

Wellcare Dual Align 001

Wellcare Dual Align 129,

HMO D-SNP | 2023

List of Covered Drugs (Formulary)

The Wellcare logo consists of the word "wellcare" in a lowercase, sans-serif font, positioned inside a white circle. A small "TM" trademark symbol is located at the bottom right of the circle.

Introduction

This document is called the *List of Covered Drugs* (also known as the Drug List). It tells you which prescription drugs are covered by our plan. The Drug List also tells you if there are any special rules or restrictions on any drugs covered by our plan.

Our contact information, along with the date we last updated the Drug List, appears on the front and back cover pages. Key Terms and their definitions appear in the last chapter of the *Member Handbook*.

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Updated on 12/01/2023. For more recent information or other questions, contact Wellcare Dual Align 001 Member Services at **1-866-999-3945** or Wellcare Dual Align 129 Member Services at **1-888-431-9007**, for TTY users, **711**, between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m., between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m., or visit www.wellcare.com/medicare for Wellcare Dual Align 001 or www.wellcare.com/healthnetCA for Wellcare Dual Align 129.

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A. Disclaimers

This is a list of drugs that members can get in our plan.

- ❖ Wellcare is the Medicare brand for Centene Corporation, an HMO plan with a Medicare contract and is an approved Part D Sponsor. Our D-SNP plans have a contract with the Medi-Cal program. Enrollment in our plans depends on contract renewal.
- ❖ You can always check our plan's up-to-date *List of Covered Drugs* online at www.wellcare.com/medicare or by calling 1-866-999-3945 for Wellcare Dual Align 001 (HMO-DSNP) or online at www.wellcare.com/healthnetCA or by calling 1-888-431-9007 for Wellcare Dual Align 129 (HMO-DSNP), TTY 711, between October 1 and March 31, representatives are available Monday-Sunday, 8 a.m. to 8 p.m., between April 1 and September 30, representatives are available Monday-Friday, 8 a.m. to 8 p.m.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call 1-866-999-3945 for Wellcare Dual Align 001 (HMO-DSNP) or 1-888-431-9007 for Wellcare Dual Align 129 (HMO-DSNP), TTY 711, between October 1 and March 31, representatives are available Monday-Sunday, 8 a.m. to 8 p.m., between April 1 and September 30, representatives are available Monday-Friday, 8 a.m. to 8 p.m. The call is free.
- ❖ If you would like to request an alternate format (large print, audio, accessible electronic formats, other formats) or another preferred language call Member Services at 1-866-999-3945 for Wellcare Dual Align 001 (HMO-DSNP) or 1-888-431-9007 for Wellcare Dual Align 129 (HMO-DSNP), TTY 711, between October 1 and March 31, representatives are available Monday-Sunday, 8 a.m. to 8 p.m., between April 1 and September 30, representatives are available Monday-Friday, 8 a.m. to 8 p.m. The call is free.
 - If you would like to continue to receive printed materials after you have requested one, we will continue to provide them annually until a request to terminate the request is provided.
 - If you have questions/concerns or would like to update a preferred language and/or format request, call Member Services at 1-866-999-3945 for Wellcare Dual Align 001 (HMO-DSNP) or 1-888-431-9007 for Wellcare Dual Align 129 (HMO-DSNP), TTY 711, between October 1 and March 31, representatives are available Monday-Sunday, 8 a.m. to 8 p.m., between April 1 and September 30, representatives are available Monday-Friday, 8 a.m. to 8 p.m. The call is free.



If you have questions, please call Wellcare Dual Align 001 (HMO-DSNP) at 1-866-999-3945 or Wellcare Dual Align 129 (HMO-DSNP) at 1-888-431-9007, TTY 711, between October 1 and March 31, representatives are available Monday-Sunday, 8 a.m. to 8 p.m., between April 1 and September 30, representatives are available Monday-Friday, 8 a.m. to 8 p.m. The call is free.

For more information, visit www.wellcare.com/medicare for Wellcare Dual Align 001 (HMO-DSNP) or www.wellcare.com/healthnetCA Wellcare Dual Align 129 (HMO-DSNP).

B. Frequently Asked Questions (FAQ)

Find answers 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 15 are the drugs covered by Wellcare Dual Align 001 (HMO-DSNP) and Wellcare Dual Align 129 (HMO D-SNP). 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.” The prescription drugs included on this List of Covered Drugs are covered by our plan. Other drugs, such as some over-the-counter (OTC) medications and certain vitamins, may be covered by Medi-Cal Rx. Please visit the Medi-Cal Rx website (www.medi-calrx.dhcs.ca.gov) for more information. You can also call the Medi-Cal Rx Customer Service Center at 800-977-2273. Please bring your Medi-Cal Beneficiary Identification Card (BIC) when getting prescriptions through Medi-Cal Rx.

- Our plan will cover all medically necessary drugs on the Drug List if:
 - your doctor or other prescriber says you need them to get better or stay healthy,
 - our plan agrees that the drug is medically necessary for you, **and**
 - you fill the prescription at a plan network pharmacy.
- In some cases, you have to do something before you can get a drug. Refer to question B4 for more information.

You can also find an up-to-date list of drugs we cover on our website at www.wellcare.com/medicare for Wellcare Dual Align 001 (HMO-DSNP) or www.wellcare.com/healthnetCA for Wellcare Dual Align 129 (HMO-DSNP), or call Member Services at the numbers in the footer of this document.

B2. Does the Drug List ever change?

Yes, and our plan must follow Medicare and Medi-Cal rules when making changes. We may add or remove drugs on the Drug List during the year.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from our plan before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

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 on the market 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 have more information on what happens when the Drug List changes.

- You can always check our plan's up-to-date Drug List online at www.wellcare.com/medicare for Wellcare Dual Align 001 (HMO-DSNP) or www.wellcare.com/healthnetCA for Wellcare Dual Align 129 (HMO-DSNP).
- You can also call Member Services at the numbers listed at the bottom of this page to check the current Drug List.



If you have questions, please call Wellcare Dual Align 001 (HMO-DSNP) at 1-866-999-3945 or Wellcare Dual Align 129 (HMO-DSNP) at 1-888-431-9007, TTY 711, between October 1 and March 31, representatives are available Monday-Sunday, 8 a.m. to 8 p.m., between April 1 and September 30, representatives are available Monday-Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit www.wellcare.com/medicare for Wellcare Dual Align 001 (HMO-DSNP) or www.wellcare.com/healthnetCA Wellcare Dual Align 129 (HMO-DSNP).

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 generic drug comes on the market that works as well as a brand name drug on the Drug List now. When that happens, we may remove the brand name drug and add the new generic drug, but your cost for the new drug will remain \$0. When we add the new generic drug, we may also decide to keep the brand name 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 questions B10-B12 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. Please talk to your doctor or other prescriber to help you decide if there is a similar drug on the Drug List that you can take instead.

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. They 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 questions B10-B12.

B4. Are there any restrictions or limits on drug coverage or any required actions to take 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:** For some drugs, you or your doctor or other prescriber must get authorization from our plan before you fill your prescription. Prior authorization is different from a referral. Our plan may not cover the drug if you don't get prior authorization.
- **Quantity limits:** Sometimes our plan limits the amount of a drug you can get.
- **Step therapy:** Sometimes our plan requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor or other prescriber thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables beginning on page 15. You can also get more information by visiting our website at www.wellcare.com/medicare for Wellcare Dual Align 001 (HMO-DSNP) or www.wellcare.com/healthnetCA for Wellcare Dual Align 129 (HMO-DSNP). 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 to these limits. This will give you time to talk to your doctor or other prescriber. They 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 questions B10-B12 for more information about exceptions.

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

The table in the List of Drugs by Medical Condition on page 15 has a column labeled "Necessary actions, restrictions, or limits on use."



If you have questions, please call Wellcare Dual Align 001 (HMO-DSNP) at 1-866-999-3945 or Wellcare Dual Align 129 (HMO-DSNP) at 1-888-431-9007, TTY 711, between October 1 and March 31, representatives are available Monday-Sunday, 8 a.m. to 8 p.m., between April 1 and September 30, representatives are available Monday-Friday, 8 a.m. to 8 p.m. The call is free. **For more information,** visit www.wellcare.com/medicare for Wellcare Dual Align 001 (HMO-DSNP) or www.wellcare.com/healthnetCA Wellcare Dual Align 129 (HMO-DSNP).

B6. What happens if our plan changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?

In some cases, we will tell you in advance if we add or change prior authorization, 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 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, **or**
- You can search by medical condition.

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find it if you know how to spell the drug. The Index of Covered Drugs is an alphabetical list of all of the drugs included in the Drug List. Brand name drugs and generic drugs are listed in the index. OTC drugs covered under Medi-Cal Rx will not be listed in the Drug List.

To search **by medical condition**, find the section labeled “List of Drugs by Medical Condition” on page 12. 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, CARDIOVASCULAR. That is where you will find drugs that treat heart conditions.

B8. What if the drug I want to take is not on the Drug List?

If you don't find your drug on the Drug List, call Member Services at the numbers in the footer of this document and ask about it. If you learn that our plan will not cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the Drug List that is like the one you want to take. **Or**
- You can ask our plan to make an exception to cover your drug. Refer to questions B10–B12 for more information about exceptions.

B9. What if I am a new plan 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 our plan. This will give you time to talk to your doctor or other prescriber. They 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 refills 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**
- our plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by our plan, **or**
- you are taking a drug that is part of a step therapy restriction.

If you are taking a drug that our plan does not consider to be a Part D drug, you have the right to get a one-time, 72-hour supply of the drug.

If you are in a nursing home or other long-term care facility and need a drug that is not on the Drug List or if you cannot easily get the drug you need, we can help. 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 plan member.
- This is in addition to the temporary supply during the first 90 days you are a member of our plan.

If your level of care changes, we will cover a temporary supply of your drugs. A level of care change happens when you are released from a hospital. It also happens when you move to or from a long-term care facility.

- If you move home from a long-term care facility or hospital and need a temporary supply, we will cover one 30-day supply. If your prescription is written for fewer days, we will allow refills to provide up to a total of a 30-day supply.
- If you move from home or a hospital to a long-term care facility and need a temporary supply, we will cover one 31-day supply. If your prescription is written for fewer days, we will allow refills to provide up to a total of a 31-day supply.



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B10. Can I ask for an exception to cover my drug?

Yes. You can ask our plan to make an exception to cover a drug that is not on the Drug List.

You can also ask us to change the rules on your drug.

- For example, our plan may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior authorization requirements.

B11. How can I ask for an exception?

To ask for an exception, call Member Services. A Member Services representative will work with you and your provider to help you ask for an exception. You can also read Chapter 9 of the *Member Handbook* to learn more about exceptions.

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

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours. You, your representative, or your doctor (or other prescriber) can call, write, or fax us to make your request. You can also access the coverage decision process through our website. For the details, go to Chapter 2, Section A of the *Member Handbook* and look for the section called “Member Services”.

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).

Our plan covers both brand name drugs and generic drugs.

B14. What are OTC drugs?

OTC stands for “over-the-counter.” Medi-Cal Rx covers some OTC drugs when they are written as prescriptions by your provider.

You can read the Medi-Cal Rx drug list to find out which OTC drugs are covered.

B15. Does our plan cover non-drug OTC products?

Medi-Cal Rx covers some non-drug OTC products when they are written as prescriptions by your provider.

Examples of non-drug OTC products include alcohol swabs and gauze.

You can read the Medi-Cal Rx drug list to find out which non-OTC products are covered.

B16. Does our plan cover long-term supplies of prescriptions?

- **Mail-Order Programs.** We offer a mail-order program that allows you to get up to a 90-day supply of your prescription drugs sent directly to your home. A 90-day supply has the same copay as a one-month supply.
- **90-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a 90-day supply of covered prescription drugs. A 90-day supply has the same copay as a one-month supply.

B17. What is my copay?

Our plan members have no copay for prescription and OTC drugs and non-drug products as long as the member follows the plan’s rules. Refer to questions B14 and B15 for more information about OTC drugs and non-drug products.

Tiers are groups of drugs on our Drug List.

- Tier 1 (All Part D Covered Drugs) includes brand and generic drugs. This tier has no copay.

If you have questions, call Member Services at the numbers listed at the bottom of this page.



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C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on page INDEX-1. The index alphabetically lists all drugs covered by our plan.

- **NM** means the drug is not available via your monthly mail service benefit. This is noted in the Necessary actions, restrictions, or limits on use column of your formulary.
- **PA** stands for Prior Authorization. Refer to question B4.
- **PA-NS** stands for Prior Authorization for New Starts. This means that if this drug is new to you, you will need to get approval from us before you fill your prescription. If you are taking this drug at the time of enrollment, you will not be required to meet criteria for approval.
- **B/D** stands for Covered under Medicare B or D. This drug may be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from us to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
- **QL** stands for Quantity Limits. Refer to question B4.
- **LA** stands for Limited Access medication. This prescription may be available only at certain pharmacies. For more information consult your Provider and Pharmacy Directory or call Member Services at Wellcare Dual Align 001 (HMO-DSNP) at 1-866-999-3945 or Wellcare Dual Align 129 (HMO-DSNP) at 1-888-431-9007, TTY 711, between October 1 and March 31, representatives are available Monday-Sunday, 8 a.m. to 8 p.m., between April 1 and September 30, representatives are available Monday-Friday, 8 a.m. to 8 p.m., or visit www.wellcare.com/medicare for Wellcare Dual Align 001 (HMO-DSNP) or www.wellcare.com/healthnetCA Wellcare Dual Align 129 (HMO-DSNP).
- **ST** stands for Step Therapy. Refer to question B4.
- **^** stands for Drug may be available for up to a 30-day supply only.

Note: Over-the-counter (OTC) drugs covered by Medi-Cal Rx are not a “Part D drug.” These drugs have different rules for appeals.

- An appeal is a formal way of asking us to review a decision we made about your coverage 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 Medi-Cal.
- If you or your doctor disagrees with our decision, you can appeal. If you ever have a question, call Member Services at the numbers in the footer of this document.
- You can also read Chapter 9 of the *Member Handbook* to learn how to appeal a decision.

C1. 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, CARDIOVASCULAR. That is where you will find drugs that treat heart conditions.

You can find information on what the symbols and abbreviations in this table mean by going to page 11.

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (for example, *simvastatin*) and brand name drugs are capitalized (for example, ELIQUIS).

The information in the “Necessary actions, restrictions, or limits on use” column tells you if our plan has any rules for covering your drug.



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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANALGESICS		
GOUT		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	\$0 (1)	
<i>colchicine oral tablet 0.6 mg</i>	\$0 (1)	QL (120 EA per 30 days)
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	\$0 (1)	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	\$0 (1)	PA
MITIGARE ORAL CAPSULE 0.6 MG	\$0 (1)	QL (60 EA per 30 days)
<i>probenecid oral tablet 500 mg</i>	\$0 (1)	
NSAIDS		
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>celecoxib oral capsule 400 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	\$0 (1)	QL (120 EA per 30 days)
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	\$0 (1)	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	\$0 (1)	
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	\$0 (1)	
<i>diflunisal oral tablet 500 mg</i>	\$0 (1)	
<i>ec-naproxen oral tablet delayed release 375 mg</i>	\$0 (1)	QL (120 EA per 30 days)
<i>ec-naproxen oral tablet delayed release 500 mg</i>	\$0 (1)	QL (90 EA per 30 days)
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	\$0 (1)	
<i>etodolac oral capsule 200 mg, 300 mg</i>	\$0 (1)	
<i>etodolac oral tablet 400 mg, 500 mg</i>	\$0 (1)	
<i>flurbiprofen oral tablet 100 mg</i>	\$0 (1)	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	\$0 (1)	
<i>ibuprofen oral suspension 100 mg/5ml</i>	\$0 (1)	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	\$0 (1)	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	\$0 (1)	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	\$0 (1)	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	\$0 (1)	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>naproxen oral tablet delayed release 375 mg</i>	\$0 (1)	QL (120 EA per 30 days)
<i>naproxen oral tablet delayed release 500 mg</i>	\$0 (1)	QL (90 EA per 30 days)
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	\$0 (1)	
<i>oxaprozin oral tablet 600 mg</i>	\$0 (1)	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	\$0 (1)	
<i>sulindac oral tablet 150 mg, 200 mg</i>	\$0 (1)	
OPIOID ANALGESICS, LONG-ACTING		
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	\$0 (1)	PA; QL (10 EA per 30 days)
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	\$0 (1)	PA; QL (30 EA per 30 days)
<i>methadone hcl intensol oral concentrate 10 mg/ml</i>	\$0 (1)	PA; QL (90 ML per 30 days)
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	\$0 (1)	PA; QL (450 ML per 30 days)
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	\$0 (1)	PA; QL (90 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	\$0 (1)	PA; QL (90 EA per 30 days)
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	\$0 (1)	QL (2700 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	\$0 (1)	QL (400 EA per 30 days)
<i>acetaminophen-codeine oral tablet 300-30 mg</i>	\$0 (1)	QL (360 EA per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	\$0 (1)	QL (180 EA per 30 days)
<i>butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml</i>	\$0 (1)	
<i>endocet oral tablet 10-325 mg</i>	\$0 (1)	QL (180 EA per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i>	\$0 (1)	QL (360 EA per 30 days)
<i>endocet oral tablet 7.5-325 mg</i>	\$0 (1)	QL (240 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	\$0 (1)	PA; QL (120 EA per 30 days); ^
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	\$0 (1)	PA; QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	\$0 (1)	QL (2700 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	\$0 (1)	QL (180 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	\$0 (1)	QL (240 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	\$0 (1)	QL (150 EA per 30 days)
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	\$0 (1)	QL (600 ML per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	\$0 (1)	QL (180 EA per 30 days)
<i>morphine sulfate (concentrate) oral solution 20 mg/ml</i>	\$0 (1)	QL (180 ML per 30 days)
MORPHINE SULFATE (PF) INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML, 8 MG/ML	\$0 (1)	B/D
MORPHINE SULFATE (PF) INTRAVENOUS SOLUTION 1 MG/ML, 10 MG/ML, 2 MG/ML, 4 MG/ML, 8 MG/ML	\$0 (1)	B/D
<i>morphine sulfate intravenous solution 10 mg/ml, 4 mg/ml, 8 mg/ml</i>	\$0 (1)	B/D
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	\$0 (1)	QL (900 ML per 30 days)
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	\$0 (1)	QL (180 EA per 30 days)
<i>nalbuphine hcl injection solution 10 mg/ml, 20 mg/ml</i>	\$0 (1)	
<i>oxycodone hcl oral capsule 5 mg</i>	\$0 (1)	QL (180 EA per 30 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	\$0 (1)	QL (180 ML per 30 days)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	\$0 (1)	QL (900 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	\$0 (1)	QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	\$0 (1)	QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	\$0 (1)	QL (360 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	\$0 (1)	QL (240 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	\$0 (1)	QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	\$0 (1)	QL (240 EA per 30 days)
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl (pf) injection solution 0.5 %, 1 %, 1.5 %</i>	\$0 (1)	B/D
<i>lidocaine hcl injection solution 0.5 %, 1 %, 2 %</i>	\$0 (1)	B/D
ANTI-INFECTIVES		
ANTIFUNGALS		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	\$0 (1)	B/D
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	\$0 (1)	B/D

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>amphotericin b liposome intravenous suspension reconstituted 50 mg</i>	\$0 (1)	B/D; ^
<i>caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>	\$0 (1)	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	\$0 (1)	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	\$0 (1)	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	\$0 (1)	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	\$0 (1)	PA; ^
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	\$0 (1)	
<i>griseofulvin microsize oral tablet 500 mg</i>	\$0 (1)	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	\$0 (1)	
<i>itraconazole oral capsule 100 mg</i>	\$0 (1)	PA
<i>ketoconazole oral tablet 200 mg</i>	\$0 (1)	PA
<i>micafungin sodium intravenous solution reconstituted 100 mg, 50 mg</i>	\$0 (1)	^
NOXAFIL ORAL SUSPENSION 40 MG/ML	\$0 (1)	PA; QL (630 ML per 30 days); ^
<i>nystatin oral tablet 500000 unit</i>	\$0 (1)	
<i>posaconazole oral suspension 40 mg/ml</i>	\$0 (1)	PA; QL (630 ML per 30 days); ^
<i>posaconazole oral tablet delayed release 100 mg</i>	\$0 (1)	PA; QL (93 EA per 30 days); ^
<i>terbinafine hcl oral tablet 250 mg</i>	\$0 (1)	QL (90 EA per 365 days)
<i>voriconazole intravenous solution reconstituted 200 mg</i>	\$0 (1)	PA; ^
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	\$0 (1)	PA; ^
<i>voriconazole oral tablet 200 mg</i>	\$0 (1)	PA; QL (120 EA per 30 days)
<i>voriconazole oral tablet 50 mg</i>	\$0 (1)	PA; QL (480 EA per 30 days)
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole oral tablet 200 mg</i>	\$0 (1)	^
<i>amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml</i>	\$0 (1)	
<i>atovaquone oral suspension 750 mg/5ml</i>	\$0 (1)	
<i>aztreonam injection solution reconstituted 1 gm, 2 gm</i>	\$0 (1)	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	\$0 (1)	PA; LA; ^

