

2024

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 04/01/2024. **IMPORTANT MESSAGE ABOUT WHAT YOU PAY FOR VACCINES** – SOME VACCINES ARE CONSIDERED MEDICAL BENEFITS. OTHER VACCINES ARE CONSIDERED PART D DRUGS. OUR PLAN COVERS MOST PART D VACCINES AT NO COST TO YOU. 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) | 2024 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 #B4 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.



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**.

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 113.

To search **by medical condition**, find the section labeled "Drugs Grouped by medical condition" on page 153. 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.



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**.

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 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).

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



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).

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



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)**.

C. Overview of List of Covered Drugs

The following list of covered drugs 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 of Covered Drugs that begins on page 113. 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 Chapter 9, of 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)	PA,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 LOZENGES ^{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)	

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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, 3 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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
cephalexin 125 mg/5 ml, 250 mg/5 ml SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 1)	
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 RECON SOLUTION ^{MO}	\$0 (Tier 1)	
daptomycin 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)	



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
doxycycline hyclate 20 mg TABLET ^{MO}	\$0 (Tier 1)	
doxycycline hyclate 50 mg CAPSULE ^{MO}	\$0 (Tier 1)	
doxycycline monohydrate 100 mg, 50 mg CAPSULE ^{MO}	\$0 (Tier 1)	
doxycycline monohydrate 100 mg, 50 mg, 75 mg TABLET ^{MO}	\$0 (Tier 1)	
doxycycline monohydrate 25 mg/5 ml SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 1)	
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 250 mg, 333 mg, 500 mg TABLET, DR/EC ^{MO}	\$0 (Tier 1)	
erythromycin 250 mg, 500 mg TABLET ^{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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
mondoxyme nl 100 mg CAPSULE ^{MO}	\$0 (Tier 1)	
moxifloxacin 400 mg TABLET ^{MO}	\$0 (Tier 1)	
moxifloxacin-sod.chloride(iso) 400 mg/250 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	
nafcillin 1 gram, 10 gram, 2 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)	
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 ^{MO}	\$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)	
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)	



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
tigecycline 50 mg RECON SOLUTION ^{DL}	\$0 (Tier 1)	
tinidazole 250 mg, 500 mg TABLET ^{MO}	\$0 (Tier 1)	
tobramycin in 0.225 % nacl 300 mg/5 ml SOLUTION FOR NEBULIZATION ^{MO}	\$0 (Tier 1)	PA
tobramycin sulfate 10 mg/ml, 40 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
trimethoprim 100 mg TABLET ^{MO}	\$0 (Tier 1)	
vancomycin 1,000 mg, 1.25 gram, 1.5 gram, 10 gram, 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)
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)	

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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 CAPSULE, DR SPRINKLE ^{MO}	\$0 (Tier 1)	
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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
levetiracetam 500 mg/5 ml (5 ml) SOLUTION ^{MO}	\$0 (Tier 1)	QL(900 per 30 days)
levetiracetam 750 mg TABLET, ER 24 HR ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
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 ^{MO}	\$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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
tiagabine 12 mg, 16 mg, 2 mg, 4 mg TABLET ^{MO}	\$0 (Tier 1)	
valproate sodium 500 mg/5 ml (100 mg/ml) SOLUTION ^{MO}	\$0 (Tier 1)	
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)
vigpoder 500 mg POWDER IN PACKET ^{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 ^{MO}	\$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 23 mg TABLET ^{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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
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 ^{MO}	\$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)

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

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
trazodone 100 mg, 150 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
trazodone 300 mg TABLET ^{MO}	\$0 (Tier 1)	
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)
VIIIBRYD 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
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
ondansetron 8 mg TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 1)	BvsD
ondansetron hcl 2 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
ondansetron hcl 4 mg TABLET ^{MO}	\$0 (Tier 1)	BvsD
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

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ondansetron hcl (pf) 4 mg/2 ml SOLUTION ^{MO}	\$0 (Tier 1)	
ondansetron hcl (pf) 4 mg/2 ml SYRINGE ^{MO}	\$0 (Tier 1)	
prochlorperazine 25 mg SUPPOSITORY ^{MO}	\$0 (Tier 1)	
prochlorperazine edisylate 10 mg/2 ml (5 mg/ml), 5 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
fluconazole 150 mg TABLET ^{MO}	\$0 (Tier 1)	
fluconazole in nacl (iso-osm) 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	
flucytosine 250 mg, 500 mg CAPSULE ^{DL}	\$0 (Tier 1)	
griseofulvin microsize 125 mg/5 ml SUSPENSION ^{MO}	\$0 (Tier 1)	
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 300 MG SUSPENSION, DR FOR RECON ^{DL}	\$0 (Tier 2)	PA,QL(32 per 30 days)
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 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 ^{MO}	\$0 (Tier 1)	PA
voriconazole 200 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	PA,QL(120 per 30 days)
voriconazole 200 mg/5 ml (40 mg/ml) SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 1)	PA,QL(400 per 30 days)



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ANTIGOUT AGENTS - Drugs used to treat gout

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>allopurinol</i> 100 mg, 300 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>colchicine</i> 0.6 mg TABLET ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
<i>febuxostat</i> 40 mg, 80 mg TABLET ^{MO}	\$0 (Tier 1)	ST, QL (30 per 30 days)
MITIGARE 0.6 MG CAPSULE ^{MO}	\$0 (Tier 1)	
<i>probenecid</i> 500 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>probenecid-colchicine</i> 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)
<i>dihydroergotamine</i> 0.5 mg/pump act. (4 mg/ml) SPRAY, NON-AEROSOL ^{DL}	\$0 (Tier 1)	PA, QL (8 per 30 days)
<i>dihydroergotamine</i> 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)
<i>ergotamine-caffeine</i> 1-100 mg TABLET ^{MO}	\$0 (Tier 1)	QL (40 per 30 days)
<i>naratriptan</i> 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)
<i>rizatriptan</i> 10 mg TABLET ^{MO}	\$0 (Tier 1)	QL (12 per 30 days)
<i>rizatriptan</i> 10 mg, 5 mg TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 1)	QL (12 per 30 days)
<i>rizatriptan</i> 5 mg TABLET ^{MO}	\$0 (Tier 1)	QL (12 per 30 days)
<i>sumatriptan</i> 20 mg/actuation, 5 mg/actuation SPRAY, NON-AEROSOL ^{MO}	\$0 (Tier 1)	QL (12 per 30 days)
<i>sumatriptan succinate</i> 100 mg TABLET ^{MO}	\$0 (Tier 1)	QL (9 per 30 days)
<i>sumatriptan succinate</i> 25 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	QL (9 per 30 days)
<i>sumatriptan succinate</i> 4 mg/0.5 ml, 6 mg/0.5 ml CARTRIDGE ^{MO}	\$0 (Tier 1)	QL (6 per 30 days)
<i>sumatriptan succinate</i> 6 mg/0.5 ml PEN INJECTOR ^{MO}	\$0 (Tier 1)	QL (6 per 30 days)
<i>sumatriptan succinate</i> 6 mg/0.5 ml SOLUTION ^{MO}	\$0 (Tier 1)	QL (6 per 30 days)
<i>topiramate</i> 100 mg, 200 mg TABLET ^{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
<i>topiramate 15 mg, 25 mg CAPSULE, SPRINKLE^{MO}</i>	\$0 (Tier 1)	
<i>topiramate 25 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>topiramate 50 mg TABLET^{MO}</i>	\$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
<i>pyridostigmine bromide 30 mg, 60 mg TABLET^{MO}</i>	\$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
<i>cycloserine 250 mg CAPSULE^{DL}</i>	\$0 (Tier 1)	
<i>dapsone 100 mg, 25 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>ethambutol 100 mg, 400 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>isoniazid 100 mg, 300 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>isoniazid 100 mg/ml, 50 mg/5 mL SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>PASER 4 GRAM DR GRANULES IN PACKET^{MO}</i>	\$0 (Tier 2)	
<i>PRIFTIN 150 MG TABLET^{MO}</i>	\$0 (Tier 2)	
<i>pyrazinamide 500 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>rifabutin 150 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>rifampin 150 mg, 300 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>rifampin 600 mg RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>SIRTURO 100 MG, 20 MG TABLET^{DL}</i>	\$0 (Tier 2)	PA
<i>TRECATOR 250 MG TABLET^{MO}</i>	\$0 (Tier 2)	



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ANTINEOPLASTICS - Drugs used to treat cancer

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>abiraterone 250 mg TABLET</i> ^{DL}	\$0 (Tier 1)	PA,QL(120 per 30 days)
ADCETRIS 50 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
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)
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
AUGTYRO 40 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(240 per 30 days)
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
BELRAPZO 25 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
<i>bendamustine 100 mg, 25 mg RECON SOLUTION</i> ^{DL}	\$0 (Tier 2)	PA
<i>bendamustine 25 mg/ml SOLUTION</i> ^{DL}	\$0 (Tier 2)	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)
<i>bexarotene 75 mg CAPSULE</i> ^{DL}	\$0 (Tier 1)	PA,QL(300 per 30 days)
<i>bicalutamide 50 mg TABLET</i> ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
BICNU 100 MG RECON SOLUTION ^{MO}	\$0 (Tier 2)	
<i>bleomycin 15 unit, 30 unit RECON SOLUTION</i> ^{MO}	\$0 (Tier 1)	BvsD
BORTEZOMIB 1 MG, 2.5 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
<i>bortezomib 3.5 mg RECON SOLUTION</i> ^{DL}	\$0 (Tier 1)	PA
<i>bortezomib 3.5 mg RECON SOLUTION</i> ^{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
BOSULIF 100 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (180 per 30 days)
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)
BOSULIF 50 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (360 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)
<i>busulfan</i> 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)
<i>carboplatin</i> 10 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
<i>carmustine</i> 100 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
<i>cisplatin</i> 1 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
<i>cladribine</i> 10 mg/10 ml SOLUTION ^{DL}	\$0 (Tier 1)	BvsD
<i>clofarabine</i> 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)
<i>cyclophosphamide</i> 1 gram, 2 gram, 500 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
CYCLOPHOSPHAMIDE 200 MG/ML SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
<i>cyclophosphamide</i> 200 mg/ml, 500 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
<i>cyclophosphamide</i> 25 mg, 50 mg CAPSULE ^{MO}	\$0 (Tier 1)	BvsD
<i>cyclophosphamide</i> 25 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	BvsD
CYRAMZA 10 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
<i>cytarabine</i> 20 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
<i>cytarabine</i> (pf) 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	BvsD

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>dacarbazine 100 mg, 200 mg RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>dactinomycin 0.5 mg RECON SOLUTION^{DL}</i>	\$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
<i>daunorubicin 5 mg/ml SOLUTION^{MO}</i>	\$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)
<i>decitabine 50 mg RECON SOLUTION^{DL}</i>	\$0 (Tier 1)	PA
<i>dexrazoxane hcl 250 mg, 500 mg RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	
DOCEFREZ 20 MG RECON SOLUTION ^{MO}	\$0 (Tier 2)	
DOCEFREZ 80 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	
<i>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}</i>	\$0 (Tier 1)	
<i>doxorubicin 10 mg, 50 mg RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	BvsD
<i>doxorubicin 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml SOLUTION^{MO}</i>	\$0 (Tier 1)	BvsD
<i>doxorubicin, peg-liposomal 2 mg/ml SUSPENSION^{DL}</i>	\$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 ^{MO}	\$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
<i>epirubicin 200 mg/100 ml, 50 mg/25 ml SOLUTION^{MO}</i>	\$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)
<i>erlotinib 100 mg, 150 mg TABLET^{MO}</i>	\$0 (Tier 1)	PA,QL(30 per 30 days)
<i>erlotinib 25 mg TABLET^{MO}</i>	\$0 (Tier 1)	PA,QL(90 per 30 days)
ETOPOPHOS 100 MG RECON SOLUTION ^{MO}	\$0 (Tier 2)	
<i>etoposide 20 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
EULEXIN 125 MG CAPSULE ^{DL}	\$0 (Tier 1)	PA
<i>everolimus (antineoplastic) 10 mg, 2.5 mg, 5 mg, 7.5 mg TABLET^{DL}</i>	\$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
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)	
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)
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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>imatinib</i> 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)
<i>irinotecan</i> 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
IWILFIN 192 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(240 per 30 days)
IXEMPRA 15 MG, 45 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
JAKAFI 10 MG, 15 MG, 20 MG, 25 MG, 5 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
JAYPIRCA 100 MG, 50 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(90 per 30 days)
JEMPERLI 50 MG/ML SOLUTION ^{MO}	\$0 (Tier 2)	PA,QL(20 per 42 days)
JEVTANA 10 MG/ML (FIRST DILUTION) SOLUTION ^{DL}	\$0 (Tier 2)	PA
KADCYLA 100 MG, 160 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
KANJINTI 150 MG, 420 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
KEYTRUDA 25 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
KIMMTRAK 100 MCG/0.5 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
KISQALI 200 MG/DAY (200 MG X 1) TABLET ^{DL}	\$0 (Tier 2)	PA,QL(21 per 28 days)
KISQALI 400 MG/DAY (200 MG X 2) TABLET ^{DL}	\$0 (Tier 2)	PA,QL(42 per 28 days)
KISQALI 600 MG/DAY (200 MG X 3) TABLET ^{DL}	\$0 (Tier 2)	PA,QL(63 per 28 days)
KISQALI FEMARA CO-PACK 200 MG/DAY(200 MG X 1)-2.5 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(49 per 28 days)
KISQALI FEMARA CO-PACK 400 MG/DAY(200 MG X 2)-2.5 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(70 per 28 days)
KISQALI FEMARA CO-PACK 600 MG/DAY(200 MG X 3)-2.5 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(91 per 28 days)
KOSELUGO 10 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(240 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 ^{MO}	\$0 (Tier 1)	PA
levoleucovorin calcium 50 mg RECON SOLUTION ^{MO}	\$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)
LOQTORZI 240 MG/6 ML (40 MG/ML) SOLUTION ^{DL}	\$0 (Tier 2)	PA
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)
LUNSUMIO 1 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
LYNPARZA 100 MG, 150 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (120 per 30 days)
LYTGOBI 4 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (140 per 28 days)
MARGENZA 25 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
MATULANE 50 MG CAPSULE ^{DL}	\$0 (Tier 2)	
MEKINIST 0.05 MG/ML RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (1170 per 28 days)
MEKINIST 0.5 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (120 per 30 days)
MEKINIST 2 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MEKTOVI 15 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (180 per 30 days)
melfhalan 2 mg TABLET ^{MO}	\$0 (Tier 1)	BvsD
melfhalan hcl 50 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
mercaptopurine 50 mg TABLET ^{MO}	\$0 (Tier 1)	
MESNEX 400 MG TABLET ^{MO}	\$0 (Tier 2)	
mitomycin 20 mg, 40 mg, 5 mg RECON SOLUTION ^{DL}	\$0 (Tier 1)	
mitoxantrone 2 mg/ml CONCENTRATE ^{MO}	\$0 (Tier 1)	
MUTAMYCIN 20 MG, 40 MG, 5 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	
MVASI 25 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
MYLOTARG 4.5 MG (1 MG/ML INITIAL CONC) RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
nelarabine 250 mg/50 ml SOLUTION ^{DL}	\$0 (Tier 1)	
NERLYNX 40 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (180 per 30 days)
nilutamide 150 mg TABLET ^{DL}	\$0 (Tier 1)	QL (60 per 30 days)
NINLARO 2.3 MG, 3 MG, 4 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (3 per 28 days)
NUBEQA 300 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (120 per 30 days)
ODOMZO 200 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)
OGSIVEO 50 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (180 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)
oxaliplatin 100 mg, 50 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
oxaliplatin 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml) SOLUTION ^{MO}	\$0 (Tier 1)	
paclitaxel 6 mg/ml CONCENTRATE ^{MO}	\$0 (Tier 1)	
paclitaxel protein-bound 100 mg SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 2)	PA
PADCEV 20 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (21 per 28 days)
PADCEV 30 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (15 per 28 days)
PANRETIN 0.1 % GEL ^{DL}	\$0 (Tier 2)	PA

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>paraplatin 10 mg/ml SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>pazopanib 200 mg TABLET</i> ^{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)
<i>pemetrexed 1 gram, 100 mg, 500 mg RECON SOLUTION</i> ^{DL}	\$0 (Tier 2)	PA
<i>pemetrexed disodium 1,000 mg, 100 mg, 500 mg, 750 mg RECON SOLUTION</i> ^{DL}	\$0 (Tier 1)	PA
<i>pemetrexed disodium 25 mg/ml SOLUTION</i> ^{DL}	\$0 (Tier 2)	PA
PEMRYDI RTU 10 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
<i>pralatrexate 20 mg/ml (1 ml), 40 mg/2 ml (20 mg/ml) SOLUTION</i> ^{DL}	\$0 (Tier 2)	PA
PROLEUKIN 22 MILLION UNIT RECON SOLUTION ^{DL}	\$0 (Tier 2)	
PURIXAN 20 MG/ML SUSPENSION ^{DL}	\$0 (Tier 2)	QL(300 per 30 days)
QINLOCK 50 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(90 per 30 days)
RETEVMO 40 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(180 per 30 days)
RETEVMO 80 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
REZLIDHIA 150 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
RIABNI 10 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
<i>romidepsin 10 mg/2 ml RECON SOLUTION</i> ^{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)
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

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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)
THALOMID 150 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
<i>thiotepa 100 mg RECON SOLUTION^{DL}</i>	\$0 (Tier 1)	
<i>thiotepa 15 mg RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	
TIBSOVO 250 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
TIVDAK 40 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(5 per 21 days)
<i>topotecan 4 mg RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	

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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
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
TRUQAP 160 MG, 200 MG TABLET ^{DL}	\$0 (Tier 2)	PA, QL (64 per 28 days)
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 X 1-25 MG X 1), 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)
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)

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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 150 MG PELLET ^{DL}	\$0 (Tier 2)	PA,QL(180 per 30 days)
XALKORI 20 MG PELLET ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
XALKORI 200 MG, 250 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(120 per 30 days)
XALKORI 50 MG PELLET ^{DL}	\$0 (Tier 2)	PA,QL(240 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
ZYNYZ 500 MG/20 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(20 per 28 days)



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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
<i>albendazole</i> 200 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>atovaquone</i> 750 mg/5 ml SUSPENSION ^{MO}	\$0 (Tier 1)	
<i>atovaquone-proguanil</i> 250-100 mg, 62.5-25 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>chloroquine phosphate</i> 250 mg, 500 mg TABLET ^{MO}	\$0 (Tier 1)	
COARTEM 20-120 MG TABLET ^{MO}	\$0 (Tier 2)	QL (24 per 30 days)
<i>hydroxychloroquine</i> 100 mg, 300 mg, 400 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>hydroxychloroquine</i> 200 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>ivermectin</i> 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)	
<i>mefloquine</i> 250 mg TABLET ^{MO}	\$0 (Tier 1)	
NEBUPENT 300 MG RECON SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
<i>nitazoxanide</i> 500 mg TABLET ^{DL}	\$0 (Tier 1)	
PENTAM 300 MG RECON SOLUTION ^{MO}	\$0 (Tier 2)	
<i>pentamidine</i> 300 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
<i>pentamidine</i> 300 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
<i>primaquine</i> 26.3 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>quinine sulfate</i> 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
<i>amantadine hcl</i> 100 mg CAPSULE ^{MO}	\$0 (Tier 1)	
<i>amantadine hcl</i> 50 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	
<i>benztropine</i> 0.5 mg, 1 mg, 2 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>benztropine</i> 1 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
<i>bromocriptine</i> 2.5 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>carbidopa-levodopa</i> 10-100 mg, 25-100 mg, 25-250 mg TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 1)	
<i>carbidopa-levodopa</i> 10-100 mg, 25-250 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>carbidopa-levodopa</i> 25-100 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>carbidopa-levodopa</i> 25-100 mg, 50-200 mg TABLET ER ^{MO}	\$0 (Tier 1)	

