MeridianComplete (Medicare-Medicaid Plan) | 2024

List of Covered Drugs

(Formulary)

Introduction

This document is called the *List of Covered Drugs* (also known as the Drug List). It tells you which prescription drugs and over-the-counter drugs and items are covered by MeridianComplete (Medicare-Medicaid Plan). The Drug List also tells you if there are any special rules or restrictions on any drugs covered by MeridianComplete (Medicare-Medicaid Plan). Key terms and their definitions appear in the last chapter of the *Member Handbook*.

Updated on 12/01/2024.

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Important Message About What You Pay for Vaccines - Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. Our plan covers most Part D vaccines at no cost to you.

For more recent information or other questions, contact us at **1-855-323-4578** (TTY users should call **711**), 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. Or visit **mmp.mimeridian.com**.

meridiancomplete | MDHHS Michigan Department of Health & Human Services | MI Health Link

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If you have questions, please call MeridianComplete (Medicare-Medicaid Plan) at 1-855-323-4578 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information,** visit mmp.mimeridian.com.

A. Disclaimers

This is a list of drugs that members can get in MeridianComplete (Medicare-Medicaid Plan).

- MeridianComplete (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.
- **ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-855-323-4578 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.**
- **You can get this document for free in other formats, such as large print, braille, or audio. Call 1-855-323-4578 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. 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 1-855-323-4578 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.
- If you want to continue to get materials in another format or language after you have requested one, we will continue to provide them until you ask us to terminate the request. We will document your choice.
- If you have questions/concerns or would like to update a preferred language and/or format request, call Member Services at 1-855-323-4578 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.

B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this *List of Covered Drugs*. You can read all of the FAQ to learn more, or look for a question and answer.

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

The drugs on the *List of Covered Drugs* that starts on page 15 are the drugs covered by MeridianComplete (Medicare-Medicaid Plan). 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."

- MeridianComplete (Medicare-Medicaid 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, **and**
  - you fill the prescription at a MeridianComplete (Medicare-Medicaid Plan) network pharmacy.
- MeridianComplete (Medicare-Medicaid Plan) may have additional steps to access certain drugs (refer to question B4 below).

You can also find an up-to-date list of drugs that we cover on our website at mmp.mimeridian.com, ask your Care Coordinator for help, or call Member Services toll-free at 1-855-323-4578 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.

B2. Does the Drug List ever change?

Yes, and MeridianComplete (Medicare-Medicaid Plan) must follow Medicare and Michigan Medicaid 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 approval (PA) for a drug. (PA is permission from MeridianComplete (Medicare-Medicaid 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 MeridianComplete (Medicare-Medicaid Plan)'s up to date Drug List online at mmp.mimeridian.com.
- You can also call Member Services to check the current Drug List at 1-855-323-4578 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.

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 stay the same. 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 question B10 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or the drug's manufacturer takes a drug off the market, we will take it off the Drug List. If you are taking the drug, we will let you know. 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 question B10.

B4. Are there any restrictions or limits on drug coverage? Or are there 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 (PA) or approval:** For some drugs, you or your doctor or other prescriber must get PA from MeridianComplete (Medicare-Medicaid Plan) before you fill your prescription. If you don't get approval, MeridianComplete (Medicare-Medicaid Plan) may not cover the drug.
- **Quantity limits:** Sometimes MeridianComplete (Medicare-Medicaid Plan) limits the amount of a drug you can get.
- **Step therapy:** Sometimes MeridianComplete (Medicare-Medicaid 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 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 on pages 15-INDEX-1. You can also get more information by visiting our website at mmp.mimeridian.com. We have posted online documents that explain our PA and step therapy restrictions. You may also ask us to send you a copy.

You can also ask for an exception from 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 required actions to take to get the drug?

The table of drugs on page 15 has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if MeridianComplete (Medicare-Medicaid Plan) changes their rules about some drugs (for example, PA or approval, quantity limits, and/or step therapy restrictions)?

In some cases, we will tell you in advance if we add or change PA, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the Drug List change.

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

There are two ways to find a drug:

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

To search **alphabetically**, refer to 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, generic drugs, and over-the-counter (OTC) drugs are listed in the index.

To search **by medical condition**, find the section labeled "Drugs Grouped by Medical Condition" on page 15. 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, HYPERTENSION / LIPIDS. 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 1-855-323-4578 (TTY users should call 711), and ask about it. Hours are 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. If you learn that MeridianComplete (Medicare-Medicaid 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 the health plan to make an exception to cover your drug. Please refer to questions B10–B12 for more information about exceptions.

If you have questions, please call MeridianComplete (Medicare-Medicaid Plan) at 1-855-323-4578 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free. **For more information,** visit mmp.mimeridian.com**.**

B9. What if I am a new MeridianComplete (Medicare-Medicaid 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 MeridianComplete (Medicare-Medicaid 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**
- health plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires PA by MeridianComplete (Medicare-Medicaid Plan), **or**
- you are taking a drug that is part of a step therapy restriction.

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 MeridianComplete (Medicare-Medicaid Plan) member.
- This is in addition to the temporary supply during the first 90 days you are a member of MeridianComplete (Medicare-Medicaid 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 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.

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

Yes. You can ask MeridianComplete (Medicare-Medicaid 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, MeridianComplete (Medicare-Medicaid 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 PA 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 "How to contact MeridianComplete (Medicare-Medicaid Plan) 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).

MeridianComplete (Medicare-Medicaid Plan) covers both brand name drugs and generic drugs.

B14. What are OTC drugs?

OTC stands for "over-the-counter." MeridianComplete (Medicare-Medicaid Plan) covers some OTC drugs when they are written as prescriptions by your provider.

You can read the MeridianComplete (Medicare-Medicaid Plan) Drug List to find out what OTC drugs are covered.

B15. Does MeridianComplete (Medicare-Medicaid Plan) cover non-drug OTC products?

MeridianComplete (Medicare-Medicaid Plan) covers some non-drug OTC products when they are written as prescriptions by your provider.

Examples of non-drug OTC products include lubricating eye drops solution.

You can read the MeridianComplete (Medicare-Medicaid Plan) Drug List to find out what non-drug OTC products are covered.

B16. What is my copay?

As a MeridianComplete (Medicare-Medicaid Plan) member, you have no copays for prescription and OTC drugs as long as you follow MeridianComplete (Medicare-Medicaid Plan)'s rules.

B17. What are drug tiers?

Tiers are groups of drugs.

- Tier 1 (Generic Drugs) includes generic drugs.
- Tier 2 (Brand Drugs) includes brand drugs and may include some generic drugs.
- Tier 3 (Non-Medicare Rx/OTC Drugs) includes some prescription and over-the-counter (OTC) generic and brand drugs that are covered by Michigan Medicaid.

Copays for Tiers 1, 2 and 3 are all $0.

C. Overview of the *List of Covered Drugs*

The following list of covered drugs gives you information about the drugs covered by MeridianComplete (Medicare-Medicaid 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 MeridianComplete (Medicare-Medicaid Plan).

The first column of the chart lists the name of the drug. Brand name drugs are capitalized (e.g., ELIQUIS) and generic drugs are listed in lower-case italics (e.g., *simvastatin*).

The information in the necessary actions, restrictions, or limits on use column tells you if MeridianComplete (Medicare-Medicaid Plan) has any rules for covering your drug.

- **NT** stands for Not Part D. This drug is not a "Part D drug."
- **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 *List of Covered Drugs*.
- **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 1-855-323-4578 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.
- **ST** stands for Step Therapy. Refer to question B4.
- **^** means that the drug may be available for up to a 30-day supply only.

This section is continued on the next page.

Note: The NT next to a drug means the drug is not a "Part D drug."

- These drugs have different rules for appeals. An appeal is a formal way of asking us to review a coverage decision and to change it if you think we made a mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or Michigan Medicaid.
- If you or your prescriber disagrees with our decision, you can appeal. To ask for instructions on how to appeal, call Member Services at 1-855-323-4578 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. You can also read Chapter 9 in the *Member Handbook* to learn how to appeal a decision.

C1. Drugs Grouped by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, CARDIOVASCULAR, HYPERTENSION / LIPIDS. 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 referring to page 11.

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	$0 (Tier 2)	B/D
amphotericin b injection recon soln 50 mg	$0 (Tier 1)	B/D
caspofungin intravenous recon soln 50 mg, 70 mg	$0 (Tier 1)	
clotrimazole mucous membrane troche 10 mg	$0 (Tier 1)	QL (150 EA per 30 days)
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	$0 (Tier 2)	PA; ^
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	$0 (Tier 1)	
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	$0 (Tier 1)	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	$0 (Tier 1)	
flucytosine oral capsule 250 mg, 500 mg	$0 (Tier 2)	PA; ^
griseofulvin microsize oral suspension 125 mg/5 ml	$0 (Tier 1)	
griseofulvin microsize oral tablet 500 mg	$0 (Tier 1)	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	$0 (Tier 1)	
itraconazole oral capsule 100 mg	$0 (Tier 1)	PA
ketoconazole oral tablet 200 mg	$0 (Tier 1)	PA
micafungin intravenous recon soln 100 mg, 50 mg	$0 (Tier 2)	^
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	$0 (Tier 2)	PA; QL (630 ML per 30 days); ^
nystatin oral suspension 100,000 unit/ml	$0 (Tier 1)	
nystatin oral tablet 500,000 unit	$0 (Tier 1)	
posaconazole oral suspension 200 mg/5 ml (40 mg/ml)	$0 (Tier 2)	PA; QL (630 EA per 30 days); ^
posaconazole oral tablet,delayed release (dr/ec) 100 mg	$0 (Tier 2)	PA; QL (96 EA per 30 days); ^
terbinafine hcl oral tablet 250 mg	$0 (Tier 1)	
voriconazole intravenous recon soln 200 mg	$0 (Tier 2)	PA; ^
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	$0 (Tier 2)	PA; ^
voriconazole oral tablet 200 mg	$0 (Tier 1)	PA; QL (120 EA per 30 days)
voriconazole oral tablet 50 mg	$0 (Tier 1)	PA; QL (480 EA per 30 days)
ANTIVIRALS		
abacavir oral solution 20 mg/ml	$0 (Tier 1)	

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
abacavir oral tablet 300 mg	$0 (Tier 1)	
abacavir-lamivudine oral tablet 600-300 mg	$0 (Tier 1)	
acyclovir oral capsule 200 mg	$0 (Tier 1)	
acyclovir oral suspension 200 mg/5 ml	$0 (Tier 1)	
acyclovir oral tablet 400 mg, 800 mg	$0 (Tier 1)	
acyclovir sodium intravenous solution 50 mg/ml	$0 (Tier 1)	B/D
adefovir oral tablet 10 mg	$0 (Tier 2)	
amantadine hcl oral capsule 100 mg	$0 (Tier 1)	
amantadine hcl oral solution 50 mg/5 ml	$0 (Tier 1)	
amantadine hcl oral tablet 100 mg	$0 (Tier 1)	
APTIVUS ORAL CAPSULE 250 MG	$0 (Tier 2)	^
atazanavir oral capsule 150 mg, 200 mg, 300 mg	$0 (Tier 1)	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	$0 (Tier 2)	^
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	$0 (Tier 2)	^
CIMDUO ORAL TABLET 300-300 MG	$0 (Tier 2)	^
COMPLERA ORAL TABLET 200-25-300 MG	$0 (Tier 2)	^
darunavir oral tablet 600 mg	$0 (Tier 2)	QL (60 EA per 30 days); ^
darunavir oral tablet 800 mg	$0 (Tier 2)	QL (30 EA per 30 days); ^
DELSTRIGO ORAL TABLET 100-300-300 MG	$0 (Tier 2)	^
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	$0 (Tier 2)	QL (30 EA per 30 days); ^
DOVATO ORAL TABLET 50-300 MG	$0 (Tier 2)	^
EDURANT ORAL TABLET 25 MG	$0 (Tier 2)	^
efavirenz oral capsule 200 mg, 50 mg	$0 (Tier 1)	
efavirenz oral tablet 600 mg	$0 (Tier 1)	
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	$0 (Tier 2)	^
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg	$0 (Tier 2)	^
emtricitabine oral capsule 200 mg	$0 (Tier 1)	
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	$0 (Tier 2)	QL (30 EA per 30 days); ^
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	$0 (Tier 2)	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	$0 (Tier 2)	

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
entecavir oral tablet 0.5 mg, 1 mg	$0 (Tier 1)	
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	$0 (Tier 2)	PA; QL (28 EA per 28 days); ^
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	$0 (Tier 2)	PA; QL (56 EA per 28 days); ^
EPCLUSA ORAL TABLET 200-50 MG	$0 (Tier 2)	PA; QL (56 EA per 28 days); ^
EPCLUSA ORAL TABLET 400-100 MG	$0 (Tier 2)	PA; QL (28 EA per 28 days); ^
etravirine oral tablet 100 mg, 200 mg	$0 (Tier 2)	^
EVOTAZ ORAL TABLET 300-150 MG	$0 (Tier 2)	^
famciclovir oral tablet 125 mg, 250 mg, 500 mg	$0 (Tier 1)	
fosamprenavir oral tablet 700 mg	$0 (Tier 2)	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	$0 (Tier 2)	^
ganciclovir sodium intravenous recon soln 500 mg	$0 (Tier 1)	
GENVOYA ORAL TABLET 150-150-200-10 MG	$0 (Tier 2)	^
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	$0 (Tier 2)	PA; QL (28 EA per 28 days); ^
HARVONI ORAL PELLETS IN PACKET 45-200 MG	$0 (Tier 2)	PA; QL (56 EA per 28 days); ^
HARVONI ORAL TABLET 45-200 MG	$0 (Tier 2)	PA; QL (60 EA per 30 days); ^
HARVONI ORAL TABLET 90-400 MG	$0 (Tier 2)	PA; QL (28 EA per 28 days); ^
INTELENCE ORAL TABLET 25 MG	$0 (Tier 2)	
ISENTRESS HD ORAL TABLET 600 MG	$0 (Tier 2)	^
ISENTRESS ORAL POWDER IN PACKET 100 MG	$0 (Tier 2)	^
ISENTRESS ORAL TABLET 400 MG	$0 (Tier 2)	^
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	$0 (Tier 2)	^
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	$0 (Tier 2)	
JULUCA ORAL TABLET 50-25 MG	$0 (Tier 2)	^
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	$0 (Tier 2)	QL (40 EA per 180 days)
lamivudine oral solution 10 mg/ml	$0 (Tier 1)	
lamivudine oral tablet 100 mg, 150 mg, 300 mg	$0 (Tier 1)	
lamivudine-zidovudine oral tablet 150-300 mg	$0 (Tier 1)	
lopinavir-ritonavir oral solution 400-100 mg/5 ml	$0 (Tier 1)	
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	$0 (Tier 1)	
maraviroc oral tablet 150 mg, 300 mg	$0 (Tier 2)	^
nevirapine oral suspension 50 mg/5 ml	$0 (Tier 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
nevirapine oral tablet 200 mg	$0 (Tier 1)	
nevirapine oral tablet extended release 24 hr 100 mg, 400 mg	$0 (Tier 1)	
NORVIR ORAL POWDER IN PACKET 100 MG	$0 (Tier 2)	
ODEFSEY ORAL TABLET 200-25-25 MG	$0 (Tier 2)	^
oseltamivir oral capsule 30 mg	$0 (Tier 1)	QL (168 EA per 365 days)
oseltamivir oral capsule 45 mg, 75 mg	$0 (Tier 1)	QL (84 EA per 365 days)
oseltamivir oral suspension for reconstitution 6 mg/ml	$0 (Tier 1)	QL (1080 ML per 365 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	$0 (Tier 2)	$0 Cost Sharing; QL (20 EA per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	$0 (Tier 2)	$0 Cost Sharing; QL (30 EA per 180 days)
PIFELTRO ORAL TABLET 100 MG	$0 (Tier 2)	^
PREVYMIS ORAL TABLET 240 MG, 480 MG	$0 (Tier 2)	PA; QL (30 EA per 30 days); ^
PREZCOBIX ORAL TABLET 800-150 MG-MG	$0 (Tier 2)	^
PREZISTA ORAL SUSPENSION 100 MG/ML	$0 (Tier 2)	QL (400 ML per 30 days); ^
PREZISTA ORAL TABLET 150 MG	$0 (Tier 2)	QL (240 EA per 30 days); ^
PREZISTA ORAL TABLET 600 MG	$0 (Tier 2)	QL (60 EA per 30 days); ^
PREZISTA ORAL TABLET 75 MG	$0 (Tier 2)	QL (480 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	$0 (Tier 2)	QL (30 EA per 30 days); ^
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	$0 (Tier 2)	QL (120 EA per 365 days)
REYATAZ ORAL POWDER IN PACKET 50 MG	$0 (Tier 2)	^
ribavirin oral capsule 200 mg	$0 (Tier 1)	
ribavirin oral tablet 200 mg	$0 (Tier 1)	
rimantadine oral tablet 100 mg	$0 (Tier 1)	
ritonavir oral tablet 100 mg	$0 (Tier 1)	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	$0 (Tier 2)	^
SELZENTRY ORAL SOLUTION 20 MG/ML	$0 (Tier 2)	^
SELZENTRY ORAL TABLET 25 MG	$0 (Tier 2)	
SELZENTRY ORAL TABLET 75 MG	$0 (Tier 2)	^
STRIBILD ORAL TABLET 150-150-200-300 MG	$0 (Tier 2)	^

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK)	$0 (Tier 2)	^
SYMTUZA ORAL TABLET 800-150-200-10 MG	$0 (Tier 2)	
tenofovir disoproxil fumarate oral tablet 300 mg	$0 (Tier 1)	
TIVICAY ORAL TABLET 10 MG	$0 (Tier 2)	
TIVICAY ORAL TABLET 25 MG, 50 MG	$0 (Tier 2)	^
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	$0 (Tier 2)	^
TRIUMEQ ORAL TABLET 600-50-300 MG	$0 (Tier 2)	^
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	$0 (Tier 2)	^
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	$0 (Tier 2)	^
TYBOST ORAL TABLET 150 MG	$0 (Tier 2)	
valacyclovir oral tablet 1 gram, 500 mg	$0 (Tier 1)	
valganciclovir oral recon soln 50 mg/ml	$0 (Tier 2)	^
valganciclovir oral tablet 450 mg	$0 (Tier 1)	
VEMLIDY ORAL TABLET 25 MG	$0 (Tier 2)	^
VIRACEPT ORAL TABLET 250 MG, 625 MG	$0 (Tier 2)	^
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	$0 (Tier 2)	^
VIREAD ORAL TABLET 150 MG, 250 MG	$0 (Tier 2)	^
VIREAD ORAL TABLET 200 MG	$0 (Tier 2)	
VOSEVI ORAL TABLET 400-100-100 MG	$0 (Tier 2)	PA; QL (28 EA per 28 days); ^
zidovudine oral capsule 100 mg	$0 (Tier 1)	
zidovudine oral syrup 10 mg/ml	$0 (Tier 1)	
zidovudine oral tablet 300 mg	$0 (Tier 1)	
CEPHALOSPORINS		
cefaclor oral capsule 250 mg, 500 mg	$0 (Tier 1)	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	$0 (Tier 1)	
cefaclor oral tablet extended release 12 hr 500 mg	$0 (Tier 2)	
cefadroxil oral capsule 500 mg	$0 (Tier 1)	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml	$0 (Tier 1)	
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML, 3 GRAM/150 ML	$0 (Tier 2)	
cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 300 gram, 500 mg	$0 (Tier 1)	
cefazolin intravenous recon soln 1 gram	$0 (Tier 1)	
cefdinir oral capsule 300 mg	$0 (Tier 1)	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	$0 (Tier 1)	
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	$0 (Tier 1)	
cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml	$0 (Tier 1)	
cefepime injection recon soln 1 gram, 2 gram	$0 (Tier 1)	
cefixime oral capsule 400 mg	$0 (Tier 1)	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	$0 (Tier 1)	
cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	$0 (Tier 1)	
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram	$0 (Tier 1)	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	$0 (Tier 1)	
cefpodoxime oral tablet 100 mg, 200 mg	$0 (Tier 1)	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	$0 (Tier 1)	
cefprozil oral tablet 250 mg, 500 mg	$0 (Tier 1)	
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram	$0 (Tier 1)	
ceftriaxone in dextrose,iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	$0 (Tier 1)	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	$0 (Tier 1)	
CEFTRIAXONE INJECTION RECON SOLN 100 GRAM	$0 (Tier 1)	
ceftriaxone intravenous recon soln 1 gram, 2 gram	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
cefuroxime axetil oral tablet 250 mg, 500 mg	$0 (Tier 1)	
cefuroxime sodium injection recon soln 750 mg	$0 (Tier 1)	
cefuroxime sodium intravenous recon soln 1.5 gram	$0 (Tier 1)	
cephalexin oral capsule 250 mg, 500 mg	$0 (Tier 1)	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	$0 (Tier 1)	
tazicef injection recon soln 1 gram, 2 gram, 6 gram	$0 (Tier 1)	
tazicef intravenous recon soln 1 gram, 2 gram	$0 (Tier 1)	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	$0 (Tier 2) ^	
ERYTHROMYCINS / OTHER MACROLIDES		
azithromycin intravenous recon soln 500 mg	$0 (Tier 1)	
azithromycin oral packet 1 gram	$0 (Tier 1)	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	$0 (Tier 1)	
azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg	$0 (Tier 1)	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	$0 (Tier 1)	
clarithromycin oral tablet 250 mg, 500 mg	$0 (Tier 1)	
clarithromycin oral tablet extended release 24 hr 500 mg	$0 (Tier 1)	
DIFICID ORAL TABLET 200 MG	$0 (Tier 2)	QL (20 EA per 10 days); ^
e.e.s. 400 oral tablet 400 mg	$0 (Tier 1)	
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	$0 (Tier 1)	
erythrocin (as stearate) oral tablet 250 mg	$0 (Tier 1)	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	$0 (Tier 2)	
erythromycin ethylsuccinate oral tablet 400 mg	$0 (Tier 1)	
erythromycin oral capsule,delayed release(dr/ec) 250 mg	$0 (Tier 1)	
erythromycin oral tablet 250 mg, 500 mg	$0 (Tier 1)	
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg	$0 (Tier 1)	
MISCELLANEOUS ANTIINFECTIVES		
albendazole oral tablet 200 mg	$0 (Tier 2) ^	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	$0 (Tier 1)	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	$0 (Tier 2)	PA; LA; ^
atovaquone oral suspension 750 mg/5 ml	$0 (Tier 1)	
atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg	$0 (Tier 1)	
aztreonam injection recon soln 1 gram, 2 gram	$0 (Tier 1)	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	$0 (Tier 2)	PA; LA; QL (84 ML per 56 days); ^
chloroquine phosphate oral tablet 250 mg, 500 mg	$0 (Tier 1)	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	$0 (Tier 1)	
CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 300 MG/50 ML, 600 MG/50 ML, 900 MG/50 ML	$0 (Tier 1)	
clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml	$0 (Tier 1)	
clindamycin phosphate injection solution 150 mg/ml	$0 (Tier 1)	
COARTEM ORAL TABLET 20-120 MG	$0 (Tier 2)	
colistin (colistimethate na) injection recon soln 150 mg	$0 (Tier 1)	QL (30 EA per 10 days)
dapsone oral tablet 100 mg, 25 mg	$0 (Tier 1)	
daptomycin intravenous recon soln 500 mg	$0 (Tier 2)	^
EMVERM ORAL TABLET,CHEWABLE 100 MG	$0 (Tier 2)	QL (12 EA per 365 days); ^
ertapenem injection recon soln 1 gram	$0 (Tier 1)	
ethambutol oral tablet 100 mg, 400 mg	$0 (Tier 1)	
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml	$0 (Tier 1)	
gentamicin injection solution 40 mg/ml	$0 (Tier 1)	
gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml	$0 (Tier 1)	
hydroxychloroquine oral tablet 200 mg	$0 (Tier 1)	
imipenem-cilastatin intravenous recon soln 250 mg, 500 mg	$0 (Tier 1)	
isoniazid oral solution 50 mg/5 ml	$0 (Tier 1)	
isoniazid oral tablet 100 mg, 300 mg	$0 (Tier 1)	
ivermectin oral tablet 3 mg	$0 (Tier 1)	PA; QL (20 EA per 30 days)
linezolid 600 mg/300 ml-0.9% nacl single-use	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	$0 (Tier 1)	
linezolid oral suspension for reconstitution 100 mg/5 ml	$0 (Tier 2)	QL (1800 ML per 30 days); ^
linezolid oral tablet 600 mg	$0 (Tier 1)	QL (60 EA per 30 days)
LINEZOLID-0.9% SODIUM CHLORIDE INTRAVENOUS PARENTERAL SOLUTION 600 MG/300 ML	$0 (Tier 1)	
mefloquine oral tablet 250 mg	$0 (Tier 1)	
meropenem intravenous recon soln 1 gram, 500 mg	$0 (Tier 1)	
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 500 MG/50 ML	$0 (Tier 1)	
metro i.v. intravenous piggyback 500 mg/100 ml	$0 (Tier 1)	
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	$0 (Tier 1)	
metronidazole oral tablet 250 mg, 500 mg	$0 (Tier 1)	
neomycin oral tablet 500 mg	$0 (Tier 1)	
nitazoxanide oral tablet 500 mg	$0 (Tier 2)	QL (6 EA per 30 days); ^
paromomycin oral capsule 250 mg	$0 (Tier 1)	
pentamidine inhalation recon soln 300 mg	$0 (Tier 1)	B/D; QL (1 EA per 28 days)
pentamidine injection recon soln 300 mg	$0 (Tier 1)	
praziquantel oral tablet 600 mg	$0 (Tier 1)	
PRIFTIN ORAL TABLET 150 MG	$0 (Tier 2)	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	$0 (Tier 2)	
pyrazinamide oral tablet 500 mg	$0 (Tier 1)	
quinine sulfate oral capsule 324 mg	$0 (Tier 1)	PA
rifabutin oral capsule 150 mg	$0 (Tier 1)	
rifampin intravenous recon soln 600 mg	$0 (Tier 1)	
rifampin oral capsule 150 mg, 300 mg	$0 (Tier 1)	
SIRTURO ORAL TABLET 100 MG, 20 MG	$0 (Tier 2)	PA; LA; ^
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	$0 (Tier 1)	
SYNERCID INTRAVENOUS RECON SOLN 500 MG	$0 (Tier 2)	^
tigecycline intravenous recon soln 50 mg	$0 (Tier 2)	^

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	$0 (Tier 2)	PA; QL (280 ML per 28 days); ^
tobramycin sulfate injection recon soln 1.2 gram	$0 (Tier 1)	
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml	$0 (Tier 1)	
TRECATOR ORAL TABLET 250 MG	$0 (Tier 2)	
vancomycin hcl 1.25 gram vial outer, suv	$0 (Tier 1)	
vancomycin hcl 1.5 gram vial outer, suv	$0 (Tier 1)	
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 500 MG/100 ML, 750 MG/150 ML	$0 (Tier 2)	
VANCOMYCIN INJECTION RECON SOLN 100 GRAM	$0 (Tier 1)	
vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg	$0 (Tier 1)	
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM, 1.5 GRAM	$0 (Tier 1)	
vancomycin oral capsule 125 mg	$0 (Tier 1)	QL (80 EA per 180 days)
vancomycin oral capsule 250 mg	$0 (Tier 1)	QL (160 EA per 180 days)
XIFAXAN ORAL TABLET 550 MG	$0 (Tier 2)	PA; QL (90 EA per 30 days); ^
PENICILLINS		
amoxicillin oral capsule 250 mg, 500 mg	$0 (Tier 1)	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	$0 (Tier 1)	
amoxicillin oral tablet 500 mg, 875 mg	$0 (Tier 1)	
amoxicillin oral tablet,chewable 125 mg, 250 mg	$0 (Tier 1)	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml	$0 (Tier 1)	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	$0 (Tier 1)	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	$0 (Tier 1)	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg	$0 (Tier 1)	
ampicillin oral capsule 500 mg	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg	$0 (Tier 1)	
ampicillin sodium intravenous recon soln 1 gram, 2 gram	$0 (Tier 1)	
ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram	$0 (Tier 1)	
ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram	$0 (Tier 1)	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	$0 (Tier 2)	
dicloxacillin oral capsule 250 mg, 500 mg	$0 (Tier 1)	
nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml	$0 (Tier 1)	
nafcillin injection recon soln 1 gram, 2 gram	$0 (Tier 1)	
nafcillin injection recon soln 10 gram	$0 (Tier 2)	^
oxacillin injection recon soln 1 gram, 10 gram, 2 gram	$0 (Tier 1)	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	$0 (Tier 2)	
penicillin g potassium injection recon soln 20 million unit, 5 million unit	$0 (Tier 1)	
penicillin g procaine intramuscular syringe 1.2 million unit/2 ml	$0 (Tier 2)	
penicillin g sodium injection recon soln 5 million unit	$0 (Tier 1)	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	$0 (Tier 1)	
penicillin v potassium oral tablet 250 mg, 500 mg	$0 (Tier 1)	
pfizerpen-g injection recon soln 20 million unit, 5 million unit	$0 (Tier 1)	
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	$0 (Tier 1)	
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	$0 (Tier 1)	
piperacil-tazobact 13.5 gm vl inner, muv, p/f 13.5 gram	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
QUINOLONES		
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 500 MG/5 ML	$0 (Tier 2)	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	$0 (Tier 1)	
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml	$0 (Tier 1)	
ciprofloxacin oral suspension,microcapsule recon 500 mg/5 ml	$0 (Tier 1)	
levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml	$0 (Tier 1)	
levofloxacin intravenous solution 25 mg/ml	$0 (Tier 1)	
levofloxacin oral solution 250 mg/10 ml	$0 (Tier 1)	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	$0 (Tier 1)	
moxifloxacin oral tablet 400 mg	$0 (Tier 1)	
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK 400 MG/250 ML	$0 (Tier 1)	
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml	$0 (Tier 1)	
SULFA'S / RELATED AGENTS		
sulfadiazine oral tablet 500 mg	$0 (Tier 2)	
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml	$0 (Tier 1)	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	$0 (Tier 1)	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	$0 (Tier 1)	
TETRACYCLINES		
doxy-100 intravenous recon soln 100 mg	$0 (Tier 1)	
doxycycline hyclate intravenous recon soln 100 mg	$0 (Tier 1)	
doxycycline hyclate oral capsule 100 mg, 50 mg	$0 (Tier 1)	
doxycycline hyclate oral tablet 100 mg, 20 mg	$0 (Tier 1)	
doxycycline monohydrate oral capsule 100 mg, 50 mg	$0 (Tier 1)	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
minocycline oral capsule 100 mg, 50 mg, 75 mg	$0 (Tier 1)	
tetracycline oral capsule 250 mg, 500 mg	$0 (Tier 1)	PA
URINARY TRACT AGENTS		
methenamine hippurate oral tablet 1 gram	$0 (Tier 1)	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	$0 (Tier 2)	
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	$0 (Tier 2)	
trimethoprim oral tablet 100 mg	$0 (Tier 1)	
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	$0 (Tier 1)	
MESNEX ORAL TABLET 400 MG	$0 (Tier 2)	^
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	$0 (Tier 2)	PA-NS; ^
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
abiraterone oral tablet 250 mg	$0 (Tier 1)	PA-NS; QL (120 EA per 30 days)
abiraterone oral tablet 500 mg	$0 (Tier 1)	PA-NS; QL (60 EA per 30 days)
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	$0 (Tier 2)	PA-NS; LA; QL (60 EA per 30 days); ^
ALECENSA ORAL CAPSULE 150 MG	$0 (Tier 2)	PA-NS; LA; QL (240 EA per 30 days); ^
ALUNBRIG ORAL TABLET 180 MG, 90 MG	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 30 days); ^
ALUNBRIG ORAL TABLET 30 MG	$0 (Tier 2)	PA-NS; LA; QL (60 EA per 30 days); ^
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 180 days); ^
anastrozole oral tablet 1 mg	$0 (Tier 1)	
AUGTYRO ORAL CAPSULE 40 MG	$0 (Tier 2)	PA-NS; QL (240 EA per 30 days); ^
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 30 days); ^
azacitidine injection recon soln 100 mg	$0 (Tier 2)	B/D; ^
azathioprine oral tablet 50 mg	$0 (Tier 1)	B/D
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	$0 (Tier 2)	PA-NS; LA; ^
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	$0 (Tier 2)	B/D; ^
bexarotene oral capsule 75 mg	$0 (Tier 2)	PA-NS; ^
bexarotene topical gel 1 %	$0 (Tier 2)	PA-NS; 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
bicalutamide oral tablet 50 mg	$0 (Tier 1)	
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	$0 (Tier 2)	PA-NS; ^
bortezomib injection recon soln 3.5 mg	$0 (Tier 2)	PA-NS; ^
BOSULIF ORAL CAPSULE 100 MG	$0 (Tier 2)	PA-NS; QL (90 EA per 30 days); ^
BOSULIF ORAL CAPSULE 50 MG	$0 (Tier 2)	PA-NS; QL (30 EA per 30 days); ^
BOSULIF ORAL TABLET 100 MG	$0 (Tier 2)	PA-NS; QL (90 EA per 30 days); ^
BOSULIF ORAL TABLET 400 MG, 500 MG	$0 (Tier 2)	PA-NS; QL (30 EA per 30 days); ^
BRAFTOVI ORAL CAPSULE 75 MG	$0 (Tier 2)	PA-NS; LA; QL (180 EA per 30 days); ^
BRUKINSA ORAL CAPSULE 80 MG	$0 (Tier 2)	PA-NS; LA; QL (120 EA per 30 days); ^
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 30 days); ^
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	$0 (Tier 2)	PA-NS; LA; QL (60 EA per 30 days); ^
CALQUENCE ORAL CAPSULE 100 MG	$0 (Tier 2)	PA-NS; LA; QL (60 EA per 30 days); ^
CAPRELSA ORAL TABLET 100 MG	$0 (Tier 2)	PA-NS; LA; QL (60 EA per 30 days); ^
CAPRELSA ORAL TABLET 300 MG	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 30 days); ^
carboplatin intravenous solution 10 mg/ml	$0 (Tier 1)	B/D
cisplatin intravenous solution 1 mg/ml	$0 (Tier 1)	B/D
COLUMVI INTRAVENOUS SOLUTION 1 MG/ML	$0 (Tier 2)	B/D; ^
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	$0 (Tier 2)	PA-NS; LA; QL (56 EA per 28 days); ^
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	$0 (Tier 2)	PA-NS; LA; QL (112 EA per 28 days); ^
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	$0 (Tier 2)	PA-NS; LA; QL (84 EA per 28 days); ^
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	$0 (Tier 2)	PA-NS; LA; QL (60 EA per 30 days); ^
COTELLIC ORAL TABLET 20 MG	$0 (Tier 2)	PA-NS; LA; QL (63 EA per 28 days); ^
cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg	$0 (Tier 2)	B/D; ^
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 200 MG/ML	$0 (Tier 2)	B/D; ^
cyclophosphamide oral capsule 25 mg, 50 mg	$0 (Tier 1)	B/D
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	$0 (Tier 2)	B/D
cyclosporine intravenous solution 250 mg/5 ml	$0 (Tier 1)	
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	$0 (Tier 1)	B/D