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	\$0 (1)	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	\$0 (1)	
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	\$0 (1)	
CLINDAMYCIN PHOSPHATE IN NAACL INTRAVENOUS SOLUTION 300-0.9 MG/50ML-%, 600-0.9 MG/50ML-%, 900-0.9 MG/50ML-%	\$0 (1)	
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml, 9000 mg/60ml</i>	\$0 (1)	
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	\$0 (1)	
<i>dapsone oral tablet 100 mg, 25 mg</i>	\$0 (1)	
<i>daptomycin intravenous solution reconstituted 350 mg, 500 mg</i>	\$0 (1)	^
DAPTOMYCIN SOLUTION RECONSTITUTED 350 MG INTRAVENOUS	\$0 (1)	^
EMVERM ORAL TABLET CHEWABLE 100 MG	\$0 (1)	QL (12 EA per 365 days); ^
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	\$0 (1)	
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%</i>	\$0 (1)	
<i>gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	\$0 (1)	
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	\$0 (1)	
<i>ivermectin oral tablet 3 mg</i>	\$0 (1)	PA; QL (12 EA per 90 days)
<i>linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%</i>	\$0 (1)	
<i>linezolid intravenous solution 600 mg/300ml</i>	\$0 (1)	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	\$0 (1)	QL (1800 ML per 30 days); ^
<i>linezolid oral tablet 600 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	\$0 (1)	
<i>methenamine hippurate oral tablet 1 gm</i>	\$0 (1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>metronidazole intravenous solution 500 mg/100ml</i>	\$0 (1)	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	\$0 (1)	
<i>neomycin sulfate oral tablet 500 mg</i>	\$0 (1)	
<i>nitazoxanide oral tablet 500 mg</i>	\$0 (1)	QL (6 EA per 30 days); ^
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	\$0 (1)	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	\$0 (1)	
<i>paromomycin sulfate oral capsule 250 mg</i>	\$0 (1)	
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	\$0 (1)	B/D
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	\$0 (1)	
<i>praziquantel oral tablet 600 mg</i>	\$0 (1)	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	\$0 (1)	^
SIVEXTRO ORAL TABLET 200 MG	\$0 (1)	^
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	\$0 (1)	
<i>sulfadiazine oral tablet 500 mg</i>	\$0 (1)	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml</i>	\$0 (1)	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	\$0 (1)	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	\$0 (1)	
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	\$0 (1)	PA; ^
<i>tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 2 gm/50ml, 80 mg/2ml</i>	\$0 (1)	
<i>trimethoprim oral tablet 100 mg</i>	\$0 (1)	
VANCOMYCIN HCL IN NAACL INTRAVENOUS SOLUTION 1-0.9 GM/200ML-%, 500-0.9 MG/100ML-%, 750-0.9 MG/150ML-%	\$0 (1)	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 5 gm, 500 mg, 750 mg</i>	\$0 (1)	
<i>vancomycin hcl oral capsule 125 mg</i>	\$0 (1)	QL (80 EA per 180 days)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>vancomycin hcl oral capsule 250 mg</i>	\$0 (1)	QL (160 EA per 180 days)
ANTIMALARIALS		
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	\$0 (1)	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	\$0 (1)	
COARTEM ORAL TABLET 20-120 MG	\$0 (1)	
<i>mefloquine hcl oral tablet 250 mg</i>	\$0 (1)	
PRIMAQUINE PHOSPHATE ORAL TABLET 26.3 (15 BASE) MG	\$0 (1)	
<i>primaquine phosphate tablet 26.3 (15 base) mg oral</i>	\$0 (1)	
<i>quinine sulfate oral capsule 324 mg</i>	\$0 (1)	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate oral solution 20 mg/ml</i>	\$0 (1)	
<i>abacavir sulfate oral tablet 300 mg</i>	\$0 (1)	
APTIVUS ORAL CAPSULE 250 MG	\$0 (1)	^
<i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>	\$0 (1)	
EDURANT ORAL TABLET 25 MG	\$0 (1)	^
<i>efavirenz oral capsule 200 mg, 50 mg</i>	\$0 (1)	
<i>efavirenz oral tablet 600 mg</i>	\$0 (1)	
<i>emtricitabine oral capsule 200 mg</i>	\$0 (1)	
EMTRIVA ORAL SOLUTION 10 MG/ML	\$0 (1)	
<i>etravirine oral tablet 100 mg, 200 mg</i>	\$0 (1)	^
<i>fosamprenavir calcium oral tablet 700 mg</i>	\$0 (1)	^
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	\$0 (1)	^
INTELENCE ORAL TABLET 25 MG	\$0 (1)	
ISENTRESS HD ORAL TABLET 600 MG	\$0 (1)	^
ISENTRESS ORAL PACKET 100 MG	\$0 (1)	^
ISENTRESS ORAL TABLET 400 MG	\$0 (1)	^
ISENTRESS ORAL TABLET CHEWABLE 100 MG	\$0 (1)	^
ISENTRESS ORAL TABLET CHEWABLE 25 MG	\$0 (1)	
<i>lamivudine oral solution 10 mg/ml</i>	\$0 (1)	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	\$0 (1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LEXIVA ORAL SUSPENSION 50 MG/ML	\$0 (1)	
<i>maraviroc oral tablet 150 mg, 300 mg</i>	\$0 (1)	^
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	\$0 (1)	
<i>nevirapine oral suspension 50 mg/5ml</i>	\$0 (1)	
<i>nevirapine oral tablet 200 mg</i>	\$0 (1)	
NORVIR ORAL PACKET 100 MG	\$0 (1)	
PIFELTRO ORAL TABLET 100 MG	\$0 (1)	^
PREZISTA ORAL SUSPENSION 100 MG/ML	\$0 (1)	QL (400 ML per 30 days); ^
PREZISTA ORAL TABLET 150 MG	\$0 (1)	QL (240 EA per 30 days); ^
PREZISTA ORAL TABLET 600 MG	\$0 (1)	QL (60 EA per 30 days); ^
PREZISTA ORAL TABLET 75 MG	\$0 (1)	QL (480 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	\$0 (1)	QL (30 EA per 30 days); ^
REYATAZ ORAL PACKET 50 MG	\$0 (1)	^
<i>ritonavir oral tablet 100 mg</i>	\$0 (1)	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	\$0 (1)	^
SELZENTRY ORAL SOLUTION 20 MG/ML	\$0 (1)	^
SELZENTRY ORAL TABLET 25 MG	\$0 (1)	
SELZENTRY ORAL TABLET 75 MG	\$0 (1)	^
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG	\$0 (1)	LA; ^
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	\$0 (1)	
TIVICAY ORAL TABLET 10 MG	\$0 (1)	
TIVICAY ORAL TABLET 25 MG, 50 MG	\$0 (1)	^
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	\$0 (1)	^
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML	\$0 (1)	LA; ^
TYBOST ORAL TABLET 150 MG	\$0 (1)	
VIRACEPT ORAL TABLET 250 MG, 625 MG	\$0 (1)	^
VIREAD ORAL POWDER 40 MG/GM	\$0 (1)	^
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	\$0 (1)	^
<i>zidovudine oral capsule 100 mg</i>	\$0 (1)	
<i>zidovudine oral syrup 50 mg/5ml</i>	\$0 (1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>zidovudine oral tablet 300 mg</i>	\$0 (1)	
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	\$0 (1)	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	\$0 (1)	^
CIMDUO ORAL TABLET 300-300 MG	\$0 (1)	^
COMPLERA ORAL TABLET 200-25-300 MG	\$0 (1)	^
DELSTRIGO ORAL TABLET 100-300-300 MG	\$0 (1)	^
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	\$0 (1)	QL (30 EA per 30 days); ^
DOVATO ORAL TABLET 50-300 MG	\$0 (1)	^
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	\$0 (1)	^
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	\$0 (1)	^
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	\$0 (1)	QL (30 EA per 30 days); ^
EVOTAZ ORAL TABLET 300-150 MG	\$0 (1)	^
GENVOYA ORAL TABLET 150-150-200-10 MG	\$0 (1)	^
JULUCA ORAL TABLET 50-25 MG	\$0 (1)	^
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	\$0 (1)	
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	\$0 (1)	
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	\$0 (1)	
ODEFSEY ORAL TABLET 200-25-25 MG	\$0 (1)	^
PREZCOBIX ORAL TABLET 800-150 MG	\$0 (1)	^
STRIBILD ORAL TABLET 150-150-200-300 MG	\$0 (1)	^
SYM TUZA ORAL TABLET 800-150-200-10 MG	\$0 (1)	^
TRIUMEQ ORAL TABLET 600-50-300 MG	\$0 (1)	^
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	\$0 (1)	^
TRIZIVIR ORAL TABLET 300-150-300 MG	\$0 (1)	^
ANTITUBERCULAR AGENTS		
<i>cycloserine oral capsule 250 mg</i>	\$0 (1)	^
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	\$0 (1)	
<i>isoniazid oral syrup 50 mg/5ml</i>	\$0 (1)	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	\$0 (1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PRIFTIN ORAL TABLET 150 MG	\$0 (1)	
<i>pyrazinamide oral tablet 500 mg</i>	\$0 (1)	
<i>rifabutin oral capsule 150 mg</i>	\$0 (1)	
<i>rifampin intravenous solution reconstituted 600 mg</i>	\$0 (1)	
<i>rifampin oral capsule 150 mg, 300 mg</i>	\$0 (1)	
SIRTURO ORAL TABLET 100 MG, 20 MG	\$0 (1)	PA; LA; ^
TRECTOR ORAL TABLET 250 MG	\$0 (1)	
ANTIVIRALS		
<i>acyclovir oral capsule 200 mg</i>	\$0 (1)	
<i>acyclovir oral suspension 200 mg/5ml</i>	\$0 (1)	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	\$0 (1)	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	\$0 (1)	B/D
<i>adefovir dipivoxil oral tablet 10 mg</i>	\$0 (1)	^
BARACLUDGE ORAL SOLUTION 0.05 MG/ML	\$0 (1)	^
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	\$0 (1)	
EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG	\$0 (1)	PA; ^
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	\$0 (1)	PA; ^
EPIVIR HBV ORAL SOLUTION 5 MG/ML	\$0 (1)	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	\$0 (1)	
<i>ganciclovir sodium intravenous solution reconstituted 500 mg</i>	\$0 (1)	B/D
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG	\$0 (1)	PA; ^
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	\$0 (1)	PA; ^
<i>lamivudine oral tablet 100 mg</i>	\$0 (1)	
MAVYRET ORAL PACKET 50-20 MG	\$0 (1)	PA; ^
MAVYRET ORAL TABLET 100-40 MG	\$0 (1)	PA; ^
<i>oseltamivir phosphate oral capsule 30 mg</i>	\$0 (1)	QL (168 EA per 365 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	\$0 (1)	QL (84 EA per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	\$0 (1)	QL (1080 ML per 365 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	\$0 (1)	PA; ^

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	\$0 (1)	PA; ^
PREVYMIS ORAL TABLET 240 MG, 480 MG	\$0 (1)	PA; QL (28 EA per 28 days); ^
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	\$0 (1)	QL (120 EA per 365 days)
<i>ribavirin oral capsule 200 mg</i>	\$0 (1)	
<i>ribavirin oral tablet 200 mg</i>	\$0 (1)	
<i>rimantadine hcl oral tablet 100 mg</i>	\$0 (1)	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	\$0 (1)	
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	\$0 (1)	^
<i>valganciclovir hcl oral tablet 450 mg</i>	\$0 (1)	
VEMLIDY ORAL TABLET 25 MG	\$0 (1)	^
VOSEVI ORAL TABLET 400-100-100 MG	\$0 (1)	PA; ^
CEPHALOSPORINS		
CEFACTOR ER ORAL TABLET EXTENDED RELEASE 12 HOUR 500 MG	\$0 (1)	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	\$0 (1)	
<i>cefaclor oral suspension reconstituted 250 mg/5ml</i>	\$0 (1)	
<i>cefadroxil oral capsule 500 mg</i>	\$0 (1)	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	\$0 (1)	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 500 mg</i>	\$0 (1)	
<i>cefazolin sodium intravenous solution reconstituted 1 gm</i>	\$0 (1)	
CEFAZOLIN SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 3 GM	\$0 (1)	
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION 1-4 GM/50ML-%, 2-4 GM/100ML-%	\$0 (1)	
<i>cefдинir oral capsule 300 mg</i>	\$0 (1)	
<i>cefдинir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	\$0 (1)	
<i>cefepime hcl injection solution reconstituted 1 gm</i>	\$0 (1)	
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	\$0 (1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>cefixime oral capsule 400 mg</i>	\$0 (1)	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	\$0 (1)	
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	\$0 (1)	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	\$0 (1)	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	\$0 (1)	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	\$0 (1)	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	\$0 (1)	
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	\$0 (1)	
<i>ceftazidime intravenous solution reconstituted 2 gm</i>	\$0 (1)	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	\$0 (1)	
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	\$0 (1)	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	\$0 (1)	
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	\$0 (1)	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	\$0 (1)	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	\$0 (1)	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	\$0 (1)	
<i>tazicef injection solution reconstituted 1 gm</i>	\$0 (1)	
<i>tazicef intravenous solution reconstituted 1 gm, 2 gm, 6 gm</i>	\$0 (1)	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	\$0 (1)	^
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	\$0 (1)	
<i>azithromycin oral packet 1 gm</i>	\$0 (1)	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	\$0 (1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	\$0 (1)	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	\$0 (1)	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	\$0 (1)	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	\$0 (1)	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	\$0 (1)	^
DIFICID ORAL TABLET 200 MG	\$0 (1)	^
<i>e.e.s. 400 oral tablet 400 mg</i>	\$0 (1)	
<i>ery-tab oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	\$0 (1)	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	\$0 (1)	
<i>erythrocin stearate oral tablet 250 mg</i>	\$0 (1)	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	\$0 (1)	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	\$0 (1)	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	\$0 (1)	
<i>erythromycin lactobionate intravenous solution reconstituted 500 mg</i>	\$0 (1)	^
<i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	\$0 (1)	
FLUOROQUINOLONES		
CIPRO ORAL SUSPENSION RECONSTITUTED 500 MG/5ML (10%)	\$0 (1)	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	\$0 (1)	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml</i>	\$0 (1)	
<i>levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml</i>	\$0 (1)	
<i>levofloxacin intravenous solution 25 mg/ml</i>	\$0 (1)	
<i>levofloxacin oral solution 25 mg/ml</i>	\$0 (1)	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	\$0 (1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>moxifloxacin hcl oral tablet 400 mg</i>	\$0 (1)	
PENICILLINS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	\$0 (1)	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	\$0 (1)	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	\$0 (1)	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	\$0 (1)	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	\$0 (1)	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	\$0 (1)	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	\$0 (1)	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	\$0 (1)	
<i>ampicillin oral capsule 500 mg</i>	\$0 (1)	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg</i>	\$0 (1)	
<i>ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	\$0 (1)	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	\$0 (1)	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm</i>	\$0 (1)	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	\$0 (1)	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	\$0 (1)	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	\$0 (1)	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	\$0 (1)	^
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	\$0 (1)	
<i>oxacillin sodium intravenous solution reconstituted 10 gm</i>	\$0 (1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PENICILLIN G POT IN DEXTROSE INTRAVENOUS SOLUTION 40000 UNIT/ML, 60000 UNIT/ML	\$0 (1)	
<i>penicillin g potassium injection solution reconstituted 20000000 unit, 5000000 unit</i>	\$0 (1)	
PENICILLIN G PROCAINE INTRAMUSCULAR SUSPENSION 600000 UNIT/ML	\$0 (1)	
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	\$0 (1)	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	\$0 (1)	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	\$0 (1)	
<i>pfizerpen injection solution reconstituted 20000000 unit, 5000000 unit</i>	\$0 (1)	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3.375 (3- 0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	\$0 (1)	
TETRACYCLINES		
<i>doxy 100 intravenous solution reconstituted 100 mg</i>	\$0 (1)	
<i>doxycycline hyclate intravenous solution reconstituted 100 mg</i>	\$0 (1)	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	\$0 (1)	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	\$0 (1)	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	\$0 (1)	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	\$0 (1)	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	\$0 (1)	
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	\$0 (1)	LA; ^
NUZYRA ORAL TABLET 150 MG	\$0 (1)	LA; ^
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	\$0 (1)	PA
<i>tigecycline intravenous solution reconstituted 50 mg</i>	\$0 (1)	^
TIGECYCLINE SOLUTION RECONSTITUTED 50 MG INTRAVENOUS	\$0 (1)	^

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA INTRAVENOUS SOLUTION 100 MG/4ML	\$0 (1)	B/D; LA; ^
<i>carboplatin intravenous solution 150 mg/15ml, 450 mg/45ml, 50 mg/5ml, 600 mg/60ml</i>	\$0 (1)	B/D
<i>cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml</i>	\$0 (1)	B/D
<i>cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	\$0 (1)	B/D; ^
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/5ML, 2 GM/10ML, 500 MG/2.5ML, 500 MG/ML	\$0 (1)	B/D; ^
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	\$0 (1)	B/D
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	\$0 (1)	B/D
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	\$0 (1)	
GLEOSTINE ORAL CAPSULE 100 MG	\$0 (1)	^
LEUKERAN ORAL TABLET 2 MG	\$0 (1)	
<i>oxaliplatin intravenous solution 100 mg/20ml, 200 mg/40ml, 50 mg/10ml</i>	\$0 (1)	B/D
<i>oxaliplatin intravenous solution reconstituted 100 mg, 50 mg</i>	\$0 (1)	B/D; ^
<i>paraplatin intravenous solution 1000 mg/100ml</i>	\$0 (1)	B/D
ANTIBIOTICS		
<i>doxorubicin hcl intravenous solution 2 mg/ml</i>	\$0 (1)	B/D
<i>doxorubicin hcl liposomal intravenous injectable 2 mg/ml</i>	\$0 (1)	B/D; ^
ELLEENCE INTRAVENOUS SOLUTION 200 MG/100ML, 50 MG/25ML	\$0 (1)	B/D
ANTIMETABOLITES		
<i>azacitidine injection suspension reconstituted 100 mg</i>	\$0 (1)	B/D; ^
<i>cytarabine injection solution 20 mg/ml</i>	\$0 (1)	B/D
<i>fluorouracil intravenous solution 1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml</i>	\$0 (1)	B/D
<i>gemcitabine hcl intravenous solution 1 gm/26.3ml, 2 gm/52.6ml, 200 mg/5.26ml</i>	\$0 (1)	B/D

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>gemcitabine hcl intravenous solution reconstituted 1 gm, 2 gm, 200 mg</i>	\$0 (1)	B/D
INQOVI ORAL TABLET 35-100 MG	\$0 (1)	PA-NS; LA; ^
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	\$0 (1)	PA-NS; LA; ^
<i>mercaptopurine oral tablet 50 mg</i>	\$0 (1)	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	\$0 (1)	B/D
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	\$0 (1)	B/D
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	\$0 (1)	B/D
ONUREG ORAL TABLET 200 MG, 300 MG	\$0 (1)	PA-NS; LA; ^
<i>pemetrexed disodium intravenous solution reconstituted 100 mg, 1000 mg, 500 mg, 750 mg</i>	\$0 (1)	B/D; ^
PURIXAN ORAL SUSPENSION 2000 MG/100ML	\$0 (1)	^
TABLOID ORAL TABLET 40 MG	\$0 (1)	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate oral tablet 250 mg, 500 mg</i>	\$0 (1)	PA-NS; ^
<i>anastrozole oral tablet 1 mg</i>	\$0 (1)	
<i>bicalutamide oral tablet 50 mg</i>	\$0 (1)	
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	\$0 (1)	PA-NS
EMCYT ORAL CAPSULE 140 MG	\$0 (1)	^
ERLEADA ORAL TABLET 240 MG, 60 MG	\$0 (1)	PA-NS; LA; ^
EULEXIN ORAL CAPSULE 125 MG	\$0 (1)	^
<i>exemestane oral tablet 25 mg</i>	\$0 (1)	
<i>fulvestrant intramuscular solution prefilled syringe 250 mg/5ml</i>	\$0 (1)	B/D; ^
<i>letrozole oral tablet 2.5 mg</i>	\$0 (1)	
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	\$0 (1)	PA-NS
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	\$0 (1)	PA-NS; ^
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	\$0 (1)	PA-NS; ^
LYSODREN ORAL TABLET 500 MG	\$0 (1)	^

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	\$0 (1)	
<i>nilutamide oral tablet 150 mg</i>	\$0 (1)	^
NUBEQA ORAL TABLET 300 MG	\$0 (1)	PA-NS; LA; ^
ORGOVYX ORAL TABLET 120 MG	\$0 (1)	PA-NS; LA; ^
ORSERDU ORAL TABLET 345 MG, 86 MG	\$0 (1)	PA-NS; LA; ^
SOLTAMOX ORAL SOLUTION 10 MG/5ML	\$0 (1)	^
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	\$0 (1)	
<i>toremifene citrate oral tablet 60 mg</i>	\$0 (1)	^
XTANDI ORAL CAPSULE 40 MG	\$0 (1)	PA-NS; LA; ^
XTANDI ORAL TABLET 40 MG, 80 MG	\$0 (1)	PA-NS; LA; ^
IMMUNOMODULATORS		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 5 mg</i>	\$0 (1)	PA-NS; LA; QL (28 EA per 28 days); ^
<i>lenalidomide oral capsule 20 mg, 25 mg</i>	\$0 (1)	PA-NS; LA; QL (21 EA per 28 days); ^
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	\$0 (1)	PA-NS; LA; QL (21 EA per 28 days); ^
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	\$0 (1)	PA-NS; LA; QL (28 EA per 28 days); ^
REVLIMID ORAL CAPSULE 20 MG, 25 MG	\$0 (1)	PA-NS; LA; QL (21 EA per 28 days); ^
THALOMID ORAL CAPSULE 100 MG, 50 MG	\$0 (1)	PA-NS; LA; QL (28 EA per 28 days); ^
THALOMID ORAL CAPSULE 150 MG, 200 MG	\$0 (1)	PA-NS; LA; QL (56 EA per 28 days); ^
MISCELLANEOUS		
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	\$0 (1)	PA-NS; LA; ^
<i>bexarotene oral capsule 75 mg</i>	\$0 (1)	PA-NS; ^
<i>hydroxyurea oral capsule 500 mg</i>	\$0 (1)	
<i>irinotecan hcl intravenous solution 100 mg/5ml, 300 mg/15ml, 40 mg/2ml, 500 mg/25ml</i>	\$0 (1)	B/D
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	\$0 (1)	PA-NS; QL (49 EA per 28 days); ^
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	\$0 (1)	PA-NS; QL (70 EA per 28 days); ^
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	\$0 (1)	PA-NS; QL (91 EA per 28 days); ^
MATULANE ORAL CAPSULE 50 MG	\$0 (1)	LA; ^

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	\$0 (1)	PA-NS; ^
<i>tretinoin oral capsule 10 mg</i>	\$0 (1)	^
WELIREG ORAL TABLET 40 MG	\$0 (1)	PA-NS; LA; ^
MITOTIC INHIBITORS		
DOCETAXEL CONCENTRATE 160 MG/8ML INTRAVENOUS	\$0 (1)	B/D; ^
DOCETAXEL CONCENTRATE 80 MG/4ML INTRAVENOUS	\$0 (1)	B/D; ^
<i>docetaxel intravenous concentrate 160 mg/8ml, 80 mg/4ml</i>	\$0 (1)	B/D; ^
<i>docetaxel intravenous concentrate 20 mg/ml</i>	\$0 (1)	B/D
<i>docetaxel intravenous solution 160 mg/16ml, 20 mg/2ml, 80 mg/8ml</i>	\$0 (1)	B/D; ^
DOCETAXEL SOLUTION 160 MG/16ML INTRAVENOUS	\$0 (1)	B/D; ^
DOCETAXEL SOLUTION 20 MG/2ML INTRAVENOUS	\$0 (1)	B/D; ^
DOCETAXEL SOLUTION 80 MG/8ML INTRAVENOUS	\$0 (1)	B/D; ^
<i>etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</i>	\$0 (1)	B/D
<i>paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml</i>	\$0 (1)	B/D
<i>paclitaxel protein-bound part intravenous suspension reconstituted 100 mg</i>	\$0 (1)	B/D; ^
<i>vincristine sulfate intravenous solution 1 mg/ml</i>	\$0 (1)	B/D
<i>vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml</i>	\$0 (1)	B/D
MOLECULAR TARGET AGENTS		
ALECENSA ORAL CAPSULE 150 MG	\$0 (1)	PA-NS; LA; ^
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	\$0 (1)	PA-NS; LA; ^
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	\$0 (1)	PA-NS; LA; ^
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	\$0 (1)	PA-NS; LA; ^
BORTEZOMIB INJECTION SOLUTION RECONSTITUTED 1 MG, 2.5 MG	\$0 (1)	PA-NS; ^
<i>bortezomib injection solution reconstituted 3.5 mg</i>	\$0 (1)	PA-NS; ^