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

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
chlorpromazine 100 mg/ml, 30 mg/ml CONCENTRATE ^{MO}	\$0 (Tier 1)	
chlorpromazine 25 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
clozapine 100 mg TABLET ^{MO}	\$0 (Tier 1)	QL (270 per 30 days)
clozapine 100 mg TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 1)	PA, QL (270 per 30 days)
clozapine 12.5 mg TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 1)	PA
clozapine 150 mg TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 1)	PA, QL (180 per 30 days)
clozapine 200 mg TABLET ^{MO}	\$0 (Tier 1)	QL (135 per 30 days)
clozapine 200 mg TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 1)	PA, QL (135 per 30 days)
clozapine 25 mg TABLET ^{MO}	\$0 (Tier 1)	QL (1080 per 30 days)
clozapine 25 mg TABLET, DISINTEGRATING ^{MO}	\$0 (Tier 1)	PA, QL (1080 per 30 days)
clozapine 50 mg TABLET ^{MO}	\$0 (Tier 1)	
FANAPT 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG TABLET ^{DL}	\$0 (Tier 2)	PA, QL (60 per 30 days)
FANAPT 1MG(2)-2MG(2)- 4MG(2)-6MG(2) TABLET, DOSE PACK ^{MO}	\$0 (Tier 2)	PA, QL (56 per 28 days)
fluphenazine decanoate 25 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
fluphenazine hcl 1 mg, 10 mg, 2.5 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
fluphenazine hcl 2.5 mg/5 mL ELIXIR ^{MO}	\$0 (Tier 1)	
fluphenazine hcl 2.5 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
fluphenazine hcl 5 mg/ml CONCENTRATE ^{MO}	\$0 (Tier 1)	
haloperidol 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
haloperidol decanoate 100 mg/ml, 50 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
haloperidol lactate 2 mg/ml CONCENTRATE ^{MO}	\$0 (Tier 1)	
haloperidol lactate 5 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
haloperidol lactate 5 mg/ml SYRINGE ^{MO}	\$0 (Tier 1)	
INVEGA HAFYERA 1,092 MG/3.5 ML SYRINGE ^{MO}	\$0 (Tier 2)	QL (3.5 per 180 days)
INVEGA HAFYERA 1,560 MG/5 ML SYRINGE ^{MO}	\$0 (Tier 2)	QL (5 per 180 days)
INVEGA SUSTENNA 117 MG/0.75 ML, 234 MG/1.5 ML, 78 MG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 2)	QL (1.5 per 28 days)
INVEGA SUSTENNA 156 MG/ML SYRINGE ^{DL}	\$0 (Tier 2)	QL (1 per 28 days)
INVEGA SUSTENNA 39 MG/0.25 ML SYRINGE ^{MO}	\$0 (Tier 2)	QL (1.5 per 28 days)
INVEGA TRINZA 273 MG/0.88 ML SYRINGE ^{MO}	\$0 (Tier 2)	QL (0.88 per 90 days)
INVEGA TRINZA 410 MG/1.32 ML SYRINGE ^{MO}	\$0 (Tier 2)	QL (1.32 per 90 days)
INVEGA TRINZA 546 MG/1.75 ML SYRINGE ^{MO}	\$0 (Tier 2)	QL (1.75 per 90 days)
INVEGA TRINZA 819 MG/2.63 ML SYRINGE ^{MO}	\$0 (Tier 2)	QL (2.63 per 90 days)
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)	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
<i>lurasidone 80 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>LYBALVI 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG TABLET^{DL}</i>	\$0 (Tier 2)	PA,QL (30 per 30 days)
<i>molindone 10 mg TABLET^{MO}</i>	\$0 (Tier 1)	PA,QL (240 per 30 days)
<i>molindone 25 mg TABLET^{MO}</i>	\$0 (Tier 1)	PA,QL (270 per 30 days)
<i>molindone 5 mg TABLET^{MO}</i>	\$0 (Tier 1)	PA,QL (360 per 30 days)
<i>NUPLAZID 10 MG TABLET^{DL}</i>	\$0 (Tier 2)	PA,QL (30 per 30 days)
<i>NUPLAZID 34 MG CAPSULE^{DL}</i>	\$0 (Tier 2)	PA,QL (30 per 30 days)
<i>olanzapine 10 mg RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>olanzapine 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>olanzapine 10 mg, 5 mg TABLET, DISINTEGRATING^{MO}</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>olanzapine 15 mg, 20 mg TABLET, DISINTEGRATING^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>paliperidone 1.5 mg, 3 mg, 9 mg TABLET, ER 24 HR.^{MO}</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>paliperidone 6 mg TABLET, ER 24 HR.^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>perphenazine 16 mg, 2 mg, 4 mg, 8 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>PERSERIS 120 MG, 90 MG SUSPENSION, ER, SYRINGE^{DL}</i>	\$0 (Tier 2)	QL (1 per 28 days)
<i>pimozide 1 mg, 2 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>quetiapine 100 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (90 per 30 days)
<i>quetiapine 150 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>quetiapine 200 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>quetiapine 25 mg, 50 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>quetiapine 300 mg, 400 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>REXULTI 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG TABLET^{MO}</i>	\$0 (Tier 2)	PA,QL (30 per 30 days)
<i>RISPERDAL CONSTA 12.5 MG/2 ML, 25 MG/2 ML SUSPENSION, ER, RECON^{MO}</i>	\$0 (Tier 2)	QL (2 per 28 days)
<i>RISPERDAL CONSTA 37.5 MG/2 ML, 50 MG/2 ML SUSPENSION, ER, RECON^{DL}</i>	\$0 (Tier 2)	QL (2 per 28 days)
<i>risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>risperidone 0.25 mg, 1 mg, 2 mg, 3 mg, 4 mg TABLET, DISINTEGRATING^{MO}</i>	\$0 (Tier 1)	ST,QL (60 per 30 days)
<i>risperidone 0.5 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>risperidone 0.5 mg TABLET, DISINTEGRATING^{MO}</i>	\$0 (Tier 1)	ST,QL (120 per 30 days)
<i>risperidone 1 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>SECUADO 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR PATCH, 24 HR.^{DL}</i>	\$0 (Tier 2)	PA,QL (30 per 30 days)
<i>thioridazine 10 mg, 100 mg, 25 mg, 50 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>thiothixene 1 mg, 10 mg, 2 mg, 5 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	

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

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)	



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 ^{MO}	\$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 600 mg TABLET ^{DL}	\$0 (Tier 1)	QL (60 per 30 days)
darunavir 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 ^{DL}	\$0 (Tier 1)	QL (30 per 30 days)
efavirenz-lamivudine-tenofovir disoproxil fumarate 400-300-300 mg, 600-300-300 mg TABLET ^{DL}	\$0 (Tier 1)	QL (30 per 30 days)
emtricitabine 200 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
emtricitabine-tenofovir (tdf) 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
EMTRIVA 10 MG/ML SOLUTION ^{MO}	\$0 (Tier 2)	QL (680 per 28 days)
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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>famciclovir</i> 125 mg, 250 mg, 500 mg TABLET ^{MO}	\$0 (Tier 1)	QL (90 per 30 days)
<i>fosamprenavir</i> 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)
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)
<i>lamivudine</i> 10 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	QL (900 per 30 days)
<i>lamivudine</i> 100 mg TABLET ^{MO}	\$0 (Tier 1)	QL (90 per 30 days)
<i>lamivudine</i> 150 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
<i>lamivudine</i> 300 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
<i>lamivudine-zidovudine</i> 150-300 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
LEXIVA 50 MG/ML SUSPENSION ^{MO}	\$0 (Tier 2)	QL (1575 per 28 days)
<i>lopinavir-ritonavir</i> 100-25 mg TABLET ^{MO}	\$0 (Tier 1)	QL (300 per 30 days)
<i>lopinavir-ritonavir</i> 200-50 mg TABLET ^{MO}	\$0 (Tier 1)	QL (150 per 30 days)
<i>lopinavir-ritonavir</i> 400-100 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	
<i>maraviroc</i> 150 mg TABLET ^{DL}	\$0 (Tier 1)	QL (240 per 30 days)
<i>maraviroc</i> 300 mg TABLET ^{DL}	\$0 (Tier 1)	QL (120 per 30 days)
<i>nevirapine</i> 100 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
<i>nevirapine</i> 200 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
<i>nevirapine</i> 400 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
<i>nevirapine</i> 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)
<i>oseltamivir</i> 30 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL (224 per 365 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>oseltamivir 45 mg, 75 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	QL (112 per 365 days)
<i>oseltamivir 6 mg/ml SUSPENSION FOR RECONSTITUTION</i> ^{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 75 MG TABLET ^{MO}	\$0 (Tier 2)	QL (480 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)	
<i>ribavirin 200 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	QL (168 per 28 days)
<i>ribavirin 200 mg TABLET</i> ^{MO}	\$0 (Tier 1)	QL (168 per 28 days)
<i>rimantadine 100 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>ritonavir 100 mg TABLET</i> ^{MO}	\$0 (Tier 1)	QL (360 per 30 days)
RUKOBIA 600 MG TABLET, ER 12 HR. ^{DL}	\$0 (Tier 2)	QL (60 per 30 days)
SELZENTRY 20 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	QL (1800 per 30 days)
SELZENTRY 25 MG TABLET ^{MO}	\$0 (Tier 2)	QL (240 per 30 days)
SELZENTRY 75 MG TABLET ^{DL}	\$0 (Tier 2)	QL (120 per 30 days)
<i>stavudine 15 mg, 20 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
<i>stavudine 30 mg, 40 mg CAPSULE</i> ^{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 ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
<i>tenofovir disoproxil fumarate 300 mg TABLET</i> ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
TIVICAY 10 MG TABLET ^{MO}	\$0 (Tier 2)	QL (60 per 30 days)
TIVICAY 25 MG, 50 MG TABLET ^{DL}	\$0 (Tier 2)	QL (60 per 30 days)
TIVICAY PD 5 MG TABLET FOR SUSPENSION ^{DL}	\$0 (Tier 2)	QL (180 per 30 days)
TRIUMEQ 600-50-300 MG TABLET ^{DL}	\$0 (Tier 2)	QL (30 per 30 days)
TRIUMEQ PD 60-5-30 MG TABLET FOR SUSPENSION ^{DL}	\$0 (Tier 2)	QL (180 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TRIZIVIR 300-150-300 MG TABLET ^{DL}	\$0 (Tier 2)	QL (60 per 30 days)
TROGARZO 200 MG/1.33 ML (150 MG/ML) SOLUTION ^{DL}	\$0 (Tier 2)	
TYBOST 150 MG TABLET ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
valacyclovir 1 gram, 500 mg TABLET ^{MO}	\$0 (Tier 1)	
valganciclovir 450 mg TABLET ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)
valganciclovir 50 mg/ml RECON SOLUTION ^{DL}	\$0 (Tier 1)	QL (1056 per 30 days)
VEMLIDY 25 MG TABLET ^{DL}	\$0 (Tier 2)	QL (30 per 30 days)
VIRACEPT 250 MG TABLET ^{DL}	\$0 (Tier 2)	QL (300 per 30 days)
VIRACEPT 625 MG TABLET ^{DL}	\$0 (Tier 2)	QL (120 per 30 days)
VIREAD 150 MG, 200 MG, 250 MG TABLET ^{DL}	\$0 (Tier 2)	QL (30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM) POWDER ^{DL}	\$0 (Tier 2)	QL (240 per 30 days)
VOCABRIA 30 MG TABLET ^{DL}	\$0 (Tier 2)	QL (30 per 30 days)
VOSEVI 400-100-100 MG TABLET ^{DL}	\$0 (Tier 2)	PA, QL (28 per 28 days)
zidovudine 10 mg/ml SYRUP ^{MO}	\$0 (Tier 1)	QL (1680 per 28 days)
zidovudine 100 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL (180 per 30 days)
zidovudine 300 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
ZIRGAN 0.15 % GEL ^{MO}	\$0 (Tier 2)	QL (5 per 30 days)

ANXIOLYTICS - Drugs used to treat anxiety

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
alprazolam 0.25 mg, 0.5 mg, 1 mg TABLET ^{DL}	\$0 (Tier 1)	QL (120 per 30 days)
alprazolam 2 mg TABLET ^{DL}	\$0 (Tier 1)	QL (150 per 30 days)
alprazolam intensol 1 mg/ml CONCENTRATE ^{DL}	\$0 (Tier 1)	
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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
diazepam 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml) SOLUTION ^{DL}	\$0 (Tier 1)	QL(1200 per 30 days)
diazepam 5 mg/ml CONCENTRATE ^{DL}	\$0 (Tier 1)	QL(240 per 30 days)
diazepam intensol 5 mg/ml CONCENTRATE ^{DL}	\$0 (Tier 1)	QL(240 per 30 days)
doxepin 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg CAPSULE ^{MO}	\$0 (Tier 1)	
doxepin 10 mg/ml CONCENTRATE ^{MO}	\$0 (Tier 1)	
hydroxyzine hcl 10 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
hydroxyzine hcl 10 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	
hydroxyzine hcl 25 mg TABLET ^{MO}	\$0 (Tier 1)	
lorazepam 0.5 mg, 1 mg TABLET ^{DL}	\$0 (Tier 1)	QL(90 per 30 days)
lorazepam 2 mg TABLET ^{DL}	\$0 (Tier 1)	QL(150 per 30 days)
lorazepam 2 mg/ml CONCENTRATE ^{DL}	\$0 (Tier 1)	QL(150 per 30 days)
lorazepam intensol 2 mg/ml CONCENTRATE ^{DL}	\$0 (Tier 1)	QL(150 per 30 days)
oxazepam 10 mg, 15 mg, 30 mg CAPSULE ^{DL}	\$0 (Tier 1)	

BIPOLAR AGENTS - Drugs used to stabilize mood

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
lithium carbonate 150 mg, 300 mg, 600 mg CAPSULE ^{MO}	\$0 (Tier 1)	
lithium carbonate 300 mg TABLET ^{MO}	\$0 (Tier 1)	
lithium carbonate 300 mg, 450 mg TABLET ER ^{MO}	\$0 (Tier 1)	
lithium citrate 8 meq/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	

BLOOD GLUCOSE REGULATORS - Drugs used to control blood sugar levels

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
acarbose 100 mg, 25 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
BAQSIMI 3 MG/ACTUATION SPRAY, NON-AEROSOL ^{MO}	\$0 (Tier 2)	
diazoxide 50 mg/ml SUSPENSION ^{MO}	\$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)	



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FIASP U-100 INSULIN 100 UNIT/ML SOLUTION ^{MO}	\$0 (Tier 2)	
glimepiride 1 mg TABLET ^{MO}	\$0 (Tier 1)	
glimepiride 2 mg, 4 mg TABLET ^{MO}	\$0 (Tier 1)	
glipizide 10 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	
glipizide 10 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
glipizide 2.5 mg TABLET ^{MO}	\$0 (Tier 1)	
glipizide 2.5 mg, 5 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	
glipizide-metformin 2.5-250 mg, 2.5-500 mg, 5-500 mg TABLET ^{MO}	\$0 (Tier 1)	
GLUCAGEN HYPOKIT 1 MG RECON SOLUTION ^{MO}	\$0 (Tier 2)	
glyburide 1.25 mg, 2.5 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
glyburide micronized 1.5 mg, 3 mg, 6 mg TABLET ^{MO}	\$0 (Tier 1)	
glyburide-metformin 1.25-250 mg, 2.5-500 mg, 5-500 mg TABLET ^{MO}	\$0 (Tier 1)	
GLYXAMBI 10-5 MG, 25-5 MG TABLET ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
GVOKE 1 MG/0.2 ML SOLUTION ^{MO}	\$0 (Tier 2)	
GVOKE HYPOPEN 1-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML AUTO-INJECTOR ^{MO}	\$0 (Tier 2)	
GVOKE HYPOPEN 2-PACK 0.5 MG/0.1 ML, 1 MG/0.2 ML AUTO-INJECTOR ^{MO}	\$0 (Tier 2)	
GVOKE PFS 1-PACK SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML SYRINGE ^{MO}	\$0 (Tier 2)	
GVOKE PFS 2-PACK SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML SYRINGE ^{MO}	\$0 (Tier 2)	
HUMALOG JUNIOR KWIKPEN U-100 100 UNIT/ML INSULIN PEN, HALF-UNIT ^{MO}	\$0 (Tier 2)	
HUMALOG KWIKPEN INSULIN 100 UNIT/ML, 200 UNIT/ML (3 ML) INSULIN PEN ^{MO}	\$0 (Tier 2)	
HUMALOG MIX 50-50 INSULN U-100 100 UNIT/ML (50-50) SUSPENSION ^{MO}	\$0 (Tier 2)	
HUMALOG MIX 50-50 KWIKPEN 100 UNIT/ML (50-50) INSULIN PEN ^{MO}	\$0 (Tier 2)	
HUMALOG MIX 75-25 KWIKPEN 100 UNIT/ML (75-25) INSULIN PEN ^{MO}	\$0 (Tier 2)	
HUMALOG MIX 75-25(U-100)INSULN 100 UNIT/ML (75-25) SUSPENSION ^{MO}	\$0 (Tier 2)	
HUMALOG TEMPO PEN(U-100)INSULN 100 UNIT/ML INSULIN PEN, SENSOR ^{MO}	\$0 (Tier 2)	
HUMALOG U-100 INSULIN 100 UNIT/ML CARTRIDGE ^{MO}	\$0 (Tier 2)	
HUMALOG U-100 INSULIN 100 UNIT/ML SOLUTION ^{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
HUMULIN 70/30 U-100 INSULIN 100 UNIT/ML (70-30) SUSPENSION ^{MO}	\$0 (Tier 2)	
HUMULIN 70/30 U-100 KWIKPEN 100 UNIT/ML (70-30) INSULIN PEN ^{MO}	\$0 (Tier 2)	
HUMULIN N NPH INSULIN KWIKPEN 100 UNIT/ML (3 ML) INSULIN PEN ^{MO}	\$0 (Tier 2)	
HUMULIN N NPH U-100 INSULIN 100 UNIT/ML SUSPENSION ^{MO}	\$0 (Tier 2)	
HUMULIN R REGULAR U-100 INSULIN 100 UNIT/ML SOLUTION ^{MO}	\$0 (Tier 2)	
INSULIN LISPRO 100 UNIT/ML SOLUTION ^{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)	
LYUMJEV KWIKPEN U-100 INSULIN 100 UNIT/ML INSULIN PEN ^{MO}	\$0 (Tier 2)	
LYUMJEV KWIKPEN U-200 INSULIN 200 UNIT/ML (3 ML) INSULIN PEN ^{MO}	\$0 (Tier 2)	
LYUMJEV TEMPO PEN(U-100)INSULIN 100 UNIT/ML INSULIN PEN, SENSOR ^{MO}	\$0 (Tier 2)	
LYUMJEV 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)	

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

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TOUJEO MAX U-300 SOLOSTAR 300 UNIT/ML (3 ML) INSULIN PEN ^{MO}	\$0 (Tier 2)	
TOUJEO SOLOSTAR U-300 INSULIN 300 UNIT/ML (1.5 ML) INSULIN PEN ^{MO}	\$0 (Tier 2)	
TRADJENTA 5 MG TABLET ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100 100 UNIT/ML (3 ML) INSULIN PEN ^{MO}	\$0 (Tier 2)	
TRESIBA FLEXTOUCH U-200 200 UNIT/ML (3 ML) INSULIN PEN ^{MO}	\$0 (Tier 2)	
TRESIBA U-100 INSULIN 100 UNIT/ML SOLUTION ^{MO}	\$0 (Tier 2)	
TRIJARDY XR 10-5-1,000 MG, 25-5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
TRIJARDY XR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG TABLET, IR/ER 24 HR., BIPHASIC ^{MO}	\$0 (Tier 2)	QL (60 per 30 days)
TRULICITY 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML PEN INJECTOR ^{MO}	\$0 (Tier 2)	QL (2 per 28 days)
VICTOZA 2-PAK 0.6 MG/0.1 ML (18 MG/3 ML) PEN INJECTOR ^{MO}	\$0 (Tier 2)	QL (9 per 30 days)
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) PEN INJECTOR ^{MO}	\$0 (Tier 2)	QL (9 per 30 days)
XULTOPHY 100/3.6 100 UNIT-3.6 MG /ML (3 ML) INSULIN PEN ^{MO}	\$0 (Tier 2)	QL (15 per 30 days)
ZEGALOGUE AUTOINJECTOR 0.6 MG/0.6 ML AUTO-INJECTOR ^{MO}	\$0 (Tier 2)	
ZEGALOGUE SYRINGE 0.6 MG/0.6 ML SYRINGE ^{MO}	\$0 (Tier 2)	

BLOOD PRODUCTS AND MODIFIERS

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



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ELIQUIS 5 MG TABLET ^{MO}	\$0 (Tier 2)	QL (74 per 30 days)
ELIQUIS DVT-PE TREAT 30D START 5 MG (74 TABS) TABLET, DOSE PACK ^{MO}	\$0 (Tier 2)	QL (74 per 30 days)
enoxaparin 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml SYRINGE ^{MO}	\$0 (Tier 1)	
enoxaparin 300 mg/3 ml SOLUTION ^{MO}	\$0 (Tier 1)	
FULPHILA 6 MG/0.6 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL (1.2 per 28 days)
heparin (porcine) 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml SOLUTION ^{MO}	\$0 (Tier 1)	
heparin, porcine (pf) 5,000 unit/0.5 ml SYRINGE ^{MO}	\$0 (Tier 1)	
jantoven 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg TABLET ^{MO}	\$0 (Tier 1)	
MOZOBIL 24 MG/1.2 ML (20 MG/ML) SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (9.6 per 30 days)
NEULASTA 6 MG/0.6 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL (1.2 per 28 days)
NEULASTA ONPRO 6 MG/0.6 ML SYRINGE W/WEARABLE INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL (1.2 per 28 days)
NIVESTYM 300 MCG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL (7 per 30 days)
NIVESTYM 300 MCG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (14 per 30 days)
NIVESTYM 480 MCG/0.8 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL (11.2 per 30 days)
NIVESTYM 480 MCG/1.6 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (22.4 per 30 days)
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, 3,000 UNIT/ML, 4,000 UNIT/ML SOLUTION ^{MO}	\$0 (Tier 2)	PA,QL (14 per 30 days)
PROCRIT 20,000 UNIT/2 ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (28 per 30 days)
PROCRIT 20,000 UNIT/ML, 40,000 UNIT/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (14 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)