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
cyclosporine modified oral solution 100 mg/ml	$0 (Tier 1)	B/D
cyclosporine oral capsule 100 mg, 25 mg	$0 (Tier 1)	B/D
cytarabine injection solution 20 mg/ml	$0 (Tier 1)	
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg	$0 (Tier 1)	PA-NS; QL (30 EA per 30 days); ^
dasatinib oral tablet 20 mg, 70 mg	$0 (Tier 1)	PA-NS; QL (60 EA per 30 days); ^
DAURISMO ORAL TABLET 100 MG	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 30 days); ^
DAURISMO ORAL TABLET 25 MG	$0 (Tier 2)	PA-NS; LA; QL (60 EA per 30 days); ^
docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)	$0 (Tier 2)	B/D; ^
doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml	$0 (Tier 1)	B/D
doxorubicin, peg-liposomal intravenous suspension 2 mg/ml	$0 (Tier 2)	B/D; ^
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	$0 (Tier 2)	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	$0 (Tier 2)	PA-NS
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	$0 (Tier 2)	PA-NS
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	$0 (Tier 2)	PA-NS
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	$0 (Tier 2)	PA-NS
ELLENCE INTRAVENOUS SOLUTION 200 MG/100 ML, 50 MG/25 ML	$0 (Tier 2)	B/D
ELREXFIO SUBCUTANEOUS SOLUTION 40 MG/ML	$0 (Tier 2)	PA-NS; ^
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	$0 (Tier 2)	B/D
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8 ML, 48 MG/0.8 ML	$0 (Tier 2)	B/D; ^
ERIVEDGE ORAL CAPSULE 150 MG	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 30 days); ^
ERLEADA ORAL TABLET 240 MG	$0 (Tier 2)	PA-NS; QL (30 EA per 30 days); ^
ERLEADA ORAL TABLET 60 MG	$0 (Tier 2)	PA-NS; LA; QL (120 EA per 30 days); ^
erlotinib oral tablet 100 mg, 150 mg	$0 (Tier 2)	PA-NS; QL (30 EA per 30 days); ^
erlotinib oral tablet 25 mg	$0 (Tier 2)	PA-NS; QL (90 EA per 30 days); ^
etoposide intravenous solution 20 mg/ml	$0 (Tier 1)	B/D
EULEXIN ORAL CAPSULE 125 MG	$0 (Tier 2)	^

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	$0 (Tier 2)	PA-NS; QL (30 EA per 30 days); ^
everolimus (antineoplastic) oral tablet for suspension 2 mg	$0 (Tier 2)	PA-NS; QL (150 EA per 30 days); ^
everolimus (antineoplastic) oral tablet for suspension 3 mg	$0 (Tier 2)	PA-NS; QL (90 EA per 30 days); ^
everolimus (antineoplastic) oral tablet for suspension 5 mg	$0 (Tier 2)	PA-NS; QL (60 EA per 30 days); ^
everolimus (immunosuppressive) oral tablet 0.25 mg	$0 (Tier 2)	B/D
everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg	$0 (Tier 2)	B/D; ^
exemestane oral tablet 25 mg	$0 (Tier 1)	
EXKIVITY ORAL CAPSULE 40 MG	$0 (Tier 2)	PA-NS; LA; QL (120 EA per 30 days); ^
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	$0 (Tier 2)	PA-NS; ^
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	$0 (Tier 2)	PA-NS
fluorouracil intravenous solution 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml	$0 (Tier 1)	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	$0 (Tier 2)	PA-NS; LA; QL (21 EA per 28 days); ^
FRUZAQLA ORAL CAPSULE 1 MG	$0 (Tier 2)	PA-NS; QL (84 EA per 28 days); ^
FRUZAQLA ORAL CAPSULE 5 MG	$0 (Tier 2)	PA-NS; QL (21 EA per 28 days); ^
fulvestrant intramuscular syringe 250 mg/5 ml	$0 (Tier 2)	B/D; ^
GAVRETO ORAL CAPSULE 100 MG	$0 (Tier 2)	PA-NS; LA; QL (120 EA per 30 days); ^
gefitinib oral tablet 250 mg	$0 (Tier 1)	PA-NS; QL (30 EA per 30 days); ^
gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg	$0 (Tier 1)	B/D
gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)	$0 (Tier 1)	B/D
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	$0 (Tier 1)	B/D
gengraf oral capsule 100 mg, 25 mg	$0 (Tier 1)	B/D
gengraf oral solution 100 mg/ml	$0 (Tier 1)	B/D
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 30 days); ^
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	$0 (Tier 2)	
GLEOSTINE ORAL CAPSULE 100 MG	$0 (Tier 2)	^
hydroxyurea oral capsule 500 mg	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	$0 (Tier 2)	PA-NS; LA; QL (21 EA per 28 days); ^
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	$0 (Tier 2)	PA-NS; LA; QL (21 EA per 28 days); ^
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 30 days); ^
IDHIFA ORAL TABLET 100 MG, 50 MG	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 30 days); ^
imatinib oral tablet 100 mg	$0 (Tier 2)	PA-NS; QL (180 EA per 30 days); ^
imatinib oral tablet 400 mg	$0 (Tier 2)	PA-NS; QL (60 EA per 30 days); ^
IMBRUVICA ORAL CAPSULE 140 MG	$0 (Tier 2)	PA-NS; LA; QL (120 EA per 30 days); ^
IMBRUVICA ORAL CAPSULE 70 MG	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 30 days); ^
IMBRUVICA ORAL SUSPENSION 70 MG/ML	$0 (Tier 2)	PA-NS; LA; QL (216 ML per 27 days); ^
IMBRUVICA ORAL TABLET 420 MG, 560 MG	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 30 days); ^
INLYTA ORAL TABLET 1 MG	$0 (Tier 2)	PA-NS; LA; QL (180 EA per 30 days); ^
INLYTA ORAL TABLET 5 MG	$0 (Tier 2)	PA-NS; LA; QL (120 EA per 30 days); ^
INQOVI ORAL TABLET 35-100 MG	$0 (Tier 2)	PA-NS; LA; QL (5 EA per 28 days); ^
INREBIC ORAL CAPSULE 100 MG	$0 (Tier 2)	PA-NS; LA; QL (120 EA per 30 days); ^
irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml	$0 (Tier 1)	B/D
IWILFIN ORAL TABLET 192 MG	$0 (Tier 2)	PA-NS; LA; QL (240 EA per 30 days); ^
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	$0 (Tier 2)	PA-NS; LA; QL (60 EA per 30 days); ^
JAYPIRCA ORAL TABLET 100 MG	$0 (Tier 2)	PA-NS; QL (60 EA per 30 days); ^
JAYPIRCA ORAL TABLET 50 MG	$0 (Tier 2)	PA-NS; QL (30 EA per 30 days); ^
JYLAMVO ORAL SOLUTION 2 MG/ML	$0 (Tier 2)	
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	$0 (Tier 2)	B/D; ^
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	$0 (Tier 2)	PA-NS; ^
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	$0 (Tier 2)	PA-NS; QL (49 EA per 28 days); ^
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	$0 (Tier 2)	PA-NS; QL (70 EA per 28 days); ^
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	$0 (Tier 2)	PA-NS; QL (91 EA per 28 days); ^
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	$0 (Tier 2)	PA-NS; QL (21 EA per 28 days); ^
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	$0 (Tier 2)	PA-NS; QL (42 EA per 28 days); ^
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	$0 (Tier 2)	PA-NS; QL (63 EA 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
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	$0 (Tier 2)	PA-NS; ^
KRAZATI ORAL TABLET 200 MG	$0 (Tier 2)	PA-NS; QL (180 EA per 30 days); ^
lanreotide subcutaneous syringe 120 mg/0.5 ml	$0 (Tier 2)	PA-NS; ^
lapatinib oral tablet 250 mg	$0 (Tier 2)	PA-NS; QL (180 EA per 30 days); ^
LAZCLUZE ORAL TABLET 240 MG	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 30 days); ^
LAZCLUZE ORAL TABLET 80 MG	$0 (Tier 2)	PA-NS; LA; QL (60 EA per 30 days); ^
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	$0 (Tier 1)	PA-NS; LA; QL (28 EA per 28 days); ^
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 30 days); ^
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	$0 (Tier 2)	PA-NS; LA; QL (90 EA per 30 days); ^
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	$0 (Tier 2)	PA-NS; LA; QL (60 EA per 30 days); ^
letrozole oral tablet 2.5 mg	$0 (Tier 1)	
LEUKERAN ORAL TABLET 2 MG	$0 (Tier 2)	
leuprolide subcutaneous kit 1 mg/0.2 ml	$0 (Tier 1)	PA-NS
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	$0 (Tier 2)	PA-NS; LA; ^
LORBRENA ORAL TABLET 100 MG	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 30 days); ^
LORBRENA ORAL TABLET 25 MG	$0 (Tier 2)	PA-NS; LA; QL (90 EA per 30 days); ^
LUMAKRAS ORAL TABLET 120 MG	$0 (Tier 2)	PA-NS; LA; ^
LUMAKRAS ORAL TABLET 320 MG	$0 (Tier 2)	PA-NS; ^
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	$0 (Tier 2)	PA-NS; ^
LYNPARZA ORAL TABLET 100 MG, 150 MG	$0 (Tier 2)	PA-NS; LA; QL (120 EA per 30 days); ^
LYSODREN ORAL TABLET 500 MG	$0 (Tier 2)	^
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	$0 (Tier 2)	PA-NS; ^
MATULANE ORAL CAPSULE 50 MG	$0 (Tier 2)	LA; ^
megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)	$0 (Tier 2)	
megestrol oral suspension 625 mg/5 ml (125 mg/ml)	$0 (Tier 2)	PA
megestrol oral tablet 20 mg, 40 mg	$0 (Tier 2)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MEKINIST ORAL RECON SOLN 0.05 MG/ML	$0 (Tier 2)	PA-NS; QL (1200 ML per 30 days); ^
MEKINIST ORAL TABLET 0.5 MG	$0 (Tier 2)	PA-NS; LA; QL (90 EA per 30 days); ^
MEKINIST ORAL TABLET 2 MG	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 30 days); ^
MEKTOVI ORAL TABLET 15 MG	$0 (Tier 2)	PA-NS; LA; QL (180 EA per 30 days); ^
mercaptopurine oral tablet 50 mg	$0 (Tier 1)	
methotrexate sodium (pf) injection recon soln 1 gram	$0 (Tier 1)	B/D
methotrexate sodium (pf) injection solution 25 mg/ml	$0 (Tier 1)	B/D
methotrexate sodium injection solution 25 mg/ml	$0 (Tier 1)	B/D
methotrexate sodium oral tablet 2.5 mg	$0 (Tier 1)	
MONJUVI INTRAVENOUS RECON SOLN 200 MG	$0 (Tier 2)	PA-NS; ^
mycophenolate mofetil oral capsule 250 mg	$0 (Tier 1)	B/D
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	$0 (Tier 2)	B/D; ^
mycophenolate mofetil oral tablet 500 mg	$0 (Tier 1)	B/D
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	$0 (Tier 1)	B/D
mycophenolic acid dr 180 mg tb	$0 (Tier 1)	mycophenolate sodium = mycophenolic acid; B/D
mycophenolic acid dr 360 mg tb	$0 (Tier 1)	mycophenolate sodium = mycophenolic acid; B/D
NERLYNX ORAL TABLET 40 MG	$0 (Tier 2)	PA-NS; LA; ^
nilutamide oral tablet 150 mg	$0 (Tier 2)	^
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	$0 (Tier 2)	PA-NS; QL (3 EA per 28 days); ^
NUBEQA ORAL TABLET 300 MG	$0 (Tier 2)	PA-NS; LA; QL (120 EA per 30 days); ^
NULOJIX INTRAVENOUS RECON SOLN 250 MG	$0 (Tier 2)	^
octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml	$0 (Tier 2)	PA; ^
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	$0 (Tier 1)	PA
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	$0 (Tier 1)	PA
ODOMZO ORAL CAPSULE 200 MG	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 30 days); ^
OGSIVEO ORAL TABLET 100 MG, 150 MG	$0 (Tier 2)	PA-NS; QL (56 EA 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
OGSIVEO ORAL TABLET 50 MG	$0 (Tier 2)	PA-NS; QL (180 EA per 30 days); ^
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	$0 (Tier 2)	PA-NS; QL (96 ML per 28 days); ^
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	$0 (Tier 2)	PA-NS; QL (16 EA per 28 days); ^
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	$0 (Tier 2)	PA-NS; QL (20 EA per 28 days); ^
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	$0 (Tier 2)	PA-NS; QL (24 EA per 28 days); ^
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	$0 (Tier 2)	PA-NS; QL (30 EA per 30 days); ^
ONUREG ORAL TABLET 200 MG, 300 MG	$0 (Tier 2)	PA-NS; LA; QL (14 EA per 28 days)
ORGOVYX ORAL TABLET 120 MG	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 28 days); ^
ORSERDU ORAL TABLET 345 MG	$0 (Tier 2)	PA-NS; QL (30 EA per 30 days); ^
ORSERDU ORAL TABLET 86 MG	$0 (Tier 2)	PA-NS; QL (90 EA per 30 days); ^
oxaliplatin intravenous recon soln 100 mg, 50 mg	$0 (Tier 2)	B/D; ^
oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)	$0 (Tier 1)	B/D
paclitaxel intravenous concentrate 6 mg/ml	$0 (Tier 1)	B/D
PACLITAXEL PROTEIN-BOUND INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	$0 (Tier 2)	B/D; ^
paraplatin intravenous solution 10 mg/ml	$0 (Tier 1)	B/D
pazopanib oral tablet 200 mg	$0 (Tier 1)	PA-NS; QL (120 EA per 30 days); ^
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	$0 (Tier 2)	PA-NS; LA; ^
pemetrexed disodium 750 mg vl	$0 (Tier 1)	B/D; ^
pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg	$0 (Tier 1)	B/D; ^
pemetrexed disodium intravenous recon soln 100 mg	$0 (Tier 1)	B/D
PEMETREXED DISODIUM INTRAVENOUS RECON SOLN 750 MG	$0 (Tier 1)	B/D; ^
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	$0 (Tier 2)	PA-NS; ^
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	$0 (Tier 2)	PA-NS; LA; QL (21 EA per 28 days); ^
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	$0 (Tier 2)	B/D
PURIXAN ORAL SUSPENSION 20 MG/ML	$0 (Tier 2)	^
QINLOCK ORAL TABLET 50 MG	$0 (Tier 2)	PA-NS; 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
RETEVMO ORAL CAPSULE 40 MG	$0 (Tier 2)	PA-NS; LA; QL (180 EA per 30 days); ^
RETEVMO ORAL CAPSULE 80 MG	$0 (Tier 2)	PA-NS; LA; QL (120 EA per 30 days); ^
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	$0 (Tier 2)	PA-NS; LA; QL (60 EA per 30 days); ^
RETEVMO ORAL TABLET 40 MG	$0 (Tier 2)	PA-NS; LA; QL (90 EA per 30 days); ^
REZLIDHIA ORAL CAPSULE 150 MG	$0 (Tier 2)	PA-NS; QL (60 EA per 30 days); ^
REZUROCK ORAL TABLET 200 MG	$0 (Tier 2)	PA; LA; QL (30 EA per 30 days); ^
ROZLYTREK ORAL CAPSULE 100 MG	$0 (Tier 2)	PA-NS; LA; QL (150 EA per 30 days); ^
ROZLYTREK ORAL CAPSULE 200 MG	$0 (Tier 2)	PA-NS; LA; QL (90 EA per 30 days); ^
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	$0 (Tier 2)	PA-NS; QL (336 EA per 28 days); ^
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	$0 (Tier 2)	PA-NS; LA; QL (120 EA per 30 days); ^
RYDAPT ORAL CAPSULE 25 MG	$0 (Tier 2)	PA-NS; QL (224 EA per 28 days); ^
SANDIMMUNE ORAL SOLUTION 100 MG/ML	$0 (Tier 2)	B/D
SCEMBLIX ORAL TABLET 100 MG	$0 (Tier 2)	PA-NS; QL (120 EA per 30 days); ^
SCEMBLIX ORAL TABLET 20 MG	$0 (Tier 2)	PA-NS; QL (60 EA per 30 days); ^
SCEMBLIX ORAL TABLET 40 MG	$0 (Tier 2)	PA-NS; QL (300 EA per 30 days); ^
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	$0 (Tier 2)	PA; LA; ^
sirolimus oral solution 1 mg/ml	$0 (Tier 2)	B/D; ^
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	$0 (Tier 1)	B/D
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	$0 (Tier 2)	
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	$0 (Tier 2)	PA-NS; ^
sorafenib oral tablet 200 mg	$0 (Tier 2)	PA-NS; QL (120 EA per 30 days); ^
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	$0 (Tier 2)	PA-NS; QL (30 EA per 30 days); ^
SPRYCEL ORAL TABLET 20 MG, 70 MG	$0 (Tier 2)	PA-NS; QL (60 EA per 30 days); ^
STIVARGA ORAL TABLET 40 MG	$0 (Tier 2)	PA-NS; LA; QL (84 EA per 28 days); ^
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	$0 (Tier 2)	PA-NS; QL (30 EA per 30 days); ^
TABLOID ORAL TABLET 40 MG	$0 (Tier 2)	
TABRECTA ORAL TABLET 150 MG, 200 MG	$0 (Tier 2)	PA-NS; ^
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	$0 (Tier 1)	B/D
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	$0 (Tier 2)	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
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	$0 (Tier 2)	PA-NS; QL (840 EA per 28 days); ^
TAGRISSO ORAL TABLET 40 MG, 80 MG	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 30 days); ^
TALVEY SUBCUTANEOUS SOLUTION 2 MG/ML, 40 MG/ML	$0 (Tier 2)	PA-NS; ^
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	$0 (Tier 2)	PA-NS; QL (30 EA per 30 days); ^
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 30 days); ^
tamoxifen oral tablet 10 mg, 20 mg	$0 (Tier 1)	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	$0 (Tier 2)	PA-NS; QL (112 EA per 28 days); ^
TASIGNA ORAL CAPSULE 50 MG	$0 (Tier 2)	PA-NS; QL (120 EA per 30 days); ^
TAZVERIK ORAL TABLET 200 MG	$0 (Tier 2)	PA-NS; LA; ^
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	$0 (Tier 2)	PA-NS; ^
TEPMETKO ORAL TABLET 225 MG	$0 (Tier 2)	PA-NS; LA; ^
THALOMID ORAL CAPSULE 100 MG, 50 MG	$0 (Tier 2)	PA-NS; LA; QL (28 EA per 28 days); ^
THALOMID ORAL CAPSULE 150 MG, 200 MG	$0 (Tier 2)	PA-NS; LA; QL (56 EA per 28 days); ^
TIBSOVO ORAL TABLET 250 MG	$0 (Tier 2)	PA-NS; LA; ^
toremifene oral tablet 60 mg	$0 (Tier 2)	
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	$0 (Tier 2)	PA-NS; ^
tretinoin (antineoplastic) oral capsule 10 mg	$0 (Tier 2)	^
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	$0 (Tier 2)	
TRUQAP ORAL TABLET 160 MG, 200 MG	$0 (Tier 2)	PA-NS; QL (64 EA per 28 days); ^
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	$0 (Tier 2)	PA-NS; ^
TUKYSA ORAL TABLET 150 MG	$0 (Tier 2)	PA-NS; LA; QL (120 EA per 30 days); ^
TUKYSA ORAL TABLET 50 MG	$0 (Tier 2)	PA-NS; LA; QL (300 EA per 30 days); ^
TURALIO ORAL CAPSULE 125 MG	$0 (Tier 2)	PA-NS; LA; QL (120 EA per 30 days); ^
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	$0 (Tier 2)	PA-NS; QL (56 EA per 28 days); ^
VENCLEXTA ORAL TABLET 10 MG, 50 MG	$0 (Tier 2)	PA-NS; LA; QL (112 EA per 28 days)
VENCLEXTA ORAL TABLET 100 MG	$0 (Tier 2)	PA-NS; LA; QL (180 EA per 30 days); ^
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	$0 (Tier 2)	PA-NS; LA; QL (42 EA per 28 days); ^
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	$0 (Tier 2)	PA-NS; LA; QL (60 EA per 30 days); ^
vincristine intravenous solution 1 mg/ml, 2 mg/2 ml	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml	$0 (Tier 1)	B/D
VITRAKVI ORAL CAPSULE 100 MG	$0 (Tier 2)	PA-NS; LA; QL (60 EA per 30 days); ^
VITRAKVI ORAL CAPSULE 25 MG	$0 (Tier 2)	PA-NS; LA; QL (180 EA per 30 days); ^
VITRAKVI ORAL SOLUTION 20 MG/ML	$0 (Tier 2)	PA-NS; LA; QL (300 ML per 30 days); ^
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 30 days); ^
VONJO ORAL CAPSULE 100 MG	$0 (Tier 2)	PA-NS; LA; QL (120 EA per 30 days); ^
VORANIGO ORAL TABLET 10 MG	$0 (Tier 2)	PA-NS; QL (60 EA per 30 days); ^
VORANIGO ORAL TABLET 40 MG	$0 (Tier 2)	PA-NS; QL (30 EA per 30 days); ^
VOTRIENT ORAL TABLET 200 MG	$0 (Tier 2)	PA-NS; LA; QL (120 EA per 30 days); ^
WELIREG ORAL TABLET 40 MG	$0 (Tier 2)	PA-NS; LA; ^
XALKORI ORAL CAPSULE 200 MG, 250 MG	$0 (Tier 2)	PA-NS; LA; QL (60 EA per 30 days); ^
XALKORI ORAL PELLET 150 MG	$0 (Tier 2)	PA-NS; QL (180 EA per 30 days); ^
XALKORI ORAL PELLET 20 MG, 50 MG	$0 (Tier 2)	PA-NS; QL (120 EA per 30 days); ^
XATMEP ORAL SOLUTION 2.5 MG/ML	$0 (Tier 2)	
XERMELO ORAL TABLET 250 MG	$0 (Tier 2)	PA; LA; QL (84 EA per 28 days); ^
XOSPATA ORAL TABLET 40 MG	$0 (Tier 2)	PA-NS; LA; QL (90 EA per 30 days); ^
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5), 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 40MG TWICE WEEK (80 MG/WEEK), 80 MG/WEEK (20 MG X 4), 80 MG/WEEK (40 MG X 2)	$0 (Tier 2)	PA-NS; LA; QL (8 EA per 28 days); ^
XPOVIO ORAL TABLET 40 MG/WEEK (20 MG X 2), 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (20 MG X 3), 60 MG/WEEK (60 MG X 1)	$0 (Tier 2)	PA-NS; LA; QL (4 EA per 28 days); ^
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	$0 (Tier 2)	PA-NS; LA; QL (24 EA per 28 days); ^
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	$0 (Tier 2)	PA-NS; LA; QL (32 EA per 28 days); ^
XTANDI ORAL CAPSULE 40 MG	$0 (Tier 2)	PA-NS; LA; QL (120 EA per 30 days); ^
XTANDI ORAL TABLET 40 MG	$0 (Tier 2)	PA-NS; LA; QL (120 EA per 30 days); ^
XTANDI ORAL TABLET 80 MG	$0 (Tier 2)	PA-NS; LA; QL (60 EA per 30 days); ^
ZEJULA ORAL TABLET 100 MG	$0 (Tier 2)	PA-NS; LA; QL (90 EA per 30 days); ^
ZEJULA ORAL TABLET 200 MG, 300 MG	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 30 days); ^
ZELBORAF ORAL TABLET 240 MG	$0 (Tier 2)	PA-NS; LA; QL (240 EA per 30 days); ^
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	$0 (Tier 2)	PA-NS; ^

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ZOLINZA ORAL CAPSULE 100 MG	$0 (Tier 2)	PA-NS; QL (120 EA per 30 days); ^
ZYDELIG ORAL TABLET 100 MG, 150 MG	$0 (Tier 2)	PA-NS; LA; QL (60 EA per 30 days); ^
ZYKADIA ORAL TABLET 150 MG	$0 (Tier 2)	PA-NS; LA; QL (90 EA per 30 days); ^
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG, 400 MG	$0 (Tier 2)	QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	$0 (Tier 2)	QL (60 EA per 30 days)
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	$0 (Tier 2)	PA-NS; QL (600 ML per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	$0 (Tier 2)	PA-NS; QL (600 ML per 30 days); ^
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	$0 (Tier 2)	PA-NS; QL (60 EA per 30 days); ^
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	$0 (Tier 1)	
carbamazepine oral suspension 100 mg/5 ml, 100 mg/5 ml (5 ml), 200 mg/10 ml	$0 (Tier 1)	
carbamazepine oral tablet 200 mg	$0 (Tier 1)	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	$0 (Tier 1)	
carbamazepine oral tablet,chewable 100 mg	$0 (Tier 1)	
clobazam oral suspension 2.5 mg/ml	$0 (Tier 1)	PA-NS; QL (480 ML per 30 days)
clobazam oral tablet 10 mg, 20 mg	$0 (Tier 1)	PA-NS; QL (60 EA per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	$0 (Tier 1)	QL (90 EA per 30 days)
clonazepam oral tablet 2 mg	$0 (Tier 1)	QL (300 EA per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	$0 (Tier 1)	QL (90 EA per 30 days)
clonazepam oral tablet,disintegrating 2 mg	$0 (Tier 1)	QL (300 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	$0 (Tier 2)	PA-NS; LA; QL (360 EA per 30 days); ^
DIACOMIT ORAL CAPSULE 500 MG	$0 (Tier 2)	PA-NS; LA; QL (180 EA per 30 days); ^
DIACOMIT ORAL POWDER IN PACKET 250 MG	$0 (Tier 2)	PA-NS; LA; QL (360 EA per 30 days); ^
DIACOMIT ORAL POWDER IN PACKET 500 MG	$0 (Tier 2)	PA-NS; LA; QL (180 EA per 30 days); ^
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	$0 (Tier 1)	
DILANTIN EXTENDED ORAL CAPSULE 100 MG	$0 (Tier 2)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG	$0 (Tier 2)	
DILANTIN ORAL CAPSULE 30 MG	$0 (Tier 2)	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	$0 (Tier 2)	
divalproex oral capsule, delayed rel sprinkle 125 mg	$0 (Tier 1)	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	$0 (Tier 1)	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	$0 (Tier 1)	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	$0 (Tier 2)	PA-NS; LA; QL (600 ML per 30 days)
epitol oral tablet 200 mg	$0 (Tier 1)	
EPRONTIA ORAL SOLUTION 25 MG/ML	$0 (Tier 2)	PA-NS; QL (480 ML per 30 days)
ethosuximide oral capsule 250 mg	$0 (Tier 1)	
ethosuximide oral solution 250 mg/5 ml	$0 (Tier 1)	
felbamate oral suspension 600 mg/5 ml	$0 (Tier 2)	^
felbamate oral tablet 400 mg, 600 mg	$0 (Tier 1)	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	$0 (Tier 2)	PA-NS; LA; QL (360 ML per 30 days); ^
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	$0 (Tier 2)	PA-NS; QL (720 ML per 30 days); ^
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	$0 (Tier 2)	PA-NS; QL (30 EA per 30 days); ^
FYCOMPA ORAL TABLET 2 MG	$0 (Tier 2)	PA-NS; QL (60 EA per 30 days)
gabapentin oral capsule 100 mg, 400 mg	$0 (Tier 1)	QL (270 EA per 30 days)
gabapentin oral capsule 300 mg	$0 (Tier 1)	QL (360 EA per 30 days)
gabapentin oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)	$0 (Tier 1)	QL (2160 ML per 30 days)
gabapentin oral tablet 600 mg	$0 (Tier 1)	QL (180 EA per 30 days)
gabapentin oral tablet 800 mg	$0 (Tier 1)	QL (120 EA per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	$0 (Tier 2)	PA; QL (180 EA per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG, 900 MG	$0 (Tier 2)	PA; QL (60 EA per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	$0 (Tier 2)	PA; QL (90 EA per 30 days)
lacosamide intravenous solution 200 mg/20 ml	$0 (Tier 2)	QL (1200 ML per 30 days); ^
lacosamide oral solution 10 mg/ml	$0 (Tier 1)	QL (1200 ML per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg	$0 (Tier 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
lacosamide oral tablet 50 mg	$0 (Tier 1)	QL (120 EA per 30 days)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	$0 (Tier 1)	
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	$0 (Tier 1)	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	$0 (Tier 1)	
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	$0 (Tier 1)	
levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml	$0 (Tier 1)	
levetiracetam intravenous solution 500 mg/5 ml	$0 (Tier 1)	
levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)	$0 (Tier 1)	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	$0 (Tier 1)	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	$0 (Tier 1)	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	$0 (Tier 2)	PA-NS; QL (10 EA per 30 days); ^
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	$0 (Tier 2)	PA; QL (90 EA per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	$0 (Tier 2)	PA; QL (60 EA per 30 days)
methsuximide oral capsule 300 mg	$0 (Tier 1)	
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	$0 (Tier 2)	
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	$0 (Tier 1)	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	$0 (Tier 1)	
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	$0 (Tier 2)	PA-NS
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	$0 (Tier 2)	PA-NS
phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml	$0 (Tier 2)	PA-NS
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	$0 (Tier 2)	
phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml	$0 (Tier 1)	
phenytoin oral tablet,chewable 50 mg	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	$0 (Tier 1)	
phenytoin sodium intravenous solution 50 mg/ml	$0 (Tier 1)	
pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	$0 (Tier 1)	QL (120 EA per 30 days)
pregabalin oral capsule 200 mg	$0 (Tier 1)	QL (90 EA per 30 days)
pregabalin oral capsule 225 mg, 300 mg	$0 (Tier 1)	QL (60 EA per 30 days)
pregabalin oral solution 20 mg/ml	$0 (Tier 1)	QL (900 ML per 30 days)
PRIMIDONE ORAL TABLET 125 MG	$0 (Tier 2)	
primidone oral tablet 250 mg, 50 mg	$0 (Tier 1)	
roweepra oral tablet 500 mg	$0 (Tier 1)	
rufinamide oral suspension 40 mg/ml	$0 (Tier 2)	PA-NS; QL (2400 ML per 30 days); ^
rufinamide oral tablet 200 mg	$0 (Tier 1)	PA-NS; QL (480 EA per 30 days)
rufinamide oral tablet 400 mg	$0 (Tier 2)	PA-NS; QL (240 EA per 30 days); ^
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	$0 (Tier 2)	QL (90 EA per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG	$0 (Tier 2)	QL (360 EA per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 500 MG	$0 (Tier 2)	QL (180 EA per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 750 MG	$0 (Tier 2)	QL (120 EA per 30 days)
SYMPAZAN ORAL FILM 10 MG, 20 MG	$0 (Tier 2)	PA-NS; QL (60 EA per 30 days); ^
SYMPAZAN ORAL FILM 5 MG	$0 (Tier 2)	PA-NS; QL (60 EA per 30 days)
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	$0 (Tier 1)	
topiramate oral capsule, sprinkle 15 mg, 25 mg	$0 (Tier 1)	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	$0 (Tier 1)	
valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)	$0 (Tier 1)	
valproic acid (as sodium salt) oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)	$0 (Tier 1)	
valproic acid oral capsule 250 mg	$0 (Tier 1)	
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	$0 (Tier 2)	
vigabatrin oral powder in packet 500 mg	$0 (Tier 2)	PA-NS; LA; QL (180 EA per 30 days); ^
vigabatrin oral tablet 500 mg	$0 (Tier 2)	PA-NS; LA; QL (180 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
vigadrone oral powder in packet 500 mg	$0 (Tier 2)	PA-NS; LA; QL (180 EA per 30 days); ^
vigadrone oral tablet 500 mg	$0 (Tier 1)	PA-NS; LA; QL (180 EA per 30 days); ^
vigpoder oral powder in packet 500 mg	$0 (Tier 1)	PA-NS; LA; QL (180 EA per 30 days); ^
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	$0 (Tier 2)	QL (56 EA per 28 days); ^
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	$0 (Tier 2)	QL (30 EA per 30 days); ^
XCOPRI ORAL TABLET 150 MG, 200 MG	$0 (Tier 2)	QL (60 EA per 30 days); ^
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	$0 (Tier 2)	QL (28 EA per 28 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	$0 (Tier 2)	QL (28 EA per 28 days); ^
ZONISADE ORAL SUSPENSION 100 MG/5 ML	$0 (Tier 2)	PA-NS; QL (900 ML per 30 days)
zonisamide oral capsule 100 mg, 25 mg, 50 mg	$0 (Tier 1)	
ZTALMY ORAL SUSPENSION 50 MG/ML	$0 (Tier 2)	PA-NS; QL (1100 ML per 30 days); ^
ANTIPARKINSONISM AGENTS		
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	$0 (Tier 2)	PA; LA; QL (90 ML per 30 days); ^
apomorphine subcutaneous cartridge 10 mg/ml	$0 (Tier 1)	PA; QL (90 ML per 30 days); ^
benztropine injection solution 1 mg/ml	$0 (Tier 1)	
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	$0 (Tier 2)	PA
bromocriptine oral capsule 5 mg	$0 (Tier 1)	
bromocriptine oral tablet 2.5 mg	$0 (Tier 1)	
carbidopa oral tablet 25 mg	$0 (Tier 2)	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	$0 (Tier 1)	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	$0 (Tier 1)	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	$0 (Tier 1)	
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	$0 (Tier 1)	
entacapone oral tablet 200 mg	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	$0 (Tier 2)	PA; QL (300 EA per 30 days); ^
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	$0 (Tier 2)	
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	$0 (Tier 1)	
pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg	$0 (Tier 1)	
rasagiline oral tablet 0.5 mg, 1 mg	$0 (Tier 1)	QL (30 EA per 30 days)
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	$0 (Tier 1)	
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	$0 (Tier 1)	
selegiline hcl oral capsule 5 mg	$0 (Tier 1)	
selegiline hcl oral tablet 5 mg	$0 (Tier 1)	
trihexyphenidyl oral tablet 2 mg, 5 mg	$0 (Tier 2)	PA
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	$0 (Tier 2)	PA; QL (1 ML per 30 days)
dihydroergotamine injection solution 1 mg/ml	$0 (Tier 2)	^
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	$0 (Tier 2)	PA; QL (8 ML per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	$0 (Tier 2)	PA; QL (2 ML per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	$0 (Tier 2)	PA; QL (2 ML per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	$0 (Tier 2)	PA; QL (3 ML per 30 days); ^
ergotamine-caffeine oral tablet 1-100 mg	$0 (Tier 1)	PA; QL (40 EA per 28 days)
naratriptan oral tablet 1 mg, 2.5 mg	$0 (Tier 1)	QL (12 EA per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	$0 (Tier 2)	PA; QL (16 EA per 30 days); ^
rizatriptan oral tablet 10 mg, 5 mg	$0 (Tier 1)	QL (18 EA per 30 days)
rizatriptan oral tablet,disintegrating 10 mg, 5 mg	$0 (Tier 1)	QL (18 EA per 30 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation	$0 (Tier 1)	QL (12 EA per 30 days)
sumatriptan nasal spray,non-aerosol 5 mg/actuation	$0 (Tier 1)	QL (24 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
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	$0 (Tier 1)	QL (12 EA per 30 days)
sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml	$0 (Tier 1)	QL (9 ML per 30 days)
sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml	$0 (Tier 1)	QL (6 ML per 30 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml	$0 (Tier 1)	QL (9 ML per 30 days)
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	$0 (Tier 1)	QL (6 ML per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	$0 (Tier 1)	QL (6 ML per 30 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	$0 (Tier 1)	QL (12 EA per 30 days)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	$0 (Tier 1)	QL (12 EA per 30 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUSTEDO ORAL TABLET 12 MG, 9 MG	$0 (Tier 2)	PA; LA; QL (120 EA per 30 days); ^
AUSTEDO ORAL TABLET 6 MG	$0 (Tier 2)	PA; LA; QL (60 EA per 30 days); ^
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	$0 (Tier 2)	PA; QL (120 EA per 30 days); ^
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	$0 (Tier 2)	PA; QL (30 EA per 30 days); ^
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	$0 (Tier 2)	PA; QL (60 EA per 30 days); ^
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	$0 (Tier 2)	PA; QL (90 EA per 30 days); ^
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	$0 (Tier 2)	PA; QL (28 EA per 180 days); ^
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14)	$0 (Tier 2)	PA; QL (42 EA per 28 days); ^
dalfampridine oral tablet extended release 12 hr 10 mg	$0 (Tier 1)	PA; QL (60 EA per 30 days)
donepezil oral tablet 10 mg	$0 (Tier 1)	
donepezil oral tablet 5 mg	$0 (Tier 1)	QL (30 EA per 30 days)
donepezil oral tablet,disintegrating 10 mg	$0 (Tier 1)	
donepezil oral tablet,disintegrating 5 mg	$0 (Tier 1)	QL (30 EA per 30 days)
fingolimod oral capsule 0.5 mg	$0 (Tier 1)	PA-NS; QL (28 EA per 28 days); ^
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	$0 (Tier 1)	QL (30 EA per 30 days)
galantamine oral solution 4 mg/ml	$0 (Tier 1)	

