

2023

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 07/11/2023. 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) | 2023 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*.

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A. Disclaimers

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

- Humana Gold Plus Integrated 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.



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/IllinoisGoldPlusIntegrated](https://www.humana.com/IllinoisGoldPlusIntegrated).

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 (refer to question #B5 below).

You can also find an up-to-date list of drugs that we cover on our website at **Humana.com/IllinoisGoldPlusIntegrated** 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 authorization (PA) or 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, refer to 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/IllinoisGoldPlusIntegrated**.
- 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 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 refer to 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, refer to 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 authorization (PA) or approval:** For some drugs, you or your doctor or other prescriber must get PA 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/IllinoisGoldPlusIntegrated**. 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 refer to question B10-B12 for more information about exceptions.

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

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

B6. What happens if Humana Gold Plus Integrated changes their rules about some drugs(for example, PA or approval, quantity limits, and/or step therapy restrictions)?

In some cases, we will tell you in advance if we add or change PA, quantity limits, and/or step therapy restrictions on a drug. Refer to 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 I find a drug on the Drug List?

There are two ways to find a drug:

- You can search alphabetically by the drug's name, **or**
- You can search by medical condition.

To search **alphabetically**, go to the Alphabetical Listing section. You can find it by beginning on page 121.

To search **by medical condition**, find the section labeled "Drugs Grouped by medical condition" on page 157. 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 I want to take is not on the Drug List?

If you don't find 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 refer to question B11 for more information about exceptions.

B9. What if I am a new Humana Gold Plus Integrated member and can't find my drug on the Drug List or have a problem getting my 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 PA 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 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, **Humana.com/IllinoisGoldPlusIntegrated**.

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 I ask for an exception to cover my 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 I 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.



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/IllinoisGoldPlusIntegrated**.

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

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

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.

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, **Humana.com/IllinoisGoldPlusIntegrated**.

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 find out 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 my 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 121. 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. For more information on Extra Help, please refer to the call-out box below.

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.

LA = Limited Access; The health plan has authorized certain pharmacies to dispense this medicine, as it requires extra handling, doctor coordination or patient education. Please call the number on the back of your ID card for additional information.

ANALGESICS - Drugs used to treat pain

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
acetaminophen-codeine 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml SOLUTION ^{DL}	\$0 (Tier 1)	QL(2700 per 30 days)
acetaminophen-codeine 300-15 mg TABLET ^{DL}	\$0 (Tier 1)	QL(390 per 30 days)
acetaminophen-codeine 300-30 mg TABLET ^{DL}	\$0 (Tier 1)	QL(360 per 30 days)
acetaminophen-codeine 300-60 mg TABLET ^{DL}	\$0 (Tier 1)	QL(180 per 30 days)
buprenorphine 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour PATCH, WEEKLY ^{DL}	\$0 (Tier 1)	QL(4 per 28 days)
diclofenac sodium 1 % GEL ^{MO}	\$0 (Tier 1)	QL(1000 per 30 days)
diclofenac sodium 100 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	
diclofenac sodium 25 mg, 50 mg TABLET, DR/EC ^{MO}	\$0 (Tier 1)	
diclofenac sodium 75 mg TABLET, DR/EC ^{MO}	\$0 (Tier 1)	
ec-naproxen 500 mg TABLET, DR/EC ^{MO}	\$0 (Tier 1)	
endocet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 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. 72 HR. ^{DL}	\$0 (Tier 1)	QL(20 per 30 days)
fentanyl citrate 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg LOZENGE ^{DL}	\$0 (Tier 1)	PA,QL(120 per 30 days)
fentanyl citrate (pf) 50 mcg/ml SOLUTION ^{DL}	\$0 (Tier 1)	BvsD,QL(720 per 30 days)
flurbiprofen 100 mg TABLET ^{MO}	\$0 (Tier 1)	
hydrocodone-acetaminophen 10-300 mg, 5-300 mg, 7.5-300 mg TABLET ^{DL}	\$0 (Tier 1)	QL(390 per 30 days)
hydrocodone-acetaminophen 10-325 mg, 5-325 mg, 7.5-325 mg TABLET ^{DL}	\$0 (Tier 1)	QL(360 per 30 days)
hydrocodone-acetaminophen 10-325 mg/15 ml(15 ml) SOLUTION ^{DL}	\$0 (Tier 1)	QL(2700 per 30 days)
hydrocodone-acetaminophen 2.5-325 mg TABLET ^{DL}	\$0 (Tier 1)	QL(360 per 30 days)
hydrocodone-acetaminophen 7.5-325 mg/15 ml SOLUTION ^{DL}	\$0 (Tier 1)	QL(5520 per 30 days)
hydrocodone-ibuprofen 10-200 mg, 5-200 mg, 7.5-200 mg TABLET ^{DL}	\$0 (Tier 1)	QL(150 per 30 days)
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 SUSPENSION ^{MO}	\$0 (Tier 1)	
ibuprofen 400 mg TABLET ^{MO}	\$0 (Tier 1)	
ibuprofen 600 mg, 800 mg TABLET ^{MO}	\$0 (Tier 1)	
indomethacin 25 mg, 50 mg CAPSULE ^{MO}	\$0 (Tier 1)	

You can find information on what the symbols and abbreviations on this table mean by referring 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](https://www.humana.com).



Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
indomethacin 75 mg CAPSULE, ER ^{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 TABLET ^{DL}	\$0 (Tier 1)	QL(240 per 30 days)
methadone 10 mg/5 ml SOLUTION ^{DL}	\$0 (Tier 1)	QL(1800 per 30 days)
methadone 10 mg/ml CONCENTRATE ^{DL}	\$0 (Tier 1)	QL(360 per 30 days)
methadone 10 mg/ml SOLUTION ^{DL}	\$0 (Tier 1)	QL(360 per 30 days)
methadone 5 mg TABLET ^{DL}	\$0 (Tier 1)	QL(480 per 30 days)
methadone 5 mg/5 ml SOLUTION ^{DL}	\$0 (Tier 1)	QL(3600 per 30 days)
morphine 10 mg/5 ml SOLUTION ^{DL}	\$0 (Tier 1)	QL(2700 per 30 days)
morphine 10 mg/ml SOLUTION ^{DL}	\$0 (Tier 1)	BvsD,QL(360 per 30 days)
morphine 100 mg TABLET ER ^{DL}	\$0 (Tier 1)	QL(180 per 30 days)
morphine 15 mg TABLET ER ^{DL}	\$0 (Tier 1)	QL(120 per 30 days)
morphine 15 mg, 30 mg TABLET ^{DL}	\$0 (Tier 1)	QL(180 per 30 days)
morphine 20 mg/5 ml (4 mg/ml) SOLUTION ^{DL}	\$0 (Tier 1)	QL(1350 per 30 days)
morphine 200 mg TABLET ER ^{DL}	\$0 (Tier 1)	QL(90 per 30 days)
morphine 30 mg, 60 mg TABLET ER ^{DL}	\$0 (Tier 1)	QL(120 per 30 days)
morphine concentrate 100 mg/5 ml (20 mg/ml) SOLUTION ^{DL}	\$0 (Tier 1)	QL(540 per 30 days)
nabumetone 500 mg, 750 mg TABLET ^{MO}	\$0 (Tier 1)	
naproxen 250 mg, 375 mg TABLET ^{MO}	\$0 (Tier 1)	
naproxen 375 mg, 500 mg TABLET, DR/EC ^{MO}	\$0 (Tier 1)	
naproxen 500 mg TABLET ^{MO}	\$0 (Tier 1)	
naproxen sodium 275 mg, 550 mg TABLET ^{MO}	\$0 (Tier 1)	
oxycodone 10 mg, 15 mg, 5 mg TABLET ^{DL}	\$0 (Tier 1)	QL(360 per 30 days)
oxycodone 20 mg, 30 mg TABLET ^{DL}	\$0 (Tier 1)	QL(360 per 30 days)
oxycodone 20 mg/ml CONCENTRATE ^{DL}	\$0 (Tier 1)	QL(270 per 30 days)
oxycodone 5 mg CAPSULE ^{DL}	\$0 (Tier 1)	QL(360 per 30 days)
oxycodone 5 mg/5 ml SOLUTION ^{DL}	\$0 (Tier 1)	QL(5400 per 30 days)
oxycodone-acetaminophen 10-325 mg, 5-325 mg, 7.5-325 mg TABLET ^{DL}	\$0 (Tier 1)	QL(360 per 30 days)
oxycodone-acetaminophen 2.5-325 mg TABLET ^{DL}	\$0 (Tier 1)	QL(360 per 30 days)
oxycodone-acetaminophen 5-325 mg/5 ml SOLUTION ^{DL}	\$0 (Tier 1)	QL(1800 per 30 days)
piroxicam 10 mg, 20 mg CAPSULE ^{MO}	\$0 (Tier 1)	
sulindac 150 mg, 200 mg TABLET ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
tramadol 100 mg TABLET ^{DL}	\$0 (Tier 1)	QL(120 per 30 days)
tramadol 100 mg, 200 mg, 300 mg TABLET, ER 24 HR. ^{DL}	\$0 (Tier 1)	ST,QL(30 per 30 days)
tramadol 100 mg, 200 mg, 300 mg TABLET, ER 24 HR., MULTIPHASE ^{DL}	\$0 (Tier 1)	ST,QL(30 per 30 days)
tramadol 50 mg TABLET ^{DL}	\$0 (Tier 1)	QL(240 per 30 days)
tramadol-acetaminophen 37.5-325 mg TABLET ^{DL}	\$0 (Tier 1)	QL(240 per 30 days)
XTAMPZA ER 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG CAPSULE ER SPRINKLE 12 HR. ^{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 % ADHESIVE PATCH, MEDICATED ^{MO}	\$0 (Tier 1)	PA,QL(90 per 30 days)
lidocaine hcl 2 % JELLY ^{MO}	\$0 (Tier 1)	
lidocaine hcl 2 % JELLY IN APPLICATOR ^{MO}	\$0 (Tier 1)	
lidocaine hcl 2 % SOLUTION ^{MO}	\$0 (Tier 1)	
lidocaine viscous 2 % SOLUTION ^{MO}	\$0 (Tier 1)	
lidocaine-prilocaine 2.5-2.5 % 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 333 mg TABLET, DR/EC ^{MO}	\$0 (Tier 1)	
buprenorphine hcl 2 mg, 8 mg SUBLINGUAL TABLET ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
buprenorphine-naloxone 12-3 mg FILM ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
buprenorphine-naloxone 2-0.5 mg, 4-1 mg, 8-2 mg FILM ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
bupropion hcl (smoking deter) 150 mg TABLET, ER 12 HR. ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
disulfiram 250 mg, 500 mg TABLET ^{MO}	\$0 (Tier 1)	
nalmefene 1 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
naloxone 0.4 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
naloxone 0.4 mg/ml, 1 mg/ml SYRINGE ^{MO}	\$0 (Tier 1)	
naloxone 4 mg/actuation SPRAY, NON-AEROSOL ^{MO}	\$0 (Tier 1)	QL(2 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
naltrexone 50 mg TABLET ^{MO}	\$0 (Tier 1)	
NICOTROL NS 10 MG/ML SPRAY, NON-AEROSOL ^{MO}	\$0 (Tier 2)	
varenicline 0.5 mg (11)- 1 mg (42) TABLET, DOSE PACK ^{MO}	\$0 (Tier 1)	QL(53 per 28 days)
varenicline 0.5 mg, 1 mg TABLET ^{MO}	\$0 (Tier 1)	QL(56 per 28 days)
VIVITROL 380 MG SUSPENSION, ER, RECON ^{DL}	\$0 (Tier 2)	QL(1 per 28 days)
ZUBSOLV 0.7-0.18 MG, 1.4-0.36 MG SUBLINGUAL TABLET ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
ZUBSOLV 11.4-2.9 MG SUBLINGUAL TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
ZUBSOLV 2.9-0.71 MG, 5.7-1.4 MG SUBLINGUAL TABLET ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
ZUBSOLV 8.6-2.1 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 % SOLUTION ^{MO}	\$0 (Tier 1)	
amoxicillin 125 mg, 250 mg CHEWABLE TABLET ^{MO}	\$0 (Tier 1)	
amoxicillin 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 1)	
amoxicillin 250 mg CAPSULE ^{MO}	\$0 (Tier 1)	
amoxicillin 500 mg CAPSULE ^{MO}	\$0 (Tier 1)	
amoxicillin 500 mg TABLET ^{MO}	\$0 (Tier 1)	
amoxicillin 875 mg TABLET ^{MO}	\$0 (Tier 1)	
amoxicillin-pot clavulanate 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 1)	
amoxicillin-pot clavulanate 250-125 mg, 500-125 mg TABLET ^{MO}	\$0 (Tier 1)	
amoxicillin-pot clavulanate 875-125 mg TABLET ^{MO}	\$0 (Tier 1)	
ampicillin 500 mg CAPSULE ^{MO}	\$0 (Tier 1)	
ampicillin sodium 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
ampicillin-sulbactam 1.5 gram, 15 gram, 3 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
azithromycin 1 gram PACKET ^{MO}	\$0 (Tier 1)	
azithromycin 100 mg/5 ml, 200 mg/5 ml SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 1)	
azithromycin 250 mg TABLET ^{MO}	\$0 (Tier 1)	
azithromycin 500 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
azithromycin 500 mg, 600 mg TABLET ^{MO}	\$0 (Tier 1)	
aztreonam 1 gram, 2 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
bacitracin 50,000 unit RECON SOLUTION ^{MO}	\$0 (Tier 1)	
BICILLIN C-R 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K) SYRINGE ^{MO}	\$0 (Tier 2)	
BICILLIN L-A 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML SYRINGE ^{MO}	\$0 (Tier 2)	
cefaclor 250 mg, 500 mg CAPSULE ^{MO}	\$0 (Tier 1)	
cefadroxil 250 mg/5 ml, 500 mg/5 ml SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 1)	
cefadroxil 500 mg CAPSULE ^{MO}	\$0 (Tier 1)	
cefazolin 1 gram, 10 gram, 2 gram, 500 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
CEFAZOLIN 2 GRAM, 3 GRAM RECON SOLUTION ^{MO}	\$0 (Tier 1)	
cefazolin in dextrose (iso-os) 1 gram/50 ml, 2 gram/100 ml, 2 gram/50 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	
cefdinir 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 1)	
cefdinir 300 mg CAPSULE ^{MO}	\$0 (Tier 1)	
cefepime 1 gram, 2 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
cefixime 400 mg CAPSULE ^{MO}	\$0 (Tier 1)	
cefotaxime 1 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
cefotetan 1 gram, 10 gram, 2 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
cefoxitin 1 gram, 10 gram, 2 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
cefoxitin in dextrose, iso-osm 1 gram/50 ml, 2 gram/50 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	
cefpodoxime 100 mg, 200 mg TABLET ^{MO}	\$0 (Tier 1)	
cefprozil 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 1)	
cefprozil 250 mg, 500 mg TABLET ^{MO}	\$0 (Tier 1)	
ceftazidime 1 gram, 2 gram, 6 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
ceftazidime in d5w 1 gram/50 ml, 2 gram/50 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	
ceftriaxone 1 gram, 10 gram, 2 gram, 250 mg, 500 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
cefuroxime axetil 250 mg, 500 mg TABLET ^{MO}	\$0 (Tier 1)	
cefuroxime sodium 1.5 gram, 7.5 gram, 750 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
cephalexin 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
cephalexin 250 mg CAPSULE ^{MO}	\$0 (Tier 1)	
cephalexin 500 mg CAPSULE ^{MO}	\$0 (Tier 1)	
chloramphenicol sod succinate 1 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
ciprofloxacin hcl 100 mg, 250 mg, 750 mg TABLET ^{MO}	\$0 (Tier 1)	
ciprofloxacin hcl 500 mg TABLET ^{MO}	\$0 (Tier 1)	
ciprofloxacin in 5 % dextrose 200 mg/100 ml, 400 mg/200 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	
clarithromycin 125 mg/5 ml SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 1)	
clarithromycin 250 mg, 500 mg TABLET ^{MO}	\$0 (Tier 1)	
clarithromycin 250 mg/5 ml SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 1)	
clarithromycin 500 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	
clindamycin hcl 150 mg, 75 mg CAPSULE ^{MO}	\$0 (Tier 1)	
clindamycin hcl 300 mg CAPSULE ^{MO}	\$0 (Tier 1)	
clindamycin in 0.9 % sod chlor 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	
clindamycin in 5 % dextrose 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	
clindamycin pediatric 75 mg/5 ml RECON SOLUTION ^{MO}	\$0 (Tier 1)	
clindamycin phosphate 150 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
clindamycin phosphate 2 % CREAM ^{MO}	\$0 (Tier 1)	
colistin (colistimethate na) 150 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
daptomycin 350 mg, 500 mg RECON SOLUTION ^{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 SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 2)	
doxy-100 100 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
doxycycline hyclate 100 mg CAPSULE ^{MO}	\$0 (Tier 1)	
doxycycline hyclate 100 mg TABLET ^{MO}	\$0 (Tier 1)	
doxycycline hyclate 20 mg TABLET ^{MO}	\$0 (Tier 1)	
doxycycline hyclate 50 mg CAPSULE ^{MO}	\$0 (Tier 1)	
doxycycline monohydrate 100 mg, 50 mg CAPSULE ^{MO}	\$0 (Tier 1)	
doxycycline monohydrate 100 mg, 50 mg, 75 mg TABLET ^{MO}	\$0 (Tier 1)	
doxycycline monohydrate 25 mg/5 ml SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 1)	



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ertapenem 1 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
ERYTHROCIN 500 MG RECON SOLUTION ^{MO}	\$0 (Tier 2)	
erythromycin 250 mg CAPSULE, DR/EC ^{MO}	\$0 (Tier 1)	
erythromycin lactobionate 500 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
gentamicin 0.1 % CREAM ^{MO}	\$0 (Tier 1)	
gentamicin 0.1 % OINTMENT ^{MO}	\$0 (Tier 1)	
gentamicin 40 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
gentamicin in nacl (iso-osm) 100 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	
imipenem-cilastatin 250 mg, 500 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
levofloxacin 25 mg/ml, 250 mg/10 ml SOLUTION ^{MO}	\$0 (Tier 1)	
levofloxacin 250 mg, 750 mg TABLET ^{MO}	\$0 (Tier 1)	
levofloxacin 500 mg TABLET ^{MO}	\$0 (Tier 1)	
levofloxacin in d5w 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	
lincomycin 300 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
linezolid 100 mg/5 ml SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 1)	QL(1800 per 30 days)
linezolid 600 mg TABLET ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
linezolid in dextrose 5% 600 mg/300 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	
linezolid-0.9% sodium chloride 600 mg/300 ml PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
meropenem 1 gram, 500 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
meropenem-0.9% sodium chloride 1 gram/50 ml, 500 mg/50 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	
methenamine hippurate 1 gram TABLET ^{MO}	\$0 (Tier 1)	
metronidazole 0.75 % CREAM ^{MO}	\$0 (Tier 1)	
metronidazole 0.75 % LOTION ^{MO}	\$0 (Tier 1)	
metronidazole 0.75 %, 0.75 % (37.5mg/5 gram), 1 % GEL ^{MO}	\$0 (Tier 1)	
metronidazole 250 mg TABLET ^{MO}	\$0 (Tier 1)	
metronidazole 500 mg TABLET ^{MO}	\$0 (Tier 1)	
metronidazole in nacl (iso-os) 500 mg/100 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	
minocycline 100 mg, 50 mg, 75 mg CAPSULE ^{MO}	\$0 (Tier 1)	
mondoxyne nl 100 mg CAPSULE ^{MO}	\$0 (Tier 1)	
moxifloxacin 400 mg TABLET ^{MO}	\$0 (Tier 1)	
nafcillin 1 gram, 10 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
nafcillin in dextrose iso-osm 1 gram/50 ml, 2 gram/100 ml PIGGYBACK ^{DL}	\$0 (Tier 2)	
neomycin 500 mg TABLET ^{MO}	\$0 (Tier 1)	
nitrofurantoin macrocrystal 100 mg, 50 mg CAPSULE ^{MO}	\$0 (Tier 1)	
nitrofurantoin monohyd/m-cryst 100 mg CAPSULE ^{MO}	\$0 (Tier 1)	
NUZYRA 150 MG TABLET ^{DL}	\$0 (Tier 2)	QL(30 per 14 days)
ofloxacin 300 mg, 400 mg TABLET ^{MO}	\$0 (Tier 1)	
ORBACTIV 400 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	QL(3 per 28 days)
paromomycin 250 mg CAPSULE ^{MO}	\$0 (Tier 1)	
penicillin g potassium 20 million unit, 5 million unit RECON SOLUTION ^{MO}	\$0 (Tier 1)	
penicillin g procaine 1.2 million unit/2 ml, 600,000 unit/ml SYRINGE ^{MO}	\$0 (Tier 1)	
penicillin g sodium 5 million unit RECON SOLUTION ^{DL}	\$0 (Tier 1)	
penicillin v potassium 125 mg/5 ml, 250 mg/5 ml RECON SOLUTION ^{MO}	\$0 (Tier 1)	
penicillin v potassium 250 mg, 500 mg TABLET ^{MO}	\$0 (Tier 1)	
pfizerpen-g 20 million unit, 5 million unit RECON SOLUTION ^{MO}	\$0 (Tier 1)	
piperacillin-tazobactam 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
polymyxin b sulfate 500,000 unit RECON SOLUTION ^{MO}	\$0 (Tier 1)	
PRIMSOL 50 MG/5 ML SOLUTION ^{MO}	\$0 (Tier 2)	
SIVEXTRO 200 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	QL(6 per 28 days)
SIVEXTRO 200 MG TABLET ^{DL}	\$0 (Tier 2)	QL(6 per 28 days)
streptomycin 1 gram RECON SOLUTION ^{DL}	\$0 (Tier 1)	
sulfacetamide sodium 10 % OINTMENT ^{MO}	\$0 (Tier 1)	
sulfadiazine 500 mg TABLET ^{MO}	\$0 (Tier 1)	
sulfamethoxazole-trimethoprim 200-40 mg/5 ml SUSPENSION ^{MO}	\$0 (Tier 1)	
sulfamethoxazole-trimethoprim 400-80 mg TABLET ^{MO}	\$0 (Tier 1)	
sulfamethoxazole-trimethoprim 400-80 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	
sulfamethoxazole-trimethoprim 800-160 mg TABLET ^{MO}	\$0 (Tier 1)	
SUPRAX 400 MG CAPSULE ^{MO}	\$0 (Tier 2)	
SYNERCID 500 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	
TEFLARO 400 MG, 600 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	
tigecycline 50 mg RECON SOLUTION ^{DL}	\$0 (Tier 1)	
tinidazole 250 mg, 500 mg TABLET ^{MO}	\$0 (Tier 1)	
tobramycin 300 mg/4 ml SOLUTION FOR NEBULIZATION ^{DL}	\$0 (Tier 1)	PA
tobramycin sulfate 10 mg/ml, 40 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
tobramycin with nebulizer 300 mg/5 ml SOLUTION FOR NEBULIZATION ^{DL}	\$0 (Tier 1)	PA
trimethoprim 100 mg TABLET ^{MO}	\$0 (Tier 1)	
vancomycin 1,000 mg, 1.25 gram, 1.5 gram, 10 gram, 250 mg, 5 gram, 500 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
vancomycin 125 mg CAPSULE ^{MO}	\$0 (Tier 1)	PA,QL(120 per 30 days)
vancomycin 250 mg CAPSULE ^{MO}	\$0 (Tier 1)	PA,QL(240 per 30 days)
ZERBAXA 1.5 GRAM RECON 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
APTOM 200 MG, 400 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
APTOM 600 MG, 800 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 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 SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(600 per 30 days)
BRIVIACT 50 MG/5 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
carbamazepine 100 mg CHEWABLE TABLET ^{MO}	\$0 (Tier 1)	
carbamazepine 100 mg, 200 mg TABLET, ER 12 HR. ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
carbamazepine 100 mg, 200 mg, 300 mg CAPSULE ER MULTIPHASE 12 HR. ^{MO}	\$0 (Tier 1)	
carbamazepine 100 mg/5 ml, 200 mg/10 ml SUSPENSION ^{MO}	\$0 (Tier 1)	
carbamazepine 200 mg TABLET ^{MO}	\$0 (Tier 1)	
carbamazepine 400 mg TABLET, ER 12 HR. ^{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 POWDER IN PACKET ^{DL}	\$0 (Tier 2)	PA,QL(180 per 30 days)
diazepam 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg KIT ^{DL}	\$0 (Tier 1)	
DILANTIN INFATABS 50 MG CHEWABLE TABLET ^{MO}	\$0 (Tier 1)	
DILANTIN-125 125 MG/5 ML SUSPENSION ^{MO}	\$0 (Tier 2)	
divalproex 125 mg CAPSULE, DR SPRINKLE ^{MO}	\$0 (Tier 1)	
divalproex 125 mg, 250 mg, 500 mg TABLET, DR/EC ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
divalproex 250 mg, 500 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	
EPIDIOLEX 100 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
epitol 200 mg TABLET ^{MO}	\$0 (Tier 1)	
ethosuximide 250 mg CAPSULE ^{MO}	\$0 (Tier 1)	
ethosuximide 250 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	
felbamate 400 mg, 600 mg TABLET ^{MO}	\$0 (Tier 1)	
felbamate 600 mg/5 ml SUSPENSION ^{MO}	\$0 (Tier 1)	
FINTEPLA 2.2 MG/ML SOLUTION ^{DL,LA}	\$0 (Tier 2)	PA,QL(360 per 30 days)
fosphephenytoin 100 mg pe/2 ml, 500 mg pe/10 ml SOLUTION ^{MO}	\$0 (Tier 1)	
FYCOMPA 0.5 MG/ML SUSPENSION ^{DL}	\$0 (Tier 2)	PA,QL(680 per 28 days)
FYCOMPA 10 MG, 12 MG, 4 MG, 6 MG, 8 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
FYCOMPA 2 MG TABLET ^{MO}	\$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, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml) SOLUTION ^{MO}	\$0 (Tier 1)	QL(2250 per 30 days)
gabapentin 600 mg, 800 mg TABLET ^{MO}	\$0 (Tier 1)	QL(180 per 30 days)
lacosamide 10 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	QL(1395 per 30 days)
lacosamide 100 mg, 150 mg, 200 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
lacosamide 200 mg/20 ml SOLUTION ^{MO}	\$0 (Tier 1)	
lamotrigine 100 mg, 200 mg TABLET ^{MO}	\$0 (Tier 1)	
lamotrigine 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	
lamotrigine 100 mg, 200 mg, 25 mg, 50 mg TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 1)	
lamotrigine 150 mg, 25 mg TABLET ^{MO}	\$0 (Tier 1)	
lamotrigine 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14) TABLET, DISINTEGRATING,DOSE PK ^{MO}	\$0 (Tier 1)	
lamotrigine 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14) TABLET, DOSE PACK ^{MO}	\$0 (Tier 1)	
lamotrigine 25 mg, 5 mg TABLET, CHEWABLE DISPERSIBLE ^{MO}	\$0 (Tier 1)	
levetiracetam 1,000 mg, 250 mg, 750 mg TABLET ^{MO}	\$0 (Tier 1)	
levetiracetam 100 mg/ml, 500 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	
levetiracetam 500 mg TABLET ^{MO}	\$0 (Tier 1)	
levetiracetam 500 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(180 per 30 days)
levetiracetam 500 mg/5 ml (5 ml) SOLUTION ^{MO}	\$0 (Tier 1)	QL(900 per 30 days)
levetiracetam 750 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
levetiracetam in nacl (iso-os) 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	
methsuximide 300 mg CAPSULE ^{MO}	\$0 (Tier 1)	
NAYZILAM 5 MG/SPRAY (0.1 ML) SPRAY, NON-AEROSOL ^{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 (60 mg/ml) SUSPENSION ^{MO}	\$0 (Tier 1)	
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 (4 mg/ml) ELIXIR ^{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 SUSPENSION ^{MO}	\$0 (Tier 1)	
phenytoin 50 mg CHEWABLE TABLET ^{MO}	\$0 (Tier 1)	
phenytoin sodium 50 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
phenytoin sodium extended 100 mg, 200 mg, 300 mg CAPSULE ^{MO}	\$0 (Tier 1)	
primidone 125 mg, 250 mg TABLET ^{MO}	\$0 (Tier 1)	
primidone 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, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(180 per 30 days)
roweepra xr 750 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
rufinamide 200 mg TABLET ^{MO}	\$0 (Tier 1)	PA,QL(480 per 30 days)
rufinamide 40 mg/ml SUSPENSION ^{MO}	\$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 SUSPENSION ^{MO}	\$0 (Tier 2)	ST,QL(90 per 30 days)
SPRITAM 250 MG TABLET FOR SUSPENSION ^{MO}	\$0 (Tier 2)	ST,QL(360 per 30 days)
SPRITAM 500 MG TABLET FOR SUSPENSION ^{MO}	\$0 (Tier 2)	ST,QL(180 per 30 days)
SPRITAM 750 MG TABLET FOR 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) TABLET, 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)	
SYMPAZAN 10 MG, 20 MG, 5 MG FILM ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
tiagabine 12 mg, 16 mg, 2 mg, 4 mg TABLET ^{MO}	\$0 (Tier 1)	
valproate sodium 500 mg/5 ml (100 mg/ml) SOLUTION ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
valproic acid 250 mg CAPSULE ^{MO}	\$0 (Tier 1)	
valproic acid (as sodium salt) 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml) SOLUTION ^{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) SPRAY, NON-AEROSOL ^{DL}	\$0 (Tier 2)	QL(10 per 30 days)
vigabatrin 500 mg POWDER IN PACKET ^{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 POWDER IN PACKET ^{DL}	\$0 (Tier 1)	PA,QL(180 per 30 days)
vigadrone 500 mg TABLET ^{DL}	\$0 (Tier 1)	PA,QL(180 per 30 days)
XCOPRI 100 MG, 50 MG TABLET ^{DL}	\$0 (Tier 2)	QL(30 per 30 days)
XCOPRI 150 MG, 200 MG TABLET ^{DL}	\$0 (Tier 2)	QL(60 per 30 days)
XCOPRI MAINTENANCE PACK 250 MG/DAY (200 MG X1-50 MG X1), 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) TABLET ^{DL}	\$0 (Tier 2)	QL(56 per 28 days)
XCOPRI TITRATION PACK 12.5 MG (14)- 25 MG (14) TABLET, DOSE PACK ^{MO}	\$0 (Tier 2)	QL(28 per 28 days)
XCOPRI TITRATION PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14) TABLET, DOSE PACK ^{DL}	\$0 (Tier 2)	QL(28 per 28 days)
ZONISADE 100 MG/5 ML SUSPENSION ^{DL}	\$0 (Tier 2)	PA,QL(900 per 30 days)
zonisamide 100 mg, 25 mg, 50 mg CAPSULE ^{MO}	\$0 (Tier 1)	
ZTALMY 50 MG/ML SUSPENSION ^{DL}	\$0 (Tier 2)	PA,QL(1080 per 30 days)

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 10 mg TABLET ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
donepezil 10 mg, 5 mg TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
donepezil 5 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
galantamine 12 mg, 4 mg, 8 mg TABLET ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
galantamine 16 mg, 24 mg, 8 mg CAPSULE ER PELLETS 24 HR. ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
galantamine 4 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	QL(200 per 30 days)
memantine 10 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	PA,QL(60 per 30 days)
memantine 14 mg, 21 mg, 28 mg, 7 mg CAPSULE ER SPRINKLE 24 HR. ^{MO}	\$0 (Tier 1)	PA,QL(30 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
memantine 2 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	PA,QL(360 per 30 days)
memantine 5-10 mg TABLET, DOSE PACK ^{MO}	\$0 (Tier 1)	PA,QL(98 per 30 days)
NAMZARIC 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG CAPSULE ER SPRINKLE 24 HR. ^{MO}	\$0 (Tier 2)	QL(30 per 30 days)
NAMZARIC 7/14/21/28 MG-10 MG CAPSULE ER SPRINKLE 24 HR. ^{MO}	\$0 (Tier 2)	QL(28 per 28 days)
rivastigmine tartrate 1.5 mg, 3 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
rivastigmine tartrate 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 10 mg, 100 mg, 150 mg, 50 mg, 75 mg TABLET ^{MO}	\$0 (Tier 1)	
amitriptyline 25 mg TABLET ^{MO}	\$0 (Tier 1)	
amoxapine 100 mg, 150 mg, 25 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
AUVELITY 45-105 MG TABLET, IR/ER, BIPHASIC ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
bupropion hcl 100 mg TABLET, SR 12 HR. ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
bupropion hcl 100 mg, 75 mg TABLET ^{MO}	\$0 (Tier 1)	QL(180 per 30 days)
bupropion hcl 150 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
bupropion hcl 150 mg TABLET, SR 12 HR. ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
bupropion hcl 200 mg TABLET, SR 12 HR. ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
bupropion hcl 300 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
citalopram 10 mg, 40 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
citalopram 10 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	
citalopram 20 mg TABLET ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
clomipramine 25 mg, 50 mg, 75 mg CAPSULE ^{MO}	\$0 (Tier 1)	
desipramine 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg TABLET ^{MO}	\$0 (Tier 1)	
desvenlafaxine succinate 100 mg, 25 mg, 50 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
DRIZALMA SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG CAPSULE, DR SPRINKLE ^{MO}	\$0 (Tier 2)	PA,QL(60 per 30 days)
duloxetine 20 mg CAPSULE, DR/EC ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
duloxetine 30 mg CAPSULE, DR/EC ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
duloxetine 60 mg CAPSULE, DR/EC ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
EMSAM 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR PATCH, 24 HR. ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
escitalopram oxalate 10 mg TABLET ^{MO}	\$0 (Tier 1)	QL(45 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
escitalopram oxalate 20 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
escitalopram oxalate 5 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	QL(600 per 30 days)
FETZIMA 120 MG, 20 MG, 40 MG, 80 MG CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 2)	PA,QL(30 per 30 days)
FETZIMA 20 MG (2)- 40 MG (26) CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 2)	PA,QL(28 per 28 days)
fluoxetine 10 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
fluoxetine 20 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
fluoxetine 20 mg/5 ml (4 mg/ml) SOLUTION ^{MO}	\$0 (Tier 1)	
fluoxetine 40 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
fluoxetine 90 mg CAPSULE, DR/EC ^{MO}	\$0 (Tier 1)	QL(4 per 28 days)
fluvoxamine 100 mg, 25 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
imipramine hcl 10 mg TABLET ^{MO}	\$0 (Tier 1)	
imipramine hcl 25 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
imipramine pamoate 100 mg, 125 mg, 150 mg, 75 mg CAPSULE ^{MO}	\$0 (Tier 1)	
MARPLAN 10 MG TABLET ^{MO}	\$0 (Tier 2)	
mirtazapine 15 mg, 30 mg, 45 mg TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
mirtazapine 15 mg, 30 mg, 7.5 mg TABLET ^{MO}	\$0 (Tier 1)	
mirtazapine 45 mg TABLET ^{MO}	\$0 (Tier 1)	
nefazodone 100 mg, 150 mg, 200 mg, 250 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
nortriptyline 10 mg, 25 mg, 50 mg, 75 mg CAPSULE ^{MO}	\$0 (Tier 1)	
nortriptyline 10 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	
paroxetine hcl 10 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
paroxetine hcl 10 mg/5 ml SUSPENSION ^{MO}	\$0 (Tier 1)	
paroxetine hcl 20 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
paroxetine hcl 30 mg, 40 mg TABLET ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
PAXIL 10 MG/5 ML SUSPENSION ^{MO}	\$0 (Tier 2)	
perphenazine-amitriptyline 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg TABLET ^{MO}	\$0 (Tier 1)	
phenelzine 15 mg TABLET ^{MO}	\$0 (Tier 1)	
protriptyline 10 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
sertraline 100 mg TABLET ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
sertraline 20 mg/ml CONCENTRATE ^{MO}	\$0 (Tier 1)	
sertraline 25 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
tranylcypromine 10 mg TABLET ^{MO}	\$0 (Tier 1)	
trazodone 100 mg, 150 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
trazodone 300 mg TABLET ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
trimipramine 100 mg, 25 mg, 50 mg CAPSULE ^{MO}	\$0 (Tier 1)	
TRINTELLIX 10 MG, 20 MG, 5 MG TABLET ^{MO}	\$0 (Tier 2)	ST,QL(30 per 30 days)
venlafaxine 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg TABLET ^{MO}	\$0 (Tier 1)	
venlafaxine 150 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
venlafaxine 37.5 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
venlafaxine 75 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
VIIBRYD 10 MG (7)- 20 MG (23) TABLET, DOSE PACK ^{MO}	\$0 (Tier 2)	PA,QL(30 per 30 days)
vilazodone 10 mg, 20 mg, 40 mg TABLET ^{MO}	\$0 (Tier 1)	PA,QL(30 per 30 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 (1)- 80 mg (2) CAPSULE, DOSE PACK ^{MO}	\$0 (Tier 1)	BvsD,QL(6 per 28 days)
aprepitant 125 mg, 40 mg CAPSULE ^{MO}	\$0 (Tier 1)	BvsD,QL(2 per 28 days)
aprepitant 80 mg CAPSULE ^{MO}	\$0 (Tier 1)	BvsD,QL(4 per 28 days)
compro 25 mg SUPPOSITORY ^{MO}	\$0 (Tier 1)	
dronabinol 10 mg, 2.5 mg, 5 mg CAPSULE ^{MO}	\$0 (Tier 1)	BvsD,QL(120 per 30 days)
granisetron (pf) 1 mg/ml (1 ml), 100 mcg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
granisetron hcl 1 mg TABLET ^{MO}	\$0 (Tier 1)	BvsD,QL(28 per 28 days)
granisetron hcl 1 mg/ml, 1 mg/ml (1 ml) SOLUTION ^{MO}	\$0 (Tier 1)	
meclizine 12.5 mg TABLET ^{MO}	\$0 (Tier 1)	
meclizine 25 mg TABLET ^{MO}	\$0 (Tier 1)	
metoclopramide hcl 10 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
ondansetron 4 mg TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 1)	BvsD,QL(90 per 30 days)
ondansetron 8 mg TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 1)	BvsD,QL(90 per 30 days)
ondansetron hcl 2 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
ondansetron hcl 4 mg TABLET ^{MO}	\$0 (Tier 1)	BvsD,QL(90 per 30 days)
ondansetron hcl 4 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	BvsD,QL(450 per 30 days)
ondansetron hcl 8 mg TABLET ^{MO}	\$0 (Tier 1)	BvsD,QL(90 per 30 days)
ondansetron hcl (pf) 4 mg/2 ml SOLUTION ^{MO}	\$0 (Tier 1)	
ondansetron hcl (pf) 4 mg/2 ml SYRINGE ^{MO}	\$0 (Tier 1)	
prochlorperazine 25 mg SUPPOSITORY ^{MO}	\$0 (Tier 1)	
prochlorperazine edisylate 10 mg/2 ml (5 mg/ml), 5 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
prochlorperazine maleate 10 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	BvsD
promethazine 12.5 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
promethazine 25 mg TABLET ^{MO}	\$0 (Tier 1)	
SANCUSO 3.1 MG/24 HOUR PATCH, WEEKLY ^{DL}	\$0 (Tier 2)	QL(4 per 30 days)
scopolamine base 1 mg over 3 days PATCH, 3 DAY ^{MO}	\$0 (Tier 1)	QL(10 per 30 days)
trimethobenzamide 300 mg CAPSULE ^{MO}	\$0 (Tier 1)	BvsD