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
UDENYCA ONBODY 6 MG/0.6 ML SYRINGE W/WEARABLE INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL (1.2 per 28 days)
warfarin 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 6 mg, 7.5 mg TABLET ^{MO}	\$0 (Tier 1)	
warfarin 5 mg TABLET ^{MO}	\$0 (Tier 1)	
XARELTO 1 MG/ML SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 2)	ST,QL (600 per 30 days)
XARELTO 10 MG, 20 MG TABLET ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
XARELTO 15 MG, 2.5 MG TABLET ^{MO}	\$0 (Tier 2)	QL (60 per 30 days)
XARELTO DVT-PE TREAT 30D START 15 MG (42)- 20 MG (9) TABLET, DOSE PACK ^{MO}	\$0 (Tier 2)	QL (51 per 30 days)
ZARXIO 300 MCG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL (7 per 30 days)
ZARXIO 480 MCG/0.8 ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL (11.2 per 30 days)

CARDIOVASCULAR AGENTS - Drugs used to treat heart-related conditions

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
acebutolol 200 mg, 400 mg CAPSULE ^{MO}	\$0 (Tier 1)	
acetazolamide 125 mg, 250 mg TABLET ^{MO}	\$0 (Tier 1)	
acetazolamide 500 mg CAPSULE, ER ^{MO}	\$0 (Tier 1)	
acetazolamide sodium 500 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
aliskiren 150 mg, 300 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
amiloride 5 mg TABLET ^{MO}	\$0 (Tier 1)	
amiloride-hydrochlorothiazide 5-50 mg TABLET ^{MO}	\$0 (Tier 1)	
amiodarone 100 mg TABLET ^{MO}	\$0 (Tier 1)	
amiodarone 150 mg/3 ml SYRINGE ^{MO}	\$0 (Tier 1)	
amiodarone 200 mg TABLET ^{MO}	\$0 (Tier 1)	
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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
amlodipine-valsartan 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
atenolol 100 mg TABLET ^{MO}	\$0 (Tier 1)	
atenolol 25 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
atenolol-chlorthalidone 100-25 mg, 50-25 mg TABLET ^{MO}	\$0 (Tier 1)	
atorvastatin 10 mg, 20 mg, 40 mg, 80 mg TABLET ^{MO}	\$0 (Tier 1)	
benazepril 10 mg, 20 mg, 40 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
benazepril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg TABLET ^{MO}	\$0 (Tier 1)	
bisoprolol fumarate 10 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
bisoprolol-hydrochlorothiazide 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg TABLET ^{MO}	\$0 (Tier 1)	
bumetanide 0.25 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
bumetanide 0.5 mg, 2 mg TABLET ^{MO}	\$0 (Tier 1)	
bumetanide 1 mg TABLET ^{MO}	\$0 (Tier 1)	
CAMZYOS 10 MG, 15 MG, 2.5 MG, 5 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
candesartan 16 mg, 4 mg, 8 mg TABLET ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
candesartan 32 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
candesartan-hydrochlorothiazid 16-12.5 mg, 32-12.5 mg, 32-25 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
captopril 100 mg, 12.5 mg, 25 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
captopril-hydrochlorothiazide 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg TABLET ^{MO}	\$0 (Tier 1)	
cartia xt 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
cartia xt 300 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
carvedilol 12.5 mg, 25 mg, 3.125 mg, 6.25 mg TABLET ^{MO}	\$0 (Tier 1)	
chlorothiazide sodium 500 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
chlorthalidone 25 mg TABLET ^{MO}	\$0 (Tier 1)	
chlorthalidone 50 mg TABLET ^{MO}	\$0 (Tier 1)	
cholestyramine (with sugar) 4 gram POWDER ^{MO}	\$0 (Tier 1)	
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)	



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
digitek 125 mcg (0.125 mg), 250 mcg (0.25 mg) TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
digox 125 mcg (0.125 mg), 250 mcg (0.25 mg) TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
digoxin 125 mcg (0.125 mg) TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
digoxin 250 mcg (0.25 mg) TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
dilt-xr 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
diltiazem hcl 100 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
diltiazem hcl 120 mg CAPSULE, ER 12 HR. ^{MO}	\$0 (Tier 1)	QL (90 per 30 days)
diltiazem hcl 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
diltiazem hcl 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
diltiazem hcl 120 mg, 30 mg, 60 mg, 90 mg TABLET ^{MO}	\$0 (Tier 1)	
diltiazem hcl 300 mg, 360 mg, 420 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
diltiazem hcl 60 mg, 90 mg CAPSULE, ER 12 HR. ^{MO}	\$0 (Tier 1)	QL (180 per 30 days)
DIURIL 250 MG/5 ML SUSPENSION ^{MO}	\$0 (Tier 2)	
dofetilide 125 mcg, 250 mcg, 500 mcg CAPSULE ^{MO}	\$0 (Tier 1)	
doxazosin 1 mg, 2 mg, 4 mg, 8 mg TABLET ^{MO}	\$0 (Tier 1)	
enalapril maleate 10 mg, 2.5 mg, 20 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
enalapril-hydrochlorothiazide 10-25 mg, 5-12.5 mg TABLET ^{MO}	\$0 (Tier 1)	
ENTRESTO 24-26 MG, 49-51 MG, 97-103 MG TABLET ^{MO}	\$0 (Tier 2)	QL (60 per 30 days)
ethacrynate sodium 50 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
ezetimibe 10 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
felodipine 10 mg, 2.5 mg, 5 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
fenofibrate 160 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
fenofibrate 54 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
fosinopril 10 mg, 20 mg, 40 mg TABLET ^{MO}	\$0 (Tier 1)	
fosinopril-hydrochlorothiazide 10-12.5 mg, 20-12.5 mg TABLET ^{MO}	\$0 (Tier 1)	
furosemide 10 mg/ml, 40 mg/5 ml (8 mg/ml) SOLUTION ^{MO}	\$0 (Tier 1)	
furosemide 20 mg, 40 mg TABLET ^{MO}	\$0 (Tier 1)	
furosemide 80 mg TABLET ^{MO}	\$0 (Tier 1)	
gemfibrozil 600 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
guanfacine 1 mg TABLET ^{MO}	\$0 (Tier 1)	
guanfacine 2 mg TABLET ^{MO}	\$0 (Tier 1)	
hydralazine 10 mg, 100 mg TABLET ^{MO}	\$0 (Tier 1)	
hydralazine 20 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
hydralazine 25 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
hydrochlorothiazide 12.5 mg CAPSULE ^{MO}	\$0 (Tier 1)	
hydrochlorothiazide 12.5 mg, 25 mg TABLET ^{MO}	\$0 (Tier 1)	
hydrochlorothiazide 50 mg TABLET ^{MO}	\$0 (Tier 1)	
indapamide 1.25 mg, 2.5 mg TABLET ^{MO}	\$0 (Tier 1)	
irbesartan 150 mg, 75 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
irbesartan 300 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
irbesartan-hydrochlorothiazide 150-12.5 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
irbesartan-hydrochlorothiazide 300-12.5 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
isosorbide dinitrate 10 mg, 20 mg, 30 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
isosorbide mononitrate 10 mg, 20 mg TABLET ^{MO}	\$0 (Tier 1)	
isosorbide mononitrate 120 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	
isosorbide mononitrate 30 mg, 60 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	
isosorbide-hydralazine 20-37.5 mg TABLET ^{MO}	\$0 (Tier 1)	QL (180 per 30 days)
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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
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, 0.4 mg/hr, 0.6 mg/hr PATCH, 24 HR. ^{MO}	\$0 (Tier 1)	
nitroglycerin 0.3 mg, 0.6 mg SUBLINGUAL TABLET ^{MO}	\$0 (Tier 1)	
nitroglycerin 0.4 mg SUBLINGUAL TABLET ^{MO}	\$0 (Tier 1)	
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)

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

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
sotalol 120 mg, 160 mg, 240 mg, 80 mg TABLET ^{MO}	\$0 (Tier 1)	
sotalol af 120 mg, 160 mg, 80 mg TABLET ^{MO}	\$0 (Tier 1)	
spironolacton-hydrochlorothiaz 25-25 mg TABLET ^{MO}	\$0 (Tier 1)	
spironolactone 100 mg TABLET ^{MO}	\$0 (Tier 1)	
spironolactone 25 mg, 50 mg TABLET ^{MO}	\$0 (Tier 1)	
taztia xt 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
taztia xt 300 mg, 360 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
telmisartan 20 mg, 40 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
telmisartan 80 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
telmisartan-amlodipine 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
terazosin 1 mg, 10 mg, 2 mg, 5 mg CAPSULE ^{MO}	\$0 (Tier 1)	
tiadylt er 120 mg, 180 mg, 240 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
tiadylt er 300 mg, 360 mg, 420 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
timolol maleate 10 mg, 20 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
AUSTEDO XR TITRATION KT(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 2.5 mg, 20 mg, 7.5 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 10 mg, 15 mg, 5 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
dextroamphetamine-amphetamine 20 mg, 25 mg, 30 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(60 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 ^{MO}	\$0 (Tier 1)	PA,QL(60 per 30 days)
dimethyl fumarate 120 mg CAPSULE, DR/EC ^{MO}	\$0 (Tier 1)	PA,QL(14 per 30 days)
fingolimod 0.5 mg CAPSULE ^{MO}	\$0 (Tier 1)	PA,QL(30 per 30 days)
FIRDAPSE 10 MG TABLET ^{DL}	\$0 (Tier 2)	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
<i>glatiramer 20 mg/ml SYRINGE</i> ^{DL}	\$0 (Tier 1)	PA,QL(30 per 30 days)
<i>glatiramer 40 mg/ml SYRINGE</i> ^{DL}	\$0 (Tier 1)	PA,QL(12 per 28 days)
<i>glatopa 20 mg/ml SYRINGE</i> ^{DL}	\$0 (Tier 1)	PA,QL(30 per 30 days)
<i>glatopa 40 mg/ml SYRINGE</i> ^{DL}	\$0 (Tier 1)	PA,QL(12 per 28 days)
<i>guanfacine 1 mg, 2 mg, 3 mg, 4 mg TABLET, ER 24 HR.</i> ^{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)
<i>methylphenidate hcl 10 mg TABLET ER</i> ^{MO}	\$0 (Tier 1)	QL(180 per 30 days)
<i>methylphenidate hcl 10 mg, 20 mg, 5 mg TABLET</i> ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
<i>methylphenidate hcl 20 mg TABLET ER</i> ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
NUDEXTA 20-10 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
<i>pregabalin 100 mg, 150 mg, 50 mg, 75 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
<i>pregabalin 20 mg/ml SOLUTION</i> ^{MO}	\$0 (Tier 1)	QL(900 per 30 days)
<i>pregabalin 200 mg, 25 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	QL(90 per 30 days)
<i>pregabalin 225 mg, 300 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
<i>riluzole 50 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
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)
<i>teriflunomide 14 mg, 7 mg TABLET</i> ^{MO}	\$0 (Tier 1)	PA,QL(30 per 30 days)
<i>tetrabenazine 12.5 mg TABLET</i> ^{MO}	\$0 (Tier 1)	PA,QL(240 per 30 days)
<i>tetrabenazine 25 mg TABLET</i> ^{MO}	\$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
<i>chlorhexidine gluconate 0.12 % MOUTHWASH</i> ^{MO}	\$0 (Tier 1)	
<i>kourzeq 0.1 % PASTE</i> ^{MO}	\$0 (Tier 1)	
<i>oralone 0.1 % PASTE</i> ^{MO}	\$0 (Tier 1)	
<i>paroex oral rinse 0.12 % MOUTHWASH</i> ^{MO}	\$0 (Tier 1)	
<i>periogard 0.12 % MOUTHWASH</i> ^{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
<i>pilocarpine hcl 5 mg, 7.5 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>triamcinolone acetonide 0.1 % PASTE^{MO}</i>	\$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
<i>accutane 10 mg, 20 mg, 30 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	QL(60 per 30 days)
<i>accutane 40 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	QL(120 per 30 days)
<i>acitretin 10 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	PA,QL(90 per 30 days)
<i>acitretin 17.5 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	PA,QL(60 per 30 days)
<i>acitretin 25 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	PA
<i>adapalene 0.3 % GEL^{MO}</i>	\$0 (Tier 1)	QL(45 per 30 days)
<i>adapalene 0.3 % GEL WITH PUMP^{MO}</i>	\$0 (Tier 1)	QL(45 per 30 days)
<i>ammonium lactate 12 % CREAM^{MO}</i>	\$0 (Tier 1)	
<i>ammonium lactate 12 % LOTION^{MO}</i>	\$0 (Tier 1)	
<i>amnesteam 10 mg, 20 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	QL(60 per 30 days)
<i>amnesteam 40 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	QL(120 per 30 days)
<i>betamethasone dipropionate 0.05 % CREAM^{MO}</i>	\$0 (Tier 1)	QL(90 per 30 days)
<i>betamethasone dipropionate 0.05 % LOTION^{MO}</i>	\$0 (Tier 1)	QL(120 per 30 days)
<i>betamethasone dipropionate 0.05 % OINTMENT^{MO}</i>	\$0 (Tier 1)	QL(90 per 30 days)
<i>betamethasone valerate 0.1 % CREAM^{MO}</i>	\$0 (Tier 1)	QL(180 per 30 days)
<i>betamethasone valerate 0.1 % LOTION^{MO}</i>	\$0 (Tier 1)	QL(120 per 30 days)
<i>betamethasone valerate 0.1 % OINTMENT^{MO}</i>	\$0 (Tier 1)	QL(180 per 30 days)
<i>betamethasone, augmented 0.05 % CREAM^{MO}</i>	\$0 (Tier 1)	QL(100 per 30 days)
<i>betamethasone, augmented 0.05 % GEL^{MO}</i>	\$0 (Tier 1)	QL(100 per 30 days)
<i>betamethasone, augmented 0.05 % LOTION^{MO}</i>	\$0 (Tier 1)	QL(120 per 30 days)
<i>betamethasone, augmented 0.05 % OINTMENT^{MO}</i>	\$0 (Tier 1)	QL(100 per 30 days)
<i>calcipotriene 0.005 % CREAM^{MO}</i>	\$0 (Tier 1)	PA,QL(120 per 30 days)
<i>calcipotriene 0.005 % SOLUTION^{MO}</i>	\$0 (Tier 1)	QL(60 per 30 days)
<i>claravis 10 mg, 20 mg, 30 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	QL(60 per 30 days)
<i>claravis 40 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	QL(120 per 30 days)
<i>clindamycin phosphate 1 % GEL^{MO}</i>	\$0 (Tier 1)	QL(60 per 30 days)
<i>clindamycin phosphate 1 % LOTION^{MO}</i>	\$0 (Tier 1)	QL(60 per 30 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
clindamycin phosphate 1 % 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)
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)
HYETOR 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 ^{MO}	\$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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>mupirocin 2 % OINTMENT</i> ^{MO}	\$0 (Tier 1)	
<i>myorisan 10 mg, 20 mg, 30 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
<i>myorisan 40 mg CAPSULE</i> ^{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)
<i>permethrin 5 % CREAM</i> ^{MO}	\$0 (Tier 1)	
<i>pimecrolimus 1 % CREAM</i> ^{MO}	\$0 (Tier 1)	PA, QL (100 per 30 days)
<i>podofilox 0.5 % SOLUTION</i> ^{MO}	\$0 (Tier 1)	QL (7 per 30 days)
<i>procto-med hc 2.5 % CREAM W/PERINEAL APPLICATOR</i> ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
<i>proctosol hc 2.5 % CREAM W/PERINEAL APPLICATOR</i> ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
<i>proctozone-hc 2.5 % CREAM W/PERINEAL APPLICATOR</i> ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
SANTYL 250 UNIT/GRAM OINTMENT ^{MO}	\$0 (Tier 2)	QL (180 per 30 days)
<i>silver sulfadiazine 1 % CREAM</i> ^{MO}	\$0 (Tier 1)	
SSD 1 % CREAM ^{MO}	\$0 (Tier 1)	
<i>tacrolimus 0.03 %, 0.1 % OINTMENT</i> ^{MO}	\$0 (Tier 1)	QL (200 per 30 days)
<i>tazarotene 0.1 % CREAM</i> ^{MO}	\$0 (Tier 1)	PA, QL (120 per 30 days)
<i>tretinoin 0.01 %, 0.025 %, 0.05 % GEL</i> ^{MO}	\$0 (Tier 1)	PA, QL (45 per 30 days)
<i>tretinoin 0.025 %, 0.05 %, 0.1 % CREAM</i> ^{MO}	\$0 (Tier 1)	PA, QL (45 per 30 days)
UVADEX 20 MCG/ML SOLUTION ^{MO}	\$0 (Tier 2)	
<i>zenatane 10 mg, 20 mg, 30 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
<i>zenatane 40 mg CAPSULE</i> ^{MO}	\$0 (Tier 1)	QL (120 per 30 days)

ELECTROLYTES/MINERALS/METALS/VITAMINS - Drugs used to treat vitamin deficiencies

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
AMINOSYN 10 % 10 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
AMINOSYN 7 % WITH ELECTROLYTES 7 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
AMINOSYN 8.5 % 8.5 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
AMINOSYN 8.5 %-ELECTROLYTES 8.5 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
AMINOSYN II 10 % 10 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
AMINOSYN II 15 % 15 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD

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

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
d10 %-0.45 % sodium chloride PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
d2.5 %-0.45 % sodium chloride PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
d5 % and 0.9 % sodium chloride PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
d5 %-0.45 % sodium chloride PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
deferasirox 180 mg, 360 mg, 90 mg TABLET ^{MO}	\$0 (Tier 1)	PA
dextrose 10 % and 0.2 % nacl PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
dextrose 10 % in water (d10w) 10 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
dextrose 5 % in water (d5w) PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
dextrose 5 % in water (d5w) 5 % PIGGYBACK ^{MO}	\$0 (Tier 1)	
dextrose 5%-0.2 % sod chloride PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
dextrose 5%-0.3 % sod.chloride PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
electrolyte-148 PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
electrolyte-48 in d5w PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
electrolyte-a PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
INTRALIPID 20 %, 30 % EMULSION ^{MO}	\$0 (Tier 2)	BvsD
IONOSOL-B IN D5W 5 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	
IONOSOL-MB IN D5W 5 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	
ISOLYTE-P IN 5 % DEXTROSE 5 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	
ISOLYTE-S PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	
KABIVEN 3.31-9.8-3.9 % EMULSION ^{MO}	\$0 (Tier 2)	BvsD
KLOR-CON 10 10 MEQ TABLET ER ^{MO}	\$0 (Tier 1)	
KLOR-CON 8 8 MEQ TABLET ER ^{MO}	\$0 (Tier 1)	
klor-con m10 10 meq TABLET, ER PARTICLES/CRYSTALS ^{MO}	\$0 (Tier 1)	
KLOR-CON M15 15 MEQ TABLET, ER PARTICLES/CRYSTALS ^{MO}	\$0 (Tier 1)	
klor-con m20 20 meq TABLET, ER PARTICLES/CRYSTALS ^{MO}	\$0 (Tier 1)	
lactated ringers PARENTERAL SOLUTION ^{MO}	\$0 (Tier 1)	
levocarnitine 330 mg TABLET ^{MO}	\$0 (Tier 1)	
levocarnitine (with sugar) 100 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
m-natal plus 27 mg iron- 1 mg TABLET ^{MO}	\$0 (Tier 1)	
magnesium sulfate 500 mg/ml (50 %) SOLUTION ^{MO}	\$0 (Tier 1)	
magnesium sulfate 500 mg/ml (50 %) SYRINGE ^{MO}	\$0 (Tier 1)	
magnesium sulfate in d5w 1 gram/100 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	
NEONATAL COMPLETE 29-1 MG TABLET ^{MO}	\$0 (Tier 1)	
NEONATAL PLUS VITAMIN 27 MG IRON- 1 MG TABLET ^{MO}	\$0 (Tier 1)	
NEONATAL-DHA 29-1-200-500 MG COMBO PACK ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
NORMOSOL-M IN 5 % DEXTROSE PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	
NORMOSOL-R PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	
NORMOSOL-R IN 5 % DEXTROSE 5 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	
NORMOSOL-R PH 7.4 PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	
NUTRILIPID 20 % EMULSION ^{MO}	\$0 (Tier 2)	BvsD
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)	
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)	