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BORTEZOMIB INTRAVENOUS SOLUTION RECONSTITUTED 3.5 MG	\$0 (1)	PA-NS; ^
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	\$0 (1)	PA-NS; ^
BRAFTOVI ORAL CAPSULE 75 MG	\$0 (1)	PA-NS; LA; ^
BRUKINSA ORAL CAPSULE 80 MG	\$0 (1)	PA-NS; LA; ^
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
CALQUENCE ORAL CAPSULE 100 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
CALQUENCE ORAL TABLET 100 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
CAPRELSA ORAL TABLET 100 MG, 300 MG	\$0 (1)	PA-NS; LA; ^
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	\$0 (1)	PA-NS; LA; ^
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	\$0 (1)	PA-NS; LA; ^
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	\$0 (1)	PA-NS; LA; ^
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	\$0 (1)	PA-NS; LA; ^
COTELLIC ORAL TABLET 20 MG	\$0 (1)	PA-NS; LA; ^
DAURISMO ORAL TABLET 100 MG, 25 MG	\$0 (1)	PA-NS; LA; ^
ERIVEDGE ORAL CAPSULE 150 MG	\$0 (1)	PA-NS; LA; ^
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
<i>erlotinib hcl oral tablet 25 mg</i>	\$0 (1)	PA-NS; QL (90 EA per 30 days); ^
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
<i>everolimus oral tablet soluble 2 mg</i>	\$0 (1)	PA-NS; QL (150 EA per 30 days); ^
<i>everolimus oral tablet soluble 3 mg</i>	\$0 (1)	PA-NS; QL (90 EA per 30 days); ^
<i>everolimus oral tablet soluble 5 mg</i>	\$0 (1)	PA-NS; QL (60 EA per 30 days); ^
EXKIVITY ORAL CAPSULE 40 MG	\$0 (1)	PA-NS; LA; ^
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	\$0 (1)	PA-NS; LA; QL (21 EA per 28 days); ^
GAVRETO ORAL CAPSULE 100 MG	\$0 (1)	PA-NS; LA; ^
<i>gefitinib oral tablet 250 mg</i>	\$0 (1)	PA-NS; ^
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	\$0 (1)	PA-NS; LA; ^
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML	\$0 (1)	PA-NS; LA; ^
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	\$0 (1)	PA-NS; LA; ^

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	\$0 (1)	PA-NS; LA; ^
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	\$0 (1)	PA-NS; LA; QL (21 EA per 28 days); ^
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	\$0 (1)	PA-NS; LA; QL (21 EA per 28 days); ^
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
IDHIFA ORAL TABLET 100 MG, 50 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
<i>imatinib mesylate oral tablet 100 mg</i>	\$0 (1)	PA-NS; QL (90 EA per 30 days); ^
<i>imatinib mesylate oral tablet 400 mg</i>	\$0 (1)	PA-NS; QL (60 EA per 30 days); ^
IMBRUVICA ORAL CAPSULE 140 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
IMBRUVICA ORAL CAPSULE 70 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
IMBRUVICA ORAL SUSPENSION 70 MG/ML	\$0 (1)	PA-NS; LA; QL (216 ML per 27 days); ^
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
INLYTA ORAL TABLET 1 MG	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
INLYTA ORAL TABLET 5 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
INREBIC ORAL CAPSULE 100 MG	\$0 (1)	PA-NS; LA; ^
IRESSA ORAL TABLET 250 MG	\$0 (1)	PA-NS; LA; ^
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
JAYPIRCA ORAL TABLET 100 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
JAYPIRCA ORAL TABLET 50 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 160 MG	\$0 (1)	B/D; LA; ^
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	\$0 (1)	PA-NS; LA; ^
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML	\$0 (1)	PA-NS; LA; ^
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	\$0 (1)	PA-NS; QL (21 EA per 28 days); ^
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	\$0 (1)	PA-NS; QL (42 EA per 28 days); ^
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	\$0 (1)	PA-NS; QL (63 EA per 28 days); ^
KRAZATI ORAL TABLET 200 MG	\$0 (1)	PA-NS; LA; ^
<i>lapatinib ditosylate oral tablet 250 mg</i>	\$0 (1)	PA-NS; ^

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	\$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	\$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	\$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
LORBRENA ORAL TABLET 100 MG, 25 MG	\$0 (1)	PA-NS; LA; ^
LUMAKRAS ORAL TABLET 120 MG, 320 MG	\$0 (1)	PA-NS; LA; ^
LYNPARZA ORAL TABLET 100 MG, 150 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	\$0 (1)	PA-NS; LA; ^
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	\$0 (1)	PA-NS; LA; ^
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	\$0 (1)	PA-NS; LA; ^
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	\$0 (1)	PA-NS; LA; ^
MEKINIST ORAL TABLET 0.5 MG, 2 MG	\$0 (1)	PA-NS; LA; ^
MEKTOVI ORAL TABLET 15 MG	\$0 (1)	PA-NS; LA; ^
MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	\$0 (1)	PA-NS; LA; ^
MVASI INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	\$0 (1)	PA-NS; LA; ^
NERLYNX ORAL TABLET 40 MG	\$0 (1)	PA-NS; LA; ^
NEXAVAR ORAL TABLET 200 MG	\$0 (1)	PA-NS; LA; QL (120 EA 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
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	\$0 (1)	PA-NS; QL (3 EA per 28 days); ^
ODOMZO ORAL CAPSULE 200 MG	\$0 (1)	PA-NS; LA; ^
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	\$0 (1)	PA-NS; LA; ^
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	\$0 (1)	PA-NS; LA; ^
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	\$0 (1)	PA-NS; LA; ^
PHESGO SUBCUTANEOUS SOLUTION 60-60-2000 MG-MG-U/ML, 80-40-2000 MG-MG-U/ML	\$0 (1)	PA-NS; LA; ^
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	\$0 (1)	PA-NS; ^
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	\$0 (1)	PA-NS; ^
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	\$0 (1)	PA-NS; ^
QINLOCK ORAL TABLET 50 MG	\$0 (1)	PA-NS; LA; ^
RETEVMO ORAL CAPSULE 40 MG, 80 MG	\$0 (1)	PA-NS; LA; ^
REZLIDHIA ORAL CAPSULE 150 MG	\$0 (1)	PA-NS; LA; ^
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	\$0 (1)	PA-NS; LA; ^
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
RYDAPT ORAL CAPSULE 25 MG	\$0 (1)	PA-NS; ^
SCSEMBLIX ORAL TABLET 20 MG	\$0 (1)	PA-NS; QL (60 EA per 30 days); ^
SCSEMBLIX ORAL TABLET 40 MG	\$0 (1)	PA-NS; QL (300 EA per 30 days); ^
<i>sorafenib tosylate oral tablet 200 mg</i>	\$0 (1)	PA-NS; QL (120 EA per 30 days); ^
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	\$0 (1)	PA-NS; ^
STIVARGA ORAL TABLET 40 MG	\$0 (1)	PA-NS; LA; ^
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
TABRECTA ORAL TABLET 150 MG, 200 MG	\$0 (1)	PA-NS; ^
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	\$0 (1)	PA-NS; LA; ^
TAFINLAR ORAL TABLET SOLUBLE 10 MG	\$0 (1)	PA-NS; LA; ^
TAGRISSE ORAL TABLET 40 MG, 80 MG	\$0 (1)	PA-NS; LA; QL (30 EA 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
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
TALZENNA ORAL CAPSULE 0.25 MG	\$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	\$0 (1)	PA-NS; ^
TAZVERIK ORAL TABLET 200 MG	\$0 (1)	PA-NS; LA; ^
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML, 840 MG/14ML	\$0 (1)	PA-NS; LA; ^
TEPMETKO ORAL TABLET 225 MG	\$0 (1)	PA-NS; LA; ^
TIBSOVO ORAL TABLET 250 MG	\$0 (1)	PA-NS; LA; ^
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	\$0 (1)	PA-NS; ^
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG	\$0 (1)	PA-NS; LA; ^
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG	\$0 (1)	PA-NS; LA; ^
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	\$0 (1)	PA-NS; LA; ^
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	\$0 (1)	PA-NS; LA; ^
TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	\$0 (1)	PA-NS; ^
TUKYSA ORAL TABLET 150 MG, 50 MG	\$0 (1)	PA-NS; LA; ^
TURALIO ORAL CAPSULE 125 MG, 200 MG	\$0 (1)	PA-NS; LA; ^
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	\$0 (1)	PA-NS; LA; ^
VENCLEXTA ORAL TABLET 10 MG	\$0 (1)	PA-NS; LA; QL (112 EA per 28 days)
VENCLEXTA ORAL TABLET 100 MG	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
VENCLEXTA ORAL TABLET 50 MG	\$0 (1)	PA-NS; LA; QL (112 EA per 28 days); ^
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	\$0 (1)	PA-NS; LA; QL (42 EA per 28 days); ^
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	\$0 (1)	PA-NS; LA; QL (56 EA per 28 days); ^
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	\$0 (1)	PA-NS; LA; ^
VITRAKVI ORAL SOLUTION 20 MG/ML	\$0 (1)	PA-NS; LA; ^
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	\$0 (1)	PA-NS; LA; ^

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VONJO ORAL CAPSULE 100 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
VOTRIENT ORAL TABLET 200 MG	\$0 (1)	PA-NS; LA; ^
XALKORI ORAL CAPSULE 200 MG, 250 MG	\$0 (1)	PA-NS; LA; ^
XOSPATA ORAL TABLET 40 MG	\$0 (1)	PA-NS; LA; ^
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	\$0 (1)	PA-NS; LA; QL (8 EA per 28 days); ^
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	\$0 (1)	PA-NS; LA; QL (4 EA per 28 days); ^
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	\$0 (1)	PA-NS; LA; QL (8 EA per 28 days); ^
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	\$0 (1)	PA-NS; LA; QL (4 EA per 28 days); ^
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	\$0 (1)	PA-NS; LA; QL (24 EA per 28 days); ^
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	\$0 (1)	PA-NS; LA; QL (8 EA per 28 days); ^
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	\$0 (1)	PA-NS; LA; QL (32 EA per 28 days); ^
ZEJULA ORAL CAPSULE 100 MG	\$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
ZELBORAF ORAL TABLET 240 MG	\$0 (1)	PA-NS; LA; ^
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	\$0 (1)	PA-NS; LA; ^
ZOLINZA ORAL CAPSULE 100 MG	\$0 (1)	PA-NS; ^
ZYDELIG ORAL TABLET 100 MG, 150 MG	\$0 (1)	PA-NS; LA; ^
ZYKADIA ORAL TABLET 150 MG	\$0 (1)	PA-NS; LA; ^
PROTECTIVE AGENTS		
<i>leucovorin calcium injection solution 500 mg/50ml</i>	\$0 (1)	B/D
<i>leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	\$0 (1)	B/D
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	\$0 (1)	
MESNEX ORAL TABLET 400 MG	\$0 (1)	^

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	\$0 (1)	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	\$0 (1)	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	\$0 (1)	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	\$0 (1)	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	\$0 (1)	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	\$0 (1)	
ACE INHIBITORS		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (1)	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	\$0 (1)	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	\$0 (1)	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (1)	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	\$0 (1)	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	\$0 (1)	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	\$0 (1)	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (1)	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	\$0 (1)	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	\$0 (1)	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	\$0 (1)	
KERENDIA ORAL TABLET 10 MG, 20 MG	\$0 (1)	QL (30 EA per 30 days)
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (1)	
ALPHA BLOCKERS		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	\$0 (1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	\$0 (1)	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (1)	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i>	\$0 (1)	QL (30 EA per 30 days)
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	\$0 (1)	QL (30 EA per 30 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	\$0 (1)	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	\$0 (1)	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-25 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>telmisartan-hctz oral tablet 80-12.5 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	\$0 (1)	QL (30 EA per 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>candesartan cilexetil oral tablet 32 mg</i>	\$0 (1)	QL (30 EA per 30 days)
EDARBI ORAL TABLET 40 MG, 80 MG	\$0 (1)	QL (30 EA per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (1)	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>olmesartan medoxomil oral tablet 5 mg</i>	\$0 (1)	QL (60 EA 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>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	\$0 (1)	QL (30 EA per 30 days)
ANTIARRHYTHMICS		
<i>amiodarone hcl intravenous solution 150 mg/3ml, 450 mg/9ml, 900 mg/18ml</i>	\$0 (1)	
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	\$0 (1)	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	\$0 (1)	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	\$0 (1)	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	\$0 (1)	
MULTAQ ORAL TABLET 400 MG	\$0 (1)	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	\$0 (1)	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	\$0 (1)	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	\$0 (1)	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	\$0 (1)	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	\$0 (1)	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	\$0 (1)	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	\$0 (1)	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	\$0 (1)	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	\$0 (1)	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	\$0 (1)	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	\$0 (1)	
<i>gemfibrozil oral tablet 600 mg</i>	\$0 (1)	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG	\$0 (1)	ST; QL (30 EA per 30 days); ^
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0 (1)	QL (30 EA per 30 days)
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	\$0 (1)	ST; QL (30 EA 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>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	\$0 (1)	QL (60 EA per 30 days)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	\$0 (1)	ST; QL (30 EA per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	\$0 (1)	QL (30 EA per 30 days)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	\$0 (1)	ST; QL (30 EA per 30 days)
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine light oral packet 4 gm</i>	\$0 (1)	
<i>cholestyramine light oral powder 4 gm/dose</i>	\$0 (1)	
<i>cholestyramine oral packet 4 gm</i>	\$0 (1)	
<i>cholestyramine oral powder 4 gm/dose</i>	\$0 (1)	
<i>colesevelam hcl oral packet 3.75 gm</i>	\$0 (1)	
<i>colesevelam hcl oral tablet 625 mg</i>	\$0 (1)	
<i>colestipol hcl oral granules 5 gm</i>	\$0 (1)	
<i>colestipol hcl oral packet 5 gm</i>	\$0 (1)	
<i>colestipol hcl oral tablet 1 gm</i>	\$0 (1)	
<i>ezetimibe oral tablet 10 mg</i>	\$0 (1)	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	\$0 (1)	
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	\$0 (1)	QL (60 EA per 30 days)
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML	\$0 (1)	PA
<i>prevalite oral packet 4 gm</i>	\$0 (1)	
<i>prevalite oral powder 4 gm/dose</i>	\$0 (1)	
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM	\$0 (1)	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	\$0 (1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	\$0 (1)	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	\$0 (1)	
BETA-BLOCKERS		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	\$0 (1)	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (1)	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	\$0 (1)	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	\$0 (1)	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	\$0 (1)	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (1)	
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	\$0 (1)	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (1)	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	\$0 (1)	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>nebivolol hcl oral tablet 20 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>pindolol oral tablet 10 mg, 5 mg</i>	\$0 (1)	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	\$0 (1)	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	\$0 (1)	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	\$0 (1)	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (1)	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (1)	
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	\$0 (1)	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	\$0 (1)	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	\$0 (1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	\$0 (1)	
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	\$0 (1)	
<i>diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml</i>	\$0 (1)	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	\$0 (1)	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	\$0 (1)	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	\$0 (1)	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	\$0 (1)	
<i>matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	\$0 (1)	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	\$0 (1)	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	\$0 (1)	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	\$0 (1)	
<i>nimodipine oral capsule 30 mg</i>	\$0 (1)	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	\$0 (1)	
NYMALIZE ORAL SOLUTION 6 MG/ML	\$0 (1)	^
<i>taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	\$0 (1)	
<i>tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	\$0 (1)	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	\$0 (1)	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	\$0 (1)	
<i>verapamil hcl intravenous solution 2.5 mg/ml</i>	\$0 (1)	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	\$0 (1)	