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 SUSPENSION ^{MO}	\$0 (Tier 2)	BvsD
AMBISOME 50 MG SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 2)	BvsD
amphotericin b 50 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
amphotericin b liposome 50 mg SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 1)	BvsD
caspofungin 50 mg RECON SOLUTION ^{DL}	\$0 (Tier 1)	
caspofungin 70 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
ciclodan 8 % 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 % SUSPENSION ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
ciclopirox 8 % SOLUTION ^{MO}	\$0 (Tier 1)	QL(13.2 per 30 days)
clotrimazole 1 % CREAM ^{MO}	\$0 (Tier 1)	
clotrimazole 1 % SOLUTION ^{MO}	\$0 (Tier 1)	
clotrimazole 10 mg TROCHE ^{MO}	\$0 (Tier 1)	
clotrimazole-betamethasone 1-0.05 % CREAM ^{MO}	\$0 (Tier 1)	QL(180 per 30 days)
clotrimazole-betamethasone 1-0.05 % LOTION ^{MO}	\$0 (Tier 1)	QL(90 per 28 days)
fluconazole 10 mg/ml, 40 mg/ml SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 1)	
fluconazole 100 mg, 200 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
fluconazole 150 mg TABLET ^{MO}	\$0 (Tier 1)	
fluconazole in nacl (iso-osm) 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	
flucytosine 250 mg, 500 mg CAPSULE ^{DL}	\$0 (Tier 1)	
griseofulvin microsize 125 mg/5 ml SUSPENSION ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
griseofulvin microsize 500 mg TABLET ^{MO}	\$0 (Tier 1)	
griseofulvin ultramicrosize 125 mg, 250 mg TABLET ^{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 SUPPOSITORY ^{MO}	\$0 (Tier 1)	
NOXAFIL 100 MG TABLET, DR/EC ^{DL}	\$0 (Tier 2)	PA
NOXAFIL 200 MG/5 ML (40 MG/ML) SUSPENSION ^{DL}	\$0 (Tier 2)	PA,QL(840 per 28 days)
NOXAFIL 300 MG SUSPENSION, DR FOR RECON ^{DL}	\$0 (Tier 2)	PA,QL(32 per 30 days)
NOXAFIL 300 MG/16.7 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
nyamyc 100,000 unit/gram POWDER ^{MO}	\$0 (Tier 1)	PA
nystatin 100,000 unit/gram CREAM ^{MO}	\$0 (Tier 1)	
nystatin 100,000 unit/gram OINTMENT ^{MO}	\$0 (Tier 1)	
nystatin 100,000 unit/gram POWDER ^{MO}	\$0 (Tier 1)	PA
nystatin 100,000 unit/ml SUSPENSION ^{MO}	\$0 (Tier 1)	
nystatin 500,000 unit TABLET ^{MO}	\$0 (Tier 1)	
nystatin-triamcinolone 100,000-0.1 unit/g-% CREAM ^{MO}	\$0 (Tier 1)	
nystatin-triamcinolone 100,000-0.1 unit/gram-% OINTMENT ^{MO}	\$0 (Tier 1)	
nystop 100,000 unit/gram POWDER ^{MO}	\$0 (Tier 1)	PA
posaconazole 100 mg TABLET, DR/EC ^{DL}	\$0 (Tier 1)	PA
posaconazole 200 mg/5 ml (40 mg/ml) SUSPENSION ^{DL}	\$0 (Tier 1)	PA,QL(840 per 28 days)
posaconazole 300 mg/16.7 ml SOLUTION ^{DL}	\$0 (Tier 1)	PA
terbinafine hcl 250 mg TABLET ^{MO}	\$0 (Tier 1)	
terconazole 0.4 %, 0.8 % CREAM ^{MO}	\$0 (Tier 1)	
terconazole 80 mg SUPPOSITORY ^{MO}	\$0 (Tier 1)	
voriconazole 200 mg RECON SOLUTION ^{DL}	\$0 (Tier 1)	PA
voriconazole 200 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	PA,QL(120 per 30 days)
voriconazole 200 mg/5 ml (40 mg/ml) SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 1)	PA,QL(400 per 30 days)



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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)	
colchicine (gout) 0.6 mg TABLET ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
MITIGARE 0.6 MG CAPSULE ^{MO}	\$0 (Tier 1)	
probenecid 500 mg TABLET ^{MO}	\$0 (Tier 1)	
probenecid-colchicine 500-0.5 mg 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 AUTO-INJECTOR ^{MO}	\$0 (Tier 2)	PA,QL(1 per 30 days)
AIMOVIG AUTOINJECTOR 70 MG/ML AUTO-INJECTOR ^{MO}	\$0 (Tier 2)	PA,QL(2 per 30 days)
dihydroergotamine 0.5 mg/pump act. (4 mg/ml) SPRAY, NON-AEROSOL ^{DL}	\$0 (Tier 1)	PA,QL(8 per 30 days)
dihydroergotamine 1 mg/ml SOLUTION ^{DL}	\$0 (Tier 1)	PA
EMGALITY PEN 120 MG/ML PEN INJECTOR ^{MO}	\$0 (Tier 2)	PA,QL(2 per 30 days)
EMGALITY SYRINGE 120 MG/ML SYRINGE ^{MO}	\$0 (Tier 2)	PA,QL(2 per 30 days)
EMGALITY SYRINGE 300 MG/3 ML (100 MG/ML X 3) SYRINGE ^{MO}	\$0 (Tier 2)	PA,QL(3 per 30 days)
EPRONTIA 25 MG/ML SOLUTION ^{MO}	\$0 (Tier 2)	PA,QL(480 per 30 days)
ergotamine-caffeine 1-100 mg TABLET ^{MO}	\$0 (Tier 1)	QL(40 per 30 days)
naratriptan 1 mg, 2.5 mg TABLET ^{MO}	\$0 (Tier 1)	QL(9 per 30 days)
QULIPTA 10 MG, 30 MG, 60 MG TABLET ^{MO}	\$0 (Tier 2)	PA,QL(30 per 30 days)
rizatriptan 10 mg TABLET ^{MO}	\$0 (Tier 1)	QL(12 per 30 days)
rizatriptan 10 mg, 5 mg TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 1)	QL(12 per 30 days)
rizatriptan 5 mg TABLET ^{MO}	\$0 (Tier 1)	QL(12 per 30 days)
sumatriptan 20 mg/actuation, 5 mg/actuation SPRAY, NON-AEROSOL ^{MO}	\$0 (Tier 1)	QL(12 per 30 days)
sumatriptan succinate 100 mg TABLET ^{MO}	\$0 (Tier 1)	QL(9 per 30 days)
sumatriptan succinate 25 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	QL(9 per 30 days)
sumatriptan succinate 4 mg/0.5 ml, 6 mg/0.5 ml CARTRIDGE ^{MO}	\$0 (Tier 1)	QL(6 per 30 days)
sumatriptan succinate 6 mg/0.5 ml PEN INJECTOR ^{MO}	\$0 (Tier 1)	QL(6 per 30 days)
sumatriptan succinate 6 mg/0.5 ml SOLUTION ^{MO}	\$0 (Tier 1)	QL(6 per 30 days)
topiramate 100 mg, 200 mg TABLET ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
topiramate 15 mg, 25 mg CAPSULE, SPRINKLE ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
topiramate 25 mg TABLET ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
topiramate 50 mg TABLET ^{MO}	\$0 (Tier 1)	QL(120 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
pyridostigmine bromide 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
cycloserine 250 mg CAPSULE ^{DL}	\$0 (Tier 1)	
dapsone 100 mg, 25 mg TABLET ^{MO}	\$0 (Tier 1)	
ethambutol 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 ^{MO}	\$0 (Tier 1)	
PASER 4 GRAM DR GRANULES IN 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 600 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
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)
TRECTOR 250 MG TABLET ^{MO}	\$0 (Tier 2)	



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ANTINEOPLASTICS - Drugs used to treat cancer

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>abiraterone 250 mg TABLET^{DL}</i>	\$0 (Tier 1)	PA,QL(120 per 30 days)
ABRAXANE 100 MG SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 2)	PA
ADCETRIS 50 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
<i>adriamycin 10 mg RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	BvsD
<i>adriamycin 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml SOLUTION^{MO}</i>	\$0 (Tier 1)	BvsD
ADRIAMYCIN 50 MG RECON SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
ALECENSA 150 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(240 per 30 days)
ALIMTA 100 MG, 500 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
ALIQOPA 60 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(3 per 28 days)
ALUNBRIG 180 MG, 90 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
ALUNBRIG 30 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(180 per 30 days)
ALUNBRIG 90 MG (7)- 180 MG (23) TABLET, DOSE PACK ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
<i>anastrozole 1 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(30 per 30 days)
ARRANON 250 MG/50 ML SOLUTION ^{DL}	\$0 (Tier 2)	
<i>arsenic trioxide 1 mg/ml, 2 mg/ml SOLUTION^{DL}</i>	\$0 (Tier 1)	PA
ASPARLAS 750 UNIT/ML 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)
<i>azacitidine 100 mg RECON SOLUTION^{DL}</i>	\$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 SOLUTION ^{DL}	\$0 (Tier 2)	PA
BELEODAQ 500 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
<i>bendamustine 100 mg, 25 mg RECON SOLUTION^{DL}</i>	\$0 (Tier 1)	PA
BENDEKA 25 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
BESPONSA 0.9 MG (0.25 MG/ML INITIAL) RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
<i>bexarotene 1 % GEL^{DL}</i>	\$0 (Tier 1)	PA,QL(240 per 30 days)
<i>bexarotene 75 mg CAPSULE^{DL}</i>	\$0 (Tier 1)	PA,QL(300 per 30 days)
<i>bicalutamide 50 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(30 per 30 days)
BICNU 100 MG RECON SOLUTION ^{MO}	\$0 (Tier 2)	
BLENREP 100 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
<i>bleomycin 15 unit, 30 unit RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	BvsD
BORTEZOMIB 1 MG, 2.5 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
bortezomib 3.5 mg RECON SOLUTION ^{DL}	\$0 (Tier 1)	PA
bortezomib 3.5 mg RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
BOSULIF 100 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
BOSULIF 400 MG, 500 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 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 SOLUTION ^{MO}	\$0 (Tier 1)	
BUSULFEX 60 MG/10 ML 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)
CALQUENCE (ACALABRUTINIB MAL) 100 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
CAPRELSA 100 MG TABLET ^{DL,LA}	\$0 (Tier 2)	PA,QL(60 per 30 days)
CAPRELSA 300 MG TABLET ^{DL,LA}	\$0 (Tier 2)	PA,QL(30 per 30 days)
carboplatin 10 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
carmustine 100 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
cisplatin 1 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
cladribine 10 mg/10 ml SOLUTION ^{DL}	\$0 (Tier 1)	BvsD
clofarabine 1 mg/ml SOLUTION ^{DL}	\$0 (Tier 1)	
CLOLAR 1 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	
COLUMVI 1 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
COMETRIQ 100 MG/DAY(80 MG X1-20 MG X1) CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(56 per 28 days)
COMETRIQ 140 MG/DAY(80 MG X1-20 MG X3) CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(112 per 28 days)
COMETRIQ 60 MG/DAY (20 MG X 3/DAY) CAPSULE ^{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 RECON SOLUTION ^{DL}	\$0 (Tier 2)	
COTELLIC 20 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(63 per 28 days)
cyclophosphamide 1 gram, 2 gram, 500 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
cyclophosphamide 200 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
CYCLOPHOSPHAMIDE 200 MG/ML SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
cyclophosphamide 25 mg, 50 mg CAPSULE ^{MO}	\$0 (Tier 1)	BvsD
cyclophosphamide 25 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	BvsD
CYRAMZA 10 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
cytarabine 20 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
cytarabine (pf) 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	BvsD

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
dacarbazine 100 mg, 200 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
dactinomycin 0.5 mg RECON SOLUTION ^{DL}	\$0 (Tier 1)	
DANYELZA 4 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(120 per 28 days)
DARZALEX 20 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
DARZALEX FASPRO 1,800 MG-30,000 UNIT/15 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
daunorubicin 5 mg/ml SOLUTION ^{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 RECON SOLUTION ^{DL}	\$0 (Tier 1)	PA
dexrazoxane hcl 250 mg, 500 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
DOCEFREZ 20 MG RECON SOLUTION ^{MO}	\$0 (Tier 2)	
DOCEFREZ 80 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	
docetaxel 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml) SOLUTION ^{MO}	\$0 (Tier 1)	
doxorubicin 10 mg, 50 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
doxorubicin 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
doxorubicin, peg-liposomal 2 mg/ml SUSPENSION ^{DL}	\$0 (Tier 1)	PA
ELZONRIS 1,000 MCG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(10 per 21 days)
EMCYT 140 MG CAPSULE ^{DL}	\$0 (Tier 2)	
EMPLICITI 300 MG, 400 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
ENHERTU 100 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
epirubicin 200 mg/100 ml, 50 mg/25 ml SOLUTION ^{MO}	\$0 (Tier 1)	
epirubicin 50 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
EPKINLY 4 MG/0.8 ML, 48 MG/0.8 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
ERBITUX 100 MG/50 ML, 200 MG/100 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
ERIVEDGE 150 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(28 per 28 days)
ERLEADA 240 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
ERLEADA 60 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
erlotinib 100 mg, 150 mg TABLET ^{DL}	\$0 (Tier 1)	PA,QL(30 per 30 days)
erlotinib 25 mg TABLET ^{DL}	\$0 (Tier 1)	PA,QL(90 per 30 days)
ERWINAZE 10,000 UNIT RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
ETOPOPHOS 100 MG RECON SOLUTION ^{MO}	\$0 (Tier 2)	
etoposide 20 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
EULEXIN 125 MG CAPSULE ^{DL}	\$0 (Tier 1)	PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
everolimus (antineoplastic) 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET ^{DL}	\$0 (Tier 1)	PA,QL(30 per 30 days)
everolimus (antineoplastic) 2 mg, 3 mg, 5 mg TABLET FOR SUSPENSION ^{DL}	\$0 (Tier 1)	PA
EVOMELA 50 MG RECON 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)
fludarabine 50 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
fludarabine 50 mg/2 ml SOLUTION ^{DL}	\$0 (Tier 1)	
fluorouracil 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
flutamide 125 mg CAPSULE ^{MO}	\$0 (Tier 1)	
FOLOTYN 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML) 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 SYRINGE ^{MO}	\$0 (Tier 1)	PA,QL(30 per 30 days)
FYARRO 100 MG SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 2)	PA
GAVRETO 100 MG CAPSULE ^{DL,LA}	\$0 (Tier 2)	PA,QL(120 per 30 days)
GAZYVA 1,000 MG/40 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(120 per 28 days)
gefitinib 250 mg TABLET ^{DL}	\$0 (Tier 1)	PA,QL(30 per 30 days)
gemcitabine 1 gram, 2 gram, 200 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
gemcitabine 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml) SOLUTION ^{MO}	\$0 (Tier 1)	
GILOTRIF 20 MG, 30 MG, 40 MG TABLET ^{DL,LA}	\$0 (Tier 2)	PA,QL(30 per 30 days)
GLEOSTINE 10 MG, 40 MG CAPSULE ^{MO}	\$0 (Tier 2)	PA
GLEOSTINE 100 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA
HALAVEN 1 MG/2 ML (0.5 MG/ML) SOLUTION ^{DL}	\$0 (Tier 2)	
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 1 mg/ml SOLUTION ^{DL}	\$0 (Tier 1)	
IDHIFA 100 MG, 50 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
ifosfamide 1 gram, 3 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
ifosfamide 1 gram/20 ml, 3 gram/60 ml SOLUTION ^{MO}	\$0 (Tier 1)	
imatinib 100 mg TABLET ^{DL}	\$0 (Tier 1)	PA,QL(90 per 30 days)
imatinib 400 mg TABLET ^{DL}	\$0 (Tier 1)	PA,QL(60 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
IMBRUVICA 140 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(120 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)
IMBRUVICA 70 MG/ML SUSPENSION ^{DL}	\$0 (Tier 2)	PA
IMFINZI 50 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
IMJUDO 20 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
IMLYGIC 10EXP6 (1 MILLION) PFU/ML SUSPENSION ^{DL}	\$0 (Tier 2)	PA,QL(4 per 365 days)
IMLYGIC 10EXP8 (100 MILLION) PFU/ML SUSPENSION ^{DL}	\$0 (Tier 2)	PA,QL(8 per 28 days)
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 35-100 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)
<i>irinotecan 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml SOLUTION</i> ^{MO}	\$0 (Tier 1)	
ISTODAX 10 MG/2 ML RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
IXEMPRA 15 MG, 45 MG RECON 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)
JAYPIRCA 100 MG, 50 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(90 per 30 days)
JEMPERLI 50 MG/ML SOLUTION ^{MO}	\$0 (Tier 2)	PA,QL(20 per 42 days)
JEVTANA 10 MG/ML (FIRST DILUTION) SOLUTION ^{DL}	\$0 (Tier 2)	PA
KADCYLA 100 MG, 160 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
KANJINTI 150 MG, 420 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
KEYTRUDA 25 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
KIMMTRAK 100 MCG/0.5 ML 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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
KRAZATI 200 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(180 per 30 days)
KYPROLIS 10 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(6 per 28 days)
KYPROLIS 30 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(3 per 28 days)
KYPROLIS 60 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(12 per 28 days)
lapatinib 250 mg TABLET ^{DL}	\$0 (Tier 1)	PA,QL(180 per 30 days)
lenalidomide 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg CAPSULE ^{DL}	\$0 (Tier 1)	PA,QL(28 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 ^{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)
letrozole 2.5 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
leucovorin calcium 10 mg, 15 mg, 25 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
leucovorin calcium 10 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
leucovorin calcium 100 mg, 200 mg, 350 mg, 50 mg, 500 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
LEUKERAN 2 MG TABLET ^{DL}	\$0 (Tier 2)	
levoleucovorin calcium 10 mg/ml SOLUTION ^{DL}	\$0 (Tier 1)	PA
levoleucovorin calcium 50 mg RECON SOLUTION ^{DL}	\$0 (Tier 1)	PA
LIBTAYO 50 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(7 per 21 days)
LONSURF 15-6.14 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(100 per 30 days)
LONSURF 20-8.19 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)
LUMAKRAS 320 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(90 per 30 days)
LUMOXITI 1 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
LUNSUMIO 1 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
LYNPARZA 100 MG, 150 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
LYTGOBI 4 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(140 per 28 days)
MARGENZA 25 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
MATULANE 50 MG CAPSULE ^{DL}	\$0 (Tier 2)	
MEKINIST 0.05 MG/ML RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(1170 per 28 days)
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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
melphalan 2 mg TABLET ^{MO}	\$0 (Tier 1)	BvsD
melphalan hcl 50 mg RECON SOLUTION ^{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 RECON SOLUTION ^{DL}	\$0 (Tier 1)	
mitoxantrone 2 mg/ml CONCENTRATE ^{MO}	\$0 (Tier 1)	
MUTAMYCIN 20 MG, 40 MG, 5 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	
MVASI 25 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
MYLOTARG 4.5 MG (1 MG/ML INITIAL CONC) RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
nelarabine 250 mg/50 ml SOLUTION ^{DL}	\$0 (Tier 1)	
NERLYNX 40 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(180 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)
ODOMZO 200 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
ONCASPAR 750 UNIT/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
ONIVYDE 4.3 MG/ML 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 SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(40 per 28 days)
OPDIVO 120 MG/12 ML, 240 MG/24 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(48 per 28 days)
OPDIVO 40 MG/4 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(16 per 28 days)
OPDUALAG 240-80 MG/20 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(40 per 28 days)
ORSERDU 345 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
ORSERDU 86 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(90 per 30 days)
oxaliplatin 100 mg, 50 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
oxaliplatin 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml) SOLUTION ^{MO}	\$0 (Tier 1)	
paclitaxel 6 mg/ml CONCENTRATE ^{MO}	\$0 (Tier 1)	
paclitaxel protein-bound 100 mg SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 2)	PA
PADCEV 20 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(21 per 28 days)
PADCEV 30 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(15 per 28 days)
PANRETIN 0.1 % GEL ^{DL}	\$0 (Tier 2)	PA
paraplatin 10 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
PEMAZYRE 13.5 MG, 4.5 MG, 9 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(28 per 28 days)
pemetrexed 1 gram, 100 mg, 500 mg RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>pemetrexed disodium</i> 1,000 mg, 100 mg, 500 mg, 750 mg RECON SOLUTION ^{DL}	\$0 (Tier 1)	PA
<i>pemetrexed disodium</i> 25 mg/ml SOLUTION ^{DL}	\$0 (Tier 2)	PA
PERJETA 420 MG/14 ML (30 MG/ML) 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 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 RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(2 per 21 days)
POLIVY 30 MG RECON 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) SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(100 per 21 days)
POTELIGEO 4 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
PROLEUKIN 22 MILLION UNIT RECON SOLUTION ^{DL}	\$0 (Tier 2)	
PURIXAN 20 MG/ML 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)
REZLIDHIA 150 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
RIABNI 10 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
<i>romidepsin</i> 10 mg/2 ml RECON SOLUTION ^{DL}	\$0 (Tier 1)	PA
ROMIDEPSIN 5 MG/ML SOLUTION ^{DL}	\$0 (Tier 1)	PA
ROZLYTREK 100 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(150 per 30 days)
ROZLYTREK 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 SOLUTION ^{DL}	\$0 (Tier 2)	PA
RYBREVANT 50 MG/ML 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 SOLUTION ^{DL}	\$0 (Tier 2)	PA
SARCLISA 20 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
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 SOLUTION ^{DL}	\$0 (Tier 2)	
<i>sorafenib</i> 200 mg TABLET ^{DL}	\$0 (Tier 1)	PA,QL(120 per 30 days)
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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
<i>sunitinib malate 12.5 mg, 25 mg, 37.5 mg, 50 mg CAPSULE</i> ^{DL}	\$0 (Tier 1)	PA,QL(28 per 28 days)
SYNRIBO 3.5 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
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 10 MG TABLET FOR SUSPENSION ^{DL}	\$0 (Tier 2)	PA,QL(840 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 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG CAPSULE ^{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)
<i>tamoxifen 10 mg, 20 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
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) SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(20 per 21 days)
TECENTRIQ 840 MG/14 ML (60 MG/ML) SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(28 per 28 days)
TECVAYLI 10 MG/ML, 90 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
<i>temsirolimus 30 mg/3 ml (10 mg/ml) (first) RECON SOLUTION</i> ^{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)
<i>thiotepa 100 mg RECON SOLUTION</i> ^{DL}	\$0 (Tier 1)	
<i>thiotepa 15 mg RECON SOLUTION</i> ^{MO}	\$0 (Tier 1)	
TIBSOVO 250 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
TIVDAK 40 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(5 per 21 days)
<i>topotecan 4 mg RECON SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>topotecan 4 mg/4 ml (1 mg/ml) SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>toremifene 60 mg TABLET</i> ^{DL}	\$0 (Tier 1)	QL(30 per 30 days)
TRAZIMERA 150 MG, 420 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
TREANDA 100 MG, 25 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
<i>tretinoin (antineoplastic) 10 mg CAPSULE</i> ^{DL}	\$0 (Tier 1)	
TRISENOX 2 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
TRODELVY 180 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 ^{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 125 MG, 200 MG CAPSULE ^{DL,LA}	\$0 (Tier 2)	PA,QL(120 per 30 days)
UNITUXIN 3.5 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
VALCHLOR 0.016 % 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) SOLUTION ^{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)
VENCLEXTA STARTING PACK 10 MG-50 MG- 100 MG TABLET, 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 SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
vincasar pfs 1 mg/ml, 2 mg/2 ml SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
vincristine 1 mg/ml, 2 mg/2 ml SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
vinorelbine 10 mg/ml, 50 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	
VISTOGARD 10 GRAM 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 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)
VONJO 100 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
VOTRIENT 200 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
VYXEOS 44-100 MG RECON 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/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2) TABLET ^{DL}	\$0 (Tier 2)	PA,QL(8 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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XPOVIO 60MG TWICE WEEK (120 MG/WEEK) TABLET ^{DL}	\$0 (Tier 2)	PA,QL(24 per 28 days)
XPOVIO 80MG TWICE WEEK (160 MG/WEEK) 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) SOLUTION ^{DL}	\$0 (Tier 2)	PA
YONDELIS 1 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
ZALTRAP 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML) SOLUTION ^{DL}	\$0 (Tier 2)	PA
ZANOSAR 1 GRAM RECON SOLUTION ^{MO}	\$0 (Tier 2)	
ZEJULA 100 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(90 per 30 days)
ZEJULA 100 MG, 200 MG, 300 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
ZELBORAF 240 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(240 per 30 days)
ZEPZELCA 4 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
ZIRABEV 25 MG/ML 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 RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
ZYNYZ 500 MG/20 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(20 per 28 days)