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>pr natal 400 29-1-400 mg COMBO PACK</i> ^{MO}	\$0 (Tier 1)	
<i>pr natal 400 ec 29-1-400 mg COMBO PACK, DR TAB/DR CAP</i> ^{MO}	\$0 (Tier 1)	
<i>pr natal 430 29 mg iron-1 mg -430 mg COMBO PACK</i> ^{MO}	\$0 (Tier 1)	
<i>pr natal 430 ec 29-1-430 mg COMBO PACK, DR TAB/DR CAP</i> ^{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)	
<i>prenatal plus (calcium carb) 27 mg iron- 1 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>prenatal plus vitamin-mineral 27 mg iron- 1 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
PRENATE ELITE 26 MG IRON- 1 MG TABLET ^{MO}	\$0 (Tier 1)	
<i>preplus 27 mg iron- 1 mg TABLET</i> ^{MO}	\$0 (Tier 1)	
PROCALAMINE 3% 3 % PARENTERAL SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
<i>ringer's PARENTERAL SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>se-natal 19 chewable 29 mg iron- 1 mg CHEWABLE TABLET</i> ^{MO}	\$0 (Tier 1)	
<i>sevelamer carbonate 0.8 gram POWDER IN PACKET</i> ^{MO}	\$0 (Tier 1)	QL(540 per 30 days)
<i>sevelamer carbonate 2.4 gram POWDER IN PACKET</i> ^{MO}	\$0 (Tier 1)	QL(180 per 30 days)
<i>sevelamer carbonate 800 mg TABLET</i> ^{MO}	\$0 (Tier 1)	QL(540 per 30 days)
SMOFLIPID 20 % EMULSION ^{MO}	\$0 (Tier 2)	BvsD
<i>sodium bicarbonate 8.4 % (1 meq/ml) SYRINGE</i> ^{MO}	\$0 (Tier 1)	
<i>sodium chloride 2.5 meq/ml SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>sodium chloride 0.45 % 0.45 % PARENTERAL SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>sodium chloride 0.9 % PARENTERAL SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>sodium chloride 0.9 % PIGGYBACK</i> ^{MO}	\$0 (Tier 1)	
<i>sodium chloride 0.9 % SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>sodium chloride 3 % hypertonic 3 % PARENTERAL SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>sodium chloride 5 % hypertonic 5 % PARENTERAL SOLUTION</i> ^{MO}	\$0 (Tier 1)	
<i>sodium polystyrene sulfonate POWDER</i> ^{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
<i>trientine 250 mg CAPSULE</i> ^{DL}	\$0 (Tier 1)	QL(240 per 30 days)
<i>trientine 500 mg CAPSULE</i> ^{DL}	\$0 (Tier 1)	QL(120 per 30 days)
<i>trinatal rx 1 60 mg iron-1 mg TABLET</i> ^{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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>virt-c dha 35-1-200 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>virt-nate dha 28 mg iron-1 mg -200 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>wesnata dha complete 29 mg iron- 1 mg-200 mg COMBO PACK^{MO}</i>	\$0 (Tier 1)	
<i>wesnate dha 28 mg iron-1 mg -200 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>westab plus 27 mg iron- 1 mg TABLET^{MO}</i>	\$0 (Tier 1)	

GASTROINTESTINAL AGENTS - Drugs used to treat stomach and intestinal conditions

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>alosetron 0.5 mg, 1 mg TABLET^{MO}</i>	\$0 (Tier 1)	PA, QL (60 per 30 days)
<i>bismuth subcit k-metronidz-tcn 140-125-125 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>cimetidine 200 mg, 300 mg, 400 mg, 800 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>cimetidine hcl 300 mg/5 ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>CLENPIQ 10 MG-3.5 GRAM- 12 GRAM/160 ML SOLUTION^{MO}</i>	\$0 (Tier 2)	
<i>CLENPIQ 10 MG-3.5 GRAM- 12 GRAM/175 ML SOLUTION^{MO}</i>	\$0 (Tier 2)	
<i>constulose 10 gram/15 ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>dicyclomine 10 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	
<i>dicyclomine 10 mg/5 ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>dicyclomine 20 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>diphenoxylate-atropine 2.5-0.025 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>enulose 10 gram/15 ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>esomeprazole magnesium 20 mg CAPSULE, DR/EC^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>esomeprazole magnesium 40 mg CAPSULE, DR/EC^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)
<i>famotidine 10 mg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>famotidine 20 mg, 40 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>famotidine 40 mg/5 ml (8 mg/ml) SUSPENSION FOR RECONSTITUTION^{MO}</i>	\$0 (Tier 1)	
<i>famotidine (pf) 20 mg/2 ml SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>famotidine (pf)-nacl (iso-os) 20 mg/50 ml PIGGYBACK^{MO}</i>	\$0 (Tier 1)	
<i>GATTEX 30-VIAL 5 MG KIT^{DL,LA}</i>	\$0 (Tier 2)	PA
<i>GATTEX ONE-VIAL 5 MG KIT^{DL,LA}</i>	\$0 (Tier 2)	PA
<i>gavilyte-c 240-22.72-6.72 -5.84 gram RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>gavilyte-g 236-22.74-6.74 -5.86 gram RECON SOLUTION^{MO}</i>	\$0 (Tier 1)	
<i>generlac 10 gram/15 ml SOLUTION^{MO}</i>	\$0 (Tier 1)	



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
lubiprostone 24 mcg, 8 mcg CAPSULE ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
misoprostol 100 mcg TABLET ^{MO}	\$0 (Tier 1)	
misoprostol 200 mcg TABLET ^{MO}	\$0 (Tier 1)	
MOVANTIK 12.5 MG, 25 MG TABLET ^{MO}	\$0 (Tier 2)	QL (30 per 30 days)
MYALEPT 5 MG/ML (FINAL CONC.) RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA, QL (30 per 30 days)
nizatidine 150 mg, 300 mg CAPSULE ^{MO}	\$0 (Tier 1)	
omeprazole 10 mg CAPSULE, DR/EC ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
omeprazole 20 mg, 40 mg CAPSULE, DR/EC ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
pantoprazole 20 mg, 40 mg TABLET, DR/EC ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
pantoprazole 40 mg RECON SOLUTION ^{MO}	\$0 (Tier 1)	
peg 3350-electrolytes 236-22.74-6.74 -5.86 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
peg-electrolyte soln 420 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
sodium,potassium,mag sulfates 17.5-3.13-1.6 gram RECON SOLUTION ^{MO}	\$0 (Tier 1)	
sucralfate 1 gram TABLET ^{MO}	\$0 (Tier 1)	
sucralfate 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 ^{MO}	\$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



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CHOLBAM 250 MG, 50 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (120 per 30 days)
CREON 12,000-38,000 -60,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT CAPSULE, DR/EC ^{MO}	\$0 (Tier 2)	
CREON 24,000-76,000 -120,000 UNIT CAPSULE, DR/EC ^{MO}	\$0 (Tier 2)	
CRYSVITA 10 MG/ML, 20 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (2 per 28 days)
CRYSVITA 30 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (6 per 28 days)
CYSTAGON 150 MG, 50 MG CAPSULE ^{MO}	\$0 (Tier 2)	
ELELYSO 200 UNIT RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
javygtor 100 mg TABLET, SOLUBLE ^{DL}	\$0 (Tier 1)	PA
javygtor 100 mg, 500 mg POWDER IN PACKET ^{DL}	\$0 (Tier 1)	PA
nitisinone 10 mg, 2 mg, 20 mg, 5 mg CAPSULE ^{DL}	\$0 (Tier 1)	
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)	
VYNDAQEL 20 MG CAPSULE ^{DL}	\$0 (Tier 2)	PA,QL (120 per 30 days)
ZEMAIRA 1,000 MG, 4,000 MG, 5,000 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA
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)	
darifenacin 15 mg, 7.5 mg TABLET, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
silodosin 4 mg, 8 mg CAPSULE ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
solifenacin 10 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
tamsulosin 0.4 mg CAPSULE ^{MO}	\$0 (Tier 1)	
tolterodine 1 mg, 2 mg TABLET ^{MO}	\$0 (Tier 1)	QL (60 per 30 days)
tolterodine 2 mg, 4 mg CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) - Drugs used to treat inflammation

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
dexamethasone 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg TABLET ^{MO}	\$0 (Tier 1)	
dexamethasone 0.5 mg/5 ml ELIXIR ^{MO}	\$0 (Tier 1)	
dexamethasone 0.5 mg/5 ml SOLUTION ^{MO}	\$0 (Tier 1)	
dexamethasone intensol 1 mg/ml DROPS ^{MO}	\$0 (Tier 1)	
dexamethasone sodium phos (pf) 10 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
dexamethasone sodium phos (pf) 10 mg/ml SYRINGE ^{MO}	\$0 (Tier 1)	
dexamethasone sodium phosphate 10 mg/ml, 4 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
dexamethasone sodium phosphate 4 mg/ml SYRINGE ^{MO}	\$0 (Tier 1)	
fludrocortisone 0.1 mg TABLET ^{MO}	\$0 (Tier 1)	
methylprednisolone 16 mg, 32 mg, 4 mg, 8 mg TABLET ^{MO}	\$0 (Tier 1)	BvsD
methylprednisolone 4 mg TABLET, DOSE PACK ^{MO}	\$0 (Tier 1)	
methylprednisolone acetate 40 mg/ml, 80 mg/ml SUSPENSION ^{MO}	\$0 (Tier 1)	
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>prednisone 1 mg, 2.5 mg, 50 mg TABLET^{MO}</i>	\$0 (Tier 1)	BvsD
<i>prednisone 10 mg, 20 mg, 5 mg TABLET^{MO}</i>	\$0 (Tier 1)	BvsD
<i>prednisone 10 mg, 5 mg TABLET, DOSE PACK^{MO}</i>	\$0 (Tier 1)	
<i>prednisone 5 mg/5 ml SOLUTION^{MO}</i>	\$0 (Tier 1)	BvsD
<i>prednisone intensol 5 mg/ml CONCENTRATE^{MO}</i>	\$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)	
<i>triamcinolone acetonide 0.025 %, 0.1 % LOTION^{MO}</i>	\$0 (Tier 1)	
<i>triamcinolone acetonide 0.025 %, 0.1 %, 0.5 % OINTMENT^{MO}</i>	\$0 (Tier 1)	
<i>triamcinolone acetonide 0.025 %, 0.5 % CREAM^{MO}</i>	\$0 (Tier 1)	
<i>triamcinolone acetonide 0.1 % CREAM^{MO}</i>	\$0 (Tier 1)	
<i>triderm 0.1 %, 0.5 % CREAM^{MO}</i>	\$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
<i>desmopressin 0.1 mg, 0.2 mg TABLET^{MO}</i>	\$0 (Tier 1)	
EGRIFTA SV 2 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL(30 per 30 days)
INCRELEX 10 MG/ML SOLUTION ^{DL}	\$0 (Tier 2)	PA
OMNITROPE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) CARTRIDGE ^{DL}	\$0 (Tier 2)	PA
OMNITROPE 5.8 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA



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HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) - Drugs used for sex hormone imbalances

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>afirmelle</i> 0.1-20 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>altavera</i> (28) 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>alyacen</i> 1/35 (28) 1-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>alyacen</i> 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>amabelz</i> 0.5-0.1 mg, 1-0.5 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>apri</i> 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>aranelle</i> (28) 0.5/1/0.5-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>aubra</i> 0.1-20 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>aubra eq</i> 0.1-20 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>aurovela</i> 1.5/30 (21) 1.5-30 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>aurovela</i> 1/20 (21) 1-20 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>aurovela</i> 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET ^{MO}	\$0 (Tier 1)	
<i>aurovela</i> fe 1-20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET ^{MO}	\$0 (Tier 1)	
<i>aurovela</i> fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET ^{MO}	\$0 (Tier 1)	
<i>aviane</i> 0.1-20 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>ayuna</i> 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>azurette</i> (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET ^{MO}	\$0 (Tier 1)	
<i>blisovi</i> 24 fe 1 mg-20 mcg (24)/75 mg (4) TABLET ^{MO}	\$0 (Tier 1)	
<i>blisovi</i> fe 1.5/30 (28) 1.5 mg-30 mcg (21)/75 mg (7) TABLET ^{MO}	\$0 (Tier 1)	
<i>blisovi</i> fe 1/20 (28) 1 mg-20 mcg (21)/75 mg (7) TABLET ^{MO}	\$0 (Tier 1)	
<i>camila</i> 0.35 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>camrese lo</i> 0.1 mg-20 mcg (84)/10 mcg (7) TABLET, DOSE PACK, 3 MONTH ^{MO}	\$0 (Tier 1)	QL(91 per 90 days)
<i>caziant</i> (28) 0.1/.125/.15-25 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>chateal eq</i> (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)
<i>cryselle</i> (28) 0.3-30 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>cyclafem</i> 1/35 (28) 1-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>cyclafem</i> 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>cyred</i> 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>cyred eq</i> 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>danzol</i> 100 mg, 200 mg, 50 mg CAPSULE ^{MO}	\$0 (Tier 1)	
<i>dasetta</i> 1/35 (28) 1-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
dasetta 7/7/7 (28) 0.5/0.75/1 mg- 35 mcg TABLET ^{MO}	\$0 (Tier 1)	
deblitane 0.35 mg TABLET ^{MO}	\$0 (Tier 1)	
DEPO-ESTRADIOL 5 MG/ML OIL ^{MO}	\$0 (Tier 1)	QL (5 per 30 days)
DEPO-SUBQ PROVERA 104 104 MG/0.65 ML SYRINGE ^{MO}	\$0 (Tier 2)	QL (0.65 per 90 days)
desog-e.estradiol/e.estradiol 0.15-0.02 mgx21 /0.01 mg x 5 TABLET ^{MO}	\$0 (Tier 1)	
desogestrel-ethinyl estradiol 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
dotti 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, SEMIWEEKLY ^{MO}	\$0 (Tier 1)	QL (8 per 28 days)
drosiprenone-ethinyl estradiol 3-0.02 mg, 3-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
DUAVEE 0.45-20 MG TABLET ^{MO}	\$0 (Tier 2)	PA, QL (30 per 30 days)
elonest 0.3-30 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
ELLA 30 MG TABLET ^{MO}	\$0 (Tier 2)	QL (1 per 30 days)
eluryng 0.12-0.015 mg/24 hr RING ^{MO}	\$0 (Tier 1)	QL (1 per 28 days)
enilloring 0.12-0.015 mg/24 hr RING ^{MO}	\$0 (Tier 1)	QL (1 per 28 days)
enpresse 50-30 (6)/75-40 (5)/125-30(10) TABLET ^{MO}	\$0 (Tier 1)	
enskyce 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
errin 0.35 mg TABLET ^{MO}	\$0 (Tier 1)	
estradiol 0.01 % (0.1 mg/gram) CREAM ^{MO}	\$0 (Tier 1)	
estradiol 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, WEEKLY ^{MO}	\$0 (Tier 1)	QL (4 per 28 days)
estradiol 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, SEMIWEEKLY ^{MO}	\$0 (Tier 1)	QL (8 per 28 days)
estradiol 0.5 mg, 1 mg, 10 mcg, 2 mg TABLET ^{MO}	\$0 (Tier 1)	
estradiol valerate 10 mg/ml, 20 mg/ml, 40 mg/ml OIL ^{MO}	\$0 (Tier 1)	
estradiol-norethindrone acet 0.5-0.1 mg, 1-0.5 mg TABLET ^{MO}	\$0 (Tier 1)	
ethynodiol diac-eth estradiol 1-35 mg-mcg, 1-50 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
etonogestrel-ethinyl estradiol 0.12-0.015 mg/24 hr RING ^{MO}	\$0 (Tier 1)	QL (1 per 28 days)
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)	
haloette 0.12-0.015 mg/24 hr RING ^{MO}	\$0 (Tier 1)	QL (1 per 28 days)
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)

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

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
luteru (28) 0.1-20 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
lyleq 0.35 mg TABLET ^{MO}	\$0 (Tier 1)	
lyllana 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr PATCH, SEMIWEEKLY ^{MO}	\$0 (Tier 1)	QL(8 per 28 days)
lyza 0.35 mg TABLET ^{MO}	\$0 (Tier 1)	
marlissa (28) 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
medroxyprogesterone 10 mg, 2.5 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
medroxyprogesterone 150 mg/ml SUSPENSION ^{MO}	\$0 (Tier 1)	QL(1 per 90 days)
medroxyprogesterone 150 mg/ml SYRINGE ^{MO}	\$0 (Tier 1)	QL(1 per 90 days)
megestrol 20 mg, 40 mg TABLET ^{MO}	\$0 (Tier 1)	
megestrol 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml) SUSPENSION ^{MO}	\$0 (Tier 1)	
MENEST 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG TABLET ^{MO}	\$0 (Tier 1)	
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)	
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
ORTHO-NOVUM 7/7/7 (28) 0.5/0.75/1 MG- 35 MCG TABLET ^{MO}	\$0 (Tier 1)	
OSPHENA 60 MG TABLET ^{MO}	\$0 (Tier 2)	PA
oxandrolone 10 mg TABLET ^{MO}	\$0 (Tier 1)	PA,QL(60 per 30 days)
oxandrolone 2.5 mg TABLET ^{MO}	\$0 (Tier 1)	PA,QL(120 per 30 days)
pimtree (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET ^{MO}	\$0 (Tier 1)	
pirmella 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
portia 28 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
PREMARIN 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG TABLET ^{MO}	\$0 (Tier 2)	
PREMARIN 0.625 MG/GRAM CREAM ^{MO}	\$0 (Tier 2)	
previfem 0.25-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
progesterone 50 mg/ml OIL ^{MO}	\$0 (Tier 1)	
progesterone micronized 100 mg, 200 mg CAPSULE ^{MO}	\$0 (Tier 1)	
raloxifene 60 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
reclipsen (28) 0.15-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
setlakin 0.15 mg-30 mcg (91) TABLET, DOSE PACK, 3 MONTH ^{MO}	\$0 (Tier 1)	QL(91 per 90 days)
sharobel 0.35 mg TABLET ^{MO}	\$0 (Tier 1)	
simliya (28) 0.15-0.02 mgx21 /0.01 mg x 5 TABLET ^{MO}	\$0 (Tier 1)	
sprintec (28) 0.25-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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(25 per 90 days)
tilia fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET ^{MO}	\$0 (Tier 1)	
tri femynor 0.18/0.215/0.25 mg-35 mcg (28) TABLET ^{MO}	\$0 (Tier 1)	
tri-legest fe 1-20(5)/1-30(7) /1mg-35mcg (9) TABLET ^{MO}	\$0 (Tier 1)	
tri-linyah 0.18/0.215/0.25 mg-35 mcg (28) TABLET ^{MO}	\$0 (Tier 1)	
tri-lo-estarylla 0.18/0.215/0.25 mg-25 mcg TABLET ^{MO}	\$0 (Tier 1)	
tri-lo-marzia 0.18/0.215/0.25 mg-25 mcg TABLET ^{MO}	\$0 (Tier 1)	
tri-lo-mili 0.18/0.215/0.25 mg-25 mcg TABLET ^{MO}	\$0 (Tier 1)	
tri-lo-sprintec 0.18/0.215/0.25 mg-25 mcg TABLET ^{MO}	\$0 (Tier 1)	
tri-mili 0.18/0.215/0.25 mg-35 mcg (28) TABLET ^{MO}	\$0 (Tier 1)	
tri-nymyo 0.18/0.215/0.25 mg-35 mcg (28) TABLET ^{MO}	\$0 (Tier 1)	
tri-previfem (28) 0.18/0.215/0.25 mg-35 mcg (28) TABLET ^{MO}	\$0 (Tier 1)	
tri-sprintec (28) 0.18/0.215/0.25 mg-35 mcg (28) TABLET ^{MO}	\$0 (Tier 1)	
tri-vylibra 0.18/0.215/0.25 mg-35 mcg (28) TABLET ^{MO}	\$0 (Tier 1)	
tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg TABLET ^{MO}	\$0 (Tier 1)	
trivora (28) 50-30 (6)/75-40 (5)/125-30(10) TABLET ^{MO}	\$0 (Tier 1)	
tulana 0.35 mg TABLET ^{MO}	\$0 (Tier 1)	
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>wera</i> (28) 0.5-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>wymzya</i> fe 0.4mg-35mcg(21) and 75 mg (7) CHEWABLE TABLET ^{MO}	\$0 (Tier 1)	
<i>zarah</i> 3-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	
<i>zovia</i> 1-35 (28) 1-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>zovia</i> 1/35e (28) 1-35 mg-mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>zumandimine</i> (28) 3-0.03 mg TABLET ^{MO}	\$0 (Tier 1)	

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) - Drugs used for thyroid hormone replacement

