

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 12/01/2023. 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 122.

To search **by medical condition**, find the section labeled "Drugs Grouped by medical condition" on page 158. 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 122. 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 palmitate hcl 75 mg/5 ml RECON SOLUTION ^{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)	
daptomycin in 0.9 % sod chlor 1,000 mg/100 ml, 350 mg/50 ml, 500 mg/50 ml, 700 mg/100 ml PIGGYBACK ^{MO}	\$0 (Tier 2)	
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)	



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
moxifloxacin 400 mg TABLET ^{MO}	\$0 (Tier 1)	
nafcillin 1 gram, 10 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
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)	
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

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
tobramycin sulfate 10 mg/ml, 40 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
divalproex 125 mg, 250 mg, 500 mg TABLET, DR/EC ^{MO}	\$0 (Tier 1)	
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)
fosphenytoin 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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
levetiracetam 750 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
valproate sodium 500 mg/5 ml (100 mg/ml) SOLUTION ^{MO}	\$0 (Tier 1)	
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 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)
ZURZUVAE 20 MG, 25 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(28 per 365 days)
ZURZUVAE 30 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(14 per 365 days)

ANTIEMETICS - Drugs used to treat nausea and vomiting

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
aprepitant 125 mg (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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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
klayesta 100,000 unit/gram POWDER ^{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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
voriconazole 200 mg/5 ml (40 mg/ml) SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 1)	PA, QL (400 per 30 days)

ANTIGOUT AGENTS - Drugs used to treat gout

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
allopurinol 100 mg, 300 mg TABLET ^{MO}	\$0 (Tier 1)	
colchicine 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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TRECTOR 250 MG TABLET ^{MO}	\$0 (Tier 2)	

ANTINEOPLASTICS - Drugs used to treat cancer

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>abiraterone 250 mg TABLET</i> ^{DL}	\$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</i> ^{MO}	\$0 (Tier 1)	BvsD
<i>adriamycin 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml SOLUTION</i> ^{MO}	\$0 (Tier 1)	BvsD
ADRIAMYCIN 50 MG RECON SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
AKEEGA 100-500 MG, 50-500 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
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</i> ^{MO}	\$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</i> ^{DL}	\$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</i> ^{DL}	\$0 (Tier 1)	PA
BALVERSA 3 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(90 per 30 days)
BALVERSA 4 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
BALVERSA 5 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
BAVENCIO 20 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
BELEODAQ 500 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
<i>bendamustine 100 mg, 25 mg RECON SOLUTION</i> ^{DL}	\$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</i> ^{DL}	\$0 (Tier 1)	PA,QL(240 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
bexarotene 75 mg CAPSULE ^{DL}	\$0 (Tier 1)	PA,QL(300 per 30 days)
bicalutamide 50 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
BICNU 100 MG RECON SOLUTION ^{MO}	\$0 (Tier 2)	
BLNREP 100 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
bleomycin 15 unit, 30 unit RECON SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
BORTEZOMIB 1 MG, 2.5 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
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, 500 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
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
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
ELREXFIO 40 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	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)	
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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
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
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)
FRUZAQLA 1 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(84 per 28 days)
FRUZAQLA 5 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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
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)
irinotecan 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml SOLUTION ^{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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
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

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
<i>melphalan 2 mg TABLET^{MO}</i>	\$0 (Tier 1)	BvsD
<i>melphalan hcl 50 mg RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>mercaptopurine 50 mg TABLET^{MO}</i>	\$0 (Tier 1)	
MESNEX 400 MG TABLET ^{DL}	\$0 (Tier 2)	
<i>mitomycin 20 mg, 40 mg, 5 mg RECON SOLUTION^{DL}</i>	\$0 (Tier 1)	
<i>mitoxantrone 2 mg/ml CONCENTRATE^{MO}</i>	\$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
<i>nelarabine 250 mg/50 ml SOLUTION^{DL}</i>	\$0 (Tier 1)	
NERLYNX 40 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(180 per 30 days)
<i>nilutamide 150 mg TABLET^{DL}</i>	\$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)
OJJAARA 100 MG, 150 MG, 200 MG TABLET ^{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)
<i>oxaliplatin 100 mg, 50 mg RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	

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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)	
pazopanib 200 mg TABLET ^{DL}	\$0 (Tier 1)	PA,QL(120 per 30 days)
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
pemetrexed disodium 1,000 mg, 100 mg, 500 mg, 750 mg RECON SOLUTION ^{DL}	\$0 (Tier 1)	PA
pemetrexed disodium 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
pralatrexate 20 mg/ml (1 ml), 40 mg/2 ml (20 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
romidepsin 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)
ROZLYTREK 50 MG PELLETS IN PACKET ^{DL}	\$0 (Tier 2)	PA,QL(360 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
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 200 mg TABLET^{DL}</i>	\$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)
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^{DL}</i>	\$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)
TALVEY 2 MG/ML, 40 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
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^{MO}</i>	\$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^{DL}</i>	\$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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
THALOMID 150 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
thiotepa 100 mg RECON SOLUTION ^{DL}	\$0 (Tier 1)	
thiotepa 15 mg RECON SOLUTION ^{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)
topotecan 4 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
topotecan 4 mg/4 ml (1 mg/ml) SOLUTION ^{MO}	\$0 (Tier 1)	
toremifene 60 mg TABLET ^{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
tretinoin (antineoplastic) 10 mg CAPSULE ^{DL}	\$0 (Tier 1)	
TRISENOX 2 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
TRODELVY 180 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
TRUSELTIQ 100 MG/DAY (100 MG X 1) CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(21 per 28 days)
TRUSELTIQ 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2) CAPSULE ^{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)
VANFLYTA 17.7 MG, 26.5 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(56 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)

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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)
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

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
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)	



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 <i>SUBLINGUAL TABLET</i> ^{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 <i>TABLET</i> ^{MO}	\$0 (Tier 1)	BvsD
chlorpromazine 100 mg, 200 mg, 50 mg <i>TABLET</i> ^{MO}	\$0 (Tier 1)	
chlorpromazine 100 mg/ml, 30 mg/ml <i>CONCENTRATE</i> ^{MO}	\$0 (Tier 1)	
chlorpromazine 25 mg/ml <i>SOLUTION</i> ^{MO}	\$0 (Tier 1)	
clozapine 100 mg <i>TABLET</i> ^{MO}	\$0 (Tier 1)	QL(270 per 30 days)
clozapine 100 mg <i>TABLET, DISINTEGRATING</i> ^{MO}	\$0 (Tier 1)	PA,QL(270 per 30 days)
clozapine 12.5 mg <i>TABLET, DISINTEGRATING</i> ^{MO}	\$0 (Tier 1)	PA
clozapine 150 mg <i>TABLET, DISINTEGRATING</i> ^{MO}	\$0 (Tier 1)	PA,QL(180 per 30 days)
clozapine 200 mg <i>TABLET</i> ^{MO}	\$0 (Tier 1)	QL(135 per 30 days)
clozapine 200 mg <i>TABLET, DISINTEGRATING</i> ^{MO}	\$0 (Tier 1)	PA,QL(135 per 30 days)
clozapine 25 mg <i>TABLET</i> ^{MO}	\$0 (Tier 1)	QL(1080 per 30 days)
clozapine 25 mg <i>TABLET, DISINTEGRATING</i> ^{MO}	\$0 (Tier 1)	PA,QL(1080 per 30 days)
clozapine 50 mg <i>TABLET</i> ^{MO}	\$0 (Tier 1)	
FANAPT 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG <i>TABLET</i> ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
FANAPT 1MG(2)-2MG(2)- 4MG(2)-6MG(2) <i>TABLET, DOSE PACK</i> ^{MO}	\$0 (Tier 2)	PA,QL(56 per 28 days)
fluphenazine decanoate 25 mg/ml <i>SOLUTION</i> ^{MO}	\$0 (Tier 1)	
fluphenazine hcl 1 mg, 10 mg, 2.5 mg, 5 mg <i>TABLET</i> ^{MO}	\$0 (Tier 1)	
fluphenazine hcl 2.5 mg/5 ml <i>ELIXIR</i> ^{MO}	\$0 (Tier 1)	
fluphenazine hcl 2.5 mg/ml <i>SOLUTION</i> ^{MO}	\$0 (Tier 1)	
fluphenazine hcl 5 mg/ml <i>CONCENTRATE</i> ^{MO}	\$0 (Tier 1)	
haloperidol 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg <i>TABLET</i> ^{MO}	\$0 (Tier 1)	
haloperidol decanoate 100 mg/ml, 50 mg/ml <i>SOLUTION</i> ^{MO}	\$0 (Tier 1)	
haloperidol lactate 2 mg/ml <i>CONCENTRATE</i> ^{MO}	\$0 (Tier 1)	
haloperidol lactate 5 mg/ml <i>SOLUTION</i> ^{MO}	\$0 (Tier 1)	
haloperidol lactate 5 mg/ml <i>SYRINGE</i> ^{MO}	\$0 (Tier 1)	
INVEGA HAFYERA 1,092 MG/3.5 ML <i>SYRINGE</i> ^{MO}	\$0 (Tier 2)	QL(3.5 per 180 days)
INVEGA HAFYERA 1,560 MG/5 ML <i>SYRINGE</i> ^{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 <i>SYRINGE</i> ^{DL}	\$0 (Tier 2)	QL(1.5 per 28 days)
INVEGA SUSTENNA 156 MG/ML <i>SYRINGE</i> ^{DL}	\$0 (Tier 2)	QL(1 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
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)
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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

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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)
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)
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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
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)	