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
galantamine oral tablet 12 mg, 4 mg, 8 mg	$0 (Tier 1)	QL (60 EA per 30 days)
glatiramer subcutaneous syringe 20 mg/ml	$0 (Tier 2)	PA-NS; QL (30 ML per 30 days); ^
glatiramer subcutaneous syringe 40 mg/ml	$0 (Tier 2)	PA-NS; QL (12 ML per 28 days); ^
glatopa subcutaneous syringe 20 mg/ml	$0 (Tier 2)	PA-NS; QL (30 ML per 30 days); ^
glatopa subcutaneous syringe 40 mg/ml	$0 (Tier 2)	PA-NS; QL (12 ML per 28 days); ^
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	$0 (Tier 1)	PA
memantine oral solution 2 mg/ml	$0 (Tier 1)	PA
memantine oral tablet 10 mg, 5 mg	$0 (Tier 1)	PA
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	$0 (Tier 2)	
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	$0 (Tier 2)	
NUEDEXTA ORAL CAPSULE 20-10 MG	$0 (Tier 2)	PA; QL (60 EA per 30 days); ^
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	$0 (Tier 2)	PA-NS; QL (20 ML per 135 days); ^
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML	$0 (Tier 2)	PA; ^
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	$0 (Tier 2)	PA; ^
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	$0 (Tier 1)	QL (60 EA per 30 days)
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	$0 (Tier 1)	QL (30 EA per 30 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG	$0 (Tier 2)	PA-NS; LA; QL (14 EA per 7 days); ^
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	$0 (Tier 2)	PA-NS; LA; ^
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 240 MG	$0 (Tier 2)	PA-NS; LA; QL (60 EA per 30 days); ^
teriflunomide oral tablet 14 mg, 7 mg	$0 (Tier 2)	PA-NS; QL (30 EA per 30 days); ^
tetrabenazine oral tablet 12.5 mg	$0 (Tier 2)	PA; QL (90 EA per 30 days); ^
tetrabenazine oral tablet 25 mg	$0 (Tier 2)	PA; QL (120 EA per 30 days); ^
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	$0 (Tier 2)	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
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
baclofen oral tablet 10 mg, 20 mg	$0 (Tier 1)	
cyclobenzaprine oral tablet 10 mg, 5 mg	$0 (Tier 2)	PA
dantrolene oral capsule 100 mg, 25 mg, 50 mg	$0 (Tier 1)	
pyridostigmine bromide oral tablet 60 mg	$0 (Tier 1)	
tizanidine oral tablet 2 mg, 4 mg	$0 (Tier 1)	
NARCOTIC ANALGESICS		
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml	$0 (Tier 1)	QL (2700 ML per 30 days)
acetaminophen-codeine oral tablet 300-15 mg	$0 (Tier 1)	QL (400 EA per 30 days)
acetaminophen-codeine oral tablet 300-30 mg	$0 (Tier 1)	QL (360 EA per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	$0 (Tier 1)	QL (180 EA per 30 days)
buprenorphine hcl sublingual tablet 2 mg, 8 mg	$0 (Tier 1)	PA; QL (90 EA per 30 days)
endocet oral tablet 10-325 mg	$0 (Tier 1)	QL (180 EA per 30 days)
endocet oral tablet 2.5-325 mg, 5-325 mg	$0 (Tier 1)	QL (360 EA per 30 days)
endocet oral tablet 7.5-325 mg	$0 (Tier 1)	QL (240 EA per 30 days)
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg	$0 (Tier 2)	PA; QL (120 EA per 30 days); ^
fentanyl citrate buccal lozenge on a handle 200 mcg	$0 (Tier 1)	PA; QL (120 EA per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	$0 (Tier 1)	PA; QL (10 EA per 30 days)
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 7.5-325 mg/15 ml	$0 (Tier 1)	QL (2700 ML per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg	$0 (Tier 1)	QL (180 EA per 30 days)
hydrocodone-acetaminophen oral tablet 5-325 mg	$0 (Tier 1)	QL (240 EA per 30 days)
hydrocodone-ibuprofen oral tablet 7.5-200 mg	$0 (Tier 1)	QL (150 EA per 30 days)
hydromorphone oral liquid 1 mg/ml	$0 (Tier 1)	QL (600 ML per 30 days)
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	$0 (Tier 1)	QL (180 EA per 30 days)
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	$0 (Tier 2)	PA; QL (30 EA per 30 days)
methadone intensol oral concentrate 10 mg/ml	$0 (Tier 1)	PA; QL (90 ML per 30 days)
methadone oral concentrate 10 mg/ml	$0 (Tier 1)	PA; QL (90 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.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
methadone oral solution 10 mg/5 ml, 5 mg/5 ml	$0 (Tier 1)	PA; QL (450 ML per 30 days)
methadone oral tablet 10 mg, 5 mg	$0 (Tier 1)	PA; QL (90 EA per 30 days)
morphine (pf) intravenous patient control.analgesia soln 30 mg/30 ml (1 mg/ml)	$0 (Tier 2)	
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	$0 (Tier 1)	QL (180 ML per 30 days)
MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML	$0 (Tier 2)	
MORPHINE INJECTION SYRINGE 2 MG/ML	$0 (Tier 2)	
morphine injection syringe 4 mg/ml	$0 (Tier 2)	
morphine intravenous solution 10 mg/ml, 50 mg/ml	$0 (Tier 2)	
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML	$0 (Tier 2)	
morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml	$0 (Tier 2)	
MORPHINE INTRAVENOUS SYRINGE 8 MG/ML	$0 (Tier 2)	
morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)	$0 (Tier 1)	QL (900 ML per 30 days)
morphine oral tablet 15 mg, 30 mg	$0 (Tier 1)	QL (180 EA per 30 days)
morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	$0 (Tier 1)	PA; QL (90 EA per 30 days)
morphine sulfate 4 mg/ml vial inner, suv	$0 (Tier 2)	
oxycodone oral capsule 5 mg	$0 (Tier 1)	QL (180 EA per 30 days)
oxycodone oral concentrate 20 mg/ml	$0 (Tier 1)	QL (180 ML per 30 days)
oxycodone oral solution 5 mg/5 ml	$0 (Tier 1)	QL (900 ML per 30 days)
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	$0 (Tier 1)	QL (180 EA per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg	$0 (Tier 1)	QL (180 EA per 30 days)
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	$0 (Tier 1)	QL (360 EA per 30 days)
oxycodone-acetaminophen oral tablet 7.5-325 mg	$0 (Tier 1)	QL (240 EA per 30 days)
NON-NARCOTIC ANALGESICS		
8 hour acetaminophen er 650 mg	$0 (Tier 3)	NT
8hr arthritis pain er 650 mg	$0 (Tier 3)	NT
acetaminophen 120 mg suppos	$0 (Tier 3)	NT
acetaminophen 120 mg suppos inner	$0 (Tier 3)	NT

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
acetaminophen 120 mg suppos outer	$0 (Tier 3)	NT
acetaminophen 160 mg/5 ml liq	$0 (Tier 3)	NT
acetaminophen 160 mg/5 ml solution cup outer 160 mg/5 ml (5 ml)	$0 (Tier 3)	NT
acetaminophen 160 mg/5 ml suspension cup inner 160 mg/5 ml (5 ml)	$0 (Tier 3)	NT
acetaminophen 160 mg/5 ml suspension cup outer 160 mg/5 ml (5 ml)	$0 (Tier 3)	NT
acetaminophen 325 mg gelcap	$0 (Tier 3)	NT
acetaminophen 325 mg tablet	$0 (Tier 3)	NT
acetaminophen 325 mg/10.15 ml cup outer	$0 (Tier 3)	NT
ACETAMINOPHEN 325 MG/10.15 ML CUP OUTER	$0 (Tier 3)	NT
acetaminophen 500 mg caplet	$0 (Tier 3)	NT
acetaminophen 500 mg gelcap	$0 (Tier 3)	NT
acetaminophen 500 mg tablet	$0 (Tier 3)	NT
acetaminophen 500 mg tablet extra strength	$0 (Tier 3)	NT
acetaminophen 650 mg suppos	$0 (Tier 3)	NT
acetaminophen 650 mg suppos outer	$0 (Tier 3)	NT
acetaminophen 650 mg/20.3 ml cup outer	$0 (Tier 3)	NT
ACETAMINOPHEN 650 MG/20.3 ML CUP OUTER	$0 (Tier 3)	NT
acetaminophen er 650 mg caplet	$0 (Tier 3)	NT
acetaminophen er 650 mg tablet	$0 (Tier 3)	NT
acetaminophen er 650 mg tablet outer	$0 (Tier 3)	NT
adult aspirin regimen ec 81 mg	$0 (Tier 3)	NT
all day pain relief 220 mg tab	$0 (Tier 3)	NT
all day pain rlf 220 mg caplet	$0 (Tier 3)	NT
all day pain rlf 220 mg caplet caplet	$0 (Tier 3)	NT
all day relief 220 mg caplet	$0 (Tier 3)	NT
all day relief 220 mg caplet caplet, gluten-free	$0 (Tier 3)	NT
all day relief 220 mg tablet	$0 (Tier 3)	NT
all day relief 220 mg tablet gluten-free	$0 (Tier 3)	NT
arthritis pain er 650 mg caplt	$0 (Tier 3)	NT

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
arthritis pain er 650 mg caplt caplet	$0 (Tier 3)	NT
arthritis pain er 650 mg tab outer	$0 (Tier 3)	NT
aspirin 300 mg suppository	$0 (Tier 3)	NT
aspirin 325 mg tablet	$0 (Tier 3)	NT
aspirin 325 mg tablet regular strength	$0 (Tier 3)	NT
aspirin 81 mg chewable tablet	$0 (Tier 3)	NT
aspirin 81 mg chewable tablet adult low dose	$0 (Tier 3)	NT
aspirin 81 mg chewable tablet child low dose	$0 (Tier 3)	NT
aspirin 81 mg chewable tablet gluten-free, orange	$0 (Tier 3)	NT
aspirin 81 mg chewable tablet low dose	$0 (Tier 3)	NT
aspirin 81 mg chewable tablet low dose, cherry	$0 (Tier 3)	NT
aspirin 81 mg chewable tablet tab chew,cherry	$0 (Tier 3)	NT
aspirin 81 mg chewable tablet tab chew,orange	$0 (Tier 3)	NT
aspirin ec 325 mg tablet	$0 (Tier 3)	NT
aspirin ec 325 mg tablet regular strength	$0 (Tier 3)	NT
aspirin ec 81 mg tablet	$0 (Tier 3)	NT
aspirin ec 81 mg tablet adult low dose	$0 (Tier 3)	NT
aspirin regimen 81 mg ec tab	$0 (Tier 3)	NT
buffered aspirin 325 mg tb	$0 (Tier 3)	NT
buprenorphine-naloxone sublingual film 12-3 mg	$0 (Tier 1)	QL (60 EA per 30 days)
buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	$0 (Tier 1)	QL (90 EA per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	$0 (Tier 1)	QL (90 EA per 30 days)
butorphanol injection solution 1 mg/ml, 2 mg/ml	$0 (Tier 2)	
celecoxib oral capsule 100 mg, 200 mg, 50 mg	$0 (Tier 1)	QL (60 EA per 30 days)
celecoxib oral capsule 400 mg	$0 (Tier 1)	QL (30 EA per 30 days)
CHILD ACETAMINOPHEN 80 MG/2.5 ML ORAL SYRINGE ORAL SYRINGE 32 MG/ML	$0 (Tier 3)	NT
child ibuprofen 100 mg/5 ml syrg inner	$0 (Tier 3)	NT
child ibuprofen 100 mg/5 ml syrg outer	$0 (Tier 3)	NT
child ibuprofen 200 mg/10 ml cup outer 100 mg/5 ml	$0 (Tier 3)	NT
child pain-fever 160 mg/5 ml	$0 (Tier 3)	NT

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
child pain-fever 160 mg/5 ml as, ibu/f	$0 (Tier 3)	NT
child pain-fever 160 mg/5 ml gluten-f, grape	$0 (Tier 3)	NT
children ibuprofen 100 mg/5 ml	$0 (Tier 3)	NT
children ibuprofen 100 mg/5 ml berry	$0 (Tier 3)	NT
children ibuprofen 100 mg/5 ml berry flavor	$0 (Tier 3)	NT
children ibuprofen 100 mg/5 ml cup inner, d/f	$0 (Tier 3)	NT
children ibuprofen 100 mg/5 ml cup outer	$0 (Tier 3)	NT
children ibuprofen 100 mg/5 ml cup outer, d/f	$0 (Tier 3)	NT
children ibuprofen 100 mg/5 ml cup u-d	$0 (Tier 3)	NT
children ibuprofen 100 mg/5 ml cup u-d,100's,hosp use	$0 (Tier 3)	NT
children ibuprofen 100 mg/5 ml cup u-d,30's,hosp use	$0 (Tier 3)	NT
children ibuprofen 100 mg/5 ml d/f	$0 (Tier 3)	NT
children ibuprofen 100 mg/5 ml dye/free	$0 (Tier 3)	NT
children ibuprofen 100 mg/5 ml gluten/f, berry	$0 (Tier 3)	NT
children ibuprofen 100 mg/5 ml gluten/f, grape	$0 (Tier 3)	NT
children ibuprofen 100 mg/5 ml gluten/f,bubble	$0 (Tier 3)	NT
children ibuprofen 100 mg/5 ml grape	$0 (Tier 3)	NT
children's mapap 80 mg tab chw	$0 (Tier 3)	NT
chld acetaminophen 160 mg/5 ml	$0 (Tier 3)	NT
chld acetaminophen 160 mg/5 ml	$0 (Tier 3)	NT
chld acetaminophen 160 mg/5 ml cup 160 mg/5 ml (5 ml)	$0 (Tier 3)	NT
chld acetaminophen 160 mg/5 ml cup outer 160 mg/5 ml (5 ml)	$0 (Tier 3)	NT
chld acetaminophen 160 mg/5 ml gluten/f, grape	$0 (Tier 3)	NT
chld acetaminophen 160 mg/5 ml gluten/f,cherry	$0 (Tier 3)	NT
diclofenac potassium oral tablet 50 mg	$0 (Tier 1)	QL (120 EA per 30 days)
diclofenac sodium oral tablet extended release 24 hr 100 mg	$0 (Tier 1)	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg	$0 (Tier 1)	
diclofenac sodium topical gel 1 %	$0 (Tier 1)	QL (1000 GM 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
diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)	$0 (Tier 1)	QL (224 GM per 28 days)
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg	$0 (Tier 1)	
diflunisal oral tablet 500 mg	$0 (Tier 1)	
ec-naproxen oral tablet,delayed release (dr/ec) 375 mg	$0 (Tier 1)	QL (120 EA per 30 days)
ec-naproxen oral tablet,delayed release (dr/ec) 500 mg	$0 (Tier 1)	QL (90 EA per 30 days)
ed-apap 160 mg/5 ml liquid	$0 (Tier 3)	NT
etodolac oral capsule 200 mg, 300 mg	$0 (Tier 1)	
etodolac oral tablet 400 mg, 500 mg	$0 (Tier 1)	
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg	$0 (Tier 1)	
feverall 120 mg suppository childrens, outer	$0 (Tier 3)	NT
feverall 120 mg suppository children's, outer	$0 (Tier 3)	NT
feverall 325 mg suppository junior str, outer	$0 (Tier 3)	NT
feverall 650 mg suppository adult, outer	$0 (Tier 3)	NT
FEVERALL 80 MG SUPPOSITORY INFANT'S, OUTER	$0 (Tier 3)	NT
flurbiprofen oral tablet 100 mg	$0 (Tier 1)	
gnp 8 hour pain relief 650 mg	$0 (Tier 3)	NT
gnp 8hr arthrit pain er 650 mg	$0 (Tier 3)	NT
gnp aspirin 325 mg tablet	$0 (Tier 3)	NT
gnp aspirin ec 81 mg tablet	$0 (Tier 3)	NT
gnp ibuprofen 100 mg chew tab	$0 (Tier 3)	NT
gnp ibuprofen 200 mg mini sfgl	$0 (Tier 3)	NT
gnp ibuprofen 200 mg softgel	$0 (Tier 3)	NT
gnp ibuprofen 200 mg tablet	$0 (Tier 3)	NT
gnp naproxen sod 220 mg caplet	$0 (Tier 3)	NT
gnp naproxen sod 220 mg tablet	$0 (Tier 3)	NT
gnp pain relief 500 mg caplet	$0 (Tier 3)	NT
gnp pain relief 500 mg caplet	$0 (Tier 3)	NT
gnp pain relief 500 mg gelcap	$0 (Tier 3)	NT
gs arthritis pain er 650 mg	$0 (Tier 3)	NT

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
gs aspirin 325 mg tablet	$0 (Tier 3)	NT
gs aspirin 81 mg chewable tab	$0 (Tier 3)	NT
gs child fever-pain 160 mg/5 ml	$0 (Tier 3)	NT
gs child ibuprofen 100 mg/5 ml	$0 (Tier 3)	NT
gs child pain-fever 160 mg/5 ml	$0 (Tier 3)	NT
gs ibuprofen 200 mg caplet	$0 (Tier 3)	NT
gs ibuprofen 200 mg liquid gel	$0 (Tier 3)	NT
gs ibuprofen 200 mg tablet	$0 (Tier 3)	NT
gs inf ibuprofen 50 mg/1.25 ml	$0 (Tier 3)	NT
gs infant pain-fever 160 mg/5 160 mg/5 ml	$0 (Tier 3)	NT
gs naproxen sod 220 mg caplet	$0 (Tier 3)	NT
gs naproxen sod 220 mg tablet	$0 (Tier 3)	NT
gs pain relief 325 mg tablet	$0 (Tier 3)	NT
gs pain relief 500 mg caplet	$0 (Tier 3)	NT
gs pain relief 500 mg tablet	$0 (Tier 3)	NT
gs pain relief er 650 mg cplt	$0 (Tier 3)	NT
hm arthrit pain rlf er 650 mg	$0 (Tier 3)	NT
hm aspirin 325 mg tablet	$0 (Tier 3)	NT
hm aspirin ec 325 mg tablet	$0 (Tier 3)	NT
hm aspirin ec 81 mg tablet	$0 (Tier 3)	NT
hm child ibuprofen 100 mg/5 ml bubble gum	$0 (Tier 3)	NT
hm child ibuprofen 100 mg/5 ml gluten/f,berry	$0 (Tier 3)	NT
hm child ibuprofen 100 mg/5 ml grape	$0 (Tier 3)	NT
hm ibuprofen 200 mg tablet	$0 (Tier 3)	NT
hm naproxen sodium 220 mg cap	$0 (Tier 3)	NT
hm pain reliever 325 mg tablet regular strength	$0 (Tier 3)	NT
ibu oral tablet 600 mg, 800 mg	$0 (Tier 1)	
ibuprofen 200 mg caplet	$0 (Tier 3)	NT
ibuprofen 200 mg caplet caplet	$0 (Tier 3)	NT
ibuprofen 200 mg caplet caplet, coated	$0 (Tier 3)	NT
ibuprofen 200 mg caplet coated caplet	$0 (Tier 3)	NT

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ibuprofen 200 mg capsule	$0 (Tier 3)	NT
ibuprofen 200 mg softgel	$0 (Tier 3)	NT
ibuprofen 200 mg tablet	$0 (Tier 3)	NT
ibuprofen 200 mg tablet coated	$0 (Tier 3)	NT
ibuprofen 200 mg tablet coated caplet	$0 (Tier 3)	NT
ibuprofen 200 mg/10 ml suspension cup 100's, u-d cups (otc) 100 mg/5 ml	$0 (Tier 3)	NT
ibuprofen 200 mg/10 ml suspension cup 30's, u-d cups (otc) 100 mg/5 ml	$0 (Tier 3)	NT
ibuprofen 200 mg/10 ml suspension cup u-d (otc) 100 mg/5 ml	$0 (Tier 3)	NT
ibuprofen jr str 100 mg tb chw	$0 (Tier 3)	NT
ibuprofen oral suspension 100 mg/5 ml	$0 (Tier 1)	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	$0 (Tier 1)	
inf acetaminophen 160 mg/5 ml	$0 (Tier 3)	NT
infant ibuprofen 50 mg/1.25 ml	$0 (Tier 3)	NT
infant ibuprofen 50 mg/1.25 ml berry	$0 (Tier 3)	NT
infant ibuprofen 50 mg/1.25 ml berry,infant	$0 (Tier 3)	NT
infant ibuprofen 50 mg/1.25 ml d/f,berry,infant	$0 (Tier 3)	NT
infant ibuprofen 50 mg/1.25 ml d/f,non-staining	$0 (Tier 3)	NT
infant ibuprofen 50 mg/1.25 ml gluten/f, berry	$0 (Tier 3)	NT
infant pain-fever 160 mg/5 ml	$0 (Tier 3)	NT
infant pain-fever 160 mg/5 ml grape	$0 (Tier 3)	NT
infant pain-fever 160 mg/5 ml w/syringe, cherry	$0 (Tier 3)	NT
infant pain-fever 160 mg/5 ml w/syringe, grape	$0 (Tier 3)	NT
infants pain-fever 160 mg/5 ml dye-free, cherry	$0 (Tier 3)	NT
mapap 500 mg capsule	$0 (Tier 3)	NT
mapap arthritis er 650 mg cplt	$0 (Tier 3)	NT
mediproxen 220 mg tablet outer, f/c	$0 (Tier 3)	NT
mediproxen 220 mg tablet u-d, 50's	$0 (Tier 3)	NT
meloxicam oral tablet 15 mg	$0 (Tier 1)	QL (30 EA per 30 days)
meloxicam oral tablet 7.5 mg	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
m-pap 160 mg/5 ml liquid	$0 (Tier 3)	NT
nabumetone oral tablet 500 mg, 750 mg	$0 (Tier 1)	
nalbuphine injection solution 10 mg/ml, 20 mg/ml	$0 (Tier 2)	
naloxone injection solution 0.4 mg/ml	$0 (Tier 1)	
naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml	$0 (Tier 1)	
naloxone nasal spray,non-aerosol 4 mg/actuation	$0 (Tier 1)	
naltrexone oral tablet 50 mg	$0 (Tier 1)	
naproxen oral tablet 250 mg, 375 mg, 500 mg	$0 (Tier 1)	
naproxen oral tablet,delayed release (dr/ec) 375 mg	$0 (Tier 1)	QL (120 EA per 30 days)
naproxen oral tablet,delayed release (dr/ec) 500 mg	$0 (Tier 1)	QL (90 EA per 30 days)
naproxen sodium 220 mg caplet	$0 (Tier 3)	NT
naproxen sodium 220 mg capsule	$0 (Tier 3)	NT
naproxen sodium 220 mg tablet	$0 (Tier 3)	NT
naproxen sodium oral tablet 275 mg, 550 mg	$0 (Tier 1)	
oxaprozin oral tablet 600 mg	$0 (Tier 1)	
pain relief 325 mg tablet	$0 (Tier 3)	NT
pain relief 500 mg caplet caplet,ex-strength	$0 (Tier 3)	NT
pain relief 500 mg tablet extra strength	$0 (Tier 3)	NT
pharbetol 325 mg tablet regular strength	$0 (Tier 3)	NT
pharbetol 500 mg caplet extra-str, caplet	$0 (Tier 3)	NT
pharbetol 500 mg tablet extra strength	$0 (Tier 3)	NT
piroxicam oral capsule 10 mg, 20 mg	$0 (Tier 1)	
pub all day relief 220 mg tab	$0 (Tier 3)	NT
pub all day rlf 220 mg caplet caplet	$0 (Tier 3)	NT
pub naproxen sod 220 mg tablet	$0 (Tier 3)	NT
qc arthritis pain er 650 mg caplet	$0 (Tier 3)	NT
qc aspirin 325 mg tablet	$0 (Tier 3)	NT
qc aspirin 81 mg chewable tab	$0 (Tier 3)	NT
qc aspirin ec 325 mg tablet	$0 (Tier 3)	NT
qc aspirin ec 81 mg tablet	$0 (Tier 3)	NT

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
qc child ibuprofen 100 mg/5 ml	$0 (Tier 3)	NT
qc child pain rlf 160 mg/5 ml	$0 (Tier 3)	NT
qc child pain rlf 160 mg/5 ml bubble gum	$0 (Tier 3)	NT
qc ibuprofen 200 mg caplet	$0 (Tier 3)	NT
qc ibuprofen 200 mg tablet	$0 (Tier 3)	NT
qc infant pain-fever 160 mg/5 160 mg/5 ml	$0 (Tier 3)	NT
qc naproxen sod 220 mg caplet	$0 (Tier 3)	NT
qc naproxen sod 220 mg tablet	$0 (Tier 3)	NT
qc non-aspirin 500 mg caplet xtra strength,caplet	$0 (Tier 3)	NT
qc non-aspirin 500 mg gelcap gelcap, ex-str	$0 (Tier 3)	NT
qc non-aspirin pain relief tb extra strength 500 mg	$0 (Tier 3)	NT
qc pain relief 325 mg tablet	$0 (Tier 3)	NT
qc pain relief 500 mg caplet	$0 (Tier 3)	NT
silapap 160 mg/5 ml liquid	$0 (Tier 3)	NT
sm aspirin 325 mg tablet	$0 (Tier 3)	NT
sm aspirin ec 325 mg tablet	$0 (Tier 3)	NT
sm aspirin ec 81 mg tablet	$0 (Tier 3)	NT
sm aspirin ec 81 mg tablet adult low strength	$0 (Tier 3)	NT
sm child aspirin 81 mg chw tab children's	$0 (Tier 3)	NT
sm child's pain reliever susp 160 mg/5 ml	$0 (Tier 3)	NT
sm chld pain-fever 160 mg/5 ml as, gluten-f	$0 (Tier 3)	NT
sm ibuprofen 200 mg caplet caplet	$0 (Tier 3)	NT
sm ibuprofen 200 mg softgel	$0 (Tier 3)	NT
sm ibuprofen 200 mg tablet	$0 (Tier 3)	NT
sm ibuprofen ib 100 mg chew tb	$0 (Tier 3)	NT
sm ibuprofen ib 200 mg tablet	$0 (Tier 3)	NT
sm ibuprofen ib 200 mg tablet coated	$0 (Tier 3)	NT
sm inf ibuprofen 50 mg/1.25 ml d/f	$0 (Tier 3)	NT
sm inf ibuprofen 50 mg/1.25 ml w/dropper	$0 (Tier 3)	NT
sm infant pain-fever 160 mg/5 gluten-f,grape 160 mg/5 ml	$0 (Tier 3)	NT
sm naproxen sod 220 mg caplet	$0 (Tier 3)	NT

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
sm naproxen sod 220 mg caplet gluten free, caplet	$0 (Tier 3)	NT
sm naproxen sodium 220 mg tab	$0 (Tier 3)	NT
sm pain reliever 325 mg tablet	$0 (Tier 3)	NT
sm pain reliever 500 mg caplet	$0 (Tier 3)	NT
sm pain reliever 500 mg caplet caplet, extra str	$0 (Tier 3)	NT
sm pain reliever 500 mg caplet caplet, extra str	$0 (Tier 3)	NT
sm pain reliever 500 mg gelcap gelcap,ex strength	$0 (Tier 3)	NT
sm pain reliever 500 mg tablet	$0 (Tier 3)	NT
sm pain reliever 500 mg tablet extra strength	$0 (Tier 3)	NT
st. joseph aspirin 81 mg chew	$0 (Tier 3)	NT
sulindac oral tablet 150 mg, 200 mg	$0 (Tier 1)	
TENSION HEADACHE CAPLET 500-65 MG	$0 (Tier 3)	NT
tramadol oral tablet 50 mg	$0 (Tier 1)	QL (240 EA per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg	$0 (Tier 1)	QL (240 EA per 30 days)
tri-buffered aspirin 325 mg tb boxed	$0 (Tier 3)	NT
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	$0 (Tier 2)	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	$0 (Tier 2)	QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	$0 (Tier 2)	QL (1 EA per 28 days)
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	$0 (Tier 1)	QL (150 EA per 30 days)
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	$0 (Tier 2)	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	$0 (Tier 2)	
aripiprazole oral solution 1 mg/ml	$0 (Tier 1)	QL (900 ML per 30 days)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	$0 (Tier 1)	QL (30 EA per 30 days)
aripiprazole oral tablet,disintegrating 10 mg, 15 mg	$0 (Tier 2)	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	$0 (Tier 2)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	$0 (Tier 2)	QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	$0 (Tier 2)	QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	$0 (Tier 2)	QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	$0 (Tier 2)	QL (3.2 ML per 28 days)
armodafinil oral tablet 150 mg, 200 mg, 250 mg	$0 (Tier 1)	PA; QL (30 EA per 30 days)
armodafinil oral tablet 50 mg	$0 (Tier 1)	PA; QL (60 EA per 30 days)
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	$0 (Tier 1)	QL (60 EA per 30 days)
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	$0 (Tier 1)	QL (60 EA per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	$0 (Tier 1)	QL (30 EA per 30 days)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	$0 (Tier 2)	PA-NS; QL (60 EA per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	$0 (Tier 2)	QL (30 EA per 30 days)
bupropion hcl oral tablet 100 mg, 75 mg	$0 (Tier 1)	
bupropion hcl oral tablet extended release 24 hr 150 mg	$0 (Tier 1)	QL (90 EA per 30 days)
bupropion hcl oral tablet extended release 24 hr 300 mg	$0 (Tier 1)	QL (30 EA per 30 days)
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	$0 (Tier 1)	QL (60 EA per 30 days)
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	$0 (Tier 1)	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG	$0 (Tier 2)	QL (30 EA per 30 days)
CAPLYTA ORAL CAPSULE 42 MG	$0 (Tier 2)	QL (30 EA per 30 days); ^
chlorpromazine injection solution 25 mg/ml	$0 (Tier 1)	
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	$0 (Tier 2)	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	$0 (Tier 1)	
citalopram oral solution 10 mg/5 ml	$0 (Tier 1)	
citalopram oral tablet 10 mg, 20 mg, 40 mg	$0 (Tier 1)	
clomipramine oral capsule 25 mg, 50 mg, 75 mg	$0 (Tier 2)	PA-NS
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	$0 (Tier 1)	PA-NS; QL (180 EA per 30 days)
clozapine oral tablet 100 mg	$0 (Tier 1)	QL (270 EA per 30 days)
clozapine oral tablet 200 mg	$0 (Tier 1)	QL (120 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.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
clozapine oral tablet 25 mg, 50 mg	$0 (Tier 1)	
clozapine oral tablet,disintegrating 100 mg	$0 (Tier 1)	QL (270 EA per 30 days)
clozapine oral tablet,disintegrating 12.5 mg, 25 mg	$0 (Tier 1)	
clozapine oral tablet,disintegrating 150 mg	$0 (Tier 1)	QL (180 EA per 30 days)
clozapine oral tablet,disintegrating 200 mg	$0 (Tier 2)	QL (120 EA per 30 days)
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	$0 (Tier 2)	
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	$0 (Tier 1)	QL (30 EA per 30 days)
dexmethylphenidate oral tablet 10 mg	$0 (Tier 1)	PA; QL (60 EA per 30 days)
dexmethylphenidate oral tablet 2.5 mg, 5 mg	$0 (Tier 1)	PA; QL (120 EA per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	$0 (Tier 1)	PA; QL (30 EA per 30 days)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	$0 (Tier 1)	PA; QL (60 EA per 30 days)
dextroamphetamine-amphetamine oral tablet 20 mg	$0 (Tier 1)	PA; QL (90 EA per 30 days)
diazepam injection solution 5 mg/ml	$0 (Tier 1)	PA-NS
diazepam injection syringe 5 mg/ml	$0 (Tier 1)	PA-NS
diazepam intensol oral concentrate 5 mg/ml	$0 (Tier 1)	PA-NS; QL (240 ML per 30 days)
diazepam oral concentrate 5 mg/ml	$0 (Tier 1)	PA-NS; QL (240 ML per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)	$0 (Tier 1)	PA-NS; QL (1200 ML per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	$0 (Tier 1)	PA-NS; QL (120 EA per 30 days)
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	$0 (Tier 2)	
doxepin oral concentrate 10 mg/ml	$0 (Tier 2)	
doxepin oral tablet 3 mg, 6 mg	$0 (Tier 1)	QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	$0 (Tier 2)	PA-NS; QL (60 EA per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 40 mg, 60 mg	$0 (Tier 1)	QL (60 EA per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	$0 (Tier 2)	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
escitalopram oxalate oral solution 5 mg/5 ml	$0 (Tier 1)	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	$0 (Tier 1)	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	$0 (Tier 2)	PA-NS; QL (60 EA per 30 days); ^
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)	$0 (Tier 2)	PA-NS
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	$0 (Tier 2)	
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	$0 (Tier 2)	QL (30 EA per 30 days)
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	$0 (Tier 1)	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	$0 (Tier 1)	
fluphenazine decanoate injection solution 25 mg/ml	$0 (Tier 1)	
fluphenazine hcl injection solution 2.5 mg/ml	$0 (Tier 1)	
fluphenazine hcl oral concentrate 5 mg/ml	$0 (Tier 1)	
fluphenazine hcl oral elixir 2.5 mg/5 ml	$0 (Tier 1)	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	$0 (Tier 1)	
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	$0 (Tier 1)	
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 4 mg	$0 (Tier 2)	PA; QL (30 EA per 30 days)
guanfacine oral tablet extended release 24 hr 3 mg	$0 (Tier 2)	PA; QL (60 EA per 30 days)
haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)	$0 (Tier 1)	
haloperidol lactate injection solution 5 mg/ml	$0 (Tier 1)	
haloperidol lactate oral concentrate 2 mg/ml	$0 (Tier 1)	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	$0 (Tier 1)	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	$0 (Tier 2)	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	$0 (Tier 2)	QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	$0 (Tier 2)	QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	$0 (Tier 2)	QL (0.75 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
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	$0 (Tier 2)	QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	$0 (Tier 2)	QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	$0 (Tier 2)	QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	$0 (Tier 2)	QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	$0 (Tier 2)	QL (0.88 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	$0 (Tier 2)	QL (1.32 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	$0 (Tier 2)	QL (1.75 ML per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	$0 (Tier 2)	QL (2.63 ML per 90 days)
lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg	$0 (Tier 1)	PA; QL (60 EA per 30 days)
lisdexamfetamine oral capsule 40 mg, 50 mg, 60 mg, 70 mg	$0 (Tier 1)	PA; QL (30 EA per 30 days)
lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg	$0 (Tier 1)	PA; QL (60 EA per 30 days)
lisdexamfetamine oral tablet,chewable 40 mg, 50 mg, 60 mg	$0 (Tier 1)	PA; QL (30 EA per 30 days)
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	$0 (Tier 1)	
lithium carbonate oral tablet 300 mg	$0 (Tier 1)	
lithium carbonate oral tablet extended release 300 mg, 450 mg	$0 (Tier 1)	
lithium citrate oral solution 8 meq/5 ml	$0 (Tier 1)	
lorazepam injection solution 2 mg/ml, 4 mg/ml	$0 (Tier 1)	
lorazepam injection syringe 2 mg/ml	$0 (Tier 1)	
lorazepam intensol oral concentrate 2 mg/ml	$0 (Tier 1)	QL (150 ML per 30 days)
lorazepam oral concentrate 2 mg/ml	$0 (Tier 1)	QL (150 ML per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	$0 (Tier 1)	QL (150 EA per 30 days)
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	$0 (Tier 1)	
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	$0 (Tier 1)	QL (30 EA per 30 days); ^
lurasidone oral tablet 80 mg	$0 (Tier 1)	QL (60 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.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MARPLAN ORAL TABLET 10 MG	$0 (Tier 2)	QL (180 EA per 30 days)
methylphenidate hcl oral solution 10 mg/5 ml	$0 (Tier 1)	PA; QL (900 ML per 30 days)
methylphenidate hcl oral solution 5 mg/5 ml	$0 (Tier 1)	PA; QL (1800 ML per 30 days)
methylphenidate hcl oral tablet 10 mg, 5 mg	$0 (Tier 1)	PA; QL (180 EA per 30 days)
methylphenidate hcl oral tablet 20 mg	$0 (Tier 1)	PA; QL (90 EA per 30 days)
methylphenidate hcl oral tablet extended release 10 mg, 20 mg	$0 (Tier 1)	PA; QL (90 EA per 30 days)
methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg	$0 (Tier 1)	PA; QL (180 EA per 30 days)
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	$0 (Tier 1)	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	$0 (Tier 1)	
modafinil oral tablet 100 mg	$0 (Tier 1)	PA; QL (30 EA per 30 days)
modafinil oral tablet 200 mg	$0 (Tier 1)	PA; QL (60 EA per 30 days)
molindone oral tablet 10 mg, 25 mg, 5 mg	$0 (Tier 1)	
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	$0 (Tier 1)	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	$0 (Tier 2)	
nortriptyline oral solution 10 mg/5 ml	$0 (Tier 2)	
NUPLAZID ORAL CAPSULE 34 MG	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 30 days); ^
NUPLAZID ORAL TABLET 10 MG	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 30 days); ^
olanzapine intramuscular recon soln 10 mg	$0 (Tier 1)	QL (3 EA per 1 day)
olanzapine oral tablet 10 mg, 2.5 mg, 5 mg	$0 (Tier 1)	QL (60 EA per 30 days)
olanzapine oral tablet 15 mg, 20 mg, 7.5 mg	$0 (Tier 1)	QL (30 EA per 30 days)
olanzapine oral tablet,disintegrating 10 mg	$0 (Tier 1)	QL (60 EA per 30 days)
olanzapine oral tablet,disintegrating 15 mg, 20 mg, 5 mg	$0 (Tier 1)	QL (30 EA per 30 days)
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	$0 (Tier 1)	QL (30 EA per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	$0 (Tier 1)	QL (60 EA per 30 days)
paroxetine hcl oral suspension 10 mg/5 ml	$0 (Tier 2)	QL (900 ML per 30 days)
paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg	$0 (Tier 2)	QL (30 EA per 30 days)
paroxetine hcl oral tablet 30 mg	$0 (Tier 2)	QL (60 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.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	$0 (Tier 1)	QL (60 EA per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	$0 (Tier 1)	
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG	$0 (Tier 2)	QL (1 EA per 30 days)
phenelzine oral tablet 15 mg	$0 (Tier 1)	
pimozide oral tablet 1 mg, 2 mg	$0 (Tier 1)	
protriptyline oral tablet 10 mg, 5 mg	$0 (Tier 2)	
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	$0 (Tier 1)	
QUETIAPINE ORAL TABLET 150 MG	$0 (Tier 1)	
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	$0 (Tier 1)	PA-NS; QL (30 EA per 30 days)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	$0 (Tier 1)	PA-NS; QL (60 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	$0 (Tier 2)	QL (30 EA per 30 days); ^
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	$0 (Tier 2)	QL (2 EA per 28 days)
risperidone oral solution 1 mg/ml	$0 (Tier 1)	QL (240 ML per 30 days)
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	$0 (Tier 1)	
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg	$0 (Tier 1)	QL (90 EA per 30 days)
risperidone oral tablet,disintegrating 1 mg, 2 mg, 3 mg	$0 (Tier 1)	QL (60 EA per 30 days)
risperidone oral tablet,disintegrating 4 mg	$0 (Tier 1)	QL (120 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	$0 (Tier 2)	QL (30 EA per 30 days)
sertraline oral concentrate 20 mg/ml	$0 (Tier 1)	
sertraline oral tablet 100 mg, 25 mg, 50 mg	$0 (Tier 1)	
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	$0 (Tier 2)	PA; LA; QL (540 ML per 30 days); ^
temazepam oral capsule 15 mg	$0 (Tier 1)	PA; QL (60 EA per 30 days)
temazepam oral capsule 30 mg, 7.5 mg	$0 (Tier 1)	PA; QL (30 EA per 30 days)
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	$0 (Tier 1)	
tranylcypromine oral tablet 10 mg	$0 (Tier 1)	
trazodone oral tablet 100 mg, 150 mg, 50 mg	$0 (Tier 1)	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	$0 (Tier 1)	
trimipramine oral capsule 100 mg	$0 (Tier 2)	QL (60 EA per 30 days)
trimipramine oral capsule 25 mg, 50 mg	$0 (Tier 2)	QL (120 EA per 30 days)
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	$0 (Tier 2)	QL (30 EA per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg	$0 (Tier 1)	
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	$0 (Tier 1)	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	$0 (Tier 2)	PA-NS; QL (600 ML per 30 days); ^
vilazodone oral tablet 10 mg, 20 mg, 40 mg	$0 (Tier 1)	QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	$0 (Tier 2)	QL (30 EA per 30 days); ^
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG	$0 (Tier 2)	PA; QL (60 EA per 30 days)
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG	$0 (Tier 2)	PA; QL (30 EA per 30 days)
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG	$0 (Tier 2)	PA; QL (60 EA per 30 days)
VYVANSE ORAL TABLET,CHEWABLE 40 MG, 50 MG, 60 MG	$0 (Tier 2)	PA; QL (30 EA per 30 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	$0 (Tier 1)	QL (60 EA per 30 days)
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)	$0 (Tier 1)	QL (6 EA per 3 days)
zolpidem oral tablet 10 mg, 5 mg	$0 (Tier 2)	PA; QL (30 EA per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	$0 (Tier 2)	PA-NS; ^
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	$0 (Tier 2)	PA-NS; QL (2 EA per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	$0 (Tier 2)	PA-NS; QL (2.4 EA per 30 days); ^
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	$0 (Tier 2)	PA-NS; QL (1.2 EA per 30 days); ^
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
amiodarone intravenous solution 50 mg/ml	$0 (Tier 1)	
amiodarone intravenous syringe 150 mg/3 ml	$0 (Tier 1)	