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ARMOUR THYROID 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG TABLET ^{MO}	\$0 (Tier 2)	
EUTHYROX 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG TABLET ^{MO}	\$0 (Tier 1)	
LEVO-T 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG TABLET ^{MO}	\$0 (Tier 2)	
<i>levothyroxine</i> 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg TABLET ^{MO}	\$0 (Tier 1)	
<i>levothyroxine</i> 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)	
<i>liothyronine</i> 10 mcg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
<i>liothyronine</i> 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)	



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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
ISTURISA 1 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(240 per 30 days)
ISTURISA 10 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(180 per 30 days)
ISTURISA 5 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(360 per 30 days)
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
<i>cabergoline 0.5 mg TABLET^{MO}</i>	\$0 (Tier 1)	
ELIGARD (3 MONTH) 22.5 MG SYRINGE ^{MO}	\$0 (Tier 2)	PA
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
<i>leuprolide 1 mg/0.2 ml KIT^{MO}</i>	\$0 (Tier 1)	
<i>leuprolide (3 month) 22.5 mg SUSPENSION FOR RECONSTITUTION^{MO}</i>	\$0 (Tier 2)	PA,QL(1 per 90 days)
LUPRON DEPOT 3.75 MG SYRINGE KIT ^{MO}	\$0 (Tier 2)	PA,QL(1 per 30 days)
LUPRON DEPOT 7.5 MG SYRINGE KIT ^{DL}	\$0 (Tier 2)	PA,QL(1 per 30 days)
LUPRON DEPOT (3 MONTH) 11.25 MG, 22.5 MG SYRINGE KIT ^{MO}	\$0 (Tier 2)	PA,QL(1 per 90 days)
LUPRON DEPOT (4 MONTH) 30 MG SYRINGE KIT ^{MO}	\$0 (Tier 2)	PA,QL(1 per 112 days)
LUPRON DEPOT (6 MONTH) 45 MG SYRINGE KIT ^{MO}	\$0 (Tier 2)	PA,QL(1 per 168 days)
LUPRON DEPOT-PED 11.25 MG KIT ^{DL}	\$0 (Tier 2)	PA,QL(1 per 28 days)
LUPRON DEPOT-PED 15 MG, 7.5 MG (PED) KIT ^{DL}	\$0 (Tier 2)	PA,QL(1 per 28 days)
LUPRON DEPOT-PED 45 MG SYRINGE KIT ^{MO}	\$0 (Tier 2)	PA,QL(1 per 168 days)
LUPRON DEPOT-PED (3 MONTH) 11.25 MG, 30 MG SYRINGE KIT ^{MO}	\$0 (Tier 2)	PA,QL(1 per 90 days)
<i>octreotide acetate 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml SOLUTION^{MO}</i>	\$0 (Tier 1)	PA
<i>octreotide acetate 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml) SYRINGE^{MO}</i>	\$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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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, 3.75 MG SUSPENSION FOR RECONSTITUTION ^{MO}	\$0 (Tier 2)	PA
ZOLADEX 10.8 MG IMPLANT ^{MO}	\$0 (Tier 2)	PA,QL (1 per 84 days)
ZOLADEX 3.6 MG IMPLANT ^{MO}	\$0 (Tier 2)	PA,QL (1 per 28 days)

HORMONAL AGENTS, SUPPRESSANT (THYROID) - Drugs used to treat an overactive thyroid

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
methimazole 10 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	
propylthiouracil 50 mg TABLET ^{MO}	\$0 (Tier 1)	

IMMUNOLOGICAL AGENTS - Drugs used to treat immune system conditions and vaccines

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ABRYVO 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)	
azathioprine 50 mg TABLET ^{MO}	\$0 (Tier 1)	BvsD
BCG VACCINE, LIVE (PF) 50 MG SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 1)	
BENLYSTA 120 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	PA,QL (20 per 28 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
BESREMI 500 MCG/ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL (2 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 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)
cyclosporine 100 mg, 25 mg CAPSULE ^{MO}	\$0 (Tier 1)	BvsD
cyclosporine modified 100 mg, 25 mg, 50 mg CAPSULE ^{MO}	\$0 (Tier 1)	BvsD
cyclosporine modified 100 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
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)
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)	
DENGVAIXIA (PF) 10EXP4.5-6 CCID50/0.5 ML SUSPENSION FOR RECONSTITUTION ^{DL}	\$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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)
ENGRIX-B (PF) 20 MCG/ML SUSPENSION ^{DL}	\$0 (Tier 1)	BvsD
ENGRIX-B (PF) 20 MCG/ML SYRINGE ^{DL}	\$0 (Tier 1)	BvsD
ENGRIX-B PEDIATRIC (PF) 10 MCG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 1)	BvsD
ENVARUS XR 0.75 MG, 1 MG TABLET, ER 24 HR. ^{MO}	\$0 (Tier 2)	PA
ENVARUS XR 4 MG TABLET, ER 24 HR. ^{DL}	\$0 (Tier 2)	PA
everolimus (immunosuppressive) 0.25 mg TABLET ^{MO}	\$0 (Tier 1)	BvsD,QL (60 per 30 days)
everolimus (immunosuppressive) 0.5 mg TABLET ^{DL}	\$0 (Tier 1)	BvsD,QL (120 per 30 days)
everolimus (immunosuppressive) 0.75 mg, 1 mg TABLET ^{DL}	\$0 (Tier 1)	BvsD,QL (60 per 30 days)
GAMUNEX-C 1 GRAM/10 ML (10 %) SOLUTION ^{DL}	\$0 (Tier 2)	PA
GAMUNEX-C 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) SOLUTION ^{DL}	\$0 (Tier 2)	PA
GARDASIL 9 (PF) 0.5 ML SUSPENSION ^{DL}	\$0 (Tier 1)	
GARDASIL 9 (PF) 0.5 ML SYRINGE ^{DL}	\$0 (Tier 1)	
gengraf 100 mg, 25 mg CAPSULE ^{MO}	\$0 (Tier 1)	BvsD
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
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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
IXCHIQ 1,000 TCID50/0.5 ML RECON SOLUTION ^{DL}	\$0 (Tier 1)	
IXIARO (PF) 6 MCG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 1)	
JYNNEOS (PF) 0.5X TO 3.95X 10EXP8 UNIT/0.5 SUSPENSION ^{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)	
leflunomide 10 mg, 20 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
M-M-R II (PF) 1,000-12,500 TCID50/0.5 ML 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 ^{DL}	\$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

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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
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)
PENBRAYA (PF) 5-120 MCG/0.5 ML KIT ^{DL}	\$0 (Tier 1)	
PENTACEL (PF) 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF-48MCG-62DU-10 MCG/0.5ML KIT ^{DL}	\$0 (Tier 1)	
PREHEVBRIO (PF) 10 MCG/ML SUSPENSION ^{DL}	\$0 (Tier 1)	BvsD
PRIORIX (PF) 10EXP3.4-4.2- 3.3CCID50/0.5ML SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 1)	
PROGRAF 0.2 MG, 1 MG GRANULES IN PACKET ^{MO}	\$0 (Tier 2)	BvsD
PROQUAD (PF) 10EXP3-4.3-3- 3.99 TCID50/0.5 SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 1)	
QUADRACEL (PF) 15 LF-48 MCG- 5 LF UNIT/0.5ML SUSPENSION ^{DL}	\$0 (Tier 1)	
QUADRACEL (PF) 15 LF-48 MCG- 5 LF UNIT/0.5ML SYRINGE ^{DL}	\$0 (Tier 1)	
RABAVERT (PF) 2.5 UNIT SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 1)	BvsD
RECOMBIVAX HB (PF) 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML SUSPENSION ^{DL}	\$0 (Tier 1)	BvsD
RECOMBIVAX HB (PF) 10 MCG/ML, 5 MCG/0.5 ML SYRINGE ^{DL}	\$0 (Tier 1)	BvsD
REZUROCK 200 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)
RINVOQ 15 MG, 30 MG TABLET, ER 24 HR. ^{DL}	\$0 (Tier 2)	PA,QL (30 per 30 days)
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)	
sajazir 30 mg/3 ml SYRINGE ^{DL}	\$0 (Tier 1)	PA,QL (18 per 30 days)
SANDIMMUNE 100 MG/ML SOLUTION ^{MO}	\$0 (Tier 2)	BvsD
SHINGRIX (PF) 50 MCG/0.5 ML SUSPENSION FOR RECONSTITUTION ^{DL}	\$0 (Tier 1)	
SIMULECT 10 MG, 20 MG RECON SOLUTION ^{DL}	\$0 (Tier 2)	BvsD

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<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)	
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)
WINRHOD 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/ML, 300 MG/2 ML AUTO-INJECTOR ^{DL,LA}	\$0 (Tier 2)	PA,QL (8 per 28 days)
XOLAIR 150 MG/ML, 300 MG/2 ML SYRINGE ^{DL,LA}	\$0 (Tier 2)	PA,QL (8 per 28 days)
XOLAIR 75 MG/0.5 ML AUTO-INJECTOR ^{DL,LA}	\$0 (Tier 2)	PA,QL (4 per 28 days)
XOLAIR 75 MG/0.5 ML SYRINGE ^{DL,LA}	\$0 (Tier 2)	PA,QL (4 per 28 days)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 ^{DL}	\$0 (Tier 1)	PA,QL(30 per 30 days)
hydrocortisone 100 mg/60 ml ENEMA ^{MO}	\$0 (Tier 1)	
mesalamine 0.375 gram CAPSULE, ER 24 HR. ^{MO}	\$0 (Tier 1)	QL(120 per 30 days)
mesalamine 4 gram/60 ml ENEMA ^{MO}	\$0 (Tier 1)	QL(1800 per 30 days)
sulfasalazine 500 mg TABLET ^{MO}	\$0 (Tier 1)	
sulfasalazine 500 mg TABLET, DR/EC ^{MO}	\$0 (Tier 1)	

METABOLIC BONE DISEASE AGENTS - Drugs used to treat bone weakening

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
alendronate 10 mg, 5 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
alendronate 35 mg TABLET ^{MO}	\$0 (Tier 1)	QL(4 per 28 days)
alendronate 70 mg TABLET ^{MO}	\$0 (Tier 1)	QL(4 per 28 days)
calcitonin (salmon) 200 unit/actuation SPRAY, NON-AEROSOL ^{MO}	\$0 (Tier 1)	QL(3.7 per 28 days)
calcitriol 0.25 mcg, 0.5 mcg CAPSULE ^{MO}	\$0 (Tier 1)	
calcitriol 1 mcg/ml SOLUTION ^{MO}	\$0 (Tier 1)	
cinacalcet 30 mg, 60 mg TABLET ^{MO}	\$0 (Tier 1)	QL(60 per 30 days)
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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 ac-mannitol-0.9nacl 4 mg/100 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	QL (300 per 21 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 4 mg/100 ml PIGGYBACK ^{MO}	\$0 (Tier 1)	QL (300 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
acetylcysteine 200 mg/ml (20 %) SOLUTION ^{MO}	\$0 (Tier 1)	
ADSTILADRIN 3X10EXP11 VP/ML SUSPENSION ^{MO}	\$0 (Tier 2)	PA
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)	
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)	

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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 0.3 ML 29 GAUGE X 1/2", 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" 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 U-500 1/2 ML 31 GAUGE X 15/64" SYRINGE ^{MO}	\$0 (Tier 1)	
BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16" SYRINGE ^{MO}	\$0 (Tier 1)	
BD LO-DOSE MICRO-FINE IV 1/2 ML 28 GAUGE X 1/2" SYRINGE ^{MO}	\$0 (Tier 1)	
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)
CARETOUCH ALCOHOL PREP PAD PADS, MEDICATED ^{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)	
DROPLET INSULIN SYR(HALF UNIT) 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64" SYRINGE ^{MO}	\$0 (Tier 1)	



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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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 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 TOUCH ALCOHOL PREP PADS PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
GAUZE BANDAGE 2 X 2 " BANDAGE ^{MO}	\$0 (Tier 1)	
GAUZE PAD 2 X 2 " BANDAGE ^{MO}	\$0 (Tier 1)	
INCONTROL ALCOHOL PADS PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
INSULIN SYRINGE 0.5 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 1 ML 28 GAUGE X 1/2" SYRINGE ^{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 ^{DL}	\$0 (Tier 2)	QL (40 per 5 days)
LITHOSTAT 250 MG TABLET ^{MO}	\$0 (Tier 2)	
<i>mifepristone</i> 300 mg TABLET ^{DL}	\$0 (Tier 1)	PA, QL (120 per 30 days)
<i>nitroglycerin</i> 0.4 % (w/w) OINTMENT ^{MO}	\$0 (Tier 1)	QL (30 per 30 days)
NOVOPEN ECHO INSULIN PEN ^{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, DIABETIC 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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
PRO COMFORT ALCOHOL PADS PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
PURE COMFORT ALCOHOL PADS PADS, MEDICATED ^{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)	
sodium chloride 0.9 % SOLUTION ^{MO}	\$0 (Tier 1)	
SURE COMFORT ALCOHOL PREP PADS PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
SURE-PREP ALCOHOL PREP PADS PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
TRUE COMFORT ALCOHOL PADS PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
TRUE COMFORT PRO ALCOHOL PADS PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
UBRELVY 100 MG, 50 MG TABLET ^{MO}	\$0 (Tier 2)	PA, QL (16 per 30 days)
ULTILET ALCOHOL SWAB PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
water for irrigation, sterile SOLUTION ^{MO}	\$0 (Tier 1)	
WEBCOL PADS, MEDICATED ^{MO}	\$0 (Tier 1)	
ZEVALIN (Y-90) 3.2 MG/2 ML KIT ^{DL}	\$0 (Tier 2)	PA

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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
cyclopentolate 0.5 %, 1 %, 2 % DROPS ^{MO}	\$0 (Tier 1)	
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)	
dorzolamide 2 % DROPS ^{MO}	\$0 (Tier 1)	
dorzolamide-timolol 22.3-6.8 mg/ml DROPS ^{MO}	\$0 (Tier 1)	
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
neomycin-polymyxin-hc 3.5-10,000-10 mg-unit-mg/ml DROPS, SUSPENSION ^{MO}	\$0 (Tier 1)	
ofloxacin 0.3 % DROPS ^{MO}	\$0 (Tier 1)	
olopatadine 0.1 %, 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)
SIMBRINZA 1-0.2 % DROPS, SUSPENSION ^{MO}	\$0 (Tier 2)	QL (16 per 30 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)	
tropicamide 0.5 %, 1 % DROPS ^{MO}	\$0 (Tier 1)	

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OTIC AGENTS - Drugs used to treat conditions involving the ear

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
fluocinolone acetonide oil 0.01 % DROPS ^{MO}	\$0 (Tier 1)	
hydrocortisone-acetic acid 1-2 % DROPS ^{MO}	\$0 (Tier 1)	
neomycin-polymyxin-hc 3.5-10,000-1 mg/ml-unit/ml-% DROPS, SUSPENSION ^{MO}	\$0 (Tier 1)	
neomycin-polymyxin-hc 3.5-10,000-1 mg/ml-unit/ml-% SOLUTION ^{MO}	\$0 (Tier 1)	
ofloxacin 0.3 % DROPS ^{MO}	\$0 (Tier 1)	

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

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
acetylcysteine 100 mg/ml (10 %), 200 mg/ml (20 %) SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
ADEMPAS 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG TABLET ^{DL,LA}	\$0 (Tier 2)	PA,QL(90 per 30 days)
ADVAIR 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)	BvsD,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, 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)

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
budesonide 0.25 mg/2 ml, 0.5 mg/2 ml SUSPENSION FOR NEBULIZATION ^{MO}	\$0 (Tier 1)	BvsD
CAYSTON 75 MG/ML SOLUTION FOR NEBULIZATION ^{DL}	\$0 (Tier 2)	PA,QL(84 per 28 days)
cetirizine 1 mg/ml SOLUTION ^{MO}	\$0 (Tier 1)	QL(300 per 30 days)
COMBIVENT RESPIMAT 20-100 MCG/ACTUATION MIST ^{MO}	\$0 (Tier 2)	QL(4 per 20 days)
cromolyn 100 mg/5 ml CONCENTRATE ^{MO}	\$0 (Tier 1)	
cromolyn 20 mg/2 ml SOLUTION FOR NEBULIZATION ^{MO}	\$0 (Tier 1)	BvsD
cyproheptadine 4 mg TABLET ^{MO}	\$0 (Tier 1)	
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)
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)
hydroxyzine pamoate 100 mg, 50 mg CAPSULE ^{MO}	\$0 (Tier 1)	
hydroxyzine pamoate 25 mg CAPSULE ^{MO}	\$0 (Tier 1)	
ipratropium bromide 0.02 % SOLUTION ^{MO}	\$0 (Tier 1)	BvsD
ipratropium bromide 21 mcg (0.03 %) SPRAY, NON-AEROSOL ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
ipratropium bromide 42 mcg (0.06 %) SPRAY, NON-AEROSOL ^{MO}	\$0 (Tier 1)	QL(45 per 30 days)
ipratropium-albuterol 0.5 mg-3 mg(2.5 mg base)/3 ml SOLUTION FOR NEBULIZATION ^{MO}	\$0 (Tier 1)	BvsD
KALYDECO 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG GRANULES IN PACKET ^{DL}	\$0 (Tier 2)	PA,QL(56 per 28 days)
KALYDECO 150 MG TABLET ^{DL}	\$0 (Tier 2)	PA,QL(60 per 30 days)
levocetirizine 5 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
montelukast 10 mg TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
montelukast 4 mg GRANULES IN PACKET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
montelukast 4 mg, 5 mg CHEWABLE TABLET ^{MO}	\$0 (Tier 1)	QL(30 per 30 days)
NUCALA 100 MG/ML AUTO-INJECTOR ^{DL}	\$0 (Tier 2)	PA,QL(3 per 28 days)
NUCALA 100 MG/ML SYRINGE ^{DL}	\$0 (Tier 2)	PA,QL(3 per 28 days)

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

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>zafirlukast 20 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (60 per 30 days)

SKELETAL MUSCLE RELAXANTS - Drugs used to relax muscles

Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>carisoprodol 350 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (120 per 30 days)
<i>cyclobenzaprine 10 mg, 5 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>methocarbamol 500 mg, 750 mg TABLET^{MO}</i>	\$0 (Tier 1)	
<i>vanadom 350 mg TABLET^{MO}</i>	\$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
<i>BELSOMRA 10 MG TABLET^{MO}</i>	\$0 (Tier 2)	QL (60 per 30 days)
<i>BELSOMRA 15 MG, 20 MG TABLET^{MO}</i>	\$0 (Tier 2)	QL (30 per 30 days)
<i>BELSOMRA 5 MG TABLET^{MO}</i>	\$0 (Tier 2)	QL (120 per 30 days)
<i>eszopiclone 1 mg, 2 mg, 3 mg TABLET^{MO}</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>HETLIOZ LQ 4 MG/ML SUSPENSION^{DL}</i>	\$0 (Tier 2)	PA, QL (158 per 30 days)
<i>modafinil 100 mg, 200 mg TABLET^{MO}</i>	\$0 (Tier 1)	PA, QL (60 per 30 days)
<i>sodium oxybate 500 mg/ml SOLUTION^{DL}</i>	\$0 (Tier 2)	PA, QL (540 per 30 days)
<i>tasimelteon 20 mg CAPSULE^{DL}</i>	\$0 (Tier 1)	PA, QL (30 per 30 days)
<i>temazepam 15 mg, 30 mg CAPSULE^{DL}</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>zaleplon 10 mg, 5 mg CAPSULE^{MO}</i>	\$0 (Tier 1)	QL (30 per 30 days)
<i>zolpidem 10 mg, 5 mg TABLET^{MO}</i>	\$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
<i>DRISDOL 1,250 MCG (50,000 UNIT) CAPSULE(*)</i>	\$0 (Tier 3)	
<i>ergocalciferol (vitamin d2) 1,250 mcg (50,000 unit) CAPSULE(*)</i>	\$0 (Tier 3)	



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
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)	
pyridoxine (vitamin b6) 100 mg/ml SOLUTION(*)	\$0 (Tier 3)	
sodium citrate-citric acid 490-640 mg/5 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 gone antacid 95-358 mg/15 ml SUSPENSION	\$0 (Tier 4)	
acid gone antacid e.strength 160-105 mg CHEWABLE TABLET	\$0 (Tier 4)	
acid reducer (famotidine) 10 mg TABLET	\$0 (Tier 4)	
adult aspirin regimen 81 mg TABLET, DR/EC	\$0 (Tier 4)	
adult tussin chest congestion 100 mg/5 ml LIQUID	\$0 (Tier 4)	
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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
allergy (diphenhydramine) 25 mg TABLET	\$0 (Tier 4)	
allergy relief (cetirizine) 10 mg, 5 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 CHEWABLE TABLET	\$0 (Tier 4)	
allergy relief(diphenhydramin) 25 mg TABLET	\$0 (Tier 4)	
almacone-2 400-400-40 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 regular strength 200-200-20 mg/5 ml SUSPENSION	\$0 (Tier 4)	
antacid-antigas 200-200-20 mg/5 ml, 400-400-40 mg/5 ml SUSPENSION	\$0 (Tier 4)	
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)	
bismuth subsalicylate 262 mg CHEWABLE TABLET	\$0 (Tier 4)	
cal-gest antacid 200 mg calcium (500 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
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 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)	

