIDAY, CENTRAL TIME OR VISIT HUMANA.COM.

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Humana Gold Plus Integrated (Medicare-Medicaid Plan) | 2021 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 Humana Gold Plus Integrated. The Drug List also tells you if there are any special rules or restrictions on any drugs covered by Humana Gold Plus Integrated. Key terms and their definitions appear in the last chapter of the *Member Handbook*.

Table of Contents:

A. Disclaimers

This is a list of drugs that members can get in Humana Gold Plus Integrated.

- Humana Gold Plus Integrated H0336-001 is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.
- The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.
- Attention: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-800-787-3311 (TTY: 711), Monday - Friday from 8 a.m. - 8 p.m. Central Time. The call is free.
- Atención: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-787-3311 (TTY: 711), de lunes a viernes, de 8 a.m. a 8 p.m., hora del centro. La llamada es gratuita.
- You can get this document for free in other formats, such as large print, braille, or audio. Call 1-800-787-3311 (TTY: 711) Monday - Friday, from 8 a.m. - 8 p.m. Central Time. The call is free.

You can make a standing request to get materials, now and in the future, in a language other than English or in an alternate format.

- Call Customer Care if you want to make or change a standing request at 1-800-787-3311 (TTY: 711). We're available Monday – Friday, from 8 a.m. – 8 p.m. Central time. The call is free.
- We will keep your preferred language other than English and/or alternate format for future mailings and communications.
- You will not need to make a separate request each time.

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.

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

The drugs on the List of Covered Drugs that starts on page 13, are the drugs covered by Humana Gold Plus Integrated. 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 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 network pharmacy.
- Humana Gold Plus Integrated may have additional steps to access certain drugs (see question #B5 below).

You can also see an up-to-date list of drugs that we cover on our website at **Humana.com/medicaid-dual/illinois** or call Customer Care at 1-800-787-3311 (TTY: 711) Monday - Friday, from 8 a.m. - 8 p.m. Central Time. The call is free.

B2. Does the Drug List ever change?

Yes, and Humana Gold Plus Integrated must follow Medicare and Medicaid rules when making changes. We may add or remove drugs on the Drug List during the year. For example, we could:

- Decide to require or not require prior approval for a drug. (Prior approval is permission from Humana Gold Plus Integrated 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.

- You can always check Humana Gold Plus Integrated's up–to-date Drug List online at **Humana.com/medicaid-dual/illinois**.
- You can also call Customer Care to check the current Drug List at 1-800-787-3311 (TTY: 711) Monday - Friday, from 8 a.m. - 8 p.m. Central Time. The call is free.

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 a cheaper drug comes along that works just 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 to tell you before we make this change, but we will send you information about the specific change we made once it happens.
  - 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.

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
- Let you know and give you a 30-day supply of the drug after 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 from these changes. To learn more about exceptions, see question B10.

B4. 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 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 Humana Gold Plus Integrated before you fill your prescription. If you don't get approval, Humana Gold Plus Integrated may not cover the drug.
- **Quantity limits:** Sometimes Humana Gold Plus Integrated limits the amount of a drug you can get.
- **Step therapy:** Sometimes Humana Gold Plus Integrated 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.
- **Indication-based coverage**: If Humana Gold Plus Integrated covers a drug only for some medical conditions, we clearly identify it on the Drug List along with the specific medical conditions that are covered.

You can find out if your drug has any additional requirements or limits by looking in the tables beginning on page 14. You can also get more information by visiting our website at **Humana.com**/medicaid-dual/illinois. 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 question B10-B12 for more information about exceptions.

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

B6. 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)?

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 the drugs on the Drug List change.

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

There are two ways to find a drug:
- You can search alphabetically (if you know how to spell the drug), ***or***
- You can search by medical condition.

To search **alphabetically**, go to the Alphabetical Listing section. You can find it by beginning on page 125.

To search **by medical condition**, find the section labeled "List of drugs by medical condition" on page 162. 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, heart-related conditions. That is where you will find drugs that treat heart conditions.

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 Customer Care at 1-800-787-3111 (TTY: 711) Monday - Friday, from 8 a.m. - 8 p.m. Central Time and ask about it. The call is free. If you learn that Humana Gold Plus Integrated will not cover the drug, you can do one of these things:

- Ask Customer Care 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 B11 for more information about exceptions.

B9. What if you are a new Humana Gold Plus Integrated 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. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Drug List you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we will allow multiple fills to provide up to a maximum of 30 days of medication.

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***
- the drug requires prior approval by Humana Gold Plus Integrated, ***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, and need a drug that is not on the Drug List or if you cannot easily get the drug you need, we can help. If you have been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Humana Gold Plus Integrated member.

- This is in addition to the temporary supply during the first 90 days you are a member of Humana Gold Plus Integrated.

If you get the low-income subsidy (LIS) in 2021
The amount you pay for your 30-day supply will be **no more than** your LIS limit.

If you <u>don't</u> get LIS
The amount you pay for your 30-day supply will be based on your plan's terms. Refer to your Member Handbook for more information on your plan's terms by visiting https://www.Humana.com/medicaid-dual/illinois/plan-details.

If you change treatment settings
During the plan year, you may change treatment settings because of a change in the level of your care. For instance, you may:
- Move from a hospital or skilled nursing facility to a home setting
- Move from a home setting to a hospital or skilled nursing facility
- Move from one skilled nursing facility to another, so you need to use a new pharmacy
- Stop staying at a skilled nursing facility where Medicare Part A covered your prescription drugs, so you need to use Part D now
- Give up your Hospice status, so you need to use Medicare Parts A and B now
- Leave a long-term psychiatric hospital where your drugs were tailored to you

In such cases, we will cover up to **31 days** worth of a drug that Medicare Part D covers when you get the drug at a pharmacy.

If you change treatment settings more than once in the same month you may need to ask us to make an exception, **or** approve your drug in advance.

We will look at your request to see if you have a treatment plan, **and** changing it would harm your health.

If you need more time
We may extend your transition supply. This will let you keep getting your drug while we look at your appeal, **or** request for an exception.

After you get a transition supply of a Part D drug
We may need to do a medical review of the drug if:
- The drug is not on our approved list, **or**
- We need to approve it in advance because:
  - There are limits on the amount you can get
  - You need to try a less costly drug first, **or**
  - We need to know some facts about your health

If we need to know some facts about your health
Your doctor can give us these facts. This will help us work on your request to approve your drug in advance or make an exception if:
- Your drug is not on our approved list
- We need to approve your drug in advance, **or**
- You have tried other drugs to treat your health problem

To ask for an exception
Ask your doctor to send us a letter. The letter must say that you need this drug to treat your health problem because the drugs we **do** cover:
- Would not work as well to treat your health problem, **or**
- Would harm your health

The letter must explain why the limit we placed on your drug:
- Is not fitting given your health problem, **or**
- Would harm your health

In most cases, we must tell you our decision no more than **72 hours** after we get your doctor's letter. We will grant you a fast request if we find, or your doctor tells us, that waiting for a standard request could harm your life, health,

or ability to function. With a fast request, we must tell you our decision no more than **24 hours** after we get your doctor's letter.

If we say no to your request for an exception
You can ask us if we cover another drug for your health problem if:
- The drug is **not** on our approved list, **or**
- Your drug **is** on our list, but:
  - We need to approve your drug in advance
  - You need to try a less costly drug first, **or**
  - There are limits on the amount you can get

Ask your doctor if this drug is a good choice for you.

You can also ask us to review our decision. You must make this appeal no more than **60 days** after our first decision.

We can help
We can help you and your doctor:
- Ask for an exception
- Make an appeal
- Find another drug for your health problem
- Learn more about your Transition Policy

You and your doctor can also get forms to ask us to:
- Approve your drug in advance
- Make an exception

Just call the customer service number on the back of your Humana member ID card. Or go to our website, **https://www.Humana.com/medicaid-dual/illinois/pharmacy/**.

Pharmacy and Therapeutics (P&T) committee
This committee watches over our Part D drug list and related rules. It made these rules for certain Part D drugs. The rules are meant to make sure the drugs:
- Are used per medical guidelines
- Have been proven safe and effective for the health problem they are treating
- Are prescribed per the maker's guidelines

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

Yes. You can ask Humana Gold Plus Integrated 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 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.

B11. How can you ask for an exception?

To ask for an exception, call Humana Clinical Pharmacy Review (HCPR) at 1-800-555-CLIN (2546) (TTY: 711) Monday - Friday, from 8 a.m. - 8 p.m. Central Time. Humana Clinical Pharmacy Review 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.

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

First, we must get a statement from your prescriber supporting your ask 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.

B13. What are generic drugs?

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

Humana Gold Plus Integrated covers both brand name drugs and generic drugs.

B14. What are OTC drugs?

OTC stands for "over-the-counter".

Humana Gold Plus Integrated covers some OTC drugs when they are written as prescriptions by your provider.

You can read the Humana Gold Plus Integrated Drug List to see what OTC drugs are covered.

B15. Does Humana Gold Plus Integrated cover non-drug OTC products?

Humana Gold Plus Integrated covers some non-drug OTC products when they are written as prescriptions by your provider.

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

B16. What is your copay?

As a Humana Gold Plus Integrated member, you have no copays for prescription and OTC drugs as long as you follow Humana Gold Plus Integrated's rules.

B17. What are drug tiers?

Tiers are groups of drugs on our Drug List.

- Tier 1 drugs are generic drugs
- Tier 2 drugs are brand name drugs
- Tier 3 drugs are Non-Medicare Rx Drugs
- Tier 4 drugs are Non-Medicare OTC drugs

C. Overview of 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. If you have trouble finding your drug in the list, turn to the Index that begins on page 125. The index alphabetically lists all drugs covered by Humana Gold Plus Integrated.

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 has any rules for covering your drug.

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

- In addition, if you are getting Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs.

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

- 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 Customer Care at 1-800-787-3311 (TTY: 711), Monday - Friday, from 8 a.m. - 8 p.m. Central Time. The call is free. You can also read the Member Handbook to learn how to appeal a decision.

C1. Drugs Grouped 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, heart-related conditions. 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:
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.
DL = Dispensing Limit: Drugs that may be limited to a 30 day supply.
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.
(*) = Not a Part D Drug.
MO = Drug is typically available through mail-order.

Analgesics - Drugs used to treat pain

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
acetamin-codein 300-30 mg/12.5; acetaminop-codeine 120-12 mg/5[DL]	$0 (Tier 1)	QL (2700 per 30 days)
acetaminophen-cod #2 tablet[DL]	$0 (Tier 1)	QL (390 per 30 days)
acetaminophen-cod #3 tablet[DL]	$0 (Tier 1)	QL (360 per 30 days)
acetaminophen-cod #4 tablet[DL]	$0 (Tier 1)	QL (180 per 30 days)
buprenorphine 10 mcg/hr patch; buprenorphine 15 mcg/hr patch; buprenorphine 20 mcg/hr patch; buprenorphine 5 mcg/hr patch; buprenorphine 7.5 mcg/hr patch[DL]	$0 (Tier 1)	QL (4 per 28 days)
butalb-acetamin-caff 50-325-40[MO]	$0 (Tier 1)	QL (180 per 30 days)
butorphanol 1 mg/ml, vial[DL]	$0 (Tier 1)	QL (960 per 30 days)
butorphanol 10 mg/ml, spray[DL]	$0 (Tier 1)	QL (5 per 28 days)
butorphanol 2 mg/ml, vial[DL]	$0 (Tier 1)	QL (480 per 30 days)
diclofenac sod ec 25 mg, 50 mg, 75 mg, tab[MO]	$0 (Tier 1)	
diclofenac sod er 100 mg, tab[MO]	$0 (Tier 1)	
diclofenac sodium 1% gel[MO]	$0 (Tier 1)	
ec-naproxen 500 mg, tablet,delayed release[MO]	$0 (Tier 1)	
endocet 10 mg-325 mg tablet; endocet 2.5 mg-325 mg tablet; endocet 5 mg-325 mg tablet; endocet 7.5 mg-325 mg tablet[DL]	$0 (Tier 1)	QL (360 per 30 days)
etodolac 200 mg, 300 mg, capsule[MO]	$0 (Tier 1)	
etodolac 400 mg, 500 mg, tablet[MO]	$0 (Tier 1)	
fentanyl 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour, patch; fentanyl 37.5 mcg/hr patch; fentanyl 62.5 mcg/hr patch; fentanyl 87.5 mcg/hr patch[DL]	$0 (Tier 1)	QL (20 per 30 days)
fentanyl cit otfc 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg,; fentanyl citrate otfc 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg,[DL]	$0 (Tier 1)	PA,QL (120 per 30 days)
fentanyl 100 mcg/2 ml vial[DL]	$0 (Tier 1)	B vs D,QL (720 per 30 days)
flurbiprofen 100 mg, tablet[MO]	$0 (Tier 1)	
hydrocodone-acetamin 10-300 mg, 5-300 mg, 7.5-300 mg,; hydrocodone-acetamin 7.5-300[DL]	$0 (Tier 1)	QL (390 per 30 days)
hydrocodone-acetamin 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg,; hydrocodone-acetamin 2.5-325; hydrocodone-acetamin 7.5-325[DL]	$0 (Tier 1)	QL (360 per 30 days)
hydrocodone-acetamin 10-325/15[DL]	$0 (Tier 1)	QL (2700 per 30 days)
hydrocodone-acetamn 7.5-325/15[DL]	$0 (Tier 1)	QL (5520 per 30 days)
hydrocodone-ibuprofen 10-200; hydrocodone-ibuprofen 10-200 mg, 5-200 mg, 7.5-200 mg,; hydrocodone-ibuprofen 7.5-200[DL]	$0 (Tier 1)	QL (150 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
hydromorphone 2 mg, 4 mg, tablet[DL]	$0 (Tier 1)	QL (360 per 30 days)
hydromorphone 8 mg, tablet[DL]	$0 (Tier 1)	QL (240 per 30 days)
ibu 400 mg, 600 mg, 800 mg, tablet[MO]	$0 (Tier 1)	
ibuprofen 100 mg/5 ml, susp[MO]	$0 (Tier 1)	
ibuprofen 400 mg, 600 mg, 800 mg, tablet[MO]	$0 (Tier 1)	
indomethacin 25 mg, 50 mg, 75 mg, capsule; indomethacin er 25 mg, 50 mg, 75 mg, capsule[MO]	$0 (Tier 1)	
ketoprofen 25 mg, 50 mg, 75 mg, capsule[MO]	$0 (Tier 1)	
ketorolac 10 mg, tablet[MO]	$0 (Tier 1)	QL (20 per 30 days)
meloxicam 15 mg, tablet[MO]	$0 (Tier 1)	QL (30 per 30 days)
meloxicam 7.5 mg, tablet[MO]	$0 (Tier 1)	QL (60 per 30 days)
methadone 10 mg/5 ml, solution[DL]	$0 (Tier 1)	QL (1800 per 30 days)
methadone 10 mg/ml, oral conc[DL]	$0 (Tier 1)	QL (360 per 30 days)
methadone 5 mg/5 ml, solution[DL]	$0 (Tier 1)	QL (3600 per 30 days)
methadone hcl 10 mg, tablet[DL]	$0 (Tier 1)	QL (240 per 30 days)
methadone hcl 10 mg/ml, vial[DL]	$0 (Tier 1)	QL (360 per 30 days)
methadone hcl 5 mg, tablet[DL]	$0 (Tier 1)	QL (480 per 30 days)
morphine sulf 10 mg/5 ml, soln[DL]	$0 (Tier 1)	QL (2700 per 30 days)
morphine sulf 20 mg/5 ml soln[DL]	$0 (Tier 1)	QL (1350 per 30 days)
morphine sulf er 100 mg, tablet[DL]	$0 (Tier 1)	QL (180 per 30 days)
morphine sulf er 15 mg, 30 mg, 60 mg, tablet[DL]	$0 (Tier 1)	QL (120 per 30 days)
morphine sulf er 200 mg, tablet[DL]	$0 (Tier 1)	QL (90 per 30 days)
morphine sulfate 10 mg/ml, vial[DL]	$0 (Tier 1)	B vs D,QL (360 per 30 days)
morphine sulfate ir 15 mg, 30 mg, tab[DL]	$0 (Tier 1)	QL (180 per 30 days)
morphine sulf 100 mg/5 ml conc[DL]	$0 (Tier 1)	QL (540 per 30 days)
nabumetone 500 mg, 750 mg, tablet[MO]	$0 (Tier 1)	
naproxen 250 mg, 375 mg, 500 mg, tablet; naproxen dr 250 mg, 375 mg, 500 mg, tablet[MO]	$0 (Tier 1)	
naproxen sodium 275 mg, 550 mg, tab[MO]	$0 (Tier 1)	
oxycodone hcl (ir) 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, tab; oxycodone hcl (ir) 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, tablet[DL]	$0 (Tier 1)	QL (360 per 30 days)
oxycodone hcl (ir) 5 mg, cap[DL]	$0 (Tier 1)	QL (360 per 30 days)
oxycodone hcl 100 mg/5 ml conc[DL]	$0 (Tier 1)	QL (270 per 30 days)
oxycodone hcl 5 mg/5 ml, soln[DL]	$0 (Tier 1)	QL (5400 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
oxycodone-acetaminophen 10-325; oxycodone-acetaminophen 5-325; oxycodone-acetaminophn 2.5-325; oxycodone-acetaminophn 7.5-325[DL]	$0 (Tier 1)	QL (360 per 30 days)
oxycodone-aspirin 4.8355-325[DL]	$0 (Tier 1)	QL (360 per 30 days)
piroxicam 10 mg, 20 mg, capsule[MO]	$0 (Tier 1)	
sulindac 150 mg, 200 mg, tablet[MO]	$0 (Tier 1)	
tramadol er 100 mg, 200 mg, 300 mg, tablet; tramadol hcl er 100 mg, 200 mg, 300 mg, tablet[DL]	$0 (Tier 1)	QL (30 per 30 days)
tramadol hcl 100 mg, tablet[DL]	$0 (Tier 1)	QL (120 per 30 days)
tramadol hcl 50 mg, tablet[DL]	$0 (Tier 1)	QL (240 per 30 days)
tramadol-acetaminophn 37.5-325[DL]	$0 (Tier 1)	QL (240 per 30 days)
XTAMPZA ER 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG, CAPSULE SPRINKLE[DL]	$0 (Tier 2)	QL (60 per 30 days)

Anesthetics - Drugs used to treat local pain

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
lidocaine 5% patch[MO]	$0 (Tier 1)	PA,QL (90 per 30 days)
lidocaine 2% viscous soln[MO]	$0 (Tier 1)	
lidocaine hcl 2% jelly[MO]	$0 (Tier 1)	
lidocaine hcl 2% jelly uro-jet[MO]	$0 (Tier 1)	
lidocaine viscous 2 %, mucosal solution[MO]	$0 (Tier 1)	
lidocaine-prilocaine cream[MO]	$0 (Tier 1)	

Anti-Addiction/Substance Abuse Treatment Agents - Drugs used to treat addiction and withdrawal symptoms

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
acamprosate calc dr 333 mg, tab[MO]	$0 (Tier 1)	
buprenorphine 2 mg, 8 mg, tablet sl[MO]	$0 (Tier 1)	QL (90 per 30 days)
buprenorphine-nalox 12-3mg flm[MO]	$0 (Tier 1)	QL (60 per 30 days)
buprenorphine-nalox 2-0.5mg fm; buprenorphine-nalox 4-1mg film; buprenorphine-nalox 8-2mg film[MO]	$0 (Tier 1)	QL (90 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
bupropion hcl sr 150 mg, tablet[MO]	$0 (Tier 1)	QL (90 per 30 days)
CHANTIX 0.5 MG, 1 MG, TABLET[MO]	$0 (Tier 2)	QL (56 per 28 days)
CHANTIX 1 MG, CONT MONTH BOX[MO]	$0 (Tier 2)	QL (56 per 28 days)
CHANTIX STARTING MONTH BOX[MO]	$0 (Tier 2)	QL (56 per 28 days)
disulfiram 250 mg, 500 mg, tablet[MO]	$0 (Tier 1)	
naloxone 0.4 mg/ml, 1 mg/ml, carpuject; naloxone 2 mg/2 ml syringe[MO]	$0 (Tier 1)	
naloxone 0.4 mg/ml, vial[MO]	$0 (Tier 1)	
naloxone 2 mg auto-injector[MO]	$0 (Tier 2)	QL (0.8 per 30 days)
naltrexone 50 mg, tablet[MO]	$0 (Tier 1)	
NARCAN 4 MG/ACTUATION, NASAL SPRAY[MO]	$0 (Tier 2)	QL (2 per 30 days)
NICOTROL NS 10 MG/ML, NASAL SPRAY[MO]	$0 (Tier 2)	
apo-varenicline 0.5 mg, 1 mg, tablet[MO]	$0 (Tier 1)	QL (56 per 28 days)
VIVITROL 380 MG, INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE[DL]	$0 (Tier 2)	QL (1 per 28 days)
ZUBSOLV 0.7 MG-0.18 MG SUBLINGUAL TABLET; ZUBSOLV 1.4 MG-0.36 MG SUBLINGUAL TABLET; ZUBSOLV 2.9 MG-0.71 MG SUBLINGUAL TABLET; ZUBSOLV 5.7 MG-1.4 MG SUBLINGUAL TABLET[MO]	$0 (Tier 1)	QL (90 per 30 days)
ZUBSOLV 11.4 MG-2.9 MG SUBLINGUAL TABLET[MO]	$0 (Tier 1)	QL (30 per 30 days)
ZUBSOLV 8.6 MG-2.1 MG SUBLINGUAL TABLET[MO]	$0 (Tier 1)	QL (60 per 30 days)

ANTIBACTERIALS – Drugs used to treat infections caused by bacteria

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
acetic acid 2% ear solution[MO]	$0 (Tier 1)	
amoxicillin 125 mg, 250 mg, tab chew[MO]	$0 (Tier 1)	
amoxicillin 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml, susp[MO]	$0 (Tier 1)	
amoxicillin 250 mg, 500 mg, capsule[MO]	$0 (Tier 1)	
amoxicillin 500 mg, 875 mg, tablet[MO]	$0 (Tier 1)	
amox-clav 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml, sus; amox-clav 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml, susp[MO]	$0 (Tier 1)	
amox-clav 250-125 mg, 500-125 mg, 875-125 mg, tablet[MO]	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ampicillin 250 mg, 500 mg, capsule[MO]	$0 (Tier 1)	
ampicillin 1 gm add-vantage vl; ampicillin 1 gm vial; ampicillin 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg, vial; ampicillin 10 gm vial; ampicillin 2 gm add-vantage vl; ampicillin 2 gm vial[MO]	$0 (Tier 1)	
ampicillin-sulb 1.5 g add vial; ampicillin-sulbactam 1.5 gm vl; ampicillin-sulbactam 15 gm vl; ampicillin-sulbactam 3 gm vial[MO]	$0 (Tier 1)	
azithromycin 1 gm pwd packet[MO]	$0 (Tier 1)	
azithromycin 100 mg/5 ml, 200 mg/5 ml, susp[MO]	$0 (Tier 1)	
azithromycin 250 mg, 500 mg, 600 mg, tablet[MO]	$0 (Tier 1)	
azithromycin i.v. 500 mg, vial[MO]	$0 (Tier 1)	
aztreonam 1 gm vial[MO]	$0 (Tier 1)	
aztreonam 2 gm vial[DL]	$0 (Tier 1)	
bacitracin 50,000 unit, vial[MO]	$0 (Tier 1)	
BETHKIS 300 MG/4 ML, SOLUTION FOR NEBULIZATION[DL]	$0 (Tier 2)	PA
BICILLIN C-R 1,200,000 UNIT/2 ML INTRAMUSCULAR SYRINGE; BICILLIN C-R 900,000 UNIT-300K UNIT/2 ML INTRAMUSCULAR SYRINGE[MO]	$0 (Tier 2)	
BICILLIN L-A 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML, INTRAMUSCULAR SYRINGE[MO]	$0 (Tier 2)	
cefaclor 250 mg, 500 mg, capsule[MO]	$0 (Tier 1)	
cefadroxil 250 mg/5 ml, 500 mg/5 ml, susp[MO]	$0 (Tier 1)	
cefadroxil 500 mg, capsule[MO]	$0 (Tier 1)	
cefazolin 1 gm vial; cefazolin 1 gram, 10 gram, 500 mg, vial; cefazolin 10 gm vial[MO]	$0 (Tier 1)	
cefazolin 1 g/50 ml-dextrose; cefazolin 2 g/100 ml-dextrose; cefazolin 2 g/50 ml-dextrose[MO]	$0 (Tier 1)	
cefdinir 125 mg/5 ml, 250 mg/5 ml, susp[MO]	$0 (Tier 1)	
cefdinir 300 mg, capsule[MO]	$0 (Tier 1)	
cefepime hcl 1 gm vial; cefepime hcl 1 gram, 2 gram, vial[MO]	$0 (Tier 1)	
cefixime 400 mg, capsule[MO]	$0 (Tier 1)	
cefotaxime sodium 1 gm vial[MO]	$0 (Tier 1)	
cefotetan 1 gm vial; cefotetan 10 gm vial; cefotetan 2 gm vial[MO]	$0 (Tier 1)	
cefoxitin 1 gm vial; cefoxitin 10 gm vial; cefoxitin 2 gm vial[MO]	$0 (Tier 1)	
cefoxitin 1 gm piggyback bag; cefoxitin 2 gm piggyback bag[MO]	$0 (Tier 1)	
cefpodoxime 100 mg, 200 mg, tablet[MO]	$0 (Tier 1)	
cefprozil 125 mg/5 ml, 250 mg/5 ml, susp[MO]	$0 (Tier 1)	
cefprozil 250 mg, 500 mg, tablet[MO]	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ceftazidime 1 gm vial; ceftazidime 2 gm vial; ceftazidime 6 gm vial[MO]	$0 (Tier 1)	
ceftazidime 1 gm piggyback; ceftazidime 2 gm piggyback[MO]	$0 (Tier 1)	
ceftriaxone 1 gm add-vant vial; ceftriaxone 1 gram, 10 gram, 2 gram, 250 mg, 500 mg, vial; ceftriaxone 10 gm vial; ceftriaxone 2 gm add vial[MO]	$0 (Tier 1)	
cefuroxime axetil 250 mg, 500 mg, tab[MO]	$0 (Tier 1)	
cefuroxime sod 1.5 gm vial; cefuroxime sod 1.5 gram, 7.5 gram, 750 mg, vial; cefuroxime sod 7.5 gm vial[MO]	$0 (Tier 1)	
cephalexin 125 mg/5 ml, 250 mg/5 ml, susp[MO]	$0 (Tier 1)	
cephalexin 250 mg, 500 mg, capsule[MO]	$0 (Tier 1)	
chloramphen na succ 1 gm vl[MO]	$0 (Tier 1)	
ciprofloxacin hcl 100 mg, 250 mg, 500 mg, 750 mg, tab[MO]	$0 (Tier 1)	
ciprofloxacin 200 mg/100ml-d5w; ciprofloxacin 400 mg/200ml-d5w[MO]	$0 (Tier 1)	
clarithromycin 125 mg/5 ml, 250 mg/5 ml, sus[MO]	$0 (Tier 1)	
clarithromycin 250 mg, 500 mg, tablet[MO]	$0 (Tier 1)	
clarithromycin er 500 mg, tab[MO]	$0 (Tier 1)	
clindamycin hcl 150 mg, 300 mg, 75 mg, capsule[MO]	$0 (Tier 1)	
clindamycin 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml,-ns[MO]	$0 (Tier 1)	
clindamycin-d5w 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml,[MO]	$0 (Tier 1)	
clindamycin pediatric 75 mg/5 ml, oral solution[MO]	$0 (Tier 1)	
clindamycin 2% vaginal cream[MO]	$0 (Tier 1)	
clindamycin ph 900 mg/6 ml vl[MO]	$0 (Tier 1)	
colistimethate 150 mg, vial[MO]	$0 (Tier 1)	
daptomycin 350 mg, 500 mg, vial[DL]	$0 (Tier 1)	
demeclocycline 150 mg, tablet[MO]	$0 (Tier 1)	QL (240 per 30 days)
demeclocycline 300 mg, tablet[MO]	$0 (Tier 1)	QL (120 per 30 days)
dicloxacillin 250 mg, 500 mg, capsule[MO]	$0 (Tier 1)	
DIFICID 200 MG, TABLET[DL]	$0 (Tier 2)	
DIFICID 40 MG/ML, ORAL SUSPENSION[DL]	$0 (Tier 2)	
doxy-100 100 mg, intravenous solution[MO]	$0 (Tier 1)	
doxycycline hyclate 100 mg, 20 mg, tab[MO]	$0 (Tier 1)	
doxycycline hyclate 100 mg, 50 mg, cap[MO]	$0 (Tier 1)	
doxycycline hyclate 100 mg, vl[MO]	$0 (Tier 1)	
doxycycline 25 mg/5 ml, susp[MO]	$0 (Tier 1)	
doxycycline mono 100 mg, 50 mg, 75 mg, tablet[MO]	$0 (Tier 1)	
doxycycline mono 100 mg, 50 mg, cap[MO]	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ertapenem 1 gram, vial[DL]	$0 (Tier 1)	
ERYTHROCIN 500 MG, INTRAVENOUS SOLUTION[MO]	$0 (Tier 2)	
erythromycin dr 250 mg, cap[MO]	$0 (Tier 1)	
gentamicin 0.1% cream[MO]	$0 (Tier 1)	
gentamicin 0.1% ointment[MO]	$0 (Tier 1)	
gentamicin 80 mg/2 ml vial[MO]	$0 (Tier 1)	
gentamicin 70 mg/ns 50 ml pb; gentamicin 90 mg/ns 100 ml pb; iso gentamicin 100 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml,; isoton gentamicin 100 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml,[MO]	$0 (Tier 1)	
imipenem-cilastatin 250 mg, 500 mg, vl[MO]	$0 (Tier 1)	
levofloxacin 25 mg/ml solution; levofloxacin 750 mg/30 ml vial[MO]	$0 (Tier 1)	
levofloxacin 250 mg, 500 mg, 750 mg, tablet[MO]	$0 (Tier 1)	
levofloxacin 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml,-d5w[MO]	$0 (Tier 1)	
lincomycin hcl 600 mg/2 ml vl[MO]	$0 (Tier 1)	
linezolid 100 mg/5 ml, susp[DL]	$0 (Tier 1)	QL (1800 per 30 days)
linezolid 600 mg, tablet[MO]	$0 (Tier 1)	QL (60 per 30 days)
linezolid 600 mg/300 ml,-d5w[MO]	$0 (Tier 1)	
linezolid 600mg/300ml-0.9%nacl[MO]	$0 (Tier 1)	
meropenem iv 1 gm vial; meropenem iv 1 gram, 500 mg, vial[MO]	$0 (Tier 1)	
meropenem-0.9% nacl 1 gram/50; meropenem-0.9% nacl 500 mg/50[MO]	$0 (Tier 1)	
methenamine hipp 1 gm tablet[MO]	$0 (Tier 1)	
metronidazole 0.75% cream[MO]	$0 (Tier 1)	
metronidazole 0.75% lotion[MO]	$0 (Tier 1)	
metronidazole 250 mg, 500 mg, tablet[MO]	$0 (Tier 1)	
metronidazole topical 0.75% gl; metronidazole topical 1% gel; metronidazole vaginal 0.75% gl[MO]	$0 (Tier 1)	
metronidazole 500 mg/100 ml,[MO]	$0 (Tier 1)	
minocycline 100 mg, 50 mg, 75 mg, capsule[MO]	$0 (Tier 1)	
moxifloxacin hcl 400 mg, tablet[MO]	$0 (Tier 1)	
nafcillin 1 gm vial; nafcillin 10 gm bulk vial[MO]	$0 (Tier 1)	
nafcillin 1 gm/ 50 ml inj; nafcillin 2 gm/ 100 ml inj[DL]	$0 (Tier 2)	
neomycin 500 mg, tablet[MO]	$0 (Tier 1)	
nitrofurantoin 25 mg/5 ml, susp[DL]	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
nitrofurantoin mcr 100 mg, 50 mg, cap[MO]	$0 (Tier 1)	
nitrofurantoin mono-mcr 100 mg,[MO]	$0 (Tier 1)	
NUZYRA 150 MG, TABLET[DL]	$0 (Tier 2)	QL (30 per 14 days)
NUZYRA 150 MG,-7 DAY WITH LOAD[DL]	$0 (Tier 2)	QL (30 per 14 days)
NUZYRA 150 MG, TABLET-7 DAY[DL]	$0 (Tier 2)	QL (30 per 14 days)
ofloxacin 300 mg, 400 mg, tablet[MO]	$0 (Tier 1)	
ORBACTIV 400 MG, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	QL (3 per 28 days)
paromomycin 250 mg, capsule[MO]	$0 (Tier 1)	
penicillin gk 20 million unit, 5 million unit,[MO]	$0 (Tier 1)	
penicillin g 600,000 unit/1 ml[DL]	$0 (Tier 1)	
penicillin g na 5 million unit,[DL]	$0 (Tier 1)	
penicillin vk 125 mg/5 ml, 250 mg/5 ml, soln[MO]	$0 (Tier 1)	
penicillin vk 250 mg, 500 mg, tablet[MO]	$0 (Tier 1)	
pfizerpen-g 20 million unit, 5 million unit, solution for injection[DL]	$0 (Tier 1)	
piperacil-tazobact 13.5 gm vl; piperacil-tazobact 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram,; piperacil-tazobact 2.25 gm vl; piperacil-tazobact 3.375 gm vl; piperacil-tazobact 4.5 gm vial[MO]	$0 (Tier 1)	
polymyxin b sulfate vial[MO]	$0 (Tier 1)	
PRIMSOL 50 MG/5 ML, ORAL SOLUTION[MO]	$0 (Tier 2)	
SIVEXTRO 200 MG, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	QL (6 per 28 days)
SIVEXTRO 200 MG, TABLET[DL]	$0 (Tier 2)	QL (6 per 28 days)
streptomycin sulf 1 gm vial[DL]	$0 (Tier 1)	
sulfacetamide 10% eye ointment[MO]	$0 (Tier 1)	
sulfadiazine 500 mg, tablet[MO]	$0 (Tier 1)	
sulfamethoxazole-tmp ds tablet; sulfamethoxazole-tmp ss tablet[MO]	$0 (Tier 1)	
sulfamethoxazole-tmp iv vial[MO]	$0 (Tier 1)	
sulfamethoxazole-tmp susp[MO]	$0 (Tier 1)	
SUPRAX 400 MG, CAPSULE[MO]	$0 (Tier 2)	
SYNERCID 500 MG, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	
TEFLARO 400 MG, 600 MG, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	
tigecycline 50 mg, vial[DL]	$0 (Tier 1)	
tinidazole 250 mg, 500 mg, tablet[MO]	$0 (Tier 1)	
tobramycin 300 mg/4 ml, ampule[DL]	$0 (Tier 1)	PA
tobramycin 10 mg/ml, 40 mg/ml, vial[MO]	$0 (Tier 1)	
trimethoprim 100 mg, tablet[MO]	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
vancomycin 1 gm vial; vancomycin 1,000 mg, 1.25 gram, 1.5 gram, 10 gram, 250 mg, 500 mg, vial; vancomycin hcl 1,000 mg, 1.25 gram, 1.5 gram, 10 gram, 250 mg, 500 mg, vial; vancomycin hcl 10 gm vial[MO]	$0 (Tier 1)	
vancomycin hcl 125 mg, capsule[MO]	$0 (Tier 1)	PA,QL (120 per 30 days)
vancomycin hcl 250 mg, capsule[DL]	$0 (Tier 1)	PA,QL (240 per 30 days)
ZERBAXA 1.5 GRAM, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	

Anticonvulsants - Drugs used to treat seizures

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
APTIOM 200 MG, 400 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (30 per 30 days)
APTIOM 600 MG, 800 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (60 per 30 days)
BANZEL 200 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (480 per 30 days)
BANZEL 40 MG/ML, ORAL SUSPENSION[DL]	$0 (Tier 2)	PA,QL (2760 per 30 days)
BANZEL 400 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (240 per 30 days)
BRIVIACT 10 MG, 100 MG, 25 MG, 50 MG, 75 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (60 per 30 days)
BRIVIACT 10 MG/ML, ORAL SOLUTION[DL]	$0 (Tier 2)	PA,QL (600 per 30 days)
BRIVIACT 50 MG/5 ML, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA
carbamazepine 100 mg, tab chew[MO]	$0 (Tier 1)	
carbamazepine 100 mg/5 ml, 200 mg/10 ml, susp; carbamazepine 200 mg/10ml susp[MO]	$0 (Tier 1)	
carbamazepine 200 mg, tablet[MO]	$0 (Tier 1)	
carbamazepine er 100 mg, 200 mg, 300 mg, cap[MO]	$0 (Tier 1)	
carbamazepine er 100 mg, 200 mg, tablet[MO]	$0 (Tier 1)	QL (120 per 30 days)
carbamazepine er 400 mg, tablet[MO]	$0 (Tier 1)	QL (225 per 30 days)
CELONTIN 300 MG, CAPSULE[MO]	$0 (Tier 2)	
clobazam 10 mg, 20 mg, tablet[DL]	$0 (Tier 1)	PA
clobazam 2.5 mg/ml, suspension[DL]	$0 (Tier 1)	PA
DIACOMIT 250 MG, 500 MG, CAPSULE[DL]	$0 (Tier 2)	PA,QL (180 per 30 days)
DIACOMIT 250 MG, 500 MG, ORAL POWDER PACKET[DL]	$0 (Tier 2)	PA,QL (180 per 30 days)
DIASTAT ACUDIAL 12.5 MG-15 MG-17.5 MG-20 MG RECTAL KIT[DL]	$0 (Tier 2)	
diazepam 10 mg rectal gel syst; diazepam 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg, rectal gel sys; diazepam 20 mg rectal gel syst[DL]	$0 (Tier 1)	
DILANTIN 30 MG, CAPSULE[MO]	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DILANTIN EXTENDED 100 MG, CAPSULE[MO]	$0 (Tier 1)	
DILANTIN INFATABS 50 MG, CHEWABLE TABLET[MO]	$0 (Tier 1)	
DILANTIN-125 125 MG/5 ML, ORAL SUSPENSION[MO]	$0 (Tier 2)	
divalproex dr 125 mg, cp(sprnk)[MO]	$0 (Tier 1)	
divalproex sod dr 125 mg, 250 mg, 500 mg, tab[MO]	$0 (Tier 1)	
divalproex sod er 250 mg, 500 mg, tab[MO]	$0 (Tier 1)	
EPIDIOLEX 100 MG/ML, ORAL SOLUTION[DL]	$0 (Tier 2)	PA
epitol 200 mg, tablet[MO]	$0 (Tier 1)	
EPRONTIA 25 MG/ML, ORAL SOLUTION[MO]	$0 (Tier 2)	PA,QL (480 per 30 days)
ethosuximide 250 mg, capsule[MO]	$0 (Tier 1)	
ethosuximide 250 mg/5 ml, soln[MO]	$0 (Tier 1)	
felbamate 400 mg, 600 mg, tablet[MO]	$0 (Tier 1)	
felbamate 600 mg/5 ml, susp[DL]	$0 (Tier 1)	
FINTEPLA 2.2 MG/ML, ORAL SOLUTION[DL]	$0 (Tier 2)	PA,QL (360 per 30 days)
fosphenytoin 100 mg pe/2 ml, 500 mg pe/10 ml,; fosphenytoin 100 mg pe/2 ml, 500 mg pe/10 ml, vl[MO]	$0 (Tier 1)	
FYCOMPA 0.5 MG/ML, ORAL SUSPENSION[DL]	$0 (Tier 2)	PA,QL (680 per 28 days)
FYCOMPA 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (30 per 30 days)
gabapentin 100 mg, 300 mg, 400 mg, capsule[MO]	$0 (Tier 1)	QL (270 per 30 days)
gabapentin 250 mg/5 ml soln; gabapentin 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml), soln; gabapentin 300 mg/6 ml soln[MO]	$0 (Tier 1)	QL (2250 per 30 days)
gabapentin 600 mg, 800 mg, tablet[MO]	$0 (Tier 1)	QL (180 per 30 days)
lamotrigine 100 mg, 150 mg, 200 mg, 25 mg, 25 mg (21) -50 mg (7), 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg, 50 mg (42) -100 mg (14), tablet; lamotrigine odt 100 mg, 150 mg, 200 mg, 25 mg, 25 mg (21) -50 mg (7), 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg, 50 mg (42) -100 mg (14), tablet; lamotrigine odt kit (blue); lamotrigine odt kit (green); lamotrigine odt kit (orange); lamotrigine tab start kit-blue; lamotrigine tab start kt-green; lamotrigine tab start kt-orang[MO]	$0 (Tier 1)	
lamotrigine 25 mg, 5 mg, disper tab; lamotrigine 25 mg, 5 mg, disper tablet[MO]	$0 (Tier 1)	
lamotrigine er 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg, tablet[MO]	$0 (Tier 1)	
levetiracetam 1,000 mg, 500 mg, 750 mg, tablet[MO]	$0 (Tier 1)	
levetiracetam 100 mg/ml, 500 mg/5 ml, soln; levetiracetam 100 mg/ml, 500 mg/5 ml, vial[MO]	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
levetiracetam 250 mg, tablet[MO]	$0 (Tier 1)	QL (60 per 30 days)
levetiracetam 500 mg/5 ml soln[MO]	$0 (Tier 1)	QL (900 per 30 days)
levetiracetam er 500 mg, tablet[MO]	$0 (Tier 1)	QL (180 per 30 days)
levetiracetam er 750 mg, tablet[MO]	$0 (Tier 1)	QL (120 per 30 days)
levetiracetam-nacl 1,000mg/100; levetiracetam-nacl 1,500mg/100; levetiracetam-nacl 500 mg/100[MO]	$0 (Tier 1)	
NAYZILAM 5 MG/SPRAY (0.1 ML), NASAL SPRAY[DL]	$0 (Tier 2)	QL (10 per 30 days)
oxcarbazepine 150 mg, 300 mg, 600 mg, tablet[MO]	$0 (Tier 1)	
oxcarbazepine 300 mg/5 ml susp[MO]	$0 (Tier 1)	
PEGANONE 250 MG, TABLET[MO]	$0 (Tier 2)	
phenobarbital 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg, tablet[MO]	$0 (Tier 1)	QL (90 per 30 days)
phenobarbital 15 mg, 60 mg, tablet[MO]	$0 (Tier 1)	QL (120 per 30 days)
phenobarbital 20 mg/5 ml elix[MO]	$0 (Tier 1)	QL (1500 per 30 days)
phenobarbital 30 mg, tablet[MO]	$0 (Tier 1)	QL (300 per 30 days)
PHENYTEK 200 MG, 300 MG, CAPSULE[MO]	$0 (Tier 2)	
phenytoin 100 mg/4 ml, 125 mg/5 ml, susp[MO]	$0 (Tier 1)	
phenytoin 50 mg, tablet chew[MO]	$0 (Tier 1)	
phenytoin 50 mg/ml, vial[MO]	$0 (Tier 1)	
phenytoin sod ext 100 mg, 200 mg, 300 mg, cap[MO]	$0 (Tier 1)	
primidone 250 mg, 50 mg, tablet[MO]	$0 (Tier 1)	
roweepra 1,000 mg, 500 mg, 750 mg, tablet[MO]	$0 (Tier 1)	
roweepra xr 500 mg, tablet,extended release[MO]	$0 (Tier 1)	QL (180 per 30 days)
roweepra xr 750 mg, tablet,extended release[MO]	$0 (Tier 1)	QL (120 per 30 days)
rufinamide 200 mg, tablet[DL]	$0 (Tier 1)	PA,QL (480 per 30 days)
rufinamide 40 mg/ml, suspension[DL]	$0 (Tier 1)	PA,QL (2760 per 30 days)
rufinamide 400 mg, tablet[DL]	$0 (Tier 1)	PA,QL (240 per 30 days)
SPRITAM 1,000 MG, TABLET FOR ORAL SUSPENSION[MO]	$0 (Tier 2)	ST,QL (90 per 30 days)
SPRITAM 250 MG, TABLET FOR ORAL SUSPENSION[MO]	$0 (Tier 2)	ST,QL (360 per 30 days)
SPRITAM 500 MG, TABLET FOR ORAL SUSPENSION[MO]	$0 (Tier 2)	ST,QL (180 per 30 days)
SPRITAM 750 MG, TABLET FOR ORAL SUSPENSION[MO]	$0 (Tier 2)	ST,QL (120 per 30 days)
subvenite 100 mg, 150 mg, 200 mg, 25 mg, tablet[MO]	$0 (Tier 1)	
subvenite starter (blue) kit 25 mg (35), tablets in a dose pack[MO]	$0 (Tier 1)	
subvenite starter (green) kit 25 mg (84)-100 mg (14) tablet, dose pack[MO]	$0 (Tier 1)	
subvenite starter (orange) kit 25 mg (42)-100 mg (7) tablet, dose pack[MO]	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SYMPAZAN 10 MG, 20 MG, 5 MG, ORAL FILM**DL**	$0 (Tier 2)	PA,QL (60 per 30 days)
*tiagabine hcl 12 mg, 16 mg, 2 mg, 4 mg, tablet***MO**	$0 (Tier 1)	
*topiramate 100 mg, 200 mg, 50 mg, tablet***MO**	$0 (Tier 1)	QL (120 per 30 days)
*topiramate 15 mg, 25 mg, sprinkle cap***MO**	$0 (Tier 1)	
*topiramate 25 mg, tablet***MO**	$0 (Tier 1)	QL (90 per 30 days)
*valproate sod 500 mg/5 ml vl***MO**	$0 (Tier 1)	
*valproic acid 250 mg, capsule***MO**	$0 (Tier 1)	
*valproic acid 250 mg/5 ml soln; valproic acid 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml), soln; valproic acid 500 mg/10 ml sol***MO**	$0 (Tier 1)	
VALTOCO 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML), NASAL SPRAY; VALTOCO 15 MG/2 SPRAY(7.5MG/0.1ML X2) NASAL SPRAY**DL**	$0 (Tier 2)	QL (10 per 30 days)
*vigabatrin 500 mg, powder packt***DL**	$0 (Tier 1)	PA,QL (180 per 30 days)
*vigabatrin 500 mg, tablet***DL**	$0 (Tier 1)	PA,QL (180 per 30 days)
*vigadrone 500 mg, oral powder packet***DL**	$0 (Tier 1)	PA,QL (180 per 30 days)
VIMPAT 10 MG/ML, ORAL SOLUTION**MO**	$0 (Tier 2)	QL (1395 per 30 days)
VIMPAT 100 MG, 150 MG, 200 MG, 50 MG, TABLET**MO**	$0 (Tier 2)	QL (60 per 30 days)
VIMPAT 200 MG/20 ML, INTRAVENOUS SOLUTION**MO**	$0 (Tier 2)	
XCOPRI 100 MG, 50 MG, TABLET**DL**	$0 (Tier 2)	PA,QL (30 per 30 days)
XCOPRI 150 MG, 200 MG, TABLET**DL**	$0 (Tier 2)	PA,QL (60 per 30 days)
XCOPRI 250 MG DAILY DOSE PACK; XCOPRI MAINTENANCE PACK 250MG/DAY (150 MG X 1 AND 100 MG X 1) TABLETS; XCOPRI MAINTENANCE PACK 350 MG/DAY (200 MG X 1 AND 150 MG X 1) TABLETS**DL**	$0 (Tier 2)	PA,QL (56 per 28 days)
XCOPRI TITRATION PACK 12.5 MG (14)-25 MG (14) TABLETS IN A DOSE PACK**MO**	$0 (Tier 2)	PA,QL (28 per 28 days)
XCOPRI TITRATION PACK 150 MG (14)-200 MG (14) TABLETS IN A DOSE PACK; XCOPRI TITRATION PACK 50 MG (14)-100 MG (14) TABLETS IN A DOSE PACK**DL**	$0 (Tier 2)	PA,QL (28 per 28 days)
*zonisamide 100 mg, 25 mg, 50 mg, capsule***MO**	$0 (Tier 1)	