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 ^{MO}	\$0 (Tier 1)	
atovaquone 750 mg/5 ml SUSPENSION ^{MO}	\$0 (Tier 1)	
atovaquone-proguanil 250-100 mg, 62.5-25 mg TABLET ^{MO}	\$0 (Tier 1)	
chloroquine phosphate 250 mg, 500 mg TABLET ^{MO}	\$0 (Tier 1)	
COARTEM 20-120 MG TABLET ^{MO}	\$0 (Tier 2)	QL(24 per 30 days)
hydroxychloroquine 100 mg, 300 mg, 400 mg TABLET ^{MO}	\$0 (Tier 1)	
hydroxychloroquine 200 mg TABLET ^{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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LAMPIT 120 MG, 30 MG TABLET ^{MO}	\$0 (Tier 2)	
mefloquine 250 mg TABLET ^{MO}	\$0 (Tier 1)	
NEBUPENT 300 MG RECON SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
nitazoxanide 500 mg TABLET ^{DL}	\$0 (Tier 1)	QL(40 per 30 days)
PENTAM 300 MG RECON SOLUTION ^{MO}	\$0 (Tier 2)	
pentamidine 300 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
pentamidine 300 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
primaquine 26.3 mg TABLET ^{MO}	\$0 (Tier 1)	
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 hcl 100 mg CAPSULE ^{MO}	\$0 (Tier 1)	
amantadine hcl 50 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	
benztropine 0.5 mg, 1 mg, 2 mg TABLET ^{MO}	\$0 (Tier 1)	
benztropine 1 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
bromocriptine 2.5 mg TABLET ^{MO}	\$0 (Tier 1)	
carbidopa-levodopa 10-100 mg, 25-100 mg, 25-250 mg TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 1)	
carbidopa-levodopa 10-100 mg, 25-250 mg TABLET ^{MO}	\$0 (Tier 1)	
carbidopa-levodopa 25-100 mg TABLET ^{MO}	\$0 (Tier 1)	
carbidopa-levodopa 25-100 mg, 50-200 mg TABLET ER ^{MO}	\$0 (Tier 1)	
carbidopa-levodopa-entacapone 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg TABLET ^{MO}	\$0 (Tier 1)	QL(240 per 30 days)
carbidopa-levodopa-entacapone 50-200-200 mg TABLET ^{MO}	\$0 (Tier 1)	
entacapone 200 mg TABLET ^{MO}	\$0 (Tier 1)	QL(300 per 30 days)
INBRIJA 42 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(300 per 30 days)
INBRIJA 42 MG CAPSULE, W/INHALATION DEVICE ^{DL}	\$0 (Tier 2)	PA,QL(300 per 30 days)
KYNMOBI 10 MG, 15 MG, 20 MG, 25 MG, 30 MG FILM ^{DL}	\$0 (Tier 2)	PA,QL(150 per 30 days)
KYNMOBI 10-15-20-25-30 MG FILM ^{DL}	\$0 (Tier 2)	PA,QL(150 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 0.5 mg, 1 mg TABLET ^{MO}	\$0 (Tier 1)	PA,QL(30 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ropinirole 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 0.4 mg/ml ELIXIR ^{MO}	\$0 (Tier 1)	
trihexyphenidyl 2 mg, 5 mg TABLET ^{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 ASIMTUFII 720 MG/2.4 ML SUSPENSION, ER, SYRINGE ^{MO}	\$0 (Tier 2)	QL(2.4 per 56 days)
ABILIFY ASIMTUFII 960 MG/3.2 ML SUSPENSION, ER, SYRINGE ^{MO}	\$0 (Tier 2)	QL(3.2 per 56 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, ER, RECON ^{DL}	\$0 (Tier 2)	QL(1 per 28 days)
ABILIFY MAINTENA 300 MG, 400 MG SUSPENSION, ER, SYRINGE ^{DL}	\$0 (Tier 2)	QL(1 per 28 days)
aripiprazole 1 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	QL(750 per 30 days)
aripiprazole 10 mg, 15 mg TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
aripiprazole 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
ARISTADA 1,064 MG/3.9 ML SUSPENSION, ER, SYRINGE ^{MO}	\$0 (Tier 2)	QL(3.9 per 56 days)
ARISTADA 441 MG/1.6 ML SUSPENSION, ER, SYRINGE ^{DL}	\$0 (Tier 2)	QL(1.6 per 28 days)
ARISTADA 662 MG/2.4 ML SUSPENSION, ER, SYRINGE ^{DL}	\$0 (Tier 2)	QL(2.4 per 28 days)
ARISTADA 882 MG/3.2 ML SUSPENSION, ER, SYRINGE ^{DL}	\$0 (Tier 2)	QL(3.2 per 28 days)
ARISTADA INITIO 675 MG/2.4 ML SUSPENSION, ER, SYRINGE ^{DL}	\$0 (Tier 2)	QL(2.4 per 42 days)
asenapine maleate 10 mg, 2.5 mg, 5 mg SUBLINGUAL TABLET ^{MO}	\$0 (Tier 1)	PA,QL(60 per 30 days)
CAPLYTA 10.5 MG, 21 MG, 42 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
chlorpromazine 10 mg, 25 mg TABLET ^{MO}	\$0 (Tier 1)	BvsD
chlorpromazine 100 mg, 200 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
chlorpromazine 100 mg/ml, 30 mg/ml CONCENTRATE ^{MO}	\$0 (Tier 1)	
chlorpromazine 25 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
clozapine 100 mg TABLET ^{MO}	\$0 (Tier 1)	QL(270 per 30 days)
clozapine 100 mg TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 1)	PA,QL(270 per 30 days)
clozapine 12.5 mg TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 1)	PA
clozapine 150 mg TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 1)	PA,QL(180 per 30 days)
clozapine 200 mg TABLET ^{MO}	\$0 (Tier 1)	QL(135 per 30 days)
clozapine 200 mg TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 1)	PA,QL(135 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
clozapine 25 mg TABLET ^{MO}	\$0 (Tier 1)	QL(1080 per 30 days)
clozapine 25 mg TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 1)	PA,QL(1080 per 30 days)
clozapine 50 mg TABLET ^{MO}	\$0 (Tier 1)	
FANAPT 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
FANAPT 1MG(2)-2MG(2)- 4MG(2)-6MG(2) TABLET, DOSE PACK ^{MO}	\$0 (Tier 2)	PA,QL(56 per 28 days)
fluphenazine decanoate 25 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
fluphenazine hcl 1 mg, 10 mg, 2.5 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
fluphenazine hcl 2.5 mg/5 ml ELIXIR ^{MO}	\$0 (Tier 1)	
fluphenazine hcl 2.5 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
fluphenazine hcl 5 mg/ml CONCENTRATE ^{MO}	\$0 (Tier 1)	
haloperidol 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
haloperidol decanoate 100 mg/ml, 50 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
haloperidol lactate 2 mg/ml CONCENTRATE ^{MO}	\$0 (Tier 1)	
haloperidol lactate 5 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
haloperidol lactate 5 mg/ml SYRINGE ^{MO}	\$0 (Tier 1)	
INVEGA HAFYERA 1,092 MG/3.5 ML SYRINGE ^{MO}	\$0 (Tier 2)	QL(3.5 per 180 days)
INVEGA HAFYERA 1,560 MG/5 ML 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 SYRINGE ^{DL}	\$0 (Tier 2)	QL(1.5 per 28 days)
INVEGA SUSTENNA 156 MG/ML SYRINGE ^{DL}	\$0 (Tier 2)	QL(1 per 28 days)
INVEGA SUSTENNA 39 MG/0.25 ML SYRINGE ^{MO}	\$0 (Tier 2)	QL(1.5 per 28 days)
INVEGA TRINZA 273 MG/0.88 ML SYRINGE ^{MO}	\$0 (Tier 2)	QL(0.88 per 90 days)
INVEGA TRINZA 410 MG/1.32 ML SYRINGE ^{MO}	\$0 (Tier 2)	QL(1.32 per 90 days)
INVEGA TRINZA 546 MG/1.75 ML SYRINGE ^{MO}	\$0 (Tier 2)	QL(1.75 per 90 days)
INVEGA TRINZA 819 MG/2.63 ML SYRINGE ^{MO}	\$0 (Tier 2)	QL(2.63 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 succinate 10 mg, 25 mg, 5 mg, 50 mg CAPSULE ^{MO}	\$0 (Tier 1)	
lurasidone 120 mg, 20 mg, 40 mg, 60 mg TABLET ^{MO}	\$0 (Tier 1)	PA,QL(30 per 30 days)
lurasidone 80 mg TABLET ^{MO}	\$0 (Tier 1)	PA,QL(60 per 30 days)
LYBALVI 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
molindone 10 mg TABLET ^{MO}	\$0 (Tier 1)	PA,QL(240 per 30 days)
molindone 25 mg TABLET ^{MO}	\$0 (Tier 1)	PA,QL(270 per 30 days)
molindone 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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NUPLAZID 34 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
olanzapine 10 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
olanzapine 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg TABLET ^{MO}	\$0 (Tier 1)	
olanzapine 10 mg, 5 mg TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
olanzapine 15 mg, 20 mg TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
paliperidone 1.5 mg, 3 mg, 9 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
paliperidone 6 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
perphenazine 16 mg, 2 mg, 4 mg, 8 mg TABLET ^{MO}	\$0 (Tier 1)	
PERSERIS 120 MG, 90 MG SUSPENSION, ER, SYRINGE ^{DL}	\$0 (Tier 2)	QL(1 per 28 days)
pimozide 1 mg, 2 mg TABLET ^{MO}	\$0 (Tier 1)	
quetiapine 100 mg TABLET ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
quetiapine 150 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
quetiapine 200 mg TABLET ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
quetiapine 25 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
quetiapine 300 mg, 400 mg TABLET ^{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 ^{MO}	\$0 (Tier 2)	PA,QL(30 per 30 days)
RISPERDAL CONSTA 12.5 MG/2 ML, 25 MG/2 ML SUSPENSION, ER, RECON ^{MO}	\$0 (Tier 2)	QL(2 per 28 days)
RISPERDAL CONSTA 37.5 MG/2 ML, 50 MG/2 ML SUSPENSION, ER, RECON ^{DL}	\$0 (Tier 2)	QL(2 per 28 days)
risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg TABLET ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 1)	ST,QL(60 per 30 days)
risperidone 0.5 mg TABLET ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
risperidone 0.5 mg TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 1)	ST,QL(120 per 30 days)
risperidone 1 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
SECUADO 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR PATCH, 24 HR. ^{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 SUSPENSION ^{DL}	\$0 (Tier 2)	PA,QL(540 per 30 days)
VRAYLAR 1.5 MG (1)- 3 MG (6) CAPSULE, 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 mesylate 20 mg/ml (final conc.) RECON SOLUTION ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ZYPREXA RELPREVV 210 MG SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 2)	QL(4 per 28 days)
ZYPREXA RELPREVV 300 MG SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 2)	QL(2 per 28 days)
ZYPREXA RELPREVV 405 MG SUSPENSION FOR RECONSTITUTION ^{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 TABLET ^{MO}	\$0 (Tier 1)	
baclofen 20 mg TABLET ^{MO}	\$0 (Tier 1)	
baclofen 5 mg TABLET ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
dantrolene 100 mg, 25 mg, 50 mg CAPSULE ^{MO}	\$0 (Tier 1)	
tizanidine 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 TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
abacavir-lamivudine-zidovudine 300-150-300 mg TABLET ^{DL}	\$0 (Tier 1)	QL(60 per 30 days)
acyclovir 200 mg CAPSULE ^{MO}	\$0 (Tier 1)	
acyclovir 400 mg TABLET ^{MO}	\$0 (Tier 1)	
acyclovir 5 % OINTMENT ^{MO}	\$0 (Tier 1)	PA,QL(30 per 30 days)
acyclovir 800 mg TABLET ^{MO}	\$0 (Tier 1)	
acyclovir sodium 1,000 mg, 500 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
acyclovir sodium 50 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
adefovir 10 mg TABLET ^{MO}	\$0 (Tier 1)	
APRETUDE 600 MG/3 ML (200 MG/ML) SUSPENSION, ER ^{DL}	\$0 (Tier 2)	QL(21 per 365 days)
APTIVUS 250 MG CAPSULE ^{DL}	\$0 (Tier 2)	QL(120 per 30 days)
atazanavir 150 mg, 200 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
atazanavir 300 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
BARACLUDE 0.05 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	QL(630 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BIKTARVY 30-120-15 MG, 50-200-25 MG TABLET ^{DL}	\$0 (Tier 2)	QL(30 per 30 days)
CABENUVA 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML SUSPENSION, ER ^{DL}	\$0 (Tier 2)	QL(50 per 365 days)
CIMDUO 300-300 MG TABLET ^{DL}	\$0 (Tier 2)	QL(30 per 30 days)
COMPLERA 200-25-300 MG TABLET ^{DL}	\$0 (Tier 2)	QL(30 per 30 days)
darunavir ethanolate 600 mg TABLET ^{DL}	\$0 (Tier 1)	QL(60 per 30 days)
darunavir ethanolate 800 mg TABLET ^{DL}	\$0 (Tier 1)	QL(30 per 30 days)
DELSTRIGO 100-300-300 MG TABLET ^{DL}	\$0 (Tier 2)	QL(30 per 30 days)
DESCOVY 120-15 MG TABLET ^{DL}	\$0 (Tier 2)	QL(30 per 30 days)
DESCOVY 200-25 MG TABLET ^{DL}	\$0 (Tier 2)	QL(30 per 30 days)
didanosine 250 mg, 400 mg CAPSULE, DR/EC ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
DOVATO 50-300 MG TABLET ^{DL}	\$0 (Tier 2)	QL(30 per 30 days)
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)
efavirenz-emtricitabin-tenofovir 600-200-300 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
efavirenz-lamivudine-tenofovir disoproxil fumarate 400-300-300 mg, 600-300-300 mg TABLET ^{DL}	\$0 (Tier 1)	QL(30 per 30 days)
emtricitabine 200 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
emtricitabine-tenofovir (tdf) 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
EMTRIVA 10 MG/ML 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 150-37.5 MG PELLETS IN PACKET ^{DL}	\$0 (Tier 2)	PA,QL(28 per 28 days)
EPCLUSA 200-50 MG PELLETS IN PACKET ^{DL}	\$0 (Tier 2)	PA,QL(56 per 28 days)
EPCLUSA 200-50 MG, 400-100 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(28 per 28 days)
EPIVIR HBV 25 MG/5 ML (5 MG/ML) 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 300-150 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 RECON SOLUTION ^{DL}	\$0 (Tier 2)	QL(60 per 30 days)
GENVOYA 150-150-200-10 MG TABLET ^{DL}	\$0 (Tier 2)	QL(30 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HARVONI 33.75-150 MG PELLETS IN PACKET ^{DL}	\$0 (Tier 2)	PA,QL(28 per 28 days)
HARVONI 45-200 MG PELLETS IN PACKET ^{DL}	\$0 (Tier 2)	PA,QL(56 per 28 days)
HARVONI 45-200 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(28 per 28 days)
HARVONI 90-400 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(28 per 28 days)
INTELENCE 200 MG TABLET ^{DL}	\$0 (Tier 2)	QL(60 per 30 days)
INTELENCE 25 MG TABLET ^{MO}	\$0 (Tier 2)	QL(120 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 POWDER IN 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)
ISENTRESS HD 600 MG TABLET ^{DL}	\$0 (Tier 2)	QL(60 per 30 days)
JULUCA 50-25 MG TABLET ^{DL}	\$0 (Tier 2)	QL(30 per 30 days)
lamivudine 10 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	QL(900 per 30 days)
lamivudine 100 mg TABLET ^{MO}	\$0 (Tier 1)	QL(90 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-zidovudine 150-300 mg TABLET ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
ledipasvir-sofosbuvir 90-400 mg TABLET ^{DL}	\$0 (Tier 2)	PA,QL(28 per 28 days)
LEXIVA 50 MG/ML SUSPENSION ^{MO}	\$0 (Tier 2)	QL(1575 per 28 days)
lopinavir-ritonavir 100-25 mg TABLET ^{MO}	\$0 (Tier 1)	QL(300 per 30 days)
lopinavir-ritonavir 200-50 mg TABLET ^{MO}	\$0 (Tier 1)	QL(150 per 30 days)
lopinavir-ritonavir 400-100 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	
maraviroc 150 mg TABLET ^{DL}	\$0 (Tier 1)	QL(240 per 30 days)
maraviroc 300 mg TABLET ^{DL}	\$0 (Tier 1)	QL(120 per 30 days)
nevirapine 100 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
nevirapine 200 mg TABLET ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
nevirapine 400 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
nevirapine 50 mg/5 ml SUSPENSION ^{MO}	\$0 (Tier 1)	QL(1200 per 30 days)
NORVIR 100 MG POWDER IN PACKET ^{MO}	\$0 (Tier 2)	QL(360 per 30 days)
NORVIR 80 MG/ML SOLUTION ^{MO}	\$0 (Tier 2)	QL(480 per 30 days)
ODEFSEY 200-25-25 MG TABLET ^{DL}	\$0 (Tier 2)	QL(30 per 30 days)
oseltamivir 30 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL(224 per 365 days)
oseltamivir 45 mg, 75 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL(112 per 365 days)
oseltamivir 6 mg/ml SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 1)	QL(1440 per 365 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PIFELTRO 100 MG TABLET ^{DL}	\$0 (Tier 2)	QL(60 per 30 days)
PREVYMIS 240 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(28 per 28 days)
PREVYMIS 480 MG TABLET ^{DL}	\$0 (Tier 2)	PA
PREZCOBIX 800-150 MG-MG TABLET ^{DL}	\$0 (Tier 2)	QL(30 per 30 days)
PREZISTA 100 MG/ML 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 BLISTER WITH DEVICE ^{MO}	\$0 (Tier 2)	QL(60 per 180 days)
RETROVIR 10 MG/ML SOLUTION ^{MO}	\$0 (Tier 2)	
REYATAZ 50 MG POWDER IN 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 100 mg TABLET ^{MO}	\$0 (Tier 1)	
ritonavir 100 mg TABLET ^{MO}	\$0 (Tier 1)	QL(360 per 30 days)
RUKOBIA 600 MG TABLET, ER 12 HR. ^{DL}	\$0 (Tier 2)	QL(60 per 30 days)
SELZENTRY 20 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	QL(1800 per 30 days)
SELZENTRY 25 MG TABLET ^{MO}	\$0 (Tier 2)	QL(240 per 30 days)
SELZENTRY 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 150-150-200-300 MG TABLET ^{DL}	\$0 (Tier 2)	QL(30 per 30 days)
SUNLENCA 300 MG TABLET ^{DL}	\$0 (Tier 2)	QL(10 per 365 days)
SUNLENCA 309 MG/ML SOLUTION ^{MO}	\$0 (Tier 2)	QL(9 per 365 days)
SYMFI 600-300-300 MG TABLET ^{DL}	\$0 (Tier 2)	QL(30 per 30 days)
SYMFI LO 400-300-300 MG TABLET ^{DL}	\$0 (Tier 2)	QL(30 per 30 days)
SYMTUZA 800-150-200-10 MG TABLET ^{DL}	\$0 (Tier 2)	QL(30 per 30 days)
TEMIXYS 300-300 MG TABLET ^{DL}	\$0 (Tier 2)	QL(30 per 30 days)
tenofovir disoproxil fumarate 300 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
TIVICAY 10 MG TABLET ^{MO}	\$0 (Tier 2)	QL(60 per 30 days)
TIVICAY 25 MG, 50 MG TABLET ^{DL}	\$0 (Tier 2)	QL(60 per 30 days)
TIVICAY PD 5 MG TABLET FOR SUSPENSION ^{DL}	\$0 (Tier 2)	QL(180 per 30 days)
TRIUMEQ 600-50-300 MG TABLET ^{DL}	\$0 (Tier 2)	QL(30 per 30 days)
TRIUMEQ PD 60-5-30 MG TABLET FOR SUSPENSION ^{DL}	\$0 (Tier 2)	QL(180 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TRIZIVIR 300-150-300 MG TABLET ^{DL}	\$0 (Tier 2)	QL(60 per 30 days)
TROGARZO 200 MG/1.33 ML (150 MG/ML) SOLUTION ^{DL}	\$0 (Tier 2)	
TYBOST 150 MG TABLET ^{MO}	\$0 (Tier 2)	QL(30 per 30 days)
valacyclovir 1 gram, 500 mg TABLET ^{MO}	\$0 (Tier 1)	
valganciclovir 450 mg TABLET ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
valganciclovir 50 mg/ml RECON SOLUTION ^{DL}	\$0 (Tier 1)	QL(1056 per 30 days)
VEMLIDY 25 MG TABLET ^{DL}	\$0 (Tier 2)	QL(30 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) POWDER ^{DL}	\$0 (Tier 2)	QL(240 per 30 days)
VOCABRIA 30 MG TABLET ^{DL}	\$0 (Tier 2)	QL(30 per 30 days)
VOSEVI 400-100-100 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(28 per 28 days)
XOFLUZA 20 MG TABLET ^{MO}	\$0 (Tier 2)	QL(10 per 365 days)
XOFLUZA 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 10 mg/ml SYRUP ^{MO}	\$0 (Tier 1)	QL(1680 per 28 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)
ZIRGAN 0.15 % 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 10 mg, 15 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
buspirone 30 mg, 7.5 mg TABLET ^{MO}	\$0 (Tier 1)	
clonazepam 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg TABLET, DISINTEGRATING ^{DL}	\$0 (Tier 1)	
clonazepam 0.5 mg, 1 mg TABLET ^{DL}	\$0 (Tier 1)	
clonazepam 2 mg TABLET ^{DL}	\$0 (Tier 1)	
clorazepate dipotassium 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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
diazepam 2 mg TABLET ^{DL}	\$0 (Tier 1)	QL(90 per 30 days)
diazepam 5 mg TABLET ^{DL}	\$0 (Tier 1)	QL(90 per 30 days)
diazepam 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml) SOLUTION ^{DL}	\$0 (Tier 1)	QL(1200 per 30 days)
diazepam 5 mg/ml CONCENTRATE ^{DL}	\$0 (Tier 1)	QL(240 per 30 days)
diazepam intensol 5 mg/ml 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 CONCENTRATE ^{MO}	\$0 (Tier 1)	
hydroxyzine hcl 10 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
hydroxyzine hcl 10 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	
hydroxyzine hcl 25 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 CONCENTRATE ^{DL}	\$0 (Tier 1)	QL(150 per 30 days)
lorazepam intensol 2 mg/ml 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 CAPSULE ^{MO}	\$0 (Tier 1)	
lithium carbonate 300 mg TABLET ^{MO}	\$0 (Tier 1)	
lithium carbonate 300 mg, 450 mg TABLET ER ^{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 SPRAY, NON-AEROSOL ^{MO}	\$0 (Tier 2)	
diazoxide 50 mg/ml SUSPENSION ^{DL}	\$0 (Tier 1)	
FIASP FLEXTOUCH U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN ^{MO}	\$0 (Tier 2)	



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FIASP PENFILL U-100 INSULIN 100 UNIT/ML (3 ML) CARTRIDGE ^{MO}	\$0 (Tier 2)	
FIASP U-100 INSULIN 100 UNIT/ML SOLUTION ^{MO}	\$0 (Tier 2)	
glimepiride 1 mg TABLET ^{MO}	\$0 (Tier 1)	
glimepiride 2 mg, 4 mg TABLET ^{MO}	\$0 (Tier 1)	
glipizide 10 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	
glipizide 10 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
glipizide 2.5 mg, 5 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	
glipizide-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg TABLET ^{MO}	\$0 (Tier 1)	
GLUCAGEN HYPOKIT 1 MG RECON SOLUTION ^{MO}	\$0 (Tier 2)	
glyburide 1.25 mg, 2.5 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
glyburide micronized 1.5 mg, 3 mg, 6 mg TABLET ^{MO}	\$0 (Tier 1)	
glyburide-metformin 1.25-250 mg, 2.5-500 mg, 5-500 mg TABLET ^{MO}	\$0 (Tier 1)	
GLYXAMBI 10-5 MG, 25-5 MG TABLET ^{MO}	\$0 (Tier 2)	QL(30 per 30 days)
GVOKE 1 MG/0.2 ML SOLUTION ^{MO}	\$0 (Tier 2)	
GVOKE HYPOPEN 1-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML AUTO-INJECTOR ^{MO}	\$0 (Tier 2)	
GVOKE HYPOPEN 2-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML AUTO-INJECTOR ^{MO}	\$0 (Tier 2)	
GVOKE PFS 1-PACK SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML SYRINGE ^{MO}	\$0 (Tier 2)	
GVOKE PFS 2-PACK SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML SYRINGE ^{MO}	\$0 (Tier 2)	
INVOKAMET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG TABLET ^{MO}	\$0 (Tier 2)	QL(60 per 30 days)
INVOKAMET XR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG TABLET, IR/ER 24 HR., BIPHASIC ^{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 50-1,000 MG TABLET ^{MO}	\$0 (Tier 2)	QL(60 per 30 days)
JANUMET 50-500 MG TABLET ^{MO}	\$0 (Tier 2)	QL(60 per 30 days)
JANUMET XR 100-1,000 MG TABLET, ER 24 HR., MULTIPHASE ^{MO}	\$0 (Tier 2)	QL(30 per 30 days)
JANUMET XR 50-1,000 MG TABLET, ER 24 HR., MULTIPHASE ^{MO}	\$0 (Tier 2)	QL(60 per 30 days)
JANUMET XR 50-500 MG TABLET, ER 24 HR., MULTIPHASE ^{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 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG TABLET ^{MO}	\$0 (Tier 2)	QL(60 per 30 days)
JENTADUETO XR 2.5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC ^{MO}	\$0 (Tier 2)	QL(60 per 30 days)
JENTADUETO XR 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC ^{MO}	\$0 (Tier 2)	QL(30 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LANTUS SOLOSTAR U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN ^{MO}	\$0 (Tier 2)	
LANTUS U-100 INSULIN 100 UNIT/ML SOLUTION ^{MO}	\$0 (Tier 2)	
LEVEMIR FLEXPEN 100 UNIT/ML (3 ML) INSULIN PEN ^{MO}	\$0 (Tier 2)	
LEVEMIR FLEXTOUCH U100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN ^{MO}	\$0 (Tier 2)	
LEVEMIR U-100 INSULIN 100 UNIT/ML SOLUTION ^{MO}	\$0 (Tier 2)	
metformin 1,000 mg, 500 mg TABLET ^{MO}	\$0 (Tier 1)	
metformin 500 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
metformin 750 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
metformin 850 mg TABLET ^{MO}	\$0 (Tier 1)	
MOUNJARO 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML PEN INJECTOR ^{MO}	\$0 (Tier 2)	QL(2 per 28 days)
nateglinide 120 mg, 60 mg TABLET ^{MO}	\$0 (Tier 1)	
NOVOLIN 70-30 FLEXPEN U-100 100 UNIT/ML (70-30) INSULIN PEN ^{MO}	\$0 (Tier 2)	
NOVOLIN 70/30 U-100 INSULIN 100 UNIT/ML (70-30) SUSPENSION ^{MO}	\$0 (Tier 2)	
NOVOLIN N FLEXPEN 100 UNIT/ML (3 ML) INSULIN PEN ^{MO}	\$0 (Tier 2)	
NOVOLIN N NPH U-100 INSULIN 100 UNIT/ML SUSPENSION ^{MO}	\$0 (Tier 2)	
NOVOLIN R FLEXPEN 100 UNIT/ML (3 ML) INSULIN PEN ^{MO}	\$0 (Tier 2)	
NOVOLIN R REGULAR U100 INSULIN 100 UNIT/ML SOLUTION ^{MO}	\$0 (Tier 2)	
NOVOLOG FLEXPEN U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN ^{MO}	\$0 (Tier 2)	
NOVOLOG MIX 70-30 U-100 INSULN 100 UNIT/ML (70-30) SOLUTION ^{MO}	\$0 (Tier 2)	
NOVOLOG MIX 70-30FLEXPEN U-100 100 UNIT/ML (70-30) INSULIN PEN ^{MO}	\$0 (Tier 2)	
NOVOLOG PENFILL U-100 INSULIN 100 UNIT/ML CARTRIDGE ^{MO}	\$0 (Tier 2)	
NOVOLOG U-100 INSULIN ASPART 100 UNIT/ML SOLUTION ^{MO}	\$0 (Tier 2)	
OZEMPIC 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (2 MG/1.5 ML) PEN INJECTOR ^{MO}	\$0 (Tier 2)	QL(3 per 28 days)
OZEMPIC 0.25 MG OR 0.5 MG(2 MG/1.5 ML) PEN INJECTOR ^{MO}	\$0 (Tier 2)	QL(1.5 per 28 days)
OZEMPIC 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) PEN INJECTOR ^{MO}	\$0 (Tier 2)	QL(3 per 28 days)
pioglitazone 15 mg, 30 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
pioglitazone 45 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 INSULIN PEN ^{MO}	\$0 (Tier 2)	QL(15 per 24 days)
SYMLINPEN 120 2,700 MCG/2.7 ML PEN INJECTOR ^{DL}	\$0 (Tier 2)	QL(10.8 per 30 days)
SYMLINPEN 60 1,500 MCG/1.5 ML PEN INJECTOR ^{DL}	\$0 (Tier 2)	QL(10.5 per 28 days)
SYNJARDY 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG TABLET ^{MO}	\$0 (Tier 2)	QL(60 per 30 days)
SYNJARDY XR 10-1,000 MG, 25-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC ^{MO}	\$0 (Tier 2)	QL(30 per 30 days)
SYNJARDY XR 12.5-1,000 MG, 5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC ^{MO}	\$0 (Tier 2)	QL(60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML) INSULIN PEN ^{MO}	\$0 (Tier 2)	
TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML) INSULIN PEN ^{MO}	\$0 (Tier 2)	
TRADJENTA 5 MG TABLET ^{MO}	\$0 (Tier 2)	QL(30 per 30 days)
TRESIBA FLEXTouch U-100 100 UNIT/ML (3 ML) INSULIN PEN ^{MO}	\$0 (Tier 2)	
TRESIBA FLEXTouch U-200 200 UNIT/ML (3 ML) INSULIN PEN ^{MO}	\$0 (Tier 2)	
TRESIBA U-100 INSULIN 100 UNIT/ML SOLUTION ^{MO}	\$0 (Tier 2)	
TRIJARDY XR 10-5-1,000 MG, 25-5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC ^{MO}	\$0 (Tier 2)	QL(30 per 30 days)
TRIJARDY XR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC ^{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 PEN INJECTOR ^{MO}	\$0 (Tier 2)	QL(2 per 28 days)
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) PEN INJECTOR ^{MO}	\$0 (Tier 2)	QL(9 per 30 days)
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) PEN INJECTOR ^{MO}	\$0 (Tier 2)	QL(9 per 30 days)
XULTOPHY 100/3.6 100 UNIT-3.6 MG /ML (3 ML) INSULIN PEN ^{MO}	\$0 (Tier 2)	QL(15 per 30 days)
ZEGALOGUE AUTOINJECTOR 0.6 MG/0.6 ML AUTO-INJECTOR ^{MO}	\$0 (Tier 2)	
ZEGALOGUE SYRINGE 0.6 MG/0.6 ML SYRINGE ^{MO}	\$0 (Tier 2)	

BLOOD PRODUCTS AND MODIFIERS

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
aminocaproic acid 1,000 mg, 500 mg TABLET ^{DL}	\$0 (Tier 1)	
aminocaproic acid 250 mg/ml (25 %) SOLUTION ^{DL}	\$0 (Tier 1)	