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

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
glycerin (adult) SUPPOSITORY	\$0 (Tier 4)	
glycerin (child) SUPPOSITORY	\$0 (Tier 4)	
guaifenesin 100 mg/5 ml LIQUID	\$0 (Tier 4)	
guaifenesin 600 mg TABLET, ER 12 HR.	\$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 antacid 160-105 mg CHEWABLE TABLET	\$0 (Tier 4)	
heartburn relief 254-237.5 mg/5 ml SUSPENSION	\$0 (Tier 4)	
heartburn relief (famotidine) 10 mg TABLET	\$0 (Tier 4)	
ibuprofen 200 mg TABLET	\$0 (Tier 4)	
ibuprofen ib 200 mg TABLET	\$0 (Tier 4)	
infant pain reliever 160 mg/5 ml SUSPENSION	\$0 (Tier 4)	
infant's acetaminophen 160 mg/5 ml SUSPENSION	\$0 (Tier 4)	
infants' pain and fever 160 mg/5 ml SUSPENSION	\$0 (Tier 4)	
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 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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
milk of magnesia concentrated 2,400 mg/10 ml SUSPENSION	\$0 (Tier 4)	
mintox maximum strength 400-400-40 mg/5 ml SUSPENSION	\$0 (Tier 4)	
mintox plus 200-200-25 mg CHEWABLE TABLET	\$0 (Tier 4)	
motion sickness 50 mg TABLET	\$0 (Tier 4)	
motion sickness (meclizine) 25 mg TABLET	\$0 (Tier 4)	
motion sickness relief 50 mg TABLET	\$0 (Tier 4)	
motion sickness relief(mecliz) 25 mg TABLET	\$0 (Tier 4)	
motion-time 25 mg CHEWABLE TABLET	\$0 (Tier 4)	
MUCINEX 600 MG TABLET, ER 12 HR.	\$0 (Tier 4)	
MUCINEX DM 30-600 MG TABLET, ER 12 HR.	\$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)	
natural fiber laxative 0.52 gram CAPSULE	\$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)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
option-2 1.5 mg TABLET	\$0 (Tier 4)	
pain relief (acetaminophen) 325 mg, 500 mg TABLET	\$0 (Tier 4)	
pain relief es (acetaminophen) 500 mg TABLET	\$0 (Tier 4)	
pain reliever (acetaminophen) 325 mg, 500 mg TABLET	\$0 (Tier 4)	
pain reliever es(acetaminophn) 500 mg TABLET	\$0 (Tier 4)	
pain reliever plus 250-250-65 mg TABLET	\$0 (Tier 4)	
PEDIA-LAX 2.8 GRAM/2.7 ML SOLUTION	\$0 (Tier 4)	
pedia-lax stool softener 50 mg/15 ml SYRUP	\$0 (Tier 4)	
pinaway 50 mg/ml SUSPENSION	\$0 (Tier 4)	
pink bismuth 262 mg CHEWABLE TABLET	\$0 (Tier 4)	
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)	
robafen 100 mg/5 ml LIQUID	\$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-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)	
SEKOKOT 8.6 MG TABLET	\$0 (Tier 4)	
SEKOKOT EXTRA STRENGTH 17.2 MG TABLET	\$0 (Tier 4)	
SEKOKOT-S 8.6-50 MG TABLET	\$0 (Tier 4)	
smooth antacid 300 mg (750 mg) CHEWABLE TABLET	\$0 (Tier 4)	
sodium bicarbonate 325 mg, 650 mg TABLET	\$0 (Tier 4)	
SODIUM BICARBONATE (BULK) POWDER	\$0 (Tier 4)	
sodium citrate-citric acid 500-334 mg/5 ml SOLUTION	\$0 (Tier 4)	

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Name of drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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)	
tusnel-ex 100 mg/5 ml LIQUID	\$0 (Tier 4)	
tussin 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 mucus-chest congestion 100 mg/5 ml LIQUID	\$0 (Tier 4)	
vegetable laxative 8.6 mg TABLET	\$0 (Tier 4)	
women's gentle laxative(bisac) 5 mg TABLET, DR/EC	\$0 (Tier 4)	



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acetylcysteine	95, 101	albendazole	44
acid gone antacid	105	albuterol sulfate	101
acid gone antacid e.strength	105	ALCAINE	98
acid reducer (famotidine)	105	ALCOHOL PADS	95
acitretin	68	ALCOHOL PREP PADS	95
ACTHIB (PF)	88	ALCOHOL SWABS	95
ACTIMMUNE	88	ALCOHOL WIPES	95
acyclovir	48	ALECENSA	33
		alendronate	94

alfuzosin	77	ambisentan	101
ALIQOPA	33	amiloride	59
aliskiren	59	amiloride-hydrochlorothiazide	59
all day allergy (cetirizine)	105	aminocaproic acid	57
all day pain relief	105	aminophylline	101
all day relief	105	AMINOSYN II 10 %	70
aller-g-time	105	AMINOSYN II 15 %	70
allergy (diphenhydramine)	105, 106	AMINOSYN II 7 %	71
allergy relief (cetirizine)	106	AMINOSYN II 8.5 %	71
allergy relief (loratadine)	106	AMINOSYN II 8.5 %-ELECTROLYTES	71
allergy relief(diphenhydramin)	106	AMINOSYN M 3.5 %	71
allopurinol	31	AMINOSYN 10 %	70
almacone-2	106	AMINOSYN 7 % WITH ELECTROLYTES	70
alosetron	75	AMINOSYN 8.5 %	70
ALPHAGAN P	98	AMINOSYN 8.5 %-ELECTROLYTES	70
alprazolam	52	AMINOSYN-PF 10 %	71
alprazolam intensol	52	AMINOSYN-PF 7 % (SULFITE-FREE)	71
altavera (28)	80	AMINOSYN-RF 5.2 %	71
aluminum hydroxide gel	106	amiodarone	59
ALUNBRIG	33	amitriptyline	26
alyacen 1/35 (28)	80	amlodipine	59
alyacen 7/7/7 (28)	80	amlodipine-benazepril	59
alyq	101	amlodipine-valsartan	60
amabelz	80	ammonium lactate	68
amantadine hcl	44	amnestem	68
AMBISOME	29	amoxapine	26



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amoxicillin	17	aranelle (28)	80
amoxicillin-pot clavulanate	17	ARCALYST	88
amphotericin b	29	AREXVY (PF)	88
amphotericin b liposome	29	arformoterol	101
ampicillin	17	aripiprazole	45
ampicillin sodium	17	ARISTADA	45
ampicillin-sulbactam	17	ARISTADA INITIO	45
anagrelide	57	ARMOUR THYROID	86
anastrozole	33	ARNUITY ELLIPTA	101
antacid	106	ARRANON	33
antacid (calcium carbonate)	106	arsenic trioxide	33
antacid anti-gas	106	asenapine maleate	45
antacid exst (mag carb-al hyd)	106	ASPARLAS	33
antacid ext str (calcium carb)	106	aspirin	106
antacid extra-strength	106	aspirin-dipyridamole	57
antacid maximum strength	106	aspirin,buffd-calcium carb-mag	106
antacid regular strength	106	atazanavir	49
antacid-antigas	106	atenolol	60
anti-diarrheal (loperamide)	106	atenolol-chlorthalidone	60
anti-nausea	106	atomoxetine	66
apraclonidine	98	atorvastatin	60
aprepitant	28	atovaquone	44
APRETUDE	49	atovaquone-proguanil	44
apri	80	atropine	98
APTIOM	22	ATROPINE SULFATE (PF)	98
APTIVUS	49	ATROVENT HFA	101

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aubra	80	bacitracin	18, 98
aubra eq	80	bacitracin-polymyxin b	98
AUGTYRO	33	baclofen	48
aurovela fe 1.5/30 (28)	80	bal-care dha	71
aurovela fe 1-20 (28)	80	balsalazide	94
aurovela 1.5/30 (21)	80	BALVERSA	33
aurovela 1/20 (21)	80	BAND-AID GAUZE PADS	95
aurovela 24 fe	80	banophen	106
AUSTEDO	66	BAQSIMI	53
AUSTEDO XR	66	BARACLUDE	49
AUSTEDO XR TITRATION KT(WK1-4)	66	BAVENCIO	33
AUTOJECT 2 INJECTION DEVICE	95	BCG VACCINE, LIVE (PF)	88
AUTOPEN 1 TO 21 UNITS	95	BD ALCOHOL SWABS	95
AUTOPEN 2 TO 42 UNITS	95	BD AUTOSHIELD DUO PEN NEEDLE	95
AUVELITY	26	BD ECLIPSE LUER-LOK	95
AUVI-Q	101	BD INSULIN SYRINGE	96
aviane	80	BD INSULIN SYRINGE (HALF UNIT)	96
ayuna	80	BD INSULIN SYRINGE MICRO-FINE	96
AYVAKIT	33	BD INSULIN SYRINGE U-500	96
azacitidine	33	BD INSULIN SYRINGE ULTRA-FINE	96
azathioprine	88	BD LO-DOSE MICRO-FINE IV	96
azelastine	98, 101	BD NANO 2ND GEN PEN NEEDLE	96
azithromycin	17, 18	BD SAFETYGLIDE INSULIN SYRINGE	96
aztreonam	18	BD SAFETYGLIDE SYRINGE	96
azurette (28)	80	BD ULTRA-FINE MICRO PEN NEEDLE	96
B		BD ULTRA-FINE MINI PEN NEEDLE	96



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BD ULTRA-FINE NANO PEN NEEDLE	96	BICILLIN C-R	18
BD ULTRA-FINE ORIG PEN NEEDLE	96	BICILLIN L-A	18
BD ULTRA-FINE SHORT PEN NEEDLE	96	BICNU	33
BD VEO INSULIN SYR (HALF UNIT)	96	BIKTARVY	49
BD VEO INSULIN SYRINGE UF	96	bisacodyl	106
BELEODAQ	33	bismuth subcit k-metronidz-tcn	75
BELRAPZO	33	bismuth subsalicylate	106
BELSOMRA	104	bisoprolol fumarate	60
benazepril	60	bisoprolol-hydrochlorothiazide	60
benazepril-hydrochlorothiazide	60	bleomycin	33
bendamustine	33	blisovi fe 1.5/30 (28)	80
BENDEKA	33	blisovi fe 1/20 (28)	80
BENLYSTA	88, 89	blisovi 24 fe	80
benztropine	44	BOOSTRIX TDAP	89
BESPONSA	33	BORDERED GAUZE	96
BESREMI	89	BORTEZOMIB	33
betaine	76	BOSULIF	34
betamethasone dipropionate	68	BRAFTOVI	34
betamethasone valerate	68	BREO ELLIPTA	101
betamethasone, augmented	68	BREZTRI AEROSPHERE	101
BETASERON	66	BRILINTA	57
betaxolol	98	brimonidine	98
bethanechol chloride	77	BRIVIACT	22
bexarotene	33	bromocriptine	44
BEXSERO	89	BRUKINSA	34
bicalutamide	33	budesonide	94, 102

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bumetanide	60	camrese lo	80
buprenorphine	14	CAMZYOS	60
buprenorphine hcl	16	candesartan	60
buprenorphine-naloxone	16	candesartan-hydrochlorothiazid	60
bupropion hcl	26	CAPLYTA	45
bupropion hcl (smoking deter)	16	CAPRELSA	34
buspirone	52	captopril	60
busulfan	34	captopril-hydrochlorothiazide	60
BUSULFEX	34	carbamazepine	22
butalbital-acetaminophen-caff	96	carbidopa-levodopa	44
C		carbidopa-levodopa-entacapone	45
c-nate dha	71	carboplatin	34
CABENUVA	49	CARETOUCH ALCOHOL PREP PAD	96
cabergoline	87	carglumic acid	71
CABLIVI	57	carisoprodol	104
CABOMETYX	34	carmustine	34
cal-gest antacid	106	carteolol	99
calcipotriene	68	cartia xt	60
calcitonin (salmon)	94	carvedilol	60
calcitriol	94	caspofungin	29
calcium acetate(phosphat bind)	71	CAYSTON	102
calcium antacid	107	caziant (28)	80
calcium carbonate	107	cefaclor	18
CALQUENCE	34	cefadroxil	18
CALQUENCE (ACALABRUTINIB MAL)	34	cefazolin	18
camila	80	cefazolin in dextrose (iso-os)	18

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cefdinir	18	children's allergy (diphenhyd)	107
cefepime	18	children's allergy relief(lor)	107
cefixime	18	children's aspirin	107
cefotaxime	18	children's cetirizine	107
cefotetan	18	children's diphenhydramine	107
cefoxitin	18	children's loratadine	107
cefoxitin in dextrose, iso-osm	18	children's mapap	107
cefpodoxime	18	children's pain relief	107
cefprozil	18	children's pain reliever	107
ceftazidime	18	children's pain-fever relief	107
ceftazidime in d5w	18	chloramphenicol sod succinate	19
ceftriaxone	18	chlorhexidine gluconate	67
cefuroxime axetil	18	chloroquine phosphate	44
cefuroxime sodium	18	chlorothiazide sodium	60
CELLCEPT INTRAVENOUS	89	chlorpromazine	45, 46
cephalexin	19	chlorthalidone	60
CERDELGA	76	chocolate laxative	107
CEREZYME	76	CHOLBAM	77
cetirizine	102, 107	cholestyramine (with sugar)	60
chateal eq (28)	80	cholestyramine light	60
CHEMET	71	cholestyramine-aspartame	60
CHEST CONGESTION RELIEF	107	CHORIONIC GONADOTROPIN, HUMAN	79
chest congestion relief dm	107	ciclodan	29
child allergy relf(cetirizine)	107	ciclopirox	29
child's all day allergy(cetir)	107	cilostazol	57
children's acetaminophen	107	CIMDUO	49



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cimetidine	75	CLINIMIX 5%-D20W(SULFITE-FREE)	71
cimetidine hcl	75	CLINIMIX 5%/D15W SULFITE FREE	71
cinacalcet	94	CLINIMIX 6%-D5W (SULFITE-FREE)	71
ciprofloxacin hcl	19, 99	CLINIMIX 8%-D10W(SULFITE-FREE)	71
ciprofloxacin in 5 % dextrose	19	CLINIMIX 8%-D14W(SULFITE-FREE)	71
cisplatin	34	CLINOLIPID	71
citalopram	26	clobazam	22
cladribine	34	clobetasol	69
claravis	68	clobetasol-emollient	69
clarithromycin	19	clofarabine	34
clearlax	107	CLOLAR	34
CLENPIQ	75	clomipramine	26
clindamycin hcl	19	clonazepam	52
clindamycin in 0.9 % sod chlor	19	clonidine	60
clindamycin in 5 % dextrose	19	clonidine hcl	60, 61
clindamycin palmitate hcl	19	clopidogrel	57
clindamycin pediatric	19	clorazepate dipotassium	52
clindamycin phosphate	19, 68, 69	clotrimazole	29, 107
CLINIMIX E 2.75%/D5W SULF FREE	71	clotrimazole-betamethasone	29
CLINIMIX E 4.25%/D5W SULF FREE	71	clotrimazole-3	107
CLINIMIX E 5%/D15W SULFIT FREE	71	clozapine	46
CLINIMIX E 5%/D20W SULFIT FREE	71	COARTEM	44
CLINIMIX E 8%-D10W SULFITEFREE	71	COLACE	107
CLINIMIX E 8%-D14W SULFITEFREE	71	COLACE CLEAR	107
CLINIMIX 4.25%/D10W SULF FREE	71	COLACE 2-IN-1	107
CLINIMIX 4.25%/D5W SULFIT FREE	71	colchicine	31



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colestipol	61	CRYSVITA	77
colistin (colistimethate na)	19	CURITY ALCOHOL SWABS	96
COLUMVI	34	CURITY GAUZE	96
COMBIGAN	99	cyclafem 1/35 (28)	80
COMBIPATCH	80	cyclafem 7/7/7 (28)	80
COMBIVENT RESPIMAT	102	cyclobenzaprine	104
COMETRIQ	34	cyclopentolate	99
COMPLERA	49	cyclophosphamide	34
complete allergy	107	cycloserine	32
complete allergy medicine	108	cyclosporine	89
complete natal dha	71	cyclosporine modified	89
compro	28	CYLTEZO(CF)	89
constulose	75	CYLTEZO(CF) PEN	89
COPAXONE	66	CYLTEZO(CF) PEN CROHN'S-UC-HS	89
COPIKTRA	34	CYLTEZO(CF) PEN PSORIASIS-UV	89
CORLANOR	61	cyproheptadine	102
COSENTYX	89	CYRAMZA	34
COSENTYX (2 SYRINGES)	89	cyred	80
COSENTYX PEN	89	cyred eq	80
COSENTYX PEN (2 PENS)	89	CYSTAGON	77
COSENTYX UNOREADY PEN	89	CYSTARAN	99
COSMEGEN	34	cytarabine	34
COTELLIC	34	cytarabine (pf)	34
CREON	77	D	
cromolyn	99, 102	dacarbazine	35
cryselle (28)	80	dactinomycin	35



dalfampridine	66	desipramine	26
danazol	80	desmopressin	79
dantrolene	48	desog-e.estradiol/e.estradiol	81
DANYELZA	35	desogestrel-ethinyl estradiol	81
dapsone	32	desvenlafaxine succinate	26
DAPTACEL (DTAP PEDIATRIC) (PF)	89	dexamethasone	78
daptomycin	19	dexamethasone intensol	78
daptomycin in 0.9 % sod chlor	19	dexamethasone sodium phos (pf)	78
darifenacin	77	dexamethasone sodium phosphate	78, 99
darunavir	49	dexmethylphenidate	66
DARZALEX	35	dexrazoxane hcl	35
DARZALEX FASPRO	35	dextroamphetamine sulfate	66
dasetta 1/35 (28)	80	dextroamphetamine-amphetamine	66
dasetta 7/7/7 (28)	81	dextromethorphan-guaifenesin	108
daunorubicin	35	dextrose 10 % and 0.2 % nacl	72
DAURISMO	35	dextrose 10 % in water (d10w)	72
deblitane	81	dextrose 5 % in water (d5w)	72
decitabine	35	dextrose 5%-0.2 % sod chloride	72
deferasirox	72	dextrose 5%-0.3 % sod.chloride	72
DELSTRIGO	49	DIACOMIT	22
demeclocycline	19	diazepam	22, 52, 53
DENGVAXIA (PF)	89	diazepam intensol	53
DEPO-ESTRADIOL	81	diazoxide	53
DEPO-SUBQ PROVERA 104	81	diclofenac sodium	14, 99
DERMACEA	96	dicloxacillin	19
DESCOVY	49	dicyclomine	75

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didanosine	49	dok	108
DIFICID	19	donepezil	25
digitek	61	dorzolamide	99
digox	61	dorzolamide-timolol	99
digoxin	61	dotti	81
dihydroergotamine	31	DOVATO	49
DILANTIN INFATABS	22	doxazosin	61
DILANTIN-125	22	doxepin	53
dilt-xr	61	doxercalciferol	94
diltiazem hcl	61	doxorubicin	35
dimethyl fumarate	66	doxorubicin, peg-liposomal	35
diphedryl	108	doxy-100	19
diphenhydramine hcl	102, 108	doxycycline hyclate	19, 20
diphenoxylate-atropine	75	doxycycline monohydrate	20
dipyridamole	57	driminate	108
disulfiram	16	DRISDOL	104
DIURIL	61	DRIZALMA SPRINKLE	26
divalproex	23	dronabinol	28
DOCEFREZ	35	DROPLET INSULIN SYR(HALF UNIT)	96
docetaxel	35	DROPLET INSULIN SYRINGE	97
docusate calcium	108	DROPLET MICRON PEN NEEDLE	97
docusate sodium	108	DROPLET PEN NEEDLE	97
docusol	108	DROPSAFE ALCOHOL PREP PADS	97
DOCUSOL KIDS	108	DROPSAFE PEN NEEDLE	97
DOCUSOL PLUS	108	drospirenone-ethinyl estradiol	81
dofetilide	61	DROXIA	97