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
amiodarone oral tablet 100 mg, 200 mg, 400 mg	$0 (Tier 1)	
disopyramide phosphate oral capsule 100 mg, 150 mg	$0 (Tier 2)	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	$0 (Tier 1)	
flecainide oral tablet 100 mg, 150 mg, 50 mg	$0 (Tier 1)	
MULTAQ ORAL TABLET 400 MG	$0 (Tier 2)	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	$0 (Tier 2)	
pacerone oral tablet 100 mg, 200 mg, 400 mg	$0 (Tier 1)	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	$0 (Tier 1)	
propafenone oral tablet 150 mg, 225 mg, 300 mg	$0 (Tier 1)	
quinidine sulfate oral tablet 200 mg, 300 mg	$0 (Tier 1)	
sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg	$0 (Tier 1)	
sotalol af oral tablet 120 mg, 160 mg, 80 mg	$0 (Tier 1)	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	$0 (Tier 1)	
ANTIHYPERTENSIVE THERAPY		
acebutolol oral capsule 200 mg, 400 mg	$0 (Tier 1)	
aliskiren oral tablet 150 mg, 300 mg	$0 (Tier 1)	
amiloride oral tablet 5 mg	$0 (Tier 1)	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	$0 (Tier 1)	
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	$0 (Tier 1)	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	$0 (Tier 1)	QL (30 EA per 30 days)
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	$0 (Tier 1)	QL (30 EA per 30 days)
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	$0 (Tier 1)	QL (30 EA per 30 days)
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	$0 (Tier 1)	
atenolol oral tablet 100 mg, 25 mg, 50 mg	$0 (Tier 1)	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	$0 (Tier 1)	
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	$0 (Tier 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
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	$0 (Tier 1)	
bisoprolol fumarate oral tablet 10 mg, 5 mg	$0 (Tier 1)	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	$0 (Tier 1)	
bumetanide injection solution 0.25 mg/ml	$0 (Tier 1)	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	$0 (Tier 1)	
candesartan oral tablet 16 mg, 4 mg, 8 mg	$0 (Tier 1)	QL (60 EA per 30 days)
candesartan oral tablet 32 mg	$0 (Tier 1)	QL (30 EA per 30 days)
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg	$0 (Tier 1)	QL (60 EA per 30 days)
candesartan-hydrochlorothiazid oral tablet 32-12.5 mg, 32-25 mg	$0 (Tier 1)	QL (30 EA per 30 days)
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	$0 (Tier 1)	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	$0 (Tier 1)	
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	$0 (Tier 1)	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	$0 (Tier 1)	
chlorthalidone oral tablet 25 mg, 50 mg	$0 (Tier 1)	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	$0 (Tier 1)	
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	$0 (Tier 1)	
diltiazem hcl intravenous solution 5 mg/ml	$0 (Tier 1)	
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	$0 (Tier 1)	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	$0 (Tier 1)	
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	$0 (Tier 1)	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	$0 (Tier 1)	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	$0 (Tier 1)	
diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	$0 (Tier 1)	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	$0 (Tier 1)	
EDARBI ORAL TABLET 40 MG, 80 MG	$0 (Tier 2)	QL (30 EA per 30 days)
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	$0 (Tier 2)	QL (30 EA per 30 days)
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	$0 (Tier 1)	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	$0 (Tier 1)	
eplerenone oral tablet 25 mg, 50 mg	$0 (Tier 1)	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	$0 (Tier 1)	
fosinopril oral tablet 10 mg, 20 mg, 40 mg	$0 (Tier 1)	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	$0 (Tier 1)	
furosemide injection solution 10 mg/ml	$0 (Tier 1)	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	$0 (Tier 1)	
furosemide oral tablet 20 mg, 40 mg, 80 mg	$0 (Tier 1)	
guanfacine oral tablet 1 mg, 2 mg	$0 (Tier 2)	PA
hydralazine injection solution 20 mg/ml	$0 (Tier 1)	
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	$0 (Tier 1)	
hydrochlorothiazide oral capsule 12.5 mg	$0 (Tier 1)	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	$0 (Tier 1)	
indapamide oral tablet 1.25 mg, 2.5 mg	$0 (Tier 1)	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	$0 (Tier 1)	QL (30 EA per 30 days)
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg	$0 (Tier 1)	QL (60 EA per 30 days)
irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg	$0 (Tier 1)	QL (30 EA per 30 days)
isradipine oral capsule 2.5 mg, 5 mg	$0 (Tier 1)	
KERENDIA ORAL TABLET 10 MG, 20 MG	$0 (Tier 2)	QL (30 EA per 30 days)
labetalol oral tablet 100 mg, 200 mg, 300 mg	$0 (Tier 1)	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	$0 (Tier 1)	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
losartan oral tablet 100 mg, 25 mg, 50 mg	$0 (Tier 1)	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	$0 (Tier 1)	
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	$0 (Tier 1)	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	$0 (Tier 1)	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	$0 (Tier 1)	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	$0 (Tier 1)	
metoprolol tartrate intravenous solution 5 mg/5 ml	$0 (Tier 1)	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	$0 (Tier 1)	
metyrosine oral capsule 250 mg	$0 (Tier 2)	PA; ^
minoxidil oral tablet 10 mg, 2.5 mg	$0 (Tier 1)	
moexipril oral tablet 15 mg, 7.5 mg	$0 (Tier 1)	
nadolol oral tablet 20 mg, 40 mg, 80 mg	$0 (Tier 1)	
nebivolol oral tablet 10 mg, 2.5 mg, 5 mg	$0 (Tier 1)	QL (30 EA per 30 days)
nebivolol oral tablet 20 mg	$0 (Tier 1)	QL (60 EA per 30 days)
nicardipine oral capsule 20 mg, 30 mg	$0 (Tier 1)	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	$0 (Tier 1)	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	$0 (Tier 1)	
nimodipine oral capsule 30 mg	$0 (Tier 1)	
nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	$0 (Tier 1)	
NYMALIZE ORAL SOLUTION 60 MG/10 ML	$0 (Tier 2)	^
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML	$0 (Tier 2)	^
olmesartan oral tablet 20 mg, 40 mg	$0 (Tier 1)	QL (30 EA per 30 days)
olmesartan oral tablet 5 mg	$0 (Tier 1)	QL (60 EA per 30 days)
olmesartan-amlodipin-hcthiazid 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	$0 (Tier 1)	QL (30 EA per 30 days)
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	$0 (Tier 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
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	$0 (Tier 1)	
pindolol oral tablet 10 mg, 5 mg	$0 (Tier 1)	
prazosin oral capsule 1 mg, 2 mg, 5 mg	$0 (Tier 1)	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	$0 (Tier 1)	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	$0 (Tier 1)	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	$0 (Tier 1)	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	$0 (Tier 1)	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	$0 (Tier 1)	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	$0 (Tier 1)	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	$0 (Tier 1)	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	$0 (Tier 1)	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	$0 (Tier 1)	QL (30 EA per 30 days)
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	$0 (Tier 1)	QL (30 EA per 30 days)
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-25 mg	$0 (Tier 1)	QL (30 EA per 30 days)
telmisartan-hydrochlorothiazid oral tablet 80-12.5 mg	$0 (Tier 1)	QL (60 EA per 30 days)
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	$0 (Tier 1)	
tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	$0 (Tier 1)	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	$0 (Tier 1)	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	$0 (Tier 1)	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	$0 (Tier 1)	
treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml	$0 (Tier 2)	PA-NS; ^
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	$0 (Tier 1)	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	$0 (Tier 1)	
valsartan oral tablet 160 mg, 40 mg, 80 mg	$0 (Tier 1)	QL (60 EA per 30 days)
valsartan oral tablet 320 mg	$0 (Tier 1)	QL (30 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.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	$0 (Tier 1)	QL (30 EA per 30 days)
verapamil intravenous solution 2.5 mg/ml	$0 (Tier 1)	
verapamil intravenous syringe 2.5 mg/ml	$0 (Tier 1)	
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	$0 (Tier 1)	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	$0 (Tier 1)	
verapamil oral tablet 120 mg, 40 mg, 80 mg	$0 (Tier 1)	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	$0 (Tier 1)	
COAGULATION THERAPY		
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	$0 (Tier 1)	
BRILINTA ORAL TABLET 60 MG, 90 MG	$0 (Tier 2)	
cilostazol oral tablet 100 mg, 50 mg	$0 (Tier 1)	
clopidogrel oral tablet 75 mg	$0 (Tier 1)	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	$0 (Tier 2)	PA
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	$0 (Tier 2)	PA; LA; ^
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	$0 (Tier 2)	PA; LA; ^
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	$0 (Tier 2)	PA; LA; ^
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	$0 (Tier 2)	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	$0 (Tier 2)	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	$0 (Tier 2)	QL (74 EA per 30 days)
enoxaparin subcutaneous solution 300 mg/3 ml	$0 (Tier 1)	
enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml	$0 (Tier 1)	
fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml	$0 (Tier 2)	^
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)	$0 (Tier 1)	
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	$0 (Tier 1)	B/D
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	$0 (Tier 2)	
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	$0 (Tier 2)	
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	$0 (Tier 1)	
pentoxifylline oral tablet extended release 400 mg	$0 (Tier 1)	
PHYTONADIONE 1 MG/0.5 ML SYR P/F,SDV	$0 (Tier 3)	NT
PHYTONADIONE 1 MG/0.5 ML VIAL OUTER, SUV	$0 (Tier 3)	NT
phytonadione 10 mg/ml ampul suv,inner	$0 (Tier 3)	NT
phytonadione 10 mg/ml ampul suv,outer	$0 (Tier 3)	NT
phytonadione 10 mg/ml vial outer, suv	$0 (Tier 3)	NT
phytonadione 5 mg tablet	$0 (Tier 3)	NT
phytonadione 5 mg tablet outer	$0 (Tier 3)	NT
prasugrel oral tablet 10 mg, 5 mg	$0 (Tier 1)	
PROMACTA ORAL POWDER IN PACKET 12.5 MG	$0 (Tier 2)	PA; LA; QL (360 EA per 30 days); ^
PROMACTA ORAL POWDER IN PACKET 25 MG	$0 (Tier 2)	PA; LA; QL (180 EA per 30 days); ^
PROMACTA ORAL TABLET 12.5 MG, 25 MG	$0 (Tier 2)	PA; LA; QL (30 EA per 30 days); ^
PROMACTA ORAL TABLET 50 MG, 75 MG	$0 (Tier 2)	PA; LA; QL (60 EA per 30 days); ^
vitamin k-1 1 mg/0.5 ml ampul suv, inner	$0 (Tier 3)	NT
vitamin k-1 1 mg/0.5 ml ampul suv, outer	$0 (Tier 3)	NT
vitamin k-1 10 mg/ml ampul suv, inner	$0 (Tier 3)	NT
vitamin k-1 10 mg/ml ampul suv, outer	$0 (Tier 3)	NT
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	$0 (Tier 1)	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	$0 (Tier 2)	QL (51 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
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	$0 (Tier 2)	QL (620 ML per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	$0 (Tier 2)	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	$0 (Tier 2)	QL (60 EA per 30 days)
LIPID/CHOLESTEROL LOWERING AGENTS		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG	$0 (Tier 2)	ST; QL (30 EA per 30 days); ^
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	$0 (Tier 1)	QL (30 EA per 30 days)
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	$0 (Tier 1)	QL (30 EA per 30 days)
cholestyramine (with sugar) oral powder 4 gram	$0 (Tier 1)	
cholestyramine (with sugar) oral powder in packet 4 gram	$0 (Tier 1)	
cholestyramine light oral powder 4 gram	$0 (Tier 1)	
cholestyramine light oral powder in packet 4 gram	$0 (Tier 1)	
cholestyramine-aspartame oral powder in packet 4 gram	$0 (Tier 1)	
colesevelam oral powder in packet 3.75 gram	$0 (Tier 1)	
colesevelam oral tablet 625 mg	$0 (Tier 1)	
colestipol oral granules 5 gram	$0 (Tier 1)	
colestipol oral packet 5 gram	$0 (Tier 1)	
colestipol oral tablet 1 gram	$0 (Tier 1)	
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	$0 (Tier 2)	ST; QL (30 EA per 30 days)
ezetimibe oral tablet 10 mg	$0 (Tier 1)	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	$0 (Tier 1)	QL (30 EA per 30 days)
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	$0 (Tier 1)	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	$0 (Tier 1)	
fenofibrate oral tablet 160 mg, 54 mg	$0 (Tier 1)	
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg	$0 (Tier 1)	
fluvastatin oral capsule 20 mg, 40 mg	$0 (Tier 1)	QL (60 EA per 30 days)
fluvastatin oral tablet extended release 24 hr 80 mg	$0 (Tier 1)	QL (30 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.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
gemfibrozil oral tablet 600 mg	$0 (Tier 1)	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	$0 (Tier 2)	QL (30 EA per 30 days)
lovastatin oral tablet 10 mg, 20 mg, 40 mg	$0 (Tier 1)	QL (60 EA per 30 days)
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	$0 (Tier 1)	QL (60 EA per 30 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	$0 (Tier 2)	PA
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	$0 (Tier 1)	QL (30 EA per 30 days)
prevalite oral powder 4 gram	$0 (Tier 1)	
prevalite oral powder in packet 4 gram	$0 (Tier 1)	
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	$0 (Tier 1)	QL (30 EA per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	$0 (Tier 1)	QL (30 EA per 30 days)
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	$0 (Tier 2)	
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	$0 (Tier 2)	ST; QL (30 EA per 30 days)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR ORAL SOLUTION 5 MG/5 ML	$0 (Tier 2)	QL (450 ML per 30 days)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	$0 (Tier 2)	QL (60 EA per 30 days)
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	$0 (Tier 1)	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	$0 (Tier 1)	QL (30 EA per 30 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	$0 (Tier 2)	QL (60 EA per 30 days)
ivabradine oral tablet 5 mg, 7.5 mg	$0 (Tier 1)	QL (60 EA per 30 days)
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg	$0 (Tier 1)	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	$0 (Tier 2)	QL (30 EA per 30 days)
VYNDAQEL ORAL CAPSULE 20 MG	$0 (Tier 2)	PA
NITRATES		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	$0 (Tier 1)	
isosorbide mononitrate oral tablet 10 mg, 20 mg	$0 (Tier 1)	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	$0 (Tier 1)	
nitro-bid transdermal ointment 2 %	$0 (Tier 2)	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	$0 (Tier 1)	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	$0 (Tier 1)	PA
calcipotriene scalp solution 0.005 %	$0 (Tier 1)	PA; QL (120 ML per 30 days)
calcipotriene topical ointment 0.005 %	$0 (Tier 1)	PA; QL (120 GM per 30 days)
ENSTILAR TOPICAL FOAM 0.005-0.064 %	$0 (Tier 2)	PA; QL (120 GM per 30 days)
selenium sulfide topical lotion 2.5 %	$0 (Tier 1)	
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	$0 (Tier 2)	PA; QL (6 ML per 365 days); ^
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	$0 (Tier 2)	PA; QL (6 ML per 365 days); ^
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	$0 (Tier 2)	PA; QL (0.5 ML per 28 days); ^
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	$0 (Tier 2)	PA; QL (0.5 ML per 28 days); ^
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	$0 (Tier 2)	PA; QL (1 ML per 28 days); ^
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	$0 (Tier 2)	PA; QL (3 ML per 28 days); ^
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	$0 (Tier 2)	PA; QL (3 ML per 28 days); ^
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	$0 (Tier 2)	PA; LA; QL (3 ML per 28 days); ^
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML	$0 (Tier 2)	PA; QL (0.25 ML per 28 days); ^
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 40 MG/0.5 ML	$0 (Tier 2)	PA; QL (0.5 ML per 28 days); ^
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	$0 (Tier 2)	PA; LA; QL (3 ML per 28 days); ^
MISCELLANEOUS DERMATOLOGICALS		
ammonium lactate 12% lotion (otc)	$0 (Tier 3)	NT
ammonium lactate topical cream 12 %	$0 (Tier 1)	
ammonium lactate topical lotion 12 %	$0 (Tier 1)	
dermacinrx lidocan topical adhesive patch,medicated 5 %	$0 (Tier 1)	PA; QL (90 EA per 30 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	$0 (Tier 2)	PA; QL (4.56 ML per 28 days); ^
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	$0 (Tier 2)	PA; QL (8 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
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	$0 (Tier 2)	PA; QL (1.34 ML per 28 days); ^
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	$0 (Tier 2)	PA; QL (4.56 ML per 28 days); ^
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	$0 (Tier 2)	PA; QL (8 ML per 28 days); ^
fluorouracil topical cream 5 %	$0 (Tier 1)	QL (40 GM per 30 days)
fluorouracil topical solution 2 %, 5 %	$0 (Tier 1)	QL (10 ML per 30 days)
glydo mucous membrane jelly in applicator 2 %	$0 (Tier 1)	PA; QL (60 ML per 30 days)
imiquimod topical cream in packet 5 %	$0 (Tier 1)	QL (24 EA per 30 days)
lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)	$0 (Tier 1)	
LIDOCAINE 4% CREAM	$0 (Tier 3)	NT
lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)	$0 (Tier 1)	
lidocaine hcl laryngotracheal solution 4 %	$0 (Tier 1)	PA; QL (50 ML per 30 days)
lidocaine hcl mucous membrane jelly 2 %	$0 (Tier 1)	PA; QL (30 ML per 30 days)
lidocaine hcl mucous membrane solution 2 %	$0 (Tier 1)	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	$0 (Tier 1)	PA; QL (50 ML per 30 days)
lidocaine topical adhesive patch,medicated 5 %	$0 (Tier 1)	PA; QL (90 EA per 30 days)
lidocaine topical ointment 5 %	$0 (Tier 1)	PA; QL (50 GM per 30 days)
lidocaine viscous mucous membrane solution 2 %	$0 (Tier 1)	
lidocaine-prilocaine topical cream 2.5-2.5 %	$0 (Tier 1)	PA; QL (30 GM per 30 days)
lidocan iii topical adhesive patch,medicated 5 %	$0 (Tier 1)	PA; QL (90 EA per 30 days)
lidocan iv topical adhesive patch,medicated 5 %	$0 (Tier 1)	PA; QL (90 EA per 30 days)
lidocan v topical adhesive patch,medicated 5 %	$0 (Tier 1)	PA; QL (90 EA per 30 days)
PANRETIN TOPICAL GEL 0.1 %	$0 (Tier 2)	PA-NS; QL (60 GM per 30 days); ^
podofilox topical solution 0.5 %	$0 (Tier 1)	QL (7 ML per 28 days)
REGRANEX TOPICAL GEL 0.01 %	$0 (Tier 2)	QL (15 GM per 30 days); ^
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	$0 (Tier 2)	QL (180 GM per 30 days)
silver sulfadiazine topical cream 1 %	$0 (Tier 1)	
ssd topical cream 1 %	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
tacrolimus topical ointment 0.03 %, 0.1 %	$0 (Tier 1)	QL (100 GM per 30 days)
tridacaine ii topical adhesive patch,medicated 5 %	$0 (Tier 1)	PA; QL (90 EA per 30 days)
VALCHLOR TOPICAL GEL 0.016 %	$0 (Tier 2)	PA-NS; LA; QL (60 GM per 30 days); ^
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %	$0 (Tier 2)	QL (7.5 GM per 28 days); ^
THERAPY FOR ACNE		
accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	$0 (Tier 1)	
acne medication 10% gel	$0 (Tier 3)	NT
ACNE MEDICATION 10% LOTION	$0 (Tier 3)	NT
acne medication 2.5% gel	$0 (Tier 3)	NT
ACNE MEDICATION 5% GEL	$0 (Tier 3)	NT
adapalene 0.1% gel (otc)	$0 (Tier 3)	NT
amnesteem oral capsule 10 mg, 20 mg, 40 mg	$0 (Tier 1)	
azelaic acid topical gel 15 %	$0 (Tier 1)	QL (50 GM per 30 days)
benzoyl peroxide 10% gel (otc)	$0 (Tier 3)	NT
benzoyl peroxide 10% gel aqueous (otc)	$0 (Tier 3)	NT
benzoyl peroxide 2.5% gel (otc)	$0 (Tier 3)	NT
benzoyl peroxide 5% gel (otc)	$0 (Tier 3)	NT
benzoyl peroxide 5% gel aqueous (otc)	$0 (Tier 3)	NT
benzoyl peroxide 5% wash (otc)	$0 (Tier 3)	NT
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	$0 (Tier 1)	
clindamycin phosphate topical gel 1 %	$0 (Tier 1)	QL (75 GM per 30 days)
clindamycin phosphate topical gel, once daily 1 %	$0 (Tier 1)	QL (75 ML per 30 days)
clindamycin phosphate topical lotion 1 %	$0 (Tier 1)	QL (60 ML per 30 days)
clindamycin phosphate topical solution 1 %	$0 (Tier 1)	QL (60 ML per 30 days)
DIFFERIN 0.1% GEL (OTC)	$0 (Tier 3)	NT
ery pads topical swab 2 %	$0 (Tier 1)	QL (60 EA per 30 days)
erythromycin with ethanol topical solution 2 %	$0 (Tier 1)	QL (60 ML per 30 days)
FINACEA TOPICAL FOAM 15 %	$0 (Tier 2)	QL (50 GM per 30 days)
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	$0 (Tier 1)	
metronidazole topical cream 0.75 %	$0 (Tier 1)	QL (45 GM per 30 days)
metronidazole topical gel 0.75 %	$0 (Tier 1)	QL (45 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
metronidazole topical lotion 0.75 %	$0 (Tier 1)	QL (59 ML per 30 days)
myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg	$0 (Tier 1)	
NORITATE TOPICAL CREAM 1 %	$0 (Tier 2)	QL (60 GM per 30 days); ^
RENOVA 0.02% CREAM	$0 (Tier 3)	NT
RENOVA PUMP 0.02% CREAM	$0 (Tier 3)	NT
tazarotene topical cream 0.1 %	$0 (Tier 1)	PA; QL (60 GM per 30 days)
tazarotene topical gel 0.05 %, 0.1 %	$0 (Tier 1)	PA
TAZORAC TOPICAL CREAM 0.05 %	$0 (Tier 2)	PA; QL (60 GM per 30 days)
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	$0 (Tier 1)	PA; QL (45 GM per 30 days)
tretinoin topical gel 0.01 %, 0.025 %	$0 (Tier 1)	PA; QL (45 GM per 30 days)
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	$0 (Tier 1)	
TOPICAL ANTIBACTERIALS		
BETADINE 10% SOLUTION	$0 (Tier 3)	NT
BETADINE 10% SOLUTION ANTISEPTIC	$0 (Tier 3)	NT
BETADINE 10% SOLUTION HOSP.SIZE,ANTISEPTIC	$0 (Tier 3)	NT
FIRST AID ANTISEPTIC 10% OINT	$0 (Tier 3)	NT
gentamicin topical cream 0.1 %	$0 (Tier 1)	QL (30 GM per 30 days)
gentamicin topical ointment 0.1 %	$0 (Tier 1)	QL (30 GM per 30 days)
GS FIRST AID ANTIBIOTIC OINT 3.5MG-400 UNIT- 5,000 UNIT/GRAM	$0 (Tier 3)	NT
hm triple antibiotic ointment 3.5mg-400 unit- 5,000 unit/gram	$0 (Tier 3)	NT
mupirocin topical ointment 2 %	$0 (Tier 1)	QL (44 GM per 30 days)
povidone-iodine 10% solution	$0 (Tier 3)	NT
qc povidone-iodine 10% soln	$0 (Tier 3)	NT
sm povidone-iodine 10% soln	$0 (Tier 3)	NT
sm triple antibiotic ointment 3.5mg-400 unit- 5,000 unit/gram	$0 (Tier 3)	NT
sulfacetamide sodium (acne) topical suspension 10 %	$0 (Tier 1)	QL (118 ML per 30 days)
SULFAMYLON TOPICAL CREAM 85 MG/G	$0 (Tier 2)	QL (453.6 GM per 30 days)
triple antibiotic ointment 3.5mg-400 unit- 5,000 unit/gram	$0 (Tier 3)	NT

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TOPICAL ANTIFUNGALS		
antifungal 1% cream	$0 (Tier 3)	NT
antifungal 1% topical cream	$0 (Tier 3)	NT
athlete's foot 1% cream	$0 (Tier 3)	NT
baza antifungal 2% cream	$0 (Tier 3)	NT
ciclopirox topical cream 0.77 %	$0 (Tier 1)	QL (90 GM per 30 days)
ciclopirox topical suspension 0.77 %	$0 (Tier 1)	QL (60 ML per 30 days)
clotrimazole 1% topical cream (otc)	$0 (Tier 3)	NT
clotrimazole topical cream 1 %	$0 (Tier 1)	QL (45 GM per 28 days)
clotrimazole topical solution 1 %	$0 (Tier 1)	QL (30 ML per 28 days)
clotrimazole-betamethasone topical cream 1-0.05 %	$0 (Tier 1)	QL (45 GM per 30 days)
fungoid 2% tincture	$0 (Tier 3)	NT
gnp athlete's foot 1% cream	$0 (Tier 3)	NT
ketoconazole topical cream 2 %	$0 (Tier 1)	QL (60 GM per 28 days)
ketoconazole topical shampoo 2 %	$0 (Tier 1)	QL (120 ML per 28 days)
klayesta topical powder 100,000 unit/gram	$0 (Tier 1)	QL (60 GM per 30 days)
miconazole 2% topical cream	$0 (Tier 3)	NT
micotrin ac 1% topical cream	$0 (Tier 3)	NT
mycozyl ac 1% topical cream	$0 (Tier 3)	NT
nyamyc topical powder 100,000 unit/gram	$0 (Tier 1)	QL (60 GM per 30 days)
nystatin topical cream 100,000 unit/gram	$0 (Tier 1)	QL (30 GM per 30 days)
nystatin topical ointment 100,000 unit/gram	$0 (Tier 1)	QL (30 GM per 30 days)
nystatin topical powder 100,000 unit/gram	$0 (Tier 1)	QL (60 GM per 30 days)
nystop topical powder 100,000 unit/gram	$0 (Tier 1)	QL (60 GM per 30 days)
qc antifungal 1% cream	$0 (Tier 3)	NT
qc tolnaftate 1% cream	$0 (Tier 3)	NT
sm antifungal 1% cream	$0 (Tier 3)	NT
sm antifungal 1% topical cream	$0 (Tier 3)	NT
sm miconazole 2% topical cream	$0 (Tier 3)	NT
tolnaftate 1% cream	$0 (Tier 3)	NT