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
anagrelide 0.5 mg, 1 mg CAPSULE ^{MO}	\$0 (Tier 1)	
aspirin-dipyridamole 25-200 mg CAPSULE ER MULTIPHASE 12 HR. ^{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 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)
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 TREAT 30D START 5 MG (74 TABS) TABLET, DOSE PACK ^{MO}	\$0 (Tier 2)	QL(74 per 30 days)
enoxaparin 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml SYRINGE ^{MO}	\$0 (Tier 1)	
enoxaparin 300 mg/3 ml SOLUTION ^{MO}	\$0 (Tier 1)	
FULPHILA 6 MG/0.6 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(1.2 per 28 days)
heparin (porcine) 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml SOLUTION ^{MO}	\$0 (Tier 1)	
heparin, porcine (pf) 5,000 unit/0.5 ml SYRINGE ^{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) SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(9.6 per 30 days)
NEULASTA 6 MG/0.6 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(1.2 per 28 days)
NEULASTA ONPRO 6 MG/0.6 ML SYRINGE W/WEARABLE INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(1.2 per 28 days)
NIVESTYM 300 MCG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(7 per 30 days)
NIVESTYM 300 MCG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(14 per 30 days)
NIVESTYM 480 MCG/0.8 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(11.2 per 30 days)
NIVESTYM 480 MCG/1.6 ML 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)
PROCRIT 10,000 UNIT/ML SOLUTION ^{MO}	\$0 (Tier 2)	PA,QL(14 per 30 days)
PROCRIT 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML SOLUTION ^{MO}	\$0 (Tier 2)	PA,QL(14 per 30 days)
PROCRIT 20,000 UNIT/2 ML SOLUTION ^{MO}	\$0 (Tier 2)	PA,QL(28 per 30 days)
PROMACTA 12.5 MG POWDER IN PACKET ^{DL,LA}	\$0 (Tier 2)	PA,QL(360 per 30 days)
PROMACTA 12.5 MG, 75 MG TABLET ^{DL,LA}	\$0 (Tier 2)	PA,QL(60 per 30 days)
PROMACTA 25 MG POWDER IN PACKET ^{DL,LA}	\$0 (Tier 2)	PA,QL(180 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PROMACTA 25 MG TABLET ^{DL,LA}	\$0 (Tier 2)	PA,QL(30 per 30 days)
PROMACTA 50 MG TABLET ^{DL,LA}	\$0 (Tier 2)	PA,QL(90 per 30 days)
PYRUKYND 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7) TABLET, DOSE PACK ^{DL}	\$0 (Tier 2)	PA,QL(14 per 14 days)
PYRUKYND 20 MG, 5 MG, 50 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 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 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 SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(1.2 per 28 days)
UDENYCA AUTOINJECTOR 6 MG/0.6 ML AUTO-INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(1.2 per 28 days)
warfarin 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 6 mg, 7.5 mg TABLET ^{MO}	\$0 (Tier 1)	
warfarin 5 mg TABLET ^{MO}	\$0 (Tier 1)	
XARELTO 1 MG/ML SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 2)	ST,QL(600 per 30 days)
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 TREAT 30D START 15 MG (42)- 20 MG (9) TABLET, DOSE PACK ^{MO}	\$0 (Tier 2)	QL(51 per 30 days)
ZARXIO 300 MCG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(7 per 30 days)
ZARXIO 480 MCG/0.8 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(11.2 per 30 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 500 mg CAPSULE, ER ^{MO}	\$0 (Tier 1)	
acetazolamide sodium 500 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
aliskiren 150 mg, 300 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
amiloride 5 mg TABLET ^{MO}	\$0 (Tier 1)	
amiloride-hydrochlorothiazide 5-50 mg TABLET ^{MO}	\$0 (Tier 1)	
amiodarone 100 mg TABLET ^{MO}	\$0 (Tier 1)	
amiodarone 150 mg/3 ml SYRINGE ^{MO}	\$0 (Tier 1)	
amiodarone 200 mg TABLET ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
amiodarone 400 mg TABLET ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
amiodarone 50 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
amlodipine 10 mg, 2.5 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
amlodipine-benazepril 10-20 mg, 2.5-10 mg, 5-10 mg, 5-20 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
amlodipine-benazepril 10-40 mg, 5-40 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
amlodipine-valsartan 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
atenolol 100 mg TABLET ^{MO}	\$0 (Tier 1)	
atenolol 25 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
atenolol-chlorthalidone 100-25 mg, 50-25 mg TABLET ^{MO}	\$0 (Tier 1)	
atorvastatin 10 mg, 20 mg, 40 mg, 80 mg TABLET ^{MO}	\$0 (Tier 1)	
benazepril 10 mg, 20 mg, 40 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
benazepril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg TABLET ^{MO}	\$0 (Tier 1)	
bisoprolol fumarate 10 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
bisoprolol-hydrochlorothiazide 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg TABLET ^{MO}	\$0 (Tier 1)	
bumetanide 0.25 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
bumetanide 0.5 mg, 2 mg TABLET ^{MO}	\$0 (Tier 1)	
bumetanide 1 mg TABLET ^{MO}	\$0 (Tier 1)	
CAMZYOS 10 MG, 15 MG, 2.5 MG, 5 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
candesartan 16 mg, 4 mg, 8 mg TABLET ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
candesartan 32 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
candesartan-hydrochlorothiazid 16-12.5 mg, 32-12.5 mg, 32-25 mg TABLET ^{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-hydrochlorothiazide 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, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
cartia xt 300 mg CAPSULE, ER 24 HR. ^{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 sodium 500 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
chlorthalidone 25 mg TABLET ^{MO}	\$0 (Tier 1)	
chlorthalidone 50 mg TABLET ^{MO}	\$0 (Tier 1)	
cholestyramine (with sugar) 4 gram POWDER ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
cholestyramine (with sugar) 4 gram POWDER IN PACKET ^{MO}	\$0 (Tier 1)	
cholestyramine light 4 gram POWDER ^{MO}	\$0 (Tier 1)	
cholestyramine light 4 gram POWDER IN PACKET ^{MO}	\$0 (Tier 1)	
cholestyramine-aspartame 4 gram POWDER IN PACKET ^{MO}	\$0 (Tier 1)	
clonidine 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr PATCH, WEEKLY ^{MO}	\$0 (Tier 1)	QL(4 per 28 days)
clonidine hcl 0.1 mg TABLET ^{MO}	\$0 (Tier 1)	
clonidine hcl 0.2 mg, 0.3 mg TABLET ^{MO}	\$0 (Tier 1)	
colestipol 1 gram TABLET ^{MO}	\$0 (Tier 1)	
colestipol 5 gram GRANULES ^{MO}	\$0 (Tier 1)	QL(1000 per 30 days)
colestipol 5 gram PACKET ^{MO}	\$0 (Tier 1)	
CORLANOR 5 MG, 7.5 MG TABLET ^{MO}	\$0 (Tier 2)	PA,QL(60 per 30 days)
DEMSEER 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 (0.125 mg) TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
digoxin 250 mcg (0.25 mg) TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
dilt-xr 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
diltiazem hcl 100 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
diltiazem hcl 120 mg CAPSULE, ER 12 HR. ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
diltiazem hcl 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
diltiazem hcl 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
diltiazem hcl 120 mg, 30 mg, 60 mg, 90 mg TABLET ^{MO}	\$0 (Tier 1)	
diltiazem hcl 300 mg, 360 mg, 420 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
diltiazem hcl 60 mg, 90 mg CAPSULE, ER 12 HR. ^{MO}	\$0 (Tier 1)	QL(180 per 30 days)
DIURIL 250 MG/5 ML SUSPENSION ^{MO}	\$0 (Tier 2)	
dofetilide 125 mcg, 250 mcg, 500 mcg CAPSULE ^{MO}	\$0 (Tier 1)	
doxazosin 1 mg, 2 mg, 4 mg, 8 mg TABLET ^{MO}	\$0 (Tier 1)	
enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
enalapril-hydrochlorothiazide 10-25 mg, 5-12.5 mg TABLET ^{MO}	\$0 (Tier 1)	
ENTRESTO 24-26 MG, 49-51 MG, 97-103 MG TABLET ^{MO}	\$0 (Tier 2)	QL(60 per 30 days)
ethacrynate sodium 50 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
ezetimibe 10 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
felodipine 10 mg, 2.5 mg, 5 mg TABLET, ER 24 HR. ^{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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
fenofibrate micronized 134 mg, 200 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
fenofibrate micronized 67 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
fenofibrate nanocrystallized 145 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
fenofibrate nanocrystallized 48 mg TABLET ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
flecainide 100 mg, 150 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
fluvastatin 20 mg, 40 mg CAPSULE ^{MO}	\$0 (Tier 1)	ST,QL(60 per 30 days)
fluvastatin 80 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	ST,QL(30 per 30 days)
fosinopril 10 mg, 20 mg, 40 mg TABLET ^{MO}	\$0 (Tier 1)	
fosinopril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg TABLET ^{MO}	\$0 (Tier 1)	
furosemide 10 mg/ml, 40 mg/5 ml (8 mg/ml) SOLUTION ^{MO}	\$0 (Tier 1)	
furosemide 20 mg, 40 mg TABLET ^{MO}	\$0 (Tier 1)	
furosemide 80 mg TABLET ^{MO}	\$0 (Tier 1)	
gemfibrozil 600 mg TABLET ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
guanfacine 1 mg TABLET ^{MO}	\$0 (Tier 1)	
guanfacine 2 mg TABLET ^{MO}	\$0 (Tier 1)	
hydralazine 10 mg, 100 mg TABLET ^{MO}	\$0 (Tier 1)	
hydralazine 20 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
hydralazine 25 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
hydrochlorothiazide 12.5 mg CAPSULE ^{MO}	\$0 (Tier 1)	
hydrochlorothiazide 12.5 mg, 25 mg TABLET ^{MO}	\$0 (Tier 1)	
hydrochlorothiazide 50 mg TABLET ^{MO}	\$0 (Tier 1)	
indapamide 1.25 mg, 2.5 mg TABLET ^{MO}	\$0 (Tier 1)	
irbesartan 150 mg, 75 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
irbesartan 300 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
irbesartan-hydrochlorothiazide 150-12.5 mg TABLET ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
irbesartan-hydrochlorothiazide 300-12.5 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
isosorbide dinitrate 10 mg, 20 mg, 30 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
isosorbide mononitrate 10 mg, 20 mg TABLET ^{MO}	\$0 (Tier 1)	
isosorbide mononitrate 120 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	
isosorbide mononitrate 30 mg, 60 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	
isradipine 2.5 mg, 5 mg CAPSULE ^{MO}	\$0 (Tier 1)	
KERENDIA 10 MG, 20 MG TABLET ^{MO}	\$0 (Tier 2)	PA,QL(30 per 30 days)
labetalol 100 mg, 200 mg, 300 mg TABLET ^{MO}	\$0 (Tier 1)	
labetalol 5 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
lisinopril 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
lisinopril 30 mg TABLET ^{MO}	\$0 (Tier 1)	
lisinopril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg TABLET ^{MO}	\$0 (Tier 1)	
losartan 100 mg, 25 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
losartan-hydrochlorothiazide 100-12.5 mg, 100-25 mg, 50-12.5 mg TABLET ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
lovastatin 10 mg TABLET ^{MO}	\$0 (Tier 1)	
lovastatin 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-hydrochlorothiazide 250-15 mg, 250-25 mg TABLET ^{MO}	\$0 (Tier 1)	
metolazone 10 mg, 2.5 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
metoprolol succinate 100 mg, 50 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
metoprolol succinate 200 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
metoprolol succinate 25 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
metoprolol ta-hydrochlorothiaz 100-25 mg, 100-50 mg, 50-25 mg TABLET ^{MO}	\$0 (Tier 1)	
metoprolol tartrate 100 mg, 25 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
metoprolol tartrate 37.5 mg, 75 mg TABLET ^{MO}	\$0 (Tier 1)	
metoprolol tartrate 5 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	
metirosine 250 mg CAPSULE ^{DL}	\$0 (Tier 1)	
midodrine 10 mg, 2.5 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
minoxidil 10 mg, 2.5 mg TABLET ^{MO}	\$0 (Tier 1)	
moexipril 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 180-10 MG TABLET ^{MO}	\$0 (Tier 2)	PA,QL(30 per 30 days)
niacin 500 mg TABLET ^{MO}	\$0 (Tier 1)	
niacor 500 mg TABLET ^{MO}	\$0 (Tier 1)	
nifedipine 30 mg, 60 mg, 90 mg TABLET ER ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
nifedipine 30 mg, 60 mg, 90 mg TABLET, ER 24 HR. ^{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, 24 HR. ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
nitroglycerin 0.3 mg, 0.6 mg SUBLINGUAL TABLET ^{MO}	\$0 (Tier 1)	
nitroglycerin 0.4 mg SUBLINGUAL TABLET ^{MO}	\$0 (Tier 1)	
nitroglycerin 0.4 mg/hr PATCH, 24 HR. ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
nitroglycerin 50 mg/10 ml (5 mg/ml) SOLUTION ^{MO}	\$0 (Tier 1)	
NITROSTAT 0.3 MG, 0.4 MG, 0.6 MG SUBLINGUAL TABLET ^{MO}	\$0 (Tier 2)	
olmesartan 20 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
olmesartan 40 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
olmesartan 5 mg TABLET ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
olmesartan-hydrochlorothiazide 20-12.5 mg, 40-12.5 mg, 40-25 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
omega-3 acid ethyl esters 1 gram CAPSULE ^{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 400 mg TABLET ER ^{MO}	\$0 (Tier 1)	
perindopril erbumine 2 mg, 4 mg, 8 mg TABLET ^{MO}	\$0 (Tier 1)	
pravastatin 10 mg, 20 mg, 40 mg, 80 mg TABLET ^{MO}	\$0 (Tier 1)	
prazosin 1 mg, 2 mg, 5 mg CAPSULE ^{MO}	\$0 (Tier 1)	
prevalite 4 gram POWDER ^{MO}	\$0 (Tier 1)	
prevalite 4 gram POWDER IN PACKET ^{MO}	\$0 (Tier 1)	
procainamide 100 mg/ml, 500 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
propafenone 150 mg, 225 mg, 300 mg TABLET ^{MO}	\$0 (Tier 1)	
propafenone 225 mg, 325 mg CAPSULE, ER 12 HR. ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
propafenone 425 mg CAPSULE, ER 12 HR. ^{MO}	\$0 (Tier 1)	
propranolol 1 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
propranolol 10 mg, 20 mg, 40 mg, 60 mg, 80 mg TABLET ^{MO}	\$0 (Tier 1)	
propranolol 120 mg, 160 mg, 60 mg, 80 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	
propranolol-hydrochlorothiazid 40-25 mg, 80-25 mg TABLET ^{MO}	\$0 (Tier 1)	
quinapril 10 mg, 20 mg, 40 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
quinapril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg TABLET ^{MO}	\$0 (Tier 1)	
quinidine sulfate 200 mg, 300 mg TABLET ^{MO}	\$0 (Tier 1)	
ramipril 1.25 mg, 10 mg, 2.5 mg, 5 mg CAPSULE ^{MO}	\$0 (Tier 1)	
ranolazine 1,000 mg, 500 mg TABLET, ER 12 HR. ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
REPATHA PUSHTRONEX 420 MG/3.5 ML WEARABLE INJECTOR ^{MO}	\$0 (Tier 2)	PA,QL(3.5 per 28 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
REPATHA SURECLICK 140 MG/ML PEN INJECTOR ^{MO}	\$0 (Tier 2)	PA,QL(3 per 28 days)
REPATHA SYRINGE 140 MG/ML SYRINGE ^{MO}	\$0 (Tier 2)	PA,QL(3 per 28 days)
rosuvastatin 10 mg, 20 mg, 40 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
simvastatin 10 mg, 20 mg, 40 mg TABLET ^{MO}	\$0 (Tier 1)	
simvastatin 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)	
spironolacton-hydrochlorothiaz 25-25 mg TABLET ^{MO}	\$0 (Tier 1)	
spironolactone 100 mg TABLET ^{MO}	\$0 (Tier 1)	
spironolactone 25 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
taztia xt 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
taztia xt 300 mg, 360 mg CAPSULE, ER 24 HR. ^{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 mg, 40-5 mg, 80-10 mg, 80-5 mg TABLET ^{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, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
tiadylt er 300 mg, 360 mg, 420 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
timolol maleate 10 mg, 20 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
toremide 10 mg, 100 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
toremide 20 mg TABLET ^{MO}	\$0 (Tier 1)	
trandolapril 1 mg, 2 mg, 4 mg TABLET ^{MO}	\$0 (Tier 1)	
triamterene-hydrochlorothiazid 37.5-25 mg CAPSULE ^{MO}	\$0 (Tier 1)	
triamterene-hydrochlorothiazid 37.5-25 mg TABLET ^{MO}	\$0 (Tier 1)	
triamterene-hydrochlorothiazid 75-50 mg TABLET ^{MO}	\$0 (Tier 1)	
valsartan 160 mg TABLET ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
valsartan 320 mg, 40 mg, 80 mg TABLET ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
valsartan-hydrochlorothiazide 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg TABLET ^{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 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg CAPSULE ER PELLETS 24 HR. ^{MO}	\$0 (Tier 1)	
verapamil 120 mg, 180 mg, 240 mg TABLET ER ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
verapamil 120 mg, 40 mg, 80 mg TABLET ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
verapamil 2.5 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
verapamil 360 mg CAPSULE ER PELLETS 24 HR. ^{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 10 mg, 18 mg, 25 mg, 40 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
atomoxetine 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)
AUSTEDO XR 12 MG, 6 MG TABLET, ER 24 HR. ^{DL}	\$0 (Tier 2)	PA,QL(90 per 30 days)
AUSTEDO XR 24 MG TABLET, ER 24 HR. ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
BETASERON 0.3 MG KIT ^{DL}	\$0 (Tier 2)	PA,QL(15 per 30 days)
COPAXONE 20 MG/ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
COPAXONE 40 MG/ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(12 per 28 days)
dalfampridine 10 mg TABLET, ER 12 HR. ^{MO}	\$0 (Tier 1)	PA,QL(60 per 30 days)
dexmethylphenidate 10 mg, 2.5 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
dextroamphetamine sulfate 10 mg TABLET ^{MO}	\$0 (Tier 1)	QL(180 per 30 days)
dextroamphetamine sulfate 15 mg TABLET ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
dextroamphetamine sulfate 20 mg TABLET ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
dextroamphetamine sulfate 30 mg TABLET ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
dextroamphetamine sulfate 5 mg TABLET ^{MO}	\$0 (Tier 1)	QL(150 per 30 days)
dextroamphetamine-amphetamine 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg TABLET ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
dextroamphetamine-amphetamine 30 mg TABLET ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
dimethyl fumarate 120 mg (14)- 240 mg (46), 240 mg CAPSULE, DR/EC ^{DL}	\$0 (Tier 1)	PA,QL(60 per 30 days)
dimethyl fumarate 120 mg CAPSULE, DR/EC ^{DL}	\$0 (Tier 1)	PA,QL(14 per 30 days)
fingolimod 0.5 mg CAPSULE ^{DL}	\$0 (Tier 1)	PA,QL(30 per 30 days)
FIRDAPSE 10 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(240 per 30 days)
GILENYA 0.25 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
GILENYA 0.5 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 SYRINGE ^{DL}	\$0 (Tier 1)	PA,QL(30 per 30 days)
glatopa 40 mg/ml SYRINGE ^{DL}	\$0 (Tier 1)	PA,QL(12 per 28 days)
guanfacine 1 mg, 2 mg, 3 mg, 4 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
INGREZZA 40 MG, 60 MG, 80 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
INGREZZA INITIATION PACK 40 MG (7)- 80 MG (21) CAPSULE, DOSE PACK ^{DL}	\$0 (Tier 2)	PA,QL(28 per 28 days)
KESIMPTA PEN 20 MG/0.4 ML PEN INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(1.2 per 28 days)
methylphenidate hcl 10 mg TABLET ER ^{MO}	\$0 (Tier 1)	QL(180 per 30 days)
methylphenidate hcl 10 mg, 20 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
methylphenidate hcl 20 mg TABLET ER ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
NUJEXTA 20-10 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
pregabalin 100 mg, 150 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 200 mg, 25 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL(90 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, 25 MG, 50 MG TABLET ^{MO}	\$0 (Tier 2)	QL(60 per 30 days)
SAVELLA 12.5 MG (5)-25 MG(8)-50 MG(42) TABLET, DOSE PACK ^{MO}	\$0 (Tier 2)	QL(55 per 28 days)
teriflunomide 14 mg, 7 mg TABLET ^{MO}	\$0 (Tier 1)	PA,QL(30 per 30 days)
tetrabenazine 12.5 mg TABLET ^{MO}	\$0 (Tier 1)	PA,QL(240 per 30 days)
tetrabenazine 25 mg TABLET ^{DL}	\$0 (Tier 1)	PA,QL(120 per 30 days)
VUMERITY 231 MG CAPSULE, DR/EC ^{DL}	\$0 (Tier 2)	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 gluconate 0.12 % MOUTHWASH ^{MO}	\$0 (Tier 1)	
oralone 0.1 % 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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
triamcinolone acetonide 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 %, 0.3 % GEL ^{MO}	\$0 (Tier 1)	QL(45 per 30 days)
adapalene 0.3 % GEL WITH 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 dipropionate 0.05 % CREAM ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
betamethasone dipropionate 0.05 % LOTION ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
betamethasone dipropionate 0.05 % OINTMENT ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
betamethasone valerate 0.1 % CREAM ^{MO}	\$0 (Tier 1)	QL(180 per 30 days)
betamethasone valerate 0.1 % LOTION ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
betamethasone valerate 0.1 % OINTMENT ^{MO}	\$0 (Tier 1)	QL(180 per 30 days)
betamethasone, augmented 0.05 % CREAM ^{MO}	\$0 (Tier 1)	QL(100 per 30 days)
betamethasone, augmented 0.05 % GEL ^{MO}	\$0 (Tier 1)	QL(100 per 30 days)
betamethasone, augmented 0.05 % LOTION ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
betamethasone, augmented 0.05 % OINTMENT ^{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)
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 phosphate 1 % GEL ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
clindamycin phosphate 1 % LOTION ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
clindamycin phosphate 1 % SOLUTION ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
clindamycin phosphate 1 % SWAB ^{MO}	\$0 (Tier 1)	
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 % LOTION ^{MO}	\$0 (Tier 1)	QL(240 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 % CREAM ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
ery pads 2 % SWAB ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
erythromycin with ethanol 2 % SOLUTION ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
fluocinolone 0.01 % SOLUTION ^{MO}	\$0 (Tier 1)	QL(180 per 30 days)
fluocinolone 0.01 %, 0.025 % CREAM ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
fluocinolone 0.025 % OINTMENT ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
fluocinolone and shower cap 0.01 % OIL ^{MO}	\$0 (Tier 1)	QL(118.28 per 30 days)
fluorouracil 2 % SOLUTION ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
fluorouracil 5 % CREAM ^{MO}	\$0 (Tier 1)	
fluorouracil 5 % SOLUTION ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
fluticasone propionate 0.005 % OINTMENT ^{MO}	\$0 (Tier 1)	QL(240 per 30 days)
fluticasone propionate 0.05 % CREAM ^{MO}	\$0 (Tier 1)	QL(240 per 30 days)
hydrocortisone 1 % CREAM W/PERINEAL APPLICATOR ^{MO}	\$0 (Tier 1)	QL(28.4 per 30 days)
hydrocortisone 1 %, 2.5 % CREAM ^{MO}	\$0 (Tier 1)	QL(240 per 30 days)
hydrocortisone 1 %, 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 W/PERINEAL APPLICATOR ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
hydrocortisone 2.5 % LOTION ^{MO}	\$0 (Tier 1)	QL(236 per 30 days)
HYFTOR 0.2 % GEL ^{DL}	\$0 (Tier 2)	PA
imiquimod 5 % CREAM IN PACKET ^{MO}	\$0 (Tier 1)	QL(12 per 30 days)
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 CAPSULE, LIQ FILLED, RAPID REL ^{DL}	\$0 (Tier 1)	
mometasone 0.1 % CREAM ^{MO}	\$0 (Tier 1)	QL(180 per 30 days)
mometasone 0.1 % OINTMENT ^{MO}	\$0 (Tier 1)	QL(180 per 30 days)
mometasone 0.1 % SOLUTION ^{MO}	\$0 (Tier 1)	QL(180 per 30 days)
mupirocin 2 % OINTMENT ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
OTEZLA 30 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG (47) TABLET, DOSE PACK ^{DL}	\$0 (Tier 2)	PA,QL(55 per 28 days)
OTEZLA STARTER 10 MG (4)-20 MG (4)-30 MG(19) TABLET, DOSE PACK ^{DL}	\$0 (Tier 2)	PA,QL(27 per 30 days)
permethrin 5 % CREAM ^{MO}	\$0 (Tier 1)	
pimecrolimus 1 % CREAM ^{MO}	\$0 (Tier 1)	PA,QL(100 per 30 days)
podofilox 0.5 % SOLUTION ^{MO}	\$0 (Tier 1)	QL(7 per 30 days)
procto-med hc 2.5 % CREAM W/PERINEAL APPLICATOR ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
proctosol hc 2.5 % CREAM W/PERINEAL APPLICATOR ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
proctozone-hc 2.5 % CREAM W/PERINEAL APPLICATOR ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
REGRANEX 0.01 % GEL ^{DL}	\$0 (Tier 2)	PA
SANTYL 250 UNIT/GRAM OINTMENT ^{MO}	\$0 (Tier 2)	QL(180 per 30 days)
silver sulfadiazine 1 % CREAM ^{MO}	\$0 (Tier 1)	
SSD 1 % CREAM ^{MO}	\$0 (Tier 1)	
tacrolimus 0.03 %, 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)
tretinoin 0.01 %, 0.025 %, 0.05 % GEL ^{MO}	\$0 (Tier 1)	PA,QL(45 per 30 days)
tretinoin 0.025 %, 0.05 %, 0.1 % CREAM ^{MO}	\$0 (Tier 1)	PA,QL(45 per 30 days)
UVADEX 20 MCG/ML 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 % 10 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
AMINOSYN 7 % WITH ELECTROLYTES 7 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
AMINOSYN 8.5 % 8.5 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
AMINOSYN 8.5 %-ELECTROLYTES 8.5 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
AMINOSYN II 10 % 10 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
AMINOSYN II 15 % 15 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
AMINOSYN II 7 % 7 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
AMINOSYN II 8.5 % 8.5 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
AMINOSYN II 8.5 %-ELECTROLYTES 8.5 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
AMINOSYN M 3.5 % 3.5 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
AMINOSYN-HBC 7% 7 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
AMINOSYN-PF 10 % 10 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
AMINOSYN-PF 7 % (SULFITE-FREE) 7 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
AMINOSYN-RF 5.2 % 5.2 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
bal-care dha 27-1-430 mg COMBO PACK, DR TAB/DR CAP ^{MO}	\$0 (Tier 1)	
c-nate dha 28 mg iron-1 mg -200 mg CAPSULE ^{MO}	\$0 (Tier 1)	
calcium acetate(phosphat bind) 667 mg CAPSULE ^{MO}	\$0 (Tier 1)	
calcium acetate(phosphat bind) 667 mg TABLET ^{MO}	\$0 (Tier 1)	
carglumic acid 200 mg TABLET, DISPERSIBLE ^{DL}	\$0 (Tier 1)	PA
CHEMET 100 MG CAPSULE ^{DL}	\$0 (Tier 2)	
CLINIMIX 5%/D15W SULFITE FREE 5 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
CLINIMIX 4.25%/D10W SULF FREE 4.25 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
CLINIMIX 4.25%/D5W SULFIT FREE 4.25 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
CLINIMIX 5%-D20W(SULFITE-FREE) 5 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
CLINIMIX 6%-D5W (SULFITE-FREE) 6-5 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
CLINIMIX 8%-D10W(SULFITE-FREE) 8-10 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
CLINIMIX 8%-D14W(SULFITE-FREE) 8-14 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
CLINIMIX E 2.75%/D5W SULF FREE 2.75 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
CLINIMIX E 4.25%/D5W SULF FREE 4.25 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
CLINIMIX E 5%/D15W SULFIT FREE 5 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
CLINIMIX E 5%/D20W SULFIT FREE 5 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
CLINIMIX E 8%-D10W SULFITEFREE 8-10 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
CLINIMIX E 8%-D14W SULFITEFREE 8-14 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
CLINOLIPID 20 % EMULSION ^{MO}	\$0 (Tier 2)	BvsD
clovique 250 mg CAPSULE ^{DL}	\$0 (Tier 1)	QL(240 per 30 days)
complete natal dha 29 mg iron- 1 mg-200 mg COMBO PACK ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
d10 %-0.45 % sodium chloride PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
d2.5 %-0.45 % sodium chloride PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
d5 % and 0.9 % sodium chloride PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
d5 %-0.45 % sodium chloride PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
deferasirox 125 mg, 250 mg, 500 mg TABLET, DISPERSIBLE ^{DL}	\$0 (Tier 1)	PA
dextrose 10 % and 0.2 % nacl PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
dextrose 10 % in water (d10w) 10 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
dextrose 5 % in water (d5w) PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
dextrose 5 % in water (d5w) 5 % PIGGYBACK ^{MO}	\$0 (Tier 1)	
dextrose 5%-0.2 % sod chloride PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
dextrose 5%-0.3 % sod.chloride PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
electrolyte-148 PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
electrolyte-48 in d5w PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
electrolyte-a PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
INTRALIPID 20 %, 30 % EMULSION ^{MO}	\$0 (Tier 2)	BvsD
IONOSOL-B IN D5W 5 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	
IONOSOL-MB IN D5W 5 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	
ISOLYTE-P IN 5 % DEXTROSE 5 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	
ISOLYTE-S PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	
KABIVEN 3.31-9.8-3.9 % EMULSION ^{MO}	\$0 (Tier 2)	BvsD
KLOR-CON 10 10 MEQ TABLET ER ^{MO}	\$0 (Tier 1)	
KLOR-CON 8 8 MEQ TABLET ER ^{MO}	\$0 (Tier 1)	
klor-con m10 10 meq TABLET, ER PARTICLES/CRYSTALS ^{MO}	\$0 (Tier 1)	
KLOR-CON M15 15 MEQ TABLET, ER PARTICLES/CRYSTALS ^{MO}	\$0 (Tier 1)	
klor-con m20 20 meq TABLET, ER PARTICLES/CRYSTALS ^{MO}	\$0 (Tier 1)	
lactated ringers PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
levocarnitine 330 mg TABLET ^{MO}	\$0 (Tier 1)	
levocarnitine (with sugar) 100 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
m-natal plus 27 mg iron- 1 mg TABLET ^{MO}	\$0 (Tier 1)	
magnesium sulfate 4 meq/ml (50 %) SOLUTION ^{MO}	\$0 (Tier 1)	
magnesium sulfate 4 meq/ml SYRINGE ^{MO}	\$0 (Tier 1)	
magnesium sulfate in d5w 1 gram/100 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	
NEONATAL COMPLETE 29-1 MG TABLET ^{MO}	\$0 (Tier 1)	
NEONATAL PLUS VITAMIN 27 MG IRON- 1 MG TABLET ^{MO}	\$0 (Tier 1)	
NEONATAL-DHA 29-1-200-500 MG COMBO PACK ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NORMOSOL-M IN 5 % DEXTROSE PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	
NORMOSOL-R PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	
NORMOSOL-R IN 5 % DEXTROSE 5 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	
NORMOSOL-R PH 7.4 PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	
NUTRILIPID 20 % EMULSION ^{MO}	\$0 (Tier 2)	BvsD
O-CAL PRENATAL 15 MG IRON- 1,000 MCG TABLET ^{MO}	\$0 (Tier 1)	
penicillamine 250 mg TABLET ^{DL}	\$0 (Tier 1)	
PERIKABIVEN 2.36-6.8-3.5 % EMULSION ^{MO}	\$0 (Tier 2)	BvsD
PLASMA-LYTE 148 PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	
PLASMA-LYTE A PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	
potassium chlorid-d5-0.45%nacl 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
potassium chloride 10 meq CAPSULE, ER ^{MO}	\$0 (Tier 1)	
potassium chloride 10 meq, 20 meq TABLET ER ^{MO}	\$0 (Tier 1)	
potassium chloride 10 meq, 20 meq TABLET, ER PARTICLES/CRYSTALS ^{MO}	\$0 (Tier 1)	
potassium chloride 15 meq TABLET, ER PARTICLES/CRYSTALS ^{MO}	\$0 (Tier 1)	
potassium chloride 2 meq/ml SOLUTION ^{MO}	\$0 (Tier 1)	
potassium chloride 20 meq/15 ml LIQUID ^{MO}	\$0 (Tier 1)	QL(1125 per 30 days)
potassium chloride 40 meq/15 ml LIQUID ^{MO}	\$0 (Tier 1)	
potassium chloride 8 meq CAPSULE, ER ^{MO}	\$0 (Tier 1)	
potassium chloride 8 meq TABLET ER ^{MO}	\$0 (Tier 1)	
potassium chloride in 0.9%nacl 20 meq/l, 40 meq/l PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
potassium chloride in 5 % dex 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
potassium chloride in lr-d5 20 meq/l, 40 meq/l PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
potassium chloride in water 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	
potassium chloride-0.45 % nacl 20 meq/l PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
potassium chloride-d5-0.2%nacl 20 meq/l, 40 meq/l PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
potassium chloride-d5-0.3%nacl 20 meq/l PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
potassium chloride-d5-0.9%nacl 20 meq/l, 40 meq/l PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
potassium citrate 10 meq (1,080 mg), 15 meq, 5 meq (540 mg) TABLET ^{MO}	\$0 (Tier 1)	
pr natal 400 29-1-400 mg COMBO PACK ^{MO}	\$0 (Tier 1)	
pr natal 400 ec 29-1-400 mg COMBO PACK, DR TAB/DR CAP ^{MO}	\$0 (Tier 1)	
pr natal 430 29 mg iron-1 mg -430 mg COMBO PACK ^{MO}	\$0 (Tier 1)	
pr natal 430 ec 29-1-430 mg COMBO PACK, DR TAB/DR CAP ^{MO}	\$0 (Tier 1)	
PREMASOL 10 % 10 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
PRENATA 29 MG IRON- 1 MG CHEWABLE TABLET ^{MO}	\$0 (Tier 1)	
PRENATABS FA 29-1 MG TABLET ^{MO}	\$0 (Tier 1)	
prenatal plus (calcium carb) 27 mg iron- 1 mg TABLET ^{MO}	\$0 (Tier 1)	
prenatal plus vitamin-mineral 27 mg iron- 1 mg TABLET ^{MO}	\$0 (Tier 1)	
PRENATE ELITE 26 MG IRON- 1 MG TABLET ^{MO}	\$0 (Tier 1)	
preplus 27 mg iron- 1 mg TABLET ^{MO}	\$0 (Tier 1)	
PROCALAMINE 3% 3 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
ringer's PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
se-natal 19 chewable 29 mg iron- 1 mg CHEWABLE TABLET ^{MO}	\$0 (Tier 1)	
sevelamer carbonate 0.8 gram POWDER IN PACKET ^{MO}	\$0 (Tier 1)	QL(540 per 30 days)
sevelamer carbonate 2.4 gram POWDER IN PACKET ^{MO}	\$0 (Tier 1)	QL(180 per 30 days)
sevelamer carbonate 800 mg TABLET ^{MO}	\$0 (Tier 1)	QL(540 per 30 days)
SMOFLIPID 20 % EMULSION ^{MO}	\$0 (Tier 2)	BvsD
sodium bicarbonate 8.4 % (1 meq/ml) SYRINGE ^{MO}	\$0 (Tier 1)	
sodium chloride 2.5 meq/ml PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
sodium chloride 0.45 % 0.45 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
sodium chloride 0.9 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
sodium chloride 0.9 % PIGGYBACK ^{MO}	\$0 (Tier 1)	
sodium chloride 0.9 % SOLUTION ^{MO}	\$0 (Tier 1)	
sodium chloride 3 % hypertonic 3 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
sodium chloride 5 % hypertonic 5 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
sodium polystyrene sulfonate POWDER ^{MO}	\$0 (Tier 1)	
SPS (WITH SORBITOL) 15-20 GRAM/60 ML SUSPENSION ^{MO}	\$0 (Tier 1)	
TPN ELECTROLYTES 35-20-5 MEQ/20 ML SOLUTION ^{MO}	\$0 (Tier 2)	
TRAVASOL 10 % 10 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
trientine 250 mg CAPSULE ^{DL}	\$0 (Tier 1)	QL(240 per 30 days)
trinatal rx 1 60 mg iron-1 mg TABLET ^{MO}	\$0 (Tier 1)	
triveen-duo dha 29-1-400 mg COMBO PACK ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TROPHAMINE 10 % 10 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
VELTASSA 16.8 GRAM, 25.2 GRAM, 8.4 GRAM POWDER IN PACKET ^{MO}	\$0 (Tier 2)	QL(30 per 30 days)
virt-c dha 35-1-200 mg CAPSULE ^{MO}	\$0 (Tier 1)	
virt-nate dha 28 mg iron-1 mg -200 mg CAPSULE ^{MO}	\$0 (Tier 1)	
wesnate dha 28 mg iron-1 mg -200 mg CAPSULE ^{MO}	\$0 (Tier 1)	
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
bismuth subcit k-metronidz-tcn 140-125-125 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
CHENODAL 250 MG TABLET ^{DL}	\$0 (Tier 2)	PA
cimetidine 200 mg, 300 mg, 400 mg, 800 mg TABLET ^{MO}	\$0 (Tier 1)	
cimetidine hcl 300 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	
CLENPIQ 10 MG-3.5 GRAM- 12 GRAM/160 ML SOLUTION ^{MO}	\$0 (Tier 2)	
CLENPIQ 10 MG-3.5 GRAM- 12 GRAM/175 ML SOLUTION ^{MO}	\$0 (Tier 2)	
constulose 10 gram/15 ml SOLUTION ^{MO}	\$0 (Tier 1)	
dicyclomine 10 mg CAPSULE ^{MO}	\$0 (Tier 1)	
dicyclomine 10 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	
dicyclomine 20 mg TABLET ^{MO}	\$0 (Tier 1)	
diphenoxylate-atropine 2.5-0.025 mg TABLET ^{MO}	\$0 (Tier 1)	
enulose 10 gram/15 ml SOLUTION ^{MO}	\$0 (Tier 1)	
esomeprazole magnesium 20 mg CAPSULE, DR/EC ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
esomeprazole magnesium 40 mg CAPSULE, DR/EC ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
famotidine 10 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
famotidine 20 mg, 40 mg TABLET ^{MO}	\$0 (Tier 1)	
famotidine 40 mg/5 ml (8 mg/ml) SUSPENSION ^{MO}	\$0 (Tier 1)	
famotidine (pf) 20 mg/2 ml SOLUTION ^{MO}	\$0 (Tier 1)	
famotidine (pf)-nacl (iso-os) 20 mg/50 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	
GATTEX 30-VIAL 5 MG KIT ^{DL,LA}	\$0 (Tier 2)	PA
GATTEX ONE-VIAL 5 MG KIT ^{DL,LA}	\$0 (Tier 2)	PA
gavilyte-c 240-22.72-6.72 -5.84 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
gavilyte-g 236-22.74-6.74 -5.86 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
gavilyte-n 420 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
generlac 10 gram/15 ml SOLUTION ^{MO}	\$0 (Tier 1)	
glycopyrrolate 0.2 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
glycopyrrolate 1 mg, 2 mg TABLET ^{MO}	\$0 (Tier 1)	
lactulose 10 gram/15 ml (15 ml), 20 gram/30 ml SOLUTION ^{MO}	\$0 (Tier 1)	
lactulose 10 gram/15 ml SOLUTION ^{MO}	\$0 (Tier 1)	
lansoprazole 15 mg, 30 mg CAPSULE, DR/EC ^{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)
loperamide 2 mg CAPSULE ^{MO}	\$0 (Tier 1)	
misoprostol 100 mcg TABLET ^{MO}	\$0 (Tier 1)	
misoprostol 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 CONC.) RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
nizatidine 150 mg, 300 mg CAPSULE ^{MO}	\$0 (Tier 1)	
omeprazole 10 mg CAPSULE, DR/EC ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
omeprazole 20 mg, 40 mg CAPSULE, DR/EC ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
pantoprazole 20 mg, 40 mg TABLET, DR/EC ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
pantoprazole 40 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
peg 3350-electrolytes 236-22.74-6.74 -5.86 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
peg-electrolyte soln 420 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
PYLERA 140-125-125 MG CAPSULE ^{MO}	\$0 (Tier 2)	QL(120 per 30 days)
sucralfate 1 gram TABLET ^{MO}	\$0 (Tier 1)	
sucralfate 100 mg/ml SUSPENSION ^{MO}	\$0 (Tier 1)	
trilyte with flavor packets 420 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
ursodiol 250 mg, 500 mg TABLET ^{MO}	\$0 (Tier 1)	
ursodiol 300 mg CAPSULE ^{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)

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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
betaine 1 gram/scoop POWDER ^{DL}	\$0 (Tier 1)	
CERDELGA 84 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA
CEREZYME 400 UNIT RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
CHOLBAM 250 MG, 50 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
CREON 12,000-38,000 -60,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT CAPSULE, DR/EC ^{MO}	\$0 (Tier 2)	
CREON 24,000-76,000 -120,000 UNIT CAPSULE, DR/EC ^{MO}	\$0 (Tier 2)	
CRYSVITA 10 MG/ML, 20 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(2 per 28 days)
CRYSVITA 30 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(6 per 28 days)
CYSTAGON 150 MG, 50 MG CAPSULE ^{MO}	\$0 (Tier 2)	
ELELYSO 200 UNIT RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
javygtor 100 mg TABLET, SOLUBLE ^{DL}	\$0 (Tier 1)	PA
javygtor 100 mg, 500 mg POWDER IN PACKET ^{DL}	\$0 (Tier 1)	PA
nitisinone 10 mg, 2 mg, 20 mg, 5 mg CAPSULE ^{DL}	\$0 (Tier 1)	
PROLASTIN-C 1,000 MG (+/-)/20 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
PROLASTIN-C 1,000 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
REVCovi 2.4 MG/1.5 ML (1.6 MG/ML) SOLUTION ^{DL}	\$0 (Tier 2)	
sapropterin 100 mg TABLET, SOLUBLE ^{DL}	\$0 (Tier 1)	PA
sapropterin 100 mg, 500 mg POWDER IN PACKET ^{DL}	\$0 (Tier 1)	PA
sodium phenylbutyrate 0.94 gram/gram POWDER ^{DL}	\$0 (Tier 1)	
STRENSIQ 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
SUCRAID 8,500 UNIT/ML 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 10 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	
bethanechol chloride 10 mg, 25 mg, 5 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
dutasteride 0.5 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
dutasteride-tamsulosin 0.5-0.4 mg CAPSULE ER MULTIPHASE 24 HR. ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
ELMIRON 100 MG CAPSULE ^{MO}	\$0 (Tier 2)	QL(90 per 30 days)
fesoterodine 4 mg, 8 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
finasteride 5 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
MYRBETRIQ 25 MG, 50 MG TABLET, ER 24 HR. ^{MO}	\$0 (Tier 2)	QL(30 per 30 days)
MYRBETRIQ 8 MG/ML SUSPENSION, ER, RECON ^{MO}	\$0 (Tier 2)	QL(300 per 30 days)
oxybutynin chloride 10 mg, 5 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
oxybutynin chloride 15 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
oxybutynin chloride 2.5 mg TABLET ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
oxybutynin chloride 5 mg TABLET ^{MO}	\$0 (Tier 1)	
oxybutynin chloride 5 mg/5 ml SYRUP ^{MO}	\$0 (Tier 1)	
solifenacin 10 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
tamsulosin 0.4 mg CAPSULE ^{MO}	\$0 (Tier 1)	
tiopronin 100 mg TABLET ^{DL}	\$0 (Tier 1)	
tolterodine 1 mg, 2 mg TABLET ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
tolterodine 2 mg, 4 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	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
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 ELIXIR ^{MO}	\$0 (Tier 1)	
dexamethasone 0.5 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	
dexamethasone intensol 1 mg/ml DROPS ^{MO}	\$0 (Tier 1)	
dexamethasone sodium phos (pf) 10 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
dexamethasone sodium phos (pf) 10 mg/ml SYRINGE ^{MO}	\$0 (Tier 1)	
dexamethasone sodium phosphate 10 mg/ml, 4 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
dexamethasone sodium phosphate 4 mg/ml SYRINGE ^{MO}	\$0 (Tier 1)	
fludrocortisone 0.1 mg TABLET ^{MO}	\$0 (Tier 1)	
methylprednisolone 16 mg, 32 mg, 4 mg, 8 mg TABLET ^{MO}	\$0 (Tier 1)	BvsD
methylprednisolone 4 mg TABLET, DOSE PACK ^{MO}	\$0 (Tier 1)	
methylprednisolone acetate 40 mg/ml, 80 mg/ml SUSPENSION ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
methylprednisolone sodium succ 1,000 mg, 125 mg, 40 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
prednisolone 15 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	
prednisolone sodium phosphate 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml) SOLUTION ^{MO}	\$0 (Tier 1)	
prednisone 1 mg, 2.5 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	BvsD
prednisone 10 mg, 20 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	BvsD
prednisone 10 mg, 5 mg TABLET, DOSE PACK ^{MO}	\$0 (Tier 1)	
prednisone 5 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
prednisone intensol 5 mg/ml CONCENTRATE ^{MO}	\$0 (Tier 1)	BvsD
SOLU-MEDROL 2 GRAM RECON SOLUTION ^{MO}	\$0 (Tier 2)	
SOLU-MEDROL (PF) 1,000 MG/8 ML, 125 MG/2 ML, 40 MG/ML, 500 MG/4 ML RECON SOLUTION ^{MO}	\$0 (Tier 2)	
triamcinolone acetonide 0.025 %, 0.1 % LOTION ^{MO}	\$0 (Tier 1)	
triamcinolone acetonide 0.025 %, 0.1 %, 0.5 % OINTMENT ^{MO}	\$0 (Tier 1)	
triamcinolone acetonide 0.025 %, 0.5 % CREAM ^{MO}	\$0 (Tier 1)	
triamcinolone acetonide 0.1 % CREAM ^{MO}	\$0 (Tier 1)	
triderm 0.1 %, 0.5 % CREAM ^{MO}	\$0 (Tier 1)	
VERIPRED 20 20 MG/5 ML (4 MG/ML) 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 GONADOTROPIN, HUMAN 10,000 UNIT RECON SOLUTION ^{MO}	\$0 (Tier 2)	PA
desmopressin 0.1 mg, 0.2 mg TABLET ^{MO}	\$0 (Tier 1)	
EGRIFTA SV 2 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
INCRELEX 10 MG/ML 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) CARTRIDGE ^{DL}	\$0 (Tier 2)	PA
OMNITROPE 5.8 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA