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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
<i>lithium carbonate 150 mg, 300 mg, 600 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>lithium carbonate 300 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>lithium carbonate 300 mg, 450 mg TABLET ER^{MO}</i>	\$0 (Tier 1)	
<i>lithium citrate 8 meq/5 ml SOLUTION^{MO}</i>	\$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
<i>acarbose 100 mg, 25 mg, 50 mg TABLET^{MO}</i>	\$0 (Tier 1)	
BAQSIMI 3 MG/ACTUATION SPRAY, NON-AEROSOL ^{MO}	\$0 (Tier 2)	
<i>diazoxide 50 mg/ml SUSPENSION^{DL}</i>	\$0 (Tier 1)	
FIASP FLEXTouch U-100 INSULIN 100 UNIT/ML (3 ML) INSULIN PEN ^{MO}	\$0 (Tier 2)	
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)	
<i>glimepiride 1 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>glimepiride 2 mg, 4 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>glipizide 10 mg TABLET, ER 24 HR.^{MO}</i>	\$0 (Tier 1)	
<i>glipizide 10 mg, 5 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>glipizide 2.5 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>glipizide 2.5 mg, 5 mg TABLET, ER 24 HR.^{MO}</i>	\$0 (Tier 1)	
<i>glipizide-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg TABLET^{MO}</i>	\$0 (Tier 1)	
GLUCAGEN HYPOKIT 1 MG RECON SOLUTION ^{MO}	\$0 (Tier 2)	
<i>glyburide 1.25 mg, 2.5 mg, 5 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>glyburide micronized 1.5 mg, 3 mg, 6 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>glyburide-metformin 1.25-250 mg, 2.5-500 mg, 5-500 mg TABLET^{MO}</i>	\$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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 INSULIN 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)
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)
saxagliptin 2.5 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
plerixafor 24 mg/1.2 ml (20 mg/ml) SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(9.6 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)
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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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, 25 mg, 50 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	
metoprolol succinate 200 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
metoprolol tartrate 5 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	
metyrosine 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)
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
torsemide 10 mg, 100 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
torsemide 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)	
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)
VERQUVO 10 MG, 2.5 MG, 5 MG TABLET ^{MO}	\$0 (Tier 2)	PA,QL(30 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)



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
AUSTEDO XR TITRATION KIT(WK1-4) 6 MG (14)-12 MG (14)-24 MG (14) TABLET, ER 24 HR., DOSE PACK ^{DL}	\$0 (Tier 2)	PA,QL(42 per 28 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)
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)
NUEDEXTA 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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
SKYCLARYS 50 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(90 per 30 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)	
kourzeq 0.1 % PASTE ^{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)	
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



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
adapalene 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)	
amnesteam 10 mg, 20 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
amnesteam 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)
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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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-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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
complete natal dha 29 mg iron- 1 mg-200 mg COMBO PACK ^{MO}	\$0 (Tier 1)	
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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 2.36-7.5-3.5 % 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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 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)	
potassium citrate 10 meq (1,080 mg), 15 meq, 5 meq (540 mg) TABLET ER ^{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

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
trientine 500 mg CAPSULE ^{DL}	\$0 (Tier 1)	QL(120 per 30 days)
trinatal rx 1 60 mg iron-1 mg TABLET ^{MO}	\$0 (Tier 1)	
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)	
wesnata dha complete 29 mg iron- 1 mg-200 mg COMBO PACK ^{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)	

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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)	
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
sucrafate 1 gram TABLET ^{MO}	\$0 (Tier 1)	
sucrafate 100 mg/ml SUSPENSION ^{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)

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

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
triamcinolone acetonide 0.025 %, 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

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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)
drospirenone-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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
loryna (28) 3-0.02 mg TABLET ^{MO}	\$0 (Tier 1)	
low-ogestrel (28) 0.3-30 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
lutra (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)	



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
pimtrex (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)	
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
turqoz (28) 0.3-30 mg-mcg 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)	
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)	



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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)	



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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
ABRYSV0 120 MCG/0.5 ML RECON SOLUTION ^{DL}	\$0 (Tier 1)	
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
AREXVY (PF) 120 MCG/0.5 ML SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 1)	
<i>azathioprine 50 mg TABLET^{MO}</i>	\$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)
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)
COSENTYX UNOREADY PEN 300 MG/2 ML (150 MG/ML) PEN INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(8 per 28 days)
<i>cyclosporine 100 mg, 25 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	BvsD
<i>cyclosporine modified 100 mg, 25 mg, 50 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	BvsD
<i>cyclosporine modified 100 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	BvsD
CYLTEZO(CF) 10 MG/0.2 ML, 20 MG/0.4 ML SYRINGE KIT ^{DL}	\$0 (Tier 2)	PA,QL(2 per 28 days)
CYLTEZO(CF) 40 MG/0.8 ML SYRINGE KIT ^{DL}	\$0 (Tier 2)	PA,QL(6 per 28 days)
CYLTEZO(CF) PEN 40 MG/0.8 ML PEN INJECTOR KIT ^{DL}	\$0 (Tier 2)	PA,QL(6 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
CYLTEZO(CF) PEN CROHN'S-UC-HS 40 MG/0.8 ML PEN INJECTOR KIT ^{DL}	\$0 (Tier 2)	PA,QL(6 per 28 days)
CYLTEZO(CF) PEN PSORIASIS-UV 40 MG/0.8 ML PEN INJECTOR KIT ^{DL}	\$0 (Tier 2)	PA,QL(6 per 28 days)
DAPTACEL (DTAP PEDIATRIC) (PF) 15-10-5 LF-MCG-LF/0.5ML SUSPENSION ^{DL}	\$0 (Tier 1)	
DENG VAXIA (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
ENVAR SUS XR 0.75 MG, 1 MG TABLET, ER 24 HR. ^{MO}	\$0 (Tier 2)	PA
ENVAR SUS 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
gengraf 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

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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)
HYRIMOZ PEN CROHN'S-UC STARTER 80 MG/0.8 ML PEN INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(4.8 per 28 days)
HYRIMOZ PEN PSORIASIS STARTER 80MG/0.8ML(X1)- 40 MG/0.4ML(X2) PEN INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(3.2 per 28 days)
HYRIMOZ(CF) 10 MG/0.1 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(0.2 per 28 days)
HYRIMOZ(CF) 20 MG/0.2 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(1.2 per 28 days)
HYRIMOZ(CF) 40 MG/0.4 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(2.4 per 28 days)
HYRIMOZ(CF) PEDI CROHN STARTER 80 MG/0.8 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(4.8 per 28 days)
HYRIMOZ(CF) PEDI CROHN STARTER 80 MG/0.8 ML - 40 MG/0.4 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(3.6 per 28 days)
HYRIMOZ(CF) PEN 40 MG/0.4 ML PEN INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(2.4 per 28 days)
HYRIMOZ(CF) PEN 80 MG/0.8 ML PEN INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(4.8 per 28 days)
icatibant 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
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 SYRINGE ^{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
leflunomide 10 mg, 20 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
M-M-R II (PF) 1,000-12,500 TCID ₅₀ /0.5 ML RECON SOLUTION ^{DL}	\$0 (Tier 1)	
MENACTRA (PF) 4 MCG/0.5 ML SOLUTION ^{DL}	\$0 (Tier 1)	
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- 3.3CCID ₅₀ /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 TCID ₅₀ /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

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
RINVOQ 45 MG TABLET, ER 24 HR. ^{DL}	\$0 (Tier 2)	PA,QL(168 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)	
<i>sajazir</i> 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
<i>sirolimus</i> 0.5 mg, 1 mg, 2 mg TABLET ^{MO}	\$0 (Tier 1)	BvsD
<i>sirolimus</i> 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
<i>tacrolimus</i> 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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	
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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
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)
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
acetylcysteine 200 mg/ml (20 %) SOLUTION ^{MO}	\$0 (Tier 1)	
ADSTILADRIN 3X10EXP11 VP/ML SUSPENSION ^{MO}	\$0 (Tier 2)	PA
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)	
AQINJECT PEN NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32" NEEDLE ^{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)	
ASSURE ID PRO PEN NEEDLE 30 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 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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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 EZ PRO SAFETY PEN NDL 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 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", 0.5 ML 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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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", 0.3 ML 31 GAUGE X 5/16", 0.3 ML 31 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 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)	
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
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)	



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MONOJECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML, 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)	
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
VERIFINE PLUS PEN NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 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)	

OPHTHALMIC AGENTS - Drugs used to treat conditions involving the eye

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ak-poly-bac 500-10,000 unit/gram OINTMENT ^{MO}	\$0 (Tier 1)	
ALCAINE 0.5 % DROPS ^{MO}	\$0 (Tier 1)	
ALPHAGAN P 0.1 % DROPS ^{MO}	\$0 (Tier 2)	
apraclonidine 0.5 % DROPS ^{MO}	\$0 (Tier 1)	
atropine 1 % DROPS ^{MO}	\$0 (Tier 1)	
ATROPINE SULFATE (PF) 1 % DROPPERETTE ^{MO}	\$0 (Tier 1)	
azelastine 0.05 % DROPS ^{MO}	\$0 (Tier 1)	
bacitracin 500 unit/gram OINTMENT ^{MO}	\$0 (Tier 1)	
bacitracin-polymyxin b 500-10,000 unit/gram OINTMENT ^{MO}	\$0 (Tier 1)	
betaxolol 0.5 % DROPS ^{MO}	\$0 (Tier 1)	
brimonidine 0.15 % DROPS ^{MO}	\$0 (Tier 1)	
brimonidine 0.2 % DROPS ^{MO}	\$0 (Tier 1)	
carteolol 1 % DROPS ^{MO}	\$0 (Tier 1)	
ciprofloxacin hcl 0.3 % DROPS ^{MO}	\$0 (Tier 1)	
COMBIGAN 0.2-0.5 % DROPS ^{MO}	\$0 (Tier 2)	QL(5 per 25 days)
cromolyn 4 % 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
CYSTARAN 0.44 % DROPS ^{DL}	\$0 (Tier 2)	PA,QL(60 per 28 days)
dexamethasone sodium phosphate 0.1 % DROPS ^{MO}	\$0 (Tier 1)	
diclofenac sodium 0.1 % DROPS ^{MO}	\$0 (Tier 1)	
difluprednate 0.05 % DROPS ^{MO}	\$0 (Tier 1)	
dorzolamide 2 % DROPS ^{MO}	\$0 (Tier 1)	
dorzolamide-timolol 22.3-6.8 mg/ml DROPS ^{MO}	\$0 (Tier 1)	
DUREZOL 0.05 % DROPS ^{MO}	\$0 (Tier 2)	
erythromycin 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)
fluorometholone 0.1 % DROPS, SUSPENSION ^{MO}	\$0 (Tier 1)	
flurbiprofen sodium 0.03 % DROPS ^{MO}	\$0 (Tier 1)	
gentak 0.3 % (3 mg/gram) OINTMENT ^{MO}	\$0 (Tier 1)	
gentamicin 0.3 % DROPS ^{MO}	\$0 (Tier 1)	
ILEVRO 0.3 % DROPS, SUSPENSION ^{MO}	\$0 (Tier 2)	QL(3 per 30 days)
ketorolac 0.4 % DROPS ^{MO}	\$0 (Tier 1)	QL(10 per 30 days)
ketorolac 0.5 % DROPS ^{MO}	\$0 (Tier 1)	QL(10 per 30 days)
latanoprost 0.005 % DROPS ^{MO}	\$0 (Tier 1)	QL(5 per 25 days)
levobunolol 0.5 % DROPS ^{MO}	\$0 (Tier 1)	
LUMIGAN 0.01 % DROPS ^{MO}	\$0 (Tier 2)	QL(2.5 per 25 days)
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
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)
BREO ELLIPTA 50-25 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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 CAPSULE ^{DL}	\$0 (Tier 1)	PA,QL(270 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)
sildenafil (pulm.hypertension) 20 mg TABLET ^{MO}	\$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)
tadalafil (pulm. hypertension) 20 mg TABLET ^{MO}	\$0 (Tier 1)	PA,QL(60 per 30 days)
theophylline 100 mg, 200 mg, 300 mg, 450 mg TABLET, ER 12 HR. ^{MO}	\$0 (Tier 1)	
theophylline 400 mg, 600 mg TABLET, ER 24 HR. ^{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
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
carisoprodol 350 mg TABLET ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
cyclobenzaprine 10 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
methocarbamol 500 mg, 750 mg TABLET ^{MO}	\$0 (Tier 1)	
vanadom 350 mg TABLET ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)