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
DIURETICS	
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	\$0 (1)
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	\$0 (1)
<i>amiloride hcl oral tablet 5 mg</i>	\$0 (1)
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	\$0 (1)
<i>bumetanide injection solution 0.25 mg/ml</i>	\$0 (1)
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (1)
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	\$0 (1)
<i>furosemide injection solution 10 mg/ml</i>	\$0 (1)
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	\$0 (1)
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	\$0 (1)
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	\$0 (1)
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	\$0 (1)
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	\$0 (1)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	\$0 (1)
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (1)
<i>spironolactone-hctz oral tablet 25-25 mg</i>	\$0 (1)
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	\$0 (1)
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	\$0 (1)
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	\$0 (1)
MISCELLANEOUS	
ADRENALIN INJECTION SOLUTION 1 MG/ML	\$0 (1)
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	\$0 (1)
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	\$0 (1)
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	\$0 (1)
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	\$0 (1)
CORLANOR ORAL SOLUTION 5 MG/5ML	\$0 (1)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	\$0 (1)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>digoxin injection solution 0.25 mg/ml</i>	\$0 (1)	
<i>digoxin oral solution 0.05 mg/ml</i>	\$0 (1)	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>droxidopa oral capsule 100 mg</i>	\$0 (1)	PA; QL (90 EA per 30 days); ^
<i>droxidopa oral capsule 200 mg, 300 mg</i>	\$0 (1)	PA; QL (180 EA per 30 days); ^
<i>epinephrine (anaphylaxis) injection solution 1 mg/ml</i>	\$0 (1)	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	\$0 (1)	PA; PA if 70 years and older
<i>hydralazine hcl injection solution 20 mg/ml</i>	\$0 (1)	
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	\$0 (1)	
<i>metyrosine oral capsule 250 mg</i>	\$0 (1)	PA; ^
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (1)	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	\$0 (1)	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	\$0 (1)	
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	\$0 (1)	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	\$0 (1)	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	\$0 (1)	
NITRO-BID TRANSDERMAL OINTMENT 2 %	\$0 (1)	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	\$0 (1)	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	\$0 (1)	
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA ORAL TABLET 20 MG	\$0 (1)	PA-NS; QL (60 EA per 30 days); ^
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	\$0 (1)	PA-NS; LA; QL (90 EA per 30 days); ^
<i>alyq oral tablet 20 mg</i>	\$0 (1)	PA-NS; QL (60 EA per 30 days); ^
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
OPSUMIT ORAL TABLET 10 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sildenafil citrate oral tablet 20 mg</i>	\$0 (1)	PA-NS; generic for Revatio; QL (360 EA per 30 days)
<i>tadalafil (pah) oral tablet 20 mg</i>	\$0 (1)	PA-NS; generic for Adcirca; QL (60 EA per 30 days); ^
TADLIQ ORAL SUSPENSION 20 MG/5ML	\$0 (1)	PA-NS; QL (300 ML per 30 days); ^
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	\$0 (1)	PA-NS; LA; ^
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	\$0 (1)	PA-NS; LA; ^
CENTRAL NERVOUS SYSTEM		
ANTI-ANXIETY		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	\$0 (1)	QL (150 EA per 30 days)
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	\$0 (1)	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (1)	
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>	\$0 (1)	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	\$0 (1)	QL (150 ML per 30 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	\$0 (1)	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (1)	QL (150 EA per 30 days)
ANTICONVULSANTS		
APTOM ORAL TABLET 200 MG, 400 MG	\$0 (1)	QL (30 EA per 30 days); ^
APTOM ORAL TABLET 600 MG, 800 MG	\$0 (1)	QL (60 EA per 30 days); ^
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML	\$0 (1)	PA-NS
BRIVIACT ORAL SOLUTION 10 MG/ML	\$0 (1)	PA-NS; QL (600 ML per 30 days); ^
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	\$0 (1)	PA-NS; QL (60 EA per 30 days); ^
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	\$0 (1)	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	\$0 (1)	
<i>carbamazepine oral suspension 100 mg/5ml</i>	\$0 (1)	
<i>carbamazepine oral tablet 200 mg</i>	\$0 (1)	
<i>carbamazepine oral tablet chewable 100 mg</i>	\$0 (1)	
CELONTIN ORAL CAPSULE 300 MG	\$0 (1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>clobazam oral suspension 2.5 mg/ml</i>	\$0 (1)	PA-NS; QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	\$0 (1)	PA-NS; QL (60 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	\$0 (1)	QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	\$0 (1)	QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	\$0 (1)	QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	\$0 (1)	QL (300 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	\$0 (1)	PA-NS; PA if 65 years and older; QL (180 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	\$0 (1)	PA-NS; LA; QL (360 EA per 30 days); ^
DIACOMIT ORAL CAPSULE 500 MG	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
DIACOMIT ORAL PACKET 250 MG	\$0 (1)	PA-NS; LA; QL (360 EA per 30 days); ^
DIACOMIT ORAL PACKET 500 MG	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
<i>diazepam injection solution 5 mg/ml</i>	\$0 (1)	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	\$0 (1)	PA-NS; PA if 65 years and older; QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	\$0 (1)	PA-NS; PA if 65 years and older; QL (1200 ML per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	\$0 (1)	PA-NS; PA if 65 years and older; QL (120 EA per 30 days)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	\$0 (1)	
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG	\$0 (1)	
DILANTIN ORAL CAPSULE 100 MG, 30 MG	\$0 (1)	
DILANTIN ORAL SUSPENSION 125 MG/5ML	\$0 (1)	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	\$0 (1)	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	\$0 (1)	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	\$0 (1)	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	\$0 (1)	PA-NS; LA; QL (600 ML per 30 days); ^
<i>epitol oral tablet 200 mg</i>	\$0 (1)	
EPRONTIA ORAL SOLUTION 25 MG/ML	\$0 (1)	PA-NS; QL (480 ML 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>ethosuximide oral capsule 250 mg</i>	\$0 (1)	
<i>ethosuximide oral solution 250 mg/5ml</i>	\$0 (1)	
<i>felbamate oral suspension 600 mg/5ml</i>	\$0 (1)	^
<i>felbamate oral tablet 400 mg, 600 mg</i>	\$0 (1)	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	\$0 (1)	PA-NS; LA; QL (360 ML per 30 days); ^
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	\$0 (1)	PA-NS; QL (720 ML per 30 days); ^
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
FYCOMPA ORAL TABLET 2 MG	\$0 (1)	PA-NS; QL (60 EA per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	\$0 (1)	QL (180 EA per 30 days)
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	\$0 (1)	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	\$0 (1)	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	\$0 (1)	QL (120 EA per 30 days)
<i>lacosamide intravenous solution 200 mg/20ml</i>	\$0 (1)	^
<i>lacosamide oral solution 10 mg/ml</i>	\$0 (1)	QL (1200 ML per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>lacosamide oral tablet 50 mg</i>	\$0 (1)	QL (120 EA per 30 days)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	\$0 (1)	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	\$0 (1)	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	\$0 (1)	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (1)	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	\$0 (1)	
<i>levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 500 mg/100ml</i>	\$0 (1)	
<i>levetiracetam intravenous solution 500 mg/5ml</i>	\$0 (1)	
<i>levetiracetam oral solution 100 mg/ml</i>	\$0 (1)	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	\$0 (1)	
<i>methsuximide oral capsule 300 mg</i>	\$0 (1)	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	\$0 (1)	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	\$0 (1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	\$0 (1)	
<i>phenobarbital oral elixir 20 mg/5ml</i>	\$0 (1)	PA-NS; PA if 70 years and older
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	\$0 (1)	PA-NS; PA if 70 years and older
<i>phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml</i>	\$0 (1)	PA-NS; PA if 70 years and older
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	\$0 (1)	
<i>phenytoin oral suspension 125 mg/5ml</i>	\$0 (1)	
<i>phenytoin oral tablet chewable 50 mg</i>	\$0 (1)	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	\$0 (1)	
<i>phenytoin sodium injection solution 50 mg/ml</i>	\$0 (1)	
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (1)	QL (120 EA per 30 days)
<i>pregabalin oral capsule 200 mg</i>	\$0 (1)	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	\$0 (1)	QL (900 ML per 30 days)
<i>primidone oral tablet 125 mg, 250 mg, 50 mg</i>	\$0 (1)	
<i>roweepra oral tablet 500 mg</i>	\$0 (1)	
<i>rufinamide oral suspension 40 mg/ml</i>	\$0 (1)	PA-NS; QL (2400 ML per 30 days); ^
<i>rufinamide oral tablet 200 mg</i>	\$0 (1)	PA-NS; QL (480 EA per 30 days)
<i>rufinamide oral tablet 400 mg</i>	\$0 (1)	PA-NS; QL (240 EA per 30 days); ^
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG	\$0 (1)	QL (90 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG	\$0 (1)	QL (360 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 500 MG	\$0 (1)	QL (180 EA per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	\$0 (1)	QL (120 EA per 30 days)
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	\$0 (1)	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	\$0 (1)	PA-NS; QL (60 EA per 30 days); ^
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	\$0 (1)	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	\$0 (1)	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (1)	
<i>valproate sodium intravenous solution 100 mg/ml</i>	\$0 (1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>valproic acid oral capsule 250 mg</i>	\$0 (1)	
<i>valproic acid oral solution 250 mg/5ml</i>	\$0 (1)	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	\$0 (1)	
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML	\$0 (1)	
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML	\$0 (1)	
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	\$0 (1)	
<i>vigabatrin oral packet 500 mg</i>	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
<i>vigabatrin oral tablet 500 mg</i>	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
<i>vigadrone oral packet 500 mg</i>	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
<i>vigadrone oral tablet 500 mg</i>	\$0 (1)	PA-NS; LA; QL (180 EA per 30 days); ^
VIMPAT ORAL SOLUTION 10 MG/ML	\$0 (1)	QL (1200 ML per 30 days); ^
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	\$0 (1)	QL (56 EA per 28 days); ^
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	\$0 (1)	QL (56 EA per 28 days); ^
XCOPRI ORAL TABLET 100 MG, 50 MG	\$0 (1)	QL (30 EA per 30 days); ^
XCOPRI ORAL TABLET 150 MG, 200 MG	\$0 (1)	QL (60 EA per 30 days); ^
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	\$0 (1)	QL (28 EA per 28 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	\$0 (1)	QL (28 EA per 28 days); ^
ZONISADE ORAL SUSPENSION 100 MG/5ML	\$0 (1)	PA-NS; QL (900 ML per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (1)	
ZTALMY ORAL SUSPENSION 50 MG/ML	\$0 (1)	PA-NS; LA; QL (1100 ML per 30 days); ^
ANTIDEMENTIA		
<i>donepezil hcl oral tablet 10 mg</i>	\$0 (1)	
<i>donepezil hcl oral tablet 5 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>donepezil hcl oral tablet dispersible 10 mg</i>	\$0 (1)	
<i>donepezil hcl oral tablet dispersible 5 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	\$0 (1)	QL (30 EA 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>galantamine hydrobromide oral solution 4 mg/ml</i>	\$0 (1)	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	\$0 (1)	PA; PA if < 30 yrs
<i>memantine hcl oral solution 2 mg/ml</i>	\$0 (1)	PA; PA if < 30 yrs
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	\$0 (1)	PA; PA if < 30 yrs
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG	\$0 (1)	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	\$0 (1)	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	\$0 (1)	QL (30 EA per 30 days)
ANTIDEPRESSANTS		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (1)	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	\$0 (1)	
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	\$0 (1)	PA-NS; QL (60 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	\$0 (1)	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	\$0 (1)	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	\$0 (1)	
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	\$0 (1)	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (1)	
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	\$0 (1)	PA-NS
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (1)	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	\$0 (1)	PA-NS; QL (30 EA per 30 days)
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (1)	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	\$0 (1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	\$0 (1)	PA-NS; QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>	\$0 (1)	QL (60 EA per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	\$0 (1)	PA-NS; QL (30 EA per 30 days); ^
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	\$0 (1)	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (1)	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG	\$0 (1)	PA-NS; QL (30 EA per 30 days)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 40 MG	\$0 (1)	PA-NS; QL (60 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	\$0 (1)	PA-NS
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	\$0 (1)	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	\$0 (1)	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	\$0 (1)	
MARPLAN ORAL TABLET 10 MG	\$0 (1)	QL (180 EA per 30 days)
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	\$0 (1)	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	\$0 (1)	
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	\$0 (1)	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	\$0 (1)	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	\$0 (1)	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	\$0 (1)	QL (900 ML per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (1)	
<i>phenelzine sulfate oral tablet 15 mg</i>	\$0 (1)	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	\$0 (1)	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	\$0 (1)	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (1)	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	\$0 (1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	\$0 (1)	
<i>trimipramine maleate oral capsule 100 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>trimipramine maleate oral capsule 25 mg, 50 mg</i>	\$0 (1)	QL (120 EA per 30 days)
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	\$0 (1)	QL (30 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	\$0 (1)	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	\$0 (1)	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	\$0 (1)	QL (30 EA per 30 days)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	\$0 (1)	
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	\$0 (1)	QL (30 EA per 30 days)
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl oral capsule 100 mg</i>	\$0 (1)	QL (120 EA per 30 days)
<i>amantadine hcl oral solution 50 mg/5ml</i>	\$0 (1)	
<i>amantadine hcl oral tablet 100 mg</i>	\$0 (1)	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	\$0 (1)	PA; LA; QL (60 ML per 30 days); ^
<i>apomorphine hcl subcutaneous solution cartridge 30 mg/3ml</i>	\$0 (1)	PA; QL (60 ML per 30 days); ^
<i>benztropine mesylate injection solution 1 mg/ml</i>	\$0 (1)	
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (1)	PA; PA if 70 years and older
<i>bromocriptine mesylate oral capsule 5 mg</i>	\$0 (1)	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	\$0 (1)	
<i>carbidopa oral tablet 25 mg</i>	\$0 (1)	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	\$0 (1)	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	\$0 (1)	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	\$0 (1)	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	\$0 (1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>entacapone oral tablet 200 mg</i>	\$0 (1)	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	\$0 (1)	
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	\$0 (1)	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	\$0 (1)	
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	\$0 (1)	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	\$0 (1)	
<i>selegiline hcl oral capsule 5 mg</i>	\$0 (1)	
<i>selegiline hcl oral tablet 5 mg</i>	\$0 (1)	
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	\$0 (1)	PA; PA if 70 years and older
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	\$0 (1)	PA; PA if 70 years and older
ANTIPSYCHOTICS		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	\$0 (1)	QL (1 EA per 28 days); ^
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	\$0 (1)	QL (1 EA per 28 days); ^
<i>aripiprazole oral solution 1 mg/ml</i>	\$0 (1)	QL (900 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	\$0 (1)	QL (60 EA per 30 days); ^
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	\$0 (1)	^
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	\$0 (1)	QL (3.9 ML per 56 days); ^
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	\$0 (1)	QL (1.6 ML per 28 days); ^

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	\$0 (1)	QL (2.4 ML per 28 days); ^
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	\$0 (1)	QL (3.2 ML per 28 days); ^
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	\$0 (1)	QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	\$0 (1)	QL (30 EA per 30 days); ^
<i>chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml</i>	\$0 (1)	
CHLORPROMAZINE HCL ORAL CONCENTRATE 100 MG/ML, 30 MG/ML	\$0 (1)	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	\$0 (1)	
<i>clozapine oral tablet 100 mg</i>	\$0 (1)	QL (270 EA per 30 days)
<i>clozapine oral tablet 200 mg</i>	\$0 (1)	QL (120 EA per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i>	\$0 (1)	
<i>clozapine oral tablet dispersible 100 mg</i>	\$0 (1)	PA-NS; QL (270 EA per 30 days)
<i>clozapine oral tablet dispersible 12.5 mg, 25 mg</i>	\$0 (1)	PA-NS
<i>clozapine oral tablet dispersible 150 mg</i>	\$0 (1)	PA-NS; QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	\$0 (1)	PA-NS; QL (120 EA per 30 days); ^
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	\$0 (1)	PA-NS; QL (60 EA per 30 days); ^
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	\$0 (1)	PA-NS
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	\$0 (1)	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	\$0 (1)	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	\$0 (1)	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	\$0 (1)	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	\$0 (1)	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)</i>	\$0 (1)	
<i>haloperidol lactate injection solution 5 mg/ml</i>	\$0 (1)	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	\$0 (1)	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	\$0 (1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	\$0 (1)	QL (3.5 ML per 180 days); ^
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	\$0 (1)	QL (5 ML per 180 days); ^
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	\$0 (1)	QL (0.75 ML per 28 days); ^
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	\$0 (1)	QL (1 ML per 28 days); ^
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	\$0 (1)	QL (1.5 ML per 28 days); ^
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	\$0 (1)	QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	\$0 (1)	QL (0.5 ML per 28 days); ^
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	\$0 (1)	QL (0.88 ML per 90 days); ^
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	\$0 (1)	QL (1.32 ML per 90 days); ^
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	\$0 (1)	QL (1.75 ML per 90 days); ^
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	\$0 (1)	QL (2.63 ML per 90 days); ^
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	\$0 (1)	QL (30 EA per 30 days); ^
LATUDA ORAL TABLET 80 MG	\$0 (1)	QL (60 EA per 30 days); ^
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	\$0 (1)	
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>lurasidone hcl oral tablet 80 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	\$0 (1)	
NUPLAZID ORAL CAPSULE 34 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
NUPLAZID ORAL TABLET 10 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	\$0 (1)	QL (3 EA per 1 day)
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>olanzapine oral tablet 15 mg, 20 mg, 7.5 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>olanzapine oral tablet dispersible 10 mg</i>	\$0 (1)	QL (60 EA 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>olanzapine oral tablet dispersible 15 mg, 20 mg, 5 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	\$0 (1)	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	\$0 (1)	QL (1 EA per 30 days); ^
<i>pimozide oral tablet 1 mg, 2 mg</i>	\$0 (1)	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	\$0 (1)	PA-NS; QL (30 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	\$0 (1)	PA-NS; QL (60 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	\$0 (1)	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	\$0 (1)	QL (60 EA per 30 days); ^
REXULTI ORAL TABLET 3 MG, 4 MG	\$0 (1)	QL (30 EA per 30 days); ^
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG	\$0 (1)	QL (2 EA per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG	\$0 (1)	QL (2 EA per 28 days); ^
<i>risperidone oral solution 1 mg/ml</i>	\$0 (1)	QL (240 ML per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	\$0 (1)	
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg</i>	\$0 (1)	QL (90 EA per 30 days)
<i>risperidone oral tablet dispersible 1 mg, 2 mg, 3 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 4 mg</i>	\$0 (1)	QL (120 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	\$0 (1)	QL (30 EA per 30 days)
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	\$0 (1)	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (1)	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	\$0 (1)	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	\$0 (1)	PA-NS; QL (600 ML per 30 days); ^
VRAYLAR ORAL CAPSULE 1.5 MG	\$0 (1)	QL (60 EA 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
VRAYLAR ORAL CAPSULE 3 MG, 4.5 MG, 6 MG	\$0 (1)	QL (30 EA per 30 days); ^
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	\$0 (1)	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	\$0 (1)	QL (6 EA per 3 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	\$0 (1)	PA-NS; QL (2 EA per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG	\$0 (1)	PA-NS; QL (2 EA per 28 days); ^
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	\$0 (1)	PA-NS; QL (1 EA per 28 days); ^
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	\$0 (1)	PA; QL (30 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	\$0 (1)	PA; QL (60 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 20 mg</i>	\$0 (1)	PA; QL (90 EA per 30 days)
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg</i>	\$0 (1)	QL (120 EA per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>atomoxetine hcl oral capsule 40 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	\$0 (1)	PA; QL (60 EA per 30 days)
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>	\$0 (1)	PA; QL (120 EA per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 4 mg</i>	\$0 (1)	PA; PA if 70 years and older; QL (30 EA per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 3 mg</i>	\$0 (1)	PA; PA if 70 years and older; QL (60 EA per 30 days)
<i>lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg</i>	\$0 (1)	PA; QL (60 EA per 30 days)
<i>lisdexamfetamine dimesylate oral capsule 40 mg, 50 mg, 60 mg, 70 mg</i>	\$0 (1)	PA; QL (30 EA per 30 days)
<i>lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg</i>	\$0 (1)	PA; QL (60 EA per 30 days)
<i>lisdexamfetamine dimesylate oral tablet chewable 40 mg, 50 mg, 60 mg</i>	\$0 (1)	PA; QL (30 EA 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>metadate er oral tablet extended release 20 mg</i>	\$0 (1)	PA; QL (90 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	\$0 (1)	PA; QL (90 EA per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	\$0 (1)	PA; QL (900 ML per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	\$0 (1)	PA; QL (1800 ML per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>	\$0 (1)	PA; QL (180 EA per 30 days)
<i>methylphenidate hcl oral tablet 20 mg</i>	\$0 (1)	PA; QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	\$0 (1)	PA; QL (180 EA per 30 days)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG	\$0 (1)	PA; QL (60 EA per 30 days)
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG	\$0 (1)	PA; QL (30 EA per 30 days)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG	\$0 (1)	PA; QL (60 EA per 30 days)
VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG	\$0 (1)	PA; QL (30 EA per 30 days)
HYPNOTICS		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	\$0 (1)	QL (30 EA per 30 days)
DAYVIGO ORAL TABLET 10 MG, 5 MG	\$0 (1)	QL (30 EA per 30 days)
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>tasimelteon oral capsule 20 mg</i>	\$0 (1)	PA; QL (30 EA per 30 days); ^
<i>temazepam oral capsule 15 mg</i>	\$0 (1)	PA; PA if 65 years and older; QL (60 EA per 30 days)
<i>temazepam oral capsule 30 mg, 7.5 mg</i>	\$0 (1)	PA; PA if 65 years and older; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	\$0 (1)	PA; PA applies if 70 years and older after a 90 day supply in a calendar year; QL (30 EA per 30 days)
MIGRAINE		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	\$0 (1)	PA; QL (1 ML per 30 days)
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	\$0 (1)	^
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	\$0 (1)	PA; QL (8 ML per 30 days); ^
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	\$0 (1)	PA; QL (3 ML per 30 days); ^

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	\$0 (1)	PA; QL (2 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	\$0 (1)	PA; QL (2 ML per 30 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	\$0 (1)	PA; QL (40 EA per 28 days)
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	\$0 (1)	QL (12 EA per 30 days)
NURTEC ORAL TABLET DISPERSIBLE 75 MG	\$0 (1)	PA; QL (16 EA per 30 days); ^
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	\$0 (1)	QL (18 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	\$0 (1)	QL (18 EA per 30 days)
<i>sumatriptan nasal solution 20 mg/act</i>	\$0 (1)	QL (12 EA per 30 days)
<i>sumatriptan nasal solution 5 mg/act</i>	\$0 (1)	QL (24 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (1)	QL (12 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml</i>	\$0 (1)	QL (9 ML per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	\$0 (1)	QL (6 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	\$0 (1)	QL (6 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	\$0 (1)	QL (9 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	\$0 (1)	QL (6 ML per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	\$0 (1)	QL (12 EA per 30 days)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	\$0 (1)	QL (12 EA per 30 days)
MISCELLANEOUS		
AUSTEDO ORAL TABLET 12 MG, 9 MG	\$0 (1)	PA; LA; QL (120 EA per 30 days); ^
AUSTEDO ORAL TABLET 6 MG	\$0 (1)	PA; LA; QL (60 EA per 30 days); ^
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG	\$0 (1)	PA; QL (120 EA per 30 days); ^
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG	\$0 (1)	PA; QL (60 EA per 30 days); ^
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG	\$0 (1)	PA; QL (90 EA per 30 days); ^
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	\$0 (1)	PA; QL (84 EA 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
GRALISE ORAL TABLET 300 MG	\$0 (1)	PA; QL (180 EA per 30 days)
GRALISE ORAL TABLET 450 MG	\$0 (1)	PA; QL (120 EA per 30 days)
GRALISE ORAL TABLET 600 MG	\$0 (1)	PA; QL (90 EA per 30 days)
GRALISE ORAL TABLET 750 MG, 900 MG	\$0 (1)	PA; QL (60 EA per 30 days)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	\$0 (1)	PA; LA; QL (30 EA per 30 days); ^
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	\$0 (1)	PA; LA; QL (28 EA per 28 days); ^
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	\$0 (1)	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	\$0 (1)	
<i>lithium carbonate oral tablet 300 mg</i>	\$0 (1)	
LITHIUM ORAL SOLUTION 8 MEQ/5ML	\$0 (1)	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 82.5 MG	\$0 (1)	PA; QL (90 EA per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 330 MG	\$0 (1)	PA; QL (60 EA per 30 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	\$0 (1)	PA; QL (60 EA per 30 days)
<i>pyridostigmine bromide oral tablet 60 mg</i>	\$0 (1)	
<i>riluzole oral tablet 50 mg</i>	\$0 (1)	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	\$0 (1)	PA; QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	\$0 (1)	PA
<i>tetrabenazine oral tablet 12.5 mg</i>	\$0 (1)	PA; QL (90 EA per 30 days); ^
<i>tetrabenazine oral tablet 25 mg</i>	\$0 (1)	PA; QL (120 EA per 30 days); ^
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO ORAL TABLET 14 MG, 7 MG	\$0 (1)	PA-NS; LA; QL (30 EA per 30 days); ^
BETASERON SUBCUTANEOUS KIT 0.3 MG	\$0 (1)	PA-NS; QL (14 EA per 28 days); ^
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	\$0 (1)	PA
<i>fingolimod hcl oral capsule 0.5 mg</i>	\$0 (1)	PA-NS; QL (28 EA per 28 days); ^
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	\$0 (1)	PA-NS; QL (30 ML per 30 days); ^
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	\$0 (1)	PA-NS; QL (12 ML per 28 days); ^
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i>	\$0 (1)	PA-NS; QL (30 ML 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>glatopa subcutaneous solution prefilled syringe 40 mg/ml</i>	\$0 (1)	PA-NS; QL (12 ML per 28 days); ^
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML	\$0 (1)	PA-NS; LA; ^
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG	\$0 (1)	PA-NS; LA; QL (14 EA per 7 days); ^
TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG	\$0 (1)	PA-NS; LA; QL (60 EA per 30 days); ^
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK 120 & 240 MG	\$0 (1)	PA-NS; LA; ^
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG	\$0 (1)	PA-NS; LA; QL (120 EA per 30 days); ^
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen oral tablet 10 mg, 20 mg</i>	\$0 (1)	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	\$0 (1)	PA; PA if 70 years and older
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (1)	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	\$0 (1)	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	\$0 (1)	PA; QL (30 EA per 30 days)
<i>armodafinil oral tablet 50 mg</i>	\$0 (1)	PA; QL (60 EA per 30 days)
<i>modafinil oral tablet 100 mg</i>	\$0 (1)	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	\$0 (1)	PA; QL (60 EA per 30 days)
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	\$0 (1)	PA; LA; QL (540 ML per 30 days); ^
XYREM ORAL SOLUTION 500 MG/ML	\$0 (1)	PA; LA; QL (540 ML per 30 days); ^
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	\$0 (1)	
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	\$0 (1)	PA; QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	\$0 (1)	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	\$0 (1)	QL (90 EA per 30 days)
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	\$0 (1)	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	\$0 (1)	
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	\$0 (1)	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	\$0 (1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	\$0 (1)	
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	\$0 (1)	
<i>naltrexone hcl oral tablet 50 mg</i>	\$0 (1)	
NICOTROL INHALATION INHALER 10 MG	\$0 (1)	
NICOTROL NS NASAL SOLUTION 10 MG/ML	\$0 (1)	
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	\$0 (1)	
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	\$0 (1)	QL (56 EA per 28 days)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	\$0 (1)	^
ENDOCRINE AND METABOLIC		
ANDROGENS		
<i>depo-testosterone intramuscular solution 100 mg/ml, 200 mg/ml</i>	\$0 (1)	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	\$0 (1)	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	\$0 (1)	
<i>testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	\$0 (1)	PA; QL (300 GM per 30 days)
<i>testosterone transdermal gel 20.25 mg/act (1.62%)</i>	\$0 (1)	PA; QL (150 GM per 30 days)
ANTIDIABETICS, INSULINS		
ALCOHOL SWABS PAD 70 %	\$0 (1)	
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0 (1)	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0 (1)	
FIASP INJECTION SOLUTION 100 UNIT/ML	\$0 (1)	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	\$0 (1)	
FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	\$0 (1)	B/D
GAUZE PADS 2" X 2" PAD 2"X2"	\$0 (1)	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	\$0 (1)	B/D; ^