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DUAVEE	81	ELIGARD (3 MONTH)	87
duloxetine	26, 27	elinest	81
DUPIXENT PEN	89	ELIQUIS	57, 58
DUPIXENT SYRINGE	89	ELIQUIS DVT-PE TREAT 30D START	58
dutasteride	77	ELLA	81
dutasteride-tamsulosin	77	ELMIRON	77
d10 %-0.45 % sodium chloride	72	ELREXFIO	35
d2.5 %-0.45 % sodium chloride	72	eluryng	81
d5 % and 0.9 % sodium chloride	72	ELZONRIS	35
d5 %-0.45 % sodium chloride	72	EMCYT	35
E		EMGALITY PEN	31
EASY COMFORT ALCOHOL PAD	97	EMGALITY SYRINGE	31
EASY TOUCH ALCOHOL PREP PADS	97	EMPLICITI	35
ec-naproxen	14	EMSAM	27
econtra ez	108	emtricitabine	49
econtra one-step	108	emtricitabine-tenofovir (tdf)	49
ed-apap	108	EMTRIVA	49
EDURANT	49	enalapril maleate	61
efavirenz	49	enalapril-hydrochlorothiazide	61
efavirenz-emtricitabin-tenofov	49	ENBREL	89
efavirenz-lamivu-tenofov disop	49	ENBREL MINI	90
EGRIFTA SV	79	ENBREL SURECLICK	90
electrolyte-a	72	endocet	14
electrolyte-148	72	enema	108
electrolyte-48 in d5w	72	enema disposable	108
ELELYSO	77	ENEMEEZ	108

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ENEMEEZ PLUS	108	erlotinib	35
ENGRIX-B (PF)	90	errin	81
ENGRIX-B PEDIATRIC (PF)	90	ertapenem	20
ENHERTU	35	ery pads	69
enilloring	81	ERYTHROCIN	20
enoxaparin	58	erythromycin	20, 99
enpresse	81	erythromycin lactobionate	20
enskyce	81	erythromycin with ethanol	69
entacapone	45	escitalopram oxalate	27
entecavir	49	esomeprazole magnesium	75
ENTRESTO	61	estradiol	81
enulose	75	estradiol valerate	81
ENVARUSUS XR	90	estradiol-norethindrone acet	81
EPCLUSA	49	eszopiclone	104
EPIDIOLEX	23	ethacrynate sodium	61
epinephrine	102	ethambutol	32
epirubicin	35	ethosuximide	23
epitol	23	ethynodiol diac-eth estradiol	81
EPIVIR HBV	49	etodolac	14
EPKINLY	35	etonogestrel-ethinyl estradiol	81
EPRONTIA	31	ETOPOPHOS	35
ERBITUX	35	etoposide	35
ergocalciferol (vitamin d2)	104, 108	etravirine	49
ergotamine-caffeine	31	EULEXIN	35
ERIVEDGE	35	EUTHYROX	86
ERLEADA	35	everolimus (antineoplastic)	35, 36



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everolimus (immunosuppressive)	90	FETZIMA	27
EVOMELA	36	FEVERALL	108
EVOTAZ	49	FIASP FLEXTOUCH U-100 INSULIN	53
exemestane	36	FIASP PENFILL U-100 INSULIN	53
EXKIVITY	36	FIASP U-100 INSULIN	54
EYSUVIS	99	fiber (calcium polycarbophil)	108
ezetimibe	61	fiber laxative(methylcellulos)	108
F		FIBER THERAPY (M-CELL/SUGAR)	108
falmina (28)	81	fiber therapy (m-cellulose)	108
famciclovir	50	fiber-lax	108
famotidine	75, 108	finasteride	77
famotidine (pf)	75	fingolimod	66
famotidine (pf)-nacl (iso-os)	75	FINTEPLA	23
FANAPT	46	FIRDAPSE	66
FASENRA PEN	102	FIRMAGON	87
febuxostat	31	FIRMAGON KIT W DILUENT SYRINGE	87
felbamate	23	flecainide	61
felodipine	61	FLEET ENEMA	108
femynor	81	FLEET PEDIATRIC	108
fenofibrate	61	fluconazole	29, 30
fenofibrate micronized	61	fluconazole in nacl (iso-osm)	30
fenofibrate nanocrystallized	61	flucytosine	30
fentanyl	14	fludarabine	36
fentanyl citrate	14	fludrocortisone	78
fentanyl citrate (pf)	14	flunisolide	102
fesoterodine	77	fluocinolone	69



fluocinolone acetonide oil	101	FYARRO	36
fluocinolone and shower cap	69	FYCOMPA	23
fluorometholone	99	G	
fluorouracil	36, 69	gabapentin	23
fluoxetine	27	galantamine	25
fluphenazine decanoate	46	GAMUNEX-C	90
fluphenazine hcl	46	GARDASIL 9 (PF)	90
flurbiprofen	14	GATTEX ONE-VIAL	75
flurbiprofen sodium	99	GATTEX 30-VIAL	75
flutamide	36	GAUZE BANDAGE	97
fluticasone propion-salmeterol	102	GAUZE PAD	97
fluticasone propionate	69, 102	gavilax	108
fluvastatin	61	gavilyte-c	75
fluvoxamine	27	gavilyte-g	75
FOLOTYN	36	GAVRETO	36
FORTEO	94	GAZYVA	36
fosamprenavir	50	gefitinib	36
fosinopril	62	gemcitabine	36
fosinopril-hydrochlorothiazide	62	gemfibrozil	62
fosphenytoin	23	generlac	75
FOTIVDA	36	gengraf	90
FRUZAQLA	36	gentak	99
FULPHILA	58	gentamicin	20, 99
fulvestrant	36	gentamicin in nacl (iso-osm)	20
furosemide	62	gentle laxative (bisacodyl)	108
FUZEON	50	GENVOYA	50

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GILOTRIF	36	H	
glatiramer	67	HAEGARDA	90
glatopa	67	hailey	81
GLEOSTINE	36	hailey fe 1.5/30 (28)	81
glimepiride	54	hailey fe 1/20 (28)	81
glipizide	54	hailey 24 fe	81
glipizide-metformin	54	HALAVEN	36
GLUCAGEN HYPOKIT	54	haloette	81
glyburide	54	haloperidol	46
glyburide micronized	54	haloperidol decanoate	46
glyburide-metformin	54	haloperidol lactate	46
glycerin (adult)	109	HARVONI	50
glycerin (child)	109	HAVRIX (PF)	90
glycopyrrolate	76	headache relief (asa-acet-caf)	109
GLYXAMBI	54	healthylax	109
granisetron (pf)	28	heartburn antacid	109
granisetron hcl	28	heartburn relief	109
griseofulvin microsize	30	heartburn relief (famotidine)	109
griseofulvin ultramicrosize	30	heather	81
guaifenesin	109	heparin (porcine)	58
guanfacine	62, 67	heparin, porcine (pf)	58
GVOKE	54	HEPLISAV-B (PF)	90
GVOKE HYPOPEN 1-PACK	54	HETLIOZ LQ	104
GVOKE HYPOPEN 2-PACK	54	HIBERIX (PF)	90
GVOKE PFS 1-PACK SYRINGE	54	HUMALOG JUNIOR KWIKPEN U-100	54
GVOKE PFS 2-PACK SYRINGE	54	HUMALOG KWIKPEN INSULIN	54

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HUMALOG MIX 50-50 INSULN U-100	54	hydrocortisone-acetic acid	101
HUMALOG MIX 50-50 KWIKPEN	54	hydromorphone	14
HUMALOG MIX 75-25 KWIKPEN	54	hydroxychloroquine	44
HUMALOG MIX 75-25(U-100)INSULN	54	hydroxyurea	36
HUMALOG TEMPO PEN(U-100)INSULN	54	hydroxyzine hcl	53
HUMALOG U-100 INSULIN	54	hydroxyzine pamoate	102
HUMIRA	90	HYFTOR	69
HUMIRA PEN	90	HYRIMOZ PEN CROHN'S-UC STARTER	91
HUMIRA PEN CROHNS-UC-HS START	90	HYRIMOZ PEN PSORIASIS STARTER	91
HUMIRA PEN PSOR-UEITS-ADOL HS	90	HYRIMOZ(CF)	91
HUMIRA(CF)	90	HYRIMOZ(CF) PEDI CROHN STARTER	91
HUMIRA(CF) PEDI CROHNS STARTER	90	HYRIMOZ(CF) PEN	91
HUMIRA(CF) PEN	90	I	
HUMIRA(CF) PEN CROHNS-UC-HS	90	ibandronate	94
HUMIRA(CF) PEN PEDIATRIC UC	90	IBRANCE	36
HUMIRA(CF) PEN PSOR-UV-ADOL HS	91	ibu	14
HUMULIN N NPH INSULIN KWIKPEN	55	ibuprofen	14, 109
HUMULIN N NPH U-100 INSULIN	55	ibuprofen ib	109
HUMULIN R REGULAR U-100 INSULN	55	icatibant	91
HUMULIN 70/30 U-100 INSULIN	55	iclevia	81
HUMULIN 70/30 U-100 KWIKPEN	55	ICLUSIG	36
hydralazine	62	idarubicin	36
hydrochlorothiazide	62	IDHIFA	36
hydrocodone-acetaminophen	14	ifosfamide	36
hydrocodone-ibuprofen	14	ILEVRO	99
hydrocortisone	69, 94	imatinib	36, 37



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IMBRUVICA	37	INSULIN SYRINGE MICROFINE	97
IMFINZI	37	INSULIN SYRINGE NEEDLELESS	97
imipenem-cilastatin	20	INSULIN SYRINGE-NEEDLE U-100	97
imipramine hcl	27	INTELENCE	50
imipramine pamoate	27	INTRALIPID	72
imiquimod	69	INTRON A	91
IMJUDO	37	INVEGA HAFYERA	46
IMLYGIC	37	INVEGA SUSTENNA	46
IMOVAX RABIES VACCINE (PF)	91	INVEGA TRINZA	46
INBRIJA	45	INVOKAMET	55
incassia	82	INVOKAMET XR	55
INCONTROL ALCOHOL PADS	97	INVOKANA	55
INCRELEX	79	IONOSOL-B IN D5W	72
indapamide	62	IONOSOL-MB IN D5W	72
indomethacin	14, 15	IPOL	91
INFANRIX (DTAP) (PF)	91	ipratropium bromide	102
infant pain reliever	109	ipratropium-albuterol	102
infant's acetaminophen	109	irbesartan	62
infants' pain and fever	109	irbesartan-hydrochlorothiazide	62
INGREZZA	67	irinotecan	37
INGREZZA INITIATION PACK	67	ISENTRESS	50
INLYTA	37	ISENTRESS HD	50
INQOVI	37	isibloom	82
INREBIC	37	ISOLYTE-P IN 5 % DEXTROSE	72
INSULIN LISPRO	55	ISOLYTE-S	72
INSULIN SYRINGE	97	isoniazid	32



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isosorbide dinitrate	62	JENTADUETO	55
isosorbide mononitrate	62	JENTADUETO XR	55
isosorbide-hydralazine	62	JEVTANA	37
isotretinoin	69	juleber	82
isradipine	62	JULUCA	50
ISTODAX	37	junel fe 1.5/30 (28)	82
ISTURISA	87	junel fe 1/20 (28)	82
itraconazole	30	junel fe 24	82
IV PREP WIPES	97	junel 1.5/30 (21)	82
ivermectin	44	junel 1/20 (21)	82
IWILFIN	37	JYNNEOS (PF)	91
IXCHIQ	91	K	
IXEMPRA	37	KABIVEN	72
IXIARO (PF)	91	KADCYLA	37
J		kalliga	82
JAKAFI	37	KALYDECO	102
jantoven	58	KANJINTI	37
JANUMET	55	kariva (28)	82
JANUMET XR	55	kelnor 1-50 (28)	82
JANUVIA	55	kelnor 1/35 (28)	82
JARDIANCE	55	KERENDIA	62
jasmiel (28)	82	KESIMPTA PEN	67
javygtor	77	ketoconazole	30
JAYPIRCA	37	ketorolac	15, 99
JEMPERLI	37	KEVZARA	91
jencycla	82	KEYTRUDA	37



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KIMMTRAK	37	lamotrigine	23
KINRIX (PF)	91	LAMPIT	44
KISQALI	37	lansoprazole	76
KISQALI FEMARA CO-PACK	37	LANTUS SOLOSTAR U-100 INSULIN	55
klayesta	30	LANTUS U-100 INSULIN	55
klor-con m10	72	lapatinib	38
KLOR-CON M15	72	larin fe 1.5/30 (28)	82
klor-con m20	72	larin fe 1/20 (28)	82
KLOR-CON 10	72	larin 1.5/30 (21)	82
KLOR-CON 8	72	larin 1/20 (21)	82
KORLYM	97	larin 24 fe	82
KOSELUGO	37, 38	larissia	82
kourzeq	67	latanoprost	99
KRAZATI	38	laxative (bisacodyl)	109
KRINTAFEL	44	laxative (sennosides)	109
kurvelo (28)	82	leena 28	82
KYPROLIS	38	leflunomide	91
L		lenalidomide	38
		LENVIMA	38
l norgest/e.estradiol-e.estrad	82	lessina	82
labetalol	62	letrozole	38
lacosamide	23	leucovorin calcium	38
lactated ringers	72, 97	LEUKERAN	38
lactulose	76	leuprolide	87
LAGEVRIO (EUA)	97	leuprolide (3 month)	87
lamivudine	50	levetiracetam	23, 24
lamivudine-zidovudine	50		



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levetiracetam in nacl (iso-os)	24	linezolid in dextrose 5%	20
LEVO-T	86	linezolid-0.9% sodium chloride	20
levobunolol	99	LINZESS	76
levocarnitine	72	liothyronine	86
levocarnitine (with sugar)	72	lisinopril	62
levocetirizine	102	lisinopril-hydrochlorothiazide	62
levofloxacin	20	lithium carbonate	53
levofloxacin in d5w	20	lithium citrate	53
levoleucovorin calcium	38	LITHOSTAT	97
levonest (28)	82	lo-zumandimine (28)	82
levonorg-eth estrad triphasic	82	LOESTRIN FE 1.5/30 (28-DAY)	83
levonorgestrel	109	LOESTRIN FE 1/20 (28-DAY)	83
levonorgestrel-ethinyl estrad	82	LOESTRIN 1.5/30 (21)	82
levora-28	82	LOESTRIN 1/20 (21)	82
levothyroxine	86	lojaimiess	83
LEVOXYL	86	LONSURF	38
LEXIVA	50	loperamide	76, 109
LIBTAYO	38	lopinavir-ritonavir	50
lidocaine	16	LOQTORZI	38
lidocaine hcl	16	loratadine	109
lidocaine viscous	16	lorazepam	53
lidocaine-prilocaine	16	lorazepam intensol	53
lillow (28)	82	LORBRENA	38
lincomycin	20	loryna (28)	83
lindane	69	losartan	62
linezolid	20	losartan-hydrochlorothiazide	62



lovastatin	63	M	
low-ogestrel (28)	83	m-dryl	109
loxapine succinate	46	M-M-R II (PF)	91
lubiprostone	76	m-natal plus	72
LUMAKRAS	38	m-pap	109
LUMIGAN	99	mag-al plus	109
LUNSUMIO	38	mag-al plus extra strength	109
LUPRON DEPOT	87	magnesium hydroxide	109
LUPRON DEPOT (3 MONTH)	87	magnesium oxide	109
LUPRON DEPOT (4 MONTH)	87	magnesium sulfate	72
LUPRON DEPOT (6 MONTH)	87	magnesium sulfate in d5w	72
LUPRON DEPOT-PED	87	malathion	69
LUPRON DEPOT-PED (3 MONTH)	87	maraviroc	50
lurasidone	46, 47	MARGENZA	38
lutera (28)	83	marlissa (28)	83
LYBALVI	47	MARPLAN	27
lyleq	83	MATULANE	38
lyllana	83	meclizine	28, 109
LYNPARZA	38	medroxyprogesterone	83
LYSODREN	87	mefloquine	44
LYTGOBI	38	megestrol	83
LYUMJEV KWIKPEN U-100 INSULIN	55	MEKINIST	38
LYUMJEV KWIKPEN U-200 INSULIN	55	MEKTOVI	39
LYUMJEV TEMPO PEN(U-100)INSULN	55	meloxicam	15
LYUMJEV U-100 INSULIN	55	melphalan	39
lyza	83	melphalan hcl	39

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memantine	26	metoclopramide hcl	28
MENACTRA (PF)	91	metolazone	63
MENEST	83	metoprolol succinate	63
MENQUADFI (PF)	91	metoprolol ta-hydrochlorothiaz	63
MENVEO A-C-Y-W-135-DIP (PF)	91	metoprolol tartrate	63
mercaptopurine	39	metronidazole	20, 21
meropenem	20	metronidazole in nacl (iso-os)	21
meropenem-0.9% sodium chloride	20	metyrosine	63
mesalamine	94	miconazole nitrate	109
MESNEX	39	miconazole-3	30, 109
metformin	55	miconazole-7	110
methadone	15	microgestin fe 1.5/30 (28)	83
methazolamide	63	microgestin fe 1/20 (28)	83
methenamine hippurate	20	microgestin 1.5/30 (21)	83
methimazole	88	microgestin 1/20 (21)	83
methocarbamol	104	microgestin 24 fe	83
methotrexate sodium	91	midodrine	63
methotrexate sodium (pf)	91	mifepristone	97
methoxsalen	69	migraine formula	110
methsuximide	24	migraine relief	110
methyldopa	63	mili	83
methyldopa-hydrochlorothiazide	63	milk of magnesia	110
methylphenidate hcl	67	milk of magnesia concentrated	110
methylprednisolone	78	mimvey	83
methylprednisolone acetate	78	minocycline	21
methylprednisolone sodium succ	78	minoxidil	63



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mintox maximum strength	110	moxifloxacin-sod.chloride(iso)	21
mintox plus	110	MOZOBIL	58
MIRCETTE (28)	83	MUCINEX	110
mirtazapine	27	MUCINEX DM	110
misoprostol	76	mucus dm	110
MITIGARE	31	mucus dm max er	110
mitomycin	39	mucus relief er	110
mitoxantrone	39	MUCUS-CHEST CONGESTION	110
modafinil	104	mucus-er max	110
moexipril	63	MULTAQ	63
molindone	47	mupirocin	70
mometasone	69	MUTAMYCIN	39
mondoxylene	21	MVASI	39
MONJUVI	91	my choice	110
mono-lynyah	83	my way	110
montelukast	102	MYALEPT	76
morphine	15	mycophenolate mofetil	92
morphine concentrate	15	mycophenolate mofetil (hcl)	92
motion sickness	110	mycophenolate sodium	92
motion sickness (meclizine)	110	MYLOTARG	39
motion sickness relief	110	myorisan	70
motion sickness relief(mecliz)	110	MYRBETRIQ	77, 78
motion-time	110	N	
MOUNJARO	56	nabumetone	15
MOVANTIK	76	nafcillin	21
moxifloxacin	21, 99	nafcillin in dextrose iso-osm	21



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nalmefene	16	neomycin-polymyxin-gramicidin	99
naloxone	16	neomycin-polymyxin-hc	100, 101
naltrexone	17	NEONATAL COMPLETE	72
NAMZARIC	26	NEONATAL PLUS VITAMIN	72
naproxen	15	NEONATAL-DHA	72
naproxen sodium	15, 110	NERLYNX.....	39
naratriptan	31	NEULASTA	58
nasal decongestant (pseudoeph)	110	NEULASTA ONPRO	58
NATACYN	99	nevirapine	50
nateglinide	56	new day	110
NATPARA	94	NEXLETOL	63
natura-lax	110	NEXLIZET	63
natural fiber laxative	110	niacin	63
nausea relief	110	niacor	63
NAYZILAM	24	nicotine	110
nebivolol	63	nicotine (polacrilex)	110
NEBUPENT	44	NICOTROL NS	17
necon 0.5/35 (28)	83	nifedipine	63
nefazodone	27	nikki (28)	83
nelarabine	39	nilutamide	39
neo-polycin	99	nimodipine	63
neo-polycin hc	99	NINLARO	39
neomycin	21	nitazoxanide	44
neomycin-bacitracin-poly-hc	99	nitisinone	77
neomycin-bacitracin-polymyxin	99	nitrofurantoin macrocrystal	21
neomycin-polymyxin b-dexameth	99	nitrofurantoin monohyd/m-cryst	21