Antidementia Agents - Drugs used to treat memory loss

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
donepezil hcl 10 mg, 5 mg, tablet; donepezil hcl odt 10 mg, 5 mg, tablet[MO]	$0 (Tier 1)	QL (30 per 30 days)
donepezil hcl 10 mg, tablet[MO]	$0 (Tier 1)	QL (60 per 30 days)
galantamine 4 mg/ml, oral soln[MO]	$0 (Tier 1)	QL (200 per 30 days)
galantamine er 16 mg, 24 mg, 8 mg, capsule[MO]	$0 (Tier 1)	QL (30 per 30 days)
galantamine hbr 12 mg, 4 mg, 8 mg, tablet[MO]	$0 (Tier 1)	QL (60 per 30 days)
memantine 5-10 mg, titration pk[MO]	$0 (Tier 1)	PA,QL (98 per 30 days)
memantine hcl 10 mg, 5 mg, tablet[MO]	$0 (Tier 1)	PA,QL (60 per 30 days)
memantine hcl 2 mg/ml, solution[MO]	$0 (Tier 1)	PA,QL (360 per 30 days)
memantine hcl er 14 mg, 21 mg, 28 mg, 7 mg, capsule[MO]	$0 (Tier 1)	PA,QL (30 per 30 days)
NAMZARIC 14 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE; NAMZARIC 21 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE; NAMZARIC 28 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE; NAMZARIC 7 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE[MO]	$0 (Tier 2)	QL (30 per 30 days)
NAMZARIC 7/14/21/28 MG-10 MG, CAPSULE,SPRINKLE,EXTEND RELEASE,DOSE PACK[MO]	$0 (Tier 2)	QL (28 per 28 days)
rivastigmine 1.5 mg, 3 mg, capsule[MO]	$0 (Tier 1)	QL (90 per 30 days)
rivastigmine 4.5 mg, 6 mg, capsule[MO]	$0 (Tier 1)	QL (60 per 30 days)

ANTIDEPRESSANTS - Drugs used to treat depression

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
amitriptyline hcl 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg, tab[MO]	$0 (Tier 1)	
amoxapine 100 mg, 150 mg, 25 mg, 50 mg, tablet[MO]	$0 (Tier 1)	
bupropion hcl 100 mg, 75 mg, tablet[MO]	$0 (Tier 1)	QL (180 per 30 days)
bupropion hcl sr 100 mg, tablet[MO]	$0 (Tier 1)	QL (120 per 30 days)
bupropion hcl sr 150 mg, tablet[MO]	$0 (Tier 1)	QL (90 per 30 days)
bupropion hcl sr 200 mg, tablet[MO]	$0 (Tier 1)	QL (60 per 30 days)
bupropion hcl xl 150 mg, tablet[MO]	$0 (Tier 1)	QL (90 per 30 days)
bupropion hcl xl 300 mg, tablet[MO]	$0 (Tier 1)	QL (60 per 30 days)
citalopram hbr 10 mg, 40 mg, tablet[MO]	$0 (Tier 1)	QL (30 per 30 days)
citalopram hbr 10 mg/5 ml, soln[MO]	$0 (Tier 1)	
citalopram hbr 20 mg, tablet[MO]	$0 (Tier 1)	QL (60 per 30 days)
clomipramine 25 mg, 50 mg, 75 mg, capsule[MO]	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
desipramine 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg, tablet[MO]	$0 (Tier 1)	
desvenlafaxine succnt er 100 mg, 25 mg, 50 mg,; desvenlafaxine succnt er 100mg[MO]	$0 (Tier 1)	QL (30 per 30 days)
DRIZALMA SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG, CAPSULE,DELAYED RELEASE[MO]	$0 (Tier 2)	PA,QL (60 per 30 days)
duloxetine hcl dr 20 mg, 30 mg, 60 mg, cap[MO]	$0 (Tier 1)	QL (60 per 30 days)
EMSAM 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR, TRANSDERMAL 24 HOUR PATCH[DL]	$0 (Tier 2)	QL (30 per 30 days)
escitalopram 10 mg, tablet[MO]	$0 (Tier 1)	QL (45 per 30 days)
escitalopram 20 mg, 5 mg, tablet[MO]	$0 (Tier 1)	QL (30 per 30 days)
escitalopram oxalate 5 mg/5 ml,[MO]	$0 (Tier 1)	QL (600 per 30 days)
FETZIMA 120 MG, 20 MG, 40 MG, 80 MG, CAPSULE,EXTENDED RELEASE[MO]	$0 (Tier 2)	PA,QL (30 per 30 days)
FETZIMA 20 MG (2)-40 MG (26) CAPSULE,EXTENDED RELEASE,24 HR,DOSE PACK[MO]	$0 (Tier 2)	PA,QL (28 per 28 days)
fluoxetine 20 mg/5 ml solution[MO]	$0 (Tier 1)	
fluoxetine dr 90 mg, capsule[MO]	$0 (Tier 1)	QL (4 per 28 days)
fluoxetine hcl 10 mg, 40 mg, capsule[MO]	$0 (Tier 1)	QL (60 per 30 days)
fluoxetine hcl 20 mg, capsule[MO]	$0 (Tier 1)	QL (120 per 30 days)
fluvoxamine maleate 100 mg, 25 mg, 50 mg, tab[MO]	$0 (Tier 1)	QL (90 per 30 days)
imipramine hcl 10 mg, 25 mg, 50 mg, tablet[MO]	$0 (Tier 1)	
imipramine pamoate 100 mg, 125 mg, 150 mg, 75 mg, cap[MO]	$0 (Tier 1)	
maprotiline 25 mg, 50 mg, 75 mg, tablet[MO]	$0 (Tier 1)	
MARPLAN 10 MG, TABLET[MO]	$0 (Tier 2)	
mirtazapine 15 mg, 30 mg, 45 mg, 7.5 mg, tablet[MO]	$0 (Tier 1)	
mirtazapine 15 mg, 30 mg, 45 mg, odt[MO]	$0 (Tier 1)	QL (30 per 30 days)
nefazodone hcl 100 mg, 150 mg, 200 mg, 250 mg, 50 mg, tablet[MO]	$0 (Tier 1)	
nortriptyline 10 mg/5 ml, soln[MO]	$0 (Tier 1)	
nortriptyline hcl 10 mg, 25 mg, 50 mg, 75 mg, cap[MO]	$0 (Tier 1)	
paroxetine hcl 10 mg, 20 mg, tablet[MO]	$0 (Tier 1)	QL (30 per 30 days)
paroxetine hcl 10 mg/5 ml, susp[MO]	$0 (Tier 1)	
paroxetine hcl 30 mg, 40 mg, tablet[MO]	$0 (Tier 1)	QL (60 per 30 days)
PAXIL 10 MG/5 ML, ORAL SUSPENSION[MO]	$0 (Tier 2)	
perphen-amitrip 2 mg-10 mg tab; perphen-amitrip 2 mg-25 mg tab; perphen-amitrip 4 mg-10 mg tab; perphen-amitrip 4 mg-25 mg tab; perphen-amitrip 4 mg-50 mg tab[MO]	$0 (Tier 1)	
phenelzine sulfate 15 mg, tab[MO]	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
protriptyline hcl 10 mg, 5 mg, tablet[MO]	$0 (Tier 1)	
sertraline 20 mg/ml, oral conc[MO]	$0 (Tier 1)	
sertraline hcl 100 mg, tablet[MO]	$0 (Tier 1)	QL (60 per 30 days)
sertraline hcl 25 mg, 50 mg, tablet[MO]	$0 (Tier 1)	QL (90 per 30 days)
tranylcypromine sulf 10 mg, tab[MO]	$0 (Tier 1)	
trazodone 100 mg, 150 mg, 300 mg, 50 mg, tablet[MO]	$0 (Tier 1)	
trimipramine maleate 100 mg, 25 mg, 50 mg, cap; trimipramine maleate 100 mg, 25 mg, 50 mg, cp[MO]	$0 (Tier 1)	
TRINTELLIX 10 MG, 20 MG, 5 MG, TABLET[MO]	$0 (Tier 2)	ST,QL (30 per 30 days)
venlafaxine hcl 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg, tablet[MO]	$0 (Tier 1)	
venlafaxine hcl er 150 mg, cap[MO]	$0 (Tier 1)	QL (60 per 30 days)
venlafaxine hcl er 37.5 mg, cap[MO]	$0 (Tier 1)	QL (30 per 30 days)
venlafaxine hcl er 75 mg, cap[MO]	$0 (Tier 1)	QL (90 per 30 days)
VIIBRYD 10 MG (7)-20 MG (23) TABLETS IN A DOSE PACK; VIIBRYD 10 MG, 10 MG (7)- 20 MG (23), 20 MG, 40 MG, TABLET[MO]	$0 (Tier 2)	PA,QL (30 per 30 days)
ZULRESSO 5 MG/ML, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA,QL (100 per 365 days)

Antiemetics - Drugs used to treat nausea and vomiting

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
aprepitant 125 mg, 40 mg, capsule[MO]	$0 (Tier 1)	B vs D,QL (2 per 28 days)
aprepitant 125-80-80 mg pack[MO]	$0 (Tier 1)	B vs D,QL (6 per 28 days)
aprepitant 80 mg, capsule[MO]	$0 (Tier 1)	B vs D,QL (4 per 28 days)
compro 25 mg, rectal suppository[MO]	$0 (Tier 1)	
dronabinol 10 mg, 2.5 mg, 5 mg, capsule[MO]	$0 (Tier 1)	B vs D,QL (120 per 30 days)
granisetron hcl 0.1 mg/ml vial; granisetron hcl 1 mg/ml vial[MO]	$0 (Tier 1)	
granisetron hcl 1 mg, tablet[MO]	$0 (Tier 1)	B vs D,QL (28 per 28 days)
granisetron hcl 1 mg/ml vial; granisetron hcl 4 mg/4 ml vial[MO]	$0 (Tier 1)	
meclizine 12.5 mg, 25 mg, tablet[MO]	$0 (Tier 1)	
metoclopramide 10 mg, 5 mg, tablet[MO]	$0 (Tier 1)	
metoclopramide 10 mg/2 ml syr[MO]	$0 (Tier 1)	
metoclopramide 10 mg/2 ml vial; metoclopramide 5 mg/5 ml, 5 mg/ml, soln[MO]	$0 (Tier 1)	
ondansetron odt 4 mg, 8 mg, tablet[MO]	$0 (Tier 1)	B vs D,QL (90 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ondansetron 4 mg/5 ml, solution[MO]	$0 (Tier 1)	B vs D,QL (450 per 30 days)
ondansetron 40 mg/20 ml vial[MO]	$0 (Tier 1)	
ondansetron hcl 24 mg, tablet[MO]	$0 (Tier 1)	B vs D,QL (30 per 30 days)
ondansetron hcl 4 mg, 8 mg, tablet[MO]	$0 (Tier 1)	B vs D,QL (90 per 30 days)
ondansetron hcl 4 mg/2 ml, syr[MO]	$0 (Tier 1)	
ondansetron hcl 4 mg/2 ml, vial[MO]	$0 (Tier 1)	
prochlorperazine 25 mg, supp[MO]	$0 (Tier 1)	
prochlorperazine 10 mg/2 ml vl[MO]	$0 (Tier 1)	
prochlorperazine 10 mg, 5 mg, tab; prochlorperazine 10 mg, 5 mg, tablet[MO]	$0 (Tier 1)	B vs D
promethazine 12.5 mg, 25 mg, 50 mg, tablet[MO]	$0 (Tier 1)	
SANCUSO 3.1 MG/24 HOUR, TRANSDERMAL PATCH[MO]	$0 (Tier 2)	QL (4 per 30 days)
scopolamine 1 mg/3 day patch[MO]	$0 (Tier 1)	QL (10 per 30 days)
trimethobenzamide 300 mg, cap[MO]	$0 (Tier 1)	B vs D

Antifungals - Drugs used to treat fungal infections

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ABELCET 5 MG/ML, INTRAVENOUS SUSPENSION[DL]	$0 (Tier 2)	B vs D
AMBISOME 50 MG, INTRAVENOUS SUSPENSION[DL]	$0 (Tier 2)	B vs D
amphotericin b 50 mg, vial[MO]	$0 (Tier 1)	B vs D
caspofungin acetate 50 mg, 70 mg, vial[DL]	$0 (Tier 1)	
ciclodan 8 %, topical solution[MO]	$0 (Tier 1)	QL (13.2 per 30 days)
ciclopirox 0.77% cream[MO]	$0 (Tier 1)	QL (90 per 30 days)
ciclopirox 0.77% gel[MO]	$0 (Tier 1)	QL (100 per 30 days)
ciclopirox 0.77% topical susp[MO]	$0 (Tier 1)	QL (60 per 30 days)
ciclopirox 8% solution[MO]	$0 (Tier 1)	QL (13.2 per 30 days)
clotrimazole 1% solution[MO]	$0 (Tier 1)	
clotrimazole 10 mg, troche[MO]	$0 (Tier 1)	
clotrimazole-betamethasone crm[MO]	$0 (Tier 1)	QL (180 per 30 days)
clotrimazole-betamethasone lot[MO]	$0 (Tier 1)	QL (90 per 28 days)
CRESEMBA 186 MG, CAPSULE[DL]	$0 (Tier 2)	PA,QL (180 per 30 days)
CRESEMBA 372 MG, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA
ERAXIS(WATER DILUENT) 100 MG, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ERAXIS(WATER DILUENT) 50 MG, INTRAVENOUS SOLUTION[MO]	$0 (Tier 2)	
fluconazole 10 mg/ml, 40 mg/ml, susp[MO]	$0 (Tier 1)	
fluconazole 100 mg, 150 mg, 200 mg, 50 mg, tablet[MO]	$0 (Tier 1)	
fluconazole-nacl 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml,[MO]	$0 (Tier 1)	
flucytosine 250 mg, 500 mg, capsule[DL]	$0 (Tier 1)	
griseofulvin 125 mg/5 ml, susp[MO]	$0 (Tier 1)	
griseofulvin ultra 125 mg, 250 mg, tab[MO]	$0 (Tier 1)	
itraconazole 100 mg, capsule[MO]	$0 (Tier 1)	QL (120 per 30 days)
ketoconazole 2% cream[MO]	$0 (Tier 1)	QL (60 per 30 days)
ketoconazole 2% shampoo[MO]	$0 (Tier 1)	QL (120 per 30 days)
ketoconazole 200 mg, tablet[MO]	$0 (Tier 1)	PA
miconazole-3 200 mg, vaginal suppository[MO]	$0 (Tier 1)	
NOXAFIL 100 MG, TABLET,DELAYED RELEASE[DL]	$0 (Tier 2)	PA
NOXAFIL 200 MG/5 ML (40 MG/ML), ORAL SUSPENSION[DL]	$0 (Tier 2)	PA,QL (840 per 28 days)
NOXAFIL 300 MG/16.7 ML, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA
nyamyc 100,000 unit/gram, topical powder[MO]	$0 (Tier 1)	PA
nystatin 100,000 unit/gm cream[MO]	$0 (Tier 1)	
nystatin 100,000 unit/gm oint[MO]	$0 (Tier 1)	
nystatin 100,000 unit/gm powd[MO]	$0 (Tier 1)	PA
nystatin 100,000 unit/ml, susp[MO]	$0 (Tier 1)	
nystatin 500,000 unit, oral tab[MO]	$0 (Tier 1)	
nystatin-triamcinolone cream[MO]	$0 (Tier 1)	
nystatin-triamcinolone ointm[MO]	$0 (Tier 1)	
nystop 100,000 unit/gram, topical powder[MO]	$0 (Tier 1)	PA
posaconazole dr 100 mg, tablet[DL]	$0 (Tier 1)	PA
terbinafine hcl 250 mg, tablet[MO]	$0 (Tier 1)	
terconazole 0.4% cream; terconazole 0.8% cream[MO]	$0 (Tier 1)	
terconazole 80 mg, suppository[MO]	$0 (Tier 1)	
voriconazole 200 mg, 50 mg, tablet[MO]	$0 (Tier 1)	PA,QL (120 per 30 days)
voriconazole 200 mg, vial[DL]	$0 (Tier 1)	PA
voriconazole 40 mg/ml susp[DL]	$0 (Tier 1)	PA,QL (400 per 30 days)

Antigout Agents - Drugs used to treat gout

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
allopurinol 100 mg, 300 mg, tablet[MO]	$0 (Tier 1)	
MITIGARE 0.6 MG, CAPSULE[MO]	$0 (Tier 2)	
probenecid 500 mg, tablet[MO]	$0 (Tier 1)	
probenecid-colchicine tablet[MO]	$0 (Tier 1)	

Antimigraine Agents - Drugs used to treat headaches

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
AIMOVIG AUTOINJECTOR 140 MG/ML, SUBCUTANEOUS AUTO-INJECTOR[MO]	$0 (Tier 2)	PA,QL (1 per 30 days)
AIMOVIG AUTOINJECTOR 70 MG/ML, SUBCUTANEOUS AUTO-INJECTOR[MO]	$0 (Tier 2)	PA,QL (2 per 30 days)
dihydroergotamine 1 mg/ml, amp[DL]	$0 (Tier 1)	
dihydroergotamine 4 mg/ml spry[DL]	$0 (Tier 1)	QL (8 per 30 days)
EMGALITY PEN 120 MG/ML, SUBCUTANEOUS PEN INJECTOR[MO]	$0 (Tier 2)	PA,QL (2 per 30 days)
EMGALITY 120 MG/ML, SUBCUTANEOUS SYRINGE[MO]	$0 (Tier 2)	PA,QL (2 per 30 days)
ergotamine-caffeine 1-100mg tb[MO]	$0 (Tier 1)	QL (40 per 30 days)
naratriptan hcl 1 mg, 2.5 mg, tablet[MO]	$0 (Tier 1)	QL (9 per 30 days)
rizatriptan 10 mg, 5 mg, odt; rizatriptan 10 mg, 5 mg, tablet[MO]	$0 (Tier 1)	QL (12 per 30 days)
sumatriptan 20 mg nasal spray; sumatriptan 5 mg nasal spray[MO]	$0 (Tier 1)	QL (12 per 30 days)
sumatriptan 4 mg/0.5 ml, 6 mg/0.5 ml, cart[MO]	$0 (Tier 1)	QL (6 per 30 days)
sumatriptan 6 mg/0.5 ml, inject[MO]	$0 (Tier 1)	QL (6 per 30 days)
sumatriptan 6 mg/0.5 ml, vial[MO]	$0 (Tier 1)	QL (6 per 30 days)
sumatriptan succ 100 mg, 25 mg, 50 mg, tablet[MO]	$0 (Tier 1)	QL (9 per 30 days)

ANTIMYASTHENIC AGENTS – Drugs used to strengthen muscles

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
guanidine hcl 125 mg, tablet[MO]	$0 (Tier 1)	
pyridostigmine br 30 mg, 60 mg, tablet[MO]	$0 (Tier 1)	

Antimycobacterials – Drugs used to treat some infections, such as tuberculosis

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CAPASTAT 1 GRAM, SOLUTION FOR INJECTION[MO]	$0 (Tier 2)	
cycloserine 250 mg, capsule[DL]	$0 (Tier 1)	
dapsone 100 mg, 25 mg, tablet[MO]	$0 (Tier 1)	
ethambutol hcl 100 mg, 400 mg, tablet[MO]	$0 (Tier 1)	
isoniazid 100 mg, 300 mg, tablet[MO]	$0 (Tier 1)	
isoniazid 100 mg/ml, 50 mg/5 ml, solution; isoniazid 100 mg/ml, 50 mg/5 ml, vial[MO]	$0 (Tier 1)	
PASER 4 GRAM, GRANULES DELAYED-RELEASE PACKET[MO]	$0 (Tier 2)	
PRIFTIN 150 MG, TABLET[MO]	$0 (Tier 2)	
pyrazinamide 500 mg, tablet[MO]	$0 (Tier 1)	
rifabutin 150 mg, capsule[MO]	$0 (Tier 1)	
rifampin 150 mg, 300 mg, capsule[MO]	$0 (Tier 1)	
rifampin iv 600 mg, vial[DL]	$0 (Tier 1)	
RIFATER TABLET[MO]	$0 (Tier 2)	
SIRTURO 100 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (68 per 28 days)
SIRTURO 20 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (340 per 28 days)
TRECATOR 250 MG, TABLET[MO]	$0 (Tier 2)	

Antineoplastics – Drugs used to treat cancer

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
abiraterone acetate 250 mg, tab[DL]	$0 (Tier 1)	PA,QL (120 per 30 days)
ABRAXANE 100 MG, INTRAVENOUS SUSPENSION[DL]	$0 (Tier 2)	PA
ADCETRIS 50 MG, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
adriamycin 10 mg, 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml, intravenous solution[MO]	$0 (Tier 1)	B vs D
ADRIAMYCIN 50 MG, INTRAVENOUS SOLUTION[MO]	$0 (Tier 1)	B vs D
AFINITOR 10 MG, 2.5 MG, 5 MG, 7.5 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (30 per 30 days)
AFINITOR DISPERZ 2 MG, 3 MG, 5 MG, TABLET FOR ORAL SUSPENSION[DL]	$0 (Tier 2)	PA
ALECENSA 150 MG, CAPSULE[DL]	$0 (Tier 2)	PA,QL (240 per 30 days)
ALIMTA 100 MG, 500 MG, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA
ALIQOPA 60 MG, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA,QL (3 per 28 days)
ALUNBRIG 180 MG, 90 MG, 90 MG (7)- 180 MG (23), TABLET; ALUNBRIG 90 MG (7)-180 MG (23) TABLETS IN A DOSE PACK[DL]	$0 (Tier 2)	PA,QL (30 per 30 days)
ALUNBRIG 30 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (180 per 30 days)
amifostine 500 mg, vial[DL]	$0 (Tier 1)	
anastrozole 1 mg, tablet[MO]	$0 (Tier 1)	QL (30 per 30 days)
ARRANON 250 MG/50 ML, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	
arsenic trioxide 10 mg/10ml vl; arsenic trioxide 12 mg/6 ml vl[DL]	$0 (Tier 1)	PA
ARZERRA 1,000 MG/50 ML, 100 MG/5 ML, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA,QL (400 per 28 days)
ASPARLAS 750 UNIT/ML, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA
AVASTIN 25 MG/ML, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA
AYVAKIT 100 MG, 200 MG, 25 MG, 300 MG, 50 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (30 per 30 days)
azacitidine 100 mg, vial[DL]	$0 (Tier 1)	PA
BALVERSA 3 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (90 per 30 days)
BALVERSA 4 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (60 per 30 days)
BALVERSA 5 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (30 per 30 days)
BAVENCIO 20 MG/ML, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA
BELEODAQ 500 MG, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA
BENDEKA 25 MG/ML, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA
BESPONSA 0.9 MG(0.25 MG/ML INITIAL CONCENTRATION) INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA
bexarotene 75 mg, capsule[DL]	$0 (Tier 1)	PA,QL (300 per 30 days)
bicalutamide 50 mg, tablet[MO]	$0 (Tier 1)	QL (30 per 30 days)
BICNU 100 MG, INTRAVENOUS SOLUTION[MO]	$0 (Tier 2)	
BLENREP 100 MG, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA
bleomycin sulfate 15 unit, 30 unit, vial[MO]	$0 (Tier 1)	B vs D
bortezomib 3.5 mg, iv vial[DL]	$0 (Tier 2)	PA
BOSULIF 100 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (120 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BOSULIF 400 MG, 500 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (30 per 30 days)
BRAFTOVI 50 MG, CAPSULE[DL]	$0 (Tier 2)	PA,QL (120 per 30 days)
BRAFTOVI 75 MG, CAPSULE[DL]	$0 (Tier 2)	PA,QL (180 per 30 days)
BRUKINSA 80 MG, CAPSULE[DL]	$0 (Tier 2)	PA,QL (120 per 30 days)
busulfan 60 mg/10 ml, vial[MO]	$0 (Tier 1)	
BUSULFEX 60 MG/10 ML, INTRAVENOUS SOLUTION[MO]	$0 (Tier 2)	
CABOMETYX 20 MG, 40 MG, 60 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (30 per 30 days)
CALQUENCE 100 MG, CAPSULE[DL]	$0 (Tier 2)	PA,QL (60 per 30 days)
CAPRELSA 100 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (60 per 30 days)
CAPRELSA 300 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (30 per 30 days)
carboplatin 150 mg/15 ml vial[MO]	$0 (Tier 1)	
carmustine 100 mg, vial[MO]	$0 (Tier 1)	
cisplatin 100 mg/100 ml vial[MO]	$0 (Tier 1)	
cladribine 10 mg/10 ml, vial[DL]	$0 (Tier 1)	B vs D
clofarabine 20 mg/20 ml, vial[DL]	$0 (Tier 1)	
CLOLAR 20 MG/20 ML, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	
COMETRIQ 100 MG/DAY (80 MG X 1-20 MG X 1) CAPSULES[DL]	$0 (Tier 2)	PA,QL (56 per 28 days)
COMETRIQ 140 MG/DAY (80 MG X 1-20 MG X 3) CAPSULES[DL]	$0 (Tier 2)	PA,QL (112 per 28 days)
COMETRIQ 60 MG/DAY (20 MG X 3/DAY), CAPSULES[DL]	$0 (Tier 2)	PA,QL (84 per 28 days)
COPIKTRA 15 MG, 25 MG, CAPSULE[DL]	$0 (Tier 2)	PA,QL (56 per 28 days)
COSMEGEN 0.5 MG, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	
COTELLIC 20 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (63 per 28 days)
cyclophosphamide 1 gm vial; cyclophosphamide 1 gram, 2 gram, 500 mg, vial; cyclophosphamide 2 gm vial[MO]	$0 (Tier 1)	B vs D
CYCLOPHOSPHAMIDE 1 GM/5 ML VL[MO]	$0 (Tier 1)	B vs D
cyclophosphamide 25 mg, 50 mg, capsule[MO]	$0 (Tier 1)	B vs D
cyclophosphamide 25 mg, 50 mg, tablet[MO]	$0 (Tier 1)	B vs D
CYRAMZA 10 MG/ML, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA
cytarabine 20 mg/ml, vial[MO]	$0 (Tier 1)	B vs D
cytarabine 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml, vial; cytarabine 100 mg/5 ml vial; cytarabine 2 g/20 ml vial[MO]	$0 (Tier 1)	B vs D
dacarbazine 100 mg, 200 mg, vial[MO]	$0 (Tier 1)	
dactinomycin 500 mcg vial[DL]	$0 (Tier 1)	
DANYELZA 4 MG/ML, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA,QL (120 per 28 days)
DARZALEX 20 MG/ML, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DARZALEX FASPRO 1,800 MG-30,000 UNIT/15 ML, SUBCUTANEOUS SOLUTION**DL**	$0 (Tier 2)	PA
*daunorubicin 20 mg/4 ml vial***MO**	$0 (Tier 1)	
DAURISMO 100 MG, TABLET**DL**	$0 (Tier 2)	PA,QL (30 per 30 days)
DAURISMO 25 MG, TABLET**DL**	$0 (Tier 2)	PA,QL (60 per 30 days)
*decitabine 50 mg, vial***DL**	$0 (Tier 1)	PA
*dexrazoxane 250 mg, 500 mg, vial***MO**	$0 (Tier 1)	
DOCEFREZ 20 MG, INTRAVENOUS SOLUTION**MO**	$0 (Tier 2)	
DOCEFREZ 80 MG, INTRAVENOUS SOLUTION**DL**	$0 (Tier 2)	
*docetaxel 160 mg/16 ml vial; docetaxel 160 mg/8 ml vial; docetaxel 20 mg/2 ml vial; docetaxel 20 mg/ml vial; docetaxel 200 mg/10 ml vial; docetaxel 80 mg/4 ml vial; docetaxel 80 mg/8 ml vial***MO**	$0 (Tier 1)	
*doxorubicin 10 mg, 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg, 50 mg/25 ml, vial; doxorubicin 150 mg/75 ml vial***MO**	$0 (Tier 1)	B vs D
*doxorubicin liposome 50mg/25ml***DL**	$0 (Tier 1)	PA
ELZONRIS 1,000 MCG/ML, INTRAVENOUS SOLUTION**DL**	$0 (Tier 2)	PA,QL (10 per 21 days)
EMCYT 140 MG, CAPSULE**DL**	$0 (Tier 2)	
EMPLICITI 300 MG, 400 MG, INTRAVENOUS SOLUTION**DL**	$0 (Tier 2)	PA
ENHERTU 100 MG, INTRAVENOUS SOLUTION**DL**	$0 (Tier 2)	PA
*epirubicin 200 mg/100 ml, 50 mg, 50 mg/25 ml, vial; epirubicin hcl 200 mg/100 ml, 50 mg, 50 mg/25 ml, vial***MO**	$0 (Tier 1)	
ERBITUX 100 MG/50 ML, 200 MG/100 ML, INTRAVENOUS SOLUTION**DL**	$0 (Tier 2)	PA
ERIVEDGE 150 MG, CAPSULE**DL**	$0 (Tier 2)	PA,QL (28 per 28 days)
ERLEADA 60 MG, TABLET**DL**	$0 (Tier 2)	PA,QL (120 per 30 days)
*erlotinib hcl 100 mg, 150 mg, tablet***DL**	$0 (Tier 1)	PA,QL (30 per 30 days)
*erlotinib hcl 25 mg, tablet***DL**	$0 (Tier 1)	PA,QL (90 per 30 days)
ERWINAZE 10,000 UNIT, VIAL**DL**	$0 (Tier 2)	PA
ETOPOPHOS 100 MG, INTRAVENOUS SOLUTION**MO**	$0 (Tier 2)	
*etoposide 100 mg/5 ml vial***MO**	$0 (Tier 1)	
*everolimus 2 mg, 3 mg, 5 mg, tab for susp***DL**	$0 (Tier 1)	PA
EVOMELA 50 MG, INTRAVENOUS SOLUTION**DL**	$0 (Tier 2)	PA
*exemestane 25 mg, tablet***MO**	$0 (Tier 1)	QL (60 per 30 days)
EXKIVITY 40 MG, CAPSULE**DL**	$0 (Tier 2)	PA,QL (120 per 30 days)
FARYDAK 10 MG, 15 MG, 20 MG, CAPSULE**DL**	$0 (Tier 2)	PA,QL (6 per 21 days)
*fludarabine 50 mg, 50 mg/2 ml, vial***MO**	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
fluorouracil 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml, vial; fluorouracil 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml, vl[MO]	$0 (Tier 1)	B vs D
flutamide 125 mg, capsule[MO]	$0 (Tier 1)	
FOLOTYN 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML), INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA
FOTIVDA 0.89 MG, 1.34 MG, CAPSULE[DL]	$0 (Tier 2)	PA,QL (21 per 28 days)
fulvestrant 250 mg/5 ml, syring[DL]	$0 (Tier 1)	PA,QL (30 per 30 days)
GAVRETO 100 MG, CAPSULE[DL]	$0 (Tier 2)	PA,QL (120 per 30 days)
GAZYVA 1,000 MG/40 ML, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA,QL (120 per 28 days)
gemcitabine 1 gram/26.3 ml vl; gemcitabine 2 gram/52.6 ml vl; gemcitabine 200 mg/5.26 ml vl; gemcitabine hcl 1 gram, 1 gram/26.3 ml (38 mg/ml), 2 gram, 2 gram/52.6 ml (38 mg/ml), 200 mg, 200 mg/5.26 ml (38 mg/ml), vial[MO]	$0 (Tier 1)	
GILOTRIF 20 MG, 30 MG, 40 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (30 per 30 days)
HALAVEN 1 MG/2 ML (0.5 MG/ML), INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA
HERCEPTIN 150 MG, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA
HERCEPTIN HYLECTA 600 MG-10,000 UNIT/5 ML, SUBCUTANEOUS SOLUTION[DL]	$0 (Tier 2)	PA,QL (5 per 21 days)
hydroxyurea 500 mg, capsule[MO]	$0 (Tier 1)	
IBRANCE 100 MG, 125 MG, 75 MG, CAPSULE[DL]	$0 (Tier 2)	PA,QL (21 per 28 days)
IBRANCE 100 MG, 125 MG, 75 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (21 per 28 days)
ICLUSIG 10 MG, 30 MG, 45 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (30 per 30 days)
ICLUSIG 15 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (60 per 30 days)
idarubicin hcl 20 mg/20 ml vl[DL]	$0 (Tier 1)	
IDHIFA 100 MG, 50 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (30 per 30 days)
ifosfamide 1 gm vial; ifosfamide 1 gm/20 ml vial; ifosfamide 3 gm vial; ifosfamide 3 gm/60 ml vial[MO]	$0 (Tier 1)	
imatinib mesylate 100 mg, tab[DL]	$0 (Tier 1)	PA,QL (90 per 30 days)
imatinib mesylate 400 mg, tab[DL]	$0 (Tier 1)	PA,QL (60 per 30 days)
IMBRUVICA 140 MG, CAPSULE[DL]	$0 (Tier 2)	PA,QL (90 per 30 days)
IMBRUVICA 420 MG, 560 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (28 per 28 days)
IMBRUVICA 70 MG, CAPSULE[DL]	$0 (Tier 2)	PA,QL (28 per 28 days)
IMFINZI 50 MG/ML, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA
IMLYGIC 10EXP6 (1 MILLION) PFU/ML, SUSPENSION FOR INJECTION[DL]	$0 (Tier 2)	PA,QL (4 per 365 days)
IMLYGIC 10EXP8 (100 MILLION) PFU/ML, SUSPENSION FOR INJECTION[DL]	$0 (Tier 2)	PA,QL (8 per 28 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INLYTA 1 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (180 per 30 days)
INLYTA 5 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (60 per 30 days)
INQOVI 35 MG-100 MG TABLET[DL]	$0 (Tier 2)	PA,QL (5 per 28 days)
INREBIC 100 MG, CAPSULE[DL]	$0 (Tier 2)	PA,QL (120 per 30 days)
IRESSA 250 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (30 per 30 days)
irinotecan hcl 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml, vial; irinotecan hcl 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml, vl[MO]	$0 (Tier 1)	
ISTODAX 10 MG/2 ML, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA
IXEMPRA 15 MG, 45 MG, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA
JAKAFI 10 MG, 15 MG, 20 MG, 25 MG, 5 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (60 per 30 days)
JEMPERLI 50 MG/ML, INTRAVENOUS SOLUTION[MO]	$0 (Tier 2)	PA,QL (20 per 42 days)
JEVTANA 10 MG/ML (FIRST DILUTION), INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA
KADCYLA 100 MG, 160 MG, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA
KANJINTI 150 MG, 420 MG, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA
KEYTRUDA 25 MG/ML, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA
KISQALI 200 MG/DAY (200 MG X 1), TABLET[DL]	$0 (Tier 2)	PA,QL (21 per 28 days)
KISQALI 400 MG/DAY (200 MG X 2), TABLET[DL]	$0 (Tier 2)	PA,QL (42 per 28 days)
KISQALI 600 MG/DAY (200 MG X 3), TABLET[DL]	$0 (Tier 2)	PA,QL (63 per 28 days)
KISQALI FEMARA CO-PACK 200 MG/DAY(200 MG X 1)-2.5 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (49 per 28 days)
KISQALI FEMARA CO-PACK 400 MG/DAY(200 MG X 2)-2.5 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (70 per 28 days)
KISQALI FEMARA CO-PACK 600 MG/DAY(200 MG X 3)-2.5 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (91 per 28 days)
KOSELUGO 10 MG, CAPSULE[DL]	$0 (Tier 2)	PA,QL (240 per 30 days)
KOSELUGO 25 MG, CAPSULE[DL]	$0 (Tier 2)	PA,QL (120 per 30 days)
KYPROLIS 10 MG, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA,QL (6 per 28 days)
KYPROLIS 30 MG, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA,QL (3 per 28 days)
KYPROLIS 60 MG, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA,QL (12 per 28 days)
LENVIMA 10 MG/DAY (10 MG X 1), 4 MG, CAPSULE[DL]	$0 (Tier 2)	PA,QL (30 per 30 days)
LENVIMA 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), CAPSULE; LENVIMA 18 MG/DAY (10 MG X 1 AND 4 MG X 2) CAPSULE; LENVIMA 24 MG PER DAY (10 MG X 2 AND 4 MG X 1) CAPSULE[DL]	$0 (Tier 2)	PA,QL (90 per 30 days)
LENVIMA 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), CAPSULE[DL]	$0 (Tier 2)	PA,QL (60 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
letrozole 2.5 mg, tablet[MO]	$0 (Tier 1)	QL (30 per 30 days)
leucovorin cal 100 mg/10 ml vl; leucovorin calcium 10 mg/ml, 100 mg, 200 mg, 350 mg, 50 mg, 500 mg, vial; leucovorin calcium 10 mg/ml, 100 mg, 200 mg, 350 mg, 50 mg, 500 mg, vl[MO]	$0 (Tier 1)	
leucovorin calcium 10 mg, 15 mg, 25 mg, 5 mg, tab[MO]	$0 (Tier 1)	
LEUKERAN 2 MG, TABLET[MO]	$0 (Tier 2)	
levoleucovorin 10 mg/ml, 50 mg, vial; levoleucovorin 175 mg/17.5 ml[DL]	$0 (Tier 1)	PA
LIBTAYO 50 MG/ML, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA,QL (7 per 21 days)
LONSURF 15 MG-6.14 MG TABLET[DL]	$0 (Tier 2)	PA,QL (100 per 30 days)
LONSURF 20 MG-8.19 MG TABLET[DL]	$0 (Tier 2)	PA,QL (80 per 30 days)
LORBRENA 100 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (30 per 30 days)
LORBRENA 25 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (90 per 30 days)
LUMAKRAS 120 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (240 per 30 days)
LUMOXITI 1 MG, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA
LYNPARZA 100 MG, 150 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (120 per 30 days)
MARQIBO 5 MG/31 ML (0.16 MG/ML) (FINAL CONC.) INTRAVENOUS KIT[DL]	$0 (Tier 2)	PA
MATULANE 50 MG, CAPSULE[DL]	$0 (Tier 2)	
MEKINIST 0.5 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (120 per 30 days)
MEKINIST 2 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (30 per 30 days)
MEKTOVI 15 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (180 per 30 days)
melphalan 2 mg, tablet[MO]	$0 (Tier 1)	B vs D
melphalan 50 mg, vial w-diluent[MO]	$0 (Tier 1)	
mercaptopurine 50 mg, tablet[MO]	$0 (Tier 1)	
MESNEX 400 MG, TABLET[DL]	$0 (Tier 2)	
mitomycin 20 mg, 40 mg, 5 mg, vial[DL]	$0 (Tier 1)	
mitoxantrone 30 mg/15 ml vial[MO]	$0 (Tier 1)	
MUTAMYCIN 20 MG, 40 MG, 5 MG, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	
MVASI 25 MG/ML, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA
MYLOTARG 4.5 MG (1 MG/ML INITIAL CONCENTRATION) INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA
NERLYNX 40 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (180 per 30 days)
NEXAVAR 200 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (120 per 30 days)
nilutamide 150 mg, tablet[DL]	$0 (Tier 1)	QL (60 per 30 days)
NINLARO 2.3 MG, 3 MG, 4 MG, CAPSULE[DL]	$0 (Tier 2)	PA,QL (3 per 28 days)
NUBEQA 300 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (120 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ODOMZO 200 MG, CAPSULE[DL]	$0 (Tier 2)	PA,QL (30 per 30 days)
ONCASPAR 750 UNIT/ML, INJECTION SOLUTION[DL]	$0 (Tier 2)	PA
ONIVYDE 4.3 MG/ML, INTRAVENOUS DISPERSION[DL]	$0 (Tier 2)	PA
ONUREG 200 MG, 300 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (14 per 28 days)
OPDIVO 100 MG/10 ML, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA,QL (40 per 28 days)
OPDIVO 120 MG/12 ML, 240 MG/24 ML, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA,QL (48 per 28 days)
OPDIVO 40 MG/4 ML, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA,QL (16 per 28 days)
oxaliplatin 100 mg, 100 mg/20 ml, 200 mg/40 ml, 50 mg, 50 mg/10 ml (5 mg/ml), vial; oxaliplatin 50 mg/10 ml vial[MO]	$0 (Tier 1)	
paclitaxel 100 mg/16.7 ml vial[MO]	$0 (Tier 1)	
PADCEV 20 MG, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA,QL (21 per 28 days)
PADCEV 30 MG, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA,QL (15 per 28 days)
PANRETIN 0.1 %, TOPICAL GEL[DL]	$0 (Tier 2)	
paraplatin 10 mg/ml, intravenous solution[MO]	$0 (Tier 1)	
PEMAZYRE 13.5 MG, 4.5 MG, 9 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (14 per 21 days)
PEPAXTO 20 MG, VIAL[DL]	$0 (Tier 2)	PA,QL (2 per 28 days)
PERJETA 420 MG/14 ML (30 MG/ML), INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA
PIQRAY 200 MG/DAY (200 MG X 1), TABLET[DL]	$0 (Tier 2)	PA,QL (28 per 28 days)
PIQRAY 250 MG/DAY (200 MG X 1-50 MG X 1) TABLET; PIQRAY 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2), TABLET[DL]	$0 (Tier 2)	PA,QL (56 per 28 days)
POLIVY 140 MG, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA,QL (2 per 21 days)
POLIVY 30 MG, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA,QL (8 per 21 days)
POMALYST 1 MG, 2 MG, 3 MG, 4 MG, CAPSULE[DL]	$0 (Tier 2)	PA,QL (21 per 28 days)
PORTRAZZA 800 MG/50 ML (16 MG/ML), INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA,QL (100 per 21 days)
POTELIGEO 4 MG/ML, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA
PROLEUKIN 22 MILLION UNIT, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	
PURIXAN 20 MG/ML, ORAL SUSPENSION[DL]	$0 (Tier 2)	QL (300 per 30 days)
QINLOCK 50 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (90 per 30 days)
RETEVMO 40 MG, CAPSULE[DL]	$0 (Tier 2)	PA,QL (180 per 30 days)
RETEVMO 80 MG, CAPSULE[DL]	$0 (Tier 2)	PA,QL (120 per 30 days)
REVLIMID 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG, CAPSULE[DL]	$0 (Tier 2)	PA,QL (28 per 28 days)
RIABNI 10 MG/ML, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA
RITUXAN 10 MG/ML, CONCENTRATE,INTRAVENOUS[DL]	$0 (Tier 2)	PA
RITUXAN HYCELA 1,400 MG/11.7 ML (120 MG/ML) SUBCUTANEOUS SOLUTION[DL]	$0 (Tier 2)	PA,QL (46.8 per 28 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RITUXAN HYCELA 1,600 MG/13.4 ML (120 MG/ML) SUBCUTANEOUS SOLUTION**DL**	$0 (Tier 2)	PA,QL (13.4 per 28 days)
*romidepsin 10 mg kit***DL**	$0 (Tier 1)	PA
ROMIDEPSIN 27.5 MG/5.5 ML VIAL**DL**	$0 (Tier 1)	PA
ROZLYTREK 100 MG, 200 MG, CAPSULE**DL**	$0 (Tier 2)	PA,QL (90 per 30 days)
RUBRACA 200 MG, 250 MG, 300 MG, TABLET**DL**	$0 (Tier 2)	PA,QL (120 per 30 days)
RUXIENCE 10 MG/ML, INTRAVENOUS SOLUTION**DL**	$0 (Tier 2)	PA
RYBREVANT 50 MG/ML, INTRAVENOUS SOLUTION**DL**	$0 (Tier 2)	PA,QL (784 per 365 days)
RYDAPT 25 MG, CAPSULE**DL**	$0 (Tier 2)	PA,QL (224 per 28 days)
RYLAZE 10 MG/0.5 ML, INTRAMUSCULAR SOLUTION**DL**	$0 (Tier 2)	PA
SARCLISA 20 MG/ML, INTRAVENOUS SOLUTION**DL**	$0 (Tier 2)	PA,QL (16 per 28 days)
SCEMBLIX 20 MG, TABLET**DL**	$0 (Tier 2)	PA,QL (60 per 30 days)
SCEMBLIX 40 MG, TABLET**DL**	$0 (Tier 2)	PA,QL (300 per 30 days)
SOLTAMOX 20 MG/10 ML, ORAL SOLUTION**DL**	$0 (Tier 2)	
SPRYCEL 100 MG, 50 MG, 70 MG, 80 MG, TABLET**DL**	$0 (Tier 2)	PA,QL (60 per 30 days)
SPRYCEL 140 MG, TABLET**DL**	$0 (Tier 2)	PA,QL (30 per 30 days)
SPRYCEL 20 MG, TABLET**DL**	$0 (Tier 2)	PA,QL (90 per 30 days)
STIVARGA 40 MG, TABLET**DL**	$0 (Tier 2)	PA,QL (84 per 28 days)
*sunitinib malate 12.5 mg, 25 mg, 37.5 mg, 50 mg, cap; sunitinib malate 12.5 mg, 25 mg, 37.5 mg, 50 mg, capsule***DL**	$0 (Tier 1)	PA,QL (28 per 28 days)
SUTENT 12.5 MG, 25 MG, 37.5 MG, 50 MG, CAPSULE**DL**	$0 (Tier 2)	PA,QL (28 per 28 days)
SYNRIBO 3.5 MG, SUBCUTANEOUS SOLUTION**DL**	$0 (Tier 2)	PA,QL (28 per 28 days)
TABLOID 40 MG, TABLET**MO**	$0 (Tier 2)	
TABRECTA 150 MG, 200 MG, TABLET**DL**	$0 (Tier 2)	PA,QL (112 per 28 days)
TAFINLAR 50 MG, CAPSULE**DL**	$0 (Tier 2)	PA,QL (180 per 30 days)
TAFINLAR 75 MG, CAPSULE**DL**	$0 (Tier 2)	PA,QL (120 per 30 days)
TAGRISSO 40 MG, 80 MG, TABLET**DL**	$0 (Tier 2)	PA,QL (30 per 30 days)
TALZENNA 0.25 MG, CAPSULE**DL**	$0 (Tier 2)	PA,QL (90 per 30 days)
TALZENNA 1 MG, CAPSULE**DL**	$0 (Tier 2)	PA,QL (30 per 30 days)
*tamoxifen 10 mg, 20 mg, tablet***MO**	$0 (Tier 1)	
TARGRETIN 1 %, TOPICAL GEL**DL**	$0 (Tier 2)	PA
TARGRETIN 75 MG, CAPSULE**DL**	$0 (Tier 2)	PA,QL (300 per 30 days)
TASIGNA 150 MG, 200 MG, 50 MG, CAPSULE**DL**	$0 (Tier 2)	PA,QL (120 per 30 days)
TAZVERIK 200 MG, TABLET**DL**	$0 (Tier 2)	PA,QL (240 per 30 days)
TECENTRIQ 1,200 MG/20 ML (60 MG/ML), INTRAVENOUS SOLUTION**DL**	$0 (Tier 2)	PA,QL (20 per 21 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TECENTRIQ 840 MG/14 ML (60 MG/ML), INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA,QL (28 per 28 days)
TEMODAR 100 MG, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA,QL (27 per 30 days)
temsirolimus 25 mg vial[DL]	$0 (Tier 1)	PA,QL (8 per 28 days)
TEPMETKO 225 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (60 per 30 days)
THALOMID 100 MG, 200 MG, 50 MG, CAPSULE[DL]	$0 (Tier 2)	PA,QL (30 per 30 days)
THALOMID 150 MG, CAPSULE[DL]	$0 (Tier 2)	PA,QL (60 per 30 days)
thiotepa 100 mg, vial[DL]	$0 (Tier 1)	
thiotepa 15 mg, vial[MO]	$0 (Tier 1)	
TIBSOVO 250 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (60 per 30 days)
TIVDAK 40 MG, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA,QL (5 per 21 days)
topotecan hcl 1 mg/ml (1 ml), 4 mg, 4 mg/4 ml (1 mg/ml), vial; topotecan hcl 1 mg/ml vial; topotecan hcl 4 mg/4 ml vial[DL]	$0 (Tier 1)	
toremifene citrate 60 mg, tab[DL]	$0 (Tier 1)	QL (30 per 30 days)
TRAZIMERA 150 MG, 420 MG, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA
TREANDA 100 MG, 25 MG, INTRAVENOUS POWDER FOR SOLUTION[DL]	$0 (Tier 2)	PA
tretinoin 10 mg, capsule[DL]	$0 (Tier 1)	
TRISENOX 2 MG/ML, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA
TRODELVY 180 MG, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA
TRUSELTIQ 100 MG/DAY (100 MG X 1), CAPSULE[DL]	$0 (Tier 2)	PA,QL (21 per 28 days)
TRUSELTIQ 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2), CAPSULE; TRUSELTIQ 125MG/DAY(100 MG X1-25MG X1) CAPSULE[DL]	$0 (Tier 2)	PA,QL (42 per 28 days)
TRUSELTIQ 75 MG/DAY (25 MG X 3), CAPSULE[DL]	$0 (Tier 2)	PA,QL (63 per 28 days)
TUKYSA 150 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (120 per 30 days)
TUKYSA 50 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (300 per 30 days)
TURALIO 200 MG, CAPSULE[DL]	$0 (Tier 2)	PA,QL (120 per 30 days)
TYKERB 250 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (180 per 30 days)
UKONIQ 200 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (120 per 30 days)
UNITUXIN 3.5 MG/ML, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA
VALCHLOR 0.016 %, TOPICAL GEL[DL]	$0 (Tier 2)	PA,QL (60 per 28 days)
VECTIBIX 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA
VELCADE 3.5 MG, SOLUTION FOR INJECTION[DL]	$0 (Tier 2)	PA
VENCLEXTA 10 MG, TABLET[MO]	$0 (Tier 2)	PA,QL (56 per 28 days)
VENCLEXTA 100 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (180 per 30 days)
VENCLEXTA 50 MG, TABLET[MO]	$0 (Tier 2)	PA,QL (28 per 28 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VENCLEXTA STARTING PACK 10 MG-50 MG-100 MG TABLETS IN A DOSE PACK[DL]	$0 (Tier 2)	PA,QL (42 per 28 days)
VERZENIO 100 MG, 150 MG, 200 MG, 50 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (60 per 30 days)
vinblastine 1 mg/ml, vial[MO]	$0 (Tier 1)	B vs D
vincasar pfs 1 mg/ml, 2 mg/2 ml, intravenous solution[MO]	$0 (Tier 1)	B vs D
vincristine 1 mg/ml, 2 mg/2 ml, vial[MO]	$0 (Tier 1)	B vs D
vinorelbine 10 mg/ml, 50 mg/5 ml, vial[MO]	$0 (Tier 1)	
VISTOGARD 10 GRAM, ORAL GRANULES IN PACKET[DL]	$0 (Tier 2)	QL (20 per 365 days)
VITRAKVI 100 MG, CAPSULE[DL]	$0 (Tier 2)	PA,QL (60 per 30 days)
VITRAKVI 20 MG/ML, ORAL SOLUTION[DL]	$0 (Tier 2)	PA,QL (300 per 30 days)
VITRAKVI 25 MG, CAPSULE[DL]	$0 (Tier 2)	PA,QL (180 per 30 days)
VIZIMPRO 15 MG, 30 MG, 45 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (30 per 30 days)
VOTRIENT 200 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (120 per 30 days)
VYXEOS 44 MG-100 MG INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA
WELIREG 40 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (90 per 30 days)
XALKORI 200 MG, 250 MG, CAPSULE[DL]	$0 (Tier 2)	PA,QL (120 per 30 days)
XOSPATA 40 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (90 per 30 days)
XPOVIO 100 MG ONCE WEEKLY DOSE[DL]	$0 (Tier 2)	PA,QL (20 per 28 days)
XPOVIO 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (20 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2), TABLET; XPOVIO 40 MG ONCE WEEKLY DOSE; XPOVIO 40 MG TWICE WEEK (40 MG X 2) TABLET[DL]	$0 (Tier 2)	PA,QL (8 per 28 days)
XPOVIO 40 MG TWICE WEEKLY DOSE; XPOVIO 80 MG ONCE WEEKLY DOSE[DL]	$0 (Tier 2)	PA,QL (16 per 28 days)
XPOVIO 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1), TABLET[DL]	$0 (Tier 2)	PA,QL (4 per 28 days)
XPOVIO 60 MG ONCE WEEKLY DOSE[DL]	$0 (Tier 2)	PA,QL (12 per 28 days)
XPOVIO 60 MG TWICE WEEKLY (120 MG/WEEK) (20 MG X 6) TABLET[DL]	$0 (Tier 2)	PA,QL (24 per 28 days)
XPOVIO 80 MG TWICE WEEKLY (160 MG/WEEK) (20 MG X 8) TABLET[DL]	$0 (Tier 2)	PA,QL (32 per 28 days)
XTANDI 40 MG, CAPSULE[DL]	$0 (Tier 2)	PA,QL (120 per 30 days)
XTANDI 40 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (120 per 30 days)
XTANDI 80 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (60 per 30 days)
YERVOY 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML), INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA
YONDELIS 1 MG, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA
ZALTRAP 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML), INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ZANOSAR 1 GRAM, INTRAVENOUS SOLUTION[MO]	$0 (Tier 2)	
ZEJULA 100 MG, CAPSULE[DL]	$0 (Tier 2)	PA,QL (90 per 30 days)
ZELBORAF 240 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (240 per 30 days)
ZEPZELCA 4 MG, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA
ZIRABEV 25 MG/ML, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA
ZOLINZA 100 MG, CAPSULE[DL]	$0 (Tier 2)	PA,QL (120 per 30 days)
ZYDELIG 100 MG, 150 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (60 per 30 days)
ZYKADIA 150 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (150 per 30 days)
ZYNLONTA 10 MG, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA