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TOPICAL CORTICOSTEROIDS		
ala-cort topical cream 1 %, 2.5 %	$0 (Tier 1)	
alclometasone topical cream 0.05 %	$0 (Tier 1)	QL (60 GM per 30 days)
alclometasone topical ointment 0.05 %	$0 (Tier 1)	QL (60 GM per 30 days)
betamethasone dipropionate topical cream 0.05 %	$0 (Tier 1)	QL (120 GM per 30 days)
betamethasone dipropionate topical lotion 0.05 %	$0 (Tier 1)	QL (120 ML per 30 days)
betamethasone dipropionate topical ointment 0.05 %	$0 (Tier 1)	QL (120 GM per 30 days)
betamethasone valerate topical cream 0.1 %	$0 (Tier 1)	QL (120 GM per 30 days)
betamethasone valerate topical lotion 0.1 %	$0 (Tier 1)	QL (120 ML per 30 days)
betamethasone valerate topical ointment 0.1 %	$0 (Tier 1)	QL (120 GM per 30 days)
betamethasone, augmented topical cream 0.05 %	$0 (Tier 1)	QL (120 GM per 30 days)
betamethasone, augmented topical gel 0.05 %	$0 (Tier 1)	QL (120 GM per 30 days)
betamethasone, augmented topical lotion 0.05 %	$0 (Tier 1)	QL (120 ML per 30 days)
betamethasone, augmented topical ointment 0.05 %	$0 (Tier 1)	QL (120 GM per 30 days)
clobetasol scalp solution 0.05 %	$0 (Tier 1)	QL (50 ML per 30 days)
clobetasol topical cream 0.05 %	$0 (Tier 1)	QL (60 GM per 30 days)
clobetasol topical gel 0.05 %	$0 (Tier 1)	QL (60 GM per 30 days)
clobetasol topical ointment 0.05 %	$0 (Tier 1)	QL (60 GM per 30 days)
clobetasol-emollient topical cream 0.05 %	$0 (Tier 1)	QL (60 GM per 30 days)
fluocinolone and shower cap scalp oil 0.01 %	$0 (Tier 1)	QL (118.28 ML per 30 days)
fluocinolone topical cream 0.01 %	$0 (Tier 1)	QL (60 GM per 30 days)
fluocinolone topical cream 0.025 %	$0 (Tier 1)	QL (120 GM per 30 days)
fluocinolone topical oil 0.01 %	$0 (Tier 1)	QL (118.28 ML per 30 days)
fluocinolone topical ointment 0.025 %	$0 (Tier 1)	QL (120 GM per 30 days)
fluocinolone topical solution 0.01 %	$0 (Tier 1)	QL (90 ML per 30 days)
fluocinonide topical cream 0.05 %	$0 (Tier 1)	QL (120 GM per 30 days)
fluocinonide topical gel 0.05 %	$0 (Tier 1)	QL (60 GM per 30 days)
fluocinonide topical ointment 0.05 %	$0 (Tier 1)	QL (60 GM per 30 days)
fluocinonide topical solution 0.05 %	$0 (Tier 1)	QL (60 ML per 30 days)
fluocinonide-e topical cream 0.05 %	$0 (Tier 1)	QL (120 GM per 30 days)
fluocinonide-emollient topical cream 0.05 %	$0 (Tier 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
fluticasone propionate topical cream 0.05 %	$0 (Tier 1)	
gs anti-itch 1% cream	$0 (Tier 3)	NT
halobetasol propionate topical cream 0.05 %	$0 (Tier 1)	QL (50 GM per 30 days)
halobetasol propionate topical ointment 0.05 %	$0 (Tier 1)	QL (50 GM per 30 days)
hm hydrocortisone 1% cream (otc)	$0 (Tier 3)	NT
hydrocortisone 0.5% cream (otc)	$0 (Tier 3)	NT
hydrocortisone 0.5% cream	$0 (Tier 3)	NT
hydrocortisone 1% cream (otc)	$0 (Tier 3)	NT
hydrocortisone 1% cream	$0 (Tier 3)	NT
hydrocortisone 1% cream max str, w/aloe (otc)	$0 (Tier 3)	NT
hydrocortisone 1% cream maximum strength (otc)	$0 (Tier 3)	NT
hydrocortisone 1% cream moisturizer,max. str (otc)	$0 (Tier 3)	NT
hydrocortisone 1% ointment (otc)	$0 (Tier 3)	NT
hydrocortisone 1% ointment maximum strength (otc)	$0 (Tier 3)	NT
hydrocortisone topical cream 1 %, 2.5 %	$0 (Tier 1)	
hydrocortisone topical lotion 2 %, 2.5 %	$0 (Tier 1)	
hydrocortisone topical ointment 2.5 %	$0 (Tier 1)	
hydrocortisone-aloe 1% cream	$0 (Tier 3)	NT
mometasone topical cream 0.1 %	$0 (Tier 1)	
mometasone topical ointment 0.1 %	$0 (Tier 1)	
mometasone topical solution 0.1 %	$0 (Tier 1)	
qc anti-itch with aloe 1% crm	$0 (Tier 3)	NT
sm hydrocortisone 1% ointment maximum strength (otc)	$0 (Tier 3)	NT
sm hydrocortisone plus 1% crm	$0 (Tier 3)	NT
sm hydrocortisone-aloe 1% crm	$0 (Tier 3)	NT
triamcinolone acetonide topical cream 0.025 %, 0.5 %	$0 (Tier 1)	
triamcinolone acetonide topical cream 0.1 %	$0 (Tier 1)	QL (454 GM per 30 days)
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	$0 (Tier 1)	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TOPICAL SCABICIDES / PEDICULICIDES		
gs lice killing 1 % crm rinse	$0 (Tier 3)	NT
gs lice killing shampoo w/nit comb 0.33-4 %	$0 (Tier 3)	NT
lice killing shampoo 0.33-4 %	$0 (Tier 3)	NT
lice killing shampoo w/nit comb 0.33-4 %	$0 (Tier 3)	NT
lice treatment 1% creme rinse	$0 (Tier 3)	NT
lice treatment 1% creme rinse 1 nit removal comb	$0 (Tier 3)	NT
lice treatment shampoo 1 nit comb included 0.33-4 %	$0 (Tier 3)	NT
malathion topical lotion 0.5 %	$0 (Tier 1)	QL (59 ML per 30 days)
permethrin topical cream 5 %	$0 (Tier 1)	QL (60 GM per 30 days)
sb lice killing shampoo maximum strength 0.33-4 %	$0 (Tier 3)	NT
sm lice treatment 1% crm rinse	$0 (Tier 3)	NT
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANOREXIANTS		
ADIPEX-P 37.5 MG CAPSULE	$0 (Tier 3)	NT
ADIPEX-P 37.5 MG TABLET	$0 (Tier 3)	NT
benzphetamine hcl 50 mg tablet (rx)	$0 (Tier 3)	PA; NT
CONTRAVE ER 8-90 MG TABLET	$0 (Tier 3)	PA; NT
diethylpropion 25 mg tablet	$0 (Tier 3)	PA; NT
diethylpropion er 75 mg tablet	$0 (Tier 3)	PA; NT
IMCIVREE 10 MG/ML VIAL	$0 (Tier 3)	PA; NT
LOMAIRA 8 MG TABLET	$0 (Tier 3)	PA; NT
ORLISTAT 120 MG CAPSULE	$0 (Tier 3)	PA; NT
phendimetrazine 35 mg tablet	$0 (Tier 3)	PA; NT
phentermine 15 mg capsule	$0 (Tier 3)	PA; NT
phentermine 30 mg capsule	$0 (Tier 3)	PA; NT
phentermine 37.5 mg capsule	$0 (Tier 3)	PA; NT
phentermine 37.5 mg tablet	$0 (Tier 3)	PA; NT
QSYMIA 11.25 MG-69 MG CAPSULE 11.25-69 MG	$0 (Tier 3)	PA; NT
QSYMIA 15 MG-92 MG CAPSULE 15-92 MG	$0 (Tier 3)	PA; NT
QSYMIA 3.75 MG-23 MG CAPSULE 3.75-23 MG	$0 (Tier 3)	PA; NT

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
QSYMIA 7.5 MG-46 MG CAPSULE 7.5-46 MG	$0 (Tier 3)	PA; NT
SAXENDA 18 MG/3 ML PEN 3 MG/0.5 ML (18 MG/3 ML)	$0 (Tier 3)	PA; NT
WEGOVY 0.25 MG/0.5 ML PEN OUTER,SUV	$0 (Tier 3)	PA; NT
WEGOVY 0.5 MG/0.5 ML PEN OUTER,SUV	$0 (Tier 3)	PA; NT
WEGOVY 1 MG/0.5 ML PEN OUTER,SUV	$0 (Tier 3)	PA; NT
WEGOVY 1.7 MG/0.75 ML PEN OUTER,SUV	$0 (Tier 3)	PA; NT
WEGOVY 2.4 MG/0.75 ML PEN OUTER,SUV	$0 (Tier 3)	PA; NT
XENICAL 120 MG CAPSULE	$0 (Tier 3)	PA; NT
MISCELLANEOUS AGENTS		
acamprosate oral tablet,delayed release (dr/ec) 333 mg	$0 (Tier 1)	
acetic acid irrigation solution 0.25 %	$0 (Tier 1)	
anagrelide oral capsule 0.5 mg, 1 mg	$0 (Tier 1)	
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	$0 (Tier 2)	PA; LA; ^
carglumic acid oral tablet, dispersible 200 mg	$0 (Tier 2)	PA; LA; ^
cevimeline oral capsule 30 mg	$0 (Tier 1)	
CHEMET ORAL CAPSULE 100 MG	$0 (Tier 2)	
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	$0 (Tier 2)	B/D
d10 %-0.45 % sodium chloride intravenous parenteral solution	$0 (Tier 1)	
d2.5 %-0.45 % sodium chloride intravenous parenteral solution	$0 (Tier 2)	
d5 % and 0.9 % sodium chloride intravenous parenteral solution	$0 (Tier 1)	
d5 %-0.45 % sodium chloride intravenous parenteral solution	$0 (Tier 1)	
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	$0 (Tier 2)	PA; ^
deferasirox oral tablet 180 mg, 360 mg	$0 (Tier 2)	PA; ^
deferasirox oral tablet 90 mg	$0 (Tier 1)	PA
deferasirox oral tablet, dispersible 125 mg	$0 (Tier 2)	PA
deferasirox oral tablet, dispersible 250 mg, 500 mg	$0 (Tier 1)	PA; ^

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
dextrose 10 % and 0.2 % nacl intravenous parenteral solution	$0 (Tier 2)	
dextrose 10 % in water (d10w) intravenous parenteral solution 10 %	$0 (Tier 1)	
dextrose 5 % in water (d5w) intravenous parenteral solution	$0 (Tier 1)	
dextrose 5 % in water (d5w) intravenous piggyback 5 %	$0 (Tier 1)	
dextrose 5 %-lactated ringers intravenous parenteral solution	$0 (Tier 1)	
dextrose 5%-0.2 % sod chloride intravenous parenteral solution	$0 (Tier 1)	
dextrose 5%-0.3 % sod.chloride intravenous parenteral solution	$0 (Tier 1)	
dextrose 50 % in water (d50w) intravenous parenteral solution	$0 (Tier 1)	
dextrose 50 % in water (d50w) intravenous syringe	$0 (Tier 1)	
dextrose 70 % in water (d70w) intravenous parenteral solution	$0 (Tier 1)	
disulfiram oral tablet 250 mg, 500 mg	$0 (Tier 1)	
droxidopa oral capsule 100 mg	$0 (Tier 2)	PA; QL (90 EA per 30 days)
droxidopa oral capsule 200 mg, 300 mg	$0 (Tier 2)	PA; QL (180 EA per 30 days)
ENDARI ORAL POWDER IN PACKET 5 GRAM	$0 (Tier 2)	PA; LA; ^
glutamine (sickle cell) oral powder in packet 5 gram	$0 (Tier 1)	PA; ^
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	$0 (Tier 2)	PA; LA; ^
kionex (with sorbitol) oral suspension 15-20 gram/60 ml	$0 (Tier 1)	
levocarnitine (with sugar) oral solution 100 mg/ml	$0 (Tier 1)	B/D
levocarnitine oral solution 100 mg/ml	$0 (Tier 1)	
levocarnitine oral tablet 330 mg	$0 (Tier 1)	B/D
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	$0 (Tier 2)	
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	$0 (Tier 1)	
nitisinone oral capsule 10 mg, 2 mg, 5 mg	$0 (Tier 2)	PA; ^
nitisinone oral capsule 20 mg	$0 (Tier 1)	PA; ^
pilocarpine hcl oral tablet 5 mg, 7.5 mg	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	$0 (Tier 2)	PA; LA; ^
riluzole oral tablet 50 mg	$0 (Tier 1)	
risedronate oral tablet 30 mg	$0 (Tier 1)	QL (30 EA per 30 days)
sevelamer carbonate oral powder in packet 0.8 gram	$0 (Tier 2)	QL (540 EA per 30 days)
sevelamer carbonate oral powder in packet 2.4 gram	$0 (Tier 2)	QL (180 EA per 30 days)
sevelamer carbonate oral tablet 800 mg	$0 (Tier 1)	QL (540 EA per 30 days)
sodium chloride 0.9 % intravenous parenteral solution	$0 (Tier 1)	
sodium chloride 0.9 % intravenous piggyback	$0 (Tier 1)	
sodium chloride irrigation solution 0.9 %	$0 (Tier 1)	
sodium phenylbutyrate oral powder 0.94 gram/gram	$0 (Tier 2)	PA; ^
sodium phenylbutyrate oral tablet 500 mg	$0 (Tier 2)	PA; ^
sodium polystyrene sulfonate oral powder	$0 (Tier 1)	
sps (with sorbitol) oral suspension 15-20 gram/60 ml	$0 (Tier 1)	
sps (with sorbitol) rectal enema 30-40 gram/120 ml	$0 (Tier 1)	
trientine oral capsule 250 mg	$0 (Tier 2)	PA; ^
VELPHORO ORAL TABLET,CHEWABLE 500 MG	$0 (Tier 2)	QL (180 EA per 30 days)
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	$0 (Tier 2)	
water for irrigation, sterile irrigation solution	$0 (Tier 1)	
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG, 4,000 MG, 5,000 MG	$0 (Tier 2)	PA; LA; ^
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	$0 (Tier 1)	
SMOKING DETERRENTS		
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	$0 (Tier 1)	
gnp nicotine 2 mg chewing gum	$0 (Tier 3)	NT
GNP NICOTINE 2 MG MINI LOZENGE	$0 (Tier 3)	NT
gnp nicotine 21 mg/24hr patch (otc)	$0 (Tier 3)	NT
gnp nicotine 4 mg chewing gum	$0 (Tier 3)	NT
gnp nicotine 4 mg mini lozenge	$0 (Tier 3)	NT

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
gs nicotine 2 mg chewing gum	$0 (Tier 3)	NT
gs nicotine 2 mg lozenge	$0 (Tier 3)	NT
gs nicotine 2 mg mini lozenge	$0 (Tier 3)	NT
gs nicotine 4 mg chewing gum	$0 (Tier 3)	NT
gs nicotine 4 mg chewing gum original	$0 (Tier 3)	NT
gs nicotine 4 mg lozenge	$0 (Tier 3)	NT
gs nicotine 4 mg mini lozenge	$0 (Tier 3)	NT
hm nicotine 2 mg chewing gum	$0 (Tier 3)	NT
hm nicotine 2 mg lozenge	$0 (Tier 3)	NT
hm nicotine 2 mg mini lozenge	$0 (Tier 3)	NT
HM NICOTINE 2 MG MINI LOZENGE	$0 (Tier 3)	NT
hm nicotine 21 mg/24hr patch (otc)	$0 (Tier 3)	NT
hm nicotine 4 mg chewing gum	$0 (Tier 3)	NT
hm nicotine 7 mg/24hr patch (otc)	$0 (Tier 3)	NT
kro nicotine 2 mg chewing gum original	$0 (Tier 3)	NT
nicotine 14 mg/24hr patch (otc)	$0 (Tier 3)	NT
nicotine 14 mg/24hr patch clear, step 2, outer (otc)	$0 (Tier 3)	NT
nicotine 14 mg/24hr patch outer (otc)	$0 (Tier 3)	NT
nicotine 14 mg/24hr patch step 2 (otc)	$0 (Tier 3)	NT
nicotine 2 mg chewing gum	$0 (Tier 3)	NT
nicotine 2 mg chewing gum coated	$0 (Tier 3)	NT
nicotine 2 mg chewing gum coated fruit	$0 (Tier 3)	NT
nicotine 2 mg chewing gum coated,cinnamon	$0 (Tier 3)	NT
nicotine 2 mg chewing gum cool mint/coated	$0 (Tier 3)	NT
nicotine 2 mg chewing gum mint	$0 (Tier 3)	NT
nicotine 2 mg chewing gum original	$0 (Tier 3)	NT
nicotine 2 mg chewing gum outer	$0 (Tier 3)	NT
nicotine 2 mg chewing gum refill	$0 (Tier 3)	NT
nicotine 2 mg chewing gum starter kit	$0 (Tier 3)	NT
nicotine 2 mg lozenge	$0 (Tier 3)	NT
nicotine 2 mg lozenge inner	$0 (Tier 3)	NT

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
nicotine 2 mg lozenge mint, 3 quittube	$0 (Tier 3)	NT
nicotine 2 mg lozenge outer	$0 (Tier 3)	NT
nicotine 2 mg mini lozenge	$0 (Tier 3)	NT
NICOTINE 2 MG MINI LOZENGE	$0 (Tier 3)	NT
nicotine 2 mg mini lozenge inner	$0 (Tier 3)	NT
nicotine 2 mg mini lozenge outer	$0 (Tier 3)	NT
nicotine 21 mg/24hr patch (otc)	$0 (Tier 3)	NT
nicotine 21 mg/24hr patch outer (otc)	$0 (Tier 3)	NT
nicotine 21 mg/24hr patch outer, clear, step 1 (otc)	$0 (Tier 3)	NT
nicotine 4 mg chewing gum	$0 (Tier 3)	NT
nicotine 4 mg chewing gum coated	$0 (Tier 3)	NT
nicotine 4 mg chewing gum coated fruit	$0 (Tier 3)	NT
nicotine 4 mg chewing gum coated, mint	$0 (Tier 3)	NT
nicotine 4 mg chewing gum coated,cinnamon	$0 (Tier 3)	NT
nicotine 4 mg chewing gum cool mint/coated	$0 (Tier 3)	NT
nicotine 4 mg chewing gum mint	$0 (Tier 3)	NT
nicotine 4 mg chewing gum original	$0 (Tier 3)	NT
nicotine 4 mg chewing gum outer	$0 (Tier 3)	NT
nicotine 4 mg chewing gum refill	$0 (Tier 3)	NT
nicotine 4 mg chewing gum starter kit	$0 (Tier 3)	NT
nicotine 4 mg lozenge	$0 (Tier 3)	NT
NICOTINE 4 MG LOZENGE	$0 (Tier 3)	NT
nicotine 4 mg lozenge inner	$0 (Tier 3)	NT
nicotine 4 mg lozenge mint	$0 (Tier 3)	NT
nicotine 4 mg lozenge mint, 3 quittube	$0 (Tier 3)	NT
nicotine 4 mg lozenge outer	$0 (Tier 3)	NT
nicotine 4 mg mini lozenge	$0 (Tier 3)	NT
nicotine 4 mg mini lozenge inner	$0 (Tier 3)	NT
nicotine 4 mg mini lozenge mini,mint,3 quittube	$0 (Tier 3)	NT
nicotine 4 mg mini lozenge outer	$0 (Tier 3)	NT
nicotine 7 mg/24hr patch (otc)	$0 (Tier 3)	NT

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
nicotine 7 mg/24hr patch inner (otc)	$0 (Tier 3)	NT
nicotine 7 mg/24hr patch outer (otc)	$0 (Tier 3)	NT
nicotine 7 mg/24hr patch outer, clear, step 3 (otc)	$0 (Tier 3)	NT
nicotine 7 mg/24hr patch step 3 (otc)	$0 (Tier 3)	NT
nicotine transdermal system step 1,2,3 21-14-7 mg/24 hr	$0 (Tier 3)	NT
NICOTROL INHALATION CARTRIDGE 10 MG	$0 (Tier 2)	
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	$0 (Tier 2)	
sm nicotine 14 mg/24hr patch (otc)	$0 (Tier 3)	NT
sm nicotine 2 mg chewing gum	$0 (Tier 3)	NT
sm nicotine 2 mg lozenge	$0 (Tier 3)	NT
sm nicotine 21 mg/24hr patch (otc)	$0 (Tier 3)	NT
sm nicotine 4 mg chewing gum	$0 (Tier 3)	NT
sm nicotine 4 mg lozenge	$0 (Tier 3)	NT
SM NICOTINE 4 MG LOZENGE	$0 (Tier 3)	NT
sm nicotine 7 mg/24hr patch (otc)	$0 (Tier 3)	NT
varenicline oral tablet 0.5 mg, 1 mg, 1 mg (56 pack)	$0 (Tier 1)	QL (56 EA per 28 days)
varenicline oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	$0 (Tier 1)	
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
azelastine nasal spray,non-aerosol 137 mcg (0.1 %), 205.5 mcg (0.15 %)	$0 (Tier 1)	QL (60 ML per 30 days)
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	$0 (Tier 1)	
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)	$0 (Tier 1)	
kourzeq dental paste 0.1 %	$0 (Tier 1)	
olopatadine nasal spray,non-aerosol 0.6 %	$0 (Tier 1)	
periogard mucous membrane mouthwash 0.12 %	$0 (Tier 1)	
triamcinolone acetonide dental paste 0.1 %	$0 (Tier 1)	
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid otic (ear) solution 2 %	$0 (Tier 1)	
flac otic oil otic (ear) drops 0.01 %	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
fluocinolone acetonide oil otic (ear) drops 0.01 %	$0 (Tier 1)	
ofloxacin otic (ear) drops 0.3 %	$0 (Tier 1)	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	$0 (Tier 2)	
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	$0 (Tier 1)	QL (7.5 ML per 7 days)
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	$0 (Tier 1)	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	$0 (Tier 1)	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
dexamethasone intensol oral drops 1 mg/ml	$0 (Tier 2)	
dexamethasone oral elixir 0.5 mg/5 ml	$0 (Tier 1)	
dexamethasone oral solution 0.5 mg/5 ml	$0 (Tier 1)	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	$0 (Tier 1)	
dexamethasone sodium phos (pf) injection solution 10 mg/ml	$0 (Tier 1)	
dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml	$0 (Tier 1)	
dexamethasone sodium phosphate injection syringe 4 mg/ml	$0 (Tier 1)	
fludrocortisone oral tablet 0.1 mg	$0 (Tier 1)	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	$0 (Tier 1)	
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	$0 (Tier 1)	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	$0 (Tier 1)	B/D
methylprednisolone oral tablets,dose pack 4 mg	$0 (Tier 1)	
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	$0 (Tier 1)	
methylprednisolone sodium succ intravenous recon soln 1,000 mg, 500 mg	$0 (Tier 1)	
prednisolone oral solution 15 mg/5 ml	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	$0 (Tier 1)	
prednisone intensol oral concentrate 5 mg/ml	$0 (Tier 2)	
prednisone oral solution 5 mg/5 ml	$0 (Tier 1)	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	$0 (Tier 1)	
prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)	$0 (Tier 1)	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	$0 (Tier 2)	
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	$0 (Tier 1)	
propylthiouracil oral tablet 50 mg	$0 (Tier 1)	
DIABETES THERAPY		
acarbose oral tablet 100 mg	$0 (Tier 1)	QL (90 EA per 30 days)
acarbose oral tablet 25 mg	$0 (Tier 1)	QL (360 EA per 30 days)
acarbose oral tablet 50 mg	$0 (Tier 1)	QL (180 EA per 30 days)
alcohol pads topical pads, medicated	$0 (Tier 2)	
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	$0 (Tier 2)	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	$0 (Tier 2)	PA; QL (3.4 ML per 28 days)
diazoxide oral suspension 50 mg/ml	$0 (Tier 2)	
FARXIGA ORAL TABLET 10 MG, 5 MG	$0 (Tier 2)	QL (30 EA per 30 days)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	$0 (Tier 2)	
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	$0 (Tier 2)	
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	$0 (Tier 2)	
glimepiride oral tablet 1 mg, 2 mg	$0 (Tier 1)	QL (90 EA per 30 days)
glimepiride oral tablet 4 mg	$0 (Tier 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
glipizide oral tablet 10 mg	$0 (Tier 1)	QL (120 EA per 30 days)
glipizide oral tablet 5 mg	$0 (Tier 1)	QL (240 EA per 30 days)
glipizide oral tablet extended release 24hr 10 mg	$0 (Tier 1)	QL (60 EA per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg, 5 mg	$0 (Tier 1)	QL (90 EA per 30 days)
glipizide-metformin oral tablet 2.5-250 mg	$0 (Tier 1)	QL (240 EA per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	$0 (Tier 1)	QL (120 EA per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	$0 (Tier 2)	QL (30 EA per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	$0 (Tier 2)	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	$0 (Tier 2)	
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	$0 (Tier 2)	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	$0 (Tier 2)	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	$0 (Tier 2)	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	$0 (Tier 2)	^
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	$0 (Tier 2)	^
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	$0 (Tier 2)	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	$0 (Tier 2)	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	$0 (Tier 2)	QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	$0 (Tier 2)	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	$0 (Tier 2)	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	$0 (Tier 2)	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	$0 (Tier 2)	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	$0 (Tier 2)	QL (30 EA per 30 days)
metformin oral tablet 1,000 mg	$0 (Tier 1)	QL (75 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
metformin oral tablet 500 mg	$0 (Tier 1)	QL (150 EA per 30 days)
metformin oral tablet 850 mg	$0 (Tier 1)	QL (90 EA per 30 days)
metformin oral tablet extended release 24 hr 500 mg	$0 (Tier 1)	Generic for Glucophage XR; QL (120 EA per 30 days)
metformin oral tablet extended release 24 hr 750 mg	$0 (Tier 1)	Generic for Glucophage XR; QL (60 EA per 30 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	$0 (Tier 2)	PA; QL (2 ML per 28 days)
nateglinide oral tablet 120 mg, 60 mg	$0 (Tier 1)	QL (90 EA per 30 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	$0 (Tier 2)	(brand RELION not covered)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	$0 (Tier 2)	(brand RELION not covered)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	$0 (Tier 2)	(brand RELION not covered)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	$0 (Tier 2)	(brand RELION not covered)
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	$0 (Tier 2)	(brand RELION not covered)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	$0 (Tier 2)	(brand RELION not covered)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	$0 (Tier 2)	(brand RELION not covered)
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	$0 (Tier 2)	(brand RELION not covered)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	$0 (Tier 2)	(brand RELION not covered)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	$0 (Tier 2)	(brand RELION not covered)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	$0 (Tier 2)	(brand RELION not covered)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	$0 (Tier 2)	PA; QL (3 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
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	$0 (Tier 1)	QL (30 EA per 30 days)
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	$0 (Tier 1)	QL (30 EA per 30 days)
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg	$0 (Tier 1)	QL (90 EA per 30 days)
repaglinide oral tablet 0.5 mg, 1 mg	$0 (Tier 1)	QL (120 EA per 30 days)
repaglinide oral tablet 2 mg	$0 (Tier 1)	QL (240 EA per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	$0 (Tier 2)	PA; QL (30 EA per 30 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	$0 (Tier 2)	QL (15 ML per 25 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG	$0 (Tier 2)	QL (60 EA per 30 days)
SYNJARDY ORAL TABLET 5-500 MG	$0 (Tier 2)	QL (120 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	$0 (Tier 2)	QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	$0 (Tier 2)	QL (60 EA per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	$0 (Tier 2)	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	$0 (Tier 2)	
TRADJENTA ORAL TABLET 5 MG	$0 (Tier 2)	QL (30 EA per 30 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	$0 (Tier 2)	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	$0 (Tier 2)	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	$0 (Tier 2)	
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	$0 (Tier 2)	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	$0 (Tier 2)	QL (60 EA per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	$0 (Tier 2)	PA; QL (2 ML per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	$0 (Tier 2)	QL (30 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.

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	$0 (Tier 2)	QL (60 EA per 30 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	$0 (Tier 2)	QL (15 ML per 30 days)
MISCELLANEOUS HORMONES		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	$0 (Tier 2)	PA; ^
cabergoline oral tablet 0.5 mg	$0 (Tier 1)	
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	$0 (Tier 1)	
calcitriol intravenous solution 1 mcg/ml	$0 (Tier 1)	B/D
calcitriol oral capsule 0.25 mcg, 0.5 mcg	$0 (Tier 1)	B/D
calcitriol oral solution 1 mcg/ml	$0 (Tier 1)	B/D
CERDELGA ORAL CAPSULE 84 MG	$0 (Tier 2)	PA; LA; ^
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	$0 (Tier 2)	PA; ^
cinacalcet oral tablet 30 mg	$0 (Tier 1)	B/D; QL (60 EA per 30 days)
cinacalcet oral tablet 60 mg	$0 (Tier 2)	B/D; QL (60 EA per 30 days)
cinacalcet oral tablet 90 mg	$0 (Tier 2)	B/D; QL (120 EA per 30 days)
danazol oral capsule 100 mg, 200 mg, 50 mg	$0 (Tier 1)	
desmopressin injection solution 4 mcg/ml	$0 (Tier 2)	^
desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)	$0 (Tier 1)	
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	$0 (Tier 1)	
desmopressin oral tablet 0.1 mg, 0.2 mg	$0 (Tier 1)	
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	$0 (Tier 1)	B/D
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	$0 (Tier 2)	PA; ^
KORLYM ORAL TABLET 300 MG	$0 (Tier 2)	PA; LA; ^
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	$0 (Tier 2)	PA; ^
mifepristone oral tablet 300 mg	$0 (Tier 1)	PA; ^
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	$0 (Tier 2)	PA; ^
pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)	$0 (Tier 1)	B/D
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	$0 (Tier 1)	B/D

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	$0 (Tier 2)	^
sapropterin oral powder in packet 100 mg, 500 mg	$0 (Tier 2)	PA; ^
sapropterin oral tablet,soluble 100 mg	$0 (Tier 2)	PA; ^
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	$0 (Tier 2)	PA; LA
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)	$0 (Tier 1)	
testosterone enanthate intramuscular oil 200 mg/ml	$0 (Tier 1)	
testosterone transdermal gel 50 mg/5 gram (1 %)	$0 (Tier 1)	PA; QL (300 GM per 30 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	$0 (Tier 1)	PA; QL (300 GM per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	$0 (Tier 1)	PA; QL (150 GM per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	$0 (Tier 1)	PA; QL (300 GM per 30 days)
tolvaptan oral tablet 15 mg, 30 mg	$0 (Tier 1)	PA; ^
zoledronic acid intravenous solution 4 mg/5 ml	$0 (Tier 1)	B/D
THYROID HORMONES		
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	$0 (Tier 1)	
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	$0 (Tier 1)	
levothyroxine 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 (Tier 1)	
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	$0 (Tier 1)	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	$0 (Tier 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 (Tier 2)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
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	$0 (Tier 1)	
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
anti-diarrheal 1 mg/7.5 ml sol	$0 (Tier 3)	NT
anti-diarrheal 2 mg caplet	$0 (Tier 3)	NT
anti-diarrheal 2 mg caplet caplet	$0 (Tier 3)	NT
anti-diarrheal 2 mg softgel	$0 (Tier 3)	NT
anti-diarrheal 2 mg tablet	$0 (Tier 3)	NT
bismatrol tablet chew 262 mg	$0 (Tier 3)	NT
bismuth 262 mg tablet chew	$0 (Tier 3)	NT
dicyclomine oral capsule 10 mg	$0 (Tier 2)	
dicyclomine oral solution 10 mg/5 ml	$0 (Tier 2)	
dicyclomine oral tablet 20 mg	$0 (Tier 2)	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	$0 (Tier 2)	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	$0 (Tier 2)	
glycopyrrolate oral tablet 1 mg, 2 mg	$0 (Tier 1)	
gnp stomach rlf 525 mg/30 ml 262 mg/15 ml	$0 (Tier 3)	NT
GS ANTI-DIARRHEAL 1 MG/7.5 ML	$0 (Tier 3)	NT
gs anti-diarrheal 2 mg caplet	$0 (Tier 3)	NT
loperamide 1 mg/7.5 ml soln	$0 (Tier 3)	NT
LOPERAMIDE 1 MG/7.5 ML SOLN	$0 (Tier 3)	NT
LOPERAMIDE 1 MG/7.5 ML SOLUTION CUP INNER	$0 (Tier 3)	NT
LOPERAMIDE 1 MG/7.5 ML SOLUTION CUP OUTER	$0 (Tier 3)	NT
LOPERAMIDE 2 MG/15 ML SOLUTION CUP INNER 1 MG/7.5 ML	$0 (Tier 3)	NT
LOPERAMIDE 2 MG/15 ML SOLUTION CUP OUTER 1 MG/7.5 ML	$0 (Tier 3)	NT
loperamide oral capsule 2 mg	$0 (Tier 1)	
pink bismuth caplet 262 mg	$0 (Tier 3)	NT
pub pink bismuth max str liq 525 mg/15 ml	$0 (Tier 3)	NT

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
pub stomach rlf 262 mg/15 ml original formula	$0 (Tier 3)	NT
qc anti-diarrheal 2 mg caplet	$0 (Tier 3)	NT
qc anti-diarrheal 2 mg caplet caplet	$0 (Tier 3)	NT
qc anti-diarrheal 2 mg softgel	$0 (Tier 3)	NT
qc diarrhea rlf 262 mg/15 ml vanilla reg flavor	$0 (Tier 3)	NT
sm anti-diarrheal 1 mg/7.5 ml	$0 (Tier 3)	NT
sm anti-diarrheal 2 mg caplet caplet	$0 (Tier 3)	NT
sm anti-diarrheal 2 mg softgel	$0 (Tier 3)	NT
sm stomach relief 525 mg/30 ml 262 mg/15 ml	$0 (Tier 3)	NT
sm stomach rlf 262 mg caplet	$0 (Tier 3)	NT
sm stomach rlf 262 mg chew tab	$0 (Tier 3)	NT
stomach relief 262 mg chew tab	$0 (Tier 3)	NT
stomach relief 525 mg/15 ml	$0 (Tier 3)	NT
stomach rlf 525 mg/30 ml susp 262 mg/15 ml	$0 (Tier 3)	NT
MISCELLANEOUS GASTROINTESTINAL AGENTS		
acid gone antacid liquid 95-358 mg/15 ml	$0 (Tier 3)	NT
almacone-2 liquid 400-400-40 mg/5 ml	$0 (Tier 3)	NT
alosetron oral tablet 0.5 mg	$0 (Tier 2)	PA; QL (60 EA per 30 days)
alosetron oral tablet 1 mg	$0 (Tier 2)	PA; QL (60 EA per 30 days); ^
aluminum hydroxide gel 320 mg/5 ml	$0 (Tier 3)	NT
antacid anti-gas liquid 400-400-40 mg/5 ml	$0 (Tier 3)	NT
antacid anti-gas max str liq 400-400-40 mg/5 ml	$0 (Tier 3)	NT
antacid liquid 200-200-20 mg/5 ml	$0 (Tier 3)	NT
antacid-antigas liquid 200-200-20 mg/5 ml	$0 (Tier 3)	NT
ANTACID-ANTIGAS LIQUID 200-200-20 MG/5 ML	$0 (Tier 3)	NT
antacid-antigas suspension 200-200-20 mg/5 ml	$0 (Tier 3)	NT
aprepitant oral capsule 125 mg, 40 mg, 80 mg	$0 (Tier 1)	B/D
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	$0 (Tier 1)	B/D
balsalazide oral capsule 750 mg	$0 (Tier 1)	
betaine oral powder 1 gram/scoop	$0 (Tier 2)	LA; ^
bisacodyl 10 mg suppository	$0 (Tier 3)	NT

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
bisacodyl ec 5 mg tablet	$0 (Tier 3)	NT
budesonide oral capsule,delayed,extend.release 3 mg	$0 (Tier 1)	PA; QL (90 EA per 30 days)
budesonide oral tablet,delayed and ext.release 9 mg	$0 (Tier 2)	PA; QL (30 EA per 30 days); ^
clearlax powder 14 once-daily doses 17 gram/dose	$0 (Tier 3)	NT
clearlax powder 17 gram/dose	$0 (Tier 3)	NT
clearlax powder 30 once-daily doses 17 gram/dose	$0 (Tier 3)	NT
clearlax powder 7 once-daily doses 17 gram/dose	$0 (Tier 3)	NT
clearlax powder packet 17 gram	$0 (Tier 3)	NT
COLACE 100 MG CAPSULE	$0 (Tier 3)	NT
COLACE-T 100 MG CAPSULE	$0 (Tier 3)	NT
compro rectal suppository 25 mg	$0 (Tier 1)	
constulose oral solution 10 gram/15 ml	$0 (Tier 1)	
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	$0 (Tier 2)	
cromolyn oral concentrate 100 mg/5 ml	$0 (Tier 1)	
docusate cal 240 mg softgel	$0 (Tier 3)	NT
docusate sod 100 mg/10 ml cup outer 50 mg/5 ml	$0 (Tier 3)	NT
docusate sodium 100 mg softgel	$0 (Tier 3)	NT
docusate sodium 100 mg softgel outer, softgel	$0 (Tier 3)	NT
docusate sodium 100 mg softgel softgel	$0 (Tier 3)	NT
docusate sodium 250 mg softgel	$0 (Tier 3)	NT
docusate sodium 50 mg/5 ml cup outer	$0 (Tier 3)	NT
docusate sodium 50 mg/5 ml liq	$0 (Tier 3)	NT
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	$0 (Tier 1)	B/D; QL (60 EA per 30 days)
enema disposable 19-7 gram/118 ml	$0 (Tier 3)	NT
enema ready to use 19-7 gram/118 ml	$0 (Tier 3)	NT
enema ready to use 19-7 gram/118 ml	$0 (Tier 3)	NT
enulose oral solution 10 gram/15 ml	$0 (Tier 1)	
fiber powder 3 gram/7 gram	$0 (Tier 3)	NT
fleet enema 19-7 gram/118 ml	$0 (Tier 3)	NT