SLEEP DISORDER AGENTS - Drugs used to treat sleep conditions

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BELSOMRA 10 MG TABLET ^{MO}	\$0 (Tier 2)	QL(60 per 30 days)
BELSOMRA 15 MG, 20 MG TABLET ^{MO}	\$0 (Tier 2)	QL(30 per 30 days)
BELSOMRA 5 MG TABLET ^{MO}	\$0 (Tier 2)	QL(120 per 30 days)
HETLIOZ 20 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
HETLIOZ LQ 4 MG/ML 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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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 ext (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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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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abacavir	49	adapalene	68
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ABILIFY MAINTENA	45	adriamycin	33
abiraterone	33	ADSTILADRIN	95
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ABRAXANE	33	adult tussin chest congestion	114
ABRYSSVO	88	adult tussin cough congest dm	114
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acarbose	54	ADVAIR DISKUS	109
accutane	67	ADVAIR HFA	109
acebutolol	59	advanced antacid-antigas	114
acetaminophen	113	ADVOCATE PEN NEEDLE	95
acetaminophen-codeine	14	ADVOCATE SYRINGES	95
acetazolamide	59	afirmelle	79
acetazolamide sodium	59	AIMOVIG AUTOINJECTOR	31
acetic acid	17	ak-poly-bac	106
acetylcysteine	95, 109	AKEEGA	33
acid controller	113	albendazole	44
acid gone antacid	113	albuterol sulfate	109
acid gone antacid e.strength	113	ALCAINE	106
acid reducer (famotidine)	113	ALCOHOL PADS	95
acitretin	67	ALCOHOL PREP PADS	95
ACTHIB (PF)	88	ALCOHOL SWABS	95
ACTIMMUNE	88	ALCOHOL WIPES	95
acyclovir	49	ALECENSA	33
acyclovir sodium	49	alendronate	93

alfuzosin	77	AMINOSYN II 10 %	70
ALIMTA	33	AMINOSYN II 15 %	70
ALIQOPA	33	AMINOSYN II 7 %	70
aliskiren	59	AMINOSYN II 8.5 %	70
all day allergy (cetirizine)	114	AMINOSYN II 8.5 %-ELECTROLYTES	70
all day pain relief	114	AMINOSYN M 3.5 %	70
all day relief	114	AMINOSYN 10 %	70
aller-g-time	114	AMINOSYN 7 % WITH ELECTROLYTES	70
allergy (diphenhydramine)	114	AMINOSYN 8.5 %	70
allergy relief (cetirizine)	114	AMINOSYN 8.5 %-ELECTROLYTES	70
allergy relief (loratadine)	114	AMINOSYN-PF 10 %	70
allergy relief(diphenhydramin)	114	AMINOSYN-PF 7 % (SULFITE-FREE)	70
allopurinol	31	AMINOSYN-RF 5.2 %	70
almacone-2	114	amiodarone	59
ALPHAGAN P	106	amitriptyline	26
alprazolam	53	amlodipine	59
altavera (28)	79	amlodipine-benazepril	59
alum-mag hydroxide-simeth	114	amlodipine-valsartan	59
aluminum hydroxide gel	114	ammonium lactate	68
ALUNBRIG	33	amnestem	68
alyacen 1/35 (28)	79	amoxapine	26
alyacen 7/7/7 (28)	79	amoxicillin	17
alyq	109	amoxicillin-pot clavulanate	17
amabelz	79	amphotericin b	29
amantadine hcl	44	amphotericin b liposome	29
AMBISOME	29	ampicillin	17
ambrisentan	109	ampicillin sodium	17
amiloride	59	ampicillin-sulbactam	17
amiloride-hydrochlorothiazide	59	anagrelide	57
aminocaproic acid	57	anastrozole	33
aminophylline	109	antacid	114

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antacid (calcium carbonate)	114	ASPARLAS	33
antacid anti-gas	114	aspirin	115
antacid exst (mag carb-al hyd)	114	aspirin-dipyridamole	57
antacid ext str (calcium carb)	114	aspirin,buffd-calcium carb-mag	115
antacid extra-strength	114	ASSURE ID DUO-SHIELD	95
antacid maximum strength	114	ASSURE ID INSULIN SAFETY	95
antacid plus anti-gas	114	ASSURE ID PEN NEEDLE	95
antacid regular strength	114	ASSURE ID PRO PEN NEEDLE	95
antacid-antigas	115	atazanavir	49
antacid-simethicone	115	atenolol	59
anti-diarrheal (loperamide)	115	atenolol-chlorthalidone	59
anti-nausea	115	atomoxetine	65
apraclonidine	106	atorvastatin	59
aprepitant	28	atovaquone	44
APRETUDE	49	atovaquone-proguanil	44
apri	79	atropine	106
APTIOM	22	ATROPINE SULFATE (PF)	106
APTIVUS	49	ATROVENT HFA	109
AQINJECT PEN NEEDLE	95	aubra	79
aranelle (28)	79	aubra eq	79
ARCALYST	88	aurovela fe 1.5/30 (28)	80
AREXVY (PF)	88	aurovela fe 1-20 (28)	80
arformoterol	109	aurovela 1.5/30 (21)	79
aripiprazole	45	aurovela 1/20 (21)	79
ARISTADA	45, 46	aurovela 24 fe	80
ARISTADA INITIO	46	AUSTEDO	65
ARMOUR THYROID	85	AUSTEDO XR	65
ARNUITY ELLIPTA	109	AUSTEDO XR TITRATION KT(WK1-4)	66
ARRANON	33	AUTOJECT 2 INJECTION DEVICE	95
arsenic trioxide	33	AUTOPEN 1 TO 21 UNITS	95
asenapine maleate	46	AUTOPEN 2 TO 42 UNITS	95

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AUVELITY	26	BD INSULIN SYRINGE U-500	95
AUVI-Q	109	BD INSULIN SYRINGE ULTRA-FINE	96
aviane	80	BD LO-DOSE MICRO-FINE IV	96
ayuna	80	BD NANO 2ND GEN PEN NEEDLE	96
AYVAKIT	33	BD SAFETYGLIDE INSULIN SYRINGE	96
azacitidine	33	BD SAFETYGLIDE SYRINGE	96
azathioprine	88	BD ULTRA-FINE MICRO PEN NEEDLE	96
azelastine	106, 109	BD ULTRA-FINE MINI PEN NEEDLE	96
azithromycin	17, 18	BD ULTRA-FINE NANO PEN NEEDLE	96
aztreonam	18	BD ULTRA-FINE ORIG PEN NEEDLE	96
azurette (28)	80	BD ULTRA-FINE SHORT PEN NEEDLE	96
B		BD VEO INSULIN SYR (HALF UNIT)	96
bacitracin	18, 106	BD VEO INSULIN SYRINGE UF	96
bacitracin-polymyxin b	106	BELEODAQ	33
baclofen	48	BELSOMRA	112
bal-care dha	70	benazepril	59
balsalazide	93	benazepril-hydrochlorothiazide	59
BALVERSA	33	bendamustine	33
BAND-AID GAUZE PADS	95	BENDEKA	33
banophen	115	BENLYSTA	88
BAQSIMI	54	benztropine	44
BARACLUDE	49	BESPONSA	33
BAVENCIO	33	betaine	76
BCG VACCINE, LIVE (PF)	88	betamethasone dipropionate	68
BD ALCOHOL SWABS	95	betamethasone valerate	68
BD AUTOSHIELD DUO PEN NEEDLE	95	betamethasone, augmented	68
BD ECLIPSE LUER-LOK	95	BETASERON	66
BD INSULIN SYRINGE	95	betaxolol	106
BD INSULIN SYRINGE (HALF UNIT)	95	bethanechol chloride	77
BD INSULIN SYRINGE MICRO-FINE	95	bexarotene	33, 34
BD INSULIN SYRINGE SLIP TIP	95	BEXSERO	88

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bicalutamide	34	buprenorphine	14
BICILLIN C-R	18	buprenorphine hcl	16
BICILLIN L-A	18	buprenorphine-naloxone	16
BICNU	34	bupropion hcl	26
BIKTARVY	49	bupropion hcl (smoking deter)	16
bisacodyl	115	buspirone	53
bismatrol	115	busulfan	34
bismuth subcit k-metronidz-tcn	75	BUSULFEX	34
bismuth subsalicylate	115	butalbital-acetaminophen-caff	96
bisoprolol fumarate	59	C	
bisoprolol-hydrochlorothiazide	59	c-nate dha	70
BLENREP	34	CABENUVA	49
bleomycin	34	cabergoline	86
blisovi fe 1.5/30 (28)	80	CABLIVI	57
blisovi fe 1/20 (28)	80	CABOMETYX	34
blisovi 24 fe	80	cal-gest antacid	115
BOOSTRIX TDAP	88	calcipotriene	68
BORDERED GAUZE	96	calcitonin (salmon)	93
BORTEZOMIB	34	calcitriol	94
BOSULIF	34	calcium acetate(phosphat bind)	70
BRAFTOVI	34	calcium antacid	115
BREO ELLIPTA	109	calcium carbonate	115
BREZTRI AEROSPHERE	109	CALQUENCE	34
BRILINTA	57	CALQUENCE (ACALABRUTINIB MAL)	34
brimonidine	106	camila	80
BRIVIACT	22	camrese lo	80
bromocriptine	44	CAMZYOS	60
BROVANA	109	candesartan	60
BRUKINSA	34	candesartan-hydrochlorothiazid	60
budesonide	93, 109	CAPLYTA	46
bumetanide	60	CAPRELSA	34