Antiparasitics - Drugs used to treat parasite infections

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
albendazole 200 mg, tablet[DL]	$0 (Tier 1)	
atovaquone 750 mg/5 ml, susp[DL]	$0 (Tier 1)	
atovaquone-proguanil 250-100; atovaquone-proguanil 62.5-25[MO]	$0 (Tier 1)	
chloroquine ph 250 mg, 500 mg, tablet[MO]	$0 (Tier 1)	
COARTEM 20 MG-120 MG TABLET[MO]	$0 (Tier 2)	QL (24 per 30 days)
hydroxychloroquine 100 mg, 200 mg, 300 mg, 400 mg, tab[MO]	$0 (Tier 1)	
ivermectin 3 mg, tablet[MO]	$0 (Tier 1)	
KRINTAFEL 150 MG, TABLET[MO]	$0 (Tier 2)	QL (4 per 180 days)
LAMPIT 120 MG, 30 MG, TABLET[MO]	$0 (Tier 2)	
mefloquine hcl 250 mg, tablet[MO]	$0 (Tier 1)	
NEBUPENT 300 MG, SOLUTION FOR INHALATION[MO]	$0 (Tier 2)	B vs D
nitazoxanide 500 mg, tablet[DL]	$0 (Tier 1)	QL (40 per 30 days)
PENTAM 300 MG, SOLUTION FOR INJECTION[MO]	$0 (Tier 2)	
pentamidine 300 mg, inhal powdr[MO]	$0 (Tier 1)	B vs D
pentamidine 300 mg, vial[MO]	$0 (Tier 1)	
primaquine 26.3 mg, tablet[MO]	$0 (Tier 2)	
quinine sulfate 324 mg, capsule[MO]	$0 (Tier 1)	PA,QL (42 per 7 days)

ANTIPARKINSON AGENTS – Drugs used to treat Parkinson's disease

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
amantadine 100 mg, capsule[MO]	$0 (Tier 1)	
amantadine 50 mg/5 ml, solution[MO]	$0 (Tier 1)	
APOKYN 10 MG/ML, SUBCUTANEOUS CARTRIDGE[DL]	$0 (Tier 2)	PA,QL (84 per 28 days)
benztropine 2 mg/2 ml ampule[MO]	$0 (Tier 1)	
benztropine mes 0.5 mg, 1 mg, 2 mg, tab; benztropine mes 0.5 mg, 1 mg, 2 mg, tablet[MO]	$0 (Tier 1)	
bromocriptine 2.5 mg, tablet[MO]	$0 (Tier 1)	
carbidopa-levo 10-100 mg, 25-100 mg, 25-250 mg, odt; carbidopa-levodopa 10-100 tab; carbidopa-levodopa 25-100 tab; carbidopa-levodopa 25-250 tab[MO]	$0 (Tier 1)	
carbidopa-levo er 25-100 tab; carbidopa-levo er 50-200 tab[MO]	$0 (Tier 1)	
carbidopa-levodopa 100 mg-enta; carbidopa-levodopa 125 mg-enta; carbidopa-levodopa 150 mg-enta; carbidopa-levodopa 50 mg-enta; carbidopa-levodopa 75 mg-enta[MO]	$0 (Tier 1)	QL (240 per 30 days)
carbidopa-levodopa 200 mg-enta[MO]	$0 (Tier 1)	
entacapone 200 mg, tablet[MO]	$0 (Tier 1)	QL (300 per 30 days)
KYNMOBI 10 MG, 10-15-20-25-30 MG, 15 MG, 20 MG, 25 MG, 30 MG, SUBLINGUAL FILM; KYNMOBI 10 MG-15 MG-20 MG-25 MG-30 MG SUBLINGUAL FILM[DL]	$0 (Tier 2)	PA,QL (150 per 30 days)
NEUPRO 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR, TRANSDERMAL 24 HOUR PATCH[MO]	$0 (Tier 2)	QL (30 per 30 days)
pramipexole 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, tablet[MO]	$0 (Tier 1)	
rasagiline mesylate 0.5 mg, 1 mg, tab[MO]	$0 (Tier 1)	QL (30 per 30 days)
ropinirole hcl 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg, tablet[MO]	$0 (Tier 1)	
selegiline hcl 5 mg, capsule[MO]	$0 (Tier 1)	
selegiline hcl 5 mg, tablet[MO]	$0 (Tier 1)	
trihexyphenidyl 2 mg, 5 mg, tablet[MO]	$0 (Tier 1)	
trihexyphenidyl 2 mg/5 ml soln[MO]	$0 (Tier 1)	

Antipsychotics - Drugs used to treat mood and psychological conditions

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ABILIFY MAINTENA 300 MG, 400 MG, INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE[DL]	$0 (Tier 2)	QL (1 per 28 days)
ABILIFY MAINTENA 300 MG, 400 MG, SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE[DL]	$0 (Tier 2)	QL (1 per 28 days)
aripiprazole 1 mg/ml, solution[DL]	$0 (Tier 1)	QL (750 per 30 days)
aripiprazole 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg, tablet[MO]	$0 (Tier 1)	
aripiprazole odt 10 mg, 15 mg, tablet[DL]	$0 (Tier 1)	QL (60 per 30 days)
ARISTADA 1,064 MG/3.9 ML, SUSPENSION, EXTEND.REL. IM SYRINGE[MO]	$0 (Tier 2)	QL (3.9 per 56 days)
ARISTADA 441 MG/1.6 ML, SUSPENSION, EXTEND.REL. IM SYRINGE[DL]	$0 (Tier 2)	QL (1.6 per 28 days)
ARISTADA 662 MG/2.4 ML, SUSPENSION, EXTEND.REL. IM SYRINGE[DL]	$0 (Tier 2)	QL (2.4 per 28 days)
ARISTADA 882 MG/3.2 ML, SUSPENSION, EXTEND.REL. IM SYRINGE[DL]	$0 (Tier 2)	QL (3.2 per 28 days)
ARISTADA INITIO 675 MG/2.4 ML, SUSPENSION, EXTEND.REL. IM SYRINGE[DL]	$0 (Tier 2)	QL (2.4 per 42 days)
asenapine 10 mg, 2.5 mg, 5 mg, tablet sl[MO]	$0 (Tier 1)	PA,QL (60 per 30 days)
CAPLYTA 42 MG, CAPSULE[DL]	$0 (Tier 2)	PA,QL (30 per 30 days)
chlorpromazine 10 mg, 25 mg, tablet[MO]	$0 (Tier 1)	B vs D
chlorpromazine 100 mg, 200 mg, 50 mg, tablet[MO]	$0 (Tier 1)	
chlorpromazine 100 mg/ml, 30 mg/ml, conc[MO]	$0 (Tier 1)	
chlorpromazine 25 mg/ml, amp[MO]	$0 (Tier 1)	
clozapine 100 mg, tablet[MO]	$0 (Tier 1)	QL (270 per 30 days)
clozapine 200 mg, tablet[MO]	$0 (Tier 1)	QL (135 per 30 days)
clozapine 25 mg, tablet[MO]	$0 (Tier 1)	QL (1080 per 30 days)
clozapine 50 mg, tablet[MO]	$0 (Tier 1)	
clozapine odt 100 mg, tablet[MO]	$0 (Tier 1)	PA,QL (270 per 30 days)
clozapine odt 12.5 mg, tablet[MO]	$0 (Tier 1)	PA
clozapine odt 150 mg, tablet[MO]	$0 (Tier 1)	PA,QL (180 per 30 days)
clozapine odt 200 mg, tablet[MO]	$0 (Tier 1)	PA,QL (135 per 30 days)
clozapine odt 25 mg, tablet[MO]	$0 (Tier 1)	PA,QL (1080 per 30 days)
FANAPT 1 MG, 10 MG, 12 MG, 1MG(2)-2MG(2)- 4MG(2)-6MG(2), 2 MG, 4 MG, 6 MG, 8 MG, TABLET; FANAPT 1MG(2)-2 MG(2)-4MG(2)-6 MG(2) TABLETS IN A DOSE PACK[DL]	$0 (Tier 2)	PA,QL (60 per 30 days)
fluphenazine dec 125 mg/5 ml[MO]	$0 (Tier 1)	
fluphenazine 1 mg, 10 mg, 2.5 mg, 5 mg, tablet[MO]	$0 (Tier 1)	
fluphenazine 2.5 mg/5 ml, elix[MO]	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
fluphenazine 2.5 mg/ml, vial[MO]	$0 (Tier 1)	
fluphenazine 5 mg/ml, conc[MO]	$0 (Tier 1)	
haloperidol 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg, tablet[MO]	$0 (Tier 1)	
haloperidol dec 100 mg/ml, 50 mg/ml, amp; haloperidol dec 100 mg/ml, 50 mg/ml, vial[MO]	$0 (Tier 1)	
haloperidol lac 2 mg/ml, conc[MO]	$0 (Tier 1)	
haloperidol lac 5 mg/ml, syring[MO]	$0 (Tier 1)	
haloperidol lac 5 mg/ml, vial[MO]	$0 (Tier 1)	
INVEGA HAFYERA 1,092 MG/3.5 ML, INTRAMUSCULAR SYRINGE[MO]	$0 (Tier 2)	QL (3.5 per 180 days)
INVEGA HAFYERA 1,560 MG/5 ML, INTRAMUSCULAR SYRINGE[MO]	$0 (Tier 2)	QL (5 per 180 days)
INVEGA SUSTENNA 117 MG/0.75 ML, 234 MG/1.5 ML, 78 MG/0.5 ML, INTRAMUSCULAR SYRINGE[DL]	$0 (Tier 2)	QL (1.5 per 28 days)
INVEGA SUSTENNA 156 MG/ML, INTRAMUSCULAR SYRINGE[DL]	$0 (Tier 2)	QL (1 per 28 days)
INVEGA SUSTENNA 39 MG/0.25 ML, INTRAMUSCULAR SYRINGE[MO]	$0 (Tier 2)	QL (1.5 per 28 days)
INVEGA TRINZA 273 MG/0.875 ML, INTRAMUSCULAR SYRINGE[MO]	$0 (Tier 2)	QL (0.875 per 90 days)
INVEGA TRINZA 410 MG/1.315 ML, INTRAMUSCULAR SYRINGE[MO]	$0 (Tier 2)	QL (1.315 per 90 days)
INVEGA TRINZA 546 MG/1.75 ML, INTRAMUSCULAR SYRINGE[MO]	$0 (Tier 2)	QL (1.75 per 90 days)
INVEGA TRINZA 819 MG/2.625 ML, INTRAMUSCULAR SYRINGE[MO]	$0 (Tier 2)	QL (2.625 per 90 days)
LATUDA 120 MG, 20 MG, 40 MG, 60 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (30 per 30 days)
LATUDA 80 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (60 per 30 days)
loxapine 10 mg, 25 mg, 5 mg, 50 mg, capsule[MO]	$0 (Tier 1)	
LYBALVI 10 MG-10 MG TABLET; LYBALVI 15 MG-10 MG TABLET; LYBALVI 20 MG-10 MG TABLET; LYBALVI 5 MG-10 MG TABLET[DL]	$0 (Tier 2)	PA,QL (30 per 30 days)
molindone hcl 10 mg, tablet[MO]	$0 (Tier 1)	PA,QL (240 per 30 days)
molindone hcl 25 mg, tablet[MO]	$0 (Tier 1)	PA,QL (270 per 30 days)
molindone hcl 5 mg, tablet[MO]	$0 (Tier 1)	PA,QL (360 per 30 days)
NUPLAZID 10 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (30 per 30 days)
NUPLAZID 34 MG, CAPSULE[DL]	$0 (Tier 2)	PA,QL (30 per 30 days)
olanzapine 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg, tablet[MO]	$0 (Tier 1)	
olanzapine 10 mg, vial[MO]	$0 (Tier 1)	
olanzapine odt 10 mg, 5 mg, tablet[MO]	$0 (Tier 1)	QL (30 per 30 days)
olanzapine odt 15 mg, 20 mg, tablet[MO]	$0 (Tier 1)	QL (60 per 30 days)
paliperidone er 1.5 mg, 3 mg, 9 mg, tablet[MO]	$0 (Tier 1)	QL (30 per 30 days)
paliperidone er 6 mg, tablet[MO]	$0 (Tier 1)	QL (60 per 30 days)
perphenazine 16 mg, 2 mg, 4 mg, 8 mg, tablet[MO]	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PERSERIS 120 MG, 90 MG, ABDOMINAL SUBCUTANEOUS EXT. RELEASE SUSPENSION SYRINGE**DL**	$0 (Tier 2)	QL (1 per 28 days)
*pimozide 1 mg, 2 mg, tablet***MO**	$0 (Tier 1)	
*quetiapine fumarate 100 mg, tab***MO**	$0 (Tier 1)	QL (90 per 30 days)
*quetiapine fumarate 200 mg, 25 mg, 50 mg, tab***MO**	$0 (Tier 1)	QL (120 per 30 days)
*quetiapine fumarate 300 mg, 400 mg, tab***MO**	$0 (Tier 1)	QL (60 per 30 days)
REXULTI 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG, TABLET**DL**	$0 (Tier 2)	PA,QL (30 per 30 days)
RISPERDAL CONSTA 12.5 MG/2 ML, 25 MG/2 ML, INTRAMUSCULAR SUSP,EXTENDED RELEASE**MO**	$0 (Tier 2)	QL (2 per 28 days)
RISPERDAL CONSTA 37.5 MG/2 ML, 50 MG/2 ML, INTRAMUSCULAR SUSP,EXTENDED RELEASE**DL**	$0 (Tier 2)	QL (2 per 28 days)
*risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg, odt; risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg, tablet***MO**	$0 (Tier 1)	QL (60 per 30 days)
*risperidone 0.5 mg, odt; risperidone 0.5 mg, tablet***MO**	$0 (Tier 1)	QL (120 per 30 days)
*risperidone 1 mg/ml, solution***MO**	$0 (Tier 1)	
SAPHRIS 10 MG, 2.5 MG, 5 MG, SUBLINGUAL TABLET**DL**	$0 (Tier 2)	PA,QL (60 per 30 days)
SECUADO 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR, TRANSDERMAL 24 HOUR PATCH**DL**	$0 (Tier 2)	PA,QL (30 per 30 days)
*thioridazine 10 mg, 100 mg, 25 mg, 50 mg, tablet***MO**	$0 (Tier 1)	
*thiothixene 1 mg, 10 mg, 2 mg, 5 mg, capsule***MO**	$0 (Tier 1)	
*trifluoperazine 1 mg, 10 mg, 2 mg, 5 mg, tablet***MO**	$0 (Tier 1)	
VERSACLOZ 50 MG/ML, ORAL SUSPENSION**DL**	$0 (Tier 2)	PA,QL (540 per 30 days)
VRAYLAR 1.5 MG (1)-3 MG (6) CAPSULES IN A DOSE PACK**MO**	$0 (Tier 2)	PA
VRAYLAR 1.5 MG, 3 MG, 4.5 MG, 6 MG, CAPSULE**DL**	$0 (Tier 2)	PA,QL (30 per 30 days)
*ziprasidone hcl 20 mg, 40 mg, 60 mg, 80 mg, capsule***MO**	$0 (Tier 1)	
*ziprasidone 20 mg/ml vial***MO**	$0 (Tier 1)	
ZYPREXA RELPREVV 210 MG, INTRAMUSCULAR SUSPENSION**DL**	$0 (Tier 2)	QL (4 per 28 days)
ZYPREXA RELPREVV 300 MG, INTRAMUSCULAR SUSPENSION**DL**	$0 (Tier 2)	QL (2 per 28 days)
ZYPREXA RELPREVV 405 MG, INTRAMUSCULAR SUSPENSION**DL**	$0 (Tier 2)	QL (1 per 28 days)

Antispasticity Agents - Drugs used to relax muscle spasms

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
*baclofen 10 mg, 20 mg, tablet***MO**	$0 (Tier 1)	
*baclofen 5 mg, tablet***MO**	$0 (Tier 1)	QL (90 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
dantrolene sodium 100 mg, 25 mg, 50 mg, cap[MO]	$0 (Tier 1)	
tizanidine hcl 2 mg, 4 mg, tablet[MO]	$0 (Tier 1)	

ANTIVIRALS – Drugs used to treat infections caused by viruses

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
abacavir 20 mg/ml, solution[MO]	$0 (Tier 1)	QL (960 per 30 days)
abacavir 300 mg, tablet[MO]	$0 (Tier 1)	QL (60 per 30 days)
abacavir-lamivudine 600-300 mg,[MO]	$0 (Tier 1)	QL (30 per 30 days)
abacavir-lamivudine-zidov tab[DL]	$0 (Tier 1)	QL (60 per 30 days)
acyclovir 200 mg, capsule[MO]	$0 (Tier 1)	
acyclovir 400 mg, 800 mg, tablet[MO]	$0 (Tier 1)	
acyclovir 5% ointment[MO]	$0 (Tier 1)	PA,QL (30 per 30 days)
acyclovir 1,000 mg/20 ml vial; acyclovir sodium 1 gm vial; acyclovir sodium 1,000 mg, 50 mg/ml, 500 mg, vial[MO]	$0 (Tier 1)	B vs D
adefovir dipivoxil 10 mg, tab[DL]	$0 (Tier 1)	
APTIVUS 250 MG, CAPSULE[DL]	$0 (Tier 2)	QL (120 per 30 days)
APTIVUS 100 MG/ML, SOLUTION[DL]	$0 (Tier 2)	QL (285 per 28 days)
atazanavir sulfate 150 mg, 200 mg, cap[MO]	$0 (Tier 1)	QL (60 per 30 days)
atazanavir sulfate 300 mg, cap[MO]	$0 (Tier 1)	QL (30 per 30 days)
ATRIPLA 600 MG-200 MG-300 MG TABLET[DL]	$0 (Tier 2)	QL (30 per 30 days)
BARACLUDE 0.05 MG/ML, ORAL SOLUTION[MO]	$0 (Tier 2)	QL (630 per 30 days)
BIKTARVY 50 MG-200 MG-25 MG TABLET[DL]	$0 (Tier 2)	QL (30 per 30 days)
CABENUVA 400 MG/2 ML-600 MG/2 ML IM SUSPENSION, EXTENDED RELEASE; CABENUVA 600 MG/3 ML-900 MG/3 ML IM SUSPENSION, EXTENDED RELEASE[DL]	$0 (Tier 2)	QL (50 per 365 days)
CIMDUO 300 MG-300 MG TABLET[DL]	$0 (Tier 2)	QL (30 per 30 days)
COMPLERA 200 MG-25 MG-300 MG TABLET[DL]	$0 (Tier 2)	QL (30 per 30 days)
CRIXIVAN 200 MG, CAPSULE[MO]	$0 (Tier 2)	QL (450 per 30 days)
CRIXIVAN 400 MG, CAPSULE[MO]	$0 (Tier 2)	QL (270 per 30 days)
DELSTRIGO 100 MG-300 MG-300 MG TABLET[DL]	$0 (Tier 2)	QL (30 per 30 days)
DESCOVY 200 MG-25 MG TABLET[DL]	$0 (Tier 2)	QL (30 per 30 days)
didanosine dr 250 mg, 400 mg, capsule[MO]	$0 (Tier 1)	QL (30 per 30 days)
DOVATO 50 MG-300 MG TABLET[DL]	$0 (Tier 2)	QL (30 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EDURANT 25 MG, TABLET[DL]	$0 (Tier 2)	QL (30 per 30 days)
efavirenz 200 mg, capsule[MO]	$0 (Tier 1)	QL (120 per 30 days)
efavirenz 50 mg, capsule[MO]	$0 (Tier 1)	QL (480 per 30 days)
efavirenz 600 mg, tablet[MO]	$0 (Tier 1)	QL (30 per 30 days)
efavir-emtri-tenof 600-200-300[DL]	$0 (Tier 1)	QL (30 per 30 days)
efavir-lamiv-tenof 400-300-300; efavir-lamiv-tenof 600-300-300[DL]	$0 (Tier 1)	QL (30 per 30 days)
emtricitabine 200 mg, capsule[MO]	$0 (Tier 1)	QL (30 per 30 days)
emtricitabine-tenofv 100-150mg; emtricitabine-tenofv 133-200mg; emtricitabine-tenofv 167-250mg; emtricitabine-tenofv 200-300mg[DL]	$0 (Tier 1)	QL (30 per 30 days)
EMTRIVA 10 MG/ML, ORAL SOLUTION[MO]	$0 (Tier 2)	QL (680 per 28 days)
EMTRIVA 200 MG, CAPSULE[MO]	$0 (Tier 2)	QL (30 per 30 days)
entecavir 0.5 mg, 1 mg, tablet[MO]	$0 (Tier 1)	QL (30 per 30 days)
EPCLUSA 150 MG-37.5 MG ORAL PELLETS IN PACKET[DL]	$0 (Tier 2)	PA,QL (28 per 28 days)
EPCLUSA 200 MG-50 MG ORAL PELLETS IN PACKET[DL]	$0 (Tier 2)	PA,QL (56 per 28 days)
EPCLUSA 200 MG-50 MG TABLET; EPCLUSA 400 MG-100 MG TABLET[DL]	$0 (Tier 2)	PA,QL (28 per 28 days)
EPIVIR HBV 25 MG/5 ML (5 MG/ML), ORAL SOLUTION[MO]	$0 (Tier 2)	
etravirine 100 mg, tablet[DL]	$0 (Tier 1)	QL (120 per 30 days)
etravirine 200 mg, tablet[DL]	$0 (Tier 1)	QL (60 per 30 days)
EVOTAZ 300 MG-150 MG TABLET[DL]	$0 (Tier 2)	QL (30 per 30 days)
famciclovir 125 mg, 250 mg, 500 mg, tablet[MO]	$0 (Tier 1)	QL (90 per 30 days)
fosamprenavir 700 mg, tablet[DL]	$0 (Tier 1)	QL (120 per 30 days)
FUZEON 90 MG, SUBCUTANEOUS SOLUTION[DL]	$0 (Tier 2)	QL (60 per 30 days)
ganciclovir 50 mg/ml, 500 mg, vial; ganciclovir 500 mg/10 ml vial[DL]	$0 (Tier 1)	B vs D
GENVOYA 150 MG-150 MG-200 MG-10 MG TABLET[DL]	$0 (Tier 2)	QL (30 per 30 days)
HARVONI 33.75 MG-150 MG ORAL PELLETS IN PACKET[DL]	$0 (Tier 2)	PA,QL (28 per 28 days)
HARVONI 45 MG-200 MG ORAL PELLETS IN PACKET[DL]	$0 (Tier 2)	PA,QL (56 per 28 days)
HARVONI 45 MG-200 MG TABLET; HARVONI 90 MG-400 MG TABLET[DL]	$0 (Tier 2)	PA,QL (28 per 28 days)
INTELENCE 100 MG, 25 MG, TABLET[DL]	$0 (Tier 2)	QL (120 per 30 days)
INTELENCE 200 MG, TABLET[DL]	$0 (Tier 2)	QL (60 per 30 days)
INVIRASE 500 MG, TABLET[DL]	$0 (Tier 2)	QL (120 per 30 days)
ISENTRESS 100 MG, CHEWABLE TABLET[DL]	$0 (Tier 2)	QL (180 per 30 days)
ISENTRESS 100 MG, ORAL POWDER PACKET[MO]	$0 (Tier 2)	QL (300 per 30 days)
ISENTRESS 25 MG, CHEWABLE TABLET[MO]	$0 (Tier 2)	QL (180 per 30 days)
ISENTRESS 400 MG, TABLET[DL]	$0 (Tier 2)	QL (120 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ISENTRESS HD 600 MG, TABLET**DL**	$0 (Tier 2)	QL (60 per 30 days)
JULUCA 50 MG-25 MG TABLET**DL**	$0 (Tier 2)	QL (30 per 30 days)
KALETRA 100 MG-25 MG TABLET**DL**	$0 (Tier 2)	QL (300 per 30 days)
KALETRA 200 MG-50 MG TABLET**DL**	$0 (Tier 2)	QL (150 per 30 days)
*lamivudine 10 mg/ml, oral soln***MO**	$0 (Tier 1)	QL (900 per 30 days)
*lamivudine 150 mg, tablet***MO**	$0 (Tier 1)	QL (60 per 30 days)
*lamivudine 300 mg, tablet***MO**	$0 (Tier 1)	QL (30 per 30 days)
*lamivudine hbv 100 mg, tablet***MO**	$0 (Tier 1)	QL (90 per 30 days)
*lamivudine-zidovudine tablet***MO**	$0 (Tier 1)	QL (60 per 30 days)
*ledipasvir-sofosbuvir 90-400mg***DL**	$0 (Tier 2)	PA,QL (28 per 28 days)
LEXIVA 50 MG/ML, ORAL SUSPENSION**MO**	$0 (Tier 2)	QL (1575 per 28 days)
*lopinavir-ritonavir 80-20mg/ml***MO**	$0 (Tier 1)	
*lopinavir-ritonavr 100-25mg tb***MO**	$0 (Tier 1)	QL (300 per 30 days)
*lopinavir-ritonavr 200-50mg tb***DL**	$0 (Tier 1)	QL (150 per 30 days)
*nevirapine 200 mg, tablet***MO**	$0 (Tier 1)	QL (60 per 30 days)
*nevirapine 50 mg/5 ml, susp***MO**	$0 (Tier 1)	QL (1200 per 30 days)
*nevirapine er 100 mg, tablet***MO**	$0 (Tier 1)	QL (120 per 30 days)
*nevirapine er 400 mg, tablet***MO**	$0 (Tier 1)	QL (30 per 30 days)
NORVIR 100 MG, ORAL POWDER PACKET**MO**	$0 (Tier 2)	QL (360 per 30 days)
NORVIR 80 MG/ML, ORAL SOLUTION**MO**	$0 (Tier 2)	QL (480 per 30 days)
ODEFSEY 200 MG-25 MG-25 MG TABLET**DL**	$0 (Tier 2)	QL (30 per 30 days)
*oseltamivir 6 mg/ml, suspension***MO**	$0 (Tier 1)	QL (1440 per 365 days)
*oseltamivir phos 30 mg, capsule***MO**	$0 (Tier 1)	QL (224 per 365 days)
*oseltamivir phos 45 mg, 75 mg, capsule***MO**	$0 (Tier 1)	QL (112 per 365 days)
PIFELTRO 100 MG, TABLET**DL**	$0 (Tier 2)	QL (60 per 30 days)
PREZCOBIX 800 MG-150 MG TABLET**DL**	$0 (Tier 2)	QL (30 per 30 days)
PREZISTA 100 MG/ML, ORAL SUSPENSION**DL**	$0 (Tier 2)	QL (360 per 30 days)
PREZISTA 150 MG, TABLET**DL**	$0 (Tier 2)	QL (240 per 30 days)
PREZISTA 600 MG, TABLET**DL**	$0 (Tier 2)	QL (60 per 30 days)
PREZISTA 75 MG, TABLET**MO**	$0 (Tier 2)	QL (480 per 30 days)
PREZISTA 800 MG, TABLET**DL**	$0 (Tier 2)	QL (30 per 30 days)
RELENZA DISKHALER 5 MG/ACTUATION, POWDER FOR INHALATION**MO**	$0 (Tier 2)	QL (60 per 180 days)
RESCRIPTOR 200 MG, TABLET**MO**	$0 (Tier 2)	QL (180 per 30 days)
RETROVIR 10 MG/ML, INTRAVENOUS SOLUTION**MO**	$0 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
REYATAZ 50 MG, ORAL POWDER PACKET[MO]	$0 (Tier 2)	
ribavirin 200 mg, capsule[MO]	$0 (Tier 1)	QL (168 per 28 days)
ribavirin 200 mg, tablet[MO]	$0 (Tier 1)	QL (168 per 28 days)
rimantadine hcl 100 mg, tablet[MO]	$0 (Tier 1)	
ritonavir 100 mg, tablet[MO]	$0 (Tier 1)	QL (360 per 30 days)
RUKOBIA 600 MG, TABLET,EXTENDED RELEASE[DL]	$0 (Tier 2)	QL (60 per 30 days)
SELZENTRY 150 MG, 25 MG, TABLET[DL]	$0 (Tier 2)	QL (240 per 30 days)
SELZENTRY 20 MG/ML, ORAL SOLUTION[DL]	$0 (Tier 2)	QL (1800 per 30 days)
SELZENTRY 300 MG, 75 MG, TABLET[DL]	$0 (Tier 2)	QL (120 per 30 days)
stavudine 15 mg, 20 mg, capsule[MO]	$0 (Tier 1)	QL (120 per 30 days)
stavudine 30 mg, 40 mg, capsule[MO]	$0 (Tier 1)	QL (60 per 30 days)
STRIBILD 150 MG-150 MG-200 MG-300 MG TABLET[DL]	$0 (Tier 2)	QL (30 per 30 days)
SYMFI 600 MG-300 MG-300 MG TABLET[DL]	$0 (Tier 2)	QL (30 per 30 days)
SYMFI LO 400 MG-300 MG-300 MG TABLET[DL]	$0 (Tier 2)	QL (30 per 30 days)
SYMTUZA 800 MG-150 MG-200 MG-10 MG TABLET[DL]	$0 (Tier 2)	QL (30 per 30 days)
TEMIXYS 300 MG-300 MG TABLET[DL]	$0 (Tier 2)	QL (30 per 30 days)
tenofovir disop fum 300 mg, tb[MO]	$0 (Tier 1)	QL (30 per 30 days)
TIVICAY 10 MG, 25 MG, 50 MG, TABLET[DL]	$0 (Tier 2)	QL (60 per 30 days)
TIVICAY PD 5 MG, TABLET FOR ORAL SUSPENSION[DL]	$0 (Tier 2)	QL (180 per 30 days)
TRIUMEQ 600 MG-50 MG-300 MG TABLET[DL]	$0 (Tier 2)	QL (30 per 30 days)
TROGARZO 200 MG/1.33 ML (150 MG/ML), INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	
TRUVADA 100 MG-150 MG TABLET; TRUVADA 133 MG-200 MG TABLET; TRUVADA 167 MG-250 MG TABLET; TRUVADA 200 MG-300 MG TABLET[DL]	$0 (Tier 2)	QL (30 per 30 days)
TYBOST 150 MG, TABLET[MO]	$0 (Tier 2)	QL (30 per 30 days)
valacyclovir hcl 1 gram, 500 mg, tablet[MO]	$0 (Tier 1)	
valganciclovir 450 mg, tablet[DL]	$0 (Tier 1)	QL (120 per 30 days)
valganciclovir hcl 50 mg/ml,[DL]	$0 (Tier 1)	QL (1056 per 30 days)
VIDEX 2 GM PEDIATRIC SOLN[MO]	$0 (Tier 2)	QL (1200 per 30 days)
VIDEX EC 125 MG, CAPSULE[MO]	$0 (Tier 2)	QL (90 per 30 days)
VIRACEPT 250 MG, TABLET[DL]	$0 (Tier 2)	QL (300 per 30 days)
VIRACEPT 625 MG, TABLET[DL]	$0 (Tier 2)	QL (120 per 30 days)
VIREAD 150 MG, 200 MG, 250 MG, TABLET[DL]	$0 (Tier 2)	QL (30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM), ORAL POWDER[DL]	$0 (Tier 2)	QL (240 per 30 days)
VOCABRIA 30 MG, TABLET[DL]	$0 (Tier 2)	QL (30 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VOSEVI 400 MG-100 MG-100 MG TABLET[DL]	$0 (Tier 2)	PA,QL (28 per 28 days)
XOFLUZA 20 MG, 40 MG, TABLET[MO]	$0 (Tier 2)	QL (10 per 365 days)
XOFLUZA 80 MG, TABLET[MO]	$0 (Tier 2)	QL (5 per 365 days)
zidovudine 100 mg, capsule[MO]	$0 (Tier 1)	QL (180 per 30 days)
zidovudine 300 mg, tablet[MO]	$0 (Tier 1)	QL (60 per 30 days)
zidovudine 50 mg/5 ml syrup[MO]	$0 (Tier 1)	QL (1680 per 28 days)
ZIRGAN 0.15 %, EYE GEL[MO]	$0 (Tier 2)	QL (5 per 30 days)