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
fleet enema 2x133ml, twin pack 19-7 gram/118 ml	$0 (Tier 3)	NT
fleet enema 4x133ml 19-7 gram/118 ml	$0 (Tier 3)	NT
FLEET PEDIA-LAX ENEMA 9.5-3.5 GRAM/59 ML	$0 (Tier 3)	NT
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	$0 (Tier 2)	PA; LA; ^
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	$0 (Tier 2)	PA; LA; ^
gavilax powder 14 day 17 gram/dose	$0 (Tier 3)	NT
gavilax powder 30 day 17 gram/dose	$0 (Tier 3)	NT
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	$0 (Tier 1)	
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	$0 (Tier 1)	
generlac oral solution 10 gram/15 ml	$0 (Tier 1)	
gentle laxative 10 mg supp	$0 (Tier 3)	NT
gentle laxative ec 5 mg tablet	$0 (Tier 3)	NT
gentlelax powder 30 once-daily doses 17 gram/dose	$0 (Tier 3)	NT
gnp gentle laxative 10 mg supp	$0 (Tier 3)	NT
gnp gentle laxative ec 5 mg tb	$0 (Tier 3)	NT
gnp stool softener 100 mg sfgl	$0 (Tier 3)	NT
gnp stool softener 240 mg sfgl	$0 (Tier 3)	NT
gnp stool softener 250 mg sfgl	$0 (Tier 3)	NT
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	$0 (Tier 2)	
granisetron (pf) intravenous solution 1 mg/ml (1 ml)	$0 (Tier 1)	
granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)	$0 (Tier 1)	
granisetron hcl oral tablet 1 mg	$0 (Tier 1)	B/D
gs clearlax powder 17 gram/dose	$0 (Tier 3)	NT
gs stool softener 100 mg sftgl	$0 (Tier 3)	NT
healthylax powder packet inner 17 gram	$0 (Tier 3)	NT
healthylax powder packet outer 17 gram	$0 (Tier 3)	NT
HEARTBURN RELIEF LIQUID 254-237.5 MG/5 ML	$0 (Tier 3)	NT
hm antacid anti-gas suspension original, max str 400-400-40 mg/5 ml	$0 (Tier 3)	NT
hm antacid-antigas suspension 200-200-20 mg/5 ml	$0 (Tier 3)	NT
hm clearlax powder 17 gram/dose	$0 (Tier 3)	NT

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
hm clearlax powder 7 once-daily doses 17 gram/dose	$0 (Tier 3)	NT
hm enema ready to use 19-7 gram/118 ml	$0 (Tier 3)	NT
hm enema ready to use twin pak 19-7 gram/118 ml	$0 (Tier 3)	NT
hm gentle laxative 10 mg supp	$0 (Tier 3)	NT
hm laxative ec 5 mg tablet	$0 (Tier 3)	NT
hm stool softener 100 mg sftgl	$0 (Tier 3)	NT
hm stool softener 250 mg sftgl	$0 (Tier 3)	NT
hydrocortisone rectal enema 100 mg/60 ml	$0 (Tier 1)	
hydrocortisone topical cream with perineal applicator 1 %, 2.5 %	$0 (Tier 1)	
kro gentlelax 17 gram powder 17 gram/dose	$0 (Tier 3)	NT
lactulose oral solution 10 gram/15 ml, 10 gram/15 ml (15 ml), 20 gram/30 ml	$0 (Tier 1)	
laxative ec 5 mg tablet	$0 (Tier 3)	NT
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	$0 (Tier 2)	QL (30 EA per 30 days)
lubiprostone oral capsule 24 mcg, 8 mcg	$0 (Tier 1)	QL (60 EA per 30 days)
MAG-AL LIQUID 30 ML CUP 200-200 MG/5 ML	$0 (Tier 3)	NT
mag-al plus suspens 30 ml cup 100's,u-d,10x10 200-200-20 mg/5 ml	$0 (Tier 3)	NT
mag-al plus suspension cup outer 200-200-20 mg/5 ml	$0 (Tier 3)	NT
mag-al plus xs susp 30 ml cup 400-400-40 mg/5 ml	$0 (Tier 3)	NT
magnesium oxide 400 mg tablet (otc) 400 mg (241.3 mg magnesium)	$0 (Tier 3)	NT
MAGNESIUM OXIDE 400 MG TABLET (OTC) 400 MG (241.3 MG MAGNESIUM)	$0 (Tier 3)	NT
meclizine oral tablet 12.5 mg, 25 mg	$0 (Tier 2)	
mesalamine oral capsule (with del rel tablets) 400 mg	$0 (Tier 1)	QL (180 EA per 30 days)
mesalamine oral capsule,extended release 24hr 0.375 gram	$0 (Tier 1)	QL (120 EA per 30 days)
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg	$0 (Tier 1)	
mesalamine rectal enema 4 gram/60 ml	$0 (Tier 1)	
mesalamine rectal suppository 1,000 mg	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml	$0 (Tier 1)	
metoclopramide hcl injection solution 5 mg/ml	$0 (Tier 1)	
metoclopramide hcl injection syringe 5 mg/ml	$0 (Tier 1)	
metoclopramide hcl oral solution 5 mg/5 ml	$0 (Tier 1)	
metoclopramide hcl oral tablet 10 mg, 5 mg	$0 (Tier 1)	
mintox maximum strength susp max str, lemon creme 400-400-40 mg/5 ml	$0 (Tier 3)	NT
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	$0 (Tier 2)	QL (30 EA per 30 days)
OCALIVA ORAL TABLET 10 MG, 5 MG	$0 (Tier 2)	PA; LA; QL (30 EA per 30 days); ^
ondansetron hcl (pf) injection solution 4 mg/2 ml	$0 (Tier 1)	
ondansetron hcl (pf) injection syringe 4 mg/2 ml	$0 (Tier 1)	
ondansetron hcl intravenous solution 2 mg/ml	$0 (Tier 1)	
ondansetron hcl oral solution 4 mg/5 ml	$0 (Tier 1)	
ondansetron hcl oral tablet 4 mg, 8 mg	$0 (Tier 1)	
ondansetron oral tablet,disintegrating 4 mg, 8 mg	$0 (Tier 1)	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	$0 (Tier 1)	
peg-electrolyte soln oral recon soln 420 gram	$0 (Tier 1)	
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	$0 (Tier 2)	
polyethylene glycol 3350 powd (otc) 17 gram/dose	$0 (Tier 3)	NT
polyethylene glycol 3350 powd 14 once-daily doses (otc) 17 gram/dose	$0 (Tier 3)	NT
polyethylene glycol 3350 powd 17 grams pkt,inner (otc)	$0 (Tier 3)	NT
polyethylene glycol 3350 powd 17 grams pkts,outer (otc)	$0 (Tier 3)	NT
polyethylene glycol 3350 powd 30 once-daily doses (otc) 17 gram/dose	$0 (Tier 3)	NT
polyethylene glycol 3350 powd 7 once-daily doses (otc) 17 gram/dose	$0 (Tier 3)	NT
polyethylene glycol 3350 powd inner (otc) 17 gram	$0 (Tier 3)	NT
polyethylene glycol 3350 powd outer (otc) 17 gram	$0 (Tier 3)	NT

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)	$0 (Tier 1)	
prochlorperazine maleate oral tablet 10 mg, 5 mg	$0 (Tier 1)	
prochlorperazine rectal suppository 25 mg	$0 (Tier 1)	
procto-med hc topical cream with perineal applicator 2.5 %	$0 (Tier 1)	
proctosol hc topical cream with perineal applicator 2.5 %	$0 (Tier 1)	
proctozone-hc topical cream with perineal applicator 2.5 %	$0 (Tier 1)	
qc antacid suspension regular strength 200-200-20 mg/5 ml	$0 (Tier 3)	NT
qc antacid-antigas max str 400-400-40 mg/5 ml	$0 (Tier 3)	NT
qc antacid-antigas suspension regular strength 200-200-20 mg/5 ml	$0 (Tier 3)	NT
qc gentle laxative 10 mg supp	$0 (Tier 3)	NT
qc natura-lax 17 gm powder 17 gram/dose	$0 (Tier 3)	NT
qc ready to use enema 19-7 gram/118 ml	$0 (Tier 3)	NT
qc ready to use enema twin pack 19-7 gram/118 ml	$0 (Tier 3)	NT
qc stool softener 100 mg sftgl	$0 (Tier 3)	NT
RECTIV RECTAL OINTMENT 0.4 % (W/W)	$0 (Tier 2)	QL (30 GM per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	$0 (Tier 2)	PA; ^
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	$0 (Tier 2)	PA; ^
REMICADE INTRAVENOUS RECON SOLN 100 MG	$0 (Tier 2)	PA; ^
scopolamine base transdermal patch 3 day 1 mg over 3 days	$0 (Tier 2)	PA; QL (10 EA per 30 days)
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	$0 (Tier 2)	PA; QL (30 ML per 135 days); ^
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	$0 (Tier 2)	PA; QL (1.2 ML per 56 days); ^
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	$0 (Tier 2)	PA; QL (2.4 ML per 56 days); ^
sm adv antacid-antigas liquid 200-200-20 mg/5 ml	$0 (Tier 3)	NT
sm adv antacid-antigas susp max strength, cherry 400-400-40 mg/5 ml	$0 (Tier 3)	NT
sm antacid max strength susp original 400-400-40 mg/5 ml	$0 (Tier 3)	NT
sm antacid-antigas liquid 200-200-20 mg/5 ml	$0 (Tier 3)	NT

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
sm clearlax powder 17 gram/dose	$0 (Tier 3)	NT
sm clearlax powder 7 once-daily doses 17 gram/dose	$0 (Tier 3)	NT
sm enema ready to use 19-7 gram/118 ml	$0 (Tier 3)	NT
sm enema ready to use twin pak 19-7 gram/118 ml	$0 (Tier 3)	NT
sm gentle laxative ec 5 mg tab	$0 (Tier 3)	NT
sm stool softener 100 mg sftgl	$0 (Tier 3)	NT
sodium bicarb 10 grain tablet 650 mg	$0 (Tier 3)	NT
sodium bicarb 325 mg tablet	$0 (Tier 3)	NT
sodium bicarb 650 mg tablet 10 gr	$0 (Tier 3)	NT
sodium bicarb 650 mg tablet	$0 (Tier 3)	NT
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram, 17.5-3.13-1.6 gram 2 pack (480ml)	$0 (Tier 1)	
stool softener 100 mg softgel	$0 (Tier 3)	NT
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	$0 (Tier 2)	PA; ^
sulfasalazine oral tablet 500 mg	$0 (Tier 1)	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	$0 (Tier 1)	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	$0 (Tier 2)	
TRULANCE ORAL TABLET 3 MG	$0 (Tier 2)	
ursodiol oral capsule 300 mg	$0 (Tier 1)	
ursodiol oral tablet 250 mg, 500 mg	$0 (Tier 1)	
women's gentle lax ec 5 mg tab	$0 (Tier 3)	NT
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	$0 (Tier 2)	
ULCER THERAPY		
acid controller 20 mg tablet maximum strength	$0 (Tier 3)	NT
acid reducer 10 mg tablet	$0 (Tier 3)	NT
acid reducer 10 mg tablet original strength	$0 (Tier 3)	NT
acid reducer 20 mg tablet	$0 (Tier 3)	NT
acid reducer 20 mg tablet maximum strength	$0 (Tier 3)	NT

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
acid reducer 20 mg tablet max-str	$0 (Tier 3)	NT
acid reducer complete tab chew 10-800-165 mg	$0 (Tier 3)	NT
CARAFATE ORAL SUSPENSION 100 MG/ML	$0 (Tier 2)	
dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg	$0 (Tier 1)	
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	$0 (Tier 1)	
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	$0 (Tier 1)	QL (60 EA per 30 days)
famotidine (pf) intravenous solution 20 mg/2 ml	$0 (Tier 1)	
famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml	$0 (Tier 1)	
famotidine 10 mg tablet	$0 (Tier 3)	NT
famotidine 20 mg tablet (otc)	$0 (Tier 3)	NT
famotidine intravenous solution 10 mg/ml	$0 (Tier 1)	
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)	$0 (Tier 1)	QL (300 ML per 30 days)
famotidine oral tablet 20 mg	$0 (Tier 1)	QL (120 EA per 30 days)
famotidine oral tablet 40 mg	$0 (Tier 1)	QL (60 EA per 30 days)
gs acid reducer 10 mg tablet	$0 (Tier 3)	NT
gs acid reducer 20 mg tablet	$0 (Tier 3)	NT
gs lansoprazole dr 15 mg cap (otc)	$0 (Tier 3)	NT
gs omeprazole dr 20 mg tablet 14 day course	$0 (Tier 3)	NT
gs omeprazole dr 20 mg tablet	$0 (Tier 3)	NT
heartburn relief 10 mg tablet	$0 (Tier 3)	NT
heartburn relief 20 mg tablet	$0 (Tier 3)	NT
hm dual action complete tb chw 10-800-165 mg	$0 (Tier 3)	NT
hm omeprazole dr 20 mg tablet 1x14 day course	$0 (Tier 3)	NT
hm omeprazole dr 20 mg tablet 2x14 day course	$0 (Tier 3)	NT
lansoprazole dr 15 mg capsule (otc)	$0 (Tier 3)	NT
lansoprazole dr 15 mg capsule 1x14 day course (otc)	$0 (Tier 3)	NT
lansoprazole dr 15 mg capsule 3x14 day course (otc)	$0 (Tier 3)	NT

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	$0 (Tier 1)	
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	$0 (Tier 1)	QL (60 EA per 30 days)
lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg	$0 (Tier 1)	
misoprostol oral tablet 100 mcg, 200 mcg	$0 (Tier 1)	
nizatidine oral capsule 150 mg, 300 mg	$0 (Tier 1)	
omeprazole dr 20 mg tablet 14 day course	$0 (Tier 3)	NT
omeprazole dr 20 mg tablet 1x14 day course	$0 (Tier 3)	NT
omeprazole dr 20 mg tablet	$0 (Tier 3)	NT
omeprazole dr 20 mg tablet 2x14 day course	$0 (Tier 3)	NT
omeprazole dr 20 mg tablet 3x14 day course	$0 (Tier 3)	NT
omeprazole mag dr 20.6 mg cap three 14-day course 20 mg	$0 (Tier 3)	NT
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg	$0 (Tier 1)	
omeprazole oral capsule,delayed release(dr/ec) 40 mg	$0 (Tier 1)	QL (60 EA per 30 days)
pantoprazole intravenous recon soln 40 mg	$0 (Tier 1)	
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	$0 (Tier 1)	
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	$0 (Tier 1)	QL (60 EA per 30 days)
pub acid reducer 10 mg tablet original strength	$0 (Tier 3)	NT
qc acid controller 10 mg tab	$0 (Tier 3)	NT
qc lansoprazole dr 15 mg cap (otc)	$0 (Tier 3)	NT
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	$0 (Tier 1)	
sm acid reducer 10 mg tablet	$0 (Tier 3)	NT
sm acid reducer 20 mg tablet	$0 (Tier 3)	NT
sm acid reducer 20 mg tablet maximum strength	$0 (Tier 3)	NT
sm lansoprazole dr 15 mg cap gluten-free,1 bottle (otc)	$0 (Tier 3)	NT
sm omeprazole dr 20 mg tablet 2x14 day course	$0 (Tier 3)	NT
sm omeprazole dr 20 mg tablet 3x14 day course	$0 (Tier 3)	NT
sucralfate oral suspension 100 mg/ml	$0 (Tier 1)	
sucralfate oral tablet 1 gram	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	$0 (Tier 2)	PA-NS; LA; ^
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	$0 (Tier 2)	PA; LA; ^
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	$0 (Tier 2)	PA-NS; LA; ^
BETASERON SUBCUTANEOUS KIT 0.3 MG	$0 (Tier 2)	PA-NS; QL (14 EA per 28 days); ^
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	$0 (Tier 2)	PA; ^
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	$0 (Tier 2)	PA; ^
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	$0 (Tier 2)	PA; QL (4 ML per 28 days); ^
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	$0 (Tier 2)	PA; QL (2 ML per 28 days); ^
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	$0 (Tier 2)	PA
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	$0 (Tier 2)	PA; ^
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	$0 (Tier 2)	PA; ^
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	$0 (Tier 2)	PA; ^
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	$0 (Tier 2)	NM
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	$0 (Tier 2)	NM
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	$0 (Tier 2)	NM
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	$0 (Tier 2)	NM
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	$0 (Tier 2)	NM
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	$0 (Tier 2)	NM

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	$0 (Tier 2)	NM
BIVIGAM INTRAVENOUS SOLUTION 10 %	$0 (Tier 2)	PA; NM; LA; ^
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	$0 (Tier 2)	NM
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	$0 (Tier 2)	NM
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	$0 (Tier 2)	NM
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	$0 (Tier 2)	NM
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	$0 (Tier 2)	B/D; NM
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	$0 (Tier 2)	B/D; NM
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	$0 (Tier 2)	B/D; NM
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %	$0 (Tier 2)	PA; NM; ^
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	$0 (Tier 2)	NM
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	$0 (Tier 2)	PA; NM; ^
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	$0 (Tier 2)	PA; NM; ^
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	$0 (Tier 2)	PA; NM; ^
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	$0 (Tier 2)	PA; NM; LA; ^
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	$0 (Tier 2)	PA; NM; LA; ^
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	$0 (Tier 2)	PA; NM; ^
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	$0 (Tier 2)	NM
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	$0 (Tier 2)	NM
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	$0 (Tier 2)	NM

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	$0 (Tier 2)	B/D; NM
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	$0 (Tier 2)	NM
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	$0 (Tier 2)	NM
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	$0 (Tier 2)	NM
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	$0 (Tier 2)	NM
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	$0 (Tier 2)	NM
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	$0 (Tier 2)	NM
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	$0 (Tier 2)	NM
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	$0 (Tier 2)	NM
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	$0 (Tier 2)	NM
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	$0 (Tier 2)	NM
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	$0 (Tier 2)	NM
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	$0 (Tier 2)	NM
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	$0 (Tier 2)	NM
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	$0 (Tier 2)	NM
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	$0 (Tier 2)	PA; NM; ^
PANZYGA INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML), 10 % (25 ML), 10 % (300 ML), 10 % (50 ML)	$0 (Tier 2)	PA; NM; ^
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	$0 (Tier 2)	NM
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	$0 (Tier 2)	NM
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	$0 (Tier 2)	NM

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU - 10 MCG/0.5ML	$0 (Tier 2)	NM
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	$0 (Tier 2)	B/D; NM
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	$0 (Tier 2)	NM
PRIVIGEN INTRAVENOUS SOLUTION 10 %	$0 (Tier 2)	PA; NM; ^
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	$0 (Tier 2)	NM
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML, 15 LF-48 MCG- 5 LF UNIT/0.5ML (58 UNT/ML)	$0 (Tier 2)	NM
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG-5 LF UNIT/0.5ML	$0 (Tier 2)	NM
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	$0 (Tier 2)	NM
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	$0 (Tier 2)	B/D; NM
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	$0 (Tier 2)	B/D; NM
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	$0 (Tier 2)	NM
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	$0 (Tier 2)	NM
ROTATEQ VACCINE ORAL SOLUTION 2 ML	$0 (Tier 2)	NM
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	$0 (Tier 2)	A third dose may be considered in post-transplant members (PA required).; NM; QL (2 EA per 999 days)
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	$0 (Tier 2)	NM
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	$0 (Tier 2)	NM
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	$0 (Tier 2)	NM
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	$0 (Tier 2)	NM

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
TETANUS,DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	$0 (Tier 2)	NM
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	$0 (Tier 2)	NM
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	$0 (Tier 2)	NM
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT-20 MCG/ML	$0 (Tier 2)	NM
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	$0 (Tier 2)	NM
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	$0 (Tier 2)	NM
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	$0 (Tier 2)	NM
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	$0 (Tier 2)	NM
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	$0 (Tier 2)	NM
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	$0 (Tier 2)	NM
MISCELLANEOUS SUPPLIES		
MISCELLANEOUS SUPPLIES		
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2"	$0 (Tier 2)	
BINAXNOW COVD AG CARD HOME TEST (EUA)	$0 (Tier 3)	NT; QL (1 EA per 1 day)
BINAXNOW COVID-19 AG SELF TEST (EUA)	$0 (Tier 3)	NT; QL (1 EA per 1 day)
CARESTART COVID-19 AG HOME TEST (EUA)	$0 (Tier 3)	NT; QL (1 EA per 1 day)
CELLTRION DIATRUST COV-19 HOME (EUA)	$0 (Tier 3)	NT; QL (1 EA per 1 day)
CLINITEST COVID-19 HOME TEST (EUA)	$0 (Tier 3)	NT; QL (1 EA per 1 day)
COVID-19 AT-HOME TEST (EUA)	$0 (Tier 3)	NT; QL (1 EA per 1 day)
CVS COVID-19 AT-HOME TEST (EUA)	$0 (Tier 3)	NT; QL (1 EA per 1 day)
ELLUME COVID-19 HOME TEST (EUA)	$0 (Tier 3)	NT; QL (1 EA per 1 day)
FLOWFLEX COVID-19 AG HOME TEST (EUA)	$0 (Tier 3)	NT; QL (1 EA per 1 day)
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	$0 (Tier 2)	
GENABIO COVID-19 RAPID AT-HOME (EUA)	$0 (Tier 3)	NT; QL (1 EA per 1 day)

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
IHEALTH COVID-19 AG HOME TEST (EUA)	$0 (Tier 3)	NT; QL (1 EA per 1 day)
INDICAID COVID-19 AG HOME TEST (EUA)	$0 (Tier 3)	NT; QL (1 EA per 1 day)
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	$0 (Tier 2)	BD Preferred
INTELISWAB COVID-19 HOME TEST (EUA)	$0 (Tier 3)	NT; QL (1 EA per 1 day)
LUCIRA CHECK-IT COVID-19 HOME TEST (EUA)	$0 (Tier 3)	NT; QL (1 EA per 1 day)
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	$0 (Tier 2)	PA; QL (1 EA per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	$0 (Tier 2)	PA; QL (15 EA per 30 days)
OMNIPOD CLASSIC PDM KIT(GEN 3)	$0 (Tier 2)	PA; QL (1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	$0 (Tier 2)	PA; QL (15 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	$0 (Tier 2)	PA; QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	$0 (Tier 2)	PA; QL (15 EA per 30 days)
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE	$0 (Tier 2)	PA; QL (15 EA per 30 days)
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE	$0 (Tier 2)	PA; QL (15 EA per 30 days)
OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE	$0 (Tier 2)	PA; QL (15 EA per 30 days)
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE	$0 (Tier 2)	PA; QL (15 EA per 30 days)
OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE	$0 (Tier 2)	PA; QL (15 EA per 30 days)
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE	$0 (Tier 2)	PA; QL (15 EA per 30 days)
ON-GO COVID-19 AG AT HOME TEST (EUA)	$0 (Tier 3)	NT; QL (1 EA per 1 day)
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	$0 (Tier 2)	BD Preferred
PILOT COVID-19 AT-HOME TEST (EUA)	$0 (Tier 3)	NT; QL (1 EA per 1 day)
QUICKVUE AT-HOME COVID-19 TEST (EUA)	$0 (Tier 3)	NT; QL (1 EA per 1 day)
SPEEDYSWAB COVID-19 HOME TEST (EUA)	$0 (Tier 3)	NT; QL (1 EA per 1 day)
V-GO 20 DEVICE	$0 (Tier 2)	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
V-GO 30 DEVICE	$0 (Tier 2)	PA; QL (30 EA per 30 days)
V-GO 40 DEVICE	$0 (Tier 2)	PA; QL (30 EA per 30 days)
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
allopurinol oral tablet 100 mg, 300 mg	$0 (Tier 1)	
colchicine oral tablet 0.6 mg	$0 (Tier 1)	QL (120 EA per 30 days)
febuxostat oral tablet 40 mg, 80 mg	$0 (Tier 1)	
MITIGARE ORAL CAPSULE 0.6 MG	$0 (Tier 2)	QL (60 EA per 30 days)
probenecid oral tablet 500 mg	$0 (Tier 1)	
probenecid-colchicine oral tablet 500-0.5 mg	$0 (Tier 1)	
OSTEOPOROSIS THERAPY		
alendronate oral solution 70 mg/75 ml	$0 (Tier 1)	QL (300 ML per 28 days)
alendronate oral tablet 10 mg	$0 (Tier 1)	QL (30 EA per 30 days)
alendronate oral tablet 35 mg, 70 mg	$0 (Tier 1)	QL (4 EA per 28 days)
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	$0 (Tier 2)	PA; ^
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG-5,600 UNIT	$0 (Tier 2)	ST; QL (4 EA per 28 days)
ibandronate intravenous solution 3 mg/3 ml	$0 (Tier 1)	QL (3 ML per 68 days)
ibandronate intravenous syringe 3 mg/3 ml	$0 (Tier 1)	QL (3 ML per 68 days)
ibandronate oral tablet 150 mg	$0 (Tier 1)	QL (1 EA per 30 days)
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	$0 (Tier 2)	QL (1 ML per 180 days)
raloxifene oral tablet 60 mg	$0 (Tier 1)	
risedronate oral tablet 150 mg	$0 (Tier 1)	QL (1 EA per 30 days)
risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	$0 (Tier 1)	QL (4 EA per 28 days)
risedronate oral tablet 5 mg	$0 (Tier 1)	QL (30 EA per 30 days)
risedronate oral tablet,delayed release (dr/ec) 35 mg	$0 (Tier 1)	QL (4 EA per 28 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	$0 (Tier 2)	Only Teriparatide NDC 47781065289 is covered; PA; QL (2.48 ML per 28 days); ^
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	$0 (Tier 2)	PA; ^

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	$0 (Tier 2)	PA; QL (3.6 ML per 28 days); ^
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	$0 (Tier 2)	PA; QL (3.6 ML per 28 days); ^
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	$0 (Tier 2)	PA; LA; ^
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	$0 (Tier 2)	PA; LA; QL (8 ML per 28 days); ^
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	$0 (Tier 2)	PA; LA; QL (8 ML per 28 days); ^
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	$0 (Tier 2)	PA; QL (6 EA per 180 days); ^
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	$0 (Tier 2)	PA; QL (4 EA per 180 days); ^
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	$0 (Tier 2)	PA; QL (4 EA per 28 days); ^
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	$0 (Tier 2)	PA; QL (2 EA per 28 days); ^
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML	$0 (Tier 2)	PA; QL (4 EA per 28 days); ^
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	$0 (Tier 2)	PA; QL (8 ML per 28 days); ^
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	$0 (Tier 2)	PA; QL (8 ML per 28 days); ^
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	$0 (Tier 2)	PA; QL (8 ML per 28 days); ^
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	$0 (Tier 2)	PA; QL (8 ML per 28 days); ^
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	$0 (Tier 2)	Only Humira NDCs starting 00074 are covered; PA; QL (6 EA per 28 days); ^
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	$0 (Tier 2)	Only Humira NDCs starting 00074 are covered; PA; QL (6 EA per 28 days); ^
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	$0 (Tier 2)	Only Humira NDCs starting 00074 are covered; PA; ^
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	$0 (Tier 2)	Only Humira NDCs starting 00074 are covered; PA; ^
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	$0 (Tier 2)	Only Humira NDCs starting 00074 are covered; PA; ^

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	$0 (Tier 2)	Only Humira NDCs starting 00074 are covered; PA; ^
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	$0 (Tier 2)	Only Humira NDCs starting 00074 are covered; PA; QL (6 EA per 28 days); ^
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	$0 (Tier 2)	Only Humira NDCs starting 00074 are covered; PA; QL (4 EA per 28 days); ^
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	$0 (Tier 2)	Only Humira NDCs starting 00074 are covered; PA; QL (2 EA per 28 days); ^
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	$0 (Tier 2)	Only Humira NDCs starting 00074 are covered; PA; QL (6 EA per 28 days); ^
IDACIO(CF) PEN CROHN-UC STARTR SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	$0 (Tier 2)	PA; QL (6 EA per 180 days); ^
IDACIO(CF) PEN PSORIASIS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	$0 (Tier 2)	PA; QL (4 EA per 28 days); ^
IDACIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	$0 (Tier 2)	PA; QL (4 EA per 180 days); ^
IDACIO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	$0 (Tier 2)	PA; QL (4 EA per 28 days); ^
leflunomide oral tablet 10 mg, 20 mg	$0 (Tier 1)	QL (30 EA per 30 days)
OTEZLA ORAL TABLET 20 MG, 30 MG	$0 (Tier 2)	PA; QL (60 EA per 30 days); ^
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	$0 (Tier 2)	PA; QL (55 EA per 180 days); ^
penicillamine oral tablet 250 mg	$0 (Tier 2)	^
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	$0 (Tier 2)	PA; QL (30 EA per 30 days); ^
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	$0 (Tier 2)	PA; QL (84 EA per 180 days); ^
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	$0 (Tier 2)	PA; QL (60 EA per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	$0 (Tier 2)	PA
XELJANZ ORAL SOLUTION 1 MG/ML	$0 (Tier 2)	PA; QL (480 ML per 24 days); ^
XELJANZ ORAL TABLET 10 MG, 5 MG	$0 (Tier 2)	PA; QL (60 EA per 30 days); ^
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	$0 (Tier 2)	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
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	$0 (Tier 2)	
camila oral tablet 0.35 mg	$0 (Tier 1)	
deblitane oral tablet 0.35 mg	$0 (Tier 1)	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	$0 (Tier 2)	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	$0 (Tier 2)	
dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	$0 (Tier 2)	
emzahh oral tablet 0.35 mg	$0 (Tier 1)	
errin oral tablet 0.35 mg	$0 (Tier 1)	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	$0 (Tier 2)	
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	$0 (Tier 2)	
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	$0 (Tier 2)	
estradiol vaginal cream 0.01 % (0.1 mg/gram)	$0 (Tier 1)	
estradiol vaginal tablet 10 mcg	$0 (Tier 1)	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	$0 (Tier 1)	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	$0 (Tier 2)	
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	$0 (Tier 2)	
heather oral tablet 0.35 mg	$0 (Tier 1)	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	$0 (Tier 2)	
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG	$0 (Tier 2)	
incassia oral tablet 0.35 mg	$0 (Tier 1)	
jinteli oral tablet 1-5 mg-mcg	$0 (Tier 2)	
lyleq oral tablet 0.35 mg	$0 (Tier 1)	

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	$0 (Tier 2)	
lyza oral tablet 0.35 mg	$0 (Tier 1)	
medroxyprogesterone intramuscular suspension 150 mg/ml	$0 (Tier 1)	
medroxyprogesterone intramuscular syringe 150 mg/ml	$0 (Tier 1)	
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	$0 (Tier 1)	
mimvey oral tablet 1-0.5 mg	$0 (Tier 2)	
nora-be oral tablet 0.35 mg	$0 (Tier 1)	
norethindrone (contraceptive) oral tablet 0.35 mg	$0 (Tier 1)	
norethindrone acetate oral tablet 5 mg	$0 (Tier 1)	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	$0 (Tier 2)	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	$0 (Tier 2)	
progesterone intramuscular oil 50 mg/ml	$0 (Tier 1)	
progesterone micronized oral capsule 100 mg, 200 mg	$0 (Tier 1)	
sharobel oral tablet 0.35 mg	$0 (Tier 1)	
yuvafem vaginal tablet 10 mcg	$0 (Tier 1)	
MISCELLANEOUS OB/GYN		
3-day vaginal cream 2 %	$0 (Tier 3)	NT
clindamycin phosphate vaginal cream 2 %	$0 (Tier 1)	
clotrimazole 1% vaginal cream	$0 (Tier 3)	NT
clotrimazole-3 2% cream	$0 (Tier 3)	NT
eluryng vaginal ring 0.12-0.015 mg/24 hr	$0 (Tier 1)	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	$0 (Tier 1)	
GNP MICONAZOLE 1 COMBO PACK	$0 (Tier 3)	NT
gs miconazole 3 combo pack 200 mg- 2 % (9 gram)	$0 (Tier 3)	NT
gs miconazole 7 cream 2 %	$0 (Tier 3)	NT
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	$0 (Tier 1)	
miconazole 2% vaginal cream	$0 (Tier 3)	NT
miconazole 3 combo pack 200 mg- 2 % (9 gram)	$0 (Tier 3)	NT