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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 0.1-20 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
altavera (28) 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
alyacen 1/35 (28) 1-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
alyacen 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET ^{MO}	\$0 (Tier 1)	
amabelz 0.5-0.1 mg, 1-0.5 mg TABLET ^{MO}	\$0 (Tier 1)	
apri 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
aranelle (28) 0.5/1/0.5-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
aubra 0.1-20 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
aubra eq 0.1-20 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
aurovela 1.5/30 (21) 1.5-30 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
aurovela 1/20 (21) 1-20 mg-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 0.1-20 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
ayuna 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
azurette (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET ^{MO}	\$0 (Tier 1)	
blisovi 24 fe 1 mg-20 mcg (24)/75 mg (4) 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)	
camrese lo 0.1 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH ^{MO}	\$0 (Tier 1)	QL(91 per 90 days)
caziant (28) 0.1/.125/.15-25 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
chateal eq (28) 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
COMBIPATCH 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR PATCH, SEMIWEEKLY ^{MO}	\$0 (Tier 2)	QL(8 per 28 days)
cryselle (28) 0.3-30 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
cyclafem 1/35 (28) 1-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
cyclafem 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET ^{MO}	\$0 (Tier 1)	
cyred 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
cyred eq 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
danazol 100 mg, 200 mg, 50 mg CAPSULE ^{MO}	\$0 (Tier 1)	
dasetta 1/35 (28) 1-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
dasetta 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET ^{MO}	\$0 (Tier 1)	
deblitane 0.35 mg TABLET ^{MO}	\$0 (Tier 1)	
DEPO-ESTRADIOL 5 MG/ML OIL ^{MO}	\$0 (Tier 2)	QL(5 per 30 days)
desog-e.estradiol/e.estradiol 0.15-0.02 mgx21 /0.01 mg x 5 TABLET ^{MO}	\$0 (Tier 1)	
desogestrel-ethinyl estradiol 0.15-0.03 mg TABLET ^{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 PATCH, SEMIWEEKLY ^{MO}	\$0 (Tier 1)	QL(8 per 28 days)
drosiprenone-ethinyl estradiol 3-0.02 mg, 3-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
DUAVEE 0.45-20 MG TABLET ^{MO}	\$0 (Tier 2)	PA,QL(30 per 30 days)
elinest 0.3-30 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
ELLA 30 MG TABLET ^{MO}	\$0 (Tier 2)	QL(1 per 30 days)
emoquette 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
enpresse 50-30 (6)/75-40 (5)/125-30(10) TABLET ^{MO}	\$0 (Tier 1)	
enskyce 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
errin 0.35 mg TABLET ^{MO}	\$0 (Tier 1)	
estradiol 0.01 % (0.1 mg/gram) CREAM ^{MO}	\$0 (Tier 1)	
estradiol 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, WEEKLY ^{MO}	\$0 (Tier 1)	QL(4 per 28 days)
estradiol 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 PATCH, SEMIWEEKLY ^{MO}	\$0 (Tier 1)	QL(8 per 28 days)
estradiol 0.5 mg, 1 mg, 10 mcg, 2 mg TABLET ^{MO}	\$0 (Tier 1)	
estradiol valerate 10 mg/ml, 20 mg/ml, 40 mg/ml OIL ^{MO}	\$0 (Tier 1)	
estradiol-norethindrone acet 0.5-0.1 mg, 1-0.5 mg TABLET ^{MO}	\$0 (Tier 1)	
ethynodiol diac-eth estradiol 1-35 mg-mcg, 1-50 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
falmina (28) 0.1-20 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
femynor 0.25-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
hailey 1.5-30 mg-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) TABLET, DOSE PACK, 3 MONTH ^{MO}	\$0 (Tier 1)	QL(91 per 90 days)
incassia 0.35 mg TABLET ^{MO}	\$0 (Tier 1)	
isibloom 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
jasmiel (28) 3-0.02 mg TABLET ^{MO}	\$0 (Tier 1)	
jencycla 0.35 mg TABLET ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
juleber 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
junel 1.5/30 (21) 1.5-30 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
junel 1/20 (21) 1-20 mg-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 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
kariva (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET ^{MO}	\$0 (Tier 1)	
kelnor 1-50 (28) 1-50 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
kelnor 1/35 (28) 1-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
kurvelo (28) 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
l norgest/e.estradiol-e.estrad 0.1 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH ^{MO}	\$0 (Tier 1)	QL(91 per 90 days)
larin 1.5/30 (21) 1.5-30 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
larin 1/20 (21) 1-20 mg-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)	
larissia 0.1-20 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
leena 28 0.5/1/0.5-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
lessina 0.1-20 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
levonest (28) 50-30 (6)/75-40 (5)/125-30(10) TABLET ^{MO}	\$0 (Tier 1)	
levonorg-eth estrad triphasic 50-30 (6)/75-40 (5)/125-30(10) TABLET ^{MO}	\$0 (Tier 1)	
levonorgestrel-ethinyl estrad 0.1-20 mg-mcg, 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
levonorgestrel-ethinyl estrad 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH ^{MO}	\$0 (Tier 1)	QL(91 per 90 days)
levora-28 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
lillow (28) 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
lo-zumandimine (28) 3-0.02 mg TABLET ^{MO}	\$0 (Tier 1)	
LOESTRIN 1.5/30 (21) 1.5-30 MG-MCG TABLET ^{MO}	\$0 (Tier 1)	
LOESTRIN 1/20 (21) 1-20 MG-MCG TABLET ^{MO}	\$0 (Tier 1)	
LOESTRIN FE 1.5/30 (28-DAY) 1.5 MG-30 MCG (21)/75 MG (7) TABLET ^{MO}	\$0 (Tier 1)	
LOESTRIN FE 1/20 (28-DAY) 1 MG-20 MCG (21)/75 MG (7) TABLET ^{MO}	\$0 (Tier 1)	
lojaimiess 0.1 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH ^{MO}	\$0 (Tier 1)	QL(91 per 90 days)



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
loryna (28) 3-0.02 mg TABLET ^{MO}	\$0 (Tier 1)	
low-ogestrel (28) 0.3-30 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
luteru (28) 0.1-20 mg-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 PATCH, SEMIWEEKLY ^{MO}	\$0 (Tier 1)	QL(8 per 28 days)
lyza 0.35 mg TABLET ^{MO}	\$0 (Tier 1)	
marlissa (28) 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
medroxyprogesterone 10 mg, 2.5 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
medroxyprogesterone 150 mg/ml SUSPENSION ^{MO}	\$0 (Tier 1)	QL(1 per 90 days)
medroxyprogesterone 150 mg/ml SYRINGE ^{MO}	\$0 (Tier 1)	QL(1 per 90 days)
megestrol 20 mg, 40 mg TABLET ^{MO}	\$0 (Tier 1)	
megestrol 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml) SUSPENSION ^{MO}	\$0 (Tier 1)	
MENEST 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG TABLET ^{MO}	\$0 (Tier 2)	
microgestin 1.5/30 (21) 1.5-30 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
microgestin 1/20 (21) 1-20 mg-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 0.25-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
mimvey 1-0.5 mg TABLET ^{MO}	\$0 (Tier 1)	
MIRCETTE (28) 0.15-0.02 MGX21 /0.01 MG X 5 TABLET ^{MO}	\$0 (Tier 1)	
mono-lynyah 0.25-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
necon 0.5/35 (28) 0.5-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
nikki (28) 3-0.02 mg TABLET ^{MO}	\$0 (Tier 1)	
nora-be 0.35 mg TABLET ^{MO}	\$0 (Tier 1)	
noreth-ethinyl estradiol-iron 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET ^{MO}	\$0 (Tier 1)	
norethindrone (contraceptive) 0.35 mg TABLET ^{MO}	\$0 (Tier 1)	
norethindrone ac-eth estradiol 1-20 mg-mcg, 1.5-30 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
norethindrone acetate 5 mg TABLET ^{MO}	\$0 (Tier 1)	
norethindrone-e.estradiol-iron 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7) TABLET ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
norgestimate-ethinyl estradiol 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
norlyda 0.35 mg TABLET ^{MO}	\$0 (Tier 1)	
nortrel 0.5/35 (28) 0.5-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
nortrel 1/35 (21) 1-35 mg-mcg (21) TABLET ^{MO}	\$0 (Tier 1)	
nortrel 1/35 (28) 1-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
nortrel 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET ^{MO}	\$0 (Tier 1)	
nylia 1/35 (28) 1-35 mg-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 0.25-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
ocella 3-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
orsythia 0.1-20 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
ORTHO-NOVUM 7/7/7 (28) 0.5/0.75/1 MG- 35 MCG TABLET ^{MO}	\$0 (Tier 1)	
OSPHENA 60 MG TABLET ^{MO}	\$0 (Tier 2)	PA
oxandrolone 10 mg TABLET ^{MO}	\$0 (Tier 1)	PA,QL(60 per 30 days)
oxandrolone 2.5 mg TABLET ^{MO}	\$0 (Tier 1)	PA,QL(120 per 30 days)
pimtree (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET ^{MO}	\$0 (Tier 1)	
pirmella 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
portia 28 0.15-0.03 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 CREAM ^{MO}	\$0 (Tier 2)	
previfem 0.25-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
progesterone 50 mg/ml OIL ^{MO}	\$0 (Tier 1)	
progesterone micronized 100 mg, 200 mg CAPSULE ^{MO}	\$0 (Tier 1)	
raloxifene 60 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
reclipsen (28) 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
setlakin 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH ^{MO}	\$0 (Tier 1)	QL(91 per 90 days)
sharobel 0.35 mg TABLET ^{MO}	\$0 (Tier 1)	
simliya (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET ^{MO}	\$0 (Tier 1)	
SLYND 4 MG (28) TABLET ^{MO}	\$0 (Tier 2)	
sprintec (28) 0.25-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
sronyx 0.1-20 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
syeda 3-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
tarina 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET ^{MO}	\$0 (Tier 1)	
tarina fe 1-20 eq (28) 1 mg-20 mcg (21)/75 mg (7) TABLET ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
tarina fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET ^{MO}	\$0 (Tier 1)	
testosterone 1.62 % (20.25 mg/1.25 gram) GEL IN PACKET ^{MO}	\$0 (Tier 1)	PA,QL(37.5 per 30 days)
testosterone 1.62 % (40.5 mg/2.5 gram) GEL IN PACKET ^{MO}	\$0 (Tier 1)	PA,QL(150 per 30 days)
testosterone 20.25 mg/1.25 gram (1.62 %) GEL IN METERED DOSE PUMP ^{MO}	\$0 (Tier 1)	PA,QL(150 per 30 days)
testosterone cypionate 100 mg/ml, 200 mg/ml OIL ^{MO}	\$0 (Tier 1)	
testosterone enanthate 200 mg/ml OIL ^{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 0.18/0.215/0.25 mg-35 mcg (28) TABLET ^{MO}	\$0 (Tier 1)	
tri-legest fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET ^{MO}	\$0 (Tier 1)	
tri-linyah 0.18/0.215/0.25 mg-35 mcg (28) TABLET ^{MO}	\$0 (Tier 1)	
tri-lo-estarylla 0.18/0.215/0.25 mg-25 mcg TABLET ^{MO}	\$0 (Tier 1)	
tri-lo-marzia 0.18/0.215/0.25 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 0.18/0.215/0.25 mg-25 mcg TABLET ^{MO}	\$0 (Tier 1)	
tri-mili 0.18/0.215/0.25 mg-35 mcg (28) 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) 0.18/0.215/0.25 mg-35 mcg (28) TABLET ^{MO}	\$0 (Tier 1)	
tri-sprintec (28) 0.18/0.215/0.25 mg-35 mcg (28) TABLET ^{MO}	\$0 (Tier 1)	
tri-vylibra 0.18/0.215/0.25 mg-35 mcg (28) 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/.125/.15-25 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
vestura (28) 3-0.02 mg TABLET ^{MO}	\$0 (Tier 1)	
vienva 0.1-20 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
viorele (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET ^{MO}	\$0 (Tier 1)	
volnea (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET ^{MO}	\$0 (Tier 1)	
vylibra 0.25-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
wera (28) 0.5-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
wymzya fe 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET ^{MO}	\$0 (Tier 1)	
zarah 3-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
zovia 1-35 (28) 1-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
zovia 1/35e (28) 1-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
zumandimine (28) 3-0.03 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, 25 mcg, 50 mcg, 75 mcg, 88 mcg TABLET ^{MO}	\$0 (Tier 1)	
levothyroxine 175 mcg, 200 mcg, 300 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 10 mcg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
liothyronine 25 mcg, 5 mcg, 50 mcg TABLET ^{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 RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
FIRMAGON KIT W DILUENT SYRINGE 120 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
FIRMAGON KIT W DILUENT SYRINGE 80 MG RECON SOLUTION ^{MO}	\$0 (Tier 2)	PA
lanreotide 120 mg/0.5 ml SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(0.5 per 28 days)
leuprolide 1 mg/0.2 ml KIT ^{MO}	\$0 (Tier 1)	
leuprolide (3 month) 22.5 mg SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 2)	PA,QL(1 per 90 days)
LUPRON DEPOT 3.75 MG SYRINGE KIT ^{MO}	\$0 (Tier 2)	PA,QL(1 per 30 days)
LUPRON DEPOT 7.5 MG SYRINGE KIT ^{DL}	\$0 (Tier 2)	PA,QL(1 per 30 days)
LUPRON DEPOT (3 MONTH) 11.25 MG, 22.5 MG SYRINGE KIT ^{MO}	\$0 (Tier 2)	PA,QL(1 per 90 days)
LUPRON DEPOT (4 MONTH) 30 MG SYRINGE KIT ^{MO}	\$0 (Tier 2)	PA,QL(1 per 112 days)
LUPRON DEPOT (6 MONTH) 45 MG SYRINGE KIT ^{MO}	\$0 (Tier 2)	PA,QL(1 per 168 days)
LUPRON DEPOT-PED 11.25 MG KIT ^{DL}	\$0 (Tier 2)	PA,QL(1 per 28 days)
LUPRON DEPOT-PED 15 MG, 7.5 MG (PED) KIT ^{DL}	\$0 (Tier 2)	PA,QL(1 per 28 days)
LUPRON DEPOT-PED 45 MG SYRINGE KIT ^{MO}	\$0 (Tier 2)	PA,QL(1 per 168 days)
LUPRON DEPOT-PED (3 MONTH) 11.25 MG, 30 MG SYRINGE KIT ^{MO}	\$0 (Tier 2)	PA,QL(1 per 90 days)
octreotide acetate 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml SOLUTION ^{MO}	\$0 (Tier 1)	PA
octreotide acetate 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml) SYRINGE ^{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 SUSPENSION, ER, RECON ^{DL}	\$0 (Tier 2)	PA
SIGNIFOR 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
SOMATULINE DEPOT 120 MG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(0.5 per 28 days)
SOMATULINE DEPOT 60 MG/0.2 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(0.2 per 28 days)
SOMATULINE DEPOT 90 MG/0.3 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(0.3 per 28 days)
SOMAVERT 10 MG, 15 MG, 20 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
SOMAVERT 25 MG, 30 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
SYNAREL 2 MG/ML SPRAY, NON-AEROSOL ^{DL}	\$0 (Tier 2)	
TRELSTAR 11.25 MG, 22.5 MG SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 2)	PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TRELSTAR 3.75 MG SUSPENSION FOR RECONSTITUTION ^{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 RECON SOLUTION ^{DL}	\$0 (Tier 1)	
ACTIMMUNE 100 MCG/0.5 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
ADACEL(TDAP ADOLESN/ADULT)(PF) 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML SUSPENSION ^{DL}	\$0 (Tier 1)	
ADACEL(TDAP ADOLESN/ADULT)(PF) 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML SYRINGE ^{DL}	\$0 (Tier 1)	
ARCALYST 220 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
azathioprine 50 mg TABLET ^{MO}	\$0 (Tier 1)	BvsD
BCG VACCINE, LIVE (PF) 50 MG SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 1)	
BENLYSTA 120 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(20 per 28 days)
BENLYSTA 200 MG/ML AUTO-INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(8 per 28 days)
BENLYSTA 200 MG/ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(8 per 28 days)
BENLYSTA 400 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(6 per 28 days)
BEXSERO 50-50-50-25 MCG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 1)	
BOOSTRIX TDAP 2.5-8-5 LF-MCG-LF/0.5ML SUSPENSION ^{DL}	\$0 (Tier 1)	
BOOSTRIX TDAP 2.5-8-5 LF-MCG-LF/0.5ML SYRINGE ^{DL}	\$0 (Tier 1)	
CELLCEPT 200 MG/ML SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 2)	BvsD
CELLCEPT 250 MG CAPSULE ^{DL}	\$0 (Tier 2)	BvsD
CELLCEPT 500 MG TABLET ^{DL}	\$0 (Tier 2)	BvsD
CELLCEPT INTRAVENOUS 500 MG RECON SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
COSENTYX 150 MG/ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(8 per 28 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
COSENTYX 75 MG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(2 per 28 days)
COSENTYX (2 SYRINGES) 150 MG/ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(8 per 28 days)
COSENTYX PEN 150 MG/ML PEN INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(8 per 28 days)
COSENTYX PEN (2 PENS) 150 MG/ML PEN INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(8 per 28 days)
cyclosporine 100 mg, 25 mg CAPSULE ^{MO}	\$0 (Tier 1)	BvsD
cyclosporine modified 100 mg, 25 mg, 50 mg CAPSULE ^{MO}	\$0 (Tier 1)	BvsD
cyclosporine modified 100 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
DAPTACEL (DTAP PEDIATRIC) (PF) 15-10-5 LF-MCG-LF/0.5ML SUSPENSION ^{DL}	\$0 (Tier 1)	
DENGAXIA (PF) 10EXP4.5-6 CCID50/0.5 ML SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 1)	
DUPIXENT PEN 200 MG/1.14 ML PEN INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(3.42 per 28 days)
DUPIXENT PEN 300 MG/2 ML PEN INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(8 per 28 days)
DUPIXENT SYRINGE 100 MG/0.67 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(1.34 per 28 days)
DUPIXENT SYRINGE 200 MG/1.14 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(3.42 per 28 days)
DUPIXENT SYRINGE 300 MG/2 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(8 per 28 days)
ENBREL 25 MG (1 ML) RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(8 per 28 days)
ENBREL 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(8 per 28 days)
ENBREL 25 MG/0.5 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(8 per 28 days)
ENBREL MINI 50 MG/ML (1 ML) CARTRIDGE ^{DL}	\$0 (Tier 2)	PA,QL(8 per 28 days)
ENBREL SURECLICK 50 MG/ML (1 ML) PEN INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(8 per 28 days)
ENGERIX-B (PF) 20 MCG/ML SUSPENSION ^{DL}	\$0 (Tier 1)	BvsD
ENGERIX-B (PF) 20 MCG/ML SYRINGE ^{DL}	\$0 (Tier 1)	BvsD
ENGERIX-B PEDIATRIC (PF) 10 MCG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 1)	BvsD
ENVARUS XR 0.75 MG, 1 MG TABLET, ER 24 HR. ^{MO}	\$0 (Tier 2)	PA
ENVARUS XR 4 MG TABLET, ER 24 HR. ^{DL}	\$0 (Tier 2)	PA
everolimus (immunosuppressive) 0.25 mg TABLET ^{MO}	\$0 (Tier 1)	BvsD,QL(60 per 30 days)
everolimus (immunosuppressive) 0.5 mg TABLET ^{DL}	\$0 (Tier 1)	BvsD,QL(120 per 30 days)
everolimus (immunosuppressive) 0.75 mg, 1 mg TABLET ^{DL}	\$0 (Tier 1)	BvsD,QL(60 per 30 days)
GAMUNEX-C 1 GRAM/10 ML (10 %) SOLUTION ^{DL}	\$0 (Tier 2)	PA
GAMUNEX-C 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 %) SOLUTION ^{DL}	\$0 (Tier 2)	PA
GARDASIL 9 (PF) 0.5 ML SUSPENSION ^{DL}	\$0 (Tier 1)	
GARDASIL 9 (PF) 0.5 ML SYRINGE ^{DL}	\$0 (Tier 1)	
gengraf 100 mg, 25 mg CAPSULE ^{MO}	\$0 (Tier 1)	BvsD

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>gengraf</i> 100 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
HAEGARDA 2,000 UNIT, 3,000 UNIT RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(24 per 28 days)
HAVRIX (PF) 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML SYRINGE ^{DL}	\$0 (Tier 1)	
HEPLISAV-B (PF) 20 MCG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 1)	BvsD
HIBERIX (PF) 10 MCG/0.5 ML RECON SOLUTION ^{DL}	\$0 (Tier 1)	
HUMIRA 40 MG/0.8 ML SYRINGE KIT ^{DL}	\$0 (Tier 2)	PA,QL(6 per 28 days)
HUMIRA PEN 40 MG/0.8 ML PEN INJECTOR KIT ^{DL}	\$0 (Tier 2)	PA,QL(6 per 28 days)
HUMIRA PEN CROHNS-UC-HS START 40 MG/0.8 ML PEN INJECTOR KIT ^{DL}	\$0 (Tier 2)	PA,QL(6 per 28 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS 40 MG/0.8 ML PEN INJECTOR KIT ^{DL}	\$0 (Tier 2)	PA,QL(6 per 28 days)
HUMIRA(CF) 10 MG/0.1 ML SYRINGE KIT ^{DL}	\$0 (Tier 2)	PA,QL(2 per 28 days)
HUMIRA(CF) 20 MG/0.2 ML, 40 MG/0.4 ML SYRINGE KIT ^{DL}	\$0 (Tier 2)	PA,QL(6 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML 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 PEN INJECTOR KIT ^{DL}	\$0 (Tier 2)	PA,QL(6 per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS 80 MG/0.8 ML PEN INJECTOR KIT ^{DL}	\$0 (Tier 2)	PA,QL(6 per 28 days)
HUMIRA(CF) PEN PEDIATRIC UC 80 MG/0.8 ML PEN INJECTOR KIT ^{DL}	\$0 (Tier 2)	PA,QL(6 per 28 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS 80 MG/0.8 ML-40 MG/0.4 ML PEN INJECTOR KIT ^{DL}	\$0 (Tier 2)	PA,QL(6 per 28 days)
<i>icatibant</i> 30 mg/3 ml SYRINGE ^{DL}	\$0 (Tier 1)	PA,QL(18 per 30 days)
IMOVAX RABIES VACCINE (PF) 2.5 UNIT RECON SOLUTION ^{DL}	\$0 (Tier 1)	BvsD
INFANRIX (DTAP) (PF) 25-58-10 LF-MCG-LF/0.5ML SYRINGE ^{DL}	\$0 (Tier 1)	
INTRON A 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML) RECON SOLUTION ^{MO}	\$0 (Tier 2)	PA
INTRON A 10 MILLION UNIT/ML, 6 MILLION UNIT/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
IPOLE 40-8-32 UNIT/0.5 ML SUSPENSION ^{DL}	\$0 (Tier 1)	
IXIARO (PF) 6 MCG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 1)	
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML PEN INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(2.28 per 28 days)
KEVZARA 150 MG/1.14 ML, 200 MG/1.14 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(2.28 per 28 days)
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML SUSPENSION ^{DL}	\$0 (Tier 1)	
KINRIX (PF) 25 LF-58 MCG-10 LF/0.5 ML SYRINGE ^{DL}	\$0 (Tier 1)	
<i>leflunomide</i> 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 RECON SOLUTION ^{DL}	\$0 (Tier 1)	
MENACTRA (PF) 4 MCG/0.5 ML SOLUTION ^{DL}	\$0 (Tier 1)	



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MENQUADFI (PF) 10 MCG/0.5 ML SOLUTION ^{MO}	\$0 (Tier 1)	
MENVEO A-C-Y-W-135-DIP (PF) 10-5 MCG/0.5 ML KIT ^{DL}	\$0 (Tier 1)	
MENVEO A-C-Y-W-135-DIP (PF) 10-5 MCG/0.5 ML SOLUTION ^{DL}	\$0 (Tier 1)	
methotrexate sodium 2.5 mg TABLET ^{MO}	\$0 (Tier 1)	BvsD
methotrexate sodium 25 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
methotrexate sodium (pf) 1 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
methotrexate sodium (pf) 25 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
MONJUVI 200 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
mycophenolate mofetil 200 mg/ml SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 1)	BvsD
mycophenolate mofetil 250 mg CAPSULE ^{MO}	\$0 (Tier 1)	BvsD
mycophenolate mofetil 500 mg TABLET ^{MO}	\$0 (Tier 1)	BvsD
mycophenolate mofetil (hcl) 500 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
mycophenolate sodium 180 mg, 360 mg TABLET, DR/EC ^{MO}	\$0 (Tier 1)	BvsD
MYFORTIC 180 MG TABLET, DR/EC ^{MO}	\$0 (Tier 2)	BvsD
MYFORTIC 360 MG TABLET, DR/EC ^{DL}	\$0 (Tier 2)	BvsD
PEDIARIX (PF) 10 MCG-25LF-25 MCG-10LF/0.5 ML SYRINGE ^{DL}	\$0 (Tier 1)	
PEDVAX HIB (PF) 7.5 MCG/0.5 ML SOLUTION ^{DL}	\$0 (Tier 1)	
PEGASYS 180 MCG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(2 per 28 days)
PEGASYS 180 MCG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(4 per 28 days)
PENTACEL (PF) 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF-48MCG-62DU-10 MCG/0.5ML KIT ^{DL}	\$0 (Tier 1)	
PREHEVBRIO (PF) 10 MCG/ML SUSPENSION ^{DL}	\$0 (Tier 1)	BvsD
PRIORIX (PF) 10EXP3.4-4.2- 3.3CCID50/0.5ML SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 1)	
PROGRAF 0.2 MG, 1 MG GRANULES IN PACKET ^{MO}	\$0 (Tier 2)	BvsD
PROQUAD (PF) 10EXP3-4.3-3- 3.99 TCID50/0.5 SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 1)	
QUADRACEL (PF) 15 LF-48 MCG- 5 LF UNIT/0.5ML SUSPENSION ^{DL}	\$0 (Tier 1)	
QUADRACEL (PF) 15 LF-48 MCG- 5 LF UNIT/0.5ML SYRINGE ^{DL}	\$0 (Tier 1)	
RABAVERT (PF) 2.5 UNIT SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 1)	BvsD
RECOMBIVAX HB (PF) 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML SUSPENSION ^{DL}	\$0 (Tier 1)	BvsD
RECOMBIVAX HB (PF) 10 MCG/ML, 5 MCG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 1)	BvsD
REZUROCK 200 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
RINVOQ 15 MG, 30 MG TABLET, ER 24 HR. ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RINVOQ 45 MG TABLET, ER 24 HR. ^{DL}	\$0 (Tier 2)	PA,QL(56 per 365 days)
ROTARIX 10EXP6 CCID50 /1.5 ML SUSPENSION ^{DL}	\$0 (Tier 1)	
ROTARIX 10EXP6 CCID50/ML SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 1)	
ROTATEQ VACCINE 2 ML SOLUTION ^{DL}	\$0 (Tier 1)	
sajazir 30 mg/3 ml SYRINGE ^{DL}	\$0 (Tier 1)	PA,QL(18 per 30 days)
SANDIMMUNE 100 MG/ML SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
SHINGRIX (PF) 50 MCG/0.5 ML SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 1)	
SIMULECT 10 MG, 20 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	BvsD
sirolimus 0.5 mg, 1 mg, 2 mg TABLET ^{MO}	\$0 (Tier 1)	BvsD
sirolimus 1 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
SKYRIZI 150 MG/ML PEN INJECTOR ^{MO}	\$0 (Tier 2)	PA,QL(6 per 365 days)
SKYRIZI 150 MG/ML SYRINGE ^{MO}	\$0 (Tier 2)	PA,QL(6 per 365 days)
SKYRIZI 150MG/1.66ML(75 MG/0.83 ML X2) SYRINGE KIT ^{MO}	\$0 (Tier 2)	PA,QL(6 per 365 days)
SKYRIZI 180 MG/1.2 ML (150 MG/ML) WEARABLE INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(8.4 per 365 days)
SKYRIZI 360 MG/2.4 ML (150 MG/ML) WEARABLE INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(16.8 per 365 days)
SKYRIZI 75 MG/0.83 ML SYRINGE ^{MO}	\$0 (Tier 2)	PA,QL(9.96 per 365 days)
STELARA 45 MG/0.5 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(1.5 per 84 days)
STELARA 45 MG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(1.5 per 84 days)
STELARA 90 MG/ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(3 per 84 days)
SYLVANT 100 MG, 400 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
tacrolimus 0.5 mg, 1 mg, 5 mg CAPSULE ^{MO}	\$0 (Tier 1)	BvsD
TDVAX 2-2 LF UNIT/0.5 ML SUSPENSION ^{DL}	\$0 (Tier 1)	
TENIVAC (PF) 5 LF UNIT- 2 LF UNIT/0.5ML SUSPENSION ^{DL}	\$0 (Tier 1)	
TENIVAC (PF) 5-2 LF UNIT/0.5 ML SYRINGE ^{DL}	\$0 (Tier 1)	
TETANUS,DIPHTHERIA TOX PED(PF) 5-25 LF UNIT/0.5 ML SUSPENSION ^{DL}	\$0 (Tier 1)	
TICOVAC 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 1)	
TRUMENBA 120 MCG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 1)	
TWINRIX (PF) 720 ELISA UNIT- 20 MCG/ML SYRINGE ^{DL}	\$0 (Tier 1)	
TYPHIM VI 25 MCG/0.5 ML SOLUTION ^{DL}	\$0 (Tier 1)	
TYPHIM VI 25 MCG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 1)	
VAQTA (PF) 25 UNIT/0.5 ML, 50 UNIT/ML SUSPENSION ^{DL}	\$0 (Tier 1)	
VAQTA (PF) 25 UNIT/0.5 ML, 50 UNIT/ML SYRINGE ^{DL}	\$0 (Tier 1)	
VARIVAX (PF) 1,350 UNIT/0.5 ML SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VARIZIG 125 UNIT/1.2 ML 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 SOLUTION ^{DL}	\$0 (Tier 2)	BvsD
XATMEP 2.5 MG/ML SOLUTION ^{MO}	\$0 (Tier 2)	PA
XOLAIR 150 MG RECON SOLUTION ^{DL,LA}	\$0 (Tier 2)	PA,QL(8 per 28 days)
XOLAIR 150 MG/ML SYRINGE ^{DL,LA}	\$0 (Tier 2)	PA,QL(8 per 28 days)
XOLAIR 75 MG/0.5 ML SYRINGE ^{DL,LA}	\$0 (Tier 2)	PA,QL(4 per 28 days)
YF-VAX (PF) 10 EXP4.74 UNIT/0.5 ML SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 1)	