Anxiolytics - Drugs used to treat anxiety

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
alprazolam 0.25 mg, 0.5 mg, 1 mg, tablet[DL]	$0 (Tier 1)	QL (120 per 30 days)
alprazolam 2 mg, tablet[DL]	$0 (Tier 1)	QL (150 per 30 days)
buspirone hcl 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg, tablet[MO]	$0 (Tier 1)	
clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg odt; clonazepam 0.5 mg, 1 mg, 2 mg tablet[DL]	$0 (Tier 1)	
clorazepate 15 mg, 3.75 mg, 7.5 mg, tablet[DL]	$0 (Tier 1)	
diazepam 10 mg, tablet[DL]	$0 (Tier 1)	QL (120 per 30 days)
diazepam 2 mg, 5 mg, tablet[DL]	$0 (Tier 1)	QL (90 per 30 days)
diazepam 5 mg/5 ml solution[DL]	$0 (Tier 1)	QL (1200 per 30 days)
diazepam 5 mg/ml, oral conc[DL]	$0 (Tier 1)	QL (240 per 30 days)
diazepam intensol 5 mg/ml, oral concentrate[DL]	$0 (Tier 1)	QL (240 per 30 days)
doxepin 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg, capsule[MO]	$0 (Tier 1)	
doxepin 10 mg/ml, oral conc[MO]	$0 (Tier 1)	
hydroxyzine 10 mg/5 ml, syrup[MO]	$0 (Tier 1)	
hydroxyzine hcl 10 mg, 25 mg, 50 mg, tablet[MO]	$0 (Tier 1)	
lorazepam 0.5 mg, 1 mg, tablet[DL]	$0 (Tier 1)	QL (90 per 30 days)
lorazepam 2 mg, tablet[DL]	$0 (Tier 1)	QL (150 per 30 days)
lorazepam 2 mg/ml, oral concent[DL]	$0 (Tier 1)	QL (150 per 30 days)
lorazepam intensol 2 mg/ml, oral concentrate[DL]	$0 (Tier 1)	QL (150 per 30 days)
oxazepam 10 mg, 15 mg, 30 mg, capsule[DL]	$0 (Tier 1)	

Bipolar Agents - Drugs used to stabilize mood

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
lithium carbonate 150 mg, 300 mg, 600 mg, cap[MO]	$0 (Tier 1)	
lithium carbonate 300 mg, tab[MO]	$0 (Tier 1)	
lithium carbonate er 300 mg, 450 mg, tb[MO]	$0 (Tier 1)	
lithium 8 meq/5 ml, solution[MO]	$0 (Tier 1)	

Blood Glucose Regulators - Drugs used to control blood sugar levels

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
acarbose 100 mg, 25 mg, 50 mg, tablet[MO]	$0 (Tier 1)	
BAQSIMI 3 MG/ACTUATION, NASAL SPRAY[MO]	$0 (Tier 2)	
diazoxide 50 mg/ml, oral susp[DL]	$0 (Tier 1)	
FIASP FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML), SUBCUTANEOUS PEN[MO]	$0 (Tier 2)	
FIASP PENFILL U-100 INSULIN 100 UNIT/ML (3 ML), SUBCUTANEOUS CARTRIDGE[MO]	$0 (Tier 2)	
FIASP U-100 INSULIN 100 UNIT/ML, SUBCUTANEOUS SOLUTION[MO]	$0 (Tier 2)	
glimepiride 1 mg, 2 mg, 4 mg, tablet[MO]	$0 (Tier 1)	
glipizide 10 mg, 5 mg, tablet[MO]	$0 (Tier 1)	
glipizide er 10 mg, 2.5 mg, 5 mg, tablet[MO]	$0 (Tier 1)	
glipizide-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg,[MO]	$0 (Tier 1)	
GLUCAGEN HYPOKIT 1 MG, INJECTION[MO]	$0 (Tier 2)	
glyburide 1.25 mg, 2.5 mg, 5 mg, tablet[MO]	$0 (Tier 1)	
glyburide micro 1.5 mg, 3 mg, 6 mg, tab; glyburide micro 1.5 mg, 3 mg, 6 mg, tablet[MO]	$0 (Tier 1)	
glyburid-metformin 1.25-250 mg, 2.5-500 mg, 5-500 mg,; glyburide-metformin 1.25-250 mg, 2.5-500 mg, 5-500 mg,[MO]	$0 (Tier 1)	
GLYXAMBI 10 MG-5 MG TABLET; GLYXAMBI 25 MG-5 MG TABLET[MO]	$0 (Tier 2)	QL (30 per 30 days)
GVOKE 1 MG/0.2 ML, SUBCUTANEOUS SOLUTION[MO]	$0 (Tier 2)	
GVOKE HYPOPEN 1-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML, SUBCUTANEOUS AUTO-INJECTOR[MO]	$0 (Tier 2)	
GVOKE HYPOPEN 2-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML, SUBCUTANEOUS AUTO-INJECTOR[MO]	$0 (Tier 2)	
GVOKE PFS 1-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML, SUBCUTANEOUS SYRINGE[MO]	$0 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GVOKE PFS 2-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML, SUBCUTANEOUS SYRINGE**MO**	$0 (Tier 2)	
INVOKAMET 150 MG-1,000 MG TABLET; INVOKAMET 150 MG-500 MG TABLET; INVOKAMET 50 MG-1,000 MG TABLET; INVOKAMET 50 MG-500 MG TABLET**MO**	$0 (Tier 2)	QL (60 per 30 days)
INVOKAMET XR 150 MG-1,000 MG TABLET, EXTENDED RELEASE; INVOKAMET XR 150 MG-500 MG TABLET, EXTENDED RELEASE; INVOKAMET XR 50 MG-1,000 MG TABLET, EXTENDED RELEASE; INVOKAMET XR 50 MG-500 MG TABLET, EXTENDED RELEASE**MO**	$0 (Tier 2)	QL (60 per 30 days)
INVOKANA 100 MG, 300 MG, TABLET**MO**	$0 (Tier 2)	QL (30 per 30 days)
JANUMET 50 MG-1,000 MG TABLET; JANUMET 50 MG-500 MG TABLET**MO**	$0 (Tier 2)	QL (60 per 30 days)
JANUMET XR 100 MG-1,000 MG TABLET,EXTENDED RELEASE**MO**	$0 (Tier 2)	QL (30 per 30 days)
JANUMET XR 50 MG-1,000 MG TABLET,EXTENDED RELEASE; JANUMET XR 50 MG-500 MG TABLET,EXTENDED RELEASE**MO**	$0 (Tier 2)	QL (60 per 30 days)
JANUVIA 100 MG, 25 MG, 50 MG, TABLET**MO**	$0 (Tier 2)	QL (30 per 30 days)
JARDIANCE 10 MG, 25 MG, TABLET**MO**	$0 (Tier 2)	QL (30 per 30 days)
JENTADUETO 2.5 MG-1,000 MG TABLET; JENTADUETO 2.5 MG-500 MG TABLET; JENTADUETO 2.5 MG-850 MG TABLET**MO**	$0 (Tier 2)	QL (60 per 30 days)
JENTADUETO XR 2.5 MG-1,000 MG TABLET, EXTENDED RELEASE**MO**	$0 (Tier 2)	QL (60 per 30 days)
JENTADUETO XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE**MO**	$0 (Tier 2)	QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML), SUBCUTANEOUS PEN**MO**	$0 (Tier 2)	
LANTUS U-100 INSULIN 100 UNIT/ML, SUBCUTANEOUS SOLUTION**MO**	$0 (Tier 2)	
LEVEMIR FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML), SUBCUTANEOUS PEN**MO**	$0 (Tier 2)	
LEVEMIR U-100 INSULIN 100 UNIT/ML, SUBCUTANEOUS SOLUTION**MO**	$0 (Tier 2)	
*metformin hcl 1,000 mg, 500 mg, 850 mg, tablet***MO**	$0 (Tier 1)	
*metformin hcl er 500 mg, tablet***MO**	$0 (Tier 1)	QL (120 per 30 days)
*metformin hcl er 750 mg, tablet***MO**	$0 (Tier 1)	QL (60 per 30 days)
*nateglinide 120 mg, 60 mg, tablet***MO**	$0 (Tier 1)	
NOVOLIN 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML (70-30), SUBCUTANEOUS**MO**	$0 (Tier 2)	
NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SUSPENSION**MO**	$0 (Tier 2)	
NOVOLIN N FLEXPEN 100 UNIT/ML (3 ML), SUBCUTANEOUS INSULIN PEN**MO**	$0 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NOVOLIN N NPH U-100 INSULIN ISOPHANE 100 UNIT/ML, SUBCUTANEOUS SUSP**MO**	$0 (Tier 2)	
NOVOLIN R FLEXPEN 100 UNIT/ML (3 ML), SUBCUTANEOUS INSULIN PEN**MO**	$0 (Tier 2)	
NOVOLIN R REGULAR U-100 INSULIN 100 UNIT/ML, INJECTION SOLUTION**MO**	$0 (Tier 2)	
NOVOLOG FLEXPEN U-100 INSULIN ASPART 100 UNIT/ML (3 ML), SUBCUTANEOUS**MO**	$0 (Tier 2)	
NOVOLOG MIX 70-30 U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS SOLUTION**MO**	$0 (Tier 2)	
NOVOLOG MIX 70-30 FLEXPEN U-100 INSULIN 100 UNIT/ML SUBCUTANEOUS PEN**MO**	$0 (Tier 2)	
NOVOLOG PENFILL U-100 INSULIN ASPART 100 UNIT/ML, SUBCUTANEOUS CARTRIDG**MO**	$0 (Tier 2)	
NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML, SUBCUTANEOUS SOLUTION**MO**	$0 (Tier 2)	
OZEMPIC 0.25 MG OR 0.5 MG (2 MG/1.5 ML) SUBCUTANEOUS PEN INJECTOR**MO**	$0 (Tier 2)	QL (1.5 per 28 days)
OZEMPIC 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), SUBCUTANEOUS PEN INJECTOR**MO**	$0 (Tier 2)	QL (3 per 28 days)
*pioglitazone hcl 15 mg, 30 mg, 45 mg, tablet***MO**	$0 (Tier 1)	QL (30 per 30 days)
PROGLYCEM 50 MG/ML, ORAL SUSPENSION**DL**	$0 (Tier 2)	
*repaglinide 0.5 mg, 1 mg, 2 mg, tablet***MO**	$0 (Tier 1)	
RYBELSUS 14 MG, 3 MG, 7 MG, TABLET**MO**	$0 (Tier 2)	QL (30 per 30 days)
SOLIQUA 100/33 100 UNIT-33 MCG/ML, SUBCUTANEOUS INSULIN PEN**MO**	$0 (Tier 2)	QL (15 per 24 days)
SYMLINPEN 120 2,700 MCG/2.7 ML, SUBCUTANEOUS PEN INJECTOR**DL**	$0 (Tier 2)	QL (10.8 per 30 days)
SYMLINPEN 60 1,500 MCG/1.5 ML, SUBCUTANEOUS PEN INJECTOR**DL**	$0 (Tier 2)	QL (10.5 per 28 days)
SYNJARDY 12.5 MG-1,000 MG TABLET; SYNJARDY 12.5 MG-500 MG TABLET; SYNJARDY 5 MG-1,000 MG TABLET; SYNJARDY 5 MG-500 MG TABLET**MO**	$0 (Tier 2)	QL (60 per 30 days)
SYNJARDY XR 10 MG-1,000 MG TABLET, EXTENDED RELEASE; SYNJARDY XR 25 MG-1,000 MG TABLET, EXTENDED RELEASE**MO**	$0 (Tier 2)	QL (30 per 30 days)
SYNJARDY XR 12.5 MG-1,000 MG TABLET, EXTENDED RELEASE; SYNJARDY XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE**MO**	$0 (Tier 2)	QL (60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML), SUBCUTANEOUS INSULIN PEN**MO**	$0 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML), SUBCUTANEOUS PEN[MO]	$0 (Tier 2)	
TRADJENTA 5 MG, TABLET[MO]	$0 (Tier 2)	QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML), SUBCUTANEOUS PEN[MO]	$0 (Tier 2)	
TRESIBA FLEXTOUCH U-200 INSULIN 200 UNIT/ML (3 ML), SUBCUTANEOUS PEN[MO]	$0 (Tier 2)	
TRESIBA U-100 INSULIN 100 UNIT/ML, SUBCUTANEOUS SOLUTION[MO]	$0 (Tier 2)	
TRIJARDY XR 10 MG-5 MG-1,000 MG TABLET, EXTENDED RELEASE; TRIJARDY XR 25 MG-5 MG-1,000 MG TABLET, EXTENDED RELEASE[MO]	$0 (Tier 2)	QL (30 per 30 days)
TRIJARDY XR 12.5 MG-2.5 MG-1,000 MG TABLET, EXTENDED RELEASE; TRIJARDY XR 5 MG-2.5 MG-1,000 MG TABLET, EXTENDED RELEASE[MO]	$0 (Tier 2)	QL (60 per 30 days)
TRULICITY 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML, SUBCUTANEOUS PEN INJECTOR[MO]	$0 (Tier 2)	QL (2 per 28 days)
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML), SUBCUTANEOUS PEN INJECTOR[MO]	$0 (Tier 2)	QL (9 per 30 days)
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML), SUBCUTANEOUS PEN INJECTOR[MO]	$0 (Tier 2)	QL (9 per 30 days)
XULTOPHY 100/3.6 100 UNIT-3.6 MG/ML (3 ML) SUBCUTANEOUS INSULIN PEN[MO]	$0 (Tier 2)	QL (15 per 30 days)

BLOOD PRODUCTS AND MODIFIERS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
AMICAR 250 MG/ML (25 %), ORAL SOLUTION[DL]	$0 (Tier 2)	
aminocaproic acid 0.25 gram/ml[DL]	$0 (Tier 1)	
aminocaproic acid 1,000 mg, 500 mg, tab[DL]	$0 (Tier 1)	
anagrelide hcl 0.5 mg, 1 mg, capsule[MO]	$0 (Tier 1)	
aspirin-dipyridam er 25-200 mg,[MO]	$0 (Tier 1)	ST,QL (60 per 30 days)
BRILINTA 60 MG, 90 MG, TABLET[MO]	$0 (Tier 2)	QL (60 per 30 days)
CABLIVI 11 MG, INJECTION KIT[DL]	$0 (Tier 2)	PA,QL (30 per 30 days)
cilostazol 100 mg, 50 mg, tablet[MO]	$0 (Tier 1)	
clopidogrel 300 mg, tablet[MO]	$0 (Tier 1)	
clopidogrel 75 mg, tablet[MO]	$0 (Tier 1)	QL (30 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
COUMADIN 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG, TABLET**MO**	$0 (Tier 2)	
*dipyridamole 25 mg, 50 mg, 75 mg, tablet***MO**	$0 (Tier 1)	
ELIQUIS 2.5 MG, TABLET**MO**	$0 (Tier 2)	QL (60 per 30 days)
ELIQUIS 5 MG, TABLET**MO**	$0 (Tier 2)	QL (74 per 30 days)
ELIQUIS DVT-PE TREATMENT 30-DAY STARTER 5 MG (74 TABLETS) IN DOSE PACK**MO**	$0 (Tier 2)	QL (74 per 30 days)
*enoxaparin 100 mg/ml, 150 mg/ml, syringe***MO**	$0 (Tier 1)	QL (28 per 28 days)
*enoxaparin 120 mg/0.8 ml, 80 mg/0.8 ml, syr***MO**	$0 (Tier 1)	QL (22.4 per 28 days)
*enoxaparin 30 mg/0.3 ml, 60 mg/0.6 ml, syr***MO**	$0 (Tier 1)	QL (16.8 per 28 days)
*enoxaparin 300 mg/3 ml, vial***MO**	$0 (Tier 1)	QL (84 per 28 days)
*enoxaparin 40 mg/0.4 ml, syr***MO**	$0 (Tier 1)	QL (11.2 per 28 days)
FULPHILA 6 MG/0.6 ML, SUBCUTANEOUS SYRINGE**DL**	$0 (Tier 2)	PA,QL (1.2 per 28 days)
*heparin 10,000 unit/10 ml vial; heparin sod 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml, vial; heparin sod 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml, vl***MO**	$0 (Tier 1)	
*heparin sod 5,000 unit/0.5 ml,***MO**	$0 (Tier 1)	
*jantoven 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, tablet***MO**	$0 (Tier 1)	
MOZOBIL 24 MG/1.2 ML (20 MG/ML), SUBCUTANEOUS SOLUTION**DL**	$0 (Tier 2)	PA,QL (9.6 per 30 days)
NEULASTA 6 MG/0.6 ML, SUBCUTANEOUS SYRINGE**DL**	$0 (Tier 2)	PA,QL (1.2 per 28 days)
NEULASTA ONPRO 6 MG/0.6 ML, WITH WEARABLE SUBCUTANEOUS INJECTOR**DL**	$0 (Tier 2)	PA,QL (1.2 per 28 days)
NEUPOGEN 300 MCG/0.5 ML, INJECTION SYRINGE**DL**	$0 (Tier 2)	PA,QL (7 per 30 days)
NEUPOGEN 300 MCG/ML, INJECTION SOLUTION**DL**	$0 (Tier 2)	PA,QL (14 per 30 days)
NEUPOGEN 480 MCG/0.8 ML, INJECTION SYRINGE**DL**	$0 (Tier 2)	PA,QL (11.2 per 30 days)
NEUPOGEN 480 MCG/1.6 ML, INJECTION SOLUTION**DL**	$0 (Tier 2)	PA,QL (22.4 per 30 days)
NIVESTYM 300 MCG/0.5 ML, SUBCUTANEOUS SYRINGE**DL**	$0 (Tier 2)	PA,QL (7 per 30 days)
NIVESTYM 300 MCG/ML, INJECTION SOLUTION**DL**	$0 (Tier 2)	PA,QL (14 per 30 days)
NIVESTYM 480 MCG/0.8 ML, SUBCUTANEOUS SYRINGE**DL**	$0 (Tier 2)	PA,QL (11.2 per 30 days)
NIVESTYM 480 MCG/1.6 ML, INJECTION SOLUTION**DL**	$0 (Tier 2)	PA,QL (22.4 per 30 days)
*prasugrel 10 mg, 5 mg, tablet***MO**	$0 (Tier 1)	QL (30 per 30 days)
PROMACTA 12.5 MG, 75 MG, TABLET**DL**	$0 (Tier 2)	PA,QL (60 per 30 days)
PROMACTA 12.5 MG, ORAL POWDER PACKET**DL**	$0 (Tier 2)	PA,QL (360 per 30 days)
PROMACTA 25 MG, ORAL POWDER PACKET**DL**	$0 (Tier 2)	PA,QL (180 per 30 days)
PROMACTA 25 MG, TABLET**DL**	$0 (Tier 2)	PA,QL (30 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PROMACTA 50 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (90 per 30 days)
RETACRIT 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML, INJECTION SOLUTION[MO]	$0 (Tier 2)	PA,QL (14 per 30 days)
tranexamic acid 650 mg, tablet[MO]	$0 (Tier 1)	QL (30 per 5 days)
UDENYCA 6 MG/0.6 ML, SUBCUTANEOUS SYRINGE[DL]	$0 (Tier 2)	PA,QL (1.2 per 28 days)
warfarin sodium 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, tablet[MO]	$0 (Tier 1)	
XARELTO 10 MG, 20 MG, TABLET[MO]	$0 (Tier 2)	QL (30 per 30 days)
XARELTO 15 MG, 2.5 MG, TABLET[MO]	$0 (Tier 2)	QL (60 per 30 days)
XARELTO DVT-PE TREATMENT 30-DAY STARTER 15 MG(42)-20 MG(9) TABLET PACK[MO]	$0 (Tier 2)	QL (51 per 30 days)
ZARXIO 300 MCG/0.5 ML, INJECTION SYRINGE[DL]	$0 (Tier 2)	PA,QL (7 per 30 days)
ZARXIO 480 MCG/0.8 ML, INJECTION SYRINGE[DL]	$0 (Tier 2)	PA,QL (11.2 per 30 days)
ZIEXTENZO 6 MG/0.6 ML, SUBCUTANEOUS SYRINGE[DL]	$0 (Tier 2)	PA,QL (1.2 per 28 days)

Cardiovascular Agents - Drugs used to treat heart-related conditions

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
acebutolol 200 mg, 400 mg, capsule[MO]	$0 (Tier 1)	
acetazolamide 125 mg, 250 mg, tablet[MO]	$0 (Tier 1)	
acetazolamide er 500 mg, cap[MO]	$0 (Tier 1)	
acetazolamide sod 500 mg, vial[MO]	$0 (Tier 1)	
aliskiren 150 mg, 300 mg, tablet[MO]	$0 (Tier 1)	QL (30 per 30 days)
amiloride hcl 5 mg, tablet[MO]	$0 (Tier 1)	
amiloride hcl-hctz 5-50 mg, tab[MO]	$0 (Tier 1)	
amiodarone 150 mg/3 ml vial[MO]	$0 (Tier 1)	
amiodarone 150 mg/3 ml, syringe[MO]	$0 (Tier 1)	
amiodarone hcl 100 mg, 200 mg, tablet[MO]	$0 (Tier 1)	
amiodarone hcl 400 mg, tablet[MO]	$0 (Tier 1)	QL (60 per 30 days)
amlodipine besylate 10 mg, tab[MO]	$0 (Tier 1)	QL (60 per 30 days)
amlodipine besylate 2.5 mg, 5 mg, tab[MO]	$0 (Tier 1)	
amlodipine-benazepril 10-20 mg, 2.5-10 mg, 5-10 mg, 5-20 mg,; amlodipine-benazepril 2.5-10[MO]	$0 (Tier 1)	QL (60 per 30 days)
amlodipine-benazepril 10-40 mg, 5-40 mg,[MO]	$0 (Tier 1)	QL (30 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
atenolol 100 mg, 25 mg, 50 mg, tablet[MO]	$0 (Tier 1)	
atenolol-chlorthalidone 100-25; atenolol-chlorthalidone 50-25[MO]	$0 (Tier 1)	
atorvastatin 10 mg, 20 mg, 40 mg, 80 mg, tablet[MO]	$0 (Tier 1)	
benazepril hcl 10 mg, 20 mg, 40 mg, 5 mg, tablet[MO]	$0 (Tier 1)	
benazepril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg, tab[MO]	$0 (Tier 1)	
BIDIL 20 MG-37.5 MG TABLET[MO]	$0 (Tier 2)	QL (180 per 30 days)
bisoprolol fumarate 10 mg, 5 mg, tab[MO]	$0 (Tier 1)	
bisoprolol-hctz 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg, tab; bisoprolol-hctz 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg, tb[MO]	$0 (Tier 1)	
bumetanide 0.5 mg, 1 mg, 2 mg, tablet[MO]	$0 (Tier 1)	
bumetanide 2.5 mg/10 ml vial[MO]	$0 (Tier 1)	
BYSTOLIC 10 MG, TABLET[MO]	$0 (Tier 2)	QL (120 per 30 days)
BYSTOLIC 2.5 MG, 5 MG, TABLET[MO]	$0 (Tier 2)	QL (30 per 30 days)
BYSTOLIC 20 MG, TABLET[MO]	$0 (Tier 2)	QL (60 per 30 days)
candesartan cilexetil 16 mg, 4 mg, 8 mg, tab; candesartan cilexetil 16 mg, 4 mg, 8 mg, tb[MO]	$0 (Tier 1)	QL (60 per 30 days)
candesartan cilexetil 32 mg, tb[MO]	$0 (Tier 1)	QL (30 per 30 days)
candesartan-hctz 16-12.5 mg, 32-12.5 mg, 32-25 mg, tab; candesartan-hctz 16-12.5 mg, 32-12.5 mg, 32-25 mg, tb[MO]	$0 (Tier 1)	QL (30 per 30 days)
captopril 100 mg, 12.5 mg, 25 mg, 50 mg, tablet[MO]	$0 (Tier 1)	
captopril-hctz 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg, tablet[MO]	$0 (Tier 1)	
cartia xt 120 mg, 180 mg, 240 mg, capsule,extended release[MO]	$0 (Tier 1)	QL (60 per 30 days)
cartia xt 300 mg, capsule,extended release[MO]	$0 (Tier 1)	QL (30 per 30 days)
carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg, tablet[MO]	$0 (Tier 1)	
chlorothiazide sod 500 mg, vial[MO]	$0 (Tier 1)	
chlorthalidone 25 mg, 50 mg, tablet[MO]	$0 (Tier 1)	
cholestyramine packet; cholestyramine powder[MO]	$0 (Tier 1)	
cholestyramine light 4 gram, oral powder; cholestyramine light 4 gram, powder for susp in a packet[MO]	$0 (Tier 1)	
cholestyramine light packet[MO]	$0 (Tier 1)	
clonidine 0.1 mg/day patch; clonidine 0.2 mg/day patch; clonidine 0.3 mg/day patch[MO]	$0 (Tier 1)	QL (4 per 28 days)
clonidine hcl 0.1 mg, 0.2 mg, 0.3 mg, tablet[MO]	$0 (Tier 1)	
colestipol hcl 1 gm tablet[MO]	$0 (Tier 1)	
colestipol hcl granules[MO]	$0 (Tier 1)	QL (1000 per 30 days)
colestipol hcl granules packet[MO]	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CORLANOR 5 MG, 7.5 MG, TABLET**MO**	$0 (Tier 2)	PA,QL (60 per 30 days)
DEMSER 250 MG, CAPSULE**DL**	$0 (Tier 2)	
*digitek 125 mcg (0.125 mg), 250 mcg (0.25 mg), tablet***MO**	$0 (Tier 1)	QL (30 per 30 days)
*digox 125 mcg (0.125 mg), 250 mcg (0.25 mg), tablet***MO**	$0 (Tier 1)	QL (30 per 30 days)
*digoxin 125 mcg tablet; digoxin 250 mcg tablet***MO**	$0 (Tier 1)	QL (30 per 30 days)
*dilt-xr 120 mg, 180 mg, 240 mg, capsule, extended release***MO**	$0 (Tier 1)	QL (60 per 30 days)
*diltiazem 100 mg, add-van vial***MO**	$0 (Tier 1)	
*diltiazem 120 mg, 30 mg, 60 mg, 90 mg, tablet***MO**	$0 (Tier 1)	
*diltiazem 12hr er 120 mg, cap***MO**	$0 (Tier 1)	QL (90 per 30 days)
*diltiazem 12hr er 60 mg, 90 mg, cap***MO**	$0 (Tier 1)	QL (180 per 30 days)
*diltiazem 24h er(cd) 120 mg, 180 mg, 240 mg, cp; diltiazem 24hr er 120 mg, 180 mg, 240 mg, cap***MO**	$0 (Tier 1)	QL (60 per 30 days)
*diltiazem 24h er(cd) 300 mg, 360 mg, 420 mg, cp; diltiazem 24hr er 300 mg, 360 mg, 420 mg, cap***MO**	$0 (Tier 1)	QL (30 per 30 days)
*diltiazem 24h er(xr) 120 mg, 180 mg, 240 mg, cp***MO**	$0 (Tier 1)	QL (60 per 30 days)
DIURIL 250 MG/5 ML, ORAL SUSPENSION**MO**	$0 (Tier 2)	
*dofetilide 125 mcg, 250 mcg, 500 mcg, capsule***MO**	$0 (Tier 1)	
*doxazosin mesylate 1 mg, 2 mg, 4 mg, 8 mg, tab***MO**	$0 (Tier 1)	
*droxidopa 100 mg, 200 mg, capsule***DL**	$0 (Tier 1)	PA,QL (90 per 30 days)
*droxidopa 300 mg, capsule***DL**	$0 (Tier 1)	PA,QL (180 per 30 days)
*enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg, tab; enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg, tablet***MO**	$0 (Tier 1)	
*enalapril-hctz 10-25 mg, 5-12.5 mg, tab; enalapril-hctz 10-25 mg, 5-12.5 mg, tablet***MO**	$0 (Tier 1)	
ENTRESTO 24 MG-26 MG TABLET; ENTRESTO 49 MG-51 MG TABLET; ENTRESTO 97 MG-103 MG TABLET**MO**	$0 (Tier 2)	QL (60 per 30 days)
*ethacrynate sodium 50 mg, vial***MO**	$0 (Tier 1)	
*ezetimibe 10 mg, tablet***MO**	$0 (Tier 1)	QL (30 per 30 days)
*felodipine er 10 mg, 2.5 mg, 5 mg, tablet***MO**	$0 (Tier 1)	QL (30 per 30 days)
*fenofibrate 160 mg, tablet***MO**	$0 (Tier 1)	QL (30 per 30 days)
*fenofibrate 54 mg, tablet***MO**	$0 (Tier 1)	QL (60 per 30 days)
*fenofibrate 134 mg, 200 mg, capsule***MO**	$0 (Tier 1)	QL (30 per 30 days)
*fenofibrate 67 mg, capsule***MO**	$0 (Tier 1)	QL (60 per 30 days)
*fenofibrate 145 mg, tablet***MO**	$0 (Tier 1)	QL (30 per 30 days)
*fenofibrate 48 mg, tablet***MO**	$0 (Tier 1)	QL (60 per 30 days)
*flecainide acetate 100 mg, 150 mg, 50 mg, tab***MO**	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
fosinopril sodium 10 mg, 20 mg, 40 mg, tab[MO]	$0 (Tier 1)	
fosinopril-hctz 10-12.5 mg, 20-12.5 mg, tab[MO]	$0 (Tier 1)	
furosemide 10 mg/ml, 40 mg/5 ml (8 mg/ml), solution; furosemide 40 mg/4 ml vial; furosemide 40 mg/5 ml soln[MO]	$0 (Tier 1)	
furosemide 20 mg, 40 mg, 80 mg, tablet[MO]	$0 (Tier 1)	
gemfibrozil 600 mg, tablet[MO]	$0 (Tier 1)	QL (60 per 30 days)
guanfacine 1 mg, 2 mg, tablet[MO]	$0 (Tier 1)	
hydralazine 10 mg, 100 mg, 25 mg, 50 mg, tablet[MO]	$0 (Tier 1)	
hydralazine 20 mg/ml, vial[MO]	$0 (Tier 1)	
hydrochlorothiazide 12.5 mg, 25 mg, 50 mg, tab; hydrochlorothiazide 12.5 mg, 25 mg, 50 mg, tb[MO]	$0 (Tier 1)	
hydrochlorothiazide 12.5 mg, cp[MO]	$0 (Tier 1)	
indapamide 1.25 mg, 2.5 mg, tablet[MO]	$0 (Tier 1)	
irbesartan 150 mg, 300 mg, 75 mg, tablet[MO]	$0 (Tier 1)	QL (30 per 30 days)
irbesartan-hctz 150-12.5 mg, tb[MO]	$0 (Tier 1)	QL (60 per 30 days)
irbesartan-hctz 300-12.5 mg, tb[MO]	$0 (Tier 1)	QL (30 per 30 days)
isosorbide dinitrate 10 mg, 20 mg, 30 mg, 5 mg, tab[MO]	$0 (Tier 1)	
isosorbide mononit 10 mg, 20 mg, tab[MO]	$0 (Tier 1)	
isosorbide mononit er 120 mg, 30 mg, 60 mg,; isosorbide mononit er 120 mg, 30 mg, 60 mg, tb[MO]	$0 (Tier 1)	
isradipine 2.5 mg, 5 mg, capsule[MO]	$0 (Tier 1)	
labetalol hcl 100 mg, 200 mg, 300 mg, tablet[MO]	$0 (Tier 1)	
labetalol hcl 100 mg/20 ml vl[MO]	$0 (Tier 1)	
lisinopril 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg, tablet[MO]	$0 (Tier 1)	
lisinopril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg, tab[MO]	$0 (Tier 1)	
losartan potassium 100 mg, 25 mg, 50 mg, tab[MO]	$0 (Tier 1)	QL (60 per 30 days)
losartan-hctz 100-12.5 mg, 100-25 mg, 50-12.5 mg, tab[MO]	$0 (Tier 1)	QL (60 per 30 days)
lovastatin 10 mg, 20 mg, 40 mg, tablet[MO]	$0 (Tier 1)	
methazolamide 25 mg, 50 mg, tablet[MO]	$0 (Tier 1)	
methyldopa 250 mg, 500 mg, tablet[MO]	$0 (Tier 1)	
methyldopa-hctz 250-15 mg, 250-25 mg, tab[MO]	$0 (Tier 1)	
metolazone 10 mg, 2.5 mg, 5 mg, tablet[MO]	$0 (Tier 1)	
metoprolol succ er 100 mg, 200 mg, 25 mg, 50 mg, tab[MO]	$0 (Tier 1)	QL (60 per 30 days)
metoprolol-hctz 100-25 mg, 100-50 mg, 50-25 mg, tab[MO]	$0 (Tier 1)	
metoprolol tart 5 mg/5 ml, vial[MO]	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
metoprolol tartrate 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg, tab; metoprolol tartrate 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg, tb **MO**	$0 (Tier 1)	
metyrosine 250 mg, capsule **DL**	$0 (Tier 1)	
midodrine hcl 10 mg, 2.5 mg, 5 mg, tablet **MO**	$0 (Tier 1)	
minoxidil 10 mg, 2.5 mg, tablet **MO**	$0 (Tier 1)	
moexipril hcl 15 mg, 7.5 mg, tablet **MO**	$0 (Tier 1)	
MULTAQ 400 MG, TABLET **MO**	$0 (Tier 2)	QL (60 per 30 days)
nebivolol 10 mg, tablet **MO**	$0 (Tier 1)	QL (120 per 30 days)
nebivolol 2.5 mg, 5 mg, tablet **MO**	$0 (Tier 1)	QL (30 per 30 days)
nebivolol 20 mg, tablet **MO**	$0 (Tier 1)	QL (60 per 30 days)
NEXLETOL 180 MG, TABLET **MO**	$0 (Tier 2)	PA,QL (30 per 30 days)
NEXLIZET 180 MG-10 MG TABLET **MO**	$0 (Tier 2)	PA,QL (30 per 30 days)
niacor 500 mg, tablet **MO**	$0 (Tier 1)	
nifedipine er 30 mg, 60 mg, 90 mg, tablet **MO**	$0 (Tier 1)	QL (60 per 30 days)
nimodipine 30 mg, capsule **MO**	$0 (Tier 1)	
nitroglycerin 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr, patch **MO**	$0 (Tier 1)	QL (30 per 30 days)
nitroglycerin 0.3 mg, 0.4 mg, 0.6 mg, tablet sl **MO**	$0 (Tier 1)	
nitroglycerin 0.4 mg/hr, patch **MO**	$0 (Tier 1)	QL (60 per 30 days)
nitroglycerin 400 mcg spray **MO**	$0 (Tier 1)	
nitroglycerin 5 mg/ml vial **MO**	$0 (Tier 1)	
NITROSTAT 0.3 MG, 0.4 MG, 0.6 MG, SUBLINGUAL TABLET **MO**	$0 (Tier 2)	
NORTHERA 100 MG, 200 MG, CAPSULE **DL**	$0 (Tier 2)	PA,QL (90 per 30 days)
NORTHERA 300 MG, CAPSULE **DL**	$0 (Tier 2)	PA,QL (180 per 30 days)
olmesartan medoxomil 20 mg, 40 mg, 5 mg, tab **MO**	$0 (Tier 1)	QL (30 per 30 days)
olmesartan-hctz 20-12.5 mg, 40-12.5 mg, 40-25 mg, tab **MO**	$0 (Tier 1)	QL (30 per 30 days)
omega-3 ethyl esters 1 gm cap **MO**	$0 (Tier 1)	QL (120 per 30 days)
PACERONE 100 MG, TABLET **MO**	$0 (Tier 1)	
pacerone 200 mg, tablet **MO**	$0 (Tier 1)	
PACERONE 400 MG, TABLET **MO**	$0 (Tier 1)	QL (60 per 30 days)
pentoxifylline er 400 mg, tab **MO**	$0 (Tier 1)	
perindopril erbumine 2 mg, 4 mg, 8 mg, tab **MO**	$0 (Tier 1)	
pindolol 10 mg, 5 mg, tablet **MO**	$0 (Tier 1)	
pravastatin sodium 10 mg, 20 mg, 40 mg, 80 mg, tab **MO**	$0 (Tier 1)	
prazosin 1 mg, 2 mg, 5 mg, capsule **MO**	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
prevalite 4 gram, oral powder; prevalite 4 gram, powder for susp in a packet[MO]	$0 (Tier 1)	
procainamide 1,000 mg/10 ml vl; procainamide 1,000 mg/2 ml vl[MO]	$0 (Tier 1)	
propafenone hcl 150 mg, 225 mg, 300 mg, tab; propafenone hcl 150 mg, 225 mg, 300 mg, tablet[MO]	$0 (Tier 1)	
propafenone hcl er 225 mg, 325 mg, cap[MO]	$0 (Tier 1)	QL (60 per 30 days)
propafenone hcl er 425 mg, cap[MO]	$0 (Tier 1)	
propranolol 1 mg/ml, 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml), vial; propranolol 20 mg/5 ml soln; propranolol 40 mg/5 ml soln[MO]	$0 (Tier 1)	
propranolol 10 mg, 20 mg, 40 mg, 60 mg, 80 mg, tablet[MO]	$0 (Tier 1)	
propranolol er 120 mg, 160 mg, 60 mg, 80 mg, capsule[MO]	$0 (Tier 1)	
propranolol-hctz 40-25 mg, 80-25 mg, tab[MO]	$0 (Tier 1)	
quinapril 10 mg, 20 mg, 40 mg, 5 mg, tablet[MO]	$0 (Tier 1)	
quinapril-hctz 10-12.5 mg, 20-12.5 mg, 20-25 mg, tab[MO]	$0 (Tier 1)	
quinidine sulfate 200 mg, 300 mg, tab[MO]	$0 (Tier 1)	
ramipril 1.25 mg, 10 mg, 2.5 mg, 5 mg, capsule[MO]	$0 (Tier 1)	
ranolazine er 1,000 mg, 500 mg, tablet[MO]	$0 (Tier 1)	QL (120 per 30 days)
REPATHA PUSHTRONEX 420 MG/3.5 ML, SUBCUTANEOUS WEARABLE INJECTOR[MO]	$0 (Tier 2)	PA,QL (3.5 per 28 days)
REPATHA SURECLICK 140 MG/ML, SUBCUTANEOUS PEN INJECTOR[MO]	$0 (Tier 2)	PA,QL (3 per 28 days)
REPATHA SYRINGE 140 MG/ML, SUBCUTANEOUS SYRINGE[MO]	$0 (Tier 2)	PA,QL (3 per 28 days)
rosuvastatin calcium 10 mg, 20 mg, 40 mg, 5 mg, tab[MO]	$0 (Tier 1)	
simvastatin 10 mg, 20 mg, 40 mg, 5 mg, 80 mg, tablet[MO]	$0 (Tier 1)	
sorine 120 mg, 160 mg, 240 mg, 80 mg, tablet[MO]	$0 (Tier 1)	
sotalol 120 mg, 160 mg, 240 mg, 80 mg, tablet[MO]	$0 (Tier 1)	
sotalol af 120 mg, 160 mg, 80 mg, tablet[MO]	$0 (Tier 1)	
spironolactone-hctz 25-25 tab[MO]	$0 (Tier 1)	
spironolactone 100 mg, 25 mg, 50 mg, tablet[MO]	$0 (Tier 1)	
taztia xt 120 mg, 180 mg, 240 mg, capsule,extended release[MO]	$0 (Tier 1)	QL (60 per 30 days)
taztia xt 300 mg, 360 mg, capsule,extended release[MO]	$0 (Tier 1)	QL (30 per 30 days)
telmisartan 20 mg, 40 mg, tablet[MO]	$0 (Tier 1)	QL (30 per 30 days)
telmisartan 80 mg, tablet[MO]	$0 (Tier 1)	QL (60 per 30 days)
telmisartan-amlodipine 40-10; telmisartan-amlodipine 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg,; telmisartan-amlodipine 80-10[MO]	$0 (Tier 1)	QL (30 per 30 days)
terazosin 1 mg, 10 mg, 2 mg, 5 mg, capsule[MO]	$0 (Tier 1)	
tiadylt er 120 mg, 180 mg, 240 mg, capsule,extended release[MO]	$0 (Tier 1)	QL (60 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
tiadylt er 300 mg, 360 mg, 420 mg, capsule,extended release[MO]	$0 (Tier 1)	QL (30 per 30 days)
timolol maleate 10 mg, 20 mg, 5 mg, tablet[MO]	$0 (Tier 1)	
torsemide 10 mg, 100 mg, 20 mg, 5 mg, tablet[MO]	$0 (Tier 1)	
trandolapril 1 mg, 2 mg, 4 mg, tablet[MO]	$0 (Tier 1)	
triamterene-hctz 37.5-25 mg, 75-50 mg, tab; triamterene-hctz 37.5-25 mg, 75-50 mg, tb[MO]	$0 (Tier 1)	
triamterene-hctz 37.5-25 mg, cp[MO]	$0 (Tier 1)	
triklo 1 gm capsule[MO]	$0 (Tier 1)	QL (120 per 30 days)
valsartan 160 mg, 320 mg, 40 mg, 80 mg, tablet[MO]	$0 (Tier 1)	QL (60 per 30 days)
valsartan-hctz 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg, tab[MO]	$0 (Tier 1)	QL (30 per 30 days)
VASCEPA 0.5 GRAM, CAPSULE[MO]	$0 (Tier 2)	QL (240 per 30 days)
VASCEPA 1 GRAM, CAPSULE[MO]	$0 (Tier 2)	QL (120 per 30 days)
verapamil 10 mg/4 ml vial[MO]	$0 (Tier 1)	
verapamil 120 mg, 40 mg, 80 mg, tablet[MO]	$0 (Tier 1)	QL (120 per 30 days)
verapamil er 120 mg, 180 mg, 240 mg, tablet[MO]	$0 (Tier 1)	
verapamil er pm 100 mg, 200 mg, 300 mg, capsule[MO]	$0 (Tier 1)	
verapamil sr 120 mg, 180 mg, 240 mg, capsule[MO]	$0 (Tier 1)	
verapamil sr 360 mg, capsule[MO]	$0 (Tier 1)	QL (60 per 30 days)
ZYPITAMAG 2 MG, 4 MG, TABLET[MO]	$0 (Tier 2)	ST,QL (30 per 30 days)