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	\$0 (1)	^
INSULIN PEN NEEDLE 29G X 12MM	\$0 (1)	
INSULIN SYRINGE (DISP) U-100 0.3 ML 29G 0.3 ML	\$0 (1)	
INSULIN SYRINGE (DISP) U-100 1 ML 29G X 1/2" 1 ML	\$0 (1)	
INSULIN SYRINGE (DISP) U-100 1/2 ML 28G X 1/2" 0.5 ML	\$0 (1)	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0 (1)	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (1)	
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0 (1)	
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0 (1)	
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (1)	
NEEDLES, INSULIN DISP., SAFETY 29G X 1/2" 1 ML	\$0 (1)	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	\$0 (1)	(brand RELION not covered)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	\$0 (1)	(brand RELION not covered)
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	\$0 (1)	(brand RELION not covered)
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	\$0 (1)	(brand RELION not covered)
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0 (1)	(brand RELION not covered)
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	\$0 (1)	(brand RELION not covered)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	\$0 (1)	(brand RELION not covered)
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	\$0 (1)	(brand RELION not covered)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	\$0 (1)	(brand RELION not covered)
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	\$0 (1)	(brand RELION not covered)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	\$0 (1)	(brand RELION not covered)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OMNIPOD 5 G6 INTRO (GEN 5) KIT	\$0 (1)	PA; QL (1 EA per 365 days)
OMNIPOD 5 G6 POD (GEN 5)	\$0 (1)	PA; QL (15 EA per 30 days)
OMNIPOD CLASSIC PDM (GEN 3) KIT	\$0 (1)	PA; QL (1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)	\$0 (1)	PA; QL (15 EA per 30 days)
OMNIPOD DASH INTRO (GEN 4) KIT	\$0 (1)	PA; QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	\$0 (1)	PA; QL (15 EA per 30 days)
OMNIPOD GO KIT 10 UNIT/24HR, 15 UNIT/24HR, 20 UNIT/24HR, 25 UNIT/24HR, 30 UNIT/24HR, 35 UNIT/24HR, 40 UNIT/24HR	\$0 (1)	PA; QL (15 EA per 30 days)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	\$0 (1)	QL (15 ML per 25 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	\$0 (1)	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	\$0 (1)	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	\$0 (1)	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	\$0 (1)	
V-GO 20 KIT 20 UNIT/24HR	\$0 (1)	PA; QL (30 EA per 30 days)
V-GO 30 KIT 30 UNIT/24HR	\$0 (1)	PA; QL (30 EA per 30 days)
V-GO 40 KIT 40 UNIT/24HR	\$0 (1)	PA; QL (30 EA per 30 days)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	\$0 (1)	QL (15 ML per 30 days)
ANTIDIABETICS		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	\$0 (1)	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	\$0 (1)	PA-NS; QL (3.4 ML per 28 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	\$0 (1)	PA-NS; QL (2.4 ML per 30 days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	\$0 (1)	PA-NS; QL (1.2 ML per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG	\$0 (1)	QL (30 EA per 30 days)
<i>glimepiride oral tablet 1 mg, 2 mg</i>	\$0 (1)	QL (90 EA per 30 days)
<i>glimepiride oral tablet 4 mg</i>	\$0 (1)	QL (60 EA 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>glipizide er oral tablet extended release 24 hour 10 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	\$0 (1)	QL (90 EA per 30 days)
<i>glipizide oral tablet 10 mg</i>	\$0 (1)	QL (120 EA per 30 days)
<i>glipizide oral tablet 5 mg</i>	\$0 (1)	QL (240 EA per 30 days)
<i>glipizide xl oral tablet extended release 24 hour 10 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>glipizide xl oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	\$0 (1)	QL (90 EA per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	\$0 (1)	QL (240 EA per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	\$0 (1)	QL (120 EA per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	\$0 (1)	QL (30 EA per 30 days)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	\$0 (1)	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	\$0 (1)	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	\$0 (1)	QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	\$0 (1)	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG	\$0 (1)	QL (60 EA per 30 days)
JARDIANCE ORAL TABLET 25 MG	\$0 (1)	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	\$0 (1)	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	\$0 (1)	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	\$0 (1)	QL (30 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	\$0 (1)	(generic of GLUCOPHAGE XR); QL (120 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	\$0 (1)	(generic of GLUCOPHAGE XR); QL (60 EA per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>	\$0 (1)	QL (75 EA per 30 days)
<i>metformin hcl oral tablet 500 mg</i>	\$0 (1)	QL (150 EA per 30 days)
<i>metformin hcl oral tablet 850 mg</i>	\$0 (1)	QL (90 EA per 30 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	\$0 (1)	QL (90 EA 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
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	\$0 (1)	PA-NS; QL (1.5 ML per 28 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	\$0 (1)	PA-NS; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	\$0 (1)	PA-NS; QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	\$0 (1)	PA-NS; QL (3 ML per 28 days)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	\$0 (1)	QL (90 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	\$0 (1)	QL (120 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	\$0 (1)	QL (240 EA per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	\$0 (1)	PA-NS; QL (30 EA per 30 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG	\$0 (1)	QL (60 EA per 30 days)
SYNJARDY ORAL TABLET 5-500 MG	\$0 (1)	QL (120 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	\$0 (1)	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	\$0 (1)	QL (30 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG	\$0 (1)	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	\$0 (1)	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	\$0 (1)	QL (60 EA per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	\$0 (1)	PA-NS; QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	\$0 (1)	PA-NS; QL (9 ML per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	\$0 (1)	QL (30 EA 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
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	\$0 (1)	QL (60 EA per 30 days)
CALCIUM REGULATORS		
<i>alendronate sodium oral solution 70 mg/75ml</i>	\$0 (1)	
<i>alendronate sodium oral tablet 10 mg, 35 mg, 70 mg</i>	\$0 (1)	
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	\$0 (1)	B/D
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	\$0 (1)	PA; ^
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT	\$0 (1)	ST
<i>ibandronate sodium intravenous solution 3 mg/3ml</i>	\$0 (1)	B/D; QL (3 ML per 90 days)
<i>ibandronate sodium oral tablet 150 mg</i>	\$0 (1)	B/D
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	\$0 (1)	PA; LA; ^
<i>pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml</i>	\$0 (1)	B/D
PAMIDRONATE DISODIUM INTRAVENOUS SOLUTION 6 MG/ML	\$0 (1)	B/D
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	\$0 (1)	QL (1 ML per 180 days)
<i>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 35 mg (12 pack), 35 mg (4 pack), 5 mg</i>	\$0 (1)	
<i>risedronate sodium oral tablet delayed release 35 mg</i>	\$0 (1)	
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	\$0 (1)	PA; ^
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	\$0 (1)	PA; ^
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	\$0 (1)	PA; ^
<i>zoledronic acid intravenous concentrate 4 mg/5ml</i>	\$0 (1)	B/D
<i>zoledronic acid intravenous solution 4 mg/100ml, 5 mg/100ml</i>	\$0 (1)	B/D
CHELATING AGENTS		
CHEMET ORAL CAPSULE 100 MG	\$0 (1)	
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	\$0 (1)	PA; ^

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>deferasirox oral tablet 180 mg, 360 mg</i>	\$0 (1) PA; ^
<i>deferasirox oral tablet 90 mg</i>	\$0 (1) PA
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	\$0 (1) PA; ^
LOKELMA ORAL PACKET 10 GM, 5 GM	\$0 (1)
<i>penicillamine oral tablet 250 mg</i>	\$0 (1) ^
<i>sodium polystyrene sulfonate oral powder</i>	\$0 (1)
<i>sps oral suspension 15 gm/60ml</i>	\$0 (1)
<i>trientine hcl oral capsule 250 mg</i>	\$0 (1) PA; ^
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	\$0 (1)
CONTRACEPTIVES	
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	\$0 (1)
<i>altavera oral tablet 0.15-30 mg-mcg</i>	\$0 (1)
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	\$0 (1)
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	\$0 (1)
<i>amethia oral tablet 0.15-0.03 &0.01 mg</i>	\$0 (1)
<i>apri oral tablet 0.15-30 mg-mcg</i>	\$0 (1)
<i>aranelle oral tablet 0.5/1/0.5-35 mg-mcg</i>	\$0 (1)
<i>ashlyna oral tablet 0.15-0.03 &0.01 mg</i>	\$0 (1)
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	\$0 (1)
<i>aurovela 1/20 oral tablet 1-20 mg-mcg</i>	\$0 (1)
<i>aurovela 24 fe oral tablet 1-20 mg-mcg(24)</i>	\$0 (1)
<i>aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	\$0 (1)
<i>aurovela fe 1/20 oral tablet 1-20 mg-mcg</i>	\$0 (1)
<i>aviane oral tablet 0.1-20 mg-mcg</i>	\$0 (1)
<i>ayuna oral tablet 0.15-30 mg-mcg</i>	\$0 (1)
<i>azurette oral tablet 0.15-0.02/0.01 mg (21/5)</i>	\$0 (1)
<i>balziva oral tablet 0.4-35 mg-mcg</i>	\$0 (1)
<i>blisovi 24 fe oral tablet 1-20 mg-mcg(24)</i>	\$0 (1)
<i>blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	\$0 (1)
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	\$0 (1)
<i>camila oral tablet 0.35 mg</i>	\$0 (1)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>camrese lo oral tablet 0.1-0.02 & 0.01 mg</i>	\$0 (1)
<i>camrese oral tablet 0.15-0.03 & 0.01 mg</i>	\$0 (1)
<i>chateal oral tablet 0.15-30 mg-mcg</i>	\$0 (1)
<i>cryselle-28 oral tablet 0.3-30 mg-mcg</i>	\$0 (1)
<i>cyred eq oral tablet 0.15-30 mg-mcg</i>	\$0 (1)
<i>dasetta 1/35 oral tablet 1-35 mg-mcg</i>	\$0 (1)
<i>dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	\$0 (1)
<i>daysee oral tablet 0.15-0.03 & 0.01 mg</i>	\$0 (1)
<i>deblitane oral tablet 0.35 mg</i>	\$0 (1)
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5), 0.15-30 mg-mcg</i>	\$0 (1)
<i>drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg</i>	\$0 (1)
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	\$0 (1)
<i>elimest oral tablet 0.3-30 mg-mcg</i>	\$0 (1)
<i>eluryng vaginal ring 0.12-0.015 mg/24hr</i>	\$0 (1)
<i>emoquette oral tablet 0.15-30 mg-mcg</i>	\$0 (1)
<i>enilloring vaginal ring 0.12-0.015 mg/24hr</i>	\$0 (1)
<i>enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg</i>	\$0 (1)
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	\$0 (1)
<i>errin oral tablet 0.35 mg</i>	\$0 (1)
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	\$0 (1)
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	\$0 (1)
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	\$0 (1)
<i>falmina oral tablet 0.1-20 mg-mcg</i>	\$0 (1)
<i>femynor oral tablet 0.25-35 mg-mcg</i>	\$0 (1)
<i>finzala oral tablet chewable 1-20 mg-mcg(24)</i>	\$0 (1)
<i>hailey 1.5/30 oral tablet 1.5-30 mg-mcg</i>	\$0 (1)
<i>hailey 24 fe oral tablet 1-20 mg-mcg(24)</i>	\$0 (1)
<i>haloette vaginal ring 0.12-0.015 mg/24hr</i>	\$0 (1)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>heather oral tablet 0.35 mg</i>	\$0 (1)
<i>iclevia oral tablet 0.15-0.03 mg</i>	\$0 (1)
<i>incassia oral tablet 0.35 mg</i>	\$0 (1)
<i>introvale oral tablet 0.15-0.03 mg</i>	\$0 (1)
<i>isibloom oral tablet 0.15-30 mg-mcg</i>	\$0 (1)
<i>jasmiel oral tablet 3-0.02 mg</i>	\$0 (1)
<i>jolessa oral tablet 0.15-0.03 mg</i>	\$0 (1)
<i>juleber oral tablet 0.15-30 mg-mcg</i>	\$0 (1)
<i>junel 1.5/30 oral tablet 1.5-30 mg-mcg</i>	\$0 (1)
<i>junel 1/20 oral tablet 1-20 mg-mcg</i>	\$0 (1)
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	\$0 (1)
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>	\$0 (1)
<i>junel fe 24 oral tablet 1-20 mg-mcg(24)</i>	\$0 (1)
<i>kaitlib fe oral tablet chewable 0.8-25 mg-mcg</i>	\$0 (1)
<i>kariva oral tablet 0.15-0.02/0.01 mg (21/5)</i>	\$0 (1)
<i>kelnor 1/35 oral tablet 1-35 mg-mcg</i>	\$0 (1)
<i>kelnor 1/50 oral tablet 1-50 mg-mcg</i>	\$0 (1)
<i>kurvelo oral tablet 0.15-30 mg-mcg</i>	\$0 (1)
<i>larin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	\$0 (1)
<i>larin 1/20 oral tablet 1-20 mg-mcg</i>	\$0 (1)
<i>larin 24 fe oral tablet 1-20 mg-mcg(24)</i>	\$0 (1)
<i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	\$0 (1)
<i>larin fe 1/20 oral tablet 1-20 mg-mcg</i>	\$0 (1)
<i>layolis fe oral tablet chewable 0.8-25 mg-mcg</i>	\$0 (1)
<i>leena oral tablet 0.5/1/0.5-35 mg-mcg</i>	\$0 (1)
<i>lessina oral tablet 0.1-20 mg-mcg</i>	\$0 (1)
<i>levonest oral tablet 50-30/75-40/ 125-30 mcg</i>	\$0 (1)
<i>levonorgest-eth est & eth est oral tablet 42-21-21-7 days</i>	\$0 (1)
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	\$0 (1)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	\$0 (1)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	\$0 (1)
<i>levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg</i>	\$0 (1)
<i>loestrin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	\$0 (1)
<i>loestrin 1/20 (21) oral tablet 1-20 mg-mcg</i>	\$0 (1)
<i>loestrin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	\$0 (1)
<i>loestrin fe 1/20 oral tablet 1-20 mg-mcg</i>	\$0 (1)
<i>loryna oral tablet 3-0.02 mg</i>	\$0 (1)
<i>low-ogestrel oral tablet 0.3-30 mg-mcg</i>	\$0 (1)
<i>lutera oral tablet 0.1-20 mg-mcg</i>	\$0 (1)
<i>lyleq oral tablet 0.35 mg</i>	\$0 (1)
<i>lyza oral tablet 0.35 mg</i>	\$0 (1)
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	\$0 (1)
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	\$0 (1)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	\$0 (1)
<i>mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)</i>	\$0 (1)
<i>microgestin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	\$0 (1)
<i>microgestin 1/20 oral tablet 1-20 mg-mcg</i>	\$0 (1)
<i>microgestin 24 fe oral tablet 1-20 mg-mcg</i>	\$0 (1)
<i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	\$0 (1)
<i>microgestin fe 1/20 oral tablet 1-20 mg-mcg</i>	\$0 (1)
<i>mili oral tablet 0.25-35 mg-mcg</i>	\$0 (1)
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	\$0 (1)
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	\$0 (1)
<i>nikki oral tablet 3-0.02 mg</i>	\$0 (1)
<i>nora-be oral tablet 0.35 mg</i>	\$0 (1)
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	\$0 (1)
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	\$0 (1)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	\$0 (1)
<i>norethindrone oral tablet 0.35 mg</i>	\$0 (1)
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	\$0 (1)
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	\$0 (1)
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	\$0 (1)
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	\$0 (1)
<i>norlyroc oral tablet 0.35 mg</i>	\$0 (1)
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	\$0 (1)
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	\$0 (1)
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	\$0 (1)
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	\$0 (1)
<i>nylia 1/35 oral tablet 1-35 mg-mcg</i>	\$0 (1)
<i>nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	\$0 (1)
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	\$0 (1)
<i>ocella oral tablet 3-0.03 mg</i>	\$0 (1)
<i>philith oral tablet 0.4-35 mg-mcg</i>	\$0 (1)
<i>pimtreea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	\$0 (1)
<i>pirmella 1/35 oral tablet 1-35 mg-mcg</i>	\$0 (1)
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>	\$0 (1)
<i>reclipsen oral tablet 0.15-30 mg-mcg</i>	\$0 (1)
<i>rivelsa oral tablet 42-21-21-7 days</i>	\$0 (1)
<i>setlakin oral tablet 0.15-0.03 mg</i>	\$0 (1)
<i>sharobel oral tablet 0.35 mg</i>	\$0 (1)
<i>simliya oral tablet 0.15-0.02/0.01 mg (21/5)</i>	\$0 (1)
<i>simpesse oral tablet 0.15-0.03 &0.01 mg</i>	\$0 (1)
<i>sprintec 28 oral tablet 0.25-35 mg-mcg</i>	\$0 (1)
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	\$0 (1)
<i>syeda oral tablet 3-0.03 mg</i>	\$0 (1)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>tarina 24 fe oral tablet 1-20 mg-mcg(24)</i>	\$0 (1)
<i>tarina fe 1/20 eq oral tablet 1-20 mg-mcg</i>	\$0 (1)
<i>tilia fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	\$0 (1)
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	\$0 (1)
<i>tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	\$0 (1)
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	\$0 (1)
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	\$0 (1)
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	\$0 (1)
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	\$0 (1)
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	\$0 (1)
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	\$0 (1)
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	\$0 (1)
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	\$0 (1)
<i>trivora (28) oral tablet 50-30/75-40/ 125-30 mcg</i>	\$0 (1)
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	\$0 (1)
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	\$0 (1)
<i>tydemy oral tablet 3-0.03-0.451 mg</i>	\$0 (1)
<i>velivet oral tablet 0.1/0.125/0.15 -0.025 mg</i>	\$0 (1)
<i>vestura oral tablet 3-0.02 mg</i>	\$0 (1)
<i>vienva oral tablet 0.1-20 mg-mcg</i>	\$0 (1)
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	\$0 (1)
<i>vyfemla oral tablet 0.4-35 mg-mcg</i>	\$0 (1)
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	\$0 (1)
<i>wera oral tablet 0.5-35 mg-mcg</i>	\$0 (1)
<i>wymzya fe oral tablet chewable 0.4-35 mg-mcg</i>	\$0 (1)
<i>xulane transdermal patch weekly 150-35 mcg/24hr</i>	\$0 (1)
<i>zafemy transdermal patch weekly 150-35 mcg/24hr</i>	\$0 (1)
<i>zovia 1/35 (28) oral tablet 1-35 mg-mcg</i>	\$0 (1)
<i>zumandimine oral tablet 3-0.03 mg</i>	\$0 (1)
ENDOMETRIOSIS	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	\$0 (1)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
SYNAREL NASAL SOLUTION 2 MG/ML	\$0 (1) ^
ESTROGENS	
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	\$0 (1)
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	\$0 (1)
<i>dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	\$0 (1)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (1)
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	\$0 (1)
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	\$0 (1)
<i>estradiol vaginal cream 0.1 mg/gm</i>	\$0 (1)
<i>estradiol vaginal tablet 10 mcg</i>	\$0 (1)
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	\$0 (1)
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	\$0 (1)
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	\$0 (1)
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	\$0 (1)
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG	\$0 (1)
<i>jinteli oral tablet 1-5 mg-mcg</i>	\$0 (1)
<i>lyllana transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	\$0 (1)
<i>mimvey oral tablet 1-0.5 mg</i>	\$0 (1)
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	\$0 (1)
<i>yuvafem vaginal tablet 10 mcg</i>	\$0 (1)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
GLUCOCORTICOIDS	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	\$0 (1)
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	\$0 (1)
<i>dexamethasone oral solution 0.5 mg/5ml</i>	\$0 (1)
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	\$0 (1)
<i>dexamethasone sod phosphate pf injection solution 10 mg/ml</i>	\$0 (1)
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>	\$0 (1)
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	\$0 (1)
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	\$0 (1)
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	\$0 (1)
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	\$0 (1)
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	\$0 (1)
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg</i>	\$0 (1)
<i>prednisolone oral solution 15 mg/5ml</i>	\$0 (1)
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	\$0 (1)
PREDNISON INTENSOL ORAL CONCENTRATE 5 MG/ML	\$0 (1)
<i>prednisone oral solution 5 mg/5ml</i>	\$0 (1)
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	\$0 (1)
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	\$0 (1)
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 1000 MG, 250 MG, 500 MG	\$0 (1)
GLUCOSE ELEVATING AGENTS	
<i>diazoxide oral suspension 50 mg/ml</i>	\$0 (1) ^
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	\$0 (1)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML	\$0 (1)	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML	\$0 (1)	
MISCELLANEOUS		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML	\$0 (1)	PA; LA; ^
<i>betaine oral powder</i>	\$0 (1)	LA; ^
<i>cabergoline oral tablet 0.5 mg</i>	\$0 (1)	
<i>carglumic acid oral tablet soluble 200 mg</i>	\$0 (1)	PA; LA; ^
CERDELGA ORAL CAPSULE 84 MG	\$0 (1)	PA; LA; ^
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	\$0 (1)	PA; LA; ^
<i>cinacalcet hcl oral tablet 30 mg</i>	\$0 (1)	B/D; QL (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 60 mg</i>	\$0 (1)	B/D; QL (60 EA per 30 days); ^
<i>cinacalcet hcl oral tablet 90 mg</i>	\$0 (1)	B/D; QL (120 EA per 30 days); ^
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	\$0 (1)	PA; LA
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	\$0 (1)	
<i>desmopressin acetate injection solution 4 mcg/ml</i>	\$0 (1)	^
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	\$0 (1)	
<i>desmopressin acetate pf injection solution 4 mcg/ml</i>	\$0 (1)	^
<i>desmopressin acetate spray nasal solution 0.01 %</i>	\$0 (1)	
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG	\$0 (1)	PA; LA; ^
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	\$0 (1)	PA; ^
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG	\$0 (1)	PA; ^
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	\$0 (1)	PA; LA; ^
<i>javygtor oral packet 100 mg, 500 mg</i>	\$0 (1)	PA; LA; ^
<i>javygtor oral tablet 100 mg</i>	\$0 (1)	PA; LA; ^
KORLYM ORAL TABLET 300 MG	\$0 (1)	PA; LA; ^
<i>levocarnitine oral solution 1 gm/10ml</i>	\$0 (1)	B/D
<i>levocarnitine oral tablet 330 mg</i>	\$0 (1)	B/D