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
miconazole 3 combo pack 3 sup,9gm crm w/app 200 mg- 2 % (9 gram)	$0 (Tier 3)	NT
miconazole 3 combo pack 3 supp w/9gm cream 200 mg- 2 % (9 gram)	$0 (Tier 3)	NT
miconazole 7 100 mg vag supp	$0 (Tier 3)	NT
miconazole 7 cream 2 %	$0 (Tier 3)	NT
miconazole 7 cream 2 %	$0 (Tier 3)	NT
miconazole 7 cream w/7 disp applicators 2 %	$0 (Tier 3)	NT
miconazole-7 cream 2 %	$0 (Tier 3)	NT
NEXPLANON SUBDERMAL IMPLANT 68 MG	$0 (Tier 2)	
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	$0 (Tier 1)	
qc clotrimazole 1% vag cream	$0 (Tier 3)	NT
qc miconazole-7 cream 1 applicator 2 %	$0 (Tier 3)	NT
sm 3-day vaginal cream 2 %	$0 (Tier 3)	NT
sm clotrimazole 1% vag cream	$0 (Tier 3)	NT
sm miconazole 2% vaginal cream w/disp applicators	$0 (Tier 3)	NT
sm miconazole 3 combo pack w/disposable applica 200 mg- 2 % (9 gram)	$0 (Tier 3)	NT
sm miconazole 7 100 mg vag sup	$0 (Tier 3)	NT
sm miconazole 7 cream w/reusable applic 2 %	$0 (Tier 3)	NT
sm tioconazole-1 6.5% ointment	$0 (Tier 3)	NT
terconazole vaginal cream 0.4 %, 0.8 %	$0 (Tier 1)	
terconazole vaginal suppository 80 mg	$0 (Tier 1)	
TIOCONAZOLE-1 6.5% OINTMENT	$0 (Tier 3)	NT
tranexamic acid oral tablet 650 mg	$0 (Tier 1)	
xulane transdermal patch weekly 150-35 mcg/24 hr	$0 (Tier 1)	
zafemy transdermal patch weekly 150-35 mcg/24 hr	$0 (Tier 1)	
ORAL CONTRACEPTIVES / RELATED AGENTS		
AFTERA 1.5 MG TABLET	$0 (Tier 3)	NT
altavera (28) oral tablet 0.15-0.03 mg	$0 (Tier 1)	
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	$0 (Tier 1)	
apri oral tablet 0.15-0.03 mg	$0 (Tier 1)	
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg	$0 (Tier 1)	
aubra eq oral tablet 0.1-20 mg-mcg	$0 (Tier 1)	
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	$0 (Tier 1)	
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	$0 (Tier 1)	
aviane oral tablet 0.1-20 mg-mcg	$0 (Tier 1)	
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	$0 (Tier 1)	
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	$0 (Tier 1)	
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	$0 (Tier 1)	
camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	$0 (Tier 1)	
cryselle (28) oral tablet 0.3-30 mg-mcg	$0 (Tier 1)	
cyred eq oral tablet 0.15-0.03 mg	$0 (Tier 1)	
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	$0 (Tier 1)	
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	$0 (Tier 1)	
daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	$0 (Tier 1)	
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	$0 (Tier 1)	
desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg	$0 (Tier 1)	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	$0 (Tier 1)	
econtra ez 1.5 mg tablet inner	$0 (Tier 3)	NT
econtra ez 1.5 mg tablet outer	$0 (Tier 3)	NT
econtra one-step 1.5 mg tablet inner	$0 (Tier 3)	NT
econtra one-step 1.5 mg tablet outer	$0 (Tier 3)	NT
elinest oral tablet 0.3-30 mg-mcg	$0 (Tier 1)	
emoquette oral tablet 0.15-0.03 mg	$0 (Tier 1)	
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
enskyce oral tablet 0.15-0.03 mg	$0 (Tier 1)	
estarylla oral tablet 0.25-35 mg-mcg	$0 (Tier 1)	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	$0 (Tier 1)	
falmina (28) oral tablet 0.1-20 mg-mcg	$0 (Tier 1)	
introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	$0 (Tier 1)	
isibloom oral tablet 0.15-0.03 mg	$0 (Tier 1)	
jasmiel (28) oral tablet 3-0.02 mg	$0 (Tier 1)	
jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	$0 (Tier 1)	
juleber oral tablet 0.15-0.03 mg	$0 (Tier 1)	
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	$0 (Tier 1)	
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	$0 (Tier 1)	
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	$0 (Tier 1)	
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	$0 (Tier 1)	
kelnor 1/50 (28) oral tablet 1-50 mg-mcg	$0 (Tier 1)	
kurvelo (28) oral tablet 0.15-0.03 mg	$0 (Tier 1)	
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)	$0 (Tier 1)	
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	$0 (Tier 1)	
larin 1/20 (21) oral tablet 1-20 mg-mcg	$0 (Tier 1)	
larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	$0 (Tier 1)	
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	$0 (Tier 1)	
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	$0 (Tier 1)	
lessina oral tablet 0.1-20 mg-mcg	$0 (Tier 1)	
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	$0 (Tier 1)	
levonorgestrel 1.5 mg tablet (otc)	$0 (Tier 3)	NT
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	$0 (Tier 1)	
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	$0 (Tier 1)	
levora-28 oral tablet 0.15-0.03 mg	$0 (Tier 1)	
loryna (28) oral tablet 3-0.02 mg	$0 (Tier 1)	
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	$0 (Tier 1)	
lutera (28) oral tablet 0.1-20 mg-mcg	$0 (Tier 1)	
marlissa (28) oral tablet 0.15-0.03 mg	$0 (Tier 1)	
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	$0 (Tier 1)	
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	$0 (Tier 1)	
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	$0 (Tier 1)	
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	$0 (Tier 1)	
mili oral tablet 0.25-35 mg-mcg	$0 (Tier 1)	
mono-linyah oral tablet 0.25-35 mg-mcg	$0 (Tier 1)	
my choice 1.5 mg tablet	$0 (Tier 3)	NT
my way 1.5 mg tablet (otc)	$0 (Tier 3)	NT
new day 1.5 mg tablet	$0 (Tier 3)	NT
nikki (28) oral tablet 3-0.02 mg	$0 (Tier 1)	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	$0 (Tier 1)	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)	$0 (Tier 1)	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg	$0 (Tier 1)	
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	$0 (Tier 1)	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)	$0 (Tier 1)	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	$0 (Tier 1)	
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	$0 (Tier 1)	
opcicon one-step 1.5 mg tablet	$0 (Tier 3)	NT

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
option 2 1.5 mg tablet	$0 (Tier 3)	NT
philith oral tablet 0.4-35 mg-mcg	$0 (Tier 1)	
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	$0 (Tier 1)	
pirmella oral tablet 1-35 mg-mcg	$0 (Tier 1)	
portia 28 oral tablet 0.15-0.03 mg	$0 (Tier 1)	
reclipsen (28) oral tablet 0.15-0.03 mg	$0 (Tier 1)	
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	$0 (Tier 1)	
sprintec (28) oral tablet 0.25-35 mg-mcg	$0 (Tier 1)	
sronyx oral tablet 0.1-20 mg-mcg	$0 (Tier 1)	
syeda oral tablet 3-0.03 mg	$0 (Tier 1)	
TAKE ACTION 1.5 MG TABLET	$0 (Tier 3)	NT
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	$0 (Tier 1)	
tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	$0 (Tier 1)	
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	$0 (Tier 1)	
tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	$0 (Tier 1)	
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	$0 (Tier 1)	
tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	$0 (Tier 1)	
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg	$0 (Tier 1)	
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg	$0 (Tier 1)	
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg	$0 (Tier 1)	
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg	$0 (Tier 1)	
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	$0 (Tier 1)	
trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	$0 (Tier 1)	
turqoz (28) oral tablet 0.3-30 mg-mcg	$0 (Tier 1)	
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg	$0 (Tier 1)	
vestura (28) oral tablet 3-0.02 mg	$0 (Tier 1)	
vienva oral tablet 0.1-20 mg-mcg	$0 (Tier 1)	
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	$0 (Tier 1)	
wera (28) oral tablet 0.5-35 mg-mcg	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
zovia 1-35 (28) oral tablet 1-35 mg-mcg	$0 (Tier 1)	
zumandimine (28) oral tablet 3-0.03 mg	$0 (Tier 1)	
OPHTHALMOLOGY		
ANTIBIOTICS		
ak-poly-bac ophthalmic (eye) ointment 500-10,000 unit/gram	$0 (Tier 1)	
bacitracin ophthalmic (eye) ointment 500 unit/gram	$0 (Tier 1)	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	$0 (Tier 1)	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	$0 (Tier 2)	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	$0 (Tier 2)	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	$0 (Tier 1)	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	$0 (Tier 1)	
gatifloxacin ophthalmic (eye) drops 0.5 %	$0 (Tier 1)	
gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)	$0 (Tier 1)	
gentamicin ophthalmic (eye) drops 0.3 %	$0 (Tier 1)	
moxifloxacin ophthalmic (eye) drops 0.5 %	$0 (Tier 1)	
moxifloxacin ophthalmic (eye) drops, viscous 0.5 %	$0 (Tier 1)	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	$0 (Tier 2)	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	$0 (Tier 1)	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	$0 (Tier 1)	
ofloxacin ophthalmic (eye) drops 0.3 %	$0 (Tier 1)	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	$0 (Tier 1)	
tobramycin ophthalmic (eye) drops 0.3 %	$0 (Tier 1)	
ANTIVIRALS		
trifluridine ophthalmic (eye) drops 1 %	$0 (Tier 1)	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	$0 (Tier 2)	
BETA-BLOCKERS		
betaxolol ophthalmic (eye) drops 0.5 %	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
carteolol ophthalmic (eye) drops 1 %	$0 (Tier 1)	
levobunolol ophthalmic (eye) drops 0.5 %	$0 (Tier 1)	
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	$0 (Tier 1)	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	$0 (Tier 1)	
MISCELLANEOUS OPHTHALMOLOGICS		
alaway 0.025% eye drops 0.025 % (0.035 %)	$0 (Tier 3)	NT
artificial tears drops 0.5-0.6 %	$0 (Tier 3)	NT
atropine ophthalmic (eye) drops 1 %	$0 (Tier 1)	
ATROPINE SULFATE (PF) OPHTHALMIC (EYE) DROPPERETTE 1 %	$0 (Tier 1)	
azelastine ophthalmic (eye) drops 0.05 %	$0 (Tier 1)	
carboxymethylcell 0.5% eye drp	$0 (Tier 3)	NT
CARBOXYMETHYLCELL 0.5% EYE DRP	$0 (Tier 3)	NT
child's alaway 0.025% eye drop 0.025 % (0.035 %)	$0 (Tier 3)	NT
cromolyn ophthalmic (eye) drops 4 %	$0 (Tier 1)	
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	$0 (Tier 2)	PA; LA; ^
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	$0 (Tier 2)	PA; LA; ^
eye itch relief 0.025% drops 0.025 % (0.035 %)	$0 (Tier 3)	NT
GENTEAL TEARS SEVERE 0.3% GEL	$0 (Tier 3)	NT
GENTEAL TEARS SEVERE 3-94% OIN 94-3 %	$0 (Tier 3)	NT
gs lubricat plus 0.5% eye drps p/f, 30x0.4ml	$0 (Tier 3)	NT
ketotifen fum 0.035% eye drops (otc) 0.025 % (0.035 %)	$0 (Tier 3)	NT
LUBRICANT 0.5% EYE DROP	$0 (Tier 3)	NT
lubricant 0.5% eye drops	$0 (Tier 3)	NT
LUBRICANT EYE OINTMENT 57.3-42.5 %	$0 (Tier 3)	NT
lubricating plus 0.5% eye drps p/f, 30x0.4ml	$0 (Tier 3)	NT
lubricating plus 0.5% eye drps p/f, 50x0.4ml	$0 (Tier 3)	NT
lubrifresh pm eye ointment 83-15 %	$0 (Tier 3)	NT
olopatadine ophthalmic (eye) drops 0.1 %	$0 (Tier 1)	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	$0 (Tier 1)	
polyvinyl alcohol 1.4% eyedrop	$0 (Tier 3)	NT

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
REFRESH CELLUVISC 1% EYE GEL	$0 (Tier 3)	NT
REFRESH LACRI-LUBE OINTMENT 56.8-42.5 %	$0 (Tier 3)	NT
REFRESH LIQUIGEL 1% EYE DROP	$0 (Tier 3)	NT
REFRESH PLUS 0.5% EYE DROPS 30X0.4ML	$0 (Tier 3)	NT
REFRESH PLUS 0.5% EYE DROPS 70X0.4ML,U-D	$0 (Tier 3)	NT
REFRESH PLUS 0.5% EYE DROPS U-D,50X.4ML	$0 (Tier 3)	NT
REFRESH TEARS 0.5% EYE DROP	$0 (Tier 3)	NT
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	$0 (Tier 2)	QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	$0 (Tier 2)	QL (60 EA per 30 days)
sm lubricat plus 0.5% eye drps	$0 (Tier 3)	NT
sulfacetamide sodium ophthalmic (eye) drops 10 %	$0 (Tier 1)	
sulfacetamide sodium ophthalmic (eye) ointment 10 %	$0 (Tier 1)	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	$0 (Tier 1)	
SYSTANE NIGHTTIME EYE OINTMENT 94-3 %	$0 (Tier 3)	NT
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	$0 (Tier 2)	
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %	$0 (Tier 2)	PA; QL (10 ML per 42 days); ^
ZADITOR 0.025% (0.035%) DROPS UP TO 12 HRS (OTC)	$0 (Tier 3)	NT
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	$0 (Tier 2)	
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
bromfenac ophthalmic (eye) drops 0.09 %	$0 (Tier 1)	
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	$0 (Tier 2)	
diclofenac sodium ophthalmic (eye) drops 0.1 %	$0 (Tier 1)	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	$0 (Tier 1)	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	$0 (Tier 2)	
ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %	$0 (Tier 1)	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	$0 (Tier 2)	
ORAL DRUGS FOR GLAUCOMA		
acetazolamide oral capsule, extended release 500 mg	$0 (Tier 1)	
acetazolamide oral tablet 125 mg, 250 mg	$0 (Tier 1)	
methazolamide oral tablet 25 mg, 50 mg	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OTHER GLAUCOMA DRUGS		
brinzolamide ophthalmic (eye) drops,suspension 1 %	$0 (Tier 1)	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	$0 (Tier 2)	
dorzolamide ophthalmic (eye) drops 2 %	$0 (Tier 1)	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	$0 (Tier 1)	
latanoprost ophthalmic (eye) drops 0.005 %	$0 (Tier 1)	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	$0 (Tier 2)	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	$0 (Tier 2)	
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	$0 (Tier 2)	
travoprost ophthalmic (eye) drops 0.004 %	$0 (Tier 1)	
STEROID-ANTIBIOTIC COMBINATIONS		
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	$0 (Tier 1)	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	$0 (Tier 1)	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	$0 (Tier 1)	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	$0 (Tier 1)	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	$0 (Tier 2)	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	$0 (Tier 2)	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	$0 (Tier 1)	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	$0 (Tier 2)	
STEROIDS		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	$0 (Tier 2)	
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	$0 (Tier 1)	
difluprednate ophthalmic (eye) drops 0.05 %	$0 (Tier 1)	
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	$0 (Tier 2)	
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	$0 (Tier 1)	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	$0 (Tier 2)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	$0 (Tier 1)	
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	$0 (Tier 2)	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	$0 (Tier 2)	
apraclonidine ophthalmic (eye) drops 0.5 %	$0 (Tier 1)	
brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %	$0 (Tier 1)	
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
adrenalin injection solution 1 mg/ml (1 ml)	$0 (Tier 2)	
AHIST 25 MG TABLET	$0 (Tier 3)	NT
ala-hist ir 2 mg tablet	$0 (Tier 3)	NT
all day allergy 10 mg tablet	$0 (Tier 3)	NT
all day allergy 10 mg tablet indoor/outdoor 24 hr	$0 (Tier 3)	NT
aller-chlor 4 mg tablet	$0 (Tier 3)	NT
aller-g-time 25 mg caplet	$0 (Tier 3)	NT
allergy (loratadine) 10 mg tab	$0 (Tier 3)	NT
allergy 25 mg capsule	$0 (Tier 3)	NT
allergy 25 mg softgel d/f, gluten-free	$0 (Tier 3)	NT
allergy 25 mg tablet	$0 (Tier 3)	NT
allergy 4 mg tablet	$0 (Tier 3)	NT
allergy relief 10 mg tablet	$0 (Tier 3)	NT
allergy relief 10 mg tablet non-drowsy,24 hour	$0 (Tier 3)	NT
allergy relief 180 mg tablet	$0 (Tier 3)	NT
allergy relief 25 mg capsule	$0 (Tier 3)	NT
allergy relief 25 mg softgel	$0 (Tier 3)	NT
allergy relief 25 mg tablet	$0 (Tier 3)	NT
allergy relief 4 mg tablet	$0 (Tier 3)	NT
allergy relief 5 mg/5 ml soln	$0 (Tier 3)	NT
allergy rlf (cetrzn) 10 mg tab	$0 (Tier 3)	NT
allergy rlf (cetrzn) 5 mg tab	$0 (Tier 3)	NT

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
allergy rlf (fexo) 60 mg tab	$0 (Tier 3)	NT
banophen 25 mg capsule	$0 (Tier 3)	NT
banophen 25 mg tablet	$0 (Tier 3)	NT
banophen 50 mg capsule	$0 (Tier 3)	NT
cetirizine hcl 1 mg/ml soln children, grape (otc)	$0 (Tier 3)	NT
cetirizine hcl 1 mg/ml soln children's (otc)	$0 (Tier 3)	NT
cetirizine hcl 10 mg chew tab outer	$0 (Tier 3)	NT
cetirizine hcl 10 mg tablet	$0 (Tier 3)	NT
cetirizine hcl 10 mg tablet f/c,u-d,10x10,inner	$0 (Tier 3)	NT
cetirizine hcl 10 mg tablet f/c,u-d,10x10,outer	$0 (Tier 3)	NT
cetirizine hcl 10 mg tablet indoor & outdoor	$0 (Tier 3)	NT
cetirizine hcl 10 mg tablet indoor-outdoor,24hr	$0 (Tier 3)	NT
cetirizine hcl 10 mg tablet outer	$0 (Tier 3)	NT
cetirizine hcl 5 mg chew tab children's,outer,u-d	$0 (Tier 3)	NT
cetirizine hcl 5 mg tablet	$0 (Tier 3)	NT
cetirizine hcl 5 mg tablet indoor & outdoor	$0 (Tier 3)	NT
cetirizine hcl 5 mg/5 ml solution cup inner	$0 (Tier 3)	NT
cetirizine hcl 5 mg/5 ml solution cup outer	$0 (Tier 3)	NT
cetirizine oral solution 1 mg/ml	$0 (Tier 1)	
child all day allergy 1 mg/ml	$0 (Tier 3)	NT
child all day allergy 1 mg/ml	$0 (Tier 3)	NT
child all day allergy 1 mg/ml bubble gum	$0 (Tier 3)	NT
child allergy (fexo) 30 mg/5 ml	$0 (Tier 3)	NT
child allergy 5 mg/5 ml soln	$0 (Tier 3)	NT
child allergy relief 1 mg/ml	$0 (Tier 3)	NT
child allergy relief 5 mg/5 ml	$0 (Tier 3)	NT
child allergy rlf 12.5 mg/5 ml	$0 (Tier 3)	NT
child cetirizine 10 mg chew tb chewable, allergy	$0 (Tier 3)	NT
child cetirizine 5 mg chew tab	$0 (Tier 3)	NT
child cetirizine hcl 1 mg/ml	$0 (Tier 3)	NT
child diphenhydramin 25 mg/10 ml cup inner 12.5 mg/5 ml	$0 (Tier 3)	NT

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
child diphenhydramin 25 mg/10 ml cup outer 12.5 mg/5 ml	$0 (Tier 3)	NT
child loratadine 5 mg/5 ml sol	$0 (Tier 3)	NT
child loratadine 5 mg/5 ml syr	$0 (Tier 3)	NT
child loratadine 5 mg/5 ml syr grape	$0 (Tier 3)	NT
child's allergy 12.5 mg/5 ml cherry,child	$0 (Tier 3)	NT
chlorpheniramine 4 mg tablet	$0 (Tier 3)	NT
cyproheptadine oral tablet 4 mg	$0 (Tier 2)	PA
desloratadine oral tablet 5 mg	$0 (Tier 1)	
diphedryl 12.5 mg/5 ml elixir	$0 (Tier 3)	NT
diphenhydramine 12.5 mg/5 ml	$0 (Tier 3)	NT
diphenhydramine 12.5 mg/5 ml cup	$0 (Tier 3)	NT
diphenhydramine 12.5 mg/5 ml cup outer	$0 (Tier 3)	NT
diphenhydramine 25 mg caplet caplet	$0 (Tier 3)	NT
diphenhydramine 25 mg capsule (otc)	$0 (Tier 3)	NT
diphenhydramine 25 mg tablet	$0 (Tier 3)	NT
diphenhydramine 25 mg tablet inner	$0 (Tier 3)	NT
diphenhydramine 25 mg tablet outer	$0 (Tier 3)	NT
diphenhydramine 25 mg/10 ml cup 12.5 mg/5 ml	$0 (Tier 3)	NT
diphenhydramine 25 mg/10 ml cup outer 12.5 mg/5 ml	$0 (Tier 3)	NT
diphenhydramine 25 mg/10 ml outer 12.5 mg/5 ml	$0 (Tier 3)	NT
diphenhydramine 50 mg capsule (otc)	$0 (Tier 3)	NT
diphenhydramine 50 mg capsule u-d, 10x10 (otc)	$0 (Tier 3)	NT
diphenhydramine hcl injection solution 50 mg/ml	$0 (Tier 1)	
diphenhydramine hcl injection syringe 50 mg/ml	$0 (Tier 1)	
ed chlorped jr syrup 2 mg/5 ml	$0 (Tier 3)	NT
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	$0 (Tier 1)	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	$0 (Tier 1)	
fexofenadine hcl 180 mg tablet (otc)	$0 (Tier 3)	NT
fexofenadine hcl 180 mg tablet non-drowsy, 24hr (otc)	$0 (Tier 3)	NT
fexofenadine hcl 60 mg tablet (otc)	$0 (Tier 3)	NT

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
gnp allergy relief 180 mg tab	$0 (Tier 3)	NT
gnp allergy relief 4 mg tablet	$0 (Tier 3)	NT
gnp allergy relief 50 mg/20 ml 12.5 mg/5 ml	$0 (Tier 3)	NT
gnp loratadine 10 mg tablet	$0 (Tier 3)	NT
gs all day allergy 10 mg tab	$0 (Tier 3)	NT
gs aller-ease 180 mg tablet	$0 (Tier 3)	NT
gs allergy relief 10 mg tablet	$0 (Tier 3)	NT
gs allergy relief 10 mg tablet non-drowsy	$0 (Tier 3)	NT
gs allergy relief 25 mg tablet	$0 (Tier 3)	NT
gs child all day aller 1 mg/ml	$0 (Tier 3)	NT
gs child allergy 12.5 mg/5 ml	$0 (Tier 3)	NT
HISTEX 2.5 MG/5 ML SYRUP	$0 (Tier 3)	NT
HISTEX PD 0.938 MG/ML DROP	$0 (Tier 3)	NT
hm allergy relief 10 mg tablet	$0 (Tier 3)	NT
hm allergy relief 180 mg tab	$0 (Tier 3)	NT
hm allergy relief 25 mg cap	$0 (Tier 3)	NT
hm allergy relief 4 mg tablet	$0 (Tier 3)	NT
hm allergy relief 60 mg tablet	$0 (Tier 3)	NT
hm child all day aller 1 mg/ml	$0 (Tier 3)	NT
hm loratadine 10 mg tablet	$0 (Tier 3)	NT
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	$0 (Tier 2)	PA
hydroxyzine pamoate oral capsule 25 mg, 50 mg	$0 (Tier 2)	PA
levocetirizine oral solution 2.5 mg/5 ml	$0 (Tier 1)	
levocetirizine oral tablet 5 mg	$0 (Tier 1)	
loratadine 10 mg odt	$0 (Tier 3)	NT
loratadine 10 mg tablet	$0 (Tier 3)	NT
loratadine 10 mg tablet 10x10, outer	$0 (Tier 3)	NT
loratadine 10 mg tablet inner	$0 (Tier 3)	NT
loratadine 10 mg tablet non-drowsy	$0 (Tier 3)	NT
loratadine 10 mg tablet outer	$0 (Tier 3)	NT
loratadine 5 mg/5 ml solution	$0 (Tier 3)	NT

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
loratadine 5 mg/5 ml syrup children's	$0 (Tier 3)	NT
loratadine 5 mg/5 ml syrup children's, d/f	$0 (Tier 3)	NT
loratadine allergy 5 mg/5 ml d/f	$0 (Tier 3)	NT
m-dryl 12.5 mg/5 ml solution	$0 (Tier 3)	NT
PEDIACLEAR PD 0.625 MG/ML DROP	$0 (Tier 3)	NT
pharbedryl 25 mg capsule	$0 (Tier 3)	NT
pharbedryl 50 mg capsule	$0 (Tier 3)	NT
promethazine injection solution 25 mg/ml, 50 mg/ml	$0 (Tier 2)	PA
promethazine oral syrup 6.25 mg/5 ml	$0 (Tier 2)	PA
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	$0 (Tier 2)	PA
qc all day allergy 10 mg tab	$0 (Tier 3)	NT
qc child allergy 12.5 mg/5 ml	$0 (Tier 3)	NT
qc children's allergy 1 mg/ml	$0 (Tier 3)	NT
qc complete allergy 25 mg cap	$0 (Tier 3)	NT
qc complete allergy 25 mg cap	$0 (Tier 3)	NT
qc loratadine 10 mg tablet non-drowsy	$0 (Tier 3)	NT
siladryl 12.5 mg/5 ml liquid	$0 (Tier 3)	NT
sm all day allergy 10 mg tab	$0 (Tier 3)	NT
sm allergy (fexo) 60 mg tablet	$0 (Tier 3)	NT
sm allergy 4 mg tablet	$0 (Tier 3)	NT
sm allergy relief 25 mg tablet	$0 (Tier 3)	NT
sm child all day aller 1 mg/ml cherry	$0 (Tier 3)	NT
sm child allergy 12.5 mg/5 ml	$0 (Tier 3)	NT
sm child allergy 5 mg/5 ml sol	$0 (Tier 3)	NT
sm fexofenadine hcl 180 mg tab (otc)	$0 (Tier 3)	NT
sm loratadine 10 mg tablet	$0 (Tier 3)	NT
sm loratadine 5 mg/5 ml syrup	$0 (Tier 3)	NT
TRIPROLIDINE 0.938 MG/ML DROPS	$0 (Tier 3)	NT
PULMONARY AGENTS		
24H NASAL ALLERGY 55 MCG SPRAY	$0 (Tier 3)	NT
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	$0 (Tier 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
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	$0 (Tier 2)	PA-NS; LA; QL (90 EA per 30 days); ^
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	$0 (Tier 2)	QL (12 GM per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	$0 (Tier 1)	8.5 gm inhaler; QL (17 GM per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)	$0 (Tier 1)	6.7 gm inhaler; QL (13.4 GM per 30 days)
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020983)	$0 (Tier 1)	18 gm inhaler; QL (36 GM per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml	$0 (Tier 1)	B/D
albuterol sulfate oral syrup 2 mg/5 ml	$0 (Tier 1)	
albuterol sulfate oral tablet 2 mg, 4 mg	$0 (Tier 1)	
allergy relief 50 mcg spray 50 mcg/actuation	$0 (Tier 3)	NT
alyq oral tablet 20 mg	$0 (Tier 1)	PA-NS; QL (60 EA per 30 days); ^
ambrisentan oral tablet 10 mg, 5 mg	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 30 days); ^
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	$0 (Tier 2)	QL (60 EA per 30 days)
arformoterol inhalation solution for nebulization 15 mcg/2 ml	$0 (Tier 1)	B/D; QL (120 ML per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	$0 (Tier 2)	QL (30 EA per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	$0 (Tier 2)	QL (25.8 GM per 30 days)
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	$0 (Tier 2)	PA; LA; QL (24 EA per 30 days); ^
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	$0 (Tier 2)	QL (10.7 GM per 30 days)
bosentan oral tablet 125 mg, 62.5 mg	$0 (Tier 2)	PA-NS; LA; QL (60 EA per 30 days); ^
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	$0 (Tier 2)	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
breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	$0 (Tier 1)	QL (30.9 GM per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	$0 (Tier 2)	Retail Inhalation Canister (10.7g inhaler containing 120 inhalations); QL (10.7 GM per 30 days)
budesonide 32 mcg nasal spray (otc) 32 mcg/actuation	$0 (Tier 3)	NT
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	$0 (Tier 1)	B/D
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	$0 (Tier 2)	QL (8 GM per 30 days)
cromolyn inhalation solution for nebulization 20 mg/2 ml	$0 (Tier 1)	B/D
cromolyn sodium nasal spray 5.2 mg/spray (4 %)	$0 (Tier 3)	NT
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	$0 (Tier 2)	PA; LA; QL (1 ML per 28 days); ^
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	$0 (Tier 2)	PA; QL (0.5 ML per 28 days); ^
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	$0 (Tier 2)	PA; LA; QL (1 ML per 28 days); ^
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	$0 (Tier 1)	QL (75 ML per 30 days)
fluticasone prop 50 mcg spray (otc) 50 mcg/actuation	$0 (Tier 3)	NT
fluticasone propionate nasal spray,suspension 50 mcg/actuation	$0 (Tier 1)	QL (16 GM per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	$0 (Tier 1)	QL (60 EA per 30 days)
formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml	$0 (Tier 2)	B/D; QL (120 ML per 30 days)
gnp fluticasone prop 50 mcg sp (otc) 50 mcg/actuation	$0 (Tier 3)	NT
GS NASAL ALLERGY 24HR SPRAY 55 MCG	$0 (Tier 3)	NT
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	$0 (Tier 2)	PA; LA; QL (30 EA per 30 days); ^
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	$0 (Tier 2)	PA; LA; QL (20 EA per 30 days); ^
HM 24H NASAL ALLERGY 55 MCG SPR	$0 (Tier 3)	NT
hm allergy relief 50 mcg spray 50 mcg/actuation	$0 (Tier 3)	NT
icatibant subcutaneous syringe 30 mg/3 ml	$0 (Tier 2)	PA; QL (27 ML per 30 days); ^
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	$0 (Tier 2)	QL (30 EA per 30 days)
ipratropium bromide inhalation solution 0.02 %	$0 (Tier 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
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	$0 (Tier 1)	B/D
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 5.8 MG	$0 (Tier 2)	PA; QL (56 EA per 28 days); ^
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	$0 (Tier 2)	PA; LA; QL (56 EA per 28 days); ^
KALYDECO ORAL TABLET 150 MG	$0 (Tier 2)	PA; LA; QL (56 EA per 28 days); ^
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml	$0 (Tier 1)	B/D
LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	$0 (Tier 1)	QL (30 GM per 30 days)
mometasone nasal spray,non-aerosol 50 mcg/actuation	$0 (Tier 1)	QL (34 GM per 30 days)
montelukast oral granules in packet 4 mg	$0 (Tier 1)	
montelukast oral tablet 10 mg	$0 (Tier 1)	
montelukast oral tablet,chewable 4 mg, 5 mg	$0 (Tier 1)	
NASAL ALLERGY 24HR SPRAY 55 MCG	$0 (Tier 3)	NT
OFEV ORAL CAPSULE 100 MG, 150 MG	$0 (Tier 2)	PA; LA; QL (60 EA per 30 days); ^
OPSUMIT ORAL TABLET 10 MG	$0 (Tier 2)	PA-NS; LA; QL (30 EA per 30 days); ^
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	$0 (Tier 2)	PA; LA; QL (56 EA per 28 days); ^
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	$0 (Tier 2)	PA; LA; QL (112 EA per 28 days); ^
pirfenidone oral capsule 267 mg	$0 (Tier 1)	PA; QL (270 EA per 30 days); ^
pirfenidone oral tablet 267 mg	$0 (Tier 1)	PA; QL (270 EA per 30 days); ^
PIRFENIDONE ORAL TABLET 534 MG	$0 (Tier 1)	PA; QL (90 EA per 30 days); ^
pirfenidone oral tablet 801 mg	$0 (Tier 1)	PA; QL (90 EA per 30 days); ^
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	$0 (Tier 2)	QL (2 EA per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	$0 (Tier 2)	QL (3 EA per 30 days)
PULMOZYME INHALATION SOLUTION 1 MG/ML	$0 (Tier 2)	B/D; ^
qc allergy relief 50 mcg spray 50 mcg/actuation	$0 (Tier 3)	NT
roflumilast oral tablet 250 mcg, 500 mcg	$0 (Tier 1)	
sajazir subcutaneous syringe 30 mg/3 ml	$0 (Tier 2)	PA; LA; QL (27 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
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	$0 (Tier 2)	QL (60 EA per 30 days)
sildenafil (pulm.hypertension) oral tablet 20 mg	$0 (Tier 1)	generic for Revatio; PA-NS; QL (90 EA per 30 days)
sm allergy relief 50 mcg spray 50 mcg/actuation	$0 (Tier 3)	NT
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	$0 (Tier 2)	PA; LA; QL (56 EA per 28 days); ^
tadalafil (pulm. hypertension) oral tablet 20 mg	$0 (Tier 1)	generic for Adcirca; PA-NS; QL (60 EA per 30 days); ^
TADLIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	$0 (Tier 2)	PA-NS; QL (300 ML per 30 days); ^
terbutaline oral tablet 2.5 mg, 5 mg	$0 (Tier 1)	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	$0 (Tier 2)	
theophylline oral elixir 80 mg/15 ml	$0 (Tier 1)	
theophylline oral solution 80 mg/15 ml	$0 (Tier 1)	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg	$0 (Tier 1)	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	$0 (Tier 1)	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	$0 (Tier 2)	QL (60 EA per 30 days)
triamcinolone 55 mcg nasal spr (otc)	$0 (Tier 3)	NT
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	$0 (Tier 2)	PA; QL (56 EA per 28 days); ^
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	$0 (Tier 2)	PA; LA; QL (84 EA per 28 days); ^
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	$0 (Tier 2)	B/D; LA; ^
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	$0 (Tier 2)	QL (36 GM per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	$0 (Tier 2)	PA; QL (32 ML per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	$0 (Tier 2)	PA; LA; QL (8 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
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	$0 (Tier 2)	PA; LA; QL (1 ML per 28 days); ^
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	$0 (Tier 2)	PA; LA; QL (8 EA per 28 days); ^
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	$0 (Tier 2)	PA; LA; QL (8 ML per 28 days); ^
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	$0 (Tier 2)	PA; LA; QL (1 ML per 28 days); ^
zafirlukast oral tablet 10 mg, 20 mg	$0 (Tier 1)	
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg	$0 (Tier 1)	ST; QL (30 EA per 30 days)
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg	$0 (Tier 1)	QL (30 EA per 30 days)
GEMTESA ORAL TABLET 75 MG	$0 (Tier 2)	QL (30 EA per 30 days)
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML	$0 (Tier 2)	QL (300 ML per 28 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	$0 (Tier 2)	QL (30 EA per 30 days)
oxybutynin chloride oral syrup 5 mg/5 ml	$0 (Tier 1)	
oxybutynin chloride oral tablet 5 mg	$0 (Tier 1)	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg	$0 (Tier 1)	QL (60 EA per 30 days)
oxybutynin chloride oral tablet extended release 24hr 5 mg	$0 (Tier 1)	QL (30 EA per 30 days)
solifenacin oral tablet 10 mg, 5 mg	$0 (Tier 1)	QL (30 EA per 30 days)
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	$0 (Tier 1)	ST; QL (30 EA per 30 days)
tolterodine oral tablet 1 mg, 2 mg	$0 (Tier 1)	QL (60 EA per 30 days)
trospium oral tablet 20 mg	$0 (Tier 1)	QL (60 EA per 30 days)
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
alfuzosin oral tablet extended release 24 hr 10 mg	$0 (Tier 1)	QL (30 EA per 30 days)
dutasteride oral capsule 0.5 mg	$0 (Tier 1)	QL (30 EA per 30 days)
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	$0 (Tier 1)	QL (30 EA per 30 days)
finasteride oral tablet 5 mg	$0 (Tier 1)	
silodosin oral capsule 4 mg, 8 mg	$0 (Tier 1)	QL (30 EA per 30 days)
tamsulosin oral capsule 0.4 mg	$0 (Tier 1)	

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
MISCELLANEOUS UROLOGICALS		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	$0 (Tier 1)	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	$0 (Tier 2)	PA; LA
ELMIRON ORAL CAPSULE 100 MG	$0 (Tier 2)	PA
K-PHOS ORIGINAL TABLET 500 MG	$0 (Tier 3)	NT
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	$0 (Tier 1)	
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
antacid 500 mg chew tablet 200 mg calcium (500 mg)	$0 (Tier 3)	NT
antacid 500 mg chewable tablet outer 200 mg calcium (500 mg)	$0 (Tier 3)	NT
antacid 750 mg chewable tablet 300 mg (750 mg)	$0 (Tier 3)	NT
antacid ex-str 750 mg tab chew 300 mg (750 mg)	$0 (Tier 3)	NT
antacid ultra str 1,000 mg chw 400 mg calcium (1,000 mg)	$0 (Tier 3)	NT
antacid xtra strength chew tab extra strength 300 mg (750 mg)	$0 (Tier 3)	NT
calcium 500 mg-vit d3 5 mcg tb (rx) 500 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
calcium 500-vit d3 200 caplet caplt,p/f,no lactose (rx) 500 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
calcium 500-vit d3 200 caplet gluten-free,p/f (rx) 500 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
calcium 500-vit d3 200 tablet lactose free, p/f (rx) 500 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
calcium 500-vit d3 200 tablet p/f,n (rx) 500 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
calcium acetate(phosphat bind) oral capsule 667 mg	$0 (Tier 1)	QL (360 EA per 30 days)
calcium acetate(phosphat bind) oral tablet 667 mg	$0 (Tier 1)	QL (360 EA per 30 days)
calcium antacid 500 mg chw tab assorted fruit 200 mg calcium (500 mg)	$0 (Tier 3)	NT
calcium antacid 500 mg chw tab gluten-f, peppermint 200 mg calcium (500 mg)	$0 (Tier 3)	NT
calcium antacid 750 mg chew tab 300 mg (750 mg)	$0 (Tier 3)	NT