Central Nervous System Agents - Drugs used to treat brain, spinal, and nerve conditions

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
atomoxetine hcl 10 mg, 18 mg, 25 mg, 40 mg, capsule[MO]	$0 (Tier 1)	QL (60 per 30 days)
atomoxetine hcl 100 mg, 60 mg, 80 mg, capsule[MO]	$0 (Tier 1)	QL (30 per 30 days)
AUSTEDO 12 MG, 9 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (120 per 30 days)
AUSTEDO 6 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (60 per 30 days)
BETASERON 0.3 MG, SUBCUTANEOUS KIT[DL]	$0 (Tier 2)	PA,QL (15 per 30 days)
COPAXONE 20 MG/ML, SUBCUTANEOUS SYRINGE[DL]	$0 (Tier 2)	PA,QL (30 per 30 days)
COPAXONE 40 MG/ML, SUBCUTANEOUS SYRINGE[DL]	$0 (Tier 2)	PA,QL (12 per 28 days)
dalfampridine er 10 mg, tablet[MO]	$0 (Tier 1)	PA,QL (60 per 30 days)
dexmethylphenidate 10 mg, 2.5 mg, 5 mg, tab[MO]	$0 (Tier 1)	QL (60 per 30 days)
dextroamphetamine 10 mg, tab[MO]	$0 (Tier 1)	QL (180 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
dextroamphetamine 15 mg, tab[MO]	$0 (Tier 1)	QL (120 per 30 days)
dextroamphetamine 20 mg, tab[MO]	$0 (Tier 1)	QL (90 per 30 days)
dextroamphetamine 30 mg, tab[MO]	$0 (Tier 1)	QL (60 per 30 days)
dextroamphetamine 5 mg, tab[MO]	$0 (Tier 1)	QL (150 per 30 days)
dextroamp-amphetam 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg, tab; dextroamp-amphetamin 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg, tab; dextroamp-amphetamine 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg, tab[MO]	$0 (Tier 1)	QL (90 per 30 days)
dextroamp-amphetamin 30 mg, tab[MO]	$0 (Tier 1)	QL (60 per 30 days)
FIRDAPSE 10 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (240 per 30 days)
GILENYA 0.25 MG, 0.5 MG, CAPSULE[DL]	$0 (Tier 2)	PA,QL (30 per 30 days)
glatiramer 20 mg/ml, syringe[DL]	$0 (Tier 1)	PA,QL (30 per 30 days)
glatiramer 40 mg/ml, syringe[DL]	$0 (Tier 1)	PA,QL (12 per 28 days)
glatopa 20 mg/ml, subcutaneous syringe[DL]	$0 (Tier 1)	PA,QL (30 per 30 days)
glatopa 40 mg/ml, subcutaneous syringe[DL]	$0 (Tier 1)	PA,QL (12 per 28 days)
guanfacine hcl er 1 mg, 2 mg, 3 mg, 4 mg, tablet[MO]	$0 (Tier 1)	QL (30 per 30 days)
methylphenidate 10 mg, 20 mg, 5 mg, tablet[MO]	$0 (Tier 1)	QL (90 per 30 days)
methylphenidate er 10 mg, tab[MO]	$0 (Tier 1)	QL (180 per 30 days)
NUEDEXTA 20 MG-10 MG CAPSULE[DL]	$0 (Tier 2)	PA,QL (60 per 30 days)
pregabalin 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg, capsule[MO]	$0 (Tier 1)	QL (90 per 30 days)
pregabalin 20 mg/ml, solution[MO]	$0 (Tier 1)	QL (900 per 30 days)
pregabalin 225 mg, 300 mg, capsule[MO]	$0 (Tier 1)	QL (60 per 30 days)
riluzole 50 mg, tablet[MO]	$0 (Tier 1)	
RUZURGI 10 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (300 per 30 days)
SAVELLA 100 MG, 12.5 MG, 12.5 MG (5)-25 MG(8)-50 MG(42), 25 MG, 50 MG, TABLET; SAVELLA 12.5 MG (5)-25 MG(8)-50MG(42) TABLETS IN A DOSE PACK[MO]	$0 (Tier 2)	QL (60 per 30 days)
TECFIDERA 120 MG (14)- 240 MG (46), 240 MG, CAPSULE,DELAYED RELEASE; TECFIDERA 120 MG (14)-240 MG (46) CAPSULE,DELAYED RELEASE[DL]	$0 (Tier 2)	PA,QL (60 per 30 days)
TECFIDERA 120 MG, CAPSULE,DELAYED RELEASE[DL]	$0 (Tier 2)	PA,QL (14 per 30 days)
tetrabenazine 12.5 mg, tablet[DL]	$0 (Tier 1)	PA,QL (240 per 30 days)
tetrabenazine 25 mg, tablet[DL]	$0 (Tier 1)	PA,QL (120 per 30 days)

Dental & Oral Agents - Drugs used to treat conditions involving the mouth and teeth

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
chlorhexidine 0.12% rinse[MO]	$0 (Tier 1)	
oralone 0.1 %, dental paste[MO]	$0 (Tier 1)	
paroex oral rinse 0.12 %, mouthwash[MO]	$0 (Tier 1)	
periogard 0.12 %, mouthwash[MO]	$0 (Tier 1)	
pilocarpine hcl 5 mg, 7.5 mg, tablet[MO]	$0 (Tier 1)	
triamcinolone 0.1% paste[MO]	$0 (Tier 1)	

DERMATOLOGICAL AGENTS - Drugs used to treat skin conditions

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
accutane 10 mg, 20 mg, 30 mg, capsule[MO]	$0 (Tier 1)	QL (60 per 30 days)
accutane 40 mg, capsule[MO]	$0 (Tier 1)	QL (120 per 30 days)
acitretin 10 mg, capsule[MO]	$0 (Tier 1)	PA,QL (90 per 30 days)
acitretin 17.5 mg, capsule[MO]	$0 (Tier 1)	PA,QL (60 per 30 days)
acitretin 25 mg, capsule[MO]	$0 (Tier 1)	PA
adapalene 0.1% gel; adapalene 0.3% gel; adapalene 0.3% gel pump[MO]	$0 (Tier 1)	QL (45 per 30 days)
ammonium lactate 12% cream[MO]	$0 (Tier 1)	
ammonium lactate 12% lotion[MO]	$0 (Tier 1)	
amnesteem 10 mg, 20 mg, capsule[MO]	$0 (Tier 1)	QL (60 per 30 days)
amnesteem 40 mg, capsule[MO]	$0 (Tier 1)	QL (120 per 30 days)
betamethasone dp 0.05% crm[MO]	$0 (Tier 1)	QL (90 per 30 days)
betamethasone dp 0.05% lot[MO]	$0 (Tier 1)	QL (120 per 30 days)
betamethasone dp 0.05% oint[MO]	$0 (Tier 1)	QL (90 per 30 days)
betamethasone va 0.1% cream[MO]	$0 (Tier 1)	QL (180 per 30 days)
betamethasone va 0.1% lotion[MO]	$0 (Tier 1)	QL (120 per 30 days)
betamethasone valer 0.1% ointm[MO]	$0 (Tier 1)	QL (180 per 30 days)
betamethasone dp aug 0.05% crm[MO]	$0 (Tier 1)	QL (100 per 30 days)
betamethasone dp aug 0.05% gel[MO]	$0 (Tier 1)	QL (100 per 30 days)
betamethasone dp aug 0.05% lot[MO]	$0 (Tier 1)	QL (120 per 30 days)
betamethasone dp aug 0.05% oin[MO]	$0 (Tier 1)	QL (100 per 30 days)
calcipotriene 0.005% cream[MO]	$0 (Tier 1)	PA,QL (120 per 30 days)
calcipotriene 0.005% solution[MO]	$0 (Tier 1)	QL (60 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
claravis 10 mg, 20 mg, 30 mg, capsule[MO]	$0 (Tier 1)	QL (60 per 30 days)
claravis 40 mg, capsule[MO]	$0 (Tier 1)	QL (120 per 30 days)
clindamycin ph 1% gel[MO]	$0 (Tier 1)	QL (60 per 30 days)
clindamycin ph 1% solution[MO]	$0 (Tier 1)	QL (60 per 30 days)
clindamycin phos 1% pledget[MO]	$0 (Tier 1)	
clindamycin phosp 1% lotion[MO]	$0 (Tier 1)	QL (60 per 30 days)
clobetasol 0.05% cream[MO]	$0 (Tier 1)	QL (120 per 30 days)
clobetasol 0.05% gel[MO]	$0 (Tier 1)	QL (120 per 28 days)
clobetasol 0.05% ointment[MO]	$0 (Tier 1)	QL (120 per 28 days)
clobetasol 0.05% solution[MO]	$0 (Tier 1)	QL (100 per 30 days)
clobetasol emollient 0.05% crm[MO]	$0 (Tier 1)	QL (120 per 30 days)
cormax 0.05% solution[MO]	$0 (Tier 1)	QL (100 per 30 days)
desonide 0.05% cream[MO]	$0 (Tier 1)	QL (240 per 30 days)
desonide 0.05% ointment[MO]	$0 (Tier 1)	QL (240 per 30 days)
desoximetasone 0.25% cream[MO]	$0 (Tier 1)	QL (120 per 30 days)
desoximetasone 0.25% ointment[MO]	$0 (Tier 1)	QL (120 per 30 days)
ery pads 2 %, topical swab[MO]	$0 (Tier 1)	QL (60 per 30 days)
erythromycin 2% solution[MO]	$0 (Tier 1)	QL (120 per 30 days)
fluocinolone 0.01% cream; fluocinolone 0.025% cream[MO]	$0 (Tier 1)	QL (120 per 30 days)
fluocinolone 0.01% solution[MO]	$0 (Tier 1)	QL (180 per 30 days)
fluocinolone 0.025% ointment[MO]	$0 (Tier 1)	QL (120 per 30 days)
fluocinolone 0.01% scalp oil[MO]	$0 (Tier 1)	QL (118.28 per 30 days)
fluorouracil 2% topical soln; fluorouracil 5% topical soln[MO]	$0 (Tier 1)	
fluorouracil 5% cream[MO]	$0 (Tier 1)	
fluticasone prop 0.005% oint[MO]	$0 (Tier 1)	QL (240 per 30 days)
fluticasone prop 0.05% cream[MO]	$0 (Tier 1)	QL (240 per 30 days)
hydrocortisone 1% cream[MO]	$0 (Tier 1)	QL (28.4 per 30 days)
hydrocortisone 1% cream; hydrocortisone 2.5% cream[MO]	$0 (Tier 1)	QL (240 per 30 days)
hydrocortisone 1% ointment; hydrocortisone 2.5% ointment[MO]	$0 (Tier 1)	QL (240 per 30 days)
hydrocortisone 10 mg, 20 mg, 5 mg, tablet[MO]	$0 (Tier 1)	
hydrocortisone 2.5% cream[MO]	$0 (Tier 1)	QL (60 per 30 days)
hydrocortisone 2.5% lotion[MO]	$0 (Tier 1)	QL (236 per 30 days)
hydrocortisone val 0.2% cream[MO]	$0 (Tier 1)	QL (240 per 30 days)
hydrocortisone val 0.2% ointmt[MO]	$0 (Tier 1)	QL (240 per 30 days)
imiquimod 5% cream packet[MO]	$0 (Tier 1)	QL (12 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
isotretinoin 10 mg, 20 mg, 30 mg, capsule[MO]	$0 (Tier 1)	QL (60 per 30 days)
isotretinoin 40 mg, capsule[MO]	$0 (Tier 1)	QL (120 per 30 days)
lindane 1% shampoo[MO]	$0 (Tier 1)	QL (60 per 30 days)
malathion 0.5% lotion[MO]	$0 (Tier 1)	
methoxsalen 10 mg, softgel[DL]	$0 (Tier 1)	
mometasone furoate 0.1% cream[MO]	$0 (Tier 1)	QL (180 per 30 days)
mometasone furoate 0.1% oint[MO]	$0 (Tier 1)	QL (180 per 30 days)
mometasone furoate 0.1% soln[MO]	$0 (Tier 1)	QL (180 per 30 days)
mupirocin 2% ointment[MO]	$0 (Tier 1)	
myorisan 10 mg, 20 mg, 30 mg, capsule[MO]	$0 (Tier 1)	QL (60 per 30 days)
myorisan 40 mg, capsule[MO]	$0 (Tier 1)	QL (120 per 30 days)
permethrin 5% cream[MO]	$0 (Tier 1)	
pimecrolimus 1% cream[MO]	$0 (Tier 1)	QL (100 per 30 days)
podofilox 0.5% topical soln[MO]	$0 (Tier 1)	QL (7 per 30 days)
procto-med hc 2.5 %, topical cream perineal applicator[MO]	$0 (Tier 1)	QL (60 per 30 days)
procto-pak 1 %, topical cream perineal applicator[MO]	$0 (Tier 1)	QL (28.4 per 30 days)
proctosol hc 2.5 %, topical cream perineal applicator[MO]	$0 (Tier 1)	QL (60 per 30 days)
proctozone-hc 2.5 %, topical cream perineal applicator[MO]	$0 (Tier 1)	QL (60 per 30 days)
REGRANEX 0.01 %, TOPICAL GEL[DL]	$0 (Tier 2)	PA
SANTYL 250 UNIT/GRAM, TOPICAL OINTMENT[MO]	$0 (Tier 2)	QL (180 per 30 days)
silver sulfadiazine 1% cream[MO]	$0 (Tier 1)	
SSD 1 %, TOPICAL CREAM[MO]	$0 (Tier 1)	
tacrolimus 0.03% ointment; tacrolimus 0.1% ointment[MO]	$0 (Tier 1)	QL (200 per 30 days)
tazarotene 0.1% cream[MO]	$0 (Tier 1)	PA,QL (120 per 30 days)
TAZORAC 0.05 %, 0.1 %, TOPICAL GEL[MO]	$0 (Tier 2)	PA,QL (200 per 30 days)
tretinoin 0.01% gel; tretinoin 0.025% gel; tretinoin 0.05% gel[MO]	$0 (Tier 1)	PA,QL (45 per 30 days)
tretinoin 0.025% cream; tretinoin 0.05% cream; tretinoin 0.1% cream[MO]	$0 (Tier 1)	PA,QL (45 per 30 days)
UVADEX 20 MCG/ML, INJECTION SOLUTION[MO]	$0 (Tier 2)	
zenatane 10 mg, 20 mg, 30 mg, capsule[MO]	$0 (Tier 1)	QL (60 per 30 days)
zenatane 40 mg, capsule[MO]	$0 (Tier 1)	QL (120 per 30 days)

Electrolytes/Minerals/Metals/Vitamins - Drugs used to treat vitamin deficiencies

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
AMINOSYN 10 %, INTRAVENOUS SOLUTION**MO**	$0 (Tier 2)	B vs D
AMINOSYN 7 %, WITH ELECTROLYTES INTRAVENOUS SOLUTION**MO**	$0 (Tier 2)	B vs D
AMINOSYN 8.5 %, INTRAVENOUS SOLUTION**MO**	$0 (Tier 2)	B vs D
AMINOSYN 8.5 %, WITH ELECTROLYTES INTRAVENOUS SOLUTION**MO**	$0 (Tier 2)	B vs D
AMINOSYN II 10 %, INTRAVENOUS SOLUTION**MO**	$0 (Tier 2)	B vs D
AMINOSYN II 15 %, INTRAVENOUS SOLUTION**MO**	$0 (Tier 2)	B vs D
AMINOSYN II 7 %, INTRAVENOUS SOLUTION**MO**	$0 (Tier 2)	B vs D
AMINOSYN II 8.5 %, INTRAVENOUS SOLUTION**MO**	$0 (Tier 2)	B vs D
AMINOSYN II 8.5 %, WITH ELECTROLYTES INTRAVENOUS SOLUTION**MO**	$0 (Tier 2)	B vs D
AMINOSYN M 3.5 %, INTRAVENOUS SOLUTION**MO**	$0 (Tier 2)	B vs D
AMINOSYN-HBC 7% INTRAVENOUS SOLUTION**MO**	$0 (Tier 2)	B vs D
AMINOSYN-PF 10 %, INTRAVENOUS SOLUTION**MO**	$0 (Tier 2)	B vs D
AMINOSYN-PF 7 %, (SULFITE-FREE) INTRAVENOUS SOLUTION**MO**	$0 (Tier 2)	B vs D
AMINOSYN-RF 5.2 %, INTRAVENOUS SOLUTION**MO**	$0 (Tier 2)	B vs D
*calcium acetate 667 mg, gelcap***MO**	$0 (Tier 1)	
*calcium acetate 667 mg, tablet***MO**	$0 (Tier 1)	
CARBAGLU 200 MG, DISPERSIBLE TABLET**DL**	$0 (Tier 2)	PA
CHEMET 100 MG, CAPSULE**DL**	$0 (Tier 2)	
CLINIMIX 5 %, IN 15 %, DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION**MO**	$0 (Tier 2)	B vs D
CLINIMIX 5%-25% SOLUTION**MO**	$0 (Tier 2)	B vs D
CLINIMIX 4.25%-25% SOLUTION**MO**	$0 (Tier 2)	B vs D
CLINIMIX 4.25 %, IN 10 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION**MO**	$0 (Tier 2)	B vs D
CLINIMIX 4.25 %, IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION**MO**	$0 (Tier 2)	B vs D
CLINIMIX 5 %, IN 20 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION**MO**	$0 (Tier 2)	B vs D
CLINIMIX 6 % IN 5 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION**MO**	$0 (Tier 2)	B vs D
CLINIMIX 8 % IN 10 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION**MO**	$0 (Tier 2)	B vs D
CLINIMIX 8 % IN 14 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION**MO**	$0 (Tier 2)	B vs D

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CLINIMIX E 2.75 %, IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION**MO**	$0 (Tier 2)	B vs D
CLINIMIX E 4.25 %, IN 5 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION**MO**	$0 (Tier 2)	B vs D
CLINIMIX E 5 %, IN 15 %, DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION**MO**	$0 (Tier 2)	B vs D
CLINIMIX E 5 %, IN 20 % DEXTROSE SULFITE FREE INTRAVENOUS SOLUTION**MO**	$0 (Tier 2)	B vs D
CLINIMIX E 5%-25% SOLUTION**MO**	$0 (Tier 2)	B vs D
CLINIMIX E 8 % IN 10 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION**MO**	$0 (Tier 2)	B vs D
CLINIMIX E 8 % IN 14 % DEXTROSE (SULFITE-FREE) INTRAVENOUS SOLUTION**MO**	$0 (Tier 2)	B vs D
CLINOLIPID 20 %, INTRAVENOUS EMULSION**MO**	$0 (Tier 2)	B vs D
*clovique 250 mg, capsule***DL**	$0 (Tier 1)	QL (240 per 30 days)
*dextrose 10%-0.45% nacl iv sol***MO**	$0 (Tier 1)	
*dextrose 2.5%-0.45% nacl iv***MO**	$0 (Tier 1)	
*dextrose 5%-0.9% nacl iv soln***MO**	$0 (Tier 1)	
*dextrose 5%-0.45% nacl iv soln***MO**	$0 (Tier 1)	
*deferasirox 125 mg, 180 mg, 250 mg, 360 mg, 500 mg, 90 mg, tablet; deferasirox 125 mg, 180 mg, 250 mg, 360 mg, 500 mg, 90 mg, tb for susp***DL**	$0 (Tier 1)	PA
DEPEN TITRATABS 250 MG, TABLET**DL**	$0 (Tier 2)	
*dextrose 10%-0.2% nacl iv soln***MO**	$0 (Tier 1)	
*dextrose 10%-water iv solution***MO**	$0 (Tier 1)	
*dextrose 5%-water iv soln***MO**	$0 (Tier 1)	
*dextrose 5%-0.2% nacl iv soln***MO**	$0 (Tier 1)	
*dextrose 5%-0.3% nacl iv soln***MO**	$0 (Tier 1)	
*dextrose 5%-electrolyte 48***MO**	$0 (Tier 1)	
HEPATAMINE 8% IV SOLUTION**MO**	$0 (Tier 2)	B vs D
INTRALIPID 20 %, 30 %, INTRAVENOUS EMULSION**MO**	$0 (Tier 2)	B vs D
IONOSOL-B IN D5W INTRAVENOUS SOLUTION**MO**	$0 (Tier 2)	
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION**MO**	$0 (Tier 2)	
ISOLYTE-P IN 5 %, DEXTROSE INTRAVENOUS SOLUTION**MO**	$0 (Tier 2)	
ISOLYTE-S INTRAVENOUS SOLUTION**MO**	$0 (Tier 2)	
KABIVEN 3.31 %-9.8 %-3.9 % INTRAVENOUS EMULSION**MO**	$0 (Tier 2)	B vs D
*kionex 15 gm/60 ml suspension***MO**	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
KLOR-CON 10 MEQ, TABLET,EXTENDED RELEASE**MO**	$0 (Tier 2)	
KLOR-CON 8 MEQ, TABLET,EXTENDED RELEASE**MO**	$0 (Tier 2)	
*klor-con m10 meq, tablet,extended release***MO**	$0 (Tier 1)	
KLOR-CON M15 MEQ, TABLET,EXTENDED RELEASE**MO**	$0 (Tier 1)	
*klor-con m20 meq, tablet,extended release***MO**	$0 (Tier 1)	
*lactated ringers injection***MO**	$0 (Tier 1)	
*levocarnitine 330 mg, tablet***MO**	$0 (Tier 1)	
*levocarnitine 1 g/10 ml soln***MO**	$0 (Tier 1)	
LOKELMA 10 GRAM, 5 GRAM, ORAL POWDER PACKET**MO**	$0 (Tier 2)	QL (30 per 30 days)
*m-natal plus 27 mg iron-1 mg tablet***MO**	$0 (Tier 1)	
*magnesium sulf 1 g/100 ml-d5w***MO**	$0 (Tier 1)	
*magnesium sulf 20 g/500 ml bag***MO**	$0 (Tier 1)	
NEPHRAMINE 5.4% IV SOLUTION**MO**	$0 (Tier 2)	B vs D
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS SOLUTION**MO**	$0 (Tier 2)	
NORMOSOL-R INTRAVENOUS SOLUTION**MO**	$0 (Tier 2)	
NORMOSOL-R IN 5 %, DEXTROSE INTRAVENOUS SOLUTION**MO**	$0 (Tier 2)	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION**MO**	$0 (Tier 2)	
NUTRILIPID 20 %, INTRAVENOUS EMULSION**MO**	$0 (Tier 2)	B vs D
*penicillamine 250 mg, tablet***DL**	$0 (Tier 1)	
PERIKABIVEN 2.36 %-6.8 %-3.5 % INTRAVENOUS EMULSION**MO**	$0 (Tier 2)	B vs D
PLASMA-LYTE 148 INTRAVENOUS SOLUTION**MO**	$0 (Tier 2)	
PLASMA-LYTE A INTRAVENOUS SOLUTION**MO**	$0 (Tier 2)	
*d5%-1/2ns-kcl 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l, iv sol; kcl 20 meq in d5w-0.45% nacl***MO**	$0 (Tier 1)	
*potassium cl 10% (20 meq/15ml)***MO**	$0 (Tier 1)	QL (1125 per 30 days)
*potassium cl 20 meq/10 ml conc***MO**	$0 (Tier 1)	
*potassium cl 20% (40 meq/15ml)***MO**	$0 (Tier 1)	
*potassium cl er 10 meq, 15 meq, 20 meq, tablet***MO**	$0 (Tier 1)	
*potassium cl er 10 meq, 20 meq, 8 meq, tablet***MO**	$0 (Tier 1)	
*potassium cl er 10 meq, 8 meq, capsule***MO**	$0 (Tier 1)	
*potassium cl 20 meq/1,000ml-ns; potassium cl 40 meq/1,000ml-ns***MO**	$0 (Tier 1)	
*d5w-kcl 20 meq/l, 30 meq/l, 40 meq/l, iv solution; kcl 20 meq/l, 30 meq/l, 40 meq/l, in d5w solution; kcl 40 meq in d5w solution***MO**	$0 (Tier 1)	
*kcl 20 meq in d5w-lact ringer; kcl 40 meq in d5w-lact ringer***MO**	$0 (Tier 1)	
*potassium cl 10 meq/100 ml, 10 meq/50 ml, 20 meq/50 ml, 30 meq/100 ml, sol***MO**	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
potassium cl 20 meq-0.45% nacl[MO]	$0 (Tier 1)	
d5%-1/4ns-kcl 20 meq/l, 40 meq/l, iv sol; kcl 20 meq in d5w-0.225% nacl[MO]	$0 (Tier 1)	
kcl 20 meq in d5w-0.3% nacl[MO]	$0 (Tier 1)	
kcl 20 meq in d5w-ns; kcl 40 meq in d5w-nacl 0.9%[MO]	$0 (Tier 1)	
potassium citrate er 10 meq (1,080 mg), 15 meq, 5 meq (540 mg), tb; potassium citrate er 10 meq tb; potassium citrate er 5 meq tab[MO]	$0 (Tier 1)	
pr natal 400 29 mg-1 mg-400 mg oral pack[MO]	$0 (Tier 1)	
pr natal 400 ec 29 mg-1 mg-400 mg tablet-capsule,delayed release[MO]	$0 (Tier 1)	
pr natal 430 29 mg iron-1 mg-430 mg oral pack[MO]	$0 (Tier 1)	
pr natal 430 ec 29 mg-1 mg-430 mg tablet-capsule,delayed release[MO]	$0 (Tier 1)	
PREMASOL 10 %, INTRAVENOUS SOLUTION[MO]	$0 (Tier 1)	B vs D
PREMASOL 6% IV SOLUTION[MO]	$0 (Tier 1)	B vs D
PRENATABS FA 29 MG-1 MG TABLET[MO]	$0 (Tier 1)	
prenatal plus (calcium carbonate) 27 mg iron-1 mg tablet[MO]	$0 (Tier 1)	
PROCALAMINE 3% INTRAVENOUS SOLUTION[MO]	$0 (Tier 2)	B vs D
ringer's iv solution[MO]	$0 (Tier 1)	
sevelamer 0.8 gm powder packet[DL]	$0 (Tier 1)	QL (540 per 30 days)
sevelamer 2.4 gm powder packet[DL]	$0 (Tier 1)	QL (180 per 30 days)
sevelamer carbonate 800 mg, tab[MO]	$0 (Tier 1)	QL (540 per 30 days)
SMOFLIPID 20 %, INTRAVENOUS EMULSION[MO]	$0 (Tier 2)	B vs D
sodium bicarb 8.4% abboject[MO]	$0 (Tier 1)	
sodium chloride 100 meq/40 ml[MO]	$0 (Tier 1)	
saline 0.45% soln-excel con[MO]	$0 (Tier 1)	
sodium chloride 0.45% soln[MO]	$0 (Tier 1)	
sodium chloride 0.9% solution[MO]	$0 (Tier 1)	
sodium chloride 0.9% vial[MO]	$0 (Tier 1)	
sodium chloride 3% iv soln[MO]	$0 (Tier 1)	
sodium chloride 5% iv soln[MO]	$0 (Tier 1)	
sodium lactate 50 meq/10 ml vl[MO]	$0 (Tier 1)	
sod polystyren sulf 15 g/60 ml[MO]	$0 (Tier 1)	
sodium polystyrene sulf powder[MO]	$0 (Tier 1)	
SPS (WITH SORBITOL) 15 GRAM-20 GRAM/60 ML ORAL SUSPENSION[MO]	$0 (Tier 1)	
TPN ELECTROLYTES 35 MEQ-20 MEQ-5 MEQ/20 ML INTRAVENOUS SOLUTION[MO]	$0 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TRAVASOL 10 %, INTRAVENOUS SOLUTION**MO**	$0 (Tier 2)	B vs D
*trientine hcl 250 mg, capsule***DL**	$0 (Tier 1)	QL (240 per 30 days)
TROPHAMINE 10 %, INTRAVENOUS SOLUTION**MO**	$0 (Tier 2)	B vs D
TROPHAMINE 6% IV SOLUTION**MO**	$0 (Tier 2)	B vs D
*westab plus 27 mg iron-1 mg tablet***MO**	$0 (Tier 1)	

GASTROINTESTINAL AGENTS – Drugs used to treat stomach and intestinal conditions

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CHENODAL 250 MG, TABLET**DL**	$0 (Tier 2)	PA
*cimetidine 200 mg, 300 mg, 400 mg, 800 mg, tablet***MO**	$0 (Tier 1)	
*cimetidine 300 mg/5 ml, soln***MO**	$0 (Tier 1)	
*constulose 10 gram/15 ml, oral solution***MO**	$0 (Tier 1)	
*dicyclomine 10 mg, capsule***MO**	$0 (Tier 1)	
*dicyclomine 10 mg/5 ml, soln***MO**	$0 (Tier 1)	
*dicyclomine 20 mg, tablet***MO**	$0 (Tier 1)	
*diphenoxylat-atrop 2.5-0.025/5***MO**	$0 (Tier 1)	
*diphenoxylate-atrop 2.5-0.025***MO**	$0 (Tier 1)	
*enulose 10 gram/15 ml, oral solution***MO**	$0 (Tier 1)	
*esomeprazole mag dr 20 mg, 40 mg, cap***MO**	$0 (Tier 1)	QL (60 per 30 days)
*famotidine 20 mg, 40 mg, tablet***MO**	$0 (Tier 1)	
*famotidine 40 mg/4 ml vial***MO**	$0 (Tier 1)	
*famotidine 40 mg/5 ml susp***MO**	$0 (Tier 1)	
*famotidine 20 mg/2 ml, vial***MO**	$0 (Tier 1)	
*famotidine 20 mg piggyback***MO**	$0 (Tier 1)	
GATTEX 30-VIAL 5 MG, SUBCUTANEOUS KIT**DL**	$0 (Tier 2)	PA
GATTEX ONE-VIAL 5 MG, SUBCUTANEOUS KIT**DL**	$0 (Tier 2)	PA
*gavilyte-c 240 gram-22.72 gram-6.72 gram-5.84 gram oral solution***MO**	$0 (Tier 1)	
*gavilyte-g 236 gram-22.74 gram-6.74 gram-5.86 gram oral solution***MO**	$0 (Tier 1)	
*gavilyte-n 420 gram, oral solution***MO**	$0 (Tier 1)	
*generlac 10 gram/15 ml, oral solution***MO**	$0 (Tier 1)	
*glycopyrrolate 0.2 mg/ml, vial***MO**	$0 (Tier 1)	
*glycopyrrolate 1 mg, 2 mg, tablet***MO**	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
lactulose 10 gm/15 ml solution; lactulose 20 gm/30 ml solution[MO]	$0 (Tier 1)	
lansoprazole dr 15 mg, 30 mg, capsule[MO]	$0 (Tier 1)	QL (60 per 30 days)
LINZESS 145 MCG, 290 MCG, 72 MCG, CAPSULE[MO]	$0 (Tier 2)	QL (30 per 30 days)
misoprostol 100 mcg, 200 mcg, tablet[MO]	$0 (Tier 1)	
MOVANTIK 12.5 MG, 25 MG, TABLET[MO]	$0 (Tier 2)	QL (30 per 30 days)
MYALEPT 5 MG/ML (FINAL CONCENTRATION) SUBCUTANEOUS SOLUTION[DL]	$0 (Tier 2)	PA,QL (30 per 30 days)
omeprazole dr 10 mg, 20 mg, 40 mg, capsule[MO]	$0 (Tier 1)	QL (60 per 30 days)
pantoprazole sod dr 20 mg, 40 mg, tab[MO]	$0 (Tier 1)	QL (60 per 30 days)
pantoprazole sodium 40 mg, vial[MO]	$0 (Tier 1)	
peg-3350 and electrolytes soln[MO]	$0 (Tier 1)	
peg 3350-electrolyte solution[MO]	$0 (Tier 1)	
PYLERA 140 MG-125 MG-125 MG CAPSULE[MO]	$0 (Tier 2)	QL (120 per 30 days)
RELISTOR 12 MG/0.6 ML, SUBCUTANEOUS SOLUTION[MO]	$0 (Tier 2)	QL (36 per 30 days)
RELISTOR 12 MG/0.6 ML, SUBCUTANEOUS SYRINGE[MO]	$0 (Tier 2)	QL (36 per 28 days)
RELISTOR 150 MG, TABLET[MO]	$0 (Tier 2)	QL (90 per 30 days)
RELISTOR 8 MG/0.4 ML, SUBCUTANEOUS SYRINGE[MO]	$0 (Tier 2)	QL (12 per 30 days)
sucralfate 1 gm tablet[MO]	$0 (Tier 1)	
SUPREP BOWEL PREP KIT 17.5 GRAM-3.13 GRAM-1.6 GRAM ORAL SOLUTION[MO]	$0 (Tier 2)	
trilyte with flavor packets[MO]	$0 (Tier 1)	
ursodiol 250 mg, 500 mg, tablet[MO]	$0 (Tier 1)	
XIFAXAN 200 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (9 per 30 days)
XIFAXAN 550 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (84 per 28 days)

GENETIC/ENZYME/PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CERDELGA 84 MG, CAPSULE[DL]	$0 (Tier 2)	PA
CEREZYME 400 UNIT, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA
CHOLBAM 250 MG, 50 MG, CAPSULE[DL]	$0 (Tier 2)	PA,QL (120 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CREON 12,000-38,000-60,000 UNIT CAPSULE,DELAYED RELEASE; CREON 24,000-76,000-120,000 UNIT CAPSULE,DELAYED RELEASE; CREON 3,000 UNIT-9,500 UNIT-15,000 UNIT CAPSULE,DELAYED RELEASE; CREON 36,000 UNIT-114,000 UNIT-180,000 UNIT CAPSULE,DELAYED RELEASE; CREON 6,000-19,000-30,000 UNIT CAPSULE,DELAYED RELEASE**MO**	$0 (Tier 2)	
CRYSVITA 10 MG/ML, 20 MG/ML, SUBCUTANEOUS SOLUTION**DL**	$0 (Tier 2)	PA,QL (2 per 28 days)
CRYSVITA 30 MG/ML, SUBCUTANEOUS SOLUTION**DL**	$0 (Tier 2)	PA,QL (6 per 28 days)
CYSTADANE 1 GRAM/1.7 ML, ORAL POWDER**DL**	$0 (Tier 2)	
CYSTAGON 150 MG, 50 MG, CAPSULE**MO**	$0 (Tier 2)	
ELELYSO 200 UNIT, INTRAVENOUS SOLUTION**DL**	$0 (Tier 2)	PA
EVRYSDI 0.75 MG/ML, ORAL SOLUTION**DL**	$0 (Tier 2)	PA,QL (240 per 30 days)
KUVAN 100 MG, 500 MG, ORAL POWDER PACKET**DL**	$0 (Tier 2)	PA
KUVAN 100 MG, SOLUBLE TABLET**DL**	$0 (Tier 2)	PA
LUMIZYME 50 MG, INTRAVENOUS SOLUTION**DL**	$0 (Tier 2)	PA
NAGLAZYME 5 MG/5 ML, INTRAVENOUS SOLUTION**DL**	$0 (Tier 2)	PA
*nitisinone 10 mg, 2 mg, 5 mg, capsule***DL**	$0 (Tier 1)	
PROLASTIN-C 1,000 MG (+/-)/20 ML INTRAVENOUS SOLUTION; PROLASTIN-C 1,000 MG, 1,000 MG (+/-)/20 ML, INTRAVENOUS POWDER FOR SOLUTION**DL**	$0 (Tier 2)	PA
REVCOVI 2.4 MG/1.5 ML (1.6 MG/ML), INTRAMUSCULAR SOLUTION**DL**	$0 (Tier 2)	
*sapropterin 100 mg, 500 mg, powder pkt***DL**	$0 (Tier 1)	PA
*sapropterin 100 mg, tablet***DL**	$0 (Tier 1)	PA
*sodium phenylbutyrate powder***DL**	$0 (Tier 1)	
STRENSIQ 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML, SUBCUTANEOUS SOLUTION**DL**	$0 (Tier 2)	PA
SUCRAID 8,500 UNIT/ML, ORAL SOLUTION**DL**	$0 (Tier 2)	
VYNDAMAX 61 MG, CAPSULE**DL**	$0 (Tier 2)	PA,QL (30 per 30 days)
VYNDAQEL 20 MG, CAPSULE**DL**	$0 (Tier 2)	PA,QL (120 per 30 days)
ZOKINVY 50 MG, 75 MG, CAPSULE**DL**	$0 (Tier 2)	PA,QL (120 per 30 days)

Genitourinary Agents - Drugs used to treat conditions such as bladder or prostate problems

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
alfuzosin hcl er 10 mg, tablet[MO]	$0 (Tier 1)	
bethanechol 10 mg, 25 mg, 5 mg, 50 mg, tablet[MO]	$0 (Tier 1)	
dutasteride 0.5 mg, capsule[MO]	$0 (Tier 1)	QL (30 per 30 days)
ELMIRON 100 MG, CAPSULE[DL]	$0 (Tier 2)	QL (90 per 30 days)
finasteride 5 mg, tablet[MO]	$0 (Tier 1)	QL (30 per 30 days)
flavoxate hcl 100 mg, tablet[MO]	$0 (Tier 1)	
MYRBETRIQ 25 MG, 50 MG, TABLET,EXTENDED RELEASE[MO]	$0 (Tier 2)	QL (30 per 30 days)
MYRBETRIQ 8 MG/ML, ORAL SUSPENSION,EXTENDED RELEASE[MO]	$0 (Tier 2)	QL (300 per 30 days)
oxybutynin 5 mg, tablet[MO]	$0 (Tier 1)	
oxybutynin 5 mg/5 ml, syrup[MO]	$0 (Tier 1)	
oxybutynin cl er 10 mg, 15 mg, 5 mg, tablet[MO]	$0 (Tier 1)	QL (60 per 30 days)
solifenacin 10 mg, 5 mg, tablet[MO]	$0 (Tier 1)	QL (30 per 30 days)
tamsulosin hcl 0.4 mg, capsule[MO]	$0 (Tier 1)	
THIOLA 100 MG, TABLET[DL]	$0 (Tier 2)	
tiopronin 100 mg, tablet[DL]	$0 (Tier 1)	
tolterodine tart er 2 mg, 4 mg, cap[MO]	$0 (Tier 1)	QL (30 per 30 days)
tolterodine tartrate 1 mg, 2 mg, tab[MO]	$0 (Tier 1)	QL (60 per 30 days)
TOVIAZ 4 MG, 8 MG, TABLET,EXTENDED RELEASE[MO]	$0 (Tier 2)	QL (30 per 30 days)

Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) - Drugs used to treat inflammation

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
a-hydrocort 100 mg, vial[MO]	$0 (Tier 1)	
cortisone 25 mg, tablet[MO]	$0 (Tier 1)	
dexamethasone 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg, tablet[MO]	$0 (Tier 1)	
dexamethasone 0.5 mg/5 ml, elx[MO]	$0 (Tier 1)	
dexamethasone 0.5 mg/5 ml, liq[MO]	$0 (Tier 1)	
dexamethasone intensol 1 mg/ml, drops (concentrate)[MO]	$0 (Tier 1)	
dexamethasone 10 mg/ml, syring[MO]	$0 (Tier 1)	
dexamethasone 10 mg/ml, vial[MO]	$0 (Tier 1)	
dexamethasone 10 mg/ml, 4 mg/ml, vial[MO]	$0 (Tier 1)	
dexamethasone 4 mg/ml, syringe[MO]	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
fludrocortisone 0.1 mg, tablet[MO]	$0 (Tier 1)	
methylprednisolone 16 mg, 32 mg, 4 mg, 8 mg, tab; methylprednisolone 16 mg, 32 mg, 4 mg, 8 mg, tablet[MO]	$0 (Tier 1)	B vs D
methylprednisolone 4 mg, dosepk[MO]	$0 (Tier 1)	
methylprednisolone 40 mg/ml, 80 mg/ml, vl[MO]	$0 (Tier 1)	
methylprednisolone ss 1 gm vl; methylprednisolone ss 1,000 mg, 125 mg, 40 mg,; methylprednisolone ss 1,000 mg, 125 mg, 40 mg, vl[MO]	$0 (Tier 1)	
prednisolone 15 mg/5 ml, soln[MO]	$0 (Tier 1)	
prednisolone 15 mg/5 ml soln; prednisolone 20 mg/5 ml soln; prednisolone 5 mg/5 ml soln; prednisolone sod ph 25 mg/5 ml[MO]	$0 (Tier 1)	
prednisone 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg, tablet[MO]	$0 (Tier 1)	B vs D
prednisone 10 mg, 5 mg, tab dose pack[MO]	$0 (Tier 1)	
prednisone 5 mg/5 ml, solution[MO]	$0 (Tier 1)	B vs D
prednisone intensol 5 mg/ml, oral concentrate[MO]	$0 (Tier 1)	B vs D
SOLU-MEDROL 2 GRAM, INTRAVENOUS SOLUTION[MO]	$0 (Tier 2)	
SOLU-MEDROL (PF) 1,000 MG/8 ML, 125 MG/2 ML, 40 MG/ML, 500 MG/4 ML, INTRAVENOUS SOLUTION; SOLU-MEDROL (PF) 1,000 MG/8 ML, 125 MG/2 ML, 40 MG/ML, 500 MG/4 ML, SOLUTION FOR INJECTION[MO]	$0 (Tier 2)	
triamcinolone 0.025% cream; triamcinolone 0.1% cream; triamcinolone 0.5% cream[MO]	$0 (Tier 1)	
triamcinolone 0.025% lotion; triamcinolone 0.1% lotion[MO]	$0 (Tier 1)	
triamcinolone 0.025% oint; triamcinolone 0.1% ointment; triamcinolone 0.5% ointment[MO]	$0 (Tier 1)	
triderm 0.1 %, 0.5 %, topical cream[MO]	$0 (Tier 1)	
VERIPRED 20 20 MG/5 ML (4 MG/ML), ORAL SOLUTION[MO]	$0 (Tier 2)	

Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs used to treat low levels of pituitary hormones

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CHORIONIC GONAD 10,000 UNIT, VL[DL]	$0 (Tier 2)	PA
desmopressin 0.01% solution; desmopressin 10 mcg/0.1 ml spr[MO]	$0 (Tier 1)	QL (25 per 30 days)
desmopressin ac 4 mcg/ml, vial[MO]	$0 (Tier 1)	
desmopressin acetate 0.1 mg, tb[MO]	$0 (Tier 1)	QL (180 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
desmopressin acetate 0.2 mg, tb[MO]	$0 (Tier 1)	
EGRIFTA SV 2 MG, SUBCUTANEOUS SOLUTION[DL]	$0 (Tier 2)	PA,QL (30 per 30 days)
INCRELEX 10 MG/ML, SUBCUTANEOUS SOLUTION[DL]	$0 (Tier 2)	PA
OMNITROPE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML), SUBCUTANEOUS CARTRIDGE[DL]	$0 (Tier 2)	PA
OMNITROPE 5.8 MG, SUBCUTANEOUS SOLUTION[DL]	$0 (Tier 2)	PA
STIMATE 1.5 MG/ML NASAL SPRAY[DL]	$0 (Tier 2)	

Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs used for sex hormone imbalances

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
afirmelle 0.1 mg-20 mcg tablet[MO]	$0 (Tier 1)	
altavera (28) 0.15 mg-0.03 mg tablet[MO]	$0 (Tier 1)	
amabelz 0.5 mg-0.1 mg tablet; amabelz 1 mg-0.5 mg tablet[MO]	$0 (Tier 1)	
amethia lo tablet[MO]	$0 (Tier 1)	QL (91 per 90 days)
ANADROL-50 TABLET[DL]	$0 (Tier 2)	
apri 0.15 mg-0.03 mg tablet[MO]	$0 (Tier 1)	
aranelle (28) 0.5 mg/1 mg/0.5 mg-35 mcg tablet[MO]	$0 (Tier 1)	
aubra 0.1 mg-20 mcg tablet[MO]	$0 (Tier 1)	
aubra eq 0.1 mg-20 mcg tablet[MO]	$0 (Tier 1)	
aurovela 1.5/30 (21) 1.5 mg-30 mcg tablet[MO]	$0 (Tier 1)	
aurovela 1/20 (21) 1 mg-20 mcg tablet[MO]	$0 (Tier 1)	
aurovela 24 fe 1 mg-20 mcg (24)/75 mg (4), tablet[MO]	$0 (Tier 1)	
aurovela fe 1-20 (28) 1 mg-20 mcg (21)/75 mg (7), tablet[MO]	$0 (Tier 1)	
aurovela fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7), tablet[MO]	$0 (Tier 1)	
aviane 0.1 mg-20 mcg tablet[MO]	$0 (Tier 1)	
ayuna 0.15 mg-0.03 mg tablet[MO]	$0 (Tier 1)	
azurette (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet[MO]	$0 (Tier 1)	
bekyree 28 day tablet[MO]	$0 (Tier 1)	
blisovi fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7), tablet[MO]	$0 (Tier 1)	
blisovi fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7), tablet[MO]	$0 (Tier 1)	
camila 0.35 mg, tablet[MO]	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
camrese lo 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack[MO]	$0 (Tier 1)	QL (91 per 90 days)
caziant (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet[MO]	$0 (Tier 1)	
chateal eq (28) 0.15 mg-0.03 mg tablet[MO]	$0 (Tier 1)	
COMBIPATCH 0.05 MG-0.14 MG/24 HR TRANSDERMAL; COMBIPATCH 0.05 MG-0.25 MG/24 HR TRANSDERMAL[MO]	$0 (Tier 2)	QL (8 per 28 days)
cryselle (28) 0.3 mg-30 mcg tablet[MO]	$0 (Tier 1)	
cyclafem 1/35 (28) 1 mg-35 mcg tablet[MO]	$0 (Tier 1)	
cyclafem 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet[MO]	$0 (Tier 1)	
cyred 0.15 mg-0.03 mg tablet[MO]	$0 (Tier 1)	
cyred eq 0.15 mg-0.03 mg tablet[MO]	$0 (Tier 1)	
danazol 100 mg, 200 mg, 50 mg, capsule[MO]	$0 (Tier 1)	
dasetta 1/35 (28) 1 mg-35 mcg tablet[MO]	$0 (Tier 1)	
dasetta 7/7/7 (28) 0.5 mg(7)/0.75 mg(7)/1 mg(7)-35 mcg tablet[MO]	$0 (Tier 1)	
deblitane 0.35 mg, tablet[MO]	$0 (Tier 1)	
DEPO-ESTRADIOL 5 MG/ML, INTRAMUSCULAR OIL[MO]	$0 (Tier 2)	QL (5 per 30 days)
desogestr-eth estrad eth estra[MO]	$0 (Tier 1)	
desogestrel-ee 0.15-0.03 mg, tb[MO]	$0 (Tier 1)	
dotti 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr, transdermal patch[MO]	$0 (Tier 1)	QL (8 per 28 days)
drospirenone-ee 3-0.02 mg, 3-0.03 mg, tab[MO]	$0 (Tier 1)	
DUAVEE 0.45 MG-20 MG TABLET[MO]	$0 (Tier 2)	PA,QL (30 per 30 days)
elinest 0.3 mg-30 mcg tablet[MO]	$0 (Tier 1)	
ELLA 30 MG, TABLET[MO]	$0 (Tier 2)	QL (1 per 30 days)
emoquette 0.15 mg-0.03 mg tablet[MO]	$0 (Tier 1)	
enpresse 50-30 (6)/75-40(5)/125-30(10) tablet[MO]	$0 (Tier 1)	
enskyce 0.15 mg-0.03 mg tablet[MO]	$0 (Tier 1)	
errin 0.35 mg, tablet[MO]	$0 (Tier 1)	
estradiol 0.01% cream[MO]	$0 (Tier 1)	
estradiol 0.025 mg patch(1/wk); estradiol 0.0375mg patch(1/wk); estradiol 0.05 mg patch (1/wk); estradiol 0.06 mg patch (1/wk); estradiol 0.075 mg patch(1/wk); estradiol 0.1 mg patch (1/wk)[MO]	$0 (Tier 1)	QL (4 per 28 days)
estradiol 0.025 mg patch(2/wk); estradiol 0.0375mg patch(2/wk); estradiol 0.05 mg patch (2/wk); estradiol 0.075 mg patch(2/wk); estradiol 0.1 mg patch (2/wk)[MO]	$0 (Tier 1)	QL (8 per 28 days)
estradiol 0.5 mg, 1 mg, 10 mcg, 2 mg, tablet; estradiol 0.5 mg, 1 mg, 10 mcg, 2 mg, vaginal insrt[MO]	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
estradiol valerate 100 mg/5 ml; estradiol valerate 200 mg/5 ml[MO]	$0 (Tier 1)	
estradiol-noreth 0.5-0.1 mg, 1-0.5 mg, tab; estradiol-noreth 0.5-0.1 mg, 1-0.5 mg, tb[MO]	$0 (Tier 1)	
ethynodiol-eth estra 1mg-35mcg; ethynodiol-eth estra 1mg-50mcg[MO]	$0 (Tier 1)	
falmina (28) 0.1 mg-20 mcg tablet[MO]	$0 (Tier 1)	
femynor 0.25 mg-35 mcg tablet[MO]	$0 (Tier 1)	
gianvi 3 mg-0.02 mg tablet[MO]	$0 (Tier 1)	
hailey 1.5 mg-30 mcg tablet[MO]	$0 (Tier 1)	
hailey 24 fe 1 mg-20 mcg (24)/75 mg (4), tablet[MO]	$0 (Tier 1)	
hailey fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7), tablet[MO]	$0 (Tier 1)	
hailey fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7), tablet[MO]	$0 (Tier 1)	
heather 0.35 mg, tablet[MO]	$0 (Tier 1)	
iclevia 0.15 mg-30 mcg (91), tablets,3 month dose pack[MO]	$0 (Tier 1)	QL (91 per 90 days)
incassia 0.35 mg, tablet[MO]	$0 (Tier 1)	
introvale 0.15-0.03 mg tablet[MO]	$0 (Tier 1)	QL (91 per 90 days)
isibloom 0.15 mg-0.03 mg tablet[MO]	$0 (Tier 1)	
jasmiel (28) 3 mg-0.02 mg tablet[MO]	$0 (Tier 1)	
jencycla 0.35 mg, tablet[MO]	$0 (Tier 1)	
juleber 0.15 mg-0.03 mg tablet[MO]	$0 (Tier 1)	
junel 1.5/30 (21) 1.5 mg-30 mcg tablet[MO]	$0 (Tier 1)	
junel 1/20 (21) 1 mg-20 mcg tablet[MO]	$0 (Tier 1)	
junel fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7), tablet[MO]	$0 (Tier 1)	
junel fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7), tablet[MO]	$0 (Tier 1)	
junel fe 24 1 mg-20 mcg (24)/75 mg (4), tablet[MO]	$0 (Tier 1)	
kalliga 0.15 mg-0.03 mg tablet[MO]	$0 (Tier 1)	
kariva (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet[MO]	$0 (Tier 1)	
kelnor 1-50 (28) 1 mg-50 mcg tablet[MO]	$0 (Tier 1)	
kelnor 1/35 (28) 1 mg-35 mcg tablet[MO]	$0 (Tier 1)	
kurvelo (28) 0.15 mg-0.03 mg tablet[MO]	$0 (Tier 1)	
levonor-e estrad 0.1-0.02-0.01[MO]	$0 (Tier 1)	QL (91 per 90 days)
larin 1.5/30 (21) 1.5 mg-30 mcg tablet[MO]	$0 (Tier 1)	
larin 1/20 (21) 1 mg-20 mcg tablet[MO]	$0 (Tier 1)	
larin 24 fe 1 mg-20 mcg (24)/75 mg (4), tablet[MO]	$0 (Tier 1)	
larin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7), tablet[MO]	$0 (Tier 1)	
larin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7), tablet[MO]	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
larissia 0.1 mg-20 mcg tablet[MO]	$0 (Tier 1)	
lessina 0.1 mg-20 mcg tablet[MO]	$0 (Tier 1)	
levonest (28) 50-30 (6)/75-40(5)/125-30(10) tablet[MO]	$0 (Tier 1)	
levonor-eth estrad triphasic[MO]	$0 (Tier 1)	
levonor-eth estrad 0.1-0.02 mg; levonor-eth estrad 0.15-0.03[MO]	$0 (Tier 1)	
levonor-eth estrad 0.15-0.03[MO]	$0 (Tier 1)	QL (91 per 90 days)
levora-28 0.15 mg-0.03 mg tablet[MO]	$0 (Tier 1)	
lillow (28) 0.15 mg-0.03 mg tablet[MO]	$0 (Tier 1)	
lo-zumandimine (28) 3 mg-0.02 mg tablet[MO]	$0 (Tier 1)	
lojaimiess 0.10 mg-20 mcg (84)/10 mcg(7) tablets,3 month dose pack[MO]	$0 (Tier 1)	QL (91 per 90 days)
loryna (28) 3 mg-0.02 mg tablet[MO]	$0 (Tier 1)	
low-ogestrel (28) 0.3 mg-30 mcg tablet[MO]	$0 (Tier 1)	
lutera (28) 0.1 mg-20 mcg tablet[MO]	$0 (Tier 1)	
lyleq 0.35 mg, tablet[MO]	$0 (Tier 1)	
lyllana 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr, transdermal patch[MO]	$0 (Tier 1)	QL (8 per 28 days)
lyza 0.35 mg, tablet[MO]	$0 (Tier 1)	
marlissa (28) 0.15 mg-0.03 mg tablet[MO]	$0 (Tier 1)	
medroxyprogesterone 10 mg, 2.5 mg, 5 mg, tab[MO]	$0 (Tier 1)	
medroxyprogesterone 150 mg/ml,[MO]	$0 (Tier 1)	QL (1 per 90 days)
megestrol 20 mg, 40 mg, tablet[MO]	$0 (Tier 1)	
megestrol 625 mg/5 ml susp; megestrol acet 40 mg/ml susp; megestrol acet 400 mg/10 ml[MO]	$0 (Tier 1)	
MENEST 0.3 MG, 0.625 MG, 1.25 MG, TABLET[MO]	$0 (Tier 2)	
METHITEST 10 MG, TABLET[DL]	$0 (Tier 2)	
microgestin 1.5/30 (21) 1.5 mg-30 mcg tablet[MO]	$0 (Tier 1)	
microgestin 1/20 (21) 1 mg-20 mcg tablet[MO]	$0 (Tier 1)	
microgestin 24 fe 1 mg-20 mcg (24)/75 mg (4), tablet[MO]	$0 (Tier 1)	
microgestin fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7), tablet[MO]	$0 (Tier 1)	
microgestin fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7), tablet[MO]	$0 (Tier 1)	
mili 0.25 mg-35 mcg tablet[MO]	$0 (Tier 1)	
necon 0.5/35 (28) 0.5 mg-35 mcg tablet[MO]	$0 (Tier 1)	
nikki (28) 3 mg-0.02 mg tablet[MO]	$0 (Tier 1)	
noret-estr-fe 0.4-0.035(21)-75[MO]	$0 (Tier 1)	
norethindrone 0.35 mg, tablet[MO]	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
norethin-ee 1.5-0.03 mg(21) tb; norethind-eth estrad 1-0.02 mg[MO]	$0 (Tier 1)	
norethindrone 5 mg, tablet[MO]	$0 (Tier 1)	
noreth-ee-fe 1-0.02(21)-75 tab; noreth-ee-fe 1.5-0.03mg(21)-75[MO]	$0 (Tier 1)	
norg-ee 0.18-0.215-0.25/0.025; norg-ee 0.18-0.215-0.25/0.035; norg-ethin estra 0.25-0.035 mg[MO]	$0 (Tier 1)	
norlyda 0.35 mg, tablet[MO]	$0 (Tier 1)	
nortrel 0.5/35 (28) 0.5 mg-35 mcg tablet[MO]	$0 (Tier 1)	
nortrel 1/35 (21) 1 mg-35 mcg tablet[MO]	$0 (Tier 1)	
nortrel 1/35 (28) 1 mg-35 mcg tablet[MO]	$0 (Tier 1)	
nortrel 7/7/7 (28) 0.5 mg/0.75 mg/1 mg-35 mcg tablet[MO]	$0 (Tier 1)	
nylia 7/7/7 (28) 0.5/0.75/1 mg-35 mcg tablet[MO]	$0 (Tier 1)	
nymyo 0.25 mg-35 mcg tablet[MO]	$0 (Tier 1)	
ogestrel tablet[MO]	$0 (Tier 1)	
orsythia 0.1 mg-20 mcg tablet[MO]	$0 (Tier 1)	
OSPHENA 60 MG, TABLET[MO]	$0 (Tier 2)	PA
oxandrolone 10 mg, tablet[DL]	$0 (Tier 1)	PA,QL (60 per 30 days)
oxandrolone 2.5 mg, tablet[MO]	$0 (Tier 1)	PA,QL (120 per 30 days)
pimtrea (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet[MO]	$0 (Tier 1)	
pirmella 0.5/0.75/1 mg-35 mcg tablet; pirmella 1 mg-35 mcg tablet[MO]	$0 (Tier 1)	
portia 28 0.15 mg-0.03 mg tablet[MO]	$0 (Tier 1)	
PREMARIN 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG, TABLET[MO]	$0 (Tier 2)	
PREMARIN 0.625 MG/GRAM, VAGINAL CREAM[MO]	$0 (Tier 2)	
previfem 0.25 mg-35 mcg tablet[MO]	$0 (Tier 1)	
progesterone 500 mg/10 ml vial[MO]	$0 (Tier 1)	
progesterone 100 mg, 200 mg, capsule[MO]	$0 (Tier 1)	
raloxifene hcl 60 mg, tablet[MO]	$0 (Tier 1)	QL (30 per 30 days)
reclipsen (28) 0.15 mg-0.03 mg tablet[MO]	$0 (Tier 1)	
setlakin 0.15 mg-30 mcg (91), tablets,3 month dose pack[MO]	$0 (Tier 1)	QL (91 per 90 days)
sharobel 0.35 mg, tablet[MO]	$0 (Tier 1)	
simliya (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet[MO]	$0 (Tier 1)	
SLYND 4 MG (28), TABLET[MO]	$0 (Tier 2)	
sprintec (28) 0.25 mg-35 mcg tablet[MO]	$0 (Tier 1)	
sronyx 0.1 mg-20 mcg tablet[MO]	$0 (Tier 1)	
syeda 3 mg-0.03 mg tablet[MO]	$0 (Tier 1)	
tarina 24 fe 1 mg-20 mcg (24)/75 mg (4), tablet[MO]	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
tarina fe 1-20 eq (28) 1 mg-20 mcg (21)/75 mg (7), tablet[MO]	$0 (Tier 1)	
tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7), tablet[MO]	$0 (Tier 1)	
testosterone 1.62% (2.5 g) pkt; testosterone 1.62% gel pump[MO]	$0 (Tier 1)	PA,QL (150 per 30 days)
testosterone 1.62%(1.25 g) pkt[MO]	$0 (Tier 1)	PA,QL (37.5 per 30 days)
testosteron cyp 1,000 mg/10 ml; testosterone cyp 100 mg/ml, 200 mg/ml,[MO]	$0 (Tier 1)	
testosteron enan 1,000 mg/5 ml[MO]	$0 (Tier 1)	QL (24 per 90 days)
tilia fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet[MO]	$0 (Tier 1)	
tri femynor (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet[MO]	$0 (Tier 1)	
tri-legest fe 1-20 (5)/1-30(7)/1mg-35mcg(9) tablet[MO]	$0 (Tier 1)	
tri-lo-estarylla 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet[MO]	$0 (Tier 1)	
tri-lo-mili 0.18/0.215/0.25 mg-25 mcg, tablet[MO]	$0 (Tier 1)	
tri-lo-sprintec 0.18 mg/0.215 mg/0.25 mg-25 mcg tablet[MO]	$0 (Tier 1)	
tri-mili (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet[MO]	$0 (Tier 1)	
tri-nymyo 0.18/0.215/0.25 mg-35 mcg(28) tablet[MO]	$0 (Tier 1)	
tri-previfem (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet[MO]	$0 (Tier 1)	
tri-sprintec (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet[MO]	$0 (Tier 1)	
tri-vylibra (28) 0.18 mg(7)/0.215 mg(7)/0.25 mg(7)-35 mcg tablet[MO]	$0 (Tier 1)	
tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg, tablet[MO]	$0 (Tier 1)	
trivora (28) 50-30 (6)/75-40(5)/125-30(10) tablet[MO]	$0 (Tier 1)	
tulana 0.35 mg, tablet[MO]	$0 (Tier 1)	
TYBLUME 0.1 MG-20 MCG CHEWABLE TABLET[MO]	$0 (Tier 2)	
velivet triphasic regimen (28) 0.1 mg/0.125 mg/0.15 mg-25 mcg tablet[MO]	$0 (Tier 1)	
vestura (28) 3 mg-0.02 mg tablet[MO]	$0 (Tier 1)	
vienva 0.1 mg-20 mcg tablet[MO]	$0 (Tier 1)	
viorele (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet[MO]	$0 (Tier 1)	
volnea (28) 0.15 mg-0.02 mg (21)/0.01 mg (5) tablet[MO]	$0 (Tier 1)	
vylibra 0.25 mg-35 mcg tablet[MO]	$0 (Tier 1)	
wera (28) 0.5 mg-35 mcg tablet[MO]	$0 (Tier 1)	
wymzya fe 0.4 mg-35 mcg (21)/75 mg (7) chewable tablet[MO]	$0 (Tier 1)	
zarah 3 mg-0.03 mg tablet[MO]	$0 (Tier 1)	
zovia 1-35 (28) 1 mg-35 mcg tablet[MO]	$0 (Tier 1)	
zovia 1/35e (28) 1 mg-35 mcg tablet[MO]	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
zumandimine (28) 3 mg-0.03 mg tablet[MO]	$0 (Tier 1)	

Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Drugs used for thyroid hormone replacement

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ARMOUR THYROID 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG, TABLET[MO]	$0 (Tier 2)	
EUTHYROX 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, TABLET[MO]	$0 (Tier 1)	
LEVO-T 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG, TABLET[MO]	$0 (Tier 2)	
levothyroxine 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg, tablet[MO]	$0 (Tier 1)	
LEVOXYL 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG, TABLET[MO]	$0 (Tier 2)	
liothyronine sod 10 mcg/ml, vl[MO]	$0 (Tier 1)	
liothyronine sod 25 mcg, 5 mcg, 50 mcg, tab[MO]	$0 (Tier 1)	
SYNTHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG, TABLET[MO]	$0 (Tier 2)	
UNITHROID 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG, TABLET[MO]	$0 (Tier 2)	

Hormonal Agents, Suppressant (Adrenal) - Drugs used to lower levels of adrenal hormones

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LYSODREN 500 MG, TABLET[DL]	$0 (Tier 2)	

Hormonal Agents, Suppressant (Pituitary) - Drugs used to treat high levels of pituitary hormones and some types of cancer

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
cabergoline 0.5 mg, tablet[MO]	$0 (Tier 1)	QL (16 per 28 days)
FIRMAGON 120 MG, SUBCUTANEOUS SOLUTION[DL]	$0 (Tier 2)	PA
FIRMAGON KIT WITH DILUENT SYRINGE 120 MG, SUBCUTANEOUS SOLUTION[DL]	$0 (Tier 2)	PA
FIRMAGON KIT WITH DILUENT SYRINGE 80 MG, SUBCUTANEOUS SOLUTION[MO]	$0 (Tier 2)	PA
leuprolide 2wk 14 mg/2.8 ml kt[MO]	$0 (Tier 1)	
LUPRON DEPOT 3.75 MG, INTRAMUSCULAR SYRINGE KIT[MO]	$0 (Tier 2)	PA,QL (1 per 30 days)
LUPRON DEPOT 7.5 MG, INTRAMUSCULAR SYRINGE KIT[DL]	$0 (Tier 2)	PA,QL (1 per 30 days)
LUPRON DEPOT 11.25 MG, 22.5 MG, (3 MONTH) INTRAMUSCULAR SYRINGE KIT[MO]	$0 (Tier 2)	PA,QL (1 per 90 days)
LUPRON DEPOT 30 MG, (4 MONTH) INTRAMUSCULAR SYRINGE KIT[MO]	$0 (Tier 2)	PA,QL (1 per 112 days)
LUPRON DEPOT 45 MG, (6 MONTH) INTRAMUSCULAR SYRINGE KIT[MO]	$0 (Tier 2)	PA,QL (1 per 168 days)
LUPRON DEPOT-PED 11.25 MG, 15 MG, 7.5 MG (PED), INTRAMUSCULAR KIT[DL]	$0 (Tier 2)	PA,QL (1 per 28 days)
LUPRON DEPOT-PED 11.25 MG, 30 MG, (3 MONTH) INTRAMUSCULAR SYRINGE KIT[MO]	$0 (Tier 2)	PA,QL (1 per 90 days)
octreotide 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml, vial; octreotide acet 0.05 mg/ml vl; octreotide acet 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml, vl[MO]	$0 (Tier 1)	PA
octreotide acet 100 mcg/ml syr; octreotide acet 50 mcg/ml syr; octreotide acet 500 mcg/ml syr[MO]	$0 (Tier 1)	PA
ORGOVYX 120 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (32 per 30 days)
SANDOSTATIN LAR DEPOT 10 MG, 20 MG, 30 MG, INTRAMUSCULAR SUSP,EXTENDED RELEASE[DL]	$0 (Tier 2)	PA
SIGNIFOR 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML), SUBCUTANEOUS SOLUTION[DL]	$0 (Tier 2)	PA,QL (60 per 30 days)
SOMATULINE DEPOT 120 MG/0.5 ML, SUBCUTANEOUS SYRINGE[DL]	$0 (Tier 2)	PA,QL (0.5 per 28 days)
SOMATULINE DEPOT 60 MG/0.2 ML, SUBCUTANEOUS SYRINGE[DL]	$0 (Tier 2)	PA,QL (0.2 per 28 days)
SOMATULINE DEPOT 90 MG/0.3 ML, SUBCUTANEOUS SYRINGE[DL]	$0 (Tier 2)	PA,QL (0.3 per 28 days)
SOMAVERT 10 MG, 15 MG, 20 MG, SUBCUTANEOUS SOLUTION[DL]	$0 (Tier 2)	PA,QL (60 per 30 days)
SOMAVERT 25 MG, 30 MG, SUBCUTANEOUS SOLUTION[DL]	$0 (Tier 2)	PA,QL (30 per 30 days)
SYNAREL 2 MG/ML, NASAL SPRAY[DL]	$0 (Tier 2)	
TRELSTAR 11.25 MG, 22.5 MG, INTRAMUSCULAR SUSPENSION[MO]	$0 (Tier 2)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TRELSTAR 3.75 MG, INTRAMUSCULAR SUSPENSION[DL]	$0 (Tier 2)	PA

Hormonal Agents, Suppressant (Thyroid) - Drugs used to treat an overactive thyroid

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
methimazole 10 mg, 5 mg, tablet[MO]	$0 (Tier 1)	
propylthiouracil 50 mg, tablet[MO]	$0 (Tier 1)	

Immunological Agents - Drugs used to treat immune system conditions and vaccines

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ACTHIB (PF) 10 MCG/0.5 ML, INTRAMUSCULAR SOLUTION[DL]	$0 (Tier 2)	
ACTIMMUNE 100 MCG (2 MILLION UNIT)/0.5 ML SUBCUTANEOUS SOLUTION[DL]	$0 (Tier 2)	PA
ADACEL (TDAP ADOLESN/ADULT)(PF)2 LF-(2.5-5-3-5)-5 LF/0.5 ML IM SYRINGE[DL]	$0 (Tier 2)	
ADACEL (TDAP ADOLESN/ADULT)(PF)2LF-(2.5-5-3-5MCG)-5 LF/0.5 ML IM SUSP[DL]	$0 (Tier 2)	
ARCALYST 220 MG, SUBCUTANEOUS SOLUTION[DL]	$0 (Tier 2)	PA
azathioprine 50 mg, tablet[MO]	$0 (Tier 1)	B vs D
BCG VACCINE (TICE STRAIN) VIAL[DL]	$0 (Tier 2)	
BENLYSTA 120 MG, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA,QL (20 per 28 days)
BENLYSTA 200 MG/ML, SUBCUTANEOUS AUTO-INJECTOR[DL]	$0 (Tier 2)	PA,QL (8 per 28 days)
BENLYSTA 200 MG/ML, SUBCUTANEOUS SYRINGE[DL]	$0 (Tier 2)	PA,QL (8 per 28 days)
BENLYSTA 400 MG, INTRAVENOUS SOLUTION[DL]	$0 (Tier 2)	PA,QL (6 per 28 days)
BEXSERO 50 MCG-50 MCG-50 MCG-25 MCG/0.5 ML INTRAMUSCULAR SYRINGE[DL]	$0 (Tier 2)	
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SUSPENSION[DL]	$0 (Tier 2)	
BOOSTRIX TDAP 2.5 LF UNIT-8 MCG-5 LF/0.5 ML INTRAMUSCULAR SYRINGE[DL]	$0 (Tier 2)	
CELLCEPT 200 MG/ML, ORAL SUSPENSION[DL]	$0 (Tier 2)	B vs D
CELLCEPT 250 MG, CAPSULE[DL]	$0 (Tier 2)	B vs D

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CELLCEPT 500 MG, TABLET[DL]	$0 (Tier 2)	B vs D
CELLCEPT INTRAVENOUS 500 MG, INTRAVENOUS SOLUTION[MO]	$0 (Tier 2)	B vs D
COSENTYX 150 MG/ML, SUBCUTANEOUS SYRINGE[DL]	$0 (Tier 2)	PA,QL (8 per 28 days)
COSENTYX 75 MG/0.5 ML, SUBCUTANEOUS SYRINGE[DL]	$0 (Tier 2)	PA,QL (2 per 28 days)
COSENTYX 300 MG/2 SYRINGES (150 MG/ML,) SUBCUTANEOUS[DL]	$0 (Tier 2)	PA,QL (8 per 28 days)
COSENTYX PEN 150 MG/ML, SUBCUTANEOUS[DL]	$0 (Tier 2)	PA,QL (8 per 28 days)
COSENTYX PEN 300 MG/2 PENS (150 MG/ML,) SUBCUTANEOUS[DL]	$0 (Tier 2)	PA,QL (8 per 28 days)
cyclosporine 100 mg, 25 mg, capsule[MO]	$0 (Tier 1)	B vs D
cyclosporine modified 100 mg, 25 mg, 50 mg,[MO]	$0 (Tier 1)	B vs D
cyclosporine modified 100mg/ml[MO]	$0 (Tier 1)	B vs D
DAPTACEL (DTAP PEDIATRIC) (PF) 15 LF UNIT-10 MCG-5 LF/0.5 ML IM SUSP[DL]	$0 (Tier 2)	
DENGVAXIA (PF) 10EXP4.5-6 CCID50/0.5 ML, SUBCUTANEOUS SUSPENSION[MO]	$0 (Tier 2)	
DUPIXENT 200 MG/1.14 ML, SUBCUTANEOUS PEN INJECTOR[DL]	$0 (Tier 2)	PA,QL (3.42 per 28 days)
DUPIXENT 300 MG/2 ML, SUBCUTANEOUS PEN INJECTOR[DL]	$0 (Tier 2)	PA,QL (6 per 28 days)
DUPIXENT 100 MG/0.67 ML, SUBCUTANEOUS SYRINGE[DL]	$0 (Tier 2)	PA,QL (1.34 per 28 days)
DUPIXENT 200 MG/1.14 ML, SUBCUTANEOUS SYRINGE[DL]	$0 (Tier 2)	PA,QL (3.42 per 28 days)
DUPIXENT 300 MG/2 ML, SUBCUTANEOUS SYRINGE[DL]	$0 (Tier 2)	PA,QL (6 per 28 days)
ENBREL 25 MG (1 ML), 25 MG/0.5 ML, SUBCUTANEOUS POWDER FOR SOLUTION; ENBREL 25 MG (1 ML), 25 MG/0.5 ML, SUBCUTANEOUS SOLUTION[DL]	$0 (Tier 2)	PA,QL (8 per 28 days)
ENBREL 25 MG/0.5 ML (0.5 ML) SUBCUTANEOUS SYRINGE; ENBREL 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML), SUBCUTANEOUS SYRINGE[DL]	$0 (Tier 2)	PA,QL (8 per 28 days)
ENBREL MINI 50 MG/ML (1 ML), SUBCUTANEOUS CARTRIDGE[DL]	$0 (Tier 2)	PA,QL (8 per 28 days)
ENBREL SURECLICK 50 MG/ML (1 ML), SUBCUTANEOUS PEN INJECTOR[DL]	$0 (Tier 2)	PA,QL (8 per 28 days)
ENGERIX-B (PF) 20 MCG/ML, INTRAMUSCULAR SUSPENSION[DL]	$0 (Tier 2)	B vs D
ENGERIX-B (PF) 20 MCG/ML, INTRAMUSCULAR SYRINGE[DL]	$0 (Tier 2)	B vs D
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML, INTRAMUSCULAR SYRINGE[DL]	$0 (Tier 2)	B vs D
ENVARSUS XR 0.75 MG, 1 MG, 4 MG, TABLET,EXTENDED RELEASE[MO]	$0 (Tier 2)	PA
everolimus 0.25 mg, tablet[MO]	$0 (Tier 1)	B vs D,QL (60 per 30 days)
everolimus 0.5 mg, tablet[DL]	$0 (Tier 1)	B vs D,QL (120 per 30 days)
everolimus 0.75 mg, tablet[DL]	$0 (Tier 1)	B vs D,QL (60 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GAMUNEX-C 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %), INJECTION SOLUTION**DL**	$0 (Tier 2)	PA
GARDASIL 9 (PF) 0.5 ML, INTRAMUSCULAR SUSPENSION**DL**	$0 (Tier 2)	QL (1.5 per 365 days)
GARDASIL 9 (PF) 0.5 ML, INTRAMUSCULAR SYRINGE**DL**	$0 (Tier 2)	QL (1.5 per 365 days)
*gengraf 100 mg, 25 mg, capsule***MO**	$0 (Tier 1)	B vs D
*gengraf 100 mg/ml, oral solution***MO**	$0 (Tier 1)	B vs D
HAEGARDA 2,000 UNIT, 3,000 UNIT, SUBCUTANEOUS SOLUTION**DL**	$0 (Tier 2)	PA,QL (24 per 28 days)
HAVRIX (PF) 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML, INTRAMUSCULAR SYRINGE**DL**	$0 (Tier 2)	
HIBERIX (PF) 10 MCG/0.5 ML, INTRAMUSCULAR SOLUTION**DL**	$0 (Tier 2)	
HUMIRA 10 MG/0.2 ML, SYRINGE**DL**	$0 (Tier 2)	PA,QL (2 per 28 days)
HUMIRA 20 MG/0.4 ML, 40 MG/0.8 ML, SUBCUTANEOUS SYRINGE KIT; HUMIRA 20 MG/0.4 ML, 40 MG/0.8 ML, SYRINGE**DL**	$0 (Tier 2)	PA,QL (6 per 28 days)
HUMIRA PEN 40 MG/0.8 ML, SUBCUTANEOUS KIT**DL**	$0 (Tier 2)	PA,QL (6 per 28 days)
HUMIRA PEN CROHN'S-ULC COLITIS-HID SUP STARTER 40 MG/0.8 ML, SUBCUT KIT**DL**	$0 (Tier 2)	PA,QL (6 per 28 days)
HUMIRA PEN PSORIASIS-UVEITIS-ADOL HID SUP START 40 MG/0.8 ML, SUBCUT KT**DL**	$0 (Tier 2)	PA,QL (6 per 28 days)
HUMIRA(CF) 10 MG/0.1 ML, SUBCUTANEOUS SYRINGE KIT**DL**	$0 (Tier 2)	PA,QL (2 per 28 days)
HUMIRA(CF) 20 MG/0.2 ML, 40 MG/0.4 ML, SUBCUTANEOUS SYRINGE KIT**DL**	$0 (Tier 2)	PA,QL (6 per 28 days)
HUMIRA(CF) PEDI CROHN'S START 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML, SUBCUT SYR KIT; HUMIRA(CF) PEDIATRIC CROHN'S STARTER 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML, SUBCUT SYRINGE KIT**DL**	$0 (Tier 2)	PA,QL (6 per 28 days)
HUMIRA(CF) PEN 40 MG/0.4 ML, 80 MG/0.8 ML, SUBCUTANEOUS KIT**DL**	$0 (Tier 2)	PA,QL (6 per 28 days)
HUMIRA(CF) PEN CROHN'S-ULC COLITIS-HID SUP STRT 80 MG/0.8 ML, SUBCUT KT**DL**	$0 (Tier 2)	PA,QL (6 per 28 days)
HUMIRA(CF) PEN PEDIATRIC ULCER COLITIS STARTER 80 MG/0.8 ML, SUBCUT KIT**DL**	$0 (Tier 2)	PA,QL (6 per 28 days)
HUMIRA(CF) PEN PS-UV-ADOL HS 80 MG/0.8 ML(1)-40 MG/0.4 ML(2)SUBCUT KIT**DL**	$0 (Tier 2)	PA,QL (6 per 28 days)
IMOVAX RABIES VACCINE (PF) 2.5 UNIT, INTRAMUSCULAR SOLUTION**DL**	$0 (Tier 2)	B vs D
INFANRIX (DTAP)(PF) 25 LF UNIT-58MCG-10 LF/0.5ML INTRAMUSCULAR SYRINGE**DL**	$0 (Tier 2)	
INFANRIX DTAP VIAL**DL**	$0 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INTRON A 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML), SOLUTION FOR INJECTION**MO**	$0 (Tier 2)	PA
INTRON A 18 MILLION UNIT/3 ML; INTRON A 25 MILLION UNIT/2.5ML**DL**	$0 (Tier 2)	PA
IPOL 40 UNIT-8 UNIT-32 UNIT/0.5 ML SUSPENSION FOR INJECTION**DL**	$0 (Tier 2)	
IXIARO (PF) 6 MCG/0.5 ML, INTRAMUSCULAR SYRINGE**DL**	$0 (Tier 2)	
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML, SUBCUTANEOUS PEN INJECTOR**DL**	$0 (Tier 2)	PA,QL (2.28 per 28 days)
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML, SUBCUTANEOUS SYRINGE**DL**	$0 (Tier 2)	PA,QL (2.28 per 28 days)
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML, INTRAMUSCULAR SYRINGE**DL**	$0 (Tier 2)	
KINRIX VIAL**DL**	$0 (Tier 2)	
*leflunomide 10 mg, 20 mg, tablet***MO**	$0 (Tier 1)	QL (30 per 30 days)
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML, SUBCUTANEOUS SOLUTION**DL**	$0 (Tier 2)	
MENACTRA (PF) 4 MCG/0.5 ML, INTRAMUSCULAR SOLUTION**DL**	$0 (Tier 2)	
MENQUADFI (PF) 10 MCG/0.5 ML, INTRAMUSCULAR SOLUTION**MO**	$0 (Tier 2)	
MENVEO A-C-Y-W-135-DIP (PF) 10 MCG-5 MCG/0.5 ML INTRAMUSCULAR KIT**DL**	$0 (Tier 2)	
*methotrexate 2.5 mg, tablet***MO**	$0 (Tier 1)	B vs D
*methotrexate 50 mg/2 ml vial***MO**	$0 (Tier 1)	
*methotrexate 1 gm vial; methotrexate 50 mg/2 ml vial***MO**	$0 (Tier 1)	
MONJUVI 200 MG, INTRAVENOUS SOLUTION**DL**	$0 (Tier 2)	PA
*mycophenolate 200 mg/ml, susp***MO**	$0 (Tier 1)	B vs D
*mycophenolate 250 mg, capsule***MO**	$0 (Tier 1)	B vs D
*mycophenolate 500 mg, tablet***MO**	$0 (Tier 1)	B vs D
*mycophenolate 500 mg, vial***MO**	$0 (Tier 1)	B vs D
*mycophenolic acid dr 180 mg, 360 mg, tb***MO**	$0 (Tier 1)	B vs D
MYFORTIC 180 MG, TABLET,DELAYED RELEASE**MO**	$0 (Tier 2)	B vs D
MYFORTIC 360 MG, TABLET,DELAYED RELEASE**DL**	$0 (Tier 2)	B vs D
PEDIARIX (PF) 10 MCG-25 LF-25 MCG-10 LF/0.5 ML INTRAMUSCULAR SYRINGE**DL**	$0 (Tier 2)	
PEDVAX HIB (PF) 7.5 MCG/0.5 ML, INTRAMUSCULAR SOLUTION**DL**	$0 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PENTACEL (PF) 15 LF UNIT-20 MCG-5 LF /0.5 ML INTRAMUSCULAR KIT; PENTACEL (PF) 15 LF-48 MCG-62 DU-10 MCG/0.5 ML INTRAMUSCULAR KIT**DL**	$0 (Tier 2)	
PROGRAF 0.2 MG, 1 MG, ORAL GRANULES IN PACKET**MO**	$0 (Tier 2)	B vs D
PROQUAD (PF) 10EXP3-4.3-3-3.99TCID50/0.5ML SUBCUTANEOUS SUSPENSION**DL**	$0 (Tier 2)	
QUADRACEL (PF) 15 LF-48 MCG-5 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION**DL**	$0 (Tier 2)	
RABAVERT (PF) 2.5 UNIT, INTRAMUSCULAR SUSPENSION**DL**	$0 (Tier 2)	B vs D
RECOMBIVAX HB (PF) 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML, INTRAMUSCULAR SUSPENSION**DL**	$0 (Tier 2)	B vs D
RECOMBIVAX HB (PF) 10 MCG/ML, 5 MCG/0.5 ML, INTRAMUSCULAR SYRINGE**DL**	$0 (Tier 2)	B vs D
REZUROCK 200 MG, TABLET**DL**	$0 (Tier 2)	PA,QL (30 per 30 days)
RIDAURA 3 MG, CAPSULE**DL**	$0 (Tier 2)	
RINVOQ 15 MG, TABLET,EXTENDED RELEASE**DL**	$0 (Tier 2)	PA,QL (30 per 30 days)
ROTARIX 10EXP6 CCID50/ML, SUSPENSION**DL**	$0 (Tier 2)	
ROTATEQ VACCINE 2 ML, ORAL SOLUTION**DL**	$0 (Tier 2)	
RUCONEST 2,100 UNIT, INTRAVENOUS SOLUTION**DL**	$0 (Tier 2)	PA,QL (8 per 28 days)
SANDIMMUNE 100 MG/ML, ORAL SOLUTION**MO**	$0 (Tier 2)	B vs D
SHINGRIX (PF) 50 MCG/0.5 ML, INTRAMUSCULAR SUSPENSION, KIT**DL**	$0 (Tier 2)	QL (2 per 999 days)
SIMULECT 10 MG, 20 MG, INTRAVENOUS SOLUTION**DL**	$0 (Tier 2)	B vs D
*sirolimus 0.5 mg, 1 mg, 2 mg, tablet***MO**	$0 (Tier 1)	B vs D
*sirolimus 1 mg/ml, solution***MO**	$0 (Tier 1)	B vs D
SKYRIZI 150 MG/1.66 ML(75 MG/0.83 ML X 2) SUBCUTANEOUS SYRINGE KIT; SKYRIZI 150 MG/ML, 150MG/1.66ML(75 MG/0.83 ML X2), SUBCUTANEOUS SYRINGE**MO**	$0 (Tier 2)	PA,QL (6 per 365 days)
SKYRIZI 150 MG/ML, SUBCUTANEOUS PEN INJECTOR**MO**	$0 (Tier 2)	PA,QL (6 per 365 days)
SKYRIZI 75 MG/0.83 ML, SUBCUTANEOUS SYRINGE**MO**	$0 (Tier 2)	PA,QL (9.96 per 365 days)
STELARA 90 MG/ML, SUBCUTANEOUS SYRINGE**DL**	$0 (Tier 2)	PA,QL (3 per 84 days)
SYLATRON 200 MCG, 300 MCG, KIT**DL**	$0 (Tier 2)	PA,QL (4 per 28 days)
SYLVANT 100 MG, 400 MG, INTRAVENOUS SOLUTION**DL**	$0 (Tier 2)	PA
*tacrolimus 0.5 mg, 1 mg, 5 mg, capsule (ir)***MO**	$0 (Tier 1)	B vs D
TDVAX 2 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION**DL**	$0 (Tier 1)	
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SUSPENSION**DL**	$0 (Tier 2)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TENIVAC (PF) 5 LF UNIT-2 LF UNIT/0.5 ML INTRAMUSCULAR SYRINGE[DL]	$0 (Tier 2)	
DIPHTHERIA-TETANUS TOXOIDS-PED[DL]	$0 (Tier 1)	
TICOVAC 2.4 MCG/0.5 ML, INTRAMUSCULAR SYRINGE[MO]	$0 (Tier 2)	
TREXALL 10 MG, 15 MG, 5 MG, 7.5 MG, TABLET[MO]	$0 (Tier 2)	B vs D
TRUMENBA 120 MCG/0.5 ML, INTRAMUSCULAR SYRINGE[DL]	$0 (Tier 2)	
TWINRIX (PF) 720 ELISA UNIT-20 MCG/ML INTRAMUSCULAR SYRINGE[DL]	$0 (Tier 2)	
TYPHIM VI 25 MCG/0.5 ML, INTRAMUSCULAR SOLUTION[DL]	$0 (Tier 2)	
TYPHIM VI 25 MCG/0.5 ML, INTRAMUSCULAR SYRINGE[DL]	$0 (Tier 2)	
VAQTA (PF) 25 UNIT/0.5 ML, 50 UNIT/ML, INTRAMUSCULAR SUSPENSION[DL]	$0 (Tier 2)	
VAQTA (PF) 25 UNIT/0.5 ML, 50 UNIT/ML, INTRAMUSCULAR SYRINGE[DL]	$0 (Tier 2)	
VARIVAX (PF) 1,350 UNIT/0.5 ML, SUBCUTANEOUS SUSPENSION[DL]	$0 (Tier 2)	
VARIZIG 125 UNIT/1.2 ML, INTRAMUSCULAR SOLUTION[DL]	$0 (Tier 2)	PA,QL (12 per 30 days)
WINRHO SDF 1,500 UNIT (300 MCG)/1.3 ML, 15000 UNIT(3000 MCG)/13 ML, 2,500 UNIT (500 MCG)/2.2 ML, 5,000 UNIT(1000 MCG)/4.4 ML, INJECTION SOLUTION; WINRHO SDF 15,000 UNIT (3,000 MCG)/13 ML INJECTION SOLUTION; WINRHO SDF 5,000 UNIT (1,000 MCG)/4.4 ML INJECTION SOLUTION[DL]	$0 (Tier 2)	B vs D
XATMEP 2.5 MG/ML, ORAL SOLUTION[MO]	$0 (Tier 2)	PA
XOLAIR 150 MG, SUBCUTANEOUS SOLUTION[DL]	$0 (Tier 2)	PA,QL (8 per 28 days)
XOLAIR 150 MG/ML, SUBCUTANEOUS SYRINGE[DL]	$0 (Tier 2)	PA,QL (8 per 28 days)
XOLAIR 75 MG/0.5 ML, SUBCUTANEOUS SYRINGE[DL]	$0 (Tier 2)	PA,QL (4 per 28 days)
YF-VAX (PF) 10 EXP4.74 UNIT/0.5 ML, SUBCUTANEOUS SUSPENSION[DL]	$0 (Tier 2)	
ZORTRESS 1 MG, TABLET[DL]	$0 (Tier 2)	B vs D,QL (60 per 30 days)
ZOSTAVAX (PF) 19,400 UNIT/0.65 ML, SUBCUTANEOUS SUSPENSION[DL]	$0 (Tier 2)	QL (1 per 365 days)