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	\$0 (1)	PA; LA; ^
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG	\$0 (1)	PA; ^
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED), 30 MG	\$0 (1)	PA; ^
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG	\$0 (1)	PA; ^
<i>miglustat oral capsule 100 mg</i>	\$0 (1)	PA; QL (90 EA per 30 days); ^
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML	\$0 (1)	PA; LA; ^
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	\$0 (1)	PA; ^
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	\$0 (1)	PA
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	\$0 (1)	PA; ^
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml</i>	\$0 (1)	PA
<i>octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml</i>	\$0 (1)	PA; ^
<i>raloxifene hcl oral tablet 60 mg</i>	\$0 (1)	
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	\$0 (1)	PA; ^
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	\$0 (1)	PA; ^
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	\$0 (1)	PA; LA; ^
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	\$0 (1)	PA; ^
<i>sodium phenylbutyrate oral tablet 500 mg</i>	\$0 (1)	PA; ^
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML	\$0 (1)	PA-NS; LA; ^
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	\$0 (1)	PA; LA; ^
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	\$0 (1)	PA; LA; ^
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	\$0 (1)	QL (360 EA 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>calcium acetate oral tablet 667 mg</i>	\$0 (1)	QL (360 EA per 30 days)
<i>sevelamer carbonate oral packet 0.8 gm</i>	\$0 (1)	QL (540 EA per 30 days); ^
<i>sevelamer carbonate oral packet 2.4 gm</i>	\$0 (1)	QL (180 EA per 30 days); ^
<i>sevelamer carbonate oral tablet 800 mg</i>	\$0 (1)	QL (540 EA per 30 days)
VELPHORO ORAL TABLET CHEWABLE 500 MG	\$0 (1)	QL (180 EA per 30 days)
PROGESTINS		
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	\$0 (1)	
<i>megestrol acetate oral suspension 40 mg/ml</i>	\$0 (1)	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	\$0 (1)	PA
<i>norethindrone acetate oral tablet 5 mg</i>	\$0 (1)	
THYROID AGENTS		
<i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	\$0 (1)	
<i>levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	\$0 (1)	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	\$0 (1)	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	\$0 (1)	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	\$0 (1)	
<i>methimazole oral tablet 10 mg, 5 mg</i>	\$0 (1)	
<i>propylthiouracil oral tablet 50 mg</i>	\$0 (1)	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	\$0 (1)	
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	\$0 (1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VITAMIN D ANALOGS		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	\$0 (1)	B/D
<i>calcitriol oral solution 1 mcg/ml</i>	\$0 (1)	B/D
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	\$0 (1)	B/D
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	\$0 (1)	B/D
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG	\$0 (1)	^
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg</i>	\$0 (1)	B/D
<i>compro rectal suppository 25 mg</i>	\$0 (1)	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	\$0 (1)	B/D; QL (60 EA per 30 days)
<i>granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml</i>	\$0 (1)	
<i>granisetron hcl oral tablet 1 mg</i>	\$0 (1)	B/D
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	\$0 (1)	
<i>metoclopramide hcl injection solution 5 mg/ml</i>	\$0 (1)	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	\$0 (1)	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	\$0 (1)	
<i>ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml</i>	\$0 (1)	
<i>ondansetron hcl injection solution prefilled syringe 4 mg/2ml</i>	\$0 (1)	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	\$0 (1)	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	\$0 (1)	
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	\$0 (1)	
<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>	\$0 (1)	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	\$0 (1)	
<i>prochlorperazine rectal suppository 25 mg</i>	\$0 (1)	
<i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>	\$0 (1)	PA; PA if 70 years and older
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	\$0 (1)	PA; PA if 70 years and older
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	\$0 (1)	PA; PA if 70 years and older
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	\$0 (1)	PA; PA if 70 years and older; QL (10 EA 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
ANTISPASMODICS		
<i>dicyclomine hcl oral capsule 10 mg</i>	\$0 (1)	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	\$0 (1)	
<i>dicyclomine hcl oral tablet 20 mg</i>	\$0 (1)	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	\$0 (1)	
H2-RECEPTOR ANTAGONISTS		
<i>famotidine (pf) intravenous solution 20 mg/2ml</i>	\$0 (1)	
<i>famotidine intravenous solution 200 mg/20ml, 40 mg/4ml</i>	\$0 (1)	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	\$0 (1)	QL (300 ML per 30 days)
<i>famotidine oral tablet 20 mg</i>	\$0 (1)	QL (120 EA per 30 days)
<i>famotidine oral tablet 40 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>famotidine premixed intravenous solution 20-0.9 mg/50ml-%</i>	\$0 (1)	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	\$0 (1)	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium oral capsule 750 mg</i>	\$0 (1)	
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	\$0 (1)	PA; QL (30 EA per 30 days); ^
<i>budesonide oral capsule delayed release particles 3 mg</i>	\$0 (1)	PA; QL (90 EA per 30 days)
<i>hydrocortisone rectal enema 100 mg/60ml</i>	\$0 (1)	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	\$0 (1)	QL (120 EA per 30 days)
<i>mesalamine oral capsule delayed release 400 mg</i>	\$0 (1)	QL (180 EA per 30 days)
<i>mesalamine oral tablet delayed release 1.2 gm, 800 mg</i>	\$0 (1)	
<i>mesalamine rectal enema 4 gm</i>	\$0 (1)	
<i>mesalamine rectal suppository 1000 mg</i>	\$0 (1)	
<i>mesalamine-cleanser rectal kit 4 gm</i>	\$0 (1)	
<i>sulfasalazine oral tablet 500 mg</i>	\$0 (1)	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	\$0 (1)	
LAXATIVES		
<i>constulose oral solution 10 gm/15ml</i>	\$0 (1)	
<i>enulose oral solution 10 gm/15ml</i>	\$0 (1)	
<i>gavilyte-c oral solution reconstituted 240 gm</i>	\$0 (1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>gavilyte-g oral solution reconstituted 236 gm</i>	\$0 (1)	
<i>generlac oral solution 10 gm/15ml</i>	\$0 (1)	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	\$0 (1)	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	\$0 (1)	
<i>lactulose oral solution 10 gm/15ml</i>	\$0 (1)	
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	\$0 (1)	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	\$0 (1)	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	\$0 (1)	
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM	\$0 (1)	
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	\$0 (1)	
MISCELLANEOUS		
<i>alose tron hcl oral tablet 0.5 mg, 1 mg</i>	\$0 (1)	PA; QL (60 EA per 30 days); ^
CARAFATE ORAL SUSPENSION 1 GM/10ML	\$0 (1)	PA
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	\$0 (1)	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	\$0 (1)	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	\$0 (1)	
GATTEX SUBCUTANEOUS KIT 5 MG	\$0 (1)	PA; LA; ^
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	\$0 (1)	QL (30 EA per 30 days)
<i>loperamide hcl oral capsule 2 mg</i>	\$0 (1)	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	\$0 (1)	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	\$0 (1)	QL (30 EA per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE), 8 MG/0.4ML	\$0 (1)	PA; ^
<i>sucralfate oral suspension 1 gm/10ml</i>	\$0 (1)	PA
<i>sucralfate oral tablet 1 gm</i>	\$0 (1)	
<i>ursodiol oral capsule 300 mg</i>	\$0 (1)	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	\$0 (1)	
XERMELO ORAL TABLET 250 MG	\$0 (1)	PA; LA; QL (90 EA 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
XIFAXAN ORAL TABLET 550 MG	\$0 (1)	PA; ^
PANCREATIC ENZYMES		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	\$0 (1)	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	\$0 (1)	
PROTON PUMP INHIBITORS		
<i>dexlansoprazole oral capsule delayed release 30 mg, 60 mg</i>	\$0 (1)	
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	\$0 (1)	ST
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	\$0 (1)	
<i>lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg</i>	\$0 (1)	ST
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	\$0 (1)	
<i>pantoprazole sodium intravenous solution reconstituted 40 mg</i>	\$0 (1)	
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	\$0 (1)	
PRILOSEC ORAL PACKET 10 MG, 2.5 MG	\$0 (1)	PA
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	\$0 (1)	
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>dutasteride oral capsule 0.5 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>finasteride oral tablet 5 mg</i>	\$0 (1)	
<i>silodosin oral capsule 4 mg, 8 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule 0.4 mg</i>	\$0 (1)	
MISCELLANEOUS		
<i>acetic acid irrigation solution 0.25 %</i>	\$0 (1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	\$0 (1)	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	\$0 (1)	
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	\$0 (1)	ST; QL (30 EA per 30 days)
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	\$0 (1)	QL (30 EA per 30 days)
GEMTESA ORAL TABLET 75 MG	\$0 (1)	QL (30 EA per 30 days)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	\$0 (1)	QL (300 ML per 28 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	\$0 (1)	QL (30 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	\$0 (1)	
<i>oxybutynin chloride oral tablet 5 mg</i>	\$0 (1)	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	\$0 (1)	ST; QL (30 EA per 30 days)
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	\$0 (1)	QL (60 EA per 30 days)
<i>trospium chloride oral tablet 20 mg</i>	\$0 (1)	QL (60 EA per 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal cream 2 %</i>	\$0 (1)	
<i>metronidazole vaginal gel 0.75 %</i>	\$0 (1)	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	\$0 (1)	
<i>terconazole vaginal suppository 80 mg</i>	\$0 (1)	
HEMATOLOGIC		
ANTICOAGULANTS		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	\$0 (1)	QL (74 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ELIQUIS ORAL TABLET 2.5 MG	\$0 (1)	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	\$0 (1)	QL (74 EA per 30 days)
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	\$0 (1)	
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	\$0 (1)	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	\$0 (1)	^
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	\$0 (1)	
HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 12500-0.45 UT/250ML-%, 25000-0.45 UT/250ML-%, 25000-0.45 UT/500ML-%	\$0 (1)	
<i>heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%</i>	\$0 (1)	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	\$0 (1)	B/D
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	\$0 (1)	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	\$0 (1)	
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	\$0 (1)	QL (620 ML per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	\$0 (1)	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	\$0 (1)	QL (60 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	\$0 (1)	QL (51 EA per 30 days)
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	\$0 (1)	PA
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	\$0 (1)	PA; ^
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	\$0 (1)	PA; ^
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	\$0 (1)	PA; ^

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MISCELLANEOUS		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	\$0 (1)	
BERINERT INTRAVENOUS KIT 500 UNIT	\$0 (1)	PA; LA; QL (24 EA per 30 days); ^
<i>cilostazol oral tablet 100 mg, 50 mg</i>	\$0 (1)	
DOPTELET ORAL TABLET 20 MG, 20 MG (10 PACK), 20 MG(15 PACK)	\$0 (1)	PA; LA; ^
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	\$0 (1)	
ENDARI ORAL PACKET 5 GM	\$0 (1)	PA; LA; ^
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	\$0 (1)	PA; LA; QL (30 EA per 30 days); ^
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	\$0 (1)	PA; LA; QL (20 EA per 30 days); ^
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	\$0 (1)	PA; QL (27 ML per 30 days); ^
<i>pentoxifylline er oral tablet extended release 400 mg</i>	\$0 (1)	
PROMACTA ORAL PACKET 12.5 MG	\$0 (1)	PA; LA; QL (360 EA per 30 days); ^
PROMACTA ORAL PACKET 25 MG	\$0 (1)	PA; LA; QL (180 EA per 30 days); ^
PROMACTA ORAL TABLET 12.5 MG, 25 MG	\$0 (1)	PA; LA; QL (30 EA per 30 days); ^
PROMACTA ORAL TABLET 50 MG, 75 MG	\$0 (1)	PA; LA; QL (60 EA per 30 days); ^
<i>sajazir subcutaneous solution prefilled syringe 30 mg/3ml</i>	\$0 (1)	PA; LA; QL (27 ML per 30 days); ^
<i>tranexamic acid intravenous solution 1000 mg/10ml</i>	\$0 (1)	
<i>tranexamic acid oral tablet 650 mg</i>	\$0 (1)	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	\$0 (1)	
BRILINTA ORAL TABLET 60 MG, 90 MG	\$0 (1)	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	\$0 (1)	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	\$0 (1)	PA; PA if 70 years and older
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	\$0 (1)	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML, 300 MG/2ML	\$0 (1)	PA; ^

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML, 300 MG/2ML	\$0 (1)	PA; ^
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	\$0 (1)	PA; QL (8 ML per 28 days); ^
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	\$0 (1)	PA; QL (8 ML per 28 days); ^
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	\$0 (1)	PA; QL (8 ML per 28 days); ^
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	\$0 (1)	PA; QL (16 EA per 28 days); ^
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	\$0 (1)	PA; QL (8 ML per 28 days); ^
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	\$0 (1)	PA; ^
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	\$0 (1)	PA; QL (6 EA per 28 days); ^
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	\$0 (1)	PA; QL (4 EA per 28 days); ^
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	\$0 (1)	PA; ^
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	\$0 (1)	PA; ^
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	\$0 (1)	PA; ^
HUMIRA PEN-PSOR/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	\$0 (1)	PA; ^
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	\$0 (1)	PA; QL (2 EA per 28 days); ^
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	\$0 (1)	PA; QL (6 EA per 28 days); ^
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	\$0 (1)	PA; LA; ^
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML	\$0 (1)	PA; QL (2.28 ML per 28 days); ^

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML	\$0 (1)	PA; QL (2.28 ML per 28 days); ^
OTEZLA ORAL TABLET 30 MG	\$0 (1)	PA; QL (60 EA per 30 days); ^
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	\$0 (1)	PA; QL (110 EA per 365 days); ^
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	\$0 (1)	PA; LA; ^
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	\$0 (1)	PA; LA; ^
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG	\$0 (1)	PA; QL (30 EA per 30 days); ^
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG	\$0 (1)	PA; QL (168 EA per 365 days); ^
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML	\$0 (1)	PA; QL (60 ML per 365 days); ^
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	\$0 (1)	PA; QL (6 ML per 365 days); ^
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	\$0 (1)	PA; QL (1.2 ML per 56 days); ^
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	\$0 (1)	PA; QL (2.4 ML per 56 days); ^
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	\$0 (1)	PA; QL (6 ML per 365 days); ^
STELARA INTRAVENOUS SOLUTION 130 MG/26ML	\$0 (1)	PA; LA; ^
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	\$0 (1)	PA; LA; QL (0.5 ML per 28 days); ^
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	\$0 (1)	PA; QL (0.5 ML per 28 days); ^
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	\$0 (1)	PA; QL (1 ML per 28 days); ^
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML	\$0 (1)	PA; LA; QL (3 ML per 28 days); ^
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	\$0 (1)	PA; LA; QL (3 ML per 28 days); ^
XELJANZ ORAL SOLUTION 1 MG/ML	\$0 (1)	PA; QL (480 ML per 24 days); ^
XELJANZ ORAL TABLET 10 MG, 5 MG	\$0 (1)	PA; QL (60 EA per 30 days); ^
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	\$0 (1)	PA; QL (30 EA 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
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	\$0 (1)	
<i>leflunomide oral tablet 10 mg, 20 mg</i>	\$0 (1)	QL (30 EA per 30 days)
<i>methotrexate sodium oral tablet 2.5 mg</i>	\$0 (1)	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	\$0 (1)	
XATMEP ORAL SOLUTION 2.5 MG/ML	\$0 (1)	
IMMUNOGLOBULINS		
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML	\$0 (1)	PA; LA; ^
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	\$0 (1)	PA; ^
GAMASTAN INTRAMUSCULAR INJECTABLE	\$0 (1)	B/D; LA
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	\$0 (1)	PA; ^
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	\$0 (1)	PA; ^
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	\$0 (1)	PA; ^
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	\$0 (1)	PA; LA; ^
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	\$0 (1)	PA; ^
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML	\$0 (1)	PA; ^
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	\$0 (1)	PA; ^
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	\$0 (1)	PA; ^

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
IMMUNOMODULATORS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	\$0 (1)	PA-NS; LA; ^
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	\$0 (1)	PA; LA; ^
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	\$0 (1)	B/D; LA; ^
IMMUNOSUPPRESSANTS		
<i>azathioprine oral tablet 50 mg</i>	\$0 (1)	B/D
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG	\$0 (1)	PA; LA; ^
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	\$0 (1)	PA; LA; QL (8 ML per 28 days); ^
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	\$0 (1)	PA; LA; QL (8 ML per 28 days); ^
<i>cyclosporine intravenous solution 50 mg/ml</i>	\$0 (1)	B/D
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	\$0 (1)	B/D
<i>cyclosporine modified oral solution 100 mg/ml</i>	\$0 (1)	B/D
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	\$0 (1)	B/D
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	\$0 (1)	B/D; ^
<i>engraf oral capsule 100 mg, 25 mg</i>	\$0 (1)	B/D
<i>engraf oral solution 100 mg/ml</i>	\$0 (1)	B/D
<i>mycophenolate mofetil oral capsule 250 mg</i>	\$0 (1)	B/D
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	\$0 (1)	B/D; ^
<i>mycophenolate mofetil oral tablet 500 mg</i>	\$0 (1)	B/D
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	\$0 (1)	B/D
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	\$0 (1)	B/D; ^
PROGRAF ORAL PACKET 0.2 MG, 1 MG	\$0 (1)	B/D
REZUROCK ORAL TABLET 200 MG	\$0 (1)	PA; LA; ^
SANDIMMUNE ORAL SOLUTION 100 MG/ML	\$0 (1)	B/D

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sirolimus oral solution 1 mg/ml</i>	\$0 (1)	B/D; ^
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	\$0 (1)	B/D
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	\$0 (1)	B/D
VACCINES		
ABRYSCO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	\$0 (1)	NM
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	\$0 (1)	NM
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	\$0 (1)	NM
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	\$0 (1)	NM
BCG VACCINE INJECTION SOLUTION RECONSTITUTED 50 MG	\$0 (1)	NM
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (1)	NM
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	\$0 (1)	NM
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	\$0 (1)	NM
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	\$0 (1)	NM
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED	\$0 (1)	NM
DIPHtheria-TETANUS TOXoids DT INTRAMUSCULAR SUSPENSION 25-5 LFU/0.5ML	\$0 (1)	B/D; NM
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	\$0 (1)	B/D; NM
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	\$0 (1)	B/D; NM
GARDASIL 9 INTRAMUSCULAR SUSPENSION	\$0 (1)	NM
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (1)	NM
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	\$0 (1)	NM
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	\$0 (1)	B/D; NM
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	\$0 (1)	NM

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	\$0 (1)	B/D; NM
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	\$0 (1)	NM
IPOL INJECTION INJECTABLE	\$0 (1)	NM
IXIARO INTRAMUSCULAR SUSPENSION	\$0 (1)	NM
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0 (1)	NM
MENACTRA INTRAMUSCULAR SOLUTION	\$0 (1)	NM
MENQUADFI INTRAMUSCULAR SOLUTION	\$0 (1)	NM
MENVEO INTRAMUSCULAR SOLUTION	\$0 (1)	NM
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	\$0 (1)	NM
M-M-R II INJECTION SOLUTION RECONSTITUTED	\$0 (1)	NM
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (1)	NM
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	\$0 (1)	NM
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0 (1)	NM
PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML	\$0 (1)	B/D; NM
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	\$0 (1)	NM
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	\$0 (1)	NM
QUADRACEL INTRAMUSCULAR SUSPENSION , (58 UNT/ML)	\$0 (1)	NM
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0 (1)	NM
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0 (1)	B/D; NM
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	\$0 (1)	B/D; NM
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	\$0 (1)	B/D; NM
ROTARIX ORAL SUSPENSION	\$0 (1)	NM
ROTARIX ORAL SUSPENSION RECONSTITUTED	\$0 (1)	NM
ROTATEQ ORAL SOLUTION	\$0 (1)	NM

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	\$0 (1)	NM; A third dose may be considered in post-transplant members (PA required); QL (2 EA per 999 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	\$0 (1)	B/D; NM
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	\$0 (1)	B/D; NM
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML	\$0 (1)	NM
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0 (1)	NM
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	\$0 (1)	NM
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	\$0 (1)	NM
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	\$0 (1)	NM
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	\$0 (1)	NM
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	\$0 (1)	NM
YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE)	\$0 (1)	NM
NUTRITIONAL/SUPPLEMENTS		
<i>ELECTROLYTES/MINERALS, INJECTABLE</i>		
DEXTROSE 5%/ELECTROLYTE #48 INTRAVENOUS SOLUTION	\$0 (1)	
<i>dextrose in lactated ringers intravenous solution 5 %</i>	\$0 (1)	
DEXTROSE-NACL INTRAVENOUS SOLUTION 10-0.2 %, 2.5-0.45 %	\$0 (1)	
<i>dextrose-nacl intravenous solution 10-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	\$0 (1)	
<i>dextrose-sodium chloride intravenous solution 2.5-0.45 %, 5-0.225 %, 5-0.3 %</i>	\$0 (1)	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	\$0 (1)	
ISOLYTE-S INTRAVENOUS SOLUTION	\$0 (1)	
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	\$0 (1)	