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captopril	60	cefprozil	18
captopril-hydrochlorothiazide	60	ceftazidime	18
carbamazepine	22	ceftazidime in d5w	18
carbidopa-levodopa	45	ceftriaxone	18
carbidopa-levodopa-entacapone	45	cefuroxime axetil	18
carboplatin	34	cefuroxime sodium	18
CAREFINE PEN NEEDLE	96	CELLCEPT	88
CARETOUCH ALCOHOL PREP PAD	96	CELLCEPT INTRAVENOUS	88
CARETOUCH INSULIN SYRINGE	96	CELONTIN	22
CARETOUCH PEN NEEDLE	96	cephalexin	18, 19
carglumic acid	71	CERDELGA	76
carisoprodol	112	CEREZYME	76
carmustine	34	cetirizine	110, 115
carteolol	106	chateal eq (28)	80
cartia xt	60	CHEMET	71
carvedilol	60	CHENODAL	75
caspofungin	29	CHEST CONGESTION RELIEF	115
CAYSTON	109	chest congestion relief dm	115
caziant (28)	80	child allergy relf(cetirizine)	115
cefaclor	18	child's all day allergy(cetir)	115
cefadroxil	18	children's acetaminophen	115
cefazolin	18	children's allergy (diphenhyd)	115
cefazolin in dextrose (iso-os)	18	children's allergy relief(lor)	115
cefdinir	18	children's allergy(cetirizine)	115
cefepime	18	children's aspirin	116
cefixime	18	children's cetirizine	116
cefotaxime	18	children's diphenhydramine	116
cefotetan	18	children's loratadine	116
cefoxitin	18	children's mapap	116
cefoxitin in dextrose, iso-osm	18	children's pain relief	116
cefpodoxime	18	children's pain reliever	116

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children's pain-fever relief	116	clindamycin in 0.9 % sod chlor	19
chloramphenicol sod succinate	19	clindamycin in 5 % dextrose	19
chlorhexidine gluconate	67	clindamycin palmitate hcl	19
chloroquine phosphate	44	clindamycin pediatric	19
chlorothiazide sodium	60	clindamycin phosphate	19, 68
chlorpromazine	46	CLINIMIX E 2.75%/D5W SULF FREE	71
chlorthalidone	60	CLINIMIX E 4.25%/D5W SULF FREE	71
chocolate laxative	116	CLINIMIX E 5%/D15W SULFITE FREE	71
CHOLBAM	76	CLINIMIX E 5%/D20W SULFITE FREE	71
cholestyramine (with sugar)	60	CLINIMIX E 8%-D10W SULFITEFREE	71
cholestyramine light	60	CLINIMIX E 8%-D14W SULFITEFREE	71
cholestyramine-aspartame	60	CLINIMIX 4.25%/D10W SULF FREE	71
CHORIONIC GONADOTROPIN, HUMAN	79	CLINIMIX 4.25%/D5W SULFITE FREE	71
ciclodan	29	CLINIMIX 5%-D20W(SULFITE-FREE)	71
ciclopirox	29	CLINIMIX 5%/D15W SULFITE FREE	71
cilostazol	57	CLINIMIX 6%-D5W (SULFITE-FREE)	71
CIMDUO	49	CLINIMIX 8%-D10W(SULFITE-FREE)	71
cimetidine	75	CLINIMIX 8%-D14W(SULFITE-FREE)	71
cimetidine hcl	75	CLINOLIPID	71
cinacalcet	94	clobazam	22
ciprofloxacin hcl	19, 106	clobetasol	68
ciprofloxacin in 5 % dextrose	19	clobetasol-emollient	68
cisplatin	34	clofarabine	34
citalopram	26	CLOLAR	34
cladribine	34	clomipramine	26
claravis	68	clonazepam	53
clarithromycin	19	clonidine	60
clearlax	116	clonidine hcl	60
CLENPIQ	75	clopidogrel	57
CLICKFINE PEN NEEDLE	96	clorazepate dipotassium	53
clindamycin hcl	19	clotrimazole	29, 116

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clotrimazole-betamethasone	29	COSENTYX PEN (2 PENS)	88
clotrimazole-3	116	COSENTYX UNOREADY PEN	88
clozapine	46	COSMEGEN	34
COARTEM	44	COTELLIC	34
COLACE	116	cough syrup dm	116
COLACE CLEAR	116	CREON	76
COLACE 2-IN-1	116	cromolyn	106, 110
colchicine	31	cryselle (28)	80
colestipol	60	CRYSVITA	76
colistin (colistimethate na)	19	CURITY ALCOHOL SWABS	97
COLUMVI	34	CURITY GAUZE	97
COMBIGAN	106	cyclafem 1/35 (28)	80
COMBIPATCH	80	cyclafem 7/7/7 (28)	80
COMBIVENT RESPIMAT	110	cyclobenzaprine	112
COMETRIQ	34	cyclophosphamide	34, 35
COMFORT EZ INSULIN SYRINGE	97	cycloserine	32
COMFORT EZ PEN NEEDLES	97	cyclosporine	88
COMFORT EZ PRO SAFETY PEN NDL	97	cyclosporine modified	88
COMFORT TOUCH PEN NEEDLE	97	CYLTEZO(CF)	88
COMPLERA	49	CYLTEZO(CF) PEN	88
complete allergy	116	CYLTEZO(CF) PEN CROHN'S-UC-HS	89
complete allergy medicine	116	CYLTEZO(CF) PEN PSORIASIS-UV	89
complete natal dha	71	cyproheptadine	110
compro	28	CYRAMZA	35
constulose	75	cyred	80
COPAXONE	66	cyred eq	80
COPIKTRA	34	CYSTAGON	76
CORLANOR	60	CYSTARAN	107
COSENTYX	88	cytarabine	35
COSENTYX (2 SYRINGES)	88	cytarabine (pf)	35
COSENTYX PEN	88		

D

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dacarbazine	35	desogestrel-ethinyl estradiol	80
dactinomycin	35	desvenlafaxine succinate	26
dalfampridine	66	dexamethasone	78
DALIRESP	110	dexamethasone intensol	78
danazol	80	dexamethasone sodium phos (pf)	78
dantrolene	48	dexamethasone sodium phosphate	78, 107
DANYELZA	35	dexmethylphenidate	66
dapsone	32	dexrazoxane hcl	35
DAPTACEL (DTAP PEDIATRIC) (PF)	89	dextroamphetamine sulfate	66
daptomycin	19	dextroamphetamine-amphetamine	66
daptomycin in 0.9 % sod chlor	19	dextromethorphan-guaifenesin	116
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)	80	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, 53
deblitane	80	diazepam intensol	53
decitabine	35	diazoxide	54
deferasirox	71	diclofenac sodium	14, 107
DELSTRIGO	49	dicloxacillin	19
demeclocycline	19	dicyclomine	75
DEMSEER	60	didanosine	49
DENGAXIA (PF)	89	DIFICID	19
DEPO-ESTRADIOL	80	difluprednate	107
DERMACEA	97	digitek	60
DESCOVY	49	digox	60
desipramine	26	digoxin	60
desmopressin	79	dihydroergotamine	31
desog-e.estradiol/e.estradiol	80	DILANTIN INFATABS	22

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DILANTIN-125	22	doxorubicin	35
dilt-xr	60	doxorubicin, peg-liposomal	35
diltiazem hcl	61	doxy-100	19
dimethyl fumarate	66	doxycycline hyclate	19
diphedryl	116	doxycycline monohydrate	19, 20
DIPHENHIST	116	driminate	117
diphenhydramine hcl	110, 116	DRISDOL	113
diphenoxylate-atropine	75	DRIZALMA SPRINKLE	26
dipyridamole	57	dronabinol	28
disulfiram	16	DROPLET INSULIN SYR(HALF UNIT)	97
DIURIL	61	DROPLET INSULIN SYRINGE	97
divalproex	22, 23	DROPLET MICRON PEN NEEDLE	97
DOCEFREZ	35	DROPLET PEN NEEDLE	97
docetaxel	35	DROPSAFE ALCOHOL PREP PADS	97
docu	116	DROPSAFE INSULIN SYRINGE	97
docusate calcium	116	DROPSAFE PEN NEEDLE	98
docusate sodium	116	drospirenone-ethinyl estradiol	80
docusol	116	DROXIA	98
DOCUSOL KIDS	116	DUAVEE	80
DOCUSOL PLUS	116	duloxetine	26
dofetilide	61	DUPIXENT PEN	89
DOJOLVI	97	DUPIXENT SYRINGE	89
dok	117	DUREZOL	107
donepezil	25	dutasteride	77
dorzolamide	107	dutasteride-tamsulosin	77
dorzolamide-timolol	107	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	61	d5 %-0.45 % sodium chloride	71
doxepin	53	E	
doxercalciferol	94	EASY COMFORT ALCOHOL PAD	98