Inflammatory Bowel Disease Agents - Drugs used to treat stomach and intestinal inflammation

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
balsalazide disodium 750 mg, cp[MO]	$0 (Tier 1)	
budesonide ec 3 mg, capsule[MO]	$0 (Tier 1)	PA

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
budesonide er 9 mg, tablet[DL]	$0 (Tier 1)	PA,QL (30 per 30 days)
colocort 100 mg/60 ml, enema[MO]	$0 (Tier 1)	
hydrocortisone 100 mg/60 ml,[MO]	$0 (Tier 1)	
mesalamine 4 gm/60 ml enema[MO]	$0 (Tier 1)	QL (1800 per 30 days)
mesalamine dr 1.2 gm tablet[MO]	$0 (Tier 1)	QL (120 per 30 days)
sulfasalazine 500 mg, tablet; sulfasalazine dr 500 mg, tab[MO]	$0 (Tier 1)	

Metabolic Bone Disease Agents - Drugs used to treat bone weakening

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
alendronate sodium 10 mg, 5 mg, tab; alendronate sodium 10 mg, 5 mg, tablet[MO]	$0 (Tier 1)	QL (30 per 30 days)
alendronate sodium 35 mg, 70 mg, tab[MO]	$0 (Tier 1)	QL (4 per 28 days)
calcitonin-salmon 200 units sp[MO]	$0 (Tier 1)	QL (3.7 per 28 days)
calcitriol 0.25 mcg, 0.5 mcg, capsule[MO]	$0 (Tier 1)	
calcitriol 1 mcg/ml, ampul; calcitriol 1 mcg/ml, solution[MO]	$0 (Tier 1)	
cinacalcet hcl 30 mg, 60 mg, tablet[MO]	$0 (Tier 1)	QL (60 per 30 days)
cinacalcet hcl 90 mg, tablet[MO]	$0 (Tier 1)	QL (120 per 30 days)
doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg, cap; doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg, capsule[MO]	$0 (Tier 1)	
doxercalciferol 4 mcg/2 ml, vl[MO]	$0 (Tier 1)	
FORTEO 20 MCG/DOSE (600 MCG/2.4 ML) SUBCUTANEOUS PEN INJECTOR[DL]	$0 (Tier 2)	PA,QL (2.48 per 28 days)
HECTOROL 2 MCG/ML, VIAL[MO]	$0 (Tier 2)	
NATPARA 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE, SUBCUTANEOUS CARTRIDGE[DL]	$0 (Tier 2)	PA,QL (2 per 28 days)
pamidronate 30 mg/10 ml vial[MO]	$0 (Tier 1)	B vs D,QL (30 per 21 days)
pamidronate 60 mg/10 ml vial; pamidronate 90 mg/10 ml vial[MO]	$0 (Tier 1)	B vs D,QL (10 per 21 days)
paricalcitol 1 mcg, 2 mcg, capsule[MO]	$0 (Tier 1)	QL (30 per 30 days)
paricalcitol 2 mcg/ml, vial[MO]	$0 (Tier 1)	QL (24 per 30 days)
paricalcitol 4 mcg, capsule[MO]	$0 (Tier 1)	QL (12 per 30 days)
paricalcitol 5 mcg/ml, vial[MO]	$0 (Tier 1)	QL (48 per 28 days)
PROLIA 60 MG/ML, SUBCUTANEOUS SYRINGE[MO]	$0 (Tier 2)	QL (1 per 180 days)
RAYALDEE 30 MCG, CAPSULE,EXTENDED RELEASE[DL]	$0 (Tier 2)	QL (60 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
risedronate sod dr 35 mg, tab[MO]	$0 (Tier 1)	QL (4 per 28 days)
TYMLOS 80 MCG/DOSE (3,120 MCG/1.56 ML) SUBCUTANEOUS PEN INJECTOR[MO]	$0 (Tier 2)	PA,QL (1.56 per 30 days)
XGEVA 120 MG/1.7 ML (70 MG/ML), SUBCUTANEOUS SOLUTION[DL]	$0 (Tier 2)	PA,QL (1.7 per 28 days)
zoledronic acid 4 mg, vial[MO]	$0 (Tier 1)	B vs D
zoledronic acid 4 mg/5 ml, vial[MO]	$0 (Tier 1)	B vs D,QL (15 per 21 days)
zoledronic acid 5 mg/100 ml,[MO]	$0 (Tier 1)	PA,QL (100 per 365 days)

Miscellaneous Therapeutic Agents - Other drugs that do not fit into another category

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
1ST TIER UNIFINE PENTIPS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", NEEDLE[MO]	$0 (Tier 1)	
1ST TIER UNIFINE PENTIPS PLUS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", NEEDLE[MO]	$0 (Tier 1)	
ABOUTTIME PEN NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32",[MO]	$0 (Tier 1)	
acetylcysteine 6 gram/30 ml vl[MO]	$0 (Tier 1)	
ADVOCATE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 33 GAUGE X 5/32",[MO]	$0 (Tier 1)	
ADVOCATE SYRINGES 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16,; ADVOCATE SYRINGES 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16,"[MO]	$0 (Tier 1)	
ALCOHOL PADS[MO]	$0 (Tier 1)	
ALCOHOL PREP PADS[MO]	$0 (Tier 1)	
ALCOHOL 70% SWABS[MO]	$0 (Tier 1)	
ALCOHOL WIPES[MO]	$0 (Tier 1)	
ASSURE ID DUO-SHIELD 30 GAUGE X 3/16", 30 GAUGE X 5/16", NEEDLE[MO]	$0 (Tier 1)	
ASSURE ID INSULIN SAFETY 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", SYRINGE[MO]	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ASSURE ID PEN NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 3/16",**MO**	$0 (Tier 1)	
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN**MO**	$0 (Tier 1)	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS**MO**	$0 (Tier 1)	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS**MO**	$0 (Tier 1)	
BAND-AID GAUZE PADS 2" X 2" BANDAGE**MO**	$0 (Tier 1)	
BD ALCOHOL SWABS**MO**	$0 (Tier 1)	
BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16",**MO**	$0 (Tier 1)	
BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2", SYRINGE**MO**	$0 (Tier 1)	
BD INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1", 1 ML 26 X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2",**MO**	$0 (Tier 1)	
BD INSULIN SYRINGE ULTRA-FINE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16",**MO**	$0 (Tier 1)	
BD INSULIN SYRINGE MICRO-FINE 1 ML 28 GAUGE X 1/2",**MO**	$0 (Tier 1)	
BD INSULIN SYRINGE SAFETY-LOK 1 ML 29 GAUGE X 1/2",**MO**	$0 (Tier 1)	
BD INSULIN SYRINGE SLIP TIP 1 ML,**MO**	$0 (Tier 1)	
BD INSULIN SYRINGE U-500 1/2 ML 31 GAUGE X 15/64",**MO**	$0 (Tier 1)	
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16,; BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16,"**MO**	$0 (Tier 1)	
BD LO-DOSE MICRO-FINE IV 1/2 ML 28 GAUGE X 1/2", SYRINGE**MO**	$0 (Tier 1)	
BD LO-DOSE ULTRA-FINE 0.5 ML 29 GAUGE X 1/2", SYRINGE**MO**	$0 (Tier 1)	
BD NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32",**MO**	$0 (Tier 1)	
BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64",**MO**	$0 (Tier 1)	
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8",**MO**	$0 (Tier 1)	
BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4",**MO**	$0 (Tier 1)	
BD ULTRA-FINE MINI PEN NEEDLE 31 GAUGE X 3/16",**MO**	$0 (Tier 1)	
BD ULTRA-FINE NANO PEN NEEDLE 32 GAUGE X 5/32",**MO**	$0 (Tier 1)	
BD ULTRA-FINE ORIGINAL PEN NEEDLE 29 GAUGE X 1/2",**MO**	$0 (Tier 1)	
BD ULTRA-FINE SHORT PEN NEEDLE 31 GAUGE X 5/16",**MO**	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BD VEO INSULIN SYRINGE ULTRA-FINE (HALF UNIT) 0.3 ML 31 GAUGE X 15/64",**MO**	$0 (Tier 1)	
BD VEO INSULIN SYRINGE ULTRA-FINE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64",**MO**	$0 (Tier 1)	
BORDERED GAUZE 2" X 2" BANDAGE**MO**	$0 (Tier 1)	
CAREFINE PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32",**MO**	$0 (Tier 1)	
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS**MO**	$0 (Tier 1)	
CARETOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16,; CARETOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16,"; CARETOUCH INSULIN SYRINGE 1 ML 28 GAUGE X 5/16"**MO**	$0 (Tier 1)	
CARETOUCH PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32",**MO**	$0 (Tier 1)	
CLICKFINE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32",**MO**	$0 (Tier 1)	
COMFORT EZ INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2",; COMFORT EZ INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2","**MO**	$0 (Tier 1)	
COMFORT EZ PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/16", 33 GAUGE X 5/32",**MO**	$0 (Tier 1)	
COMFORT TOUCH PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 31 GAUGE X 5/32", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32",**MO**	$0 (Tier 1)	
CURITY ALCOHOL SWABS**MO**	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CURITY GAUZE 2" X 2" BANDAGE**MO**	$0 (Tier 1)	
DERMACEA 2" X 2" BANDAGE**MO**	$0 (Tier 1)	
DOJOLVI 8.3 KCAL/ML, ORAL LIQUID**DL**	$0 (Tier 2)	PA
DROPLET INSULIN SYRINGE (HALF UNIT) 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64",; DROPLET INSULIN SYRINGE (HALF UNIT) 0.5 ML 30 GAUGE X 15/64"**MO**	$0 (Tier 1)	
DROPLET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16,; DROPLET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16,"**MO**	$0 (Tier 1)	
DROPLET MICRON PEN NEEDLE 34 GAUGE X 9/64",**MO**	$0 (Tier 1)	
DROPLET PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32",**MO**	$0 (Tier 1)	
DROPSAFE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16",**MO**	$0 (Tier 1)	
DROXIA 200 MG, 300 MG, 400 MG, CAPSULE**MO**	$0 (Tier 2)	
EASY COMFORT ALCOHOL PAD TOPICAL PADS**MO**	$0 (Tier 1)	
EASY COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16",; EASY COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16","**MO**	$0 (Tier 1)	
EASY COMFORT PEN NEEDLES 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32",**MO**	$0 (Tier 1)	
EASY GLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64",**MO**	$0 (Tier 1)	
EASY GLIDE PEN NEEDLE 33 GAUGE X 5/32",**MO**	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EASY TOUCH 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", NEEDLE**MO**	$0 (Tier 1)	
EASY TOUCH ALCOHOL PREP PADS**MO**	$0 (Tier 1)	
EASY TOUCH FLIPLOCK INSULIN 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16", SYRINGE; EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16",**MO**	$0 (Tier 1)	
EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2",**MO**	$0 (Tier 1)	
EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2",; EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2","**MO**	$0 (Tier 1)	
EASY TOUCH LUER LOCK INSULIN 1 ML, SYRINGE**MO**	$0 (Tier 1)	
EASY TOUCH PEN NEEDLE 30 GAUGE X 5/16",**MO**	$0 (Tier 1)	
EASY TOUCH SAFETY PEN NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16", 30 GAUGE X 1/4", 30 GAUGE X 3/16", 30 GAUGE X 5/16",**MO**	$0 (Tier 1)	
EASY TOUCH SHEATHLOCK INSULIN 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16", SYRINGE; EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16",**MO**	$0 (Tier 1)	
EASY TOUCH UNI-SLIP 1 ML, SYRINGE**MO**	$0 (Tier 1)	
EXEL INSULIN 0.3 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", SYRINGE; EXEL INSULIN 0.3 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"," SYRINGE**MO**	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FREESTYLE PRECISION 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, SYRINGE; FREESTYLE PRECISION 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16," SYRINGE**MO**	$0 (Tier 1)	
GAUZE PADS 2"X2"**MO**	$0 (Tier 1)	
GAUZE PAD 2" X 2" BANDAGE**MO**	$0 (Tier 1)	
HEALTHWISE INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16,; HEALTHWISE INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16,"**MO**	$0 (Tier 1)	
HEALTHWISE PEN NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32",**MO**	$0 (Tier 1)	
HEALTHY ACCENTS UNIFINE PENTIP 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", NEEDLE**MO**	$0 (Tier 1)	
INCONTROL ALCOHOL PADS**MO**	$0 (Tier 1)	
INCONTROL PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32",**MO**	$0 (Tier 1)	
INSULIN SYR 0.3ML 31GX1/4(1/2)**MO**	$0 (Tier 1)	
INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2",**MO**	$0 (Tier 1)	
INSULIN SYRINGE MICROFINE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2",**MO**	$0 (Tier 1)	
BD LUER-LOK SYRINGE 1 ML,**MO**	$0 (Tier 1)	
BD INSULIN SYR 1 ML 28GX1/2"; EQL INSULIN 0.3 ML SYRINGE; EQL INSULIN 0.5 ML SYRINGE; INSULIN 1 ML SYRINGE; INSULIN 1/2 ML SYRINGE; INSULIN 3/10 ML SYRINGE; INSULIN SYRIN 0.3 ML 30GX1/2"; INSULIN SYRIN 0.3 ML 31GX5/16"; INSULIN SYRIN 0.5 ML 30GX1/2"; INSULIN SYRING 0.5 ML 27GX1/2"; INSULIN SYRINGE 0.3 ML 31GX1/4; INSULIN SYRINGE 0.5 ML 31GX1/4; INSULIN SYRINGE 1 ML 27GX1/2"; INSULIN SYRINGE 1 ML 30GX1/2"; INSULIN SYRINGE 1 ML 31GX1/4"; INSULIN SYRINGE 1 ML 31GX5/16"; PREFERRED PLUS SYRINGE 0.5 ML; PREFERRED PLUS SYRINGE 1 ML; RELION INS SYR 0.3 ML 31GX6MM; RELION INS SYR 0.5 ML 31GX6MM; RELION INS SYR 1 ML 31GX15/64"; TERUMO INS SYRINGE U100-1 ML; ULTICARE INS SYR 1 ML 29GX1/2"; ULTICARE SYR 0.3 ML 30GX5/16"; ULTICARE SYR 0.5 ML 29GX1/2"; ULTICARE SYR 0.5 ML 30GX5/16"; ULTICARE SYR 0.5 ML 31GX5/16"; ULTICARE SYR 1 ML 30GX5/16"; ULTICARE SYRIN 0.3 ML 29GX1/2"; ULTICARE SYRIN 0.5 ML 28GX1/2"**MO**	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INSUPEN 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32", NEEDLE**MO**	$0 (Tier 1)	
IV PREP WIPES MEDICATED**MO**	$0 (Tier 1)	
KORLYM 300 MG, TABLET**DL**	$0 (Tier 2)	PA,QL (120 per 30 days)
*lactated ringers irrigation***MO**	$0 (Tier 1)	
LITE TOUCH INSULIN PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16",**MO**	$0 (Tier 1)	
LITE TOUCH INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE,; LITE TOUCH INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE,"; LITE TOUCH INSULIN SYRINGE 1/2 ML 29**MO**	$0 (Tier 1)	
LITHOSTAT 250 MG, TABLET**DL**	$0 (Tier 2)	
MAGELLAN INSULIN SAFETY SYRINGE 0.3 ML 29 X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16",**MO**	$0 (Tier 1)	
MAGELLAN SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16",**MO**	$0 (Tier 1)	
MAXI-COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2",**MO**	$0 (Tier 1)	
MAXICOMFORT II PEN NEEDLE 31 GAUGE X 1/4",**MO**	$0 (Tier 1)	
MAXICOMFORT INSULIN SYRINGE 1 ML 27 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2",**MO**	$0 (Tier 1)	
MAXICOMFORT SAFETY PEN NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16",**MO**	$0 (Tier 1)	
MICRODOT INSULIN PEN NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32",**MO**	$0 (Tier 1)	
MINI ULTRA-THIN II 31 GAUGE X 3/16", NEEDLE**MO**	$0 (Tier 1)	
MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 29 GAUGE X 1/2",**MO**	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MONOJECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2",; MONOJECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2","; MONOJECT INSULIN SYRINGE 1 ML**MO**	$0 (Tier 1)	
MONOJECT SYRINGE 1/2 ML 28 GAUGE,**MO**	$0 (Tier 1)	
MONOJECT ULTRA COMFORT INSULIN 1/2 ML 28 GAUGE, SYRINGE**MO**	$0 (Tier 1)	
NOVOFINE 32 32 GAUGE X 1/4", NEEDLE**MO**	$0 (Tier 1)	
NOVOFINE AUTOCOVER 30 GAUGE X 1/3", NEEDLE**MO**	$0 (Tier 1)	
NOVOFINE PLUS 32 GAUGE X 1/6", NEEDLE**MO**	$0 (Tier 1)	
NOVOPEN ECHO SUBCUTANEOUS**MO**	$0 (Tier 1)	
NOVOTWIST 32 GAUGE X 1/5", NEEDLE**MO**	$0 (Tier 1)	
PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32",**MO**	$0 (Tier 1)	
COMFORT POINT PEN NDL 31GX1/3"; COMFORT POINT PEN NDL 31GX1/6"; FIFTY50 PEN 31G X 3/16" NEEDLE; FIFTY50 PEN NEEDLE 32G X 1/4"; KRO PEN NEEDLE 4MM X 33G; PEN NEEDLE 12MM 29G; PEN NEEDLE 30G X 8MM; PEN NEEDLE 32G X 3/16"; PEN NEEDLE 32G X 5/32"; PEN NEEDLE 8MM 31G; PEN NEEDLES 6MM 31G; RELION PEN NEEDLE 31G 6MM**MO**	$0 (Tier 1)	
PENTIPS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", NEEDLE**MO**	$0 (Tier 1)	
PHYSIOLYTE 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L IRRIGATION SOLUTION**MO**	$0 (Tier 2)	
PHYSIOSOL IRRIGATION 140 MEQ-5 MEQ-3 MEQ-98 MEQ/L SOLUTION**MO**	$0 (Tier 2)	
PIP PEN NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32",**MO**	$0 (Tier 1)	
PREVENT DROPSAFE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16",**MO**	$0 (Tier 1)	
PRO COMFORT ALCOHOL PADS**MO**	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PRO COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16,; PRO COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16,"**MO**	$0 (Tier 1)	
PRO COMFORT PEN NEEDLE 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32",**MO**	$0 (Tier 1)	
PRODIGY INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2",**MO**	$0 (Tier 1)	
PURE COMFORT ALCOHOL PADS**MO**	$0 (Tier 1)	
PURE COMFORT PEN NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32",**MO**	$0 (Tier 1)	
RECTIV 0.4 % (W/W), OINTMENT**MO**	$0 (Tier 2)	QL (30 per 30 days)
RELI ON 31G X 1/4" NEEDLES**MO**	$0 (Tier 1)	
RELION PEN NEEDLES 32GX5/32"**MO**	$0 (Tier 1)	
*ribavirin 6 gm inhalation vial***DL**	$0 (Tier 1)	B vs D
*ringers irrigation solution***MO**	$0 (Tier 1)	
SAFESNAP INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2",**MO**	$0 (Tier 1)	
SAFETY PEN NEEDLE 31 GAUGE X 3/16",**MO**	$0 (Tier 1)	
SECURESAFE PEN NEEDLE 30 GAUGE X 5/16",**MO**	$0 (Tier 1)	
*sodium chloride 0.9% irrig.***MO**	$0 (Tier 1)	
SURE COMFORT ALCOHOL PREP PADS**MO**	$0 (Tier 1)	
SURE COMFORT INSULIN SYRINGE U-100 0.5 ML 29 GAUGE X 1/2",**MO**	$0 (Tier 1)	
SURE COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4",; SURE COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4","**MO**	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SURE COMFORT PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32",**MO**	$0 (Tier 1)	
SURE COMFORT SAFETY PEN NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32",**MO**	$0 (Tier 1)	
SURE-FINE PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16",**MO**	$0 (Tier 1)	
SURE-JECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2",; SURE-JECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2","**MO**	$0 (Tier 1)	
SURE-PREP ALCOHOL PREP PADS**MO**	$0 (Tier 1)	
TECHLITE INS SYR 1 ML 30GX8MM; TECHLITE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16,; TECHLITE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16,"**MO**	$0 (Tier 1)	
TECHLITE 0.3 ML 30GX12MM (1/2); TECHLITE 0.5 ML 29GX12MM (1/2); TECHLITE INSULIN SYRINGE (HALF UNIT) 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16",**MO**	$0 (Tier 1)	
TECHLITE PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32",**MO**	$0 (Tier 1)	
TERUMO INSULIN SYRINGE 0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8",**MO**	$0 (Tier 1)	
THINPRO INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8",**MO**	$0 (Tier 1)	
TOPCARE CLICKFINE 31 GAUGE X 1/4", 31 GAUGE X 5/16", NEEDLE**MO**	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TOPCARE ULTRA COMFORT 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, SYRINGE; TOPCARE ULTRA COMFORT 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16," SYRINGE**MO**	$0 (Tier 1)	
TRUE COMFORT ALCOHOL PADS**MO**	$0 (Tier 1)	
TRUE COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16,; TRUE COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16,"**MO**	$0 (Tier 1)	
TRUE COMFORT PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32",**MO**	$0 (Tier 1)	
TRUE COMFORT PRO ALCOHOL PADS**MO**	$0 (Tier 1)	
TRUE COMFORT PRO INS SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16",; TRUE COMFORT PRO INS SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16","**MO**	$0 (Tier 1)	
TRUEPLUS INSULIN 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", SYRINGE; TRUEPLUS INSULIN 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"," SYRINGE**MO**	$0 (Tier 1)	
TRUEPLUS PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32",**MO**	$0 (Tier 1)	
ULTICARE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16, SYRINGE; ULTICARE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16," SYRINGE**MO**	$0 (Tier 1)	
ULTICARE INSULIN SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4",**MO**	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ULTICARE INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 1/4",**MO**	$0 (Tier 1)	
ULTICARE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32",**MO**	$0 (Tier 1)	
ULTICARE SAFETY PEN NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16",**MO**	$0 (Tier 1)	
ULTIGUARD SAFEPACK-INSULIN SYRINGE 0.3 ML 30 X 1/2", 0.3 ML 31 X 5/16", 1 ML 30 X 1/2", 1 ML 31 X 5/16", 1/2 ML 30 X 1/2", 1/2 ML 31 X 5/16",**MO**	$0 (Tier 1)	
ULTIGUARD SAFEPACK-PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32",**MO**	$0 (Tier 1)	
ULTILET ALCOHOL SWAB**MO**	$0 (Tier 1)	
ULTILET INSULIN SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16,; ULTILET INSULIN SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16,"; ULTILET INSULIN SYRINGE 1/2 ML 29**MO**	$0 (Tier 1)	
ULTILET PEN NEEDLE 29 GAUGE, 32 GAUGE X 5/32",**MO**	$0 (Tier 1)	
ULTRA COMFORT INSULIN SYRINGE (HALF UNIT) 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16",**MO**	$0 (Tier 1)	
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE,; ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 GAUGE,"; ULTRA COMFORT INSULIN SYRINGE 1/2 ML 29**MO**	$0 (Tier 1)	
ULTRA FLO INSULIN SYRINGE (HALF UNIT) 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16",**MO**	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ULTRA FLO INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2",**MO**	$0 (Tier 1)	
ULTRA FLO PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32",**MO**	$0 (Tier 1)	
ULTRA THIN PEN NEEDLE 32 GAUGE X 5/32",**MO**	$0 (Tier 1)	
ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16,; ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16,"**MO**	$0 (Tier 1)	
ULTRA-THIN II (SHORT) PEN NDL 31 GAUGE X 5/16", NEEDLE**MO**	$0 (Tier 1)	
ULTRA-THIN II INSULIN PEN NEEDLES 29 GAUGE X 1/2",**MO**	$0 (Tier 1)	
ULTRA-THIN II INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2",**MO**	$0 (Tier 1)	
ULTRACARE INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16,; ULTRACARE INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16,"**MO**	$0 (Tier 1)	
ULTRACARE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32",**MO**	$0 (Tier 1)	
UNIFINE PEN NEEDLE 32 GAUGE X 5/32",**MO**	$0 (Tier 1)	
UNIFINE PENTIPS 29 GAUGE, 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32", NEEDLE**MO**	$0 (Tier 1)	
UNIFINE PENTIPS MAXFLOW 30 GAUGE X 3/16", NEEDLE**MO**	$0 (Tier 1)	
UNIFINE PENTIPS PLUS 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32", NEEDLE**MO**	$0 (Tier 1)	
UNIFINE PENTIPS PLUS MAXFLOW 30 GAUGE X 3/16", NEEDLE**MO**	$0 (Tier 1)	
UNIFINE SAFECONTROL 30 GAUGE X 3/16", 30 GAUGE X 5/16", NEEDLE**MO**	$0 (Tier 1)	
VANISHPOINT INSULIN SYRINGE 1 ML 30 GAUGE X 3/16",**MO**	$0 (Tier 1)	
VANISHPOINT SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2",**MO**	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VERIFINE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32",**MO**	$0 (Tier 1)	
*sterile water for irrigation***MO**	$0 (Tier 1)	
WEBCOL TOPICAL PADS**MO**	$0 (Tier 1)	

Ophthalmic Agents - Drugs used to treat conditions involving the eye

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
*ak-poly-bac 500 unit-10,000 unit/gram eye ointment***MO**	$0 (Tier 1)	
ALCAINE 0.5 %, EYE DROPS**MO**	$0 (Tier 1)	
ALPHAGAN P 0.1 %, EYE DROPS**MO**	$0 (Tier 2)	
*apraclonidine hcl 0.5% drops***MO**	$0 (Tier 1)	
*atropine 1% eye drops***MO**	$0 (Tier 1)	
*azelastine hcl 0.05% drops***MO**	$0 (Tier 1)	
*bacitracin 500 unit/gm ophth***MO**	$0 (Tier 1)	
*bacitracin-polymyxin eye oint***MO**	$0 (Tier 1)	
*betaxolol hcl 0.5% eye drop***MO**	$0 (Tier 1)	
*brimonidine 0.2% eye drop; brimonidine tartrate 0.15% drp***MO**	$0 (Tier 1)	
*carteolol hcl 1% eye drops***MO**	$0 (Tier 1)	
*ciprofloxacin 0.3% eye drop***MO**	$0 (Tier 1)	
COMBIGAN 0.2 %-0.5 % EYE DROPS**MO**	$0 (Tier 2)	QL (5 per 25 days)
*cromolyn 4% eye drops***MO**	$0 (Tier 1)	
CYSTARAN 0.44 %, EYE DROPS**DL**	$0 (Tier 2)	PA,QL (60 per 28 days)
*dexamethasone 0.1% eye drop***MO**	$0 (Tier 1)	
*diclofenac 0.1% eye drops***MO**	$0 (Tier 1)	
*dorzolamide hcl 2% eye drops***MO**	$0 (Tier 1)	QL (10 per 30 days)
*dorzolamide-timolol eye drops***MO**	$0 (Tier 1)	QL (10 per 30 days)
DUREZOL 0.05 %, EYE DROPS**MO**	$0 (Tier 2)	
*erythromycin 0.5% eye ointment***MO**	$0 (Tier 1)	
*fluorometholone 0.1% drops***MO**	$0 (Tier 1)	
*flurbiprofen 0.03% eye drop***MO**	$0 (Tier 1)	
*gentak 0.3 % (3 mg/gram), eye ointment***MO**	$0 (Tier 1)	
*gentamicin 0.3% eye drop***MO**	$0 (Tier 1)	
ILEVRO 0.3 %, EYE DROPS,SUSPENSION**MO**	$0 (Tier 2)	QL (3 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ketorolac 0.4% ophth solution; ketorolac 0.5% ophth solution[MO]	$0 (Tier 1)	
latanoprost 0.005% eye drops[MO]	$0 (Tier 1)	QL (5 per 25 days)
levobunolol 0.5% eye drops[MO]	$0 (Tier 1)	
LUMIGAN 0.01 %, EYE DROPS[MO]	$0 (Tier 2)	QL (2.5 per 25 days)
metipranolol 0.3% eye drops[MO]	$0 (Tier 1)	
moxifloxacin 0.5% eye drops[MO]	$0 (Tier 1)	
NATACYN 5 %, EYE DROPS,SUSPENSION[MO]	$0 (Tier 2)	
neo-polycin 3.5 mg-400 unit-10,000 unit/g eye ointment[MO]	$0 (Tier 1)	
neo-polycin hc 3.5 mg-400-10,000 unit/g-1 % eye ointment[MO]	$0 (Tier 1)	
neo-bacit-poly-hc eye ointment[MO]	$0 (Tier 1)	
neomyc-bacit-polymix eye oint[MO]	$0 (Tier 1)	
neomyc-polym-dexamet eye ointm[MO]	$0 (Tier 1)	
neomyc-polym-dexameth eye drop[MO]	$0 (Tier 1)	
neomyc-polym-gramicid eye drop[MO]	$0 (Tier 1)	
neomycin-poly-hc eye drops[MO]	$0 (Tier 1)	
ofloxacin 0.3% eye drops[MO]	$0 (Tier 1)	
olopatadine hcl 0.2% eye drop[MO]	$0 (Tier 1)	
PAZEO 0.7% EYE DROPS[MO]	$0 (Tier 2)	QL (2.5 per 25 days)
PHOSPHOLINE IODIDE 0.125%[MO]	$0 (Tier 2)	
pilocarpine 1% eye drops; pilocarpine 2% eye drops; pilocarpine 4% eye drops[MO]	$0 (Tier 1)	
polycin 500 unit-10,000 unit/gram eye ointment[MO]	$0 (Tier 1)	
polymyxin b-tmp eye drops[MO]	$0 (Tier 1)	
PRED-G 0.3 %-1 % EYE DROPS,SUSPENSION[MO]	$0 (Tier 2)	
PRED-G S.O.P. 0.3 %-0.6 % EYE OINTMENT[MO]	$0 (Tier 2)	
prednisolone ac 1% eye drop[MO]	$0 (Tier 1)	
prednisolone sod 1% eye drop[MO]	$0 (Tier 1)	
proparacaine 0.5% eye drops[MO]	$0 (Tier 1)	
RESTASIS 0.05 %, EYE DROPS IN A DROPPERETTE[MO]	$0 (Tier 2)	QL (60 per 30 days)
RESTASIS MULTIDOSE 0.05 %, EYE DROPS[MO]	$0 (Tier 2)	QL (5.5 per 25 days)
RHOPRESSA 0.02 %, EYE DROPS[MO]	$0 (Tier 2)	ST,QL (2.5 per 25 days)
ROCKLATAN 0.02 %-0.005 % EYE DROPS[MO]	$0 (Tier 2)	ST,QL (2.5 per 25 days)
sulfacetamide 10% eye drops[MO]	$0 (Tier 1)	
sulf-pred 10-0.23% eye drops[MO]	$0 (Tier 1)	
timolol 0.25% gfs gel-solution; timolol 0.5% gfs gel-solution[MO]	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
timolol maleate 0.25% eye drop; timolol maleate 0.5% eye drops[MO]	$0 (Tier 1)	
timolol maleate 0.5% eye drop[MO]	$0 (Tier 1)	
tobramycin 0.3% eye drop[MO]	$0 (Tier 1)	
tobramycin-dexameth ophth susp[MO]	$0 (Tier 1)	
travoprost 0.004% eye drop[MO]	$0 (Tier 1)	QL (2.5 per 25 days)
trifluridine 1% eye drops[MO]	$0 (Tier 1)	

OTIC AGENTS - Drugs used to treat conditions involving the ear

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
hydrocortison-acetic acid soln[MO]	$0 (Tier 1)	
neomycin-polymyxin-hc ear soln[MO]	$0 (Tier 1)	
neomycin-polymyxin-hc ear susp[MO]	$0 (Tier 1)	
ofloxacin 0.3% ear drops[MO]	$0 (Tier 1)	

RESPIRATORY TRACT/PULMONARY AGENTS - Drugs used to treat lung problems, such as asthma and COPD

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
acetylcysteine 10% vial; acetylcysteine 20% vial[MO]	$0 (Tier 1)	B vs D
ADEMPAS 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (90 per 30 days)
ADVAIR DISKUS 100 MCG-50 MCG/DOSE POWDER FOR INHALATION; ADVAIR DISKUS 250 MCG-50 MCG/DOSE POWDER FOR INHALATION; ADVAIR DISKUS 500 MCG-50 MCG/DOSE POWDER FOR INHALATION[MO]	$0 (Tier 2)	QL (60 per 30 days)
ADVAIR HFA 115 MCG-21 MCG/ACTUATION AEROSOL INHALER; ADVAIR HFA 230 MCG-21 MCG/ACTUATION AEROSOL INHALER; ADVAIR HFA 45 MCG-21 MCG/ACTUATION AEROSOL INHALER[MO]	$0 (Tier 2)	QL (12 per 30 days)
albuterol 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml, sol; albuterol 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml, solution; albuterol sul 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml, sol; albuterol sul 2.5 mg/3 ml soln[MO]	$0 (Tier 1)	B vs D
albuterol hfa 90 mcg inhaler[MO]	$0 (Tier 1)	QL (36 per 30 days)
albuterol sulf 2 mg/5 ml, syrup[MO]	$0 (Tier 1)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
albuterol sulfate 2 mg, tab[MO]	$0 (Tier 1)	QL (120 per 30 days)
albuterol sulfate 4 mg, tab[MO]	$0 (Tier 1)	
alyq 20 mg, tablet[MO]	$0 (Tier 1)	PA,QL (60 per 30 days)
ambrisentan 10 mg, 5 mg, tablet[DL]	$0 (Tier 1)	PA,QL (30 per 30 days)
aminophylline 250 mg/10 ml, 500 mg/20 ml, vl[MO]	$0 (Tier 1)	
arformoterol 15 mcg/2 ml, soln[DL]	$0 (Tier 2)	PA,QL (120 per 30 days)
ARNUITY ELLIPTA 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION, POWDER FOR INHALATION[MO]	$0 (Tier 2)	QL (30 per 30 days)
azelastine 0.1% (137 mcg) spry[MO]	$0 (Tier 1)	QL (30 per 25 days)
bosentan 125 mg, 62.5 mg, tablet[DL]	$0 (Tier 1)	PA,QL (60 per 30 days)
BREO ELLIPTA 100 MCG-25 MCG/DOSE POWDER FOR INHALATION; BREO ELLIPTA 200 MCG-25 MCG/DOSE POWDER FOR INHALATION[MO]	$0 (Tier 2)	QL (60 per 30 days)
BREZTRI AEROSPHERE 160 MCG-9MCG-4.8MCG/ACTUATION HFA AEROSOL INHALER[MO]	$0 (Tier 2)	QL (10.7 per 30 days)
BROVANA 15 MCG/2 ML, SOLUTION FOR NEBULIZATION[DL]	$0 (Tier 2)	PA,QL (120 per 30 days)
budesonide 0.25 mg/2 ml, 0.5 mg/2 ml, susp[MO]	$0 (Tier 1)	B vs D
CAYSTON 75 MG/ML, SOLUTION FOR NEBULIZATION[DL]	$0 (Tier 2)	PA,QL (84 per 28 days)
COMBIVENT RESPIMAT 20 MCG-100 MCG/ACTUATION SOLUTION FOR INHALATION[MO]	$0 (Tier 2)	QL (4 per 20 days)
cromolyn 100 mg/5 ml, oral conc[MO]	$0 (Tier 1)	
cromolyn 20 mg/2 ml, neb soln[DL]	$0 (Tier 1)	B vs D
cyproheptadine 2 mg/5 ml, syrup[MO]	$0 (Tier 1)	
cyproheptadine 4 mg, tablet[MO]	$0 (Tier 1)	
DALIRESP 250 MCG, TABLET[MO]	$0 (Tier 2)	QL (28 per 365 days)
DALIRESP 500 MCG, TABLET[MO]	$0 (Tier 2)	QL (30 per 30 days)
diphenhydramine 50 mg/ml, vial[MO]	$0 (Tier 1)	
epinephrine 0.15 mg auto-injct; epinephrine 0.3 mg auto-inject[MO]	$0 (Tier 1)	QL (4 per 30 days)
ESBRIET 267 MG, CAPSULE[DL]	$0 (Tier 2)	PA,QL (270 per 30 days)
ESBRIET 267 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (270 per 30 days)
ESBRIET 801 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (90 per 30 days)
FASENRA PEN 30 MG/ML, SUBCUTANEOUS AUTO-INJECTOR[MO]	$0 (Tier 2)	PA,QL (1 per 28 days)
FLOVENT DISKUS 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION, POWDER FOR INHALATION[MO]	$0 (Tier 2)	QL (60 per 30 days)
FLOVENT HFA 110 MCG/ACTUATION, 220 MCG/ACTUATION, AEROSOL INHALER[MO]	$0 (Tier 2)	QL (24 per 30 days)
FLOVENT HFA 44 MCG/ACTUATION, AEROSOL INHALER[MO]	$0 (Tier 2)	QL (10.6 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
flunisolide 0.025% spray[MO]	$0 (Tier 1)	QL (50 per 30 days)
fluticasone-salmeterol 100-50; fluticasone-salmeterol 250-50; fluticasone-salmeterol 500-50[MO]	$0 (Tier 1)	QL (60 per 30 days)
fluticasone-salmeterol 113-14; fluticasone-salmeterol 232-14; fluticasone-salmeterol 55-14[MO]	$0 (Tier 2)	QL (1 per 30 days)
fluticasone prop 50 mcg spray[MO]	$0 (Tier 1)	QL (16 per 30 days)
formoterol 20 mcg/2 ml, neb vl[MO]	$0 (Tier 1)	PA,QL (120 per 30 days)
hydroxyzine pam 100 mg, 25 mg, 50 mg, cap[MO]	$0 (Tier 1)	
ipratropium 0.03% spray[MO]	$0 (Tier 1)	QL (30 per 30 days)
ipratropium 0.06% spray[MO]	$0 (Tier 1)	QL (45 per 30 days)
ipratropium br 0.02% soln[MO]	$0 (Tier 1)	B vs D
iprat-albut 0.5-3(2.5) mg/3 ml[MO]	$0 (Tier 1)	B vs D
KALYDECO 150 MG, TABLET[DL]	$0 (Tier 2)	PA,QL (60 per 30 days)
KALYDECO 25 MG, 50 MG, 75 MG, ORAL GRANULES IN PACKET[DL]	$0 (Tier 2)	PA,QL (56 per 28 days)
levocetirizine 5 mg, tablet[MO]	$0 (Tier 1)	QL (30 per 30 days)
metaproterenol 10 mg/5 ml, syr[MO]	$0 (Tier 1)	
montelukast sod 10 mg, tablet[MO]	$0 (Tier 1)	QL (30 per 30 days)
montelukast sod 4 mg, 5 mg, tab chew[MO]	$0 (Tier 1)	QL (30 per 30 days)
montelukast sod 4 mg, granules[MO]	$0 (Tier 1)	QL (30 per 30 days)
NUCALA 100 MG/ML, SUBCUTANEOUS AUTO-INJECTOR[DL]	$0 (Tier 2)	PA,QL (3 per 28 days)
NUCALA 100 MG/ML, SUBCUTANEOUS SYRINGE[DL]	$0 (Tier 2)	PA,QL (3 per 28 days)
OFEV 100 MG, 150 MG, CAPSULE[DL]	$0 (Tier 2)	PA,QL (60 per 30 days)
ORKAMBI 100 MG-125 MG ORAL GRANULES IN PACKET; ORKAMBI 150 MG-188 MG ORAL GRANULES IN PACKET[DL]	$0 (Tier 2)	PA,QL (56 per 28 days)
ORKAMBI 100 MG-125 MG TABLET; ORKAMBI 200 MG-125 MG TABLET[DL]	$0 (Tier 2)	PA,QL (112 per 28 days)
PERFOROMIST 20 MCG/2 ML, SOLUTION FOR NEBULIZATION[MO]	$0 (Tier 2)	PA,QL (120 per 30 days)
PULMOZYME 1 MG/ML, SOLUTION FOR INHALATION[DL]	$0 (Tier 2)	B vs D
sildenafil 10 mg/ml, oral susp[DL]	$0 (Tier 1)	PA,QL (180 per 30 days)
sildenafil 20 mg, tablet[MO]	$0 (Tier 1)	PA,QL (90 per 30 days)
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION, SOLUTION FOR INHALATION[MO]	$0 (Tier 2)	QL (4 per 28 days)
SPIRIVA WITH HANDIHALER 18 MCG, AND INHALATION CAPSULES[MO]	$0 (Tier 2)	QL (30 per 30 days)
STIOLTO RESPIMAT 2.5 MCG-2.5 MCG/ACTUATION SOLUTION FOR INHALATION[MO]	$0 (Tier 2)	QL (4 per 28 days)
STRIVERDI RESPIMAT 2.5 MCG/ACTUATION, SOLUTION FOR INHALATION[MO]	$0 (Tier 2)	QL (4 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER; SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER**MO**	$0 (Tier 2)	QL (10.2 per 30 days)
SYMJEPI 0.15 MG/0.3 ML, 0.3 MG/0.3 ML, INJECTION SYRINGE; SYMJEPI 0.15 MG/0.3 ML, 0.3 MG/0.3 ML, INJECTION SYRINGE (FOR 33 LB TO 66 LB PATIENTS)**MO**	$0 (Tier 2)	QL (4 per 30 days)
*tadalafil 20 mg, tablet***MO**	$0 (Tier 1)	PA,QL (60 per 30 days)
*theophylline er 100 mg, 200 mg, 300 mg, tab; theophylline er 100 mg, 200 mg, 300 mg, tablet***MO**	$0 (Tier 1)	
*theophylline er 400 mg, 600 mg, tablet***MO**	$0 (Tier 1)	
*theophylline er 450 mg, tab***MO**	$0 (Tier 1)	QL (30 per 30 days)
TOBI PODHALER 28 MG, CAPSULE WITH INHALATION DEVICE; TOBI PODHALER 28 MG, INHALE CAP**DL**	$0 (Tier 2)	PA,QL (224 per 28 days)
TRELEGY ELLIPTA 100 MCG-62.5 MCG-25 MCG POWDER FOR INHALATION; TRELEGY ELLIPTA 200 MCG-62.5 MCG-25 MCG POWDER FOR INHALATION**MO**	$0 (Tier 2)	QL (60 per 30 days)
TRIKAFTA 100-50-75 MG (D)/150 MG (N) TABLETS; TRIKAFTA 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N), TABLETS**DL**	$0 (Tier 2)	PA,QL (84 per 28 days)
VENTOLIN HFA 90 MCG/ACTUATION, AEROSOL INHALER**MO**	$0 (Tier 2)	QL (36 per 30 days)
*wixela inhub 100 mcg-50 mcg/dose powder for inhalation; wixela inhub 250 mcg-50 mcg/dose powder for inhalation; wixela inhub 500 mcg-50 mcg/dose powder for inhalation***MO**	$0 (Tier 1)	QL (60 per 30 days)
*zafirlukast 10 mg, 20 mg, tablet***MO**	$0 (Tier 1)	QL (60 per 30 days)