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%</i>	\$0 (1)
KCL IN DEXTROSE-NACL INTRAVENOUS SOLUTION 40-5-0.9 MEQ/L-%-%	\$0 (1)
KCL IN DEXTROSE-NACL SOLUTION 40-5-0.9 MEQ/L-%-% INTRAVENOUS	\$0 (1)
<i>lactated ringers intravenous solution</i>	\$0 (1)
<i>magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%</i>	\$0 (1)
MAGNESIUM SULFATE IN D5W SOLUTION 1-5 GM/100ML-% INTRAVENOUS	\$0 (1)
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	\$0 (1)
<i>magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml</i>	\$0 (1)
MAGNESIUM SULFATE SOLUTION 2 GM/50ML INTRAVENOUS	\$0 (1)
MAGNESIUM SULFATE SOLUTION 20 GM/500ML INTRAVENOUS	\$0 (1)
MAGNESIUM SULFATE SOLUTION 4 GM/100ML INTRAVENOUS	\$0 (1)
MAGNESIUM SULFATE SOLUTION 4 GM/50ML INTRAVENOUS	\$0 (1)
MAGNESIUM SULFATE SOLUTION 40 GM/1000ML INTRAVENOUS	\$0 (1)
<i>multiple electro type 1 ph 5.5 intravenous solution</i>	\$0 (1)
<i>multiple electro type 1 ph 7.4 intravenous solution</i>	\$0 (1)
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	\$0 (1)
PLASMA-LYTE A INTRAVENOUS SOLUTION	\$0 (1)
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	\$0 (1)
POTASSIUM CHLORIDE IN NACL SOLUTION 20-0.45 MEQ/L-% INTRAVENOUS	\$0 (1)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
POTASSIUM CHLORIDE IN NA CL SOLUTION 20-0.9 MEQ/L-% INTRAVENOUS	\$0 (1)	
POTASSIUM CHLORIDE IN NA CL SOLUTION 40-0.9 MEQ/L-% INTRAVENOUS	\$0 (1)	
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 10 MEQ/50ML, 20 MEQ/50ML	\$0 (1)	
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	\$0 (1)	
<i>potassium chloride solution 10 meq/100ml intravenous</i>	\$0 (1)	
<i>potassium chloride solution 20 meq/100ml intravenous</i>	\$0 (1)	
<i>potassium chloride solution 20 meq/50ml intravenous</i>	\$0 (1)	
<i>potassium chloride solution 40 meq/100ml intravenous</i>	\$0 (1)	
<i>potassium cl in dextrose 5% intravenous solution 20 meq/l</i>	\$0 (1)	
<i>sodium chloride injection solution 2.5 meq/ml</i>	\$0 (1)	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	\$0 (1)	
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	\$0 (1)	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>klor-con 10 oral tablet extended release 10 meq</i>	\$0 (1)	
<i>klor-con m10 oral tablet extended release 10 meq</i>	\$0 (1)	
<i>klor-con m15 oral tablet extended release 15 meq</i>	\$0 (1)	
<i>klor-con m20 oral tablet extended release 20 meq</i>	\$0 (1)	
<i>klor-con oral packet 20 meq</i>	\$0 (1)	
<i>klor-con oral tablet extended release 8 meq</i>	\$0 (1)	
M-NATAL PLUS ORAL TABLET 27-1 MG	\$0 (1)	
<i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i>	\$0 (1)	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	\$0 (1)	
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	\$0 (1)	
<i>potassium chloride oral packet 20 meq</i>	\$0 (1)	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	\$0 (1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PRENATAL VITAMIN WITH FOLIC ACID GREATER THAN 0.8 MG ORAL TABLET ORAL TABLET 27-1 MG	\$0 (1)	
<i>sodium fluoride chew, tab, 1.1 (0.5 f) mg/ml soln oral tablet 2.2 (1 f) mg</i>	\$0 (1)	
IV NUTRITION		
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	\$0 (1)	B/D
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	\$0 (1)	B/D
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	\$0 (1)	B/D
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	\$0 (1)	B/D
CLINIMIX/DEXTROSE (6/5) INTRAVENOUS SOLUTION 6 %	\$0 (1)	B/D
CLINIMIX/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 %	\$0 (1)	B/D
CLINIMIX/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 %	\$0 (1)	B/D
<i>clinisol sf intravenous solution 15 %</i>	\$0 (1)	B/D
CLINOLIPID INTRAVENOUS EMULSION 20 %	\$0 (1)	B/D
<i>dextrose intravenous solution 10 %, 5 %</i>	\$0 (1)	
<i>dextrose intravenous solution 50 %, 70 %</i>	\$0 (1)	B/D
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	\$0 (1)	B/D
NUTRILIPID INTRAVENOUS EMULSION 20 %	\$0 (1)	B/D
<i>plenamine intravenous solution 15 %</i>	\$0 (1)	B/D
PREMASOL INTRAVENOUS SOLUTION 10 %	\$0 (1)	B/D; ^
PROSOL INTRAVENOUS SOLUTION 20 %	\$0 (1)	B/D
TRAVASOL INTRAVENOUS SOLUTION 10 %	\$0 (1)	B/D
TROPHAMINE INTRAVENOUS SOLUTION 10 %	\$0 (1)	B/D
OPHTHALMIC		
ANTIALLERGICS		
<i>azelastine hcl ophthalmic solution 0.05 %</i>	\$0 (1)	
<i>cromolyn sodium ophthalmic solution 4 %</i>	\$0 (1)	
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	\$0 (1)	
ZERVIAE OPHTHALMIC SOLUTION 0.24 %	\$0 (1)	

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
ANTIGLAUCOMA	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	\$0 (1)
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	\$0 (1)
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	\$0 (1)
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	\$0 (1)
<i>brinzolamide ophthalmic suspension 1 %</i>	\$0 (1)
<i>carteolol hcl ophthalmic solution 1 %</i>	\$0 (1)
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	\$0 (1)
<i>dorzolamide hcl ophthalmic solution 2 %</i>	\$0 (1)
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	\$0 (1)
<i>latanoprost ophthalmic solution 0.005 %</i>	\$0 (1)
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	\$0 (1)
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	\$0 (1)
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	\$0 (1)
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	\$0 (1)
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	\$0 (1)
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	\$0 (1)
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	\$0 (1)
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	\$0 (1)
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	\$0 (1)
VYZULTA OPHTHALMIC SOLUTION 0.024 %	\$0 (1)
ANTI-INFECTIVE/ANTI-INFLAMMATORY	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	\$0 (1)
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	\$0 (1)
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	\$0 (1)
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	\$0 (1)
<i>neo-polycin hc ophthalmic ointment 1 %</i>	\$0 (1)
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	\$0 (1)
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	\$0 (1)

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 %	\$0 (1)
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	\$0 (1)
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %	\$0 (1)
ANTI-INFECTIVES	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	\$0 (1)
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	\$0 (1)
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	\$0 (1)
CILOXAN OPHTHALMIC OINTMENT 0.3 %	\$0 (1)
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	\$0 (1)
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	\$0 (1)
<i>gatifloxacin ophthalmic solution 0.5 %</i>	\$0 (1)
<i>gentak ophthalmic ointment 0.3 %</i>	\$0 (1)
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	\$0 (1)
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	\$0 (1)
NATACYN OPHTHALMIC SUSPENSION 5 %	\$0 (1)
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	\$0 (1)
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	\$0 (1)
<i>neo-polycin ophthalmic ointment 3.5-400-10000</i>	\$0 (1)
<i>ofloxacin ophthalmic solution 0.3 %</i>	\$0 (1)
<i>polycin ophthalmic ointment 500-10000 unit/gm</i>	\$0 (1)
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	\$0 (1)
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	\$0 (1)
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	\$0 (1)
<i>tobramycin ophthalmic solution 0.3 %</i>	\$0 (1)
<i>trifluridine ophthalmic solution 1 %</i>	\$0 (1)
ZIRGAN OPHTHALMIC GEL 0.15 %	\$0 (1)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTI-INFLAMMATORIES		
ALREX OPHTHALMIC SUSPENSION 0.2 %	\$0 (1)	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	\$0 (1)	
BROMSITE OPHTHALMIC SOLUTION 0.075 %	\$0 (1)	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	\$0 (1)	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	\$0 (1)	
<i>difluprednate ophthalmic emulsion 0.05 %</i>	\$0 (1)	
FLAREX OPHTHALMIC SUSPENSION 0.1 %	\$0 (1)	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	\$0 (1)	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	\$0 (1)	
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	\$0 (1)	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	\$0 (1)	
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	\$0 (1)	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	\$0 (1)	
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 1 %	\$0 (1)	
PROLENSA OPHTHALMIC SOLUTION 0.07 %	\$0 (1)	
MISCELLANEOUS		
<i>atropine sulfate ophthalmic solution 1 %</i>	\$0 (1)	
ATROPINE SULFATE SOLUTION 1 % OPHTHALMIC	\$0 (1)	
CYSTADROPS OPHTHALMIC SOLUTION 0.37 %	\$0 (1)	PA; LA; ^
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	\$0 (1)	PA; LA; ^
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	\$0 (1)	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	\$0 (1)	
RESTASIS OPHTHALMIC EMULSION 0.05 %	\$0 (1)	
TYRVAYA NASAL SOLUTION 0.03 MG/ACT	\$0 (1)	
OTIC		
OTIC AGENTS		
<i>acetic acid otic solution 2 %</i>	\$0 (1)	
CIPRO HC OTIC SUSPENSION 0.2-1 %	\$0 (1)	
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	\$0 (1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>flac otic oil 0.01 %</i>	\$0 (1)	
<i>fluocinolone acetonide otic oil 0.01 %</i>	\$0 (1)	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	\$0 (1)	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	\$0 (1)	
<i>ofloxacin otic solution 0.3 %</i>	\$0 (1)	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	\$0 (1)	QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT	\$0 (1)	QL (10.7 GM per 30 days)
BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION	\$0 (1)	Institutional Pack (5.9g inhaler containing 28 inhalations); QL (23.6 GM per 28 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	\$0 (1)	Retail Inhalation Canister (10.7g inhaler containing 120 inhalations); QL (10.7 GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	\$0 (1)	QL (8 GM per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	\$0 (1)	B/D
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	\$0 (1)	QL (60 EA per 30 days)
ANTICHOLINERGICS		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	\$0 (1)	QL (25.8 GM per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	\$0 (1)	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	\$0 (1)	B/D
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	\$0 (1)	
ANTIHISTAMINES		
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	\$0 (1)	
<i>cetirizine hcl oral solution 1 mg/ml</i>	\$0 (1)	
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	\$0 (1)	PA; PA if 70 years and older

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>ciproheptadine hcl oral tablet 4 mg</i>	\$0 (1)	PA; PA if 70 years and older
<i>desloratadine oral tablet 5 mg</i>	\$0 (1)	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	\$0 (1)	
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	\$0 (1)	PA; PA if 70 years and older
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	\$0 (1)	PA; PA if 70 years and older
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	\$0 (1)	PA; PA if 70 years and older
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	\$0 (1)	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	\$0 (1)	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	\$0 (1)	
<i>olopatadine hcl nasal solution 0.6 %</i>	\$0 (1)	
BETA AGONISTS		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act inhalation aerosol solution 108 (90 base) mcg/act</i>	\$0 (1)	(generic of Proair HFA); QL (17 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act inhalation aerosol solution 108 (90 base) mcg/act (nda020503)</i>	\$0 (1)	(generic of Proventil HFA); QL (13.4 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i>	\$0 (1)	(generic of Ventolin HFA); QL (36 GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	\$0 (1)	B/D
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	\$0 (1)	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	\$0 (1)	
<i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>	\$0 (1)	B/D
<i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i>	\$0 (1)	B/D; ^
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	\$0 (1)	B/D
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	\$0 (1)	ST; QL (30 GM per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	\$0 (1)	QL (60 EA per 30 days)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	\$0 (1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	\$0 (1)	QL (48 GM per 30 days)
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	\$0 (1)	QL (36 GM per 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium oral packet 4 mg</i>	\$0 (1)	
<i>montelukast sodium oral tablet 10 mg</i>	\$0 (1)	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	\$0 (1)	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	\$0 (1)	
MISCELLANEOUS		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	\$0 (1)	B/D
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	\$0 (1)	PA; LA; ^
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	\$0 (1)	B/D
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	\$0 (1)	(generic of Adrenaclick)
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml</i>	\$0 (1)	(generic of Adrenaclick)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	\$0 (1)	(generic of EpiPen)
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	\$0 (1)	PA; LA; ^
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	\$0 (1)	PA; LA; ^
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 50 MG, 75 MG	\$0 (1)	PA; LA; QL (56 EA per 28 days); ^
KALYDECO ORAL TABLET 150 MG	\$0 (1)	PA; LA; QL (60 EA per 30 days); ^
OFEV ORAL CAPSULE 100 MG, 150 MG	\$0 (1)	PA; LA; QL (60 EA per 30 days); ^
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG	\$0 (1)	PA; LA; QL (56 EA per 28 days); ^
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	\$0 (1)	PA; LA; QL (112 EA per 28 days); ^
<i>pirfenidone oral capsule 267 mg</i>	\$0 (1)	PA; QL (270 EA per 30 days); ^
<i>pirfenidone oral tablet 267 mg</i>	\$0 (1)	PA; QL (270 EA per 30 days); ^
<i>pirfenidone oral tablet 534 mg, 801 mg</i>	\$0 (1)	PA; QL (90 EA per 30 days); ^
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	\$0 (1)	PA; LA; ^

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	\$0 (1)	PA; LA; ^
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	\$0 (1)	PA; ^
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	\$0 (1)	
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	\$0 (1)	PA; LA; QL (56 EA per 28 days); ^
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG	\$0 (1)	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	\$0 (1)	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	\$0 (1)	
<i>theophylline oral elixir 80 mg/15ml</i>	\$0 (1)	
<i>theophylline oral solution 80 mg/15ml</i>	\$0 (1)	
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	\$0 (1)	PA; LA; QL (84 EA per 28 days); ^
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG	\$0 (1)	PA; LA; QL (56 EA per 28 days); ^
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	\$0 (1)	PA; LA; ^
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	\$0 (1)	PA; LA; ^
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	\$0 (1)	PA; LA; ^
NASAL STEROIDS		
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	\$0 (1)	QL (75 ML per 30 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	\$0 (1)	QL (16 GM per 30 days)
<i>mometasone furoate nasal suspension 50 mcg/act</i>	\$0 (1)	ST; QL (34 GM per 30 days)
OMNARIS NASAL SUSPENSION 50 MCG/ACT	\$0 (1)	ST; QL (12.5 GM per 30 days)
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT	\$0 (1)	PA; QL (32 ML per 30 days)
STEROID INHALANTS		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	\$0 (1)	QL (30 EA per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	\$0 (1)	B/D

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT	\$0 (1)	QL (240 EA per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	\$0 (1)	QL (180 EA per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	\$0 (1)	QL (24 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	\$0 (1)	QL (21.2 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT	\$0 (1)	QL (2 EA per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT	\$0 (1)	QL (3 EA per 30 days)
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	\$0 (1)	QL (60 EA per 30 days)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	\$0 (1)	QL (12 GM per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	\$0 (1)	QL (60 EA per 30 days)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	\$0 (1)	QL (30.6 GM per 30 days)
TOPICAL		
DERMATOLOGY, ACNE		
<i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (1)	PA
<i>amnestem oral capsule 10 mg, 20 mg, 40 mg</i>	\$0 (1)	PA
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	\$0 (1)	QL (46.6 GM per 30 days)
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (1)	PA
<i>clindamycin phosphate external gel 1 %</i>	\$0 (1)	QL (75 GM per 30 days)
<i>clindamycin phosphate external lotion 1 %</i>	\$0 (1)	QL (60 ML per 30 days)
<i>clindamycin phosphate external solution 1 %</i>	\$0 (1)	QL (60 ML per 30 days)
<i>ery external pad 2 %</i>	\$0 (1)	QL (60 EA per 30 days)
<i>erythromycin external solution 2 %</i>	\$0 (1)	QL (60 ML per 30 days)
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (1)	PA

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	\$0 (1)	QL (118 ML per 30 days)
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	\$0 (1)	PA; QL (45 GM per 30 days)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	\$0 (1)	PA; QL (45 GM per 30 days)
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	\$0 (1)	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate external cream 0.1 %</i>	\$0 (1)	QL (30 GM per 30 days)
<i>gentamicin sulfate external ointment 0.1 %</i>	\$0 (1)	QL (30 GM per 30 days)
<i>mupirocin external ointment 2 %</i>	\$0 (1)	QL (220 GM per 30 days)
<i>silver sulfadiazine external cream 1 %</i>	\$0 (1)	
<i>ssd external cream 1 %</i>	\$0 (1)	
SULFAMYLON EXTERNAL CREAM 85 MG/GM	\$0 (1)	QL (453.6 GM per 30 days)
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine external cream 0.77 %</i>	\$0 (1)	QL (90 GM per 30 days)
<i>ciclopirox olamine external suspension 0.77 %</i>	\$0 (1)	QL (60 ML per 30 days)
<i>clotrimazole external cream 1 %</i>	\$0 (1)	QL (45 GM per 30 days)
<i>clotrimazole external solution 1 %</i>	\$0 (1)	QL (30 ML per 30 days)
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	\$0 (1)	QL (45 GM per 30 days)
<i>ketconazole external cream 2 %</i>	\$0 (1)	QL (60 GM per 30 days)
<i>nyamyc external powder 100000 unit/gm</i>	\$0 (1)	QL (60 GM per 30 days)
<i>nystatin external cream 100000 unit/gm</i>	\$0 (1)	QL (30 GM per 30 days)
<i>nystatin external ointment 100000 unit/gm</i>	\$0 (1)	QL (30 GM per 30 days)
<i>nystatin external powder 100000 unit/gm</i>	\$0 (1)	QL (60 GM per 30 days)
<i>nystop external powder 100000 unit/gm</i>	\$0 (1)	QL (60 GM per 30 days)
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	\$0 (1)	PA
<i>calcipotriene external ointment 0.005 %</i>	\$0 (1)	PA; QL (120 GM per 30 days)
<i>calcipotriene external solution 0.005 %</i>	\$0 (1)	PA; QL (120 ML per 30 days)
<i>calcitrene external ointment 0.005 %</i>	\$0 (1)	PA; QL (120 GM per 30 days)
<i>tazarotene external cream 0.1 %</i>	\$0 (1)	PA; QL (60 GM per 30 days)
TAZORAC EXTERNAL CREAM 0.05 %	\$0 (1)	PA; QL (60 GM 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
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole external shampoo 2 %</i>	\$0 (1)	QL (120 ML per 30 days)
<i>selenium sulfide external lotion 2.5 %</i>	\$0 (1)	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort external cream 1 %, 2.5 %</i>	\$0 (1)	
<i>alclometasone dipropionate external cream 0.05 %</i>	\$0 (1)	QL (60 GM per 30 days)
<i>alclometasone dipropionate external ointment 0.05 %</i>	\$0 (1)	QL (60 GM per 30 days)
<i>betamethasone dipropionate aug external cream 0.05 %</i>	\$0 (1)	QL (120 GM per 30 days)
<i>betamethasone dipropionate aug external gel 0.05 %</i>	\$0 (1)	QL (120 GM per 30 days)
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	\$0 (1)	QL (120 ML per 30 days)
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	\$0 (1)	QL (120 GM per 30 days)
<i>betamethasone dipropionate external cream 0.05 %</i>	\$0 (1)	QL (120 GM per 30 days)
<i>betamethasone dipropionate external lotion 0.05 %</i>	\$0 (1)	QL (120 ML per 30 days)
<i>betamethasone dipropionate external ointment 0.05 %</i>	\$0 (1)	QL (120 GM per 30 days)
<i>betamethasone valerate external cream 0.1 %</i>	\$0 (1)	QL (120 GM per 30 days)
<i>betamethasone valerate external lotion 0.1 %</i>	\$0 (1)	QL (120 ML per 30 days)
<i>betamethasone valerate external ointment 0.1 %</i>	\$0 (1)	QL (120 GM per 30 days)
<i>clobetasol propionate e external cream 0.05 %</i>	\$0 (1)	QL (60 GM per 30 days)
<i>clobetasol propionate external cream 0.05 %</i>	\$0 (1)	QL (60 GM per 30 days)
<i>clobetasol propionate external gel 0.05 %</i>	\$0 (1)	QL (60 GM per 30 days)
<i>clobetasol propionate external ointment 0.05 %</i>	\$0 (1)	QL (60 GM per 30 days)
<i>clobetasol propionate external solution 0.05 %</i>	\$0 (1)	QL (50 ML per 30 days)
ENSTILAR EXTERNAL FOAM 0.005-0.064 %	\$0 (1)	PA; QL (120 GM per 30 days)
<i>fluocinolone acetonide body external oil 0.01 %</i>	\$0 (1)	QL (118.28 ML per 30 days)
<i>fluocinolone acetonide external cream 0.01 %</i>	\$0 (1)	QL (60 GM per 30 days)
<i>fluocinolone acetonide external cream 0.025 %</i>	\$0 (1)	QL (120 GM per 30 days)
<i>fluocinolone acetonide external ointment 0.025 %</i>	\$0 (1)	QL (120 GM per 30 days)
<i>fluocinolone acetonide external solution 0.01 %</i>	\$0 (1)	QL (90 ML per 30 days)
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	\$0 (1)	QL (118.28 ML per 30 days)
<i>fluocinonide emulsified base external cream 0.05 %</i>	\$0 (1)	QL (120 GM per 30 days)
<i>fluocinonide external cream 0.05 %</i>	\$0 (1)	QL (120 GM 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>fluocinonide external gel 0.05 %</i>	\$0 (1)	QL (60 GM per 30 days)
<i>fluocinonide external ointment 0.05 %</i>	\$0 (1)	QL (60 GM per 30 days)
<i>fluocinonide external solution 0.05 %</i>	\$0 (1)	QL (60 ML per 30 days)
<i>fluticasone propionate external cream 0.05 %</i>	\$0 (1)	
<i>fluticasone propionate external ointment 0.005 %</i>	\$0 (1)	
<i>halobetasol propionate external cream 0.05 %</i>	\$0 (1)	QL (50 GM per 30 days)
<i>halobetasol propionate external ointment 0.05 %</i>	\$0 (1)	QL (50 GM per 30 days)
<i>hydrocortisone external cream 1 %, 2.5 %</i>	\$0 (1)	
<i>hydrocortisone external lotion 2.5 %</i>	\$0 (1)	
<i>hydrocortisone external ointment 2.5 %</i>	\$0 (1)	
<i>mometasone furoate external cream 0.1 %</i>	\$0 (1)	
<i>mometasone furoate external ointment 0.1 %</i>	\$0 (1)	
<i>mometasone furoate external solution 0.1 %</i>	\$0 (1)	
<i>triamcinolone acetonide external cream 0.025 %, 0.5 %</i>	\$0 (1)	
<i>triamcinolone acetonide external cream 0.1 %</i>	\$0 (1)	QL (454 GM per 30 days)
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	\$0 (1)	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	\$0 (1)	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo external prefilled syringe 2 %</i>	\$0 (1)	PA; QL (60 ML per 30 days)
<i>lidocaine external ointment 5 %</i>	\$0 (1)	PA; QL (50 GM per 30 days)
<i>lidocaine external patch 5 %</i>	\$0 (1)	PA; QL (3 EA per 1 day)
<i>lidocaine hcl external solution 4 %</i>	\$0 (1)	PA; QL (50 ML per 30 days)
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	\$0 (1)	PA; QL (30 GM per 30 days)
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>ammonium lactate external cream 12 %</i>	\$0 (1)	
<i>ammonium lactate external lotion 12 %</i>	\$0 (1)	
<i>azelaic acid external gel 15 %</i>	\$0 (1)	QL (50 GM per 30 days)
<i>bexarotene external gel 1 %</i>	\$0 (1)	PA-NS; QL (60 GM per 30 days); ^
<i>diclofenac sodium external gel 1 %</i>	\$0 (1)	QL (1000 GM per 30 days)
FINACEA EXTERNAL FOAM 15 %	\$0 (1)	QL (50 GM 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>fluorouracil external cream 5 %</i>	\$0 (1)	QL (40 GM per 30 days)
<i>fluorouracil external solution 2 %, 5 %</i>	\$0 (1)	QL (10 ML per 30 days)
<i>hydrocortisone (perianal) external cream 1 %, 2.5 %</i>	\$0 (1)	
<i>imiquimod external cream 5 %</i>	\$0 (1)	QL (24 EA per 30 days)
<i>metronidazole external cream 0.75 %</i>	\$0 (1)	QL (45 GM per 30 days)
<i>metronidazole external gel 0.75 %</i>	\$0 (1)	QL (45 GM per 30 days)
<i>metronidazole external lotion 0.75 %</i>	\$0 (1)	QL (59 ML per 30 days)
NORITATE EXTERNAL CREAM 1 %	\$0 (1)	QL (60 GM per 30 days); ^
PANRETIN EXTERNAL GEL 0.1 %	\$0 (1)	PA-NS; QL (60 GM per 30 days); ^
<i>podofilox external solution 0.5 %</i>	\$0 (1)	QL (7 ML per 28 days)
<i>procto-med hc external cream 2.5 %</i>	\$0 (1)	
<i>proctosol hc external cream 2.5 %</i>	\$0 (1)	
<i>proctozone-hc external cream 2.5 %</i>	\$0 (1)	
RECTIV RECTAL OINTMENT 0.4 %	\$0 (1)	QL (30 GM per 30 days)
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	\$0 (1)	QL (100 GM per 30 days)
VALCHLOR EXTERNAL GEL 0.016 %	\$0 (1)	PA-NS; LA; QL (60 GM per 30 days); ^
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	\$0 (1)	QL (7.5 GM per 28 days); ^
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion external lotion 0.5 %</i>	\$0 (1)	QL (59 ML per 30 days)
<i>permethrin external cream 5 %</i>	\$0 (1)	QL (60 GM per 30 days)
DERMATOLOGY, WOUND CARE AGENTS		
REGANEX EXTERNAL GEL 0.01 %	\$0 (1)	PA; QL (30 GM per 30 days); ^
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	\$0 (1)	QL (180 GM per 30 days)
<i>sodium chloride irrigation solution 0.9 %</i>	\$0 (1)	
<i>sterile water for irrigation irrigation solution</i>	\$0 (1)	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl oral capsule 30 mg</i>	\$0 (1)	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	\$0 (1)	
<i>clotrimazole mouth/throat troche 10 mg</i>	\$0 (1)	QL (150 EA per 30 days)
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	\$0 (1)	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	\$0 (1)	

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Name of Drug	What the Necessary actions, restrictions, or drug will limits on use cost you (tier level)
<i>perigard mouth/throat solution 0.12 %</i>	\$0 (1)
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	\$0 (1)
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	\$0 (1)

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<i>proctozone-hc</i>	110	REVLIMID	32	<i>setlakin</i>	75
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<i>sronyx</i>	75	<i>tazarotene</i>	107	<i>tolterodine tartrate</i>	86
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<i>sulfacetamide-prednisolone</i>	99	<i>telmisartan-hctz</i>	41	<i>trandolapril</i>	40
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Nondiscrimination Notice

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Wellcare by Health Net provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Wellcare by Health Net by calling **1-800-431-9007**. Between October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays. If you cannot hear or speak well, please call **TTY 711**. Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

Wellcare by Health Net
21281 Burbank Blvd.
Woodland Hills, CA 91367
1-800-431-9007
TTY: 711

How to File a Grievance

If you believe that Wellcare by Health Net has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with Member Services. You can file a grievance by phone, in writing, in person, or electronically:

- **By phone:** Contact Wellcare by Health Net's Civil Rights Coordinator by calling **1-866-458-2208**. Between 8 a.m. and 5 p.m., Monday through Friday. Or, if you cannot hear or speak well, please call **TTY 711**.
- **In writing:** Fill out a complaint form or write a letter and send it to:
Wellcare Civil Rights Coordinator
P.O. Box 9103
Van Nuys, CA 91409-9103
- **In person:** Visit your doctor's office or Wellcare by Health Net and say you want to file a grievance.
- **Electronically:** Visit Wellcare by Health Net's website at **www.wellcare.com/healthnetCA**.