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EASY COMFORT INSULIN SYRINGE	98	ELMIRON	77
EASY COMFORT PEN NEEDLES	98	ELREXFIO	35
EASY GLIDE INSULIN SYRINGE	98	ELZONRIS	35
EASY GLIDE PEN NEEDLE	98	EMBRACE PEN NEEDLE	99
EASY TOUCH	98	EMCYT	35
EASY TOUCH ALCOHOL PREP PADS	98	EMGALITY PEN	31
EASY TOUCH FLIPLOCK INSULIN	98	EMGALITY SYRINGE	31
EASY TOUCH INSULIN SAFETY SYR	98	emoquette	80
EASY TOUCH INSULIN SYRINGE	98	EMPLICITI	35
EASY TOUCH LUER LOCK INSULIN	98	EMSAM	26
EASY TOUCH PEN NEEDLE	98	emtricitabine	50
EASY TOUCH SAFETY PEN NEEDLE	98	emtricitabine-tenofovir (tdf)	50
EASY TOUCH SHEATHLOCK INSULIN	98	EMTRIVA	50
EASY TOUCH UNI-SLIP	99	enalapril maleate	61
ec-naproxen	14	enalapril-hydrochlorothiazide	61
econtra ez	117	ENBREL	89
econtra one-step	117	ENBREL MINI	89
ed-apap	117	ENBREL SURECLICK	89
EDURANT	49	endocet	14
efavirenz	49	enema	117
efavirenz-emtricitabin-tenofov	49	enema disposable	117
efavirenz-lamivu-tenofov disop	49	ENEMEEZ	117
EGRIFTA SV	79	ENEMEEZ PLUS	117
electrolyte-a	72	ENERGIX-B (PF)	89
electrolyte-148	71	ENERGIX-B PEDIATRIC (PF)	89
electrolyte-48 in d5w	71	ENHERTU	35
ELELYSO	76	enoxaparin	57
elinest	80	enpresse	80
ELIQUIS	57	enskyce	81
ELIQUIS DVT-PE TREAT 30D START	57	entacapone	45
ELLA	80	entecavir	50

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ENTRESTO	61	ethosuximide	23
enulose	75	ethynodiol diac-eth estradiol	81
ENVARUSUS XR	89	etodolac	14
EPCLUSA	50	ETOPOPHOS	36
EPIDIOLEX	23	etoposide	36
epinephrine	110	etravirine	50
epirubicin	35	EULEXIN	36
epitol	23	EUTHYROX	85
EPIVIR HBV	50	everolimus (antineoplastic)	36
EPKINLY	35	everolimus (immunosuppressive)	89
EPRONTIA	31	EVOMELA	36
ERBITUX	35	EVOTAZ	50
ergocalciferol (vitamin d2)	113, 117	EXEL INSULIN	99
ergotamine-caffeine	31	exemestane	36
ERIVEDGE	35	EXKIVITY	36
ERLEADA	35	EYSUVIS	107
erlotinib	36	ezetimibe	61
errin	81	F	
ertapenem	20	falmina (28)	81
ery pads	68	famciclovir	50
ERYTHROCIN	20	famotidine	75, 117
erythromycin	20, 107	famotidine (pf)	75
erythromycin lactobionate	20	famotidine (pf)-nacl (iso-os)	75
erythromycin with ethanol	68	FANAPT	46
escitalopram oxalate	26, 27	FASENRA PEN	110
esomeprazole magnesium	75	felbamate	23
estradiol	81	felodipine	61
estradiol valerate	81	femynor	81
estradiol-norethindrone acet	81	fenofibrate	61
ethacrynate sodium	61	fenofibrate micronized	61
ethambutol	32	fenofibrate nanocrystallized	61

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fentanyl	14	flucytosine	30
fentanyl citrate	14	fludarabine	36
fentanyl citrate (pf)	14	fludrocortisone	78
fesoterodine	77	flunisolide	110
FETZIMA	27	fluocinolone	68
FEVERALL	117	fluocinolone acetonide oil	108
FIASP FLEXTOUCH U-100 INSULIN	54	fluocinolone and shower cap	69
FIASP PENFILL U-100 INSULIN	54	fluorometholone	107
FIASP U-100 INSULIN	54	fluorouracil	36, 69
fiber (calcium polycarbophil)	117	fluoxetine	27
fiber laxative (ca polycarbo)	117	fluphenazine decanoate	46
fiber laxative(methylcellulos)	117	fluphenazine hcl	46
FIBER THERAPY (M-CELL/SUGAR)	117	flurbiprofen	14
fiber therapy (m-cellulose)	117	flurbiprofen sodium	107
fiber-lax	117	flutamide	36
finasteride	77	fluticasone propion-salmeterol	110
fingolimod	66	fluticasone propionate	69, 110
FINTEPLA	23	fluvastatin	61
FIRDAPSE	66	fluvoxamine	27
FIRMAGON	86	FOLOTYN	36
FIRMAGON KIT W DILUENT SYRINGE	86	formoterol fumarate	110
flecainide	61	FORTEO	94
FLEET ENEMA	117	fosamprenavir	50
fleet glycerin (adult)	117	fosinopril	61
fleet glycerin (child)	117	fosinopril-hydrochlorothiazide	61
FLEET GLYCERIN LAXATIVE	117	fosphenytoin	23
FLEET PEDIATRIC	117	FOTIVDA	36
FLOVENT DISKUS	110	FREESTYLE PRECISION	99
FLOVENT HFA	110	FRUZAQLA	36
fluconazole	29	FULPHILA	57
fluconazole in nacl (iso-osm)	30	fulvestrant	36

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furosemide	61	glatiramer	66
FUZEON	50	glatopa	66
FYARRO	36	GLEOSTINE	36
FYCOMPA	23	glimepiride	54
G		glipizide	54
gabapentin	23	glipizide-metformin	54
galantamine	25	GLUCAGEN HYPOKIT	54
GAMUNEX-C	89	glyburide	54
GARDASIL 9 (PF)	89	glyburide micronized	54
GATTEX ONE-VIAL	75	glyburide-metformin	54
GATTEX 30-VIAL	75	glycerin (adult)	117
GAUZE BANDAGE	99	glycerin (child)	117
GAUZE PAD	99	glycopyrrolate	75
gavilax	117	GLYXAMBI	54
gavilyte-c	75	granisetron (pf)	28
gavilyte-g	75	granisetron hcl	28
gavilyte-n	75	griseofulvin microsize	30
GAVRETO	36	griseofulvin ultramicrosize	30
GAZYVA	36	guaifenesin	117
gefitinib	36	guanfacine	61, 66
gemcitabine	36	GVOKE	54
gemfibrozil	61	GVOKE HYPOPEN 1-PACK	54
generlac	75	GVOKE HYPOPEN 2-PACK	54
gengraf	89	GVOKE PFS 1-PACK SYRINGE	54
gentak	107	GVOKE PFS 2-PACK SYRINGE	55
gentamicin	20, 107	H	
gentamicin in nacl (iso-osm)	20	HAEGARDA	89
gentle laxative (bisacodyl)	117	hailey	81
GENVOYA	50	hailey fe 1.5/30 (28)	81
GILENYA	66	hailey fe 1/20 (28)	81
GILOTRIF	36	hailey 24 fe	81

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HALAVEN	36	hydrochlorothiazide	62
haloperidol	46	hydrocodone-acetaminophen	14
haloperidol decanoate	46	hydrocodone-ibuprofen	14
haloperidol lactate	46	hydrocortisone	69, 93
HARVONI	50	hydrocortisone-acetic acid	108
HAVRIX (PF)	89	hydromorphone	14
headache relief (asa-acet-caf)	117	hydroxychloroquine	44
HEALTHWISE INSULIN SYRINGE	99	hydroxyurea	36
HEALTHWISE PEN NEEDLE	99	hydroxyzine hcl	53
HEALTHY ACCENTS UNIFINE PENTIP	99	hydroxyzine pamoate	110
healthylax	117	HYFTOR	69
heartburn relief	117	HYRIMOZ PEN CROHN'S-UC STARTER	90
heartburn relief (famotidine)	117	HYRIMOZ PEN PSORIASIS STARTER	90
heather	81	HYRIMOZ(CF)	90
heparin (porcine)	57	HYRIMOZ(CF) PEDI CROHN STARTER	90
heparin, porcine (pf)	57	HYRIMOZ(CF) PEN	90
HEPLISAV-B (PF)	89	I	
HETLIOZ	112	ibandronate	94
HETLIOZ LQ	112	IBRANCE	36
HIBERIX (PF)	90	ibu	14
HUMIRA	90	ibu-200	117
HUMIRA PEN	90	ibuprofen	14, 117
HUMIRA PEN CROHNS-UC-HS START	90	ibuprofen ib	118
HUMIRA PEN PSOR-UEITS-ADOL HS	90	icatibant	90
HUMIRA(CF)	90	iclevia	81
HUMIRA(CF) PEDI CROHNS STARTER	90	ICLUSIG	36, 37
HUMIRA(CF) PEN	90	idarubicin	37
HUMIRA(CF) PEN CROHNS-UC-HS	90	IDHIFA	37
HUMIRA(CF) PEN PEDIATRIC UC	90	ifosfamide	37
HUMIRA(CF) PEN PSOR-UV-ADOL HS	90	ILEVRO	107
hydralazine	61, 62	imatinib	37

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IMBRUVICA	37	INSUPEN PEN NEEDLE	100
IMFINZI	37	INTELENCE	50
imipenem-cilastatin	20	INTRALIPID	72
imipramine hcl	27	INTRON A	90
imipramine pamoate	27	INVEGA HAFYERA	46
imiquimod	69	INVEGA SUSTENNA	46, 47
IMJUDO	37	INVEGA TRINZA	47
IMLYGIC	37	INVIRASE	50
IMOVAX RABIES VACCINE (PF)	90	INVOKAMET	55
INBRIJA	45	INVOKAMET XR	55
incassia	81	INVOKANA	55
INCONTROL ALCOHOL PADS	99	IONOSOL-B IN D5W	72
INCONTROL PEN NEEDLE	99	IONOSOL-MB IN D5W	72
INCRELEX	79	IPOL	90
indapamide	62	ipratropium bromide	110
indomethacin	14, 15	ipratropium-albuterol	110
INFANRIX (DTAP) (PF)	90	irbesartan	62
infant pain reliever	118	irbesartan-hydrochlorothiazide	62
infant's acetaminophen	118	IRESSA	37
infants' pain and fever	118	irinotecan	37
infants' pain relief	118	ISENTRESS	50
INGREZZA	66	ISENTRESS HD	50
INGREZZA INITIATION PACK	66	isibloom	81
INLYTA	37	ISOLYTE-P IN 5 % DEXTROSE	72
INQOVI	37	ISOLYTE-S	72
INREBIC	37	isoniazid	32
INSULIN SYR/NDL U100 HALF MARK	99	isosorbide dinitrate	62
INSULIN SYRINGE	99	isosorbide mononitrate	62
INSULIN SYRINGE MICROFINE	99	isotretinoin	69
INSULIN SYRINGE NEEDLELESS	99	isradipine	62
INSULIN SYRINGE-NEEDLE U-100	99	ISTODAX	37