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 750 mg CAPSULE ^{MO}	\$0 (Tier 1)	
budesonide 3 mg CAPSULE, DR/EC ^{MO}	\$0 (Tier 1)	PA
budesonide 9 mg TABLET, DR/ER ^{MO}	\$0 (Tier 1)	PA,QL(30 per 30 days)
hydrocortisone 100 mg/60 ml ENEMA ^{MO}	\$0 (Tier 1)	
mesalamine 0.375 gram CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
mesalamine 4 gram/60 ml ENEMA ^{MO}	\$0 (Tier 1)	QL(1800 per 30 days)
sulfasalazine 500 mg TABLET ^{MO}	\$0 (Tier 1)	
sulfasalazine 500 mg TABLET, DR/EC ^{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 10 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
alendronate 35 mg TABLET ^{MO}	\$0 (Tier 1)	QL(4 per 28 days)
alendronate 70 mg TABLET ^{MO}	\$0 (Tier 1)	QL(4 per 28 days)
calcitonin (salmon) 200 unit/actuation SPRAY, NON-AEROSOL ^{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 SOLUTION ^{MO}	\$0 (Tier 1)	
cinacalcet 30 mg, 60 mg TABLET ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
cinacalcet 90 mg TABLET ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
doxercalciferol 0.5 mcg, 1 mcg, 2.5 mcg CAPSULE ^{MO}	\$0 (Tier 1)	
doxercalciferol 4 mcg/2 ml SOLUTION ^{MO}	\$0 (Tier 1)	
FORTEO 20 MCG/DOSE (600MCG/2.4ML) PEN INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(2.4 per 28 days)
HECTOROL 2 MCG/ML SOLUTION ^{MO}	\$0 (Tier 2)	
ibandronate 150 mg TABLET ^{MO}	\$0 (Tier 1)	QL(1 per 28 days)
NATPARA 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE CARTRIDGE ^{DL,LA}	\$0 (Tier 2)	PA,QL(2 per 28 days)
pamidronate 30 mg/10 ml (3 mg/ml) SOLUTION ^{MO}	\$0 (Tier 1)	QL(30 per 21 days)
pamidronate 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml) SOLUTION ^{MO}	\$0 (Tier 1)	QL(10 per 21 days)
paricalcitol 1 mcg, 2 mcg CAPSULE ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
paricalcitol 2 mcg/ml SOLUTION ^{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 SOLUTION ^{MO}	\$0 (Tier 1)	QL(48 per 28 days)
PROLIA 60 MG/ML SYRINGE ^{MO}	\$0 (Tier 2)	QL(1 per 180 days)
RAYALDEE 30 MCG CAPSULE, ER 24 HR. ^{DL}	\$0 (Tier 2)	QL(60 per 30 days)
risedronate 35 mg TABLET, DR/EC ^{MO}	\$0 (Tier 1)	QL(4 per 28 days)
TYMLOS 80 MCG (3,120 MCG/1.56 ML) PEN INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(1.56 per 30 days)
XGEVA 120 MG/1.7 ML (70 MG/ML) SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(1.7 per 28 days)
zoledronic acid 4 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
zoledronic acid 4 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	QL(15 per 21 days)
zoledronic acid-mannitol-water 5 mg/100 ml PIGGYBACK ^{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" NEEDLE ^{MO}	\$0 (Tier 1)	
acetylcysteine 200 mg/ml (20 %) SOLUTION ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ADVOCATE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 33 GAUGE X 5/32" NEEDLE ^{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 SYRINGE ^{MO}	\$0 (Tier 1)	
ALCOHOL PADS PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
ALCOHOL PREP PADS PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
ALCOHOL SWABS PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
ALCOHOL WIPES PADS, MEDICATED ^{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)	
ASSURE ID PEN NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 3/16" NEEDLE ^{MO}	\$0 (Tier 1)	
AUTOJECT 2 INJECTION DEVICE INSULIN PEN ^{MO}	\$0 (Tier 1)	
AUTOPEN 1 TO 21 UNITS INSULIN PEN ^{MO}	\$0 (Tier 1)	
AUTOPEN 2 TO 42 UNITS INSULIN PEN ^{MO}	\$0 (Tier 1)	
BAND-AID GAUZE PADS 2 X 2 " BANDAGE ^{MO}	\$0 (Tier 1)	
BD ALCOHOL SWABS PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16" NEEDLE ^{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" SYRINGE ^{MO}	\$0 (Tier 1)	
BD INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16" SYRINGE ^{MO}	\$0 (Tier 1)	
BD INSULIN SYRINGE MICRO-FINE 1 ML 28 GAUGE X 1/2" SYRINGE ^{MO}	\$0 (Tier 1)	
BD INSULIN SYRINGE SAFETY-LOK 1 ML 29 GAUGE X 1/2" SYRINGE ^{MO}	\$0 (Tier 1)	
BD INSULIN SYRINGE SLIP TIP 1 ML SYRINGE ^{MO}	\$0 (Tier 1)	
BD INSULIN SYRINGE U-500 1/2 ML 31 GAUGE X 15/64" SYRINGE ^{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 SYRINGE ^{MO}	\$0 (Tier 1)	
BD LO-DOSE MICRO-FINE IV 1/2 ML 28 GAUGE X 1/2" SYRINGE ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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" NEEDLE ^{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 29 GAUGE X 1/2", 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" SYRINGE ^{MO}	\$0 (Tier 1)	
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8" SYRINGE ^{MO}	\$0 (Tier 1)	
BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4" NEEDLE ^{MO}	\$0 (Tier 1)	
BD ULTRA-FINE MINI PEN NEEDLE 31 GAUGE X 3/16" NEEDLE ^{MO}	\$0 (Tier 1)	
BD ULTRA-FINE NANO PEN NEEDLE 32 GAUGE X 5/32" NEEDLE ^{MO}	\$0 (Tier 1)	
BD ULTRA-FINE ORIG PEN NEEDLE 29 GAUGE X 1/2" NEEDLE ^{MO}	\$0 (Tier 1)	
BD ULTRA-FINE SHORT PEN NEEDLE 31 GAUGE X 5/16" NEEDLE ^{MO}	\$0 (Tier 1)	
BD VEO INSULIN SYR (HALF UNIT) 0.3 ML 31 GAUGE X 15/64" SYRINGE ^{MO}	\$0 (Tier 1)	
BD VEO INSULIN SYRINGE UF 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64" SYRINGE ^{MO}	\$0 (Tier 1)	
BORDERED GAUZE 2 X 2 " BANDAGE ^{MO}	\$0 (Tier 1)	
butalbital-acetaminophen-caff 50-325-40 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL(180 per 30 days)
butalbital-acetaminophen-caff 50-325-40 mg TABLET ^{MO}	\$0 (Tier 1)	QL(180 per 30 days)
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" NEEDLE ^{MO}	\$0 (Tier 1)	
CARETOUCH ALCOHOL PREP PAD PADS, MEDICATED ^{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 SYRINGE ^{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" NEEDLE ^{MO}	\$0 (Tier 1)	
CLICKFINE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE ^{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" SYRINGE ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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" NEEDLE ^{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" NEEDLE ^{MO}	\$0 (Tier 1)	
CURITY ALCOHOL SWABS PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
CURITY GAUZE 2 X 2 " BANDAGE ^{MO}	\$0 (Tier 1)	
DERMACEA 2 X 2 " BANDAGE ^{MO}	\$0 (Tier 1)	
DOJOLVI 8.3 KCAL/ML LIQUID ^{DL}	\$0 (Tier 2)	PA
DROPLET INSULIN SYR(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" SYRINGE ^{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" SYRINGE ^{MO}	\$0 (Tier 1)	
DROPLET MICRON PEN NEEDLE 34 GAUGE X 9/64" NEEDLE ^{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" NEEDLE ^{MO}	\$0 (Tier 1)	
DROPSAFE ALCOHOL PREP PADS PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
DROPSAFE INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16" SYRINGE ^{MO}	\$0 (Tier 1)	
DROPSAFE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16" NEEDLE ^{MO}	\$0 (Tier 1)	
DROXIA 200 MG, 300 MG, 400 MG CAPSULE ^{MO}	\$0 (Tier 2)	
EASY COMFORT ALCOHOL PAD PADS, MEDICATED ^{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" SYRINGE ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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" NEEDLE ^{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" SYRINGE ^{MO}	\$0 (Tier 1)	
EASY GLIDE PEN NEEDLE 33 GAUGE X 5/32" NEEDLE ^{MO}	\$0 (Tier 1)	
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 PADS, MEDICATED ^{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 ^{MO}	\$0 (Tier 1)	
EASY TOUCH INSULIN SAFETY SYR 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" SYRINGE ^{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" SYRINGE ^{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" NEEDLE ^{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" NEEDLE ^{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 ^{MO}	\$0 (Tier 1)	
EASY TOUCH UNI-SLIP 1 ML SYRINGE ^{MO}	\$0 (Tier 1)	
EMBRACE PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 3/16", 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" NEEDLE ^{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 ^{MO}	\$0 (Tier 1)	
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 BANDAGE 2 X 2 " BANDAGE ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 SYRINGE ^{MO}	\$0 (Tier 1)	
HEALTHWISE PEN NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32" NEEDLE ^{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 PADS, MEDICATED ^{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" NEEDLE ^{MO}	\$0 (Tier 1)	
INSULIN SYR/NDL U100 HALF MARK 0.3 ML 31 GAUGE X 1/4" SYRINGE ^{MO}	\$0 (Tier 1)	
INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" SYRINGE ^{MO}	\$0 (Tier 1)	
INSULIN SYRINGE MICROFINE 1 ML 27 GAUGE X 5/8", 1/2 ML 28 GAUGE X 1/2" SYRINGE ^{MO}	\$0 (Tier 1)	
INSULIN SYRINGE NEEDLELESS 1 ML SYRINGE ^{MO}	\$0 (Tier 1)	
INSULIN SYRINGE-NEEDLE U-100 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 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 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 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 7/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29, 1/2 ML 30 GAUGE, 1/2 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 15/64" SYRINGE ^{MO}	\$0 (Tier 1)	
INSUPEN 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 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 PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
KORLYM 300 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
<i>lactated ringers</i> SOLUTION ^{MO}	\$0 (Tier 1)	
LAGEVRIO (EUA) 200 MG CAPSULE ^{MO}	\$0 (Tier 2)	QL(40 per 5 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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" NEEDLE ^{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 29, 1/2 ML 30 GAUGE SYRINGE ^{MO}	\$0 (Tier 1)	
LITHOSTAT 250 MG TABLET ^{DL}	\$0 (Tier 2)	
MAGELLAN INSULIN SAFETY SYRNG 0.3 ML 29 GAUGE 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" SYRINGE ^{MO}	\$0 (Tier 1)	
MAGELLAN SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16" SYRINGE ^{MO}	\$0 (Tier 1)	
MAXI-COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" SYRINGE ^{MO}	\$0 (Tier 1)	
MAXICOMFORT II PEN NEEDLE 31 GAUGE X 1/4" NEEDLE ^{MO}	\$0 (Tier 1)	
MAXICOMFORT INSULIN SYRINGE 1 ML 27 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2" SYRINGE ^{MO}	\$0 (Tier 1)	
MAXICOMFORT SAFETY PEN NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16" NEEDLE ^{MO}	\$0 (Tier 1)	
MICRODOT INSULIN PEN NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32" NEEDLE ^{MO}	\$0 (Tier 1)	
MINI ULTRA-THIN II 31 GAUGE X 3/16" NEEDLE ^{MO}	\$0 (Tier 1)	
MONOJECT INSULIN SAFETY SYRING 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" SYRINGE ^{MO}	\$0 (Tier 1)	
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, 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" SYRINGE ^{MO}	\$0 (Tier 1)	
MONOJECT SYRINGE 1/2 ML 28 GAUGE SYRINGE ^{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 INSULIN PEN ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NOVOTWIST 32 GAUGE X 1/5" NEEDLE ^{MO}	\$0 (Tier 1)	
PAXLOVID 150-100 MG TABLET, DOSE PACK ^{MO}	\$0 (Tier 2)	QL(40 per 10 days)
PAXLOVID 300 MG (150 MG X 2)-100 MG TABLET, DOSE PACK ^{MO}	\$0 (Tier 2)	QL(60 per 10 days)
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" NEEDLE ^{MO}	\$0 (Tier 1)	
PEN NEEDLE, DIABETIC 29 GAUGE X 1/2", 29 GAUGE X 15/32", 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 1/3", 31 GAUGE X 1/4", 31 GAUGE X 1/6", 31 GAUGE X 13/64", 31 GAUGE X 15/64", 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" NEEDLE ^{MO}	\$0 (Tier 1)	
PEN NEEDLE, DIABETIC, SAFETY 31 GAUGE X 3/16", 31 GAUGE X 5/32" NEEDLE ^{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 1/4", 32 GAUGE X 5/32" NEEDLE ^{MO}	\$0 (Tier 1)	
PHYSIOLYTE 140-5-3-98 MEQ/L SOLUTION ^{MO}	\$0 (Tier 2)	
PHYSIOSOL IRRIGATION 140-5-3-98 MEQ/L SOLUTION ^{MO}	\$0 (Tier 2)	
PIP PEN NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32" NEEDLE ^{MO}	\$0 (Tier 1)	
PREVENT DROPSAFE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16" NEEDLE ^{MO}	\$0 (Tier 1)	
PRO COMFORT ALCOHOL PADS PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
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" SYRINGE ^{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" NEEDLE ^{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" SYRINGE ^{MO}	\$0 (Tier 1)	
PURE COMFORT ALCOHOL PADS PADS, MEDICATED ^{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" NEEDLE ^{MO}	\$0 (Tier 1)	
PURE COMFORT SAFETY PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 5/32" NEEDLE ^{MO}	\$0 (Tier 1)	
RECTIV 0.4 % (W/W) OINTMENT ^{MO}	\$0 (Tier 2)	QL(30 per 30 days)
ribavirin 6 gram RECON SOLUTION ^{DL}	\$0 (Tier 1)	BvsD
ringer's 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" SYRINGE ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SAFETY PEN NEEDLE 31 GAUGE X 3/16" NEEDLE ^{MO}	\$0 (Tier 1)	
SECURESAFE INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" SYRINGE ^{MO}	\$0 (Tier 1)	
SECURESAFE PEN NEEDLE 30 GAUGE X 5/16" NEEDLE ^{MO}	\$0 (Tier 1)	
SKY SAFETY PEN NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16" NEEDLE ^{MO}	\$0 (Tier 1)	
sodium chloride 0.9 % SOLUTION ^{MO}	\$0 (Tier 1)	
SURE COMFORT ALCOHOL PREP PADS PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
SURE COMFORT INS. SYR. U-100 0.5 ML 29 GAUGE X 1/2" SYRINGE ^{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" SYRINGE ^{MO}	\$0 (Tier 1)	
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" NEEDLE ^{MO}	\$0 (Tier 1)	
SURE COMFORT SAFETY PEN NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32" NEEDLE ^{MO}	\$0 (Tier 1)	
SURE-FINE PEN NEEDLES 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16" NEEDLE ^{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" SYRINGE ^{MO}	\$0 (Tier 1)	
SURE-PREP ALCOHOL PREP PADS PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
TECHLITE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16" SYRINGE ^{MO}	\$0 (Tier 1)	
TECHLITE INSULN SYR(HALF UNIT) 0.3 ML 29 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 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" SYRINGE ^{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" NEEDLE ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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" SYRINGE ^{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" SYRINGE ^{MO}	\$0 (Tier 1)	
TOPCARE CLICKFINE 31 GAUGE X 1/4", 31 GAUGE X 5/16" NEEDLE ^{MO}	\$0 (Tier 1)	
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 PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
TRUE COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16 SYRINGE ^{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 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32" NEEDLE ^{MO}	\$0 (Tier 1)	
TRUE COMFORT PRO ALCOHOL PADS PADS, MEDICATED ^{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" SYRINGE ^{MO}	\$0 (Tier 1)	
TRUE COMFORT SAFETY PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 5/32" NEEDLE ^{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 ^{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" NEEDLE ^{MO}	\$0 (Tier 1)	
UBRELVY 100 MG, 50 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(16 per 30 days)
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" SYRINGE ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ULTICARE INSULN SYR(HALF UNIT) 0.3 ML 31 GAUGE X 1/4" SYRINGE ^{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" NEEDLE ^{MO}	\$0 (Tier 1)	
ULTICARE SAFETY PEN NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16" NEEDLE ^{MO}	\$0 (Tier 1)	
ULTIGUARD SAFEPAK-INSULIN SYR 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" SYRINGE ^{MO}	\$0 (Tier 1)	
ULTIGUARD SAFEPAK-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" NEEDLE ^{MO}	\$0 (Tier 1)	
ULTILET ALCOHOL SWAB PADS, MEDICATED ^{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, 1/2 ML 29 SYRINGE ^{MO}	\$0 (Tier 1)	
ULTILET PEN NEEDLE 29 GAUGE, 32 GAUGE X 5/32" NEEDLE ^{MO}	\$0 (Tier 1)	
ULTRA CMFT INS SYR (HALF UNIT) 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" SYRINGE ^{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 29, 1/2 ML 30 GAUGE SYRINGE ^{MO}	\$0 (Tier 1)	
ULTRA FLO INSUL SYR(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" SYRINGE ^{MO}	\$0 (Tier 1)	
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" SYRINGE ^{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" NEEDLE ^{MO}	\$0 (Tier 1)	
ULTRA THIN PEN NEEDLE 32 GAUGE X 5/32" NEEDLE ^{MO}	\$0 (Tier 1)	
ULTRA-THIN II (SHORT) INS SYR 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 SYRINGE ^{MO}	\$0 (Tier 1)	
ULTRA-THIN II (SHORT) PEN NDL 31 GAUGE X 5/16" NEEDLE ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ULTRA-THIN II INS PEN NEEDLES 29 GAUGE X 1/2" NEEDLE ^{MO}	\$0 (Tier 1)	
ULTRA-THIN II INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" SYRINGE ^{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 SYRINGE ^{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" NEEDLE ^{MO}	\$0 (Tier 1)	
UNIFINE PEN NEEDLE 32 GAUGE X 5/32" NEEDLE ^{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", 32 GAUGE X 5/32" NEEDLE ^{MO}	\$0 (Tier 1)	
UNIFINE ULTRA PEN NEEDLE 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)	
VANISHPOINT INSULIN SYRINGE 1 ML 30 GAUGE X 3/16" SYRINGE ^{MO}	\$0 (Tier 1)	
VANISHPOINT SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" SYRINGE ^{MO}	\$0 (Tier 1)	
VERIFINE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 SYRINGE ^{MO}	\$0 (Tier 1)	
VERIFINE 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 3/16", 32 GAUGE X 5/32" NEEDLE ^{MO}	\$0 (Tier 1)	
water for irrigation, sterile SOLUTION ^{MO}	\$0 (Tier 1)	
WEBCOL PADS, MEDICATED ^{MO}	\$0 (Tier 1)	

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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
<i>ak-poly-bac</i> 500-10,000 unit/gram OINTMENT ^{MO}	\$0 (Tier 1)	
ALCAINE 0.5 % DROPS ^{MO}	\$0 (Tier 1)	
ALPHAGAN P 0.1 % DROPS ^{MO}	\$0 (Tier 2)	
<i>apraclonidine</i> 0.5 % DROPS ^{MO}	\$0 (Tier 1)	
<i>atropine</i> 1 % DROPS ^{MO}	\$0 (Tier 1)	
ATROPINE SULFATE (PF) 1 % DROPPERETTE ^{MO}	\$0 (Tier 1)	
<i>azelastine</i> 0.05 % DROPS ^{MO}	\$0 (Tier 1)	
<i>bacitracin</i> 500 unit/gram OINTMENT ^{MO}	\$0 (Tier 1)	
<i>bacitracin-polymyxin b</i> 500-10,000 unit/gram OINTMENT ^{MO}	\$0 (Tier 1)	
<i>betaxolol</i> 0.5 % DROPS ^{MO}	\$0 (Tier 1)	
<i>brimonidine</i> 0.15 % DROPS ^{MO}	\$0 (Tier 1)	
<i>brimonidine</i> 0.2 % DROPS ^{MO}	\$0 (Tier 1)	
<i>carteolol</i> 1 % DROPS ^{MO}	\$0 (Tier 1)	
<i>ciprofloxacin hcl</i> 0.3 % DROPS ^{MO}	\$0 (Tier 1)	
COMBIGAN 0.2-0.5 % DROPS ^{MO}	\$0 (Tier 2)	QL(5 per 25 days)
<i>cromolyn</i> 4 % DROPS ^{MO}	\$0 (Tier 1)	
CYSTARAN 0.44 % DROPS ^{DL}	\$0 (Tier 2)	PA,QL(60 per 28 days)
<i>dexamethasone sodium phosphate</i> 0.1 % DROPS ^{MO}	\$0 (Tier 1)	
<i>diclofenac sodium</i> 0.1 % DROPS ^{MO}	\$0 (Tier 1)	
<i>difluprednate</i> 0.05 % DROPS ^{MO}	\$0 (Tier 1)	
<i>dorzolamide</i> 2 % DROPS ^{MO}	\$0 (Tier 1)	
<i>dorzolamide-timolol</i> 22.3-6.8 mg/ml DROPS ^{MO}	\$0 (Tier 1)	
DUREZOL 0.05 % DROPS ^{MO}	\$0 (Tier 2)	
<i>erythromycin</i> 5 mg/gram (0.5 %) OINTMENT ^{MO}	\$0 (Tier 1)	QL(3.5 per 28 days)
EYSUVIS 0.25 % DROPS, SUSPENSION ^{MO}	\$0 (Tier 2)	QL(16.6 per 30 days)
<i>fluorometholone</i> 0.1 % DROPS, SUSPENSION ^{MO}	\$0 (Tier 1)	
<i>flurbiprofen sodium</i> 0.03 % DROPS ^{MO}	\$0 (Tier 1)	
<i>gentak</i> 0.3 % (3 mg/gram) OINTMENT ^{MO}	\$0 (Tier 1)	
<i>gentamicin</i> 0.3 % DROPS ^{MO}	\$0 (Tier 1)	
ILEVRO 0.3 % DROPS, SUSPENSION ^{MO}	\$0 (Tier 2)	QL(3 per 30 days)
<i>ketorolac</i> 0.4 % DROPS ^{MO}	\$0 (Tier 1)	QL(10 per 30 days)
<i>ketorolac</i> 0.5 % DROPS ^{MO}	\$0 (Tier 1)	QL(10 per 30 days)
<i>latanoprost</i> 0.005 % DROPS ^{MO}	\$0 (Tier 1)	QL(5 per 25 days)
<i>levobunolol</i> 0.5 % DROPS ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LUMIGAN 0.01 % DROPS ^{MO}	\$0 (Tier 2)	QL(2.5 per 25 days)
metipranolol 0.3 % DROPS ^{MO}	\$0 (Tier 1)	
moxifloxacin 0.5 % DROPS ^{MO}	\$0 (Tier 1)	
NATACYN 5 % DROPS, SUSPENSION ^{MO}	\$0 (Tier 2)	
neo-polycin 3.5-400-10,000 mg-unit-unit/g OINTMENT ^{MO}	\$0 (Tier 1)	
neo-polycin hc 3.5-400-10,000 mg-unit/g-1% OINTMENT ^{MO}	\$0 (Tier 1)	
neomycin-bacitracin-poly-hc 3.5-400-10,000 mg-unit/g-1% OINTMENT ^{MO}	\$0 (Tier 1)	
neomycin-bacitracin-polymyxin 3.5-400-10,000 mg-unit-unit/g OINTMENT ^{MO}	\$0 (Tier 1)	
neomycin-polymyxin b-dexameth 3.5 mg/g-10,000 unit/g-0.1 % OINTMENT ^{MO}	\$0 (Tier 1)	
neomycin-polymyxin b-dexameth 3.5mg/ml-10,000 unit/ml-0.1 % DROPS, SUSPENSION ^{MO}	\$0 (Tier 1)	
neomycin-polymyxin-gramicidin 1.75 mg-10,000 unit-0.025mg/ml DROPS ^{MO}	\$0 (Tier 1)	
neomycin-polymyxin-hc 3.5-10,000-10 mg-unit-mg/ml DROPS, SUSPENSION ^{MO}	\$0 (Tier 1)	
ofloxacin 0.3 % DROPS ^{MO}	\$0 (Tier 1)	
olopatadine 0.2 % DROPS ^{MO}	\$0 (Tier 1)	
PHOSPHOLINE IODIDE 0.125 % DROPS ^{MO}	\$0 (Tier 2)	
pilocarpine hcl 1 %, 2 %, 4 % DROPS ^{MO}	\$0 (Tier 1)	
polycin 500-10,000 unit/gram OINTMENT ^{MO}	\$0 (Tier 1)	
polymyxin b sulf-trimethoprim 10,000 unit- 1 mg/ml DROPS ^{MO}	\$0 (Tier 1)	
PRED-G 0.3-1 % DROPS, SUSPENSION ^{MO}	\$0 (Tier 2)	
prednisolone acetate 1 % DROPS, SUSPENSION ^{MO}	\$0 (Tier 1)	
prednisolone sodium phosphate 1 % DROPS ^{MO}	\$0 (Tier 1)	
proparacaine 0.5 % DROPS ^{MO}	\$0 (Tier 1)	
RESTASIS 0.05 % DROPPERETTE ^{MO}	\$0 (Tier 2)	QL(60 per 30 days)
RESTASIS MULTIDOSE 0.05 % DROPS ^{MO}	\$0 (Tier 2)	QL(5.5 per 25 days)
RHOPRESSA 0.02 % DROPS ^{MO}	\$0 (Tier 2)	ST,QL(2.5 per 25 days)
ROCKLATAN 0.02-0.005 % DROPS ^{MO}	\$0 (Tier 2)	ST,QL(2.5 per 25 days)
sulfacetamide sodium 10 % DROPS ^{MO}	\$0 (Tier 1)	
sulfacetamide-prednisolone 10 %-0.23 % (0.25 %) DROPS ^{MO}	\$0 (Tier 1)	
timolol maleate 0.25 % DROPS ^{MO}	\$0 (Tier 1)	
timolol maleate 0.25 %, 0.5 % GEL FORMING SOLUTION ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
timolol maleate 0.5 % DROPS ^{MO}	\$0 (Tier 1)	
timolol maleate 0.5 % DROPS, ONCE DAILY ^{MO}	\$0 (Tier 1)	
timolol maleate (pf) 0.25 %, 0.5 % DROPPERETTE ^{MO}	\$0 (Tier 1)	
tobramycin 0.3 % DROPS ^{MO}	\$0 (Tier 1)	
tobramycin-dexamethasone 0.3-0.1 % DROPS, SUSPENSION ^{MO}	\$0 (Tier 1)	
travoprost 0.004 % DROPS ^{MO}	\$0 (Tier 1)	QL(2.5 per 25 days)
trifluridine 1 % 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
fluocinolone acetonide oil 0.01 % DROPS ^{MO}	\$0 (Tier 1)	
hydrocortisone-acetic acid 1-2 % DROPS ^{MO}	\$0 (Tier 1)	
neomycin-polymyxin-hc 3.5-10,000-1 mg/ml-unit/ml-% DROPS, SUSPENSION ^{MO}	\$0 (Tier 1)	
neomycin-polymyxin-hc 3.5-10,000-1 mg/ml-unit/ml-% SOLUTION ^{MO}	\$0 (Tier 1)	
ofloxacin 0.3 % 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 100 mg/ml (10 %), 200 mg/ml (20 %) SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
ADEMPAS 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG TABLET ^{DL,LA}	\$0 (Tier 2)	PA,QL(90 per 30 days)
ADVAIR DISKUS 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE BLISTER WITH DEVICE ^{MO}	\$0 (Tier 2)	QL(60 per 30 days)
ADVAIR HFA 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION HFA AEROSOL INHALER ^{MO}	\$0 (Tier 2)	QL(12 per 30 days)
albuterol sulfate 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 FOR NEBULIZATION ^{MO}	\$0 (Tier 1)	BvsD
albuterol sulfate 2 mg, 4 mg TABLET ^{MO}	\$0 (Tier 1)	
albuterol sulfate 2 mg/5 ml SYRUP ^{MO}	\$0 (Tier 1)	
albuterol sulfate 90 mcg/actuation HFA AEROSOL INHALER ^{MO}	\$0 (Tier 1)	QL(36 per 30 days)
alyq 20 mg TABLET ^{MO}	\$0 (Tier 1)	PA,QL(60 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 SOLUTION ^{MO}	\$0 (Tier 1)	
arformoterol 15 mcg/2 ml SOLUTION FOR NEBULIZATION ^{MO}	\$0 (Tier 1)	PA,QL(120 per 30 days)
ARNUITY ELLIPTA 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION BLISTER WITH DEVICE ^{MO}	\$0 (Tier 2)	QL(30 per 30 days)
ATROVENT HFA 17 MCG/ACTUATION HFA AEROSOL INHALER ^{MO}	\$0 (Tier 2)	QL(25.8 per 30 days)
AUVI-Q 0.1 MG/0.1 ML AUTO-INJECTOR ^{MO}	\$0 (Tier 2)	
AUVI-Q 0.15 MG/0.15 ML, 0.3 MG/0.3 ML AUTO-INJECTOR ^{MO}	\$0 (Tier 2)	QL(4 per 30 days)
azelastine 137 mcg (0.1 %) AEROSOL SPRAY ^{MO}	\$0 (Tier 1)	QL(30 per 25 days)
BREO ELLIPTA 100-25 MCG/DOSE, 200-25 MCG/DOSE BLISTER WITH DEVICE ^{MO}	\$0 (Tier 2)	QL(60 per 30 days)
BREZTRI AEROSPHERE 160-9-4.8 MCG/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 SUSPENSION FOR NEBULIZATION ^{MO}	\$0 (Tier 1)	BvsD
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION ^{DL}	\$0 (Tier 2)	PA,QL(84 per 28 days)
cetirizine 1 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	QL(300 per 30 days)
COMBIVENT RESPIMAT 20-100 MCG/ACTUATION MIST ^{MO}	\$0 (Tier 2)	QL(4 per 20 days)
cromolyn 100 mg/5 ml CONCENTRATE ^{MO}	\$0 (Tier 1)	
cromolyn 20 mg/2 ml SOLUTION FOR NEBULIZATION ^{DL}	\$0 (Tier 1)	BvsD
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 hcl 50 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
epinephrine 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml AUTO-INJECTOR ^{MO}	\$0 (Tier 1)	QL(4 per 30 days)
FASENRA PEN 30 MG/ML AUTO-INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(1 per 28 days)
FLOVENT DISKUS 100 MCG/ACTUATION BLISTER WITH DEVICE ^{MO}	\$0 (Tier 2)	QL(60 per 30 days)
FLOVENT DISKUS 250 MCG/ACTUATION, 50 MCG/ACTUATION BLISTER WITH DEVICE ^{MO}	\$0 (Tier 2)	QL(60 per 30 days)
FLOVENT HFA 110 MCG/ACTUATION HFA AEROSOL INHALER ^{MO}	\$0 (Tier 2)	QL(24 per 30 days)
FLOVENT HFA 220 MCG/ACTUATION HFA AEROSOL INHALER ^{MO}	\$0 (Tier 2)	QL(24 per 30 days)
FLOVENT HFA 44 MCG/ACTUATION HFA AEROSOL INHALER ^{MO}	\$0 (Tier 2)	QL(10.6 per 30 days)
flunisolide 25 mcg (0.025 %) SPRAY, NON-AEROSOL ^{MO}	\$0 (Tier 1)	QL(50 per 30 days)
fluticasone propion-salmeterol 100-50 mcg/dose, 500-50 mcg/dose BLISTER WITH DEVICE ^{MO}	\$0 (Tier 2)	QL(60 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
fluticasone propion-salmeterol 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation AEROSOL POWDER BREATH ACTIV. ^{MO}	\$0 (Tier 2)	QL(1 per 30 days)
fluticasone propion-salmeterol 250-50 mcg/dose BLISTER WITH DEVICE ^{MO}	\$0 (Tier 2)	QL(60 per 30 days)
fluticasone propionate 50 mcg/actuation SPRAY, SUSPENSION ^{MO}	\$0 (Tier 1)	QL(16 per 30 days)
formoterol fumarate 20 mcg/2 ml SOLUTION FOR NEBULIZATION ^{MO}	\$0 (Tier 1)	PA,QL(120 per 30 days)
hydroxyzine pamoate 100 mg, 50 mg CAPSULE ^{MO}	\$0 (Tier 1)	
hydroxyzine pamoate 25 mg CAPSULE ^{MO}	\$0 (Tier 1)	
ipratropium bromide 0.02 % SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
ipratropium bromide 21 mcg (0.03 %) SPRAY, NON-AEROSOL ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
ipratropium bromide 42 mcg (0.06 %) SPRAY, NON-AEROSOL ^{MO}	\$0 (Tier 1)	QL(45 per 30 days)
ipratropium-albuterol 0.5 mg-3 mg(2.5 mg base)/3 ml SOLUTION FOR NEBULIZATION ^{MO}	\$0 (Tier 1)	BvsD
KALYDECO 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG GRANULES IN PACKET ^{DL}	\$0 (Tier 2)	PA,QL(56 per 28 days)
KALYDECO 150 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
levocetirizine 5 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
montelukast 10 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
montelukast 4 mg GRANULES IN PACKET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
montelukast 4 mg, 5 mg CHEWABLE TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
NUCALA 100 MG/ML AUTO-INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(3 per 28 days)
NUCALA 100 MG/ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(3 per 28 days)
NUCALA 40 MG/0.4 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(0.4 per 28 days)
OFEV 100 MG, 150 MG CAPSULE ^{DL,LA}	\$0 (Tier 2)	PA,QL(60 per 30 days)
OPSUMIT 10 MG TABLET ^{DL,LA}	\$0 (Tier 2)	PA,QL(30 per 30 days)
ORKAMBI 100-125 MG, 150-188 MG, 75-94 MG GRANULES IN PACKET ^{DL}	\$0 (Tier 2)	PA,QL(56 per 28 days)
ORKAMBI 100-125 MG, 200-125 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(112 per 28 days)
PERFOROMIST 20 MCG/2 ML SOLUTION FOR NEBULIZATION ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
pirfenidone 267 mg TABLET ^{DL}	\$0 (Tier 1)	PA,QL(270 per 30 days)
pirfenidone 534 mg, 801 mg TABLET ^{DL}	\$0 (Tier 1)	PA,QL(90 per 30 days)
PULMOZYME 1 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	BvsD
roflumilast 250 mcg TABLET ^{MO}	\$0 (Tier 1)	QL(28 per 365 days)
roflumilast 500 mcg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
sildenafil (pulm.hypertension) 10 mg/ml SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 1)	PA,QL(180 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sildenafil (pulm.hypertension) 20 mg TABLET^{MO}</i>	\$0 (Tier 1)	PA,QL(90 per 30 days)
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION MIST ^{MO}	\$0 (Tier 2)	QL(4 per 28 days)
SPIRIVA WITH HANDIHALER 18 MCG CAPSULE, W/INHALATION DEVICE ^{MO}	\$0 (Tier 2)	QL(30 per 30 days)
STIOLTO RESPIMAT 2.5-2.5 MCG/ACTUATION MIST ^{MO}	\$0 (Tier 2)	QL(4 per 28 days)
STRIVERDI RESPIMAT 2.5 MCG/ACTUATION MIST ^{MO}	\$0 (Tier 2)	QL(4 per 30 days)
SYMBICORT 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION HFA AEROSOL INHALER ^{MO}	\$0 (Tier 2)	QL(10.2 per 30 days)
SYMDEKO 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) TABLET, SEQUENTIAL ^{DL}	\$0 (Tier 2)	PA,QL(56 per 28 days)
SYMJEPI 0.15 MG/0.3 ML, 0.3 MG/0.3 ML SYRINGE ^{MO}	\$0 (Tier 2)	QL(4 per 30 days)
<i>tadalafil (pulm. hypertension) 20 mg TABLET^{MO}</i>	\$0 (Tier 1)	PA,QL(60 per 30 days)
<i>theophylline 300 mg, 450 mg TABLET, ER 12 HR.^{MO}</i>	\$0 (Tier 1)	
<i>theophylline 400 mg, 600 mg TABLET, ER 24 HR.^{MO}</i>	\$0 (Tier 1)	
TRELEGY ELLIPTA 100-62.5-25 MCG, 200-62.5-25 MCG BLISTER WITH DEVICE ^{MO}	\$0 (Tier 2)	QL(60 per 30 days)
TRIKAFTA 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) TABLET, SEQUENTIAL ^{DL}	\$0 (Tier 2)	PA,QL(84 per 28 days)
TRIKAFTA 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N) GRANULES IN PACKET, SEQUENTIAL ^{DL}	\$0 (Tier 2)	PA,QL(56 per 28 days)
VENTOLIN HFA 90 MCG/ACTUATION HFA AEROSOL INHALER ^{MO}	\$0 (Tier 2)	QL(36 per 30 days)
wixela inhub 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose BLISTER WITH DEVICE ^{MO}	\$0 (Tier 2)	QL(60 per 30 days)
zafirlukast 10 mg TABLET ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
zafirlukast 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
<i>carisoprodol 350 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL(120 per 30 days)
<i>cyclobenzaprine 10 mg, 5 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>methocarbamol 500 mg, 750 mg TABLET^{MO}</i>	\$0 (Tier 1)	



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 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)
sodium oxybate 500 mg/ml SOLUTION ^{DL,LA}	\$0 (Tier 2)	PA,QL(540 per 30 days)
tasimelteon 20 mg CAPSULE ^{DL}	\$0 (Tier 1)	PA,QL(30 per 30 days)
temazepam 15 mg, 30 mg CAPSULE ^{DL}	\$0 (Tier 1)	QL(30 per 30 days)
XYREM 500 MG/ML SOLUTION ^{DL,LA}	\$0 (Tier 2)	PA,QL(540 per 30 days)
zolpidem 10 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)