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nitroglycerin	63, 97	NOVOLIN R REGULAR U100 INSULIN	56
NITROSTAT	63	NOVOLIN 70-30 FLEXPEN U-100	56
NIVESTYM	58	NOVOLIN 70/30 U-100 INSULIN	56
nizatidine	76	NOVOLOG FLEXPEN U-100 INSULIN	56
non-aspirin pain relief	110	NOVOLOG MIX 70-30 U-100 INSULIN	56
NORA-BE	83	NOVOLOG MIX 70-30FLEXPEN U-100	56
noreth-ethinyl estradiol-iron	83	NOVOLOG PENFILL U-100 INSULIN	56
norethindrone (contraceptive)	83	NOVOLOG U-100 INSULIN ASPART	56
norethindrone ac-eth estradiol	84	NOVOPEN ECHO	97
norethindrone acetate	84	NOXAFIL	30
norethindrone-e.estradiol-iron	84	NUBEQA	39
norgestimate-ethinyl estradiol	84	NUCALA	102, 103
norlyda	84	NUEDEXTA	67
NORMOSOL-M IN 5 % DEXTROSE	73	NUPLAZID	47
NORMOSOL-R	73	NUTRILIPID	73
NORMOSOL-R IN 5 % DEXTROSE	73	nyamyc	30
NORMOSOL-R PH 7.4	73	nylia 1/35 (28)	84
nortrel 0.5/35 (28)	84	nylia 7/7/7 (28)	84
nortrel 1/35 (21)	84	nymyo	84
nortrel 1/35 (28)	84	nystatin	30
nortrel 7/7/7 (28)	84	nystatin-triamcinolone	30
nortriptyline	27	nystop	30
NORVIR	50	0	
NOVOLIN N FLEXPEN	56	ocella	84
NOVOLIN N NPH U-100 INSULIN	56	octreotide acetate	87
NOVOLIN R FLEXPEN	56	ODEFSEY	50



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ODOMZO	39	ORGOVYX	87
OFEV	103	ORKAMBI	103
ofloxacin	21, 100, 101	ORSERDU	39
OGSIVEO	39	orsythia	84
OJJAARA	39	ORTHO-NOVUM 7/7/7 (28)	84
olanzapine	47	oseltamivir	50, 51
olmesartan	63, 64	OSPHENA	84
olmesartan-hydrochlorothiazide	64	OTEZLA	70
olopatadine	100	OTEZLA STARTER	70
omega-3 acid ethyl esters	64	oxaliplatin	39
omeprazole	76	oxandrolone	84
OMNITROPE	79	oxazepam	53
ONCASPAR	39	oxcarbazepine	24
ondansetron	28	oxybutynin chloride	78
ondansetron hcl	28	oxycodone	15
ondansetron hcl (pf)	29	oxycodone-acetaminophen	15
ONIVYDE	39	OZEMPIC	56
ONUREG	39	P	
opcicon one-step	110	PACERONE	64
OPDIVO	39	paclitaxel	39
OPDUALAG	39	paclitaxel protein-bound	39
OPSUMIT	103	PADCEV	39
option-2	111	pain relief (acetaminophen)	111
ORACIT	105	pain relief es (acetaminophen)	111
oralone	67	pain reliever (acetaminophen)	111
ORBACTIV	21	pain reliever es(acetaminophn)	111

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pain reliever plus	111	penicillamine	73
paliperidone	47	penicillin g potassium	21
pamidronate	95	penicillin g procaine	21
PANRETIN	39	penicillin g sodium	21
pantoprazole	76	penicillin v potassium	21
paraplatin	40	PENTACEL (PF)	92
paricalcitol	95	PENTAM	44
paroex oral rinse	67	pentamidine	44
paromomycin	21	pentoxifylline	64
paroxetine hcl	27	PERIKABIVEN	73
PASER	32	perindopril erbumine	64
PAXLOVID	97	periogard	67
pazopanib	40	PERJETA	40
PEDIA-LAX	111	permethrin	70
pedia-lax stool softener	111	perphenazine	47
PEDIARIX (PF)	92	perphenazine-amitriptyline	27
PEDVAX HIB (PF)	92	PERSERIS	47
peg 3350-electrolytes	76	pfizerpen-g	21
peg-electrolyte soln	76	phenelzine	27
PEGASYS	92	phenobarbital	24
PEMAZYRE	40	PHENYTEK	24
pemetrexed	40	phenytoin	24
pemetrexed disodium	40	phenytoin sodium	24
PEMRYDI RTU	40	phenytoin sodium extended	24
PEN NEEDLE, DIABETIC	97	PHOSPHOLINE IODIDE	100
PENBRAYA (PF)	92	PHYSIOLYTE	98

PHYSIOSOL IRRIGATION	98	portia 28	84
phytonadione (vitamin k1)	105	PORTRAZZA	40
PIFELTRO	51	posaconazole	30
pilocarpine hcl	68, 100	potassium chlorid-d5-0.45%nacl	73
pimecrolimus	70	potassium chloride	73
pimozide	47	potassium chloride in lr-d5	73
pimtrea (28)	84	potassium chloride in water	73
pinaway	111	potassium chloride in 0.9%nacl	73
pink bismuth	111	potassium chloride in 5 % dex	73
pinworm treatment	111	potassium chloride-d5-0.2%nacl	73
pioglitazone	56	potassium chloride-d5-0.3%nacl	73
piperacillin-tazobactam	21	potassium chloride-d5-0.9%nacl	73
PIQRAY	40	potassium chloride-0.45 % nacl	73
pirfenidone	103	potassium citrate	73
pirmella	84	POTELIGEO	40
piroxicam	15	pr natal 400	74
PLASMA-LYTE A	73	pr natal 400 ec	74
PLASMA-LYTE 148	73	pr natal 430	74
plerixafor	58	pr natal 430 ec	74
podofilox	70	pralatrexate	40
POLIVY	40	pramipexole	45
polycin	100	prasugrel	58
polyethylene glycol 3350	111	pravastatin	64
polymyxin b sulf-trimethoprim	100	prazosin	64
polymyxin b sulfate	21	PRED-G	100
POMALYST	40	prednisolone	78



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prednisolone acetate	100	probenecid-colchicine	31
prednisolone sodium phosphate	78, 100	procainamide	64
prednisone	79	PROCALAMINE 3%	74
prednisone intensol	79	prochlorperazine	29
pregabalin	67	prochlorperazine edisylate	29
PREHEVBRIO (PF)	92	prochlorperazine maleate	29
PREMARIN	84	PROCRIT	58
PREMASOL 10 %	74	procto-med hc	70
PRENATA	74	proctosol hc	70
PRENATABS FA	74	proctozone-hc	70
prenatal plus (calcium carb)	74	progesterone	84
prenatal plus vitamin-mineral	74	progesterone micronized	84
PRENATE ELITE	74	PROGRAF	92
preplus	74	PROLEUKIN	40
prevalite	64	PROLIA	95
previfem	84	PROMACTA	58
PREVYMIS	51	promethazine	29
PREZCOBIX	51	promethazine-codeine	105
PREZISTA	51	propafenone	64
PRIFTIN	32	proparacaine	100
primaquine	44	propranolol	64
primidone	24	propranolol-hydrochlorothiazid	64
PRIMSOL	21	propylthiouracil	88
PRIORIX (PF)	92	PROQUAD (PF)	92
PRO COMFORT ALCOHOL PADS	98	protriptyline	27
probenecid	31	pseudoephedrine hcl	111



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PULMOZYME	103	reese's pinworm medicine	111
PURE COMFORT ALCOHOL PADS	98	RELENZA DISKHALER	51
PURIXAN	40	repaglinide	56
pyrazinamide	32	REPATHA PUSHTRONEX	64
pyridostigmine bromide	32	REPATHA SURECLICK	64
pyridoxine (vitamin b6)	105	REPATHA SYRINGE	64
PYRUKYND	58	RESTASIS	100
Q		RESTASIS MULTIDOSE	100
QINLOCK	40	RETACRIT	58
QUADRACEL (PF)	92	RETEVMO	40
quetiapine	47	RETROVIR	51
quinapril	64	REXULTI	47
quinapril-hydrochlorothiazide	64	REYATAZ	51
quinidine sulfate	64	REZLIDHIA	40
quinine sulfate	44	REZUROCK	92
QULIPTA	31	RHOPRESSA	100
R		RIABNI	40
RABAVERT (PF)	92	ribavirin	51, 98
raloxifene	84	rifabutin	32
ramipril	64	rifampin	32
ranolazine	64	riluzole	67
rasagiline	45	rimantadine	51
RAYALDEE	95	ringer's	74, 98
ready-to-use enema	111	RINVOQ	92
reclipsen (28)	84	risedronate	95
RECOMBIVAX HB (PF)	92	RISPERDAL CONSTA	47
RECTIV	98		

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risperidone	47	SANDIMMUNE	92
ritonavir	51	SANDOSTATIN LAR DEPOT	87
rivastigmine tartrate	26	SANTYL	70
rizatriptan	31	sapropterin	77
robafen	111	SARCLISA	41
ROCKLATAN	100	SAVELLA	67
roflumilast	103	saxagliptin	56
romidepsin	40	SCSEMBLIX	41
ropinirole	45	scopolamine base	29
rosuvastatin	64	se-natal 19 chewable	74
ROTARIX	92	SECUADO	47
ROTATEQ VACCINE	92	selegiline hcl	45
roweepra	24	SELZENTRY	51
roweepra xr	24	senexon-s	111
ROZLYTREK	40	senna	111
RUBRACA	40	senna lax	111
rufinamide	24	senna laxative	111
RUKOBIA	51	senna plus	111
RUXIENCE	40	senna-time s	111
RYBELSUS	56	sennosides	111
RYBREVANT	40	sennosides-docusate sodium	111
RYDAPT	40	SENOKOT	111
RYLAZE	40	SENOKOT EXTRA STRENGTH	111
S		SENOKOT-S	111
		sertraline	27
sqjazir	92	setlakin	84
SANCUSO	29		



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sevelamer carbonate	74	sodium phenylbutyrate	77
sharobel	84	sodium polystyrene sulfonate	74
SHINGRIX (PF)	92	sodium,potassium,mag sulfates	76
SIGNIFOR	87	solifenacin	78
sildenafil (pulm.hypertension)	103	SOLQUA 100/33	56
silodosin	78	SOLTAMOX	41
silver sulfadiazine	70	SOLU-MEDROL	79
SIMBRINZA	100	SOLU-MEDROL (PF)	79
simliya (28)	84	SOMATULINE DEPOT	88
SIMULECT	92	SOMAVERT	88
simvastatin	64	sorafenib	41
sirolimus	93	SORBITOL	112
SIRTURO	32	sorine	64
SKYCLARYS	67	sotalol	65
SKYRIZI	93	sotalol af	65
SMOFLIPID	74	SPIRIVA RESPIMAT	103
smooth antacid	111	SPIRIVA WITH HANDIHALER	103
sodium bicarbonate	74, 111	spironolacton-hydrochlorothiaz	65
SODIUM BICARBONATE (BULK)	111	spironolactone	65
sodium chloride	74, 98	sprintec (28)	84
sodium chloride 0.45 %	74	SPRITAM	24
sodium chloride 0.9 %	74	SPRYCEL	41
sodium chloride 3 % hypertonic	74	SPS (WITH SORBITOL)	74
sodium chloride 5 % hypertonic	74	sronyx	85
sodium citrate-citric acid	105, 111	SSD	70
sodium oxybate	104	stavudine	51



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STELARA	93	sumatriptan	31
stimulant laxative plus	112	sumatriptan succinate	31
STIOLTO RESPIMAT	103	sunitinib malate	41
STIVARGA	41	SUNLENCA	51
stomach relief	112	suphedrin	112
stool softener	112	SURE COMFORT ALCOHOL PREP PADS	98
stool softener (docusate cal)	112	SURE-PREP ALCOHOL PREP PADS	98
stool softener-laxative	112	syeda	85
stool softener-stimulant laxat	112	SYLVANT	93
STRENSIQ	77	SYMBICORT	103
streptomycin	21	SYMDEKO	103
STRIBILD	51	SYMFI	51
STRIVERDI RESPIMAT	103	SYMFI LO	51
subvenite	24	SYMJEPI	103
subvenite starter (blue) kit	24	SYMLINPEN 120	56
subvenite starter (green) kit	24	SYMLINPEN 60	56
subvenite starter (orange) kit	24	SYMPAZAN	24
SUCRAID	77	SYMTUZA	51
sucralfate	76	SYNAREL	88
sudogest	112	SYNERCID	21
sulfacetamide sodium	21, 100	SYNJARDY	56
sulfacetamide-prednisolone	100	SYNJARDY XR	56
sulfadiazine	21	SYNRIBO	41
sulfamethoxazole-trimethoprim	21	SYNTHROID	86
sulfasalazine	94	T	
sulindac	15	TABLOID	41



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TABRECTA	41	TENIVAC (PF)	93
tacrolimus	70, 93	tenofovir disoproxil fumarate	51
tadalafil (pulm. hypertension)	103	TEPMETKO	41
TAFINLAR	41	terazosin	65
TAGRISSO	41	terbinafine hcl	30
TALVEY	41	terconazole	30
TALZENNA	41	teriflunomide	67
tamoxifen	41	testosterone	85
tamsulosin	78	testosterone cypionate	85
tarina fe 1-20 eq (28)	85	testosterone enanthate	85
tarina fe 1/20 (28)	85	TETANUS,DIPHTHERIA TOX PED(PF)	93
tarina 24 fe	85	tetrabenazine	67
TASIGNA	41	THALOMID	41
tasimelteon	104	theophylline	103
tazarotene	70	thiamine hcl (vitamin b1)	105
taztia xt	65	thioridazine	47
TAZVERIK	41	thiotepa	41
TDVAX	93	thiothixene	47
TECENTRIQ	41	tiadylt er	65
TECVAYLI	41	tiagabine	25
TEFLARO	21	TIBSOVO	41
telmisartan	65	TICOVAC	93
telmisartan-amlodipine	65	tigecycline	22
temazepam	104	tilia fe	85
TEMIXYS	51	timolol maleate	65, 100
temsirolimus	41	timolol maleate (pf)	100

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tinidazole	22	travoprost	100
tioconazole	112	TRAZIMERA	42
tioconazole-1	112	trazodone	28
TIVDAK	41	TRECATOR	32
TIVICAY	51	TRELEGY ELLIPTA	103
TIVICAY PD	51	TRELSTAR	88
tizanidine	48	TRESIBA FLEXTOUCH U-100	57
tobramycin	100	TRESIBA FLEXTOUCH U-200	57
tobramycin in 0.225 % nacl	22	TRESIBA U-100 INSULIN	57
tobramycin sulfate	22	tretinoin	70
tobramycin-dexamethasone	100	tretinoin (antineoplastic)	42
tolterodine	78	tri femynor	85
topiramate	31, 32	tri-buffered aspirin	112
topotecan	41, 42	tri-legest fe	85
toremifene	42	tri-linyah	85
toremide	65	tri-lo-estarylla	85
TOUJEO MAX U-300 SOLOSTAR	57	tri-lo-marzia	85
TOUJEO SOLOSTAR U-300 INSULIN	57	tri-lo-mili	85
TPN ELECTROLYTES	74	tri-lo-sprintec	85
TRADJENTA	57	tri-mili	85
tramadol	16	tri-nymyo	85
tramadol-acetaminophen	16	tri-previfem (28)	85
trandolapril	65	tri-sprintec (28)	85
tranexamic acid	59	tri-vylibra	85
tranylcypromine	27	tri-vylibra lo	85
TRAVASOL 10 %	74	triamcinolone acetonide	68, 79



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triamterene-hydrochlorothiazid	65	TRUQAP	42
triderm	79	TRUSELTIQ	42
trientine	74	TUKYSA	42
trifluoperazine	48	tulana	85
trifluridine	100	TURALIO	42
trihexyphenidyl	45	turqoz (28)	85
TRIJARDY XR	57	tusnel diabetic	112
TRIKAFTA	103	tusnel-ex	112
trimethobenzamide	29	tussin	112
trimethoprim	22	tussin dm	112
trimipramine	28	tussin dm clear	112
trinatal rx 1	74	tussin mucus-chest congestion	112
TRINTELLIX	28	TWINRIX (PF)	93
TRISENOX	42	TYBLUME	85
TRIUMEQ	51	TYBOST	52
TRIUMEQ PD	51	TYMLOS	95
trivora (28)	85	TYPHIM VI	93
TRIZIVIR	52	U	
TRODELVY	42	UBRELVY	98
TROGARZO	52	UDENYCA	59
TROPHAMINE 10 %	74	UDENYCA AUTOINJECTOR	59
tropicamide	100	UDENYCA ONBODY	59
TRUE COMFORT ALCOHOL PADS	98	ULTILET ALCOHOL SWAB	98
TRUE COMFORT PRO ALCOHOL PADS	98	UNITHROID	86
TRULICITY	57	UNITUXIN	42
TRUMENBA	93	ursodiol	76



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UVADEX	70	venlafaxine	28
V		VENTOLIN HFA	103
valacyclovir	52	verapamil	65
VALCHLOR	42	VERIPRED 20	79
valganciclovir	52	VERQUVO	65
valproate sodium	25	VERSACLOZ	48
valproic acid	25	VERZENIO	42
valproic acid (as sodium salt)	25	vestura (28)	85
valsartan	65	VICTOZA 2-PAK	57
valsartan-hydrochlorothiazide	65	VICTOZA 3-PAK	57
VALTOCO	25	vienva	85
vanadom	104	vigabatrin	25
vancomycin	22	vigadrone	25
VANFLYTA	42	vigpoder	25
VAQTA (PF)	93	VIIBRYD	28
varenicline	17	vilazodone	28
VARIVAX (PF)	93	vinblastine	42
VARIZIG	93	vincasar pfs	42
VASCEPA	65	vincristine	42
VECTIBIX	42	vinorelbine	42
vegetable laxative	112	violele (28)	85
velivet triphasic regimen (28)	85	VIRACEPT	52
VELTASSA	74	VIREAD	52
VEMLIDY	52	virt-c dha	75
VENCLEXTA	42	virt-nate dha	75
VENCLEXTA STARTING PACK	42	VISTOGARD	42



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vitamin d2	105	wixela inhub	103
vitamin k1	105	women's gentle laxative(bisac)	112
VITRAKVI	42	wymzya fe	86
VIVITROL	17	X	
VIZIMPRO	42	XALKORI	43
VOCABRIA	52	XARELTO	59
volnea (28)	85	XARELTO DVT-PE TREAT 30D START	59
VONJO	42	XATMEP	93
voriconazole	30	XCOPRI	25
VOSEVI	52	XCOPRI MAINTENANCE PACK	25
VOTRIENT	42	XCOPRI TITRATION PACK	25
VRAYLAR	48	XGEVA	95
VUMERITY	67	XIFAXAN	76
vylibra	85	XOLAIR	93
VYNDALCEL	77	XOSPATA	43
VYXEOS	43	XPOVIO	43
W		XTAMPZA ER	16
warfarin	59	XTANDI	43
water for irrigation, sterile	98	XULTOPHY 100/3.6	57
WEBCOL	98	Y	
WELIREG	43	YERVOY	43
wera (28)	86	YF-VAX (PF)	94
wesnata dha complete	75	YONDELIS	43
wesnate dha	75	Z	
westab plus	75	zafirlukast	103, 104
WINRHO SDF	93	zaleplon	104
		ZALTRAP	43

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ZANOSAR	43	zovia 1-35 (28)	86
zarah	86	zovia 1/35e (28)	86
ZARXIO	59	ZTALMY	25
ZEGALOGUE AUTOINJECTOR	57	ZUBSOLV	17
ZEGALOGUE SYRINGE	57	zumandimine (28)	86
ZEJULA	43	ZURZUVAE	28
ZELBORAF	43	ZYDELIG	43
ZEMAIRA	77	ZYKADIA	43
zenatane	70	ZYNLONTA	43
ZEPZELCA	43	ZYNYZ	43
ZERBAXA	22	ZYPITAMAG	66
ZEVALIN (Y-90)	98	ZYPREXA RELPREVV	48
zidovudine	52	3-day vaginal	105
ziprasidone hcl	48		
ziprasidone mesylate	48		
ZIRABEV	43		
ZIRGAN	52		
ZOKINVY	77		
ZOLADEX	88		
zoledronic ac-mannitol-0.9nacl	95		
zoledronic acid	95		
zoledronic acid-mannitol-water	95		
ZOLINZA	43		
zolpidem	104		
ZONISADE	25		
zonisamide	25		



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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.

Pain.....	14	Heart-related conditions.....	59
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Addiction and substance abuse.....	16	Dental and oral conditions.....	67
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Seizures.....	22	Vitamin deficiencies.....	70
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Depression.....	26	Genetic disorders.....	76
Nausea and vomiting.....	28	Bladder and prostate conditions.....	77
Fungal infections.....	29	Inflammation.....	78
Gout.....	31	Pituitary hormone replacement.....	79
Migraines.....	31	Sex hormone imbalances.....	80
Myasthenia gravis.....	32	Thyroid hormone replacement.....	86
Tuberculosis.....	32	Adrenal cancer.....	87
Cancer.....	33	Pituitary hormone conditions.....	87
Parasitic infections.....	44	Overactive thyroid conditions.....	88
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Mood and psychological conditions.....	45	Crohn's disease and ulcerative colitis.....	94
Muscle spasms.....	48	Bone conditions.....	94
Viral infections.....	48	Miscellaneous.....	95
Anxiety.....	52	Eye conditions.....	98
Bipolar disorder.....	53	Ear conditions.....	101
Diabetes.....	53	Asthma and COPD.....	101
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Multi-Language Insert

Multi-language Interpreter Services

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

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

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

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

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

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

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

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

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

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

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