Skeletal Muscle Relaxants - Drugs used to relax muscles

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
*carisoprodol 350 mg, tablet***MO**	$0 (Tier 1)	QL (120 per 30 days)
*cyclobenzaprine 10 mg, 5 mg, tablet***MO**	$0 (Tier 1)	
*methocarbamol 500 mg, 750 mg, tablet***MO**	$0 (Tier 1)	
*vanadom 350 mg, tablet***MO**	$0 (Tier 1)	QL (120 per 30 days)

SLEEP DISORDER AGENTS – Drugs used to treat sleep conditions

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BELSOMRA 10 MG, TABLET**MO**	$0 (Tier 2)	QL (60 per 30 days)
BELSOMRA 15 MG, 20 MG, TABLET**MO**	$0 (Tier 2)	QL (30 per 30 days)
BELSOMRA 5 MG, TABLET**MO**	$0 (Tier 2)	QL (120 per 30 days)
HETLIOZ 20 MG, CAPSULE**DL**	$0 (Tier 2)	PA,QL (30 per 30 days)
HETLIOZ LQ 4 MG/ML, ORAL SUSPENSION**DL**	$0 (Tier 2)	PA,QL (158 per 30 days)
*modafinil 100 mg, 200 mg, tablet***MO**	$0 (Tier 1)	PA,QL (60 per 30 days)
*temazepam 15 mg, 30 mg, capsule***DL**	$0 (Tier 1)	QL (30 per 30 days)
XYREM 500 MG/ML, ORAL SOLUTION**DL**	$0 (Tier 2)	PA,QL (540 per 30 days)
*zolpidem tartrate 10 mg, 5 mg, tablet***MO**	$0 (Tier 1)	QL (30 per 30 days)

NON PART D DRUGS – Non-Part D Rx Drugs

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
cyanocobalamin 1,000 mcg/ml, vl(*)**MO**	$0 (Tier 3)	
vitamin d2 1.25mg(50,000 unit)(*)**MO**	$0 (Tier 3)	
FERAHEME 510 MG/17 ML (30 MG/ML), INTRAVENOUS SOLUTION(*)**MO**	$0 (Tier 3)	
FERRLECIT 62.5 MG/5 ML, INTRAVENOUS SOLUTION(*)**MO**	$0 (Tier 3)	
folic acid 1 mg, tablet(*)**MO**	$0 (Tier 3)	
folic acid 5 mg/ml, vial(*)**MO**	$0 (Tier 3)	
GALZIN 25 MG (ZINC), 50 MG (ZINC), CAPSULE(*)**MO**	$0 (Tier 3)	
hydroxocobalamin 1,000 mcg/ml,(*)**MO**	$0 (Tier 3)	
INFED 50 MG/ML, INJECTION SOLUTION(*)**MO**	$0 (Tier 3)	
INFUVITE PEDIATRIC 80 MG-400 UNIT-200 MCG/5 ML INTRAVENOUS SOLUTION(*)**MO**	$0 (Tier 3)	
INJECTAFER 50 MG IRON/ML INTRAVENOUS SOLUTION(*)**MO**	$0 (Tier 3)	
MEPHYTON 5 MG, TABLET(*)**MO**	$0 (Tier 3)	
NASCOBAL 500 MCG/SPRAY, NASAL SPRAY(*)**MO**	$0 (Tier 3)	
ORACIT 490 MG-640 MG/5 ML ORAL SOLUTION(*)**MO**	$0 (Tier 3)	
phytonadione 5 mg, tablet(*)**MO**	$0 (Tier 3)	
promethazine vc-codeine 6.25 mg-5 mg-10 mg/5 ml oral syrup(*)**MO**	$0 (Tier 3)	
promethazine-codeine syrup(*)**MO**	$0 (Tier 3)	
promethazine-pe-codeine syrup(*)**MO**	$0 (Tier 3)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
pyridoxine 100 mg/ml, vial(*)MO	$0 (Tier 3)	
sod fer gluc cplx 62.5 mg/5 ml,(*)MO	$0 (Tier 3)	
thiamine 200 mg/2 ml vial(*)MO	$0 (Tier 3)	
TRIFERIC 272 MG IRON, POWDER CONC. FOR HEMODIALYSIS(*)MO	$0 (Tier 3)	
VENOFER 100 MG IRON/5 ML, 200 MG IRON/10 ML, 50 MG IRON/2.5 ML, INTRAVENOUS SOLUTION(*)MO	$0 (Tier 3)	
vitamin d2 1,250 mcg (50,000 unit), capsule(*)MO	$0 (Tier 3)	
vitamin k1 10 mg/ml, injection solution(*)MO	$0 (Tier 3)	

OVER THE COUNTER DRUGS – 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 200 mg/5 gram (4 %), cream*MO	$0 (Tier 4)	
3-DAY VAGINAL 2 %, CREAMMO	$0 (Tier 4)	
*acetaminophen 120 mg, suppos*MO	$0 (Tier 4)	
*acetaminophen 160 mg/5 ml (5 ml), 325 mg/10.15 ml, 650 mg/20.3 ml,; acetaminophen 160 mg/5 ml sol*MO	$0 (Tier 4)	
*acetaminophen 325 mg, 500 mg, tablet*MO	$0 (Tier 4)	
*acetaminophen 650 mg/20.3 ml,*MO	$0 (Tier 4)	
*acid gone antacid 95 mg-358 mg/15 ml oral suspension*MO	$0 (Tier 4)	
*acid gone antacid extra strength 160 mg-105 mg chewable tablet*MO	$0 (Tier 4)	
*acid reducer (famotidine) 10 mg, tablet*MO	$0 (Tier 4)	
*cvs acid reducer 75 mg, tablet*MO	$0 (Tier 4)	
ACNE MEDICATION 10 %, 5 %, LOTIONMO	$0 (Tier 4)	
ACNE MEDICATION 10 %, 5 %, TOPICAL GELMO	$0 (Tier 4)	
*adult tussin chest congestion 100 mg/5 ml, oral liquid*MO	$0 (Tier 4)	
*adult tussin cough congestion dm 10 mg-100 mg/5 ml oral liquid*MO	$0 (Tier 4)	
*adult tussin dm 10 mg-100 mg/5 ml oral syrup*MO	$0 (Tier 4)	
*advanced antacid-antigas 200 mg-200 mg-20 mg/5 ml oral suspension*MO	$0 (Tier 4)	
AFTERA 1.5 MG, TABLETMO	$0 (Tier 4)	
*all day allergy (cetirizine) 1 mg/ml, oral solution*MO	$0 (Tier 4)	QL (300 per 30 days)
*all day allergy (cetirizine) 10 mg, tablet*MO	$0 (Tier 4)	
*all day pain relief 220 mg, tablet*MO	$0 (Tier 4)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
all day relief 220 mg, tablet[MO]	$0 (Tier 4)	
aller-g-time 25 mg, tablet[MO]	$0 (Tier 4)	
allergy (diphenhydramine) 25 mg, tablet[MO]	$0 (Tier 4)	
allergy relief (cetirizine) 10 mg, capsule[MO]	$0 (Tier 4)	
allergy relief (cetirizine) 10 mg, tablet[MO]	$0 (Tier 4)	
allergy relief (loratadine) 10 mg, tablet[MO]	$0 (Tier 4)	
allergy relief (loratadine) 5 mg/5 ml, oral solution[MO]	$0 (Tier 4)	
allergy relief (diphenhydramine) 25 mg, capsule[MO]	$0 (Tier 4)	
ALMACONE SUSPENSION[MO]	$0 (Tier 4)	
almacone-2 400 mg-400 mg-40 mg/5 ml oral suspension[MO]	$0 (Tier 4)	
ALOE VESTA PROTECTANT OINTMENT 43 %,[MO]	$0 (Tier 4)	
aluminum hydroxide gel[MO]	$0 (Tier 4)	
antacid 200 mg-200 mg-20 mg/5 ml oral suspension[MO]	$0 (Tier 4)	
antacid (calcium carbonate) 200 mg calcium (500 mg), 215 mg calcium (500 mg), chewable tablet[MO]	$0 (Tier 4)	
antacid extra strength (mag carb-al hyd) 160 mg-105 mg chewable tablet[MO]	$0 (Tier 4)	
antacid extra strength (calcium carb) 300 mg (750 mg), chewable tablet[MO]	$0 (Tier 4)	
antacid extra-strength 200 mg-200 mg-20 mg/5 ml oral suspension[MO]	$0 (Tier 4)	
antacid extra-strength 300 mg (750 mg), chewable tablet[MO]	$0 (Tier 4)	
antacid plus anti-gas 200 mg-200 mg-20 mg/5 ml oral suspension; antacid plus anti-gas 400 mg-400 mg-40 mg/5 ml oral suspension[MO]	$0 (Tier 4)	
antacid regular strength 200 mg-200 mg-20 mg/5 ml oral suspension[MO]	$0 (Tier 4)	
antacid-antigas 200 mg-200 mg-20 mg/5 ml oral suspension; antacid-antigas 400 mg-400 mg-40 mg/5 ml oral suspension[MO]	$0 (Tier 4)	
anti-diarrheal (loperamide) 2 mg, capsule[MO]	$0 (Tier 4)	
anti-diarrheal (loperamide) 2 mg, tablet[MO]	$0 (Tier 4)	
anti-itch (hydrocortisone) 1 %, topical cream[MO]	$0 (Tier 4)	QL (240 per 30 days)
antibiotic (bacitracin zinc) 500 unit/gram, topical ointment[MO]	$0 (Tier 4)	
antifungal cream (miconazole) 2 %, topical[MO]	$0 (Tier 4)	
ANTISEPTIC SKIN CLEANSER (CHLORHEXIDINE) 4 %, LIQUID[MO]	$0 (Tier 4)	
arthritis pain relief (capsaicin) 0.075 %, topical cream[MO]	$0 (Tier 4)	
ARTIFICIAL TEARS (PETROLATUM/MINERAL OIL) 83 %-15 % EYE OINTMENT[MO]	$0 (Tier 4)	
ARTIFICIAL TEARS (POLYVINYL ALCOHOL) 1.4 %, EYE DROPS[MO]	$0 (Tier 4)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
artificial tears (polyvinyl alcohol/povidone) 0.5 %-0.6 % eye drops[MO]	$0 (Tier 4)	
aspir-low ec 81 mg, tablet[MO]	$0 (Tier 4)	
aspirin 325 mg, tablet; aspirin ec 325 mg, tablet[MO]	$0 (Tier 4)	
aspirin 81 mg, chewable tablet[MO]	$0 (Tier 4)	
aspirin ec 81 mg, tablet[MO]	$0 (Tier 4)	
athlete's foot (clotrimazole) 1 %, topical cream[MO]	$0 (Tier 4)	
bacitracin 500 unit/gm ointmnt[MO]	$0 (Tier 4)	
bacitracin zn 500 unit/gm oint[MO]	$0 (Tier 4)	
banophen 25 mg, 50 mg, capsule[MO]	$0 (Tier 4)	
banophen 25 mg, tablet[MO]	$0 (Tier 4)	
benzoyl peroxide 10% gel; benzoyl peroxide 2.5% gel; benzoyl peroxide 5% gel[MO]	$0 (Tier 4)	
BETADINE 10 %, TOPICAL SOLUTION[MO]	$0 (Tier 4)	
BETADINE 5 %, TOPICAL SPRAY[MO]	$0 (Tier 4)	
BETADINE SURGICAL SCRUB 7.5 %, TOPICAL SOLUTION[MO]	$0 (Tier 4)	
BETADINE SWABSTICKS 10 %,[MO]	$0 (Tier 4)	
BETASEPT SURGICAL SCRUB 4 %, TOPICAL LIQUID[MO]	$0 (Tier 4)	
bisacodyl 10 mg, suppository[MO]	$0 (Tier 4)	
bisacodyl ec 5 mg, tablet[MO]	$0 (Tier 4)	
bismatrol 262 mg, chewable tablet[MO]	$0 (Tier 4)	
bismatrol 262 mg/15 ml, 525 mg/15 ml, susp; bismatrol 525 mg/30 ml susp[MO]	$0 (Tier 4)	
cal-gest antacid 200 mg calcium (500 mg), chewable tablet[MO]	$0 (Tier 4)	
calcium antacid 200 mg calcium (500 mg), 300 mg (750 mg), 320 mg calcium (750 mg), chewable tablet[MO]	$0 (Tier 4)	
calcium carb 1,250 mg/5 ml sus[MO]	$0 (Tier 4)	
calcium 500 mg-vit d3 5 mcg tb[MO]	$0 (Tier 4)	
capsaicin 0.025% cream[MO]	$0 (Tier 4)	
cetirizine hcl 1 mg/ml, soln[MO]	$0 (Tier 4)	QL (300 per 30 days)
cetirizine hcl 10 mg, 5 mg, chew tab[MO]	$0 (Tier 4)	
cetirizine hcl 10 mg, 5 mg, tablet[MO]	$0 (Tier 4)	
cetirizine hcl 5 mg/5 ml, soln[MO]	$0 (Tier 4)	
children's allergy relief (cetirizine) 1 mg/ml, oral solution[MO]	$0 (Tier 4)	QL (300 per 30 days)
child mucus relief expectorant 100 mg/5 ml, oral liquid[MO]	$0 (Tier 4)	
children's all day allergy (cetirizine) 1 mg/ml, oral solution[MO]	$0 (Tier 4)	QL (300 per 30 days)

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
children's acetaminophen 160 mg/5 ml, 160 mg/5 ml (5 ml), oral suspension[MO]	$0 (Tier 4)	
children's acetaminophen 160 mg/5 ml, oral liquid[MO]	$0 (Tier 4)	
children's allergy (diphenhydramine) 12.5 mg, chewable tablet[MO]	$0 (Tier 4)	
children's allergy (diphenhydramine) 12.5 mg/5 ml, oral liquid[MO]	$0 (Tier 4)	
children's allergy (cetirizine) 1 mg/ml, oral solution[MO]	$0 (Tier 4)	QL (300 per 30 days)
children's cetirizine 1 mg/ml, oral solution[MO]	$0 (Tier 4)	QL (300 per 30 days)
children's cetirizine 10 mg, 5 mg, chewable tablet[MO]	$0 (Tier 4)	
children's diphenhydramine 12.5 mg/5 ml, oral liquid[MO]	$0 (Tier 4)	
children's loratadine 5 mg, chewable tablet[MO]	$0 (Tier 4)	
children's mapap 80 mg, chewable tablet[MO]	$0 (Tier 4)	
children's pain relief 160 mg/5 ml, oral suspension[MO]	$0 (Tier 4)	
children's pain and fever relief 160 mg/5 ml, oral suspension[MO]	$0 (Tier 4)	
citrucel 500 mg, tablet[MO]	$0 (Tier 4)	
CITRUCEL (SUCROSE) ORAL POWDER[MO]	$0 (Tier 4)	
CITRUCEL SUGAR FREE ORAL POWDER[MO]	$0 (Tier 4)	
clearlax 17 gram, 17 gram/dose, oral powder; clearlax 17 gram, 17 gram/dose, oral powder packet[MO]	$0 (Tier 4)	
clotrimazole 1% topical cream[MO]	$0 (Tier 4)	
clotrimazole 1% vaginal cream[MO]	$0 (Tier 4)	
clotrimazole-3 2 %, vaginal cream[MO]	$0 (Tier 4)	
COLACE 100 MG, CAPSULE[MO]	$0 (Tier 4)	
COLACE 2-IN-1 8.6 MG-50 MG TABLET[MO]	$0 (Tier 4)	
COLACE CLEAR 50 MG, CAPSULE[MO]	$0 (Tier 4)	
complete allergy 25 mg, capsule[MO]	$0 (Tier 4)	
complete allergy medicine 25 mg, capsule[MO]	$0 (Tier 4)	
cough syrup dm 10 mg-100 mg/5 ml[MO]	$0 (Tier 4)	
guaifenesin dm syrup[MO]	$0 (Tier 4)	
guaifenesin-dm 200-20 mg/10 ml[MO]	$0 (Tier 4)	
diabetic siltussin-dm max str 10 mg-200 mg/5 ml oral liquid[MO]	$0 (Tier 4)	
dibucaine 1% ointment[MO]	$0 (Tier 4)	
DIFFERIN 0.1 %, TOPICAL GEL[MO]	$0 (Tier 4)	QL (45 per 30 days)
diphedryl 12.5 mg/5 ml, oral liquid[MO]	$0 (Tier 4)	
DIPHENHIST 25 MG, CAPSULE[MO]	$0 (Tier 4)	
diphenhydramine 25 mg, 50 mg, capsule[MO]	$0 (Tier 4)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
diphenhydramine 25 mg, caplet[MO]	$0 (Tier 4)	
diphenhydramine 25 mg/10 ml[MO]	$0 (Tier 4)	
diphenhydramine 6.25 mg/ml, drp[MO]	$0 (Tier 4)	
docu 50 mg/5 ml, oral liquid[MO]	$0 (Tier 4)	
docusate sodium 100 mg, 250 mg, softgel[MO]	$0 (Tier 4)	
docusate sodium 50 mg/5 ml, liq[MO]	$0 (Tier 4)	
docusate sodium mini enema[MO]	$0 (Tier 4)	
docusil 100 mg, softgel[MO]	$0 (Tier 4)	
docusol 283 mg, enema[MO]	$0 (Tier 4)	
DOCUSOL KIDS 100 MG/5 ML, ENEMA[MO]	$0 (Tier 4)	
DOCUSOL PLUS 283 MG-20 MG/5 ML ENEMA[MO]	$0 (Tier 4)	
DOK 100 MG, 250 MG, CAPSULE; DOK 100 MG, 250 MG, SOFTGEL[MO]	$0 (Tier 4)	
dok 100 mg, tablet[MO]	$0 (Tier 4)	
dok plus tablet[MO]	$0 (Tier 4)	
double antibiotic (bacitrcn zn) 500 unit-10,000 unit/gram top ointment[MO]	$0 (Tier 4)	
driminate 50 mg, tablet[MO]	$0 (Tier 4)	
ducodyl ec 5 mg, tablet[MO]	$0 (Tier 4)	
ear drops (carbamide peroxide) 6.5 %,[MO]	$0 (Tier 4)	
ear wax removal drops 6.5 %,[MO]	$0 (Tier 4)	
ear wax removal kit 6.5 %, drops[MO]	$0 (Tier 4)	
econtra ez 1.5 mg, tablet[MO]	$0 (Tier 4)	
econtra one-step 1.5 mg, tablet[MO]	$0 (Tier 4)	
ed-apap 160 mg/5 ml, oral liquid[MO]	$0 (Tier 4)	
enema 19 gram-7 gram/118 ml[MO]	$0 (Tier 4)	
enema disposable 19 gram-7 gram/118 ml[MO]	$0 (Tier 4)	
ENEMEEZ 283 MG/5 ML, ENEMA[MO]	$0 (Tier 4)	
ENEMEEZ PLUS 283 MG-20 MG/5 ML ENEMA[MO]	$0 (Tier 4)	
ergocalciferol 8,000 unit/ml[MO]	$0 (Tier 4)	
EXCEDRIN EXTRA STRENGTH 250 MG-250 MG-65 MG TABLET[MO]	$0 (Tier 4)	
EXCEDRIN MIGRAINE 250 MG-250 MG-65 MG TABLET[MO]	$0 (Tier 4)	
famotidine 10 mg, tablet[MO]	$0 (Tier 4)	
ferosul 325 mg (65 mg iron), tablet[MO]	$0 (Tier 4)	
ferrous sulf ec 324 mg tablet; ferrous sulf ec 325 mg tablet; iron 65 mg tablet[MO]	$0 (Tier 4)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FEVERALL 120 MG, 325 MG, 80 MG, RECTAL SUPPOSITORY**MO**	$0 (Tier 4)	
*fiber (calcium polycarbophil) 625 mg, tablet***MO**	$0 (Tier 4)	
*fiber laxative (calcium polycarbophil) 625 mg, tablet***MO**	$0 (Tier 4)	
FIBER THERAPY (METHYLCELLULOSE-SUGAR) 2 GRAM/19 GRAM, ORAL POWDER**MO**	$0 (Tier 4)	
*fiber therapy (methylcellulose) 500 mg, tablet***MO**	$0 (Tier 4)	
*fiber-lax 625 mg, tablet***MO**	$0 (Tier 4)	
FLEET ENEMA 19 GRAM-7 GRAM/118 ML**MO**	$0 (Tier 4)	
*fleet glycerin (adult) rectal suppository***MO**	$0 (Tier 4)	
*fleet glycerin (child) rectal suppository***MO**	$0 (Tier 4)	
FLEET GLYCERIN LAXATIVE 5.4 GRAM/5.4 ML, RECTAL SOLUTION**MO**	$0 (Tier 4)	
FLEET PEDIATRIC 9.5 GRAM-3.5 GRAM/59 ML ENEMA**MO**	$0 (Tier 4)	
*formula em solution***MO**	$0 (Tier 4)	
*gavilax 17 gram/dose, oral powder***MO**	$0 (Tier 4)	
GAVISCON 80 MG-14.2 MG CHEWABLE TABLET**MO**	$0 (Tier 4)	
GAVISCON 95 MG-358 MG/15 ML ORAL SUSPENSION**MO**	$0 (Tier 4)	
GAVISCON EXTRA STRENGTH 160 MG-105 MG CHEWABLE TABLET**MO**	$0 (Tier 4)	
GAVISCON EXTRA STRENGTH 254 MG-237.5 MG/5 ML ORAL SUSPENSION**MO**	$0 (Tier 4)	
*gentle laxative (bisacodyl) 10 mg, rectal suppository***MO**	$0 (Tier 4)	
*gentle laxative (bisacodyl) 5 mg, tablet,delayed release***MO**	$0 (Tier 4)	
*glutose-15 40 %, oral gel***MO**	$0 (Tier 4)	
*guaifenesin 200 mg/10 ml soln***MO**	$0 (Tier 4)	
*headache relief (asa-acetaminophn-caffeine) 250 mg-250 mg-65 mg tablet***MO**	$0 (Tier 4)	
*heartburn relief (famotidine) 10 mg, tablet***MO**	$0 (Tier 4)	
*hydrocortisone 0.5% cream***MO**	$0 (Tier 4)	
*hydrocortisone 1% cream; hydrocortisone 2.5% cream***MO**	$0 (Tier 4)	QL (240 per 30 days)
*hydrocortisone 1% ointment; hydrocortisone 2.5% ointment***MO**	$0 (Tier 4)	QL (240 per 30 days)
*gnp hydrocort acetate 1% cr; hydrocortisone 0.5% cream***MO**	$0 (Tier 4)	
*hydrocortisone-aloe 1% cream***MO**	$0 (Tier 4)	
*ibu-200 200 mg, tablet***MO**	$0 (Tier 4)	
*ibuprofen 200 mg, tablet***MO**	$0 (Tier 4)	
*ibuprofen ib 200 mg, tablet***MO**	$0 (Tier 4)	
*infant pain reliever 160 mg/5 ml, oral suspension***MO**	$0 (Tier 4)	
*infant's acetaminophen 160 mg/5 ml, oral suspension***MO**	$0 (Tier 4)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
*infants' pain and fever 160 mg/5 ml, oral suspension*MO	$0 (Tier 4)	
*infants' pain relief 160 mg/5 ml, oral suspension*MO	$0 (Tier 4)	
*kao-tin 240 mg, softgel*MO	$0 (Tier 4)	
*konsyl (sugar) 3.4 gram, 3.4 gram/12 gram, oral powder; konsyl (sugar) 3.4 gram, 3.4 gram/12 gram, oral powder packet*MO	$0 (Tier 4)	
KONSYL FORMULA-D 3.4 GRAM/6.5 GRAM ORAL POWDERMO	$0 (Tier 4)	
KONSYL SUGAR-FREE 6 GRAM, 6 GRAM/6 GRAM, ORAL POWDER; KONSYL SUGAR-FREE 6 GRAM, 6 GRAM/6 GRAM, ORAL POWDER PACKETMO	$0 (Tier 4)	
*lamisil at 1 %, topical cream*MO	$0 (Tier 4)	
*laxative (bisacodyl) 5 mg, tablet,delayed release*MO	$0 (Tier 4)	
*levonorgestrel 1.5 mg, tablet*MO	$0 (Tier 4)	
*lice killing 0.33 %-4 % shampoo*MO	$0 (Tier 4)	
*lice treatment 0.33 %-4 % shampoo*MO	$0 (Tier 4)	
*lice treatment 1 %, topical liquid*MO	$0 (Tier 4)	
*lice treatment (permethrin) 1 %, topical liquid*MO	$0 (Tier 4)	
*lidocaine 4% cream*MO	$0 (Tier 4)	
*lidocaine anorectal 5% cream*MO	$0 (Tier 4)	
*loperamide 1 mg/7.5 ml, susp*MO	$0 (Tier 4)	
*loperamide 2 mg, capsule*MO	$0 (Tier 4)	
*loratadine 10 mg, odt; loratadine 10 mg, tablet*MO	$0 (Tier 4)	
*loratadine 5 mg/5 ml, syrup*MO	$0 (Tier 4)	
*lubricant eye 57.3 %-42.5 % ointment*MO	$0 (Tier 4)	
*lubricant eye (pg-peg 400) 0.4 %-0.3 % drops*MO	$0 (Tier 4)	
*lubrifresh pm 83 %-15 % eye ointment*MO	$0 (Tier 4)	
*m-dryl 12.5 mg/5 ml, oral liquid*MO	$0 (Tier 4)	
*m-pap 160 mg/5 ml, oral liquid*MO	$0 (Tier 4)	
MAG-AL PLUS 200 MG-200 MG-20 MG/5 ML ORAL SUSPENSIONMO	$0 (Tier 4)	
*mag-al plus extra strength 400 mg-400 mg-40 mg/5 ml oral suspension*MO	$0 (Tier 4)	
MAGNEBIND 300 250 MG-300 MG TABLETMO	$0 (Tier 4)	
*milk of magnesia concentrated; sm milk of magnesia suspension*MO	$0 (Tier 4)	
*magnesium oxide 400 mg (241.3 mg magnesium), 420 mg, tablet; magnesium oxide 400 mg tablet*MO	$0 (Tier 4)	
*mapap (acetaminophen) 325 mg, tablet*MO	$0 (Tier 4)	
*meclizine 12.5 mg, 25 mg, tablet*MO	$0 (Tier 4)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
meclizine 25 mg, tablet chew[MO]	$0 (Tier 4)	
mi acid suspension; mi-acid max strength liquid[MO]	$0 (Tier 4)	
miconazole 1 combination pack[MO]	$0 (Tier 4)	
miconazole 2% topical cream; miconazole 2% vaginal cream[MO]	$0 (Tier 4)	
miconazole-3 200 mg-2 % (9 gram) vaginal kit[MO]	$0 (Tier 4)	
miconazole-3 200 mg/5 gram (4 %), vaginal cream[MO]	$0 (Tier 4)	
miconazole-3 4 % (200 mg)-2 % (9 gram) vaginal pack,prefil appl, cream[MO]	$0 (Tier 4)	
miconazole-7 100 mg, vaginal suppository[MO]	$0 (Tier 4)	
miconazole-7 2 %, vaginal cream[MO]	$0 (Tier 4)	
migraine formula 250 mg-250 mg-65 mg tablet[MO]	$0 (Tier 4)	
migraine relief 250 mg-250 mg-65 mg tablet[MO]	$0 (Tier 4)	
milk of magnesia 400 mg/5 ml, oral suspension[MO]	$0 (Tier 4)	
milk of magnesia concentrated 2,400 mg/10 ml, oral suspension[MO]	$0 (Tier 4)	
mintox 200 mg-200 mg-20 mg/5 ml oral suspension[MO]	$0 (Tier 4)	
mintox maximum strength 400 mg-400 mg-40 mg/5 ml oral suspension[MO]	$0 (Tier 4)	
mintox plus 200 mg-200 mg-25 mg chewable tablet[MO]	$0 (Tier 4)	
hm motion relief 25 mg, tablet[MO]	$0 (Tier 4)	
motion sickness (meclizine) 25 mg, tablet[MO]	$0 (Tier 4)	
motion sickness relief 50 mg, tablet[MO]	$0 (Tier 4)	
motion sickness relief (meclizine) 25 mg, tablet[MO]	$0 (Tier 4)	
motion-time 25 mg, chewable tablet[MO]	$0 (Tier 4)	
MUCUS-CHEST CONGESTION 100 MG/5 ML, ORAL LIQUID[MO]	$0 (Tier 4)	
muro 128 2 %, eye drops[MO]	$0 (Tier 4)	
MURO 128 5 %, EYE DROPS[MO]	$0 (Tier 4)	
MURO 128 5 %, EYE OINTMENT[MO]	$0 (Tier 4)	
my choice 1.5 mg, tablet[MO]	$0 (Tier 4)	
my way 1.5 mg, tablet[MO]	$0 (Tier 4)	
naproxen sodium 220 mg, caplet[MO]	$0 (Tier 4)	
nasal decongestant (pseudoephedrine) 30 mg, tablet[MO]	$0 (Tier 4)	
natura-lax 17 gram/dose, oral powder[MO]	$0 (Tier 4)	
natural fiber laxative (sugar) 3.4 gram/7 gram, oral powder[MO]	$0 (Tier 4)	
natural fiber lax powder[MO]	$0 (Tier 4)	
natural vegetable laxative (sennosides) 8.6 mg, tablet[MO]	$0 (Tier 4)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
nausea relief oral solution[MO]	$0 (Tier 4)	
new day 1.5 mg, tablet[MO]	$0 (Tier 4)	
NICODERM CQ 14 MG/24 HR, 21 MG/24 HR, 7 MG/24 HR, DAILY TRANSDERMAL PATCH[MO]	$0 (Tier 4)	
NICORETTE 2 MG, 4 MG, BUCCAL LOZENGE; NICORETTE 2 MG, 4 MG, BUCCAL MINI LOZENGE[MO]	$0 (Tier 4)	
NICORETTE 2 MG, 4 MG, GUM[MO]	$0 (Tier 4)	
nicotine 14 mg/24hr patch; nicotine 21 mg/24hr patch; nicotine 7 mg/24hr patch[MO]	$0 (Tier 4)	
nicotine transdermal system[MO]	$0 (Tier 4)	
nicotine 2 mg, 4 mg, chewing gum[MO]	$0 (Tier 4)	
nicotine 2 mg, 4 mg, lozenge; nicotine 2 mg, 4 mg, mini lozenge[MO]	$0 (Tier 4)	
non-aspirin pain relief 500 mg, tablet[MO]	$0 (Tier 4)	
opcicon one-step 1.5 mg, tablet[MO]	$0 (Tier 4)	
option-2 1.5 mg, tablet[MO]	$0 (Tier 4)	
PAIN & FEVER 325 MG, TABLET[MO]	$0 (Tier 4)	
pain relief (acetaminophen) 325 mg, 500 mg, tablet[MO]	$0 (Tier 4)	
pain relief extra strength 500 mg, tablet[MO]	$0 (Tier 4)	
pain reliever extra strength 500 mg, tablet[MO]	$0 (Tier 4)	
pain reliever plus 250 mg-250 mg-65 mg tablet[MO]	$0 (Tier 4)	
PEDIA-LAX 2.8 GRAM/2.7 ML, RECTAL SOLUTION[MO]	$0 (Tier 4)	
pedia-lax stool softener 50 mg/15 ml, oral syrup[MO]	$0 (Tier 4)	
PEDIACLEAR COUGH 6.25 MG/ML, ORAL DROPS[MO]	$0 (Tier 4)	
peptic relief 262 mg, chew tab[MO]	$0 (Tier 4)	
pharbedryl 25 mg, 50 mg, capsule[MO]	$0 (Tier 4)	
pharbetol 325 mg, 500 mg, tablet[MO]	$0 (Tier 4)	
pink bismuth 262 mg, chewable tablet[MO]	$0 (Tier 4)	
pink bismuth 262 mg, tablet[MO]	$0 (Tier 4)	
PLAN B ONE-STEP 1.5 MG, TABLET[MO]	$0 (Tier 4)	
polyethylene glycol 3350 powd[MO]	$0 (Tier 4)	
povidone-iodine 10% ointment[MO]	$0 (Tier 4)	
qc povidone-iodine 10% soln[MO]	$0 (Tier 4)	
pramoxine hcl 1% foam[MO]	$0 (Tier 4)	
PROCTOFOAM 1 %, TOPICAL[MO]	$0 (Tier 4)	
PROSHIELD PLUS 1 %, TOPICAL OINTMENT[MO]	$0 (Tier 4)	
pseudoephedrine 30 mg, tablet[MO]	$0 (Tier 4)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ranitidine 75 mg, tablet[MO]	$0 (Tier 4)	
ready-to-use enema 19 gram-7 gram/118 ml[MO]	$0 (Tier 4)	
reese's pinworm medicine 50 mg/ml, oral suspension[MO]	$0 (Tier 4)	
REFRESH CLASSIC (PF) 1.4 %-0.6 % EYE DROPS IN A DROPPERETTE[MO]	$0 (Tier 4)	
REFRESH LACRI-LUBE 56.8 %-42.5 % EYE OINTMENT[MO]	$0 (Tier 4)	
REFRESH P.M. 57.3 %-42.5 % EYE OINTMENT[MO]	$0 (Tier 4)	
REGULOID 3.4 G/12 G POWDER[MO]	$0 (Tier 4)	
reguloid 3.4 g/7 g powder[MO]	$0 (Tier 4)	
reguloid laxative powder[MO]	$0 (Tier 4)	
renal caps 1 mg, capsule[MO]	$0 (Tier 4)	
reno caps 1 mg, capsule[MO]	$0 (Tier 4)	
robafen 100 mg/5 ml, oral liquid[MO]	$0 (Tier 4)	
robafen dm cough 10 mg-100 mg/5 ml oral liquid[MO]	$0 (Tier 4)	
robafen dm cough-chest congestion 10 mg-100 mg/5 ml oral syrup[MO]	$0 (Tier 4)	
senexon-s 8.6 mg-50 mg tablet[MO]	$0 (Tier 4)	
senna 8.6 mg, tablet[MO]	$0 (Tier 4)	
senna 8.8 mg/5 ml, oral syrup[MO]	$0 (Tier 4)	
senna lax 8.6 mg, tablet[MO]	$0 (Tier 4)	
senna laxative 8.6 mg, tablet[MO]	$0 (Tier 4)	
senna plus 8.6 mg-50 mg tablet[MO]	$0 (Tier 4)	
senna-s 8.6 mg-50 mg tablet[MO]	$0 (Tier 4)	
senna-time s 8.6 mg-50 mg tablet[MO]	$0 (Tier 4)	
sennosides-docusate sodium tab[MO]	$0 (Tier 4)	
SENOKOT 8.6 MG, TABLET[MO]	$0 (Tier 4)	
SENOKOT EXTRA STRENGTH 17.2 MG, TABLET[MO]	$0 (Tier 4)	
SENOKOT-S 8.6 MG-50 MG TABLET[MO]	$0 (Tier 4)	
SILACE 50 MG/5 ML, ORAL LIQUID[MO]	$0 (Tier 4)	
SILACE 60 MG/15 ML, ORAL SYRUP[MO]	$0 (Tier 4)	
siladryl sa 12.5 mg/5 ml, oral liquid[MO]	$0 (Tier 4)	
silapap 160 mg/5 ml, oral liquid[MO]	$0 (Tier 4)	
siltussin dm das 10 mg-100 mg/5 ml oral liquid[MO]	$0 (Tier 4)	
siltussin sa 100 mg/5 ml, oral liquid[MO]	$0 (Tier 4)	
siltussin-dm 10 mg-100 mg/5 ml oral syrup[MO]	$0 (Tier 4)	
sodium bicarb 325 mg, 650 mg, tablet[MO]	$0 (Tier 4)	
SODIUM BICARBONATE POWDER[MO]	$0 (Tier 4)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
cvs sodium chloride 5% eye drp[MO]	$0 (Tier 4)	
cvs sodium chloride 5% oint[MO]	$0 (Tier 4)	
sod citrate-citric acid soln[MO]	$0 (Tier 4)	
SORBITOL 70% SOLUTION[MO]	$0 (Tier 4)	
stomach relief 262 mg, chewable tablet[MO]	$0 (Tier 4)	
stomach relief 262 mg/15 ml, oral suspension[MO]	$0 (Tier 4)	
stomach relief max strength 525 mg/15 ml, oral suspension[MO]	$0 (Tier 4)	
stomach relief original 262 mg/15 ml, oral suspension[MO]	$0 (Tier 4)	
stool softener 100 mg, 250 mg, capsule[MO]	$0 (Tier 4)	
stool softener 60 mg/15 ml, oral syrup[MO]	$0 (Tier 4)	
stool softener (docusate calcium) 240 mg, capsule[MO]	$0 (Tier 4)	
stool softener-laxative 8.6 mg-50 mg tablet[MO]	$0 (Tier 4)	
stool softener-stimulant laxative 8.6 mg-50 mg tablet[MO]	$0 (Tier 4)	
sudogest 30 mg, tablet[MO]	$0 (Tier 4)	
suphedrin 30 mg, tablet[MO]	$0 (Tier 4)	
swim ear 95 %-5 % drops[MO]	$0 (Tier 4)	
TAKE ACTION 1.5 MG, TABLET[MO]	$0 (Tier 4)	
terbinafine 1% cream[MO]	$0 (Tier 4)	
sm tioconazole-1 6.5% ointment[MO]	$0 (Tier 4)	
travel sickness 50 mg, tablet[MO]	$0 (Tier 4)	
TRAVEL SICKNESS 25 MG, TAB CHEW[MO]	$0 (Tier 4)	
tri-buffered aspirin 325 mg, tablet[MO]	$0 (Tier 4)	
triphrocaps 1 mg, capsule[MO]	$0 (Tier 4)	
TRIPLE ANTIBIOTIC 3.5 MG-400 UNIT-5,000 UNIT TOPICAL OINTMENT PACKET[MO]	$0 (Tier 4)	
triple antibiotic 3.5 mg-400 unit-5,000 unit/gram topical ointment[MO]	$0 (Tier 4)	
triple antibiotic plus 3.5 mg-500 unit-10,000 unit/gram top ointment[MO]	$0 (Tier 4)	
TUMS 200 MG CALCIUM (500 MG), 300 MG (750 MG), CHEWABLE TABLET[MO]	$0 (Tier 4)	
TUMS E-X 300 MG (750 MG), CHEWABLE TABLET[MO]	$0 (Tier 4)	
TUMS EXTRA STRENGTH SMOOTHIES 300 MG (750 MG), CHEWABLE TABLET[MO]	$0 (Tier 4)	
tusnel diabetic 10 mg-100 mg/5 ml oral liquid[MO]	$0 (Tier 4)	
tussin dm 10 mg-100 mg/5 ml oral liquid[MO]	$0 (Tier 4)	
tussin dm 10 mg-100 mg/5 ml oral syrup[MO]	$0 (Tier 4)	
tussin dm clear 10 mg-100 mg/5 ml oral syrup[MO]	$0 (Tier 4)	

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
tussin dm cough and chest 10 mg-100 mg/5 ml oral syrup[MO]	$0 (Tier 4)	
tussin dm max 10 mg-200 mg/5 ml oral liquid[MO]	$0 (Tier 4)	
tussin mucus-chest congestion 100 mg/5 ml, oral liquid[MO]	$0 (Tier 4)	
VANAMINE PD 6.25 MG/ML, DROPS[MO]	$0 (Tier 4)	
virt-caps 1 mg, capsule[MO]	$0 (Tier 4)	
gnp vitamin a and d ointment[MO]	$0 (Tier 4)	
women's gentle laxative (bisacodyl) 5 mg, tablet,delayed release[MO]	$0 (Tier 4)	

D. Index of Drugs

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C

You can find information on what the symbols and abbreviations on this table mean by going to page 13. **If you have questions,** please call Humana Gold Plus Integrated (Medicare-Medicaid Plan) at 1-800-787-3311 (TTY: 711), 8 a.m. to 8 p.m., Monday through Friday, Central time. The call is free. **For more information**, visit **Humana.com**.

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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, heart-related conditions. That is where you will find drugs that treat heart conditions.

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  - Qualified interpreters
  - Information written in other languages

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You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800–368–1019, 800-537-7697 (TDD)
Complaint forms are available at **http://www.hhs.gov/ocr/office/file/index.html**

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Notes

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PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN. THIS FORMULARY WAS UPDATED ON 12/03/2021. FOR MORE RECENT INFORMATION OR OTHER QUESTIONS, CONTACT US AT 1-800-787-3311 (TTY: 711), 8 A.M. to 8 P.M., MONDAY THROUGH FRIDAY, CENTRAL TIME. THIS CALL IS FREE.

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