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itraconazole	30	KALYDECO	110
IV PREP WIPES	100	KANJINTI	37
ivermectin	44	kariva (28)	81
IXEMPRA	37	kelnor 1-50 (28)	81
IXIARO (PF)	90	kelnor 1/35 (28)	81
J		KERENDIA	62
JAKAFI	37	KESIMPTA PEN	66
jantoven	58	ketoconazole	30
JANUMET	55	ketorolac	15, 107
JANUMET XR	55	KEVZARA	90
JANUVIA	55	KEYTRUDA	37
JARDIANCE	55	KIMMTRAK	37
jasmiel (28)	81	KINRIX (PF)	90
javygtor	76	KISQALI	37
JAYPIRCA	37	KISQALI FEMARA CO-PACK	38
JEMPERLI	37	klayesta	30
jencycla	81	klor-con m10	72
JENTADUETO	55	KLOR-CON M15	72
JENTADUETO XR	55	klor-con m20	72
JEVTANA	37	KLOR-CON 10	72
juleber	81	KLOR-CON 8	72
JULUCA	50	KONSYL SUGAR-FREE	118
junel fe 1.5/30 (28)	81	KORLYM	100
junel fe 1/20 (28)	81	KOSELUGO	38
junel fe 24	81	kourzeq	67
junel 1.5/30 (21)	81	KRAZATI	38
junel 1/20 (21)	81	KRINTAFEL	44
K		kurvelo (28)	81
KABIVEN	72	KYNMOBI	45
KADCYLA	37	KYPROLIS	38
kalliga	81	L	

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l norgest/e.estradiol-e.estrad	81	letrozole	38
labetalol	62	leucovorin calcium	38
lacosamide	23	LEUKERAN	38
lactated ringers	72, 100	leuprolide	86
lactulose	75	leuprolide (3 month)	86
LAGEVRIO (EUA)	100	LEVEMIR FLEXPEN	55
lamivudine	50	LEVEMIR FLEXTOUCH U100 INSULIN	55
lamivudine-zidovudine	50	LEVEMIR U-100 INSULIN	55
lamotrigine	23	levetiracetam	23, 24
LAMPIT	44	levetiracetam in nacl (iso-os)	24
lanreotide	86	LEVO-T	86
lansoprazole	75	levobunolol	107
LANTUS SOLOSTAR U-100 INSULIN	55	levocarnitine	72
LANTUS U-100 INSULIN	55	levocarnitine (with sugar)	72
lapatinib	38	levocetirizine	111
larin fe 1.5/30 (28)	82	levofloxacin	20
larin fe 1/20 (28)	82	levofloxacin in d5w	20
larin 1.5/30 (21)	82	levoleucovorin calcium	38
larin 1/20 (21)	82	levonest (28)	82
larin 24 fe	82	levonorg-eth estrad triphasic	82
larissia	82	levonorgestrel	118
latanoprost	107	levonorgestrel-ethinyl estrad	82
LATUDA	47	levora-28	82
laxative (bisacodyl)	118	levothyroxine	86
laxative (sennosides)	118	LEVOXYL	86
ledipasvir-sofosbuvir	51	LEXIVA	51
leena 28	82	LIBTAYO	38
leflunomide	91	lidocaine	16
lenalidomide	38	lidocaine hcl	16
LENVIMA	38	lidocaine viscous	16
lessina	82	lidocaine-prilocaine	16

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lillow (28)	82	lovastatin	62
lincomycin	20	low-ogestrel (28)	82
lindane	69	loxapine succinate	47
linezolid	20	LUMAKRAS	38
linezolid in dextrose 5%	20	LUMIGAN	107
linezolid-0.9% sodium chloride	20	LUMOXITI	38
LINZESS	75	LUNSUMIO	38
liothyronine	86	LUPRON DEPOT	86
lisinopril	62	LUPRON DEPOT (3 MONTH)	87
lisinopril-hydrochlorothiazide	62	LUPRON DEPOT (4 MONTH)	87
LITE TOUCH INSULIN PEN NEEDLES	100	LUPRON DEPOT (6 MONTH)	87
LITE TOUCH INSULIN SYRINGE	100	LUPRON DEPOT-PED	87
lithium carbonate	54	LUPRON DEPOT-PED (3 MONTH)	87
lithium citrate	54	lurasidone	47
LITHOSTAT	100	lutera (28)	82
lo-zumandimine (28)	82	LYBALVI	47
LOESTRIN FE 1.5/30 (28-DAY)	82	lyleq	82
LOESTRIN FE 1/20 (28-DAY)	82	lyllana	82
LOESTRIN 1.5/30 (21)	82	LYNPARZA	39
LOESTRIN 1/20 (21)	82	LYSODREN	86
lojaimiess	82	LYTGOBI	39
LONSURF	38	lyza	82
loperamide	75, 118	M	
lopinavir-ritonavir	51	m-dryl	118
loratadine	118	M-M-R II (PF)	91
lorazepam	53	m-natal plus	72
lorazepam intensol	53	m-pap	118
LORBRENA	38	mag-al plus	118
loryna (28)	82	mag-al plus extra strength	118
losartan	62	MAGELLAN INSULIN SAFETY SYRNG	100
losartan-hydrochlorothiazide	62	MAGELLAN SYRINGE	100

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magnesium hydroxide	118	meropenem-0.9% sodium chloride	20
magnesium oxide	118	mesalamine	93
magnesium sulfate	72	MESNEX	39
magnesium sulfate in d5w	72	metformin	55
malathion	69	methadone	15
maraviroc	51	methazolamide	62
MARGENZA	39	methenamine hippurate	20
marlissa (28)	82	methimazole	87
MARPLAN	27	methocarbamol	112
MATULANE	39	methotrexate sodium	91
MAXI-COMFORT INSULIN SYRINGE	100	methotrexate sodium (pf)	91
MAXICOMFORT II PEN NEEDLE	100	methoxsalen	69
MAXICOMFORT INSULIN SYRINGE	100	methsuximide	24
MAXICOMFORT SAFETY PEN NEEDLE	100	methyldopa	62
meclizine	28, 118	methyldopa-hydrochlorothiazide	62
medroxyprogesterone	82	methylphenidate hcl	66
mefloquine	44	methylprednisolone	78
megestrol	82, 83	methylprednisolone acetate	78
MEKINIST	39	methylprednisolone sodium succ	78
MEKTOVI	39	metoclopramide hcl	28
meloxicam	15	metolazone	62
melphalan	39	metoprolol succinate	62
melphalan hcl	39	metoprolol ta-hydrochlorothiaz	62
memantine	25, 26	metoprolol tartrate	62, 63
MENACTRA (PF)	91	metronidazole	20
MENEST	83	metronidazole in nacl (iso-os)	20
MENQUADFI (PF)	91	metyrosine	63
MENVEO A-C-Y-W-135-DIP (PF)	91	miconazole nitrate	118
MEPHYTON	113	miconazole-3	30, 118
mercaptopurine	39	miconazole-7	118
meropenem	20	MICRODOT INSULIN PEN NEEDLE	100

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microgestin fe 1.5/30 (28)	83	MONOJECT SYRINGE	101
microgestin fe 1/20 (28)	83	MONOJECT ULTRA COMFORT INSULIN	101
microgestin 1.5/30 (21)	83	montelukast	111
microgestin 1/20 (21)	83	morphine	15
microgestin 24 fe	83	morphine concentrate	15
midodrine	63	motion sickness	119
migraine formula	118	motion sickness (meclizine)	119
migraine relief	118	motion sickness relief	119
mili	83	motion sickness relief(mecliz)	119
milk of magnesia	118	motion-time	119
mimvey	83	MOUNJARO	55
MINI ULTRA-THIN II	100	MOVANTIK	76
minocycline	20	moxifloxacin	21, 107
minoxidil	63	MOZOBIL	58
mintox maximum strength	118	MUCINEX	119
mintox plus	118	MUCINEX DM	119
MIRCETTE (28)	83	mucinex fast-max chest-congest	119
mirtazapine	27	mucus dm	119
misoprostol	75	mucus dm max er	119
MITIGARE	31	mucus relief er	119
mitomycin	39	MUCUS-CHEST CONGESTION	119
mitoxantrone	39	mucus-er max	119
modafinil	112	MULTAQ	63
moexipril	63	mupirocin	69
molindone	47	MUTAMYCIN	39
mometasone	69	MVASI	39
mondoxyne nl	20	my choice	119
MONJUVI	91	my way	119
mono-lyyah	83	MYALEPT	76
MONOJECT INSULIN SAFETY SYRING	100	mycophenolate mofetil	91
MONOJECT INSULIN SYRINGE	101	mycophenolate mofetil (hcl)	91



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mycophenolate sodium	91	neomycin-bacitracin-poly-hc	107
MYFORTIC	91	neomycin-bacitracin-polymyxin	107
MYLOTARG	39	neomycin-polymyxin b-dexameth	107
myorisan	69	neomycin-polymyxin-gramicidin	107
MYRBETRIQ	77	neomycin-polymyxin-hc	107, 108
N		NEONATAL COMPLETE	72
nabumetone	15	NEONATAL PLUS VITAMIN	72
nafcillin	21	NEONATAL-DHA	72
nafcillin in dextrose iso-osm	21	NERLYNX	39
nalmefene	16	NEULASTA	58
naloxone	16	NEULASTA ONPRO	58
naltrexone	17	nevirapine	51
NAMZARIC	26	new day	119
naproxen	15	NEXLETOL	63
naproxen sodium	15, 119	NEXLIZET	63
naratriptan	31	niacin	63
nasal decongestant (pseudoeph)	119	niacor	63
NATACYN	107	nicotine	119
nateglinide	55	nicotine (polacrilex)	119
NATPARA	94	NICOTROL NS	17
natura-lax	119	nifedipine	63
nausea relief	119	nikki (28)	83
NAYZILAM	24	nilutamide	39
nebivolol	63	nimodipine	63
NEBUPENT	44	NINLARO	39
necon 0.5/35 (28)	83	nitazoxanide	44
nefazodone	27	nitisinone	77
nelarabine	39	nitrofurantoin macrocrystal	21
neo-polycin	107	nitrofurantoin monohyd/m-cryst	21
neo-polycin hc	107	nitroglycerin	63
neomycin	21	NITROSTAT	63