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
calcium carb 1,250 mg/5 ml sus (rx) 500 mg/5 ml (1,250 mg/5 ml)	$0 (Tier 3)	NT
calcium carb 1,250 mg/5 ml sus n (otc) 500 mg/5 ml (1,250 mg/5 ml)	$0 (Tier 3)	NT
calcium carbonate 1,250 mg/5 ml suspension cup 40's,u-d (otc) 500 mg/5 ml (1,250 mg/5 ml)	$0 (Tier 3)	NT
cal-gest 500 mg tablet chew 200 mg calcium (500 mg)	$0 (Tier 3)	NT
chromium cl 40 mcg/10 ml vial outer,sdv 4 mcg/ml	$0 (Tier 3)	NT
chromium cl 40 mcg/10 ml vial p/f, suv, outer 4 mcg/ml	$0 (Tier 3)	NT
copper chloride 4 mg/10 ml vl p/f, suv, outer 0.4 mg/ml	$0 (Tier 3)	NT
eq calcium 500-vit d3 400 tab oyster shell (rx) 500 mg-10 mcg (400 unit)	$0 (Tier 3)	NT
gnp antacid ex-str 750 mg chew 300 mg (750 mg)	$0 (Tier 3)	NT
hm antacid ex-str 750 mg chew 300 mg (750 mg)	$0 (Tier 3)	NT
klor-con 10 oral tablet extended release 10 meq	$0 (Tier 1)	
klor-con 8 oral tablet extended release 8 meq	$0 (Tier 1)	
klor-con m10 oral tablet,er particles/crystals 10 meq	$0 (Tier 1)	
klor-con m15 oral tablet,er particles/crystals 15 meq	$0 (Tier 1)	
klor-con m20 oral tablet,er particles/crystals 20 meq	$0 (Tier 1)	
klor-con oral packet 20 meq	$0 (Tier 1)	
lactated ringers intravenous parenteral solution	$0 (Tier 1)	
magnesium oxide 420 mg tablet (rx)	$0 (Tier 3)	NT
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	$0 (Tier 2)	
magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)	$0 (Tier 2)	
magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)	$0 (Tier 2)	
magnesium sulfate injection solution 500 mg/ml (50 %)	$0 (Tier 2)	
magnesium sulfate injection syringe 500 mg/ml (50 %)	$0 (Tier 2)	
manganese 1 mg/10 ml vial p/f, suv, outer 0.1 mg/ml	$0 (Tier 3)	NT
OS-CAL 500-VIT D3 200 CAPLET CAPLET (RX) 500 MG-5 MCG (200 UNIT)	$0 (Tier 3)	NT

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
OS-CAL 500-VIT D3 200 CAPLET COATED CAPLET (RX) 500 MG-5 MCG (200 UNIT)	$0 (Tier 3)	NT
oysco 500-vit d3 200 tablet 500 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
oyster shell 500 mg-vit d3 5 mcg (rx) 500 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
oyster shell 500-vit d3 200 tb (rx) 500 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
oyster shell 500-vit d3 200 tb caplet (rx) 500 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l	$0 (Tier 1)	
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	$0 (Tier 1)	
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l	$0 (Tier 1)	
potassium chloride in water intravenous piggyback 10 meq/50 ml, 20 meq/50 ml	$0 (Tier 2)	
potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)	$0 (Tier 1)	
potassium chloride oral capsule, extended release 10 meq, 8 meq	$0 (Tier 1)	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	$0 (Tier 1)	
potassium chloride oral packet 20 meq	$0 (Tier 1)	
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	$0 (Tier 1)	
potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq	$0 (Tier 1)	
potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l	$0 (Tier 1)	
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l	$0 (Tier 1)	
potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l	$0 (Tier 1)	
potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l	$0 (Tier 2)	
qc antacid 500 mg chew tablet 200 mg calcium (500 mg)	$0 (Tier 3)	NT

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
ra hi-cal plus vitamin d tab (rx) 500 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
sm antacid 500 mg chew tablet 200 mg calcium (500 mg)	$0 (Tier 3)	NT
sm antacid 750 mg chew tablet 300 mg (750 mg)	$0 (Tier 3)	NT
sm calcium 500-vit d3 200 cplt (rx) 500 mg-5 mcg (200 unit)	$0 (Tier 3)	NT
smooth antacid 750 mg chew tab 300 mg (750 mg)	$0 (Tier 3)	NT
sodium chloride 0.45 % intravenous parenteral solution 0.45 %	$0 (Tier 1)	
sodium chloride 3 % hypertonic intravenous parenteral solution 3 %	$0 (Tier 1)	
sodium chloride 5 % hypertonic intravenous parenteral solution 5 %	$0 (Tier 1)	
sodium chloride intravenous solution 2.5 meq/ml, 4 meq/ml	$0 (Tier 1)	
TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML	$0 (Tier 2)	
TUMS SMOOTHIES CHEW TABLET ASSTD TROPICAL FRUIT 300 MG (750 MG)	$0 (Tier 3)	NT
MISCELLANEOUS NUTRITION PRODUCTS		
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	$0 (Tier 2)	B/D
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	$0 (Tier 2)	B/D
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	$0 (Tier 2)	B/D
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	$0 (Tier 2)	B/D
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	$0 (Tier 2)	B/D
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	$0 (Tier 2)	B/D
CLINOLIPID INTRAVENOUS EMULSION 20 %	$0 (Tier 2)	B/D
electrolyte-148 intravenous parenteral solution	$0 (Tier 1)	
electrolyte-48 in d5w intravenous parenteral solution	$0 (Tier 2)	
electrolyte-a intravenous parenteral solution	$0 (Tier 1)	
intralipid intravenous emulsion 20 %	$0 (Tier 2)	B/D

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INTRALIPID INTRAVENOUS EMULSION 30 %	$0 (Tier 2)	B/D
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	$0 (Tier 2)	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	$0 (Tier 2)	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	$0 (Tier 2)	
NUTRILIPID INTRAVENOUS EMULSION 20 %	$0 (Tier 2)	B/D
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	$0 (Tier 2)	
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	$0 (Tier 1)	B/D
premasol 10 % intravenous parenteral solution 10 %	$0 (Tier 2)	B/D
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	$0 (Tier 2)	B/D
travasol 10 % intravenous parenteral solution 10 %	$0 (Tier 2)	B/D
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	$0 (Tier 2)	B/D
VITAMINS / HEMATINICS		
ascorbic acid 500 mg tablet (rx)	$0 (Tier 3)	NT
b complex capsule (rx)	$0 (Tier 3)	NT
b complex tablet	$0 (Tier 3)	NT
BACMIN CAPLET 27 MG IRON- 1 MG	$0 (Tier 3)	NT
b-complex with b12 tablet (rx)	$0 (Tier 3)	NT
bp vit 3 capsule 500 mg-500 mcg -1 mg-12.5 mg	$0 (Tier 3)	NT
c-500 mg tablet (rx)	$0 (Tier 3)	NT
c-500 mg tablet rose hips (rx)	$0 (Tier 3)	NT
corvita tablet 1.25-2.5-7 mg	$0 (Tier 3)	NT
cvs vit c-rose hips 500 mg tab (rx)	$0 (Tier 3)	NT
cvs vitamin c 500 mg caplet p/f,gluten-free (rx)	$0 (Tier 3)	NT
cvs vitamin c 500 mg tablet (rx)	$0 (Tier 3)	NT
cyanocobalamin 1,000 mcg/ml vl inner	$0 (Tier 3)	NT
cyanocobalamin 1,000 mcg/ml vl inner,suv	$0 (Tier 3)	NT
cyanocobalamin 1,000 mcg/ml vl mdv,inner	$0 (Tier 3)	NT
cyanocobalamin 1,000 mcg/ml vl muv, inner	$0 (Tier 3)	NT
cyanocobalamin 1,000 mcg/ml vl muv, outer	$0 (Tier 3)	NT
cyanocobalamin 1,000 mcg/ml vl outer	$0 (Tier 3)	NT

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
cyanocobalamin 1,000 mcg/ml vl outer, muv	$0 (Tier 3)	NT
cyanocobalamin 1,000 mcg/ml vl outer, suv, p/f	$0 (Tier 3)	NT
cyanocobalamin 1,000 mcg/ml vl outer,mdv	$0 (Tier 3)	NT
cyanocobalamin 1,000 mcg/ml vl outer,suv	$0 (Tier 3)	NT
cyanocobalamin 10,000 mcg/10 ml inner,mdv	$0 (Tier 3)	NT
cyanocobalamin 10,000 mcg/10 ml inner,muv	$0 (Tier 3)	NT
cyanocobalamin 10,000 mcg/10 ml mdv, inner	$0 (Tier 3)	NT
cyanocobalamin 10,000 mcg/10 ml mdv, outer	$0 (Tier 3)	NT
cyanocobalamin 10,000 mcg/10 ml mdv,inner	$0 (Tier 3)	NT
cyanocobalamin 10,000 mcg/10 ml mdv,outer	$0 (Tier 3)	NT
cyanocobalamin 10,000 mcg/10 ml outer, muv	$0 (Tier 3)	NT
cyanocobalamin 10,000 mcg/10 ml outer,mdv	$0 (Tier 3)	NT
cyanocobalamin 10,000 mcg/10 ml outer,muv	$0 (Tier 3)	NT
cyanocobalamin 30,000 mcg/30 ml inner, muv 1,000 mcg/ml	$0 (Tier 3)	NT
cyanocobalamin 30,000 mcg/30 ml inner,mdv 1,000 mcg/ml	$0 (Tier 3)	NT
cyanocobalamin 30,000 mcg/30 ml inner,muv 1,000 mcg/ml	$0 (Tier 3)	NT
cyanocobalamin 30,000 mcg/30 ml mdv, inner 1,000 mcg/ml	$0 (Tier 3)	NT
cyanocobalamin 30,000 mcg/30 ml mdv, outer 1,000 mcg/ml	$0 (Tier 3)	NT
cyanocobalamin 30,000 mcg/30 ml muv 1,000 mcg/ml	$0 (Tier 3)	NT
cyanocobalamin 30,000 mcg/30 ml muv, inner 1,000 mcg/ml	$0 (Tier 3)	NT
cyanocobalamin 30,000 mcg/30 ml muv, outer 1,000 mcg/ml	$0 (Tier 3)	NT
cyanocobalamin 30,000 mcg/30 ml outer, muv 1,000 mcg/ml	$0 (Tier 3)	NT
cyanocobalamin 30,000 mcg/30 ml outer,mdv 1,000 mcg/ml	$0 (Tier 3)	NT
cyanocobalamin 30,000 mcg/30 ml outer,muv 1,000 mcg/ml	$0 (Tier 3)	NT

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Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
D3-50 50,000 UNIT CAPSULE D/F,GLUTEN FREE (RX) 1,250 MCG (50,000 UNIT)	$0 (Tier 3)	NT
D3-50 50,000 UNIT CAPSULE D/F,P/F (RX) 1,250 MCG (50,000 UNIT)	$0 (Tier 3)	NT
decara 50,000 unit softgel 1,250 mcg (50,000 unit)	$0 (Tier 3)	NT
DIALYVITE 3,000 TABLET 3-70-15 MG-MCG-MG	$0 (Tier 3)	NT
DIALYVITE 5000 TABLET 5 MG	$0 (Tier 3)	NT
DIALYVITE SUPREME D TABLET 3-2,000 MG-UNIT	$0 (Tier 3)	NT
dialyvite tablet 100-1 mg	$0 (Tier 3)	NT
dialyvite with zinc tablet 1-100-300-50 mg-mg-mcg-mg	$0 (Tier 3)	NT
DRISDOL 1.25 MG (50,000 UNIT)	$0 (Tier 3)	NT
ENLYTE SOFTGEL 1.5 MG IRON- 8.73 MG	$0 (Tier 3)	NT
eql vit c-rose hips 500 mg tab (rx)	$0 (Tier 3)	NT
fabb tablet 2.2-25-1 mg	$0 (Tier 3)	NT
ferrous gluconate 324 mg tab (rx) 324 mg (38 mg iron)	$0 (Tier 3)	NT
ferrous sulf ec 324 mg tablet 324 mg (65 mg iron)	$0 (Tier 3)	NT
FLORIVA 0.25 MG CHEW TABLET 0.25MG FLUORIDE (0.55 MG)	$0 (Tier 3)	NT
FLORIVA 0.5 MG CHEWABLE TABLET 0.5 MG FLUORIDE (1.1 MG)	$0 (Tier 3)	NT
FLORIVA 1 MG CHEWABLE TABLET 1 MG FLUORIDE (2.2 MG)	$0 (Tier 3)	NT
fluoride (sodium) oral tablet,chewable 1 mg (2.2 mg sod. fluoride)	$0 (Tier 1)	
folic acid 1 mg tablet (rx)	$0 (Tier 3)	NT
folic acid 1 mg tablet outer (rx)	$0 (Tier 3)	NT
folic acid 5 mg/ml vial mdv	$0 (Tier 3)	NT
folic acid 50 mg/10 ml vial muv 5 mg/ml	$0 (Tier 3)	NT
FOLTRATE TABLET (RX) 0.5-1 MG	$0 (Tier 3)	NT
gnp vit c-rose hips 500 mg tab (rx)	$0 (Tier 3)	NT
gnp vitamin c 500 mg tablet (rx)	$0 (Tier 3)	NT
hydroxocobalamin 1,000 mcg/ml	$0 (Tier 3)	NT

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
12/01/2024

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
INFUVITE ADULT BULK VIAL P/F, MDV, OUTER 3,300 UNIT-150 MCG/10 ML	$0 (Tier 3)	NT
INFUVITE ADULT BULK VIAL P/F, MUV 3,300 UNIT- 150 MCG/10 ML	$0 (Tier 3)	NT
INFUVITE ADULT VIAL 2X5ML, SUV 3,300 UNIT- 150 MCG/10 ML	$0 (Tier 3)	NT
INFUVITE ADULT VIAL P/F, SDV, OUTER 3,300 UNIT- 150 MCG/10 ML	$0 (Tier 3)	NT
INFUVITE PEDIATRIC BULK VIAL MUV 80 MG-400 UNIT- 200 MCG/5 ML	$0 (Tier 3)	NT
INFUVITE PEDIATRIC BULK VIAL P/F, MDV, OUTER 80 MG-400 UNIT- 200 MCG/5 ML	$0 (Tier 3)	NT
INFUVITE PEDIATRIC VIAL P/F, SDV, OUTER 80 MG-400 UNIT- 200 MCG/5 ML	$0 (Tier 3)	NT
INFUVITE PEDIATRIC VIAL SUV 80 MG-400 UNIT- 200 MCG/5 ML	$0 (Tier 3)	NT
multivit-fluor 0.25 mg tab chw (rx)	$0 (Tier 3)	NT
multivit-fluor 0.25 mg tab chw grape flavor (rx)	$0 (Tier 3)	NT
multivit-fluor 0.25 mg/ml drop (rx)	$0 (Tier 3)	NT
multivit-fluor 0.5 mg tab chew (rx)	$0 (Tier 3)	NT
multivit-fluor 0.5 mg tab chew grape flavor (rx)	$0 (Tier 3)	NT
multivit-fluor 0.5 mg/ml drop (rx)	$0 (Tier 3)	NT
multivit-fluoride 1 mg tab chw (rx)	$0 (Tier 3)	NT
multivit-fluoride 1 mg tab chw grape flavor (rx)	$0 (Tier 3)	NT
multivit-fluor-iron 0.25 mg/ml (rx) 0.25mg fluoride -10 mg iron/ml	$0 (Tier 3)	NT
multivit-iron-fluor 0.25 mg/ml (rx) 0.25mg fluoride -10 mg iron/ml	$0 (Tier 3)	NT
NASCOBAL 500 MCG NASAL SPRAY 500 MCG/SPRAY	$0 (Tier 3)	NT
nephplex rx tablet 1-60-300-12.5 mg-mg-mcg-mg	$0 (Tier 3)	NT
NIVA-FOL TABLET 2.5-25-2 MG	$0 (Tier 3)	NT
optimal d3 50,000 unit capsule 1,250 mcg (50,000 unit)	$0 (Tier 3)	NT
POLY-VI-FLOR 0.25 MG DROP 0.25 MG FLUORIDE/ML	$0 (Tier 3)	NT
POLY-VI-FLOR 0.25 MG TAB CHEW 0.25 MG FLUORIDE	$0 (Tier 3)	NT

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
POLY-VI-FLOR 0.5 MG TAB CHEW 0.5 MG FLUORIDE	$0 (Tier 3)	NT
POLY-VI-FLOR 1 MG TAB CHEW 1 MG FLUORIDE	$0 (Tier 3)	NT
POLY-VI-FLOR-IRON 0.25 MG DROP 0.25MG FLUORIDE -7 MG IRON/ML	$0 (Tier 3)	NT
POLY-VI-FLOR-IRON 0.5 MG CHWTB 0.5 MG FLUORIDE -10 MG IRON	$0 (Tier 3)	NT
prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg	$0 (Tier 2)	
pyridoxine 100 mg/ml vial muv, outer	$0 (Tier 3)	NT
QUFLORA FE 0.25 MG CHEW TABLET 9-0.25 MG	$0 (Tier 3)	NT
QUFLORA FE PED 0.25 MG/ML DROP 9.5-0.25 MG/ML	$0 (Tier 3)	NT
QUFLORA PED 0.25 MG CHEW TAB 0.25MG FLUORIDE (0.55 MG)	$0 (Tier 3)	NT
QUFLORA PED 0.25 MG/ML DROP 0.25MG FLUORIDE (0.55 MG)/ML	$0 (Tier 3)	NT
QUFLORA PED 0.5 MG CHEW TAB 0.5 MG FLUORIDE (1.1 MG)	$0 (Tier 3)	NT
QUFLORA PED 0.5 MG/ML DROP 0.5 MG FLUORIDE (1.1 MG)/ML	$0 (Tier 3)	NT
QUFLORA PED 1 MG CHEW TAB 1 MG FLUORIDE (2.2 MG)	$0 (Tier 3)	NT
ra b-complex tablet p/f (rx)	$0 (Tier 3)	NT
ra b-complex tablet p/f (rx)	$0 (Tier 3)	NT
ra b-complex-vitamin b-12 tab p/f (rx)	$0 (Tier 3)	NT
ra vit c-rose hips 500 mg tab natural,p/f (rx)	$0 (Tier 3)	NT
ra vitamin c 500 mg tablet p/f (rx)	$0 (Tier 3)	NT
ra vitamin c 500 mg tablet p/f,natural (rx)	$0 (Tier 3)	NT
renal caps softgel 1 mg	$0 (Tier 3)	NT
soothing pureway-c 500 mg tab	$0 (Tier 3)	NT
STROVITE ONE CAPLET 1-1,000-15-5 MG-UNIT-MG-MG	$0 (Tier 3)	NT
sv vit c-rose hips 500 mg tab (rx)	$0 (Tier 3)	NT
sv vit c-rose hips 500 mg tab p/f, gluten free (rx)	$0 (Tier 3)	NT
thiamine 200 mg/2 ml vial 25's,mdv,outer 100 mg/ml	$0 (Tier 3)	NT
thiamine 200 mg/2 ml vial inner,muv 100 mg/ml	$0 (Tier 3)	NT
thiamine 200 mg/2 ml vial mdv, inner 100 mg/ml	$0 (Tier 3)	NT

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
thiamine 200 mg/2 ml vial mdv, outer 100 mg/ml	$0 (Tier 3)	NT
thiamine 200 mg/2 ml vial mdv,inner 100 mg/ml	$0 (Tier 3)	NT
thiamine 200 mg/2 ml vial muv 100 mg/ml	$0 (Tier 3)	NT
thiamine 200 mg/2 ml vial muv, inner 100 mg/ml	$0 (Tier 3)	NT
thiamine 200 mg/2 ml vial muv, outer 100 mg/ml	$0 (Tier 3)	NT
thiamine 200 mg/2 ml vial outer, muv 100 mg/ml	$0 (Tier 3)	NT
thiamine 200 mg/2 ml vial outer,muv 100 mg/ml	$0 (Tier 3)	NT
triphrocaps softgel softgel (rx) 1 mg	$0 (Tier 3)	NT
TRI-VI-FLOR 0.25 MG DROPS 0.25 MG/ML FLUORIDE	$0 (Tier 3)	NT
TRI-VI-FLOR 0.5 MG DROPS 0.5 MG/ML FLUORIDE	$0 (Tier 3)	NT
tri-vite-fluoride 0.25 mg/ml 0.25 mg fluor. (0.55 mg)/ml	$0 (Tier 3)	NT
tri-vite-fluoride 0.5 mg/ml 0.5 mg fluoride (1.1 mg)/ml	$0 (Tier 3)	NT
VIRT-CAPS SOFTGEL (RX) 1 MG	$0 (Tier 3)	NT
virt-gard tablet 2.2-25-1 mg	$0 (Tier 3)	NT
vit a,c,d-fluoride 0.25 mg/ml 0.25 mg fluor. (0.55 mg)/ml	$0 (Tier 3)	NT
vit a,c,d-fluoride 0.5 mg/ml 0.5 mg fluoride (1.1 mg)/ml	$0 (Tier 3)	NT
vit c-rose hips 500 mg tablet (rx)	$0 (Tier 3)	NT
vit c-rose hips 500 mg tablet p/f (rx)	$0 (Tier 3)	NT
vit c-rose hips 500 mg tablet with rose hips,p/f (rx)	$0 (Tier 3)	NT
VITAL-D RX TABLET 1,750-60-1-12.5 UNIT-MG-MG-MG	$0 (Tier 3)	NT
vitamin b complex capsule (rx)	$0 (Tier 3)	NT
vitamin b complex softgel (rx)	$0 (Tier 3)	NT
vitamin c 500 mg tablet (rx)	$0 (Tier 3)	NT
vitamin c 500 mg tablet (rx)	$0 (Tier 3)	NT
vitamin c 500 mg tablet gluten-free (rx)	$0 (Tier 3)	NT
vitamin c 500 mg tablet p/f (rx)	$0 (Tier 3)	NT
vitamin c 500 mg tablet p/f,gluten-free (rx)	$0 (Tier 3)	NT
vitamin c 500 mg tablet u-d (rx)	$0 (Tier 3)	NT
vitamin c 500 mg tablet y/f,gluten/f (rx)	$0 (Tier 3)	NT
vitamin d2 1.25 mg(50,000 unit)	$0 (Tier 3)	NT
vitamin d2 1.25 mg(50,000 unit) capsule	$0 (Tier 3)	NT

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

Name of Drug	What the drug will cost you (tier level)	Necessary actions, restrictions, or limits on use
vitamin d2 1.25 mg(50,000 unit) outer	$0 (Tier 3)	NT
vitamin d2 1.25 mg(50,000 unit) softgel	$0 (Tier 3)	NT
vitamin d3 1,250 mcg capsule (rx)	$0 (Tier 3)	NT
vitamin d3 1.25 mg softgel (rx)	$0 (Tier 3)	NT
vitamin d3 50,000 unit capsule (rx) 1,250 mcg (50,000 unit)	$0 (Tier 3)	NT
weekly-d 1,250 mcg softgel	$0 (Tier 3)	NT
wescaps capsule 1 mg	$0 (Tier 3)	NT

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

D. Index of Covered Drugs

Multi-Language Insert
Multi-Language Interpreter Services

English: We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter, just call us at 1-855-323-4578 (TTY: 711). Hours are from 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. Someone who speaks English/Language can help you. This is a free service.

Spanish: Contamos con los servicios gratuitos de un intérprete para responder las preguntas que tenga sobre nuestro plan de salud o de medicamentos. Para solicitar un intérprete, simplemente llámenos al 1-855-323-4578 (TTY: 711). El horario de atención es de 8 a.m. a 8 p.m, los siete días de la semana. Los fines de semana y los días festivos estatales o federales, es posible que se le pida que deje un mensaje. Se le devolverá la llamada al siguiente día hábil. Alguien que hable español puede ayudarlo. Este es un servicio gratuito.

Chinese (Cantonese): 我們提供免費的口譯服務，可解答您對我們的健康或藥物計劃可能有的任何疑問。如需口譯員服務，您僅需於每週七天上午 8 點至晚上 8 點致電 1-855-323-4578 (TTY：711) 與我們聯絡。週末及州或聯邦假日，可能會要求您留言。我們將在下一個工作日內回電給您。會說中文的人員可以幫助您。此為免費服務。

Chinese (Mandarin): 我们提供免费口译服务，可解答您对我们的健康或药物计划的有关疑问。要获得口译服务，请于周一至周日上午 **8** 点至晚上 **8** 点致电 **1-855-323-4578**（**TTY**：**711**）。在周末及州或联邦假日，您可能需要留言。您的来电将在下一个工作日内得到回复。您将获得中文普通话口译员的帮助，而且这是一项免费服务。

Tagalog: May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posible ninyong tanong tungkol sa aming planong pangkalusugan o plano sa gamot. Upang makakuha ng interpreter, tumawag lang sa amin sa 1-855-323-4578 (TTY: 711) mula 8 a.m. hanggang 8 p.m., Lunes hanggang Biyernes. Para sa mga oras pagkatapos ng trabaho, Sabado at Linggo, at pista opisyal, maaaring magpaiwan sa inyo ng mensahe. May tatawag sa inyo sa susunod na araw na may pasok. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

French: Nous proposons des services d'interprètes gratuits pour répondre à toutes vos questions sur notre régime de santé ou de médicaments. Pour obtenir les services d'un interprète, appelez-nous au 1-855-323-4578 (TTY : 711) tous les jours, de 8 h à 20 h. Si vous appelez pendant les week-ends et jours fériés, vous devrez peut-être laisser un message. Nous prendrons alors votre appel en compte le jour ouvrable suivant. Quelqu'un parlant français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi nào về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để nhận thông dịch viên, chỉ cần gọi cho chúng tôi theo số 1-855-323-4578 (TTY: 711), từ 8 a.m. đến 8 p.m., bảy ngày một tuần. Vào các ngày cuối tuần và ngày lễ của tiểu bang hoặc liên bang, quý vị có thể được yêu cầu để lại tin nhắn. Sẽ có người phản hồi cuộc gọi của quý vị vào ngày làm việc tiếp theo. Một nhân viên nói tiếng Việt có thể giúp quý vị. Dịch vụ này miễn phí.

German: Wir bieten Ihnen einen kostenlosen Dolmetschservice, wenn Sie Fragen zu unseren Gesundheits- oder Medikamentenplänen haben. Um einen Dolmetscher in Anspruch zu nehmen, rufen Sie uns von Montag bis Freitag zwischen 8 und 20 Uhr unter folgender Telefonnummer an: 1-855-323-4578 (TTY: 711). Außerhalb der Geschäftszeiten, an Wochenenden und an Feiertagen werden Sie möglicherweise aufgefordert, eine Nachricht zu hinterlassen. Wir rufen Sie am nächsten Werktag zurück. Ein deutschsprachiger Mitarbeiter wird Ihnen behilflich sein. Dieser Service ist kostenlos.

Korean: 당사의 건강 또는 의약품 플랜과 관련해서 물어볼 수 있는 모든 질문에 답변하기 위한 무료 통역 서비스가 있습니다. 통역사가 필요한 경우 주 7일, 오전 8시부터 오후 8시까지 1-855-323-4578(TTY: 711)번으로 당사에 연락해 주십시오. 주말 및 공휴일에는 메시지를 남겨 주시면 됩니다. 그러면 다음 영업일에 전화드리겠습니다. 한국어를 구사하는 통역사가 도움을 드릴 수 있습니다. 통역 서비스는 무료로 제공됩니다.

Russian: Если у вас возникли какие-либо вопросы о нашем плане медицинского страхования или плане с покрытием лекарственных препаратов, вам доступны бесплатные услуги переводчика. Если вам нужен переводчик, просто позвоните нам по номеру 1-855-323-4578 (TTY: 711). Часы работы: с 8 a.m. до 8 p.m. без выходных. В выходные и праздничные дни федерального уровня или на уровне штата вас могут попросить оставить сообщение. Вам перезвонят на следующий рабочий день. Вам окажет помощь сотрудник, говорящий на русском языке. Данная услуга бесплатна.

Arabic: وفّر خدمات ترجمة فورية مجانية للإجابة على أي أسئلة قد تكون لديك حول خطة الصحة أو الدواء الخاصة بنا. للحصول على مترجم فوري، يرجى الاتصال بنا على الرقم 1-855-323-4578 (TTY: 711) طوال أيام الأسبوع من الساعة 8 صباحًا لغاية الساعة 8 مساءً. قد يُطلب منك ترك رسالة في عطلات نهاية الأسبوع وخلال الإجازات الوطنية والفيدرالية وسنعاود الاتصال بك خلال يوم العمل التالي. يمكن أن يساعدك شخص يتحدث العربية. وتتوفر هذه الخدمة بشكل مجاني.

Italian: Sono disponibili servizi di interpretariato gratuiti per rispondere a qualsiasi domanda possa avere in merito al nostro piano farmacologico o sanitario. Per usufruire di un interprete, è sufficiente contattare il numero 1-855-323-4578 (TTY: 711) dalle 8:00 alle 20:00, sette giorni a settimana. Nei fine settimana e nei giorni festivi potrebbe essere necessario lasciare un messaggio. La ricontatteremo entro il giorno lavorativo successivo. Qualcuno la assisterà in lingua italiana. È un servizio gratuito.

Portuguese: Temos serviços de intérprete gratuitos para responder a quaisquer dúvidas que possa ter sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte-nos através do número 1-855-323-4578 (TTY: 711). O serviço está disponível sete dias por semana, das 8:00 às 20:00. Se ligar ao fim de semana ou num feriado estadual ou federal, poderá ter de deixar mensagem. A sua chamada será devolvida no próximo dia útil. Um falante de português poderá ajudá-lo. Este serviço é gratuito.

**French Creole: Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, senpleman rele nou nan 1-855-323-4578 (TTY: 711). Lè biwo yo se soti 8è a.m. rive 8è p.m., sèt jou pa semèn. Nan wikenn ak pandan jou ferye eta oswa federal yo, yo gendwa mande w pou ou kite yon mesaj. Y ap rele w pwochen jou biwo yo louvri a. Yon moun ki pale Kreyòl Ayisyen kapab ede w.
Se yon sèvis gratis.**

Polish: Oferujemy bezpłatną usługę tłumaczenia ustnego, która pomoże Państwu uzyskać odpowiedzi na ewentualne pytania dotyczące naszego planu leczenia lub planu refundacji leków. Aby skorzystać z usługi tłumaczenia ustnego, wystarczy zadzwonić pod numer 1-855-323-4578 (TTY: 711) w godzinach od 8:00 do 20:00, siedem dni w tygodniu. Po godzinach pracy, w weekendy i święta konieczne może być pozostawienie wiadomości. Oddzwonimy w następnym dniu roboczym. Zapewni to Państwu pomoc osoby mówiącej po polsku. Usługa ta jest bezpłatna.

Hindi: हमारे स्वास्थ्य या ड्रग प्लान के बारे में आपके किसी भी सवाल का जवाब देने के लिए, हम मुफ़्त में दुभाषिया सेवाएं देते हैं। दुभाषिया सेवा पाने के लिए बस हमें 1-855-323-4578 (TTY: 711) पर कॉल करें। कॉल करने का समय सप्ताह के सातों दिन सुबह 8 बजे से रात 8 बजे तक है। सप्ताहांत और राज्य या संघीय छुट्टियों पर, आपसे एक संदेश छोड़ने के लिए कहा जा सकता है। अगले कार्य दिवस पर आपके कॉल का जवाब दिया जाएगा। हिंदी बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

Japanese: 弊社の健康や薬剤計画についてご質問がある場合は、無料の通訳サービスをご利用いただけます。通訳を利用するには、月曜日～金曜日の午前 8 時～午後 8 時に、1-855-323-4578（TTY：711）までお電話ください。週末や祝日は、留守番電話にメッセージを残す必要がある場合があります。その場合は、折り返しお電話いたします。日本語の通訳担当者が対応します。これは無料のサービスです。

Albanian: Ne ofrojmë shërbime interpretimi pa pagesë për t'iu përgjigjur çdo pytjeje që mund të keni lidhur me planin tonë për shëndetin ose për barnat. Për t'u lidhur me një interpret, thjesht na telefononi në numrin 1-855-323-4578 (TTY: 711), nga ora 8:00 deri në 20:00, nga e hëna në të premte. Gjatë fundjavave dhe festave, mund t'ju kërkohet të lini një mesazh. Telefonata do t'ju kthehet brenda ditës së ardhshme të punës. Dikush që flet shqip mund t'ju ndihmojë. Ky është një shërbim pa pagesë.

Assyrian: ܐܝܬ ܠܢ ܬܫܡܫܬܐ ܕܬܪܓܡܢܐ ܡܓܢܢܝܬܐ ܠܡܦܢܝܬܐ ܥܠ ܟܠ ܚܕ ܒܘܥܝܐ ܕܐܝܬ ܠܟܘܢ ܒܘܕ ܫܘܦܪܐ ܕܕܪܡܢܐ ܘܣܘܠܚܢܐ ܕܝܢ. ܠܡܫܟܚܬܐ ܕܬܪܓܡܢܐ ܚܕܐ ܡܢܐ ܗܘܝ ܠܢ ܒ 1-855-323-4578 (TTY: 711)ܡܢ 8 ܩܕܡ ܛܗܪܐ ܗܠ 8 ܒܪܡܫܐ، ܬܪܝܢܫܒܐ ܗܠ ܥܪܘܒܬܐ. ܐܢ ܡܫܬܐܠܝܢ ܒܫܒܬܐ ܐܘ ܒܥܐܕܐ ܕܐܘܡܬܐ ܟܕ ܗܘܐ ܡܫܬܐܠܐ ܡܢܟܘܢ ܕܫܒܩܝܬܘܢ ܐܘܪܚܬܐ، ܘܐܘܪܚܬܐ ܒܕ ܦܢܝ ܠܟܘܢ ܒܝܘܡܐ ܕܦܘܠܚܢܐ ܕܒܬܪܗ. ܐܢܫ ܕܡܗܡܙܡ ܣܘܪܝܬ ܒܕ ܡܥܘܕܪ ܠܟܘܢ. ܐܗܐ ܬܫܡܫܬܐ ܡܓܢܢܝܬܐ ܝܠܗ.

Bengali: আমাদের স্বাস্থ্য বা ড্রাগ বিষয়ক পরিকল্পনা সম্পর্কে আপনার যে কোনও প্রশ্নের উত্তর দিতে আমরা বিনামূল্যে দোভাষীর পরিষেবা দিই। দোভাষীর পরিষেবা পেতে কেবল আমাদের 1-855-323-4578 (TTY: 711) নম্বরে কল করুন। সময় হ'ল সপ্তাহের সাত দিনই সকাল 8টা থেকে রাত্রি 8টা। সপ্তাহান্তে এবং প্রদেশ বা কেন্দ্রীয় ছুটির দিনগুলিতে আপনাকে একটি মেসেজ দিয়ে রাখতে বলা হতে পারে। আপনাকে পরবর্তী কাজের দিন কল করা হবে। বাংলা বলতে পারেন এমন কেউ আপনাকে সাহায্য করতে পারেন। এই পরিষেবাটি বিনামূল্যে।

Serbo-Croatian: Nudimo besplatne usluge tumača koji će odgovoriti na sva pitanja koja potencijalno imate o svom zdravlju i planu lekova. Da biste dobili tumača treba samo da nas pozovete na broj 1-855-323-4578 (TTY: 711). Radno vreme je od 08:00 do 20:00, sedam dana u nedelji. Tokom vikenda, državnih i nacionalnih praznika možemo tražiti od vas da ostavite poruku. Poziv ćete primiti u toku narednog radnog dana. Neko ko govori srpskohrvatski jezik će vam pomoći. Usluga je besplatna.

Updated on 12/01/2024.

Important Message About What You Pay for Vaccines - Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. Our plan covers most Part D vaccines at no cost to you.

For more recent information or other questions, contact us at **1-855-323-4578** (TTY users should call **711**), 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. Or visit **mmp.mimeridian.com**.

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