Office of Civil Rights – California Department of Health Care Services

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- **By phone:** Call **1-916-440-7370**. If you cannot speak or hear well, please call **TTY 711 (Telecommunications Relay Service)**.
- **In writing:** Fill out a complaint form or send a letter to:
Deputy Director, Office of Civil Rights
Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413
Complaint forms are available at http://www.dhcs.ca.gov/Pages/Language_Access.aspx
- **Electronically:** Send an email to **CivilRights@dhcs.ca.gov**.

Office of Civil Rights – U.S. Department of Health and Human Services

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- **By phone:** Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697**.
- **In writing:** Fill out a complaint form or send a letter to:
U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, D.C. 20201
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.
- **Electronically:** Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

English: ATTENTION: If you need help in your language call **1-800-431-9007** (TTY: **711**). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1-800-431-9007** (TTY: **711**). These services are free of charge.

العربية (Arabic): انتباه: إذا كنت بحاجة إلى مساعدة بلغتك، فاتصل على الرقم **1-800-431-9007** (TTY: **711**) تتوفر أيضًا مساعدات وخدمات للأشخاص ذوي الإعاقات مثل المستندات بطريقة برايل وبطباعة كبيرة. اتصل على الرقم **1-800-431-9007** (TTY: **711**) وهذه الخدمات مجانية.

Հայերեն (Armenian): Ուշադրություն: Եթե Ձեր լեզվով օգնության կարիք ունեք, զանգահարեք **1-800-431-9007** (TTY` **711**): Հասանելի են նաև օգնություն և ծառայություններ հաշմանդամություն ունեցող անձանց համար, ինչպիսիք են՝ բրայլյան և խոշոր տառերով փաստաթղթերը: Չանգահարեք **1-800-431-9007** (TTY` **711**): Այս ծառայություններն անվճար են:

ភាសាខ្មែរ (Cambodian): ចំណាំ: ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក សូមទូរសព្ទទៅលេខ **1-800-431-9007** (TTY: **711**)។ ជំនួយនិងសេវាកម្មសម្រាប់ជនពិការ ដូចជាឯកសារអក្សរធំសម្រាប់ជនពិការភ្នែក និងព័ត៌មានផ្សេងៗ ក៏មានផងដែរ។ សូមទូរសព្ទទៅលេខ **1-800-431-9007** (TTY: **711**)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃនោះទេ។

中文 (Chinese): 注意: 如果您需要以您母语提供的协助, 请致电 **1-800-431-9007** (TTY: **711**)。我们也为残疾人提供辅助和服务, 例如点字和大字体印刷的文件。请致电 **1-800-431-9007** (TTY: **711**)。这些服务为免费服务。

فارسی (Farsi): توجه: اگر نیاز به کمک به زبان خودتان دارید با شماره **1-800-431-9007** (TTY: **711**) تماس بگیرید. کمک‌ها و خدمات برای افراد دارای معلولیت نیز در دسترس است, مانند اسناد با خط بریل و چاپ درشت. با شماره **1-800-431-9007** (TTY **711**) تماس بگیرید. این خدمات رایگان است.

हिंदी (Hindi): ध्यान दें: अगर आपको अपनी भाषा में मदद चाहिए, तो **1-800-431-9007** (TTY: **711**) पर कॉल करें. विकलांग लोगों के लिए ब्रेल और बड़े प्रिंट में दस्तावेज़ जैसी सहायता और सेवाएं उपलब्ध हैं. **1-800-431-9007** (TTY: **711**) पर कॉल करें. ये सेवाएं नि:शुल्क हैं.

Lus Hmoob (Hmong): TSEEM CEEB: : Yog koj xav tau kev pab ua koj hom lus hu rau **1-800-431-9007** (TTY: **711**). Tsis tas li ntawd, kuj tseem muaj cov kev pab thiab cov kev pab cuam rau cov neeg xiam oob qhab, xws li cov ntaub ntawv Ua Ntawv Su thiab cov ntawv loj. Hu rau **1-800-431-9007** (TTY: **711**). Cov kev pab cuam no yog pab dawb xwb.

日本語 (Japanese): 注意: 言語のヘルプが必要な場合は **1-800-431-9007** (TTY: **711**) までお電話ください。障害をお持ちの方には、点字や大判プリントなどの補助機能やサービスもご利用になれます。 **1-800-431-9007** (TTY: **711**) までお電話ください。これらのサービスは無料です。

한국어(Korean): 주의: 귀하의 구사 언어로 도움을 받으셔야 한다면 **1-800-431-9007** (TTY: **711**) 번으로 연락해 주십시오. 점자 및 큰 활자 인쇄 형식으로 된 문서 등 장애인을 위한 도움 및 서비스도 제공됩니다. **1-800-431-9007**(TTY: **711**)번으로 연락해 주십시오. 해당 서비스는 무료로 제공됩니다.

ພາສາລາວ (Laotian): ສຳຄັນ: ຖ້າວ່າທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານ ໂທ **1-800-431-9007** (TTY: **711**). ນອກຈາກນີ້ ຍັງມີການຊ່ວຍເຫຼືອ ແລະ ບໍລິການສຳລັບຄົນພິການ ເຊັ່ນ: ເອກະສານທີ່ເປັນຕົວອັກສອນນູນ ແລະ ຕົວພິມຂະໜາດໃຫຍ່ ໂທ **1-800-431-9007** (TTY: **711**). ການບໍລິການເຫຼົ່ານີ້ແມ່ນຟຣີ

Mienh (Mien): Liouh Eix: Oix se meih oix nongc zuqc gorngv mienh wac daih taengx meih, cingv meih mboqv dienx wac **1-800-431-9007** (TTY: **711**). Yie mbuo hac haih nongc mienh wac daih taengx waic fangx nyei mienh, hngangv zing mangc mv buatc lamh nyei mienh nongc nyei nzangc caux domh nzangc wenh jienx. Cingv meih mboqv dienx wac **1-800-431-9007** (TTY: **711**). Naiv deix bong zouc gong se maiv siou zinh nyanh nyei.

ਪੰਜਾਬੀ (Punjabi): ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ **1-800-431-9007** (TTY: **711**) 'ਤੇ ਕਾਲ ਕਰੋ। ਅਪੰਗਤਾਵਾਂ ਵਾਲੇ ਲੋਕਾਂ ਵਾਸਤੇ ਸਹਾਇਤਾਵਾਂ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬਰੇਲ ਲਿਪੀ ਅਤੇ ਵੱਡੇ ਛਾਪੇ ਵਾਲੇ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। **1-800-431-9007** 'ਤੇ ਕਾਲ ਕਰੋ (TTY: **711**)। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

Русский (Russian): ВНИМАНИЕ: если вам требуется помощь на родном языке, позвоните по номеру **1-800-431-9007** (телетайп: **711**). Также доступны сопутствующая помощь и услуги для людей с ограниченными возможностями, такие как материалы, напечатанные крупным шрифтом и шрифтом Брайля. Позвоните по номеру **1-800-431-9007** (телетайп: **711**). Эти услуги предоставляются бесплатно.

Español (Spanish): ATENCIÓN: Si necesita ayuda en su idioma llame al **1-800-431-9007** (TTY: **711**). También están disponibles ayudas y servicios para personas con discapacidades, como documentos en Braille y letra grande. Llame al **1-800-431-9007** (TTY: **711**). Estos servicios son gratuitos.

Tagalog (Tagalog): PAALALA: Kung kailangan ninyo ng tulong sa inyong wika, tumawag sa **1-800-431-9007** (TTY: **711**). Available din ang mga tulong at serbisyo para sa mga taong may kapansanan, gaya ng mga dokumento sa braille at malaking print. Tumawag sa **1-800-431-9007** (TTY: **711**). Walang bayad ang mga serbisyong ito.

ภาษาไทย (Thai): หมายเหตุ: หากต้องการความช่วยเหลือในภาษาของคุณ โปรดโทรไปท **1-800-431-9007** (TTY: **711**) เรามีความช่วยเหลือและบริการสำหรับผู้พิการ เช่น เอกสารที่เป็นอักษรเบรลล์และเอกสารที่ใช้ตัวอักษรขนาดใหญ่ ด้วยเช่นกัน โปรดโทรไปที่ **1-800-431-9007** (TTY: **711**) บริการเหล่านี้ไม่มีค่าใช้จ่าย

Українська (Ukrainian): УВАГА! Якщо ви потребуєте підтримки своєю мовою, телефонуйте за номером **1-800-431-9007** (TTY: **711**). Також доступні засоби та послуги для людей з обмеженими можливостями, як-от документи шрифтом Брайля та великим шрифтом. Телефонуйте за номером **1-800-431-9007** (TTY: **711**). Ці послуги є безкоштовними.

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của quý vị, hãy gọi số **1-800-431-9007** (TTY: **711**). Các hỗ trợ và dịch vụ dành cho người khuyết tật, chẳng hạn như tài liệu bằng chữ nổi và cỡ chữ lớn cũng được cung cấp. Hãy gọi số **1-800-431-9007** (TTY: **711**). Các dịch vụ này được miễn phí.

Nondiscrimination Notice

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Wellcare provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Wellcare by calling **1-866-999-3945**. Between October 1 and March 31, representatives are available Monday-Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday-Friday, 8 a.m. to 8 p.m. If you cannot hear or speak well, please call **TTY 711**. Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

Wellcare

6261 Katella Ave., # 100

Cypress, CA 90630

1-866-999-3945

TTY: 711

How to File a Grievance

If you believe that Wellcare has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with Member Services. You can file a grievance by phone, in writing, in person, or electronically:

- **By phone:** Contact Member Services by calling **1-866-999-3945**. Between October 1 and March 31, representatives are available Monday-Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday-Friday, 8 a.m. to 8 p.m. Or, if you cannot hear or speak well, please call **TTY 711**.
- **In writing:** Fill out a complaint form or write a letter and send it to:
WellCare Health Plans, Inc.
Grievance Department
P.O. Box 31384
Tampa, FL 33631-3384
- **In person:** Visit your doctor's office or Wellcare and say you want to file a grievance.
- **Electronically:** Visit Wellcare's website at **www.wellcare.com/medicare**.

Office of Civil Rights – California Department of Health Care Services

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- **By phone:** Call **1-916-440-7370**. If you cannot speak or hear well, please call **TTY 711 (Telecommunications Relay Service)**.
- **In writing:** Fill out a complaint form or send a letter to:
Deputy Director, Office of Civil Rights
Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413
Complaint forms are available at http://www.dhcs.ca.gov/Pages/Language_Access.aspx
- **Electronically:** Send an email to **CivilRights@dhcs.ca.gov**.

Office of Civil Rights – U.S. Department of Health and Human Services

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- **By phone:** Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697**.
- **In writing:** Fill out a complaint form or send a letter to:
U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, D.C. 20201
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.
- **Electronically:** Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

English: ATTENTION: If you need help in your language call **1-866-999-3945** (TTY: **711**). Aids and services for people with disabilities, like documents in braille and large print, are also available.

Call **1-866-999-3945** (TTY: **711**). These services are free of charge.

العربية (Arabic): انتباه: إذا كنت بحاجة إلى مساعدة بلغتك، فاتصل على الرقم **1-866-999-3945** (TTY: **711**) تتوفر أيضًا مساعدات وخدمات للأشخاص ذوي الإعاقات مثل المستندات بطريقة برايل وبطباعة كبيرة. اتصل على الرقم **1-866-999-3945** (TTY: **711**) وهذه الخدمات مجانية.

Հայերեն (Armenian): ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե Ձեր լեզվով օգնության կարիք ունեք, զանգահարեք **1-866-999-3945** (TTY` **711**): Հասանելի են նաև օգնություն և ծառայություններ հաշմանդամություն ունեցող անձանց համար, ինչպիսիք են՝ բրայլյան և խոշոր տառերով փաստաթղթերը: Չանգահարեք **1-866-999-3945** (TTY` **711**): Այս ծառայություններն անվճար են:

ភាសាខ្មែរ (Cambodian): ចំណាំ: ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក សូមទូរសព្ទទៅលេខ **1-866-999-3945** (TTY: **711**)។ ជំនួយនិងសេវាកម្មសម្រាប់ជនពិការ ដូចជាឯកសារអក្សរធំសម្រាប់ជនពិការភ្នែក និងព័ត៌មានផ្សេងៗ ក៏មានផងដែរ។ សូមទូរសព្ទទៅលេខ **1-866-999-3945** (TTY: **711**)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃនោះទេ។

中文 (Chinese): 注意: 如果您需要以您母语提供的协助, 请致电 **1-866-999-3945** (TTY: **711**)。我们也为残疾人提供辅助和服务, 例如点字和大字体印刷的文件。请致电 **1-866-999-3945** (TTY: **711**)。这些服务为免费服务。

فارسی (Farsi): توجه: اگر نیاز به کمک به زبان خودتان دارید با شماره **1-866-999-3945** (TTY: **711**) تماس بگیرید. کمک‌ها و خدمات برای افراد دارای معلولیت نیز در دسترس است, مانند اسناد با خط بریل و چاپ درشت. با شماره **1-866-999-3945** (TTY **711**) تماس بگیرید. این خدمات رایگان است.

हिंदी (Hindi): ध्यान दें: अगर आपको अपनी भाषा में मदद चाहिए, तो **1-866-999-3945** (TTY: **711**) पर कॉल करें. विकलांग लोगों के लिए ब्रेल और बड़े प्रिंट में दस्तावेज़ जैसी सहायता और सेवाएं उपलब्ध हैं. **1-866-999-3945** (TTY: **711**) पर कॉल करें. ये सेवाएं नि:शुल्क हैं.

Lus Hmoob (Hmong): TSEEM CEEB: : Yog koj xav tau kev pab ua koj hom lus hu rau **1-866-999-3945** (TTY: **711**). Tsis tas li ntawd, kuj tseem muaj cov kev pab thiab cov kev pab cuam rau cov neeg xiam oob qhab, xws li cov ntaub ntawv Ua Ntawv Su thiab cov ntawv loj. Hu rau **1-866-999-3945** (TTY: **711**). Cov kev pab cuam no yog pab dawb xwb.

日本語 (Japanese): 注意: 言語のヘルプが必要な場合は **1-866-999-3945** (TTY: **711**) までお電話ください。障害をお持ちの方には、点字や大判プリントなどの補助機能やサービスもご利用になれます。 **1-866-999-3945** (TTY: **711**) までお電話ください。これらのサービスは無料です。

한국어(Korean): 주의: 귀하의 구사 언어로 도움을 받으셔야 한다면 **1-866-999-3945** (TTY: **711**) 번으로 연락해 주십시오. 점자 및 큰 활자 인쇄 형식으로 된 문서 등 장애인을 위한 도움 및 서비스도 제공됩니다. **1-866-999-3945**(TTY: **711**)번으로 연락해 주십시오. 해당 서비스는 무료로 제공됩니다.

ພາສາລາວ (Laotian): ສຳຄັນ: ຖ້າວ່າທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານ ໂທ **1-866-999-3945** (TTY: **711**). ນອກຈາກນີ້ ຍັງມີການຊ່ວຍເຫຼືອ ແລະ ບໍລິການສຳລັບຄົນພິການ ເຊັ່ນ: ເອກະສານທີ່ເປັນຕົວອັກສອນນູນ ແລະ ຕົວພິມຂະໜາດໃຫຍ່ ໂທ **1-866-999-3945** (TTY: **711**). ການບໍລິການເຫຼົ່ານີ້ແມ່ນຟຣີ

Mienh (Mien): Liouh Eix: Oix se meih oix nongc zuqc gongv mienh wac daih taengx meih, cingv meih mboqv dienx wac **1-866-999-3945** (TTY: **711**). Yie mbuo hac haih nongc mienh wac daih taengx waic fangx nyei mienh, hngangv zing mangc mv buac lamh nyei mienh nongc nyei nzangc caux domh nzangc wenh jienx. Cingv meih mboqv dienx wac **1-866-999-3945** (TTY: **711**). Naiv deix bong zouc gong se maiv siou zinh nyanh nyei.

ਪੰਜਾਬੀ (Punjabi): ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ **1-866-999-3945** (TTY: **711**) 'ਤੇ ਕਾਲ ਕਰੋ। ਅਪੰਗਤਾਵਾਂ ਵਾਲੇ ਲੋਕਾਂ ਵਾਸਤੇ ਸਹਾਇਤਾਵਾਂ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬਰੇਲ ਲਿਪੀ ਅਤੇ ਵੱਡੇ ਛਾਪੇ ਵਾਲੇ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। **1-866-999-3945** 'ਤੇ ਕਾਲ ਕਰੋ (TTY: **711**)। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

Русский (Russian): ВНИМАНИЕ: если вам требуется помощь на родном языке, позвоните по номеру **1-866-999-3945** (телетайп: **711**). Также доступны сопутствующая помощь и услуги для людей с ограниченными возможностями, такие как материалы, напечатанные крупным шрифтом и шрифтом Брайля. Позвоните по номеру **1-866-999-3945** (телетайп: **711**). Эти услуги предоставляются бесплатно.

Español (Spanish): ATENCIÓN: Si necesita ayuda en su idioma llame al **1-866-999-3945** (TTY: **711**). También están disponibles ayudas y servicios para personas con discapacidades, como documentos en Braille y letra grande. Llame al **1-866-999-3945** (TTY: **711**). Estos servicios son gratuitos.

Tagalog (Tagalog): PAALALA: Kung kailangan ninyo ng tulong sa inyong wika, tumawag sa **1-866-999-3945** (TTY: **711**). Available din ang mga tulong at serbisyo para sa mga taong may kapansanan, gaya ng mga dokumento sa braille at malaking print. Tumawag sa **1-866-999-3945** (TTY: **711**). Walang bayad ang mga serbisyong ito.

ภาษาไทย (Thai): หมายเหตุ: หากต้องการความช่วยเหลือในภาษาของคุณ โปรดโทรไปท **1-866-999-3945** (TTY: **711**) เรามีความช่วยเหลือและบริการสำหรับผู้พิการ เช่น เอกสารที่เป็นอักษรเบรลล์และเอกสารที่ใช้ตัวอักษรขนาดใหญ่ ด้วยเช่นกัน โปรดโทรไปที่ **1-866-999-3945** (TTY: **711**) บริการเหล่านี้ไม่มีค่าใช้จ่าย

Українська (Ukrainian): УВАГА! Якщо ви потребуєте підтримки своєю мовою, телефонуйте за номером **1-866-999-3945** (TTY: **711**). Також доступні засоби та послуги для людей з обмеженими можливостями, як-от документи шрифтом Брайля та великим шрифтом. Телефонуйте за номером **1-866-999-3945** (TTY: **711**). Ці послуги є безкоштовними.

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của quý vị, hãy gọi số **1-866-999-3945** (TTY: **711**). Các hỗ trợ và dịch vụ dành cho người khuyết tật, chẳng hạn như tài liệu bằng chữ nổi và cỡ chữ lớn cũng được cung cấp. Hãy gọi số **1-866-999-3945** (TTY: **711**). Các dịch vụ này được miễn phí.



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For more recent information or other questions, contact Wellcare Dual Align 001 Member Services at **1-866-999-3945** or Wellcare Dual Align 129 Member Services at **1-888-431-9007**, for TTY users, **711**, between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m., between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m., or visit www.wellcare.com/medicare for Wellcare Dual Align 001 or www.wellcare.com/healthnetCA for Wellcare Dual Align 129.

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