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NIVESTYM	58	NOVOLOG MIX 70-30 U-100 INSULN	56
nizatidine	76	NOVOLOG MIX 70-30FLEXPEN U-100	56
non-aspirin pain relief	119	NOVOLOG PENFILL U-100 INSULIN	56
nora-be	83	NOVOLOG U-100 INSULIN ASPART	56
noreth-ethinyl estradiol-iron	83	NOVOPEN ECHO	101
norethindrone (contraceptive)	83	NOVOTWIST	101
norethindrone ac-eth estradiol	83	NOXAFIL	30
norethindrone acetate	83	NUBEQA	39
norethindrone-e.estradiol-iron	83	NUCALA	111
norgestimate-ethinyl estradiol	83	NUEDEXTA	66
norlyda	83	NUPLAZID	47
NORMOSOL-M IN 5 % DEXTROSE	72	NUTRILIPID	72
NORMOSOL-R	72	NUZYRA	21
NORMOSOL-R IN 5 % DEXTROSE	72	nyamyc	30
NORMOSOL-R PH 7.4	72	nylia 1/35 (28)	83
nortrel 0.5/35 (28)	83	nylia 7/7/7 (28)	83
nortrel 1/35 (21)	83	nymyo	83
nortrel 1/35 (28)	83	nystatin	30
nortrel 7/7/7 (28)	83	nystatin-triamcinolone	30
nortriptyline	27	nystop	30
NORVIR	51	0	
NOVOFINE AUTOCOVER	101	O-CAL PRENATAL	72
NOVOFINE PLUS	101	ocella	83
NOVOFINE 32	101	octreotide acetate	87
NOVOLIN N FLEXPEN	55	ODEFSEY	51
NOVOLIN N NPH U-100 INSULIN	55	ODOMZO	39
NOVOLIN R FLEXPEN	55	OFEV	111
NOVOLIN R REGULAR U100 INSULIN	56	ofloxacin	21, 107, 109
NOVOLIN 70-30 FLEXPEN U-100	55	OJJAARA	39
NOVOLIN 70/30 U-100 INSULIN	55	olanzapine	47
NOVOLOG FLEXPEN U-100 INSULIN	56		

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olmesartan	63	oxazepam	53
olmesartan-hydrochlorothiazide	63	oxcarbazepine	24
olopatadine	108	oxybutynin chloride	77
omega-3 acid ethyl esters	63	oxycodone	15
omeprazole	76	oxycodone-acetaminophen	15
OMNITROPE	79	OZEMPIC	56
ONCASPAR	39	P	
ondansetron	28	PACERONE	63
ondansetron hcl	28	paclitaxel	40
ondansetron hcl (pf)	28	paclitaxel protein-bound	40
ONIVYDE	39	PADCEV	40
ONUREG	39	pain relief (acetaminophen)	119
opcicon one-step	119	pain relief es (acetaminophen)	119
OPDIVO	39	pain reliever (acetaminophen)	119
OPDUALAG	39	pain reliever es(acetaminophn)	119
OPSUMIT	111	pain reliever plus	119
option-2	119	paliperidone	47
ORACIT	113	pamidronate	94
oralone	67	PANRETIN	40
ORBACTIV	21	pantoprazole	76
ORGOVYX	87	paraplatin	40
ORKAMBI	111	paricalcitol	94
ORSERDU	39	paroex oral rinse	67
orsythia	83	paromomycin	21
ORTHO-NOVUM 7/7/7 (28)	84	paroxetine hcl	27
oseltamivir	51	PASER	32
OSPHENA	84	PAXIL	27
OTEZLA	69	PAXLOVID	101
OTEZLA STARTER	69	pazopanib	40
oxaliplatin	39, 40	PEDIA-LAX	119
oxandrolone	84	pedia-lax stool softener	119

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PEDIARIX (PF)	91	phenelzine	27
PEDVAX HIB (PF)	91	phenobarbital	24
peg 3350-electrolytes	76	PHENYTEK	24
peg-electrolyte soln	76	phenytoin	24
PEGASYS	91	phenytoin sodium	24
PEMAZYRE	40	phenytoin sodium extended	24
pemetrexed	40	PHOSPHOLINE IODIDE	108
pemetrexed disodium	40	PHYSIOLYTE	101
PEN NEEDLE	101	PHYSIOSOL IRRIGATION	101
PEN NEEDLE, DIABETIC	101	phytonadione (vitamin k1)	113
PEN NEEDLE, DIABETIC, SAFETY	101	PIFELTRO	51
penicillamine	72	pilocarpine hcl	67, 108
penicillin g potassium	21	pimecrolimus	69
penicillin g procaine	21	pimozide	47
penicillin g sodium	21	pimtrea (28)	84
penicillin v potassium	21	pinaway	120
PENTACEL (PF)	91	pink bismuth	120
PENTAM	44	pinworm treatment	120
pentamidine	44	pioglitazone	56
PENTIPS	101	PIP PEN NEEDLE	101
pentoxifylline	63	piperacillin-tazobactam	21
PERFOROMIST	111	PIQRAY	40
PERIKABIVEN	72	pirfenidone	111
perindopril erbumine	63	pirmella	84
periogard	67	piroxicam	15
PERJETA	40	PLASMA-LYTE A	72
permethrin	69	PLASMA-LYTE 148	72
perphenazine	47	plerixafor	58
perphenazine-amitriptyline	27	podofilox	69
PERSERIS	47	POLIVY	40
pfizerpen-g	21	polycin	108

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polyethylene glycol 3350	120	prednisolone sodium phosphate	78, 108
polymyxin b sulf-trimethoprim	108	prednisone	78
polymyxin b sulfate	21	prednisone intensol	78
POMALYST	40	pregabalin	66, 67
portia 28	84	PREHEVBRIO (PF)	91
PORTRAZZA	40	PREMARIN	84
posaconazole	30	PREMASOL 10 %	73
potassium chlorid-d5-0.45%nacl	72	PRENATA	73
potassium chloride	72, 73	PRENATABS FA	73
potassium chloride in lr-d5	73	prenatal plus (calcium carb)	73
potassium chloride in water	73	prenatal plus vitamin-mineral	73
potassium chloride in 0.9%nacl	73	PRENATE ELITE	73
potassium chloride in 5 % dex	73	preplus	73
potassium chloride-d5-0.2%nacl	73	prevalite	64
potassium chloride-d5-0.3%nacl	73	PREVENT DROPSAFE PEN NEEDLE	101
potassium chloride-d5-0.9%nacl	73	previfem	84
potassium chloride-0.45 % nacl	73	PREVYMIS	51
potassium citrate	73	PREZCOBIX	51
POTELIGEO	40	PREZISTA	51
pr natal 400	73	PRIFTIN	32
pr natal 400 ec	73	primaquine	44
pr natal 430	73	primidone	24
pr natal 430 ec	73	PRIMSOL	21
pralatrexate	40	PRIORIX (PF)	91
pramipexole	45	PRO COMFORT ALCOHOL PADS	101
prasugrel	58	PRO COMFORT INSULIN SYRINGE	101
pravastatin	63	PRO COMFORT PEN NEEDLE	101
prazosin	63	probenecid	31
PRED-G	108	probenecid-colchicine	31
prednisolone	78	procainamide	64
prednisolone acetate	108	PROCALAMINE 3%	73

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prochlorperazine	29	PYLERA	76
prochlorperazine edisylate	29	pyrazinamide	32
prochlorperazine maleate	29	pyridostigmine bromide	32
PROCRIT	58	pyridoxine (vitamin b6)	113
procto-med hc	69	PYRUKYND	58
proctosol hc	69	Q	
proctozone-hc	70	QINLOCK	40
PRODIGY INSULIN SYRINGE	102	QUADRACEL (PF)	91
progesterone	84	quetiapine	47
progesterone micronized	84	quinapril	64
PROGRAF	91	quinapril-hydrochlorothiazide	64
PROLASTIN-C	77	quinidine sulfate	64
PROLEUKIN	40	quinine sulfate	44
PROLIA	94	QULIPTA	31
PROMACTA	58	R	
promethazine	29	RABAVERT (PF)	91
promethazine-codeine	113	raloxifene	84
promethazine-phenyleph-codeine	113	ramipril	64
propafenone	64	ranolazine	64
proparacaine	108	rasagiline	45
propranolol	64	RAYALDEE	94
propranolol-hydrochlorothiazid	64	ready-to-use enema	120
propylthiouracil	87	reclipsen (28)	84
PROQUAD (PF)	91	RECOMBIVAX HB (PF)	91, 92
protriptyline	27	RECTIV	102
pseudoephedrine hcl	120	reese's pinworm medicine	120
PULMOZYME	111	REGANEX	70
PURE COMFORT ALCOHOL PADS	102	RELENZA DISKHALER	51
PURE COMFORT PEN NEEDLE	102	reno caps	120
PURE COMFORT SAFETY PEN NEEDLE	102	repaglinide	56
PURIXAN	40	REPATHA PUSHTRONEX	64

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REPATHA SURECLICK	64	roflumilast	111
REPATHA SYRINGE	64	romidepsin	40
RESTASIS	108	ropinirole	45
RESTASIS MULTIDOSE	108	rosuvastatin	64
RETACRIT	58	ROTARIX	92
RETEVMO	40	ROTATEQ VACCINE	92
RETROVIR	51	roweepra	24
REVCOVI	77	roweepra xr	24
REXULTI	47	ROZLYTREK	40
REYATAZ	51	RUBRACA	41
REZLIDHIA	40	rufinamide	24
REZUROCK	92	RUKOBIA	51
RHOPRESSA	108	RUXIENCE	41
RIABNI	40	RUZURGI	67
ribavirin	51, 102	RYBELSUS	56
rifabutin	32	RYBREVANT	41
rifampin	32	RYDAPT	41
riluzole	67	RYLAZE	41
rimantadine	51	S	
ringer's	74, 102	SAFESNAP INSULIN SYRINGE	102
RINVOQ	92	SAFETY PEN NEEDLE	102
risedronate	94	sajazir	92
RISPERDAL CONSTA	47	saline nasal	120
risperidone	48	SANCUSO	29
ritonavir	51	SANDIMMUNE	92
rivastigmine tartrate	26	SANDOSTATIN LAR DEPOT	87
rizatriptan	31	SANTYL	70
robafen	120	sapropterin	77
robafen dm cough	120	SARCLISA	41
robafen dm cough-chest congest	120	SAVELLA	67
ROCKLATAN	108	saxagliptin	56