Non-Part D Rx Drugs

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DRISDOL 1,250 MCG (50,000 UNIT) CAPSULE(*)	\$0 (Tier 3)	
ergocalciferol (vitamin d2) 1,250 mcg (50,000 unit) CAPSULE(*)	\$0 (Tier 3)	
MEPHYTON 5 MG TABLET(*)	\$0 (Tier 3)	
ORACIT 490-640 MG/5 ML SOLUTION(*)	\$0 (Tier 3)	
phytonadione (vitamin k1) 5 mg TABLET(*)	\$0 (Tier 3)	
promethazine-codeine 6.25-10 mg/5 ml SYRUP(*)	\$0 (Tier 3)	
promethazine-phenyleph-codeine 6.25-5-10 mg/5 ml SYRUP(*)	\$0 (Tier 3)	
pyridoxine (vitamin b6) 100 mg/ml SOLUTION(*)	\$0 (Tier 3)	
thiamine hcl (vitamin b1) 100 mg/ml SOLUTION(*)	\$0 (Tier 3)	
vitamin d2 1,250 mcg (50,000 unit) CAPSULE(*)	\$0 (Tier 3)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
vitamin k1 10 mg/ml SOLUTION(*)	\$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 2 % CREAM	\$0 (Tier 4)	
acetaminophen 120 mg SUPPOSITORY	\$0 (Tier 4)	
acetaminophen 160 mg/5 ml (5 ml), 325 mg/10.15 ml, 650 mg/20.3 ml SOLUTION	\$0 (Tier 4)	
acetaminophen 160 mg/5 ml (5 ml), 325 mg/10.15 ml, 650 mg/20.3 ml SUSPENSION	\$0 (Tier 4)	
acetaminophen 160 mg/5 ml LIQUID	\$0 (Tier 4)	
acetaminophen 325 mg, 500 mg TABLET	\$0 (Tier 4)	
acid controller 10 mg TABLET	\$0 (Tier 4)	
acid gone antacid 95-358 mg/15 ml SUSPENSION	\$0 (Tier 4)	
acid gone antacid e.strength 160-105 mg CHEWABLE TABLET	\$0 (Tier 4)	
acid reducer (famotidine) 10 mg TABLET	\$0 (Tier 4)	
adult aspirin regimen 81 mg TABLET, DR/EC	\$0 (Tier 4)	
adult tussin chest congestion 100 mg/5 ml LIQUID	\$0 (Tier 4)	
adult tussin cough congest dm 10-100 mg/5 ml LIQUID	\$0 (Tier 4)	
adult tussin dm 10-100 mg/5 ml SYRUP	\$0 (Tier 4)	
advanced antacid-antigas 200-200-20 mg/5 ml, 400-400-40 mg/5 ml SUSPENSION	\$0 (Tier 4)	
all day allergy (cetirizine) 1 mg/ml SOLUTION	\$0 (Tier 4)	QL(300 per 30 days)
all day allergy (cetirizine) 10 mg CAPSULE	\$0 (Tier 4)	
all day allergy (cetirizine) 10 mg TABLET	\$0 (Tier 4)	
all day pain relief 220 mg TABLET	\$0 (Tier 4)	
all day relief 220 mg TABLET	\$0 (Tier 4)	
aller-g-time 25 mg TABLET	\$0 (Tier 4)	
allergy (diphenhydramine) 25 mg CAPSULE	\$0 (Tier 4)	
allergy (diphenhydramine) 25 mg TABLET	\$0 (Tier 4)	
allergy relief (cetirizine) 10 mg CAPSULE	\$0 (Tier 4)	
allergy relief (cetirizine) 10 mg TABLET	\$0 (Tier 4)	
allergy relief (loratadine) 10 mg TABLET	\$0 (Tier 4)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
allergy relief (loratadine) 5 mg/5 ml SOLUTION	\$0 (Tier 4)	
allergy relief(diphenhydramin) 12.5 mg/5 ml LIQUID	\$0 (Tier 4)	
allergy relief(diphenhydramin) 25 mg CAPSULE	\$0 (Tier 4)	
allergy relief(diphenhydramin) 25 mg TABLET	\$0 (Tier 4)	
almacone-2 400-400-40 mg/5 ml SUSPENSION	\$0 (Tier 4)	
alum-mag hydroxide-simeth 200-200-20 mg/5 ml, 400-400-40 mg/5 ml SUSPENSION	\$0 (Tier 4)	
aluminum hydroxide gel 320 mg/5 ml SUSPENSION	\$0 (Tier 4)	
antacid 200-200-20 mg/5 ml SUSPENSION	\$0 (Tier 4)	
antacid (calcium carbonate) 200 mg calcium (500 mg) CHEWABLE TABLET	\$0 (Tier 4)	
antacid anti-gas 400-400-40 mg/5 ml SUSPENSION	\$0 (Tier 4)	
antacid extst (mag carb-al hyd) 160-105 mg CHEWABLE TABLET	\$0 (Tier 4)	
antacid ext str (calcium carb) 300 mg (750 mg) CHEWABLE TABLET	\$0 (Tier 4)	
antacid extra-strength 300 mg (750 mg) CHEWABLE TABLET	\$0 (Tier 4)	
antacid maximum strength 400-400-40 mg/5 ml SUSPENSION	\$0 (Tier 4)	
antacid plus anti-gas 200-200-20 mg/5 ml, 400-400-40 mg/5 ml SUSPENSION	\$0 (Tier 4)	
antacid regular strength 200-200-20 mg/5 ml SUSPENSION	\$0 (Tier 4)	
antacid-antigas 200-200-20 mg/5 ml, 400-400-40 mg/5 ml SUSPENSION	\$0 (Tier 4)	
antacid-simethicone 400-400-40 mg/5 ml SUSPENSION	\$0 (Tier 4)	
anti-diarrheal (loperamide) 1 mg/7.5 ml LIQUID	\$0 (Tier 4)	
anti-diarrheal (loperamide) 2 mg CAPSULE	\$0 (Tier 4)	
anti-diarrheal (loperamide) 2 mg TABLET	\$0 (Tier 4)	
anti-nausea SOLUTION	\$0 (Tier 4)	
aspirin 325 mg TABLET	\$0 (Tier 4)	
aspirin 325 mg, 81 mg TABLET, DR/EC	\$0 (Tier 4)	
aspirin 81 mg CHEWABLE TABLET	\$0 (Tier 4)	
aspirin,buffd-calcium carb-mag 325 mg TABLET	\$0 (Tier 4)	
banophen 25 mg TABLET	\$0 (Tier 4)	
banophen 25 mg, 50 mg CAPSULE	\$0 (Tier 4)	
bisacodyl 10 mg SUPPOSITORY	\$0 (Tier 4)	
bisacodyl 5 mg TABLET, DR/EC	\$0 (Tier 4)	
bismatrol 262 mg CHEWABLE TABLET	\$0 (Tier 4)	
bismuth subsalicylate 262 mg CHEWABLE TABLET	\$0 (Tier 4)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
cal-gest antacid 200 mg calcium (500 mg) CHEWABLE TABLET	\$0 (Tier 4)	
calcium antacid 200 mg calcium (500 mg), 300 mg (750 mg) CHEWABLE TABLET	\$0 (Tier 4)	
calcium carbonate 500 mg/5 ml (1,250 mg/5 ml) SUSPENSION	\$0 (Tier 4)	
cetirizine 1 mg/ml SOLUTION	\$0 (Tier 4)	QL(300 per 30 days)
cetirizine 10 mg, 5 mg CHEWABLE TABLET	\$0 (Tier 4)	
cetirizine 10 mg, 5 mg TABLET	\$0 (Tier 4)	
cetirizine 5 mg/5 ml SOLUTION	\$0 (Tier 4)	
CHEST CONGESTION RELIEF 100 MG/5 ML LIQUID	\$0 (Tier 4)	
chest congestion relief dm 10-100 mg/5 ml SYRUP	\$0 (Tier 4)	
child allergy relf(cetirizine) 1 mg/ml SOLUTION	\$0 (Tier 4)	QL(300 per 30 days)
child's all day allergy(cetir) 1 mg/ml SOLUTION	\$0 (Tier 4)	QL(300 per 30 days)
children's acetaminophen 160 mg/5 ml LIQUID	\$0 (Tier 4)	
children's acetaminophen 160 mg/5 ml, 160 mg/5 ml (5 ml) SUSPENSION	\$0 (Tier 4)	
children's allergy (diphenhyd) 12.5 mg CHEWABLE TABLET	\$0 (Tier 4)	
children's allergy (diphenhyd) 12.5 mg/5 ml LIQUID	\$0 (Tier 4)	
children's allergy relief(lor) 5 mg/5 ml SOLUTION	\$0 (Tier 4)	
children's allergy(cetirizine) 1 mg/ml SOLUTION	\$0 (Tier 4)	QL(300 per 30 days)
children's aspirin 81 mg CHEWABLE TABLET	\$0 (Tier 4)	
children's cetirizine 1 mg/ml SOLUTION	\$0 (Tier 4)	QL(300 per 30 days)
children's cetirizine 10 mg, 5 mg CHEWABLE TABLET	\$0 (Tier 4)	
children's diphenhydramine 12.5 mg/5 ml LIQUID	\$0 (Tier 4)	
children's loratadine 5 mg CHEWABLE TABLET	\$0 (Tier 4)	
children's mapap 80 mg CHEWABLE TABLET	\$0 (Tier 4)	
children's pain relief 160 mg/5 ml SUSPENSION	\$0 (Tier 4)	
children's pain reliever 160 mg/5 ml SUSPENSION	\$0 (Tier 4)	
children's pain-fever relief 160 mg/5 ml SUSPENSION	\$0 (Tier 4)	
chocolate laxative 15 mg CHEWABLE TABLET	\$0 (Tier 4)	
clearlax 17 gram POWDER IN PACKET	\$0 (Tier 4)	
clearlax 17 gram/dose POWDER	\$0 (Tier 4)	
clotrimazole 1 % CREAM	\$0 (Tier 4)	
clotrimazole-3 2 % CREAM	\$0 (Tier 4)	
COLACE 100 MG CAPSULE	\$0 (Tier 4)	
COLACE 2-IN-1 8.6-50 MG TABLET	\$0 (Tier 4)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
COLACE CLEAR 50 MG CAPSULE	\$0 (Tier 4)	
complete allergy 25 mg CAPSULE	\$0 (Tier 4)	
complete allergy medicine 25 mg CAPSULE	\$0 (Tier 4)	
cough syrup dm 10-100 mg/5 ml SYRUP	\$0 (Tier 4)	
dextromethorphan-guaifenesin 10-100 mg/5 ml LIQUID	\$0 (Tier 4)	
dextromethorphan-guaifenesin 10-100 mg/5 ml SYRUP	\$0 (Tier 4)	
diphenhydramine 12.5 mg/5 ml LIQUID	\$0 (Tier 4)	
DIPHENHIST 25 MG CAPSULE	\$0 (Tier 4)	
diphenhydramine hcl 12.5 mg/5 ml LIQUID	\$0 (Tier 4)	
diphenhydramine hcl 25 mg TABLET	\$0 (Tier 4)	
diphenhydramine hcl 25 mg, 50 mg CAPSULE	\$0 (Tier 4)	
docu 50 mg/5 ml LIQUID	\$0 (Tier 4)	
docusate calcium 240 mg CAPSULE	\$0 (Tier 4)	
docusate sodium 100 mg, 250 mg CAPSULE	\$0 (Tier 4)	
docusate sodium 283 mg/5 ml ENEMA	\$0 (Tier 4)	
docusate sodium 50 mg/5 ml LIQUID	\$0 (Tier 4)	
docusol 283 mg ENEMA	\$0 (Tier 4)	
DOCUSOL KIDS 100 MG/5 ML ENEMA	\$0 (Tier 4)	
DOCUSOL PLUS 283-20 MG/5 ML ENEMA	\$0 (Tier 4)	
dok 100 mg TABLET	\$0 (Tier 4)	
driminate 50 mg TABLET	\$0 (Tier 4)	
econtra ez 1.5 mg TABLET	\$0 (Tier 4)	
econtra one-step 1.5 mg TABLET	\$0 (Tier 4)	
ed-apap 160 mg/5 ml LIQUID	\$0 (Tier 4)	
enema 19-7 gram/118 ml ENEMA	\$0 (Tier 4)	
enema disposable 19-7 gram/118 ml ENEMA	\$0 (Tier 4)	
ENEMEEZ 283 MG/5 ML ENEMA	\$0 (Tier 4)	
ENEMEEZ PLUS 283-20 MG/5 ML ENEMA	\$0 (Tier 4)	
ergocalciferol (vitamin d2) 200 mcg/ml (8,000 unit/ml) DROPS	\$0 (Tier 4)	
famotidine 10 mg TABLET	\$0 (Tier 4)	
FEVERALL 120 MG, 325 MG, 80 MG SUPPOSITORY	\$0 (Tier 4)	
fiber (calcium polycarbophil) 625 mg TABLET	\$0 (Tier 4)	
fiber laxative (ca polycarbo) 625 mg TABLET	\$0 (Tier 4)	
fiber laxative(methylcellulos) 500 mg TABLET	\$0 (Tier 4)	
FIBER THERAPY (M-CELL/SUGAR) 2 GRAM/19 GRAM POWDER	\$0 (Tier 4)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
fiber therapy (m-cellulose) 500 mg TABLET	\$0 (Tier 4)	
fiber-lax 625 mg TABLET	\$0 (Tier 4)	
FLEET ENEMA 19-7 GRAM/118 ML ENEMA	\$0 (Tier 4)	
fleet glycerin (adult) SUPPOSITORY	\$0 (Tier 4)	
fleet glycerin (child) SUPPOSITORY	\$0 (Tier 4)	
FLEET GLYCERIN LAXATIVE 5.4 GRAM/5.4 ML SOLUTION	\$0 (Tier 4)	
FLEET PEDIATRIC 9.5-3.5 GRAM/59 ML ENEMA	\$0 (Tier 4)	
gavilax 17 gram/dose POWDER	\$0 (Tier 4)	
gentle laxative (bisacodyl) 10 mg SUPPOSITORY	\$0 (Tier 4)	
gentle laxative (bisacodyl) 5 mg TABLET, DR/EC	\$0 (Tier 4)	
glycerin (adult) SUPPOSITORY	\$0 (Tier 4)	
glycerin (child) SUPPOSITORY	\$0 (Tier 4)	
guaifenesin 100 mg/5 ml LIQUID	\$0 (Tier 4)	
headache relief (asa-acet-caf) 250-250-65 mg TABLET	\$0 (Tier 4)	
healthylax 17 gram POWDER IN PACKET	\$0 (Tier 4)	
heartburn relief 254-237.5 mg/5 ml SUSPENSION	\$0 (Tier 4)	
heartburn relief (famotidine) 10 mg TABLET	\$0 (Tier 4)	
ibu-200 200 mg TABLET	\$0 (Tier 4)	
ibuprofen 200 mg TABLET	\$0 (Tier 4)	
ibuprofen ib 200 mg TABLET	\$0 (Tier 4)	
infant pain reliever 160 mg/5 ml SUSPENSION	\$0 (Tier 4)	
infant's acetaminophen 160 mg/5 ml SUSPENSION	\$0 (Tier 4)	
infants' pain and fever 160 mg/5 ml SUSPENSION	\$0 (Tier 4)	
infants' pain relief 160 mg/5 ml SUSPENSION	\$0 (Tier 4)	
KONSYL SUGAR-FREE 6 GRAM POWDER IN PACKET	\$0 (Tier 4)	
KONSYL SUGAR-FREE 6 GRAM/6 GRAM POWDER	\$0 (Tier 4)	
laxative (bisacodyl) 5 mg TABLET, DR/EC	\$0 (Tier 4)	
laxative (sennosides) 15 mg, 25 mg TABLET	\$0 (Tier 4)	
levonorgestrel 1.5 mg TABLET	\$0 (Tier 4)	
loperamide 1 mg/7.5 ml LIQUID	\$0 (Tier 4)	
loratadine 10 mg TABLET	\$0 (Tier 4)	
loratadine 10 mg TABLET, DISINTEGRATING	\$0 (Tier 4)	
loratadine 5 mg/5 ml SOLUTION	\$0 (Tier 4)	
m-dryl 12.5 mg/5 ml LIQUID	\$0 (Tier 4)	
m-pap 160 mg/5 ml LIQUID	\$0 (Tier 4)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
mag-al plus 200-200-20 mg/5 ml SUSPENSION	\$0 (Tier 4)	
mag-al plus extra strength 400-400-40 mg/5 ml SUSPENSION	\$0 (Tier 4)	
magnesium hydroxide 2,400 mg/10 ml, 400 mg/5 ml SUSPENSION	\$0 (Tier 4)	
magnesium oxide 400 mg (241.3 mg magnesium), 420 mg TABLET	\$0 (Tier 4)	
meclizine 12.5 mg TABLET	\$0 (Tier 4)	
meclizine 25 mg CHEWABLE TABLET	\$0 (Tier 4)	
miconazole nitrate 1,200-2 mg-% KIT	\$0 (Tier 4)	
miconazole nitrate 100 mg SUPPOSITORY	\$0 (Tier 4)	
miconazole nitrate 2 % CREAM	\$0 (Tier 4)	
miconazole-3 200 mg- 2 % (9 gram) KIT	\$0 (Tier 4)	
miconazole-3 4 % (200 mg)- 2 % (9 gram) COMBO PACK, PREFILL, CREAM	\$0 (Tier 4)	
miconazole-7 100 mg SUPPOSITORY	\$0 (Tier 4)	
miconazole-7 2 % CREAM	\$0 (Tier 4)	
migraine formula 250-250-65 mg TABLET	\$0 (Tier 4)	
migraine relief 250-250-65 mg TABLET	\$0 (Tier 4)	
milk of magnesia 400 mg/5 ml SUSPENSION	\$0 (Tier 4)	
mintox maximum strength 400-400-40 mg/5 ml SUSPENSION	\$0 (Tier 4)	
mintox plus 200-200-25 mg CHEWABLE TABLET	\$0 (Tier 4)	
motion sickness 50 mg TABLET	\$0 (Tier 4)	
motion sickness (meclizine) 25 mg TABLET	\$0 (Tier 4)	
motion sickness relief 50 mg TABLET	\$0 (Tier 4)	
motion sickness relief(mecliz) 25 mg TABLET	\$0 (Tier 4)	
motion-time 25 mg CHEWABLE TABLET	\$0 (Tier 4)	
MUCINEX 1,200 MG, 600 MG TABLET, ER 12 HR.	\$0 (Tier 4)	
MUCINEX DM 30-600 MG, 60-1,200 MG TABLET, ER 12 HR.	\$0 (Tier 4)	
mucinex fast-max chest-congest 100 mg/5 ml LIQUID	\$0 (Tier 4)	
mucus dm 30-600 mg TABLET, ER 12 HR.	\$0 (Tier 4)	
mucus dm max er 60-1,200 mg TABLET, ER 12 HR.	\$0 (Tier 4)	
mucus relief er 1,200 mg, 600 mg TABLET, ER 12 HR.	\$0 (Tier 4)	
MUCUS-CHEST CONGESTION 100 MG/5 ML LIQUID	\$0 (Tier 4)	
mucus-er max 1,200 mg TABLET, ER 12 HR.	\$0 (Tier 4)	
my choice 1.5 mg TABLET	\$0 (Tier 4)	
my way 1.5 mg TABLET	\$0 (Tier 4)	
naproxen sodium 220 mg TABLET	\$0 (Tier 4)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
nasal decongestant (pseudoeph) 30 mg TABLET	\$0 (Tier 4)	
natura-lax 17 gram/dose POWDER	\$0 (Tier 4)	
nausea relief SOLUTION	\$0 (Tier 4)	
new day 1.5 mg TABLET	\$0 (Tier 4)	
nicotine 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr PATCH, 24 HR.	\$0 (Tier 4)	
nicotine 21-14-7 mg/24 hr PATCH, TD DAILY, SEQUENTIAL	\$0 (Tier 4)	
nicotine (polacrilex) 2 mg, 4 mg GUM	\$0 (Tier 4)	
nicotine (polacrilex) 2 mg, 4 mg LOZENGE	\$0 (Tier 4)	
nicotine (polacrilex) 2 mg, 4 mg MINI LOZENGE	\$0 (Tier 4)	
non-aspirin pain relief 500 mg TABLET	\$0 (Tier 4)	
opcicon one-step 1.5 mg TABLET	\$0 (Tier 4)	
option-2 1.5 mg TABLET	\$0 (Tier 4)	
pain relief (acetaminophen) 325 mg, 500 mg TABLET	\$0 (Tier 4)	
pain relief es (acetaminophen) 500 mg TABLET	\$0 (Tier 4)	
pain reliever (acetaminophen) 325 mg, 500 mg TABLET	\$0 (Tier 4)	
pain reliever es(acetaminophn) 500 mg TABLET	\$0 (Tier 4)	
pain reliever plus 250-250-65 mg TABLET	\$0 (Tier 4)	
PEDIA-LAX 2.8 GRAM/2.7 ML SOLUTION	\$0 (Tier 4)	
pedia-lax stool softener 50 mg/15 ml SYRUP	\$0 (Tier 4)	
pinaway 50 mg/ml SUSPENSION	\$0 (Tier 4)	
pink bismuth 262 mg CHEWABLE TABLET	\$0 (Tier 4)	
pink bismuth 262 mg TABLET	\$0 (Tier 4)	
pinworm treatment 50 mg/ml SUSPENSION	\$0 (Tier 4)	
polyethylene glycol 3350 17 gram POWDER IN PACKET	\$0 (Tier 4)	
polyethylene glycol 3350 17 gram/dose POWDER	\$0 (Tier 4)	
pseudoephedrine hcl 30 mg TABLET	\$0 (Tier 4)	
ready-to-use enema 19-7 gram/118 ml ENEMA	\$0 (Tier 4)	
reese's pinworm medicine 50 mg/ml SUSPENSION	\$0 (Tier 4)	
reno caps 1 mg CAPSULE	\$0 (Tier 4)	
robafen 100 mg/5 ml LIQUID	\$0 (Tier 4)	
robafen dm cough 10-100 mg/5 ml LIQUID	\$0 (Tier 4)	
robafen dm cough-chest congest 10-100 mg/5 ml SYRUP	\$0 (Tier 4)	
saline nasal 0.65 % AEROSOL SPRAY	\$0 (Tier 4)	
senexon-s 8.6-50 mg TABLET	\$0 (Tier 4)	
senna 8.6 mg CAPSULE	\$0 (Tier 4)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
senna 8.6 mg TABLET	\$0 (Tier 4)	
senna 8.8 mg/5 ml SYRUP	\$0 (Tier 4)	
senna lax 8.6 mg TABLET	\$0 (Tier 4)	
senna laxative 8.6 mg TABLET	\$0 (Tier 4)	
senna plus 8.6-50 mg CAPSULE	\$0 (Tier 4)	
senna plus 8.6-50 mg TABLET	\$0 (Tier 4)	
senna-s 8.6-50 mg TABLET	\$0 (Tier 4)	
senna-time s 8.6-50 mg TABLET	\$0 (Tier 4)	
sennosides 8.8 mg/5 ml SYRUP	\$0 (Tier 4)	
sennosides-docusate sodium 8.6-50 mg TABLET	\$0 (Tier 4)	
SENOKOT 8.6 MG TABLET	\$0 (Tier 4)	
SENOKOT EXTRA STRENGTH 17.2 MG TABLET	\$0 (Tier 4)	
SENOKOT-S 8.6-50 MG TABLET	\$0 (Tier 4)	
SILACE 50 MG/5 ML LIQUID	\$0 (Tier 4)	
SILACE 60 MG/15 ML SYRUP	\$0 (Tier 4)	
siladryl sa 12.5 mg/5 ml LIQUID	\$0 (Tier 4)	
silapap 160 mg/5 ml LIQUID	\$0 (Tier 4)	
siltussin sa 100 mg/5 ml LIQUID	\$0 (Tier 4)	
siltussin-dm 10-100 mg/5 ml SYRUP	\$0 (Tier 4)	
sodium bicarbonate 325 mg, 650 mg TABLET	\$0 (Tier 4)	
SODIUM BICARBONATE (BULK) POWDER	\$0 (Tier 4)	
sodium citrate-citric acid 500-334 mg/5 ml SOLUTION	\$0 (Tier 4)	
SORBITOL 70 % SOLUTION	\$0 (Tier 4)	
stimulant laxative plus 8.6-50 mg TABLET	\$0 (Tier 4)	
stomach relief 262 mg CHEWABLE TABLET	\$0 (Tier 4)	
stomach relief 262 mg TABLET	\$0 (Tier 4)	
stomach relief 262 mg/15 ml, 525 mg/15 ml SUSPENSION	\$0 (Tier 4)	
stool softener 100 mg TABLET	\$0 (Tier 4)	
stool softener 100 mg, 250 mg CAPSULE	\$0 (Tier 4)	
stool softener (docusate cal) 240 mg CAPSULE	\$0 (Tier 4)	
stool softener-laxative 8.6-50 mg TABLET	\$0 (Tier 4)	
stool softener-stimulant laxat 8.6-50 mg CAPSULE	\$0 (Tier 4)	
stool softener-stimulant laxat 8.6-50 mg TABLET	\$0 (Tier 4)	
sudogest 30 mg TABLET	\$0 (Tier 4)	
suphedrin 30 mg TABLET	\$0 (Tier 4)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
tioconazole 6.5 % OINTMENT	\$0 (Tier 4)	
tioconazole-1 6.5 % OINTMENT	\$0 (Tier 4)	
tri-buffered aspirin 325 mg TABLET	\$0 (Tier 4)	
tusnel diabetic 10-100 mg/5 ml LIQUID	\$0 (Tier 4)	
tussin dm 10-100 mg/5 ml LIQUID	\$0 (Tier 4)	
tussin dm 10-100 mg/5 ml SYRUP	\$0 (Tier 4)	
tussin dm clear 10-100 mg/5 ml SYRUP	\$0 (Tier 4)	
tussin dm cough and chest 10-100 mg/5 ml SYRUP	\$0 (Tier 4)	
tussin mucus-chest congestion 100 mg/5 ml LIQUID	\$0 (Tier 4)	
women's gentle laxative(bisac) 5 mg TABLET, DR/EC	\$0 (Tier 4)	



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acetaminophen-codeine	14	afirmelle	79
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acetazolamide sodium	58	ak-poly-bac	105
acetic acid	17	albendazole	43
acetylcysteine	93, 107	albuterol sulfate	107
acid controller	112	ALCAINE	105
acid gone antacid	112	ALCOHOL PADS	94
acid gone antacid e.strength	112	ALCOHOL PREP PADS	94
acid reducer (famotidine)	112	ALCOHOL SWABS	94
acitretin	67	ALCOHOL WIPES	94
ACTHIB (PF)	87	ALECENSA	33
ACTIMMUNE	87	alendronate	92
acyclovir	48	alfuzosin	76
acyclovir sodium	48	ALIMTA	33

ALIQOPA	33	AMINOSYN II 7 %	70
aliskiren	58	AMINOSYN II 8.5 %	70
all day allergy (cetirizine)	112	AMINOSYN II 8.5 %-ELECTROLYTES	70
all day pain relief	112	AMINOSYN M 3.5 %	70
all day relief	112	AMINOSYN 10 %	69
aller-g-time	112	AMINOSYN 7 % WITH ELECTROLYTES	69
allergy (diphenhydramine)	112	AMINOSYN 8.5 %	69
allergy relief (cetirizine)	112	AMINOSYN 8.5 %-ELECTROLYTES	69
allergy relief (loratadine)	112, 113	AMINOSYN-HBC 7%	70
allergy relief(diphenhydramin)	113	AMINOSYN-PF 10 %	70
allopurinol	31	AMINOSYN-PF 7 % (SULFITE-FREE)	70
almacone-2	113	AMINOSYN-RF 5.2 %	70
ALPHAGAN P	105	amiodarone	58, 59
alprazolam	52	amitriptyline	26
altavera (28)	79	amlodipine	59
alum-mag hydroxide-simeth	113	amlodipine-benazepril	59
aluminum hydroxide gel	113	amlodipine-valsartan	59
ALUNBRIG	33	ammonium lactate	67
alyacen 1/35 (28)	79	amnesteem	67
alyacen 7/7/7 (28)	79	amoxapine	26
alyq	107	amoxicillin	17
amabelz	79	amoxicillin-pot clavulanate	17
amantadine hcl	44	amphotericin b	29
AMBISOME	29	amphotericin b liposome	29
ambrisentan	108	ampicillin	17
amiloride	58	ampicillin sodium	17
amiloride-hydrochlorothiazide	58	ampicillin-sulbactam	17
aminocaproic acid	56	anagrelide	57
aminophylline	108	anastrozole	33
AMINOSYN II 10 %	69	antacid	113
AMINOSYN II 15 %	69	antacid (calcium carbonate)	113

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antacid anti-gas	113	aspirin,buffd-calcium carb-mag	113
antacid exst (mag carb-al hyd)	113	ASSURE ID DUO-SHIELD	94
antacid ext str (calcium carb)	113	ASSURE ID INSULIN SAFETY	94
antacid extra-strength	113	ASSURE ID PEN NEEDLE	94
antacid maximum strength	113	atazanavir	48
antacid plus anti-gas	113	atenolol	59
antacid regular strength	113	atenolol-chlorthalidone	59
antacid-antigas	113	atomoxetine	65
antacid-simethicone	113	atorvastatin	59
anti-diarrheal (loperamide)	113	atovaquone	43
anti-nausea	113	atovaquone-proguanil	43
apraclonidine	105	atropine	105
aprepitant	28	ATROPINE SULFATE (PF)	105
APRETUDE	48	ATROVENT HFA	108
apri	79	aubra	79
APTIOM	22	aubra eq	79
APTIVUS	48	aurovela fe 1.5/30 (28)	79
aranelle (28)	79	aurovela fe 1-20 (28)	79
ARCALYST	87	aurovela 1.5/30 (21)	79
arformoterol	108	aurovela 1/20 (21)	79
aripiprazole	45	aurovela 24 fe	79
ARISTADA	45	AUSTEDO	65
ARISTADA INITIO	45	AUSTEDO XR	65
ARMOUR THYROID	85	AUTOJECT 2 INJECTION DEVICE	94
ARNUITY ELLIPTA	108	AUTOPEN 1 TO 21 UNITS	94
ARRANON	33	AUTOPEN 2 TO 42 UNITS	94
arsenic trioxide	33	AUVELITY	26
asenapine maleate	45	AUVI-Q	108
ASPARLAS	33	aviane	79
aspirin	113	ayuna	79
aspirin-dipyridamole	57	AYVAKIT	33

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azacitidine	33	BD NANO 2ND GEN PEN NEEDLE	95
azathioprine	87	BD SAFETYGLIDE INSULIN SYRINGE	95
azelastine	105, 108	BD SAFETYGLIDE SYRINGE	95
azithromycin	17, 18	BD ULTRA-FINE MICRO PEN NEEDLE	95
aztreonam	18	BD ULTRA-FINE MINI PEN NEEDLE	95
azurette (28)	79	BD ULTRA-FINE NANO PEN NEEDLE	95
B		BD ULTRA-FINE ORIG PEN NEEDLE	95
bacitracin	18, 105	BD ULTRA-FINE SHORT PEN NEEDLE	95
bacitracin-polymyxin b	105	BD VEO INSULIN SYR (HALF UNIT)	95
baclofen	48	BD VEO INSULIN SYRINGE UF	95
bal-care dha	70	BELEODAQ	33
balsalazide	92	BELSOMRA	111
BALVERSA	33	benazepril	59
BAND-AID GAUZE PADS	94	benazepril-hydrochlorothiazide	59
banophen	113	bendamustine	33
BAQSIMI	53	BENDEKA	33
BARACLUDE	48	BENLYSTA	87
BAVENCIO	33	benztropine	44
BCG VACCINE, LIVE (PF)	87	BESPONSA	33
BD ALCOHOL SWABS	94	betaine	76
BD AUTOSHIELD DUO PEN NEEDLE	94	betamethasone dipropionate	67
BD ECLIPSE LUER-LOK	94	betamethasone valerate	67
BD INSULIN SYRINGE	94	betamethasone, augmented	67
BD INSULIN SYRINGE (HALF UNIT)	94	BETASERON	65
BD INSULIN SYRINGE MICRO-FINE	94	betaxolol	105
BD INSULIN SYRINGE SAFETY-LOK	94	bethanechol chloride	76
BD INSULIN SYRINGE SLIP TIP	94	bexarotene	33
BD INSULIN SYRINGE U-500	94	BEXSERO	87
BD INSULIN SYRINGE ULTRA-FINE	94	bicalutamide	33
BD LO-DOSE MICRO-FINE IV	94	BICILLIN C-R	18
BD LO-DOSE ULTRA-FINE	95	BICILLIN L-A	18

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BICNU	33	bupropion hcl	26
BIKTARVY	49	bupropion hcl (smoking deter)	16
bisacodyl	113	buspirone	52
bismatrol	113	busulfan	34
bismuth subcit k-metronidz-tcn	74	BUSULFEX	34
bismuth subsalicylate	113	butalbital-acetaminophen-caff	95
bisoprolol fumarate	59	C	
bisoprolol-hydrochlorothiazide	59	c-nate dha	70
BLENREP	33	CABENUVA	49
bleomycin	33	cabergoline	86
blisovi fe 1.5/30 (28)	79	CABLIVI	57
blisovi fe 1/20 (28)	79	CABOMETYX	34
blisovi 24 fe	79	cal-gest antacid	114
BOOSTRIX TDAP	87	calcipotriene	67
BORDERED GAUZE	95	calcitonin (salmon)	92
BORTEZOMIB	33, 34	calcitriol	92
BOSULIF	34	calcium acetate(phosphat bind)	70
BRAFTOVI	34	calcium antacid	114
BREO ELLIPTA	108	calcium carbonate	114
BREZTRI AEROSPHERE	108	CALQUENCE	34
BRILINTA	57	CALQUENCE (ACALABRUTINIB MAL)	34
brimonidine	105	camila	79
BRIVIACT	22	camrese lo	79
bromocriptine	44	CAMZYOS	59
BROVANA	108	candesartan	59
BRUKINSA	34	candesartan-hydrochlorothiazid	59
budesonide	92, 108	CAPLYTA	45
bumetanide	59	CAPRELSA	34
buprenorphine	14	captopril	59
buprenorphine hcl	16	captopril-hydrochlorothiazide	59
buprenorphine-naloxone	16	carbamazepine	22



carbidopa-levodopa	44	ceftriaxone	18
carbidopa-levodopa-entacapone	44	cefuroxime axetil	18
carboplatin	34	cefuroxime sodium	18
CAREFINE PEN NEEDLE	95	CELLCEPT	87
CARETOUCH ALCOHOL PREP PAD	95	CELLCEPT INTRAVENOUS	87
CARETOUCH INSULIN SYRINGE	95	CELONTIN	22
CARETOUCH PEN NEEDLE	95	cephalexin	18, 19
carglumic acid	70	CERDELGA	76
carisoprodol	110	CEREZYME	76
carmustine	34	cetirizine	108, 114
carteolol	105	chateal eq (28)	79
cartia xt	59	CHEMET	70
carvedilol	59	CHENODAL	74
caspofungin	29	CHEST CONGESTION RELIEF	114
CAYSTON	108	chest congestion relief dm	114
caziant (28)	79	child allergy relf(cetirizine)	114
cefaclor	18	child's all day allergy(cetir)	114
cefadroxil	18	children's acetaminophen	114
cefazolin	18	children's allergy (diphenhyd)	114
cefazolin in dextrose (iso-os)	18	children's allergy relief(lor)	114
cefdinir	18	children's allergy(cetirizine)	114
cefepime	18	children's aspirin	114
cefixime	18	children's cetirizine	114
cefotaxime	18	children's diphenhydramine	114
cefotetan	18	children's loratadine	114
cefoxitin	18	children's mapap	114
cefoxitin in dextrose, iso-osm	18	children's pain relief	114
cefpodoxime	18	children's pain reliever	114
cefprozil	18	children's pain-fever relief	114
ceftazidime	18	chloramphenicol sod succinate	19
ceftazidime in d5w	18	chlorhexidine gluconate	66