SCEMBLIX	41	siltussin-dm	120
scopolamine base	29	silver sulfadiazine	70
se-natal 19 chewable	74	simliya (28)	84
SECUADO	48	SIMULECT	92
SECURESAFE INSULIN SYRINGE	102	simvastatin	64
SECURESAFE PEN NEEDLE	102	sirolimus	92
selegiline hcl	45	SIRTURO	32
SELZENTRY	51, 52	SIVEXTRO	21
senexon-s	120	SKY SAFETY PEN NEEDLE	102
senna	120	SKYCLARYS	67
senna lax	120	SKYRIZI	92
senna laxative	120	SLYND	84
senna plus	120	SMOFLIPID	74
senna-s	120	sodium bicarbonate	74, 121
senna-time s	120	SODIUM BICARBONATE (BULK)	121
sennosides	120	sodium chloride	74, 102
sennosides-docusate sodium	120	sodium chloride 0.45 %	74
SENOKOT	120	sodium chloride 0.9 %	74
SENOKOT EXTRA STRENGTH	120	sodium chloride 3 % hypertonic	74
SENOKOT-S	120	sodium chloride 5 % hypertonic	74
sertraline	27	sodium citrate-citric acid	121
setlakin	84	sodium oxybate	112
sevelamer carbonate	74	sodium phenylbutyrate	77
sharobel	84	sodium polystyrene sulfonate	74
SHINGRIX (PF)	92	solifenacin	77
SIGNIFOR	87	SOLQUA 100/33	56
SILACE	120	SOLTAMOX	41
siladryl sa	120	SOLU-MEDROL	78
silapap	120	SOLU-MEDROL (PF)	78
sildenafil (pulm.hypertension)	111	SOMATULINE DEPOT	87
siltussin sa	120	SOMAVERT	87

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sorafenib	41	subvenite starter (green) kit	24
SORBITOL	121	subvenite starter (orange) kit	24
sorine	64	SUCRAID	77
sotalol	64	sucralfate	76
sotalol af	64	sudogest	121
SPIRIVA RESPIMAT	111	sulfacetamide sodium	21, 108
SPIRIVA WITH HANDIHALER	111	sulfacetamide-prednisolone	108
spironolacton-hydrochlorothiaz	64	sulfadiazine	21
spironolactone	64	sulfamethoxazole-trimethoprim	21
sprintec (28)	84	sulfasalazine	93
SPRITAM	24	sulindac	15
SPRYCEL	41	sumatriptan	31
SPS (WITH SORBITOL)	74	sumatriptan succinate	31, 32
sronyx	84	sunitinib malate	41
SSD	70	SUNLENCA	52
stavudine	52	suphedrin	121
STELARA	92	SURE COMFORT ALCOHOL PREP PADS	102
stimulant laxative plus	121	SURE COMFORT INS. SYR. U-100	102
STIOLTO RESPIMAT	111	SURE COMFORT INSULIN SYRINGE	102
STIVARGA	41	SURE COMFORT PEN NEEDLE	102
stomach relief	121	SURE COMFORT SAFETY PEN NEEDLE	102
stool softener	121	SURE-FINE PEN NEEDLES	102
stool softener (docusate cal)	121	SURE-JECT INSULIN SYRINGE	103
stool softener-laxative	121	SURE-PREP ALCOHOL PREP PADS	103
stool softener-stimulant laxat	121	syeda	84
STRENSIQ	77	SYLVANT	92
streptomycin	21	SYMBICORT	111
STRIBILD	52	SYMDEKO	111
STRIVERDI RESPIMAT	111	SYMFI	52
subvenite	24	SYMFI LO	52
subvenite starter (blue) kit	24	SYMJEPI	111

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SYMLINPEN 120	56	TECENTRIQ	41
SYMLINPEN 60	56	TECHLITE INSULIN SYRINGE	103
SYMPAZAN	24	TECHLITE INSULN SYR(HALF UNIT)	103
SYMTUZA	52	TECHLITE PEN NEEDLE	103
SYNAREL	87	TECVAYLI	41
SYNERCID	21	TEFLARO	21
SYNJARDY	56	telmisartan	64
SYNJARDY XR	56	telmisartan-amlodipine	64
SYNRIBO	41	temazepam	112
SYNTHROID	86	TEMIXYS	52
T		temsirolimus	41
TABLOID	41	TENIVAC (PF)	92
TABRECTA	41	tenofovir disoproxil fumarate	52
tacrolimus	70, 92	TEPMETKO	41
tadalafil (pulm. hypertension)	111	terazosin	64
TAFINLAR	41	terbinafine hcl	30
TAGRISSO	41	terconazole	30
TALVEY	41	teriflunomide	67
TALZENNA	41	TERUMO INSULIN SYRINGE	103
tamoxifen	41	testosterone	84
tamsulosin	77	testosterone cypionate	84
TARGRETIN	41	testosterone enanthate	84
tarina fe 1-20 eq (28)	84	TETANUS,DIPHTHERIA TOX PED(PF)	92
tarina fe 1/20 (28)	84	tetrabenazine	67
tarina 24 fe	84	THALOMID	41, 42
TASIGNA	41	theophylline	111
tasimelteon	112	thiamine hcl (vitamin b1)	113
tazarotene	70	THINPRO INSULIN SYRINGE	103
taztia xt	64	thioridazine	48
TAZVERIK	41	thiotepa	42
TDVAX	92	thiothixene	48

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tiadylt er	65	tramadol	16
tiagabine	24	tramadol-acetaminophen	16
TIBSOVO	42	trandolapril	65
TICOVAC	92	tranexamic acid	58
tigecycline	21	tranylcypromine	27
tilia fe	84	TRAVASOL 10 %	74
timolol maleate	65, 108	travoprost	108
timolol maleate (pf)	108	TRAZIMERA	42
tinidazole	21	trazodone	27
tioconazole	121	TREANDA	42
tioconazole-1	121	TRECTOR	33
tiopronin	77	TRELEGY ELLIPTA	112
TIVDAK	42	TRELSTAR	87
TIVICAY	52	TRESIBA FLEXTOUCH U-100	56
TIVICAY PD	52	TRESIBA FLEXTOUCH U-200	56
tizanidine	48	TRESIBA U-100 INSULIN	56
tobramycin	21, 108	tretinoin	70
tobramycin sulfate	22	tretinoin (antineoplastic)	42
tobramycin with nebulizer	22	tri femynor	84
tobramycin-dexamethasone	108	tri-buffered aspirin	121
tolterodine	78	tri-legest fe	84
TOPCARE CLICKFINE	103	tri-linyah	84
TOPCARE ULTRA COMFORT	103	tri-lo-estarylla	84
topiramate	32	tri-lo-marzia	85
topotecan	42	tri-lo-mili	85
toremifene	42	tri-lo-sprintec	85
torseamide	65	tri-mili	85
TOUJEO MAX U-300 SOLOSTAR	56	tri-nymyo	85
TOUJEO SOLOSTAR U-300 INSULIN	56	tri-previfem (28)	85
TPN ELECTROLYTES	74	tri-sprintec (28)	85
TRADJENTA	56	tri-vylibra	85

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tri-vylibra lo	85	TRULICITY	57
triamcinolone acetonide	67, 78, 79	TRUMENBA	92
triamterene-hydrochlorothiazid	65	TRUSELTIQ	42
triderm	79	TUKYSA	42
trientine	74	tulana	85
trifluoperazine	48	TURALIO	42
trifluridine	108	turqoz (28)	85
trihexyphenidyl	45	tusnel diabetic	121
TRIJARDY XR	56, 57	tussin dm	121
TRIKAFTA	112	tussin dm clear	121
trimethobenzamide	29	tussin dm cough and chest	121
trimethoprim	22	tussin mucus-chest congestion	121
trimipramine	28	TWINRIX (PF)	92
trinatal rx 1	74	TYBLUME	85
TRINTELLIX	28	TYBOST	52
TRISENOX	42	TYMLOS	94
TRIUMEQ	52	TYPHIM VI	92
TRIUMEQ PD	52	U	
trivora (28)	85	UBRELVY	104
TRIZIVIR	52	UDENYCA	58
TRODELVY	42	UDENYCA AUTOINJECTOR	58
TROGARZO	52	ULTICARE	104
TROPHAMINE 10 %	74	ULTICARE INSULIN SYRINGE	104
TRUE COMFORT ALCOHOL PADS	103	ULTICARE INSULN SYR(HALF UNIT)	104
TRUE COMFORT INSULIN SYRINGE	103	ULTICARE PEN NEEDLE	104
TRUE COMFORT PEN NEEDLE	103	ULTICARE SAFETY PEN NEEDLE	104
TRUE COMFORT PRO ALCOHOL PADS	103	ULTIGUARD SAFEPACK-INSULIN SYR	104
TRUE COMFORT PRO INS SYRINGE	103	ULTIGUARD SAFEPACK-PEN NEEDLE	104
TRUE COMFORT SAFETY PEN NEEDLE	104	ULTILET ALCOHOL SWAB	104
TRUEPLUS INSULIN	104	ULTILET INSULIN SYRINGE	104
TRUEPLUS PEN NEEDLE	104	ULTILET PEN NEEDLE	104

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ULTRA CMFT INS SYR (HALF UNIT)	104	valsartan-hydrochlorothiazide	65
ULTRA COMFORT INSULIN SYRINGE	105	VALTOCO	25
ULTRA FLO INSUL SYR(HALF UNIT)	105	vanadom	112
ULTRA FLO INSULIN SYRINGE	105	vancomycin	22
ULTRA FLO PEN NEEDLE	105	VANFLYTA	42
ULTRA THIN PEN NEEDLE	105	VANISHPOINT INSULIN SYRINGE	106
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ULTRA-THIN II (SHORT) PEN NDL	105	VAQTA (PF)	92, 93
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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**.



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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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electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.

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Humana Gold Plus Integrated (Medicare-Medicaid plan) is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to members.

Multi-Language Insert

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