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chloroquine phosphate	43	clindamycin phosphate	19, 67, 68
chlorothiazide sodium	59	CLINIMIX E 2.75%/D5W SULF FREE	70
chlorpromazine	45	CLINIMIX E 4.25%/D5W SULF FREE	70
chlorthalidone	59	CLINIMIX E 5%/D15W SULFIT FREE	70
chocolate laxative	114	CLINIMIX E 5%/D20W SULFIT FREE	70
CHOLBAM	76	CLINIMIX E 8%-D10W SULFITEFREE	70
cholestyramine (with sugar)	59, 60	CLINIMIX E 8%-D14W SULFITEFREE	70
cholestyramine light	60	CLINIMIX 4.25%/D10W SULF FREE	70
cholestyramine-aspartame	60	CLINIMIX 4.25%/D5W SULFIT FREE	70
CHORIONIC GONADOTROPIN, HUMAN	78	CLINIMIX 5%-D20W(SULFITE-FREE)	70
ciclodan	29	CLINIMIX 5%/D15W SULFITE FREE	70
ciclopirox	29	CLINIMIX 6%-D5W (SULFITE-FREE)	70
cilostazol	57	CLINIMIX 8%-D10W(SULFITE-FREE)	70
CIMDUO	49	CLINIMIX 8%-D14W(SULFITE-FREE)	70
cimetidine	74	CLINOLIPID	70
cimetidine hcl	74	clobazam	22
cinacalcet	92, 93	clobetasol	68
ciprofloxacin hcl	19, 105	clobetasol-emollient	68
ciprofloxacin in 5 % dextrose	19	clofarabine	34
cisplatin	34	CLOLAR	34
citalopram	26	clomipramine	26
cladribine	34	clonazepam	52
claravis	67	clonidine	60
clarithromycin	19	clonidine hcl	60
clearlax	114	clopidogrel	57
CLENPIQ	74	clorazepate dipotassium	52
CLICKFINE PEN NEEDLE	95	clotrimazole	29, 114
clindamycin hcl	19	clotrimazole-betamethasone	29
clindamycin in 0.9 % sod chlor	19	clotrimazole-3	114
clindamycin in 5 % dextrose	19	clovique	70
clindamycin pediatric	19	clozapine	45, 46

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COARTEM	43	CREON	76
COLACE	114	cromolyn	105, 108
COLACE CLEAR	115	cryselle (28)	79
COLACE 2-IN-1	114	CRYSVITA	76
colchicine (gout)	31	CURITY ALCOHOL SWABS	96
colestipol	60	CURITY GAUZE	96
colistin (colistimethate na)	19	cyclafem 1/35 (28)	79
COLUMVI	34	cyclafem 7/7/7 (28)	79
COMBIGAN	105	cyclobenzaprine	110
COMBIPATCH	79	cyclophosphamide	34
COMBIVENT RESPIMAT	108	cycloserine	32
COMETRIQ	34	cyclosporine	88
COMFORT EZ INSULIN SYRINGE	95	cyclosporine modified	88
COMFORT EZ PEN NEEDLES	96	cyproheptadine	108
COMFORT TOUCH PEN NEEDLE	96	CYRAMZA	34
COMPLERA	49	cyred	79
complete allergy	115	cyred eq	79
complete allergy medicine	115	CYSTAGON	76
complete natal dha	70	CYSTARAN	105
compro	28	cytarabine	34
constulose	74	cytarabine (pf)	34
COPAXONE	65	D	
COPIKTRA	34	dacarbazine	35
CORLANOR	60	dactinomycin	35
COSENTYX	87, 88	dalfampridine	65
COSENTYX (2 SYRINGES)	88	DALIRESP	108
COSENTYX PEN	88	danazol	79
COSENTYX PEN (2 PENS)	88	dantrolene	48
COSMEGEN	34	DANYELZA	35
COTELLIC	34	dapsone	32
cough syrup dm	115	DAPTACEL (DTAP PEDIATRIC) (PF)	88

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daptomycin	19	dextromethorphan-guaifenesin	115
darunavir ethanolate	49	dextrose 10 % and 0.2 % nacl	71
DARZALEX	35	dextrose 10 % in water (d10w)	71
DARZALEX FASPRO	35	dextrose 5 % in water (d5w)	71
dasetta 1/35 (28)	79	dextrose 5%-0.2 % sod chloride	71
dasetta 7/7/7 (28)	80	dextrose 5%-0.3 % sod.chloride	71
daunorubicin	35	DIACOMIT	22
DAURISMO	35	diazepam	22, 52, 53
deblitane	80	diazepam intensol	53
decitabine	35	diazoxide	53
deferasirox	71	diclofenac sodium	14, 105
DELSTRIGO	49	dicloxacillin	19
demeclocycline	19	dicyclomine	74
DEMSEER	60	didanosine	49
DENGVAIXIA (PF)	88	DIFICID	19
DEPO-ESTRADIOL	80	difluprednate	105
DERMACEA	96	digitek	60
DESCOVY	49	digox	60
desipramine	26	digoxin	60
desmopressin	78	dihydroergotamine	31
desog-e.estradiol/e.estradiol	80	DILANTIN INFATABS	22
desogestrel-ethinyl estradiol	80	DILANTIN-125	22
desvenlafaxine succinate	26	dilt-xr	60
dexamethasone	77	diltiazem hcl	60
dexamethasone intensol	77	dimethyl fumarate	65
dexamethasone sodium phos (pf)	77	diphedryl	115
dexamethasone sodium phosphate	77, 105	DIPHENHIST	115
dexmethylphenidate	65	diphenhydramine hcl	108, 115
dexrazoxane hcl	35	diphenoxylate-atropine	74
dextroamphetamine sulfate	65	dipyridamole	57
dextroamphetamine-amphetamine	65	disulfiram	16

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DIURIL	60	DROPLET INSULIN SYRINGE	96
divalproex	22, 23	DROPLET MICRON PEN NEEDLE	96
DOCEFREZ	35	DROPLET PEN NEEDLE	96
docetaxel	35	DROPSAFE ALCOHOL PREP PADS	96
docu	115	DROPSAFE INSULIN SYRINGE	96
docusate calcium	115	DROPSAFE PEN NEEDLE	96
docusate sodium	115	drospirenone-ethinyl estradiol	80
docusol	115	DROXIA	96
DOCUSOL KIDS	115	DUAVEE	80
DOCUSOL PLUS	115	duloxetine	26
dofetilide	60	DUPIXENT PEN	88
DOJOLVI	96	DUPIXENT SYRINGE	88
dok	115	DUREZOL	105
donepezil	25	dutasteride	77
dorzolamide	105	dutasteride-tamsulosin	77
dorzolamide-timolol	105	d10 %-0.45 % sodium chloride	71
dotti	80	d2.5 %-0.45 % sodium chloride	71
DOVATO	49	d5 % and 0.9 % sodium chloride	71
doxazosin	60	d5 %-0.45 % sodium chloride	71
doxepin	53	E	
doxercalciferol	93	EASY COMFORT ALCOHOL PAD	96
doxorubicin	35	EASY COMFORT INSULIN SYRINGE	96
doxorubicin, peg-liposomal	35	EASY COMFORT PEN NEEDLES	97
doxy-100	19	EASY GLIDE INSULIN SYRINGE	97
doxycycline hyclate	19	EASY GLIDE PEN NEEDLE	97
doxycycline monohydrate	19	EASY TOUCH	97
driminate	115	EASY TOUCH ALCOHOL PREP PADS	97
DRISDOL	111	EASY TOUCH FLIPLOCK INSULIN	97
DRIZALMA SPRINKLE	26	EASY TOUCH INSULIN SAFETY SYR	97
dronabinol	28	EASY TOUCH INSULIN SYRINGE	97
DROPLET INSULIN SYR(HALF UNIT)	96	EASY TOUCH LUER LOCK INSULIN	97

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EASY TOUCH PEN NEEDLE	97	emtricitabine-tenofovir (tdf)	49
EASY TOUCH SAFETY PEN NEEDLE	97	EMTRIVA	49
EASY TOUCH SHEATHLOCK INSULIN	97	enalapril maleate	60
EASY TOUCH UNI-SLIP	97	enalapril-hydrochlorothiazide	60
ec-naproxen	14	ENBREL	88
econtra ez	115	ENBREL MINI	88
econtra one-step	115	ENBREL SURECLICK	88
ed-apap	115	endocet	14
EDURANT	49	enema	115
efavirenz	49	enema disposable	115
efavirenz-emtricitabin-tenofov	49	ENEMEEZ	115
efavirenz-lamivu-tenofov disop	49	ENEMEEZ PLUS	115
EGRIFTA SV	78	ENERGIX-B (PF)	88
electrolyte-a	71	ENERGIX-B PEDIATRIC (PF)	88
electrolyte-148	71	ENHERTU	35
electrolyte-48 in d5w	71	enoxaparin	57
ELELYSO	76	enpresse	80
elimest	80	enskyce	80
ELIQUIS	57	entacapone	44
ELIQUIS DVT-PE TREAT 30D START	57	entecavir	49
ELLA	80	ENTRESTO	60
ELMIRON	77	enulose	74
ELZONRIS	35	ENVARUSUS XR	88
EMBRACE PEN NEEDLE	97	EPCLUSA	49
EMCYT	35	EPIDIOLEX	23
EMGALITY PEN	31	epinephrine	108
EMGALITY SYRINGE	31	epirubicin	35
emoquette	80	epitol	23
EMPLICITI	35	EPIVIR HBV	49
EMSAM	26	EPKINLY	35
emtricitabine	49	EPRONTIA	31

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ERBITUX	35	EVOMELA	36
ergocalciferol (vitamin d2)	111, 115	EVOTAZ	49
ergotamine-caffeine	31	EXEL INSULIN	97
ERIVEDGE	35	exemestane	36
ERLEADA	35	EXKIVITY	36
erlotinib	35	EYSUVIS	105
errin	80	ezetimibe	60
ertapenem	20	F	
ERWINAZE	35	falmina (28)	80
ery pads	68	famciclovir	49
ERYTHROCIN	20	famotidine	74, 115
erythromycin	20, 105	famotidine (pf)	74
erythromycin lactobionate	20	famotidine (pf)-nacl (iso-os)	74
erythromycin with ethanol	68	FANAPT	46
escitalopram oxalate	26, 27	FASENRA PEN	108
esomeprazole magnesium	74	felbamate	23
estradiol	80	felodipine	60
estradiol valerate	80	femynor	80
estradiol-norethindrone acet	80	fenofibrate	60
ethacrynate sodium	60	fenofibrate micronized	61
ethambutol	32	fenofibrate nanocrystallized	61
ethosuximide	23	fentanyl	14
ethynodiol diac-eth estradiol	80	fentanyl citrate	14
etodolac	14	fentanyl citrate (pf)	14
ETOPOPHOS	35	fesoterodine	77
etoposide	35	FETZIMA	27
etravirine	49	FEVERALL	115
EULEXIN	35	FIASP FLEXTOUCH U-100 INSULIN	53
EUTHYROX	85	FIASP PENFILL U-100 INSULIN	54
everolimus (antineoplastic)	36	FIASP U-100 INSULIN	54
everolimus (immunosuppressive)	88	fiber (calcium polycarbophil)	115

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fiber laxative (ca polycarbo)	115	fluphenazine decanoate	46
fiber laxative(methylcellulos)	115	fluphenazine hcl	46
FIBER THERAPY (M-CELL/SUGAR)	115	flurbiprofen	14
fiber therapy (m-cellulose)	116	flurbiprofen sodium	105
fiber-lax	116	flutamide	36
finasteride	77	fluticasone propion-salmeterol	108, 109
fingolimod	65	fluticasone propionate	68, 109
FINTEPLA	23	fluvastatin	61
FIRDAPSE	65	fluvoxamine	27
FIRMAGON	86	FOLOTYN	36
FIRMAGON KIT W DILUENT SYRINGE	86	formoterol fumarate	109
flecainide	61	FORTEO	93
FLEET ENEMA	116	fosamprenavir	49
fleet glycerin (adult)	116	fosinopril	61
fleet glycerin (child)	116	fosinopril-hydrochlorothiazide	61
FLEET GLYCERIN LAXATIVE	116	fosphenytoin	23
FLEET PEDIATRIC	116	FOTIVDA	36
FLOVENT DISKUS	108	FREESTYLE PRECISION	97
FLOVENT HFA	108	FULPHILA	57
fluconazole	29	fulvestrant	36
fluconazole in nacl (iso-osm)	29	furosemide	61
flucytosine	29	FUZEON	49
fludarabine	36	FYARRO	36
fludrocortisone	77	FYCOMPA	23
flunisolide	108	G	
fluocinolone	68		
fluocinolone acetonide oil	107	gabapentin	23
fluocinolone and shower cap	68	galantamine	25
fluorometholone	105	GAMUNEX-C	88
fluorouracil	36, 68	GARDASIL 9 (PF)	88
fluoxetine	27	GATTEX ONE-VIAL	74
		GATTEX 30-VIAL	74

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GAUZE BANDAGE	97	glycerin (child)	116
GAUZE PAD	98	glycopyrrolate	75
gavilax	116	GLYXAMBI	54
gavilyte-c	74	granisetron (pf)	28
gavilyte-g	74	granisetron hcl	28
gavilyte-n	75	griseofulvin microsize	29, 30
GAVRETO	36	griseofulvin ultramicrosize	30
GAZYVA	36	guaifenesin	116
gefitinib	36	guanfacine	61, 66
gemcitabine	36	GVOKE	54
gemfibrozil	61	GVOKE HYPOPEN 1-PACK	54
generlac	75	GVOKE HYPOPEN 2-PACK	54
gengraf	88, 89	GVOKE PFS 1-PACK SYRINGE	54
gentak	105	GVOKE PFS 2-PACK SYRINGE	54
gentamicin	20, 105	H	
gentamicin in nacl (iso-osm)	20	HAEGARDA	89
gentle laxative (bisacodyl)	116	hailey	80
GENVOYA	49	hailey fe 1.5/30 (28)	80
GILENYA	65	hailey fe 1/20 (28)	80
GILOTRIF	36	hailey 24 fe	80
glatiramer	66	HALAVEN	36
glatopa	66	haloperidol	46
GLEOSTINE	36	haloperidol decanoate	46
glimepiride	54	haloperidol lactate	46
glipizide	54	HARVONI	50
glipizide-metformin	54	HAVRIX (PF)	89
GLUCAGEN HYPOKIT	54	headache relief (asa-acet-caf)	116
glyburide	54	HEALTHWISE INSULIN SYRINGE	98
glyburide micronized	54	HEALTHWISE PEN NEEDLE	98
glyburide-metformin	54	HEALTHY ACCENTS UNIFINE PENTIP	98
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heartburn relief	116	HYFTOR	68
heartburn relief (famotidine)	116	I	
heather	80	ibandronate	93
HECTOROL	93	IBRANCE	36
heparin (porcine)	57	ibu	14
heparin, porcine (pf)	57	ibu-200	116
HEPLISAV-B (PF)	89	ibuprofen	14, 116
HETLIOZ	111	ibuprofen ib	116
HETLIOZ LQ	111	icatibant	89
HIBERIX (PF)	89	iclevia	80
HUMIRA	89	ICLUSIG	36
HUMIRA PEN	89	idarubicin	36
HUMIRA PEN CROHNS-UC-HS START	89	IDHIFA	36
HUMIRA PEN PSOR-UEITS-ADOL HS	89	ifosfamide	36
HUMIRA(CF)	89	ILEVRO	105
HUMIRA(CF) PEDI CROHNS STARTER	89	imatinib	36
HUMIRA(CF) PEN	89	IMBRUVICA	37
HUMIRA(CF) PEN CROHNS-UC-HS	89	IMFINZI	37
HUMIRA(CF) PEN PEDIATRIC UC	89	imipenem-cilastatin	20
HUMIRA(CF) PEN PSOR-UV-ADOL HS	89	imipramine hcl	27
hydralazine	61	imipramine pamoate	27
hydrochlorothiazide	61	imiquimod	68
hydrocodone-acetaminophen	14	IMJUDO	37
hydrocodone-ibuprofen	14	IMLYGIC	37
hydrocortisone	68, 92	IMOVAX RABIES VACCINE (PF)	89
hydrocortisone-acetic acid	107	INBRIJA	44
hydromorphone	14	incassia	80
hydroxychloroquine	43	INCONTROL ALCOHOL PADS	98
hydroxyurea	36	INCONTROL PEN NEEDLE	98
hydroxyzine hcl	53	INCRELEX	78
hydroxyzine pamoate	109	indapamide	61

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indomethacin	14, 15	ipratropium-albuterol	109
INFANRIX (DTAP) (PF)	89	irbesartan	61
infant pain reliever	116	irbesartan-hydrochlorothiazide	61
infant's acetaminophen	116	IRESSA	37
infants' pain and fever	116	irinotecan	37
infants' pain relief	116	ISENTRESS	50
INGREZZA	66	ISENTRESS HD	50
INGREZZA INITIATION PACK	66	isibloom	80
INLYTA	37	ISOLYTE-P IN 5 % DEXTROSE	71
INQOVI	37	ISOLYTE-S	71
INREBIC	37	isoniazid	32
INSULIN SYR/NDL U100 HALF MARK	98	isosorbide dinitrate	61
INSULIN SYRINGE	98	isosorbide mononitrate	61
INSULIN SYRINGE MICROFINE	98	isotretinoin	68
INSULIN SYRINGE NEEDLELESS	98	isradipine	61
INSULIN SYRINGE-NEEDLE U-100	98	ISTODAX	37
INSUPEN PEN NEEDLE	98	itraconazole	30
INTELENCE	50	IV PREP WIPES	98
INTRALIPID	71	ivermectin	43
INTRON A	89	IXEMPRA	37
INVEGA HAFYERA	46	IXIARO (PF)	89
INVEGA SUSTENNA	46	J	
INVEGA TRINZA	46	JAKAFI	37
INVIRASE	50	jantoven	57
INVOKAMET	54	JANUMET	54
INVOKAMET XR	54	JANUMET XR	54
INVOKANA	54	JANUVIA	54
IONOSOL-B IN D5W	71	JARDIANCE	54
IONOSOL-MB IN D5W	71	jasmiel (28)	80
IPOL	89	javygtor	76
ipratropium bromide	109	JAYPIRCA	37

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JEMPERLI	37	klor-con m10	71
jencycla	80	KLOR-CON M15	71
JENTADUETO	54	klor-con m20	71
JENTADUETO XR	54	KLOR-CON 10	71
JEVTANA	37	KLOR-CON 8	71
juleber	81	KONSYL SUGAR-FREE	116
JULUCA	50	KORLYM	98
junel fe 1.5/30 (28)	81	KOSELUGO	37
junel fe 1/20 (28)	81	KRAZATI	38
junel fe 24	81	KRINTAFEL	43
junel 1.5/30 (21)	81	kurvelo (28)	81
junel 1/20 (21)	81	KYNMOBI	44
K		KYPROLIS	38
KABIVEN	71	L	
KADCYLA	37	l norgest/e.estradiol-e.estrad	81
kalliga	81	labetalol	61
KALYDECO	109	lacosamide	23
KANJINTI	37	lactated ringers	71, 98
kariva (28)	81	lactulose	75
kelnor 1-50 (28)	81	LAGEVRIO (EUA)	98
kelnor 1/35 (28)	81	lamivudine	50
KERENDIA	61	lamivudine-zidovudine	50
KESIMPTA PEN	66	lamotrigine	23
ketoconazole	30	LAMPIT	44
ketorolac	15, 105	lanreotide	86
KEVZARA	89	lansoprazole	75
KEYTRUDA	37	LANTUS SOLOSTAR U-100 INSULIN	55
KIMMTRAK	37	LANTUS U-100 INSULIN	55
KINRIX (PF)	89	lapatinib	38
KISQALI	37	larin fe 1.5/30 (28)	81
KISQALI FEMARA CO-PACK	37	larin fe 1/20 (28)	81

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larin 1.5/30 (21)	81	levoleucovorin calcium	38
larin 1/20 (21)	81	levonest (28)	81
larin 24 fe	81	levonorg-eth estrad triphasic	81
larissia	81	levonorgestrel	116
latanoprost	105	levonorgestrel-ethinyl estrad	81
LATUDA	46	levora-28	81
laxative (bisacodyl)	116	levothyroxine	85
laxative (sennosides)	116	LEVOXYL	85
ledipasvir-sofosbuvir	50	LEXIVA	50
leena 28	81	LIBTAYO	38
leflunomide	89	lidocaine	16
lenalidomide	38	lidocaine hcl	16
LENVIMA	38	lidocaine viscous	16
lessina	81	lidocaine-prilocaine	16
letrozole	38	lillow (28)	81
leucovorin calcium	38	lincomycin	20
LEUKERAN	38	lindane	68
leuprolide	86	linezolid	20
leuprolide (3 month)	86	linezolid in dextrose 5%	20
LEVEMIR FLEXPEN	55	linezolid-0.9% sodium chloride	20
LEVEMIR FLEXTOUCH U100 INSULIN	55	LINZESS	75
LEVEMIR U-100 INSULIN	55	liothyronine	85
levetiracetam	23	lisinopril	61, 62
levetiracetam in nacl (iso-os)	24	lisinopril-hydrochlorothiazide	62
LEVO-T	85	LITE TOUCH INSULIN PEN NEEDLES	99
levobunolol	105	LITE TOUCH INSULIN SYRINGE	99
levocarnitine	71	lithium carbonate	53
levocarnitine (with sugar)	71	LITHOSTAT	99
levocetirizine	109	lo-zumandimine (28)	81
levofloxacin	20	LOESTRIN FE 1.5/30 (28-DAY)	81
levofloxacin in d5w	20	LOESTRIN FE 1/20 (28-DAY)	81

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LOESTRIN 1.5/30 (21)	81	LYNPARZA	38
LOESTRIN 1/20 (21)	81	LYSODREN	85
lojaimiess	81	LYTGOBI	38
LONSURF	38	lyza	82
loperamide	75, 116	M	
lopinavir-ritonavir	50	m-dryl	116
loratadine	116	M-M-R II (PF)	89
lorazepam	53	m-natal plus	71
lorazepam intensol	53	m-pap	116
LORBRENA	38	mag-al plus	117
loryna (28)	82	mag-al plus extra strength	117
losartan	62	MAGELLAN INSULIN SAFETY SYRNG	99
losartan-hydrochlorothiazide	62	MAGELLAN SYRINGE	99
lovastatin	62	magnesium hydroxide	117
low-ogestrel (28)	82	magnesium oxide	117
loxapine succinate	46	magnesium sulfate	71
LUMAKRAS	38	magnesium sulfate in d5w	71
LUMIGAN	106	malathion	68
LUMOXITI	38	maraviroc	50
LUNSUMIO	38	MARGENZA	38
LUPRON DEPOT	86	marlissa (28)	82
LUPRON DEPOT (3 MONTH)	86	MARPLAN	27
LUPRON DEPOT (4 MONTH)	86	MATULANE	38
LUPRON DEPOT (6 MONTH)	86	MAXI-COMFORT INSULIN SYRINGE	99
LUPRON DEPOT-PED	86	MAXICOMFORT II PEN NEEDLE	99
LUPRON DEPOT-PED (3 MONTH)	86	MAXICOMFORT INSULIN SYRINGE	99
lurasidone	46	MAXICOMFORT SAFETY PEN NEEDLE	99
lutera (28)	82	meclizine	28, 117
LYBALVI	46	medroxyprogesterone	82
lyleq	82	mefloquine	44
lyllana	82	megestrol	82

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MEKINIST	38	methylprednisolone sodium succ	78
MEKTOVI	38	metipranolol	106
meloxicam	15	metoclopramide hcl	28
melphalan	39	metolazone	62
melphalan hcl	39	metoprolol succinate	62
memantine	25, 26	metoprolol ta-hydrochlorothiaz	62
MENACTRA (PF)	89	metoprolol tartrate	62
MENEST	82	metronidazole	20
MENQUADFI (PF)	90	metronidazole in nacl (iso-os)	20
MENVEO A-C-Y-W-135-DIP (PF)	90	metyrosine	62
MEPHYTON	111	miconazole nitrate	117
mercaptopurine	39	miconazole-3	30, 117
meropenem	20	miconazole-7	117
meropenem-0.9% sodium chloride	20	MICRODOT INSULIN PEN NEEDLE	99
mesalamine	92	microgestin fe 1.5/30 (28)	82
MESNEX	39	microgestin fe 1/20 (28)	82
metformin	55	microgestin 1.5/30 (21)	82
methadone	15	microgestin 1/20 (21)	82
methazolamide	62	microgestin 24 fe	82
methenamine hippurate	20	midodrine	62
methimazole	87	migraine formula	117
methocarbamol	110	migraine relief	117
methotrexate sodium	90	mili	82
methotrexate sodium (pf)	90	milk of magnesia	117
methoxsalen	68	mimvey	82
methsuximide	24	MINI ULTRA-THIN II	99
methyl dopa	62	minocycline	20
methyl dopa-hydrochlorothiazide	62	minoxidil	62
methylphenidate hcl	66	mintox maximum strength	117
methylprednisolone	77	mintox plus	117
methylprednisolone acetate	77	MIRCETTE (28)	82

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mirtazapine	27	mucus dm	117
misoprostol	75	mucus dm max er	117
MITIGARE	31	mucus relief er	117
mitomycin	39	MUCUS-CHEST CONGESTION	117
mitoxantrone	39	mucus-er max	117
modafinil	111	MULTAQ	62
moexipril	62	mupirocin	68
molindone	46	MUTAMYCIN	39
mometasone	68	MVASI	39
mondoxyne nl	20	my choice	117
MONJUVI	90	my way	117
mono-linyah	82	MYALEPT	75
MONOJECT INSULIN SAFETY SYRING	99	mycophenolate mofetil	90
MONOJECT INSULIN SYRINGE	99	mycophenolate mofetil (hcl)	90
MONOJECT SYRINGE	99	mycophenolate sodium	90
MONOJECT ULTRA COMFORT INSULIN	99	MYFORTIC	90
montelukast	109	MYLOTARG	39
morphine	15	myorisan	69
morphine concentrate	15	MYRBETRIQ	77
motion sickness	117	N	
motion sickness (meclizine)	117	nabumetone	15
motion sickness relief	117	nafcilin	20
motion sickness relief(mecliz)	117	nafcilin in dextrose iso-osm	21
motion-time	117	nalmefene	16
MOUNJARO	55	naloxone	16
MOVANTI-K	75	naltrexone	17
moxifloxacin	20, 106	NAMZARIC	26
MOZOBIL	57	naproxen	15
MUCINEX	117	naproxen sodium	15, 117
MUCINEX DM	117	naratriptan	31
mucinex fast-max chest-congest	117	nasal decongestant (pseudoeph)	118

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NATACYN	106	nicotine	118
nateglinide	55	nicotine (polacrilex)	118
NATPARA	93	NICOTROL NS	17
natura-lax	118	nifedipine	62
nausea relief	118	nikki (28)	82
NAYZILAM	24	nilutamide	39
nebivolol	62	nimodipine	62
NEBUPENT	44	NINLARO	39
necon 0.5/35 (28)	82	nitazoxanide	44
nefazodone	27	nitisinone	76
nelarabine	39	nitrofurantoin macrocrystal	21
neo-polycin	106	nitrofurantoin monohyd/m-cryst	21
neo-polycin hc	106	nitroglycerin	62, 63
neomycin	21	NITROSTAT	63
neomycin-bacitracin-poly-hc	106	NIVESTYM	57
neomycin-bacitracin-polymyxin	106	nizatidine	75
neomycin-polymyxin b-dexameth	106	non-aspirin pain relief	118
neomycin-polymyxin-gramicidin	106	nora-be	82
neomycin-polymyxin-hc	106, 107	noreth-ethinyl estradiol-iron	82
NEONATAL COMPLETE	71	norethindrone (contraceptive)	82
NEONATAL PLUS VITAMIN	71	norethindrone ac-eth estradiol	82
NEONATAL-DHA	71	norethindrone acetate	82
NERLYNX	39	norethindrone-e.estradiol-iron	82
NEULASTA	57	norgestimate-ethinyl estradiol	83
NEULASTA ONPRO	57	norlyda	83
nevirapine	50	NORMOSOL-M IN 5 % DEXTROSE	72
new day	118	NORMOSOL-R	72
NEXLETOL	62	NORMOSOL-R IN 5 % DEXTROSE	72
NEXLIZET	62	NORMOSOL-R PH 7.4	72
niacin	62	nortrel 0.5/35 (28)	83
niacor	62	nortrel 1/35 (21)	83

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nortrel 1/35 (28)	83	nystatin	30
nortrel 7/7/7 (28)	83	nystatin-triamcinolone	30
nortriptyline	27	nystop	30
NORVIR	50	0	
NOVOFINE AUTOCOVER	99	O-CAL PRENATAL	72
NOVOFINE PLUS	99	ocella	83
NOVOFINE 32	99	octreotide acetate	86
NOVOLIN N FLEXPEN	55	ODEFSEY	50
NOVOLIN N NPH U-100 INSULIN	55	ODOMZO	39
NOVOLIN R FLEXPEN	55	OFEV	109
NOVOLIN R REGULAR U100 INSULIN	55	ofloxacin	21, 106, 107
NOVOLIN 70-30 FLEXPEN U-100	55	olanzapine	47
NOVOLIN 70/30 U-100 INSULIN	55	olmesartan	63
NOVOLOG FLEXPEN U-100 INSULIN	55	olmesartan-hydrochlorothiazide	63
NOVOLOG MIX 70-30 U-100 INSULN	55	olopatadine	106
NOVOLOG MIX 70-30FLEXPEN U-100	55	omega-3 acid ethyl esters	63
NOVOLOG PENFILL U-100 INSULIN	55	omeprazole	75
NOVOLOG U-100 INSULIN ASPART	55	OMNITROPE	78
NOVOPEN ECHO	99	ONCASPAR	39
NOVOTWIST	100	ondansetron	28
NOXAFIL	30	ondansetron hcl	28
NUBEQA	39	ondansetron hcl (pf)	28
NUCALA	109	ONIVYDE	39
NUEDEXTA	66	ONUREG	39
NUPLAZID	46, 47	opcicon one-step	118
NUTRILIPID	72	OPDIVO	39
NUZYRA	21	OPDUALAG	39
nyamyc	30	OPSUMIT	109
nylia 1/35 (28)	83	option-2	118
nylia 7/7/7 (28)	83	ORACIT	111
nymyo	83		

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oralone	66	PANRETIN	39
ORBACTIV	21	pantoprazole	75
ORGOVYX	86	paraplatin	39
ORKAMBI	109	paricalcitol	93
ORSERDU	39	paroex oral rinse	66
orsythia	83	paromomycin	21
ORTHO-NOVUM 7/7/7 (28)	83	paroxetine hcl	27
oseltamivir	50	PASER	32
OSPHENA	83	PAXIL	27
OTEZLA	69	PAXLOVID	100
OTEZLA STARTER	69	PEDIA-LAX	118
oxaliplatin	39	pedia-lax stool softener	118
oxandrolone	83	PEDIARIX (PF)	90
oxazepam	53	PEDVAX HIB (PF)	90
oxcarbazepine	24	peg 3350-electrolytes	75
oxybutynin chloride	77	peg-electrolyte soln	75
oxycodone	15	PEGASYS	90
oxycodone-acetaminophen	15	PEMAZYRE	39
OZEMPIC	55	pemetrexed	39
		pemetrexed disodium	40
P		PEN NEEDLE	100
PACERONE	63	PEN NEEDLE, DIABETIC	100
paclitaxel	39	PEN NEEDLE, DIABETIC, SAFETY	100
paclitaxel protein-bound	39	penicillamine	72
PADCEV	39	penicillin g potassium	21
pain relief (acetaminophen)	118	penicillin g procaine	21
pain relief es (acetaminophen)	118	penicillin g sodium	21
pain reliever (acetaminophen)	118	penicillin v potassium	21
pain reliever es(acetaminophn)	118	PENTACEL (PF)	90
pain reliever plus	118	PENTAM	44
paliperidone	47	pentamidine	44
pamidronate	93		

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PENTIPS	100	PIP PEN NEEDLE	100
pentoxifylline	63	piperacillin-tazobactam	21
PERFOROMIST	109	PIQRAY	40
PERIKABIVEN	72	pirfenidone	109
perindopril erbumine	63	pirmella	83
periogard	66	piroxicam	15
PERJETA	40	PLASMA-LYTE A	72
permethrin	69	PLASMA-LYTE 148	72
perphenazine	47	podofilox	69
perphenazine-amitriptyline	27	POLIVY	40
PERSERIS	47	polycin	106
pfizerpen-g	21	polyethylene glycol 3350	118
phenelzine	27	polymyxin b sulf-trimethoprim	106
phenobarbital	24	polymyxin b sulfate	21
PHENYTEK	24	POMALYST	40
phenytoin	24	portia 28	83
phenytoin sodium	24	PORTRAZZA	40
phenytoin sodium extended	24	posaconazole	30
PHOSPHOLINE IODIDE	106	potassium chlorid-d5-0.45%nacl	72
PHYSIOLYTE	100	potassium chloride	72
PHYSIOSOL IRRIGATION	100	potassium chloride in lr-d5	72
phytonadione (vitamin k1)	111	potassium chloride in water	72
PIFELTRO	51	potassium chloride in 0.9%nacl	72
pilocarpine hcl	66, 106	potassium chloride in 5 % dex	72
pimecrolimus	69	potassium chloride-d5-0.2%nacl	72
pimozide	47	potassium chloride-d5-0.3%nacl	72
pimtrea (28)	83	potassium chloride-d5-0.9%nacl	72
pinaway	118	potassium chloride-0.45 % nacl	72
pink bismuth	118	potassium citrate	73
pinworm treatment	118	POTELIGEO	40
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pr natal 430	73	PRIMSOL	21
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prasugrel	57	PRO COMFORT INSULIN SYRINGE	100
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quinine sulfate	44	RIABNI	40
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tarina 24 fe	83	THALOMID	41
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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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Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-800-787-3311 (TTY: 711)**. Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-800-787-3311 (TTY: 711)**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

簡體中文 (Simplified): 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-800-787-3311 (TTY: 711)**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

廣東話 (Cantonese): 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-800-787-3311 (TTY: 711)**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog (Tagalog – Filipino): Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-800-787-3311 (TTY: 711)**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

Français (French): Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-800-787-3311 (TTY: 711)**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Tiếng Việt (Vietnamese): Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-800-787-3311 (TTY: 711)** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

Deutsch (German): Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelpflichtplan. Unsere Dolmetscher erreichen Sie unter **1-800-787-3311 (TTY: 711)**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

한국어 (Korean): 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-800-787-3311 (TTY: 711)** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Русский (Russian): Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-800-787-3311 (TTY: 711)**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

العربية Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-800-787-3311 (TTY: 711)**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

हिंदी (Hindi): हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-800-787-3311 (TTY: 711)** पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italiano (Italian): È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-800-787-3311 (TTY: 711)**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português (Portuguese): Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-800-787-3311 (TTY: 711)**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

Kreyòl Ayisyen (French Creole): Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-800-787-3311 (TTY: 711)**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polski (Polish): Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-800-787-3311 (TTY: 711)**. Ta usługa jest bezpłatna.

日本語 (Japanese): 当社の健康健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-800-787-3311 (TTY: 711)** にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There is no handwriting or other markings on the paper.

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PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN. THIS FORMULARY WAS UPDATED ON 07/11/2023. 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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